



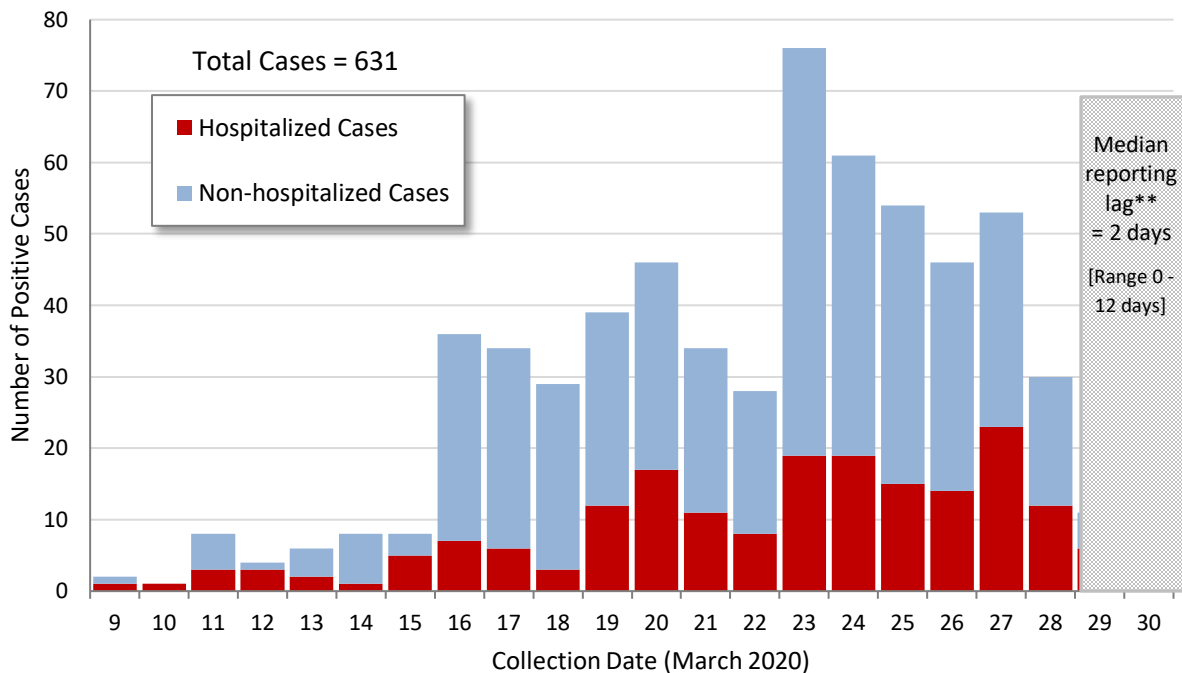
# Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) and Influenza Summary

March 31, 2020

- As of 10:00 am March 31, 2020, DCHHS is reporting 82 additional positive cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 631, including 13 deaths.
- The numbers of intensive care unit hospitalizations from COVID-19 from this past week have exceeded the peak week of ICU hospitalizations from influenza this past 2019-2020 season in Dallas County.
- Of cases requiring hospitalization, over three-quarters (77%) have been either over 60 years of age or have had at least one known high-risk chronic health condition.
- 26 COVID-19 cases associated with long-term care facilities, including 2 deaths, have been reported this week.
- New COVID-19 cases are reported as a daily aggregate, with detailed summaries updated Tuesdays and Fridays.

**Figure 1.** COVID-19 Cases by Date of Specimen Collection, Dallas County: March 10, 2020 – March 30, 2020\*

\*The data in this summary reflect cumulative PCR test results in Dallas County residents received as of 7:00 pm, March 30, 2020. All data are preliminary and subject to change as cases represented are being actively investigated, and may be updated between press releases.  
\*\* Reporting lag = Time from specimen collection to receipt of test results



**Table 1.** Cumulative COVID-19 Cases by Age Groups and Gender, Dallas County

Age Group	# Cases	% of Total*
0 to 17	7	1.1%
18 to 40	228	36.1%
41 to 60	228	36.1%
over 60	168	26.6%
Sex		
Female	279	44.2%
Male	352	55.8%

