CHICAGO

COVID-19 Vaccine Planning Healthcare Call #7

2021.01.08

Presenters

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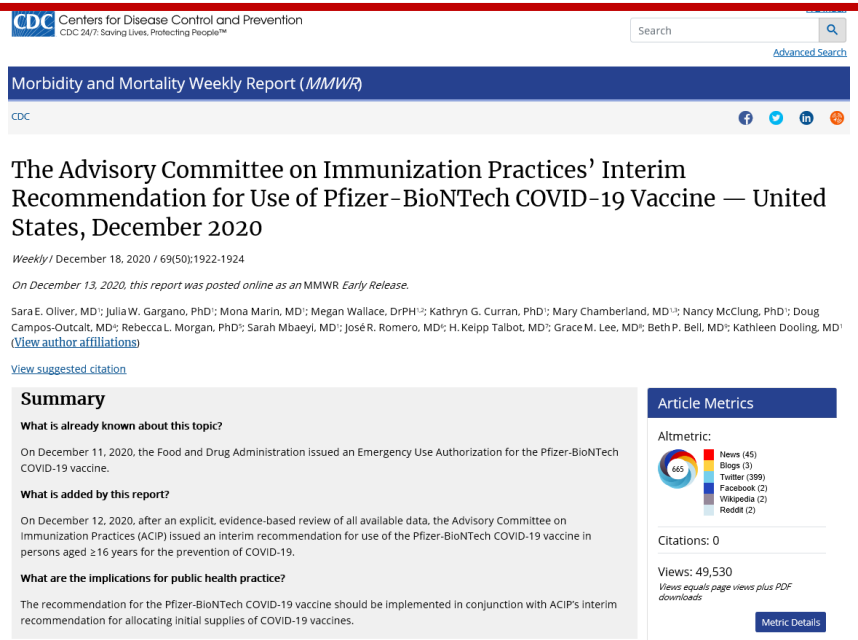
Chicago Department of Public Health

Agenda

- Vaccine Recommendations
  - Pfizer-BioNTech
  - Moderna
- Clinical consideration FAQs
- Anaphylaxis
- Allocation/Prioritization
- Considerations for implementation
- Data and Reporting
  - I-CARE
  - Vaccine Finder

ACIP recommendations for use of COVID-19 vaccines

- Use of mRNA COVID-19 vaccines under FDA's Emergency Use Authorization
  - December 12, 2020: Pfizer-BioNTech
  - December 19, 2020: Moderna



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Morbidity and Mortality Weekly Report (*MMWR*)

CDC

The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Pfizer-BioNTech COVID-19 Vaccine — United States, December 2020

Weekly / December 18, 2020 / 69(50):1922-1924

On December 13, 2020, this report was posted online as an MMWR *Early Release.*

Sara E. Oliver, MD[1]; Julia W. Gargano, PhD[1]; Mona Marin, MD[1]; Megan Wallace, DrPH[1,2]; Kathryn G. Curran, PhD[1]; Mary Chamberland, MD[1,3]; Nancy McClung, PhD[1]; Doug Campos-Outcalt, MD[4]; Rebecca L. Morgan, PhD[5]; Sarah Mbaeyi, MD[1]; José R. Romero, MD[6]; H. Keipp Talbot, MD[7]; Grace M. Lee, MD[8]; Beth P. Bell, MD[9]; Kathleen Dooling, MD[1] (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

On December 11, 2020, the Food and Drug Administration issued an Emergency Use Authorization for the Pfizer-BioNTech COVID-19 vaccine.

What is added by this report?

On December 12, 2020, after an explicit, evidence-based review of all available data, the Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation for use of the Pfizer-BioNTech COVID-19 vaccine in persons aged ≥16 years for the prevention of COVID-19.

What are the implications for public health practice?

The recommendation for the Pfizer-BioNTech COVID-19 vaccine should be implemented in conjunction with ACIP's interim recommendation for allocating initial supplies of COVID-19 vaccines.

Article Metrics

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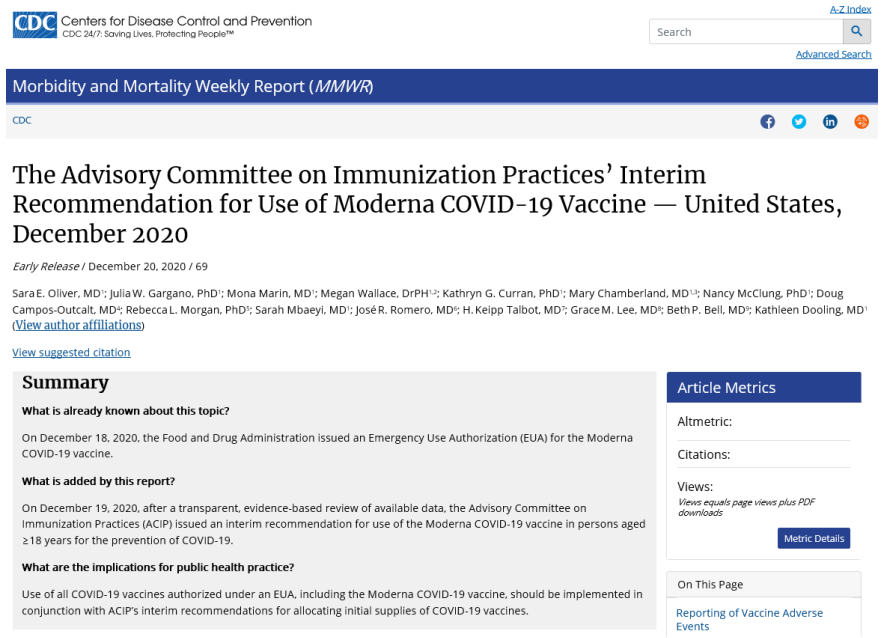

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Morbidity and Mortality Weekly Report (*MMWR*)

CDC

The Advisory Committee on Immunization Practices' Interim Recommendation for Use of Moderna COVID-19 Vaccine — United States, December 2020

Early Release / December 20, 2020 / 69

Sara E. Oliver, MD[1]; Julia W. Gargano, PhD[1]; Mona Marin, MD[1]; Megan Wallace, DrPH[1,2]; Kathryn G. Curran, PhD[1]; Mary Chamberland, MD[1,3]; Nancy McClung, PhD[1]; Doug Campos-Outcalt, MD[4]; Rebecca L. Morgan, PhD[5]; Sarah Mbaeyi, MD[1]; José R. Romero, MD[6]; H. Keipp Talbot, MD[7]; Grace M. Lee, MD[8]; Beth P. Bell, MD[9]; Kathleen Dooling, MD[1] (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

On December 18, 2020, the Food and Drug Administration issued an Emergency Use Authorization (EUA) for the Moderna COVID-19 vaccine.

What is added by this report?

On December 19, 2020, after a transparent, evidence-based review of available data, the Advisory Committee on Immunization Practices (ACIP) issued an interim recommendation for use of the Moderna COVID-19 vaccine in persons aged ≥18 years for the prevention of COVID-19.

What are the implications for public health practice?

Use of all COVID-19 vaccines authorized under an EUA, including the Moderna COVID-19 vaccine, should be implemented in conjunction with ACIP's interim recommendations for allocating initial supplies of COVID-19 vaccines.

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On This Page

Reporting of Vaccine Adverse Events

https://www.cdc.gov/mmwr/volumes/69/wr/mm6950e2.htm?s_cid=mm6950e2_w
https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e1.htm?s_cid=mm695152e1

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Vaccines & Immunizations

CDC > COVID-19 Vaccination

- COVID-19 Vaccination
- Product Info by US Vaccine
  - Pfizer-BioNTech Vaccine
  - Moderna Vaccine
- Clinical Considerations
- Provider Requirements and Support
- Training and Education
- Recipient Education
- Planning & Partnerships
- Vaccination Toolkits
- COVID-19 Vaccination Reporting Data Systems

U.S. COVID-19 Vaccine Product Information

Find a suite of information and materials that are needed for each specific COVID-19 vaccine that cover administration, storage and handling, safety, and reporting.

Pfizer-BioNTech

Moderna

Requirements, Trainings, and Resources

Vaccine Storage and Handling Toolkit

Provider Requirements and Support

Training and Education

Page last reviewed: December 20, 2020
Content source: National Center for Immunization and Respiratory Diseases

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

mRNA COVID-19 vaccines

- Two mRNA COVID-19 vaccines authorized under Emergency Use
  - Pfizer-BioNTech
  - Moderna
- Both products demonstrate vaccine efficacy >90%
  - Efficacy demonstrated across age groups, racial and ethnic groups
- Vaccine safety profile of both products acceptable
  - Local and systemic reactogenicity, particularly after second dose

Dosing and administration

- Authorized age groups:
  - Pfizer-BioNTech: ≥ 16 years
  - Moderna: ≥ 18 years
- Administration: two-dose series administered intramuscularly
  - Pfizer-BioNTech: three weeks apart (21 days)
  - Moderna: four weeks apart (28 days)
- mRNA vaccines are not interchangeable with each other or other COVID-19 vaccines
  - Either vaccine series may be used; ACIP does not state a product preference
- mRNA vaccines should be administered alone, with a minimum interval of 14 days before or after administration with any other vaccines

Dosing and administration

- Persons should not be prospectively scheduled to receive the second dose earlier than recommended (Pfizer-BioNTech= 3 weeks, Moderna=4 weeks)
  - Second doses administered within a "grace period" of ≤4 days from the recommended date are considered valid
  - There is no maximum interval between the first and second dose for either vaccine.

- If minimum intervals (between COVID-19 doses or between COVID-19 and other vaccines) are violated, still consider the COVID-19 dose VALID
  - COVID-19 vaccine supply is constrained
  - We don't have data on 3 doses of COVID-19 or doses given with shorter inter-dose intervals

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 clinical trials suggest vaccination safe 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

Persons with a *known* SARS-CoV-2 exposure

- Residing in the Community:
  - 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 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

https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations

Persons with underlying medical conditions

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

- 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

Pregnant women

- 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

- There are limited data on the safety of COVID-19 vaccines in pregnant women
  - Limited animal developmental and reproductive toxicity (DART) data
  - Studies in humans are ongoing and more planned

- 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.

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html

Pregnant women

- Considerations for vaccination:
  - Level of COVID-19 community transmission (risk of acquisition)
  - Personal risk of contracting COVID-19 (by occupation or other activities)
  - Risks of COVID-19 to her and potential risks to the fetus
  - Efficacy of the vaccine
  - Known side effects of the vaccine
  - Lack of data about the vaccine during pregnancy

Post-Vaccination Symptoms-Reactogenicity

- Before vaccination, providers should counsel vaccine recipients about expected local and systemic post-vaccination symptoms

- Depending on vaccine product, age group, and dose:
  - **80-89%** of clinical trial participants reported ≥1 **local** reaction (e.g., pain or swelling at injection site; swollen lymph nodes on same side as vaccinated arm)
  - **55-83%** of clinical trial participants reported ≥1 **systemic** reaction (e.g., fever, fatigue, muscle aches, headache, chills)
  - Most are mild-moderate in severity, occur within first 3 days of vaccination, and resolve within 1-2 days of onset
  - More frequent and severe following the second dose and among younger age groups

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

Infection prevention and control recommendations for persons with post-vaccination symptoms

- Healthcare personnel
- Long-term care facility residents

Infection prevention and control considerations for healthcare personnel with systemic signs and symptoms following COVID-19 vaccination

Note: Strategies are needed for healthcare facilities to appropriately evaluate and manage post-vaccination signs and symptoms among healthcare personnel (HCP). The approach described in this document is intended to reduce the risks for disruptions in care and pathogen (e.g., SARS-CoV-2) transmission resulting from:

- *unnecessarily excluding HCP with only post-vaccination signs and symptoms from work, and*
- *inadvertently allowing HCP with SARS-CoV-2 or another transmissible infection to work.*

These considerations are based on the current understanding of signs and symptoms following COVID-19 vaccination, including timing and duration, and might change as experience with the vaccine accumulates.

