SUMMARY

Illinois is seeing an unrelenting rise in cases and test positivity over the last four weeks that will continue to lead to increasing hospitalizations and deaths; a pivot to additional mitigation strategies is needed. The rise in test positivity, hospitalizations, and deaths confirm rapidly increasing disease activity, while testing has increased in response. Illinois is in the red zone for cases, indicating 101 or more new cases per 100,000 population, with the 12th highest rate in the country. Illinois is in the orange zone for test positivity, indicating a rate between 8.0% and 10.0%, with the 21st highest rate in the country.

Illinois has seen an increase in new cases and an increase in test positivity despite increasing test volumes. Hospitalizations continued to increase and have doubled in four weeks, reaching a level last seen June 1.

High viral transmission is widely distributed throughout Illinois. The following three counties had the highest number of new cases over the last 3 weeks: 1. Cook County, 2. DuPage County, and 3. Will County. These counties represent 50.0% of new cases in Illinois.

88% of all counties in Illinois have moderate or high levels of community transmission (yellow, orange, or red zones), with 48% having high levels of community transmission (red zone). 10 of the 11 state health districts will be under increased mitigation measures due to worsening epidemic trends.

Institutions of higher education: UIUC reported a near doubling in test positivity in the last week.

During the week of Oct 19 - Oct 25, 15% of nursing homes had at least one new resident COVID-19 case, 34% had at least one new staff COVID-19 case, and 5% had at least one new resident COVID-19 death.

Illinois had 303 new cases per 100,000 population, compared to a national average of 165 per 100,000.

Current staff deployed from the federal government as assets to support the state response are: 64 to support operations activities from FEMA; 5 to support operations activities from ASPR; 2 to support epidemiology activities from CDC; and 7 to support operations activities from USCG.

Between Oct 24 - Oct 30, on average, 320 patients with confirmed COVID-19 and 520 patients with suspected COVID-19 were reported as newly admitted each day to hospitals in Illinois. An average of 93% of hospitals reported either new confirmed or new suspected COVID patients each day during this period; therefore, this may be an underestimate of the actual total number of COVID-related hospitalizations. Underreporting may lead to a lower allocation of critical supplies.

RECOMMENDATIONS

As you can see from the time sequence of maps at the back of your packet, there is a continued increase in cases, hospitalizations, and fatalities nationally, spreading southward from the coldest climates as the population moves indoors and cases increase exponentially. These maps demonstrate the previous impact of comprehensive mitigation efforts when implemented effectively in many areas and that partial or incomplete mitigation leads to prolonged community spread, hospitalizations, and increased fatalities.

We share the strong concern of Illinois leaders that the current situation is worsening dramatically and that there is a limited time window to prevent further cases and avoid increases in hospitalizations and deaths. The Governor’s continued personal guidance on these measures is critical and is commended.

Illinois has had considerable success in limiting morbidity and mortality using the adaptive adjustment of mitigation measures in response to changes in incidence. At this point, the rapid increase in cases and test positivity throughout the state indicates that additional measures should be taken, in addition to expeditious upward adjustment of mitigation to avoid falling behind the rapid spread. Additional measures should include communications to reinforce messaging around social gatherings and a new asymptomatic surveillance approach.

Movement to the mitigation level recommended under the state plan associated with the current level of disease activity is recommended; given the trajectory of disease activity, efforts to keep less intense mitigation levels are unlikely to succeed. Local authorities should support the mitigation measures to prevent preventable hospitalizations and deaths, as initiating appropriate levels of mitigation now will allow for earlier control of disease and earlier resumption of business activity than a lagging upward adjustment.

Communication from state, local, and community leaders of a clear and shared message asking Illinoisans to wear masks, physically distance, and avoid gatherings, especially indoors, is needed. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally. The "It Only Works If You Wear It" campaign is noted and commended. Hospital personnel are frequently trusted in the community and have been successfully recruited to amplify these messages locally.

Continue to use testing and case investigations strategically to identify and mitigate areas of increasing disease activity and transmission venues. In addition to testing symptomatic individuals and their contacts, devote resources to rapidly increase surveillance for silent community spread. Given their ease of use at sites, the Abbott BinaxNOW or other antigen tests should be used to augment nucleic acid testing (NAT) and allow for implementation of weekly repeat surveillance in critical populations to monitor degree of asymptomatic community spread. Information from the cases identified and available wastewater surveillance data should be used to identify high transmission zip codes or venues for additional testing. In these high transmission localities, work with local communities and local business to maximize testing for asymptomatic spread, especially among 18-35 year olds, potentially including incentives.

Community spread continues at social and family gatherings where observance of social distancing and mask wearing is not followed due to people assuming that “healthy” family members and friends are not infected with COVID since they do not have symptoms. Highly infectious asymptomatic COVID individuals then cause ongoing transmission, frequently infecting multiple people in a single gathering.

All antigen results must be reported with both the number of positive results and total tests conducted; positives must be reported as COVID cases. Confirmation of positives identified by antigen testing among asymptomatic individuals with NAT is ideal; however, given the high and increasing rates of disease transmission, the positive predictive value of an antigen test is increased as well.

Ensure all K-12 schools are following CDC guidelines, including mask wearing, and utilizing the Abbott BinaxNOW tests to routinely test all teachers as another indicator of the degree of community spread to further increase mitigation efforts.

Ensure university students continue their mitigation behaviors to ensure no further outbreaks on or off campus as symptomatic cases and cases identified through surveillance testing decline. Encourage institutions of higher education to test their student body before they leave campus for Thanksgiving break to mitigate exposure to family and community.

Specific, detailed guidance on community mitigation measures can be found on the CDC website.
## ILLINOIS STATE REPORT | 11.01.2020

<table>
<thead>
<tr>
<th></th>
<th>STATE</th>
<th>STATE, % CHANGE FROM PREVIOUS WEEK</th>
<th>FEMA/HHS REGION</th>
<th>UNITED STATES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NEW COVID-19 CASES</strong> (RATE PER 100,000)</td>
<td>38,365 (303)</td>
<td>+38%</td>
<td>144,919 (276)</td>
<td>542,805 (165)</td>
</tr>
<tr>
<td><strong>VIRAL (RT-PCR) LAB TEST POSITIVITY RATE</strong></td>
<td>8.9%</td>
<td>+1.7%*</td>
<td>8.6%</td>
<td>6.7%</td>
</tr>
<tr>
<td><strong>TOTAL VIRAL (RT-PCR) LAB TESTS (TESTS PER 100,000)</strong></td>
<td>438,544** (3,461**)</td>
<td>+3%**</td>
<td>1,590,603** (3,027**)</td>
<td>7,430,977** (2,264**)</td>
</tr>
<tr>
<td><strong>COVID-19 DEATHS</strong> (RATE PER 100,000)</td>
<td>295 (2.3)</td>
<td>+17%</td>
<td>1,132 (2.2)</td>
<td>5,623 (1.7)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>STATE</th>
<th>FEMA/HHS REGION</th>
<th>UNITED STATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 CASE</td>
<td>15%</td>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW STAFF COVID-19 CASE</td>
<td>34%</td>
<td>33%</td>
<td>26%</td>
</tr>
<tr>
<td>SNFs WITH ≥1 NEW RESIDENT COVID-19 DEATH</td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
</tr>
</tbody>
</table>

* Indicates absolute change in percentage points.
** Due to delayed reporting, this figure may underestimate total diagnostic tests and week-on-week changes in diagnostic tests.

**DATA SOURCES** - Additional data details available under METHODS

**Note:** Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/30/2020; previous week is 10/17 - 10/23.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/28/2020. Previous week is 10/15 - 10/21.

