

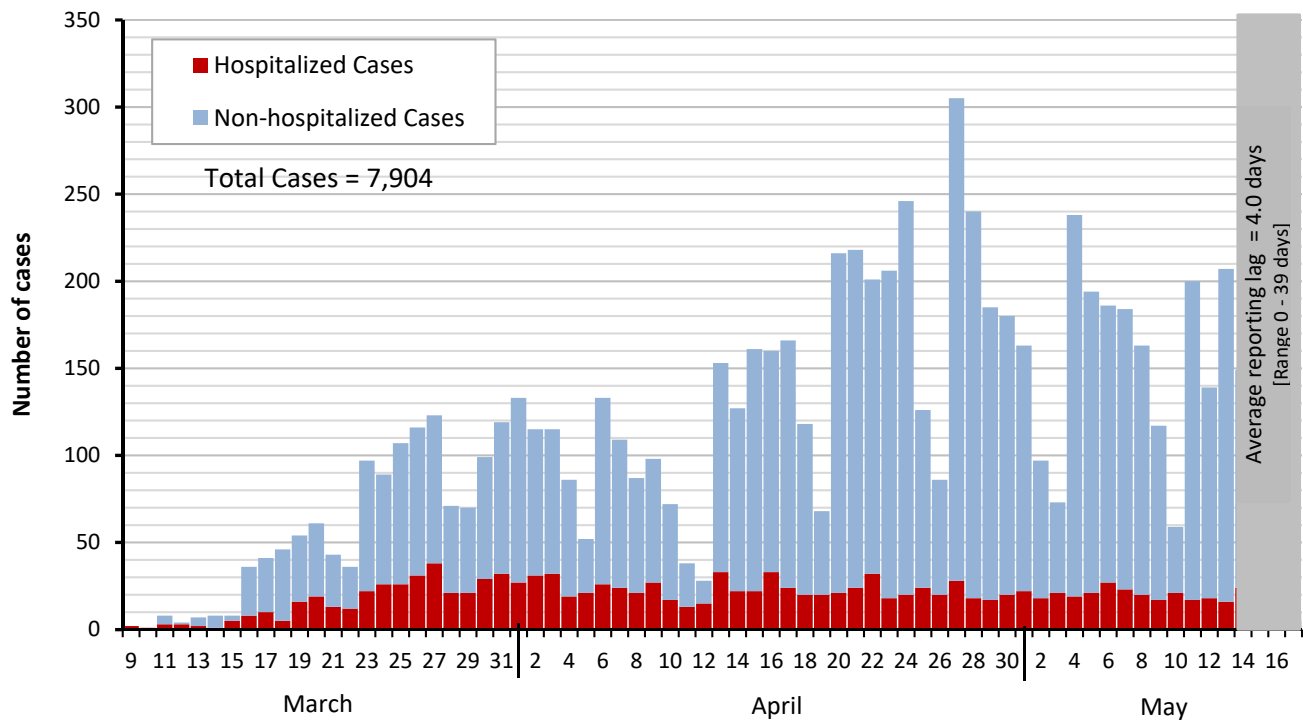


Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

May 19, 2020

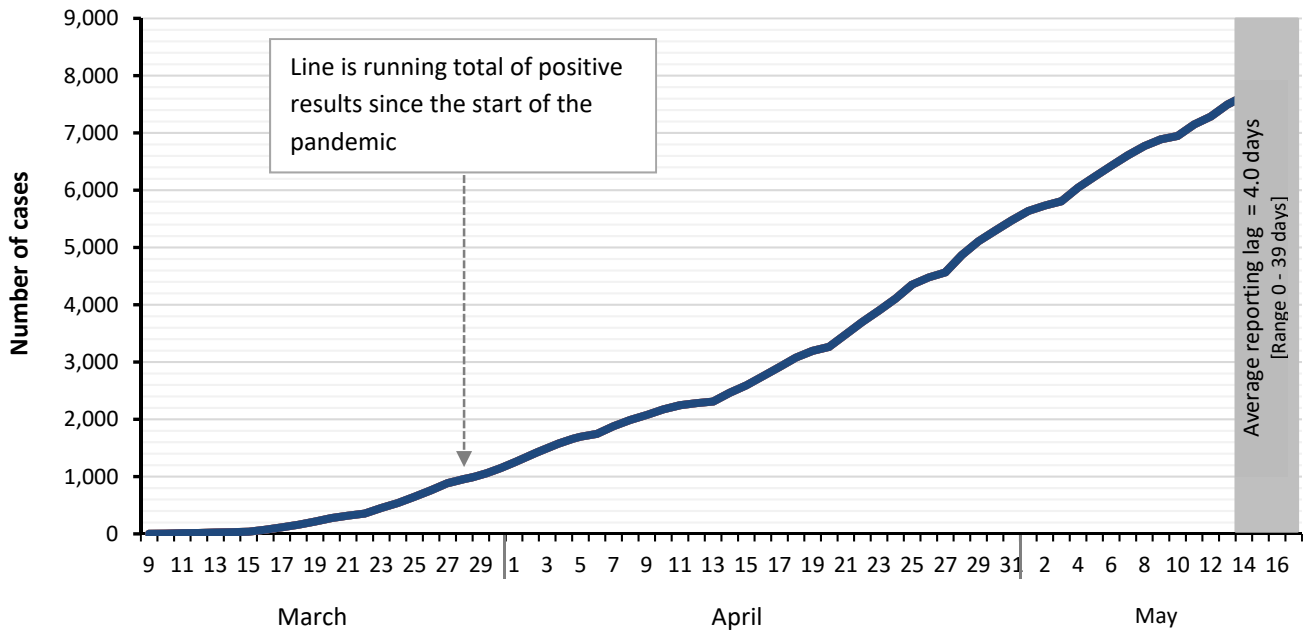
- As of May 19, 2020, DCHHS is reporting 225 additional cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 7,904, including 191 deaths.
- Of 1,335 cases requiring hospitalization, two-thirds (67%) were under 65 years of age, and about half did not have any chronic health conditions. Diabetes has been an underlying high-risk health condition reported in under a third of all hospitalized patients with COVID-19.
- Of cases requiring hospitalization who reported employment, over 80% have been critical infrastructure workers, with a broad range of affected occupational sectors, including: healthcare, transportation, food and agriculture, public works, finance, communications, clergy, first responders and other essential functions.
- Thirty-eight percent (38%) of deaths have been associated with long-term care facilities.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 was 10.9% at area hospitals in week 19.

Figure 1. Daily COVID-19 cases by date of test collection, Dallas County: March 10 – May 19, 2020¹⁻⁴



1. Data received as of 8:00 pm, May 18, 2020, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 4.0 days, with a range from 0 – 39 days.
3. The validity of results based on antibody tests is not yet known. This summary report includes only confirmed cases based on PCR test results.
4. Bars are the number of positive PCR tests which were collected that day.

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



1. Data received as of 8:00 pm, May 18, 2020, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 4.0 days, with a range from 0 – 39 days.

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

Source of Laboratory Testing for Reported Positive PCR Tests	# Tests (N=7,904)	% of Total Cases
Commercial or Hospital Laboratory*	7,203	91%
Dallas LRN Laboratory	609	8%
Other Public Health Laboratory	92	1%

