COVID-19 Data FAQ

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What is a positive test really mean?

One positive test does not equal one infected person. One person can tests positive multiple times, generating multiple positive tests in reports. People may be required to test and retest multiple times due to work or healthcare requirements.

What is the difference between reported and actual dates for data?

Reported dates are the dates the data (positive test, hospitalization, discharge, death etc) are reported by the authorities to the public. Actual dates are the dates the incidents (positive test, hospitalization, discharge, death etc) actually occurred.

Why is it important to know actual dates for incidents?

Every epidemic has a curve; a growth phase, a plateau phase, and a decline phase. By reporting actual dates it is easier for officials and the public to perceive this curve. And by understanding where their community is in the curve, officials and the citizens can make better decisions about community interventions and how to allocate resources.

Did X number of people really die today?

Probably not. The daily death reports may include deaths that actually occurred anytime in the past few months. Why? 1). Death certificates can take weeks to process. 2). Death certificate surveillance programs are researching old death certificates for Covid symptoms and updating them to be counted as Covid deaths.

Is everyone who tests positive sick?

80-90% of people who test positive have either mild or no symptoms.

Cases are increasing how concerned should I be?

What really matters is the age of who is testing positive and where they reside. The death rates for cases over 65 are X times those under 40. Nursing home residents are even more at risk, with death rates X times the same aged people living outside of nursing homes.

What data can help me understand where hospitalizations are heading?

The change in the percentage of ER visits with Covid Like Illness provides a good directional forecast of hospitalizations. More (or fewer) people who are sick enough to go the ER with Covid results in more (or fewer) hospitalizations in the following weeks.

What are the different types of Covid hospitalizations?

Some people are hospitalized as a direct result of a Covid infection. However, many are in the hospital for others causes (heart attacks, strokes, surgeries, etc), but have also tested positive for Covid. It is important that hospital systems be able to differentiate between those hospitalized "from" vs "with" Covid.

What are the areas of concern in Texas?

The border counties (list names) are experiencing X times the hospitalization and Y times the death rate of larger counties.

Why are border counties being impacted so hard?

There is ongoing travel to an from Mexico that is spreading the infection (Mexico has >50% positive case rate). There also many people from Mexico (both US citizens and non-citizens) seeking treatment in Texas. Due to a poor healthcare system in Mexico, many of those seeking treatment have delayed care and are very sick.

What data can help me understand where deaths are heading?

The change in the ICU Bed occupancy with Covid Like Illness provides a good directional forecast of deaths. More (or fewer) people who are sick enough to be in the ICU with Covid results in more (or fewer) deaths in the following weeks.