**Current estimate of < 1 case per 100,000 population per week**

- < 1% of tests conducted are positive
- Continuation of decline in daily cases
- < 3% of tests conducted are positive
- Current estimate of < 10 cases per 100,000 population per day

**Current estimate of < 25 cases per 100,000 population per day**

- < 10% of tests conducted are positive
- Sustained decline in daily cases for 21 consecutive days, as reflected in the 5-day rolling average
- Current estimate of < 25 cases per 100,000 population per day

**Phase 1: Maximum social-distancing**
- Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

**Phase 2: Initial re-opening**
- Limited number of critically important activities open
- Continue to prohibit gatherings in enclosed spaces
- Some outdoor activities with appropriate distancing
- Telework should continue wherever feasible

**Phase 3: Economic recovery**
- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
- Telework should continue wherever feasible

**Phase 4: New normal**
- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

**Diagnostic Testing & Surveillance**

**Case & Contact Investigations**

**Healthcare Readiness**

**Protecting At-Risk Populations**

**Rates & New Cases Decreasing**

**Rates & New Cases Increasing**

**LOCKDOWN**
All symptomatic people, all asymptomatic high-risk individuals or contacts, and anyone who requests a test/any physician who orders a test can access testing.

Tests are readily available for all essential personnel.

Majority of test results are returned within 24 hours.

Sufficient number of tests per day.

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Phase 4: New normal

- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination.
- Community transmission is well monitored and virus flare-ups are contained rapidly.
- Most high-risk/low criticality functions can resume.

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Phase 3: Economic recovery

- Widely re-opening economic and social functions once transmission has declined and is suppressed.
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation.
- Continue to prohibit large gatherings.
- Telework should continue wherever feasible.

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Phase 2: Initial re-opening

- Limited number of critically important activities open.
- Continue to prohibit gatherings in enclosed spaces.
- Some outdoor activities with appropriate distancing.
- Telework should continue wherever feasible.

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Phase 1: Maximum social-distancing

Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system.
More Contacts Managed

95% of close contacts are elicited, located, tested within 24 hours

At least 30 contact tracers per 100,000, as well as case managers, care resource coordinators, community health workers

At least 90% of new cases from identified contacts

Phase 4: New normal

- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

Phase 3: Economic recovery

- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
- Telework should continue wherever feasible

Phase 2: Initial re-opening

- Limited number of critically important activities open
- Continue to prohibit gatherings in enclosed spaces
- Some outdoor activities with appropriate distancing
- Telework should continue wherever feasible

Phase 1: Maximum social-distancing

Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

Fewer Contacts Managed

90% of close contacts are elicited, located, tested within 24 hours

At least 30 contact tracers per 100,000, as well as case managers, care resource coordinators, community health workers

At least 80% of new cases from identified contacts

Diagnostic Testing & Surveillance

Infection Rate

Case & Contact Investigations

Healthcare Readiness

Protecting At-Risk Populations
At least 30% of existing ICU capacity is available to accommodate a surge in COVID-19 patients without resorting to crisis standards of care

Sufficient PPE for majority healthcare facilities, at-risk facilities, essential personnel

PPE reserve of at least 90 days

Phase 4: New normal
- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

Phase 3: Economic recovery
- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
- Telework should continue wherever feasible

Phase 2: Initial re-opening
- Limited number of critically important activities open
- Continue to prohibit gatherings in enclosed spaces
- Some outdoor activities with appropriate distancing
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Phase 1: Maximum social-distancing
Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

LOCKDOWN
Sufficient testing, quarantine, and isolation in long-term care facilities

% of cases reported from long-term care facilities <5% over last 28 days

Local rapid response teams are available to respond to outbreak hotspots within 24 hours with sufficient PPE

Phase 2: Initial re-opening
- Limited number of critically important activities open
- Continue to prohibit gatherings in enclosed spaces
- Some outdoor activities with appropriate distancing
- Telework should continue wherever feasible

Phase 3: Economic recovery
- Widely re-opening economic and social functions once transmission has declined and is suppressed
- Moderate-sized gatherings and activities in enclosed spaces possible with appropriate mitigation
- Continue to prohibit large gatherings
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Phase 4: New normal
- Maximal return to normalcy that is viable prior to herd immunity via widespread vaccination
- Community transmission is well monitored and virus flare-ups are contained rapidly
- Most high-risk/low criticality functions can resume

Cases Decreasing

Diagnostic Testing & Surveillance
Case & Contact Investigations
Healthcare Readiness
Protecting At-Risk Populations

Phase 1: Maximum social-distancing
Tailored to each community, focus is on reducing person-to-person transmission and decreasing the burden on the healthcare system

Local rapid response teams are available to respond to outbreak hotspots within 24 hours with sufficient PPE

LOCKDOWN