

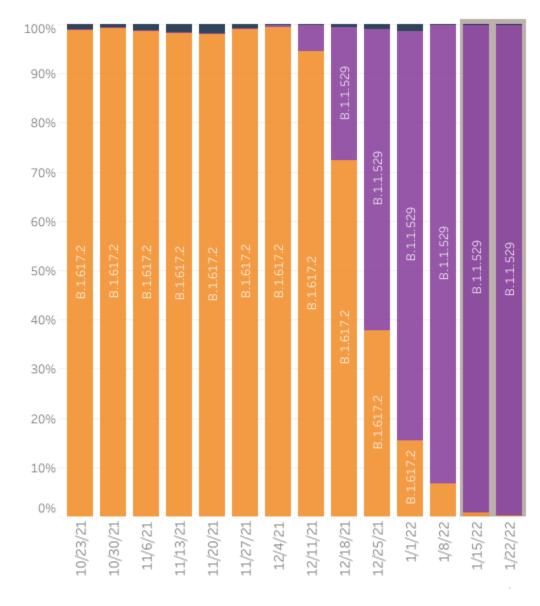
Ask Dr. Arwady

2/3/2022

Guest: Stephanie Gretsch, Epidemiologist, Chicago Department of Public Health

Variant Surveillance, Midwest: It's nearly ALL Omicron





Omicron (99.8%)

Delta (0.2%)

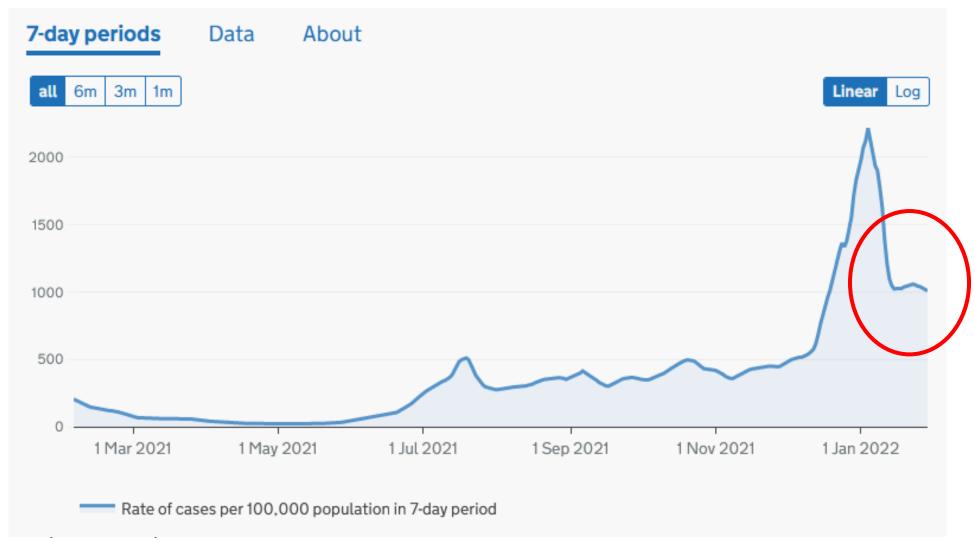
Other (0.0%)

- Omicron subvariant BA.2 detected in Chicago.
- Remains uncommon but we expect to see the proportion increase among Omicron samples.
- Not clear that there are major differences in outcomes, following closely. No new issues with vaccine effectiveness at this point.
- Cases continue to increase in Denmark, and decrease has slowed in UK, possibly as a result of more BA.2. But in South Africa, higher proportion of BA.2 has not led to increased cases.

https://covid.cdc.gov/covid-data-tracker/#variant-proportions



United Kingdom: COVID-Case Rate per 100,000





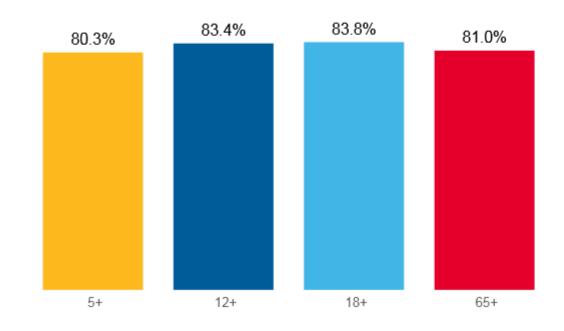
Chicago COVID-19 Community Transmission and Risk Matrix

