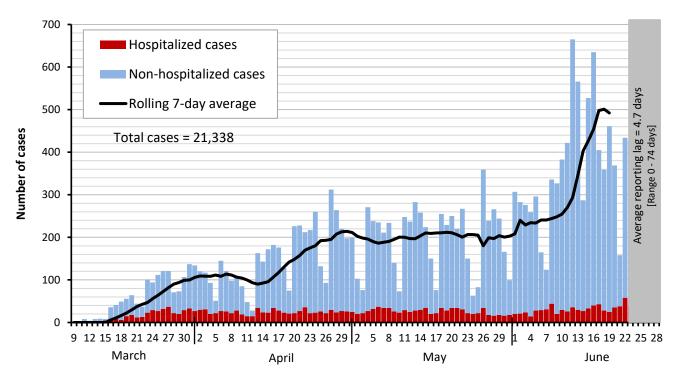


# Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

June 30, 2020

- As of June 30, 2020, DCHHS is reporting 601 additional cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 21,338, including 373 deaths.
- 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 1<sup>st</sup>, 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.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 increased to 27.7% at area hospitals in week 25.
- Of the 2,718 cases requiring hospitalization to date, over 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.
- 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-four percent (34%) of deaths have been associated with long-term care facilities.

Figure 1. Daily COVID-19 cases by date of test collection, Dallas County: March 10 – June 30, 2020 1-4



- 1. Data received as of 8:00 pm, June 29, 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.
- 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.
- 5. Rolling 7-day average is the average number of new confirmed COVID-19 cases collected 7 days prior to value.

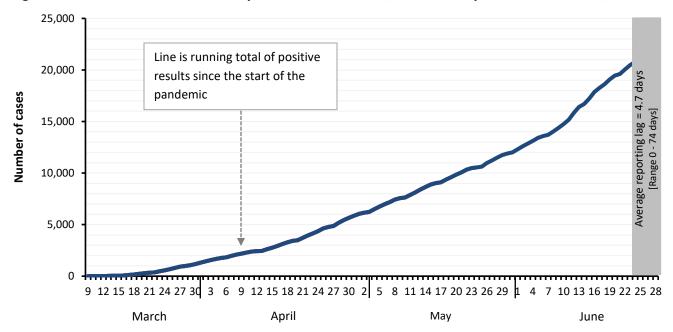


Figure 2. Cumulative COVID-19 cases by date of test collection, Dallas County: March 10 – June 30, 2020 1-2

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

Source of Laboratory Testing for Reported Positive PCR Tests	# <b>Tests</b> (N=21,338 <b>)</b>	% of Total Cases
Commercial or Hospital Laboratory*	20,043	94%
Dallas LRN Laboratory	1,031	5%
Other Public Health Laboratory	264	1%

<sup>\*</sup> 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 30, 2020

		Number	% of Total Cases+
Total Cases in Dallas County resider	N = 21,338	100%	
	0 to 17	1,871	9%
Age Crown (weeks)	18 to 40	9,608	45%
Age Group (years)	41 to 64	7,615	36%
	≥65	2,128	10%
Sov	Female	10,416	50%
Sex	Male	10,533	50%
Not Hospitalized (Includes: Outpatien	18,620	87%	
Ever Hospitalized	2,718	13%	

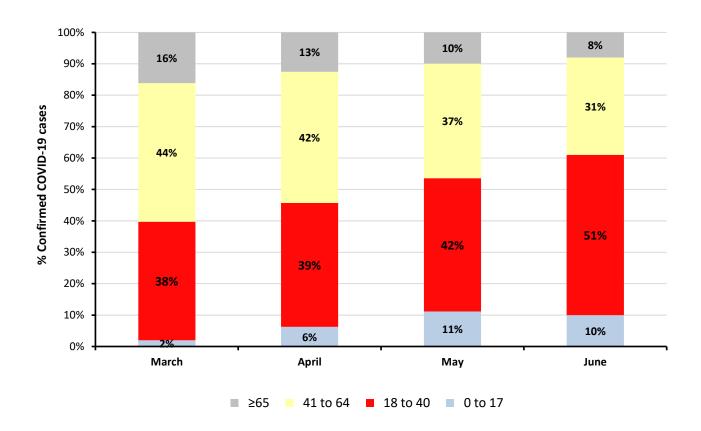
<sup>&</sup>lt;sup>+</sup>Percentages calculated among cases with known age/sex

<sup>1.</sup> Data received as of 8:00 pm, June 29, 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.

