



## COVID-19 North Carolina Dashboard

Updated daily by 11 a.m. Last updated 11:00 a.m., May 14, 2020.

Laboratory-Confirmed Cases	Deaths	Completed Tests	Currently Hospitalized	Number of Counties
16,507	615	219,268	507	99

Knowing when to dial up or down social distancing and other protections depends on two factors: our Trends in key metrics, and our capacity to conduct Testing and Tracing. Governor Cooper and Secretary Cohen announced a combination of key metrics that North Carolina is watching to inform decisions to ease restrictions. These key metrics are included below.

New: Weekly report on [COVID-19 Patients Presumed to be Recovered](#) updated every Monday by 4 p.m.

Laboratory-Confirmed Cases reflect cases that were tested and returned positive, including the NC State Laboratory of Public Health, reporting hospitals and commercial labs. All data are preliminary. Not all cases of COVID-19 are tested, so this does not represent the total number of people in North Carolina who have or had COVID-19.

Deaths reflect deaths in persons with laboratory-confirmed COVID-19 reported by local health departments to the NC Department of Health and Human Services.

Completed tests reflect testing completed by the NC State Laboratory of Public Health, reporting hospitals and commercial labs.

Currently hospitalized reflect the number of patients with COVID-19 that are currently hospitalized in reporting hospitals.

For [COVID-19 U.S. case information](#) [↗](#) go to the Centers for Disease Control and Prevention (CDC) website.

## NC Cases COVID-19

### Key Metrics

### Is North Carolina Slowing the Spread?

Knowing when to dial up or down social distancing and other protections depends on two factors: our Trends in key metrics and our capacity to conduct Testing and Tracing.

Learn more about the Governor's plan on [Staying Ahead of the Curve](#) [↗](#) .

## Trend Metrics

Governor Cooper and Secretary Cohen announced a combination of key metrics that North Carolina is watching to inform decisions to ease restrictions. Because each has limitations, no one metric should be viewed in isolation. These are:

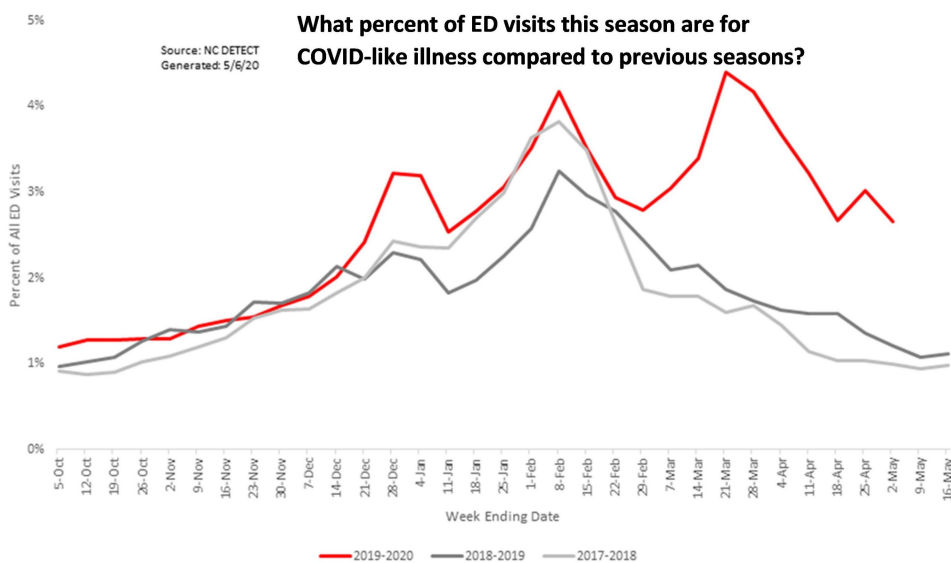
### COVID-Like Illness Surveillance

*Is North Carolina seeing a continued downward trajectory or sustained leveling of COVID-Like Illnesses in its surveillance systems?*

The North Carolina Department of Health and Human Services (NCDHHS) is using all available tools to monitor the spread of COVID-19 across the state. In addition to tracking and reporting of laboratory-confirmed cases, NCDHHS is using many of the same systems that are used to track influenza and other respiratory illnesses each season.

Mild COVID-19 illness presents with symptoms similar to influenza-like illness, so surveillance systems that have historically been used during influenza seasons are being used to track trends of mild COVID-19 illness and allow for comparison with prior influenza seasons. These data are updated weekly in the [COVID-19 Surveillance Summary](#).

Limitation: These numbers represent only people seeking care in the Emergency Department (ED). Other data show that fewer people than normal are seeking ED care during COVID-19.

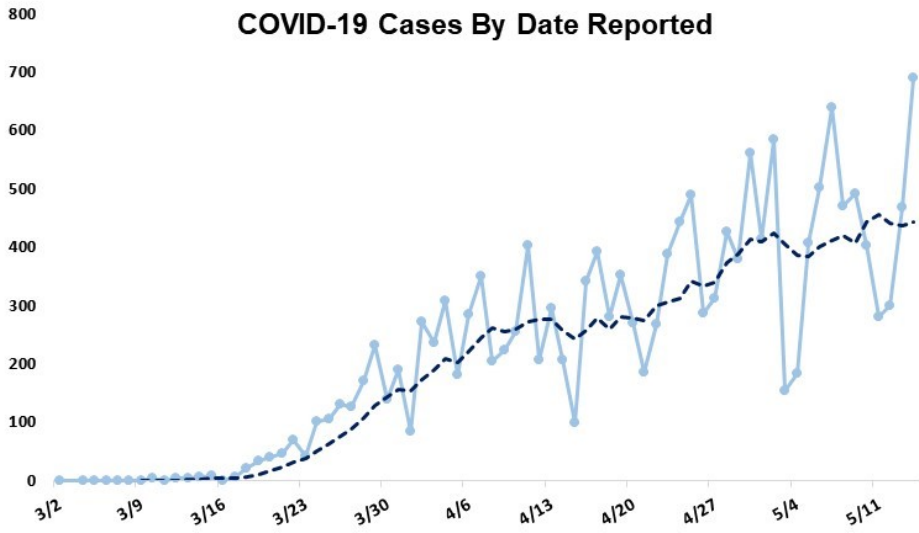


### Laboratory-Confirmed Cases

*Is North Carolina seeing a downward trajectory over 14 days, or sustained leveling in new cases?*

These are laboratory-confirmed COVID-19 cases, by date reported. You can also see COVID-19 cases reported by [date of specimen collection](#).

Limitation: These numbers only reflect laboratory-confirmed cases and not all people who have or had COVID-19.



