

Protecting Chicago: Phase IV Re-Opening Metrics Update

December 29, 2020 (Report truncated due to holiday)

COVID-19 case incidence in Chicago has peaked; current decline is slow. Still 3X greater than late September.



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.

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The doubling time is currently 72.7 days as of 12/28/20.



Doubling time is a logarithmic calculation of the speed of cumulative incidence of new confirmed COVID-19 cases in Chicago during the 2nd surge (October 4 to present) Answers the question: *At the current rate of growth, how many days from 7-days-prior-to-today will it take to double the number of people infected since the start of the surge?* The longer it takes to double, the slower the growth of the epidemic. Case counts are based on lab results with known specimen collection date. To adjust for reporting delays, a 5-day lag is used (ie, the chart describes data ending 5 days prior). (Source: INEDSS)

COVID-19 Test Positivity by Chicago zip code Week ending Saturday December 26, 2020





ED visits for COVID-like illness has been decreasing 40 days after increasing 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.



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 Occupancy from COVID-19

Peak 7-day	501 avg. occupied ICU beds
rolling average	4/30/2020
Current	26%
Availability	12/28/2020

COVID-19 ICU beds occupied, daily counts and 7 day average, daily occupancy census (09/15/2020 - 12/28/2020)



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.



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.

COVID-19 deaths peaked, on 12/8, at 7X higher than early October. Approaching 1000 deaths from 2nd surge.



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.

Test positivity is declining for three weeks. Now 8.5%, 1.7X higher than 5%.



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.

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Test positive