As of Saturday, Aug. 8, there have been 99,969 reported COVID-19 cases, 11,516 hospitalizations and 3,668 deaths in Ohio (confirmed and probable). Cases have been detected in all 88 Ohio counties. About half of these cases are among adults ages 30-59 (45.9%). The majority of hospital admissions (58.6%) and deaths (90.6%) are among adults ages 60 and older. The median age of Ohioans with COVID-19 has decreased from 51 to 42 over the last three months.

To put this data in context and inform policy, this brief explores the status of COVID-19 testing, compares deaths of Ohioans with COVID-19 to other leading causes of death, and describes the longer-term health impacts of COVID-19 illness. This data brief is the third in a series exploring the COVID-19 pandemic in Ohio.

What is the current status of COVID-19 testing in Ohio? COVID-19 testing is critical to slowing the spread of the disease. Readily available testing increases the likelihood of identifying cases early and implementing protocols for isolating people with the disease and tracing its spread to others.

Ohio has steadily increased the number of daily COVID-19 tests administered. On April 1, Ohio conducted 2,939 tests. That number increased to 20,978 on July 1 (see figure 1). Currently, Ohio includes the results of molecular tests in test counts and does not include the results of antigen or antibody tests (See test definitions on page 2).

Ohio’s testing rate on July 1 was 174 per 100,000 population. However, according to an estimate by the Harvard Global Health Institute, 355 tests per 100,000 people would be needed to slow the spread of the virus. Given Ohio’s population, that would mean conducting about 41,500 tests per day, nearly double the current rate of testing.

The “positivity rate” refers to the percent of tests that are positive for COVID-19. After falling below 5% in early June, Ohio’s positivity rate increased above 5% and has again remained near that threshold ever since (see figure 2). If testing is widespread, a high

Figure 1. Number of COVID-19 tests administered on the first day of each month (April through August, 2020)

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>2,939</td>
</tr>
<tr>
<td>May</td>
<td>6,374</td>
</tr>
<tr>
<td>June</td>
<td>10,129</td>
</tr>
<tr>
<td>July</td>
<td>20,978</td>
</tr>
<tr>
<td>Aug.</td>
<td>20,352</td>
</tr>
</tbody>
</table>

Source: HPIO analysis of data posted on the ODH COVID-19 Dashboard (accessed Aug. 10, 2020 at 9 a.m.).
positivity rate can mean that there is significant community spread of the virus. If there is limited testing capacity, it may indicate that only people with noticeable symptoms are being tested. In May, the World Health Organization advised that the positivity rate should remain below 5% for at least two weeks before policymakers consider reopening.

How does COVID-19 compare to other causes of death?
The first reported death of a person with COVID-19 in Ohio occurred on March 17. The number of deaths of Ohioans with COVID-19 has grown by 176%, from 1,331 to 3,668 over the past three months. The highest number of deaths reported on a single day, 138, was on April 29.

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Figure 3 displays Ohio COVID-19 deaths from the date of the first death through Aug. 8, compared to Ohio's leading causes of death for the same 21-week period in 2018, the most-recent year in which final data is available. There have been more deaths of Ohioans with COVID-19 in 2020 than all other leading causes of death, except for heart disease and cancer, during this period. Notably, there were 3,173 unintentional injury deaths, including drug overdose deaths and motor vehicle crashes during this timeframe in 2018, compared to 3,668 confirmed or probable COVID-19 deaths in 2020.

Where will COVID-19 rank among Ohio's leading causes of death in 2020?
Figure 4 compares the total number of Ohio COVID-19 deaths so far in 2020 to the number of deaths due to other leading causes during all of 2018. Deaths of people with COVID-19 have already surpassed deaths from motor vehicle crashes in all of 2018, as well as the 2018 total-year deaths for influenza and pneumonia, kidney disease, septicemia and suicide.

What is the full health impact of COVID-19?
The COVID-19 pandemic is a public health crisis with a global impact unprecedented in recent history. While treatments for COVID-19 have progressed over the past five months, the research evidence is clear that SARS-CoV-2 will remain a threat until an effective vaccine is widely available, accessible and administered.

An estimated 41% of Americans have at
least one underlying health condition that places them at risk of severe COVID-19 illness. Ohio ranks 43 out of 50 states and D.C. on population health outcomes in the 2019 HPIO Health Value Dashboard, including higher prevalence of diabetes and cardiovascular disease mortality. This indicates that many Ohioans are at risk for severe COVID-19 illness. The Dashboard also highlights that Ohioans of color, Ohioans with disabilities and Ohioans with low incomes, among others, face even poorer health outcomes. As a result of this and many other disparities and inequities, these communities are more susceptible for severe COVID-19.

Evidence is emerging on the long-term health impacts of COVID-19, with several reports released recently:

- In a new U.S. study, 274 people with COVID-19 who had recovered in outpatient settings were surveyed 14-21 days after their initial test date. Of those surveyed, 35% had not returned to their usual state of health, including 26% of those aged 18-34 years old. The most persistent remaining symptom reported was fatigue (71%).
- A recent study in Germany found that even after recovery, 78% of COVID-19 patients had cardiac issues, including 60% who had heart inflammation.
- In Italy, a study found that 87% of patients reported persistence of at least one symptom, particularly fatigue and difficulty breathing, after recovering from acute COVID-19 illness.
From data to action
The long-term health impacts of this pandemic are daunting. Many organizations have issued analysis and evidence-informed recommendations for mitigating the spread of this virus.

Links to these resources are posted on the HPIO website. The Governor’s COVID-19 Minority Health Strike Force has issued an Interim Report, with immediate action steps to reduce COVID-19 disparities, and will soon release a blueprint for addressing the systemic issues that drive these disparities. In addition, Ohio’s 2020-2022 State Health Improvement Plan provides a menu of strategies that can be implemented at the state and local levels to improve overall health, better positioning Ohio to respond to this and future health crises.

As state and local policymakers make difficult decisions to address the fallout of COVID-19, it is important to acknowledge that this is a rapidly evolving crisis with new knowledge emerging daily. Addressing the pandemic’s many economic, social and health consequences requires accurate data, action based on the best available research evidence and strong collaboration between state and local-level partners across the public and private sectors.

Notes
   Note: Total number of cases includes 5,298 probable cases.
3. Ibid.
4. Ibid.
7. Rate based on Ohio population as reported in U.S. Census Bureau Ohio Quick Facts. https://www.census.gov/quickfacts/OH