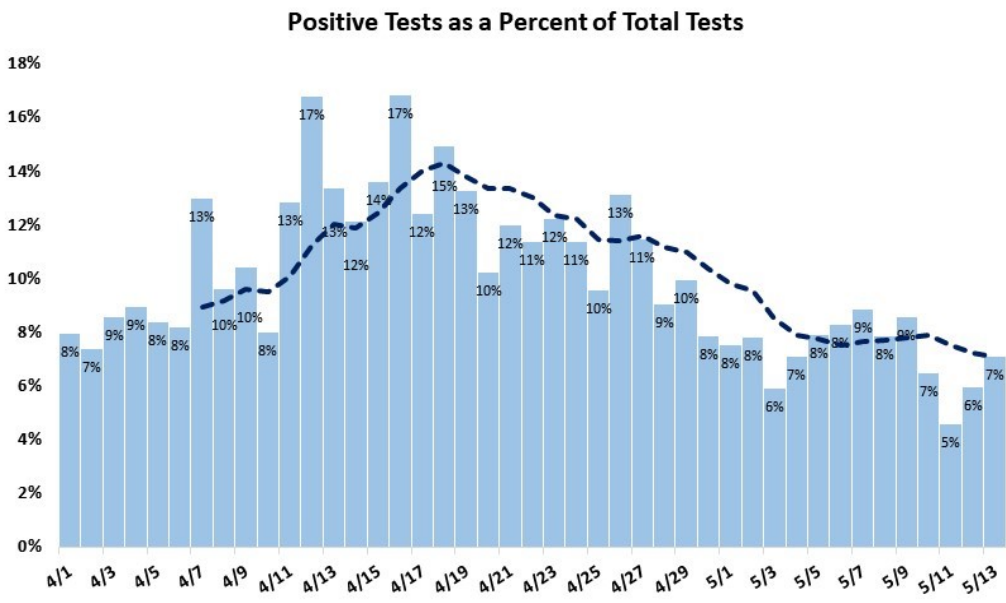
## Positive Tests

*Is North Carolina seeing a 14-day downward trajectory or sustained leveling of positive tests as a percentage of total tests?*

As we ramp up testing, there will be more laboratory-confirmed cases. Looking at what percent of total tests are positive helps us understand whether laboratory-confirmed cases are increasing in comparison to the number of tests conducted.

To calculate this, North Carolina uses positive tests and total test numbers from labs that reported both positive and negative tests electronically into the [NC Electronic Disease Surveillance System \(NC EDSS\)](#). This ensures that the positive and total tests were conducted on the same day to calculate a more accurate daily percent positive.

Limitation: While most labs report negative results, we do not get this data from all labs. The labs used in the percent positive calculation represent the majority of total tests reported to the state.



## Hospitalizations

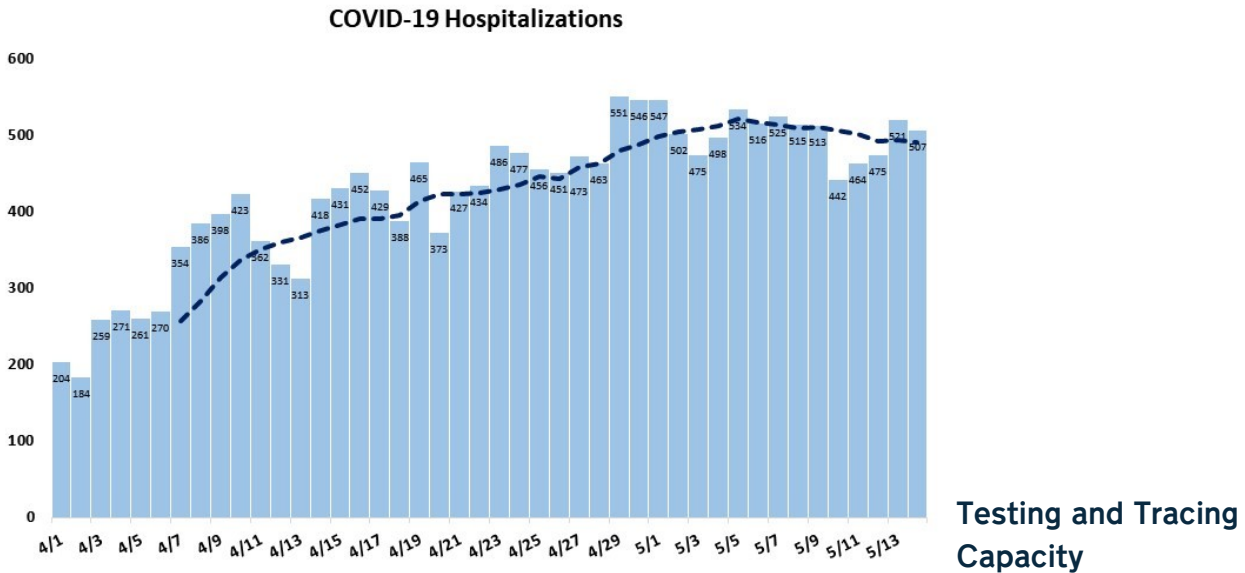
*Is North Carolina seeing a 14-day downward trajectory or sustained leveling in the number of people currently*

hospitalized?

This shows the number of people who are currently hospitalized with COVID-19 by reporting hospitals.

[Expanded data from reporting hospitals.](#)

Limitation: People stay in the hospital multiple days with COVID-19, and so this reflects the number of people reported by hospitals.



We need to continue to build the state’s capacity to identify who has COVID-19, who that individual may have been in contact with so those people can take precautions to avoid infecting others, and have enough critical supplies on hand to keep frontline workers safe.

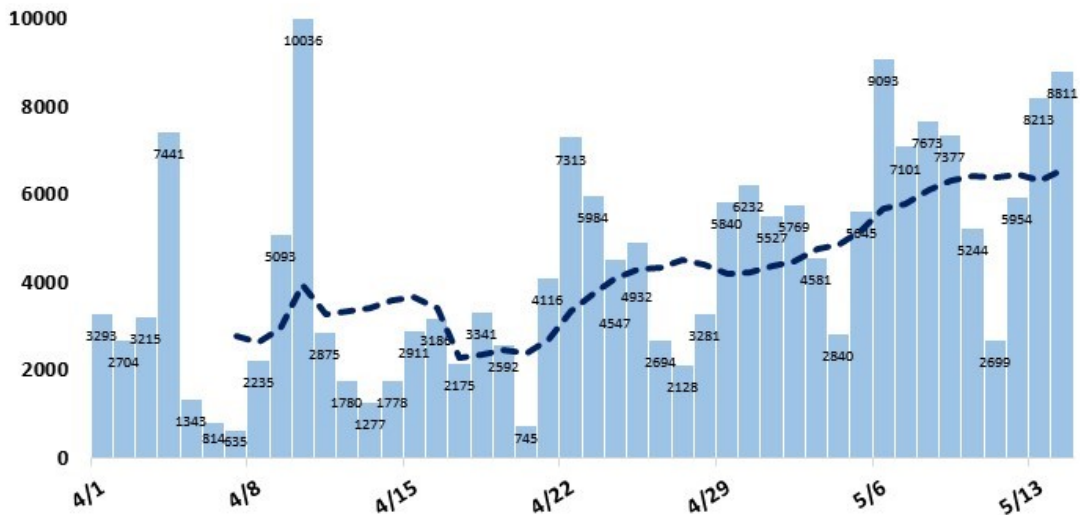
## Testing

*Does North Carolina have the capacity to test an average of 5,000 to 7,000 people daily?*

This shows the number of total tests reported each day to NCDHHS. The average is taken as a seven-day rolling average.