**SNFs:** Skilled nursing facilities. National Healthcare Safety Network. Data are reported separately for cases among residents and staff. Data is through 10/25/2020, previous week is 10/12-10/18. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
ILLINOIS
STATE REPORT | 11.01.2020

DATA SOURCES – Additional data details available under METHODS

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/30/2020.

190 hospitals are expected to report in Illinois

DATA SOURCES – Additional data details available under METHODS

Hospitalizations: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure.

PPE: Unified hospitalization dataset in HHS Protect. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Values presented show the latest reports from hospitals in the week ending 10/28/2020.
### COVID-19 COUNTY AND METRO ALERTS*

Top 12 shown in table (full lists below)

<table>
<thead>
<tr>
<th>LOCALITIES IN RED ZONE</th>
<th>LOCALITIES IN ORANGE ZONE</th>
<th>LOCALITIES IN YELLOW ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20</strong> ▲ (+10)</td>
<td><strong>49</strong> ▲ (+15)</td>
<td><strong>19</strong> ▼ (-18)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES IN ORANGE ZONE</th>
<th>LOCALITIES IN ORANGE ZONE</th>
<th>LOCALITIES IN ORANGE ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>7</strong> ▼ (-2)</td>
<td><strong>22</strong> ▲ (+6)</td>
<td><strong>19</strong> ▼ (-18)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCALITIES IN ORANGE ZONE</th>
<th>LOCALITIES IN ORANGE ZONE</th>
<th>LOCALITIES IN ORANGE ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4</strong> ▼ (-7)</td>
<td><strong>19</strong> ▼ (-18)</td>
<td><strong>19</strong> ▼ (-18)</td>
</tr>
<tr>
<td>Peoria Bloomington Pontiac Mount Vernon</td>
<td>Peoria McLean LaSalle Livingston Woodford Macoupin Jefferson Fayette Montgomery Union Mason Henry</td>
<td>Peoria McLean LaSalle Livingston Woodford Macoupin Jefferson Fayette Montgomery Union Mason Henry</td>
</tr>
</tbody>
</table>

**Change from previous week’s alerts:** ▲ Increase ■ Stable ▼ Decrease

*All Red CBSAs:* Chicago-Naperville-Elgin, Rockford, St. Louis, Springfield, Decatur, Davenport-Moline-Rock Island, Carbondale-Marion, Quincy, Kankakee, Sterling, Charleston-Mattoon, Freeport, Rochelle, Dixon, Jacksonville, Effingham, Taylorville, Fort Madison-Keokuk, Burlington, Cape Girardeau


*All Orange Counties:* Cook, DuPage, Lake, St. Clair, Tazewell, Vermilion, Knox, Marion, Fulton, Jackson, McDonough, Moultrie, Wayne, Bond, Logan, Iroquois, Crawford, Clark, Lawrence, Jasper, Pulaski, Stark

*All Yellow Counties:* Peoria, McLean, LaSalle, Livingston, Woodford, Macoupin, Jefferson, Fayette, Montgomery, Union, Mason, Henry, Piatt, Ford, De Witt, Cass, Menard, Brown, Massac

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*Localities with fewer than 10 cases last week have been excluded from these alerts.*

**Note:** Lists of red, orange, and yellow localities are sorted by the number of new cases in the last 3 weeks, from highest to lowest. Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

**DATA SOURCES** – Additional data details available under METHODS

**Cases and Deaths:** State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/30/2020.

**Testing:** CELR (COVID-19 Electronic Lab Reporting) state health department-reported data through 10/28/2020.
Top 12 counties based on number of new cases in the last 3 weeks

DATA SOURCES – Additional data details available under METHODS

Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/30/2020. Last 3 weeks is 10/10 - 10/30.
CASE RATES AND VIRAL LAB TEST POSITIVITY

