

CAUSE NO. DC-21-10101

J.J. KOCH,

Plaintiff,

v.

CLAY JENKINS, in his Official Capacity
Counter-Plaintiff and Defendant,

v.

GREG ABBOTT, in his Official Capacity as
Governor of the State of Texas,
Counter-Defendant.

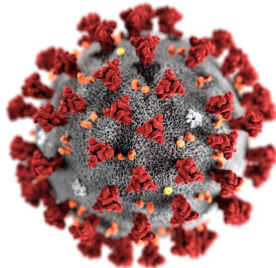
IN THE DISTRICT COURT OF

DALLAS COUNTY, TEXAS

116TH JUDICIAL DISTRICT

DALLAS COUNTY JUDGE CLAY JENKINS’S FIRST SUPPLEMENTAL COUNTERCLAIM,
REQUEST FOR DECLARATORY JUDGMENT, AND REQUEST FOR TEMPORARY
RESTRAINING ORDER AND TEMPORARY INJUNCTION

It is hard to envision a legal dispute, the resolution of which will directly impact and potentially save more lives, than the one before this Court.



For the last 18 months, civilization has struggled to manage a historic worldwide pandemic caused by a highly transmissible and novel virus, SARS-CoV-2, that causes a deadly viral infection called COVID-19. The four-pronged mitigation strategy to try to stop the community transmission of the virus is well-known:

1. Stay home, stay safe.
2. If you go out in public, try to maintain physical distance away from other people.
3. If you are indoors or cannot maintain physical distance, wear a face covering.
4. Most importantly, be vaccinated.

These mitigation strategies enjoy near universal support among public health and infectious disease

specialists and among countries around the world as the best way we can combat the virus; if we don't use these public health measures, COVID-19 will continue to rage through the populace, exposing citizens to illness and stretching medical resources beyond their limits. And with every transmission, the potential for a genetic variant increases that could be more transmissible, more dangerous to victims including to the young which could ultimately render our vaccine efforts ineffective. There are only two options: the scientifically-grounded and public health-advancing mitigation measures, or foolish denial of the scientific fact that the virus will not disappear on its own.

Here in Dallas County, County Judge Clay Jenkins as the County's chief executive and the presiding officer of its governing body has followed the scientifically-grounded recommendations of the Dallas County Health Department, the federal Centers for Disease Control, the World Health Organization, and virtually every government around the globe. Since the outset, Judge Jenkins has demonstrated a deliberative and responsible record of decisions based legislatively-delegated authority in the TEXAS DISASTER ACT and his inherent authority as County Judge.

Governor Abbott has decided on a course of action that prohibits face-covering mandates on a state-wide basis. Irrespective of his motivations or the dangerous nature of such a decision, it is within his legislatively-delegated authority to decide to mandate face coverings or decline to do so. But the Governor has also attempted to prohibit local elected officials from making a different decision, in response to local conditions, to protect their own communities. On July 29, 2021 Governor Abbott issued Executive Order GA-38¹ that, among other things, sought to prevent any county judge or school district from engaging in mitigation efforts and from requiring face coverings to combat the spread of the virus in their locale. However, the statute that Governor Abbott is relying upon in GA-38 does not provide him the authority to make such an order. His efforts to try to ban local officials from requiring masking within their localities are actions taken without legal authority and are in effect *ultra vires* acts by Governor Abbott.

Governor Abbott's overreach could not happen at a worse time. Texas lags behind most states in vaccinations and has had among the highest total number of cases of coronavirus transmission. The pandemic is an imminent threat to public safety due to the surge of a more

¹ Exhibit 1, July 29, 2021 Executive Order 28.

transmissible and more dangerous variant of the virus known as the Delta Variant. As the Delta Variant surges, Dallas County again faces climbing cases and hospitals are reaching dangerous capacity issues that threaten lives. And within a matter of days, schools will be starting back up, and young children, who are increasingly at risk to the Delta Variant and who are ineligible for any of the vaccines, will be indoors. This is a recipe for exploding community transmission of the Delta Variant as it races through the schools and children take it home to their families.

Through this counterclaim, Counter-plaintiff Judge Jenkins requests that the Court issue a Declaratory Judgment acknowledging his statutory authority to manage the local disaster caused by COVID, including his authority, if necessary, to mandate requiring face-coverings both in the Commissioners Court and also in public. Further, as lives will be at risk until the Court can reach such a declaration, Counter-plaintiff Judge Jenkins applies to this Court for injunctive relief-both through a temporary restraining order and through a temporary injunction-to maintain the status quo in which his authority within the County allowed him, without question, to protect its citizens. Judge Jenkins requests that the Court restrain Governor Abbott and his agents from acting to enforce sections of GA-38 that seek to ban on face covering mandates. Such injunctive relief is necessary because there is immediate and irreparable harm that will befall Dallas County-and others outside Dallas County-if they cannot require the public health-advancing mitigation measure of mandatory face coverings in public.

In support of this Counter-Complaint and requests for declaratory judgment and injunctive relief, Judge Jenkins asserts the following:

I.

RELEVANT STATUTORY BACKGROUND DEMONSTRATES COUNTY JUDGE CLAY JENKINS'S AUTHORITY TO MANDATE PUBLIC HEALTH MITIGATION MEASURES IN THE COMMISSIONERS COURT AND THROUGHOUT DALLAS COUNTY

A. Community transmission of SARS-CoV-2 is a pandemic and a public health crisis.

Preventing the spread of the SARS-CoV-2 virus and its resulting deadly infection COVID-19 has been an extraordinarily difficult and complex undertaking that is now complicated by the advent of lineage B.1.617 of SARS-CoV-2 ("the Delta Variant"). The principal mode by which COVID-19 spreads is through exposure to respiratory fluids carrying infectious virus, which can occur through direct inhalation; depositing fluids on exposed mucous membranes in the mouth, nose, or eye

through sprays; and touching mucous membranes with contaminated hands.² Since its onset, COVID-19 has infected almost 200 million people and caused over 4.2 million deaths globally.³ Domestically, over 35.67 million people have been infected and over 614,200 individuals have died.⁴ Those who are immunocompromised, have certain medical conditions, suffer from longstanding systemic and social inequities, or who are older are more likely to become severely ill or die from the virus.⁵ Since the arrival of the Delta Variant, the virus has increasingly impacted children.

The arrival of vaccines to fight the viral spread presents a possibility of ultimately obtaining herd immunity, but at the present time, an insufficient number of people are vaccinated and children under the age of 12 cannot be vaccinated. Those unvaccinated adults and children are at serious risk of the highly transmissible variant. The Delta Variant is surging and local hospitals are at capacity in Dallas County. If the County and schools are barred from engaging in mandatory mitigation practices like requiring face coverings, the Delta Variant will overwhelm hospitals, and people will die.

Fighting the virus and specifically the Delta Variant is a public health crisis that threatens the lives of citizens, including our most vulnerable children.

B. The Texas Legislature has authority to address a public health crisis like COVID-19 and has delegated that responsibility through the TEXAS DISASTER ACT.

The authority to respond to public health crises must be “lodged somewhere,”⁶ and the

² CENTERS FOR DISEASE CONTROL & PREVENTION, Scientific Brief: SARS-COV-2 Transmission (May 7, 2021) (available online at: <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/sars-cov-2-transmission.htm>)

³ World Health Org., WHO Coronavirus (COVID-19) Dashboard, <https://covid19.who.int/> (last visited Aug. 5, 2021).

⁴ Ctrs. for Disease Control & Prevention, United States COVID-19 Cases, Deaths, and Laboratory Testing (NAATs) by State, Territory, and Jurisdiction, https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days (last visited Aug. 5, 2021)

⁵ Ctrs. for Disease Control & Prevention, People with Certain Medical Conditions (May 13, 2021) [hereinafter “People With Certain Medical Conditions”], <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#MedicalConditionsAdults>; Ctrs. for Disease Control & Prevention, Older Adults (July 3, 2021), <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>.

⁶ *Jacobson v. Massachusetts*, 197 U.S. 11, 27 (1905).

Texas Supreme Court has long held that the protection of the health, safety and comfort of its citizens rests with the Legislature.⁷

In 1975, the Texas Legislature passed the TEXAS DISASTER ACT to clarify the roles of various governmental authorities in responding to disasters.⁸ The statute is a comprehensive scheme that is divided in different subchapters outlining the respective authority of the Governor (Subchapter B), the Texas Division of Emergency Management (Subchapter C), and political subdivisions and local governments (Subchapter D).

The DISASTER ACT defines a disaster as the “occurrence or imminent threat of widespread or severe damage, injury or loss of life...resulting from any natural or man-made cause, including...epidemic.”⁹ By that definition, the epidemic of COVID-19 and its widespread damage falls squarely under the Act. Thus, the Disaster Act, once triggered, sets forth the powers and responsibilities of various governmental actors to address COVID-19.

C. The DISASTER ACT delegates authority to county judges to declare local disasters and seek to mitigate the disaster.

Pursuant to TEXAS GOVERNMENT CODE § 418.108(a), the presiding officer of the governing body of a political subdivision may declare a local disaster. Once a declaration of local disaster occurs, § 418.108 describes the effect of the declaration and vests within the county judge or local mayor the authority to manage the disaster, including “control ingress to and egress from a disaster area under the jurisdiction and authority of the county or mayor and control the movement of persons and the occupancy of premises in that area.”¹⁰ Notably, the Statute recognizes that both a county judge and mayor may issue orders to address the disaster and those orders may conflict given the overlap between counties and cities. The Legislature specifically provided that “to the extent of a conflict between the decisions of the county judge and the mayor, the decision of the

⁷ *Houston & T.C. Ry. Co. v. City of Dallas*, 84 S.W. 648 (Tex. 1905).

⁸ TEX. GOV. CODE § 418.001 et seq.

⁹ § 418.004(1).

¹⁰ § 418.108 (g).

county judge prevails.”¹¹

When a local disaster has been declared, the statute does not provide the governor with any authority to control the management of a declared local disaster, however the Legislature clearly contemplated that the governor has some role. The Legislature specifically provided that during a declared local disaster, if a declaration by a county judge during a drought includes a restriction on the sale or use of fireworks, such a restriction is limited in time unless the governor extends the time. The Legislature provided no further delegation of authority to the governor with regards to responding to a local disaster.

D. The Disaster Act does provide authority for the Governor to act at a state level and establish state policy.

Similar to the provision allowing local county judges to order local disasters, the Disaster Act gives the governor the authority declare a statewide disaster. When such a declaration occurs, the Disaster Act sets forth the delegated authority enjoyed by the governor. Nowhere in that delegation did the Legislature provide authority to over-ride, veto, or alter a local disaster declaration.

E. The Disaster Act does not provide any authority to the Governor to limit the local county judge’s actions.

The Disaster Act does provide authority to suspend laws, but limits the manner in which the governor may do so. Section 418.016(a) of the Act—entitled *Suspension of Certain Laws and Rules*—states

“the governor may suspend the provisions of any regulatory statute prescribing for conduct of state business or the order or rules of a state agency if strict compliance with the provisions, orders, or rules would in any prevent, hinder or delay necessary action in coping with the disaster.”

By its plain terms, this provision allows the Governor to suspend typical state wide procedures that may entangle, slow-down or make it more difficult to do what needs to be done to cope with or address the disaster.

Notably, section 418.016 addresses only *state* business or rules of *state agencies*. Nothing in this section gives the Governor authority to suspend *local* business or rules of *local governments*. Nor

¹¹ § 418.108 (h)(2).

does it give the Governor the ability to suspend any law, just certain ones. Nor does it give the Governor the ability to suspend laws that do not directly impact efforts to fight a disaster.

Because the grant of such authority is not specifically provided to the Governor, the Governor cannot claim such authority from statutory silence. It simply is not a power he is given.

F. Governor Abbott impermissibly tries to limit Judge Jenkins’s power to manage the local disaster in Dallas County.

Judge Jenkins declared a local disaster in Dallas County on March 12, 2020.¹² In so doing, he became legislatively authorized to perform specific actions under § 418.108 including to control whether people are required to wear face coverings in public or the Commissioners Court.

Recently on July 28 of this year, Governor Abbott signed Executive Order GA-38 that sought to rely on § 418.016 to constrain Judge Jenkins’s authority by ordering that § 418.108 is “suspended” and county judges cannot order face coverings. However, § 418.108 is not a law about state business or a state agency. And a county judge’s ordering of mandatory face coverings does not “prevent, hinder or delay necessary action in coping with the disaster” that is COVID-19. The Governor himself has affirmed the value of face coverings in combating COVID-19, e.g, in GA-29, GA-34, and GA-36. Section 418.016 cannot be the basis by which Gov. Abbott sought to strip Judge Jenkins or authority.

Governor Abbott’s “ban” in GA-38 is an *ultra vires* act. He was not legislatively entitled to try to ban such actions by Judge Jenkins.

G. Governor Abbott’s attempts to prevent Judge Jenkins from protecting citizens threatens lives.

Dallas County is in a precarious situation as the Delta Variant has increasingly ravaged the city. Judge Jenkins has tried to take reasonable steps to fight that spread, including requiring that a face covering be worn in the commissioner’s court. However, even that modest effort has resulted in threats from Gov. Abbott and Attorney General Paxton.

Without one of the few tools we have to fight the deadly virus, Judge Jenkins is being prevented from fulfilling his legislatively delegated duty to address this pandemic disaster which is

¹² Exhibit 3, Declaration of Local Disaster on March 12, 2020.

getting worse. As the Affidavit of Philip Huang, MD, MPH—the Director and Health Authority for Dallas County Health and Human Services Department—establishes, the situation in Dallas is grave and getting graver¹³:

According to UT Southwestern’s modeling, the rate of COVID-19 infections in Dallas County is reaching or has reached exponential growth rates. COVID-19 hospitalizations have increased in Dallas County by over 101% over the past two weeks and it is estimated that total COVID-19 hospitalizations are predicted to reach over 1,500 hospitalized cases by August 26...Dallas County only has 14 available adult staffed ICU beds as of August 9, 2021.

Dr. Huang also establishes that the ability to utilize face-covering requirements would assist in coping with the disaster:

In my opinion, Dallas County needs to take further action to help reduce the transmission and spread of COVID-19, particularly in light of the recent surge and the increase spread of Delta-variant COVID-19. Requiring face coverings or masks is an effective mitigation strategy and can further reduce the spread of COVID-19. The historical record of mask requirements earlier in the COVID-19 pandemic in Texas proved their efficacy. Indeed, the UT Southwestern Medical Center forecast shows quite plainly a significant drop in infection rate immediately after Texas implemented a state-wide masking mandate in the spring of 2020. Sound science supports the effectiveness of masking in helping reduce the transmission and removing a requirement to mask removes a tool from the COVID-19 fighting toolbox. Dallas County’s public health objectives - namely, ensuring a safe and disease-free environment - would be harmed if masking was prohibited or local officials did not have the flexibility to provide effective mitigation strategies to combat COVID-19.

This Court should utilize its statutory authority to properly declare the rights that Judge Jenkins has that were granted to him by the Legislature to address a local disaster through Texas Government Code § 418.108, unencumbered by Governor Abbott’s impermissible attempted interference, as well as grant temporary injunctive relief so that Judge Jenkins will not be hamstrung and can follow the advice of his medical advisors as to what is necessary to combat COVID-19 and save lives in the interim.

¹³ Exhibit 2, Affidavit of Philip Huang, MD, MPH.

II.

SUPPLEMENTAL COUNTER-CLAIM OF COUNTY JUDGE CLAY JENKINS
AGAINST GREG ABBOTT IN HIS OFFICIAL CAPACITY**A. Parties**

1. Plaintiff J.J. Koch has previously appeared in this matter and is represented by counsel.
2. Counter-Plaintiff and Defendant Clay Jenkins in his official capacity as County Judge of Dallas has previously appeared in this matter and is represented by the undersigned counsel.
3. Counter-Defendant Greg Abbott, in his official capacity as Governor of Texas, may be served through service of process at 1100 San Jacinto Blvd., Austin, Texas 78701.

B. Declaratory Judgment under TEXAS CIVIL PRACTICE AND REMEDIES CODE § 37.004(a).

4. Counter-Plaintiff Judge Jenkins incorporates the above paragraphs by reference.
5. Pursuant to the DECLARATORY JUDGMENT ACT, Judge Jenkins seeks a declaration that as the presiding officer of the governing body of Dallas County, following his declaration of a local state of disaster on March 12, 2020, Judge Jenkins has the full authority and discretion vested to him under TEXAS GOV. CODE § 418.108(g), including the discretion to order mask mandates in the Commissioners Court or in public.
6. Further, Judge Jenkins seeks a declaration that Governor Abbott's Executive Order GA-38 paragraphs (3)(b), (3)(g), and (4) exceed the authority delegated to him and therefore are not lawful orders and are unenforceable. As such, they are an impermissible encroachment on legislative authority and on the lawful delegation of authority to Judge Jenkins to address a designated local disaster.
7. Finally, Judge Jenkins seeks a declaration that § 418.016(a) does not authorize Governor Abbott to suspend § 418.108(g) for the express purpose of preventing county judges or mayors from issuing orders that cope with the COVID-19 disaster by requiring face coverings, and therefore Governor Abbott's attempt to do so in GA-38 paragraph (4)(b)(1) is statutorily impermissible and unenforceable.
8. Pursuant to TEXAS CIVIL PRACTICE AND REMEDIES CODE § 37.009, Judge Jenkins

requests that the Court award Judge Jenkins his costs and attorneys' fees.

III.
APPLICATION FOR TEMPORARY RESTRAINING ORDER
AND TEMPORARY INJUNCTION

A. The Court should order injunctive relief to preserve the status quo until the Declaratory Judgment Action is decided.

9. A court has the discretion to grant injunctive relief to preserve the status quo until such time as the Court can determine the matter on the merits. In the injunction context, the status quo is “the last, actual, peaceable, non-contested status that preceded the pending controversy.”¹⁴ The Court should look at the evidence of parties’ historical practices and operation before the dispute arose.¹⁵ To recover the status quo, the Court can enter prohibitory or mandatory injunctive relief.¹⁶

10. Here, the “last, actual, peaceable time” before the instant controversy was prior to Governor Abbott’s issuance of his Executive Order GA-38. Prior to Governor Abbott seeking to limit Judge Jenkins’s authority, he was unquestionably vested with the authority granted to him to deal with the local disaster he declared. For over a year and a half, Judge Jenkins thoughtfully and reasonably addressed the local disaster, including at times requiring face coverings in Dallas County as the situation warranted. Governor Abbott had no issue with the requirement of face coverings, as he himself ordered them in degrees on a statewide basis in multiple Executive Orders, including GA-29, GA-34, and GA-36. Governor Abbott has now decided that he no longer wishes to mandate face coverings, and also has decided that he wants to prevent any local administrator from mandating

¹⁴ *In re Newton*, 146 S.W.3d 648, 651 (Tex.2004).

¹⁵ *Intercontinental Terminals Co., LLC v. Vopak N. Am., Inc.*, 354 S.W.3d 887, 892 (Tex. App.–Houston [1st Dist.] 2011, no pet.); *see also Lifeguard Benefit Servs., Inc. v. Direct Med. Network Solutions, Inc.*, 308 S.W.3d 102, 114 (Tex. App.–Fort Worth 2010, no pet.) (noting that, if one party takes action that alters relationship between parties, status quo is relationship that existed before action); *Pharaoh Oil & Gas, Inc. v. Ranchero Esperanza, Ltd.*, 343 S.W.3d 875, 882 (Tex. App.–El Paso 2011, no pet.) (concluding that status quo was circumstances that existed between parties from 1992 to 2004, when dispute arose)

¹⁶ *RP&R, Inc. v. Territo*, 32 S.W.3d 396, 400 (Tex. App.–Houston [14th Dist.] 2000), no pet.) (noting “but it sometimes happens that the status quo is a condition not of rest, but of action, and the condition of rest is exactly what will inflict the irreparable injury on complainant. In such a case, courts of equity issue mandatory writs before the case is heard on the merits.”)

them as well. This decision, set forth in GA-38, altered the status quo. Thus to return the matter to the status quo, the Court should enjoin the enforcement of GA-38 with respect to parts (3)(b), (3)(g), and (4) which would leave the authority to impose mask mandates to the legislatively delegated individuals: Gov. Abbott at the state level, and local authorities at the local level.

B. Judge Jenkins has plead for permanent relief and has a probable right to relief on his Declaratory Judgment Action.

11. A party seeking injunctive relief must plead some form of permanent relief and the requesting for declaratory relief satisfies that requirement. The Dallas Court of Appeals described the requisite showing necessary to carry the burden of showing a probable right to relief:

An applicant for injunctive relief must show it has a probable right to relief it seeks on final hearing. The applicant must prove that it is likely to succeed on the merits of its lawsuit but does not have to prove she will ultimately prevail. To establish a probable right to the relief sought, an applicant is required to allege a cause of action and offer evidence that tends to support the right to recover on the merits. An applicant is not required to show he will prevail at the final trial because the ultimate merits of the case are not before the trial court.¹⁷

12. As set forth more fully above, Judge Jenkins can demonstrate that the Disaster Act vests to him the authority to deal with a local disaster and Governor Abbott has no statutory grounds to limit Judge Jenkins's authority to deal with a local disaster. Governor Abbott's attempts to do so are statutorily impermissible and are in effect ultra vires acts by Governor Abbott.

C. Judge Jenkins has pleaded and demonstrated that there is a probable, imminent and irreparable injury if injunctive relief does not issue.

13. As set forth above, the Delta Variant has caused a surge of COVID cases. Specifically, the Delta Variant has caused an alarming up-tick in serious infections in children under the age of 12 who cannot be vaccinated. As a result, there are no more ICU beds in Dallas's Children's Hospital. There is similar stress on the other hospital systems in Dallas.¹⁸

14. Coupled with the surge, schools are starting back up, and that will increase the spread of

¹⁷ *Dallas Anesthesiology Associates, P.A. v. Texas Anesthesia Grp., P.A.*, 190 S.W.3d 891, 896-97 (Tex. App.-Dallas 2006, no pet.) (internal citations omitted).

¹⁸ See Exhibit 2.

COVID-19 among young, unvaccinated children, who will then return home and spread it to their families.

15. If Judge Jenkins and the schools are not allowed to exercise their legislative duty to protect the citizens of Dallas County, many people will unnecessarily get seriously ill or die. Further, the pandemic will get worse as more transmissions increase the likelihood of a variant that could be even more dangerous.

16. The only thing standing between the necessary mitigation efforts of Clay Jenkins or the schools is GA-38 which bars them from requiring any mitigation efforts. The harm is on-going and it is serious. Lives are at stake.

17. These injuries are irreparable and there is no adequate remedy at law because nothing a court can do at a later date can change the infections, spread, illness and death that will in all certainty occur at greater numbers if Judge Jenkins and schools cannot undertake necessary mitigation efforts.

D. Request for a Temporary Restraining Order.

18. Counter Plaintiff Judge Jenkins requests that the Court issue a temporary restraining order for a period of no less than 14 days that enjoins enforcement of Governor Abbott's Executive Order GA-38, paragraphs (3)(b), (3)(g), and (4).

19. Judge Jenkins requests that the order restrains both Governor Abbott and his agents from any such enforcement.

20. Judge Jenkins is willing to post a reasonable bond but submits that any such bond should be *de minimis* as no harm will befall Governor Abbott.

