



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

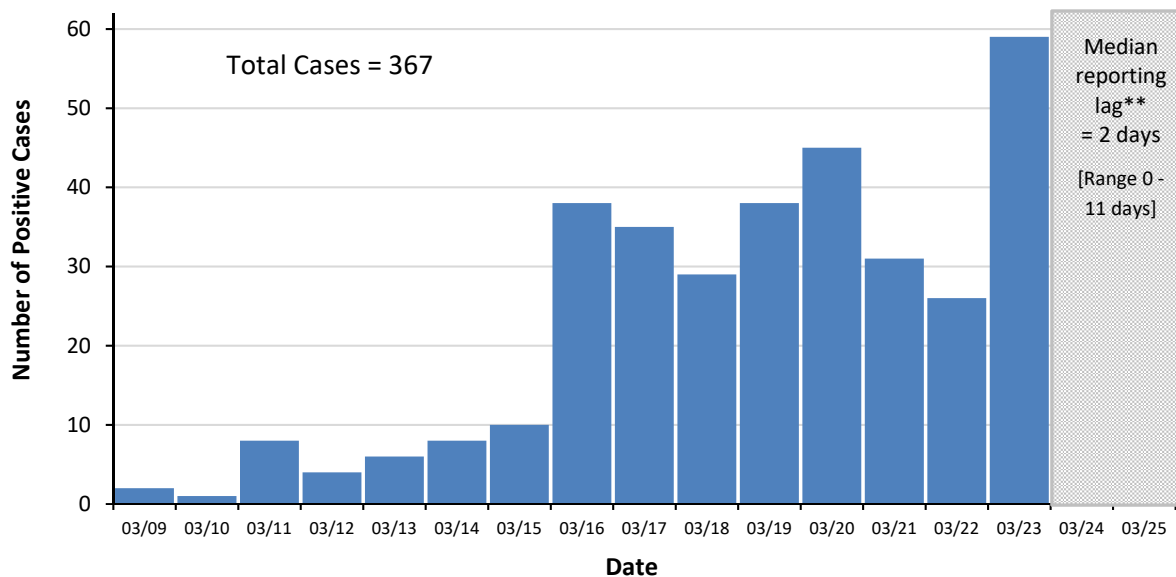
March 27, 2020

- As of 10:00 am March 27, 2020, DCHHS is reporting 64 additional positive cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 367, including 7 deaths.
- Hospitalizations from COVID-19 are increasing, with 36% of all hospitalized patients requiring admission to intensive care units.
- Of the cases requiring hospitalization, about two-thirds (65%) have been either over 60 years of age or have had at least one known high-risk chronic health condition.
- Influenza activity and hospitalization have declined substantially in Dallas. Beginning today, the routine weekly influenza summary will be replaced by a combined COVID-19 and respiratory virus surveillance report.
- 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 27, 2020\*

\*The data in this summary reflect cumulative data received as of 3:00 pm, March 26, 2020. All data are preliminary and subject to change as cases represented are being actively investigated, and may be updated between press releases. Includes only cases in Dallas County residents.