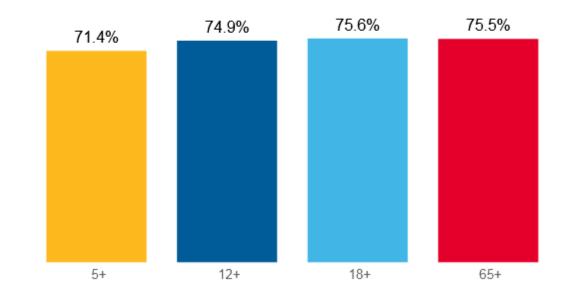
	VERY HIGH TRANSMISSION	HIGH TRANSMISSION	SUBSTANTIAL TRANSMISSION	LOWER Transmission	LOW TRANSMISSION
COVID-19 CASES DIAGNOSED PER DAY Chicago residents - 7-day rolling daily average	800+ Current: 889 Decreasing	400 – 799	200 – 399	20 - 199	<20
COVID-19 TEST POSITIVITY Chicago residents - 7-day rolling daily average	10%+	6.6 – 9.9%	5.0 - 6.5%	2 - 4.9% Current: 4.1% Decreasing	<2%
HOSPITAL BEDS (NON-ICU) OCCUPIED BY COVID PATIENTS Chicago hospitals - 7-day rolling daily average	1250+	750 - 1249 Current: 982 Decreasing	250 - 749	100 – 249	<100
ICU BEDS OCCUPIED BY COVID PATIENTS Chicago hospitals - 7-day rolling daily average	400+	300 - 399	100 - 299 Current: 232 Decreasing	20 – 99	<20

Citywide Vaccination Rate Almost ¾ of Chicagoans 12+ are FULLY Vaccinated

At least one dose (% vaccinated as of 2/1/2022)

Completed vaccine series (% vaccinated as of 2/1/2022)



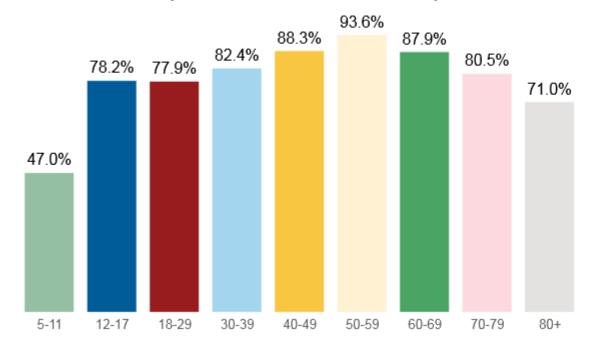




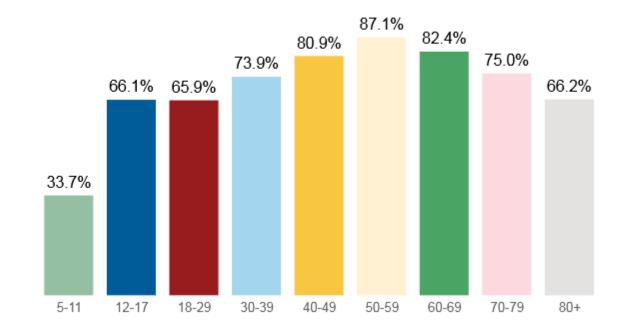
Citywide Vaccination Rate by Age

Approaching 50% of 5-11 y/o in Chicago who have received their first dose of COVID vaccine

At least one dose (% vaccinated as of 2/1/2022)



Completed vaccine series (% vaccinated as of 2/1/2022)





