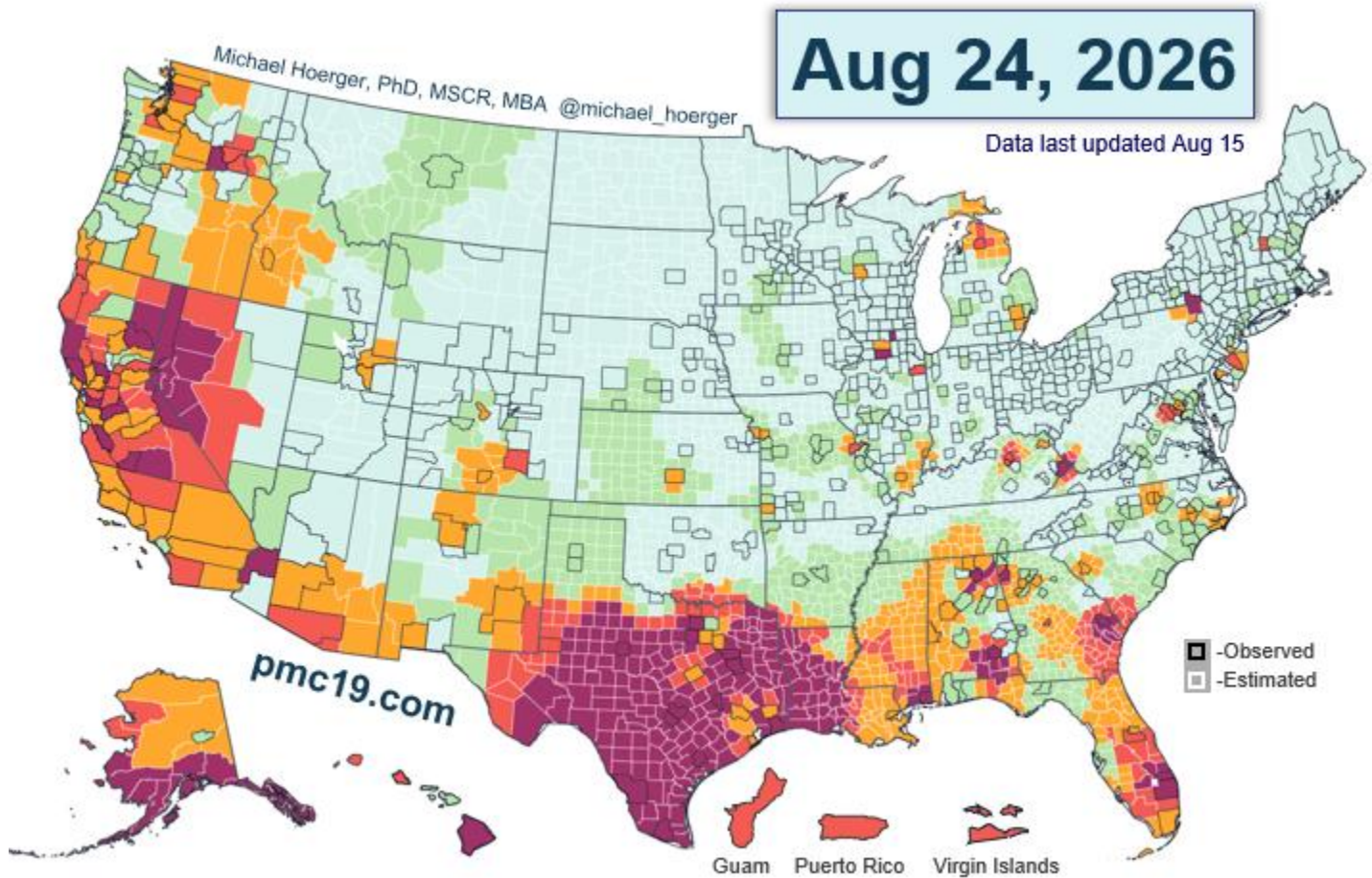


PMC U.S. COVID-19 Report for August 24, 2026.

pmc19.com

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Announcements

Recent Press Coverage

- The Sick Times: <https://thesicktimes.org/2026/08/18/national-covid-19-trends-august-18/>
- TODAY: <https://www.today.com/health/coronavirus/summer-covid-surge-symptoms-guidelines-2026-covid-vaccine-test-rcna592549>
- New York Post: <https://nypost.com/2026/08/19/health/cases-of-a-very-contagious-winter-disease-spiking-this-summer/>
- People: <https://people.com/cases-of-covid-growing-with-a-pretty-steady-increase-nationwide-12063766>

