

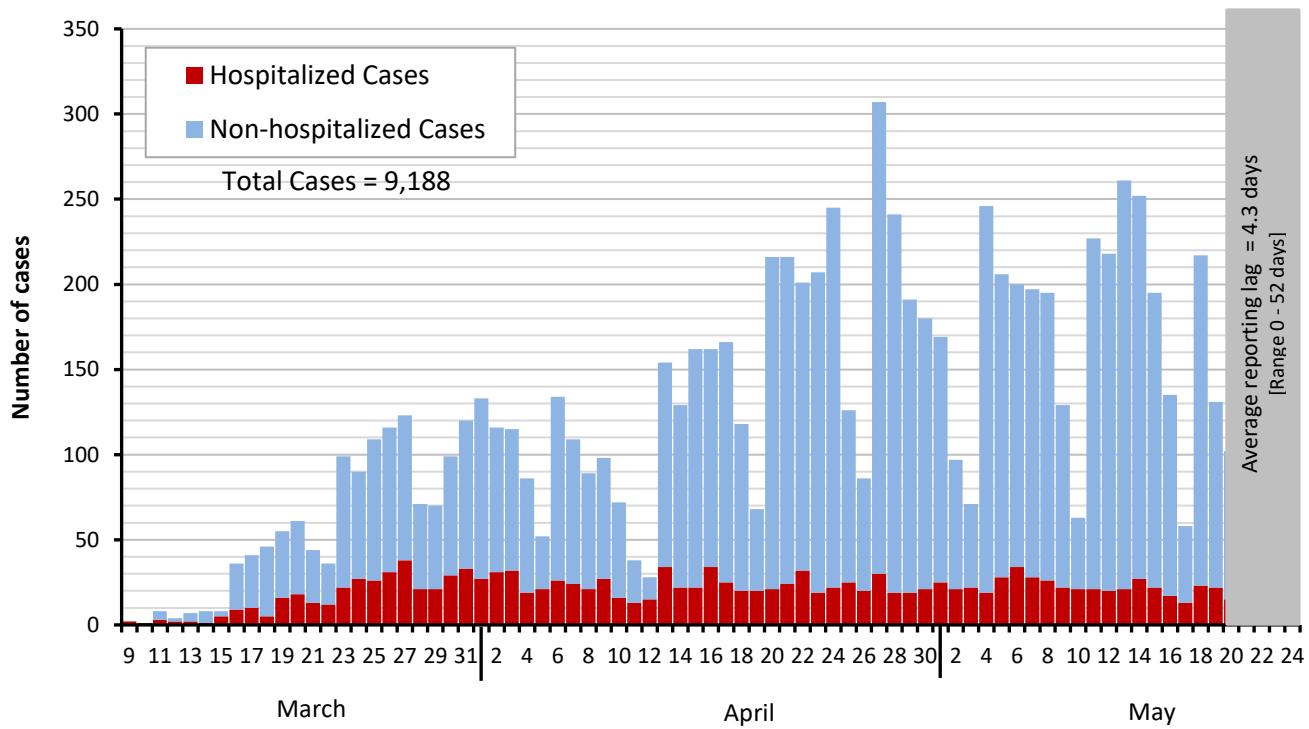


Dallas County Health and Human Services 2019 Novel Coronavirus (COVID-19) Summary

