

# COVID-19 Guidance for Festivals, Fairs, and Large Gatherings

6/30/2021

This guidance is designed to provide considerations and best practices to help guide organizers of festivals, fairs, and other large gatherings in planning for and managing their events.

## Recommendations to prevent the spread of COVID-19

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people; land in their eyes, nose, or mouth; or land on surfaces that people touch. The risk of COVID-19 transmission increases when people gather with other households. Several key strategies can reduce the risk of getting sick or transmitting COVID-19:

- ✓ Get vaccinated. Vaccination is one of the best things you can do to prevent getting or spreading COVID-19. For more information about what you can do when vaccinated, visit [COVID-19 Vaccine \(www.health.state.mn.us/diseases/coronavirus/vaccine/index.html\)](http://www.health.state.mn.us/diseases/coronavirus/vaccine/index.html).
- ✓ Wear a face covering when recommended by MDH or CDC.
  - There is no longer a statewide requirement to wear face coverings in most settings. However, other federal, state, and/or local laws may require face coverings in some settings, and businesses may set their own requirements.
  - For more information about face covering recommendations, refer to [Recommendations for Wearing Masks \(www.health.state.mn.us/diseases/coronavirus/facecover.html\)](http://www.health.state.mn.us/diseases/coronavirus/facecover.html).
- ✓ If you are not vaccinated:
  - Keep at least 6 feet of physical distance from other households and follow the face covering recommendations in the above MDH resources.
- ✓ Vaccinated or not vaccinated, MDH strongly recommends that everyone:
  - Wash their hands often.
  - Follow guidance on staying home (quarantine) if you were exposed to someone who has COVID-19. People who are fully vaccinated may not need to quarantine in many situations. Refer to [Quarantine Guidance for COVID-19 \(www.health.state.mn.us/diseases/coronavirus/quarguide.pdf\)](http://www.health.state.mn.us/diseases/coronavirus/quarguide.pdf) for more details.

- Stay home if they are sick. Visit [If You Are Sick: COVID-19 \(www.health.state.mn.us/diseases/coronavirus/sick.html\)](http://www.health.state.mn.us/diseases/coronavirus/sick.html).
- Follow testing recommendations for when they travel, have COVID-19 symptoms, or are exposed to COVID-19. Visit [COVID-19 Testing \(www.health.state.mn.us/diseases/coronavirus/testsites/index.html\)](http://www.health.state.mn.us/diseases/coronavirus/testsites/index.html) for information about who should get tested and how to get a test.
- Employers must provide reasonable accommodations as required under existing federal and state law.

## General recommendations

- ✓ Consider gradually increasing your event size over time to allow for a smooth transition to larger events. This will allow for more time for increased statewide vaccination rates and give your organization time and experience in your return to higher occupancies.
- ✓ Create space at the event.
  - Reduce occupant capacity to allow for some space to naturally occur between people or groups.
  - For parades, festivals, walk/run races and similar events, create a course that allows enough space for spectators to spread-out along the course or roadway.
  - In areas where people are seated, consider having extra space between tables or groups of people, or consider assigning seats or seating locations to promote distancing between groups.
  - Identify and manage congestion areas, chokepoints, and bottlenecks to prevent high-density areas.
  - Use queuing or signage to manage pathways, lines, waiting areas, and other areas of congestion.
- ✓ Manage occupancy and arrival to avoid congestion and crowds.
  - Encourage patrons to arrive in smaller groups (e.g., 10 people) and avoid intermingling with other groups.
  - Consider advanced ticketing and reservations to manage occupancy.
  - Schedule arrival times for longer than their typical duration to minimize the congregation of patrons waiting.
  - Establish “drop off” areas to allow for patrons to be dropped off at their designated entrance to the venue to minimize the number of persons walking through parking ramps, parking areas, sidewalks, and walk-ways. Designate staging area for taxis and rideshare vehicles to drop-off and pick-up customers.
  - Enhance security protocols for entry into an event to allow for more efficient security-checks of patrons, minimize face-to-face interaction between security personnel and patrons, and minimize wait-times (e.g., metal-detectors, scanners, transparent baggies for personal items, limit pat-down checks).
- ✓ Consider an event-level face covering requirement or recommendation based on relevant factors:
  - Prevalence of virus and vaccination rate in area.

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- Anticipated presence of unvaccinated people, including children.
- ✓ Considerations for an event-level face covering requirement or recommendation:
  - Businesses may elect to create their own face covering policies, even when the law does not require face coverings.
  - Consider promoting face coverings to be worn in crowded or congested areas.
  - Offer face coverings to all persons upon entry and throughout the event.
  - Other laws (for example, federal requirements or local orders) may require face coverings, so be sure to understand the laws that apply in your area and your industry.
  - Visit Masks and Face Coverings ([www.health.state.mn.us/diseases/coronavirus/prevention.html](http://www.health.state.mn.us/diseases/coronavirus/prevention.html)) for face covering requirements and recommendations, exemptions, and frequently asked questions.
- ✓ Additional recommendations.
  - Provide hand-washing stations and sanitizer throughout the event for patrons to encourage hand-washing and minimize crowding, congestion, and lines.
  - Increase the number of food-trucks, merchandizing tables, and restrooms to spread out crowds and minimize lines and waiting times.
  - Use app-based ordering to minimize patrons having to wait in line, linger and congregate in concession and merchandise areas.
  - Consider delivering concessions directly to designated seating areas, as opposed to providing concessions at concession stands, provided that workers can be protected.
  - Limit menu items to those items which can be readily retrieved or quickly prepared to minimize congestion, lingering, and waiting. Consider “pre- assembled” orders to simplify ordering and minimize ordering and wait-times.
  - For large events, consider hosting an on-site vaccination clinic to offer the COVID-19 to persons who are not yet vaccinated.
  - For additional recommendations, visit CDC: Guidance for Organizing Large Events and Gatherings ([www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html](http://www.cdc.gov/coronavirus/2019-ncov/community/large-events/considerations-for-events-gatherings.html)).

## Food and beverage service

Follow state and local requirements for preparing and serving food and beverages.

- ✓ Additional resources
  - For additional information about types of food business licenses including food carts, mobile food units, seasonal establishments, and special events, refer to Licensing: Food, Pools, and Lodging Services (FPLS) ([www.health.state.mn.us/communities/environment/food/license/index.html](http://www.health.state.mn.us/communities/environment/food/license/index.html)) and

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Minnesota Food Code, Minnesota Rules Chapter 4626

([www.health.state.mn.us/communities/environment/food/rules/foodcode/index.html](http://www.health.state.mn.us/communities/environment/food/rules/foodcode/index.html)).

- For information about licensing jurisdiction, refer to Licensing Jurisdiction: Food, Pools, and Lodging Services (FPLS)  
([www.health.state.mn.us/communities/environment/food/license/delegation.html](http://www.health.state.mn.us/communities/environment/food/license/delegation.html)).
- For food code requirements, visit Food Business Fact Sheets  
([www.health.state.mn.us/communities/environment/food/fs.html](http://www.health.state.mn.us/communities/environment/food/fs.html)).



## COVID-19

### UPDATE

Getting vaccinated prevents severe illness, hospitalizations, and death. Unvaccinated people should get vaccinated and continue masking until they are fully vaccinated. With the Delta variant, this is more urgent than ever. CDC has updated guidance for fully vaccinated people based on new evidence on the Delta variant.

