CHICAGO

COVID-19 Vaccine Planning Healthcare Call #6

2020.12.18

Presenters

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Agenda

- Timeline update
- Moderna
- Pfizer vaccine resources
- Pfizer Clinical Considerations
- Staff post-vaccination considerations
- Data reporting

December 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
6	7	8	9	10 FDA met: Pfizer EUA	11	12 ACIP met
13	14	15	16	17 FDA meet: Moderna EUA	18	19 ACIP meet
20 ACIP meet	21	22	23	24	25	26
27	28	29	30	31		

First doses of Pfizer vaccine arrived in Chicago

First doses of Moderna vaccine potentially arrive in Chicago?

Moderna Covid-19 Vaccine Clinical Trial Design

Phase 3 efficacy and safety study in adults ≥18 years of age
• 30,351 adults ≥18 years of age, randomized 1:1 • Participants received 2 doses of vaccine or placebo, 28 days apart
• Randomization stratified by age and risk factor for severe COVID-19 • Planned study duration of 2 years

Moderna COVID-19 Vaccine Trial Vaccine Efficacy (VE) Analysis (n=27,817)

- VE to prevent COVID-19 occurring at least 14 days after dose 2 was **94.5%** in participants without prior evidence of SARS-CoV-2 infection.
- Efficacy outcomes across demographic subgroups were consistent with the efficacy seen in the overall study population.
- All 11 cases of severe COVID-19 occurring 14 days after the 2nd dose were in the placebo group.**
- Data suggests potential efficacy following a single dose; interpretation is limited because almost all participants received a second dose

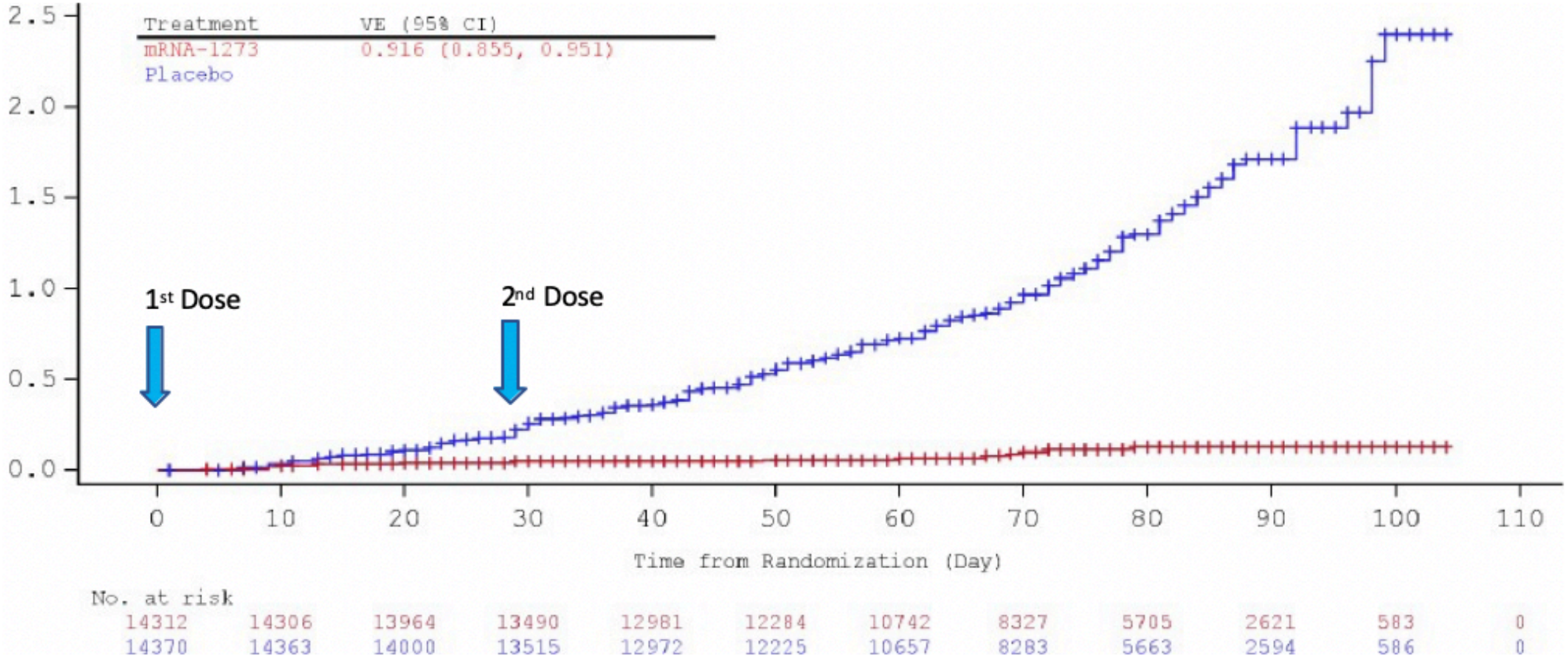
*Median follow up 2 months

** one possible severe COVID-19 in the vaccine group that did not meet protocol-specified case definition

Source FDA Briefing Document https://www.fda.gov/media/144434/download

Moderna Vaccine Trial

Cumulative Incidence Curves for the First COVID-19 Occurrence After Randomization



Time from Randomization (Days)

FDA Briefing Document—Vaccine Safety*

- Safety data from 30,350 participants with a median of 7 weeks of follow-up 2nd dose supported a favorable safety profile, with no specific safety concerns identified that would preclude issuance of an EUA.
- There were no safety concerns identified in subgroup analyses by age, sex, race, ethnicity, health risks for severe COVID-19, and prior SARS-CoV-2 infection
- Reactogenicity was generally more frequent after dose 2 (all ages), mostly mild to moderate, and less frequent and severe in adults ≥65 years than in younger adults

Source: FDA Briefing Document https://www.fda.gov/media/144434/download

Moderna Vaccine Side Effects during 1st week after 2nd dose (age 18-64)

	Any reaction	Severe	ER visit or hospitalization
Pain*	90.1%	4.6% ★	
Redness*	9%	2%	
Swelling*	12.6%	1.7%	
Swollen lymph nodes	16%	0.4%	
Fever	17.4%	1.6%	
Fatigue	67.6%	10.6%	0.1%
Headache	62.8%	5%	
Muscle pain	6.1%	0.1%	
Joint pain	45.2%	5.8%	
Chills	48.3%	1.5%	
Nausea/vomiting	21.3%	0.1%	

*At the site of injection

★ any use of Rx pain reliever/prevents daily activity

Side Effects—Messages for Patients

- For most people, side effects are mild and go away on their own in a couple of days.
- These side effects do not mean you have COVID-19 even though some of the symptoms may be the same. **You cannot get COVID-19 from the vaccine.**
- Most people do not have any serious problems after being vaccinated.
- Compare this to actually having COVID-19, where you could be sick for weeks or months— or even die. Vaccination is a safer option than actually having COVID-19.

Moderna Vaccine: Storage and Handling

- Must be stored frozen at -25° to -15°C (-13° to 5°F). Standard freezers can usually reach these temperatures.

- If the vaccine is thawed and stored in a refrigerator, it must be used within 30 days. Temperatures must be monitored continuously where vaccine is stored using a data logger.

- Vaccine will be shipped by a central distributor under a Federal Gov't contract, the same one used to distribute vaccines under the Federal Vaccines for Children Program.

- Does not require reconstitution. Two doses are required, at least 28 days apart. The minimum order amount for this vaccine is 100 doses.

- ~15 million + doses are expected to be available in the US by end of December.

