Weekly COVID-19 cases per 100,000 population

- 765 Million Cases
- 6.9 Million Deaths
- 13.3 Billion Vaccine Doses Administered
- 5.5 Billion Vaccinated

Country | Weekly Case Rate
------- |------------------
Micronesia | 366.9
New Zealand | 222.4
Cyprus | 187.6
San Marino | 142.2
Republic of Korea | 141.8
United States | 23.0
CDC National Reports: COVID-19 New Hospital Admissions Rate per 100,000 in the Past Week, by County

• Some change to national data streams with the end of the public health emergency

• CDC has transitioned from COVID-19 Community Levels for each U.S. county to COVID-19 Hospital Admission Levels to inform and guide prevention decisions. More information can be found on the CDC’s website.

• CDPH no longer directly receives hospital capacity data from Chicago hospitals. Hospitals are still required to report information about COVID-19, including data on bed capacity, availability, and occupancy, to federal agencies.

Source: CDC
CDC Hospital Admission Level for Cook County is at **LOW** for most recent reported week – trending downward

### Hospital Admission Level

<table>
<thead>
<tr>
<th>Admission Level for 2 Weeks Prior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.8</strong> New COVID-19 Admissions per 100,000</td>
</tr>
</tbody>
</table>

### Admission Level for 2 Weeks Prior

- **Low (<10.0)**
- **Medium (10.0 to 19.9)**
- **High (≥20.0)**
- **Insufficient data**

### Other Metrics for Cook County*

- **1,583** Reported New COVID-19 Cases
- **30.01** Reported New Cases per 100,000
- **2** New COVID-19 Deaths
- **0.04** New Deaths per 100,000


*Other metrics are estimates based on cases reported into the Illinois Electronic Disease Surveillance System (I-NEDSS)
Lab-confirmed COVID cases are low in the vast majority of community areas – though some have increased recently.

Average weekly case rate for the past 2 weeks

Weekly Case Rate (per 100,000)

<table>
<thead>
<tr>
<th>&lt;10</th>
<th>10-50</th>
<th>50-100</th>
<th>100-150</th>
<th>150-200</th>
<th>&gt;200</th>
</tr>
</thead>
</table>

Source:
Includes cases among Chicago residents reported into the Illinois Electronic Disease Surveillance System (I-NEDSS) with date of specimen collection up to 5/13/2023.
COVID hospitalization rates have largely decreased in the past two weeks, with a few exceptions.
SARS-CoV-2 spread is largely stable across all age groups and potentially decreasing overall.

*The effective reproductive number $R(t)$ is the average number of secondary infected persons resulting from an infected person. If $R(t) > 1$, the number of infected persons is expected to increase. If $R(t) < 1$, the number of infected persons is expected to decrease. At $R(t) = 1$, the number of infected persons will remain constant.
COVID-19 hospital admissions are currently expected to remain relatively stable or decrease over the next few weeks.
Chicago Lab-Based Early Alert Signals remain unchanged from the previous week

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Thresholds</th>
<th>Chicago Current Values Week of 5/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARS-CoV-2 variant assessment, Chicago</td>
<td>Stable lineage proportions, no VOC/VOHC</td>
<td>Medium</td>
</tr>
<tr>
<td>(combines log growth rate and VOC designation)</td>
<td>Variant or lineage increasing, no VOC/VOHC</td>
<td>(Last week: Medium)</td>
</tr>
<tr>
<td>Average wastewater score among sampled sites, Chicago</td>
<td>&lt; 2</td>
<td>Low</td>
</tr>
<tr>
<td>(combines viral concentration and trend)</td>
<td>2-3</td>
<td>(Last week: Low)</td>
</tr>
<tr>
<td></td>
<td>&gt; 3</td>
<td></td>
</tr>
</tbody>
</table>

Variants/subvariants currently increasing in prevalence locally (As of 5/17/2023)

**XBB.1.5**
- Sublineage of XBB with additional mutations that conferred increased transmissibility. Emerged quickly starting in the US Northeast and overtook other circulating lineages.
- RIPHL Logistic growth rate 5/17/2023: 0.046 per day; Doubling time 15 days (low)

**XBB.1.5.1**
- Sublineage of XBB.1.5 containing one additional amino acid mutation in spike.
- RIPHL Logistic growth rate 5/17/2023: 0.025 per day; Doubling time 27 days (low)

**XBB.1.9.1**
- Sublineage of XBB with similar mutation profile to XBB.1.5.
- RIPHL Logistic growth rate 5/17/2023: 0.034 per day; Doubling time 21 days (low)

**XBB.1.16**
- Sublineage of XBB containing three additional mutations in spike. Emerged and rapidly rose in frequency in India.
- RIPHL Logistic growth rate 5/17/2023: 0.083 per day; Doubling time 8.4 days (med)

