

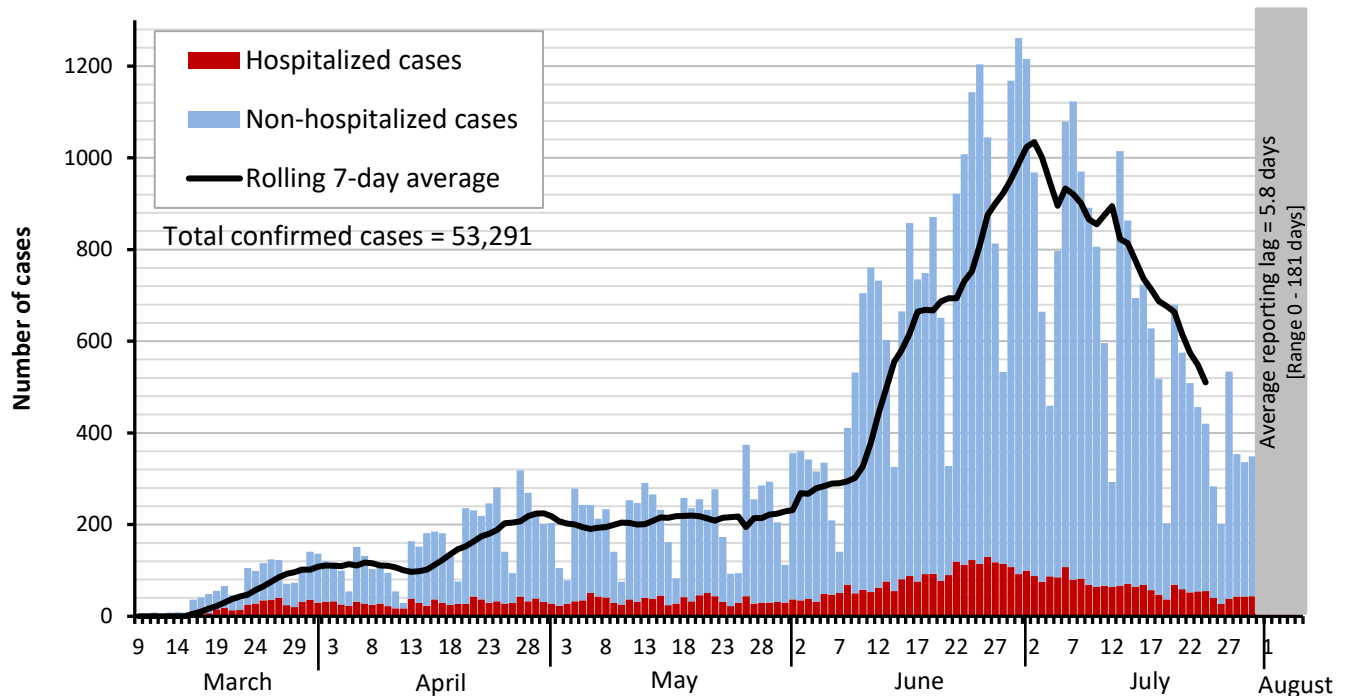


Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

August 7, 2020

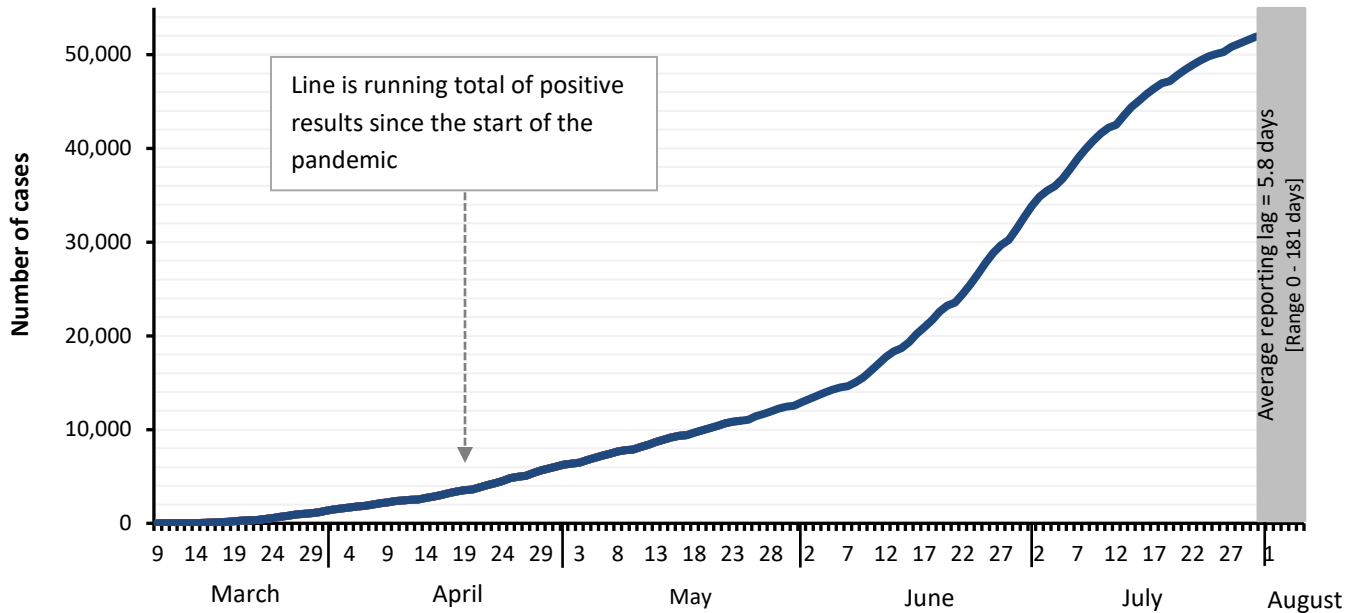
- As of August 7, 2020, DCHHS is reporting 422 additional confirmed cases of 2019 novel coronavirus (COVID-19), bringing the total number of confirmed cases in Dallas County to 53,291, including 746 confirmed deaths.
- An additional 167 probable cases have been reported, bringing the total number of probable cases in Dallas County to 2,029, including 5 probable deaths.
- Over 2,514 children under 18 years of age have been diagnosed with confirmed COVID-19 since July 1st, including 62 children who have been hospitalized for COVID-19.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 remains high with 15.9% among symptomatic patients presenting to area hospitals in week 30.
- Of the 6,730 cases requiring hospitalization to date, almost three-quarters (72%) have been under 65 years of age, and over half reported having a chronic health condition. Diabetes has been an underlying high-risk health condition reported in about a third of all hospitalized patients with COVID-19.
- Of cases requiring hospitalization who reported employment, almost 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.
- Twenty-eight percent (28%) of deaths have been associated with long-term care facilities.