<sup>2.</sup> 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 6/30)	863	10%	4,646	51%	2,822	31%	712	8%	



<sup>1.</sup> Data received as of 8:00 pm, June 29, 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.

<sup>2.</sup> 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.

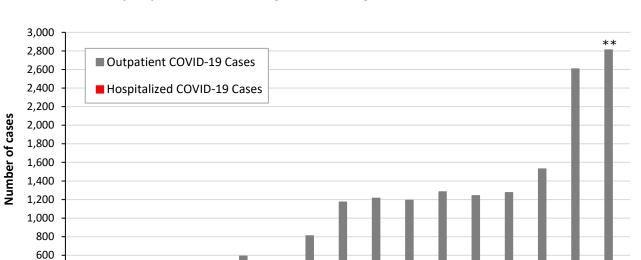


Figure 4. Non-hospitalized and hospitalized COVID-19 Cases by week of test collection, Dallas County: September 2019 through week ending June 20, 2020 (CDC Week 25)\*

CDC Week

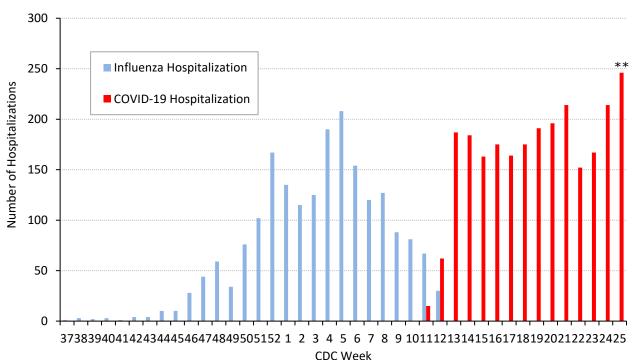


Figure 5. Influenza and COVID-19 hospitalizations by week of admission, Dallas County: September 2019 through week ending June 20, 2020 (CDC Week 25)\*

<sup>\*</sup> 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.

<sup>\*\*</sup> 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.

<sup>\*</sup> 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.

<sup>\*\*</sup> 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 30, 2020

		Hospitalized Cases	%
Ever Hospitalized	Ever Hospitalized		13% of Total Cases
Admitted to Intensive	Care Unit	745	27%
Mechanical Ventilatio	n	422	16%
Sex	Male	1,493	55%
Sex	Female	1,225	45%
	0-17	48	2%
Ago Croup (voors)	18-40	559	21%
Age Group (years)	41-64	1,260	46%
	≥65	851	31%
Presence of ≥1 high risk of	condition	1,477	54%
Diabetes		853	32%
Lung Disease (e.g. CO	PD, asthma)	325	12%
Heart Disease (e.g. Ch	HF)	388	14%
Kidney Disease (e.g. E	SRD, dialysis)	315	12%
Cancer, Immune-com	promise	219	8%
Pregnancy		81	3%
	White	411	15%*
	Hispanic	1,381	51%*
Race/ Ethnicity	Black	579	21%*
	Other	107	4%*
	Non-reported/ Unknown	240	9%

