



This report describes current trends in suburban Cook County for COVID-19, influenza, and RSV. Selected graphics are presented on pages 2-4. For complete surveillance data on these pathogens, please visit our [respiratory dashboard](#).

Key Points

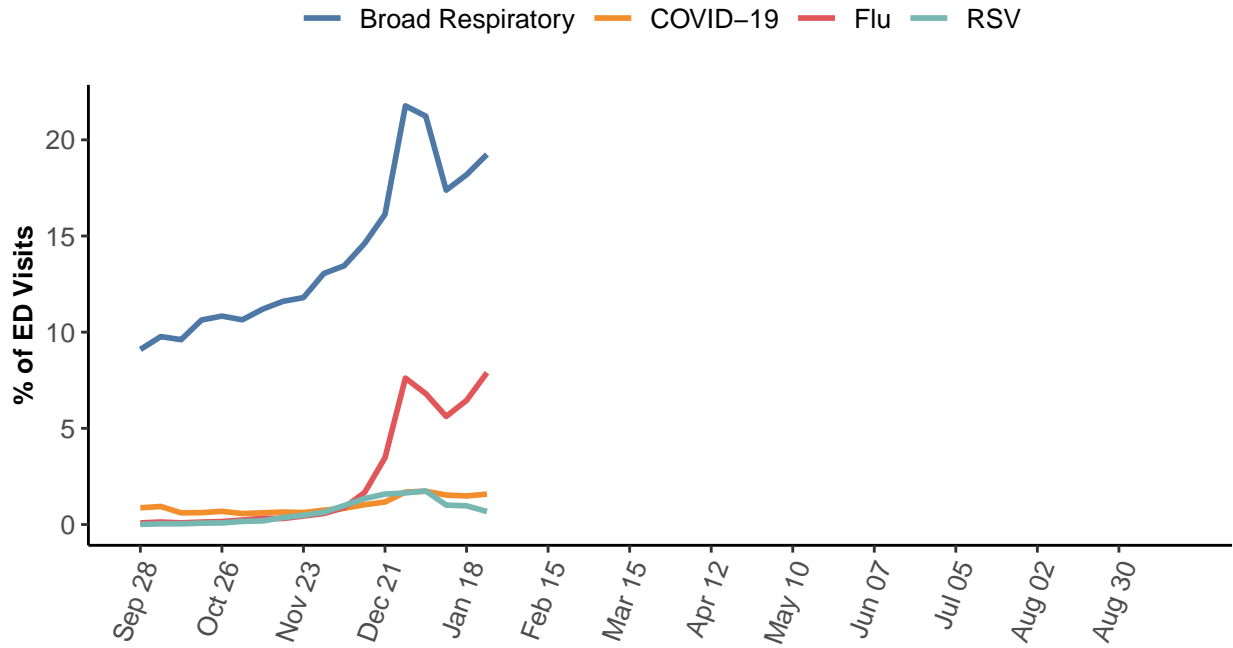
COVID-19 activity is **low** and stable. **Influenza** activity is **very high** and stable. **RSV** activity is **moderate** and decreasing.

