



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

April 10, 2020

- As of April 10, 2020, DCHHS is reporting 105 additional cases of COVID-19. Since the first case of COVID-19 identified on March 10th, a total of 1,537 cases in Dallas County have been reported, including 25 deaths.
- Of cases requiring hospitalization, most (69%) 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 (30%) of all hospitalized patients with COVID-19.
- The numbers of intensive care unit hospitalizations from COVID-19 for the weeks ending 3/28 (Week 13) and 4/4 (Week 14) exceeded the peak week of ICU hospitalizations from influenza this past season in Dallas.
- The percentage of respiratory specimens testing positive for SARS-CoV-2 was 14.3% at area hospitals in week 14.
- New COVID-19 cases are reported as a daily aggregate, with detailed summaries updated Tuesdays and Fridays.

Figure 1. Daily and Cumulative COVID-19 Cases by Date of Test collection, Dallas County: March 10 – April 9, 2020*

*The data in this summary reflect cumulative data received as of 7:00 pm, April 9, 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.

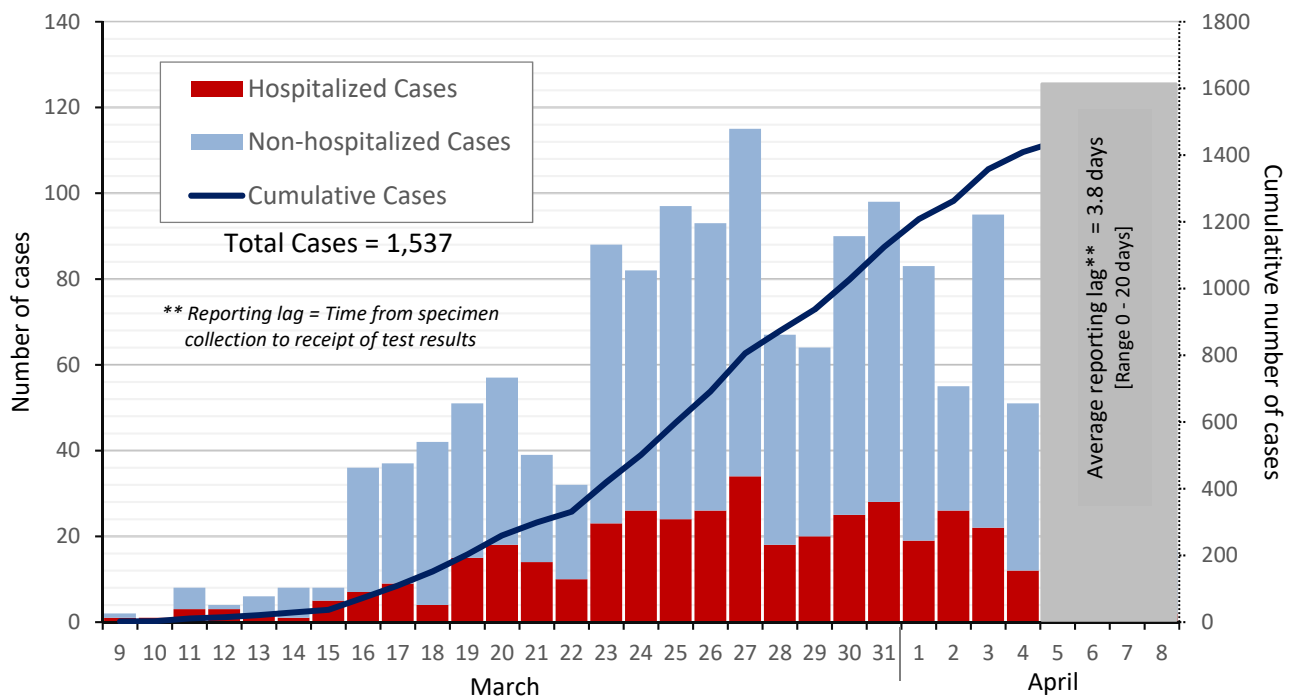


Table 1. Cumulative COVID-19 Cases by Age Groups and Gender, Dallas County

Age Group	# Cases (N=1,537)	% of Total Cases
0 to 17	24	2%
18 to 40	542	35%
41 to 60	596	39%
over 60	375	24%
Sex		
Female	723	47%
Male	814	53%

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

Source of Laboratory Testing for Reported Positive Tests	# Tests (N=1,537)	% of Total Cases
Commercial or Hospital Laboratory*	1,383	90%
Dallas LRN Laboratory	140	9%
Other Public Health Laboratory	14	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 4, 2020 (CDC Weeks 13-14)