Overview

Systemic signs and symptoms, such as fever, fatigue, headache, chills, myalgia, and arthralgia, can occur following COVID-19 vaccination. Preliminary data from mRNA COVID-19 vaccine trials indicate that most systemic post-vaccination signs and symptoms are mild to moderate in severity, occur within the first three days of vaccination (the day of vaccination and following two days, with most occurring the day after vaccination), resolve within 1-2 days of onset, and are more frequent and severe following the second dose and among younger persons compared to those who are older (>55 years). Cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell are **not** consistent with post-vaccination symptoms, and instead may be symptoms of SARS-CoV-2 or another infection.

Because systemic post-vaccination signs and symptoms might be challenging to distinguish from signs and symptoms of COVID-19 or other infectious diseases, HCP with postvaccination signs and symptoms

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

Contraindications to vaccination

- Prescribing information for both Pfizer-BioNTech and Moderna COVID-19 vaccines:
  - Severe allergic reaction (e.g., anaphylaxis) to **any component of the 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

Ingredients* included in mRNA COVID-19 vaccines

Description	Pfizer-BioNTech COVID-19 vaccine	Moderna COVID-19 vaccine
mRNA	nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2
Lipids	2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide	1 monomethoxypolyethyleneglycol-2,3-dimyristylglycerol with polyethylene glycol of average molecular weight 2000 (PEG2000-DMG)
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine
	cholesterol	cholesterol
	(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)	heptadecan-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate
Salts and Sugars	potassium chloride	Tris buffer containing sucrose and sodium acetate
	monobasic potassium phosphate	
	sodium chloride	
	dibasic sodium phosphate dihydrate	
	sucrose	

*As reported in the prescribing information

Precautions to vaccination: mRNA COVID-19 vaccines

- History of severe allergic reaction (e.g., anaphylaxis) **to any other vaccine or injectable therapy**(e.g., intramuscular, intravenous, or subcutaneous)
  - Risk assessment should be conducted in persons who report history of severe allergic reaction (e.g., whether reaction required use of epinephrine [EpiPen®, etc.], resulted in hospitalization)

- These persons may still receive vaccination, but should be counseled about the unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination

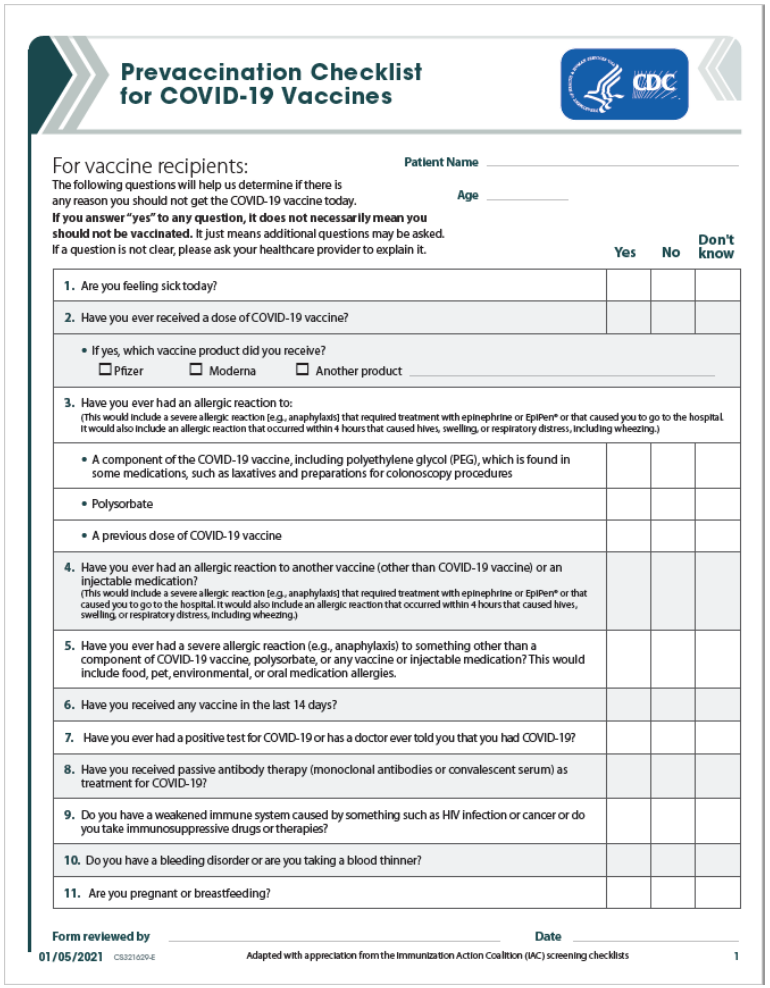
Observation period following vaccination

- Vaccine providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:

- Persons with a history of anaphylaxis (due to any cause) = **30** minutes

- All other persons = **15** minutes

Additional tools to identify persons with contraindications and precautions to vaccination



Prevaccination Checklist for COVID-19 Vaccines

For vaccine recipients:

Patient Name _____

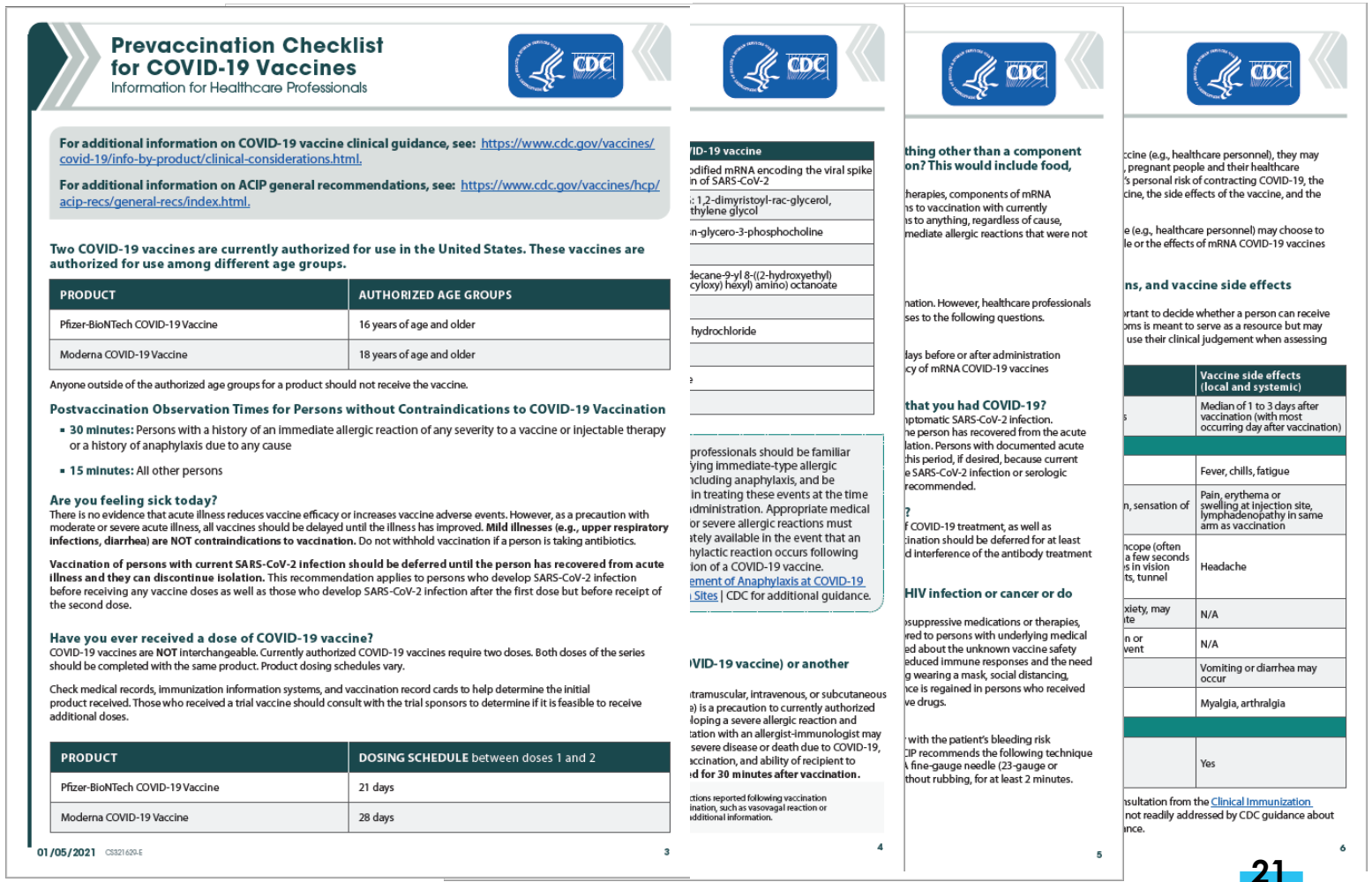
Age _____

The following questions will help us determine if there is any reason you should not get the COVID-19 vaccine today.
If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means additional questions may be asked.
If a question is not clear, please ask your healthcare provider to explain it.

	Yes	No	Don't know
1. Are you feeling sick today?			
2. Have you ever received a dose of COVID-19 vaccine?			
• If yes, which vaccine product did you receive? ☐ Pfizer ☐ Moderna ☐ Another product _____			
3. Have you ever had an allergic reaction to: (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
• A component of the COVID-19 vaccine, including polyethylene glycol (PEG), which is found in some medications, such as laxatives and preparations for colonoscopy procedures			
• Polysorbate			
• A previous dose of COVID-19 vaccine			
4. Have you ever had an allergic reaction to another vaccine (other than COVID-19 vaccine) or an injectable medication? (This would include a severe allergic reaction [e.g., anaphylaxis] that required treatment with epinephrine or EpiPen® or that caused you to go to the hospital. It would also include an allergic reaction that occurred within 4 hours that caused hives, swelling, or respiratory distress, including wheezing.)			
5. Have you ever had a severe allergic reaction (e.g., anaphylaxis) to something other than a component of COVID-19 vaccine, polysorbate, or any vaccine or injectable medication? This would include food, pet, environmental, or oral medication allergies.			
6. Have you received any vaccine in the last 14 days?			
7. Have you ever had a positive test for COVID-19 or has a doctor ever told you that you had COVID-19?			
8. Have you received passive antibody therapy (monoclonal antibodies or convalescent serum) as treatment for COVID-19?			
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or do you take immunosuppressive drugs or therapies?			
10. Do you have a bleeding disorder or are you taking a blood thinner?			
11. Are you pregnant or breastfeeding?			

Form reviewed by _____ Date _____

01/05/2021 CS321620-E Adapted with appreciation from the Immunization Action Coalition (IAC) screening checklists 1



Prevaccination Checklist for COVID-19 Vaccines

Information for Healthcare Professionals

For additional information on COVID-19 vaccine clinical guidance, see: https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html.

For additional information on ACIP general recommendations, see: https://www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html.

Two COVID-19 vaccines are currently authorized for use in the United States. These vaccines are authorized for use among different age groups.

PRODUCT	AUTHORIZED AGE GROUPS
Pfizer-BioNTech COVID-19 Vaccine	16 years of age and older
Moderna COVID-19 Vaccine	18 years of age and older

Anyone outside of the authorized age groups for a product should not receive the vaccine.

Postvaccination Observation Times for Persons without Contraindications to COVID-19 Vaccination

- **30 minutes:** Persons with a history of an immediate allergic reaction of any severity to a vaccine or injectable therapy or a history of anaphylaxis due to any cause
- **15 minutes:** All other persons

Are you feeling sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. However, as a precaution with moderate or severe acute illness, all vaccines should be delayed until the illness has improved. **Mild illnesses (e.g., upper respiratory infections, diarrhea) are NOT contraindications to vaccination.** Do not withhold vaccination if a person is taking antibiotics.

