

Protecting Chicago: Phase IV Re-Opening Metrics Update

September 26, 2020

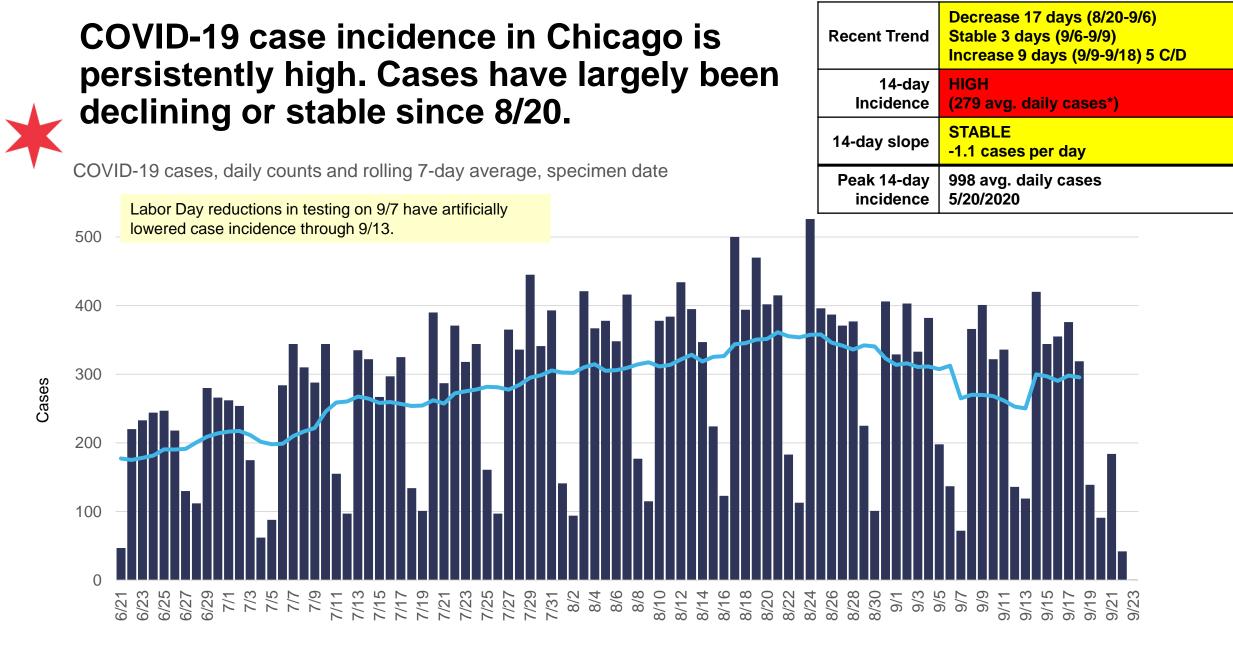
(Data current through 9/23/2020)

CDPH COVID-19 Phase IV starting June 26 2020

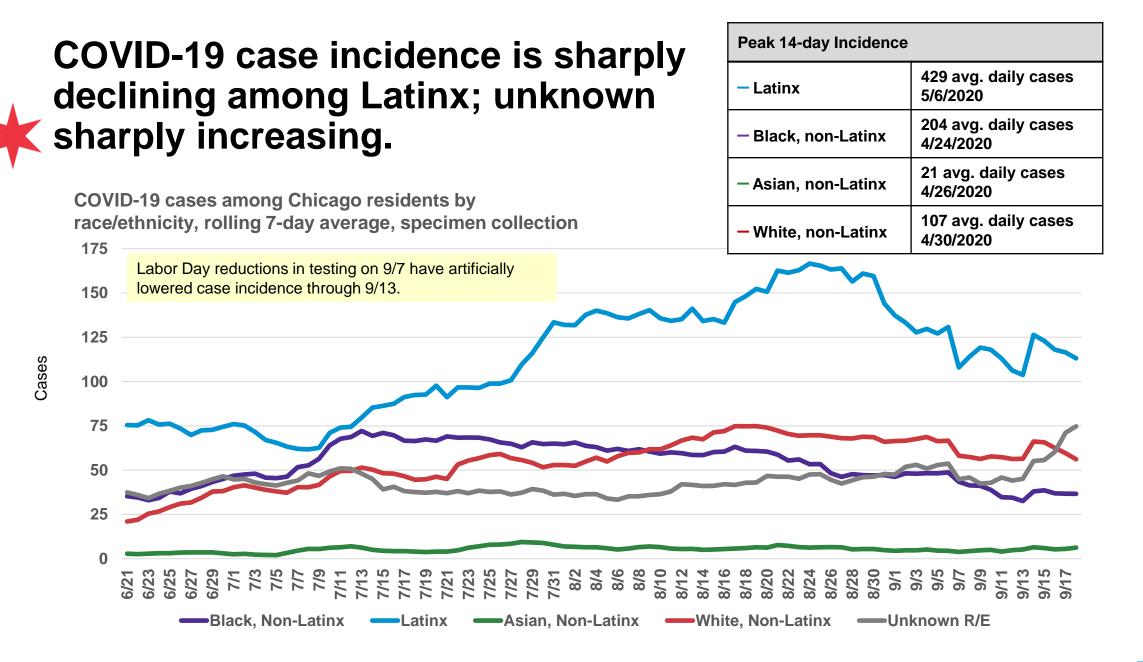
	Stop: May need to delay moving ahead	Caution: Pause and monitor	Go: Cautious progress	Go: Continued progress	Go: Advanced progress
Cases 7-day rolling daily average Hospitalizations 7-day rolling daily average Deaths 7-day rolling daily average COVID Emergency department visits	Any sustained increase >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)
7-day rolling daily average 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	<400 ICU be	beds occupied by C ds occupied by CO ors occupied by CO	/ID 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 ca <mark>ses</mark>



