

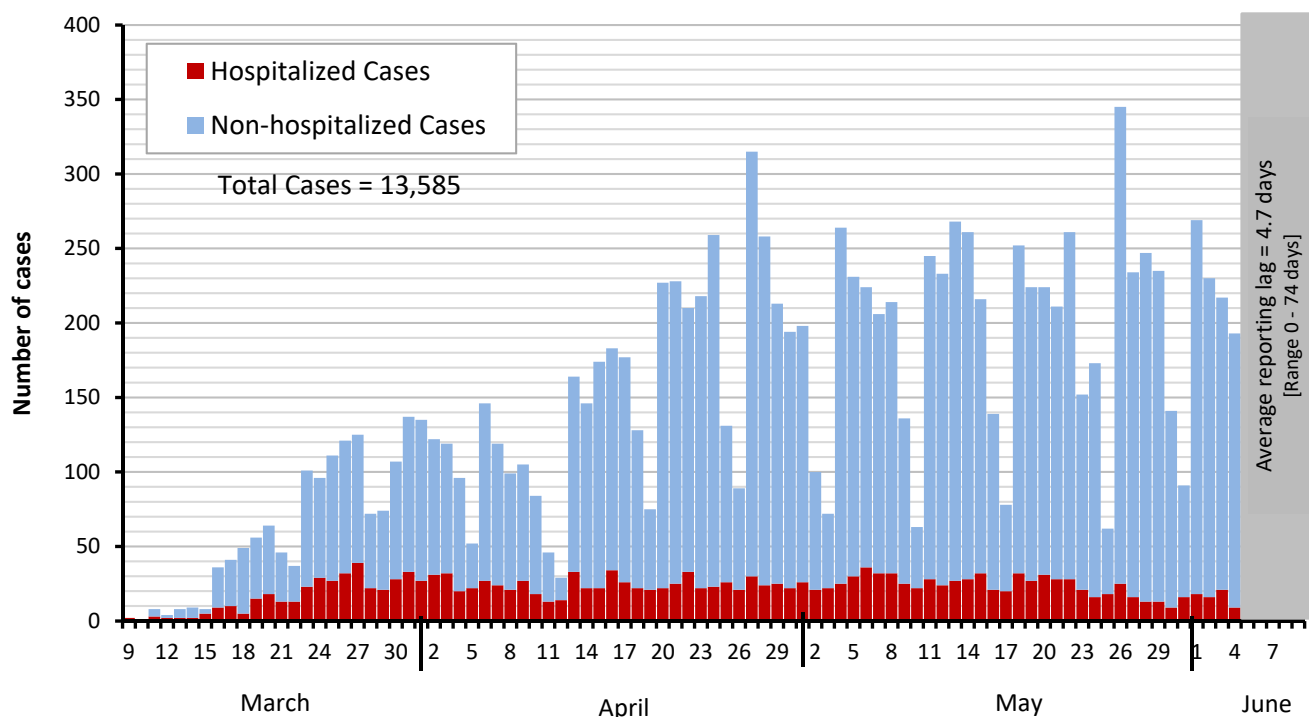


Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

June 12, 2020

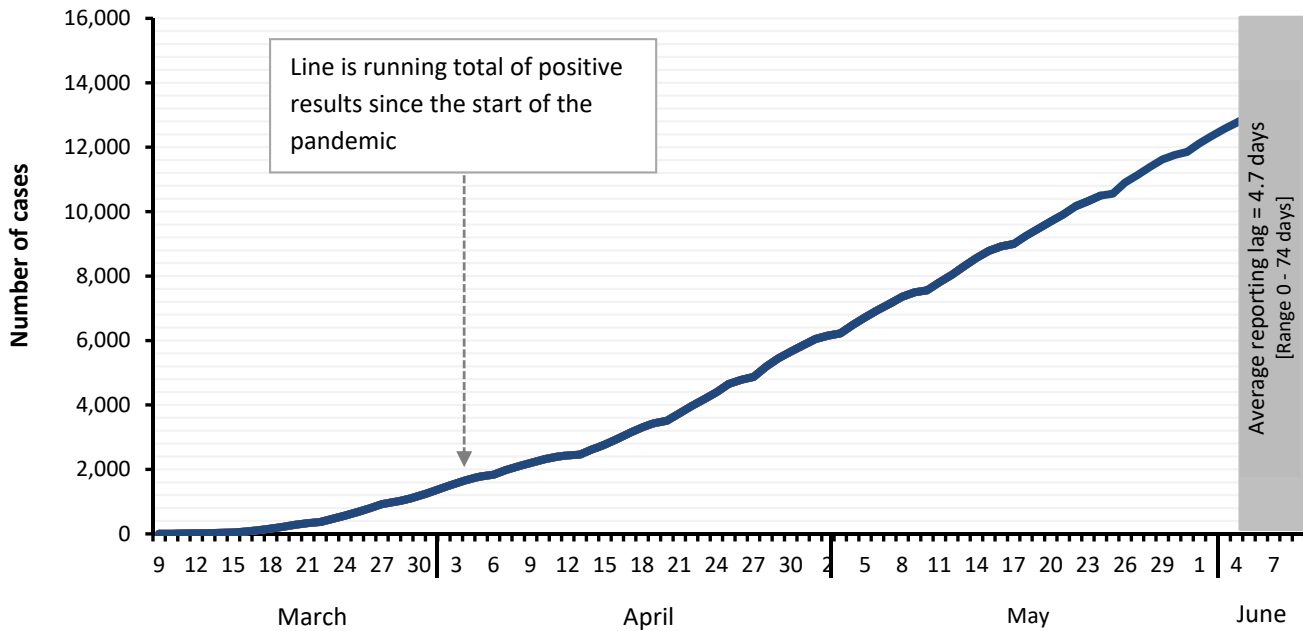
- As of June 12, 2020, DCHHS is reporting 328 additional cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 13,585, including 280 deaths.
- Of the 1,992 cases requiring hospitalization to date, two-thirds (69%) were under 65 years of age, and about half did not have any chronic health conditions. Diabetes has been an underlying high-risk health condition reported in about a third of all hospitalized patients with COVID-19.
- The age-adjusted rates of confirmed COVID-19 cases in non-hospitalized patients have been highest among Hispanics (667.4 per 100,000), Asians (187.4 per 100,000) and Blacks (136.4 per 100,000). These rates have been higher than Whites (43.8 per 100,000). Over 60% of overall COVID-19 cases to date have been Hispanic.
- Of cases requiring hospitalization who reported employment, over 80% have been critical infrastructure workers, with a broad range of affected occupational sectors, including: healthcare, transportation, food and agriculture, public works, finance, communications, clergy, first responders and other essential functions.
