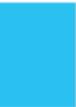




# **COVID-19 Vaccine Planning Healthcare Call #9**

2021.02.05



# Presenters

**Candice Robinson, MD, MPH**  
**Medical Director, Immunizations**

**Elisabeth Weber, MA, RN, NHDP-BC**  
**Projects Administrator, Hospital Preparedness Program**

**Chicago Department of Public Health**



# Agenda

- Reporting reminders
- Clinical considerations updates
- Vaccine data
- Zocdoc



# Reminders

- **Provider Enrollment**
  - Vaccine can only be sent to providers who are enrolled as COVID-19 vaccine providers
  - Who needs enrollment?
    - If vaccine stored at separate clinic location
    - If vaccine reported by separate clinic ICARE account
- **Vaccine Finder reporting**
  - Report inventory on hand daily
  - Do not need to report on holidays or weekends if there is no change from the previous day
- **I-CARE reporting**
  - Look at inventory, click on lot number
  - How have been administered and how many remaining
  - Ensure the doses you have administered are reflected in I-CARE





# Vaccine Data Reporting

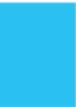
- Ensure data reported is complete and accurate
- Common data issues
  - Address: ensure the employees address is reported in I-CARE and not the hospital address
  - Missing race/ethnicity data
  - No data reported





# Vaccine Order survey

- Weekly REDCap COVID-19 vaccine providers to make vaccine requests
- Link sent primary and secondary vaccine coordinator for each site
- Survey is due by Tuesday 5pm (CT) for order arriving the following week
  - Orders will not be placed for facilities that have not completed by the deadline
  - Any order placed after Tuesday at 5 pm will be deferred to the following week



# Vaccine Order survey

- Orders are filled based on multiple factors (e.g. vaccine availability, inventory on-hand, dose reporting)
- Survey does not have to be completed if no doses are needed for the following week
- Preferred to complete a separate form for each site
- Minimum order quantities
  - Pfizer orders should be in multiples of 975\*
  - Moderna orders should be in multiples of 100

\*CDC planning to change to multiples of 1,170



# Future Vaccine Allocation

- **Note: Future vaccine allocation will be based on compliance with these factors!!**
  - Facilities that are not reporting to I-CARE, not completing VaccineFinder, or not submitting vaccine order form prior to the weekly deadline will be ineligible to receive vaccine for the week

## Vaccines & Immunizations

CDC > COVID-19 Vaccination > Clinical Considerations



### COVID-19 Vaccination

Product Info by US Vaccine +

Clinical Considerations -

mRNA COVID-19 Vaccines

Managing Anaphylaxis

Lab Tests After Severe Allergic

# Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States



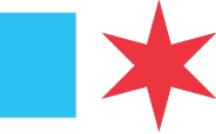
[Interim Considerations: Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites](#)

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



# Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States

- Summary of recent changes:
  - Updated recommendations on intervals between the first and second dose
  - Updated recommendations on interchangeability of vaccine products
  - Updated language on vaccination of persons with a history of SARS-CoV-2 infection
  - New vaccination recommendations in persons with a history of dermal fillers
  - Additional resources on vaccine excipients (Appendix B)



## **Updated Recommendations** *on intervals between the first and second dose*

- Language has been added to clarify doses inadvertently administered earlier than the grace period should not be repeated.
- The second dose should be administered as close to the recommended interval as possible.
  - However, if it is not feasible to adhere to the recommended interval, the second doses of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose.
  - There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window. If the second dose is administered beyond these intervals, there is no need to restart the series."



## **Updated Recommendations** *on interchangeability of vaccine products*

- mRNA COVID-19 vaccines are not interchangeable. Language has been added to provide suggested strategies to help ensure patients receive the second dose with the appropriate product and interval between doses including:
  - “Providing COVID-19 vaccination record cards to vaccine recipients, asking recipients to bring their card to their appointment for the second dose, and encouraging recipients to make a backup copy (e.g., by taking a picture of the card or their phone).
  - Encouraging vaccine recipients to enroll in VaxText, a free text message-based platform to receive COVID-19 vaccination second-dose reminders.
  - Recording each recipient’s vaccination in the immunization information system (IIS).
  - Recording vaccine administration information in the patient’s medical record.
  - Making an appointment for the second dose before the vaccine recipient leaves, to increase the likelihood that patients will present at the same vaccination site for the second dose.



## **Updated Recommendations** *on interchangeability of vaccine products*

- Using the above strategies, every effort should be made to determine which vaccine product was received as the first dose, in order to ensure completion of the vaccine series with the same product.
- In exceptional situations in which the first-dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimal interval of 28 days between doses to complete the mRNA COVID-19 vaccination series. If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

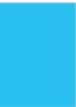


# Vaccination with history of infection

## Updated Language

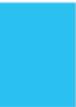
*Updated language on vaccination of persons with a history of SARS-CoV-2 infection*

- Data from clinical trials indicate that mRNA COVID-19 vaccines can safely be given to persons with evidence of a prior SARS-CoV-2 infection.
- Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection for the purposes of vaccine decision-making is not recommended.
- There is no recommended minimum interval between infection and vaccination, [current evidence](#) suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity. Thus, **while vaccine supply remains limited**, persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired, recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection.”