# Guidance for Organizing Large Events and Gatherings

Updated May 20, 2021

[Print](#)

## Summary of Recent Changes

Updates as of May 20, 2021 ^

- Updated cleaning and disinfection information

[View Previous Updates](#)

### Key Points

- Avoid large events and gatherings, when possible.
- Consider the level of risk when deciding to host an event.
- Promote healthy behaviors and maintain healthy environments to reduce risk when large events and gatherings are held.
- Be prepared if someone gets sick during or after the event.

## Gatherings

CDC continues to recommend avoiding large events and gatherings. Currently, CDC does not provide numbers to define small and large events.

**Large gatherings** bring together many people from multiple households in a private or public space. Large gatherings are often planned events with a large number of guests and invitations. They sometimes involve lodging, event staff, security, tickets, and long-distance travel. CDC's large events guidance might apply to events such as conferences, trade shows, sporting events, festivals, concerts, or large weddings and parties.


**Small gatherings** are informal in nature and may occur with family and friends you regularly socialize with, often at someone's residence. They typically do not involve long distance travel. Small gathering guidance might be more appropriate for social gatherings that are more intimate with close friends and family, such as small holiday parties, family dinners, and small special celebrations.

CDC offers the following guidance to help prevent the spread of COVID-19. Event planners should work with state and local health officials to implement this guidance, adjusting to meet the unique needs and circumstances of the local community. This guidance is meant to supplement—not replace—any state, local, territorial, or tribal health and safety laws, rules, and regulations with which gatherings must comply.

## Risk Factors to Consider

Several factors can contribute to the likelihood of attendees getting and spreading COVID-19 at large events. In combination, the following factors will create higher or lower amounts of risk:

- **Number of COVID-19 cases in your community**—High or increasing levels of COVID-19 cases in the event location or the locations the attendees are coming from increase the risk of infection and spread among attendees. Relevant data can often be found on the local health department website or on CDC’s COVID Data Tracker County View.
- **Exposure during travel**—Airports, airplanes, bus stations, buses, train stations, trains, public transport, gas stations, and rest stops are all places where physical distancing may be challenging and ventilation may be poor.
- **Setting of the event**—Indoor events, especially in places with poor ventilation, pose more risk than outdoor events.
- **Length of the event**—Events that last longer pose more risk than shorter events. Being within 6 feet of someone who has COVID-19 for a total of 15 minutes or more (over a 24-hour period) greatly increases the risk of becoming infected and requires quarantine.
- **Number and crowding of people at the event** – Events with more people increase the likelihood of being exposed. The size of the event should be determined based on whether attendees from different households can stay at least 6 feet (2 arm lengths) Physical distancing at events can reduce transmission risk—for example, blocking off seats or modifying room layouts.
- **Behavior of attendees during an event**— Events where people engage in behaviors such as interacting with others from outside their own household, singing, shouting, not maintaining physical distancing, or not wearing masks consistently and correctly, can increase risk.

After reviewing this guidance, large event planners, operators, and administrators can use CDC’s Events and Gatherings Readiness and Planning Tool  [360 KB, 10 pages] to determine their level of readiness to implement mitigation and safety measures. Organizers should continue to assess, based on current conditions, whether to postpone or cancel large events and gatherings, or significantly reduce the number of attendees for events. If organizers are unable to put safety measures in place during large events and gatherings, they may choose instead to host a virtual event.

## Promoting Healthy Behaviors that Reduce Spread

Event planners should consider implementing strategies to encourage behaviors that reduce the spread of COVID-19 among staff and attendees.

- **Stay Home when Appropriate**
  - Educate event staff and attendees about when they should stay home.
    - Advise event staff and attendees to stay home if they have tested positive for COVID-19, are waiting for COVID-19 test results, have COVID-19 symptoms, or if they have had close contact with a person who has tested positive for or who has symptoms of COVID-19.
    - Develop policies that strongly encourage event staff who are sick to stay at home without fear of reprisal, and ensure staff are aware of these policies.
    - Consider developing flexible refund policies for attendees for events that involve a participation fee. See additional information about Communication, Leave (Time off) Policies, Back-up Staffing, and more in sections below.
    - CDC criteria can help inform staff about when it is okay to end isolation or quarantine:
      - If they have been sick with COVID-19
      - If they tested positive for COVID-19 but had no symptoms
      - If they have recently had a close contact with a person with COVID-19
  - CDC recommends conducting health checks such as temperature screening and other symptom checking of staff and attendees in a way that is safe and respectful, and in accordance with any applicable privacy laws and

regulations. It is important to keep in mind that temperature screening and screening of symptoms alone may not prevent someone from attending the event who has COVID-19.

- **Physical (Social) Distancing**

- Adjust the size of an event based on the ability of attendees from different households to stay 6 feet (2 arm lengths) apart.
- Remind attendees upon arrival to stay at least 6 feet away from people who don't live with them.
- Discourage attendees and staff from greeting others with physical contact (for example, handshakes). Include this reminder on signs about physical distancing.
- Find additional information below about how to modify layouts and maintain healthy environments.

- **Masks**

- Require that staff and attendees wear well-fitting masks that fit completely over their nose and mouth. Make a plan beforehand for how compliance will be monitored and ensured.
- Encourage attendees ahead of the event to bring and use masks at the event. Consider having masks on-hand to provide to staff and attendees who do not bring their own.
- Advise staff and attendees that masks should **not** be placed on babies or children younger than 2 years old, anyone who has trouble breathing, or anyone who is unconscious, incapacitated, or otherwise unable to remove the mask without assistance.
- The following categories of people are exempt from the requirement to wear a mask:
  - A child under the age of 2 years.
  - A person with a disability who cannot wear a mask, or cannot safely wear a mask, for reasons related to the disability.
  - A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the workplace risk assessment [\[4\]](#).

- **Hand Hygiene and Respiratory Etiquette**

- Require staff and attendees to wash their hands frequently (for example, before, during, and after taking tickets, or after touching garbage) with soap and water for at least 20 seconds and increase monitoring to ensure adherence.
- If soap and water are not readily available, staff and attendees can use hand sanitizer that contains at least 60% alcohol and rub their hands until dry.
- Encourage guests to avoid singing or shouting, especially indoors. If possible, keep music levels down so people don't have to shout or speak loudly to be heard.

- **Adequate Supplies**

- Ensure that you have adequate supplies to support healthy hygiene [\[290 KB, 2 pages\]](#) Supplies include soap, water, hand sanitizer containing at least 60% alcohol, a way to dry hands (e.g., paper towels, hand dryer), tissues, disinfectant wipes, masks (as feasible), and no-touch trash cans.

- **Signs and Messages**

- Post signs in highly visible locations (for example, at entrances, in restrooms) that promote everyday protective measures and describe how to stop the spread [\[468 KB, 1 page\]](#) of germs by properly wearing a mask, physical distancing, and washing hands.
- Broadcast regular announcements on reducing the spread of COVID-19 on public address systems.
- Include messages (for example, videos) about behaviors that prevent spread of COVID-19 when communicating with staff, vendors, and attendees (such as on the invitation, on the event website, and through event social media accounts).
- Consider developing signs and messages in multiple languages and formats (for example, large print, braille, American Sign Language) for people who have limited vision or are blind or people who are deaf or hard of hearing.
  - Learn more about reaching people of diverse languages and cultures by visiting: [Know Your Audience](#).
- Find freely available CDC print and digital resources about COVID-19 on CDC's communications resources main page.

## Maintaining Healthy Environments

Event planners should consider implementing these strategies to maintain healthy environments.

