



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

April 24, 2020

- As of April 24, 2020, DCHHS is reporting 71 additional cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 2,834, including 77 confirmed deaths.
- The numbers of hospital admissions and intensive care hospitalizations for COVID-19 for the week ending 4/18 (Week 16) declined from the preceding 2 weeks.
- Of 669 cases requiring hospitalization, most have been either over 60 years of age or have had at least one known high-risk chronic health condition. Diabetes has been an underlying high-risk health condition reported in about a third of all hospitalized patients with COVID-19.
- Most (66%) deaths have been male. Forty percent (40%) of deaths have been associated with long-term care facilities.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 was 12.0% at area hospitals in week 16.

Figure 1. Daily and Cumulative COVID-19 Cases by Date of Test collection, Dallas County: March 10 – April 23, 2020*

*The data in this summary reflect cumulative data received as of 6:00 pm, April 23, 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.

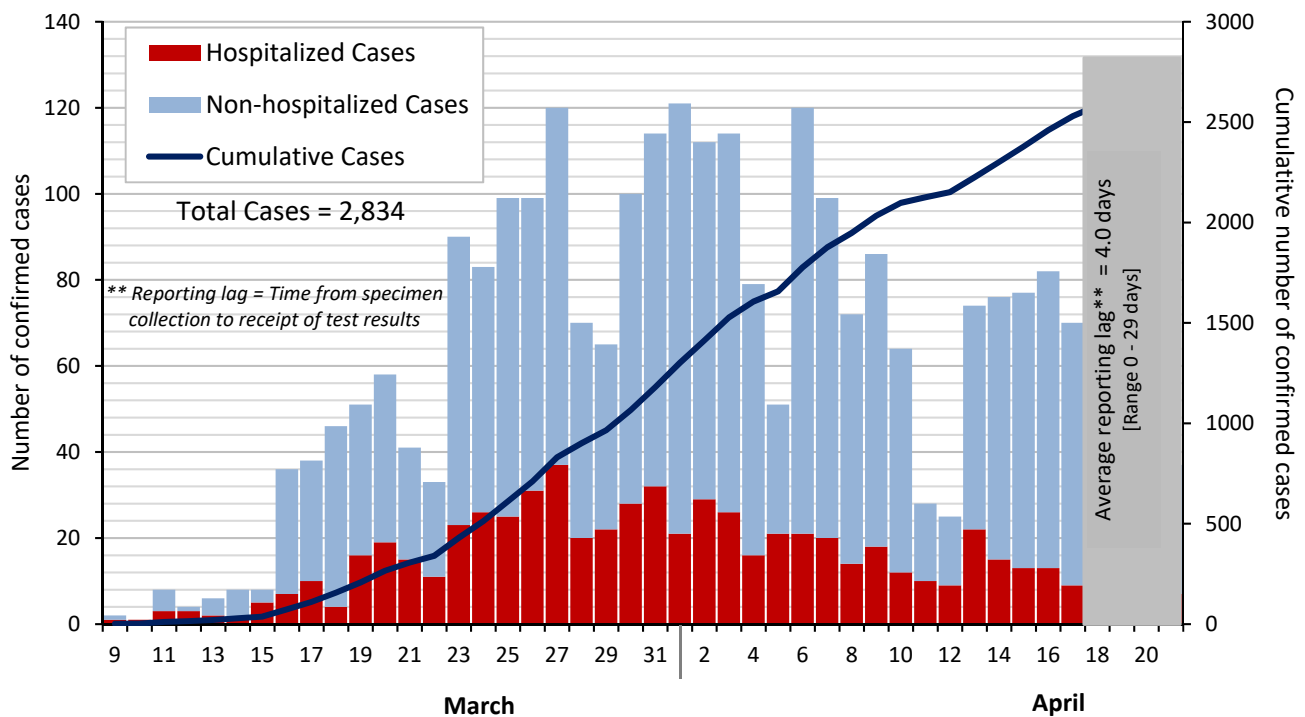


Table 1. Cumulative COVID-19 Cases by Age Groups and Gender, Dallas County

Age Group (years)	# Cases (N=2,834)	% of Total Cases ⁺
0 to 17	66	2%
18 to 40	949	35%
41 to 64	1,220	45%
≥65	470	18%
Sex		
Female	1,263	46%
Male	1,475	54%

