**DHS\_COVID\_vaccine\_update\_20250916.mp3**

[00:00:03] **Speaker 1** And we'll begin this afternoon with remarks from Dr. Westergaard.

[00:00:08] **Speaker 2** Good afternoon, I'm Ryan Westergaard, I am the Chief Medical Officer and the State Epidemiologist for Communicable Diseases here at the Wisconsin Department of Health Services. Thank you for joining us today and happy to give an update on the status of COVID-19 vaccine availability in Wisconsin. Today, the Wisconsin department of health services or DHS has issued recommendations related to who should get the updated COVID- 19 vaccine. Recommendations that are based on our review of and our agreement with science-based recommendations of the American Academy of Pediatrics, the American academy of Family Physicians, and the American College of Obstetricians and Gynecologists. Evidence continues to show that COVID-19 vaccines lower the chance of severe illness across age groups, which is especially important for people who might be at higher risk and the people who could spread illness to them, such as close family members and friends. Because of the benefits of COVID-19 vaccination outweigh the risks for almost all people, DHS supports the recommendations of our leading, of our nation's leading medical associations who recommend the vaccine be available for individuals six months and older during this fall respiratory virus season. In addition to these recommendations, we've issued a statewide standing medical order. That allows pharmacists to provide the COVID-19 vaccine to those who want it without requiring a prescription from a clinical provider. In the past, our nation's medical associations and our nation federal health agencies who review the same data have issued recommendations that align with one another. Today, that's not the case. In the past several months, leaders at federal agencies have made policy decisions and issued recommendations that aren't supported by or directly contradict scientific consensus. These decisions may result in limited access to the COVID-19 vaccine, which scientific studies have continuously showed lower the risk of illness, hospitalization, and death for people who choose to get them. Our goal here in Wisconsin is to ensure that healthcare providers can use their expertise and their compassion to talk with their patients and help them make the best recommendations that they can to protect every person's individual health needs. We also want to ensure that Wisconsin residents are aware of the vaccine recommendations that are based on broad scientific consensus and to ensure families across Wisconsin can access the vaccines that for them. The guidelines that we're discussing today around the COVID-19 vaccines. We will continue to monitor federal actions around vaccine recommendations and vaccine access for other vaccines and we will provide Wisconsin health care providers and residents with transparency on what we recommend. I'll be happy to now take questions from the group. Thank you.

[00:03:05] **Speaker 1** And thank you and a reminder to please stay on mute until it is time to ask your question and we'll begin this afternoon with Tony Lang fellow from Fox 11 Tony.

[00:03:16] **Speaker 3** Hi, this is Brian Burke with WLUK. I'm filling in for Tony. He's out and getting some other parts of the story. Hey, what are your thoughts on the governor's executive order? Can you explain the importance of vaccines right now and their availability?

[00:03:29] **Speaker 2** Yeah, from my perspective as a physician and someone who receives a lot of questions about availability of COVID-19 vaccines, the governor's executive order did something that was very helpful, which was to direct our department, the Department of Health Services, to increase access for vaccines at pharmacies through issuing a standing order. We've done standing orders standing medical orders as a health department in the past when we wanted things to be accessible without people having to go through the process of making an appointment with their clinician, which could sometimes involve waiting period. And in general, I mean, the policy in Wisconsin and past has been that that pharmacists can can widely prescribe vaccines if they're approved by the federal government because there's been some uncertainty around what the federal Government has been has been. Is going to recommend and has been recommending. We wanted to make sure that people know that the science about vaccines hasn't changed, that they still are beneficial, and if there's barriers put in place by the lack of consistency at the federal government, that people in Wisconsin can know they can go to a pharmacy and get their vaccine. So it made it hopefully clearer for us to communicate. Maybe not right this afternoon because pharmacies need some time to get things, to get organized and get procedures in place. But the issuance of the standing order allows for pharmacists to give COVID-19 vaccines without concern that it hasn't been explicitly recommended by the CDC, which has been a source of uncertainty recently.

[00:05:06] **Speaker 1** Thank you. Now to Nick Boar from WISN in Milwaukee, Nick. W-I-S-N in Milwaukee. Okay, let's move on to Jason Colby from Fox six Jason.