Vaccination of persons with current SARS-CoV-2 infection should be deferred until the person has recovered from acute illness and they can discontinue isolation. This recommendation applies to persons who develop SARS-CoV-2 infection before receiving any vaccine doses as well as those who develop SARS-CoV-2 infection after the first dose but before receipt of the second dose.

Have you ever received a dose of COVID-19 vaccine?

COVID-19 vaccines are **NOT** interchangeable. Currently authorized COVID-19 vaccines require two doses. Both doses of the series should be completed with the same product. Product dosing schedules vary.

Check medical records, immunization information systems, and vaccination record cards to help determine the initial product received. Those who received a trial vaccine should consult with the trial sponsors to determine if it is feasible to receive additional doses.

PRODUCT	DOSING SCHEDULE between doses 1 and 2
Pfizer-BioNTech COVID-19 Vaccine	21 days
Moderna COVID-19 Vaccine	28 days

01/05/2021 CS321620-E 3

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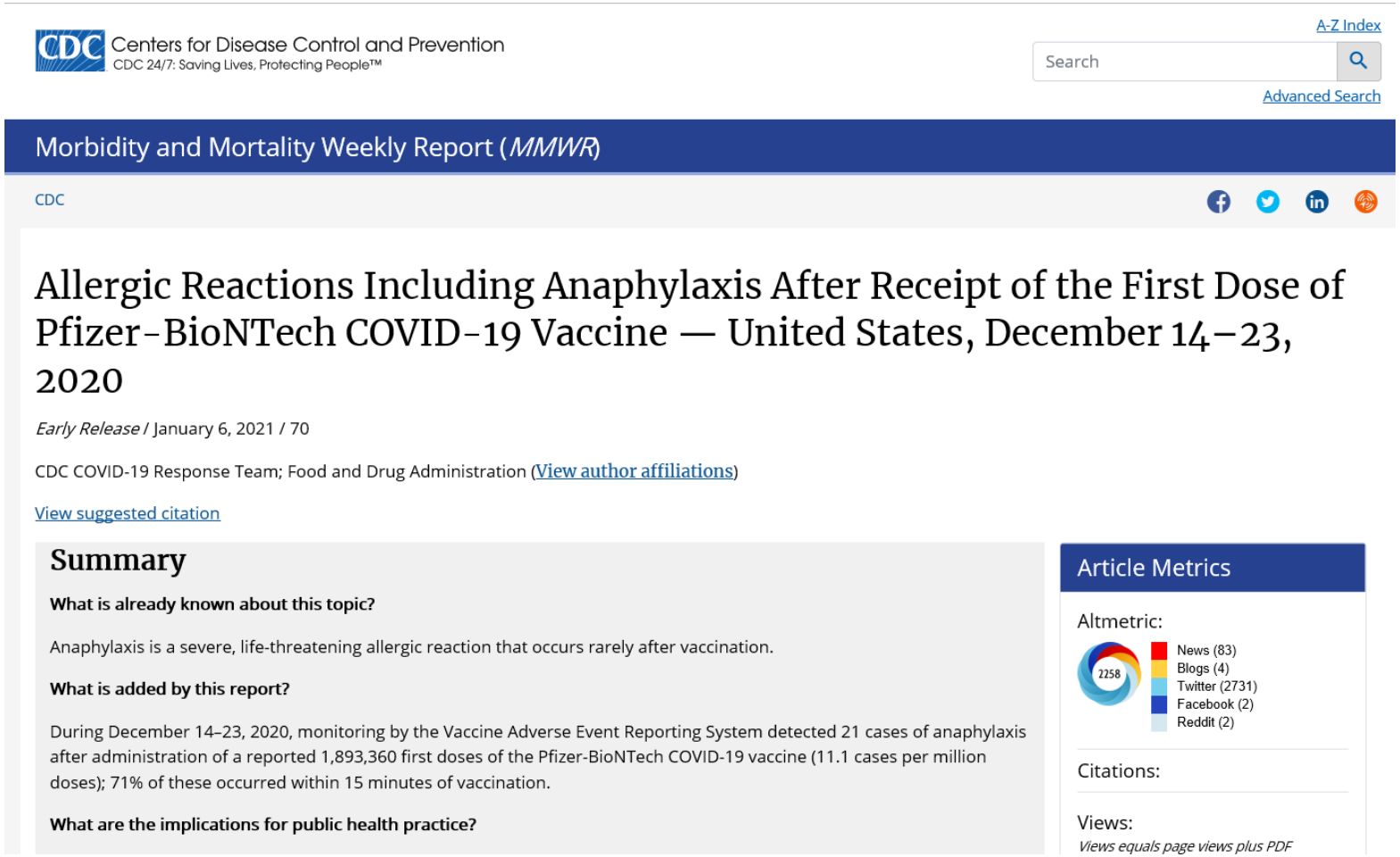
https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf

Recent MMWR Publication on Allergic Reactions



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Morbidity and Mortality Weekly Report (*MMWR*)

CDC

Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine — United States, December 14–23, 2020

Early Release / January 6, 2021 / 70

CDC COVID-19 Response Team; Food and Drug Administration (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

Anaphylaxis is a severe, life-threatening allergic reaction that occurs rarely after vaccination.

What is added by this report?

During December 14–23, 2020, monitoring by the Vaccine Adverse Event Reporting System detected 21 cases of anaphylaxis after administration of a reported 1,893,360 first doses of the Pfizer-BioNTech COVID-19 vaccine (11.1 cases per million doses); 71% of these occurred within 15 minutes of vaccination.

What are the implications for public health practice?

Article Metrics

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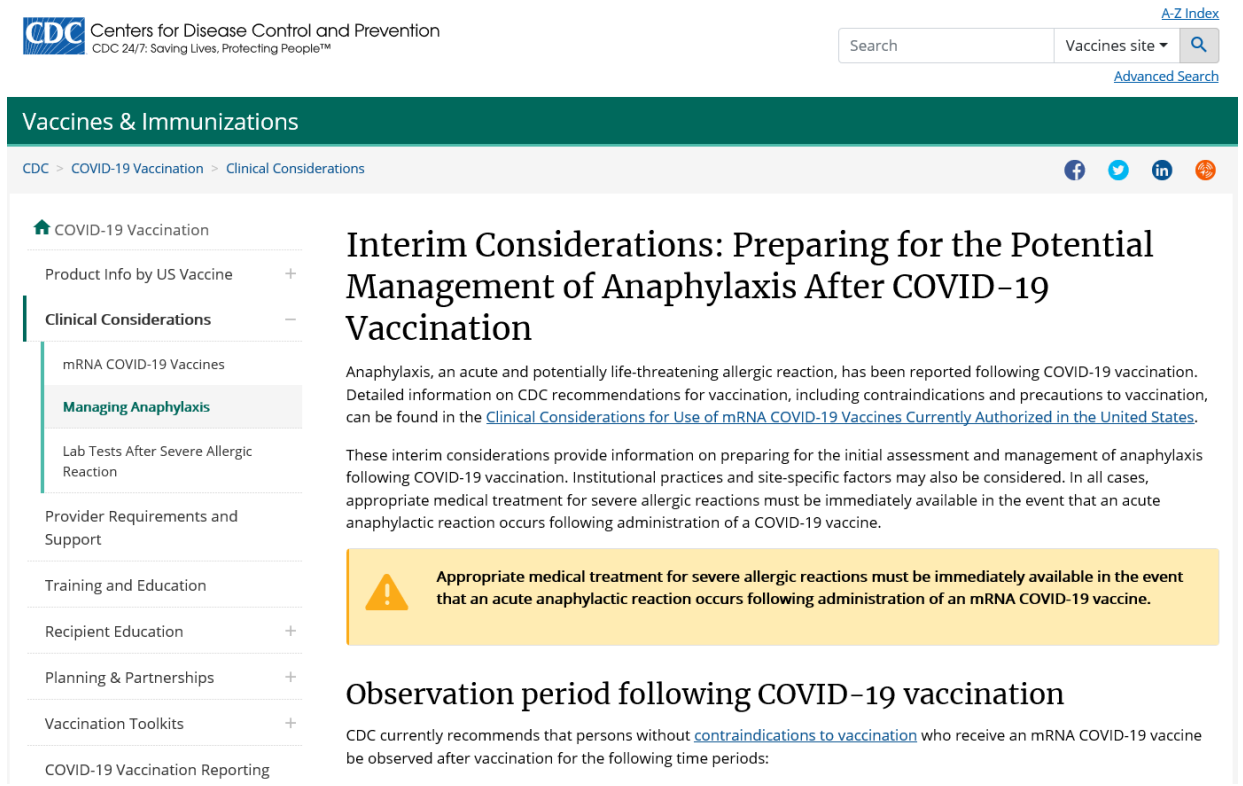
https://www.cdc.gov/mmwr/volumes/70/wr/mm7002e1.htm?s_cid=mm7002e1_w

Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of Pfizer-BioNTech COVID-19 Vaccine — United States, December 14–23, 2020

- As of December 23, 2020, an estimated 1,893,360 first doses
  - 4,393 adverse event reports on these vaccine recipients submitted to VAERS
    - 175 had been identified on initial review for rapid evaluation for potential anaphylaxis
      - 21 were determined to be anaphylaxis
      - 86 were non-anaphylaxis allergic reactions
      - 61 were non-allergic adverse events
      - 7 were under investigation.
- Post-event follow-up indicates that the patients experiencing anaphylaxis fully recovered following treatment.

https://www.cdc.gov/mmwr/volumes/70/wr/mm7002e1.htm?s_cid=mm7002e1_w

Preparing for the potential management of anaphylaxis at COVID-19 vaccination sites



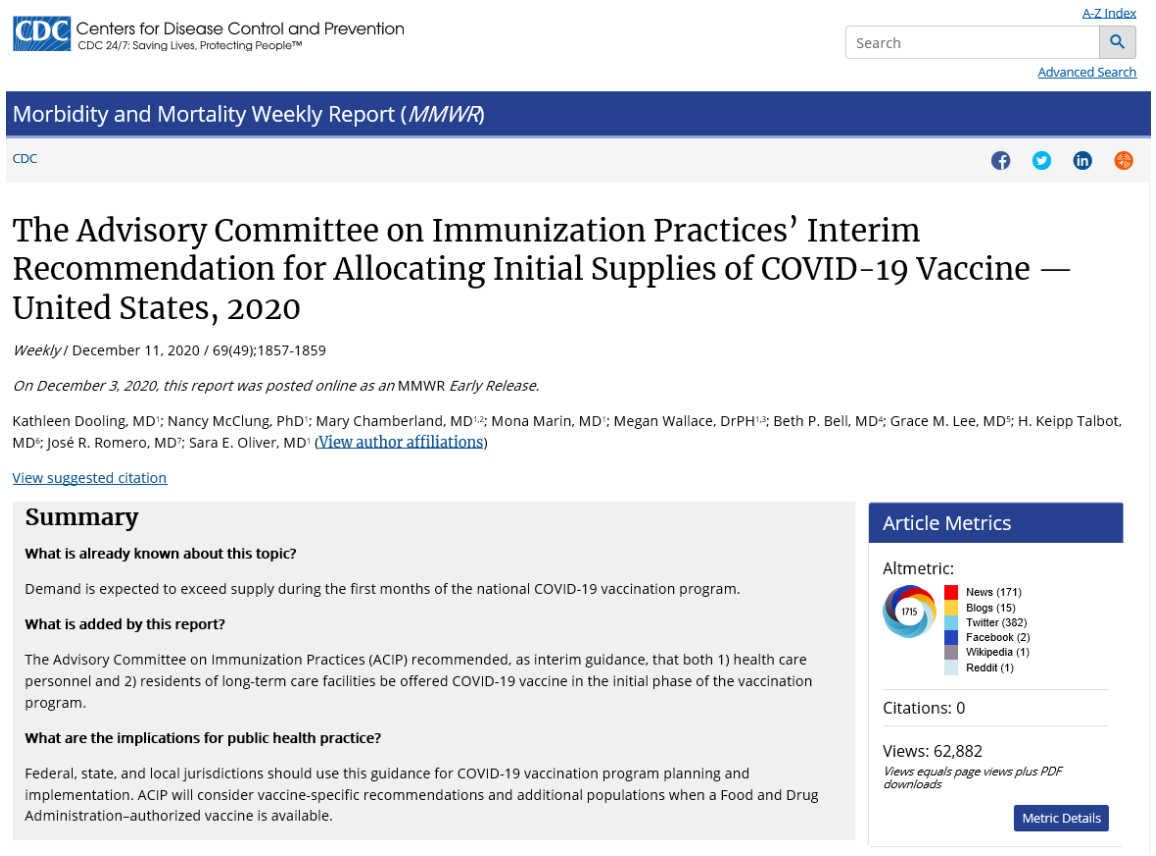
- Stay up to date on current recommendations
- Early recognition of anaphylaxis symptoms
- Prompt treatment with epinephrine
- Activation of emergency medical services