\*\* Reporting lag = Time from specimen collection to receipt of test results



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

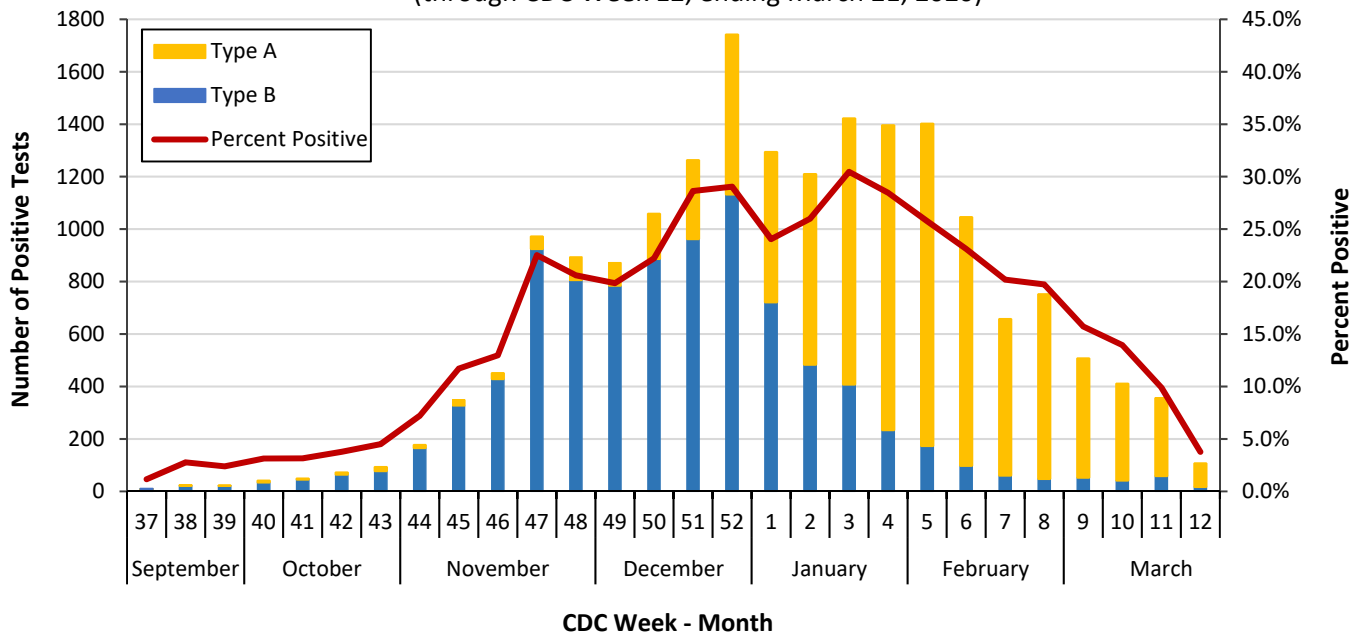
Age Group	# Cases	% of Total
0 to 17	4	1.1%
18 to 40	132	36.0%
41 to 60	133	36.2%
over 60	98	26.7%
Sex		
Female	152	41.4%
Male	215	58.6%

**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*	326	88.8%
Dallas LRN Laboratory	39	10.6%
Other Public Health Laboratory	2	0.5%

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

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



**Table 3.** Summary of Influenza Surveillance from Dallas County Hospitals and Hospital Laboratories

Week Ending	02/15	02/22	02/29	03/07	03/14	03/21
CDC Week	7	8	9	10	11*	12*
Total Influenza PCR Tests	1,432	1,614	1,454	1,417	1,727	1,782
Number of positive PCR tests	323	294	198	175	146	56
<b>Percent of positive PCR tests</b>	22.6	18.2	13.6	12.4	8.5	3.1
Total Rapid Influenza Diagnostic Tests	1,824	2,199	1,773	1,531	1,865	1,054
Number of positive RIDTs	334	458	309	236	210	51
<b>Percent of positive RIDTs</b>	18.3	20.8	17.4	15.4	11.3	4.8
Total Influenza Tests Performed	3,256	3,813	3,227	2,948	3,592	2,836
Total positive influenza tests <sup>1</sup>	657	752	507	411	356	107
<b>Percent positive influenza tests</b>	20.2	19.7	15.7	13.9	9.9	<b>3.8</b>
Positive influenza A tests <sup>2</sup>	597	705	52	370	298	90
Positive influenza B tests	60	47	88	41	58	17

<sup>1</sup> Includes positive rapid antigen, PCR, DFA, or culture results

<sup>2</sup> Further subtyping is performed only by select hospital laboratories for specimens referred to DCHHS by institutions for PCR-testing

\* Data from most recent weeks incomplete and subject to change with additional reports received

