

# Protecting Chicago: Phase III Re-Opening Metrics Update

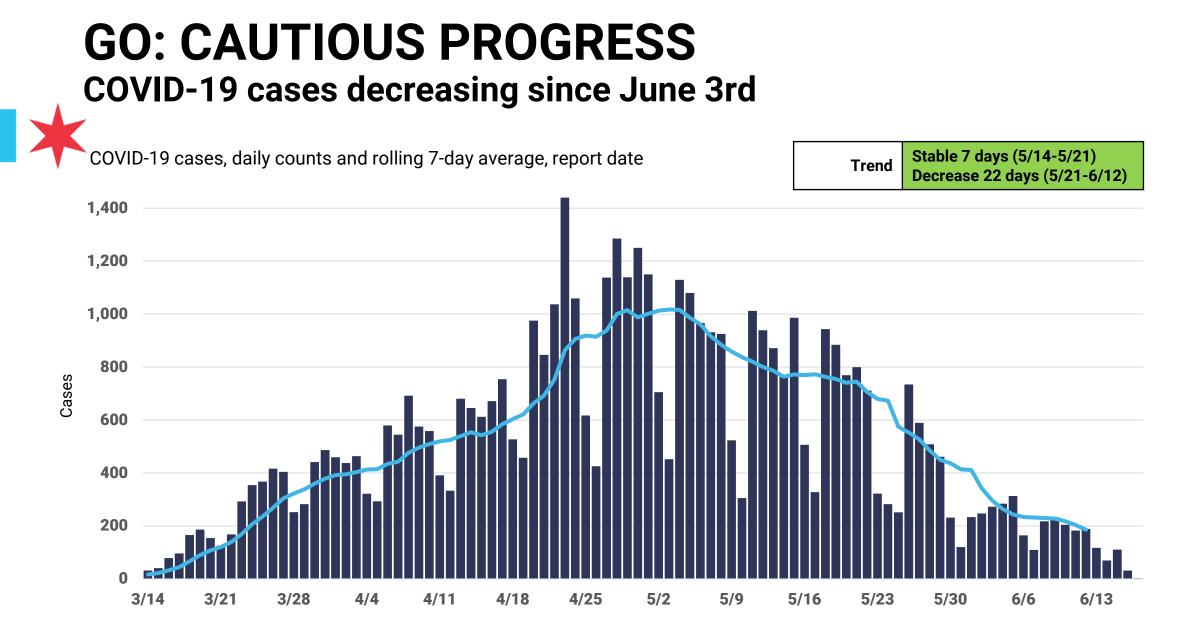
June 19, 2020 (Analysis as of 6/12/2020)

#### CDPH COVID-19 Moving from Phase III to Phase IV starting June 3 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 averageHospitalizations 7-day rolling daily averageDeaths 7-day rolling daily averageCOVID Emergency department visits 7-day rolling daily average	Any sustained increase >14 days within phase	Increase 0-14 days	Stable or decrease 0-13 days w/o preceding increase	Stable or decrease 14-28 days	Stable or decrease >28 days and/or sustained <200 new cases per day (1 case per 10,000 persons)
Positivity rate 7-day rolling daily average	>15% citywide	13-15%	10-13%	7-10%	<7%
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		
<b>Testing capacity</b> 7-day rolling daily average	Unexplained decline in testing <4500 tests/day	Explained decline in testing <4500 tests/day	Stable testing >5% of residents per month (>4500 tests/day); or increase to >6500 diagnostic tests/day		
Response capacity	N/A	N/A	Initiate case investigation within 24h of assignment for 50% of cases 75% of cases 90% of cas <mark>es</mark>		