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/managing-anaphylaxis.html

Remember

- Recognize, respond, and report anaphylaxis following COVID-19 vaccination to **VAERS**
- Report adverse events to **VAERS** in accordance with FDA EUA reporting requirements and CDC guidance
- Participate in CDC's **v-safe** program yourself when you get vaccinated and encourage patients to participate in **v-safe**
- **Communicate** with patients on vaccine safety

ACIP recommendations for use of COVID-19 vaccines



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Morbidity and Mortality Weekly Report (*MMWR*)

CDC

The Advisory Committee on Immunization Practices' Interim Recommendation for Allocating Initial Supplies of COVID-19 Vaccine — United States, 2020

Weekly / December 11, 2020 / 69(49);1857-1859

On December 3, 2020, this report was posted online as an MMWR *Early Release.*

Kathleen Dooling, MD[1]; Nancy McClung, PhD[1]; Mary Chamberland, MD[1,2]; Mona Marin, MD[1]; Megan Wallace, DrPH[1,3]; Beth P. Bell, MD[4]; Grace M. Lee, MD[5]; H. Keipp Talbot, MD[6]; José R. Romero, MD[7]; Sara E. Oliver, MD[1] (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

Demand is expected to exceed supply during the first months of the national COVID-19 vaccination program.

What is added by this report?

The Advisory Committee on Immunization Practices (ACIP) recommended, as interim guidance, that both 1) health care personnel and 2) residents of long-term care facilities be offered COVID-19 vaccine in the initial phase of the vaccination program.

What are the implications for public health practice?

Federal, state, and local jurisdictions should use this guidance for COVID-19 vaccination program planning and implementation. ACIP will consider vaccine-specific recommendations and additional populations when a Food and Drug Administration–authorized vaccine is available.

Article Metrics

Altmetric:

1715

News (171)
Blogs (15)
Twitter (382)
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Citations: 0

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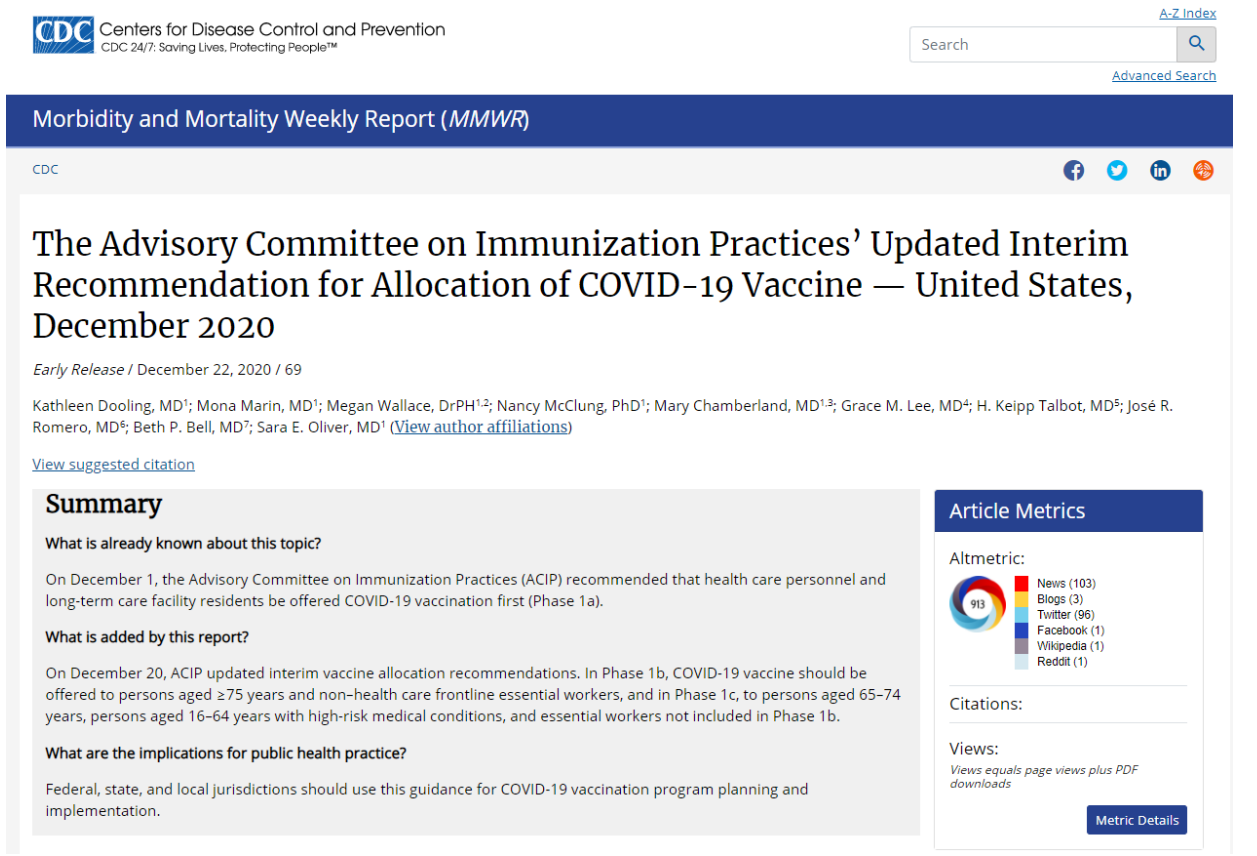

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The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine — United States, December 2020

Early Release / December 22, 2020 / 69

Kathleen Dooling, MD[1]; Mona Marin, MD[1]; Megan Wallace, DrPH[1,2]; Nancy McClung, PhD[1]; Mary Chamberland, MD[1,3]; Grace M. Lee, MD[4]; H. Keipp Talbot, MD[5]; José R. Romero, MD[6]; Beth P. Bell, MD[7]; Sara E. Oliver, MD[1] (View author affiliations)

View suggested citation

Summary

What is already known about this topic?

On December 1, the Advisory Committee on Immunization Practices (ACIP) recommended that health care personnel and long-term care facility residents be offered COVID-19 vaccination first (Phase 1a).

What is added by this report?

On December 20, ACIP updated interim vaccine allocation recommendations. In Phase 1b, COVID-19 vaccine should be offered to persons aged ≥75 years and non–health care frontline essential workers, and in Phase 1c, to persons aged 65–74 years, persons aged 16–64 years with high-risk medical conditions, and essential workers not included in Phase 1b.

What are the implications for public health practice?

Federal, state, and local jurisdictions should use this guidance for COVID-19 vaccination program planning and implementation.

Article Metrics

Altmetric:

913

News (103)
Blogs (3)
Twitter (96)
Facebook (1)
Wikipedia (1)
Reddit (1)

Citations:

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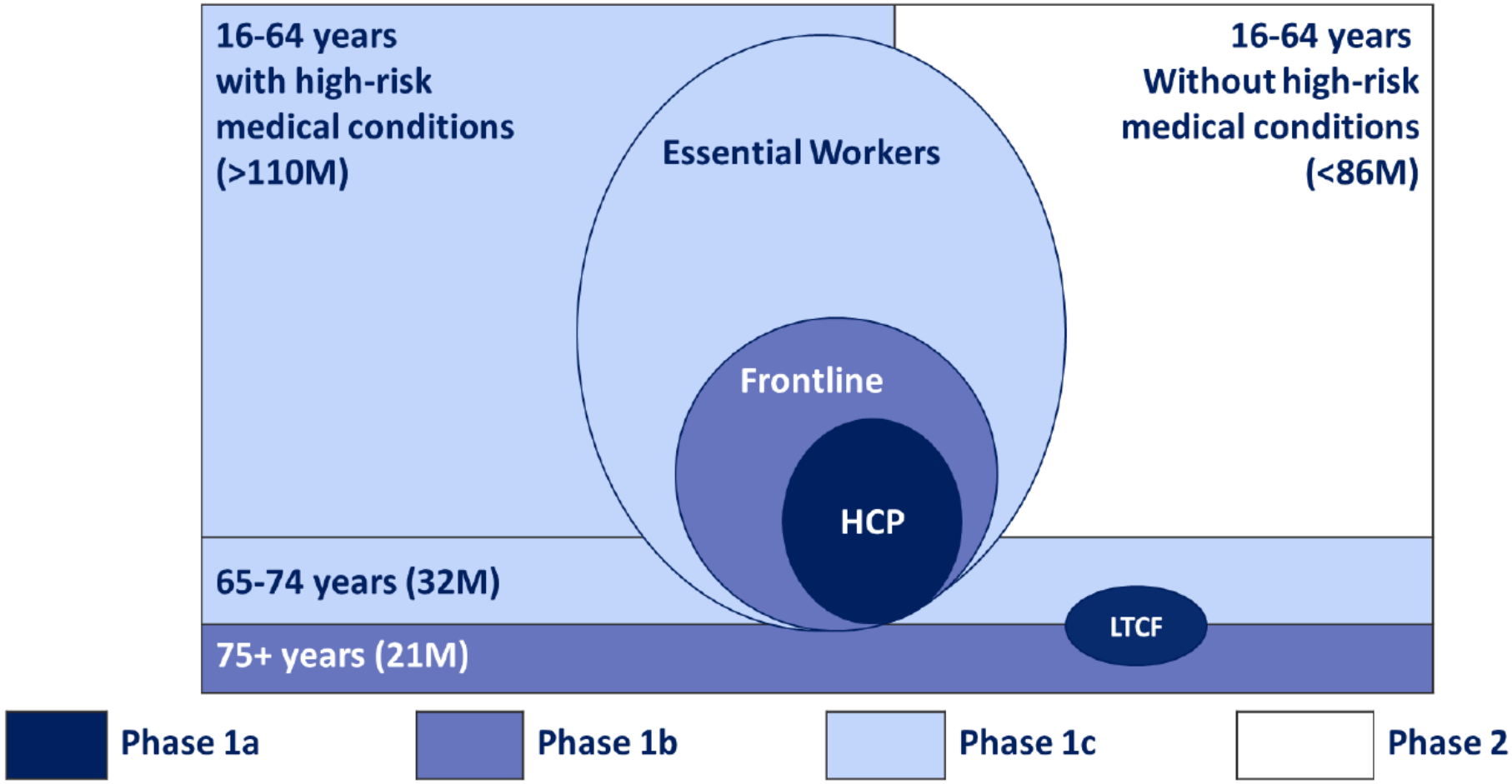
Metric Details

https://www.cdc.gov/mmwr/volumes/69/wr/mm6949e1.htm
https://www.cdc.gov/mmwr/volumes/69/wr/mm695152e2.htm?s_cid=mm695152e2_w

