Key Takeaways

Increase in Cases
- January continued the December increase in COVID-19 cases, peaking mid-month at 2,261 new cases per day. This exceeded the summer surge peak by 32%.
- To date 181,385 individuals have been diagnosed with COVID-19. About 27% occurred in January alone.

Other Trends
- January started with the second highest weekly positivity rate to date (23.2%), only surpassed by early July (24.2%).
- Metro Health began vaccinating in late December 2020.
- Numbers and rates of infection continue to be highest among young adults, particularly females.

Hospitalizations and Deaths
- New hospitalizations continue to follow case trends by about 14 days, while death trends follow by about 21 days.
- New COVID-19 hospital admissions were highest mid-January, then declined to the level seen just prior to Christmas.
- The number of COVID-19 patients in STRAC hospitals peaked on January 18th at 1,520. ICU patients and those on ventilators peaked within a few days, at 452 (30% of hospitalized cases) and 271 (18%) respectively.
- Total deaths reported to date are 2,356. The overall case fatality rate was 1.3%, and a much higher case fatality rate of 16% among those 80+ years of age.

I. Current Status and Overview of COVID-19 in Bexar County

Summary: During these five weeks, Bexar County reported 56,538 new cases as well as 5,448 new COVID-19 associated hospitalizations, and 361 deaths.

Weekly new cases increased throughout the holiday season, peaking in mid-January.

New hospital admissions were highest early January, then declined gradually by 22% to the level seen just prior to Christmas.

Deaths reported per week increased 2-3 fold between early and late January.

Weekly test positivity started at 23.2%, almost equaling the July peak, and then declined by about half throughout the month to 11.4%.

Taken together: These data indicate that the dramatic increases in test positivity, cases, hospitalizations, and deaths attributable to the holiday season are finally stabilizing or even subsiding. However, numbers of new cases are still very high, roughly 7 – 8 times the level during the plateau in early autumn.
II. Testing & Positivity Rate

Bexar county’s COVID-19 weekly positivity rate had a high of 23.2% for the first week of January, and steadily declined through the month. January’s peak was only one percentage point lower than the all-time high (24.2% during the summer surge). By the end of January, the positivity rate had declined to 11.4%— similar to the rate before the Thanksgiving holiday.

Source: Aggregate Labs Report of labs conducting COVID-19 testing

III. Trends & Demographic Characteristics among COVID-19 Cases

January saw the rise and fall of new COVID-19 cases during the second surge, displaying a new peak near the start of 2021. Preliminary data suggests that the decrease in new cases overall will continue into February.

*Event date refers to either illness onset date (for symptomatics) or test collection date (for asymptomatics or when symptom onset date is unavailable). This differs from Reported Date.
III. A. Race/Ethnicity Distribution of Cases

Among cases for whom race/ethnicity data are available (60.5%), Hispanic individuals make up a larger proportion of cases (75%) than they do of the general population of Bexar County (60%). This pattern is observed across every age-group, and may suggest that the pandemic has particularly affected Hispanic individuals.

27% of all COVID-19 cases occurred during the month of January 2021.

Additionally, 51% of all reported cases occurred during Dec ‘20 and Jan ‘21. This is almost twice those that occurred during the first surge (26%), in the summer months of June and July.

The percentages in the chart are based on event date – the date of first symptoms if symptomatic, or test collection date if the person was asymptomatic or symptom onset date is not available.

Note: This graph excludes 5 cases from February 2020.

Notes regarding Race and Ethnicity data:
Due to limitations inherent in our database, data collection procedures, and/or our sources, data on race and/or ethnicity are currently unavailable for about 40% of cases. For this reason, meaningfully accurate determination of racial and ethnic disparities in COVID-19 diagnoses is currently not possible.

NH = Non-Hispanic
The winter surge (December - January) added more than twice as many new cases as the summer surge (June and July). January alone added over 49,000 new cases, 37% of all cases diagnosed before that point (i.e. during 2020).

Cases among younger adults (20-29), and to a lesser extent people of working-age (30-59) generally, have consistently dominated the pandemic. This was amplified with the dramatic increase in new cases associated during the winter holiday season (see box, above). Older teens added new cases in numbers comparable to adults in their early-mid 50's (detail not shown).