# **COVID-19 Confirmed Cases**

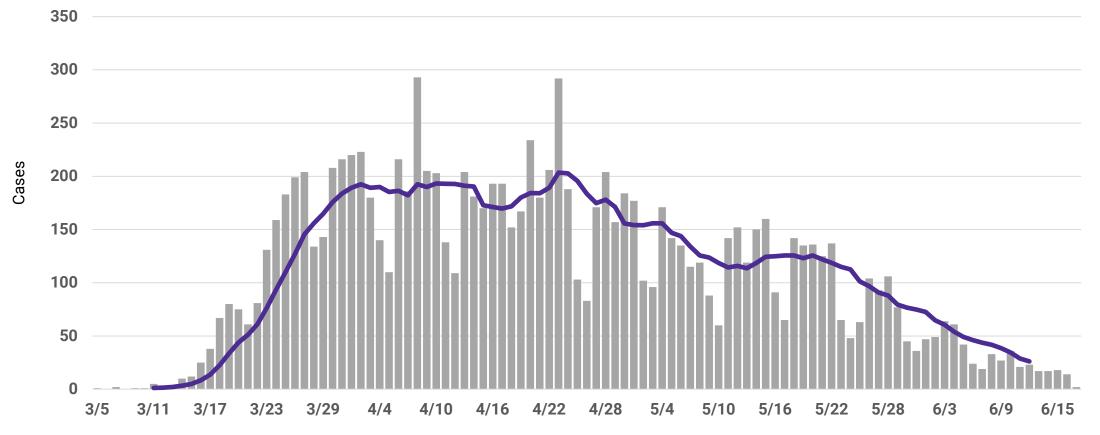


Daily COVID-19 cases with known specimen report date. \*14-day incidence is calculated by summing all new cases in the most recent 14 day period and dividing by 14 days to find an average. Incidence gating rank is determined using 14-day average incidence/100,000 population. The gating rank categories are defined as follows. LOW (1-10); MODERATE (11-50); MODERATELY HIGH (51-99); HIGH (100+). Daily counts for most recent dates displayed are likely incomplete.

### **GO: CAUTIOUS PROGRESS** Black, non-Latinx cases decreasing since June 3<sup>rd</sup>

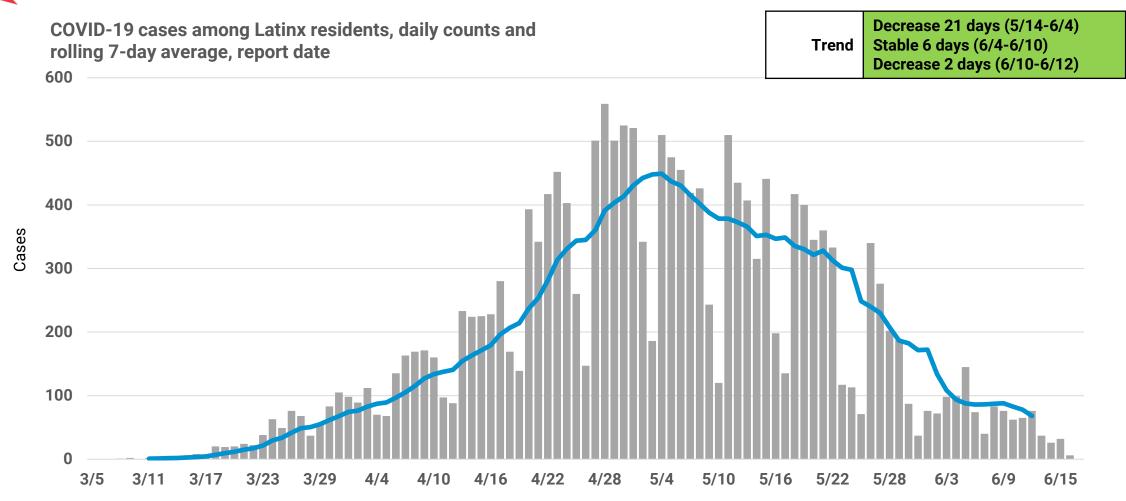
COVID-19 cases among Black, non-Latinx residents, daily counts and rolling 7-day average, report date

TrendStable 7 days (5/14-5/21)<br/>Decrease 22 days (5/21-6/12)



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. Incidence gating rank is determined using 14-day average incidence/100,000 population. The gating rank categories are defined as follows. LOW (1-10); MODERATE (11-50); MODERATELY HIGH (51-99); HIGH (100+).