COVID-19 vaccination phases



Phased allocation: Balancing Goals

	Prevention of Morbidity & Mortality	Preservation of Societal Functioning
1a	LTCF residents	Health care personnel
1b	Persons 75 years and older	Frontline Essential Workers
1c	Persons 65-74 years Persons 16-64 with high-risk medical conditions	Other Essential Workers

- Ensure safety and effectiveness of COVID-19 vaccines
- Ensure equity in vaccine allocation and distribution

Essential Workers

- **Frontline Essential Workers**
  - First Responders (Firefighters, Police)
  - Education (teachers, support staff, daycare)
  - Food & Agriculture
  - Manufacturing
  - Corrections workers
  - U.S. Postal service workers
  - Public transit workers
  - Grocery store workers

- **Other Essential Workers**
  - Transportation and logistics
  - Food Service
  - Shelter & Housing (construction)
  - Finance
  - IT & Communication
  - Energy
  - Media
  - Legal
  - Public Safety (Engineers)
  - Water & Wastewater

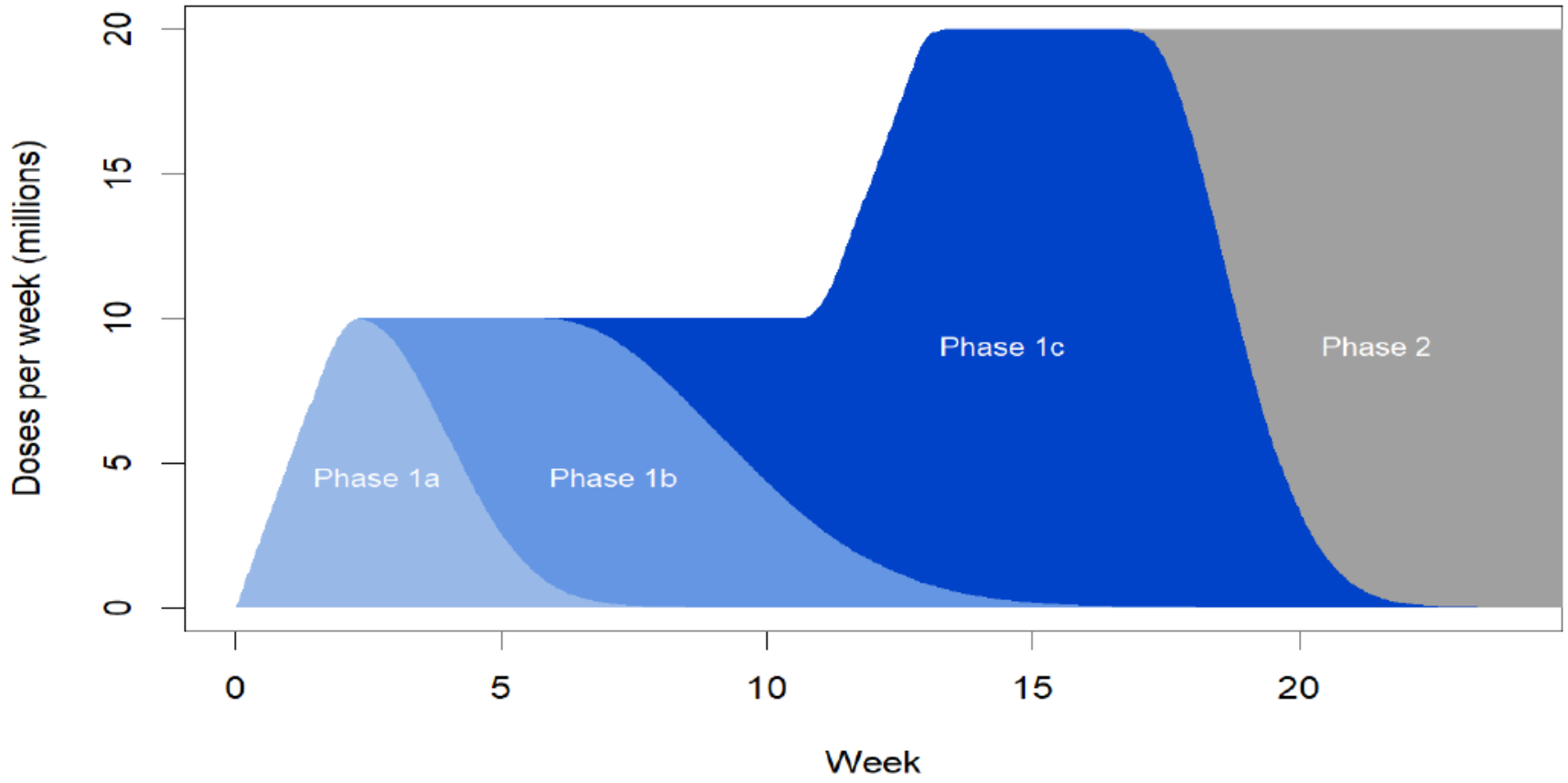
Frontline Essential Workers: workers who are in sectors essential to the functioning of society and are at substantially higher risk of exposure to SARS-CoV-2

CISA: Essential Critical Infrastructure Workers: https://www.cisa.gov/news/2020/08/18/cisa-releases-updated-guidance-essential-critical-infrastructure-workers

Phase	Goal: Prevent Severe COVID Outcomes (Hospitalization and death; outbreaks)	Goal: Preserve Functioning of Society and Prevent COVID Infections
1a **January-February***	***Residents and Staff of Congregate Settings*** **Long-Term Care Facilities** Skilled Nursing Facilities Assisted Living Facilities **Other Health Care Congregate Settings** Behavioral health residential Developmentally disabled residential **Non-Health Care Congregate Settings*** Correctional settings Homeless shelters Other residential settings with local outbreaks (e.g. convents)	***Health Care Workers*—prioritize by COVID exposure risk** **Hospital-based** **Non-hospital-based** ***Protect Chicago* outreach workers, testers, vaccinating teams**
1b **February*-March-April?**	***Older Chicagoans*** People age 75 and older (155,000) People age 65-74 (207,000)	***Front Line Essential Workers*** Correctional workers* and detainees First responders* Grocery store workers Education (teachers, support staff, daycare) Public transit workers Manufacturing Agriculture Postal workers

*1a/1b depending on vaccine availability

Example of Phase 1 & Phase 2 COVID-19 vaccine roll-out



Considerations for transitioning between phases

- When demand in the current phase appears to have been met (e.g., appointments for vaccination are < 80% filled for several days)
- When supply of authorized vaccine increases substantially (e.g., more vaccine doses are available than are necessary to complete vaccination of persons in the current phase)
- When most people in the current phase are vaccinated (e.g., when approximately 60-70% of the target population in a phase has been vaccinated)
- When vaccine supply within a certain location is in danger of going unused unless vaccination is expanded to persons in the next phase

https://www.cdc.gov/vaccines/covid-19/phased-implementation.html

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 and CDPH travel guidance
  - Following quarantine guidance after an exposure to someone with COVID-19
  - Following any applicable workplace or school guidance

Overall US COVID-19 Vaccine Distribution and Administration

Total Doses Distributed	Total Number of People Initiating Vaccination (1st Dose Received)
21,419,800	5,919,418

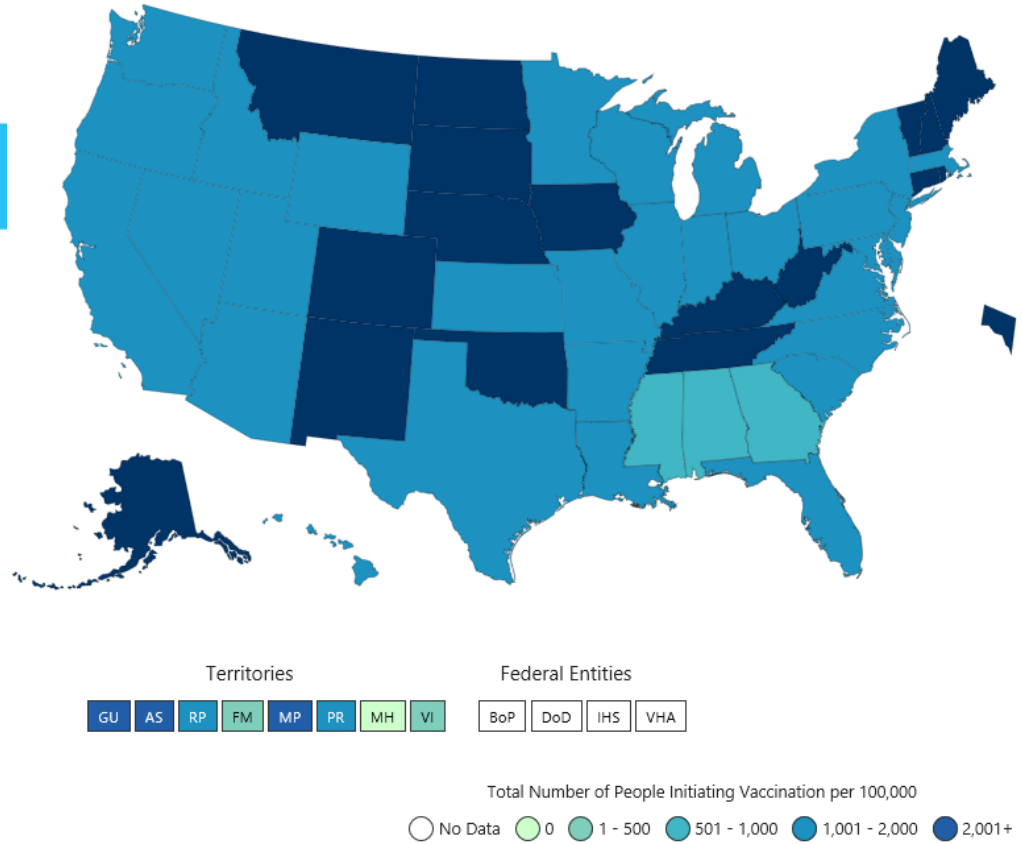
CDC | Updated: Jan 07 2021 As of 9:00am ET

Federal Pharmacy Partnership for Long-Term Care Program (Subset of Overall Numbers)

Doses Distributed for Use in Long-Term Care Facilities	Number of People Initiating Vaccination (1st Dose Received) in Long-Term Care Facilities
3,770,425	603,313

CDC | Updated: Jan 07 2021 As of 9:00am ET

Total Number of People Initiating Vaccination (1st Dose Received) Reported to the CDC by State/Territory and for Selected Federal Entities per 100,000



