Protecting Chicago: Phase IV Re-Opening Metrics Update

July 25, 2020

(Data current through 7/22/2020)
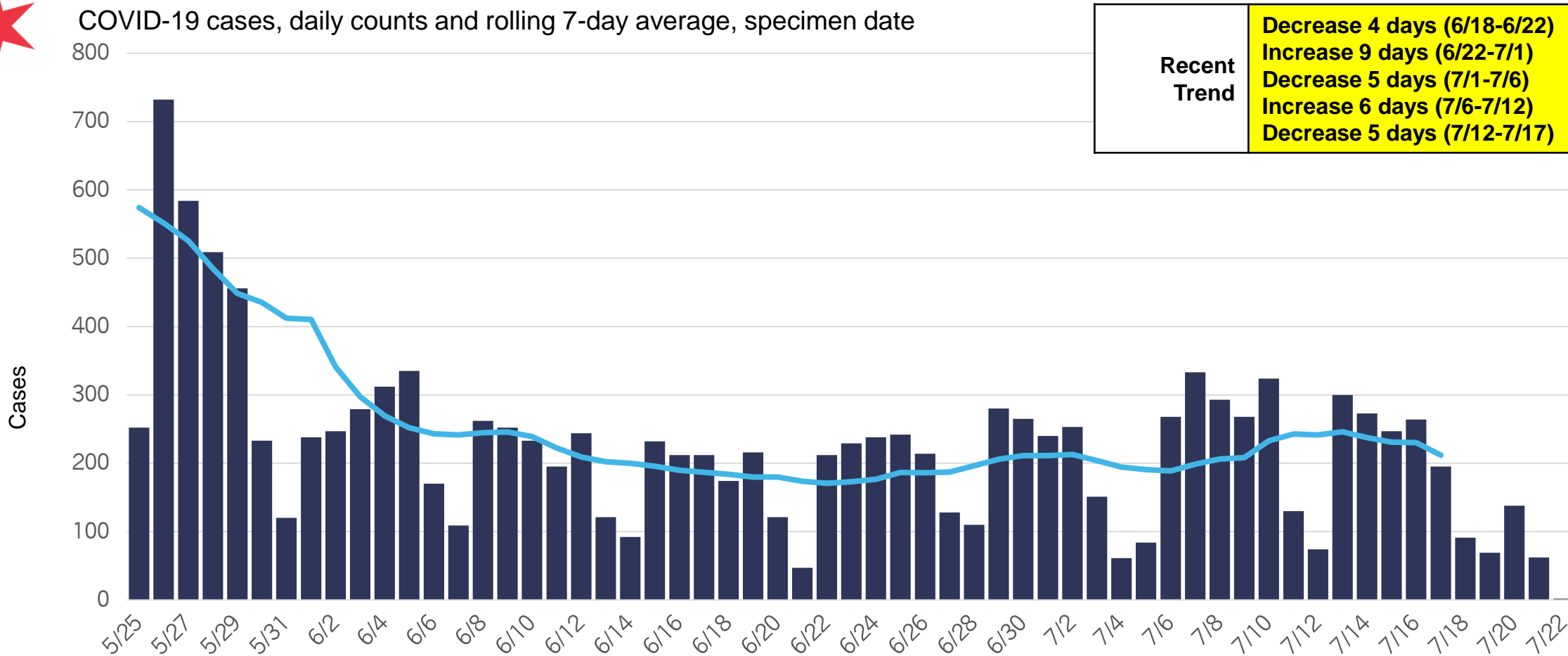
CDPH COVID-19 Phase IV starting June 26 2020

	Stop: May need to delay moving ahead	Caution: Pause and monitor	Go: Cautious progress	Go: Continued progress	Go: Advanced progress
Cases 7-day rolling daily average	Any sustained increase >14 days within the past 28 days	Increase 0-14 days (in most recent 14 -day period)	Stable or decrease 0-13 days (w/o increase in most recent 14-day period)	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)
Hospitalizations 7-day rolling daily average					
Deaths 7-day rolling daily average					
COVID Emergency department visits 7-day rolling daily average					
Positivity rate 7-day rolling daily average	>10%	5% - 10%	<5%	<5%	<5%
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		
Testing capacity 7-day rolling daily average	Unexplained decline in testing <4500 total tests/day	Explained decline in testing <4500 total tests/day	Stable testing >4500 total tests/day		
Response capacity	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

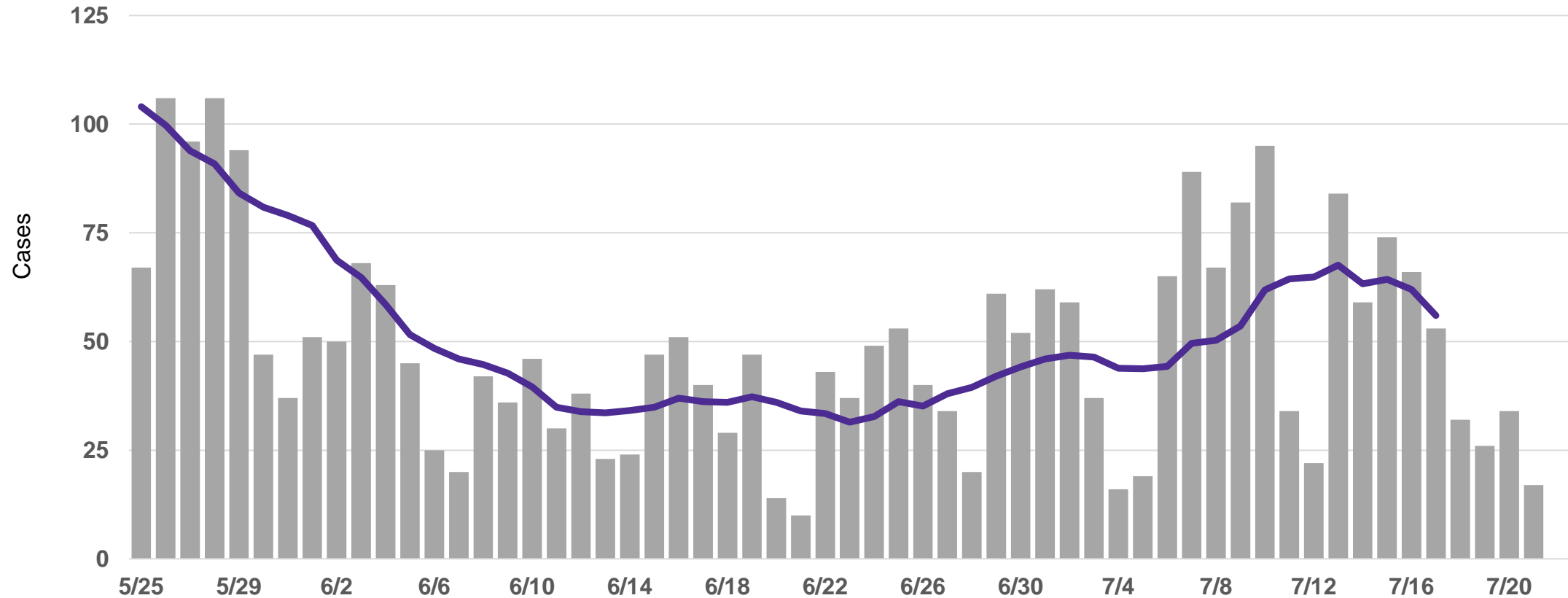# COVID-19 case incidence in Chicago is high and stable, with a recent 5 day decrease.

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

Recent Trend

Decrease 4 days (6/18-6/22)
Increase 9 days (6/22-7/1)
Decrease 5 days (7/1-7/6)
Increase 6 days (7/6-7/12)
Decrease 5 days (7/12-7/17)

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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Black, non-Latinx case incidence is high and growing, with a recent 4 day decrease.