<sup>\*</sup> 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 30, 2020

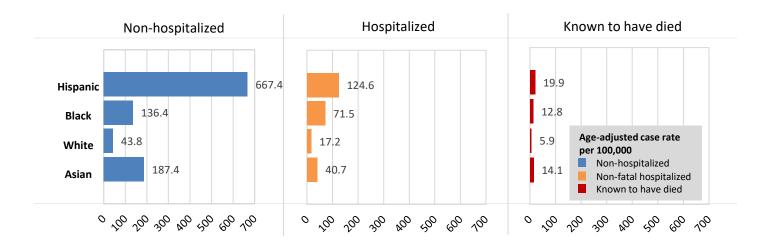
Death classified as confirmed		Confirmed Deaths	% ¹	
County resident with a positive COVID-19 PCR test. Data are obtained from ME office, hospitals, and vital statistics.		N = 373	2% of Total Cases	
Sex	Male	246	66%	
Sex	Female	127	34%	
	17-40	22	6%	
Age Group (years)	41-64	106	28%	
	≥65	245	66%	
Resident of a Long-Term (	Care Facility	125	34%	
Presence of ≥1 high risk c	ondition	256	73%	
Diabetes		153	44%	
	White	111	<b>30%</b> (29% of population) <sup>2</sup>	
Race/ Ethnicity	Hispanic	156	<b>42%</b> (41% of population) <sup>2</sup>	
	Black	91	<b>24%</b> (24% of population) <sup>2</sup>	
	Asian	13	3% (7% of population) <sup>2</sup>	

<sup>&</sup>lt;sup>1</sup> Percentages calculated among those with known underlying health conditions or race/ethnicity as reported by medical provider

<sup>&</sup>lt;sup>2</sup> 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 or cases	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.

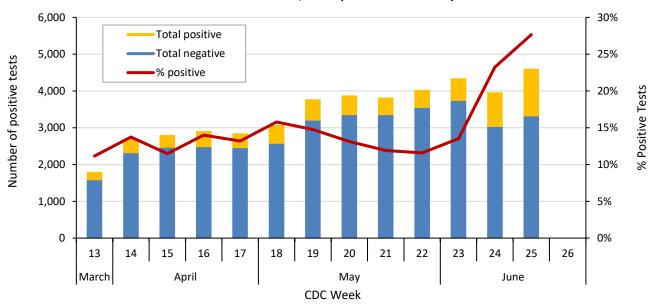
Table 5. Respiratory virus testing by North Texas hospitals participating in public health surveillance programs: April 5 – June 20, 2020 (CDC Weeks 14-25) 1-2

Week En	ding	4/11	4/18	4/25	5/2	5/9	5/16	5/23	5/30	6/6	6/13	6/20
SARS-CoV-2	Positive	320	405	374	483	555	507	453	465	585	919	1,270
Novel	Total Tests	2,789	2,893	2,835	3,060	3,762	3,865	3,807	4,017	4,328	3,953	4,593
Coronavirus	% Positive	11.5%	14.0%	13.2%	15.8%	14.8%	13.1%	11.9%	11.6%	13.5%	23.2%	27.7%
	Positive	1	0	1	0	0	0	0	0	0	0	0
Influenza	Total Tests	328	560	454	325	337	315	277	233	235	206	121
	% Positive	0.3%	0%	0.2%	0%	0%	0%	0%	0%	0%	0%	0%
Seasonal	Positive	1	1	0	0	0	0	0	1	0	0	0
(non-SARS-2)	Total Tests	313	456	214	119	133	135	113	76	97	94	20
Coronavirus	% Positive	0.3%	0.2%	0%	0%	0%	0%	0%	1.3%	0%	0%	0%
A al a sa a si sa sa	Positive	5	3	2	3	2	5	3	1	2	3	0
Adenovirus (respiratory)	Total Tests	313	440	374	246	281	252	255	198	217	183	100
(respiratory)	% Positive	1.6%	0.7%	0.5%	1.2%	0.7%	2.0%	1.2%	0.5%	0.9%	1.6%	0%
D.4 - 4 - 11 - 11 - 11 - 11 - 11 - 11 - 1	Positive	15	6	2	1	2	0	0	0	0	0	0
Metapneumo- virus	Total Tests	313	444	374	246	281	252	255	198	217	183	100
viius	% Positive	4.8%	1.4%	0.5%	0.4%	0.7%	0%	0%	0%	0%	0%	0%
Dhin a day a	Positive	19	20	17	10	7	3	5	5	6	6	2
Rhinovirus/ Enterovirus	Total Tests	313	444	374	246	281	252	255	198	217	184	100
Enterovirus	% Positive	6.1%	4.5%	4.5%	4.1%	2.5%	1.2%	2.0%	2.5%	2.8%	3.3%	2.0%
	Positive	1	1	0	1	2	0	0	0	0	0	0
RSV	Total Tests	370	461	382	250	282	258	262	200	218	187	104
	% Positive	0.3%	0.2%	0%	0.4%	0.7%	0%	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 20, 2020 (CDC Weeks 13-25) 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= 19,034)	% of Total Cases
International Travel	61	0.3%
Domestic Travel (Out-of-state)	128	0.6%
Cruise Ship Travel	10	0.0%
Long-Term Care Facility (Resident) <sup>1</sup>	690	3.2%
County Jail (Inmate)	529	2.5%
State Jail (InmateTDCJ COVID-19 Medical Action Center) <sup>2</sup>	84	0.4%
Federal Prison (Inmate) <sup>3</sup>	64	0.3%
Homeless Shelter	48	0.2%
Meat/Food Processing Facilities	304	1.4%
Close contact or Presumed Community Transmission <sup>4</sup>	19,420	90.8%

