I-VAC Adult Learning Collaborative for COVID-19 Vaccination

Please use your first name and health center name when you join the session

Use the **“chat”** feature to let us know if you have a question

Please remember to **mute your microphone** unless speaking

If you can’t connect audio via computer or lose computer audio at anytime, you can call in to session at **(669) 900-6833, Meeting ID 999-9467-0942##**

I-VAC ILLINOIS VACCINATES AGAINST COVID-19

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ECHO CHICAGO

Mission

to establish and cultivate a robust knowledge network that builds community-based capacity to reduce the health disparities affecting children and adults in underserved communities

www.echo-chicago.org

ESTABLISHED 2010

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Reach

4500+

professionals

800+

organizations

30

states

4

countries

Impact

89% show increased confidence in their skills after participating in training

91% report at least change to their practice as a result of participating in training

Breadth

20+ topic areas, including:

- Complex pediatric asthma
- Pediatric obesity
- COVID-19

pediatric populations

- Diabetes
- Geriatrics for SNFs
- Resistant hypertension

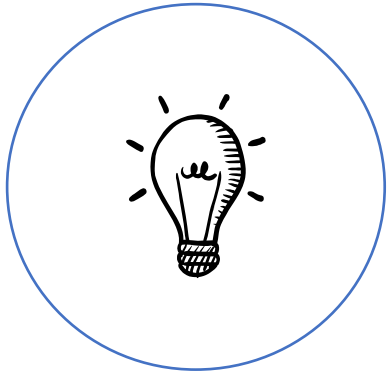
adult populations

- Childhood adversity & trauma
- Opioid use disorder
- Serious mental illness

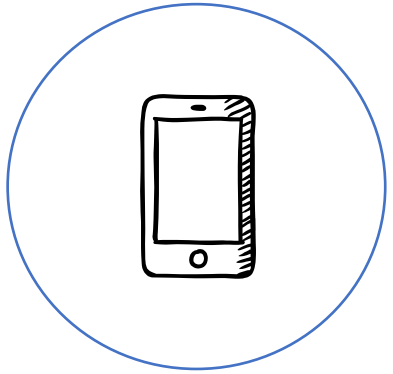
behavioral health

Illinois Vaccinates Against COVID-19 (I-VAC)

Foundational Training



Learning Collaboratives



Technical Assistance

Toolkit & Outreach Materials

Website: https://www.illinoisvaccinates.com/

I-VAC ILLINOIS VACCINATES AGAINST COVID-19

Funding for the Illinois Vaccinates Against COVID-19 (I-VAC) project is provided by a grant award from the Office of Disease Control, Illinois Department of Public Health

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Session Essentials

- CME credits
  - Information to claim credits will be shared at the end of March
  - 1 session = 1 *AMA PRA Category 1 Credit*™
- Cases
  - SHARE a case with us
    - Specific patient case, general issue (testing, vaccine hesitancy, etc.) or operational/logistical issue
  - Web-based electronic case submission
  - To ensure everyone has an opportunity to share, we will develop a schedule
  - If you would like to present a case at the next session, please let Kathryn know at kshwest@peds.bsd.uchicago.edu

- Session slides & recordings
  - Slides and recordings will be posted on https://www.echo-chicago.org/topic/covid-19-in-pediatric-populations/ behind a firewall. Registration required to access
- Readiness survey
  - A pre-survey link was sent out. Link in the chat. Please complete it ASAP

I-VAC Adult Learning Collaborative for COVID-19 Vaccination

Anu Hazra, MD, University of Chicago

Ed Linn, MD, Chicago Medical Society

Jennifer Burns, RN, MSN, CPNP, University of Chicago

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Disclosures

- Aniruddha (Anu) Hazra, MD has received grant funding from Gilead Sciences.
- No one else in a position to control the educational content of this activity has any relevant financial relationships with ineligible companies to disclose.
- All of the relevant financial relationships listed for these individuals have been mitigated.
- What gets said here today may change based on new data and recommendations
  - Knowledge is shared more rapidly through ECHO

I-VAC ILLINOIS VACCINATES AGAINST COVID-19

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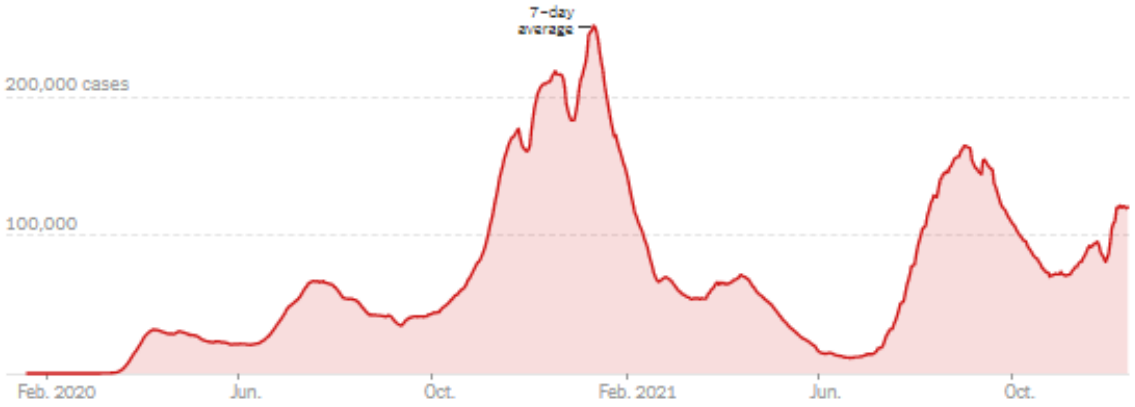
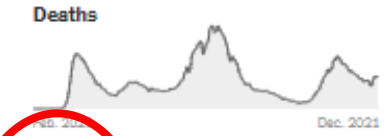
Coronavirus in the U.S.: Latest Map and Case Count