## ***New vaccination recommendations with a history of dermal fillers***

- Added language states “Infrequently, persons who have received dermal fillers may develop swelling at or near the site of filler injection (usually face or lips) following administration of a dose of an mRNA COVID-19 vaccine. This appears to be temporary and can resolve with medical treatment, including corticosteroid therapy.
- mRNA COVID-19 vaccines may be administered to persons who have received injectable dermal fillers who have no contraindications to vaccination. No additional precautions are needed. However, these persons should be advised to contact their healthcare provider for evaluation if they develop swelling at or near the site of dermal filler following vaccination.



## *Additional resources on vaccine excipients (Appendix B)*

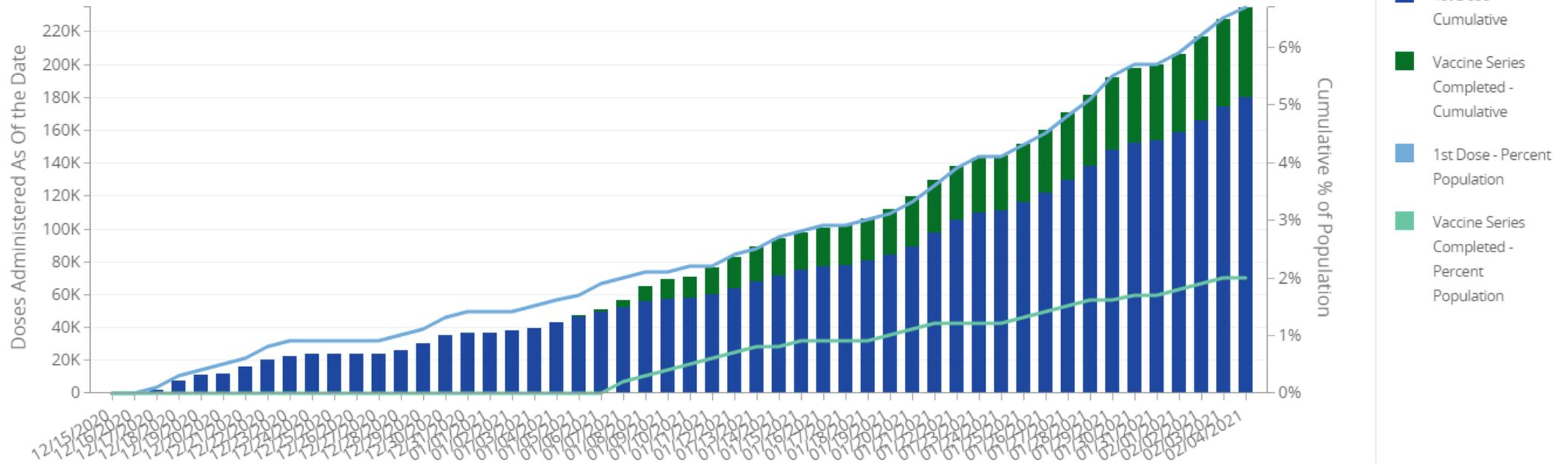
- The language added in Appendix B is “As of January 21, 2021, mRNA COVID-19 vaccines are the only currently available vaccines in the United States that contain PEG, though several vaccines contain polysorbate (more information can be found in [CDC's vaccine excipient summary](#)).



# Chicago Residents Vaccinated Total – 234,901

COVID-19 Daily Vaccinations - Chicago Residents - Cumulative Doses by Day

Counts by date of cumulative 1st and final (e.g., 2nd if a two-dose series) doses of COVID-19 vaccine administered to Chicago residents.

