



**Attachment—Additional Questions for the Record**

**Subcommittee on Oversight and Investigations**

**Hearing on**

**“No Time to Lose: Solutions to Increase COVID-19 Vaccinations in the States”**

**February 2, 2021**

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**The Honorable Frank Pallone, Jr. (D-NJ)**

- 1. To date, has Illinois faced a shortage of the necessary supplies providers need to safely administer COVID-19 vaccines? Do you anticipate shortages as your efforts continue?**

Early on, there were issues when we learned that extra doses were able to be drawn from vials. We soon realized that we did not have enough ancillary supplies to cover the additional doses. However, McKesson did eventually increase the ancillary supplies to account for the additional doses and the state, through the Illinois Emergency Management Agency (IEMA), has procured 1 ml and 3 ml syringes to augment where necessary.

- 2. Do you think there is more Congress or the federal government can, or should, be doing to ensure that there is a sufficient number of ancillary supplies available to support vaccination efforts in the coming months?**

We would ask that the federal government increase the number of 1-inch needles in the ancillary kits to support vaccination efforts.

**The Honorable Kathleen Rice (D- NY)**

- 1. How do adolescents – those currently able to receive the Pfizer vaccine – and specifically adolescents with complex medical needs fit into your state’s vaccine distribution plans?**

Adolescents as young as age 16 who have comorbidities that increase their risk for severe COVID-19 illness or who have a disability, are included in Phase 1B+ in Illinois, which is the current phase. They could have also been eligible if they fall into a Phase 1A or 1B category, such as grocery store workers.

**a. How do families and caregivers of children with medical complexity fit into your distribution plans?**

Family caregivers of children with medical complexity are eligible for vaccination in Phase 1A as “health care workers” in the category of “Home Health” or “Home Aide/Caregiver” providers, depending on the disability and medical complexity of the child. There is considerable variation in medical complexity among this population of children,<sup>1</sup> a group of about 14 million nationwide in 2017-2018, about 27% of whom had functional limitations.<sup>2</sup> Those who are most medically fragile, and likely most susceptible to severe COVID-19 illness, are captured in the (non-exhaustive) list of conditions that qualify a family caregiver as a health care worker, which includes cerebral palsy, Down Syndrome, epilepsy, and specialized health care needs, such as dependence upon ventilators, oxygen, and other technology.<sup>3</sup>

**b. Once a vaccine is safe and effective for younger children, what are your plans for distribution and administration of vaccine doses for this population?**

We are closely following CDC/ACIP guidance and will continue to monitor any guidance on vaccine use in children. When we hear that a vaccine for safe and effective use in children is on the horizon, we will assess the distribution process at the time and adjust accordingly. Fortunately, we have experience with the Vaccines for Children program and have an existing provider network that we can deploy when the time comes.

**The Honorable Morgan Griffith (R-VA)**

**1. Are you aware of the COVID emPOWER program that permits identifying the Medicare beneficiaries who are at greatest risk for hospitalization and death from COVID?**

In Illinois, vaccines are currently distributed according to the population of each county, adjusted to ensure health equity using the COVID-19 Community Vulnerability Index (CCVI), a measure of vulnerability to COVID-19 at the state, county, or census tract level that combines health determinants such as epidemiology of underlying chronic conditions and access to care with the CDC Social Vulnerability Index.<sup>1</sup>

**a. If so, are you using this program to help identify and vaccinate those at greatest risk?**

N/A

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<sup>1</sup> Cohen, E., Kuo, D. Z., Agrawal, R., Berry, J. G., Bhagat, S. K. M., Simon, T. D., & Srivastava, R. (2011). *Pediatrics*, 127(3), 529-538. <https://dx.doi.org/10.1542/peds.2010-0910>

<sup>2</sup> Health Resources and Services Administration. (2020, July). *Children with special health care needs*. <https://mchb.hrsa.gov/sites/default/files/mchb/Data/NSCH/nsch-cshcn-data-brief.pdf>

<sup>3</sup> Patrick, R., & Stark, A. (2021, January 21). *Caregiver IDHS letter*. Retrieved from <https://www.dhs.state.il.us/page.aspx?item=131557>

2. **According to The Washington Post, tens of thousands of Americans with intellectual and developmental disabilities — who are two to three times as likely to die of COVID-19 — are waiting for an answer to when they will receive a COVID-19 vaccine.<sup>1</sup> Disability advocates say guidance should be interpreted to include all people with disabilities who receive long-term care, whether in large institutions, or in smaller group homes. Most states make no mention of disabilities in their vaccine plans, leaving people confused about how long they and those for whom they care will have to wait. How do you plan to inoculate this group of individuals?**