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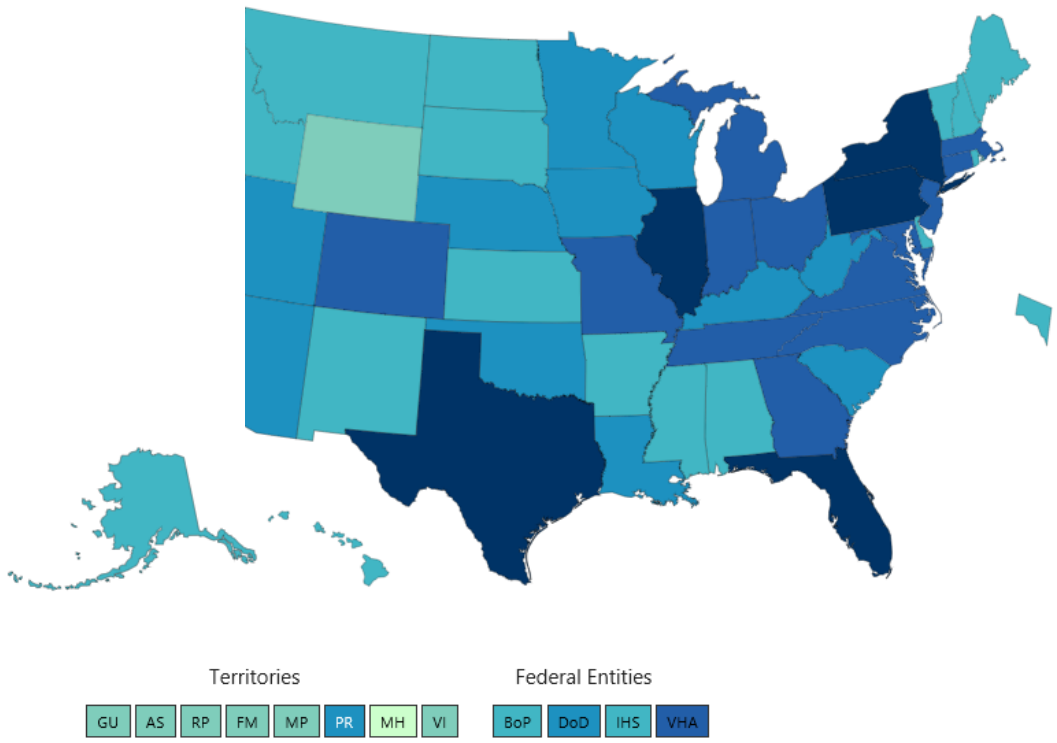
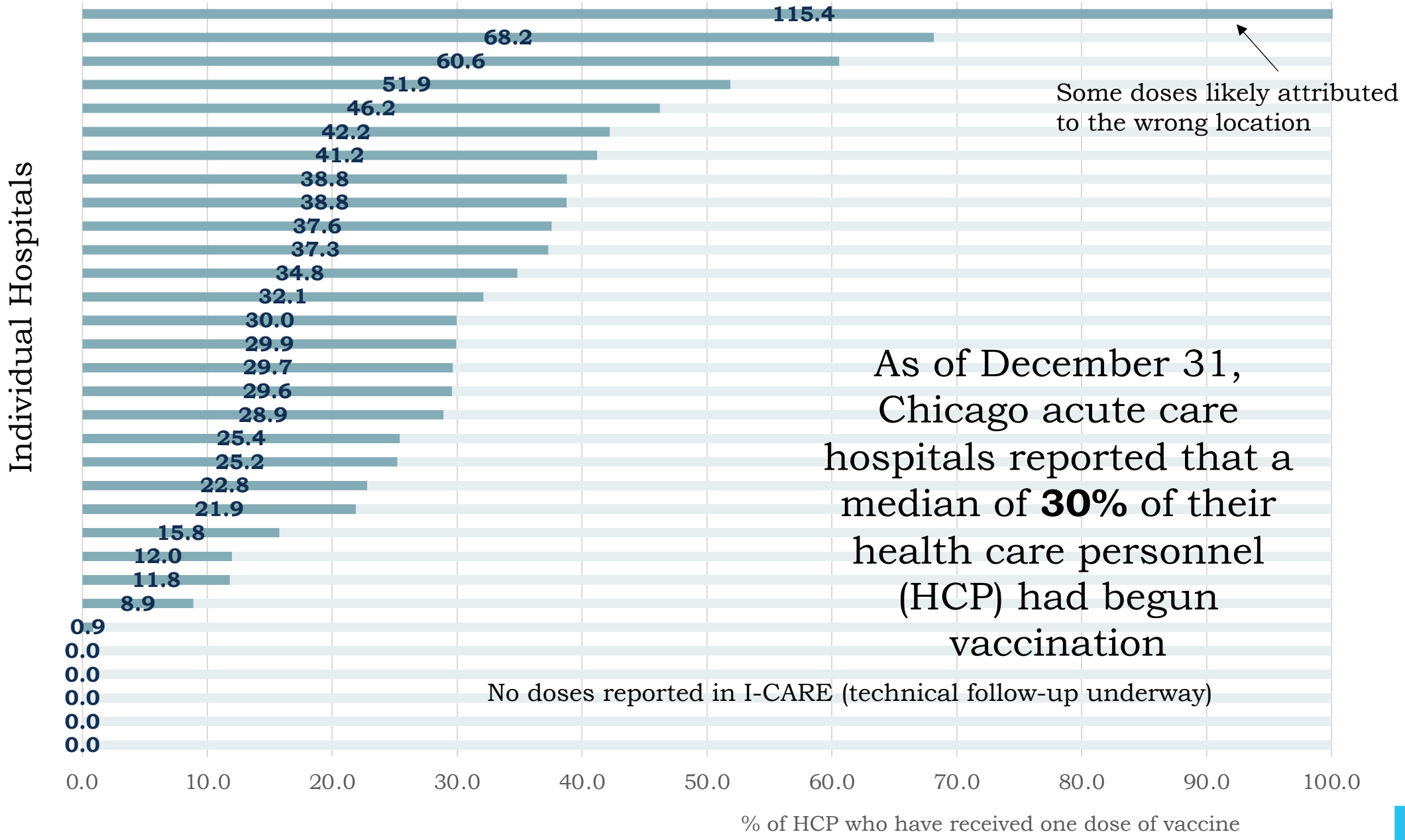


Estimated Acute Care Hospital Uptake



Source: I-CARE. Data reported through 12/31/20

Vaccine Data Reporting

- Ensure data reported is complete and accurate

- Common data issues
  - Address: ensure the employees address is reported in I-CARE and not the hospital address
  - Missing race/ethnicity data
  - No data reported

- VaccineFinder
  - **Inventory reporting** (required for all providers): COVID-19 vaccination providers will report on-hand COVID-19 vaccine inventory each day.

CHICAGO

Logistics and Security

Christopher Shields

“If you see something, say something”

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December 21, 2020

Federal Agencies Warn of Emerging Fraud Schemes Related to COVID-19 Vaccines

The Federal Bureau of Investigation (FBI), Department of Health and Human Services Office of Inspector General (HHS-OIG), and Centers for Medicare & Medicaid Services (CMS) are warning the public about several emerging fraud schemes related to COVID-19 vaccines.

The FBI, HHS-OIG, and CMS have received complaints of scammers using the public’s interest in COVID-19 vaccines to obtain personally identifiable information (PII) and money through various schemes. We continue to work diligently with law enforcement partners and the private sector to identify cyber threats and fraud in all forms.

The public should be aware of the following potential indicators of fraudulent activity:

Un-Affiliated Medical Closed PODs

City of Chicago initiated our closed POD network to align with your institutions implementing the vaccination campaign

We are starting to expand our daily operations to match the available vaccine associated to this component of the Tier 1a group

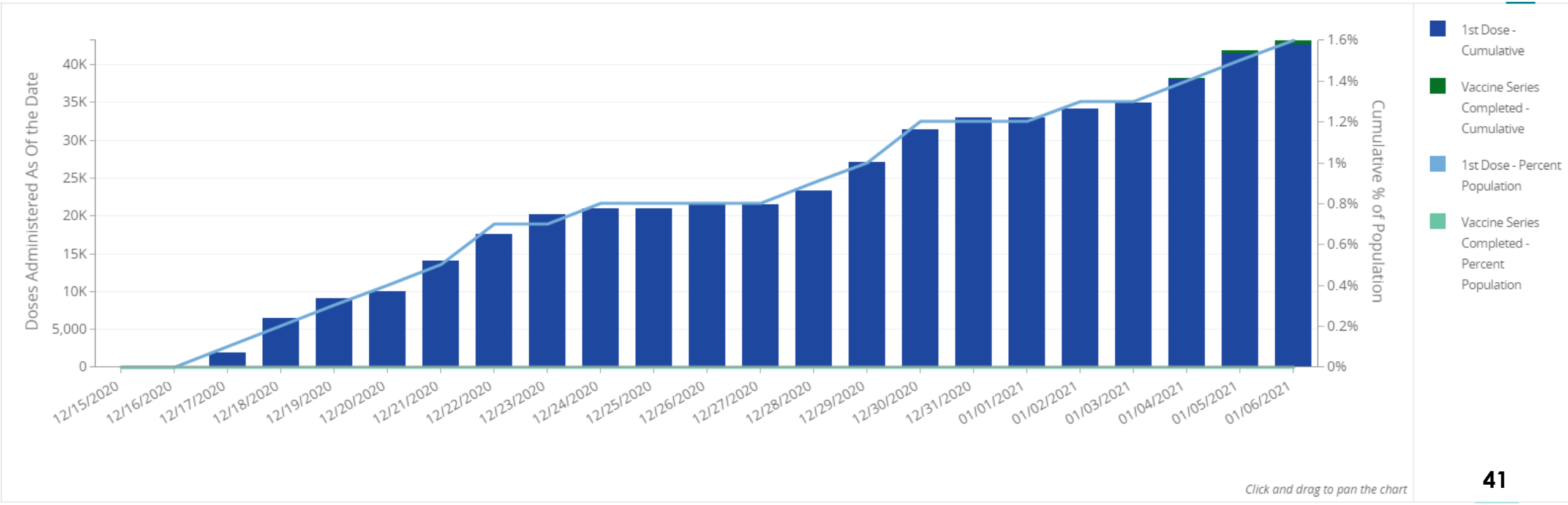
There have been over 4000 private providers who have registered to participate in this component of the vaccination campaign

There are over 400,000 clinical providers within the Chicago Healthcare Enterprise, so further coordination between our Hospital partners and community providers is essential to move us on to the Tier 1b group.

Vaccine Allocation and Distribution
Vaccination record and reports

https://www.chicago.gov/city/en/sites/covid-19/home.html

Total doses: **43,029** – this number includes provider and City vaccinations 1/6



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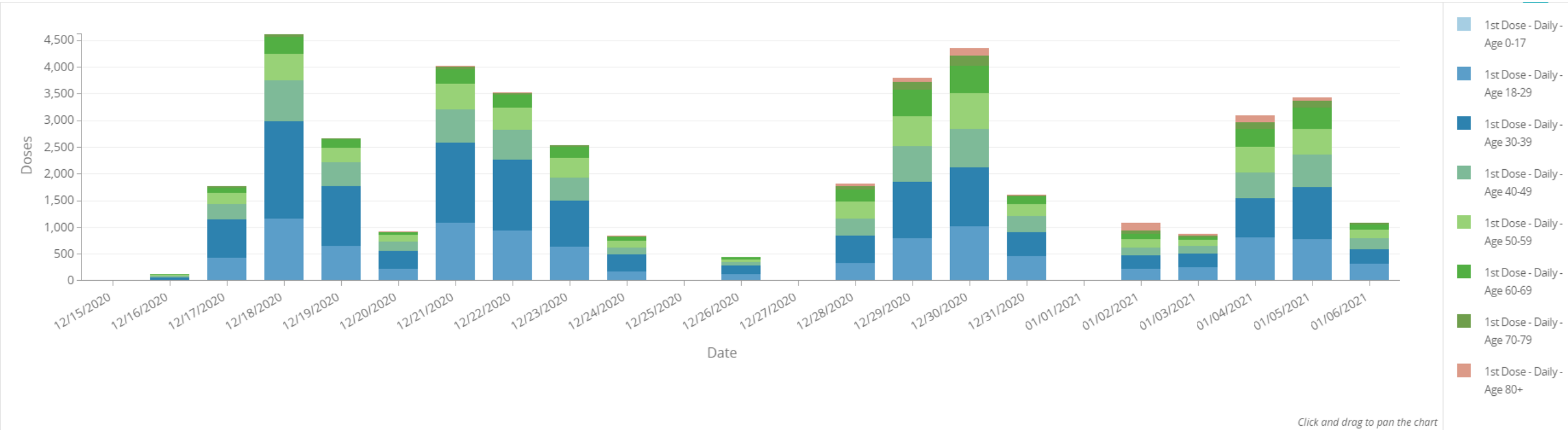

