



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

April 7, 2020

- As of 10:00 am April 7, 2020, DCHHS is reporting 106 additional positive cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 1,291, including 19 deaths.
- The numbers of intensive care unit hospitalizations from COVID-19 from the past week again exceeded the peak week of ICU hospitalizations from influenza the 2019-2020 season in Dallas.
- Of cases requiring hospitalization, about 70% 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 over a quarter (29%) of all hospitalized patients with COVID-19.
- 81 COVID-19 cases have been residents of long-term care facilities, including 3 deaths reported to date.
- 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 6, 2020*

*The data in this summary reflect cumulative data received as of 7:00 pm, April 6, 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.

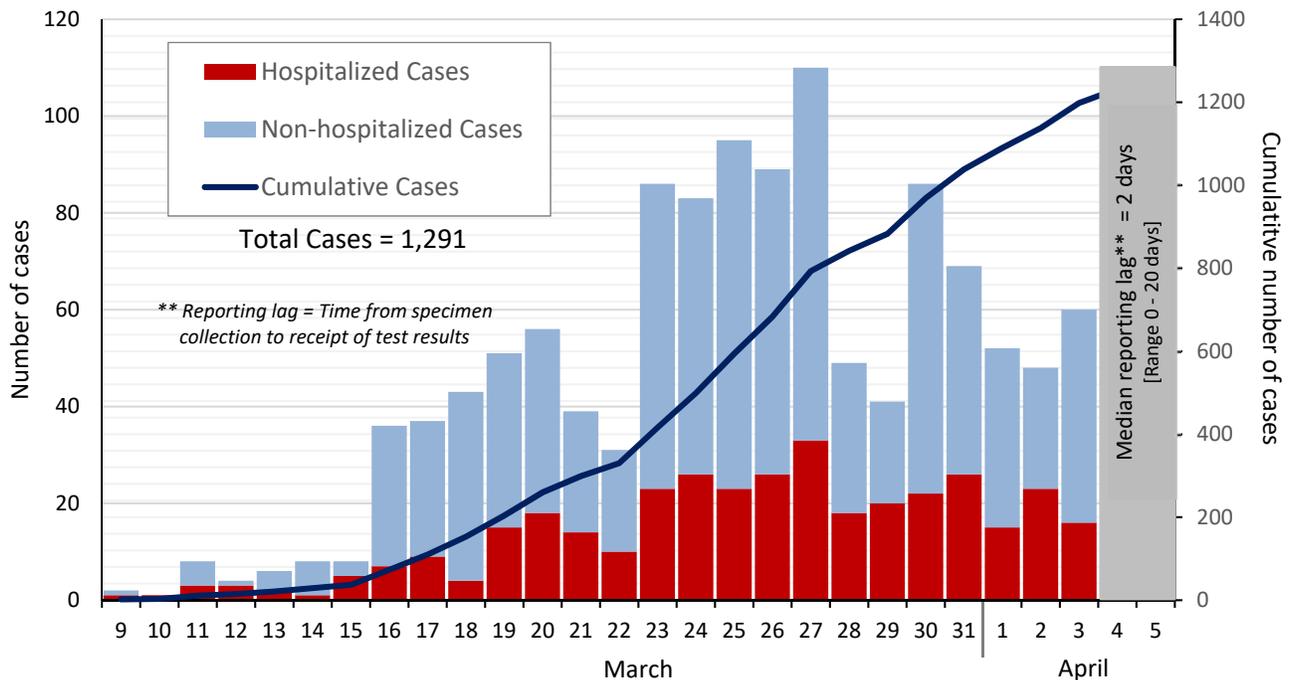


Table 1. Cumulative COVID-19 Cases by Age Groups and Gender, Dallas County

Age Group	# Cases (N=1,261)	% of Total Cases
0 to 17	16	1%
18 to 40	438	35%
41 to 60	479	38%
over 60	328	26%
Sex		
Female	595	47%
Male	666	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=1,261)	% of Total Cases
Commercial or Hospital Laboratory*	1130	90%
Dallas LRN Laboratory	121	9%
Other Public Health Laboratory	10	1%

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

Table 3. Non-COVID-19 Respiratory Virus Testing by North Texas Labs Reported to NREVSS, CDC Week 13