Pfizer Vaccine

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

A-Z Index
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Vaccines & Immunizations

CDC

- Vaccines and Immunizations Home
- For Parents
- For Adults
- For Pregnant Women
- For Healthcare Professionals
- COVID-19 Vaccination +
- For Immunization Managers
- For Specific Groups of People
- Basics and Common Questions +
- Vaccines and Preventable Diseases +
- News and Media Resources +

Pfizer-BioNTech COVID-19 Vaccine

General Information:
Diluent: 0.9% sodium chloride (normal saline, preservative-free)
Mix before using
Multi-dose vial: 5 doses per vial
Dosage: 0.3 mL

Age Indications:
16 years of age and older

Schedule:
2 doses series separated by 21 days
Both doses must be COVID-19 vaccine (Pfizer)

Administer:
Intramuscular (IM) injection in the deltoid muscle

EUA

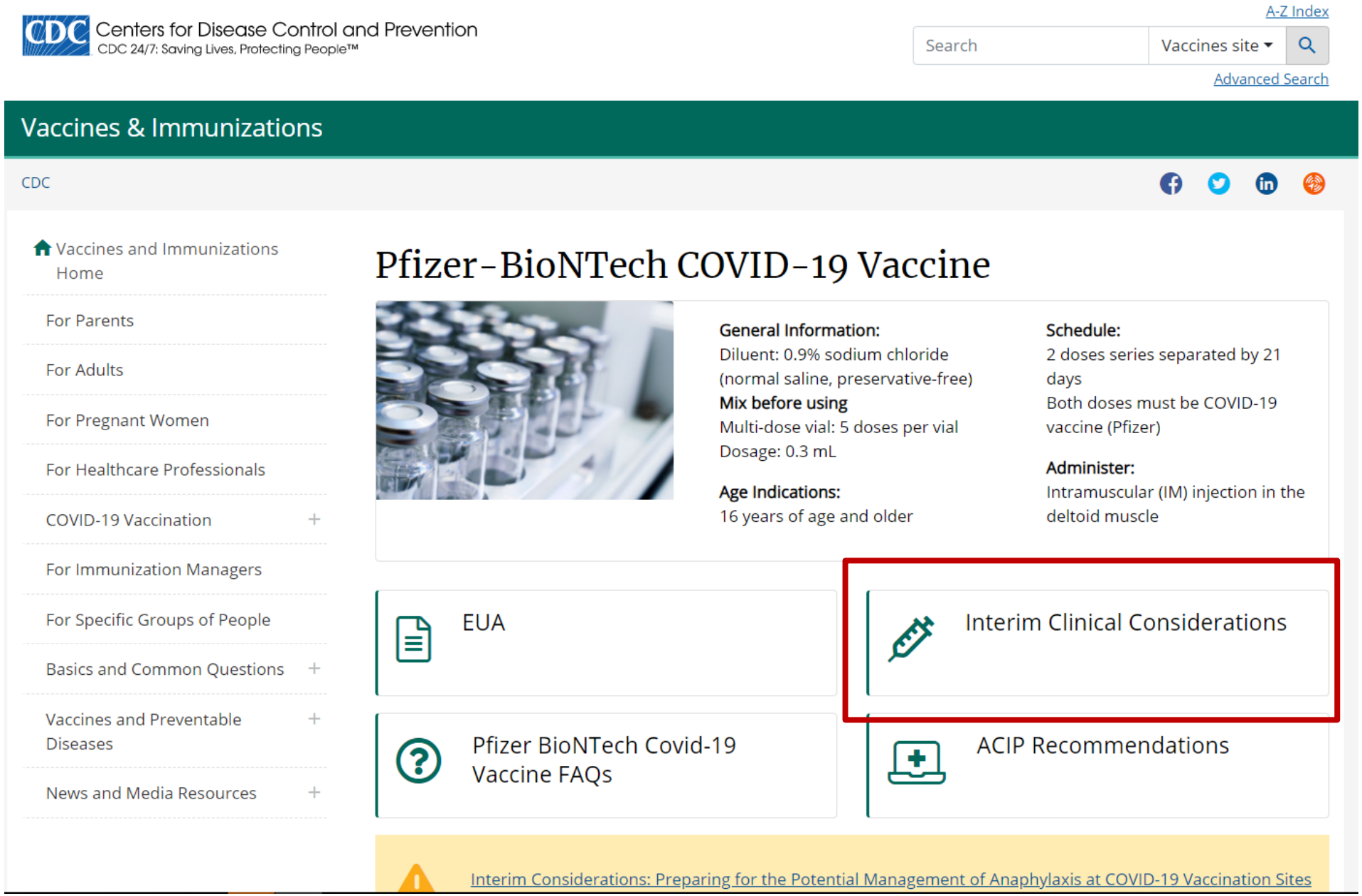
Interim Clinical Considerations

Pfizer BioNTech Covid-19 Vaccine FAQs

ACIP Recommendations

Interim Considerations: Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites

https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html



https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html

Pfizer COVID-19 Vaccine Administration

- 2-dose series administered intramuscularly 21 days apart
- If >21 days since 1st dose, 2nd dose should be administered at earliest opportunity
  - No need to restart the series
- Both doses are necessary for protection, efficacy of a single dose has not been systematically evaluated

Interchangeability with other COVID-19 vaccine products

- Pfizer-BioNTech COVID-19 vaccine not interchangeable with other COVID-19 vaccine products
  - Safety and efficacy of a mixed series has not been evaluated
- Persons initiating series with Pfizer-BioNTech COVID-19 vaccine should complete series with same product
- If two doses of different mRNA COVID-19 vaccine products inadvertently administered, no additional doses of either vaccine recommended at this time
  - Recommendations may be updated as further information becomes available or additional vaccine types authorized

Coadministration with other vaccines

- Pfizer-BioNTech COVID-19 vaccine should be administered alone with a minimum interval of 14 days before or after administration with any other vaccines
  - Due to lack of data on safety and efficacy of the vaccine administered simultaneously with other vaccines

- If Pfizer-BioNTech COVID-19 vaccine is inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine

Persons with a history of SARS-CoV-2 infection

- Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection
  - Data from phase 2/3 clinical trials suggest vaccination safe and likely efficacious in these persons

- Viral or serologic testing for acute or prior infection, respectively, is not recommended for the purpose of vaccine decision-making

Persons with known current SARS-CoV-2 infection

- Vaccination should be deferred until recovery from acute illness (if person had symptoms) *and* criteria have been met to discontinue isolation
- No minimal interval between infection and vaccination
- However, current evidence suggests reinfection uncommon in the 90 days after initial infection, and thus persons with documented acute infection in the preceding 90 days may defer vaccination until the end of this period, if desired

https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html

Persons who previously received passive antibody therapy for COVID-19

- Currently no data on safety or efficacy of COVID-19 vaccination in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment

- Vaccination should be deferred for at least 90 days to avoid interference of the treatment with vaccine-induced immune responses
  - Based on estimated half-life of therapies and evidence suggesting reinfection is uncommon within 90 days of initial infection

Persons with a known SARS-CoV-2 exposure

- **Community or outpatient setting:**
  - Defer vaccination until quarantine period has ended to avoid exposing healthcare personnel(HCP) or other persons during vaccination visit
- **Residents of congregate healthcare settings (e.g., long-term care facilities):**
  - May be vaccinated, as likely would not result in additional exposures. HCP are already in close contact with residents and should employ appropriate infection prevention and control procedures
- **Residents of other congregate settings (e.g., correctional facilities, homeless shelters)**
  - May be vaccinated, in order to avoid delays and missed opportunities for vaccination
  - Where feasible, precautions should be taken to limit mixing of these individuals with other residents or non-essential staff

Persons with underlying medical conditions

- Vaccine may be administered to persons with underlying medical conditions who have no contraindications to vaccination

- Phase 2/3 clinical trials demonstrate similar safety and efficacy profiles in persons with underlying medical conditions, including those that place them at increased risk for severe COVID-19, compared to persons without comorbidities

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html

Immunocompromised persons

- Persons with HIV infection, other immunocompromising conditions, or who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19
- Data not currently available to establish safety and efficacy of vaccine in these groups
- These individuals may still receive COVID-19 vaccine unless otherwise contraindicated
- Individuals should be counseled about:
  - Unknown vaccine safety and efficacy profiles in immunocompromised persons
  - Potential for reduced immune responses
  - Need to continue to follow all current guidance to protect themselves against COVID-19

Pregnant women

- Observational data demonstrate that while the absolute risk is low, pregnant people with COVID-19 have an increased risk of severe illness, including illness resulting in ICU admission, mechanical ventilation, or death. Additionally, they might be at an increased risk of adverse pregnancy outcomes, such as preterm birth.
- There are no data on the safety of COVID-19 vaccines in pregnant women
  - Animal developmental and reproductive toxicity (DART) studies are ongoing
  - Studies in humans are ongoing and more planned
- mRNA vaccines and pregnancy
  - Not live vaccines
  - They are degraded quickly by normal cellular processes and don't enter the nucleus of the cell
- COVID-19 and pregnancy
  - Increased risk of severe illness (ICU admission, mechanical ventilation and death)
  - Might be an increased risk of adverse pregnancy outcomes, such as preterm birth
- If a woman is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine and is pregnant, she may choose to be vaccinated. A discussion with her healthcare provider can help her make an informed decision.

