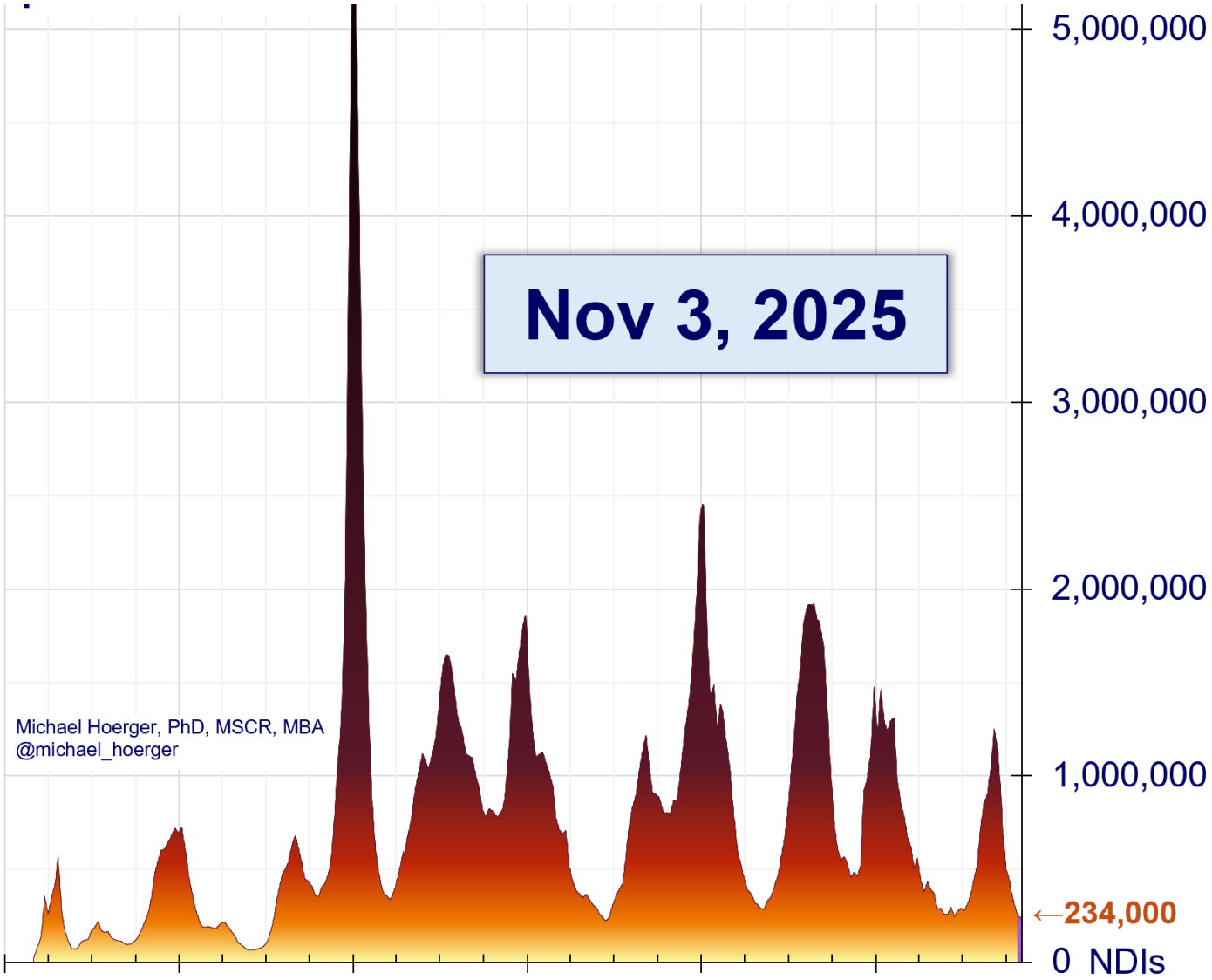
PMC U.S. COVID-19 Report for November 3, 2025. pmc19.com/data