Recent Trend

Decrease 5 days (6/18-6/23)
Increase 9 days (6/23-7/2)
Stable 3 days (7/2-7/5)
Increase 8 days (7/5-7/13)
Decrease 4 days (7/13-7/17)

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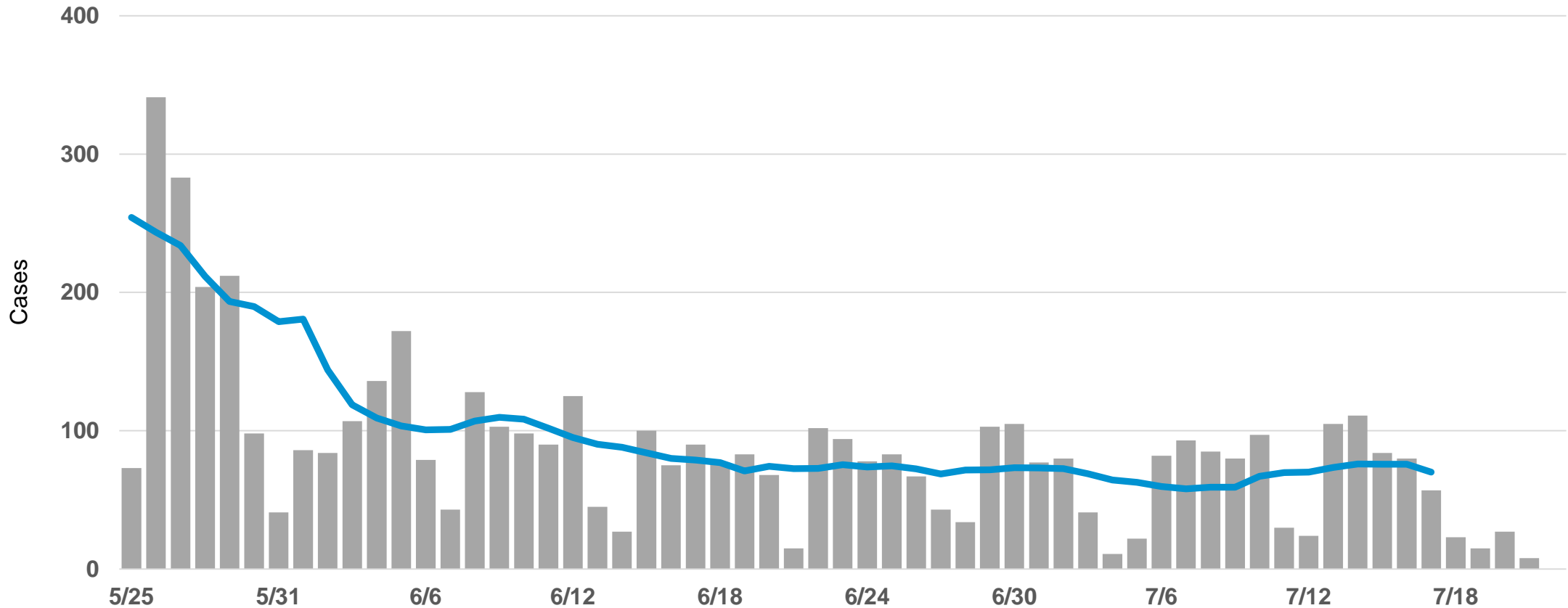

Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates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

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Latinx case incidence is persistently high. Cases have been stable for > 28 days.

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

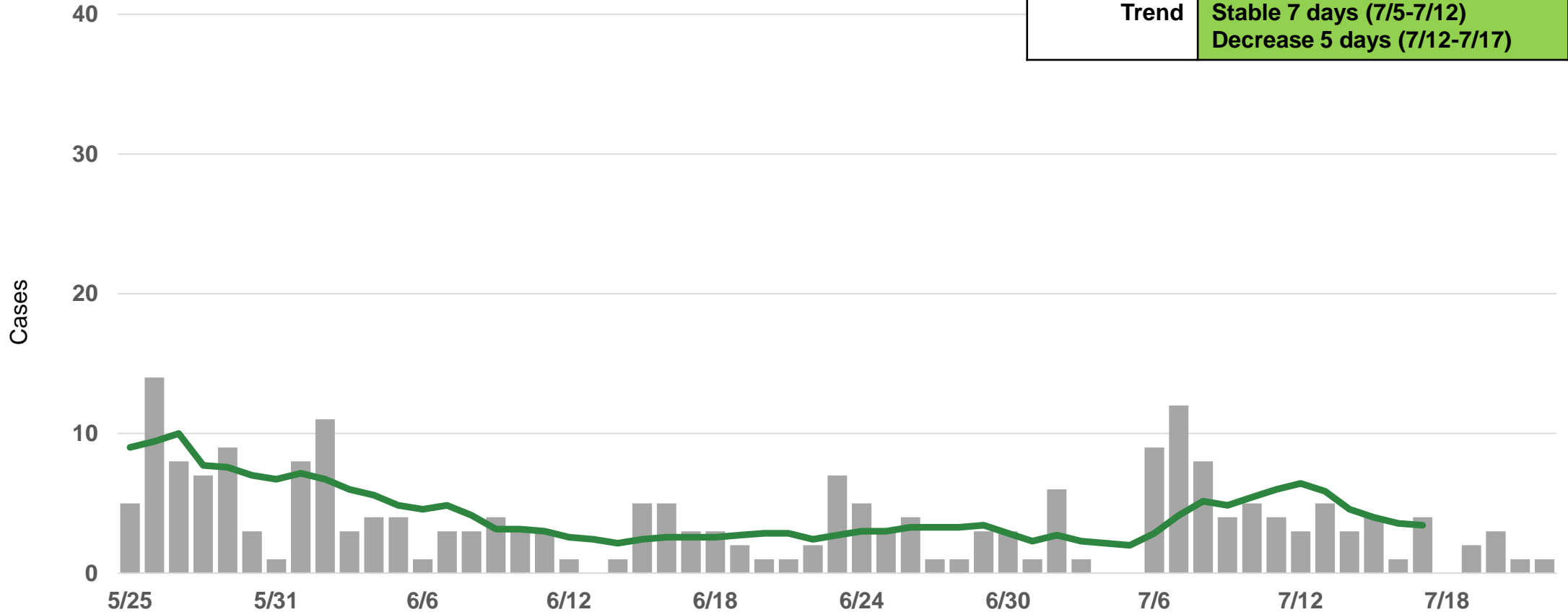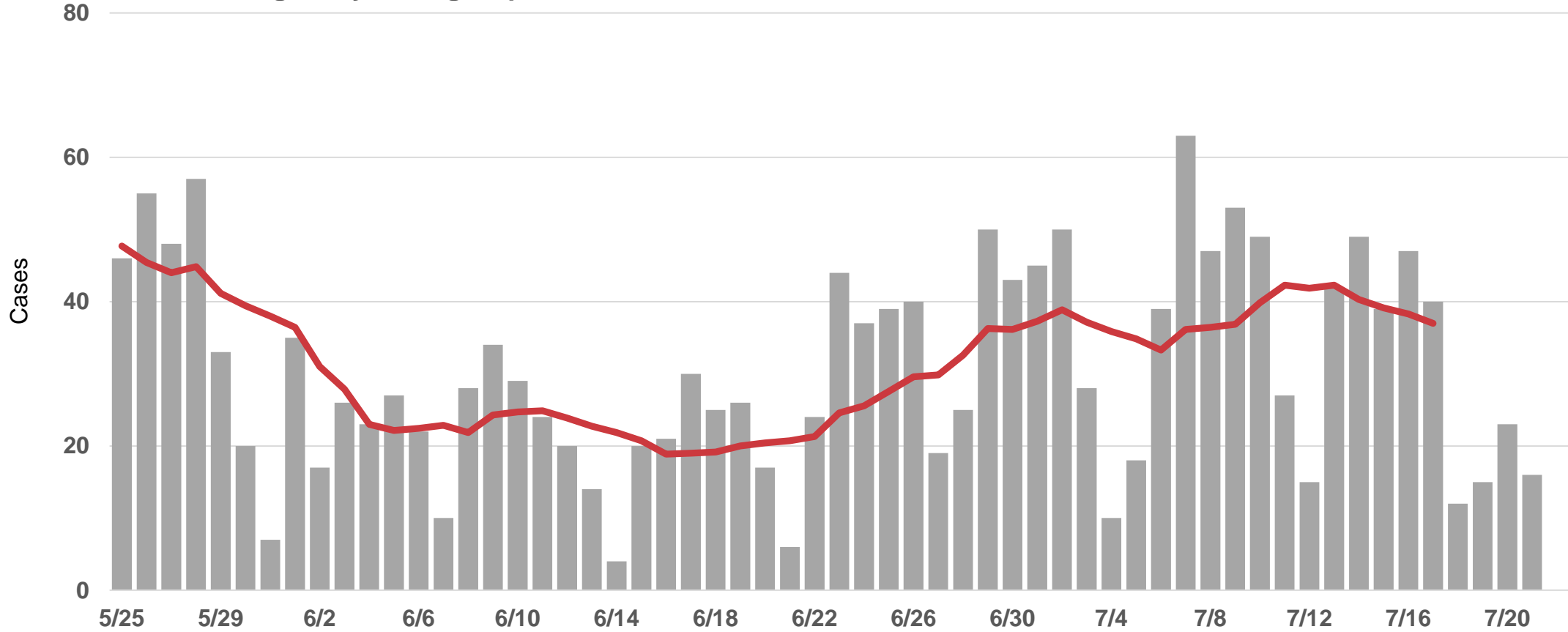| Recent Trend	Stable 29 days (6/18-7/17)

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.

