



**Pennsylvania Senate Health & Human Services and Senate Aging and Youth Committee  
Joint Public Hearing on Implementation of the State Vaccination Plan  
Testimony Submitted by Michael Ripchinski, MD, MBA, CPE, FAAFP  
Chief Clinical Officer, Penn Medicine Lancaster General Health  
February 4, 2021**

**Introduction**

Senator Brooks, Senator Ward, Senator Haywood, Senator Collett and members of the Senate Health & Human Services and Aging & Youth Committees, on behalf of Penn Medicine Lancaster General Health, thank you for inviting us to provide testimony today. Also, I want to thank Senator Martin for the invitation to testify and for his ongoing support throughout this pandemic.

Penn Medicine Lancaster General Health’s mission is “To advance the health and well-being of the communities we serve.” We do this through 620-beds at Lancaster General Hospital and Women and Babies Hospital with over 125,000 annual emergency department visits and 35,000 annual discharges. Lancaster General Health Physicians also delivers over 1.2 million outpatient visits in our physician practices, the Ann B. Barshinger Cancer Institute, and our outpatient locations.

Now, more than ever, we are called to live our mission as we begin to vaccinate community members to prevent COVID-19. Like many businesses across the state, we look forward to using vaccinations as a tool to recover from this pandemic.

At Penn Medicine Lancaster General Health, we have the following statistics regarding COVID-19 through February 1:

- Penn Medicine Lancaster General Health has identified 22,007 patients with COVID-19 since the beginning of the pandemic.
- Of those positive, the average age is 47 and 57% are females. 74.7% are in the 20-65 age group and 25.3% are >65 years old.
- There are 83 inpatients at Lancaster General Hospital with COVID-19. Fifteen patients are in critical care and thirteen are on ventilators. In mid-January, LGH had 140 COVID-19 patients (both with active infection and recovered from their infection) in the hospital as inpatients. While patients are usually marked as COVID-19 “recovered” in 10 days following the start of symptoms, they still tend to have longer hospital stays and limit the overall capacity of the hospital.
- 268 patients have died while admitted at LGH. 28% of those patients were residents of long-term-care communities. The average age of these patients has been 78 years old and 50.1 percent were males.
- In terms of those recovering from the virus, we have discharged 1,812 patients.

**COVID-19 Impact in Lancaster County**

We track the impact and forecast of this pandemic on a daily basis for the communities we serve.

Here’s a summary of activity in Lancaster County, as of Monday, February 1, per the Pennsylvania Department of Health:

- 193,778 people in Lancaster County have been tested for COVID-19.
- Of those, 35,228 people tested positive. That’s about 18.2 percent, or nearly one in five people tested.



- The County's death toll from COVID-19 has reached 923.
- The incidence rate over the last 7 days is 307 per 100,000 of the population.
- Currently, Lancaster County has a 10.8% PCR-positivity rate (27<sup>th</sup> highest out of Pennsylvania's 67 counties).
- Lancaster County ranks as the 9<sup>th</sup> highest county now in terms of total COVID-19 inpatient cases at 115.
- 21,870 people are partially vaccinated and 7,930 are fully vaccinated (5<sup>th</sup> highest in PA for the greatest number of people who are fully vaccinated).
- 43,100 vaccines have been delivered to Lancaster County. That represents 3% of all vaccine doses delivered in Pennsylvania (1,365,700 doses).
- The 43,100 represents a rate of about 10,000 vaccines delivered per 100,000 in the County ( $\geq$  16 years old).

### **A Commitment to Community Testing and Contact Tracing**

As outlined in the *Governor's Process to Reopen Pennsylvania*, increased diagnostic testing and contact tracing were critical success factors to early economic recovery. In coordination with the Department of Health and Lancaster County government, Penn Medicine Lancaster General Health established robust outdoor testing sites and contact tracing. Combining our internal capabilities and a partnership with Eurofins (a testing laboratory) in Lancaster County, Penn Medicine Lancaster General Health developed the capacity to run more than 1,500 tests daily and our community health team grew to over 70 members to support contact tracing. The Penn Medicine Lancaster General Health team collaborated with the City of Lancaster, its Board of Health, and the Pennsylvania Department of Health to deliver this service for all of Lancaster County.

Our team now consistently reaches 80% of patients who test positive for COVID-19. Over 10,000 individuals have been registered since starting the program in May 2020. In terms of contacts, our team reaches about 55% (reduced from 65% before the third wave of COVID-19), and this represents over 25,000 people since May 2020. Even without a county or municipal department of health, Penn Medicine Lancaster General Health has proven success in improving systems and processes for the consumer during the pandemic.

For a county without a health department, Penn Medicine Lancaster General Health leads the only countywide contact tracing program in the Commonwealth. In counties without health departments, collaboration among the Department of Health, county and city governments as well as health care systems has been essential to success and economic recovery. Penn Medicine Lancaster General Health remains committed to its community and its needs during this pandemic.