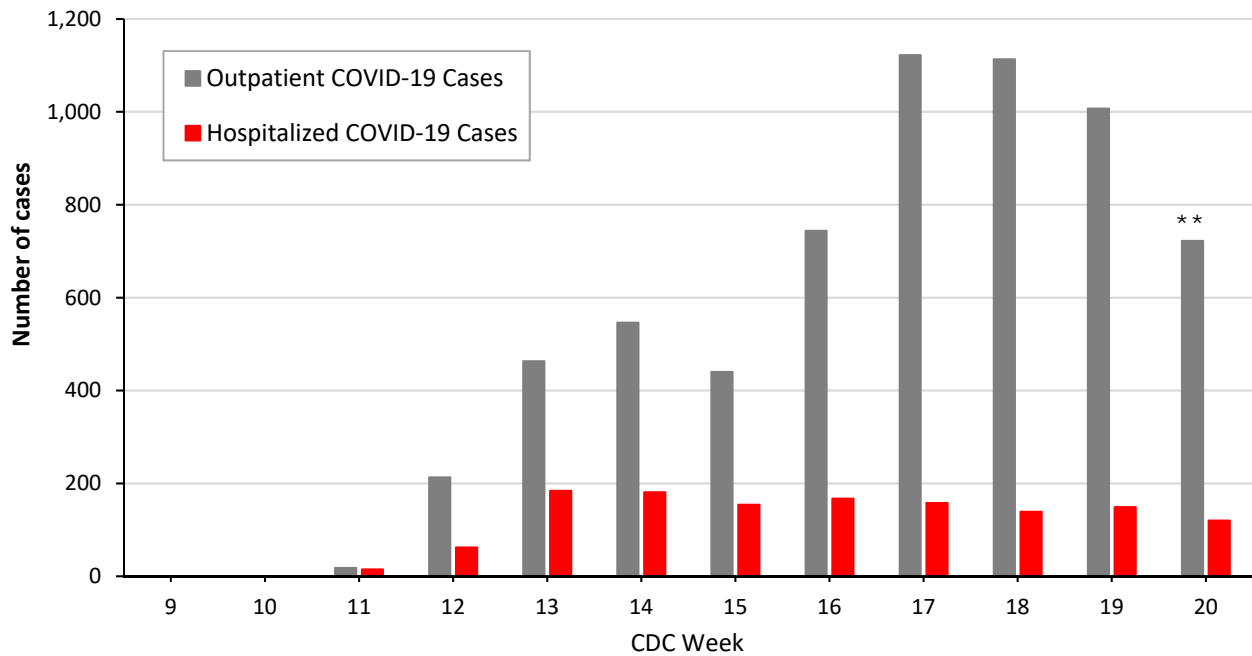
* Includes: AIT, ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple hospital laboratories

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

	Number	% of Total Cases*
Total Cases in Dallas County residents	N = 7,904	100%
Age Group (years)	0 to 17	484 (6%)
	18 to 40	3,084 (40%)
	41 to 64	3,211 (41%)
	≥65	1,025 (13%)
Sex	Female	3,358 (47%)
	Male	3,780 (53%)
Not Hospitalized (Includes: Outpatient, urgent care, drive-through, ED)	6,569	83%
Ever Hospitalized	1,335	17%

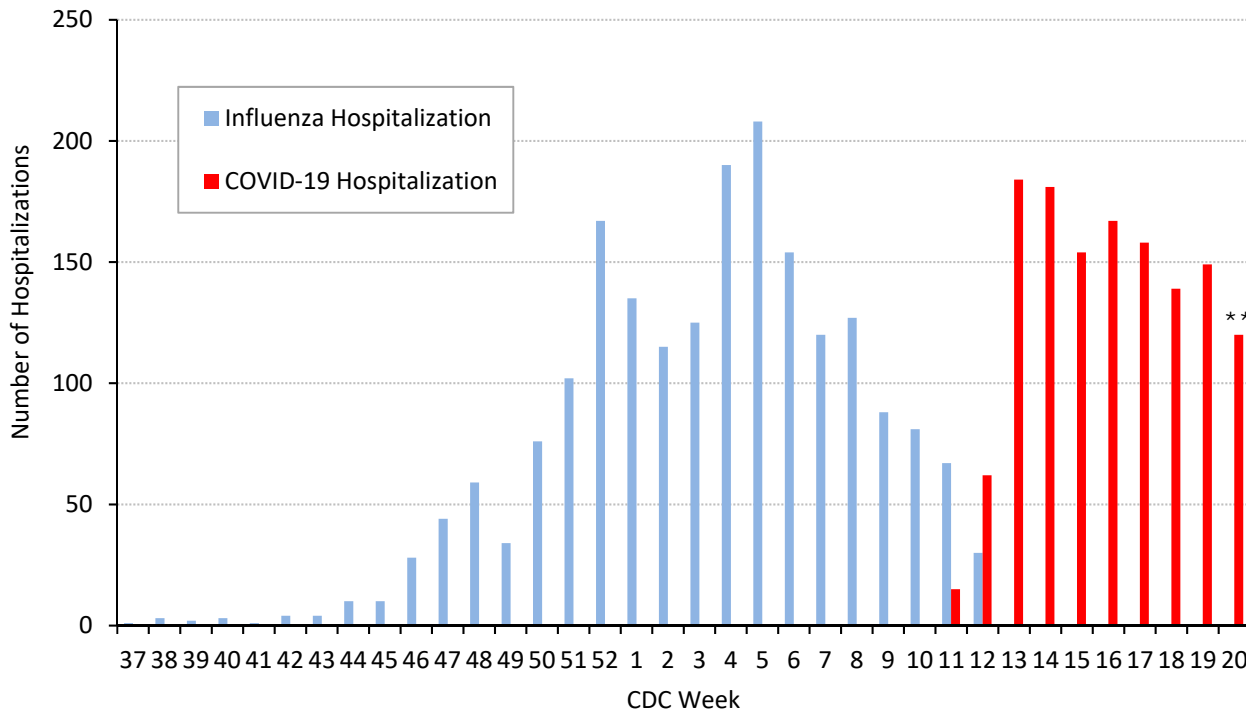
* Percentages calculated among cases with known age/sex