Emerging VOC: Variant of Concern. VOHC: Variant of High Consequence.
Current SARS-CoV-2 sublineage growth rates indicate a **MEDIUM** concern level

<table>
<thead>
<tr>
<th>SARS-CoV-2 variant concern assessment</th>
<th>Low Concern</th>
<th>Medium Concern</th>
<th>High Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relatively stable lineage proportions for ~2 weeks (i.e. no lineage with log growth rate &gt;0.05) AND No VOHC designated. No ‘particularly concerning’ VOC detected anywhere in the world.</td>
<td>A variant or sublineage increasing in relative prevalence locally (log growth rate 0.05-0.13) OR A VOHC designated or ‘particularly concerning’ VOC detected somewhere.</td>
<td>A variant or sublineage rapidly increasing in relative prevalence locally (log growth rate &gt;0.13) OR A VOHC designated or ‘particularly concerning’ VOC detected in the United States.</td>
<td></td>
</tr>
</tbody>
</table>
Variant Surveillance, Midwest Region
Weighted and Nowcast Estimates

It’s ALL Still OMICRON

<table>
<thead>
<tr>
<th>Lineage #</th>
<th>%Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>XBB.1.5</td>
<td>68.1%</td>
</tr>
<tr>
<td>XBB.1.16</td>
<td>14.4%</td>
</tr>
<tr>
<td>XBB.1.9.1</td>
<td>7.7%</td>
</tr>
<tr>
<td>XBB.1.9.2</td>
<td>3.4%</td>
</tr>
<tr>
<td>XBB.1.5.1</td>
<td>3.3%</td>
</tr>
<tr>
<td>XBB.2.3</td>
<td>2.3%</td>
</tr>
<tr>
<td>FD.2</td>
<td>0.2%</td>
</tr>
<tr>
<td>CH.1.1</td>
<td>0.2%</td>
</tr>
<tr>
<td>BQ.1.1</td>
<td>0.2%</td>
</tr>
<tr>
<td>XBB</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Omicron sub lineages XBB.1.5, and XBB.1.9.1 are increasing locally (Delta, BA.1, and BA.5 logistic growth rates for comparison, as of 5/17/2023)
Wastewater: Current SARS-CoV-2 viral concentration levels and growth trends indicate a LOW concern level

<table>
<thead>
<tr>
<th></th>
<th>Low Concern</th>
<th>Medium Concern</th>
<th>High Concern</th>
</tr>
</thead>
<tbody>
<tr>
<td>The average wastewater metric score among the sites that are sampled, as determined by the viral concentration and trend</td>
<td>&lt; 2</td>
<td>2-3</td>
<td>&gt; 3</td>
</tr>
<tr>
<td>This week</td>
<td>1.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Methodology:** The wastewater concern level is adjusted based on the trend in the four weeks of data, where an upward trend can move the site into a higher concern category, etc.
SARS-CoV-2 wastewater metric demonstrate a **LOW** concern level compared to higher concentration levels in the previous weeks.
LOW SARS-CoV-2 risk levels were detected from all treatment plants and the Lakeview – Uptown, Little Village, Lincoln Park – Near North side, and Austin – Monteclare sewer sites. MEDIUM risk levels were detected from all other sewer sites.

Wastewater Treatment Plants

<table>
<thead>
<tr>
<th>#</th>
<th>Catchment</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Terrence J. O’Brien</td>
</tr>
<tr>
<td>B</td>
<td>Stickney</td>
</tr>
<tr>
<td>C</td>
<td>Calumet</td>
</tr>
</tbody>
</table>

Sewer sites

<table>
<thead>
<tr>
<th>#</th>
<th>Catchment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Norwood Park - Jefferson Park</td>
</tr>
<tr>
<td>2</td>
<td>Lakeview - Uptown</td>
</tr>
<tr>
<td>3</td>
<td>Austin - Monteclare</td>
</tr>
<tr>
<td>4</td>
<td>Lincoln Park - Near North Side</td>
</tr>
<tr>
<td>5</td>
<td>Little Village</td>
</tr>
<tr>
<td>6</td>
<td>Chicago Lawn - Ashburn</td>
</tr>
<tr>
<td>7</td>
<td>Chatham</td>
</tr>
<tr>
<td>8</td>
<td>Roseland - West Pullman</td>
</tr>
</tbody>
</table>

Wastewater treatment plant catchment areas exceed Chicago city borders (dashed boundaries) and cover also other Cook county municipalities.