COVID-19 Confirmed Cases



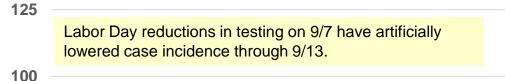
Daily COVID-19 cases with known specimen report date. *14-day incidence is calculated by summing all new cases in the most recent 14-day period and dividing by 14 days to find an average daily count. Incidence gating rank is determined using 14-day cumulative incidence/100,000 population. The gating 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.



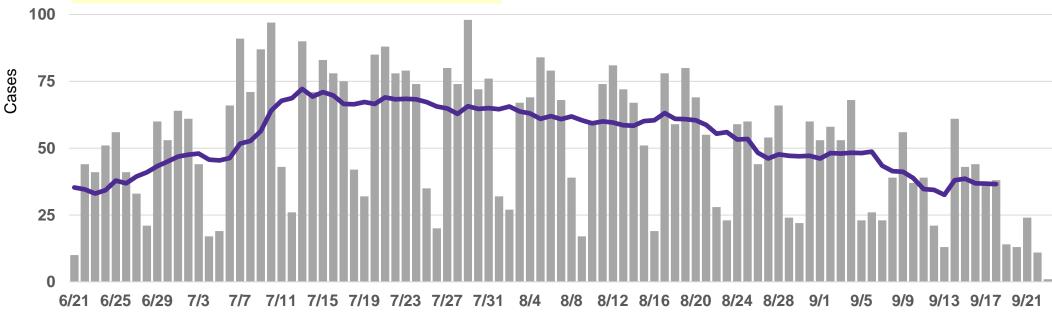
Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence.

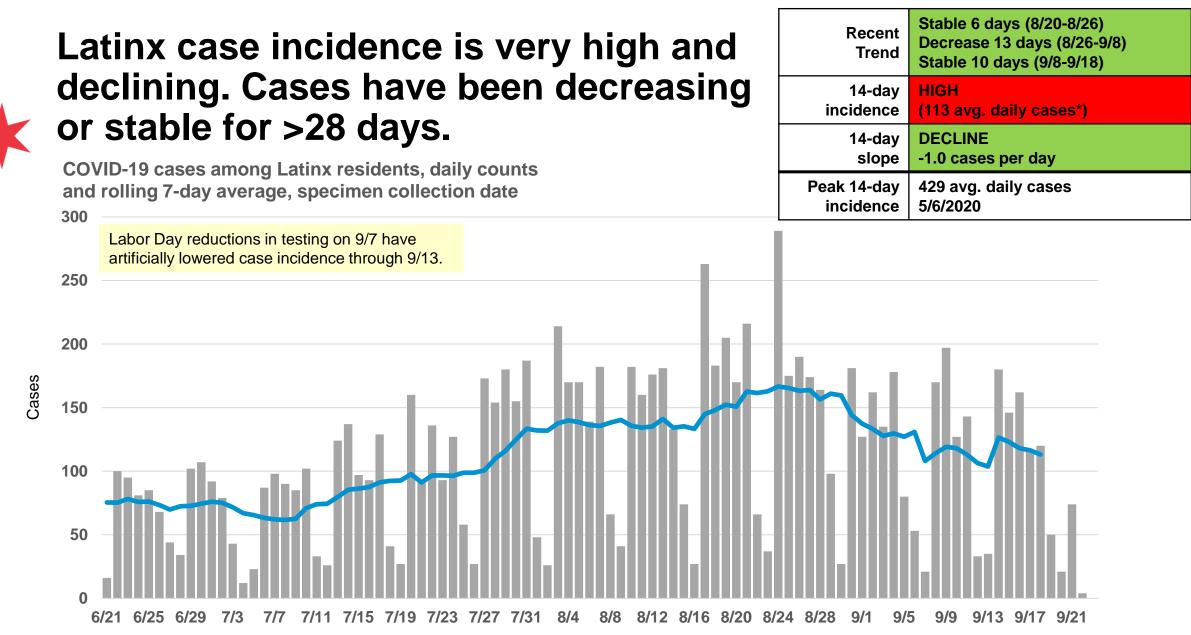
Black case incidence is now moderately high. Cases have been largely decreasing and stable since 8/17.

