

25TH ANNUAL DISEASE CONTROL CONFERENCE



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AGENDA

8:00-8:30 | Registration

8:30-8:35 | Welcome

- **Stephanie Black**, MD, MSc, Medical Director, Communicable Disease and Healthcare Programs, Chicago Department of Public Health, Disease Control Bureau
-

8:35-8:55 | What Kids Have Lost During the Pandemic and How Can They Get It Back

- **Tarrah K. DeClemente**, MPH, RDN, Executive Director, Office of Student Health and Wellness, Chicago Public Schools
 - **Peter Leonard**, MA, Executive Director of Student Assessment & MTSS for Chicago Public Schools
-

8:55-9:20 | What is the role of academic medical centers in public health? Lessons learned from COVID and mpox.

- **Elizabeth Davis**, MD, Primary Care Physician, Internal Medicine, RUSH University Medical Group
 - **Stockton Mayer**, DO, Infectious Disease Physician, Division of Infectious Diseases, UI Health
-

9:20-9:45 | Looking Ahead to the Upcoming Respiratory Season

- **Brian Borah**, MD, MA, Medical Director, Vaccine-Preventable Diseases Surveillance, Chicago Department of Public Health, Disease Control Bureau
 - **Jackie Tiema**, DrPH, Director of Public Health Operations, Vaccine-Preventable Diseases Surveillance, Chicago Department of Public Health, Disease Control Bureau
-

9:45-10:05 | Weathering the Storm: Lessons from the all-hands-on-deck Response to Misinformation

- **Katelyn Jetelina**, PhD, MPH, Epidemiologist, Data Scientist, Science Communicator, Creator of "Your Local Epidemiologist"
-

10:05-10:35 | Q&A-Forum with Elizabeth, Stockton, Brian, Jackie, Tarrah, Peter and Katelyn

10:35-10:50 | BREAK

10:50-11:20 | Building a Healthcare Sanctuary Within a Sanctuary City: Chicago's New Arrivals Health Response

- **Jennifer Seo**, JD, MD, FAAP, Chief Medical Officer, Chicago Department of Public Health, Maternal, Infant, Child, and Adolescent Health Bureau

AGENDA

11:20-11:45 | Health Impacts Associated with the East Palestine Train Derailment

- **Emily Faherty**, PhD, EIS Officer, Communicable Disease Program, Chicago Department of Public Health, Disease Control Bureau
-

11:45-12:15 | Understanding Populations through Data Modernization in Public Health

- **Graham Briggs**, MS, State Epidemiologist, Illinois Department of Public Health
-

12:15-1:15 | LUNCH (on your own)

1:15-1:45 | A Public Health Approach to the Opioid Crisis in Chicago

- **Matt Richards**, LCSW, MDiv, Deputy Commissioner of Behavioral Health, Chicago Department of Public Health
 - **Sarah Richardson**, MPP, Grants Research Specialist, Chicago Department of Public Health
-

1:45-2:15 | Family Connects Chicago: Supporting Birthing People and Newborns

- **Jessica Wilkerson**, Director of Program Operations, Chicago Department of Public Health, Maternal, Infant, Child and Adolescent Health Bureau
-

2:15-2:40 | Elizabethkingia spp. Outbreak in a Ventilator-Capable Skilled Nursing Facility, Chicago 2023

- **Sidney Thigpen**, MPH, Epidemiologist III, Chicago Department of Public Health, Healthcare Settings, Disease Control Bureau
-

2:40-2:55 | BREAK

2:55-3:20 | Community-Led Health Activism in Belmont Cragin: Collaborating for Health Equity and a Better Future

- **Nancy Valentin**, Director of Health Equity, HCEZ NW Regional Lead, Northwest Center
 - **Genese Turner**, MIPS, Director, Health Equity and Strategic Partnerships Office of Community Planning and Equity Zones, Chicago Department of Public Health, Bureau of Community Health
-

3:20-3:50 | Mpox: A Syndemic Outbreak

- **Taylor Holly**, MPH, Epidemiologist II, Chicago Department of Public Health, Syndemic Infectious Disease Bureau
-

3:50-3:55 | Closing Remarks / Evaluations / Adjourn

- **Stephanie Black**, MD, MSc, Medical Director, Communicable Disease and Healthcare Programs, Chicago Department of Public Health, Disease Control Bureau

MEET THE SPEAKERS:



Stephanie R. Black, MD, MSc As Medical Director with the Healthcare-Associated Infections and Communicable Disease Programs at the Chicago Department of Public Health, Dr. Black focuses on healthcare-associated infections and infection control in healthcare settings in addition to community-based communicable diseases. These programs conduct surveillance and outbreak investigations, facilitate testing, and respond to emerging infectious disease threats including *Candida auris* and carbapenem-resistant Enterobacterales, mpox, Legionnaires' Disease and COVID-19. Dr. Black is board certified in Internal Medicine and Infectious Diseases. She completed undergraduate training at Cornell University, medical school at Temple University, and internal medicine residency and infectious disease fellowship studies at Rush University Medical Center in Chicago. Dr. Black practiced clinical infectious diseases medicine for 6 years at Rush University Medical Center, followed by 5 years at John H. Stroger Hospital of Cook County. She is a voting member of the Presidential Advisory Council on Combating Antimicrobial Resistant Bacteria (PACCARB).



"What Kids Have Lost During the Pandemic and How Can They Get It Back?"

Tarrah DeClemente has served in Chicago Public Schools for over 10 years and is currently the Executive Director of the Office of Student Health and Wellness. She received her Bachelor's degree in Dietetics from Purdue University and completed her dietetic internship at the University of Iowa Hospitals and Clinics. Tarrah received her Master of Public Health (MPH) in Health Policy and Administration from the University of Illinois at Chicago. Tarrah enjoys reading, running, traveling, and spending time with her family.



"What Kids Have Lost During the Pandemic and How Can They Get It Back?"

