**DHEC Covid-19 Vaccine Update Transcript**

**January 20, 2021**

**Cristi Moore:** Hi everyone, welcome to DHEC’s January 20th media briefing on Covid-19 vaccine in South Carolina. I’m Cristi Moore, DHEC chief communications officer, and I'll be facilitating today's briefing with Dr. Brannon Traxler, DHEC interim public health director, and Stephen White, DHEC immunizations director has also joined to help assist with questions. We appreciate your dedication to share timely and accurate information with fellow South Carolinians. Dr. Traxler will provide an update and then we'll move into facilitated questions and answers, and if there's time I will open it up for questions. If you can raise your hand, I will call on folks hopefully in the order in which those hands were raised. I would like to remind everyone to please remain muted so that we can get a good quality recording today. We make these available online at scdhec.gov/vaxfacts about a couple hours after these briefings. With that I’m going to turn over to Dr. Traxler for today's update.

**Dr. Traxler:** Thank you Cristi, good afternoon everyone. I’m just going to give a brief update today, we'll keep it short so that we can answer as many questions as possible.

I wanted to talk about our efforts to accelerate the vaccine administration and our recommendations for how providers can quickly across the state get shots into arms. States across the country are working different ways to address the challenges of promoting the vaccine and having people schedule appointments while there's still such a very small amount of the vaccine available.

South Carolina continues to receive about 63,000 doses of vaccine each week with about equal parts of Pfizer and Moderna, and those are roughly, those are the first doses. Sorry, we don't anticipate receiving more than that on a weekly basis anytime soon. We continue to have more appointments scheduled than we currently have doses available as the demand continues to outweigh supply. We understand that it is hard to be patient and wait for appointments that may not be scheduled for several weeks out, but we also are very encouraged by South Carolinians and how many of them are doing the right thing by making their spot in line to receive the vaccine.

Over the weekend we sent updated guidance to our state's vaccine providers that outlines the methods for ensuring as many people are vaccinated as quickly as possible. This guidance document is available on our vaccine provider website, but I wanted to go over some of the key points that are within that document that will help ensure that providers are putting every last drop of vaccine that comes into South Carolina into the arms of these phase 1A individuals.

No doses should be held back for second doses. We want every vial that a facility receives being actively used to fulfill appointment requests. We want providers to only order the number of doses that they know that they have the capacity to administer the following week. Over ordering can lead to vials sitting on shelves, and that's the last thing that we want. We want every vial, every dose and every vial that comes into our state being administered as quickly as possible, so we're encouraging them to take advantage of the extra doses. Many of the Pfizer vials can provide a sixth and sometimes even seventh dose, and some Moderna vials contain an extra 11th dose. Every drop of these vaccines should be used properly to vaccinate South Carolinians until the vaccines are more widely available.

Clinics should be by appointment only. This avoids long lines and crowds, which could contribute to disease spread and helps manage our resident’s expectations. There isn't enough vaccine available to accommodate unscheduled walk-ins everywhere. We've already seen this create confusion and frustration. Providers should be ordering their second doses separately from their first doses and in the same amount to match their first dose orders. This is how they'll manage having enough doses to complete that required second dose for everyone scheduling appointments.

In addition to these recommendations, which are on our website, we're continuing to make progress on two fronts. One we're developing a new public call center for vaccine information only. Our care line with the support of the PIPS line has done a tremendous job responding to the thousands and thousands of calls every day from the public, however the care line is still up and running for non-Covid related calls it provides other DHEC’s services as well. By establishing a new vaccine-only call center, we'll be able to separate out the vaccine calls from our non-vaccine calls as a way to continue to be responsive to public requests as fast as humanly possible. We hope to have this new call center live in the coming days and we'll provide more information once it's operational.

Secondly, our IT team continues to make great strides in the development of a one-stop shop appointment scheduling program for Covid-19 vaccines in the state. This is being developed to make scheduling appointments more streamlined and easier, for especially for older populations or those even without internet or computer access. We'll continue to provide an update on this scheduler as its development is complete in the coming days and with that i think we'll go ahead and turn it over to questions. Thank you Cristi.