Limitation: While most labs report negative tests, we do not get this data from all labs. While positive cases must be reported immediately, negative tests can be reported in batches; for example, when a new lab begins reporting it will often report for more than the previous 24 hours. This often explains high days of reported testing.

## Total Tests Reported




## Tracing

*Does North Carolina have sufficient capacity to conduct contact tracing?*

Contact tracing identifies contacts of a person who have tested positive for COVID-19 to determine if those people may also be positive. This helps North Carolina understand the spread of the disease, and more rapidly identify people who may have COVID-19.

North Carolina currently has more than 250 contact tracers with local health departments. We aim to double this, to at least 500 contact tracers, as well as deploying digital tracing technology to support contact tracers.

Tracing Measure	Status
Number of Contact Tracers	250 Tracers
Digital Technology Deployment	On April 27, NCDHHS announced the formation of the <a href="#">Carolina Community Tracing Collaborative</a>  . The Collaborative is now hiring tracers.

## Personal Protective Equipment

*Does North Carolina have adequate supplies to fill requests for at least 30 days?*

We need to ensure we have enough personal protective equipment (PPE) for critical healthcare and frontline workers and to conduct the needed testing. We also need to be prepared if there is another increase in cases once measures are dialed back.

This shows us an estimate for how many days of supplies the state currently has on hand. Days of supply is estimated based on the average daily requests from healthcare system surveys. [Expanded data on personal protective equipment.](#)

Critical Supplies	Average Requests per Day	Estimated Days of Supplies on Hand
Face Shields	1,023	554
Gloves	24,512	485
Gowns	7,178	0
N95 Respirators	2,922	41
Surgical and Procedure Masks	15,675	332

[ZIP Code Map](#)

\* ZIP code level data may change once residence is verified. The total number reflected in the ZIP code level data may differ from the total number of cases and deaths at either the county or state level.

\* Cases are suppressed in ZIP codes where the population is less than five hundred and there are less than five cases.

All data are preliminary and may change as cases are investigated.

### [By Counties/Map](#)

Map Credit: NCDHHS

\*County case numbers may change once residence is verified. Therefore, the total number on the county map may differ from the number of NC Cases.

County	Laboratory-Confirmed Cases	Deaths
Alamance County	190	9
Alexander County	15	0
Alleghany County	10	0

County	Laboratory-Confirmed Cases	Deaths
Anson County	41	0
Ashe County	17	0
Beaufort County	26	0
Bertie County	74	3
Bladen County	66	2
Brunswick County	51	2
Buncombe County	116	4
Burke County	159	14
Cabarrus County	362	18
Caldwell County	71	1
Camden County	2	0
Carteret County	34	3
Caswell County	41	1
Catawba County	90	2
Chatham County	490	11
Cherokee County	18	1
Chowan County	12	0
Clay County	5	0
Cleveland County	53	2
Columbus County	226	17
Craven County	72	4



County	Laboratory-Confirmed Cases	Deaths
Cumberland County	413	11
Currituck County	11	0
Dare County	17	1
Davidson County	243	10
Davie County	40	2
Duplin County	305	4
Durham County	924	36
Edgecombe County	161	7
Forsyth County	508	5
Franklin County	121	20
Gaston County	189	5
Gates County	12	0
Graham County	2	0
Granville County	178	6
Greene County	40	1
Guilford County	705	45
Halifax County	100	1
Harnett County	235	15
Haywood County	19	0
Henderson County	257	35
Hertford County	49	1

County	Laboratory-Confirmed Cases	Deaths
Hoke County	134	0
Hyde County	1	0
Iredell County	166	5
Jackson County	22	1
Johnston County	228	17
Jones County	21	2
Lee County	293	3
Lenoir County	134	5
Lincoln County	44	0
Macon County	3	1
Madison County	1	0
Martin County	34	4
McDowell County	29	1
Mecklenburg County	2,320	62
Mitchell County	5	0
Montgomery County	47	3
Moore County	113	10
Nash County	140	3
New Hanover County	116	3
Northampton County	126	9
Onslow County	63	2

County	Laboratory-Confirmed Cases	Deaths
Orange County	263	34
Pamlico County	8	0
Pasquotank County	80	5
Pender County	43	1
Perquimans County	20	2
Person County	31	1
Pitt County	185	2
Polk County	32	3
Randolph County	392	6
Richmond County	100	2
Robeson County	448	4
Rockingham County	44	2
Rowan County	507	25
Rutherford County	153	5
Sampson County	203	1
Scotland County	46	0
Stanly County	31	4
Stokes County	20	0
Surry County	62	1
Swain County	5	0
Transylvania County	7	0

County	Laboratory-Confirmed Cases	Deaths
Tyrrell County	4	0
Union County	313	16
Vance County	175	16
Wake County	1,107	27
Warren County	25	0
Washington County	26	3
Watauga County	9	0
Wayne County	775	14
Wilkes County	277	1
Wilson County	218	9
Yadkin County	80	1
Yancey County	8	0