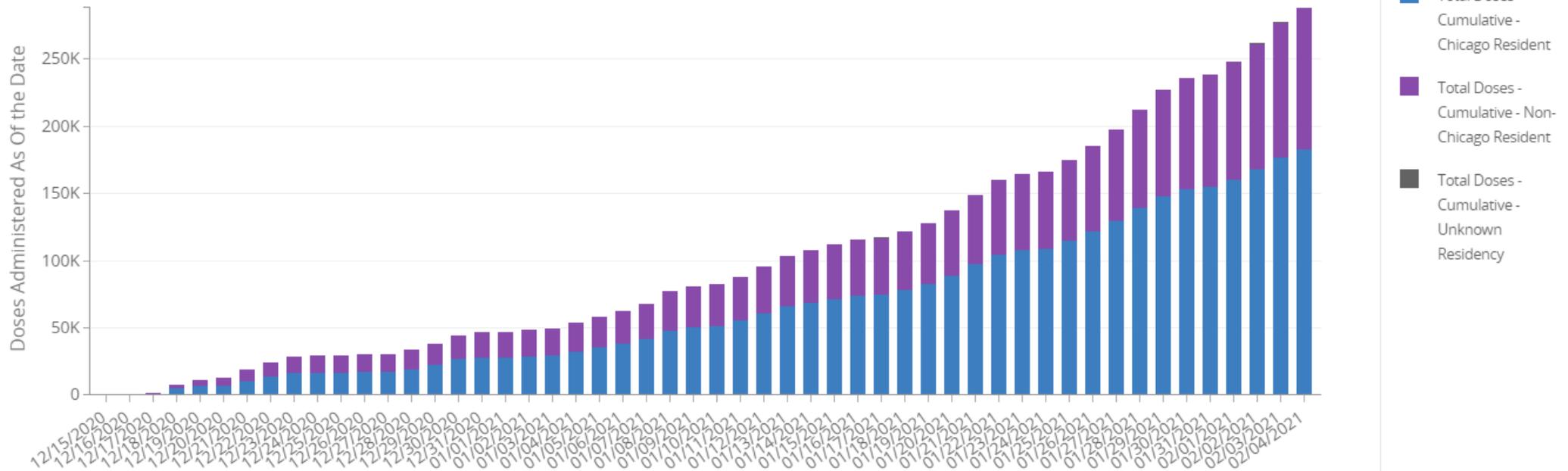




# Vaccination Provided at Chicago Sites by Residence Total – 288,249

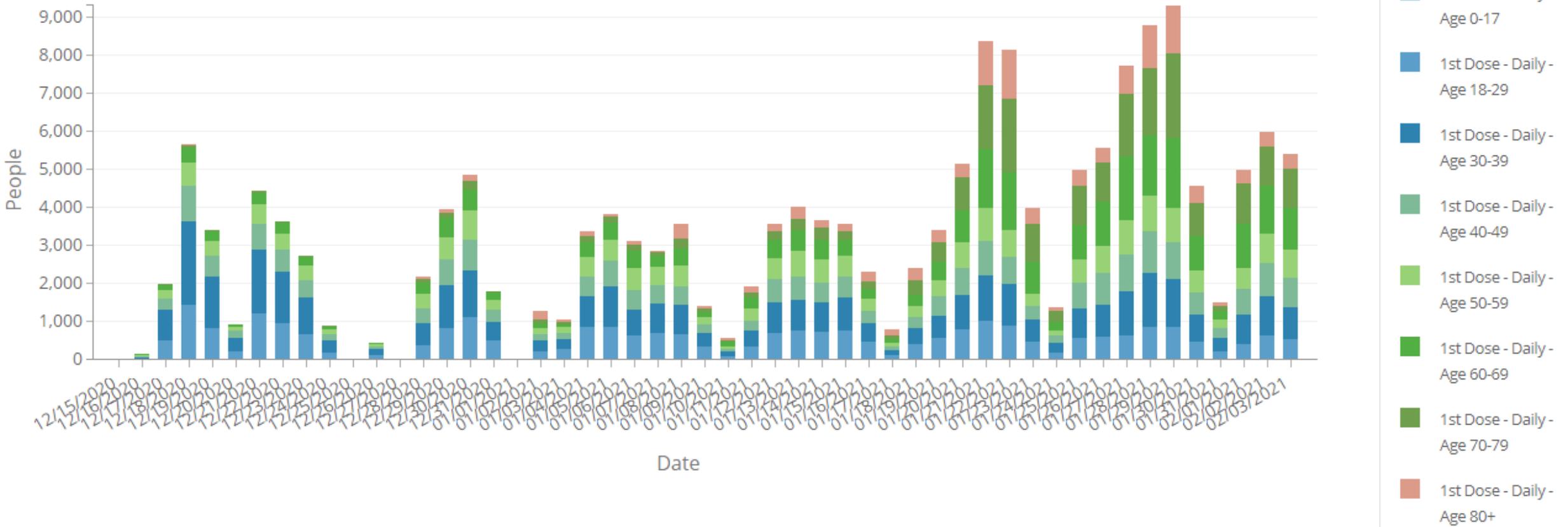
COVID-19 Daily Vaccinations - Administered in Chicago - By Resident Status

Counts by date of cumulative doses of COVID-19 vaccine administered in Chicago, by resident status of the person vaccinated.



# COVID-19 Vaccine Doses by Age Group - 1st Dose

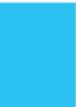
The total number of Chicago residents in each age group who received a 1st dose of COVID-19 vaccine.





# Zocdoc Update

- Tuesday we averaged 200 bookings/minute and everything worked exactly as it should
- We currently have 101,000 patients on the waitlist - This reinforces the tremendous patient demand for this kind of centralized resource
- Large and small integrations are moving quickly - Partnered with Rush in a week and with a number of FQHCs and other smaller providers in 48 hours
- The greatest need is appointment inventory - We know this works and is something patients want. The more providers that are a part of this solution, the faster we can serve those 101,000 patients waiting for their appointments.
- Providers can go to [zocdoc.com/vaccine/provider](https://zocdoc.com/vaccine/provider) if they're interested or they can email [vaccines@zocdoc.com](mailto:vaccines@zocdoc.com)