- Flu activity has been elevated to very high. RSV activity remains moderate, but has begun to decrease, and COVID-19 activity remains low.
- Emergency room visits and hospital admissions for flu remain higher than last year's peak, and are the highest of the three monitored respiratory viruses. ER visits and hospital admissions for RSV continue to trend down while COVID-19 visits and admissions remain low and stable.
- ICU admissions are highest for flu, followed by RSV. The vast majority of RSV ICU admissions have been in children under 5, but ICU admissions for flu are affecting all age groups with the majority in those over the age of 45. COVID-19 ICU admissions continue to be reported, primarily in adults over 65.
- The percent of deaths associated with pneumonia, influenza, and/or COVID-19 (9.6%) is approaching the peak of last year's season (10.8%).
- The first pediatric flu death of the season for suburban Cook County was reported this week.
- Percent positivity for flu increased from 18.1% the previous week to 21.7% this week. Of specimens tested for RSV, 5.9% were positive, down from 7% the previous week. COVID-19 positivity showed little change in January.
- So far this season, among positive flu A specimens with influenza subtype available, 60% were pandemic 2009 H1N1 and 40% were H3N2.
- Wastewater detections for all 3 viruses are still increasing.
- Wastewater sequencing data for SARS-CoV-2 indicate a variety of JN.1 sub-lineages are co-circulating, with XEC dominating in January and LP.8.1 increasing over the past few weeks.
- CDC's [core recommendations](#) for *individuals* include staying up to date with all recommended respiratory virus [vaccines](#), practicing good respiratory hygiene (covering your cough, washing your hands), taking steps for cleaner air, and using precautions to prevent the spread of respiratory viruses when you are sick. This means staying home until you've been fever-free for 24 hours and your symptoms are getting better. CDC also recommends individuals are familiar with treatment options for flu and COVID-19, especially if you are at [high risk](#) for severe outcomes.
- CDC's [core recommendations](#) for *organizations* include supporting vaccination efforts (like hosting a clinic or providing time off for vaccination and recovery), encouraging good respiratory hygiene with posters and adequate hand-washing supplies, taking steps for cleaner air, and supporting time off for individuals to stay home when sick or to seek treatment.
- Overall respiratory activity remains high, especially for flu. Individuals at risk for severe outcomes from flu may wish to take additional precautions, such as masking or physical distancing, and seek treatment quickly for respiratory symptoms. It's not too late to get vaccinated. Respiratory activity will likely continue for several weeks.

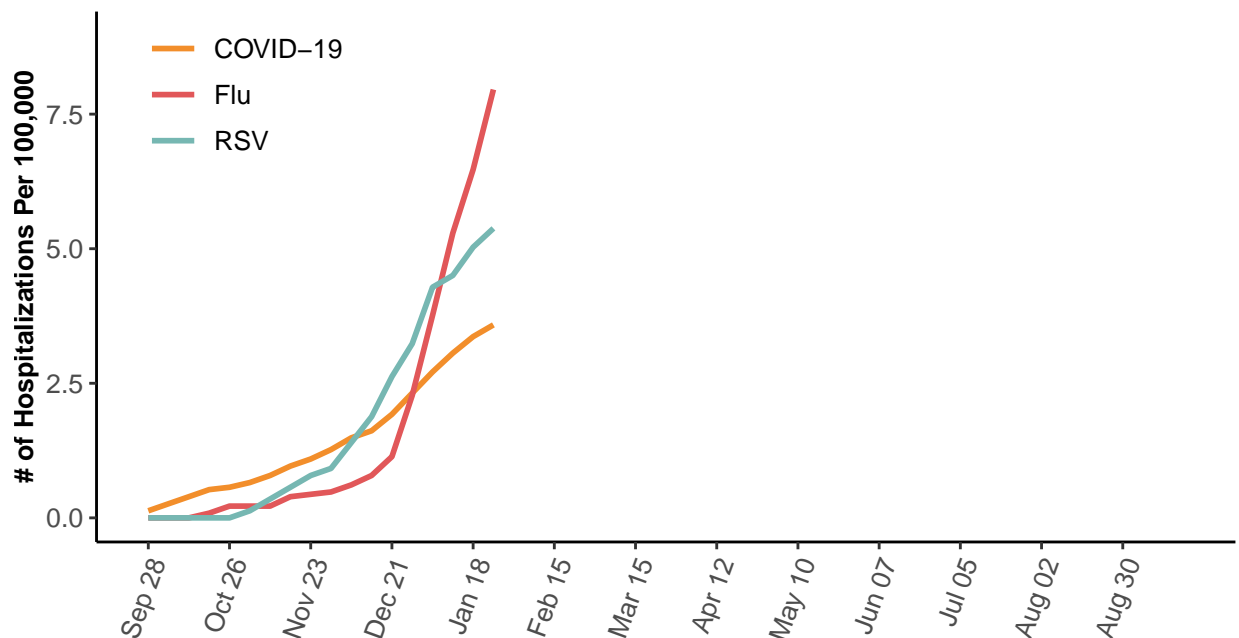


We would like to thank all of our surveillance partners for their help in collecting this information! Additional details on our methods can be found [here](#)

