

# 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##**

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

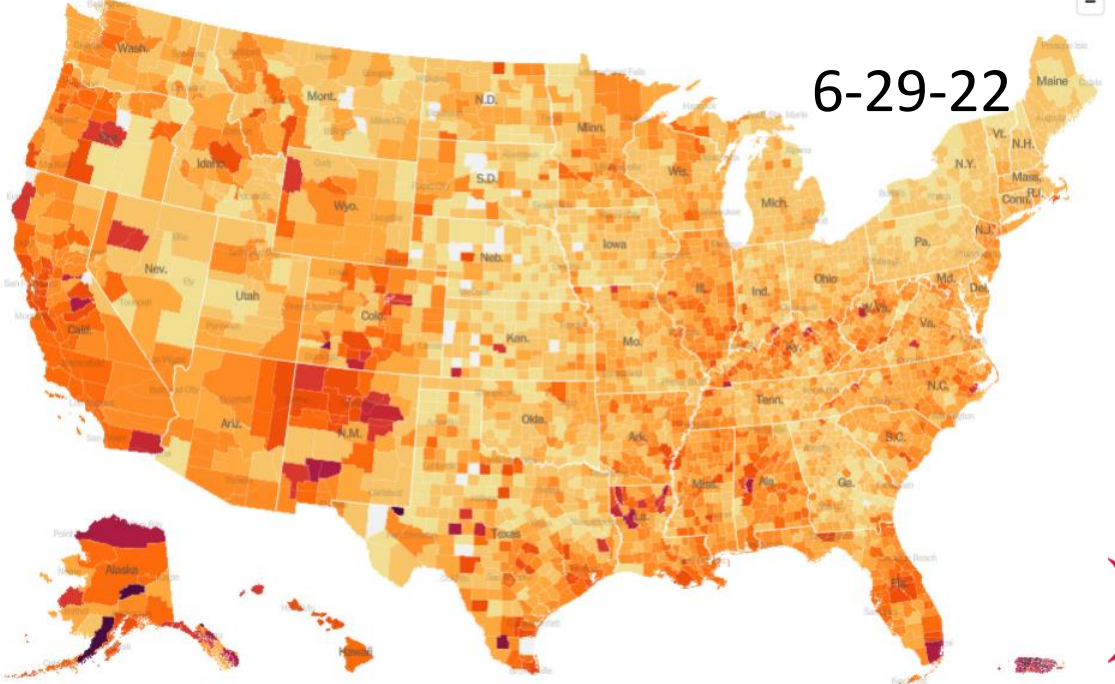
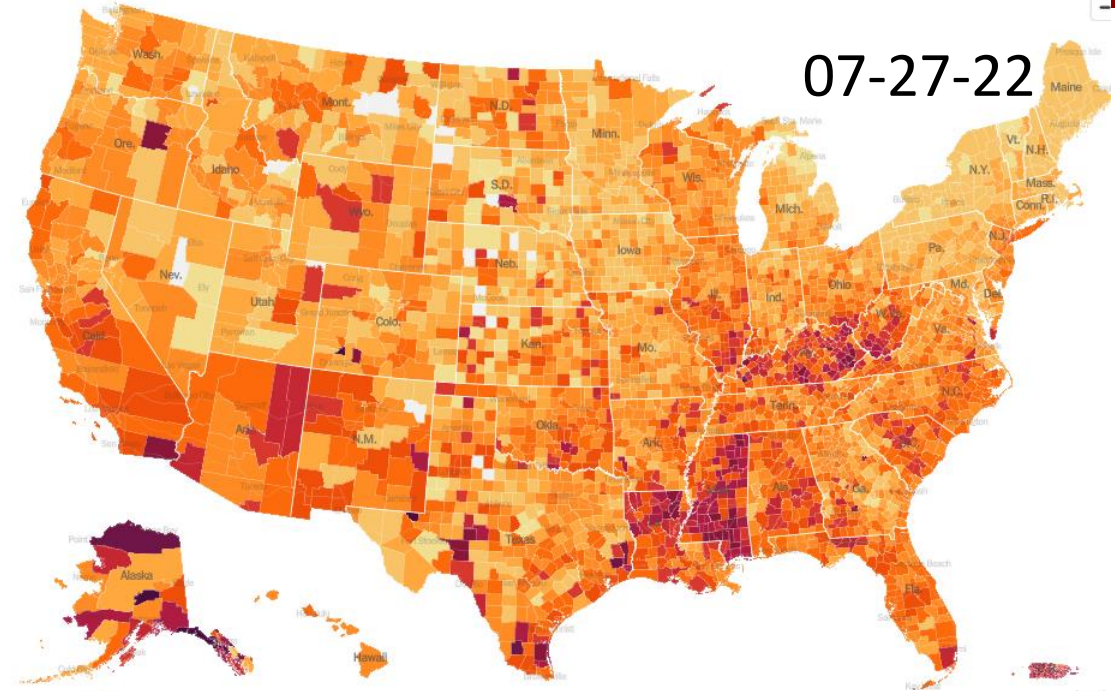
## New reported cases

