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

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I-VAC ILLINOIS VACCINATES AGAINST COVID-19

AT THE FOREFRONT UChicago Medicine

ECHO CHICAGO

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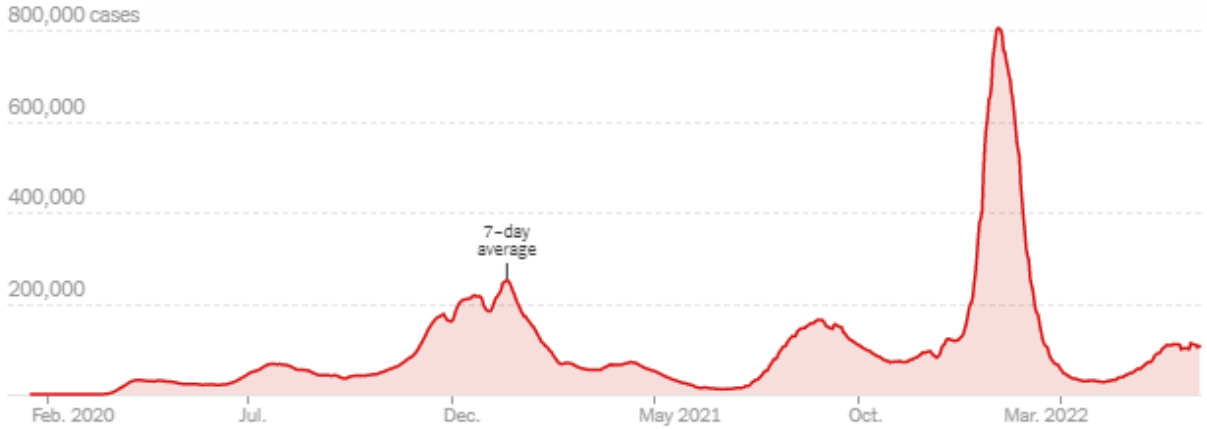
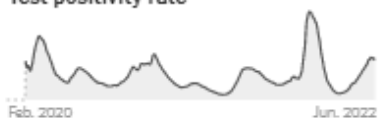
Coronavirus in the U.S.: Latest Map and Case Count

New reported cases

All time | Last 90 days

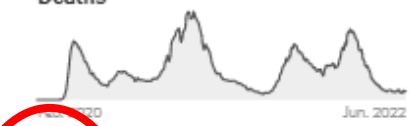


Test positivity rate



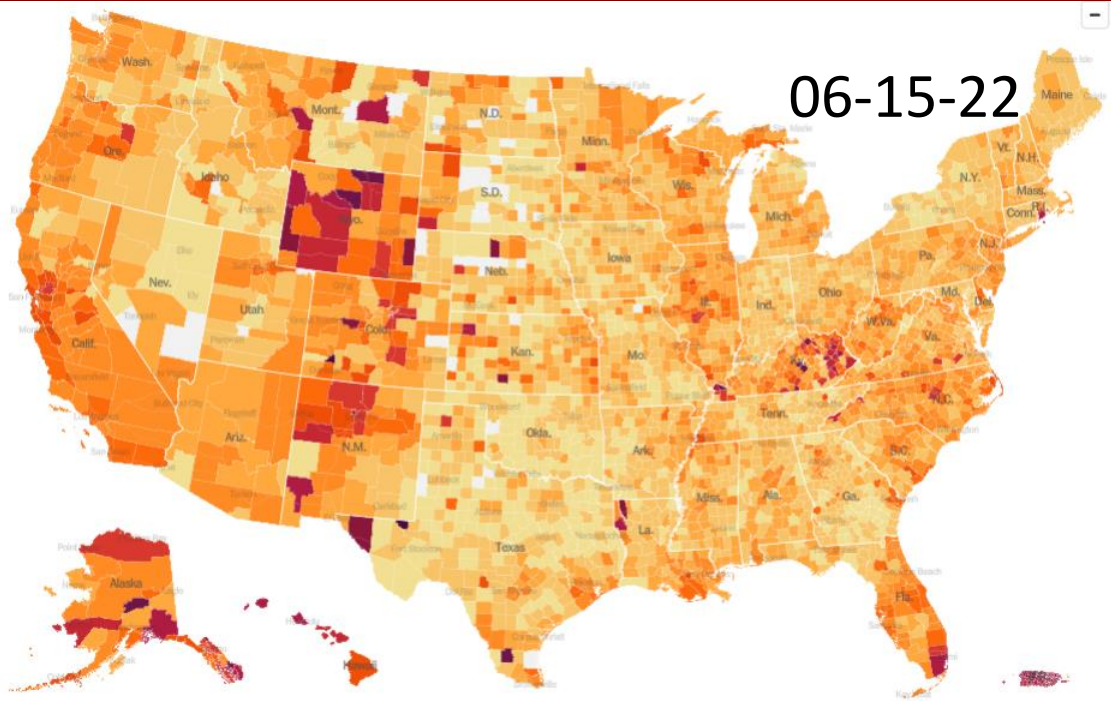
Hospitalized

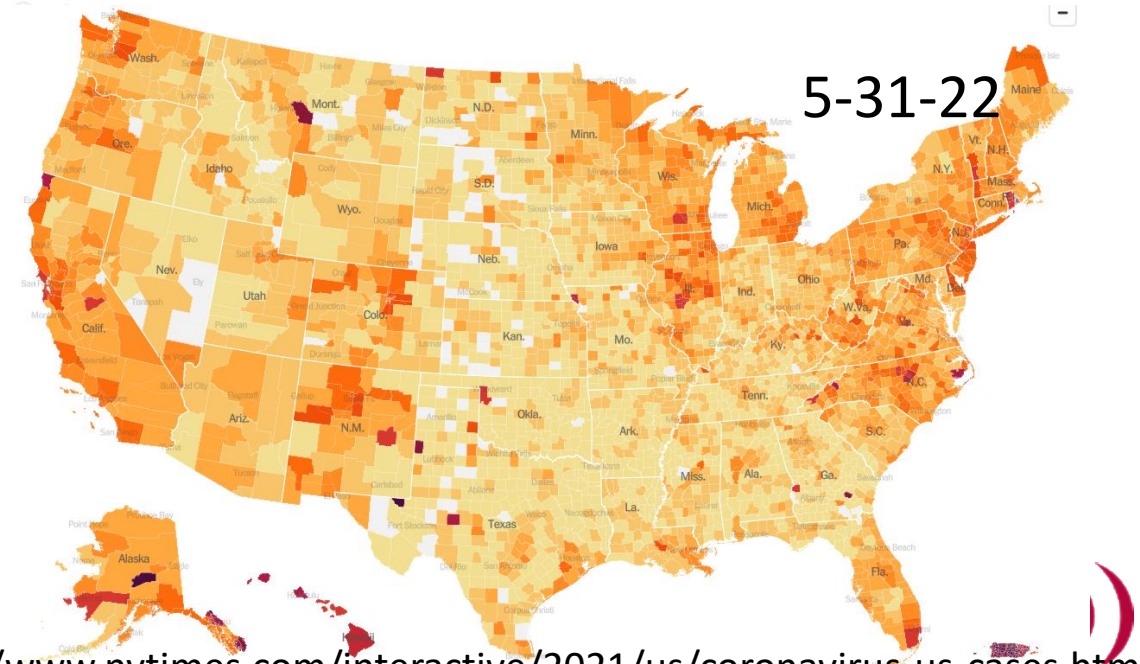
Deaths



	DAILY AVG. ON JUN. 14	14-DAY CHANGE	TOTAL REPORTED
Cases	105,605	+7%	85,703,699
Test positivity	14%	—	—
Hospitalized	29,728	+8%	—
In I.C.U.s	3,263	+12%	—
Deaths	322	+8%	1,008,554

