



# Chicago Respiratory Virus Weekly Surveillance Report



Lori E. Lightfoot, Mayor

November 10, 2022

Allison Arwady, MD, MPH, Commissioner

*This report summarizes key respiratory virus surveillance indicators. The indicators are compiled from laboratory-based data as well emergency department visit data. This report is meant to provide more context for the ongoing COVID-19 pandemic, particularly as co-circulation of respiratory viruses increases. More detailed information on [influenza](#) and [COVID-19](#) activity can be found on their respective online dashboards. All data are preliminary and may change as additional reports are received.*

## Weekly Surveillance Key Points

**COVID-19:** metrics are based on 7-day averages

- Chicago's [local COVID-19 Community Level](#) is Low. At time of publication, community level metric has not been updated yet.
- The number of new cases per 100,000 population is 106.
- The number of new hospitalizations per 100,000 population has increased from 3.8 to 6.9.
- The proportion of staffed inpatient beds occupied by COVID-19 patients has decreased from 3.2% to 3.1%

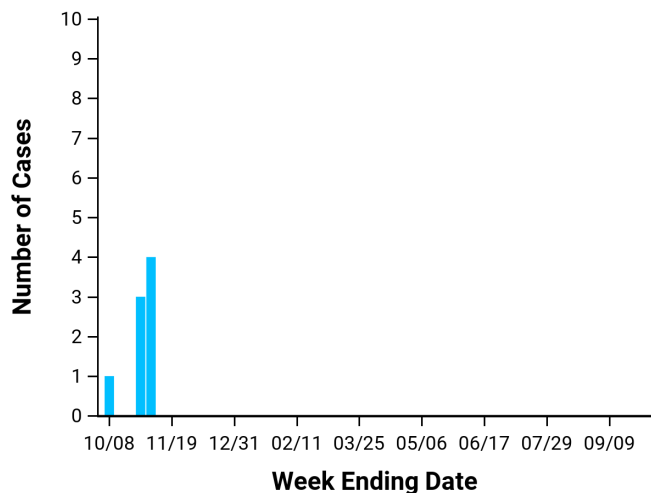
### Influenza:

- Influenza activity continues to increase and is at similar levels to peak activity during the 2021-2022 season.
- Four influenza-associated ICU hospitalizations were reported for the current surveillance week. Since, October 2, 2022, eight influenza-associated ICU hospitalizations have been reported.
- 519 of 5,634 (9.2%) reported specimens tested for influenza were positive. Since, October 2, 2022, 904 of 24,288 (3.7%) reported specimens tested for influenza were positive.
- The proportion of emergency department visits and outpatient visits for influenza-like illness (ILI) are **above** local thresholds.
- Vaccination is the best way to protect against influenza infection and all Chicagoans six months and older are encouraged to get vaccinated. Influenza vaccine may be administered on the same day as COVID-19 vaccine. No waiting between COVID-19 and other vaccines is required.
- Chicagoans should ask their healthcare provider or pharmacist about vaccine availability. For those without a healthcare provider or whose healthcare providers do not have the influenza vaccine, a schedule of [City of Chicago influenza vaccination clinics](#) is available on the city website and by calling 311.
- Clinicians should [review guidelines](#) for prescribing influenza anti-viral medications as prophylaxis or empiric treatment. CDC is hosting a [COCA call on November 15](#) to discuss seasonal influenza testing and treatment recommendations for the 2022-23 season.
- The Illinois Department of Public Health has issued [Influenza Testing and Reporting Guidance](#) for the 2022-2023 season. Visit the CDPH [HAN website](#) for more information on how to report.

### Other Respiratory Viruses:

- The percent of emergency department visits in children <5 years old due to RSV has increased from 9.1% to 9.2%.
- The test positivity for RSV has decreased from 20.2% to 17.4%.
- The weekly number of pediatric admissions for RSV has decreased for the second consecutive week. Since August 2022, 68% of pediatric admissions for RSV were <2 years of age with a median age (IQR) of 13.5 months (4 months to 2.5 years).
- The prophylactic medication palivizumab is available to prevent severe RSV illness in certain infants and young children who are at high risk for severe disease. See [AAP guidance](#) for information on use.
- The test positivity for parainfluenza has decreased from 4.7% to 3.0%.
- The test positivity for rhinovirus/enterovirus has decreased from 21.5% to 17.3%.