[00:05:28] **Speaker 4** Yes, thank you for your time. Um, have Wisconsin pharmacists, I guess they've been, they've had the vaccine now for about 10 days or a week or so. Have they been turning people away that were under 65? What has been going on for the last week? Did you say.

[00:05:45] **Speaker 2** Yeah, thanks for the question. We've heard that there's been inconsistency across pharmacies. As you know, there's multiple commercial or retail pharmacy chains. There's also smaller pharmacies that can administer vaccines in smaller communities. And when we've informally polled people in our professional networks, family and friends, we have heard people say that the vaccine is not yet available for them and that they're waiting for clarification. So, our hope is that with clarification here at the state level. The pharmacies will all be able to move together to resemble the practice of last respiratory virus season, was that nearly anyone could go get a flu vaccine and a COVID vaccine at their local pharmacy. And so that is the goal of the standing order, is to get to that point. As for what has been the practice, what we've heard in the past 10 days, I can't say that we can describe one common practice. I think there's been a lot of variability, and that's one of things that we're trying to help with with the guidance and the standing order.

[00:06:49] **Speaker 1** Thank you. I forgot to mention at the onset that we're taking one question to start. And if we have time, we'll come back around for additional questions. Our next question belongs to Sarah Volpenheim from the Milwaukee Journal Sentinel, Sarah.

[00:07:02] **Speaker 5** Hi, thanks for taking my question. So under the ACA, whether or not a health insurer is required to fully cover a vaccine is tied to the recommendations by the ACIP and by CDC. Do these actions by the state do anything to require that health insurers cover? Annual COVID-19 vaccine and has the state received any assurances from insurance companies that they will cover the vaccine going forward?

[00:07:34] **Speaker 2** Those are great questions. Thank you for bringing them up. They are not directly addressed by the standing order that we're talking about here from our DHS agency, but there was information, there was a directive in Governor Evers executive order yesterday that directed the office of the commissioner on insurance to issue a bulletin about requiring certain health insurance companies to cover COVID-19 vaccines. So I wish I could speak in a lot more detail about that, but I'll have to refer you to that department or that office for the details on exactly how that's going to be implemented. But that was part of the executive action yesterday was to acknowledge that there's also uncertainty about which insurance companies can and will uh pay for COVID-19 vaccines. So this executive action was an additional effort to try to um to try, to create consistency out of that. So I would stay tuned um for additional communication from that office um and hopefully things will become clearer in the coming days.

[00:08:40] **Speaker 5** I looked at the bulletin that they issued, and it looked like it was termed as guidance, not a requirement. Is that am I understanding that right? Or can you speak to that at all?

[00:08:50] **Speaker 2** I think for the technical answers to those questions we have to follow up with the Office of the Commissioner.

[00:08:59] **Speaker 1** Thank you. And let's move on to Abigail Wandersee from the Badger Herald. Abigail.

[00:09:05] **Speaker 6** Hi, thank you so much for your time today. I was just wondering if you guys have any insight into the likelihood of this executive order facing backlash in the medical field. I know that there are some scientists who are maybe not so on board with some of the peer-reviewed studies about the COVID-19 vaccine, but I'm just interested to see how DHS will maybe tend with some of those medical professionals.