Figure 1. Confirmed COVID-19 positive cases by date of test collection, Dallas County: March 10 – August 7, 2020¹⁻⁴



1. Data received as of 8:00 pm yesterday, 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 5.8 days, with a range from 0 – 181 days.
3. This summary graph includes only confirmed cases based on molecular amplification detection test results.
4. Bars are the number of positive molecular amplification detection tests which were collected that day.
5. Rolling 7-day average is the average number of new confirmed COVID-19 cases collected 7 days prior to value.

Figure 2. Cumulative confirmed COVID-19 cases by date of test collection, Dallas County: March 10 – August 7, 2020¹⁻²



1. Data received as of 8:00 pm yesterday, 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 5.8 days, with a range from 0 – 181 days.

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

Source of Laboratory Testing for Reported Positive Molecular Amplification Detection Tests	# Tests (N=53,291)	% of Total Cases
Commercial or Hospital Laboratory*	51,454	97%
Dallas LRN Laboratory	1,564	3%
Other Public Health Laboratory	273	<1%

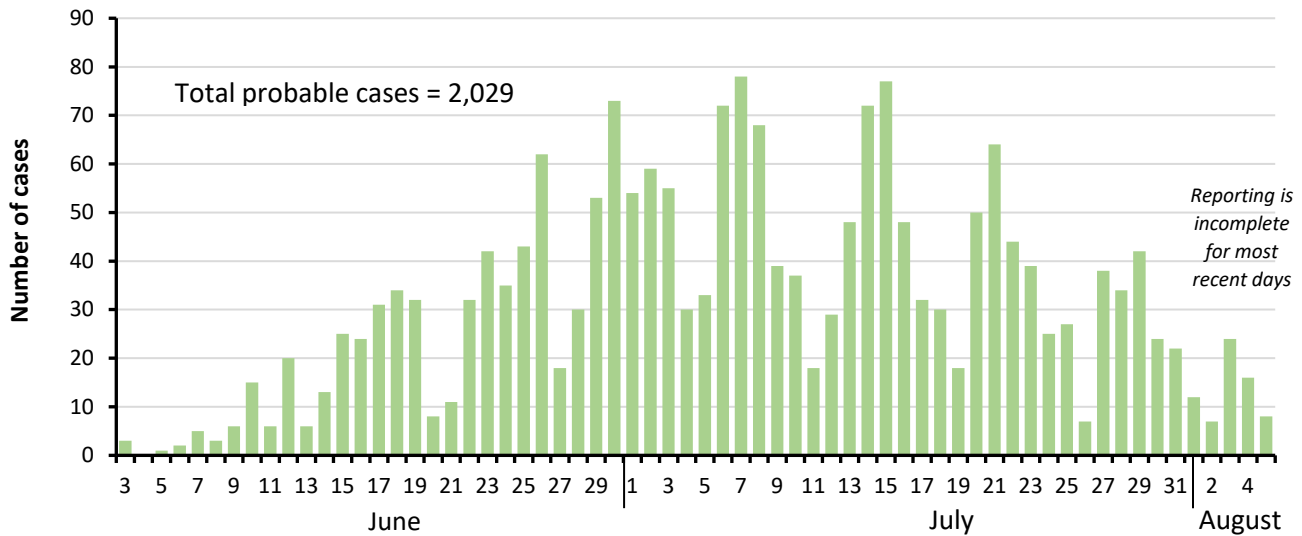
* Includes: AIT, ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple hospital laboratories

Table 2. Characteristics of cumulative confirmed COVID-19 cases, Dallas County: March 9 – August 7, 2020

	Number	% of Total Cases*
Total Cases in Dallas County residents	N = 53,291	100%
Age Group (years)	0 to 17	10%
	18 to 40	46%
	41 to 64	35%
	≥65	9%
Sex	Female	50%
	Male	50%
Not Hospitalized (Includes: Outpatient, urgent care, drive-through, ED)	51,454	87%
Ever Hospitalized	6,730	13%

* Percentages calculated among cases with known age/sex

Figure 3. Probable COVID-19 cases by date of test collection, Dallas County: June 3 – August 7, 2020 ¹⁻⁵



1. Data received as of 8:00 pm yesterday, 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.
3. This summary graph includes only probable cases which meet below CDC case definition. Probable cases are reported separately from confirmed cases.