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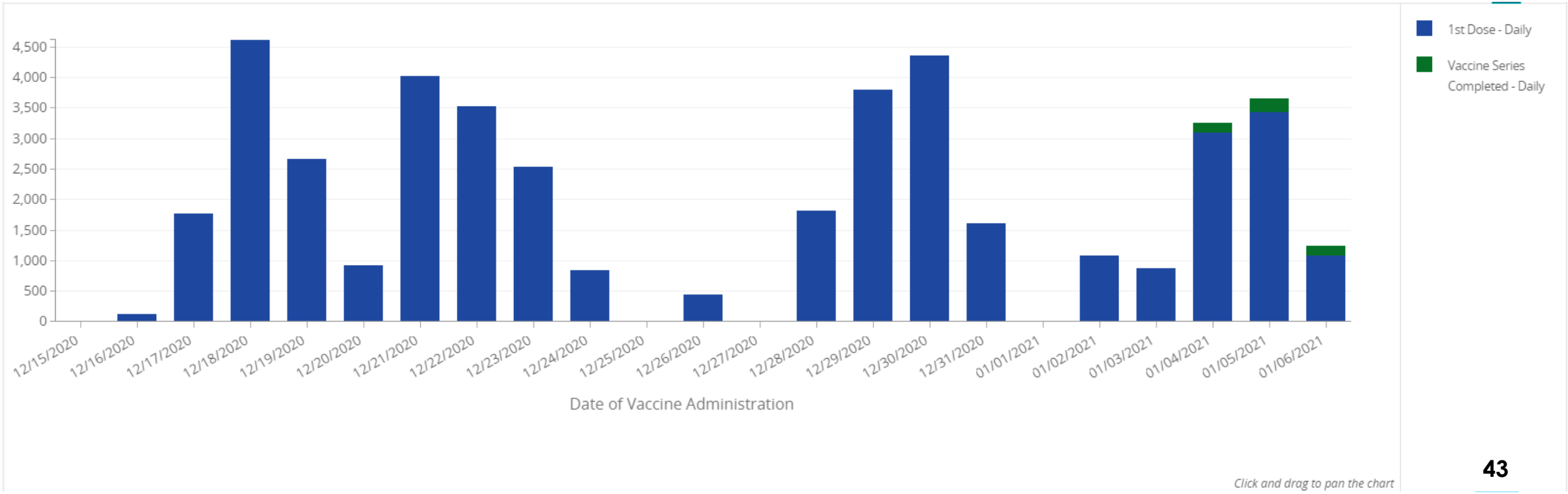


CHICAGO

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

January 7, 2021

Data updated: Jan 6, 2021 at 11:59pm

Chicago Hospital Capacity Summary: Key Findings

- Non-ICU bed, ICU bed and ventilator availability remains well above the 20% threshold

- Occupancy of **non-ICU beds** by COVID-19 patients has been declining since 11/26
  - Current 7-day average at 686

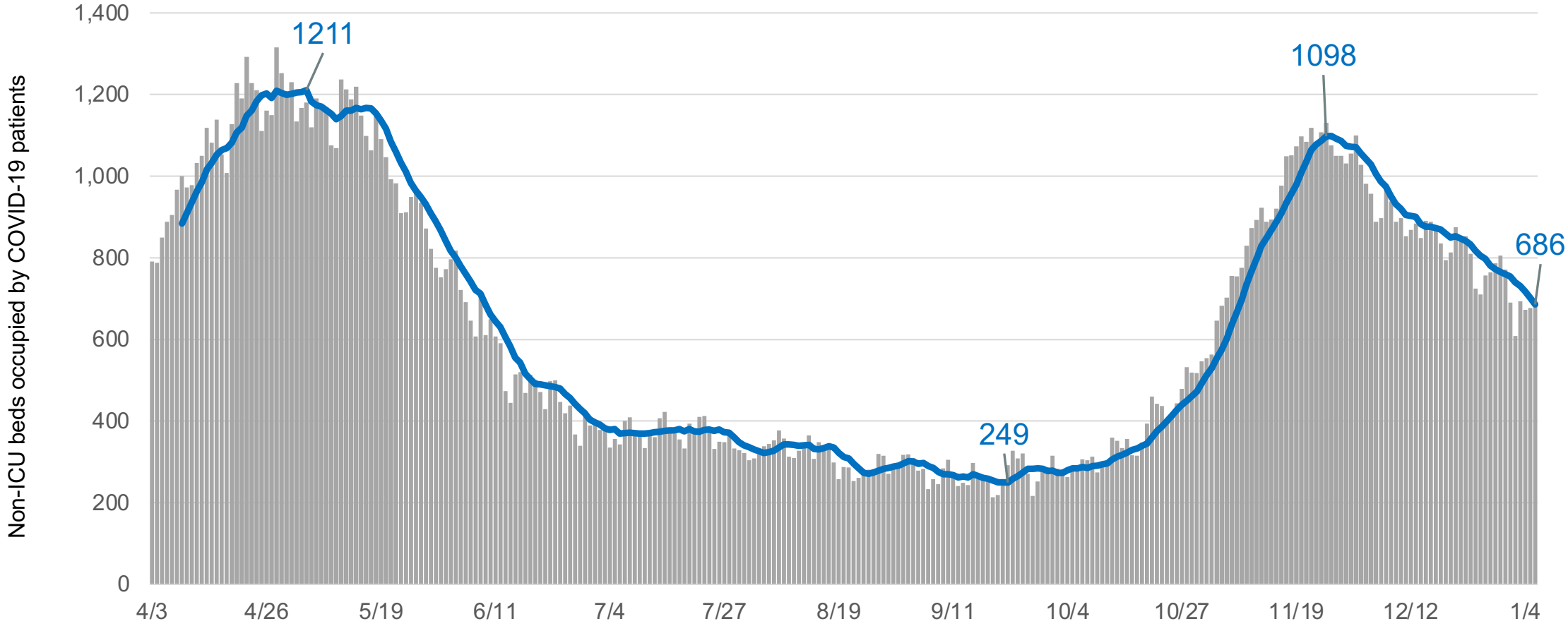
- Occupancy of **ICU beds** by COVID-19 patients has been declining since 12/15
  - Current 7-day average at 234

- Utilization of **ventilators** by COVID-19 patients has been declining since 12/13
  - Current 7-day average at 144

Non-ICU Bed Occupancy from COVID-19

Peak 7-day rolling average	**1211 avg. occupied non-ICU beds 5/4/2020**
Current Availability	**22%** **01/06/2021**

COVID-19 acute/non-ICU beds occupied, daily counts and 7 day average, daily occupancy census (04/03/2020-01/06/2021)



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.

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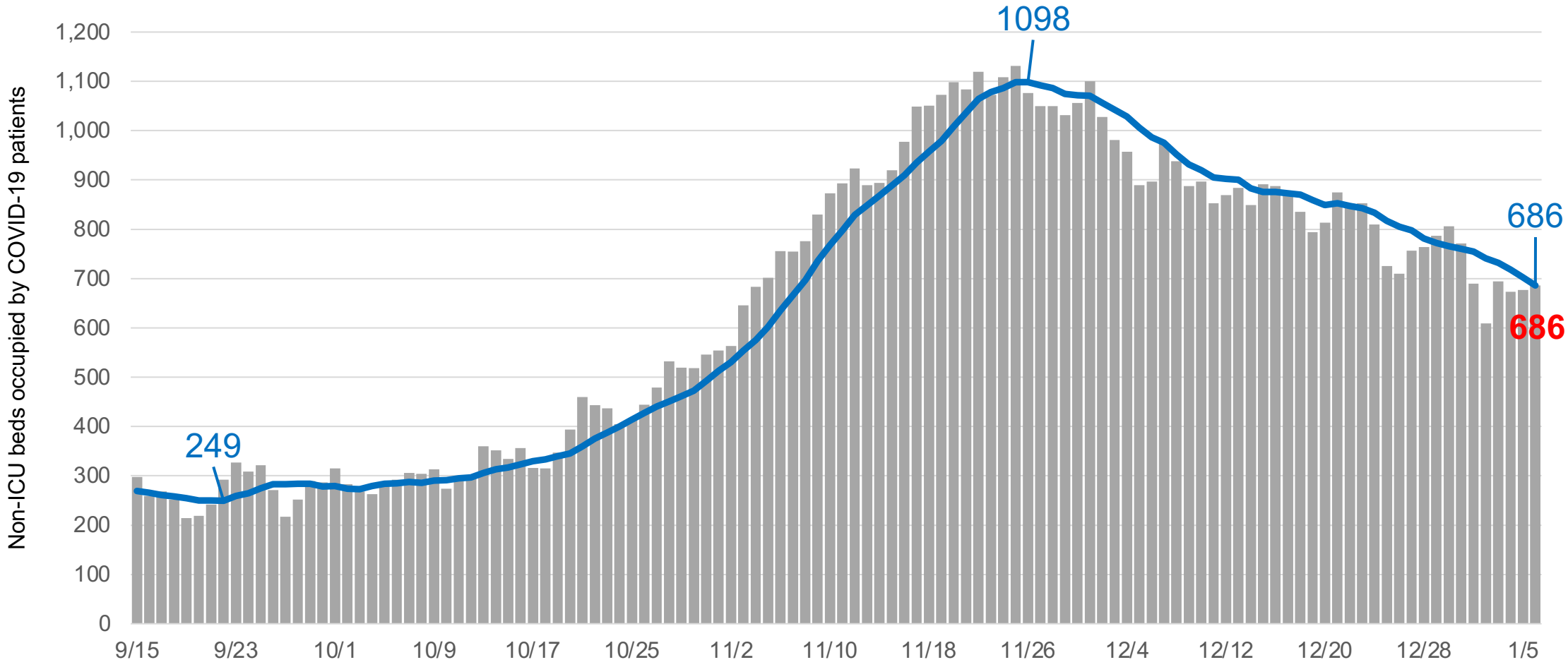
COVID-19 acute non-ICU beds occupied, daily counts and 7 day average, daily occupancy census (9/15/2020-01/06/2021)



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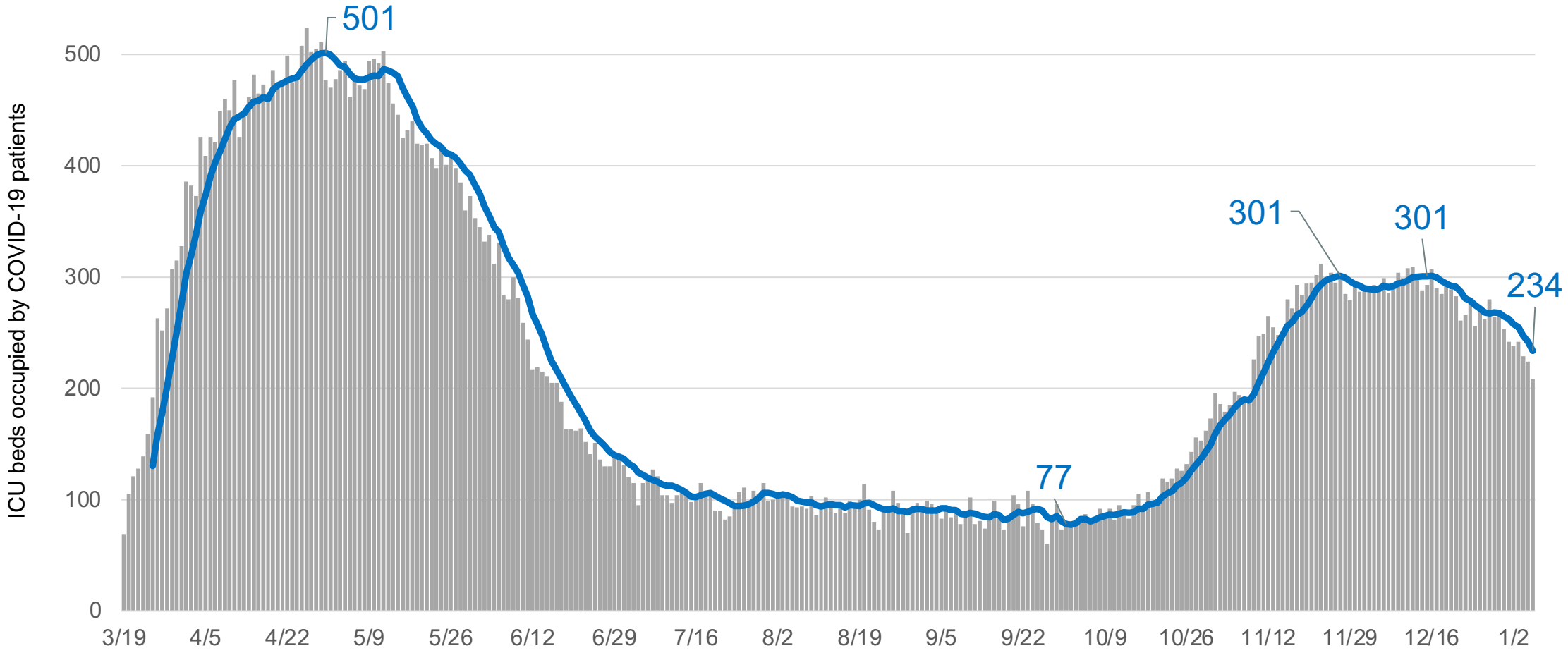
ICU Occupancy from COVID-19

Peak 7-day rolling average	**501 avg. occupied ICU beds 4/30/2020**
Current Availability	**26% 01/06/2021**

COVID-19 ICU beds occupied, daily counts and 7 day average, daily occupancy census (03/13/2020 - 01/06/2021)



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.