We are here

The road to vaccine authorization for kids under 5

	PFIZER-BIONTECH
Clinical trial The drug companies compile safety and efficacy data from their clinical trial and ask the FDA to extend the emergency use authorization for the vaccine to this age group.	Application filed (Feb. 1)
2. FDA advisory panel vote The panel votes on whether the benefits of the vaccine outweigh the risks, based on data from the clinical trial and presentations from federal scientists.	Meeting on Feb. 15
3. FDA authorization The agency weighs the advisory panel vote and decides whether to extend emergency use authorization to this age group.	After the FDA advisory panel vote
4. CDC advisory panel vote The panel votes on whether the newly FDA- authorized vaccine should be recommended for all children in this age group or only certain subgroups of children.	After the FDA authorization
5. CDC recommendation CDC Director Rochelle Walensky decides whether to endorse the advisory panel's decision.	After the CDC advisory panel vote
6. Available to the public Pediatric shots start going out to pediatricians' offices and pharmacies.	After the CDC recommendation

PEIZER-RIONTECH



FAMILY COVID VACCINE CLINICS

ADULT AND PEDIATRIC VACCINE DOSES & BOOSTERS AVAILABLE

RICHARD J. DALEY COLLEGE

7500 S Pulaski Rd

Saturdays, 9am-2pm Jan. 22 & Feb.12

WILBUR WRIGHT COLLEGE

4300 N Narragansett Ave

Sundays, 9am-2pm Jan. 23 & Feb.13

KENNEDY-KING COLLEGE

6301 S Halsted St

Saturdays, 9am-2pm Jan. 29 & Feb.19

OLIVE-HARVEY COLLEGE

10001 S Woodlawn Ave

Sundays, 9am-2pm Jan. 30 & Feb.20

TRUMAN COLLEGE

1145 W. Wilson Ave

Saturdays, 9am-2pm Feb. 5 & Feb.26

MALCOLM X COLLEGE

1900 W Jackson Blvd

Sundays, 9am-2pm Feb. 6 & Feb.27

CHICAGO

Mayor Lori E. Lightfoot

REGISTER:

rebrand.ly/YouthVax (312) 746-4835

SATURDAY

SUNDAY

Need a vaccine or a booster? Have questions?

visit CHL.GOV/COVIDVAX

or call 312-746-4835







Influenza Surveillance in Chicago 2/3/2022



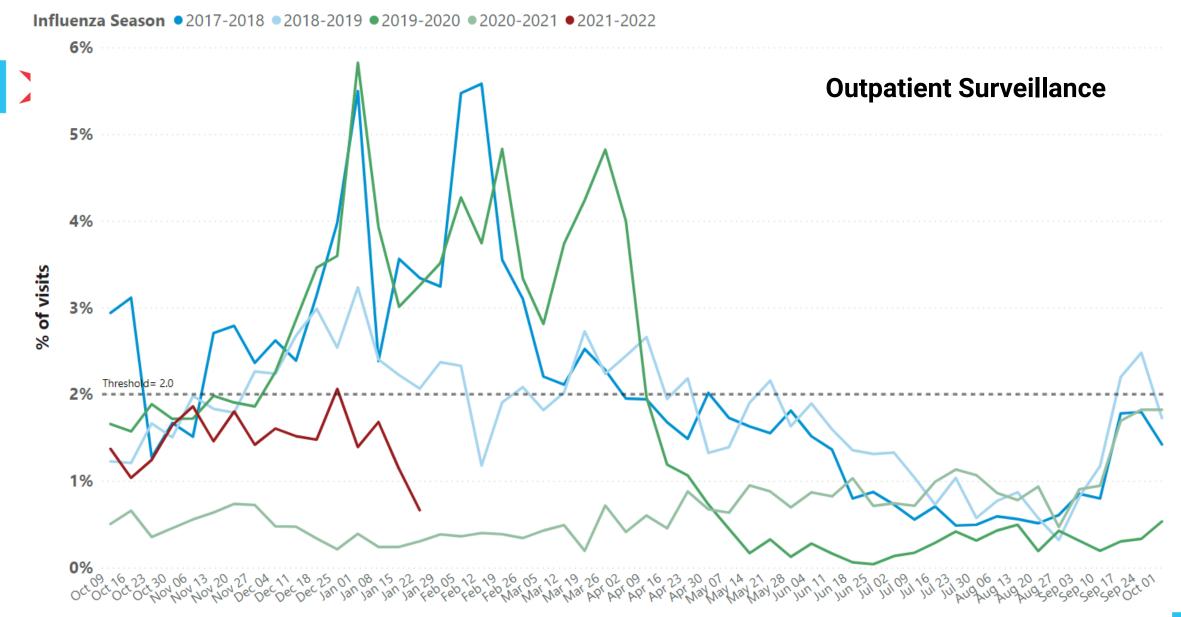
- Find out when and where influenza activity is occurring
- Determine what influenza viruses are circulating and detect changes in influenza virus
- Measure the burden of severe illness caused by influenza and describe risk factors for severe disease
- Provide guidance for management of outbreaks in high-risk settings



