

CDC Daily Key Points
Coronavirus Disease 2019 (“COVID-19”) Pandemic
April 1, 2020 as of 11:45pm

Updated text is shown in colored text.

SNAPSHOT

- CDC has reported:
 - 186,101 confirmed and presumptive positive cases of COVID-19
 - 3,603 COVID-19-related deaths
 - All 50 states, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands have reported cases of COVID-19.

MAIN KEY POINTS

- On March 29, President Trump extended the nation’s Slow the Spread campaign until April 30.
 - The initiative, initially launched on March 16 as [15 Days to Slow the Spread](#), lays out guidelines for a nationwide effort to slow the spread of COVID-19.
 - It calls for the implementation of measures to increase social distancing between people at all levels of society.
 - This is a massive proactive, preventive response to COVID-19. It aims to slow the spread and blunt the impact of this disease on the United States.
- All segments of U.S. society have a role to play at this time:
 - People across the country are asked to stay home as much as possible and otherwise practice social distancing.
 - This includes [canceling or postponing gatherings of more than 10 people](#) and closing schools in some areas as determined by local and state governments.
 - It also includes special measures to protect those people who are most vulnerable to this disease.
 - People who are sick are asked to follow CDC [guidance on recovering at home](#) and follow the new guidance for when [it’s OK to interact with other people again](#).
- There is no vaccine to protect against COVID-19 and no medications approved to treat it.
- There is a body of evidence—based on about 200 journal articles—that supports the effectiveness of social distancing measures, both when used alone and in combination with other measures.
 - Much of these data are outlined in CDC’s [Community Mitigation Guidelines to Prevent Pandemic Influenza — United States, 2017](#).
 - These recommendations work better when they are implemented together.
- While these measures are recommended until April 30, government leaders will continually reassess the status of the outbreak in the United States. It may be that these measures will need to be modified.
- This is a historic, unprecedented outbreak, the likes of which have not been seen since the [influenza pandemic of 1918](#).
- The White House Task Force on Coronavirus has established www.coronavirus.gov as the centralized website for the Federal government.
- CDC continues to maintain www.cdc.gov/coronavirus.

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SITUATION UPDATE

- **186,101** reported cases of COVID-19 have been detected in all 50 states, District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands.
- Most U.S. states now report some community spread of COVID-19. Of those, **25** states report COVID-19 cases are “widespread.”
- **3,128** of these cases occurred through close contact with another case.
- **1,110** cases occurred in travelers from international areas with sustained (ongoing) transmission and among their close contacts.
- **181,863** cases are either still being investigated to determine the source of exposure or the source of the exposure is unknown (i.e., assumed to be a result of community spread.)
- The number of cases of COVID-19 being reported in the United States is rising quickly.
 - Early on, most cases in the United States were among returned travelers from affected countries or close contacts of people who had COVID-19.
 - Now, more and more cases are resulting from community spread where the source of the exposure is unknown.
- As of March **31**, **47** areas (**46 states and Guam**) report some community spread of COVID-19. Of those, **25** state report COVID-19 cases are “widespread.” See [CDC’s map](#) to stay up to date on what is happening in your state.
- More cases of COVID-19 are likely to be identified in the United States in the coming days, including more instances of community spread.
 - CDC expects that widespread transmission of COVID-19 in the United States will occur.
 - In the coming months, most of the U.S. population will be exposed to this virus.
 - CDC expects more illnesses, hospitalizations and deaths from COVID-19 illness to continue to occur.
- As COVID-19 activity continues to increase, it will be possible to track activity using some existing surveillance systems that track respiratory illnesses, including flu.
- CDC’s most [recent FluView](#) showed that the percent of specimens testing positive for influenza at clinical laboratories is decreasing. At the same time, levels of influenza-like-illness (ILI)—as measured by people seeking care for fever, cough and sore throat—increased for the second week in a row after declining for three weeks.
 - This means that more people are seeking care for respiratory illness than usual at this time of year and that the increase is not due to increasing influenza activity.
 - There are likely multiple factors that contribute to this increase. These may include concern over COVID-19 causing people to seek treatment for respiratory illness when they otherwise would not have, delayed or cancelled visits for routine healthcare, and the ILI surveillance system picking up COVID-19 illness activity.
- CDC and partners that collaborate on surveillance are adapting many of the surveillance systems that routinely collect information on viruses, illnesses, hospitalizations and deaths to better track COVID-19.
 - They are additionally creating new systems to track COVID-19.
 - All sources of information will be made available in one place on the web to facilitate tracking of COVID-19.

