

I-VAC Adult & Pediatric 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 812-8864-4528##**

Disclosures

- No one in a position to control the education content of the activity has any relevant financial disclosures with ineligible companies to disclose.
- What gets said here today may change based on new data and recommendations
 - Knowledge is shared more rapidly through ECHO



Track Covid-19 in the U.S.

Updated Sept. 25, 2023

Daily Covid hospital admissions

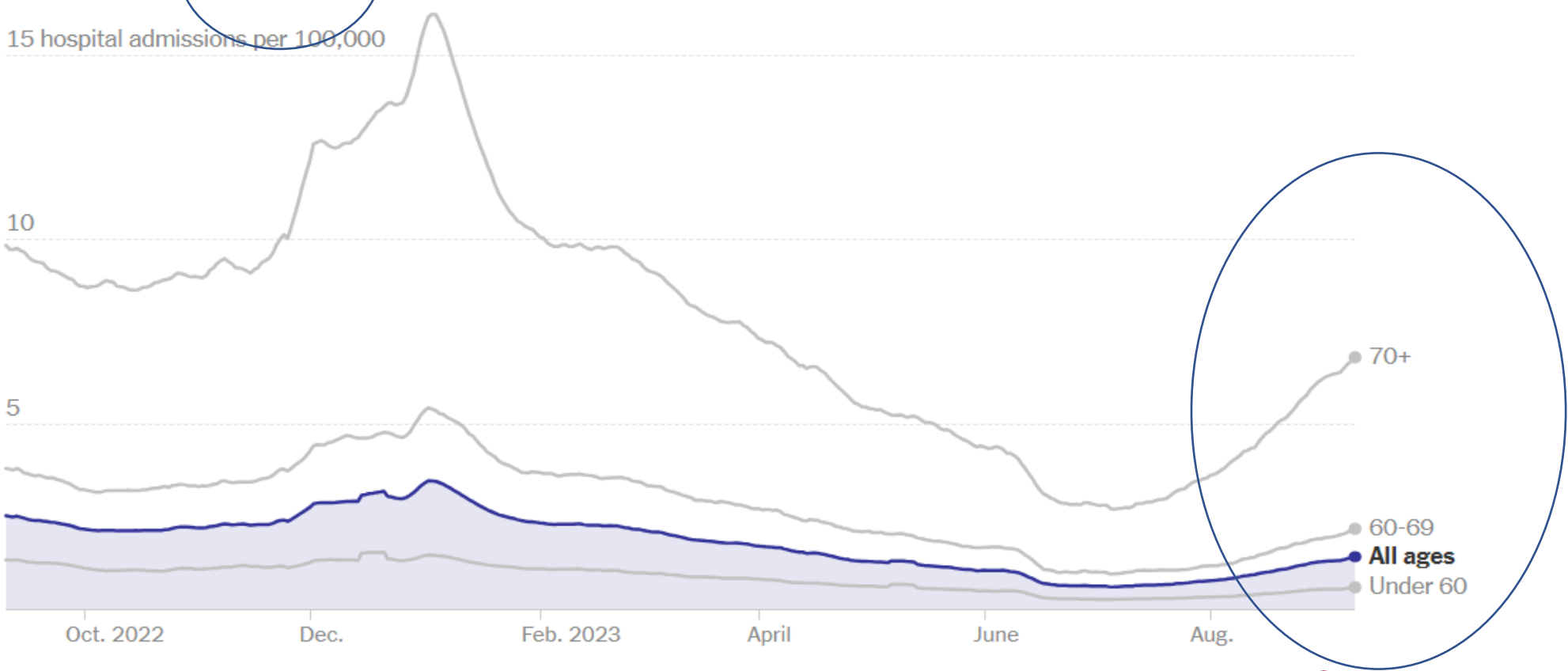
Avg. on Sept. 9

4,679

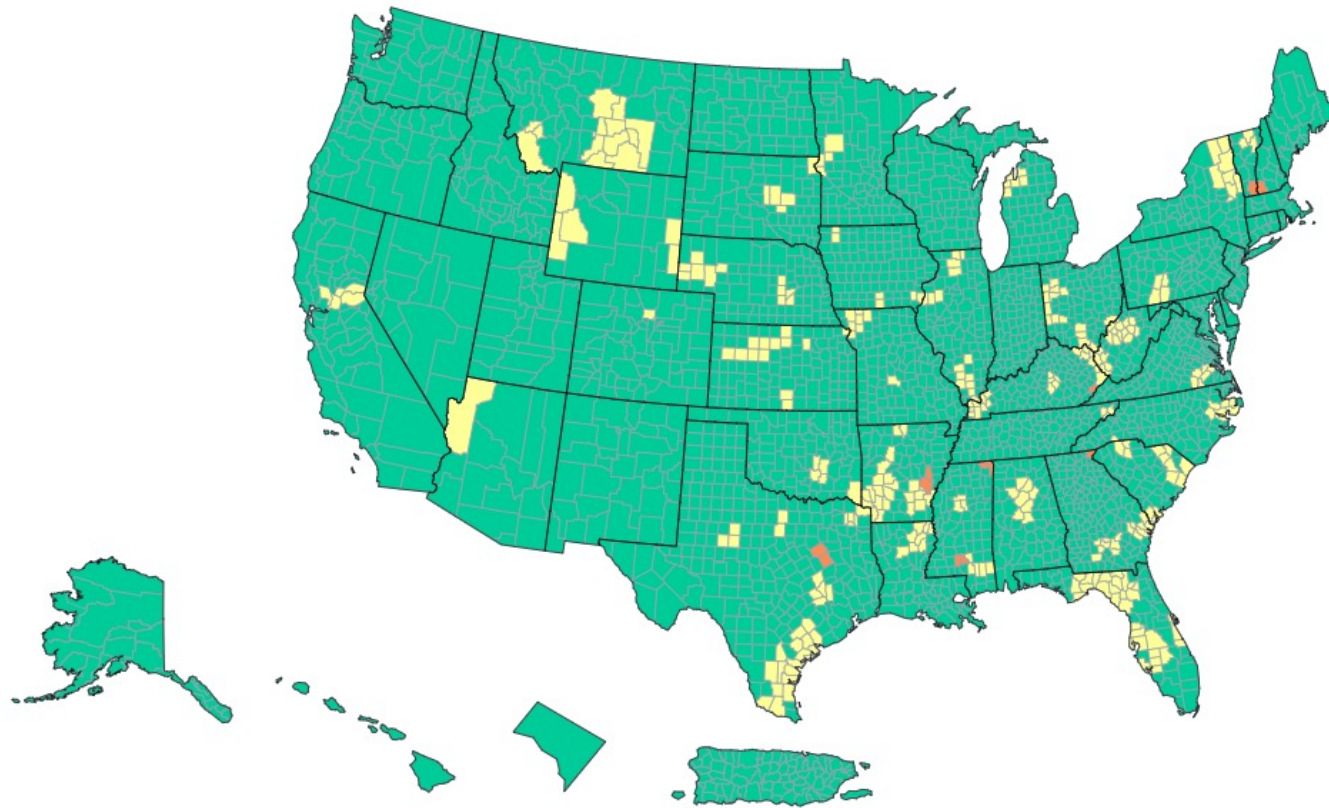
14-day change

+18%

15 hospital admissions per 100,000






Reported COVID-19 New Hospital Admissions Rate per 100,000 Population in the Past Week, by County – United States



COVID-19 hospital admissions levels in U.S. by county

