



CDC/IDSA COVID-19 Clinician Call

April 10, 2021

Welcome & Introduction

Dana Wollins, DrPH, MGC
Vice President, Clinical Affairs & Guidelines
IDSA

- 61st in a series of weekly calls, initiated by CDC as a forum for information sharing among frontline clinicians caring for patients with COVID-19
- The views and opinions expressed here are those of the presenters and do not necessarily reflect the official policy or position of the CDC or IDSA. Involvement of CDC and IDSA should not be viewed as endorsement of any entity or individual involved.
- This webinar is being recorded and can be found online at www.idsociety.org/cliniciancalls.

TODAY'S CALL:

COVID-19 in Pregnant
Individuals; Vaccine Q&A
*Hosted in partnership with the
American College of
Obstetricians & Gynecologists
(ACOG)*

COVID-19 in Pregnant Individuals



Titilope Oduyebo, MD, MPH, FACOG

Medical Officer
v-safe Pregnancy Registry
Maternal COVID-19 Immunization
U.S. Centers for Disease Control and Prevention



Linda O. Eckert, MD

Professor, Obstetrics & Gynecology
Adjunct Professor, Global Health
University of Washington
ACOG Liaison, Advisory Committee on Immunization Practices (ACIP)

Vaccine Q&A



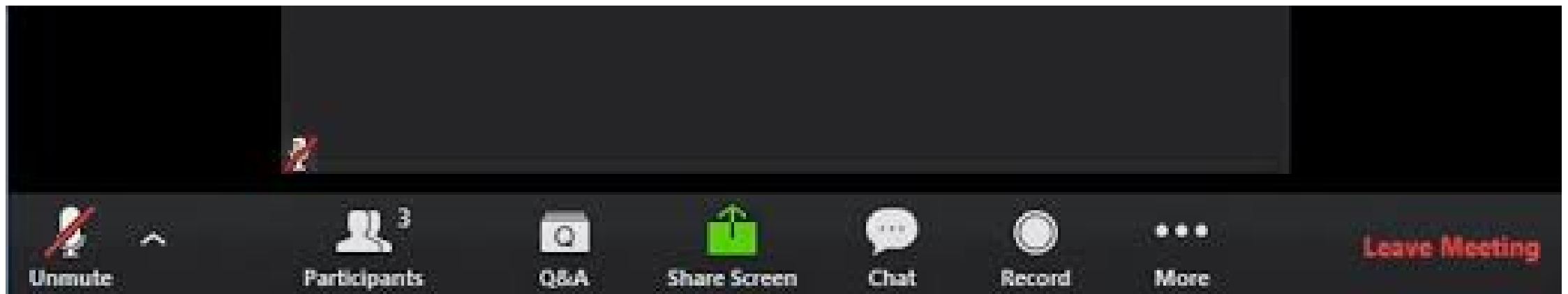
Sarah Mbaeyi, MD, MPH

Chief Medical Officer, COVID-19 Vaccine Task Force
U.S. Centers for Disease Control and Prevention

Question?
Use the "Q&A" Button



Comment?
Use the "Chat" Button



COVID-19 During Pregnancy

Titilope Oduyebo MD, MPH, FACOG

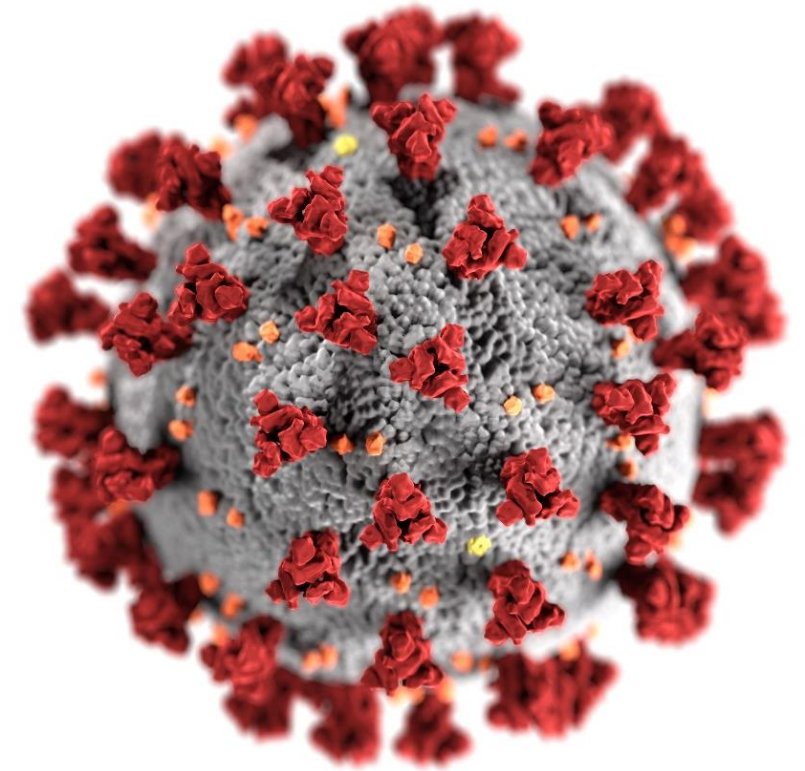
Medical Officer

v-safe Pregnancy Registry

Maternal COVID-19 Immunization

Infectious Diseases Society of America

April 10, 2021



cdc.gov/coronavirus

Disclosure

- I have no potential conflicts of interest to disclose.
- The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention (CDC).