Michael Hoerger, PhD, MSCR, MBA, Pandemic Mitigation Collaborative (PMC)



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Announcements

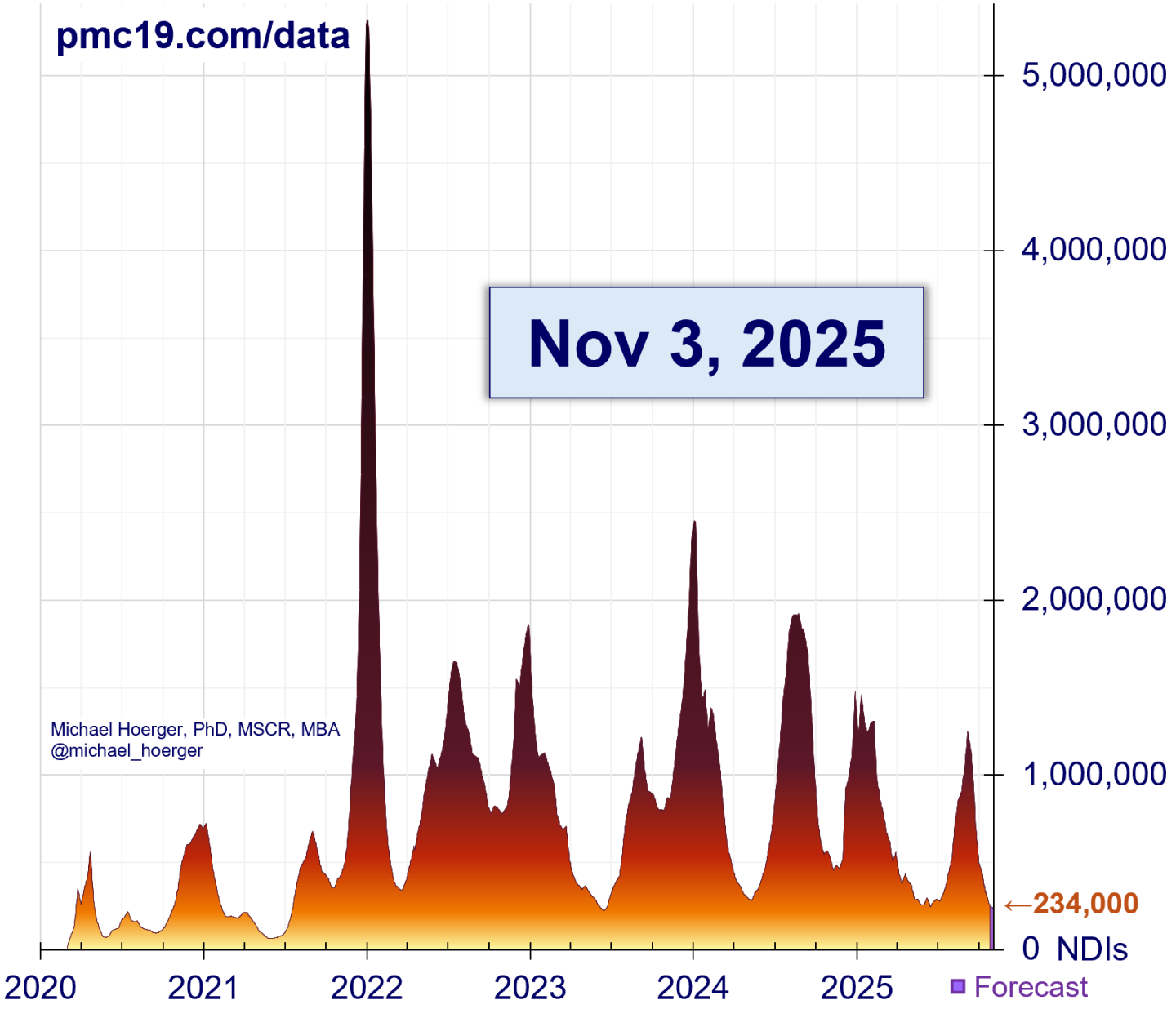
Popular and News Media Coverage:

- FOX8 News (Oct 20): https://www.fox8live.com/2025/10/21/government-shutdown-affects-health-data-jobs-numbers-more/
- Stateline (Oct 20): https://stateline.org/2025/10/20/shutdown-leaves-gaps-in-states-health-data-possibly-endangering-lives/
- PRISM (Oct 27): https://prismreports.org/2025/10/27/cdc-cuts-covid-19-vaccines/

Data Quality

- The report continues to rely on limited data from Biobot amid the ongoing federal 'shutdown.' Normally, the model uses a combination of CDC (80% model weight) and Biobot data (20% model weight). With the CDC data paused, we are relying exclusively on Biobot for incoming data. Expect noisier estimates while the CDC data remain on pause.

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



Current transmission is estimated at just below 20% of that of the summer peak 2 months ago. Levels remain very high in the absolute sense, but this is important risk reduction in relative terms. Many COVID conscious patients are scheduling appointments during the next 2 weeks, albeit without localized CDC data.

National COVID-19 Estimates (U.S.)

Nov 3, 2025 **pmc19.com/data**

Infections

Proportion Actively Infectious	1 in 209 (0.5%)
New Daily Infections	234,000
Infections the Past Week	1,680,000
Infections in 2025	196,000,000
Cumulative Infections per Person	4.71

Long COVID

Long COVID Cases Resulting from New Daily Infections	12,000 to 47,000
Long COVID Cases Resulting from New Weekly Infections	84,000 to 340,000

Excess Deaths

Excess Deaths Resulting from New Daily Infections	70 to 110
Excess Deaths Resulting from New Weekly Infections	500 to 800

The estimated 234,000 new daily infections for November 3. Transmission is basically flat. Do not expect it to fall consequentially further.