#### New Latinx cases stable or decreasing since June 3rd



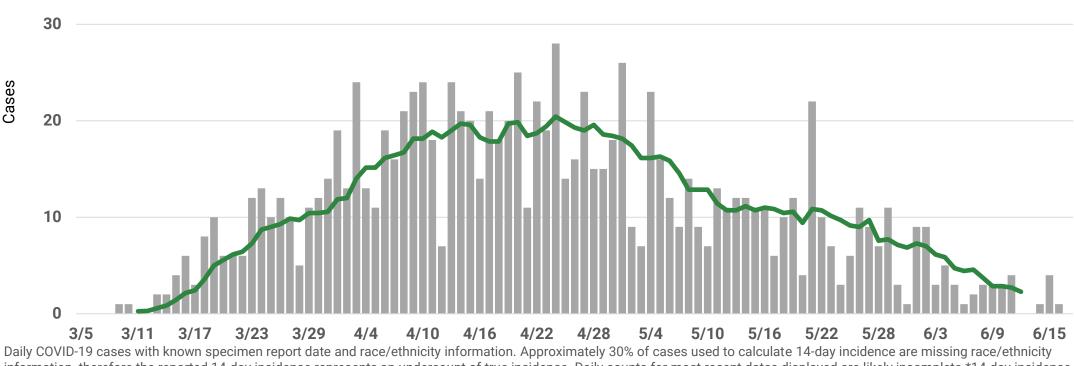
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### **GO: CAUTIOUS PROGRESS** Asian, non-Latinx cases decreasing since June 3<sup>rd</sup>

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

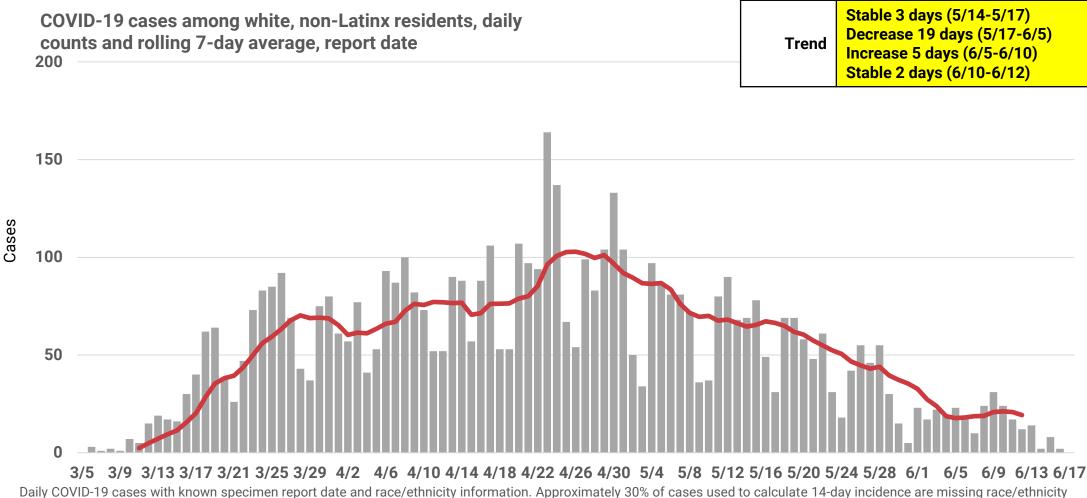
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Trend Decrease 29 days (5/14-6/12)



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### **CAUTION: PAUSE AND MONITOR** White, non-Latinx cases stable or increasing since June 3rd



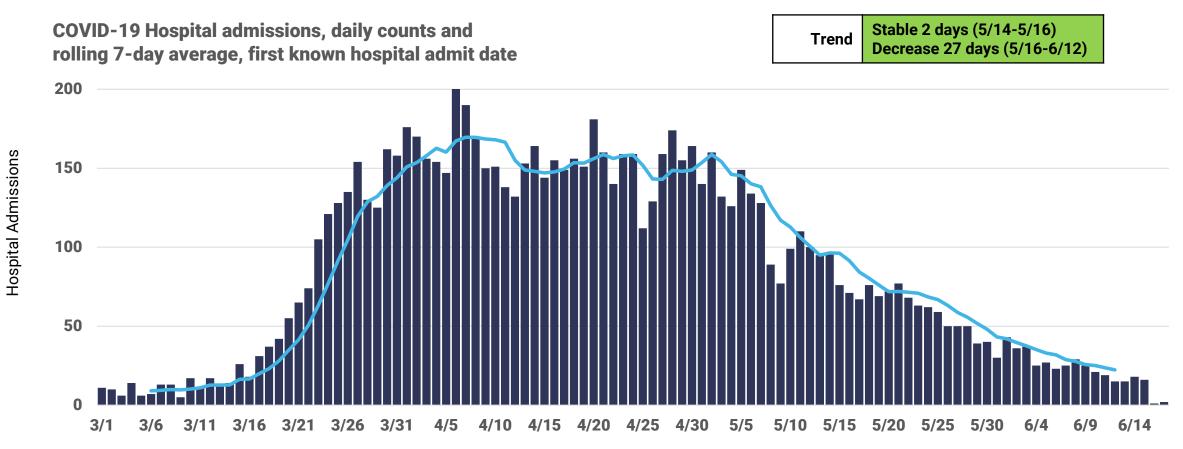
Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates 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. Incidence gating rank is determined using 14-day average incidence/100,000 population. The gating rank categories are defined as follows. LOW (1-10); MODERATE (11-50); MODERATELY HIGH (51-99); HIGH (100+).