Based on new COVID-19 hospital admissions per 100,000 population

	Total	Percent	% Change
 ≥ 20.0	12	0.37%	-0.47%
 10.0 - 19.9	322	9.99%	-1.21%
 <10.0	2888	89.63%	1.92%

Time Period: New COVID-19 hospital admissions per 100,000 population (7-day total) are calculated using data from the MMWR week (Sun-Sat) ending September 16, 2023.

Chicago's COVID-19 Risk Level is **LOW**



CHICAGO | COVID-19 Summary

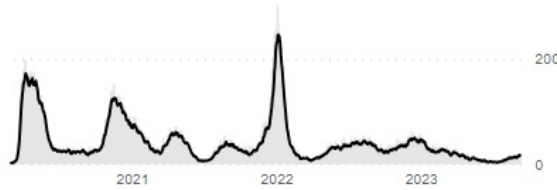
Data current as of Sep 20, 2023.
Data are updated Wednesdays at 5:30 p.m., except for City holidays.
All data are provisional and subject to change.

SUMMARY CASES CASES BY ZIP TESTS

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

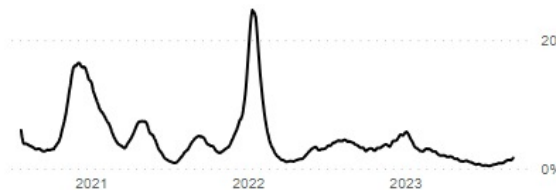
HOSPITALIZATIONS

17 ▲ **13** (+30%) **53,782** **0.61**
Current daily avg Prior week Cumulative Daily rate per 100,000