**Influenza-Associated ICU Hospitalizations** - In Illinois, [influenza-associated ICU hospitalizations are reportable](#) as soon as possible but within 24 hours. The graph below shows the weekly number of reported ICU hospitalizations for Chicago residents for the current season. The table summarizes selected characteristics of reported cases for the current week and cumulative for the season.



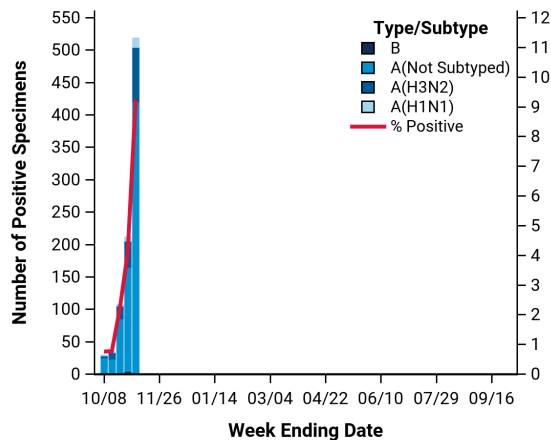
Group	Week Ending November 5, 2022		Since October 2, 2022	
	#	%	#	%
<b>Citywide</b>	4	100	8	100
<b>Age</b>				
0-4	1	25.0	1	12.5
5-17	0	0	1	12.5
18-24	0	0	0	0
25-49	1	25.0	1	12.5
50-64	0	0	2	25.0
65+	2	50.0	3	37.5
<b>Gender</b>				
Female	0	0	3	37.5
Male	4	100	5	62.5
<b>Race-Ethnicity</b>				
Latinx	1	25.0	2	25.0
Black Non-Latinx	2	50.0	4	50.0
White Non-Latinx	1	25.0	2	25.0
Asian Non-Latinx	0	0	0	0
Other Non-Latinx	0	0	0	0
Unknown-Race	0	0	0	0

**Respiratory Virus Laboratory Surveillance - Current Week and Cumulative** The table below includes respiratory viral PCR tests performed by several hospital laboratories in Chicago as well as two commercial laboratories serving Chicago facilities. Reporting facilities represent nearly half of all acute care hospitals in the city. Data reported include Chicago and non-Chicago residents.

Respiratory Pathogen	Week Ending November 5, 2022		Since October 2, 2022	
	# Tested	% Positive	# Tested	% Positive
Influenza*	5,634	9.2	24,288	3.7
RSV*	4,067	17.4	18,045	18.6
SARS-CoV-2*	7,874	6.5	38,353	6.2
Parainfluenza	1,545	3.0	8,688	5.2
Rhinovirus/Enterovirus	1,077	17.3	5,922	23.3
Adenovirus	1,077	3.7	5,922	3.6
Human Metapneumovirus	1,077	<1	5,922	<1
Seasonal Coronaviruses†	1,543	<1	8,652	<1

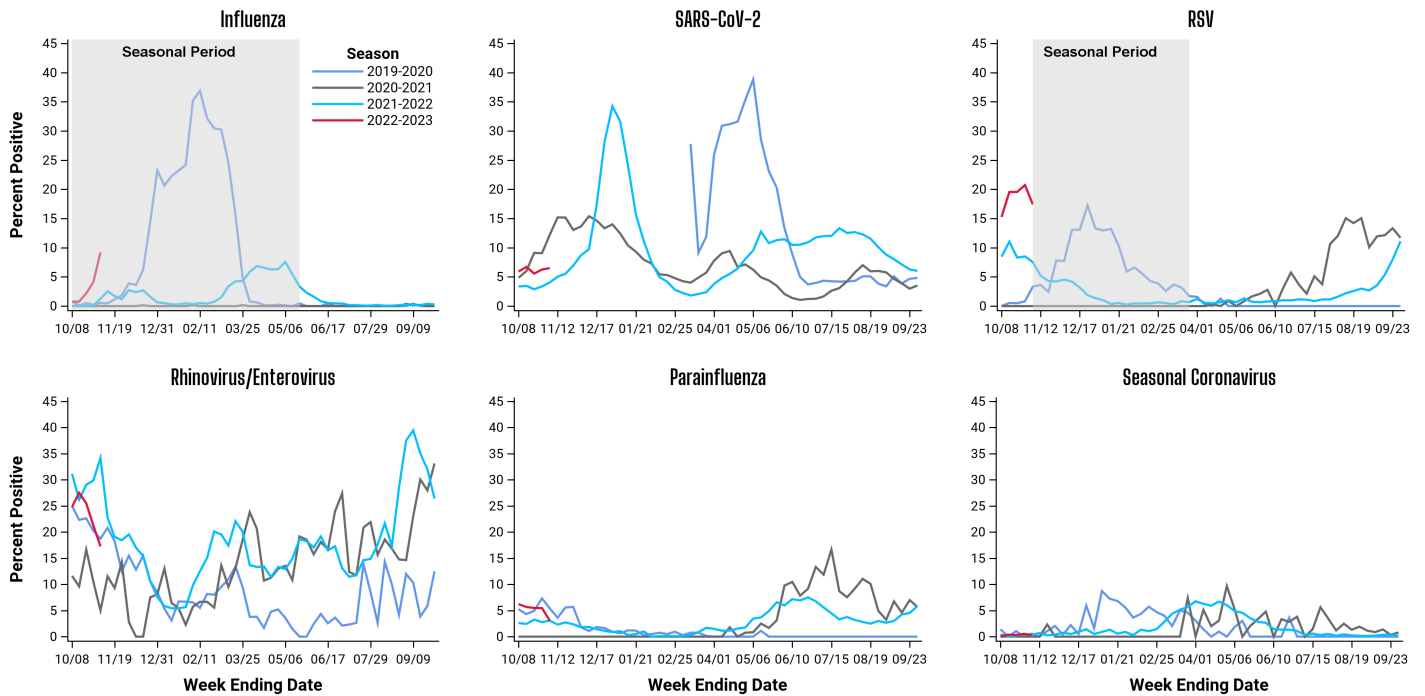
\*Represents both dualplex and multiplex PCR data. All other data represents only multiplex panels that include the specified pathogens;† Four seasonal coronavirus strains include 229E, NL63, OC43, and HKU1.

Weekly number and percent of specimens testing positive for influenza by subtype (graph) and the number of positive specimens by subtype for the current week and cumulative for the season (table).



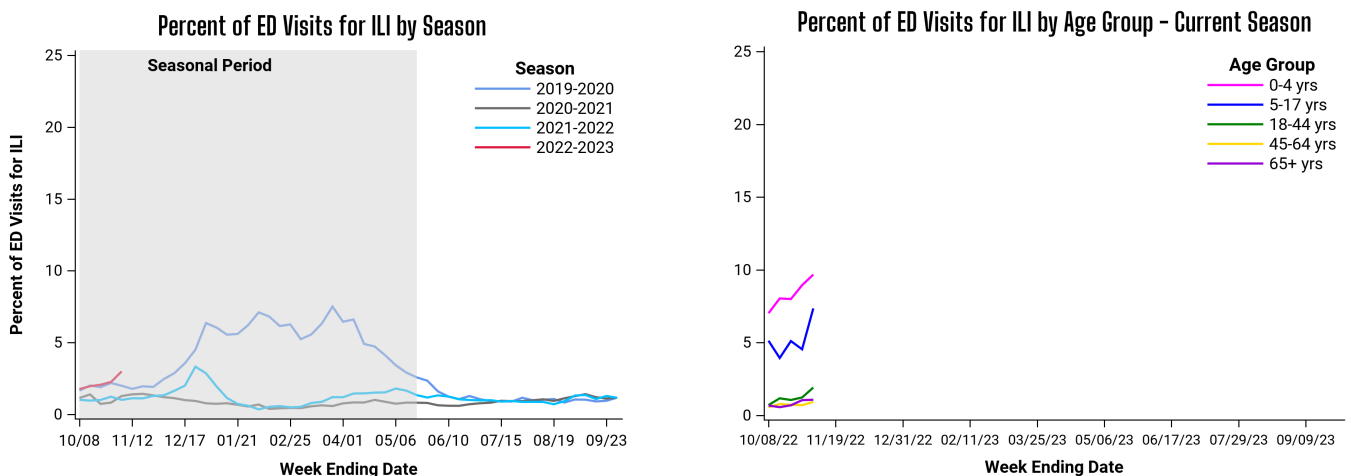
Type / Subtype	Week Ending November 5, 2022		Since October 2, 2022	
	# Positive	%	# Positive	%
<b>Influenza A</b>	519	100.0	899	99.4
(H1N1)pdm09	15	2.9	29	3.2
H3N2	84	16.2	157	17.5
Subtyping not performed	420	80.9	713	79.3
<b>Influenza B</b>	0	0.0	5	0.6
<b>Total Positive</b>	519	100.0	904	100.0