NEW CASES PER 100,000

VIRAL (RT-PCR) LABORATORY TEST POSITIVITY

WEEKLY CHANGE IN NEW CASES PER 100,000

WEEKLY CHANGE IN VIRAL (RT-PCR) LABORATORY TEST POSITIVITY

DATA SOURCES – Additional data details available under METHODS
Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.
Cases: State values are calculated by aggregating county-level data from USAFacts; therefore, the values may not match those reported directly by the state. Data is through 10/30/2020. Previous week is 10/17 - 10/23.
National Picture

NEW CASES PER 100,000

ONE MONTH BEFORE

TWO MONTHS BEFORE

THREE MONTHS BEFORE

DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Cases: County-level data from USAFacts through 10/30/2020. The week one month before is 9/26 - 10/2; the week two months before is 8/29 - 9/4; the week three months before is 8/1 - 8/7.
DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Testing: Combination of CELR (COVID-19 Electronic Lab Reporting) state health department-reported data and HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) through 10/28/2020. The week one month before is 9/24 - 9/30; the week two months before is 8/27 - 9/2; the week three months before is 7/30 - 8/5.
COVID-19 National Picture

ONE MONTH BEFORE

TWO MONTHS BEFORE

THREE MONTHS BEFORE

DATA SOURCES

Note: Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes.

Deaths: County-level data from USAFacts through 10/30/2020. The week one month before is 9/26 - 10/2; the week two months before is 8/29 - 9/4; the week three months before is 8/1 - 8/7.
COLOR THRESHOLDS: Results for each indicator should be taken in context of the findings for related indicators (e.g., changes in case incidence and testing volume). Values are rounded before color classification.

<table>
<thead>
<tr>
<th>Metric</th>
<th>Dark Green</th>
<th>Light Green</th>
<th>Yellow</th>
<th>Orange</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases per 100,000 population per week</td>
<td>&lt;=4</td>
<td>5 – 9</td>
<td>10 – 50</td>
<td>51 – 100</td>
<td>&gt;=101</td>
</tr>
<tr>
<td>Percent change in new cases per 100,000 population</td>
<td>&lt;=-26%</td>
<td>-25% – -11%</td>
<td>-10% – 0%</td>
<td>1% – 10%</td>
<td>&gt;=11%</td>
</tr>
<tr>
<td>Diagnostic test result positivity rate</td>
<td>&lt;=2.9%</td>
<td>3.0% – 4.9%</td>
<td>5.0% – 7.9%</td>
<td>8.0% – 10.0%</td>
<td>&gt;=10.1%</td>
</tr>
<tr>
<td>Change in test positivity</td>
<td>&lt;=-2.1%</td>
<td>-2.0% – -0.6%</td>
<td>-0.5% – 0.0%</td>
<td>0.1% – 0.5%</td>
<td>&gt;=0.6%</td>
</tr>
<tr>
<td>Total diagnostic tests resulted per 100,000 population per week</td>
<td>&gt;=2001</td>
<td>1001 – 2000</td>
<td>750 – 1000</td>
<td>500 – 749</td>
<td>&lt;=499</td>
</tr>
<tr>
<td>Percent change in tests per 100,000 population</td>
<td>&gt;=26%</td>
<td>11% – 25%</td>
<td>1% – 10%</td>
<td>-10% – 0%</td>
<td>&lt;=-11%</td>
</tr>
<tr>
<td>COVID-19 deaths per 100,000 population per week</td>
<td>0.0</td>
<td>0.1 – 1.0</td>
<td>1.1 – 2.0</td>
<td>&gt;=2.1</td>
<td></td>
</tr>
<tr>
<td>Percent change in deaths per 100,000 population</td>
<td>&lt;=-26%</td>
<td>-25% – -11%</td>
<td>-10% – 0%</td>
<td>1% – 10%</td>
<td>&gt;=11%</td>
</tr>
<tr>
<td>Skilled Nursing Facilities with at least one resident COVID-19 case, death</td>
<td>0%</td>
<td>1% – 5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in SNFs with at least one resident COVID-19 case, death</td>
<td>&lt;=-2%</td>
<td>-1% – 1%</td>
<td></td>
<td></td>
<td>&gt;=2%</td>
</tr>
</tbody>
</table>