All time Last 90 days

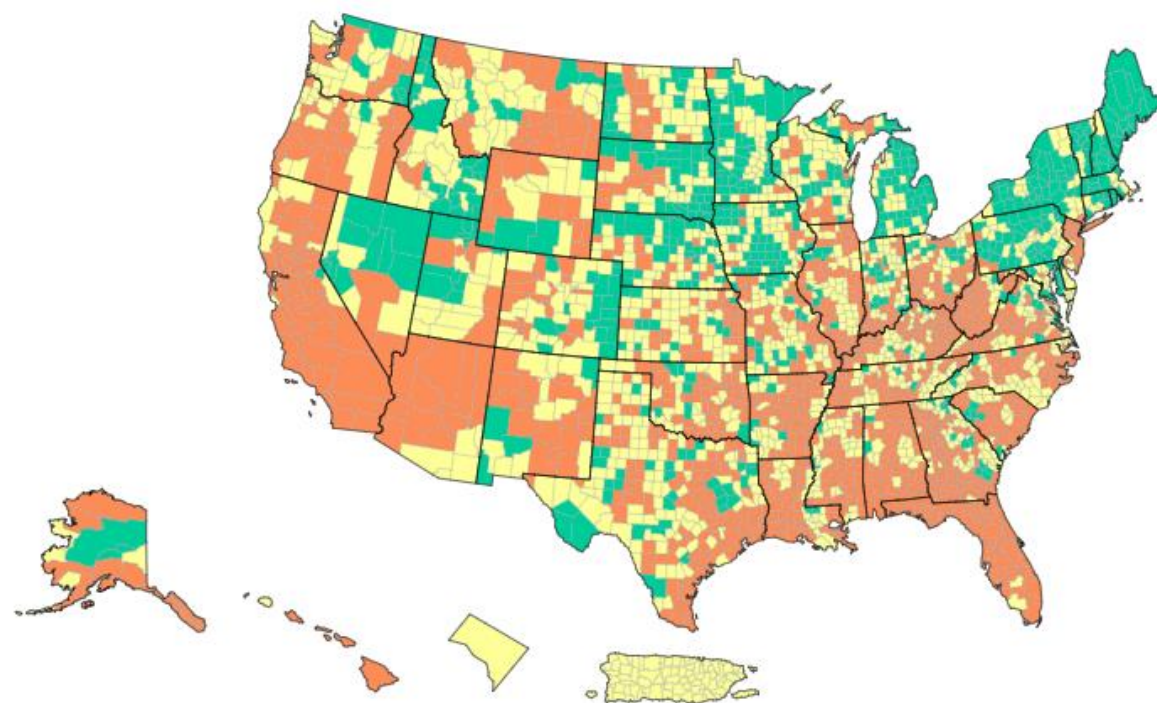


	DAILY AVG. ON JUL. 26	4-DAY CHANGE	TOTAL REPORTED
Cases	128,496	-2%	90,578,923
Test positivity	18%	—	—
Hospitalized	43,433	+12%	—
In I.C.U.s	4,908	+13%	—
Deaths	433	+10%	1,024,372

About this data



# COVID-19 Community Levels of All Counties in US



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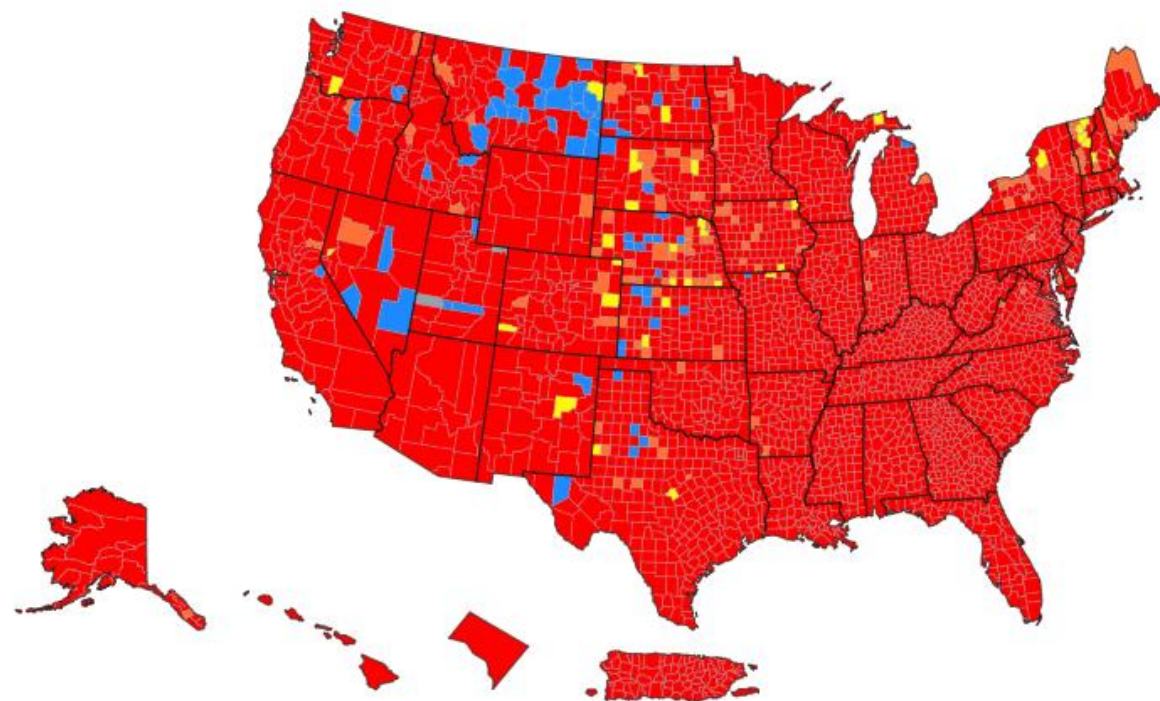
## COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	1353	41.98%	6.52%
Medium	1212	37.6%	- 2.05%
Low	658	20.42%	- 4.47%

[How are COVID-19 Community Levels calculated?](#)



# Community Transmission of All Counties in US



Community Transmission in US by County

	Total	Percent	% Change
High	3011	93.45%	- 0.06%
Substantial	112	3.48%	- 0.37%
Moderate	34	1.06%	- 0.4%
Low	63	1.96%	0.81%

[How is community transmission calculated?](#)

● High ● Substantial ● Moderate ● Low ▨ No Data

**SUMMARY** CASES CASES BY ZIP TESTS VACCINES VACCINES BY ZIP

[Learn how to use this dashboard.](#)