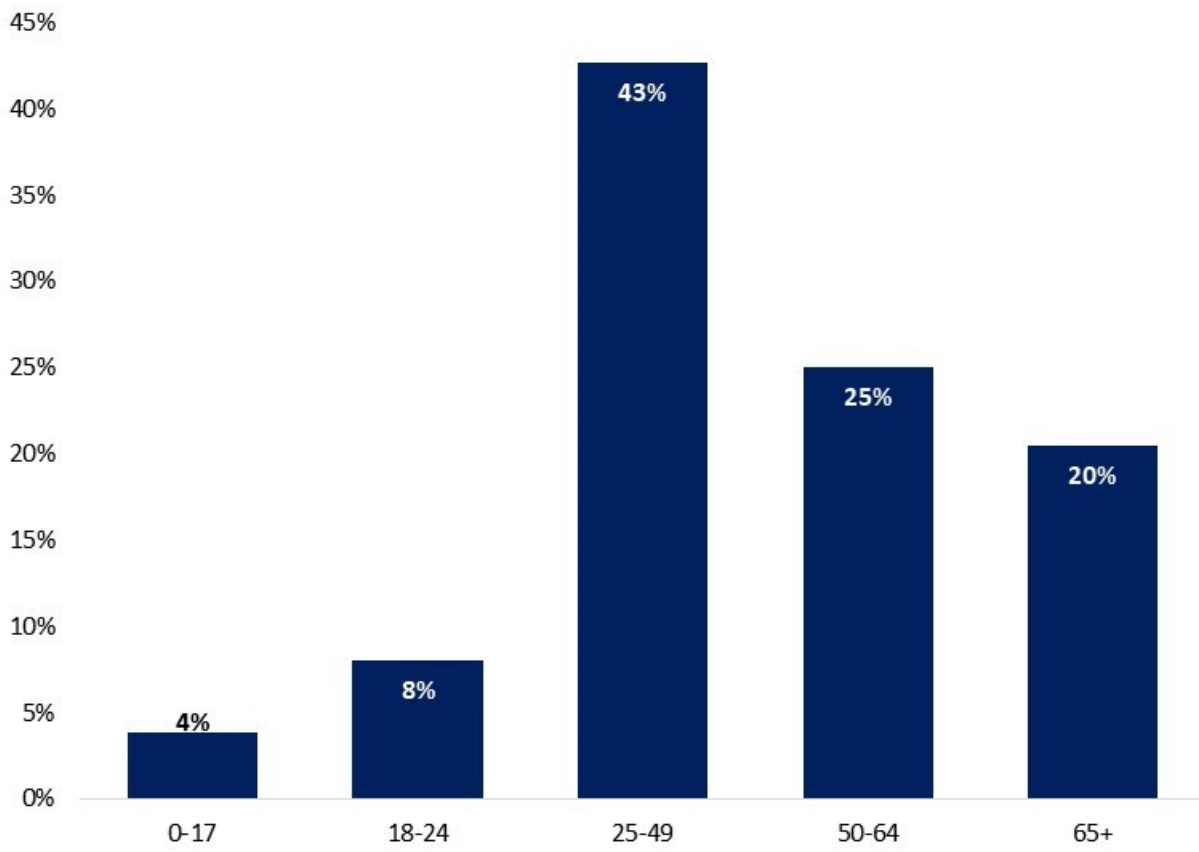
All data are preliminary and may change as cases are investigated.

#### [By Age](#)

Report will be updated every Tuesday by 4 p.m.

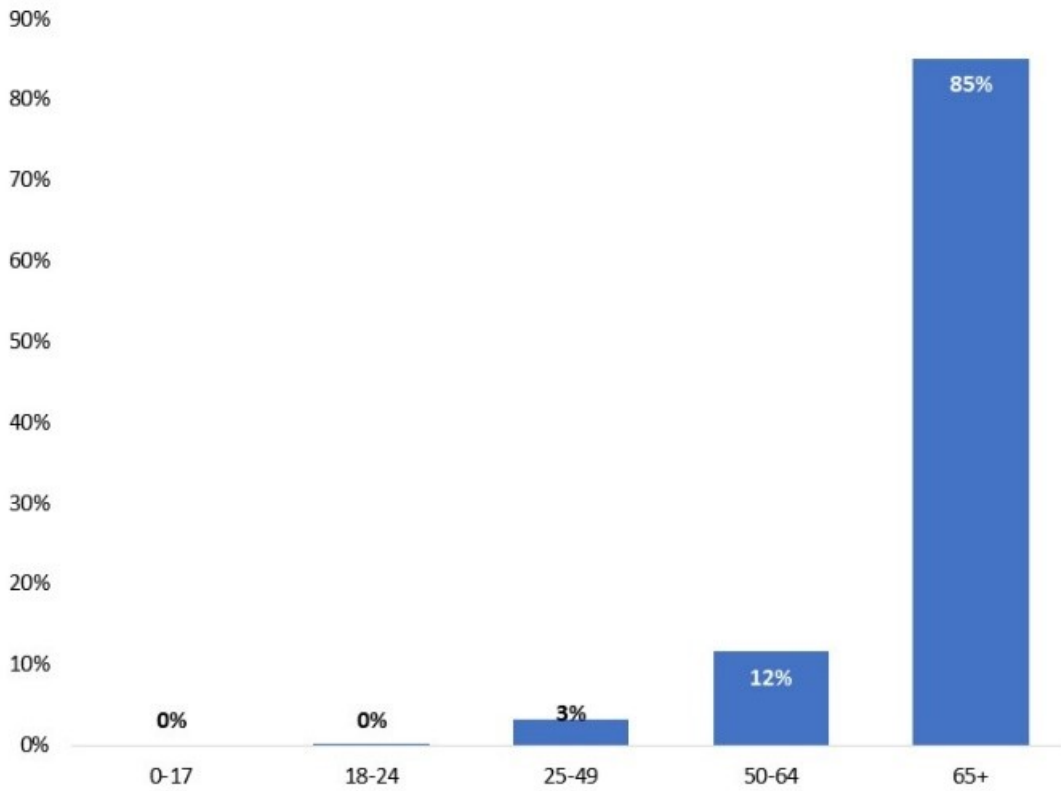
[Risk Factors for Severe Illness from COVID-19 Report](#) 

## Laboratory-Confirmed Cases by Age



\*Age is missing for 3 laboratory-confirmed cases

## COVID-19 Deaths by Age



\*All data are preliminary and might change as cases are investigated. Numbers may not sum to 100% due to rounding.

### By Race/Ethnicity

	Laboratory-Confirmed Cases	% Laboratory-Confirmed Cases	Deaths from COVID-19	% Deaths from COVID-19
<b>Race</b>				
Total with known race <sup>1</sup>	12,314		581	
American Indian Alaskan Native	123	1%	1	0%
Asian	317	3%	6	1%
Black or African American	4,160	34%	203	35%
Native Hawaiian or Pacific Islander	31	0%	1	0%

	Laboratory-Confirmed Cases	% Laboratory-Confirmed Cases	Deaths from COVID-19	% Deaths from COVID-19
White	6,583	53%	346	60%
Other	1,100	9%	24	4%
<b>Ethnicity</b>				
Total with known ethnicity <sup>2</sup>	11,312		511	
Hispanic	3,241	29%	27	5%
Non-Hispanic	8,071	71%	484	95%

<sup>1</sup> Race data are missing for 4,193 laboratory-confirmed cases and 34 deaths.

<sup>2</sup> Ethnicity data are missing for 5,195 laboratory-confirmed cases and 104 deaths.