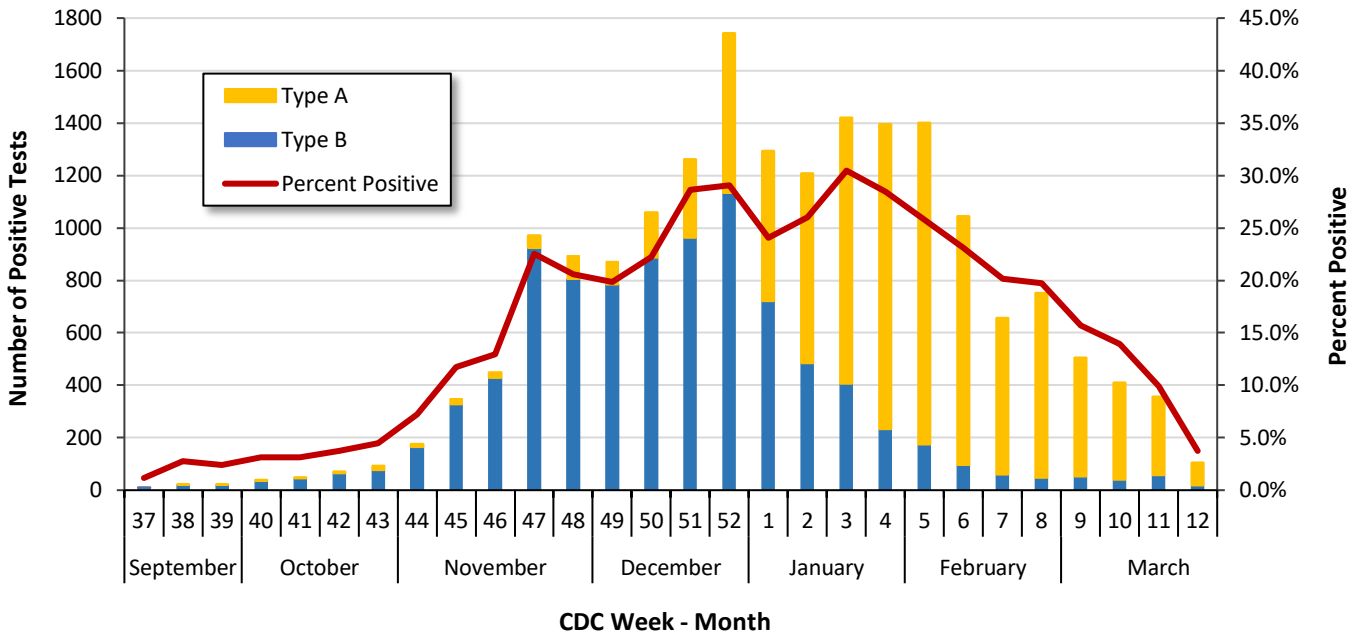
\* Percentages calculated among cases with known age/sex

**Table 2.** Source of Laboratory Testing for Reported COVID-19 Positive Cases, Dallas County

Source of Laboratory Testing for Reported Positive Tests	Numbers	% of Total Cases
Commercial/Hospital Laboratory*	559	88.6%
Dallas LRN Laboratory	68	10.8%
Other Public Health Laboratory	4	0.6%

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

**Figure 2.** Influenza Positive Tests Reported to DCHHS by Dallas Hospital Laboratories: 2019—2020 Season (through CDC Week 12, ending March 21, 2020)



**Table 3.** Non-Influenza Respiratory Virus Testing by North Texas Labs Reported to NREVSS, CDC Week 12

Virus	# Labs Reporting	Tests Performed	Total Positive Tests	% Tests Positive
Adenovirus (respiratory)	2	315	14	4.4
HMPV	2	315	63	20.0
Rhinovirus/Enterovirus	2	315	91	28.9
RSV	2	420	9	2.1

Data source: National Respiratory and Enteric Virus Surveillance System (NREVSS) and hospitals reporting directly to DCHHS

**Table 4.** Transmission Risk Factors for Cumulative COVID-19 Cases, Dallas County

Exposure Risk Factor	Cases	%
	(N= 631)	
International Travel	42	6.7%
Domestic Travel (out-of-state)	59	9.4%
Cruise Ship Travel	5	0.8%
Long Term Care Facility	26	4.1%
Jail	17	2.7%
Close contact or Presumed Community Transmission*	480	76.1%

