

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR DISEASE CONTROL AND PREVENTION**

**Committees on Appropriations of the House of Representatives and the Senate,  
Committee on Energy and Commerce of the House of Representatives,  
and  
Committee on Health, Education, Labor, and Pensions of the Senate**

**REPORT TO CONGRESS ON  
Paycheck Protection Program and Health Care Enhancement Act  
Disaggregated Data on U.S. Coronavirus Disease 2019 (COVID-19) Testing**



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**Robert R. Redfield, MD  
Director  
Centers for Disease Control and Prevention  
Administrator  
Agency for Toxic Substances and Disease Registry  
Department of Health and Human Services**

## Overview

In its Fiscal Year (FY) 2020 appropriation for the Department of Health and Human Services (HHS), the Paycheck Protection Program and Health Care Enhancement Act states:

*Provided further*, That not later than 21 days after the date of enactment of this Act, the Secretary, in coordination with other appropriate departments and agencies, shall issue a report on COVID–19 testing: *Provided further*, That such report shall include data on demographic characteristics, including, in a de-identified and disaggregated manner, race, ethnicity, age, sex, geographic region and other relevant factors of individuals tested for or diagnosed with COVID–19, to the extent such information is available: *Provided further*, That such report shall include information on the number and rates of cases, hospitalizations, and deaths as a result of COVID–19: *Provided further*, That such report shall be submitted to the Committees on Appropriations of the House and Senate, and the Committee on Energy and Commerce of the House of Representatives and the Committee on Health, Education, Labor, and Pensions of the Senate, and updated and resubmitted to such Committees, as necessary, every 30 days until the end of the COVID–19 public health emergency first declared by the Secretary on January 31, 2020 (P.L. 116-139, Division B, Title I, Page 7)

The Centers for Disease Control and Prevention (CDC) prepared this report in response to this request from the House and Senate Appropriations Committees, the House Committee on Energy and Commerce, and the Senate Committee on Health, Education, Labor, and Pensions. The report provides information on CDC’s data on COVID-19 testing, de-identified and disaggregated by race, ethnicity, age, sex, geographic region, and other relevant factors.

### I. Introduction and Background

CDC is leveraging our available surveillance systems to monitor the COVID-19 epidemic and proactively protect vulnerable populations. The goal is to get as timely and accurate a picture as possible of the overall situation in the U.S. and share findings with the American public; as data continue to evolve and are validated these findings are subject to daily change. State health departments work to get complete information on every case, including race/ethnicity, but during this large-scale pandemic, it is understandable that these health departments may not be able to gather all the case-specific information. As CDC works to improve collection of those data, we are leveraging other existing surveillance systems, such as in-depth information on COVID-19 hospitalizations from COVID-Net, which reflect a population of 32 million (10% of the US), and mortality data from both the National Vital Statistics System (death certificates) as well as from case-based surveillance. Mortality data include those deaths documented to be from COVID-19 based on laboratory-testing, those presumed based on completion of death certificates, and excess mortality as derived from seasonally-adjusted mathematical estimation, to provide a fuller picture of the outbreak.

The effects of COVID-19 on the health of racial and ethnic minority groups is still emerging; however, current data suggest a disproportionate burden of illness and death among racial and ethnic minority groups. Studies are underway to confirm these data and understand and potentially reduce the impact of COVID-19 on the health of racial and ethnic minorities.

### **CDC’s data on COVID-19 testing, number and rates of cases, hospitalizations, and deaths as a result of COVID-19**

Below is a list of webpages on CDC's COVID-19 website where information on testing, number and rates of cases, hospitalizations, and deaths as a result of COVID-19 are posted and updated on a regular basis.

- 1) Cases, Data, and Surveillance: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/index.html>  
This is the homepage for all COVID-19 related data, including links to testing in the U.S., number of cases, hospitalization rates and demographics, and mortality reporting.
- 2) Testing in the U.S.: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/testing-in-us.html>  
This webpage provides nationwide data on public health laboratory testing. It is updated daily at noon, with numbers current through 4 pm the day prior.
- 3) Cases in the U.S.: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>  
This webpage includes COVID-19 cases and deaths by states and counties, the rate of new cases each day, and demographic characteristics of COVID-19 cases including age, race, and ethnicity.
- 4) Hospitalization rates and demographics: [https://gis.cdc.gov/grasp/covidnet/COVID19\\_3.html](https://gis.cdc.gov/grasp/covidnet/COVID19_3.html)  
This webpage provides data by geographic region and age of those hospitalized. Note that hospitalization data come from in-depth review in approximately 100 counties in the 10 Emerging Infections Program (EIP) network states (CA, CO, CT, GA, MD, MN, NM, NY, OR, and TN) and four additional states through the Influenza Hospitalization Surveillance Project (IA, MI, OH, and UT). The network represents approximately 10% of US population (~32 million people).
  - a. A weekly summary of hospitalization data disaggregated by age, race, ethnicity, and underlying medical conditions is also available here:  
[https://gis.cdc.gov/grasp/COVIDNet/COVID19\\_5.html](https://gis.cdc.gov/grasp/COVIDNet/COVID19_5.html)
- 5) Weekly update of U.S. surveillance data: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>  
This webpage also includes testing data from public, clinical, and commercial laboratories, currently disaggregated by age.
- 6) Mortality Reporting: <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html#mortality>  
This webpage provides daily updated data on provisional death counts by week, jurisdiction, and age. This page also links to weekly updated data on provisional death counts by age, sex, race, ethnicity, and county.

CDC, in collaboration with the Council of State and Territorial Epidemiologists (CSTE) COVID-19 leaders, has also updated the [Case Report Form \(CRF\)](#) for COVID-19 cases (first implemented on February 24). CDC developed the CRF to standardize the reporting of information on COVID-19 cases. Revisions include adding variables to capture data on cases by sex and age; deaths by sex, age, race, and ethnicity; at-risk populations (e.g. tribes), and risk factors (e.g. homelessness, disabilities, language services). Efforts are ongoing to improve completeness of reporting from public health departments and

laboratories, particularly related to incomplete reporting of race and ethnicity in most laboratory reports and a high percentage of public health reporting in selected states.

## **II. Conclusion**

Comprehensive data collection is a critical aspect of the nationwide strategy to mitigate and contain this pandemic. History shows that severe illness and death rates tend to be higher for racial and ethnic minority groups during public health emergencies. CDC continues to work with states, localities, territories, and tribal organizations to collect public health, clinical, and commercial laboratory testing data disaggregated by race, ethnicity, age, sex, geographic region, and other relevant factors. Revisions to the CRF reflect one of the ways that CDC's data collection will continue to be improved and refined over time. These data will be translated into information to improve the clinical management of patients, allocation of resources, and targeted public health information and services. The data will also improve CDC's efforts to predict the virus's potential spread, further identify at-risk populations, detect any resurgence of disease, and implement prevention interventions tailored for at-risk populations. CDC continues to work with each State and jurisdiction to develop long term sustainable systems to enable complete and timely reporting that will be used for COVID-19 but will be adaptable to any specific health issue in the future.