All data are preliminary and may change as cases are investigated.

#### By Gender

#### Laboratory-Confirmed Cases by Gender

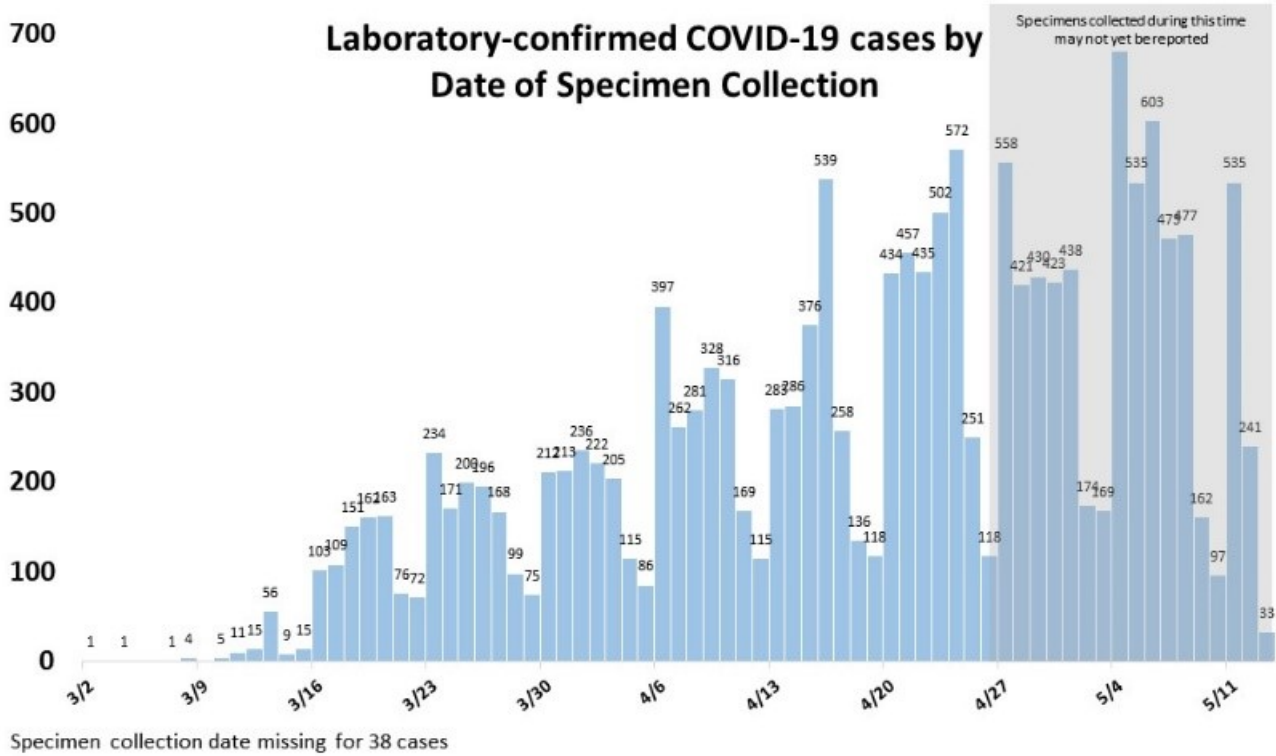


#### COVID-19 Deaths by Gender

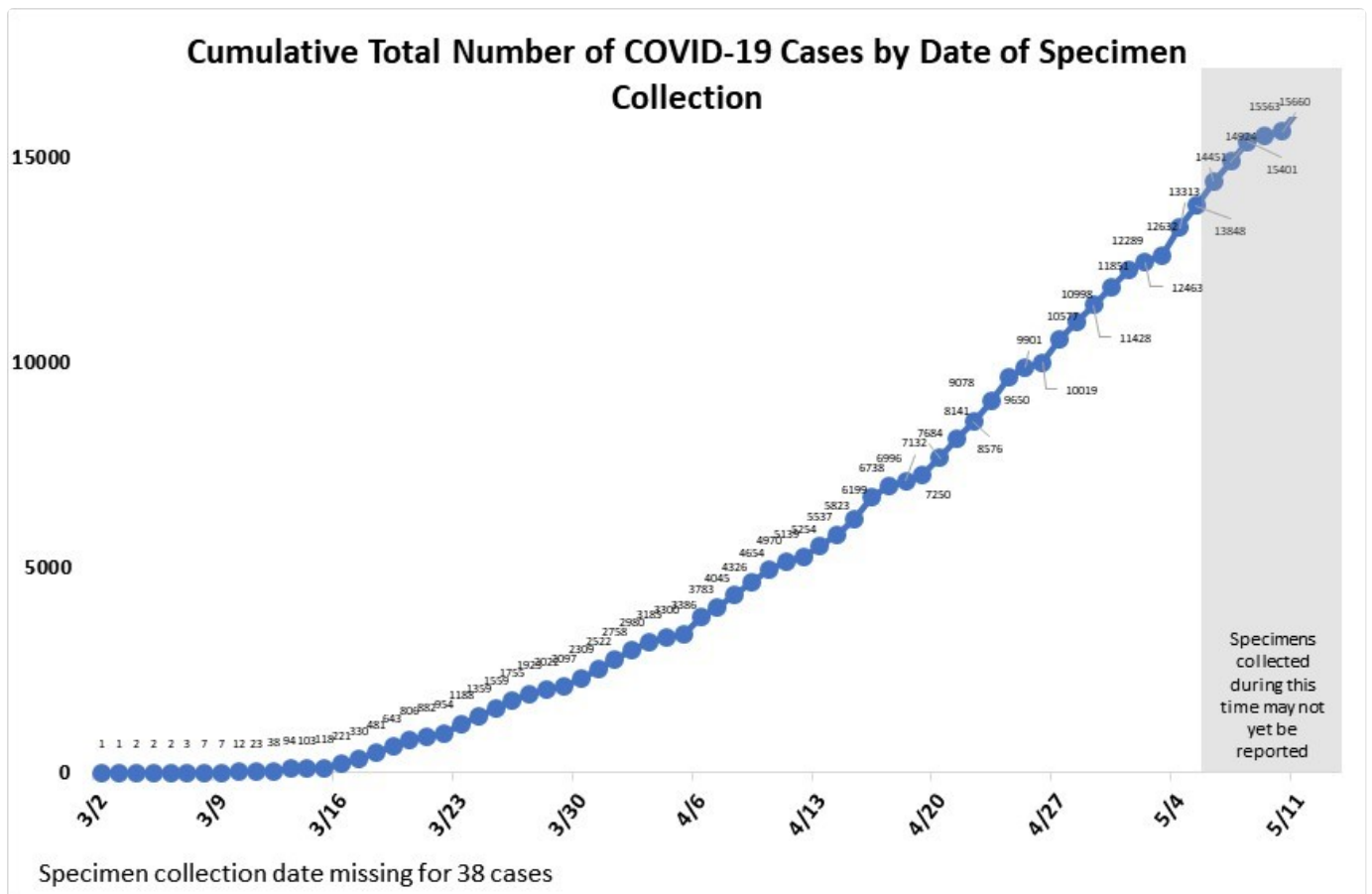


\*All data are preliminary and might change as cases are investigated. Numbers may not sum to 100% due to rounding.