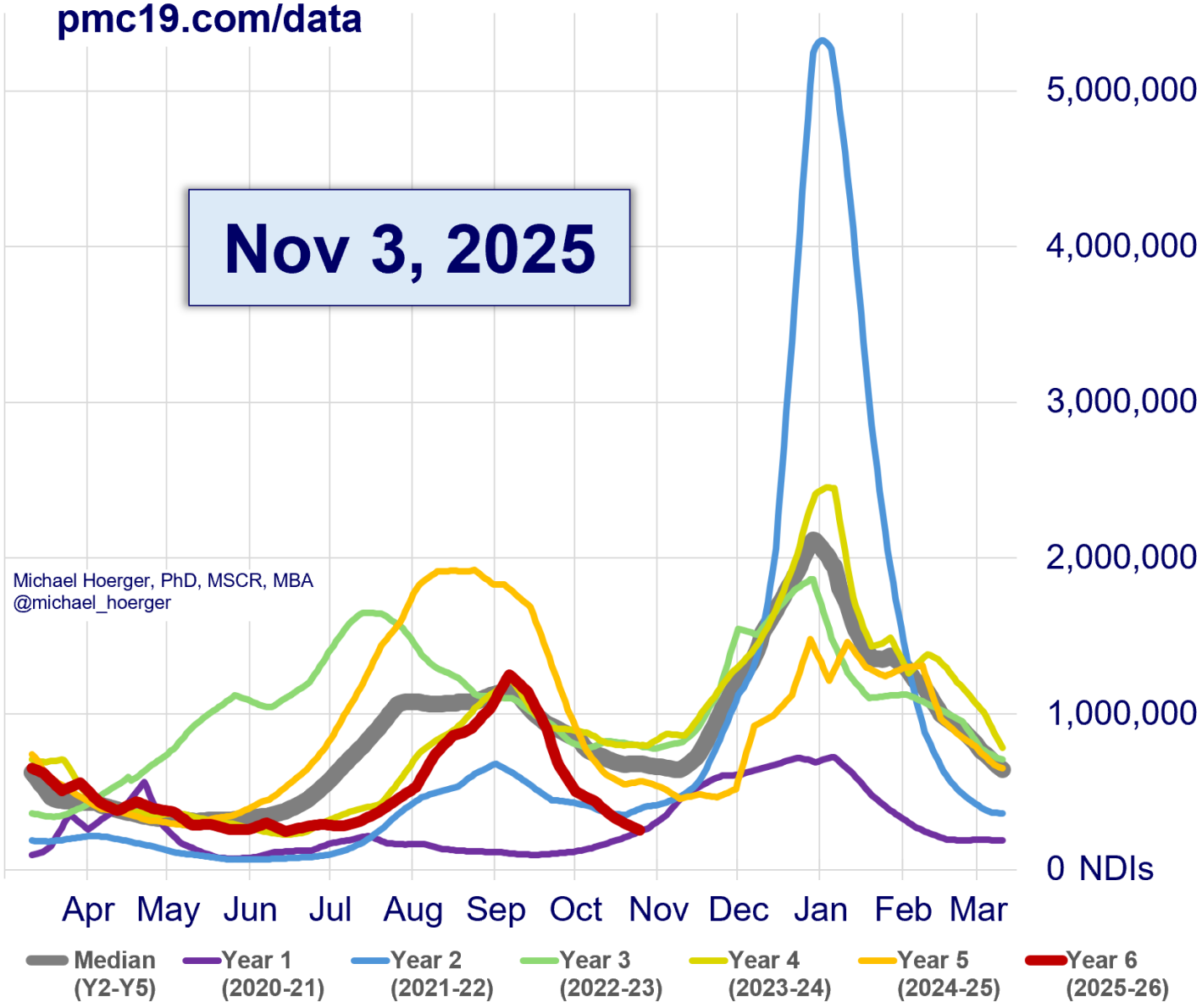
National COVID-19 Risk Table (U.S.)

Nov 3, 2025 pmc19.com/data

Number of People	Chances Anyone is Infectious
1	0.5%
2	1.0%
3	1.4%
4	1.9%
5	2.4%
10	4.7%
15	6.9%
20	9.2%
25	11.3%
30	13.4%
50	21.3%
75	30.2%
100	38.1%
200	61.7%
300	76.3%

This national risk table indicates the probability of a SARS-CoV-2 exposure based on number of social interactions, if the individuals are of average national risk and not engaging in testing or isolation protocols. Even with just 1 in 209 people (0.5%) estimated actively infectious, exposure risk remains troubling in schools and much larger gatherings.

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



After current transmission (red) was closely tracking that of two years ago (yellow), notice the significant departure, with a steep decline in transmission more like a year ago (orange). The lack of resemblance between current and prior years' transmission creates uncertainty about the winter.

