

Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

June 23, 2020

- As of June 23, 2020, DCHHS is reporting 445 additional cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 17,744, including 324 deaths.
- Of the 2,314 cases requiring hospitalization to date, two-thirds (69%) were under 65 years of age, and about half did not have any chronic health conditions. Diabetes has been an underlying high-risk health condition reported in about a third of all hospitalized patients with COVID-19.
- An increasing proportion of COVID-19 cases are being diagnosed in young adults between 18 to 40 years of age, such that of all cases reported after June 1st, more than half have been in this age group.
- The age-adjusted rates of confirmed COVID-19 cases in non-hospitalized patients have been highest among Hispanics (667.4 per 100,000), Asians (187.4 per 100,000) and Blacks (136.4 per 100,000). These rates have been higher than Whites (43.8 per 100,000). Over 60% of overall COVID-19 cases to date have been Hispanic.
- Of cases requiring hospitalization who reported employment, over 80% have been critical infrastructure workers, with a broad range of affected occupational sectors, including: healthcare, transportation, food and agriculture, public works, finance, communications, clergy, first responders and other essential functions.
- Thirty-five percent (35%) of deaths have been associated with long-term care facilities.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 was 23.2% at area hospitals in week 24.

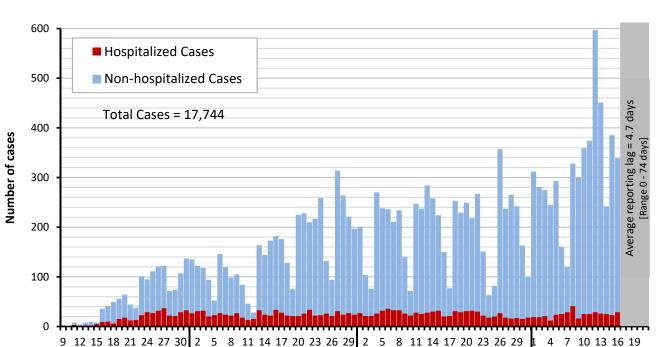


Figure 1. Daily COVID-19 cases by date of test collection, Dallas County: March 10 – June 23, 2020 1-4

1. Data received as of 8:00 pm, June 22, 2020, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.

April

May

June

- 2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 4.7 days, with a range from 0 74 days.
- 3. The validity of results based on antibody tests is not yet known. This summary report includes only confirmed cases based on PCR test results.
- 4. Bars are the number of positive PCR tests which were collected that day.

March

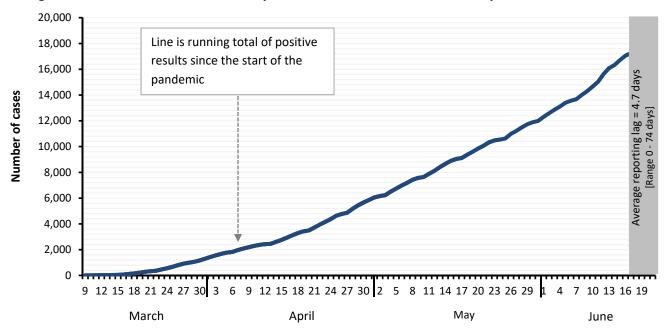


Figure 2. Cumulative COVID-19 cases by date of test collection, Dallas County: March 10 – June 23, 2020¹⁻²

Table 1. Source of laboratory testing for confirmed cases of COVID-19, Dallas County

Source of Laboratory Testing for Reported Positive PCR Tests	# Tests (N=17,744)	% of Total Cases
Commercial or Hospital Laboratory*	16,728	94%
Dallas LRN Laboratory	844	5%
Other Public Health Laboratory	172	1%

^{*} Includes: AIT, ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple hospital laboratories

Table 2. Characteristics of cumulative confirmed COVID-19 cases, Dallas County: March 9 – June 23, 2020