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

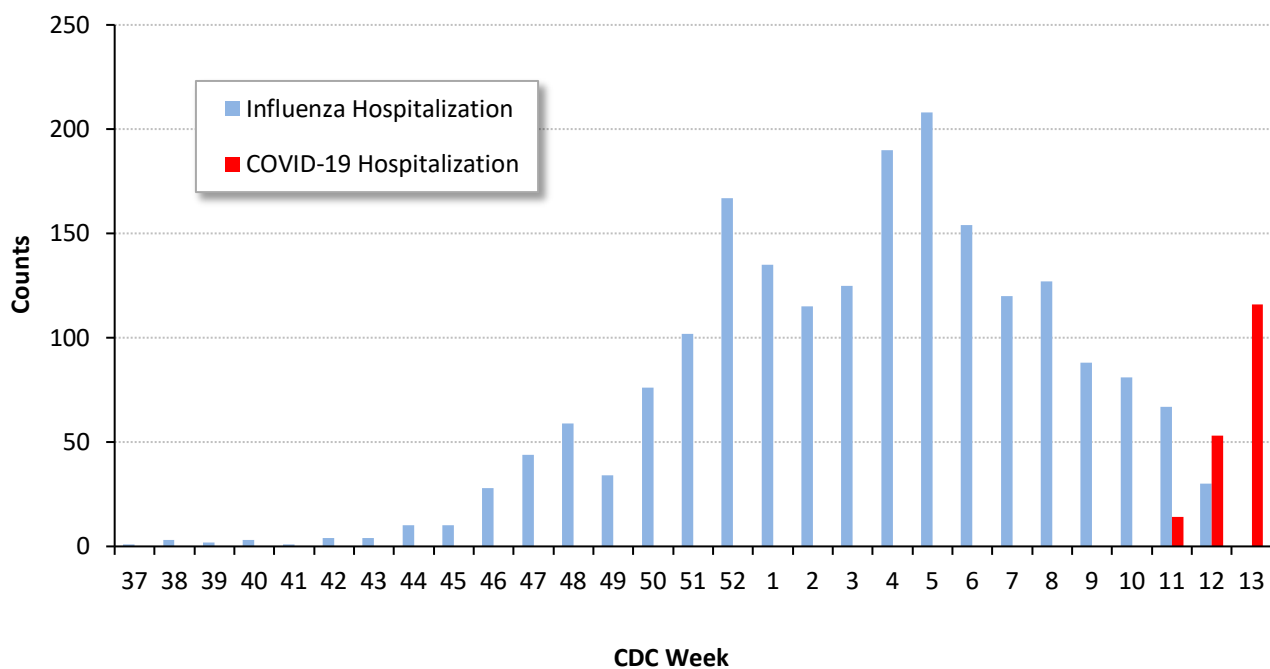
**Table 5.** COVID-19 Case Characteristics, Dallas County: March 10, 2020 – March 30, 2020

	Non-Hospitalized Cases	%
<i>Not Hospitalized</i>	N = 439	70% of Total Cases
Outpatient/ Urgent Care/ Drive-through	319	73%
Emergency Department only	120	27%

	Hospitalized Cases	%
<i>Ever Hospitalized</i>	N = 192	30% of Total Cases
Admitted to Intensive Care Unit	59	31%
Mechanical Ventilation	42	22%
≥60 yrs age or Presence of ≥1 high risk condition	148	77%
Presence of ≥1 high risk condition	104	54%
Diabetes	54	28%
Lung Disease (e.g. COPD, asthma)	23	12%
Heart Disease (e.g. CHF)	17	9%
Kidney Disease (e.g. ESRD, dialysis)	10	5%
Cancer, Immune-compromise	14	7%
Pregnancy	3	2%
<b>Deaths</b>	13	3% of Total Cases

**Figure 3.** Influenza and COVID-19 Hospitalizations by Week of Admission, Dallas County: September 2019 through week ending March 28, 2020 (CDC Week 13)\*



\* 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.

**Table 6.** Summary of Influenza and COVID-19 Hospitalizations and Deaths from Dallas County Hospitals, Vital Statistics and Medical Examiner’s Office

Week Ending	02/22	02/29	03/07	03/14	03/21	03/28	9/08/19–Present
CDC Week	8	9	10	11	12	13*	
Influenza hospitalizations <sup>1</sup>	129	88	81	67	30	N/A	1,990
Influenza ICU admissions <sup>1</sup>	20	8	9	7	7	N/A	281
Confirmed influenza-associated deaths <sup>2</sup>	0	0	2	0	0	N/A	19
COVID-19 hospitalizations <sup>3</sup>	0	0	0	14	53	116*	183
COVID-19 ICU admissions <sup>3</sup>	0	0	0	4	20	31*	55
Confirmed COVID-19-associated deaths	0	0	0	0	3	5*	13**

