

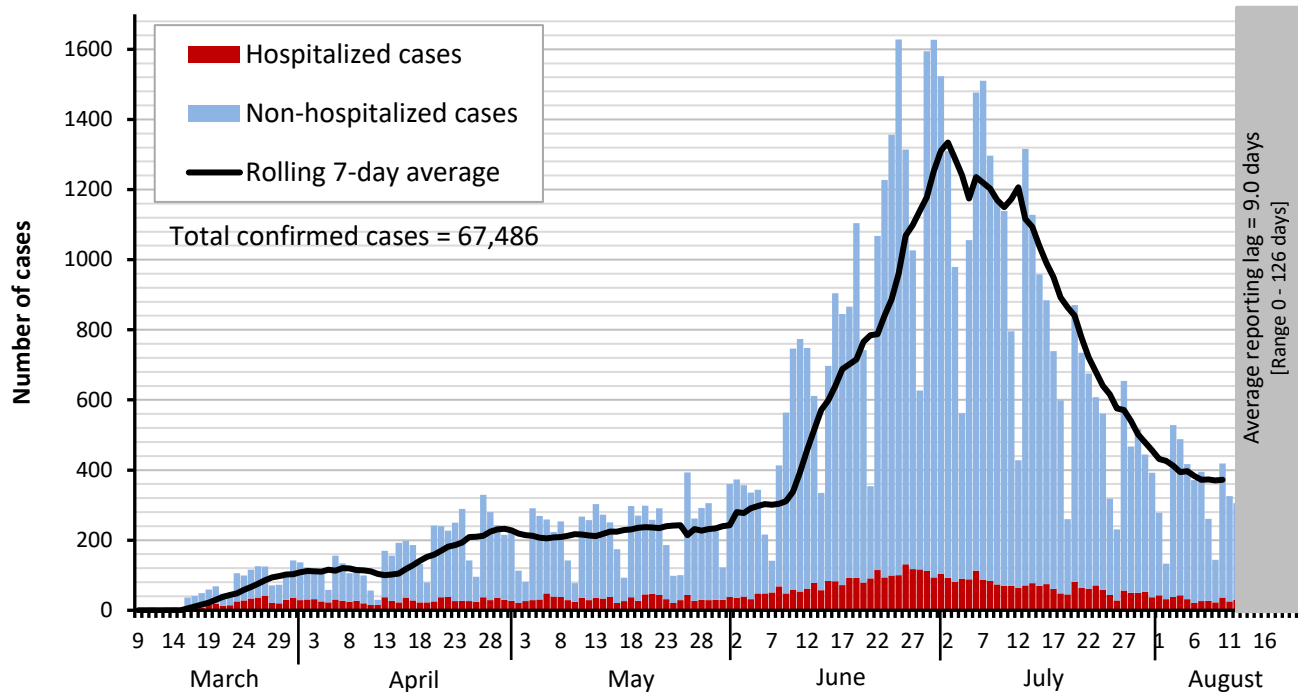


Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

August 21, 2020

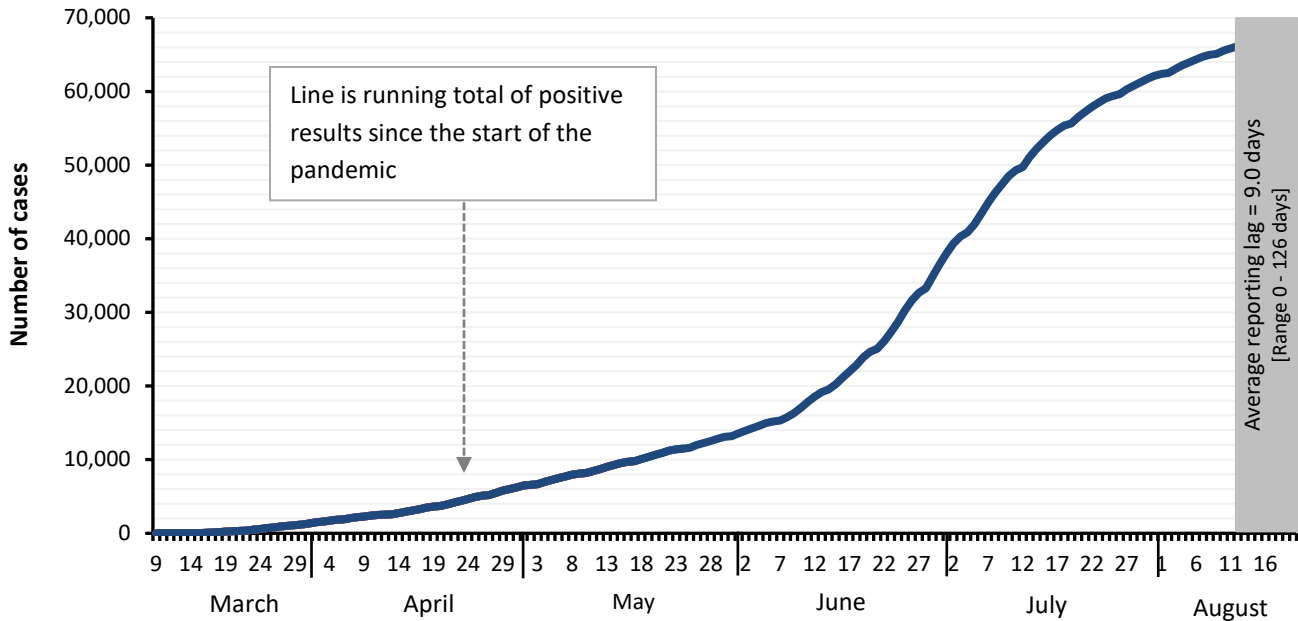
- As of August 21, 2020, DCHHS is reporting 714 additional confirmed cases of 2019 novel coronavirus (COVID-19), bringing the total number of confirmed cases in Dallas County to 67,486, including 849 confirmed deaths. The total number of probable cases in Dallas County is 2,574, including 8 probable COVID-19 associated deaths,
- The 7-day average daily new confirmed and probable cases (by date of test collection) for CDC week 33 was 256. The percentage of respiratory specimens testing positive for SARS-CoV-2 continues to decline but remains high, with 12.5% of symptomatic patients presenting to area hospitals testing positive in week 33 (ending 8/15/20).
- From August 6 to 14th, 227 school-aged children between 5 to 18 years of age were diagnosed with confirmed COVID-19. Over 3,707 children under 18 years of age have been diagnosed with confirmed COVID-19 since July 1st, including 72 children who have been hospitalized for COVID-19.
- Of the 7,080 cases requiring hospitalization to date, almost three-quarters (71%) 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-six percent (26%) 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 21, 2020