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



Recent Trend	Decrease 7 days (8/20-8/27) Stable 10 days (8/27-9/6) Decrease 6 days (9/6-9/12) Increase 6 days (9/12-9/18) 1 C/D
14-day	MODERATELY HIGH
incidence	(36 avg. daily cases*)
14-day	STABLE
slope	-0.8 cases per day
Peak 14-day	204 avg. daily cases
incidence	4/24/2020





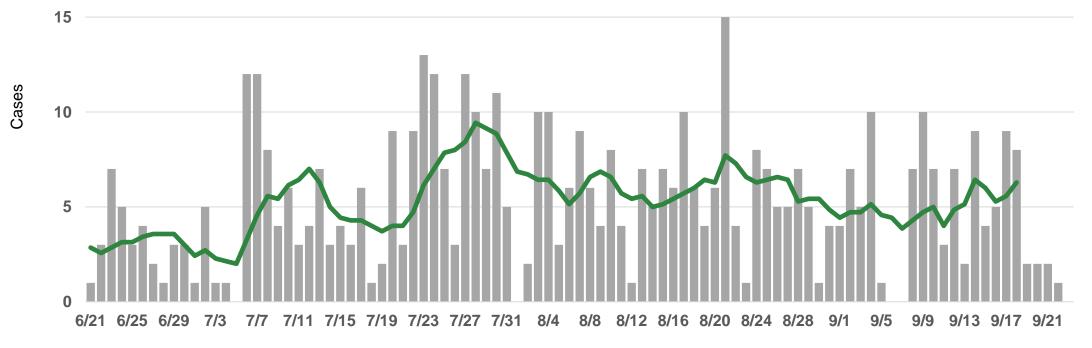
Asian, non-Latinx case incidence is moderate and stable. Cases have been increasing for 11 days.

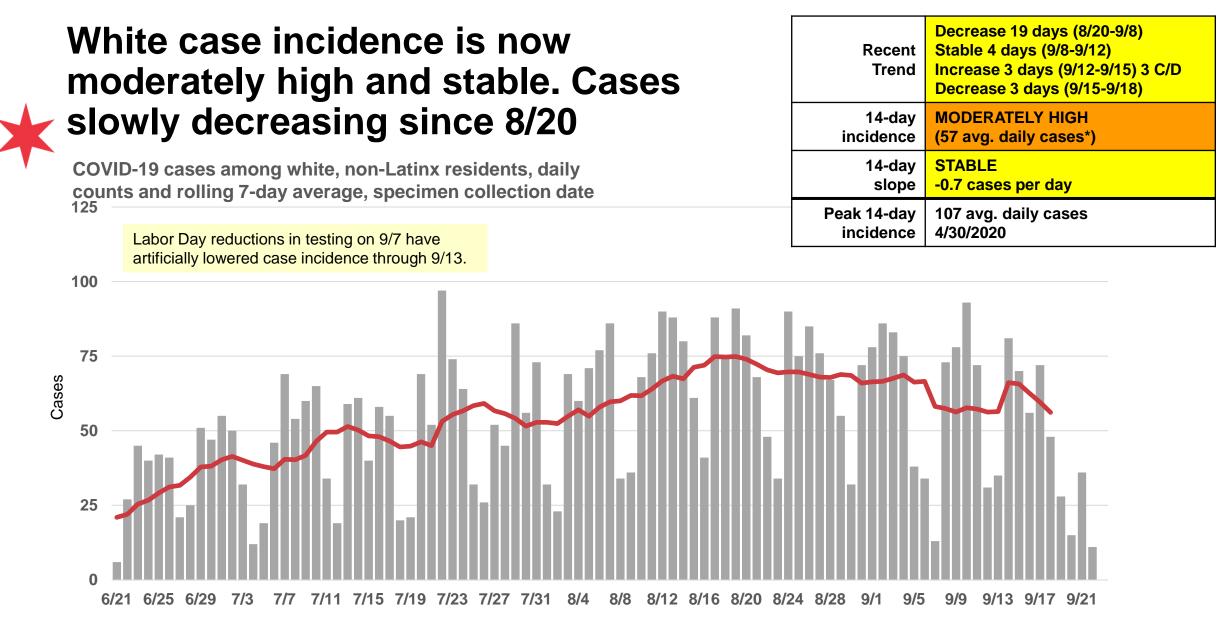
COVID-19 cases among Asian, non-Latinx residents, daily counts and rolling 7-day average, specimen collection date

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Labor Day reductions in testing on 9/7 have artificially lowered case incidence through 9/13.

Recent	Decrease 18 days (8/20-9/7)
Trend	Increase 11 days (9/7-9/18)
14-day	MODERATE
incidence	(5 avg. daily cases*)
14-day	STABLE
slope	+0.1 cases per day
Peak 14-day	21 avg. daily cases
incidence	4/26/2020





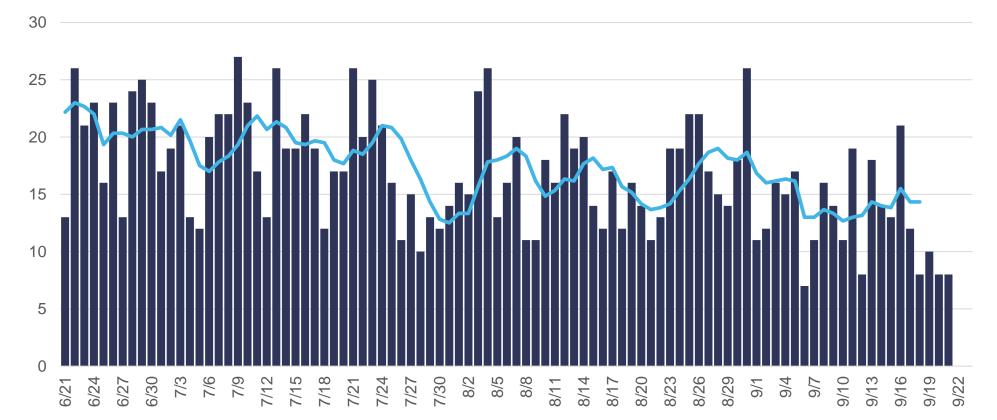


COVID-19 Severe Outcomes

COVID-19 hospital admissions have been stable or decreasing for 22 days.

