



COVID-19 Daily Situational Update

April 15, 2020

Situation in Oregon

There have been 33 new cases and 3 new deaths reported in Oregon within the past 24 hours. This is the lowest number of new daily cases in Oregon since March 24.

Counties with the highest case counts are: Multnomah – 430 Washington – 364, Marion – 294, Clackamas – 142, Deschutes – 55, Linn – 53, Jackson – 47, Lane – 44, Yamhill – 32, Polk – 30, Klamath – 26, Benton – 25, Douglas – 20, Josephine – 19, Umatilla – 17

Oregon Health Authority has released updated data on COVID-19 cases in the state. The most common clinical signs among Oregon cases are cough (66.1%) and fever (50.1%), followed by shortness of breath (42.3%) and muscle aches (41.7%). The most common risk factors are having underlying conditions (35.3%) and having contact with a confirmed case (27.7%). Close to 18% are associated with a congregate living situation and 16.7% are healthcare workers.

Yesterday, Governor Brown introduced a framework for reopening public life and business in Oregon. She emphasized that the disease will control the timing and that the best path forward is a cautious one. Oregon must first slow the growth of COVID-19, as well as acquire adequate personal protective equipment to protect health care workers and first responders. Once those prerequisites are met, Oregon can begin to reopen by: (1) ramping up testing capacity in every region of the state, (2) developing robust contact tracing systems, and (3) establishing an effective quarantine and isolation program for people who test positive. Developing additional plan details will be a collaborative process with input from various sectors throughout Oregon.

Situation in the US

The number of cases/deaths reported in the US by the CDC increased by 26,385 cases and 2,330 deaths in the past 24 hours.

The northeast is the current epicenter within the US with New York, New Jersey, Massachusetts, Pennsylvania, and Connecticut accounting for 56% of total cases and 53% of new cases reported in the past 24 hours.

Fourteen states are reporting 10,000 or more cases, with nine of these states reporting over 20,000 cases.

- New York (201,834)
- New Jersey (68,824)
- Massachusetts (28,163)
- Michigan (27,001)
- Pennsylvania (25,345)
- California (23,338)
- Illinois (23,247)
- Louisiana (21,518)
- Florida (20,984)
- Georgia (14,766)
- Texas (14,624)
- Connecticut (13,989)
- Washington (10,694)
- Maryland (10,032)

Oregon Case Counts

Cases	1,663
Deaths	58
Counties reporting cases	31

As of 4/15/20, 8:00 am PST

Source: OHA

US Case Counts

Total cases	605,390
Total deaths	24,582
Jurisdictions reporting cases	55*

As of 4/14/20, 4 pm EST

Source: CDC

Data excludes cases among persons repatriated from Wuhan and the Diamond Princess Cruise

* All 50 states, District of Columbia, Puerto Rico, US Virgin Islands, Guam, Northern Marianas

An additional six states are reporting between 5,000 and 10,000 cases. Overall, 41 (82%) states plus the District of Columbia are reporting at least 1,000 cases.

At a press briefing yesterday, President Trump announced that he has directed his administration to suspend US government funding for the World Health Organization (WHO) for 60-90 days while a review of WHO's handling of the pandemic is conducted. The US is the largest single government donor to WHO's budget; it accounted for approximately 20% of WHO's budget in the 2018-19 two-year budget cycle. It is unclear at this point how much of US government funding to the WHO will be suspended.

The US Department of Health and Human Services announced that it finalized contracts with seven companies to produce mechanical ventilators for the national COVID-19 response. Combined with previous federal ventilator contracts, US companies have committed to producing 6,190 ventilators by May 8; 29,510 by June 1; and 137,431 by the end of 2020. These units will be allocated to the Strategic National Stockpile which will then distribute them to support state-level responses

Situation Worldwide

Total global case count grew by 70,082 new cases and 5,989 new deaths between the April 14th and April 15th WHO Situational reports.

The United States continues to have the highest case total, representing 30% of total global cases and 35% of new cases in the last 24 hours. The largest current epidemics outside the US are:

- Spain (172,541 cases; 18,056 deaths)
- Italy (162,488 cases; 21,069 deaths)
- Germany (127,584 cases; 3,254 deaths)
- France (102,533 cases; 15,708 deaths)
- United Kingdom (93,877 cases; 12,107 deaths)
- Iran (74,877 cases; 4,683 deaths)
- Turkey (65,111 cases; 1,403 deaths)

Other countries with an increase of 500+ new cases in the past day include: Belgium, the Netherlands, Russia, Portugal, Israel, Ireland, India, Canada, and Brazil.