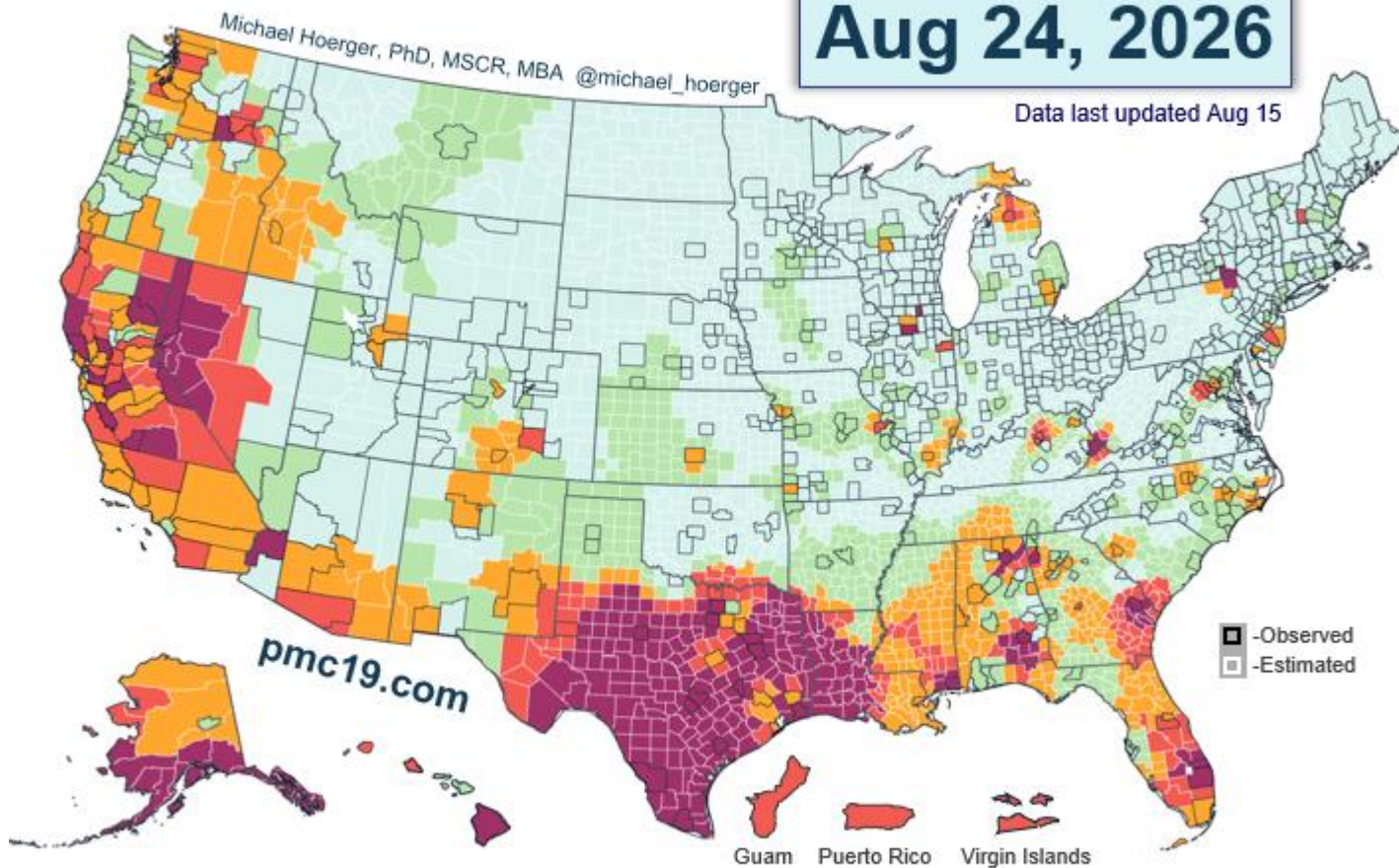
Data Quality

- The CDC (80% model weight) reported this week. Biobot (20% model weight) also reported.
- As noted last week, the CDC abruptly changed their coding system for how they link numeric levels to category labels, without flagging or explaining the change, generally downplaying transmission (pmc19.com/bluewashing.mp4). At the extreme end of the Very High category, levels are still described as “Very High.” However, much of Very High has moved to “High.” High has moved to “Moderate.” Moderate has moved to “Low.” Low has moved to “Very Low.” Very Low remains “Very Low.” The changes are most readily observable in the middle categories, so it will slow the process of alerting the public when levels are rising. Disturbingly, the change has been applied retroactively to descriptions of historical data too, so it is rewriting the past. PMC disagrees with the change, the timing of the change as levels are rising, the lack of transparency, and the lack of a firm rationale for the change. We will continue to lead with the prior system, noted as “Standard,” and offer contrasts with the “Revised” system to shine light on its potential damage to public health. The interactive map now allows users to toggle between systems. In October, we expect to launch a new category system but felt it would be imprudent to do so when levels are rising. It will also have a toggle switch so users can focus on the map system they prefer.
- The CDC has reported data consistently for the U.S. Virgin Islands, so it has been added to the dashboard.