Pregnant women

- Considerations for vaccination:
  - level of COVID-19 community transmission (risk of acquisition)
  - her personal risk of contracting COVID-19 (by occupation or other activities)
  - the risks of COVID-19 to her and potential risks to the fetus
  - the efficacy of the vaccine
  - the known side effects of the vaccine
  - the lack of data about the vaccine during pregnancy
- Pregnant women who experience fever following vaccination should be counseled to take acetaminophen as fever has been associated with adverse pregnancy outcomes
- Routine testing for pregnancy prior to receipt of a COVID-19 vaccine is not recommended.

Breastfeeding/Lactating women

- There are no data on the safety of COVID-19 vaccines in lactating women or the effects of mRNA vaccines on the breastfed infant or milk production/excretion

- mRNA vaccines are not considered live virus vaccines and are not thought to be a risk to the breastfeeding infant

- If a lactating woman is part of a group (e.g., healthcare personnel) who is recommended to receive a COVID-19 vaccine, she may choose to be vaccinated

Reactogenicity

- Before vaccination, providers should counsel vaccine recipients about expected local and systemic post-vaccination symptoms
- Unless a person develops a contraindication to vaccination, they should be encouraged to complete the series even if they develop post-vaccination symptoms in order to optimize protection against COVID-19
- Antipyretic or analgesic medications may be taken for treatment of post-vaccination symptoms
  - Routine prophylaxis for the purposes of preventing symptoms is not recommended at this time, due to lack of information on impact of use on vaccine-induced antibody responses

Vaccine efficacy

- Two doses required to achieve high efficacy
  - Efficacy after 2nd dose: 95.0% (95% CI: 90.3%, 97.6%)
  - Efficacy after 1 dose has not been systematically studied

- Patients should be counseled on importance of completing the 2-dose series in order to optimize protection

Public health recommendations for vaccinated persons

- Protection from vaccine is not immediate; vaccine is a 2-dose series and will take 1 to 2 weeks following the second dose to be considered fully vaccinated
- No vaccine is 100% effective
- Given the currently limited information on how well the vaccine works in the general population; how much it may reduce disease, severity, or transmission; and how long protection lasts, vaccinated persons should continue to follow all current guidance to protect themselves and others, including:
  - Wearing a mask
  - Staying at least 6 feet away from others
  - Avoiding crowds
  - Washing hands often
  - Following CDC travel guidance
  - Following quarantine guidance after an exposure to someone with COVID-19
  - Following any applicable workplace or school guidance

Contraindications and precautions

- Package insert:
  - Severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech COVID-19 vaccine is a contraindication to vaccination
  - Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of the vaccine
- Because of reports of anaphylactic reactions in persons vaccinated outside of clinical trials, the additional following guidance is proposed:
  - A severe allergic reaction to any vaccine or injectable therapy (intramuscular, intravenous, or subcutaneous) is a precaution to vaccination at this time
  - Vaccine providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:
    - Persons with a history of anaphylaxis: 30 minutes
    - All other persons: 15 mins

Triage Algorithm for the Pfizer-BioNTech Vaccine

Appendix: Triage of persons presenting for Pfizer-BioNTech COVID-19 vaccination

	MAY PROCEED WITH VACCINATION	PRECAUTION TO VACCINATION	CONTRAINDICATION TO VACCINATION
CONDITIONS	**CONDITIONS** • Immunocompromising conditions • Pregnancy • Lactation **ACTIONS** • Additional information provided* • 15 minute observation period	**CONDITIONS** • Moderate/severe acute illness **ACTIONS** • Risk assessment • Potential deferral of vaccination • 15 minute observation period if vaccinated	**CONDITIONS** • None **ACTIONS** • N/A
ALLERGIES	**ALLERGIES** • History of food, pet, insect, venom, environmental, latex, or other allergies not related to vaccines or injectable therapies • History of allergy to oral medications (including the oral equivalent of an injectable medication) • Non-serious allergy to vaccines or other injectables (e.g., no anaphylaxis) • Family history of anaphylaxis • Any other history of anaphylaxis that is not related to a vaccine or injectable therapy **ACTIONS** • 30 minute observation period: Persons with a history of severe allergic reaction (e.g., anaphylaxis) due to any cause • 15 minute observation period: Persons with allergic reaction, but not anaphylaxis	**ALLERGIES** • History of severe allergic reaction (e.g., anaphylaxis) to another vaccine (not including Pfizer-BioNTech vaccine) • History of severe allergic reaction (e.g., anaphylaxis) to an injectable therapy **ACTIONS:** • Risk assessment • Potential deferral of vaccination • 30 minute observation period if vaccinated	**ALLERGIES** • History of severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech vaccine **ACTIONS** • Do not vaccinate

* See Special Populations section for information on patient counseling in these groups

Source: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/clinical-considerations.html

Post-Vaccination Signs & Symptoms: Overview

- Signs and symptoms following COVID-19 vaccination can include fever, fatigue, headache, chills, muscle pain, and joint pain. Most:
  - are mild to moderate in severity;
  - occur within the first 3 days of vaccination;
  - resolve within 1-2 days of onset
- Signs and symptoms were more commonly reported after the second dose than after the first dose and were generally more frequent and severe in persons aged 18–55 years than in those aged >55 years.
- Cough, shortness of breath, runny nose, sore throat, or loss of taste or smell are **not** consistent with post-vaccination symptoms.
- The vaccines will not cause a COVID test to be positive; if a staff member or resident has a positive COVID test, that is indicative of a true infection

Source: https://emergency.cdc.gov/coca/ppt/2020/COCA-Call-Slides_12-14-2020.pdf

Considerations for Healthcare Personnel

Before the first vaccine clinic, facilities should :

- Inform HCP about the potential for short-term systemic signs and symptoms post-vaccination and potential options for mitigating them if symptoms arise (e.g., nonsteroidal anti-inflammatory medications or acetaminophen).
- Develop a strategy to provide timely assessment of HCP with systemic signs and symptoms post-vaccination, including providing or identifying options for SARS-CoV-2 viral testing, so it is readily available if indicated.
- Consider offering nonpunitive sick leave options (e.g., paid sick leave) for HCP with systemic signs and symptoms post-vaccination to remove barriers to reporting these symptoms.

Source: https://www.cdc.gov/coronavirus/2019-ncov/hcp/post-vaccine-considerations-healthcare-personnel.html

Considerations for Healthcare Personnel

- HCP with postvaccination signs and symptoms could be mistakenly considered infectious and restricted from work unnecessarily.
- If a staff member has a **cough**, **shortness of breath**, **runny nose**, **sore throat**, and/or **loss of taste or smell**, the staff member should be excluded from work for at least 10 days from symptom onset, as those symptoms are common with COVID but not typical reactions to the vaccine.
- If a staff member does not have any of the above signs/symptoms but has fatigue, headache, muscle pain, joint pain, and/or chills within the three days after vaccination, they can continue to work as long as they feel well enough to do so and do not have a fever
  - If symptoms worsen or persist for more than 2 days, test and exclude from work.

