

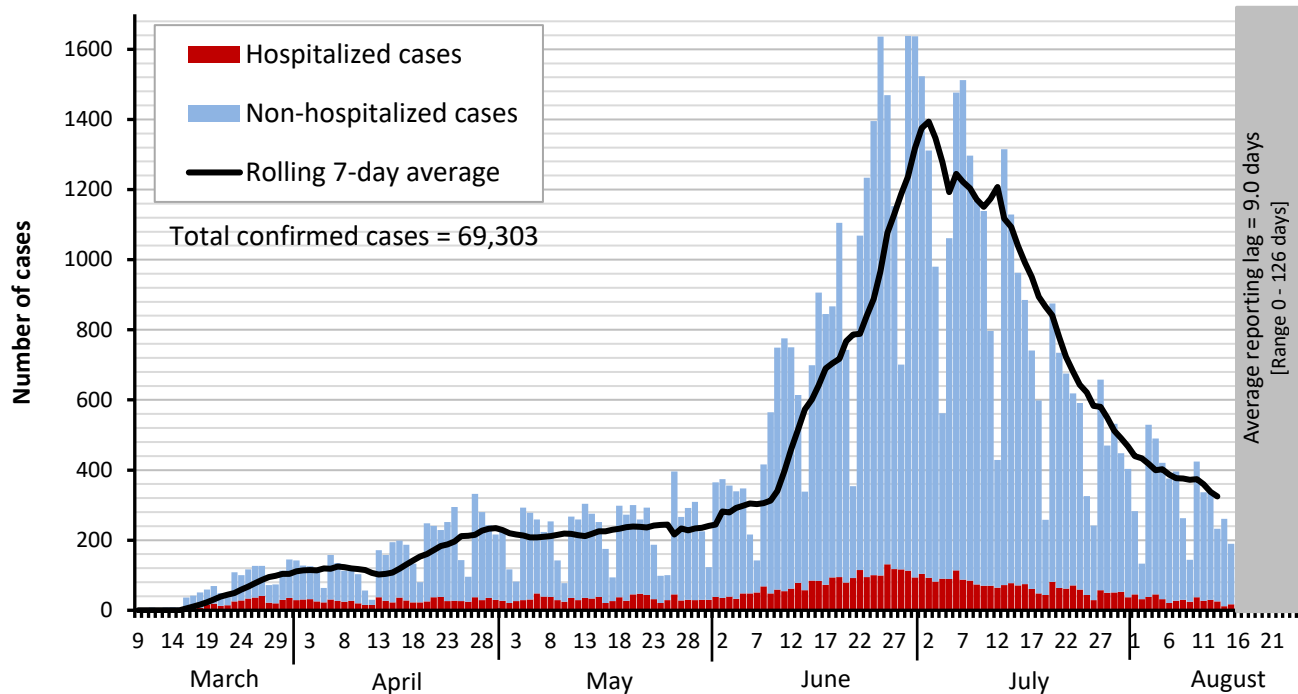


# Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

August 25, 2020

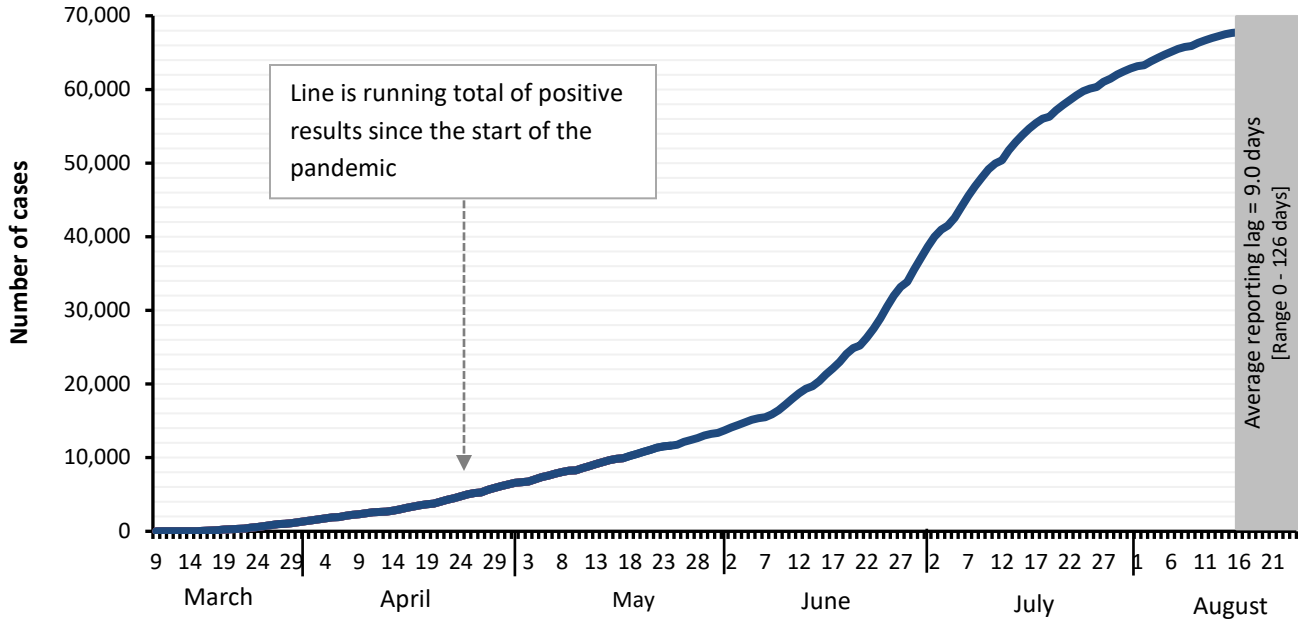
- As of August 25, 2020, DCHHS is reporting 217 additional confirmed cases of 2019 novel coronavirus (COVID-19), bringing the total number of confirmed cases in Dallas County to 69,303, including 881 confirmed deaths. The total number of probable cases in Dallas County is 2,740, including 8 probable COVID-19 associated deaths.
- The 7-day average daily new confirmed and probable cases (by date of test collection) for CDC week 33 was 295. The percentage of respiratory specimens testing positive for SARS-CoV-2 continues to decline but remains high, with 12.8% of symptomatic patients presenting to area hospitals testing positive in week 33 (ending 8/15/20).
- From August 1<sup>st</sup> through 14<sup>th</sup>, 531 school-aged children between 5 to 18 years of age were diagnosed with COVID-19 in Dallas County. About 50% of