

COVID-19 Vaccine Planning Healthcare Call #10



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Provider Updates

February 19, 2021

General updates

- Weather related shipping update
- Public facing VaccineFinder launch
- Vaccine dose count change
 - Pfizer now officially counted as 6 doses per vial
 - Once tray now equal to 1170 doses (previously 975)
 - Report to VaccineFinder based on new number

Key Forum Goals



National Forum on COVID-19 Vaccine

ACT NOW!

COVID-19 Vaccine Resources



Updated Feb. 9, 2021 Print				
Save the Date:		Who Should Attend?	>	
February 22-24, 2021	remain of the state of the stat	Register for the forum 🖸 About the Forum	>	
	that .	Forum Fact Sheet	>	
Join us on February 22-24, 2021 Learn more about the National Forum on COVID-19 Vaccine				
Registration	Forum Agenda	? FAQs		

• https://www.cdc.gov/coronavirus/2019-ncov/vaccines/forum/index.html

Appendix B: Triage of persons presenting for mRNA COVID-19 vaccination



	CONTRAINDICATION TO VACCINATION	PRECAUTION TO VACCINATION	MAY PROCEED WITH VACCINATION
ALLERGIES	History of the following are contraindications to receiving either of the mRNA COVID-19 vaccines*: • Severe allergic reaction (e.g., anaphylaxis) after a previous dose of an mRNA COVID-19 vaccine or any of its components • Immediate allergic reaction* of any severity to a previous dose of an mRNA COVID-19 vaccine or any of its components^ (including polyethylene glycol)* • Immediate allergic reaction of any severity to polysorbate^*	Among persons without a contraindication, a history of: • Any immediate allergic reaction to other vaccines or injectable therapies*	 Among persons without a contraindication or precaution, a history of: Allergy to oral medications (including the oral equivalent of an injectable medication) History of food, pet, insect, venom, environmental, latex, etc., allergies Family history of allergies
ACTIONS	 Do not vaccinate# Consider referral to allergist- immunologist 	 Risk assessment 30-minute observation period if vaccinated Consider deferral of vaccination for further risk assessment and possible referral to allergist-immunologist 	 30-minute observation period: Persons with a history of anaphylaxis (due to any cause) 15-minute observation period: All other persons

^{*} PEG and polysorbate are common excipients in many vaccines, injectable therapies, and other products. Persons with a known (diagnosed) allergy to PEG, another mRNA vaccine component, or polysorbate, have a contraindication to vaccination. Persons with a reaction to a vaccine or injectable therapy that contains multiple components, one of which is PEG, another mRNA vaccine component or polysorbate, but in whom it is unknown which component elicited the immediate allergic reaction have a precaution to vaccination.

[‡] Immediate allergic reaction to a vaccine or medication is defined as any hypersensitivity-related signs or symptoms consistent with urticaria, angioedema, respiratory distress (e.g., wheezing, stridor), or anaphylaxis that occur within four hours following administration.

[^] See Appendix B for a list of ingredients. Note: Polyethylene glycol (PEG), an ingredient in both mRNA COVID-19 vaccines, is structurally related to polysorbate and cross-reactive hypersensitivity between these compounds may occur. Information on ingredients of a vaccine or medication (including PEG, a PEG derivative, or polysorbates) can be found in the package insert.

[#] These persons should not receive mRNA COVID-19 vaccination at this time unless they have been evaluated by an allergist-immunologist and it is determined that the person can safely receive the vaccine (e.g., under observation, in a setting with advanced medical care available)



X TB testing and COVID-19 vaccine

 Updated recommendations for testing for TB infection. TB testing can be done before or at the same time as mRNA COVID-19 vaccination, or otherwise delayed for ≥4 weeks after the completion of mRNA COVID-19 vaccination.



* Homebound persons need special considerations

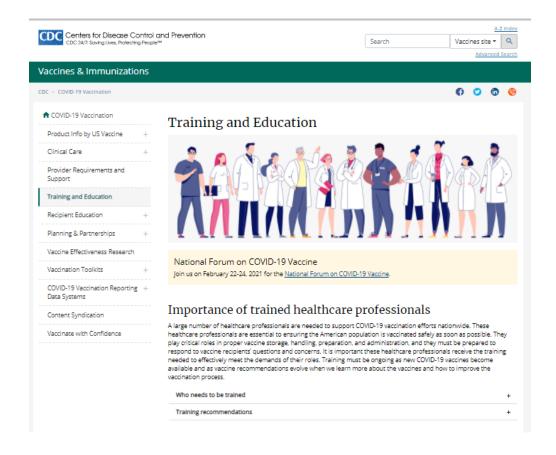
- Medicare (CMS) considers someone homebound if:
 - They need the help of another person or medical equipment such as crutches, a walker, or a wheelchair to leave their home, or their doctor believes that their health or illness could get worse if they leave their home, AND
 - It is difficult for them to leave their home and they typically cannot do so.
- Approximately 21% of adults 65 years and older were homebound in 2011 Medicare beneficiary survey.
- Newly posted guidance for vaccination of homebound persons for HCP who vaccinate persons who are homebound: www.cdc.gov/vaccines/covid-19/clinicalconsiderations/homeboundpersons.html.