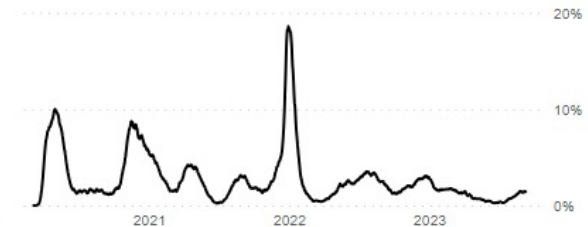
HOSPITAL BEDS IN USE

1.6% ▲ **1.3%**
Current daily avg Prior Week



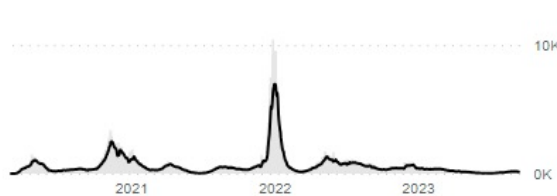
EMERGENCY ROOM VISITS

1.4% ↔ **1.4%**
Current daily avg Prior Week



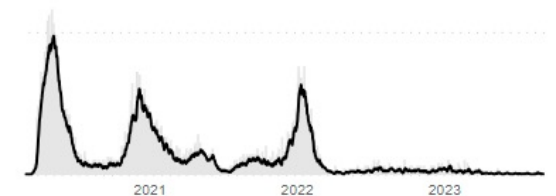
LABORATORY-CONFIRMED CASES

143 ▼ **162** (-12%) **786,472** **5.28**
Current daily avg Prior week Cumulative Daily rate per 100,000



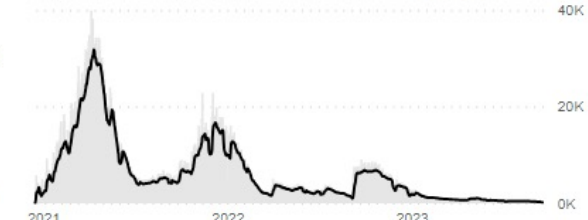
DEATHS

0.14 ▼ **0.29** (-50%) **8,168** **0.01**
Current daily avg Prior week Cumulative Daily rate per 100,000



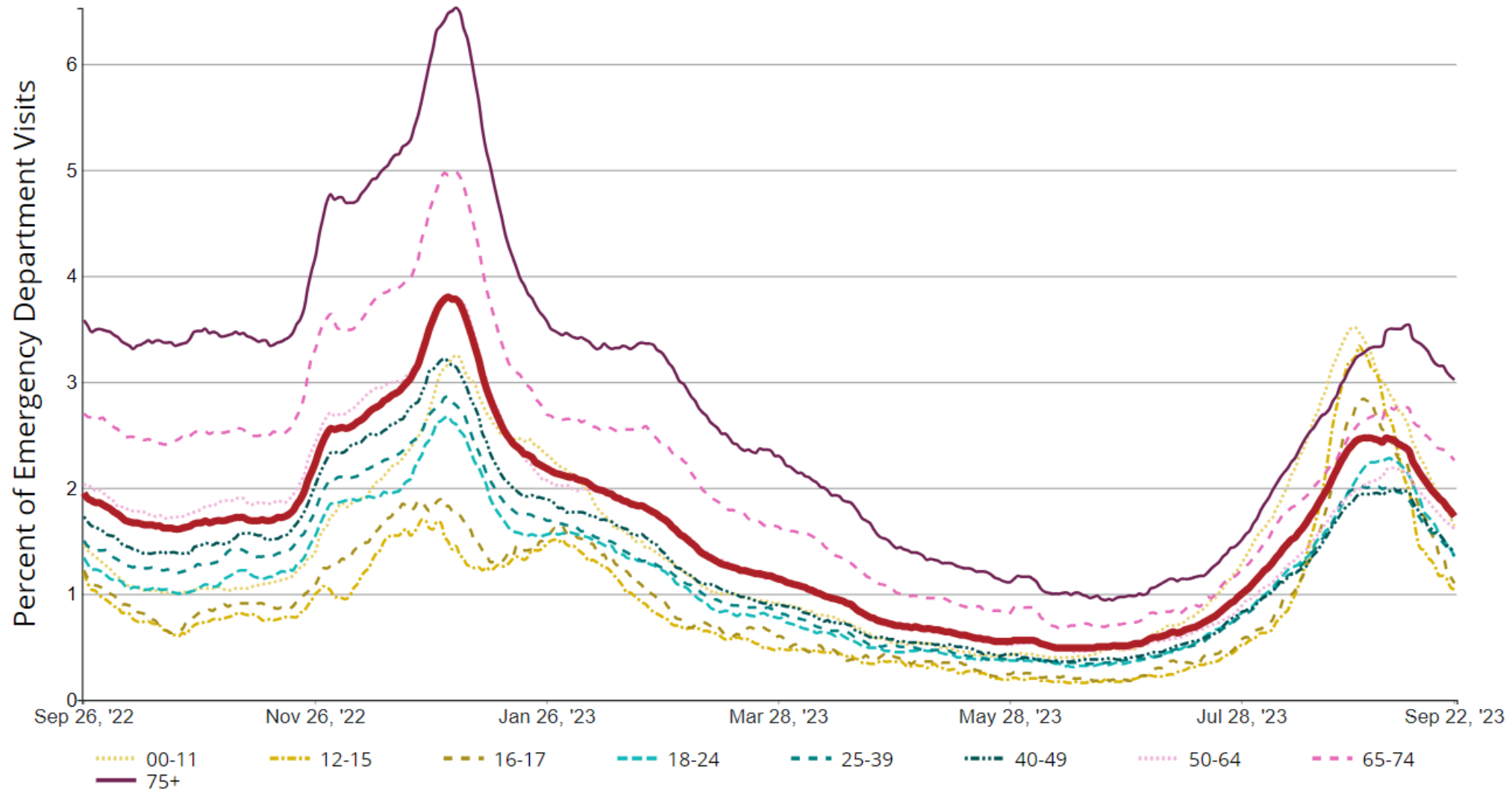
VACCINATIONS ADMINISTERED

105 ▼ **5,888,763** **24.3%**
Current daily avg Cumulative People with updated booster