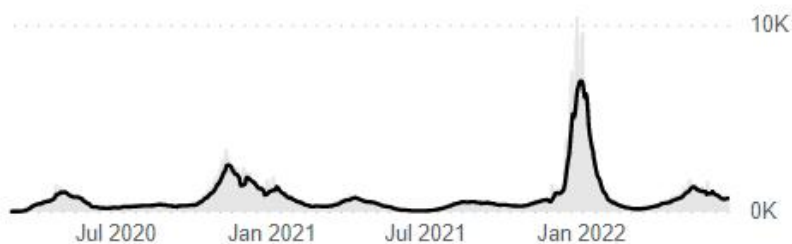
## CASES

**710** ▲  
Current daily avg

**683 (+4%)**  
Prior week

**637,618**  
Cumulative

**26.2**  
Daily rate per 100,000



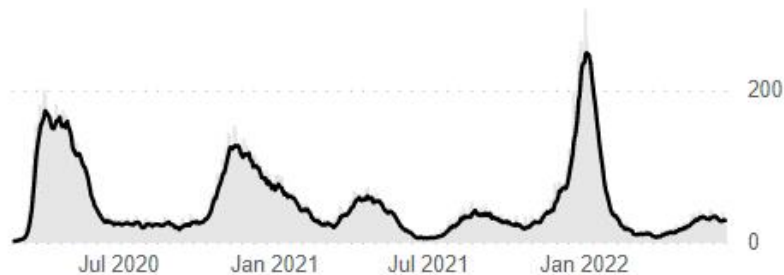
## HOSPITALIZATIONS

**29** ↔  
Current daily avg

**29 (0%)**  
Prior week

**43,641**  
Cumulative

**1.1**  
Daily rate per 100,000



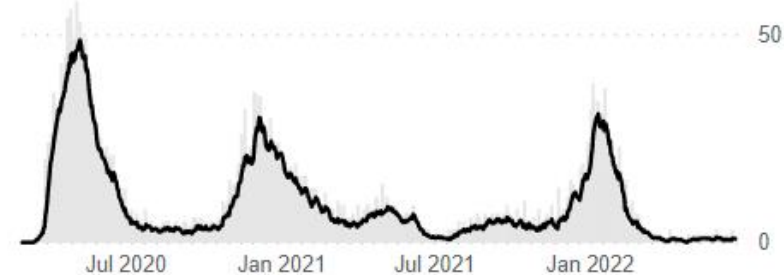
## DEATHS

**0.86** ▲  
Current daily avg

**0.57 (+50%)**  
Prior week

**7,738**  
Cumulative

**0.0**  
Daily rate per 100,000



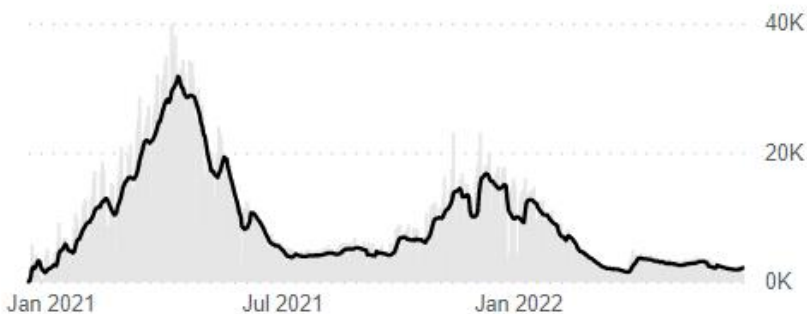
## VACCINATIONS ADMINISTERED

**2,153** ▲  
Current daily avg

**4,991,727**  
Cumulative

**69.5%**  
Completed series

**77.1%**  
At least one dose

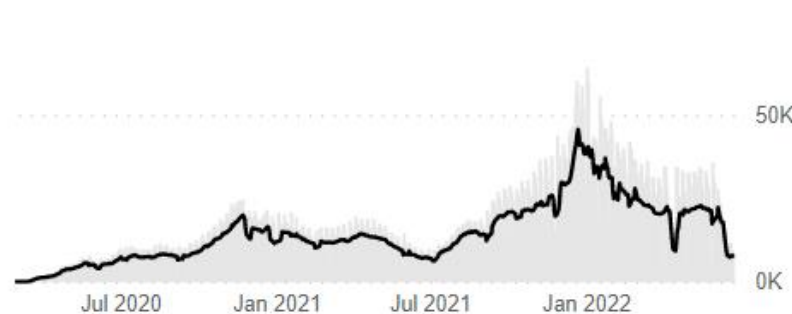


## TESTS PERFORMED

**7,743** ▼  
Current daily avg

**7,845 (-1%)**  
Prior week

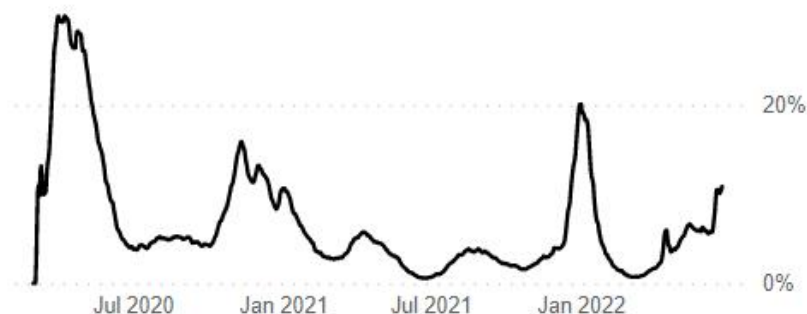
**12,289,898**  
Cumulative



## POSITIVITY RATE

**10.9%** ▲  
Current daily avg

**10.5%**  
Prior week





**SUMMARY** CASES CASES BY ZIP TESTS VACCINES VACCINES BY ZIP

[Learn how to use this dashboard.](#)