these cases were high school age. By zip code of residence, 302 (57%) of these children were projected to have been enrolled in Dallas ISD schools.
- Of the 7,173 cases requiring hospitalization to date, almost three-quarters (70%) 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 25, 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 25, 2020<sup>1-2</sup>**



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=69,303)	% of Total Cases
Commercial or Hospital Laboratory*	67,411	97%
Dallas LRN Laboratory	1,619	2%
Other Public Health Laboratory	273	<1%

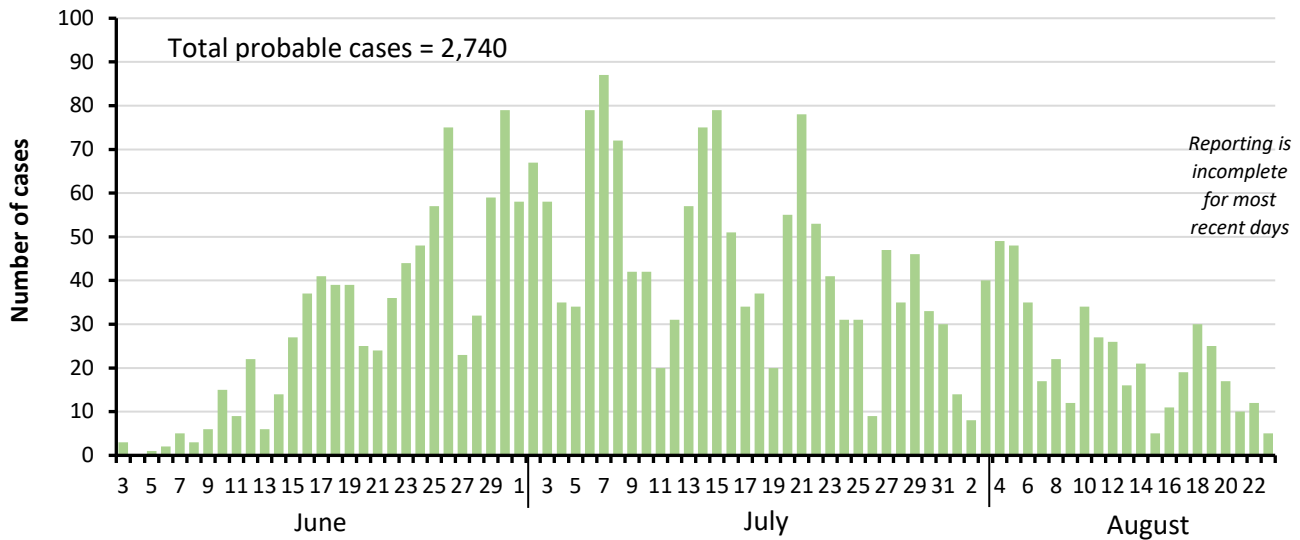
\* Includes: AIT, ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple hospital laboratories

**Table 2. Characteristics of cumulative confirmed COVID-19 cases, Dallas County: March 9 – August 25, 2020**

	Number	% of Total Cases*
Total Cases in Dallas County residents	N = 69,303	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)	62,130	90%
Ever Hospitalized	7,173	10%