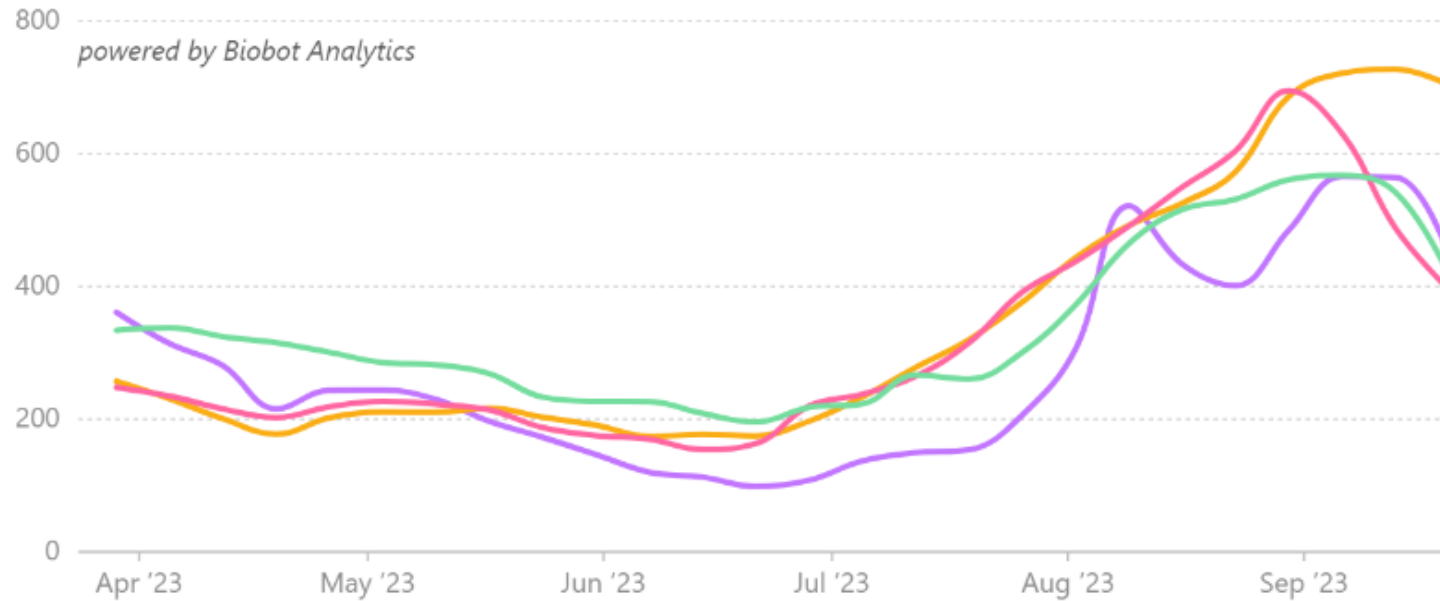
built by
slalom

Percentage of Emergency Department Visits with Diagnosed COVID-19 in United States, by Age Group

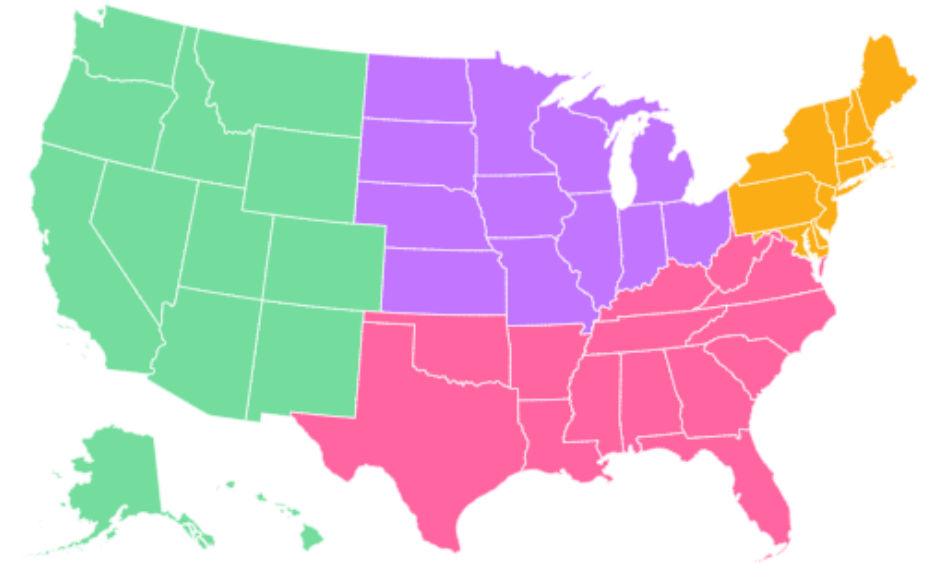


Wastewater Surveillance

Wastewater: Effective SARS-CoV-2 virus concentration (copies / mL of sewage)