[00:09:34] **Speaker 2** Yeah, yeah, thanks Abigail for that question. So the lack of consistency among how public health leaders and scientists are interpreting the evidence on COVID has been a major issue for this year. You know, respectfully, you know, can disagree with people who have different interpretations of medical literature. So at the state level here in our, our discussions that led toward discussions around doing the standing order and issuing this guidance. We felt it was important to not say this is us as a health department going alone and making recommendations. So we invoked several activities of professional organizations that for many years have been in the practice of issuing guidance to groups of patients, for example. And I mentioned at the beginning that American Academy of Pediatrics has for many years issued a recommendation schedule of children for whom these vaccines or vaccines that are recommended for the children. There's a similar professional organization called American College of Physicians for Adult Internal Medicine, the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists. So how these professional organizations work is that they are comprised of experts and leaders in their field. They review the evidence and they make consensus recommendations. And unanimously, at least all four that I've mentioned, are giving the recommendations that we're promoting through our media messaging and reflected in our standing order. One step further is that as the disruption or the changes that were made to the ACIP, the Advisory Committee on Immunization Practices over the past year, a private initiative of of scientists and physicians have reviewed the literature in the same manner that the ACIP has been accustomed to doing, doing a systematic literature review, synthesizing it at a high level and searching around the world for relevant studies. This was called the Vaccine Integrity Project and is led at the Center at the University of Minnesota. And that review also was consistent with what the professional recommendations are. So we feel comfortable that what the recommendations that we are uplifting and with our. Are in our understanding order are highly supported by the medical literature and we're happy you know we're have to we want to be very transparent about that when people to read the studies. Themselves and the vaccine integrity project which has done this in a transparent way has really enabled the field and added another voice for. Sort of objective evaluation of the published literature so we've relied on that a lot and we have a lot of confidence in it.

[00:12:36] **Speaker 1** Thank you, Abigail. Now to Sarah Lear from Wisconsin Public Radio. Sarah?

[00:12:40] **Speaker 7** Hi, so some listeners might wonder why it's important for them to get the COVID vaccine again this year. You know, let's say they already got it last year, for example, what's your message to them about why it is important to get the updated vaccine?

[00:12:54] **Speaker 2** Yeah, the best example that people may be familiar with is how we recommend influenza vaccines. So influenza vaccine like COVID or the influenza virus like the virus that causes COVID-19 are respiratory viruses that infect the upper respiratory tree and they spread around the world, sometimes in a seasonal pattern. So we talk about respiratory virus season in the fall and winter and early spring when COVID and flu and RSV are circulating. The other thing that these viruses have in common is that they change over time, they undergo slight mutations. If you recall back during the emergency phase of the pandemic, we were always discussing the new variants, which had nicknames with letters like B113 or the Delta variant or the Omicron variant. So those are all the same virus, but they were variations of the virus because virus like also organisms evolve over time. So what can happen with both influenza and with COVID-19 is that over the course of a year, enough evolution can happen that the shape of the proteins on the virus may not match the antibodies that are simulated by the vaccine, and therefore the effectiveness might wane. There are some vaccines that we give that confer lifelong immunity, but as a rule, vaccines for respiratory viruses need boosting every year, both because the effectiveness wears off and because these viruses can change over time. So I would think about it in that way, in the same way that we recommend getting your flu shot booster every year because the flu that's coming around this year might be slightly different than the flu going around last year, we recommend a COVID booster. COVID hasn't been around nearly as long as influenza, but so far the evidence suggests that annual updates to better match the. The vaccine to the virus boosts its effectiveness a bit, so that's why we're recommending those two reasons. The protection can wane so much and the virus has evolved in slight ways, but the experience from past seasons says that they should continue to work to prevent severe disease, even if it's not a perfect match.

[00:15:12] **Speaker 1** Thank you. Now to J.R. Ross from WISPolitics, J. R.

[00:15:18] **Speaker 3** I'm good so far, thanks.

[00:15:21] **Speaker 1** Okay, thank you. Now to Jennifer Kalfus from the Wall Street Journal. Jennifer? Jennifer from the Wall Street Journal. Okay, we'll move on to Celia.

[00:15:42] **Speaker 8** From the Sawyer County records, Celia. Hi there, thank you for taking my question. I was just wondering because given sort of changes and recommendations year to year from the federal government as well as discrepancies between the state and federal guidance now, I'm wondering what you think about how confusion surrounding these eligibility requirements might impact vaccine uptake.