Recent Trend	Stable 3 days (8/20-8/23) Increase 4 days (8/23-8/27) 1 A/D Decrease 14 days (8/27-9/10) Stable 8 days (9/10-9/18)
Peak 7-day	173 avg. daily admissions
rolling average	4/12/2020

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



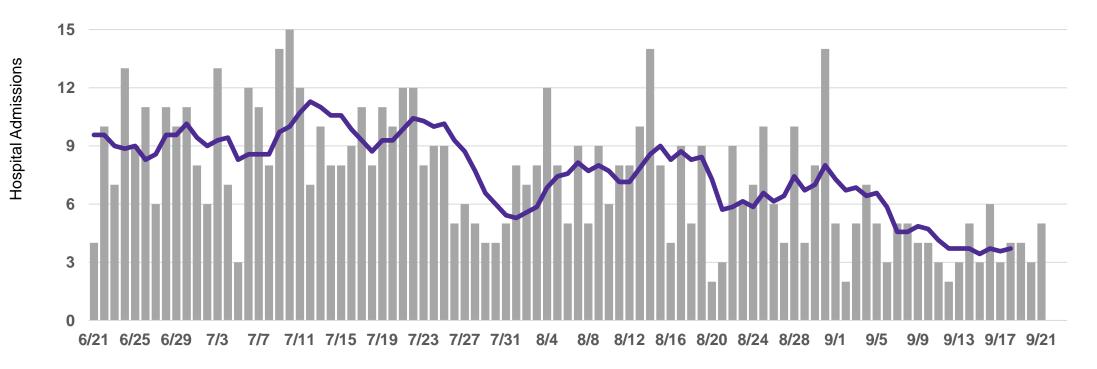
Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to 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.

Black, hospital admissions stable or decreasing for 16 days and are now at low incidence.

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

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Recent Trend	Increase 13 days (8/20-9/2) 0 A/D Decrease 13 days (9/2-9/15) Stable 3 days (9/15-9/18)
Peak 7-day	97 avg. daily admissions
rolling average	4/6/2020



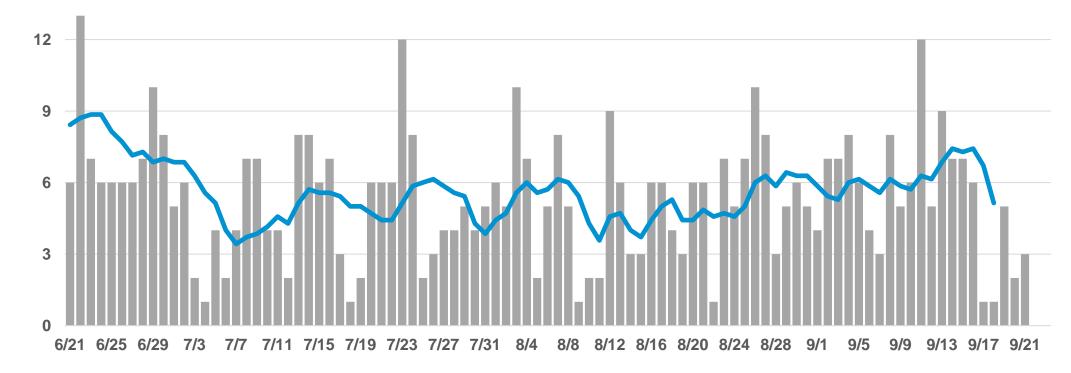
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Latinx hospital admissions at low incidence for >28 days.

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

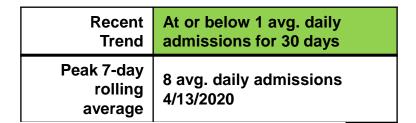
COVID-19 hospital admissions among Latinx residents, daily counts and rolling 7-day average, first known hospital admit date

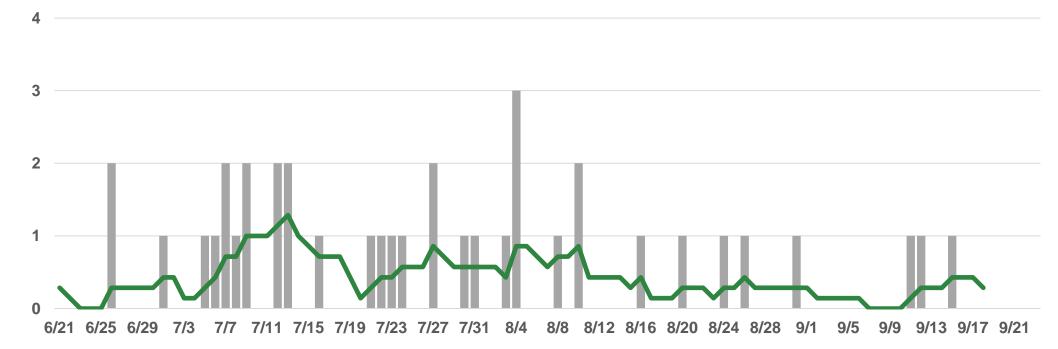


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Asian non-Latinx hospital admissions at near-zero incidence for >28 days.