⁺ Percentages are calculated among cases with known age/sex

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

Source of Laboratory Testing for Reported Positive PCR Tests	# Tests (N=2,834)	% of Total Cases
Commercial or Hospital Laboratory*	2,504	88%
Dallas LRN Laboratory	318	11%
Other Public Health Laboratory	12	1%

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

Table 3. Respiratory Virus Testing by North Texas Hospitals: March 22 – April 18, 2020 (CDC Weeks 13-16)

Week Ending	3/28/20		4/4/20		4/11/20		4/18/20	
PCR Tests for:	Positive/ Total Tests	% Positive	Positive/ Total Tests	% Positive	Positive/ Total Tests	% Positive	Positive/ Total Tests	% Positive
SARS-CoV-2 Novel Coronavirus	168 /1,461	11.5%	336 /2,359	14.2%	276 /2,390	11.5%	239 /1,993	12.0%
Influenza	14 /1,772	0.8%	5 /1,067	0.4%	1 /308	0.3%	0 /510	0%
Seasonal (non-SARS-2) Coronavirus	15 /1,123	1.3%	9 /545	1.7%	0 /293	0%	1 /406	0.2%
Adenovirus (respiratory)	15 /1,129	1.3%	11 /560	2.0%	5 /293	1.7%	3/ 390	0.8%
Metapneumovirus	114 /1,129	10.1%	29 /630	4.6%	14 /293	4.8%	5 /394	1.3%
Rhinovirus/Enterovirus	99 /1,129	8.8%	43 /630	6.8%	18 /293	6.1%	18 /394	4.6%
RSV	10 /1,272	0.8%	4 /763	0.5%	1 /350	0.3%	1 /411	0.2%

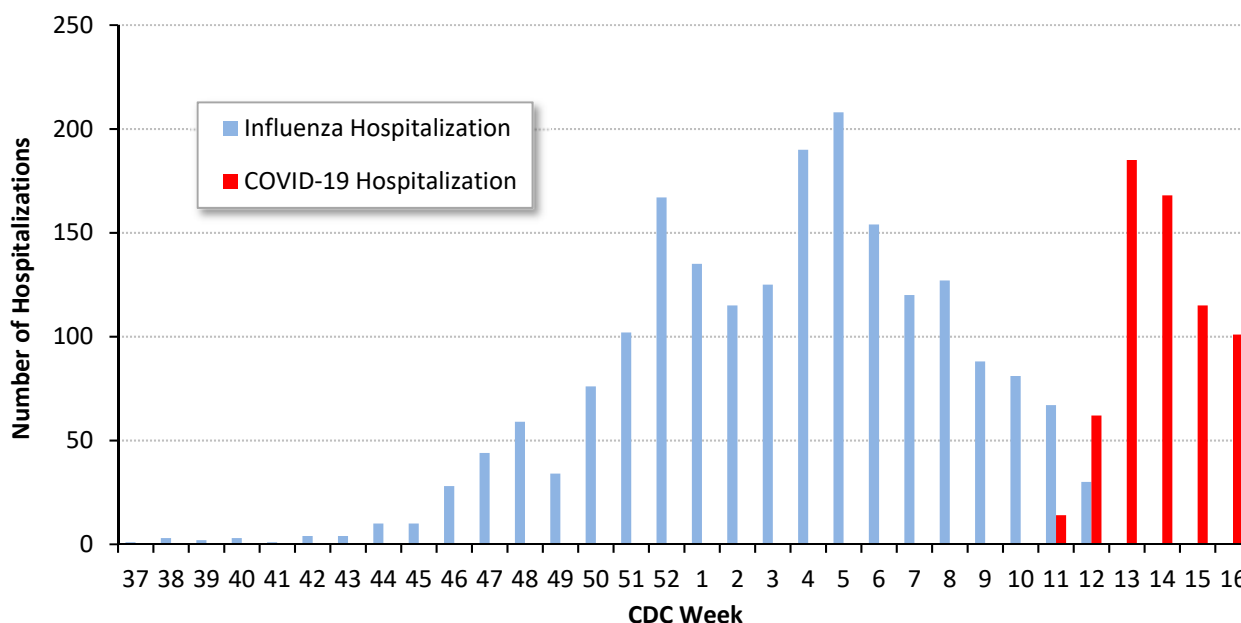
Data sources: National Respiratory and Enteric Virus Surveillance System and additional hospitals voluntarily reporting directly to DCHHS. Testing denominators include out-of-county patients and testing performed only through hospitals in Dallas County. (Does not include FEMA drive-thru clinics)

