

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

June 2, 2020

- As of June 2, 2020, DCHHS is reporting 257 additional cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 10,719, including 245 deaths.
- The weekly numbers of new hospital admissions for COVID-19 have not declined significantly over the past 7 weeks. Of the 1,681 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 9.8% at area hospitals in week 21.

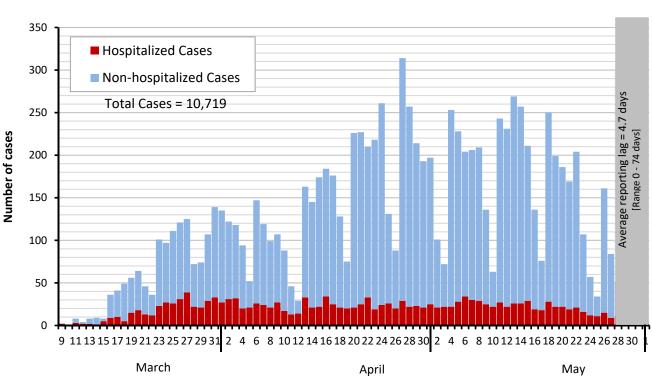


Figure 1. Daily COVID-19 cases by date of test collection, Dallas County: March 10 – June 2, 2020 1-4

- 1. Data received as of 8:00 pm, June 1, 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 $4.7 \, \text{days}$, with a range from $0 74 \, \text{days}$.
- 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.

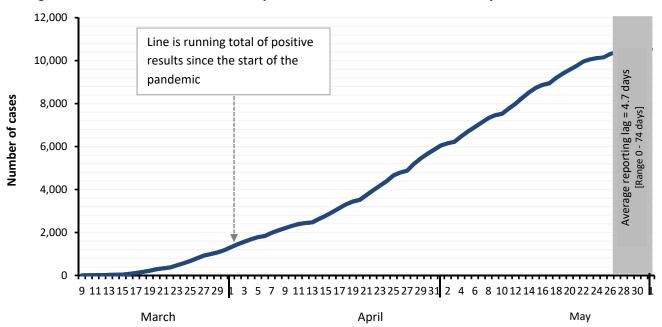


Figure 2. Cumulative COVID-19 cases by date of test collection, Dallas County: March 10 – June 2, 2020¹⁻²

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=10,719)	% of Total Cases
Commercial or Hospital Laboratory*	9,922	92%
Dallas LRN Laboratory	702	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 – June 2, 2020

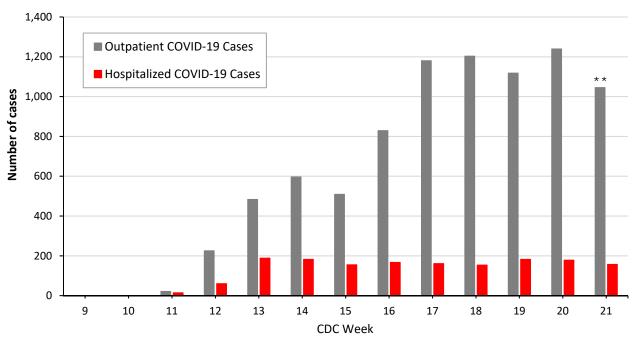
		Number	% of Total Cases+
Total Cases in Dallas County resider	N = 10,719	100%	
	0 to 17	825	8%
Age Group (years)	18 to 40	4,241	40%
Age Group (years)	41 to 64	4,238	40%
	≥65	1,308	12%
Sav	Female	5,043	48%
Sex	Male	5,503	52%
Not Hospitalized (Includes: Outpatient, urgent care, drive-through, ED)		9,038	84%
Ever Hospitalized	1,681	16%	

⁺Percentages calculated among cases with known age/sex

^{1.} Data received as of 8:00 pm, June 1, 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.

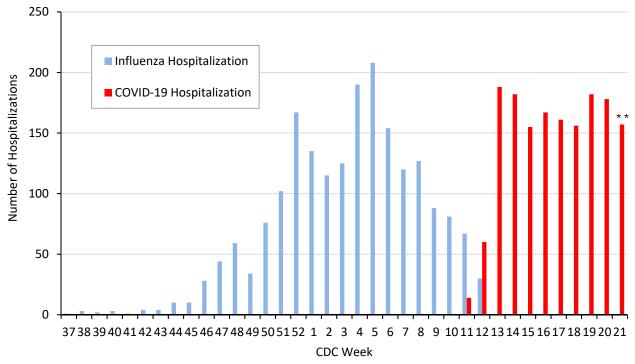
^{2.} Data are incomplete for the most recent dates. Test results may be reported to DCHHS several days after the result. The reporting lag is calculated as time from specimen collection to receipt of test results. The average reporting lag is 4.7 days, with a range from 0 – 74 days.