Table 3. Characteristics of cumulative probable COVID-19 cases, Dallas County: June 3 – August 7, 2020

		Number	% of Total Cases*
Total Probable Cases in Dallas County residents		N = 2,029	100%
Age Group (years)	0 to 17	540	27%
	18 to 40	951	47%
	41 to 64	450	22%
	≥65	84	4%
Sex	Female	995	49%
	Male	1,029	51%

*Percentages calculated among cases with known age/sex

CDC Definition of a COVID-19 case:

"A COVID-19 case includes [confirmed and probable cases and deaths](#). This change was made to reflect an interim [COVID-19 position](#) statement issued by the Council of State and Territorial Epidemiologists on April 5, 2020. The position statement included a case definition and made COVID-19 a [nationally notifiable disease](#)."

CDC Definition of a COVID-19 probable case:

"A [probable case or death](#) is defined as:

- A person meeting [clinical criteria](#) **AND** [epidemiologic evidence](#) with no confirmatory laboratory testing performed for COVID-19;
- A person meeting [presumptive laboratory evidence](#) **AND** either [clinical criteria](#) **OR** [epidemiologic evidence](#);
- A person meeting [vital records criteria](#) with no confirmatory laboratory testing performed for COVID-19."

*Centers for Disease Control and Prevention FAQ: COVID-19 Data and Surveillance:

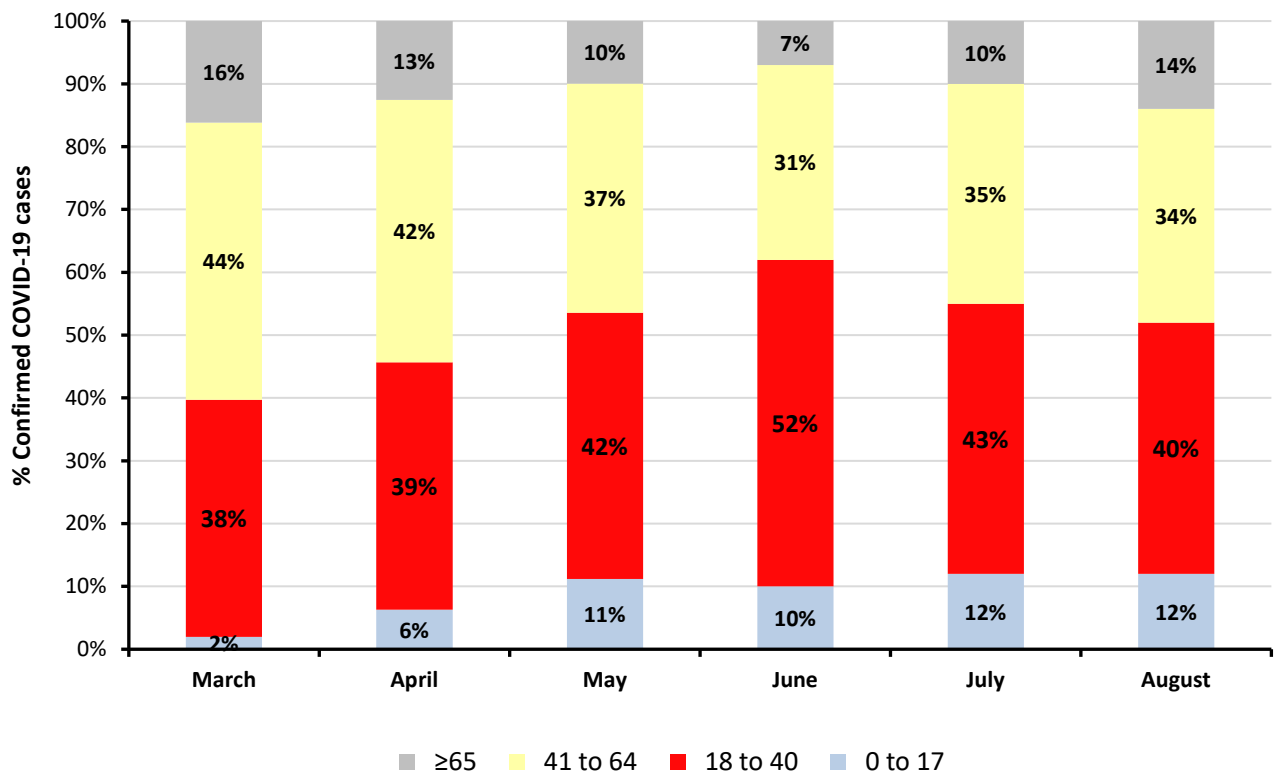
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html>

**See also Texas Department of State Health Services (DSHS) Case Definition:

<https://www.dshs.state.tx.us/coronavirus/docs/DSHS-COVID19CaseDefinitionandInvestigationPrioritizationGuidance.pdf>

