**DHEC Covid-19 Vaccine Update Transcript**

**Dec. 18, 2020**

**Dr. Brannon Traxler (DHEC Interim Public Health Director):** Good afternoon everyone, today we're announcing another sad record as far as the number of new cases of Covid-19 in the state, with 3778 cases reported today. We're also unfortunately announcing the deaths of 29 South Carolinians. We're here today to provide an update on the Covid-19 vaccine, which is that true light at the end of the tunnel.

I do want to remind everyone that healthcare officials here in South Carolina and across the country are concerned about these devastating numbers that we could really be seeing in the coming days and weeks. We want to remind everyone that the safest way to celebrate the holidays is to stay home. We can't stress enough how much individual actions impact the spread of this virus, so please stay home, wear a mask if you need to be in public, physically distance yourself from others by at least six feet and limit contact with those people outside your household.

This week was a momentous week for our country- on Monday states including South Carolina received their first doses of Covid-19 vaccine and from Monday to Wednesday our state received 42,900 doses of the Pfizer-Biontech vaccine. And the first shots were administered into the arms of those front-line medical workers who have worked so hard and so long to take care of all of us throughout this terrible pandemic. Fifteen different health care facilities receive doses directly from the federal government and as of today we can report that more than 7,000 frontline medical workers have been reported in the state as having received their first doses of Covid-19 vaccine. Those who can currently receive the limited doses of vaccine that are available are outlined in our Phase 1A guidance.

It was carefully developed based on recommendations from the CDC as well as from South Carolina's Vaccine Advisory Committee, which helps ensure that our vaccine planning is specific to serving the South Carolina populations.

The over 7,000 medical workers who we know have received their first dose already this week will need a second final dose of the vaccine 21 days after that first dose. The federal government is reserving the second doses for all those individuals that they will need to ensure that they do have vaccine available when it's time for them to be given their second dose and fully vaccinated. They'll receive their second dose from a future allocation that is specifically being held by the federal government and will specifically be sent targeted for them 21 days later.

South Carolina like all states is going to continue to receive weekly allocations of vaccine from the federal government. We anticipate receiving the next round of allocations early next week, most likely beginning on Tuesday. We won't know the specific number of doses until they're received, but these doses will go to the same acute care facilities that receive vaccine this week so that they can continue to vaccinate those front line medical teams that are saving lives.

The Moderna vaccine is expected to be issued its emergency use authorization any day now, possibly as soon as later today and we anticipate receiving a total of 200,000-300 000 doses of vaccine including both the Pfizer and Moderna ones by the end of the year. And again these are all first shot doses, these individuals second vaccines will come from a future allocation that is being held by the federal government. Until that time we will continue to provide regular updates on vaccine in South Carolina we're currently developing the best way to visualize and display that vaccine data online we plan to have this new data set online by the beginning of January and until that's finalized we plan to have this new data set online the beginning of January. We will continue to help keep South Carolinians updated on the vaccine by way of providing updates to you all, our partners in the media, as well as online on social media and through the community level meetings and events that our staff continue to attend to provide important information. Thank you and I'll turn it back over to you Laura for questions.

**Laura Renwick (DHEC Media Relations): Thanks Dr. Traxler. One of the first questions is that Phase 1A includes frontline medical workers as well as long-term care facility residents and staff. How many long-term care facilities residents and staff have received their vaccine yet, and if not when will they receive those and what is DHEC’s role in making sure those facilities receive vaccines?**

**Dr. Traxler:** We have opted into the federal pharmacy partnership for South Carolina with long-term care facilities. The federal government arranged a program through CVS and Walgreens whereas those those pharmacies will be administering the vaccines to the residents and staff of our long-term care facilities. We have allocated, at least at the beginning, the Moderna vaccine that we'll be receiving to that program and we anticipate that will begin in South Carolina the week of December 28th

**Laura Renwick: Thanks Dr. Traxler. When do we anticipate that all long-term care facility residents and staff could receive their first vaccine?**

