This report summarizes key respiratory virus surveillance indicators. The indicators are compiled from laboratory-based data as well emergency department visit data. This report is meant to provide more context for the ongoing COVID-19 pandemic, particularly as co-circulation of respiratory viruses increases. More detailed information on influenza and COVID-19 activity can be found on their respective online dashboards.

Weekly Respiratory Virus Surveillance Key Points

**COVID-19:**
- Chicago’s [local COVID-19 Community Level](#) is High.
- The number of new cases is similar to last week and remains elevated.
- New hospitalizations per 100,000 population in the last 7 days has decreased from 5.5 to 4.3.
- The 7-day average of the proportion of staffed inpatient beds occupied by COVID-19 patients has increased from 3.7% to 3.9%.

**Influenza:**
- The risk of influenza infection remains low; the percent of specimens testing positive for influenza is below one percent.
- The proportion of emergency department visits for influenza-like illness (ILI) is below local thresholds.
- Clinicians should [review guidelines](#) for prescribing influenza anti-viral medications as prophylaxis or empiric treatment.

**Other Respiratory Viruses:**
- Respiratory syncytial virus (RSV) activity remains low.
- The percent of specimens testing positive for parainfluenza remains elevated, mainly being driven by parainfluenza type 3 infections which usually occur in the spring and early summer months.

**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 one commercial laboratory serving Chicago facilities. Reporting facilities represent nearly half of all acute care hospitals in the city. Data reported include Chicago and non-Chicago residents.

<table>
<thead>
<tr>
<th>Respiratory Pathogen</th>
<th>Week Ending July 9, 2022</th>
<th>Since October 3, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza*</td>
<td>2,913</td>
<td>153,708</td>
</tr>
<tr>
<td>RSV*</td>
<td>2,114</td>
<td>112,223</td>
</tr>
<tr>
<td>SARS-CoV-2*</td>
<td>6,818</td>
<td>294,427</td>
</tr>
<tr>
<td>Parainfluenza</td>
<td>1,011</td>
<td>50,467</td>
</tr>
<tr>
<td>Rhinovirus/Enterovirus</td>
<td>582</td>
<td>32,311</td>
</tr>
<tr>
<td>Adenovirus</td>
<td>582</td>
<td>32,311</td>
</tr>
<tr>
<td>Human Metapneumovirus</td>
<td>582</td>
<td>32,341</td>
</tr>
<tr>
<td>Seasonal Coronaviruses†</td>
<td>1,011</td>
<td>50,277</td>
</tr>
</tbody>
</table>

*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.
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) and COVID-like illness (CLI) 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.

### National and State Respiratory Virus Surveillance

The Centers for Disease Control and Prevention’s [FluView report](https://www.cdc.gov/flu/professional resources/nis/fluview/index.htm) 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. CDC is tracking the COVID-19 pandemic in a weekly publication called [COVID Data Tracker Weekly Review](https://www.cdc.gov/coronavirus/2019-ncov/cases-in-thesunited-states/weekly-cases-by-measure-and-state.html). The Illinois and [Suburban Cook County](https://www.chicagourbanhealth.org/illinois-and-suburban-cook-county-influenza-surveillance-reports) influenza surveillance reports are also available online. Current and archived issues of the [Chicago Influenza and Respiratory Virus Surveillance Report](https://www.chicagourbanhealth.org/chicago-influenza-and-respiratory-virus-surveillance-report) can be found on the CDPH website section [Current Flu Situation in Chicago](https://www.chicagourbanhealth.org/current-flu-situation-in-chicago).

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**Percent of ED Visits in Children (<5 years) for RSV by Season**

**Percent of ED Visits for RSV by Age Group - Current Season**

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*Graphs and data visualizations are not included in the text representation.*