[00:16:07] **Speaker 2** Thanks, Celia. It's a great question, and we're very concerned that confusion around recommendation will result in fewer people getting vaccinated. I think that's what most people are confused about. But in that environment, we at the state level don't have control over what the policies are, the recommendations at the federal level. We, just as I committed to doing what I think is right for my patients, we as a health department have to continue to do what we think is in the best interest of the health of our state. And our review of the science suggests that people should have access to the updated vaccine, and because changing policies might make it more difficult for people to get, we took this action to try to enhance access. The key message that I want to get out is that, and that our agency wants to get out is, that vaccines lower your risk, no matter who you are. They're most important for people who are older and people who have chronic health conditions. But the science suggests that even people who are younger and healthier can expect to have a lower risk if they take the vaccine. So for that reason, our goal is to encourage people to both understand this and make the decision. We're not mandating anyone get a COVID vaccine. What we wanna do is make people aware that it's beneficial and they are available. And that's what the goal of our public messaging in our standing order is to say that anyone who decides that they want to get a vaccine, anyone who's talked to their physician and says, I know I'm in a low-risk group, but I want to one. We want them to be able to get one without a lot of difficulty. But the short answer to your question is we think confusion around recommendations is a challenge for public health. And we're trying to do our best by saying what we think. Is best supported by the science, but it's a challenging environment to try to communicate that right now.

[00:18:19] **Speaker 1** Thank you. Now to Kimberly Weffel from the Wisconsin State Journal. Kimberly?

[00:18:24] **Speaker 9** Hey, you know, if vaccinations are not covered by insurance, you know, what is the what is the cost for some people? Do you? And this may not be a necessarily a question for you. But if you have an estimate of what the cost might be for people to get the injections, that'd be helpful to know.

[00:18:40] **Speaker 2** Okay, probably more efficient is to get back to you on that. I could ballpark it, but then it wouldn't be exactly right. But it'd be also easy for us to look it up and help you find what the retail cost is for the different for the, the different products that are available at retail pharmacies right now. So why don't we do that?

[00:18:59] **Speaker 1** Sounds good. Now we'll move on to Todd Richmond from the Associated Press. Todd.

[00:19:06] **Speaker 7** I don't have anything, I'm good, thanks.

[00:19:09] **Speaker 1** Okay, thank you. And to Shelly Nelson from the Superior Telegram, Shelly.

[00:19:22] **Speaker 2** You're very difficult to hear, Shelly. It's definitely, yes, I can.

[00:19:34] **Speaker 8** What advice would you...

[00:19:41] **Speaker 2** You said, what is my advice for people who have learned that their insurance will not cover the vaccine? Okay, thank you. Well, I think the first recommendation is to be patient. We recommend that everyone get the COVID-19 vaccine, but it's not an emergency, right? The virus will be here. Circulating for the next several months. In fact, it kind of never goes away, but we expect surges in the fall and the action that we are taking with the office of the commissioner of insurance. We are hoping. In fact, insurance companies that maybe have not covered it will eventually cover the insurance. So I think that's the first lesson is, or the first suggestion is just to be patient and not give up because there are people at different levels and agencies in the government who are working to try to improve access. So if you are frustrated the first time, we encourage people to try again, try to get more information. At the end of the day, if... It's not covered by insurance and the out-of-pocket price is too high. I think we're going to have to wait and see if there are programs where free vaccines are available. Traditionally, we've had programs for adults and programs for children from the federal government to make vaccines available for people without insurance. The availability of vaccines to be covered in those programs is in question right now. We don't know the answers for sure. And there may be, we could be in a situation where people have to make the choice of spending out of pocket or not getting the vaccine. And we hope we can avoid that, but we just have to, you know, folks will just have be patient as we work through the policy challenges of making sure it gets covered.

[00:21:41] **Speaker 1** Thank you and we do have time for some additional questions. We'll start at the top of the list again with Fox 11 in Green Bay Fox 11 another question.

[00:21:50] **Speaker 3** I'm good, thanks.

[00:21:54] **Speaker 1** Okay, WISN in Milwaukee. Moving on then to Jason Kelby at Fox 6.

[00:22:06] **Speaker 4** The standing order refers to this being an off label usage. Can you explain what that means off label? Usage?

