

The Path to Immunity: What Employers Need to Know About COVID-19 Vaccinations

Presented by Chamber Healthcare Council

Thank you for joining. We will begin shortly.





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The Path to Immunity: What Employers Need to Know About COVID-19 Vaccinations

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Chicagoland Chamber of Commerce – Path to Immunity

Disclosures

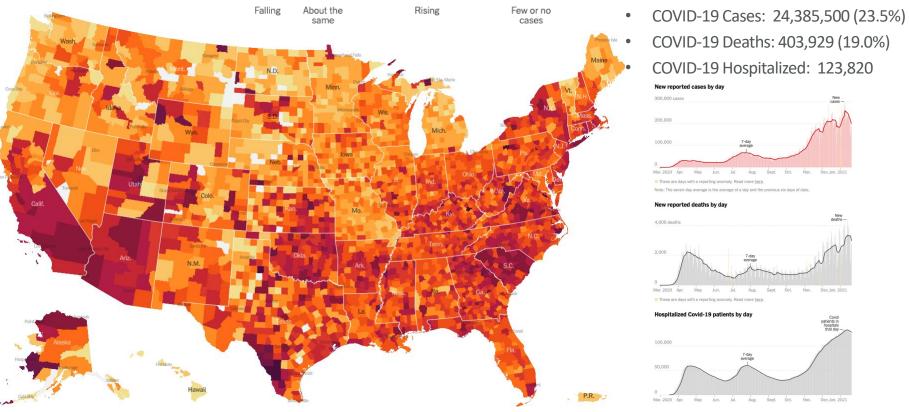
- Research Support^o
 - o AiCuris, Janssen, Shire

- Paid Consultation
 - o Adagio, AlloVir, Celltrion, Cidara, Genentech/Roche, Janssen, Shionogi, Viracor Eurofins
- Unpaid Consultation
 - Romark
- Data & Safety Monitoring Board Participation
 - o NIH, Janssen, Merck, SAB Biotherapeutics, Sequiris, Takeda, Vitaeris



