RUPRI Center for Rural Health Policy Analysis Rural Data Brief

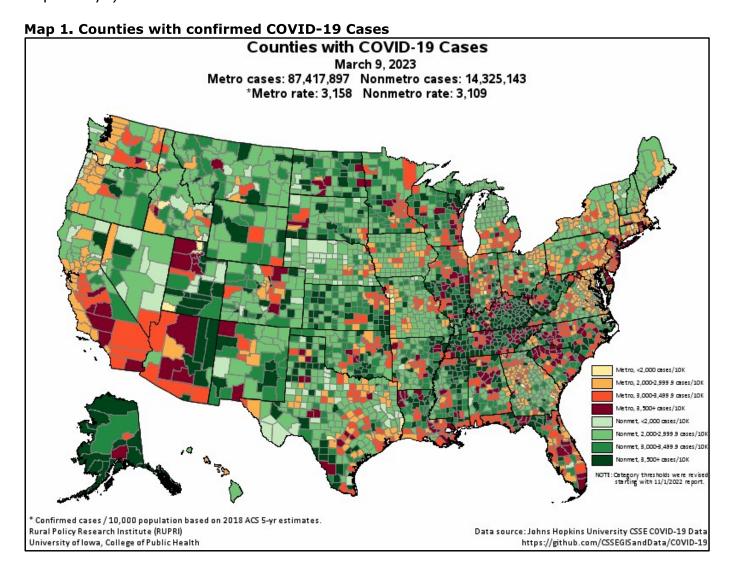
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Confirmed COVID-19 Cases, Metropolitan and Nonmetropolitan Counties

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Report

Early COVID-19 focus was on major metropolitan areas, but rural areas of the United States have also been hit hard by the pandemic. As of March 9, 2023, there were a total of 101,743,040 cases and 1,104,215 deaths identified in counties, with 14,325,143 cases and 200,161 deaths (about 14.1 percent of cases and 18.1 percent of deaths) reported in non-metropolitan counties (data obtained from the Johns Hopkins University COVID-19 Data Repository*).





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http://www.public-health.uiowa.edu/rupri E-mail: cph-rupri-inquiries@uiowa.edu But as many experts have pointed out, the rate of growth in cases is very different depending on location. Further, the stress on the health care delivery system is proportionate – a small number of cases creates stress for low-capacity systems just as a large volume of cases creates stress for larger capacity systems.

Note that this document reports on <u>confirmed</u> COVID-19 cases and those numbers will be affected by the availability and utilization of testing resources. Recent and **updated maps**, and the "progression" of cases throughout the country, can be seen on the animated map on the RUPRI Health web site:

http://ruprihealth.org/publications/policybriefs/2020/COVID History/

Map 1 (above) displays the rates of confirmed COVID-19 cases in metropolitan and nonmetropolitan counties. Table 1 shows metropolitan and nonmetropolitan county confirmed case and death counts. It also depicts the rate of cases and deaths per 10,000 population (based on the 2018 American Community Survey 5-year estimates). Finally, it shows the number and proportion of metropolitan and nonmetropolitan counties exceeding various case and death rate levels. Map 2 displays the rates of COVID-19 deaths in metropolitan and nonmetropolitan counties.

Table 1. Metropolitan and Nonmetropolitan Counties. Confirmed cases, deaths, and rates

	Metropolitan	Nonmetropolitan
Counties (total)	1,166	1,976
Population (2010 census)	276,820,000	46,082,565
Counties w/ confirmed cases	1,165 (99.9%)	1,972 (99.8%)
Counties w/ deaths	1,165 (99.9%)	1,961 (99.2%)
Confirmed cases	87,417,897 (31.6%)	14,325,143 (31.1%)
Deaths	904,054 (0.3%)	200,161 (0.4%)
Cases/10K population	3,158	3,109
Deaths/10K population	32.66	43.44
Counties w/ 1000+ cases/10K	1,163 (99.7%)	1,970 (99.7%)
Counties w/ 1500+ cases/10K	1,159 (99.4%)	1,944 (98.4%)
Counties w/ 2000+ cases/10K	1,001 (85.8%)	1,519 (76.9%)
Counties w/ 5+ deaths/10K	1,165 (99.9%)	1,957 (99.0%)
Counties w/ 10+ deaths/10K	1,161 (99.6%)	1,930 (97.7%)
Counties w/ 25+ deaths/10K	914 (78.4%)	1,738 (88.0%)
Counties w/ 50+ deaths/10K	186 (16.0%)	758 (38.4%)

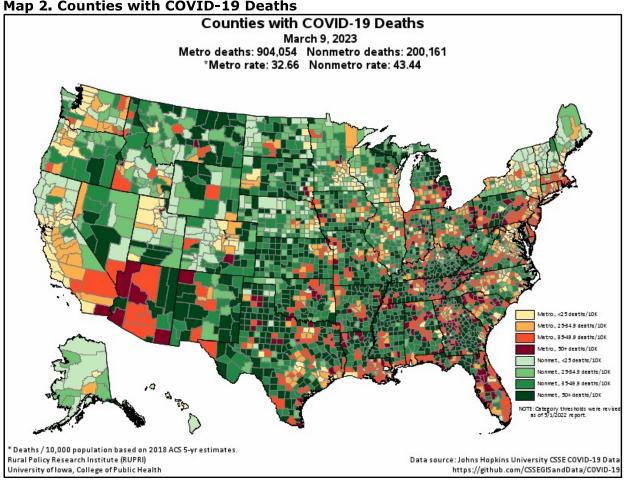
Data sources: COVID-19 case and death data from the <u>COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University</u>. Population data from the 2018 American Community Survey 5-yr estimates.

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.

All data in this brief are based on county-level counts to facilitate metropolitan/nonmetropolitan reporting. Cases and deaths that could not be attributed to a county are excluded. This means that national figures are undercounts.

^{*}COVID-19 case and death data for this ongoing report were previously obtained from <u>USAFacts.org.</u> Reports after 8/15/2020 use data from the <u>COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University</u>. Similarly, previous reports had used population data from the U.S. 2010 decennial Census. Current reports utilize data from the Census Bureau's 2018 American Community Survey 5-year population estimates.

Map 2. Counties with COVID-19 Deaths



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.

