



FOR IMMEDIATE RELEASE

January 21, 2021

Dallas County Reports 1,978 New Positive 2019 Novel Coronavirus (COVID-19) Cases and 27 Deaths Including 566 Probable Cases

DALLAS -- As of 12:00 pm January 21, 2021, Dallas County Health and Human Services is reporting 1,978 additional positive cases of 2019 novel coronavirus (COVID-19) in Dallas County, 1,412 confirmed cases and 566 probable cases. There is a cumulative total of 213,600 confirmed cases (PCR test). There is a cumulative total of 28,061 probable cases (antigen test). A total of 1,944 Dallas County residents have lost their lives due to COVID-19 illness.

Dallas County Health and Human Services is providing initial vaccinations to those most at risk of exposure to COVID-19. As of this morning, 16,979 doses of COVID-19 vaccine have been administered at the Fair Park mega-vaccine clinic, which started operations on Monday, January 11. With the additional allotment from the State of Texas for Week 6, there are approximately 1,800 doses remaining for the week.

The additional deaths being reported today include the following:

- A woman in her 30's who was a resident of the City of Dallas. She had been critically ill in an area hospital and had underlying high risk health conditions.
- A man in his 50's who was a resident of a long-term care facility in the City of Dallas. He expired in the facility and had underlying high risk health conditions.
- A man in his 50's who was a resident of the City of Dallas. He had been critically ill in an area hospital and had underlying high risk health conditions.
- A man in his 50's who was a resident of the City of Cockrell Hill. He had been critically ill in an area hospital and had underlying high risk health conditions.
- A man in his 50's who was a resident of the City of Dallas. He had been critically ill in an area hospital and had underlying high risk health conditions.
- A man in his 60's who was a resident of the City of Mesquite. He had been critically ill in an area hospital and had underlying high risk health conditions.
- A man in his 60's who was a resident of the City of Dallas. He had been critically ill in an area hospital and had underlying high risk health conditions.
- A man in his 60's who was a resident of the City of Rowlett. He expired in hospice and had underlying high risk health conditions.
- A woman in her 60's who was a resident of the City of Cedar Hill. She had been critically ill in an area hospital and had underlying high risk health conditions.
- A man in his 60's who was a resident of the City of Dallas. He expired at home and had underlying high risk health conditions.
- A man in his 60's who was a resident of the City of Dallas. He had been critically ill in an area hospital and had underlying high risk health conditions.
- A woman in her 70's who was a resident of the City of Dallas. She had been critically ill in an area hospital and had underlying high risk health conditions.
- A woman in her 70's who was a resident of the City of Dallas. She had been critically ill in an area hospital and had underlying high risk health conditions.

- A man in his 70’s who was a resident of the City of Lancaster. He had been hospitalized.
- A woman in her 70’s who was a resident of the City of Dallas. She had been critically ill in an area hospital and had underlying high risk health conditions.
- A man in his 70’s who was a resident of a long-term care facility in the City of Dallas. He expired in an area hospital ED and had underlying high risk health conditions.
- A man in his 70’s who was a resident of the City of Grand Prairie. He had been critically ill in an area hospital and had underlying high risk health conditions.
- A woman in her 70’s who was a resident of the City of Dallas. He had been critically ill in an area hospital and had underlying high risk health conditions.
- A woman in her 70’s who was a resident of the City of Grand Prairie. She had been critically ill in an area hospital and had underlying high risk health conditions.
- A man in his 80’s who was a resident of the City of Dallas. He had been hospitalized and had underlying high risk health conditions.
- A man in his 80’s who was a resident of the City of Garland. He had been critically ill in an area hospital and had underlying high risk health conditions.
- A woman in her 80’s who was a resident of a long-term care facility in the City of Garland. She had been hospitalized and had underlying high risk health conditions.
- A woman in her 80’s who was a resident of a long-term care facility in the of the City of Richardson. She had been hospitalized and did not have underlying high risk health conditions.
- A woman in her 80’s who was a resident of a long-term care facility in the City of Irving. She expired in the facility.
- A woman in her 90’s who was a resident of a long-term care facility in the City of Mesquite. She had underlying high risk health conditions.
- A woman in her 90’s who was a resident of the City of Grand Prairie. She had been hospitalized and had underlying high risk health conditions.
- A woman in her 90’s who was a resident of a long-term care facility in the City of Dallas. She expired in the facility.

The first case of the SARS-CoV-2 variant B.1.1.7 has been identified in a resident of Dallas County, who did not have recent travel outside of the US. The provisional seven-day average of daily new confirmed and probable cases (by date of test collection) for CDC week 1 was **2,612**, which is a rate of **99.1** daily new cases per 100,000 residents—the highest case rate in Dallas County since the beginning of the pandemic. The percentage of respiratory specimens testing positive for SARS-CoV-2 remains high, with **31.5%** of symptomatic patients presenting to area hospitals testing positive in week 1 (week ending 1/9/21).