COVID-19: *Current Situation in the United States*

How the number of new cases has changed in the last two weeks





US Data on 120 January 2020

SARS-CoV-2 Vaccines: *Current Status*

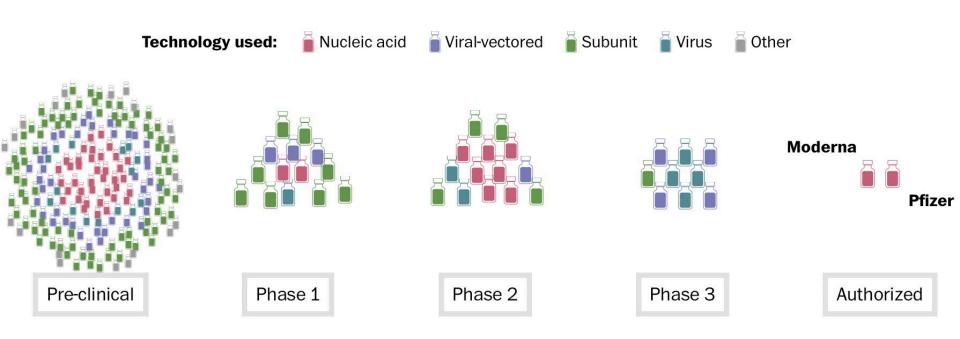


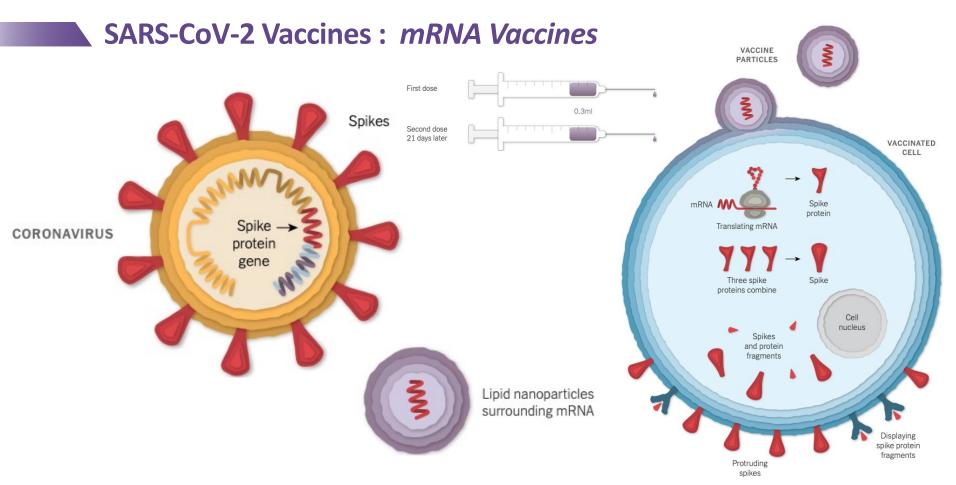
SARS-CoV-2 Vaccines: Rapid Development

Date	Milestone
Dec 1	Covid-19 illness documented (unpublicized Nov 17 th)
Jan 10	SARS-CoV-2 virus sequenced
Jan 15	NIH designs mRNA vaccine in collaboration with Moderna
Mar 16	Moderna Phase 112 trial begins
May 2	Pfizer/BioNTech Phase 1/2 trial begins
July 14	Moderna Phase 112 trial published in NEJM
July 27, 28	Moderna and Pfizer/BioNTech Phase 3 trial begins
Aug 12	Pfizer/BioNTech Phase 112 published in Nature
October 22,27	Enrollment in both Phase 3 trials complete; >74,000 participants
Nov 9	Pfizer/BioNTech announces interim analysis efficacy > 90%
Nov 16	Moderna announces interim analysis efficacy 94.5%
Nov 18	Pfizer/BioNTech announces 95% efficacy as final result
Nov 20	1st EUA submitted by Pfizer/BioNTech
Nov 27	Distribution of vaccine by UAL charter flights throughout US
Dec 10	FDA External review of Pfizer/BioNTech EUA
Dec 11	Phase 1a Vaccination begins for health care professionals*



