

COVID-19 Strategies for OB & Neonatal Units

June 17, 2022

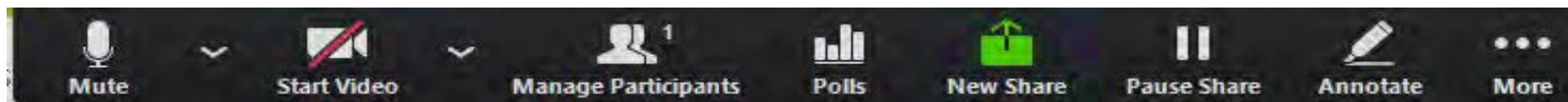
12:00 – 1:15pm



Welcome

Please be certain you are on "*mute*" when not speaking to avoid background noise.

Whether you have joined by phone or computer audio, you can mute and unmute yourself by clicking on the **microphone icon**.



The following shortcuts can also be used

For PC: Alt + A : Mute or Unmute

For Mac: Shift + Command + A: Mute or Unmute

For telephone: *6 : Mute or Unmute

Housekeeping: We Are Recording Now



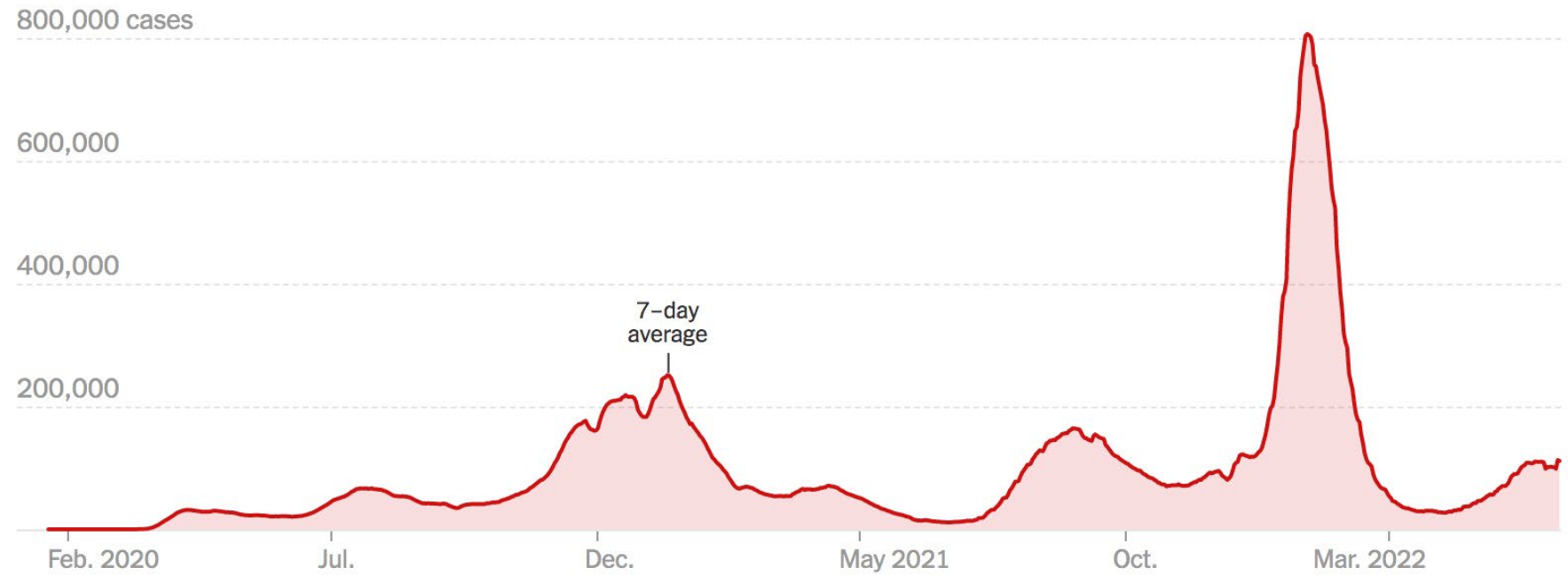
ILPQC Covid 19 webinars

- The strategies shared today are examples from individual institutions not IDPH or ILPQC recommendations.
- This is our 32th COVID-19 strategies for OB/Neonatal Units webinar in coordination with IDPH, since April 2020. Please see <https://ilpqc.org/covid-19-information/> for future webinar registration, and prior recorded webinars.
- The next webinar will be **Friday, August 5, noon to 1:15pm**. We have moved to every other month webinars. Please let us know if you agree with this spacing of webinars and continued helpfulness of having this time to share strategies and updates together.
- Please let us know if your hospital would like to share on an upcoming webinar, please put questions/comments into the chatbox or email directly to info@ilpqc.org

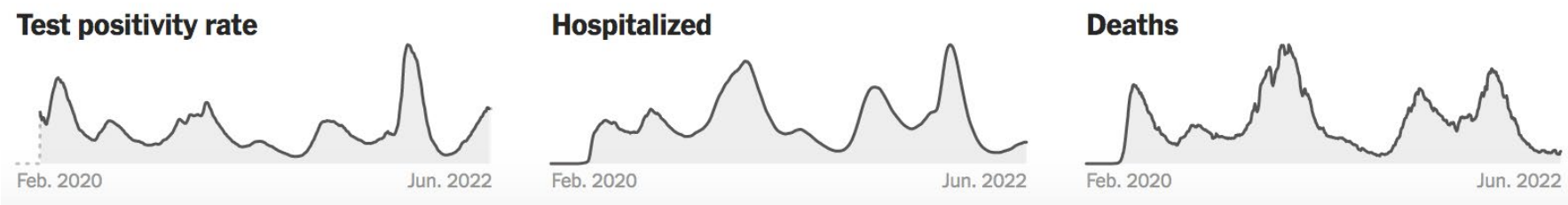
Overview

- **Introduction**
- **Overview of updated data and recommendations**
- **Discussion of OB Unit Strategies:**
 - **Anna McCormick, DO** -- Assistant Professor, Rush University Medical College Obstetrics and Gynecology - Maternal Fetal Medicine
 - **Jeannie Kelly, MD** – Medical Director, Maternal-Fetal Transport, Medical Director, Labor and Delivery, Associate Division Director MFM
- **IDPH updates monkeypox and pregnancy**
 - **Arti Barnes, MD MPH** -- Medical Director/Chief Medical Officer, Illinois Dept. of Public Health

US Trends

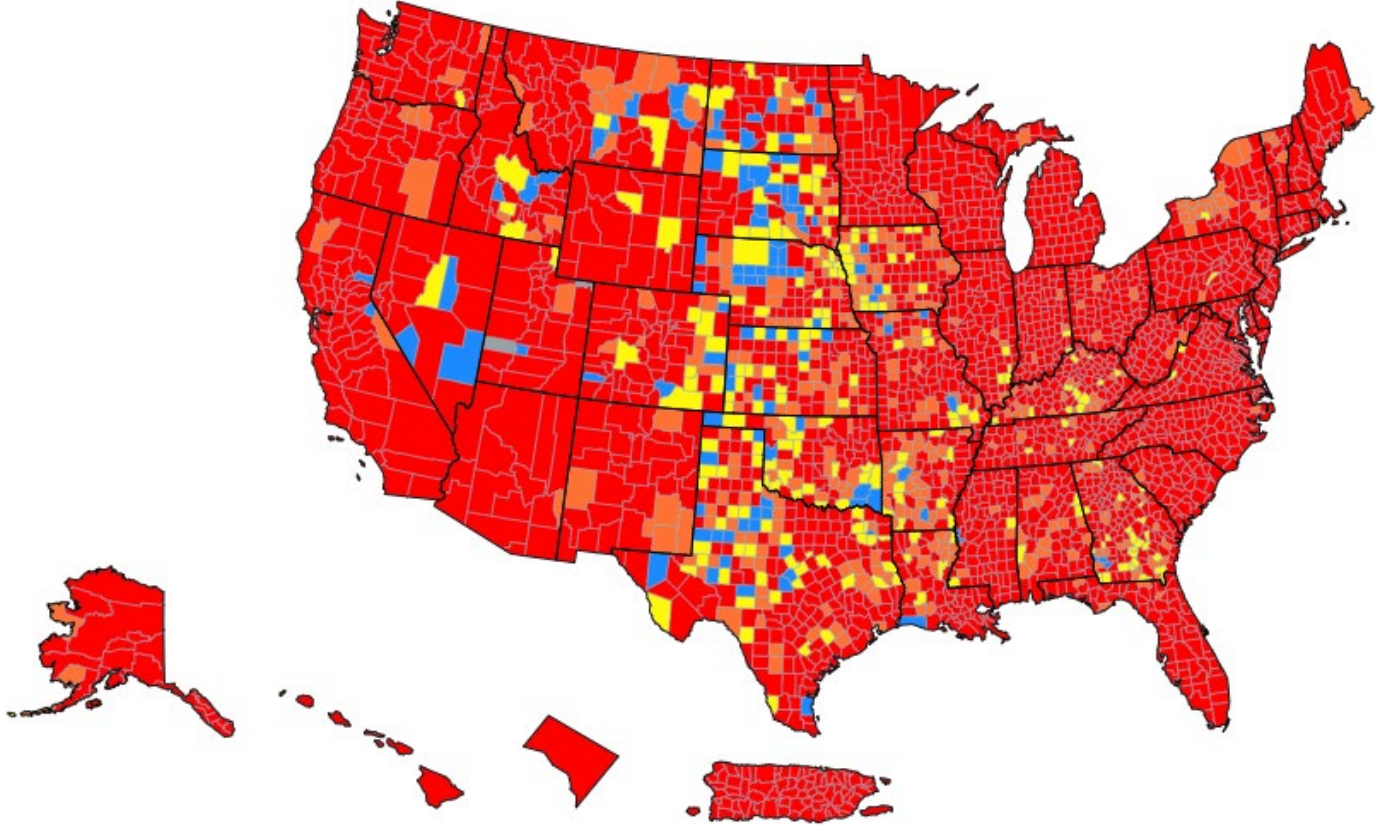


- COVID cases are high
- Plateau in cases in the northeast and Midwest
- Hospitalizations increasing in some parts of the U.S.
- Deaths remain low

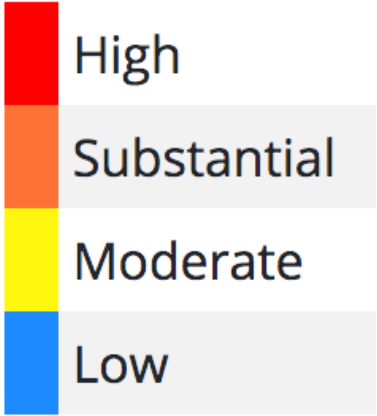


Source: NYT COVID Tracker

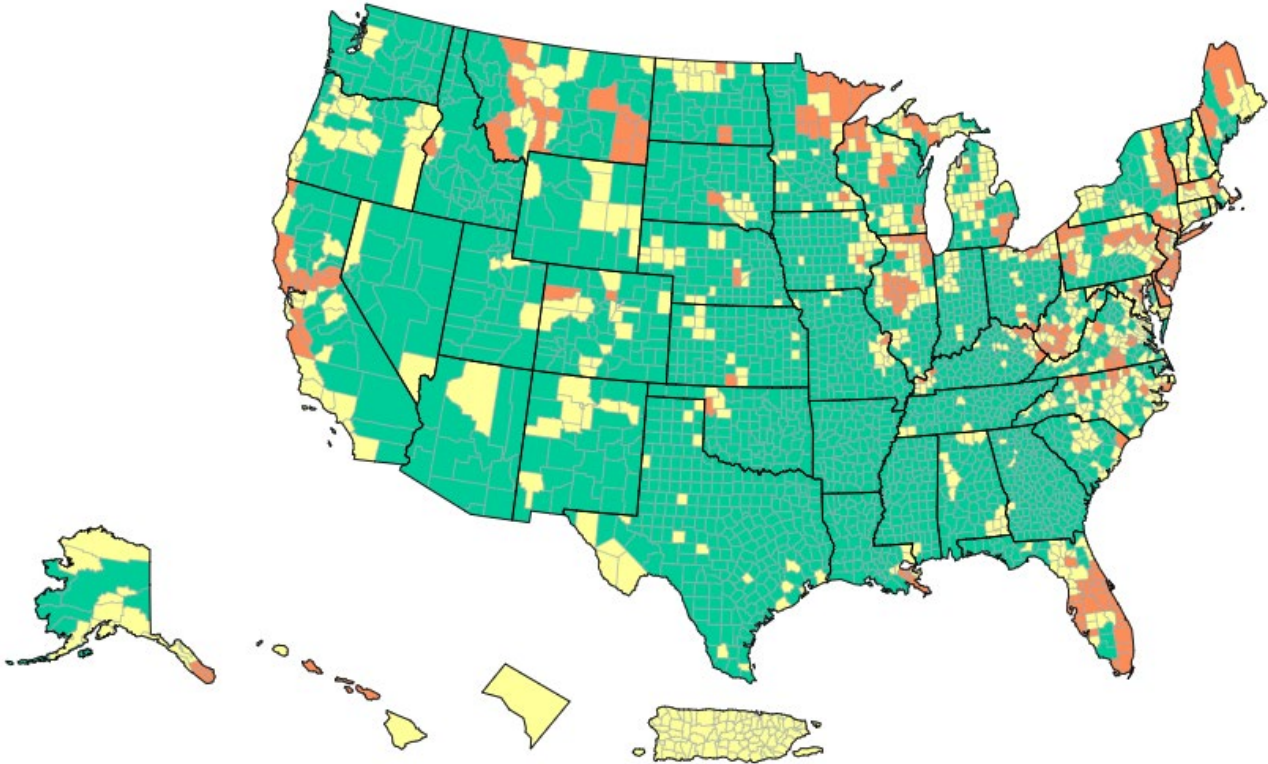
U.S. COVID-19 Community Transmission



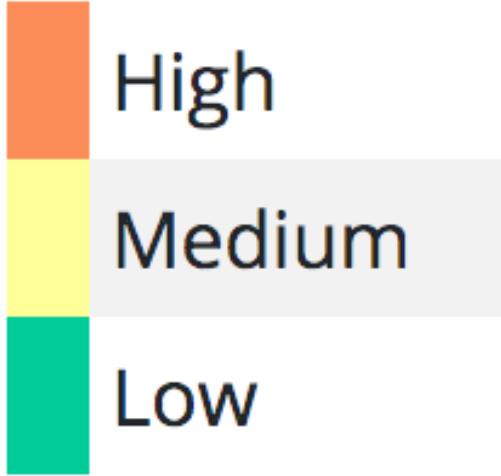
CDC community transmission levels are provided to guide healthcare facilities and healthcare safety practices



US Hotspots: CDC Community Metric



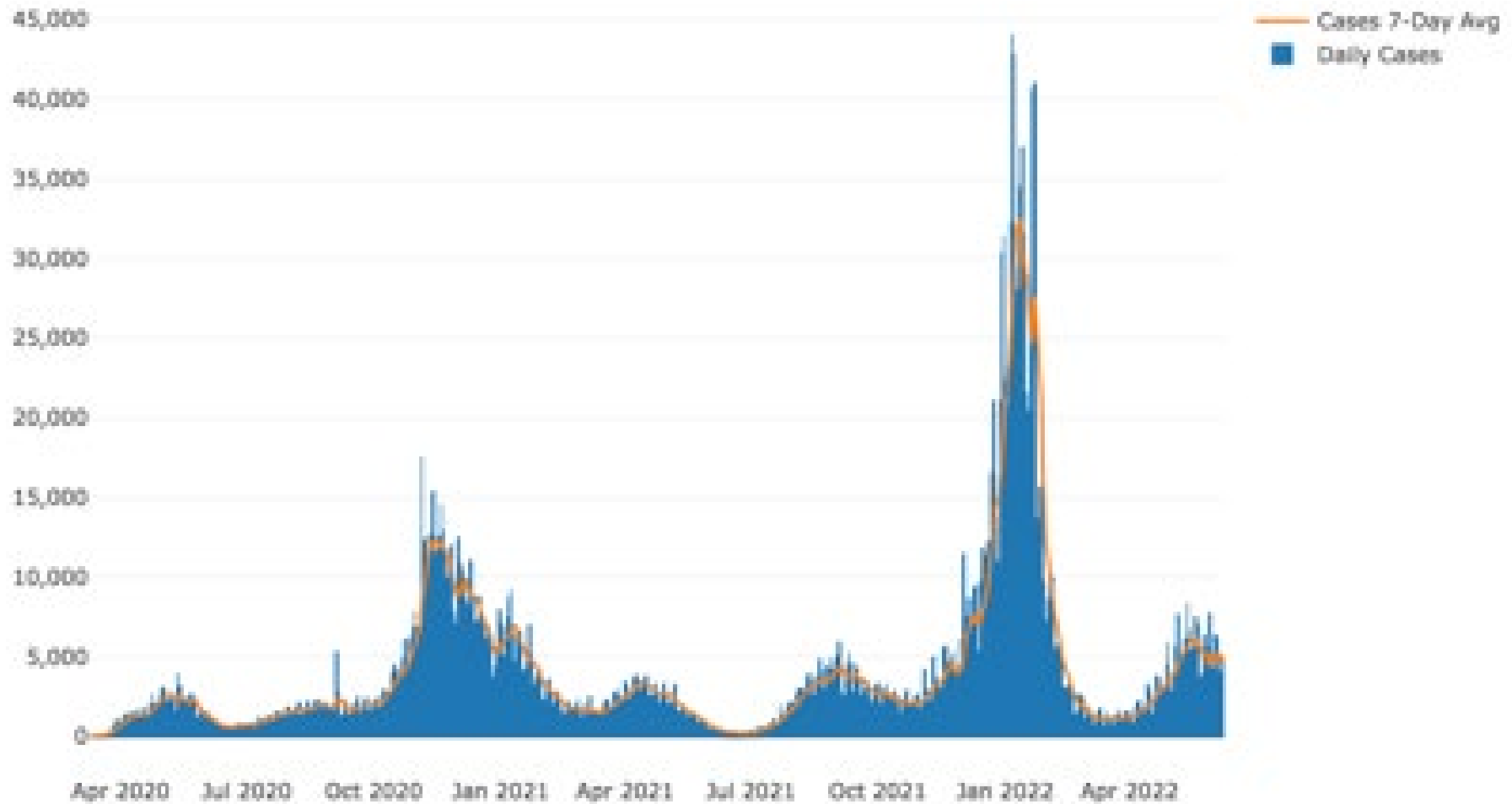
CDC COVID-19 Community Levels provided to guide community safety practices