**Cristi Moore: Dr. Traxler can you provide an update on the discrepancy between the information reported by DHEC and the information listed for South Carolina on the CDC's vaccine tracker? Is the state being shortchanged on doses and what are we doing to fix this and bring more doses into our state?**

**Dr. Traxler:** After doing a thorough review of the CDC's vaccine data tracker, DHEC the CDC and Operation Warp Speed all agree that South Carolina is receiving its fair and appropriate allocation. It's important to understand that the reason why our allocations currently appear lower, is because the doses distributed category on that vaccine data tracker only includes the doses that have been shipped to states and to the pharmacies through the federal pharmacy partnership for long-term care facilities for nursing homes and assisted livings, and not those doses that have been allocated or promised to the long-term care facility program by the state that have been reallocated to that program.

Unlike many states, South Carolina immediately allocated to the long-term care facility program the entire amount of doses that were going to be needed to ensure that every resident and staff member of the long-term care facilities in the state were able to receive both doses of the vaccine, and meanwhile a lot of other states instead chose to allocate their doses to that program on kind of a continuous ongoing as needed basis. And for that reason, those states have had more doses shipped into their states to date, however unlike South Carolina those states will need to continue to send doses to that program on those pharmacies in that program for several more weeks at least, which decreases on an ongoing basis than the number of vaccines that they have available for other vaccine providers in the state.

There are about 750 long-term care facilities in the state, 193 skilled nursing facilities, 491 community residential care facilities which are assisted livings and 66 intermediate care facilities and those are being covered by the combined efforts of this long-term care federal pharmacy partnership. Some state and local pharmacy partners in the federal retail pharmacy partnership, 81 roughly, of the state's skilled nursing facilities or nursing homes had their initial vaccination completed the vaccination clinic completed and that's about that's 157 out of 193. And as of the beginning of this week about 43 percent of the assisted livings have had their initial vaccination clinic completed, that was about 214 out of the 491 and the intermediate care facilities are projected to be vaccinated between now and the end of the month for their first clinic via the retail pharmacy partnership.

The pharmacies are having trouble reaching a handful of the facilities to set up their clinics. DHEC’s helping them to reach out to those administrators and there has been at least one program where they've had to postpone their first clinic due to an active Covid-19 outbreak, but except for those handful of facilities, all the nursing homes and assisted livings are scheduled for their first clinic on or before the end of this month, I believe on January 28. We are continuing to monitor that.

South Carolina receives every dose of vaccine allocated to this state, but we are confident that we are receiving it.

**Cristi Moore: At this time has South Carolina been ordering the total amount of doses each week since vaccine first became available?**

**Dr. Traxler:** We have been ordering the first dose allocations. We have a zero balance with the federal government for first doses and we have a very limited number of second doses, and of course that second dose utilization does lag either three or four weeks, depending on the on the type, behind the first doses.

**Cristi Moore: What is DHEC’s current assessment of where the lag is and vaccine distribution in the state. Is it hospitals, is it staffing, can you explain this please?**

**Dr. Traxler:** There have been instances where there has been a vaccine that has not been getting into arms immediately, and there have been miscommunications, misunderstandings between the pharmacies and, sorry not the pharmacies, the hospitals at times. Those have all been clarified. We are now seeing every dose get rapidly taken up and so with clarification and the additional guidance we put out this weekend, I am confident that that the vaccine utilization has really taken off at this point.

**Cristi Moore: How do hospitals place orders for vaccine? On what day and at what time do they learn and does the state learn of its dose allocation for the next week for both Pfizer and Moderna? Stephen are you on?**

**Stephen White**: I’m here, I can take that question. We do ask the hospitals to place their orders in VAMS by Tuesday at noon, that is the request, and we typically learn on Tuesday or earlier in the week what we anticipate what we're going to get. On Tuesdays we find out what those allocation numbers are going to be and usually by the end of the week, Thursday, Friday, we are able to notify the hospitals of what they're going to receive and when they're going to get it. Which is typically for the hospital systems, that's going to be the following week if it's Pfizer product, and the Moderna product we have seen come as early as the same the same week, but we are also anticipating that could come as early as that following Monday as well. There is guidance I believe that has gone out that can be found on the DHEC website as well.

