



*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

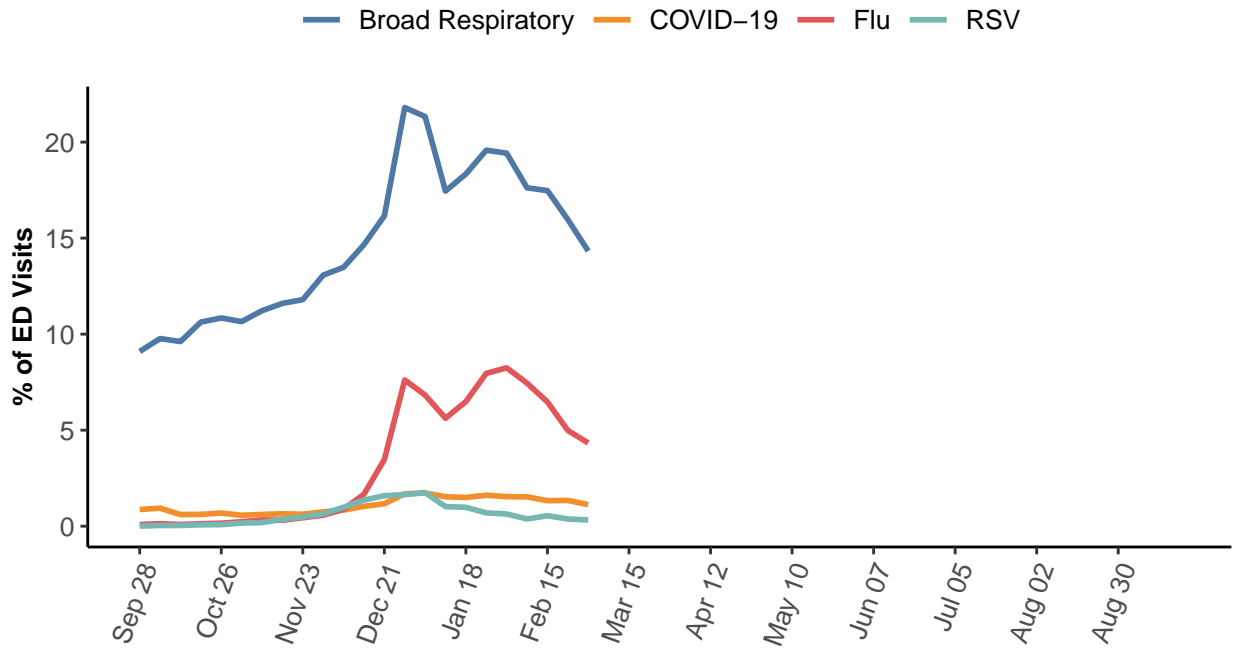
**COVID-19** activity is **low** and stable. **Influenza** activity is **moderate** and decreasing. **RSV** activity is **low** and stable.

- Flu activity has been downgraded to moderate, trending down. RSV and COVID-19 activity are still low.
- Emergency room visits and hospital admissions for flu are still elevated, but have been decreasing for several weeks. ER visits and hospital admissions for RSV continue to trend down, while COVID-19 visits and admissions remain low and stable.
- ICU admissions are the highest for flu, but have been decreasing. RSV ICU admissions continue to decrease and ICU admissions for COVID-19 remain low and stable. 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.
- The percent of deaths associated with pneumonia, influenza, and/or COVID-19 has started to decline. Since the beginning of the year, flu has been responsible for the majority of the mortality from the three monitored viruses.
- Percent positivity for flu decreased slightly from 15.2% last week to 14.6% this week. Of specimens tested for RSV, 3.8% were positive, and 5.0% of COVID-19 specimens were positive.
- So far this season, among positive flu A specimens with influenza subtype available, 36% were pandemic 2009 H1N1 and 64% were H3N2. Detections of influenza A continue to decrease, while detections of influenza B are increasing.
- Wastewater detections for flu A and B are decreasing.
- Wastewater sequencing data for SARS-CoV-2 indicate a variety of JN.1 sub-lineages are co-circulating, primarily XEC and LP.8.1.
- 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.
- Flu activity may have peaked for the season, but is likely to continue for several weeks. Many flu seasons often see a spring wave of influenza B. It's not too late to get vaccinated. Individuals at risk for severe outcomes may wish to continue additional precautions while activity is "moderate".

