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January 18, 2021

Dr. Azita Hamedani  
Co-Chair, Wisconsin State Disaster Medical Advisory Committee (SDMAC)  
Via email to: [dhssdmac@dhs.wisconsin.gov](mailto:dhssdmac@dhs.wisconsin.gov)

Dear SDMAC Committee Members,

Wisconsin hospitals and health systems have now spent nearly a year entrenched in all aspects of care delivery related to the COVID-19 pandemic. Hospitals are immensely proud of their work during this time and continue to gather and apply lessons learned. They have seen and felt, like few others, the impacts of this pandemic, including the loss of nearly 6,000 of their fellow Wisconsinites. Wisconsin's hospitals and health systems are anxious to get past COVID and know widespread vaccination and immunity is key to moving forward. As hospitals and health systems have been on the front lines of caring for COVID patients and fighting this virus, so too they are once again stepping forward to take on this next stage of the COVID fight. On their behalf we are pleased to submit comments and suggestions for both defining and managing the move to Phase 1b and beyond.

Depending on various assumptions, we calculate that Wisconsin will need to administer between 28,000 and 38,000 doses *per day* to successfully vaccinate 2.5 million people with two doses of vaccine by the end of June. This is an immense but achievable challenge if we move forward in both a concerted and pragmatic manner, paced and ultimately enabled by Wisconsin's allotment of COVID-19 vaccine from the Federal government.

While there is plenty of desire and commitment to move Wisconsin forward, that alone will not improve Wisconsin's vaccination rates. The pace of vaccination in Wisconsin is driven by vaccine supply and ability to use the supply we have. The former is largely dependent on the federal government, the latter largely on state government. Wisconsin's hospitals and health systems are ready and willing to move forward, the extent to which they are fully able will depend in part on the decisions of this committee. To meet this immense but achievable challenge WHA supports executing a vaccine prioritization strategy that:

- has as its primary goal vaccinating as many people as quickly and safely as possible;
- is not hindered by overly prescriptive processes or planning;
- is flexible and acknowledges the prudence of variation and phase overlap;
- develops and leverages all vaccinator assets to the fullest extent.

During a recent COVID briefing, DHS Deputy Secretary Julie Willems Van Dijk said "A shot in an arm is protecting a life." WHA could not agree more and supports a balanced vaccine distribution plan driven ultimately by the belief that each day additional people in a community are vaccinated, that community is safer than the day before. Our comments and suggestions are aimed toward that objective.

#### Allow for Flexible and Faster Transition to Phase 1b

On January 8, Governor Evers and eight other Governors sent a letter to HHS Secretary Azar and Operation WarpSpeed's General Perna asking for immediate release of additional supplies of the life-saving vaccine. The letter quotes General Perna as saying "a vaccine sitting on a shelf is not effective." A recent White House Coronavirus Task Force Report to Wisconsin shares a similar message indicating that "no vaccines should be in freezers but instead should be put in arms now." We agree.

In some areas of the state vaccinators are ready to move to Phase 1b, including vaccinating their most vulnerable and at-risk elderly patients (those age 70 and older comprise 79% of COVID deaths that have occurred in Wisconsin). A growing number of vaccinators have vaccinated not only their own health care workers but “unaffiliated” providers in their communities as well. We should not wait for vaccinating entities to catch up to each other and slow, or possibly stop, vaccinating people during the wait.

ACIP’s own guidelines indicate that it is not necessary to vaccinate all individuals in one phase before transitioning to the next phase. HHS Secretary Azar recently reinforced this expectation when he urged states not to micromanage the process but to allow people in lower-prioritized groups to be vaccinated rather than delaying vaccination. “Faster administration could save lives right now, which means we cannot let the perfect be the enemy of the good,” he said. We agree. ***We urge that your guidance allow entities that are ready to move to Phase 1b to do so immediately and ask that you consider this same overlap for subsequent phases.***

#### Accelerate and Clarify Prioritization

Margaret Gesner of the SDMAC Vaccine Distribution Subcommittee indicated that one “cannot underestimate the difficulty of operationalizing” vaccine distribution. We agree. It is time-consuming and logistically challenging work that can either be helped or hindered by regulations and guidance. ***We urge you to expedite your work and quickly finalize the definitions of eligible individuals for each of the phases to provide clarity to the public and so that the appropriate steps can be taken to distribute and administer the vaccine.***