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

Exposure Risk Factor	Cases (N= 2,834)	% of Total Cases
International Travel	57	2.0%
Domestic Travel (Out-of-state)	114	4.4%
Cruise Ship Travel	8	0.3%
Long-Term Care Facility (Residency)	206	7.3%
Jail (Inmate)	133	4.7%
Homeless Shelter	41	1.3%
Close contact or Presumed Community Transmission*	2,275	80.3%

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

Figure 2. Influenza and COVID-19 Hospitalizations by Week of Admission, Dallas County: September 2019 through week ending April 18, 2020 (CDC Week 16)*



*Patients diagnosed with confirmed COVID-19 by PCR testing. The data in this summary reflect cumulative data received as of 7:00 pm yesterday. 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.

Table 5. Characteristics of Cumulative Confirmed COVID-19 Cases, Dallas County: March 10 – April 23, 2020

	Non-Hospitalized Cases	%
<i>Not Hospitalized</i>	N = 2,165	76% of Total Cases
Outpatient/ Urgent Care/ Drive-through	1,792	83%
Emergency Department only	373	17%

		Hospitalized Cases	%
<i>Ever Hospitalized</i>		N = 669	24% of Total Cases
Admitted to Intensive Care Unit		210	31%
Mechanical Ventilation		122	18%
Male		388	58%
Age Group (years)	0-17	3	0%
	18-40	106	16%
	41-64	309	46%
	≥65	251	38%
Presence of ≥1 high risk condition		365	55%
Diabetes		201	30%
Lung Disease (e.g. COPD, asthma)		94	14%
Heart Disease (e.g. CHF)		103	15%
Kidney Disease (e.g. ESRD, dialysis)		60	9%
Cancer, Immune-compromise		69	10%
Pregnancy		8	1%
Race/ Ethnicity	White	126	19%*
	Hispanic	207	31%*
	Black	169	25%*
	Other	37	6%*
	Non-reported/ Unknown	130	19%

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

<i>Death classified as confirmed if decedent was a Dallas County resident with a positive COVID-19 PCR test. Data are obtained from ME, hospitals, and vital statistics.</i>		Confirmed Deaths	%
		N = 77	3% of Total Cases
Male		51	66%
Age Group (years)	18-40	2	3%
	41-64	15	19%
	≥65	60	78%
Presence of ≥1 high risk condition		57	80%**
Diabetes		26	37%**
Race/ Ethnicity	White	35	45% (29% of population)†
	Hispanic	21	27% (41% of population)†
	Black	15	19% (24% of population)†
	Other	6	8% (6% of population)†

** Percentages are of cases for which underlying health conditions were reported

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

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

Week Ending	03/07	03/14	03/21	03/28	04/04	4/11	4/18	9/08/19– Present
CDC Week	10	11	12	13	14*	15*	16*	
Influenza hospitalizations ¹	81	67	30	N/A	N/A	N/A	N/A	1,990
Influenza ICU admissions ¹	9	7	7	N/A	N/A	N/A	N/A	281
Confirmed influenza-associated deaths ²	2	0	0	N/A	N/A	N/A	N/A	25
COVID-19 hospitalizations ³	0	14	62	185	168*	115*	101*	669*
COVID-19 ICU admissions ³	0	7	27	62	58*	34*	19*	210*
Confirmed COVID-19-associated deaths	0	0	3	11	8*	16*	27*	77*

