

RUPRI Center for Rural Health Policy Analysis

Rural Data Update

Brief No. 2020-6

MARCH 2023

<http://www.public-health.uiowa.edu/rupri/>

County-Level 14-Day COVID-19 Case Trajectories

Fred Ullrich, BA; and Keith Mueller, PhD

Background

This document updates maps and tables for the Rural Data Brief "County-Level 14-Day COVID-19 Case Trajectories" (https://ruprihealth.org/publications/policybriefs/2020/County_COVID_Trajectories.pdf). This data brief looks at the new case counts in every US county between February 24, 2023 and March 9, 2023 to quantitatively evaluate 14-day trends in metropolitan, nonmetropolitan, and noncore counties. Previous versions of this document can be found at: https://ruprihealth.org/publications/policybriefs/2020/COVID_Projects.html

Data on confirmed COVID-19 cases were obtained from the Johns Hopkins University COVID-19 Data Repository¹. The number of cases in each county was aggregated for each week in the two-week period, and the totals for each week were compared. To minimize the impact of counties with very minor real variation in weekly counts, those with a change in case count of two or fewer (either increase or decrease) were coded as "Same number, both weeks." Counties that saw more than a 25 percent increase or decrease in number of cases between the weeks were labelled "notable" (including counties that went from 3 or more to none [notable decrease] and counties that went from none to 3 or more [notable increase]). Counties in the 50 states and the District of Columbia were classified as metropolitan, nonmetropolitan, or noncore based on Urban Influence Codes².

Table 1. 14-day trends^a in newly confirmed COVID-19 cases, by county geography: 2/24/2023 – 3/9/2023^d

	Metropolitan (n = 1,166)	Nonmetropolitan (n = 641)	Noncore (n = 1,335)
No cases reported	8 (0.7%)	10 (1.6%)	75 (5.6%)
Decreasing, notable ^b	456 (39.1%)	260 (40.6%)	429 (32.1%)
Decreasing, not notable	240 (20.6%)	68 (10.6%)	43 (3.2%)
Same number, both weeks ^c	152 (13.0%)	130 (20.3%)	500 (37.5%)
Increasing, not notable	105 (9.0%)	48 (7.5%)	21 (1.6%)
Increasing, notable	205 (17.6%)	125 (19.5%)	267 (20.0%)

^aComparison of number of new cases in first week of 14-day period with new cases in second week.

^b"Notable" trends indicate weekly changes in new cases exceeding (either increasing or decreasing) 25 percent.

^cIncludes counties with an absolute change in count of two or fewer.

^dCase reporting has become less reliable as surveillance has gotten less comprehensive and states have reduced the frequency of their reports. Counts are therefore under reported.



Funded by the Federal Office of Rural Health Policy
www.ruralhealthresearch.org

This project was supported by the Federal Office of Rural Health Policy (FORHP), Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement/grant

#1U1GRH07633 and #U1C RH20419. The information, conclusions and opinions expressed in this policy brief are those of the authors and no endorsement by FORHP, HRSA, HHS is intended or should be inferred.



Riverside Dr., Iowa City, IA 52242-2007, (319) 384-3830
<http://www.public-health.uiowa.edu/rupri>

E-mail: cph-rupri-inquiries@uiowa.edu

RUPRI Center for Rural Health Policy Analysis, University of Iowa College of Public Health, Department of Health Management and Policy, 145

Table 2. 14-day trends^a in newly confirmed COVID-19 cases, in counties with any cases, by county geography: 2/24/2023 – 3/9/2023^d

	Metropolitan (n=1,158 of 1,166)	Nonmetropolitan (n=631 of 641)	Noncore (n=1,260 of 1,335)
<i>Any decrease</i>	696 (60.1%)	328 (52.0%)	472 (37.5%)
Notable decrease ^b	456 (39.4%)	260 (41.2%)	429 (34.0%)
Same number, both weeks ^c	152 (13.1%)	130 (20.6%)	500 (39.7%)
<i>Any increase</i>	310 (26.8%)	173 (27.4%)	288 (22.9%)
Notable increase ^b	205 (17.7%)	125 (19.8%)	267 (21.2%)
Increase of 100% or more	58 (5.0%)	34 (5.4%)	174 (13.8%)

^aComparison of number of new cases in first week of 14-day period with new cases in second week.

