Summary: As of 12:05 pm on 8/20/2020, a total of 15,018 cases of laboratory-confirmed COVID-19 among Boston residents have been reported to the Boston Public Health Commission (BPHC). Of reported cases, 1,970 (13.1%) required hospitalization. Seven hundred and forty-six (5.0%) residents have died. Eleven thousand two hundred and fifty-two (74.9%) residents have recovered.

One thousand four hundred and forty-seven (9.6%) were healthcare workers.

Emergency Department (ED) visits for COVID-19-like illness (CLI) comprised 2.3% of all ED visits between (8/14-8/20/2020), unchanged from 2.3% the prior week.

COVID-19-like illness (CLI) is defined as “Covid or (fever and (cough or respiratory distress))” in ED chief complaint data from Boston acute care hospitals, captured by BPHC Syndromic Surveillance System.

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**Figure 1. Reported COVID-19 Cases and % CLI Emergency Department Visits, by Week, 2020§,§§**

Data Sources: Boston Public Health Commission Surveillance System (Jan 3, 2020 to Aug 20, 2020, 12:45pm); Boston Syndromic Surveillance System (Jan 3, 2020 to Aug 13, 2020); Massachusetts Department of Public Health, Massachusetts Virtual Epidemiologic Network (Jan 3, 2020 to Aug 20, 2020, 11:57am)

§ Dates associated with cases are “event dates.” An event date is the earliest associated date corresponding to each disease event and is hierarchical based on available information. When available, symptom onset date serves as the earliest associated date. In the absence of an onset date, the test date is used. As additional information becomes available (e.g., reporting of symptom onset date), event dates may shift for reported cases. These numbers are rolling and subject to weekly variations based on case data availability.

§§ %CLI ED (All Visits) is a percentage of CLI visits among all ED including irrespective of residence. %CLI ED (Boston Resident Visits Only) is a percentage of CLI visits by Boston residents among all ED visits by Boston residents.
There was a similar distribution of male cases and female cases (Figure 2). The incidence rate of COVID-19 among female residents was similar compared to male residents (Figure 3). Note: The overall rate was higher than rates by sex due to the 1.2% of cases with other/unknown sex or who identify as transgender.
There continued to be a low percentage of Boston resident COVID-19 cases under 20 years of age; more than 1 in 4 COVID-19 cases were in persons age 60 years and above (Figure 4). In general, COVID-19 rates increased with age (Figure 5).
The incidence rate of COVID-19 was higher for Dorchester (02121, 02125), Dorchester (02122, 02124), East Boston, Hyde Park, Mattapan, Roslindale, Roxbury, and the South End compared with the rest of Boston. The incidence rate of COVID-19 was lower for Allston/Brighton, Back Bay (including Beacon Hill, Downtown, the North End, and the West End), Charlestown, Fenway, Jamaica Plain, South Boston, and West Roxbury compared with the rest of Boston (Figure 6). To test neighborhood differences, an individual neighborhood is compared with the rest of Boston (i.e., all other neighborhoods combined), rather than to Boston overall so that individual neighborhood’s contribution to the Boston overall rate does not mask a difference from the rest of Boston.

DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office
Of cases where race/ethnicity was known, 3.7% were Asian, 35.7% were Black, 29.2% were Latinx or Hispanic, 24.8% were White, and 6.6% identified as multi-racial, another racial/ethnic group or Other race. When the percent of information that is missing or unknown is greater than 20%, percentages are calculated among the known cases, but both are presented here.

The incidence rate of COVID-19 was higher for Black and Latinx/Hispanic residents and residents of other races/ethnicities (including multiple races and individuals that did not specify a given race or ethnicity category) compared with the rate for White residents (Figure 7). The incidence rate was lower for Asian residents compared with White residents (Figure 7). Interpret these rates with caution due to the high percentage of missing race/ethnicity data (Table 1).