



# Chicago Respiratory Virus Weekly Surveillance Report



Brandon Johnson, Mayor

November 8, 2024

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*This report summarizes key respiratory virus surveillance indicators. The indicators are compiled from laboratory-based data as well emergency department visit data. All data are preliminary and may change as additional reports are received. Historical and seasonal summary reports can be found here: [Chicago Influenza and Respiratory Virus Surveillance Report](#).*

## Weekly Surveillance Key Points

### COVID-19:

- COVID-19 activity in Chicago is low.
- The proportion of emergency department visits attributed to COVID-19 diagnoses remains at <1%.
- The test positivity for SARS-CoV-2 has decreased from 3.3% to 2.6%.

### Influenza:

- Influenza activity is low.
- No influenza-associated ICU hospitalizations were reported for the current surveillance week. Since September 29, 2024, four influenza-associated ICU hospitalizations have been reported.
- 18 of 1,877 (1%) reported specimens tested for influenza were positive. Since September 29, 2024, 59 of 11,176 (<1%) reported specimens tested for influenza were positive.
- The proportion of emergency department visits for influenza-like illness (ILI) and the proportion of outpatient visits for ILI are below local thresholds.
- The Illinois Department of Public Health has issued [Influenza Testing and Reporting Guidance](#) for the 2024-2025 season. Visit the CDPH [HAN website](#) for more information on how to report.
- For situational awareness of the ongoing outbreak of highly pathogenic avian influenza see, [H5 Bird Flu: Current Situation](#).

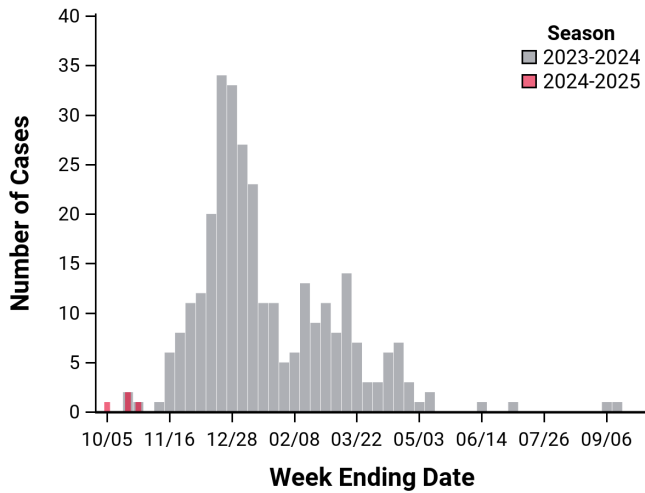
### Other Respiratory Viruses:

- The percent of emergency department visits for RSV in children <5 years has increased from <1% to 1.6%.
- The test positivity for RSV decreased from at 1.9% to <1%.
- The test positivity for parainfluenza has decreased from 1.8% to 1.7%.
- The test positivity for rhinovirus/enterovirus has increased from 21.2% to 25.3%.
- The test positivity for adenovirus has decreased from 2.2% to 1.5%.

### Vaccination:

- CDC recommends [immunizations](#) as a core prevention strategy to lower the risk from respiratory viruses. Influenza, COVID-19, and RSV vaccines can be given at the same visit if the timing coincides.
- Chicagoans should ask their healthcare provider or pharmacist about vaccine availability. For those without a healthcare provider or whose healthcare providers do not have the influenza or COVID-19 vaccine, a schedule of [City of Chicago influenza and COVID-19 vaccination clinics](#) is available on the city website and by calling 311.
- Influenza vaccine coverage estimates for Chicago residents are now available on the [CDPH website](#).

**Influenza-Associated ICU Hospitalizations** - In Illinois, [influenza-associated ICU hospitalizations are reportable](#) as soon as possible but within three days. The graph below shows the weekly number of reported ICU hospitalizations for Chicago residents for previous two seasons. The table summarizes selected characteristics of reported cases for the current week and cumulative for the season.