**Stephen White:** I can try to address that question, Dr. Traxler. As long as there's no changes in the number of doses of a vaccine that's going to be allocated to South Carolina, and again pending an emergency use authorization being given in the coming days, and then also hoping that our inventories and our allocations are going to come in at a good rate, we anticipate that residents and the staff and those long-term care facilities could receive their first dose of vaccines within three to six weeks. This is going to be dependent on the CDC's long-term care facility partnership. They're going to be working on a cadence with those long-term care facilities. They've already been bringing on additional staff to help with the resources that are going to be needed to perform these clinics for those, not only the residents but also the staff, so we anticipate that it's going to take somewhere between three to six weeks for them to get through those clinics for the skilled nursing facilities, and then start working with the community residential care facilities. And then the second dose will be 28 days later, which the long-term care facility partnership will be getting Moderna vaccine, so that is a 28-day interval which is different from the Pfizer vaccine.

**Laura Renwick: Thanks Stephen. A follow-up question- what made the decision for DHEC to choose the Moderna vaccine for the long-term care facility program?**

**Stephen White:** I can take that question too. We looked at the number of what we were planning for with allocations and the number that was going to be needed to fulfill the orders for the federal partnership, and we felt that the number that we had with Moderna would be able to meet the number of doses that are going to be required for those long-term care facilities, for the residents and the staff. In addition to that, we also were considering the shipments of how the Moderna product is stored and handled. It's a frozen product but can be stored for up to 30 days, and so this would give those facilities which are going to be mobile more ability or better ability to transport those doses. They're less fragile, there's less involved, you drop the vaccine directly from the vial there's no mixing in of the vaccine with the dilutant or saline solution, so we felt that it would be easier for the facilities and easier on the partnership to handle and minimize waste, and the vaccines we felt would be available as long as EUA is approved.

**Laura Renwick: We've been hearing that the vials are having extra a little extra amount of vaccine in them, and so what does that mean?**

**Stephen White:** The EUA speaks to five doses that was initially approved when the EUA was written. Pfizer however had spoken to the fact in in several of their trainings that they've been having this week and prior to the EUA even that there could have been potential for a sixth dose or more seventh dose, as long as that dose comes from the same vial. What we found as first allocations were out and hospitals were using those to vaccinate their front-line healthcare staff that they were finding that there was additional doses that were left as they were drawing the correct amounts from the vials. They found that there were enough for six doses and in some cases there was even enough for seven doses and so we went of course and communicated with the CDC and Operation Warp Speed. They came back with the FDA’s statement that due to the public health emergency, be sure to use all the available doses even if it's a sixth dose or seventh dose that's coming from the same vial. What you can't do, to be clear, is you can't pull six doses out and have a little bit left but not quite a full seventh dose in a syringe and then try to pull from another vial to complete that seventh dose. It has to all come as a full dose from the same vial and that's been blessed by the FDA.

**Laura Renwick: Another question we received, of the approximate 7,000 people that have received a dose already in the state are we aware of any serious reactions?**

**Dr. Traxler:** We are not aware of any serious reactions at this time.

**Laura Renwick: How are we working with, you know we've mentioned the 15 facilities that are receiving allocations directly from the federal government. How are smaller or more rural facilities, how are their frontline workers getting the vaccine that they need?**

**Dr. Traxler:** DHEC has received a number of doses to our secure receiving and storage and shipping location or RSS. As you all are probably aware the Pfizer vaccine comes in trays of 975 at a time which for some of the more rural or smaller hospitals is significantly more than they may need, so our RSS site received an allotment and then is able to divide it up basically into smaller lots to provide to these more rural and smaller acute care hospitals so that they can vaccinate their frontline staff.

**Laura Renwick: How are the phases being defined? Folks have lots of questions about when teachers and school staff will receive their vaccines, and also we received a few questions asking the phases that have been provided now are all subject to change, but why? Department of Corrections detainees and staff could tentatively be prioritized ahead of others?**

**Dr. Kelley:** I'll go ahead and take that question, the answer is a little bit lengthy. I want to make sure you understand the situation, that these are decisions that are not made by DHEC in absentia without further consultation. Early on DHEC consulted the National Academy of Science Engineering and Medicine framework, this is 238-page publication framework for equitable distribution for vaccine allocation. And in addition we convened a Covid-19 Vaccination Advisory Committee that consists of about two dozen individuals who represent organizations that represent individuals at increased risk for severe Covid-19 disease, as well as some logistics people as well as medical providers, as well as insurers. Such groups such as AARP or the Office of Minority Affairs, and in that committee we reviewed the document I mentioned, as well as a number of other ethics documents and evidence-based documents, to try and define these phases of vaccine rollout. Currently South Carolina as you know is in phase 1A of vaccination, and it will take weeks to vaccinate those in phase 1A all who wish to be vaccinated. This weekend the Advisory Committee for Immunization Practices, or ACIP, will be announcing their recommendation for phases 1B and later phases.