^b“Notable” trends indicate weekly changes in new cases exceeding (either increasing or decreasing) 25 percent.

^cIncludes counties with an absolute change in count of two or fewer.

^dCase reporting has become less reliable as surveillance has gotten less comprehensive and states have reduced the frequency of their reports. Counts are therefore under reported.

Figure 1.

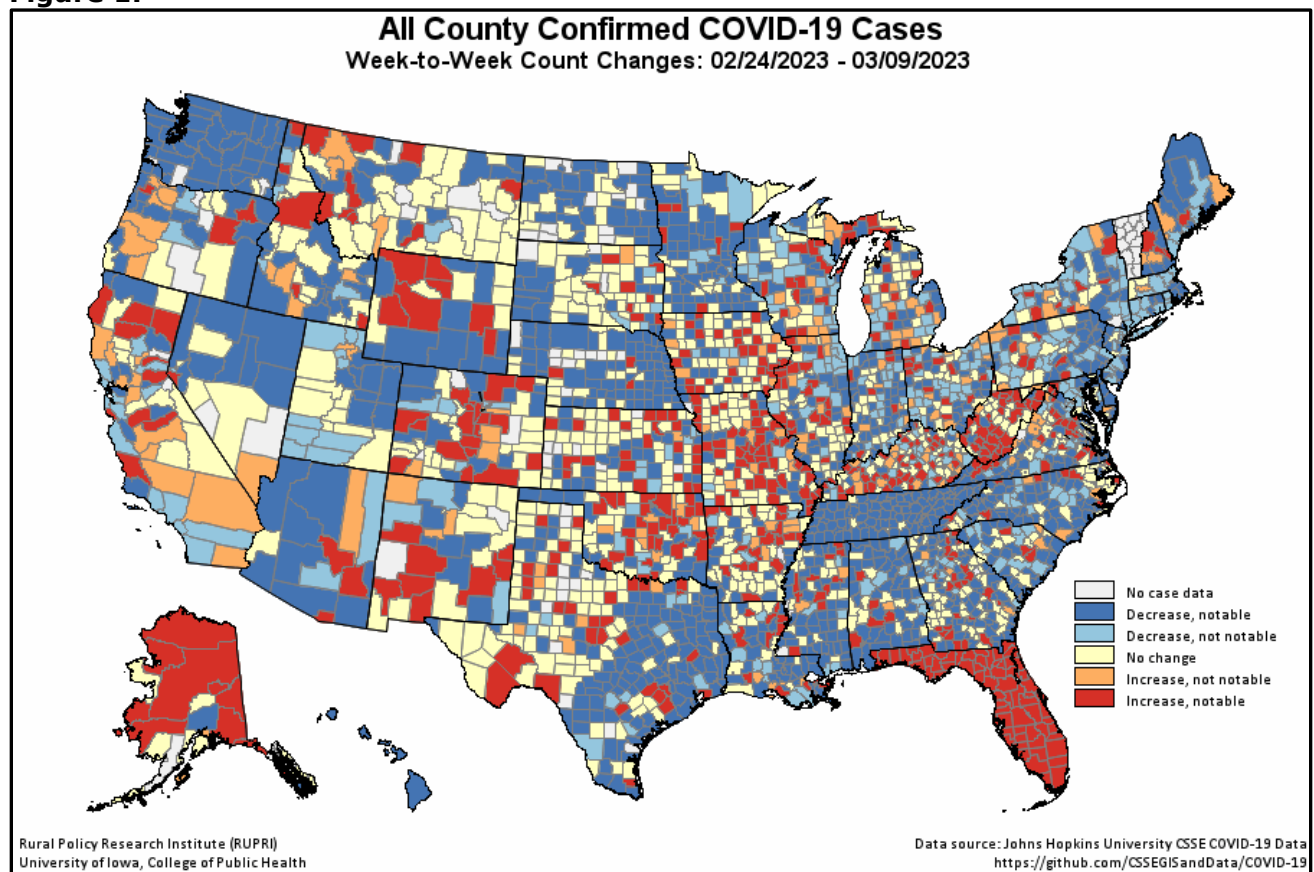


Figure 2.