- Find out when and where influenza activity is occurring
 - Outpatient illness surveillance (ILINet)
 - Measure the percent of outpatient visits due to influenza-like illness
 - Emergency department illness surveillance
 - Measure the percent of emergency department visits due to influenza-like illness
 - Sentinel laboratory surveillance
 - Measure the number and percent of specimens positive for influenza

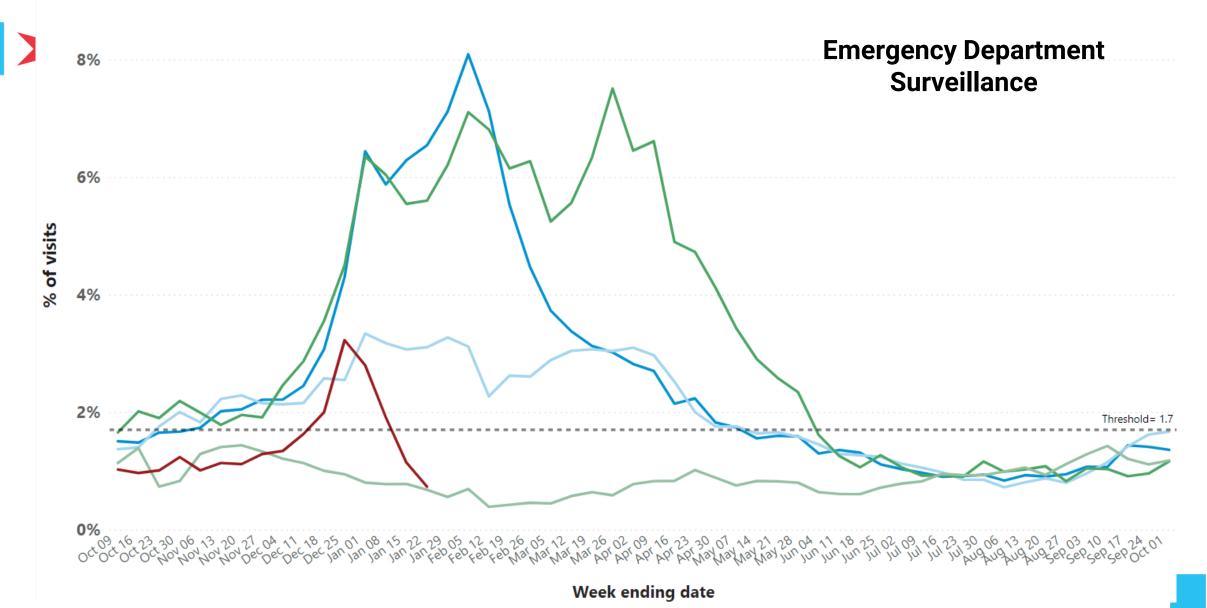






Percent of ED visits attributed to influenza-like illness for Chicago zip codes based on chief complaint data submitted to ESSENCE