New reported cases

All time | Last 90 days

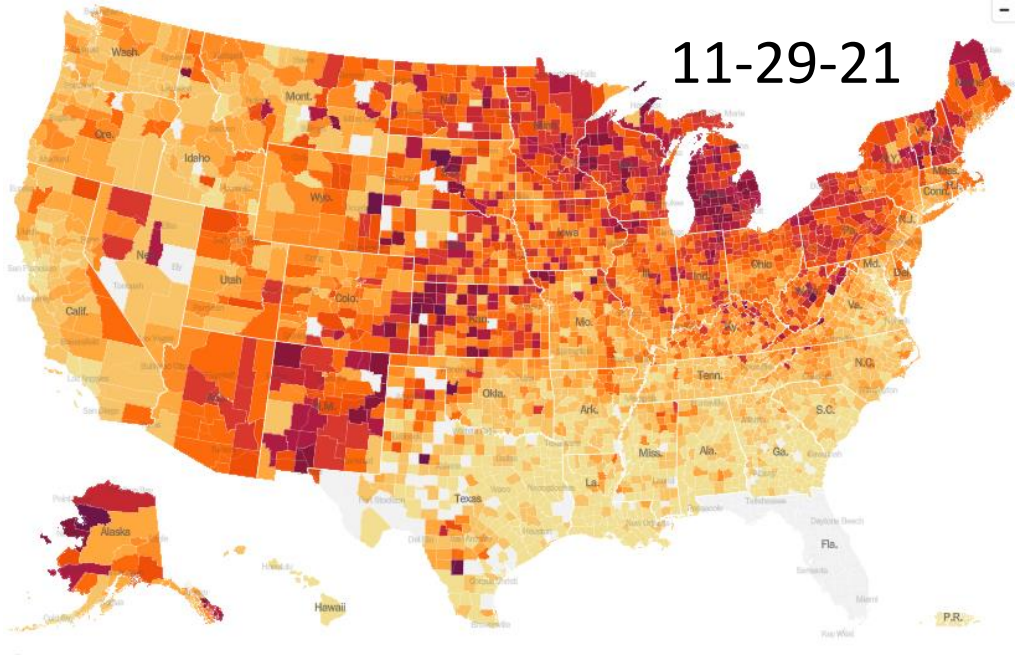


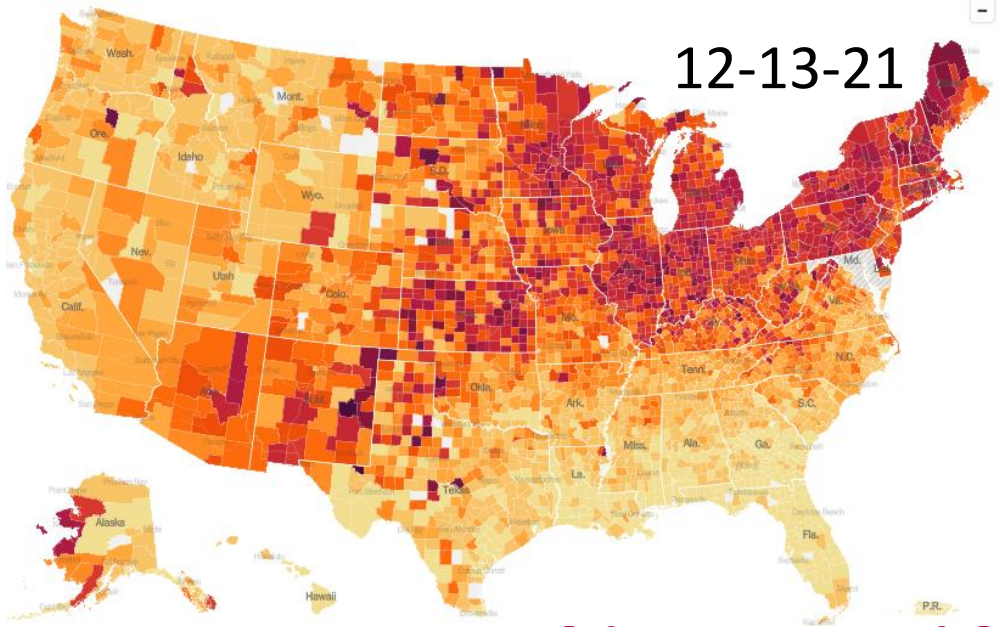


	DAILY AVG. ON DEC. 13	14-DAY CHANGE	TOTAL REPORTED
Cases	120,056	+49%	50,083,493
Tests	1,388,061	+2%	—
Hospitalized	66,395	+22%	—
Deaths	1,276	+40%	797,208

About this data

AGAINST COVID-19





https://www.nytimes.com/interactive/2021/us/coronavirus-us-cases.html

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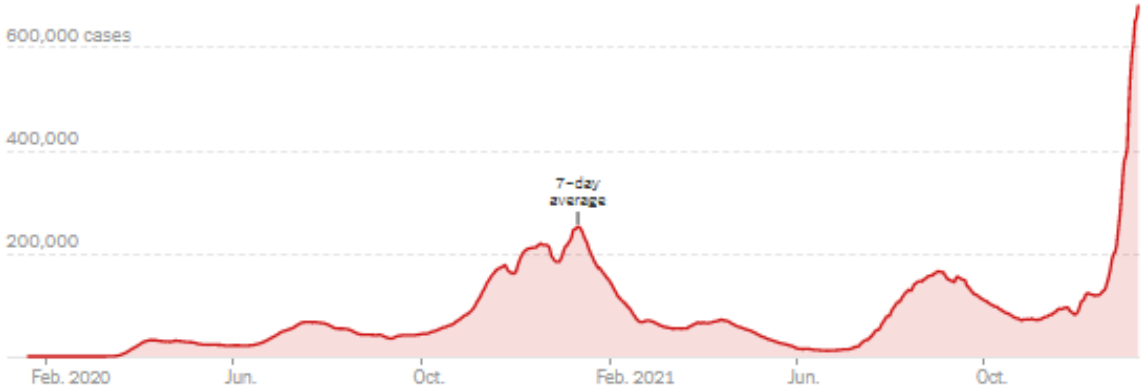
New reported cases

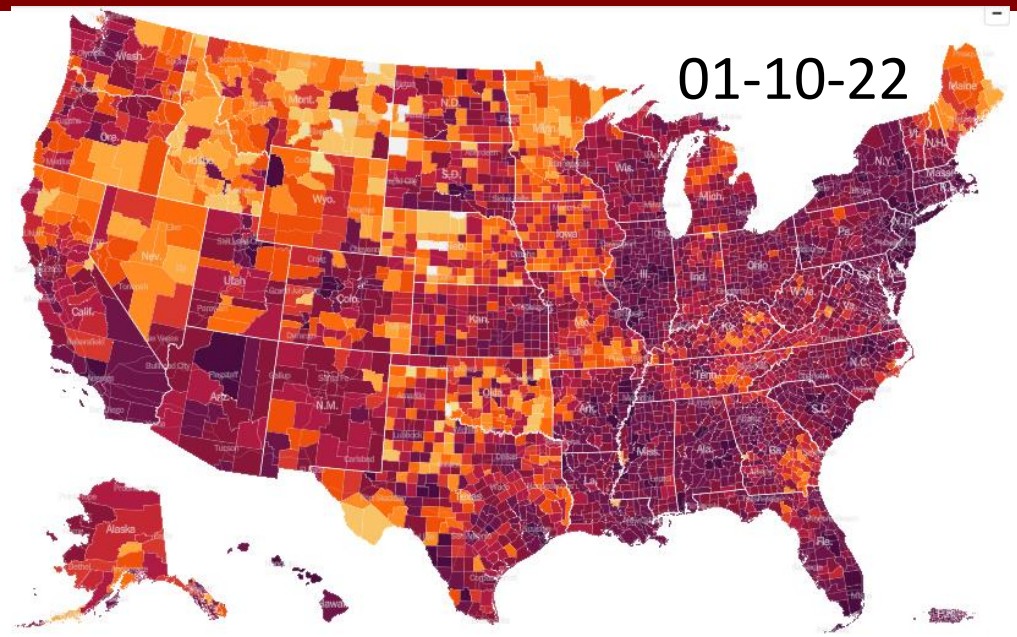
All time | Last 90 days

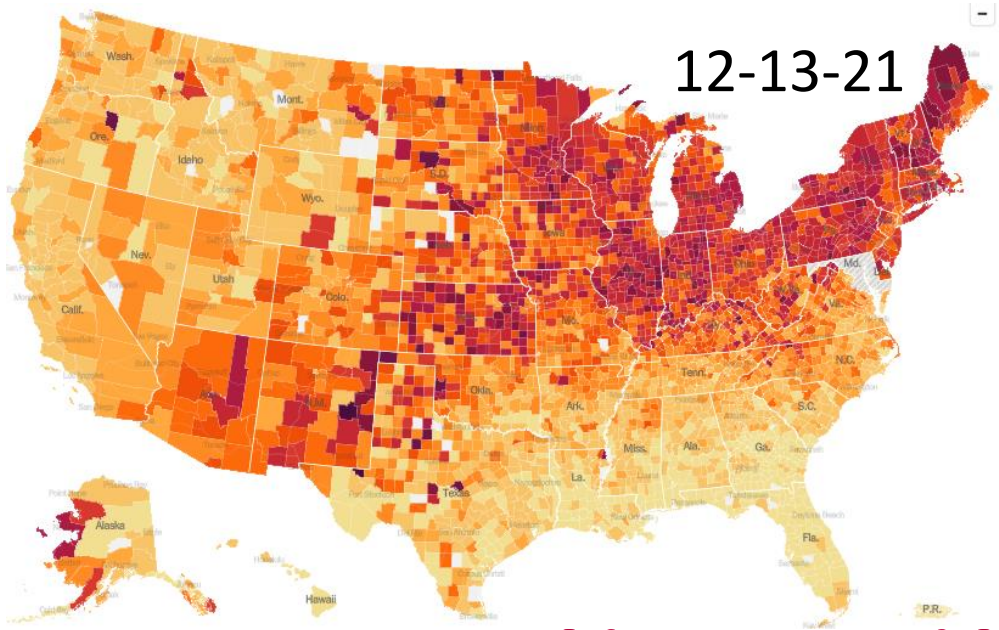


	DAILY AVG. ON JAN. 9	14-DAY CHANGE	TOTAL REPORTED
Cases	678,271	+216%	60,712,110
Tests	1,992,421	+32%	—
Hospitalized	132,086	+83%	—
Deaths	1,562	+17%	836,915