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





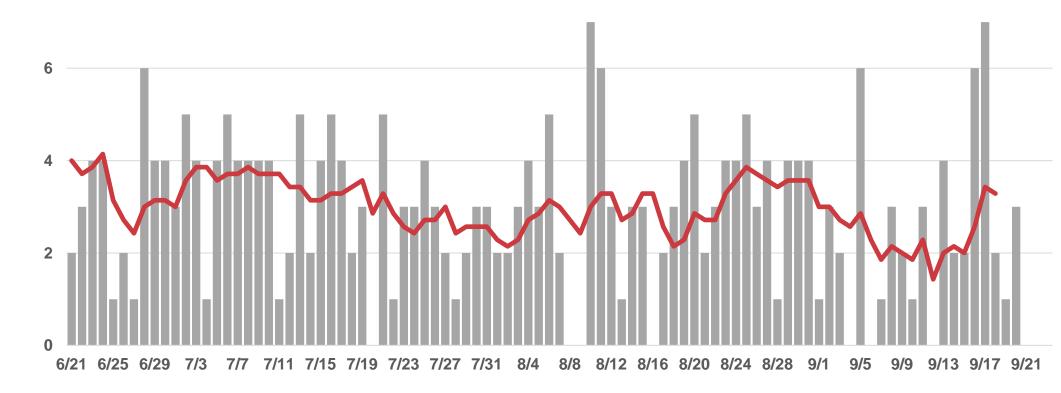
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White, non-Latinx hospital admissions at low incidence for >28 days.

Recent
TrendBelow 5 avg. daily
admissions for 30 daysPeak 7-day
rolling
average27 avg. daily admissions
5/6/2020

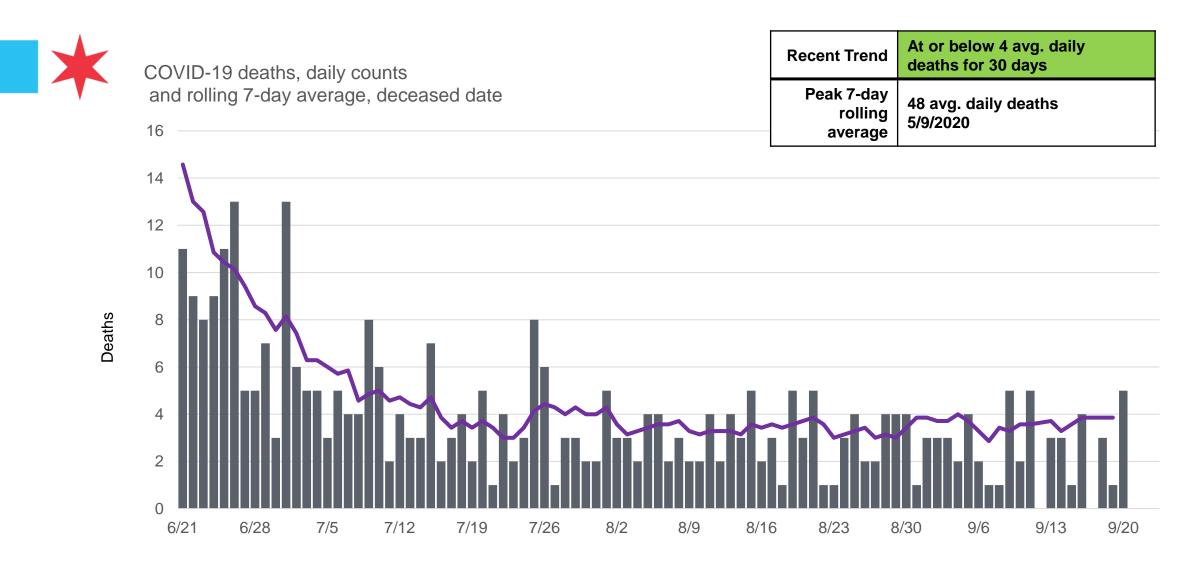
COVID-19 hospital admissions among white, non-Latinx residents, daily counts and rolling 7-day average, first known hospital admit date



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.

Hospital Admissions

COVID-19 deaths are stable at 3 or 4 deaths per day.