- Thirty-seven percent (37%) of deaths have been associated with long-term care facilities.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 was 13.8% at area hospitals in week 22.

Figure 1. Daily COVID-19 cases by date of test collection, Dallas County: March 10 – June 12, 2020¹⁻⁴



1. Data received as of 8:00 pm, June 10, 2020, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 4.7 days, with a range from 0 – 74 days.
3. The validity of results based on antibody tests is not yet known. This summary report includes only confirmed cases based on PCR test results.
4. Bars are the number of positive PCR tests which were collected that day.

Figure 2. Cumulative COVID-19 cases by date of test collection, Dallas County: March 10 – June 12, 2020^{1,2}



1. Data received as of 8:00 pm, June 11, 2020, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 4.7 days, with a range from 0 – 74 days.

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=13,585)	% of Total Cases
Commercial or Hospital Laboratory*	12,665	93%
Dallas LRN Laboratory	818	6%
Other Public Health Laboratory	102	1%

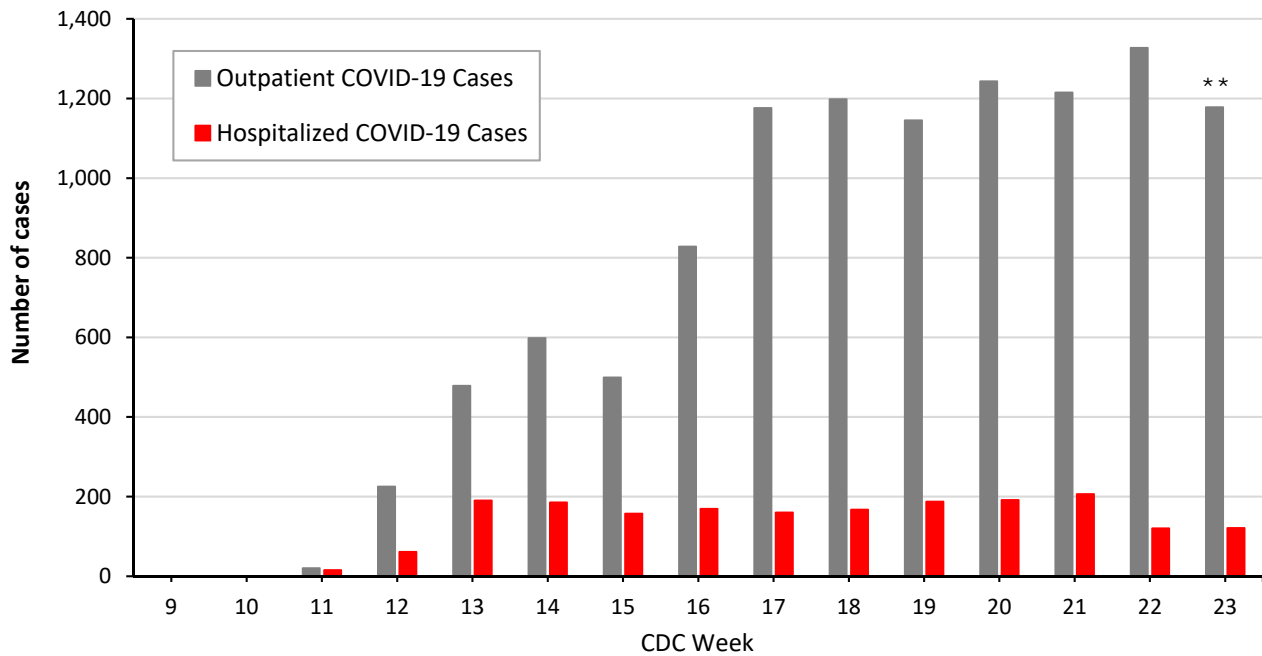
* Includes: AIT, ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple hospital laboratories