DATA NOTES
- Some dates may have incomplete data due to delays in reporting. Data may be backfilled over time, resulting in week-to-week changes. It is critical that states provide as up-to-date data as possible.
- Cases and deaths: County-level data from USAFacts as of 18:13 EST on 11/01/2020. State values are calculated by aggregating county-level data from USAFacts; therefore, values may not match those reported directly by the state. Data are reviewed on a daily basis against internal and verified external sources and, if needed, adjusted. Last week data are from 10/24 to 10/30; previous week data are from 10/17 to 10/23; the week one month before data are from 9/26 to 10/2.
- Testing: The data presented represent viral COVID-19 laboratory diagnostic and screening test (reverse transcription polymerase chain reaction, RT-PCR) results—not individual people—and exclude antibody and antigen tests, unless stated otherwise. CELR (COVID-19 Electronic Lab Reporting) state health department-reported data are used to describe county-level viral COVID-19 laboratory test (RT-PCR) result totals when information is available on patients’ county of residence or healthcare providers’ practice location. HHS Protect laboratory data (provided directly to Federal Government from public health labs, hospital labs, and commercial labs) are used otherwise. Some states did not report on certain days, which may affect the total number of tests resulted and positivity rate values. Because the data are deidentified, total viral (RT-PCR) laboratory tests are the number of tests performed, not the number of individuals tested. Viral (RT-PCR) laboratory test positivity rate is the number of positive tests divided by the number of tests performed and resulted. Resulted tests are assigned to a timeframe based on this hierarchy of test-related dates: 1. test date; 2. result date; 3. specimen received date; 4. specimen collection date. Resulted tests are assigned to a county based on a hierarchy of test-related locations: 1. patient residency; 2. provider facility location; 3. ordering facility location; 4. performing organization location. States may calculate test positivity other using other methods. Last week data are from 10/22 to 10/28; previous week data are from 10/15 to 10/21; the week one month before data are from 9/24 to 9/30. HHS Protect data is recent as of 10:22 EST on 11/01/2020. Testing data are inclusive of everything received and processed by the CELR system as of 19:00 EDT on 10/31/2020.
- Hospitalizations: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. The data presented represents raw data provided; we are working diligently with state liaisons to improve reporting consistency. Data is recent as of 18:40 EST on 11/01/2020.
- Hospital PPE: Unified hospitalization dataset in HHS Protect. This figure may differ from state data due to differences in hospital lists and reporting between federal and state systems. These data exclude psychiatric, rehabilitation, and religious non-medical hospitals. In addition, hospitals explicitly identified by states/regions as those from which we should not expect reports were excluded from the percent reporting figure. Data is recent as of 18:58 EDT on 10/31/2020.
- Skilled Nursing Facilities: National Healthcare Safety Network (NHSN). Data report resident and staff cases independently. Quality checks are performed on data submitted to the NHSN. Data that fail these quality checks or appear inconsistent with surveillance protocols may be excluded from analyses. Data presented in this report are more recent than data publicly posted by CMS. Last week is 10/19-10/25, previous week is 10/12-10/18. Facilities that are undergoing reporting quality review are not included in the table, but may be included in other NHSN analyses.
- County and Metro Area Color Categorizations
  - Red Zone: Those core-based statistical areas (CBSAs) and counties that during the last week reported both new cases at or above 101 per 100,000 population, and a lab test positivity result at or above 10.1%.
  - Orange Zone: Those CBSAs and counties that during the last week reported both new cases between 51–100 per 100,000 population, and a lab test positivity result between 8.0–10.0%, or one of those two conditions and one condition qualifying as being in the “Red Zone.”
  - Yellow Zone: Those CBSAs and counties that during the last week reported both new cases between 10–50 per 100,000 population, and a lab test positivity result between 5.0–7.9%, or one of those two conditions and one condition qualifying as being in the “Orange Zone” or “Red Zone.”