Figure 3. Non-hospitalized* and hospitalized COVID-19 Cases by week of test collection, Dallas County: September 2019 through week ending May 16, 2020 (CDC Week 20)*



* Non-hospitalized includes all patients not admitted to acute-care hospitals (e.g. outpatient, urgent care, drive-through, ED-only, LTCF) and diagnosed with confirmed COVID-19 by PCR testing. All data are preliminary and subject to change as cases continue to be received and investigated.
 ** Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 4.0 days, with a range from 0 – 39 days.

Figure 4. Influenza and COVID-19 hospitalizations by week of admission, Dallas County: September 2019 through week ending May 16, 2020 (CDC Week 20)*



* Hospitalized Dallas County residents diagnosed with confirmed COVID-19 by PCR testing. All data are preliminary and subject to change as cases continue to be received and investigated.
 ** Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 4.0 days, with a range from 0 – 39 days.

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

		Hospitalized Cases	%
<i>Ever Hospitalized</i>		N = 1,335	17% of Total Cases
Admitted to Intensive Care Unit		423	32%
Mechanical Ventilation		254	19%
Sex	Male	760	57%
	Female	575	43%
Age Group (years)	0-17	14	1%
	18-40	241	18%
	41-64	640	48%
	≥65	440	33%
Presence of ≥1 high risk condition		709	53%
Diabetes		402	30%
Lung Disease (e.g. COPD, asthma)		166	12%
Heart Disease (e.g. CHF)		198	15%
Kidney Disease (e.g. ESRD, dialysis)		143	11%
Cancer, Immune-compromise		110	8%
Pregnancy		26	2%
Race/ Ethnicity	White	209	16%*
	Hispanic	623	47%*
	Black	284	21%*
	Other	51	4%*
	Non-reported/ Unknown	168	12%

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

Table 4. Characteristics of cumulative confirmed COVID-19 deaths, Dallas County: March 10 – May 18, 2020

<i>Death classified as confirmed if decedent was a Dallas County resident with a positive COVID-19 PCR test. Data are obtained from ME, hospitals, and vital statistics.</i>		Confirmed Deaths	% ¹
		N = 191	2% of Total Cases
Sex	Male	126	66%
	Female	65	34%
Age Group (years)	17-40	11	6%
	41-64	49	26%
	≥65	131	68%
Resident of a Long-Term Care Facility		72	38%
Presence of ≥1 high risk condition		123	72%
Diabetes		68	40%
Race/ Ethnicity	White	66	35% (29% of population) ²
	Hispanic	67	35% (41% of population) ²
	Black	43	23% (24% of population) ²
	Asian	7	4% (7% of population) ²

