



Shortened isolation guidance for General Population

Regardless of vaccination status

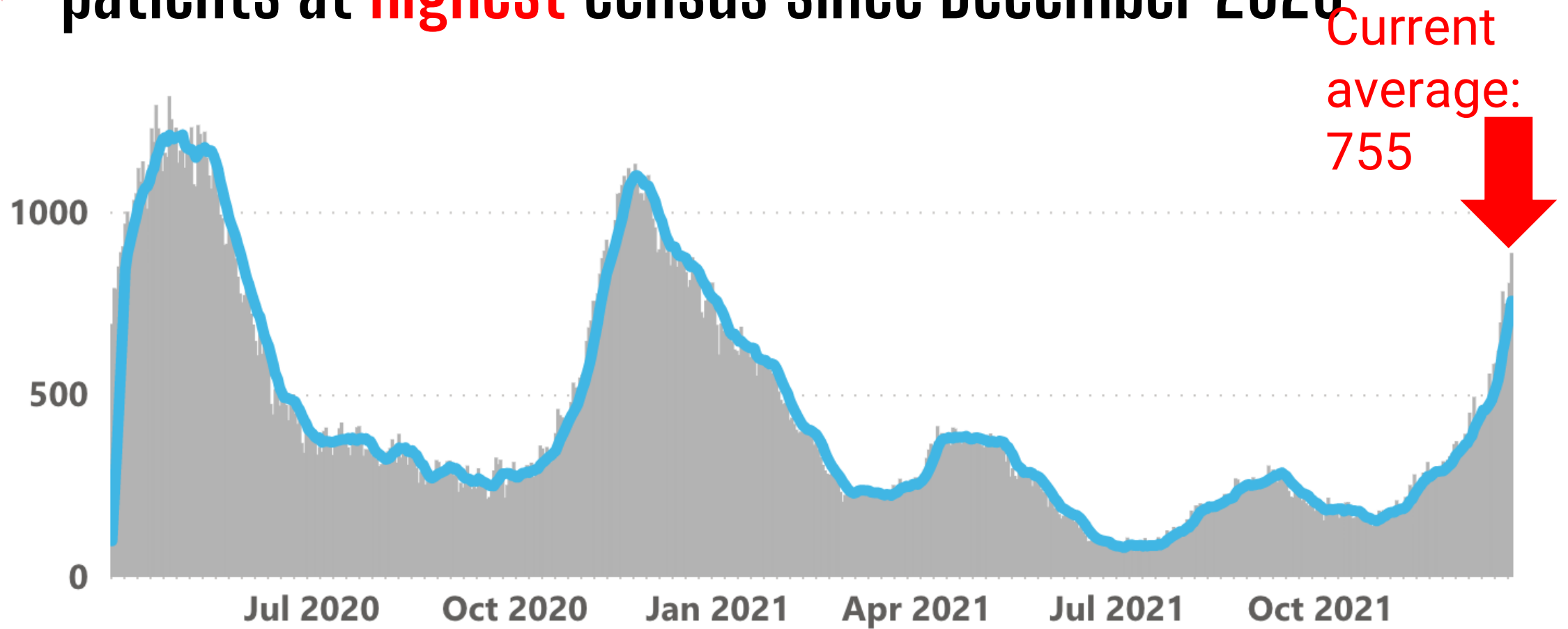
If you test positive for COVID-19

ISOLATE

NO need to repeat a positive at-home test in a medical setting; treat a positive as positive

- Stay home and isolate for 5 days
- After 5 days, **if your symptoms have resolved** you can leave your house BUT
 - You *must* continue to wear a mask around others for an additional 5 days and *should* avoid contact with high-risk people
- *If you are still feeling sick or have a fever after 5 days, you must continue to isolate at home until you feel fine*