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 9.0 days, with a range from 0 – 126 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 21, 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 9.0 days, with a range from 0 – 126 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=67,486)	% of Total Cases
Commercial or Hospital Laboratory*	65,605	97%
Dallas LRN Laboratory	1,608	2%
Other Public Health Laboratory	273	<1%

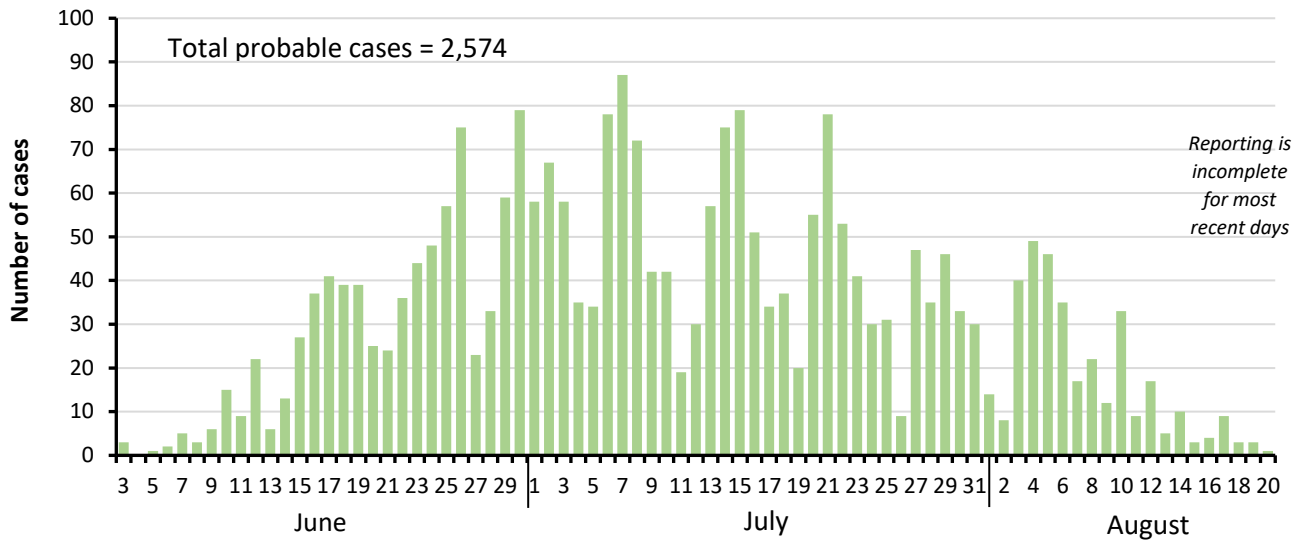
* Includes: AIT, ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple hospital laboratories

Table 2. Characteristics of cumulative confirmed COVID-19 cases, Dallas County: March 9 – August 21, 2020

	Number	% of Total Cases*
Total Cases in Dallas County residents	N = 67,486	100%
Age Group (years)	0 to 17	11%
	18 to 40	46%
	41 to 64	34%
	≥65	9%
Sex	Female	50%
	Male	50%
Not Hospitalized (Includes: Outpatient, urgent care, drive-through, ED)	60,406	89%
Ever Hospitalized	7,080	11%

* Percentages calculated among cases with known age/sex

Figure 3. Probable COVID-19 cases by date of test collection, Dallas County: June 3 – August 21, 2020¹⁻⁵



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 21, 2020

	Number	% of Total Cases*
Total Probable Cases in Dallas County residents	N = 2,574	100%
Age Group (years)	0 to 17	26%
	18 to 40	47%
	41 to 64	23%
	≥65	4%
Sex	Female	50%
	Male	50%

*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:

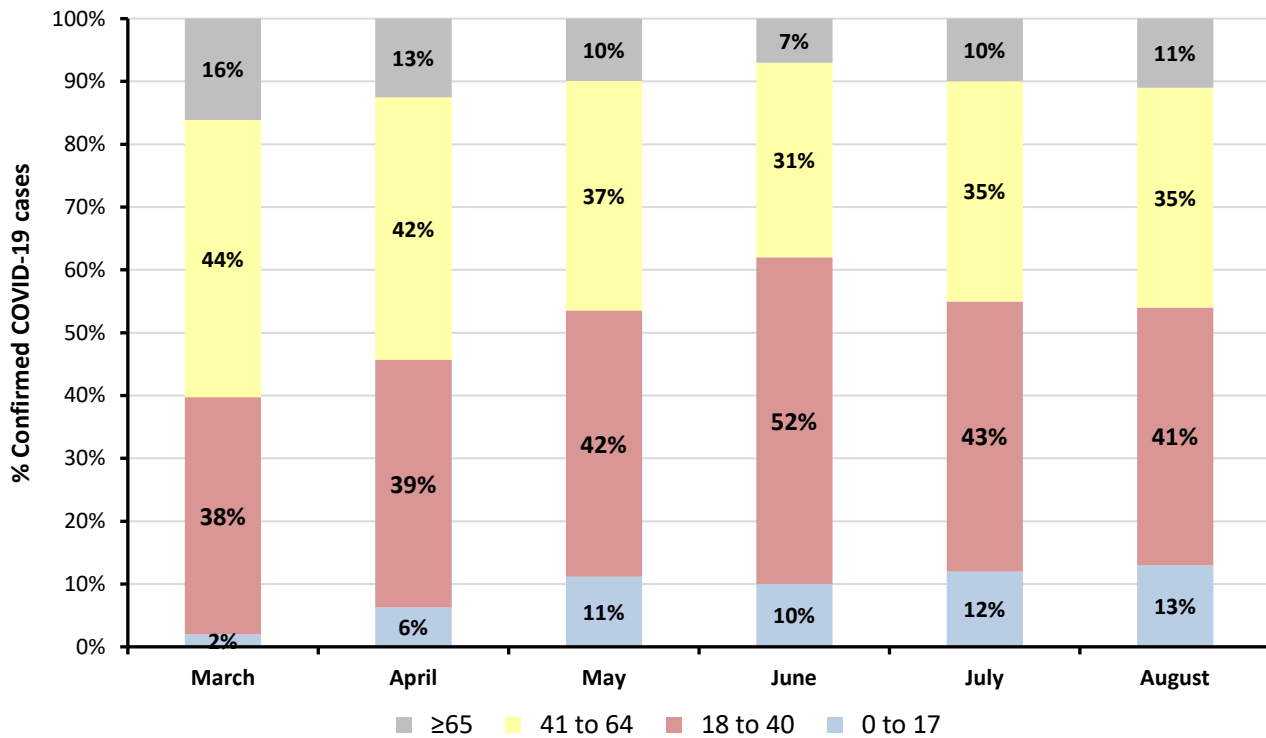
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html>

**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	
	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 8/21)	627	13%	2,032	41%	1,700	35%	545	11%

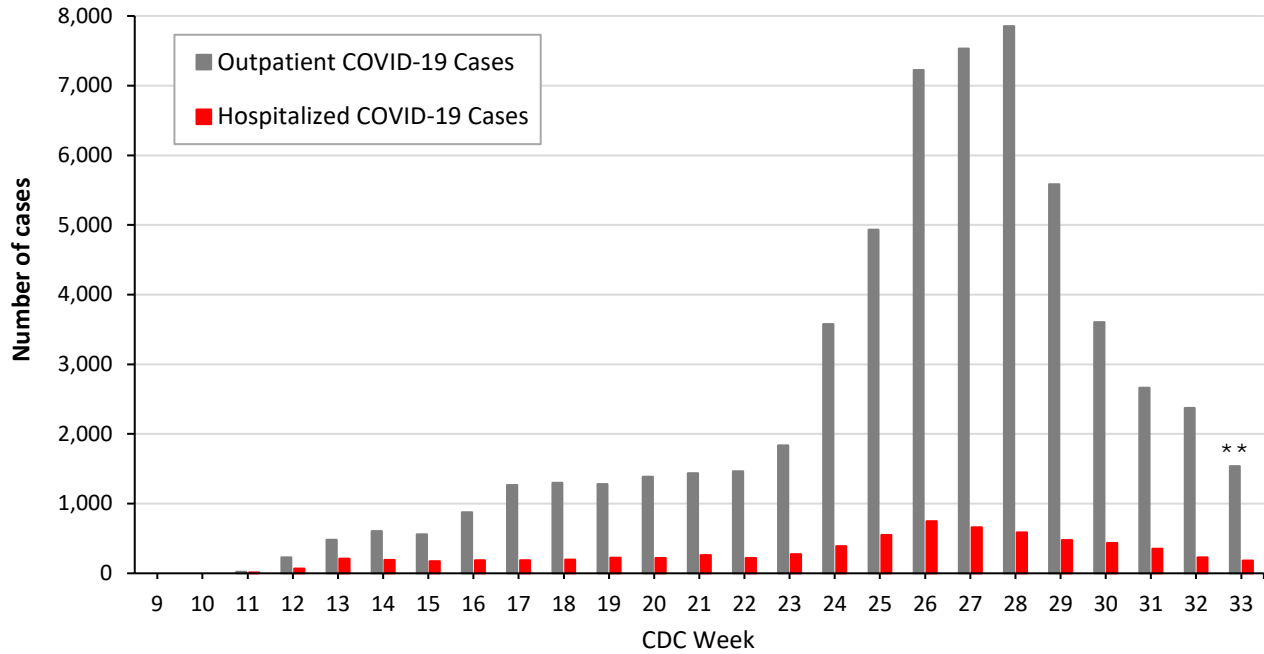


1. Data received as of 8:00 pm yesterday, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data are incomplete for the most recent dates. 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 9.0 days, with a range from 0 – 126 days.