Ensuring that people with intellectual and developmental disabilities receive COVID-19 vaccination is a priority for the State of Illinois. The 195 ICF/DD and 10 MC/DD facilities, which are long-term care facilities for persons with disabilities, were in Phase 1A and have been provided vaccinations for staff and residents. The Illinois Department of Public Health (IDPH) has worked closely with the Illinois Department of Human Services (IDHS) to provide COVID-19 vaccinations at the 7 State Operated Developmental Centers (4000 residents and 1700 staff) and 3,000 Community Integrated Living Arrangements (11,200 residents and staff). We are now moving on to vaccinate Home Health staff and Community Day Services staff and attendees. We will conclude with homebound individuals (along with homebound seniors). Phase 1B (Phase 1B+) in Illinois now also includes those with disabilities under the age of 65.

- a. **Since this group of individuals may not be able to independently access the state’s current information and scheduling portals, what type of avenues will your state use to notify people with disabilities when they become eligible and offer them assistance when booking appointments?**

IDPH is working closely with IDHS, advocacy and support groups, and professional organizations to disseminate information and offer assistance. The State has also launched a call center to assist individuals who live outside of these congregate settings who may need assistance with making vaccine appointments.

3. **One of the issues we are hearing about as the vaccination campaign unfolds is the difficulty some non-hospital-based health care providers are having in accessing the vaccine for their staff. In some states, the rollout for health care providers does seem to be going relatively smoothly. However, in others, it is a real struggle. Employers are not able to help sign their health care workers up for vaccinations. Instead, employees have to navigate an ad hoc system on their own without any centralized access point. Depending on local distribution realities, these health care providers are told to check with county health departments, to sign up on state websites, or to call local hospitals. Sometimes it works, sometimes it doesn’t.**

**Health care providers are on the front lines, not only as it relates to exposure but also as potential spreaders of infection to the patients they serve, many in home settings. We have to figure this out and we need to act quickly.**

**The federal government has contracted with CVS and Walgreens to make COVID-19 vaccines available to nursing home patients and staff. Would it make sense to expand this contract, or set up additional contracts with national health care providers, to permit other patient facing health care workers organized and predictable access to the vaccine?**

I do not believe at this point that another contract is needed. However, the federal government could direct federal retail pharmacy partners to reserve a portion of their appointment slots for healthcare workers eligible in Phase 1A, similar to how they have been directed to prioritize school staff and childcare workers in the month of March. For long-term care settings, IDPH is enrolling LTC pharmacies as COVID-19 vaccine providers and will pick-up vaccination for long-term care facility staff and residents when the federal pharmacy partnership program concludes.

**4. How does your state plan to use the funding from the recent stimulus package to secure surge resources to help improve vaccine administration in your state?**

Roughly \$33 million of the \$90 million in funding is going to local health departments. The remainder of the funding will be used to set up a state-wide call center to assist individuals with making vaccine appointments, establishing mobile vaccination teams, additional contractual support for vaccination implementation efforts, among other needs.

**5. What is your state's strategy to reach the level of immunization needed for herd immunity?**

Mass vaccination.

**a. What evidence will your state be looking for to determine whether herd immunity has been reached?**

IDPH receives results from the Multi-State Assessment of SARS-CoV-2 Seroprevalence (MASS) survey conducted by the Centers for Disease Control and Prevention, which estimate the proportion of Illinoisans with antibodies to SARS-CoV-2.<sup>4</sup> Those data, in combination with vaccine administration, provide information on Illinoisans with some level of immunity against COVID-19. Researchers estimate we can reach herd immunity for SARS-CoV-2 at about 70% of people,<sup>5,6</sup> but there are uncertainties that may make herd immunity a moving target. People previously infected with SARS-CoV-2 maintain immunity

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<sup>4</sup> Centers for Disease Control and Prevention. (2021, March 3). Nationwide commercial laboratory seroprevalence survey [Data]. <https://covid.cdc.gov/covid-data-tracker/#national-lab>

<sup>5</sup> Fontanet, A., & Cauchemez, S. (2020). COVID-19 herd immunity: Where are we? *Nature Reviews Immunology*, 20, 583-584. <https://doi.org/10.1038/s41577-020-00451-5>