COVID-19 Heat Map, Based on CDC Wastewater Data & Standard Levels

Aug 24, 2026

Data last updated Aug 15

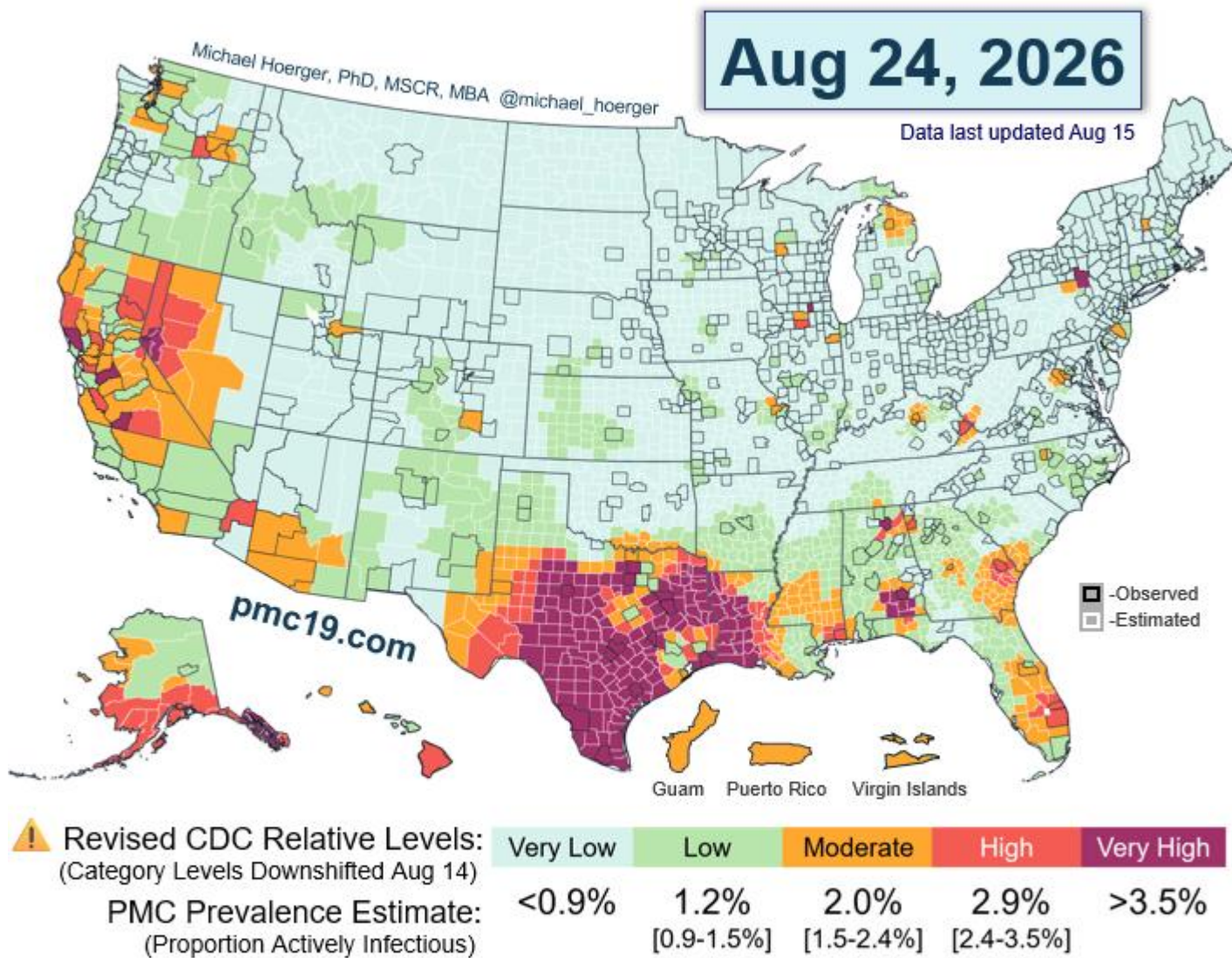


Standard CDC Relative Levels: (Prior to the Downshift)	Very Low	Low	Moderate	High	Very High
PMC Prevalence Estimate: (Proportion Actively Infectious)	<0.9%	1.2%	2.0%	2.9%	>3.5%
		[0.9-1.5%]	[1.5-2.4%]	[2.4-3.5%]	

The US has at least 23 states/territories with COVID outbreaks. These include much of California, Texas, Alaska, and Hawai'i, as well as the territories of Guam, Puerto Rico, and the U.S. Virgin Islands. Outbreaks are also present in Washington state, Nevada, Arizona, Colorado, Missouri, Illinois, Michigan, Kentucky, Mississippi, Alabama, Georgia, Florida, Virginia, New York, New Jersey, and New Hampshire.