As of 6/8/22: https://covid.cdc.gov/covid-data-tracker/#county-view?list_select_state=all_states&list_select_county=all_counties&data_type=CommunityLevels&null=CommunityLevels

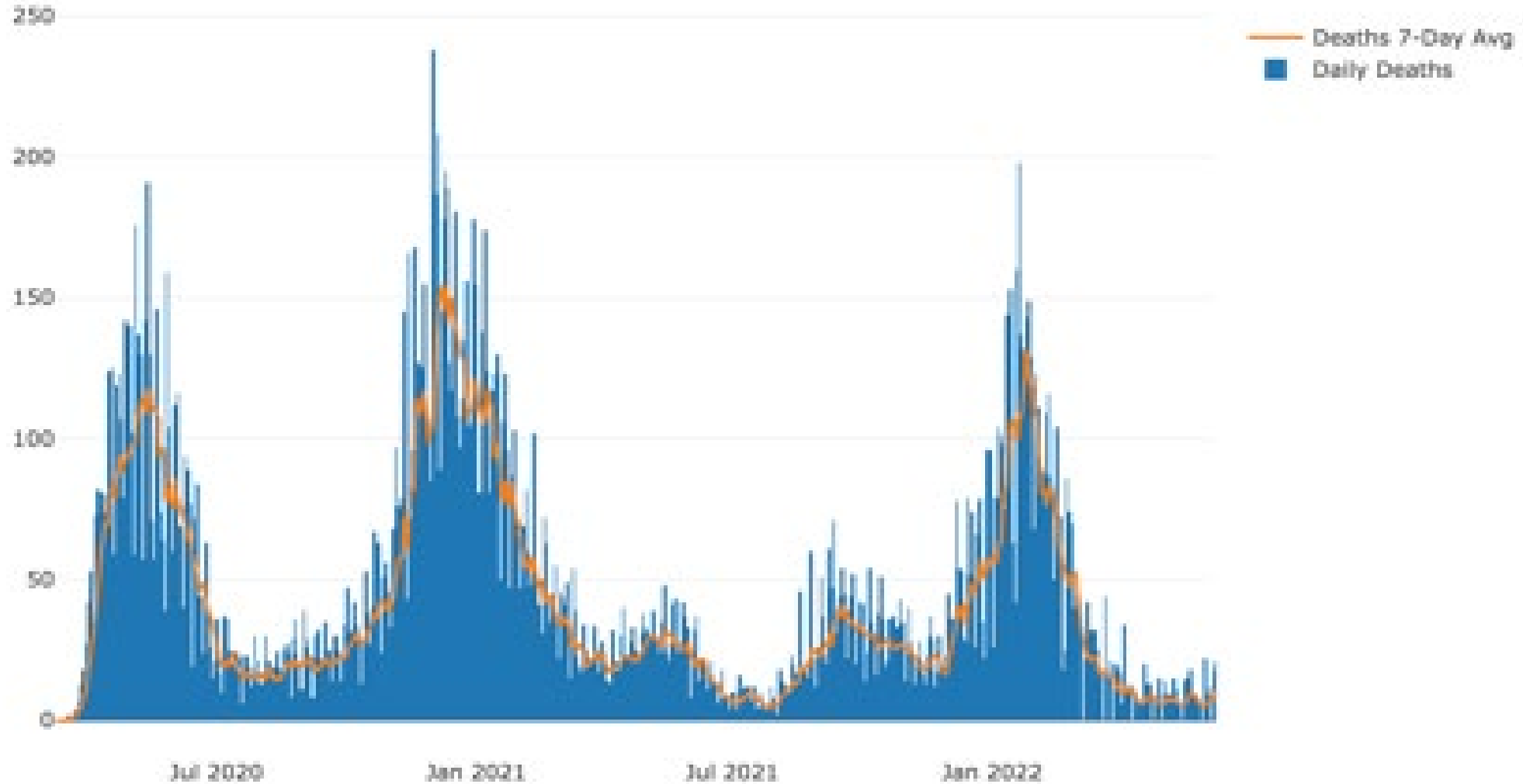
Illinois Daily Incidence

IDPH daily data summary



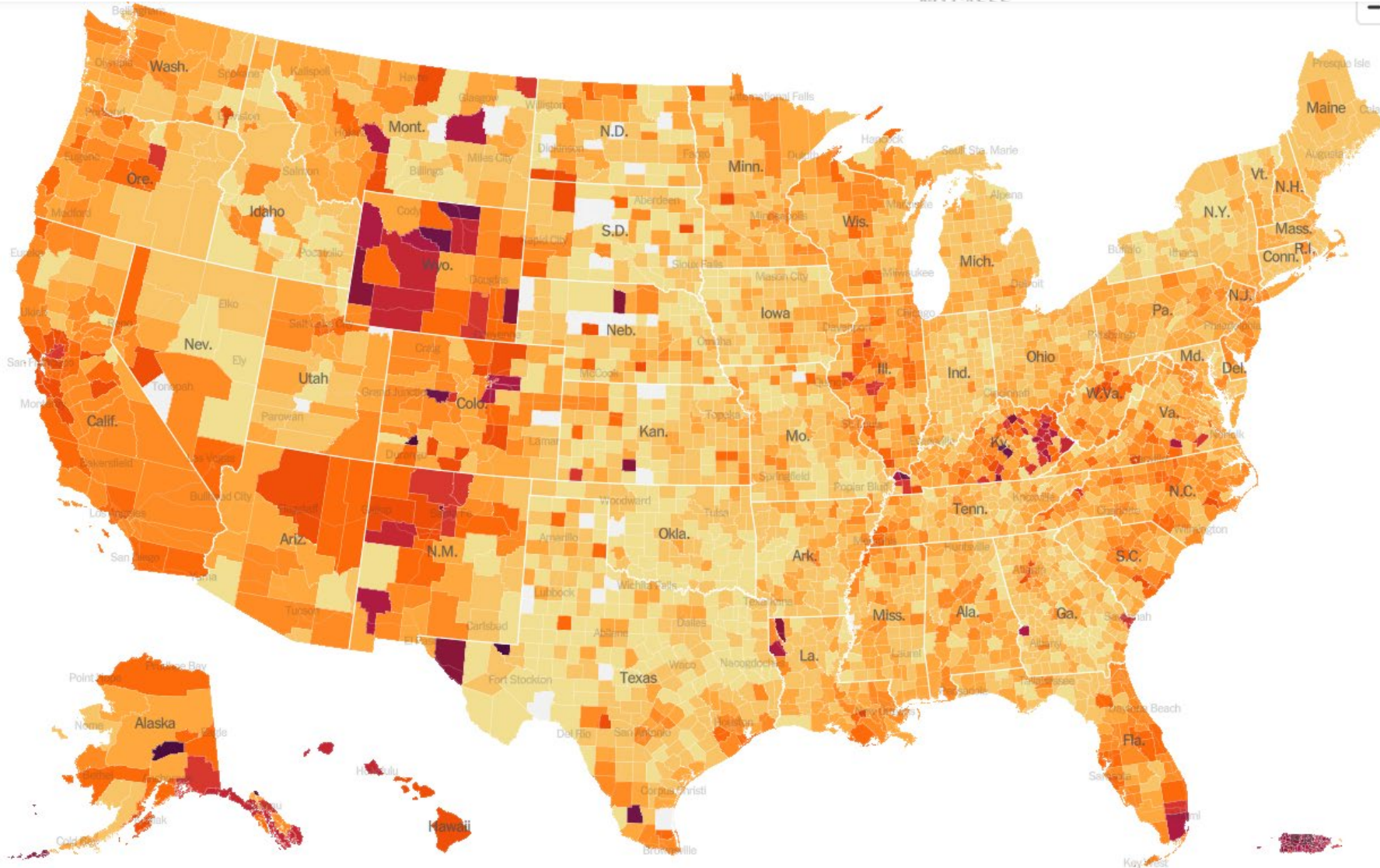
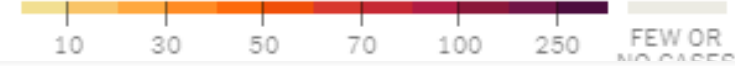
Illinois Covid Deaths

IDPH daily data summary



Hot spots

AVERAGE DAILY CASES PER 100,000 PEOPLE IN PAST WEEK

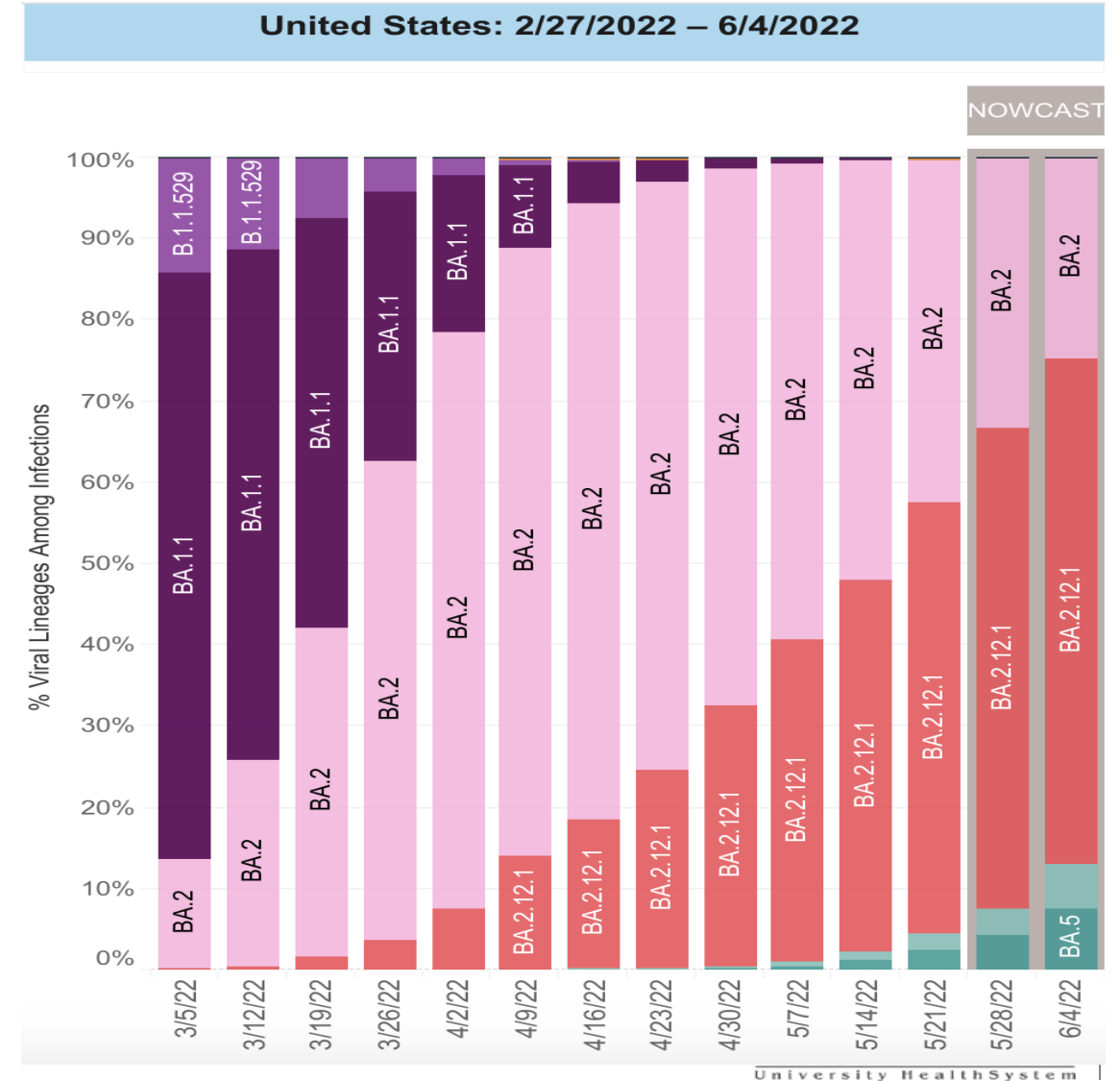


United
States Hot
Spots
6/16/22

COVID-19 Variants

Omicron subvariants:

- BA.2.12.1 is now the dominant variant in the U.S.
Does not seem to cause more severe disease than previous variants
- BA.4 and BA.5 now represent ~ 13% of all circulating variants
 - Preliminary [evidence](#) suggests that unvaccinated people who were infected with the original version of Omicron, known as BA.1, might be easily reinfected by BA.4 or BA.5. (Vaccinated people are likely to fare somewhat better, the study suggests.)
- Data on variants is evolving
 - These appear more transmissible than prior variants
 - Possible enhanced immune escape (?)
- No change in current therapy recommendations:
 - Paxlovid
 - Bebtelovimab
 - Molnupiravir – not recommended for pregnant pts unless only option (per SMFM)
 - Remdesivir (inpatients)
 - * Evusheld



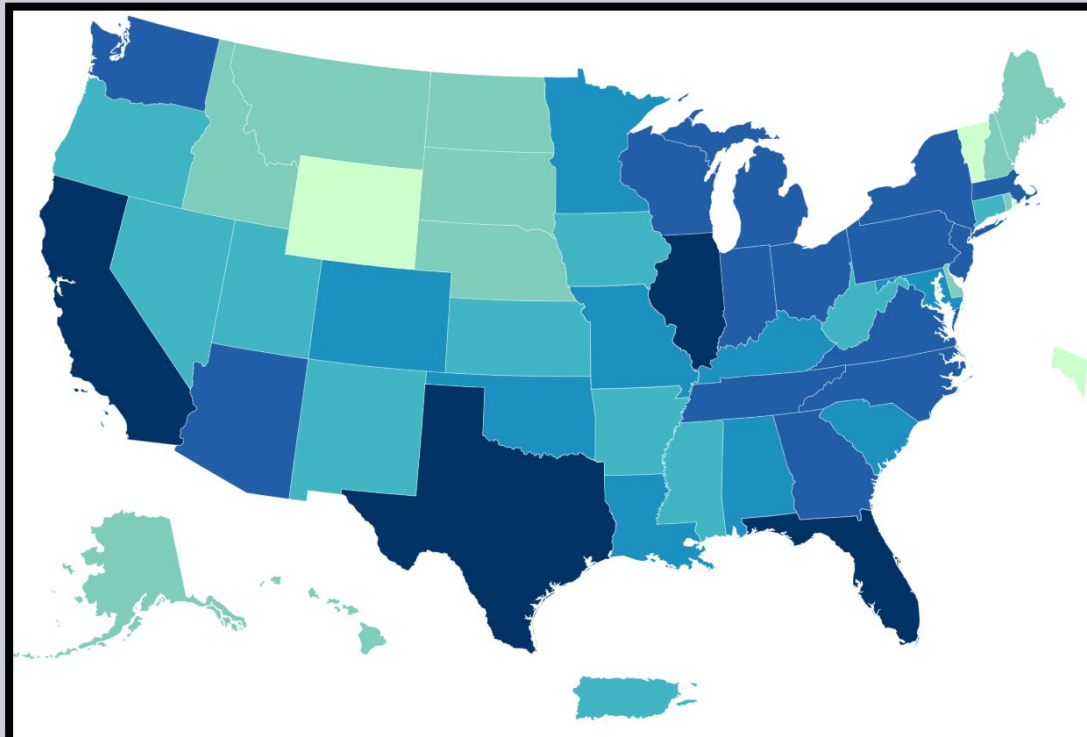
Data Update: **June 16, 2022**

CDC/IDPH: COVID-19 Outbreak

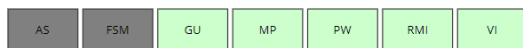
CDC

https://covid.cdc.gov/covid-data-tracker/#cases_totalcases

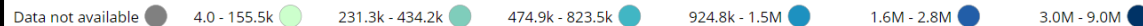
- Total cases: **85,681,615** confirmed
- Total deaths: **1,007,370** confirmed



Territories



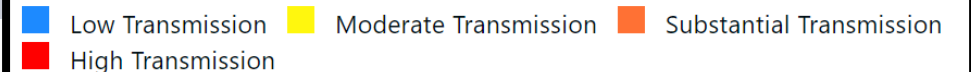
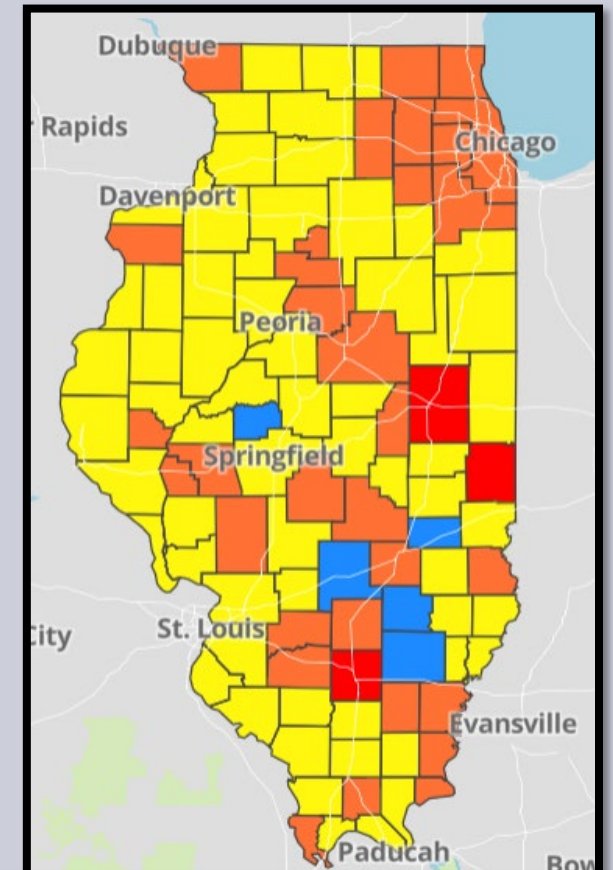
Total Cases