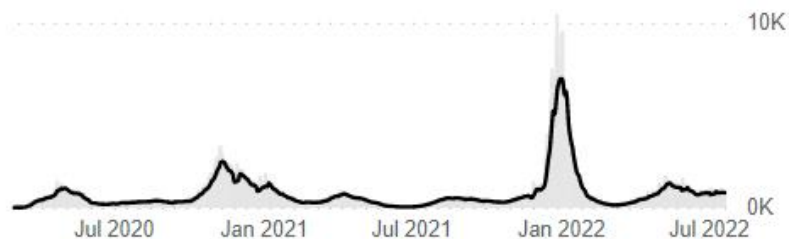
## CASES

**805** ▲  
Current daily avg

**804 (+0%)**  
Prior week

**660,687**  
Cumulative

**29.7**  
Daily rate per 100,000



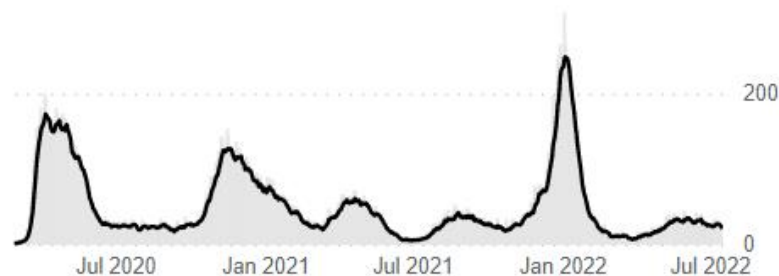
## HOSPITALIZATIONS

**23** ▼  
Current daily avg

**26 (-12%)**  
Prior week

**44,372**  
Cumulative

**0.8**  
Daily rate per 100,000



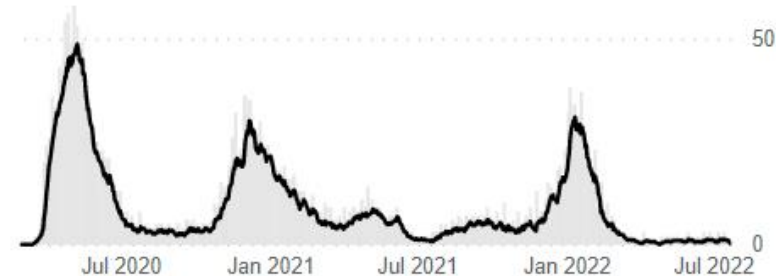
## DEATHS

**0.29** ▼  
Current daily avg

**1.29 (-78%)**  
Prior week

**7,766**  
Cumulative

**0.0**  
Daily rate per 100,000



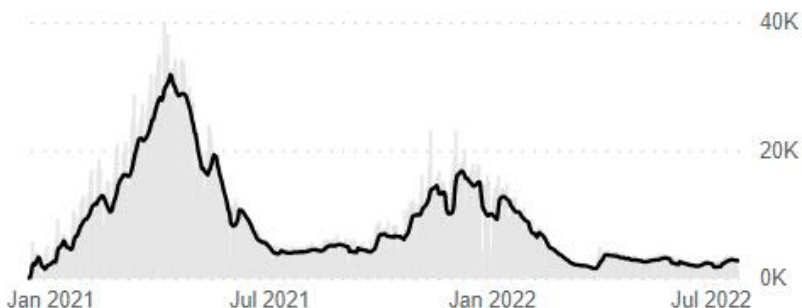
## VACCINATIONS ADMINISTERED

**2,736** ▼  
Current daily avg

**5,064,983**  
Cumulative

**69.7%**  
Completed series

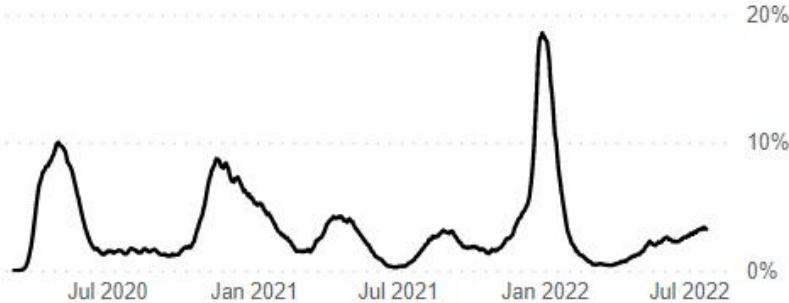
**77.7%**  
At least one dose



## EMERGENCY ROOM VISITS

**3.2%** ↔  
Current daily avg

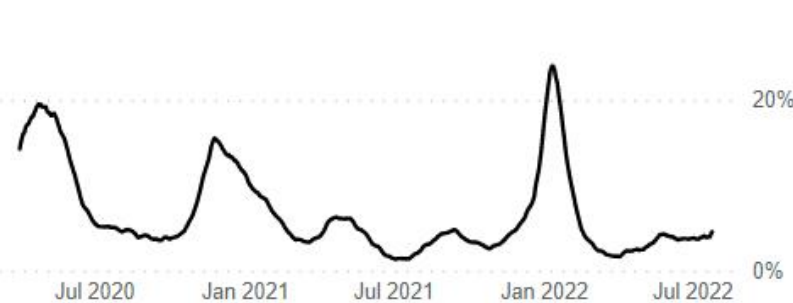
**3.2%**  
Prior Week



## HOSPITAL BEDS IN USE

**4.5%** ▲  
Current daily avg

**3.9%**  
Prior Week



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

# High

	New cases per 100,000 population (last 7 days) <i>[Goal is &lt;200]</i>	New admissions per 100,000 population (last 7 days) <i>[Goal is &lt;10]</i>	Percent of staffed inpatient beds occupied by COVID-19 patients (last 7 days) <i>[Goal is &lt;10%]</i>
City of Chicago	207	4.8	3.8%
Cook County (including City of Chicago)	217	12.7	4.5%