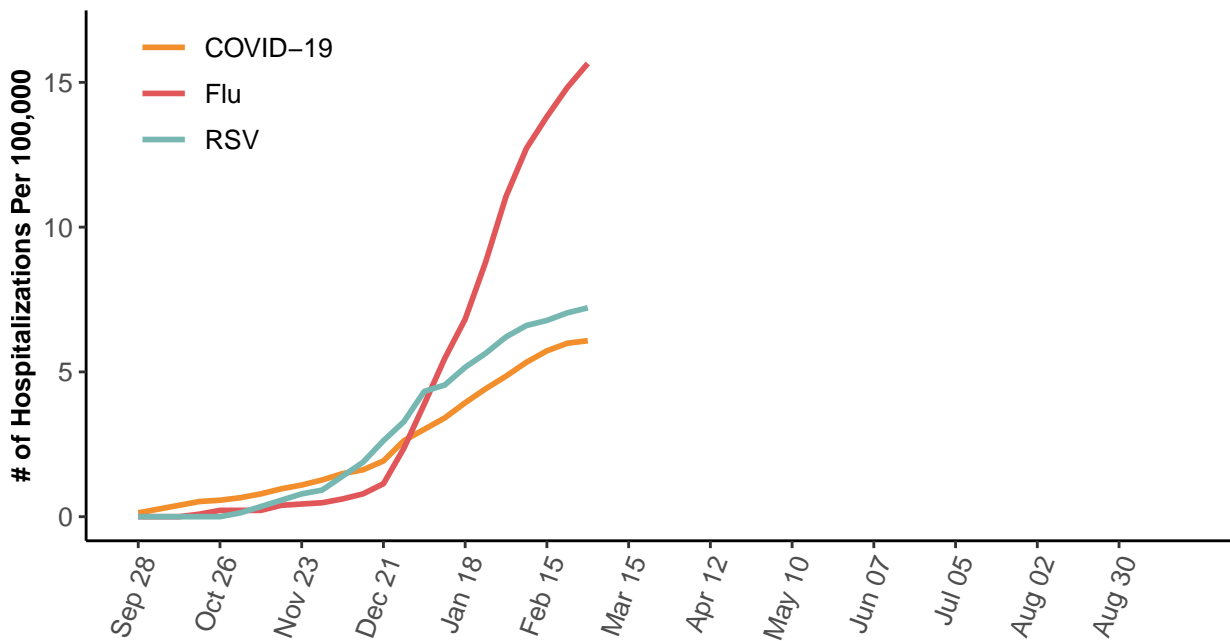
*We would like to thank all of our surveillance partners for their help in collecting this information! Additional details on our methods can be found [here](#)*



Emergency Rooms Visits by Respiratory Diagnosis



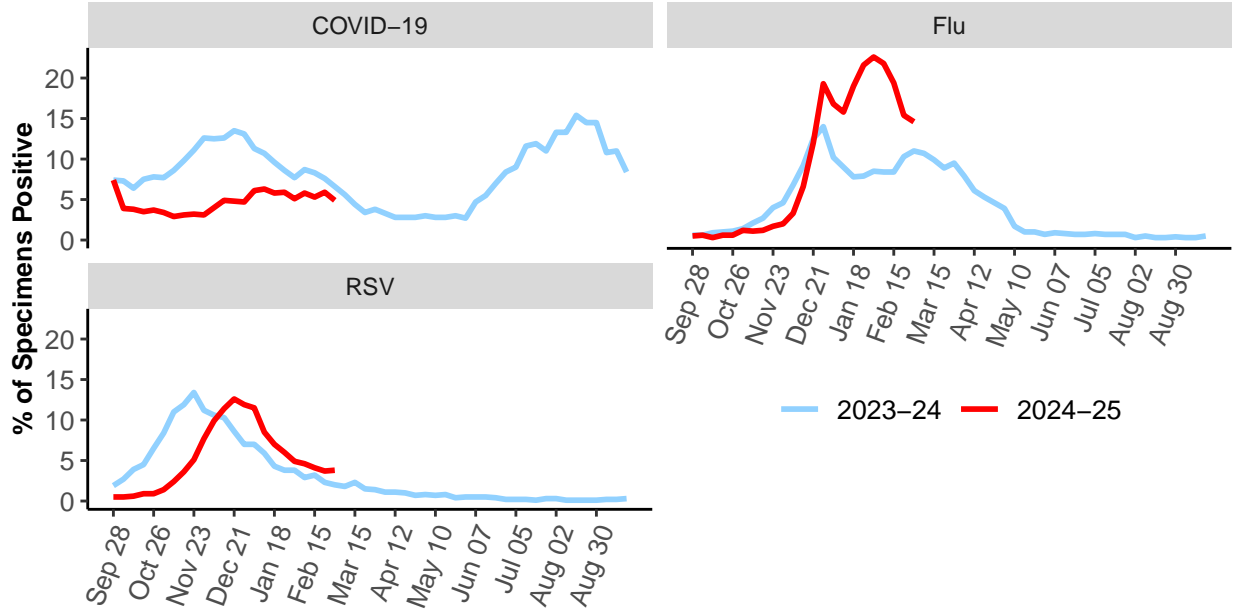
Cumulative ICU Admission Rate for Reportable Respiratory Viruses