IDPH

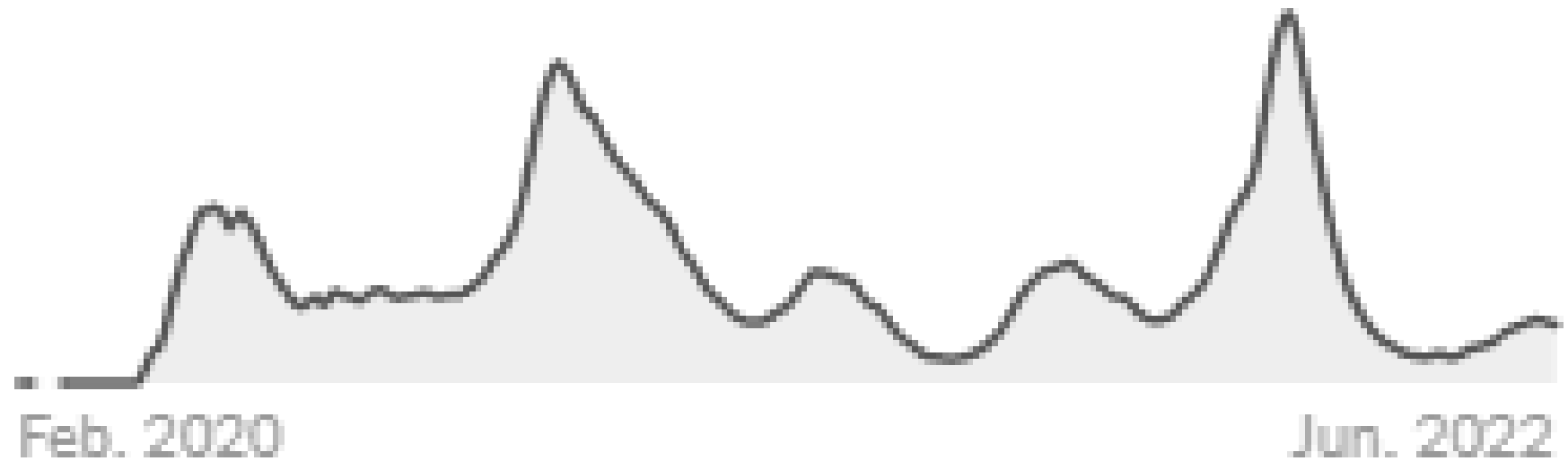
<https://www.dph.illinois.gov/covid19>

- **3,371,262** Confirmed Positive Cases
- **33,959** Deaths



Illinois Hospitalizations By Time through 6/16/2022

Hospitalized



Sources: [U.S. Department of Health and Human Services](#) (daily confirmed and suspected Covid-19 hospital admissions); Census Bureau (population data). Data prior to October 2020 was unreliable. Data reported in the most recent seven days may be incomplete.

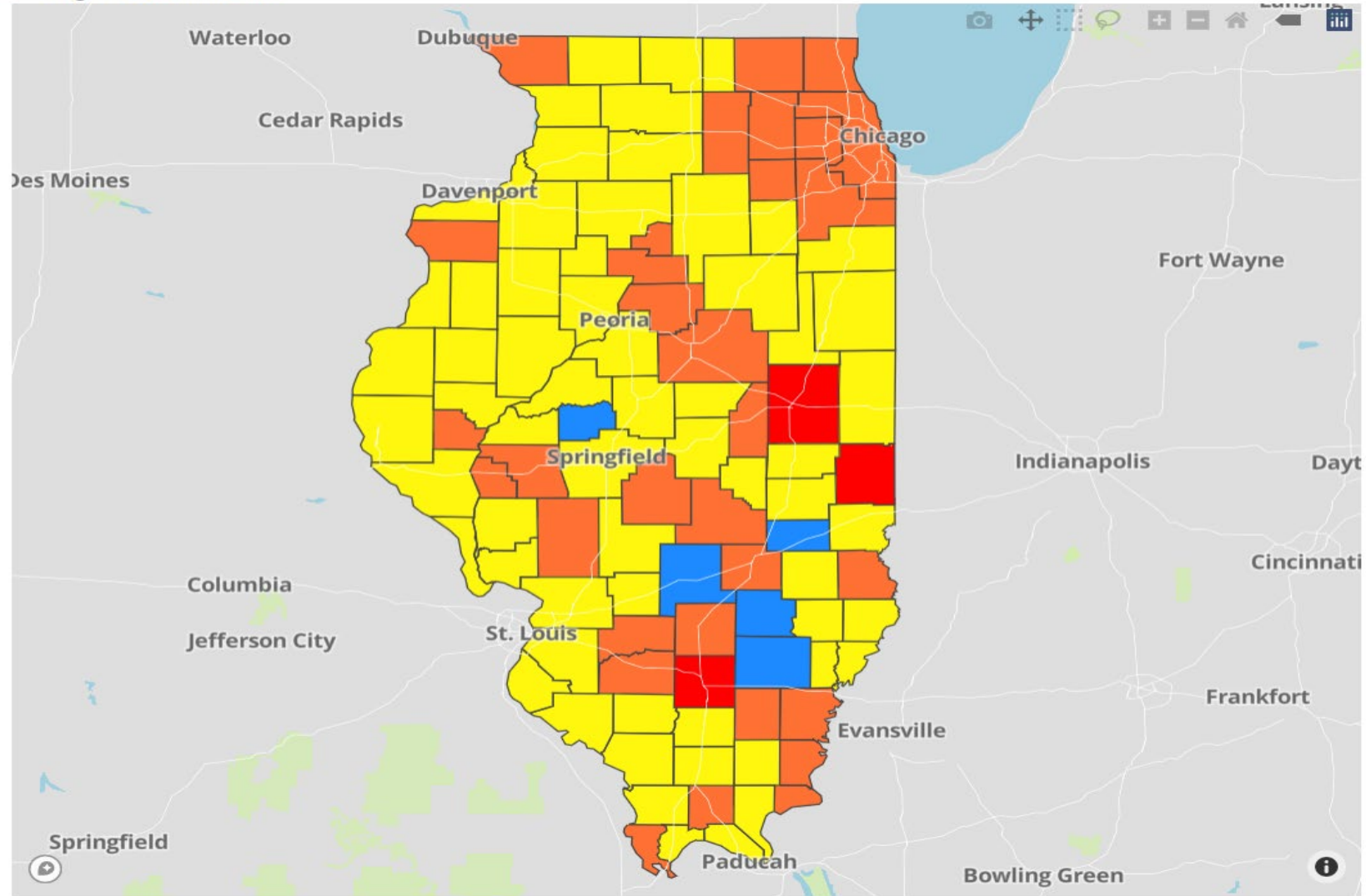
Illinois Covid Transmission by County

Updated 6/16/2022

Based on:

- 1) Cases/100,000 (>100 red)
- 2) Test Positivity Avg (>10% red)

Low Transmission Moderate Transmission Substantial Transmission
High Transmission



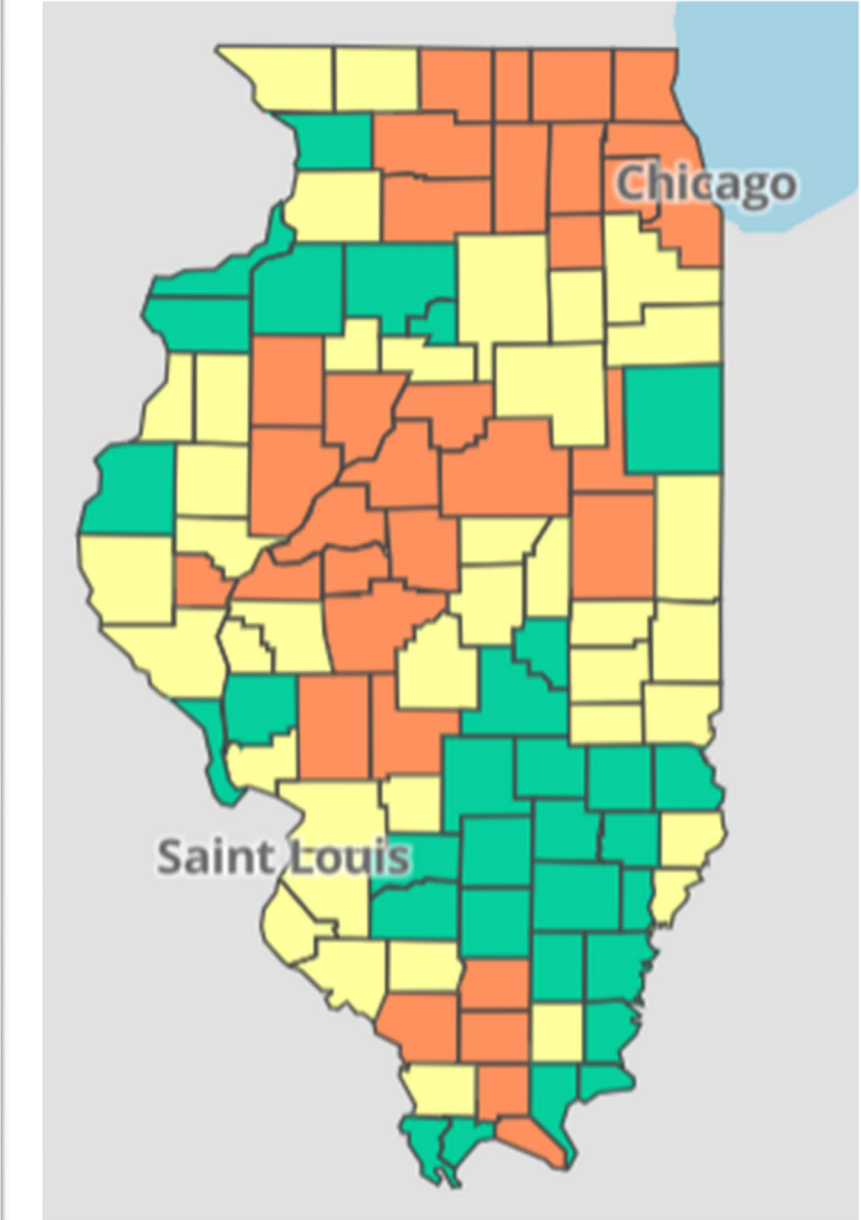
COVID-19 Community Levels Map

Updated 6/16/2022

New CDC Guidance (3/4/2022):
Levels can be low, medium, or high and are determined by looking at % of hospital beds being used by pts with Covid, new Covid hospital admissions, and the total number of new COVID-19 cases in an area.

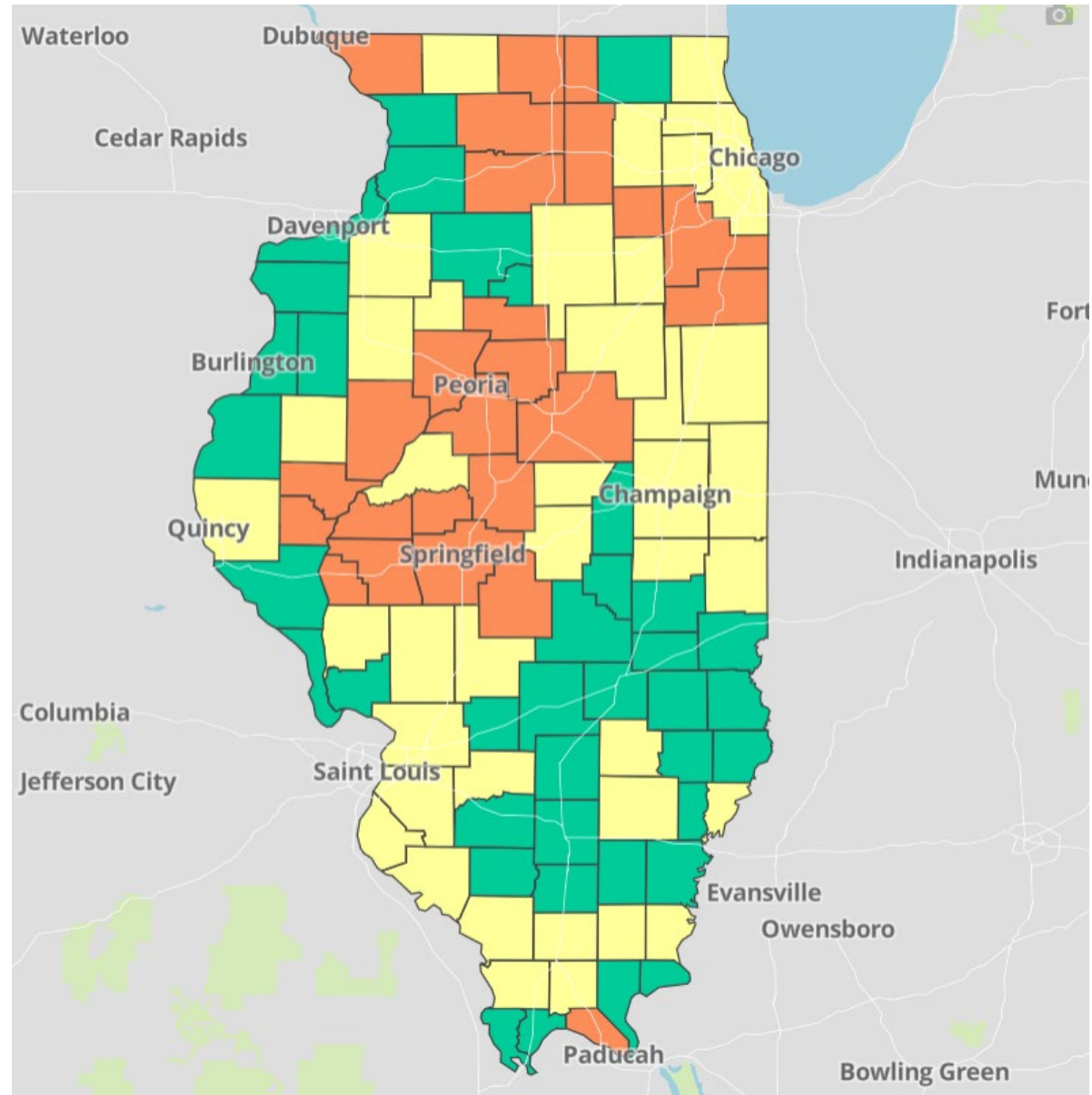


Cook & Lake County = High COVID Community Level



COVID-19 Community Levels Map Updated 6/17/2022

New CDC Guidance (3/4/2022):
Levels can be low, medium, or
high and are determined by
looking at % of hospital beds
being used by pts with Covid, new
Covid hospital admissions, and
the total number of new COVID-
19 cases in an area.



Low Medium High N/A

NBC: [Chicago Eases to 'Medium' Community Level for COVID, With Nearby Counties Following Suit.](#) (6.17.22)

