

Protecting Chicago: Phase IV Re-Opening Metrics Update

September 12, 2020

(Data current through 9/9/2020)

CDPH COVID-19 Phase IV starting June 26 2020

	Stop: May need to	Caution: Pause and	Go: Cautious	Go: Continued	Go: Advanced
	delay moving ahead	monitor	progress	progress	progress
Cases 7-day rolling daily average Hospitalizations 7-day rolling daily average Deaths 7-day rolling daily average COVID Emergency department visits 7-day rolling daily average	Any sustained increase >14 days within the past 28 days	Increase 0-14 days (in most recent 14 -day period)	Stable or decrease 0-13 days (w/o increase in most recent 14-day period)	Stable or decrease 14-28 days	Stable or decrease >28 days and/or sustained <200 new cases per day (~100 cases per 100,000 persons)
Positivity rate 7-day rolling daily average	>10%	5% - 10%	<5% of all d	aily tests are confirm	ned positive
Hospital system capacity 7-day rolling daily average	>1280 non-ICU beds >480 ICU beds >360 ventilators	>1000 non-ICU beds >400 ICU beds >300 ventilators	<1000 non-ICU beds occupied by COVID patients <400 ICU beds occupied by COVID patients <300 ventilators occupied by COVID patients		
Testing capacity 7-day rolling daily average	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	Assign case 50% of cases	for investigation wit 75% of cases	hin 24h for 90% of cases



COVID-19 Confirmed Cases

COVID-19 case incidence in Chicago is persistently high and declining, and now decreasing for 11 days.

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

Recent Trend

Increase 18 days (8/6-8/24) 3.1 C/D
Decrease 11 days (8/24-9/4)

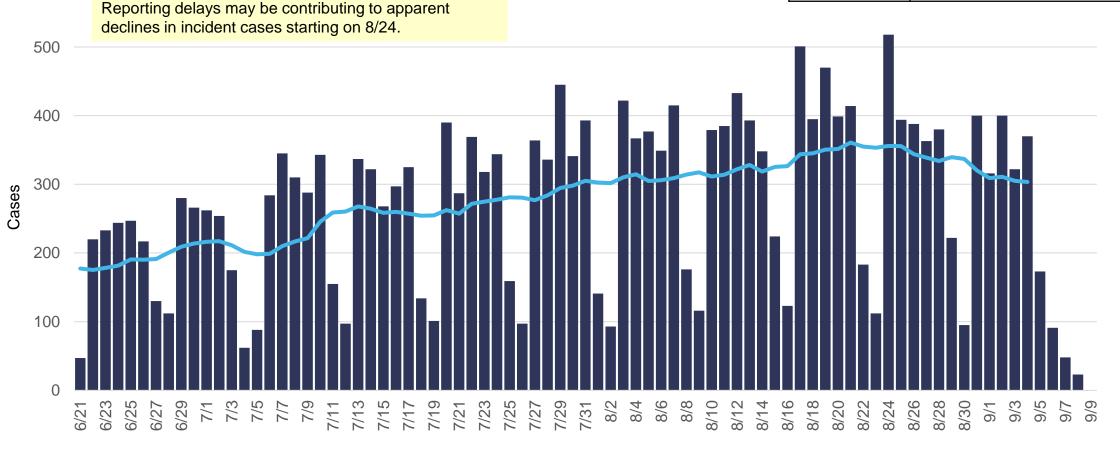
14-day
Incidence

14-day slope

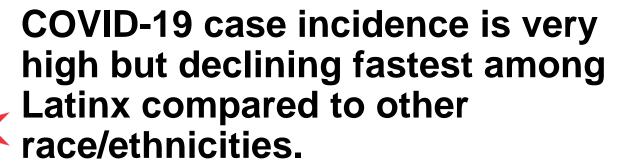
DECLINE
-4.1 cases per day

Peak 14-day
incidence

998 avg. daily cases
5/20/2020



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.