The actual coverage areas are wider but trimmed in this figure.
SARS-CoV-2 wastewater metric indicates a **LOW** concern this week

- The average wastewater metric score for this week was **1.0** (last week metric score: **1.3**)
- Several sites fell in the medium concern category
  - Norwood/Jefferson Park
  - Chicago Lawn/Ashburn
  - Chatham
  - Roseland/West Pullman
- The low concern metric score indicates decreased community transmission in Chicago.
The question for vaccine experts ahead of this fall:

• For 3.5 years, the virus has continued mutating (hundreds of mutations)
• Humans are on approximately our third round of designing a vaccine to keep up with this change

Do we make the switch from the current

Bivalent vaccine: Original SARS-Co-V-2 plus Omicron BA.5

To (for example)

One protective against Omicron XBB.1 alone?
Looking ahead to potential fall COVID vaccine

- In June, scientific expert meetings (FDA and CDC) to make recommendations on fall vaccine composition
- WHO technical advisory group on COVID-19 Vaccine Composition: meeting every 6 months to recommend either maintaining current vaccine composition or considering update
- WHO group met May 11-12
  - Currently approved vaccines continue to provide substantial protection against severe disease and death.
  - Notwithstanding protection against severe disease, protection against symptomatic disease is limited and less durable. New formulations of vaccines needed to improve protection against symptomatic disease.
  - XBB lineage is most likely where SARS-Cov-2 variants will come from in the new term
  - Advise moving away from inclusion of index virus in future formulations of vaccines
    - Index virus and closely related variants no longer circulate in humans
    - Including the original/index virus reduces concentration of new target antigen—perhaps less immune response.

- Current vaccine: Bivalent (two variants at once)
- Next one: perhaps spike protein of XBB.1 lineage of Omicron variant
  - Currently, XBB.1 descendant lineages currently predominate globally (XBB.1.5, XBB.1.16, XBB.1.9)
  - XBB.1.5 are highly immune evasive—immune escape from neutralizing antibodies
  - One approach is monovalent XBB.1 descendant lineage such as XBB.1.5
https://nextstrain.org/ncov/gisaid/global/6m
NEVER HAD A COVID-19 VACCINE?

Now, One Shot Gets You The Best Protection!

The updated bivalent vaccine is now available to anyone 6 months and older, including those who were not previously vaccinated.

FIND YOUR VACCINE AT: CHI.GOV/COVIDVAX
GET YOUR BIVALENT COVID-19 VACCINE TODAY AND BREATHE EASIER KNOWING YOU HAVE THE STRONGEST PROTECTION!

YOU MAY BENEFIT BY GETTING AN ADDITIONAL BIVALENT BOOSTER NOW!

- If you’re 65+ years old, and it’s been 4 months or more since your last COVID-19 vaccine.
- If you’re immunocompromised, and it’s been 2 months since your last COVID-19 vaccine.

FIND YOUR VACCINE AT: CHI.GOV/COVIDVAX
TAKE ACTION IF YOU TEST POSITIVE FOR COVID-19

**DAY 1-5**
*Stay home:*
- Everyone - regardless of vaccination status - should stay home and away from others (isolate).

**People at high risk for severe illness:**
Talk to your doctor about treatment

**DAY 6 OR LATER**
*End isolation:*
- If you never had symptoms OR symptoms are improving and are fever-free for 24 hours.

**DAY 6-10**
*Wear a mask:*
- If you take 2 antigen tests 48 hours apart and both are negative, you may remove your mask sooner
- Avoid people at high risk of getting very sick

Find testing resources and the latest guidance at [chicago.gov/covidtest](http://chicago.gov/covidtest)
VAX & PAX lovid

If you’re at high risk for severe illness, vaccines are your best protection against COVID-19. But if you do test positive, TREATMENTS ARE AVAILABLE.

PAXLOVID, for example, is an oral antiviral therapy for the treatment of mild to moderate COVID-19.

Individuals ages 12 and up who are at high risk of developing severe illness, are eligible. Ask a healthcare provider if medications to treat COVID-19 are right for you.

More info at: Chi.gov/therapeutics
GET YOUR UPDATED
COVID BOOSTER &
FLU SHOT AT HOME

In-home vaccination is available to all Chicago households at no cost. Up to 10 people can be vaccinated, so invite your family, friends, or neighbors to get vaccinated together.

TO REGISTER FOR AN APPOINTMENT
CALL 312.746.4835 OR VISIT OR CHICAGO.GOV/ATHOME

Continues to operate Saturday and Sunday 8am-6:30pm
Need help and don’t know where to turn?

211MetroChicago.org
Need a vaccine or a booster? Have questions?

visit

CHI.GOV/COVIDVAX

or call

312-746-4835
Mpox Update

May 30, 2023
Chicago Mpox (Monkeypox) Case Summary

Data last updated 5/29/2023. Counts include cases with specimen collections through 5/24/2023 to account for reporting lags. Data are updated on Mondays and Thursdays at 2:00p.m., except for City holidays. All data are provisional and subject to change.