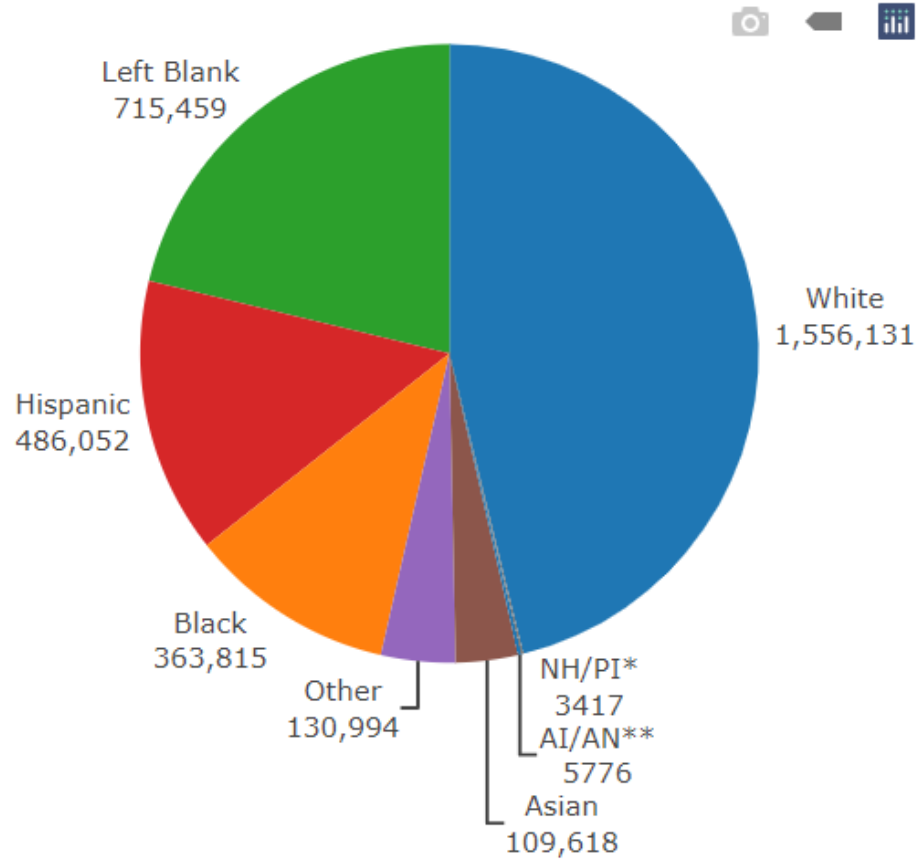
Data Update **June 16, 2022**

IDPH: COVID-19 Outbreak

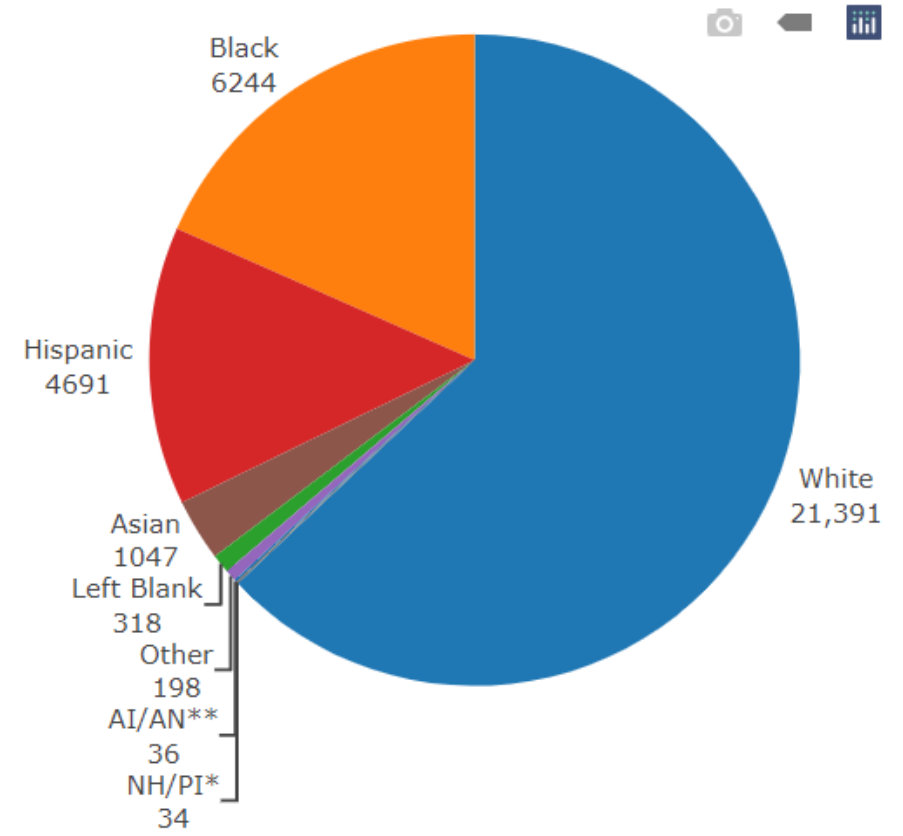
Race Demographics

<https://www.dph.illinois.gov/covid19>

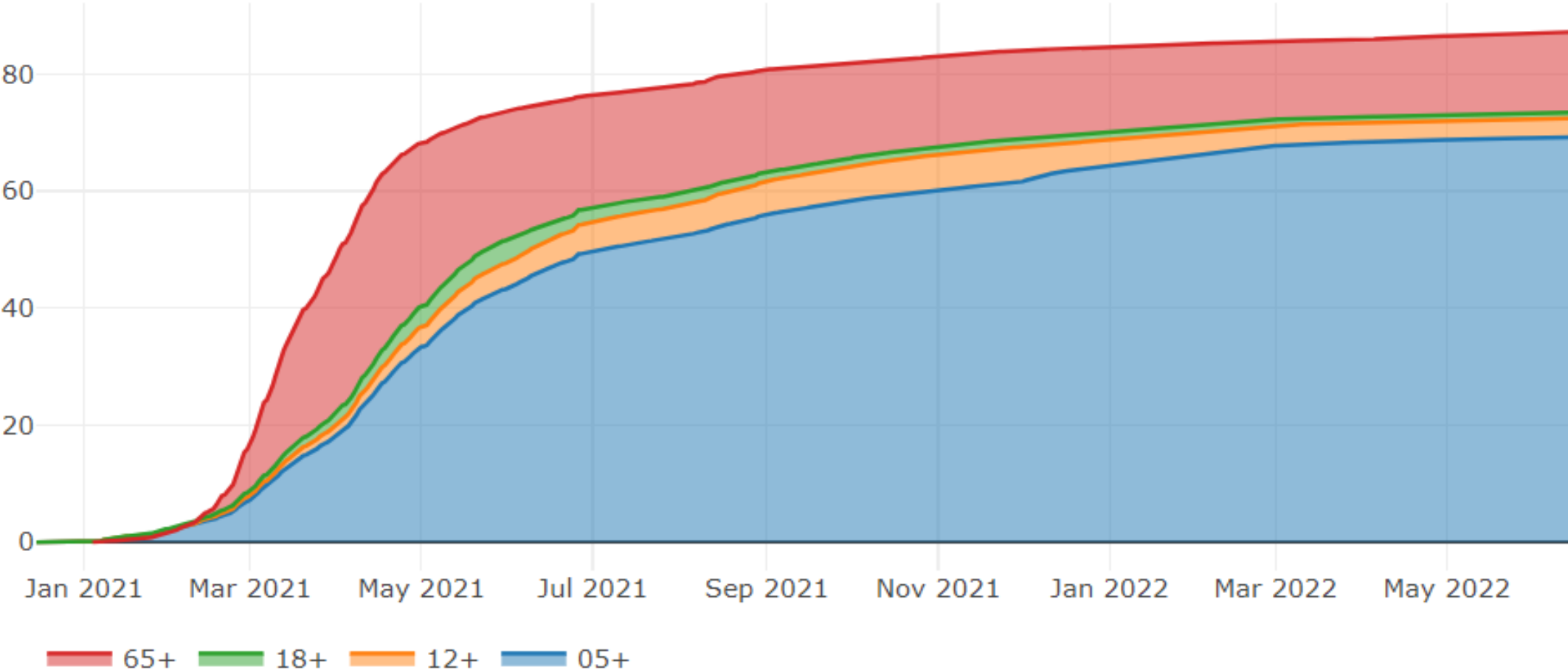
Confirmed Cases



Deaths



Illinois Population Vaccinated Fully

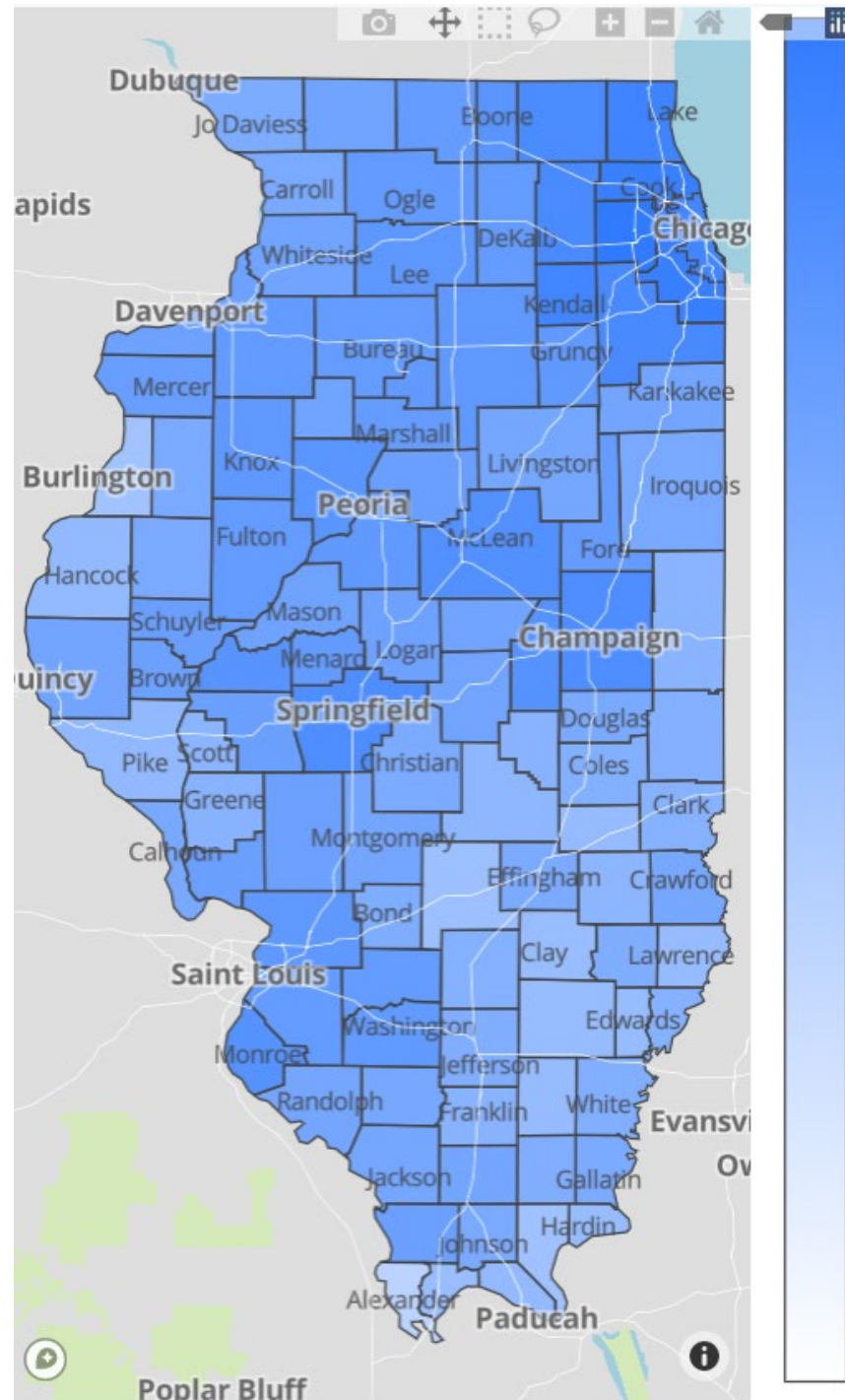


Illinois Daily Reported Administered Vaccine Doses

Last updated
6/16/2022



22,521,350
Administered
Vaccine Doses



In January, compared to fully vaccinated persons in each group shown below, the monthly rates of COVID-19-associated hospitalizations were:

**3x Higher in Unvaccinated Adolescents
Ages 12-17 Years**

**5x Higher in Unvaccinated Adults
Ages 18-49 years**

**7x Higher in Unvaccinated Adults
Ages 50-64 years**

**8x Higher in Unvaccinated Adults
Ages 65 Years and Older**

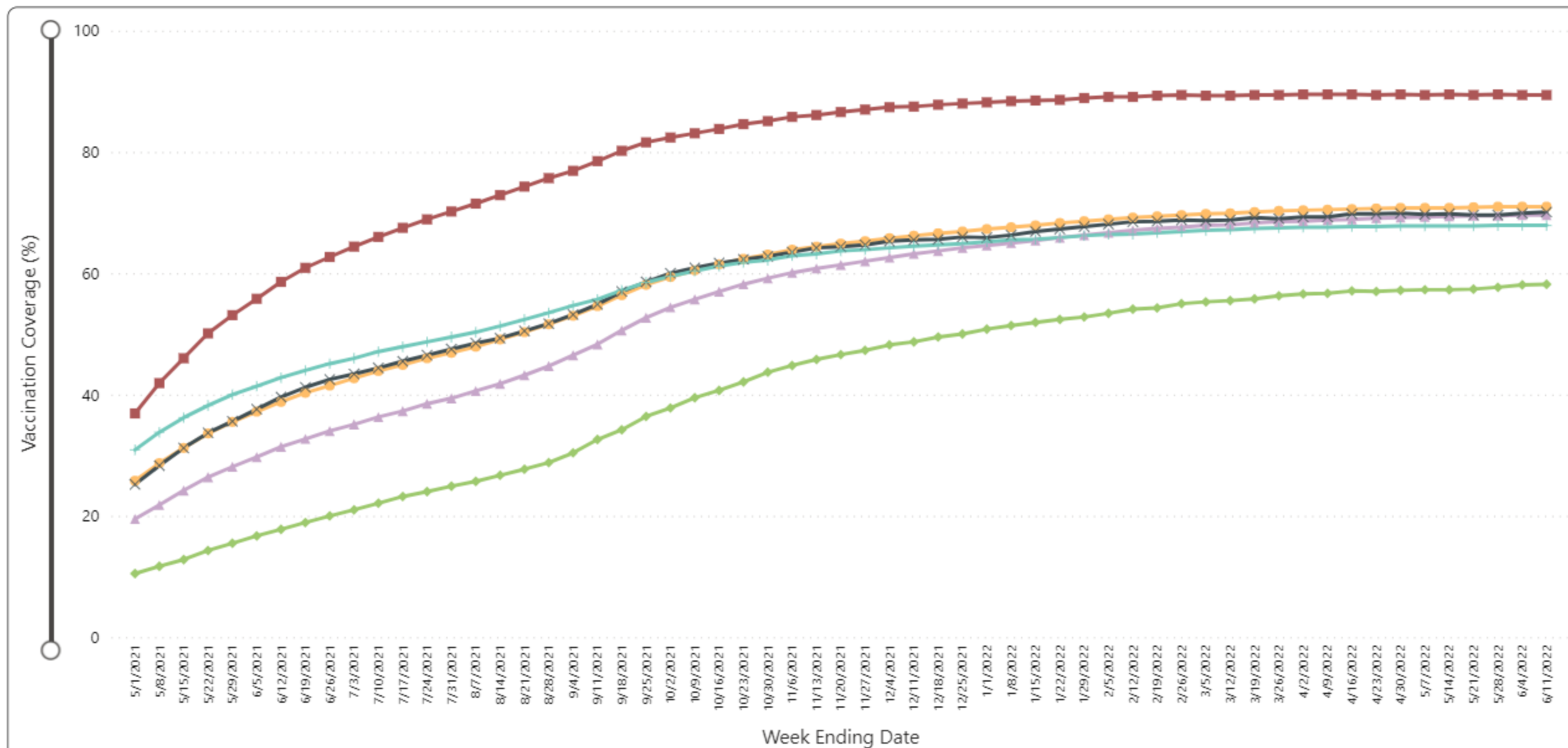


Pregnancy Overall, by Race/Ethnicity, and Week Ending Date — Vaccine Safety Datalink,* United States December 14, 2020 – June 11, 2022

Figure 1

Figure 2

Figure 3

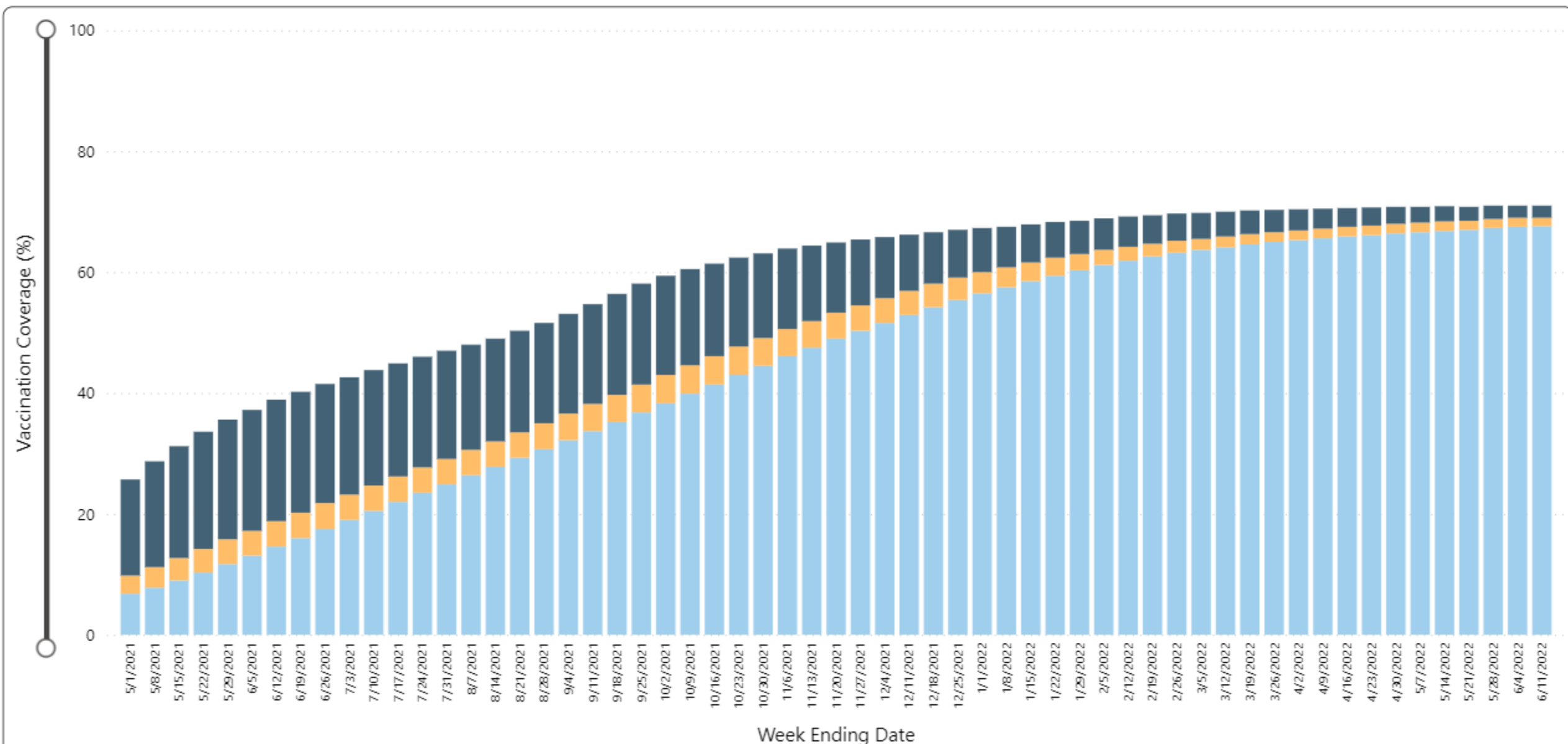


During Pregnancy, by Timing of Vaccination and Week Ending Date — Vaccine Safety Datalink,* United States December 14, 2020 – June 11, 2022