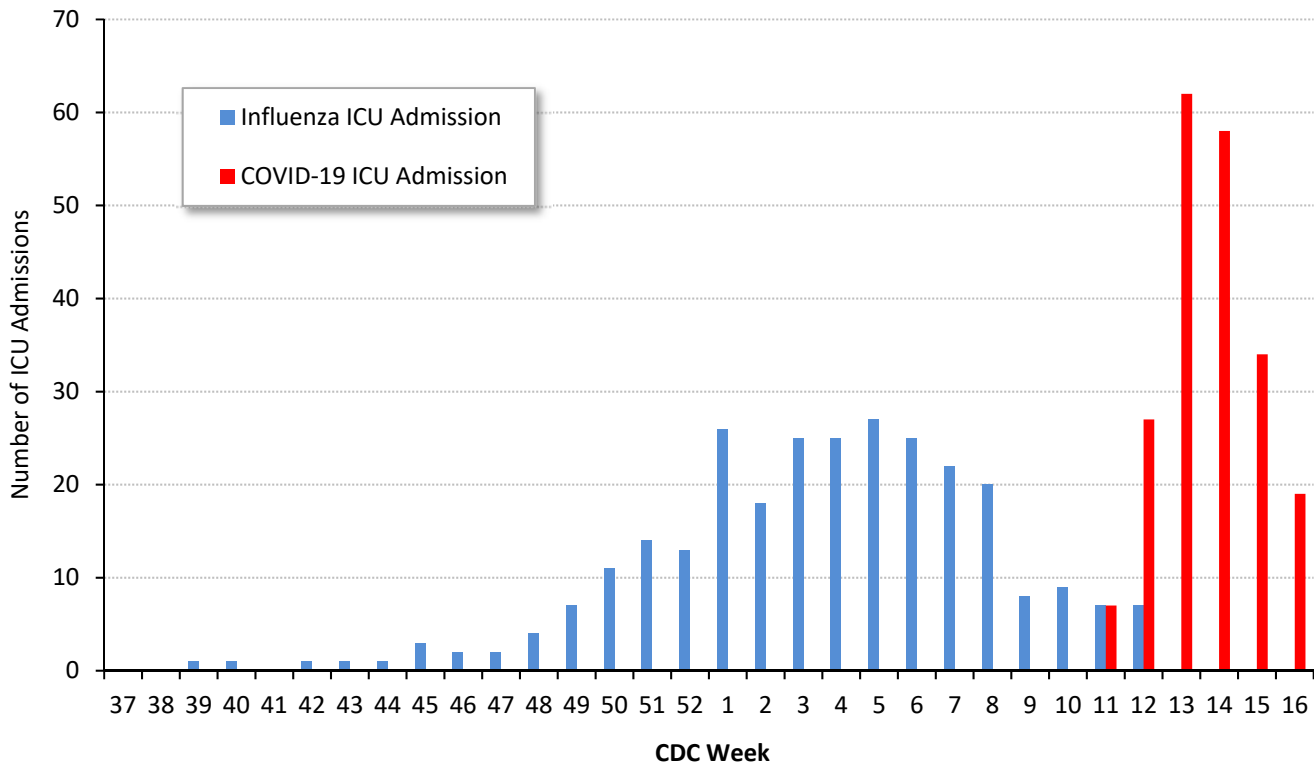
**All data are preliminary and subject to change as additional information is received.*

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.