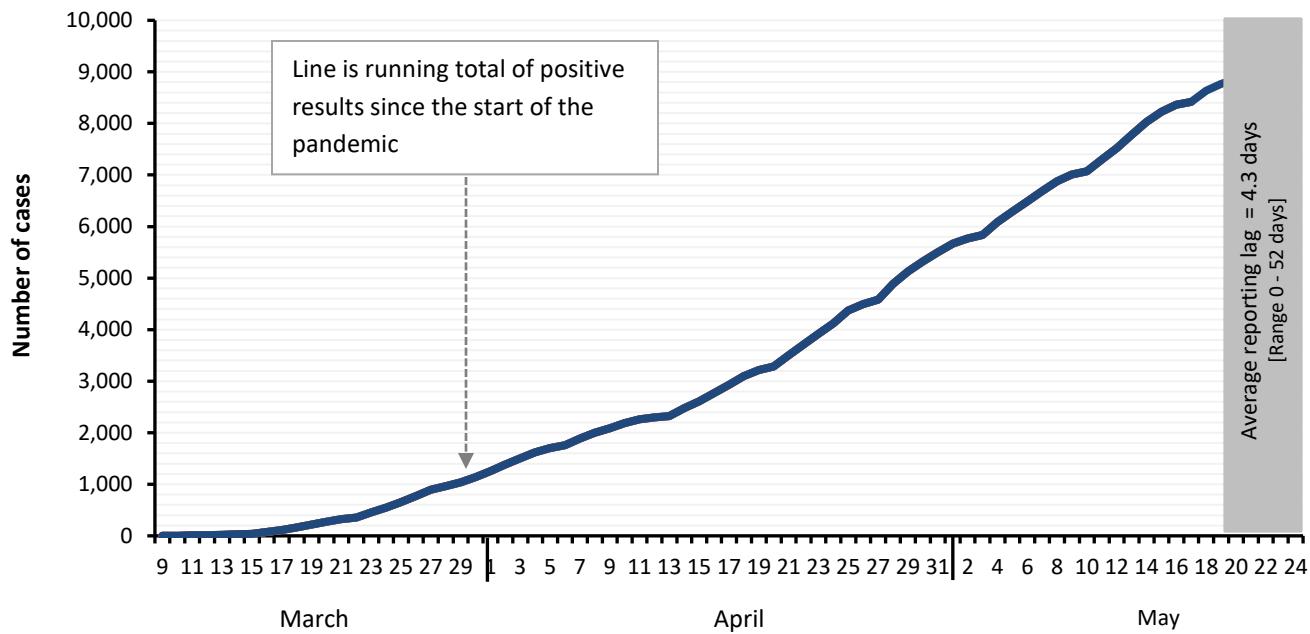
May 26, 2020

- As of May 26, 2020, DCHHS is reporting 190 additional cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 9,188, including 213 deaths.
- The weekly numbers of new hospital admissions for COVID-19 have not declined significantly over the past 6 weeks. Of the 1,524 cases requiring hospitalization to date, over two-thirds (69%) were under 65 years of age, and about half did not have any chronic health conditions. 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, over 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.
- Thirty-eight percent (38%) of deaths have been associated with long-term care facilities.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 was 9.7% at area hospitals in week 20.

Figure 1. Daily COVID-19 cases by date of test collection, Dallas County: March 10 – May 26, 2020 ¹⁻⁴



1. Data received as of 8:00 pm, May 25, 2020, 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 4.3 days, with a range from 0 – 52 days.
3. The validity of results based on antibody tests is not yet known. This summary report includes only confirmed cases based on PCR test results.
4. Bars are the number of positive PCR tests which were collected that day.

Figure 2. Cumulative COVID-19 cases by date of test collection, Dallas County: March 10 – May 26, 2020¹⁻²

1. Data received as of 8:00 pm, May 25, 2020, 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.
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Table 1. Source of laboratory testing for confirmed cases of COVID-19, Dallas County

Source of Laboratory Testing for Reported Positive PCR Tests	# Tests (N=9,188)	% of Total Cases
Commercial or Hospital Laboratory*	8,441	92%
Dallas LRN Laboratory	652	7%
Other Public Health Laboratory	95	1%