Week Ending	3/28/20		4/4/20	
	Positive/Total Tests	% Positive	Positive/Total Tests	% Positive
SARS-CoV-2 Novel Coronavirus	172 /1,490	11.5%	344 /2,412	14.3%
Influenza	11 /1,534	0.7%	5 /815	0.6%
Seasonal (non-SARS-2) Coronavirus	13 /967	1.4%	9 /404	2.2%
Adenovirus (respiratory)	15 /967	1.6%	11 /419	2.6%
Metapneumovirus	106 /967	11.0%	26 /489	5.3%
Rhinovirus/Enterovirus	90 /967	9.3%	38 /489	7.7%
RSV	9 /1,034	0.9%	4 /511	0.8%

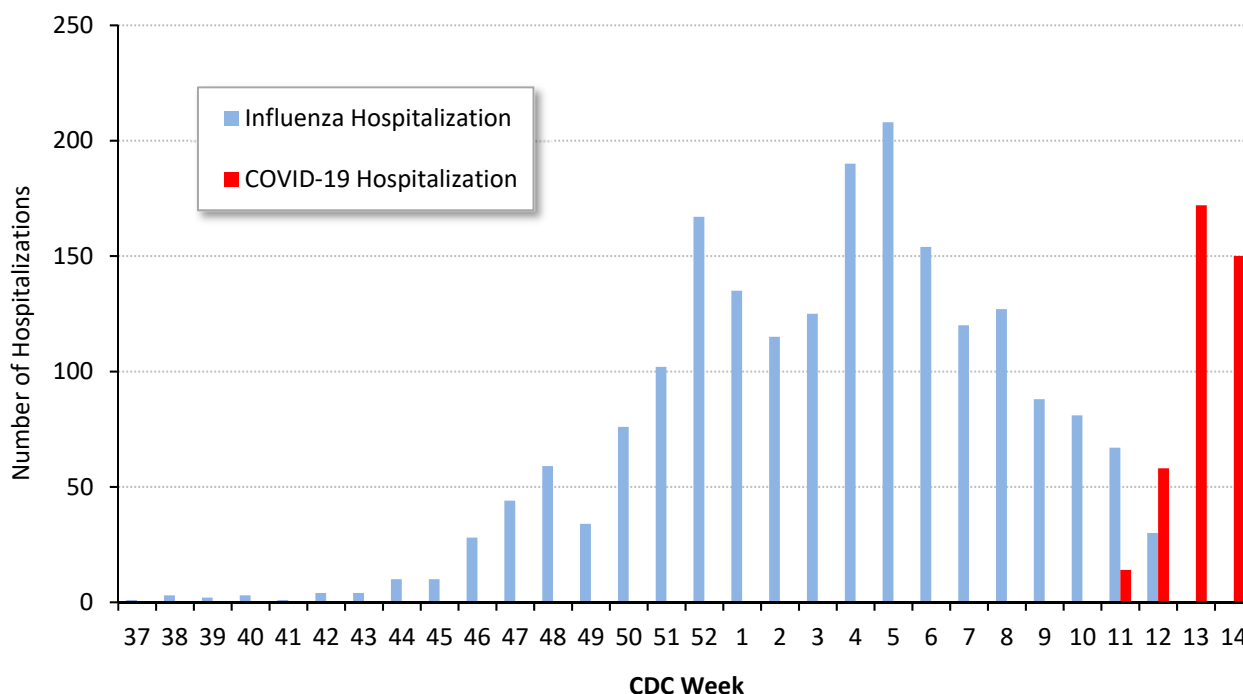
Data sources: National Respiratory and Enteric Virus Surveillance System and additional hospitals voluntarily reporting directly to DCHHS. Testing denominators include out-of-county patients and testing performed only through hospitals in Dallas County. (Does not include FEMA drive-thru clinics)

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

Exposure Risk Factor	Cases (N= 1,537)	% of Total Cases
International Travel	52	3.4%
Domestic Travel (Out-of-state)	109	7.1%
Cruise Ship Travel	6	0.4%
Long-Term Care Facility (Residency)	100	6.5%
Jail (Inmate)	31	2.0%
Close contact or Presumed Community Transmission*	1,239	80.6%

*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 4, 2020 (CDC Week 14)*



*The data in this summary reflect cumulative data received as of 7:00 pm, April 9, 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 5. Cumulative COVID-19 Case Characteristics, Dallas County: March 10 – April 10, 2020

<i>Data from March 10, 2020 – April 9, 2020</i>	Non-Hospitalized Cases	%
<i>Not Hospitalized</i>	N = 1,106	72% of Total Cases
Outpatient/ Urgent Care/ Drive-through	878	79%
Emergency Department only	228	21%