Table 2. Characteristics of cumulative confirmed COVID-19 cases, Dallas County: March 9 – June 12, 2020

	Number	% of Total Cases*
Total Cases in Dallas County residents	N = 13,585	100%
Age Group (years)	0 to 17	1,170 (8%)
	18 to 40	5,503 (41%)
	41 to 64	5,190 (39%)
	≥65	1,615 (12%)
Sex	Female	6,457 (48%)
	Male	6,877 (52%)
Not Hospitalized (Includes: Outpatient, urgent care, drive-through, ED)	11,593	85%
Ever Hospitalized	1,992	15%

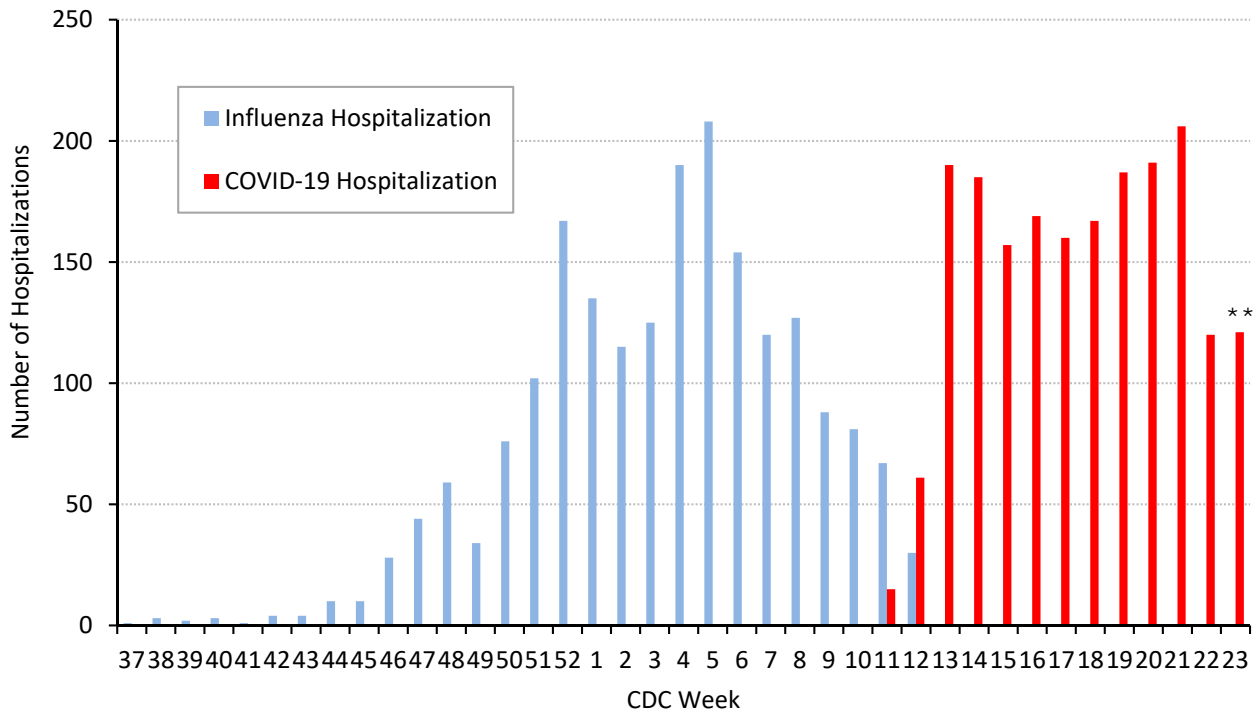
* Percentages calculated among cases with known age/sex

Figure 3. Non-hospitalized and hospitalized COVID-19 Cases by week of test collection, Dallas County: September 2019 through week ending June 6, 2020 (CDC Week 23)*



* 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.