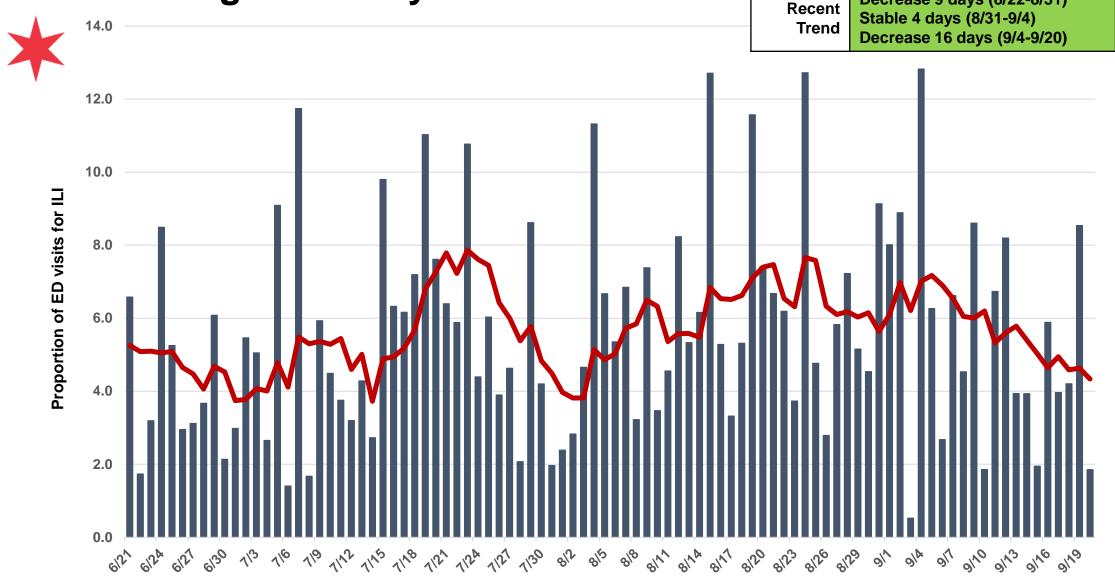


Daily COVID-19 deaths reported for Chicago residents with known death date. Data source: INEDSS. Daily counts for most recent dates displayed are likely incomplete.



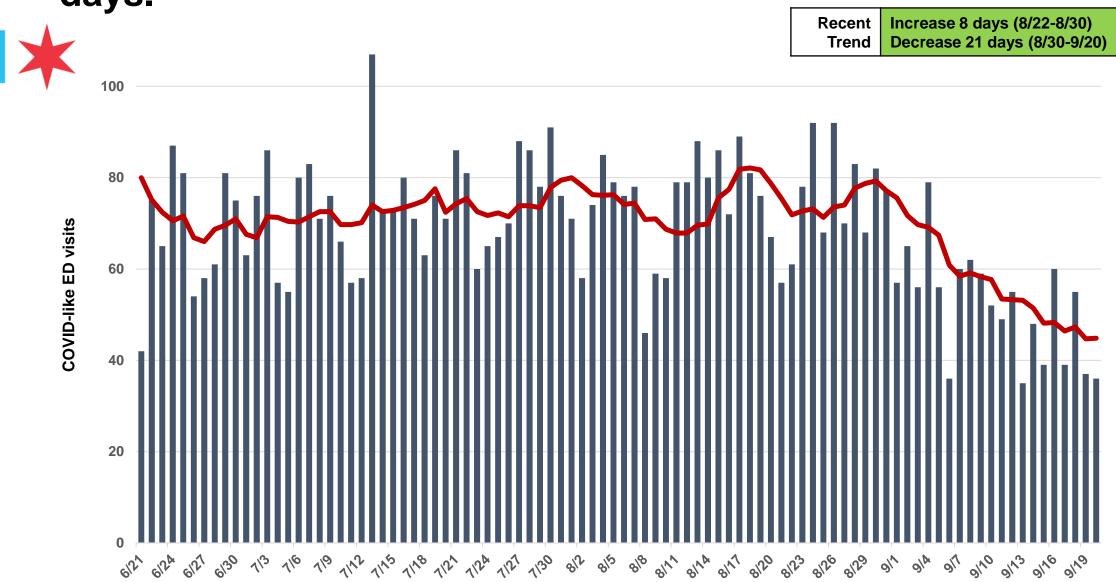
Emergency Department Visits

Proportion of ED visits for influenza-like illnesses has been decreasing for 16 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 has been decreasing for 21 days.



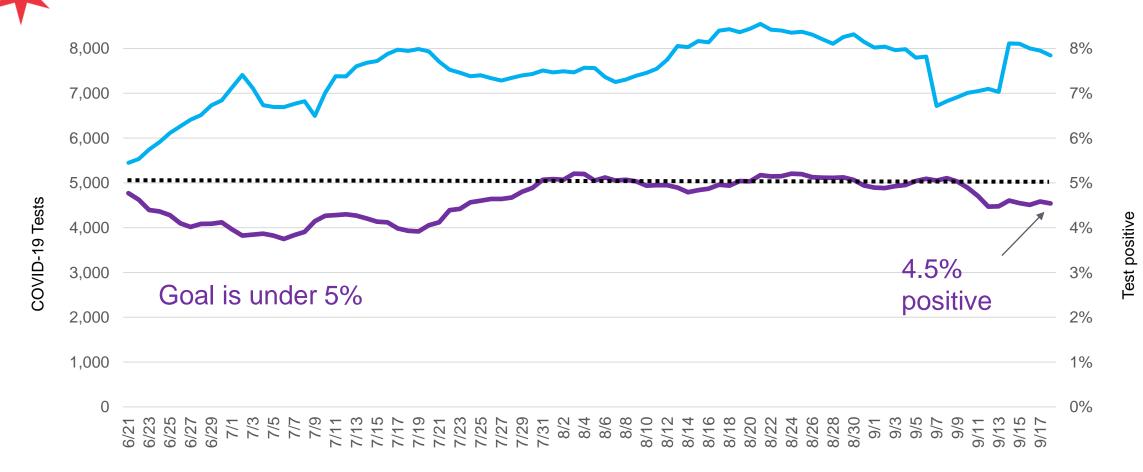
Percentage of all emergency department visits reported with COVID-like symptoms among Chicago residents. Data Source: Illinois Hospital Emergency Departments reporting to CDPH through the National Syndromic Surveillance Project.



