Protecting Chicago: Phase IV Re-Opening Metrics Update

November 14, 2020
(Data current through 11/11/2020)
<table>
<thead>
<tr>
<th></th>
<th>Stop: May need to delay moving ahead</th>
<th>Caution: Pause and monitor</th>
<th>Go: Cautious progress</th>
<th>Go: Continued progress</th>
<th>Go: Advanced progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cases</strong></td>
<td>Any sustained increase &gt;14 days within the past 28 days</td>
<td>Increase 0-14 days (in most recent 14-day period)</td>
<td>Stable or decrease 0-13 days (w/o increase in most recent 14-day period)</td>
<td>Stable or decrease 14-28 days</td>
<td>Stable or decrease &gt;28 days and/or sustained &lt;200 new cases per day (~100 cases per 100,000 persons)</td>
</tr>
<tr>
<td><strong>Hospitalizations</strong></td>
<td>&gt;1200 non-ICU beds &gt;250 ICU beds &gt;300 ventilators</td>
<td>&gt;1000 non-ICU beds &gt;150 ICU beds &gt;150 ventilators</td>
<td>&lt;1000 non-ICU beds occupied by COVID patients &lt;150 ICU beds occupied by COVID patients &lt;150 ventilators occupied by COVID patients</td>
<td>&lt;500 non-ICU beds occupied by COVID patients &lt;75 ICU beds occupied by COVID patients &lt;75 ventilators occupied by COVID patients</td>
<td>&lt;250 non-ICU beds occupied by COVID patients &lt;50 ICU beds occupied by COVID patients &lt;50 ventilators occupied by COVID patients</td>
</tr>
<tr>
<td><strong>Deaths</strong></td>
<td>&gt;10%</td>
<td>5% - 10%</td>
<td>3% - 5% of all daily tests are confirmed positive</td>
<td>&lt;3% of all daily tests are confirmed positive</td>
<td>&lt;=1% of all daily tests are confirmed positive</td>
</tr>
<tr>
<td><strong>COVID Emergency department visits</strong></td>
<td>Unexplained decline in testing &lt;4500 total tests/day</td>
<td>Explained decline in testing &lt;4500 total tests/day</td>
<td>Stable testing &gt;4500 total tests/day</td>
<td>Stable testing &gt;6750 total tests/day</td>
<td>Stable testing &gt;9,000 total tests/day</td>
</tr>
<tr>
<td><strong>Hospital system capacity</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>Assign case for investigation within 24h for 50% of cases</td>
<td>Assign case for investigation within 24h for 75% of cases</td>
<td>Assign case for investigation within 24h for 100% of cases</td>
</tr>
<tr>
<td><strong>Testing capacity</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>Stable testing &gt;4500 total tests/day</td>
<td>Stable testing &gt;6750 total tests/day</td>
<td>Stable testing &gt;9,000 total tests/day</td>
</tr>
<tr>
<td><strong>Response capacity</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>Assign case for investigation within 24h for 50% of cases</td>
<td>Assign case for investigation within 24h for 75% of cases</td>
<td>Assign case for investigation within 24h for 100% of cases</td>
</tr>
</tbody>
</table>

CDPH COVID-19 Phase IV starting June 26 2020
COVID-19 Confirmed Cases
COVID-19 case incidence continues to increase in speed. +86 cases per day

COVID-19 cases, daily counts and rolling 7-day average, specimen date

Daily COVID-19 cases with known specimen report date. *14-day incidence is calculated by summing all new cases in the most recent 14-day period and dividing by 14 days to find an average daily count. Incidence gating rank is determined using 14-day cumulative incidence/100,000 population. The gating rank categories are defined as: LOW (1-10); MODERATELY LOW (11-25); MODERATE (26-50); MODERATELY HIGH (51-99); HIGH (100+) and presented as corresponding daily counts color-coded to gating category. Daily counts for most recent dates displayed are likely incomplete.
COVID-19 case incidence in Chicago doubles previous May peak.