There are likely outbreaks in additional states. The summary statistic of 23 only includes counties with observed data, rather than estimated data. Levels in some Texas counties are so high – on par with the national peak of BA.1 Omicron – that it drives up estimates for counties in neighboring states that lack CDC wastewater monitoring systems. Looking closely at the map, notice other instances of Very High counties in one state driving up estimates of an adjacent county in a neighboring state that lacks data. This shows a clear value of the county-level map over the CDC state map. The CDC applies the median level to the entire state. The PMC map recognizes that state boundaries are somewhat artificial with regard to the spread of infectious disease and instead offers localized estimates for counties that lack data based on what is happening in their region.

COVID-19 Heat Map, Based on CDC Revised "Bluewashed" Levels ⚠️



⚠️ In the middle of rising transmission, the CDC downshifted all past and present COVID levels by approximately 1 category on August 14. Learn more at pmc19.com/bluewashing.mp4

This map shows levels under the updated (downshifted, or bluewashed) CDC map. Essentially, it eliminates early warnings. The extreme end of Very High remains "Very High." Very Low is still "Very Low." But the middle categories where alarm bells normally go off are most directly affected. Compare Alaska, Idaho,

Washington, Louisiana, Mississippi, Alabama, Guam, Puerto Rico, and the Virgin Islands across the two maps. The COVID data are 6 days old when published by the CDC and take days to weeks to get widely disseminated, so relaxing the warning system has the potential to harm.

COVID-19 State Prevalence Estimates

pmc19.com

Aug 24, 2026

State	Standard CDC Level	Revised # CDC Level (Downshifted)	PMC Estimate, % Actively Infectious	Chances anyone is infectious in a room of 10 to 100 people			
				10	25	50	100
Alabama	Low	Low	1 in 75 (1.3%)	13%	29%	49%	74%
Alaska	Moderate	Low	1 in 48 (2.1%)	19%	41%	65%	88%
Arizona	Low	Low	1 in 80 (1.2%)	12%	27%	47%	72%
Arkansas	Low*	Low*	1 in 82 (1.2%)	12%	26%	46%	71%
California	Moderate	Moderate	1 in 42 (2.4%)	21%	45%	70%	91%
Colorado	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
Connecticut	Very Low	Very Low	1 in 123 (0.8%)	8%	19%	34%	56%
Delaware	Very Low	Very Low	1 in 188 (0.5%)	5%	12%	23%	41%
District of Columbia	Low	Very Low	1 in 97 (1.0%)	10%	23%	40%	64%
Florida	Moderate	Low	1 in 63 (1.6%)	15%	33%	55%	80%
Georgia	Low	Low	1 in 72 (1.4%)	13%	30%	50%	75%
Guam	High	Moderate	1 in 42 (2.4%)	22%	45%	70%	91%
Hawaii	High	Moderate	1 in 40 (2.5%)	22%	47%	72%	92%
Idaho	Very Low	Very Low	1 in 125 (0.8%)	8%	18%	33%	55%
Illinois	Very Low	Very Low	1 in 196 (0.5%)	5%	12%	23%	40%
Indiana	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
Iowa	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
Kansas	Very Low	Very Low	1 in 171 (0.6%)	6%	14%	25%	44%
Kentucky	Very Low	Very Low	1 in 207 (0.5%)	5%	11%	21%	38%
Louisiana	Moderate	Low	1 in 61 (1.6%)	15%	34%	56%	81%
Maine	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
Maryland	Very Low	Very Low	1 in 132 (0.8%)	7%	17%	32%	53%
Massachusetts	Very Low	Very Low	1 in 296 (0.3%)	3%	8%	16%	29%
Michigan	Very Low	Very Low	1 in 162 (0.6%)	6%	14%	27%	46%
Minnesota	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
Mississippi	Very High*	High*	1 in 23 (4.3%)	35%	66%	89%	99%

* Limited data reporting

Data last updated Aug 15

On August 14, 2026, the CDC revised categorical descriptors downward without notice or rationale for both past and present data. Very High levels were often revised downward to "High," High levels to "Moderate" or "Low," typically one category downward. More at pmc19.com/bluewashing.mp4

Note. We have updated this table to include the Standard CDC Level coding scheme used through August 13 and a new column for the Revised (downshifted, or bluewashed) coding scheme implemented on August 14. Unless Very Low already or at the extreme of Very High, it generally downshifts levels one category.