Peak 14-day Incidence

- Latinx

429 avg. daily cases
5/6/2020

- Black, non-Latinx

204 avg. daily cases
4/24/2020

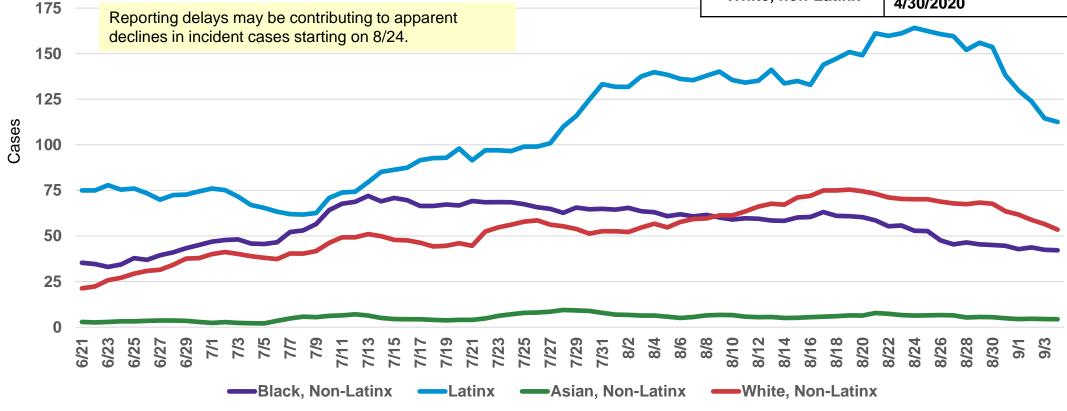
- Asian, non-Latinx

21 avg. daily cases
4/26/2020

- White, non-Latinx

107 avg. daily cases
4/30/2020

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

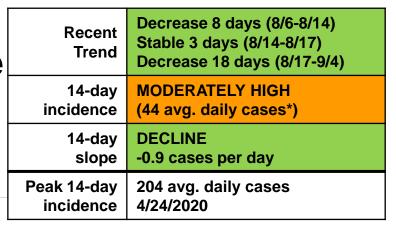


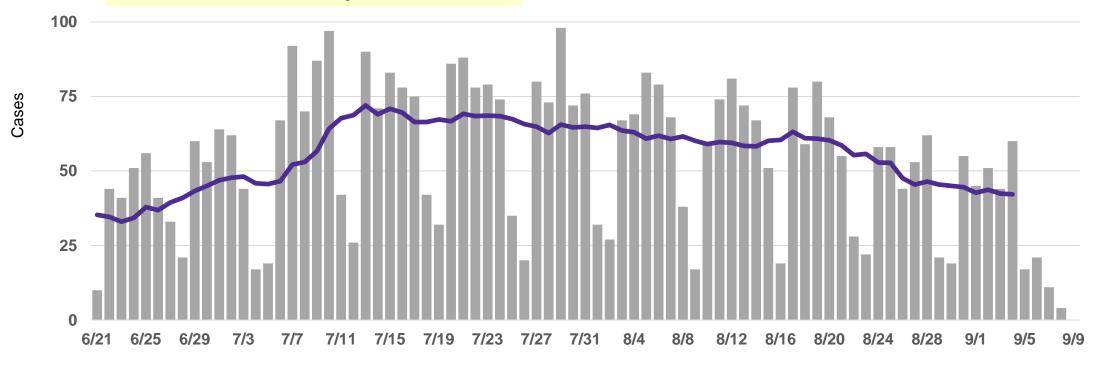
Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence.

Black, non-Latinx case incidence is moderately high and declining. Cases have been stable or decreasing for >28 days.

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

Reporting delays may be contributing to apparent declines in incident cases starting on 8/24.



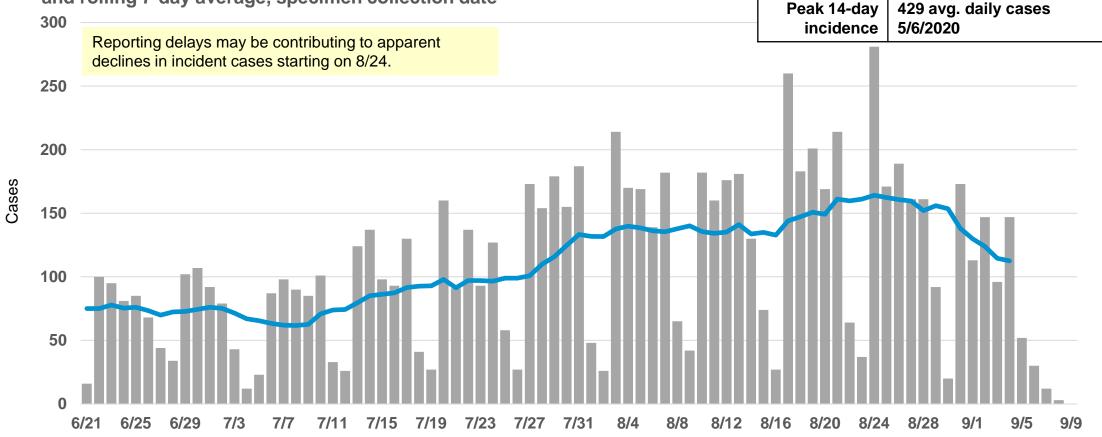


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Latinx case incidence is very high and declining. Cases have been decreasing for 6 days.

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.