Daily COVID-19 cases with known specimen report date. *14-day incidence is calculated by summing all new cases in the most recent 14-day period and dividing by 14 days to find an average daily count. Incidence gating rank is determined using 14-day cumulative incidence/100,000 population. The gating rank categories are defined as: LOW (1-10); MODERATELY LOW (11-25); MODERATELY HIGH (51-99); HIGH (100+) and presented as corresponding daily counts color-coded to gating category. Daily counts for most recent dates displayed are likely incomplete.
Daily case incidence is at an all-time high for all race/ethnicity groups.

COVID-19 cases among Chicago residents by race/ethnicity, rolling 7-day average, specimen collection date

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Cases</th>
<th>Specimen Collection Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latinx</td>
<td>642 avg. daily cases</td>
<td>11/06/2020</td>
</tr>
<tr>
<td>Black, non-Latinx</td>
<td>239 avg. daily cases</td>
<td>11/06/2020</td>
</tr>
<tr>
<td>Asian, non-Latinx</td>
<td>44 avg. daily cases</td>
<td>11/06/2020</td>
</tr>
<tr>
<td>White, non-Latinx</td>
<td>368 avg. daily cases</td>
<td>11/06/2020</td>
</tr>
<tr>
<td>Native American/AN, non-Latinx</td>
<td>2 avg. daily cases</td>
<td>11/06/2020</td>
</tr>
</tbody>
</table>

Daily COVID-19 cases with known specimen report date and race/ethnicity information.
COVID-19 case incidence is very high and growing rapidly among all race/ethnicities, especially Latinx.

COVID-19 cases among Chicago residents by race/ethnicity, rolling 7-day average, specimen collection date

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>14-day incidence</th>
<th>14-day slope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latinx</td>
<td>HIGH 570 avg. daily cases</td>
<td>GROWTH +21.9 cases per day</td>
</tr>
<tr>
<td>Black, non-Latinx</td>
<td>HIGH 211 avg. daily cases</td>
<td>GROWTH +7.0 cases per day</td>
</tr>
<tr>
<td>Asian, non-Latinx</td>
<td>HIGH 37 avg. daily cases</td>
<td>GROWTH +1.6 cases per day</td>
</tr>
<tr>
<td>White, non-Latinx</td>
<td>HIGH 312 avg. daily cases</td>
<td>GROWTH +11.2 cases per day</td>
</tr>
</tbody>
</table>

Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence.
Black, non-Latinx case incidence is at its highest ever and is growing rapidly.

COVID-19 cases among Black, non-Latinx residents, daily counts and rolling 7-day average, specimen collection date

Recent Trend
Increase 12 days (10/8-10/20) 5 C/D
Increase 17 days (10/20-11/6) 7 C/D

14-day incidence
HIGH (211 avg. daily cases*)

14-day slope
GROWTH +7.0 cases per day

Peak 14-day incidence
211 avg. daily cases
11/06/2020

Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates displayed are likely incomplete. *14-day incidence is calculated by summing all new cases in the most recent 14-day period and dividing by 14 days to find an average daily count. Incidence gating rank is determined using 14-day cumulative incidence/100,000 population. The gating rank categories are defined as follows. LOW (1-10); MODERATELY LOW (11-25); MODERATE (26-50); MODERATELY HIGH (51-99); HIGH (100+) and presented as corresponding daily counts color-coded to gating category.
Latinx case incidence is at its highest ever and is growing faster than any other point.

COVID-19 cases among Latinx residents, daily counts and rolling 7-day average, specimen collection date

Recent Trend
Increase 12 days (10/8-10/20) 12 C/D
Increase 6 days (10/20-10/26) 9 C/D
Increase 4 days (10/26-10/30) 35 C/D
Increase 7 days (10/30-11/6) 21 C/D

14-day incidence
HIGH (570 avg. daily cases*)

14-day slope
GROWTH +21.9 cases per day

Peak 14-day incidence
570 avg. daily cases

11/6/2020

Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates displayed are likely incomplete. *14-day incidence is calculated by summing all new cases in the most recent 14-day period and dividing by 14 days to find an average daily count. Incidence gating rank is determined using 14-day cumulative incidence/100,000 population. The gating rank categories are defined as follows. LOW (1-10); MODERATELY LOW (11-25); MODERATE (26-50); MODERATELY HIGH (51-99); HIGH (100+) and presented as corresponding daily counts color-coded to gating category.
Asian, non-Latinx case incidence is at its highest ever and growing faster than any other point.