Figure 4. Influenza and COVID-19 hospitalizations by week of admission, Dallas County: September 2019 through week ending June 6, 2020 (CDC Week 23)*



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

Table 3. Characteristics of cumulative hospitalized confirmed COVID-19 cases, Dallas County: March 10 – June 12, 2020

		Hospitalized Cases	%
<i>Ever Hospitalized</i>		N = 1,992	15% of Total Cases
Admitted to Intensive Care Unit		560	28%
Mechanical Ventilation		321	16%
Sex	Male	1,108	56%
	Female	884	44%
Age Group (years)	0-17	28	1%
	18-40	410	21%
	41-64	942	47%
	≥65	612	31%
Presence of ≥1 high risk condition		1,063	54%
Diabetes		625	32%
Lung Disease (e.g. COPD, asthma)		229	12%
Heart Disease (e.g. CHF)		254	13%
Kidney Disease (e.g. ESRD, dialysis)		215	11%
Cancer, Immune-compromise		151	8%
Pregnancy		51	3%
Race/ Ethnicity	White	290	15%*
	Hispanic	1,006	50%*
	Black	427	21%*
	Other	78	4%*
	Non-reported/ Unknown	191	10%

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

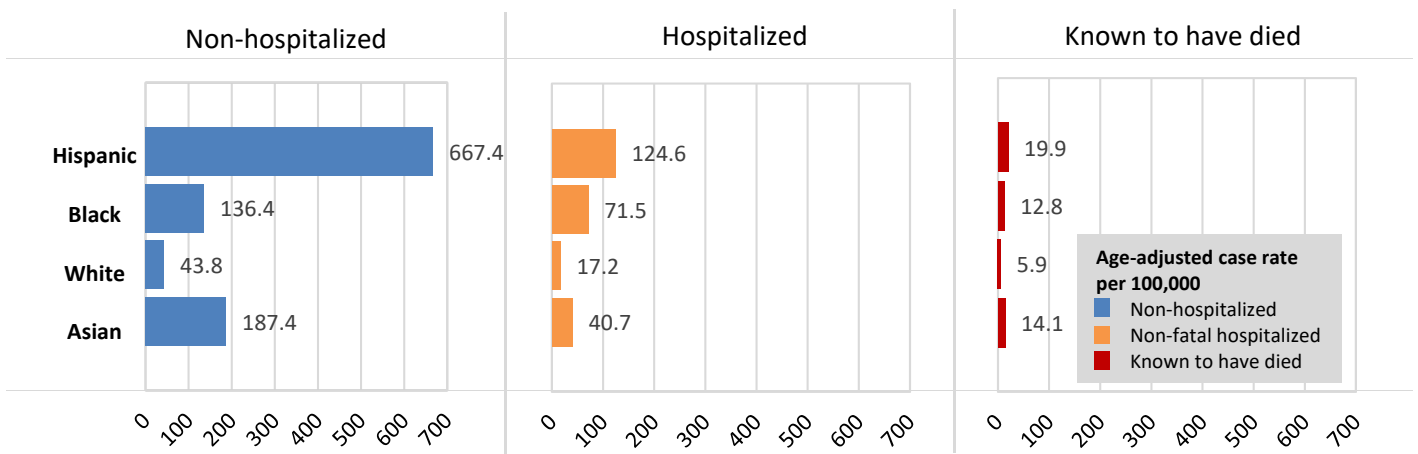
Table 4. Characteristics of cumulative confirmed COVID-19 deaths, Dallas County: March 10 – June 12, 2020

<i>Death classified as confirmed if decedent was a Dallas County resident with a positive COVID-19 PCR test. Data are obtained from ME office, hospitals, and vital statistics.</i>		Confirmed Deaths	% ¹
		N = 280	2% of Total Cases
Sex	Male	181	65%
	Female	99	35%
Age Group (years)	17-40	17	6%
	41-64	76	27%
	≥65	187	67%
Resident of a Long-Term Care Facility		104	37%
Presence of ≥1 high risk condition		187	73%
Diabetes		109	41%
Race/ Ethnicity	White	91	33% (29% of population) ²
	Hispanic	105	38% (41% of population) ²
	Black	65	23% (24% of population) ²
	Asian	11	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

Figure 5. Age-adjusted rates of lab confirmed COVID-19 non-hospitalized cases, hospitalized cases, and patients known to have died (per 100,000 population by race/ethnicity), Dallas County: March 10 – June 9, 2020