[00:22:15] **Speaker 2** Yeah, I'd be happy to. So the way that medic that medicines and vaccines are approved in in this country is that the, the FDA will review the data from the manufacturer. Make and then make a decision, make a decisions, whether to approve it broadly for large groups of patients or approve it for people with limited. With limited eligibility. For example, the vaccines that come with vaccines that were in use just one year ago, the FDA had approved them for as appropriate to use ages six months and older, essentially for everybody. So if the FDA explicitly says this is approved for this population, that's considered an unlabeled. Prescription or non-label indication. The way medicine is practiced in this country though, is if the FDA recommends a medication for anyone, if it's approved for a limited number of people, that means it's appropriate to use by a prescriber. For people outside of that as long as they have a discussion about the risks and benefits and make a decision about using this off label. So even if it's not explicitly included as an indication as part of the approval by FDA, it's allowable for it to be used as long as people understand that it's off label So off-label indication in this sense is that language is in there because earlier in the summer, when the FDA approved the updated COVID-19 vaccines, they didn't Do the approval that was for the previous season, which has always been the case for that flu vaccine. For example, if it's if they approve it one year, the new the updated formulation comes in. They review the data. It's still safe. It still shows effect. And they've still review it. They'll, they'll prove it again, the updated one. So this essentially everyone I've talked to said this has never happened before the FDA took the updated formation and they limited. The indications that they approved it for to people over. To people over 65 and people under 65, if they have a medical condition on a list of conditions that increase the risk. That's the key, that's the piece that was at odds or in conflict with the recommendations of the organizations that I had mentioned before, American Academy of Pediatrics, the College of Obstetrics and Gynecologists, that approval of not approving yet for this population. Was at odds with what these groups and, you know, the consensus among medical experts was for everyone to get it. We thought it was important to acknowledge that these are the on-label indications. These are the off-lable indications. But through the longer text of the standing order, we tried to explain why people should consider getting the vaccine even if they are in this group for whom it is considered off- label. That's not something that we had done before that I'd ever been aware of statewide standing orders being done. We felt it was important in this case because the review of the science suggested that the risks and benefits of COVID-19 vaccination haven't changed, that the data still support use among all ages. Even though admittedly the degree of risk of severity is highest in certain groups, and therefore the incremental benefit is lower among other groups. But we still think that it's beneficial and people should have the option to take it if they understand that there are benefits, understand that they are risks, and understand that it is an off-label indication. I hope that clears it up. It's a bit of a complicated. Thank you.

[00:26:22] **Speaker 1** Well, thank you. Now to Sarah Volpenheim from the Milwaukee.

[00:26:26] **Speaker 5** Dr. Fentanyl, Sarah. Hi, thanks again. I came on a little late, so I might've missed this. I'm sorry if I did. Does the standing medical order allow people under 65 without an underlying condition to get the vaccine without a prescription?

[00:26:42] **Speaker 2** Yes, that is the that is the purpose of the standing order.

[00:26:48] **Speaker 1** Thank you. And one last question. This one belongs to Abigail Wanderseed from the Badger Herald. Abigail?

[00:26:56] **Speaker 6** Hi, thank you again. I'm just curious if you have seen a change in receptiveness to getting the COVID-19 vaccine initially versus the booster in Wisconsin tonight over time. We've seen boosters in years past, but then now we, again, have a new booster. How has that receptiveness changed over time and with potentially different presidents in office?

[00:27:19] **Speaker 2** Oh, great question. So I would say that the uptake of COVID-19 vaccine has decreased from a peak in 2021-2022 than when we started doing boosters. The number of people who signed to got a booster was quite a bit lower than people who got the primary series and it's gone down similar before we have we have access to good data. We've we've at least previously had it on dashboards. I have to check to see whether our dashboard goes back multiple years because we resolved it. So I don't wanna quote you figures, but we can help you get data about showing how many people in Wisconsin have gotten a booster because the administration of those vaccines is tends to be something that we track. So I think it's a minority of people who are eligible for the boosters have gotten the boasters, but that doesn't change the fact that we recommend and we acknowledge that anyone who chooses to it can expect to have their risk of severe illness hospitalization reduced somewhat. So we really feel it's an individual choice, and people shouldn't go without access to the vaccine if they've decided that it's what they want to do to protect their heads.

[00:28:28] **Speaker 1** Thank you for that. And with that, we will conclude today's media call. Our thanks to Dr. Westergaard and for all of you for participating. Any additional questions you have can be sent to DHS media. Thank you and have a great afternoon.