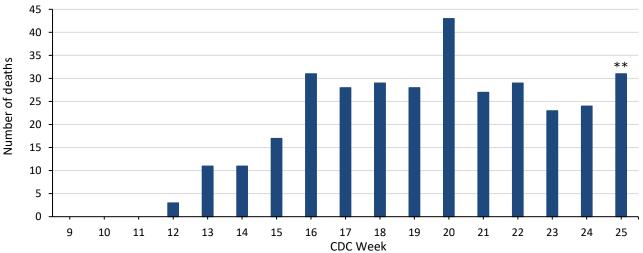
<sup>&</sup>lt;sup>1</sup> Does not include 290 COVID-19 cases reported of LTCF staff members employed by the 95 affected LTCFs as of 6/29/20

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	04/25	05/02	05/09	05/16	05/23	05/30	06/06	06/13	06/20	06/27	9/08/19-
CDC Week	17	18	19	20	21	22*	23*	24*	25*	26*	Present
COVID-19 hospitalizations <sup>1</sup>	164	175	191	196	214	152	167	214	246	213*	2,718
COVID-19 ICU admissions <sup>1</sup>	50	50	56	50	55	42	50	43	52	21*	745
Probable COVID-19-associated deaths <sup>2</sup>	0	0	0	0	0	0	0	0	0	0	0
Confirmed COVID-19-associated deaths <sup>3</sup>	28	29	28	43	27	29	23	24	31	34	373

<sup>\*</sup> 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)\*



<sup>\*</sup> Dallas County residents diagnosed with confirmed COVID-19 by PCR testing.

<sup>&</sup>lt;sup>2</sup> Texas Department of Criminal Justice cases are under the jurisdiction of the Texas Department of State Health Services

<sup>&</sup>lt;sup>3</sup> Federal prison cases are under the jurisdiction of the federal government, and are not included in total County cases

<sup>&</sup>lt;sup>4</sup> Includes: household transmission and cases with no other exposure risk factors identified