Cases Over Time



Number of new COVID-19 cases each day by the date the person's specimen was collected. This number reflects cases that were tested and returned positive, including the NC State Laboratory of Public Health and reporting hospital and commercial labs. All data is preliminary. Not all cases of COVID-19 are tested, so this does not represent the total number of people in North Carolina who have or had COVID-19.



Cumulative total number of COVID-19 cases by the date the person's specimen was collected. This number reflects cases that were tested and returned positive, including testing completed by the NC State Laboratory



of Public Health and reporting hospital and commercial labs. All data is preliminary. Not all cases of COVID-19 are tested, so this does not represent the total number of people in North Carolina who have or had COVID-19.

All data are preliminary and might change as cases are investigated. Numbers may not sum to 100% due to rounding.

**By Congregate Living**

Report will be updated every Tuesday and Friday by 4 p.m.

[COVID-19 Ongoing Outbreaks in Congregate Living Settings Report](#)

**Laboratory-Confirmed Cases and Deaths in Congregate Living Settings <sup>1</sup>**

Setting Type	Laboratory-Confirmed Cases	Deaths
Nursing Home <sup>2</sup>	2,320	318
Residential Care Facility <sup>3</sup>	423	47
Correctional Facility <sup>4</sup>	1,094	14
Other	102	2
<sup>1</sup> 8,584 laboratory-confirmed cases and 181 deaths are among persons who do not live or work in congregate living settings. Data are missing for 3,984 laboratory-confirmed cases and 53 deaths.		

Data include cases that are part of the ongoing outbreaks listed below as well as cases associated with these settings that are not part of an ongoing outbreak. All numbers are preliminary and may change as cases are investigated.

**Ongoing Outbreaks in Congregate Living Settings <sup>5</sup>**

Setting Type	Ongoing Outbreaks	Counties with Ongoing Outbreaks
Nursing Home <sup>2</sup>	71	Alamance (2); Anson; Bertie; Buncombe (2); Burke (2); Cabarrus (2); Chatham (2); Cleveland; Columbus (2); Cumberland; Davidson; Duplin; Durham (4); Forsyth; Franklin (2); Guilford (2); Harnett (2); Henderson (3); Iredell; Johnston; Lenoir (2); Mecklenburg (7); Moore; Northampton; Onslow; Orange (3); Pasquotank; Pitt; Polk (2); Randolph; Robeson; Rowan (4); Union (2); Vance (2); Wake (4); Wayne (2); Wilkes; Wilson
Residential Care Facility <sup>3</sup>	25	Cabarrus (2); Columbus (2); Duplin; Guilford (2); Henderson; Hoke; Lenoir (2); Mecklenburg (6); Orange (2); Robeson; Rutherford; Stanly; Union; Wayne; Wilson

Setting Type	Ongoing Outbreaks	Counties with Ongoing Outbreaks
Correctional Facility <sup>4</sup>	18	Anson; Bertie; Cabarrus; Caswell; Cumberland; Durham; Gaston; Granville; Greene; Halifax; Hertford; Johnston; Pasquotank; Pender; Richmond; Wake (2); Wayne
Other	7	Ashe; Cabarrus (2); Caswell; Guilford; Lee; Wake

<sup>2</sup> Nursing homes (nursing homes/skilled nursing facilities) provide nursing or convalescent care.

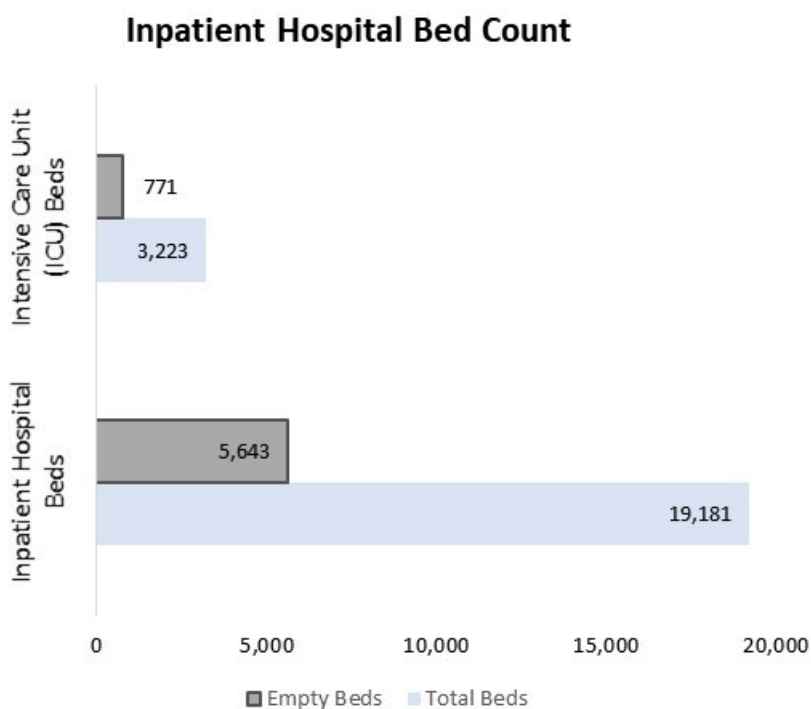
<sup>3</sup> Residential care facilities can include adult care homes, family care homes, multi-unit assisted housing, group homes, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) homes.

<sup>4</sup> Correctional facilities can include federal and state prisons and local jails.

<sup>5</sup> In a congregate living setting, a COVID-19 outbreak is defined as two or more laboratory-confirmed cases. An outbreak is considered over if there is not evidence of continued transmission within the facility. This is measured as 28 days after the person identified as the last case began having symptoms, or their date of specimen collection if they didn't have symptoms. If another case is detected in a facility after an outbreak is declared over, the outbreak is not reopened. It is counted as a case in congregate living settings, and if a second case is detected within 28 days in the same facility, it is considered a second, new outbreak in that facility.

