



# Protecting Chicago: Phase IV Re-Opening Metrics Update

**July 2, 2020**

**(Analysis as of 7/1/2020)**

# 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
<b>Cases</b> 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 (~100 cases per 100,000 persons)
<b>Hospitalizations</b> 7-day rolling daily average					
<b>Deaths</b> 7-day rolling daily average					
<b>COVID Emergency department visits</b> 7-day rolling daily average					
<b>Positivity rate</b> 7-day rolling daily average	TBD	TBD	TBD	TBD	TBD
<b>Hospital system capacity</b> 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		
<b>Response capacity</b>	N/A	N/A	Initiate case investigation within 24h of assignment for 50% of cases	75% of cases	90% of cases

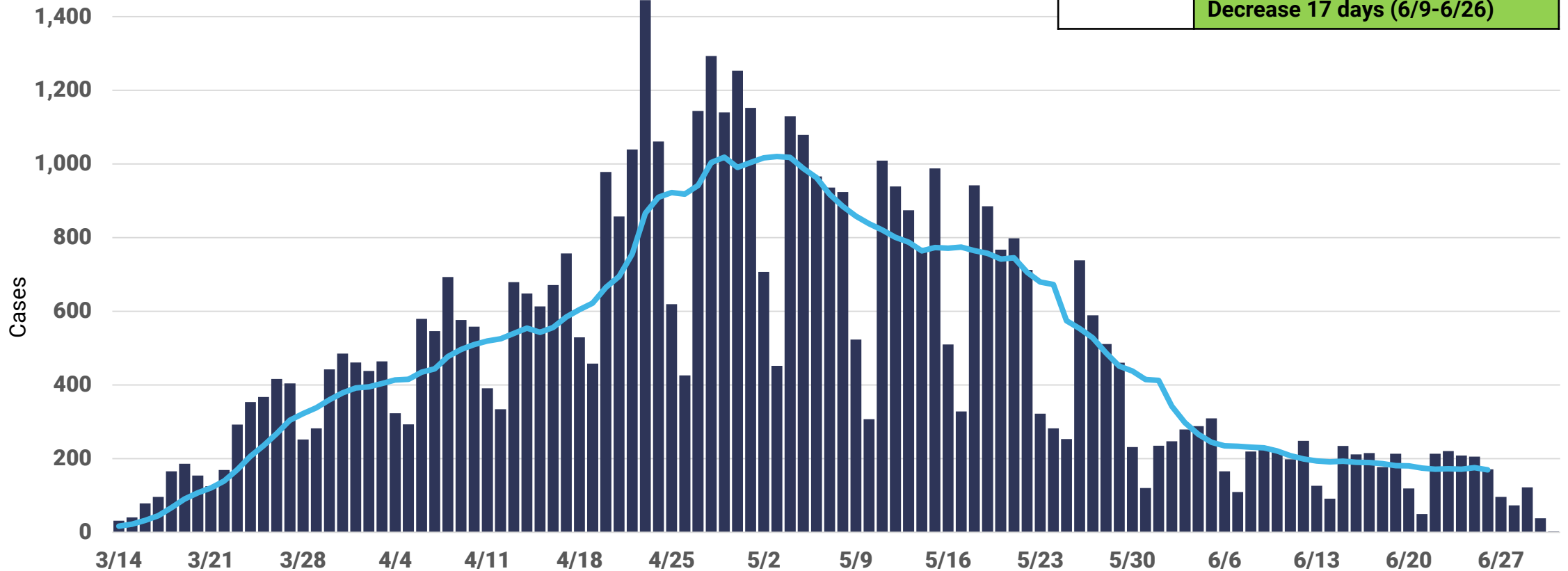


# COVID-19 Confirmed Cases

# COVID-19 case incidence in Chicago is moderately high and declining slowly. Cases have been stable or decreasing for >28 days.



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



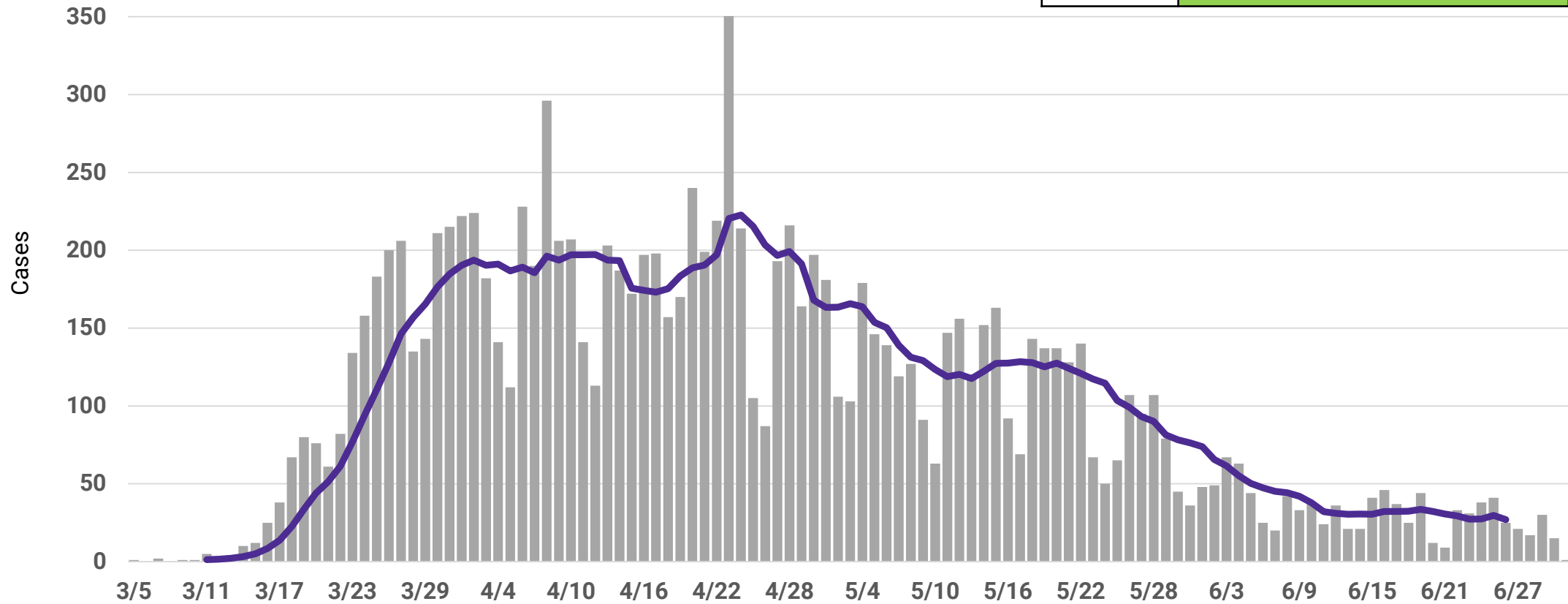
Daily COVID-19 cases with known specimen report date. \*14-day incidence is calculated by summing all new cases in the most recent 14-day period and dividing by 14 days to find an average daily count. Incidence gating rank is determined using 14-day cumulative incidence/100,000 population. The gating rank categories are defined as. LOW (1-10); MODERATELY LOW (11-25); MODERATE (26-50); 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 moderately high and declining slowly. 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 date

Trend	
	Decrease 16 days (5/28-6/13)
	Stable 6 days (6/13-6/19)
	Decrease 7 days (6/19-6/26)