If all public schools in Dallas County had been open for full on-campus only instruction during the week of August 10th:

- From August 1st through 14th, 531 school-aged children between 5 – 18 years of age were diagnosed with COVID-19 in Dallas County. If in-person school had begun on Monday, August 10th, these 531 children would have been absent from school for at least some portion of that week (from August 10th- August 14th).
- The 132 children who were diagnosed between August 10th – 14th were projected (by zip code of residence) to be enrolled in at least 70 different schools in Dallas County. Their attendance on-campus would have prompted at least 70 classroom closures for cleaning and identification of classmate/teacher contacts for 14-day quarantine.
- About 50% (263) of these cases were high-school age, and almost a third (173) were elementary-school age (5-10 years).
- Of these pediatric COVID-19 cases: 302 (57%) were projected (by zip code of residence) to be students enrolling in Dallas ISD schools; 50 (9%) in Irving ISD; 37 (7%) in Garland ISD; 35 (7%) in Mesquite ISD; 16 (3%) in Grand Prairie ISD; 15 (3%) in Carrollton-Farmers Branch ISD; 12 (2%) in Duncanville ISD; 10 (2%) in Richardson ISD; 8 (2%) in Lancaster ISD; 8 (2%) in Highland Park ISD; 7 (1%) in Cedar Hill ISD; 6 (1%) in DeSoto ISD; 1 (0.2%) in Sunnyvale ISD; and 0 in Coppell ISD schools.

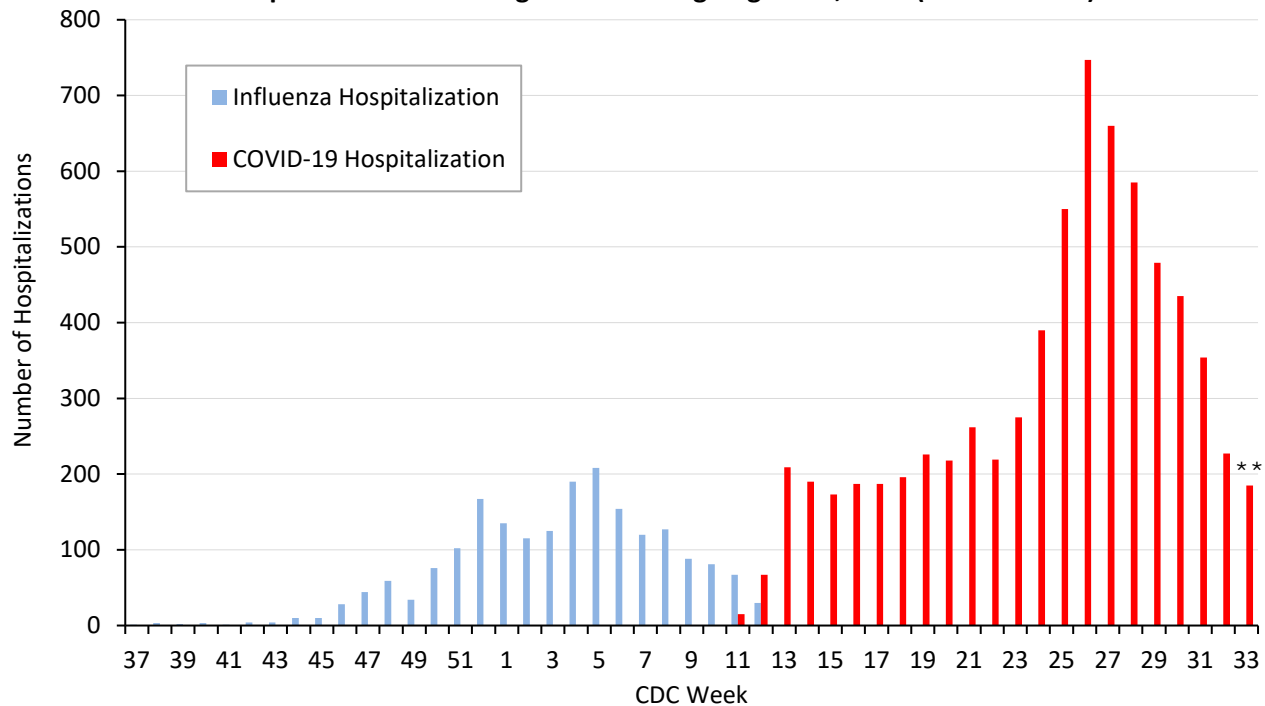
Figure 5. Non-hospitalized and hospitalized confirmed COVID-19 cases by week of test collection, Dallas County: September 2019 through week ending August 15, 2020 (CDC Week 33)*



