

Coronavirus Disease 2019 (COVID-19)

Situation Summary

This is a rapidly evolving situation and CDC will provide updated information and guidance as it becomes available.

Updated March 21, 2020

CDC is responding to a pandemic of respiratory disease spreading from person-to-person caused by a novel (new) coronavirus. The disease has been named "coronavirus disease 2019" (abbreviated "COVID-19"). This situation poses serious public health risk. The federal government is working closely with state, local, tribal, and territorial partners, well as public health partners, to respond to this situation. COVID-19 can cause mild to severe illness; most severe illness; most severe illness.

Situation in U.S.

Different parts of the country are seeing different levels of COVID-19 activity. The United States nationally is in the initiation phase of the pandemic. States in which community spread is occurring are in the acceleration phase. The duration and severity of each pandemic phase can vary depending on the characteristics of the virus and the publi health response.

- CDC and state and local public health laboratories are testing for the virus that causes COVID-19. View CDC's Public Health Laboratory Testing map.
- All 50 states have reported cases of COVID-19 to CDC.
- U.S. COVID-19 cases include:
 - Imported cases in travelers
 - Cases among close contacts of a known case
 - Community-acquired cases where the source of the infection is unknown.
- Twenty-seven U.S. states are reporting some community spread of COVID-19.
- View latest case counts, deaths, and a map of states with reported cases.

Confirmed COVID-19 Cases Global Map







COVID-19 cases in the U.S.

CDC Recommends

- Everyone can do their part to help us respond to this emerging public health threat:
 - On March 16, the White House announced a program called "15 Days to Slow the Spread,"
 I which is nationwide effort to slow the spread of COVID-19 through the implementation of social distancing at all lev of society.
 - Older people and people with severe chronic conditions should take special precautions because they are higher risk of developing serious COVID-19 illness.
 - If you are a healthcare provider, use your judgment 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 clin 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 with 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 car yourself and follow recommended infection control procedures.
 - People who get a fever or cough should consider whether they might have COVID-19, depending on where live, their travel history or other exposures. More than half of the U.S. 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 home without medical care.
 - For people who are ill with COVID-19, but are not sick enough to be hospitalized, please follow CDC guidan
 on how to reduce the risk of spreading your illness to others. People who are mildly ill with COVID-19 are a
 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 i
last 14 days, you will face some limitations on your movement and activity. Please follow instructions durin
this time. Your cooperation is integral to the ongoing public health response to try to slow spread of this vi

COVID-19 Emergence

COVID-19 is caused by a coronavirus. Coronaviruses are a large family of viruses that are common in people and made different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people at then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins bats. The sequences from U.S. patients are similar to the one that China initially posted, suggesting a likely single, recemergence of this virus from an animal reservoir.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a laseafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequent reported outside Hubei and in countries outside China, including in the United States. Some international destination now have ongoing community spread with the virus that causes COVID-19, as do some parts of the United States. Community spread means some people have been infected and it is not known how or where they became exposed Learn more about the spread of this newly emerged coronavirus.

Severity

The complete clinical picture with regard to COVID-19 is not fully known. Reported illnesses have ranged from very meaning to some with no reported symptoms) to severe, including illness resulting in death. While information so far suggests that most COVID-19 illness is mild, a report out of China suggests serious illness occurs in 16% of cases. Older people and people of all ages with severe chronic medical conditions — like heart disease, lung disease and diabetes, for example — seem to be at higher risk of developing serious COVID-19 illness. A CDC Morbidity & Mortalis Weekly Report that looked at severity of disease among COVID-19 cases in the United States by age group found that of deaths were among adults 65 years and older with the highest percentage of severe outcomes occurring in people years and older.

Learn more about the symptoms associated with COVID-19.

COVID-19 Pandemic

A pandemic is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreaworldwide.

The virus that causes COVID-19 is infecting people and spreading easily from person-to-person. Cases have been detected in most countries worldwide and community spread is being detected in a growing number of countries. On March 11, the COVID-19 outbreak was characterized as a pandemic by the WHO .

This is the first pandemic known to be caused by the emergence of a new coronavirus. In the past century, there have been four pandemics caused by the emergence of novel influenza viruses. As a result, most research and guidance around pandemics is specific to influenza, but the same premises can be applied to the current COVID-19 pandemic. Pandemics of respiratory disease follow a certain progression outlined in a "Pandemic Intervals Framework." Pandem begin with an investigation phase, followed by recognition, initiation, and acceleration phases. The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses. Different countries can be in different phases of the pandemic at any point in time and different parts of same country can also be in different phases of a pandemic.

There are ongoing investigations to learn more. This is a rapidly evolving situation and information will be updated as becomes available.

