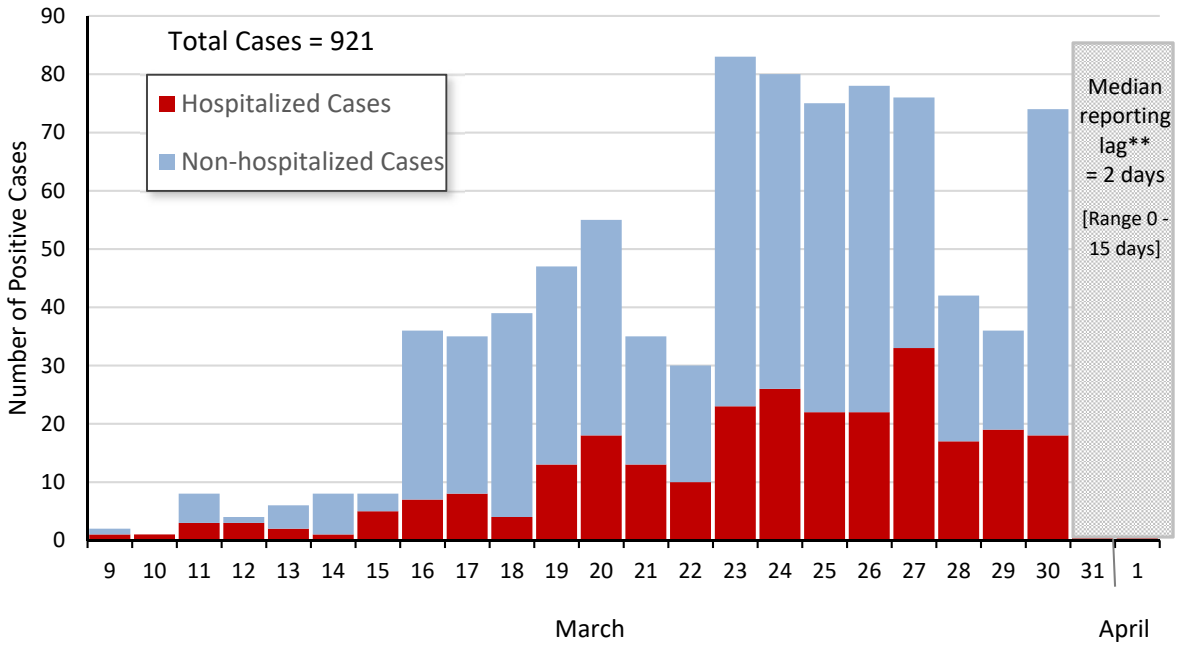
Dallas County Health and Human Services
2019 Novel Coronavirus (COVID-19) Summary

April 3, 2020

- As of 10:00 am April 3, 2020, DCHHS is reporting 90 additional positive cases of 2019 novel coronavirus (COVID-19), bringing the total case count in Dallas County to 921, including 17 deaths.
- The numbers of intensive care unit hospitalizations from COVID-19 from this past week have exceeded the peak week of ICU hospitalizations from influenza this past 2019-2020 season in Dallas County.
- Of cases requiring hospitalization, about three-quarters (71%) 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 (28%) of all hospitalized patients with COVID-19.
- 34 COVID-19 cases associated with 5 long-term care facilities, including 3 deaths, have been reported to date.
- New COVID-19 cases are reported as a daily aggregate, with detailed summaries updated Tuesdays and Fridays.

Figure 1. Daily COVID-19 Cases by Date of Test Collection, Dallas County: March 10, 2020 – April 2, 2020*

**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.*



*** Reporting lag = Time from specimen collection to receipt of test results*

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

Age Group	**# Cases** (N=921)	**% of Total Cases**
0 to 17	10	1.1%
18 to 40	341	37.0%
41 to 60	330	35.8%
over 60	240	26.1%
Sex		
Female	411	44.6%
Male	510	55.4%

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

Source of Laboratory Testing for Reported Positive Tests	**# Tests** (N=921)	**% of Total Cases**
Commercial or Hospital Laboratory*	832	90.3%
Dallas LRN Laboratory	82	8.9%
Other Public Health Laboratory	7	0.8%

