

COVID-19 Update

October 7: Booster Shots for NM Workforce, CDC Vaccination and Booster Updates for Pregnant People, and Study Shows Long COVID Occurs in One-Third of Patients

*Today's issue features details about appointment availability for vaccine booster shots for the Northwestern Medicine workforce, as well as updated guidelines from Maternal Fetal Medicine Specialist **Emily S. Miller, MD**, and the Centers for Disease Control and Prevention (CDC) about vaccination and booster shots for pregnant people and those who may become pregnant. It also includes information from Pulmonologist and Critical Care Specialist **Marc Andrew Sala, MD**, about the latest research on COVID-19 disease symptoms that can persist after initial infection.*

BOOSTER SHOTS FOR NM WORKFORCE

Appointments are now available to receive the COVID-19 Pfizer-BioNTech vaccine booster starting next week. Only the Pfizer-BioNTech vaccine will be offered as that is the only COVID-19 vaccine that has been authorized for a booster. Additionally, first and second doses of the Pfizer vaccine will also be offered at these clinics on a walk-in basis. If you are unable to sign up through NM or the times are inconvenient, any locations outside of NM also offer the COVID-19 booster, including retail pharmacies.

To be eligible to receive a COVID-19 booster, you must have completed the Pfizer-BioNTech two-dose series at least six months ago, with both doses documented in your employee health record. You must also meet one of the following criteria:

- Age 65 years or older
- Age 18 to 64 with an underlying medical condition
- Age 18 to 64 and at increased risk of COVID-19 exposure and transmission because of your work environment

Click [here](#) to access the schedule.

Effective January 1, 2022, proof of COVID-19 vaccination will be a requirement for all NM physicians and employees. Proof of a COVID-19 booster is not part of the vaccine requirement.

CDC VACCINATION AND BOOSTER UPDATES FOR PREGNANT PEOPLE

Based on emerging data of waning immunity to the delta variant and the increased risks of severe COVID-19 illness in pregnancy, the CDC released last week updated guidelines to support booster vaccines for those at high risk of severe COVID-19, including pregnant people. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine

(SMFM) now **recommend a booster vaccine for all pregnant people who received the Pfizer-BioNTech vaccine series**. On October 1, the SMFM released a **fact sheet** to give providers additional information about the recommendation. Additional information for those who received Moderna and Johnson & Johnson vaccinations is expected to be available soon.

Earlier last week, the CDC also released a **CDC Health Advisory** targeted to all healthcare providers about the importance of vaccination for people who are pregnant or might become pregnant.

The CDC recommends urgent action to increase COVID-19 vaccination among people who are pregnant, are recently pregnant (including those who are lactating), are trying to become pregnant now, or might become pregnant in the future. CDC **strongly recommends** COVID-19 vaccination either before or during pregnancy because the benefits of vaccination outweigh known or potential risks.

As of September 27, more than 125,000 laboratory-confirmed COVID-19 cases have been reported in pregnant people, including more than 22,000 hospitalizations and 161 deaths. The highest number of COVID-19-related deaths in pregnant people (n=22) in a single month of the pandemic was reported in August 2021. Data from the COVID-19-Associated Hospitalization Surveillance Network (COVID-NET) in 2021 indicate that approximately 97% of pregnant people hospitalized (either for illness or for labor and delivery) with confirmed SARS-CoV-2 infection were unvaccinated.

In addition to the risks of severe illness and death for pregnant and recently pregnant people, there is an increased risk for adverse pregnancy and neonatal outcomes in the setting of severe COVID-19, including preterm birth and admission of neonates to an intensive care unit. Other adverse pregnancy outcomes, such as stillbirth, have been reported. Vaccination can mitigate these risks, yet as of September 18, only 31.0% of pregnant people were fully vaccinated before or during their pregnancy.

Recommendations

CDC recommends urgent action to help protect pregnant people and their fetuses and infants. CDC recommends urgent action to accelerate primary vaccination for people who are pregnant, are recently pregnant (including those who are lactating), are trying to get pregnant now, or might become pregnant in the future. Efforts should specifically address populations with lower vaccination coverage and use approaches to reduce racial and ethnic disparities. CDC recommends ensuring tailored, culturally responsive and linguistically appropriate communication of vaccination benefits. In addition, pregnant people should continue to follow all **recommended prevention measures** and should seek care immediately for any symptoms of COVID-19. Healthcare providers should have a low threshold for increased monitoring during pregnancy because of the risk of severe illness.

For patient vaccination information and locations, please visit the **COVID-19 Vaccines page** on the COVID-19 Resource Center at nm.org/covid-19. For workforce vaccination information, please visit the **Workforce Vaccine page** on Physician Forum and **NM Interactive** (login required).

STUDY SHOWS LONG COVID OCCURS IN ONE-THIRD OF PATIENTS

As the COVID-19 pandemic continues, the long-term effects of SARS-CoV-2 infection are receiving more attention, both from the media and the medical community. One of the most publicized of these effects is long-COVID syndrome. Long COVID (or long-haul COVID) has been variably

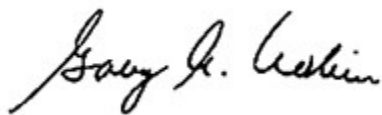
defined, but generally refers to symptoms persisting or occurring after COVID-19 infection and lasting at least four weeks. Frequently, these symptoms include fatigue, shortness of breath and cognitive effects (brain fog). Unfortunately, depending on the symptom, follow-up period and study methodology, estimates of the incidence of long COVID range from 10% to 50%.

The largest and most rigorous study to date on the incidence of long COVID was recently **published** by Oxford University and the National Institute for Health Research, in which study authors used a network of linked electronic health records, predominantly from healthcare organizations in the U.S. and United Kingdom, to retrospectively calculate the incidence of long COVID in a cohort of patients following acute COVID-19 diagnosis. These rates were compared with a matched cohort of patients who had been diagnosed with influenza.

The main outcome of the study is the incidence of nine common descriptions of long COVID: chest and throat pain, abnormal breathing, abdominal symptoms, fatigue and malaise, anxiety and depression, pain, headache, cognitive dysfunction and myalgia. The analysis showed that 36.6% of patients had at least one long-COVID symptom reported between three and six months, which was significantly more frequent than after influenza, supporting the unique impacts of SARS-CoV-2 compared to other viral infections. Consistent with prior studies, risk factors for long COVID included female sex, younger age and more severe acute infection. Not addressed in this study, but of paramount importance, is the average duration and natural history of long-COVID symptoms after six months.

Long-COVID syndrome is one of several important complications that arise from acute SARS-CoV-2. The National Institutes of Health has emphasized the need to study these complications, and uses the more general term post-acute sequelae of COVID-19 (PASC). NM established the **Comprehensive COVID-19 Center** in October 2020 to proactively address the multidisciplinary needs of these patients. For more information or to refer a patient, please visit the website and ask patients to call 312.926.9900.

Please continue to talk to your patients about the importance of vaccination and if they meet the criteria, encourage them to receive a booster dose. As a trusted source of information, physicians play an important role in dispelling misinformation surrounding vaccination. Over the next several weeks, FDA and CDC will determine whether booster doses are necessary for the recipients of the Moderna and J & J vaccine. Once again, thank you for all that you do to improve the health of our patients and the community.



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