**Table 4.** Non-Influenza Respiratory Virus Testing by North Texas Laboratories Reported to NREVSS, CDC Week 12

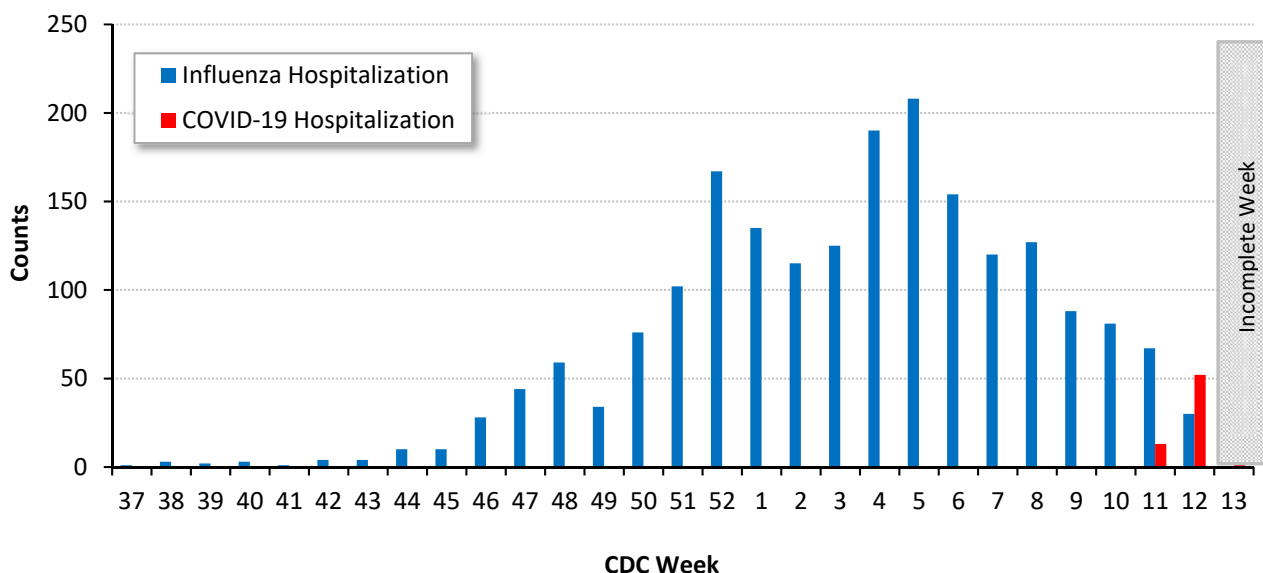
Virus	# Laboratories Reporting*	Tests Performed	Total Positive Tests	% Tests Positive
Adenovirus (respiratory)	2	315	14	4.4
HMPV	2	315	63	<b>20.0</b>
Rhinovirus/Enterovirus	2	315	91	<b>28.9</b>
RSV	2	420	9	2.1

Data source: National Respiratory and Enteric Virus Surveillance System (NREVSS) and hospitals reporting directly to DCHHS  
Data from 2 reporting laboratories were unavailable as of March 26, 2020

**Table 5.** COVID-19 Case Characteristics, Dallas County: March 10, 2020 – March 27, 2020

Medical Visit Type	Cases	%
<b>Not Hospitalized*</b>	251	68.4%
Outpatient/ Urgent Care/ Drive-through	61	24.3% of non-admissions
Emergency Department only	190	75.7% of non-admissions
<b>Ever Hospitalized**</b>	111	30.2%
Admitted to Intensive Care Unit	40	36.0% of hospitalizations
Mechanical Ventilation	23	20.7% of hospitalizations
≥60 yrs age or Presence of ≥1 high risk condition	72	65.0% of hospitalizations
<b>Deaths</b>	7	1.9%

**Figure 3.** Influenza and COVID-19 Hospitalizations by Week of Admission, Dallas County: September 2019 through week ending March 21, 2020 (CDC Week 12)



**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	13	52	46*	111
COVID-19 ICU admissions <sup>3</sup>	0	0	0	5	20	15*	40
Confirmed COVID-19-associated deaths <sup>4</sup>	0	0	0	0	3	4*	7