Stable 10 days (8/6-8/16)

Stable 7 days (8/22-8/29)

(132 avg. daily cases*)

-3.4 cases per day

Decrease 6 days (8/29-9/4)

Increase 6 days (8/16-8/22) 4 C/D

Recent

Trend

14-day

14-day

slope

incidence

HIGH

DECLINE



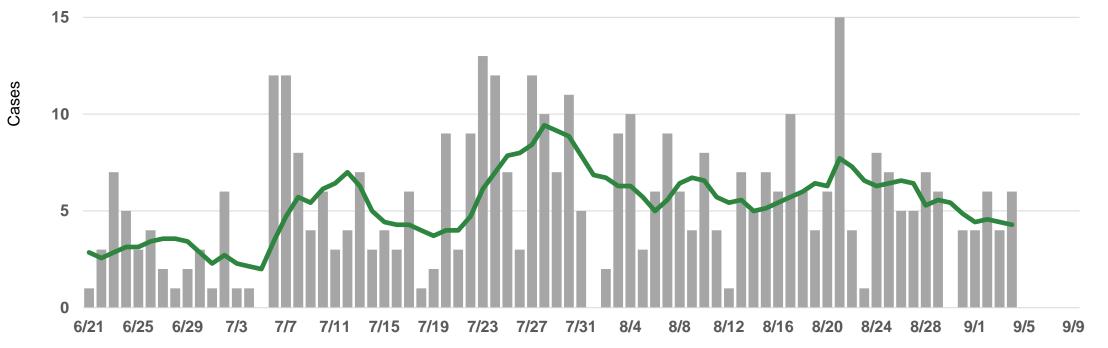
Asian, non-Latinx case incidence is moderate and declining. Cases have be decreasing for 13 days.

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

20

Reporting delays may be contributing to apparent declines in incident cases starting on 8/24.

Recent Trend	Stable 3 days (8/6-8/9) Decrease 5 days (8/9-8/14) Increase 8 days (8/14-8/22) 0.3 C/D Decrease 13 days (8/22-9/4)
14-day	MODERATE
incidence	(5 avg. daily cases*)
14-day	DECLINE
slope	-0.2 cases per day
Peak 14-day	21 avg. daily cases
incidence	4/26/2020



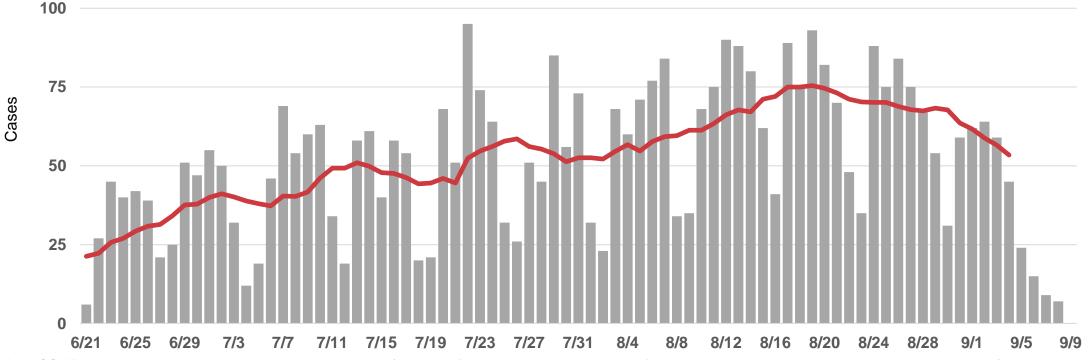
Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates 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); 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 declining. Cases stable or decreasing for 17 days.

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

Reporting delays may be contributing to apparent declines in incident cases starting on 8/24.

Recent Trend	Increase 12 days (8/6-8/18) 1.2 C/D Decrease 9 days (8/18-8/27) Stable 3 days (8/27-8/30) Decrease 5 days (8/30-9/4)
14-day incidence	MODERATELY HIGH (60 avg. daily cases*)
14-day	DECLINE
slope	-1.3 cases per day
Peak 14-day	107 avg. daily cases
incidence	4/30/2020



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); MODERATELY HIGH (51-99); HIGH (100+) and presented as corresponding daily counts color-coded to gating category.