- **When to Clean**

- Cleaning with products containing soap or detergent reduces germs on surfaces and objects by removing contaminants and may weaken or damage some of the virus particles, which decreases risk of infection from surfaces.
- Cleaning high touch surfaces and shared objects once a day is usually enough to sufficiently remove virus that may be on surfaces unless someone with confirmed or suspected COVID-19 has been in your facility. Disinfecting (using disinfectants on U.S. Environmental Protection Agency (EPA)'s List N external icon [↗](#) ) removes any remaining germs on surfaces, which further reduces any risk of spreading infection. For more information on cleaning your facility regularly and cleaning your facility when someone is sick, see [Cleaning and Disinfecting Your Facility](#).

- **When to Disinfect**

- You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if certain conditions apply that can increase the risk of infection from touching surfaces.
  - High transmission of COVID-19 in your community
  - Low number of people wearing masks
  - Infrequent hand hygiene
  - The space is occupied by people at increased risk for severe illness from COVID-19
- If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean AND disinfect the space.

- **Use Disinfectants Safely**

- Always read and follow the directions on how to use and store cleaning and disinfecting products. Ventilate the space when using these products.
- Always follow standard practices and appropriate regulations specific to your facility for minimum standards for cleaning and disinfection. For more information on cleaning and disinfecting, see [Cleaning and Disinfecting Your Facility](#).

- **Restrooms**

- Consider limiting the number of people who occupy the restroom at one time to allow for physical distancing.
- Ensure that people standing in line can maintain a 6-foot distance from one another. It may be helpful to post signs or markers to help attendees maintain the appropriate physical distance of at least 6 feet.
- Ensure that open restrooms are:
  - Operational with functional toilets.
  - Cleaned and disinfected regularly, particularly high-touch surfaces such as faucets, toilets, stall doors, doorknobs, countertops, diaper changing tables, and light switches.
    - Clean and disinfect restrooms more often after times of heavy use with products from EPA List N: Disinfectants for Coronavirus (COVID-19) [↗](#) .
    - Ensure safe and correct application of disinfectants and keep products away from children.
  - Adequately stocked with supplies for handwashing, including soap and water or hand sanitizer with at least 60% alcohol (for staff and older children who can safely use hand sanitizer), a way to dry hands (e.g., paper towels, hand dryer), tissues, and no-touch trash cans.
    - If you are providing portable toilets, also provide portable handwashing stations and ensure that they remain stocked throughout the duration of the event. If possible, provide hand sanitizer stations that are touch-free.

- **Ventilation**

- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example, by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk to staff or attendees (for example, risk of falling or triggering asthma symptoms).
- If portable ventilation equipment like fans are used, take steps to minimize air from them blowing from one person directly at another person to reduce the potential spread of any airborne or aerosolized viruses.
- If setting up outdoor seating under a pop-up, open air tent, ensure guests are still seated at least 6 feet apart. Enclosed 4-wall tents will have less air circulation than open air tents. If outdoor temperature or weather forces you to put up the tent sidewalls, consider leaving one or more sides open or rolling up the bottom 12 inches of each sidewall to enhance ventilation while still providing a wind break.



- For additional information on increasing ventilation, visit CDC guidance on Ventilation in Buildings or Guidance for Businesses and Employers.
- **Water Systems**
  - To minimize the risk of Legionnaires' disease and other diseases associated with water, take steps to ensure that all water systems and features (for example, sink faucets, decorative fountains) are safe to use after a prolonged facility shutdown. Consider providing bottled water or encouraging staff and attendees to bring their own.
- **Modified Layouts**
  - Prioritize outdoor activities, such as drive-in concerts.
  - Offer online attendance options in addition to in-person attendance to help reduce the number of in-person attendees.
  - Limit in-person attendance or seating capacity to allow for physical distancing, or host smaller events in larger spaces.
  - Use multiple entrances and exits and discourage crowded waiting areas.
  - Change the seating layout or availability of seating so that people can remain at least 6 feet apart.
  - If you are providing portable toilets, consider increasing the number provided and increase the spacing between them to reduce the likelihood of long lines in which it will be difficult to engage in physical distancing.
  - Eliminate lines or queues. If that is not possible, encourage people to stay at least 6 feet apart by providing signs or other visual cues such as tape or chalk marks.
- **Physical Barriers and Guides**
  - Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that people remain at least 6 feet apart in lines and at other times (for example, guides for creating one-way routes).
  - Establish pedestrian traffic flow plans to reduce bottlenecks and ensure the ability to maintain physical distancing at the event.
  - Consider using multiple, single-direction entrances and exits and discourage crowded areas where it may be difficult to maintain appropriate distance. Utilize separate event entry and exit points if feasible.
  - Consider making walkways one-way or clearly divided for bi-directional movement. Provide appropriate directional signs and markers, such as those that are freestanding or on the ground, to indicate the appropriate direction of pedestrian movement.
  - Install physical barriers, such as sneeze guards and partitions, in areas where it is difficult for people to remain at least 6 feet apart. Barriers can be useful at cash registers and other areas where maintaining a distance of 6 feet is difficult.
- **Communal Spaces**
  - Stagger use of shared indoor spaces such as dining halls, game rooms, and lounges as much as possible and clean and disinfect them between uses.
  - Add physical barriers, such as plastic flexible screens, between bathroom sinks and beds, especially when they cannot be at least 6 feet apart.
  - For more information on communal spaces in event housing (for example, laundry rooms, shared bathrooms, and recreation areas) follow CDC's guidance for Shared or Congregate Housing.
- **Food Service**
  - Currently, there is no evidence to suggest that handling food or eating is associated with directly spreading COVID-19. However, people sharing utensils and congregating around food service areas can pose a risk. Limit food or beverage service in areas in which people are more likely to congregate as that may encourage unmasked interactions.
  - If the event includes food service, refer to CDC's COVID-19 considerations for restaurants and bars.
  - Use touchless payment options as much as possible, if available.
  - Ask customers and staff to exchange cash or card payments by placing them on a receipt tray or on the counter rather than by hand to avoid direct hand-to-hand contact.
  - Clean and disinfect frequently touched surfaces such as pens, counters, or hard surfaces between use and encourage patrons to use their own pens.
  - Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that people remain at least 6 feet apart when waiting in line to order or pick up.

- If a cafeteria or group dining room is used, serve individually plated meals or grab-and-go options, and hold activities in separate areas.
- Use disposable food service items including utensils and dishes. If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher.
- People should wash their hands with soap and water for at least 20 seconds after removing their gloves or after directly handling used food service items.
- Avoid offering any self-serve food or drink options, such as buffets, salad bars, and drink stations. Consider having pre-packaged boxes or bags for each attendee.
- **Shared Objects**
  - Discourage people from sharing items that are difficult to clean, sanitize, or disinfect.
  - Limit any sharing of food, tools, equipment, or supplies by staff members.
  - Ensure adequate supplies to minimize sharing of high-touch materials to the extent possible; otherwise, limit use of supplies and equipment to one group of staff members or attendees at a time, and clean and disinfect them between use.

## Maintaining Healthy Operations

Event organizers and staff may consider implementing several strategies to maintain healthy operations.