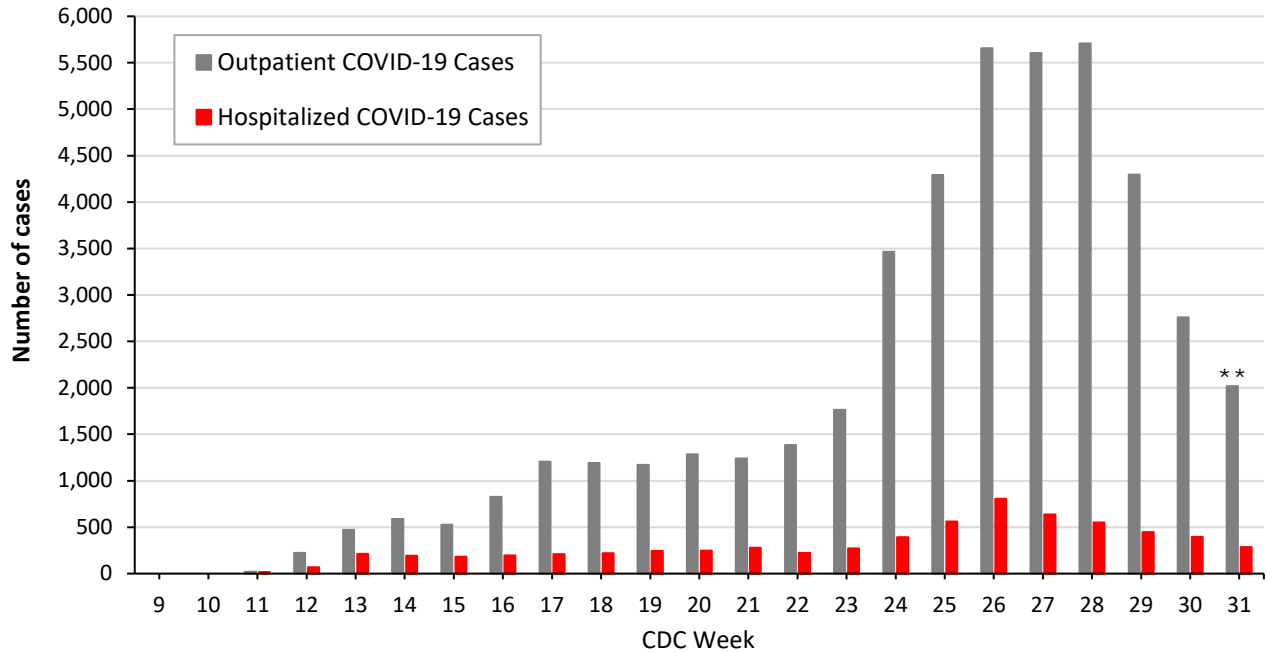
Figure 4. Number of confirmed COVID-19 cases by age group and month of collection, Dallas County

Age Group (in years)	0 to 17		18 to 40		41 to 64		≥65	
Month of Diagnosis	N	%	N	%	N	%	N	%
March	26	2%	493	38%	576	44%	211	16%
April	285	6%	1,791	39%	1,897	42%	570	13%
May	682	11%	2,590	42%	2,230	37%	607	10%
June	1,534	10%	7,945	52%	4,702	31%	1,174	7%
July	2,337	12%	8,079	43%	6,678	35%	1,845	10%
August (through 8/7)	89	12%	288	40%	245	34%	103	14%



1. Data received as of 8:00 pm yesterday, 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 5.8 days, with a range from 0 – 181 days.

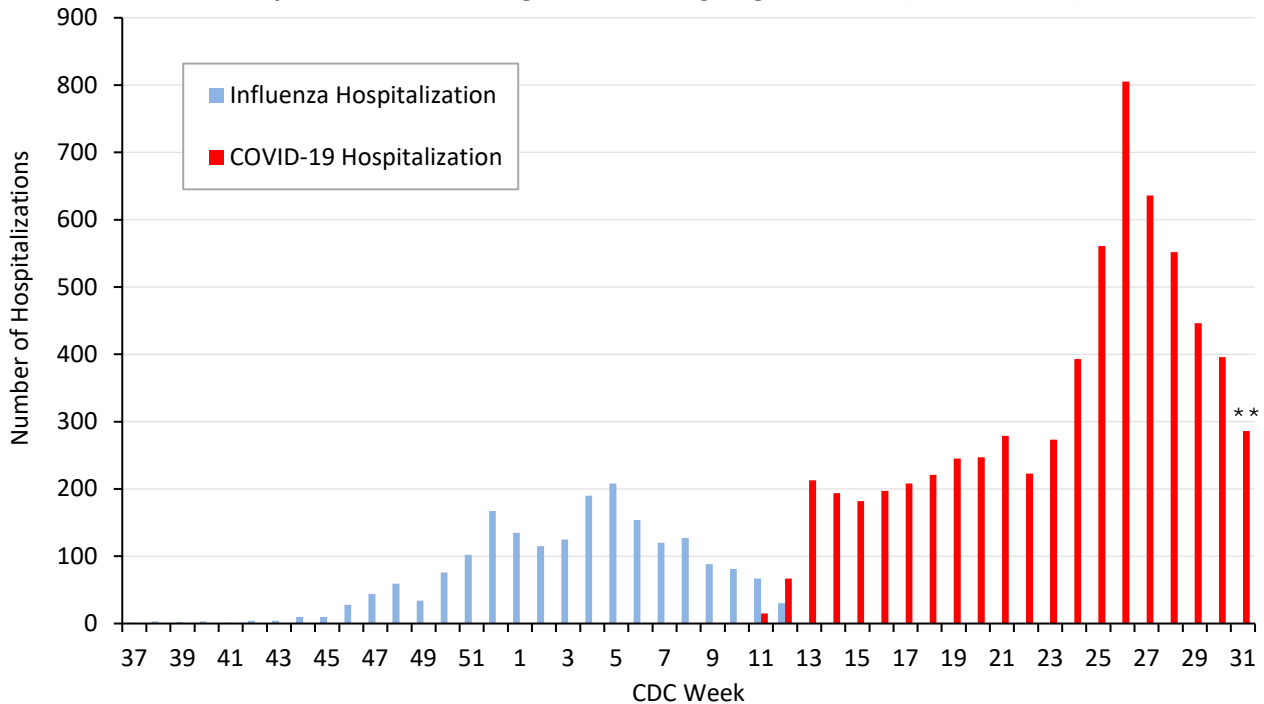
Figure 5. Non-hospitalized and hospitalized confirmed COVID-19 cases by week of test collection, Dallas County: September 2019 through week ending August 1, 2020 (CDC Week 31)*



* 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. 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 molecular amplification detection test results.

