



### Cook County Department of Public Health COVID-19 Vaccination Partner Guidelines

#### Approved COVID-19 Vaccine Providers

1. CCDPH is able to redistribute vaccine to approved vaccine providers. An approved vaccine provider is one who has submitted the CDC COVID-19 Vaccination Provider Agreement, and has received a COVID PIN number from the Illinois Department of Public Health (IDPH). **You are expected to follow all parts of this agreement including:**
  - a. Organization must not sell or seek reimbursement for COVID-19 Vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to Organization.
  - b. Organization must administer COVID-19 Vaccine regardless of the vaccine recipient's ability to pay COVID-19 Vaccine administration fees.
    - i. You may ask for insurance for an administration fee, but you cannot require insurance in order to provide vaccination
    - ii. You cannot charge out-of-pocket fees
    - iii. Organizations must not ask for a social security number as COVID-19 vaccine is to be available to everyone who lives within Cook County regardless of citizenship status.
  - c. **You will need to report the vaccination data into I-CARE directly WITHIN 24 HOURS** if you do not have a data portal that automatically uploads that data into I-CARE.
  - d. **You will also need to report your inventory to Vaccine Finder every 24 hours.** *\*\*This is critical as IDPH determines CCDPH's allocation based on this data\*\** Questions about Vaccine Finder can be directed here: [vaccinefinder@castlighthouse.com](mailto:vaccinefinder@castlighthouse.com)
2. Provide a copy of the above signed CDC COVID-19 Vaccination Partner Agreement to CCDPH

#### Limited Vaccine Supply

3. **Vaccine supply remains limited and CCDPH inventory depends on what the state ships (usually same day notification). CCDPH cannot guarantee supply to any partners.**
4. **Currently, per IDPH, vaccine allocations are to be used within 1 week. This is to avoid vaccine wastage and stockpiling of vaccine. Some exceptions allowed.**
5. **All partners are expected to use >85% of allotted vaccine before a new order will be accepted**
6. CCDPH can only supply partners with 2<sup>nd</sup> doses for what was given in 1<sup>st</sup> doses, as the state only gives each health department 1<sup>st</sup> and 2<sup>nd</sup> doses in a 1:1 ratio.
  - a. 2<sup>nd</sup> doses for first doses received directly from the manufacturer do NOT need to be requested from CCDPH. These will be shipped automatically.
  - b. CCDPH will supply you with any 2<sup>nd</sup> doses that were given as a 1<sup>st</sup> dose redistribution in the interval shipped to us from the state.
    - i. The state only gives health departments and other entities 2nd doses in a 1:1 fashion based on first doses. Thus, any partner that uses second doses as first doses will have to make up for that with **first dose allocations** (**\*Do not put these in as requests for 2<sup>nd</sup> doses on the request form**)



- ii. If partners allow those who received 1st doses elsewhere to obtain their 2nd doses with them, these will have to come from first dose allocations. Any unneeded 2nd doses resulting from this practice can be split into 1st and 2nd dose pairs.
- 7. We cannot guarantee any specific vaccine type but will do our best to meet requests.
  - a. CCDPH would like to prioritize J&J allocations for homebound, mobile, and unhoused populations whenever possible.
- 8. The CCDPH Equity Team uses these guiding principles when making allocation decisions:
  - a. **Mobile Teams**
  - b. **Provider site demographics in ICARE (including race and ethnicity)**
  - c. **CCVI data + COVID-19 deaths + vaccine coverage rates**
    - i. Focus on 30 municipalities from Equity Plan (see below)
  - d. **Vulnerable populations** served not included in CCVI score (undocumented, homebound, congregate settings)
  - e. **Vaccine Turnover** (5-7 days)
  - f. **Phase Considerations** (e.g. finishing up previous phase, good strategy for certain phases)
  - g. Following **CCDPH Partner Equity Guidelines** below

### ACIP Phases

- 9. Please stay within the ACIP-defined phases. The Cook County Department of Public Health (CCDPH) **moved into Phase 1b+ on Monday, 3/22/21**. We will continue to outreach to and prioritize any remaining Phase 1a & 1b individuals.
  - a. See Phase 1a, Phase 1b, and Phase 1b+ categories below
- 10. **CCDPH recommends an attestation (verbal or written) as proof of phase moving forward.**

### Vaccine Scheduling

- 11. Vaccination should be provided by appointment only. Walk-in clinics are not recommended at this time.
- 12. Partners are expected to provide their own registration and appointment system.
  - a. This ideally includes both an online link and telephone number to ensure accessibility.
  - b. This is ideally available in multiple languages, especially Spanish.
- 13. If second doses are not scheduled at the time of first dose scheduling, ideally have all second doses scheduled prior to the patient leaving their first dose appointment.
- 14. Have a plan to deal with extra vaccination left at the end of clinic (e.g. waiting list of current Phase individuals)
  - a. If needed to avoid wastage, you may need to vaccinate out of phase.
- 15. Extra efforts should be made to promote vaccine uptake among residents of communities with lower rates of vaccine uptake to date.
- 16. Please consider promoting your partnership with CCDPH and posting language such as “Vaccine provided through partnership with CCDPH”