- **Regulatory Awareness**
  - Be aware of local or state regulatory agency policies related to group gatherings to determine if events can be held.
- **Protections for Event Staff and Attendees who are at Higher Risk of Severe Illness from COVID-19**
  - Offer options for staff at higher risk for severe illness (including older adults and people of any age with underlying medical conditions) that limit their exposure risk. For example, offer telework and modified job responsibilities for staff, such as setting up for the event rather than working at the registration desk.
  - Replace in-person meetings with video- or tele-conference calls whenever possible.
  - Offer options for attendees at higher risk for severe illness to limit their exposure risk (for example, virtual attendance).
  - Consider limiting event attendance to staff and attendees who live in the local area (for example, community, city, town, or county) to reduce the risk of spreading the virus from areas with higher levels of COVID-19. If attendance is open to staff and guests from other communities, cities, town or counties, provide attendees with information about local COVID-19 levels so they can make an informed decision about participation. Encourage staff and attendees to check for any travel restrictions before traveling to the event.
  - Put policies in place to protect the privacy of people at higher risk for severe illness regarding their underlying medical conditions.
- **Limited, Staggered, or Rotated Shifts and Attendance Times**
  - Consider ways to significantly reduce the number of attendees.
  - Use flexible worksites (for example, telework) and flexible work hours (for example, staggered shifts) to help establish policies and practices for physical distancing of 6 feet between staff and attendees.
  - Stagger attendance times or offer expanded hours of operation with limited attendance at a given time to minimize the number of attendees at the venue.
- **Travel & Transit**
  - Encourage attendees traveling from another location to follow CDC guidance for Travel During the COVID-19 Pandemic.
  - Make attendees traveling by air from a foreign country aware of CDC's requirement to show a negative COVID-19 test result or documentation of recovery from COVID-19 before boarding a flight to the United States.
  - Encourage attendees to follow all state, territorial, tribal, and local requirements and recommendations related to travel.
  - Encourage the use of transportation options that minimize close contact with others (for example, walking or biking, driving or riding by car—alone or with household members only). Consider offering the following support:
    - Ask all to visit CDC guidance on how to Protect Yourself When Using Transportation, including public transit



- If feasible, conduct daily health checks (for example, temperature screening and symptom checking) of staff and attendees safely and respectfully, and in accordance with any applicable privacy laws and regulations.
- Event administrators may consider using examples of screening methods in CDC's General Business FAQs as a guide.
- **Sharing Facilities**
  - Encourage any organizations that share or use the same venue to also follow this guidance and limit shared use, if possible.
- **Support Coping and Resilience**
  - Promote the ability of staff to eat healthy foods, exercise, get enough sleep, find time to unwind, and cope with stress.
  - Encourage staff to talk with people they trust about their concerns and how they are feeling.
  - Consider posting signs for the national distress hotline:
    - 1-800-985-5990, or text TalkWithUs to 66746;
    - The National Domestic Violence Hotline: 1-800-799-7233 and TTY 1-800-787-3224; and
    - The National Suicide Prevention Lifeline: 1-800-273-TALK (8255).
- **Lessons Learned After the Event**
  - Meet with the emergency operations coordinator or planning team for your venue to discuss and note lessons learned.
  - Determine ways to improve planning and implementation processes if the event will happen again.
  - Update your plans regularly according to the state and local situation and orders.



## In Case Someone Gets Sick

Event planners should consider several strategies to implement in case someone gets sick.

- **Advise Sick People of Home Isolation Criteria**
  - Communicate to sick staff members that they should not return to work until they have met CDC's criteria to discontinue home isolation.
- **Isolate and Transport Those Who are Sick**
  - Immediately separate staff and attendees with COVID-19 symptoms (for example, fever, cough, shortness of breath) at the event. People who are sick should go home or to a healthcare facility, depending on how severe their symptoms are, and follow CDC guidance on how to isolate.
  - People who have had close contact with a person who has symptoms should be separated, sent home, and advised to follow CDC's guidance (see "Notify Health Officials and Close Contacts" below). People who have been exposed to someone with known or suspected COVID-19 should follow CDC guidance on When to Quarantine.
  - Work with venue administrators, local officials, and healthcare providers to identify an isolation area to separate anyone who has COVID-like symptoms. Event healthcare providers should use Standard and Transmission-Based Precautions when caring for sick people. See: What Healthcare Personnel Should Know About Caring for Patients with Confirmed or Possible COVID-19 Infection.
  - Establish procedures for safely transporting anyone sick or identified as a close contact to their home or hotel room or to a healthcare facility. If you are calling an ambulance or bringing someone to the hospital, call first to alert them that the person may have COVID-19. Other transportation should be by private vehicle. Public transportation should not be used.
- **Clean and Disinfect**
  - Close off areas used by a sick person and do not use these areas until after cleaning and disinfecting them (for outdoor areas, this includes surfaces or shared objects in the area, if applicable).
  - Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible. Ensure safe and correct use and storage of cleaning ☑ and disinfection products, including storing them securely away from children.
- **Notify Health Officials and Close Contacts**
  - In accordance with state and local laws and regulations, event planners should notify local health officials of any case of COVID-19.

- Advise those who have had close contact with a person diagnosed with COVID-19 to stay home and quarantine, self-monitor for symptoms, and follow CDC guidance if symptoms develop.
- Consider keeping a list of attendees and their contact information for potential future contact tracing needs.

## What to do if anyone becomes sick after hosting or attending a gathering or event


- If a staff member or an attendee develops symptoms consistent with COVID-19, such as fever, cough, or shortness of breath, follow steps to prevent the spread of COVID-19 and the Public Health Recommendations for Community-Related Exposure. Collaboration with the local health department is important to facilitate case investigation and contact tracing for event attendees. Also, immediately contact and notify the people they were in close contact with, the event organizers, and the local health department.
- If a staff member or an attendee is waiting for COVID-19 test results, follow these important steps  [223 KB, 2 pages] to help stop the spread of COVID-19.
- If you are a staff member or an attendee who has been diagnosed with COVID-19, a public health worker may contact you to check on your health and ask you who you have been in contact with and where you've spent your time. Your information will be confidential. Learn more about what to expect with contact tracing  [1.8 MB, 2 pages].

## Contact Tracing



Contact tracing is key to slowing the spread of COVID-19 and helps protect the community by:

- Letting people know they may have been exposed to COVID-19 and should monitor their health for signs and symptoms of COVID-19.
- Helping people who may have been exposed to COVID-19 get tested.
- Asking people to self-isolate if they have COVID-19 or develop symptoms of COVID-19 or to self-quarantine if they are a close contact.

Event organizers should collaborate with their local health department to facilitate case investigation and contact tracing for event attendees, as indicated. Learn more about contact tracing and what to expect at CDC's Contact Tracing website.

After reviewing the guidance listed on this page, event planners and administrators can use CDC's Events and Gatherings Readiness and Planning Tool  [555 KB, 9 Pages] to protect staff, volunteers, and attendees.

### More Information

Latest COVID-19 Information	COVID-19 Frequently Asked Questions:
Cleaning and Disinfection	Persons at Higher Risk
Guidance for Businesses and Employers	Managing Stress and Coping
Guidance for Schools and Childcare Centers	HIPAA and COVID-19 
Guidance for Park Administrators	CDC communication resources
Shared and Congregate Housing	Community Mitigation
COVID-19 Prevention	Transportation
Handwashing Information	Crisis Communications Plan 
Masks	Restaurants and bars

## Previous Updates

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Updates from Previous Content



As of April 27, 2021

- Updated cleaning and disinfection information

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Last Updated May 20, 2021



## Special Event Food Stand Checklist

Special event food stands (SEFS) must meet requirements of the Minnesota food code, and are inspected at events. To prepare for your inspection, use this checklist as a self-inspection.