Source: https://emergency.cdc.gov/coca/ppt/2020/COCA-Call-Slides_12-14-2020.pdf

Considerations for Healthcare Personnel

- HCP with **fever** should be excluded from work pending further evaluation, including testing.
  - If an infectious etiology is not suspected or confirmed as the source of their fever, they may return to work when they feel well enough.
  - When critical staffing shortages are anticipated or occurring, HCP who recently received a vaccine and have a fever could be considered for work if they feel well enough and are willing.
  - HCP should be re-evaluated and tested if fever does not resolve within 2 days.

Source: https://emergency.cdc.gov/coca/ppt/2020/COCA-Call-Slides_12-14-2020.pdf

Interim Considerations: Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites

A **clinical provider with access to the emergency equipment should be immediately available to assess and manage anaphylaxis.**

Should be available at all sites	If feasible, include at sites (not required)
Epinephrine prefilled syringe or autoinjector*	Pulse oximeter
H1 antihistamine (e.g., diphenhydramine)†	Oxygen
Blood pressure cuff	Bronchodilator (e.g., albuterol)
Stethoscope	H2 antihistamine (e.g., famotidine, cimetidine)
Timing device to assess pulse	Intravenous fluids
	Intubation kit
	Adult-sized pocket mask with one-way valve (also known as cardiopulmonary resuscitation (CPR) mask)

*COVID-19 vaccination sites should have at least 3 doses of epinephrine on hand at any given time.
†Antihistamines may be given as adjunctive treatment but should not be used as initial or sole treatment for anaphylaxis. Additionally, caution should be used if oral medications are administered to persons with impending airway obstruction.

https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/anaphylaxis-management.html

Storage and Handling Overview

Store vaccine in an ultra-cold freezer, thermal shipping container, or refrigerator.
See guidance below for each storage unit.

- Vaccine will arrive at a temperature between -80°C and 60°C (-112°F to -76°F) in a thermal shipping container with dry ice. A signature will be required when the vaccine is delivered.
- The diluent and ancillary supply kits will arrive separately from the vaccine.
- Unpack the thermal shipping container following the manufacturer's direction .

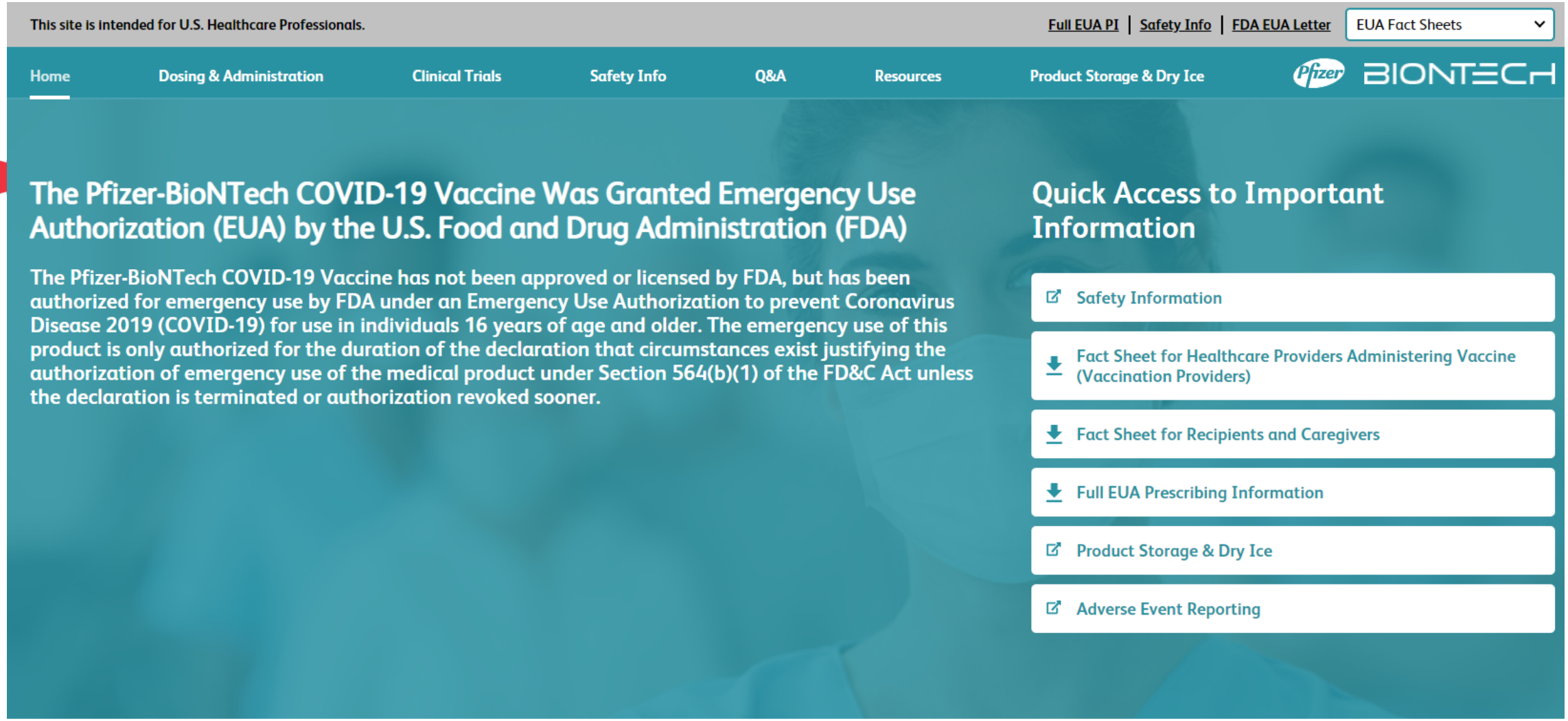
How to Store the Pfizer-BioNTech COVID-19 Vaccine

- **Storing in the Thermal Shipping Container** +
- **Storing in an Ultra-Cold Freezer** +
- **Storing in the Refrigerator** +
- **Storing Diluent** +

COVID-19 Vaccine (Pfizer) Storage and Handling Resources

- Storage and Handling Summary
- Pfizer BUD Guidance and Labels
- Delivery Checklist
- Storage and Handling Labels
- Vaccine Expiration Date Tracking Tool
- Ultra-Cold Vaccine Storage Logger (Fahrenheit)
- Ultra-Cold Vaccine Storage Logger (Celsius)
- Dry Ice Safety