Asian, non-Latinx case incidence is moderate and stable. Cases have been stable or decreasing for 17 days.

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

Recent Trend	Increase 10 days (6/18-6/28) Decrease 7 days (6/28-7/5) Stable 7 days (7/5-7/12) Decrease 5 days (7/12-7/17)

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 moderately high and stable, with a recent 5 day decrease.

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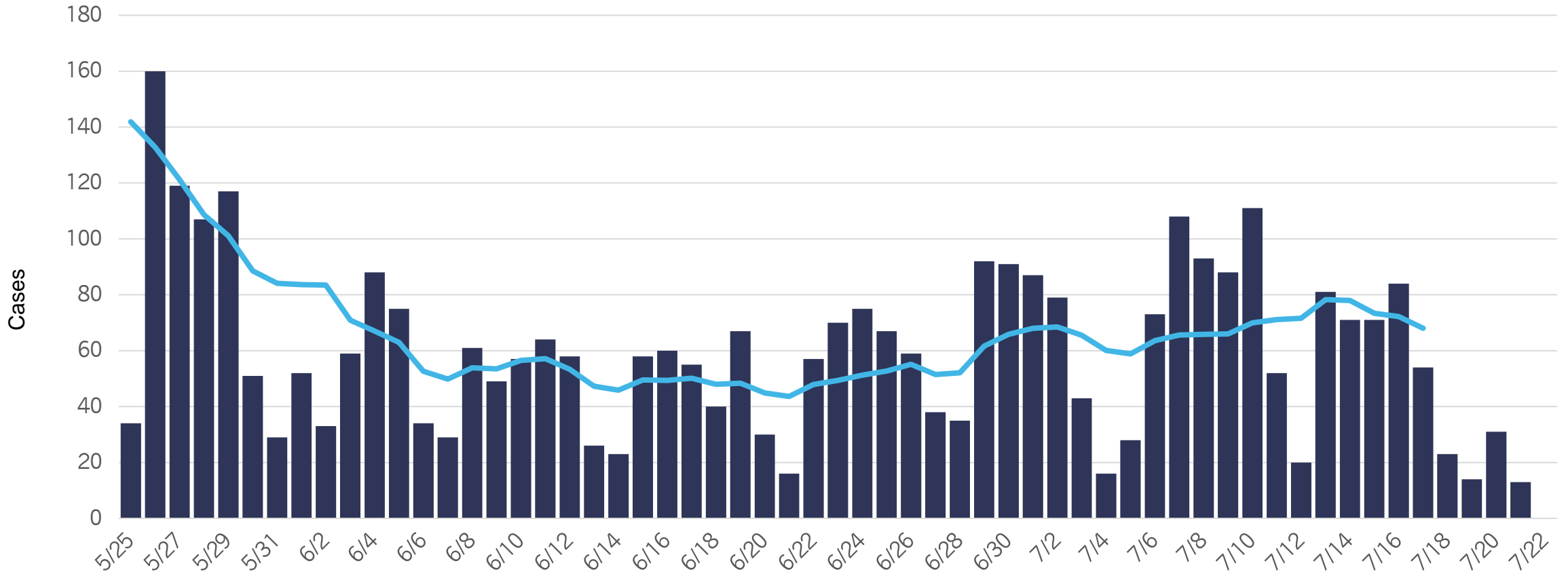

Daily COVID-19 cases with known specimen report date and race/ethnicity information. Approximately 30% of cases used to calculate 14-day incidence are missing race/ethnicity information, therefore the reported 14-day incidence represents an undercount of true incidence. Daily counts for most recent dates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

18-29 year old case incidence is high and stable. Mostly increasing in recent past.

COVID-19 cases among 18-29 year olds, daily counts and rolling 7-day average, specimen

Daily COVID-19 cases with known specimen report date and race/ethnicity information. 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.
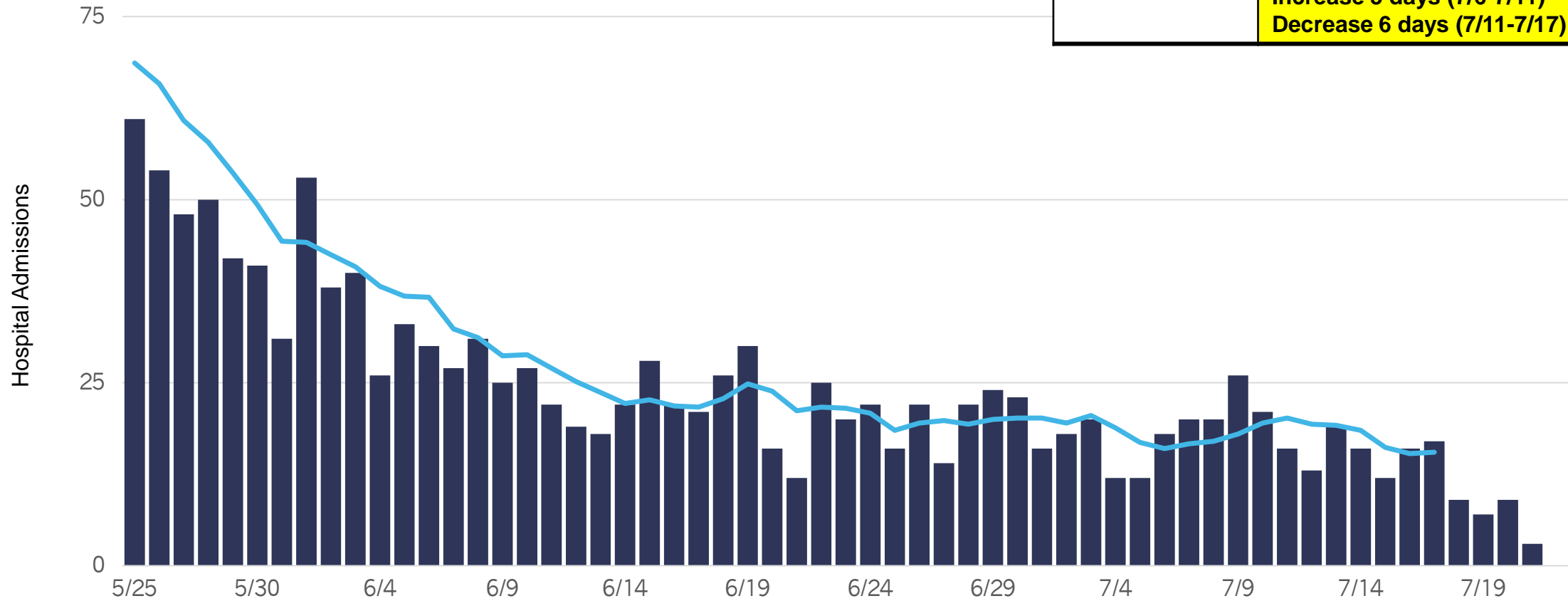
9

COVID-19 Severe Outcomes

Daily COVID-19 hospital admissions decreasing for 6 days after a recent increase.