		Number	% of Total Cases+
Total Cases in Dallas County resider	N = 17,744	100%	
	0 to 17	1,544	9%
Age Group (years)	18 to 40	7,776	43%
Age Group (years)	41 to 64	6,479	37%
	≥65	1,835	11%
Sav	Female	8,586	49%
Sex	Male	8,805	51%
Not Hospitalized (Includes: Outpatien	15,430	87%	
Ever Hospitalized		2,314	13%

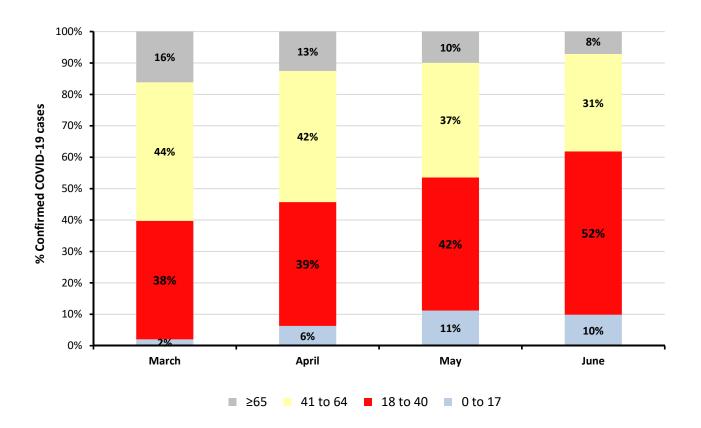
⁺Percentages calculated among cases with known age/sex

^{1.} Data received as of 8:00 pm, June 22, 2020, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.

^{2.} Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 4.7 days, with a range from 0 – 74 days.

Figure 3. Number of confirmed COVID-19 cases by age group and month of collection, Dallas County

Age Group (in years)	0 to 17		18 to	40	41 t	o 64	≥65		
Month of Diagnosis	N	%	N	%	N	%	N	%	
March	26	2%	493	38%	576	44%	211	16%	
April	285	6%	1,791	39%	1,897	42%	570	13%	
May	682	11%	2,590	42%	2,230	37%	607	10%	
June (through 6/22)	544	10%	2,847	52%	1,713	31%	420	8%	



^{1.} Data received as of 8:00 pm, June 22, 2020, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.

^{2.} Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 4.7 days, with a range from 0 – 74 days.

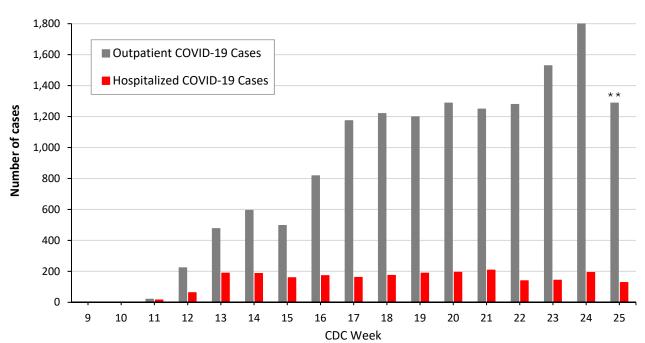


Figure 4. Non-hospitalized and hospitalized COVID-19 Cases by week of test collection, Dallas County: September 2019 through week ending June 20, 2020 (CDC Week 25)*

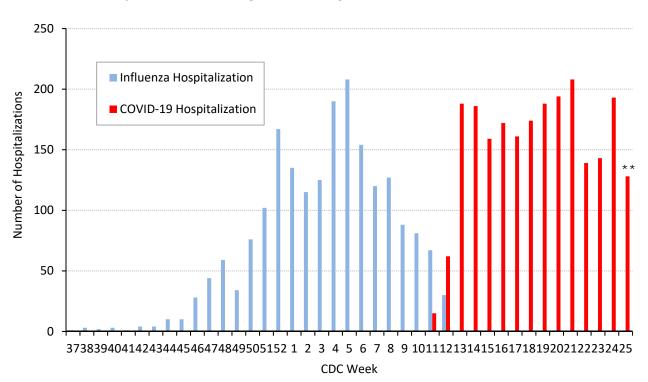


Figure 5. Influenza and COVID-19 hospitalizations by week of admission, Dallas County: September 2019 through week ending June 20, 2020 (CDC Week 25)*

^{*} Non-hospitalized includes all patients not admitted to acute-care hospitals (e.g. outpatient, urgent care, drive-through, ED-only, LTCF) and diagnosed with confirmed COVID-19 by PCR testing. All data are preliminary and subject to change as cases continue to be received and investigated.