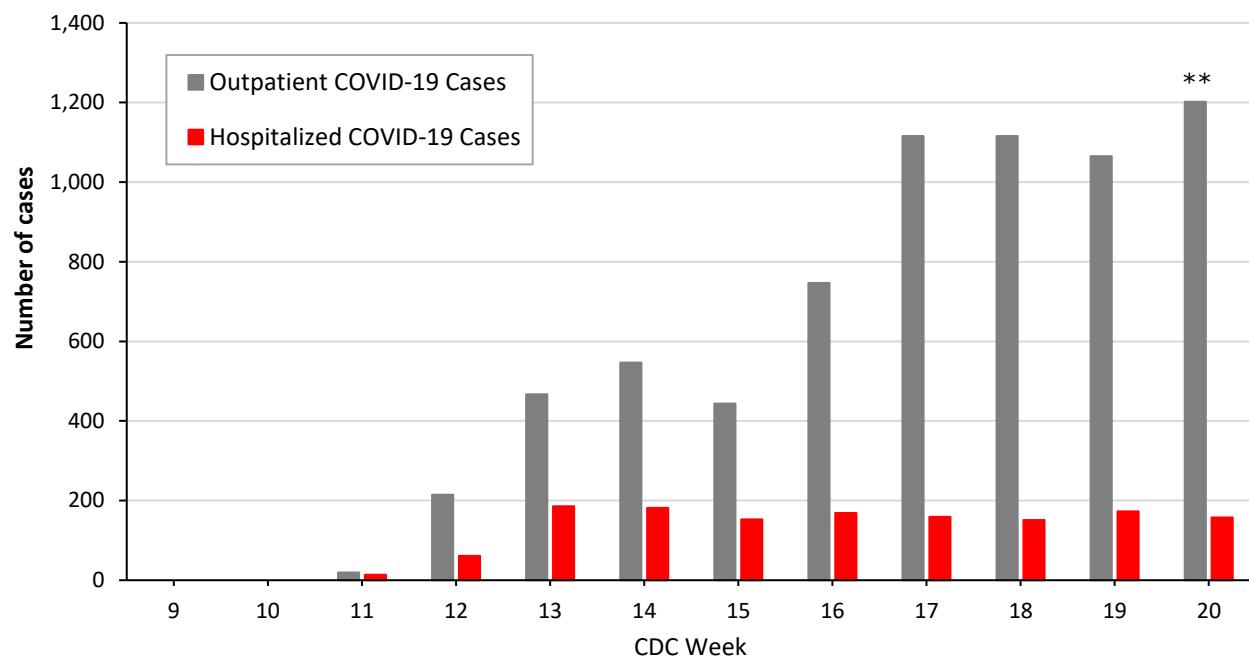
* Includes: AIT, ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple hospital laboratories

Table 2. Characteristics of cumulative confirmed COVID-19 cases, Dallas County: March 9 – May 26, 2020

	Number	% of Total Cases*
Total Cases in Dallas County residents	N = 9,188	100%
Age Group (years)	0 to 17	7%
	18 to 40	40%
	41 to 64	40%
	≥65	13%
Sex	Female	48%
	Male	52%
Not Hospitalized (Includes: Outpatient, urgent care, drive-through, ED)	7,664	83%
Ever Hospitalized	1,524	17%

* Percentages calculated among cases with known age/sex

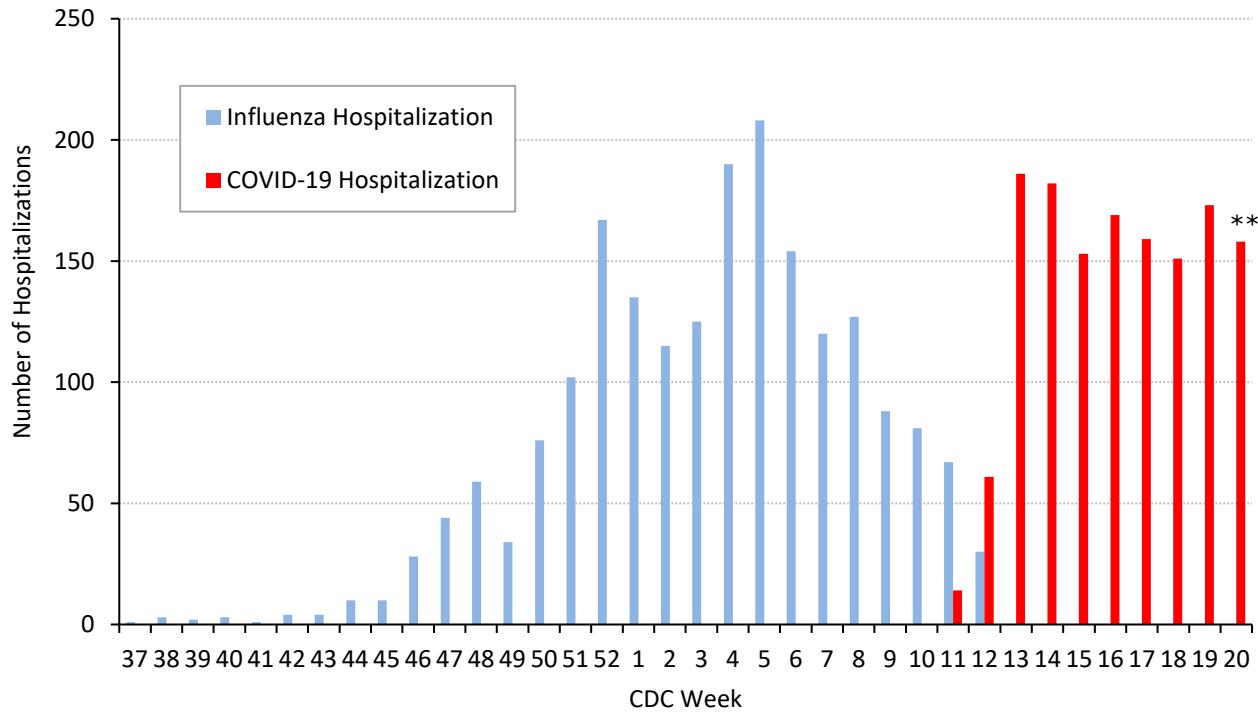
Figure 3. Non-hospitalized* and hospitalized COVID-19 Cases by week of test collection, Dallas County: September 2019 through week ending May 16, 2020 (CDC Week 20)*