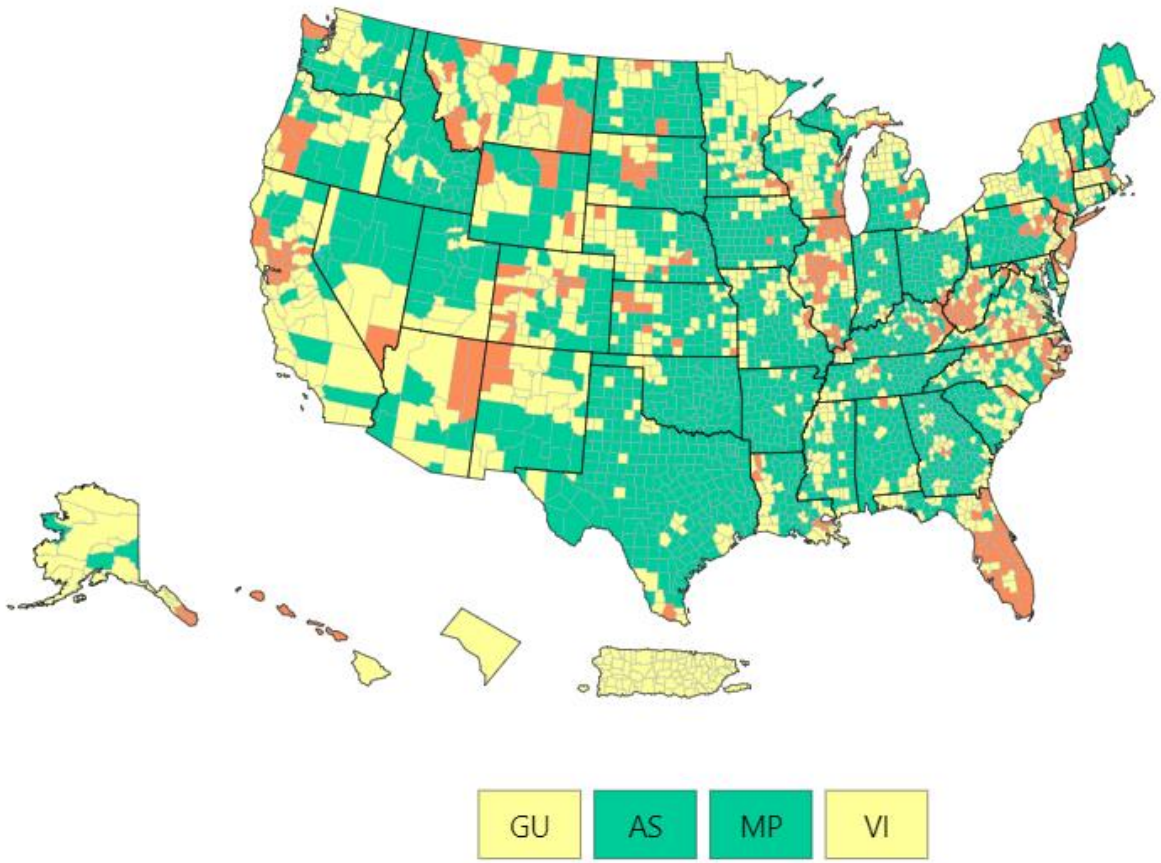
About this data





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

COVID-19 Community Levels of All Counties in US



COVID-19 Community Levels in US by County

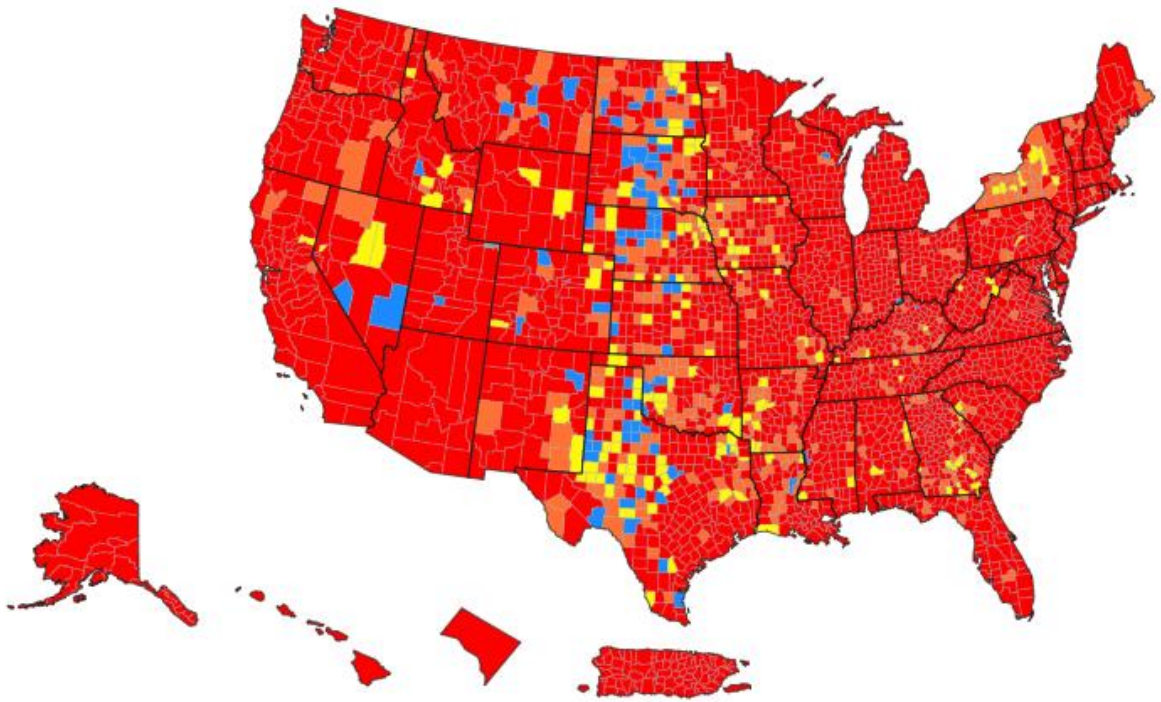
	Total	Percent	% Change
High	314	9.74%	2.26%
Medium	1056	32.75%	9.93%
Low	1854	57.51%	– 12.19%

How are COVID-19 Community Levels calculated?

Low Medium High No Data

Wed Jun 15 2022 07:30:52 GMT-0500

Community Transmission of All Counties in US



Community Transmission in US by County

	Total	Percent	% Change
High	2608	80.94%	2.61%
Substantial	365	11.33%	0.34%
Moderate	163	5.06%	– 2.23%
Low	85	2.64%	– 0.68%

How is community transmission calculated?

High Substantial Moderate Low No Data

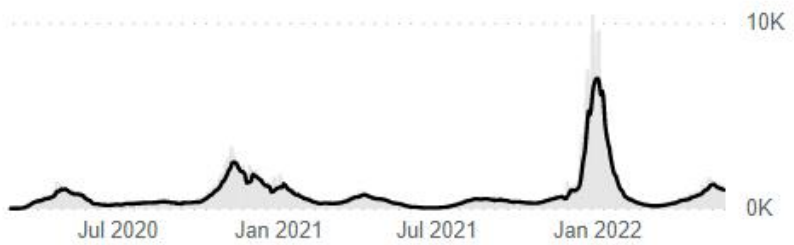
Wed Jun 15 2022 07:30:52 GMT-0500

CHICAGO | COVID-19 Summary

Data current as of May 31, 2022.
Data are updated M-F at 5:30 p.m., except for City holidays.
All data are provisional and subject to change.

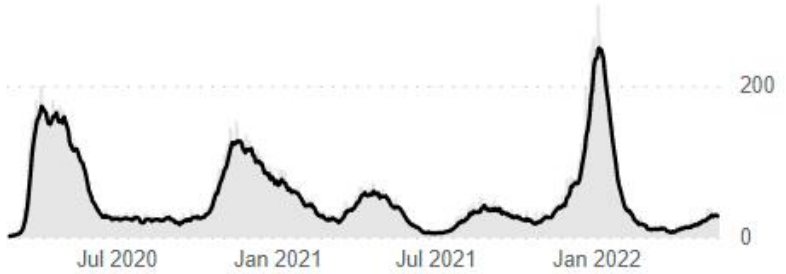
CASES

1,008 ▼	1,132 (-11%)	614,338	37.2
Current daily avg	Prior week	Cumulative	Daily rate per 100,000



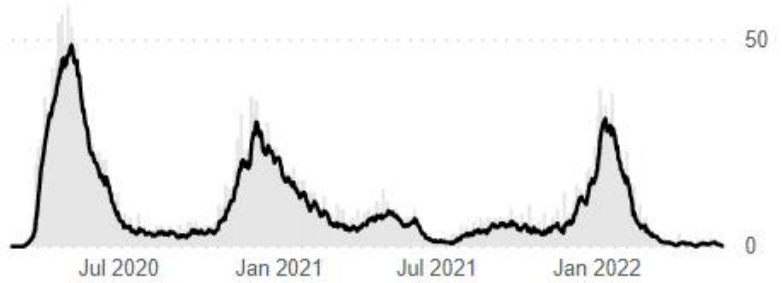
HOSPITALIZATIONS

28 ▼	29 (-3%)	42,738	1.0
Current daily avg	Prior week	Cumulative	Daily rate per 100,000



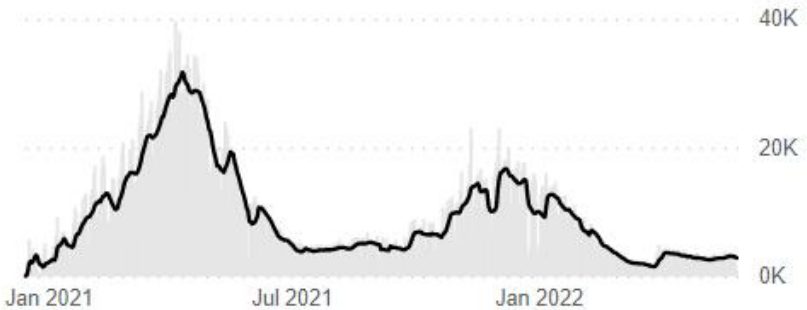
DEATHS

0.14 ▼	0.57 (-75%)	7,704	0.0
Current daily avg	Prior week	Cumulative	Daily rate per 100,000



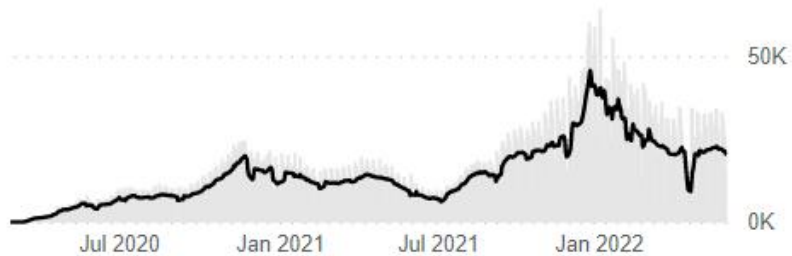
VACCINATIONS ADMINISTERED

2,838 ▼	4,927,582	69.3%	76.8%
Current daily avg	Cumulative	Completed series	At least one dose