**Cristi Moore: How has the storage of doses impacted the estimated timetable for phases?**

**Dr. Traxler:** When we're looking at the phases, we're looking at several different factors, one of them is the availability of the vaccine and how much is coming into the state. The other is the utilization in terms of how many people are willing to get vaccinated and are getting vaccinated, and then of course the sizes of these phases’ population. At this time we anticipate that our allocation basically from the federal government will remain the same for the foreseeable future, but we are hopeful that in the not too distant future there will be additional vaccines coming on board and or increases in the production and allocation. So at this time we are have not made any substantial changes to that estimated timeline.

**Cristi Moore: We're hearing that some people aren't able to schedule their second appointment within the 21 or 28 day timeframe. What does that mean, and secondly will they still be considered fully vaccinated and protected if their appointment isn't until the recommended time frame?**

**Dr. Traxler:** We do encourage everyone and we've reminded our vaccine providers of this, to please schedule your second dose no later than when you're getting your first dose so if you're getting your first dose and you don't have that second appointment scheduled, please ask. And if you have already gotten your first dose and don't have that second dose, then please reach out to where the provider that gave you your first dose to get scheduled. If they're not appointments available in VAMS, again, you can get the second dose anywhere from four days before that recommended interval, so either seven would be that 17 days would be the minimum days that had passed since your Pfizer first day. It'll be 24 days for your Moderna, since your Moderna first days there is not at this time unknown cap basically on when you can get that second dose. But we do strongly recommend that everyone get it as close as they can to that 21 or 28 days, and really recommend that people go and get it within certainly a week, at most two.

**Cristi Moore: Of that point, what's the time frame for additional types or brands of vaccine receiving an emergency use authorization and being authorized for the public?**

**Dr. Traxler:** I don't have an estimated or you know precise date, but I have heard that in the next couple or few months we should be seeing additional vaccines come onboard. We will find out when everyone does, when the when the independent safety and data monitoring board allows the pharmaceutical company to apply for their emergency use authorization. That is the point in time in which they can do it and we'll find out when everyone else does.

**Cristi Moore: We have received complaints many from people who are elderly or high risk- they have upcoming appointments but are very frustrated and upset because people who did not follow the rules could get ahead of them in line at the pilot clinic last week. Everyone understands not wanting to turn anyone away during a pandemic but fairness and transparency are critical to public trust, what do you say to those who now doubt the fairness of the vaccine administration process?**

**Dr. Traxler:** I say that that we do hear you. As we've noted before, we learned and are making improvements on our logistics after having held that pilot clinic so that we can improve for future clinics. One thing that that we did learn and that we really do encourage is using appointments and having appointment-only clinics. That's something we're strongly encouraging at this point, to prevent people having to wait in long lines. And certainly if it was a walk-up event, certainly prevent any kind of disease spread. So I say that we hear you and this that was the purpose of the pilot- to test it and see how it went. We learned lessons from it and we will do everything we can not to make mistakes again.

**Cristi Moore: How far along are we in Phase 1A? What percentage of Phase 1A recipients or percentage of 1A healthcare workers have been vaccinated?**

**Dr. Traxler:** I think 1A, we have the estimates for the populations for phase 1A on the DHEC website and when you look then at the numbers of how many people have been vaccinated, you can see the proportion of people in 1A who have been. I do not know-Stephen do you know off the top of your head the percentage or proportion of health care workers? If not we can we can see if we have that information and try to get it back to them.

**Stephen White:** Yeah we can work to provide that, I don't have that on hand at the moment.

**Cristi Moore: Data shown in a recent presentation said there have been 24,992 cancelled appointments, can you share the breakdown of the reasons for the cancellations and are cancellations slowing down the vaccine rollout?**

**Stephen White:** I think I can take that one Cristi. We are continuing to work with the VAMS team at the CDC on because we are aware that there have been some scheduled appointments that have inadvertently canceled, and so we're working with them to figure out what the reasons are behind some of those issues. But we have seen appointments that cancel just like in any scheduler that you would see at a usual doctor's office where appointments need to be cancelled due to scheduling conflicts, or there's a no show at an event. B while we understand that there are scheduling conflicts and no shows, and that certainly does contribute to the overall mission of getting vaccines into arms, but a lot of these facilities and hospitals are also working to fill appointments as quickly as they're able to. So we anticipate that will continue to go on as the demand is very high, and we'll continue to be able to fill appointment slots as necessary and we do remind everyone that if they reschedule, if they make an appointment somewhere for a different time, to please go ahead and then immediately cancel that one that you'd initially made so that they can refill that very quickly because they are doing a great job of that.