* 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 by PCR 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. The average reporting lag is 4.3 days, with a range from 0 – 52 days.

Figure 4. Influenza and COVID-19 hospitalizations by week of admission, Dallas County: September 2019 through week ending May 16, 2020 (CDC Week 20)*



* 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.

** 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 4.3 days, with a range from 0 – 52 days.

**Table 3. Characteristics of cumulative hospitalized confirmed COVID-19 cases,
Dallas County: March 10 – May 26, 2020**

		Hospitalized Cases	%
<i>Ever Hospitalized</i>		N = 1,524	17% of Total Cases
Admitted to Intensive Care Unit		450	30%
Mechanical Ventilation		266	18%
Sex	Male	863	57%
	Female	661	43%
Age Group (years)	0-17	16	1%
	18-40	297	20%
	41-64	734	48%
	≥65	477	31%
Presence of ≥1 high risk condition		807	53%
Diabetes		462	30%
Lung Disease (e.g. COPD, asthma)		185	12%
Heart Disease (e.g. CHF)		218	14%
Kidney Disease (e.g. ESRD, dialysis)		157	10%
Cancer, Immune-compromise		125	8%
Pregnancy		34	2%
Race/ Ethnicity	White	229	15%*
	Hispanic	723	47%*
	Black	331	22%*
	Other	61	4%*
	Non-reported/ Unknown	180	12%

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

**Table 4. Characteristics of cumulative confirmed COVID-19 deaths,
Dallas County: March 10 – May 26, 2020**

Death classified as confirmed if decedent was a Dallas County resident with a positive COVID-19 PCR test. Data are obtained from ME office, hospitals, and vital statistics.		Confirmed Deaths	% ¹
		N = 213	2% of Total Cases
Sex	Male	140	66%
	Female	73	34%
Age Group (years)	17-40	11	5%
	41-64	56	26%
	≥65	146	69%
Resident of a Long-Term Care Facility		81	38%
Presence of ≥1 high risk condition		142	74%
Diabetes		80	41%
Race/ Ethnicity	White	74	34% (29% of population) ²
	Hispanic	73	34% (41% of population) ²
	Black	47	22% (24% of population) ²
	Asian	8	4% (7% of population) ²