COVID-19 State Prevalence Estimates

pmc19.com

Aug 24, 2026

State	Standard CDC Level	Revised # CDC Level (Downshifted)	PMC Estimate, % Actively Infectious	Chances anyone is infectious in a room of 10 to 100 people			
				10	25	50	100
Missouri	Low	Very Low	1 in 91 (1.1%)	10%	24%	42%	67%
Montana	Low*	Very Low*	1 in 100 (1.0%)	10%	22%	39%	63%
Nebraska	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
Nevada	Moderate	Low	1 in 54 (1.9%)	17%	37%	61%	85%
New Hampshire	Low*	Low*	1 in 76 (1.3%)	12%	28%	48%	73%
New Jersey	Very Low	Very Low	1 in 149 (0.7%)	7%	16%	29%	49%
New Mexico	Low	Low	1 in 68 (1.5%)	14%	31%	52%	77%
New York	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
North Carolina	Very Low	Very Low	1 in 117 (0.9%)	8%	19%	35%	58%
North Dakota	Very Low*	Very Low*	1 in 175 (0.6%)	6%	13%	25%	44%
Ohio	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
Oklahoma	Very Low*	Very Low*	1 in 229 (0.4%)	4%	10%	20%	35%
Oregon	Very Low*	Very Low*	1 in 292 (0.3%)	3%	8%	16%	29%
Pennsylvania	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
Puerto Rico	High*	Moderate*	1 in 40 (2.5%)	22%	47%	72%	92%
Rhode Island	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
South Carolina	Moderate*	Low*	1 in 57 (1.7%)	16%	36%	59%	83%
South Dakota	Very Low	Very Low	1 in 376 (0.3%)	3%	6%	12%	23%
Tennessee	Low	Very Low	1 in 97 (1.0%)	10%	23%	40%	64%
Texas	Very High	High	1 in 20 (5.1%)	40%	73%	93%	>99%
U.S. Virgin Islands	High	Moderate	1 in 39 (2.6%)	23%	48%	73%	93%
Utah	Very Low	Very Low	1 in 198 (0.5%)	5%	12%	22%	40%
Vermont	Very Low	Very Low	1 in 213 (0.5%)	5%	11%	21%	38%
Virginia	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
Washington	Moderate	Low	1 in 46 (2.2%)	20%	43%	67%	89%
West Virginia	Very Low	Very Low	1 in 277 (0.4%)	4%	9%	17%	30%
Wisconsin	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%
Wyoming	Very Low	Very Low	1 in 222 (0.5%)	4%	11%	20%	36%

* Limited reporting; ND averages MN, MT, SD; PR from non-CDC PR dashboard

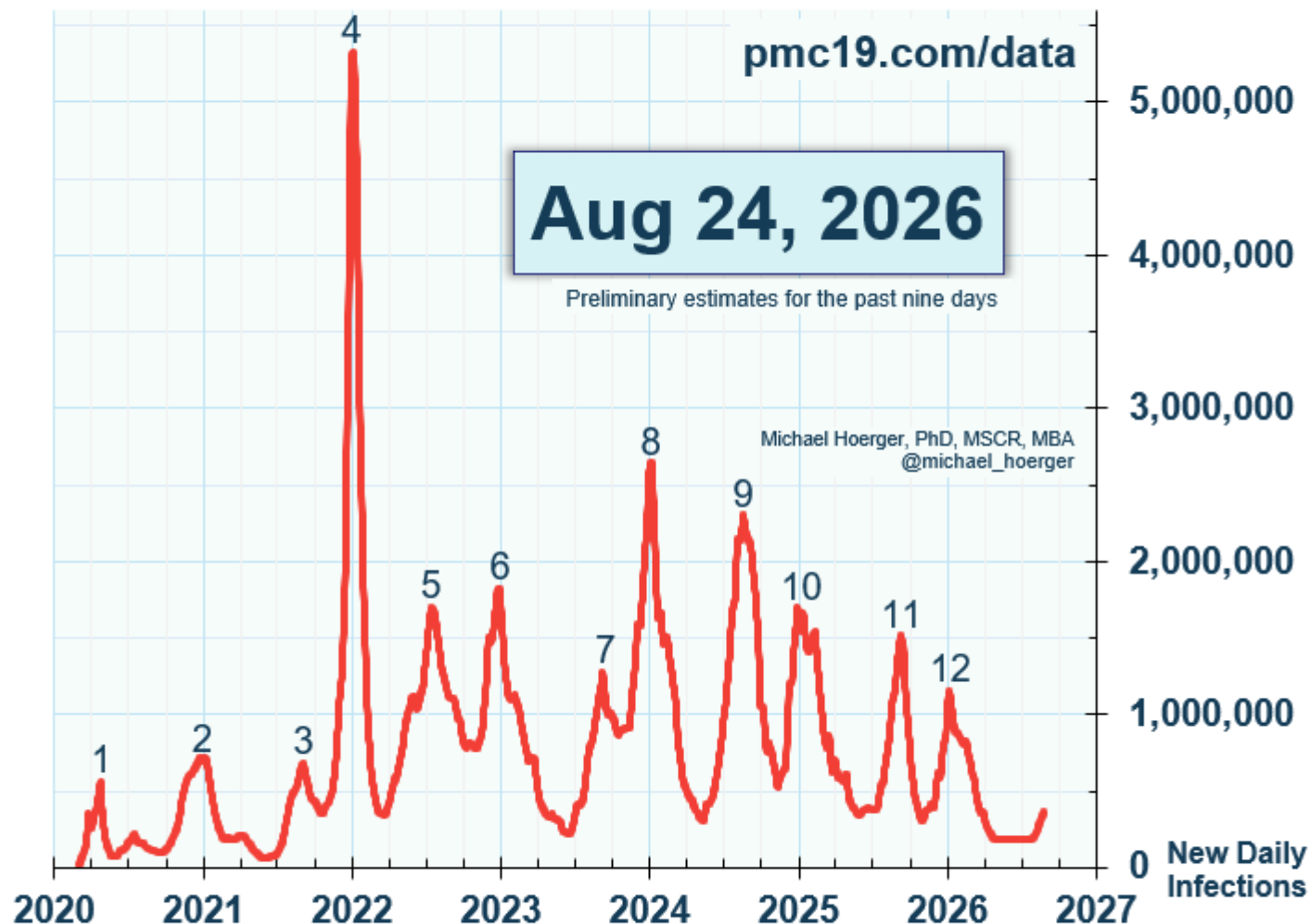
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SARS-CoV-2 New Daily Infections, Wastewater-Derived Estimates (U.S.)