Peter Leonard is the Executive Director of Student Assessment & MTSS for Chicago Public Schools. He and his team empower CPS stakeholders with high-quality evidence of student learning to advance achievement, access, and opportunity for all students. They achieve this by leading policy, strategy, implementation, and support across all assessment & MTSS programs. Peter also represents CPS in various state-level groups, serving on the State Assessment Review Committee and the P-20 Council's Committee on Data, Assessment, and Accountability. He is a proud fellowship alum of AmeriCorps, Education Pioneers, the University of Chicago Civic Leadership Academy, and the Erikson Institute Barbara Bowman Leadership program. Peter holds a B.A. in History from the University of Notre Dame, an M.A. in the Learning Sciences from Northwestern University, and a Certificate in Civic Leadership from the University of Chicago.

MEET THE SPEAKERS:



The Role of Academic Partnerships In Public Health Response – A Brief History

Stockton Mayer, DO, is an Infectious Disease physician at The University of Illinois at Chicago and an Investigator in Project Wish – the Infectious Disease department’s clinical research center. Dr. Mayer helps lead the Community Outreach and Intervention Projects (COIP) comprehensive clinical care program for People Who Inject Drugs and he supports the City of Chicago as a co-lead for the UIC Outbreak Response Team.

Before embarking on a career in medicine, Dr. Mayer worked in public and private sector business development. As a Peace Corps volunteer in Guatemala, he trained small business development leaders throughout the Jalapa region. He later worked with Booz Allen Hamilton’s International and Infrastructure team as a consultant. Dr. Mayer still works in Guatemala, assisting local governments with decentralization of HIV services and implementing strategies for outreach to high risk populations.



What is the role of academic medical centers in public health? Lessons learned from COVID and mpox

Elizabeth Davis, MD, is Chief Medical Officer Liaison for Community Health Equity at Rush University Medical Center. She is interested in innovative models of care that improve health equity across Chicago. She works with interprofessional teams providing community based testing and vaccination, medical care for people experiencing homelessness, and home based primary care. Dr. Davis has partnered with CDPH on community based efforts to provide vaccination, testing, and medical care for asylum seekers newly arrived to Chicago.



Looking Ahead to the Upcoming Respiratory Season

Brian Borah, MD, MA, is an internal medicine physician and the Medical Director for Vaccine-Preventable Diseases Surveillance at Chicago Department of Public Health. Brian obtained his medical degree and a Master’s in Bioethics and Health Policy at Loyola University of Chicago, and later completed an internal medicine residency and chief resident year at University of Illinois at Chicago (UIC). Most recently, Brian spent two years working for CDC as part of their Epidemic Intelligence Service (EIS) program, for which he was assigned as a field officer to the Vermont Department of Health in Burlington, VT. He currently lives in Albany Park with his wife and their 1-year-old daughter.

MEET THE SPEAKERS:



Looking Ahead to the Upcoming Respiratory Season

Jacqueline Tiema-Massie, DrPH, MPH, is a seasoned public health leader with over twenty-two years of experience in key roles in public health, emergency preparedness, and human services. She began her career in 2001 in the Chicago Department of Public Health (CDPH) Immunization Program, as a Public Health Administrator for the Vaccines for Children program. While at CDPH, she also served as Director of Planning, Research and Development, leading the development and coordination of the Bureau of Public Health Preparedness and Emergency Response's federal grant applications, planning projects, performance management, and planning activities during emergency response events and real incidences. She has also served as the Grants Director for the Chicago Department of Family and Support Services and in this role she was responsible for the preparation of complex federal, state and private human services grants worth over \$400 million. Currently and for the last two years, she has served as the CDPH Immunization Program Director. In this role, she leads a team of over 40 public health professionals to vaccinate thousands of Chicagoans for COVID-19, Flu, and other routine adult and childhood vaccines.



Weathering the Storm: Lessons from the all-hands-on-deck Response to Misinformation

Katelyn Jetelina, PhD MPH, is an epidemiologist and scientific communicator. She is a Senior Scientific Advisor to several government and non-profit agencies, including the White House, Centers for Disease Control and Prevention, and Resolve to Save Lives. In addition, Dr. Jetelina is the publisher of Your Local Epidemiologist- a public health newsletter that "translates" ever-evolving science to the public, reaching over 300 million views.



Building a Healthcare Sanctuary Within a Sanctuary City: Chicago's New Arrivals Health Response

Jennifer Seo, MD, JD, FAAP, FACP, is Chief Medical Officer at the Chicago Department of Public Health (CDPH). Dr. Seo leads CDPH's healthcare system coordination and engagement, healthcare access strategy, and optimization of CDPH's clinical services. Prior to her role as Chief Medical Officer, Dr. Seo served as the Medical Director for CDPH's Maternal, Infant, Child, and Adolescent Health Bureau. She is an Internal Medicine and Pediatrics primary care physician.

MEET THE SPEAKERS:



Health Impacts Associated with the East Palestine Train Derailment

Emily Faherty, PhD, is an infectious disease epidemiologist and CDC Epidemic Intelligence Service Officer assigned to the Chicago Department of Public Health Bureau of Disease Control in the Communicable Diseases Program. Her research interests include vaccine-preventable diseases, sexual and reproductive health, and global health. She served as a member of the EpiAid investigation team that responded to the East Palestine train derailment in Ohio and Pennsylvania in February-March 2023.



Understanding Populations through Data Modernization in Public Health

Graham Briggs, MS, serves as Illinois' State Epidemiologist after recently stepping into the role this April. He brings over 20 years of experience working in state and local public health agencies to the position, including as a local Director of Public Health in Minnesota. Prior to his current position Graham was overseeing Emerging Infectious Diseases and Informatics programs as a Senior Director for the National Association of City and County Health Officials or NACCHO. Please welcome Graham, who will be talking today about public health and data modernization



A Public Health Approach to the Opioid Crisis in Chicago

Matt Richards, LCSW, MDiv, is Deputy Commissioner of Behavioral Health at the Chicago Department of Public Health (CDPH) where he is the City of Chicago's lead subject matter expert on behavioral health. Matt is responsible for the City of Chicago's five mental health centers, 911 mental health and substance use response teams, behavioral health diversion programs, and all CDPH programs in mental health, substance use, violence prevention, and healthcare for unsheltered persons. Under Matt's leadership, the City's mental health budget has increased 7-fold since 2019, increased patients served from 3,500 in 2019 to almost 75,000 in 2022, and led to the integration of mental health professionals into the 911 response system for the first time in city history through the Crisis Assistance Response and Engagement (CARE) program. Matt and the CDPH Behavioral Health team received the

MEET THE SPEAKERS:



A Public Health Approach to the Opioid Crisis in Chicago

Sarah Richardson, MPP, is a Grants Research Specialist at the Chicago Department of Public Health (CDPH), where she has worked for two years in the Office of Substance Use. Before coming to CDPH in this role, Sarah worked on the public health pandemic response as a Chicago Mayoral Fellow, municipal harm reduction and drug policy in Anchorage, Alaska, and international political and economic development in Tbilisi, Georgia. She also served as a Peace Corps Volunteer in Georgia, where she learned to make the world's best Turkish coffee. Sarah has a Master's in Public Policy from the University of Michigan, was a 2023 New Leaders Council Chicago Fellow, and spends her free time studying feminist theory and jumping in Lake Michigan.