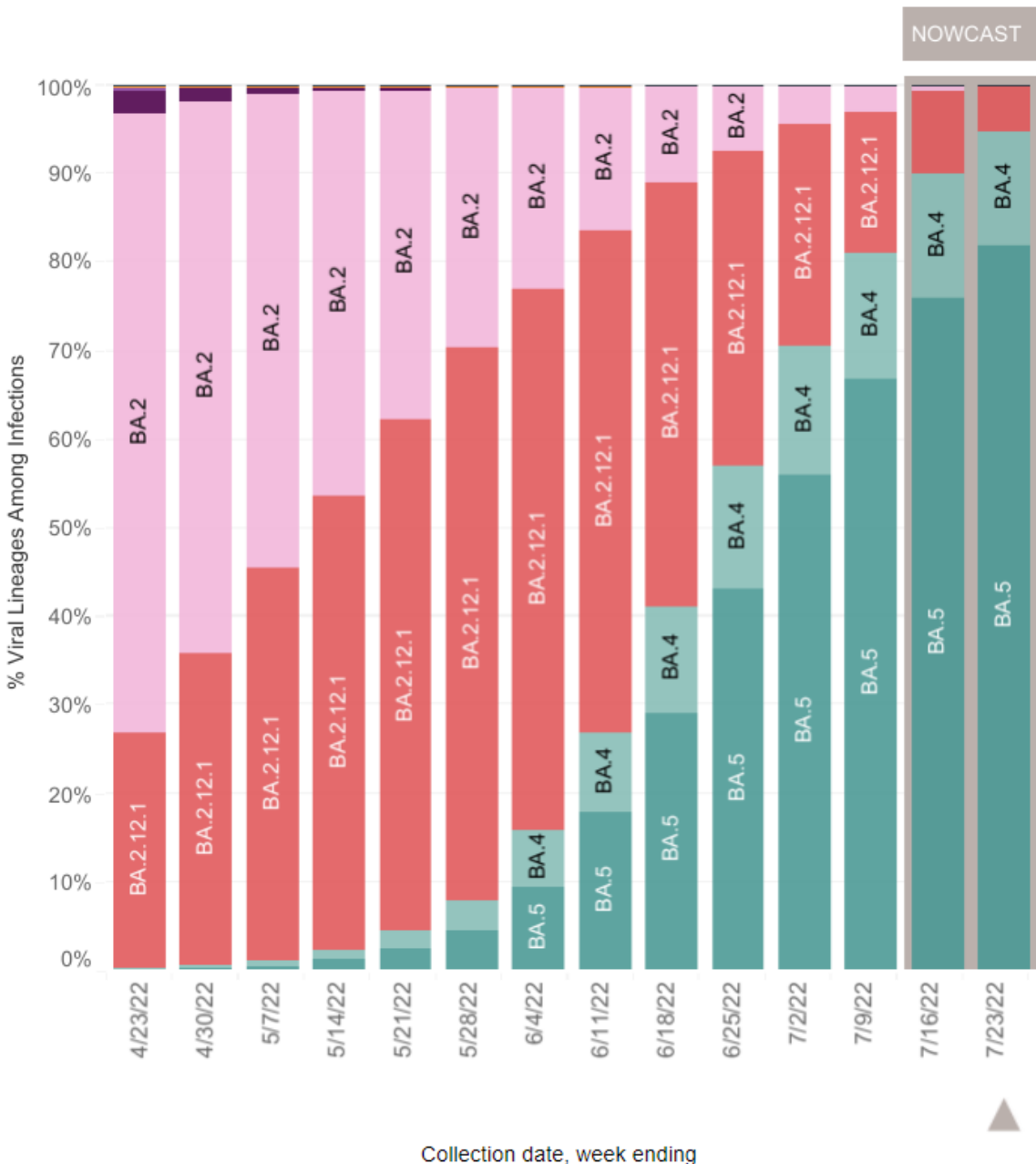
*Chicago metrics are calculated based on Chicago-level data.*

*Cook County metrics are calculated by the CDC and posted on the [CDC Community Levels website](#).*

*Data current as of 7/22/2022.*

## United States: 4/17/2022 – 7/23/2022

## United States: 7/17/2022 – 7/23/2022 NOWCAST



## USA

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	BA.5	VOC	81.9%	79.9-83.8%	
	BA.4	VOC	12.9%	11.2-14.7%	
	BA.2.12.1	VOC	5.0%	4.5-5.4%	
	BA.2	VOC	0.3%	0.2-0.3%	
	B.1.1.529	VOC	0.0%	0.0-0.0%	
	BA.1.1	VOC	0.0%	0.0-0.0%	
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.0%	0.0-0.0%	

\* 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, BA.2 sublineages are aggregated with BA.2. Sublineages of BA.4 are aggregated to BA.4. Sublineages of BA.5 are aggregated to BA.5.