COVID-19 during pregnancy



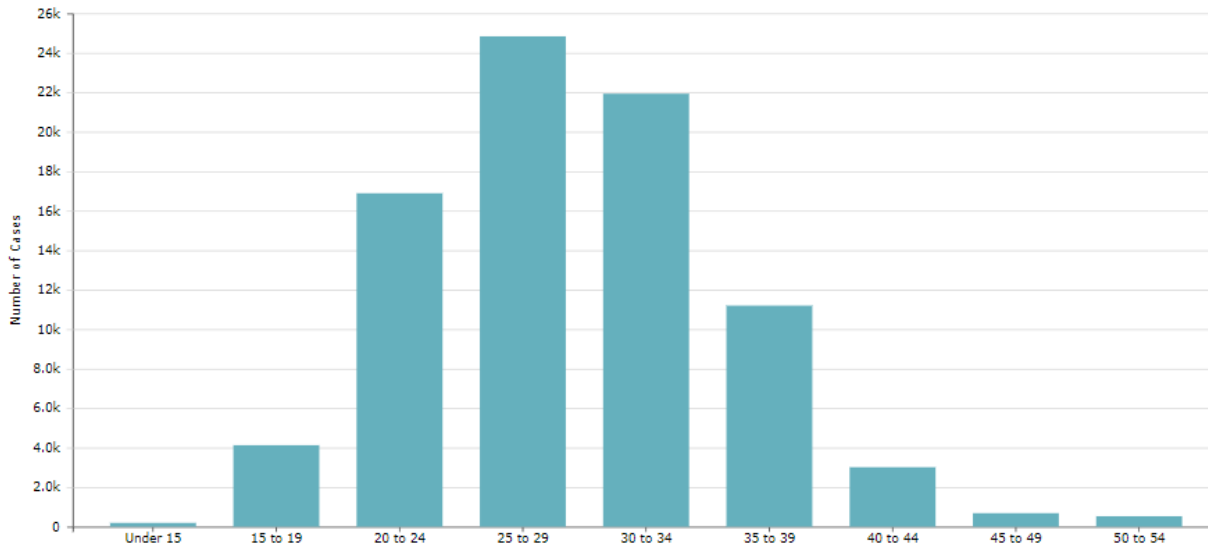
US Data on COVID-19 during Pregnancy

Pregnant women¹ with COVID-19, United States, January 22, 2020 - April 5, 2021

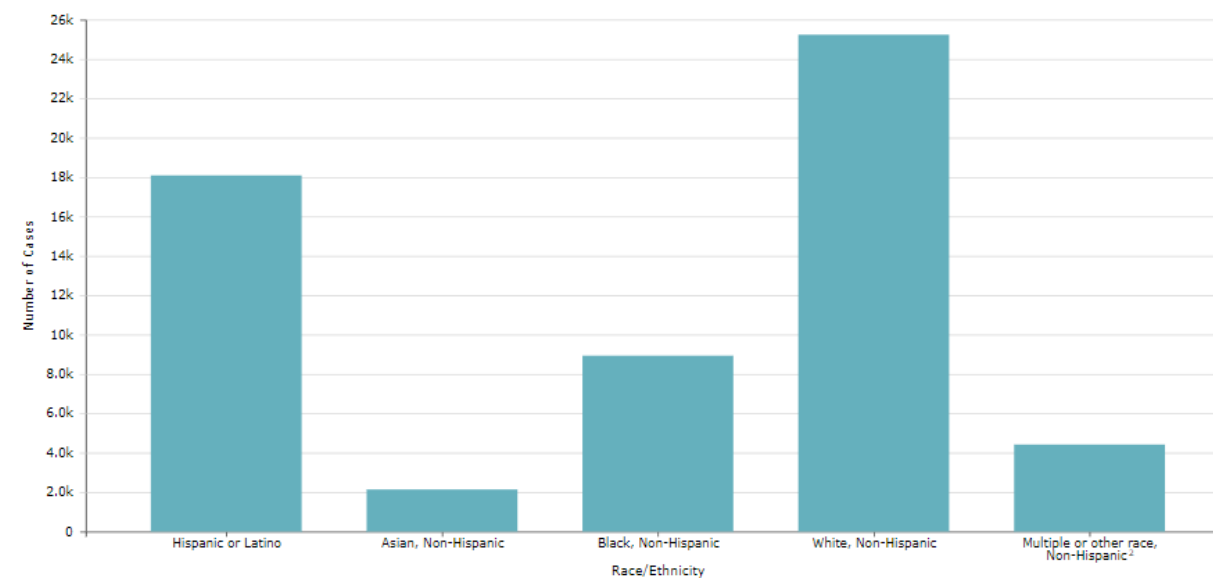
TOTAL CASES¹
83,424

TOTAL DEATHS
94

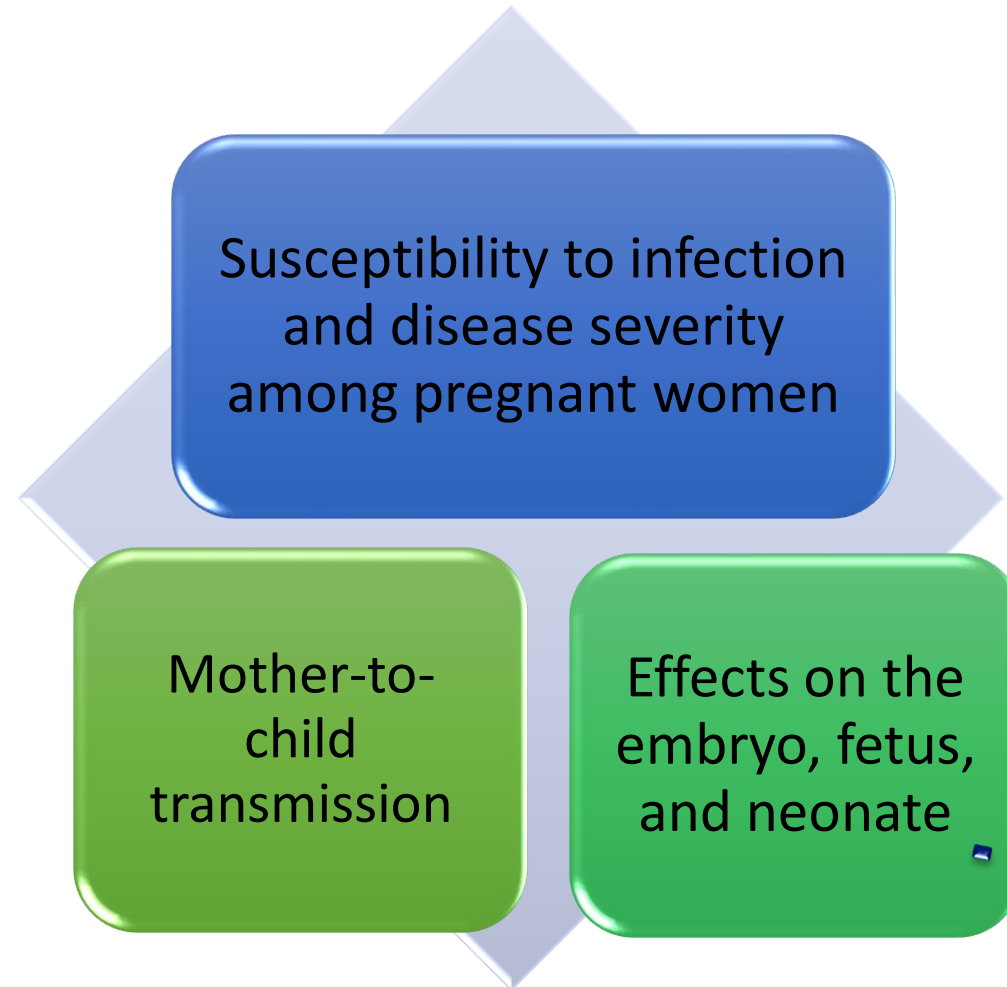
Pregnant women with COVID-19 by age



Pregnant women with COVID-19 by race/ethnicity



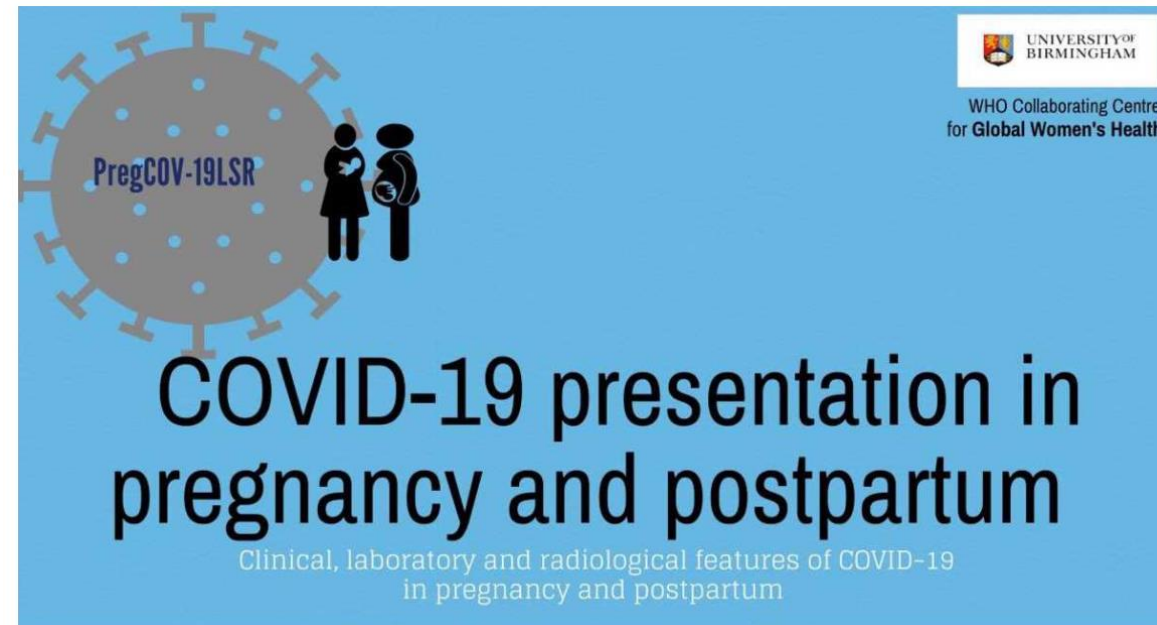
What Do We Know So Far?



COVID-19 in Pregnancy Living Systematic Review

- Pregnant and recently pregnant people with COVID-19 diagnosed in a hospital
 - May be less likely to show symptoms of fever and myalgia
 - Fever and cough most common, among ~40% of pregnant people with COVID-19

- Risk factors for severe COVID-19 in pregnancy
 - Older maternal age (≥ 35)
 - High body mass index (≥ 30)
 - Underlying medical conditions



Severity of COVID-19 during Pregnancy: Living Systematic Review and Meta-Analysis

- Illness severity: *pregnant women with COVID-19 vs. nonpregnant women with COVID-19*

Outcomes	No of studies	Women (No with event/No in group (%))		Odds ratio (95% CI)	I ² (%)
		Pregnant women with covid-19	Comparison group		
Comparison group: non-pregnant women of reproductive age with covid-19					
All cause mortality	8	103/34 047 (0.3)	3388/567 075 (0.6)	0.96 (0.79 to 1.18)	0
ICU admission	7	616/34 035 (1.8)	9568/567 073 (1.7)	2.13 (1.54 to 2.95)	71.2
Invasive ventilation	6	270/34 001 (0.8)	3280/567 043 (0.6)	2.59 (2.28 to 2.94)	0
ECMO	2	17/30 446 (0.1)	120/431 490 (0.0)	2.02 (1.22 to 3.34)	0

Birth outcomes among Pregnant People with COVID-19

Living Systematic Review and Meta-Analysis

- Birth outcomes: pregnant women with COVID-19 vs. pregnant women without COVID-19