Family Connects Chicago: Supporting Birthing People and Newborns

Jessica Wilkerson, BS, earned her Bachelor of Science degree from the University of Nebraska in Education and Human Science with a major in Dietetics. She received her certificate in Core Public Health from the University of North Carolina. Jessica joined the Chicago Department of Public Health Maternal, Infant, Child and Adolescent Health Bureau in the role of Director of Program Operations in 2016. Jessica manages the logistical planning and implementation of Family Connects Chicago, a universal newborn support program for families in Chicago as one way to address infant and maternal mortality in Chicago.



Elizabethkingia spp. Outbreak in a Ventilator-Capable Skilled Nursing Facility, Chicago 2023

Sidney Thigpen, MPH, works for the City of Chicago as an Epidemiologist III in the Healthcare Settings Unit. She currently works closely with multi-drug resistant organism (MDRO) surveillance at skilled nursing facilities and long-term acute care hospitals and assists with point prevalence surveys (PPS) that are conducted at these facilities. By analyzing the data gathered from PPSs, she is able to propose necessary intervention measures and monitor the increase or decrease of MDROs.

MEET THE SPEAKERS:



Community-Led Health Activism in Belmont Cragin: Collaborating for Health Equity and a Better Future

Nancy Valentin is a creative, equity-focused leader who started her career at the Northwest Center in December 2013. She specializes in strategic planning and implementation of start-up projects that are both centered and led by community residents. Today, Nancy is a proud co-leader with the City of Chicago's Department of Public Health for the Healthy Chicago Equity Zones, an initiative part of Healthy Chicago 2025 – the City's community health improvement plan that outlines strategies to close this racial life expectancy gap. Nancy is an incoming MPH student at the University of Illinois at Chicago. Nancy enjoys many hobbies, which include painting, photography, traveling, and writing.



Community-Led Health Activism in Belmont Cragin: Collaborating for Health Equity and a Better Future

Genese (Genny) Turner, she/her, is Director of Health Equity and Strategic Partnerships at Chicago Department of Public Health (CDPH), where she supports the office of Community Health and Equity Zones. Her team leads the City's community health assessment and improvement planning processes and our hyperlocal approach to combatting health inequities through the Healthy Chicago Equity Zones. Along with her team, she establishes/deepens relationships with various stakeholders to explore, suggest and implement new community-led programs, partnerships, and other initiatives. Genny's commitment to fighting inequities started in her early days in corporate America and continues now in her passion to shift power to people most affected by inequities. She is graduate of DePaul University with a Master's in International Public Service, B.S. from Embry Riddle Aeronautical University's Engineering Technology program and holds a Master Certificate in Project Management.



Mpox: A Syndemic Outbreak

Taylor Holly, MPH, currently serves as an epidemiologist within the Syndemic Infectious Disease Bureau at the Chicago Department of Public Health. More specifically she works in HIV prevention, mpox, and viral hepatitis. Prior to her role at CDPH, she worked in pediatric hematology and oncology clinical research at Children's of Alabama. She received her Bachelor of Science in Public Health with a concentration in Health Promotion at Kent State University and then her Masters of Public Health in Epidemiology at the University of Alabama at Birmingham."

END YEAR REVIEW 2022

COMMUNICABLE DISEASE HIGHLIGHTS, 2022–2023

RE-EMERGENCE OF MPOX

During April 17–May 5, 2023, 13 monkeypox (mpox) cases were reported to the Chicago Department of Public Health (CDPH) after 2 months during which only a single case had been reported. The cluster was remarkable because it comprised more than 10 cases at a time when sporadic cases or small clusters (i.e., involving fewer than three cases) were being reported in the United States, and >69% of the persons in this cluster had received 2 doses of JYNNEOS or 1 dose of ACAM2000 vaccine. Although the cause of this cluster has not yet been determined, leading hypotheses include a potential high number of sexual exposures in a network with many vaccinated persons, decreased vaccine effectiveness due to waning of humoral immunity, or vaccine mishandling or administration errors.

EBOLA IN UGANDA

On September 20, 2022, the Ugandan Ministry of Health confirmed an outbreak of Ebola (Sudan virus) in Mubende District, in western Uganda. The outbreak spread to a total of nine districts in Uganda, including the capital district of Kampala. In early October, CDC began notifying state health departments of travelers arriving in the US that had been in Uganda for symptom monitoring. As a result of this outbreak, there were 164 cases with 77 deaths due to Sudan virus in Uganda, including 19 healthcare worker cases.

Chicago was notified of the first traveler arriving to the city from Uganda on October 7, 2022. During this response, Chicago received a total of 71 travelers that had been identified as traveling in Uganda. Of the travelers received, 44 initiated monitoring and 33 travelers completed monitoring for the full 21-day period after they left Uganda.

INVASIVE GROUP A STREPTOCOCCAL DISEASE

Global burden of iGAS in children under 10 years increased in the last quarter of 2022 and Chicago experienced an increased burden in pediatric iGAS in the first quarter of 2023. For the first quarter of 2023, CDPH had received report of 16 cases of iGAS in children under 18, (median age of 6) more than double the average first quarter case count in pre-pandemic years. Preliminary 2023 data from CDC reports that iGAS infections have remained high in children in some areas of the country even after respiratory viruses decreased in those areas and some areas of the country have also seen an increase in iGAS burden in adults, particularly those 65 and older.

