# Texas COVID-19 - Data Definitions

The below are intended to assist users in understanding the coronavirus data that were posted by DSHS Center for Health Statistics from March 2020 – May 2023. At the time of initial publication by DSHS, all coronavirus data were provisional and subject to change.

# Data

## Provisional Data

Preliminary data that may not be complete. More data may be coming in to complete the data set, and DSHS and others have not completed quality checks of the information. Provisional data become final once the data set is complete and quality checks are finished. That process often takes several months.

# Cases and Fatalities

## Confirmed Case

A person who has tested positive through a molecular test that looks for the virus’s genetic material. Texas uses the confirmed case definition adopted by the U.S. Centers for Disease Control and Prevention.

## Probable Case

A person who has either tested positive through an antigen test or has a combination of symptoms and a known exposure to someone with COVID-19 without a more likely diagnosis. Texas uses the probable case definition adopted by the U.S. Centers for Disease Control and Prevention.

## Fatalities

Deaths for which COVID-19 is listed as a direct cause of death on the death certificate. A medical certifier, usually a doctor, determines the cause(s) of death. DSHS does not include deaths of people who had COVID-19 but died of an unrelated cause. Fatalities are reported by where the person lived as listed on the death certificate. Fatality data may include both confirmed and probable cases.

## New Confirmed Cases, New Probable Cases or Newly Reported Fatalities

Cases or fatalities reported for the first time on the DSHS dashboard that day.

## Older Confirmed or Older Probable Case

A reported confirmed case(s) for whom more than 14 days have passed since the date of collection (DOC) for the confirmatory (molecular) laboratory test that was performed. The test date is the next variable used should the DOC be missing.  
  
A reported probable case(s) for whom more than 14 days have passed since the date of collection (DOC) for the presumptive (antigen) laboratory test that was performed. The test date is the next variable used should the DOC be missing.

## Outbreak

An increase, often sudden, in disease cases beyond what is usually expected in a given location, area, time or group of people.

## Race/Ethnicity of Cases or Fatalities

A combination of race and ethnicity.

* Hispanic includes people of any race who identify as Hispanic.
* Those who identify as non-Hispanic or whose ethnicity is unknown are reported by their race.
* “Other” includes other races and those who identify as multiple races.

## Completed Case Investigations

Details about specific COVID-19 cases gathered by public health workers. Local and regional health departments conduct case investigations to identify the source of disease and advise people how to slow the spread. Individual case investigations are confidential. When case investigation data is grouped together, the data can reveal trends about how a virus impacts different groups of people. Information gathered in a case investigation includes:

* patient age, gender, race/ethnicity
* testing and results
* details about symptoms
* other health conditions
* source of the patient’s illness
* activity history for when the patient was able to spread the virus

## Death certificate

An official record of a person’s death filed with state and local officials. It includes the cause, location and time of death and other personal information. DSHS uses information on the death certificate to report COVID-19 when COVID-19 is listed as a direct cause of death.

# Tests

## Total Tests Reported

All tests performed with results submitted to DSHS, including antigen, antibody and molecular tests. Total tests include positive, negative, indeterminate and repeat tests. The number does not include tests with results pending.

## Molecular Tests

Tests that diagnose current infections by looking for a germ’s genetic material. For COVID-19, Molecular Tests include nucleic acid amplification tests (NAAT), reverse transcription polymerase chain reaction (RT-PCR) tests and loop mediated isothermic amplification (LAMP) tests. Does*not include antigen tests. A positive molecular test is required to meet criteria as a confirmed case.*

## Antigen Tests

A nasal swab test that can show a current infection by looking for proteins on the outside of a germ. They can be performed rapidly where the test is collected. Under the national case definitions, positive antigen tests indicate probable cases, not confirmed cases.

## Antibody Tests

A blood test that can show whether a person had a past infection by looking for proteins the body creates to fight an infection. Also called serology tests. An antibody test can’t always determine how long ago someone had COVID-19.

## Testing Positivity Rate (Molecular)

Measures the percentage of total molecular tests that are positive. The DSHS formula divides the number of new positive molecular tests reported in the past seven days by the new molecular test results (positive and negative) received in the past seven days. The lower the positivity rate, the better.

## Testing Positivity Rate (Antigen)

Measures the percentage of total antigen tests that are positive. The DSHS formula divides the number of new positive antigen tests reported in the past seven days by the new antigen test results (positive and negative) received in the past seven days. The lower the positivity rate, the better.

# Hospitalizations

## Lab Confirmed COVID-19 Patients in Texas Hospitals

The total number of patients in Texas hospitals who have tested positive for COVID-19.

## Confirmed COVID-19 Admissions in Previous 24 Hours

The total number of patients admitted to Texas hospitals on the previous calendar day who tested positive for COVID-19 at the time of admission.

## Total Hospital Capacity

The number of staffed available and occupied beds. This includes pediatric and adult, general and ICU beds, inpatient and outpatient beds, emergency department beds, and telemetry and psychiatric beds.

## Available Staffed Hospital Beds

The number of staffed beds ready to receive a person who needs hospital care. Available Staffed Hospital Beds have no patients occupying them and have medical staff assigned to them.

## Available Staffed ICU Beds

The number of staffed Intensive Care Unit (ICU) beds ready to receive a person who needs intensive care.  Includes adult and pediatric beds. Does not include neonatal ICU beds. Available ICU beds have no patients occupying them and have medical staff assigned to them.

## Available Ventilators

The number of ventilators not in use with the hospital staff needed to operate them. Ventilators assist a hospitalized person who has difficulty breathing or getting enough oxygen.

Occupied Hospital Beds

The number of beds that have patients in them receiving care for any reason.

## Trauma Service Area (TSA)

The areas that coordinate emergency medical services and hospital emergency response in Texas. Hospital capacity data are usually reported by TSA because the hospital trauma system operates regionally to care for patients.