### **Status and Challenges of COVID-19 Vaccinations in Lancaster County**

Patients and health care systems throughout Pennsylvania are equally frustrated by the lack of available vaccine, and the slow pace vaccine deliveries. We all are eager and prepared to provide vaccinations to as many people as possible. Unfortunately, our efforts are complicated by uncertainty surrounding the amount and timing of future doses coming to our community.

When the Department of Health initially set vaccination guidelines for providers, it outlined that the initial, limited vaccine supply be given to those most at-risk of illness — such as older adults, health care workers and Pennsylvanians living in long-term care facilities, and people with certain pre-existing conditions. In terms of demand, Lancaster County had about 25,000 targeted recipients in Phase 1A.

On January 19, the Department of Health significantly expanded eligibility to include persons age 65 and older, and those age 16-64 with high-risk conditions. That opened eligibility to between 200,000 to 250,000 people in

Phase 1A in Lancaster County. Frankly, the health systems and vaccine providers were not ready for the abrupt change and the public believed that they could now somehow get their vaccination faster than before.

Lancaster County’s vaccine providers are administering over 1,000 first shots per day and, at this rate, it will take 4-5 months to get through even half of the quarter million people eligible in Phase 1A. Lancaster County will need a significantly larger, and more consistent, vaccine supply along with even greater collaboration and coordination among all of us.

In spite of the lack of certainty or advance notice of vaccine supply and delivery, all of our health systems continue to plan how to expand vaccinations as efficiently and as fairly as possible. Penn Medicine Lancaster General Health has the experience, the resources and the processes to get patients vaccinated, in many ways just like we do every year with the flu shot. As we receive sufficient vaccine doses, we plan to reach out to patients and invite them to schedule their vaccination appointments.

Without knowing what our future vaccine supply will look like, Penn Medicine Lancaster General Health has decided to conduct limited scheduling of high-risk patients to get the vaccine. In fact, it would be misleading and confusing to schedule appointments at this time. Health systems in other areas of the country have had to cancel scheduled vaccine appointments because of a lack of supply. Think about a wait list for a restaurant. Usually, a patron knows the approximate time to be seated. In this case, the health systems have no way to predict when a patient will get the vaccine based on not having a consistent supply.

Penn Medicine Lancaster General Health understands the challenge of a fair, equitable vaccine distribution plan which “promotes justice by giving every at-risk individual a fair chance of receiving vaccine and also addressing the elevated occupational risk for exposure for those who are unable to work from home” ([PA COVID-19 Interim Vaccination Plan](#)). Despite that, there is a difference in distribution of vaccine across the top 10 largest counties in the Commonwealth (without Philadelphia County due to the direct Federal distribution of vaccine).

<b>County (Top 10 by population size)</b>	<b>Population ≥ 16 years old</b>	<b>Total Vaccines</b>	<b>% of Total Vaccines Distributed</b>	<b>Vaccines per 100,000 people</b>
Allegheny	1,015,019	226,700	17%	22,335
Montgomery	673,578	109,275	8%	16,223
Bucks	517,754	64,250	5%	12,409
Delaware	456,781	37,450	3%	8,199
<b>Lancaster</b>	<b>431,975</b>	<b>43,100</b>	<b>3%</b>	<b>9,977</b>
Chester	421,518	53,850	4%	12,775
York	361,977	35,000	3%	9,669
Berks	338,909	34,900	3%	10,298
Lehigh	296,016	108,425	8%	36,628
Westmoreland	293,335	20,975	2%	7,151

Data as of February 1, 2021

Sources:

<https://www.health.pa.gov/topics/programs/immunizations/Pages/COVID-19-Vaccine-Providers.aspx>

<https://www.census.gov/data/tables/time-series/demo/popest/2010s-counties-detail.html>

Per the Pennsylvania COVID-19 Interim Vaccination Plan (V.5), in jurisdictions without local public health departments, DOH is responsible for coordinating COVID-19 vaccine administration. County and municipal health departments (CMHDs) have developed COVID-19 vaccine plans for their jurisdictions. DOH is collaborating with the CMHDs' preparedness and immunizations staff to ensure there is support for their operations. Weekly calls are conducted to provide the most current COVID vaccine information and answer questions." Unfortunately, coordination and communication between DOH and counties without CMHDs has been more challenging and infrequent.

Consistent with the vaccination plan designated by the Department of Health, Lancaster County's vaccine providers are conducting vaccinations in our hospitals and physician practices, in nursing homes and pharmacies, and even through EMS providers. Penn Medicine Lancaster General Health agrees that implementing multiple, geographically diverse access points of vaccine administration (e.g. hospitals, physician offices, pharmacies, employers via occupational health) ensures that vaccines will reach vulnerable and at-risk populations. However, the initial small vaccine distributions to multiple sites within a county have increased the public's frustration. Many of our patients are now on multiple waiting lists with multiple pharmacies and physician practices. In addition, they are fastidiously searching multiple websites for all of these locations to find open appointments. This has been incredibly time-consuming and frustrating for them. Penn Medicine Lancaster General Health believes that the addition of a large community vaccination center with a greater daily capacity for vaccinations will be an option to decrease the frustration of those struggling to find one of the 100-200 appointments that might be available in a local pharmacy at this point.