Emergency Rooms Visits by Respiratory Diagnosis



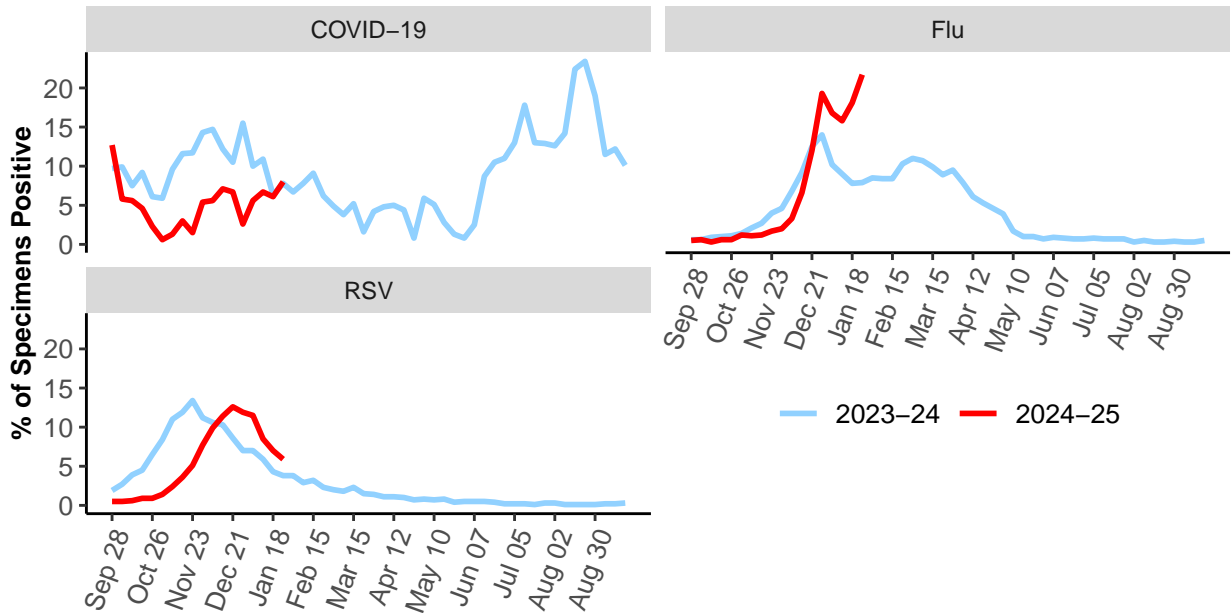
Cumulative ICU Admission Rate for Reportable Respiratory Viruses