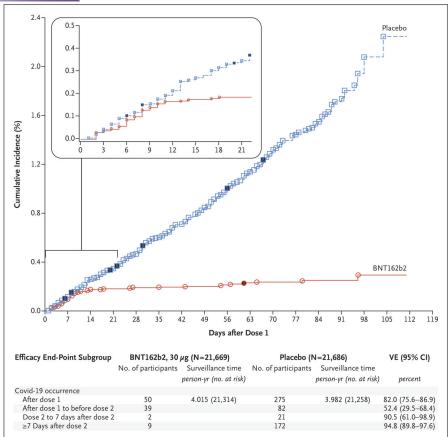
COVID-19: *Prevention - Vaccines*

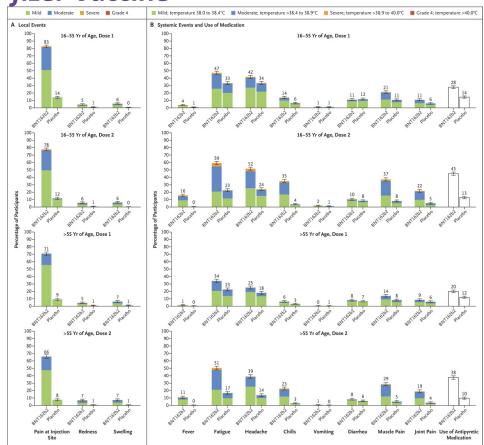






SARS-CoV-2 Vaccine: mRNA Pfizer Vaccine

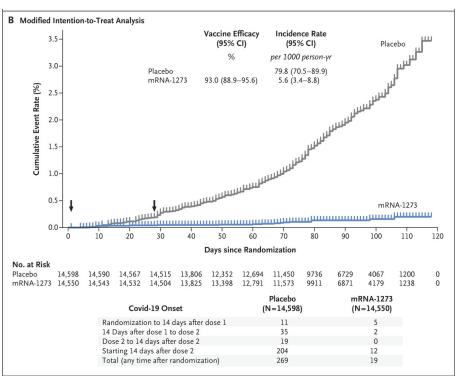


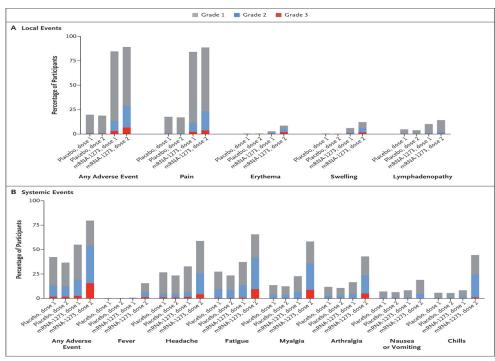




Pollack et al. N Eng J Med. 2020: DOI: 10.1056/NEJMoa2034577.

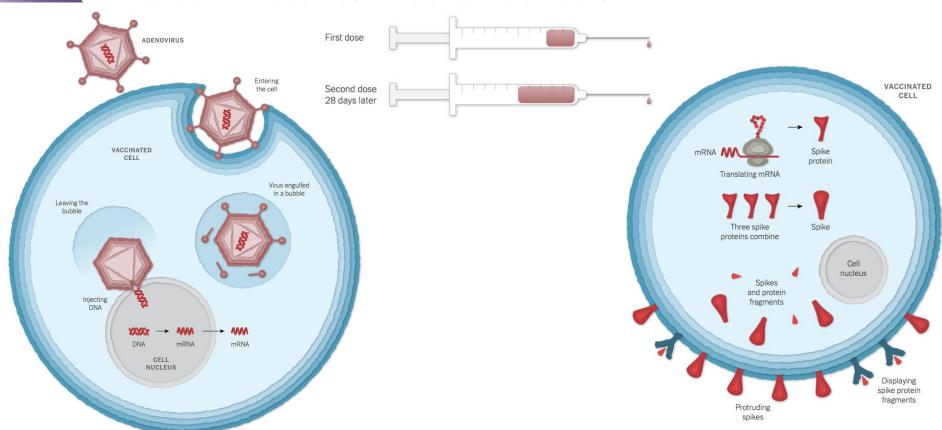
SARS-CoV-2 Vaccine: mRNA Moderna Vaccine