**Cristi Moore: Thank you both. How are DHEC individual providers ensuring there is an adequate supply of second round doses now that the federal government is no longer holding doses back?**

**Dr. Traxler:** We have been, we are still able to order second doses through our second dose allocation which is a separate allocation that we receive. We have not been advised, at least I’m not aware and I don't think Stephen is, he can confirm of anything differently. We still continue or are continuing to receive those second doses from the federal government, so we're asking providers to continue to order them the same way, separately from their first doses as we've been reminding them.

**Cristi Moore: What will mobile vaccine efforts look like in the state, particularly in rural communities?**

**Dr. Traxler:** That is also going to partially depend on the vaccine that we're talking about if new vaccines potentially become available. But based on what's available right now we know that there are going to be time constraints, potentially, to holding clinics in areas using mobile storage. The Pfizer can only be at room temperature for six hours, thankfully Moderna can be at room temperature for 12 hours, so we will likely be using the Moderna vaccine for all of our mobile clinics, and working with our local community partners in some of these rural areas to hold vaccine clinics. Also another important thing that we'll be doing is making sure that the people in those communities are able to get their second doses in the right time frame.

**Cristi Moore: Have the variants been identified in the state, and how is the state tracking those variants?**

**Dr. Traxler:** For this we're talking, I assume, about the genetic variants. We currently have no known cases of the virus variants in the state. We would publicly announce it via a news release if we were to become aware of a reported case that was identified, as one our public health laboratory has been doing the sequencing the genetic sequencing for the SARS COV2 virus which causes Covid-19. Since June, we are performing sequencing on 24 samples a week and we are also in the process of reviewing all of the positives from December through the present for samples that were negative for that S gene, which is the one of the genes that's missing, one of the key ones missing from that variant, and we're sharing information then on these samples that we have with the CDC.

**Cristi Moore: Why aren't immediate family members of essential workers included in one of the early vaccine phases?**

**Dr. Traxler:** While we have very limited doses, we have to be very careful with the phased roll-out of it, so we are looking to the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices, their recommendations as well as those from our own South Carolina Vaccine Advisory Committee. And in terms of who they recommend in each phase and at this time with limited doses the priority when we're at front line or essential workers is going to be vaccinating those workers themselves.

**Cristi Moore:** Thank you Dr. Traxler and thank you as well Stephen for helping to answer those questions. That was the end of the questions that were submitted so we do have about five minutes left over. Morgan Newell i saw your hand go up first, please ask your question.

**Morgan Newell (WBTV): I had a question, kind of a two-parter, if you will, about DHEC’s call to the nurses. I know you guys really wanted a lot of positions filled at 150, can you tell me how many positions have already been filled so far? And we've also had some complaints from retired nurses, particularly on that older community who is struggling to go through an entire application process and believes it should be shorter given the fact that you guys want to fill these positions so quickly. Can you talk a little bit about that as well?**

**Dr. Traxler:** Sure, and we'll have to get back to you for how many positions have been filled, I don't have that number off the top of my head, I’m sorry. In terms of the application process, know we do appreciate that it can be a lot of work, but we also do need to make certain that the people we are hiring have the right skills for the job and that that they are appropriately trained. Such as retired nurses, making sure that they have had nursing experience and have their nursing license and such and also want to make certain that we are that we are hiring on the people that that we need. If people don't want to go through the application process to be hired ,one other thing that we do have is the volunteer option, especially for people, maybe for retired nurses if they're willing to volunteer then i would encourage. I believe our website for it just went live just earlier today, right Cristi, where people can fill out the form if they want to volunteer?

**Cristi Moore:** Dr. Traxler that's correct. Morgan, I have written down your questions about the number of positions that have been filled and we'll make sure we get that information to you, and I'll also make sure that I send you the link to those volunteers. It's medical volunteers and also administrative personnel that our vaccine providers could be looking for. Judy Gatson you had a question?