Persons at highest risk for iGAS include those over 65 years, persons that are immunocompromised, or persons that have persistent or untreated wounds. Persons experiencing homelessness and intravenous drug users also have a higher risk of acquiring iGAS. Crowded, congregate settings also may enhance disease transmission. CDPH has developed response processes if iGAS cases are associated with healthcare, homeless shelters, drug treatment centers, or schools to prevent additional cases.

END YEAR REVIEW 2022

Morbidity for Selected Infectious Diseases and Events, Chicago 2017-2022¹

| Reportable Disease or Event² | 2017 | 2018 | 2019 | 2020 | 2021 | 5-YR Median | 2022 |
|---|-------------|-------------|-------------|-------------|-------------|--------------------|-------------|
| Cryptosporidiosis | 46 | 71 | 35 | 21 | 54 | 46 | 94 |
| E. coli O157:H7 Disease | 8 | 9 | 11 | 5 | 1 | 8 | 8 |
| E. coli, Shiga toxin-producing (non-O157) | 13 | 20 | 24 | 5 | 31 | 20 | 31 |
| Foodborne disease outbreaks ³ | 8 | 10 | 9 | 3 | 6 | 8 | 8 |
| H. influenzae Invasive Disease | 0 | 0 | 0 | 0 | 0 | -- | 0 |
| H. influenzae Invasive Disease (non-type B) | 25 | 41 | 49 | 24 | 35 | 35 | 55 |
| Hepatitis A (acute) | 34 | 27 | 57 | 9 | 7 | 27 | 9 |
| Hepatitis B (acute) | 3 | 4 | 8 | 6 | 1 | 4 | 1 |
| Hepatitis C (acute) | 11 | 19 | 44 | 62 | 67 | 44 | 65 |
| Histoplasmosis | 47 | 28 | 35 | 25 | 38 | 35 | 49 |
| Legionellosis (Legionnaires' Disease) | 78 | 145 | 158 | 80 | 129 | 129 | 71 |
| Listeriosis | 7 | 5 | 12 | 7 | 12 | 7 | 15 |
| Lyme Disease | 12 | 22 | 36 | 33 | 48 | 33 | 23 |
| Measles | 0 | 3 | 1 | 0 | 0 | -- | 0 |
| Meningococcal Disease (invasive) | 3 | 1 | 2 | 1 | 1 | 1 | 1 |
| MPox | 0 | 0 | 0 | 0 | 0 | -- | 1,118 |
| Mumps | 31 | 133 | 14 | 10 | 5 | 14 | 7 |
| Pertussis | 93 | 98 | 202 | 43 | 14 | 93 | 28 |
| Pneumococcal Disease (invasive) in child aged < 5 yrs | 10 | 1 | 13 | 6 | 2 | 6 | 6 |
| Salmonellosis | 354 | 455 | 394 | 202 | 283 | 354 | 302 |
| SARS-Co-V2 (COVID-19 infection) | -- | -- | -- | 210,443 | 249,375 | -- | 280,872 |
| Shigellosis | 124 | 167 | 219 | 89 | 112 | 124 | 193 |
| Streptococcal Disease, Group A (invasive) | 102 | 87 | 97 | 100 | 81 | 97 | 71 |
| Tuberculosis Disease (active) | 128 | 115 | 124 | 82 | 97 | 115 | 111 |
| Typhoid Fever | 6 | 3 | 5 | 1 | 5 | 5 | 6 |
| Varicella | 69 | 58 | 78 | 27 | 22 | 58 | 48 |
| Staphylococcus aureus, VISA | 1 | 0 | 0 | 0 | 0 | -- | 0 |
| West Nile Virus Infection (neuroinvasive) | 19 | 35 | 3 | 14 | 8 | 14 | 6 |
| Yersiniosis | 5 | 4 | 0 | 0 | 0 | -- | 0 |
| Zika Virus Infection (non-congenital) | 3 | 1 | 0 | 0 | 0 | -- | 0 |

¹ Numbers represent totals as reported at the end of each respective calendar year

² Count include confirmed and probable cases

³ A foodborne disease outbreak is defined as an incident in which two or more persons experience a similar illness and have no other exposures that could account for their illnesses other than food service establishment or meal items.

The **Indoor Air Monitoring for Pathogens program** explores a novel way to monitor airborne pathogens. Indoor air monitoring is not contingent on testing behavior or access to care and it provides spatial granularity and geographic flexibility in placement of monitors.

HOW IS INDOOR AIR MONITORING ADDITIVE?

CDPH utilizes a variety of tools to understand the burden and spread of airborne pathogens (e.g. SARS-CoV-2, influenza, RSV) such as case-based reporting, variant tracking, and wastewater monitoring. The layering of activities allows CDPH to have a more complete picture of community burden of disease, emerging viruses and variants, and potential for outbreaks.



HOW DOES IT WORK?

- In any room that it is placed, the air monitoring device draws in air from all directions through a vent at the top of the machine.
- A cartridge the size of a marker which contains the collection substrate is placed in the device. Air is directed over the sampling cartridge and particles are trapped on the collection substrate.
- When the sampling period is complete, the sampling cartridge is removed and sent to the laboratory for PCR testing.
- All air samples are sent to the Regional Innovative Public Health Laboratory for testing and analysis. RIPHL is a public health/academic partnership with Rush University Medical Center.

INDOOR AIR MONITORING: TODAY AND BEYOND

CDPH piloted air monitoring at five sites throughout the City of Chicago. We successfully placed devices in diverse settings and engaged site staff in cartridge exchange and delivery, routed samples to the laboratory and detected all pathogens of interest. We are working with RIPHL to enhance our laboratory methods to be able to provide data on sequencing of select pathogens and data normalization by factors such as population density and room size. We hope to expand the program validation phase by engaging sites around the city. As with the other monitoring programs, air monitoring is centered on ensuring health equity and representation of all Chicagoans.