# Presenters

**Molly Gabaldo, BSN, RN, DNP (c)**  
**Rush University College of Nursing**

**Intern, Hospital Preparedness Program**  
**Chicago Department of Public Health**



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

**February 4, 2021**

*Data updated: Feb 3, 2021 at 11:59pm*

# Chicago Hospital Capacity Summary: Key Findings

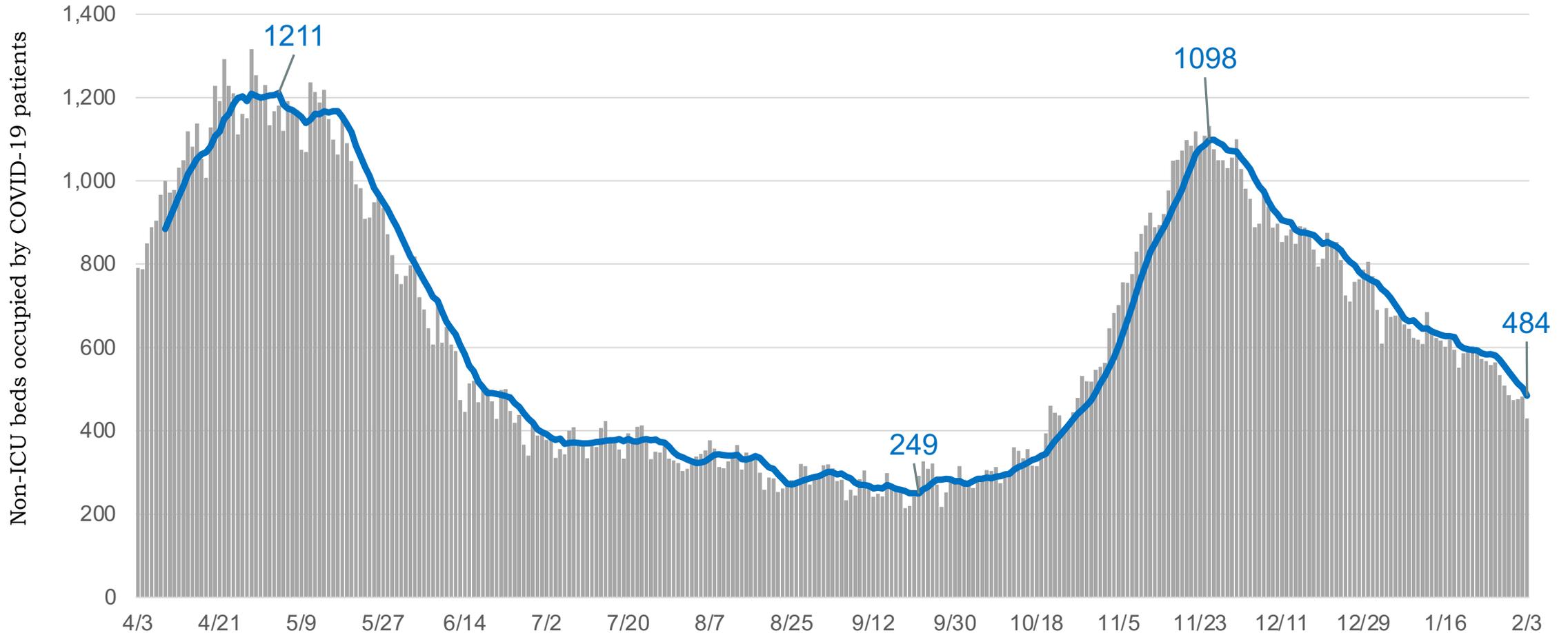


- Non-ICU bed, ICU bed and ventilator availability remains well above the 20% threshold
- Occupancy of **non-ICU beds** by COVID-19 patients has been declining since 11/25
  - Current 7-day average at **484**
- Occupancy of **ICU beds** by COVID-19 patients has been declining since 12/15
  - Current 7-day average at **149**
- Utilization of **ventilators** by COVID-19 patients has been declining, but may be plateauing
  - Current 7-day average at **89**

# Non-ICU bed occupancy from COVID-19

|                                   |   |
|-----------------------------------|---|
| <b>Peak 7-day rolling average</b> | <b>1211 avg. occupied non-ICU beds 5/4/2020</b> |
| <b>Current Availability</b>       | <b>22% 02/03/2021</b>                           |

COVID-19 acute/non-ICU beds occupied, daily counts and 7 day average, daily occupancy census (04/03/2020-02/03/2021)



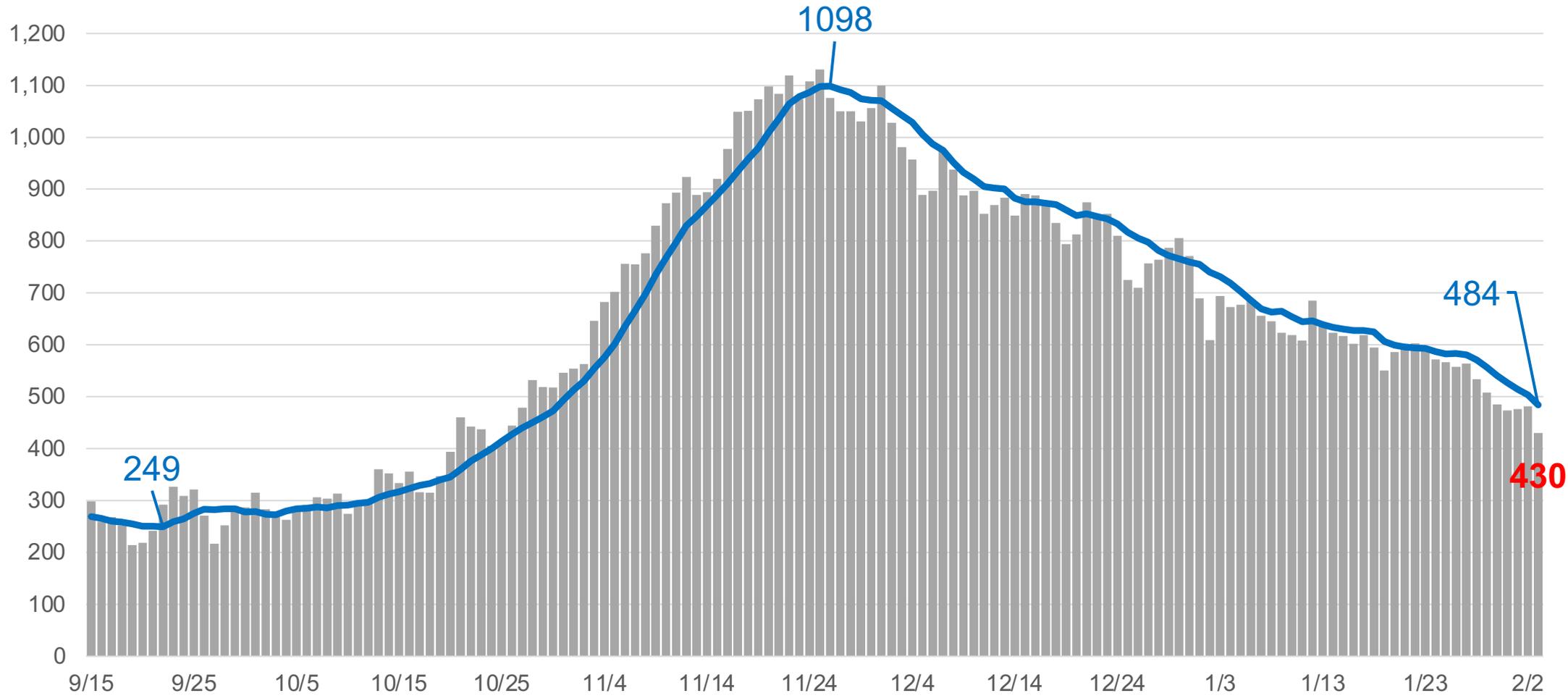
Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning April 3 (acute non-ICU occupancy). Acute non-ICU bed counts include burn, emergency department, med/surg, other, pediatrics and psychiatry beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes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