## **COVID-19 Severe Outcomes**



#### Daily COVID-19 hospital admissions decreasing since June 3rd



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.

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#### Black, non-Latinx hospital admissions decreasing since June 3rd

COVID-19 hospital admissions among Black, non-Latinx residents, daily counts and rolling 7-day average, first known hospital admit date 150 
 Decrease 8 days (5/14-5/22)

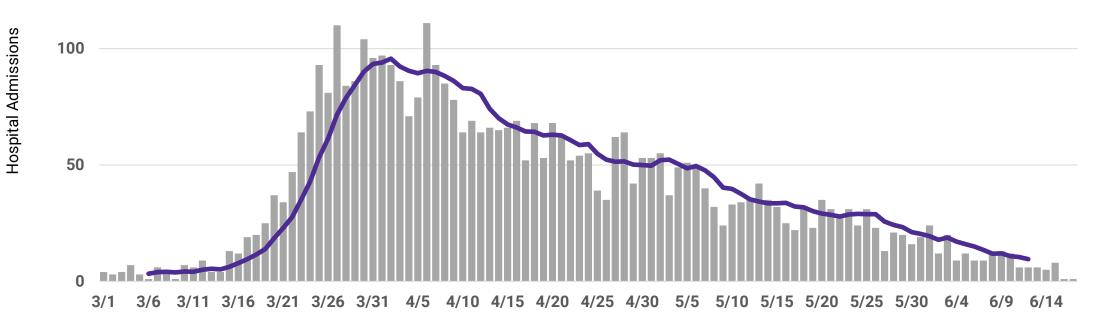
 Stable 4 days (5/22-5/26)

 Trend

 Decrease 5 days (5/26-5/31)

 Stable 3 days (5/31-6/3)

 Decrease 9 days (6/3-6/12)



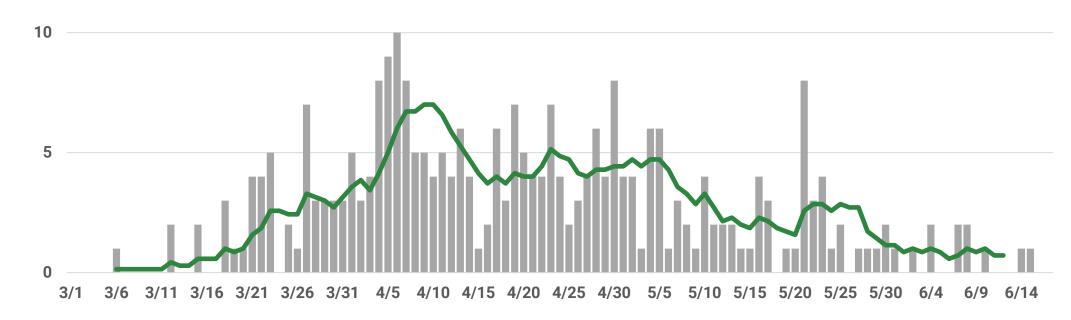
#### Latinx hospital admissions stable or decreasing since June 3<sup>rd</sup>

Decrease 7 days (5/14-5/21) COVID-19 hospital admissions among Latinx residents, daily Stable 3 days (5/21-5/24) counts and rolling 7-day average, first known hospital admit date Decrease 11 days (5/24-6/4) Trend 80 Stable 3 days (6/4-6/7) Decrease 5 days (6/7-6/12) 60 40 20 4/10 4/15 4/20 4/25 4/30 3/11 3/16 3/21 3/26 3/31 4/5 5/5 5/10 5/15 5/20 5/25 5/30 6/9 6/14 3/1 6/4