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

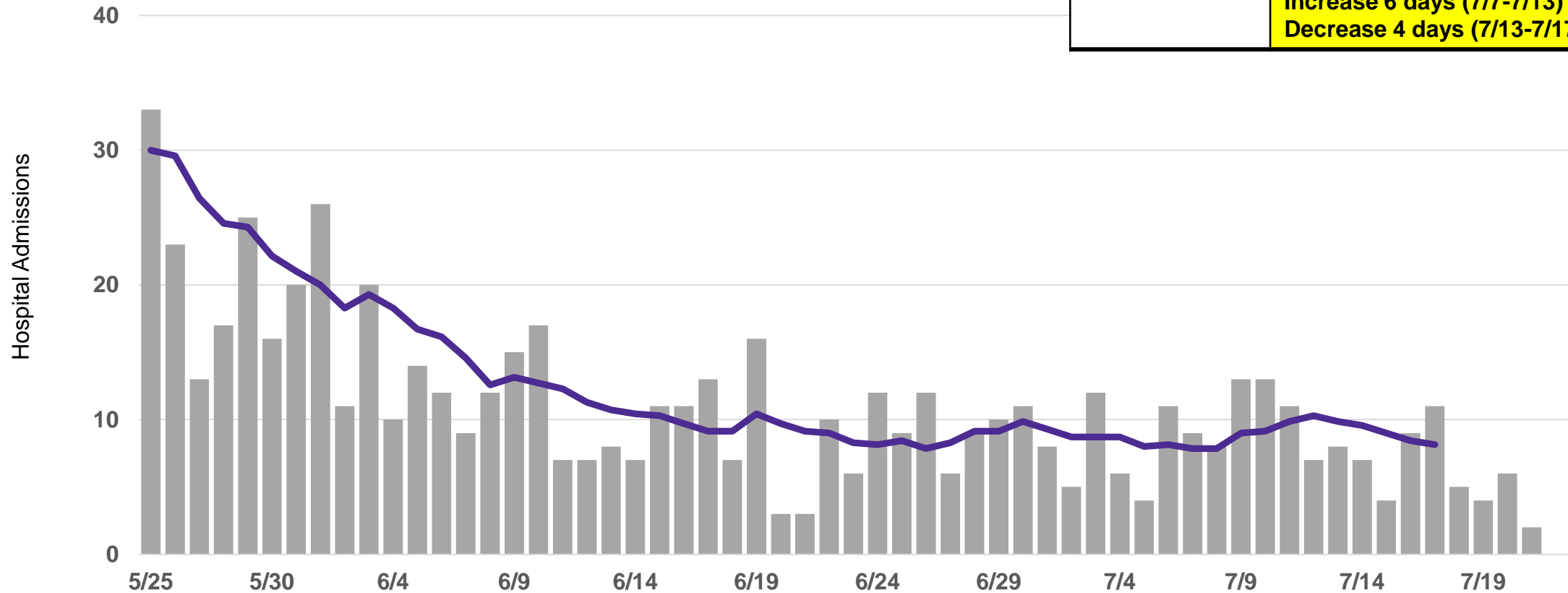| Recent Trend	Decrease 10 days (6/18-6/28) Stable 8 days (6/28-7/6) Increase 5 days (7/6-7/11) Decrease 6 days (7/11-7/17)

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. Peak daily admissions based on rolling 7-day average.

11

Black, non-Latinx hospital admissions decreasing for 4 days after a recent increase.

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

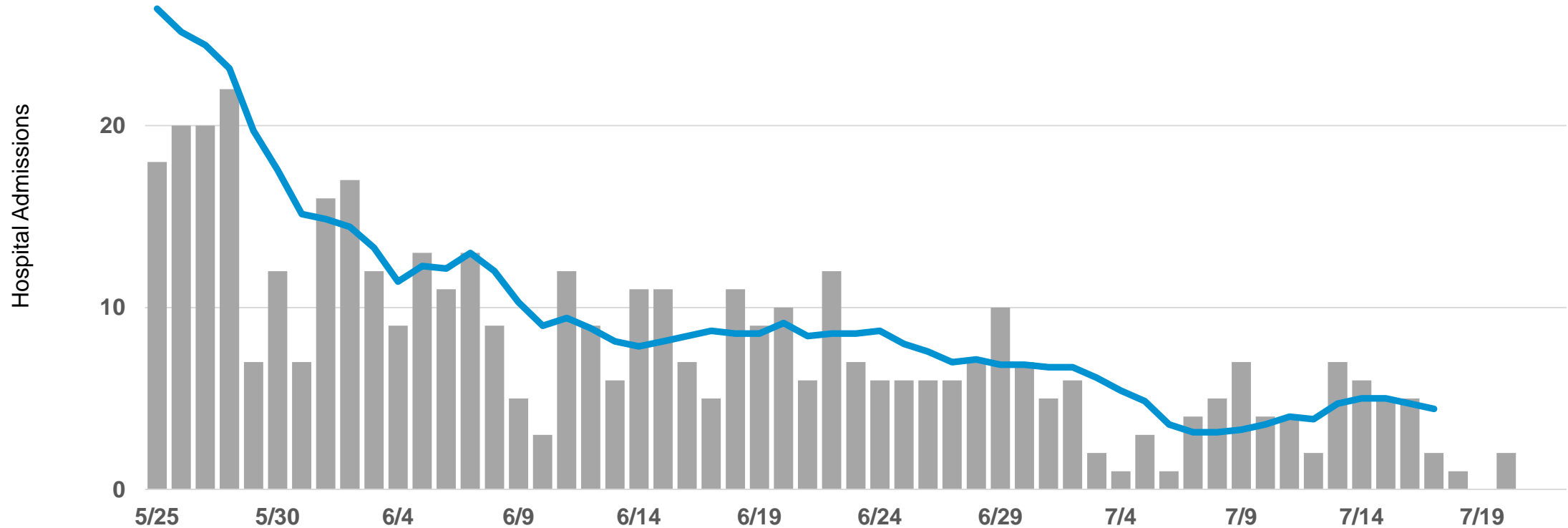| Recent Trend	Stable 7 days (6/18-6/25) Increase 5 days (6/25-6/30) Decrease 7 days (6/30-7/7) Increase 6 days (7/7-7/13) Decrease 4 days (7/13-7/17)

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. Peak daily admissions based on rolling 7-day average.

12

Latinx hospital admissions decreasing for 3 days after a recent increase.

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

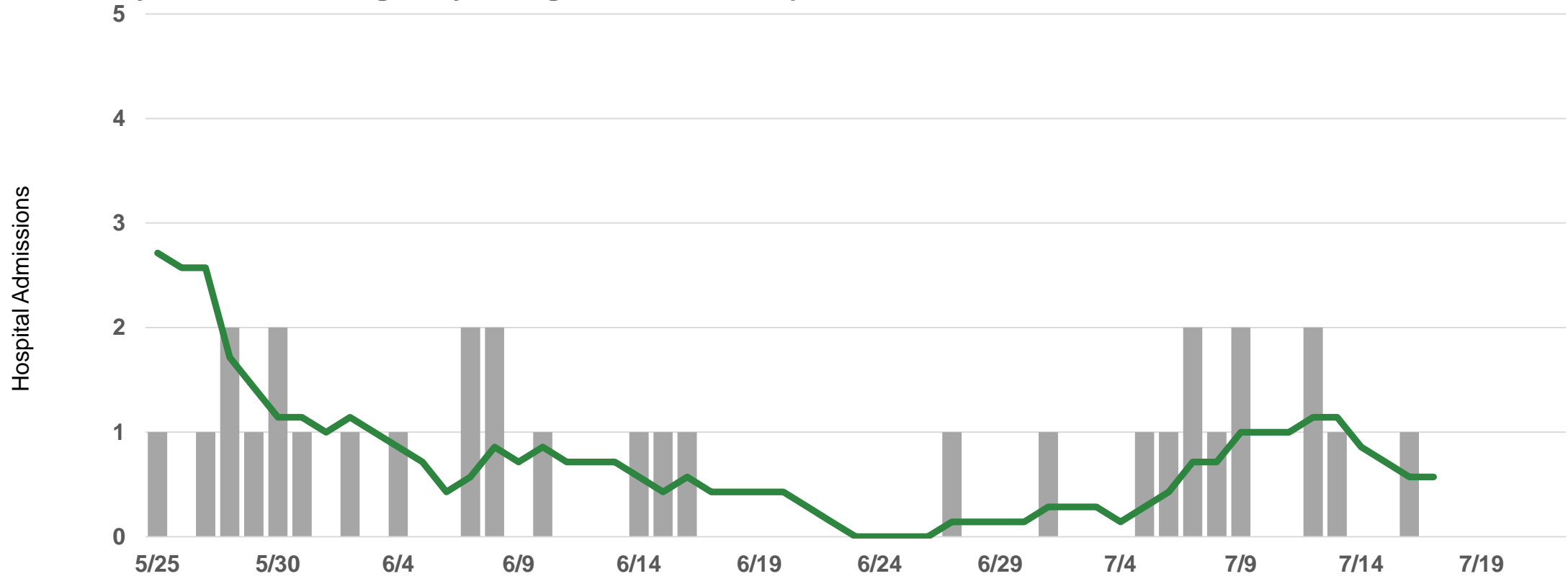| Recent Trend	Stable 14 days (6/18-7/2)
	Decrease 6 days (7/2-7/8)
	Increase 6 days (7/8-7/14)
	Stable 3 days (7/14-7/17)

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. Peak daily admissions based on rolling 7-day average.

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Asian non-Latinx hospital admissions at near-zero incidence for >28 days.