About this data

AGAINST COVID-19





https://www.nytimes.com/interactive/2021/us/coronavirus-us-cases.html

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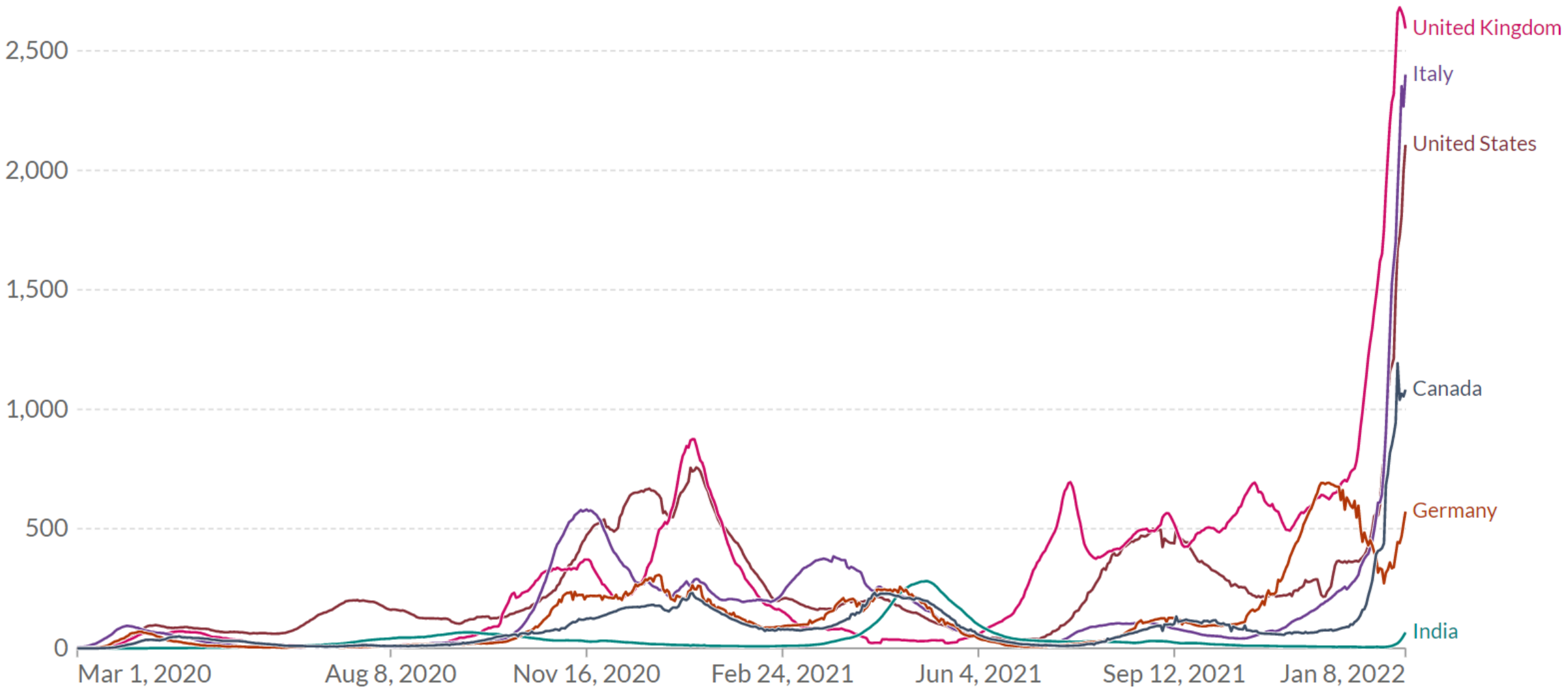
Daily new confirmed COVID-19 cases per million people

7-day rolling average. Due to limited testing, the number of confirmed cases is lower than the true number of infections.

Our World in Data

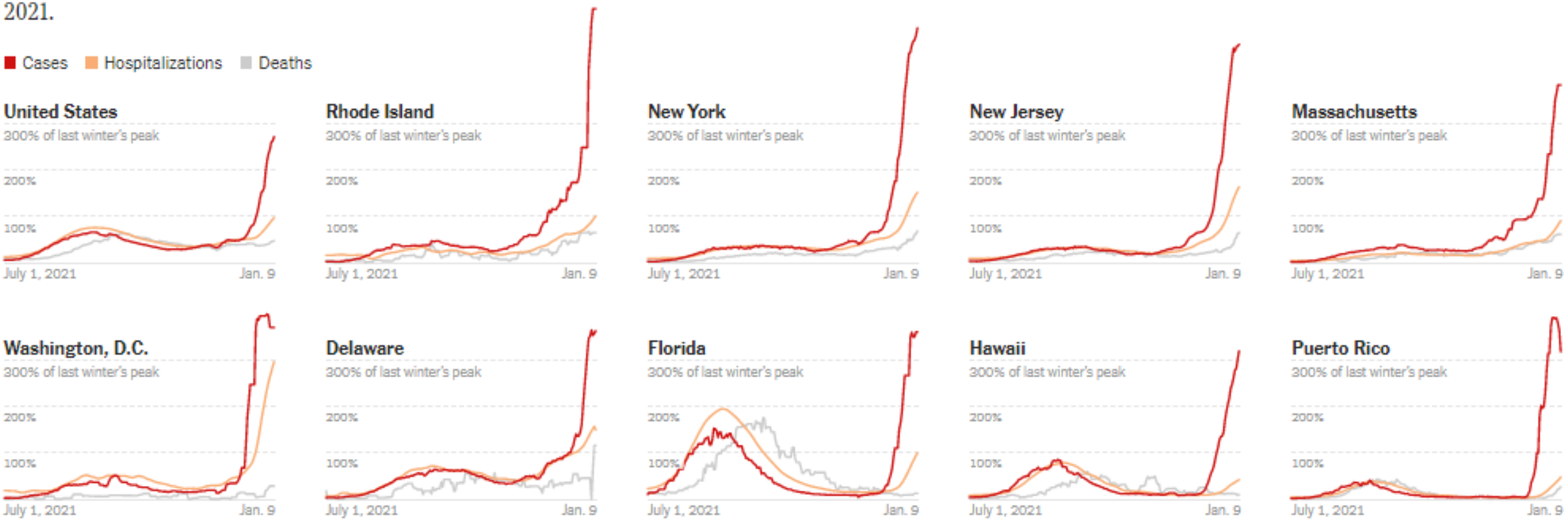
LINEAR LOG



Source: Johns Hopkins University CSSE COVID-19 Data

How cases, hospitalizations and deaths are trending

Each chart shows how these three metrics compare to the corresponding peak level reached nationwide last winter. For example, a state's case line exceeds 100 percent on the chart when its number of cases per capita exceeds the highest number of U.S. cases per capita reached in January 2021.



https://www.nytimes.com/interactive/2021/us/coronavirus-us-cases.html

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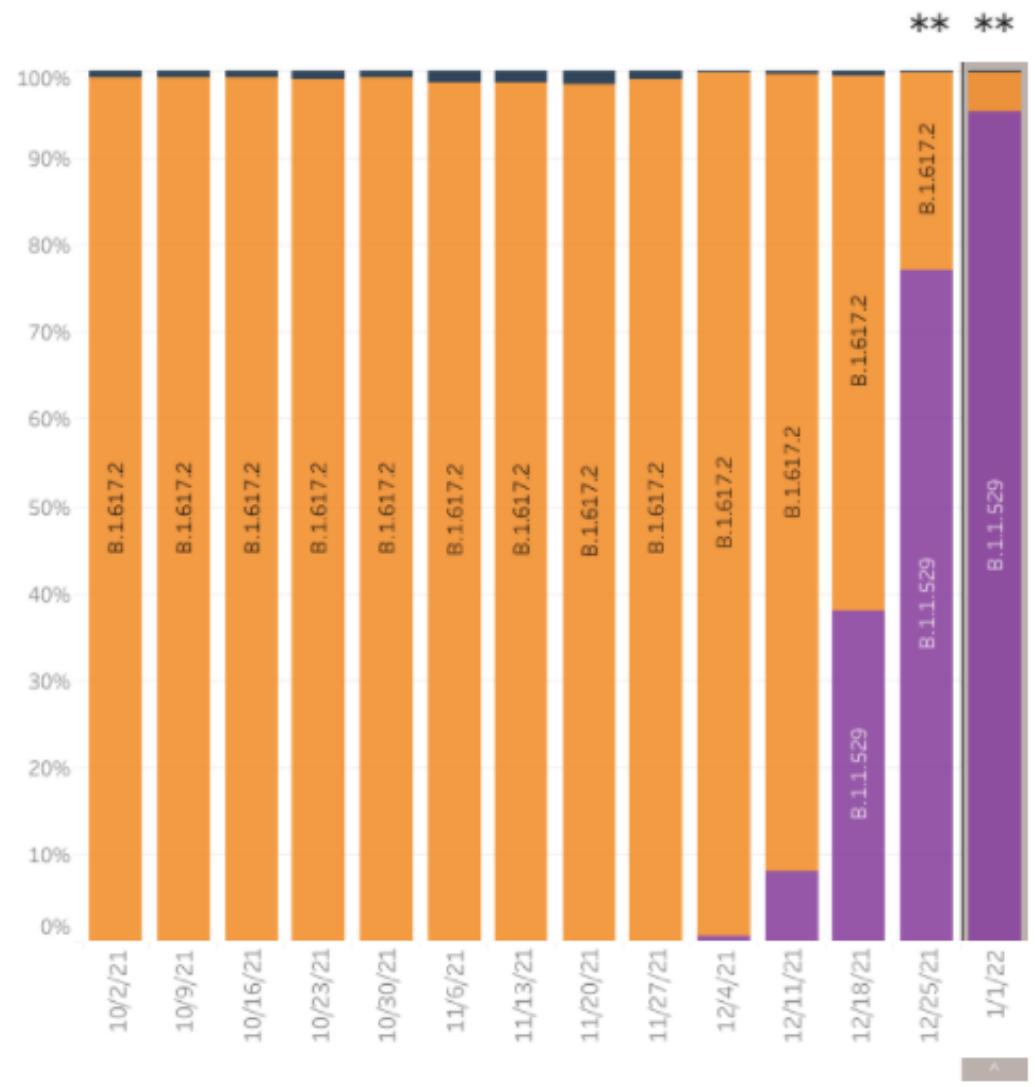
United States: 9/26/2021 – 1/1/2022



United States: 12/26/2021 – 1/1/2022 NOWCAST

USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	95.4%	92.9-97.0%
Delta	B.1.617.2	VOC	4.6%	2.9-7.0%
Other	Other*		0.0%	0.0-0.1%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

AY.1-AY.127 and their sublineages are aggregated with B.1.617.2. BA.1, BA.2 and BA.3 are aggregated with B.1.1.529.