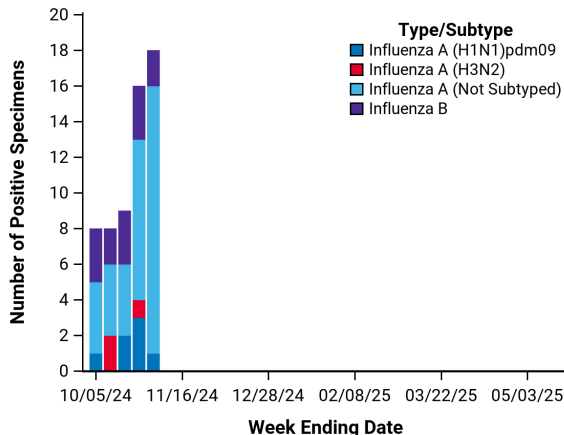
Group	Week Ending November 2, 2024		Since September 29, 2024	
	#	%	#	%
<b>Citywide</b>	0	0.0	4	100
<b>Age</b>				
0-4	0	0.0	0	0.0
5-17	0	0.0	1	25.0
18-24	0	0.0	0	0.0
25-49	0	0.0	0	0.0
50-64	0	0.0	1	25.0
65+	0	0.0	2	50.0
<b>Gender</b>				
Male	0	0.0	1	25.0
Female	0	0.0	3	75.0
<b>Race-Ethnicity</b>				
White Non-Latinx	0	0.0	1	25.0
Black Non-Latinx	0	0.0	1	25.0
Latinx	0	0.0	2	50.0
Asian Non-Latinx	0	0.0	0	0.0
Other Non-Latinx	0	0.0	0	0.0
Unknown-Race	0	0.0	0	0.0

**Respiratory Virus Laboratory Surveillance - Current Week and Cumulative** The table below includes respiratory viral PCR tests performed by several hospital laboratories in Chicago as well as two commercial laboratories serving Chicago facilities. Reporting facilities represent nearly half of all acute care hospitals in the city. Data reported include Chicago and non-Chicago residents.

Respiratory Pathogen	Week Ending November 2, 2024		Since September 29, 2024	
	# Tested	% Positive	# Tested	% Positive
Influenza*	1,877	1.0	11,176	0.5
RSV*	1,302	0.9	7,831	1.1
SARS-CoV-2*	1,367	2.6	8,286	2.9
Parainfluenza	1,056	1.7	7,629	1.7
Rhinovirus/Enterovirus	261	25.3	3,466	22.3
Adenovirus	261	1.5	3,466	1.5
Human Metapneumovirus	273	0.4	3,483	0.2
Seasonal Coronaviruses <sup>†</sup>	1,044	0.2	7,612	0.3