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

Recent Trend	Below 2 avg. daily admissions for 30 days

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. Peak daily admissions based on rolling 7-day average.
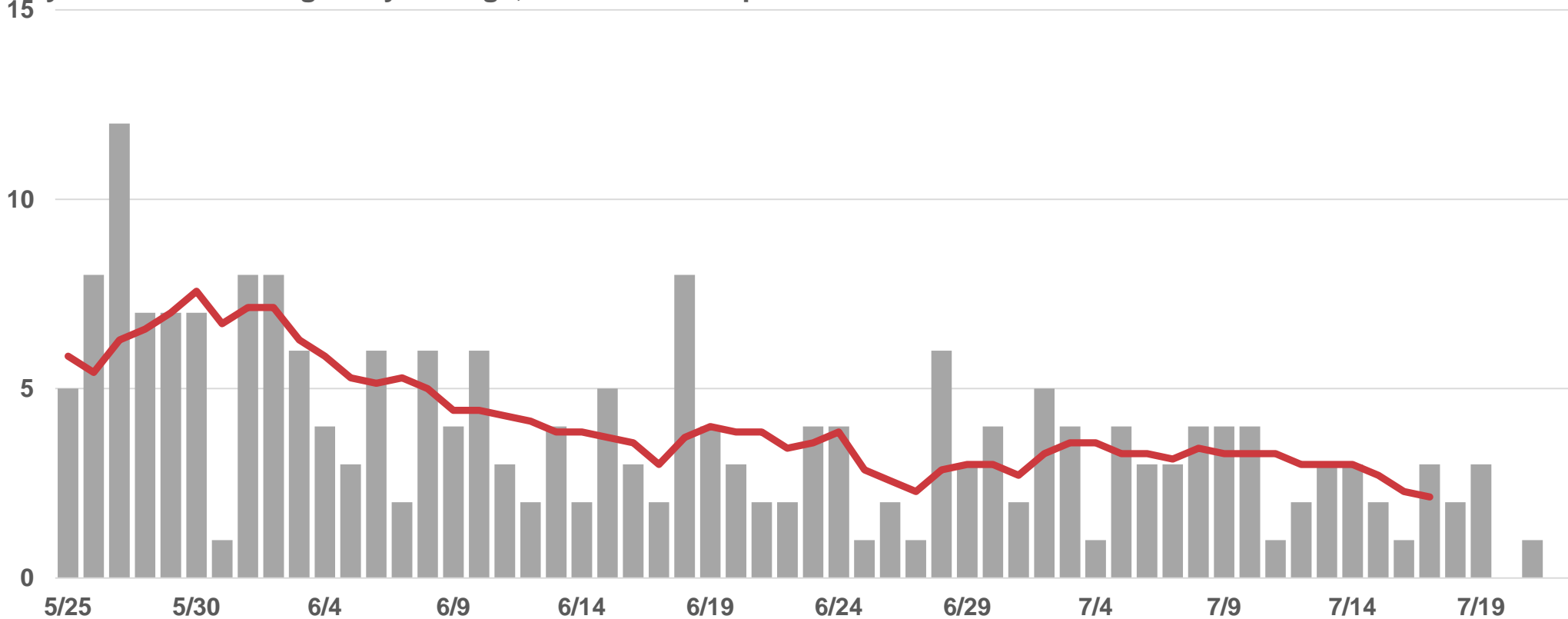
White, non-Latinx hospital admissions at low incidence for >28 days.

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

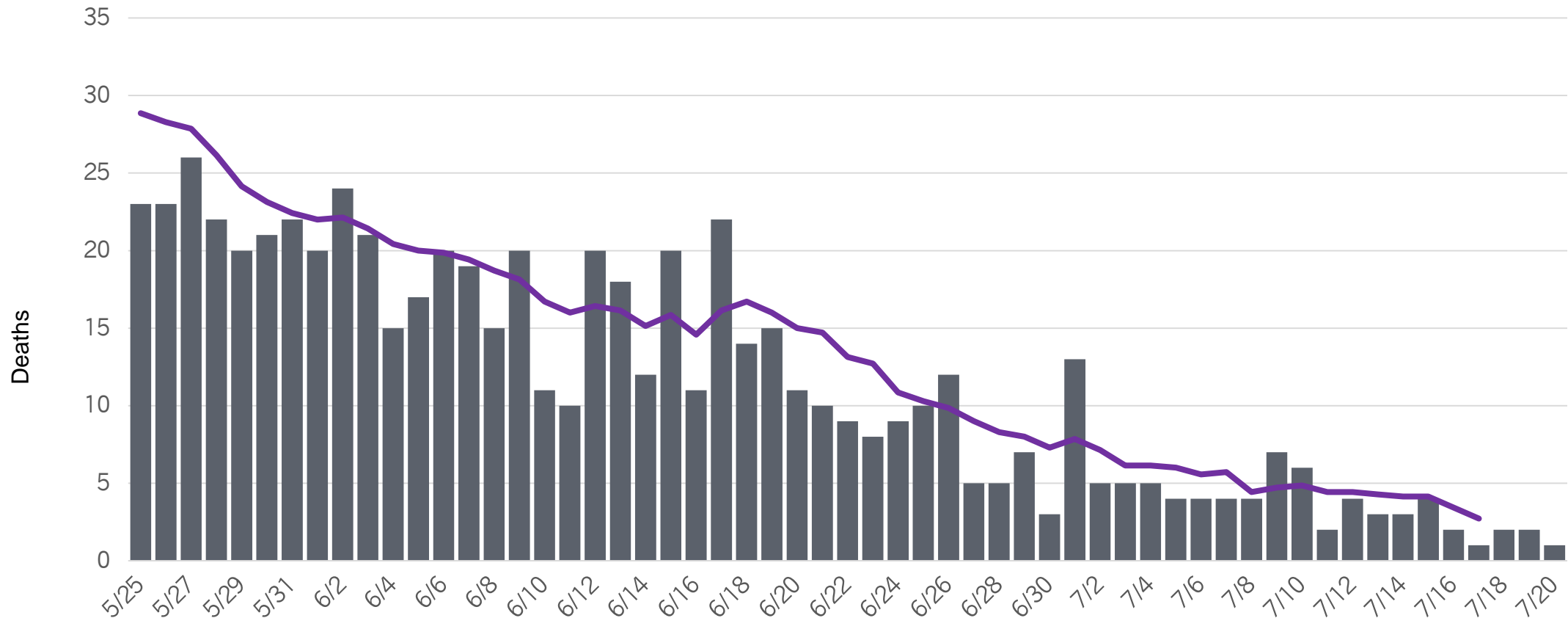| Recent Trend	Below 5 avg. daily admissions for 30 days

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. Peak daily admissions based on rolling 7-day average.

15

COVID-19 deaths are decreasing for >28 days.

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

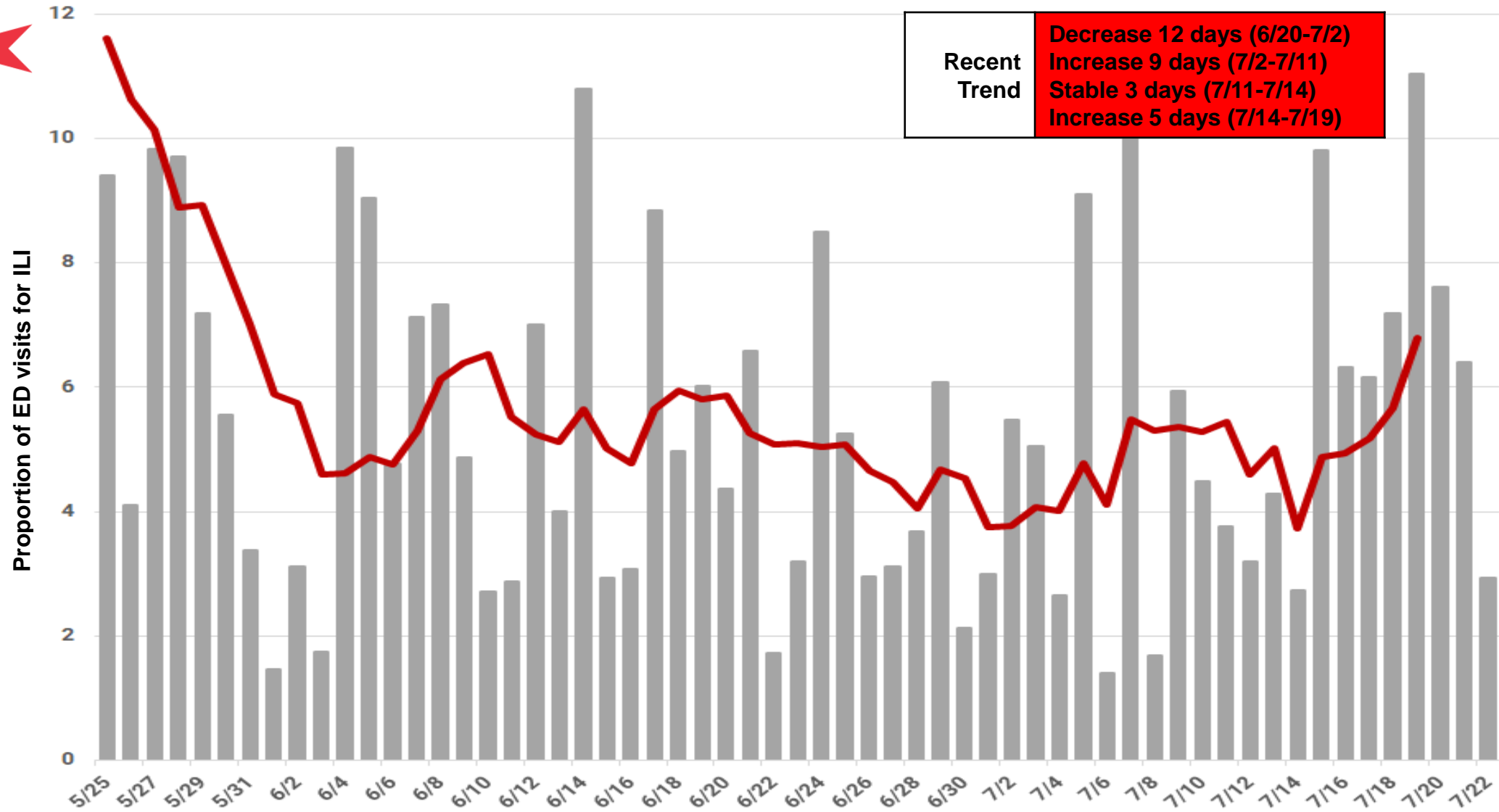| Recent Trend | Decrease 29 days (6/18-7/17) |