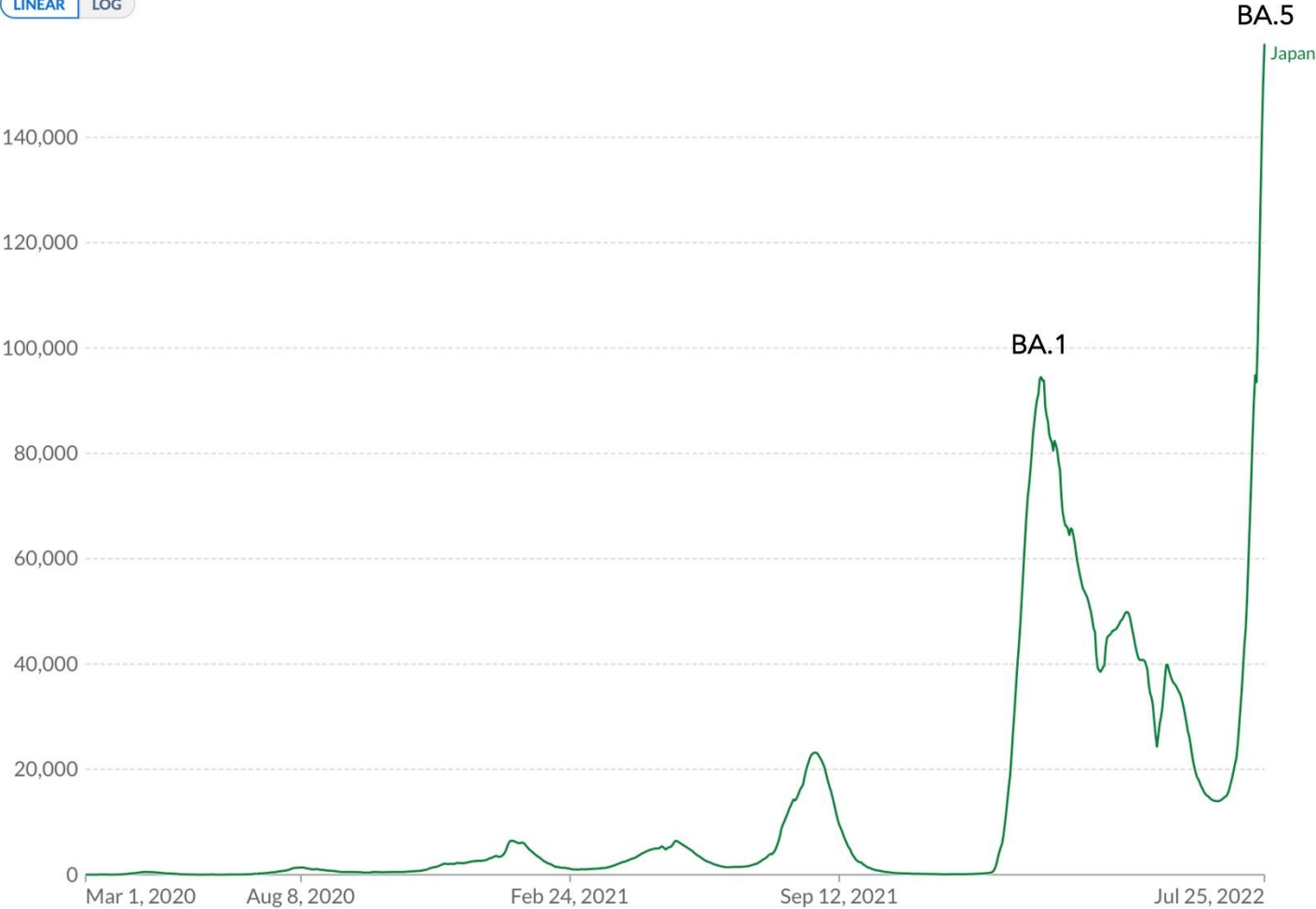
# BA.5 Summary

- ▶ Most distant from ancestral strain spike protein
- ▶ Considerably more fit than prior Omicron subvariants
- ▶ Immune evasion has been proven
- ▶ Vaccine effectiveness against hospitalization and death hold but does wane