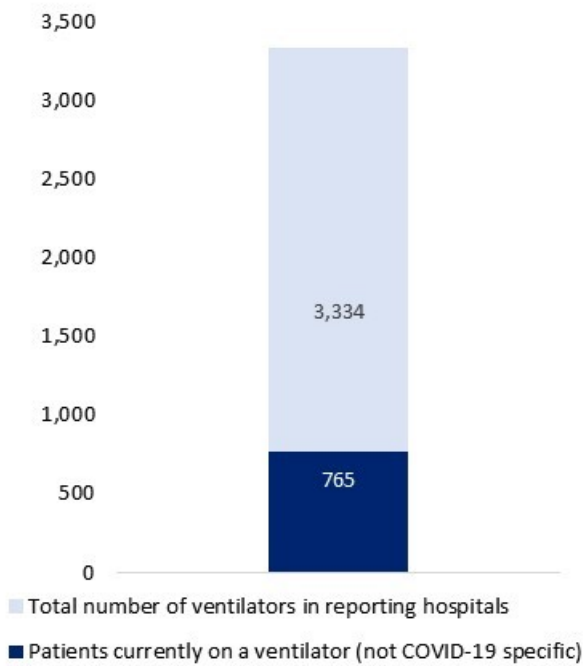
All data are preliminary and may change as cases are investigated.

#### By Reporting Hospitals



Empty beds reflects beds which are able to be staffed but do not currently have patients. These numbers reflect the current percent of hospitals reporting. These numbers do not reflect hospital surge.

### Ventilators Currently in Hospitals



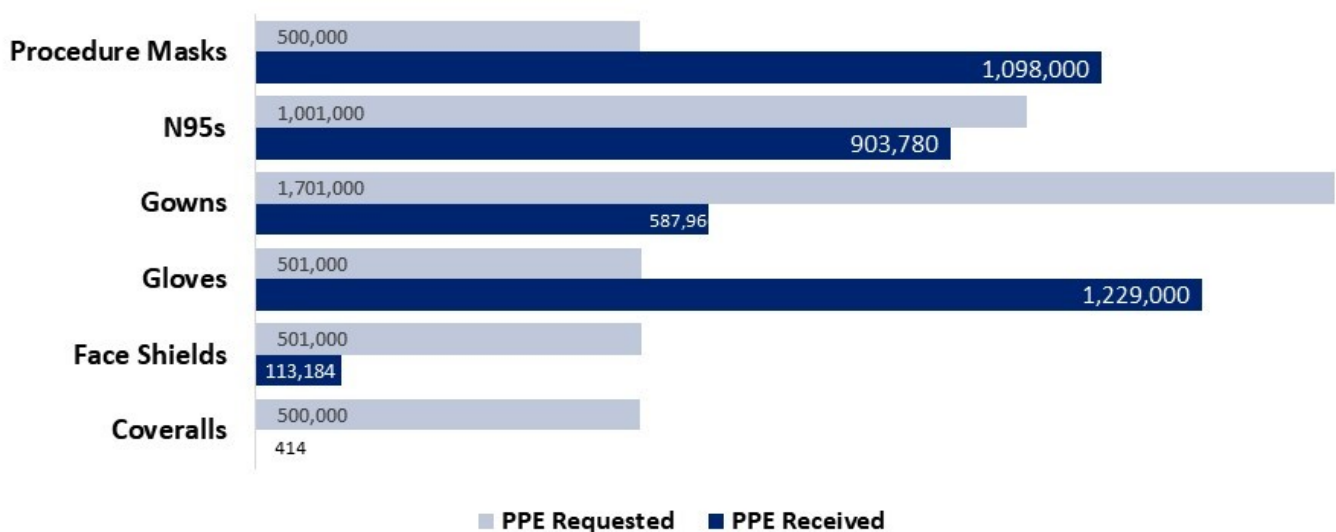
Number of patients on a ventilator (not specific to COVID-19), as self-reported by hospitals. Ventilators in hospitals as self-reported by hospitals. This number does not reflect ventilators from other sources, including those purchased but not yet deployed to hospitals.

All data are preliminary and may change as cases are investigated.

These data reflect 92% of hospitals reporting statewide.

### PPE

#### Personal Protective Equipment (PPE) from the Strategic National Stockpile



These numbers reflect shipments from the Strategic National Stockpile and will be updated as new items are received. This does not reflect other sources of supplies.

**Personal Protective Equipment from Private Sector<sup>1</sup> Updated every Monday by 4 p.m.**

Critical Supplies	Ordered <sup>2</sup>	Received <sup>3</sup>
Face Shields	1,609,000	848,000
Gloves	24,921,000	13,371,000
Gowns	11,338,000	19,000
N95 Respirators	13,207,000	135,000
Surgical and Procedure Masks	33,469,000	10,716,000

<sup>1</sup> This table reflects orders placed and received through the private sector. This does not reflect other sources of supplies.

<sup>2</sup> Ordered reflects supplies ordered and may fluctuate based on status of purchase orders.

<sup>3</sup> Received reflects the number of items received, including items that have already been distributed.

**Personal Protective Equipment for Average Requests and Estimated Days on Hand**

Critical Supplies	Average Requests per Day <sup>4</sup>	Estimated Days of Supplies on Hand <sup>5</sup>
Face Shields	1,023	554
Gloves	24,512	485
Gowns	7,178	0
N95 Respirators	2,922	41
Surgical and Procedure Masks	15,675	332

<sup>4</sup> Average requests per day reflects requests from healthcare partner surveys from April 24, 2020 to May 8, 2020.

<sup>5</sup> Estimated days of supplies on hand is calculated based on critical supplies on hand from multiple sources including private sector and donations and current requests received through healthcare partner surveys from April 24, 2020 to May 8, 2020.

All data are preliminary and may change.

## Surveillance Report

Updated every Thursday by 4 p.m.

### [COVID-19 Surveillance Summary](#)

#### Introduction

The North Carolina Department of Health and Human Services (NCDHHS) is using all available tools to monitor the spread of COVID-19 across the state. In addition to tracking and reporting of laboratory-confirmed cases, the Department is using many of the same systems that are used to track influenza and other respiratory illnesses each season. Mild COVID-19 illness presents with symptoms similar to influenza-like illness, so surveillance systems that have historically been used to monitor influenza-like illnesses are being used to track trends of mild COVID-19 illness and allow for comparison with prior influenza seasons.

These surveillance systems include information related to outpatient visits, emergency department visits, laboratory data, as well as hospital data. Data sources used to gather the information presented here are described below. As additional data sources become available, that information will be included in this summary.

#### NC DETECT

The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT) is North Carolina's statewide, electronic, real-time public health surveillance system. NC DETECT was created to provide early event detection and timely public health surveillance using a variety of secondary data sources, including data from the NC Emergency Departments (EDs). Each ED visit is grouped into syndromes based on keywords in several different fields and/or diagnosis codes.