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

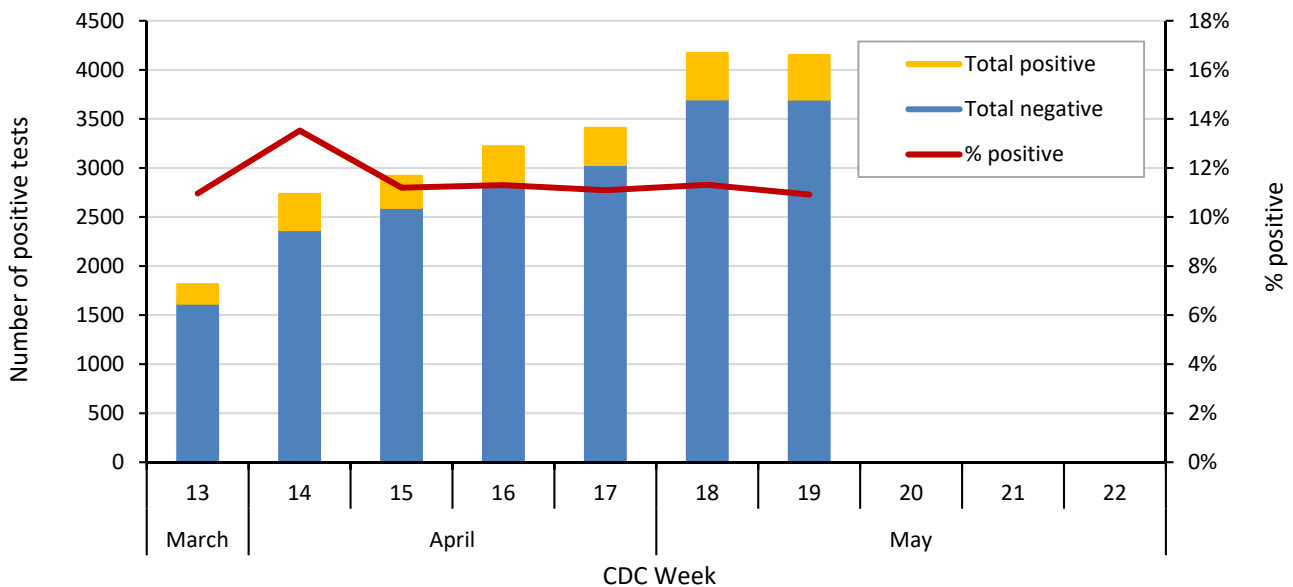
² 2019 U.S. Census population estimates for Dallas County

Table 5. Respiratory virus testing by North Texas hospitals: March 22 – May 9, 2020 (CDC Weeks 13-19)

Week Ending		3/28/20	4/4/20	4/11/20	4/18/20	4/25/20	5/2/20	5/9/20
SARS-CoV-2 Novel Coronavirus	Positive	199	370	327	364	378	472	453
	Total Tests	1,816	2,736	2,920	3,221	3,409	4,171	4,151
	% Positive	11.0%	13.5%	11.2%	11.3%	11.1%	11.3%	10.9%
Influenza	Positive	14	5	1	0	1	0	0
	Total Tests	1,772	1,067	308	560	442	98	43
	% Positive	0.8%	0.4%	0.3%	0%	0.2%	0%	0%
Seasonal (non-SARS-2) Coronavirus	Positive	15	9	0	1	0	0	0
	Total Tests	1,123	545	293	456	202	119	42
	% Positive	1.3%	1.7%	0%	0.2%	0%	0%	0%
Adenovirus (respiratory)	Positive	15	11	5	3	2	3	0
	Total Tests	1,129	560	293	440	362	119	42
	% Positive	1.3%	2.0%	1.7%	0.7%	0.6%	2.5%	0%
Metapneumo- virus	Positive	114	29	14	6	2	1	0
	Total Tests	1,129	630	293	444	362	119	42
	% Positive	10.1%	4.6%	4.8%	1.4%	0.6%	0.8%	0%
Rhinovirus/ Enterovirus	Positive	99	43	18	20	16	5	2
	Total Tests	1,129	630	293	444	362	119	42
	% Positive	8.8%	6.8%	6.1%	4.5%	4.4%	4.2%	4.8%
RSV	Positive	10	7	1	1	0	1	0
	Total Tests	1,272	763	350	461	370	121	43
	% Positive	0.8%	0.5%	0.3%	0.2%	0%	0.8%	0%

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

Figure 5. SARS-CoV-2 novel coronavirus positive tests reported to DCHHS by hospital laboratories: March 22 – May 9, 2020 (CDC Weeks 13-19)¹⁻²



1. Data received as of 8:00 pm, May 18, 2020. All data are preliminary and subject to change as cases continue to be received and investigated.
 2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result.

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

<i>Exposure Risk Factor</i>	Cases (N= 7,904)	% of Total Cases
International Travel	58	0.7%
Domestic Travel (Out-of-state)	125	1.6%
Cruise Ship Travel	10	0.1%
Long-Term Care Facility (Residency)	412	5.2%
County Jail (Inmate)	333	4.2%
State Jail (Inmate-- TDCJ COVID-19 Medical Action Center)*	22	0.3%
Homeless Shelter	47	0.6%
Meat/Food Processing Facilities	101	1.3%
Close contact or Presumed Community Transmission**	6,796	85.9%

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

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

Table 7. Summary of weekly influenza and COVID-19 hospitalizations and deaths from Dallas County hospitals, Vital Statistics and Medical Examiner’s office¹⁻⁴