#### Asian non-Latinx hospital admissions at low incidence since June 3rd

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

Trend Below 2 avg. daily admissions for 21 days



#### White, non-Latinx hospital admissions decreasing since June 3rd

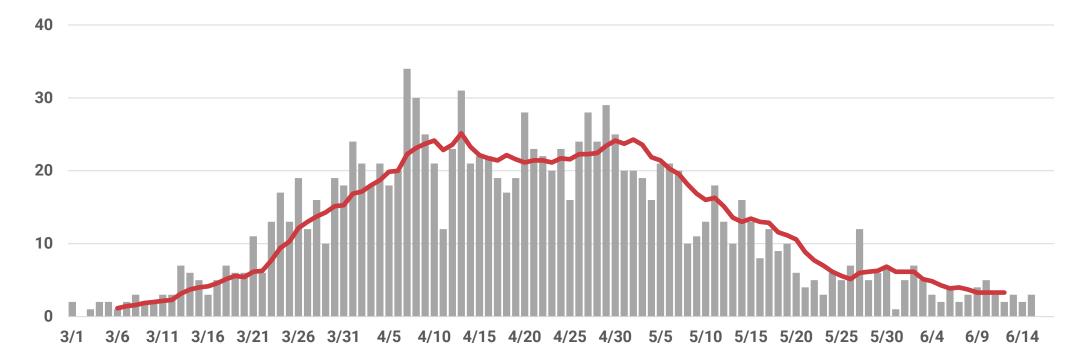
COVID-19 hospital admissions among white, non-Latinx residents, daily counts and rolling 7-day average, first known hospital admit date 50

 Stable 4 days (5/14-5/18)

 Decrease 8 days (5/18-5/26)

 Stable 4 days (5/26-5/30)

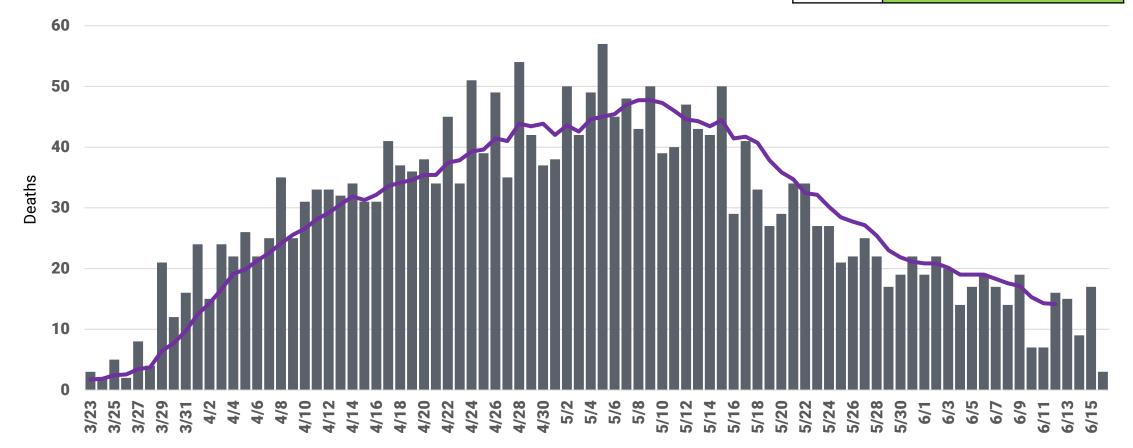
 Decrease 13 days (5/30-6/12)



### **GO: CAUTIOUS PROGRESS** COVID-19 deaths decreasing for since June 3rd

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

Trend Stable 3 days (5/14-5/17) Decrease 26 days (5/17-6/12)