Ornstein KA, et al. JAMA Intern Med. 2015;175(7):1180-1186. doi:10.1001/jamainternmed.2015.1849. Published online May 26, 2015. Medicare Interactive



New: Training and Education Web Page for Healthcare Professionals

- It is important that healthcare professionals receive the training needed to effectively meet the demands of their roles.
- Training must be ongoing as new COVID-19 vaccines become available and as vaccine recommendations evolve when we learn more about the vaccines and how to improve the vaccination process.
- Includes training requirements based on professional qualifications and experience -Aligns with the new PREP Act changes



CDC Training Website



* Transporting COVID-19 Vaccine

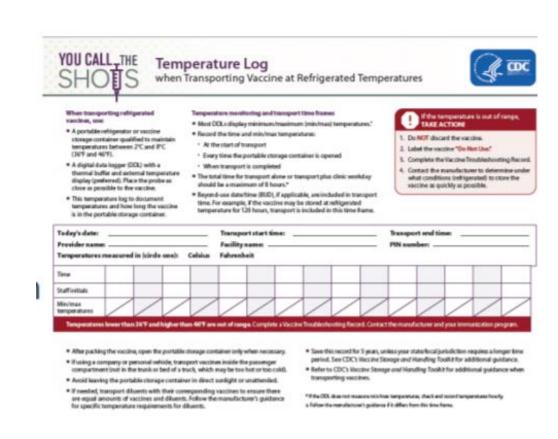
- CDC does not recommend routine transport of vaccines. Ideally, vaccines should be delivered directly to the facility where they will be used.
- If vaccines must be transported, follow storage and handling best practices to ensure the cold chain is maintained: -
 - Well-trained staff –
 - Appropriate equipment to store the vaccine and monitor temperatures:
 - Portable freezer, refrigerator, or container qualified to maintain the proper temperatures.
 - Digital data logger (DDL) to monitor temperatures with a buffered probe (external display preferred).
 - Written policies and procedures.



Update: Temperature Monitoring Guidance During Transport

- Most DDLs display minimum/maximum (min/max) temperatures.*
- Record the time and min/max temperatures:
 - At the start of transport
 - Every time the storage container is opened
 - When transport is completed
- The total time for transport alone or transport plus clinic workday should be a maximum of 8 hours. ±
 - Beyond-use date/time, if applicable, are included in transport time.

*If the DDL does not measure min/max temperatures, check and record temperatures hourly. ± Follow the manufacturer's guidance if it differs from this time frame. CDC Vaccine Storage and Handling Toolkit





* Transporting mRNA Vaccines Best Practices

- Protect vaccines as much as possible from drops, shocks, and vibration.
 - To minimize movement, transport in the carton whenever possible.
 - If individual vials are transported, vials should be placed with dunnage (padding material like bubble wrap or similar padding).
 - Secure storage containers during transport.
- Store vaccine vials upright whenever possible.



Pfizer-BioNTech COVID-19 Vaccine: Transporting Unpunctured Vials

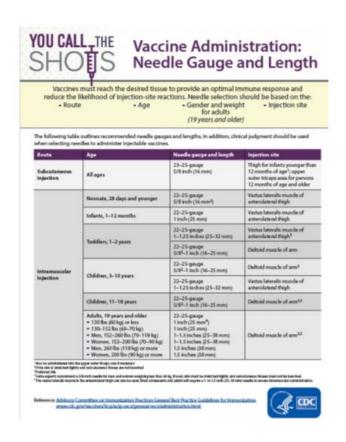
- Ultra-cold transport: Between -80°C and -60°C (-117°F and -76°F)
- Only full trays of vaccine may be transported at ultra-cold temperatures.
 - Store trays upright whenever possible.
- Temperature monitoring:
 - Thermal shipping container: Use the Controlant temperature monitoring device.
 - Portable ultra-cold freezer: Use a DDL with a probe designed to measure ultra-cold temperatures.

CDC Vaccine Storage and Handling Toolkit



* Ancillary Kit for Pfizer-BioNTech COVID-19 Vaccine

- Ancillary kit supplies have been reconfigured to support 6 doses per multidose vial.
- 1-inch needles and syringes are low dead-volume.
- 1.5-inch needles are NOT low deadvolume.
- Use the correct needle length to ensure the vaccine is administered in muscle tissue.

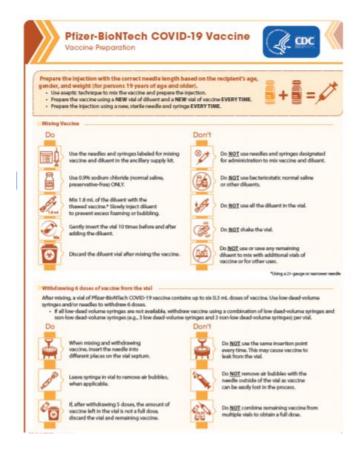




X Pfizer-BioNTech Vaccine: 6 Doses from a Vial

- Each multidose vial contains up to six 0.3 mL doses of vaccine.
- Use low dead-volume syringes and/or needles to withdraw 6 doses.
 - If sufficient quantities of low dead-volume syringes are not available OR a 1.5-inch needle is needed, withdraw vaccine using a combination of low dead-volume syringes and non-low dead-volume syringes (e.g., 3 low dead-volume syringes and 3 non-low dead-volume syringes) per vial.
- Additional strategies:
 - Slowly inject the diluent to prevent excess foaming or bubbling.
 - When mixing and withdrawing vaccine, insert the needle into different places on the vial septum.

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

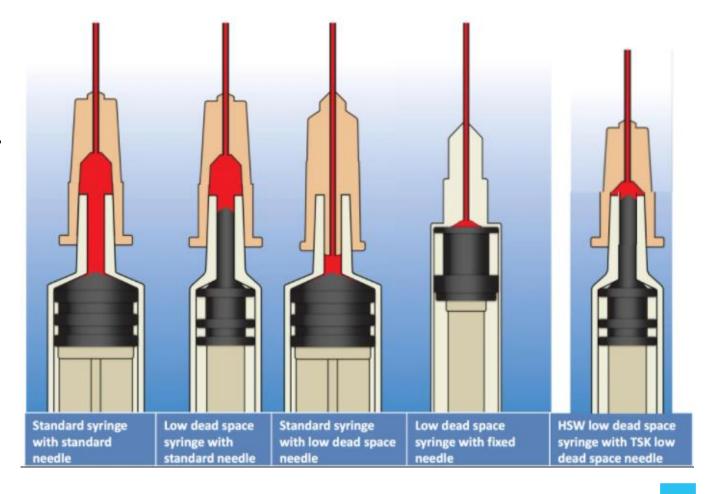




Low dead volume syringes/needles

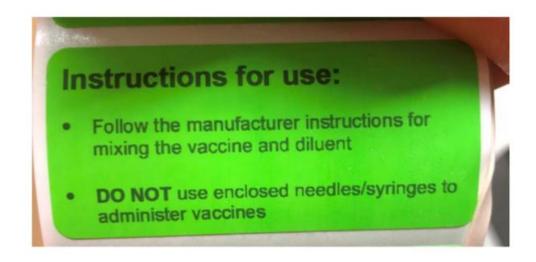
Dead space comparision

- Maximize doses withdrawn from vials by utilizing low dead volume syringes and/or needles, whenever possible.
 - 6 or 7 doses from the Pfizer-BioNTech COVID-19 vaccine vial
 - 11 doses from the Moderna COVID-19 vaccine vial