**Judy Gatson (WIS):** Good morning everybody, or good afternoon, I guess my days are running together. Dr. Traxler can you talk a little bit, I know you already addressed this in some fashion, talking about not encouraging walk-up clinics which I believe they're planning to do in Orangeburg according to our reporting yesterday, to kind of expedite the process but with the pilot clinic last week and the people who walked up and they were being able to be registered on the spot the question I’m getting from viewers is when they're sending or registering and sending that information to VAMS sometimes it's taking them days to hear from the CDC. So do you have any insight, knowing that it was able to be done on the spot, versus why it might take longer for some people to hear back?

**Dr. Traxler:** It is usually fairly quick once your name and email address are uploaded to VAMS so I don't know if these folks are maybe, when it's taking longer if it's that they're submitting their name to a different organization that's then having to input it into VAMS? But regardless one thing is that scheduling appointments will be much easier with our new scheduling system that we are going to be rolling out here very soon. It won't require waiting for that email back from VAMS.

**Cristi Moore:** Thank you Dr. Traxler and Judy. Vanessa, you had a question?

**Vanessa: Thank you, I just wanted to circle back, this is probably just to be a short answer but if you could just touch back on the fully vaccinated question that another reporter had. I just was curious would you then be fully vaccinated as long as you got your respective votes, even if you weren't given that second dose then I guess required or you know recommended period of time**

**Dr. Traxler:** I’m sorry I was having a little bit of trouble hearing you, I think you're asking about the second dose and what is it were you asking the time frame?

**Vanessa: Yeah I just wanted to clarify your answer to that previous question about getting that second dose, but you know if somebody doesn't get it within the recommended period of time would you be considered fully vaccinated just as long as you got it?**

**Dr. Traxler:** Yes, you would be fully vaccinated as long as you got that second dose. However, with such small numbers of vaccines coming in and with really encouraging providers to not store vaccines on their shelves, you know we really need everyone to go ahead and get their second dose when it's time so that they can be certain that that second dose is there and available for them. But also, then you know not have vaccines sitting on shelves. We need to be getting it in everybody's arms and getting everybody fully immunized as fast as possible within the recommendations.

**Cristi Moore:** Sophia, do you have a question for Dr. Traxler Stephen White?

**Sophia: Hi yes, so our station has gotten a lot of calls from this elder generation talking about staying on the phone for hours, not being able to get in touch with DHEC about appointments also. A lot of them aren't computer savvy and so you know on calls and what is being done, what would you advise this group of people in the in the 1A phase who are having a hard time scheduling an appointment, what would you tell them?**

**Dr. Traxler:** Sure. As I noted in in my opening comments, we have a new call center that's going to be opening that's going to be dedicated to vaccines, and so that will hopefully shorten wait times and make it easier for folks to call. In addition, at the scheduling site, basically (when the) scheduling program goes live, we'll be able to help people make appointments. So people who don't use the internet or the computer will have an option as well.

**Chris Joseph (WIS): Earlier you talked about how the CDC data may not reflect the reality of the situation. Dr. Linda Bell mentioned that perhaps age was a factor in those populations in the vaccine committee, can you speak a little bit more about what the CDC communicated to you about maybe that discrepancy?**

**Dr. Traxler:** Sure, so I suspect, I don't know for certain, but I suspect what Dr. Bell was referring to was the age of the data. So that is also one factor is when their data can be a day or two behind, because they are pulling it separately. And I think in many cases, working with states to verify it. So, what we're seeing is that dose is distributed, it's just not fully representing all the doses that South Carolina has available to utilize. We have allocated doses that are not included in that number to the pharmacies to use in nursing homes and assisted living facilities to make certain that they have both the first and second doses for all those people.

**Cristi Moore:** Thank you Dr. Traxler, at this time we're just a few minutes over, so I just would like to thank Dr. Traxler and Stephen White for continuing to carve out time in their schedules to hold these important updates. I'd also like to thank the reporters for your participation in submitting those thoughtful questions. We hope the answers provided today by our experts will help you keep everyone better informed about Covid-19 vaccine and the state's vaccine rollout. We will continue this ongoing conversation later this week, this concludes our briefing, thank you.