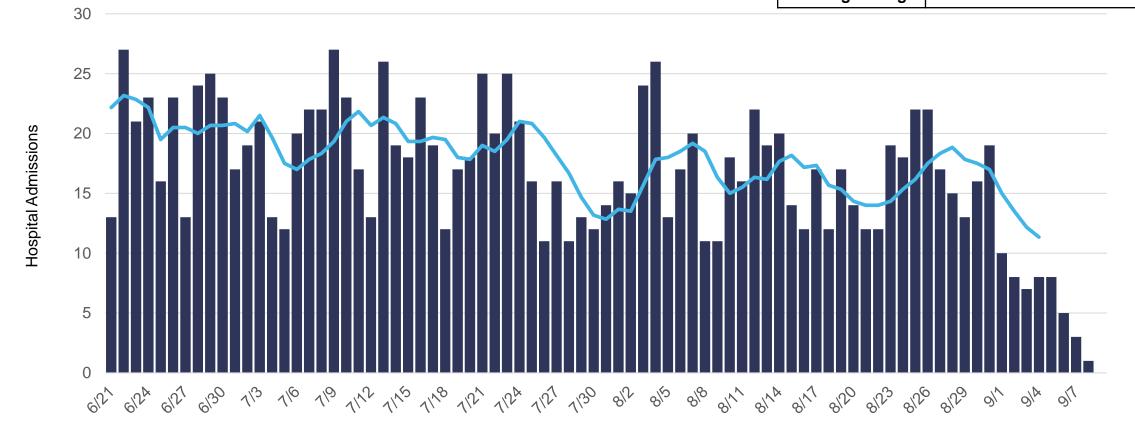
COVID-19 Severe Outcomes

Daily COVID-19 hospital admissions have been stable or decreasing for 7 days.

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

| Decrease 4 days (8/6-8/10) | Stable 5 days (8/10-8/15) | Decrease 7 days (8/15-8/22) | Increase 6 days (8/22-8/28) 0.8 A/D | Stable 3 days (8/28-8/31) | Decrease 4 days (8/31-9/4) |
| Peak 7-day rolling average | 173 avg. daily admissions | 4/12/2020

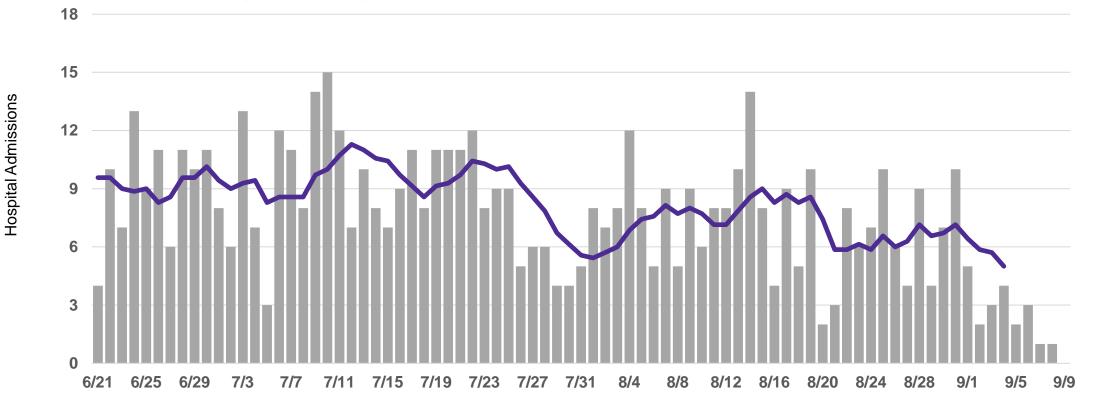




Black, non-Latinx hospital admissions have been stable or decreasing for >28 days.

	Stable 24 days (8/6-8/30) Decrease 5 days (8/30-9/4)
Peak 7-day rolling average	97 avg. daily admissions 4/6/2020

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



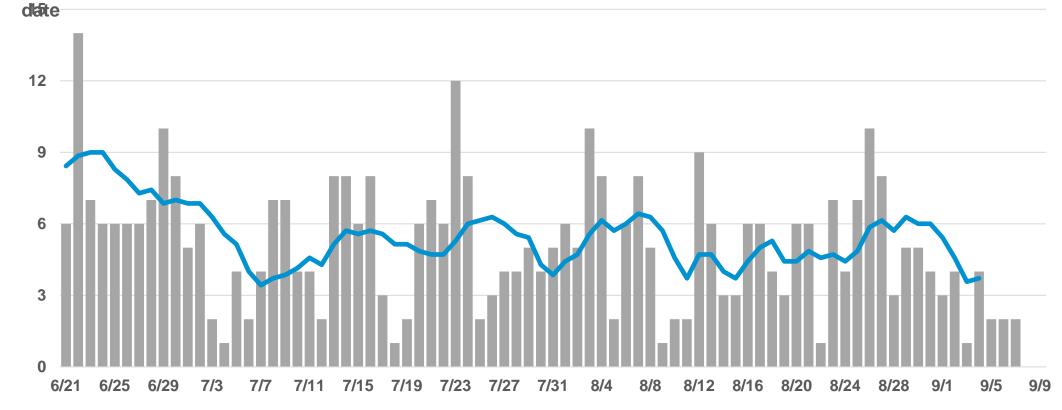


Hospital Admissions

Latinx hospital admissions at low incidence for >28 days.