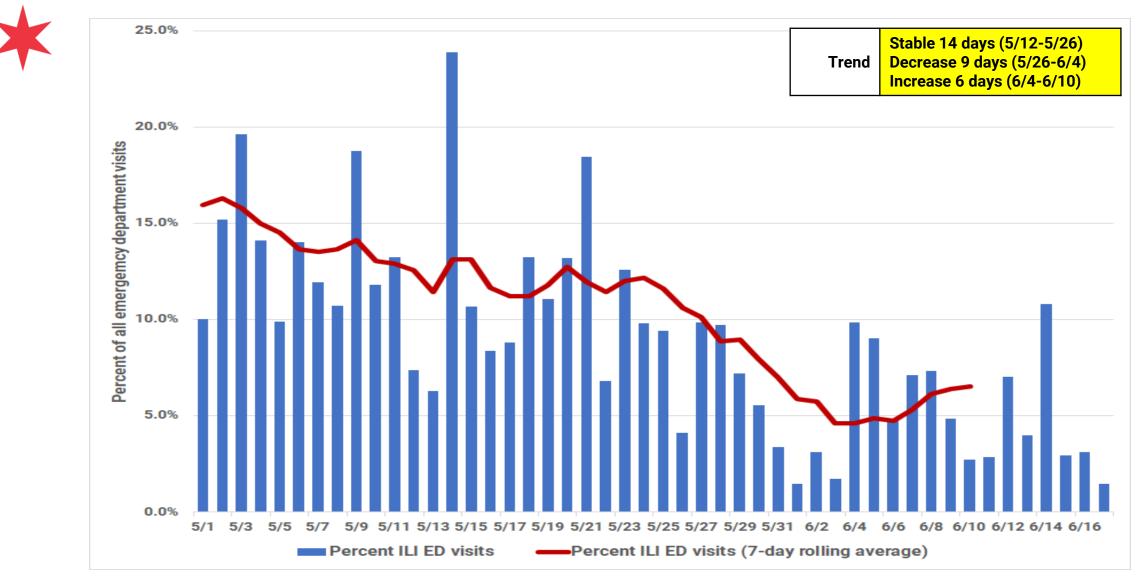
Daily COVID-19 deaths reported for Chicago residents with known death date. Data source: INEDSS. Daily counts for most recent dates displayed are likely incomplete..



# **Emergency Department Visits**

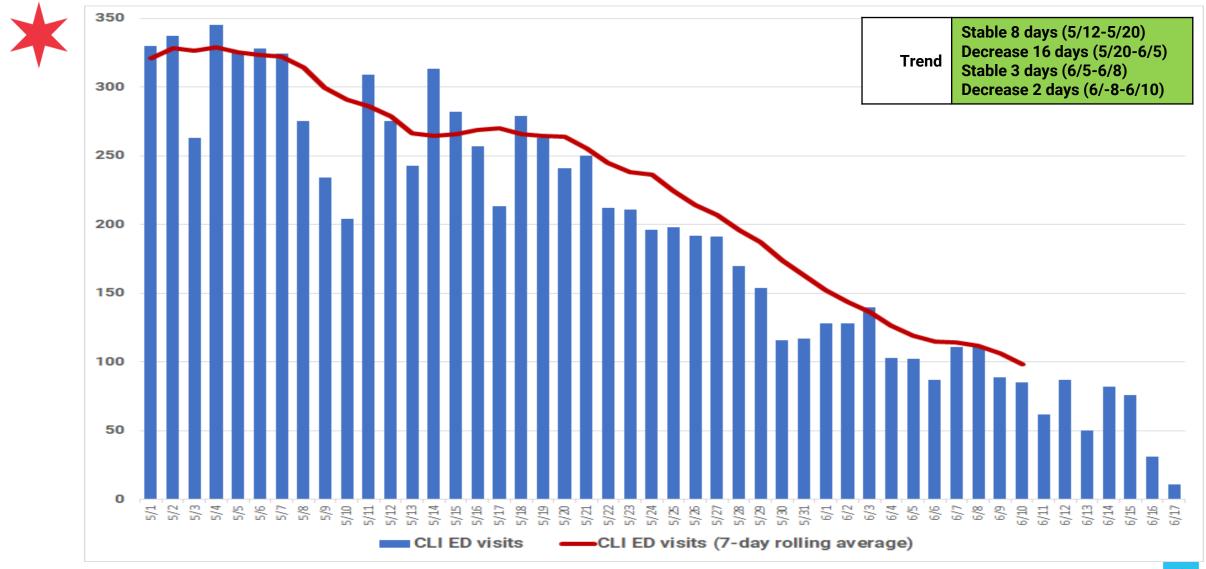
## **CAUTION: PAUSE AND MONITOR**

**Proportion of** ED visits for influenza-like illnesses increasing since June 3rd



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 stable and decreasing since June 3rd