* 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 15, 2020 (CDC Week 33)*



* 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 21, 2020

		Hospitalized Cases	%
<i>Ever Hospitalized</i>		N = 7,080	11% of Total Cases
Admitted to Intensive Care Unit		1,638	23%
Mechanical Ventilation		867	12%
Sex	Male	3,638	52%
	Female	3,340	48%
Age Group (years)	0-17	154	2%
	18-40	1,675	24%
	41-64	3,159	45%
	≥65	2,092	29%
Presence of ≥1 high risk condition		4,065	57%
Diabetes		2,176	31%
Lung Disease (e.g. COPD, asthma)		744	11%
Heart Disease (e.g. CHF)		956	14%
Kidney Disease (e.g. ESRD, dialysis)		756	11%
Cancer, Immune-compromise		500	7%
Obesity		1,211	17%
Race/ Ethnicity	White	1,102	16%*
	Hispanic	3,775	53%*
	Black	1,471	21%*
	Other	256	3%*
	Non-reported/ Unknown	476	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 21, 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 = 849	1.3% of Total Cases
Sex	Male	537	63%
	Female	312	37%
Age Group (years)	0-17	2	<1%
	18-40	41	5%
	41-64	267	31%
	≥65	539	63%
Resident of a Long-Term Care Facility		222	26%
Presence of ≥1 high risk condition		620	77%
Diabetes		379	47%
Race/ Ethnicity	White	230	27% (29% of population) ²
	Hispanic	373	44% (41% of population) ²
	Black	196	23% (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

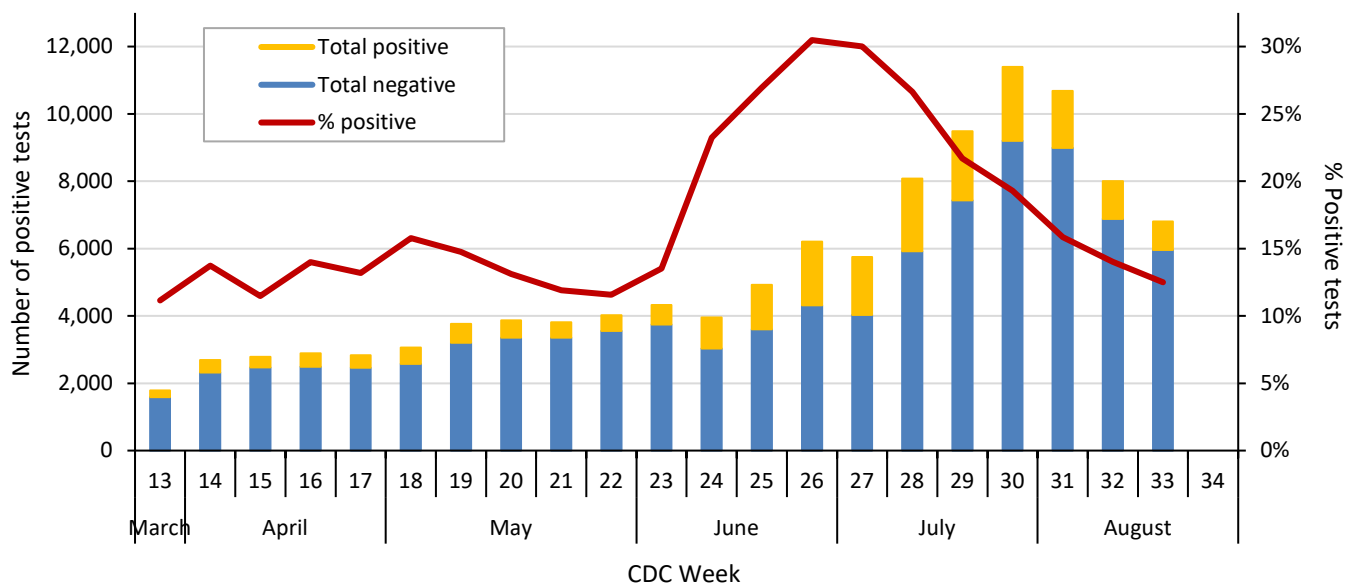
² 2019 U.S. Census population estimates for Dallas County

Table 6. Respiratory virus testing by North Texas hospitals participating in public health surveillance programs: June 6 – August 15, 2020 (CDC Weeks 23-33)¹⁻²

Week Ending		6/13	6/20	6/27	7/4	7/11	7/18	7/25	8/1	8/8	8/15
SARS-CoV-2	Positive	919	1,327	1,892	1,727	2,152	2,058	2,197	1,694	1,122	851
	Total Tests	3,953	4,925	6,207	5,753	8,077	9,488	11,393	10,682	8,005	6,808
Novel Coronavirus	% Positive	23.2%	26.9%	29.3%	30.5%	26.8%	21.7%	19.3%	15.9%	14.0%	12.5%
Influenza	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	206	121	238	225	174	111	115	124	106	61
	% Positive	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Seasonal (non-SARS-2) Coronavirus	Positive	0	0	0	0	1	0	0	0	0	0
	Total Tests	94	20	26	126	44	28	24	37	25	18
	% Positive	0%	0%	0%	0%	2.3%	0%	0%	0%	0%	0%
Adenovirus (respiratory)	Positive	3	0	1	0	2	1	0	2	0	0
	Total Tests	183	100	194	200	145	101	108	105	88	60
	% Positive	1.6%	0%	0.5%	0%	1.4%	1.0%	0%	1.9%	0%	0%
Metapneumovirus	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	183	100	194	200	145	101	108	105	80	60
	% Positive	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Rhinovirus/Enterovirus	Positive	6	2	4	12	5	8	2	9	4	2
	Total Tests	184	100	194	200	145	101	108	105	88	60
	% Positive	3.3%	2.0%	2.1%	6.0%	3.4%	7.9%	1.9%	8.6%	4.5%	3.3%
RSV	Positive	0	0	0	0	0	0	0	0	0	0
	Total Tests	187	104	197	200	145	103	108	107	94	61
	% 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 15, 2020 (CDC Weeks 13-33)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