For monitoring COVID-19, NC DETECT epidemiologists are using a syndrome called the COVID-like Illness (CLI) Syndrome. CLI Syndrome looks for ED visits with mention of COVID or fever/chills and cough or shortness of breath in the chief complaint or triage notes. Please note that CLI syndrome does NOT indicate confirmed cases of COVID-19.

Recent changes in health care seeking behavior are impacting trends in CLI syndrome and other ED data, making it difficult to draw conclusions at this time. Tracking these systems moving forward will give additional insight into illness related to COVID-19. NC DETECT was created by the NC Division of Public Health in collaboration with the Carolina Center for Health Informatics (CCHI) in the UNC Department of Emergency Medicine.

#### [About the Data](#)

##### Data in the North Carolina Dashboard

North Carolina collects data from several sources and partners to monitor the COVID-19 pandemic in North Carolina. The following data is used in the dashboard. New data sources may be added.

##### North Carolina Electronic Disease Surveillance System (NC EDSS)

NC EDSS, the North Carolina Electronic Disease Surveillance System, is a component of the Centers for Disease Control and Prevention (CDC) initiative to move states to web-based health surveillance and reporting systems. NC EDSS is also part of the Public Health Information Network (PHIN). The electronic

system replaced a patchwork of smaller disease-specific surveillance systems and paper-based reporting.

NC EDSS is used by the North Carolina Department of Health and Human Services, Division of Public Health, the state's 86 local and multi-county district health departments (LHDs), and eight HIV/STD Regional Offices. Laboratories also report electronically to NC EDSS.

NC EDSS creates a central repository of person-based public health data. Local Health Departments collect and enter the data included in the dashboard, including COVID cases, COVID deaths, and demographic information for cases.

### **ReadyOp**

Data on hospitalizations, hospital beds, and ventilators is collected using the ReadyOp system. This system uses a survey to collect self-reported data from hospitals. The data are reported throughout the day and collected and aggregated daily. The percent of hospitals reporting to the survey statewide is updated daily. The percent responding may change.

Healthcare partners that need to request Personal Protective Equipment (PPE) can complete a survey in ReadyOp to provide information on their PPE needs. The request is routed to the appropriate emergency support function to review and vet the resource. Once approved the resource request is entered into WebEOC and is routed for fulfillment (if the resource is on hand) or for sourcing (if the resource needs to be procured).

### **Congregate Living Setting**

In a congregate living setting, a COVID-19 outbreak is defined as two or more laboratory-confirmed cases. An outbreak is considered over if there is not evidence of continued transmission within the facility. This is measured as 28 days after the person identified as the last case began having symptoms, or their date of specimen collection if they didn't have symptoms. If another case is detected in a facility after an outbreak is declared over, the outbreak is not reopened. It is counted as a case in congregate living settings, and if a second case is detected within 28 days in the same facility, it is considered a second, new outbreak in that facility.

### **Personal Protective Equipment**

Personal Protective Equipment (PPE) from our federal partners, Federal Emergency Management Agency (FEMA) and the Strategic National Stockpile are tracked and monitored by North Carolina Emergency Management. This information reflects key pieces of PPE requested from and received from FEMA and the Strategic National Stockpile. It does not reflect PPE purchased or received from other sources.

PPE from the Private Sector is purchased, tracked and monitored by North Carolina Emergency Management.

Requests for PPE are submitted through ReadyOp and WebEOC by healthcare partners, first responders and county partners.

### **WebEOC**

County Emergency Operation Centers (EOC) have access to WebEOC to request and track resource requests for fulfillment by the State Emergency Response Team at the State Emergency Operations Center. When a resource request is placed by a county EOC into WebEOC the request is routed to the appropriate emergency support function to review and vet the request. Once approved the resource request is routed for fulfillment

(if the resource is on hand) or for sourcing (if the resource needs to be procured).

## **How North Carolina Counts COVID-19 Cases**

Recognizing the threat posed by COVID-19, North Carolina acted in early February to add COVID-19 to the lists of conditions that physicians and laboratories are required to report to the state. This means that all positive tests results must be reported to the state. The number of laboratory-confirmed cases has been tracked since that time.

Health providers determine to which lab they send their COVID-19 tests. There are multiple hospital and commercial labs that conduct tests. These labs manage their own supplies and operate independently from the Department of Health and Human Services and the North Carolina State Laboratory of Public Health.

North Carolina will continue to track and post the number of laboratory-confirmed COVID-19 cases. However, it is important to recognize that there are many people with COVID-19 who will not be included in daily counts of laboratory-confirmed cases, including:

1. People who had minimal or no symptoms and were not tested.
2. People who had symptoms but did not seek medical care.
3. People who sought medical care but were not tested.
4. People with COVID-19 in whom the virus was not detected by testing.

Therefore, the number of laboratory-confirmed cases through testing will increasingly provide a limited picture of the spread of infections in the state as COVID-19 becomes more widespread and the number of people in the first three groups above increases.

## **Surveillance Strategies**

To get a more complete picture of COVID-19 in our state, North Carolina uses evidence-based surveillance tools, including what is known as syndromic surveillance. Syndromic surveillance refers to tools that gather information about patients' symptoms (such as cough, fever, or shortness of breath) and do not rely only on laboratory testing.

In North Carolina, as well as in other states and at the Centers for Disease Control and Prevention (CDC), public health scientists are modifying existing surveillance tools for COVID-19. These tools have been used for decades to track influenza annually and during seasonal epidemics and pandemics. These include the following:

- The Influenza-Like Illness Surveillance Network (ILINet). ILINet is a network of clinical sites across the country, including in North Carolina, that is coordinated by the CDC. ILINet sites report data each week on fever and respiratory illness in their patients. They also submit samples (swabs) from a subset of patients for laboratory testing at the North Carolina State Laboratory of Public Health. This network will now test for COVID-19 in addition to influenza.
- Emergency department (ED) surveillance based on symptoms (syndromic). In North Carolina, we receive ED data in near real-time from all 126 hospitals in the state using the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT). This is an effective way to track respiratory illness, including COVID-19. Specifically, we will use NC DETECT to track trends in respiratory illness across the state and over time.

- Data on severe illnesses. Public health scientists will use a variety of sources to track hospitalizations related to COVID-19. These include data reported directly by hospitals (including current numbers of patients hospitalized with COVID-19) and more detailed data from a network of epidemiologists in the state's largest healthcare systems (including total hospitalizations and intensive care unit admissions for respiratory illness). Deaths due to COVID-19 have also been added to the list of conditions that physicians are required to report in North Carolina.

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## Get Updates

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to 898211

## Need Help?

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☎ Dial 2-1-1  
or 888-892-1162

🚒 Dial 9-1-1  
in case of emergency

## Contact Information

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NC Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-2000



Customer Service Center: 1-800-662-7030  
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