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

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

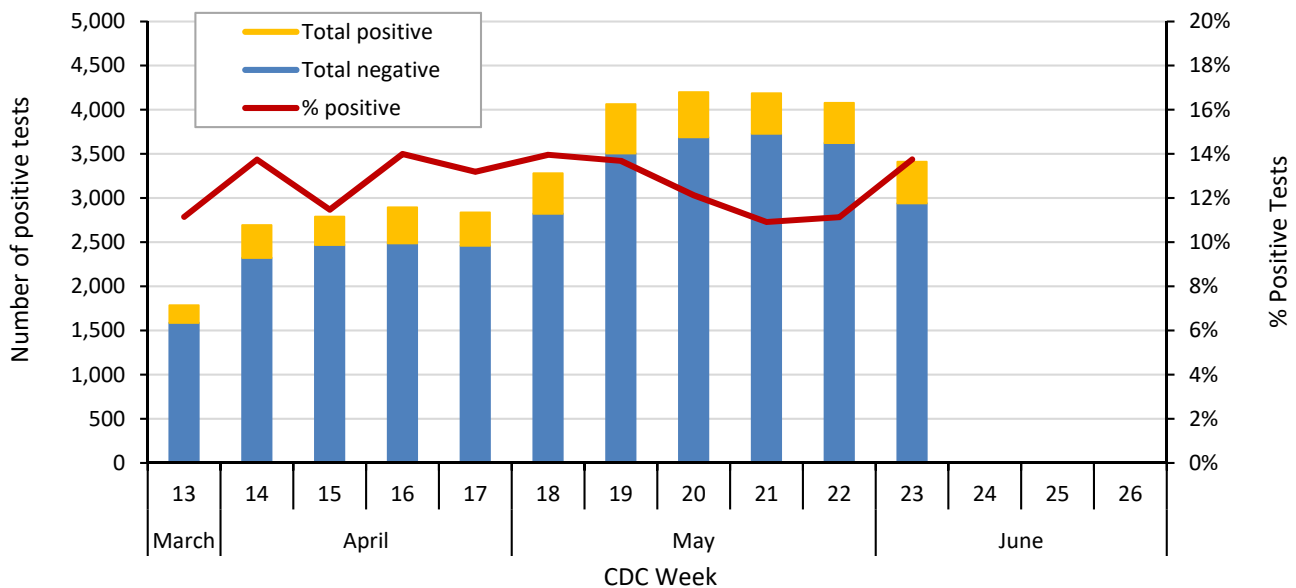
1. Data received as of 8:00 pm, June 8, 2020, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data on persons who identify as American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

Table 5. Respiratory virus testing by North Texas hospitals: March 22 – June 6, 2020 (CDC Weeks 13-23)¹⁻²

Week Ending		3/28	4/4	4/11	4/18	4/25	5/2	5/9	5/16	5/23	5/30	6/6
SARS-CoV-2	Positive	199	370	320	405	374	458	556	509	457	454	469
	Total Tests	1,785	2,692	2,789	2,893	2,835	3,280	4,062	4,198	4,185	4,077	3,410
Novel Coronavirus	% Positive	11.1%	13.7%	11.5%	14.0%	13.2%	14.0%	13.7%	12.1%	10.9%	11.1%	13.8%
Influenza	Positive	14	5	1	0	1	0	0	0	0	0	0
	Total Tests	1,772	1,067	328	560	454	325	337	315	277	179	164
	% Positive	0.8%	0.4%	0.3%	0%	0.2%	0%	0%	0%	0%	0%	0%
Seasonal (non-SARS-2) Coronavirus	Positive	15	9	1	1	0	0	0	0	0	1	0
	Total Tests	1,123	545	313	456	214	119	133	135	113	22	26
	% Positive	1.3%	1.7%	0.3%	0.2%	0%	0%	0%	0%	0%	4.5%	0%
Adenovirus (respiratory)	Positive	15	11	5	3	2	3	2	5	3	1	2
	Total Tests	1,129	560	313	440	374	246	281	252	255	144	146
	% Positive	1.3%	2.0%	1.6%	0.7%	0.5%	1.2%	0.7%	2.0%	1.2%	0.7%	1.4%
Metapneumo-virus	Positive	114	29	15	6	2	1	2	0	0	0	0
	Total Tests	1,129	630	313	444	374	246	281	252	255	144	146
	% Positive	10.1%	4.6%	4.8%	1.4%	0.5%	0.4%	0.7%	0%	0%	0%	0%
Rhinovirus/ Enterovirus	Positive	99	43	19	20	17	10	7	3	5	5	5
	Total Tests	1,129	630	313	444	374	246	281	252	255	144	146
	% Positive	8.8%	6.8%	6.1%	4.5%	4.5%	4.1%	2.5%	1.2%	2.0%	3.5%	3.4%
RSV	Positive	10	7	1	1	0	1	2	0	0	0	0
	Total Tests	1,272	763	370	461	382	250	282	258	262	146	147
	% Positive	0.8%	0.5%	0.3%	0.2%	0%	0.4%	0.7%	0%	0%	0%	0%