**Respiratory Virus Laboratory Surveillance - Seasonal Trends** These graphs show seasonal trends of selected respiratory virus testing data presented in the previous table. Typical seasonal periods when activity tends to increase for influenza and RSV are indicated by shaded areas. Elevated test positivity outside of typical seasonal periods suggests atypical activity, and increased clinician awareness and testing may be warranted. Yearly data can also be used to compare the timing and intensity of viral activity, although changes in testing patterns also influence yearly trends, and data should be interpreted in the context of other surveillance indicators.

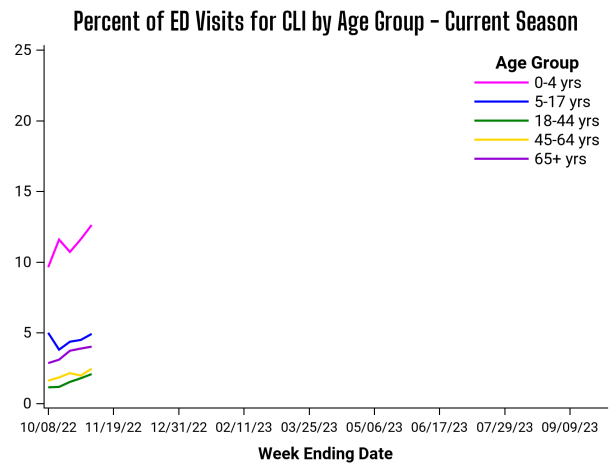
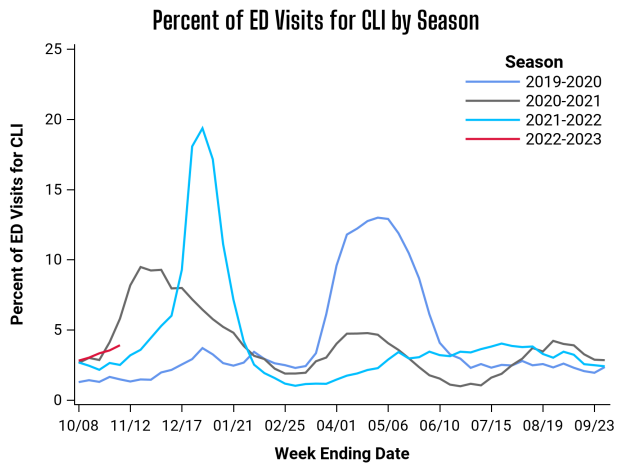


**Emergency Department Illness Surveillance** In [Illinois](#), all 185 acute-care hospitals report emergency department visit data in near-real time to the Illinois Department of Public Health (IDPH). By tracking symptoms (or chief complaints) of patients in emergency departments, public health can promptly detect unusual levels of illness to determine whether a response is warranted. A [map of influenza-like illness \(ILI\) activity levels](#) by patient zip code determined by the emergency department chief complaint data can be found on the [influenza dashboard](#).