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

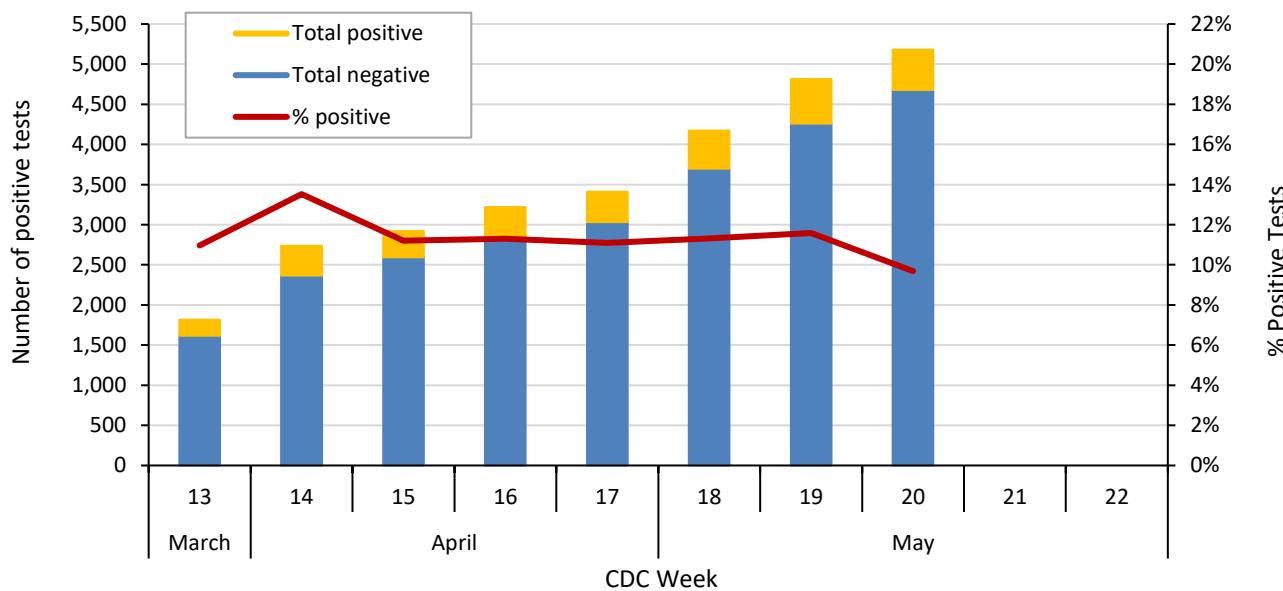
² 2019 U.S. Census population estimates for Dallas County

Table 5. Respiratory virus testing by North Texas hospitals: March 22 – May 16, 2020 (CDC Weeks 13-20)

Week Ending		3/28/20	4/4/20	4/11/20	4/18/20	4/25/20	5/2/20	5/9/20	5/16/20
SARS-CoV-2 Novel Coronavirus	Positive	199	370	327	364	378	472	558	502
	Total Tests	1,816	2,736	2,920	3,221	3,409	4,171	4,816	5,182
	% Positive	11.0%	13.5%	11.2%	11.3%	11.1%	11.3%	11.6%	9.7%
Influenza	Positive	14	5	1	0	1	0	0	0
	Total Tests	1,772	1,067	328	560	454	325	337	315
	% Positive	0.8%	0.4%	0.3%	0%	0.2%	0%	0%	0%
Seasonal (non-SARS-2) Coronavirus	Positive	15	9	1	1	0	0	0	0
	Total Tests	1,123	545	313	456	214	119	133	135
	% Positive	1.3%	1.7%	0.3%	0.2%	0%	0%	0%	0%
Adenovirus (respiratory)	Positive	15	11	5	3	2	3	2	5
	Total Tests	1,129	560	313	440	374	246	281	252
	% Positive	1.3%	2.0%	1.6%	0.7%	0.5%	1.2%	0.7%	2.0%
Metapneumo- virus	Positive	114	29	15	6	2	1	2	0
	Total Tests	1,129	630	313	444	374	246	281	252
	% Positive	10.1%	4.6%	4.8%	1.4%	0.5%	0.4%	0.7%	0%
Rhinovirus/ Enterovirus	Positive	99	43	19	20	17	10	7	3
	Total Tests	1,129	630	313	444	374	246	281	252
	% Positive	8.8%	6.8%	6.1%	4.5%	4.5%	4.1%	2.5%	1.2%
RSV	Positive	10	7	1	1	0	1	2	0
	Total Tests	1,272	763	370	461	382	250	282	258
	% Positive	0.8%	0.5%	0.3%	0.2%	0%	0.4%	0.7%	0%

Data sources: National Respiratory and Enteric Virus Surveillance System and an additional subset of hospitals voluntarily reporting surveillance 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)

Figure 5. SARS-CoV-2 novel coronavirus positive tests reported to DCHHS by hospital laboratories:
March 22 – May 16, 2020 (CDC Weeks 13-20)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 6. Transmission risk factors for cumulative confirmed COVID-19 cases, Dallas County

Exposure Risk Factor	Cases (N= 9,188)	% of Total Cases
International Travel	59	0.6%
Domestic Travel (Out-of-state)	128	1.4%
Cruise Ship Travel	10	0.1%
Long-Term Care Facility (Resident)	423	4.6%
County Jail (Inmate)	354	3.9%
State Jail (Inmate— TDCJ COVID-19 Medical Action Center)*	23	0.3%
Homeless Shelter	47	0.5%
Meat/Food Processing Facilities	211	2.3%
Close contact or Presumed Community Transmission**	7,933	86.3%