Adults over age 65 and younger children added relatively fewer new cases, although still 2-3 times more than during the summer surge.

Overall, the case rate for females continues to exceed the case rate for males by 12%.
IV. The Extent of COVID-19 in the Bexar County Population

The distribution of COVID-19 cases stratified by age and gender continues to show a relative over-representation specifically of the 20-29 age-group among both males and females. This age-group comprises approximately 16% of the Bexar County population, but 21% of COVID-19 cases. There is also a modest female excess of cases, who comprise 53% of the total.

Conversely, we see a relative under-representation of COVID-19 cases among the 0-9 and 10-19 age groups, compared to the general population.

The female 20-29 group has the highest age-specific case rate† at 12,888 per 100,000 females in Bexar County. In contrast, rates for individuals 60 years and older, both genders combined, average 8,233 cases per 100,000.

The age-adjusted case rate‡ is now 9,257 cases per 100,000 population, and is 9% higher among females than males.

Age-specific rates † are highest for adults through about age 59 years, particularly (younger) women. This pattern has persisted throughout the pandemic.

Overall, 9.2% of Bexar County (about 1 per 11 people) is known to have ever met the epidemiological criteria for COVID-19.

*Excludes 5,058 (2.8%) cases with no known gender or age

†Age-specific rates use the ACS (5-yr) 2019 population estimates for Bexar County.
‡Age-adjusted rates are weighted using the US Standard Population 2000.
Geographic distribution of COVID-19 cases

Geographically by zip code, there is a similar pattern between overall case rates and January 2021 case rates. Both data show that zip codes near downtown and in southern Bexar County have the highest rates of COVID-19 cases per 100,000 population. Zip codes in the northern and northwestern portion of the county continue to see lower case rates over time and monthly, compared to zip codes in the southern portion of Bexar County. This pattern has remained consistent over time.

Source: SAMHD COVID-19 case data up to 02/07/2021, event dates through 01/31/2020; U.S. Census, ACS 2019 5-year Population Estimates, Table S0101.
This map shows the geographic distribution by zip code of COVID-19 case rates per 100,000 population and the percent of the population living in poverty. These variables are broken into low, medium, and high rates of COVID-19 and percentages of the population in poverty by zip code. Zip codes with the dark green indicate they are in the highest 3rd of COVID-19 case rates and poverty when compared to other zip codes within Bexar County. Conversely, those zip codes in solid grey indicate they are in the lowest 3rd of COVID-19 case rates and poverty when compared to other zip codes within Bexar County. This map shows that those zip codes near downtown and to the south of downtown are experiencing both the highest rates of COVID-19 and highest percentages of the population living in poverty.

Data Source: SAMHD COVID-19 Database, as of 02/07/2021; U.S. Census Bureau, ACS 2019 5-Year Estimates, Table S1701
V. Congregate Setting & School-Related Cases

Cases occurring in all congregate settings first spiked upward and then notably decreased after the first week of January, much like within the general community. Throughout January, the total number of deaths associated with congregate settings increased 40%, from 318 on January 3rd to 443 as of February 2nd. Case fatality in congregate settings is 14.3%.

Based on these data, cases among children who were infectious while physically at school also show a peak during the second week of January, followed by a steady decrease.

It is important to note that the majority of these cases were not associated with in-school exposure. To date, there have been 12 outbreaks in Bexar County schools during which in-school transmission was recorded. These outbreaks contributed to only 69 (2%) of the 3,252 cases denoted below.
VI. Hospitalizations and Deaths among COVID-19 Cases

VI. A. Hospitalizations

During this second surge of the pandemic, average new cases peaked approximately 14 days before hospitalized cases, consistent with the summer surge. If numbers of new cases continue to decline, it is expected that declines in hospitalizations and deaths will follow.

Note: Deaths are presented through January 11th; data for deaths later in the month were incomplete at time of analysis.

To date, the highest percentage of beds in Bexar County STRAC hospitals* occupied by COVID+ patients (coral) was 33%, occurring in mid-July and again in January. At the same time, available (unoccupied) staffed beds (teal) made up roughly only one tenth of the total. In January COVID+ occupancy averaged 1,352 beds per day, which was 5.6 times higher than during October. As average daily non-COVID+ occupancy (navy) declined 28% between October and January, available staffed beds decreased concurrently by 12%.