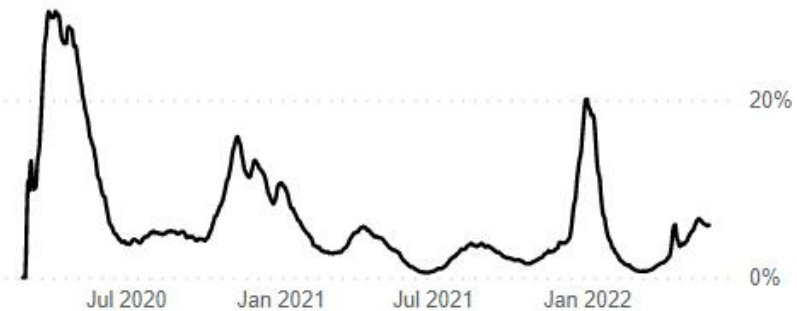
TESTS PERFORMED

20,625 ▼	22,117 (-7%)	11,914,423
Current daily avg	Prior week	Cumulative



POSITIVITY RATE

5.9% ▼	6.1%
Current daily avg	Prior week



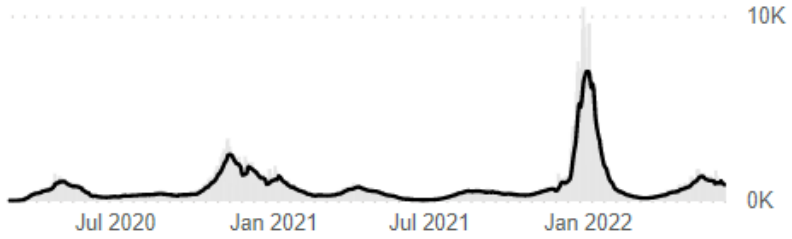
built by slalom

CHICAGO | COVID-19 Summary

Data current as of Jun 14, 2022.
Data are updated M-F at 5:30 p.m., except for City holidays.
All data are provisional and subject to change.

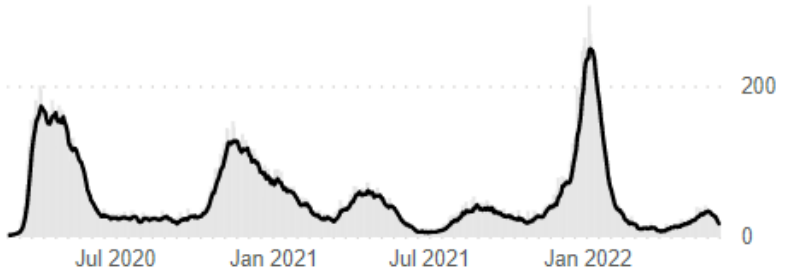
CASES

857 ▼	962 (-11%)	627,873	31.7
Current daily avg	Prior week	Cumulative	Daily rate per 100,000



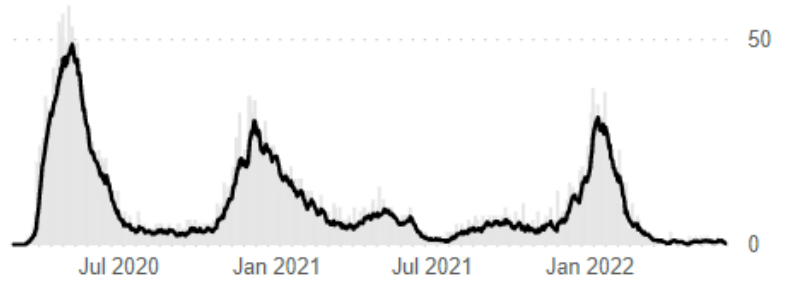
HOSPITALIZATIONS

17 ▼	29 (-40%)	43,077	0.6
Current daily avg	Prior week	Cumulative	Daily rate per 100,...



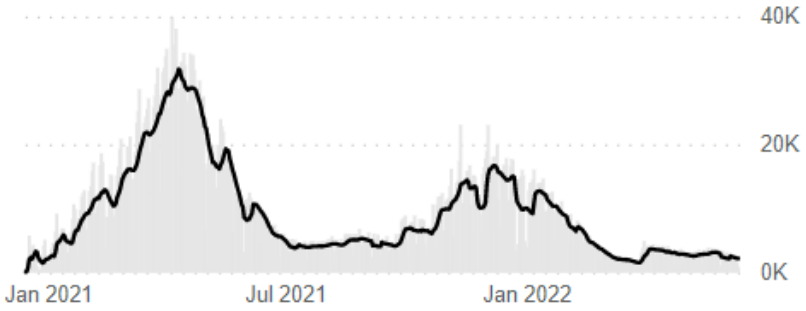
DEATHS

0.29 ▼	0.86 (-67%)	7,719	0.0
Current daily avg	Prior week	Cumulative	Daily rate per 100,000



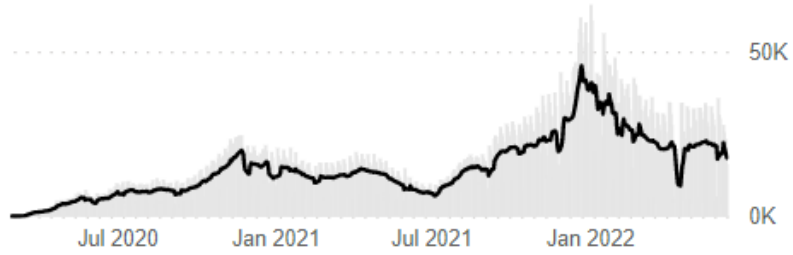
VACCINATIONS ADMINISTERED

2,145 ▲	4,960,877	69.4%	76.9%
Current daily avg	Cumulative	Completed series	At least one dose



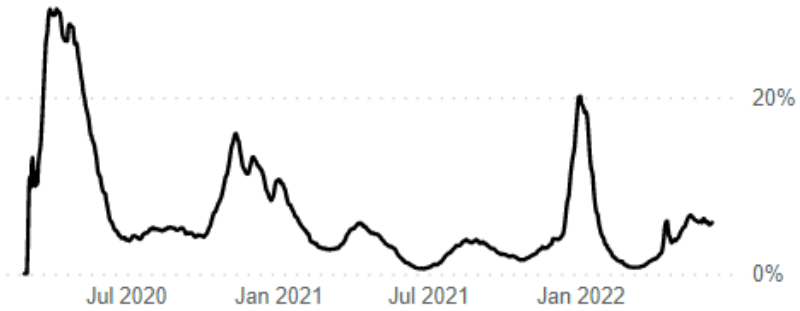
TESTS PERFORMED

17,737 ▼	19,227 (-8%)	12,179,348
Current daily avg	Prior week	Cumulative



POSITIVITY RATE

5.8% ▼	5.8%
Current daily avg	Prior week



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Our local risk based on CDC COVID-19 Community Levels is:

High

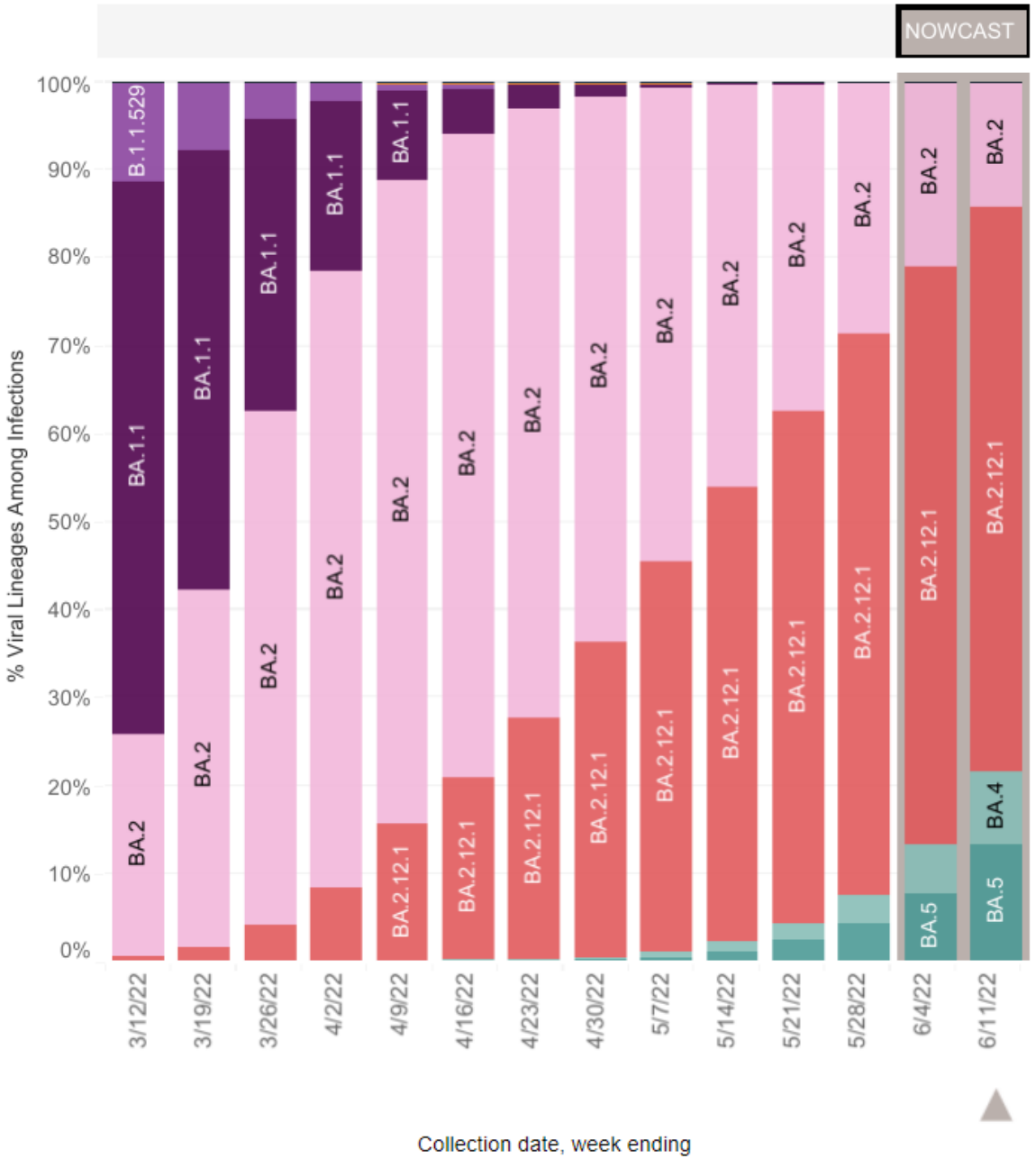
	New cases per 100,000 population (last 7 days) *[Goal is <200]*	New admissions per 100,000 population (last 7 days) *[Goal is <10]*	Percent of staffed inpatient beds occupied by COVID-19 patients (last 7 days) *[Goal is <10%]*
City of Chicago	248	6.8	3.9%
Cook County (including City of Chicago)	287	11.0	4.1%

Chicago metrics are calculated based on Chicago-level data.

Cook County metrics are calculated by the CDC and posted on the CDC Community Levels website.

Data current as of 6/10/2022.

United States: 3/6/2022 – 6/11/2022



United States: 6/5/2022 – 6/11/2022 NOWCAST

USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	BA.2.12.1	VOC	64.2%	59.9-68.3%
	BA.2	VOC	14.2%	12.7-15.9%
	BA.5	VOC	13.3%	10.0-17.4%
	BA.4	VOC	8.3%	6.3-10.7%
	BA.1.1	VOC	0.0%	0.0-0.0%
	B.1.1.529	VOC	0.0%	0.0-0.0%
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%
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.133 and their sublineages are aggregated with B.1.617.2. BA.1, BA.3 and their sublineages (except BA.1.1 and its sublineages) are aggregated with B.1.1.529. For regional data, BA.1.1 and its sublineages are also aggregated with B.1.1.529, as they currently cannot be reliably called in each region. Except BA.2.12.1 and its sublineages, BA.2 sublineages are aggregated with BA.2. BA.5.1 is aggregated with BA.5.

BOOSTER REMINDER

The CDC expanded eligibility of COVID-19 vaccine booster doses to children ages 5 to 11 years old last week.

Everyone 5 or over should have a vaccine booster at least

5 MONTHS

after completing their initial vaccine series.

Individuals ages 5-17 should receive a Pfizer booster. For individuals 18+, Pfizer and Moderna are preferred over J&J for booster doses.

Only 42.5% of Chicagoans 12y+ have had the recommended vaccine booster.

I-VAC ILLINOIS VACCINATES AGAINST COVID-19

CHICAGO MAYOR LORI E. LIGHTFOOT

ECHO CHICAGO

POSITIVITY RATE UPDATE

With the final day of classes today, Chicago Public Schools' (CPS) last day of COVID-19 testing for students and staff was Friday, June 10.

This will result in a reduction of tests reported beginning this week, and the positivity rate will likely increase.

As a reminder, test positivity now has a reduced utility due to the widespread use of point-of-care and at-home tests. That is why the CDC's COVID-19 Community Levels do not rely on percent positivity to measure the impact of COVID-19 illness on communities.

I-VAC ILLINOIS VACCINATES AGAINST COVID-19

CHICAGO MAYOR LORI E. LIGHTFOOT

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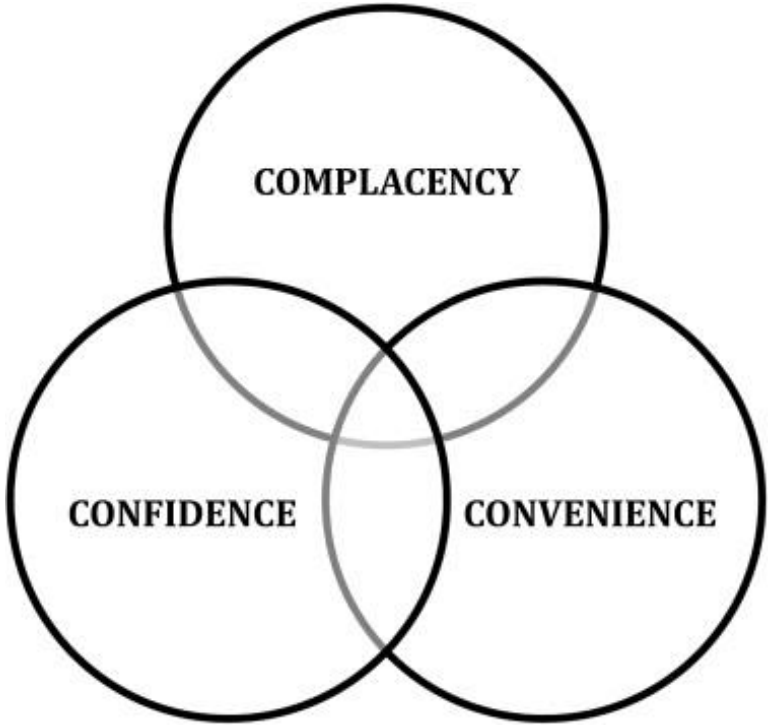
What Is Vaccine Hesitancy?

"Vaccine hesitancy refers to delay in acceptance or refusal of vaccines despite availability of vaccination services. Vaccine hesitancy is complex and context specific varying across time, place and vaccines. It includes factors such as complacency, convenience and confidence."

- World Health Organization (WHO)



Slide courtesy of Jen Burns with modification

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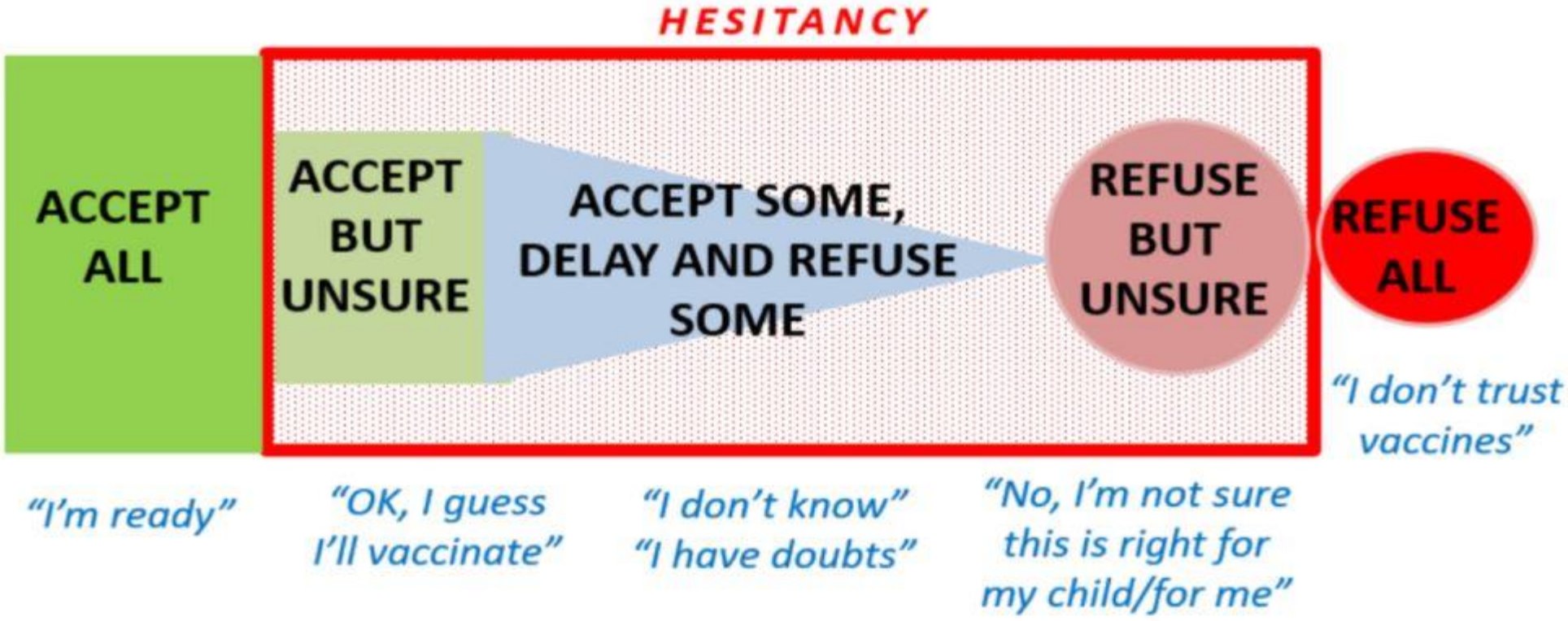
Have You Seen Any and All of These People?