I-VAC ILLINOIS VACCINATES AGAINST COVID-19

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CHICAGO | COVID-19 Summary

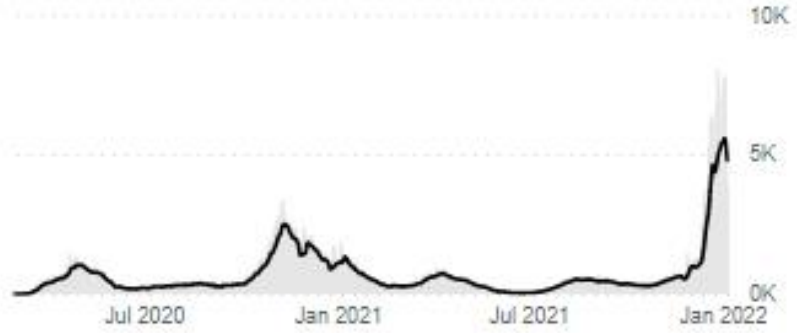
Data current as of Jan 10, 2022.
Data are updated M-F at 5:30 p.m., except for City holidays.
All data are provisional and subject to change.

SUMMARY | CASES | CASES BY ZIP | TESTS | VACCINES | VACCINES BY ZIP

Learn how to use this dashboard.

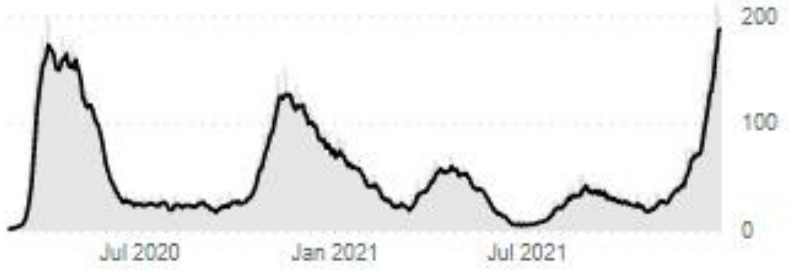
CASES

4,793 ▼	5,189 (-8%)	477,354	177.1
Current daily avg	Prior week	Cumulative	Daily rate per 100,000



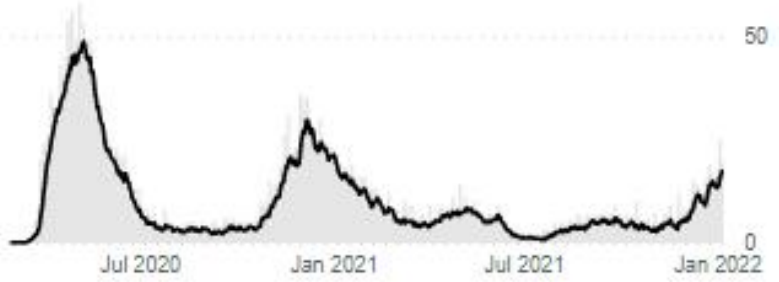
HOSPITALIZATIONS

187 ▲	137 (+37%)	36,494	6.9
Current daily avg	Prior week	Cumulative	Daily rate per 100,000



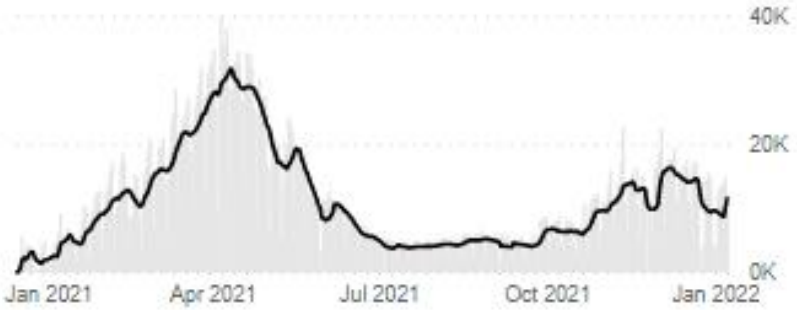
DEATHS

17 ▲	14 (+25%)	6,707	0.6
Current daily avg	Prior week	Cumulative	Daily rate per 100,000



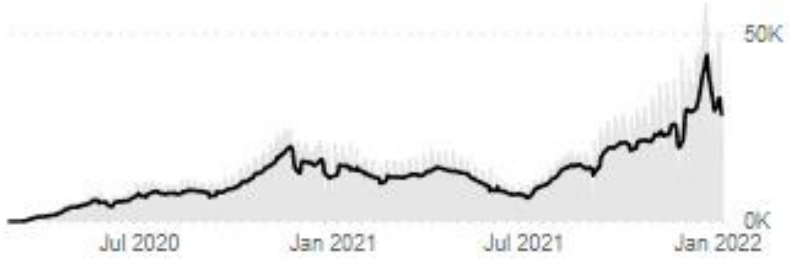
VACCINATIONS ADMINISTERED

11,521 ▲	4,268,765	65.2%	72.8%
Current daily avg	Cumulative	Completed series	At least one dose