- Obtain a license from the appropriate licensing agency prior to operating a SEFS. To find out which agency will issue a license, see the [Licensing](#) website.
- Designate a [Person in Charge](#) (PIC) who is responsible for foodborne disease prevention and overseeing safe food handling.
- Exclude employees who have been ill with vomiting and/or diarrhea for at least 24 hours after their symptoms end. [Illness Reporting for Food Establishments](#) summarizes the requirements.
- Obtain all food, beverages, water and ice from [Approved Sources for Food Products](#). Prepare food in the SEFS or at a licensed food establishment. Food cannot be prepared or stored in a home.
- Set up your handwashing station before beginning food preparation. [Handwashing for Employees](#) in a SEFS requires running water supplied either by gravity or under pressure through a faucet. Provide soap, individual disposable towels and a trash container.
- Employees shall wash their hands and exposed portions of their arms before working with food, clean equipment and utensils; after smoking, eating or drinking, or using toilet facilities; or any time hands become contaminated. Gloves, wet-wipes or hand antiseptics are not substitutes for handwashing. Wash at the handwashing station by lathering with soap for at least 20 seconds and rinsing with clean water.
- Prevent bare hand contact with ready-to-eat food by wearing disposable gloves or using utensils, deli tissue, spatulas, tongs or other dispensing equipment. [Preventing Contamination from Hands](#) summarizes the requirements and restrictions.
- Separate raw animal foods during storage, preparation, holding, and display from ready-to-eat food to prevent cross-contamination.
- Maintain cold time/temperature control for safety food (TCS) at 41°F or below.
- Provide mechanical refrigeration for cold TCS food held for four hours or longer. For less than four hours, dry ice or frozen freezer packs may be used as long as TCS food is maintained at 41°F or below.

## SPECIAL EVENT FOOD STAND

- Cook TCS food to safe internal Temperature and Time Requirements for Food.
- Maintain hot TCS food at 135°F or above.
- Verify cold holding, cooking and hot holding temperatures with an accurate thermometer.
- Provide three containers for Cleaning and Sanitizing. Your containers must be big enough to wash, rinse and sanitize your largest piece of multiuse equipment.
- Mix sanitizer according to manufacturer's specifications. Verify correct concentration with a test kit.
- Store damp or soiled wiping cloths in an approved sanitizer at the required strength.
- Locate the SEFS away from possible environmental sources of contamination.
- Provide wall and ceiling surfaces to protect the SEFS from the weather and windblown dust and debris. Discontinue operation if protection fails.
- Set up the SEFS on a permanent or temporary surface that will effectively control dust and mud.
- Discard solid waste and wastewater properly. Provide an adequate number of receptacles for solid waste. Discarding wastewater onto the ground or into the storm sewer is not allowed.

## Resources

Minnesota Department of Health Food Business Safety  
([www.health.state.mn.us/foodbizsafety](http://www.health.state.mn.us/foodbizsafety))

Licensing ([www.health.state.mn.us/communities/environment/food/license/index.html](http://www.health.state.mn.us/communities/environment/food/license/index.html))

Person in Charge ([www.health.state.mn.us/communities/environment/food/docs/fs/picfs.pdf](http://www.health.state.mn.us/communities/environment/food/docs/fs/picfs.pdf))

Illness Reporting for Food ([www.health.state.mn.us/people/foodsafety/dwi/empillfs.pdf](http://www.health.state.mn.us/people/foodsafety/dwi/empillfs.pdf))

Approved Sources for Food Products ([www.health.state.mn.us/communities/environment/food/docs/fs/apprvdsrcefs.pdf](http://www.health.state.mn.us/communities/environment/food/docs/fs/apprvdsrcefs.pdf))

Handwashing for Employees ([www.health.state.mn.us/communities/environment/food/docs/fs/handwashfs.pdf](http://www.health.state.mn.us/communities/environment/food/docs/fs/handwashfs.pdf))

Preventing Contamination from Hands

([www.health.state.mn.us/communities/environment/food/docs/fs/nohandcontfs.pdf](http://www.health.state.mn.us/communities/environment/food/docs/fs/nohandcontfs.pdf))

Temperature and Time Requirements for Food

([www.health.state.mn.us/communities/environment/food/docs/fs/timetempfs.pdf](http://www.health.state.mn.us/communities/environment/food/docs/fs/timetempfs.pdf))

Cleaning and Sanitizing ([www.health.state.mn.us/communities/environment/food/docs/fs/cleansanfs.pdf](http://www.health.state.mn.us/communities/environment/food/docs/fs/cleansanfs.pdf))



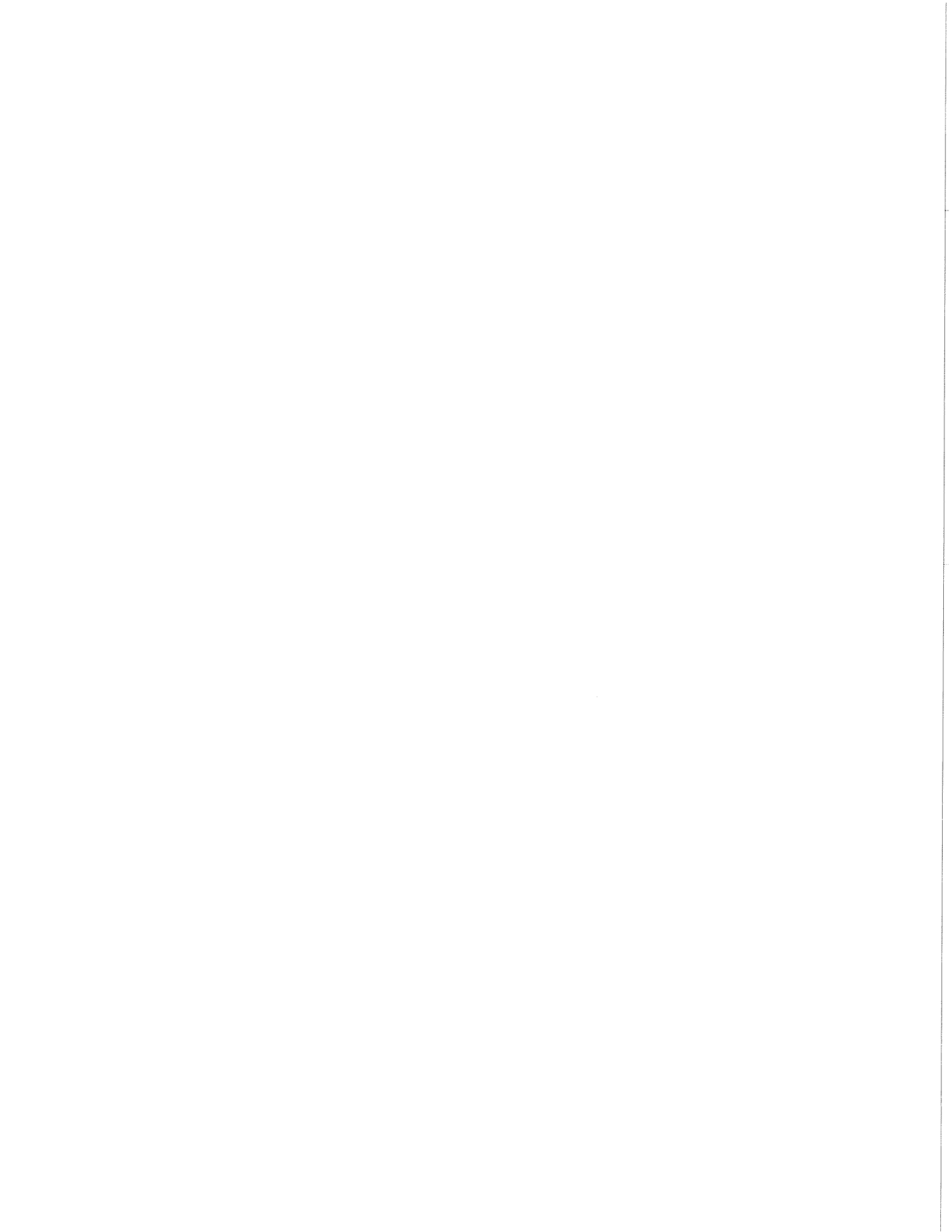
## SPECIAL EVENT FOOD STAND

Minnesota Department of Health  
Food, Pools, and Lodging Services  
PO Box 64975  
St. Paul, MN 55164-0975  
651-201-4500  
[health.foodlodging@state.mn.us](mailto:health.foodlodging@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

Minnesota Department of Agriculture  
Food and Feed Safety Division  
625 Robert Street N  
St. Paul, MN 55155-2538  
651-201-6027  
[MDA.FFSD.Info@state.mn.us](mailto:MDA.FFSD.Info@state.mn.us)  
[www.mda.state.mn.us](http://www.mda.state.mn.us)

JANUARY 2019

To obtain this information in a different format, call: 651-201-4500 or 651-201-6000. Printed on recycled paper.



