



MISSISSIPPI

SUMMARY

- Mississippi is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 27th highest rate in the country. Mississippi is in the red zone for test positivity, indicating a rate at or above 10.1%, with the 20th highest rate in the country.
- Mississippi has seen stability in new cases and an increase in test positivity, all suggestive of ever increasing community spread.
- The following three counties had the highest number of new cases over the last 3 weeks: 1. DeSoto County, 2. Harrison County, and 3. Jackson County. These counties represent 24.1% of new cases in Mississippi.
- 73% of all counties in Mississippi have moderate or high levels of community transmission (yellow, orange, or red zones), with 35% having high levels of community transmission (red zone).
- During the week of Oct 26 - Nov 1, 15% of nursing homes had at least one new resident COVID-19 case, 29% had at least one new staff COVID-19 case, and 6% had at least one new resident COVID-19 death.
- Mississippi had 185 new cases per 100,000 population, compared to a national average of 209 per 100,000.
- Current staff deployed from the federal government as assets to support the state response are: 1 to support operations activities from FEMA.
- Between Oct 31 - Nov 6, on average, 69 patients with confirmed COVID-19 and 39 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Mississippi. An average of 94% of hospitals reported either new confirmed or new suspected COVID patients each day during this period.

RECOMMENDATIONS

- Refer to the national profiles in the back of the packet. There is continued, accelerating community spread across the top half of the country, where temperatures have cooled and Americans have moved indoors. Also shown is continued, significant deterioration in the Sunbelt as mitigation efforts were decreased over the past 6 weeks, leading to the most diffuse spread experienced to date.
- The silent community spread that precedes and continues throughout surges can only be identified and interrupted through proactive and increased testing and surveillance, as universities have done with frequent (weekly) required testing.
- This approach can be adapted to communities/counties in the orange or red zone with proactive weekly testing of groups from the community (teachers, community college students, county workers, staff in crowded or congregate settings, all hospital personnel, large private sector employers). These cases should be triangulated with cases among long-term care facility (LTCF) staff to identify geographic areas with high numbers of asymptomatic and pre-symptomatic cases, which should then trigger widespread proactive testing and isolation of positive cases among 18-40 year-old community members. These efforts to identify and reduce asymptomatic transmission should run concurrently with testing of symptomatic persons and contact tracing of cases.
- Expanded, strategic use of point-of-care antigen tests with immediate results will be critical to expanding this model into the community; these tests should be used among all individuals independent of symptoms in orange and red counties. Requiring use only in symptomatic individuals is preventing adequate testing and control of the pandemic.
- Antigen tests perform well in the highly infectious window and will be effective in identification of asymptomatic and pre-symptomatic infectious cases.
 - Antigen tests do not perform well after 8-10 days post infection when nucleic acid cycle times are greater than 30.
 - All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases.
- Proactive testing must be part of mitigation efforts inclusive of mask wearing, physical distancing, hand hygiene, and immediate isolation, contact tracing, and quarantine. All red and orange counties must begin proactive testing of 18-40 year-old community members.
- Mississippi must expand mitigation efforts statewide as test positivity and cases are increasing, despite decreased testing. New hospital admissions in Mississippi continue to be at a moderate plateau. Mitigation efforts should continue to include wearing masks in public; physical distancing; hand hygiene; avoiding or eliminating the opportunities for mask-less crowding in public, including bars, and eliminating all social gatherings beyond the immediate household; and ensuring flu immunizations.
- Please contact all hospitals reporting less than one week's PPE supply to confirm data; contact the regional FEMA office for support if this supply issue is confirmed.
- We need to protect those we are thankful for in our families and communities. Ensure indoor masking around vulnerable family members during any gatherings due to the significant amount of virus circulating and the high rate of asymptomatic and undiagnosed infections among family and community members.
- Unrelenting and significant community spread is initiated by social gatherings among friends and family. People must remember that seemingly uninfected family members and friends may be infected but asymptomatic. Exposure to asymptomatic cases can easily lead to spread as people unmask in private gatherings.
- Ensure university students continue their mitigation behaviors to prevent further outbreaks on or off campus; ensure appropriate testing and behavior change in the 10 days prior to departure to hometowns for the holiday season.
- Ensure all nursing homes, assisted living, and elderly care sites have full testing capacity and are isolating positive staff and residents. There continue to be high levels of positive LTCF staff members, indicating continued and unmitigated community spread in these geographic locations.
- Specific, detailed guidance on community mitigation measures can be found on the [CDC website](#).