\* Percentages calculated among cases with known age/sex

Figure 3. Probable COVID-19 cases by date of test collection, Dallas County: June 3 – August 25, 2020<sup>1-5</sup>



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 25, 2020

	Number	% of Total Cases*
Total Probable Cases in Dallas County residents	N = 2,740	100%
Age Group (years)	0 to 17	692 (25%)
	18 to 40	1,281 (47%)
	41 to 64	637 (23%)
	≥65	125 (5%)
Sex	Female	1,374 (50%)
	Male	1,362 (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:

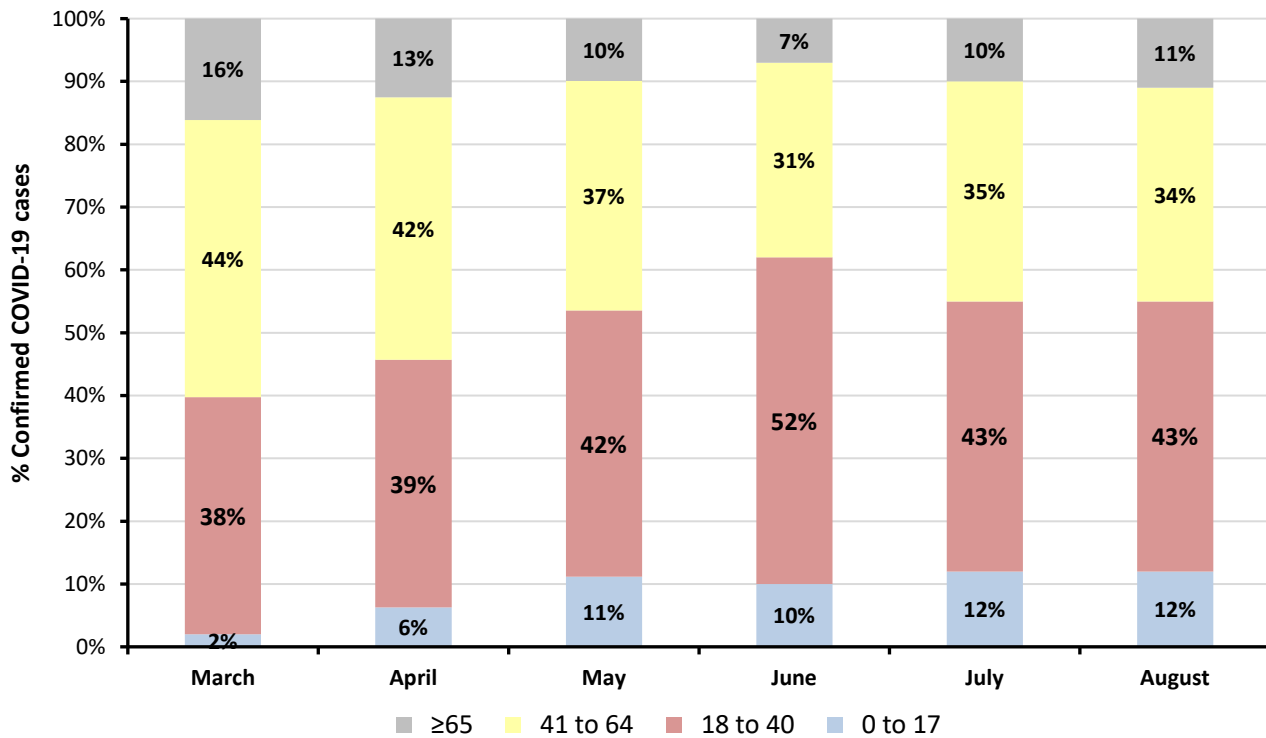
<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html>

\*\*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	
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 8/25)	735	12%	2,532	43%	2,051	34%	635	11%