PATHOGENS UNDER MONITORING

- SARS-CoV-2
- Influenza A
- Influenza B
- RSV A/B
- Human metapneumovirus
- Streptococcus pneumoniae
- Adenovirus
- Enterovirus



CONTACT US

If your organization is interested in learning more about the Indoor Air Monitoring for Pathogens program and potentially becoming a host site for an air monitoring device, please contact Matthew Bertagna (Matthew.Bertagna@cityofchicago.org)



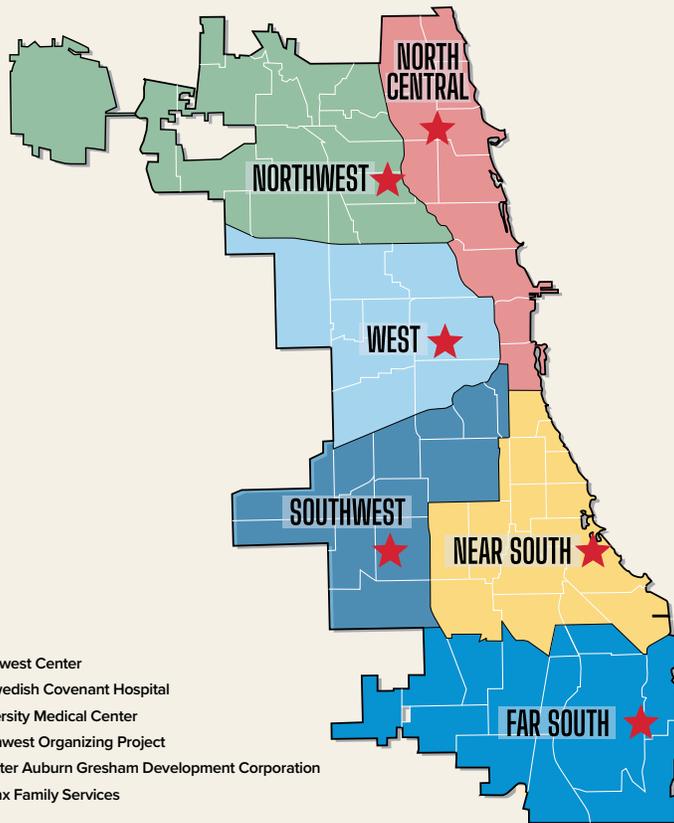


MPOX: TAKEAWAY FOR CLINICIANS

- Healthcare providers are urged to remain diligent in vaccinating and screening vulnerable populations.
 - Vaccination is an important tool in stopping the transmission of mpox, although vaccine-induced immunity is not enough to stop the spread completely. People who are vaccinated should continue to avoid close, skin-to-skin contact with someone who is suspected to have contracted the mpox virus.
 - JYNNEOS is a 2-dose vaccine approved for the prevention of mpox and smallpox. All eligible Chicagoans should receive both doses of the vaccine for the best protection against the mpox virus. The second dose should be given 4 weeks after the first dose. If more than 35 days has elapsed since the first dose was given, providers should administer the second dose as soon as possible. Vaccine boosters are not recommended at this time.
 - CDPH encourages healthcare providers to adopt a syndemic approach to addressing mpox and including incorporating mpox, STI and HIV screening, treatment and prevention into existing sexual health services.
- **When evaluating patients:**
 - Conduct a detailed sexual history for all patients with a suspected mpox infection.
 - Perform a thorough physical examination of the skin and mucosa to determine if patients have characteristics of a vesiculo-pustular rash. Patients may not be aware of present rashes.
 - Differential diagnoses can include HSV, syphilis, herpes zoster, disseminated varicella infection and molluscum contagiosum among others. Some patients may have concurrent sexually transmitted infections (STIs). An STI diagnosis does not rule out mpox.
 - Screen patients for HIV. If individuals are seropositive, ensure the patient is connected to HIV care. Advanced HIV disease increases the risk for severe mpox. If seronegative, counsel the patient on the benefits of HIV pre-exposure prophylaxis (PrEP) and, if interested, connect patient to a HIV PrEP provider.

HEALTHY CHICAGO EQUITY ZONES

Healthy Chicago Equity Zones (HCEZ) are hyper-local partnerships established to achieve the *Healthy Chicago 2025* goal: closing the racial life expectancy gap in our city. **They ensure that community members have power and resources to identify local assets and challenges, and develop solutions that meet their most pressing needs.** The Chicago Department of Public Health (CDPH) has established **six HCEZs** (geographic areas) led by regional and community lead organizations (the full HCEZ organizational network is shown on the back). To date, the Chicago Department of Public Health has invested \$28 Million to fund the Healthy Chicago Equity Zones work.



HCEZS IN ACTION

HCEZs are equity-centered and people-powered to champion resilient communities

Regional and community leads strengthen local capacity to:

- 1 Collect and analyze local data
- 2 Identify community health priorities
- 3 Build and expand a network of cross-sector partnerships
- 4 Implement community-led solutions
- 5 Generate and disseminate culturally responsive public health messages and education
- 6 Lead grassroots outreach and engagement
- 7 Conduct community-based research
- 8 Advance policy, system, and environmental changes to improve health and address the root causes of health inequities



Between December 2021 and July 2022, HCEZs led **1,912 hyper-local COVID-19 vaccination outreach activities**, reaching **over 161,682 residents** and supporting **21,614 vaccinations**.



HCEZ Regional/Community Leads **promoted fentanyl test kit community builds** to help prevent opioid overdoses across all six regions.



Four HCEZ regions are working with the Illinois Public Health Institute to increase access to **diabetes prevention programs**.

...and this is just the beginning of what the HCEZs will accomplish...