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

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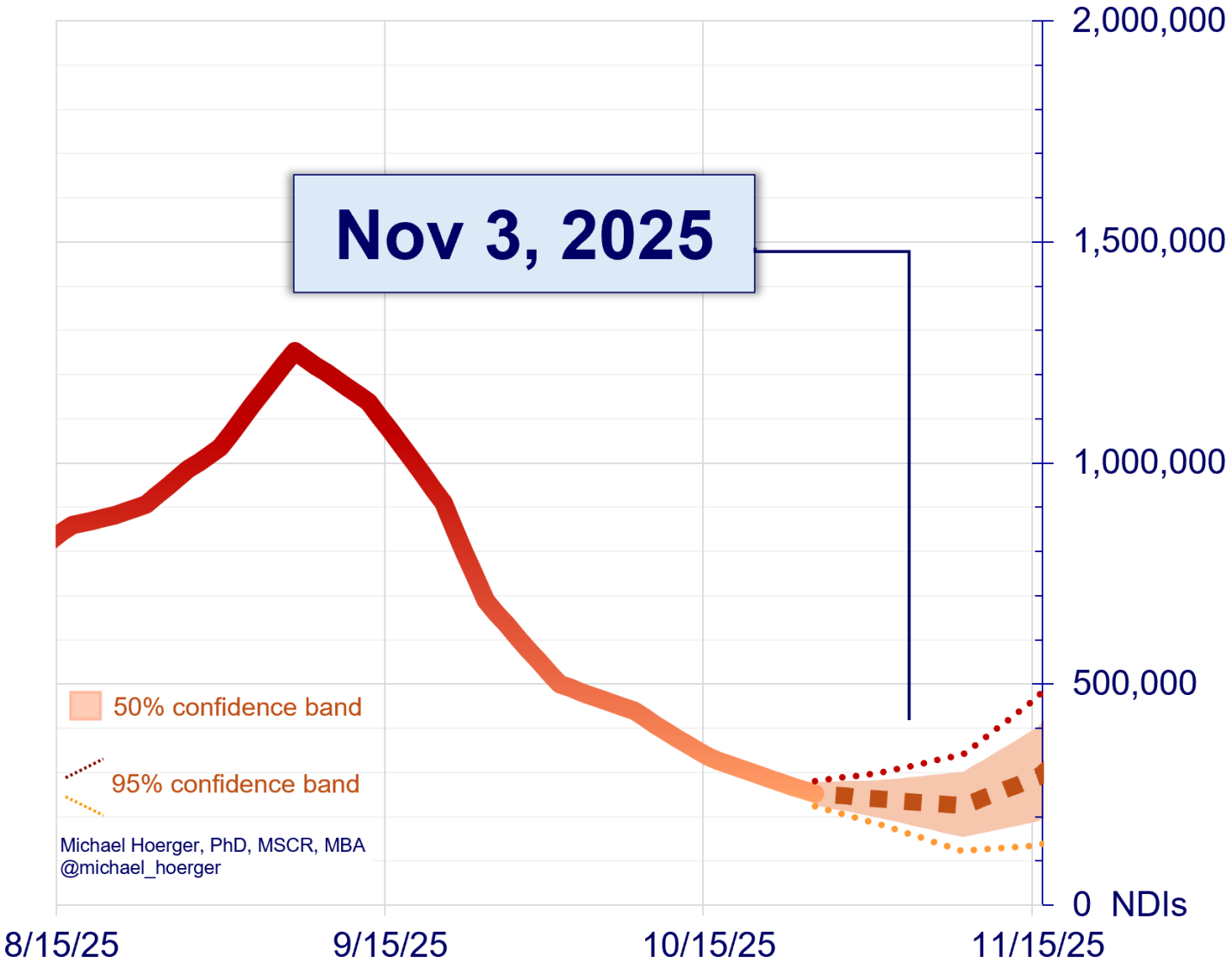
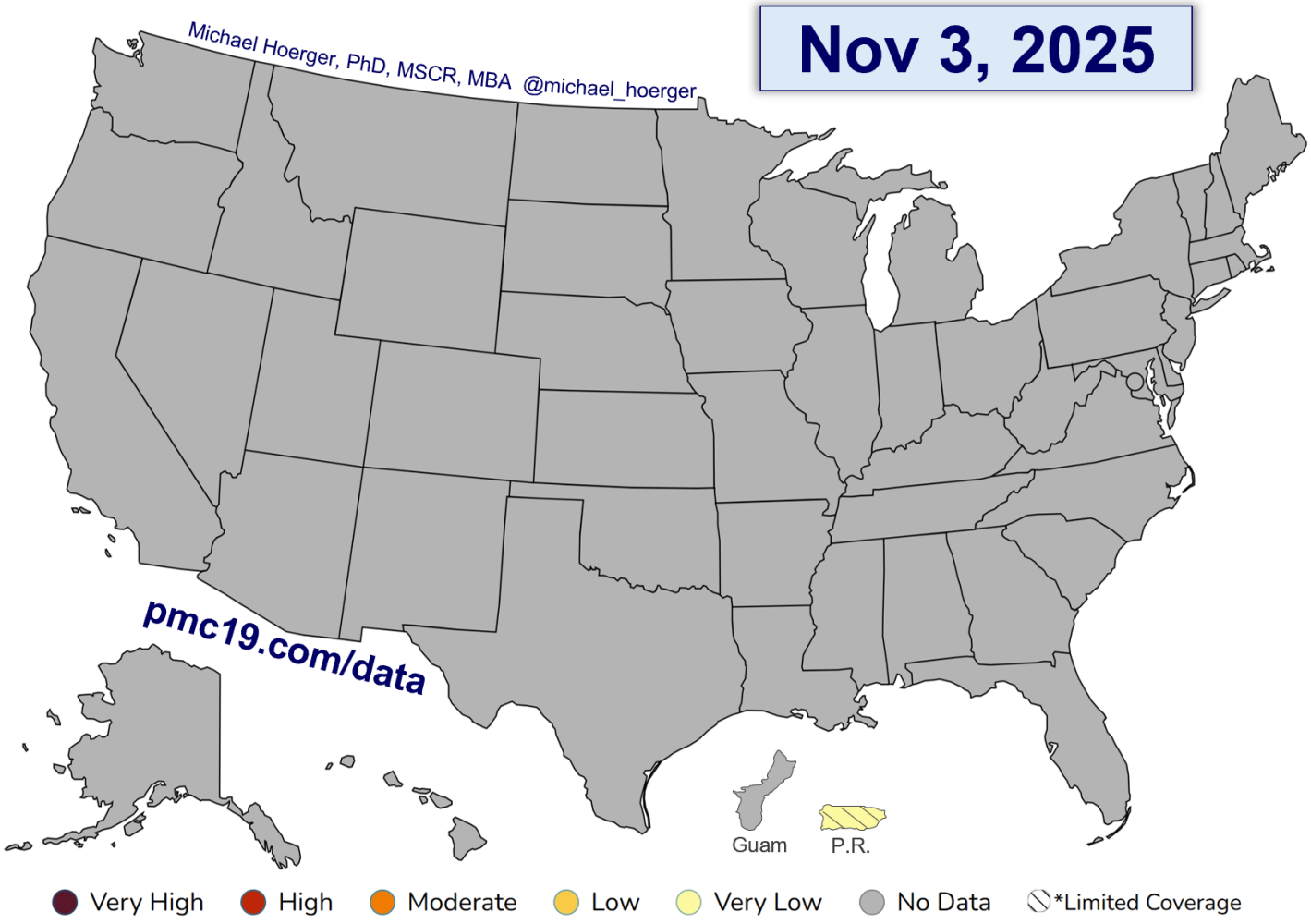


The forecast calls for stable transmission during this relative “lull.” Presently, there is no indication that transmission will depart from this lull prior to mid-November. Keep an eye out for isolated states rising on WastewaterSCAN as an early warning for departure from the national lull.

COVID-19 Heat Map, Based on CDC Wastewater Data and Levels (U.S.)



The heat map remains in a near-complete blackout with the CDC data offline and only Puerto Rico reporting separately. Transmission in PR closely matches the national trend of a steep decline into a relative lull. Consult localized dashboards and WastewaterSCAN. See https://pmc19.com/states for useful links. Take non-CDC estimates with a grain of salt, and focus more on the level of recent relative changes (e.g., down 50%); long-term comparisons are typically poorly standardized, and cross-regional estimates are of low rigor (e.g., WastewaterSCAN commonly has the West low, even when all other data sources indicate very high).

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.