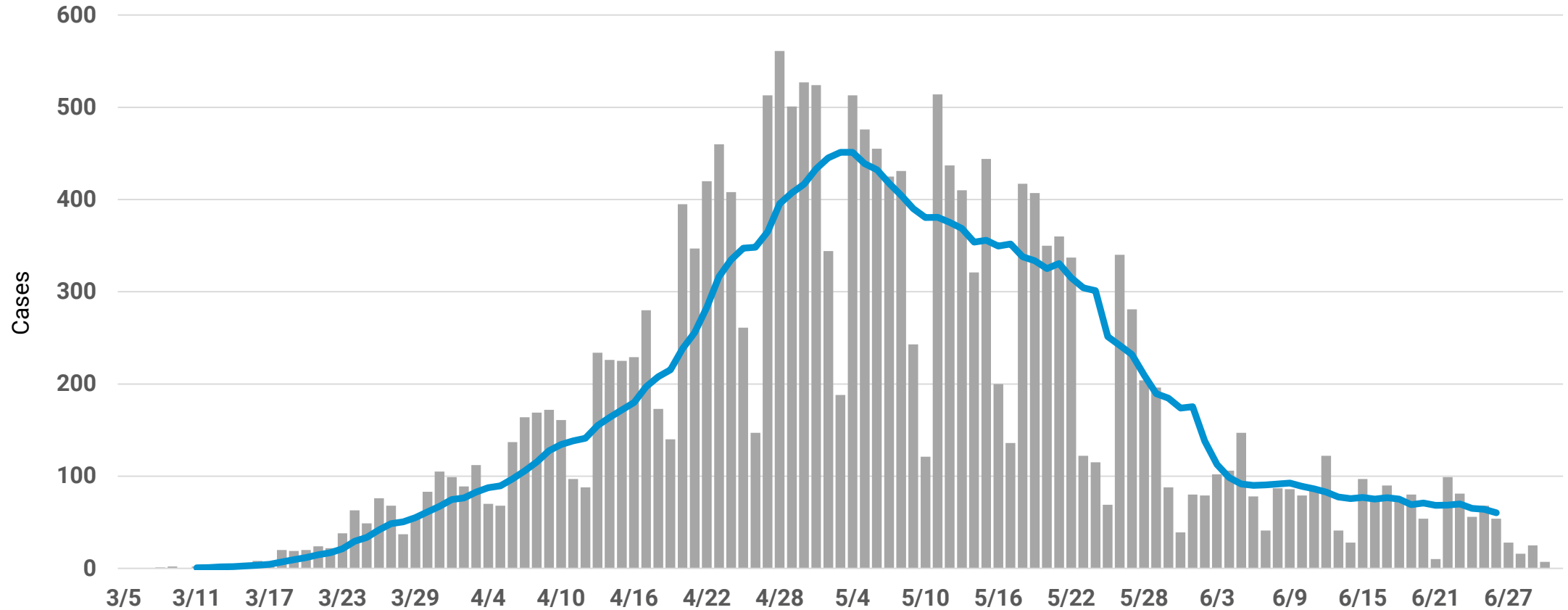
Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates 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 high but declining. Cases have been decreasing for >28 days.



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

Trend	Decrease 29 days (5/28-6/26)
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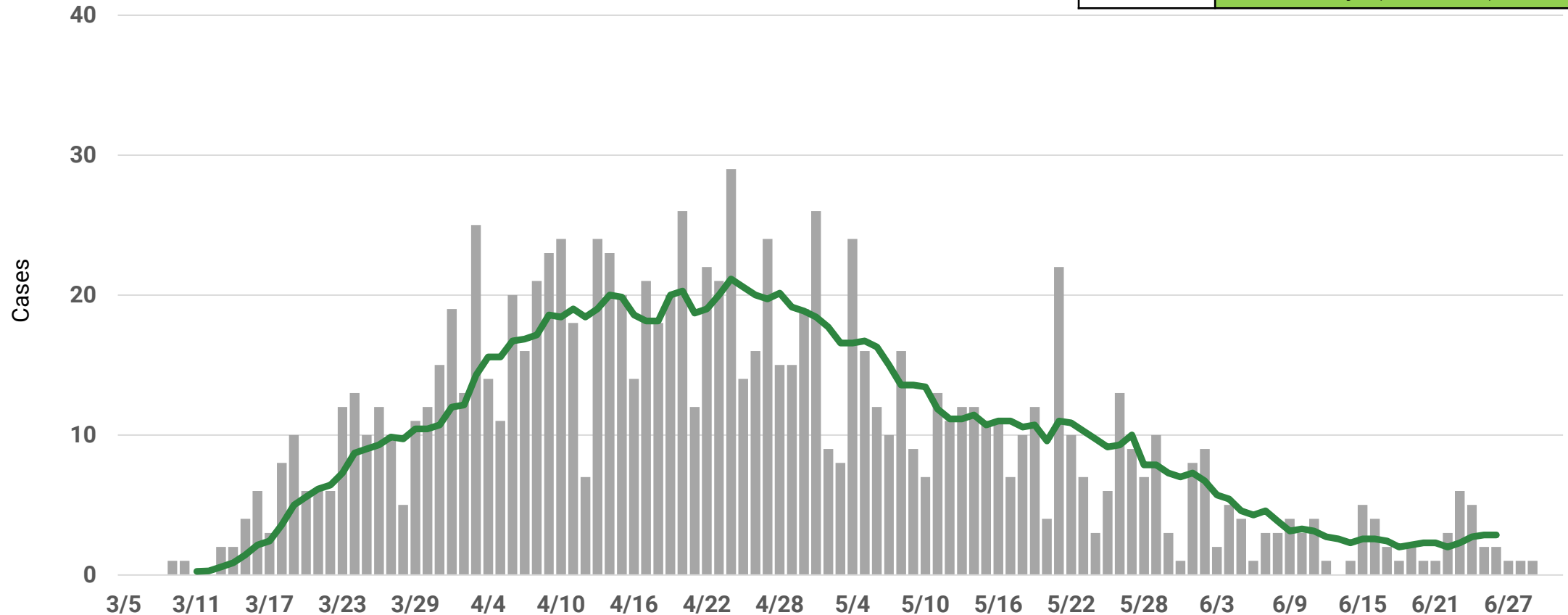
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# Asian, non-Latinx case incidence is moderately low and stable. Cases have been stable or decreasing for >28 days.