Community Engagement Alliance (CEAL) Against COVID-19 Disparities

Courtesy: Jennifer Williams. https://www.bcemergencynetwork.ca

NIH National Institutes of Health

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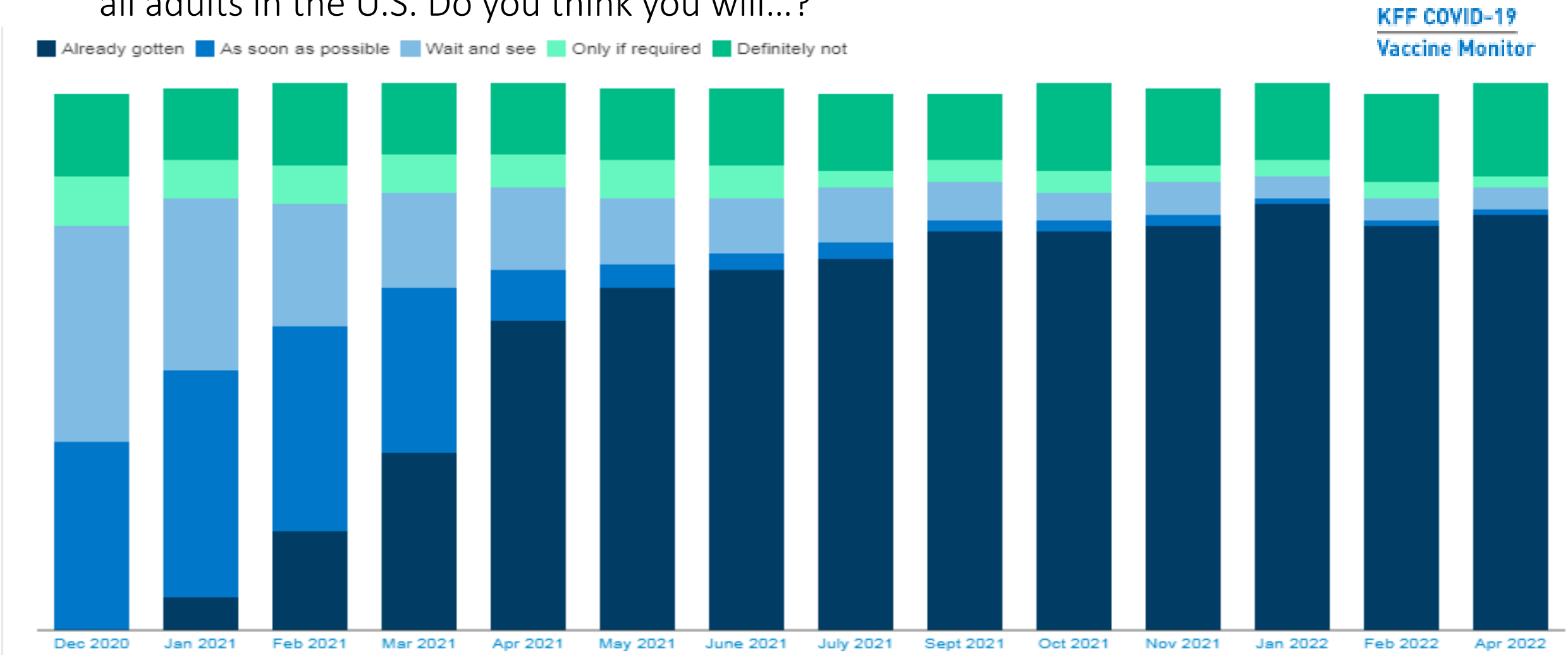
Have you personally received at least one dose of the COVID-19 vaccine, or not? As you may know, an FDA-authorized vaccine for COVID-19 is now available for free to all adults in the U.S. Do you think you will…?



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Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard/

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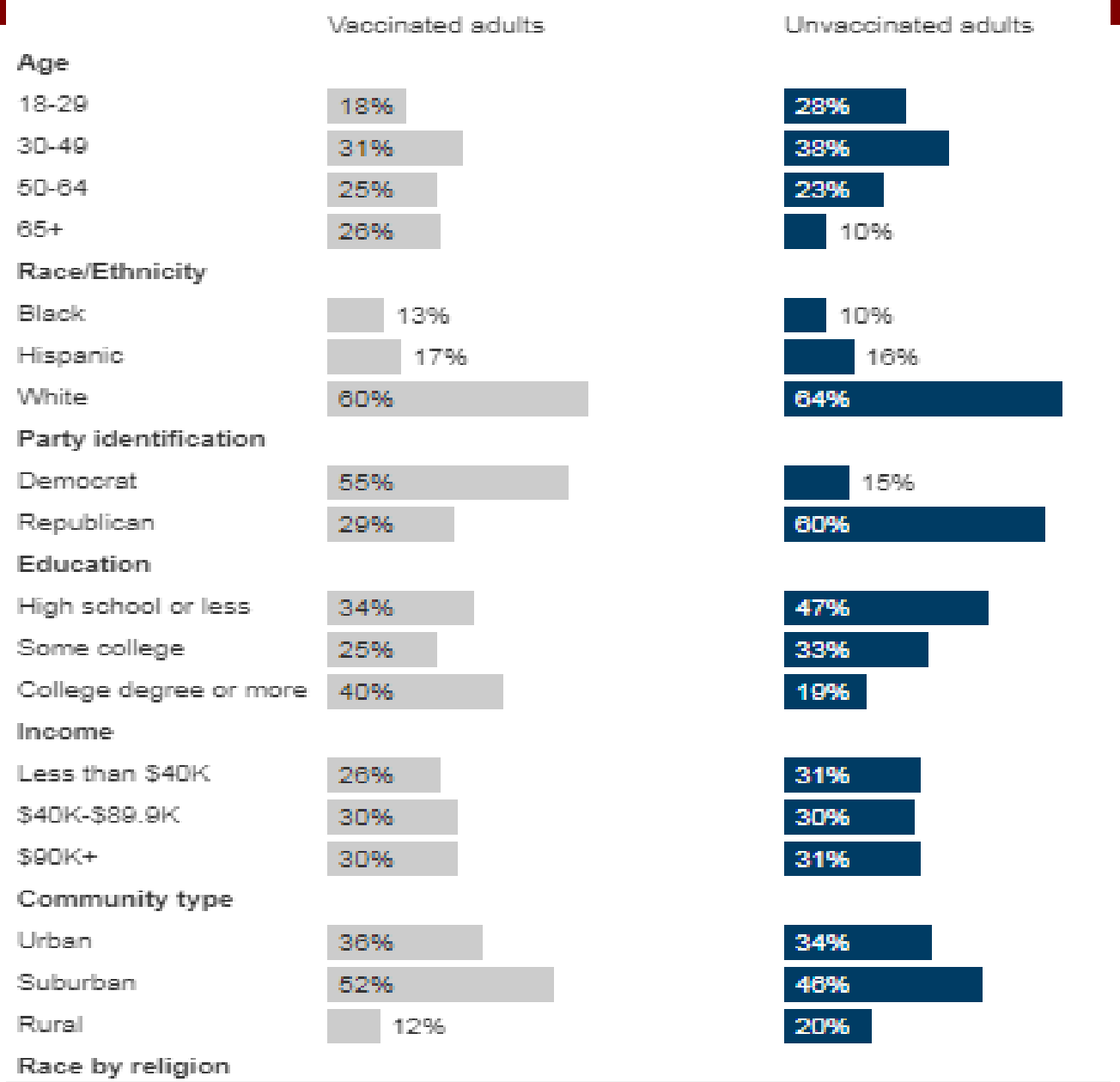
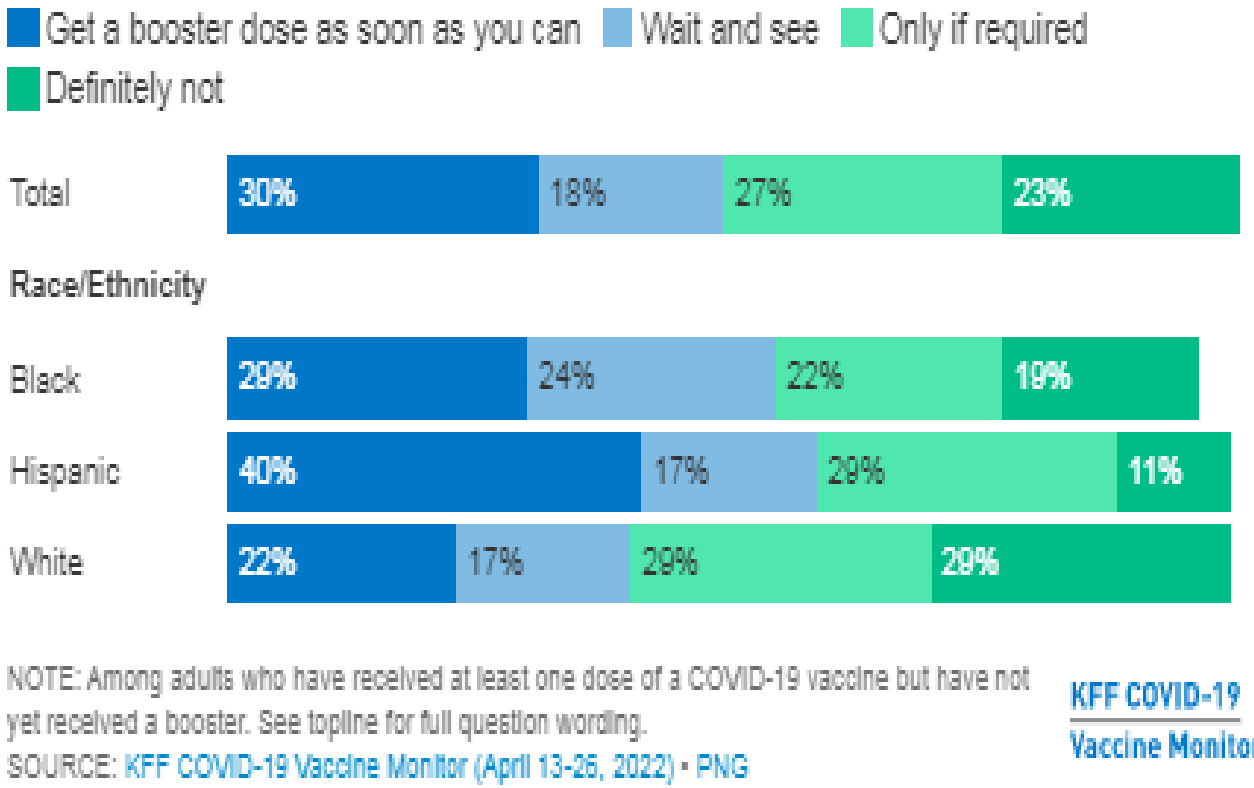
Who Remains Unvaccinated?