Outcomes	No of studies	Women (No with event/No in group (%))		Odds ratio (95% CI)	I ² (%)
		Pregnant women with covid-19	Comparison group		
Perinatal outcomes:					
Stillbirth	9*	9/1039 (0.9)	26/4755 (0.5)	2.84 (1.25 to 6.45)	0
Neonatal death	8*	4/970 (0.4)	5/3316 (0.2)	2.77 (0.92 to 8.37)	0
Admission to neonatal unit	10*	329/1285 (25.6)	519/4588 (11.3)	4.89 (1.87 to 12.81)	96.2
Preterm birth <37 weeks	18	147/1184 (12.4)	572/7365 (7.8)	1.47 (1.14 to 1.91)	18.6

Adapted from: Allotey J, Stallings E, Bonet M, et al. Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis. BMJ. 2020;370:m3320. Published 2020 Sep 1. doi:10.1136/bmj.m3320

Mother-to-Child Vertical Transmission of SARS-CoV-2 and Disease Severity among Infants

- A small number of newborns tested positive shortly after birth despite no contact with their mother post-delivery.
- SARS-CoV-2 infections in neonates (≤ 28 days) are uncommon.
 - Majority of these infections are either asymptomatic or result in mild disease



1. Dong et al. Pediatrics. Epidemiology of COVID-19 Among Children in China

2. CDC. MMWR. Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020

3. Walker et al. Maternal transmission of SARS-COV-2 to the neonate, and possible routes for such transmission: a systematic review and critical analysis

4. CDC. Evaluation and Management Considerations for Neonates At Risk for COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html>

COVID-19 vaccination during pregnancy

Clinical Considerations: COVID-19 Vaccination during Pregnancy

- Pregnant persons **may choose to be vaccinated.**
- A discussion with a healthcare provider can help make an informed decision; however, it is not required prior to vaccination.