---

**EQUITY GUIDELINES**

CCDPH encourages a focus on the following individuals or groups:

***1) Lives or works in one of the 32 Priority Municipalities***

***AND/OR***

***2) Be part of a vulnerable, high risk, or hard to reach group (including but not limited to):***

- *Racial and ethnic minorities*
- *Undocumented, refugees, immigrants*
- *Housing insecure*
- *Seniors*
- *Disabilities*
- *Limited or non-English speaking*
- *Low income or low wage workers*
- *Homebound*
- *Congregate settings*
- *Uninsured*
- *Behavioral health challenges*
- *Justice-involved*
- *Low technical literacy*

**Tactics to Reach the Above:**

**17. Allocation of appointments**

- a. Priority areas based on vulnerability data – see below for CCDPH’s 32 priority municipalities
- b. Priority organizations (congregate setting, low wage workers, unhoused, seniors, undocumented, non-English speaking, disabilities)

**18. Scheduling of appointments**

- a. Phone option to call in

**19. RESERVED appointments**

- a. Outreach via phone calls
- b. Outreach via community organizations \*opportunity to partner our CBOs with our partner sites\*

**20. Waiting list** for remaining vaccine at the end of the day

- a. Target within phase – grocery store, post offices in the area

**21. Verification of phase**

- a. CCDPH recommends only an attestation as proof of phase moving forward
- b. Do NOT ask for SSN
- c. Consider avoiding use of ID – Bringing an ID only applies to people who have one. Anyone without an ID can still get the COVID-19 vaccine. Alternatives for ID include but are not limited to: a piece of mail verifying name and address.

**22. Do not require insurance**

- a. You may ask for insurance, but please relay that it is not a requirement

**23. If you are receiving vaccine from the federal supply or another county, we ask that you keep CCDPH updated on your activities to ensure that we are aware and coordinating efforts effectively and equitably.**

**24. ICARE Race and Ethnicity Reporting**



- a. Ensure that race/ethnicity data (mandatory field in ICARE) is complete for each vaccine appointment for accurate reporting of vaccination demographic data

More information from IDPH regarding required race/ethnicity reporting in I-CARE:

- **Effective Monday, February 8th**, the race and ethnicity data fields in I-CARE are mandatory data fields.
- The two data fields and response options are provided here:
  - o Race: American Indian or Alaska Native, Asian, Black or African-American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, Other race, White, Unknown
  - o Ethnicity: Hispanic or Latino, Not Hispanic or Latino, Unknown
- Communicate with your patient population that this field is a requirement of the registration process and reaffirm that this information is confidential and is used (in aggregate) to help ensure vaccine is getting to our most vulnerable populations.
- Add Race and Ethnicity data fields to COVID-19 vaccination registration forms using the response options listed above (if applicable)
- Upload and/or enter the race and ethnicity data field into I-CARE for every patient receiving the COVID-19 vaccine.
- Records with missing data: If a patient refuses to provide race and/or ethnicity data please indicate “unknown” in the respective data field(s).
- You will notice the RACE data field includes “Hispanic or Latino” as a response option and this may be a slight departure from how you are used to recording/reporting ethnicity data. The intent behind this is to better capture the LatinX population that does not identify with a specific race and minimize the “other race” response where possible. For example, a person who has ancestry from Mexico may not identify their race as white, black, Asian, etc. and would otherwise self-classify as “other Race” in the Race field and “Hispanic or Latino” in the ethnicity field. In those cases, we ask the patient and/or organization to indicate “Hispanic or Latino” in the race field as well as ethnicity field.
- Always ask the race and ethnicity questions directly and never assume race and ethnicity of an individual.
- **For additional information regarding I-CARE, please visit:** <https://dph.illinois.gov/topics-services/prevention-wellness/immunization/icare>

### Phase 1b Part II AKA 1b+

#### **Persons aged 16 to 64 years with high-risk medical conditions:**

Persons aged 16 to 64 years with medical conditions that increase the risk for severe COVID-19. Conditions include Obesity, Diabetes, Pulmonary Diseases, Smoking, Heart Conditions, Chronic Kidney Disease, Cancer, Immunocompromised State from a Solid Organ Transplant, Sickle Cell Disease, Pregnancy, and Persons with Disability (Not otherwise covered in previous categories.)