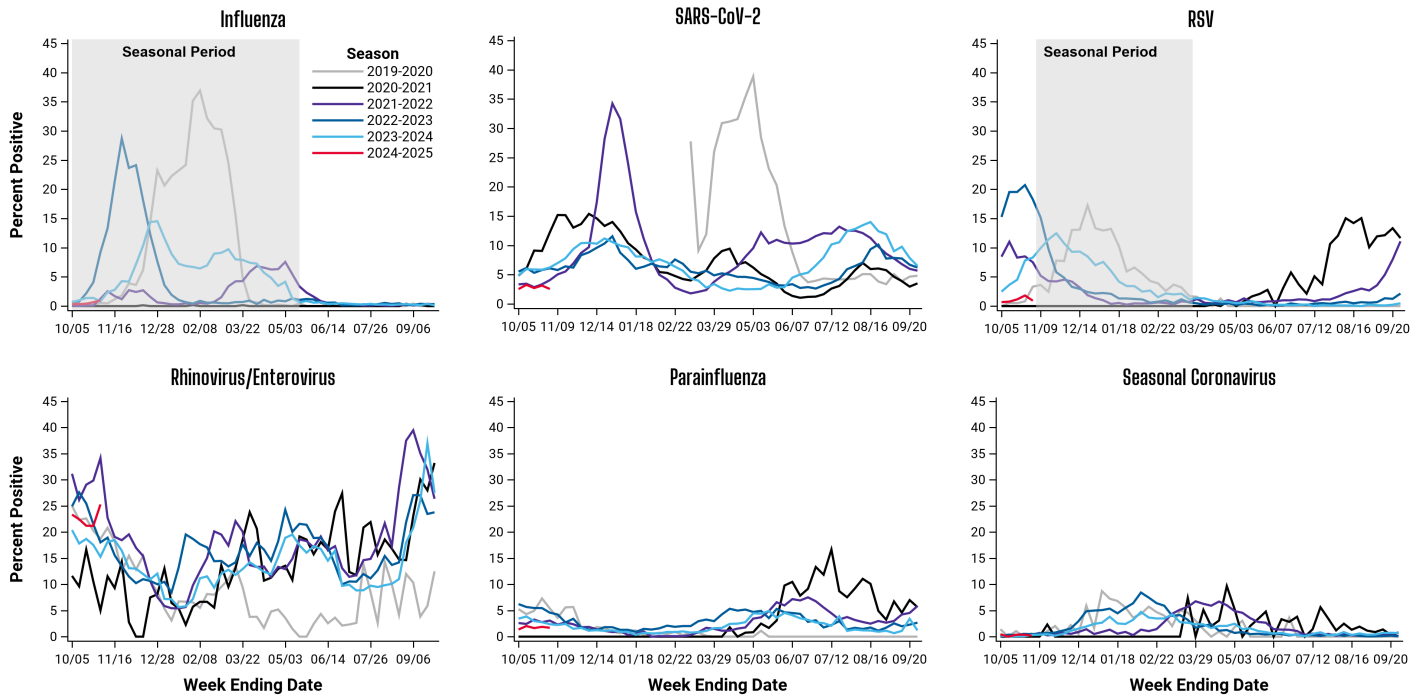
\*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.

Weekly number of specimens testing positive for influenza by type and subtype (graph) and the number of positive specimens by type and subtype for the current week and cumulative for the season (table).



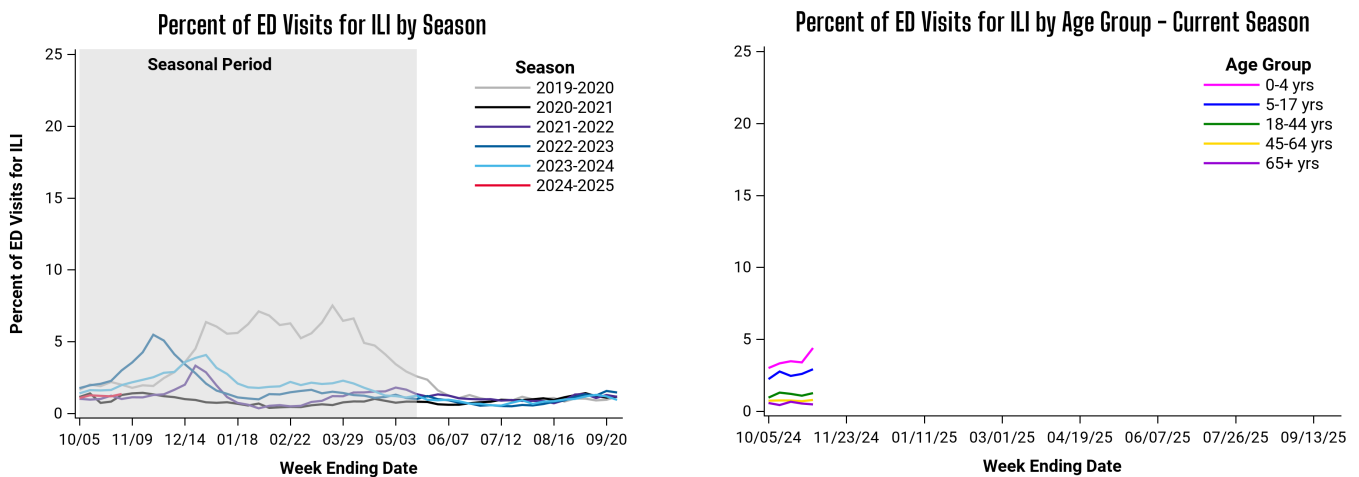
Type / Subtype	Week Ending November 2, 2024		Since September 29, 2024	
	# Positive	%	# Positive	%
<b>Influenza A</b>	16	88.9	46	78.0
(H1N1)pdm09	1	6.3	7	15.2
H3N2	0	0.0	3	6.5
Subtyping not performed	15	93.8	36	78.3
<b>Influenza B</b>	2	11.1	13	22.0
<b>Total Positive</b>	18	100	59	100

