Frequently Asked Questions (FAQ) about COVID-19 Data

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Our Process

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- Where do Rhode Island’s coronavirus disease 2019 (COVID-19) data come from?
  - COVID-19 data are reported by private and public laboratories and hospitals and other healthcare facilities through an electronic reporting system to the Rhode Island Department of Health (RIDOH).
- How often is COVID-19 data updated?
See each page for information about when relevant data are updated. We strive to keep our data as up-to-date as possible. It’s important to note that we prioritize the accuracy of our data, and sometimes this means that data are reported later than usual.

- **The data aren’t updated as usual. Why not?**
  - Each page in our data hub has information about when data were last updated. It is important to us to keep our data current. However, it’s important to note that we prioritize the accuracy of our data, and sometimes this means that there is a delay.

- **How can I find weekend data?**
  - Daily data for Saturday and Sunday are posted in our Google spreadsheet.

- **If you update the Data Tracker data Monday-Friday, what do the "prior day" statistics on the Data Tracker refer to on the weekend? Am I looking at Thursday’s data?**
  - We update "New Fatalities Prior Day," "Percent Positive Prior Day," and "New Positive Cases Prior Day," and "Tests Prior Day" daily Monday through Friday. These are not updated on Saturday or Sunday. On Monday, these numbers will reflect Sunday's data only. If you want to see Friday, Saturday, and Sunday daily data, refer to our Google spreadsheet, where we keep daily data for each day of the week.

- **How do you attach a date to test results?**
  - The date associated with each test is the date the laboratory identified the result. For example: if a person got a test on Monday, and their sample was processed by the laboratory and a result produced on Wednesday, and RIDOH received the result Friday, the official date of the result would be Wednesday. On Friday when the result was received, RIDOH would add it to the total number of test results for Wednesday (and positive cases, if it was a positive result).

- **Why do the daily data sometimes change?**
  - The date assigned to a test result is the date it was "resulted" ("resulted" means that the laboratory produced a negative or positive test result). Each day we report the number of tests that were "resulted" the previous day and sent to us. However, if a lab reports their results a little later than usual, we have to go back and adjust the numbers for previous days. Because these numbers can sometimes change, we encourage the public to not focus too much on data from any one day, but to consider Rhode Island’s weekly or monthly trends. (However, if you are interested in daily data, that is always available in our Google spreadsheet.)

- **If the data changes day to day, how can I get a good picture of what’s happening in Rhode Island? What about in my town?**
  - To understand the pandemic in our state, we suggest you look at monthly trend data. An easy way to look at monthly trends in Rhode Island is to look at the first chart on our Data Trends page which gives daily data over several months. You can see trends in our state for new positive cases, hospitalizations, fatalities, and hospital admittance. For towns and cities, take a look at the charts and visualizations on our Geography page. These show which areas of our state have been most impacted overall by the pandemic. Municipal trends can be seen in our Google spreadsheet. You can also look at trends in different towns compared to the state in the interactive chart on our data hub site, "Rate of COVID-19 per 100,000 population."

- **Why are some numbers listed as “<5”?**
  - “<5” means fewer than five. Rhode Island has a Small Numbers Policy to ensure the reliability of all data included in RIDOH reports and to protect the privacy of individuals.
As a result, counts less than five are suppressed. For more information, see the RIDOH Small Numbers Reporting Policy.

• **What do the data say about how the virus is being spread?**
  o We are learning more about COVID-19 every day. We know that it spreads through respiratory droplets or small particles, such as those in aerosols, produced when an infected person coughs, sneezes, sings, talks, or breathes. It spreads between people who have close contact with each other. Close contact means being within about six feet of each other, or two arms' lengths. Many people want to know where COVID-19 infections in their town or city are coming from. These transmissions come from many places. When the epidemic began in February 2020 in Rhode Island, it arrived (as it did most places) through travel. Now, the virus is widespread. When a virus is so widespread, it becomes very difficult to identify a source of infection. There is no single factor or source of infection that is the main cause of the spread of the virus. There are many different factors. For example, Rhode Island is a densely populated state. Densely populated areas, particularly with poor ventilation and no protective equipment, make it easy for the virus to spread. Asymptomatic cases—people who are infected but do not have symptoms—also contribute to transmission. Because these people do not have symptoms, they often do not get tested, so they do not isolate. Because they do not get tested, we do not learn anything about how they became infected. Because they do not isolate, they can spread the disease. Finally, the weather contributes to a rise in cases. In the Fall and Winter—particularly in New England—people move their activities inside to less ventilated spaces. When we have this many cases and sources of infection are hard to identify, it is important to focus on the settings that make it easiest for the virus to spread. Settings where the most people mix, for the longest amount of time, with the poorest ventilation, and the least amount of protective equipment (masks), are ideal for spreading COVID-19. To stop the spread of COVID-19, we must create settings that reduce risk. This includes reducing the number of people that gather, spreading people out, ventilation, and wearing masks.

