

# COVID-19 Dial Back Measure Data Notes

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Minnesota successfully bought time to build needed treatment capacity and is now taking steps toward a new normal. As we take these steps, we will continue to follow the guidance of public health experts and make data-driven decisions. We will monitor the rate of new cases, testing, and how the virus is spreading. If there are sudden increases or decreases in these data, we may need to “dial back” and put some restrictions in place again to slow the spread of the virus.

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## Indicator and threshold summary

The indicator is a piece of data that may help tell us how the outbreak is changing. These pieces of data are watched over time to see if they are going up or down. The threshold is a point that has been selected to serve as a warning signal. If the indicator moves to the other side of the threshold, it may mean the outbreak is changing in a way that would require us to take some action to move the indicator back to the other side of the threshold.

## How the measures and thresholds were determined

The Minnesota Department of Health (MDH) primarily looked at ongoing surveillance of testing and case trends in Minnesota to develop these measures and thresholds. We also referred to Federal guidelines and gating indicators from other states. The thresholds are not taken from or tested against the MN COVID model.

## Data considerations and lag period

- As of June 5, 2020, all testing data are reported per test instead of per person, to account for changes in testing capacity and for individuals who are tested more than once over the course of the pandemic.
- As of September 1, 2020, all case and testing data include PCR and antigen tests combined. For more information on antigen tests, please see MDH website: <https://www.health.state.mn.us/diseases/coronavirus/situation.html>
- Data about cases come from many sources, including case interviews, chart abstractions, and hospital discharge information. Data may be added or updated as more information is gathered and the condition of cases changes (such as someone being admitted to the hospital), resulting in small changes in historical information. Data shown here are the most accurate for what is available at the time data are updated.

## DIAL BACK MEASURES - DATA NOTES

- Data are presented as “rolling averages” over the most recent 7 or 14 days. A rolling average, or a moving average, is a measure that is updated each day to reflect the average of that day and the 6 or 13 days that came before. We use this type of average to smooth out expected day-to-day variation that may be due to things not related to the virus spread, like fewer test specimens collected over weekends.
- Indicators on this dashboard exclude the data lag period. The data lag period is time where information continues to be received or collected; during this time that data are incomplete. Not including this time period allows us to provide the most complete information possible.
  - Laboratory testing data have a 7-day lag period. This is because it can take about 7 days from when a laboratory sample (specimen) is collected until the results come back and it is reported to MDH. This lag period was previously 5 days, but was extended due to some longer periods between specimen collection and report data.
  - Case data have a 7-day lag period. This is because it can take about 7 days for case interviews to be done to verify and collect necessary information. Community spread data do not include cases with undetermined source of exposure. This information is added to the database as interviews are completed.

DIAL BACK MEASURES - DATA NOTES

Indicators	Thresholds	Why are we measuring this?
Testing positivity rate (PCR and antigen tests combined)	Positivity rate $\geq 10\%$ on average over 7 days prior to lag period. Daily percent positive increases 5 percentage points over 14 days prior to lag period.	The percent of tests that are positive can tell us about the spread of infections. When testing rates are stable or increasing and all symptomatic individuals can be tested, an increase in percentage of positive tests is an indicator of virus spread.
Tests per population (PCR and antigen tests combined)	Fewer than 100 tests per 10,000 residents over 7 days prior to lag period.  <i>(Updated from 50/10,000/week on July 3, 2020)</i>	As testing capacity expands, increasing testing rates help show that access is also expanding. Increased testing is a key part of tracking virus spread. Tracking the testing rate per population allows for meaningful comparisons between areas with different population densities.
Community spread without known contacts (among cases with completed case investigation)	Percent of unknown contact is above 30% on average over 7 days prior to lag period. Rate climbs more than 5 percentage points over 14 days prior to lag period.	Identifying contacts who were exposed is a key part of containing virus spread. Cases that cannot be linked to a source, facility, event, or other known contact suggest that the virus may be circulating more widely in the community.
Rate of new cases per population	Number of new cases (confirmed or probable) per 100,000 population above 5 over 7 days prior to lag period.  <i>(Updated from case doubling time on July 3, 2020)</i>	Case growth rate per population can show increased disease spread. Tracking the case growth rate per population allows for meaningful comparisons between areas with different population densities. Sufficient testing is important for identifying new cases. Cases include confirmed cases (PCR positive) and probable cases (antigen positive).
Hospitalization rate*	More than 4 new COVID-confirmed hospitalizations, including ICU, per 100,000 on average over 7 days prior to lag period.	Tracking the rate of hospitalizations per population allows for meaningful comparisons between areas with different population densities. The rate of 4 per 100,000 equates to 220 admissions per week. If that rate continued, it could overwhelm hospital capacity.

\* Note that hospitalizations include all COVID-confirmed or COVID-probable Minnesota residents, even if they are hospitalized outside of Minnesota.

## Next steps

Over the coming weeks and months, we will refine and add to these measures as needed to best reflect the science and on-the-ground trajectory of the epidemic in Minnesota. Other data we are monitoring include: COVID-related death rates, cases among health care workers, trends in COVID-like illness, ICU admissions, and other important indicators of a strong and sustainable response.

## Contact information

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