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

Figure 6. SARS-CoV-2 novel coronavirus positive tests reported to DCHHS by hospital laboratories. March 22 – June 6, 2020 (CDC Weeks 13-23)¹⁻²



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

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

<i>Exposure Risk Factor</i>	Cases (N= 13,585)	% of Total Cases
International Travel	61	0.5%
Domestic Travel (Out-of-state)	128	1.0%
Cruise Ship Travel	10	0.1%
Long-Term Care Facility (Resident)	570	4.5%
County Jail (Inmate)	444	3.5%
State Jail (Inmate-- TDCJ COVID-19 Medical Action Center)*	84	0.7%
Homeless Shelter	48	0.4%
Meat/Food Processing Facilities	304	2.4%
Close contact or Presumed Community Transmission**	9,920	78.4%

*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 COVID-19 hospitalizations and deaths from Dallas County hospitals, Vital Statistics and Medical Examiner’s office¹⁻⁴

Week Ending	03/28	04/04	04/11	04/18	04/25	05/02	05/09	05/16	05/23	05/30	06/06	9/08/19– Present
CDC Week	13	14	15	16	17	18	19	20	21*	22*	23*	
COVID-19 hospitalizations ¹	190	185	157	169	160	167	187	191	206	120	121	1,992
COVID-19 ICU admissions ¹	63	64	59	46	51	47	52	44	40	31	22	560
Probable COVID-19-associated deaths ²	0	0	0	0	0	0	0	0	0	0	0	0
Confirmed COVID-19-associated deaths ³	11	11	17	31	28	28	28	42	27*	27*	19*	280

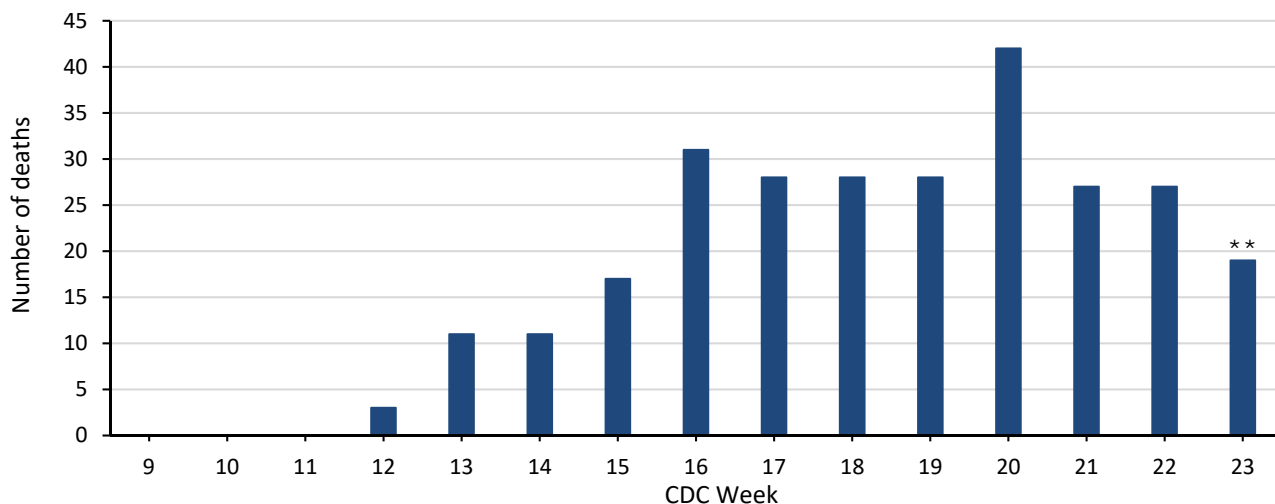
* All data are preliminary and subject to change as cases continue to be received and investigated.