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.
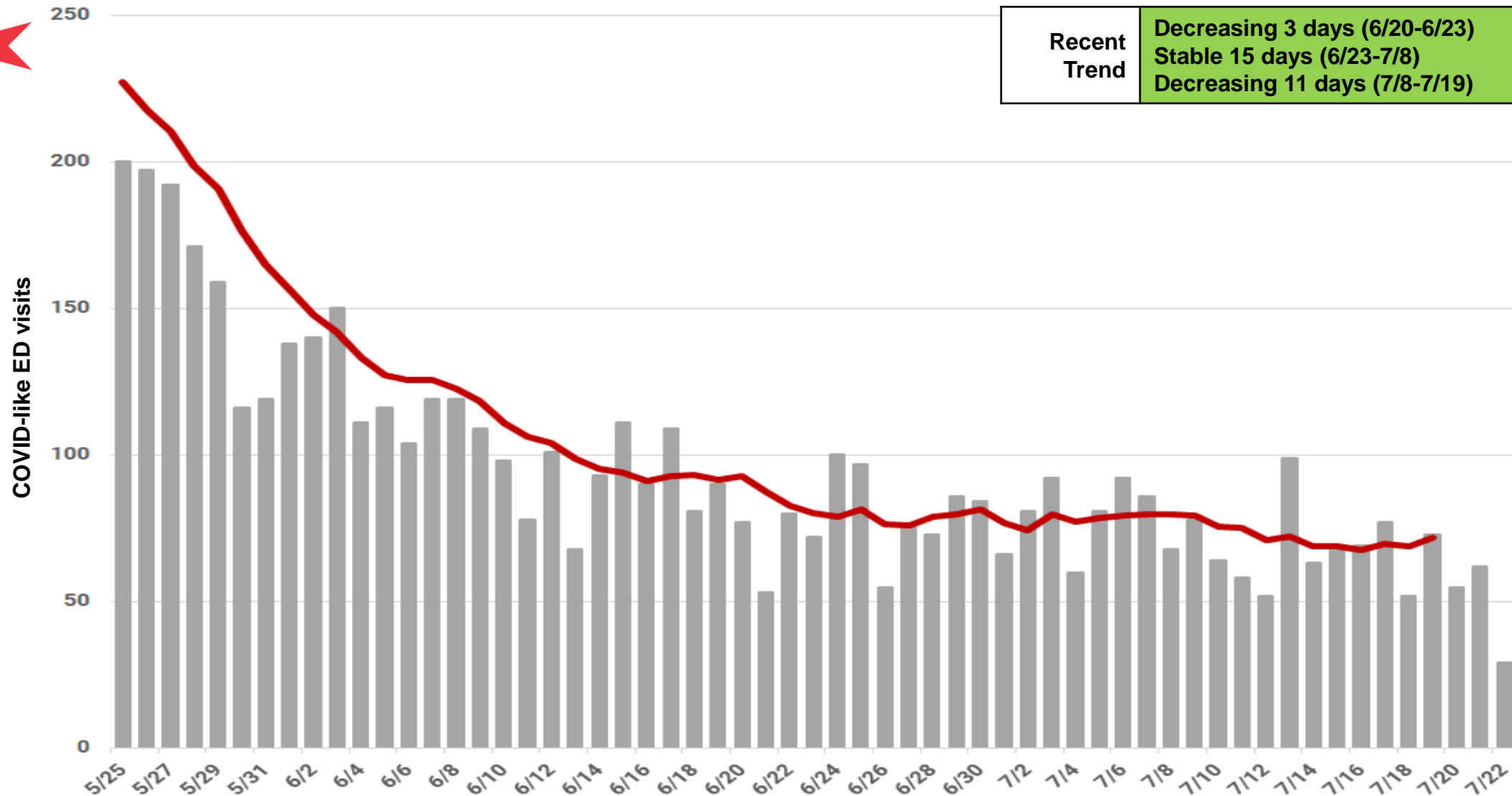
16

Emergency Department Visits

Proportion of ED visits for influenza-like illnesses have been increasing for 14 of the last 17 days

Recent Trend

Decrease 12 days (6/20-7/2)
Increase 9 days (7/2-7/11)
Stable 3 days (7/11-7/14)
Increase 5 days (7/14-7/19)

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 are stable or decreasing for >28 days.

Recent Trend	Decreasing 3 days (6/20-6/23) Stable 15 days (6/23-7/8) Decreasing 11 days (7/8-7/19)

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.
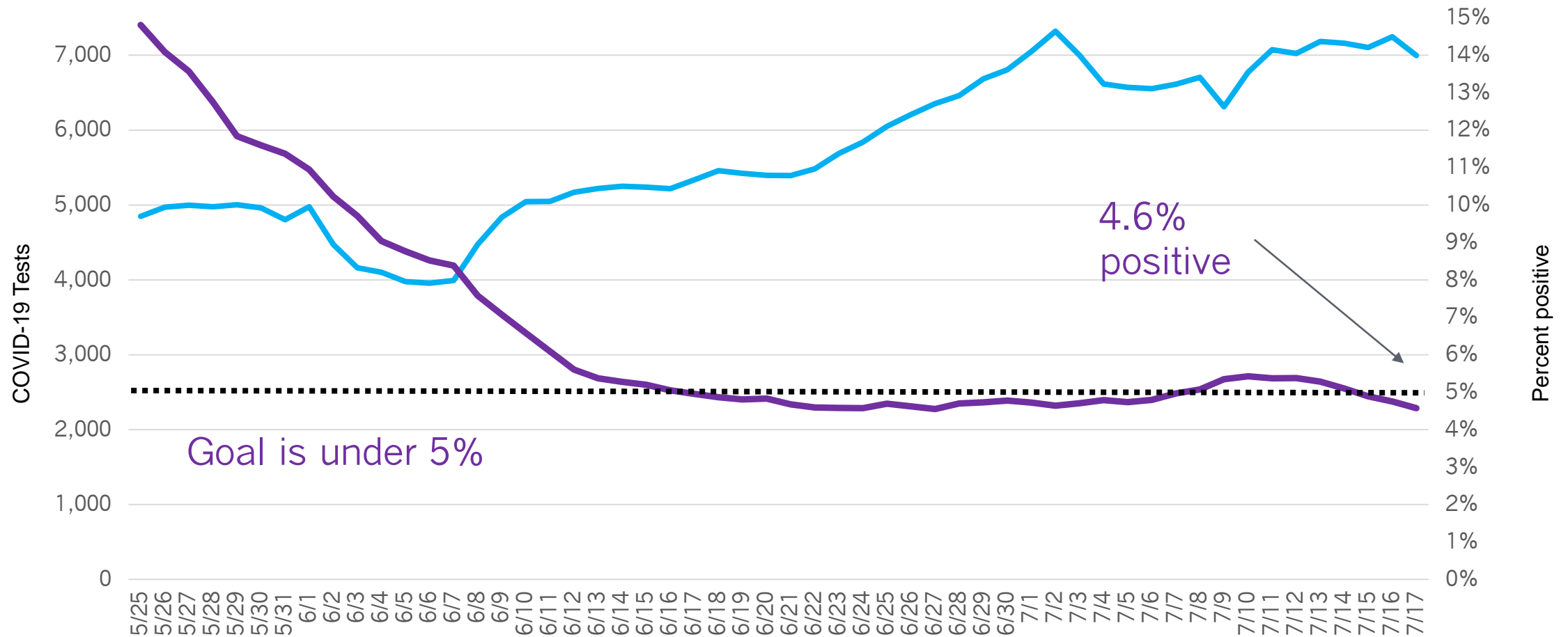
Percent Positivity

Percent positivity is decreasing to 4.6% with consistently widespread testing.