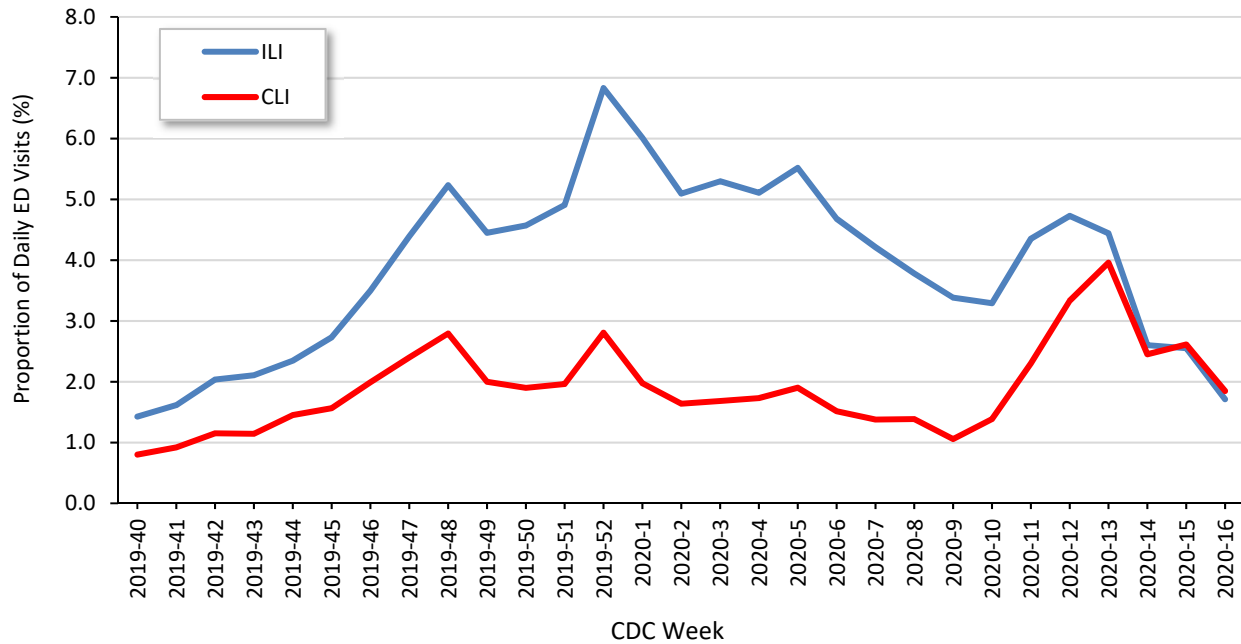
³ Reflect all COVID-19-associated hospitalizations reported from area hospitals within Dallas County by week of admission; data as of 7:00 pm yesterday.

Figure 3. Intensive Care Unit Hospitalizations for Influenza and COVID-19 by Week of Admission, Dallas County: September 2019 through week ending April 18, 2020 (CDC Week 16)*



** Patients diagnosed with confirmed COVID-19 by PCR testing. The data in this summary reflect cumulative data received as of 7:00 pm yesterday. All data are preliminary and subject to change as cases represented are being actively investigated, and may be updated between*

Figure 4. Syndromic Surveillance of Emergency Department Visits for COVID-like Illness (CLI)* and Influenza-like Illness (ILI)**, Dallas County: September 29, 2019 – April 18, 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 7. Cumulative COVID-19 Cases by City of Residence within Dallas County as of April 23, 2020

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

City of Residence	Cases (N=2,834)	% of Total Cases
Addison	15	0.5%
Balch Springs	19	0.7%
Carrollton	37	1.3%
Cedar Hill	46	1.6%
Cockrell Hill	4	0.1%
Coppell	23	0.8%
Dallas	1,595	56.3%
DeSoto	83	2.9%
Duncanville	47	1.7%
Farmers Branch	45	1.6%
Garland	300	10.6%
Glenn Heights	14	0.5%
Grand Prairie	74	2.6%
Highland Park	15	0.5%
Hutchins	1	0.0%
Irving	225	7.9%
Lancaster	41	1.4%
Mesquite	107	3.8%
Richardson	48	1.7%
Rowlett	46	1.6%
Sachse	9	0.3%
Seagoville	5	0.2%
Sunnyvale	8	0.3%
University Park	24	0.8%
Wilmer	2	0.1%
Wylie	1	0.0%

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)
<p>PRIORITY 1: Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system</p> <ul style="list-style-type: none"> • Hospitalized patients • Symptomatic healthcare workers
<p>PRIORITY 2: Ensure those who are at highest risk of complication of infection are rapidly identified and appropriately triaged</p> <ul style="list-style-type: none"> • 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
<p>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</p> <ul style="list-style-type: none"> • 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
<p>NON-PRI OR I TY</p> <ul style="list-style-type: none"> • Individuals without symptoms

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