

Health Advisory

Update on Local Epidemiology of COVID-19

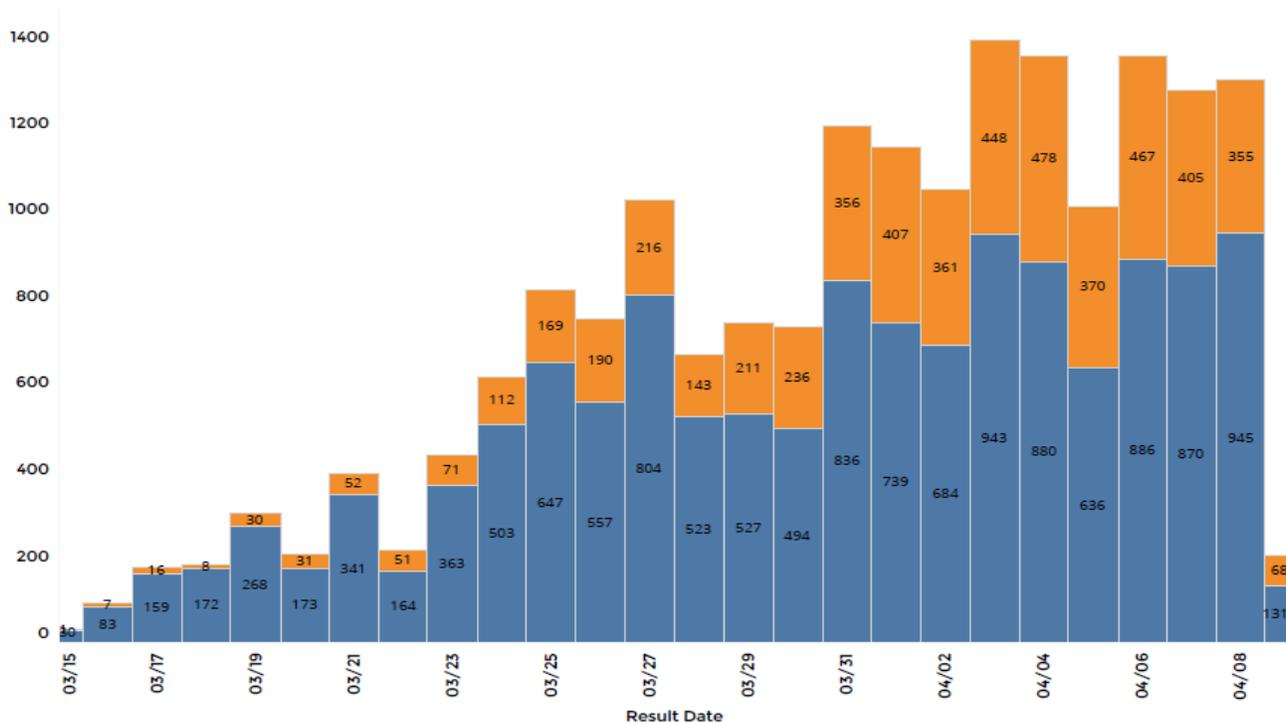
April 9, 2020

SARS-CoV-2 continues to spread widely in Philadelphia. Roughly 400 cases are being reported daily, affecting every zip code and population group in the City. Of the approximate 19,000 residents who have been tested for SARS-CoV-2 to date, 5,271 (28%) have tested positive. The rate of positivity over the past week (29%) is a significant increase from the positivity rate observed in mid-March (12%). The age distribution of laboratory-confirmed cases is as follows: 93 (2%) cases in ages <20 years, 742 (14%) in ages 20-29 years, 1001 (19%) in ages 30-39 years, 790 (15%) in ages 40-49 years, 1007 (19%) in ages 50-59 years, 829 (16%) in ages 60-69 years, 428 (9%) in ages 70-79 years, and 350 (6%) in ages 80 years and older [5 unknown DOB].

SUMMARY POINTS

- SARS-CoV-2 continues to spread widely in the community.
- Hospitalizations and deaths are disproportionately occurring in the elderly and in persons with chronic medical conditions.
- Report all hospitalized and fatal cases, confirmed or suspected due to COVID-19.

City of Philadelphia
 *New Positive Tests: 463
 Total Positive Tests: 5,271
 Total Negative Tests: 13,516



Data may be delayed several days due to reporting timeframe varying between laboratories. Past days will sometimes increase in volumes due to this delay.

Hospitals and healthcare systems are experiencing increasing demand as COVID-19 case counts grow. Because individual COVID-19 cases are no longer fully investigated by PDPH, outcome data is incomplete. However, the Health Department is aware of 501 hospitalizations to date of which 130 (26%) were admitted to an ICU. Almost 60% of those hospitalized were over the age of 60 years and 31% had significant underlying illness (cardiac, renal, pulmonary, or immunosuppressive disorders). There are currently 104 deaths attributed to COVID-19 illness. Almost two-thirds of deaths (N=66) occurred in persons over 70 years of age; sixty percent (N=65) reported underlying illness and 58% (N=60) were associated with a long-term care facility.