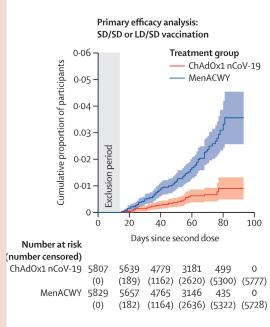
SARS-CoV-2 Vaccines: Adenovirus Vector





SARS-CoV-2 Vaccine: *Adenovirus Vector – AstraZeneca/Oxford*

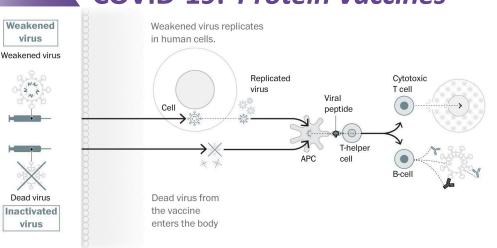
	Total number of cases	ChAdOx1 nCoV-19		Control		Vaccine efficacy (CI*)
		n/N (%)	Incidence rate per 1000 person-years (person-days of follow-up)	n/N (%)	Incidence rate per 1000 person-years (person-days of follow-up)	-
All LD/SD and SD/SD recipients	131	30/5807 (0.5%)	44.1 (248 299)	101/5829 (1.7%)	149-2 (247 228)	70·4% (54·8 to 80·6)†
COV002 (UK)	86	18/3744 (0.5%)	38.6 (170 369)	68/3804 (1.8%)	145.7 (170 448)	73·5% (55·5 to 84·2)
LD/SD recipients	33	3/1367 (0.2%)	14.9 (73 313)	30/1374 (2·2%)	150-2 (72 949)	90·0% (67·4 to 97·0)‡§
SD/SD recipients	53	15/2377 (0.6%)	56.4 (97 056)	38/2430 (1.6%)	142.4 (97499)	60·3% (28·0 to 78·2)
COV003 (Brazil; all SD/SD)	45	12/2063 (0.6%)	56.2 (77 930)	33/2025 (1.6%)	157-0 (76780)	64·2% (30·7 to 81·5)‡
All SD/SD recipients	98	27/4440 (0.6%)	56.4 (174 986)	71/4455 (1.6%)	148-8 (174279)	62·1% (41·0 to 75·7)
Other non-primary symptomatic COVID-19 disease¶	18	7/5807 (0·1%)	10-3 (248 299)	11/5829 (0·2%)	16-3 (247228)	36·4% (-63·8 to 75·3)‡
Any symptomatic COVID-19 disease	149	37/5807 (0.6%)	54.4 (248 299)	112/5829 (1.9%)	165.5 (247 228)	67·1% (52·3 to 77·3)
Asymptomatic or symptoms unknown (COV002)	69	29/3288 (0.9%)	69.8 (151 673)	40/3350 (1·2%)	96.0 (152138)	27·3% (-17·2 to 54·9)
LD/SD recipients	24	7/1120 (0.6%)	41.4 (61782)	17/1127 (1.5%)	100-6 (61730)	58·9% (1·0 to 82·9)‡
SD/SD recipients	45	22/2168 (1.0%)	89.4 (89891)	23/2223 (1.0%)	92-9 (90 408)	3·8% (-72·4 to 46·3)
Any NAAT-positive swab	221	68/5807 (1.2%)	100.0 (248 299)	153/5829 (2.6%)	226.0 (247228)	55·7% (41·1 to 66·7)

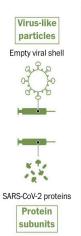


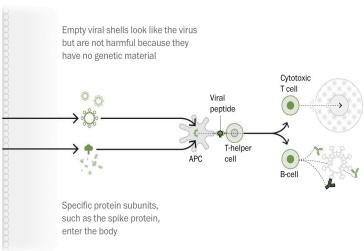


Northwestern Voysey et al. Lancet. 2020: DOI: 10.1016/S0140-6736 (20)32661-1.

COVID-19: Protein Vaccines







Weakened and inactivated virus vaccines, developed by...

Beijing Institute of Biological Products; Sinopharm	PC	P1	P2	Р3	А
Bharat Biotech	PC	P1	P2	Р3	А
Sinopharm	PC	P1	P2	P3	А
Sinovac	PC	P1	P2	P3	Α
Chinese Academy of Medical Sciences	PC	P1	P2	Р3	Α
Research Institute for Biological Safety Problems, Republic of Kazakhstan	PC	P1	P2	P3	А

Subunit vaccines, developed by...

Novavax	PC	P1	P2	P3	A
Anhui Zhifei Longcom; Chinese Academy of Sciences	PC	P1	P2	P3	A
Federal Budgetary Research Institution (FBRI) State Research Center of Virology and Biotechnology "VECTOR"	PC	P1	P2	P3	A
Instituto Finlay de Vacunas	PC	P1	P2	P3	А
SpyBiotech; Serum Institute of India	PC	P1	P2	P3	А



Northwestern "These are the Top Coronavirus Vaccines to Watch." *Washington Post*. 19 December 2020.