• **Where can I find more data on COVID-19 cases?**
  o The latest COVID-19 data for Rhode Island are available on RIDOH’s COVID-19 data page. For information on cases across the United States, please visit the US Centers for Disease Control and Prevention website and/or other state health departments’ websites. For information on cases around the world, please visit the World Health Organization website.

**The Math**

• **How do you calculate percent positive?**
• **How many people in Rhode Island currently have COVID 19? How many people have recovered?**
• **What is the difference between a percentage and a rate? Why do you sometimes display both?**
• **What is the difference between a percentage and a rate? Why do you sometimes display both?**

• **How do you calculate percent positive?**
Daily percent positive is the number of new positive cases, identified out of the total tests resulted on the previous day. ("Resulted" means that the laboratory identified a positive test result on that date.) There are different ways to calculate percent positive. This is Rhode Island’s formula. This is also the formula used by many national data aggregators. When it comes to percent positive, it’s most important to use a consistent formula, so that you can track changes over time.

**How many people in Rhode Island currently have COVID-19? How many people have recovered?**

There is no national standard to calculate this number, and so states calculate it differently. Rhode Island can provide estimates of these totals based on modeling. For example, as of October 21, about 64,000 Rhode Islanders had had the disease and were no longer infectious. At that time, we estimated that Rhode Island had about 1,300 active cases. We have to estimate these numbers, because many people who become infected with COVID-19 are not tested, and therefore, are not officially "counted." We build our estimates from positive test results, hospital admissions, and characteristics of the disease documented since the beginning of the epidemic. RIDOH doesn’t publish these estimates widely because we publish only those statistics that states and countries use to compare themselves with one another, and that the State may use to guide public health policy.

**What is the difference between a percentage and a rate? Why do you sometimes display both?**

At their most basic, percentages (also called proportions) compare a part to the whole. For example: how many COVID-19-related deaths in Rhode Island were among white people. That can be expressed as a percentage—81% (as of early December 2020). Rates, however, consider the relative size of the population. This means that rates are useful for making comparisons between populations of different sizes. Rates are a measure of the frequency with which an event (like COVID-19 infection) occurs in a defined population over a specified period of time.

So, when a population is small and many members of it are affected, the rate is high. We see this in the Black/African American population in Rhode Island. When a population is large and many members of it are affected, the rate is lower. We see this in the white population in Rhode Island. If we look at COVID-19-associated deaths among the white and Black/African American populations, we see that a high percentage of deaths were among the white population and a small percentage were among the Black/African American population. However, because the size of these populations in Rhode Island is very different, it is useful to compare the rate of death in these two groups. The rate of death was 70 deaths per 100,000 people amongst Black/African American people while it was 62 deaths per 100,000 people amongst white people (as of early December 2020). Looking at rates across different racial and ethnic groups shows us that COVID-19 has had a disproportionately large impact on Black/African American and Hispanic and Latinx populations in Rhode Island, despite the small numeric size of these communities in the state. This is why looking at both percentage and rate can be important.

**What does “age adjusted” mean?**

We age adjust rates in order to make a fairer comparison between groups with different age distributions. For example, if a town happens to have a higher percentage of elderly people, it may have a higher rate of COVID-19 deaths, because the elderly are more likely to die of COVID-19. If there was a higher rate of positive cases in that town compared to another town, being able to age adjust the rates would help us understand
if the higher rate might be explained by the higher percentage of elderly residents, or if another factor was the reason.

Testing

- **What is “Total Tests?”**
- **What is “Tests Prior Day?”**
- **What is “New People Who Have Only Tested Negative?”** (Google spreadsheet)
- **What is “Cumulative Total Tests Completed?”** (Google Spreadsheet)

- **What is “Total Tests?”**
  - “Total Tests” is the total number of people who have been tested. This is received from case investigations and electronic laboratory reporting. This number does not include people who have tested twice in a single day, but it does include people who have tested multiple times across different days. Other states have labeled this value as “test encounters.” “Total tests” is updated daily, Monday through Friday. The cumulative total posted on Monday includes data from Saturday and Sunday.

- **What is “Tests Prior Day?”**
  - “Tests Prior Day” is the total number of people tested the prior day. This number removes duplicate people, meaning it does not include people who tested multiple times in a single day. Other states have labeled this value as “test encounters.” “Tests Prior Day” is updated daily, Monday through Friday.

- **What is “New People Who Have Only Tested Negative?”** (Google spreadsheet)
  - “New People Who Have Only Tested Negative” is the number of people who have never tested positive, and had their first negative test result on this day. This number removes duplicates by person.