E. Request for Temporary Injunction

21. Following the granting of a Temporary Restraining Order, Judge Jenkins respectfully requests that the Court set a hearing within 14 days, unless extended by the parties or court, so that Judge Jenkins can present evidence in support of a temporary injunction.

22. At that injunction hearing, Judge Jenkins requests that the Court enjoin enforcement of Governor Abbott's Executive Order GA-38, paragraphs (3)(b), (3)(g), and (4) until such time as the Declaratory Judgment Action may be disposed of by summary judgment.

IV.
SUPPLEMENTAL PRAYER

In addition to the relief sought in his Original Answer, Counter-Plaintiff Clay Jenkins respectfully prays as follows:

- a. That the Court grant his application for temporary restraining order and temporary injunction enjoining enforcement of Governor Abbott's Executive Order GA-38, paragraphs (3)(b), (3)(g), and (4);
- b. That the Court render a Declaratory Judgment that:
 - i. Judge Jenkins has statutory authority under TEXAS GOVERNMENT CODE § 418.108(g) and the Dallas County Declaration of Local Disaster to mandate face coverings and other mitigation strategies within Dallas County, including within the Commissioners Court and other public places, and
 - ii. Governor Abbott's Executive Order GA-38 is unconstitutional or otherwise impermissibly exceeds the Governor's statutory authority under the TEXAS DISASTER ACT as in unenforceable to the extent it seeks to limit mitigation efforts within Dallas County;
- c. That the Court award to Judge Jenkins his reasonable attorneys' fees under TEXAS CIVIL PRACTICE & REMEDIES CODE § 37.009;
- d. That Judge Jenkins be awarded his costs of Court;
- e. All such other and further relief at law and in equity to which the Judge Jenkins may show himself to be justly entitled.

Respectfully submitted,

/s/ Charla G. Aldous

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GOVERNOR GREG ABBOTT

July 29, 2021

FILED IN THE OFFICE OF THE
SECRETARY OF STATE
3:15 PM O'CLOCK

JUL 29 2021

A handwritten signature in black ink, appearing to be "John D. Whitaker", written over a horizontal line. Below the line, the text "Secretary of State" is printed.

Secretary of State

Mr. Joe A. Esparza
Deputy Secretary of State
State Capitol Room 1E.8
Austin, Texas 78701

Dear Deputy Secretary Esparza:

Pursuant to his powers as Governor of the State of Texas, Greg Abbott has issued the following:

Executive Order No. GA-38 relating to the continued response to the COVID-19 disaster.

The original executive order is attached to this letter of transmittal.

Respectfully submitted,

A handwritten signature in blue ink, appearing to be "Gregory S. Davidson", written in a cursive style.

Gregory S. Davidson
Executive Clerk to the Governor

GSD/gsd

Attachment

Executive Order

BY THE
GOVERNOR OF THE STATE OF TEXAS

Executive Department
Austin, Texas
July 29, 2021

EXECUTIVE ORDER
GA 38

Relating to the continued response to the COVID-19 disaster.

WHEREAS, I, Greg Abbott, Governor of Texas, issued a disaster proclamation on March 13, 2020, certifying under Section 418.014 of the Texas Government Code that the novel coronavirus (COVID-19) poses an imminent threat of disaster for all Texas counties; and

WHEREAS, in each subsequent month effective through today, I have renewed the COVID-19 disaster declaration for all Texas counties; and

WHEREAS, from March 2020 through May 2021, I issued a series of executive orders aimed at protecting the health and safety of Texans, ensuring uniformity throughout Texas, and achieving the least restrictive means of combatting the evolving threat to public health by adjusting social-distancing and other mitigation strategies; and

WHEREAS, combining into one executive order the requirements of several existing COVID-19 executive orders will further promote statewide uniformity and certainty; and

WHEREAS, as the COVID-19 pandemic continues, Texans are strongly encouraged as a matter of personal responsibility to consistently follow good hygiene, social-distancing, and other mitigation practices; and

WHEREAS, receiving a COVID-19 vaccine under an emergency use authorization is always voluntary in Texas and will never be mandated by the government, but it is strongly encouraged for those eligible to receive one; and

WHEREAS, state and local officials should continue to use every reasonable means to make the COVID-19 vaccine available for any eligible person who chooses to receive one; and

WHEREAS, in the Texas Disaster Act of 1975, the legislature charged the governor with the responsibility “for meeting ... the dangers to the state and people presented by disasters” under Section 418.011 of the Texas Government Code, and expressly granted the governor broad authority to fulfill that responsibility; and

WHEREAS, under Section 418.012, the “governor may issue executive orders ... hav[ing] the force and effect of law;” and

WHEREAS, under Section 418.016(a), the “governor may suspend the provisions of any regulatory statute prescribing the procedures for conduct of state business ... if strict compliance with the provisions ... would in any way prevent, hinder, or delay necessary action in coping with a disaster;” and

WHEREAS, under Section 418.018(c), the “governor may control ingress and egress to

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SECRETARY OF STATE
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Governor Greg Abbott
July 29, 2021

Executive Order GA-38
Page 2

and from a disaster area and the movement of persons and the occupancy of premises in the area;" and

WHEREAS, under Section 418.173, the legislature authorized as "an offense," punishable by a fine up to \$1,000, any "failure to comply with the [state emergency management plan] or with a rule, order, or ordinance adopted under the plan;"

NOW, THEREFORE, I, Greg Abbott, Governor of Texas, by virtue of the power and authority vested in me by the Constitution and laws of the State of Texas, do hereby order the following on a statewide basis effective immediately:

1. To ensure the continued availability of timely information about COVID-19 testing and hospital bed capacity that is crucial to efforts to cope with the COVID-19 disaster, the following requirements apply:
 - a. All hospitals licensed under Chapter 241 of the Texas Health and Safety Code, and all Texas state-run hospitals, except for psychiatric hospitals, shall submit to the Texas Department of State Health Services (DSHS) daily reports of hospital bed capacity, in the manner prescribed by DSHS. DSHS shall promptly share this information with the Centers for Disease Control and Prevention (CDC).
 - b. Every public or private entity that is utilizing an FDA-approved test, including an emergency use authorization test, for human diagnostic purposes of COVID-19, shall submit to DSHS, as well as to the local health department, daily reports of all test results, both positive and negative. DSHS shall promptly share this information with the CDC.

2. To ensure that vaccines continue to be voluntary for all Texans and that Texans' private COVID-19-related health information continues to enjoy protection against compelled disclosure, in addition to new laws enacted by the legislature against so-called "vaccine passports," the following requirements apply:
 - a. No governmental entity can compel any individual to receive a COVID-19 vaccine administered under an emergency use authorization. I hereby suspend Section 81.082(f)(1) of the Texas Health and Safety Code to the extent necessary to ensure that no governmental entity can compel any individual to receive a COVID-19 vaccine administered under an emergency use authorization.
 - b. State agencies and political subdivisions shall not adopt or enforce any order, ordinance, policy, regulation, rule, or similar measure that requires an individual to provide, as a condition of receiving any service or entering any place, documentation regarding the individual's vaccination status for any COVID-19 vaccine administered under an emergency use authorization. I hereby suspend Section 81.085(i) of the Texas Health and Safety Code to the extent necessary to enforce this prohibition. This paragraph does not apply to any documentation requirements necessary for the administration of a COVID-19 vaccine.
 - c. Any public or private entity that is receiving or will receive public funds through any means, including grants, contracts, loans, or other disbursements of taxpayer money, shall not require a consumer to provide, as a condition of receiving any service or entering any place, documentation regarding the consumer's vaccination status for any COVID-19 vaccine administered under an emergency use authorization. No consumer may be denied entry to a facility financed

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- in whole or in part by public funds for failure to provide documentation regarding the consumer's vaccination status for any COVID-19 vaccine administered under an emergency use authorization.
- d. Nothing in this executive order shall be construed to limit the ability of a nursing home, state supported living center, assisted living facility, or long-term care facility to require documentation of a resident's vaccination status for any COVID-19 vaccine.
 - e. This paragraph number 2 shall supersede any conflicting order issued by local officials in response to the COVID-19 disaster. I hereby suspend Sections 418.1015(b) and 418.108 of the Texas Government Code, Chapter 81, Subchapter E of the Texas Health and Safety Code, and any other relevant statutes, to the extent necessary to ensure that local officials do not impose restrictions in response to the COVID-19 disaster that are inconsistent with this executive order.
3. To ensure the ability of Texans to preserve livelihoods while protecting lives, the following requirements apply:
 - a. There are no COVID-19-related operating limits for any business or other establishment.
 - b. In areas where the COVID-19 transmission rate is high, individuals are encouraged to follow the safe practices they have already mastered, such as wearing face coverings over the nose and mouth wherever it is not feasible to maintain six feet of social distancing from another person not in the same household, but no person may be required by any jurisdiction to wear or to mandate the wearing of a face covering.
 - c. In providing or obtaining services, every person (including individuals, businesses, and other legal entities) is strongly encouraged to use good-faith efforts and available resources to follow the Texas Department of State Health Services (DSHS) health recommendations, found at www.dshs.texas.gov/coronavirus.
 - d. Nursing homes, state supported living centers, assisted living facilities, and long-term care facilities should follow guidance from the Texas Health and Human Services Commission (HHSC) regarding visitations, and should follow infection control policies and practices set forth by HHSC, including minimizing the movement of staff between facilities whenever possible.
 - e. Public schools may operate as provided by, and under the minimum standard health protocols found in, guidance issued by the Texas Education Agency. Private schools and institutions of higher education are encouraged to establish similar standards.
 - f. County and municipal jails should follow guidance from the Texas Commission on Jail Standards regarding visitations.
 - g. As stated above, business activities and legal proceedings are free to proceed without COVID-19-related limitations imposed by local governmental entities or officials. This paragraph number 3 supersedes any conflicting local order in response to the COVID-19 disaster, and all relevant laws are suspended to the extent necessary to preclude any such inconsistent local orders. Pursuant to the legislature's command in Section 418.173 of the Texas Government Code and the State's emergency management plan, the imposition of any conflicting or inconsistent limitation by a local governmental entity or official constitutes a "failure to comply with" this executive order that is subject to a fine up to \$1,000.

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4. To further ensure that no governmental entity can mandate masks, the following requirements shall continue to apply:
- a. No governmental entity, including a county, city, school district, and public health authority, and no governmental official may require any person to wear a face covering or to mandate that another person wear a face covering; *provided, however, that*:
 - i. state supported living centers, government-owned hospitals, and government-operated hospitals may continue to use appropriate policies regarding the wearing of face coverings; and
 - ii. the Texas Department of Criminal Justice, the Texas Juvenile Justice Department, and any county and municipal jails acting consistent with guidance by the Texas Commission on Jail Standards may continue to use appropriate policies regarding the wearing of face coverings.
 - b. This paragraph number 4 shall supersede any face-covering requirement imposed by any local governmental entity or official, except as explicitly provided in subparagraph number 4.a. To the extent necessary to ensure that local governmental entities or officials do not impose any such face-covering requirements, I hereby suspend the following:
 - i. Sections 418.1015(b) and 418.108 of the Texas Government Code;
 - ii. Chapter 81, Subchapter E of the Texas Health and Safety Code;
 - iii. Chapters 121, 122, and 341 of the Texas Health and Safety Code;
 - iv. Chapter 54 of the Texas Local Government Code; and
 - v. Any other statute invoked by any local governmental entity or official in support of a face-covering requirement.

Pursuant to the legislature's command in Section 418.173 of the Texas Government Code and the State's emergency management plan, the imposition of any such face-covering requirement by a local governmental entity or official constitutes a "failure to comply with" this executive order that is subject to a fine up to \$1,000.
 - c. Even though face coverings cannot be mandated by any governmental entity, that does not prevent individuals from wearing one if they choose.
5. To further ensure uniformity statewide:
- a. This executive order shall supersede any conflicting order issued by local officials in response to the COVID-19 disaster, but only to the extent that such a local order restricts services allowed by this executive order or allows gatherings restricted by this executive order. Pursuant to Section 418.016(a) of the Texas Government Code, I hereby suspend Sections 418.1015(b) and 418.108 of the Texas Government Code, Chapter 81, Subchapter E of the Texas Health and Safety Code, and any other relevant statutes, to the extent necessary to ensure that local officials do not impose restrictions in response to the

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COVID-19 disaster that are inconsistent with this executive order, provided that local officials may enforce this executive order as well as local restrictions that are consistent with this executive order.

- b. Confinement in jail is not an available penalty for violating this executive order. To the extent any order issued by local officials in response to the COVID-19 disaster would allow confinement in jail as an available penalty for violating a COVID-19-related order, that order allowing confinement in jail is superseded, and I hereby suspend all relevant laws to the extent necessary to ensure that local officials do not confine people in jail for violating any executive order or local order issued in response to the COVID-19 disaster.

This executive order supersedes all pre-existing COVID-19-related executive orders and rescinds them in their entirety, except that it does not supersede or rescind Executive Orders GA-13 or GA-37. This executive order shall remain in effect and in full force unless it is modified, amended, rescinded, or superseded by the governor. This executive order may also be amended by proclamation of the governor.



Given under my hand this the 29th day of July, 2021.

A handwritten signature in black ink that reads "Greg Abbott".

GREG ABBOTT
Governor

ATTESTED BY:

 A handwritten signature in black ink that reads "Joe A. Esparza".

JOE A. ESPARZA
Deputy Secretary of State

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SECRETARY OF STATE
3:15pm O'CLOCK

JUL 29 2021

CAUSE NO. DC-21-10101

J.J. KOCH

Plaintiff,

vs.

CLAY JENKINS, *in his official capacity*,
Defendant.

§ IN THE DISTRICT COURT
§
§
§
§ DALLAS COUNTY, TEXAS
§
§
§ 116th JUDICIAL DISTRICT

AFFIDVIT OF PHILIP HUANG, MD, MPH

STATE OF TEXAS

COUNTY OF DALLAS

§
§
§

1. “My name is Phillip Huang. I am over eighteen (18) years of age. I have never been convicted of a felony or a crime of moral turpitude. I am fully competent to provide this declaration. I have personal knowledge of all the matters stated herein, and the facts related are true and correct.”

2. “I am the Director and Health Authority for the Dallas County Health and Human Services Department and have held that position since February 2019. Before joining Dallas County, I served for eleven (11) years as Medical Director and Health Authority for the Austin Public Health Department. I received an undergraduate degree in Civil Engineering from Rice University. I received a Medical Doctorate degree from the University of Texas Southwestern Medical School. I received a Masters in Public Health from Harvard with a concentration in Health Policy and Management.”

3. “I completed my residency in Austin and also served two years as an Epidemic Intelligence Service (EIS) officer with the Centers for Disease Control and Prevention assigned

to the Illinois Department of Public Health. While working as an EIS officer, I conducted epidemiologic studies in chronic disease and infectious disease outbreak investigations.”

4. “I have served as an Assistant Professor with the University of Texas at Austin, Dell Medical School, and as an Adjunct Assistant Professor with the University of Texas School of Public Health, Austin Campus. I also have experience serving as Principal Investigator for numerous CDC and State-funded public health cooperative agreements.”

5. “As the Director and Health Authority for Dallas County, part of my job responsibilities and duties includes understanding, evaluating, synthesizing, and summarizing public health information for reporting to the Dallas County Commissioners Court and the public. As a result, I have relied on public and non-public information to determine the current state of public health in Dallas County and to provide information and materials for guidance of County officials, including County Judge Jenkins and the Dallas County Commissioners. I also work in concert with local officials to ensure Dallas County is adequately responding to active public health threats.”

6. “Dallas County is currently experiencing a surge in infections of 2019 novel coronavirus (COVID-19). As of August 6, 2021, Dallas County Health and Human Services is reporting a cumulative total of 276,813 confirmed cases of COVID-19 in Dallas County. The cumulative total probable case count in Dallas County is 46,060 cases. The total number of COVID-19 cases or probable cases is 322,873. Dallas County has experienced 4,224 deaths from COVID-19 as of August 6th. See <https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus/daily-updates.php>.”

7. “Beginning in July of 2021, the number of positive PCR tests reported to Dallas County Health and Human Services began to rise dramatically. During the month of July,

positive PCR tests climbed from near 5% to almost 25%. Since the end of July and into August, the positive tests rate continues to climb. *See Attachment 1 at 13.* I have attached as **Attachment 1** to this Declaration a copy of the Dallas County Health and Human Services COVID-19 Weekly Summary for the week of August 6, 2021. The weekly summary is a report prepared by my department and at my direction and is a routine part of the reporting process initiated to monitor and track the COVID-19 disease. It is used in the regular course of my business and is part of the reporting that is provided to the public and the Dallas County Commissioners Court for their review and understanding of Dallas County's health situation as it relates to the COVID-19 pandemic.”

8. “The number of cases is growing quickly in Dallas County. From July 18, 2021 to July 31, 2021, Dallas County experienced approximately 360 cases per 100,000 individuals of COVID-19. The number of individuals with COVID-19 cases, however, is now 9,484 cases in just the last two weeks of July. *See Attachment 1 at 5.* The provisional seven-day average of daily new confirmed and probable cases (by date of test collection) for CDC week 30 (week ending 7/31/21), was 806, which is a rate of 30.6 daily new cases per 100,000 residents.”

9. “There continues to be risk to unvaccinated populations in Dallas County from the COVID-19 pandemic. For example, as of July 31, 2021, about 84% of COVID-19 cases diagnosed were Dallas County residents not fully vaccinated.”

10. “Dallas County medical infrastructure and hospitals are beginning to experience the strain of the surge of infections. As of August 8, 2021, Dallas County had 16 available staffed adult ICU beds. *See Attachment 2 at 3.* As of August 9, 2021, Dallas County has approximately 682 confirmed COVID-19 inpatient hospitalizations with only 14 available staffed adult ICU beds. I have attached as Attachment 2 the Dallas County COVID-19

Monitoring Data report for August 8, 2021. The information is compiled from countywide information related to hospitalizations, ICU admissions, and ER visits as three key indicators of determining the COVID-19 Risk Level (color-coded risk) and it includes data as reported to the North Central Texas Trauma Regional Advisory Council. As part of my job responsibilities for Dallas County, I use and rely on this information on a daily basis and deem it reliable and generally accepted in the industry.”

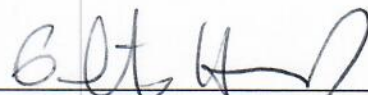
11. “To help in combatting the spread of COVID-19, Dallas County moved the county-wide risk level from color-coded Orange: Extreme Caution to the most serious color-coded risk level of Red: High Risk of Transmission on August 3, 2021. This move was made to assist in fighting the escalating trajectory of cases and the spread of the Delta-variant of COVID-19, which appears to account for approximately 78% of sequenced strains of COVID-19 in the last two weeks from the UT Southwestern Medical Center.”

12. “In addition to reporting from the North Central Texas Trauma Regional Advisory Council and information compiled by Dallas County Health and Human Services, I also regularly use and rely on COVID-19 forecasting and modeling prepared on a regular basis by UT Southwestern Medical Center. I have attached UT Southwestern’s most recent COVID-19 forecast and modeling as of August 9, 2021 as **Attachment 3**. According to UT Southwestern’s modeling, the rate of COVID-19 infections in Dallas County is reaching or has reached exponential growth rates. COVID-19 hospitalizations have increased in Dallas County by over 101% over the past two weeks and it is estimated that total COVID-19 hospitalizations are predicted to reach over 1,500 hospitalized cases by August 26. *See Attachment 3 at 4.* Again, Dallas County only has 14 available adult staffed ICU beds as of August 9, 2021.”

13. “In my opinion, Dallas County needs to take further action to help reduce the transmission and spread of COVID-19, particularly in light of the recent surge and the increase spread of Delta-variant COVID-19. Requiring face coverings or masks is an effective mitigation strategy and can further reduce the spread of COVID-19. The historical record of mask requirements earlier in the COVID-19 pandemic in Texas proved their efficacy. Indeed, the UT Southwestern Medical Center forecast shows quite plainly a significant drop in infection rate immediately after Texas implemented a state-wide masking mandate in the spring of 2020. *See* Attachment 3 at 16. Sound science supports the effectiveness of masking in helping reduce the transmission and removing a requirement to mask removes a tool from the COVID-19 fighting toolbox. Dallas County’s public health objectives – namely, ensuring a safe and disease-free environment – would be harmed if masking was prohibited or local officials did not have the flexibility to provide effective mitigation strategies to combat COVID-19.”


FURTHER AFFIANT SAY NOT.

SIGNED this 09 day of August, 2021.



Dr. Philip Huang, MD, MPH

SUBSCRIBED AND SWORN TO before me by the said Dr. Philip Huang on the 09 day of August, 2021.