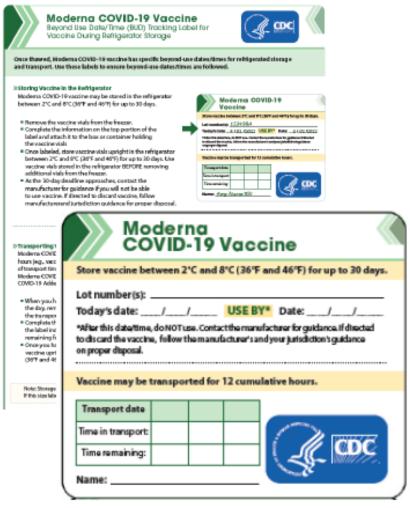


- When unpacking supplies:
 - Keep supplies for each vaccine product separate. Do not mix needles and syringes.
- Pfizer-BioNTech COVID-19 vaccine only:
 - Keep mixing needles and syringes separate from those for administration.
 - Tell staff to look for the green label on the box containing mixing supplies



Moderna COVID-19 Vaccine: Transporting Unpunctured Vials

- Frozen transport: Between -15°C and-25°C (-13°F and 5°F)
 - Frozen transport is preferred.
 - Handle vaccine with care and package securely to minimize shaking and avoid breakage.
- Refrigerated transport: Between 2°C and 8°C (36°F and 46°F) for up to 12 hours (cumulative).
 - Take care to ensure vaccine does not refreeze.
- Beyond-use date labels have been updated to include transport time.



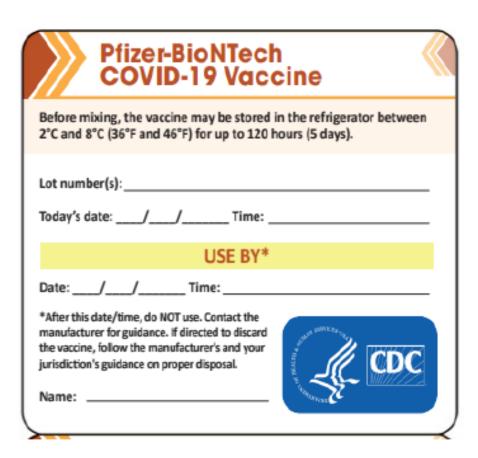
Moderna COVID-19 Vaccine: Transporting Punctured Vials

- Transport punctured vials between 2°C and 8°C (36°F and 46°F).
- Once punctured, the vaccine must be administered within 6 hours.
 - Time used for transport counts as part of the 6-hour time limit.
 - Any vaccine remaining after 6 hours must be discarded.



Pfizer-BioNTech COVID-19 Vaccine: Transporting Unpunctured Vials

- Refrigerated transport: Between 2°C and 8°C (36°F and 46°F)
 - Individual vials or partially filled trays must be transported at refrigerated temperatures.
 - Take care to ensure vaccine does not refreeze.
- Vaccine may be stored at refrigerated temperatures for up to 120 hours (5 days).
 - Any time used for transport counts as part of the 120-hour limit.
 - Beyond-use date labels track this time frame.



Pfizer-BioNTech COVID-19 Vaccine: Transporting Punctured Vials

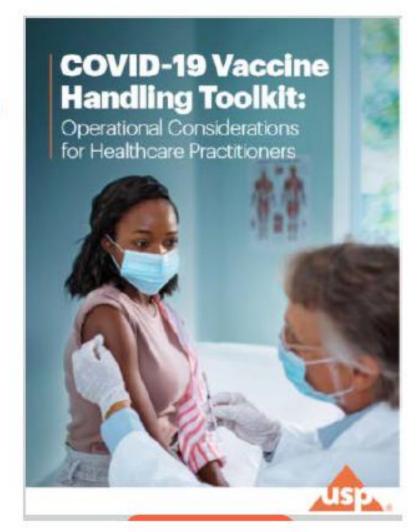
- Transport punctured vials between 2°C and 8°C (36°F and 46°F).
 - Take care to ensure vaccine does not refreeze.
- Once mixed, the vaccine must be used within 6 hours.
 - Time used for transport counts as part of the 6-hour time limit.
 - Any vaccine remaining after 6 hours must be discarded.



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Update: Transporting Predrawn Syringes

- CDC recommends transporting vaccine in vials.
- However, there may be instances when the only option is to transport vaccine in a predrawn syringe.
- Transport between 2°C and 8°C (36°F and 46°F).
- U.S. Pharmacopeia includes guidance for labeling and packaging predrawn syringes in the USP COVID-19
 Vaccine Toolkit: Operational Considerations for Healthcare Practitioners.





