

**CDC Key Points**  
**Coronavirus Disease 2019 (“COVID-19”) Pandemic**  
**April 8, 2020 as of 10:30 pm**

Updated text is shown in colored text.

Please note that Key Points will now be published on Monday, Wednesday, and Friday. CDC may issue an off-schedule Key Points update if there is urgent information to share.

**SNAPSHOT**

- CDC has reported:
  - 395,011 confirmed and presumptive positive cases of COVID-19
  - 12,754 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**

- The United States is in the [acceleration phase of the COVID-19 pandemic](#).
- There are nationwide efforts 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.
  - [CDC recommends that everyone use a cloth face covering in community settings to help reduce the spread of COVID-19](#).
    - [Children under the age of 2 should not use a cloth face covering](#).
  - 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](#).
- Today, the U.S. government announced [new guidance](#) to help the most critical workers serving on the front lines to quickly return to work after potential exposure to someone with COVID-19, provided those workers are symptom-free.
  - [As the nation works together to help slow the spread of COVID-19, certain workers are essential to protecting the health and safety of Americans every day by keeping the lights on and the water running.](#)
  - [These employees should be screened before entering work, monitor themselves for COVID-19 symptoms, wear a face cloth covering, and continue to practice social distancing.](#)
- On April 8, CDC published a report that included the age, gender, and racial breakdown of people hospitalized with COVID-19 in facilities serving about 10% of the U.S. population.
  - [The report found that older adults had elevated rates of COVID-19-associated hospitalization, that these rates increased with age, and that most hospitalized cases were in people with one or more underlying medical conditions.](#)
  - [See section “Recent MMWRs Publications.”](#)

**SITUATION UPDATE**

- 395,011 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.
  - 8,203 of these cases occurred through close contact with another case.

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- 1,864 cases occurred in travelers from international areas with sustained (ongoing) transmission and among their close contacts.
- 384,944 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.)
- Most U.S. states now report some community spread of COVID-19. Of those, 32 states report COVID-19 cases are “widespread.”
  - See [CDC’s map](#) to stay up to date on what is happening in your state.
- 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 April 7, 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 April 7, [CDC and local and state public health laboratories had tested](#) a total of 232,959 specimens.
  - Private laboratories are also increasing their testing capacity.
  - 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.
- Systems are being set up for public health, commercial, and clinical laboratories to report their testing data to CDC. This information will be provided routinely.
- 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.
  - CDC will transition to using surveillance systems that have been modified to track COVID-19 when it is no longer feasible to continue tracking individual cases.

## **RECENT MMWR PUBLICATIONS**

- An MMWR report titled [“Community Transmission of SARS-CoV-2 at Two Family Gatherings — Chicago, Illinois, February–March 2020”](#) was published on April 8.
  - The report noted that extended family gatherings, including a funeral and a birthday party, likely helped spread the virus that causes COVID-19 in a cluster of cases in Chicago.
    - This spread occurred before CDC recommended that people practice social distancing.
  - The investigation identified a cluster of 16 confirmed or probable cases likely resulting from introduction by one person.

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- In this cluster, extended family gatherings, birthday parties, funerals, and church attendance might have helped spread the virus beyond household contacts and into the broader community.
  - All of these gatherings occurred before major social distancing policies were implemented,
- These data illustrate the importance of social distancing—even within families—for preventing the spread of the virus that causes COVID-19.
- An MMWR report titled [“Hospitalization Rates and Characteristics of Patients Hospitalized with Laboratory-Confirmed Coronavirus Disease 2019 — COVID-NET, 14 States, March 1–30, 2020”](#) was published on April 8.
  - This report summarizes data collected from a new CDC surveillance network that leverages two existing respiratory virus surveillance networks to monitor for COVID-19.
    - CDC modified existing surveillance systems that monitor for hospitalizations associated with influenza (flu) and Respiratory Syncytial Virus (RSV) to monitor for hospitalizations associated with COVID-19.
    - The system is named “COVID-NET.”
    - Data from this system is representative.
    - The system captures laboratory-confirmed COVID-19-associated hospitalizations among people of all ages in participating hospitals. Those hospitals are located within a specified geographic area covering about 10% of the U.S. population.
  - From March 1–March 28, 1,482 patients were hospitalized with COVID-19 in participating COVID-NET hospitals.
    - The overall hospitalization rate during this 4-week period was 4.6 per 100,000 population.
    - Three-quarters of hospitalizations occurred in people 50 years and older.
    - Slightly more than half of those hospitalized were men.
    - Hospitalization rates increased with age and were highest among people 65 years and older.
  - The COVID-19 hospitalization rate in children is similar to what has been observed several weeks into a regular flu season.
  - The COVID-19 hospitalization rate in people 65 and older is higher than what is observed early in a flu season.
  - Information on underlying conditions was only available in a subset (12%) of people.
    - Among 178 adult patients with available data on underlying medical conditions, about 90% had one or more underlying condition.
    - The most common conditions were hypertension (50%) and obesity (48%). Other underlying conditions included chronic lung disease (35%), diabetes mellitus (28%) and cardiovascular disease (28%, excluding hypertension).
  - Among 580 patients with race/ethnicity data, 45% were white, 33% were black, and 8% were Hispanic.
    - In the COVID-NET catchment population, 59% of residents are white, 18% are black, and 14% are Hispanic.
  - More than half (805; 54.4%) of hospitalizations occurred among men.
    - COVID-19-associated hospitalization rates were higher among males than among females (5.1 versus 4.1 per 100,000 population).

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- These findings—including the potential impact of both sex and race on COVID-19-associated hospitalization rates—need to be confirmed with additional data
- The report’s findings suggest that older adults have elevated rates of COVID-19-associated hospitalization, and most hospitalized cases have at least one underlying medical condition.
  - These findings underscore the importance of preventive measures such as rigorous hand hygiene, social distancing, and the use of cloth face coverings in public settings where social distancing measures are difficult to maintain.
  - These measures help to protect older adults and people with underlying conditions.

## **CDC GUIDANCE AND RESOURCES UPDATES**

- Guidance documents and resources recently posted to the CDC website included:
  - [Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19](#)
    - This guidance aims to help the most critical workers serving on the front lines to quickly return to work after potential exposure to someone with COVID-19, provided those workers are symptom-free.
  - [Interim Additional Guidance for Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#)
    - This guidance outlines goals and strategies to minimize disease transmission, identify persons with presumptive COVID-19 disease, reduce negative impacts on emergency department and hospital bed capacity, and maximize the efficiency of personal protective equipment.
  - Resources for organizations that serve people who are experiencing homelessness, including information about risks and protective actions, testing, and screening in shelters.
    - [Snapshot of CDC Guidance for Homeless and Meal Service Providers for Emergency and Day Shelters](#)
    - [Homelessness and COVID-19 FAQ](#).
  - Resources that include sources of potential exposure, tips to limit exposure, and best practices to stay healthy for various occupations.
    - [What Transit Station Workers Need to Know About COVID-19](#)
    - [What Transit Maintenance Workers Need to Know About COVID-19](#)
    - [What Rail Transit Operators Need to Know About COVID-19](#)
    - [What Bus Transit Operators Need to Know About COVID-19](#)
  - [A Social Media Toolkit](#) to provide current, correct messaging from a trusted source that can be localized by partners and organizations across the country.
- On April 3, CDC launched [COVIDView](#), a weekly report that summarizes and interprets key indicators from a number of existing surveillance systems.
  - CDC will update COVIDView every Friday.

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**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:
    - 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 an 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](http://www.cdc.gov/coronavirus).