Notary Public, State of Texas



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

August 6, 2021

Cumulative Data for Dallas County Residents as of August 6, 2021

Total Cases of COVID-19	Deaths from COVID-19	Total Hospitalizations
322,873	4,224	22,381

DCHHS COVID-19 Summaries are available at: <https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php>

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

Figure 1. Total COVID-19 Positive Cases by Date of Test Collection, Dallas County
March 10, 2020 – August 6, 2021

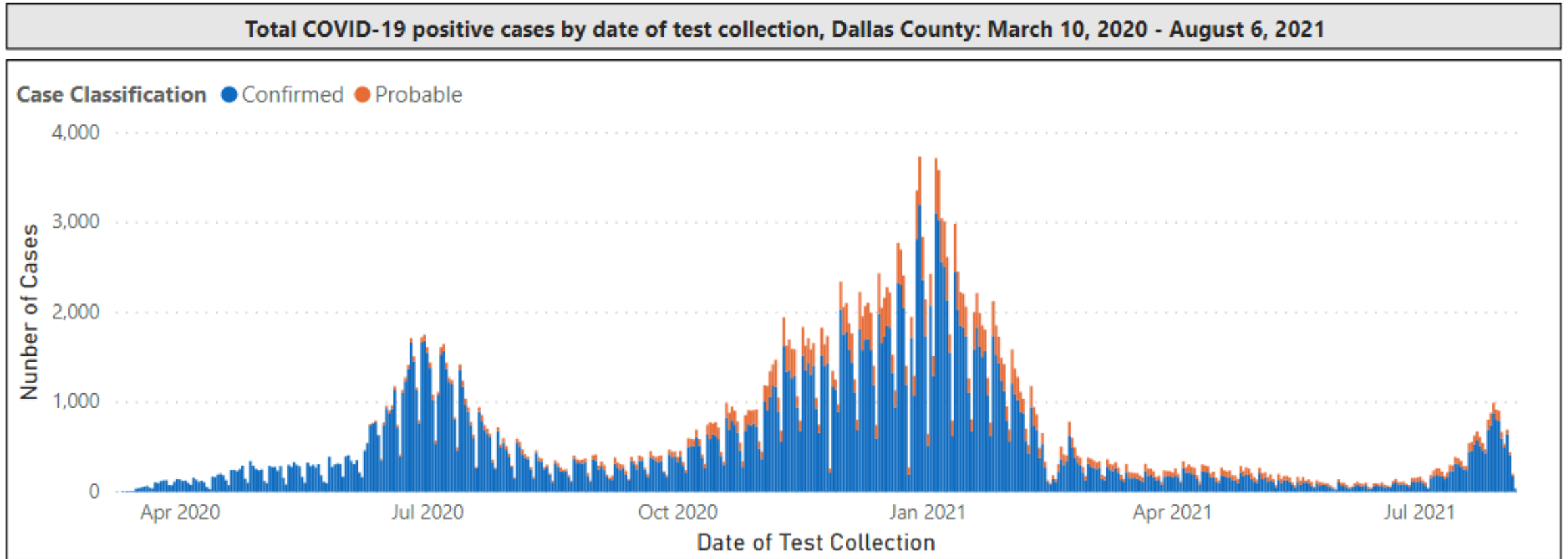


Figure 2. Demographics of COVID-19 Cases in Dallas County
March 19, 2020 – Present

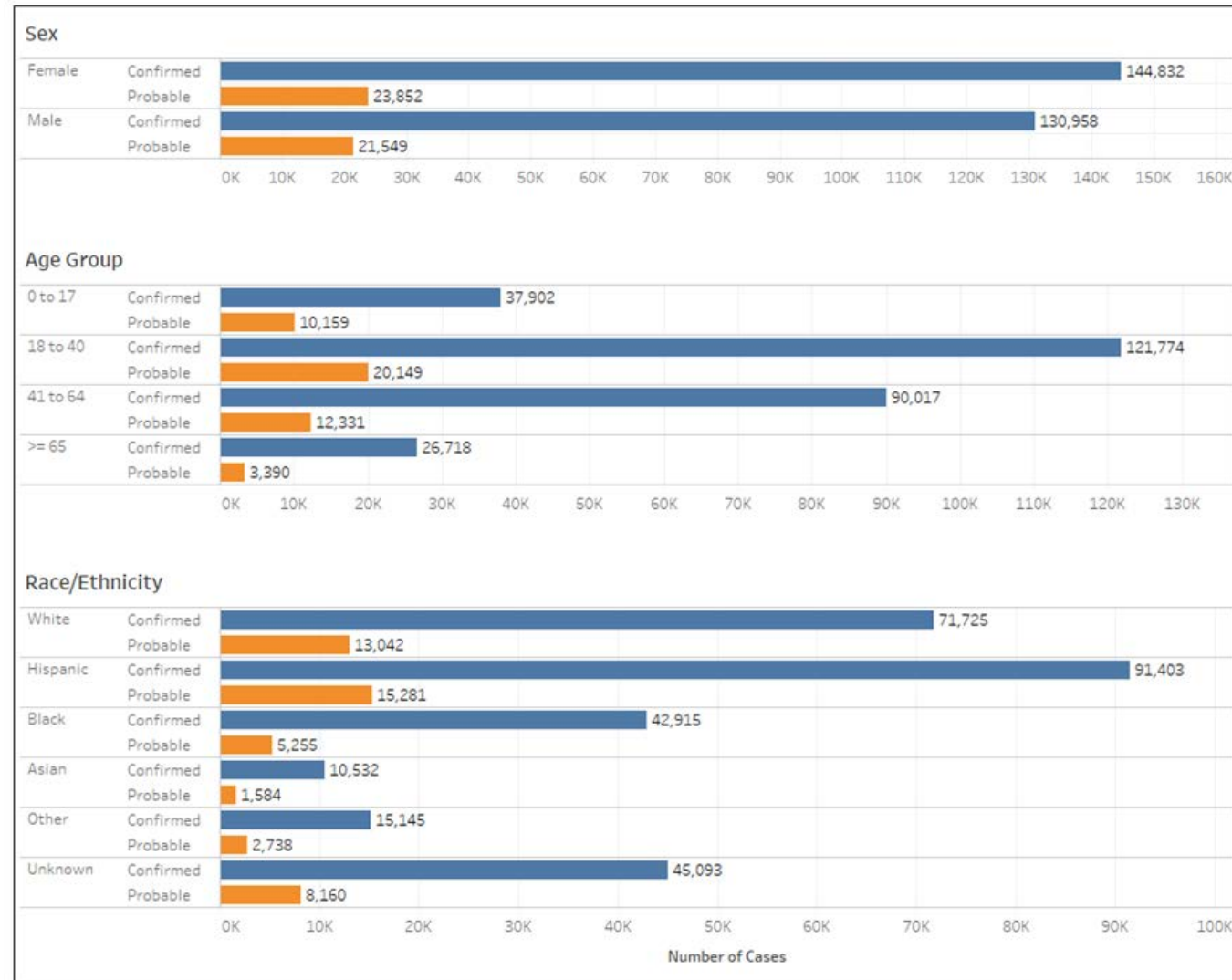


Table 1. Number of Confirmed COVID-19 Cases by Age Group and Month of Test Collection in 2020 - 2021, Dallas County

		Age (group)				
		0 to 17	18 to 22	23 to 39	40 to 64	≥65
2020	March	26 1.88%	58 4.19%	442 31.91%	636 45.92%	223 16.10%
	April	316 6.23%	316 6.23%	1,589 31.32%	2,234 44.04%	618 12.18%
	May	772 10.27%	628 8.36%	2,459 32.73%	2,915 38.79%	740 9.85%
	June	2,534 10.15%	2,491 9.98%	10,240 41.03%	8,057 32.28%	1,638 6.56%
	July	3,632 12.97%	2,584 9.23%	9,430 33.68%	9,990 35.68%	2,360 8.43%
	August	1,239 12.61%	1,193 12.14%	3,064 31.19%	3,359 34.20%	968 9.85%
	September	1,289 13.24%	1,361 13.98%	3,249 33.37%	3,104 31.88%	732 7.52%
	October	3,055 15.10%	1,773 8.76%	6,655 32.89%	6,829 33.75%	1,924 9.51%
	November	6,054 14.88%	3,323 8.17%	13,750 33.80%	13,526 33.25%	4,029 9.90%
	December	9,399 15.40%	4,805 7.87%	19,697 32.28%	20,515 33.62%	6,601 10.82%
2021	January	9,993 16.85%	4,750 8.01%	18,770 31.65%	19,687 33.20%	6,096 10.28%
	February	2,893 16.63%	1,536 8.83%	5,361 30.82%	5,901 33.92%	1,705 9.80%
	March	1,318 16.95%	684 8.80%	2,639 33.94%	2,516 32.36%	619 7.96%
	April	1,425 20.60%	736 10.64%	2,511 36.30%	1,847 26.70%	398 5.75%
	May	824 19.49%	348 8.23%	1,596 37.75%	1,222 28.90%	238 5.63%
	June	595 19.95%	257 8.62%	1,094 36.69%	837 28.07%	199 6.67%
	July	2,374 17.58%	1,223 9.06%	5,192 38.44%	3,815 28.25%	902 6.68%
	August	320 16.74%	170 8.89%	750 39.23%	557 29.13%	115 6.01%

Table 2. Cumulative COVID-19 Cases by City of Residence Within Dallas County
Total as of August 6, 2021

	Total Cases	Confirmed Cases	Probable Cases	Total cases reported in 14 day period from 7/18 - 7/31	Incidence in 14 day period from 7/18 - 7/31 (Per 100,000)
Addison	1,898	1,579	319	63	387
Balch Springs	4,037	3,618	419	158	632
Carrollton	5,682	4,823	859	146	257
Cedar Hill	6,150	5,198	952	181	382
Cockrell Hill	709	603	106	9	217
Combine	81	70	11	0	0
Coppell	3,845	2,968	877	118	291
Dallas	154,144	131,647	22,497	4,457	354
DeSoto	6,580	5,898	682	213	402
Duncanville	5,534	4,748	786	168	434
Farmers Branch	4,452	3,795	657	135	280
Ferris	15	13	2	0	0
Garland	30,606	26,512	4,094	928	387
Glenn Heights	675	610	65	16	156
Grand Prairie	17,375	14,670	2,705	454	340
Highland Park	967	697	270	32	352
Hutchins	780	736	44	15	256
Irving	30,174	26,544	3,630	788	329
Lancaster	5,331	4,780	551	208	530
Lewisville	11	7	4	0	0
Mesquite	19,351	16,897	2,454	625	444
Ovilla	12	11	1	0	0
Richardson	7,586	6,346	1,240	200	231
Rowlett	6,459	5,591	868	268	454
Sachse	1,856	1,540	316	66	369
Seagoville	3,864	3,573	291	92	546
Sunnyvale	987	822	165	48	702
University Park	2,941	1,823	1,118	68	272
Wilmer	713	654	59	28	587
Wylie	58	40	18	0	0
County-wide	322,873	276,813	46,060	9,484	360

Figure 3. Cumulative COVID-19 Cases by Zip Code, Dallas County
Total as of August 6, 2021

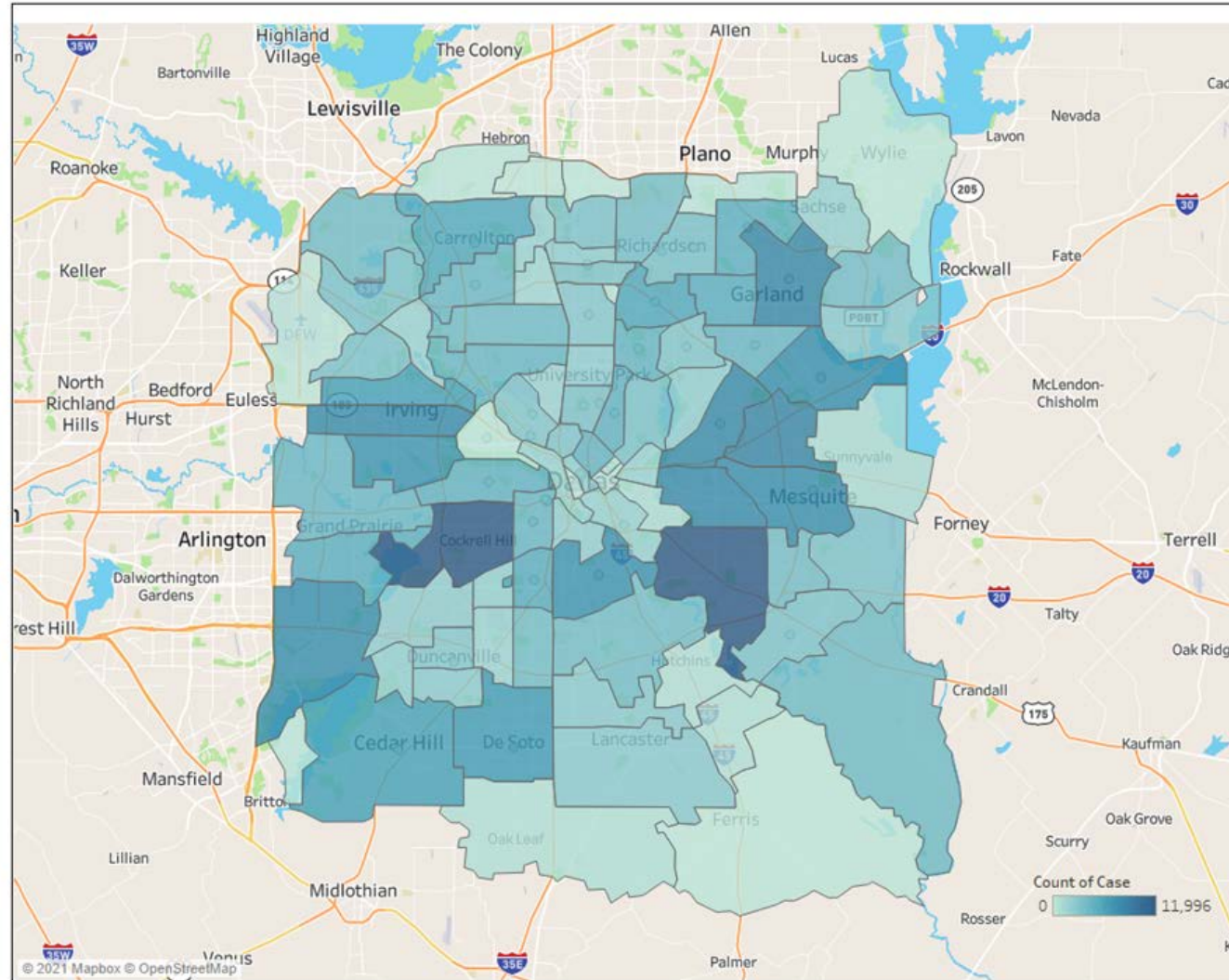


Figure 4. Cumulative Hospitalized Confirmed COVID-19 Cases, Dallas County
Total as of August 6, 2021

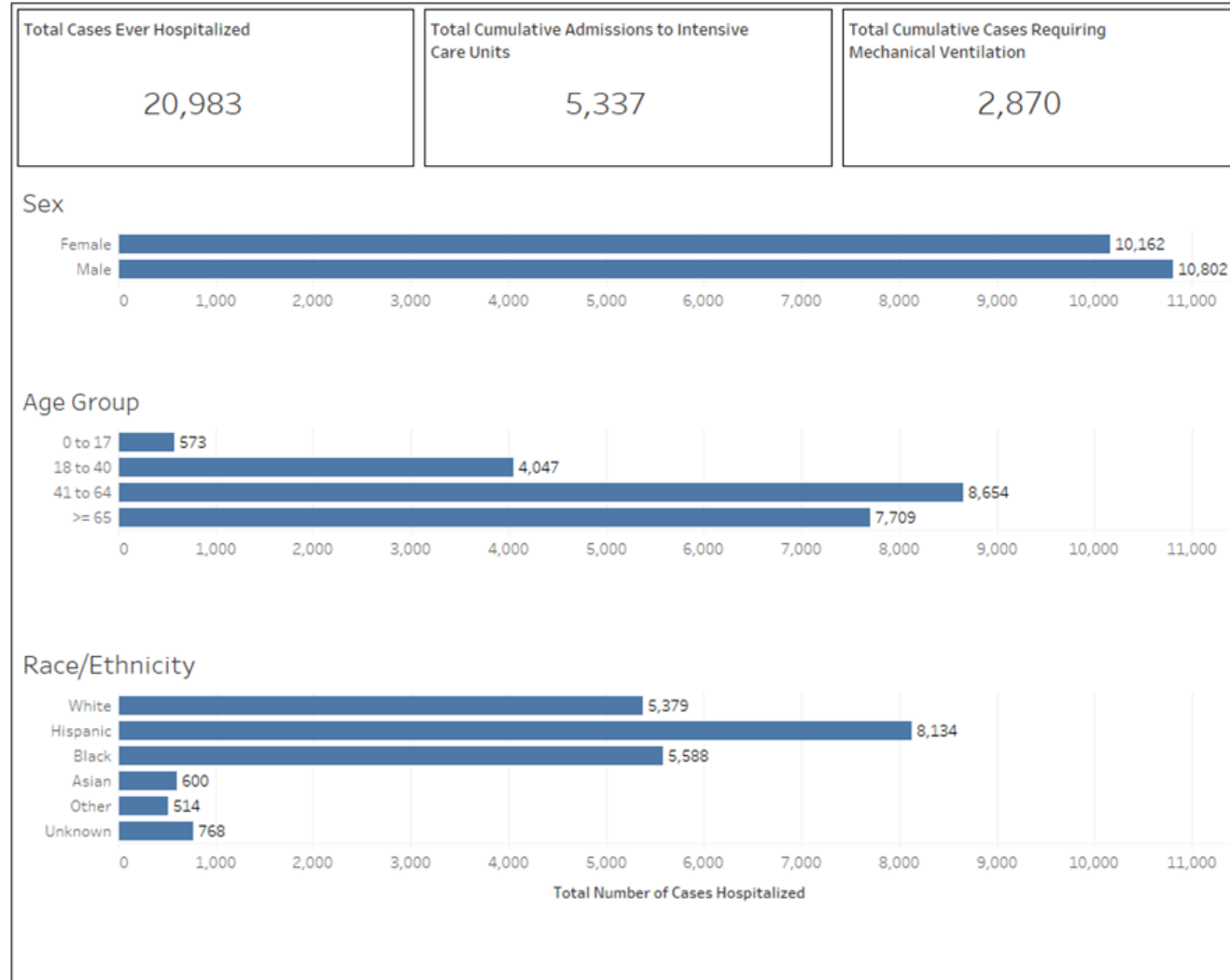


Figure 5. Multisystem Inflammatory Syndrome in Children (MIS-C) Cases, Dallas County
 March 2020 – August 3, 2021 (updated monthly)

MIS-C Cases

Age Groups (Years)	n	%
0 – 4	10	14.7%
5 – 9	26	38.2%
10 – 14	18	26.5%
15 – 20	14	20.6%

Race/Ethnicity	n	%
Hispanic	30	44.1%
Black	31	45.6%
White	4	5.9%
Asian	3	4.4%

Gender	n	%
Male	42	61.8%
Female	26	38.2%

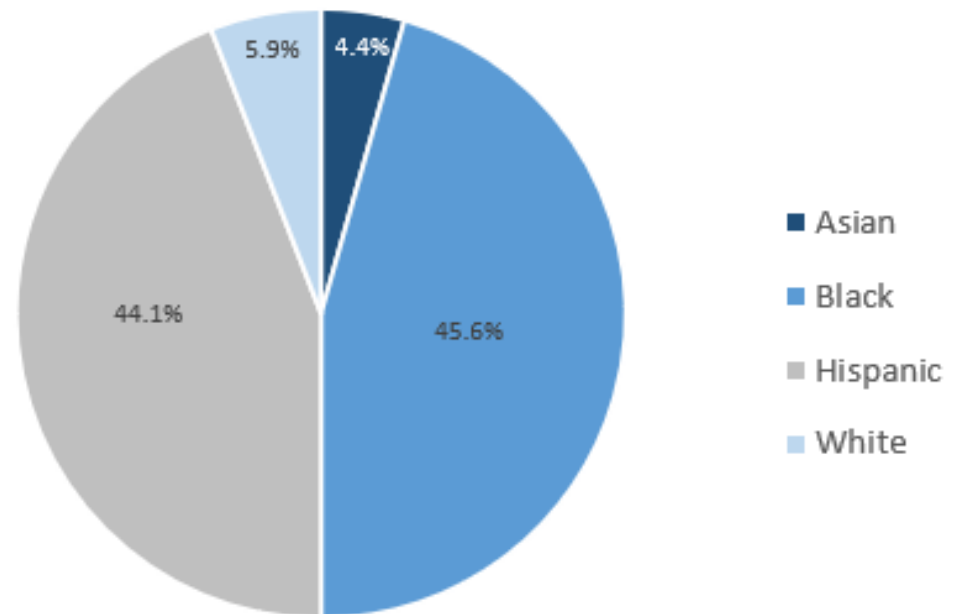


Figure 6. Characteristics of Cumulative Confirmed COVID-19 Deaths, Dallas County
 March 10, 2020 – August 6, 2021

Total confirmed deaths caused by COVID-19

3,634

Deaths with at least one high risk condition

2,797

Deaths with diabetes as underlying condition

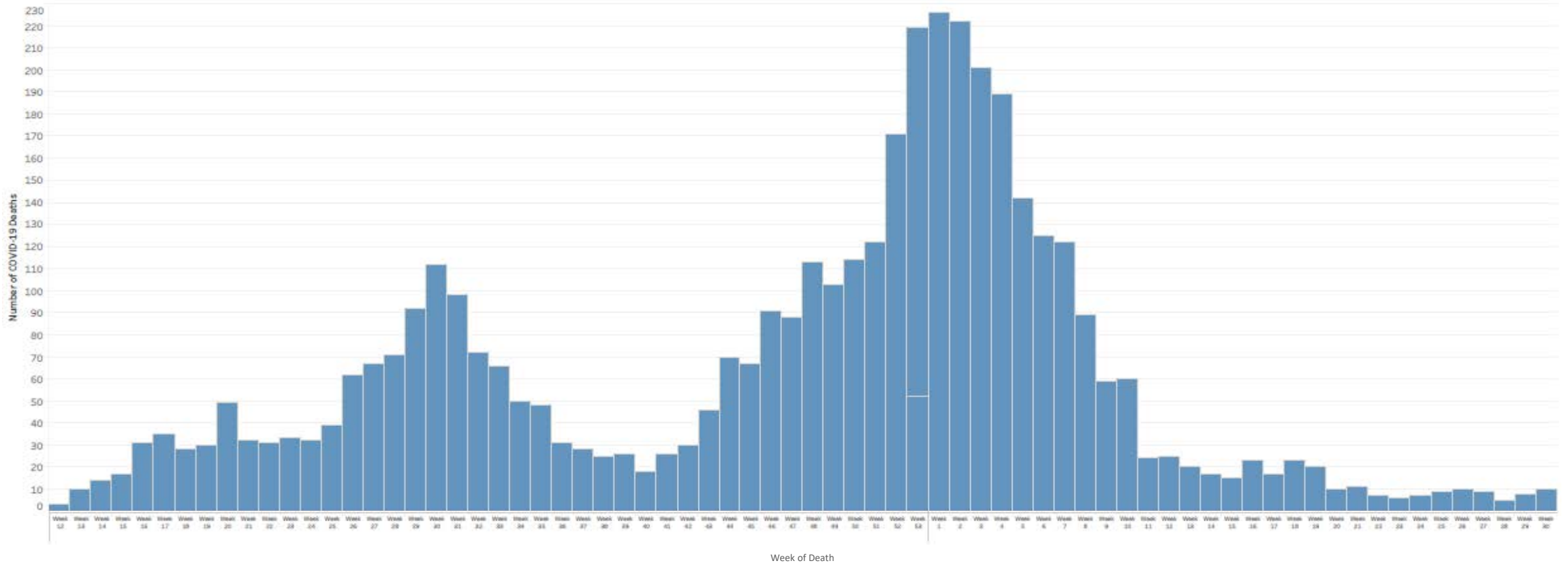
1,665

Gender	Total	%
Female	1,453	39.98%
Male	2,181	60.02%

Age Group (Years)	Total	%
0-17	2	0.06%
18-40	129	3.55%
40-64	1,077	29.64%
65 or older	2,426	66.76%

Race/Ethnicity	Total	%
American Indian	7	0.19%
Asian	158	4.38%
Black	825	22.89%
Hispanic	1,456	40.40%
White	1,158	32.13%

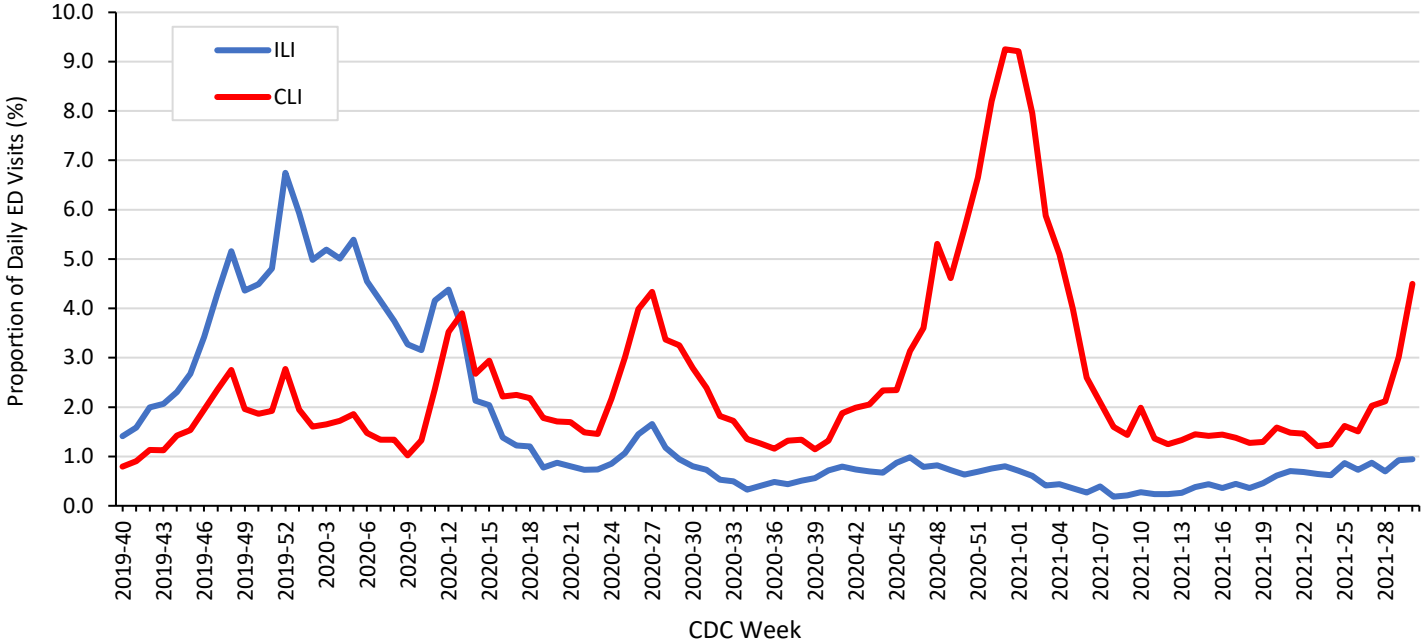
Figure 7. Confirmed and Probable COVID-19-Associated Deaths by Week of Death, Dallas County
 March 2020 - July 31, 2021 (CDC Week 30)



* Dallas County residents diagnosed with confirmed COVID-19 by molecular amplification detection testing.