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

Trend	Decrease 23 days (5/28-6/20) Stable 6 days (6/20-6/26)
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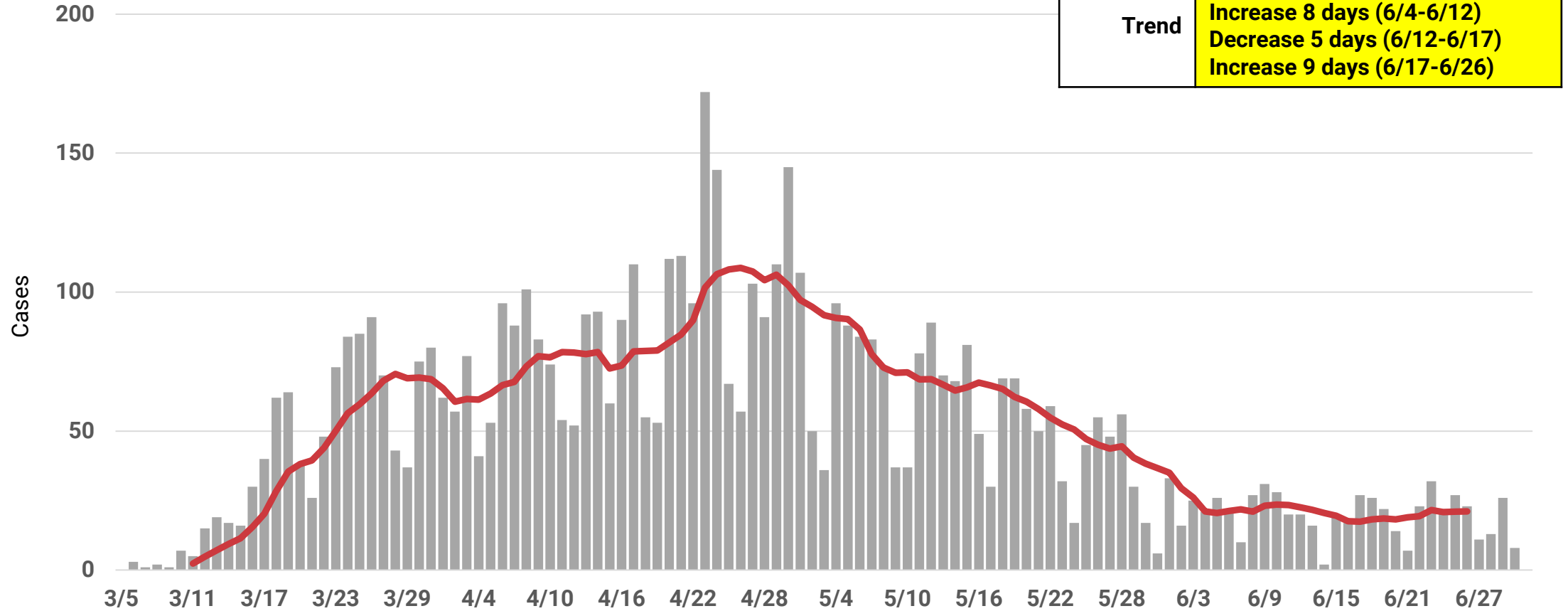


Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates 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 moderate and increasing slowly. Cases have been increasing for 9 days.



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





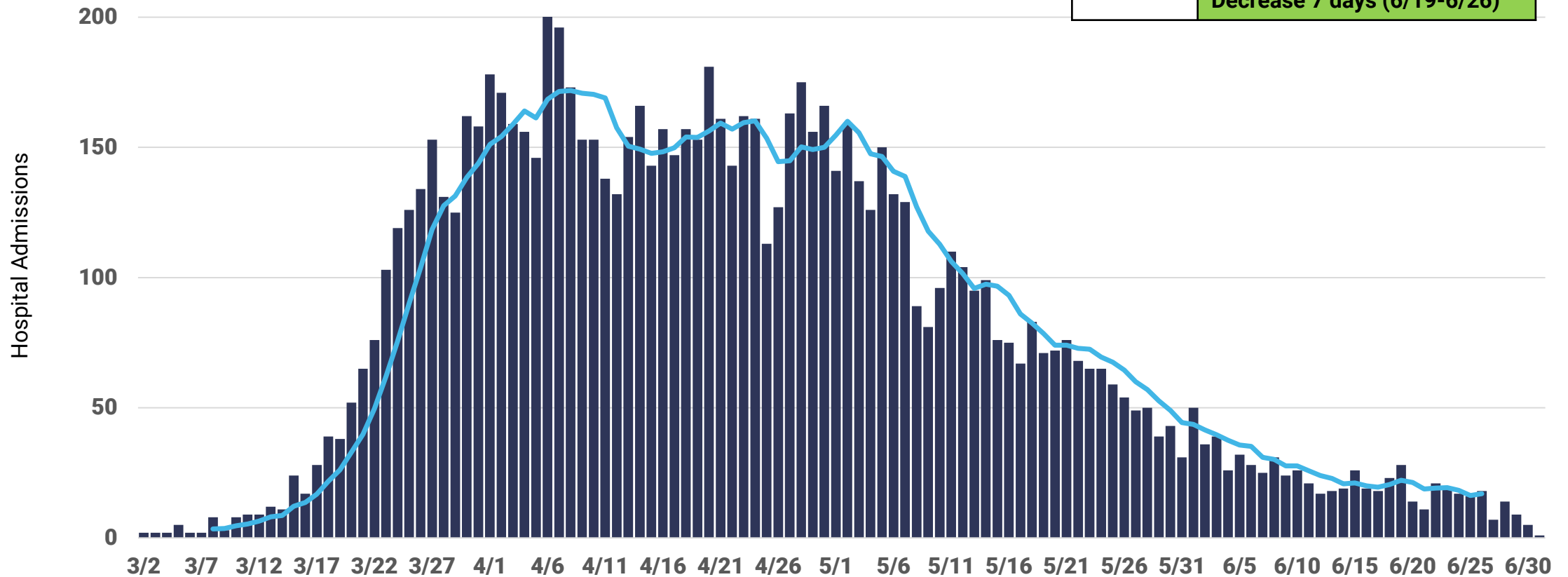
# COVID-19 Severe Outcomes

# 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

Trend	Decrease 19 days (5/28-6/16)
	Stable 3 days (6/16-6/19)
	Decrease 7 days (6/19-6/26)



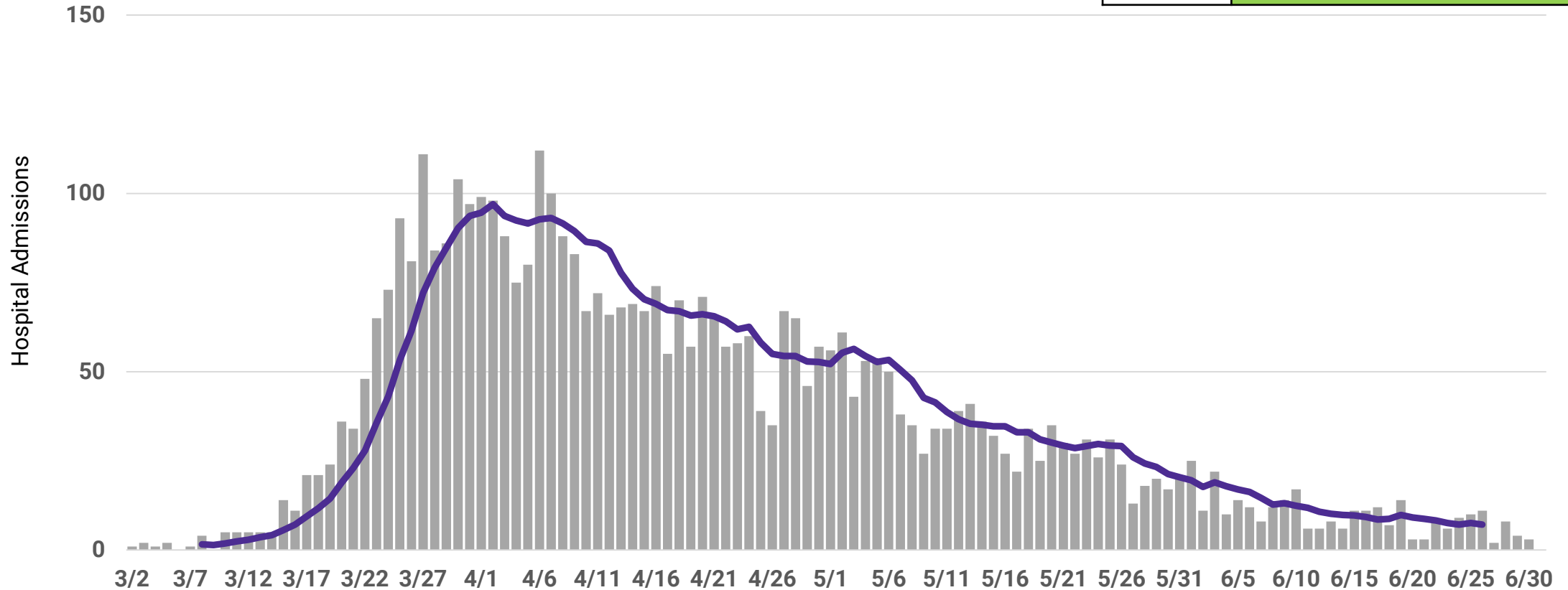
Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to not have been hospitalized. Six records with hospital admit dates from January and February 2020 are excluded from this chart.

