Protecting Chicago: Phase IV Re-Opening Metrics Update

August 8, 2020
(Data current through 8/5/2020)
<table>
<thead>
<tr>
<th>Category</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>
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</thead>
<tbody>
<tr>
<td>Cases 7-day rolling daily average</td>
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<td>Response capacity</td>
<td>N/A</td>
<td>N/A</td>
<td>Initiate case investigation within 24h of assignment for 50% of cases</td>
<td>75% of cases</td>
<td>90% of cases</td>
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CDPH COVID-19 Phase IV starting June 26 2020

**Stop: May need to delay moving ahead**
- Any sustained increase >14 days within the past 28 days

**Caution: Pause and monitor**
- Increase 0-14 days (in most recent 14-day period)

**Go: Cautious progress**
- Stable or decrease 0-13 days (w/o increase in most recent 14-day period)

**Go: Continued progress**
- Stable or decrease 14-28 days

**Go: Advanced progress**
- Stable or decrease >28 days and/or sustained <200 new cases per day (~100 cases per 100,000 persons)

Additional metrics:
- **Hospitalizations** 7-day rolling daily average
- **Deaths** 7-day rolling daily average
- **COVID Emergency department visits** 7-day rolling daily average
- **Positivity rate** 7-day rolling daily average
- **Hospital system capacity** 7-day rolling daily average
- **Testing capacity** 7-day rolling daily average
- **Response capacity**
- **Hospital system capacity**
  - >1280 non-ICU beds
  - >480 ICU beds
  - >360 ventilators
  - >1000 non-ICU beds
  - >400 ICU beds
  - >300 ventilators
- **Testing capacity**
  - Unexplained decline in testing <4500 total tests/day
  - Explained decline in testing <4500 total tests/day
  - Stable testing >4500 total tests/day
- **Response capacity**
  - N/A
  - N/A
  - Initiate case investigation within 24h of assignment for 50% of cases
  - 75% of cases
  - 90% of cases
COVID-19 Confirmed Cases
COVID-19 case incidence in Chicago is persistently high and growing, with a sustained 15 day increase.

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 (11-50); 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.
Black, non-Latinx case incidence is high and stable, with a sustained 19 day decrease.

COVID-19 cases among Black, 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+).
Latinx case incidence is high and growing. Cases have been increasing rapidly for 4 most recent days.

COVID-19 cases among 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.
Asian, non-Latinx case incidence is moderately high and growing. Cases have been stable for 3 days following a recent increase.

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

Recent Trend
- Stable 2 days (7/2-7/4)
- Increase 6 days (7/4-7/10)
- Decrease 9 days (7/10-7/19)
- Increase 9 days (7/19-7/28)
- Stable 3 days (7/28-7/31)

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 moderately high and stable, with a 6 day decrease following a recent increase.

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

Recent Trend
Stable 4 days (7/2-7/6)
Increase 6 days (7/6-7/12)
Decrease 7 days (7/12-7/19)
Increase 6 days (7/19-7/25)
Decrease 6 days (7/25-7/31)

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.
COVID-19 Severe Outcomes
Daily COVID-19 hospital admissions stable or decreasing for >28 days.

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

Recent Trend
- Decrease 4 days (7/2-7/6)
- Stable 4 days (7/6-7/10)
- Decrease 21 days (7/10-7/31)

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 admissions stable or decreasing >28 days.

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Daily Count</th>
<th>Rolling 7-Day Average</th>
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<tbody>
<tr>
<td>6/21</td>
<td>10</td>
<td>15</td>
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<tr>
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<td>8/5</td>
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COVID-19 hospital admissions among Latinx residents, daily counts and rolling 7-day average, first known hospital admit date

Recent Trend
At or below 6 avg. daily admissions for 28 days

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.
Asian non-Latinx hospital admissions at near-zero incidence for >28 days.

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

Hospital Admissions

Recent Trend
At or below 1 avg. daily admissions for 30 days

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 at low incidence for >28 days.

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

Hospital Admissions

Recent Trend Below 5 avg. daily admissions for 30 days

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.
COVID-19 deaths are decreasing or stable for >28 days with stable trend for most recent 9 days.

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

Recent Trend
Decrease 20 days (7/1-7/22)
Stable 9 days (7/22-7/31)

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 have been decreasing or stable for 11 days after a recent increase in mid-July.

Recent Trend
- Increase 6 days (7/4-7/10)
- Stable 4 days (7/10-7/14)
- Increase 6 days (7/14-7/20)
- Stable 4 days (7/20-7/24)
- Decrease 9 days (7/24-8/2)

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 are stable for 11 days after a recent increase.

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.
Percent Positivity
Test positivity is increasing to 4.9% with consistently widespread testing.

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.
Hospital System Capacity
Non-ICU bed occupancy adequate: <1,000 non-ICU beds occupied by patients with COVID-19.

COVID-19 acute/non-ICU beds occupied, daily counts, 7 day average and reopening threshold, daily occupancy census

Goal is below 1000

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 capacity adequate: <400 ICU beds occupied by patients with COVID-19.

COVID-19 ICU beds occupied, daily counts, 7 day average and progress threshold, daily occupancy census

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 capacity adequate: <300 patients with COVID-19 on ventilators.

COVID-19 ventilators in use, daily counts, 7 day average and reopening threshold, daily utilization census

Goal is below 300

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 4,500 tests per day for 46 straight days.

All COVID-19 tests performed on Chicago residents per day as reported by electronic lab reporting from IDPH. 4,500 tests per day represents the capacity to test 5% of Chicago residents per month. Daily counts for most recent dates displayed are likely incomplete.