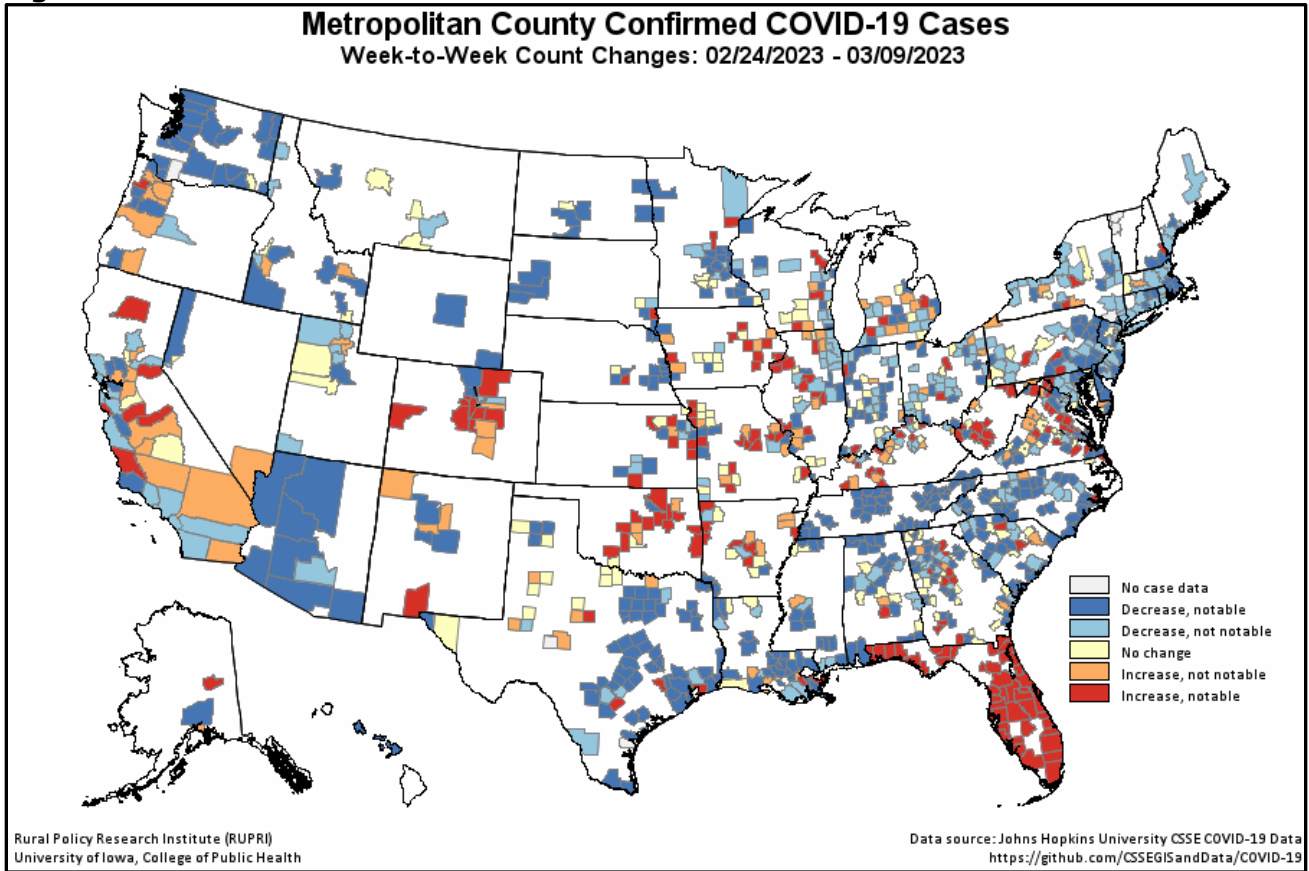


Figure 3.