** Includes: ARUP, CPL, Excelsior, LabCorp, Magnolia, Medfusion, Prism, Quest, Viracor, and multiple in-house 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
HMPV	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

Figure 2. Cumulative COVID-19 Cases and Hospitalizations in Dallas County: March 10, 2020 – April 2, 2020* by Date of Specimen Collection

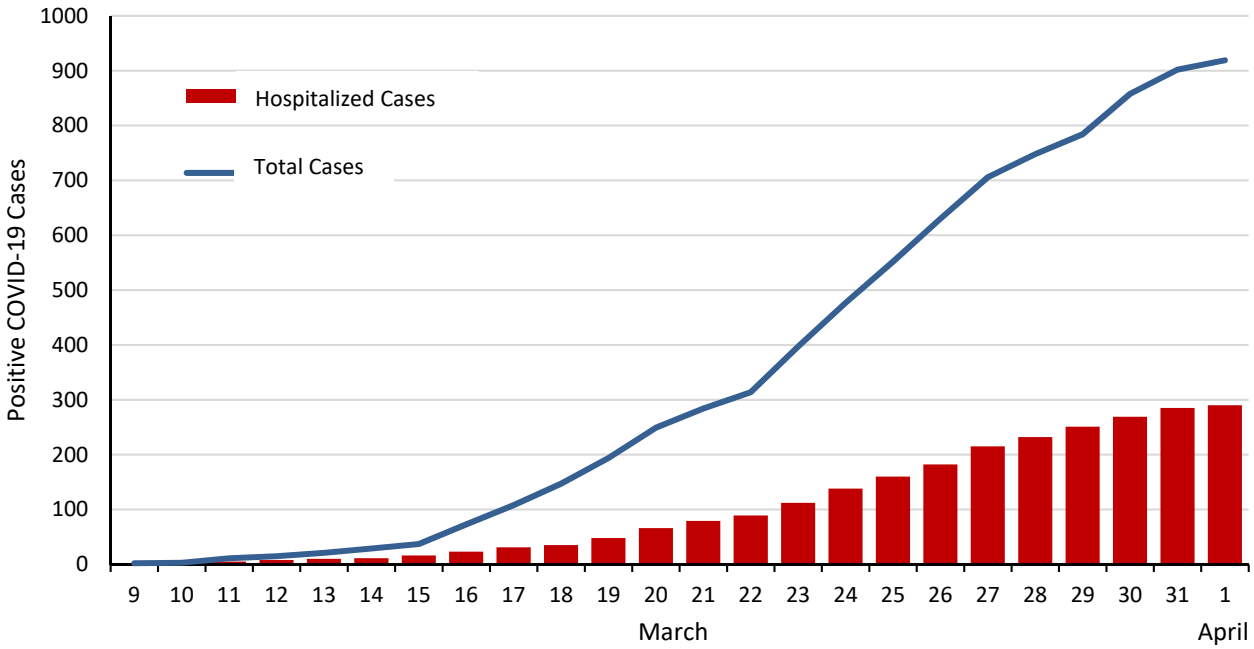


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Table 4. Transmission Risk Factors for Cumulative COVID-19 Cases, Dallas County

Exposure Risk Factor	**Cases** (N= 921)	**%**
International Travel	47	6.7%
Domestic Travel (out-of-state)	79	9.4%
Cruise Ship Travel	5	0.8%
Long Term Care Facility	34	4.4%
Jail	22	1.7%
Close contact or Presumed Community Transmission*	480	76.1%

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

Table 5. COVID-19 Case Characteristics, Dallas County: March 10, 2020 – April 2, 2020

	Non-Hospitalized Cases	%
Not Hospitalized	N = 631	69% of Total Cases
Outpatient/ Urgent Care/ Drive-through	481	76%
Emergency Department only	150	24%