PMC identifies **12** SARS-CoV-2 waves and estimates averages of **5.4** infections per person and **14.4** months between infections.

National COVID-19 Estimates (U.S.)

Aug 24, 2026

pmc19.com

Infections

Proportion Actively Infectious	1 in 136 (0.7%)
New Daily Infections	361,000
Infections the Past Week	2,380,000
Infections in 2026	96,000,000
Cumulative Infections per Person	5.37

Long COVID

Long COVID Cases Resulting from New Daily Infections	18,000 to 72,000
Long COVID Cases Resulting from New Weekly Infections	119,000 to 480,000

Excess Deaths

Excess Deaths Resulting from New Daily Infections	90 to 160
Excess Deaths Resulting from New Weekly Infections	600 to 1,000

National COVID-19 Risk Table (U.S.)

Aug 24, 2026

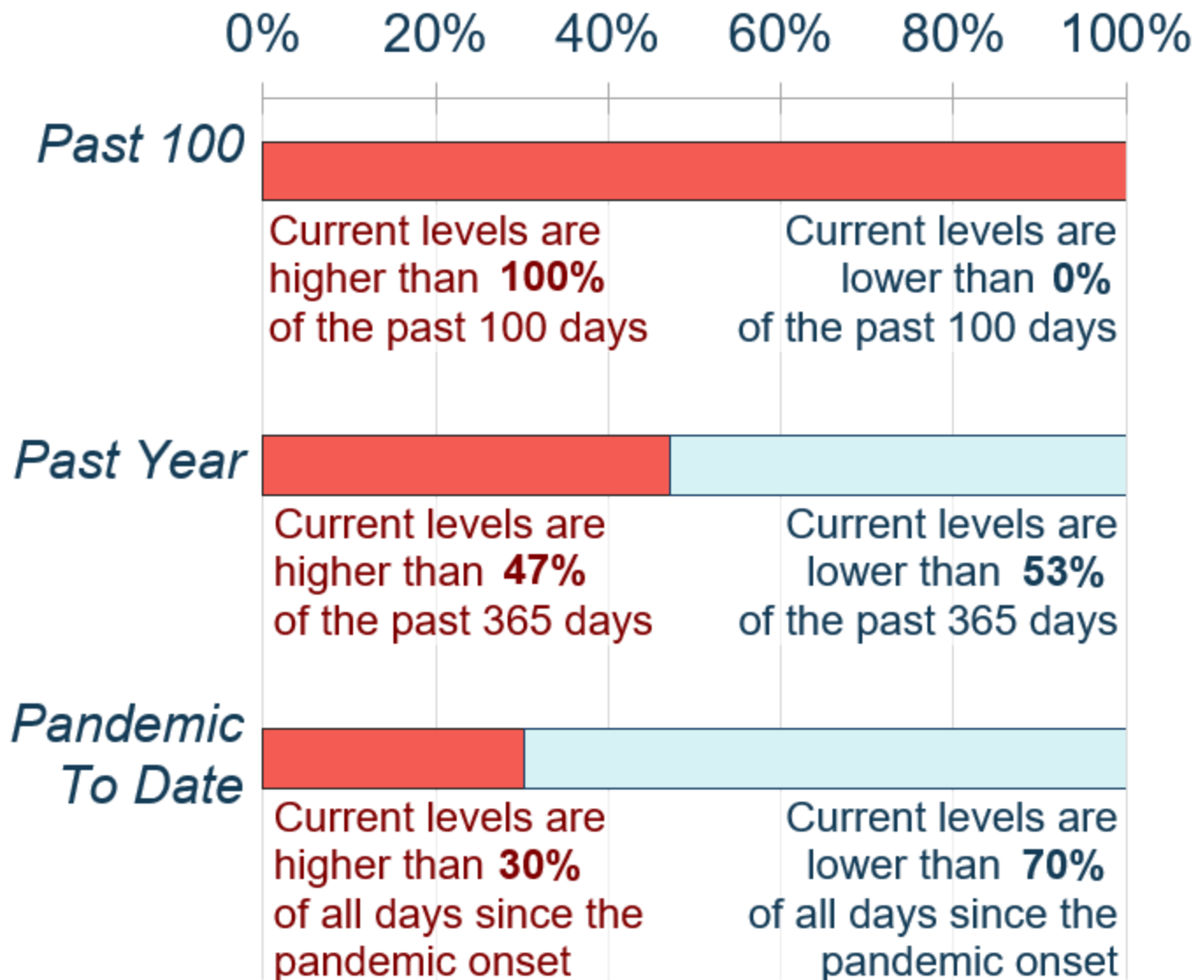
pmc19.com

<u>Number of People</u>	<u>Chances Anyone is Infectious</u>
1	0.7%
2	1.5%
3	2.2%
4	2.9%
5	3.6%
10	7.1%
15	10.5%
20	13.7%
25	16.9%
30	19.9%
50	30.9%
75	42.5%
100	52.2%
200	77.2%
300	89.1%

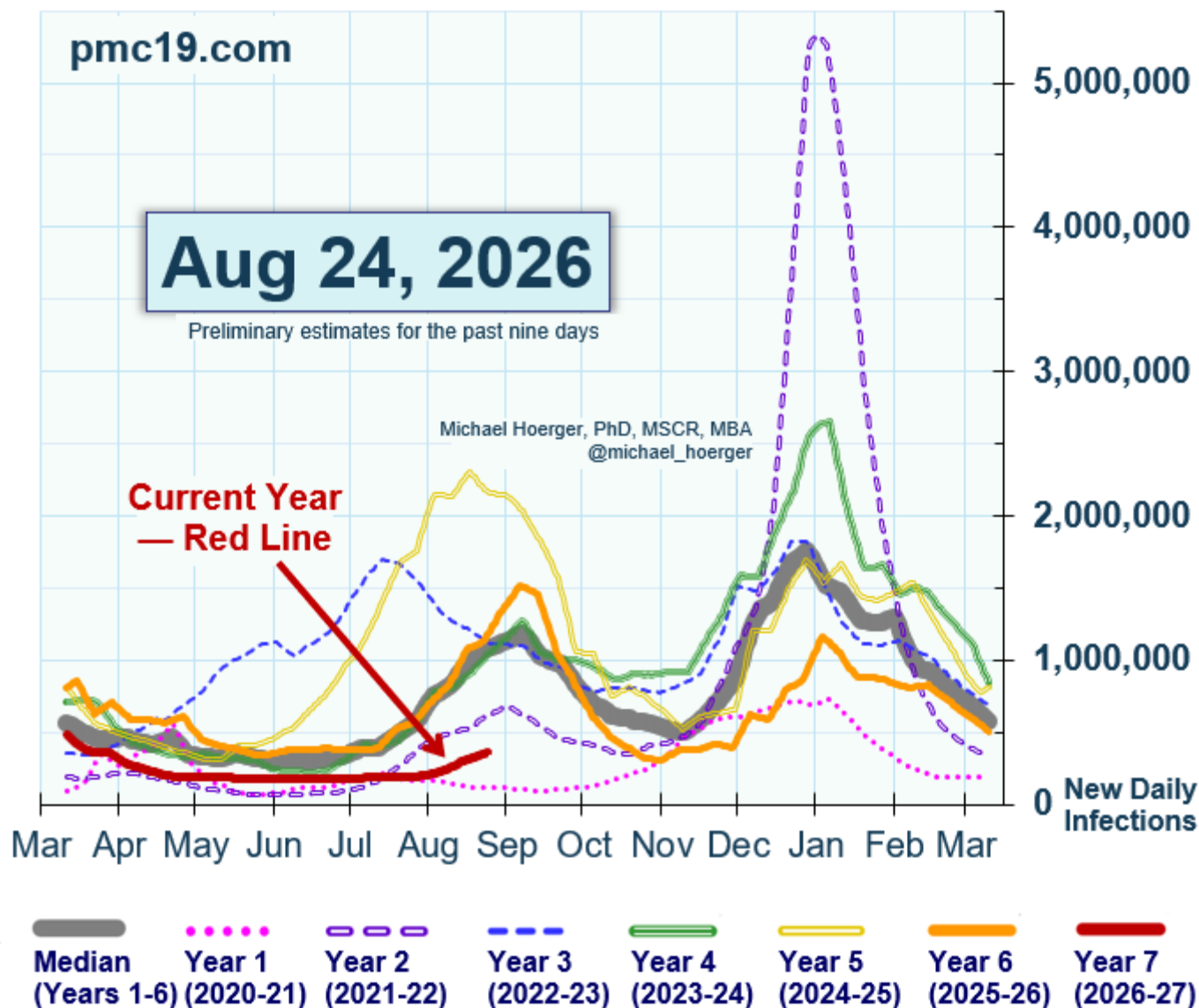
SARS-CoV-2 Relative Transmission "Barometer" (U.S.)