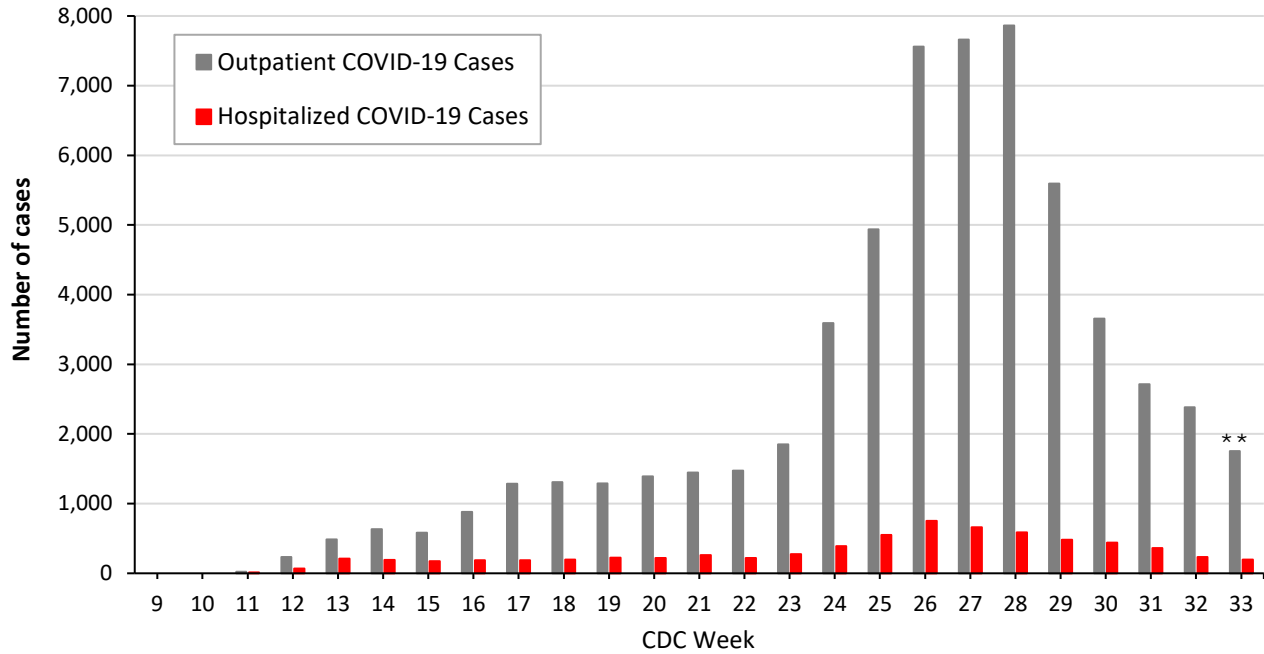


1. Data received as of 8:00 pm yesterday, for residents of Dallas County tested with known specimen collection dates. This does include delayed results from previous days. All data are preliminary and subject to change as cases continue to be investigated.
2. Data are incomplete for the most recent dates. 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 10<sup>th</sup>:

- From August 1<sup>st</sup> through 14<sup>th</sup>, 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 10<sup>th</sup>, these 531 children would have been absent from school for at least some portion of that week (from August 10<sup>th</sup>- August 14<sup>th</sup>).
- The 132 children who were diagnosed between August 10<sup>th</sup> – 14<sup>th</sup> 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.

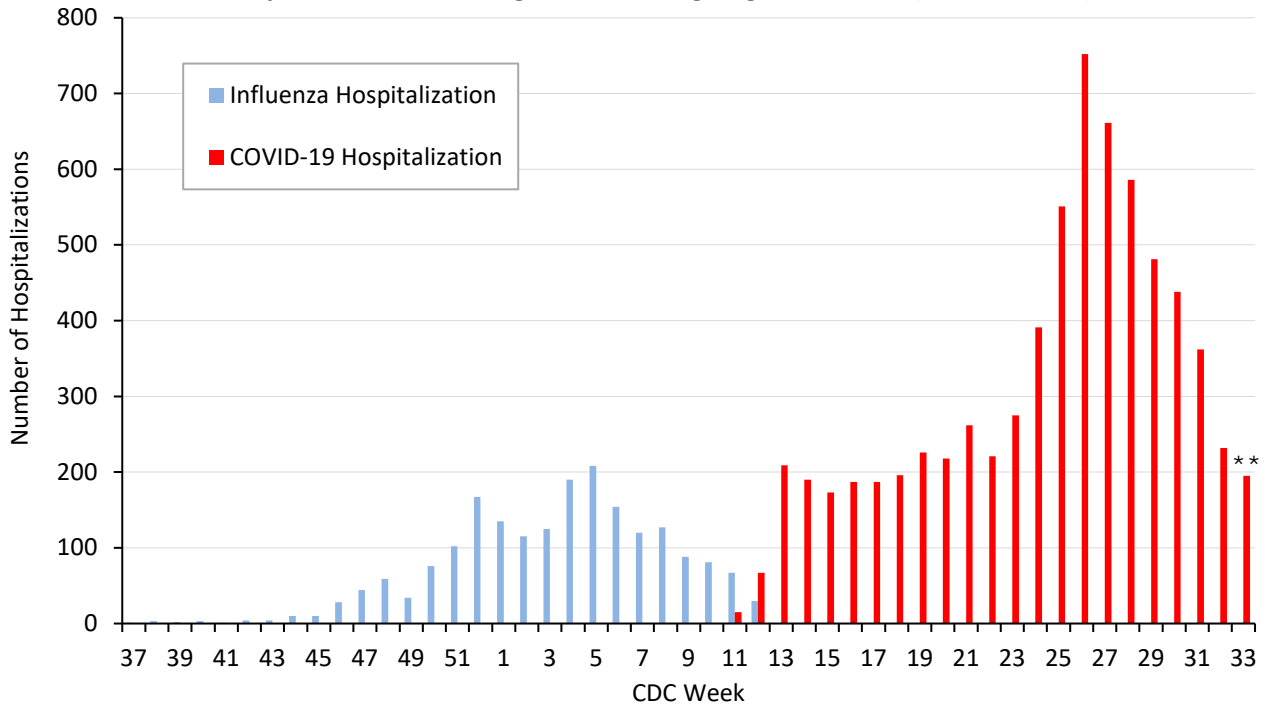
**Figure 5. Non-hospitalized and hospitalized confirmed COVID-19 cases by week of test collection, Dallas County: September 2019 through week ending August 15, 2020 (CDC Week 33)\***