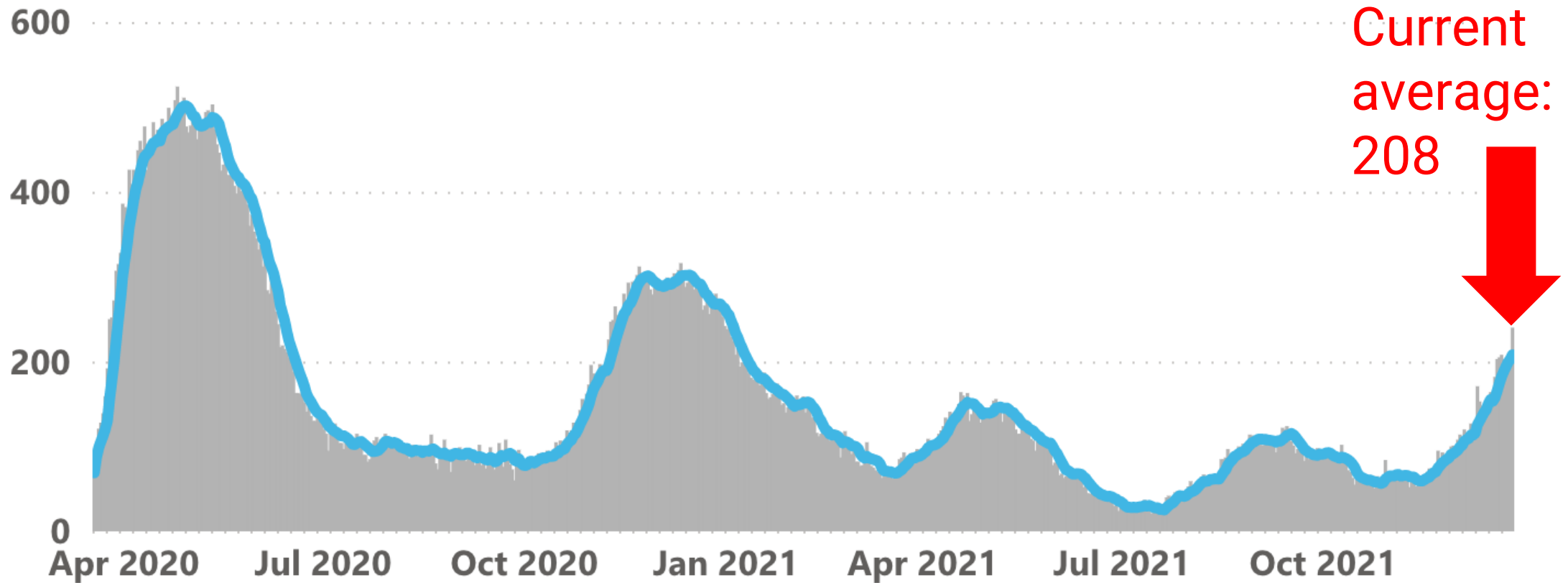
Chicago: Non-ICU Hospital Beds occupied by COVID-19 patients at **highest** census since December 2020