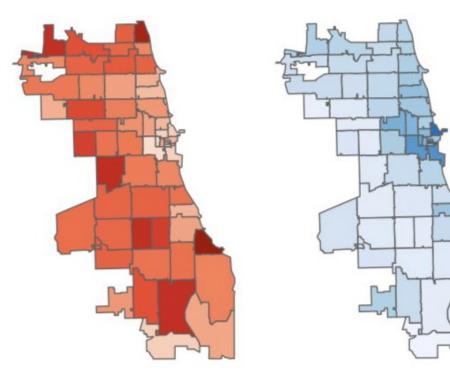
SARS-CoV-2 Vaccines: Time to Vaccination

Proposed Phase 1 & 2 allocation, December 2020

Phase	Groups recommended for vaccination	Number of persons in each group (millions)	Number of unique* persons in each group (millions)	Total* (millions)
1a	Health care personnel Long-term care facility residents	21 3	21 3	24
1b	Frontline essential workers Persons aged 75 years and older	30 21	30 19	49
1c	Persons aged 65-74 years Persons aged 16-64 years with high-risk conditions Essential workers not recommended in Phase 1b	32 110 57	28 81 20	129
2	All people aged 16 years and older not in Phase 1, who are recommended for vaccination			



SARS-CoV-2 Roll-Out: *Chicago Experience*



The City of Chicago is making plans for a transitional COVID-19 vaccine distribution phase, bridging phase 1A and 1B. Hospitals and outpatient sites enrolled as COVID-19 vaccine providers will continue to prioritize healthcare workers, especially non-hospital based healthcare workers in tier 1A, for vaccination. Starting January 18, if vaccination providers have vaccine available and do not have tier 1A healthcare workers scheduled for vaccination, they may move to highest risk individuals that are over 65 years old and live or work in Chicago.

Prioritization will be given to patients over 75 years of age, or patients over 65 years of age with significant underlying conditions, based on clinical judgment. City-run Points of Dispensing (PODs) will continue to focus on providing vaccine to tier IA healthcare workers, by appointment only. While we wait for the federal government to send more vaccine doses, we continue working hard to make sure this vaccine is prioritized for populations who are most at risk for severe outcomes.



Population: 2,705,5994

Vaccinated: 105,424 (0.95%)





SARS-CoV-2 Roll-Out: *Chicago Experience*

Phase	GOAL: Prevent COVID-19 hospitalizations and deaths Phase opens to whole group, with efforts to prioritize by COVID-19 risk in order below Most vaccinated in residential and healthcare settings (e.g. clinics, hospitals, pharmacies)	GOAL: Preserve services essential to functioning of society and prevent COVID-19 outbreaks Phase opens to whole group, with efforts to prioritize by COVID-19 risk in order below Most vaccinated in employer-based settings
1A Begin on December 15, 2020 (Most vaccinated in January)	Long-term care and other residential healthcare facilities Skilled nursing facilities Assisted living facilities Behavioral health residential facilities Developmentally disabled residential facilities	Health care workers
1B Begin on January 25, 2021 (Most vaccinated in February and March)	Chicagoans age 65 and older Chicagoans age 75 and older Chicagoans age 65-74 with underlying medical conditions All Chicagoans age 65 and older Non-health care residential settings Correctional settings Homeless shelters Other residential settings with local outbreaks	Correctional workers Correctional workers and first responders Grocery store workers and manufacturing/factory settings with outbreaks Daycare, K-12 and early education workers Public transit, other manufacturing, and agriculture workers Continuity of government and postal workers
1C Tentatively begin on March 29, 2021 (Most vaccinated in April and May)	Chicagoans age 16-64 with underlying medical conditions	All other essential workers
2 Tentatively begin on May 31, 2021	All persons aged ≥16 years not previously recommended for vaccination	