Data Source: COVID-19 Daily Surveillance Data Public–STRAC Data, pulled on 2/7/2021

*General and specialty hospitals in Bexar county designated by the Southwest Texas Regional Advisory Council as part of the local trauma/emergency healthcare system.

Includes hospitals in the Baptist, Christus, Methodist, SW General, University, BAMC and VAMC systems treating COVID+ patients.
As the number of hospitalized patients peaked in January, COVID-19 patients in the ICU continued to make up about one third of overall COVID-19 patients in the hospital. Overall, COVID-19 hospitalized patients peaked on 1/18/2021 and ICU hospitalized patients peaked two days later. Note: Patients typically stay several days in the hospital, especially in the ICU.

To date, approximately 7,132 individuals with known age have been hospitalized due to COVID-19.

Hospitalization trends by age have remained consistent with previous reports. Cases with ages 50-79 account for the majority of hospitalizations (55%).

Of all hospitalized cases, approximately 68% of cases have reported underlying conditions.

Among hospitalized COVID-19 cases with a reported co-morbidity, the highest percentage of cases reported having cardiovascular disease, followed by diabetes. Hypertension is included in the category “cardiovascular disease” and also shown separately to highlight conditions of special interests. Similarly, asthma is included in “lung condition”, and shown separately.
VI. B. Deaths

January added another 243 deaths. The total number of deaths due to COVID-19 is now 2,356. Males are more likely than females to die of COVID-19. The crude male mortality rate† is 30% higher than the female rate, slightly less than one month ago. Among cases, the risk of death associated with COVID-19 is currently 1.1% for females, and 1.6% for males. Starting with age-group 30-39, males have a higher mortality rate† associated with COVID-19 than do females. This pattern has persisted throughout the pandemic.

However as the population pyramids show, this does not fully explain the higher male mortality rate associated with COVID-19.

Overall, the total age-adjusted mortality rate‡ since the pandemic began is 129 per 100,000 persons — 100.5 for females, and 165.1 for males.

†Age-specific rates use ACS 5-yr 2019 gender-specific population estimates for Bexar County. Crude rates do not adjust for age.
‡Age-adjusted rates use the ACS 5-yr 2019 gender-specific population estimates for Bexar County and the US Standard Population 2000 weights.

Of the data with reported race/ethnicity, Hispanic individuals account for 68% of all COVID-19 related deaths to date. Thus, Hispanic individuals may have a disproportionate burden of death due to COVID-19 when compared to their Non-Hispanic counterparts.

NOTE: Race/ethnicity was not available for 225 deceased cases (9.6%).

Of all deceased cases, approximately 68% of cases had comorbid conditions.

Among deaths due to COVID-19, approximately half were reported as having cardiovascular disease (48.3%), 36.7% of all COVID-19 related deaths reported as having diabetes, and 16.3% had kidney disease.

Note: For the purposes of this report, hypertension is included in cardiovascular disease, and asthma is included in lung condition, but were shown separately to highlight comorbidities of special interest.
This pyramid graph with superimposed mortality rates, especially when compared with the Bexar County population pyramid (page 5), highlights the disparate burden of deaths experienced by older individuals, particularly males (as seen in the male specific mortality rates).

Males and females over 50 continue to make up 90% of COVID-19 deaths seen to date in Bexar County, with males comprising 50% and females 40%.

This map shows COVID-19 case fatality rates per 100 COVID-19 cases, excluding those in congregate settings (defined here as nursing homes, assisted living facilities, jails, and rehabilitation facilities). Geographically, the highest rates of COVID-19 deaths (and cases) have occurred in zip codes near and to the south of downtown San Antonio. Two zip codes on the far east side of the county show high rates as well.
VII. Percent Change of COVID-19 Cases, December—January

Darker shades of red correspond to zip codes with the largest increase in number of cases, compared to December. The majority of these zip codes are south of the city center. Across the entire county, only five zip codes—shown in light blue—had fewer cases in January than in December.