COVID-19 cases among Asian, non-Latinx residents, daily counts and rolling 7-day average, specimen collection date

Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates displayed are likely incomplete. *14-day incidence is calculated by summing all new cases in the most recent 14-day period and dividing by 14 days to find an average daily count. Incidence gating rank is determined using 14-day cumulative incidence/100,000 population. The gating rank categories are defined as follows. LOW (1-10); MODERATELY LOW (11-25); MODERATE (26-50); MODERATELY HIGH (51-99); HIGH (100+) and presented as corresponding daily counts color-coded to gating category.
White, non-Latinx case incidence is at its highest ever and is growing faster than any other point.

COVID-19 cases among white, non-Latinx residents, daily counts and rolling 7-day average, specimen collection date

Recent Trend
- Increase 7 days (10/8-10/15) 7 C/D
- Stable 3 days (10/15-10/18)
- Increase 4 days (10/18-10/22) 10 C/D
- Increase 10 days (10/22-11/1) 7 C/D
- Increase 5 days (11/1-11/6) 21 C/D

14-day incidence
- HIGH (312 avg. daily cases*)

14-day slope
- GROWTH +1.1 cases per day

Peak 14-day incidence
- 312 avg. daily cases
- 11/6/2020

Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates displayed are likely incomplete. *14-day incidence is calculated by summing all new cases in the most recent 14-day period and dividing by 14 days to find an average daily count. Incidence gating rank is determined using 14-day cumulative incidence/100,000 population. The gating rank categories are defined as follows. LOW (1-10); MODERATELY LOW (11-25); MODERATE (26-50); MODERATELY HIGH (51-99); HIGH (100+) and presented as corresponding daily counts color-coded to gating category.
Native American/Alaska Native added 16% of its total cases in the last 14 days.

COVID-19 cases among Native American/Alaska Native, non-Latinx residents, daily counts and rolling 7-day average, specimen collection date

<table>
<thead>
<tr>
<th>Recent Trend</th>
<th>Cases at low incidence for &gt;28 days. 140 cumulative cases.</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-day incidence</td>
<td>2 avg. daily cases*</td>
</tr>
<tr>
<td>14-day slope</td>
<td>+0.1 cases per day</td>
</tr>
<tr>
<td>Peak 14-day incidence</td>
<td>2 avg. daily cases 5/5/2020</td>
</tr>
</tbody>
</table>

Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates displayed are likely incomplete. *14-day incidence is calculated by summing all new cases in the most recent 14-day period and dividing by 14 days to find an average daily count. Due to the citywide population size of 8,086, gating ranks are not applied here.
COVID-19 Severe Outcomes
Daily COVID-19 hospital admission is up 2.5X over 3 weeks.

COVID-19 Hospital admissions, daily counts and rolling 7-day average, first known hospital admit date

Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to not have been hospitalized. Six records with hospital admit dates from January and February 2020 are excluded from this chart. Peak daily admissions based on rolling 7-day average.

Data reporting is delayed

Recent Trend
Admissions doubled since 10/14
Peak 7-day rolling average
173 avg. daily admissions 10/14/2020
4/12/2020
Daily COVID-19 hospital admissions are much higher than recent months and rising quickly.

COVID-19 Hospital admissions, daily counts and rolling 7-day average, first known hospital admit date

Data reporting is delayed

Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to not have been hospitalized. Six records with hospital admit dates from January and February 2020 are excluded from this chart. Peak daily admissions based on rolling 7-day average.

| Peak 7-day rolling average | 173 avg. daily admissions 4/12/2020 |
Daily COVID-19 hospital admissions by race/ethnicity. Hospitalizations are rising for every group.

COVID-19 Hospital admissions, by Race/Ethnicity, rolling 7-day average, first known hospital admit date

Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to not have been hospitalized. Six records with hospital admit dates from January and February 2020 are excluded from this chart. Peak daily admissions based on rolling 7-day average.
Black, non-Latinx hospital admission are rising.