**Respiratory Virus Laboratory Surveillance - Seasonal Trends** *These graphs show seasonal trends of selected respiratory virus testing data presented in the previous table. Typical seasonal periods when activity tends to increase for influenza and RSV are indicated by shaded areas. Elevated test positivity outside of typical seasonal periods suggests atypical activity, and increased clinician awareness and testing may be warranted. Yearly data can also be used to compare the timing and intensity of viral activity, although changes in testing patterns also influence yearly trends, and data should be interpreted in the context of other surveillance indicators.*

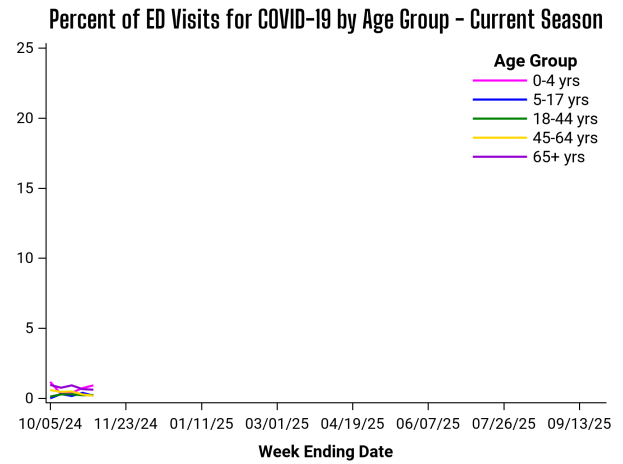
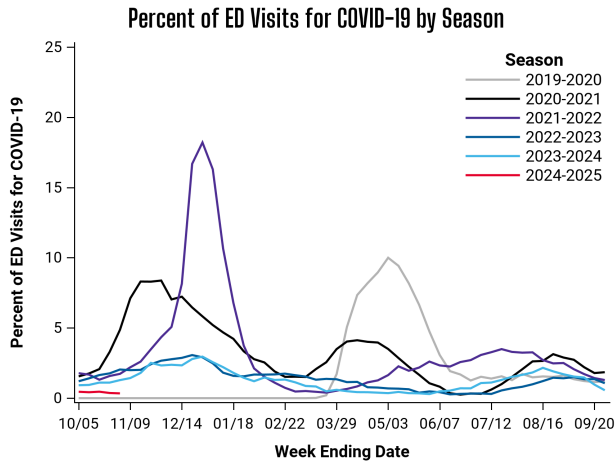


**Emergency Department Illness Surveillance** *In [Illinois](#), all 185 acute-care hospitals report emergency department visit data in near-real time to the Illinois Department of Public Health (IDPH). By tracking symptoms (or chief complaints) of patients in emergency departments, public health can promptly detect unusual levels of illness to determine whether a response is warranted.*