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



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

Trend	
	Decrease 19 days (5/28-6/16)
	Stable 3 days (6/16-6/19)
	Decrease 7 days (6/19-6/26)



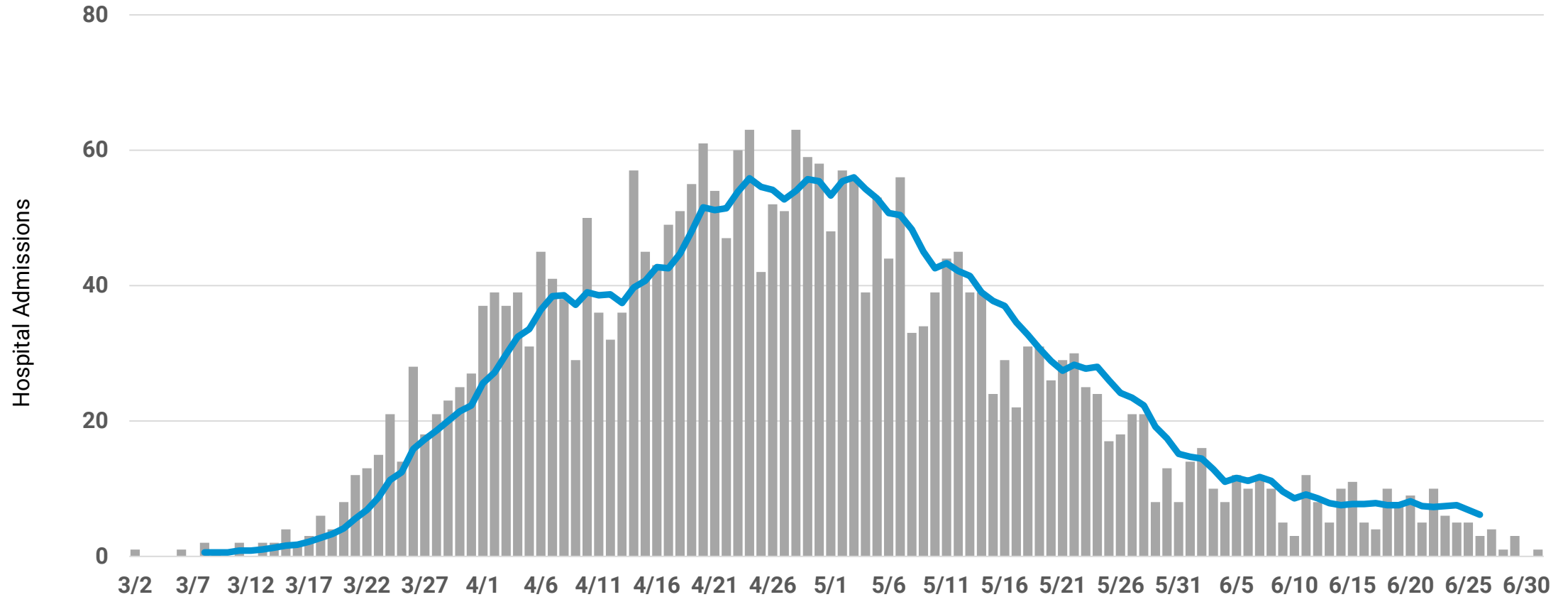
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# Latinx hospital admissions decreasing for >28 days.



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

Trend	Decrease 29 days (5/28-6/26)
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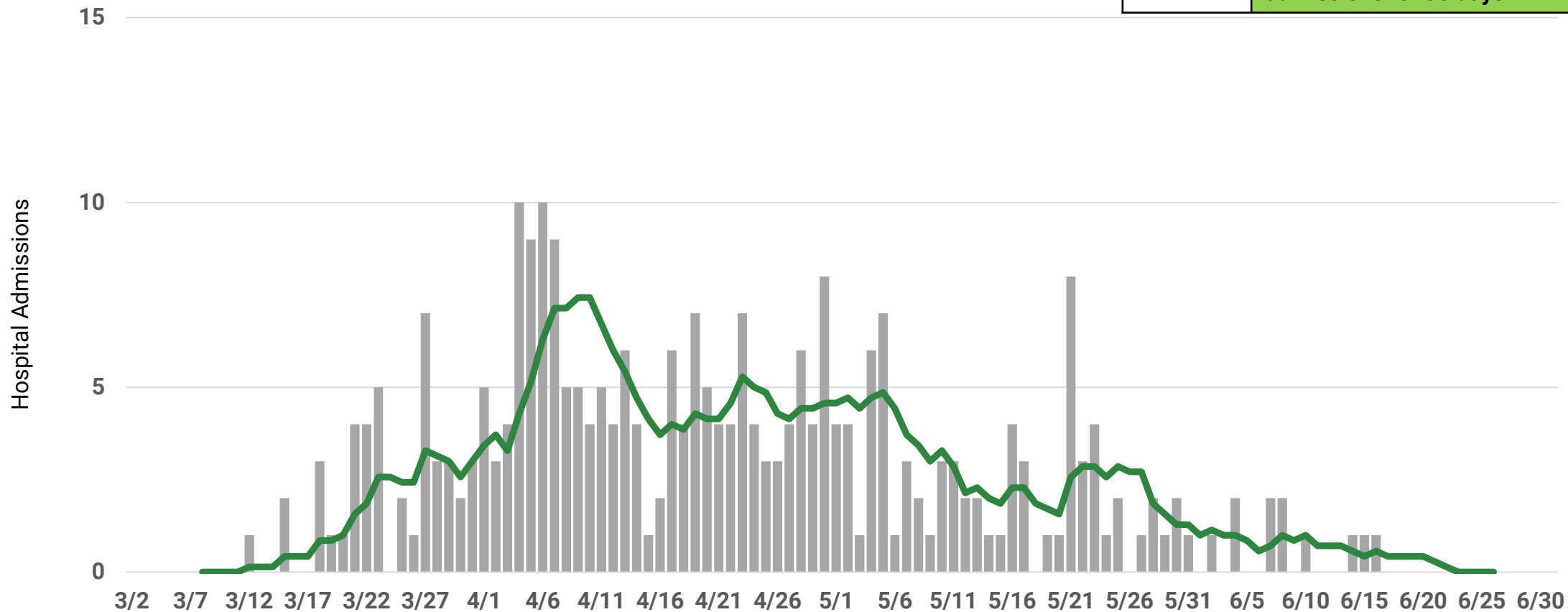
Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to not have been hospitalized. Six records with hospital admit dates from January and February 2020 are excluded from this chart.