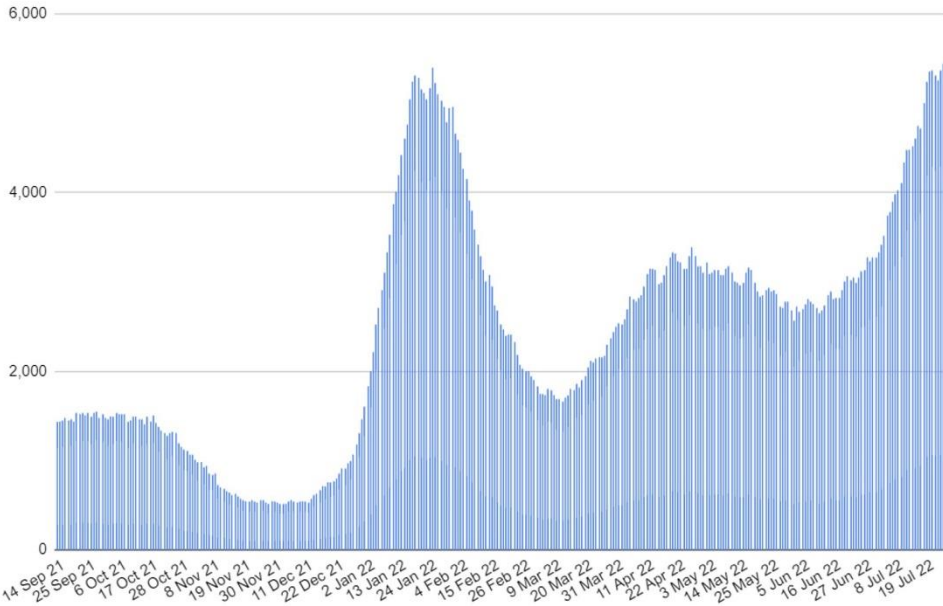
# Daily new confirmed COVID-19 cases

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

LINEAR LOG



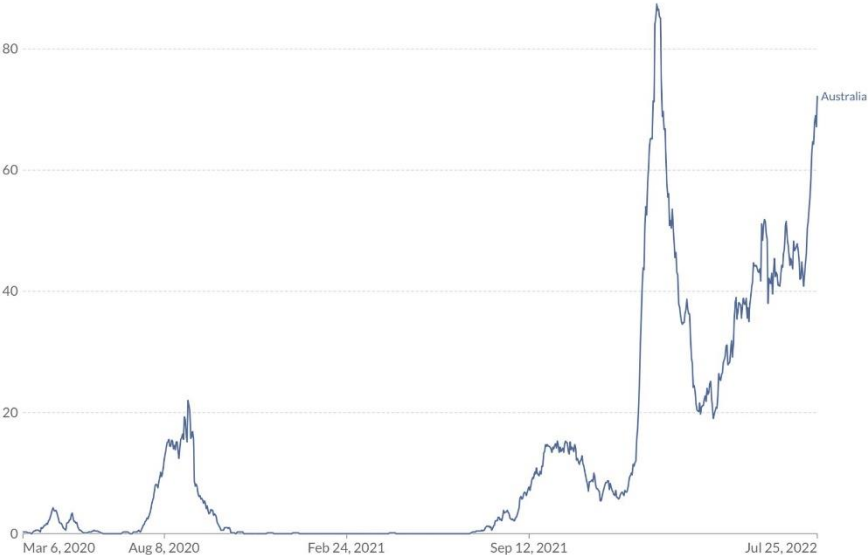
## AUS COVID-19 Hospitalisations



## Daily new confirmed COVID-19 deaths

7-day rolling average. Due to varying protocols and challenges in the attribution of the cause of death, the number of confirmed deaths may not accurately represent the true number of deaths caused by COVID-19.

LINEAR LOG



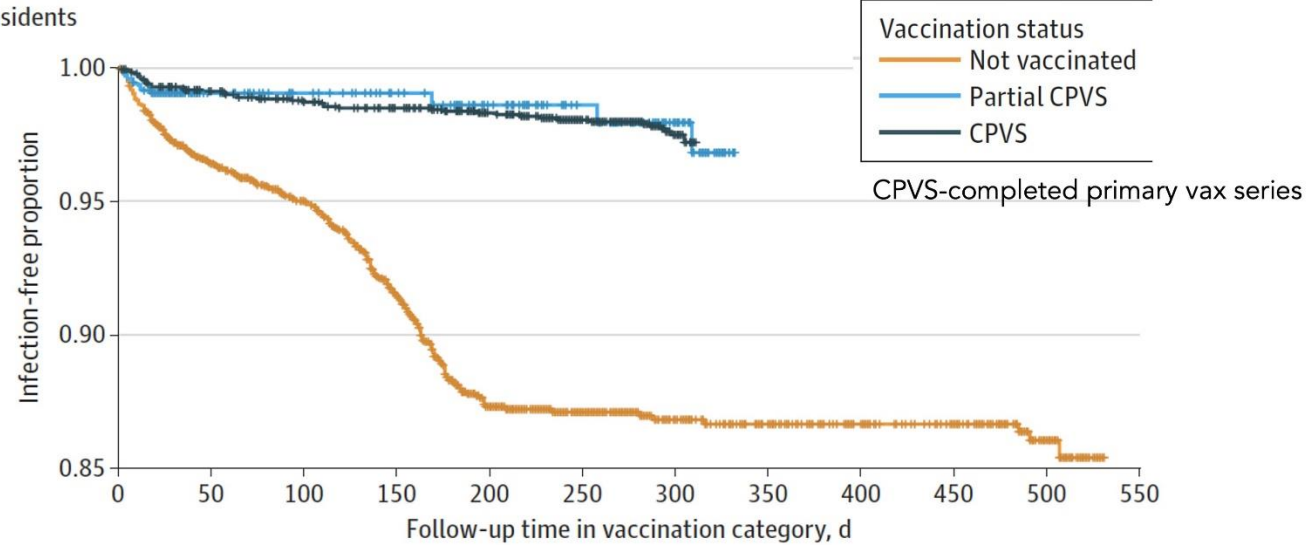
95 000 Rhode Island residents from March 2020 to December 2021, including residents and employees of long-term congregate care (LTCC) facilities

Vaccination after recovery from COVID-19 was associated with substantial benefit, reducing risk of reinfection by approximately half.

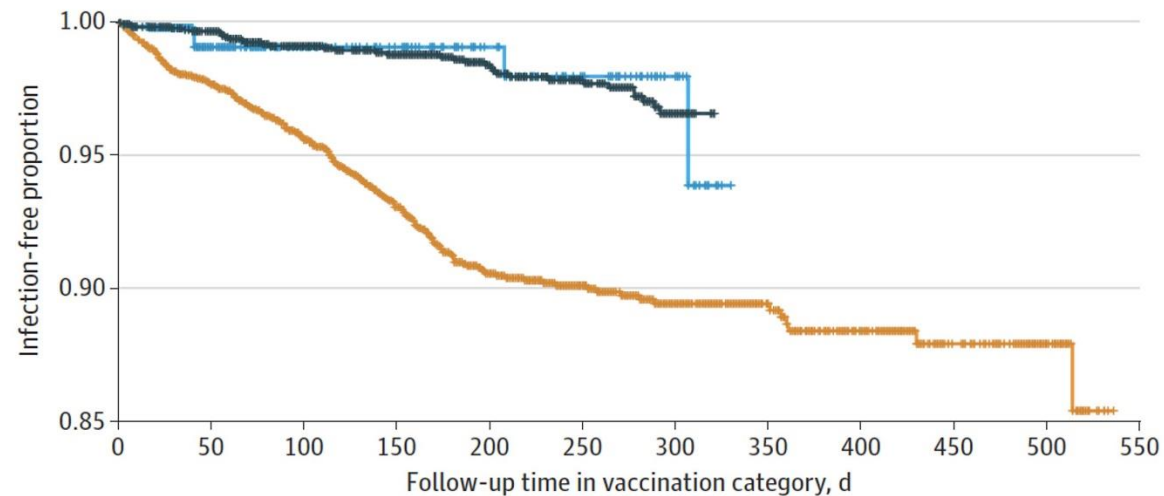
Lewis N, Chambers LC, Chu HT, et al. Effectiveness Associated With Vaccination After COVID-19 Recovery in Preventing Reinfection. *JAMA Netw Open*. 2022;5(7):e2223917. doi:10.1001/jamanetworkopen.2022.23917



**B** LTCC residents



**C** LTCC employees



No. at risk	2877	2525	2198	1840	1182	783	501	368	260	147	70	0
Not vaccinated	2877	2525	2198	1840	1182	783	501	368	260	147	70	0
Partial CPVS	2056	235	153	129	92	62	32	0	0	0	0	0
CPVS	1908	1796	1314	1180	909	735	301	0	0	0	0	0