Wisconsin and other states benefit from the work of the national Advisory Committee on Immunization Practices (ACIP). In our experience, many Wisconsinites do not understand that Phase 1b in our state may differ from the ACIP recommendations, but they do see and question differences between Wisconsin and other states. To the extent Wisconsin’s Phase 1b definitions significantly differ from ACIP, we could risk more uncertainty and may spend precious time and resources working to clarify, rather than administer, vaccine. ***For simplicity, we recommend that you to be as consistent as possible with the ACIP guidelines. This includes moving to older, higher risk populations, such as those age 65 and above, as quickly as possible.***

Vaccination of health care personnel is one area of confusion created by differences between ACIP and Wisconsin guidelines. The ACIP Phase 1a prioritization and definition of “health care personnel” recognizes that many staff in hospitals and clinics serve in critical support and operational roles necessary to maintain a functioning health care system. This includes those who administer vaccine, care for patients, obtain supplies, ensure IT systems are functioning, and meet the challenges of potential future surges in COVID infections and hospitalizations. They support a significant component of Wisconsin’s COVID response infrastructure. Notably, the SDMAC Vaccination Subcommittee reached similar conclusion when it included health care workers in its recommendations for phase 1b.

Further, staffing resources and support will be a challenge as hospitals and health systems come forward to take on a larger community vaccination role, often doing this where state and local government cannot. Many will be repurposing existing staff, some literally thousands of staff, to give vaccinations or provide the needed logistical support for multiple mass vaccination clinics they are voluntarily creating and staffing. As both incentive and protection, hospitals should be able to vaccinate all these staff who will be assisting with vaccinating patients and standing up community vaccine clinics.

***Given the challenges hospitals and health systems face in staffing the bulk of Wisconsin’s COVID response, we recommend Wisconsin remain consistent with at least the intent of the ACIP Phase 1a definition of “health care personnel” as well as the similar recommendations adopted by the SDMAC Vaccine Subcommittee by allowing hospitals and health systems the flexibility to vaccinate those staff they determine are needed to support their patient care operations and community vaccination efforts.***

#### Urgent Need to Support Operational Execution

As more vaccinators come on-line and we begin transitioning to Phase 1b, we must also look ahead to even larger tasks associated with vaccinating the remainder of the population. Timely implementation of vaccination to prioritized populations must be accompanied by an aggressive, forward looking all-hands-on-deck and achievable plan for execution.

Given the large number of people expected to seek vaccination, community mass vaccination sites offer the potential to handle large numbers of people in an efficient and effective manner. For example, we are aware of a Wisconsin health system that has been working toward setting up four high volume vaccination sites rather than trying to accommodate vaccination at each of their hospital or clinic sites. The expectation is that that these sites will vaccinate up to 4000 people per day. There are several other examples like this, however, these high-volume sites must be adequately resourced. The system is estimating over 1000 workers will be needed for this vaccination effort.

We recommend the state continue working to stand up and support such sites as quickly as possible, including state and local staffing resources and relying on all of its 1200 enrolled vaccinators, including pharmacies, community clinics and local public health departments as additional vaccinating entities to take on some of the load.

Lastly, it must be noted that as we move into these next and broader phases of vaccination, urgency as well as patience from all involved will be key. While there is a great desire to move ahead with vaccinating broader populations, coupled with the state now having some 1200 enrolled vaccinators, the reality is the pace of vaccination will be highly dependent on the amount of vaccine coming into Wisconsin and the rules around its use. It will be important for all involved in moving to these next phases to manage expectations while crafting policies that match demand for vaccine with supply of vaccine.

We know everyone is working hard and at the end of the day we all want Wisconsin to emerge from this awful pandemic as soon as possible. We thank the members of the SDMAC and the SDMAC Vaccination Subcommittee for their work to this point.

There is a light at the end of the tunnel, and WHA remains unfalteringly committed to working with DHS, the state and our many other partners and allies to reach this end as quickly and safely as possible.

Sincerely,



Eric Borgerding  
President & CEO

CC: Governor Tony Evers  
Andrea Palm, DHS Secretary-designee  
Lisa Olson, Assistant Deputy Secretary, DHS  
Anna Benton, Deputy Director, Division of Medicaid Services