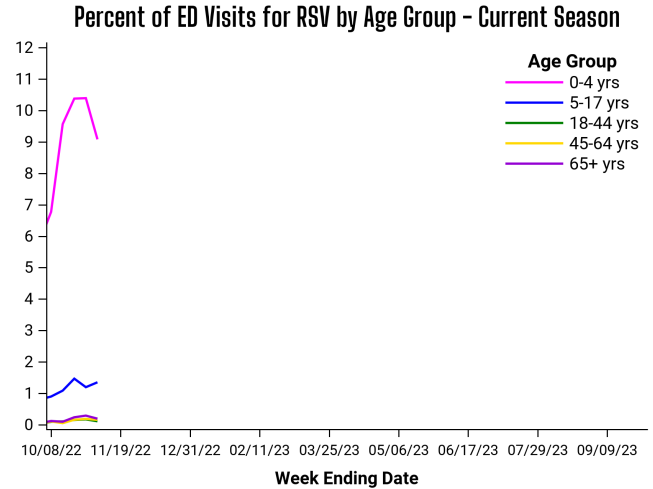
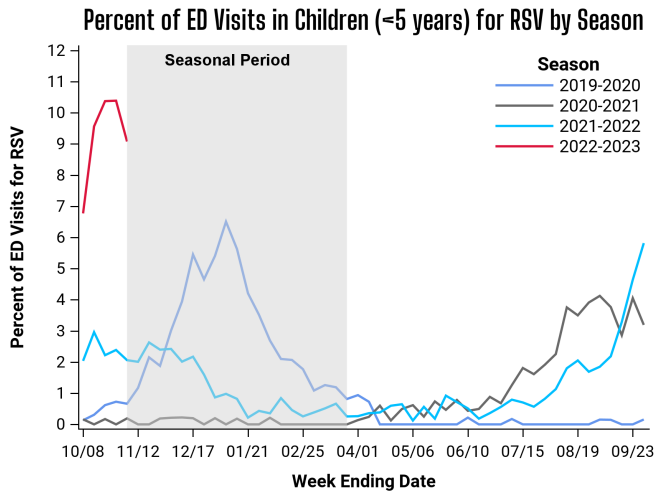
Percent of emergency department visits attributed to **influenza-like illness (ILI)** for residents of Chicago zip codes based on chief complaint data.



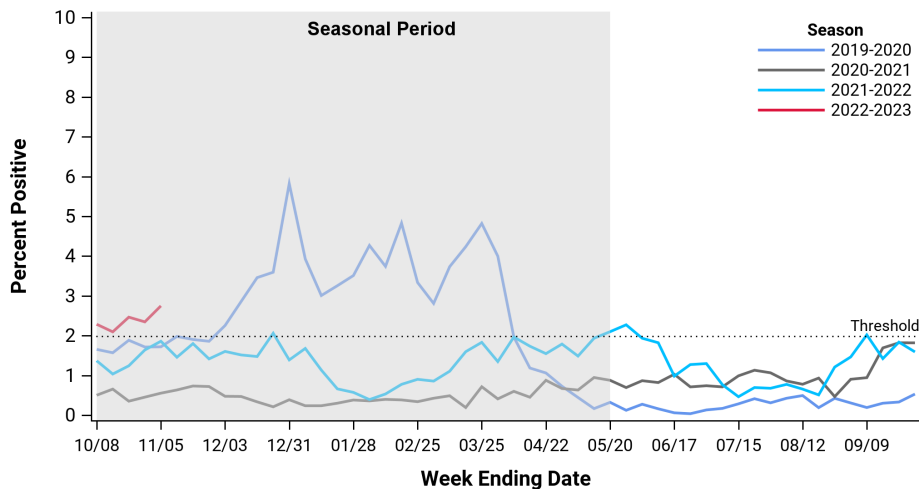
Percent of emergency department visits attributed to **COVID-like illness (CLI)** for residents of Chicago zip codes based on chief complaint data.