- **What is “Cumulative Total Tests Completed?”** (Google spreadsheet)
  - “Cumulative Total Tests Completed” is the total number of people who have ever been tested. We receive positive test results through case investigation data and negative test results through electronic laboratory reporting. This number is de-duplicated by person across days, meaning this number includes only one result per person based on the first date of the result. People who receive repeat tests on different days are not included.

Positive Cases

- **How does RIDOH define a positive case?**
- **Are visitors from out of state included in positive case statistics?**
- **What is “Total Positive Cases?”**
- **What is “New Positive Cases Prior Day?”**
- **What is “Percent Positive Prior Day?”**
- **What is “New People Who Tested Positive?”** (Google spreadsheet)

- **How does RIDOH define a positive case?**
  - RIDOH uses the definition from the Centers for Disease Control and Prevention (the CDC). You can read their definition [here](#).
- **Are visitors from out-of-state included in positive case statistics?**

5 Last updated 01/04/21
Visitors from out-of-state are included in positive case statistics for Rhode Island if they test for COVID-19 in Rhode Island. Visitors are included in overall case counts but not in more detailed summaries, such as municipality (towns and cities) data.

- **What is “Total Positive Cases?”**
  - “Total Positive Cases” represents the total number of unique people who have tested positive. Although one person may be tested multiple times, a person is only included in this count once. So, if someone tests positive and continues to test positive, they are not counted again because this is considered the same case. A person is reflected in the count on the date of their first positive test. “Total Positive Cases” is updated daily, Monday through Friday. The cumulative total posted on Monday includes data from Saturday and Sunday.

- **What is “New Positive Cases Prior Day?”**
  - “New Positive Cases Prior Day” is the number of new people who were tested and found to be positive for COVID-19, on the day prior to this data report. A person is reflected in the count on the date of their first positive test. “New Positive Cases” is updated daily, Monday through Friday.

- **What is “Percent Positive Prior Day?”**
  - “Percent Positive Prior Day” is the number of new positive cases out of the total tests resulted on the previous day. For more information about how this is calculated, see “How do you calculate percent positive?” “Percent Positive Prior Day” is updated daily, Monday through Friday.

- **What is “New People Who Tested Positive?” (Google spreadsheet)**
  - “New People Who Tested Positive” is the number of people who had their first positive test result on this day. This number removes duplicates by person and only includes people based on the first date of their first positive test.

**Fatalities**

- **What determines what counts as a COVID-19 fatality?**
- **Are visitors from out-of-state included in fatality statistics? Are residents of Rhode Island with COVID-19 who died elsewhere included in Rhode Island COVID-19 associated fatality statistics?**

- **What is “Total Fatalities?”**
- **What is “New Fatalities Prior Day?”**

- **What determines what counts as a COVID-19 fatality?**
  - COVID-19 associated fatalities are deaths among people who are positive for COVID-19.
- **Are visitors from out-of-state included in fatality statistics? Are residents of Rhode Island with COVID-19 who died elsewhere included in Rhode Island COVID-19 associated fatality statistics?**
  - Visitors from out-of-state are not included in Rhode Island fatality statistics. Residents of Rhode Island with COVID-19 who died outside Rhode Island are included in Rhode Island COVID-19 fatality statistics.

- **What is “Total Fatalities?”**
  - “Total Fatalities” is the total number of COVID-19-associated fatalities in Rhode Island. COVID-19 associated fatalities are deaths among people who are positive for COVID-19. "Total Fatalities" is updated daily, Monday through Friday. The cumulative total posted on Monday includes data from Saturday and Sunday.
• **What is “New Fatalities Prior Day?”**
  o “New Fatalities Prior Day” is the number of COVID-19-associated fatalities confirmed the day prior to this data report. Because of the individual circumstances surrounding a death, there can be a lag between when someone passes away and when they are confirmed as a COVID-19-associated fatality. COVID-19-associated fatalities are deaths among people who are positive for COVID-19. “New Fatalities” is updated daily, Monday through Friday. To see data by date of death, refer to our Fatalities page.

**Schools**

• *I have heard about a case in my school. I don't see it here.*

• *Why isn’t preschool data displayed?*

• *I have heard about a case in my school. I don't see it here.*
  o Only schools with at least one lab-confirmed case (current or ever) are listed in the Google spreadsheet. If a school is not listed, it means the school has not had a case, or that a case has not shown up in the system yet. However, please note there are also cases listed under “Other”. Cases amongst staff members who work for a school district (as opposed to a specific school) or who work for multiple schools will be listed under “Other,” rather than being associated with one school.