We at DHEC want to be able to review their recommendations in the light of what we've been working on for months. We certainly have a draft plan for phases 1B and others but we want to review all sources of information, perhaps ACIP will have some recommendations for entities that we had not previously considered. We want to make sure that we make the most equitable ethical and evidence-based decision.

I understand the questions about when teachers and school staff can receive theirs, in fact I was late to this call because I was on a call with school nurses talking about vaccine and vaccine distribution, and I also understand why there are questions about how could the Department of Corrections tentatively be prioritized above others.

I’d like you to consider where the biggest benefit, the maximized benefit in reducing deaths may lie. Over half the correctional facilities in this state have had outbreaks of Covid-19 and there have been deaths among inmates and among the staff that serve in these correctional facilities. It is important that we consider risk from in terms of not only individual risk because of medical conditions or advanced age but also risk among people who cannot socially distance themselves from others. They cannot protect themselves from others and that is part of our thinking. As we consider roll out everyone in South Carolina who wants to receive vaccine will receive vaccine but it's going to take some time and we need to think carefully about the best way to reduce mortality in the state.

**Laura Renwick: Thank you Dr. Kelly that was a great explanation, another follow-up question is, you know vaccine is very limited we could be in phase 1A for weeks or months. As you all have previously stated how will individuals know when the vaccine is available to them?**

**Dr. Traxler:** We will be providing information as we go along in terms of the groups and the populations that are due up next, and when it is time and where people can go to get vaccinated, what times a day, what days of the week, all of that information through numerous media sources. You all are huge partners of ours in distributing information so plenty of it will be going through you all, it will also be in really every type of media. I tell folks we'll be on regular media, we'll be on social media, we'll be on our web page and I really want to encourage everyone visit our web page to stay up to date with it. Scdhec.gov/vaxfacts, a lot of information including what phase we're in and for vaccines and which groups are in which phase once that's determined will be provided there.

**Laura Renwick: After individuals receive the vaccine they will continue to have to wear a mask and physically distance- what's the point of getting a vaccine and when can we return to normalcy?**

**Dr. Kelly:** If it's okay I'll take that one as well. Yes people will still need to wear masks, observe physical distancing, avoid crowded indoor settings and wash hands frequently, even after they've been vaccinated, until enough people have been vaccinated for us to feel safe as a community, The Pfizer and Moderna vaccines are both 95 percent efficacy, which is excellent, that's about as good as a vaccine gets. But that still means that the vaccine will not protect about five percent of people who are vaccinated, for example people with immunocompromised or autoimmune conditions, they may have a lesser response to the vaccine. A return to normalcy is coming but it's still many months away. The point is to bring a return to normalcy but it's going to take time.

**Laura Renwick: Thank you Dr. Kelly, another question that we've received is it anticipated that the Covid-19 vaccine will become a required vaccine for students?**

**Dr. Traxler:** First of all, it's very early to start talking about vaccine for students, as neither of these are are being authorized for children. The Pfizer vaccine recommendations go down to age 16 and for the Moderna it's expected to probably be 18. So they will be doing clinical trials on children to study the efficacy and safety of the vaccines but, that's not available right now, so I think the answer is still very much an unknown because we're not even at the point of having vaccine available for children yet.

**Laura Renwick: If a frontline medical worker has already had and recovered from Covid-19 would they still be recommended to get the shot if it's available to them in phase 1A?**

**Dr. Kelly:** People who have had it are still recommended that they receive the vaccine. It's been shown in those phase three studies that people who receive the vaccine produce even higher levels of antibodies than people who are recovered from the actual disease condition.