Week Ending	03/21	03/28	04/04	04/11	04/18	04/25	05/02	05/09	05/16	05/23	9/08/19– Present
CDC Week	12	13	14	15*	16*	17*	18*	19*	20*	21*	
Influenza hospitalizations ¹	30	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1,990
Influenza ICU admissions ¹	7	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	281
Confirmed influenza-associated deaths ²	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	25
COVID-19 hospitalizations ³	62	184	181	154	167*	158*	139*	149*	120*	6*	1,335*
COVID-19 ICU admissions ³	30	62	63	55	48*	49*	44*	39*	24*	2*	423*
Confirmed COVID-19-associated deaths	3	11	9	17	31*	27*	27*	27*	32*	7*	191*

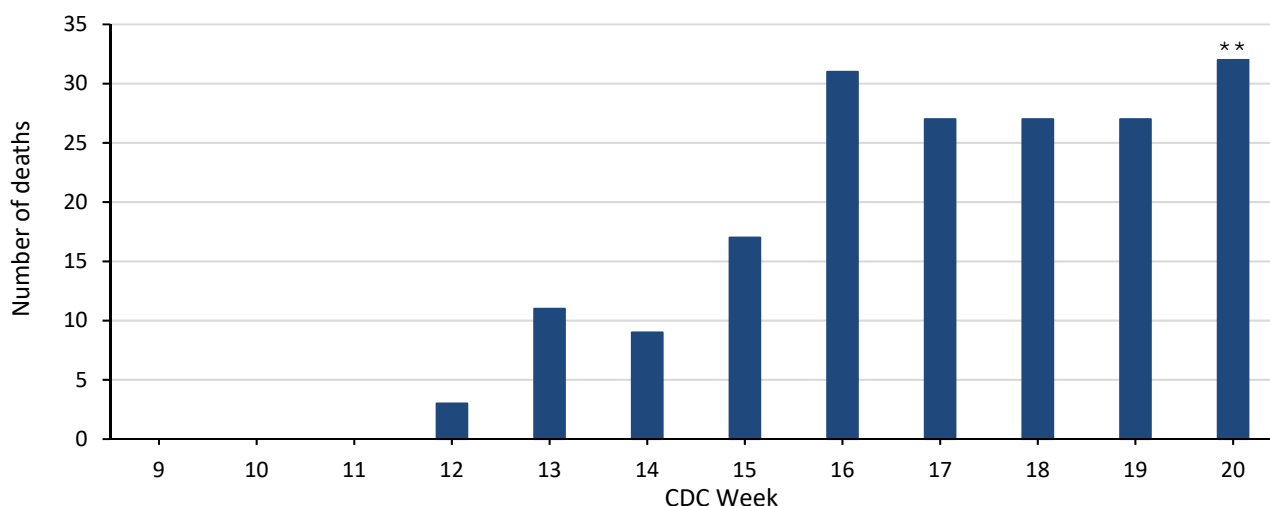
* All data are preliminary and subject to change as cases continue to be received and investigated.

¹ Reflects all influenza-associated hospitalizations reported from 14 hospitals located within Dallas County by week of any positive influenza tests.

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

³ Reflects all COVID-19-associated hospitalizations reported from area hospitals within Dallas County by week of admission; data as of 7:00 pm yesterday.