COVID-19 tests, 7-day rolling average for percent positive (one test per individual ever) and for counts (one test per individual per day), starts May 25
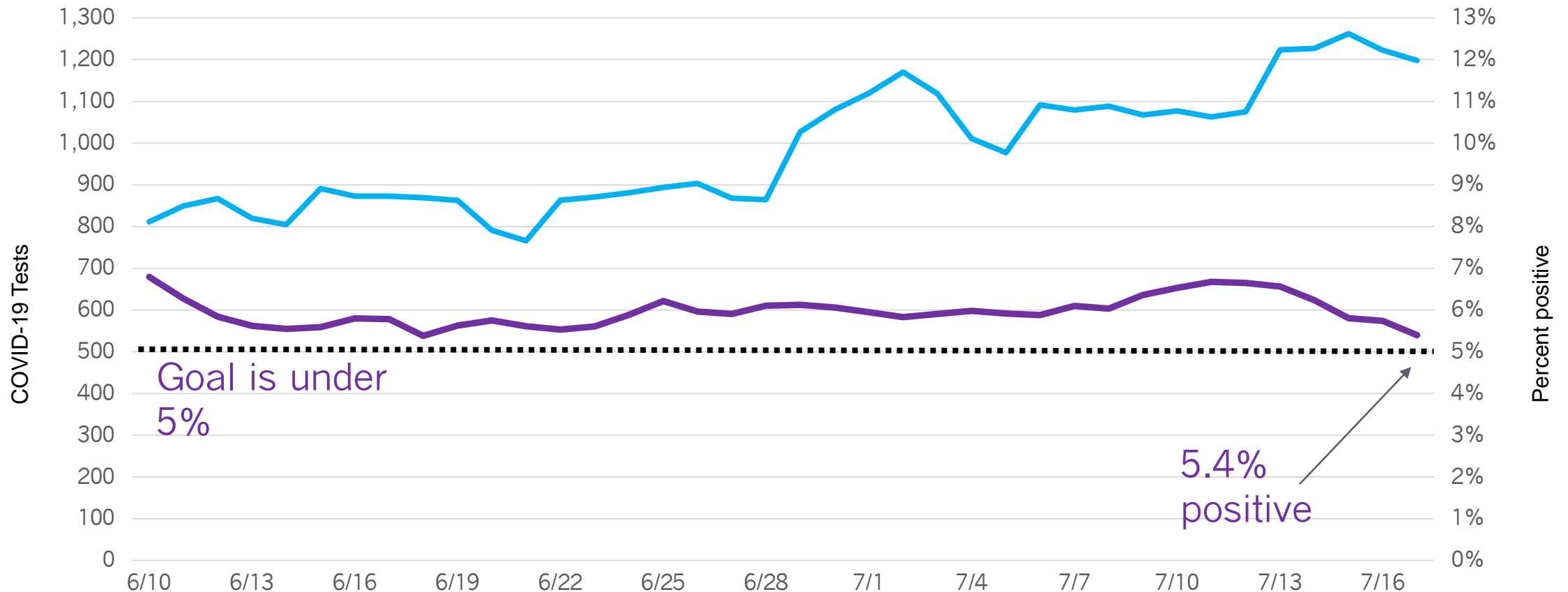

4.6% positive

Goal is under 5%

For percent positivity and 7-day rolling average of counts: 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)

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Focus on 18-29 year-olds: Percent positivity is decreasing to 5.4% with consistently widespread testing.

COVID-19 tests, 18-29 year olds, 7-day rolling average for percent positive (one test per individual per day) and for counts (one test per individual per day)

For percent positivity and 7-day rolling average of counts: 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)
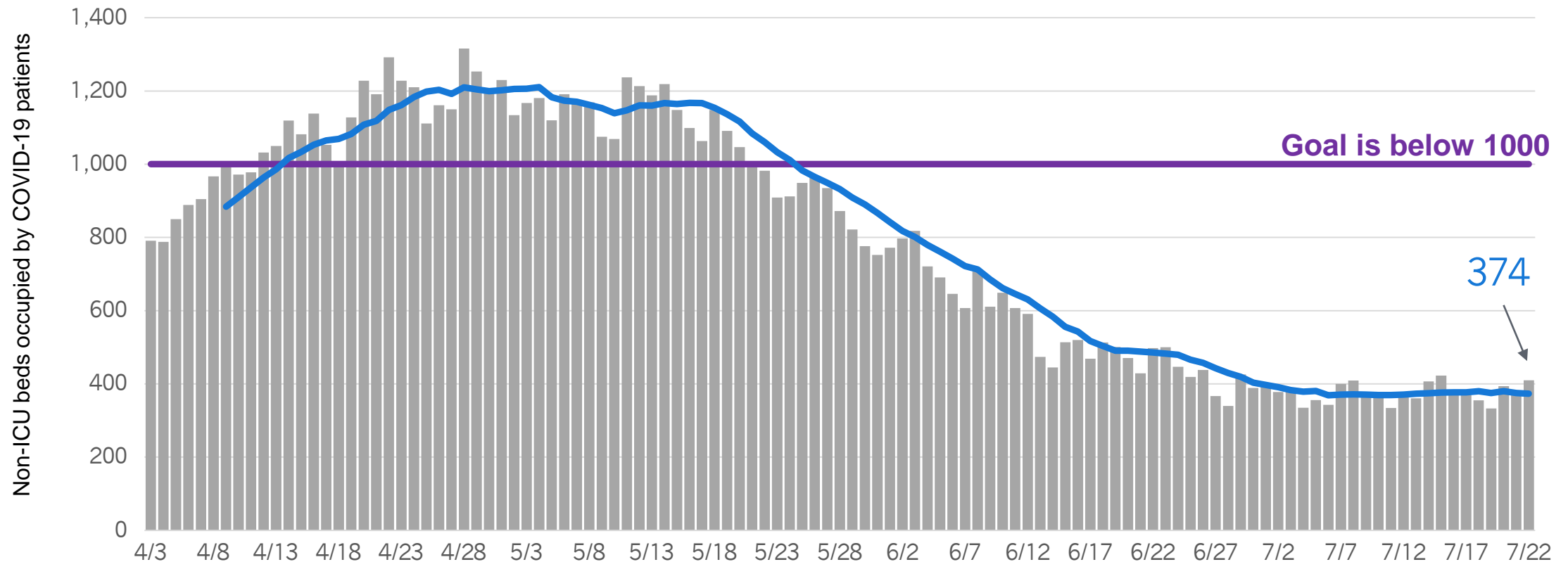
Hospital System Capacity