# Non-ICU bed occupancy from COVID-19

|                            |  |
|----------------------------|--|
| Peak 7-day rolling average | 1211 avg. occupied non-ICU beds 5/4/2020 |
| Current Availability       | 22%<br>02/03/2021                        |

COVID-19 acute non-ICU beds occupied, daily counts and 7 day average, daily occupancy census (9/15/2020-02/03/2021)

Non-ICU beds occupied by COVID-19 patients



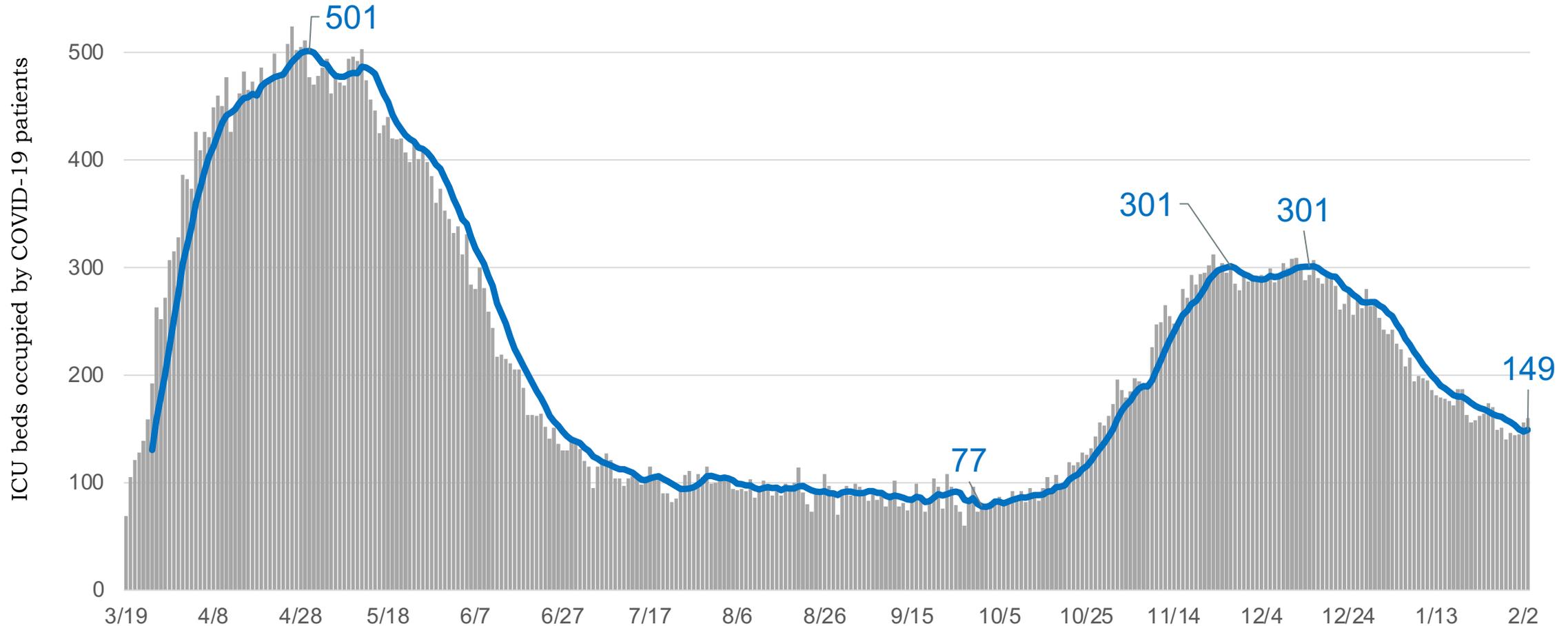
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# ICU occupancy from COVID-19

|                                   |  |
|-----------------------------------|--|
| <b>Peak 7-day rolling average</b> | <b>501 avg. occupied ICU beds</b><br>4/30/2020 |
| <b>Current Availability</b>       | <b>29%</b><br>02/03/2021                       |