\* 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 25, 2020**

		Hospitalized Cases	%
<i>Ever Hospitalized</i>		N = 7,173	10% of Total Cases
Admitted to Intensive Care Unit		1,672	23%
Mechanical Ventilation		886	12%
Sex	Male	3,737	52%
	Female	3,436	48%
Age Group (years)	0-17	157	2%
	18-40	1,690	24%
	41-64	3,202	45%
	≥65	2,124	29%
Presence of ≥1 high risk condition		4,124	57%
Diabetes		2,207	31%
Lung Disease (e.g. COPD, asthma)		758	11%
Heart Disease (e.g. CHF)		968	14%
Kidney Disease (e.g. ESRD, dialysis)		770	11%
Cancer, Immune-compromise		510	7%
Obesity		1,240	17%
Race/ Ethnicity	White	1,137	16%*
	Hispanic	3,813	53%*
	Black	1,503	21%*
	Other	256	3%*
	Non-reported/ Unknown	464	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 25, 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	% <sup>1</sup>
		N = 881	1.3% of Total Cases
Sex	Male	557	63%
	Female	324	37%
Age Group (years)	0-17	2	<1%
	18-40	43	5%
	41-64	274	31%
	≥65	562	64%
Resident of a Long-Term Care Facility		226	26%
Presence of ≥1 high risk condition		641	77%
Diabetes		391	47%
Race/ Ethnicity	White	239	<b>27%</b> (29% of population) <sup>2</sup>
	Hispanic	393	<b>45%</b> (41% of population) <sup>2</sup>
	Black	211	<b>24%</b> (24% of population) <sup>2</sup>
	Asian	26	<b>3%</b> (7% of population) <sup>2</sup>

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

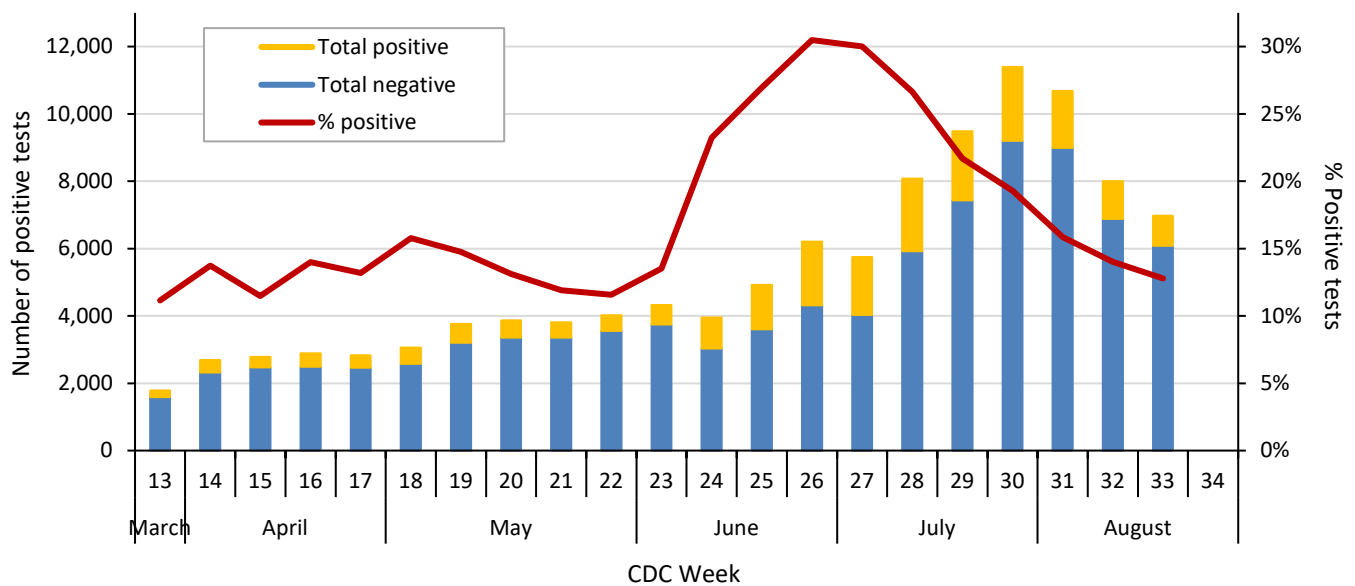
<sup>2</sup> 2019 U.S. Census population estimates for Dallas County

