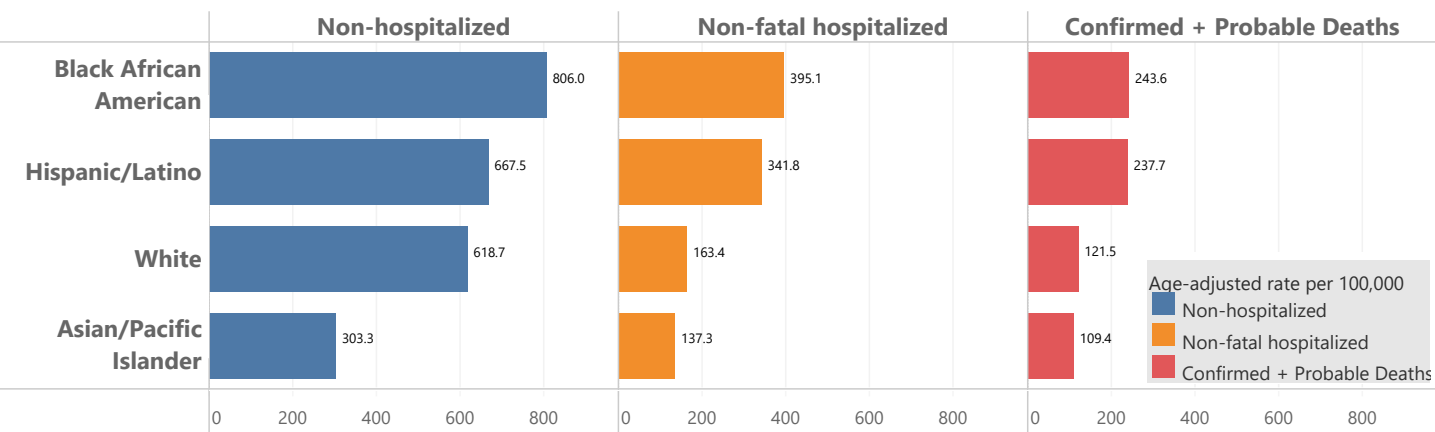


Age-adjusted rates of lab-confirmed COVID-19 non-hospitalized cases, estimated non-fatal hospitalized cases, and total persons known to have died (lab-confirmed and probable) per 100,000 by race/ethnicity group



Race/Ethnicity	Non-hospitalized	Non-fatal hospitalized	Confirmed deaths ¹	Probable deaths ²	Total deaths
Black/African American	806.0	395.1	184.0	51.2	243.6
Hispanic/Latino ³	667.5	341.8	186.6	59.6	237.7
White	618.7	163.4	93.1	28.3	121.5
Asian/Pacific Islander	303.3	137.3	80.5	14.4	109.4

RACIAL DEMOGRAPHIC DATA COMPLETE* FOR

43% of non-hospitalized cases, **79%** of non-fatal hospitalizations and **87%** of persons known to have died

Race/Ethnicity	Non-hospitalized	Non-fatal hospitalized	Confirmed deaths ¹	Probable deaths ²	Total deaths
Black/African American	16102 (29.1%)	8345 (34.6%)	3870 (30%)	1251 (32.6%)	5121 (30.2%)
Hispanic/Latino ³	16585 (29.9%)	8160 (33.8%)	4112 (30.4%)	1108 (28.9%)	5220 (30.7%)
White	18324 (33.1%)	5554 (23%)	3572 (27.9%)	1091 (28.5%)	4663 (27.5%)
Asian/Pacific Islander	4155 (7.5%)	1881 (7.8%)	1019 (7.6%)	359 (9.4%)	1378 (8.1%)
Other known ⁶	243 (0.4%)	198 (0.8%)	576 (4.1%)	24 (0.6%)	600 (3.5%)
Count (% of known)					
Total known	55409 (42.6%)	24138 (79%)	13149 (92.8%)	3833 (71.3%)	16982 (86.9%)
Other/Unknown	74585 (57.4%)	6415 (21%)	1013 (7.2%)	1545 (28.7%)	2558 (13.1%)
Count (% of total)					
Total	129994	30553	14162	5378	19540

All data are preliminary and subject to change. Data shown are cumulative as of May 6, 2020

NOTES

- ¹ A death is classified as **confirmed** if the decedent was a New York City resident who had a positive SARS-CoV-2 (COVID-19) laboratory test.
- ² A death is classified as **probable** if the decedent was a New York City resident who had no known positive laboratory test for SARS-CoV-2 (COVID-19) but the death certificate lists as a cause of death "COVID-19" or an equivalent.
- ³ Hispanic/Latino includes people of any race.
- ⁴ The rate of non-hospitalized and hospitalized cases shows patients not known to have died. The three categories shown are mutually exclusive.
- ⁵ Rates for other race are not shown.
- ⁶ Includes data on persons who identify as Native American/Alaska Native, or two or more races.

*WHY IS RACE/ETHNICITY DATA MISSING?

- 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.