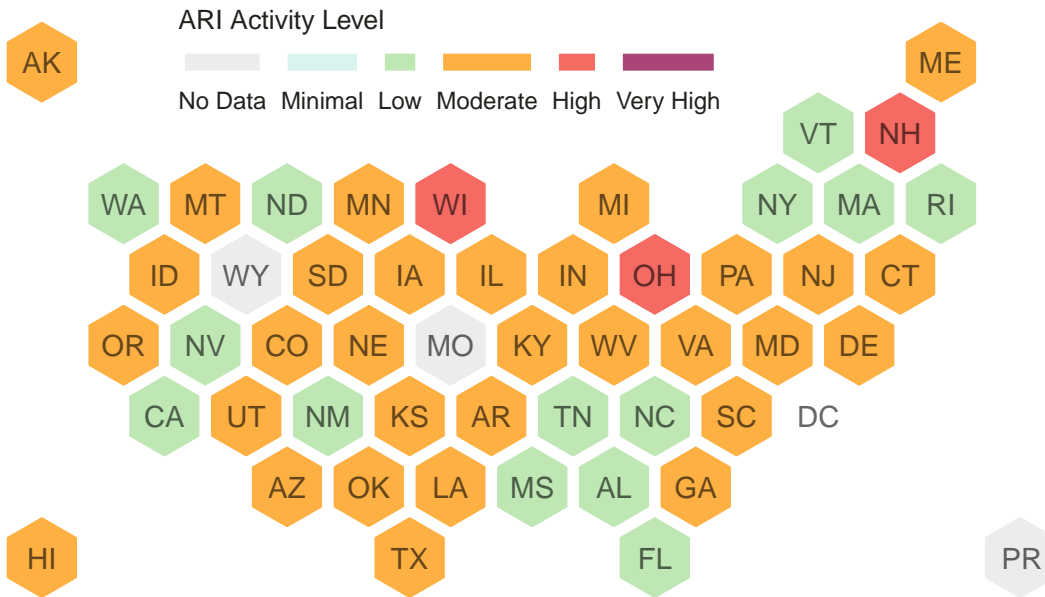
Percent Positivity by Respiratory Virus

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.



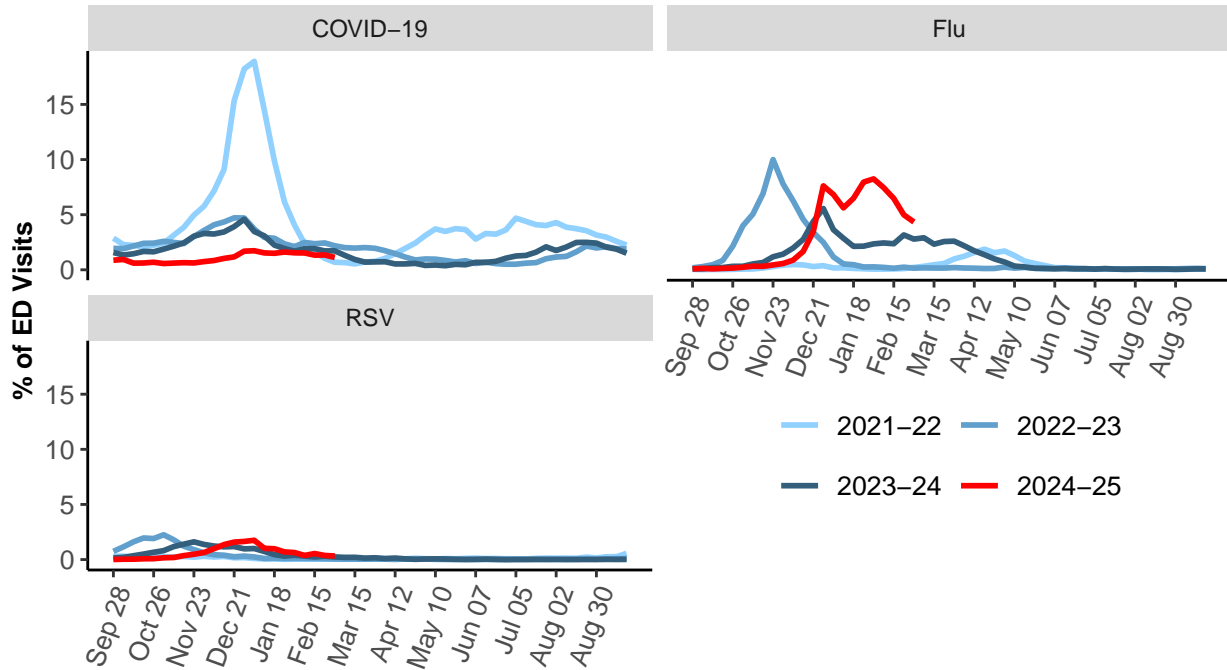
CDC Acute Respiratory Illness Activity Levels by State

Data for the week ending 2025-03-01, most recent CDC data available





Emergency Rooms Visits by Season and Diagnosis



Emergency Room Visits by Age and Diagnosis