COVID-19 hospital admissions among Black, non-Latinx residents, daily counts and rolling 7-day average, first known hospital admit date

Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to not have been hospitalized. Six records with hospital admit dates from January and February 2020 are excluded from this chart. Peak daily admissions based on rolling 7-day average.

Recent Trend
Admissions more than doubled since 10/13
Peak 7-day rolling average
97 avg. daily admissions 4/6/2020

Data reporting is delayed
Latinx hospital admissions are rising.

COVID-19 hospital admissions among Latinx residents, daily counts and rolling 7-day average, first known hospital admit date

Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to not have been hospitalized. Six records with hospital admit dates from January and February 2020 are excluded from this chart. Peak daily admissions based on rolling 7-day average.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hospital Admissions</th>
<th>Rolling 7-day Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/15</td>
<td>5</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>9/20</td>
<td>10</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>9/25</td>
<td>15</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>9/30</td>
<td>20</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>10/5</td>
<td>10</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>10/10</td>
<td>15</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>10/15</td>
<td>20</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>10/20</td>
<td>10</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>10/25</td>
<td>15</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>10/30</td>
<td>20</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>11/4</td>
<td>5</td>
<td>4/28/2020</td>
</tr>
<tr>
<td>11/9</td>
<td>0</td>
<td>4/28/2020</td>
</tr>
</tbody>
</table>

Data reporting is delayed

Recent Trend
Admissions doubled since 10/13
Peak 7-day rolling average 4/28/2020
Asian non-Latinx hospital admissions.

COVID-19 hospital admissions among Asian, non-Latinx residents, daily counts and rolling 7-day average, first known hospital admit date

<table>
<thead>
<tr>
<th>Recent Trend</th>
<th>Near-zero admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak 7-day rolling average</td>
<td>8 avg. daily admissions 4/13/2020</td>
</tr>
</tbody>
</table>

Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to not have been hospitalized. Six records with hospital admit dates from January and February 2020 are excluded from this chart. Peak daily admissions based on rolling 7-day average.
White, non-Latinx hospital admissions are rising.

COVID-19 hospital admissions among white, non-Latinx residents, daily counts and rolling 7-day average, first known hospital admit date 25

Peak 7-day rolling average 27 avg. daily admissions 5/6/2020

Recent Trend Admissions doubled since 10/5

Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to not have been hospitalized. Six records with hospital admit dates from January and February 2020 are excluded from this chart. Peak daily admissions based on rolling 7-day average.

Data reporting is delayed
COVID-19 deaths have risen 2.5X since 10/19.

COVID-19 deaths, daily counts and rolling 7-day average, deceased date

Recent Trend
- Increase 6 days (10/8-10/14)
- Stable 4 days (10/14-10/18)
- Increase 8 days (10/18-10/26)
- Stable 3 days (10/26-10/29)
- Increase 8 days (10/29-11/6)

Peak 7-day rolling average
- 48 avg. daily deaths
- 5/9/2020

Daily COVID-19 deaths reported for Chicago residents with known death date. Data source: INEDSS. Daily counts for most recent dates displayed are likely incomplete.
COVID-19 deaths are 6X fewer now when compared to the peak in May yet 2.5X greater than September.

Daily COVID-19 deaths reported for Chicago residents with known death date. Data source: INEDSS. Daily counts for most recent dates displayed are likely incomplete.
Emergency Department Visits
Proportion of ED visits for influenza-like illnesses has decreasing for 7 days after increasing for 18 days.

ILI: Influenza-like illness. Percentage of all emergency department visits reported with influenza-like illness symptoms among Chicago residents.

Data Source: Illinois Hospital Emergency Departments reporting to CDPH through the National Syndromic Surveillance Project.
ED visits for COVID-like illness reached the highest peak in early May at 318/day; currently 3X higher compared to 10/17.
ED visits for COVID-like illness has been increasing 21 days after being stable for 4 days.

Percentage of all emergency department visits reported with COVID-like symptoms among Chicago residents.
Data Source: Illinois Hospital Emergency Departments reporting to CDPH through the National Syndromic Surveillance Project.
Test Positivity
Test positivity is 14.1%. Even though testing is at an all-time high and rising fastest ever, percent positivity is rising faster.

