The Daily Status Report is updated once daily at 3 p.m. Data are reported to the Georgia Department of Public Health (DPH) from numerous labs, hospitals and providers in various ways.

Electronic Laboratory Reports (ELR) are data files transmitted to DPH that contain patient identifiers, test information and results. Individual “case” reports may also be submitted through DPH’s secure web portal, SendSS, from healthcare providers and other required reporters. These reports often contain more specific patient information. In either reporting scenario, data may be incomplete.

Data displayed on the DPH Daily Status Report reflect the information transmitted to DPH, but may not reflect all current tests or cases due to timing of testing and data reporting.

Data definitions

1. “Confirmed COVID-19 Cases”: This number represents confirmed cases only, defined as an individual with a positive molecular test. Only molecular test results are used in identifying confirmed cases. These test results are reported through multiple sources including electronic lab reporting (ELR), State Electronic Notifiable Disease Surveillance System (SendSS), faxed case reports and calls from providers to DPH.

2. “Hospitalizations”: This number includes the confirmed COVID-19 cases that were hospitalized at the time the case was reported to DPH or when the case was interviewed. This number does not capture hospitalizations that occur after a confirmed case was reported and, as such, is likely an underestimation of actual hospitalizations. It does not represent the number of COVID-19 cases currently hospitalized.

3. “Deaths”: This number includes confirmed COVID-19 cases that were either reported to DPH as deceased by healthcare providers, medical examiners/coroners, or identified by death certificates with COVID-19 indicated as the cause of death.

4. “ICU Admissions”: This number includes the confirmed COVID-19 cases where Intensive Care Unit admission information is known at the time the case is reported to DPH or when the case was investigated. This number does not capture ICU admissions that occur after a confirmed case was reported and, as such, is likely an underestimation of actual ICU admissions.

5. “COVID-19 Testing”: This chart displays data for molecular tests and serologic tests reported to DPH through ELR only, not all reporting sources. ELR reports include both positive and negative results; other reporting sources do not consistently report negative results. Positive and negative results are used to determine the percent of tests that are positive.
   a. Molecular (PCR) tests detect active virus and infections. These tests are administered by collecting either nose, nose and throat, or throat specimens.
   b. Serology tests detect whether a person may have previously been infected with COVID-19 by attempting to detect antibodies that the person has produced as a result of the infection. Serology tests are administered by collecting a blood specimen.
   c. Number Positive is the total number of each test type reported to DPH with a positive result.
d. Percentage Positive is the percentage of positive tests for each test type reported to DPH.

Note: these data only include lab tests reported to DPH by electronic laboratory reporting (ELR) and do not represent all tests performed in Georgia. The number of positive tests in this chart will not match the number of confirmed cases because the case numbers include all reporting sources, not just ELR.

6. “Georgia Cases by County”: The map represents the number of confirmed COVID-19 cases (not tests) by county of residence.

7. “County”: Reflects the county of residence. This data element is often unreported to DPH, and in such instances, is reported as “Unknown.”

8. “Cases per 100k”: Reflects the number of cases per 100,000 residents in the county, using 2018 U.S. Census data. This is often referenced as the case or incidence rate.

9. “Deaths per 100k”: Indicates the number of confirmed COVID-19 deaths per 100,000 residents in the county. This is often referenced as the death rate.

10. “COVID-19 Cases Over Time”: This chart reflects the number of confirmed cases reported daily over a period of time, as well as the 7-day moving average.

11. “7 Day Moving Average of Cases”: This number is the average of the previous 7 days confirmed case counts and is used to better visualize trends.

12. “Cumulative Cases”: The cumulative number of confirmed cases reported as of a specific date.

13. “Cumulative Deaths”: The cumulative number of confirmed COVID-19 deaths as of a specific date.

14. “7 Day Moving Average of Deaths”: The average of the previous 7 days confirmed COVID-19 deaths.

15. “Confirmed Health Care Worker Cases Over Time”: Reports the number of confirmed cases in healthcare workers, as reported at the time to DPH or as reported during the case interview.

16. “Comorbidity Status”: Indicates whether a confirmed case has or had any comorbid or simultaneously existing diseases or underlying conditions that would make the individual more susceptible to severe outcomes. The data reflects reports to DPH during the initial report or during a case interview. Comorbidities include:
   a. Chronic Lung Disease
   b. Diabetes Mellitus
   c. Cardiovascular Disease
   d. Chronic Renal Disease
   e. Chronic Liver Disease
   f. Immunocompromised Condition
   g. Neurologic/Neurodevelopmental Condition
   h. Pregnancy
   i. Other
Frequently Asked Questions

Q: What is COVID-19? What is SARS-CoV-2?
A: Novel Coronavirus disease 2019, abbreviated as COVID-19, is the official name of the disease caused by infection with SARS-CoV-2 virus.

Q: How is the county assigned to a person or case?
A: This comes from information reported to DPH and represents the county of residence, when known. If county is not known, it is reported as “unknown” and is not included in county case data.

Q: What does the date for a confirmed case represent?
A: When looking at cases over time to understand the progression of an outbreak or epidemic, it is important count the cases closest to when the person was ill. The date indicated for the confirmed COVID-19 cases is not necessarily the date that the information was reported to Georgia DPH, but is based on a combination of dates. The date of symptom onset is used if available. Otherwise, the collection date of the positive specimen is used. If both of those are unavailable, the date of report to public health is used.

Q: Where does the date of death come from?
A: The date of death is based on the date of death reported to DPH or identified on death certificates.

Q: How is Healthcare Worker Status defined? Does this account or report on all healthcare workers in the State of Georgia?
A: This includes confirmed COVID-19 cases that were reported as a healthcare worker at the time the case was reported to DPH or when the case was interviewed. Healthcare worker status is self-reported and does not represent a survey of all health care workers.

Q: Is a test the same as a confirmed case?
A: No. A confirmed case means an individual had a positive molecular test. An individual may have had one or more molecular and/or serologic tests.

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