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

Figure 8. Syndromic Surveillance of Emergency Department Visits for COVID-like Illness (CLI)* and Influenza-like Illness (ILI)** , Dallas County
March 10, 2020 - July 31, 2021



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

Figure 9. COVID-19 Nucleic Acid Amplification Tests (NAATs) by Week, Dallas County: Number of Tests Performed and Percent Positivity As of August 4, 2021

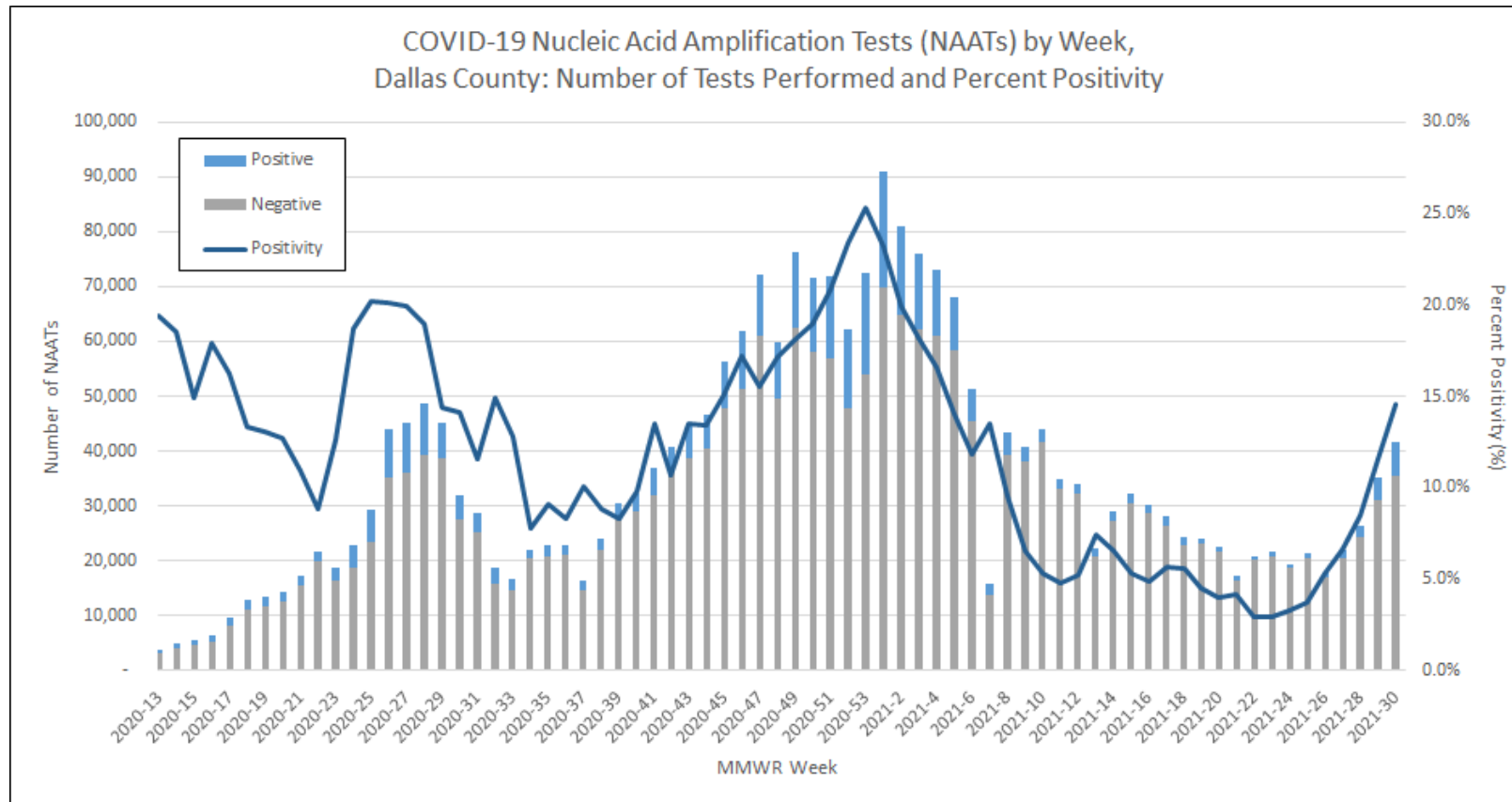


Figure 10. SARS-CoV-2 Positive PCR Tests Reported to DCHHS by Hospital Laboratories
 March 22, 2020 - July 31, 2021 (CDC Weeks 13-30)

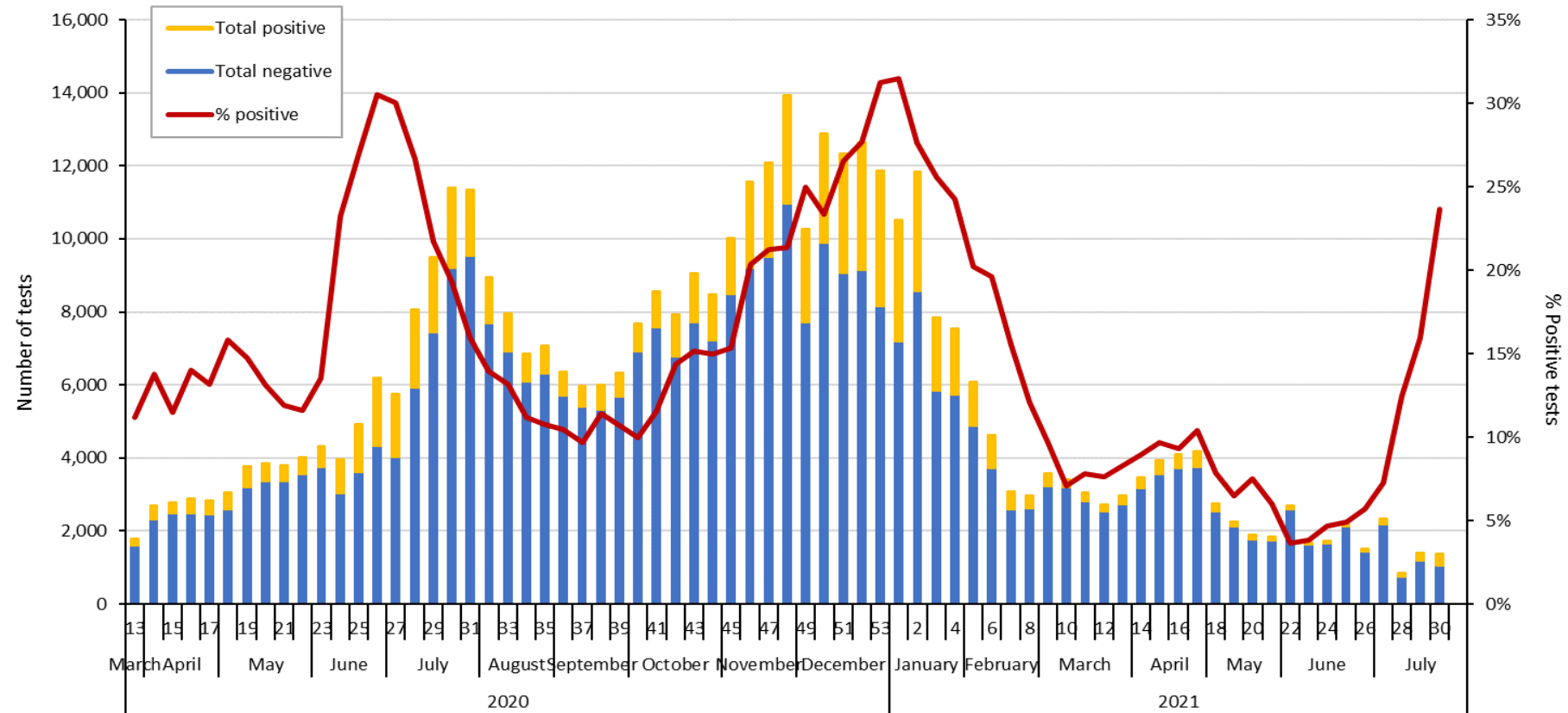
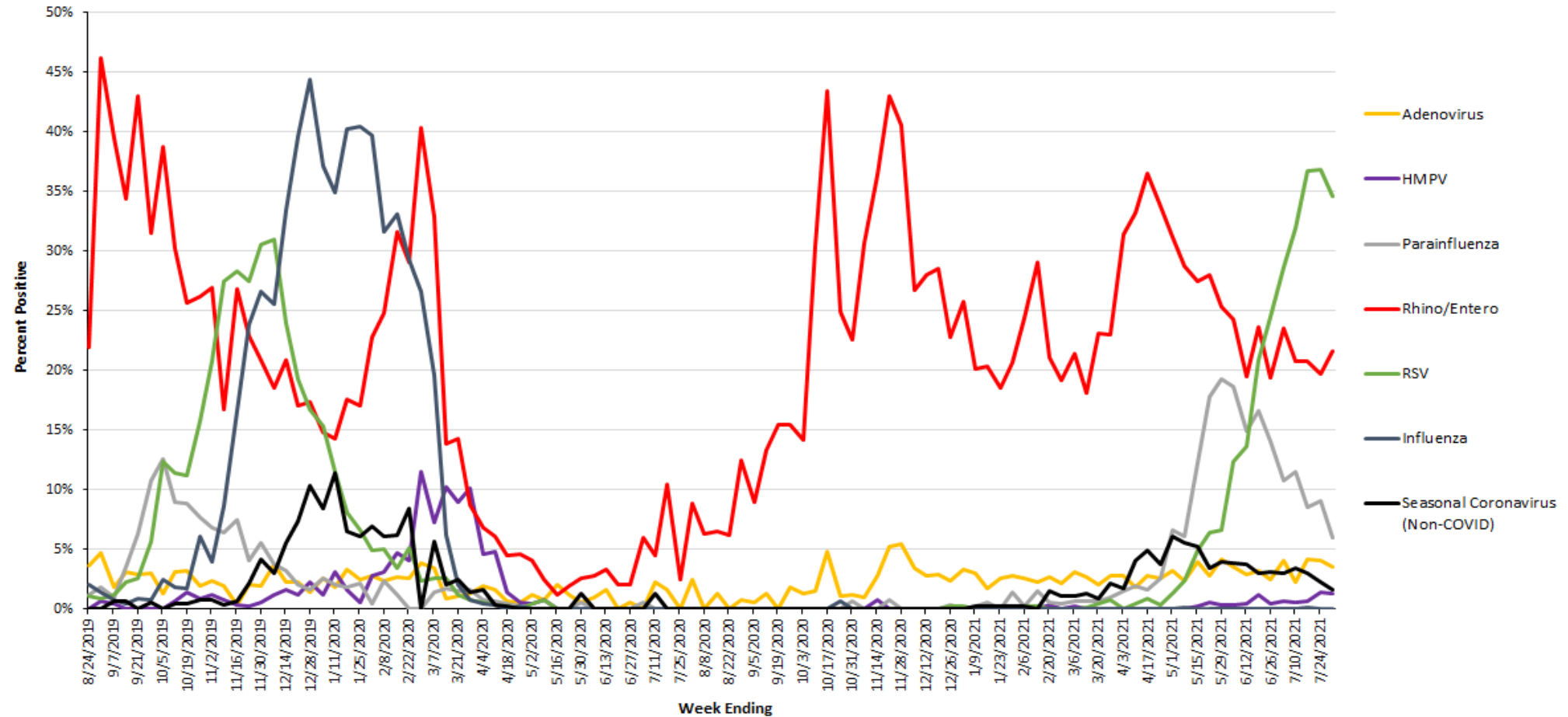


Table 3. Respiratory Virus Testing by North Texas Hospitals Participating in Health Surveillance Programs
 March 28, 2021 - July 31, 2021 (CDC Weeks 13-30)

CDC Week	Week Ending Date	AdenoVirus			HMPV			ParaFlu			Rhino/Entero			RSV			Influenza			Seasonal Coronavirus		
		Tests Performed	Total Positives	Percent Positive	Tests Performed	Total Positives	Percent Positive	Tests Performed	Total Positives	Percent Positive	Tests Performed	Total Positives	Percent Positive	Tests Performed	Total Positives	Percent Positive	Tests Performed	Total Positives	Percent Positive	Tests Performed	Total Positives	Percent Positive
2113	4/3/2021	542	15	2.77%	542	0	0.00%	542	8	1.48%	542	170	31.37%	555	0	0.00%	555	0	0.00%	542	9	1.66%
2114	4/10/2021	612	11	1.80%	612	0	0.00%	612	12	1.96%	612	203	33.17%	629	3	0.48%	630	0	0.00%	612	25	4.08%
2115	4/17/2021	572	16	2.80%	572	0	0.00%	572	9	1.57%	572	209	36.54%	590	5	0.85%	590	0	0.00%	572	28	4.90%
2116	4/24/2021	635	16	2.52%	635	0	0.00%	635	16	2.52%	635	214	33.70%	646	2	0.31%	646	0	0.00%	635	24	3.78%
2117	5/1/2021	593	19	3.20%	593	0	0.00%	593	39	6.58%	593	185	31.20%	610	8	1.31%	610	0	0.00%	493	30	6.09%
2118	5/8/2021	591	14	2.37%	591	0	0.00%	591	36	6.09%	591	170	28.76%	626	15	2.40%	626	1	0.16%	591	33	5.58%
2119	5/15/2021	513	20	3.90%	513	1	0.19%	513	63	12.28%	513	141	27.49%	532	26	4.89%	532	0	0.00%	513	27	5.26%
2120	5/22/2021	715	20	2.80%	715	4	0.56%	715	127	17.76%	715	200	27.97%	748	48	6.42%	748	0	0.00%	715	24	3.36%
2121	5/29/2021	642	27	4.21%	642	2	0.31%	642	124	19.31%	647	164	25.35%	678	45	6.64%	678	0	0.00%	642	25	3.89%
2122	6/5/2021	660	23	3.48%	660	2	0.30%	660	123	18.64%	660	160	24.24%	718	89	12.40%	718	0	0.00%	660	25	3.79%
2123	6/12/2021	725	21	2.90%	725	3	0.41%	779	116	14.89%	725	141	19.45%	783	107	13.67%	783	0	0.00%	725	27	3.72%
2124	6/19/2021	758	24	3.17%	758	9	1.19%	758	126	16.62%	758	179	23.61%	888	185	20.83%	888	0	0.00%	758	23	3.03%
2125	6/26/2021	770	19	2.47%	770	3	0.39%	770	108	14.03%	770	149	19.35%	883	216	24.46%	883	0	0.00%	770	24	3.12%
2126	7/3/2021	769	31	4.03%	769	5	0.65%	769	83	10.79%	769	181	23.54%	931	267	28.68%	931	0	0.00%	769	23	2.99%
2127	7/10/2021	713	16	2.24%	713	4	0.56%	713	82	11.50%	713	148	20.76%	943	301	31.92%	943	0	0.00%	713	24	3.37%
2128	7/17/2021	601	25	4.16%	601	4	0.67%	601	51	8.49%	601	125	20.80%	953	350	36.73%	953	1	0.10%	601	18	3.00%
2129	7/24/2021	574	23	4.01%	574	8	1.39%	574	52	9.06%	574	113	19.69%	904	333	36.84%	900	0	0.00%	574	13	2.26%
2130	7/31/2021	633	22	3.48%	633	8	1.26%	633	38	6.00%	633	137	21.64%	963	333	34.58%	963	0	0.00%	633	10	1.58%

Data sources: National Respiratory and Enteric Virus Surveillance System and an additional subset of hospitals voluntarily reporting surveillance PCR 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 11. Respiratory Virus Testing by North Texas Hospitals Participating in Health Surveillance Programs August 17, 2019 - July 31, 2021 (CDC Weeks 34-30)



Data sources: National Respiratory and Enteric Virus Surveillance System and an additional subset of hospitals voluntarily reporting surveillance PCR 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.

Table 4. Summary of Weekly Confirmed and Probable Cases, Deaths, and Percentage Positive Laboratory Tests, Dallas County September 27, 2020 - July 31, 2021 (CDC Weeks 40-30)

CDC Week	Week Ending	Total Confirmed and Probable Cases	Total School-Aged Cases (5 to 17 years)	Daily Average New Confirmed and Probable Cases*	Daily Average New Confirmed and Probable Deaths**	Percentage of Tests Positive for SARS-CoV-2***
40	10/3/2020	2,743	328	392	3	10.0%
41	10/10/2020	3,715	483	531	4	11.5%
42	10/17/2020	4,531	576	647	4	14.3%
43	10/24/2020	5,399	714	771	7	15.1%
44	10/31/2020	5,412	628	773	10	15.0%
45	11/7/2020	8,103	1,020	1,158	10	15.3%
46	11/14/2020	10,196	1,385	1,457	13	20.3%
47	11/21/2020	10,257	1,273	1,465	13	21.2%
48	11/28/2020	8,813	953	1,259	16	21.4%
49	12/5/2020	12,382	1,765	1,769	15	25.0%
50	12/12/2020	12,564	1,738	1,795	16	23.4%
51	12/19/2020	13,418	1,701	1,917	17	26.6%
52	12/26/2020	12,637	1,380	1,805	24	27.7%
53	1/2/2021	16,440	1,942	2,349	31	31.3%
1	1/9/2021	19,247	2,586	2,750	32	31.5%
2	1/16/2021	13,996	1,979	1,999	32	27.6%
3	1/23/2021	11,951	1,712	1,707	29	25.6%
4	1/30/2021	10,345	1,527	1,478	27	24.2%
5	2/6/2021	7,790	1,182	1,113	20	20.2%
6	2/13/2021	4,985	619	712	18	19.6%
7	2/20/2021	1,793	125	256	17	15.5%
8	2/27/2021	3,349	474	478	13	12.1%
9	3/6/2021	2,145	276	306	8	9.7%
10	3/13/2021	1,947	259	278	9	7.1%
11	3/20/2021	1,491	209	213	3	7.8%
12	3/27/2021	1,567	224	224	4	7.6%
13	4/3/2021	1,493	240	213	3	8.3%
14	4/10/2021	1,772	289	253	2	8.9%
15	4/17/2021	1,587	253	227	2	9.6%
16	4/24/2021	1,476	248	211	3	9.3%
17	5/1/2021	1,572	258	225	2	10.4%
18	5/8/2021	1,338	224	191	3	7.9%
19	5/15/2021	1,052	173	150	3	6.5%
20	5/22/2021	918	146	131	1	7.5%
21	5/29/2021	674	96	96	2	6.0%
22	6/5/2021	560	67	80	1	3.7%
23	6/12/2021	616	104	88	<1	3.9%
24	6/19/2021	577	85	82	1	4.7%
25	6/26/2021	760	116	109	1	3.8%
26	7/3/2021	962	165	137	1	5.3%
27	7/10/2021	1,400	202	200	1	7.4%
28	7/17/2021	2,212	285	316	<1	12.4%
29	7/24/2021	3,844	579	549	1	15.9%
30	7/31/2021	5,640	816	806	1	23.6%

Table 5. Dallas County Residents Vaccinated for COVID-19 by City
Data As of Week Ending July 31, 2021 (CDC Week 30)

Dallas County Residents Vaccinated for COVID-19 by City: as of Week Ending 7/31/21 (MMWR Week 30)							
City	Population of City ≥18 years of age ²	Cumulative Residents 12-17 Years who Received ≥ 1 Dose of COVID-19 Vaccine ¹	Cumulative Residents ≥18 Years who Received ≥ 1 Dose of COVID-19 Vaccine ¹	Percent of Residents ≥18 Years Vaccinated with at Least 1 Dose ³	Cumulative Residents 12-17 Years Fully Vaccinated ⁴	Cumulative Residents ≥18 Years Fully Vaccinated ⁴	Percent of Residents ≥18 Years Fully Vaccinated ^{3,4}
Addison	13,061	349	10,747	82%	211	8,133	62%
Balch Springs	16,590	786	9,159	55%	452	6,689	40%
Carrollton	105,102	1,396	25,700	N/A	882	19,658	N/A
Cedar Hill	34,268	1,748	21,684	63%	1,149	16,791	49%
Cockrell Hill	2,995	96	1,452	49%	65	1,133	38%
Coppell	30,387	3,148	27,312	90%	2,271	22,075	73%
Dallas	997,547	33,367	584,119	59%	21,008	443,387	44%
Desoto	38,930	1,600	25,546	66%	1,041	19,189	49%
Duncanville	28,841	1,186	17,653	61%	764	13,114	46%
Farmers Branch	30,624	899	21,467	70%	571	16,560	54%
Garland	173,595	8,620	117,199	68%	5,403	90,079	52%
Glenn Heights	8,975	25	540	N/A	6	379	N/A
Grand Prairie	138,103	4,306	54,382	N/A	2,821	39,627	N/A
Highland Park	6,789	368	5,501	81%	252	4,447	66%
Hutchins	4,423	109	2,222	50%	67	1,656	37%
Irving	175,226	9,548	129,662	74%	6,336	97,463	56%
Lancaster	26,977	1,358	16,295	60%	729	12,226	45%
Mesquite	101,641	4,590	60,188	59%	2,807	45,363	45%
Richardson	90,645	2,636	43,615	N/A	1,821	34,148	N/A
Rowlett	47,915	1,987	28,276	59%	1,351	22,199	46%
Sachse	19,007	887	8,999	N/A	602	7,093	N/A
Seagoville	11,828	440	6,087	52%	263	4,526	38%
Sunnyvale	4,699	423	4,313	92%	303	3,507	75%
University Park	18,073	1,428	12,889	71%	971	10,301	57%
Wilmer	3,178	112	1,667	53%	53	1,168	37%
Countywide Total⁵	1,940,671	81,440	1,237,153	64%	52,216	941,281	49%

¹Does not include vaccinated persons who reside in portions of these cities which are not within Dallas County.