	Hospitalized Cases	%
Ever Hospitalized	N = 290	31% of Total Cases
Admitted to Intensive Care Unit	89	31%
Mechanical Ventilation	56	19%
≥60 yrs age or Presence of ≥1 high risk condition	206	71%
Presence of ≥1 high risk condition	157	54%
Diabetes	82	28%
Lung Disease *(e.g. COPD, asthma)*	35	12%
Heart Disease *(e.g. CHF)*	33	11%
Kidney Disease *(e.g. ESRD, dialysis)*	21	7%
Cancer, Immune-compromise	14	5%
Pregnancy	3	1%
Deaths	13	2% of Total Cases

Figure 3. Influenza and COVID-19 Hospitalizations by Week of Admission, Dallas County: September 2019 through week ending March 28, 2020 (CDC Week 13)*

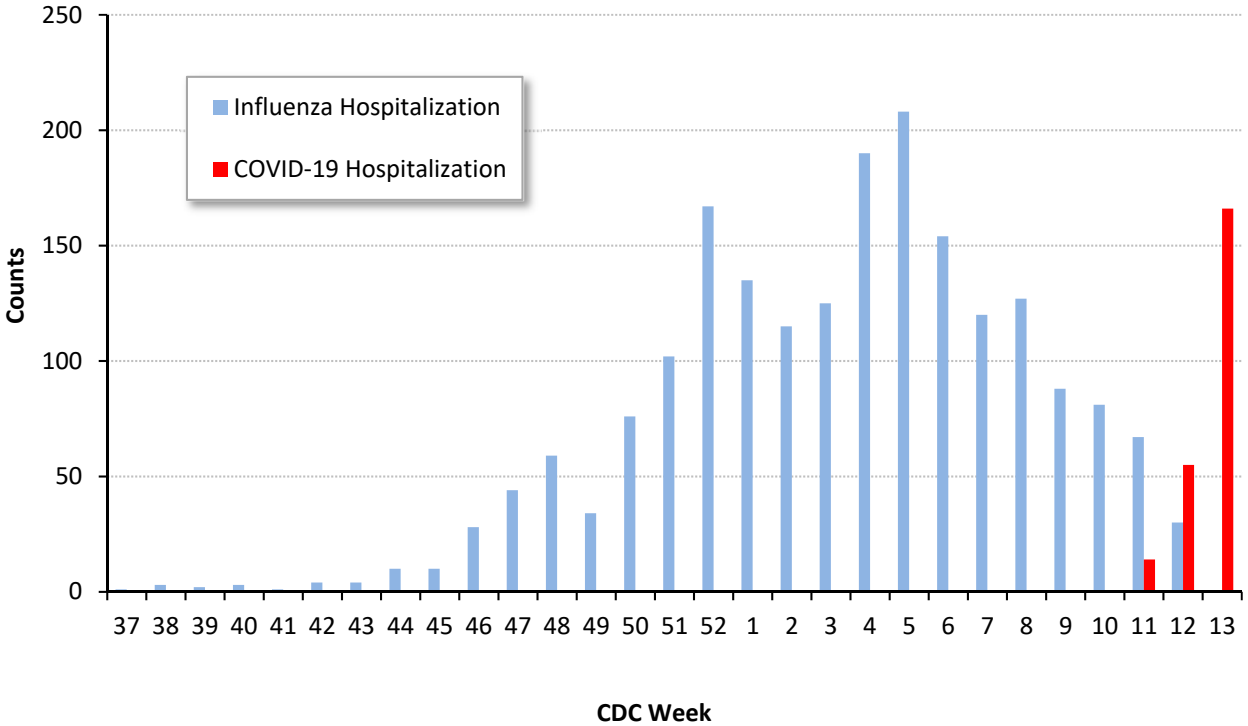

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Table 6. Summary of Influenza and COVID-19 Hospitalizations and Deaths from Dallas County Hospitals, Vital Statistics and Medical Examiner's Office

Week Ending	02/22	02/29	03/07	03/14	03/21	03/28	9/08/19–Present
CDC Week	8	9	10	11	12	13*	
Influenza hospitalizations[1]	129	88	81	67	30	N/A	1,990
Influenza ICU admissions[1]	20	8	9	7	7	N/A	281
Confirmed influenza-associated deaths[2]	0	0	2	0	0	N/A	19
COVID-19 hospitalizations[3]	0	0	0	14	55	166*	235
COVID-19 ICU admissions[3]	0	0	0	6	20	47*	73
Confirmed COVID-19-associated deaths[4]	0	0	0	0	3	5*	17**

**All data are preliminary and subject to change as additional information is received. **Includes deaths reported after 3/28/20*

[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.

