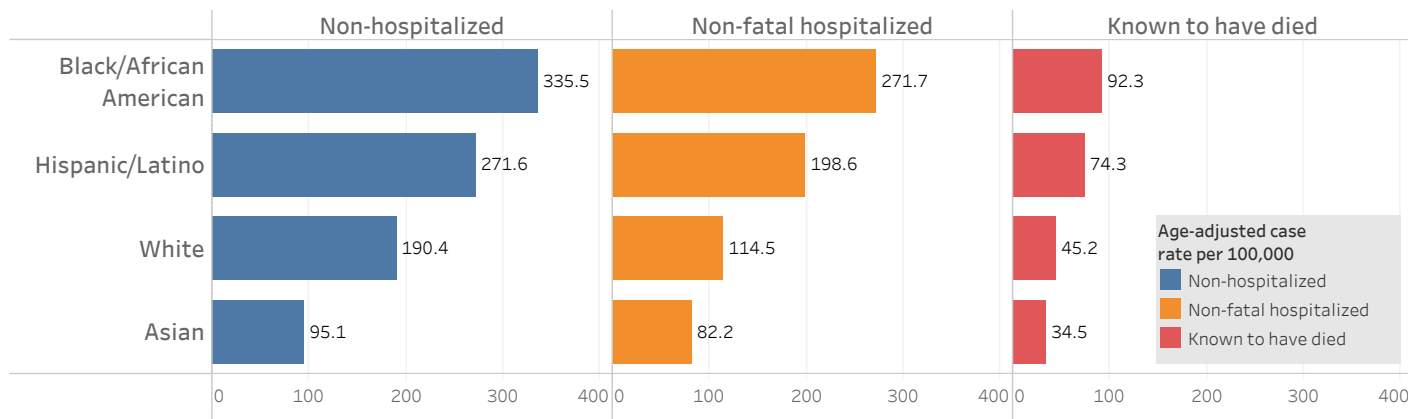


Age-adjusted rates of lab confirmed COVID-19 non hospitalized cases, estimated non-fatal hospitalized cases, and patients known to have died 100,000 by race/ethnicity group as of April 16,2020



	Race Ethnicity	Non-hospitalized	Non-fatal hospitalized	Known to have died
Age-adjusted case rate per 100,000	Black/African American	335.5	271.7	92.3
	Hispanic/Latino	271.6	198.6	74.3
	White	190.4	114.5	45.2
	Asian	95.1	82.2	34.5
Count of cases	Black/African American	6,742	5,766	1,999
	Hispanic/Latino	6,701	4,740	1,696
	White	5,900	3,953	1,861
	Asian	1,308	1,132	463
Percent of known race/ethnicity	Black/African American	32.6	37	33.2
	Hispanic/Latino	32.4	30.4	28.2
	White	28.6	25.4	30.9
	Asian	6.3	7.3	7.7

RACIAL DEMOGRAPHIC DATA COMPLETE* FOR
24% of cases
72% of hospitalizations
88% of deaths

All data are preliminary and subject to change. Data are derived from the Bureau of Communicable Disease Surveillance System as of April 16, 2020.

* The vast majority of cases are reported by labs, and race/ethnicity information is often missing because it is not received on the test requisitions from providers.

- Data on persons who identify as American Indian/Alaska Native, Native Hawaiian/ Pacific Islander, or other race are not shown. Hispanic/Latino includes people of any race.

- The rate of non-hospitalized and hospitalized cases shows patients not known to have died. The three categories shown are mutually exclusive.

For non-fatal, non-hospitalized data, race/ethnicity data comes from laboratory reports, and laboratories often do not have access to race/ethnicity information.

For hospitalizations, race/ethnicity data are imported electronically from aggregated data provided by hospitals or hospital systems or Regional Health Information Organizations (RHIOs)– this information could be missing because the hospitals or RHIO data source did not include the person or the fact of their hospitalization, because the electronic health record is missing the race/ethnicity information to problems with matching the hospital data to data received by the health department from laboratories.

For deaths, the information is incomplete because while deaths are certified by physicians or medical examiners and reported within 24 hours, funeral directors provide the race/ethnicity information (from informants) and it can take a few days for the information to be entered into e-Vitals, which is the electronic death registration system. We are including and reporting here all deaths that we are aware of that are laboratory positive or probable COVID-19, not just those with known race and ethnicity.

The health department continues to seek ways to improve the completeness of race/ethnicity information, including matching to other known internal and external surveillance databases with timely race/ethnicity data, including HERDS (for deaths only), HIV, TB and Hepatitis registries.