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

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	891
	Total Tests	3,953	4,925	6,207	5,753	8,077	9,488	11,393	10,682	8,005	6,976
Novel Coronavirus	% Positive	<b>23.2%</b>	<b>26.9%</b>	<b>29.3%</b>	<b>30.5%</b>	<b>26.8%</b>	<b>21.7%</b>	<b>19.3%</b>	<b>15.9%</b>	<b>14.0%</b>	<b>12.8%</b>
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	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
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	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>2.3%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
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	<b>1.6%</b>	<b>0%</b>	<b>0.5%</b>	<b>0%</b>	<b>1.4%</b>	<b>1.0%</b>	<b>0%</b>	<b>1.9%</b>	<b>0%</b>	<b>0%</b>
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	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
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	<b>3.3%</b>	<b>2.0%</b>	<b>2.1%</b>	<b>6.0%</b>	<b>3.4%</b>	<b>7.9%</b>	<b>1.9%</b>	<b>8.6%</b>	<b>4.5%</b>	<b>3.3%</b>
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	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

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)<sup>1-2</sup>**



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**

<b>Exposure Risk Factor</b>	<b>Cases (N= 69,303)</b>	<b>% of Total Cases</b>
International Travel	109	0.2%
Domestic Travel (Out-of-state)	293	0.4%
Cruise Ship Travel	14	<0.1%
Long-Term Care Facility (Resident) <sup>1</sup>	1,316	1.9%
County Jail (Inmate)	682	1.0%
State Jail (Inmate-- <a href="#">TDCJ COVID-19 Medical Action Center</a> ) <sup>2</sup>	96	0.1%
Federal Prison (Inmate) <sup>3</sup>	1,387	2.0%
Homeless Shelter	82	0.1%
Meat/Food Processing Facilities	591	0.9%
Close contact or Presumed Community Transmission <sup>4</sup>	64,733	93.4%

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

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

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

<sup>4</sup> 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 office<sup>1-4</sup>**

<b>Week Ending</b>	<b>06/20</b>	<b>06/27</b>	<b>07/04</b>	<b>07/11</b>	<b>07/18</b>	<b>07/25</b>	<b>08/01</b>	<b>08/08</b>	<b>08/15</b>	<b>08/22</b>	<b>9/08/19– Present</b>
<b>CDC Week</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>	<b>32</b>	<b>33</b>	<b>34</b>	<b>Present</b>
COVID-19 hospitalizations <sup>1</sup>	551	752	661	586	481	438	362	232	195	97	7,173*
COVID-19 ICU admissions <sup>1</sup>	98	114	135	145	117	82	97	49	43	18	1,672*
Probable COVID-19-associated deaths <sup>2</sup>	0	0	0	0	0	1	1	4	1	1	8*
Confirmed COVID-19-associated deaths <sup>3</sup>	36	50	53	57	73	98	71	53	47	21	881*

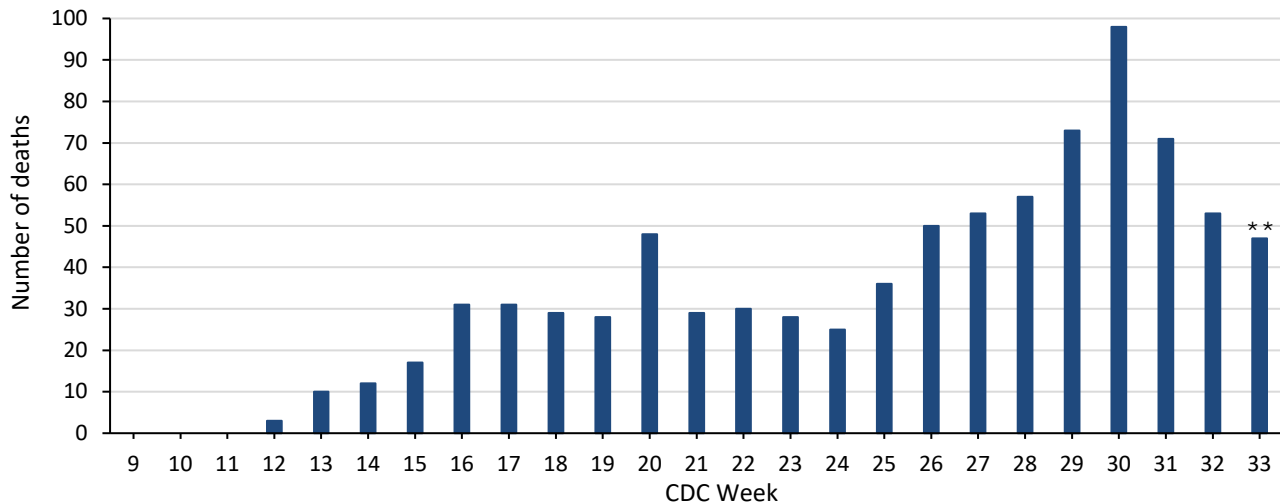
\* All data are preliminary and subject to change as cases continue to be received and investigated.

