The SDMAC Vaccine Subcommittee voted in favor of posting this document for public comment. Public comments may be submitted to DHSSDMAC@dhs.wisconsin.gov. Please include "vaccine subcommittee" and "Phase 1A choosing between vaccinators" in the email subject line. The public comment period will close at 5:00 p.m. on Friday, December 11, 2020.

Recommendations for the State of Wisconsin on Distributing COVID-19 Vaccine Allotments in Phase 1a

The Vaccine Distribution Subcommittee ("Subcommittee") of the State Disaster Medical Advisory Committee (SDMAC) was established to develop guidance for the Department of Health Services (DHS) regarding allocation of limited numbers of vaccine doses during the COVID-19 pandemic. It is anticipated that one or more SARS-CoV-2 vaccine products will be authorized or approved for use in the United States as early as mid-December of 2020. The initial quantity of vaccine doses available will be small in relationship to the number of people eligible to receive it, and therefore, rationing of available vaccine will be necessary until production and distribution increases in amounts sufficient to meet all needs.

The Subcommittee was tasked with answering the following question:

> *When distributing limited supplies to vaccinators, what population level characteristics should DHS consider?*

The Advisory Committee on Immunization Practices (ACIP) has subdivided early vaccination into three distinct phases: Phase 1a, Phase 1b, and Phase 1c. This document is intended to provide a response to the charge question for Phase 1a which has been proposed by ACIP[1] and the Subcommittee to include the following populations:

> **Health care personnel (HCP)** "*individuals who provide direct patient service (compensated and uncompensated) or engage in healthcare services that place them into contact with patients who are able to transmit SARS-CoV-2, and/or infectious material containing SARS-CoV-2 virus."*
>
> **Residents of Long Term Care Facilities (RLTCF): "***adults who reside in facilities that provide a variety of services, including medical and personal care, to persons who are unable to live independently."*

The State of Wisconsin Department of Health Services (DHS) will be coordinating the logistics of vaccine deployment. Entities who wish to become *vaccinating entities* will need to enroll and be vetted by DHS. For the purpose of this document, ***vaccinating entities*** are defined as:

> *"Vaccinators who have been evaluated by DHS and are approved to vaccinate HCP and RLTCF."*

DHS will be allocating distributions of vaccine released through the Centers for Disease Control and Prevention (CDC). An ***allotment*** is defined as:

> *"An amount of vaccine released from CDC to DHS for the purposes of vaccinating the Phase 1a priority population with a first dose*."

Subsequent doses of a two-dose vaccine schedule will be allocated in accordance with *Recommendations for State of Wisconsin to Distribute of a Multiple Dose COVID-19 Vaccine*. DHS plans to use a "hub and spoke" model for vaccine distribution where vaccine is received in a centralized location able to support appropriate cold-chain measures (hubs) and distributed to vaccinating entities (spokes).

The State of Wisconsin Department of Health Services (DHS) has agreed to participate in the federal Pharmacy Partnership for Long-term Care (LTC) Program. This program provides COVID-19 vaccine to pharmacies that have been identified as having capacity to provide vaccination services to RLTCF and

[1] Oliver, ACIP meeting, 11/23/2020

LTCF staff. By agreeing to participate in the program, the Wisconsin Department of Health Services is obligated to designate vaccine from its allocation to this program. Initiation of this distribution may begin at any time, but once this program is initiated, the state is obligated to designate sufficient vaccine doses to cover 50% of the eligible vaccinees in the first allotment received thereafter, followed by 25% in each of the subsequent two allotments. Given that there are an estimated 60,000 RLTCF and staff covered by this program, Wisconsin will provide 30,000 doses for the first distribution, followed by 15,000 doses each in the subsequent two distributions

The Subcommittee convened to develop recommendations for DHS on how to choose among different *vaccinating entities* (e.g. spokes) and when to initiate the first distribution to the Pharmacy Partnership for Long-term Care (LTC) Program. The Subcommittee deliberated and recommends that DHS implement an allocation framework based on the following principles:

1. Fill partial vaccine orders, where applicable. The Subcommittee believes providing a portion of requested vaccine to as many vaccinating entities as possible is preferable to fulfilling full orders for a smaller number of vaccinating entities. Ensuring that at least some vaccine is delivered to as many vaccinating entities as possible was considered important for minimizing the risk of geographic disparities in vaccine access. It may also minimize the risk of wasted doses.[2] The Pharmacy Partnership for Long-term Care (LTC) Program will follow the filling requirements of the program.