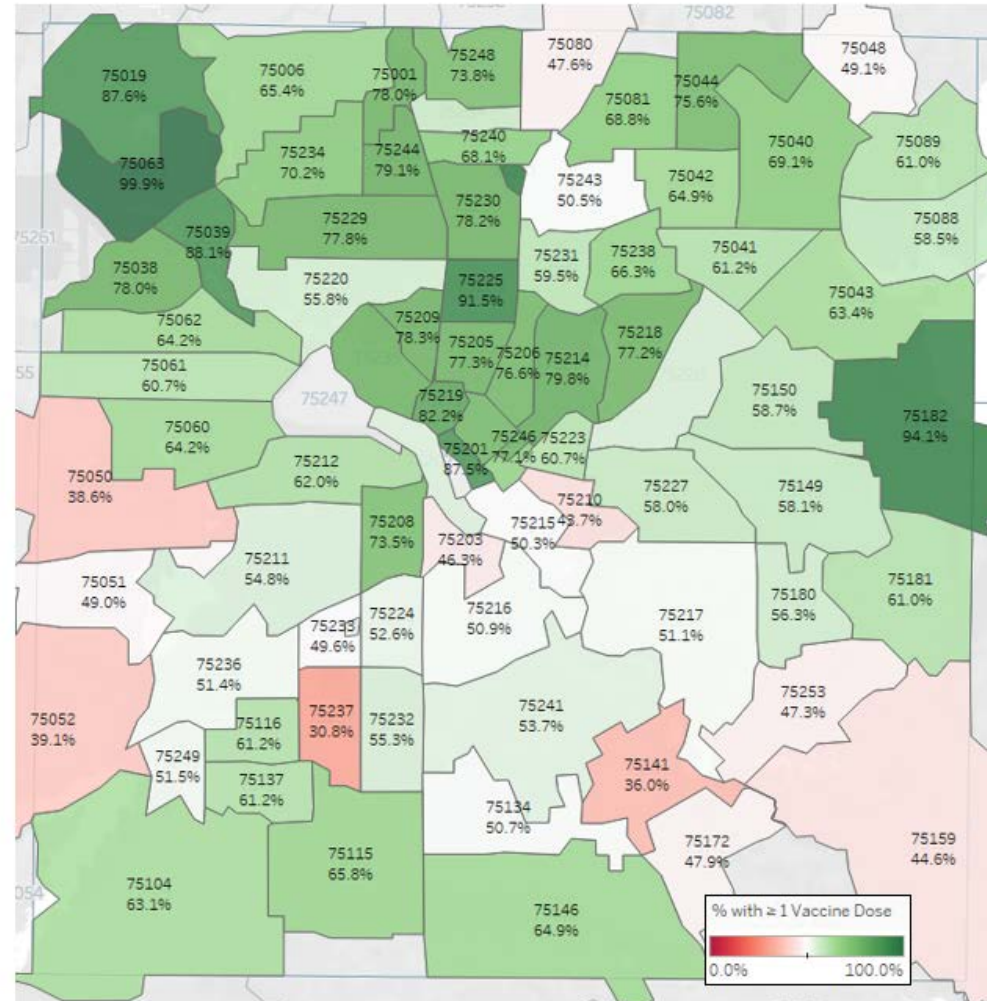
²U.S. Census 2019 estimates of populations of city residents 18 years and older, inclusive of portions of cities located outside of Dallas County.

³Not Available (N/A): vaccine coverage not calculated for cities in which >20% of the city population resides outside of Dallas County.

⁴Fully vaccinated = persons who have received 2 doses of mRNA vaccines or 1 dose of Johnson & Johnson COVID-19 vaccine.

⁵Includes only residents with Dallas County--does not include persons who reside in portions of these cities which are not within Dallas County.

Figure 12. Percentage of Dallas County Residents ≥ 18 Years Who Received ≥ 1 Dose of COVID-19 Vaccine by Zip Code
Data as of August 4, 2021



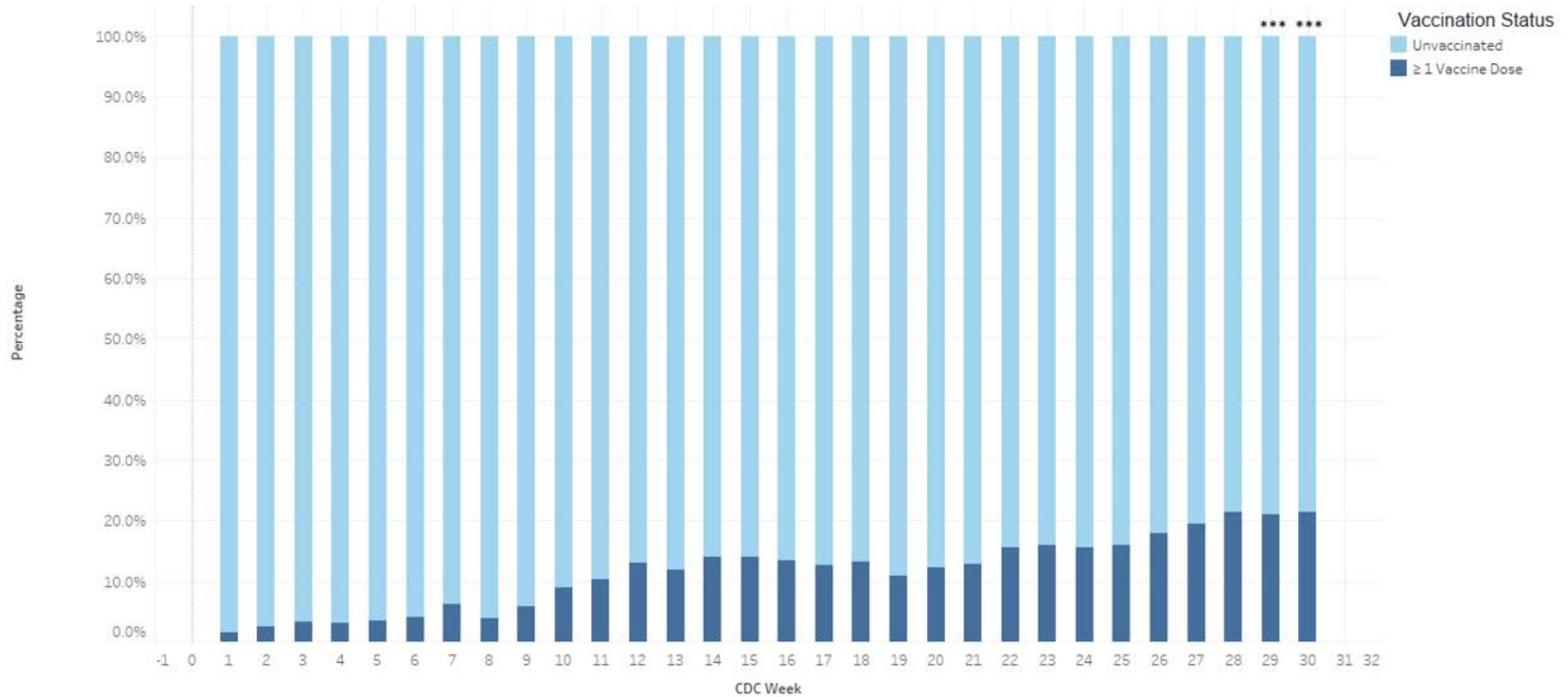
1. CDC approved COVID-19 vaccine; 2. Zip codes where < 30% of residents were Dallas County Residents were excluded

Table 6. Dallas County COVID-19 Cases by CDC Week and Vaccination Status at Positive Specimen Collection Date
January 31, 2021 - July 31, 2021 (CDC Weeks 5 - 30)

CDC Week	Week Ending	Total Cases	Unvaccinated ¹		≥ 1 Vaccine Dose ²		Vaccine Breakthrough ³	
			Total	Percent	Total	Percent	Total	Percent
5	2/6/2021	7,826	7,550	96.5%	276	3.5%	5	0.1%
6	2/13/2021	4,996	4,797	96.0%	199	4.0%	11	0.2%
7	2/20/2021	1,802	1,690	93.8%	112	6.2%	11	0.6%
8	2/27/2021	3,358	3,228	96.1%	130	3.9%	16	0.5%
9	3/6/2021	2,165	2,039	94.2%	126	5.8%	20	0.9%
10	3/13/2021	1,974	1,798	91.1%	176	8.9%	31	1.6%
11	3/20/2021	1,511	1,356	89.7%	155	10.3%	20	1.3%
12	3/27/2021	1,605	1,394	86.9%	211	13.1%	39	2.4%
13	4/3/2021	1,522	1,342	88.2%	180	11.8%	36	2.4%
14	4/10/2021	1,797	1,544	85.9%	253	14.1%	51	2.8%
15	4/17/2021	1,614	1,387	85.9%	227	14.1%	45	2.8%
16	4/24/2021	1,491	1,291	86.6%	200	13.4%	67	4.5%
17	5/1/2021	1,601	1,397	87.3%	204	12.7%	80	5.0%
18	5/8/2021	1,368	1,187	86.8%	181	13.2%	83	6.1%
19	5/15/2021	1,069	953	89.1%	116	10.9%	62	5.8%
20	5/22/2021	925	811	87.7%	114	12.3%	55	5.9%
21	5/29/2021	679	592	87.2%	87	12.8%	51	7.5%
22	6/5/2021	581	491	84.5%	90	15.5%	56	9.6%
23	6/12/2021	646	543	84.1%	103	15.9%	65	10.1%
24	6/19/2021	608	514	84.5%	94	15.5%	70	11.5%
25	6/26/2021	776	652	84.0%	124	16.0%	96	12.4%
26	7/3/2021	987	809	82.0%	178	18.0%	123	12.5%
27	7/10/2021	1,441	1,162	80.6%	279	19.4%	215	14.9%
28	7/17/2021	2,262	1,775	78.5%	487	21.5%	379	16.8%
29***	7/24/2021	3,951	3,116	78.9%	835	21.1%	653	16.5%
30***	7/31/2021	5,592	4,389	78.5%	1,203	21.5%	906	16.2%

1. Case had not received any dose of approved CDC COVID-19 vaccine before positive test collection date; 2. Case had received at least one dose of approved CDC COVID-19 vaccine before positive test collection date; 3. Case had received final dose of approved CDC COVID-19 vaccine at least two weeks before positive test collection date; *** Data may not be complete for recent weeks

Figure 13. Percentage of Dallas County COVID-19 Cases by CDC Week and Vaccination Status at Positive Specimen Collection Date January 3, 2021 - July 31, 2021 (CDC Weeks 1 - 30)



*** Data may not be complete for recent weeks

Figure 14. Dallas Vaccine Breakthrough¹ COVID-19 Cases
Data as of August 4, 2021

Characteristic	Vaccine Breakthrough Metrics	
	Total	Percent
Total Cumulative Count	2,676	0.8% ²
Case Classification		
Confirmed	2,207	82.5%
Probable	469	17.5%
Race / Ethnicity		
White	1,123	42.0%
Black	465	17.4%
Hispanic	812	30.3%
Asian	183	6.8%
Other / Unknown	93	3.5%
Age		
0-17	23	0.9%
18-22	74	2.7%
23-39	826	30.9%
40-64	1,174	43.9%
≥ 65	579	21.6%
Ever Hospitalized	325	12.1%
Related to COVID-19	139	42.8% ³
Not Related to COVID-19	186	57.2% ³
Total Deceased	34	1.3%
Caused by COVID-19	19	55.9% ⁴
Pending Investigation	12	35.3% ⁴
Not Caused by COVID-19	3	8.8% ⁴

1. Case had received final dose of approved CDC COVID-19 vaccine at least two weeks before positive test collection date
 2. Percentage is calculated based on total COVID-19 confirmed and probable cases as of 08/04/2021 (n = 320,732)
 3. Percentage is calculated based on total number of ever hospitalized vaccine breakthrough COVID-19 cases
 4. Percentage is calculated based on total number of deceased vaccine breakthrough COVID-19 cases

Dallas County Residents Vaccinated for COVID-19 by Zip Code: ImmTrac Data Received as of Week Ending 7/31/2021 (MMWR Week 30)

Zip code	Population of Zipcode ≥ 18 years of age	Population of Zipcode	Cumulative Residents 12 - 17 Years who Received ≥ 1 Dose of COVID-19 Vaccine	Cumulative Residents ≥ 18 Years who Received ≥ 1 Dose of COVID-19 Vaccine	Percent of Residents ≥ 18 Years Vaccinated with at Least 1 Dose	Cumulative Residents who Received ≥ 1 Dose of COVID-19 Vaccine	Percent of All Residents Vaccinated with at Least 1 Dose	Cumulative Residents ≥ 18 Years Fully Vaccinated	Percent of Residents ≥ 18 Years Fully Vaccinated	Cumulative Residents Fully Vaccinated	Percent of All Residents Fully Vaccinated
75001	12,794	14,992	305	9,983	78.0%	10,288	68.6%	7,512	58.7%	7,690	51.3%
75006	38,763	51,642	1,398	25,367	65.4%	26,765	51.8%	19,420	50.1%	20,291	39.3%
75019	31,321	42,888	3,165	27,434	87.6%	30,599	71.3%	22,159	70.7%	24,430	57.0%
75038	22,907	29,990	947	17,863	78.0%	18,810	62.7%	13,418	58.6%	14,021	46.8%
75039	16,691	20,108	594	14,703	88.1%	15,297	76.1%	11,124	66.6%	11,507	57.2%
75040	45,598	62,417	2,405	31,488	69.1%	33,893	54.3%	24,184	53.0%	25,661	41.1%
75041	21,118	30,880	1,066	12,926	61.2%	13,992	45.3%	9,730	46.1%	10,343	33.5%
75042	27,435	39,183	1,505	17,806	64.9%	19,311	49.3%	13,370	48.7%	14,292	36.5%
75043	45,323	62,601	2,111	28,714	63.4%	30,825	49.2%	22,024	48.6%	23,290	37.2%
75044	34,106	43,292	1,596	25,793	75.6%	27,389	63.3%	20,265	59.4%	21,346	49.3%
75048	19,047	25,598	915	9,343	49.1%	10,258	40.1%	7,371	38.7%	7,995	31.2%
75050	31,240	43,174	874	12,057	38.6%	12,931	30.0%	8,674	27.8%	9,209	21.3%
75051	28,325	40,923	1,057	13,881	49.0%	14,938	36.5%	10,044	35.5%	10,723	26.2%
75052	69,463	95,495	2,289	27,194	39.1%	29,483	30.9%	19,948	28.7%	21,474	22.5%
75060	33,214	47,764	1,747	21,338	64.2%	23,085	48.3%	15,842	47.7%	16,965	35.5%
75061	37,999	54,520	1,787	23,050	60.7%	24,837	45.6%	17,214	45.3%	18,372	33.7%
75062	35,812	49,306	1,760	22,988	64.2%	24,748	50.2%	16,993	47.5%	18,107	36.7%
75063	30,024	40,048	2,802	30,365	99.9%	33,167	82.8%	23,328	77.7%	25,330	63.2%
75080	41,001	52,531	1,315	19,521	47.6%	20,836	39.7%	15,431	37.6%	16,322	31.1%
75081	30,971	40,265	1,219	21,310	68.8%	22,529	56.0%	16,516	53.3%	17,363	43.1%
75088	20,218	26,039	641	11,828	58.5%	12,469	47.9%	9,354	46.3%	9,779	37.6%
75089	26,568	36,324	1,349	16,197	61.0%	17,546	48.3%	12,629	47.5%	13,542	37.3%
75104	34,769	49,171	1,791	21,933	63.1%	23,724	48.2%	16,987	48.9%	18,155	36.9%
75115	38,756	52,916	1,636	25,486	65.8%	27,122	51.3%	19,105	49.3%	20,151	38.1%
75116	14,029	19,867	620	8,588	61.2%	9,208	46.3%	6,295	44.9%	6,693	33.7%
75134	15,062	21,879	739	7,634	50.7%	8,373	38.3%	5,704	37.9%	6,088	27.8%
75137	14,812	19,548	593	9,062	61.2%	9,655	49.4%	6,792	45.9%	7,177	36.7%
75141	4,440	5,782	111	1,599	36.0%	1,710	29.6%	1,194	26.9%	1,259	21.8%
75146	13,673	19,701	646	8,868	64.9%	9,514	48.3%	6,674	48.8%	7,034	35.7%
75149	39,459	56,473	1,791	22,921	58.1%	24,712	43.8%	17,124	43.4%	18,162	32.2%
75150	43,570	60,671	1,798	25,593	58.7%	27,391	45.1%	19,240	44.2%	20,333	33.5%
75159	14,541	20,098	484	6,483	44.6%	6,967	34.7%	4,816	33.1%	5,100	25.4%
75172	3,335	4,619	117	1,596	47.9%	1,713	37.1%	1,095	32.8%	1,148	24.9%
75180	15,735	23,941	755	8,860	56.3%	9,615	40.2%	6,457	41.0%	6,887	28.8%

Fully vaccinated = persons who have received 2 doses of mRNA vaccines or 1 dose of Johnson Johnson COVID-19 vaccine.
 Vaccine coverage not calculated for zipcodes in which >30% of the population resides outside of Dallas County.

Attachment 1

Exhibit 2

Dallas County Residents Vaccinated for COVID-19 by Zip Code: ImmTrac Data Received as of Week Ending 7/31/2021 (MMWR Week 30)											
Zip code	Population of Zipcode ≥ 18 years of age	Population of Zipcode	Cumulative Residents 12 - 17 Years who Received ≥ 1 Dose of COVID-19 Vaccine	Cumulative Residents ≥ 18 Years who Received ≥ 1 Dose of COVID-19 Vaccine	Percent of Residents ≥ 18 Years Vaccinated with at Least 1 Dose	Cumulative Residents who Received ≥ 1 Dose of COVID-19 Vaccine	Percent of All Residents Vaccinated with at Least 1 Dose	Cumulative Residents ≥ 18 Years Fully Vaccinated	Percent of Residents ≥ 18 Years Fully Vaccinated	Cumulative Residents Fully Vaccinated	Percent of All Residents Fully Vaccinated
75181	19,759	28,263	1,105	12,052	61.0%	13,157	46.6%	9,230	46.7%	9,923	35.1%
75182	4,577	6,325	426	4,308	94.1%	4,734	74.8%	3,509	76.7%	3,811	60.3%
75201	16,571	17,476	291	14,505	87.5%	14,796	84.7%	10,595	63.9%	10,724	61.4%
75203	12,963	17,367	354	6,007	46.3%	6,361	36.6%	4,367	33.7%	4,579	26.4%
75204	27,688	30,537	315	21,013	75.9%	21,328	69.8%	16,047	58.0%	16,206	53.1%
75205	19,595	24,877	1,149	15,147	77.3%	16,296	65.5%	11,990	61.2%	12,764	51.3%
75206	33,987	39,010	611	26,047	76.6%	26,658	68.3%	20,375	59.9%	20,786	53.3%
75207	7,568	7,702	81	4,114	54.4%	4,195	54.5%	3,058	40.4%	3,099	40.2%
75208	22,870	29,706	903	16,820	73.5%	17,723	59.7%	13,107	57.3%	13,707	46.1%
75209	11,869	14,308	362	9,288	78.3%	9,650	67.4%	7,508	63.3%	7,756	54.2%
75210	5,829	8,673	135	2,550	43.7%	2,685	31.0%	1,777	30.5%	1,862	21.5%
75211	54,283	77,570	2,346	29,749	54.8%	32,095	41.4%	22,319	41.1%	23,768	30.6%
75212	18,353	26,720	804	11,373	62.0%	12,177	45.6%	8,447	46.0%	8,955	33.5%
75214	27,559	34,824	1,487	21,987	79.8%	23,474	67.4%	17,556	63.7%	18,610	53.4%
75215	13,588	17,818	270	6,829	50.3%	7,099	39.8%	4,956	36.5%	5,101	28.6%
75216	37,974	53,327	1,183	19,337	50.9%	20,520	38.5%	14,030	36.9%	14,718	27.6%
75217	58,511	89,163	2,346	29,926	51.1%	32,272	36.2%	21,819	37.3%	23,207	26.0%
75218	18,279	22,529	852	14,119	77.2%	14,971	66.5%	11,259	61.6%	11,858	52.6%
75219	23,051	25,120	287	18,958	82.2%	19,245	76.6%	15,045	65.3%	15,218	60.6%
75220	30,025	42,009	1,280	16,766	55.8%	18,046	43.0%	12,430	41.4%	13,242	31.5%
75223	10,791	14,941	413	6,547	60.7%	6,960	46.6%	4,853	45.0%	5,109	34.2%
75224	25,671	37,592	928	13,497	52.6%	14,425	38.4%	10,068	39.2%	10,625	28.3%
75225	16,159	21,736	1,147	14,785	91.5%	15,932	73.3%	12,098	74.9%	12,863	59.2%
75226	3,989	4,579	41	2,678	67.1%	2,719	59.4%	1,991	49.9%	2,013	44.0%
75227	40,314	59,924	1,635	23,365	58.0%	25,000	41.7%	17,187	42.6%	18,148	30.3%
75228	52,894	73,976	1,876	29,197	55.2%	31,073	42.0%	22,027	41.6%	23,209	31.4%
75229	24,322	32,322	1,454	18,918	77.8%	20,372	63.0%	14,861	61.1%	15,843	49.0%
75230	23,009	27,489	1,254	18,003	78.2%	19,257	70.1%	14,350	62.4%	15,187	55.2%
75231	30,044	40,371	964	17,885	59.5%	18,849	46.7%	13,326	44.4%	13,904	34.4%
75232	23,274	31,453	765	12,879	55.3%	13,644	43.4%	9,746	41.9%	10,225	32.5%
75233	12,555	17,280	438	6,225	49.6%	6,663	38.6%	4,684	37.3%	4,971	28.8%
75234	28,703	37,160	933	20,142	70.2%	21,075	56.7%	15,548	54.2%	16,128	43.4%
75235	15,178	18,429	407	11,873	78.2%	12,280	66.6%	9,401	61.9%	9,637	52.3%
75236	12,327	18,137	516	6,331	51.4%	6,847	37.8%	4,631	37.6%	4,955	27.3%

Fully vaccinated = persons who have received 2 doses of mRNA vaccines or 1 dose of Johnson Johnson COVID-19 vaccine.
 Vaccine coverage not calculated for zipcodes in which >30% of the population resides outside of Dallas County.