The purpose of this report is to develop a shared understanding of the current status of the pandemic at the national, regional, state and local levels. We recognize that data at the state level may differ from that available at the federal level. Our objective is to use consistent data sources and methods that allow for comparisons to be made across localities. We appreciate your continued support in identifying data discrepancies and improving data completeness and sharing across systems. We look forward to your feedback.





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STATE REPORT | 11.08.2020

	STATE, % CHANGE FROM PREVIOUS			
	STATE	WEEK	FEMA/HHS REGION	UNITED STATES
NEW COVID-19 CASES (RATE PER 100,000)	5,519 (185)	+1%	106,660 (159)	687,656 (209)
VIRAL (RT-PCR) LAB TEST POSITIVITY RATE	10.3%	+1.7%*	7.8%	8.4%
TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)	20,005** (672**)	-24%**	1,149,018** (1,717**)	7,362,570** (2,243**)
COVID-19 DEATHS (RATE PER 100,000)	91 (3.1)	+1%	1,343 (2.0)	6,542 (2.0)
SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE	15%	-1%*	15%	15%
SNFs WITH ≥1 NEW STAFF COVID-19 CASE	29%	+0%*	29%	29%
SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH	6%	-2%*	6%	5%

* Indicates absolute change in percentage points.

** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/6/2020; previous week is 10/24 - 10/30.

Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/4/2020. Previous week is 10/22 - 10/28.

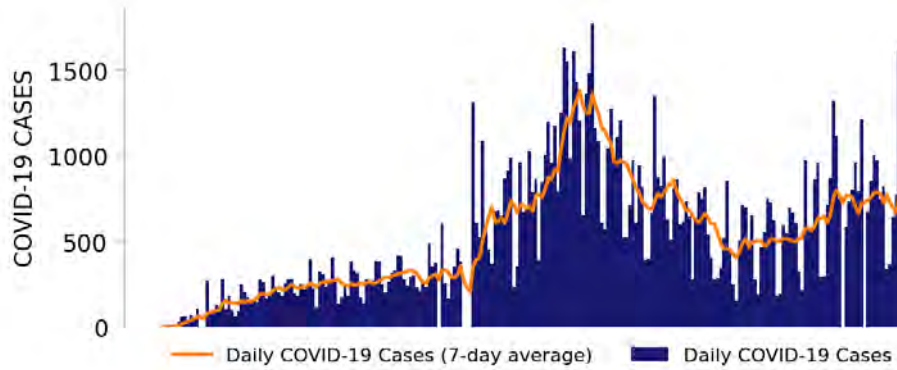
SNFs: Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 11/1/2020, previous week is 10/19-10/25. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.



