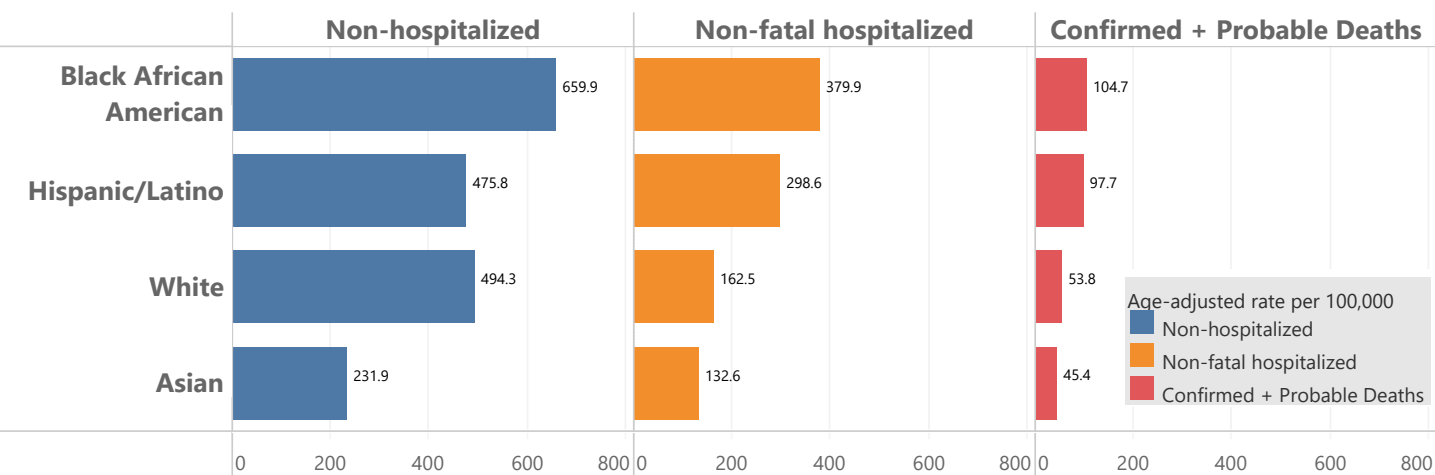


Age-adjusted rates of lab-confirmed COVID-19 non hospitalized cases, estimated non-fatal hospitalized cases, and total persons known to have died (lab-confirmed and probable) per 100,000 by race/ethnicity group



	Race/Ethnicity	Non-hospitalized	Non-fatal hospitalized	Confirmed deaths ¹	Probable deaths ²	Total deaths
Age-adjusted rate ⁴ per 100k	Black/African American	659.9	379.9	158.0	51.4	104.7
	Hispanic/Latino ³	475.8	298.6	152.8	42.5	97.7
	White	494.3	162.5	80.7	27.0	53.8
	Asian	231.9	132.6	66.4	24.4	45.4

RACIAL DEMOGRAPHIC DATA COMPLETE* FOR

37% of non-hospitalized cases, **75%** of non-fatal hospitalizations and **82%** of persons known to have died

	Race/Ethnicity	Non-hospitalized	Non-fatal hospitalized	Confirmed deaths	Probable deaths	Total deaths
Count (% of known)	Black/African American	13203 (30.6%)	8035 (35.4%)	3324 (30.0%)	1080 (32.0%)	4404 (30.5%)
	Hispanic/Latino ³	11808 (27.4%)	7108 (31.3%)	3365 (30.4%)	925 (27.4%)	4290 (29.7%)
	White	14667 (34.0%)	5531 (24.4%)	3095 (27.9%)	1041 (30.8%)	4135 (28.6%)
	Asian	3164 (7.3%)	1812 (8.0%)	839 (7.6%)	306 (9.1%)	1145 (7.9%)
	Other known ^{5,6}	286 (0.7%)	198 (0.9%)	457 (4.1%)	23 (0.7%)	480 (3.3%)
Count (% of total)	Total known	43128 (36.7%)	22684 (75.4%)	11080 (90.2%)	3375 (62.6%)	14455 (81.7%)
	Other/Unknown	74353 (63.3%)	7413 (24.6%)	1207 (9.8%)	2020 (37.4%)	3227 (18.3%)
Total		117481	30097	12287	5395	17682

All data are preliminary and subject to change. Data shown are cumulative as of April 27, 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 Includes data on persons who identify as American Indian/Alaska Native, Native Hawaiian/ Pacific Islander, or two or more races.

⁶ Rates for other race are not shown.

*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.