● Acute Non-ICU Beds Occupied by COVID-19 Patients ● 7-day Rolling Average

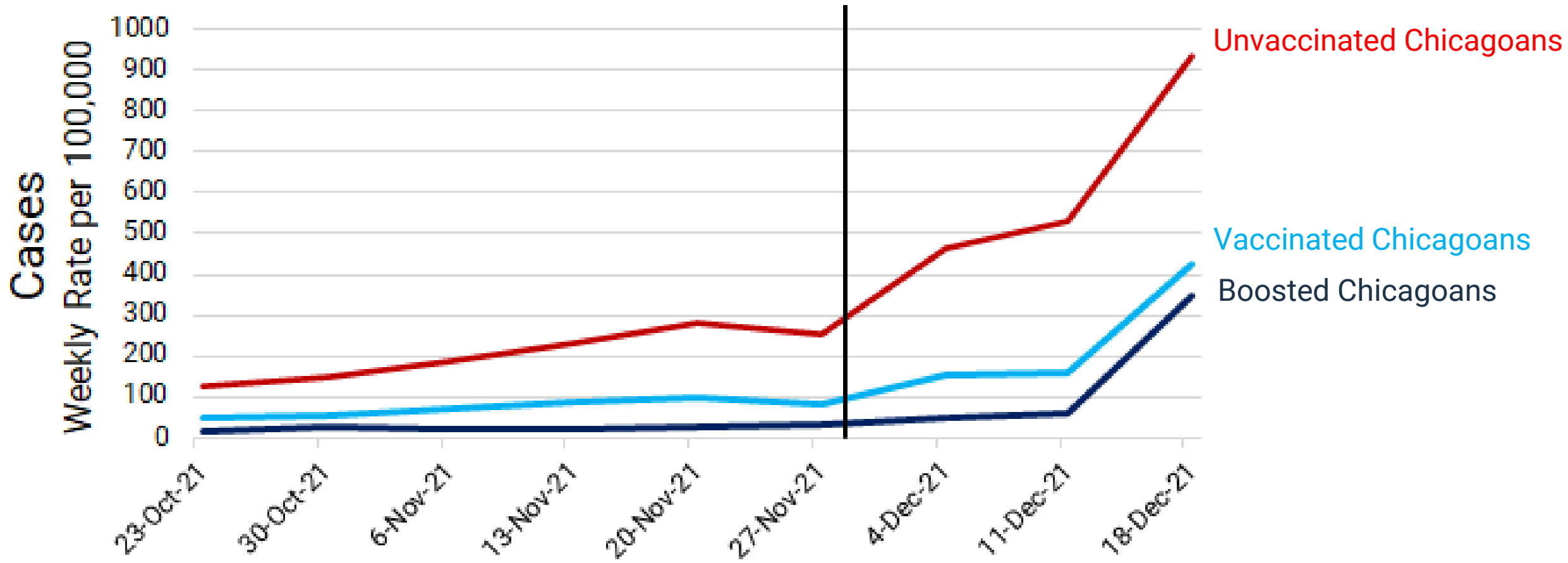


Chicago: ICU Hospital Beds occupied by COVID-19 patients at **highest** census since January 2021



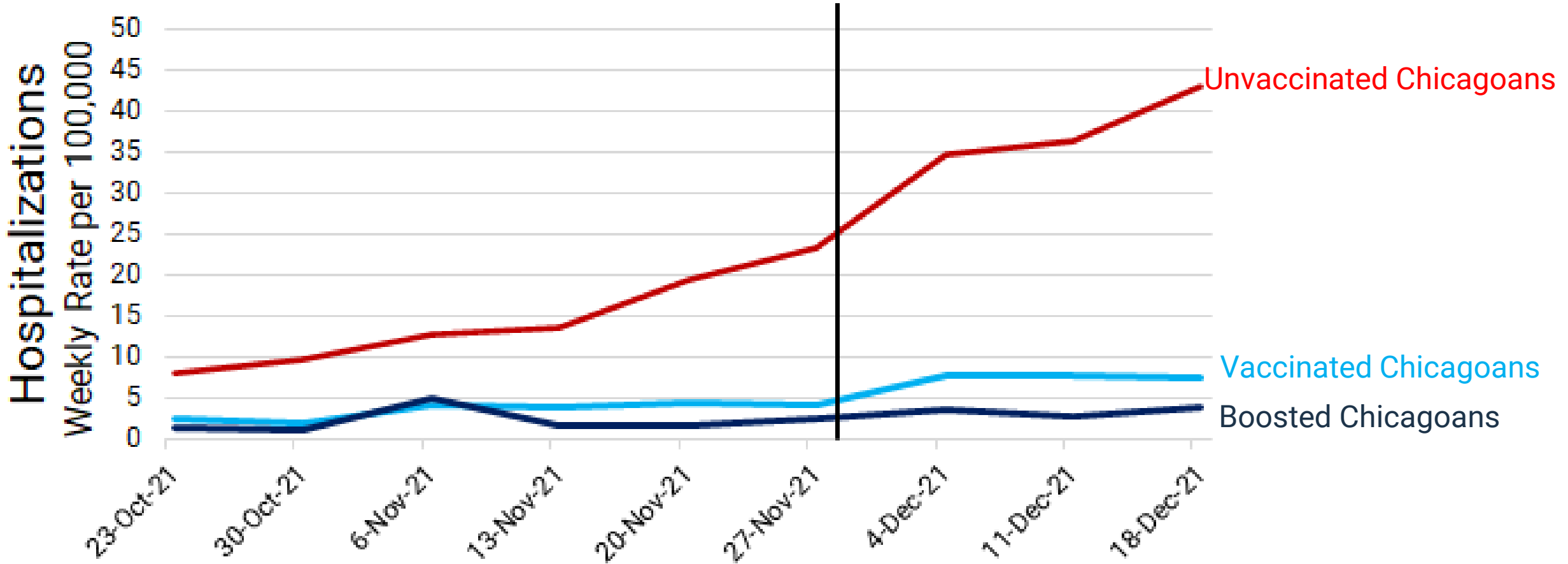
● ICU Beds Occupied by COVID-19 Patients ● 7-day Rolling Average