During the month of January 2021, Council District 5 and Council District 2 had the highest percent increase in cases compared with December 2020, with 46.5% and 43.1% increases, respectively. During this month, Council Districts to the north, particularly Council District 8 and 9, had the lowest increase in new cases compared to December 2020.
COVID-19 Monthly Epidemiological Report

January 2021

VIII. Bexar County COVID-19 Cases by Event Date: The Pandemic in Review

(N=181,385)

Feb 7: First evacuees from in/near Wuhan, China arrive at Lackland Air Force Base1.


Mar 9: Metro Health begins Coronavirus testing9.


Mar 19: First case of community spread identified3.

Mar 23: Non-essential businesses ordered to close; Stay at home order issued4.

April 3: Metro Health expands testing to all residents with symptoms10.

April 17: K-12 and higher education campuses closed to in-person learning for the remainder of the academic year2.

April 23: Metro Health opens three, no-cost testing sites1.

May 1: All retail stores, restaurants, movie theaters and malls re-open (25% occupancy)5.

June 3: All businesses are allowed to open (50% occupancy)5.

June 12: Restaurants can expand to 75% max occupancy5.

June 27: “Stay home” alert sent out7.

June 29: Restaurants reduced to 50% occupancy5.

July 2: Mask mandate2.


Sept 21: Restaurants, gyms, retail stores, museums, offices allowed to increase capacity to 75%, up from 50%2.

Oct 12: No-cost testing sites expand testing to asymptomatic individuals11.

Nov 25: Thanksgiving weekend curfew issued (effective Nov 26-Nov 30)6.


Jan 18: Record-breaking # of hospitalizations reported6.

* Event Date is the date of symptom onset. For asymptomatic cases, the test collection date is used.

IX. Bexar County Resident Vaccination Data

Geographically, more individuals have been vaccinated in the northern and western areas of the county. This is mostly consistent across vaccination status.

Among those fully vaccinated, the zip codes 78230, 78240, and 78229 are in the highest quartile for the county.

Further mapping needs to be completed as more of the county receives second doses.
**IX. Bexar County Resident Vaccination Data**

Vaccinations of Bexar County Residents by Race/Ethnicity  
(N= 143,213 excluding unknowns)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>12,915</td>
<td>36.1%</td>
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<tr>
<td>NH White</td>
<td>25,031</td>
<td>43.3%</td>
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<tr>
<td>NH Asian</td>
<td>642</td>
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<tr>
<td>NH Black</td>
<td>634</td>
<td>3.8%</td>
</tr>
<tr>
<td>NH Multiracial</td>
<td>668</td>
<td>4.6%</td>
</tr>
<tr>
<td>NH Other</td>
<td>10,797</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

The majority of residents that have received at least one dose are non-Hispanic white (43.3%) followed by Hispanic individuals (36.1%).

Note: At this time, 60% of residents receiving vaccines do not have race/ethnicity data.

Approximately 32% of all individuals receiving at least one vaccination are aged 65 or older—a priority group for COVID-19 vaccines. A majority of those vaccinated living in Bexar county are 64 or under (68.3%), potentially fitting into the priority group of having underlying conditions.

More female Bexar county residents (60.2%) have been vaccinated than males (39.5%).

Vaccinations of Bexar County Residents by Gender  
(N=237,994)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Count</th>
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<tbody>
<tr>
<td>Male</td>
<td>91,302</td>
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<tr>
<td>Female</td>
<td>146,692</td>
<td>60.2%</td>
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</table>

Vaccinations of Bexar County Residents by Age Group

<table>
<thead>
<tr>
<th>Age Group</th>
<th>First Dose Only</th>
<th>Fully Vaccinated</th>
<th>Total</th>
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<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percentage</td>
<td>Count</td>
</tr>
<tr>
<td>64 and Under</td>
<td>56,051</td>
<td>55.08%</td>
<td>103,430</td>
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<tr>
<td>65 and Over</td>
<td>48,149</td>
<td>44.92%</td>
<td>27,364</td>
</tr>
<tr>
<td>Total</td>
<td>107,200</td>
<td>100.00%</td>
<td>130,794</td>
</tr>
</tbody>
</table>

Report completed by the City of San Antonio COVID-19 Response Data Team