<http://www.chicago.gov/hcez>

HCEZ PARTNERS

REGION

| Far South | Near South | North/Central | Northwest | West | Southwest |
|-----------|------------|---------------|-----------|------|-----------|
|-----------|------------|---------------|-----------|------|-----------|

REGIONAL LEAD ORGANIZATION (DIRECTLY FUNDED BY CDPH)

| | | | | | |
|-------------------------|--|------------------|------------------|--|------------------------------|
| Phalanx Family Services | Greater Auburn Gresham Development Corporation | Swedish Covenant | Northwest Center | Rush University Medical Center (on behalf of West Side United) | Southwest Organizing Project |
|-------------------------|--|------------------|------------------|--|------------------------------|

COMMUNITY LEAD ORGANIZATIONS (INDIRECTLY FUNDED BY CDPH THROUGH REGIONAL LEAD)

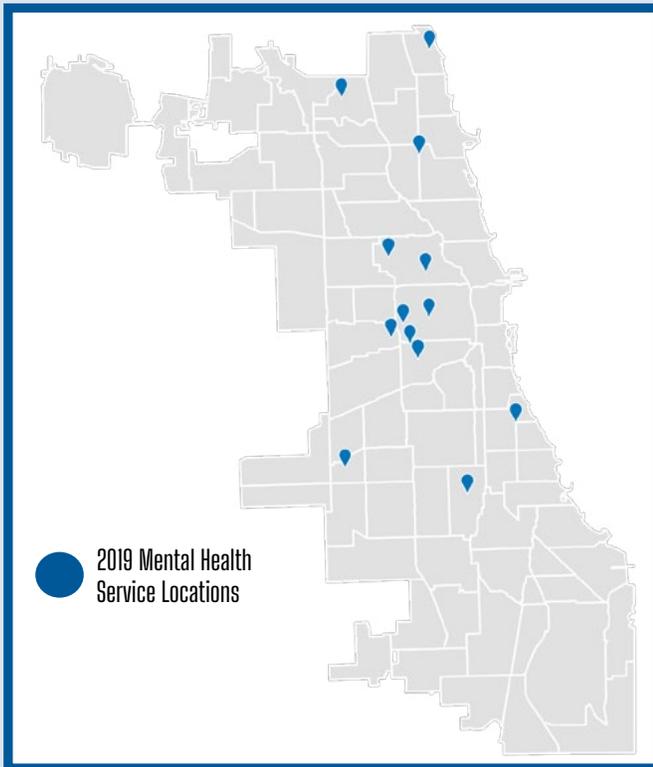
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|---|---------------------------------|--------------------------------------|------------------------------|----------------------------|--|
| Morgan Park Roots Community Organization | Bright Star Community Outreach | APNA GHAR | Palenque LSNA | Austin Coming Together | Envision Community Services |
| Graduates Over Guns Corp | Centers for New Horizons | Common Pantry | Metropolitan Family Services | Breakthrough | Esperanza Health Centers |
| Kids Off the Block | Chesterfield Community Services | EverThrive Illinois | North River Commission | Enlace | Increase The Peace and La Casa Norte |
| New Covenant Harvest Kingdom of God Ministries | Chicago Family Health Center | ICNA Relief | | Equal Hope | Midwest Asian Health Association |
| New Generation Fancy Drill Team | Project Hood | Lutheran Social Services of Illinois | | Erie Family Health Centers | PODER |
| People for Community Recovery | South Shore Works | Rohingya Cultural Center | | Esperanza Health Centers | Southwest Collective |
| Southeast Calumet Heights Homeowners Association | Teamwork Englewood | Tapestry 360 | | Sinai Community Institute | The Resurrection Project at Casa Hidalgo |
| Youth Advocacy Foundation | The Kindness Campaign | Thresholds | | Erie Neighborhood House | |
| Hegewisch Times | UChicago Medicine | C4 | | | |
| National A. Phillip Randolph Pullman Museum/Roses in Roseland | | Family Matters | | | |

#ALL77

From Shuttered Clinics to Mental Health Services in Every Neighborhood

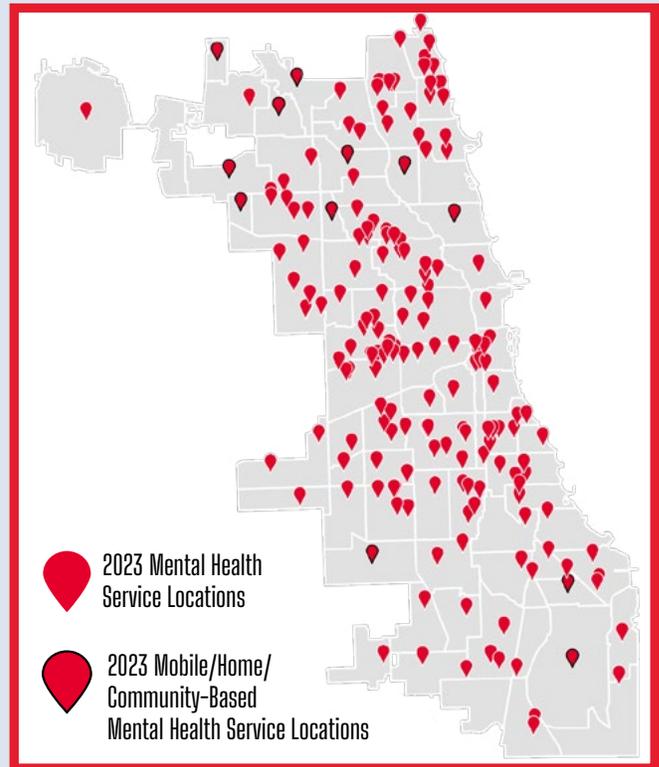
2019

City of Chicago Funded Mental Health Services



2023

City of Chicago Funded Mental Health Services



* Funded by the City of Chicago to provide no-barrier mental health services regardless of a patient's income, health insurance, or immigration status. Map does not include clinical care now offered in 80 homeless shelters across the city.

TO GET CONNECTED TO MENTAL HEALTH SERVICES IN YOUR
NEIGHBORHOOD, GO TO [MENTAL HEALTH.CHICAGO.GOV](https://mentalhealth.chicago.gov) - OR - CALL 211

UN  SPOKEN



CITY OF CHICAGO TRAUMA INFORMED CENTERS OF CARE NETWORK

- ★ Providers include Community Mental Health Centers (CMHCs), Federally Qualified Health Centers (FQHCs), and Community- Based Organizations (CBOs), along with CDPH’s directly operated mental health clinics and extension clinics. These organizations are funded by city/county/state/ federal governments to provide no-barrier mental health services to residents regardless of health insurance status, immigration status, or ability to pay.