[\(Covid19/\)](#)



# Vaccine Data

## Who's getting vaccinated

Summary

Who's Getting Vaccinated

Race/Ethnicity

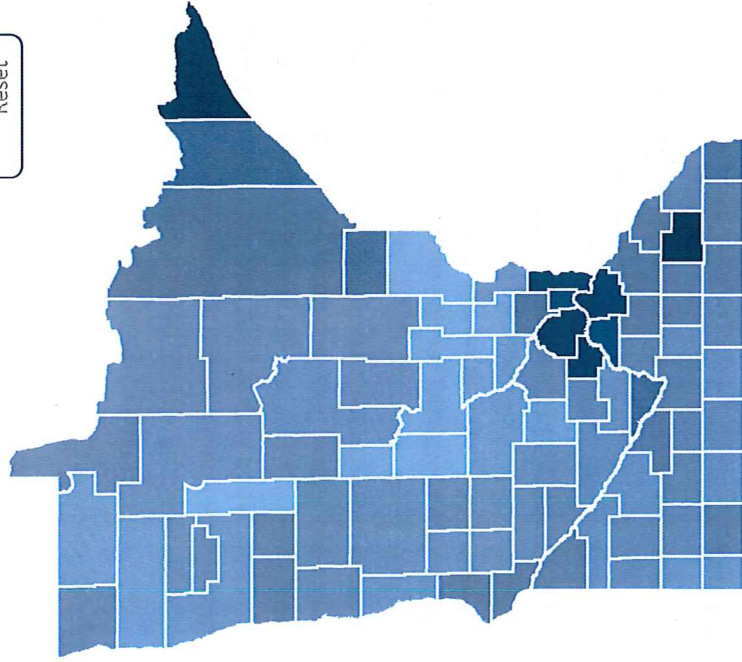
Distribution

Vaccines Administered

Provider Goals

12+ 16+ 65+ Total population

Reset



## Statewide Data

Click on a county to narrow results. Data reported as of 8/1/2021.

People with at least one vaccine dose

3,044,349

69.0%

People with completed vaccine series

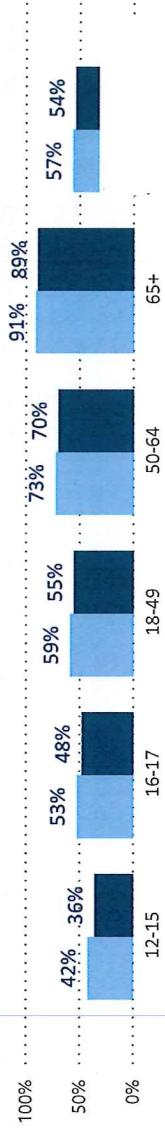
2,898,449

65.7%

Age group Gender

### Proportion of People Vaccinated by Age Group Population

● Percent with at least one dose ● Percent with complete series



Data is updated weekdays at 11 a.m. unless otherwise specified, but there is a delay between a vaccine being given and when it is reported to the Minnesota Department of Health (MDH). This happens because the state must validate and process the data before reporting.

## Data Dashboard Definitions

### Summary

- **Percentage of doses administered within 7-day goal:** Seven-day rolling average of the percentage of doses shipped to providers that were administered within seven days of receipt. The statewide rate includes all first and second doses. Provider rates do not include second doses that cannot be administered yet due to interval timing. One day for data entry is allowed. Includes doses for the CDC's [Pharmacy Partnership Program for vaccination in long-term care settings](https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html) (<https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html>). Federally Qualified Health Centers, which are particularly well positioned to help the state provide equitable vaccine access, are subject to the 7-day goal only.
- **People with at least one vaccine dose:** Number of people in Minnesota who have received either a first or second dose of any COVID-19 vaccine.
- **People with completed vaccine series:** Number of people in Minnesota who have completed a COVID-19 vaccine series. For the Pfizer and Moderna products, a complete series is two doses. The Johnson & Johnson product is a single-dose vaccine.
- **People 12+ with at least one dose:** Percentage of people aged 12 and over who have received either a first or second dose of any COVID-19 vaccine.
- **People 16+ with at least one dose:** Percentage of people aged 16 and over who have received either a first or second dose of any COVID-19 vaccine.
- **People 65+ with at least one dose:** Percentage of people aged 65 and over who have received either a first or second dose of any COVID-19 vaccine.
- **Total Population with at least one dose:** Percentage of people in Minnesota of all ages who have received either a first or second dose of any COVID-19 vaccine.
- **Vaccine doses administered by providers:**
  - By week: Number of doses administered by week.
  - 7-day: Number of doses administered, by day, during the past seven days.

### Who's Getting Vaccinated

- **Percent of people with at least one vaccine dose:** Percent of Minnesotans who have received at least one dose of any COVID-19 vaccine. Denominator is either total population, 65+, 16+, or 12+, depending on the selection on the top of the page.
- **Percent of people with completed vaccine series:** Percent of people in Minnesota who have completed a COVID-19 vaccine series. For the Pfizer and Moderna products, a complete series is two doses. The Johnson & Johnson product is a single-dose vaccine. Denominator is either total population, 65+, 16+, or 12+, depending on the selection on the top of the page.

### Race and Ethnicity

- **Percent of people with at least one vaccine dose:** Percent of Minnesotans who have received at least one dose of any COVID-19 vaccine. Vaccine administration data are based on vaccination records in the [Minnesota Immunization Information Connection \(MIIC\)](https://www.health.state.mn.us/people/immunize/miic/index.html) (<https://www.health.state.mn.us/people/immunize/miic/index.html>), a confidential immunization information system. Immunization records in MIIC are submitted by participating health care providers. Providers vaccinating with doses through the State of Minnesota must submit COVID-19 vaccination information to MIIC within 24 hours; pharmacies have 72 hours. Providers getting vaccine directly from the federal government are not required to submit information to MIIC.
- **Percent of people with completed vaccine series:** Percent of people in Minnesota who have completed a COVID-19 vaccine series. For the Pfizer and Moderna products, a complete series is two doses. The Johnson & Johnson product is a single-dose vaccine.
- **Vaccinations by race and ethnicity, age 15+:** Percent of people in Minnesota aged 15 and older with at least one vaccine dose, by racial/ethnic group.

- **Race/ethnicity of vaccinated population:** Percent of doses administered in Minnesota by race category.
- **Minnesota Population:** Total population of Minnesota by race category per 2010 and 2019 ACS 5-year estimates.

[Frequently Asked Questions about vaccine race and ethnicity data](#) ([/covid19/vaccine/data/faq/index.jsp](#)).