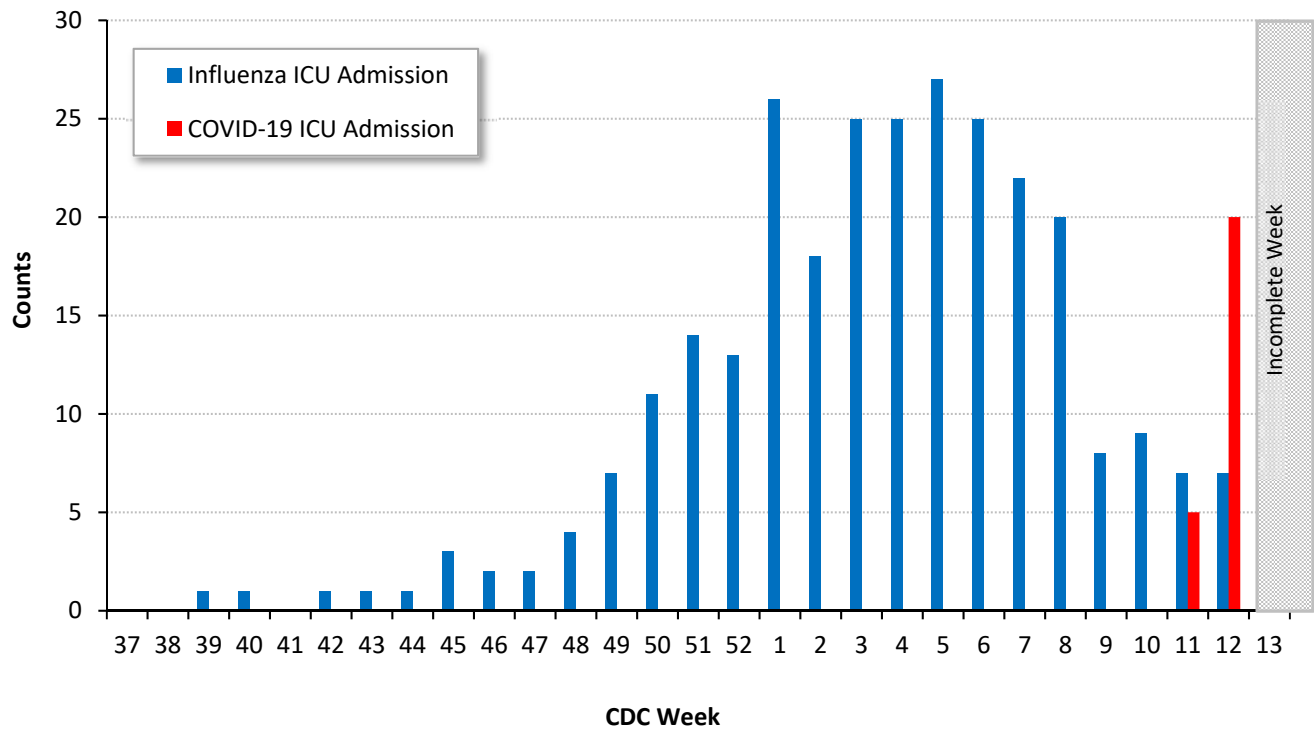
\* Indicates incomplete week. All data are preliminary and subject to change as additional information is received.