https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html



Important Safety Information

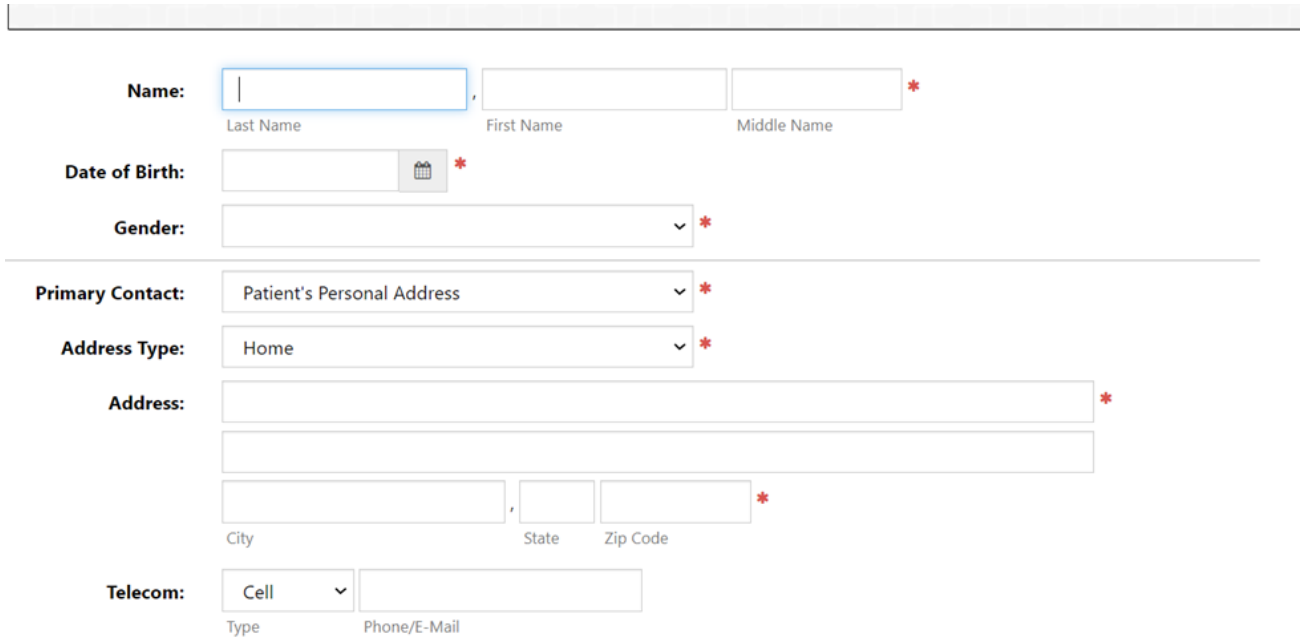
- Do not administer Pfizer-BioNTech COVID-19 Vaccine to individuals with known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech COVID-19 Vaccine
- Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event an acute anaphylactic reaction occurs following administration of Pfizer-BioNTech COVID-19

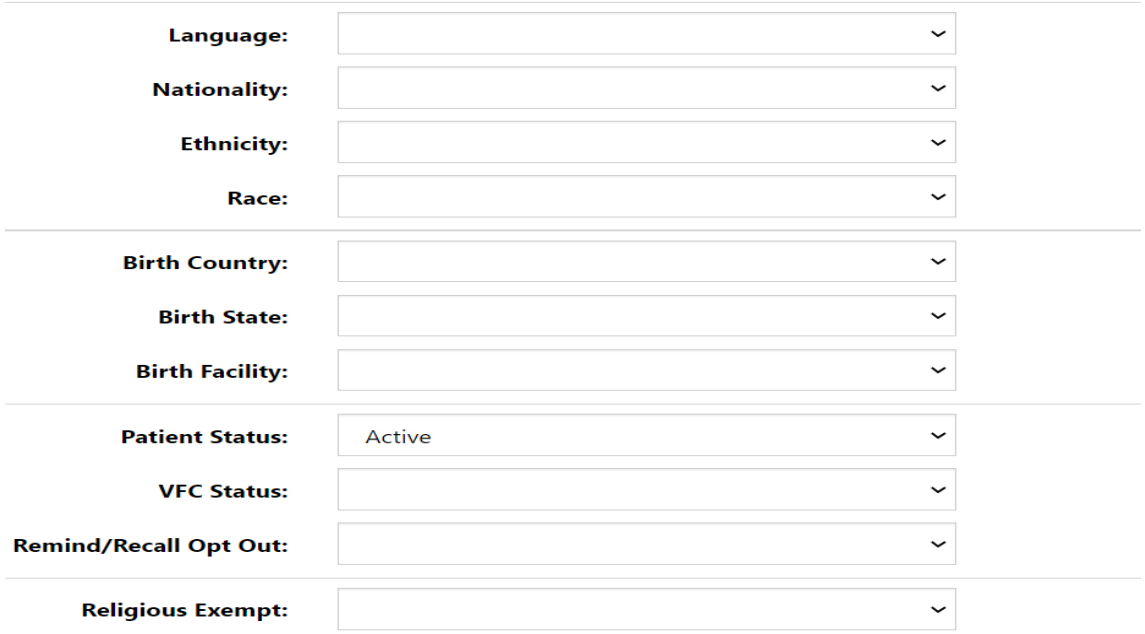
https://www.cvdvaccine-us.com/

Additional doses of Pfizer vaccine in vial

- At this time, given the public health emergency, FDA is advising that it is acceptable to use every full dose obtainable (the sixth, or possibly even a seventh) from each vial, pending resolution of the issue. However, since these are preservative free vials, it is critical to note that any further remaining liquid that does not constitute a full dose should not be pooled from multiple vials to create one.

ICARE Data Fields





Chicago (IL Region 11) Hospital Capacity COVID-19 Update

December 15, 2020

Data updated: Dec 14, 2020 at 11:59pm

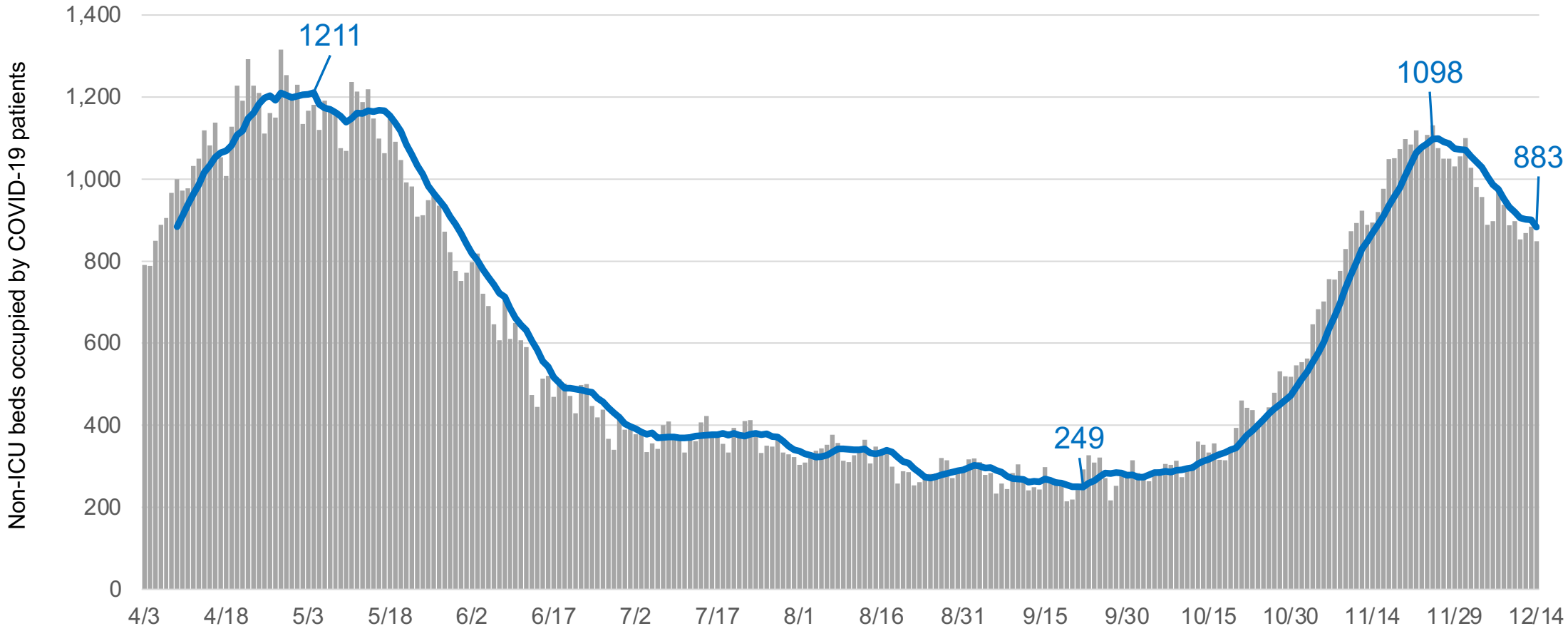
Chicago Hospital Capacity Summary: Key Findings