^{**} Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results.

^{*} Hospitalized Dallas County residents diagnosed with confirmed COVID-19 by PCR testing. All data are preliminary and subject to change as cases continue to be received and investigated.

^{**} Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results.

Table 3. Characteristics of cumulative hospitalized confirmed COVID-19 cases,
Dallas County: March 10 – June 23, 2020

	·	Hospitalized Cases	%	
Ever Hospitalized		N = 2,314	13% of Total Cases	
Admitted to Intensive	Care Unit	657	28%	
Mechanical Ventilation	n	376	16%	
Cov	Male	1,268	55%	
Sex	Female	1,045	45%	
	0-17	38	2%	
Ago Croup (voors)	18-40	476	21%	
Age Group (years)	41-64	1,077	46%	
	≥65	723	31%	
Presence of ≥1 high risk of	condition	1,242	54%	
Diabetes		731	32%	
Lung Disease (e.g. CO	PD, asthma)	265	11%	
Heart Disease (e.g. CF	IF)	311	13%	
Kidney Disease (e.g. E	SRD, dialysis)	262	11%	
Cancer, Immune-com	promise	183	8%	
Pregnancy		68	3%	
	White	345	15%*	
	Hispanic	1,175	51%*	
Race/ Ethnicity	Black	491	21%*	
	Other	93	4%*	
	Non-reported/ Unknown	210	9%	

^{*} Percentages can also be calculated to exclude cases for which race/ethnicity was not reported

Table 4. Characteristics of cumulative confirmed COVID-19 deaths,
Dallas County: March 10 – June 23, 2020

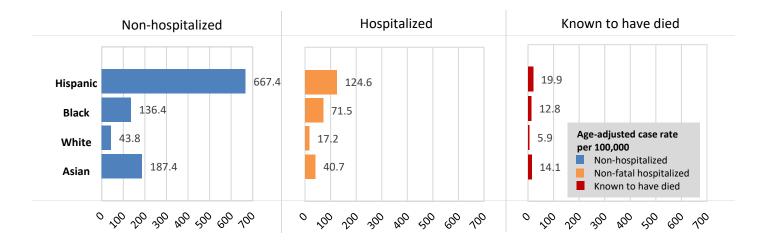
Death classified as confirmed		Confirmed Deaths	% ¹		
County resident with a positi are obtained from ME office,	hospitals, and vital statistics.	N = 324	2% of Total Cases		
Sov	Male	214	66%		
Sex	Female	110	34%		
	17-40	20	6%		
Age Group (years)	41-64	91	28%		
	≥65	213	66%		
Resident of a Long-Term (Care Facility	115	35%		
Presence of ≥1 high risk co	ondition	219	73%		
Diabetes		129	43%		
Race/ Ethnicity	White	100	31% (29% of population) ²		
	Hispanic	131	40% (41% of population) ²		
Black		76	23% (24% of population) ²		
	Asian	11	3% (7% of population) ²		

 $^{^{1}}$ Percentages calculated among those with known underlying health conditions or race/ethnicity as reported by medical provider

² 2019 U.S. Census population estimates for Dallas County

Figure 6. Age-adjusted rates of lab confirmed COVID-19 non-hospitalized cases, hospitalized cases, and patients known to have died (per 100,000 population by race/ethnicity),