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

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

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

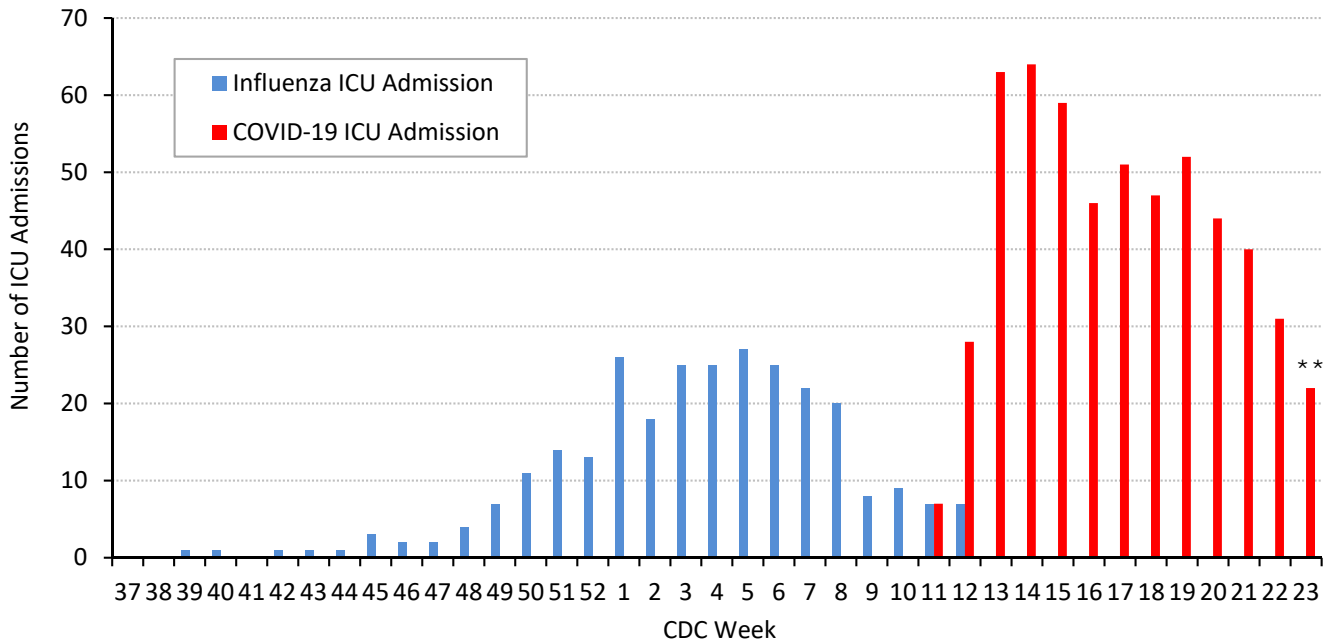
Figure 7. Confirmed COVID-19-associated deaths by week of death, Dallas County: March 2019 through week ending June 6, 2020 (CDC Week 23)*



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

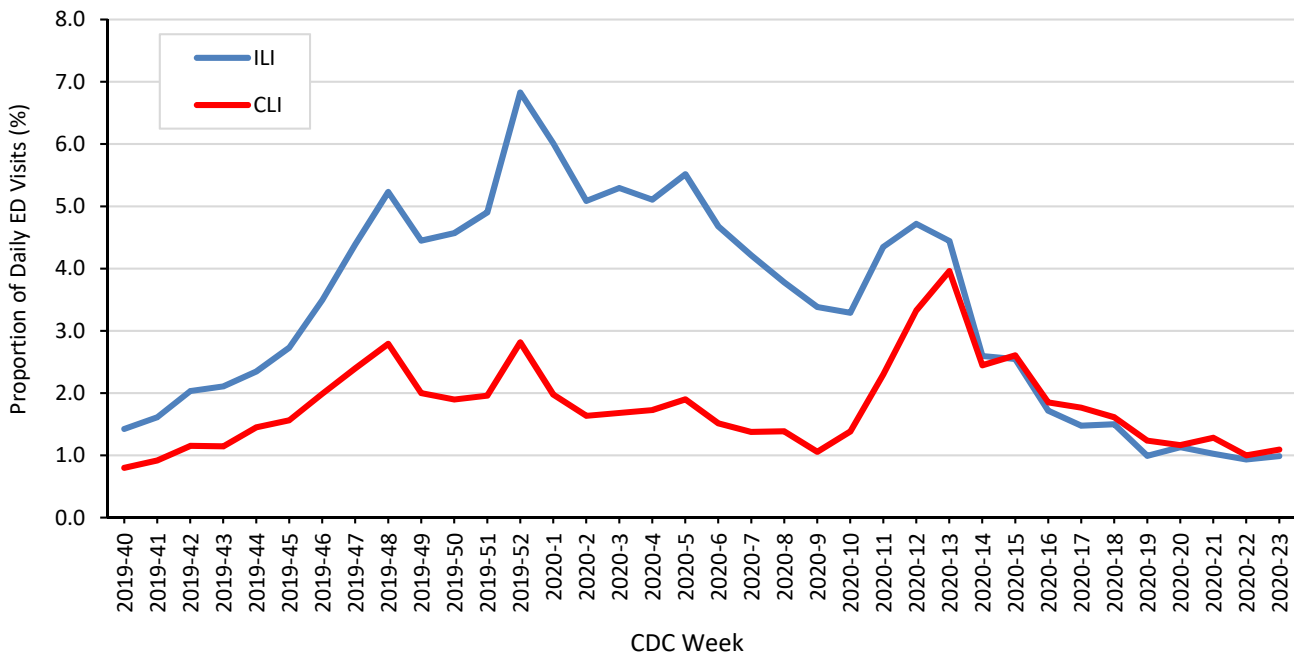
** All data are preliminary and subject to change as cases continue to be received and investigated.