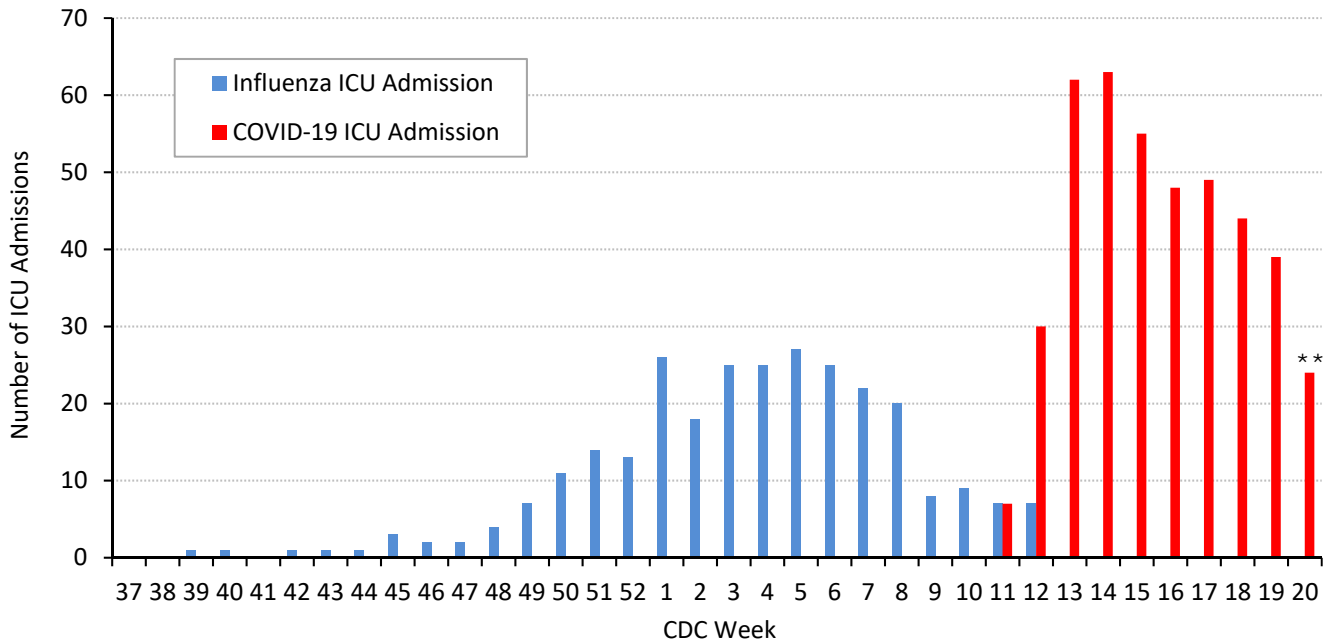
Figure 6. Confirmed COVID-19-associated deaths by week of death, Dallas County: March 2019 through week ending May 16, 2020 (CDC Week 20)*



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

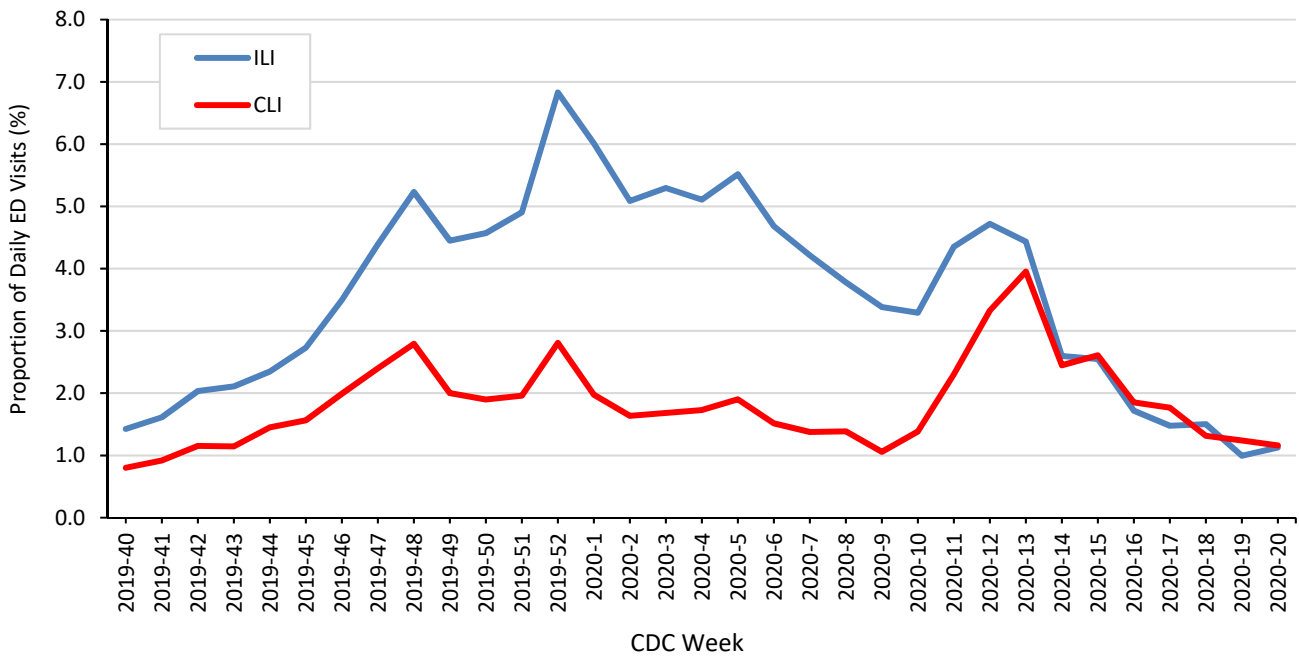
** All data are preliminary and subject to change as cases continue to be received and investigated.