## Equity

- **Social Vulnerability Index (SVI):** The Social Vulnerability Index ranks areas on 15 social factors (unemployment, disability, access to transportation, poverty, race/ethnicity, homelessness, etc.) to summarize multiple dimensions of disadvantage. SVI is composed of four subthemes: Socioeconomic status, household composition and disability, minority status and language, and housing type and transportation. Additional information on SVI can be found on [CDC's website](#) (<https://www.attdr.cdc.gov/placeandhealth/svi/index.html>).
- **SVI Quartile: ZIP codes are grouped into four quartiles based on their degree of disadvantage.** (Q1 = "High Disadvantage"; Q2 = "Medium-High Disadvantage"; Q3 = "Medium-Low Disadvantage"; Q4 = "Low Disadvantage"). Each quartile contains an equal number of ZIP codes, but not necessarily the same number of people.
- **Percent of people with at least one vaccine dose:** Percentage of Minnesotans age 16 years and older who have received at least one dose of any COVID-19 vaccine. Vaccine administration data are based on vaccination records in the [Minnesota Immunization Information Connection \(MIIC\)](#) (<https://www.health.state.mn.us/people/immunize/miic/index.html>).
- **Percent of people with completed vaccine series:** Percentage of Minnesotans age 16 years and older who have completed a COVID-19 vaccine series. For the Pfizer and Moderna vaccines, a complete series is two doses. The Johnson & Johnson vaccine is a single dose.
- **People vaccinated by Social Vulnerability Risk Group:** Percentage of people in Minnesota aged 16 and older with at least one vaccine dose within each SVI quartile.
- **Social Vulnerability Risk Group Vaccinations:** The vaccinated population of Minnesota by SVI ZIP code quartile (2019 American Community Survey).
- **Minnesota Population:** Total population of Minnesota by SVI ZIP code quartile, (2019 American Community Survey).

## Distribution

- **Doses shipped to Minnesota providers:** Number of doses that have been shipped to providers in Minnesota from the federal government's allocation for the state. This does not include doses that have been set aside for the CDC's [Pharmacy Partnership Program for vaccination in long-term care settings](#) (<https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html>). This is a cumulative count of COVID-19 vaccine doses recorded as shipped to Minnesota providers in the Centers for Disease Control and Prevention's (CDC) Vaccine Tracking System (VTrcks) since Dec. 13, 2020.
- **Doses shipped for CDC long-term care vaccination program:** Doses from the federal allocation for Minnesota that are shipped to pharmacies participating in the CDC's [Pharmacy Partnership Program for vaccination in long-term care settings](#) (<https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html>) and the federal retail pharmacy program. Doses for CDC's long-term care vaccination program (also known as the Pharmacy Partnership Program or PPP) is a cumulative count of COVID-19 vaccine doses that have been transferred out of the state allocation to the federal Pharmacy Partnership Program. These doses are shipped to three large pharmacy chains, CVS, Walgreens, and Thrifty White, who vaccinate staff and residents within long-term care facilities. Retail pharmacy program doses are shipped to Hy-Vee, Walmart, and Thrifty White.
- **Total provider sites receiving vaccine:** Number of Minnesota provider sites that are receiving vaccines from the federal allocation for Minnesota, including doses for the Pharmacy Partnership Program (PPP), by provider type. Provider type is self-reported.

## Vaccines Administered

- **Total vaccine doses administered:** Number of vaccine doses that have been administered to Minnesotans and reported to the Minnesota Immunization Information Connection (MIIC). Doses include those from the federal allocation for Minnesota (including PPP) and from the allotment delivered to federal agencies in Minnesota directly (including Veteran's Affairs, Indian Health Services, the Bureau of Prisons, and the Department of Defense). Age and gender are self-reported at the time of vaccination.
- **Vaccines by product:** Total doses administered by vaccine brand, as reported to MIIC.
- **Percentage of doses administered within 7-day goal:** Seven-day rolling average of the percentage of doses shipped to providers that were administered within seven days of receipt. The statewide rate includes all first and second doses. Provider rates do not include second doses that cannot be administered yet due to interval timing. One day for data entry is allowed. Includes doses for the CDC's [Pharmacy Partnership Program for vaccination in long-term care settings](https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html) (<https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html>). Includes facilities receiving vaccine from Minnesota's allocation only; does not include federal entities that receive allocation directly from the CDC (such as Indian Health Services, Veterans Affairs, and the Department of Defense).
- **Provider Definitions:**
  - **Health care systems:** Allina, CentraCare, Children's Hospital and Clinics of Minnesota, Essentia Health, M Health Fairview, Health Partners, Hennepin Healthcare, Mayo Clinic Health System, North Memorial, and Sanford Health.
  - **Federally Qualified Health Centers:** Community-based health care providers that receive funds from the federal Health Center Program to provide primary care services in underserved areas.
  - **Local hospitals and providers:** Local hospitals and other providers that are not included in the health care systems.
  - **Local public health:** Local public health entities that identify local public health priorities and implement activities to address these priorities, including vaccination. A local health department is a local unit of government that is responsible for the administration and implementation of public health programs and services to address locally identified needs.
  - **Pharmacies:** Local pharmacies and larger pharmacy chains. This excludes hospitals and other pharmacies associated with systems.
  - **State of Minnesota:** The State of Minnesota oversees mass vaccination sites and the vaccination of employees qualifying for vaccination under phase 1a.
  - **Tribal:** Indian Health Service and Tribal Health Facilities.

## Provider Goals

- **Doses received more than eight days ago.** The number of doses received from the federal government, plus doses redistributed in, minus doses redistributed out, as of eight days prior to the most recent date of vaccine administration, not including second doses that cannot be administered yet due to interval timing. This is the denominator for the calculation of the percentage of doses administered within the 7-day goal. These are doses from the MN allocation only (including PPP) but does not include any doses from the federal allocation.

- **Provider Definitions:**
  - **Health care systems:** Allina, CentraCare, Children’s Hospital and Clinics of Minnesota, Essentia Health, M Health Fairview, Health Partners, Hennepin Healthcare, Mayo Clinic Health System, North Memorial, and Sanford Health.
  - **Federally Qualified Health Centers:** Community-based health care providers that receive funds from the federal Health Center Program to provide primary care services in underserved areas.
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  - **State of Minnesota:** The State of Minnesota oversees mass vaccination sites and the vaccination of employees qualifying for vaccination under phase 1a.
  - **Tribal:** Indian Health Service and Tribal Health Facilities.