Figure 6. Influenza and confirmed COVID-19 hospitalizations by week of admission, Dallas County: September 2019 through week ending August 1, 2020 (CDC Week 31)*



* Hospitalized 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.

** 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 4. Characteristics of cumulative hospitalized confirmed COVID-19 cases, Dallas County: March 10 – August 7, 2020

		Hospitalized Cases	%
<i>Ever Hospitalized</i>		N = 6,730	13% of Total Cases
Admitted to Intensive Care Unit		1,440	21%
Mechanical Ventilation		774	12%
Sex	Male	3,507	52%
	Female	3,223	48%
Age Group (years)	0-17	154	2%
	18-40	1,646	25%
	41-64	3,019	45%
	≥65	1,910	28%
Presence of ≥1 high risk condition		3,747	56%
Diabetes		2,001	30%
Lung Disease (e.g. COPD, asthma)		687	10%
Heart Disease (e.g. CHF)		863	13%
Kidney Disease (e.g. ESRD, dialysis)		659	10%
Cancer, Immune-compromise		458	7%
Obesity		1,078	16%
Race/ Ethnicity	White	1,016	15%*
	Hispanic	3,695	55%*
	Black	1,341	20%*
	Other	235	3%*
	Non-reported/ Unknown	443	7%

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

Table 5. Characteristics of cumulative confirmed COVID-19 deaths, Dallas County: March 10 – August 7, 2020

<i>Death classified as confirmed if decedent was a Dallas County resident with a positive molecular test. Data are obtained from ME office, hospitals, and vital statistics.</i>		Confirmed Deaths	% ¹
		N = 746	1.4% of Total Cases
Sex	Male	479	64%
	Female	267	36%
Age Group (years)	0-17	2	<1%
	18-40	36	5%
	41-64	230	31%
	≥65	478	64%
Resident of a Long-Term Care Facility		208	28%
Presence of ≥1 high risk condition		535	76%
Diabetes		328	47%
Race/ Ethnicity	White	205	27% (29% of population) ²
	Hispanic	321	43% (41% of population) ²
	Black	179	24% (24% of population) ²
	Asian	24	3% (7% of population) ²

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

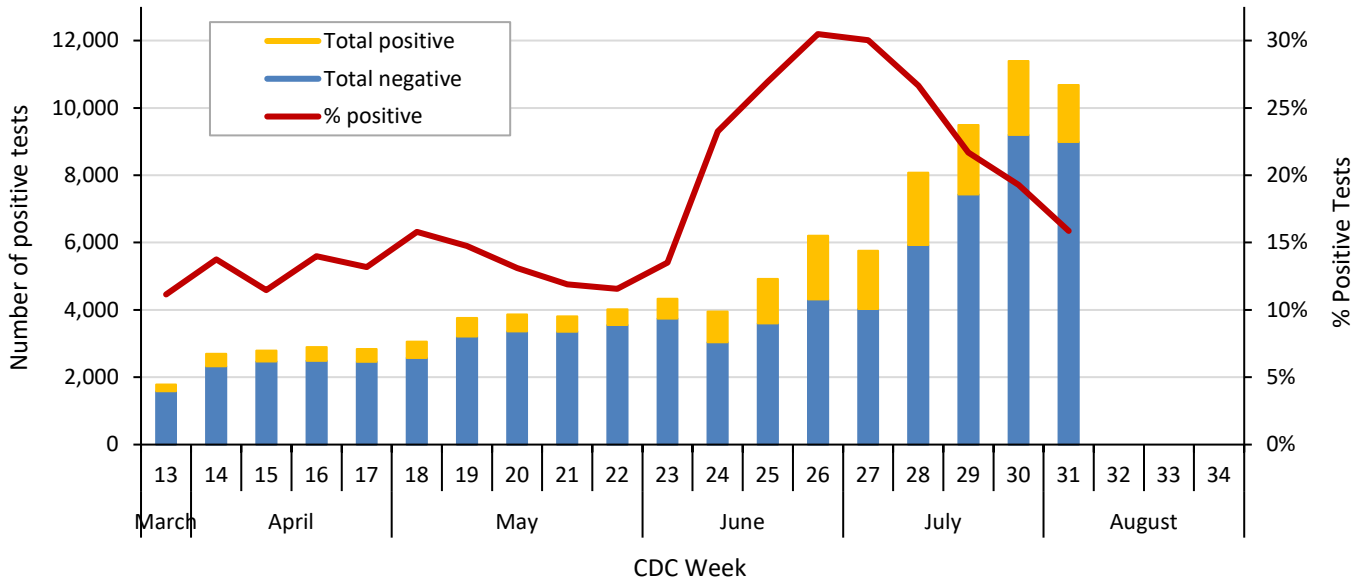
² 2019 U.S. Census population estimates for Dallas County