[8] Reflect all COVID-19-associated hospitalizations reported from area hospitals within Dallas County by week of admission; data as of 7:00 pm 3/30/20.

Figure 4. Intensive Care Unit Hospitalizations for Influenza and COVID-19 by Week of Admission, Dallas County: September 2019 through week ending March 28, 2020 (CDC Week 13)*

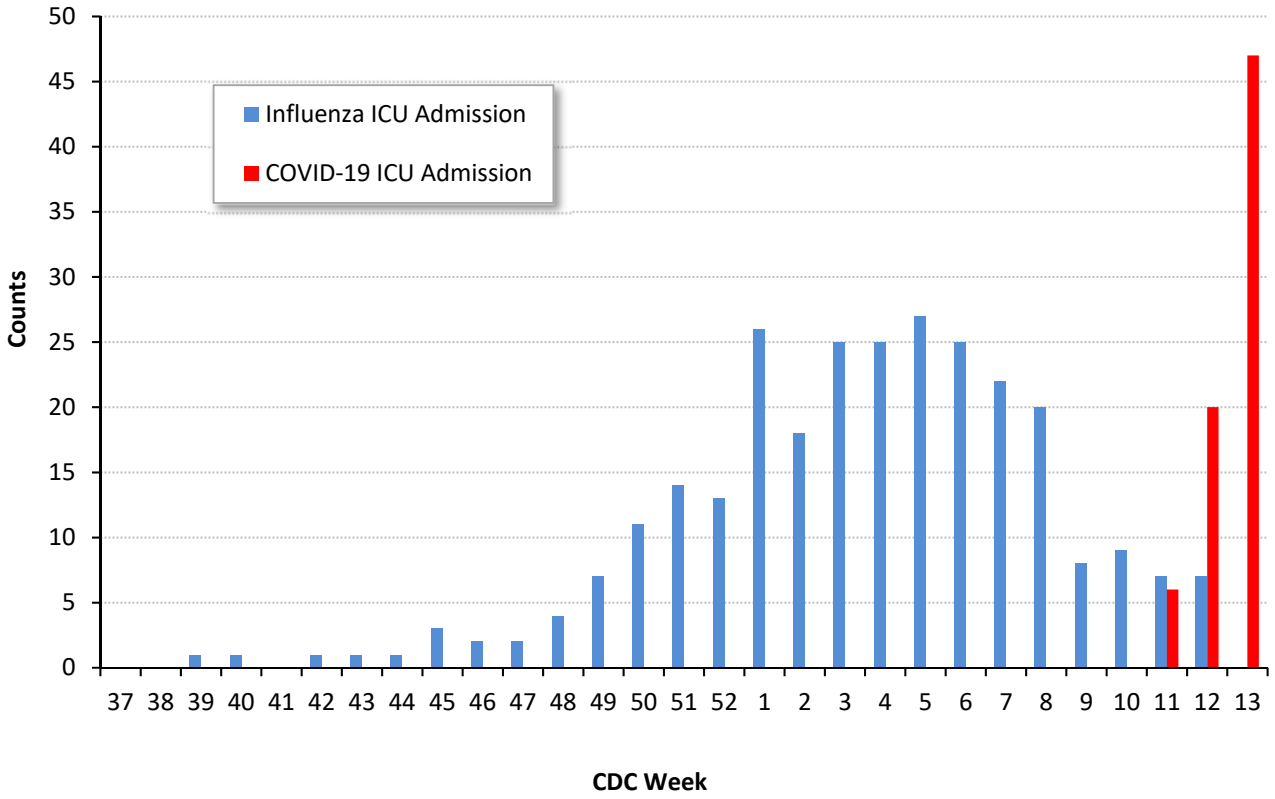

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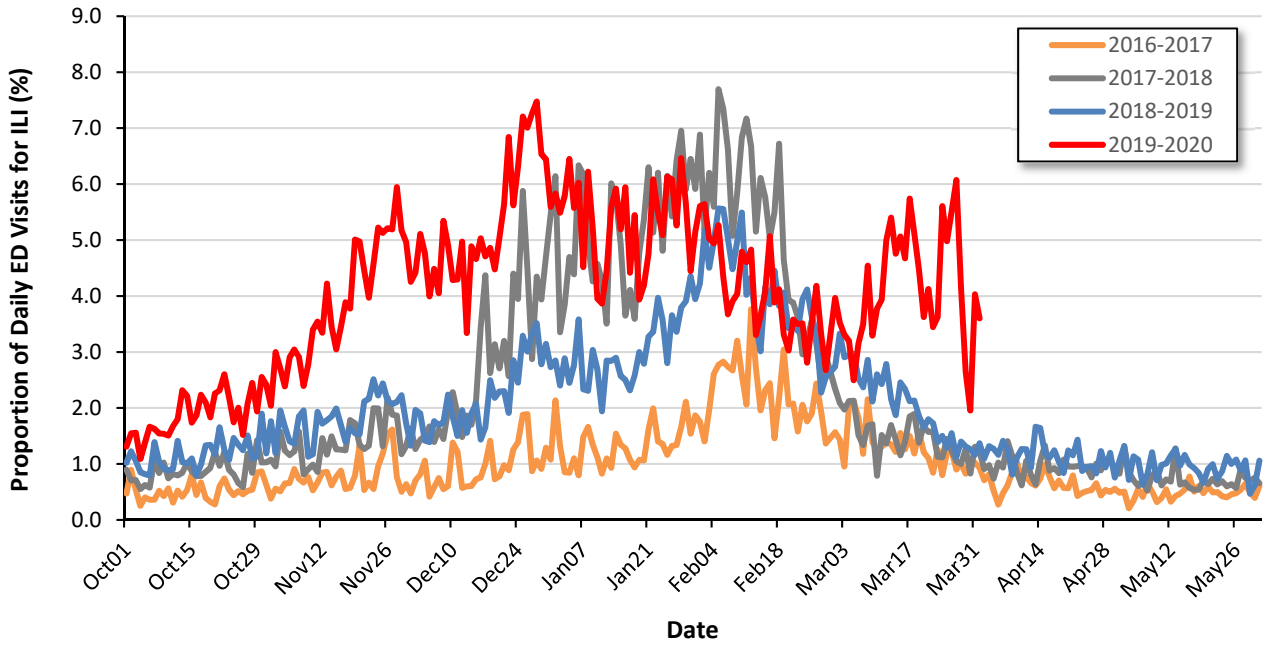
Figure 5. Syndromic Surveillance of Emergency Department Visits for Influenza-like Illness* (ILI), Dallas County: Proportion of Daily ED Visits for ILI Comparing Four Influenza Seasons: 2016 – April 1, 2020



** 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. The recent increase in ILI visits is unusual for this time of year.*

Table 7. Cumulative COVID-19 Cases by City of residence within Dallas County

City of Residence	Cases (N=921)	% of Total Cases
Addison	10	1.1%
Balch Springs	5	0.5%
Carrollton	16	1.7%
Cedar Hill	17	1.8%
Coppell	14	1.5%
Dallas	533	57.9%
DeSoto	35	3.8%
Duncanville	5	0.5%
Farmers Branch	15	1.6%
Garland	69	7.5%
Glenn Heights	4	0.4%
Grand Prairie	26	2.8%
Highland Park	14	1.5%
Irving	56	6.1%
Lancaster	13	1.4%
Mesquite	31	3.4%
Richardson	24	2.6%
Rowlett	13	1.4%
Sachse	2	0.2%
Seagoville	1	0.1%
Sunnyvale	2	0.2%
University Park	16	1.7%

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