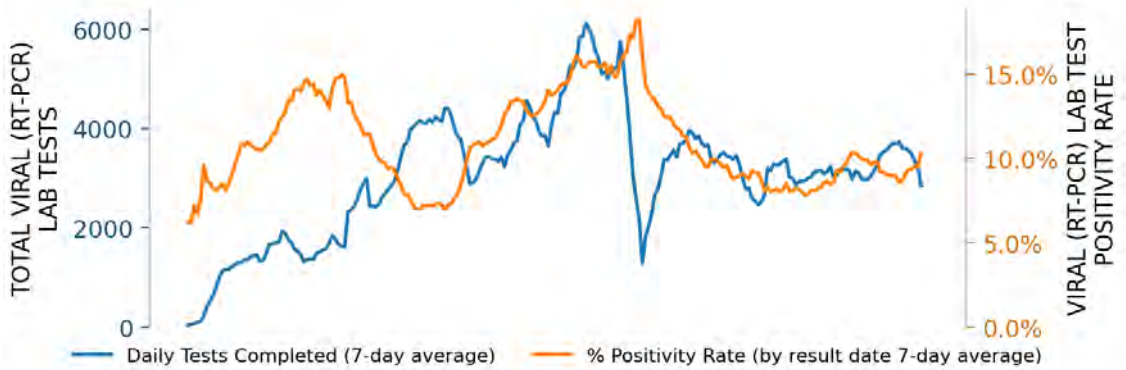
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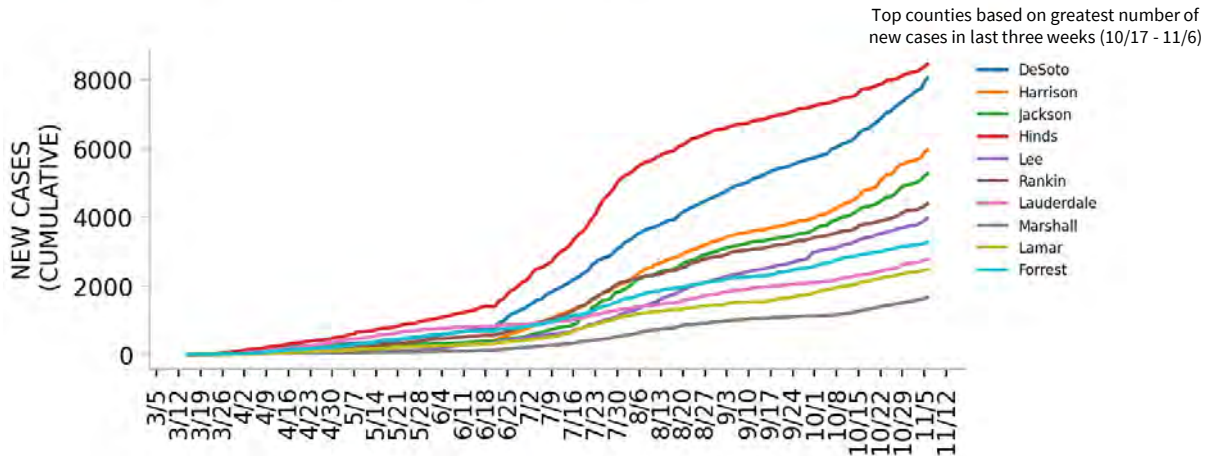
NEW CASES



TESTING



TOP COUNTIES



DATA SOURCES – Additional data details available under METHODS

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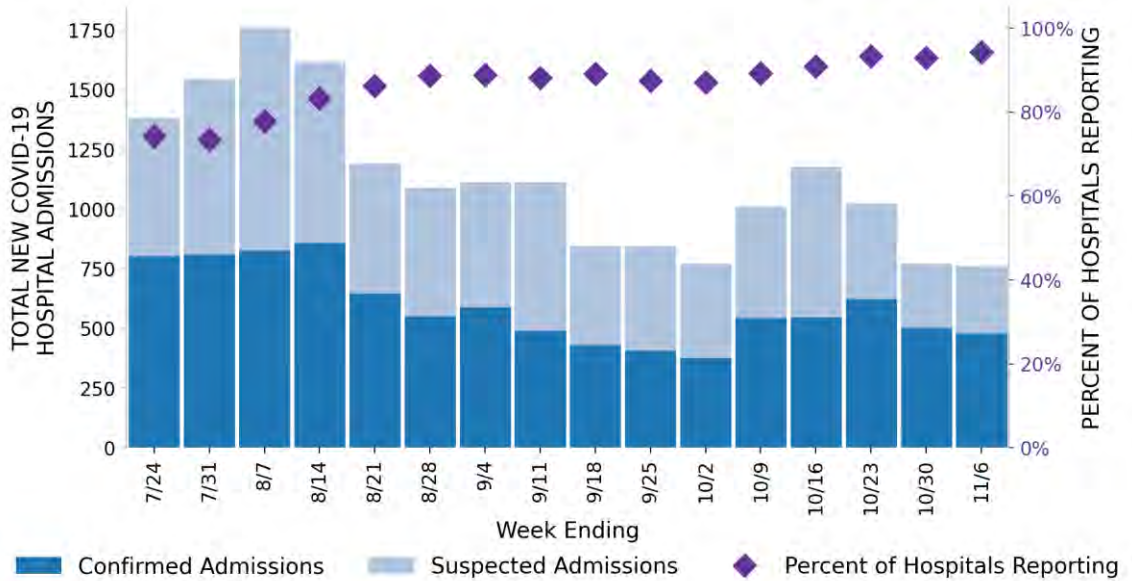