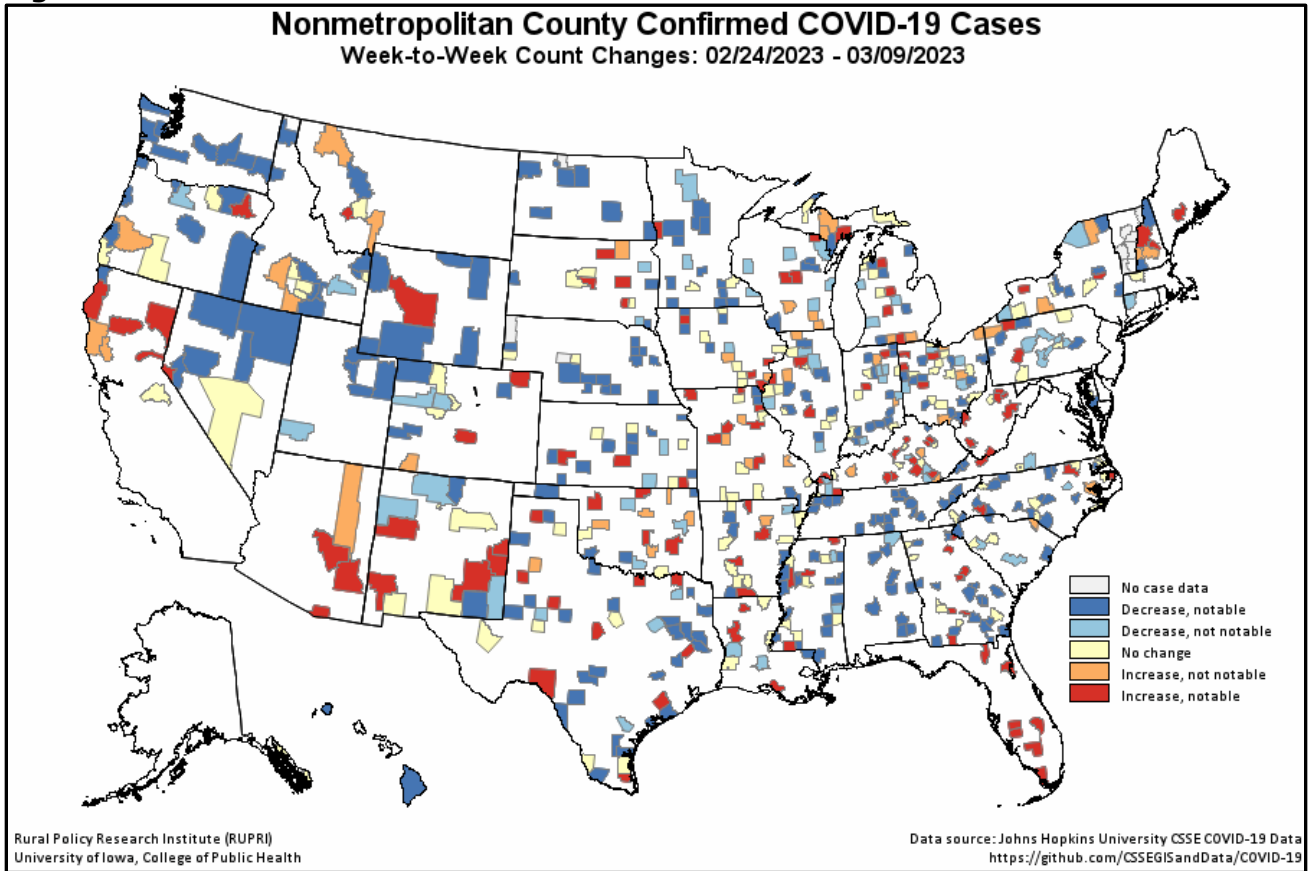
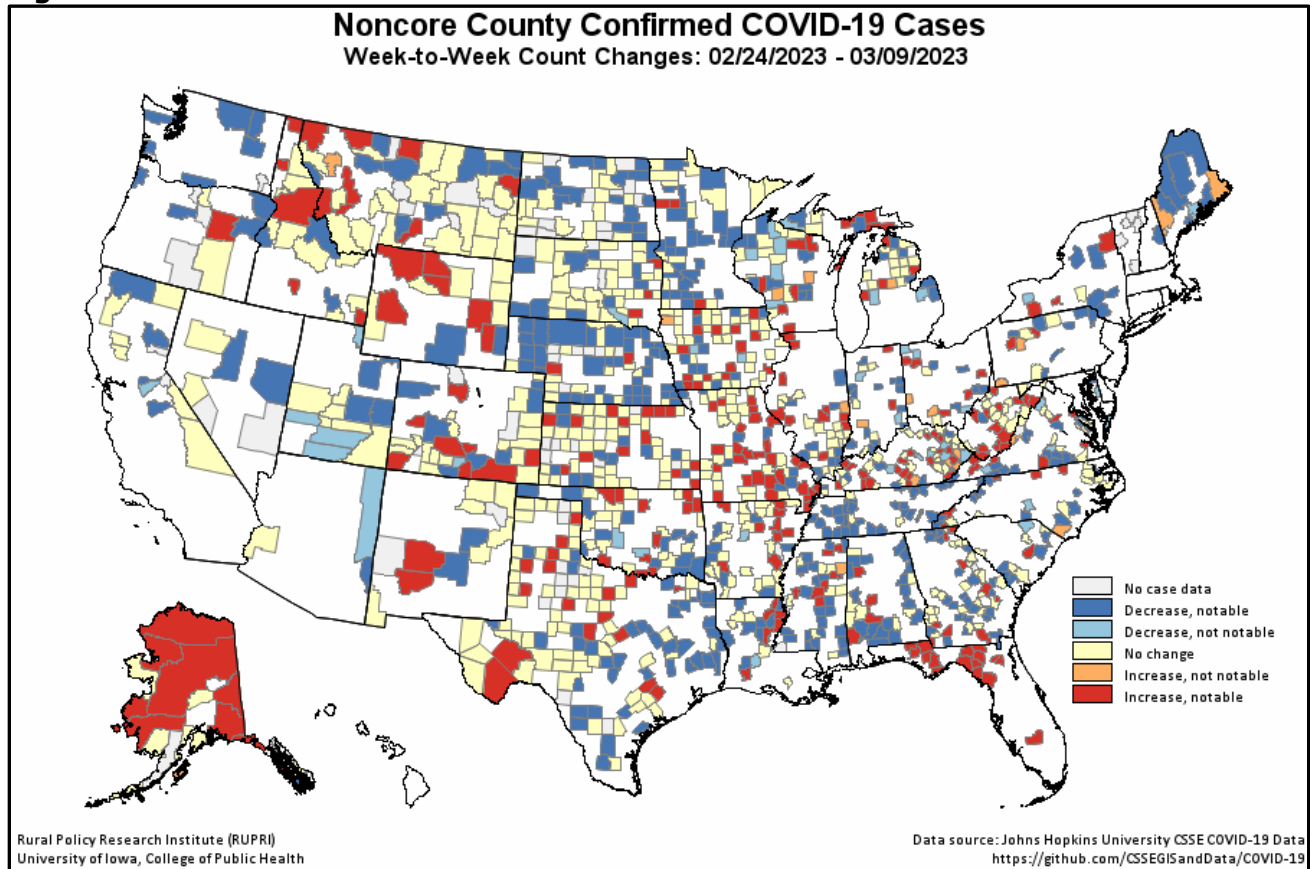