Table 6. Respiratory virus testing by North Texas hospitals participating in public health surveillance programs: May 24 – August 1, 2020 (CDC Weeks 22-31) ¹⁻²

Week Ending		5/30	6/6	6/13	6/20	6/27	7/4	7/11	7/18	7/25	8/1
SARS-CoV-2	Positive	465	585	919	1,327	1,892	1,727	2,152	2,058	2,197	1,694
	Total Tests	4,017	4,328	3,953	4,925	6,207	5,753	8,077	9,488	11,393	10,682
Novel Coronavirus	% Positive	11.6%	13.5%	23.2%	26.9%	29.3%	30.5%	26.8%	21.7%	19.3%	15.9%
Influenza	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	233	235	206	121	238	225	174	111	115	124
	% Positive	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Seasonal (non-SARS-2) Coronavirus	Positive	1	0	0	0	0	0	1	0	0	0
	Total Tests	76	97	94	20	26	126	44	28	24	37
	% Positive	1.3%	0%	0%	0%	0%	0%	2.3%	0%	0%	0%
Adenovirus (respiratory)	Positive	1	2	3	0	1	0	2	1	0	2
	Total Tests	198	217	183	100	194	200	145	101	108	105
	% Positive	0.5%	0.9%	1.6%	0%	0.5%	0%	1.4%	1.0%	0%	1.9%
Metapneumovirus	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	198	217	183	100	194	200	145	101	108	105
	% Positive	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Rhinovirus/Enterovirus	Positive	5	6	6	2	4	12	5	8	2	9
	Total Tests	198	217	184	100	194	200	145	101	108	105
	% Positive	2.5%	2.8%	3.3%	2.0%	2.1%	6.0%	3.4%	7.9%	1.9%	8.6%
RSV	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	200	218	187	104	197	200	145	103	108	107
	% Positive	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

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 7. SARS-CoV-2 positive PCR tests reported to DCHHS by hospital laboratories: March 22 – August 1, 2020 (CDC Weeks 13-31) 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 7. Transmission risk factors for cumulative confirmed COVID-19 cases, Dallas County

<i>Exposure Risk Factor</i>	Cases (N= 53,291)	% of Total Cases
International Travel	93	0.2%
Domestic Travel (Out-of-state)	257	0.5%
Cruise Ship Travel	14	<0.1%
Long-Term Care Facility (Resident) ¹	1,201	2.3%
County Jail (Inmate)	652	1.2%
State Jail (Inmate-- TDCJ COVID-19 Medical Action Center) ²	96	0.2%
Federal Prison (Inmate) ³	1,333	2.5%
Homeless Shelter	75	0.1%
Meat/Food Processing Facilities	481	0.9%
Close contact or Presumed Community Transmission ⁴	49,089	92.1%

¹ Does not include over 565 COVID-19 cases reported in LTCF staff members employed by the > 112 affected LTCFs.

² Texas Department of Criminal Justice cases are under the jurisdiction of the Texas Department of State Health Services for investigation

³ Federal prison cases are under the jurisdiction of the federal government for investigation, but are now included in total County cases

⁴ Includes: household transmission and cases with no other exposure risk factors identified

Table 8. Summary of weekly COVID-19 hospitalizations and deaths from Dallas County hospitals, Vital Statistics and Medical Examiner’s office¹⁻⁴

Week Ending	05/30	06/06	06/13	06/20	06/27	07/04	07/11	07/18	07/25	08/01	9/08/19– Present
CDC Week	22	23	24	25	26	27	28*	29*	30*	31*	Present
COVID-19 hospitalizations ¹	223	273	393	561	805	636	552*	446*	396*	286*	6,730
COVID-19 ICU admissions ¹	49	61	72	95	106	120	123*	99*	55*	59*	1,440
Probable COVID-19-associated deaths ²	0	0	0	0	0	0	0	0	1	2	5
Confirmed COVID-19-associated deaths ³	30	28	25	36	50	53	53*	70*	88*	55*	746

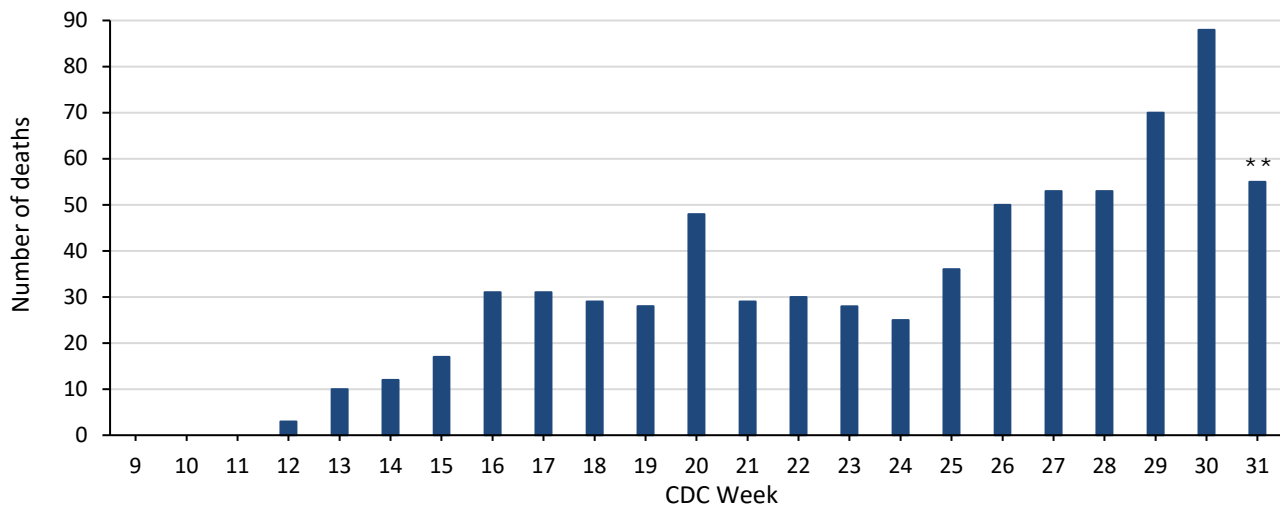
* All data are preliminary and subject to change as cases continue to be received and investigated.