*TDCJ cases are under the jurisdiction of the Texas Department of State Health Services

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

Table 7. Summary of weekly influenza and COVID-19 hospitalizations and deaths from Dallas County hospitals, Vital Statistics and Medical Examiner's office ¹⁻⁴

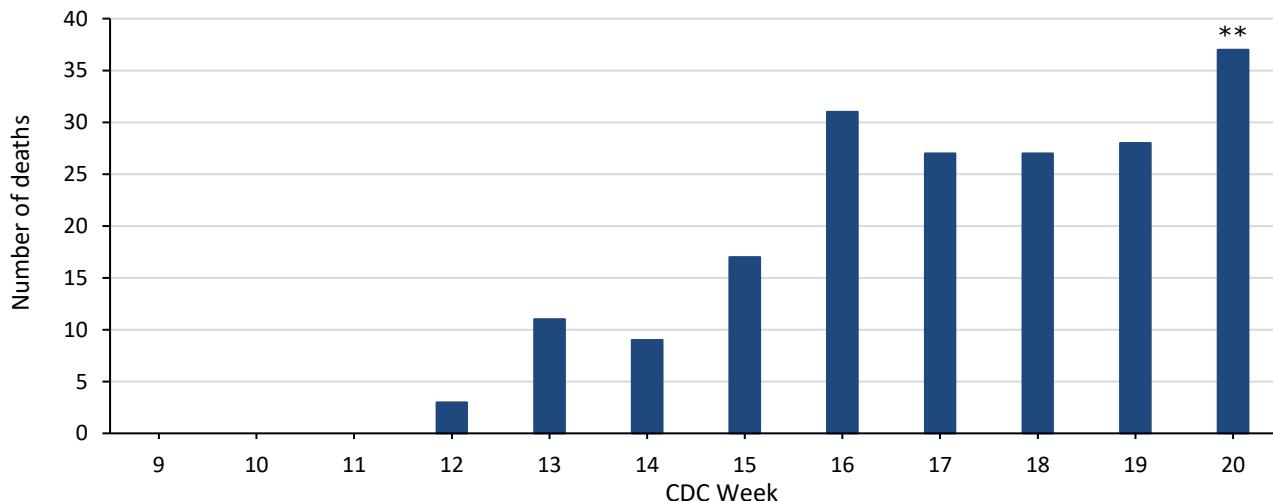
Week Ending	03/21	03/28	04/04	04/11	04/18	04/25	05/02	05/09	05/16	05/23	9/08/19–Present
CDC Week	12	13	14	15*	16*	17*	18*	19*	20*	21*	
Influenza hospitalizations ¹	30	N/A	1,990								
Influenza ICU admissions ¹	7	N/A	281								
Confirmed influenza-associated deaths ²	0	N/A	25								
COVID-19 hospitalizations ³	61	186	182	153	169	159	151	173*	158*	114*	1,524*
COVID-19 ICU admissions ³	29	62	64	55	48	50	44	48*	31*	12*	450*
Confirmed COVID-19-associated deaths	3	11	9	17	31	27	27	28*	37*	22*	213*

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

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

² 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.