Risk Assessment

Risk depends on characteristics of the virus, including how well it spreads between people; the severity of resulting illness; and the medical or other measures available to control the impact of the virus (for example, vaccines or medications that can treat the illness) and the relative success of these. In the absence of vaccine or treatment medications, nonpharmaceutical interventions become the most important response strategy. These are community interventions that can reduce the impact of disease.

The risk from COVID-19 to Americans can be broken down into risk of exposure versus risk of serious illness and dea

Risk of exposure:

- The immediate risk of being exposed to this virus is still low for most Americans, but as the outbreak expands, t risk will increase. Cases of COVID-19 and instances of community spread are being reported in a growing numb states.
- People in places where ongoing community spread of the virus that causes COVID-19 has been reported are at elevated risk of exposure, with the level of risk dependent on the location.
- Healthcare workers caring for patients with COVID-19 are at elevated risk of exposure.
- Close contacts of persons with COVID-19 also are at elevated risk of exposure.
- Travelers returning from affected international locations where community spread is occurring also are at elevarisk of exposure, with level of risk dependent on where they traveled.

Risk of Severe Illness:

Early information out of China, where COVID-19 first started, shows that some people are at higher risk of getting versick from this illness. This includes:

- Older adults, with risk increasing by age.
- People who have serious chronic medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease

CDC has developed guidance to help in the risk assessment and management of people with potential exposures to COVID-19.

What May Happen

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 community, most of the U.S. population will be exposed to this virus.

Widespread transmission of COVID-19 could translate into large numbers of people needing medical care at the same time. Schools, childcare centers, and workplaces, may experience more absenteeism. Mass gatherings may be sparsed attended or postponed. Public health and healthcare systems may become overloaded, with elevated rates of hospitalizations and deaths. Other critical infrastructure, such as law enforcement, emergency medical services, and sectors of the transportation industry may also be affected. Healthcare providers and hospitals may be overwhelmed this time, there is no vaccine to protect against COVID-19 and no medications approved to treat it. Nonpharmaceutic interventions will be the most important response strategy to try to delay the spread of the virus and reduce the importance.

CDC Response

Global efforts at this time are focused concurrently on lessening the spread and impact of this virus. The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this public health threat.

Highlights of CDC's Response

- CDC established a COVID-19 Incident Management System on January 7, 2020. On January 21, CDC activated its Emergency Operations Center to better provide ongoing support to the COVID-19 response.
- The U.S. government has taken unprecedented steps with respect to **travel** in response to the growing public h threat posed by this new coronavirus:
 - Foreign nationals who have been in China, Iran, the United Kingdom, Ireland and any one of the 26 Europe countries in the Schengen Area within the past 14 days cannot enter the United States.
 - U.S. citizens, residents, and their immediate family members who have been any one of those countries wi in the past 14 days can enter the United States, but they are subject to health monitoring and possible quarantine for up to 14 days.
 - People at higher risk of serious COVID-19 illness avoid cruise travel and non-essential air travel.
 - CDC has issued additional specific travel guidance related to COVID-19.
- CDC has issued clinical guidance, including:
 - Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19).
 - Infection Prevention and Control Recommendations for Patients, including guidance on the use of personal protective equipment (PPE) during a shortage.
- CDC also has issued guidance for other settings, including:
 - Preparing for COVID-19: Long-term Care Facilities, Nursing Homes
 - Discontinuation of Home Isolation for Persons with COVID-19

- CDC has deployed multidisciplinary teams to support state health departments in case identification, contact tracing, clinical management, and public communications.
- CDC has worked with federal partners to support the safe return of Americans overseas who have been affected COVID-19.



This is a picture of CDC's laboratory test kit for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). CDC tests are provided to U.S. state and local public health laboratories, Department of Defense (DOD) laboratories and select international laboratories.



- An important part of CDC's role during a public health emergency is to develop a test for the pathogen and equi state and local public health labs with testing capacity.
 - CDC developed an rRT-PCR test to diagnose COVID-19.
 - As of the evening of March 17, 89 state and local public health labs in 50 states, the District of Columbia, Go and Puerto Rico have successfully verified and are currently using CDC COVID-19 diagnostic tests.
 - Commercial manufacturers are now producing their own tests.
- CDC has grown the COVID-19 virus in cell culture, which is necessary for further studies, including for additional genetic characterization. The cell-grown virus was sent to NIH's BEI Resources Repository for use by the broascientific community.

• CDC also is developing a serology test for COVID-19.

Other Available Resources

The following resources are available with information on COVID-19

• World Health Organization, Coronavirus 🖸

Page last reviewed: March 21