# Asian non-Latinx hospital admissions at near-zero incidence for >28 days. Zero admissions after June 16.



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 30 days
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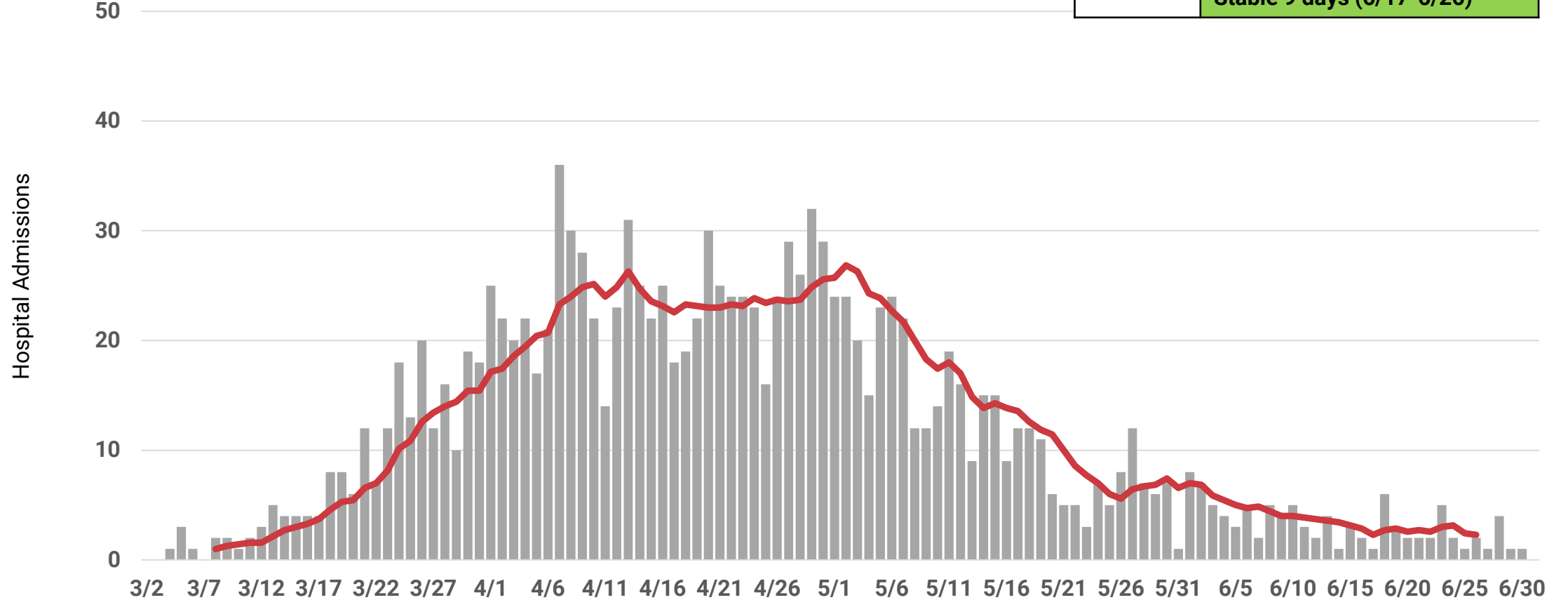
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# White, non-Latinx hospital admissions stable or decreasing for >28 days.



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

Trend
Decrease 20 days (5/28-6/17)
Stable 9 days (6/17-6/26)

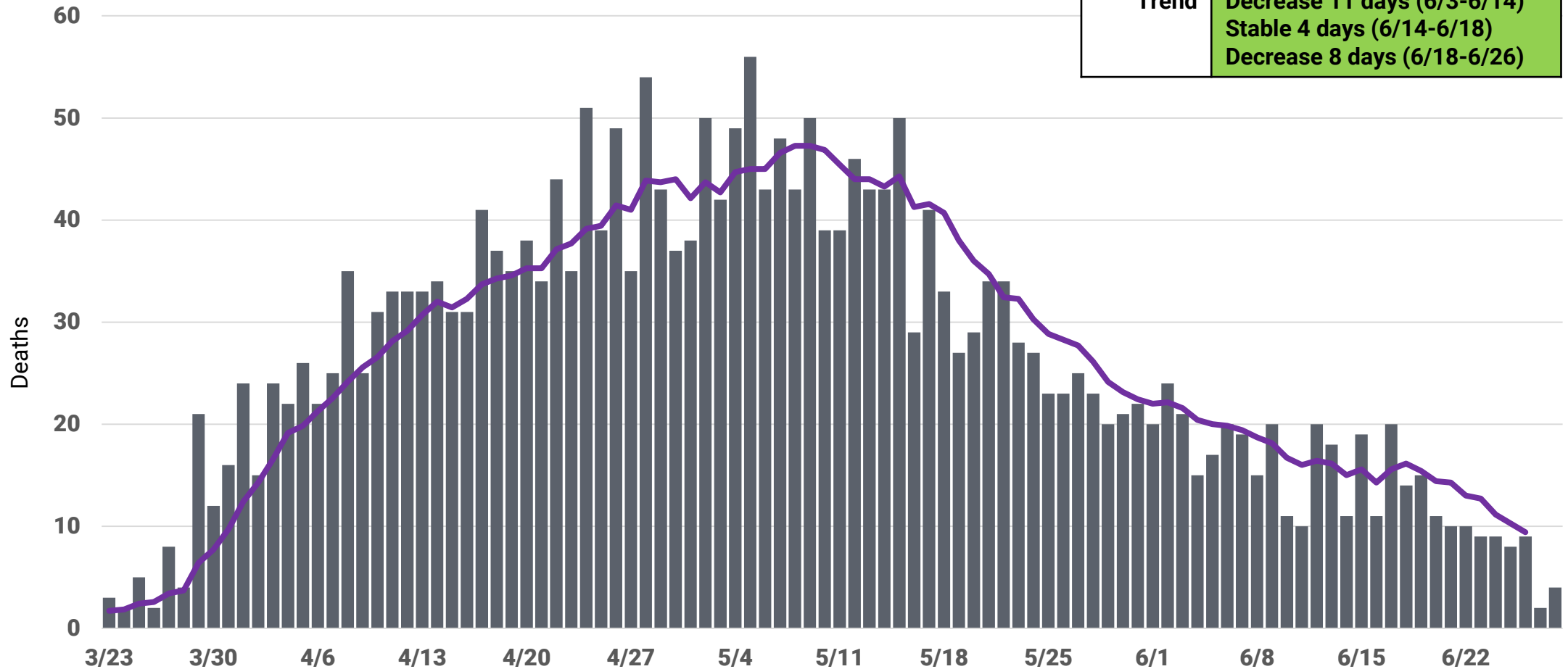


Hospitalizations are reported to CDPH by hospitals into I-NEDSS and ESSENCE and self-reported by patients via an online survey. Daily counts for most recent dates displayed are likely incomplete. Cases who are not indicated to have been hospitalized across any of the three data sources are assumed to not have been hospitalized. Six records with hospital admit dates from January and February 2020 are excluded from this chart.