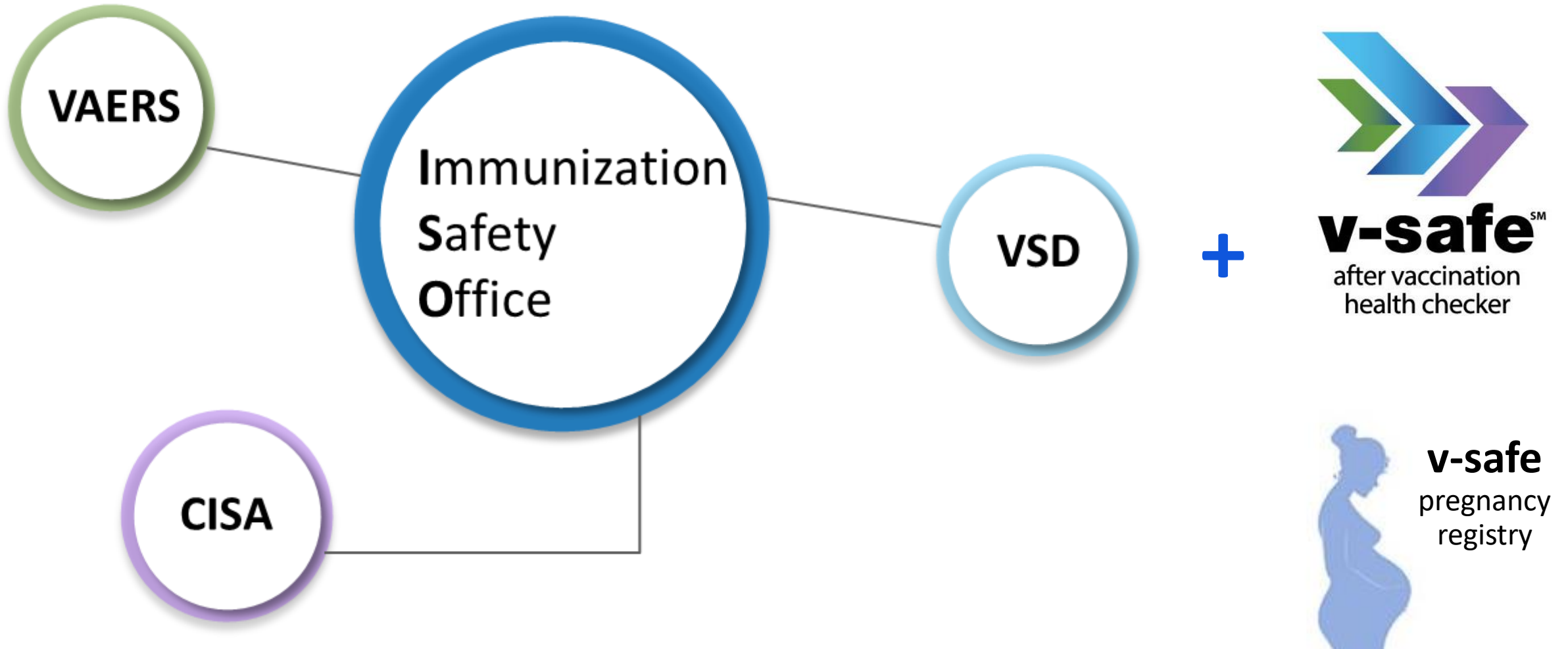
Limited Safety Data for COVID-19 Vaccines in Pregnancy

- No safety concerns in animal developmental and reproductive toxicity (DART) studies on Pfizer-BioNTech, Moderna, or Janssen COVID-19 vaccines
- Pregnant persons excluded from Pfizer, Moderna, and Janssen COVID-19 vaccine clinical trials
 - No safety concerns noted among those inadvertently vaccinated with Pfizer, Moderna, or Janssen COVID-19 vaccines
- mRNA and adenovirus vaccines
 - mRNA degrades quickly by normal cellular processes and doesn't enter the nucleus of the cell
 - Data available on use of Ebola adenovirus vaccine during pregnancy