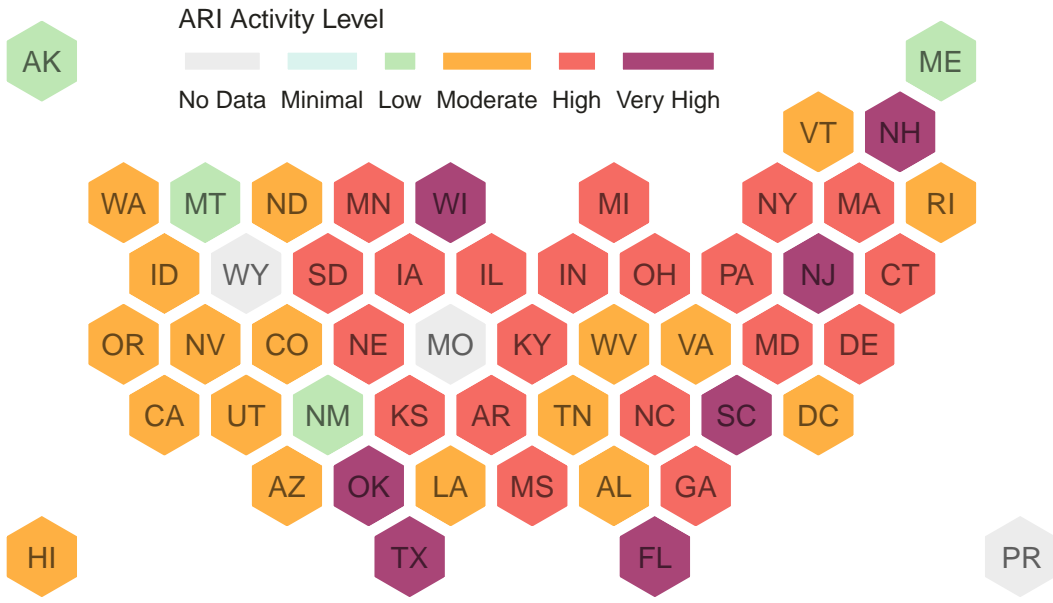
Percent Positivity by Respiratory Virus

Laboratories contributing data differ by pathogen. Lab data may not be comparable between viruses. Graphics are better used to look at trajectory for a given virus over time.



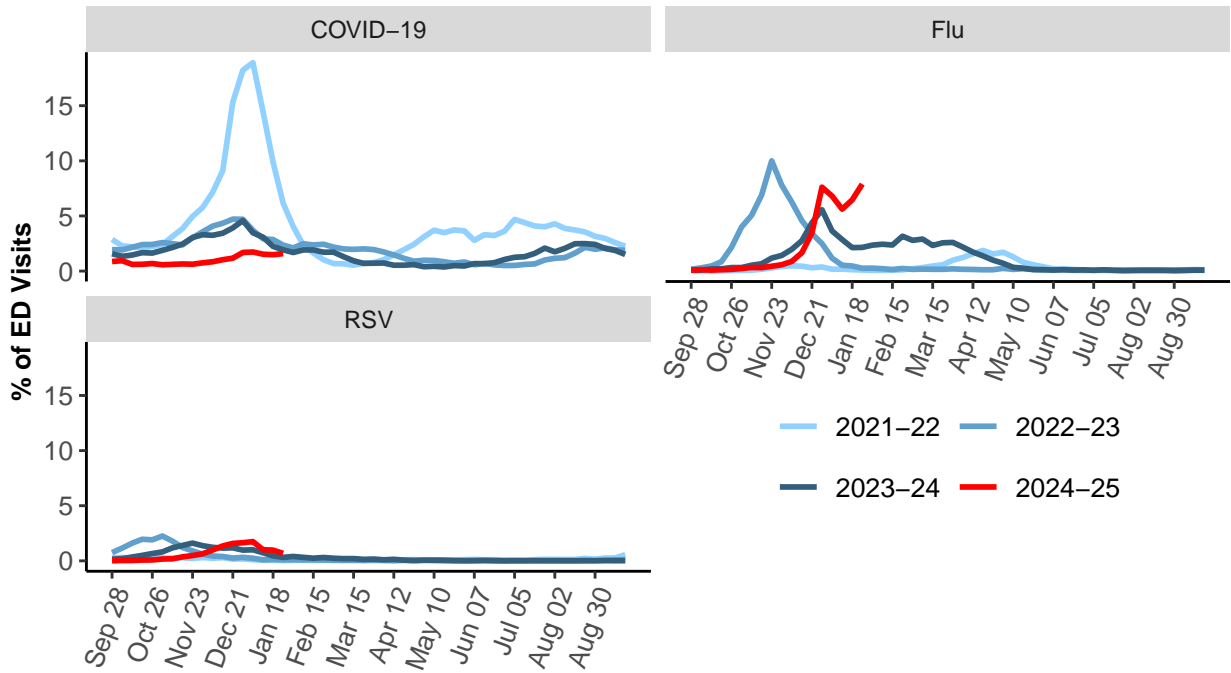
CDC Acute Respiratory Illness Activity Levels by State

Data for the week ending 2025-01-25, most recent CDC data available





Emergency Rooms Visits by Season and Diagnosis



Emergency Room Visits by Age and Diagnosis