Attachment 1

Exhibit 2

Dallas County Residents Vaccinated for COVID-19 by Zip Code: ImmTrac Data Received as of Week Ending 7/31/2021 (MMWR Week 30)

Zip code	Population of Zipcode ≥ 18 years of age	Population of Zipcode	Cumulative Residents 12 - 17 Years who Received ≥ 1 Dose of COVID-19 Vaccine	Cumulative Residents ≥ 18 Years who Received ≥ 1 Dose of COVID-19 Vaccine	Percent of Residents ≥ 18 Years Vaccinated with at Least 1 Dose	Cumulative Residents who Received ≥ 1 Dose of COVID-19 Vaccine	Percent of All Residents Vaccinated with at Least 1 Dose	Cumulative Residents ≥ 18 Years Fully Vaccinated	Percent of Residents ≥ 18 Years Fully Vaccinated	Cumulative Residents Fully Vaccinated	Percent of All Residents Fully Vaccinated
75237	14,861	21,423	309	4,575	30.8%	4,884	22.8%	3,225	21.7%	3,419	16.0%
75238	23,558	33,049	1,231	15,615	66.3%	16,846	51.0%	12,166	51.6%	12,967	39.2%
75240	20,130	28,534	789	13,713	68.1%	14,502	50.8%	9,981	49.6%	10,448	36.6%
75241	22,338	31,562	645	12,006	53.7%	12,651	40.1%	8,810	39.4%	9,200	29.1%
75243	51,001	68,308	1,492	25,747	50.5%	27,239	39.9%	19,305	37.9%	20,201	29.6%
75244	10,819	13,254	548	8,561	79.1%	9,109	68.7%	6,752	62.4%	7,129	53.8%
75246	2,101	2,760	28	1,620	77.1%	1,648	59.7%	1,206	57.4%	1,224	44.3%
75248	30,221	37,373	1,251	22,297	73.8%	23,548	63.0%	17,550	58.1%	18,366	49.1%
75249	12,720	17,649	483	6,547	51.5%	7,030	39.8%	4,864	38.2%	5,179	29.3%
75251	2,537	2,861	48	2,401	94.6%	2,449	85.6%	1,849	72.9%	1,879	65.7%
75253	15,186	23,900	719	7,180	47.3%	7,899	33.1%	5,253	34.6%	5,671	23.7%
75254	19,969	26,929	623	11,453	57.4%	12,076	44.8%	8,564	42.9%	8,941	33.2%

Fully vaccinated = persons who have received 2 doses of mRNA vaccines or 1 dose of Johnson Johnson COVID-19 vaccine. Vaccine coverage not calculated for zipcodes in which >30% of the population resides outside of Dallas County.

Attachment 1

Exhibit 2



Dallas County COVID-19 Monitoring Data August 8, 2021

Attachment 2

Exhibit 2

Image Source: <https://www.wfaa.com/article/news/health/coronavirus/coronavirus-updates-in-dallas-for-t-worth-saturday-april-25/287-9fb7f0e0-2d6d-44fa-b48d-b0d29047f63e>

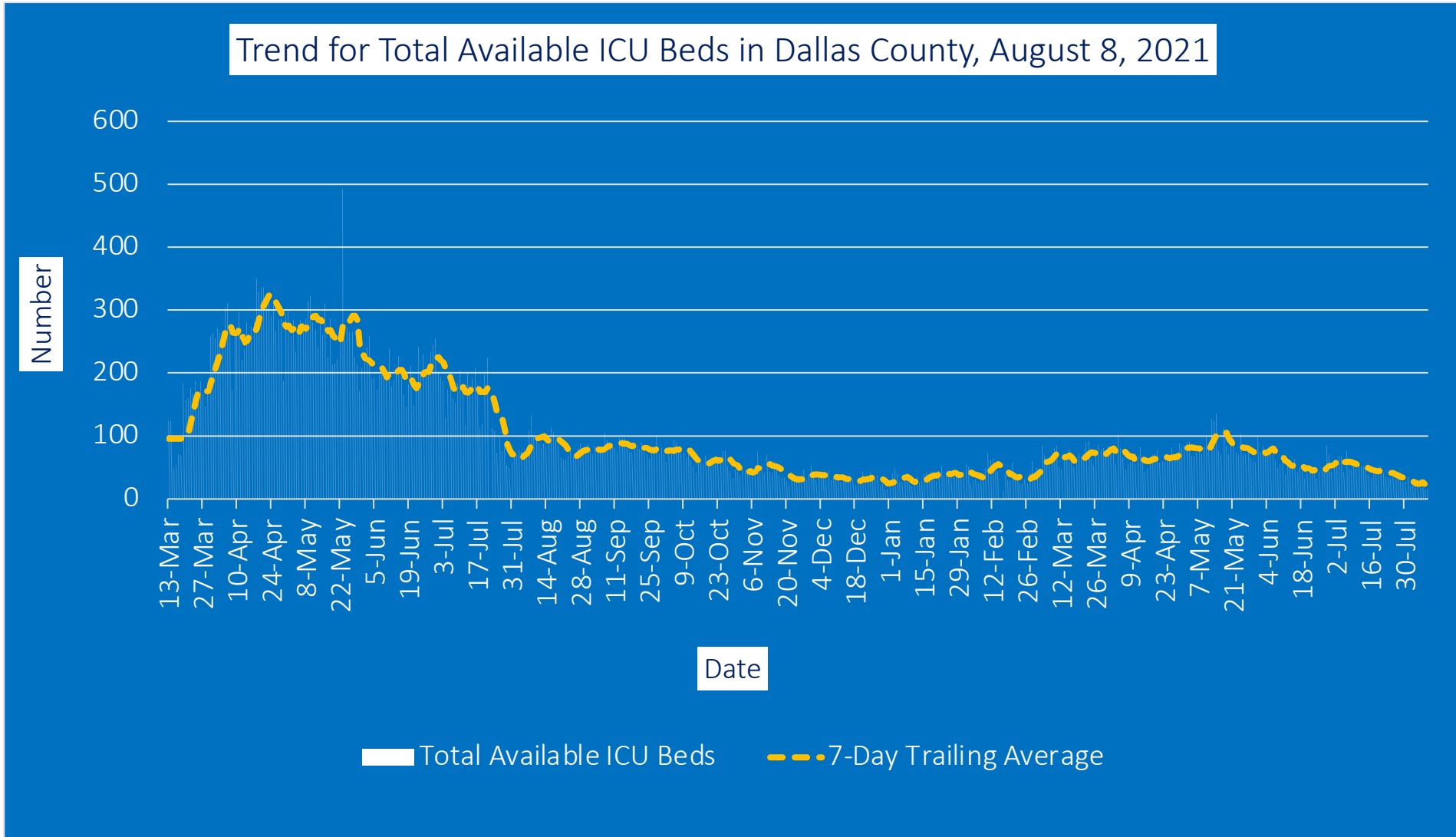
TODAY'S COVID-19 RISK LEVEL



NIVEL DE RIESGO DE COVID-19 DE HOY

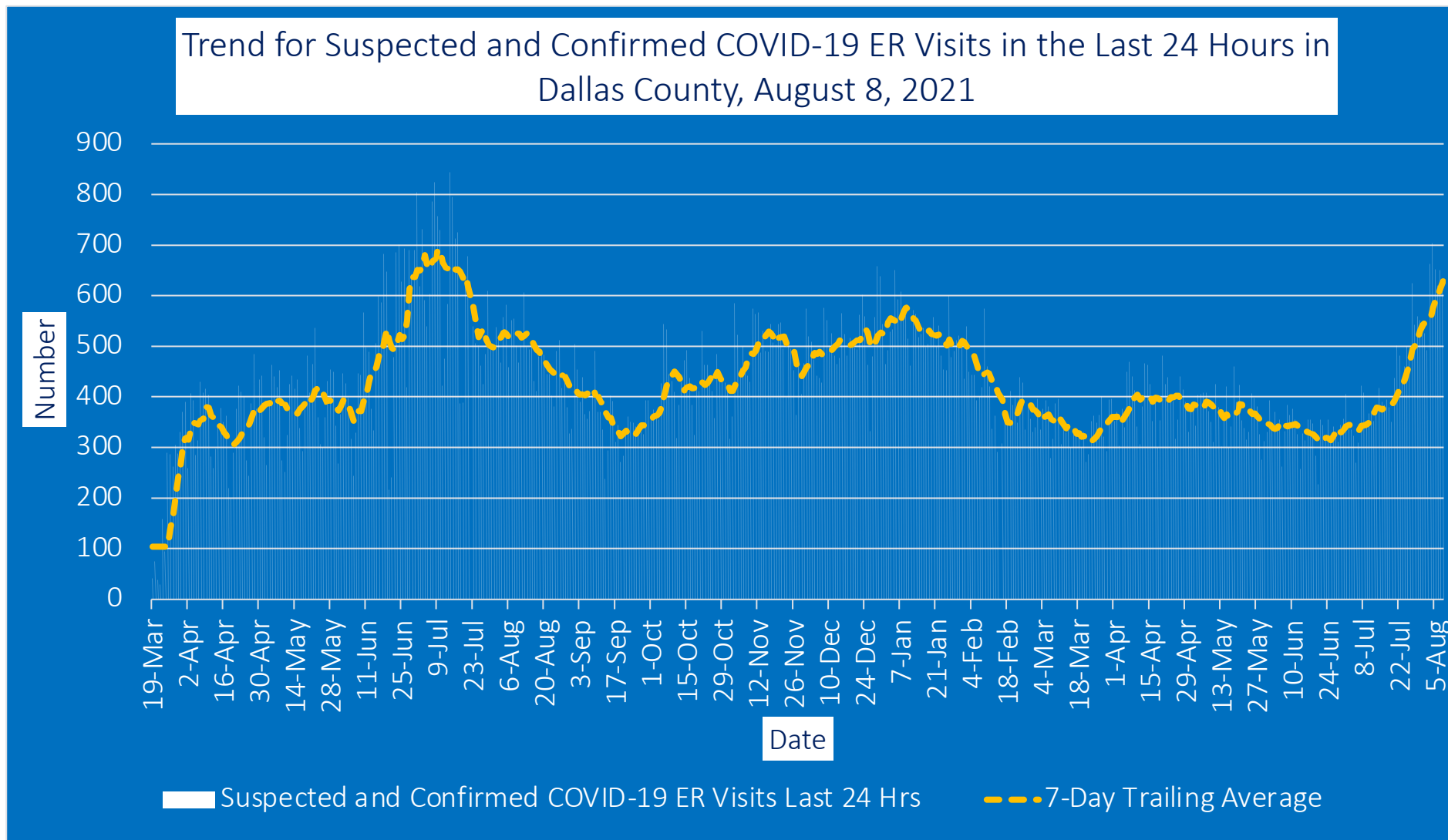


Available ICU Beds and 7-Day Trailing Average



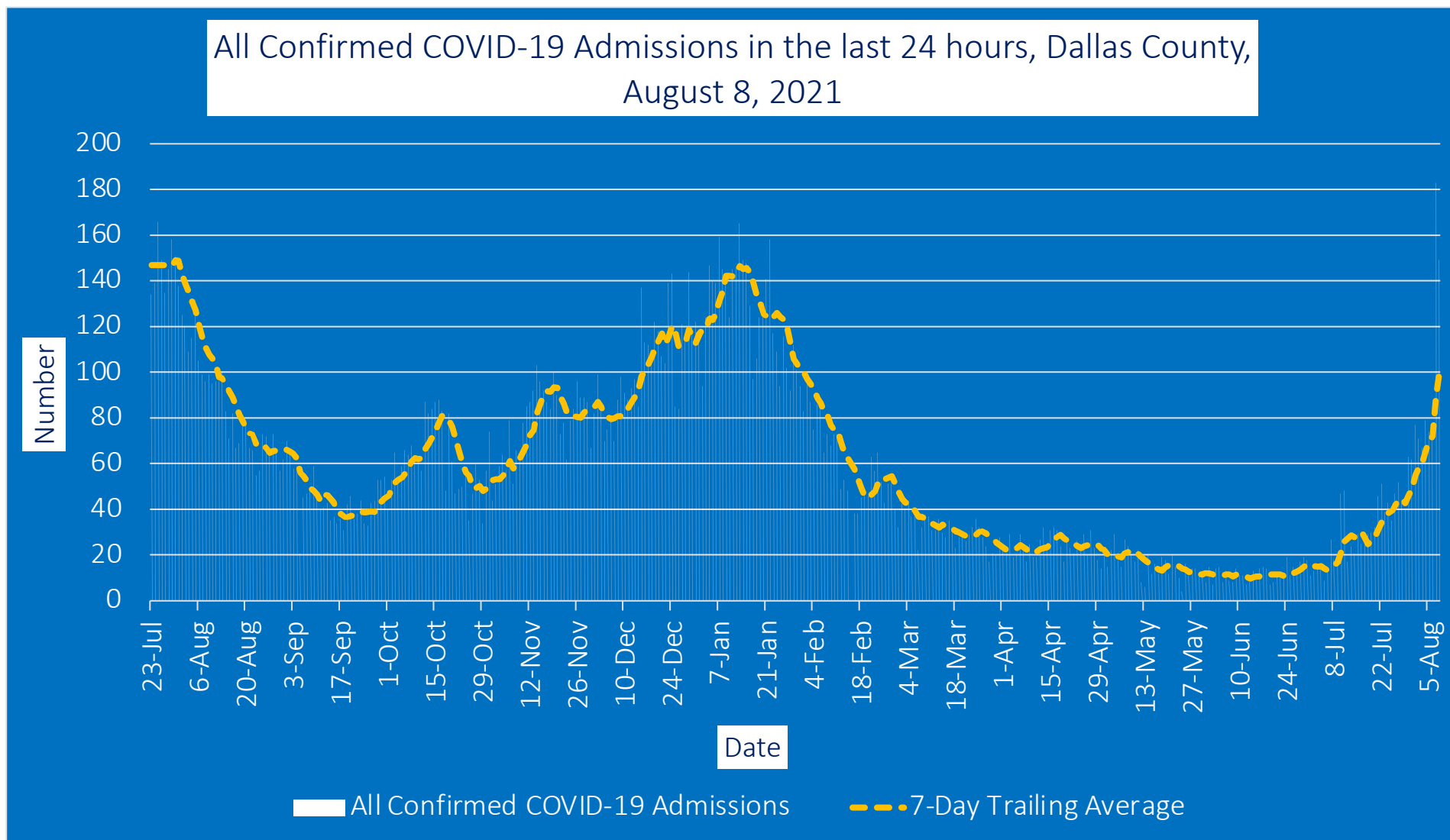
16 All ICU Beds
(←→ from previous day)

ED Visits: Suspected and Confirmed COVID-19 ER Visits in the Last 24 hrs



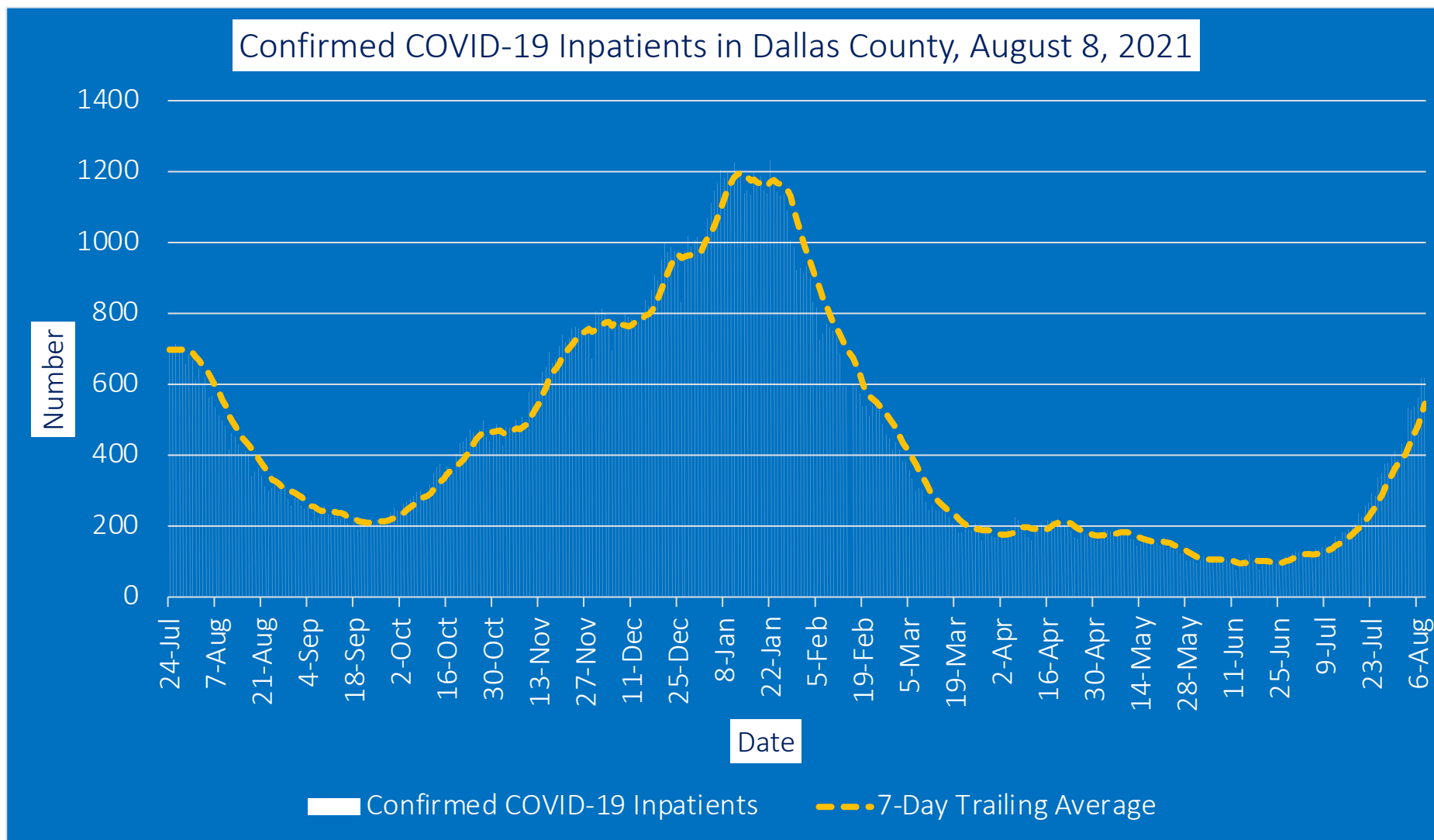
613 Suspected and Confirmed COVID ER Visits (↓ 38 from previous day)

COVID ADMITS: All Confirmed COVID-19 Admissions in the last 24 hrs



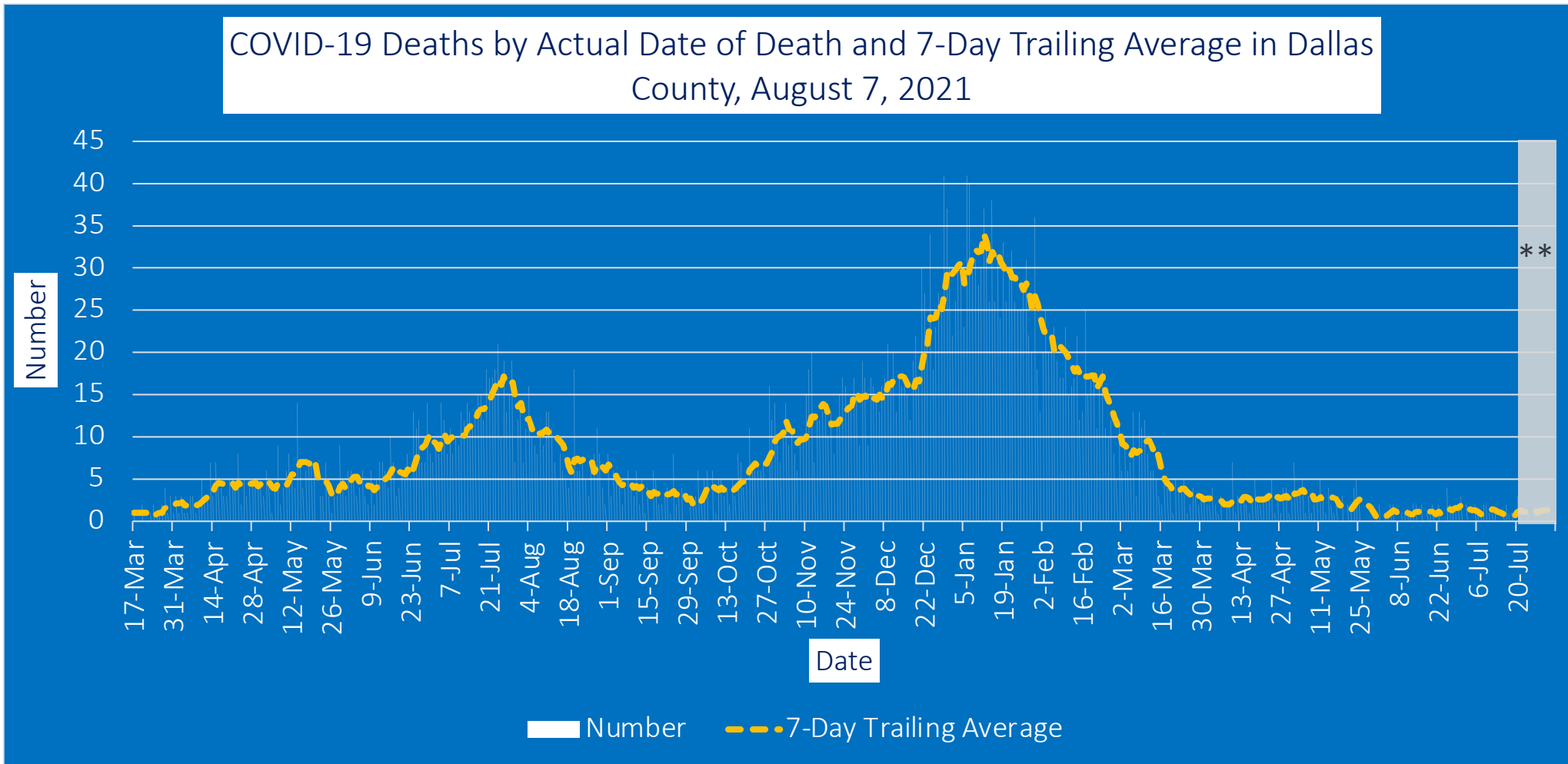
149 All Confirmed COVID Admissions (↓ 34 from previous day)

Hospital Occupancy: Confirmed COVID-19 Inpatients



619 Confirmed COVID-19 Inpatients (↔ from previous day)

COVID-19 Deaths by Actual Date of Death and 7-day Trailing Average



Data Source: Dallas County Health and Human Services.

**Data are incomplete for the most recent dates. Average reporting lag = 9.0 days (Range = 0 - 126 days)

Mortality data are updated as we receive additional death reports

COVID-19 Current State Analysis and Forecasting for the DFW Region

Department of Internal Medicine
Lyda Hill Department of Bioinformatics
Department of Emergency Medicine
UTSW Health System Information Resources
Updated August 9 with data as of August 5-6

About the Model

The following slides illustrate a model of how COVID-19 is spreading across the DFW region based on real patient data. This provides a snapshot based on data available as of August 5-6. Every time we receive new data, we re-run the model and refine the graphs.

In the following slides we examine how well preventive measures including vaccinations, masking, staying at home, physical distancing, hand hygiene and others have limited the spread of COVID-19, and what might happen looking forward.

Model-building is an iterative process with inherent uncertainty in its predictions. It facilitates planning and should not be the sole basis for policies or management decisions for any emerging infection.

We thank the Dallas and Tarrant County health departments, the hospitals, and health systems that have contributed data to help us build this model.

Commentary

The total number of people hospitalized for COVID-19 in North Texas is expected to substantially increase over the next several weeks. Critically, the current pace of hospitalization growth could put Dallas and Tarrant Counties above January surge levels before September, placing increased stress on the collective capacity of regional health systems. Hospital volumes have risen 99 percent over the past two weeks and 346 percent over the past month. At the current pace of vaccinations, levels of hospitalization will far exceed past records as we enter the fall. The predicted increases are due to high levels of transmission as well as climbing hospitalization rates. This is likely attributable to the increasing prevalence of the highly transmissible Delta variant, which now represents over 90 percent of all positive test samples at UT Southwestern and has been linked to more severe disease in some studies. The increasing number of new cases of COVID-19 and subsequent hospitalizations also reflects the large numbers of individuals who are not yet vaccinated and therefore particularly susceptible to infection.

