

COVID-19 Communication Highlights

April 27, 2020

This document was previously referred to as the Daily Key Points. It will be updated and distributed on Monday, Wednesday, and Friday.

Snapshot

As of April 26:

- CDC has reported
 - **957,875** confirmed and probable cases of COVID-19
 - **53,922** confirmed and probable 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.
 - Of those, **37** states report COVID-19 cases are “widespread.” See [CDC’s map](#) to stay up to date on what is happening in your state.

What CDC is Doing

- CDC is [responding](#) to the global outbreak of COVID-19 and community spread in the United States by preparing first responders, healthcare providers, and health systems; reinforcing state, territorial, tribal, and local public health readiness; and supporting communities, businesses, and schools.
- CDC gathers case surveillance and conducts epidemiologic investigations to better understand the spread of COVID-19 and how it affects people, including who is most at risk; modeling to advise on possible future scenarios; and other activities to understand and manage the breadth of the COVID-19 pandemic.
- [CDC in Action](#) provides more details about what CDC is doing to prepare and protect communities.
- Follow [COVID-19 by the numbers](#) to stay updated on CDC activities. For example,
 - There are almost 4,000 CDC personnel supporting the COVID-19 outbreak response.
 - CDC has screened more than 267,000 international passengers arriving at US airports.
 - More than 18.6 million people have used [CDC’s online self-checking tool, Clara](#).
 - 839 CDC deployers have conducted 1,065 deployments to 68 cities in the U.S. and abroad.

Top Messages

- [Slow the Spread](#).
 - Stay home as much as possible.
 - If you feel sick, stay at home.
 - If you are an older person or a person with an underlying condition that puts you at higher risk for serious disease, stay at home and away from people.
- [Wear cloth face coverings](#) in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission.
 - Cloth face coverings should not be placed on children under age 2.
- Know [how to protect yourself and others](#).
 - Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
 - If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol.

- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Put distance between yourself and others—stay at least 6 feet from other people.
- Clean and disinfect frequently touched surfaces daily.
- Know [what to do if you are sick](#).
 - Use [the Self-Checker](#) to help make decisions.
 - Follow care instructions from your physician.
 - If you have [an emergency warning sign](#), get medical attention right away.

New Messages and Resources

Meat and Poultry Processing Workers and Employers

- Multiple outbreaks of COVID-19 among meat and poultry processing facility workers have occurred in the United States recently.
- CDC and OSHA issued interim guidance, [Meat and Poultry Processing Workers and Employers](#), to help meat and poultry processing facilities decrease the spread of COVID-19 and lower its effect on the workplace.
- Meat and poultry processing facilities—including those involved in beef, pork, and poultry operations—present unique challenges for the prevention and control of COVID-19 transmission among workers.
- The guidance outlines infection control practices that can address these unique challenges and help reduce the risk of transmission and illness from COVID-19 in these facilities.
- The guidance advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.
- All meat and poultry processing facilities should develop plans to continue operations when an outbreak of COVID-19 occurs among workers or in the surrounding community. As part of the planning process, facilities should—
 - Work directly with appropriate state and local public health officials and occupational safety and health professionals
 - Incorporate relevant aspects of CDC guidance, including but not limited to the meat and poultry processing workers and employers guidance and CDC’s [Critical Infrastructure Guidance](#)
 - Incorporate guidance from other authoritative sources or regulatory bodies as needed

CDC Guidance for Shared or Congregate Housing & Resources for Shared or Congregate Housing Facilities

- [CDC Guidance for Shared or Congregate Housing](#) was created to help owners, administrators, and operators of shared (also called “congregate”) housing facilities work with residents, staff, and public health officials to prevent the spread of COVID-19.
- Shared housing includes a broad range of settings, such as apartments, condominiums, student or faculty housing, national and state park staff housing, transitional housing, and domestic violence and abuse shelters.
- This guidance provides information on maintaining safe operations, encouraging staff and residents to prepare and take action to protect themselves from COVID-19, keeping common spaces and communal rooms safe, planning for a suspected case of COVID-19 in a resident, and accepting new residents.
- [Resources for Shared or Congregate Housing Facilities](#) provides additional resources for residents and administrators to maintain an environment that helps to prevent COVID-19 and its spread.

