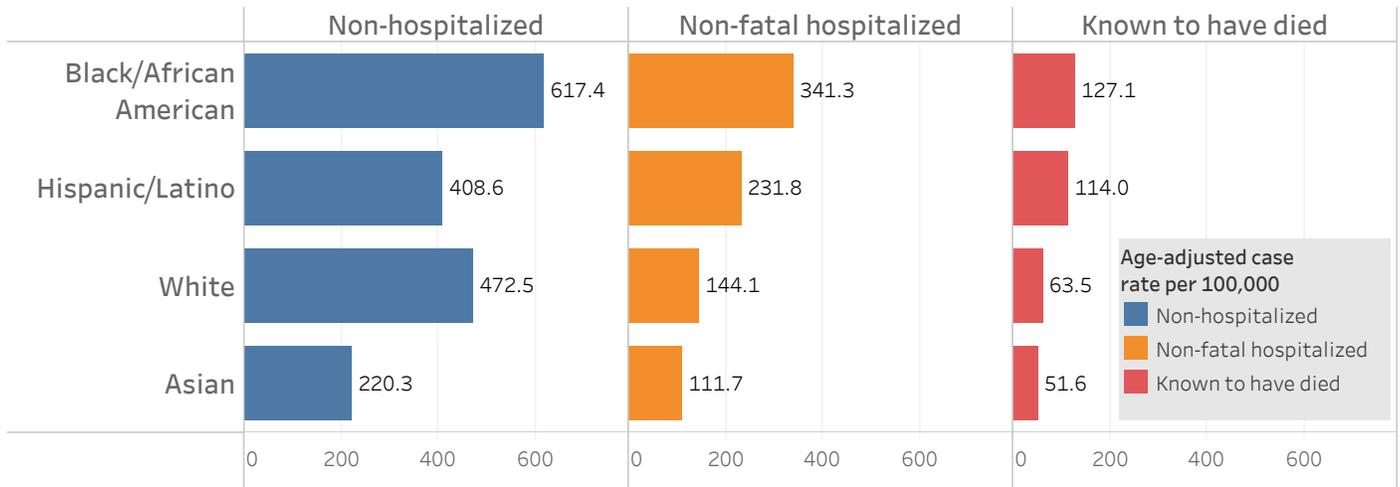


Age-adjusted rates of lab confirmed COVID-19 non hospitalized cases, estimated non-fatal hospitalized cases, and persons known to have died per 100,000 by race/ethnicity group



**RACIAL DEMOGRAPHIC DATA COMPLETE\* FOR**  
**40%** of non-hospitalized cases, **79%** of non-fatal hospitalizations, **92%** of persons known to have died

	Race/Ethnicity	Non-hospitalized	Non-fatal hospitalized	Known to have died
Age-adjusted case rate per 100,000	Black/African American	617.4	341.3	127.1
	Hispanic/Latino	408.6	231.8	114.0
	White	472.5	144.1	63.5
	Asian	220.3	111.7	51.6
	Other			
Count of cases	Black/African American	12,567	7,227	2,756
	Hispanic/Latino	10,369	5,531	2,598
	White	14,318	4,948	2,629
	Asian	3,073	1,538	690
	Other	1,257	2,087	822
Percent of known race/ethnicity	Black/African American	30.2	33.9	29
	Hispanic/Latino	24.9	25.9	27.4
	White	34.4	23.2	27.7
	Asian	7.4	7.2	7.3
	Other	3	9.8	8.7

All data are preliminary and subject to change. Data shown are cumulative as of April 22, 2020.

**NOTES**

- 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.
- Rates for other race are not shown.
- 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, or because the electronic health record is missing the race/ethnicity information or because of 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 the electronic death registration system.
- 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.