Test Positivity Rate

Test positivity is 4.5%. Rate decreased in the past week despite sharp increases in testing

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



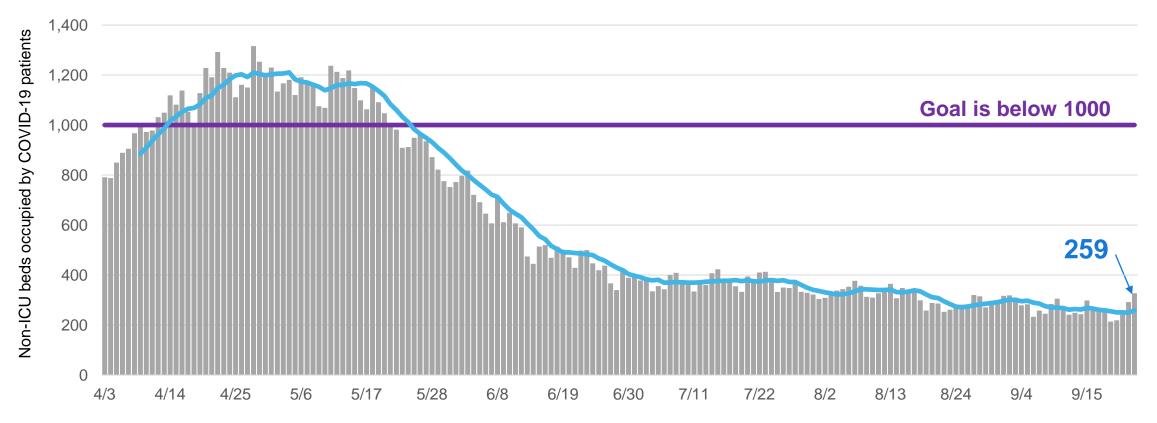
As of 7/30/2020, test positivity is being reported rather than percent positivity. Test positivity is the number of positive tests divided by all tests performed in contrast to percent positivity which is the number of individuals tested positive divided by the total number of individuals tested (Source: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



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

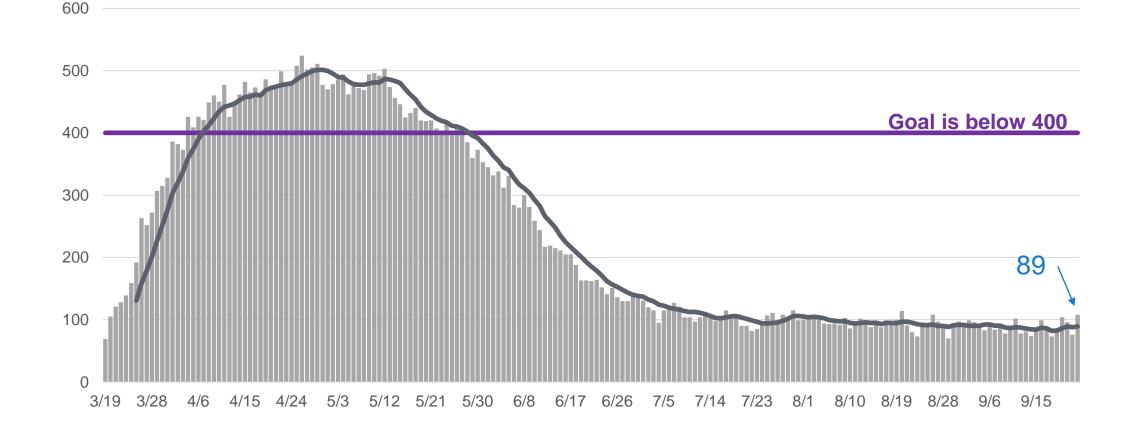


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning April 3 (acute non-ICU occupancy). Acute non-ICU bed counts include burn, emergency department, med/surg, other, pediatrics and psychiatry beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes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

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

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

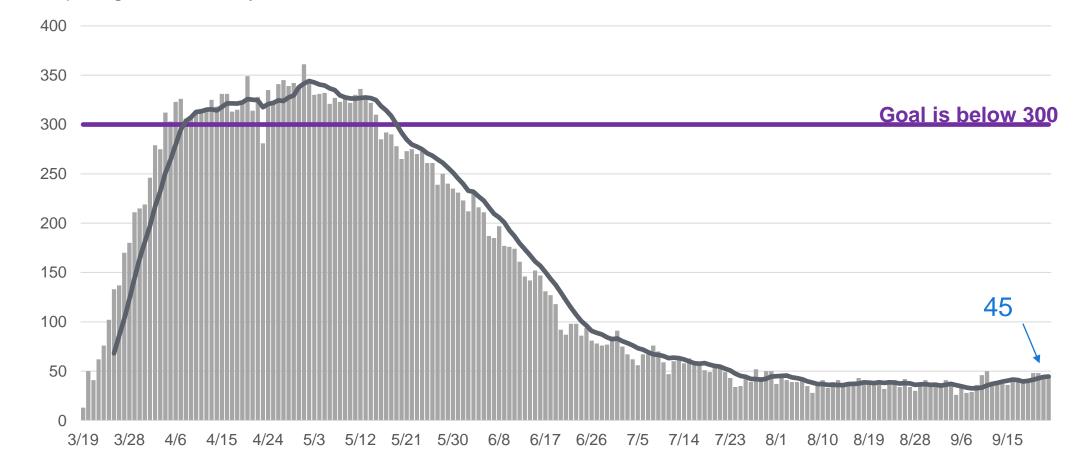


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. ICU bed count includes all adult and pediatric ICU beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, the definition of ICU status changed as requested by HHS.