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

Goal is below 1000
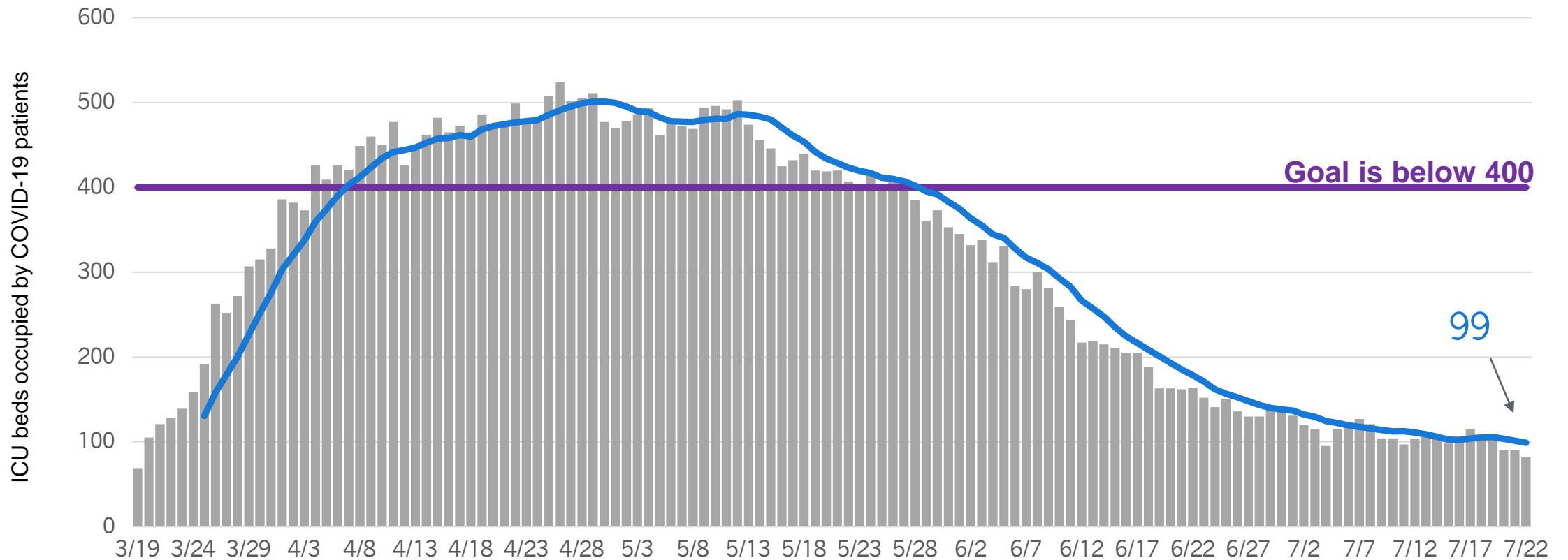
374

Non-ICU beds occupied by COVID-19 patients

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.

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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
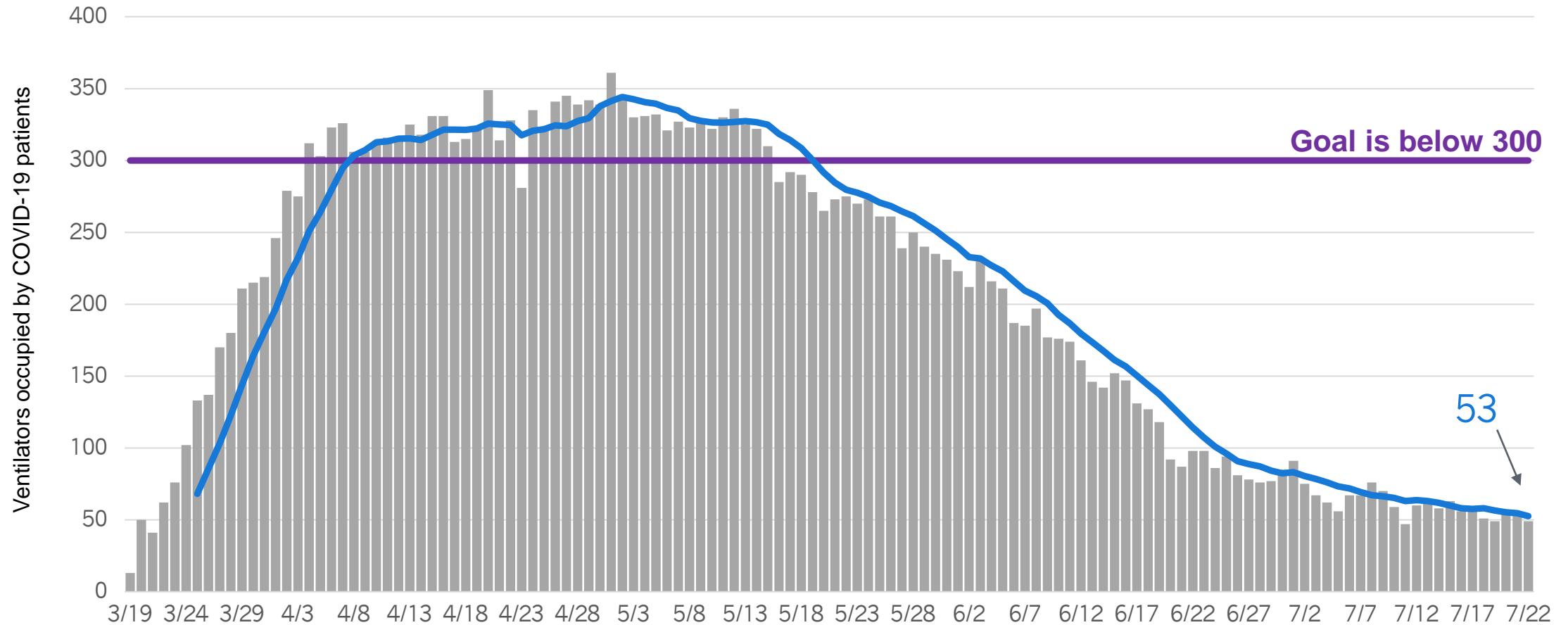

Goal is below 400

99

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

Goal is below 300
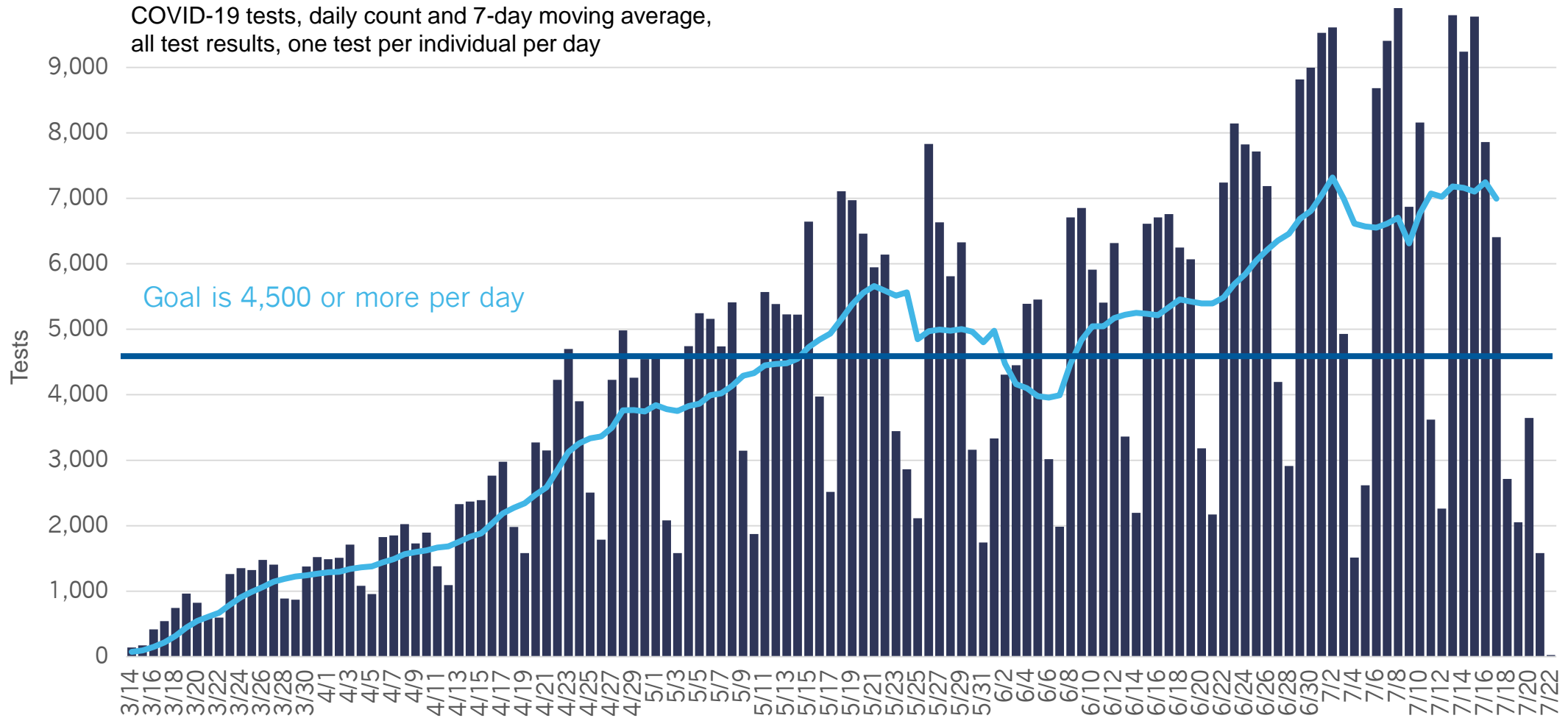
53

Ventilators occupied by COVID-19 patients

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 39 straight days. Currently at 6,996 tests per day.

COVID-19 tests, daily count and 7-day moving average, all test results, one test per individual per day

Goal is 4,500 or more 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.