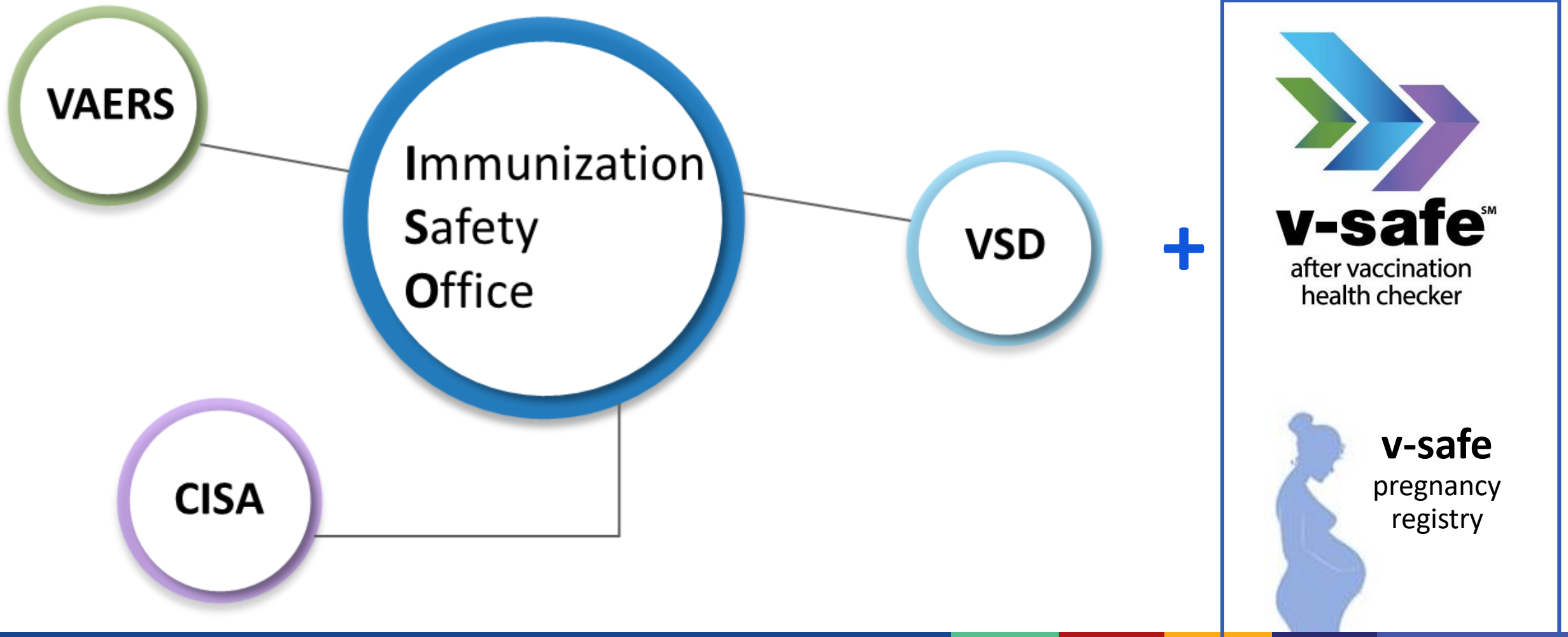


CDC Activities: Monitoring COVID-19 Vaccine Safety During Pregnancy

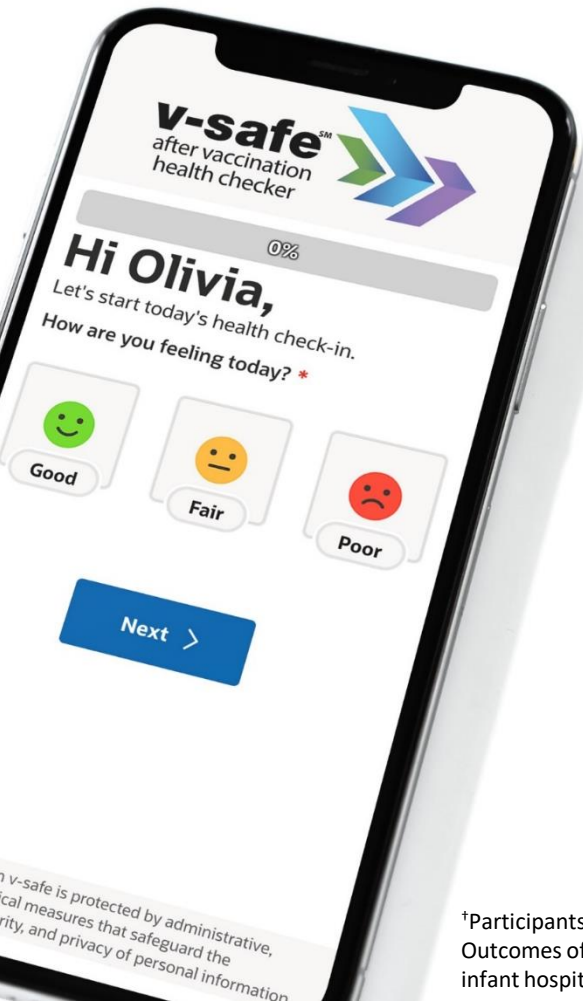
Vaccine safety monitoring systems



Vaccine safety monitoring systems



v-safe After-Vaccination Health Checker



Text message check-ins from CDC (daily 1st week; weekly through 6 weeks; then at 3, 6, and 12 months) and vaccine recipients choose to complete web survey



- ✓ **Received medical care**
v-safe call center follows up and takes a VAERS report if appropriate.
- ✓ **Reported pregnancy**
Pregnancy registry team calls to assess eligibility, and for those eligible, obtains consent for enrollment and follow-up.[†]



[†]Participants are contacted once per trimester, after delivery, and when the infant is 3 months old. Outcomes of interest include miscarriage and stillbirth, pregnancy complications, maternal intensive care unit admission, adverse birth outcomes, neonatal death, infant hospitalizations, and birth defects

Preliminary Data from v-safe: Pregnant and Non-pregnant Persons

	Pfizer- BioNTech	Moderna	Total
Pregnancies reported to v-safe [†]	16,039	14,455	30,494

* † Self-reported during a v-safe health check-in

Preliminary **v-safe** data as of Feb 16, 2021 from Day 1 check-ins indicate similar rates of:

- Health impacts
- Local reactions
- Systemic reactions

UPDATE:
77,960 pregnant people reported to v-safe (as of April 5, 2021)

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/05-covid-Shimabukuro.pdf>
<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafepregnancyregistry.html#:~:text=The%20v-safe%20COVID-19%20Vaccine%20Pregnancy%20Registry%20is%20for,health%20check-ins%20that%20participants%20receive%20via%20text%20message.>

v-safe Pregnancy Registry



Smartphone-based platform that initiates active outreach among those who report medically attended events or pregnancy following COVID-19 vaccination and links to pregnancy registry



If a woman reports:

- ✓ **Pregnant at time of vaccination (initial survey for each dose)**
- ✓ **Had a positive pregnancy test since vaccination (Day 21, 42 of each dose and monthly surveys)**



COVID-19 Vaccine Pregnancy Registry:

- Once each trimester during pregnancy
- Once after delivery
- Once after the infant is 3 months old



Medical records requested:

- At conclusion of pregnancy
- After first 3 months of infant's life

v-safe Pregnancy Registry: Preliminary Reports

	All Vaccines N
Enrolled	1,815
Not Eligible ^a	103
Refused/Declined ^b	31

^a Eligibility assessment determines whether vaccination was during pregnancy or within 30 days of last menstrual period

^b Refused indicates those for whom eligibility could not be fully assessed because participant chose not to engage with pregnancy registry team; declined indicates those who were eligible to participate but chose not to enroll

- 275 completed pregnancies as of Feb 19, 2021
 - Most are live births, based on self-report data
 - Most first dose vaccination in third trimester
 - No pregnancy or neonatal outcomes above the background rate

UPDATE:
4,218 pregnant people
enrolled in pregnancy
registry
(as of April 5, 2021)

<https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/05-covid-Shimabukuro.pdf>

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafepregnancyregistry.html#:~:text=The%20v-safe%20COVID-19%20Vaccine%20Pregnancy%20Registry%20is%20for,health%20check-ins%20that%20participants%20receive%20via%20text%20message.>

Summary

- Although the overall risk of severe illness is low, pregnant people are at an increased risk for severe illness from COVID-19 when compared to non-pregnant people
- Pregnant people with COVID-19 are at increased risk for poor birth outcomes including preterm birth
- Pregnant women were not included in preauthorization clinical trials of COVID-19 vaccines
- Post-authorization safety monitoring and research are important to obtain safety and effectiveness data on COVID-19 vaccination during pregnancy
- Substantial numbers of self-reported pregnant persons (>75,000) have registered in v-safe
 - The reactogenicity profile and adverse events observed among pregnant persons in v-safe have not indicated any safety problem
- Preliminary safety data on COVID-19 vaccine in pregnancy have not identified any safety signal; however most data so far are from people vaccinated late in pregnancy

One-stop Shop Toolkit for Pregnant People and New Parents



Pregnant People & New Parents

Pregnancy, Breastfeeding, and Caring for Newborns

Vaccination Considerations for People who are Pregnant or Breastfeeding

What You Can Do If You Are at Higher Risk of Severe Illness from COVID-19

Web Resources

- [Pregnancy, Breastfeeding, and Caring for Newborns](#)
- [COVID-19 Vaccination Considerations for People Who Are Pregnant](#)
- [V-safe After Vaccination Health Checker](#)

Clinical Care Guidance

- [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#)
- [Guidance on Care for Breastfeeding Women](#)
- [Considerations for Inpatient Obstetric Healthcare Settings](#)



Thank you



The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov



CDC/IDSA COVID-19 CLINICIAN CALL

COVID-19 in Pregnant Individuals; Plus Vaccine Q&A

Hosted in partnership with the American College of Obstetricians and Gynecologists

Saturday, April 10, 3-4 p.m. ET



Register Today

Linda O Eckert, MD
Professor, Obstetrics &
Gynecology
Adjunct Professor, Global Health
ACOG Liaison to ACIP
@drlindaeckert

DISCLOSURES

- No financial conflicts of interests
- Receive no financial remuneration from manufacturers

ACOG Recommendations



UW Medicine

UW SCHOOL
OF MEDICINE

Pregnant Individuals

- **ACOG recommends that COVID-19 vaccines should not be withheld** from pregnant individuals who meet criteria for vaccination based on ACIP-recommended priority groups.
- **ACOG recommends that** in the interest of patient autonomy, pregnant individuals should be free to make their own decision regarding COVID-19 vaccination.
- While pregnant individuals are encouraged to discuss vaccination considerations with their clinical care team when feasible, documentation of such a discussion should not be required prior to receiving a COVID-19 vaccine.

WHAT FACTORS SHOULD I CONSIDER?