<i>Data from March 10, 2020 – April 9, 2020</i>	Hospitalized Cases	%	
<i>Ever Hospitalized</i>	N = 431	28% of Total Cases	
Admitted to Intensive Care Unit	142	33%	
Mechanical Ventilation	83	19%	
≥60 yrs age or Presence of ≥1 high risk condition	297	69%	
Presence of ≥1 high risk condition	233	54%	
Diabetes	131	30%	
Lung Disease (e.g. COPD, asthma)	59	14%	
Heart Disease (e.g. CHF)	47	11%	
Kidney Disease (e.g. ESRD, dialysis)	27	6%	
Cancer, Immune-compromise	39	9%	
Pregnancy	4	1%	
Race/ Ethnicity	Total	N = 431	100%
	White	90	21%
	Hispanic	124	29%
	Black	113	26%
	Other	19	4%
	Unknown Race	81	19%

<i>Data from March 10, 2020 – April 9, 2020</i>	Deaths	%	
	N = 25	2% of Total Cases	
ED presentation or hospital admission	22	88%	
Found deceased at home	3	12%	
Age Group	<65 yrs	7	28%
	≥65 yrs	18	72%
	≥80 yrs	7	28%
Presence of ≥1 high risk condition	10	53%**	
Diabetes	6	31%**	
Race/ Ethnicity	White	10	40% (29% of population)†
	Hispanic	7	28% (41% of population)†
	Black	7	28% (24% of population)†
	Other	1	<1% (6% of population)†

**Percentages are of 19 cases for which underlying high risk health conditions were reported.

† US. 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	02/29	03/07	03/14	03/21	03/28	04/04	9/08/19– Present
CDC Week	9	10	11	12	13*	14*	Present
Influenza hospitalizations ¹	88	81	67	30	N/A	N/A	1,990
Influenza ICU admissions ¹	8	9	7	7	N/A	N/A	281
Confirmed influenza-associated deaths ²	0	2	0	0	N/A	N/A	25
COVID-19 hospitalizations ³	0	0	14	58	172*	150*	431*
COVID-19 ICU admissions ³	0	0	6	22	55*	46*	142*
Confirmed COVID-19-associated deaths	0	0	0	2	10*	7*	25*

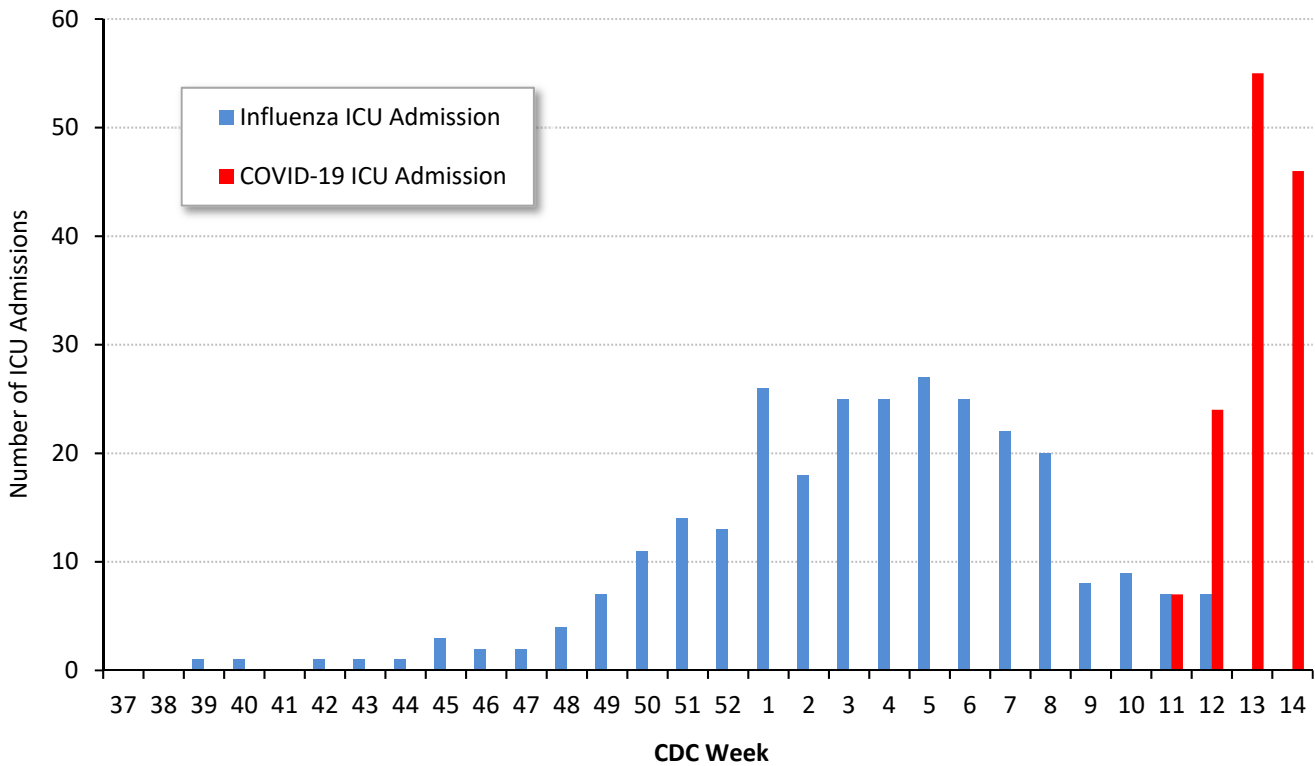
*All data are preliminary and subject to change as additional information is received. Data for week ending 4/4/20 is incomplete.