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- The agency plans to roll out COVID-19 surveillance data on the website this week.
- As of [March 31, 95](#) state and local public health labs in 50 states, the District of Columbia, Guam and Puerto Rico verified they are successfully using COVID-19 diagnostic tests. See [map showing which states and territories have one or more laboratories that have successfully verified and are currently using COVID-19 diagnostic tests](#).
- As of [March 31](#), CDC and local and state public health laboratories had tested a total of [157,847](#) specimens.
- Private laboratories are increasing their testing capacity. In addition to the approximately 2,500 tests per day currently done nationally, it is projected that:
 - Roche will increase their capacity up to 10,000 tests per day by end of this week
 - BioReference will increase their capacity by an additional 3,000 tests per day.
- In addition, the [U.S. Food and Drug Administration](#) has issued a number of Emergency Use Authorizations for commercial manufacturers to develop other COVID-19 tests, including a point-of-care test that could deliver results in as short as 30 minutes.

Recent MMWR Publications

- [An MMWR report titled “Presymptomatic Transmission of SARS-CoV-2 — Singapore, January 23–March 16, 2020”](#) was published on April 1.
 - The report summarizes the results of a clinical and epidemiologic review of all 243 cases of COVID-19 reported in Singapore from January 23–March 16, 2020.
 - The report details seven clusters of cases where spread of COVID-19 appears to have happened from people who did not yet have symptoms.
 - Disease spread happened from someone who was “pre-symptomatic.”
 - All patients did go on to develop symptoms.
 - Those instances of pre-symptomatic spread happened between 1–3 days before onset of symptoms.
 - The study confirms that COVID-19 is spreading from people before they have symptoms.
- [An MMWR report titled “Preliminary Estimates of the Prevalence of Selected Underlying Health Conditions Among Patients with Coronavirus Disease 2019 — United States, February 12–March 28, 2020”](#) was published on March 31.
 - Published reports from China and Italy suggest that risk factors for severe COVID-19 disease include underlying health conditions, but data describing underlying health conditions among U.S. COVID-19 patients have not yet been reported.
 - Based on preliminary U.S. data, persons with underlying health conditions such as diabetes mellitus, chronic lung disease, and cardiovascular disease, appear to be at higher risk for severe COVID-19–associated disease than persons without these conditions.
 - Strategies to protect all persons and especially those with underlying health conditions, including social distancing and handwashing, should be implemented by all communities and all persons to help slow the spread of COVID-19.

CDC GUIDANCE UPDATES

- On March 31, new guidance documents and resources posted to the CDC website included—

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- [Supplemental guidance for childcare programs that remain open](#)
- A tool to [screening clients for respiratory infection symptoms at entry to homeless shelters](#)
- [FAQs for correctional facility administrators and staff, people who are incarcerated, and their families](#)
- On March 30, CDC updated its COVID-19 home page to make it easier to navigate the site and find information.
- On March 30, CDC also posted new guidance for outpatient dialysis facilities—[Interim Additional Guidance for Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Outpatient Hemodialysis Facilities](#).
- CDC is now rolling out information in four languages—[Spanish](#), [Simplified Chinese](#), [Vietnamese](#), and [Korean](#)—on its website. More pages will be translated in the coming weeks.
- On March 26, CDC posted web content in 4 languages was posted as part of the first phase of MotionPoint translation rollout. Languages include Spanish, Chinese, Vietnamese, and Korean. More pages will be translated in the coming weeks.
- On March 25, 2020, CDC posted a new [Personal Protective Equipment \(PPE\) Burn Rate Calculator](#).
 - This tool is a spreadsheet-based model that provides information for healthcare facilities to plan and optimize the use of PPE for response to COVID-19.
 - To use the calculator, enter the number of full boxes of each type of PPE that you have in stock (e.g., gowns, gloves, surgical masks, respirators, and face shields).
 - The tool then calculates the average consumption rate, also referred to as a “burn rate,” for each type of PPE entered in the spreadsheet.
 - This information can then be used to estimate the remaining supply of PPE based on the average consumption rate.
 - CDC designed the tool to help healthcare and non-healthcare systems, such as correctional facilities, track how quickly PPE will be used at those facilities.
- On March 25, CDC posted guidance for [Alternative Care Sites: Infection Prevention and Control Considerations for Alternative Care Sites](#).
 - This guidance proposes two tiers of ACS:
 - A tier one ACS houses a cohort of patients who need limited monitoring and can care for themselves (i.e., do not need assistance with medications or activities of daily living). These patients could be housed in a dedicated hotel or dormitory— in their own rooms with their own bathroom—meant for this purpose.
 - A tier two ACS houses a cohort of patients who require some level of assistance (e.g., help with activities of daily living or medications) and who need a closer level of monitoring than patients in tier one. These patients may be better cared for in a facility that has an open layout (e.g., school gymnasium) to allow a limited numbers of healthcare personnel to more easily monitor their status.
- On March 25, CDC posted updated guidance on [specimen collection and transport for COVID-19 testing](#).