# COVID-19 deaths are decreasing or stable for >28 days



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



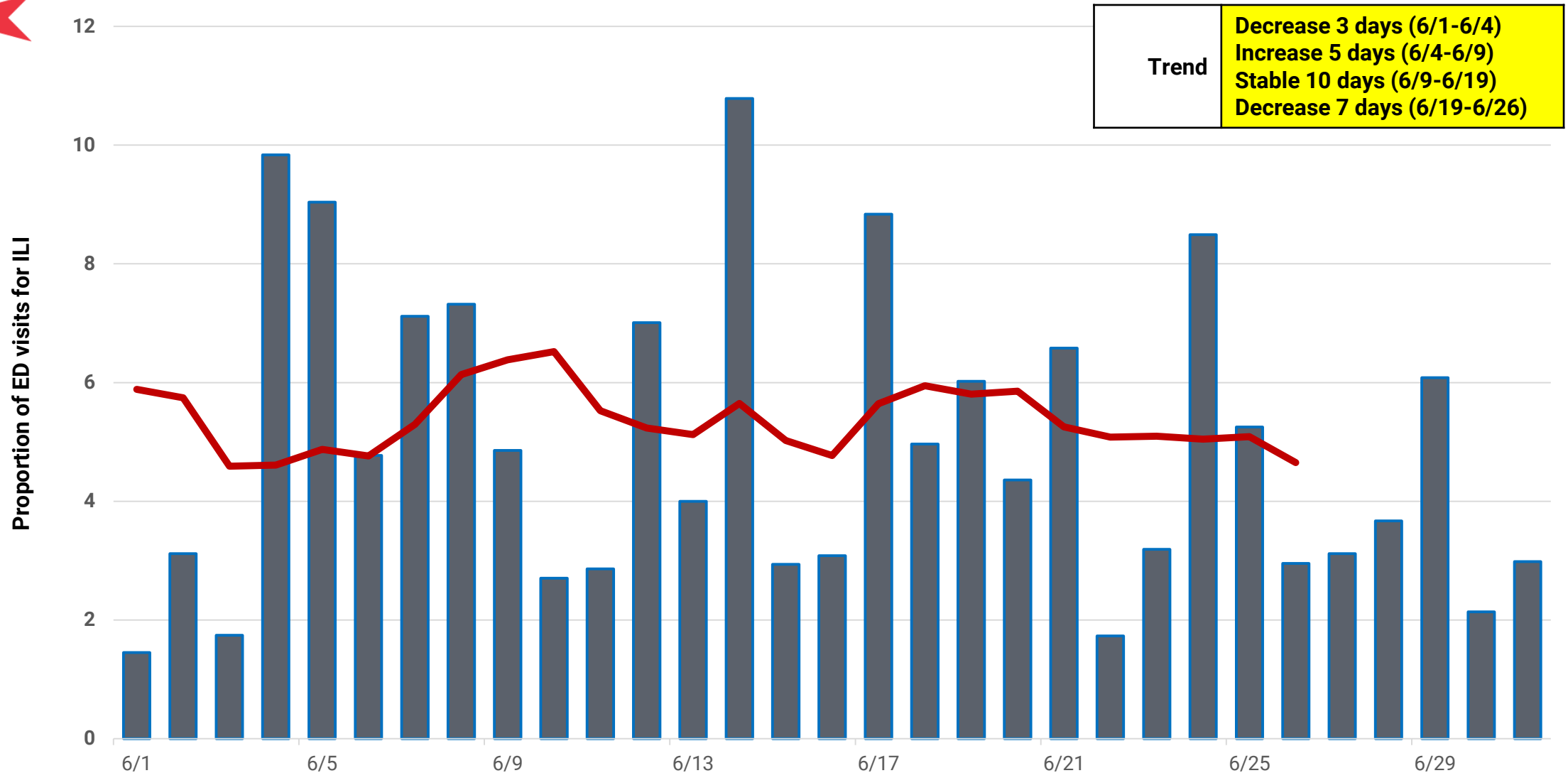
Daily COVID-19 deaths reported for Chicago residents with known death date. Data source: INEDSS. Daily counts for most recent dates displayed are likely incomplete.



# Emergency Department Visits

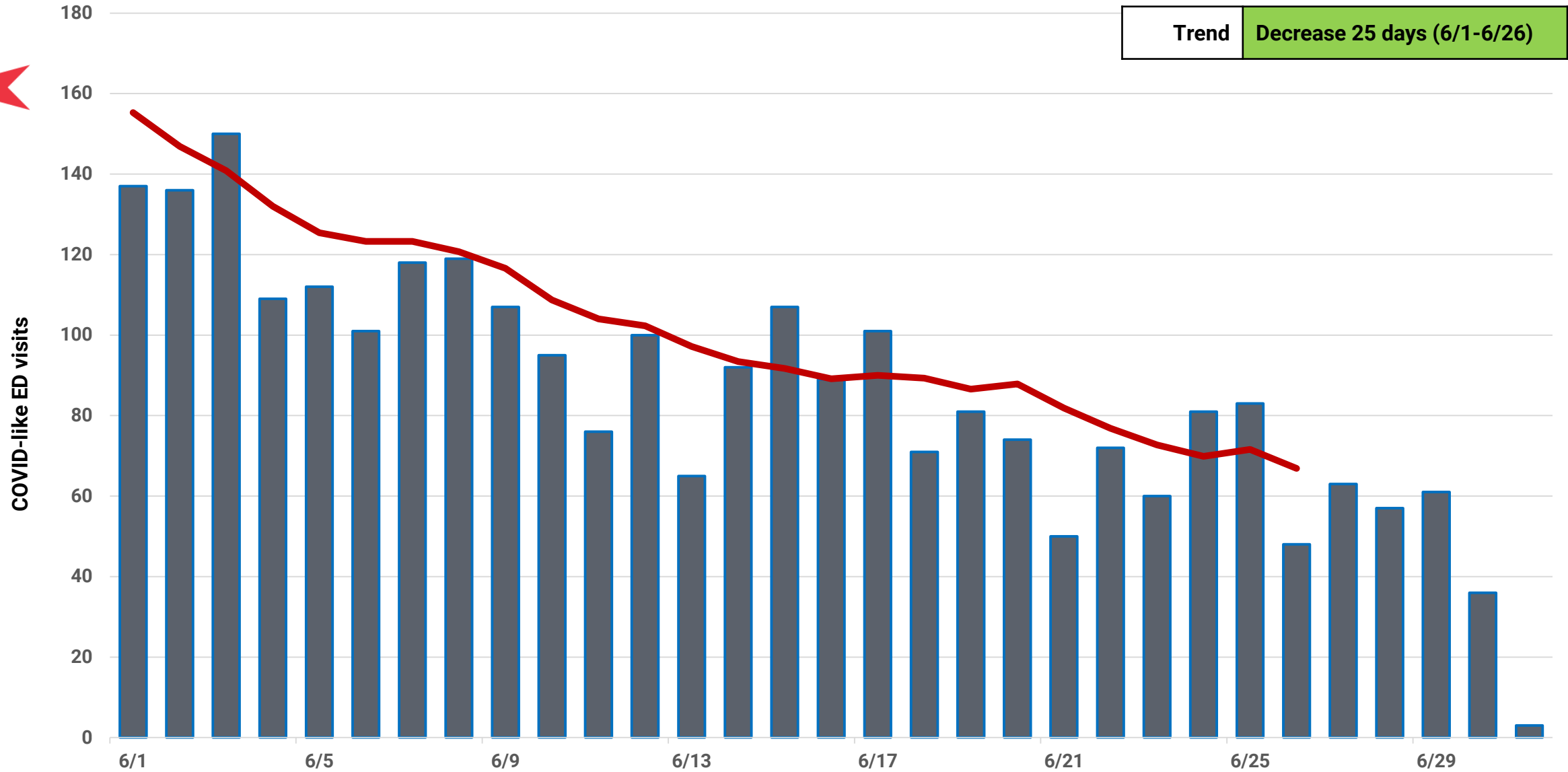


# Proportion of ED visits for influenza-like illnesses are now stable or decreasing after a recent 5-day increase.



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 decreasing for 25 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.