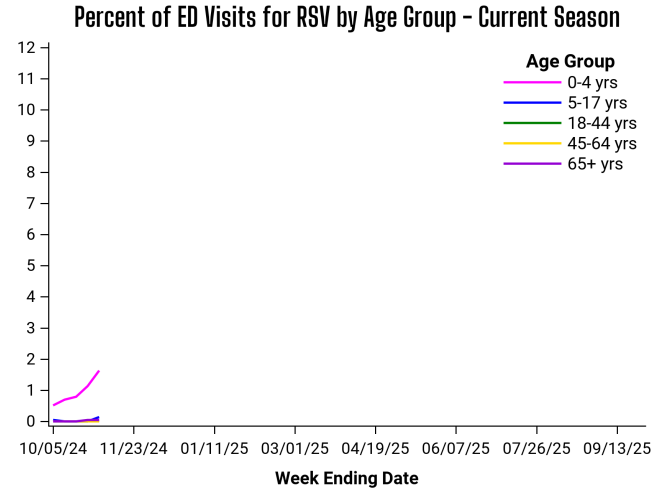
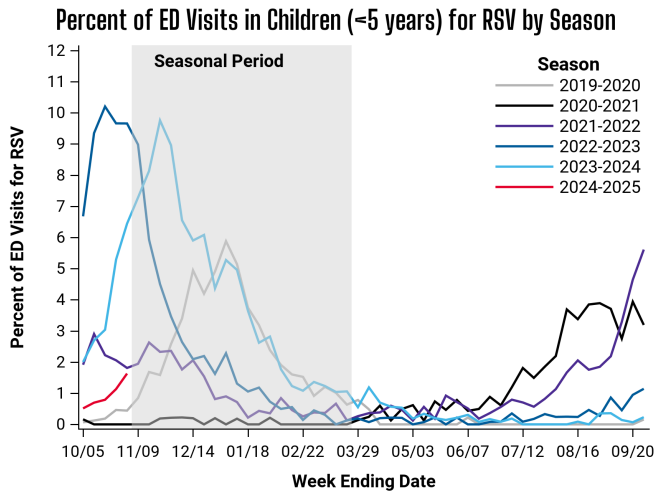
Percent of emergency department visits attributed to **influenza-like illness (ILI)** for residents of Chicago zip codes based on chief complaint data.



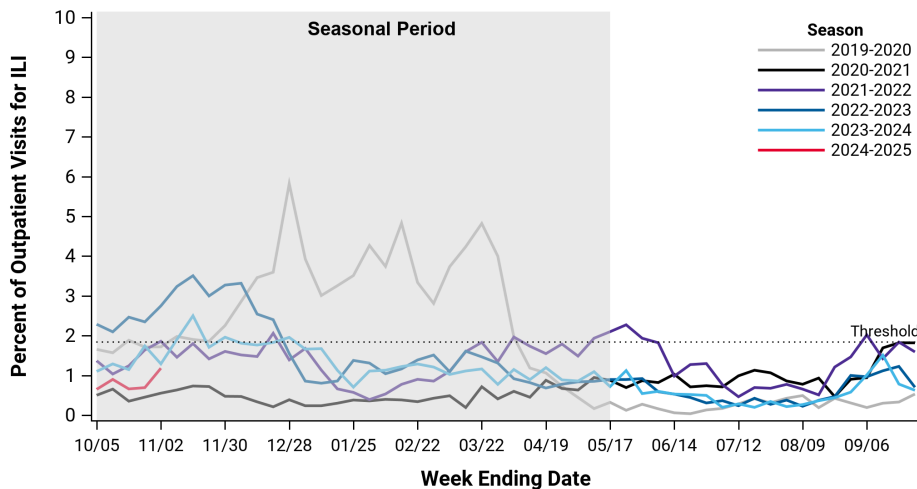
Percent of emergency department visits attributed to **COVID-19 diagnoses** for residents of Chicago zip codes based on chief complaint data.