COVID-19 ICU beds occupied, daily counts and 7 day average, daily occupancy census (03/13/2020 - 02/03/2021)

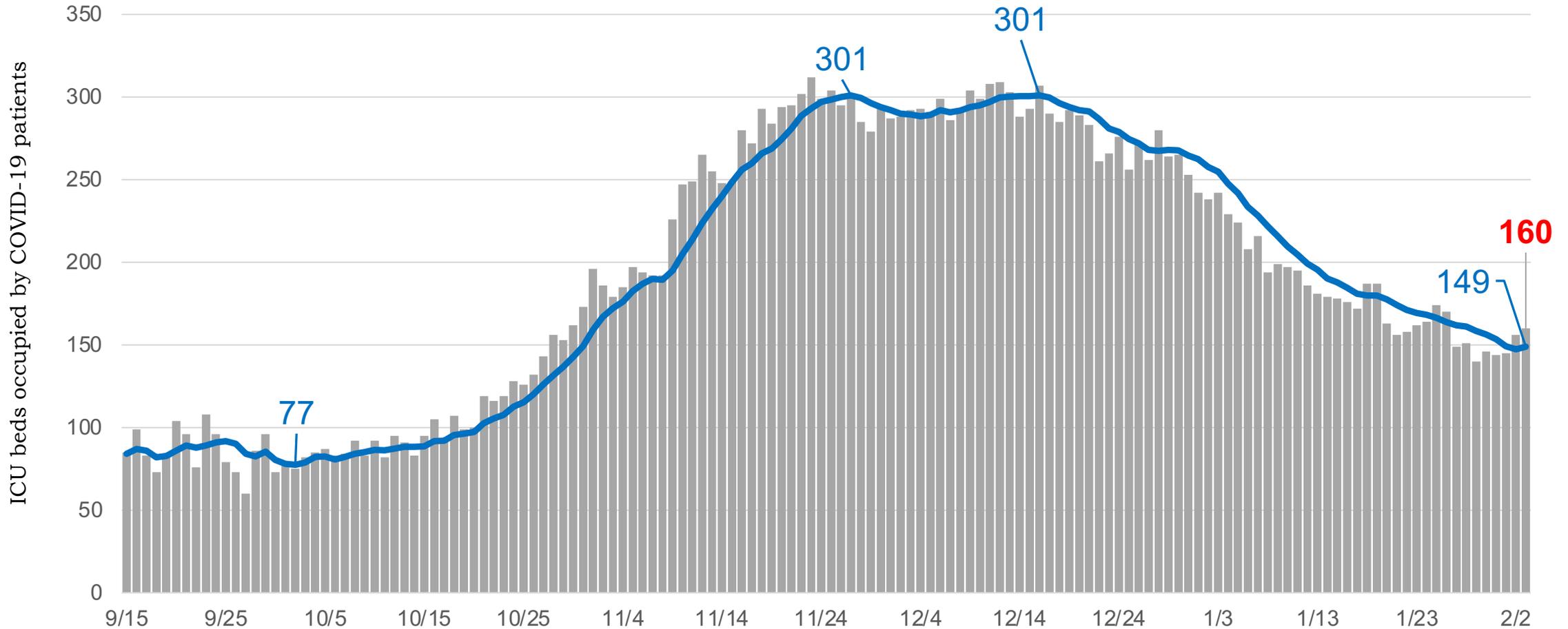


Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. ICU bed count includes all adult and pediatric ICU beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, the definition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

# ICU occupancy from COVID-19

|                                   |  |
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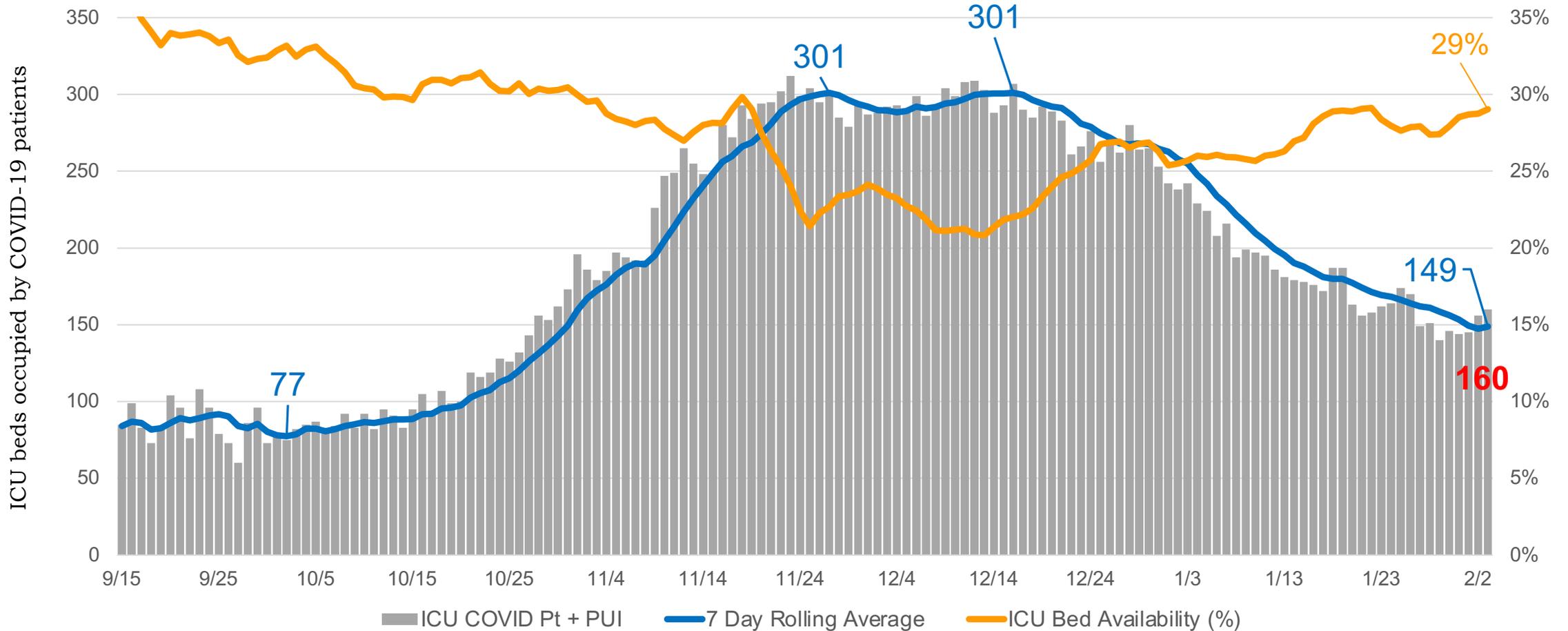


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# ICU availability and occupancy from COVID-19

|                                   |  |
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| <b>Current Availability</b>       | <b>29%</b><br>02/03/2021                       |

ICU beds available and occupied by COVID-19 patients, daily counts and 7 day average, daily occupancy census (09/15/2020 - 02/03/2021)



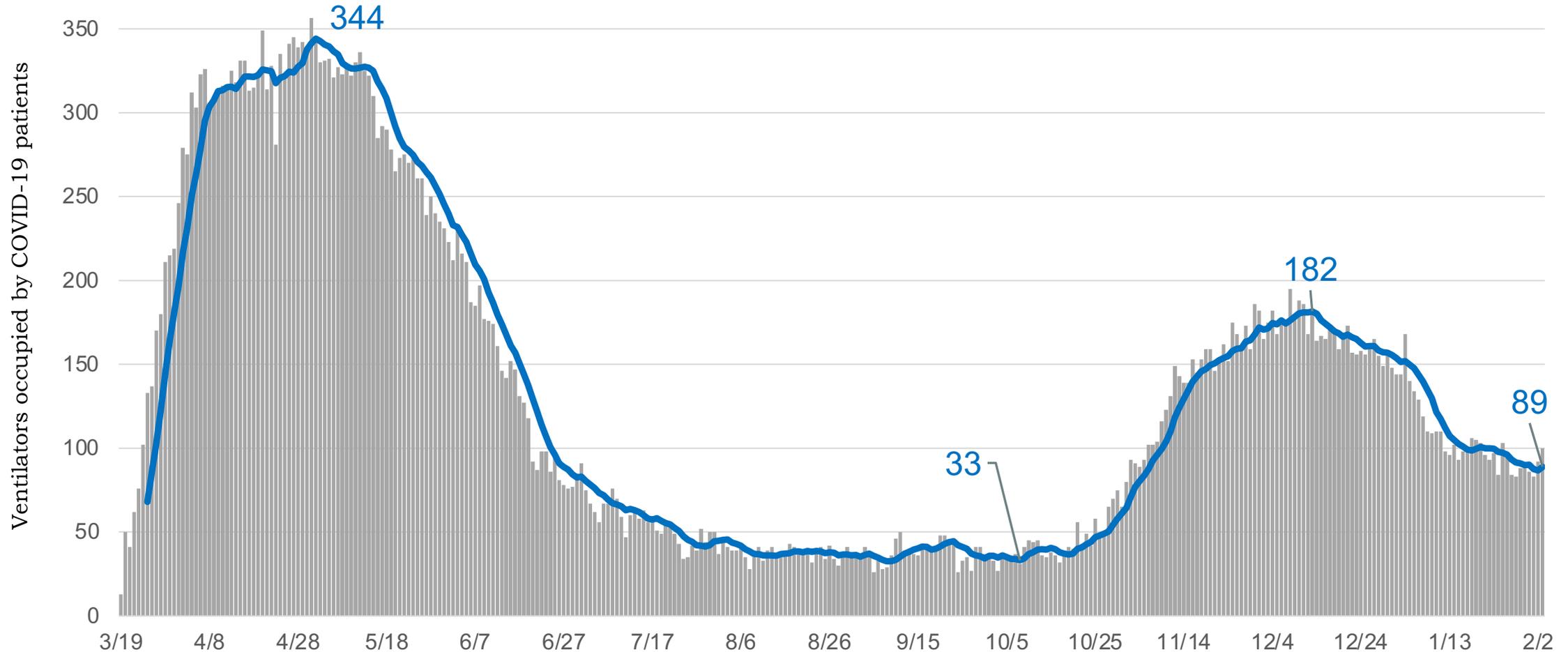
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# Ventilator utilization from COVID-19

|                                   |   |
|-----------------------------------|---|
| <b>Peak 7-day rolling average</b> | <b>344 avg. ventilators in use</b><br><b>5/2/2020</b> |
| <b>Current Availability</b>       | <b>71%</b><br><b>02/03/2021</b>                       |