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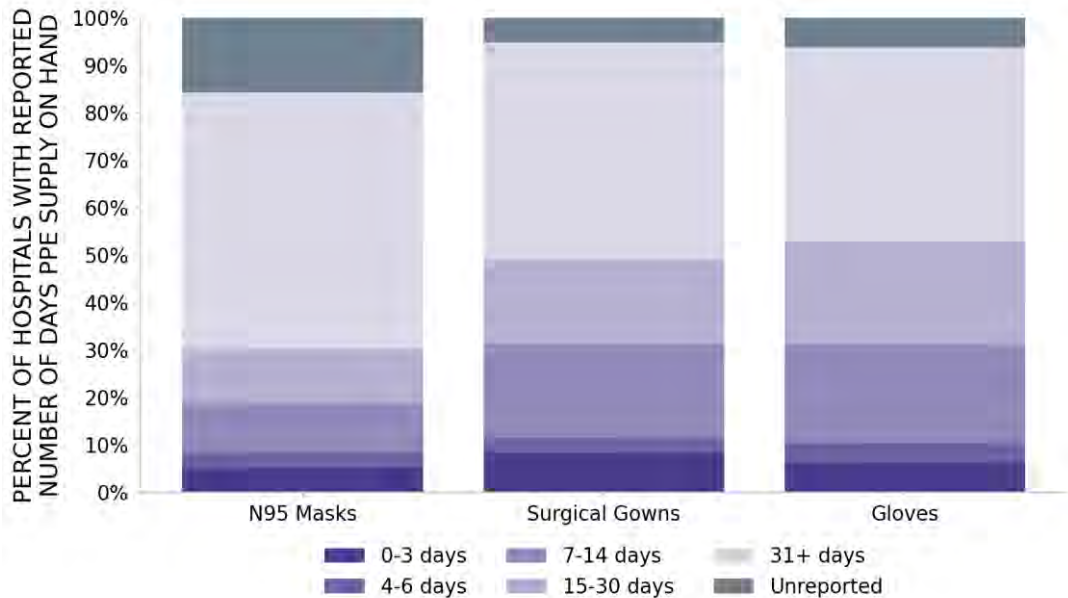
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96 hospitals are expected to report in Mississippi

HOSPITAL ADMISSIONS



HOSPITAL PPE SUPPLIES



DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 11/4/2020.



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COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

METRO AREA (CBSA)

COUNTIES

LOCALITIES
IN RED
ZONE

9
▲ (+3)

Gulfport-Biloxi
Memphis
Tupelo
Meridian
Greenwood
Brookhaven
Indianola
West Point
Clarksdale

29
▲ (+4)

DeSoto
Harrison
Jackson
Lauderdale
Marshall
Lamar
Leflore
Tate
Pontotoc
Monroe
Lincoln
Itawamba

LOCALITIES
IN ORANGE
ZONE

5
■ (+0)

Jackson
Corinth
Starkville
Columbus
Vicksburg

15
▲ (+5)

Hinds
Lee
Rankin
Alcorn
Lowndes
Oktibbeha
Clarke
Copiah
Scott
Tishomingo
Warren
Humphreys

LOCALITIES
IN YELLOW
ZONE

5
▼ (-2)

Hattiesburg
Picayune
Natchez
McComb
Grenada

16
▼ (-2)

Madison
Union
Hancock
Pearl River
Yazoo
Panola
Neshoba
Simpson
Yalobusha
Pike
Grenada
Marion

Change from previous week's alerts:

▲ Increase

■ Stable

▼ Decrease

All Red Counties: DeSoto, Harrison, Jackson, Lauderdale, Marshall, Lamar, Leflore, Tate, Pontotoc, Monroe, Lincoln, Itawamba, Tippah, Sunflower, Prentiss, George, Adams, Winston, Benton, Carroll, Lawrence, Clay, Chickasaw, Perry, Coahoma, Montgomery, Tallahatchie, Walthall, Choctaw

All Orange Counties: Hinds, Lee, Rankin, Alcorn, Lowndes, Oktibbeha, Clarke, Copiah, Scott, Tishomingo, Warren, Humphreys, Leake, Tunica, Quitman

All Yellow Counties: Madison, Union, Hancock, Pearl River, Yazoo, Panola, Neshoba, Simpson, Yalobusha, Pike, Grenada, Marion, Jefferson Davis, Newton, Holmes, Noxubee

* Localities with fewer than 10 cases last week have been excluded from these alerts.

