

MMWR summary: COVID-19 reports

This month's MMWR selections summarize several recent observations related to SARS-Cov2-19 infection (COVID-19). At this time, COVID-19 has been reported from all 50 states and in a single week in early April, the case rate was observed to increase significantly throughout the majority of states, especially in the Northeastern US and Louisiana.¹ In the month of March, hospitalization rates were 4.6 per 100 000 population, with the highest rates occurring in those ≥ 65 years of age.² Approximately 90% of hospitalized patients had at least one comorbid condition, including obesity, hypertension, diabetes mellitus, and/or cardiovascular or chronic lung disease. Notably, early reports from New York City, New Orleans, Seattle, and San Francisco suggest that community mitigation measures, including social distancing and reduction of community mobility, may reduce the spread of infection.² Healthcare personnel are at increased risk for COVID-19 acquisition, related to both work situations following exposure to both patients and other healthcare providers as well as community exposure.³ Cases have been more commonly reported in women than men, likely reflecting the greater numbers of women working as healthcare providers. Importantly, a risk factor for acquisition in the healthcare setting

has been exposure to patients with unrecognized COVID-19, especially if the exposure was prolonged or occurred during an aerosol generating procedure.⁴

REFERENCES

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