- the level of activity of the virus in the community
- the potential efficacy of the vaccine
- the risk and potential severity of maternal disease, including the effects of disease on the fetus and newborn
 - Medical/ethnic risk factors
 - Living situation factors
- the safety of the vaccine for the pregnant patient and the fetus

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19>

Additional Considerations for Pregnant Individuals

- Similar to their non-pregnant peers, vaccination of pregnant individuals with a COVID-19 mRNA vaccine or with a viral vector vaccine may occur in any setting authorized to administer these vaccines. This includes any clinical setting and non-clinical community-based vaccination sites such as schools, community centers, and other mass vaccination locations.
- Pregnant women who experience fever following vaccination should be counseled to take acetaminophen.
- There is currently no preference for the use of one COVID-19 vaccine over another except for 16-17 year olds who are only eligible for the Pfizer-BioNtech vaccine.

Additional Considerations for Pregnant Individuals Cont.

- Individuals should complete their 2-dose series with the same vaccine product if receiving a mRNA vaccine.
- COVID-19 vaccines should not be administered within 14 days of receipt of another vaccine. For pregnant individuals, vaccines including Tdap and influenza should be deferred for 14 days after the administration of COVID-19 vaccines.
- Anti-D immunoglobulin (i.e. Rhogam) should not be withheld from an individual who is planning or has recently received a COVID-19 vaccine as it will not interfere with the immune response to the vaccine.

Lactating Individuals

- **ACOG recommends** COVID-19 vaccines be offered to lactating individuals similar to non-lactating individuals when they meet criteria for receipt of the vaccine based on prioritization groups outlined by the ACIP.
- Theoretical concerns regarding the safety of vaccinating lactating individuals do not outweigh the potential benefits of receiving the vaccine.
- There is no need to avoid initiation or discontinue breastfeeding in patients who receive a COVID-19 vaccine.

Individuals Contemplating Pregnancy

- **ACOG recommends** vaccination of individuals who are actively trying to become pregnant or are contemplating pregnancy and meet the criteria for vaccination based on ACIP prioritization recommendations.
- Given the mechanism of action and the safety profile of the vaccine in non-pregnant individuals, COVID-19 mRNA vaccines and viral vector vaccines are not thought to cause an increased risk of infertility. It is not necessary to delay pregnancy after completing both doses of the COVID-19 vaccine.
- If an individual becomes pregnant after the first dose of the COVID-19 vaccine series, the second dose should be administered as indicated.
- Pregnancy testing should not be a requirement prior to receiving any COVID-19 vaccine.

RECENT GOOD NEWS

Several Studies Demonstrate Antibody Transfer from Vaccinated Pregnant Individual to Fetus

Research Letter

• Cord Blood Antibodies following Maternal COVID-19 Vaccination During Pregnancy



Leena B. MITHAL MD MSCI ¹  , Sebastian OTERO BA ¹, Elisheva D. SHANES MD ², Jeffery A. GOLDSTEIN MD PhD ², Emily S. MILLER MD MPH ³

N=27 pregnancies: 25/27 infants with IgG, concentration IgG increases with time since first vaccine dose

Several Studies Demonstrate Antibody Transfer from Vaccinated Pregnant Individual to Fetus



Original Research: Obstetrics

COVID-19 vaccine response in pregnant and lactating women: a cohort study

Kathryn J. Gray MD PhD ^{1, *}, Evan A. Bordt PhD ^{2, *}, Caroline Atyeo BS ^{3, 4, *}, Elizabeth Deriso PhD ³, Babatunde Akinwunmi MD MPH MMSc ¹, Nicola Young BA ⁵, Aranxta Medina Baez BS ⁵, Lydia L. Shook MD ^{5, 6}, Dana Cvrk CNM ⁵, Kaitlyn James PhD, MPH ⁵, Rose De Guzman PhD ⁵, Sara Brigida BA ⁵, Khady Diouf MD ¹, Ilona Goldfarb MD MPH ⁵, Lisa M. Bebell MD ⁷, Lael M. Yonker MD ⁸, Alessio Fasano MD ⁸, S. Alireza Rabi MD ⁹ ... Andrea G. Edlow MD, MSc ^{5, 6}  

N=10 cord blood samples from vaccinated individuals

- 10/10 had IgG to spike protein present in cord blood
- IgA also present in breast milk

Several Studies Demonstrate Antibody Transfer from Vaccinated Pregnant Individual to Fetus

Antibody response to SARS-CoV-2 mRNA vaccines in pregnant women and their neonates

Malavika Prabhu, M.D.¹; Elisabeth A. Murphy, Ph.D.²; Ashley C. Sukhu, B.S.³; Jim Yee, B.S.⁴; Sunidhi Singh, B.A.¹; Dorothy Eng, B.A., B.S.⁴; Zhen Zhao, Ph.D.^{3,4}; Laura E. Riley, M.D.¹; Yawei J. Yang, M.D., Ph.D.^{3,4}

122 pregnant individuals

N=55: 1 dose, 24/55 (43.6%) infants with IgG

N=67: 2 doses, 65/57 (98.5%) infants with IgG

bioRxiv preprint doi: <https://doi.org/10.1101/2021.04.05.438524>; this version posted April 6, 2021

BENEFITS TO CONSIDER

- Protecting fetus
 - HEALTHY mom → better for fetus!
 - may be associated with preterm birth
- Protecting Infant
 - Maternal antibody passed via cord blood and breast milk to baby
- Protecting Post partum Mom
 - May decrease her need for isolation, and increase options for support

FERTILITY CONCERNS

Patient: “I am planning to get pregnant, should I get the COVID-19 Vaccine?”

Me: “Yes!”

- No mixing of DNA
- No persistence of vaccine materials in the body
- No adjuvants or preservatives in the vaccines
- No chance to get COVID-19 from vaccines
- No increased risk of miscarriage in data thus far

COVID-19 in pregnancy is a KNOWN risk

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-and-lactating-patients-against-covid-19>

ACOG RESOURCES

ACOG Practice Advisory

Comprehensive clinical guidance for ACOG members regarding COVID-19 Vaccination for Pregnant and Lactating Individuals.

<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19>

Vaccinating Pregnant and Lactating Patients Against COVID-19

Practice Advisory | December 2020

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Last updated January 27, 2021

This Practice Advisory was developed by the American College of Obstetricians and Gynecologists' Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group in collaboration with Laura E. Riley, MD; Richard Beigi, MD; Denise J. Jamieson, MD, MPH; Brenna L. Hughes, MD, MSc; Geeta Swamy, MD; Linda O'Neal Eckert, MD; Mark Turrentine, MD; and Sarah Carroll, MPH.

Summary of Key Information and Recommendations

COVID-19 vaccine development and regulatory approval are rapidly progressing. Thus, information and recommendations will evolve as more data are collected about these vaccines and their use in specific populations. This Practice Advisory is intended to be an overview of currently available COVID-19 vaccines and guidance for their use in pregnant and lactating patients.

Conversation Guide for Clinicians

Highlights the main conversation points for clinicians from ACOG's Practice Advisory to help discuss COVID-19 vaccines with pregnant individuals.