Unvaccinated Adults Are Younger, Less Educated, and More Republican



Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard/#uptake

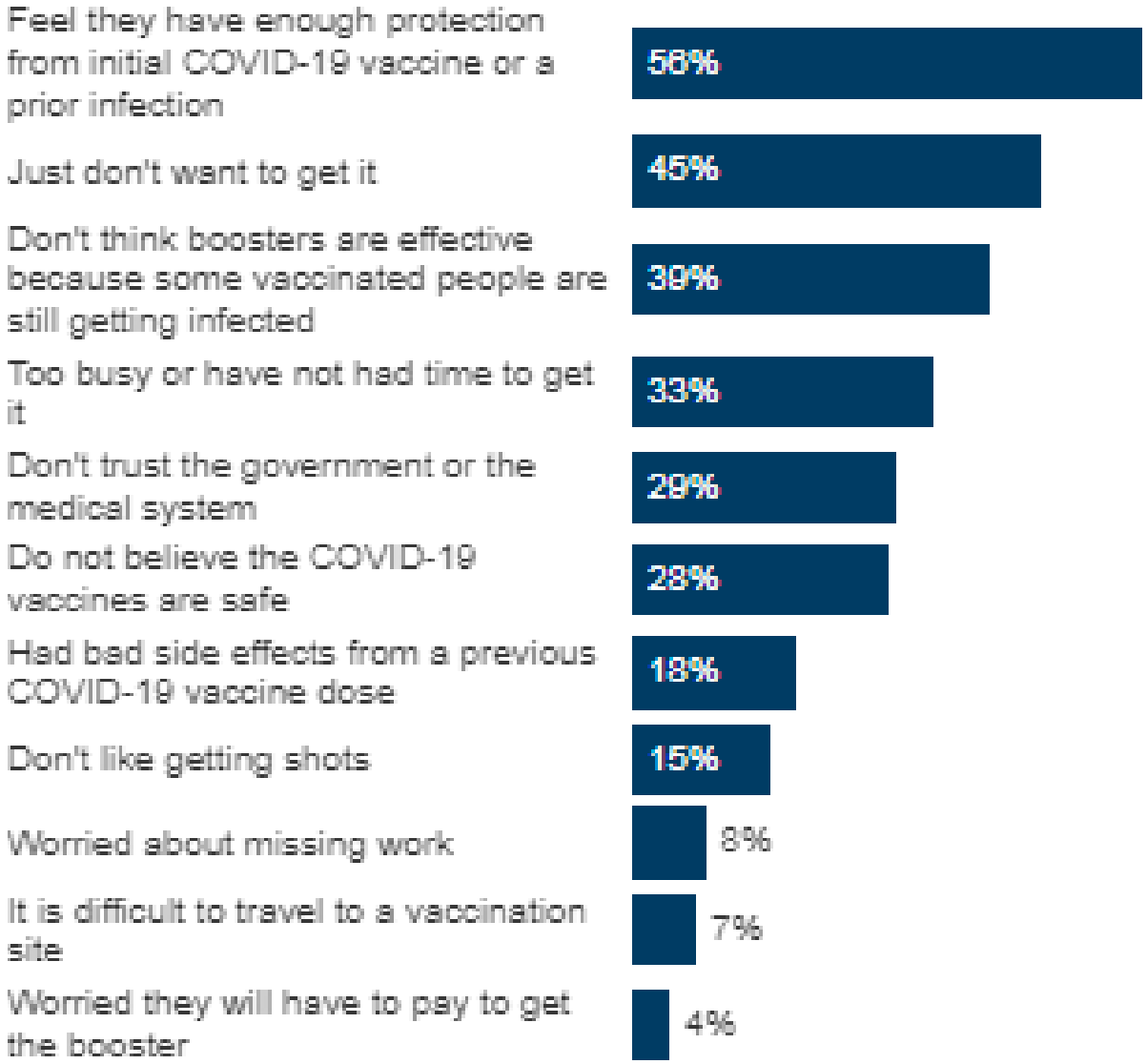
Race/Ethnicity of Those Unboosted



Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard/#uptake

Percent who say……is a reason why they have not gotten a COVID-19 booster dose

Similar statements are heard from those who refuse vaccination



Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard/#uptake

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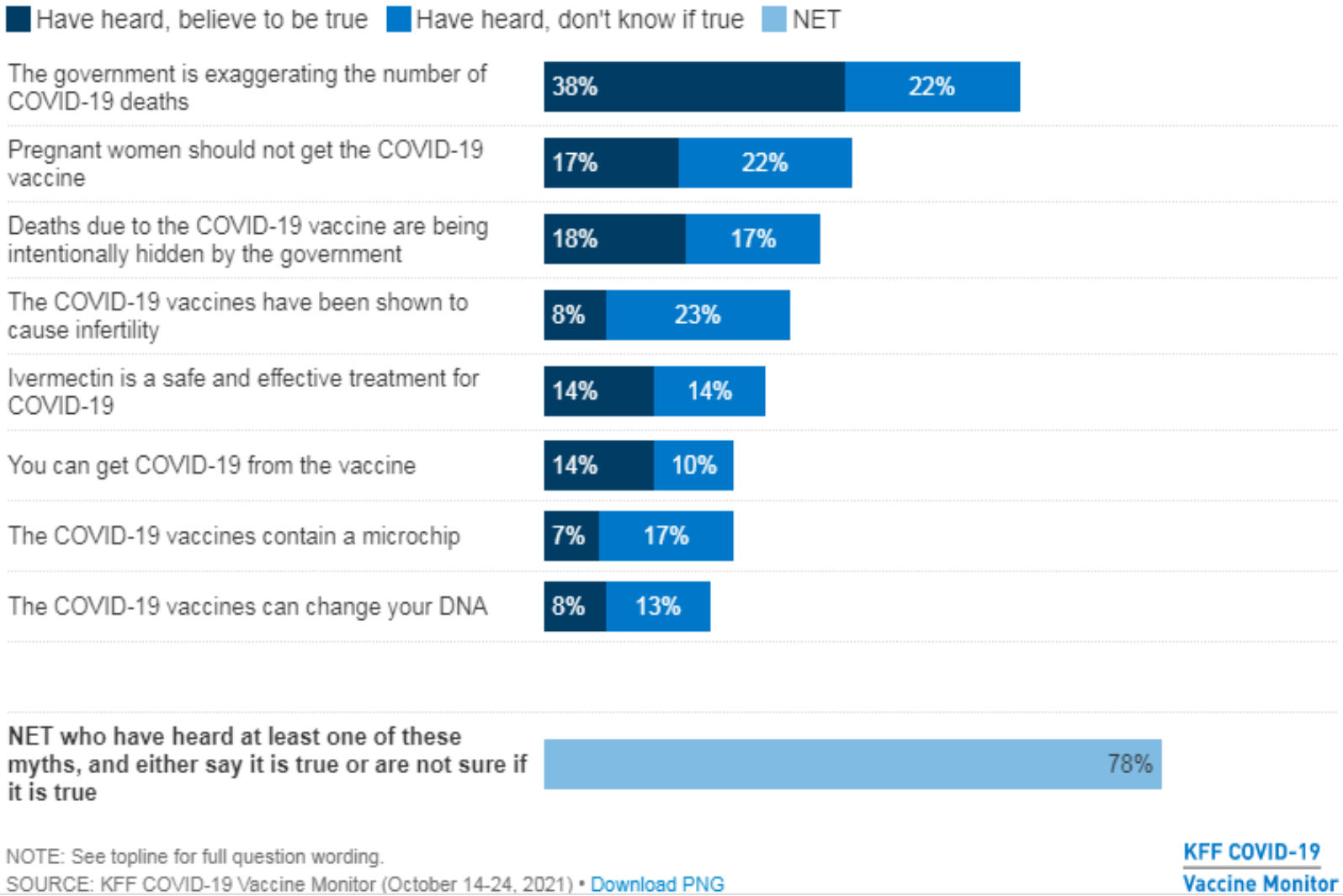
What You Are Up Against

Figure 1

Nearly Eight In Ten Believe Or Are Unsure About At Least One Common Falsehood About COVID-19 Or The Vaccine

Have you heard anyone say or have you read anywhere that...? IF YES: To the best of your knowledge is that true or false, or do you not know whether it is true or false?