<sup>1</sup> 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.

<sup>2</sup> Probable COVID-19 deaths as defined by CSTE interim case classification criteria--meeting vital records criteria without molecular lab test confirmation.

<sup>3</sup> 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)\***

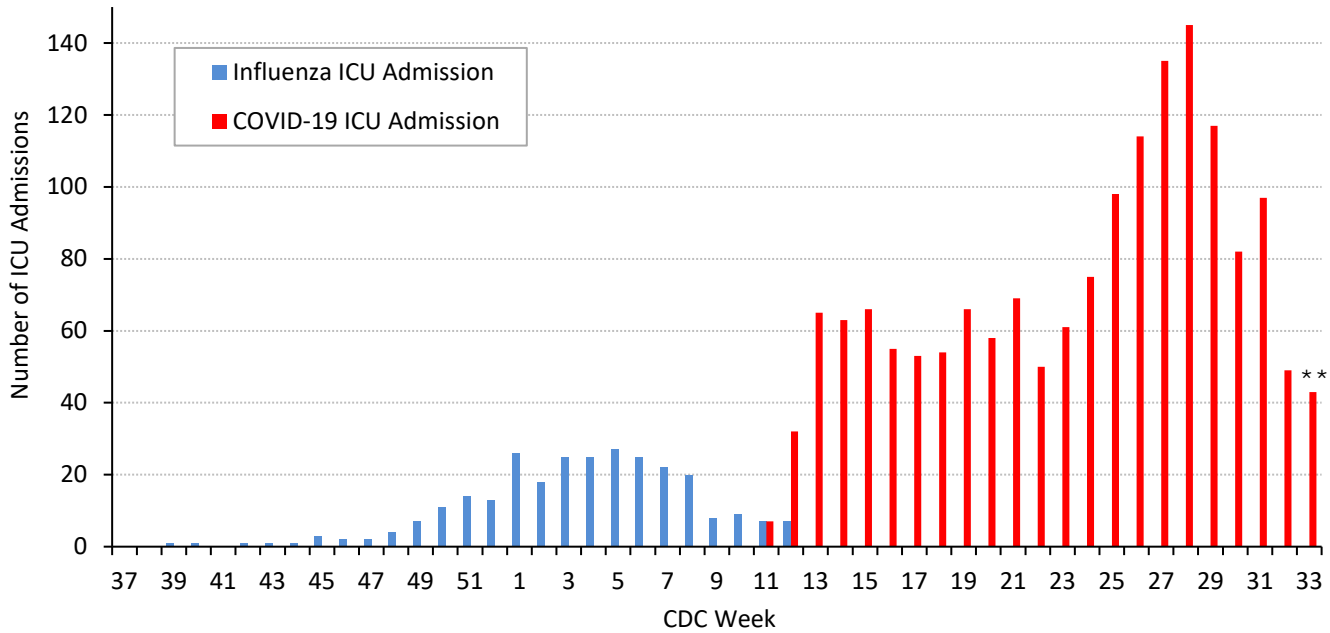


\* Dallas County residents diagnosed with confirmed COVID-19 by molecular amplification detection testing.