	At or below 6 avg. daily admissions for 30 days
Peak 7-day rolling average	57 avg. daily admissions 4/28/2020

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

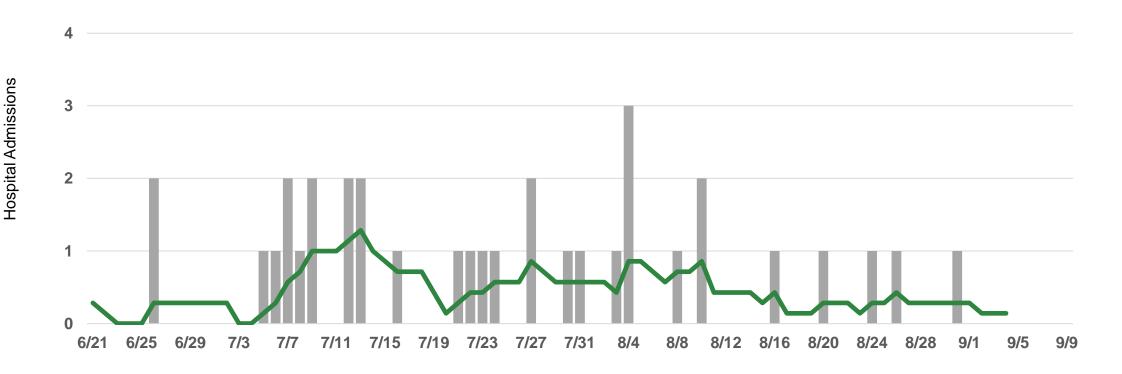




Asian non-Latinx hospital admissions at near-zero incidence for >28 days.

Recent Trend	At or below 1 avg. daily admissions for 30 days
Peak 7-day rolling average	8 avg. daily admissions 4/13/2020

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





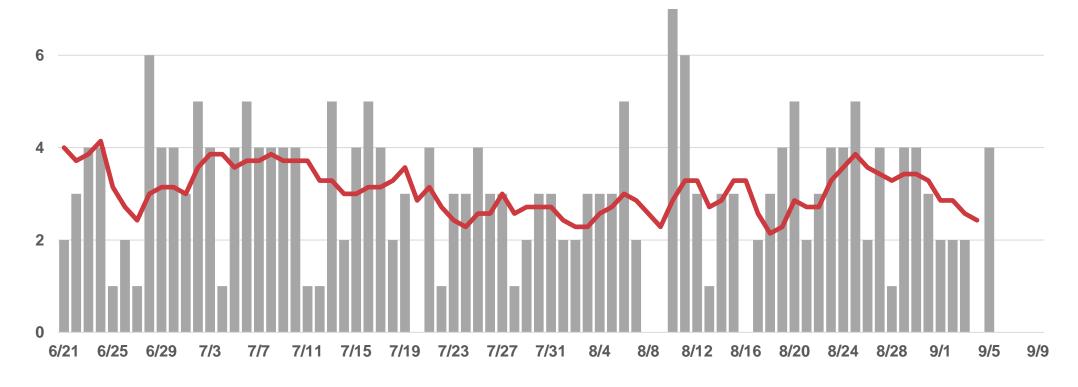
Hospital Admissions

White, non-Latinx hospital admissions at low incidence for >28 days.

Recent Trend Below 5 avg. daily admissions for 30 days

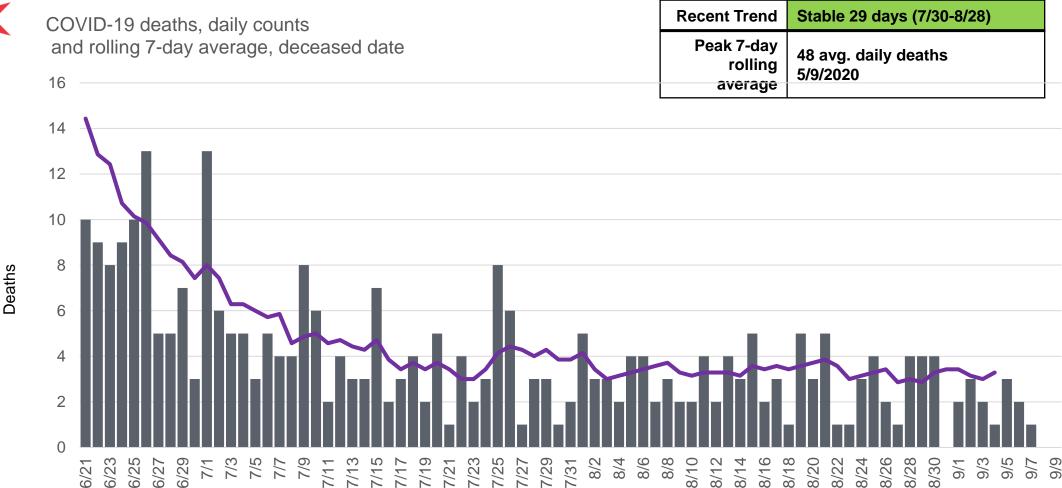
Peak 7-day rolling average 27 avg. daily admissions 5/6/2020

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



COVID-19 deaths are stable for >28 days with stable trend for most recent 29 days.