Access Community
Health Network

Ada S. McKinley
Community Services

Alivio Medical Center

Alternatives, Inc

Apna Ghar

Asian Human Services

Asian Human Services
Family Health Center

Aunt Martha’s Health
and Wellness

Bobby E. Wright
Comprehensive Behavioral
Health Center

BUILD

Carolina Therapeutic
Services (CTS Health)

Catholic Charities

CDPH Mental Health Clinics
and Extension Clinics

Chicago Family Health Center

Chinese American
Service League (CASL)

Christian Community
Health Center

Community Counseling
Centers of Chicago (C4)

Enlace

Envision Unlimited

Erie Family Health Center

Erie Neighborhood House

Esperanza

Friend Family Health Center

Gads Hill Center

Habilitative Systems, Inc (HSI)

Hamdard Center

Healthcare Alternative
Systems (HAS)

Heartland Alliance Health

Howard Brown Health

I Am Able

Infant Welfare Society

Inner-City Muslim Action
Network

Lawndale Christian
Health Center

Lutheran Social Services
of Illinois (LSSI)

Metropolitan Family
Services

Midwest Asian Health
Association (MAHA)

Near North Health Service
Corporation

Nourishing Hope

PCC Community Wellness
Center

Pilsen Wellness Center

PrimeCare Health

Saint Anthony Hospital

Sinai Health

St. Bernard Hospital

Tapestry 360 Health

TCA Health

Thresholds

Trilogy Behavioral
Healthcare

UIC Miles Square

YWCA Metropolitan



Vaccines for a “triple-demic”: Suggested talking points

- **We will have vaccines to protect against COVID-19, the flu, and RSV this fall.**
 - COVID-19, the flu, and RSV are all respiratory illnesses that are expected to spike in the fall and winter.
 - Getting vaccinated against these viruses can help us prevent a triple-demic.
 - Our COVID-19 vaccines and flu shots are being updated to target currently circulating strains of their respective virus.
 - The CDC recently approved the first RSV vaccines for older adults.
 - Each of these new and updated shots is expected to be available by fall.
- **All three vaccines will be especially important for older adults.**
 - Older adults are especially vulnerable to severe illness, hospitalization, and death if infected with any of these viruses, which is why vaccines are so important for this population.
 - We don't know yet who will be eligible for the updated COVID-19 vaccines, but they will most likely be available to older adults and immunocompromised individuals.
 - The annual flu shot is recommended for anyone ages 6 months and older.
 - The new RSV vaccines will only be available to adults ages 60 and older, but an RSV vaccine for pregnant people to protect newborns is going through the FDA approval process.
 - While RSV is most common among infants and young kids, it is also dangerous to older adults. The virus may lead to as many as [160,000 hospitalizations and 10,000 deaths](#) among adults ages 65 and older every year.
- **Talk to your doctor about what vaccines you should get and when you should get them.**
 - For RSV vaccines, the CDC recommends older adults talk to their doctor to determine if they should get a shot.
 - While experts are still figuring out if people should get all three vaccines at the same time, we do know that the COVID-19 vaccine and flu shot work well when given together.
 - Everyone, especially older adults and immunocompromised individuals, should talk to their health care provider within the next couple of months about how to stay safe against COVID-19, the flu, and RSV this winter.



Vaccines for a “triple-demic”: Frequently asked questions

1. What is a triple-demic, and how can we prevent one from happening?

We experienced a triple-demic last winter when we saw an overlapping surge of COVID-19, the flu, and RSV. Each of these respiratory illnesses is expected to spike again when colder weather arrives. In order to prevent another triple-demic from happening this winter, scientists are working to develop new and updated vaccines. By fall, we are expected to have updated COVID-19 vaccines and flu shots that target more recent strains of their respective virus. We will also have our first-ever RSV vaccines for older adults. Getting these shots can help lower your chance of getting infected and decrease the spread of the viruses across the country, preventing another triple-demic.

2. What do we know about the new RSV vaccines?

The CDC approved two RSV vaccines last month for adults ages 60 and older, but the agency recommends that patients talk to their doctor to determine if they should get a shot. The clinical trials for both RSV vaccines reported three neurological cases each, including Guillain-Barré syndrome, within 42 days of vaccination among about 40,000 people. But the trials were too small to determine whether the vaccines caused those cases or the cases occurred by chance. The FDA and CDC will continue to closely monitor the RSV vaccines for adverse effects. Both RSV vaccines proved to be very effective at preventing severe illness from the virus for at least one virus season.

3. Is it safe to get the vaccines for COVID-19, the flu, and RSV in one appointment?

We don't have enough data yet to know whether it's a good idea for people to get all three vaccines in one appointment, but we do know that a COVID-19 vaccine and flu shot work well when given together. Some research has suggested that the RSV and flu vaccines produce lower levels of antibodies when given together, but it's unclear exactly how much lower. The CDC is expected to provide more guidance on the coadministration of the COVID-19, flu, and RSV vaccines in the coming weeks. For now, talk to your doctor about what vaccines you should get and when you should get them in order to be protected this winter.



Puntos de conversación: Vacunas para una “triple epidemia”

- **Este otoño tendremos vacunas contra el COVID-19, la gripe y el VRS.**
 - El COVID-19, la gripe y el VRS son enfermedades respiratorias cuya ocurrencia se espera que aumente en otoño e invierno.
 - Vacunarse contra estos virus puede ayudarnos a prevenir una triple epidemia.
 - Nuestras vacunas contra el COVID-19 y la gripe están siendo actualizadas para hacer frente a las cepas circulantes de sus respectivos virus.
 - Los CDC recientemente aprobaron las primeras vacunas contra el VRS para adultos mayores.
 - Se espera que todas estas vacunas nuevas y actualizadas estén disponibles para el otoño.
- **Las tres vacunas serán especialmente importantes para los adultos mayores.**
 - Los adultos mayores son especialmente vulnerables a padecer un cuadro grave, ser hospitalizados y morir si contraen cualquiera de estos virus, razón por la cual las vacunas son tan importantes para esta población.
 - Aún no sabemos quién podrá recibir las vacunas actualizadas contra el COVID-19, pero lo más probable es que estén disponibles para los adultos mayores y las personas inmunodeprimidas.
 - La vacuna anual contra la gripe se recomienda a partir de los 6 meses de edad.
 - Las nuevas vacunas contra el VRS solo estarán disponibles para adultos a partir de los 60 años, pero hay una vacuna contra el VRS en proceso de aprobación por la FDA para personas embarazadas con el fin de proteger a los recién nacidos.
 - Aunque el VRS es más frecuente en lactantes y niños pequeños, también es peligroso para los adultos mayores. El virus puede provocar cada año hasta [160,000 hospitalizaciones y 10,000 muertes](#) entre adultos de 65 o más años de edad.
- **Hable con su médico sobre cuáles vacunas debe ponerse y cuándo hacerlo.**
 - En el caso de las vacunas contra el VRS, los CDC recomiendan que los adultos mayores hablen con su médico para determinar si deben vacunarse.
 - Aunque los expertos todavía están estudiando si las personas deben recibir las tres vacunas al mismo tiempo, sabemos que la vacuna contra el COVID-19 y la vacuna contra la gripe funcionan bien cuando se administran juntas.
 - Todos, especialmente los adultos mayores y las personas inmunodeprimidas, deben hablar con su proveedor de atención médica en los próximos dos meses sobre cómo mantenerse a salvo del COVID-19, la gripe y el VRS este invierno.