Figure 3. Non-hospitalized and hospitalized COVID-19 Cases by week of test collection, Dallas County: September 2019 through week ending May 23, 2020 (CDC Week 21)*



^{*} 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.

Figure 4. Influenza and COVID-19 hospitalizations by week of admission, Dallas County: September 2019 through week ending May 23, 2020 (CDC Week 21) *



^{*} 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.

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Table 3. Characteristics of cumulative hospitalized confirmed COVID-19 cases,
Dallas County: March 10 – June 2, 2020

		Hospitalized Cases	%	
Ever Hospitalized		N = 1,681	16% of Total Cases	
Admitted to Intensive	Care Unit	497	30%	
Mechanical Ventilatio	n	294	18%	
Sex	Male	944	56%	
Sex	Female	737	44%	
	0-17	17	1%	
Ago Croup (voors)	18-40	327	20%	
Age Group (years)	41-64	808	48%	
	≥65	529	31%	
Presence of ≥1 high risk	condition	895	53%	
Diabetes		518	31%	
Lung Disease (e.g. CO	PD, asthma)	202	12%	
Heart Disease (e.g. Cl	HF)	237	14%	
Kidney Disease (e.g. E	SRD, dialysis)	175	10%	
Cancer, Immune-com	promise	132	8%	
Pregnancy		41	2%	
	White	255	15%*	
	Hispanic	805	48%*	
Race/ Ethnicity	Black	361	22%*	
	Other	61	4%*	
	Non-reported/ Unknown	199	11%	

^{*} 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 – June 2, 2020

Death classified as confirmed if decedent was a Dallas County resident with a positive COVID-19 PCR test. Data		Confirmed Deaths	% ¹		
are obtained from ME office, hospitals, and vital statistics.		N = 245	2% of Total Cases		
Sex	Male	163	67%		
Sex	Female	82	33%		
	17-40	13	5%		
Age Group (years)	41-64	67	27%		
	≥65	165	67%		
Resident of a Long-Term (Care Facility	92	38%		
Presence of ≥1 high risk co	ondition	161	72%		
Diabetes		93	42%		
Race/ Ethnicity	White	83	34% (29% of population) ²		
Hispanic		89	36% (41% of population) ²		
	Black	60	25% (24% of population) ²		
	Asian	9	4% (7% of population) ²		

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

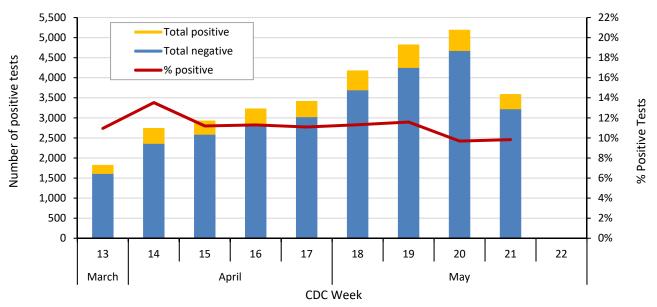
² 2019 U.S. Census population estimates for Dallas County

Table 5. Respiratory virus testing by North Texas hospitals: March 22 – May 23, 2020 (CDC Weeks 13-21)