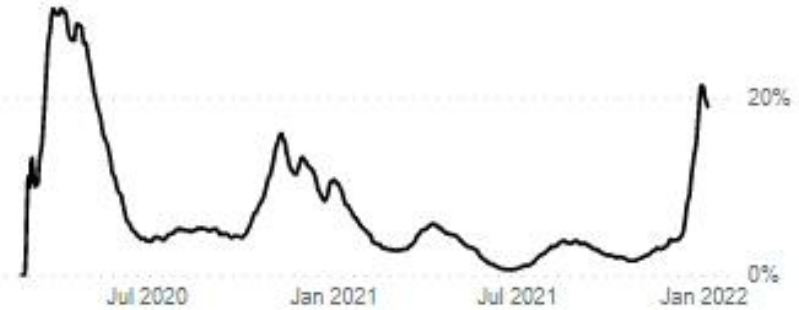
TESTS PERFORMED

28,451 ▼	29,404 (-3%)	8,416,230
Current daily avg	Prior week	Cumulative



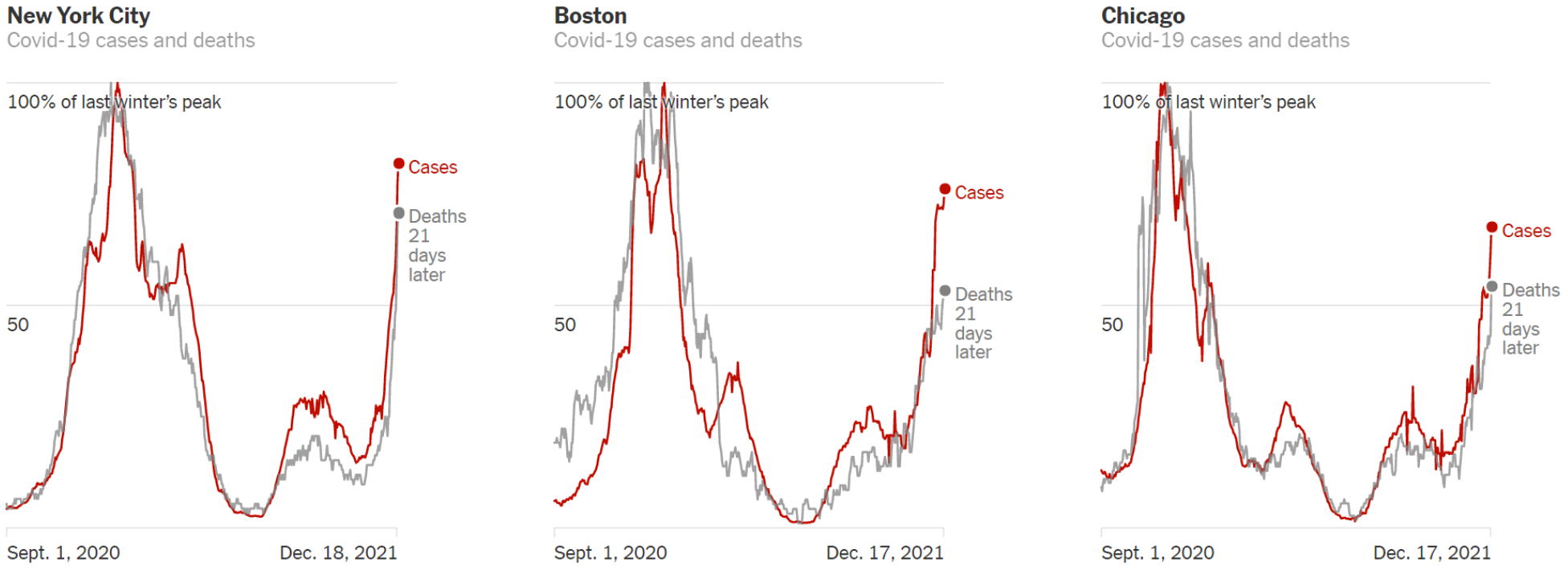
POSITIVITY RATE

18.9% ▼	21.0%
Current daily avg	Prior week



In cities hit early by Omicron, Covid deaths have begun to spike

Death trends, which tend to follow case trends by about three weeks, are sharply up in these three cities. Increasing death rates, however, are not approaching last winter's peaks quite as fast as increasing case rates.



Source: New York Times database of reports from state and local health agencies. • Note: Case and death curves show seven-day averages and are scaled to the highest number for each metropolitan area from Sept. 1, 2020, to Dec. 1, 2021.

I-VAC ILLINOIS VACCINATES AGAINST COVID-19

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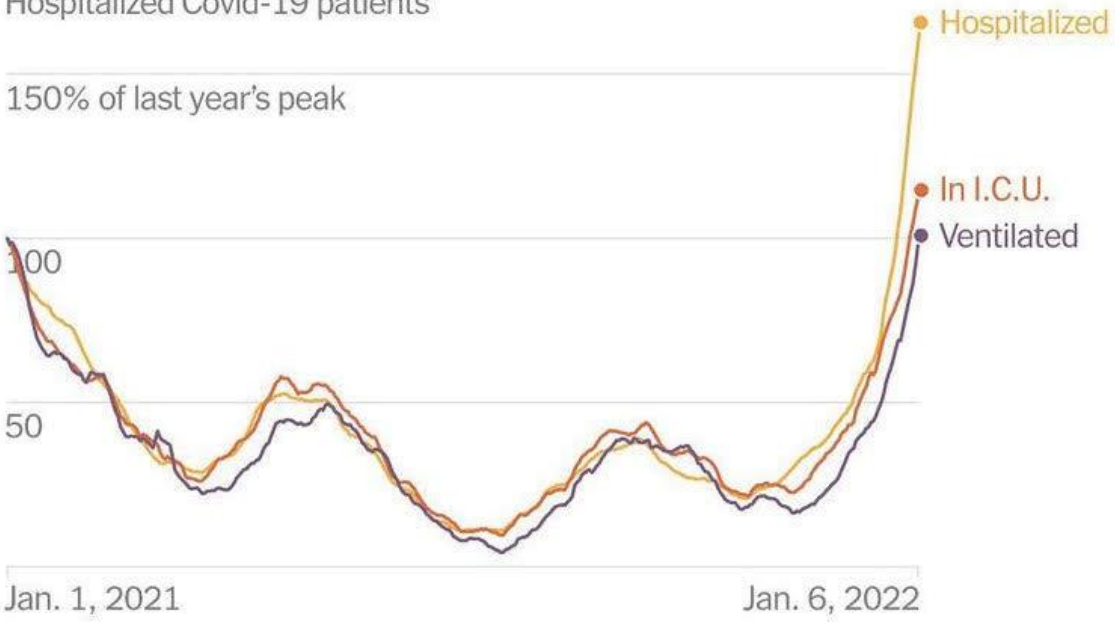
Chicago Hospitals Are Seeing More Covid-19 Patients Than at Any Time Last Year

Chicago

Hospitalized Covid-19 patients

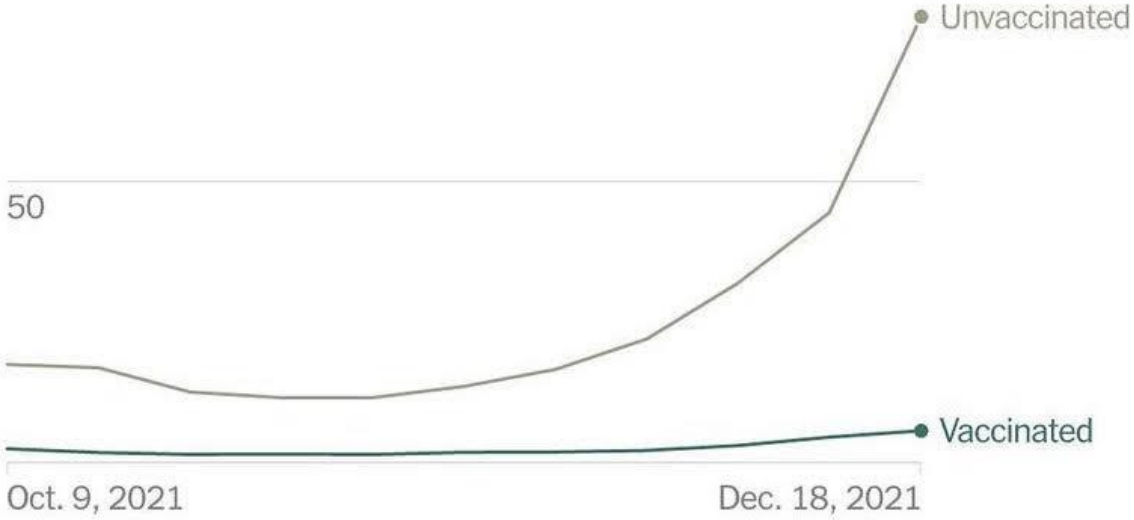


Note: Shows seven-day averages.
Source: Chicago Department of Public Health

Vaccination Gap in Hospitalizations Has Widened During New York City's Omicron Surge

New York City

100 Covid-19 hospitalizations per 100,000 people



Note: Data is age adjusted. Recent data may be incomplete.
Source: New York City Department of Health and Mental Hygiene

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Total Vaccine Doses

Delivered	639,652,445
Administered	520,166,098

Learn more about the distribution of vaccines.

At Least One Dose | Fully Vaccinated | Booster Doses***

Vaccinated People	Count	Percent of US Population
Total	247,051,363	74.4%

Total Vaccine Doses

Delivered	639,652,445
Administered	520,166,098

Learn more about the distribution of vaccines.

207.8M
People fully vaccinated

75.8M
People received a booster dose**

At Least One Dose | Fully Vaccinated | Booster Doses***

Fully Vaccinated* People with a Booster Dose**	Count	Percent of Fully Vaccinated*
Total	75,816,800	36.5%
Population ≥ 18 Years of Age	74,931,903	39.6%
Population ≥ 50 Years of Age	50,413,194	51.3%
Population ≥ 65 Years of Age	29,126,682	60.5%

CHICAGO | COVID-19 Vaccines

Data current as of Jan 10, 2022.
Data are updated M-F at 5:30 p.m., except for City holidays.
All data are provisional and subject to change.

DAILY TRENDS | TOTALS BY PHASE

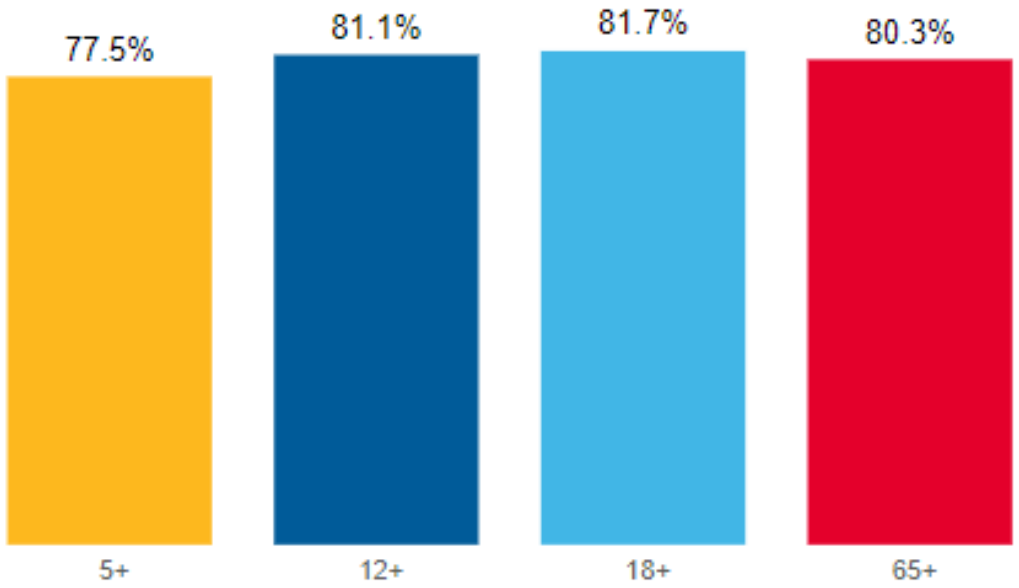
Cumulative totals are since 12/15/2020. Daily averages are a 7-day average as of 1/8/2022 to account for reporting lags.