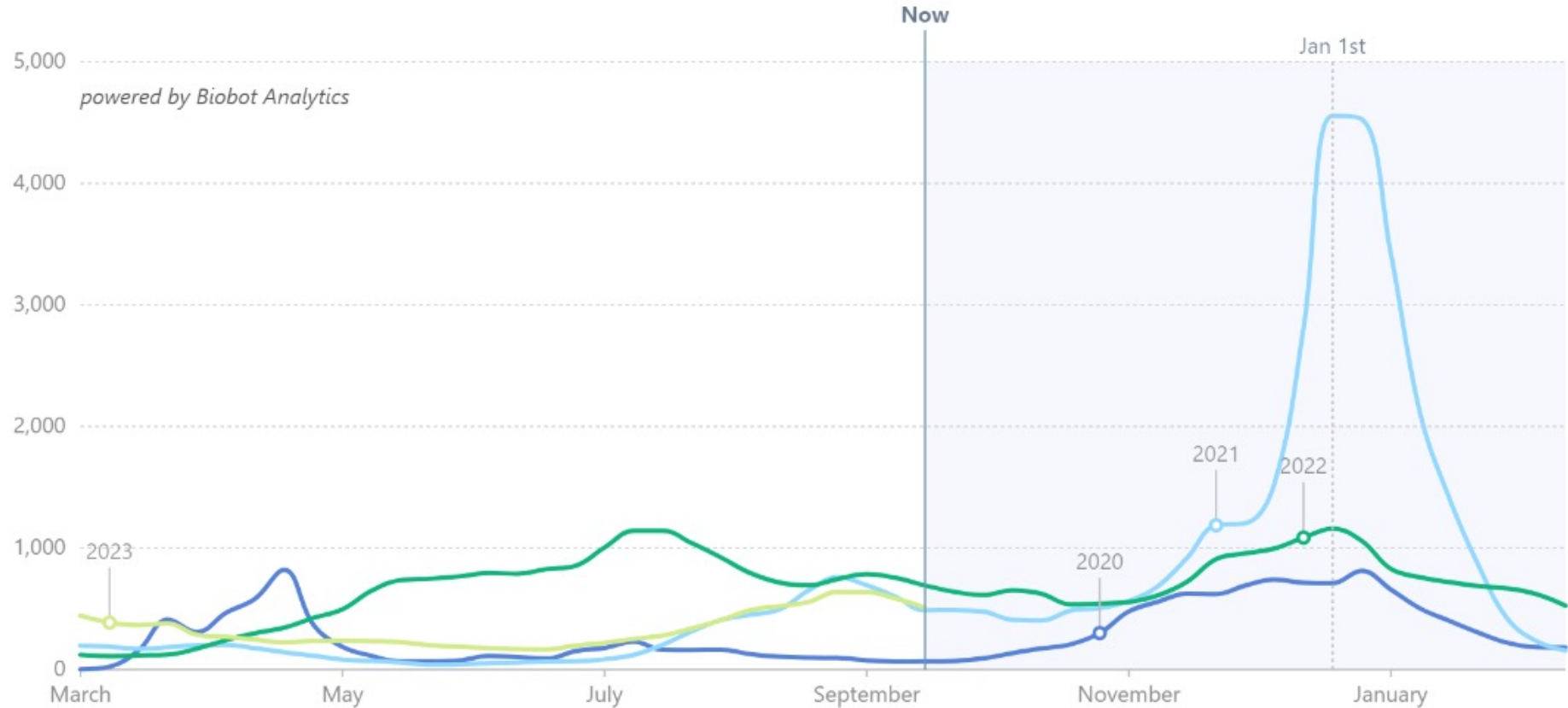
Source: Wastewater data from Biobot Analytics