#### **Opportunity for a Regional Community Vaccination Center to Serve South Central Pennsylvania**

Per the Pennsylvania COVID-19 Interim Vaccination Plan (V.5), "vaccine is also being distributed to pharmacies as part of the HHS Retail Pharmacy Partnership program with Rite-Aid and TopCo, and planning for mass vaccination clinics (MVCs) is also underway. Both of these programs aim to help administer the vaccine to those who fall under Phase 1A, particularly as this phase is expanded with the addition of individuals age 65 and older and ages 16-64 with certain underlying medical conditions, followed by subsequent phases as needed to ensure efficient distribution of vaccine." Penn Medicine Lancaster General Health agrees with the DOH's position on large, community vaccination sites to support vaccination efforts, and we have proven experience to initiate large-scale public health efforts as shown through COVID-19 testing and contact tracing.

In coordination with the Lancaster County Commissioners, the Lancaster County Emergency Management Agency, Penn Medicine Lancaster General Health, WellSpan Health, UPMC Lititz, Penn State Health, Rock Lititz and its related companies are planning for a community vaccination center. The Lancaster County Community Vaccination Center will support the vaccinations for up to 5,000 people daily. Penn Medicine Lancaster General Health is serving as the managing healthcare partner and is coordinating a joint operations organizational chart. All of these businesses have already begun the planning and logistics activities. Our community health care providers and local government officials are meeting on a consistent basis to identify the steps to make this community vaccination center possible. With broad community support and in coordination with the Pennsylvania Emergency Management Agency and the Department of Health, we believe that this will be an effective tool to end this pandemic.

Benefits of a large-capacity community vaccination center:

- **Scale.** Vaccination for COVID-19 must be done in an unprecedented timeframe and scale, with the goal of vaccinating more than 300 million Americans as quickly as possible. For context, CDC typically distributes about 75 million vaccine doses annually to health departments and private providers. In the H1N1 pandemic during 2009-2010, the government distributed 124 million doses of the H1N1 influenza vaccine.<sup>1</sup> Large vaccination sites can help to reach the unprecedented scale needed to control a pandemic.
- **Reduce barriers to access.** Research shows that limited access to health care and vaccine cost can be barriers for adults to get vaccinations.<sup>2</sup> A central community site provides vaccine access for individuals who do not have a regular relationship with a primary care provider or pharmacy. Economies of scale can reduce the administrative costs for providers in administering the vaccine.
- **Reach & staffing benefits.** During the H1N1 pandemic, local health authorities used non-traditional venues such as schools, shopping malls, and other community sites successfully to reach the community.<sup>3</sup> A centralized high capacity vaccination site supported by several partners can also prevent some of the challenges faced during H1N1, including difficulty for healthcare providers in accommodating vaccination along with routine patient care and challenges having enough trained staff to run many vaccination sites.<sup>4</sup>

## Conclusion

Since the beginning of the pandemic, our priority is the safety of our patients, their families, our employees and the community – in all that we do. Our ability to emerge from this pandemic is dependent on an effective and efficient vaccination plan.

We are immensely grateful for the support the General Assembly, the Department of Health and the Federal Government have provided us. We appreciate the funding assistance, critical temporary suspensions of requirements, and vaccine distribution support. Further, we look forward to the continued collaboration with state departments and agencies in the vaccine rollout. We will continue to promote the importance of public health measures including social distancing, mask wearing, and handwashing.

Thank you again for the opportunity to present this testimony. We look forward to continuing the work with you to protect our patients, employees, visitors, and the communities we serve.

---

<sup>1</sup> Michaud J. and Kates J. (2020). “Distributing a COVID-19 Vaccine Across the US – A Look at Key Issues.”  
<https://www.kff.org/report-section/distributing-a-covid-19-vaccine-across-the-u-s-a-look-at-key-issues-issue-brief/>

<sup>2</sup> Bjork A, Hamborsky J, Shimabukuro T. (2015). “Immunization Strategies for Healthcare Practices and Providers.”  
*Epidemiology and Prevention of Vaccine-Preventable Diseases*. <https://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

<sup>3</sup> Schnirring L. (2010). H1N1 lessons learned: Vaccination campaign weathered rough road, paid dividends.”  
<https://www.cidrap.umn.edu/news-perspective/2010/04/h1n1-lessons-learned-vaccination-campaign-weathered-rough-road-paid>

<sup>4</sup> Mase WA, Jones SD, Negley AJ, Bickford B, Bisesi M (2017) Lessons Learned from the State of Ohio H1N1 Influenza Outbreak After-Action Review. *J Fam Med Dis Prev* 3:050.