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- CDC laboratories have been researching ways to make testing for COVID-19 easier to conduct. CDC has also been in contact with other laboratories doing the same.
- This guidance is informed by this research and the laboratory findings. It allows more flexibility in obtaining specimens for COVID-19 diagnosis.
 - When collecting a nasopharyngeal (NP) swab is not possible, the new guidance allows for a nasal swab specimen to be used instead.
 - A nasal swab specimen is easier to collect and less unpleasant for the patient.
 - Nasal swab specimens do not require the healthcare provider to wear the extensive PPE needed when collecting an NP swab.
 - The new guidance allows for people to collect their own nasal swabs under the supervision of a healthcare provider. This further reduces the burden on healthcare staff.
 - FDA guidance now allows for a specimen to be sent in sterile saline when the recommended viral transport medium (VTM) is unavailable. VTM is currently in short supply.
- CDC has issued Travel Health Notices and other travel guidance.
 - On March 27, CDC issued a [Level 3 Global Travel Health Notice](#), advising travelers to avoid all nonessential international travel.
 - On March 28, due to extensive community transmission of COVID -19 in the area, [CDC urged residents of New York, New Jersey, and Connecticut](#) to refrain from non-essential domestic travel for 14 days effective immediately.
- A [recent MMWR](#) reported that SARS-CoV-2 RNA was found on surfaces in cruise ship cabins up to 17 days after the *Diamond Princess* cabins were vacated. The RNA was found before the cabins were disinfected.
 - Live, infectious virus was NOT found. This finding does not indicate that SARS-CoV-2 was transmitted from these surfaces.
 - The most comprehensive studies to date show that infectious SARS-CoV-2 virus can survive only for up to 72 hours on plastic and steel, and up to 24 hours on cardboard.

WHAT YOU CAN DO

- Everyone can do their part to help respond to this emerging public health threat:
 - The White House Task Force on Coronavirus is asking Americans to [Slow the Spread](#) through April 30.
 - This is a nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all levels of society.
 - CDC developed print resources to promote this message, including a [Stay at home if you are sick!](#) poster.
 - Older people and people with severe chronic conditions should [take special precautions](#) because they are at higher risk of developing serious COVID-19 illness.
 - If you are a healthcare provider, use your judgement to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Factors to consider, in addition to clinical symptoms, may include:

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- Does the patient have recent travel from an [affected area](#)?
- Has the patient been in close contact with someone with COVID-19 or patients with pneumonia of unknown cause?
- Does the patient reside in an area where there has been community spread of COVID-19?
- If you are a healthcare provider or a public health responder caring for a COVID-19 patient, please take care of yourself and follow recommended [infection control procedures](#).
- CDC and federal partners recommend that people postpone routine medical or dental care at this time. This will help to reduce the burden on the healthcare system.
 - If you cannot postpone medical treatment, call your provider before visiting to see if they offer consultations by phone or telemedicine.
- People who get a fever or cough should consider whether they might have COVID-19, depending on where they live, their travel history, or other exposures.
 - [More than half of the United States](#) is seeing some level of community spread of COVID-19.
 - [Testing for COVID-19](#) may be accessed through medical providers or public health departments, but there is no treatment for this virus.
 - Most people have mild illness and are able to [recover at home without medical care](#).
- For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow [CDC guidance on how to reduce the risk of spreading your illness to others](#). People who are mildly ill with COVID-19 are able to [isolate at home during their illness](#).
- If you have been in China or another affected area or have been exposed to someone sick with COVID-19 in the last 14 days, you will face [some limitations on your movement and activity](#). [Please follow instructions during this time](#). Your cooperation is integral to the ongoing public health response to try to slow spread of this virus.

For more information please visit CDC’s Coronavirus Disease 2019 Pandemic page at:
www.cdc.gov/coronavirus.