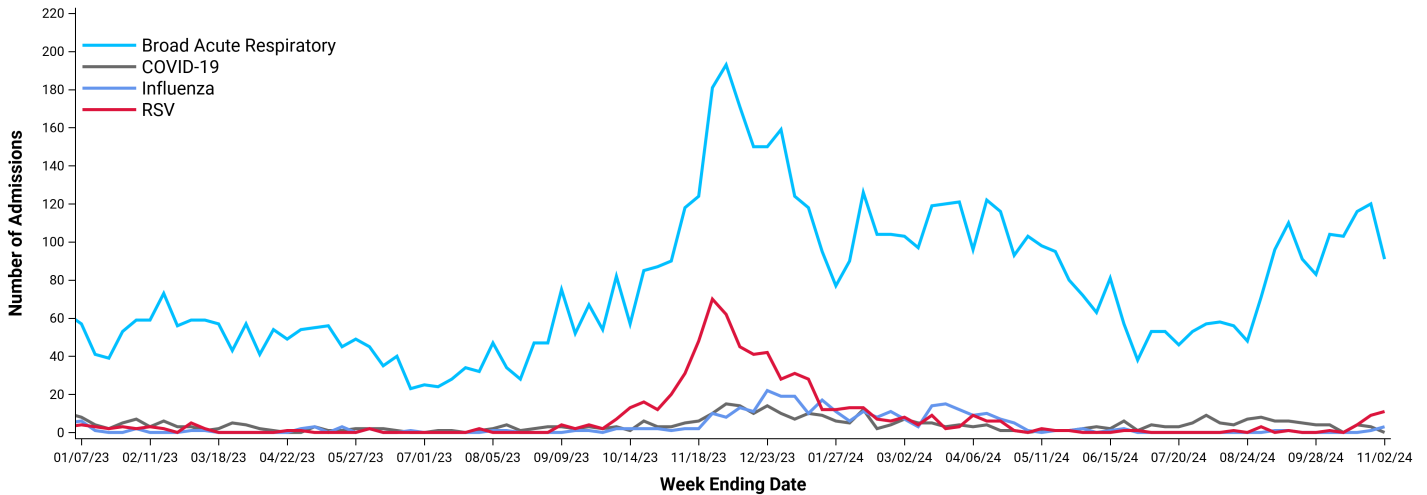
Percent of emergency department visits attributed to **respiratory syncytial virus (RSV)** diagnoses for residents of Chicago zip codes based on chief complaint data. Seasonal trends are displayed for children younger than 5 years old who are most impacted by RSV.



**Outpatient Visit Illness Surveillance** Several outpatient clinics throughout Chicago participate in CDC's Influenza-like Illness Surveillance Network ([ILINet](#)) by reporting on a weekly basis the total number of outpatient clinic visits, and of those visits, the number with influenza-like illness (ILI). This graph shows the percent of medically-attended outpatient visits attributed to ILI as reported by ILINet facilities in Chicago.



**Weekly Pediatric Admissions** Emergency department visit data includes information on whether the visit resulted in a hospital admission at any time during the course of the clinical encounter. The syndromes or disease associated with the hospitalization are based on chief complaint and discharge diagnosis codes and do not necessarily represent lab-confirmed cases. The chart below represents hospital admissions among children <18 years-old at Chicago hospitals due to acute respiratory illnesses.



### National and State Respiratory Virus Surveillance

The Centers for Disease Control and Prevention’s [FluView](#) report provides national updates and trends related to influenza activity across the United States, and the National Respiratory and Enteric Virus Surveillance System ([NREVSS](#)) is a voluntary laboratory-based system that monitors temporal and geographic circulation patterns of several respiratory viruses in the U.S. The Respiratory Syncytial Virus (RSV) Hospitalization Surveillance Network ([RSV-NET](#)) is a CDC population-based surveillance system that collects data on severe RSV hospitalizations, including those resulting in ICU admission or death, among children and adults. The Respiratory Virus Hospitalization Surveillance Network ([RESP-NET](#)) monitors laboratory-confirmed hospitalizations associated with influenza, COVID-19, and respiratory syncytial virus (RSV) among children and adults. The [Illinois](#) and [Suburban Cook County](#) influenza surveillance reports are also available online. Current and archived issues of the Chicago Influenza and Respiratory Virus Surveillance Report can be found on the CDPH website [Historical and Seasonal Summary Reports](#).