- Non-ICU bed, ICU bed and ventilator availability remains above the 20% threshold
- Occupancy of **non-ICU beds** by COVID-19 patients has been declining since 11/26
  - Current 7-day average at 883
- Occupancy of **ICU beds** by COVID-19 patients is steady
  - Current 7-day average at 301
- Utilization of **ventilators** by COVID-19 patients is slowly increasing and may be leveling off
  - Current 7-day average at 180
- Modelled projections show slow declines in non-ICU and ICU occupancy during December, but these do not account for changes in behavior from December holidays

Non-ICU Bed Occupancy from COVID-19

Peak 7-day rolling average	**1211 avg. occupied non-ICU beds 5/4/2020**
Current Availability	**21%** **12/14/2020**

COVID-19 acute/non-ICU beds occupied, daily counts and 7 day average, daily occupancy census (04/03/2020-12/14/2020)

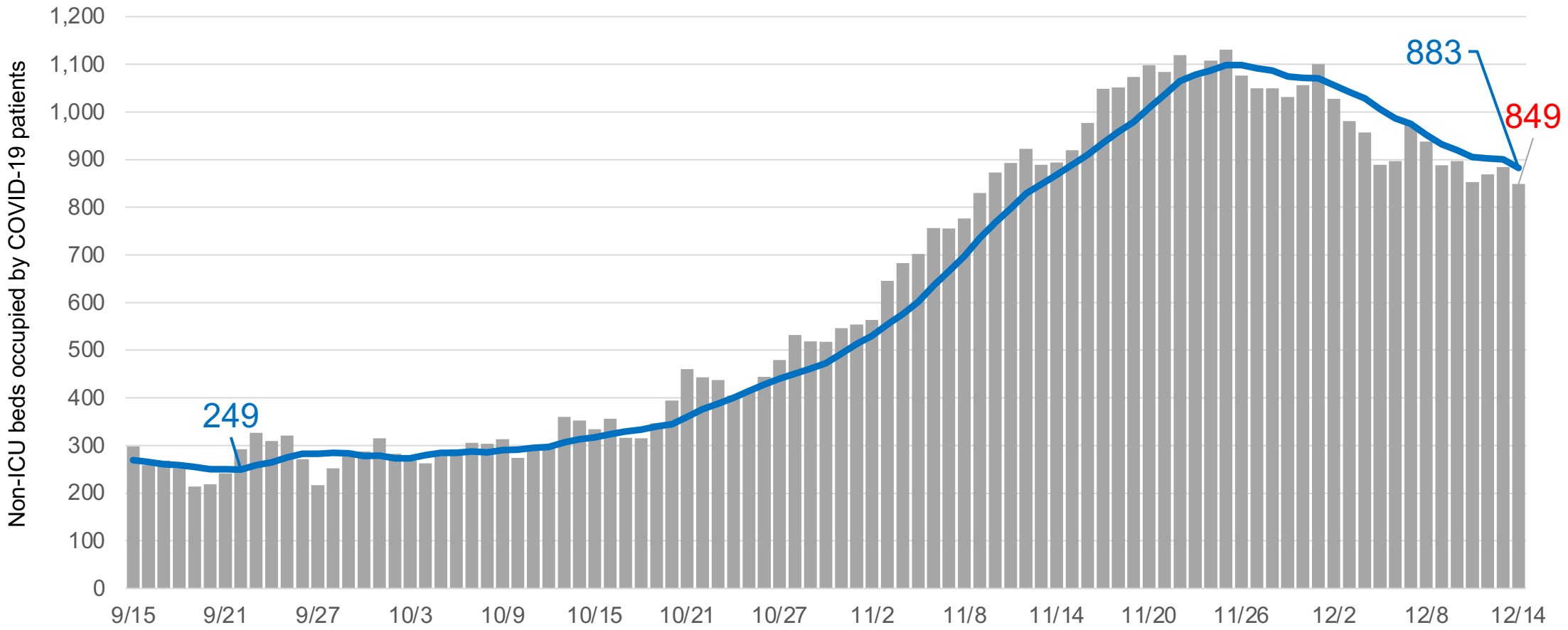


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning April 3 (acute non-ICU occupancy). Acute non-ICU bed counts include burn, emergency department, med/surg, other, pediatrics and psychiatry beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases.

Non-ICU Bed Occupancy from COVID-19

Peak 7-day rolling average	**1211 avg. occupied non-ICU beds 5/4/2020**
Current Availability	**21%** **12/14/2020**

COVID-19 acute non-ICU beds occupied, daily counts and 7 day average, daily occupancy census (9/15/2020-12/14/2020)

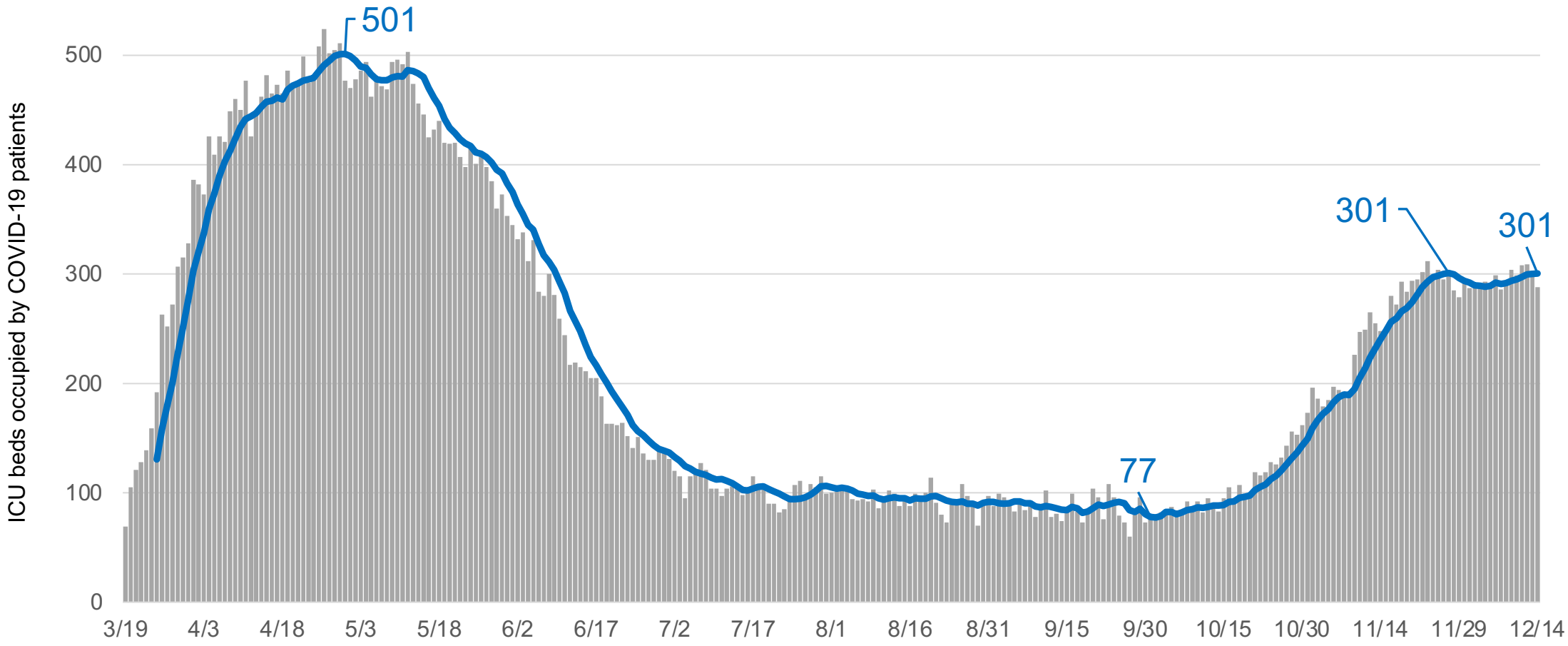


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning April 3 (acute non-ICU occupancy). Acute non-ICU bed counts include burn, emergency department, med/surg, other, pediatrics and psychiatry beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases.