Virus	# Labs Reporting	Total Tests	Total Positive	% Tests Positive
Influenza	2	347	7	2.0%
Seasonal (non-SARS-2) Coronavirus	2	212	10	4.7%
Adenovirus (respiratory)	2	212	15	7.1%
Metapneumovirus	2	212	39	18.4%
Rhinovirus/Enterovirus	2	212	45	21.2%
RSV	2	278	5	1.8%

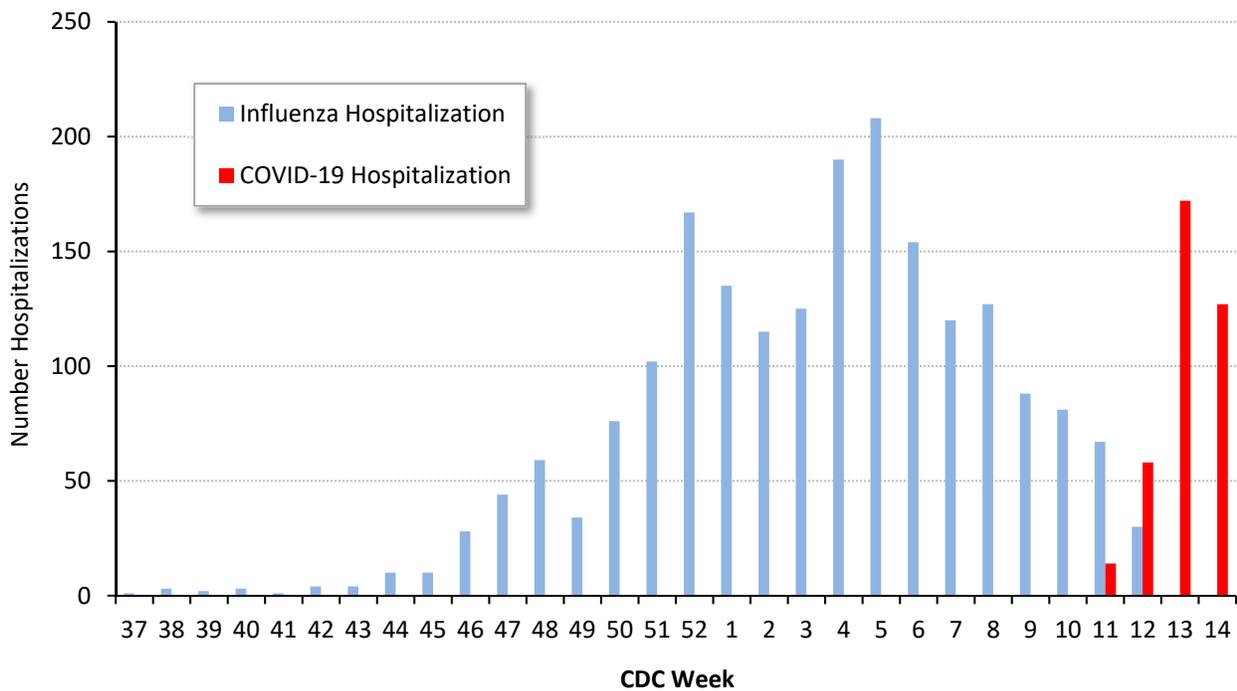
Data source: National Respiratory and Enteric Virus Surveillance System (NREVSS) and hospitals reporting directly to DCHHS

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

Exposure Risk Factor	Cases (N= 1,261)	% of Total Cases
International Travel	53	4.2%
Domestic Travel (out-of-state)	96	7.6%
Cruise Ship Travel	6	0.5%
Long Term Care Facility	81	6.4%
Jail	23	1.8%
Close contact or Presumed Community Transmission*	1,002	79.4%

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

Figure 3. 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 2, 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. COVID-19 Case Characteristics, Dallas County: March 10, 2020 – April 6, 2020

	Non-Hospitalized Cases	%
<i>Not Hospitalized</i>	N = 878	70% of Total Cases
Outpatient/ Urgent Care/ Drive-through	680	77%
Emergency Department only	198	23%