2. Balance distribution among health care personnel and long-term care facility residents. Known information pertaining to available vaccines (e.g., size of allotments, vaccine manufacturer, storage and handling requirements, data about efficacy among older patients for the vaccine products that are available) may be used to determine the optimal time to enter into the Pharmacy Partnership for Long-term Care (LTC) Program. The Subcommittee recommends that the DHS provide the initial allotment of vaccine for distribution to HCPs. Initiation of the Pharmacy Partnership for Long-term Care (LTC) Program will continue to be a priority and will depend on sufficient vaccine to adhere to program requirements.

3. Subprioritization within RLTCF should reflect guidance from the ACIP. The Subcommittee acknowledges the subprioritization of vaccination for RLTCFs, in the event of demand outstripping supply, should follow the guidance outlined by the ACIP. Therefore, skilled nursing facilities will be prioritized initially within the Pharmacy Partnership for Long-term Care (LTC) Program, as they care for the most medically vulnerable residents. When broadening is possible, other facilities such as assisted living facilities, residential care communities, intermediate care facilities for individuals with developmental disabilities, and state veterans homes should be considered.

4. Give greater priority to vaccinating entities who will administer vaccine in communities characterized by higher levels of social vulnerability. The subcommittee recommends using the CDC's Social Vulnerability Index as a consideration in rationing among vaccinating entities. As highlighted in the CDC publication *Ethical Framework to Guide the Allocation of COVID-19 Therapeutics and Vaccines,*[3] the subcommittee believes it can be used as a proxy for lower income workforce that

---

[2] Please review the Wisconsin State Disaster Medical Advisory Committee Vaccine Distribution Subcommittee *Recommendations for State of Wisconsin to Distribute a Multiple Dose COVID-19 Vaccine* if a vaccine requires more than one dose for the series to be complete.

[3]Wisconsin State Disaster Medical Advisory Committee Ethics Subcommittee. *Ethical Framework to Guide the Allocation of COVID-19 Therapeutics and Vaccines*. https://publicmeetings.wi.gov/download-attachment/2c4916b2-6036-43ec-a654-b65e8d3fcd75

[3] Dasgupta S, Bowen VB, Leidner A, et al. Association Between Social Vulnerability and a County's Risk for Becoming a COVID-19 Hotspot — United States, June 1–July 25, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1535–1541. DOI: http://dx.doi.org/10.15585/mmwr.mm6942a3

might be of communities who have experienced disproportionate impacts from the pandemic[4]. Its use was recommended in A *Framework for Equitable Allocation of Vaccine for the Novel Coronavirus*[5] as a way to ensure health equity was built into distribution plans.

5. Incentivize vaccinating entities to vaccinate unaffiliated HCPs such as first responders. It is likely that in early distributions vaccinating entities will be serving their employees. The Subcommittee recognizes that many HCPs may not have immediate access to an employer-based clinic. Examples might include small clinics, non-traditional health settings (e.g. home health), or volunteer services (e.g. EMS). The Subcommittee recognizes that vaccinating entities are likely adding extra administrative burden to provide a service for the broader community.

6. Current COVID-19 disease activity level in a geographic region should <u>not</u> be considered as a factor for prioritizing vaccinating entities for receiving a greater proportion of their vaccine request. The Subcommittee determined that because COVID-19 disease activity is very high in 100% of Wisconsin Counties, it will not be beneficial to prioritize specific regions of the state during Phase 1a. HCPs and RLTCFs are at elevated risk of exposure to SARS-CoV-2 in all regions of the state.

7. Current health care provider staffing shortages should <u>not</u> be considered as a factor for prioritizing vaccinating entities for receiving a greater proportion of their vaccine request. While COVID-19 vaccination is a key strategy for protecting the healthcare workforce, the protective benefit will not be immediate. Both doses of a vaccine series are likely necessary to offer protection. Health care staffing shortages are subject to change week-to-week, and therefore may not be a reliable indicator of where vaccination of HCPS will have maximum benefit.

---

[4]National Academies of Sciences, Engineering and Medicine. *A Framework for Equitable Allocation of Vaccine for the Novel Coronavirus.* https://www.nap.edu/catalog/25914/discussion-draft-of-the-preliminary-framework-for-equitable-allocation-of-covid-19-vaccine

Appendix: Sample Request form Used by Vaccinating Entities and Proposed use Prioritization Criteria

Each vaccinating entity should request the exact number of vaccine doses it will administer within 5 days of the shipment date. DHS should aim to fill a portion of the vaccine order of every requesting entity, with the limitation that there will be a minimum quantity of vaccine that can be shipped during the initial phase. Entities that cannot commit to administering at least this minimum quantity (e.g. 50 or 100 vaccine doses) within 5 days of shipment will not be eligible to receive vaccine during the early rounds of distribution. The minimum quantity will be subject to change during subsequent rounds of distribution, and as additional vaccine products become available.

Entities requesting more than the minimum quantity will receive some proportion of their request. The proportion will be determined by the total number of vaccine doses requested by eligible vaccinating entities in relationship to the total vaccine allotment received by DHS, with adjustments made for county-level social vulnerability index and commitment to administer vaccine to HCPs such as first responders, who may not be affiliated with an organization with capacity to request and administer vaccine during the initial phase.

County #1, 2, 3 . . . n:
Doses administered to HCP employed by vaccinating entity:
Doses administered to unaffiliated HCPs (e.g., first responders): _____

Total doses requested for county: _____

Total Vaccine Dose Request (sum of doses for all counties): _____

As a hypothetical example, a health care organization might request 1,100 vaccine doses, to be administered in three Wisconsin Counties where they operate hospitals and clinics. They have also partnered with an EMS system in an additional county to vaccinate first responders. They submit an itemized vaccine request to DHS with the following:

County A: 600 total doses requested
600 HCP employees
0 unaffiliated HCPs
(County A is in the 1st [highest] quintile of social vulnerability index)

County B: 200 doses requested
200 HCP employees
0 unaffiliated HCPs
(County B is in the 2nd quintile of social vulnerability index)

County C: 100 doses requested
100 HCP employees
0 unaffiliated HCPs
(County C is in the 5th [lowest] quintile of social vulnerability index)

County D: 200 doses requested
0 HCP employees
100 unaffiliated HCPs
(County D is in the 5th [lowest] quintile of social vulnerability index)

The vaccine doses distributed to the organization will be calculated based on the amount of vaccine available as a proportion of the total doses requested by all vaccinators. For example, if 250,000 doses are requested by all vaccinating entities, and Wisconsin's first allotment is only 50,000 doses, then every

entity will receive (50,000 / 250,000 = 0.2) or 20% of their request if no adjustments are made. If adjustments are made based on prioritization criteria recommended by SDMAC, then an entity may receive a slightly higher or lower proportion of their request.

Example: Distribution to vaccinating entity during phase 1a, assuming supplies are sufficient for 20% of HCP doses requested and 20% of RLTF doses requested in the first round.

Without adjustments	With Adjustments
County A: 600 x 0.2 = 120 doses	County A: 600 x 0.2 x 1.1 = 132 doses *(increased by 10% because of highest SVI)*
County B: 200 x 0.2 = 40 doses	County B: 200 x 0.2 x 1.05 = 42 *(increased by 5% because of higher SVI)*
County C: 100 x 0.2 = 20 doses	County C: 100 x 0.2 x 0.9 = 18 (*decreased by 10% because of lowest SVI*)
County D: 100 x 0.2 = 20 doses	County D: 100 x 0.2 x 0.9 x 1.20 = 22 (*decreased by 10% because of lowest SVI and increased by 20% due to unaffiliated status*)
Total = 200 doses	**Total = 214 doses**

Potential weights for use in adjustments to county level proportions based on social vulnerability

p = unweighted proportion = total vaccine requested from vaccinators / total WI vaccine allotment

SVI Adjustments

1st Quintile	*p* x 1.10 (10% increase)
2nd Quintile	*p* x 1.05 (5% increase)
3rd Quintile	*p* x 1.00 (no adjustment)
4th Quintile	*p* x 0.95 (5% decrease)
5th Quintile	*p* x 0.90 (10% decrease)

Potential weights for use in adjustments for willingness to vaccinate unaffiliated individuals

Unaffiliated HCP Vaccination Adjustments

Vaccinators that are not healthcare organizations:	No Adjustments
Healthcare organizations planning to vaccinate unaffiliated HCPs:	*p* x 1.20 (20% increase)
Healthcare organizations not planning to vaccinate unaffiliated HCPs:	TBD*

*the proportion will be decreased to a degree necessary to offset the adjustment needed to increase the proportion for entities that vaccinate unaffiliated HCPs. The decrease will be no more than 10% (a lowest possible adjustment of *p* x 0.90). The adjustment levels are subject to change depending on how many health care organizations agree to vaccinate unaffiliated HCPs.