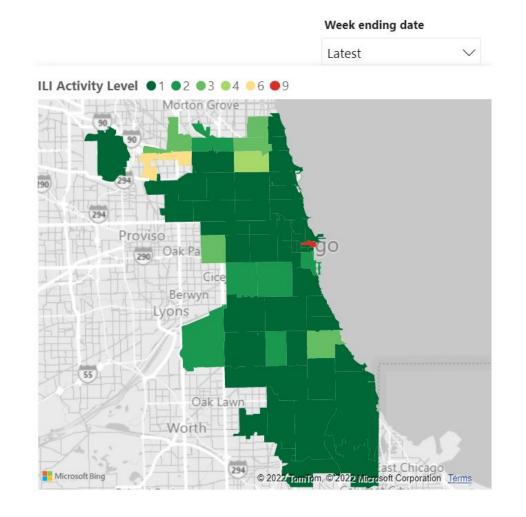
Influenza Season • 2017-2018 • 2018-2019 • 2019-2020 • 2020-2021 • 2021-2022

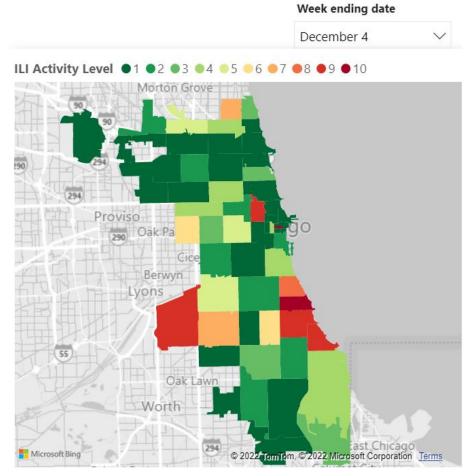




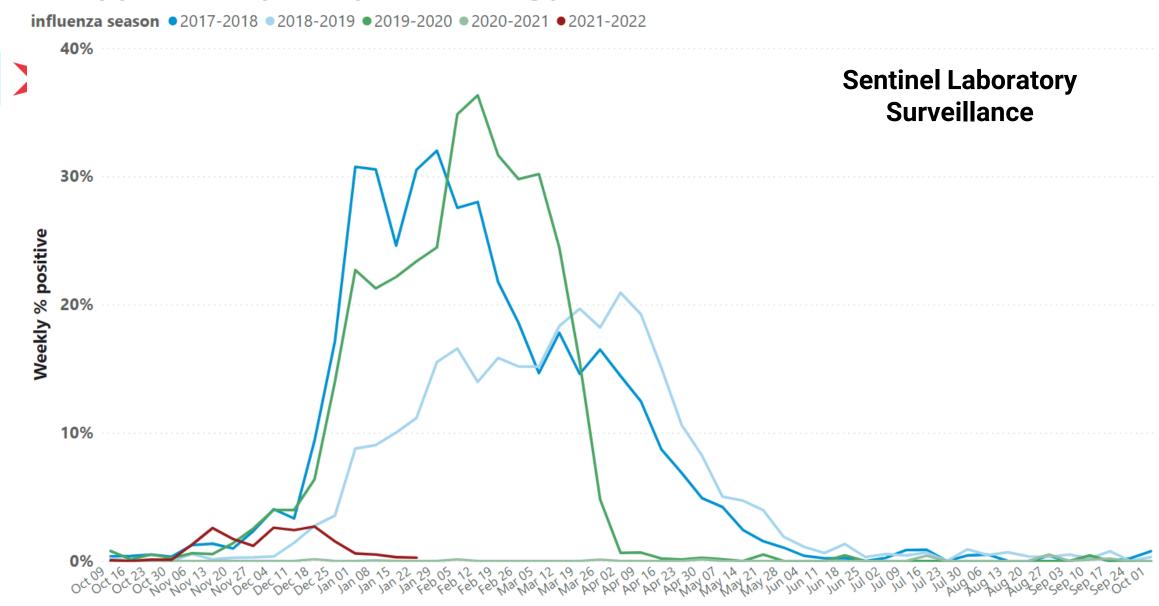
Influenza-like Activity Maps

Emergency Department Surveillance



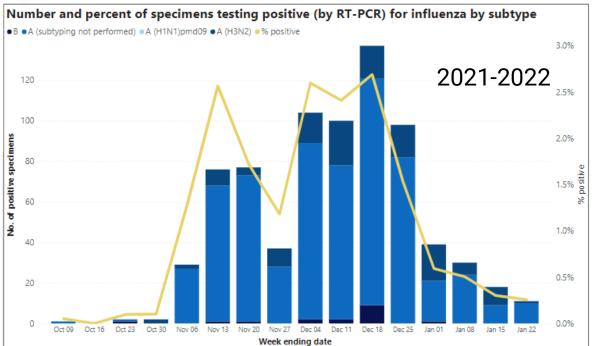


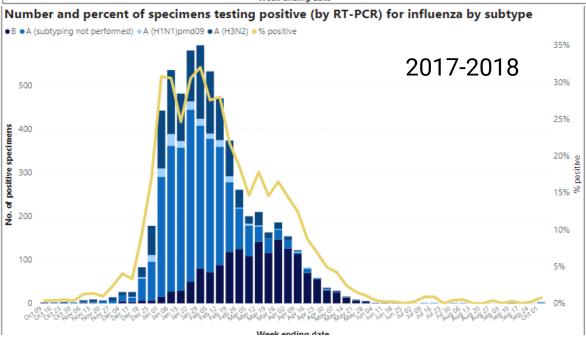
Weekly percent of reported specimens testing positive for influenza





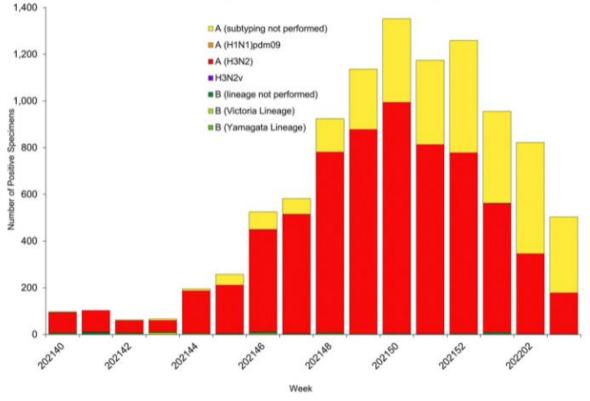
- Determine what influenza viruses are circulating and detect changes in influenza virus
 - Sentinel laboratory surveillance
 - Monitor the subtypes of influenza viruses detected at Chicago laboratories
 - Surveillance for novel influenza A viruses
 - Infections due to influenza A viruses that are subtyped as nonhuman in origin and those that cannot be subtyped with standard laboratory methods and reagents are immediately reportable in Illinois
 - Virus characterization at CDC
 - Assess how similar the currently circulating influenza viruses are to viruses used to produce current influenza vaccines
 - Monitor evolutionary changes
 - Determine susceptibility to antivirals





Sentinel Laboratory Surveillance

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, October 3, 2021 – January 22, 2022



https://www.cdc.gov/flu/weekly/index.htm. Accessed 2/3/2022