Examples of pre-drawn syringe labels

Examples of pre-drawn syringe storage container labels

Pfizer-BioNTech COVID-19 Vaccine (30 mcg / 0.3 mL) IM suspension

Facility name and phone number:

Quantity of syringes:

Date & Time to discard (6 hours after dilution):

Lot #:

Initials of preparer:

Moderna COVID-19 Vaccine (100 mcg / 0.5 mL) IM suspension

Facility name and phone number:

Quantity of syringes:

Date & Time to discard (6 hours after puncture):

Lot #:

Initials of preparer:



https://www.usp.org/covid 19/vaccine-handling-toolkit

Examples of pre-drawn syringe labels

Pfizer-BioNTech COVID-19 Vaccine (30 mcg / 0.3 mL) IM suspension

Date & Time to discard (6 hours after dilution):

Lot #:

Initials of preparer:

Moderna COVID-19 Vaccine (100 mcg / 0.5 mL) IM suspension

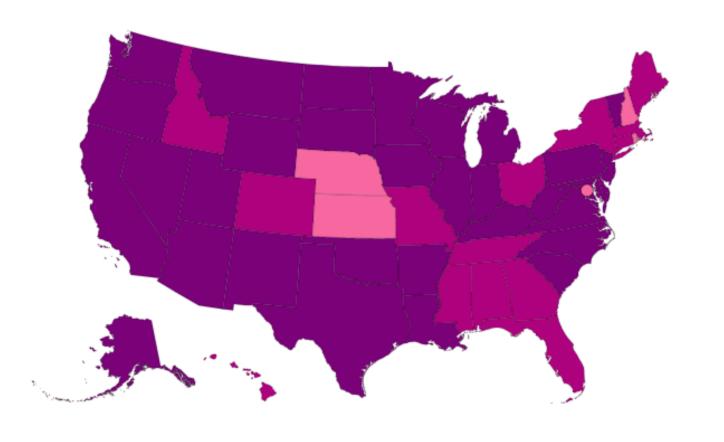
Date & Time to discard (6 hours after puncture):

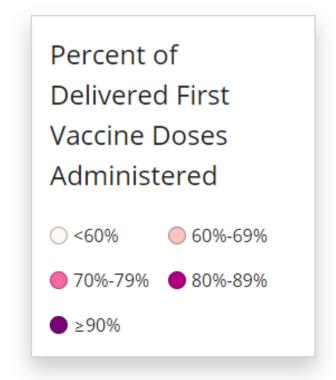
Lot #:

Initials of preparer:



Percent of Delivered First Vaccine Doses Administered

























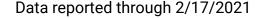
X Vaccine Administered

	Total Doses	First Dose	Fully Vaccinated (second dose given)
Administered at Chicago Sites	474,050 177,057 doses given to non-Chicagoans (37%)	364,660	109,390
Administered to Chicago Residents	376,191 79,186 doses given outside Chicago (21%)	275,854	100,337

1 in 10 Chicagoans have received a first dose of vaccine

1 in 8 Chicagoans 18+ have received a first dose of vaccine

1 in 4 Chicagoans 65+ have received a first dose of vaccine



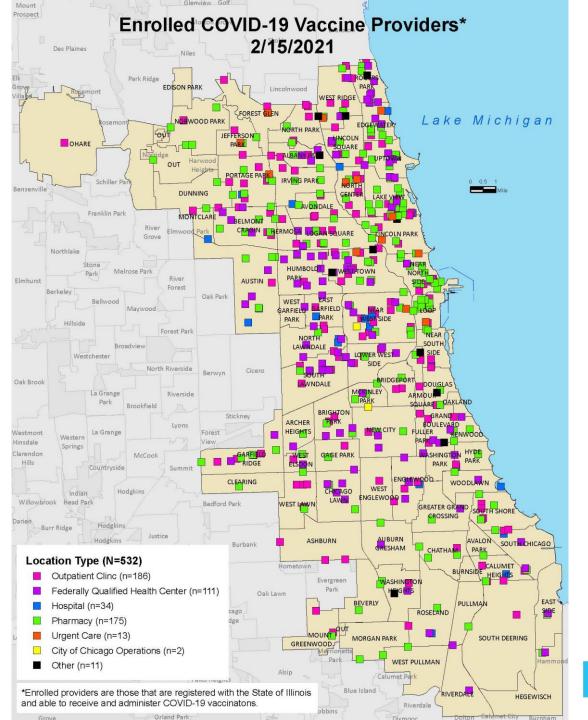


Provider Enrollment * Status

539 providers enrolled as of 2.18.2021

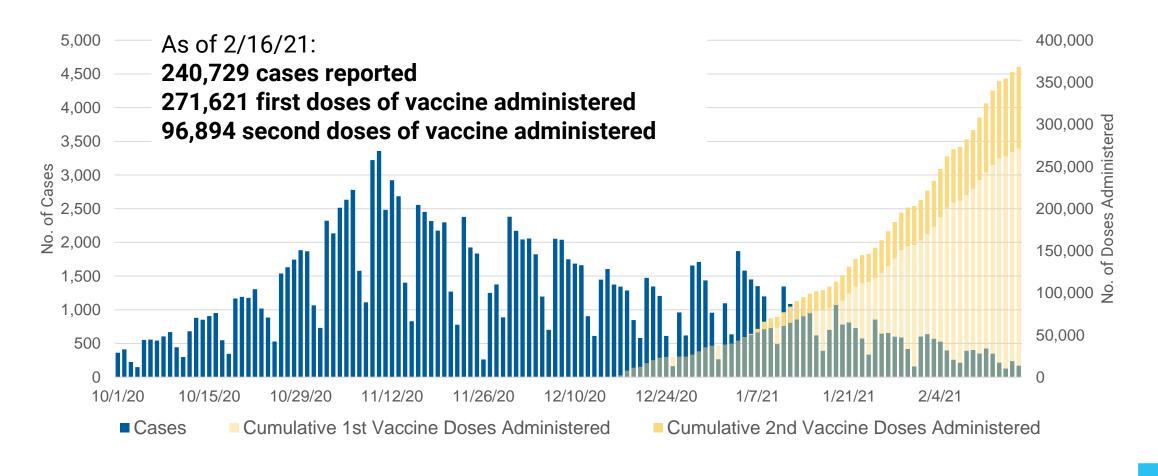
Cumulative Post-Transfer % Distribution (Does not include LTCF Program or Retail Pharmacy Program), 2/17/2021