In addition, the following groups will be added to 1b+ in accordance with state guidance:

March 22, 2021	Higher education staff, government workers, and media
March 29, 2021	Restaurant staff, construction trade workers, and religious leaders

### Phase 1b

Persons aged 65 years and older

**Frontline essential workers**, defined as those workers who are essential for the functioning of society and are at highest risk of exposure, including the following:

- **First responders:** Firefighters (including volunteers), Law Enforcement Officers (LEOs), 911 Dispatch (Public Safety Answering Point – PSAP), Security Personnel, School Officers. (EMS personnel are considered under Phase 1a)
- **Corrections Officers/Inmates:** Jail Officers, Juvenile Facility Staff, Workers Providing In-Person Support, Inmates.



- **Food and Agriculture Workers:** Processing, Plants, Veterinary Health, Livestock Services, Animal Care.
- **Postal Service Workers**
- **Manufacturing Workers:** Industrial production of goods for distribution to retail, wholesale or other manufacturers.
- **Grocery Store Workers:** Baggers, Cashiers, Stockers, Pick-Up, Customer Service.
- **Public Transit Workers:** Flight Crew, Bus Drivers, Train Conductors, Taxi Drivers, Para-Transit Drivers, In-Person Support, Ride Sharing Services.
- **Education (Congregate Child Care, Pre-K through 12<sup>th</sup> grade):** Teachers, Principals, Student Support, Student Aids, Day Care Workers.
- **Shelters/Adult Day Care:** Homeless Shelter, Women's Shelter, Adult Day/Drop-In Program, Sheltered Workshop, Psycho-Social Rehab.

### Phase 1a

Long-term care residents, defined by the CDC as adults who reside in facilities that provide a range of services, including medical and personal care, to persons who are unable to live independently, and staff at Skilled Nursing Facilities, Assisted Living Facilities, Residential Treatment Centers for Substance Abuse, etc.

- **LTCF Staff:** Nurses and Nursing Assistants, Physicians (MD, NP, PA), Respiratory Technicians, Dentists and Hygienists, LTCF Facility Staff, Pharmacists, Mental Health Clinicians, Environmental Services Staff, Reception Staff, Medical Facility Surveyor, Dietary staff, Interpreters, Laundry & security staff.
- Healthcare personnel are defined by the CDC as paid and unpaid workers in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials. Inclusion in Phase 1a is not dependent upon payment for a person's work or job title. Situations associated with higher risk of transmission include caring for COVID-19 patients. This includes:
  - **Hospital Settings:** Nurses & Nursing Assistants, Physicians (MD, NP, PA), Respiratory Technicians, Pharmacists, Emergency Medical Services (EMS), including Fire Departments staff acting as EMS & Air Medical Transport (Rotor & Fixed Wing), COVID Sample Lab workers, Organ Harvesters & Students on Clinical Rotations. Other workers in hospital settings at elevated risk, such as Environmental Services Staff, Reception Staff, X-Ray Technician's, Phlebotomists, Infectious Waste Workers, Dietary staff, Laundry staff, security staff, Crisis intervention staff, Interpreters, Clergy/pastoral/chaplains.
  - **Non-hospital healthcare:** Clinicians, such as Nurses & Nursing Assistants, Physicians (MD, NP, PA), Respiratory Technicians, Dentists & Hygienists, Pharmacists, Plasma and Blood Donation Staff, Morticians, Public Health Nurses, Home Health, School Nurses, Optometrist, COVID Testing Staff, Dermatologist, Dialysis staff, Urgent care workers, Corrections nurses/aides, Physical/occupational/speech therapists, Vaccine clinic workers, Emergency Medical Services (EMS), including Fire Departments staff acting as EMS & Air Medical Transport (Rotor & Fixed Wing).
  - **Other Congregate Care:** Nurses and Nursing Assistants, Physicians (MD, DO, NP, PA), Respiratory Technicians, Group Home/Residential Staff, Pharmacists, Environmental Services Staff, Reception Staff, Home Aide/Caregiver, Corrections nurses/assistants,



## COVID-19 Vaccination Partner Guidelines

---

Congregate Care Surveyor, Hospice & palliative care staff, community health workers when acting as health aid or health translator.





### CCDPH COVID-19 Priority Communities

Thirty priority communities were identified based on high COVID Community Vulnerability Indexes (CCVI). Two communities (\*) were identified based on high Social Vulnerability Indexes (SVI).

- 1 Bellwood
- 2 Berkeley
- 3 Berwyn
- 4 Blue Island
- 5 Bridgeview\*
- 6 Burnham
- 7 Calumet City
- 8 Calumet Park
- 9 Chicago Heights
- 10 Chicago Ridge
- 11 Cicero
- 12 Dixmoor
- 13 Dolton
- 14 Franklin Park
- 15 Harvey
- 16 Harwood Heights
- 17 Hodgkins
- 18 Justice\*
- 19 McCook
- 20 Markham
- 21 Maywood
- 22 Melrose Park
- 23 Merrionette Park
- 24 Norridge
- 25 Northlake
- 26 Posen
- 27 Riverdale
- 28 Robbins
- 29 South Chicago Heights
- 30 South Holland
- 31 Stone Park
- 32 Summit