Citywide | Age | Gender | Race-Ethnicity

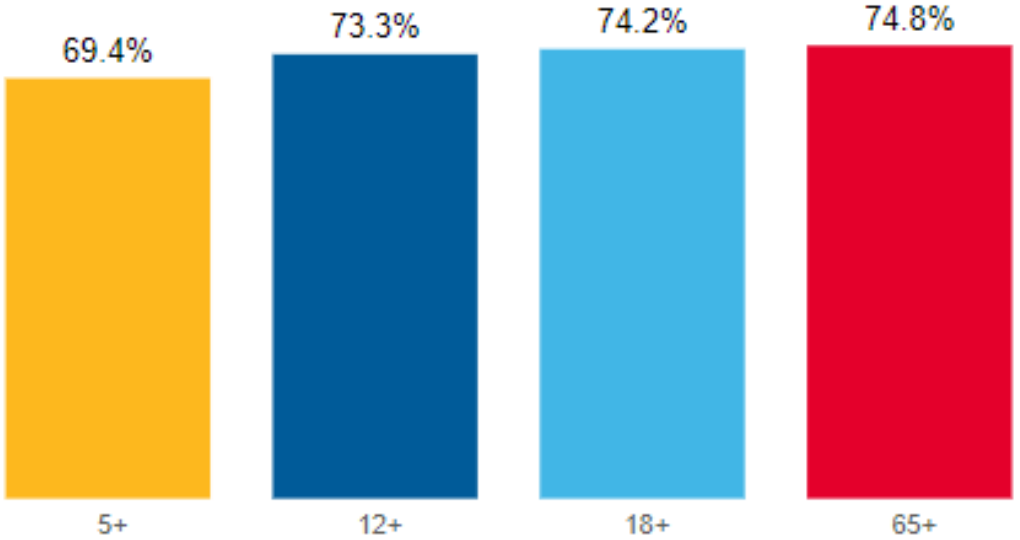
Select subgroup(s)
All

PERCENT VACCINATED | % VACCINATED OVER TIME | DAILY AVERAGE DOSES

At least one dose (% vaccinated as of 1/9/2022)



Completed vaccine series (% vaccinated as of 1/9/2022)



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Learn how to use this dashboard.

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Select subgroup(s)
All

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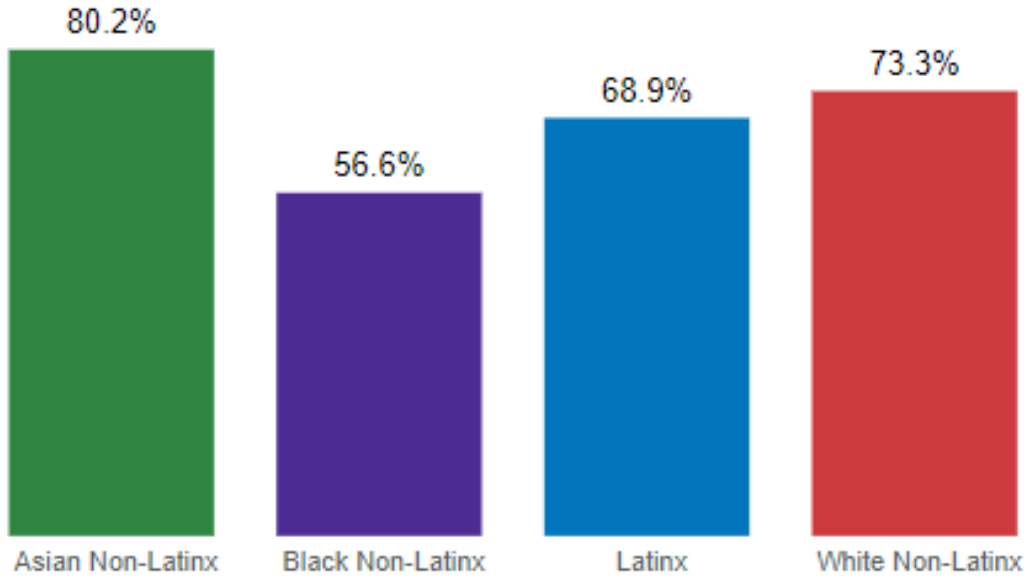
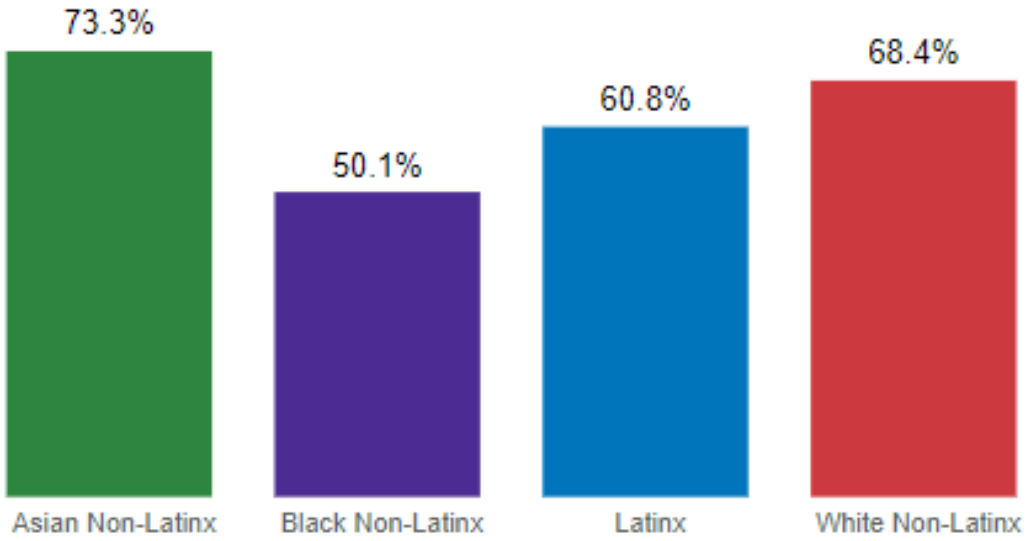
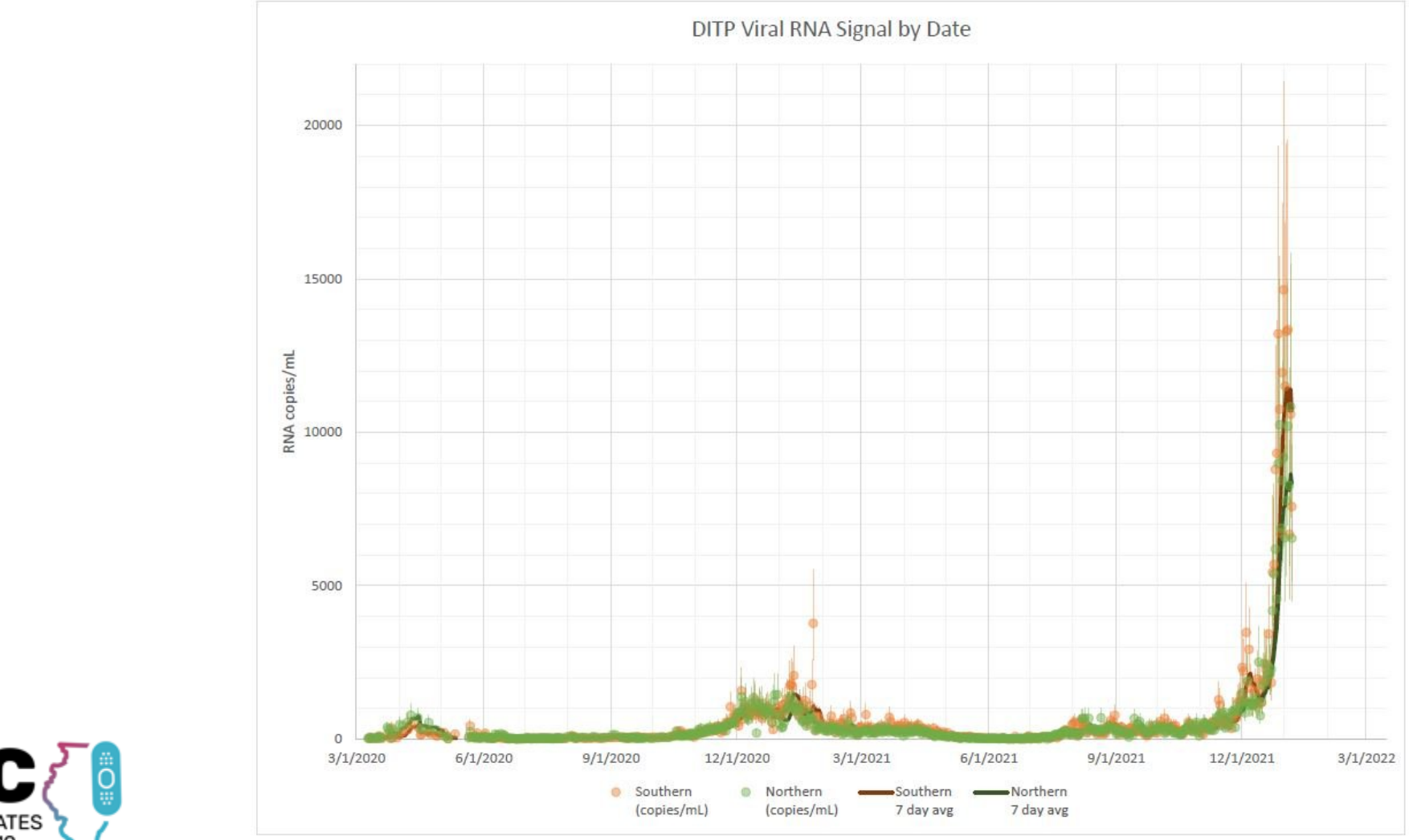