Figure 4.



Data for this ongoing report has been sourced – since August 2020 – from the Johns Hopkins Coronavirus Resource Center. Citing consistent declines in public reporting of pandemic data from U.S. states, Johns Hopkins announced that it would cease data collection and reporting activities on March 10, 2023. We too have observed increasingly inconsistent data reporting and support that decision. The loss of this valuable data resource, coupled with the impending expiration of the public health emergency (currently set to expire May 11, 2023) has led to our decision to conclude regular reporting of COVID-19 incidence and mortality with this issue.

¹ COVID-19 case and death data for this ongoing report were previously obtained from [USAFacts.org](https://usafacts.org). Reports after 8/15/2020 use data from the [COVID-19 Data Repository by the Center for Systems Science and Engineering \(CSSE\) at Johns Hopkins University](https://github.com/CSSEGISandData/COVID-19). While both sources employ similar approaches and resources to produce their data, the Johns Hopkins data is released in a more timely fashion making it more suitable for use in these reports.

Additional changes were made to the report starting 4/26/2021 to better account for the Utah practice of providing aggregated incidence and mortality data for less populous counties.

² U.S. Department of Agriculture, Economic Research Service (2019). "Urban Influence Codes." Retrieved May 20, 2020 from <https://www.ers.usda.gov/data-products/urban-influence-codes/>.