Figure 1

Figure 2

Figure 3



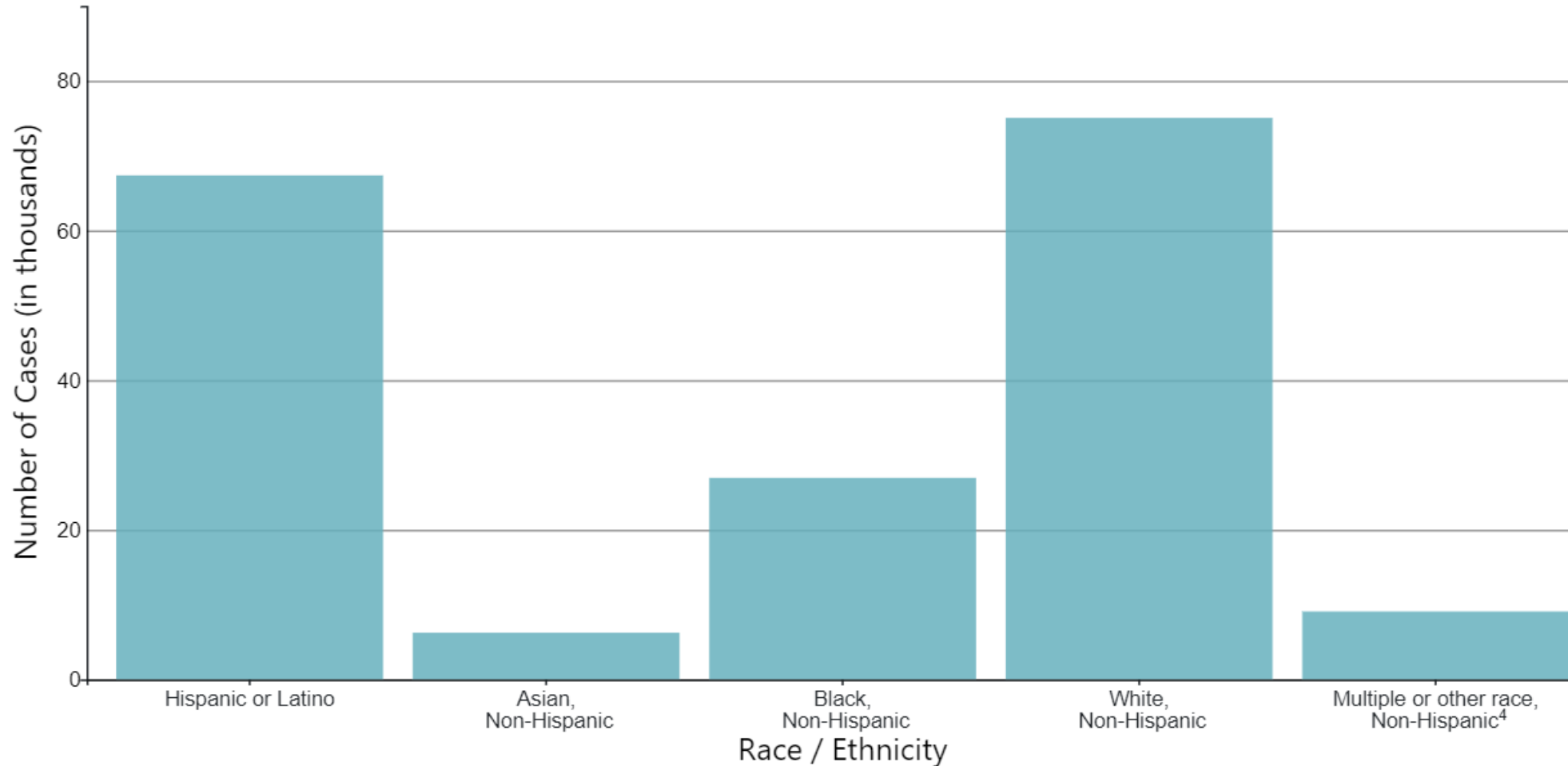
Covid-19 and Pregnancy



- Pregnant Women with COVID-19, United States, January 22, 2020 - June 13, 2022
- TOTAL CASES: 217,210
- Data were collected from 217,210 women, but hospitalization data were only available for 173,294 (79.8%).
- Hospitalized Cases: 33,584
- TOTAL DEATHS: 295

Pregnant Women with COVID-19 by Race/Ethnicity, United States, January 22, 2020 - June 13, 2022

Data were collected from 217,210 women, but race/ethnicity was only available for 184,596 (85%) women



Nature Medicine: [SARS-CoV-2 infection and COVID-19 vaccination rates in pregnant women in Scotland](#). (2.4.2022)



- Using whole-population data from a national, prospective cohort, 25,917 COVID-19 vaccinations were given to 18,457 pregnant women in Scotland through October 2021.
- Overall, 77.4% (3,833 out of 4,950; of SARS-CoV-2 infections, 90.9% (748 out of 823; of SARS-CoV-2 associated with hospital admission and 98% (102 out of 104;) of SARS-CoV-2 associated with critical care admission, as well as all baby deaths, occurred in pregnant women who were unvaccinated at the time of COVID-19 diagnosis.
- Addressing low vaccine uptake rates in pregnant women is imperative to protect the health of women and babies in the ongoing pandemic.

JAMA editorial: [COVID-19 mRNA Vaccines During Pregnancy New Evidence to Help Address Vaccine Hesitancy](#). (3.24.2022)



- As of February 28, 2022 68% of pregnant patients in the US are vaccinated.
- Over the past 14 months a substantial body of evidence supporting the safety of the mRNA Covid 19 vaccines in pregnancy has accumulated.
- Observational studies from Norway, Israel and the US have shown that mRNA vaccine in pregnancy are not associated with increase risk of miscarriage, preterm birth or other adverse birth outcomes.
- JAMA 2 population based cohort studies evaluate outcomes in more than 250,000 pregnancies from 3 countries provide the strongest evidence to date regarding the safety of covid-19 vaccines in pregnancy

V-SAFE vaccine monitoring

– what data is being gathered pregnant patients

- As of **June 15, 2022**, there have been over **212,850** pregnancies reported in CDC's V-SAFE post-vaccination health checker.
- As of May 2, 2022 CDC the registry has enrolled **23,779** pregnant people in the United States.
- Evidence gathered through these system has provide clinicians with critically needed safety data on COVID-19 vaccination during pregnancy
- No adverse pregnancy outcomes associated with Covid-19 vaccine and pregnancy
- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html>

CDC Vaccine and Pregnancy



Summary: what you need to know

- People who are pregnant or recently pregnant are more likely to get severely ill with COVID-19 compared with people who are not pregnant.
- Getting a COVID-19 vaccine can help protect you from severe illness from COVID-19.
- **COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.**
- People who are pregnant should receive a COVID-19 vaccine booster shot.
- Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy has been significant and continues to grow. These data suggest that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy.
- **There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.**

SMFM: Provider Considerations for Engaging in COVID-19 Vaccine Counseling With Pregnant and Lactating Patients (1.11.2022)



- SMFM and ACOG recommend that pregnant people, including health care workers, receive a **COVID-19 booster shot at least 5 months after their primary series**. As with the primary series, the booster dose should be given at any stage during pregnancy and postpartum.
- Everyone 5 and over is eligible for booster at least 5 months from primary series.

FDA update 2nd booster for > age 50 and immunocompromised

- **“Current evidence suggests some waning of protection over time against serious outcomes from COVID-19 in older and immunocompromised individuals. Based on an analysis of emerging data, a second booster dose of either the Pfizer-BioNTech or Moderna COVID-19 vaccine could help increase protection levels for these higher-risk individuals,”.**
- **“Additionally, the data show that an initial booster dose is critical in helping to protect all adults from the potentially severe outcomes of COVID-19. So, those who have not received their initial booster dose are strongly encouraged to do so.”**
- CDC: [CDC Recommends Additional Boosters for Certain Individuals.](#)
(3.29.2022)

COVID Therapeutics

- For use in **HIGH RISK** individuals early in symptoms
 - Oral therapies (Paxlovid) to be given within 5 days
 - IV monoclonal antibody **bebtelovimab** to be given within **7 days**
- **HIGH RISK** generally refers to those ≥ 65 years, immunocompromised, high-risk comorbid conditions (obesity, DM), **pregnancy** or under vaccinated
 - NIH Therapy Tier:
<https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-patient-prioritization-for-outpatient-therapies/>
- [Washington University in St. Louis COVID-19 Outpatient Therapeutics Decision Guide](#). (4.14.22)

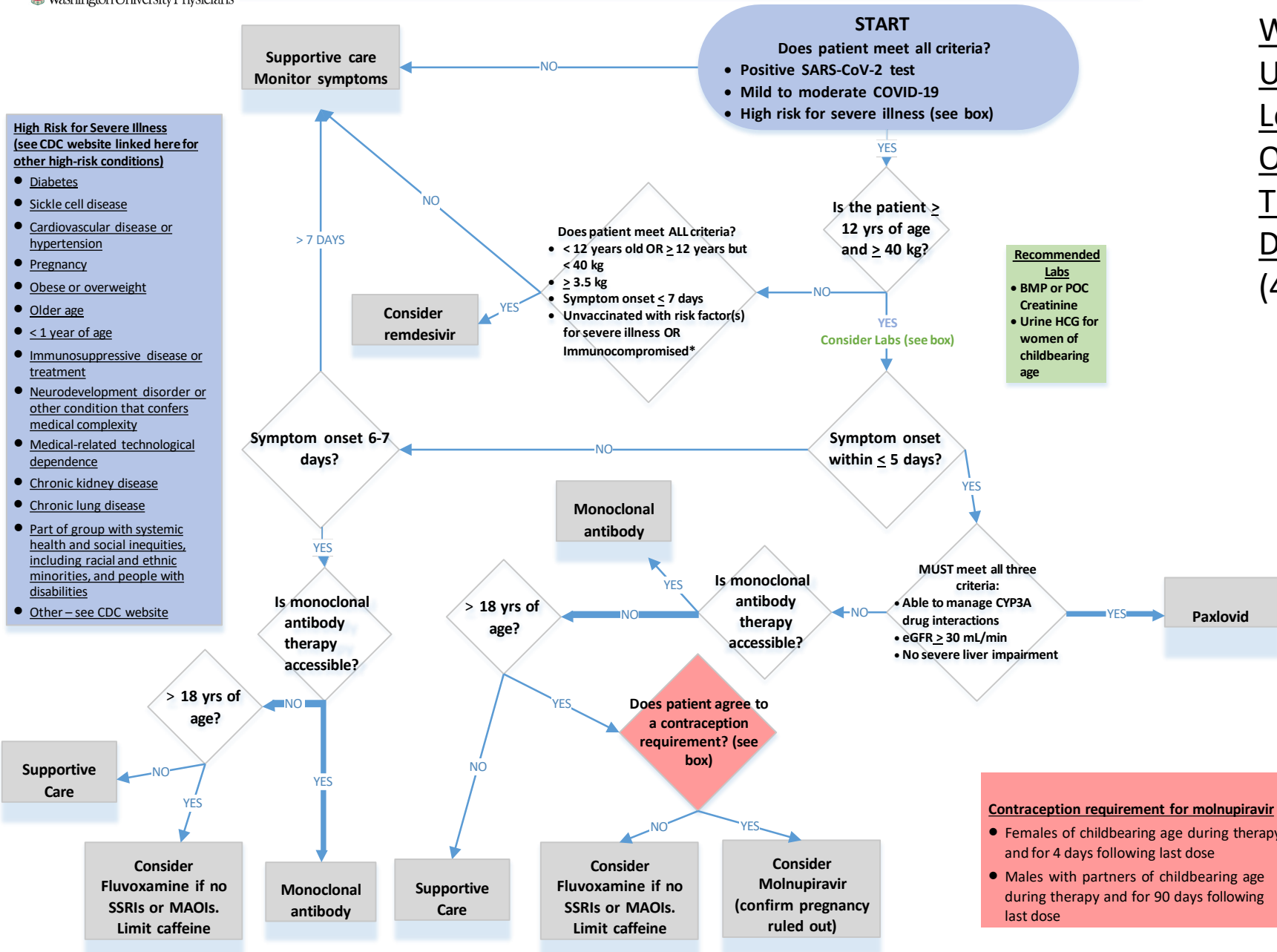
Outpatient Therapeutic Preferences

<https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-therapies-for-high-risk-nonhospitalized-patients/>

1. Paxlovid (nirmatrelvir/ritonavir)
 - a. PROS: oral and highly effective
 - b. CONS: needs to be given within 5 days of symptom onset, renal adjustment (can't be given for GFR <30) and many drug-drug interactions (DDIs)
2. **Bebtelovimab**
 - a. PROS: highly effective, can be given up to **7 days** of symptom onset
 - b. CONS: intravenous, limited access – need pathway for pregnant patients
3. *Remdesivir – second line – typically used INPATIENT*
 - a. *PROS: highly effective in early illness, readily available, can be given outpatient up to 7 days of symptom onset*
 - b. *CONS: three consecutive days of IV therapy is extremely difficult in the outpatient world*
 - i. *Good use is for inpatients who are COVID+ but actually hospitalized for another reason*
4. Molnupiravir – **only if above therapies unavailable NOT TO USE IN PREGNANCY**
 - a. PROS: oral and more readily available than Paxlovid, no significant DDIs
 - b. CONS: less effective, concerns about mutagenesis, **not recommended in pregnancy, requires contraception for patients of childbearing potential, only for age ≥ 18**

Agents that remain effective against BA.2

- There are [several other therapies](#) – **Paxlovid, Remdesivir, bebtelovimab**, and Lagevrio (molnupiravir) – that are expected to be effective against the BA.2 sub-variant, and that are authorized or approved to treat certain patients with mild-to-moderate COVID-19 who are at high risk for progression to severe disease, including hospitalization or death. Health care providers should assess whether these treatments are right for their patients.

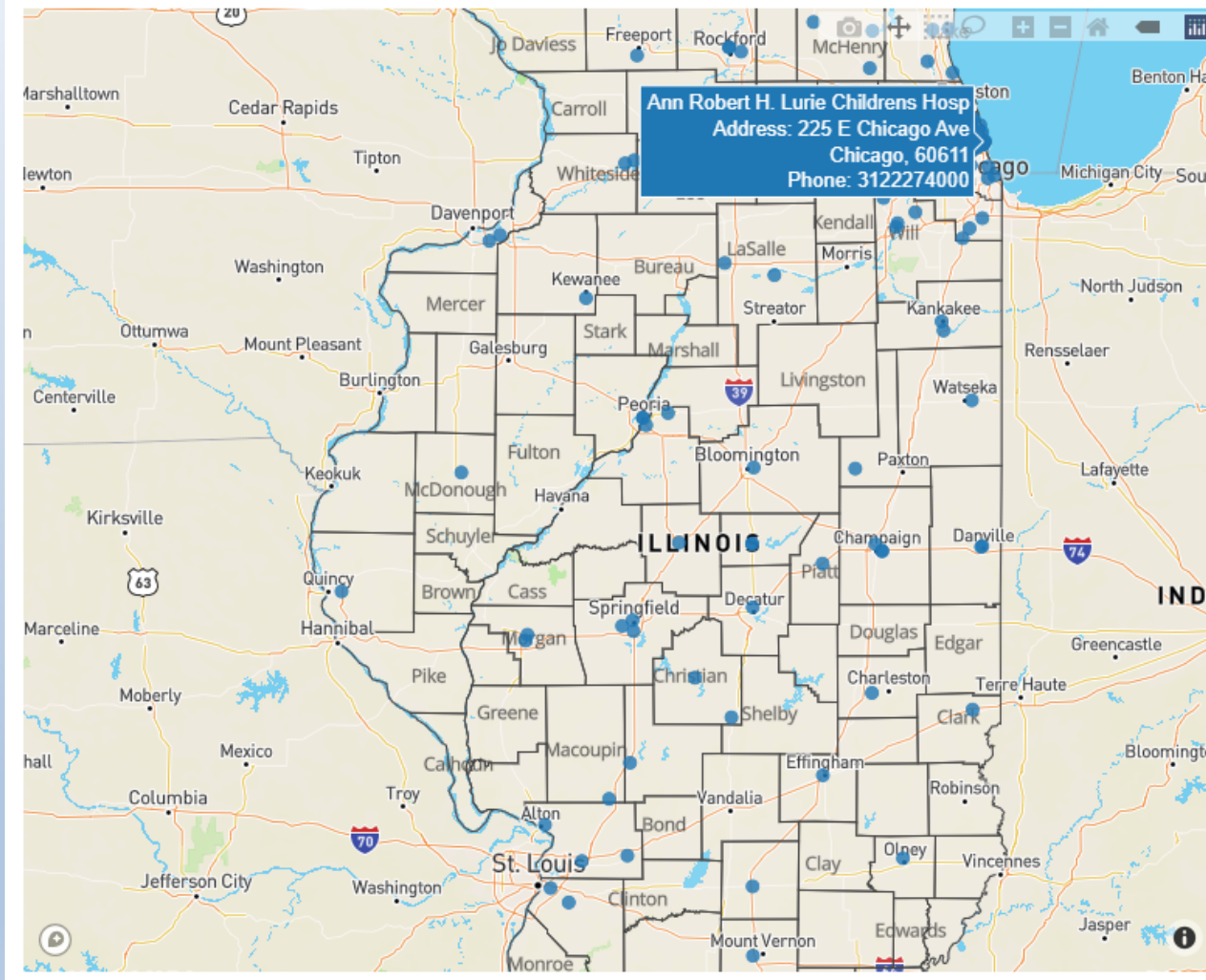


Washington University in St. Louis COVID-19 Outpatient Therapeutics Decision Guide.
(4.14.22)

Access to medications

- There are
 - 639 therapeutics locations across the state
 - 325 Drive-through Walgreens
 - 136 Walmarts and 23 Sam's Clubs
 - Cover 99.4% of state population
 - 14 LTC pharmacies are involved in distributing therapy

IDPH Covid Outpatient Therapy locator



Outpatient Therapy Location Details:

Amita Health St. Mary's Hospital

500 W Court St.

Kankakee, IL 60901

Phone: +1 (815) 937-2175

Molnupiravir: Yes

Paxlovid: Yes

Evusheld: Yes

Sotrovimab: No

Make it easier for OB providers / pregnant patients to access Therapeutics

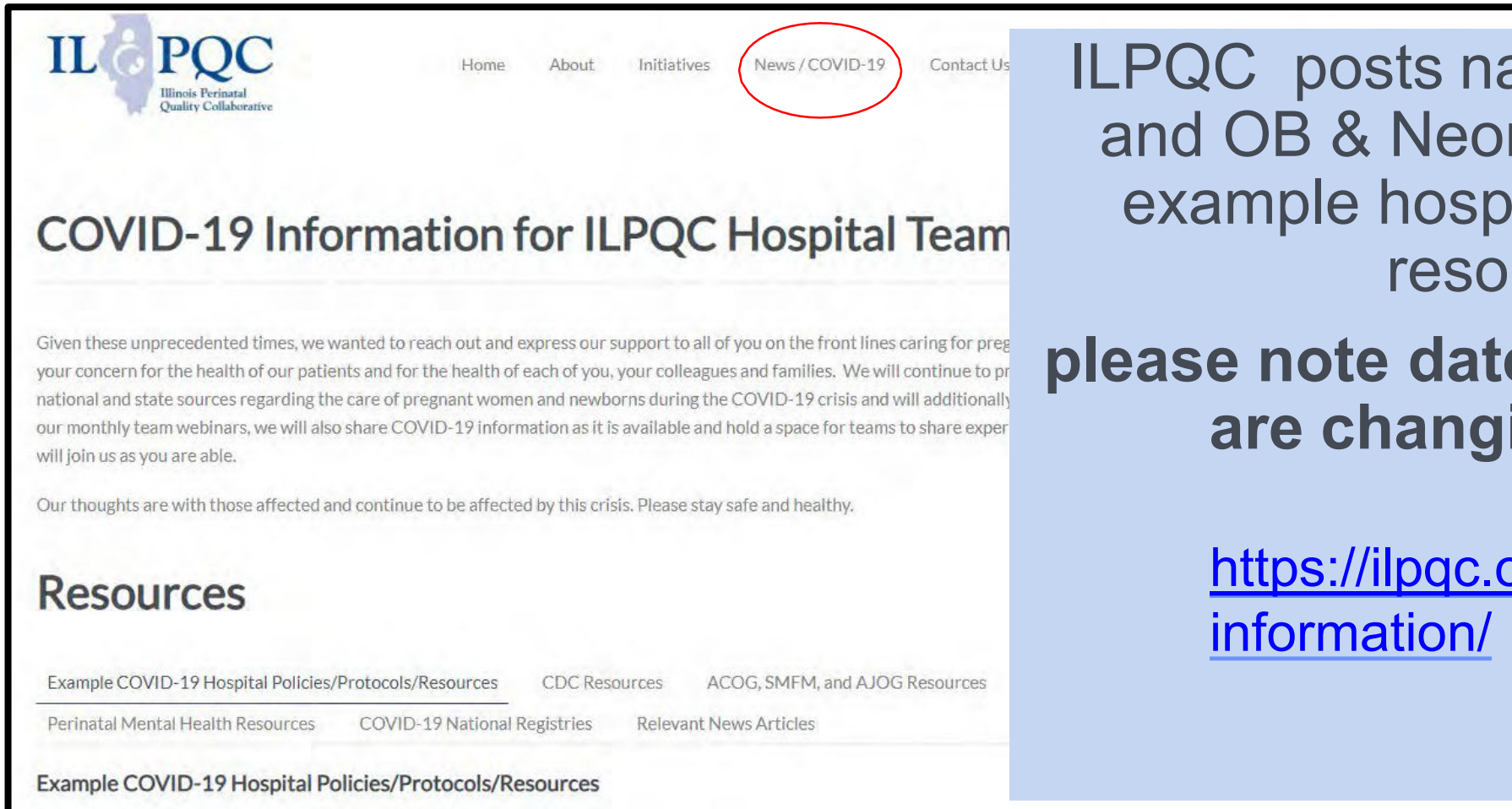
- Therapeutics can prevent hospitalizations and deaths (maternal and child) in pregnant with Covid
- **Oral agents are widely accessible and work against variants**
- The Need-to-Use gap should decrease especially in high risk pregnant women

What's New with COVID-19

- Pfizer booster vaccine (3rd dose) approved for children 5-11
 - <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>
- 6/7/22 FDA authorized Novavax vaccine for adults 18 years (+)
 - - In clinical trials, the Novavax vaccine found to have an efficacy of 90.4 percent at preventing mild, moderate or severe infection. Data from trials before Delta and Omicron
 - CDC recommendation pending
- FDA panel (21-0) recommends Pfizer (3 dose series) and Moderna (2 dose series) for children 6 mos to 4 years old, FDA meeting today (6/17) should authorize
- Coming attraction: Moderna's booster (mRNA1273.214) bivalent vaccine
 - Contains mRNA coding for the spike protein for both the original strain of virus and the newer Omicron strain
 - Moderna to submit data to FDA for review

ILPQC COVID-19 Webpage

www.ilpqc.org

A screenshot of the ILPQC website's 'News / COVID-19' page. The page has a white background with a blue header. The ILPQC logo is in the top left. The navigation menu includes 'Home', 'About', 'Initiatives', 'News / COVID-19' (circled in red), and 'Contact Us'. The main heading is 'COVID-19 Information for ILPQC Hospital Team'. Below this is a paragraph of text: 'Given these unprecedented times, we wanted to reach out and express our support to all of you on the front lines caring for pregnant women and newborns during the COVID-19 crisis and will additionally share COVID-19 information as it is available and hold a space for teams to share experiences as you are able.' This is followed by another paragraph: 'Our thoughts are with those affected and continue to be affected by this crisis. Please stay safe and healthy.' Below these paragraphs is a section titled 'Resources' with a list of links: 'Example COVID-19 Hospital Policies/Protocols/Resources', 'CDC Resources', 'ACOG, SMFM, and AJOG Resources', 'Perinatal Mental Health Resources', 'COVID-19 National Registries', and 'Relevant News Articles'. At the bottom of the screenshot, the link 'Example COVID-19 Hospital Policies/Protocols/Resources' is highlighted.

ILPQC posts national guidelines and OB & Neonatal COVID-19 example hospital protocols & resources

please note dates as guidelines are changing rapidly

<https://ilpqc.org/covid-19-information/>

Updated OB (ACOG/SMFM) Resources

- SMFM: [SMFM Supports the Use of Paxlovid in Pregnant Patients.](#) (12.22.21)
- **ACOG new PSA:** [COVID-19 Vaccines in Pregnancy: Safe, Proven, Effective.](#) (2.8.2022)
- ACOG: [COVID-19 Vaccines: Tools for Your Practice and Your Patients.](#) (2.8.2022)
- **SMFM:** [Coronavirus \(COVID-19\) and Pregnancy: What Maternal-Fetal Medicine Subspecialists Need to Know](#) (03.2.2022)
- SMFM: [Statement Release for Monkeypox.](#) (5.24.22)
- ACOG: [Covid-19 Vaccination Considerations for Obstetric-Gynecologic Care Practice Advisory.](#) (6.3.22)
- ACOG: [New COVID-19 Vaccines: Tools for Your Practice and Your Patients.](#) (6.15.22)
- ACOG: [New ACOG Provider Training: Vaccine Confidence Training: Inform to Empower: Building COVID-19 Vaccine Confidence One Conversation at a Time.](#) (6.15.22)
- CDC: [CDC pregnancy and Vaccination data.](#) (6.15.22)
- PromoteILMamas: [Twitter Toolkit- COVID-19 Pregnancy and Breastfeeding Moms Campaign.](#) (6.15.22)
- RCOG: [New paper provides best practice for managing monkeypox in pregnancy.](#) (6.6.22)
-

Updated SMFM Patient Education Resources *(on ILPQC Covid webpage)*



- SMFM: [COVID-19 Vaccination if You Are Pregnant or Breastfeeding English](#). (11.3.2021)
- SMFM: [COVID-19 Vaccination if You Are Pregnant or Breastfeeding Spanish](#). (11.3.2021)
- SMFM: Top 5 Reasons to Get the COVID-19 Vaccine ([English](#) and [Spanish](#)). (11.23.21)

SMFM: INFOGRAPHIC Top 5 Reasons to Get the COVID-19 Vaccine

([English](#) and [Spanish](#))

¿Está embarazada? ¿Está pensando en quedar embarazada? ¿Ha estado embarazada recientemente?

Las 5 razones principales para vacunarse contra el COVID-19



- 1 Las personas embarazadas tienen más probabilidades de enfermarse gravemente por COVID-19 que las personas no embarazadas^{1,4}. Contraer COVID-19 durante el embarazo aumenta el riesgo de parto prematuro⁵ y el riesgo de que su bebé necesite cuidados intensivos⁶. Recibir la vacuna ayuda a protegerlos a usted y a su bebé de enfermarse gravemente, ser hospitalizados y morir por COVID-19^{7,9}.
- 2 Los anticuerpos que su cuerpo produce en respuesta a la vacuna pueden atravesar la placenta y llegar a su bebé^{10,11}. La lactancia también transfiere anticuerpos a su bebé¹²⁻¹⁴. Los anticuerpos de la vacuna pueden ayudar a proteger a su bebé contra el COVID-19 después del nacimiento¹⁵.
- 3 Miles de personas embarazadas han recibido vacunas contra el COVID-19 de forma segura. No ha habido informes de un mayor riesgo de pérdida del embarazo¹⁶⁻²⁰, problemas de crecimiento del feto o defectos de nacimiento⁹.
- 4 Las vacunas contra el COVID-19 no tienen ningún efecto sobre la fertilidad. No hay información que sugiera que alguna vacuna, incluidas las vacunas contra el COVID-19, afecte su capacidad para quedar embarazada ahora o en el futuro^{9, 21-23}.
- 5 Las personas embarazadas pueden presentar los mismos efectos secundarios leves de las vacunas contra el COVID-19, como fiebre, dolor de cabeza y cansancio, que las personas no embarazadas. Las personas embarazadas que han sido vacunadas no han informado efectos secundarios graves^{9, 24, 25}.



Conozca los datos. Vacúnese.



Escanee para ver una versión web con enlaces a las referencias.

Pregnant? Thinking About Pregnancy? Recently Pregnant?

Top 5 Reasons to Get the COVID-19 Vaccine



- 1 Pregnant people are more likely to get very sick from COVID-19 than nonpregnant people.^{1,4} Getting COVID-19 while pregnant increases the risk of preterm birth⁵ and the risk that your baby will need intensive care.⁶ Getting the vaccine helps protect you and your baby from serious illness, hospitalization, and death from COVID-19.^{7,9}
- 2 The antibodies that your body makes in response to the vaccine can cross the placenta to your baby.^{10,11} Breastfeeding also transfers antibodies to your baby.¹²⁻¹⁴ The antibodies from the vaccine may help protect your baby against COVID-19 after birth.¹⁵
- 3 Thousands of pregnant people have safely received COVID-19 vaccines. There have been no reports of any increased risk of pregnancy loss,¹⁶⁻²⁰ fetal growth problems, or birth defects.⁹
- 4 COVID-19 vaccines have no effect on fertility. There is no information to suggest that any vaccines—including COVID-19 vaccines—affect your ability to get pregnant now or in the future.^{9, 21-23}
- 5 Pregnant people may have the same mild side effects from the COVID-19 vaccines, like fever, headache, and being tired, that nonpregnant people have. No serious side effects have been reported by pregnant people who have been vaccinated.^{9, 24, 25}



Get the Facts. Get Vaccinated.



Scan to see a web version with links to the references.

CDC Covid-19 Keeping Baby Healthy and Safe Patient Education



KEEP YOUR BABY HEALTHY AND SAFE TAKE THESE STEPS DURING THE COVID-19 PANDEMIC



Get vaccinated.

- COVID-19 vaccines reduce the risk of people getting COVID-19 and can also reduce the risk of spreading it.
- Be sure to get everyone in your family who is 5 years of age or older vaccinated and up to date with their COVID-19 vaccines.



Do not put a mask or face shield on your baby

Babies move frequently. Their movement may cause the plastic face shield or mask to block their nose and mouth, or cause the strap to strangle them.

- Children younger than two should not wear [masks](#) or face shields.
- Putting a face shield or mask on your baby could increase the risk of [sudden infant death syndrome \(SIDS\)](#) or could strangle or suffocate your baby.



Limit visitors to see your new baby

The birth of a new baby typically brings families together to celebrate. Before allowing visitors into your home:

- Consider the risk of COVID-19 to yourself, your baby, people who live with you, and visitors, like grandparents or other [people at increased risk of severe illness from COVID-19](#).
 - » Bringing people who do not live with you into your home can increase the risk of spreading COVID-19.
 - » Some people without symptoms can spread the virus.
- Limit in-person gatherings and consider other options, like celebrating virtually, for people who want to see your new baby.



Keep 6 feet between your baby and people who do not live in your household and between your baby and those who are sick

- Consider the risks of COVID-19 to you and your baby before you [decide whether to go out](#) for activities other than healthcare visits or child care.
- Ask your [child care program](#) about the plans they have in place to protect your baby, family, and their staff.



CDC Pregnancy Patient Education

PREGNANT OR JUST HAD A BABY? TAKE THESE STEPS TO PROTECT YOURSELF FROM COVID-19 | COVID-19 |

Pregnant and recently pregnant people are more likely to get severely ill from COVID-19 compared to people who are not pregnant.

Severe illness means that a person with COVID-19 may need:

- Hospitalization
- Intensive care
- A ventilator or special equipment to help them breathe

People with COVID-19 who become severely ill can die.



If you are pregnant or recently had a baby, here's what you can do to protect yourself:



Get a COVID-19 vaccine. The CDC recommends that people who are pregnant, breastfeeding, trying to get pregnant or might become pregnant in the future stay up to date with their COVID-19 vaccines.

Avoid interacting in person with people who might have been exposed to COVID-19 as much as possible. If you or someone in your household is sick with COVID-19, follow recommendations for isolation.



If you go out or interact with people who don't live with you, you should:

- [Wear a mask.](#)
- Stay at least 6 feet away from anyone who doesn't live with you.
- Wash your hands frequently with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- Avoid crowds and indoor spaces that do not offer fresh air from the outdoors.

- ✓ **Keep all of your recommended healthcare appointments during and after your pregnancy including your prenatal care appointments.**
 - Some of these appointments can be done virtually, like on a phone or on a computer.
- ✓ **Get recommended vaccines, including the flu vaccine and the whooping cough (Tdap) vaccine.**
- ✓ **Ask your healthcare provider if you can get a 30-day (or longer) supply of your medicines, so you can make fewer trips to the pharmacy.**
 - If possible, ask someone to go to the pharmacy for you.
- ✓ **Call your healthcare provider if you have any health concerns.**
 - If you need emergency help, call 911 right away. Don't delay getting emergency care because of COVID-19.



cdc.gov/coronavirus



CDC

Protect yourself and your baby
from COVID-19

Protect yourself and your baby from COVID-19. Get vaccinated.



- COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.
- The benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy.
- There is currently no evidence that any vaccines, including COVID-19 vaccines, cause problems trying to get pregnant.
- COVID-19 vaccination in people who are pregnant or breastfeeding builds antibodies that might protect their baby.

**Ask your provider about
the COVID-19 vaccine.**



cdc.gov/coronavirus

New ACOG / CDC PSA

Covid Vaccination in Pregnancy



- **Please Share This Important PSA**
- In partnership with the CDC, ACOG has released our first-ever PSA. Please help us spread this important, life-saving message to get vaccinated during pregnancy by sharing: <https://vimeo.com/674866776>
<https://vimeo.com/672469139>
- We know that a trusted obstetrician-gynecologist can play a large role in a patient's decision about whether to get vaccinated, so use this PSA as a tool to share with your communities and spread the message.

Dear SMFM Member:

According to the Centers for Disease Control and Prevention (CDC), there are less than 10 cases of monkeypox in the United States. To date, these cases are presenting mostly in men in an atypical fashion with genital lesions. While there are no reports of monkeypox in pregnant people, a woman of reproductive age has contracted monkeypox and the case count is expected to increase.

The CDC has issued a series of resources to help you [identify](#), [treat](#), and [report](#) monkeypox in your patients. They advise:

- If you identify patients with a rash that looks like monkeypox, consider monkeypox, regardless of whether the patient has a travel history to central or west African countries.
- Do not limit concerns to men who report having sex with other men. Those who have any sort of close personal contact with people with monkeypox could potentially also be at risk for the disease.
- Some patients have had genital lesions and the rash may be hard to distinguish from syphilis, herpes simplex virus (HSV) infection, chancroid, varicella zoster, and other more common infections.
- Isolate any patients suspected of having monkeypox in a negative pressure room, and ensure staff understand the importance of wearing appropriate personal protective equipment (PPE) and that they wear it each time they are near suspected cases.
- Consult the state health department or CDC's monkeypox call center through the CDC Emergency Operations Center (770-488-7100) as soon as monkeypox is suspected.