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

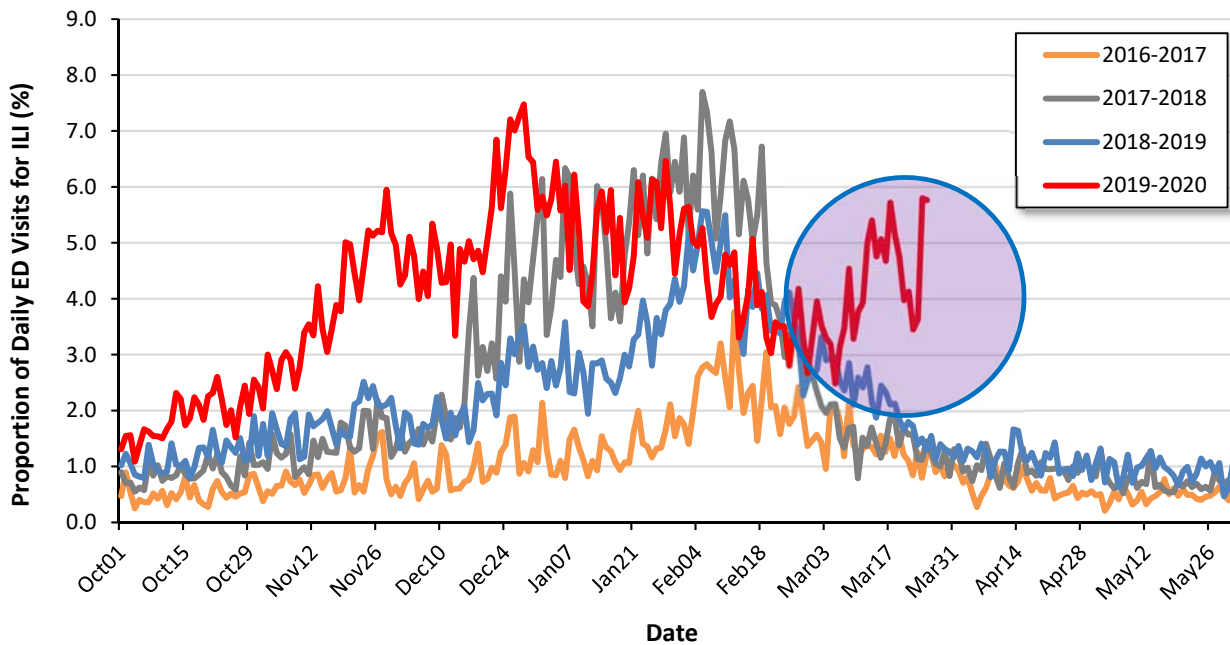
<sup>2</sup> Confirmed influenza-associated deaths as defined by a positive laboratory test and any of the following: (1) death certificate denotation, (2) medical record documentation of compatible symptoms and clear progression from illness to death, or (3) determination by the County Medical Examiner’s 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 located within Dallas County by week of admission; data as of 3:00 pm March 26, 2020.

**Figure 4.** Intensive Care Unit Hospitalizations for Influenza and COVID-19 by Week of Admission, Dallas County: September 2019 through week ending March 21, 2020 (CDC Week 12)



**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



\* 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 (highlighted in circle) is unusual for this time of year.

**Table 7.** Cumulative COVID-19 Cases by City of residence within Dallas County

<i>City of Residence</i>	<b>Numbers</b>	<b>% of Total Cases</b>
Addison	5	1.4%
Balch Springs	3	0.8%
Carrollton	8	2.2%
Cedar Hill	6	1.6%
Coppell	6	1.6%
Dallas	217	59.1%
DeSoto	15	4.1%
Duncanville	1	0.3%
Farmers Branch	4	1.1%
Garland	18	4.9%
Glenn Heights	1	0.3%
Grand Prairie	7	1.9%
Highland Park	11	3.0%
Irving	24	6.5%
Lancaster	2	0.5%
Mesquite	15	4.1%
Richardson	8	2.2%
Rowlett	7	1.9%
University Park	9	2.5%

**CDC Priorities for COVID-19 Testing (rev. date: 3/24/20)**

(See CDC Guidance for Evaluating and Reporting Persons Under Investigation (PUI) at:  
<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html> )

**PRIORITY 1: Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system**

- Hospitalized patients
- Symptomatic healthcare workers

**PRIORITY 2: Ensure those who are at highest risk of complication of infection are rapidly identified and appropriately triaged**

- Patients in long-term care facilities with symptoms
- Patients 65 years of age and older with symptoms
- Patients with underlying conditions with symptoms
- First responders with symptoms

**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**

- Critical infrastructure workers with symptoms
- Individuals who do not meet any of the above categories with symptoms
- Healthcare workers and first responders
- Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations

**NON-PRIORITY**

- Individuals without symptoms