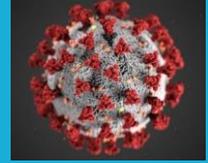




The following document is for historical purposes and is no longer being updated. Please go to the [COVID-19 Vaccination Clinical & Professional Resources](#) for more recent information.



WISCONSIN INTERIM COVID-19 VACCINATION PLAN



Executive Summary –October 15, 2020

Introduction: The goal of the COVID-19 Vaccination Plan is to guide Wisconsin forward through COVID-19 vaccine ordering, allocation, distribution and administration, while maintaining high public confidence in the safety and effectiveness of COVID-19 vaccine and correspondingly high vaccine uptake as supply allows.

COVID-19 Vaccination Planning Sections:

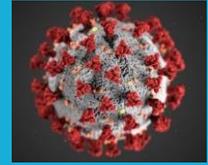
Section 3: Phased Approach to COVID-19 Vaccination: As initial planning assumptions have indicated health care workers will be in phase 1A, health care entities themselves will be key vaccinators for individuals within their organization who fit this category. In addition, local health departments are coordinating (and/or may provide) vaccination to smaller entities with Phase 1A eligible individuals, who either do not have vaccinating capacity (such as assisted living facilities) or a small entity that cannot use the minimum vaccine order size (anticipated to be 100 doses).

Phase 1B is anticipated to include residents of long-term care or assisted living facilities, essential workers and those aged 65 years or older. Wisconsin plans to participate in the federal Pharmacy Partner Program, which pairs these entities with a vaccinating pharmacy, who will provide on-site vaccination to the residents. Local Health Department (LHD) will once again be coordinating (and providing in some instances) the vaccination of essential workers in their communities. For those 65 years and older, it is anticipated that pharmacies and health care entities would play significant roles in ensuring this population is vaccinated. For phases 1 and 2, the state is exploring the ability to provide some mass vaccination capacity to assist local jurisdictions in addressing identified gaps and needs. During phases 2 and 3, as vaccine supply becomes more plentiful, and patient eligibility is expanded, the range of vaccinators will be far broader, including pharmacies, health care systems and individual providers, as well as mass vaccination clinics led by local health departments and commercial mass vaccinators.

Section 4: Critical Populations: Targeted planning meetings are being designed with Tribal and Local Health Departments to explore capacity, coordination, and means for successful education, outreach, and administration of vaccination efforts, with an initial focus on critical populations. Additionally, efforts are underway to convene a cross-functional committee including representatives from DHS divisions, related government departments, health systems, non-governmental organizations, and critical partners to ensure awareness of the effort, to assist with reaching critical populations and to engage others in advocating for effective vaccination throughout Wisconsin. Moreover, the Harm Reduction & Prevention arm of the DHS COVID-19 Response Team aims to connect with high-risk and communities disproportionately impacted by the COVID-19 pandemic.

The state will follow the recommendations of the CDC's Advisory Committee on Immunization Practices on which population groups to vaccinate first. Informed by recommendations from the ACIP and the State Disaster Medical Advisory Committee (SDMAC) ethics and scarce vaccine resource workgroups, a tool will be developed to take the main principles into consideration, as well as other relevant data (e.g., county population, percentage of a particular subgroup, vaccinator ability to store that particular vaccine).

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Section 5: COVID-19 Vaccination Provider Recruitment and Enrollment: We will use existing communication channels to notify stakeholders, including current WIR users, Vaccines For Children and Vaccines For Adults providers, local and tribal public health as well as engage partners such as the Public Health/Healthcare Coordinating Council, the Division of Quality Assurance, the Division of Medicaid Services and the Pharmacy Society of Wisconsin to communicate with their membership when registration is open and to encourage enrollment as a COVID-19 vaccinator.

Section 8: COVID-19 Vaccine Storage and Handling: All vaccinators will have a cold-chain standard operating procedure that will address the specific storage requirements of COVID-19. DHS will make available a template cold-chain standard operating procedure. Their ability to meet requirements will be confirmed through a survey which will include questions on their cold chain management procedures and vaccine storage specifications and capacity and vaccinators must have appropriate procedures in place before receiving vaccine.

Section 10: COVID-19 Vaccination Second-Dose Reminders: Current reports available in the Wisconsin Immunization Registry (WIR) allow for the generation of lists of individuals who need a second-dose and training will be provided to vaccinators to generate these reports to be used for outreach efforts related to second dose administration. Additionally, DPH is currently exploring if reminder/recall efforts done at the state level are allowable.

Section 12: COVID-19 Vaccination Program Communication: The communications plan has separate goals for each phase of the campaign (including a pre-vaccine phase), each one tailored to the needs of different groups, including the general public, initial priority groups, vaccinators and stakeholders. Reliance on a wide network of partners (as noted in Section 5, amongst others) to share these messages will be key. Goals of the communication plan include providing education, addressing concerns and providing current and accurate information in a timely manner.

Section 14: COVID-19 Vaccine Safety Monitoring: As COVID-19 vaccination providers are enrolled, Vaccine Adverse Event Reporting System (VAERS) training will be included in the trainings and resources provided as part of this process. Additionally, a one-page document explaining VAERS and the reporting process has been created and will be disseminated to tribal and local health agencies and health care providers. Links to VAERS will be sent to health care providers via email listserv and health alert messages and tribal and local health agencies will be encouraged to educate health care providers within their jurisdiction.

Section 15: COVID-19 Vaccination Program Monitoring: DPH will data from a number of sources, including the Wisconsin provider registration system, the WIR, the CDC program used for vaccine distribution, VTrackS, and the federal database Tiberius to produce reports for internal and external use. The range of monitored areas will include vaccine provider enrollment information and attributes, vaccine allocation, distribution and administration and aggregate vaccine recipient demographics. This information will help inform the current efforts and shape future direction.

Additional Information: The WIR will be an integral tool in the campaign, being used for inventory management, vaccine ordering and allocation, clinical decision making and recording of administered doses. The use of the CDC developed tool mass vaccination tool, VAMS, is still under exploration.