Protecting Chicago: Phase IV Re-Opening Metrics Update

For week ending September 5, 2020
(Data updated September 8, 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>Cases</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>Hospitalizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deaths</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID Emergency department visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positivity rate</td>
<td>&gt;10%</td>
<td>5% - 10%</td>
<td>&lt;5%</td>
<td>&lt;5%</td>
<td>&lt;5%</td>
</tr>
<tr>
<td>Hospital system capacity</td>
<td>&gt;1280 non-ICU beds &gt;480 ICU beds &gt;360 ventilators</td>
<td>&gt;1000 non-ICU beds &gt;400 ICU beds &gt;300 ventilators</td>
<td>&lt;1000 non-ICU beds occupied by COVID patients &lt;400 ICU beds occupied by COVID patients &lt;300 ventilators occupied by COVID patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testing capacity</td>
<td>Unexplained decline in testing &lt;4500 total tests/day</td>
<td>Explained decline in testing &lt;4500 total tests/day</td>
<td></td>
<td>Stable testing &gt;4500 total tests/day</td>
<td></td>
</tr>
<tr>
<td>Response capacity</td>
<td>N/A</td>
<td>N/A</td>
<td>Initiate case investigation within 24h of assignment for 50% of cases 75% of cases 90% of cases</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CDPH COVID-19 Phase IV starting June 26 2020
COVID-19 Confirmed Cases
COVID-19 case incidence in Chicago is persistently high and stable, and now decreasing for 7 days.

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

Recent Trend
Increase 22 days (7/30-8/21) 2.7 C/D
Decrease 7 days (8/21-8/28)

14-day Incidence
HIGH (347 avg. daily cases*)

14-day slope
STABLE +1.1 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); 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.
COVID-19 case incidence is very high among Latinx compared to other race/ethnicities.

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

Peak 14-day Incidence

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Peak Date</th>
<th>Average Daily Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latinx</td>
<td>5/6/2020</td>
<td>429</td>
</tr>
<tr>
<td>Black, non-Latinx</td>
<td>4/24/2020</td>
<td>204</td>
</tr>
<tr>
<td>Asian, non-Latinx</td>
<td>4/26/2020</td>
<td>21</td>
</tr>
<tr>
<td>White, non-Latinx</td>
<td>4/30/2020</td>
<td>107</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 moderately high and declining. Cases stable or decreasing for >28 days.

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

<table>
<thead>
<tr>
<th>Recent Trend</th>
<th>14-day incidence</th>
<th>14-day slope</th>
<th>Peak 14-day incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decrease 15 days (7/30-8/13)</td>
<td>MODERATELY HIGH (52 avg. daily cases*)</td>
<td>DECLINE -1.0 cases per day</td>
<td>204 avg. daily cases 4/24/2020</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. 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 very high and growing. Cases have been decreasing for 4 days after long increase.

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

300

250

200

150

100

50

0


Recent Trend
Increase 5 days (7/30-8/4) 3 C/D
Stable 11 days (8/4-8/15)
Increase 9 days (8/15-8/24) 3 C/D
Decrease 4 days (8/24-8/28)

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

14-day slope
GROWTH
+1.1 cases per day

Peak 14-day incidence
429 avg. daily cases
5/6/2020

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 moderately high and stable. Cases have been decreasing for 6 days.

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

Recent Trend
- Decrease 7 days (7/30-8/6)
- Stable 3 days (8/6-8/9)
- Decrease 6 days (8/9-8/14)
- Increase 8 days (8/14-8/22) 0.3 C/D
- Decrease 6 days (8/22-8/28)

14-day incidence
- MODERATELY HIGH (7 avg. daily cases*)

14-day slope
- STABLE
- 0.0 cases per day

Peak 14-day incidence
- 21 avg. daily cases 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); 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 high and stable. Cases are now decreasing following a long increase.

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

---

<table>
<thead>
<tr>
<th>Recent Trend</th>
<th>Increase 19 days (7/30-8/18) 1.2 C/D</th>
</tr>
</thead>
<tbody>
<tr>
<td>14-day incidence</td>
<td>HIGH (70 avg. daily cases*)</td>
</tr>
<tr>
<td>14-day slope</td>
<td>STABLE -0.3 cases per day</td>
</tr>
<tr>
<td>Peak 14-day incidence</td>
<td>107 avg. daily cases 4/30/2020</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. 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 have been stable or decreasing for 13 days.

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, non-Latinx hospital admissions have been stable or decreasing for 21 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>Recent Trend</th>
<th>Increase 8 days (7/30-8/7) 0.3 A/D Stable 8 days (8/7-8/15) Decrease 13 days (8/15-8/28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak 7-day rolling average</td>
<td>97 avg. daily admissions 4/6/2020</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.
Latinx hospital admissions at low incidence for >28 days.

<table>
<thead>
<tr>
<th>Peak 7-day rolling average</th>
<th>57 avg. daily admissions 4/28/2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent Trend</td>
<td>At or below 6 avg. daily admissions for 30 days</td>
</tr>
</tbody>
</table>

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.
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

<table>
<thead>
<tr>
<th>Recent Trend</th>
<th>At or below 1 avg. daily admissions for 30 days</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 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

<table>
<thead>
<tr>
<th>Recent Trend</th>
<th>Below 5 avg. daily admissions for 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peak 7-day rolling average</td>
<td>27 avg. daily admissions 5/6/2020</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.
COVID-19 deaths are stable for >28 days with stable trend for most recent 29 days.

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

**Recent Trend | Stable 29 days (7/30-8/28)**

| 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.
Emergency Department Visits
Proportion of ED visits for influenza-like illnesses decreasing for 10 days.

Recent Trend
- Increase 8 days (8/1-8/9)
- Stable 3 days (8/9-8/12)
- Increase 8 days (8/12-8/20)
- Decrease 10 days (8/20-8/30)

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 stable for 8 days after recent decrease 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 now **above 5.0%**.

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.

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.

Goal is below 400
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 74 straight days.

COVID-19 tests, daily count and 7-day moving average, all test results, one test per individual per day.

Goal is 4,500 or more per day

8,033

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.