Emergency Department Visits

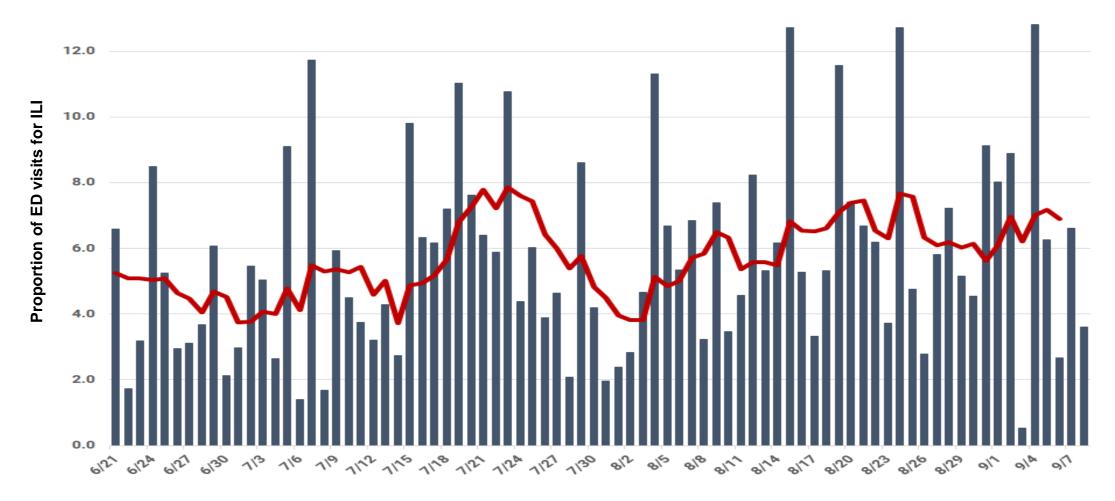
Proportion of ED visits for influenza-like illnesses has been increasing for 9 days.



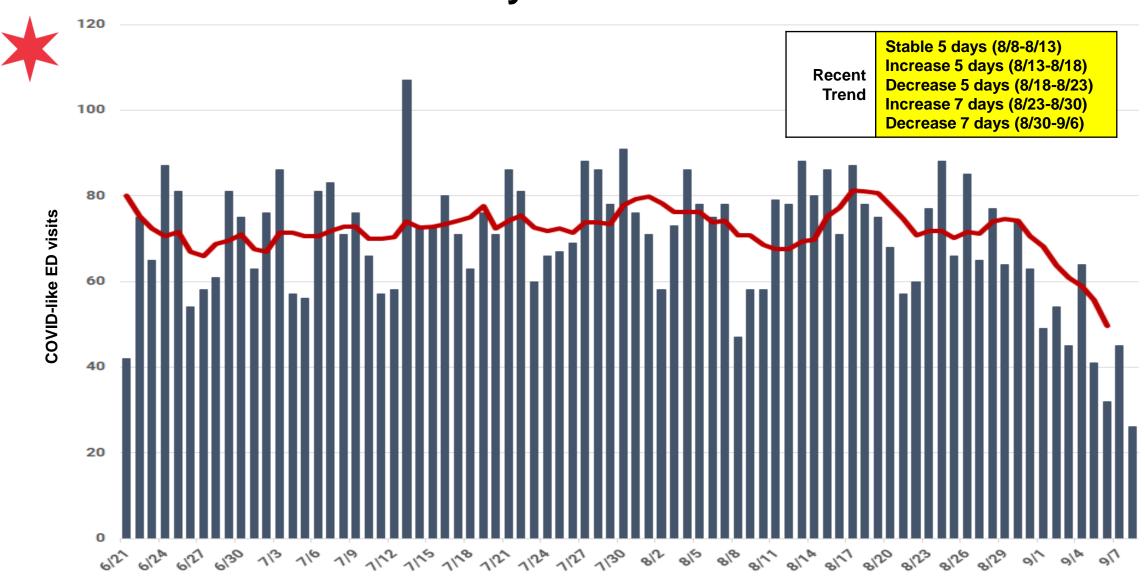
14.0

| `<u>`</u>`

Recent Trend Increase 17 days (8/8-8/25) Stable 3 days (8/25-8/28) Increase 9 days (8/28-9/6)



ED visits for COVID-like illness stable for 7 days after recent decrease for 7 days.