Note: Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

DATA SOURCES – Additional data details available under METHODS

Cases and Deaths: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/6/2020.

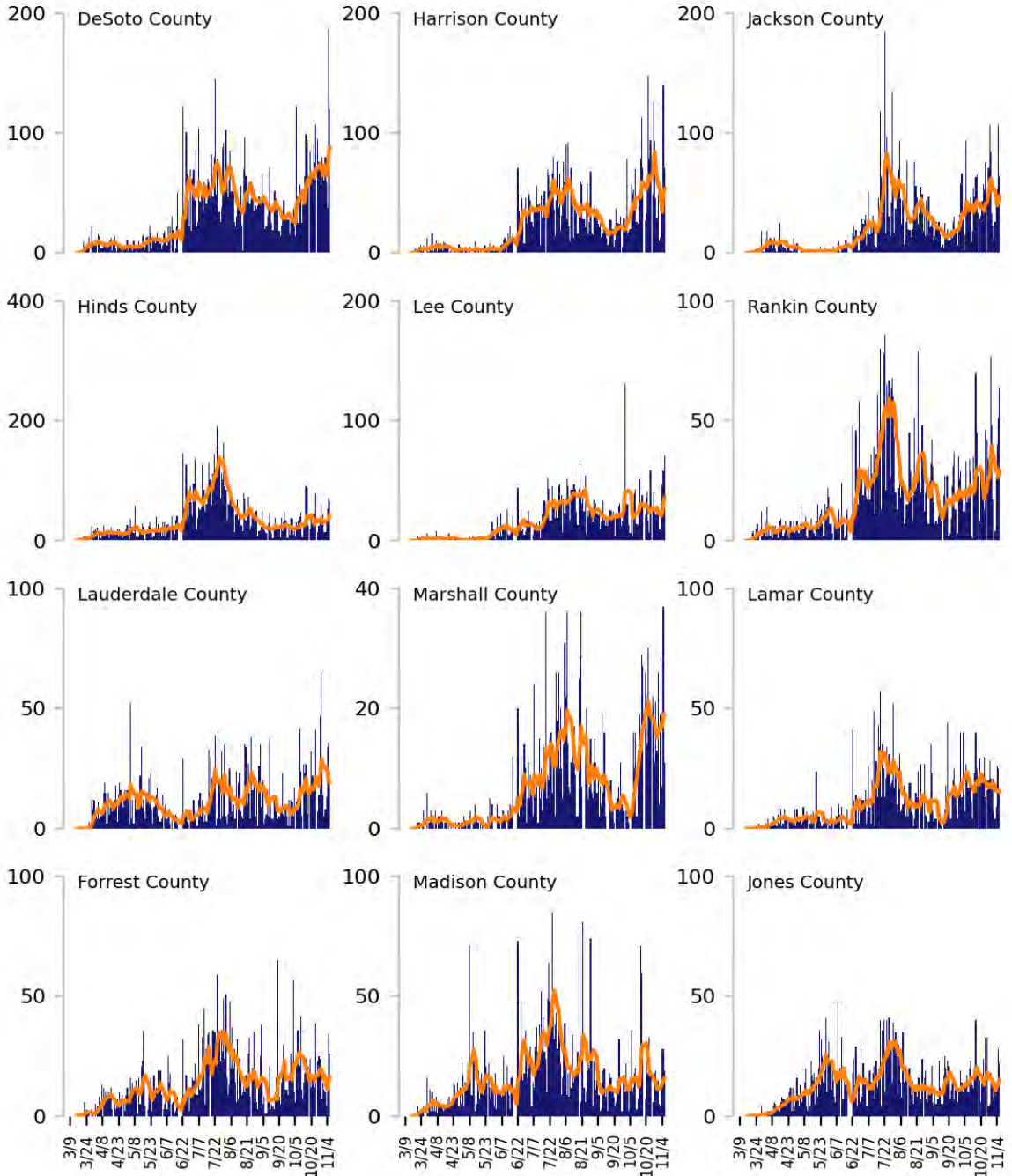
Testing: CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 11/4/2020.



Top 12 counties based on number of new cases in the last 3 weeks

— Daily COVID-19 Cases (7-day average) ■ Daily COVID-19 Cases

TOTAL DAILY CASES



DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 11/6/2020. Last 3 weeks is 10/17 - 11/6.