Completed vaccine series (% vaccinated as of 1/9/2022)



Some Good News?
Boston wastewater thru 1/6



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Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

HCP are considered "boosted" if they have received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC. HCP are considered "vaccinated" or "unvaccinated" if they have NOT received all COVID-19 vaccine doses, including a booster dose, as recommended by CDC.

For more details, including recommendations for healthcare personnel who are immunocompromised, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Boosted, Vaccinated, or Unvaccinated	10 days OR 7 days with negative test†, if asymptomatic or mildly symptomatic (with improving symptoms)	5 days with/without negative test, if asymptomatic or mildly symptomatic (with improving symptoms)	No work restriction, with prioritization considerations (e.g., asymptomatic or mildly symptomatic)

Work Restrictions for Asymptomatic HCP with Exposures

Vaccination Status	Conventional	Contingency	Crisis
Boosted	No work restrictions, with negative test on days 2‡ and 5–7	No work restrictions	No work restrictions
Vaccinated or Unvaccinated, even if within 90 days of prior infection	10 days OR 7 days with negative test	No work restriction with negative tests on days 1‡, 2, 3, & 5–7	No work restrictions (test if possible)

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CDC Isolation guidelines for general public

Calculating Isolation

Day 0 is your first day of symptoms or a positive viral test. **Day 1 is the first full day after your symptoms developed or your test specimen was collected**. If you have COVID-19 or have symptoms, isolate for at least 5 days.

IF YOU
Tested positive for COVID-19 or have symptoms, regardless of vaccination status

Stay home for at least 5 days
Stay home for 5 days and isolate from others in your home.

Wear a well-fitted mask if you must be around others in your home.

Ending isolation if you had symptoms
End isolation after 5 full days if you are fever-free for 24 hours (without the use of fever-reducing medication) and your symptoms are improving.

Ending isolation if you did NOT have symptoms
End isolation after at least 5 full days after your positive test.

If you were severely ill with COVID-19
You should isolate for at least 10 days. Consult your doctor before ending isolation.

Take precautions until day 10

Wear a mask
Wear a well-fitted mask for 10 full days any time you are around others inside your home or in public. Do not go to places where you are unable to wear a mask.

Avoid travel

Avoid being around people who are at high risk

CDC now adds if test available and want to test, test at end of 5 day period and if positive stay home for another 5 days

I-VAC ILLINOIS VACCINATES AGAINST COVID-19

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How do the therapies stack up?

	1) Nirmatrelvir/r	2) Sotrovimab	3) Remdesivir	4) Molnupiravir
Efficacy (prevention hospitalization or death)	•**Relative risk reduction: 88%** •Absolute risk: 6.3%→0.8% •NNT: 18	•**Relative risk reduction: 85%** •Absolute risk: 7%→ 1% •NNT: 17	•**Relative risk reduction: 87%** •Absolute risk: 5.3%→0.7% •NNT: 22	•**Relative risk reduction: 30%** •Absolute risk: 9.7%→6.5% •NNT: 31
Pros	•Highly efficacious •Oral regimen •Ritonavir studied (safe) in pregnancy	•Highly efficacious •Monoclonals typically safe in pregnancy •Few/no drug interactions	•Highly efficacious •Studied in pregnancy •Few/no drug interactions	•Oral regimen •Not anticipated to have drug interactions
Cons	•Drug drug interactions	•Requires IV infusion followed by 1 hour observation	•Requires IV infusion on 3 consecutive days	•Low efficacy •Concern: mutagenicity •Not recommended in pregnancy/children

Bringing it All Back Home: Outpatient Treatment Options for COVID-19

Option	Patient Population
Nirmatrelvir/ ritonavir	• Patient not on interacting medications • As soon as possible and within 5 days of symptom onset
Sotrovimab	• Patient on interacting medication/able to come to health care facility • As soon as possible and within 10 days of symptom onset
Remdesivir	• Patient in health care facility or through home infusion service • As soon as possible and within 7 days of symptom onset
Molnupiravir	• Patient not able to be treated with one of the options above • Not pregnant (if given during pregnancy, shared decision making) • As soon as possible and within 5 days of symptom onset

Need	Nirmatrelvir	Sotrovimab	Remdesivir	Molnupiravir
Efficacy	✓✓✓	✓✓✓	✓✓✓	✓
Ease of delivery	✓✓✓	X	XXX	✓✓✓
Drug Interactions	XXX	✓✓	✓✓	✓✓
Safety during pregnancy	✓	✓	✓✓	XXX
Authorized in children (>12)	✓✓	✓✓	✓✓✓*	XX
Supply/Access	XXX	XXX	✓	XX

*Remdesivir approved for children >age 12 years and >40 kg; authorized for children under age of 12 years (3.5 to 40 kg)

Conclusion: We Don't Yet Have the Perfect Drug

COVID-19 Vaccination: Women's Reproductive Health Considerations

Edward Linn, MD
Chicago Medical Society- Trustee
COVID-19 Task Force

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ACOG: **General Recommendations and Considerations**

COVID-19 vaccines are available to all people 12 and older. **ACOG strongly recommends that all eligible persons receive a COVID-19 vaccine or vaccine series.** Obstetrician-gynecologists and other women's health care practitioners should lead by example by being vaccinated and encouraging eligible patients to be vaccinated as well.

ACOG: **COVID-19 Infection Risk in Pregnancy**

Available data suggest that symptomatic pregnant and recently pregnant patients with COVID-19 are at increased risk of more severe illness compared with nonpregnant peers (Ellington MMWR 2020, Collin 2020, Delahoy MMWR 2020, Khan 2021).

- Although the absolute risk for severe COVID-19 is low, these data indicate an increased risk of ICU admission, need for mechanical ventilation and ventilatory support (ECMO), and death reported in pregnant women with symptomatic COVID-19 infection, when compared with symptomatic non-pregnant women (Zambrano MMWR 2020, Khan 2021).
- Pregnant and recently pregnant patients with comorbidities such as obesity and diabetes may be at an even higher risk of severe illness consistent with the general population with similar comorbidities (Ellington MMWR 2020, Panagiotakopoulos MMWR 2020, Knight 2020, Zambrano MMWR 2020, Allotey 2020, Metz 2021, Galang 2021).

CDC report on COVID-19 Infection in Pregnancy

MMWR Morb Mortal Wkly Rep. 2020;69:1347-1354.

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1. The CDC studied 598 pregnant women who were hospitalized with coronavirus between March and August, according to the information published September 25, 2020 in the CDC's *Morbidity and Mortality Weekly Report*.
2. Of 445 live births reported, 12.6% were premature, which the CDC defined as before 37 weeks. That rate is about 25% higher than the rate of premature births for the general population, the CDC said.
3. Of the live births, 23.1% of symptomatic women and 8% of asymptomatic women had premature births. Two live-born newborns died in the hospital: both born to symptomatic women who required mechanical ventilation. Two mothers died in the hospital: both of whom were symptomatic.
4. The CDC report said about half of pregnant women were symptomatic when they were admitted to the hospital. Among that group, 16.2% had to be admitted to an ICU and 8.5% required "invasive mechanical ventilation." None of that happened to asymptomatic women.
5. "Severe illness and adverse birth outcomes were observed among hospitalized pregnant women with COVID-19," the CDC said. "These findings highlight the importance of preventing and identifying COVID-19 in pregnant women."