COVID-19 Surveillance and Reporting

In addition to surveillance of laboratory-confirmed COVID-19 cases and investigation of outbreaks in congregate living settings, the Philadelphia Department of Public Health (PDPH) is conducting enhanced surveillance of severe cases (hospitalizations and fatalities), and cases associated with high-risk settings (e.g., congregate living, healthcare). Healthcare providers, infection prevention practitioners, and other partner agencies should report the following cases immediately to PDPH by phone at 215-685-6741 (after hours: 215-686-4514).

- **Congregate settings:** All cases occurring in congregate settings, including laboratory-confirmed or suspected cases among residents and staff in long-term care facilities, behavioral health facilities, group homes, shelters, and other congregate settings.
- **Fatal cases:** All laboratory-confirmed or suspected COVID-19 fatalities without laboratory confirmation.

In addition, the following cases should be reported to PDPH via fax (215-238-6947) or telephone:

- Hospitalized patients with laboratory-confirmed COVID-19 infection (including rapid tests)
- Healthcare or essential workers with laboratory-confirmed COVID-19 infection (including rapid tests)

Facilities may use the attached COVID-19 Report Form that is also available online at https://hip.phila.gov/Portals/default/HIP/EmergentHealthTopics/nCoV/PDPH_COVID19_Report-Form_Fillable.pdf. Hospitals may also submit reports electronically. If assistance is needed, call 215-685-6741 and request additional information on electronic reporting.

Surveillance Updates: Daily COVID-19 surveillance updates are available at <https://www.phila.gov/programs/coronavirus-disease-2019-covid-19/testing-and-data/>.

COVID-19 REPORT FORM SEVERE OR HIGH-RISK SETTING CASES



Philadelphia Department of Public Health
Division of Disease Control
 Acute Communicable Disease Program
 1101 Market St 12th Flr, Philadelphia, PA 19107
Telephone (215) 685-6740 Fax (215) 238-6947
Form Available at hip.phila.gov

Use this form to report suspected and confirmed cases of novel coronavirus that are: 1) severe infections (hospitalized for ≥24 hours or fatal), 2) residents and staff in high-risk congregate settings (e.g., nursing homes, assisted living, behavioral health facilities, shelters, group homes, etc.) or 3) healthcare or essential workers.

PATIENT INFORMATION

Report Date ____/____/____	Last Name	First Name	D.O.B. ____/____/____	Age (D, W, M, Y)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Street Address			City	Zip Code	
Phone Number	Race <input type="checkbox"/> African-American <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native-American <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____		Hispanic or Latino <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	Pregnant <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK	
<input type="checkbox"/> Lives in congregate setting (Nursing home, shelter, behavioral health facility, etc.) Specify Location: _____		<input type="checkbox"/> Works in congregate setting Specify Location: _____		<input type="checkbox"/> Healthcare/essential worker Specify Location: _____	
<input type="checkbox"/> School/Daycare Specify Location: _____	<input type="checkbox"/> Travel outside of Philadelphia Location: _____ Dates: ____/____/____ to ____/____/____		Close contact with person with COVID-19 <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> DK		

HOSPITALIZATION AND LABORATORY INFORMATION

Y=Yes; N=No; DK=Don't Know

HOSPITALIZATION

Hospital Name: _____ Admission Date: ____/____/____ Discharge Date: ____/____/____ Airborne Infection Isolation Room? (Date: ____/____/____)
 _____ Hospitalized for ≥ 24 hours: Y N DK Admitted to ICU? Y N DK
 Medical Record #: _____ Diagnosing Physician: _____ Was mechanical ventilation received? Y N DK
 _____ Physician Phone #: _____ Was ECMO received? Y N DK
 Fatal? Y N DK (Date of Death: ____/____/____)

LABORATORY (Check all POSITIVE results)

Performing Laboratory Name: _____ SARS-CoV-2, RT-PCR SARS-CoV-2 Serology (IgM/IgG)
 _____ SARS-CoV-2 Rapid Molecular Assay Other SARS-CoV-2 Assay
 Specimen Collection Date: ____/____/____ SARS-CoV-2 Rapid IgM/IgG Assay (specify: _____)
 Source (if not nasopharynx): _____ SARS-CoV-2 Rapid Antigen Assay

ADDITIONAL CLINICAL INFORMATION

SYMPTOMS

Fever, Highest temp (F): _____ Diarrhea Runny Nose
 Onset Date: ____/____/____ Abdominal Pain Headache Nausea Fatigue
 _____ Chills Muscle Aches Vomiting Other, Specify: _____
 Cough Shortness of Breath Sore Throat

MEDICAL COMPLICATIONS

None Acute Respiratory Distress Syndrome (ARDS) Pneumonia (X-ray confirmed) Other, Specify: _____

UNDERLYING CONDITIONS

None Immunosuppression, Specify: _____ Other, Specify: _____
 Asthma Chronic Renal Disease
 Cardiovascular Disease Chronic Liver Disease
 Chronic Lung Disease (COPD/emphysema) Current Smoker
 Diabetes Former Smoker

REPORTER INFORMATION

Facility Name	Reporter Name	Reporter Phone #	Title: <input type="checkbox"/> ICP <input type="checkbox"/> DO/MD <input type="checkbox"/> PA/NP <input type="checkbox"/> RN <input type="checkbox"/> Other, Specify: _____
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Please fax report to (215) 238-6947 upon completion. If case is associated with a suspect outbreak, please indicate on form.