FAQs for Law Enforcement Agencies and Personnel

- CDC has updated its [FAQ for Law Enforcement Agencies and Personnel](#).
- Law enforcement agencies should encourage all personnel to self-monitor for symptoms before they come to work. Workers who have symptoms (fever, cough, or shortness of breath) should notify their supervisor and stay home.
 - At this time, first responders with symptoms are in the high priority category for testing for COVID-19.
- All persons taken into custody should be given a facemask or cloth face covering to wear. A facemask or cloth face covering may help protect others nearby if these people are infected with the virus that causes COVID-19.
- If a person taken into custody exhibits symptoms of COVID-19, the person should be assessed for transport to a healthcare facility for further evaluation and management.
- If law enforcement personnel have direct personal contact with an individual with suspected or confirmed COVID-19, they should immediately use alcohol-based hand sanitizers with at least 60% alcohol, or wash hands with soap and water for at least 20 seconds.
 - They should also avoid touching their eyes, nose, and mouth.
 - Any uniform items (or other surfaces) that were potentially exposed should be disinfected or cleaned as soon as feasible. For example, the duty belt or other non-porous items can be disinfected using products that are EPA-approved for use against the virus.

COVIDView Updates (Week 16)

- CDC's [COVIDView](#) surveillance summary released on April 24 included data from Week 16 of 2020 (April 12-18).
- Nationally, the percentage of laboratory specimens testing positive for SARS-CoV-2 remained similar to, or decreased, compared to last week.
- Nationally, visits to outpatient providers and emergency departments (EDs) for illnesses with symptoms consistent with COVID-19 continued to decline. These visits are below baseline in many areas of the country.
 - The decrease in the percentage of people seeking care with these symptoms may be because of a decline in COVID-19. Any possible decline may be tempered by a number of factors, including less influenza-like illness overall because of social distancing, and less healthcare seeking behavior.
- The overall cumulative COVID-19 associated hospitalization rate is 29.2 per 100,000.
 - The highest rates are in persons 65 years and older (95.5 per 100,000) and 50-64 years (47.2 per 100,000).
 - Hospitalization rates for COVID-19 in older people are higher than what is typically seen early in a flu season.
- Based on death certificate data, the percentage of deaths attributed to pneumonia, influenza, or COVID-19 decreased from 23.6% during week 15 to 18.6% during week 16 but remained significantly above baseline. This is very elevated in the context of any influenza season.
 - The percentage may change as additional death certificates are processed.

Data Resources

- [COVID-NET](#) provides data on laboratory-confirmed hospitalizations.
 - As of April 17, [COVID-NET hospitalization data](#) now include breakdowns by age, race/ethnicity, and selected underlying medical conditions, such as asthma, cardiovascular disease, and hypertension.
- Recent postings on [COVIDView](#), a weekly surveillance summary of U.S. COVID-19 activity, include
 - [NCHS Mortality Surveillance Data](#)

- [Emergency Department Visits Percentage of Visits for COVID-19-Like Illness \(CLI\) or Influenza-like Illness \(ILI\)](#)
- [Percentage of Visits for Influenza-Like Illness \(ILI\) by Age Group Reported by A Subset of ILINet Providers](#)
- [U.S. Clinical Laboratories Reporting SARS-CoV-2 Test Results to CDC](#)
- Specimens tested and percent positive from select [Commercial Labs](#) reporting to CDC
- [U.S. State and Local Public Health Laboratories Reporting to CDC](#)
- COVID Interactive is now called [CDC COVID Data Tracker](#).
 - This resource provides maps, charts, and data on a state and federal level.
 - The social effect of COVID-19 can be explored by viewing business closures, lockdown and shelter in place orders, school closures, and more.
 - CDC COVID Data Tracker also includes links to other COVID-19 resources.