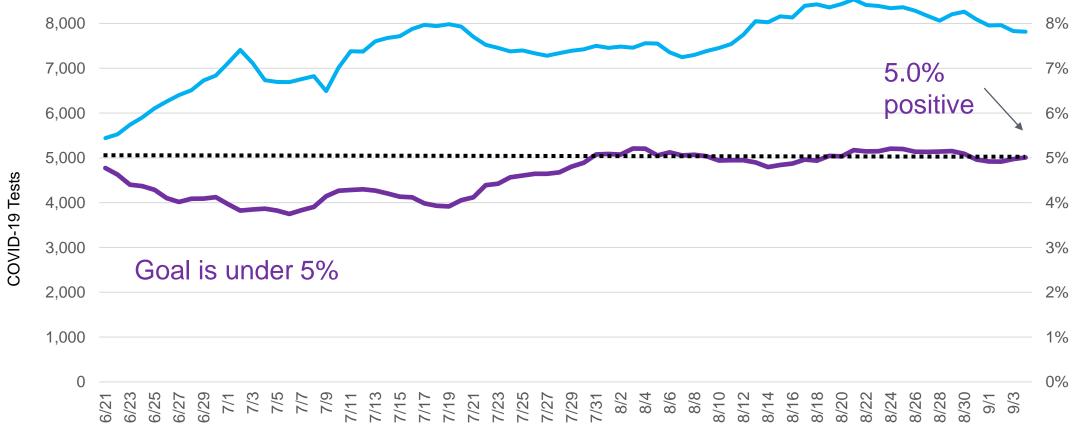


Test Positivity Rate

Test positivity is 5.0%. Rate has held steady since 7/31 despite increased testing