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 molecular lab test confirmation.

³ Confirmed COVID-19 deaths as defined by a positive molecular amplification detection 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.

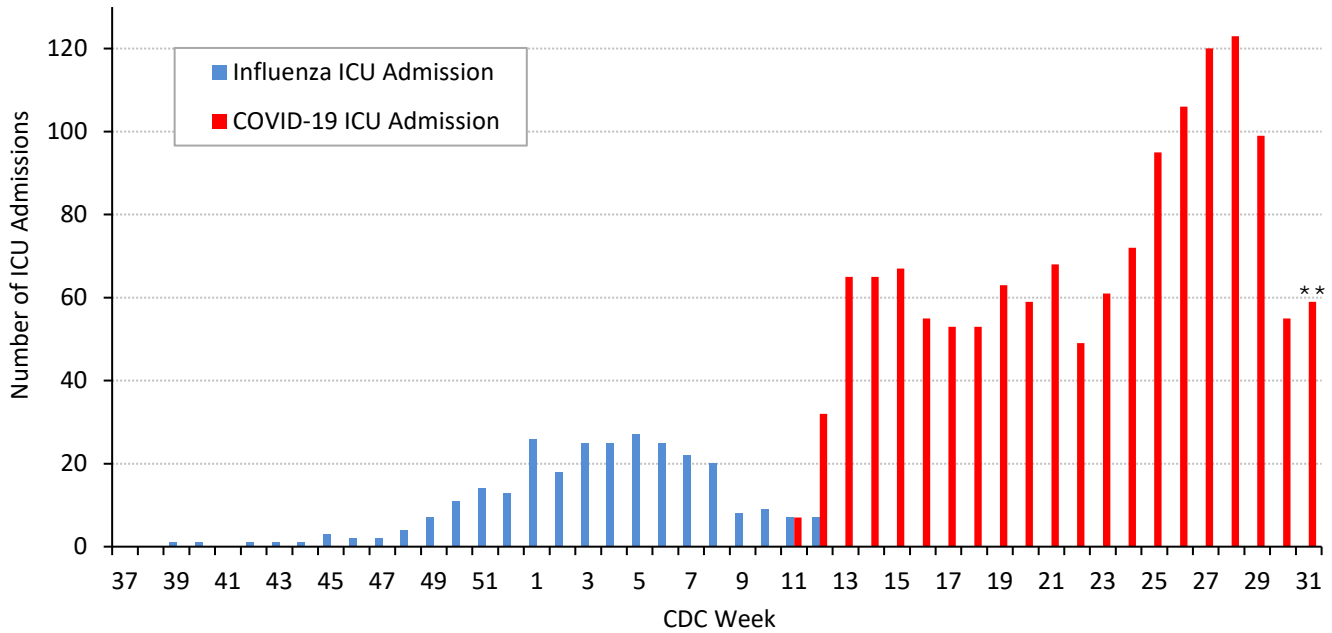
Figure 8. Confirmed COVID-19-associated deaths by week of death, Dallas County: March 2019 through week ending August 1, 2020 (CDC Week 31)*



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

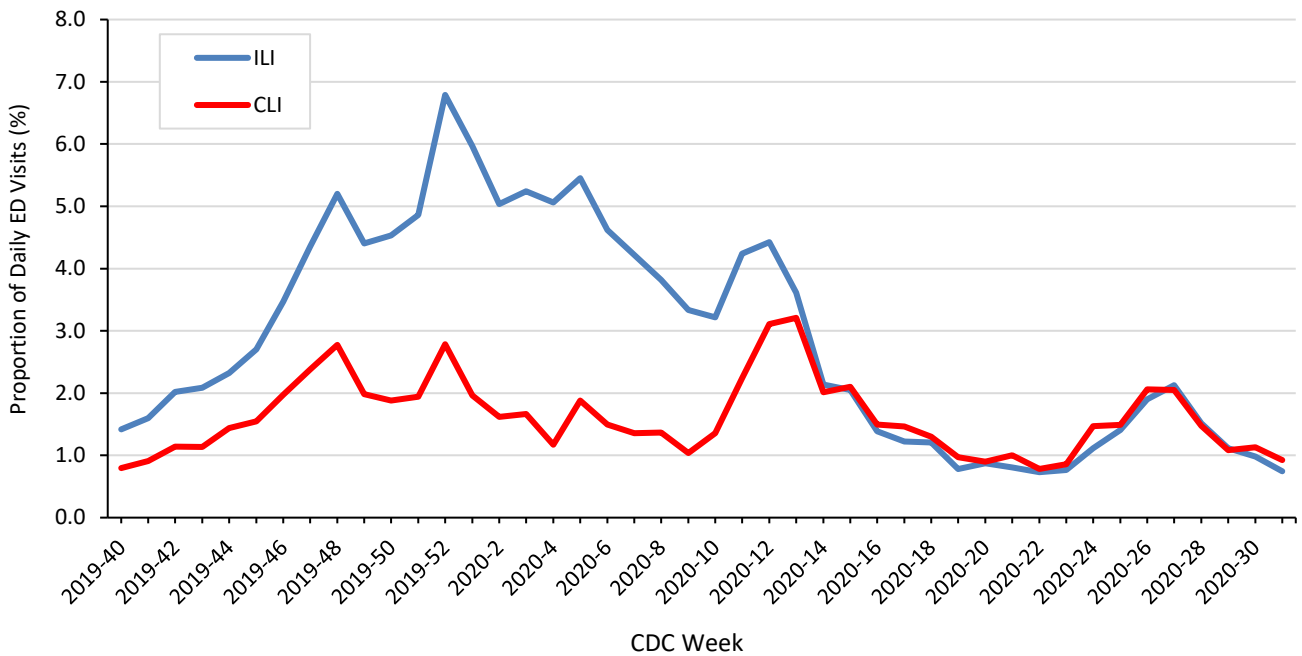
** All data are preliminary and subject to change as cases continue to be received and investigated.