Week En	ding	3/28/20	4/4/20	4/11/20	4/18/20	4/25/20	5/2/20	5/9/20	5/16/20	5/23/20
SARS-CoV-2	Positive	199	370	327	364	378	472	558	502	352
Novel	Total Tests	1,816	2,736	2,920	3,221	3,409	4,171	4,816	5,182	3,580
Coronavirus	% Positive	11.0%	13.5%	11.2%	11.3%	11.1%	11.3%	11.6%	9.7%	9.8%
	Positive	14	5	1	0	1	0	0	0	0
Influenza	Total Tests	1,772	1,067	328	560	454	325	337	315	277
	% Positive	0.8%	0.4%	0.3%	0%	0.2%	0%	0%	0%	0%
Seasonal	Positive	15	9	1	1	0	0	0	0	0
(non-SARS-2)	Total Tests	1,123	545	313	456	214	119	133	135	113
Coronavirus	% Positive	1.3%	1.7%	0.3%	0.2%	0%	0%	0%	0%	0%
	Positive	15	11	5	3	2	3	2	5	3
Adenovirus	Total Tests	1,129	560	313	440	374	246	281	252	255
(respiratory)	% Positive	1.3%	2.0%	1.6%	0.7%	0.5%	1.2%	0.7%	2.0%	1.2%
	Positive	114	29	15	6	2	1	2	0	0
Metapneumo-	Total Tests	1,129	630	313	444	374	246	281	252	255
virus	% Positive	10.1%	4.6%	4.8%	1.4%	0.5%	0.4%	0.7%	0%	0%
51: /	Positive	99	43	19	20	17	10	7	3	5
Rhinovirus/	Total Tests	1,129	630	313	444	374	246	281	252	255
Enterovirus	% Positive	8.8%	6.8%	6.1%	4.5%	4.5%	4.1%	2.5%	1.2%	2.0%
	Positive	10	7	1	1	0	1	2	0	0
RSV	Total Tests	1,272	763	370	461	382	250	282	258	262
	% Positive	0.8%	0.5%	0.3%	0.2%	0%	0.4%	0.7%	0%	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). Data are incomplete for the most recent dates.

Figure 5. SARS-CoV-2 novel coronavirus positive tests reported to DCHHS by hospital laboratories: March 22 – May 23, 2020 (CDC Weeks 13-21)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= 10,719)	% of Total Cases
International Travel	61	0.6%
Domestic Travel (Out-of-state)	128	1.2%
Cruise Ship Travel	10	0.1%
Long-Term Care Facility (Resident)	513	4.8%
County Jail (Inmate)	387	3.6%
State Jail (InmateTDCJ COVID-19 Medical Action Center)*	41	0.4%
Homeless Shelter	48	0.4%
Meat/Food Processing Facilities	241	2.2%
Close contact or Presumed Community Transmission**	9,290	86.7%

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

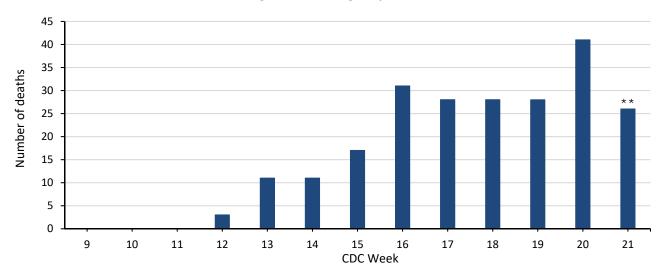
Table 7. Summary of weekly influenza and COVID-19 hospitalizations and deaths from Dallas County hospitals, Vital Statistics and Medical Examiner's office 1-4

Week Ending	03/28	04/04	04/11	04/18	04/25	05/02	05/09	05/16	05/23	05/30	9/08/19-
CDC Week	13	14	15	16	17	18	19	20	21*	22*	Present
COVID-19 hospitalizations ¹	188	182	155	167	161	156	182	178	157	76	1,681
COVID-19 ICU admissions ¹	62	64	57	46	52	43	52	41	28	17	497
Probable COVID-19-associated deaths ²	0	0	0	0	0	0	0	0	0	0	0
Confirmed COVID-19-associated deaths ³	11	11	17	31	28	28	28	41	26*	19*	245

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

Figure 6. Confirmed COVID-19-associated deaths by week of death, Dallas County:

March 2019 through week ending May 23, 2020 (CDC Week 21)*



^{*} Dallas County residents diagnosed with confirmed COVID-19 by PCR testing.

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

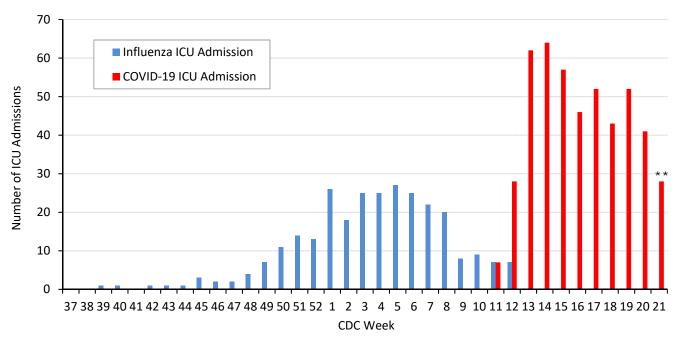
¹Reflects all COVID-19-associated hospitalizations and intensive care unit admissions reported from area hospitals within Dallas County by week of admission. Hospitalizations are inclusive of ICU admissions. Data are preliminary and include reports received as of 8:00 pm yesterday.