Good News: Vaccine still provide protection against infection, though seeing more breakthroughs with Omicron variant



Very Good News: In Chicago, vaccines continue to protect beautifully against COVID hospitalization, and boosters add to that protection.

Unvaccinated Chicagoans are driving nearly all of our increase in COVID hospitalizations.





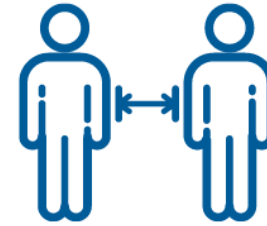
So, what should we do to protect ourselves and community from COVID and its variants?



VAX UP



MASK UP



BACK UP



WASH UP



TEST UP



Guidance for Gathering in Chicago

- Get vaccinated **and boosted**
- Wear a **well-fitting** mask
- **Avoid gatherings and travel** if not fully vaccinated
- If possible, get **tested** before gathering, regardless of vaccination status
- **If you are sick, stay home**
- Visit [Chicago.gov/COVID](https://www.chicago.gov/COVID)





Keep a copy of your vax card on your phone!

STEP ONE:

Take a picture of your card on a flat surface in a well lit area

COVID-19 VACCINATION RECORD CARD
 Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat ut wisi enim ad minim.
 Sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat ut wisi enim ad minim lorem ipsum dolor sit amet consectetur adipiscing.

Last Name _____

Date of birth _____ Patient number _____

Vaccine	Lot Name/Manufacturer Number	Date	Healthcare Professional or Clinic	Healthcare Professional or Clinic Site
1 st Dose COVID-19	_____	____/____/____	_____	_____
2 nd Dose COVID-19	_____	____/____/____	_____	_____
Other	_____	____/____/____	_____	_____
Other	_____	____/____/____	_____	_____

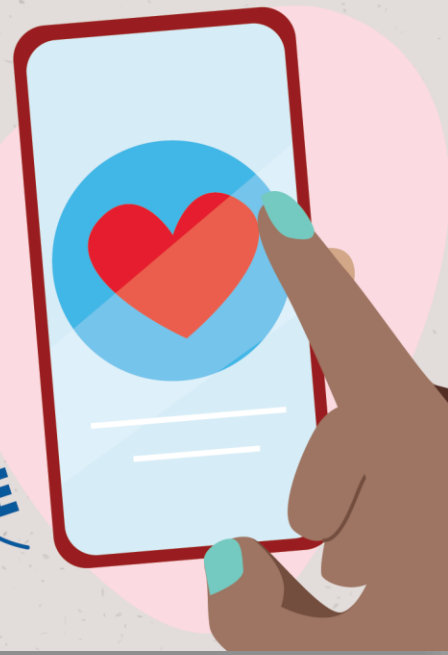
CLICK



STEP TWO:

Add the photo to your favorites so you can access it quickly

SAVE



Need a vaccine or a booster? Have questions?

visit **CHI.GOV/COVIDVAX**

or call **312-746-4835**