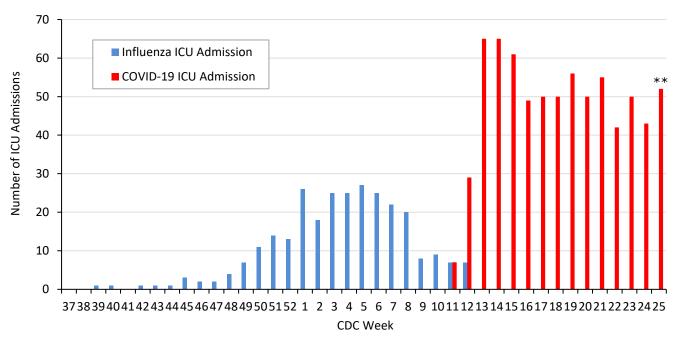
<sup>&</sup>lt;sup>1</sup>Reflects all COVID-19-associated hospitalizations and intensive care unit admissions reported from area hospitals within Dallas County by week of admission. Hospitalizations are inclusive of ICU admissions. Data are preliminary and include reports received as of 8:00 pm yesterday.

<sup>&</sup>lt;sup>2</sup> Probable COVID-19 deaths as defined by CSTE interim case classification criteria--meeting vital records criteria without PCR laboratory confirmation.

<sup>&</sup>lt;sup>3</sup> 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.

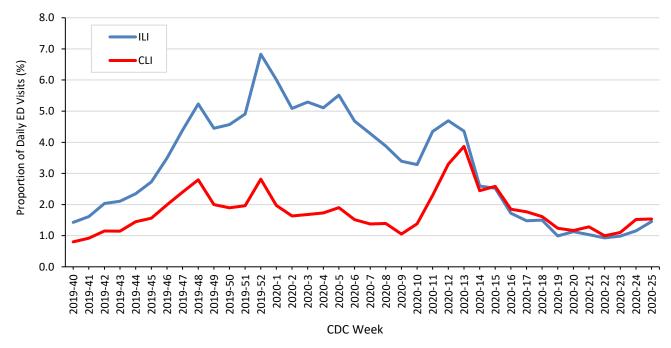
<sup>\*\*</sup> All data are preliminary and subject to change as cases continue to be received and investigated.

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)\*



<sup>\*</sup> 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.

<sup>\*\*</sup> All data are preliminary and subject to change as cases continue to be received and investigated.

<sup>\*</sup> CLI is defined as chief complaint of fever and cough or shortness of breath or difficulty breathing.

<sup>\*\*</sup>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

	Hospitalized Cases (%) of Total 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		
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	

<sup>\*</sup> Includes only residents of Dallas County with self-reported occupational information. All data is preliminary and subject to change.

<sup>\*\*</sup>CISA Advisory Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, v3.1, May 19, 2020 <a href="https://www.cisa.gov/sites/default/files/publications/Version\_3.1\_CISA\_Guidance\_on\_Essential\_Critical\_Infrastructure\_Workers.pdf">https://www.cisa.gov/sites/default/files/publications/Version\_3.1\_CISA\_Guidance\_on\_Essential\_Critical\_Infrastructure\_Workers.pdf</a>.

Table 9. Cumulative COVID-19 cases by city of residence within Dallas County as of June 30, 2020 (e.g. Does not include cases who reside in portions of cities which are not within Dallas County.)

City of Residence	Cases (N=21,338)	% of Total Cases
Addison	81	0.4%
Balch Springs	198	0.9%
Carrollton	338	1.6%
Cedar Hill	319	1.5%
Cockrell Hill	43	0.2%
Combine	3	0.0%
Coppell	95	0.4%
Dallas	11,919	55.9%
DeSoto	398	1.9%
Duncanville	348	1.6%
Farmers Branch	229	1.1%
Ferris	1	0.0%
Garland	2,013	9.4%
Glenn Heights	47	0.2%
Grand Prairie	874	4.1%
Highland Park	21	0.1%
Hutchins	94	0.4%
Irving	2,029	9.5%
Lancaster	328	1.5%
Mesquite	1,121	5.3%
Richardson	315	1.5%
Rowlett	210	1.0%
Sachse	42	0.2%
Seagoville	138	0.6%
Sunnyvale	30	0.1%
University Park	38	0.2%
Wilmer	64	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: <a href="https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php">https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php</a>

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