# WHAT YOU NEED TO KNOW ABOUT SUMMER FESTIVAL SAFETY



**CDPH continues to strongly urge everyone to wear masks in indoor public settings and stay up to date on COVID-19 vaccines including all recommended boosters. In all cases, including attending large events and festivals, it's so important for people to stay home and get tested if they're experiencing any COVID-like symptoms.**

**Because of the precautions we took last year we were successful in hosting summer festivals, and we are confident it can be safely done this year too.**



# AT EVENTS



Maintain social distance from people outside your party



Limit intoxicants. Consuming too much alcohol or other substances may make you less likely to follow guidelines



Wash hands frequently or use hand sanitizers that contain more than 60% of alcohol

**IF YOU ARE NOT VACCINATED**, wear a mask, avoid crowded areas of the festival and stay at least 6 feet away from other groups.

# BE MINDFUL



Know the event's guidelines. Each event may have different rules and safety guidelines surrounding COVID-19



Get vaccinated! It's the best way to protect yourself in social settings



CDPH urges individuals to wear masks indoor and in crowded public spaces



Monitor for symptoms after the event, and stay home/test if you develop symptoms or think you may have been exposed, even if you're vaccinated

# Novavax

- ▶ EUA; age 18+
- ▶ Two-dose primary series, given three weeks apart.
- ▶ Novavax COVID-19 Vaccine, Adjuvanted contains the SARS-CoV-2 spike protein and Matrix-M adjuvant.
- ▶ 17,200 received the vaccine; 8,300 placebo.
- ▶ Overall, the vaccine was 90.4% effective in preventing mild, moderate or severe COVID-19 (17 vaccine group and 79 placebo group); No cases of moderate or severe COVID-19 were reported in participants who received the vaccine. In the subset of participants 65 years of age and older, the vaccine was 78.6% effective. (Study prior to Delta and Omicron)
- ▶ Possible side effects:
  - Pain/tenderness, redness and swelling at the injection site
  - Fatigue
  - Muscle pain
  - Headache
  - Joint pain
  - Nausea/vomiting
  - Fever

<https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-fda-authorizes-emergency-use-novavax-covid-19-vaccine-adjuvanted>



# Pregnancy and Breastfeeding: Vaccinate



Antibodies are in breast milk



- Reduced morbidity and mortality in pregnant woman
- Antibodies move across the placenta
- No evidence of any risk of harm to woman, fetus or newborn
- Protection of the newborn (50% reduction in risk of hospitalization of the newborn, <https://www.nejm.org/doi/pdf/10.1056/NEJMoa2204399?articleTools=true>)

Maternal and Neonatal Severe  
Acute Respiratory Syndrome  
Coronavirus 2 (SARS-CoV-2)  
Immunoglobulin G Levels  
After the Pfizer-BioNTech  
Booster Dose for Coronavirus  
Disease 2019 (COVID-19)  
Vaccination During the Second  
Trimester of Pregnancy

- Maternal and neonatal SARS-CoV-2 IgG antibody titers after second-trimester maternal Pfizer COVID-19 vaccination were significantly higher after the booster dose compared with the two-dose vaccination series.
- Although there is uncertainty as to whether antibody levels correlate with protection, these data support the importance of booster vaccination during pregnancy to restore maternal and neonatal protection against COVID-19.

Kugelman, Nir MD; Nahshon, Chen MD; Shaked-Mishan, et.al.

Obstetrics & Gynecology: May 27, 2022 - Volume - Issue -  
10.1097/AOG.0000000000004867

doi: 10.1097/AOG.0000000000004867

# COVID and Fertility

## A prospective cohort study of COVID-19 vaccination, SARS-CoV-2 infection, and fertility

Amelia K Wesselink, Elizabeth E Hatch, et al.

*American Journal of Epidemiology*,  
<https://doi.org/10.1093/aje/kwac011>

**Published:**

20 January 2022

- COVID-19 vaccination:
  - Not appreciably associated with fecundability in either partner
- SARS-CoV-2 infection:
  - Females – No association with fecundability
  - Male infection - transient reduction in fecundability



# COVID and Menstruation

## Association Between Menstrual Cycle Length and Coronavirus Disease 2019 (COVID-19) Vaccination A U.S. Cohort

Edelman A et al. Ob Gyn.

[https://journals.lww.com/greenjournal/fulltext/9900/association\\_between\\_menstrual\\_cycle\\_length\\_and.357.aspx#:~:text=Coronavir us%20disease%202019%20\(COVID%2D19\)%20vaccination%20is%20not%20associated,and%20quantity%20of%20menstrual%20bleeding.](https://journals.lww.com/greenjournal/fulltext/9900/association_between_menstrual_cycle_length_and.357.aspx#:~:text=Coronavir us%20disease%202019%20(COVID%2D19)%20vaccination%20is%20not%20associated,and%20quantity%20of%20menstrual%20bleeding.)

In adjusted models, the difference in change in cycle length between the vaccinated and unvaccinated cohorts was less than 1 day for both doses

## Covid-19 Vaccination and Menstrual Cycle Length in the Apple Women's Health Study

Gibson EA, et al. MedRxiv.

<https://www.medrxiv.org/content/10.1101/2022.07.07.22277371v1>

- COVID-19 vaccination was associated with a short-term increase in menstrual cycle length, which appeared to be driven by doses received in the follicular phase
- The magnitude of this increase was small (0.5-1.8 days), diminished in each cycle following vaccination, does not persist over time and was well within the natural variability in the study population

# Questions?

Next Session: Wednesday, August 10<sup>th</sup>

For any questions, email us at  
[kshwest@peds.bsd.uchicago.edu](mailto:kshwest@peds.bsd.uchicago.edu)