Preguntas frecuentes: Vacunas para una “triple epidemia”

1. ¿Qué es una triple epidemia, y cómo podemos evitar que suceda?

El invierno pasado sufrimos una triple epidemia al superponerse el COVID-19, la gripe y el VRS. Se prevé que cada una de estas enfermedades respiratorias vuelva a repuntar con la llegada del frío. Para evitar que en este invierno se produzca otra triple epidemia, los científicos están desarrollando vacunas nuevas y actualizadas. Se espera que para el otoño tengamos versiones actualizadas de las vacunas contra el COVID-19 y la gripe específicas para las cepas más recientes de sus respectivos virus. También dispondremos por primera vez de vacunas contra el VRS para adultos mayores. Estas vacunas pueden ayudar a reducir las probabilidades de infección y disminuir la propagación de los virus por todo el país, evitando así otra triple epidemia.

2. ¿Qué sabemos sobre las nuevas vacunas contra el VRS?

Los CDC aprobaron el mes pasado dos vacunas contra el VRS para adultos a partir de los 60 años, pero la agencia recomienda que los pacientes hablen con su médico para determinar si deben vacunarse. Para ambas vacunas contra el VRS, los estudios clínicos informaron de tres casos neurológicos cada uno entre unas 40,000 personas, incluido el síndrome de Guillain-Barré, en los 42 días siguientes a la vacunación. Pero los estudios fueron demasiado pequeños para determinar si las vacunas causaron esos casos o si se produjeron por casualidad. La FDA y los CDC seguirán vigilando de cerca las vacunas contra el VRS para detectar efectos adversos. Ambas vacunas contra el VRS demostraron ser muy eficaces para prevenir la enfermedad grave provocada por el virus durante al menos una temporada del mismo.

3. ¿Es seguro vacunarse contra el COVID-19, la gripe y el VRS en una sola visita?

Aún no tenemos información suficiente para saber si es una buena idea que las personas reciban las tres vacunas en una sola cita, pero sí sabemos que la vacuna contra el COVID-19 y la vacuna contra la gripe funcionan bien cuando se administran juntas. Algunas investigaciones han sugerido que las vacunas contra el VRS y la gripe producen niveles más bajos de anticuerpos cuando se administran juntas, pero no está claro cuánto más bajos exactamente. Se espera que los CDC proporcionen más recomendaciones sobre la administración conjunta de las vacunas contra el COVID-19, la gripe y el VRS en las próximas semanas. Por ahora, hable con su médico sobre qué vacunas debe ponerse y cuándo debe hacerlo para estar protegido este invierno.



**Vaccines for COVID-19,
the flu, and RSV are
coming this fall to**

*help us avoid
a tripledemic.*



**Las vacunas contra el
COVID-19, la gripe y el
VRS estarán disponibles
en el otoño para**

*ayudarnos a prevenir
una tripledemia.*

ADDITIONAL RESOURCES:



Healthy Chicago 2025

Healthy Chicago 2025, launched on September 17, 2020, reflects the work of hundreds of community members and organizations to assess the current status of our communities and organizations and develop approaches to strengthen neighborhood vitality and system coordination.

Healthy Chicago 2025 assessment was led by the Chicago Department of Public Health (CDPH) in collaboration with the Partnership for Healthy Chicago, a coalition of over 40 stakeholders representing the broad spectrum of Chicago's public health system. Healthy Chicago 2025 followed the Mobilizing for Action through Planning and Partnerships framework, developed by the Centers of Disease Control and Prevention (CDC) and the National Association for County and City Health Officials.

Healthy Chicago 2025 Vision: A city where all people and all communities have power, are free from oppression and are strengthened by equitable access to resources, environments and opportunities that promote optimal health and well-being.

[Click here to access the Healthy Chicago 2025 report.](#)



Healthy Chicago Equity Zones Playbook

The Healthy Chicago Equity Zones initiative deploys hyper-local strategies to confront the social and environmental factors that contribute to health and racial inequity – with the ultimate goal of closing Chicago's racial life expectancy gap. Efforts have begun with community leadership of COVID-19 vaccination campaigns, including outreach and engagement during 2021 focused on increasing COVID-19 vaccination rates, and evolve to confront factors that contribute to health and racial disparities, including healthcare and social service access, food access, housing conditions, community safety, and the physical and built neighborhood environment.

[Click here to access the Healthy Chicago Equity Zones webpage.](#)

ADDITIONAL RESOURCES:



2021 Data Brief – The State of Health for Blacks in Chicago

The Chicago Department of Public Health (CDPH) has produced many reports and briefs that describe racial inequities, specifically between Blacks and other race-ethnicity groups—and especially on the south and west sides of the city. But this brief is the first of its kind for CDPH. As part of an effort to amplify Black voices within CDPH, a group of five Black women formed the Health Equity Index Committee (HEIC). Through this working group, we applied our diverse skills and expertise—including data analysis, community engagement, and research—to present a unique perspective on how to define, measure, analyze and discuss health and health equity for Black Chicagoans.

[Click here to access the report on The State of Health for Blacks in Chicago.](#)



Opioid Surveillance Report

This report provides key data on opioid-related overdose in Chicago, who is affected by opioid-related overdose deaths, where opioid-related overdose deaths occur, and what types of opioids are involved in opioid-related deaths.

[Click here to access the Opioid Surveillance Report.](#)