² Probable COVID-19 deaths as defined by CSTE interim case classification criteria--meeting vital records criteria without PCR laboratory confirmation.

³ Confirmed COVID-19 deaths as defined by a positive PCR 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.

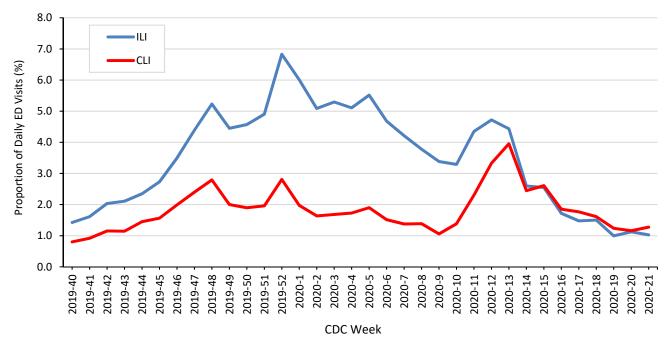
^{**} All data are preliminary and subject to change as cases continue to be received and investigated.

Figure 7. Intensive care unit hospitalizations for influenza and COVID-19 by week of admission, Dallas County: September 2019 through week ending May 23, 2020 (CDC Week 21)*



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

Figure 8. Syndromic surveillance of emergency department visits for COVID-like illness (CLI)* and Influenza-like illness (ILI)**, Dallas County: September 29, 2019 – May 23, 2020



ESSENCE Data is from 18 hospital emergency departments voluntarily reporting numbers of persons presenting with self-reported chief complaints.

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

^{*} 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 - 6/1/20

	Hospitalized Cases (%) of Total Employed		
Occupation	Position	Sector	
Critical Infrastructure Workers*		469 (84%)	
Healthcare and Public Health		77 (14%)	
Nurse, LVN, CNA	12		
Physician	4		
Other: Dentist, dietary, home health, medical assistant, mental health, PCT	61]	
Transportation and Logistics	•	74 (13%)	
Airline/Airport	11		
Parcel or postal delivery	9]	
Cab/rideshare or bus driver	15]	
Other: Mechanic, truck driver, freight, railroad	39]	
Food and Agriculture		89 (16%)	
Grocery	19	, ,	
Restaurant	32		
Other: Food processing, production, supply	38		
Other Community/Government Essential Functions		30 (5%)	
Clergy (Pastor, priest)	7	, ,	
Education (Teacher, administration)	7		
Judicial system (Attorney)	7		
Other: Real estate services, shelter services, government operations	9		
Public Works and Infrastructure Support Services		71 (12%)	
Construction/Contractor	40	, ,	
Other: Waste disposal, landscaping, maintenance			
Financial (Accounting, bank, insurance)		26 (5%)	
Communications and Information Technology		14 (3%)	
Commercial Facilities (Building materials, painting, warehouse)		32 (6%)	
Hygiene Services (Custodian, housekeeping)		17 (3%)	
Law Enforcement, Public Safety, First Responders		14 (3%)	
Critical Manufacturing (Manufacturing metal, packaging)		17 (3%)	
Energy/Utilities (Electricity, petroleum, gas)		8 (1%)	
Non-Critical Infrastructure Workers (Includes retail, personal services)		64 (11%)	
Employed (position not reported)		27 (5%)	
Total reporting any employment		560	
Non-Employed (Includes retired, child, homemaker, etc.)		560	
Student (≥18 years old)		11	
Not reported		550	
Total hospitalized		1,681	

^{*} 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 June 2, 2020 (e.g. Does not include cases who reside in portions of cities which are not within Dallas County.)

City of Residence	Cases (N=10,719)	% of Total Cases
Addison	33	0.3%
Balch Springs	97	0.9%
Carrollton	153	1.4%
Cedar Hill	159	1.5%
Cockrell Hill	18	0.2%
Combine	1	0.0%
Coppell	47	0.4%
Dallas	5,953	55.5%
DeSoto	197	1.8%
Duncanville	165	1.5%
Farmers Branch	149	1.4%
Garland	897	8.4%
Glenn Heights	26	0.2%
Grand Prairie	465	4.3%
Highland Park	18	0.2%
Hutchins	51	0.5%
Irving	1,158	10.8%
Lancaster	172	1.6%
Mesquite	559	5.2%
Richardson	166	1.5%
Rowlett	92	0.9%
Sachse	18	0.2%
Seagoville	56	0.5%
Sunnyvale	14	0.1%
University Park	28	0.3%
Wilmer	25	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