Dallas County: March 10 – June 9, 2020



	Race/Ethnicity	Non-hospitalized	Hospitalized	Known to have died
	Hispanic	667.4	124.6	19.9
Age-adjusted case rate per	Black	136.4	71.5	12.8
100,000	White	43.8	17.2	5.9
	Asian	187.4	40.7	14.1
	Hispanic	6,672	933	101
Count of cases	Black	814	400	63
count of cuses	White	695	275	91
	Asian	333	50	11
	Hispanic	78.4%	56.3%	38.0%
Percent of known race/ethnicity	Black	9.6%	24.1%	23.7%
	White	8.2%	16.6%	34.2%
·	Asian	3.9%	3.0%	4.1%

RACIAL DEMOGRAPHIC					
DATA COMPLETE FOR					
81% of cases					
90% of hospitalizations					
97% of deaths					

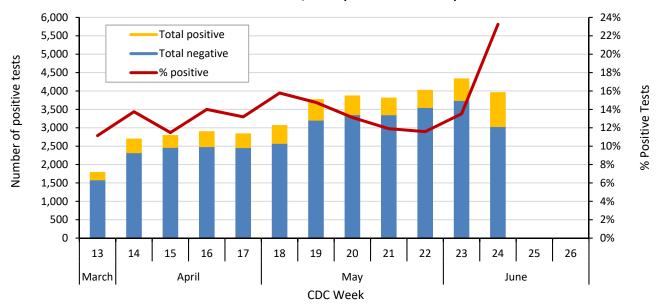
- 1. Data received as of 8:00 pm, June 8, 2020, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
- 2. Data on persons who identify as American Indian/Alaska Native, Native Hawaiian/ Pacific Islander, or other race are not shown. Hispanic/Latino includes people of any race.
- 3. The rate of non-hospitalized and hospitalized cases shows patients not known to have died. The three categories shown are not mutually exclusive.
- 4. For non-fatal, non-hospitalized data, race/ethnicity data comes from laboratory reports, and laboratories often do not have access to race/ethnicity information.
- 5. We are including and reporting here all deaths that we are aware of that are laboratory positive or probable COVID-19, not just those with known race and ethnicity.
- 6. The health department continues to seek ways to improve the completeness of race/ethnicity information, including matching to other known internal and external surveillance databases with timely race/ethnicity data.

Table 5. Respiratory virus testing by North Texas hospitals: March 29 – June 13, 2020 (CDC Weeks 14-24)¹⁻²

Week En	ding	4/4	4/11	4/18	4/25	5/2	5/9	5/16	5/23	5/30	6/6	6/13
SARS-CoV-2	Positive	370	320	405	374	483	555	507	453	465	585	919
Novel	Total Tests	2,692	2,789	2,893	2,835	3,060	3,762	3,865	3,807	4,017	4,328	3,953
Coronavirus	% Positive	13.7%	11.5%	14.0%	13.2%	15.8%	14.8%	13.1%	11.9%	11.6%	13.5%	23.2%
	Positive	5	1	0	1	0	0	0	0	0	0	0
Influenza	Total Tests	1,067	328	560	454	325	337	315	277	233	235	206
	% Positive	0.4%	0.3%	0%	0.2%	0%	0%	0%	0%	0%	0%	0%
Seasonal	Positive	9	1	1	0	0	0	0	0	1	0	0
(non-SARS-2)	Total Tests	545	313	456	214	119	133	135	113	76	97	94
Coronavirus	% Positive	1.7%	0.3%	0.2%	0%	0%	0%	0%	0%	1.3%	0%	0%
A -l	Positive	11	5	3	2	3	2	5	3	1	2	3
Adenovirus (respiratory)	Total Tests	560	313	440	374	246	281	252	255	198	217	183
(respiratory)	% Positive	2.0%	1.6%	0.7%	0.5%	1.2%	0.7%	2.0%	1.2%	0.5%	0.9%	1.6%
Matannauma	Positive	29	15	6	2	1	2	0	0	0	0	0
Metapneumo- virus	Total Tests	630	313	444	374	246	281	252	255	198	217	183
VII us	% Positive	4.6%	4.8%	1.4%	0.5%	0.4%	0.7%	0%	0%	0%	0%	0%
Dhin a day a	Positive	43	19	20	17	10	7	3	5	5	6	6
Rhinovirus/ Enterovirus	Total Tests	630	313	444	374	246	281	252	255	198	217	184
Litterovirus	% Positive	6.8%	6.1%	4.5%	4.5%	4.1%	2.5%	1.2%	2.0%	2.5%	2.8%	3.3%
	Positive	7	1	1	0	1	2	0	0	0	0	0
RSV	Total Tests	763	370	461	382	250	282	258	262	200	218	187
	% Positive	0.5%	0.3%	0.2%	0%	0.4%	0.7%	0%	0%	0%	0%	0%