ICU Occupancy from COVID-19

Peak 7-day rolling average	**501 avg. occupied ICU beds 4/30/2020**
Current Availability	**25% 12/14/2020**

COVID-19 ICU beds occupied, daily counts and 7 day average, daily occupancy census (03/13/2020 - 12/14/2020)

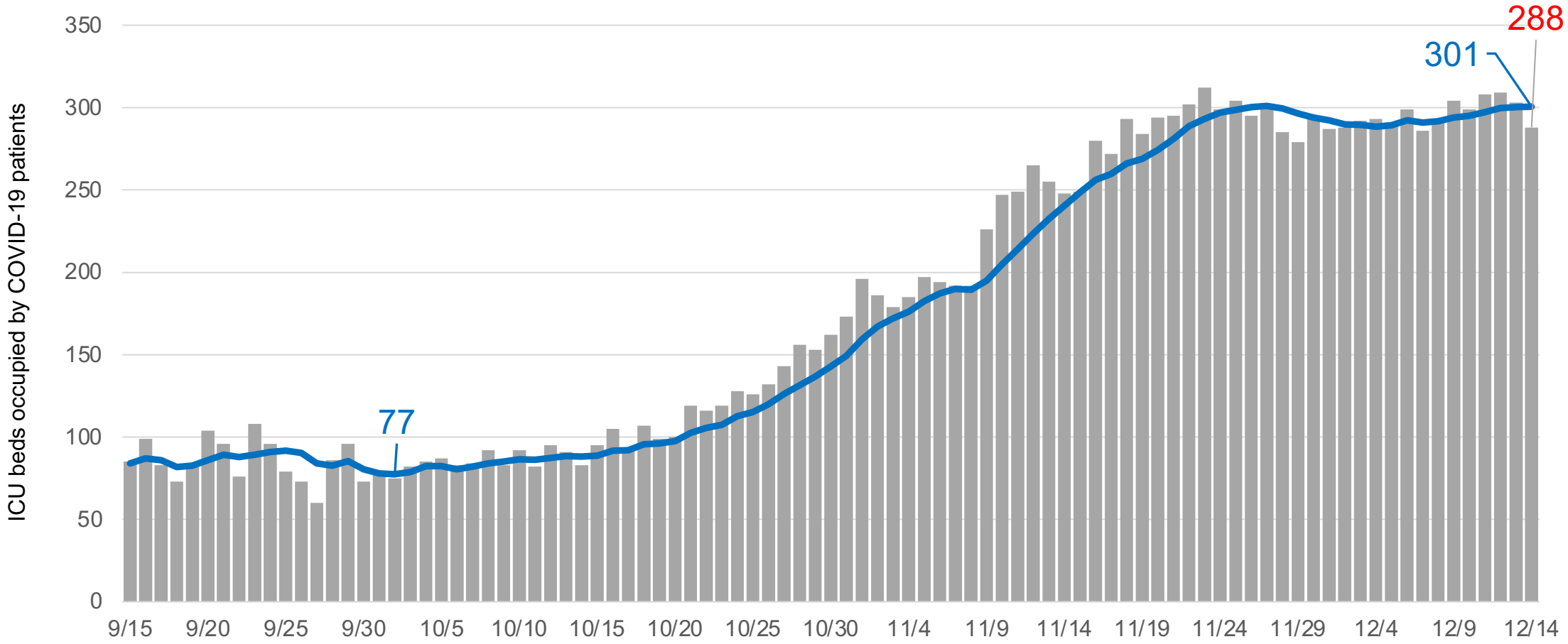


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. ICU bed count includes all adult and pediatric ICU beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, the definition of ICU status changed as requested by HHS.

ICU Occupancy from COVID-19

Peak 7-day rolling average	**501 avg. occupied ICU beds 4/30/2020**
Current Availability	**25% 12/14/2020**

COVID-19 ICU beds occupied, daily counts, 7 day average and progress threshold, daily occupancy census (09/15/2020 - 12/14/2020)

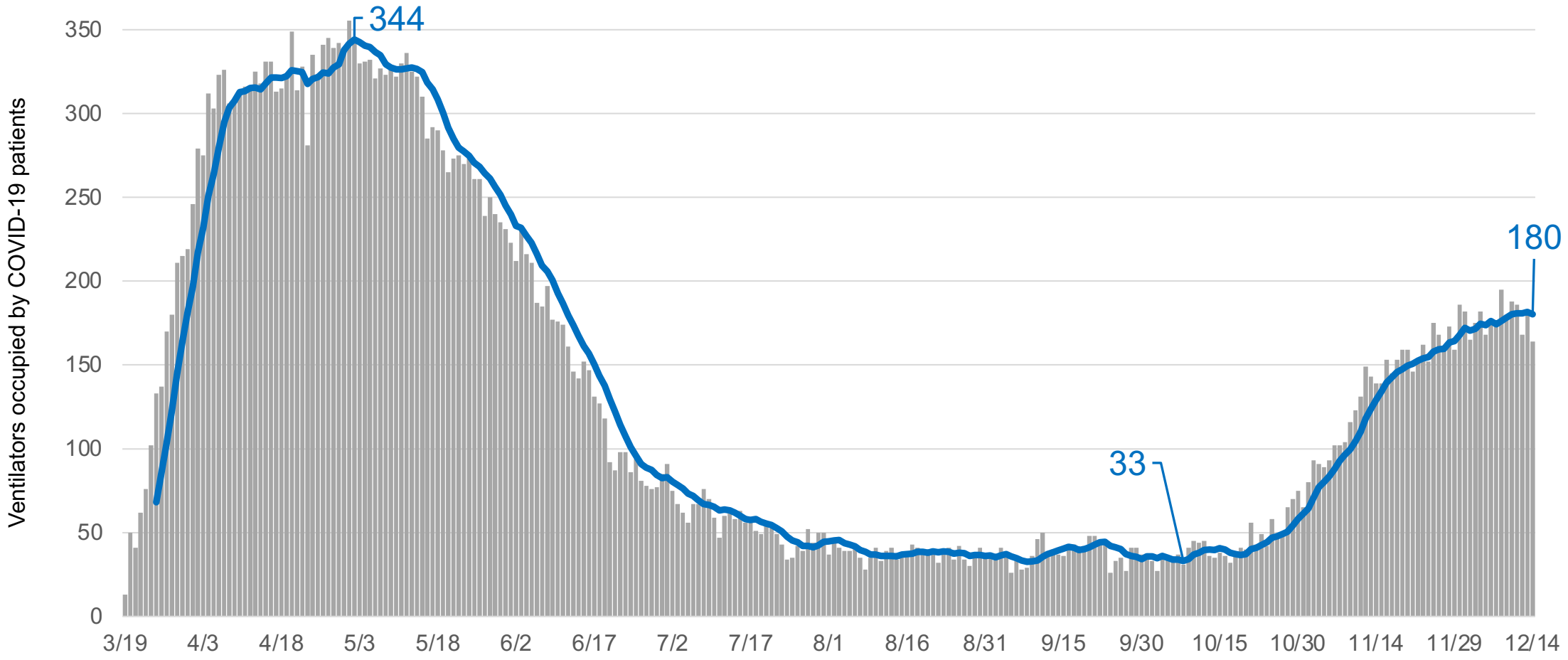


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. ICU bed count includes all adult and pediatric ICU beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, the definition of ICU status changed as requested by HHS.