	Number of Providers		
Provider Type	Distributed to	Enrolled	Percent
City of Chicago Operations	1	2	50%
Community Health Center	9	16	56%
FQHC	49	114	43%
Hospital	30	34	88%
Medical Practice	78	170	46%
Occupational Health Center	0	2	0%
Other	5	12	42%
Pharmacy	77	175	44%
Student Health Center	1	1	100%
Urgent Care	11	13	85%
Total	261	539	48%



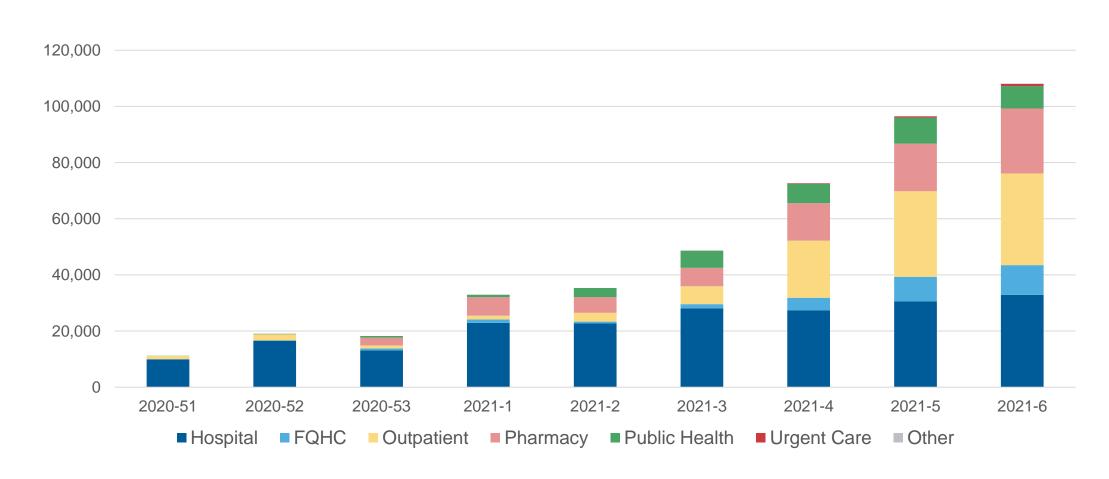


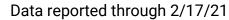
Vaccination in Chicago scaling up as transmission decreases





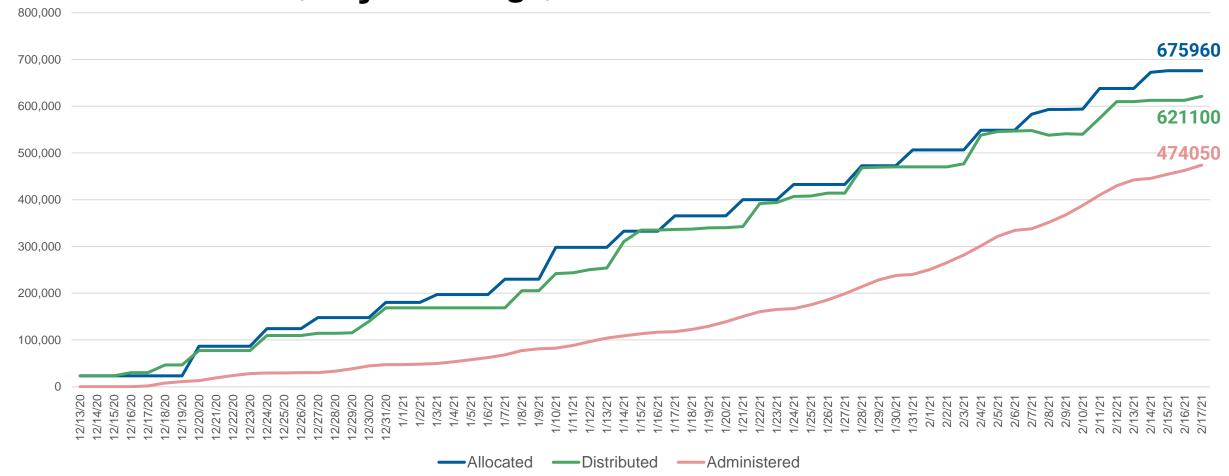
Volume of administration increasing in outpatient settings







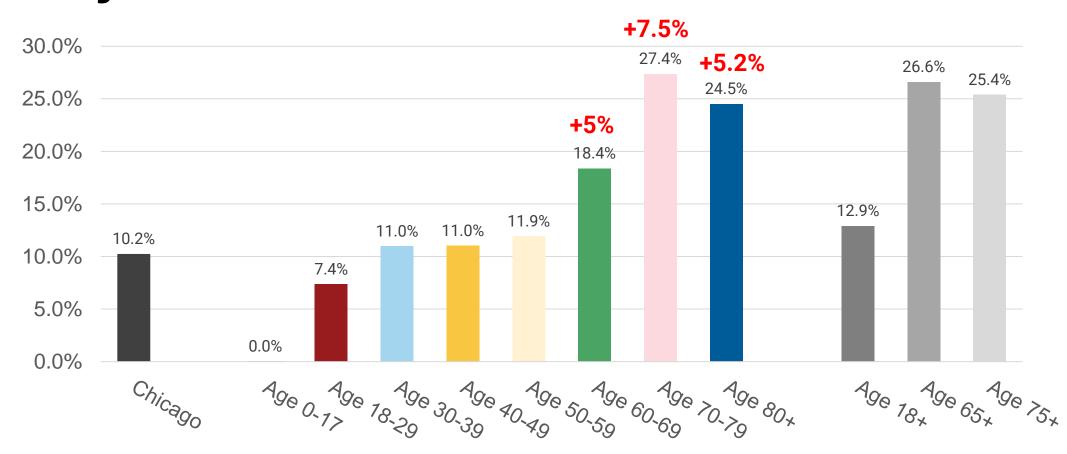
Cumulative COVID Vaccine Doses Allocated, Distributed* and Administered, City of Chicago, 2.17.2021