Data sources: National Respiratory and Enteric Virus Surveillance System and an additional subset of hospitals voluntarily reporting surveillance data directly to DCHHS. Testing denominators include out-of-county patients and testing performed only through hospitals in Dallas County. (Does not include FEMA drive-thru clinics). Data are incomplete for the most recent dates.

Figure 7. SARS-CoV-2 novel coronavirus positive tests reported to DCHHS by hospital laboratories: March 22 – June 13, 2020 (CDC Weeks 13-24)¹⁻²



- 1. Data received as of 8:00 pm yesterday. All data are preliminary and subject to change as cases continue to be received and investigated.
- 2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result.

Table 6. Transmission risk factors for cumulative confirmed COVID-19 cases, Dallas County

Exposure Risk Factor	Cases (N= 17,744)	% of Total Cases
International Travel	61	0.3%
Domestic Travel (Out-of-state)	128	0.7%
Cruise Ship Travel	10	0.1%
Long-Term Care Facility (Resident)	611	3.4%
County Jail (Inmate)	518	2.9%
State Jail (InmateTDCJ COVID-19 Medical Action Center)*	84	0.5%
Homeless Shelter	48	0.3%
Meat/Food Processing Facilities	304	1.7%
Close contact or Presumed Community Transmission**	15,980	90.1%

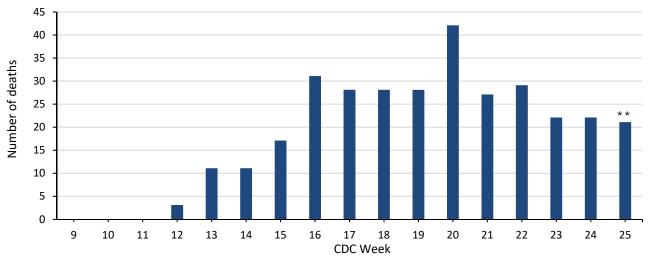
^{*}TDCJ cases are under the jurisdiction of the Texas Department of State Health Services

Table 7. Summary of weekly COVID-19 hospitalizations and deaths from Dallas County hospitals,
Vital Statistics and Medical Examiner's office 1-4

Week Ending	04/11	04/18	04/25	05/02	05/09	05/16	05/23	05/30	06/06	06/13	06/20	9/08/19-
CDC Week	15	16	17	18	19	20	21*	22*	23*	24*	25*	Present
COVID-19 hospitalizations ¹	159	172	161	174	188	194	208	139	143	193	128	2,314
COVID-19 ICU admissions ¹	61	47	50	49	54	47	48	42	37	33	22	657
Probable COVID-19-associated deaths ²	0	0	0	0	0	0	0	0	0	0	0	0
Confirmed COVID-19-associated deaths ³	17	31	28	28	28	42	27*	29*	22*	22*	21*	324

^{*} All data are preliminary and subject to change as cases continue to be received and investigated.

Figure 8. Confirmed COVID-19-associated deaths by week of death, Dallas County: March 2019 through week ending June 20, 2020 (CDC Week 25)*



^{*} Dallas County residents diagnosed with confirmed COVID-19 by PCR testing.