Wastewater Virus Concentration

■ 2020-2021 ■ 2021-2022 ■ 2022-2023 ■ 2023-2024

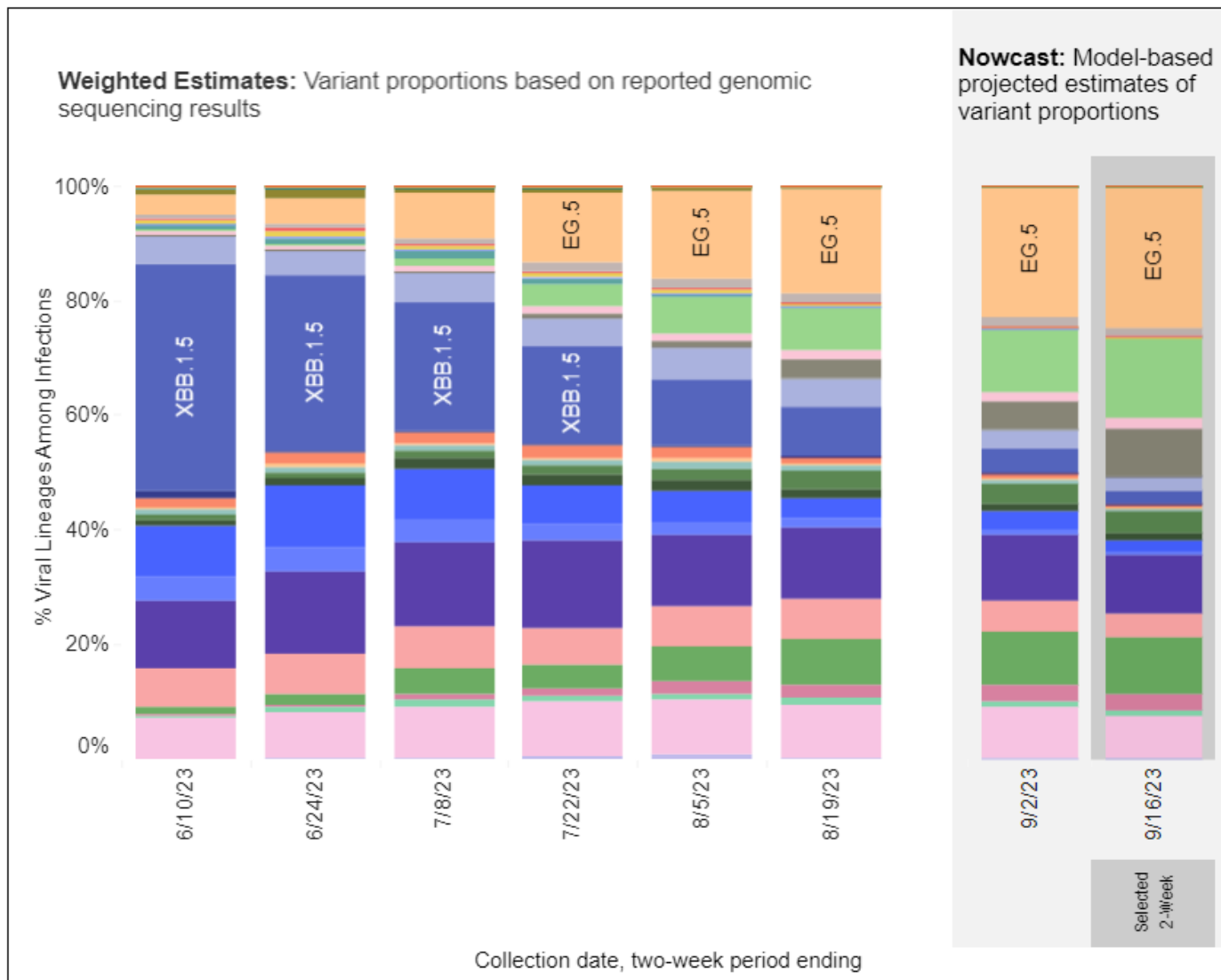
Wastewater:
Effective SARS-
CoV-2 virus
concentration
(copies / mL of
sewage)



Source: Wastewater data from Biobot Analytics



Variant Proportions



USA			
WHO label	Lineage #	%Total	95%PI
Omicron	EG.5	24.5%	22.5-26.6%
	FL.1.5.1	13.7%	9.8-18.7%
	XBB.1.16	10.2%	8.6-11.9%
	XBB.1.16.6	9.9%	8.4-11.7%
	HV.1	8.4%	6.6-10.5%
	XBB.2.3	7.2%	6.2-8.5%
	XBB.1.16.1	4.1%	3.4-4.9%
	XBB.1.5.70	3.8%	2.9-4.9%
	XBB.1.16.11	3.0%	2.3-3.8%
	XBB	2.5%	2.1-2.9%
	XBB.1.5	2.2%	1.9-2.6%
	XBB.1.9.1	1.9%	1.6-2.2%
	GE.1	1.7%	1.3-2.3%
	EG.6.1	1.5%	1.0-2.1%
	XBB.1.5.72	1.2%	0.9-1.6%
	XBB.1.42.2	0.9%	0.5-1.7%
	XBB.1.9.2	0.7%	0.6-0.9%
	XBB.1.5.68	0.6%	0.4-0.9%
	XBB.1.5.10	0.6%	0.4-0.7%
	XBB.2.3.8	0.4%	0.2-0.6%
	CH.1.1	0.3%	0.2-0.4%
	FD.1.1	0.3%	0.2-0.4%
	XBB.1.5.59	0.2%	0.1-0.4%
	FE.1.1	0.2%	0.1-0.3%
	EU.1.1	0.0%	0.0-0.1%
	XBB.1.5.1	0.0%	0.0-0.0%
	BQ.1	0.0%	0.0-0.1%
	BA.2.12.1	0.0%	0.0-0.0%
	B.1.1.529	0.0%	0.0-0.0%
	BA.5	0.0%	0.0-0.0%
	FD.2	0.0%	0.0-0.0%
Other	Other*	0.1%	0.0-0.1%