	Genetic Characterization					
Virus Subtype or Lineage	Total No. of Subtype/Lineage Tested	HA Clade	Number (% of subtype/lineage tested)	HA Subclade	Number (% of subtype/lineage tested)	
A/H1	3					
		6B.1A	3 (100%)	5a.1	2 (66.7%)	
				5a.2	1 (33.3%)	
A/H3	437					
		3C.2a1b	437(100%)	1a	1 (0.2%)	
				1b	1 (0.2%)	
				2a	0	
				2a.1	0	
				2a.2	435 (99.5%)	
		3C.3a	0	3a	0	
B/Victoria	20					
		V1A	20 (100%)	V1A	0	
				V1A.1	0	
				V1A.3	9 (45.0%)	
				V1A.3a	0	
				V1A.3a.1	0	
				V1A.3a.2	11 (55.0%)	

Antiviral susceptibility testing at CDC

Antiviral Medication		Total Viruses	A/H1	A/H3	B/Victoria	B/Yamagata	
Neuraminidase Inhibitors	Oseltamivir	Viruses Tested	484	3	461	20	0
		Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
		Highly Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
	Peramivir	Viruses Tested	484	3	461	20	0
		Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
		Highly Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
	Zanamivir	Viruses Tested	484	3	461	20	0
		Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
		Highly Reduced Inhibition	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)
PA Cap-Dependent Endonuclease Inhibitor	Baloxavir	Viruses Tested	479	3	456	20	0
		Reduced Susceptibility	(0.0%)	(0.0%)	(0.0%)	(0.0%)	(0.0%)