It is still possible to avoid the worst scenarios if vaccination volumes return to prior levels (see slide 5 for projected scenarios if we triple current vaccination rates). People under 65 now make up the largest share of hospital admissions in most North Texas counties, so it remains important to increase vaccination rates in this age group. Increased personal adherence to indoor masking, physical distancing, and other interventions recommended by health experts will be necessary to protect the health of Texans who are currently unvaccinated or who may be immunocompromised.

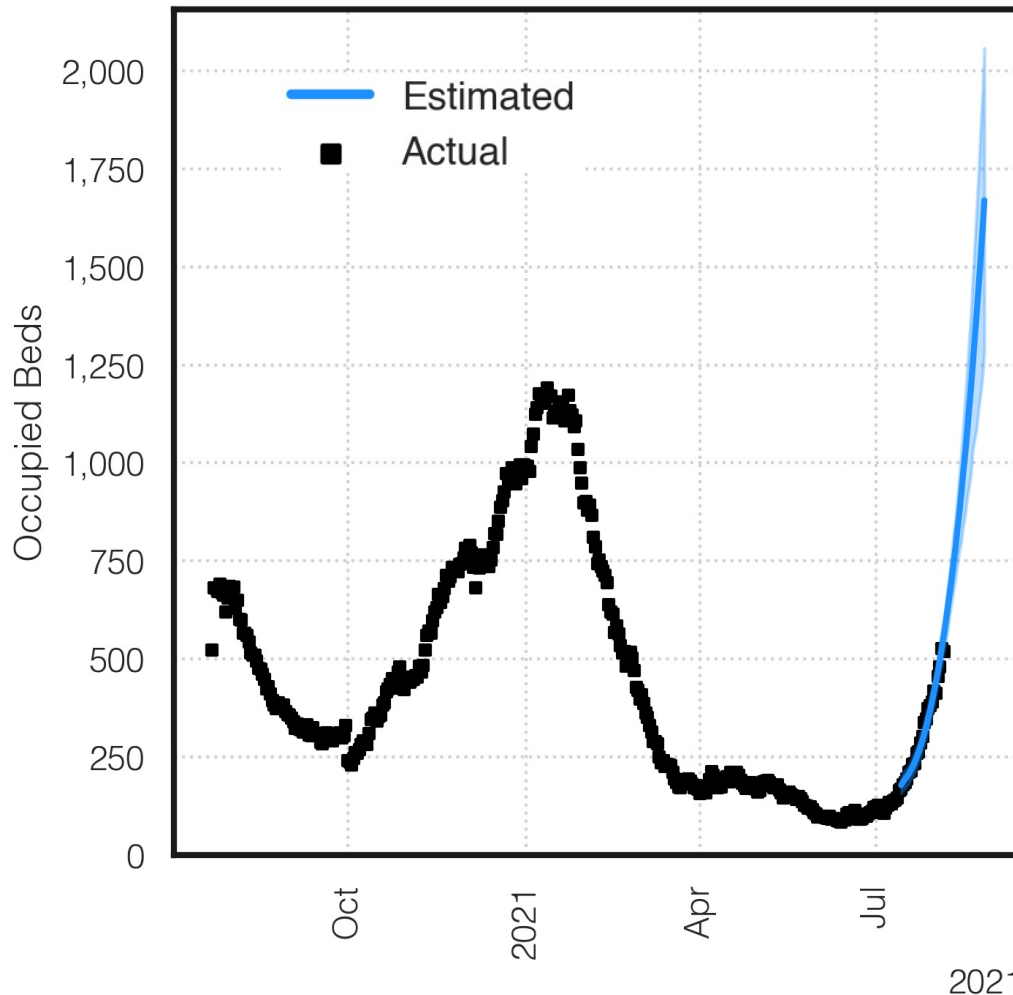
Measures of mobility are still near pre-pandemic levels in some counties, excluding visits to workplaces, as a stable subset of the population has shifted to working from home. Observed mask wearing declined steeply from May through July, though appears to have plateaued recently. Self-reported mask wearing has begun to increase in the region.

Everyone is strongly encouraged to get the COVID-19 vaccine. As part of our ongoing commitment to an equitable, effective, and efficient vaccination rollout, UT Southwestern has launched an online scheduling portal where all Texans – age 12 and up – can schedule a vaccination appointment: utswmed.org/vaccines.

Visit the CDC website for guidance on which kinds of activities are safe once fully vaccinated, as well as which levels of prevention are recommended. It is important to remember that people arriving at the hospital today were likely infected ~2 weeks ago. Increasing compliance with prevention measures and increasing vaccination rates will help us control transmission in North Texas.

COVID-19 Hospitalizations in Dallas County: Past, Present, and Future Forecasting

Hospitalized COVID-19+ Patients: Past and Predicted



- COVID-19 hospitalizations (black squares) have **increased by 101%** over the past two weeks.
- The **blue line** shows the estimated number of hospitalizations for the last three weeks, as well as our 21-day forecast starting from 8/6.
- Dallas County **total COVID-19 hospitalizations** are predicted to reach 1,500+ concurrent hospitalized cases by August 26.
- Roughly 2,000+ new COVID-19 infections per day are expected by August 26.

Dallas County's Trajectory Still Depends on our Behavior/ Vaccination Success

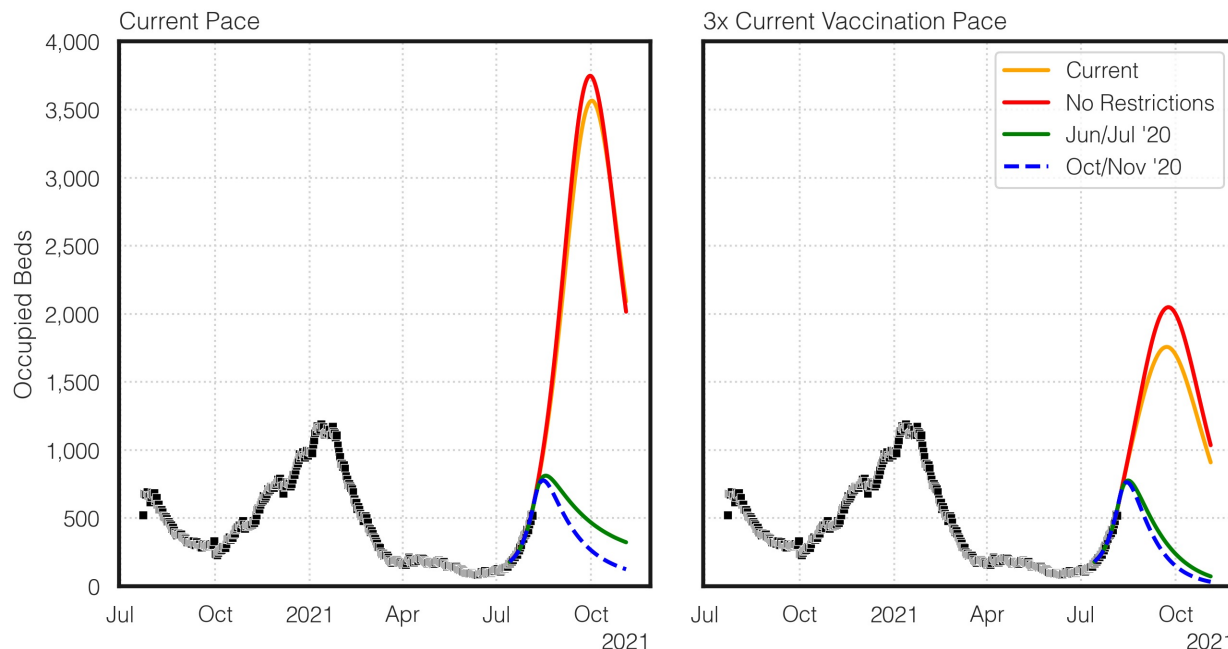
- COVID-19 hospitalizations are expected to dramatically increase given our current pace of vaccinations, behaviors and the increased prevalence of more transmissible strains in our region.
- At our current level and pace of vaccinations, we will most likely not vaccinate every willing, eligible patient until next year.
- Given the prevalence of more transmissible variants, stress on the healthcare system is growing, and a reversal still requires more progress in the ongoing vaccination campaign in North Texas.

Red is if all behavior returns to unmitigated, pre-pandemic patterns (no masking/social distancing/business restrictions)

Orange is if we continue behaviors of July '21 (current absence of mask wearing/social distancing/business restrictions)

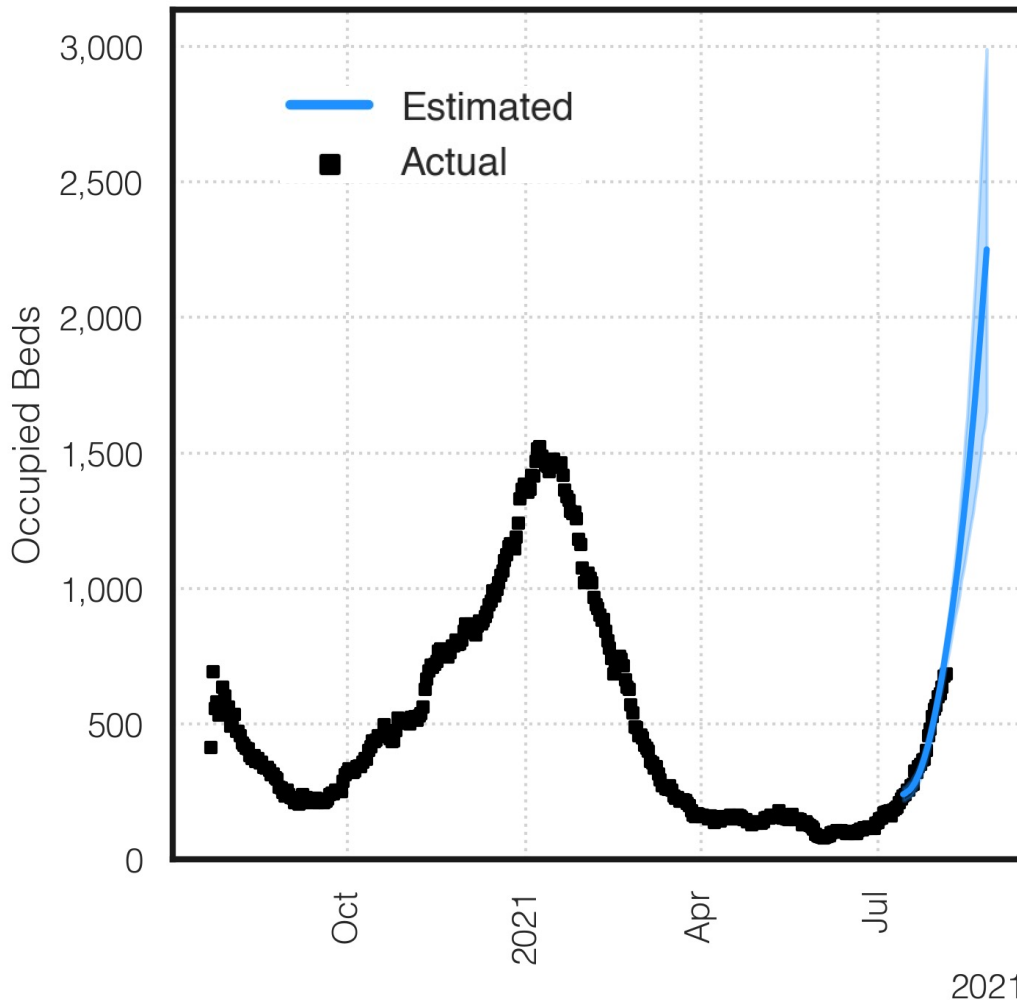
Green is if we return to behavior patterns of Jun/Jul '20 (limited masking/social distancing/business restrictions)

Blue is if we return to behavior patterns of Oct/Nov '20 (mask mandate/business restrictions; limited social distancing)



COVID-19 Hospitalizations in Tarrant County: Past, Present, and Future Forecasting

Hospitalized COVID-19+ Patients: Past and Predicted

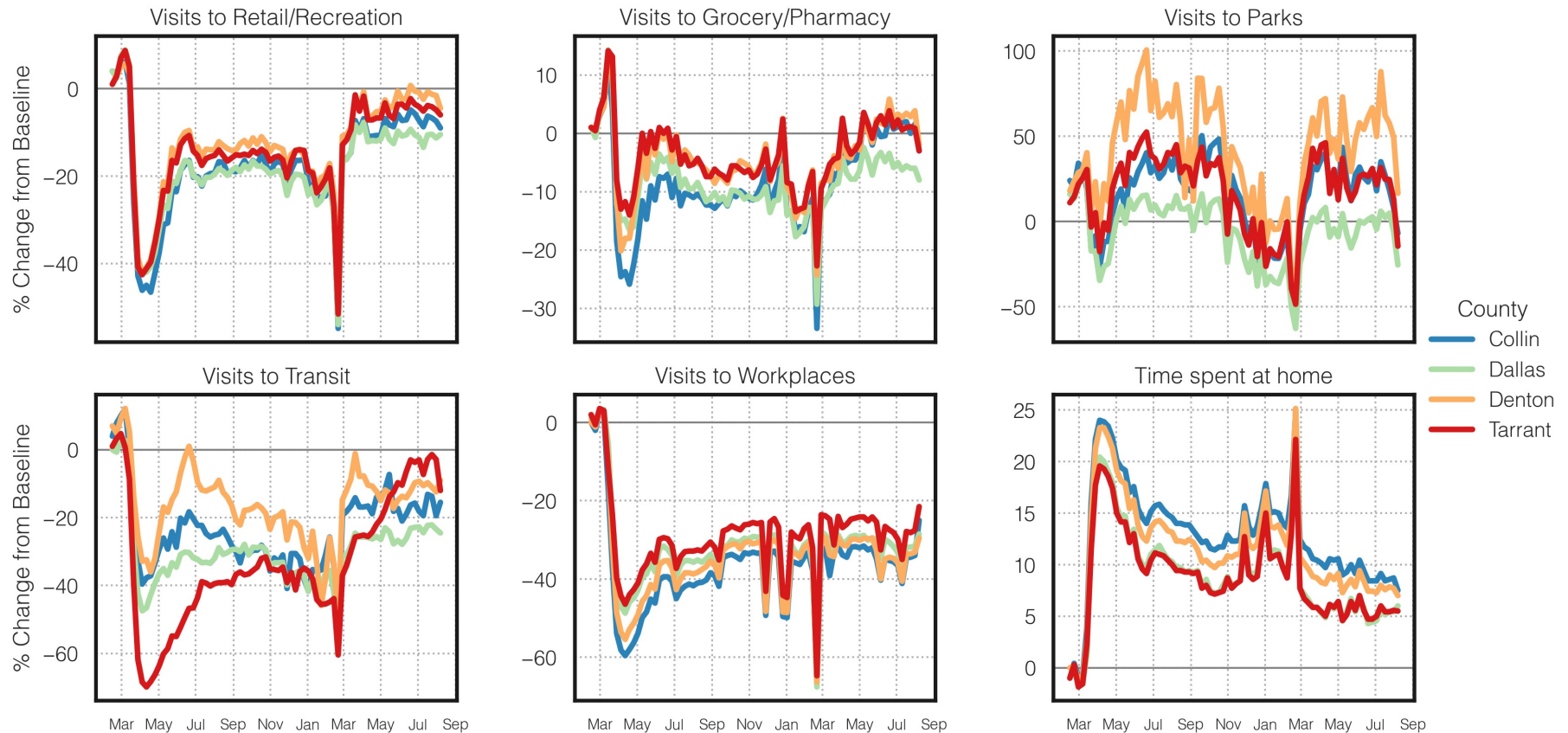


- COVID-19 hospitalizations (black squares) have **increased by 108%** over the past two weeks.
- The **blue line** shows the estimated number of hospitalizations for the last three weeks, as well as our 21-day forecast starting from 8/3.
- Tarrant County **total COVID-19 hospitalizations** are predicted to reach 2,000+ concurrent hospitalized cases by August 26.
- Roughly 1,500+ new COVID-19 infections per day are expected by August 26.

More About the Measures We Follow to Build the Model

- **Mobility** proxy measures indicate the degree to which residents are compliant with physical distancing, determined using data from cell phones and surveys.
- **Visits to the doctor** for COVID-like symptoms are a leading indicator that will likely rise ahead of hospitalizations.
- **Test percent (%) positivity** is a useful number to follow to make sure that enough tests are being done and to follow over time. If it goes up, then cases and hospitalizations follow. % positivity varies by the population tested. For example, the % positivity of samples from the emergency department would be different than that of a group of asymptomatic individuals.
- **Hospitalizations** trail new infections by 1-2 weeks but are not influenced by testing capacity or test reporting delays, thus giving us a clear picture of severe cases in the community.
- **Vaccinations** indicate the level of protection that is present in the community against severe disease.
- Based on testing and hospitalization data, we calculate **infection rates**, which indicate how prevalent COVID-19 is within an age group or community, and **R_t**, which represents how many people 1 individual is likely to infect under current conditions.

How Mobile Are North Texans?



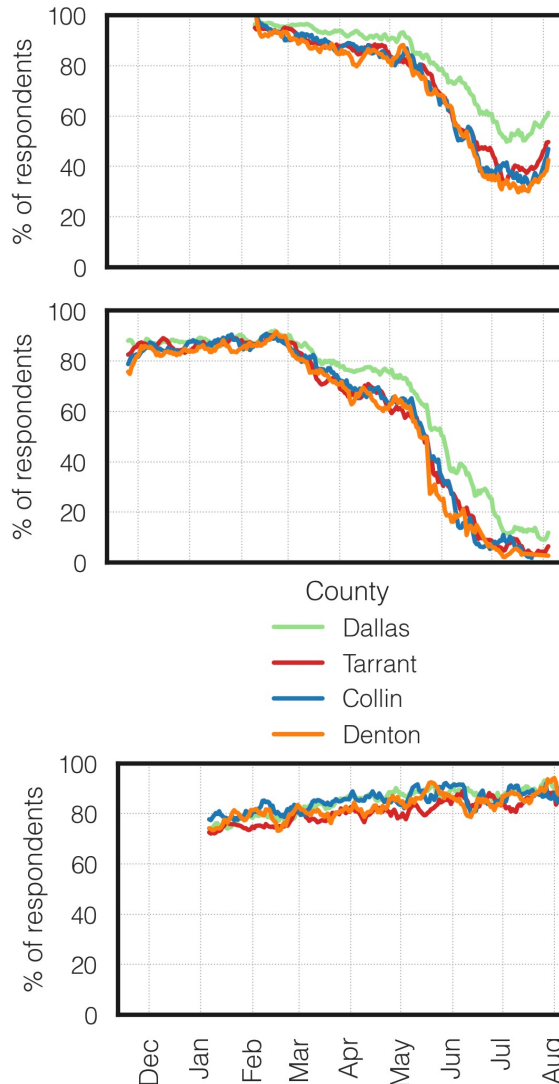
The graphs above show mobility trends through August 2 based on cell phone data. Visits to retail, recreation, and transit are near pre-pandemic levels in some counties. Time spent at home and visits to workplaces have not returned to pre-pandemic levels, likely reflecting a stable shift to working from home for a subset of the population.

Masking and Vaccination Survey Responses in North Texas

*In the past 7 days, did **you** wear a mask most or all of the time in public?*

*In the past 7 days, when you were in public places where social distancing is not possible, did most or all **other people** wear masks?*

*Have you already **received a COVID vaccine**, or if a vaccine were offered to you today, would you definitely or probably **choose to get vaccinated**?*

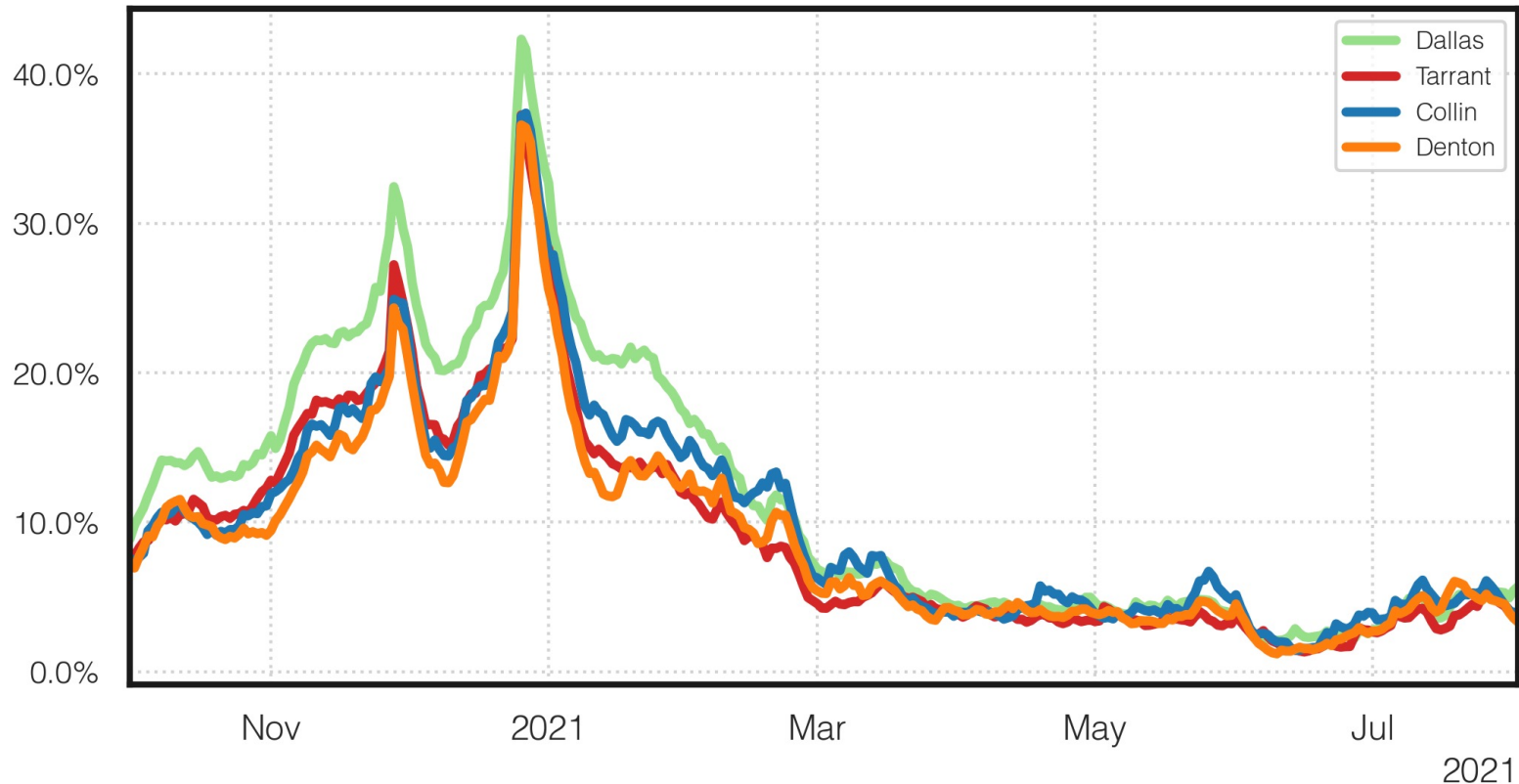


Based on survey responses, observed mask usage in public places and self-reported mask usage have declined since mid-February, with a steep decrease from May to July. Rates have plateaued recently, and self-reported mask wearing has begun to rise in all four major DFW counties.