Exposure Risk Factor	Cases (N= 67,486)	% of Total Cases
International Travel	107	0.2%
Domestic Travel (Out-of-state)	285	0.4%
Cruise Ship Travel	14	<0.1%
Long-Term Care Facility (Resident) ¹	1,316	2.0%
County Jail (Inmate)	682	1.0%
State Jail (Inmate-- TDCJ COVID-19 Medical Action Center) ²	96	0.1%
Federal Prison (Inmate) ³	1,387	2.0%
Homeless Shelter	82	0.1%
Meat/Food Processing Facilities	591	0.9%
Close contact or Presumed Community Transmission ⁴	62,926	93.2%

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	06/13	06/20	06/27	07/04	07/11	07/18	07/25	08/01	08/08	08/15	9/08/19– Present
CDC Week	24	25	26	27	28	29	30	31	32	33	Present
COVID-19 hospitalizations ¹	390	550	747	660	585	479	435	354	227	185	7,080*
COVID-19 ICU admissions ¹	74	97	114	135	142	112	79	90	48	40	1,638*
Probable COVID-19-associated deaths ²	0	0	0	0	0	0	1	1	4	1	8*
Confirmed COVID-19-associated deaths ³	25	36	50	53	57	72	97	68	44	43	849*

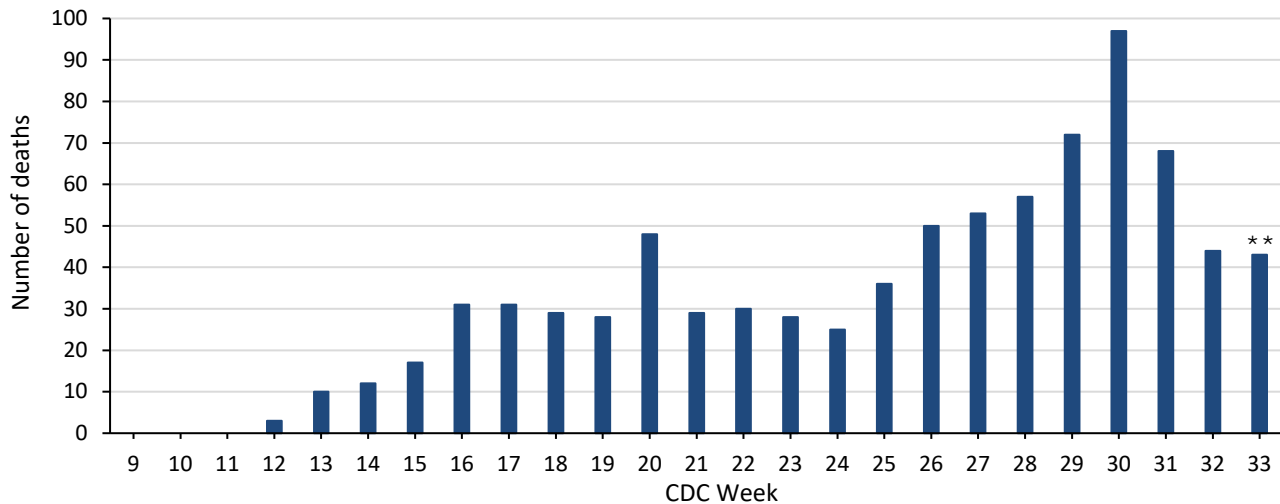
* All data are preliminary and subject to change as cases continue to be received and investigated.

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.

