



FAQs about COVID-19 Data

Last updated April 20, 2020

How does Mayor Rilling get information about COVID-19 cases and deaths for his daily briefing?

Each day, the Norwalk Health Department consults a database managed by the CT Department of Public Health (CT DPH) to find the number of new COVID-19 cases, total COVID-19 cases, and deaths from COVID-19 in Norwalk.

All laboratories and health care providers conducting COVID-19 testing are required to report positive cases to CT DPH, which compiles the information into the database.

Please remember: The number of “cases” include people in Norwalk who have had a positive COVID-19 test. Public health experts caution that there are likely many people around the state with COVID-19 who have not been tested, either because they don’t have access to a test or they only have mild symptoms and don’t seek a test.

Why do the numbers sometimes change?

The Health Department takes the information directly from the CT DPH database each day, but CT DPH updates the database regularly, as it gets new and/or corrected information. Several things impact when and how the data go into the state database.

- Timing of data entry: Different labs may input/submit data at different rates.
- Changes in reporting criteria: State and national health officials sometimes change the guidance on how cases should be classified or reported.
- Data “cleaning”: CT DPH continuously identifies and fixes any data errors (for example, incorrect addresses or duplicate cases), which could change the total numbers in the database from day to day.

Significant changes in the data could indicate trends in infection rates, but more than likely, they are a reflection of some data entry irregularities.

Why aren’t the number of negative tests or total number of tests reported?

Data on the total number of negative tests and total tests conducted are not readily available, because CT DPH does not include all negative results in its statewide database. Any report of total tests, therefore, would be incomplete and inaccurate.

Why don't we see more reports about the total number of people who have recovered?

There are two significant challenges with reporting “recoveries”:

- 1) There is **no standard definition of recovery**. COVID-19 varies widely in seriousness, duration, and if/how it impacts long-term health, the virus is still being studied.
- 2) There is **no way to collect the data** (even if there was a standard definition), because most patients recover at home in self-isolation. Neither the patients nor the doctors report recoveries in those situations.

One number that is being monitored is how many people are discharged from hospitals around the state. However, being discharged from the hospital does not necessarily mean that the person is “recovered,” just that they have improved enough to return home and continue recovering there. Also, only a portion of people who get COVID-19 are hospitalized, so that number does not capture everyone.

People with COVID-19 or suspected COVID-19 should follow their doctor’s advice, as each case is different. General guidance from the CDC indicates when a person with COVID-19 or suspected COVID-19 can come out of self-isolation (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>), but people may not be (or feel) completely recovered at this time. The long-term effects of the virus are still being studied.

State officials are examining ways to report the number of CT residents who have recovered or returned to work, but as of this writing, have not released that data.