Ventilator capacity adequate: <300 patients with COVID-19 on ventilators. Increases seen in past 2 weeks.



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

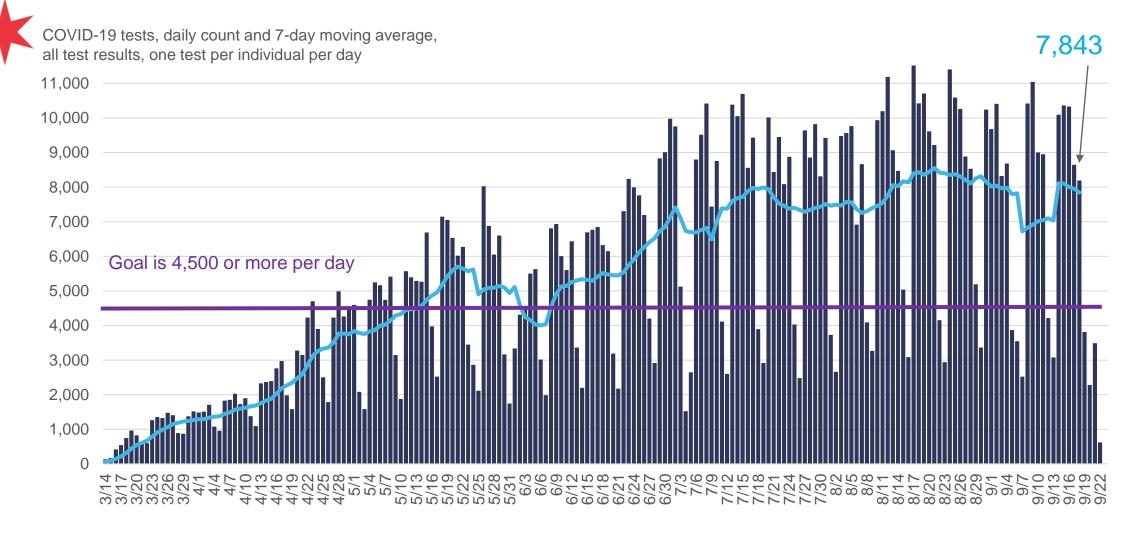


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia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



Diagnostic Testing Capacity

COVID-19 testing above 4,500 tests per day for 95 straight days. Testing numbers have recovered after holiday weekend.

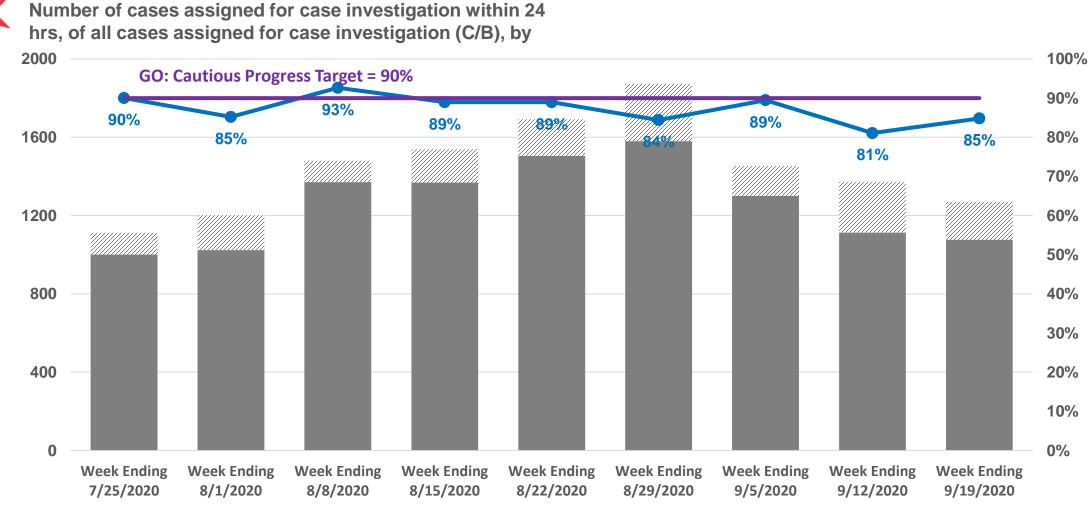


All COVID-19 tests performed on Chicago residents per day as reported by electronic lab reporting from IDPH. 4,500 tests per day represents the capacity to test 5% of Chicago residents per month. Daily counts for most recent dates displayed are likely incomplete.



Case Investigation & Contact Tracing Response

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



Cases assigned within 24h (n)

Cases not assigned within 24h (n)