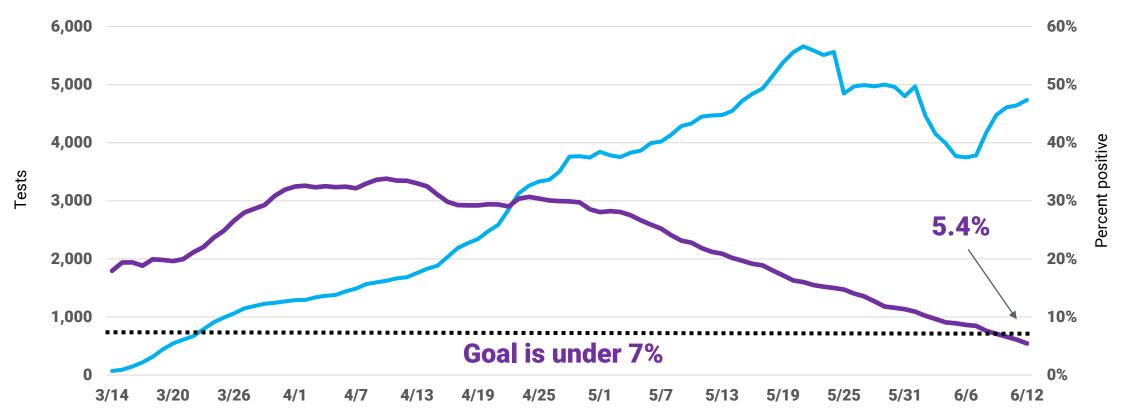
Percentage of all emergency department visits reported with COVID-like symptoms among Chicago residents. Trend analysis only assess the last 27 days. Data Source: Illinois Hospital Emergency Departments reporting to CDPH through the National Syndromic Surveillance Project.



# **Percent Positivity**

### **GO: ADVANCED PROGRESS** Percent positivity less than 7% citywide; testing increasing

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



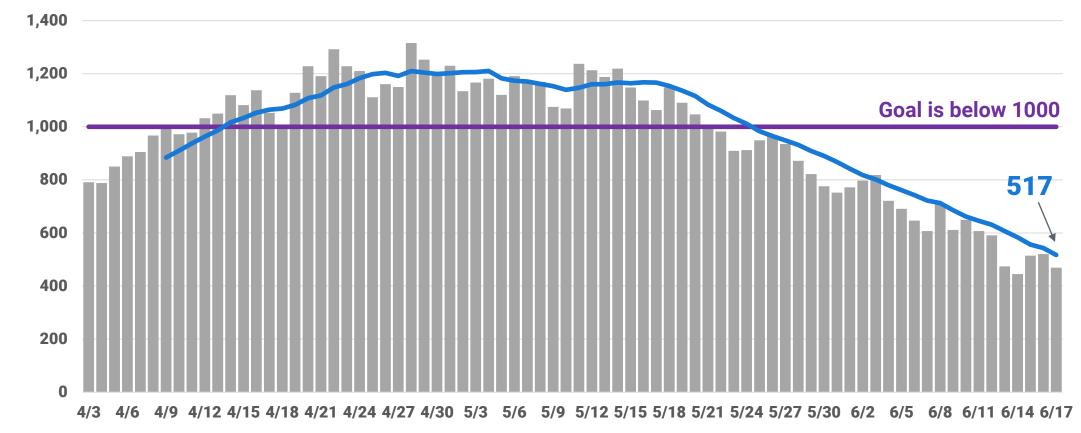
For percent positivity: Every individual tested is counted once. The first positive test is the date used for the test result. If the individual has only negative tests, the date of the first negative test is used. (INEDSS) For 7-day rolling average of counts: All tests performed on Chicago residents as reported by electronic lab reporting (IDPH).



# **Hospital System Capacity**

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

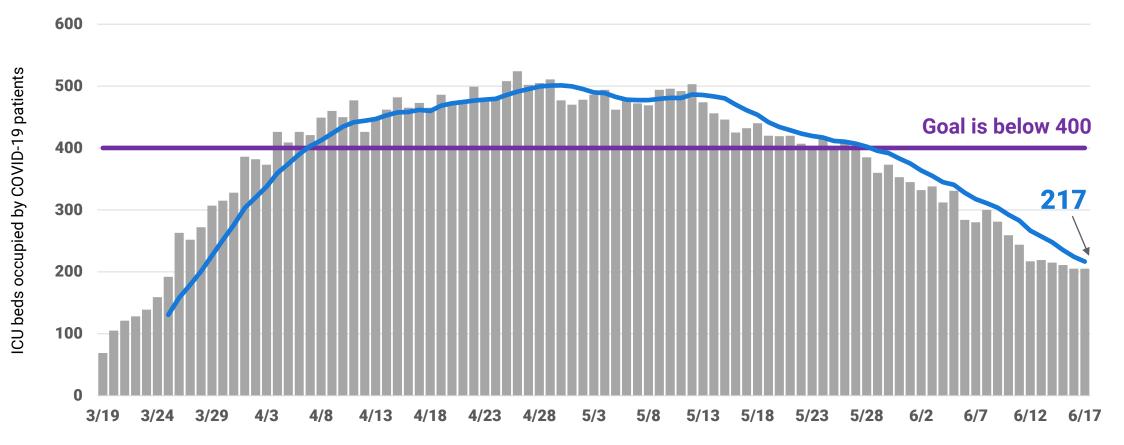
COVID-19 acute/non-ICU beds occupied, daily counts, 7 day average and reopening threshold, daily occupancy census