## Downloadable Datasets (.CSV)

Updated August 3, 2021

- [Doses Administered\\_Totals](#) ([/covid19/assets/Doses%20Administered\\_tcm1148-462846.csv](#)).
- [Doses Administered](#) ([/covid19/assets/Doses%20Administered\\_tcm1148-462846.csv#false](#)) [Doses Administered, by Week](#) ([/covid19/assets/Doses%20Administered%20By%20Week\\_tcm1148-462844.csv](#)).
- [Doses Administered, by Age](#) ([/covid19/assets/Doses%20Administered%20By%20Week\\_tcm1148-462844.csv#false](#)) [Doses Administered, by Age](#) ([/covid19/assets/Doses%20Administered%20By%20Age\\_tcm1148-462840.csv](#)).
- [Doses Administered, by Gender](#) ([/covid19/assets/Doses%20Administered%20By%20Gender\\_tcm1148-462841.csv](#)).
- [Doses Administered, by Provider](#) ([/covid19/assets/Doses%20Administered%20By%20Provider\\_tcm1148-462843.csv](#)).
- [People Vaccinated, by County](#) ([/covid19/assets/People%20Vaccinated%2C%20By%20County\\_tcm1148-467651.csv](#)).
- [People Vaccinated, by Age](#) ([/covid19/assets/People%20Vaccinated%2C%20By%20Age\\_tcm1148-467653.csv](#)).
- [People Vaccinated, by Gender](#) ([/covid19/assets/People%20Vaccinated%2C%20By%20Gender\\_tcm1148-467652.csv](#)).
- [People Vaccinated, by ZIP](#) ([/covid19/assets/People%20Vaccinated%2C%20By%20ZIP\\_tcm1148-487055.csv](#)).
- [Doses Shipped to Minnesota Providers, by Vaccine Product](#) ([/covid19/assets/Doses%20shipped%20to%20Minnesota%20providers%2C%20by%20product\\_tcm1148-462877.csv](#)).
- [Doses Shipped for the CDC Federal Pharmacy Program, by Product](#) ([/covid19/assets/Doses%20shipped%20for%20CDC%20federal%20pharmacy%20program%2C%20by%20product\\_tcm1148-468518.csv](#)).
- [Provider Sites Receiving Vaccines, by Type](#) ([/covid19/assets/Provider%20sites%20receiving%20vaccines\\_tcm1148-462878.csv](#)).
- [Percentage of Doses Administered by Providers, 7-Day Goal](#) ([/covid19/assets/Percentage%20of%20Doses%20Administered%20By%20Providers%2C%207-Day%20Goal\\_tcm1148-464243.csv](#)).
- [Percent of Age Group Population Vaccinated](#) ([/covid19/assets/Percent%20of%20Age%20Group%20Population%20Vaccinated\\_tcm1148-473807.csv](#)).
- [People by Gender with a Least One Vaccine Dose, Percent of Gender Group Population](#) ([/covid19/assets/People%20By%20Gender%20with%20at%20least%20one%20vaccine%20dose%2C%20Percent%20of%20Gender%20Group%20Po464287.csv](#)).
- [Vaccinations by Race and Ethnicity](#) ([/covid19/assets/Vaccinations%20by%20Race%20and%20Ethnicity\\_tcm1148-470631.csv](#)).

- [Vaccination Progress to Date, by Race and Ethnicity](#) ([/covid19/assets/Vaccination%20to%20Date%2C%20by%20Race%20and%20Ethnicity\\_tcm1148-470630.csv](#))
- [Vaccinations by Social Vulnerability Risk Groups](#) ([/covid19/assets/Vaccinations%20by%20Social%20Vulnerability%20Risk%20Groups\\_tcm1148-482076.csv](#))

## About the data

Unless otherwise noted, all denominators based on American Community Survey (ACS) data: [2019 ACS 5-year Estimates](https://data.census.gov/cedsci/table?q=S01&t=Populations%20and%20People&g=0400000US27.050000&y=2019&tid=ACST5Y2019.S0101&hidePreview=false) (<https://data.census.gov/cedsci/table?q=S01&t=Populations%20and%20People&g=0400000US27.050000&y=2019&tid=ACST5Y2019.S0101&hidePreview=false>). All data by county is based on residence. Unless otherwise noted, all denominators are based on American Community Survey (ACS) data: [2019 ACS 5-year Estimates](#). All data by county is based on residence. Statewide estimates by age and gender are based on ACS tables DP05 and S0101, except for the 12-15 year old age group, which is based on summing the county-level estimate based on ACS table B01001. The 12-15 years age group has been split based on the assumption that ages are equally distributed within age groups.

Vaccine administration data are based on vaccination records in the [Minnesota Immunization Information Connection \(MIIC\)](#).

(<https://www.health.state.mn.us/people/immunize/miic/index.html>), a confidential immunization information system. Immunization records in MIIC are submitted by participating health care providers. Providers vaccinating with doses through the State of Minnesota must submit COVID-19 vaccination information to MIIC within 24 hours; pharmacies have 72 hours. Providers getting vaccine directly from the federal government are not required to submit information to MIIC, but some may.

State-level metrics include all doses administered to Minnesotans that are reported to MIIC. This includes doses administered in other states and with doses from the other states' allocations, as well as doses administered to federal workers and agencies in Minnesota. Doses administered by Tribal Health/IHS are included in the state-level metrics if the person vaccinated lives in Minnesota. Systems-level metrics include all doses administered by Minnesota providers, regardless of the address of the person receiving the vaccine. Systems-level metrics also includes doses administered to non-Minnesotans, but not doses administered to Minnesotans out of state.

Although MIIC is a useful resource for real-time assessments of state and county immunization percentages in Minnesota, MIIC data may underestimate the actual number of people receiving COVID-19 vaccine due to several limitations because some data may not be submitted to MIIC properly or there could be errors in the data that result in missing immunization information. MDH staff are working closely to monitor and address any lapses in data exchange to ensure that timely and accurate COVID-19 vaccination information is submitted.

The COVID-19 vaccination data can be used to monitor state- and county-level immunization coverage and progress towards national, state, and local coverage goals. The data can also help to identify at-risk populations and encourage public health actions and policies aimed at increasing immunization. The data cannot tell us why people are not vaccinated. Some people may not have ready access to the vaccine, and some people may choose not to vaccinate. Also, some people may have received vaccinations that are not recorded in MIIC, such as those who were vaccinated in another state.

Due to data collection and reporting timing, there may be temporary discrepancies between data from the Minnesota Department of Health (MDH) and other sources.



[./covid19/](#)



# Vaccine Data

## Who's getting vaccinated

12+

16+

65+

Total population

Reset

Summary

Who's Getting Vaccinated

Race/Ethnicity

Equity

Distribution

Vaccines Administered

Provider Goals

## ANOKA COUNTY

Click on a county to narrow results. Data reported as of 8/1/2021.

People with at least one vaccine dose

185,398

67.2%

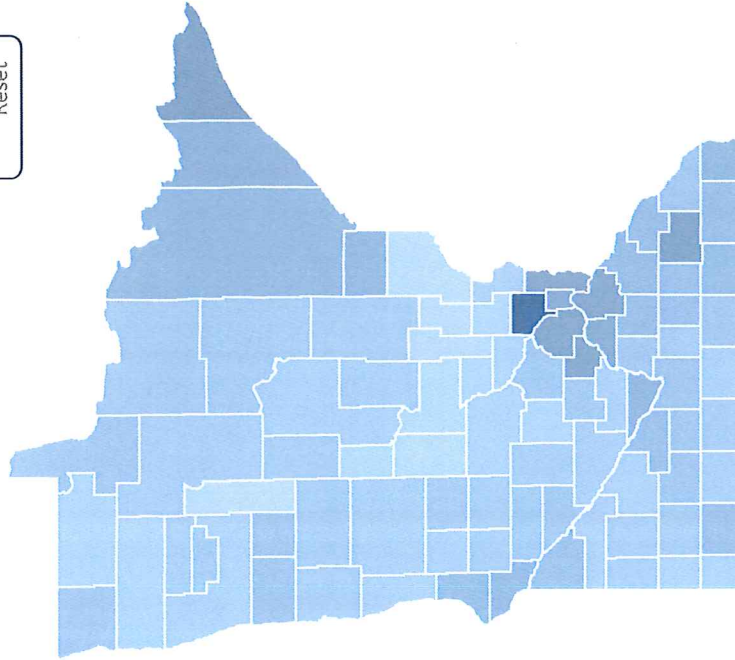
People with completed vaccine series

176,347

64.0%

Age group

Gender



### Proportion of People Vaccinated by Age Group Population

● Percent with at least one dose ● Percent with complete series