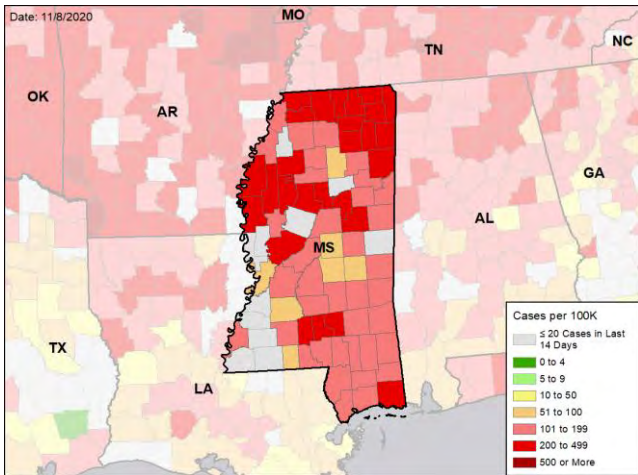


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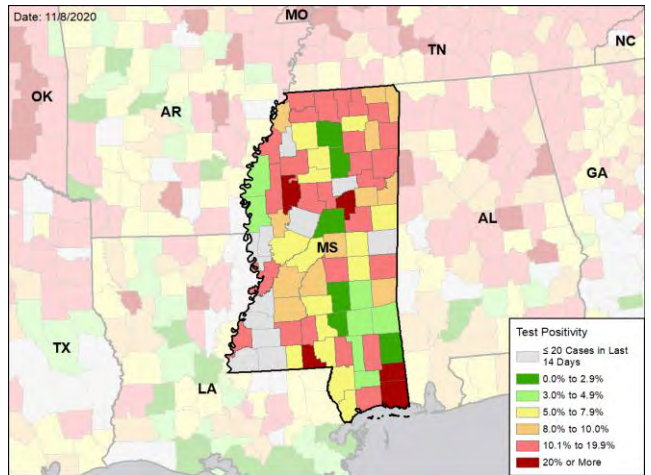
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CASE RATES AND VIRAL LAB TEST POSITIVITY

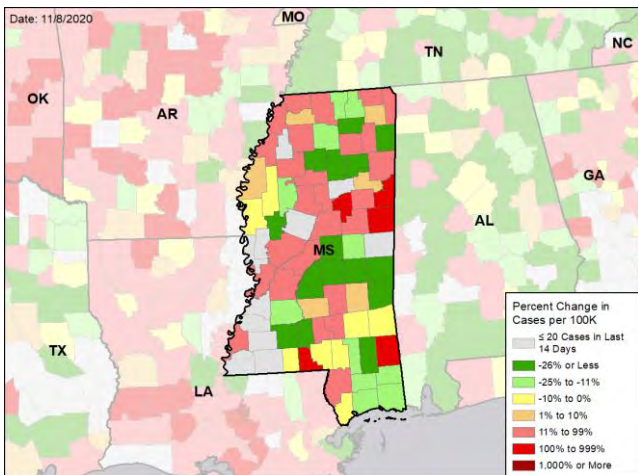
NEW CASES PER 100,000



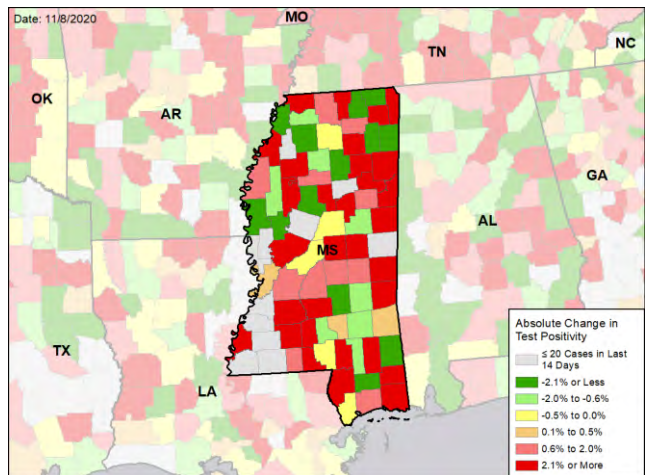
VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



WEEKLY CHANGE IN NEW CASES PER 100,000



WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY



DATA SOURCES – Additional data details available under **METHODS**

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