Aug 24, 2026

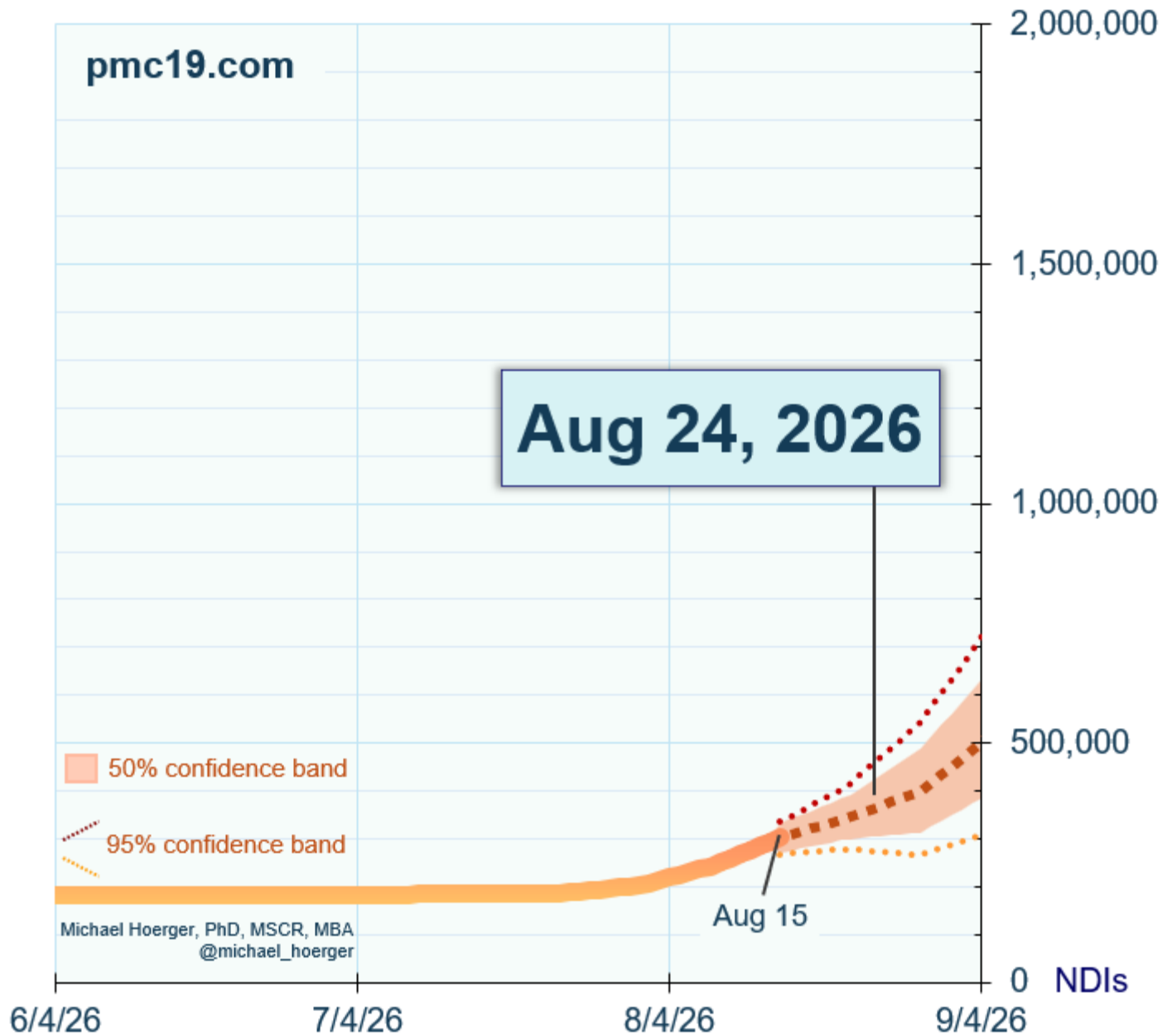
pmc19.com



SARS-CoV-2 Year-Over-Year Estimates of Transmission (U.S.)



SARS-CoV-2 Transmission Forecast, Wastewater-Derived Estimates (U.S.)



A separate document called a Technical Appendix appears on the dashboard page and has more methodologic info. Search for key answers there first, and then send a public comment tagging Dr. H. on Twitter if further help is needed.