Figure 9. Intensive care unit hospitalizations for influenza and COVID-19 by week of admission, Dallas County: September 2019 through week ending August 1, 2020 (CDC Week 31)*



* New ICU admissions of Dallas County residents reported with confirmed COVID-19 by molecular amplification detection testing as of 8:00 pm yesterday. Hospitalized patients with self-reported residence from outside of Dallas County are not included.
 ** All data are preliminary and subject to change as cases continue to be received and investigated.

Figure 10. Syndromic surveillance of emergency department visits for COVID-like illness (CLI)* and Influenza-like illness (ILI), Dallas County: September 29, 2019 – August 1, 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 9. Occupations of hospitalized patients with confirmed COVID-19, Dallas County, 3/10 – 8/3/20

Occupation	Hospitalized Cases (%) of Total Employed	
	Position	Sector
Critical Infrastructure Workers*		1,362 (78%)
Healthcare and Public Health		199 (11%)
	<i>Nurse, LVN, CNA</i>	30
	<i>Physician</i>	9
	<i>Other: Dentist, dietary, home health, medical assistant, mental health, PCT</i>	160
Transportation and Logistics		167 (10%)
	<i>Airline/Airport</i>	13
	<i>Parcel or postal delivery</i>	15
	<i>Cab/rideshare or bus driver</i>	20
	<i>Other: Mechanic, truck driver, freight, railroad</i>	119
Food and Agriculture		281 (16%)
	<i>Grocery</i>	52
	<i>Restaurant</i>	83
	<i>Other: Food processing, production, supply</i>	146
Other Community/Government Essential Functions		88 (5%)
	<i>Clergy (Pastor, priest)</i>	10
	<i>Education (Teacher, administration)</i>	23
	<i>Judicial system (Attorney)</i>	9
	<i>Other: Real estate services, shelter services, government operations</i>	46
Public Works and Infrastructure Support Services		224 (13%)
	<i>Construction/Contractor</i>	161
	<i>Other: Waste disposal, landscaping, maintenance</i>	63
Financial (<i>Accounting, bank, insurance</i>)		63 (4%)
Communications and Information Technology		29 (2%)
Commercial Facilities (<i>Building materials, painting, warehouse</i>)		135 (8%)
Hygiene Services (<i>Custodian, housekeeping</i>)		70 (4%)
Law Enforcement, Public Safety, First Responders		44 (3%)
Critical Manufacturing (<i>Manufacturing metal, packaging</i>)		43 (2%)
Energy/Utilities (<i>Electricity, petroleum, gas</i>)		19 (1%)
Non-Critical Infrastructure Workers (Includes retail, personal services)		252 (14%)
Employed (position not reported)		135 (8%)
Total reporting any employment		1,749
Non-Employed (Includes retired, child, homemaker, etc.)		1,927
Student (≥18 years old)		57
Not reported		2,767
Total hospitalized		6,500

* 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 10. Cumulative COVID-19 cases by city of residence within Dallas County as of August 7, 2020*(e.g. Does not include cases who reside in portions of cities which are not within Dallas County.)*

City of Residence	Cases (N=53,291)	% of Total Cases
Addison	186	0.3%
Balch Springs	621	1.2%
Carrollton	836	1.6%
Cedar Hill	881	1.7%
Cockrell Hill	115	0.2%
Combine	12	0.0%
Coppell	234	0.4%
Dallas	28,534	53.5%
DeSoto	1,029	1.9%
Duncanville	909	1.7%
Farmers Branch	465	0.9%
Ferris	3	0.0%
Garland	4,788	9.0%
Glenn Heights	133	0.2%
Grand Prairie	2,508	4.7%
Highland Park	41	0.1%
Hutchins	201	0.4%
Irving	4,514	8.5%
Lancaster	869	1.6%
Mesquite	3,023	5.7%
Ovilla	1	0.0%
Richardson	793	1.5%
Rowlett	613	1.2%
Sachse	110	0.2%
Seagoville	1,722	3.2%
Sunnyvale	81	0.2%
University Park	85	0.2%
Wilmer	159	0.3%
Wylie	5	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