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

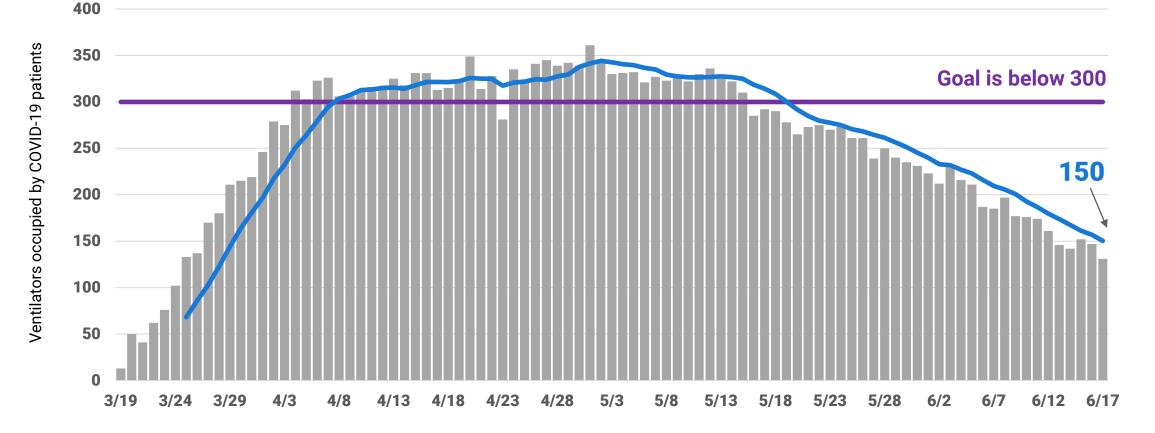
COVID-19 ICU beds occupied, daily counts, 7 day average and progress threshold, daily occupancy census



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.

#### 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

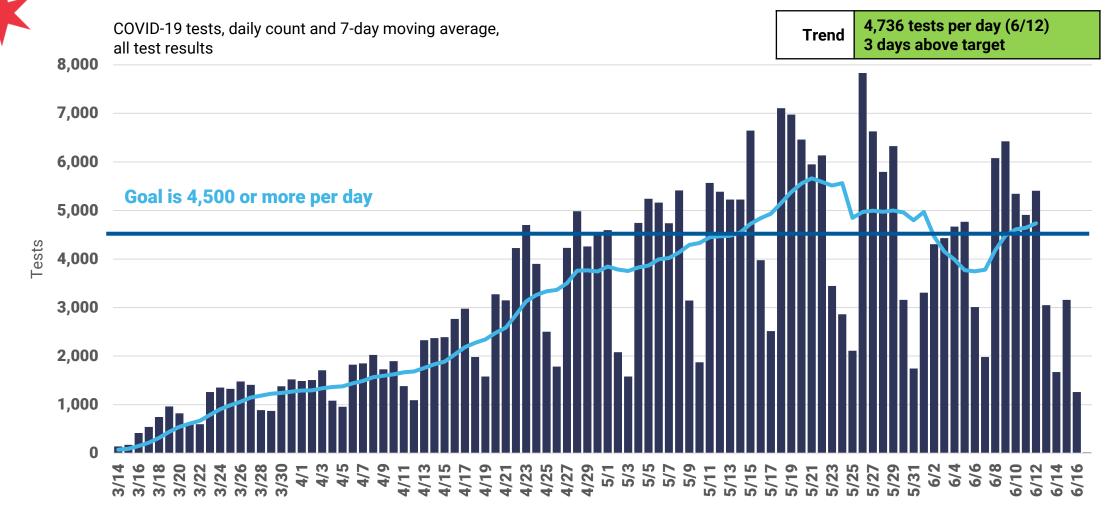


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia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



# **Diagnostic Testing Capacity**

### GO:CAUTIOUS PROGRESS >4,500 tests being conducted per day



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.