In the European Region, Spain has the highest total case count and France has the highest number (5,483) of new cases in the past 24 hours. Crude case fatality ratio for the region is 8.7%

In the Region of the Americas, the US has both the highest case count and the highest number of new cases in the past 24 hours. Canada is a distant second in both counts. Crude case fatality ratio for the region is 4.1%

In the Western Pacific Region, China has the highest total case count (83,745) and Japan has the highest number of new cases in the past 24 hours (455). Crude case fatality ratio for the region is 3.4%.

In the Eastern Mediterranean Region, Iran has both the highest total case count and the highest number of new cases (1,574) in the past 24 hours. Crude fatality ratio for the region is 5.0%.

In the Southeast Asia Region, India has both the highest total case count (11,439) and the highest number of new cases (1,076) in the past 24 hours. Crude fatality ratio for the region is 4.6%.

Global Case Counts

Total cases	1,914,916
Total deaths	123,010
Countries/Territories	212
Cases by WHO Region	
European	977,596
Americas	673,361
Western Pacific	124,204
E. Mediterranean	107,389
Southeast Asia	20,287
African	11,367

As of 4/15/20, 10:00 CET

Source: WHO

Note: WHO reports lag behind current country-specific reports. Data lags in reporting for different countries and regions vary.

In the African Region, South Africa has both the highest total case count (2,415) and the highest number of new cases (143) in the past 24 hours. Crude fatality ration for the region is 4.6%.

New Research and Disease Information

CDC's Morbidity and Mortality Weekly Report (MMWR) has released several articles on COVID-19 over the past week. The following is a summary of some of these articles.

An [article](#) in the April 10 MMWR reports on evidence of presymptomatic transmission from Singapore. Based on a review of data for all 243 reported COVID-19 cases in Singapore during January 23–March 16, seven clusters were identified in which presymptomatic transmission likely occurred. Ten of the cases within these clusters were attributed to presymptomatic transmission and accounted for 6.4% of the 157 locally acquired cases reported during the time period in question. Timing of presymptomatic transmission could be determined for four clusters and occurred 1-3 days before the source patient developed symptoms.

Another [article](#) in the April 10 MMWR reports on a COVID-19 rapid sentinel surveillance project in Santa Clara County, California. Approximately one week after identifying its first case of COVID-19 associated with probable community transmission, Santa Clara County Public Health Department, along with the California Department of Public Health and CDC, began sentinel surveillance to better understand the extend of COVID-19 in the community. From March 5 - 14, four urgent care centers evaluated 226 county residents who presented with respiratory symptoms and had no recent travel or contact with a known COVID-19 case. Twenty-three percent of these patients tested positive for influenza. Among the remaining 173 patients, 79 specimens were tested for SARS-CoV-2 and 11% of those were positive.

An April 8 early release [article](#) describes a cluster of 16 COVID-19 cases in Chicago, including three deaths. The cluster likely resulted from transmission between non-household contacts at two family gatherings – a funeral and a birthday party. The index patient in this cluster appears to have transmitted infection to 10 other persons, despite having no household contacts and experiencing only mild symptoms for which medical care was not sought (patient was only tested later as part of the investigation). The authors conclude that these data illustrate the importance of physical distancing, even within extended families, and that they support recommendations and executive orders limiting or prohibiting such gatherings.

An April 10 early release [article](#) examines geographic differences in COVID-19 cases, deaths, and incidence throughout the United States for the time period of Feb 12 – Apr 7. The overall cumulative COVID-19 incidence in the US was 119.6 cases per 100,000 population on April 7. Among jurisdictions in the continental United States, cumulative incidence ranged from 20.6 in Minnesota to 915.3 in New York City (NYC). Nine jurisdictions had rates above the national rate: NYC, New York, New Jersey, Louisiana, Massachusetts, Connecticut, Michigan, DC, and Rhode Island. Nationwide case doubling time on April 7 was approximately 6.5 days. Case-fatality ratios ranged from 0.7% in Utah to 5.7% in Kentucky. Approximately half (52.7%) of all deaths were reported from three jurisdictions: NYC, New York, and New Jersey.

An April 14 early release [article](#) describes COVID-19 infections among health care personnel (HCP) within the US. Of the 315,531 cases reported in the US between February 12 and April 9, 9,282 (3%) were identified as HCP, representing 19% of cases for whom HCP status was available. Age, sex, and race/ethnicity of HCP cases were similar to the overall demographics of the HCP workforce. Among those HCP cases who reported contact with a laboratory-confirmed COVID-19 patient in the 14 days before illness onset, 55% only had such contact in a health care setting, 27% only had such contact in a household setting, 13% only had such contact in a community setting, and 5% reported contact in more than one setting. Most (90%) were not hospitalized; however, severe outcomes including ICU admission and death occurred in all age groups. Although only 6% of HCP patients were aged ≥65 years, 37% of deaths occurred among persons in this age group.