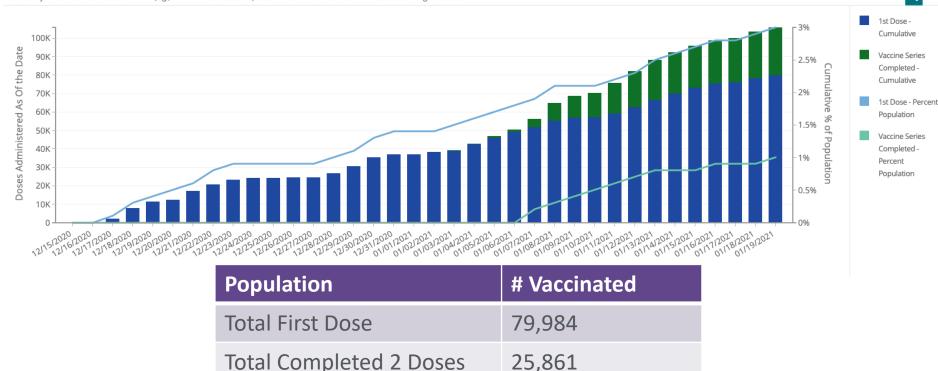


*As vaccine is authorized for younger children, they will be added to the plan

SARS-CoV-2 Roll-Out: *Chicago Experience*

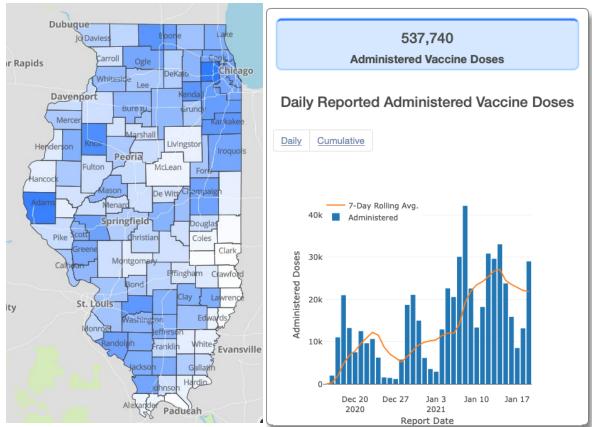
COVID-19 Daily Vaccinations - Chicago Residents - Cumulative Doses by Day

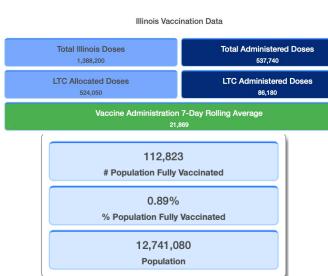
Counts by date of cumulative 1st and final (e.g., 2nd if a two-dose series) doses of COVID-19 vaccine administered to Chicago residents.



Northwestern https://www.chicago.gov/city/en/sites/covid-19/home/vaccine-data.html

SARS-CoV-2 Roll-Out: *Illinois Experience*



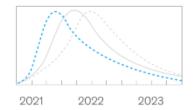


SARS-CoV-2 Vaccines: *Time to Herd Immunity*

The probability of reaching COVID-19 herd immunity in the United States is highest in the third or fourth quarter of 2021 but could shift.

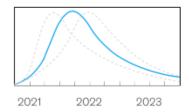
Probability of functional end¹ to COVID-19 pandemic in US by quarter (illustrative)

Early (Q2 2021)



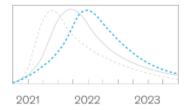
- COVID-19 vaccine with high efficacy arrives sooner than expected
- Timeline of manufacturing, distribution, and administration of COVID-19 vaccine is shorter than expected
- Cross-immunity from other coronaviruses proves significant
- There is broad-based willingness to be vaccinated

Most likely (Q3/Q4 2021)



- ≥1 COVID-19 vaccine is authorized by end of 2020 or early 2021
- COVID-19 vaccine is distributed to a sufficient portion of population in ~6 months
- There is broad-based willingness to be vaccinated

Late (2022 or later)



- Early COVID-19-vaccine candidates have low efficacy or low coverage (eg, side effects, slow adoption)
- Timeline of manufacturing, distribution, and administration of COVID-19 vaccine is longer than expected
- Immunity duration is very short





Our Panel





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