The percentage of people reporting that they have been or are willing to be vaccinated has recently increased.

How Often Are People Visiting the Doctor for COVID-like Symptoms?

Percentage of daily doctor visits for COVID-like symptoms

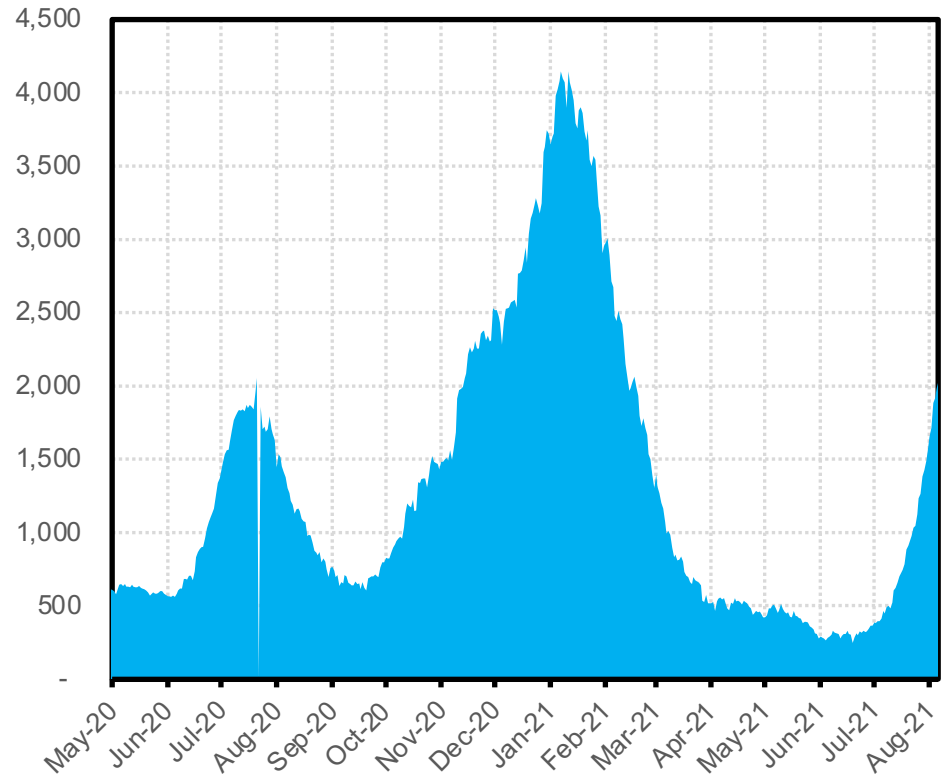
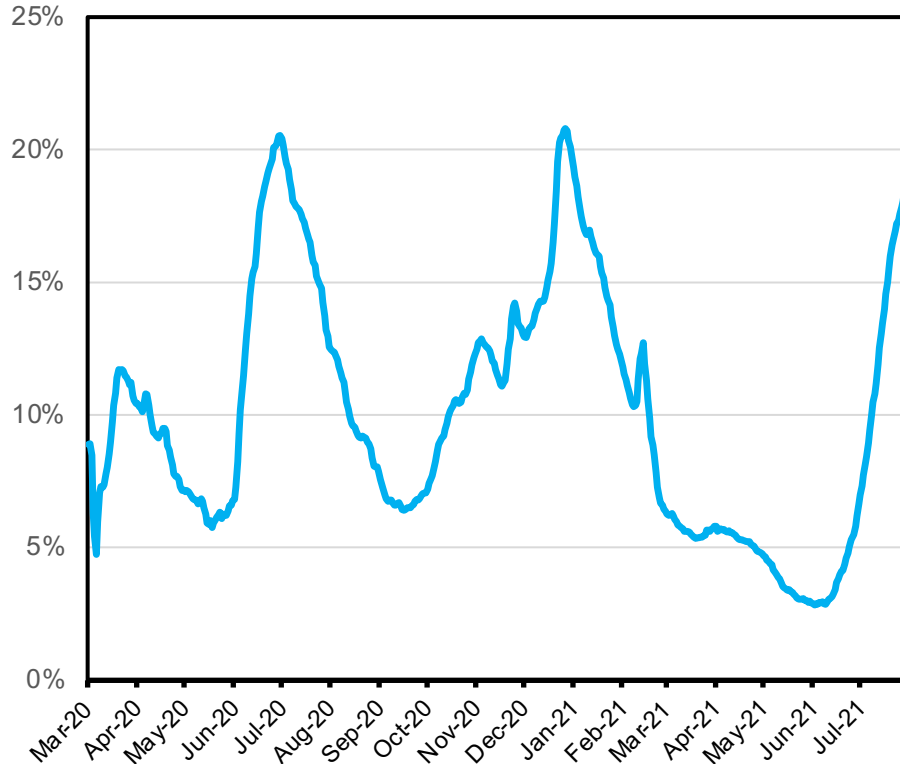


The percentage of visits to the doctor for COVID-like symptoms are generally increasing. Emergency departments for these symptoms (not shown) are also on the rise again.

Cases of COVID-19 That Require Hospitalization and Test Positivity Rates Are Increasing in North Texas

Percent positive COVID-19 tests in Texas

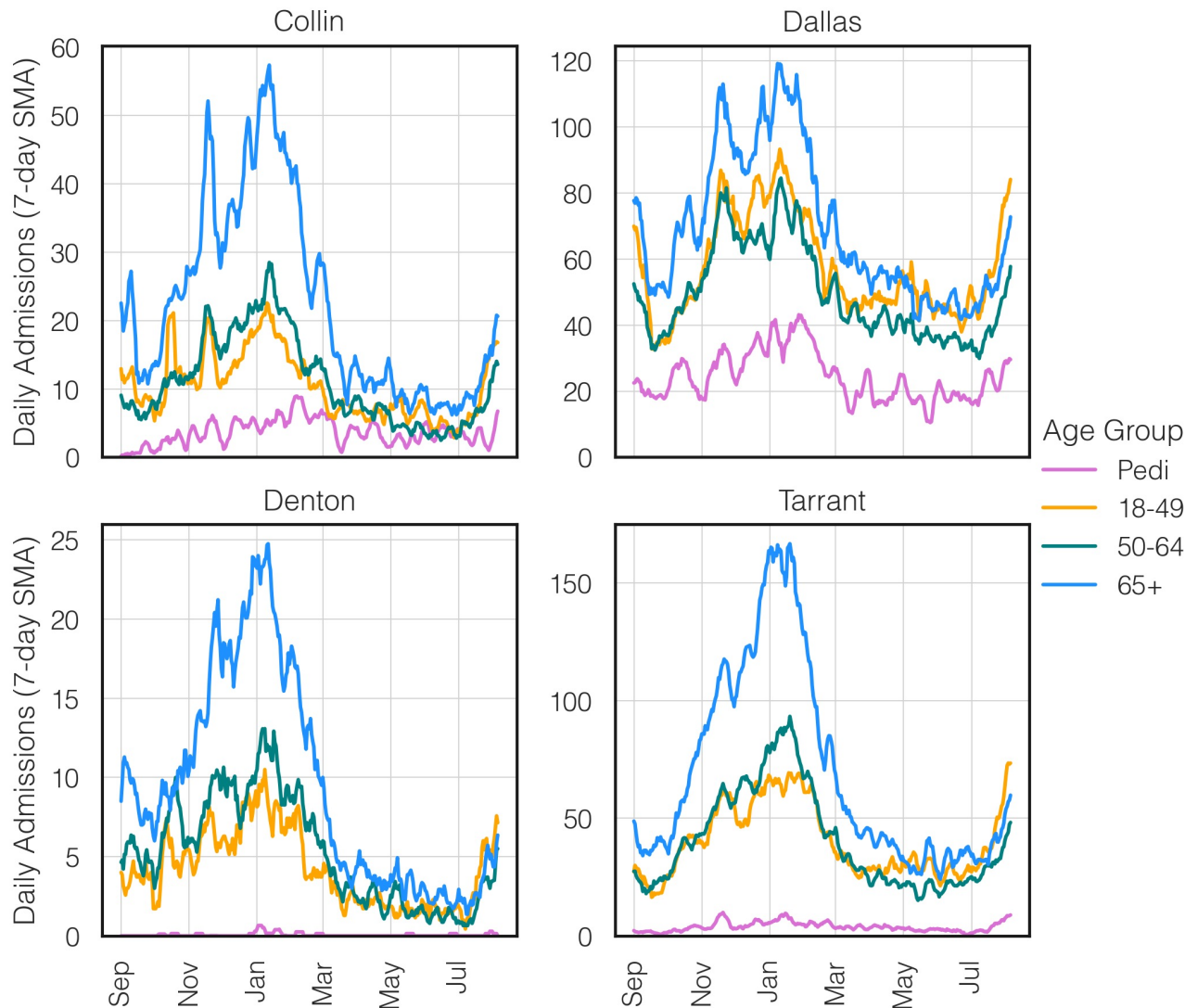
Confirmed COVID-19 Patients in North Texas Hospitals



A rapidly increasing percentage of COVID-19 tests are positive in the state of Texas.

Hospital volumes for COVID-19 have increased **39%** compared to one week ago, **99%** compared to two weeks ago, and **346%** compared to one month ago.

COVID-19 Hospital Admissions Are Increasing



Hospital admissions for COVID-19 are rising in all age groups.

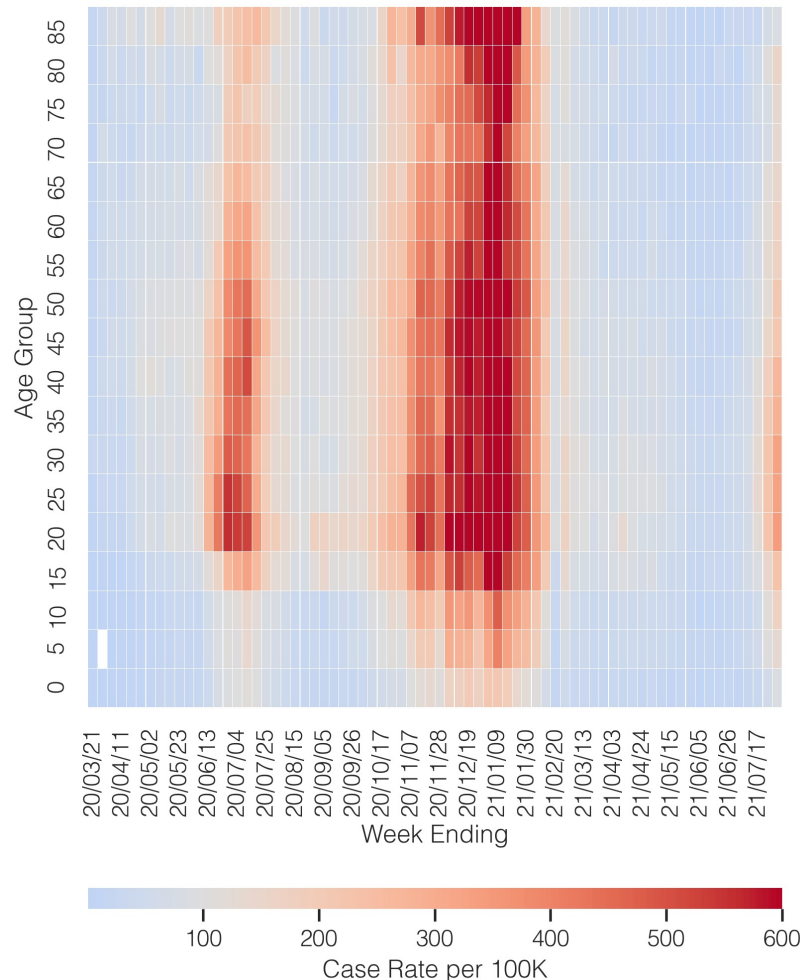
The fastest growth is currently in the 18-49 age group.

Concerningly, admissions are now growing among those over 65, a group that tends to experience more severe illness and longer lengths of stay.

Please note the differing scales for each county when reading the graphs at left.

Dallas County Infection Rates Are Rapidly Climbing in All Age Groups

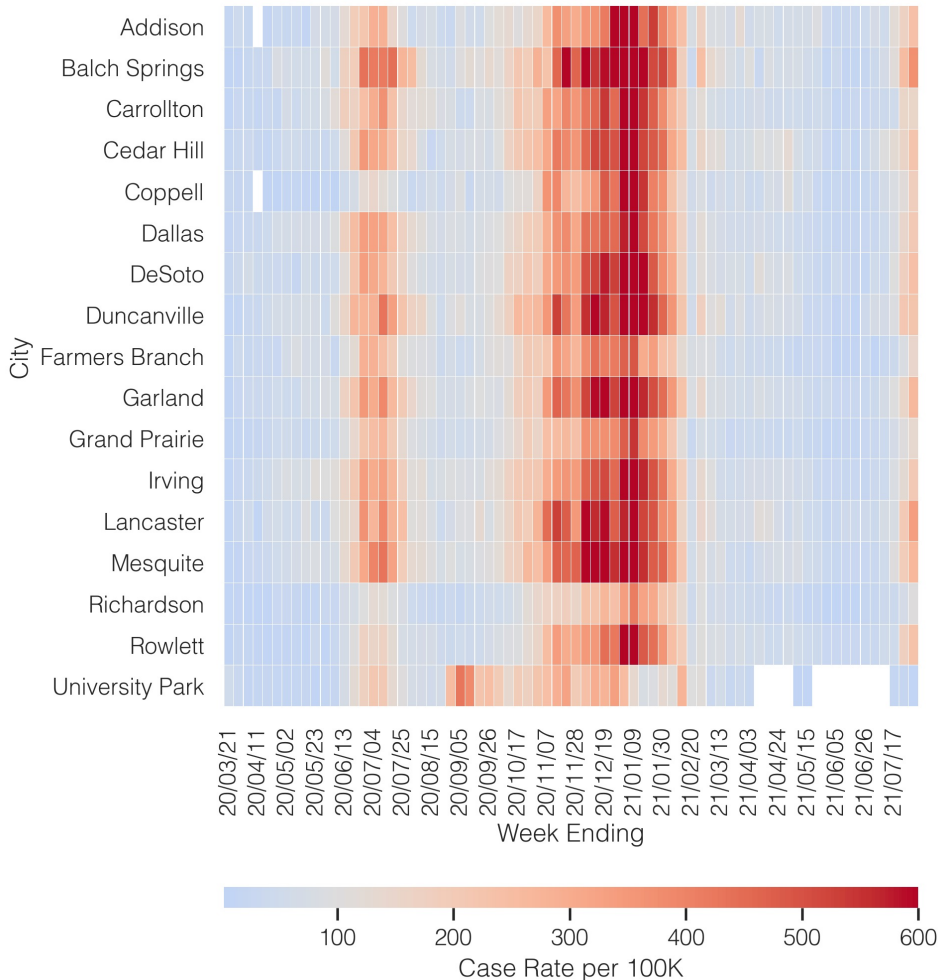
Dallas County Weekly Case Rate per 100K
By Age Bucket



- The redder the rectangle, the more cases per 100,000 people.
- Infection rates are climbing across all age groups but fastest in those age groups with the lowest vaccination rates.

Infection Rates in Dallas County Cities Are Rapidly Climbing

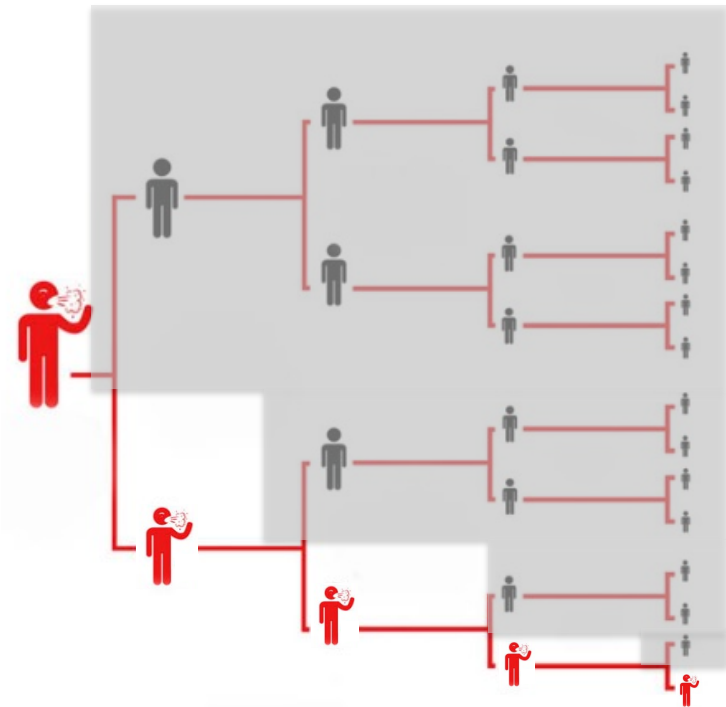
**Dallas County Weekly Case Rate per 100K
By City**



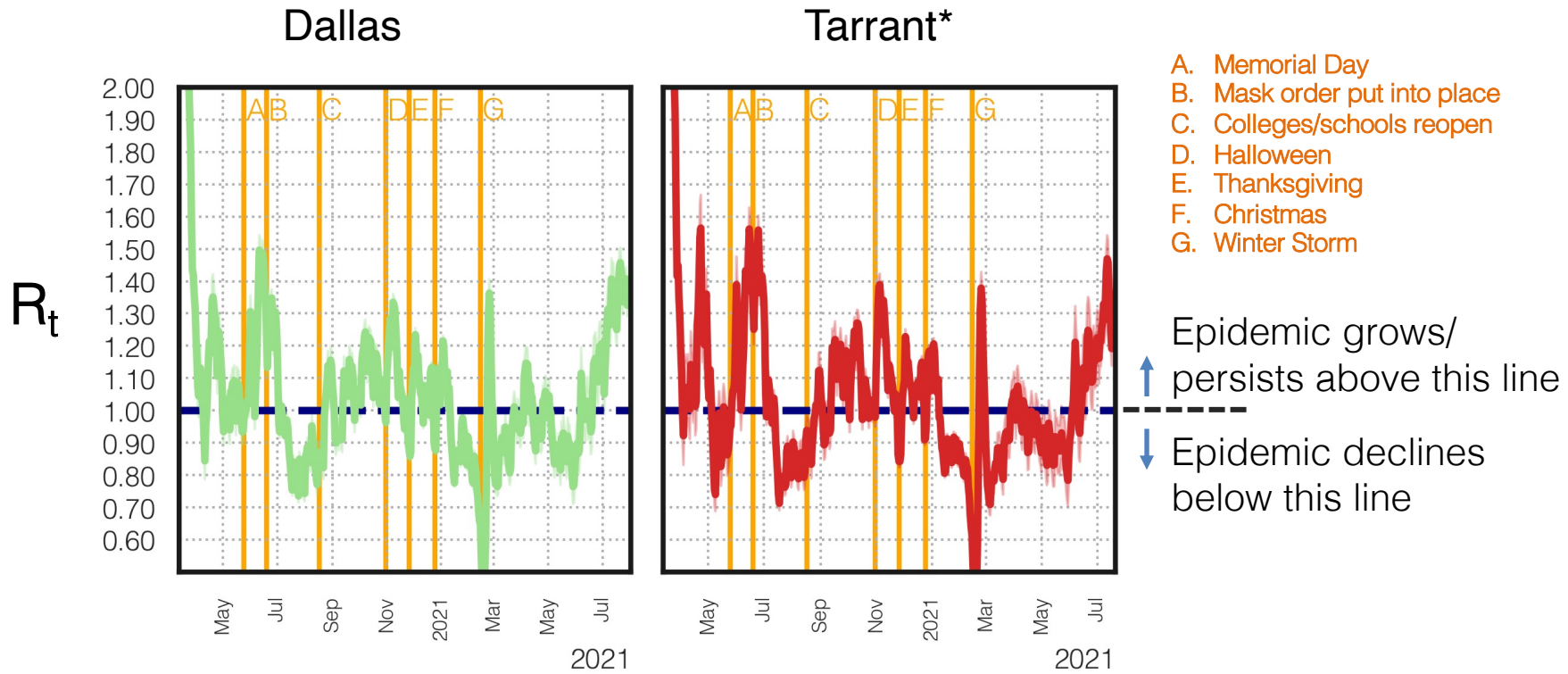
- The redder the rectangle, the more cases per 100,000 people.
- Most cities in Dallas are experiencing sizable growth in case rates.
- Positivity rates also appear to be climbing in most cities.

R_t Represents Contagiousness

- R_t helps us measure how effective social distancing measures are after they are put into place.
- If social distancing and measures like masking are effective, then the number of secondary infections is dramatically reduced.
- In this scenario where social distancing measures were 50% effective, then only **five people** end up infected, rather than the original 31.



How Contagious Was COVID-19 in DFW Two Weeks Ago?



These graphs show the R_t value as of two weeks ago, calculated using the date positive tests were collected. The R_t value appears to have been well above 1 in Dallas County and Tarrant County.



DECLARATION OF LOCAL DISASTER FOR PUBLIC HEALTH EMERGENCY

WHEREAS, beginning in December, 2019, a novel coronavirus, now designated SARS-CoV2 which causes the disease COVID-19, has spread through the world and has now been declared a global pandemic by the World Health Organization; and

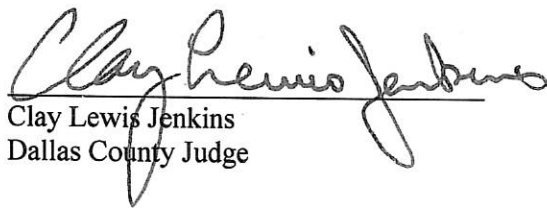
WHEREAS, symptoms of COVID-19 include fever, coughing, and shortness of breath. In some cases the virus has caused death; and

WHEREAS, extraordinary measures must be taken to contain COVID-19 and prevent its spread throughout Dallas County, including the banning of community gatherings of over 500 people and, additionally, potentially requiring individuals, groups of individuals, or property to undergo additional measures that prevent or control the spread of disease; and

NOW, THEREFORE, BE IT PROCLAIMED BY THE COUNTY JUDGE OF DALLAS COUNTY, TEXAS:

1. That a local state of disaster for public health emergency is hereby declared for Dallas County, Texas, pursuant to section 418.108(a) of the Texas Government Code.
2. Pursuant to section 418.108(b) of the Government Code, the state of disaster for public health emergency shall continue for a period of not more than seven days from the date of this declaration unless continued or renewed by the Commissioners Court of Dallas County, Texas.
3. Pursuant to section 418.108(c) of the Government Code, this declaration of a local state of disaster for public health emergency shall be given prompt and general publicity and shall be filed promptly with the County Clerk.
4. Pursuant to section 418.108(d) of the Government Code, this declaration of a local state of disaster activates the Dallas County emergency management plan.
5. That this proclamation shall take effect immediately from and after its issuance.

DECLARED this 12th day of March, 2020.


Clay Lewis Jenkins
Dallas County Judge