NOTE: See topline for full question wording.

SOURCE: KFF COVID-19 Vaccine Monitor (October 14-24, 2021) • Download PNG

KFF COVID-19 Vaccine Monitor

https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-media-and-misinformation/?utm_campaign=KFF-2021-polling-surve%E2%80%A6

I-VAC ILLINOIS VACCINATES AGAINST COVID-19

Summary of Why People are Hesitant

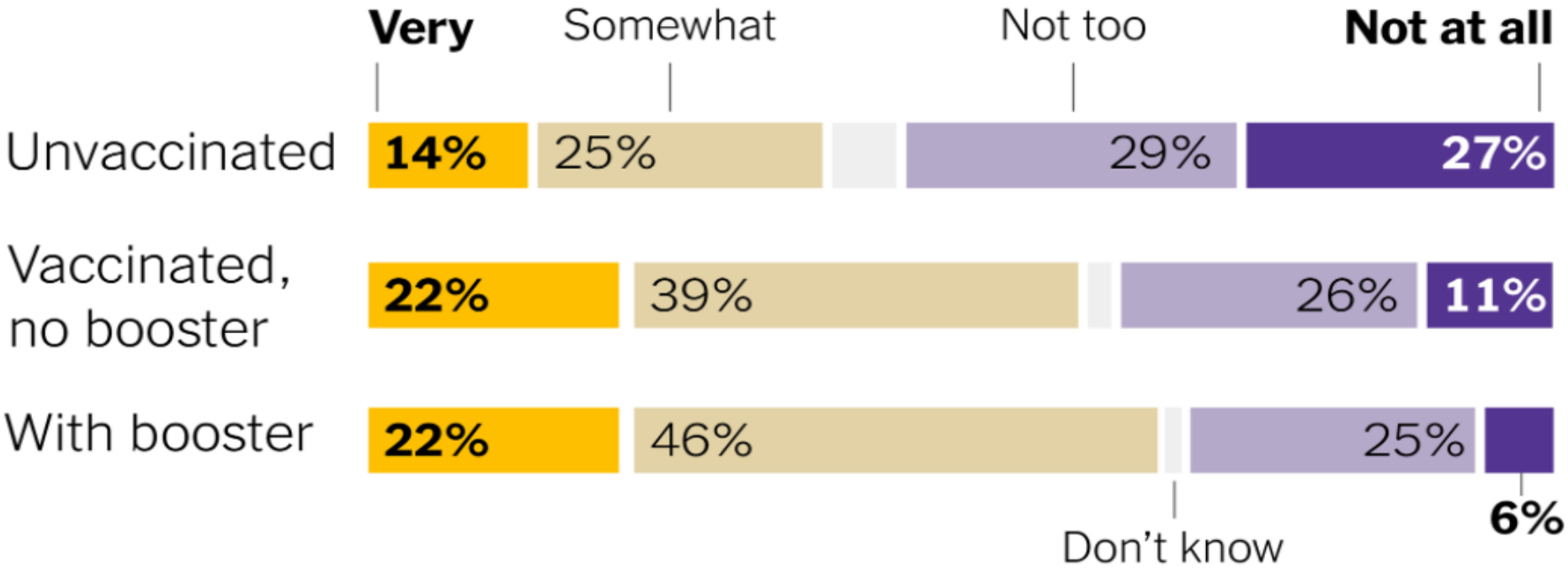
1. Questions and concerns about benefits, safety and side effects.
2. Concerns about speed of development process and representation of people "like me."
3. Distrust in political and economic motivations of the government and companies involved
4. Misinformation: Established and new conspiracy theories about vaccines and COVID-19

Causes and Drivers of Mistrust in COVID-19 Vaccines

- Socioeconomic and healthcare inequalities and inequities
  - Cost related to socioeconomic inequalities and marginalization
- Structural racism and previously unethical research involving some ethnic minority groups
- Social disadvantages including lower levels of education and poor access to accurate information
- Lack of effective public health messages or targeted campaigns
- Misinformation, disinformation, rumors, and conspiracy theories, in particular through social media

Razai MS, et al.
https://www.bmj.com/content/373/bmj.n1138

How worried are you about getting sick from Covid-19 within the next year?

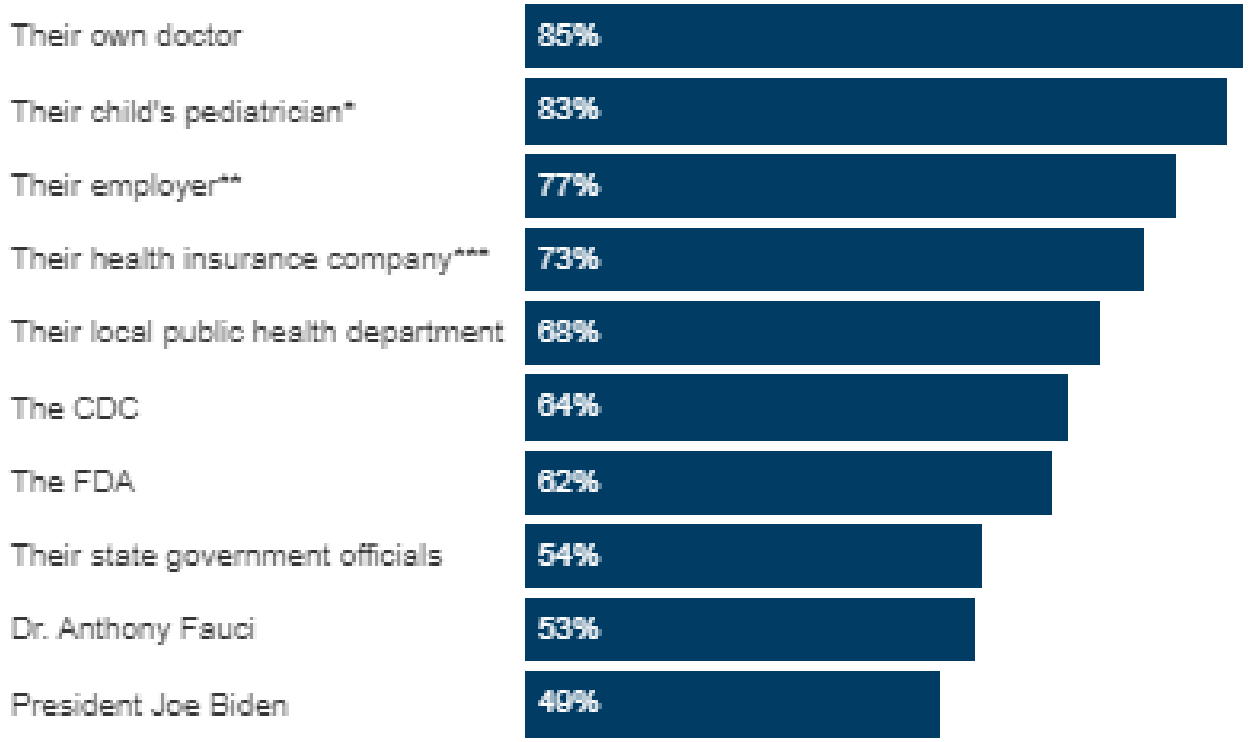


From a survey of 4,411 people conducted in Jan. 2022. | Source: Morning Consult

Talking to Patients About Vaccines

Adopted from D. Johnson, MD

Percent who say they have a **great deal** or a **fair amount** of trust in the following to provide reliable information about the COVID-19 vaccine



NOTE: *Among those who are parents or guardians of children under 18. **Among those who are employed and not self-employed. ***Among those who are insured. See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor (April 13-26, 2022) • PNG

KFF COVID-19 Vaccine Monitor

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Kaiser Family Foundation. https://www.kff.org/coronavirus-covid-19/dashboard/kff-covid-19-vaccine-monitor-dashboard/#uptake

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Build Healthcare Personnel's Confidence

Vaccine confidence is the trust that patients, their families, and providers have in

- Recommended vaccines
- Providers who administer vaccines
- Processes and policies that lead to vaccine development, licensure or authorization, manufacturing, and recommendations for use

Answering questions and taking time to listen to concerns will help healthcare personnel be informed and confident when they decide to get vaccinated