SMFM Statement release for Monkeypox *May 31, 2022*

Monkeypox Update



- Risk to the general public is considered to be LOW
 - CDC: Healthcare providers should stay vigilant and consider monkeypox in people with:
 - New characteristic rash* OR
 - Meets one of the following epidemiologic criteria and has a high clinical suspicion for monkeypox
- Within 21 days of illness onset ...
- Reports having contact with a person or people with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox
 - Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity
 - Traveled outside the US to a country with confirmed cases of monkeypox or where Monkeypox virus is endemic
 - Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals
- Vaccination, Post exposure prophylaxis (PEP) with smallpox vaccination (Jynneos) and treatments are available through the US National Strategic Stockpile considerations will be made in conjunction with local departments of health/CDC

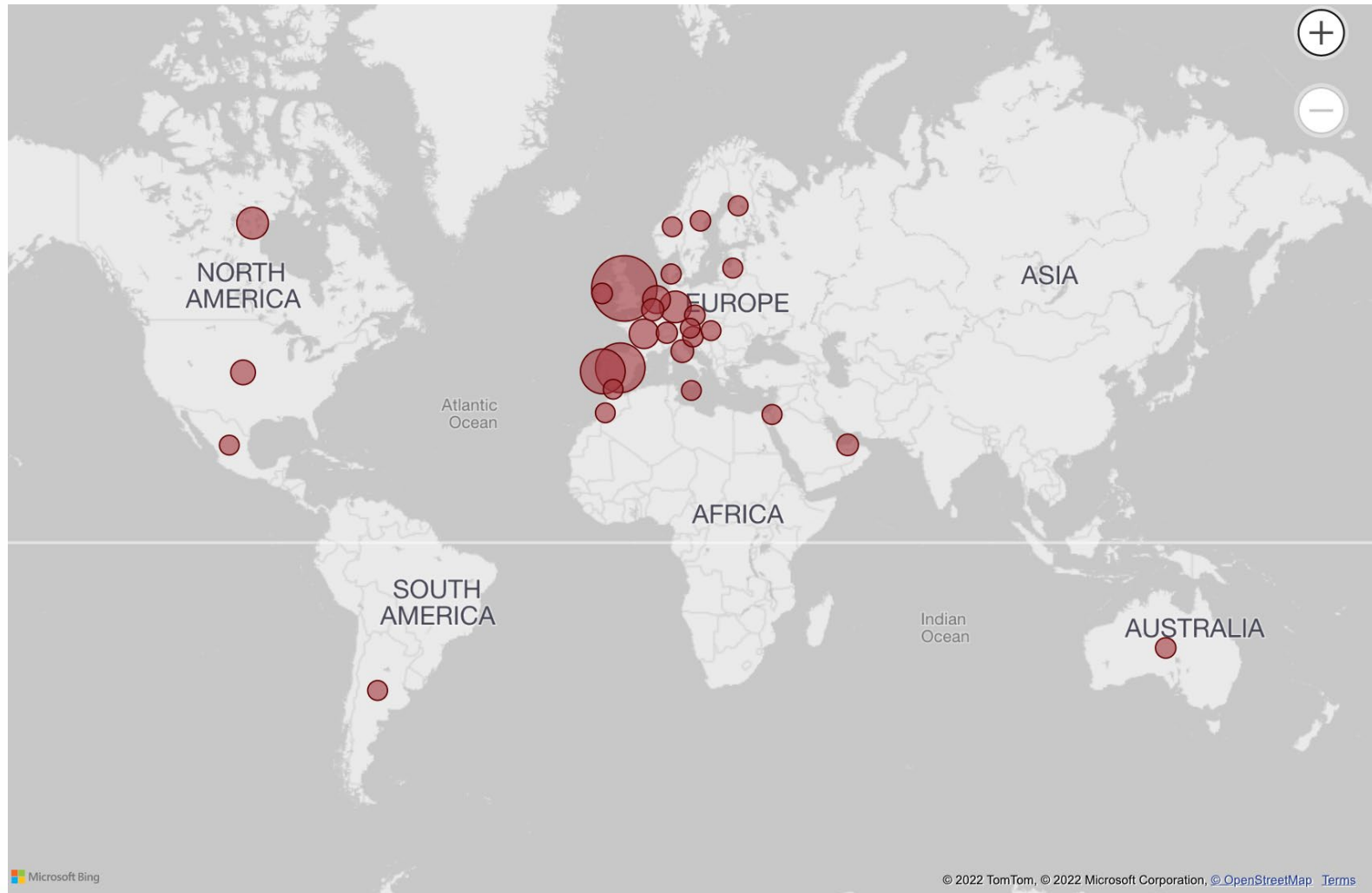
RCOG: [New paper provides best practice for managing monkeypox in pregnancy.](#) (6.6.22)

2022 Monkeypox and Orthopoxvirus Outbreak Global Map

6/7/22

Data as of 07 Jun 2022 5:00 PM EDT

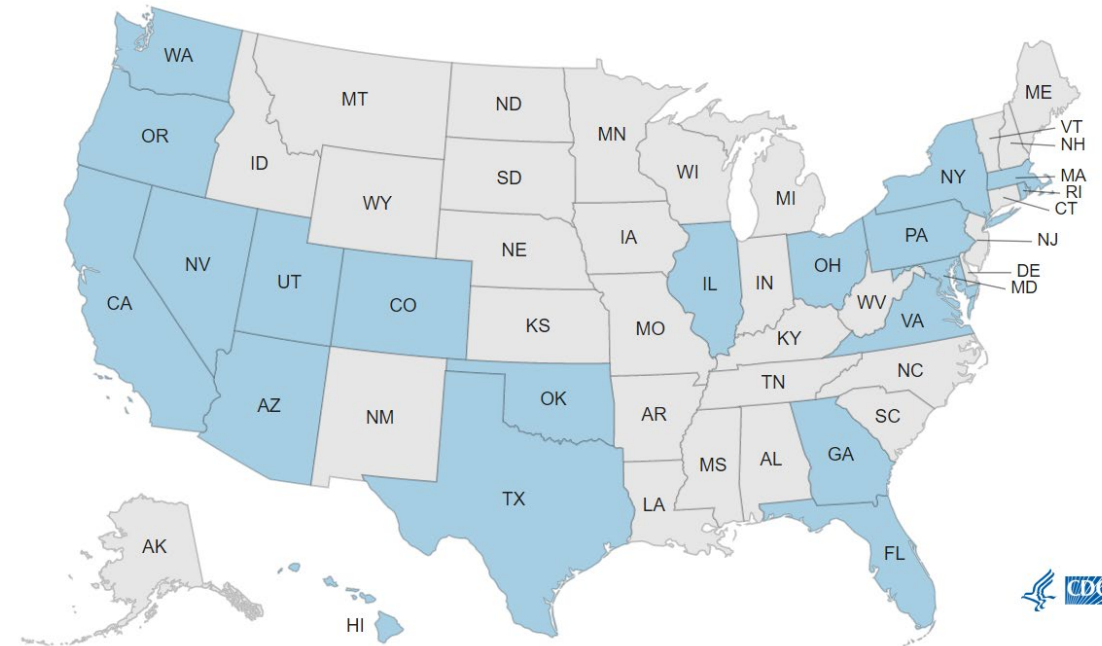
Total Confirmed Cases	Number of Countries
1088	29



Country	Total Confirmed Cases
United Kingdom	302
Spain	198
Portugal	166
Canada	80
Germany	80
France	66
Netherlands	54
United States	34
Italy	20
Belgium	17
United Arab Emirates	13
Switzerland	10
Ireland	7
Australia	6
Czechia	6
Slovenia	6
Sweden	5
Denmark	3
Argentina	2
Finland	2
Total	1088

Monkeypox and Orthopoxvirus Cases in the U.S.

State	Number of Cases
Arizona	1
California	21
Colorado	4
District Of Columbia	4
Florida	9
Georgia	3
Hawaii	5
Illinois	13
Maryland	1
Massachusetts	7
Nevada	1
New York	17
Ohio	1
Oklahoma	1
Oregon	1
Pennsylvania	2
Rhode Island	1
Texas	2
Utah	2
Virginia	1
Washington	2



Overview

- **Discussion of OB Unit Strategies:**
 - **Anna McCormick, DO** -- Assistant Professor, Rush University Medical College Obstetrics and Gynecology - Maternal Fetal Medicine
 - **Jeannie Kelly, MD** – Medical Director, Maternal-Fetal Transport, Medical Director, Labor and Delivery, Associate Division Director MFM
- **IDPH updates monkeypox and pregnancy**
 - **Arti Barnes, MD MPH** -- Medical Director/Chief Medical Officer, Illinois Dept. of Public Health



IDPH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

MONKEYPOX IN PERINATAL CARE

DR. ARTI BARNES, CHIEF MEDICAL OFFICER

DISCLOSURES

- NONE

OVERVIEW

RISK OF MONKEYPOX IN
PREGNANCY

**BEST PRACTICES FOR
MANAGING MONKEYPOX IN
PREGNANCY**

**INFECTION PREVENTION
CONSIDERATIONS FOR
HEALTHCARE WORKERS**



MONKEYPOX UPDATE

- MONKEYPOX IS RARE AND DOES NOT SPREAD EASILY BETWEEN PEOPLE WITHOUT CLOSE CONTACT.
- THE THREAT OF MONKEYPOX TO THE GENERAL U.S. POPULATION REMAINS **LOW**.
- 8 CONFIRMED BY CDC AS MONKEYPOX
- 8 PROBABLE, PENDING TESTING AT CDC.
- TOTAL 16 CASES
- 12 CASES ARE CHICAGO RESIDENTS, ONE IS A DUPAGE RESIDENT.
- CDC NOW HAS 10 POSTED FOR ILLINOIS (3RD AFTER CA AND NY)

MONKEYPOX IN PREGNANCY

- CLINICAL FEATURES
- INCUBATION : 5 AND 21 DAYS.
- USUALLY A SELF-LIMITING
 - MOST RECOVER WITHIN SEVERAL WEEKS
 - SEVERE ILLNESS IN IMMUNOSUPPRESSED PEOPLE, YOUNG CHILDREN
- TRANSMISSION: DIRECT CONTACT WITH INFECTIOUS FLUID
 - RARE TRANSMISSION FROM EXHALED LARGE DROPLETS
 - SEXUAL ?
- RISK TO FETUS
 - CONGENITAL MONKEYPOX (BABY BORN WITH RASH, HYDROPS FETALIS)
 - FETAL LOSS
 - PRETERM DELIVERY

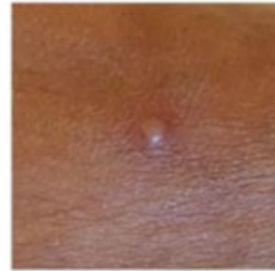
Khalil et al, UOG 2022

CLINICAL FEATURES CONTINUED

- THE ILLNESS BEGINS WITH:
 - FEVER
 - HEADACHE
 - MUSCLE ACHES
 - BACKACHE
 - **SWOLLEN LYMPH NODES**
 - CHILLS
 - EXHAUSTION
- RASH FOLLOWS FEVER IN 1 TO 5 DAYS
 - THE FACE THEN → OTHER PARTS OF THE BODY.
 - CENTRIPETAL, MOST IN SAME STAGE
- AN INDIVIDUAL IS CONTAGIOUS UNTIL ALL THE SCABS HAVE FALLEN OFF AND THERE IS INTACT SKIN UNDERNEATH
 - THE SCABS MAY ALSO CONTAIN INFECTIOUS VIRUS MATERIAL.

Khalil et al, UOG 2022
CDC

Images of individual monkeypox lesions



a) Early vesicle, 3mm diameter



b) Small pustule, 2mm diameter



c) Umbilicated pustule, 3-4mm diameter



d) Ulcerated lesion 5mm diameter



e) Crusting of mature lesions



f) Partially removed scab

Figure 2

NO
epi
link
needed
in
US

Unexplained rash on any part of the body
AND
One or more classical symptom(s) of monkeypox infection: fever >38.5 °C, intense headache, arthralgia, backache or lymphadenopathy,
AND either:

- Epidemiological link to a confirmed or probable case of monkeypox in the 21 days before symptom onset (consider sexual transmission)

OR

- Reported a travel history to west or central Africa in the 21 days before symptom onset

Zoom

Mask patient and isolate in a side room

Obstetrician to assess and contact consultant virologist
Staff to wear PPE*

- Discuss with virologist testing needed; follow guidance regarding sampling (viral swab for PCR from lesions or throat, or blood sample depending on clinical presentation)
- Minimize contact with vulnerable staff (pregnant/immunosuppressed)

Admission NOT needed

- Discharge home to self-isolate
- Ask patient to wear mask and cover exposed skin on way home
- Ask patient to refrain from sex or intimate contact
- Follow-up contact

Admission needed

- Requires urgent/acute maternity care: remain in maternity area, obstetric care and isolate
- Needs admission, but does not require maternity care: admit to relevant ward
- Refer to virologist and relevant specialists

INFECTION CONTROL HEALTH CARE

- N95 RESPIRATORS, GLOVES, GOWN AND EYE PROTECTION, SUCH AS GOGGLES OR A FACE SHIELD.
- NEGATIVE PRESSURE ROOM (PRIVATE ROOM IF NEGATIVE PRESSURE NOT AVAILABLE)
- IF TRANSPORTED OUTSIDE ROOM: HAVE PATIENT WEAR A MASK AND HAVE ALL THEIR LESIONS COVERED WHEN NOT BEING EXAMINED
- AVOID DRY DUSTING/VACUUMING ROOM- USE WET CLEANING INSTEAD
- PPE WHILE HANDLING LAUNDRY, AVOID SHAKING IT

CDC guidance for
clinicians

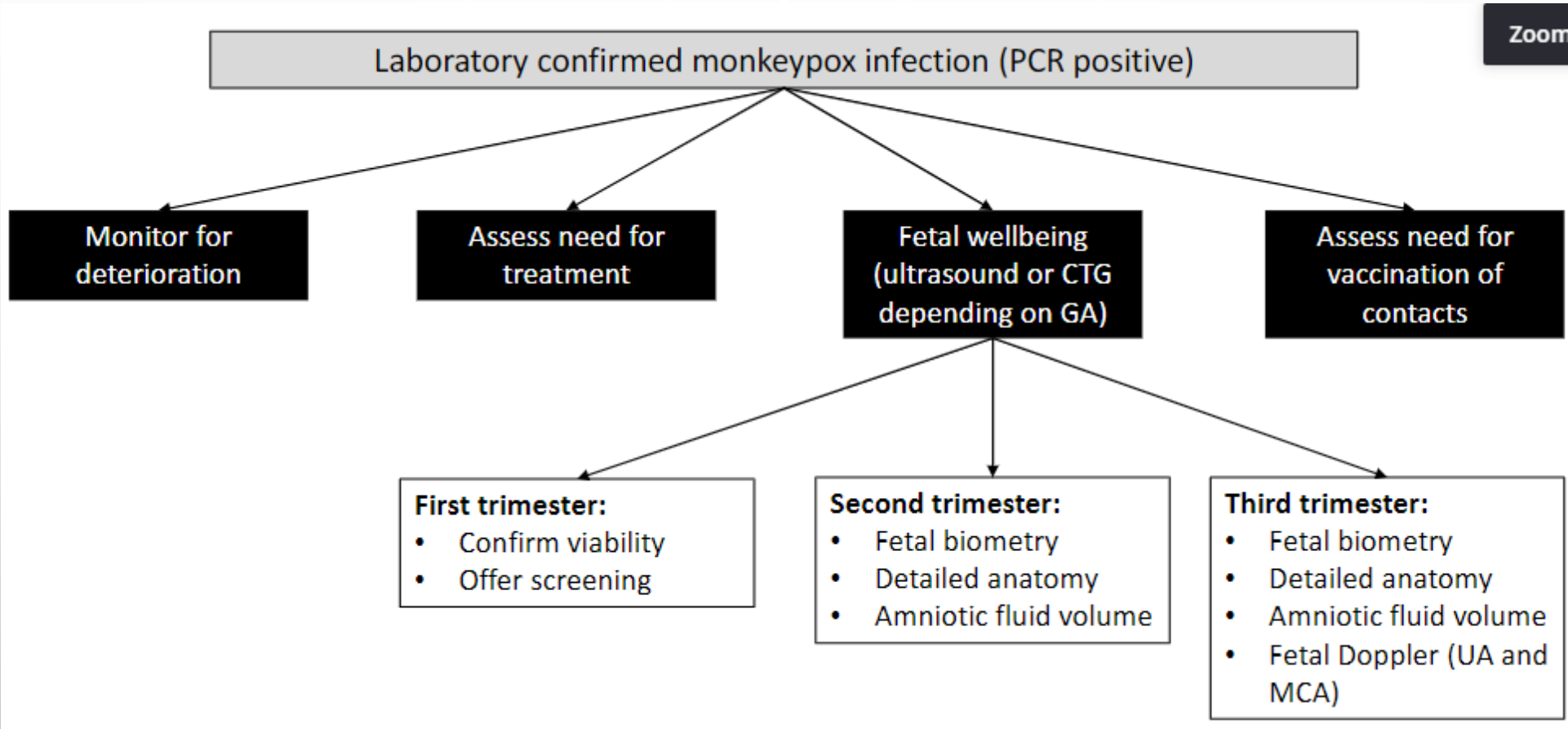
INFECTION CONTROL–HOME

- PETS? CHILDREN UNDER 8? IMMUNOSUPPRESSED? ECZEMA?
- STAY HOME EXCEPT FOR MEDICAL CARE/EMERGENCIES
- LIMIT VISITORS AND AVOID CLOSE CONTACT, INCLUDING PETS
- USE SEPARATE BATHROOM
- AVOID USING CONTACT LENSES/SHAVING/SHARING UTENSILS
- USE EPA DISINFECTANTS IN LIST Q
- COVER ALL RASHES

CDC guidance for
clinicians

HOW TO OBTAIN A SAMPLE

1. WEAR APPROPRIATE PPE!
2. VIGOROUSLY SWAB OR BRUSH LESION WITH TWO SEPARATE **STERILE DRY POLYESTER OR DACRON SWABS**;
COLLECT **MULTIPLE SPECIMENS** FOR PRELIMINARY AND CONFIRMATORY TESTING AS FOLLOWS:
3. BREAK OFF END OF APPLICATOR OF EACH SWAB INTO A 1.5- OR 2-ML SCREW-CAPPED TUBE WITH O-RING OR
PLACE EACH ENTIRE SWAB IN A SEPARATE STERILE CONTAINER. DO NOT ADD OR STORE IN VIRAL OR UNIVERSAL
TRANSPORT MEDIA.
 - BLOOD OR THROAT SWAB FOR CLOSE CONTACTS WHO DEVELOP FEVER BUT NO RASH
PRESENT
 - ALWAYS PRIORITIZE TESTING FROM THE LESIONS ITSELF



CDC guidance for
clinicians

- Advise delivery via Cesarean section
- Assess need for steroids and magnesium sulfate
- Maternity and neonatal staff to wear PPE
- Mother and baby should be isolated separately; avoid NNU admission if possible
- Mother should not breastfeed
- Encourage expressing so mother has opportunity to breastfeed after de-isolation; follow recommendations for pump cleaning after each use
- Milk should be discarded as infected waste^{*}
- Discuss with virologist testing needed
- If mother is negative, these precautions can be lifted
- If maternal infection confirmed, baby to be isolated for 3 weeks
- If both mother and baby test positive, they can be reunited

* Waste management. Clinical team responsibilities: (1) Discard all waste into clinical waste bag, close the bag by 'swan neck' technique & secure with cable tie; (2) Place in second clinical waste bag and close as above. Place bags in Griff bin & store pending test results. Rapid Response team responsibilities: (1) Wipe down all surfaces with green Clinell universal wipes, discard wipes in clinical waste as above; (2) Then wipe down all surfaces with Peracide (dissolve 5 small or 3 large tablets in 1.25L warm water); (3) Discard cloths into clinical waste as above.