COVID-19 ventilators in use, daily counts and 7 day average, daily utilization census (3/19/2020-02/03/2021)



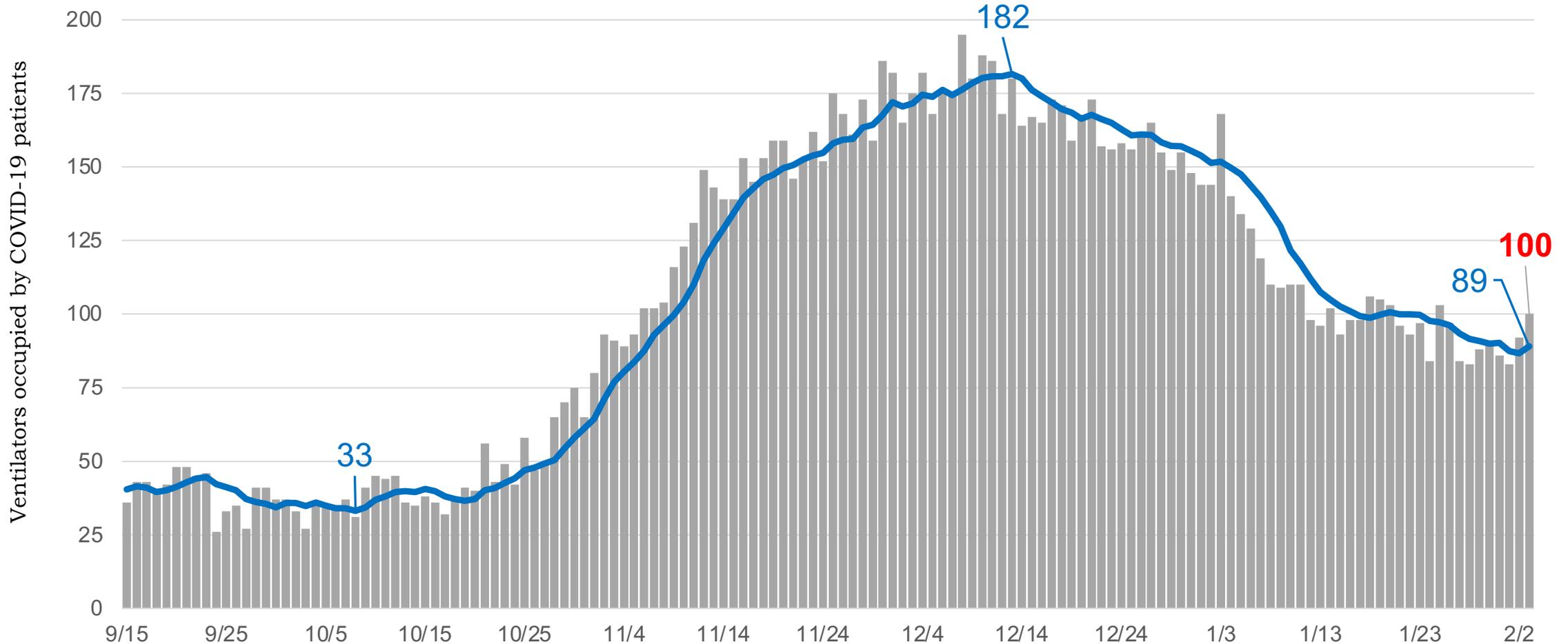
Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia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

# Ventilator utilization from COVID-19

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COVID-19 ventilators in use, daily counts and 7 day average, daily utilization census (9/15/2020-02/03/2021)



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.



# Metro South Alternate Care Facility

- Due to increasing hospital capacity in Illinois, MSACF is in the process of being demobilized
- There are no free-standing alternate care centers in northern Illinois

# ★ Hospital Points of Dispensing (POD) Centers

- IDPH is requesting data about hospital- based PODs via a FORM in EMResource™
  - One form per hospital, not per user
- Statewide project
- Data provided by Chicago hospitals will be utilized to support planning for Protect Chicago
- Form is located under Forms> Form List

# Chicago Medical Reserve Corps Volunteers

- As of February 3, 2021, Chicago MRC Medical Volunteers (those able to vaccinate) have been utilized in the City of Chicago PODs at seven City Colleges
- Scheduling/Rostering of Medical Volunteers is ongoing
  - Confirmation of scheduled shifts will occur no later than 72 hours in advance
- Next Steps: Deployment of non-medical volunteers into support roles

## **If you want to volunteer....**

- [www.IllinoisHelps.net](http://www.IllinoisHelps.net)
- Select Chicago MRC as your 'organization'
- Full clearance can take up to two weeks (license + background checks)

Sign up for free:  
zocdoc.com/vaccine/provider

## Simplify and scale vaccine scheduling, free of charge

Zocdoc Vaccine Scheduler is a proven solution that helps eligible patients find and book a COVID-19 vaccine appointment. We support the rollout, so you can focus on providing care.



### Tell us about your organization

Name

First

Last

Organization name

Email

Phone optional

( )-

I have read and accept Zocdoc's [Privacy Policy](#).

Submit

Are you an individual looking for vaccine information?

[Learn More.](#)

# Questions?



[Chicago.gov/Health](https://www.chicago.gov/Health)



[HealthyChicago@cityofchicago.org](mailto:HealthyChicago@cityofchicago.org)



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[@ChiPublicHealth](https://twitter.com/ChiPublicHealth)