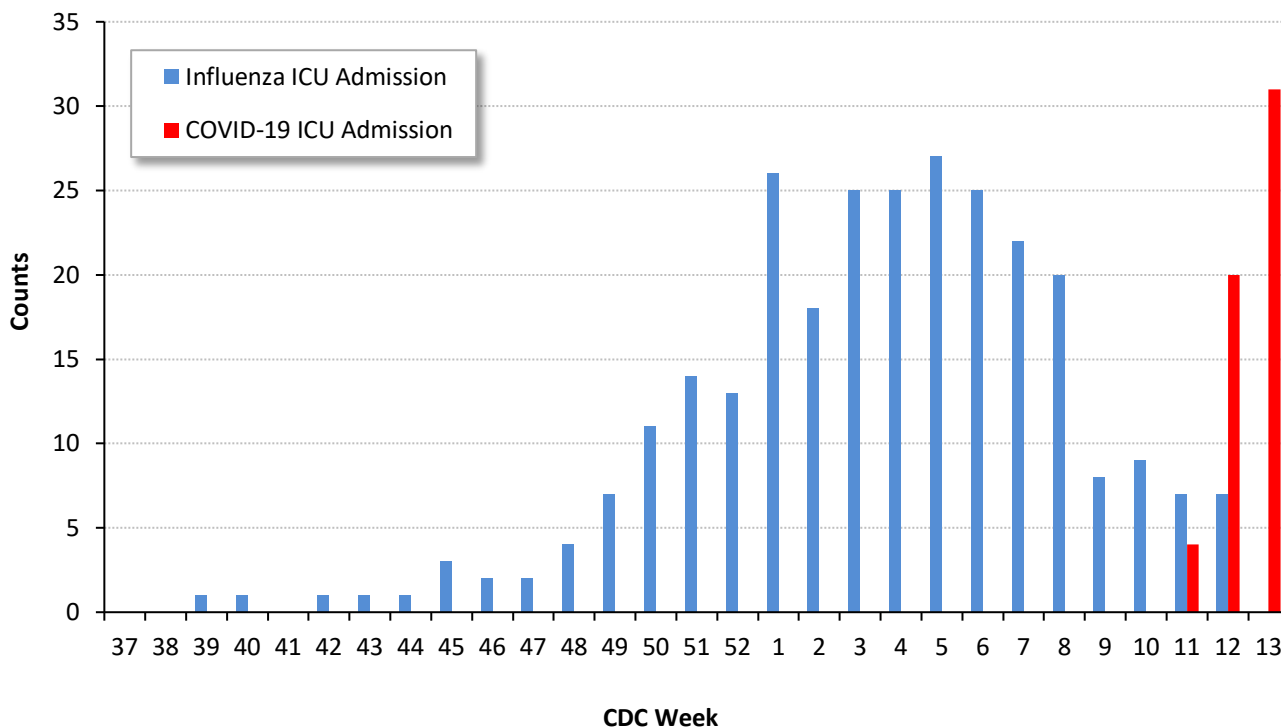
\*All data are preliminary and subject to change as additional information is received. \*\*Includes deaths reported after 3/28/20