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



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 positive



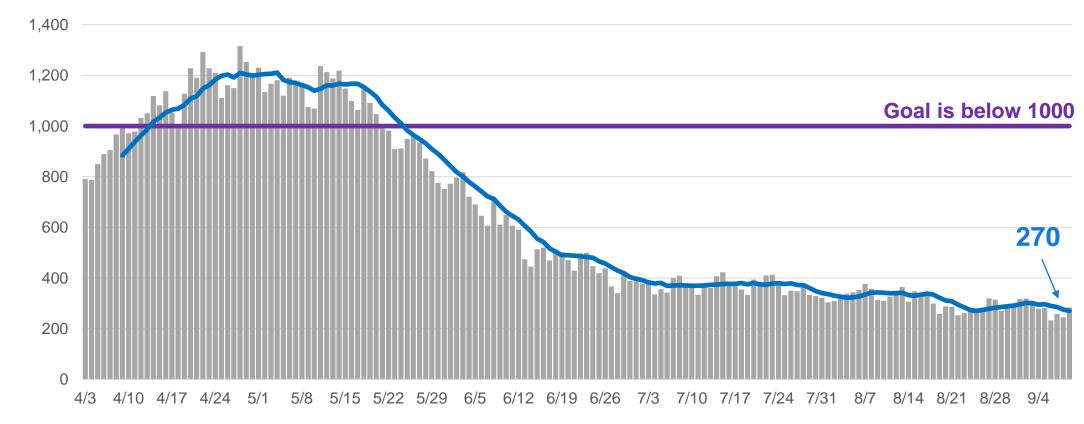
Hospital System Capacity

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



Non-ICU beds occupied by COVID-19 patients

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

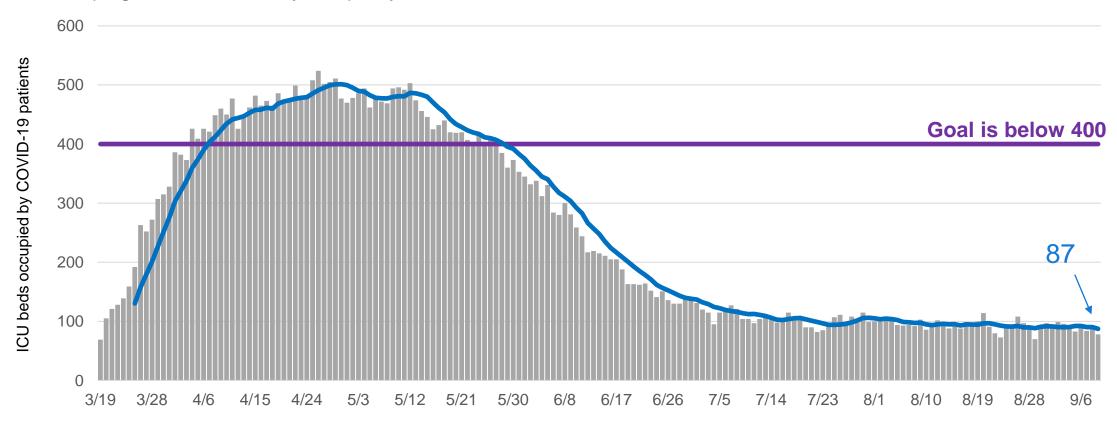


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning April 3 (acute non-ICU occupancy). Acute non-ICU bed counts include burn, emergency department, med/surg, other, pediatrics and psychiatry beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases.

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



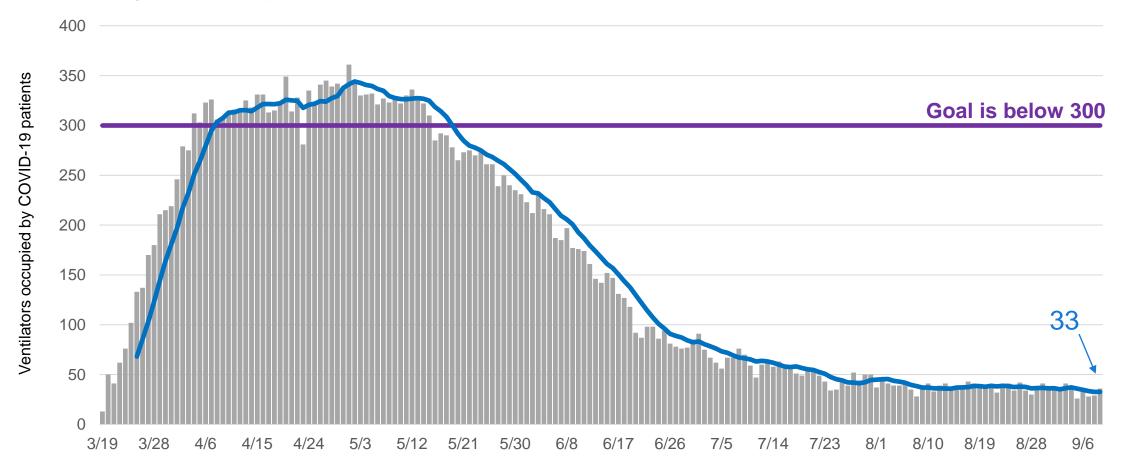
COVID-19 ICU beds occupied, daily counts, 7 day average and progress threshold, daily occupancy census



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

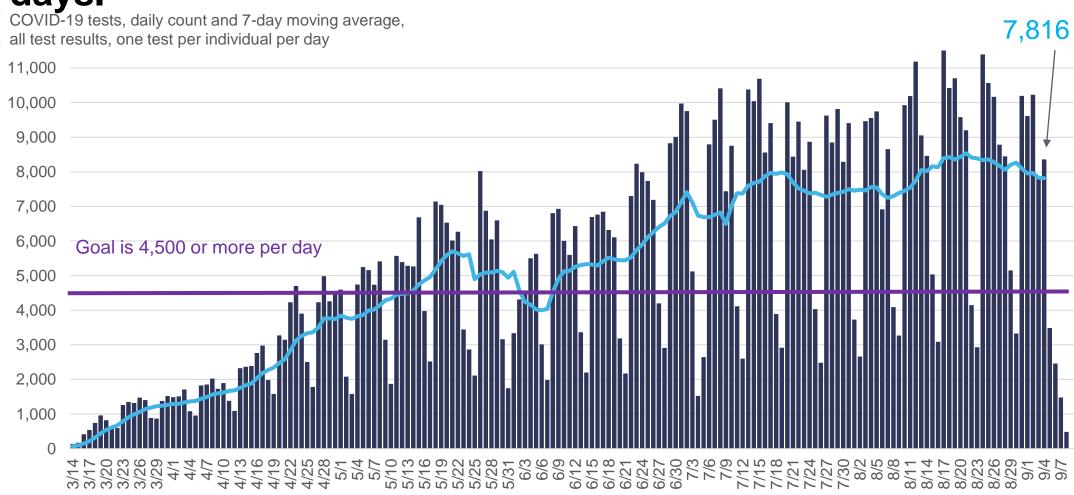


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia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



Diagnostic Testing Capacity

COVID-19 testing above 4,500 tests per day for 81 straight days.





Case Investigation Response Capacity

The percentage of cases assigned for case investigation within 24 hours has met or nearly met the target since the week of July 25.



Number of cases assigned for case investigation within 24 hrs, of all cases assigned for case investigation (C/B), by