<sup>6</sup> Randolph, H. E., & Barreiro, L. B. (2020). Herd immunity: Understanding COVID-19. *Immunity*, 52(5), 737-741. <https://doi.org/10.1016/j.immuni.2020.04.012>

for approximately eight months,<sup>7 8 9 10</sup> and potentially fewer for roughly half<sup>11 12</sup> of previously infected who had asymptomatic or mild cases.<sup>13 14</sup> The circulation of SARS-CoV-2 variants may further limit post-infection immunity,<sup>15</sup> especially if we relax our mitigations too much too soon and facilitate further spread. Recent research suggests<sup>16 17</sup> we do not yet know how long post-immunization immunity will last and our current vaccines are not yet authorized for use in children. Rather than using herd immunity, with all its uncertainties, as the goal of mass vaccination, a more meaningful target might be preventing serious illness and death.

**6. Another tool that is available as we move to vaccinate Americans as quickly as possible – high-quality serology tests. Certain serology tests, called quantitative or semi-quantitative tests, can measure the approximate level of antibodies in a person’s body. These tests can be used to track the immune system’s response to a COVID-19 vaccine – helping to identify when a booster shot may be needed among other benefits. Are any of your states using, or have you considered using, these high-quality tests as part of your vaccine roll-out and follow-up?**

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<sup>7</sup> Poland, G. A., Ovsyannikova, I. G., & Kennedy, R. B. (2020). SARS-CoV-2 immunity: Review and applications to phase 3 vaccine candidates. *The Lancet*, 396(10262), 1595-1606. [https://doi.org/10.1016/S0140-6736\(20\)32137-1](https://doi.org/10.1016/S0140-6736(20)32137-1)

<sup>8</sup> Gaebler, C., Wang, Z., Lorenzi, J. C. C., Muecksch, F., Finkin, S., Tokuyama, M., Cho, A., Jankovic, M., Schaefer-Babajew, D., Oliveira, T. Y., Cipolla, M., Viant, C., Barnes, C. O., Bram, Y., Breton, G., Hägglöf, T., Mendoza, P., Hurley, A., Turroja, M., ... Nussenzweig, M. C. (2021). Evolution of antibody immunity to SARS-CoV-2. *Nature*. <https://doi.org/10.1038/s41586-021-03207-w>

<sup>9</sup> Wajnberg, A., Amanat, F., Firpo, A., Altman, D. R., Bailey, M. J., Mansour, M., McMahon, M., Meader, P., Mendu, D. R., Muellers, K., Stadlbaer, D., Stone, K., Strohmeier, S., Simon, V., Aberg, J., Reich, D. L., Krammer, F., & Cordon-Cardo, C. (2020). Robust neutralizing antibodies to SARS-CoV-2 infection persist for months. *Science*, 370(6251), 1227-1230. <https://doi.org/10.1126/science.abd7728>

<sup>10</sup> Dan, J. M., Mateus, J., Kato, Y., Hastie, K. M., Yu, E. D., Faliti, C. E., Grifoni, A., Ramirez, S. I., Haupt, S., Frazier, A., Nakao, C., Rayaprolu, V., Rawlings, S. A., Peters, B., Krammer, F., Simon, V., Saphire, E. O., Smith, D. M., Weiskopf, D., Sette, A., & Crotty, S. (2021). Immunological memory to SARS-CoV-2 assessed for up to 8 months after infection. *Science*, 371(6529). <https://doi.org/10.1126/science.abf4063>

<sup>11</sup> Oran, D. P., & Topol, E. J. (2020). Prevalence of asymptomatic SARS-CoV-2 infection. *Annals of Internal Medicine*. <https://doi.org/10.7326/M20-3012>

<sup>12</sup> Yanes-Lane, M., Winters, N., Fregonese, F., Bastos, M., Perlman-Arrow, S., Campbell, J. R., & Menzies, D. (2020). Proportion of asymptomatic infection among COVID-19 positive persons and their transmission potential: A systematic review and meta-analysis. *PLoS One*, 15(11). <https://dx.doi.org/10.1371/journal.pone.0241536>

<sup>13</sup> Ibarondo, F. J., Fulcher, J. A., Goodman-Meza, D., Elliot, J., Hofmann, C., Hausner, M. A., Ferbas, K. G., Tobin, N. H., Aldrovandi, G. M., & Yang, O. O. (2021, July 21). Rapid decay of anti-SARS-CoV-2 antibodies in persons with mild Covid-19. *The New England Journal of Medicine*, 383, 1085-1087. <https://doi.org/10.1056/NEJMc2025179>