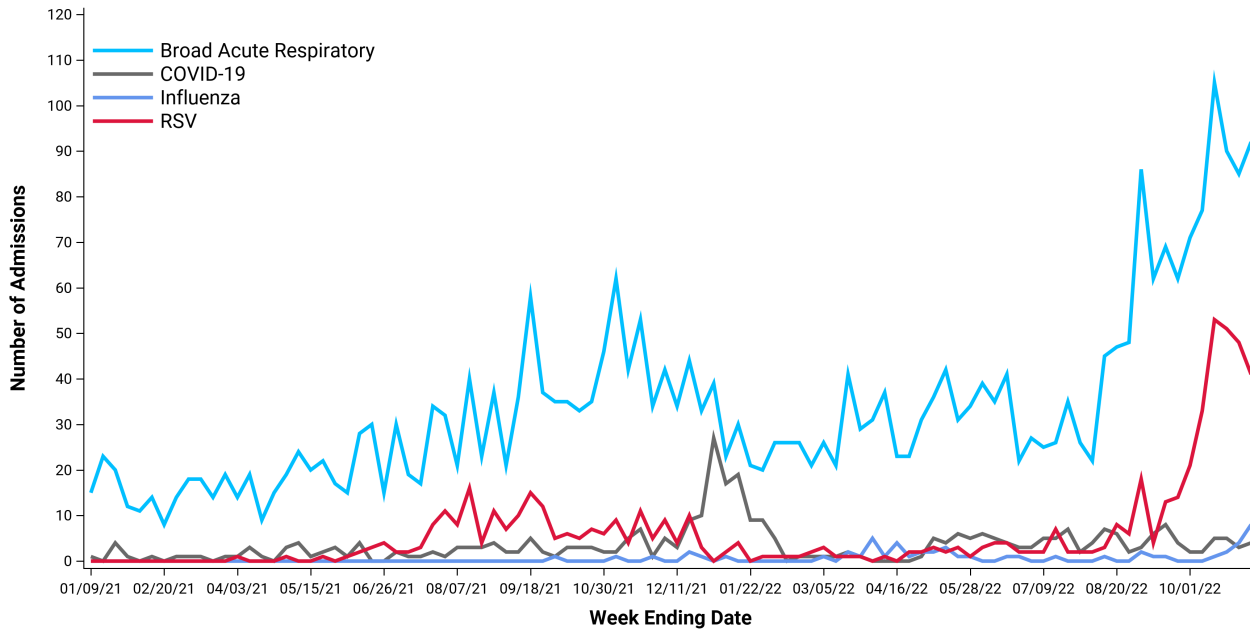
Percent of emergency department visits attributed to **respiratory syncytial virus (RSV)** diagnoses for residents of Chicago zip codes based on chief complaint data. Seasonal trends are displayed for children younger than 5 years old who are most impacted by RSV.



**Outpatient Visit Illness Surveillance** Several outpatient clinics throughout Chicago participate in CDC's Influenza-like Illness Surveillance Network ([ILINet](#)) by reporting on a weekly basis the total number of outpatient clinic visits, and of those visits, the number with influenza-like illness (ILI). This graph shows the percent of medically-attended outpatient visits attributed to ILI as reported by ILINet facilities in Chicago by week for the current season and previous three seasons.



**Weekly Pediatric Admissions** Emergency department visit data includes information on whether the visit resulted in a hospital admission at any time during the course of the clinical encounter. The syndromes or disease associated with the hospitalization are based on chief complaint and discharge diagnosis codes and no not necessarily represent lab-confirmed cases. The chart below represents hospital admissions among children <18 years-old at Chicago hospitals due to acute respiratory illnesses.



**National and State Respiratory Virus Surveillance**

The Centers for Disease Control and Prevention’s [FluView report](#) provides national updates and trends related to influenza activity across the United States, and the National Respiratory and Enteric Virus Surveillance System ([NREVSS](#)) is a voluntary laboratory-based system that monitors temporal and geographic circulation patterns of several respiratory viruses in the U.S. The Respiratory Syncytial Virus (RSV) Hospitalization Surveillance Network ([RSV-NET](#)) is a CDC population-based surveillance system that collects data on severe RSV hospitalizations, including those resulting in ICU admission or death, among children and adults. CDC is tracking the COVID-19 pandemic in a weekly publication called [COVID Data Tracker Weekly Review](#). The [Illinois](#) and [Suburban Cook County](#) influenza surveillance reports are also available online. Current and archived issues of the *Chicago Influenza and Respiratory Virus Surveillance Report* can be found on the CDPH website section [Current Flu Situation in Chicago](#).