How to Talk to Patients About COVID Vaccine

- You as a healthcare provider impact others by recommending it <u>after you considered it and did a thoughtful analysis</u>
  - Best approach to getting patients onboard is knowing you, your patients took it
- Process of approval
  - Well tested with very large trials and now huge amount of follow-up data
- Discuss side effects and how to manage
- Compare vaccine to risk of getting COVID
  - Data shows reduction in infection, MIS-C, long COVID as well as hospitalizations and death
- Personalize the value to patient's health and those they love (i.e., it isn't just for your sake that you get this)
  - Spouses, parents, siblings, friends, co-workers, grandchildren
- Explain the value of the vaccination
  - Main approach is to prevent serious disease and complications (highly effective)
  - Less about preventing actual infection (still anywhere between 30%-90% effective depending on how long after boosting)

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THE UNIVERSITY OF CHICAGO Department of Pediatrics Established 1930

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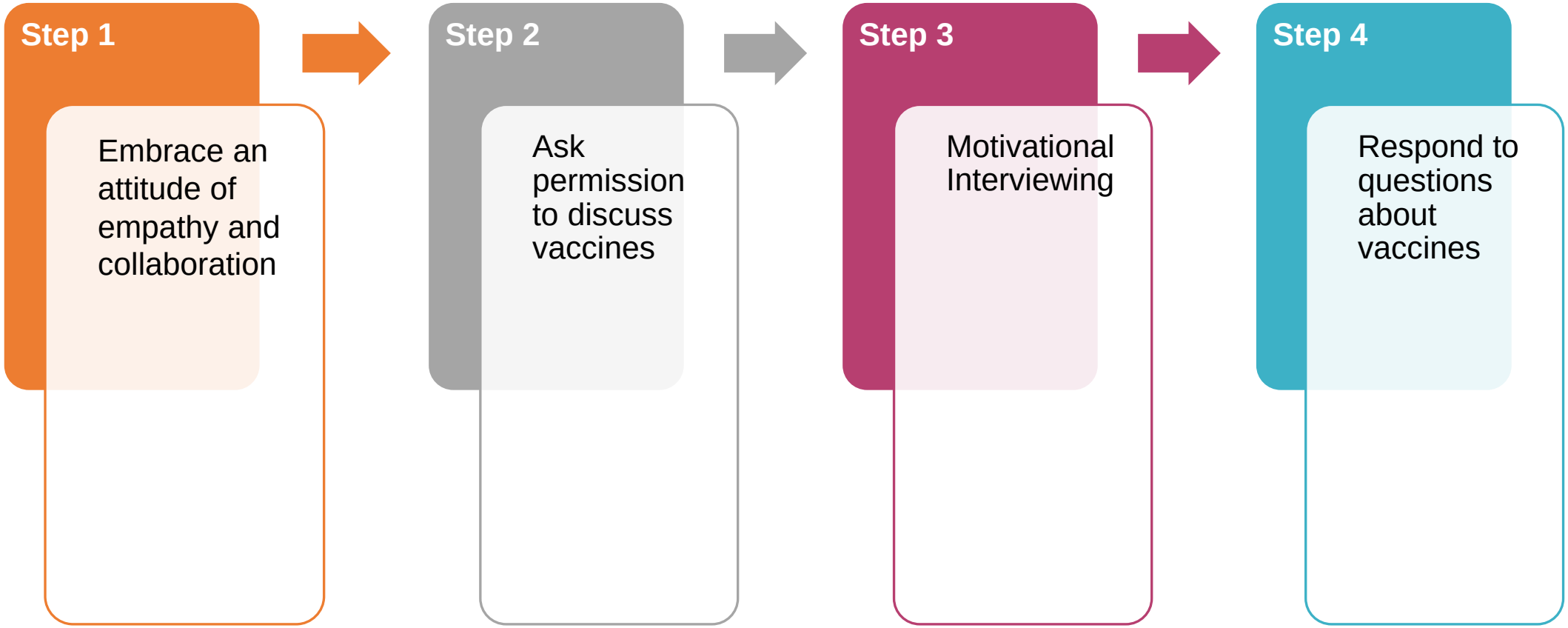
How to Apply Motivational Interviewing During a Patient Visit



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Vaccine Hesitancy

Annals of Internal Medicine IDEAS AND OPINIONS

Addressing Mistrust About COVID-19 Vaccines Among Patients of Color

Douglas J. Opel, MD, MPH; Bernard Lo, MD; and Monica E. Peek, MD, MPH, MS

Motivational Interviewing Techniques

Technique	Rationale	Example
Open-ended questions	Helps identify, explore, and understand patients' COVID-19 vaccine concerns	"Can you tell me more about what is worrying you?"
Reflection statements	Encourages partnerships, deepens rapport, and broadens understanding of patient motivations	"I hear that you want to be sure that the COVID vaccine is safe for you."
Affirmation statements	Helps patients feel supported, appreciated, and understood, which can improve their engagement in an open discussion	"You're not alone. Several of my patients have similar concerns."
Ask permission to share	Puts patients in a less defensive posture and improves receptivity to information being shared	"May I share my view with you?"
Statements that support patient autonomy	Enhances a patient's sense of control and helps them feel more at ease with the conversation	"I want you to know that this is your decision to make."
Rolling with resistance	Meeting patient resistance with curiosity (an opportunity to understand more about the patient's perspective in a nonjudgmental, respectful way) rather than confrontation encourages continued patient engagement	"I am hearing that you don't think you'll get the COVID vaccine anytime soon. Tell me more about what is concerning you."

Opal DJ, et al. https://www.acpjournals.org/doi/10.7326/M21-0055

I-VAC ILLINOIS VACCINATES AGAINST COVID-19

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Top tips for HCWs communicating with vaccine-hesitant patients

- Be aware of cultural and emotional differences
- Adjust styles for differing literacy, education, and language levels
- Recognize the unique context for each family/person
- Provide clear and up-to-date guidance
- Repeatedly check understanding
- Have reliable, up-to-date, and accessible sources of information on hand
- Avoid using jargon and stigmatizing language
- Support equity by identifying and targeting vulnerable groups

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Razai MS, et al.
https://www.bmj.com/content/373/bmj.n1138

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You are Not Alone: Strategies for Community Interventions to Increase Vaccination Uptake

- Offer tailored communication from trusted sources such as community representatives, healthcare providers, and local authorities that is culturally relevant and accessible in multiple languages
- Community engagement
  - Work with community champions, youth ambassadors, faith leaders, and healthcare workers to raise knowledge and awareness on vaccinations; celebrate household members, friends, relatives, and role models being vaccinated; foster an approach of community immunity and helping others; collaborate with locally developed action plans; and maintain a continuous, open, and transparent dialogue
- Training and education of those involved with engagement activities at a local level: use relevant educational materials (e.g., eLearning modules) in presentations and communication skills training

Razai MS, et al.
https://www.bmj.com/content/373/bmj.n1138

You are trying to avoid patient "death by anti-science"

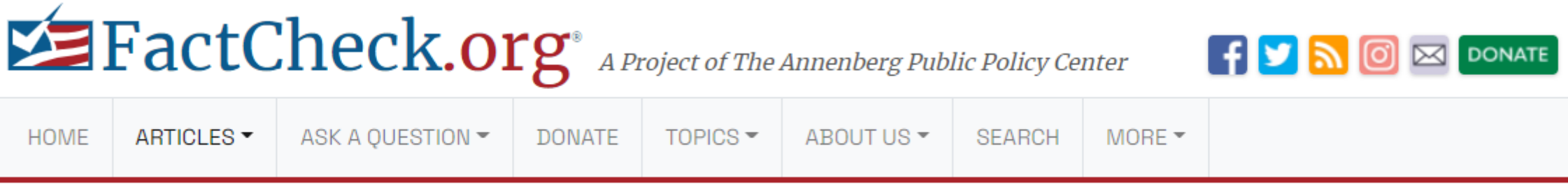
Peter Hotez, MD, PhD. Baylor College

AMA to Combat Public Health "Infodemic"

The strategy will include:

- Maintaining the AMA as a trusted source of evidence-based information for physicians and patients.
- Ensuring that evidence-based medical and public health information is accessible by engaging with publishers, research institutions and media organizations to develop best practices around paywalls and preprints to improve access to evidence-based information and analysis.
- Addressing disinformation disseminated by health professionals via social media platforms and addressing the monetization of spreading disinformation on social media platforms.
- Educating health professionals and the public on how to recognize disinformation as well as how it spreads.
- Considering the role of health-professional societies in serving as appropriate fact-checking entities for health-related information disseminated by various media platforms.
- Encouraging continuing education to be available for health professionals who serve as fact-checker to help prevent the dissemination of health-related information.
- Ensuring that licensing boards have the authority to take disciplinary action against health professionals for spreading health-related disinformation and affirms that all speech in which a health professional is using their credentials is professional conduct and can be scrutinized by their licensing entity.
- Ensuring specialty boards have the authority to take action against board certification for health professionals spreading health-related disinformation.
- Encouraging state and local medical societies to engage in dispelling disinformation in their jurisdictions.

Website that Fact Checks Scientific Online Claims



https://www.factcheck.org/scicheck/

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Cases

Questions?

Next Session: Wednesday, June 29th

For any questions, email us at
kshwest@peds.bsd.uchicago.edu

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