➤ Intended to help guide risk/benefit conversations

COVID-19 Vaccines and Pregnancy: Conversation Guide for Clinicians

ACOG recommends that COVID-19 vaccines should not be withheld from pregnant individuals who meet criteria for vaccination based on ACIP-recommended priority groups.

While safety data on the use of COVID-19 vaccines in pregnancy are not currently available, there are also no data to indicate that the vaccines should be contraindicated, and no safety signals generated from Developmental and Reproductive Toxicity (DART) studies for the Pfizer-BioNTech and Moderna COVID-19 vaccines.

In the interest of patient autonomy, ACOG recommends that pregnant individuals be free to make their own decision regarding COVID-19 vaccination. While pregnant individuals are encouraged to discuss vaccination considerations with their clinical care team when feasible, documentation of such a discussion should not be required prior to receiving a COVID-19 vaccine.

For more information on vaccinating pregnant women against COVID-19 see ACOG's Practice Advisory.

The following talking points are intended to help guide risk and benefit conversations with pregnant patients:

☐ Risk of COVID-19 Infection During Pregnancy

- While the known absolute risk is low, pregnancy is associated with increased risk of maternal severe illness, ICU admission, mechanical ventilation and death
- Known Increased risk of complications from COVID-19 in pregnant patients with underlying health conditions (e.g. diabetes, obesity, increasing age, and cardiovascular disease)
- Increased risk for certain racial and ethnic populations


☐ Safety of COVID-19 Vaccines

- Vaccines currently available under EUA have not been tested in pregnant women. Therefore, there are no safety data specific to use in pregnancy.









<https://www.acog.org/en/covid-19/covid-19-vaccines-and-pregnancy-conversation-guide-for-clinicians>

Vaccinating Pregnant Individuals: Eight Key Recommendations for COVID-19 Vaccination Sites

- Brand new resource from ACOG intended for all variations of COVID-19 vaccination sites
- Provides key recommendations from ACOG regarding COVID-19 vaccines and pregnancy
- Not intended to be a guide for risk/benefit conversations

 **Vaccinating Pregnant Individuals: Eight Key Recommendations for COVID-19 Vaccination Sites**

The American College of Obstetricians and Gynecologists (ACOG) recommends that pregnant individuals be free to make their own decision regarding COVID-19 vaccination. While pregnant individuals are encouraged to discuss vaccination considerations with their clinical care team when feasible, documentation of such a discussion should not be required prior to receiving a COVID-19 vaccine. Further, pregnant individuals should not be denied COVID-19 vaccine(s) because of their pregnancy-status alone. COVID-19 vaccination sites should consider the recommendations below regarding vaccinating pregnant individuals.

	1 COVID-19 vaccines should be available and administered to pregnant individuals who choose to be vaccinated.
	2 While pregnant individuals are encouraged to discuss vaccination considerations with their clinical care team when feasible, documentation of such a discussion should not be required prior to receiving a COVID-19 vaccine.
	3 Pregnancy testing should not be a requirement prior to receiving any EUA-approved COVID-19 vaccine.
	4 Similar to their non-pregnant peers, pregnant individuals can receive a COVID-19 mRNA vaccine in any setting authorized to administer these vaccines. This includes any clinical setting and non-clinical community-based vaccination sites such as schools, community centers, and other mass vaccination locations.
	5 Precautions should be discussed with any individual who reports a history of any immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of mRNA COVID-19 vaccines or polysorbate).
	6 If anaphylaxis is suspected in a pregnant individual after receiving a COVID-19 vaccination, anaphylaxis should be managed the same as in non-pregnant individuals (CDC).
	7 Pregnant individuals who experience fever following vaccination should be counseled to take acetaminophen. Acetaminophen has been proven to be safe for use in pregnancy and does not appear to impact antibody response to COVID-19 vaccines.
	8 Pregnant individuals who receive a COVID-19 vaccine should be educated about and encouraged to participate in CDC's V-SAFE program (see below for more information on CDC's V-SAFE program).

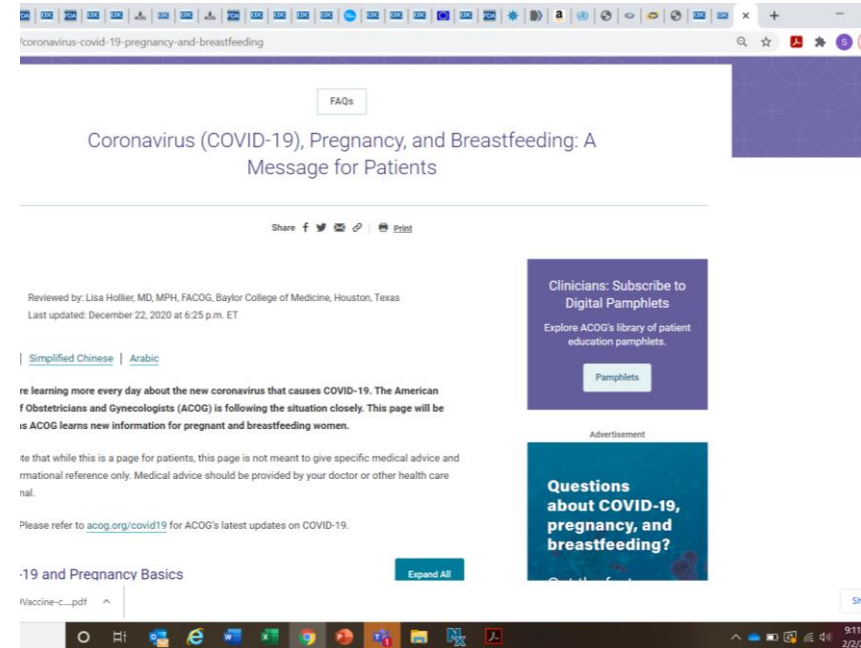
For more information, please visit ACOG's [Practice Advisory on Vaccinating Pregnant and Lactating Patients Against COVID-19](#) and CDC's [Clinical Considerations](#).

<https://www.acog.org/covid-19/vaccination-site-recommendations-pregnant-individuals>

Patient Education Resources

COVID-19 resources on ACOG's Patient Education Portal include:

- Expert columns
- Frequently Asked Questions



Coding for COVID-19 Immunizations

Brand new practice management resource outlining coding specifics for COVID-19 vaccines

The screenshot shows the ACOG Practice Management page for "Coding for COVID-19 Immunizations". The page is dated February 3, 2021. It provides information on the coding process for COVID-19 vaccines, including the approval of codes by the AMA CPT Editorial Panel. The page lists three vaccine types with their respective CPT codes and administration instructions:

- Pfizer-BioNTech COVID-19 Vaccine (NCD 10/NCD 11: 59267-1000-1; 59267-1000-01) CPT 91300**
Vaccine Administration
 - 1st Dose: 0001A
 - 2nd Dose: 0002A
- Moderna COVID-19 Vaccine (NCD 10/NCD 11: 80777-273-10; 80777-0273-10) CPT 91301**
Vaccine Administration
 - 1st Dose: 0011A
 - 2nd Dose: 0012A
- AstraZeneca COVID-19 Vaccine (NCD 10/NCD 11: 0310-1222-10; 00310-1222-10) CPT 91302**
Vaccine Administration

THANK YOU!!