• *Why isn’t preschool data displayed?*
  o Preschool data is included in K-12 data where preschools are attached to a K-12 school. There is also data available broken down by age (including young children and infants) in our Google spreadsheet. We would like to be able to display more comprehensive preschool data and it is on our project list.

**Hospitalizations**

• *How do you define a COVID-19-related hospitalization?*

• *What is “People Hospitalized?”*

• *What is “People in ICU?”*

• *How do you define a COVID-19-related hospitalization?*
  o A COVID-19 hospitalization refers to a patient that has both an entry in the Hospital Incident Reporting System (completed by a hospital staff member) and a lab-confirmed positive result for COVID-19.

• *What is “People Hospitalized?”*
  o “People Hospitalized” is the number of people who were hospitalized and who had lab-confirmed COVID-19. There is generally a one-day lag in reporting these numbers, because when someone is hospitalized with symptoms for COVID-19, time is often needed to test this person to determine if they are COVID-19 positive or not. These data are updated daily, Monday through Friday.

• *What is “People in ICU?”*
  o “People in ICU” is a subset of those who are hospitalized and represents the total number of hospitalized patients with COVID-19 who are currently in the intensive care unit. These data are updated daily, Monday through Friday.
Case Demographics

- Which groups have been most impacted by COVID-19 in Rhode Island?
- Why is it important to look at rates and percentages to understand which populations are impacted most by COVID-19?

- Which groups have been most impacted by COVID-19 in Rhode Island?
  o You can visit our Case Demographics, Fatalities, and Geography pages to learn more about which age groups, race/ethnicity groups, geographic areas, and more have been most impacted by COVID-19.
- Why is it important to look at rates and percentages to understand which populations are impacted most by COVID-19?
  o Knowing what percentage of COVID-19 cases are a certain group (for example, Black or African American Rhode Islanders) only tells part of the story. This is because there are not equal numbers of Black/African American, white, Hispanic/Latino, Asian, and mixed race people in Rhode Island. In order to truly understand how one of these groups is impacted, then, we need to look at rates. Rates take into account the size of the population so we can use rates to make comparisons across populations of different sizes. Percentages tell us how many people have tested positive for COVID-19 compared to the whole group of people. To learn more about rates and percentages, see “What is the difference between a rate and a percentage?” above.

Towns and Cities Data (Geography)

- How often is the Geography page updated?
- How does my town compare to other towns and to the state when it comes to COVID infections and fatalities?

- How often is the Geography page updated?
  o The Geography page is updated weekly.
- How does my town compare to other towns and to the state when it comes to COVID infections and fatalities?
  o Visit our Geography page to see how towns and cities across Rhode Island are doing. Remember, though, that any comparison you make between different places should take many factors into account. These are aspects of the town like: population size; demographics (who makes up the town – age, race, sex, income, and so on); urban, rural, or suburban; the presence of congregate care settings such as nursing homes or corrections facilities; how the local community has responded to the epidemic; and other features of each town or city that make it what it is.

Congregate Care (Nursing Homes, Care Facilities, Corrections, and Hospice) Data

- What does "congregate care" mean and why is there a focus on data collection for these settings?
- Why are COVID-19 cases in congregate care sometimes included in other data sets, and sometimes not?
• My family member is in a long-term care facility. Why isn't it listed in the long-term care and assisted living table?

• What does "congregate care" mean and why is there a focus on data collection for these settings?
  o In the broadest sense, congregate settings are environments in which a number of people reside, meet, or gather in close proximity for either a limited or extended period of time. These settings include assisted living facilities, group homes, prisons, detention centers, schools, homeless shelters, and workplaces. In the context of COVID-19, RIDOH is particularly concerned with settings in which there are close living conditions where the virus can spread rapidly; many residents in these settings are at increased risk. To learn more about this, you can read the Guidance for Congregate Settings.

• Why are COVID-19 cases in congregate care sometimes included in other data sets, and sometimes not?
  o Data from congregate care settings (which includes assisted living facilities, nursing homes, prisons, detention centers, and hospice care) are included in overall counts such as the number of tests conducted, percent positive, and fatalities for the state. Congregate care data are excluded from data where including them would cloud the picture. For example, congregate care data are not included in the interactive line graph, "Rate of COVID-19 cases per 100,000 population, by municipality of residence and week of first positive test date," which you can see on the front page of our data hub. Because congregate care settings are more separate from the community, including those data in municipal trends can be misleading about trends within the broader town/city community. Congregate care data are included in state data and are also reported on our congregate care page.

• My family member is in a long-term care facility. Why isn't it listed in the long-term care and assisted living table?
  o This table is a list of facilities that have had two or more COVID-19 cases as of the date indicated. If a facility is not listed, it means that two or more cases have yet been reported to RIDOH or that the data have not yet been verified and updated. This table is updated weekly.