Ventilator Utilization from COVID-19

Peak 7-day rolling average	**344 avg. ventilators in use 5/2/2020**
Current Availability	**68% 12/14/2020**

COVID-19 ventilators in use, daily counts, 7 day average and reopening threshold, daily utilization census (3/19/2020-12/14/2020)

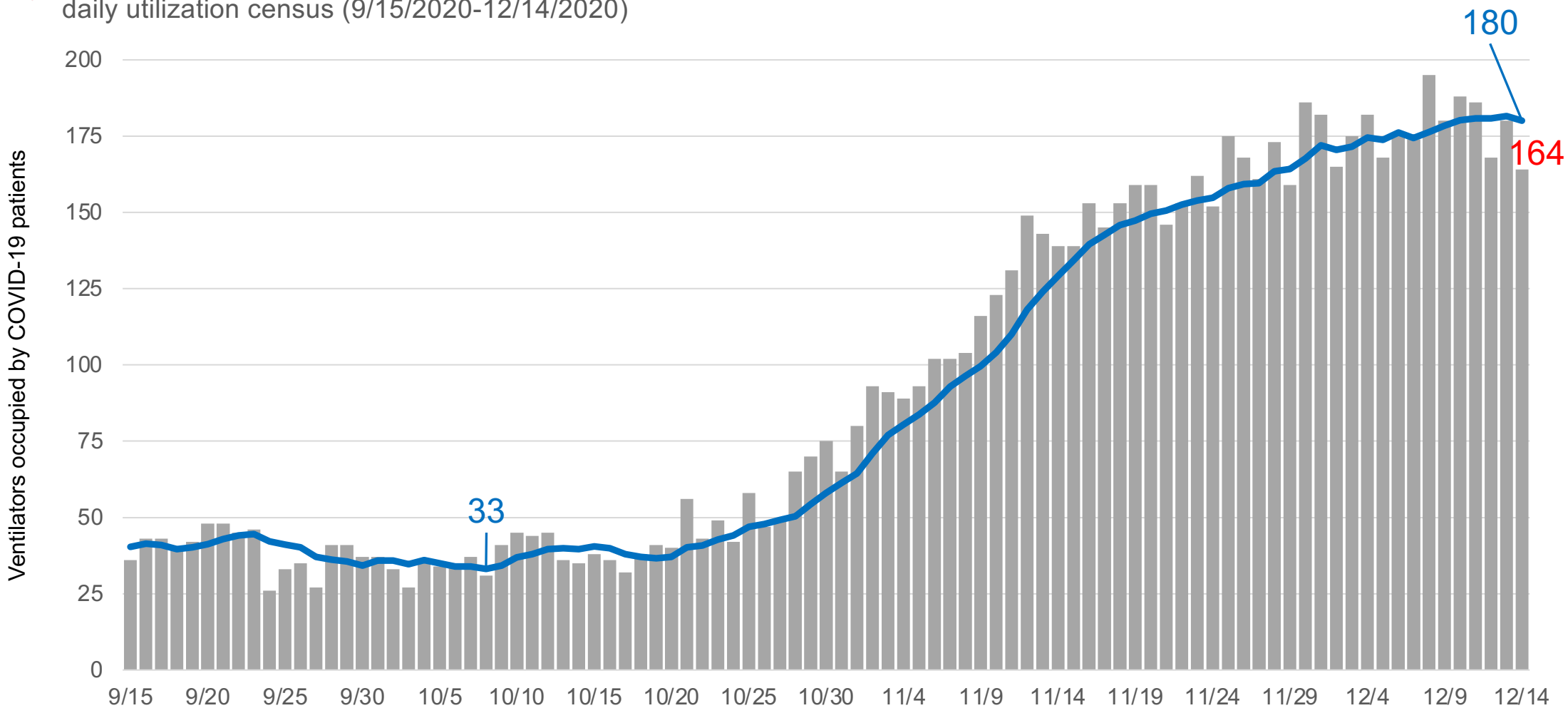


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia machines and portable/transport ventilators.

Ventilator Utilization from COVID-19

Peak 7-day rolling average	**344 avg. ventilators in use 5/2/2020**
Current Availability	**68% 12/14/2020**

COVID-19 ventilators in use, daily counts and 7 day average, daily utilization census (9/15/2020-12/14/2020)

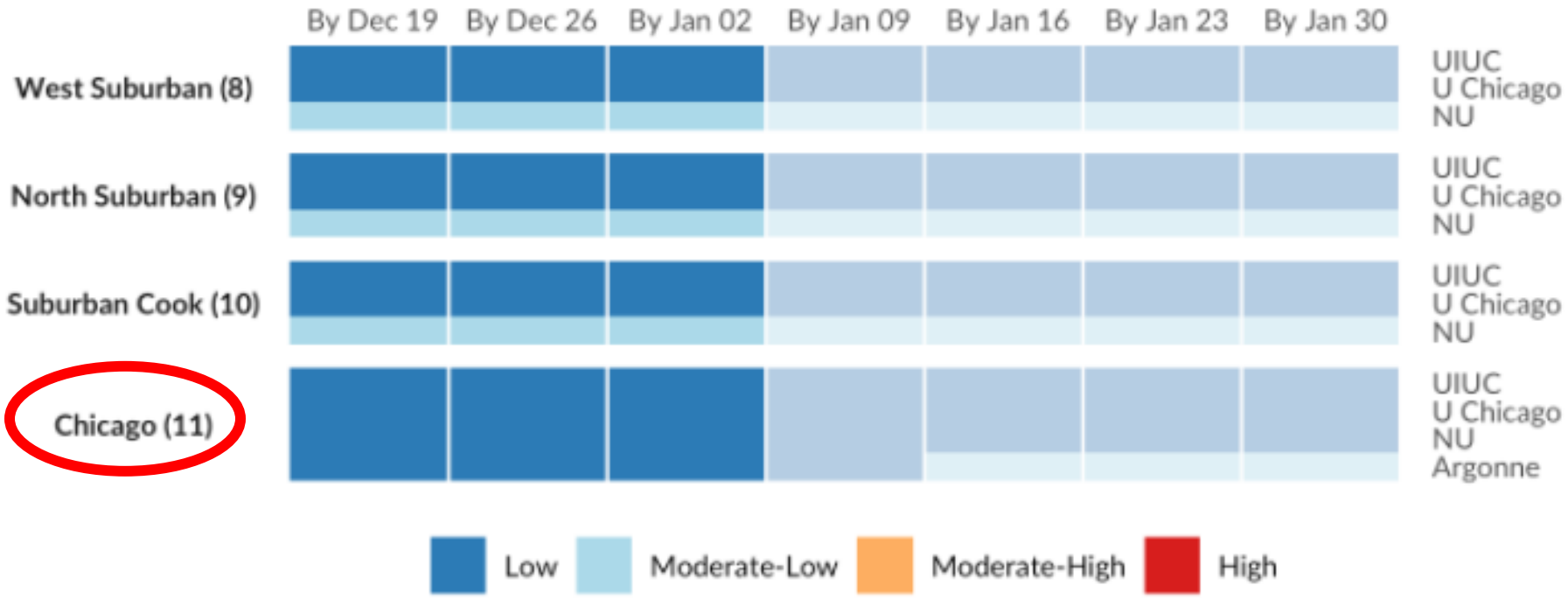


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia machines and portable/transport ventilators.

Risk of Exceeding 100% of COVID ICU Bed Availability by Region

What is the risk of needing more ICU Beds
than what is available for COVID patients?

Results as of week of December 08



Risk is defined as the percent of simulations where more than 100% of ICU Beds available for COVID patients are used.
Low, moderate-low, moderate-high, and high risk correspond to less than 25%, 25%-50%, 50%-75%, and greater than 75%, respectively.
Faded cells correspond to projections for dates more than four weeks from today, which depend highly on interventions and behavior changes happening now or in the future.

CIVIS®

Vaccines in Chicago - References

Email:COVID19VACCINE@cityofchicago.org

https://www.chicagohan.org/covidvax

Contact information for IDPH (Non-Chicago Organizations)

- General vaccination questions: DPH.immunizations@illinois.gov
- ICARE specific: dph.icare@illinois.gov

CDPH
Chicago Department of Public Health

Online Questions?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