<table>
<thead>
<tr>
<th>Cumulative Cases</th>
<th>Cumulative Hospitalizations</th>
<th>Cumulative Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,153</td>
<td>78</td>
<td>3</td>
</tr>
</tbody>
</table>

Mpox (Monkeypox) Cases Diagnosed in Chicago Residents, by Week

30 cases reported since week of April 22

*Data represented in the last reported week are not yet complete.*
Chicago Mpox (Monkeypox) Vaccination Summary


Data are updated on Mondays at 2:00 p.m., except for City holidays. All data are provisional and subject to change....

<table>
<thead>
<tr>
<th>Cumulative Doses</th>
<th>Cumulative First Doses</th>
<th>Cumulative Second Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>48,563</td>
<td>29,692</td>
<td>18,871</td>
</tr>
</tbody>
</table>

Doses of Mpox (Monkeypox) Vaccine Administered to Chicagoans, by Week

41% increase in vaccination from week ending May 13
CDPH MPOX UPDATE: WEEK ENDING MAY 20

NEW CASES THIS WEEK

CASES REPORTED SINCE WEEK OF APRIL 22

211 MPOX VACCINATION DOSES IN CHICAGO FOR THE WEEK ENDING IN MAY 20
(127 1ST DOSES; 84 2ND DOSES)

41.6% INCREASE IN VACCINATIONS FROM WEEK ENDING MAY 13 (149 TO 211)

LEARN MORE AT: bit.ly/CDPHMpox
IT'S NOT OVER. PROTECT YOURSELF.

Anyone can get mpox through close, personal contact with someone who has symptoms of mpox. However, data suggests the virus has primarily spread through close-knit social networks of gay, bisexual, and other same gender-loving men through intimate contact.

Mvox is spread from person to person through close contact like:

- Direct contact with infected skin rash, lesions, scabs, or body fluids
- Respiratory droplets during prolonged, face-to-face contact or during intimate physical contact, such as kissing, cuddling, or sex
- Contact with clothing, linens, towels, or other materials contaminated by infectious rash or body fluids
GET VACCINATED! (TWO DOSES OF JYNNEOS) AND...

Take the following steps to prevent getting mpox:

- Ask your health provider about mpox vaccine. More info at chicago.gov/mpox.
- Avoid close skin-to-skin contact with people who have a rash that looks like mpox.
  - Do not touch the rash or scabs of someone with mpox.
  - Do not kiss, hug, cuddle, or have sex with someone who has mpox.
- Avoid contact with objects and materials that a person with mpox has used.
  - Do not share food, drinks, or eating utensils with someone with mpox.
  - Do not handle or touch the bedding, towels, or clothing of someone with mpox.
- Wash your hands often with soap and water or use an alcohol-based hand sanitizer.
Evaluate the level of risk when making plans or deciding to attend events:

- Having sex or other intimate contact with multiple or anonymous people, such as those met through dating apps or on social media, increases your risk of exposure.
- Clubs, raves, saunas, sex parties, and other events may also increase your risk of exposure, especially if people are wearing less clothing.

Call your healthcare provider if you show symptoms or need to be evaluated or tested for mpox. If you don’t have a doctor or insurance, contact HIV/STI Resource Hub at 844.482.4040/hivhub.org or visit FindAHealthCenter.hrsa.gov for free or low-cost care.
While the overall risk of mpox remains low, see a healthcare provider if you develop symptoms

- Spread is primarily through skin-to-skin contact with rash/lesions. Highest risk of spread is through sex and other intimate contacts in social networks.

If you have a new or unexplained rash:
- Visit a healthcare provider or call 312-746-4835 to get connected to care
- Remind your provider that MPV is in the community
- Avoid sex or being intimate with anyone until you’ve been checked out
• People who may be exposed to Mpox should receive 2 vaccine doses.

• **You're not fully vaccinated unless you've gotten 2 doses of the vaccine.**

• You can get vaccinated at CDPH’s STI Specialty Clinics, as well as many healthcare providers across Chicago.

• Go to Chicago.gov/Mpox for more information.
DON'T LET ANYTHING STAND IN THE WAY OF YOUR PRIDE

Get the facts on monkeypox, STIs, and HIV right now.

→ CHICAGO.GOV/MONKEYPOX

→ CHICAGO.GOV/HIV-STI

PRIDE > MIEDO

NO DEJES QUE NADA SE INTERPONGA EN EL CAMINO DE TU PRIDE.
Questions about Mpox?

Mpox (Monkeypox) Data Dashboard: www.chicago.gov/mpox

HIV/STI Resource Hub (LGBTQ+ call center) at 844-482-4040

or the CDPH Call Center at 312-746-4835