^{**}Includes: household transmission, and cases with no other exposure risk factors identified

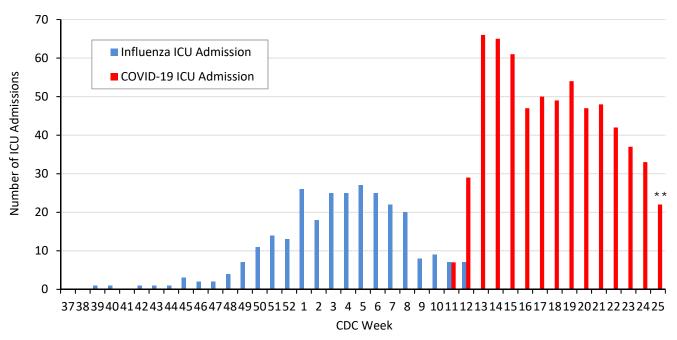
¹Reflects all COVID-19-associated hospitalizations and intensive care unit admissions reported from area hospitals within Dallas County by week of admission. Hospitalizations are inclusive of ICU admissions. Data are preliminary and include reports received as of 8:00 pm yesterday.

² Probable COVID-19 deaths as defined by CSTE interim case classification criteria--meeting vital records criteria without PCR laboratory confirmation.

³ Confirmed COVID-19 deaths as defined by a positive PCR test *and* any of the following: (1) death certificate denotation, (2) medical record documentation of compatible symptoms and clear progression from illness to death, or (3) determination by the County Medical Examiner's office (ME) of no alternate cause of death. Does not include possible COVID-19 -associated deaths with pending determination of cause of death.

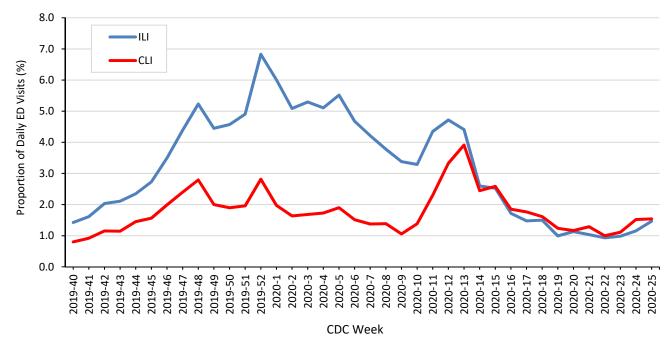
^{**} All data are preliminary and subject to change as cases continue to be received and investigated.

Figure 9. Intensive care unit hospitalizations for influenza and COVID-19 by week of admission, Dallas County: September 2019 through week ending June 20, 2020 (CDC Week 25)*



^{*} New ICU admissions of Dallas County residents reported with confirmed COVID-19 by PCR testing as of 8:00 pm yesterday.

Figure 10. Syndromic surveillance of emergency department visits for COVID-like illness (CLI)* and Influenza-like illness (ILI)**, Dallas County: September 29, 2019 – June 20, 2020



ESSENCE Data is from 18 hospital emergency departments voluntarily reporting numbers of persons presenting with self-reported chief complaints.

^{**} All data are preliminary and subject to change as cases continue to be received and investigated.

^{*} CLI is defined as chief complaint of fever and cough or shortness of breath or difficulty breathing.

^{**}ILI is defined as chief complaint of fever and cough or sore throat or mention of influenza.

Table 8. Occupations of hospitalized patients with confirmed COVID-19, Dallas County, 3/10 - 6/22/20