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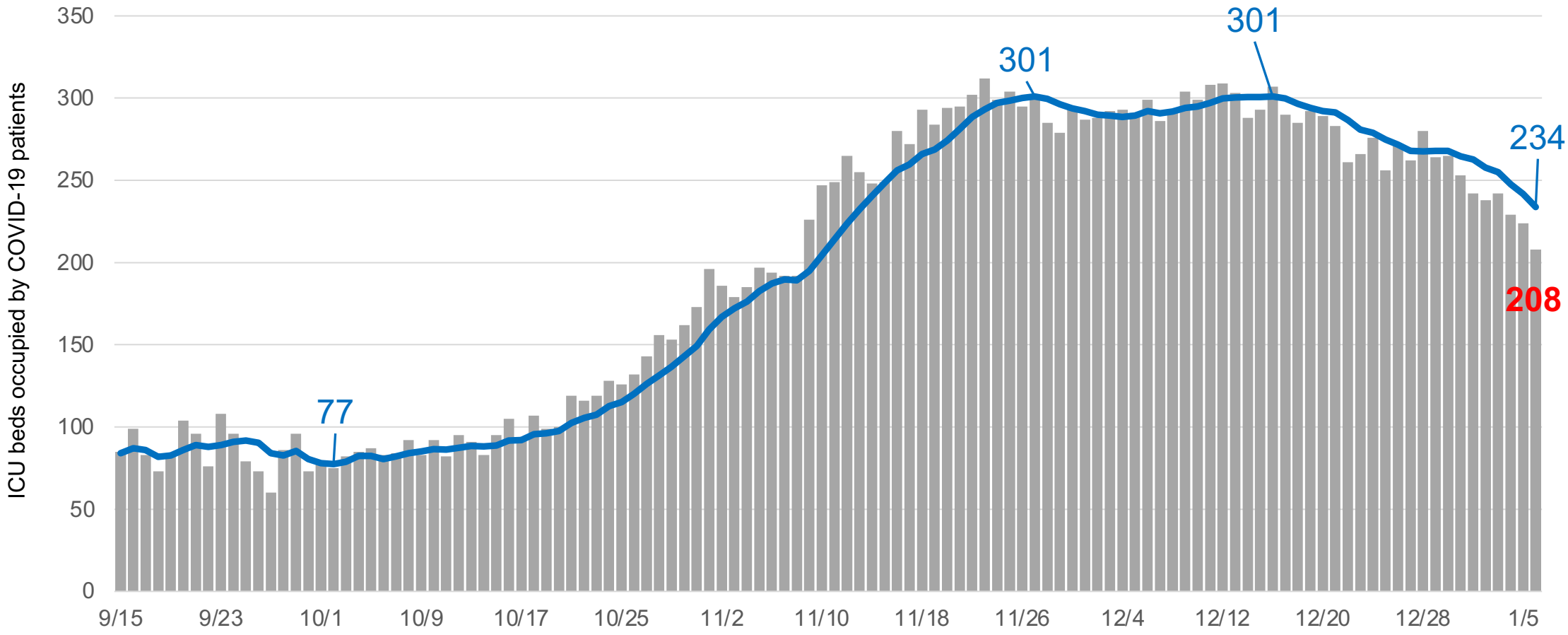

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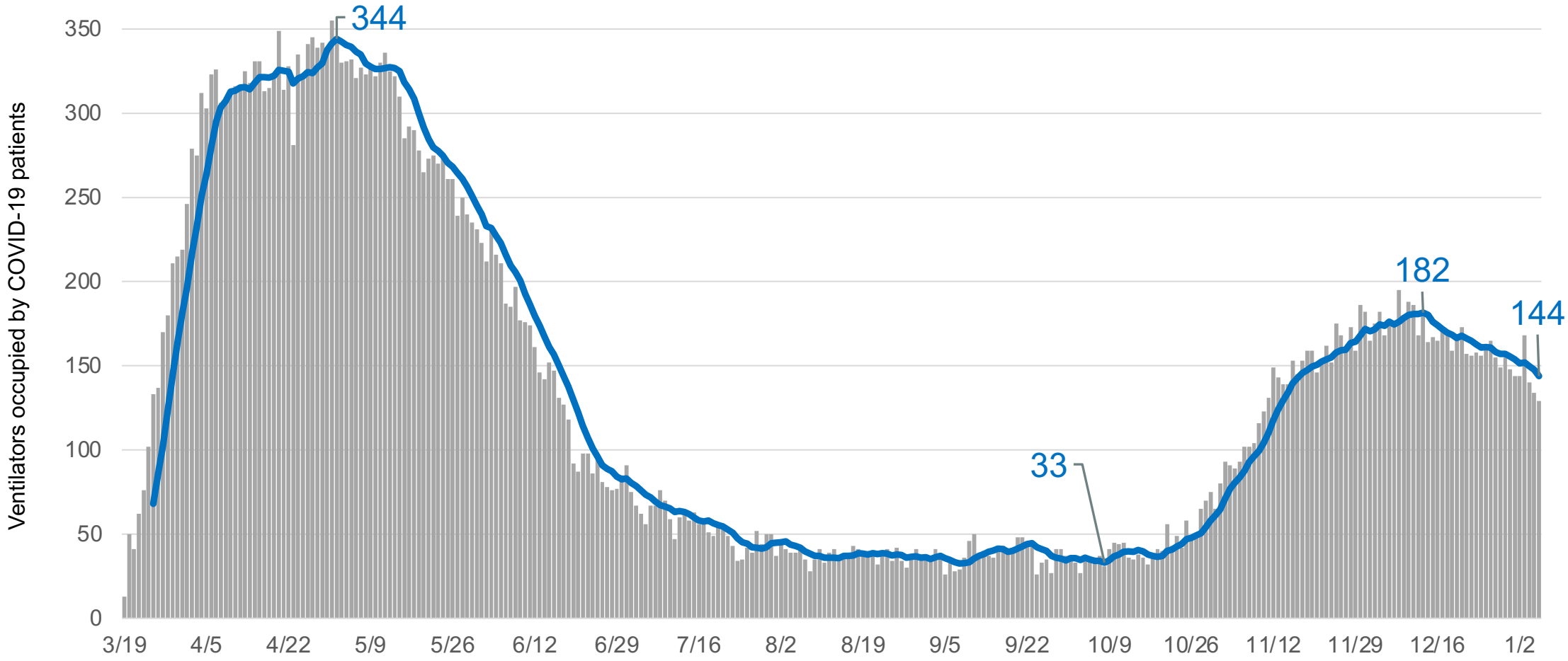
Ventilator Utilization from COVID-19

Peak 7-day rolling average	**344 avg. ventilators in use 5/2/2020**
Current Availability	**70% 01/06/2021**

COVID-19 ventilators in use, daily counts, 7 day average and reopening threshold, daily utilization census (3/19/2020-01/06/2021)



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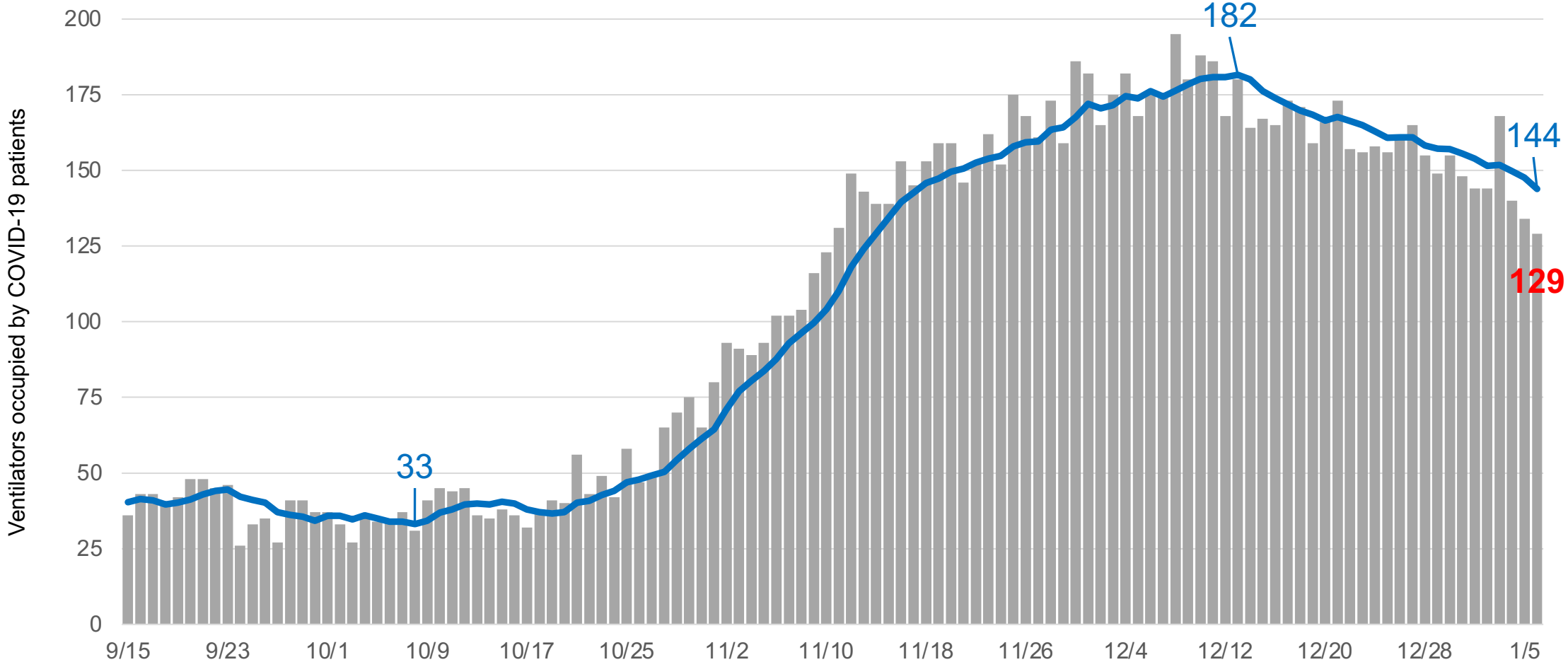

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CDPH
Chicago Department of Public Health

Questions?


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