	Hospitalized Cases	%	
<i>Ever Hospitalized</i>	N = 383	30% of Total Cases	
Admitted to Intensive Care Unit	119	31%	
Mechanical Ventilation	72	19%	
≥60 yrs age or Presence of ≥1 high risk condition	268	70%	
Presence of ≥1 high risk condition	209	54%	
Diabetes	111	29%	
Lung Disease (e.g. COPD, asthma)	51	13%	
Heart Disease (e.g. CHF)	42	11%	
Kidney Disease (e.g. ESRD, dialysis)	23	6%	
Cancer, Immune-compromise	16	4%	
Pregnancy	4	1%	
Race/ Ethnicity* (*Percentages are of total cases for which this variable is known)	White	79	26%*
	Hispanic	112	37%*
	Black	105	35%*
	Other	19	6%*
Deaths	19	2% of Total Cases	

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*	
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	19
COVID-19 hospitalizations ³	0	0	14	58	172*	127*	383*
COVID-19 ICU admissions ³	0	0	6	22	55*	33*	119*
Confirmed COVID-19-associated deaths	0	0	0	2	10*	5*	19*

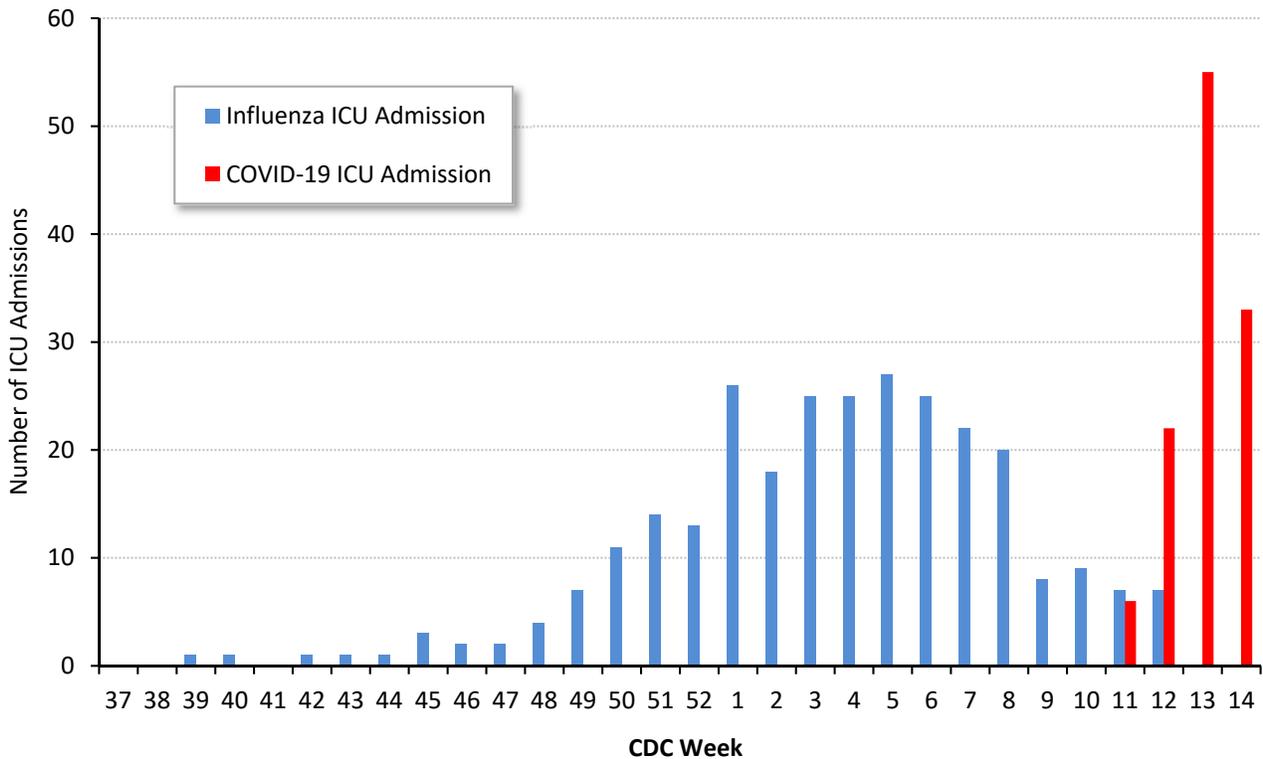
*All data are preliminary and subject to change as additional information is received. Data for week ending 4/4/20 is incomplete.