New Boosters Are Here (...well, almost)

- About 75% of people in the United States appear to have skipped last year's bivalent booster, and nothing suggests uptake will be better this time around.
- "Urging people to get boosters has really only worked for Democrats, college graduates, and people making over \$90,000 a year," said Gregg Gonsalves, an epidemiologist at Yale University.
- Intensive outreach efforts that successfully led to decent vaccination rates in 2021 have largely ended, along with mandates and the urgency of the moment.
- Data now suggests that the people getting booster doses are often not those most at risk, which means the toll of covid in the U.S. may not be dramatically reduced by this round of vaccines.
- Complicating matters, this is the first round of covid vaccines not fully covered by the federal government. Private and public health insurers will get them to members at no cost, but the situation for some 25 million-30 million uninsured adults—predominantly low-income people and people of color—is in flux. On Sept. 14, the CDC announced a kickoff of plans to temporarily provide vaccines for the uninsured, at least partly through \$1.1 billion left over in pandemic emergency funds through the Bridge Access Program.
- Moderna and Pfizer have more than quadrupled the price of the vaccines to about \$130 a dose, compared with about \$20 for the first vaccines and \$30 for the last boosters, raising overall health care costs

How's the Rollout Going?

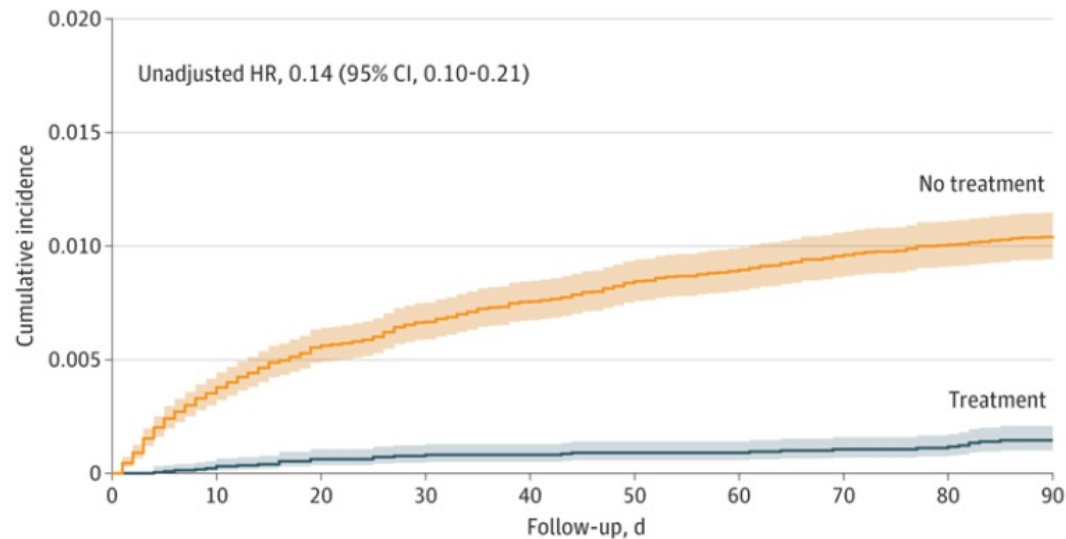
- Anyone with health insurance — either through private insurers or federal programs like Medicare and Medicaid — should be able to receive the new COVID vaccines **for free**.
- But that's not always happening -- As CBS News reported, the vaccines have new billing codes, and insurers are still updating their plans to cover the shots.
- “Please make sure you’re talking to your insurance company because. You should be covered by law. If you are insured, you are covered for COVID. If you are on Medicare, you are covered. If you are on Medicaid, you are covered and if you don’t have insurance — through this Bridge Access program — you are covered,” Xavier Becerra said. (DHHS secretary)

How Well is Paxlovid Working?