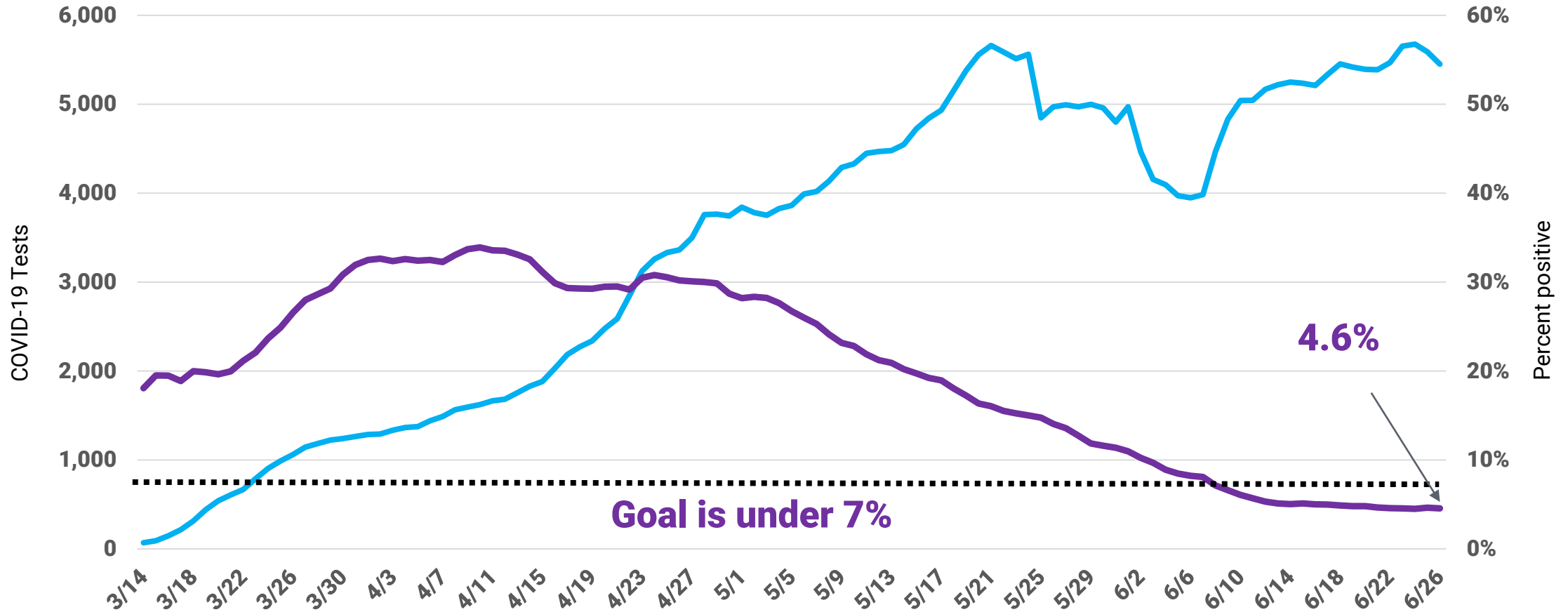


# Percent Positivity

# Percent positivity is plateauing at 4.6%; total testing now stable or increasing after recent decline.



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).

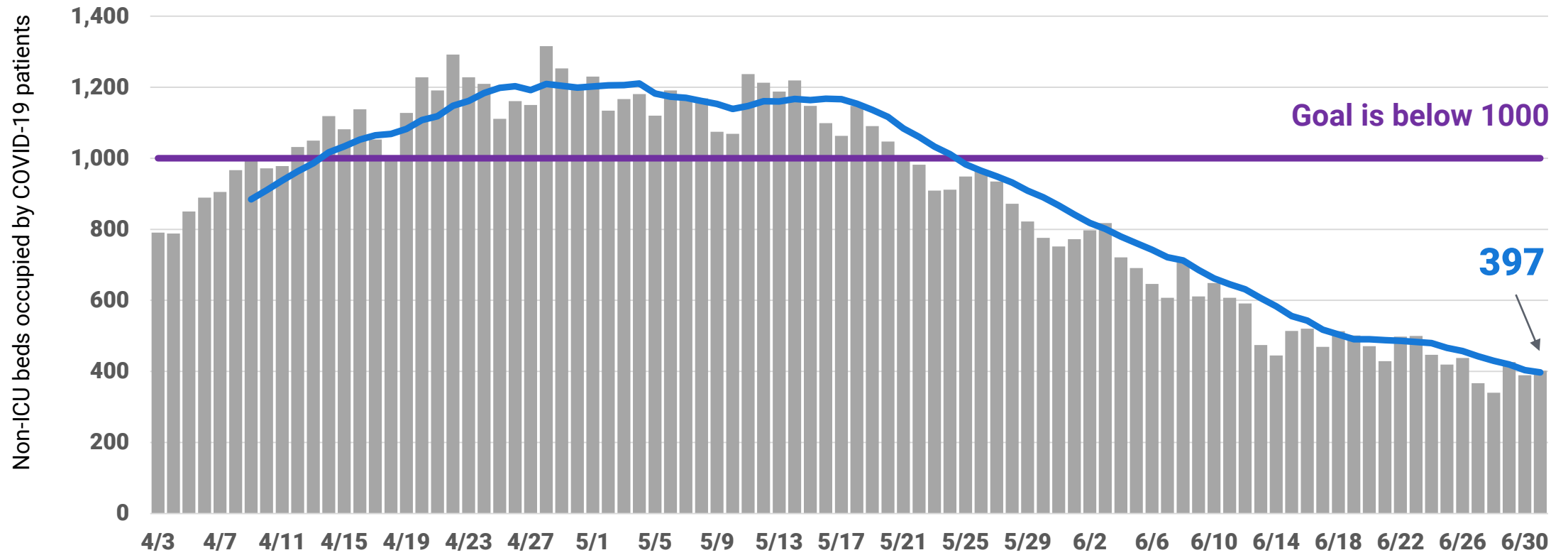


# Hospital System Capacity

# Non-ICU 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

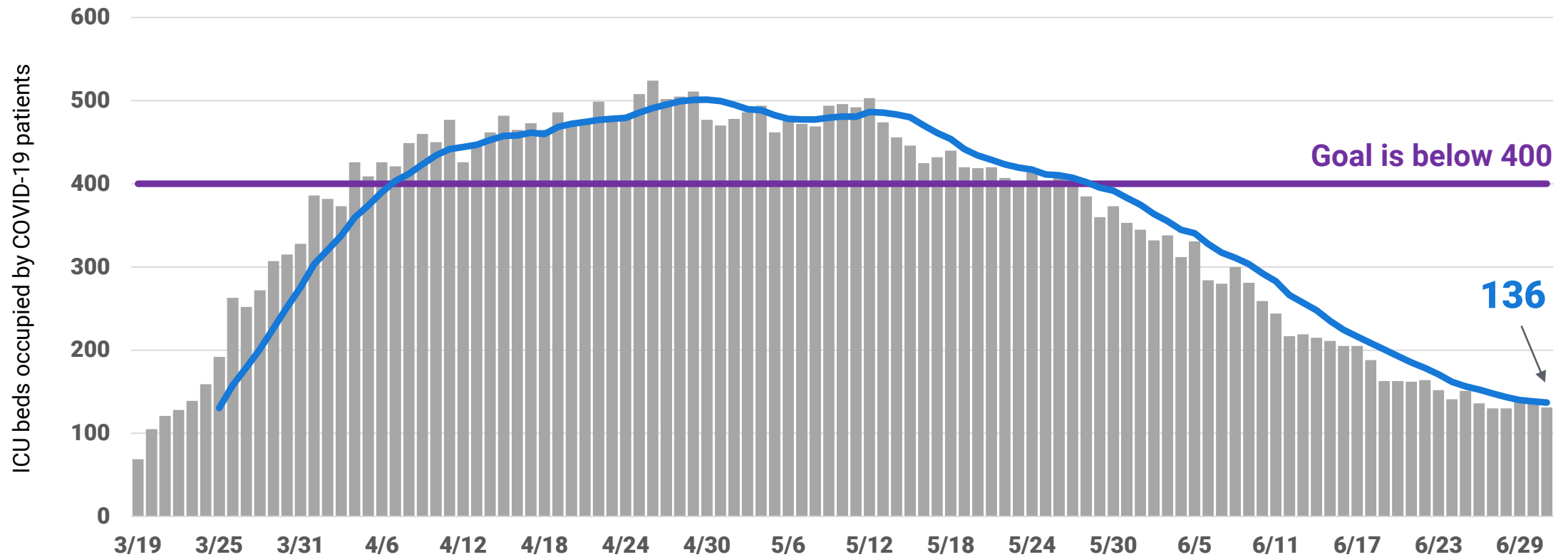


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning April 3 (acute non-ICU occupancy). Acute non-ICU bed counts include burn, emergency department, med/surg, other, pediatrics and psychiatry beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes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