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

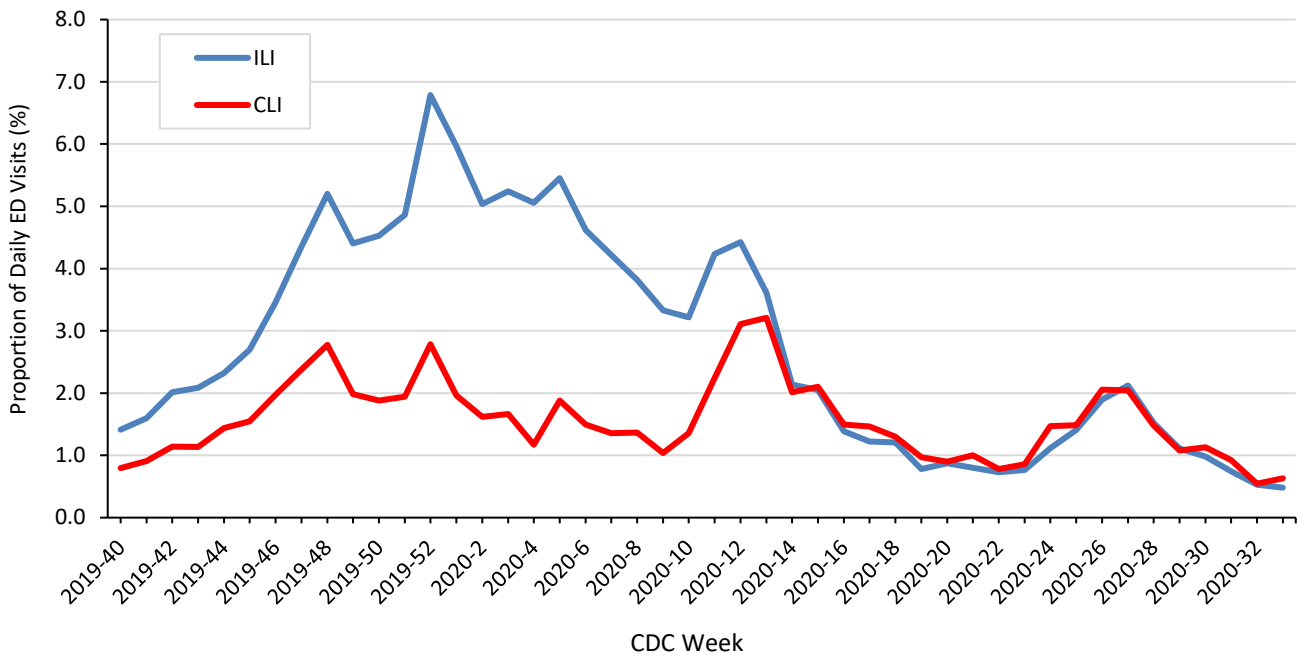


**Figure 9. Intensive care unit hospitalizations for influenza and COVID-19 by week of admission, Dallas County: September 2019 through week ending August 15, 2020 (CDC Week 33)\***



\* 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
<b>Critical Infrastructure Workers*</b>		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%)
<b>Non-Critical Infrastructure Workers (Includes retail, personal services)</b>		260 (14%)
<b>Employed (position not reported)</b>		139 (8%)
<b>Total reporting any employment</b>		<b>1,805</b>
<b>Non-Employed (Includes retired, child, homemaker, etc.)</b>		2,121
<b>Student (≥18 years old)</b>		66
<b>Not reported</b>		2,986
<b>Total hospitalized</b>		<b>6,978</b>

\* 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](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 25, 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=69,303)	Probable Cases (N=2,740)	Total Confirmed + Probable Cases reported in 14 day period from 8/2 – 8/15*	Estimated COVID-19 Prevalence (%) in 14 day period from 8/2 – 8/15** (lower – upper estimate range)
Addison	288	15	23	0.42 - 1.41
Balch Springs	766	36	49	0.59 - 1.96
Carrollton	1,187	38	99	0.52 - 1.74
Cedar Hill	1,138	32	50	0.32 - 1.06
Cockrell Hill	161	1	18	1.30 - 4.33
Combine	11	0	0	N/A
Coppell	335	71	35	0.26 - 0.86
Dallas	36,515	1,442	2,570	0.61 - 2.04
DeSoto	1,235	17	72	0.41 - 1.36
Duncanville	1,145	27	96	0.74 - 2.48
Farmers Branch	657	28	54	0.34 - 1.12
Ferris	5	0	2	N/A
Garland	6,231	10	445	0.56 - 1.86
Glenn Heights	153	7	9	0.26 - 0.88
Grand Prairie	3,445	307	270	0.61 - 2.02
Highland Park	62	17	4	0.13 - 0.44
Hutchins	221	2	13	0.66 - 2.22
Irving	6,315	246	422	0.53 - 1.76
Lancaster	1,052	19	78	0.60 - 1.99
Mesquite	3,884	237	312	0.66 - 2.22
Ovilla	1	0	0	N/A
Richardson	1,125	58	80	0.28 - 0.93
Rowlett	884	4	90	0.46 - 1.52
Sachse	173	2	20	0.34 - 1.12
Seagoville	1,876	19	44	0.78 - 2.61
Sunnyvale	107	19	4	0.18 - 0.58
University Park	138	80	21	0.25 - 0.84
Wilmer	186	2	8	0.50 - 1.68
Wylie	7	2	1	0.48 - 1.62
<b>Dallas County</b>	<b>69,303</b>	<b>2,740</b>	<b>4,889</b>	<b>0.56 - 1.86</b>

\*Sum of confirmed and probable cases by date of test collection, for 14 day timeframe from: August 2– August 15, 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](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	6,424	917	10	21.7%
30	7/25/2020	4,388	627	14	19.3%
31	8/1/2020	3,427	464	10	15.9%
32	8/8/2020	2,825	404	8	14.0%
33	8/15/2020	2,064	295	7	12.8%

\* 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**