In terms of when they should receive the vaccine, it is thought that they are relatively immune to Covid-19 for 90 days after that initial infection. In other words, it is rare to see re-infection during those first 90 days after Covid-19 infection. DHEC would like to ask people to consider, since sources of vaccine are still very limited, to consider that if you've recently had Covid-19 recently in the last 90 days, that you consider waiting until that 90 day point to be vaccinated and that way make available to more people to people who are more vulnerable earlier access to vaccine.

**Laura Renwick: Thanks Dr. Kelly, another question we've been asked a lot - we are fully aware of vaccine hesitancy and people who are skeptical of this. We continue to talk about how this vaccine was developed and held to the same rigorous standards of all vaccines, but would one of you mind speaking to vaccine safety and also how we address vaccine hesitancy, especially among the African-American community as well?**

**Dr. Traxler:** I think that the best way to address this vaccine hesitancy is to acknowledge that there have been issues and that there are some very real, and understandable reasons for why some people do have vaccine hesitancy. You can look at the Tuskegee, you can look at Henrietta Lacks, and those events we definitely need to acknowledge certainly happened and were unfortunate, but they did lead to a lot of the safety processes that are in place now. There are many checks and balances on these products, these vaccines, as they go through the evaluation process so that similar things don't happen. A lot of this rigorous studying that goes on is established as a result of those unfortunate events in the past, however these vaccines have gone through all of these rigorous steps and then reviews by independent committees, by the FDA, by the CDC and no corners have been cut in the development and getting to the point of authorizing these vaccines. These vaccines were able to build on research that had been started as early as the early 2000s, back with even the SARS epidemic, and so the scientists were able to pick up some of the research that had already been done in the last 20 years and build on it, and therefore were able to get a head start on this vaccine.

And then it was through the wonderful spirit of the American people, including many South Carolinians that that tens of thousands of people volunteered and signed up to participate in these clinical trials in a very short period of time. That allowed there to be robust data collected again in a very short period of time, though they still have studied these for two months for safety reasons and we'll continue to study them and monitor for any adverse effects, even after the EUAs are given. So no corners were cut, it's gone through all the same processes and passed all the same tests that all vaccines and medical products always have to.

**Laura Renwick: Dr. Traxler just a few more logistical questions and then we'll maybe get ready to wrap up. A few of you had asked that other states have been reporting some delays and facilities receiving vaccine. Are we aware of any shipping delays or shipping issues in South Carolina?**

**Stephen White:** Initially we were told to be prepared to receive vaccine this past Monday, and then what happened as we place the orders, we were we were notified by CDC and Operation Warp Speed that there were there was going to be a delay. So we did see staggered shipments sent to our sites throughout the week, but we received all of our doses into the state by Thursday, most of those coming Monday, Tuesday, Wednesday, but otherwise no other delays.

**Laura Renwick: Another question is for those who are part of phase 1A but don't necessarily work at a at a medical facility, how are they getting their vaccine now?**

**Stephen White:** We're trying to work with folks’ entities if you will, they have to be enrolled if their facility wishes to receive vaccine to be able to. I am going to post the link to the Covid-19 provider enrollment page where enrollment is necessary for entities that wish to vaccinate their frontline healthcare employees during this phase 1A. You will need to make sure that you fill out Section A and or Section B for your sites. You would only fill out Section A if you were an umbrella organization, take for example a large hospital system then you would you would fill out a Section A for your organization, and then the locations where the vaccine would go to would fall under as Section B locations, and so then only a Section B would need to be done for those locations. So if your large entity or your organization has already enrolled, then you only need to do a Section B, and if you have questions about whether or not your organization has done that or not, you're happy to send those to Covid provider enrollment at DHEC.sc.gov and we have enrollment team that is willing and ready to help answer any questions that folks may have with the enrollment process. I am going to be posting that link here in just a moment in the chat box.

**Laura Renwick: One more question- do you have the current number of enrolled providers and then how many are currently activated?**

**Dr. Traxler:** I do not have that number in front of me, but we do plan to be able to provide some of that information here in the coming days.

**Dr. Traxler:** We just want to remind everyone to stay continue doing what we know works and preventing the spread of this virus, the mask wearing, the physical distancing, and the hand hygiene and avoiding gatherings as we go through this holiday season so we can all have a not only happy but safe one. Thank you.