Figure 7. Intensive care unit hospitalizations for influenza and COVID-19 by week of admission, Dallas County: September 2019 through week ending May 16, 2020 (CDC Week 20)*



* New ICU admissions of Dallas County residents reported with confirmed COVID-19 by PCR testing as of 8:00 pm yesterday.
 ** 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: September 29, 2019 – May 16, 2020**



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.

Table 8. Occupations of hospitalized patients with confirmed COVID-19, Dallas County, 3/10 – 5/3/20

<i>Occupation</i>	<i>Position</i>	<i>Sector</i>
<i>Critical Infrastructure Workers*</i>	Hospitalized Cases (%) of Total Employed	
Healthcare and Public Health		50 (18%)
	<i>Nurse, LVN, CNA</i>	13
	<i>Physician</i>	5
	<i>Other: Dentist, dietary, home health, medical assistant, mental health, PCT, pharmacist, physical therapy, facilities, administrative</i>	29
Transportation and Logistics		44 (16%)
	<i>Airline/Airport</i>	10
	<i>Parcel or postal delivery</i>	7
	<i>Cab/rideshare or bus driver</i>	7
	<i>Other: Mechanic, truck driver, freight, railroad</i>	20
Food and Agriculture		41 (15%)
	<i>Grocery</i>	13
	<i>Restaurant</i>	15
	<i>Other: Food processing, production, supply</i>	13
Other Community/Government Essential Functions		19 (8%)
	<i>Clergy (Pastor, priest)</i>	6
	<i>Education (Teacher, administration)</i>	5
	<i>Judicial system (Attorney)</i>	4
	<i>Real estate services</i>	3
Public Works and Infrastructure Support Services		22 (8%)
	<i>Construction/Contractor</i>	15
Financial (<i>Accounting, bank, insurance</i>)		14 (5%)
Communications and Information Technology		12 (4%)
Commercial Facilities (<i>Building materials, painting, warehouse</i>)		11 (4%)
Hygiene Services (<i>Custodian, Lawn Service</i>)		9 (3%)
Law Enforcement, Public Safety, First Responders		7 (3%)
Critical Manufacturing (<i>Manufacturing metal, packaging</i>)		4 (2%)
Energy/Utilities (<i>Electricity, petroleum, gas</i>)		2 (1%)
<i>Non- Critical Infrastructure Workers (Includes retail, personal services)</i>		42 (15%)
<i>Non-Employed (Includes retired)</i>		265
<i>Student</i>		4
<i>Not reported</i>		426
<i>Total</i>		972

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

**CISA Advisory Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, April 17, 2020 .

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

City of Residence	Cases (N=7,904)	% of Total Cases
Addison	27	0.3%
Balch Springs	75	0.9%
Carrollton	96	1.2%
Cedar Hill	121	1.5%
Cockrell Hill	15	0.2%
Combine	1	0.0%
Coppell	34	0.4%
Dallas	4,395	55.6%
DeSoto	162	2.0%
Duncanville	115	1.5%
Farmers Branch	108	1.4%
Garland	660	8.4%
Glenn Heights	19	0.2%
Grand Prairie	339	4.3%
Highland Park	18	0.2%
Hutchins	40	0.5%
Irving	820	10.4%
Lancaster	133	1.7%
Mesquite	410	5.2%
Richardson	137	1.7%
Rowlett	72	0.9%
Sachse	14	0.2%
Seagoville	39	0.5%
Sunnyvale	10	0.1%
University Park	26	0.3%
Wilmer	17	0.2%
Wylie	1	0.0%

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

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

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>)**High Priority**

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

Priority

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

Many Thanks to:

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

Our DCHHS Case and Contact Investigations Team volunteers from:

Dallas County Medical Society

UT Southwestern Medical School

Texas A&M College of Medicine

UTHealth School of Public Health

Retired School Nurses

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

DCHHS COVID-19 Summaries and Case Report Form are accessible at:

<https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php>

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