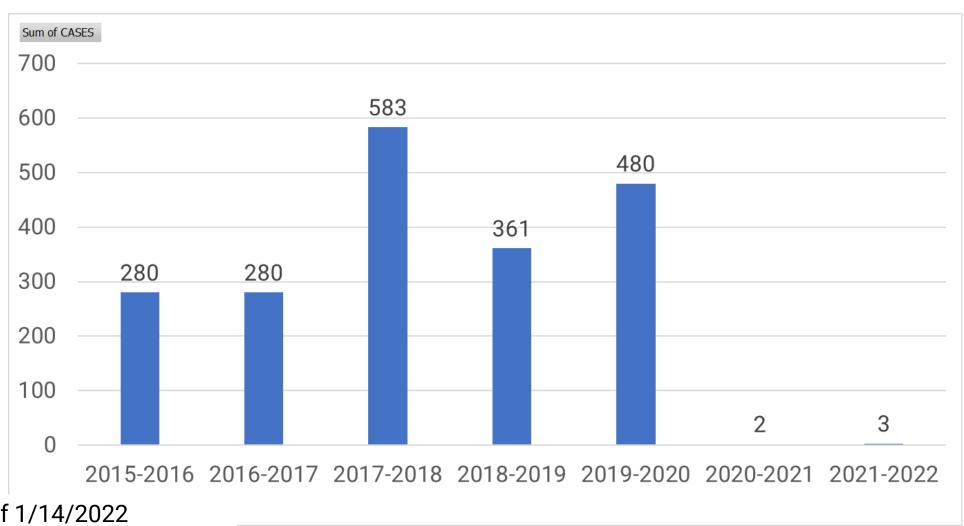


- Measure the burden of severe illness caused by influenza and describe risk factors for severe disease
 - ICU hospitalization surveillance
 - Mortality surveillance
 - Pediatric influenza-associated deaths
 - Preliminary death certificate data to monitor the percent of all deaths due to pneumonia or influenza

Number of Influenza-Associated ICU Hospitalizations



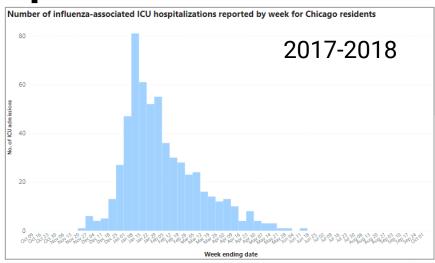
1,989 reported cases since the 2015-2016 season