Over the past 30 days, there have been 7,284 COVID-19 cases in school-aged children and staff reported from 678 separate K-12 schools in Dallas County, with 1,842 of these cases reported during the last week of December. One COVID-19 outbreak in a school in December originated with spread among 11 staff members, with transmission to 10 students, and subsequent additional SARS-CoV-2 infections documented among at least 13 household members of these students and staff. One death and one hospitalization occurred from this outbreak.

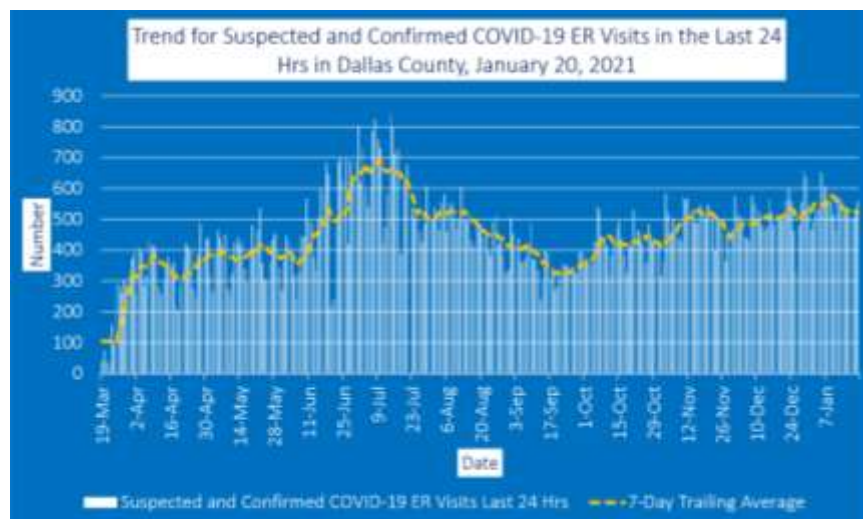
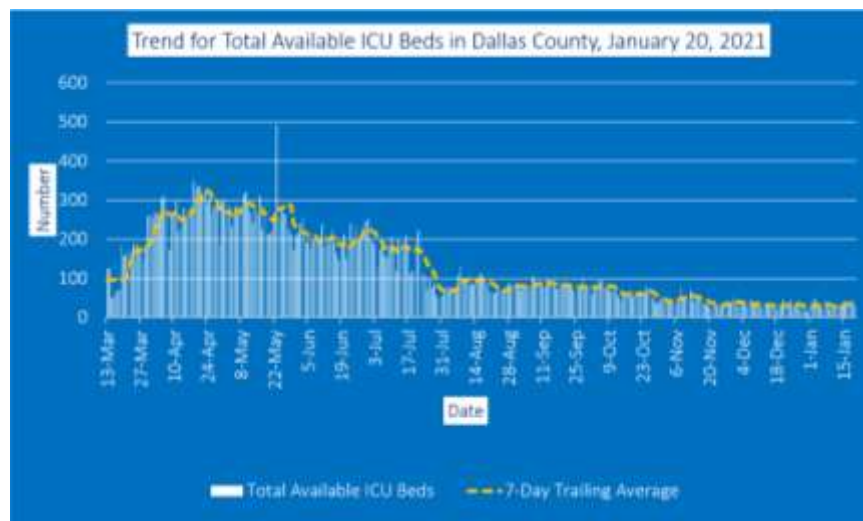
There are currently 114 active long-term care facility outbreaks. This is the highest number of long-term care facilities with active outbreaks reported in Dallas County since the beginning of the pandemic. A total of 3,453 residents and 1,982 healthcare workers in long-term facilities in Dallas have been diagnosed with COVID-19. Of these, 717 have been hospitalized and 386 have died. About 22% of all deaths reported to date have been associated with long-term care facilities. Twenty-eight outbreaks of COVID-19 in congregate-living facilities (e.g. homeless shelters, group homes, and halfway homes) have been reported in the past 30 days associated with 120 cases.

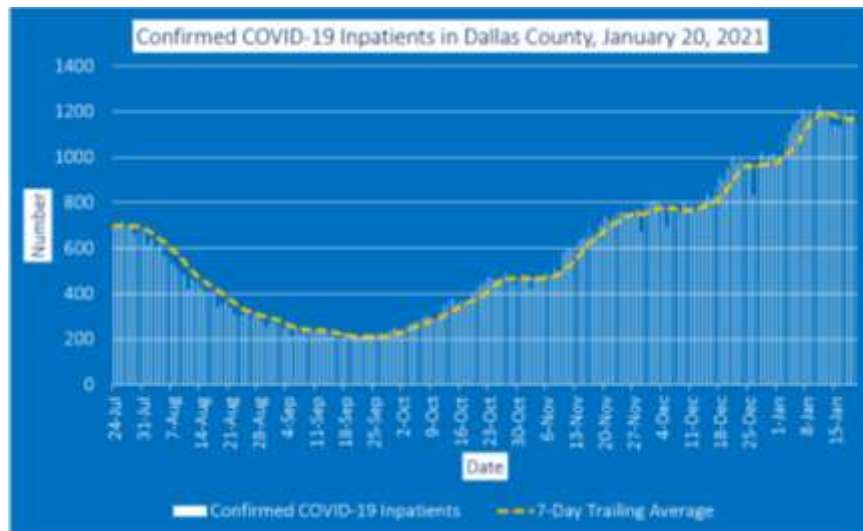
Of all confirmed cases requiring hospitalization to date, more than two-thirds have been under 65 years of age. Diabetes has been an underlying high-risk health condition reported in about a third of all hospitalized patients

with COVID-19. New cases are being reported as a daily aggregate, with more detailed summary reports updated Tuesday and Friday evenings are available at: <https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus/daily-updates.php>.