^{*}Ordered for Chicago vaccine providers and transferred doses part of the Federal LTCF and Retail Pharmacy Programs Source: ICARE, VTrckS, Tiberius, Kirsti Bocskay and Stephanie Gretsch/Date: As of 2.17.2021



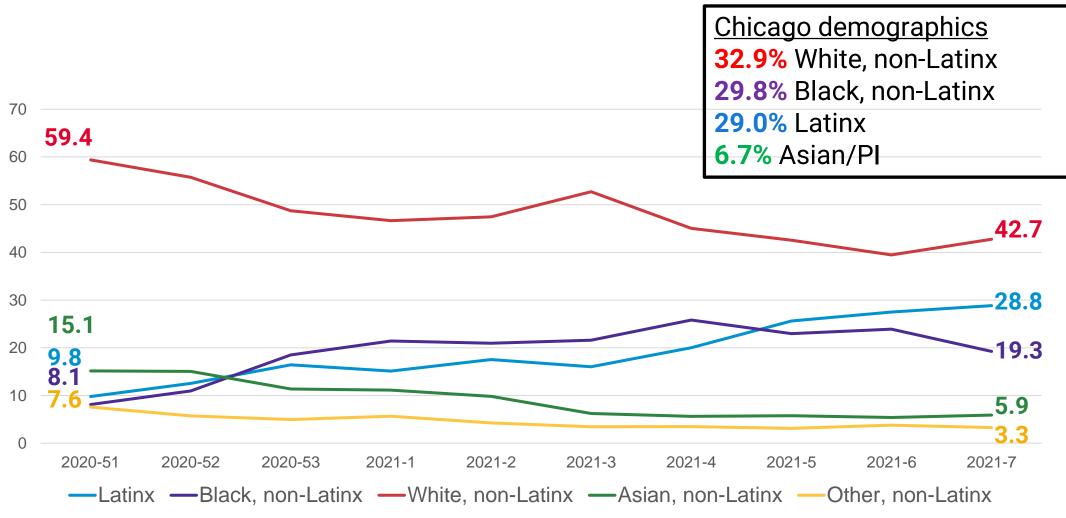
1 in 4 Chicagoans 65+ years and 1 in 8 Chicagoans 18+ years have received at least one dose of vaccine





Percent of First Doses Administered by Race / Ethnicity







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

February 18, 2021

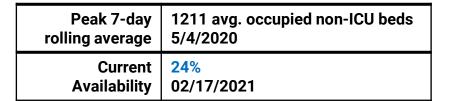
Data updated: Feb 17, 2021 at 11:59pm

Chicago Hospital Capacity Summary: Key Findings



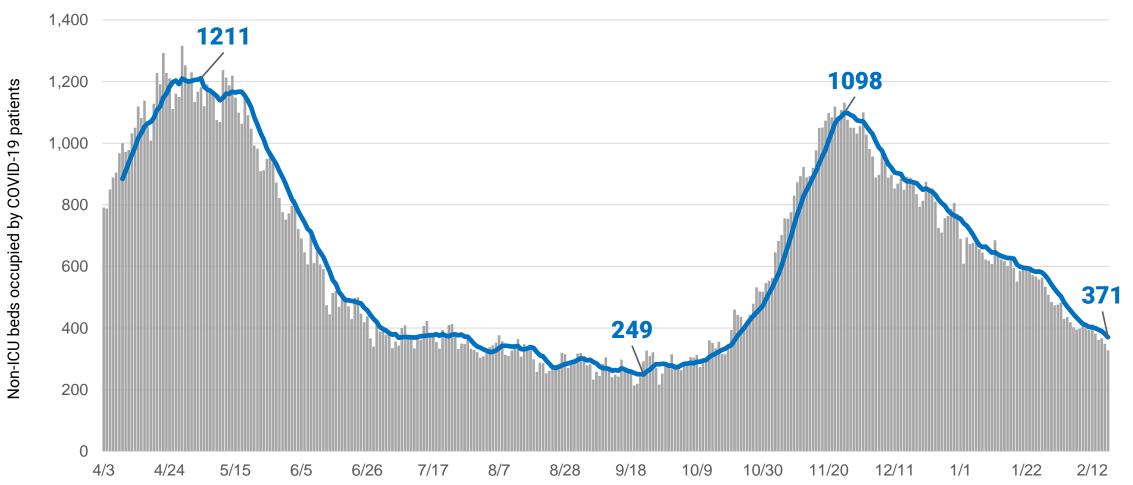
- Non-ICU bed, ICU bed and ventilator availability remains well above the 20% threshold
- Occupancy of non-ICU beds by COVID-19 patients is declining
 - Current 7-day average at 371
- Occupancy of ICU beds by COVID-19 patients is declining
 - Current 7-day average at 119
 - ICU bed availability = 28%
- Utilization of ventilators by COVID-19 patients is <u>declining</u>
 - Current 7-day average at 63

Non-ICU Bed Occupancy from COVID-19





COVID-19 acute/non-ICU beds occupied, daily counts and 7 day average, daily occupancy census (04/03/2020-02/17/2021)