<sup>14</sup> Choe, P. G., Kim, K., Kang, C. K., Suh, H. J., Kang, E., Lee, S. Y., Kim, N. J., Yi, J., Park, W. B., & Oh, M. (2021). Antibody responses 8 months after asymptomatic or mild SARS-CoV-2 infection. *Emerging Infectious Diseases*, 27(3), 928-931. <https://dx.doi.org/10.3201/eid2703.204543>

<sup>15</sup> Sette, A., & Crotty, S. (2021). Adaptive immunity to SARS-CoV-2 and COVID-19. *Cell*, 184(4), 861-880. <https://dx.doi.org/10.1016/j.cell.2021.01.007>

<sup>16</sup> Xie, X., Liu, T., Zhang, Z., Zou, J., Fontes-Garfias, C. R., Xia, H., Swanson, K. A., Cutler, M., Cooper, D., Menachery, V. D., Weaver, S. C., Dormitzer, P. R., & Shi, P. (2021). Neutralization of SARS-CoV-2 spike 69/70 deletion, E484K and N501Y variants by BNT162b2 vaccine-elicited sera. *Nature Medicine*. <https://doi.org/10.1038/s41591-021-01270-4>

<sup>17</sup> Dagan, N., Barda, N., Kepten, E., Miron, O., Perchik, S., Katz, M. A., Hernán, M. A., Lipsitch, M., Reis, B., & Balicer, R. D. (2021, February 24). BNT162b2 mRNA Covid-19 vaccine in a nationwide mass vaccination setting. *The New England Journal of Medicine*. <https://doi.org/10.1056/NEJMoa2101765>

IDPH reports the number of serology tests conducted statewide and by region. Our current antibody assay confirms whether antibodies to SARS-CoV-2 are detectable but does not quantify the levels of antibodies or immunity.

**a. If yes, how are you using the tests?**

N/A

**b. If no, do you see a benefit to tracking the durability of the immune response, particularly considering some of the mutated strains like those from South Africa, Brazil, or United Kingdom?**

Yes, Illinois would benefit from quantitative serology tests and we are considering it.

**7. One of the issues we hear about is the difficulty states and providers are having at the last mile, actually getting shots into arms. Once Phase 1 has been completed, do you agree that we should have an all-hands-on deck approach, using all of America’s commercial distribution resources, customer connectivity, expertise and end-to-end logistics across a multitude of provider settings, to ensure the American public has expedited and equitable access to a vaccine once we get to broad distribution?**

The process of vaccinating the millions of people it will take to achieve herd immunity will require an “all-hands-on deck” approach, as you mention. In Illinois, we are enrolling as many providers as possible and expanding the scope of practice for certain healthcare providers to increase the pool of providers who can administer vaccine. It will take everything from mass vaccination clinics to eventually offering COVID vaccines at small local pharmacies to vaccinate our population.

**8. What technologies or other resources is your state using to provide the public with information about COVID-19 vaccines? In particular, how are you connecting with those rural communities, where internet-based communication is often less reliable?**

In order to reach populations that have been disproportionately impacted by COVID, IDPH has been intentional about engaging hard hit communities across the state, including some rural counties in northern and southern Illinois. We have held population-specific townhall events where we answer questions and provide information, particularly around vaccine hesitancy and distrust. False narratives abound—especially in our communities of color— and we must come together to create confidence and trust in the available vaccines.

We have also launched a COVID-19 Ambassador program to support state efforts to stop the spread of COVID-19 by enlisting individuals to promote and share information among their friends, family, peers and neighbors on prevention measures, testing resources, vaccines and other relevant information. Through this initiative and regular engagement with hard hit groups, we hope to see information spread to communities across the state, including those with limited internet connectivity.

The State will also be launching a paid media campaign that will include television, radio and billboard ads across the state.

**The Honorable Neal P. Dunn, M.D. (R-FL)**

- 1. Given our hope and expectation that states will soon receive larger allocations of vaccines and supplies, I am focused on the need for states to ramp up their vaccine delivery capabilities. In my home state of Florida, for example, private companies are stepping up to make their expertise and resources available for cold chain purposes. I know other companies across various industries are actively working to find ways to lend their expertise. What specific advice or guidance can you offer companies and organizations who want to assist your state with these efforts, cold chain or otherwise?**

Illinois has also been grateful to hear from local companies offering their expertise in response to this pandemic. I would say to companies in Illinois that would like to assist, to know that we appreciate their offer, but that we may not be able to take all offers for assistance. As a state we also want to ensure we are following proper procurement processes and ask for patience as we respond to offers for assistance.