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.

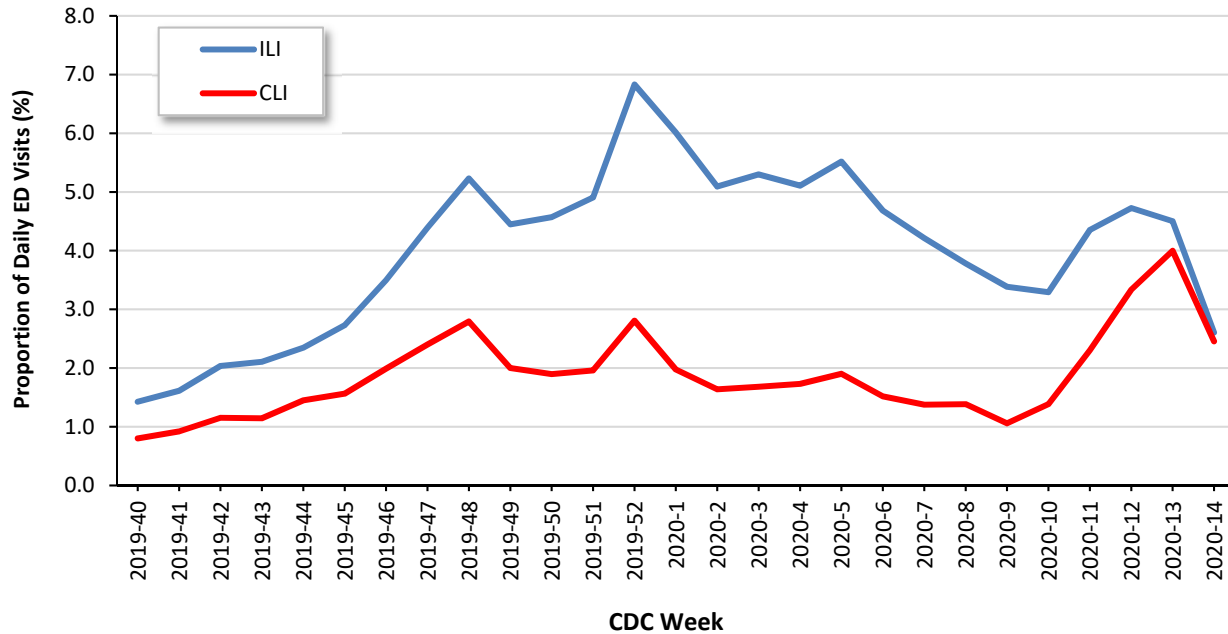
³ Reflect all COVID-19-associated hospitalizations reported from area hospitals within Dallas County by week of admission; data as of 7:00 pm yesterday.

Figure 3. Intensive Care Unit Hospitalizations for Influenza and COVID-19 by Week of Admission, Dallas County: September 2019 through week ending April 4, 2020 (CDC Week 14)*



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Figure 4. Syndromic Surveillance of Emergency Department Visits for COVID-like Illness (CLI)* and Influenza-like Illness (ILI)**, Dallas County: September 29, 2019 – April 4, 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

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

City of Residence	Cases (N=1,537)	% of Total Cases
Addison	13	0.8%
Balch Springs	8	0.5%
Carrollton	26	1.7%
Cedar Hill	28	1.8%
Coppell	20	1.3%
Dallas	873	56.8%
DeSoto	51	3.3%
Duncanville	15	1.0%
Farmers Branch	26	1.7%
Garland	143	9.3%
Glenn Heights	8	0.5%
Grand Prairie	43	2.8%
Highland Park	14	0.9%
Irving	111	7.2%
Lancaster	26	1.7%
Mesquite	51	3.3%
Richardson	28	1.8%
Rowlett	23	1.5%
Sachse	7	0.5%
Seagoville	2	0.1%
Sunnyvale	3	0.2%
University Park	18	1.2%

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 <ul style="list-style-type: none"> • Hospitalized patients • Symptomatic healthcare workers
PRIORITY 2: Ensure those who are at highest risk of complication of infection are rapidly identified and appropriately triaged <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
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 <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
NON-PRIORITY <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

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[DCHHS COVID-19 Case Report Form](https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php): <https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php>