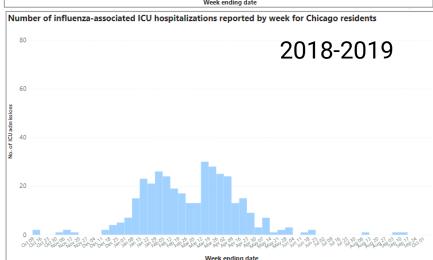


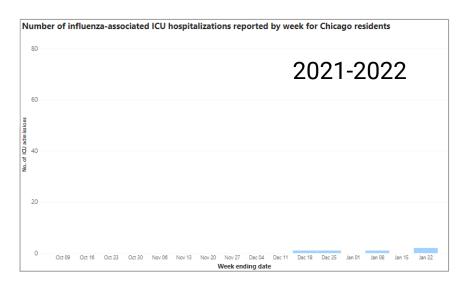
Data as of 1/14/2022



Influenza-Associated ICU ***** Hospitalizations







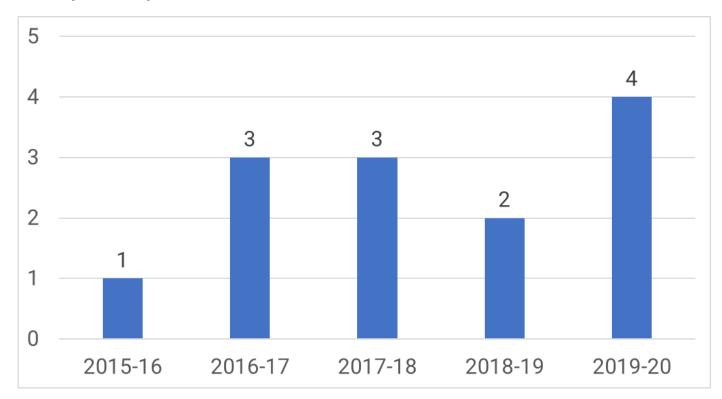
Group	Current Week Count	Current Week %	Cumulative Count	Cumulative %
отобр	Current Week Count	Current Week 70	Camalative Count	Camalative x
☐ Citywide				
Citywide	2	100.0%	5	100.09
⊟ Age				
0-4	0	0.0%	0	0.09
5-17	0	0.0%	0	0.09
18-24	0	0.0%	0	0.09
25-49	1	50.0%	2	40.09
50-64	1	50.0%	2	40.09
65+	0	0.0%	1	20.09
Unknown	0	0.0%	0	0.09
☐ Gender				
Female	1	50.0%	2	40.09
Male	1	50.0%	3	60.09
□ Race-Ethnicity				
Latinx	1	50.0%	2	40.09
Black Non-Latinx	0	0.0%	0	0.0
White Non-Latinx	0	0.0%	2	40.0
Asian Non-Latinx	0	0.0%	0	0.0
Other Non-Latinx	1	50.0%	1	20.0
Unknown-Race	0	0.0%	0	0.0

Pediatric Influenza-associated Deaths



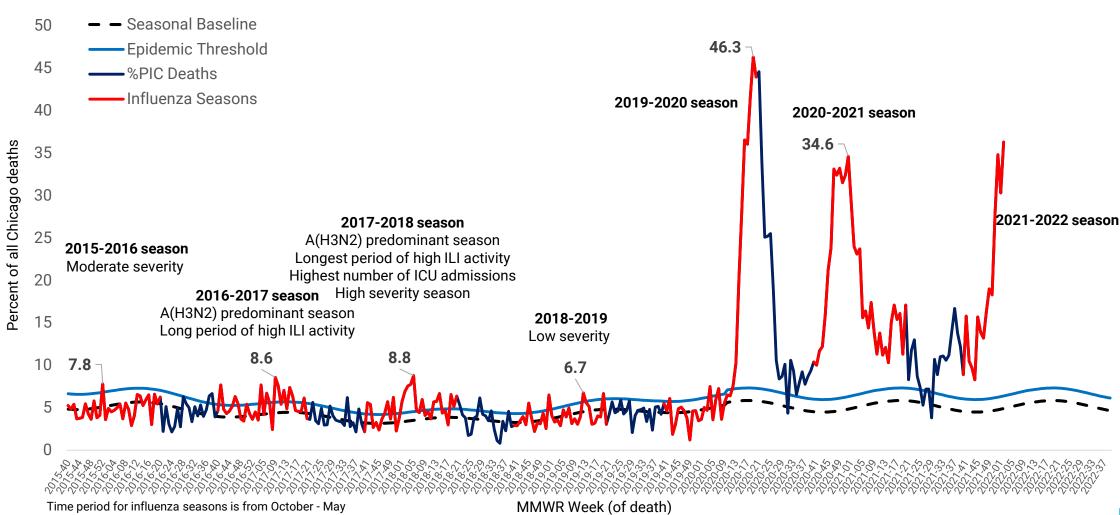
• Hospital infection control departments report cases in I-NEDSS

13 reported pediatric deaths since the 2015-2016 season



*

Mortality Surveillance: Pneumonia/Influenza/COVID-19 (PIC)





- Provide guidance for management of outbreaks in high-risk settings
 - Outbreaks of influenza in long-term care facilities are reportable in Illinois
 - COVID-19 and influenza positive test results among residents and staff in long-term care facilities are reported through CDC's National Healthcare Safety Network

*

Reported Long Term Care Facility Influenza Outbreaks

56 reported LTCF outbreaks since 2015