Figure 8. Intensive care unit hospitalizations for influenza and COVID-19 by week of admission, Dallas County: September 2019 through week ending June 6, 2020 (CDC Week 23)*



* 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 9. Syndromic surveillance of emergency department visits for COVID-like illness (CLI)* and Influenza-like illness (ILI), Dallas County: September 29, 2019 – June 6, 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 – 6/9/20

Occupation	Hospitalized Cases (%) of Total Employed	
	Position	Sector
Critical Infrastructure Workers*		543 (85%)
Healthcare and Public Health		90 (14%)
	<i>Nurse, LVN, CNA</i>	15
	<i>Physician</i>	4
	<i>Other: Dentist, dietary, home health, medical assistant, mental health, PCT</i>	71
Transportation and Logistics		80 (13%)
	<i>Airline/Airport</i>	12
	<i>Parcel or postal delivery</i>	10
	<i>Cab/rideshare or bus driver</i>	16
	<i>Other: Mechanic, truck driver, freight, railroad</i>	42
Food and Agriculture		104 (16%)
	<i>Grocery</i>	21
	<i>Restaurant</i>	36
	<i>Other: Food processing, production, supply</i>	47
Other Community/Government Essential Functions		32 (5%)
	<i>Clergy (Pastor, priest)</i>	7
	<i>Education (Teacher, administration)</i>	9
	<i>Judicial system (Attorney)</i>	7
	<i>Other: Real estate services, shelter services, government operations</i>	9
Public Works and Infrastructure Support Services		85 (13%)
	<i>Construction/Contractor</i>	50
	<i>Other: Waste disposal, landscaping, maintenance</i>	35
Financial (<i>Accounting, bank, insurance</i>)		28 (4%)
Communications and Information Technology		14 (2%)
Commercial Facilities (<i>Building materials, painting, warehouse</i>)		39 (6%)
Hygiene Services (<i>Custodian, housekeeping</i>)		24 (4%)
Law Enforcement, Public Safety, First Responders		16 (3%)
Critical Manufacturing (<i>Manufacturing metal, packaging</i>)		21 (3%)
Energy/Utilities (<i>Electricity, petroleum, gas</i>)		10 (2%)
Non-Critical Infrastructure Workers (Includes retail, personal services)		71 (12%)
Employed (position not reported)		24 (4%)
Total reporting any employment		638
Non-Employed (Includes retired, child, homemaker, etc.)		630
Student (≥18 years old)		14
Not reported		575
Total hospitalized		1,857

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

**CISA Advisory Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, v3.1, May 19, 2020

https://www.cisa.gov/sites/default/files/publications/Version_3.1_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers.pdf.

Table 9. Cumulative COVID-19 cases by city of residence within Dallas County as of June 12, 2020*(e.g. Does not include cases who reside in portions of cities which are not within Dallas County.)*

City of Residence	Cases (N=13,585)	% of Total Cases
Addison	47	0.3%
Balch Springs	111	0.8%
Carrollton	224	1.6%
Cedar Hill	195	1.4%
Cockrell Hill	27	0.2%
Combine	2	0.0%
Coppell	51	0.4%
Dallas	7,513	55.3%
DeSoto	241	1.8%
Duncanville	225	1.7%
Farmers Branch	171	1.3%
Garland	1,194	8.8%
Glenn Heights	34	0.3%
Grand Prairie	594	4.4%
Highland Park	20	0.1%
Hutchins	62	0.5%
Irving	1,435	10.6%
Lancaster	213	1.6%
Mesquite	698	5.1%
Richardson	224	1.6%
Rowlett	117	0.9%
Sachse	24	0.2%
Seagoville	79	0.6%
Sunnyvale	16	0.1%
University Park	30	0.2%
Wilmer	36	0.3%
Wylie	2	0.0%

CDC Priorities for COVID-19 Testing (rev. date: 5/3/20)**(See CDC Guidance for Evaluating and Reporting Persons Under Investigation (PUI) at:**<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>)**High Priority**

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

Priority

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

Many Thanks to:

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

Our DCHHS Case and Contact Investigations Team volunteers from:

Dallas County Medical Society

UT Southwestern Medical School

Texas A&M College of Medicine

UTHealth School of Public Health

Retired School Nurses

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

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

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

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