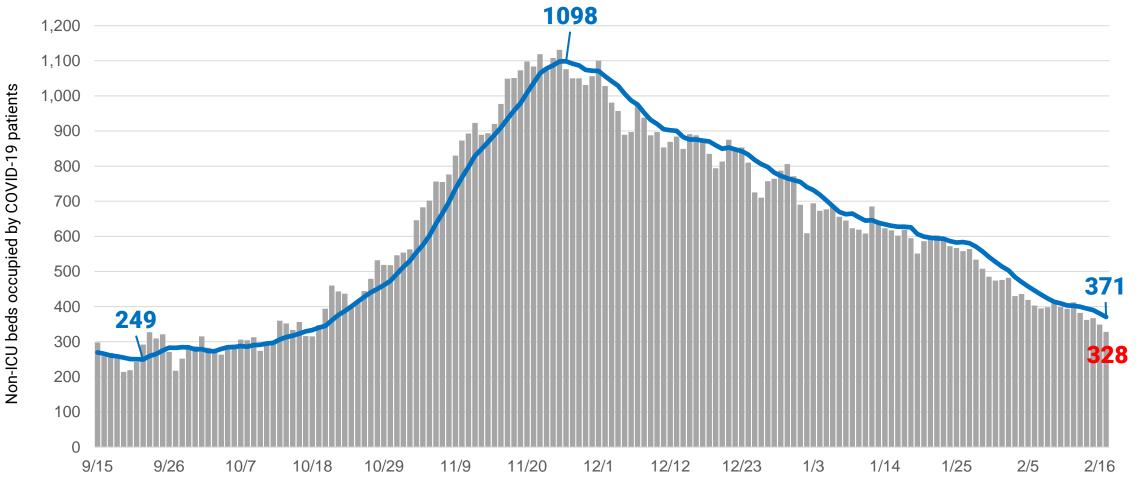
Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning April 3 (acute non-ICU occupancy). Acute non-ICU bed counts include burn, emergency department, med/surg, other, pediatrics and psychiatry beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes 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	24%
Availability	02/17/2021

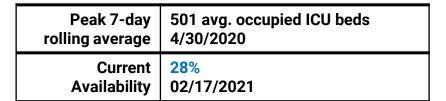


COVID-19 acute non-ICU beds occupied, daily counts and 7 day average, daily occupancy census (9/15/2020-02/17/2021)



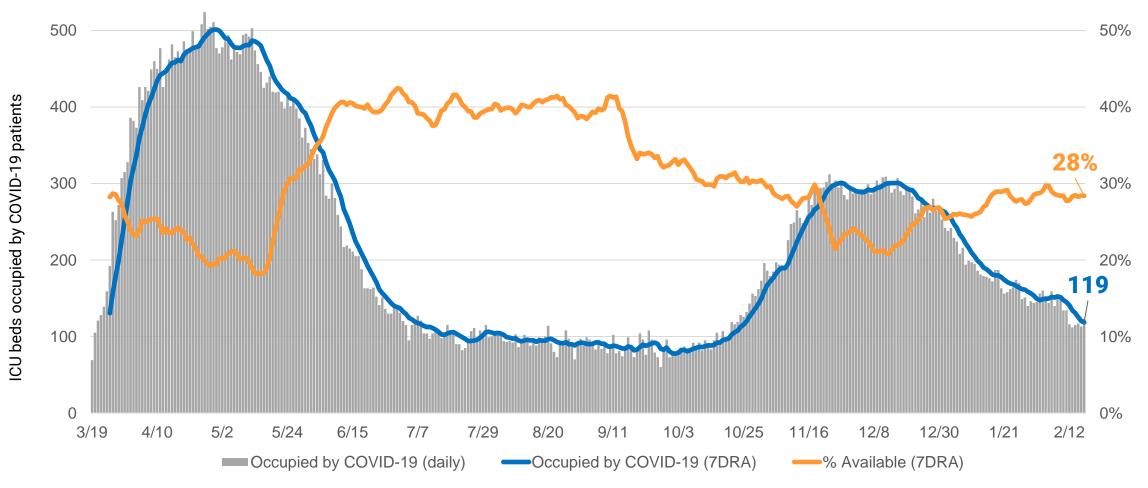
Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning April 3 (acute non-ICU occupancy). Acute non-ICU bed counts include burn, emergency department, med/surg, other, pediatrics and psychiatry beds in Chicago hospitals. Includes Chicago and non-Chicago residents. Includes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

ICU Occupancy from COVID-19





ICU beds available and occupied by COVID-19 patients, daily counts and 7 day average, daily occupancy census (03/13/2020 - 02/17/2021)



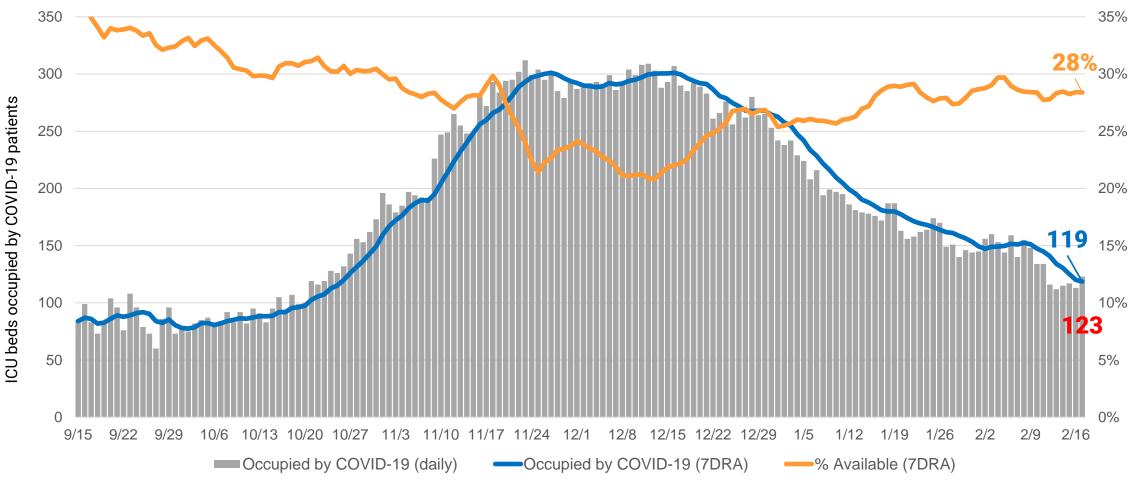
ICU Occupancy from COVID-19

Peak 7-day rolling average 501 avg. occupied ICU beds 4/30/2020

Current Availability 02/17/2021



ICU beds available and occupied by COVID-19 patients, daily counts and 7 day average, daily occupancy census (09/15/2020 - 02/17/2021)