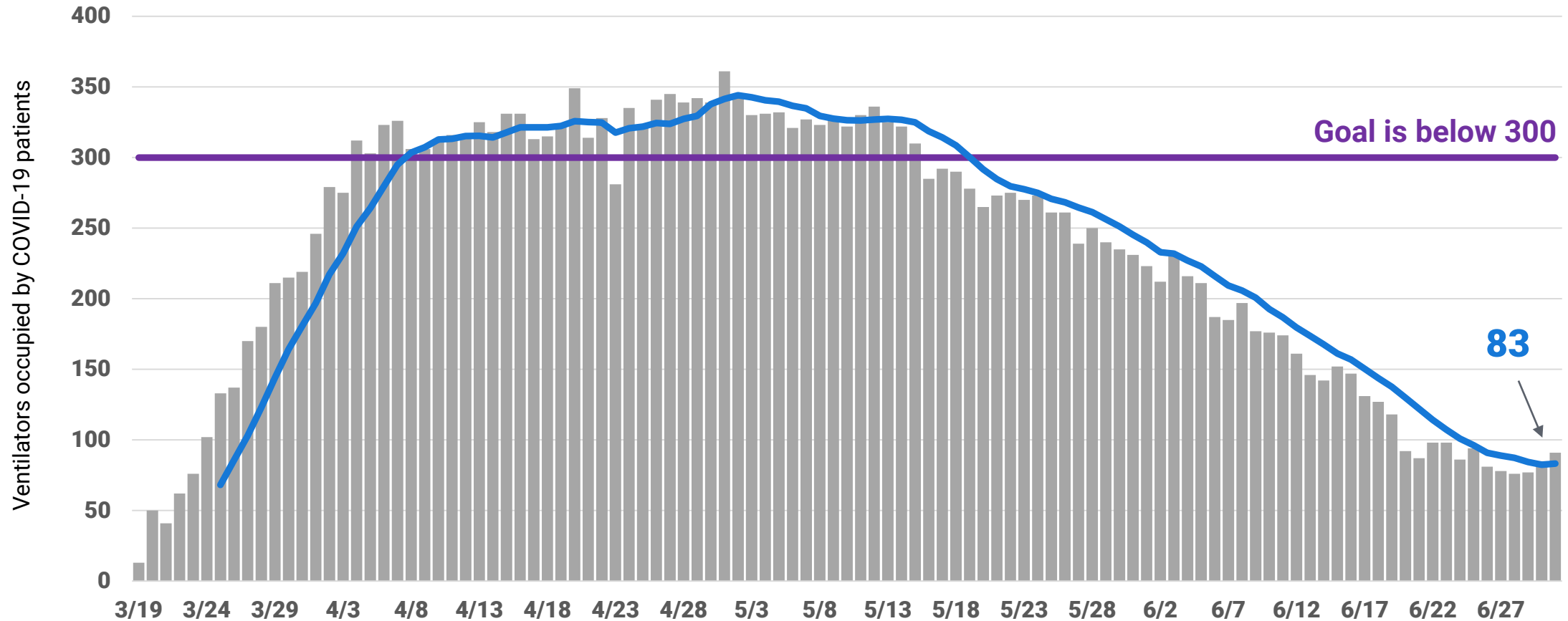


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. ICU bed count includes all adult and pediatric ICU beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, the definition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

# 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



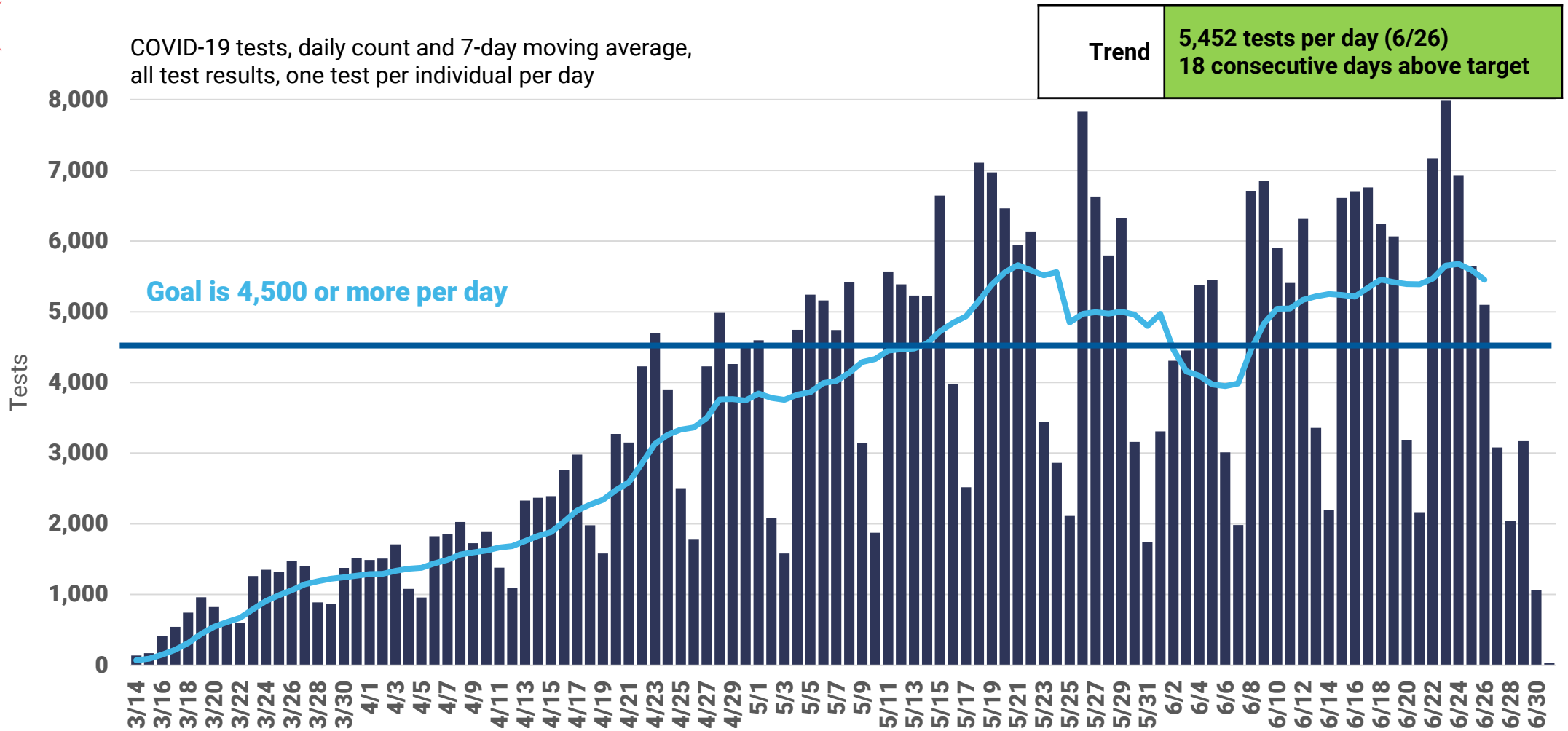
Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia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





# Diagnostic Testing Capacity

# COVID-19 testing above 4,500 tests per day for 21 of 28 days ending on June 26.



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.