- Co-authors of the ACOG Practice Advisory: Laura E. Riley, MD; Richard Beigi, MD; Denise J. Jamieson, MD, MPH; Brenna L. Hughes, MD, MSc; Geeta Swamy, MD; Linda O'Neal Eckert, MD; Mark Turrentine, MD; and Sarah Carroll, MPH.
- ACOG- Expert Immunization and Emergency Preparedness Workgroup
- QUESTIONS?

@drlindaeckert

Q&A and Discussion

Vaccine Q&A

Sarah Mbaeyi, MD, MPH

Chief Medical Officer

CDC COVID-19 Vaccine Task Force

Dr. Mbaeyi has no disclosures to report.

Links from Today's call

Slide 7- <https://covid.cdc.gov/covid-data-tracker/#pregnant-population>

Slide 12- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html>

Slide 15- <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

Slide 19- <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2021-02/28-03-01/05-covid-Shimabukuro.pdf>

Slide 19- <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafepregnancyregistry.html#:~:text=The%20v-safe%20COVID-19%20Vaccine%20Pregnancy%20Registry%20is%20for,health%20checks%20that%20participants%20receive%20via%20text%20message>

Slide 23- <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

Slide 24- <https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/pregnant-people-and-new-parents.html>

Slide 30- <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19>

Slide 40- <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19>

Slide 42- <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/vaccinating-pregnant-and-lactating-patients-against-covid-19>

Slide 43- <https://www.acog.org/en/covid-19/covid-19-vaccines-and-pregnancy-conversation-guide-for-clinicians>

Slide 44- <https://www.acog.org/covid-19/vaccination-site-recommendations-pregnant-individuals>



idweek.org
Virtual Conference



Save the Date
Sept. 29 – Oct. 3, 2021

Attend, Learn & Collaborate.

Advancing Science, Improving Care

Important Dates:

- Registration Opens – mid-May
- Abstract Submission Deadline – June 9
- Case Submission Deadline – June 9

COVID-19 Real-Time Learning Network

Brought to you by CDC and IDSA

An online community bringing together information and opportunities for discussion on latest research, guidelines, tools and resources from a variety of medical subspecialties around the world.

Specialty Society Collaborators

American Academy of Family Physicians
 American Academy of Pediatrics
 American College of Emergency Physicians
 American College of Physicians
 American Geriatrics Society
 American Thoracic Society
 Pediatric Infectious Diseases Society
 Society for Critical Care Medicine
 Society for Healthcare Epidemiology of America
 Society of Hospital Medicine
 Society of Infectious Diseases Pharmacists

www.COVID19LearningNetwork.org

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CDC-IDSA Partnership: Clinical Management Call Support

FOR WHOM?

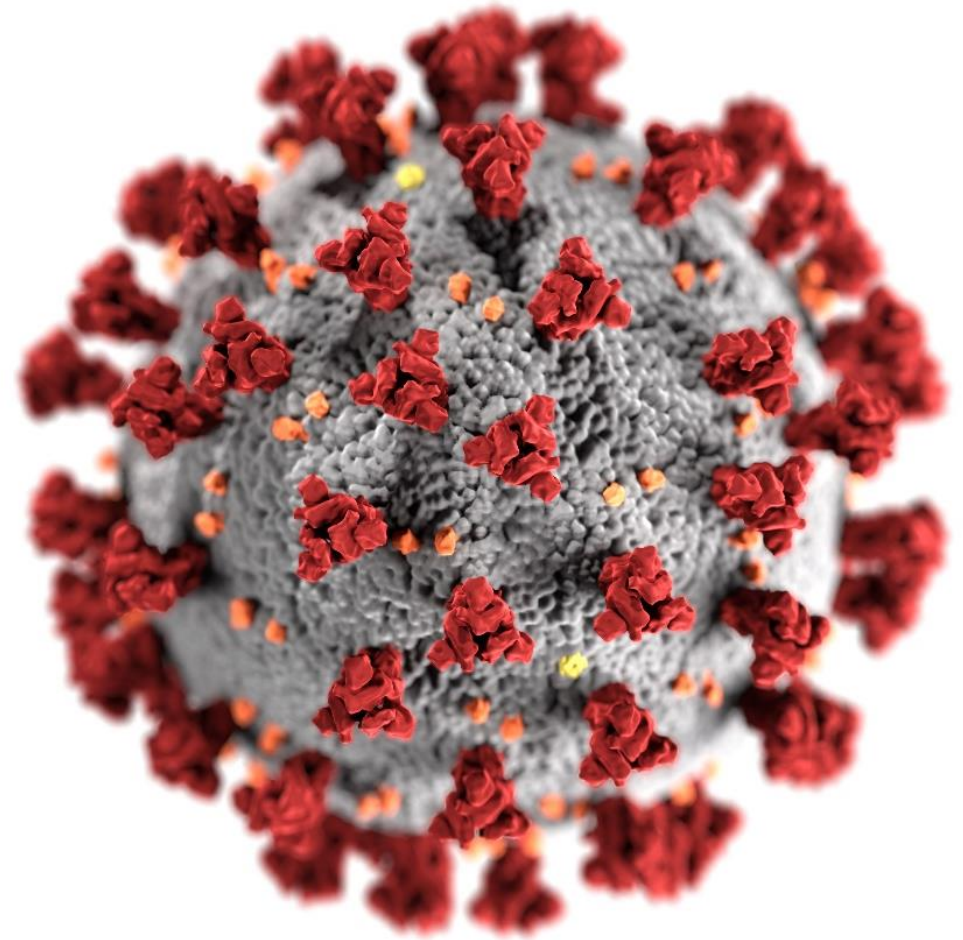
- Clinicians who have questions about the clinical management of COVID-19

WHAT?

- Calls from clinicians will be triaged by CDC to a group of IDSA volunteer clinicians for peer-to-peer support

HOW?

- Clinicians may call the main CDC information line at 800-CDC-INFO (800-232-4636)
- To submit your question in writing, go to www.cdc.gov/cdc-info and click on Contact Form



IDSA
Infectious Diseases Society of America

cdc.gov/coronavirus

Continue the
conversation on Twitter

@RealTimeCOVID19
#RealTimeCOVID19



We want to hear from you!
Please complete the post-call survey.

Next Call: **Saturday, April 17th**

A recording of this call will be posted at
www.idsociety.org/cliniciancalls
-- library of all past calls now available --

Contact Us:

Dana Wollins (dwollins@idsociety.org)

Deirdre Lewis (dlewis@idsociety.org)