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.

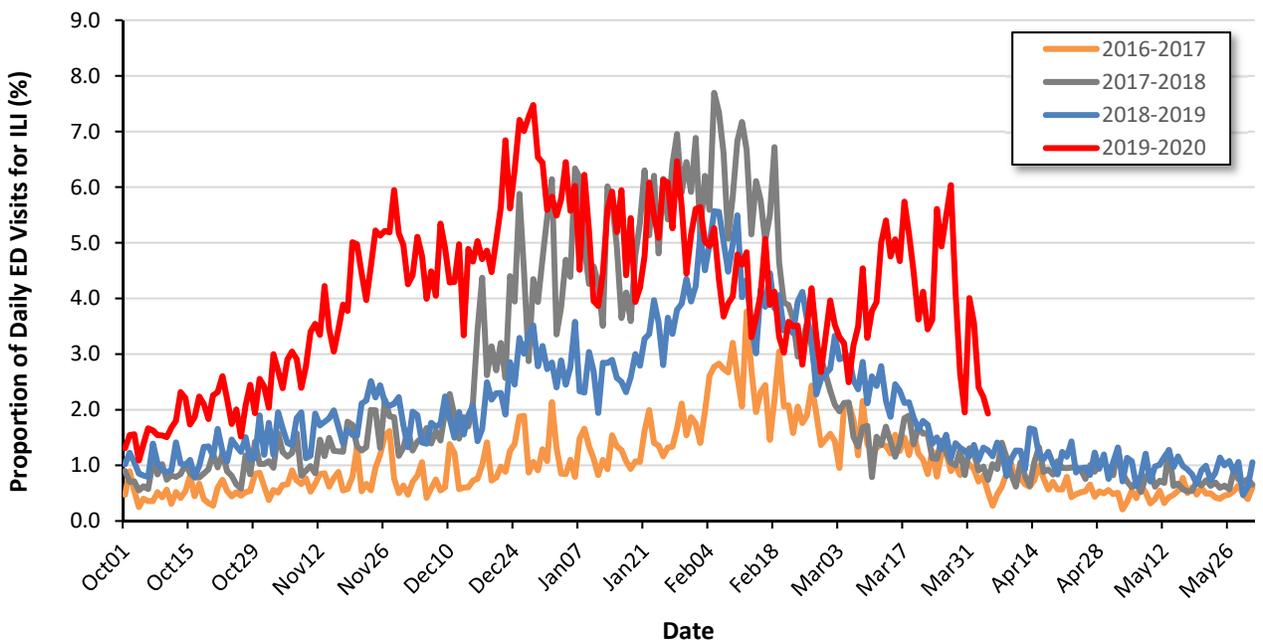
³ Reflect all COVID-19-associated hospitalizations reported from area hospitals within Dallas County by week of admission; data as of 7:00 pm yesterday.

Figure 4. 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)*



*The data in this summary reflect cumulative data received as of 7:00 pm, April 2, 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.

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 – April 4, 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.

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=1,261)	% of Total Cases
Addison	13	1.0%
Balch Springs	6	0.5%
Carrollton	22	1.7%
Cedar Hill	25	2.0%
Coppell	16	1.3%
Dallas	733	58.2%
DeSoto	43	3.4%
Duncanville	12	1.0%
Farmers Branch	22	1.7%
Garland	106	8.3%
Glenn Heights	5	0.4%
Grand Prairie	36	2.9%
Highland Park	14	1.1%
Irving	81	6.4%
Lancaster	23	1.8%
Mesquite	38	3.0%
Richardson	25	2.0%
Rowlett	15	1.2%
Sachse	5	0.4%
Seagoville	2	0.2%
Sunnyvale	2	0.2%
University Park	17	1.3%

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

Many thanks to our area hospitals and healthcare providers for reporting lab-confirmed COVID-19 cases

DCHHS Acute Communicable Disease Epidemiology Division: COVID-19@dallascounty.org

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