As of 7/30/2020, test positivity is being reported rather than percent positivity. Test positivity is the number of positive tests divided by all tests performed in contrast to percent positivity which is the number of individuals tested positive divided by the total number of individuals tested (Source: INEDSS). For positivity rates among demographic subgroups and zip codes CDPH will continue reporting by individuals tested.
Test positivity and testing count have varied greatly over the entire duration of the epidemic.

COVID-19 tests, 7-day rolling average for test positive (%) and for counts (one test per individual per day)

Test positivity is the number of positive tests divided by all tests performed (Source: INEDSS).

Goal is under 5%
Hospital System Capacity
Non-ICU bed occupancy from COVID-19 has increased 220% since its lowest point on 9/22; Go: Cautious Progress.

Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning April 3 (acute non-ICU occupancy). Acute non-ICU bed counts include burn, emergency department, med/surg, other, pediatrics and psychiatry beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases.
Non-ICU bed occupancy from COVID-19 is increasing at an average of net +24 non-ICU admissions per day; Go: Cautious Progress.

COVID-19 acute/non-ICU beds occupied, daily counts, 7 day average and reopening threshold, daily occupancy census (9/15/2020-11/11/2020)

Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning April 3 (acute non-ICU occupancy). Acute non-ICU bed counts include burn, emergency department, med/surg, other, pediatrics and psychiatry beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases.
ICU occupancy from COVID-19 has increased 177% since its lowest point on 10/1; Caution: Pause and Monitor

COVID-19 ICU beds occupied, daily counts, 7 day average and progress threshold, daily occupancy census (03/13/2020 - 11/11/2020)

Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. ICU bed count includes all adult and pediatric ICU beds in Chicago hospitals.

Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, the definition of ICU status changed as requested by HHS.
ICU occupancy from COVID-19 is increasing at an average rate of net +6 ICU admissions per day; **Caution: Pause and Monitor**

COVID-19 ICU beds occupied, daily counts, 7 day average and progress threshold, daily occupancy census (09/15/2020 - 11/11/2020)

Peak 7-day rolling average: 501 avg. occupied ICU beds (4/30/2020)

- **Continued Progress** Threshold = Below 75
- **Go: Cautious Progress** Threshold = Below 150
- **Go: Continued** Progress Threshold = Below 250

Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. ICU bed count includes all adult and pediatric ICU beds in Chicago hospitals.

Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, the definition of ICU status changed as requested by HHS.
Ventilator utilization from COVID-19 has increased 233% since its lowest point on 10/8; Go: Cautious Progress.

COVID-19 ventilators in use, daily counts, 7 day average and reopening threshold, daily utilization census (3/19/2020-11/11/2020)

Peak 7-day rolling average | 344 avg. ventilators in use
--- | ---
5/2/2020 | 344

Go: Cautious Progress
Threshold = Below 150

Go: Continued Progress Threshold = Below 75
Go: Advanced Progress Threshold = Below 50

Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia machines and portable/transport ventilators.
Ventilator utilization from COVID-19 is increasing at an average rate of net +4 per day; Go: Cautious Progress.

COVID-19 ventilators in use, daily counts, 7 day average and reopening threshold, daily utilization census (9/15/2020-11/11/2020)

Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia machines and portable/transport ventilators.

<table>
<thead>
<tr>
<th>Peak 7-day rolling average</th>
<th>344 avg. ventilators in use 5/2/2020</th>
</tr>
</thead>
</table>

Go: Cautious Progress Threshold = Below 150
Go: Advanced Progress Threshold = Below 50
Go: Continued Progress Threshold = Below 75

Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia machines and portable/transport ventilators.
Diagnostic Testing Capacity
COVID-19 testing above 9,000 tests per day for 36 straight days. Now at all time high.

All COVID-19 tests performed on Chicago residents per day as reported by electronic lab reporting from IDPH. 9000 tests per day represents the capacity to test 5% of Chicago residents per month. Daily counts for most recent dates displayed are likely incomplete.