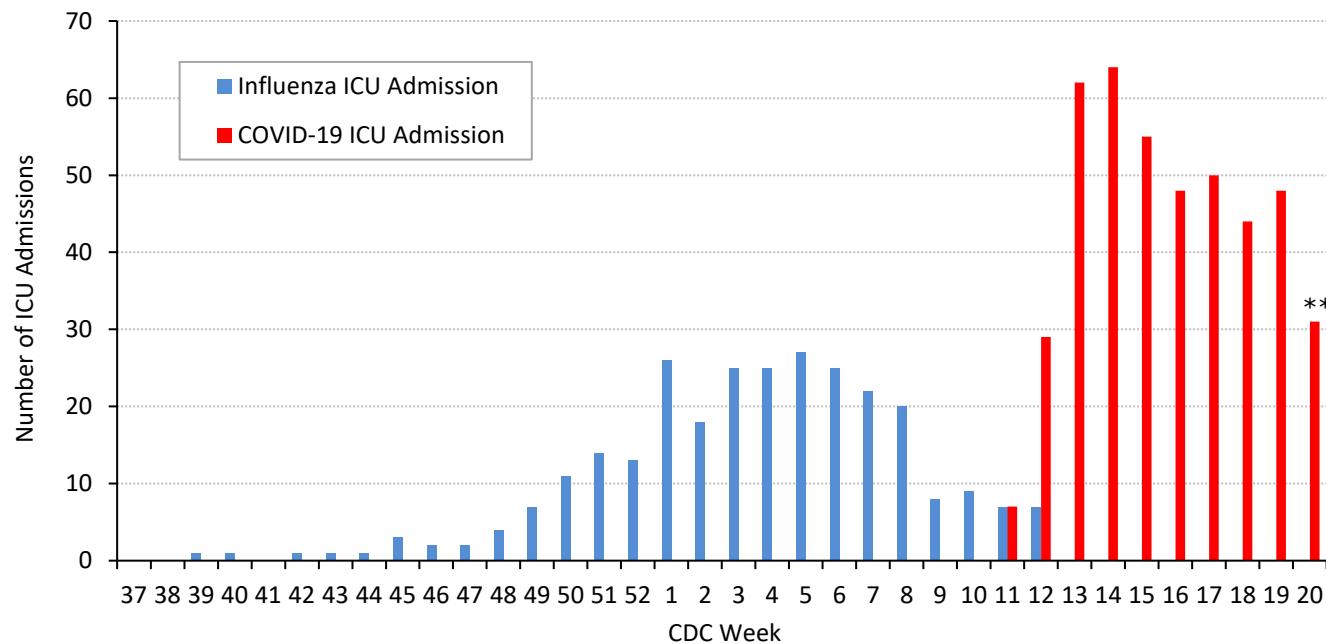
³ Reflects all COVID-19-associated hospitalizations reported from area hospitals within Dallas County by week of admission; data as of 7:00 pm yesterday.

Figure 6. Confirmed COVID-19-associated deaths by week of death, Dallas County: March 2019 through week ending May 16, 2020 (CDC Week 20)*

* 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.

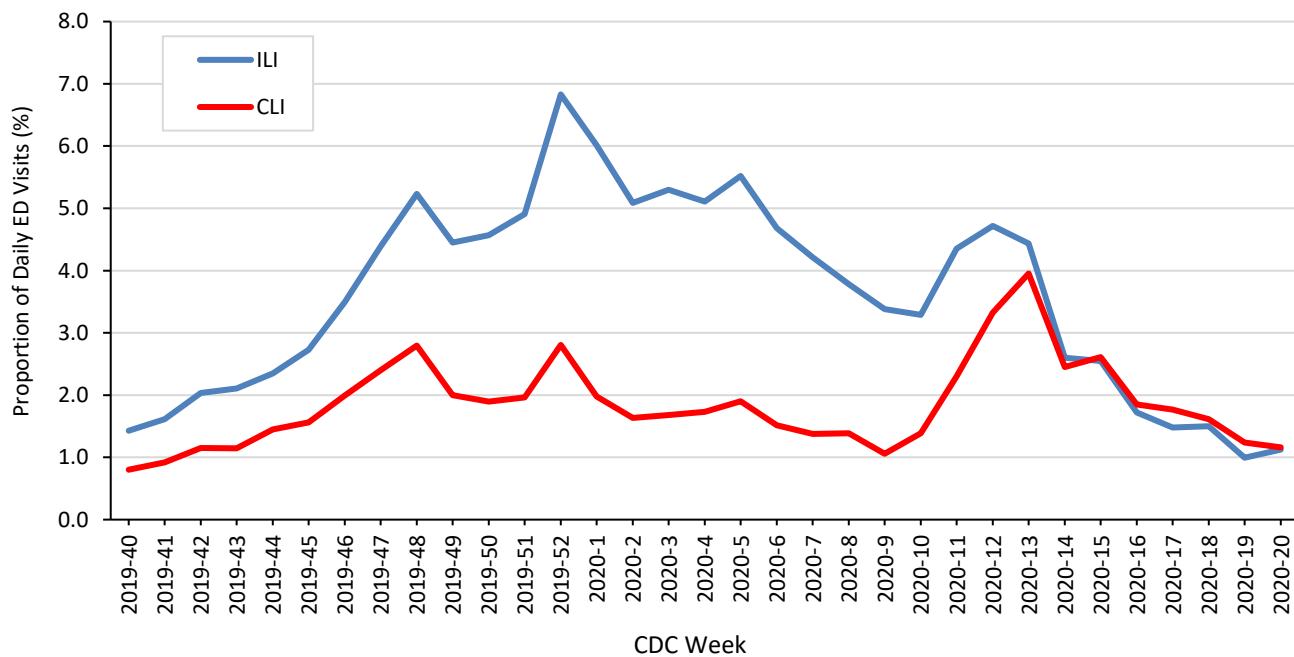
Figure 7. Intensive care unit hospitalizations for influenza and COVID-19 by week of admission, Dallas County: September 2019 through week ending May 16, 2020 (CDC Week 20)*