PERINATAL CARE

- IF SEVERE ILLNESS/ GESTATIONAL AGE > 26 WEEKS, CARDIOTOCOGRAPHY – TWICE OR THRICE DAILY
- ULTRASOUND (INCLUDING PLACENTAL FUNCTION)– DURING ACUTE INFECTION
 - 1ST TRIM: CONFIRM VIABILITY
 - 2ND TRIM: FETAL BIOMETRY 10–14 DAYS APART, ANATOMY SCAN, AMNIOTIC FLUID MEASURE, FETAL DOPPLER
 - CONSIDER EVERY 4 WEEKLY FETAL SCANS FOR REMAINDER OF PREGNANCY
- C-SECTION USUALLY PREFERRED, ESPECIALLY IF GENITAL LESIONS
- IF PRE-TERM, DISCUSS STEROID DOSING WITH ID SPECIALIST

Khalil et al, UOG 2022

TREATMENT- TPOXX (TECOVRIVIMAT)

- FDA APPROVED FOR SMALLPOX PREGNANT OR BREASTFEEDING WOMEN WHO ARE DIAGNOSED WITH MONKEYPOX
- ORAL OR IV
 - PO: >40 KG, 600 MG (3 PILLS) BID X 14D
 - IV: 200-300 MG IV **OVER 6 HOURS** Q12H X 14D
- OBTAINED THROUGH AN “**IND**” **FROM CDC** BUT VIA THE **LOCAL HEALTH DEPARTMENT**
- AE: HEADACHE (12%), NAUSEA (5%), ABDOMINAL PAIN (2%), AND VOMITING (2%)
- DRUG INTERACTIONS: REPAGLINIDE AND MIDAZOLAM
- SAFETY
 - TECOVIRIMAT HAS NOT BEEN AUTHORIZED FOR USE DURING PREGNANCY, AS THERE ARE NO DATA AROUND ITS USE IN PREGNANT WOMEN AND ANIMAL STUDIES ARE INSUFFICIENT WITH RESPECT TO REPRODUCTIVE TOXICITY
- EFFICACY
 - MORTALITY BENEFIT IN ANIMAL STUDIES
 - ONE CASE IN THE UK (OUT OF 7 IN A CASE SERIES) HAD SHORTER LENGTH OF STAY (10 DAYS) IN HOSPITAL AND FASTER CLEARANCE OF VIREMIA

Khalil et al, UOG 2022
CDC
FDA ACCESSDATA
ADLER ET AL, LANCET 2022

NEONATAL CARE

- MACROSCOPIC EXAMINATION OF BABY
- PCR TESTING OF THROAT SWAB OR ANY LESIONS THAT ARE PRESENT
- SEPARATE MOM AND BABY AT BIRTH AND IF BABY IS POSITIVE TOO, CAN RE-UNITE
- MOM CAN BE DE-ISOLATED AFTER 2 NEGATIVE PCRS
- MOM AND BABY ARE TESTED IN PARALLEL, IF NEEDED, THEREAFTER

Khalil et al, UOG 2022

PROCESS TO GET PRE OR POST EXPOSURE PROPHYLAXIS

- VACCINES: NONE APPROVED IN PREGNANCY BUT JYNNEOS (LIVE NON REPLICATING) IS CONSIDERED SAFE
 - TWO DOSES, 28 DAYS APART
 - VACCINATE WITHIN 4 DAYS OF EXPOSURE, NO LATER THAN 14 DAYS
 - EXPECTED TO BE 85% EFFECTIVE
- VACCINIA IG (VIG)– FOR THOSE WITH SEVERE T CELL IMMUNODEFICIENCY (NO EFFICACY STUDIES)
- NON PREGNANT, EXPOSED HCW CAN GET ACAM2000 (LIVE REPLICATING) FOR POST EXPOSURE PROPHYLAXIS (SINGLE DOSE)

CDC guidance for
clinicians

CONTRAINDICATIONS FOR ACAM2000 AND JYNNEOS

Contraindication	ACAM2000 Primary Vaccinees	ACAM2000 Revaccinees	ACAM2000 Household Contacts ¹	JYNNEOS
History or presence of atopic dermatitis	X	X	X	
Other active exfoliative skin conditions ²	X	X	X	
Conditions associated with immunosuppression ³	X	X	X	
Pregnancy ⁴	X	X	X	
Aged <1 year ⁵	X	X	X	
Breastfeeding ⁶	X	X		
Serious vaccine component allergy	X	X		X
Known underlying heart disease (e.g., coronary artery disease or cardiomyopathy)	X	X		
Three or more known major cardiac risk factors ⁷	X			

Slide courtesy: Karyn Lyons IDPH

FOOTNOTES TO THE ACAM2000 AND JYNNEOS COMPARISON CHART

4. PREGNANCY

- AVAILABLE HUMAN DATA ON JYNNEOS ADMINISTERED TO PREGNANT WOMEN ARE INSUFFICIENT TO INFORM VACCINE-ASSOCIATED RISKS IN PREGNANCY. HOWEVER, ANIMAL MODELS, INCLUDING RATS AND RABBITS, HAVE SHOWN NO EVIDENCE OF HARM TO A DEVELOPING FETUS.



Slide courtesy: Karyn Lyons IDPH



WHAT CAN HEALTHCARE FACILITIES DO

- DEVELOP A TRIAGE PROTOCOL THAT MINIMIZES EXPOSURES TO HEALTHCARE WORKERS
 - IDPH HAS ISSUED A CHECKLIST
- DEVELOP A PLAN FOR MANAGEMENT OF SUSPECT PATIENTS
 - COLLECTING SAMPLES FOR TESTING, GUIDANCE FOR PATIENTS
- PLAN FOR DETERMINING POST EXPOSURE PROPHYLAXIS WITH VACCINES AND TREATMENT FOR PATIENTS
 - CURRENTLY THROUGH THE LOCAL HEALTH DEPARTMENT

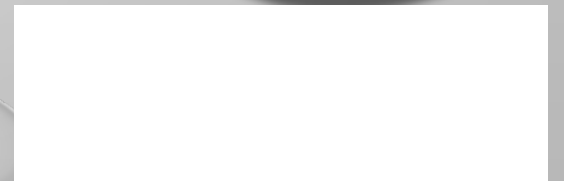


IDPH

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

THANK YOU!

QUESTIONS?





Join EverThrive Illinois and the Chicago Department of Public Health for a Roundtable Event: Increasing COVID-19 Vaccination Rates Among Black/African Americans in Chicago

The goal of this roundtable is to increase public awareness regarding disparities in vaccination rates among Black/African American Chicagoans and involve key stakeholders in a collaborative effort to find methods for closing the gap and increasing COVID-19 immunization rates. The agenda will also include table discussions to brainstorm with attendees on how the City and partners can continue to increase COVID-19 vaccination rates for Black/African American Chicagoans.

Register here:

<https://everthriveillinois.salsalabs.org/IncreasingCOVID19VaccinationRatesAmongBlackAfricanAmerica/index.html?page=register&eType=EmailBlastContent&eld=b40659a4-b661-492e-b068-fa464024ea44>

Please note: All attendees are required to wear a mask

Date: Thursday, June 30

Time: 9:30 a.m. to Noon

Location: Malcolm X. College - 1900 W. Jackson Blvd., Chicago, IL 60612

Free parking is available. The parking facility is located at 1820 W. Jackson Blvd.

I-VAC NEWSLETTER

JUNE 2022

ILLINOIS VACCINATES AGAINST COVID-19 (I-VAC) DO-IT-YOURSELF TOOLKIT AND OUTREACH MATERIALS

We are happy to announce that the I-VAC do-it-yourself toolkit and outreach bundle are available digitally and can be mailed upon request.

This is a one-stop-shop with up-to-date information about how you can integrate the COVID-19 vaccines into regular clinical workflows from the ground up. It is broken down into self-guided modules that cover topics including:

- Becoming a vaccinator
- Vaccine ordering, storage, and handling
- Vaccine administration
- Clinical considerations
- Increasing vaccine uptake
- And much more – including charts, one page information sheets, etc..

Every source used to compile this toolkit (guidance, policies, and procedures, etc.) around vaccine administration is linked and organized by section to ensure any additional information you might need is easy to find. The toolkit will be updated on a regular basis.

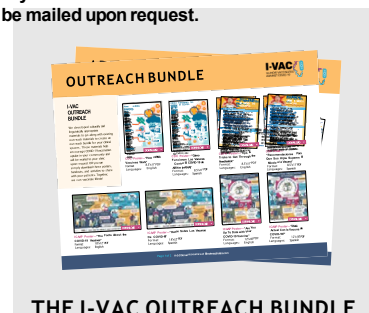
Access the digital version of the toolkit at:
illinoisvaccinates.com/toolkit



THE DO-IT-YOURSELF TOOLKIT



illinoisvaccinates.com



THE I-VAC OUTREACH BUNDLE

This is a collection of patient-facing resources designed to help normalize COVID-19 vaccines. These posters, handouts, etc. convey medically accurate information about COVID-19 vaccines and were developed with diverse audiences and health literacy levels in mind.

Some resources are meant to be shared via social media or digitally, while others are printed out to hand directly to patients or hang in your clinical spaces. The materials cover a diverse range of topics and are available in multiple languages.

Browse the outreach bundle at:
illinoisvaccinates.com/resources

**Request hard copies of the toolkit
or outreach materials at
illinoisvaccinates.com/contact.
E-mail facts@ilvaccinates.com with
questions.**

UPCOMING EVENTS:

[JUNE 15, 5:30 PM](#)

I-VAC & ECHO Learning Collaborative - Adult Populations

[Register on Zoom](#)

[JUNE 17, 7:30 AM](#)

I-VAC Vaccine Bootcamp

[Register on Zoom](#)

[JUNE 21, 5:30 PM](#)

I-VAC & ECHO Learning Collaborative - Pediatric Populations

[Register on Zoom](#)

[JUNE 29, 5:30 PM](#)

I-VAC & ECHO Learning Collaborative - Adult Populations

[Register on Zoom](#)

[JULY 5, 5:30 PM](#)

I-VAC & ECHO Learning Collaborative - Pediatric Populations

[Register on Zoom](#)

[JULY 13, 5:30 PM](#)

I-VAC & ECHO Learning Collaborative - Adult Populations

[Register on Zoom](#)

[JULY 19, 5:30 PM](#)

I-VAC & ECHO Learning Collaborative - Pediatric Populations

[Register on Zoom](#)

[JULY 27, 5:30 PM](#)

I-VAC & ECHO Learning Collaborative - Adult Populations

[Register on Zoom](#)



COVID-19 VACCINE FOR UNDER 5, WHAT WE KNOW NOW

In just a few weeks, it will be the littlest kids' turn to receive a COVID-19 vaccine. This means infants, toddlers and preschoolers will finally be protected and parents and families will have some peace of mind after more than two years of navigating their safety. It is more important than ever that these younger age groups be vaccinated in their medical homes to ensure they are also getting their other routine vaccinations in a timely manner. We also know parents trust information about these vaccines coming from their child's pediatrician [the most](#). We are here to help you in preparing now.

According to the Centers for Disease Control and Prevention's (CDC) [Pediatric Planning Guide](#): The Vaccines and Related Biological Products Advisory Committee (VRBPAC) is tentatively scheduled to meet on June 14 and June 15 regarding Moderna and Pfizer's EUA request. CDC's Advisory Committee on Immunization Practices (ACIP) is anticipated to meet within several days of VRBPAC, assuming FDA authorization; the meeting(s) will be posted [here](#) once scheduled.

Pfizer-BioNTech and Moderna have conducted clinical trials and data collection for COVID-19 vaccines for children ages 6 months through 4 years and 6 months through 5 years, respectively. Either one or both vaccines may receive FDA Emergency Use Authorization (EUA) and CDC recommendation. Additional information will be released as it becomes available [here](#).

While there are still questions and much anticipation as to what the next steps will be, it is important to start preparing and acting now.



VACCINE UPDATES CORNER:

COVID-19 VACCINE UPDATES:

Summary of recent changes from the CDC Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Approved or Authorized in the United States (last updated May 20, 2022):

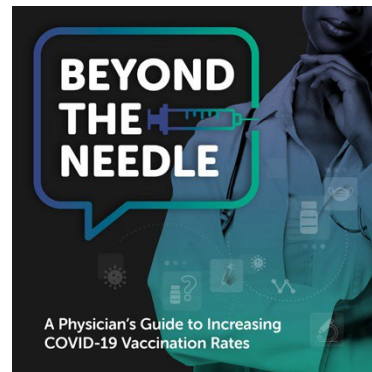
- New guidance for use of a Pfizer-BioNTech COVID-19 Vaccine booster dose in children ages 5-11 years
- Updated guidance that the following people should receive a second COVID-19 booster dose:
 - People ages 12 years and older who are moderately or severely immunocompromised
 - People ages 50 years and older
- Updated guidance for people who are moderately or severely immunocompromised and are treated with B-cell-depleting therapies
- Clarification of COVID-19 vaccination guidance for multisystem inflammatory syndrome in children (MIS-C) and adults (MIS-A)
- Updated guidance for primary series vaccination after SARS-CoV-2 infection

The Advisory Committee on Immunization Practices (ACIP) approved booster shots:

- Would be the third dose available for most children ages 5-11
- The fourth dose for immunocompromised children ages 5-11



I-VAC PODCAST: BEYOND THE NEEDLE



A PHYSICIAN'S GUIDE TO INCREASING COVID-19 VACCINATION RATES

Beyond the Needle is a podcast for and by physicians. You can sit down with primary care clinicians across the state as they tackle the real-world barriers to COVID-19 vaccination uptake and share experiences with implementation. Together, you'll uncover practical solutions to help you and your team incorporate the COVID-19 vaccine into your practice and increase vaccination rates amongst your patients.

This podcast honors the struggles and traumas of the pandemic, empowers primary care clinicians to feel confident in implementing COVID-19 vaccinations so that your patients can receive a vaccine within their usual site of care.

Topics we'll cover:

- ✓ Implementation Barriers
- ✓ Vaccine Hesitancy
- ✓ Special Populations
- ✓ Motivational Interviewing

LEARN MORE & LISTEN AT:
illinoisvaccinates.com/podcasts

[View Episodes](#)

[Meet the Faculty](#)



HELPING TEENS TALK WITH THEIR PARENTS ABOUT VACCINES

Supporting your teen/minor patients who want to be vaccinated, when their parents or guardians don't want them to be vaccinated can be complicated. ICAAP created a handout for teens and for clinicians on how to approach these conversations between healthcare provider and teen and teen and parent/guardian. We hope you find them useful.

[Download Handout for Teens](#) [Download Tips for Clinicians](#)



COVID-19 PRIORITIZATION PROJECT

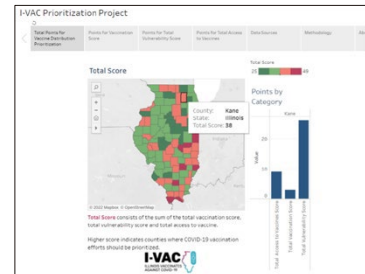
PROJECT BACKGROUND

A key initiative of I-VAC is to identify areas of the state with lower COVID-19 vaccine coverage and performing targeted outreach and education in those areas. This led us to the I-VAC COVID-19 Prioritization Project. This data can inform priority areas for clinicians and healthcare organizations.

[Access the I-VAC Prioritization Project](#)

VACCINE SCORES

For this project, we used several data sources and broke them into three distinct vaccine scores. These include a vaccination score, a vulnerability score, and an access score. The vaccination score measures vaccination rates in that county and includes % of the total population fully vaccinated, % 5-11-year-olds fully vaccinated, and % 12-17-year-olds fully vaccinated. The vulnerability score measures characteristics of the patient population based on the CDC's Social Vulnerability Index and COVID-19 Community Vulnerability Index. The access score measures how accessible the COVID-19 vaccines are and includes the rate of primary care physicians, rate of certified pediatricians, and rate of locations that are currently providing the COVID-19 vaccines.



Then each variable was broken down into quartiles and given a score. Scores for each variable within the category were totaled to create a Total COVID-19 Vaccine Prioritization Score. Counties with the highest scores should be prioritized for COVID-19 vaccine distribution and outreach efforts.

Vaccination score Represents vaccination rates
Your county scored: (insert number in corresponding color)

Action Items for Vaccination Score

- For lower scores (light and dark green)
 - Prepare communication and outreach materials for when additional age groups are eligible.
 - Utilize items and social media images created by I-VAC, available [here](#).
 - Be flexible in vaccine distribution models.
 - Respond rapidly to eligibility changes.
- For higher scores (orange and red), follow all the above plus:
 - Evaluate your institution's current recall/reminder strategies.
 - Ensure all communication messages and methods are effective and efficient.
 - Find tips and sample messages from the AAP [here](#).
 - Use culturally and linguistically appropriate and up-to-date images and information on outreach materials.
 - Utilize items and social media images created by I-VAC, available [here](#).
 - Use [motivational interviewing](#) to understand and not judge a patient's mistrust in the vaccine and answer any questions you can.

DATA SOURCES

The sources for these data include IDPH, CDC, census.gov, countyhealthranking.org, and apb.org. You can find a detailed list of the sources and how they were used on the dashboard under the 'Data Sources' tab. The dashboard is being updated monthly.



We hope you will find this information helpful for supporting your COVID-19 vaccination programs!



I-VAC Newsletter • June 2022

VISIT OUR WEBSITE

illinoisvaccinates.com



@illinoisvaccinates



@ILVaccinates

JOIN US ON SOCIAL MEDIA

Thank You

- We continue to give thanks to the nurses, doctors, health care workers, public health teams and others across our state at work confronting the COVID-19 pandemic.
- Please send questions, comments and recommendations, cases / willingness to share for future COVID-19 OB/Neo discussion webinars to info@ilpqc.org
- Recording of this webinar, Q/A and registration for the **next webinar on Friday, August 5, 12-1:15pm**, will be available at www.ilpqc.org

Thanks to our Funders



In kind support:

