Phase 1a Allocation Guidance for COVID-19 Vaccine in the State of Wisconsin

The Vaccine Subcommittee (“Subcommittee”) of the State Disaster Medical Advisory Committee (SDMAC) was established to develop guidance for Department of Health Services (DHS) plan for allocation of limited numbers of vaccine doses during the COVID-19 pandemic, especially in the first months following vaccine release. At the present time, no SARS-CoV-2 vaccine is available in the United States, but several candidate vaccines are in development and two vaccine are currently in FDA review for Emergency Use Authorization. It is realistic to assume that one or more vaccine products will be approved for use in the United States during the next six months. Once approved, the 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 as production and distribution increases.

The Wisconsin vaccination program will unfold in a series of phases, and it will begin with Phase 1a corresponding to the period when the vaccine supply is most restricted. In accordance with the SDMAC charge, the co-chairs and Subcommittee conducted a review of high profile guidance documents including the National Academies of Sciences, Engineering, and Medicine¹, the World Health Organization², and Johns Hopkins Bloomberg School of Public Health³ and the Advisory Committee on Immunization Practice (ACIP). The Subcommittee identified healthcare workers as the most common priority group for Phase 1a (Table 1).

The CDC COVID-19 Vaccination Program Provider Agreement requires all immunizers to follow all CDC and ACIP recommendations and requirements. At the current time, the ACIP has issued recommendation for use of COVID-19 vaccines in Tier 1a for residents of long term care facilities and health care personnel. Should a vaccinator anticipate vaccine waste (vaccine approaching the end of a shelf life or stability guidelines) they must alert DHS immediately to ensure the vaccine is used.

The Subcommittee agreed to define Residents of Long Term Care Facilities (RLTCF) as:

“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 CDC/ACIP guidance for prioritization within this group is:

“skilled nursing facilities will be prioritized, 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.”


The Subcommittee agreed to define **healthcare personnel (HCP)** eligible for vaccination as:

“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.”

The CDC/ACIP guidance for prioritization within this group is:

“frontline HCPs in hospitals, nursing homes, home care who i) work where transmission is high or ii) at increased risk of transmitting to patients at high risk of severe morbidity and mortality. The HCP category includes clinicians; environmental services; nursing assistants; staff in assisted living, long term care and group care; and home caregivers if meet 1a risk criteria.”

Given the high level of SARS-CoV-2 circulating throughout the state of Wisconsin, the Subcommittee agreed that all patient facing healthcare personnel likely met the definition of “being placed into contact with patients who are able to transmit SARS-CoV-2.” The Subcommittee provided evidence based review of literature and provided guidance to organizations which is broken into organizational and individual patient level decision making.

Organizational decisions for making prioritization decisions within their healthcare personnel could include one or more of the following:

**HCPs on designated COVID-19 units may be prioritized over HCPs who are working on non-COVID-19 units:** COVID-19 units are serving individuals who are the most severely ill as a direct result of the pandemic. Illness and/or absence on the part of the HCP serving these patients would represent a significant negative impact for both individual organizations and the overall ability of the health system to respond to this crisis.

**Known patient COVID-19 status:** while asymptotic spread is a significant challenge for all healthcare personnel, prioritization may be considered for individuals who are caring for known COVID-19 patients and those testing patients to determine COVID-19 status (e.g. testing staff).

**Essential nature of a position and ability to res-taff:** organizations may wish to prioritize staff with essential skills and knowledge and/or staff who would be difficult to replace in the event of need to isolate and/or for time to recover from moderate to severe illness, thus resulting in an inability to work.

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High risk procedures: individuals who perform high risk procedures, such as intubation, respiratory treatments, and other aerosol-generating procedures, may be prioritized.

Work in ICU prioritized over non-ICU: as ICU beds in Wisconsin reach capacity, maintaining staffing for those beds that are occupied by acutely ill patients from both pandemic and non-pandemic causes ensures that hospitals can continue to serve patients.

Access to appropriate PPE/other non-pharmaceutical interventions (NPI): Some HCP may be patient facing but may have access to and training for additional non-pharmaceutical interventions. Examples of members who might receive a lower priority in this group might include: providers conducting telemedicine appointments, registration staff who have 6 foot distance markers and Plexiglas for protection.

Environmental containment measures: HCP in makeshift wards with inadequate ventilation might be prioritized over those working in wards with environmental mitigations in place.

Density of workplace/patient care environment: HCP exposure to high volumes of individuals or groups might be prioritized over individuals who have fewer contacts.

Duration of exposure: HCP who are exposed to COVID-19 positive patients for longer durations might be prioritized over those who have shorter durations of exposure.

Recent history in HCP of confirmed COVID-19 case: HCP with documented acute SARS-CoV-2 infection in the preceding 90 days may choose to delay vaccination until near the end of the 90-day period in order to facilitate vaccination of those HCP who remain susceptible to infection, as current evidence suggests reinfection is uncommon during this period after initial infection. Of note, previous SARS-CoV-2 infection, whether symptomatic or asymptomatic, is not considered a contraindication to vaccination and serologic testing for SARS-CoV-2 antibodies is not recommended prior to vaccination.

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Individual demographic and health status characteristics of HCP have been identified in the available evidence that may place a HCP at higher risk of severe illness from the virus that causes COVID-19\(^9,10\), therefore, organizations *might* consider using them as an additional prioritization criteria:

**Demographic**
- Age 65+\(^9,11\)
- Black
- Latinx
- Native American
- Socioeconomic class

**Health Status**
- Hypertension
- Chronic metabolic disease
- Diabetes
- Chronic lung disease
- Asthma
- Cardiovascular disease
- Pregnancy
- Immunocompromised condition
- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m\(^2\) or higher but < 40 kg/m\(^2\))
- Severe Obesity (BMI ≥ 40 kg/m\(^2\))
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus
- Intellectual or developmental disability\(^12\)

In addition, vaccinators may choose to implement lottery systems and/or first come/first served options. The subcommittee encourages that however vaccine is prioritized that it be clear and transparent for staff with efforts to reduce rather than reinforce inequalities whenever possible.

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Table 1

Categories of HCP job titles and settings\textsuperscript{13}

- Nurse (including nurses outside of hospital settings e.g. school nurses)
- Anesthesiologists and related team members
- Transportation services to and from health care settings – including transportation to testing sites
- CNA/Nursing assistant/Nurse aide
- Patient aide/Care aide/Caregiver /Personal care assistant
- Phlebotomist/Technician
- Radiation therapy technologists (RTTs)
- Radiologic technologists (RTs)
- Housekeeping/Maintenance
- Nursing home/LTCF/Assisted living staff
- In home care, including home health (including titles like patient aide/direct care giver/personal care assistant/home health workers/home care workers etc.)
- Social work/Behavioral health/Counseling/Spiritual care provider/Clinical ethicist
- Physician (MD/DO)/Physician assistant/Advanced practice nurse/Nurse practitioner
- Dentist/Dental hygienist/Dental assistants
- Medical assistant/Physical therapist/Occupational therapist/Speech therapist
- Psychiatrists and Psychologists (especially those providing care in inpatient settings)
- Chiropractor
- Emergency medical technician/Paramedic/EMR - (including all levels of EMT)
- Food service
- Pharmacist/Pharmacist assistant
- Security personnel
- Respiratory therapist
- Environmental services
- Laboratory personnel
- Hospice workers
- Health care trainees
- Public health workers providing vaccines and testing for COVID-19
- Staff who provide services for residents of long term care facilities as defined in this document
- Other healthcare personnel who have CDC defined exposure
- Other professionals and lay people who provide services as defined above

\textsuperscript{13} This list does not imply or represent prioritization within this group, it is simply a guide to help organizations identify credentials and/or job titles that would be appropriate to include in discussions of prioritization.