- A real-world study published in *JAMA Open Network* found that Pfizer's COVID-19 antiviral Paxlovid is now less effective at preventing hospitalization or death in high-risk patients as compared to earlier studies. But when looking at death alone, the antiviral was still highly effective.
- Cohort study of patients who received a diagnosis of COVID-19 at Cleveland Clinic from April 1, 2022, to February 20, 2023 (during which the Omicron variant evolved from BA.2 to BA.4/BA.5, then to BQ.1/BQ.1.1, and finally to XBB/XBB.1.5) and who were at high risk of progressing to severe disease
- Paxlovid was about 37% effective at preventing death or hospitalization in high-risk patients compared to no treatment. Molnupirivir was 41% effective (as compared to 30% in earlier studies)
- In preventing death alone, Paxlovid was about 84% effective compared to no treatment and molnupiravir was about 77% effective, the study said.
- In earlier studies, Paxlovid cut the risk of hospitalization or death by as much as 89%.

Both Treatments Continue to Help

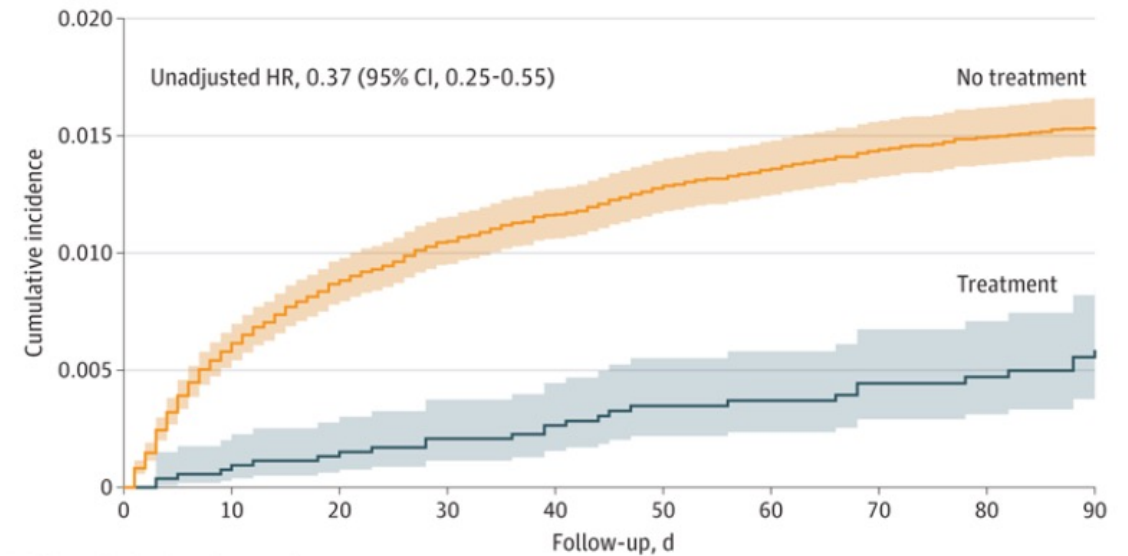
A Nirmatrelvir



No. at risk (cumulative No. of events)

No treatment	39 730	39 399	39 399	37 789	37 114	36 335	35 284	33 929	32 538	31 173
	(0)	(150)	(150)	(262)	(296)	(329)	(347)	(370)	(385)	(397)
Treatment	22 594	22 396	21 749	21 175	20 751	20 291	19 702	18 686	17 705	16 834
	(0)	(7)	(14)	(18)	(18)	(20)	(20)	(23)	(25)	(30)

B Molnupiravir



No. at risk (cumulative No. of events)

No treatment	39 351	38 921	38 038	37 252	36 567	35 768	34 698	33 328	31 945	30 596
	(0)	(242)	(347)	(413)	(458)	(503)	(529)	(557)	(575)	(588)
Treatment	5 311	5 236	5 021	4 847	4 692	4 530	4 327	3 961	3 653	3 379
	(0)	(5)	(8)	(11)	(14)	(18)	(19)	(22)	(23)	(27)

U.S. Government Will Resume Offering Free At-Home Covid Tests

- Biden administration, looking ahead to a possible winter surge of Covid-19, announced last Wednesday that it was reviving its program of offering Americans free coronavirus tests through the mail and would spend \$600 million to buy tests from a dozen domestic manufacturers.
- [covidtests.gov](https://www.covidtests.gov), will begin accepting orders on Monday, and households will receive four tests



With COVID Uptick Many Hospitals are still Maskless...

- The Centers for Disease Control and Prevention recommends that hospitals consider putting masking in place when levels of respiratory infections rise, especially in urgent care and emergency rooms, or when treating high-risk patients.
- But the guidelines do not specify what the benchmarks should be, leaving each hospital to choose its own criteria.
- Hospitals also must reckon with the backlash against masking in large swaths of the population. “Now that we’re not in this emergent state with Covid, I think that’s going to be the most challenging, especially since masks have been so politicized,”
- What is your hospital doing???

Questions?

Upcoming Special RSV-focused Sessions:

- Oct. 10th – RSV in Adult Populations (led by Dr. Steve Schrantz)
- Oct. 24th – RSV in Pediatric Populations (led by Drs. Daniel Johnson & Schrantz)
- Nov. 7th – RSV in Pregnant Populations (led by Drs. Ed Linn & Schrantz)

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

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