* New ICU admissions of Dallas County residents reported with confirmed COVID-19 by PCR testing as of 8:00 pm yesterday.

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

Figure 8. Syndromic surveillance of emergency department visits for COVID-like illness (CLI)* and Influenza-like illness (ILI), Dallas County: September 29, 2019 – May 16, 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 8. Occupations of hospitalized patients with confirmed COVID-19, Dallas County, 3/10 – 5/21/20

Occupation	Hospitalized Cases (%) of Total Employed	
	Position	Sector
Critical Infrastructure Workers*		
Healthcare and Public Health		
<i>Nurse, LVN, CNA</i>	10	
<i>Physician</i>	4	
<i>Other: Dentist, dietary, home health, medical assistant, mental health, PCT,</i>	54	
Transportation and Logistics	67 (14%)	
<i>Airline/Airport</i>	11	
<i>Parcel or postal delivery</i>	9	
<i>Cab/rideshare or bus driver</i>	14	
<i>Other: Mechanic, truck driver, freight, railroad</i>	33	
Food and Agriculture	75 (15%)	
<i>Grocery</i>	17	
<i>Restaurant</i>	29	
<i>Other: Food processing, production, supply</i>	29	
Other Community/Government Essential Functions	27 (6%)	
<i>Clergy (Pastor, priest)</i>	5	
<i>Education (Teacher, administration)</i>	5	
<i>Judicial system (Attorney)</i>	7	
<i>Other: Real estate services, shelter services, government operations</i>	10	
Public Works and Infrastructure Support Services	63 (13%)	
<i>Construction/Contractor</i>	39	
<i>Other: Waste disposal, landscaping, maintenance</i>	24	
<i>Financial (Accounting, bank, insurance)</i>		
Communications and Information Technology		22 (4%)
Commercial Facilities (<i>Building materials, painting, warehouse</i>)		12 (2%)
Hygiene Services (<i>Custodian, housekeeping</i>)		24 (5%)
Law Enforcement, Public Safety, First Responders		15 (3%)
Critical Manufacturing (<i>Manufacturing metal, packaging</i>)		13 (3%)
Energy/Utilities (<i>Electricity, petroleum, gas</i>)		14 (3%)
<i>Energy/Utilities (Electricity, petroleum, gas)</i>		6 (1%)
Non-Critical Infrastructure Workers (Includes retail, personal services)	55 (11%)	
Employed (Occupation/position not specified)	28 (6%)	
Total reporting any employment	492	
Non-Employed (Includes retired, child, homemaker, etc.)	488	
Student (≥18 years old)	9	
Not reported	465	
Total hospitalized	1,454	

* 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 9. Cumulative COVID-19 cases by city of residence within Dallas County as of May 26, 2020

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

City of Residence	Cases (N=9,188)	% of Total Cases
Addison	28	0.3%
Balch Springs	85	0.9%
Carrollton	119	1.3%
Cedar Hill	137	1.5%
Cockrell Hill	16	0.2%
Combine	1	0.0%
Coppell	39	0.4%
Dallas	5,116	55.7%
DeSoto	172	1.9%
Duncanville	135	1.5%
Farmers Branch	126	1.4%
Garland	766	8.3%
Glenn Heights	22	0.2%
Grand Prairie	391	4.3%
Highland Park	18	0.2%
Hutchins	48	0.5%
Irving	971	10.6%
Lancaster	160	1.7%
Mesquite	486	5.3%
Richardson	145	1.6%
Rowlett	82	0.9%
Sachse	15	0.2%
Seagoville	52	0.6%
Sunnyvale	11	0.1%
University Park	26	0.3%
Wilmer	19	0.2%
Wylie	2	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