	•	ized Cases al Employed
Occupation	Position	Sector
Critical Infrastructure Workers*		618 (83%)
Healthcare and Public Health		99 (13%)
Nurse, LVN, CNA	15	
Physician	4	
Other: Dentist, dietary, home health, medical assistant, mental health, PCT	80	
Transportation and Logistics		80 (13%)
Airline/Airport	12	
Parcel or postal delivery	10	-
Cab/rideshare or bus driver	16	-
Other: Mechanic, truck driver, freight, railroad	42	
Food and Agriculture		125 (17%)
Grocery	25	, ,
Restaurant	49	
Other: Food processing, production, supply	51	
Other Community/Government Essential Functions		34 (5%)
Clergy (Pastor, priest)	7	, ,
Education (Teacher, administration)	10	
Judicial system (Attorney)	7	1
Other: Real estate services, shelter services, government operations	11	
Public Works and Infrastructure Support Services		88 (12%)
Construction/Contractor	52	,
Other: Waste disposal, landscaping, maintenance	36	
Financial (Accounting, bank, insurance)		33 (4%)
Communications and Information Technology		14 (2%)
Commercial Facilities (Building materials, painting, warehouse)		47 (6%)
Hygiene Services (Custodian, housekeeping)		33 (4%)
Law Enforcement, Public Safety, First Responders		18 (2%)
Critical Manufacturing (Manufacturing metal, packaging)		23 (3%)
Energy/Utilities (Electricity, petroleum, gas)		11 (1%)
Non-Critical Infrastructure Workers (Includes retail, personal services)		91 (12%)
Employed (position not reported)		33 (4%)
Total reporting any employment		742
Non-Employed (Includes retired, child, homemaker, etc.)		777
Student (≥18 years old)		17
Not reported		776
Total hospitalized		2,312

^{*} Includes only residents of Dallas County with self-reported occupational information. All data is preliminary and subject to change.

^{**}CISA Advisory Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, v3.1, May 19, 2020 https://www.cisa.gov/sites/default/files/publications/Version 3.1 CISA Guidance on Essential Critical Infrastructure Workers.pdf.

Table 9. Cumulative COVID-19 cases by city of residence within Dallas County as of June 23, 2020 (e.g. Does not include cases who reside in portions of cities which are not within Dallas County.)

City of Residence	Cases (N=17,744)	% of Total Cases
Addison	65	0.4%
Balch Springs	160	0.9%
Carrollton	301	1.7%
Cedar Hill	245	1.4%
Cockrell Hill	36	0.2%
Combine	3	0.0%
Coppell	73	0.4%
Dallas	9,944	56.0%
DeSoto	301	1.7%
Duncanville	271	1.5%
Farmers Branch	196	1.1%
Ferris	1	0.0%
Garland	1,620	9.1%
Glenn Heights	39	0.2%
Grand Prairie	729	4.1%
Highland Park	21	0.1%
Hutchins	89	0.5%
Irving	1,769	10.0%
Lancaster	260	1.5%
Mesquite	916	5.2%
Richardson	277	1.6%
Rowlett	164	0.9%
Sachse	32	0.2%
Seagoville	119	0.7%
Sunnyvale	24	0.1%
University Park	34	0.2%
Wilmer	53	0.3%
Wylie	2	0.0%

CDC Priorities for COVID-19 Testing (rev. date: 5/3/20)

(See CDC Guidance for Evaluating and Reporting Persons Under Investigation (PUI) at:

https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html)

High Priority

- Hospitalized patients with symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders with symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, **with** symptoms

Priority

- Persons with symptoms of potential COVID-19 infection, including: fever, cough, shortness
 of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore
 throat.
- Persons without symptoms who are prioritized by health departments or clinicians, for any
 reason, including but not limited to: public health monitoring, sentinel surveillance, or
 screening of other asymptomatic individuals according to state and local plans.

Many Thanks to:

Our area hospitals and healthcare providers for reporting lab-confirmed COVID-19 cases

Our DCHHS Case and Contact Investigations Team volunteers from:

Dallas County Medical Society

UT Southwestern Medical School

Texas A&M College of Medicine

UTHealth School of Public Health

Retired School Nurses

New COVID-19 cases are reported as a daily aggregate, with this cumulative summary updated Tuesdays and Fridays.

DCHHS COVID-19 Summaries and Case Report Form are accessible at: https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php

DCHHS Acute Communicable Disease Epidemiology Division: COVID-19@dallascounty.org