Local health experts use hospitalizations, ICU admissions, and ER visits as three of the key indicators as part of determining the COVID-19 Risk Level (color-coded risk) and corresponding guidelines for activities during our COVID-19 response. There were 1,148 COVID-19 patients in acute care in Dallas County for the period ending on Wednesday, January 20. The number of emergency room visits for COVID-19 like symptoms in Dallas County was 558 for the same time-period, which represents around 22 percent of all emergency department visits in the county according to information reported to the North Central Texas Trauma Regional Advisory Council. While we have seen minor fluctuations, we remain close to record highs. Updated UTSW modeling predicts hospitalization could reach 1,440 by January 29, with cases remaining high at 2,700/day by the same date. While these projections reflect slight improvement, the hospitalization number would still overwhelm our capacity should it reach the projected high. You can find additional information on risk-level monitoring data [here](#).

On December 3, Trauma Service Area E (TSA E), which includes Dallas County and the greater Dallas-Fort Worth Metroplex, reached seven consecutive days where the percentage of COVID-19 confirmed patients in regional hospitals, as a percentage of available hospital beds, exceeded 15 percent. According to Governor Abbott's Executive Order GA-32 (GA-32), this makes TSA E an area with high hospitalizations and certain occupancy reductions are automatically triggered by reaching this threshold.





“Today we have 1,978 cases and 27 deaths, including a woman in her 30’s. Everyday, thousands of people are vaccinated at the hub sites around Dallas County and everyday we work to get better at pinpointing hard-hit communities that have been historically medically underserved, areas that are seeing increased spread of COVID (primarily where essential workers reside), and the most vulnerable residents who statistically are far more likely to be hospitalized should they contract COVID. With over 300,000 people registered, and more registering every hour, and only 9,000 shots available at Fair Park each week, and a little over 30,000 shots available at all hub sites from UTSW, Baylor Hospital, City of Garland, DCHHS, and Parkland, there is much more demand than there are shots.

We are all hoping this improves with President Biden promising 100 million shots in 100 days and promising to invoke the Defense Production Act to speed production of vaccines and materials, as well as asking Congress to pass a bill to send more resources and money to state and local government for vaccine distribution.

Additionally, Johnson and Johnson is seeking an emergency use authorization for a single-dose vaccine, which if approved, would double the vaccine capacity we are currently seeing with only Moderna and Pfizer available in the United States. All of these things should dramatically increase our vaccine allotment over time, but for now, it’s important to sign up wherever you can and be patient.

It’s also important in these darkest months when our hospitals are full, when our ICU beds are scarce, and when spread is rampant, to wear your mask, wash your hands, avoid crowds and forgo get-togethers. If we all work together, we’ll begin to see an improvement in March and it will keep getting better as more and more people are vaccinated. But for now, all of us must do our part to make good decisions and to keep our community and our country strong until the vaccine can get us to herd immunity,” said Dallas County Judge Clay Jenkins.

All Dallas County COVID-19 Updates and Information can be found here:

<https://www.dallascounty.org/covid-19/> and all guidance documents can be found here:

<https://www.dallascounty.org/covid-19/guidance-health.php>

Specific Guidance for the Public:

- [Dallas County COVID-19 Related Health Guidance for the Public](#)
- [Dallas County Measures for Protecting An Institution's Workforce from COVID-19 Infection: Employer/Employee Guidance](#)
- [Dallas County Guidance for Individuals at High-Risk for Severe COVID-19](#)

The Centers for Disease Control and Prevention (CDC) recommends taking everyday preventive actions to help prevent the spread of respiratory diseases, including:

- Avoid close contact outside your home: Put 6 feet of distance between yourself and people who don't live in your household.
- Cover your mouth and nose with a cloth face cover when around others and continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
- Stay home when you are sick, except to seek medical care
- Wash your hands often and with soap and water for at least 20 seconds and help young children to do the same. If soap and water are not available, use an alcohol-base hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Clean and disinfect frequently touched objects and surfaces daily using a regular household cleaning spray or wipes.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash. If you do not have a tissue, use your sleeve, not your hands. Immediately wash your hands.
- Monitor your health daily. Be alert for symptoms. Take your temperature and follow CDC guidance if symptoms develop.

Additional information is available at the following websites:

- CDC: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- CDC Travel Information: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>
- DSHS: <https://dshs.texas.gov/coronavirus/>
- DCHHS: <https://www.dallascounty.org/departments/dchhs/2019-novel-coronavirus.php>

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