Results

1. From March 1 to August 22, approximately one-quarter (26.5%) of women ages 15 to 49 years who were hospitalized with COVID-19 were pregnant.
2. At any given time, ~ 5% of women of reproductive age in the general population are pregnant; the higher proportion (26.5%) of hospitalized women ages 15 to 49 years with COVID-19 who were pregnant in **this study suggests that pregnant women have disproportionately higher rates of COVID-19--associated hospitalizations compared with nonpregnant women.**
3. Among women with COVID-19 whose pregnancy trimester was known, 2.3% were hospitalized during the first, 10.2% during the second, and 87.4% during the third trimester.
4. **Among 272 pregnant women with COVID-19 who had symptoms when admitted to hospital, 16.2% required ICU admission, 8.5% required invasive mechanical ventilation, and 1% died.**
5. The proportions of hospitalized pregnant women who were Hispanic (42.5%) and Black (26.5%) were higher than the overall proportions of women ages 15 to 49 years in the COVID-NET catchment area who were Hispanic (15.3%) or Black (19.5%), suggesting that Hispanic or Black pregnant women might have disproportionately higher rates of COVID-19--associated hospitalizations.
6. **Among 445 women who had live births, premature births (< 37 weeks) occurred in 12.6% overall (23.1% of symptomatic women and 8% of asymptomatic women).**
7. Hospital death occurred in 2 live-born newborns, both born to symptomatic women on mechanical ventilation.

Conclusion

More than one-quarter of hospitalized women of reproductive age who had COVID-19 were pregnant and were at greater risk for severe illness, preterm birth, and other adverse pregnancy outcomes.

Receipt of COVID-19 Vaccine During Pregnancy and Preterm or Small-for-Gestational-Age at Birth — Eight Integrated Health Care Organizations, United States, December 15, 2020–July 22, 2021

Weekly / January 7, 2022 / 71(1);26–30

On January 4, 2022, this report was posted online as an MMWR *Early Release.*

Heather S. Lipkind[1]; Gabriela Vazquez-Benitez[2]; Malini DeSilva[2]; Kimberly K. Vesco[3]; Christina Ackerman-Banks[1]; Jingyi Zhu[2]; Thomas G. Boyce[4]; Matthew F. Daley[5]; Candace C. Fuller[6]; Darios Getahun[7]; Stephanie A. Irving[3]; Lisa A. Jackson[8]; Joshua T.B. Williams[9]; Ousseny Zerbo[10]; Michael M. McNeil[11]; Christine K. Olson[11]; Eric Weintraub[11]; Elyse O. Kharbanda[2]

Receipt of COVID-19 Vaccine During Pregnancy and Preterm or Small-for-Gestational-Age at Birth: United States

What is already known about this topic?

Pregnant women with COVID-19 are at increased risk for severe illness and adverse birth outcomes, yet many remain reluctant to be vaccinated.

What is added by this report?

In a retrospective cohort of >40,000 pregnant women, COVID-19 vaccination during pregnancy was not associated with preterm birth or small-for-gestational-age at birth overall, stratified by trimester of vaccination, or number of vaccine doses received during pregnancy, compared with unvaccinated pregnant women.

What are the implications for public health practice?

These data support the safety of COVID-19 vaccination during pregnancy. CDC recommends COVID-19 vaccination for women who are pregnant, recently pregnant, who are trying to become pregnant now, or who might become pregnant in the future.

Systematic review of the safety, immunogenicity, and effectiveness of COVID-19 vaccines in pregnant and lactating individuals and their infants

Winnie Fu [1], Brintha Sivajohan [2], Elisabeth McClymont [3 4], Arianne Albert [5], Chelsea Elwood [3], Gina Ogilvie [5 6 7], Deborah Money [3 5]

Int J Gynaecol Obstet. 2021 Nov 4. doi: 10.1002/ijgo.14008. Online ahead of print.

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Systematic review of the safety, immunogenicity, and effectiveness of COVID-19 vaccines in pregnant and lactating individuals and their infants

Main results: In total, 23 studies were identified. Humoral response and functional immunity were interrogated and found. Increasing placental transfer ratios in cord blood were associated with increasing time from the first vaccine dose to delivery. Safety data indicated that pregnant and lactating populations experienced vaccine-related reactions at similar rates to the general population. **No increased risk of adverse obstetrical or neonatal outcomes were reported. One study demonstrated that pregnant individuals were less likely to experience COVID-19 when vaccinated.**

Conclusion:

COVID-19 vaccination in pregnant and lactating individuals is immunogenic, does not cause significant vaccine-related adverse events or obstetrical and neonatal outcomes, and is effective in preventing COVID-19 disease.

ACOG: **COVID-19 Vaccination for Pregnant Women**

- ACOG recommends that pregnant individuals be vaccinated against COVID-19.
- Obstetrician–gynecologists and other obstetric care providers should routinely assess their pregnant patients' vaccination status.
- Based on this assessment they should recommend needed vaccines to their pregnant patients.
- **There is no evidence of adverse maternal or fetal effects from vaccinating pregnant individuals with COVID-19 vaccine, and a growing body of data demonstrate the safety of such use.**
- **Therefore, individuals who are or will be pregnant should receive the COVID-19 vaccine.**
- While pregnant individuals are encouraged to discuss vaccination considerations with their clinical care team when feasible, written permission or documentation of such a discussion should not be required prior to receiving a COVID-19 vaccine.

Note: Antibodies against COVID-19 (IgG) have been demonstrated to cross the placenta and are detected in fetal blood following vaccination and natural infection. The levels are significantly higher following COVID-19 vaccination

ACOG: Additional Considerations

When recommending the COVID-19 vaccine, clinicians should review the available data on risks and benefits of vaccination with pregnant patients, including the risks of not getting vaccinated in the context of the individual patient's current health status and risk of exposure, including the possibility for exposure at work or home and the possibility for exposing high-risk household members. Conversations about risk should take into account the individual patient's values and perceived risk of various outcomes and should respect and support autonomous decision-making.

ACOG: **Lactating Individuals**

- ACOG recommends that lactating individuals be vaccinated against COVID-19.
- While lactating individuals were not included in most clinical trials, COVID-19 vaccines should not be withheld from lactating individuals who otherwise meet criteria for vaccination.
- Theoretical concerns regarding the safety of vaccinating lactating individuals do not outweigh the potential benefits of receiving the vaccine.
- There is no need to avoid initiation or discontinue breastfeeding in patients who receive a COVID-19 vaccine.

NOTE: Recent studies have demonstrated antibodies (IgG and IgA) in breast milk which may be beneficial to neonates and infants.

ACOG: **Individuals Contemplating Pregnancy**

- Vaccination is strongly recommended for non-pregnant individuals.
- Based on the benefit-risk assessment, COVID-19 vaccination continues to be recommended for all persons aged ≥ 12 years under the FDA's EUA.
- ACOG recommends vaccination for individuals who are actively trying to become pregnant or are contemplating pregnancy.
- It is not necessary to delay pregnancy after completing both doses of the COVID-19 vaccine.
- If an individual becomes pregnant after the first dose of a COVID-19 vaccine requiring two doses (Pfizer-BioNtech or Moderna), the second dose should be administered as indicated.

Infertility and Hormone Concerns

- Claims linking COVID-19 vaccines to infertility are unfounded and have no scientific evidence supporting them.
- Given the mechanism of action and the safety profile of the mRNA vaccines in non-pregnant individuals, COVID-19 mRNA vaccines are not a cause of infertility.
- Adenovirus vector vaccines such as the Janssen COVID-19 vaccine cannot replicate following administration, and available data demonstrate that it is cleared from tissues following injection. Because it does not replicate in the cells, the vaccine cannot cause infection or alter the DNA of a vaccine recipient and is also not a cause of infertility (Evans, 2021, Morris 2021).
- Therefore, ACOG and the ASRM recommend vaccination for all eligible people who may consider future pregnancy.

NOTE: Anecdotal reports linking menstrual irregularities following COVID-19 vaccination have been unsupported by scientific evidence. There are no physiological reasons why this would occur. A recent study found no link between the vaccines and menstrual function. However, this question is currently under continued investigation.

Example Case Presentations
Jen Burns

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Questions?

Next Session: Wednesday, January 26th

For any questions, email us at
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