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

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

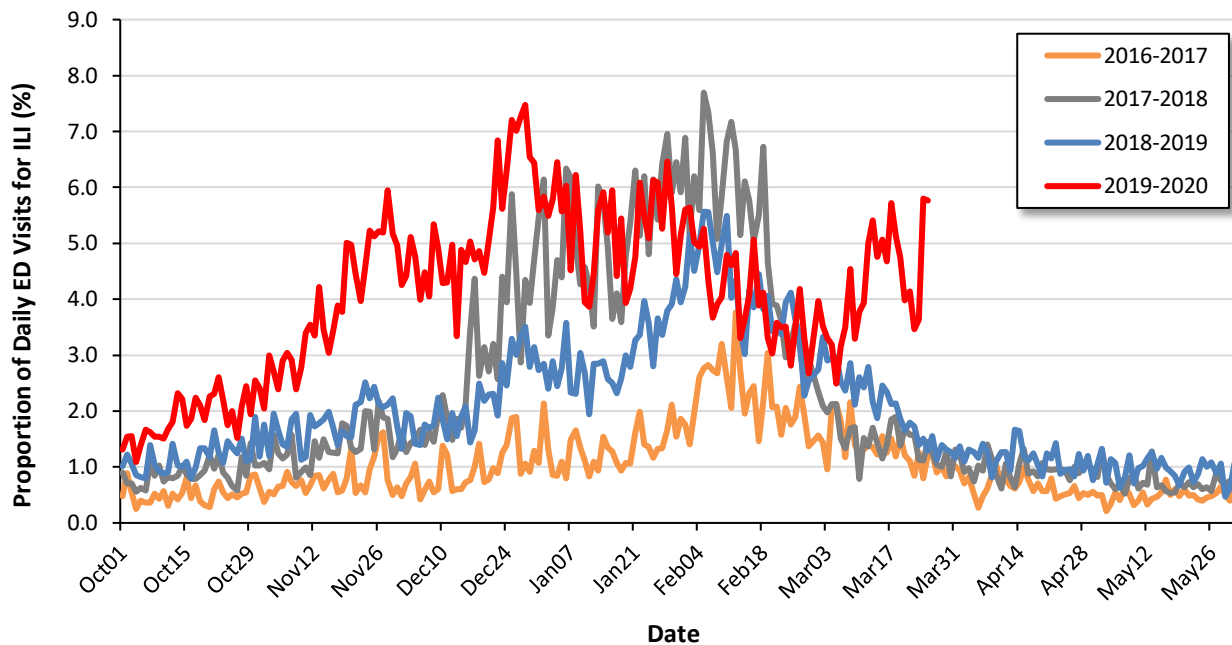
<sup>3</sup> Reflect all COVID-19-associated hospitalizations reported from area hospitals within Dallas County by week of admission; data as of 7:00 pm 3/30/20.

**Figure 4.** Intensive Care Unit Hospitalizations for Influenza and COVID-19 by Week of Admission, Dallas County: September 2019 through week ending March 28, 2020 (CDC Week 13)\*



\* New ICU admissions of Dallas County residents reported with confirmed COVID-19 by PCR testing. All data are preliminary and subject to change as cases continue to be received and investigated.

**Figure 5.** Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness\* (ILI), Dallas County: Proportion of Daily ED Visits for ILI Comparing Four Influenza Seasons: 2016 – March 27, 2020



ESSENCE Data is from 18 hospital emergency departments voluntarily reporting numbers of persons presenting with self-reported chief complaints. \* ILI is defined as presence of fever and cough or sore throat or mention of influenza. Data is from 18 hospital emergency departments voluntarily reporting numbers of persons presenting with self-reported chief complaints of ILI. The recent increase in ILI visits is unusual for this time of year.

**Table 7.** Cumulative COVID-19 Cases by City of residence within Dallas County (e.g. Does not include cases who reside in portions of cities which are not within Dallas County.)

City of Residence	Cases (N=631)	% of Total Cases
Addison	9	1.4%
Balch Springs	3	0.5%
Carrollton	9	1.4%
Cedar Hill	11	1.7%
Coppell	9	1.4%
Dallas	391	62.0%
DeSoto	23	3.6%
Duncanville	2	0.3%
Farmers Branch	9	1.4%
Garland	40	6.3%
Glenn Heights	3	0.5%
Grand Prairie	16	2.5%
Highland Park	13	2.1%
Irving	33	5.2%
Lancaster	5	0.8%
Mesquite	19	3.0%
Richardson	15	2.4%
Rowlett	8	1.3%
Seagoville	1	0.2%
University Park	12	1.9%

<b>CDC Priorities for COVID-19 Testing (rev. date: 3/24/20)</b> (See CDC Guidance for Evaluating and Reporting Persons Under Investigation (PUI) at: <a href="https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html">https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html</a> )
<b>PRIORITY 1: Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system</b> <ul style="list-style-type: none"><li>• Hospitalized patients</li><li>• Symptomatic healthcare workers</li></ul>
<b>PRIORITY 2: Ensure those who are at highest risk of complication of infection are rapidly identified and appropriately triaged</b> <ul style="list-style-type: none"><li>• Patients in long-term care facilities with symptoms</li><li>• Patients 65 years of age and older with symptoms</li><li>• Patients with underlying conditions with symptoms</li><li>• First responders with symptoms</li></ul>
<b>PRIORITY 3: As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers</b> <ul style="list-style-type: none"><li>• Critical infrastructure workers with symptoms</li><li>• Individuals who do not meet any of the above categories with symptoms</li><li>• Healthcare workers and first responders</li><li>• Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations</li></ul>
<b>NON-PRIORITY</b> <ul style="list-style-type: none"><li>• Individuals without symptoms</li></ul>