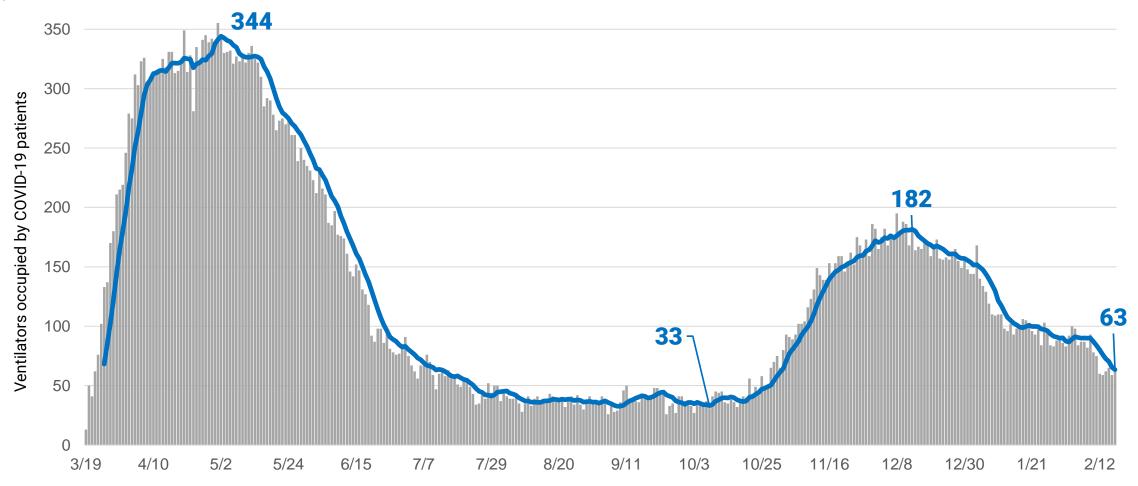


Ventilator Utilization from COVID-19

Peak 7-day rolling average	344 avg. ventilators in use 5/2/2020
Current	68%
Availability	02/17/2021



COVID-19 ventilators in use, daily counts and 7 day average, daily utilization census (3/19/2020-02/17/2021)



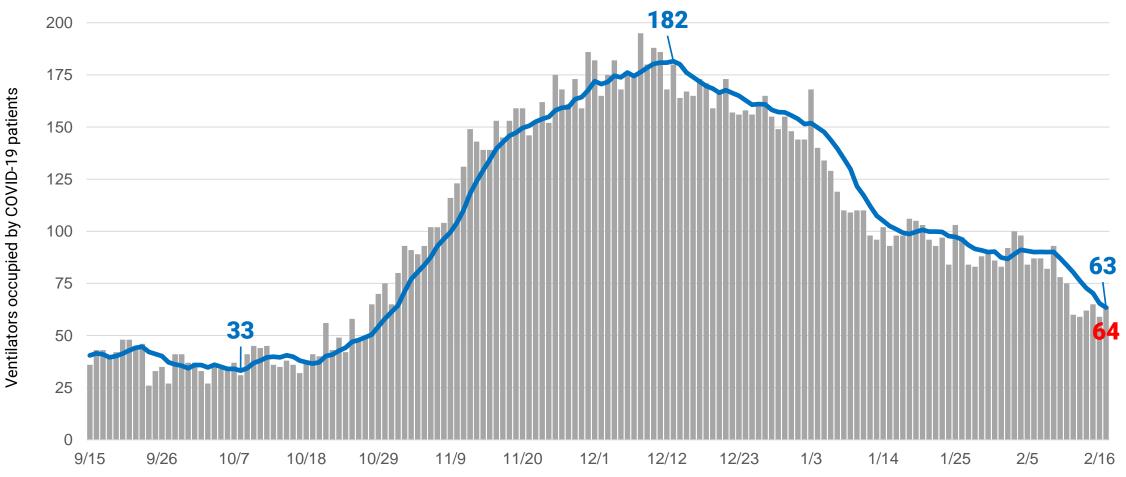
Includes all Chicago hospitals. Hospitals report daily to CDPH via EMResource, beginning March 19. Includes Chicago and non-Chicago residents. Includes confirmed and suspected COVID-19 cases. Beginning 4/24/2020, ventilator counts include all full-functioning mechanical ventilators, BiPAP, anesthesia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

Ventilator Utilization from COVID-19

_	344 avg. ventilators in use 5/2/2020
Current	68%
Availability	02/17/2021



COVID-19 ventilators in use, daily counts and 7 day average, daily utilization census (9/15/2020-02/17/2021)



Chicago COVID-19 Community Metrics, Phase IV

	Very high risk	High risk	Moderate risk	Lower risk	Controlled transmission
COVID cases diagnosed per day Chicago residents 7-day rolling daily average	800+ -or- 7+ consecutive days more than 15% higher than daily average one week prior	400 - 799 -or- 5+ consecutive days more than 10% higher than daily average one week prior	200 - 399 -and- decreasing or stable compared to daily average one week prior	20 – 199 -and- decreasing or stable compared to daily average one week prior	<20
COVID test positivity Chicago residents 7-day rolling daily average	10%+ -or- 7+ consecutive days more than 15% higher than daily average one week prior	6.6 - 9.9% -or- 5+ consecutive days more than 10% higher than daily average one week prior	5.0 - 6.5% -and- decreasing or stable compared to daily average one week prior	2 - 4.9% -and- decreasing or stable compared to daily average one week prior	<2%
Emergency dept visits for COVID-like illness Chicago hospitals 7-day rolling daily average	90+ -or- 7+ consecutive days more than 15% higher than daily average one week prior	80-89 -or- 5+ consecutive days more than 10% higher than daily average one week prior	60 - 79 -and- decreasing or stable compared to daily average one week prior	20 - 59 -and- decreasing or stable compared to daily average one week prior	<20
ICU beds occupied by COVID patients Chicago hospitals 7-day rolling daily average	400+ -or- <20% overall ICU bed availability	300 - 399 -or- <22% overall ICU bed availability	100 - 299	20 - 99	<20



Questions?



Chicago.gov/Health



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