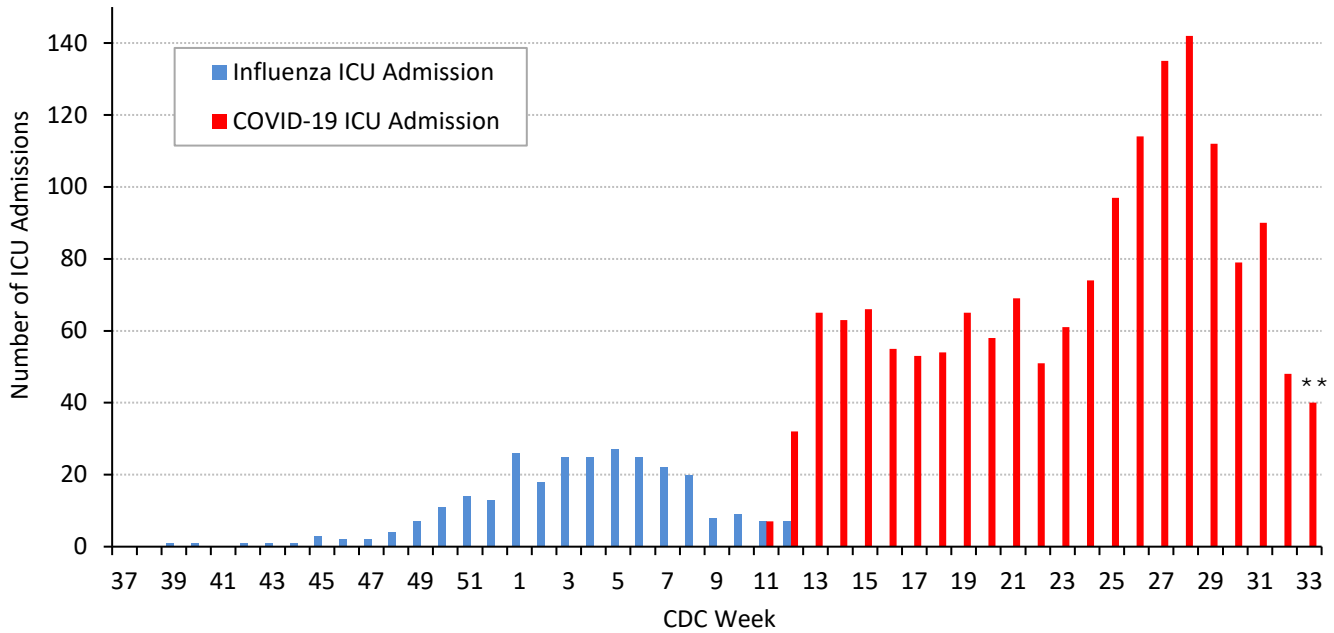
Figure 8. Confirmed COVID-19-associated deaths by week of death, Dallas County: March 2019 through week ending August 15, 2020 (CDC Week 33)*



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

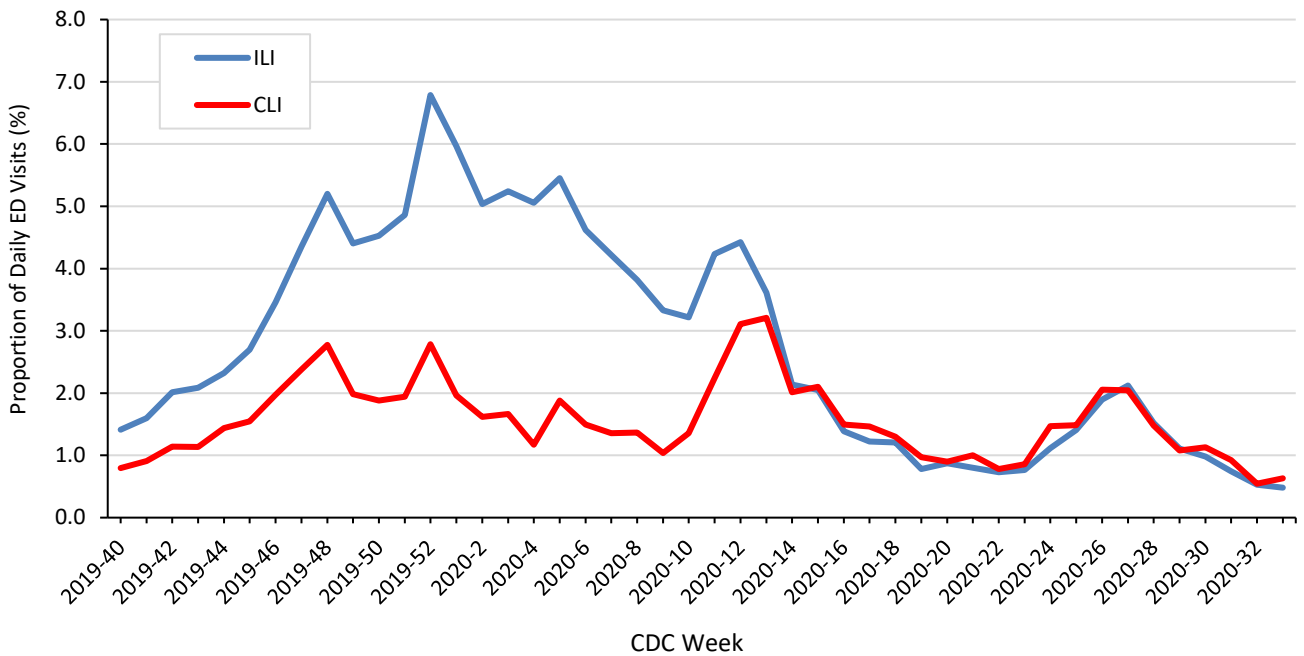
** All data are preliminary and subject to change as cases continue to be received and investigated.

Figure 9. Intensive care unit hospitalizations for influenza and COVID-19 by week of admission, Dallas County: September 2019 through week ending August 15, 2020 (CDC Week 33)*



* 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 15, 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 – 8/17/20

Occupation	Hospitalized Cases (%) of Total Employed	
	Position	Sector
Critical Infrastructure Workers*		1,406 (78%)
Healthcare and Public Health		216 (12%)
	<i>Nurse, LVN, CNA</i>	36
	<i>Physician</i>	10
	<i>Other: Dentist, dietary, home health, medical assistant, mental health, PCT</i>	170
Transportation and Logistics		177 (10%)
	<i>Airline/Airport</i>	14
	<i>Parcel or postal delivery</i>	17
	<i>Cab/rideshare or bus driver</i>	21
	<i>Other: Mechanic, truck driver, freight, railroad</i>	125
Food and Agriculture		268 (15%)
	<i>Grocery</i>	52
	<i>Restaurant</i>	81
	<i>Other: Food processing, production, supply</i>	135
Other Community/Government Essential Functions		98 (5%)
	<i>Clergy (Pastor, priest)</i>	11
	<i>Education (Teacher, administration)</i>	30
	<i>Judicial system (Attorney)</i>	11
	<i>Other: Real estate services, shelter services, government operations</i>	46
Public Works and Infrastructure Support Services		231 (13%)
	<i>Construction/Contractor</i>	167
	<i>Other: Waste disposal, landscaping, maintenance</i>	64
Financial (<i>Accounting, bank, insurance</i>)		68 (4%)
Communications and Information Technology		28 (2%)
Commercial Facilities (<i>Building materials, painting, warehouse</i>)		133 (7%)
Hygiene Services (<i>Custodian, housekeeping</i>)		73 (4%)
Law Enforcement, Public Safety, First Responders		48 (3%)
Critical Manufacturing (<i>Manufacturing metal, packaging</i>)		45 (2%)
Energy/Utilities (<i>Electricity, petroleum, gas</i>)		21 (1%)
Non-Critical Infrastructure Workers (Includes retail, personal services)		260 (14%)
Employed (position not reported)		139 (8%)
Total reporting any employment		1,805
Non-Employed (Includes retired, child, homemaker, etc.)		2,121
Student (≥18 years old)		66
Not reported		2,986
Total hospitalized		6,978

* 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 21, 2020

(e.g. Does not include cases who reside in portions of cities which are not within Dallas County.)

City of Residence	Confirmed Cases (N=67,486)	Probable Cases (N=2,574)	Total Confirmed + Probable Cases reported in 14 day period from 7/26 – 8/8*	Estimated COVID-19 Prevalence (%) in 14 day period from 7/26 – 8/8** (lower – upper estimate range)
Addison	280	14	15	0.28 - 0.92
Balch Springs	750	34	91	1.09 - 3.64
Carrollton	1,151	31	111	0.59 - 1.95
Cedar Hill	1,117	26	107	0.68 - 2.26
Cockrell Hill	153	1	18	1.30 - 4.33
Combine	11	0	0	N/A
Coppell	321	66	27	0.20 - 0.67
Dallas	35,589	1,389	3,240	0.77 - 2.57
DeSoto	1,213	16	89	0.50 - 1.68
Duncanville	1,125	25	124	0.96 - 3.20
Farmers Branch	639	28	53	0.33 - 1.10
Ferris	5	0	2	N/A
Garland	6,070	10	523	0.66 - 2.18
Glenn Heights	148	7	19	0.56 - 1.85
Grand Prairie	3,370	231	328	0.74 - 2.46
Highland Park	59	16	3	0.10 - 0.33
Hutchins	219	2	10	0.51 - 1.70
Irving	6,090	243	501	0.63 - 2.09
Lancaster	1,034	17	91	0.70 - 2.32
Mesquite	3,784	236	355	0.76 - 2.52
Ovilla	1	0	0	N/A
Richardson	1,087	54	102	0.35 - 1.18
Rowlett	849	4	82	0.42 - 1.39
Sachse	166	2	15	0.25 - 0.84
Seagoville	1,834	19	54	0.96 - 3.21
Sunnyvale	103	19	4	0.18 - 0.58
University Park	129	80	18	0.22 - 0.72
Wilmer	182	2	14	0.88 - 2.93
Wylie	7	1	0	N/A
Dallas County	67,486	2,574	5,996	0.68 - 2.28

*Sum of confirmed and probable cases by date of test collection, for 14 day timeframe from: July 26 – August 8, 2020. Most recent 2 weeks not included due to average reporting lag of 9.0 days. Case numbers are only for portions of each city which are within Dallas County.

**Estimated COVID-19 prevalence rate ranges calculated based on: Fox SJ, Lachmann M, Meyers LA. "COVID-19 Campus Introduction Risks for School Reopenings" presented to the TEA on July 22, 2020. Denominator populations are only for portions of each city which are within Dallas County. https://sites.cns.utexas.edu/sites/default/files/cid/files/covid-19_school_introduction_risks.pdf?m=1595468503

Table 11. Summary of weekly COVID-19 confirmed and probable cases and deaths, Dallas County (CDC Weeks 29 - 33)

CDC Week	Week Ending	Total Confirmed and Probable Cases	Daily Average New Confirmed and Probable Cases*	Daily Average New Confirmed and Probable Deaths**	Percentage of Respiratory Specimens Testing Positive for SARS-CoV-2***
29	7/18/2020	6,414	916	10	21.7%
30	7/25/2020	4,330	619	14	19.3%
31	8/1/2020	3,190	456	10	15.9%
32	8/8/2020	2,806	401	7	14.0%
33	8/15/2020	1,789	256	6	12.5%

* For 7-day time period for respective CDC week by date of test collection

** For 7-day time period for respective CDC week by date of death

*** See Table 6 for historical data

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