**DHEC SARS-CoV-2 South Africa Detection Update- Transcript**

**Jan. 28**

**Cristi Moore:** Good afternoon everyone, thank you for joining DHEC’s January 28 briefing, we'll be discussing the state's recent detection of two cases associated with the SARS-CoV-2 variant that first emerged in South Africa. 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. Dr. Traxler will provide a brief update and then I will open it up for questions. I would like to remind everyone to please remain on mute so that we can hear the speaker, please raise your hand and briefly ask one question and we'll answer as many questions as we can. First, we'll have the update from Dr. Brannon Traxler.

**Dr. Traxler:** Thank you Cristi, and good afternoon everyone. DHEC has announced today that the two cases associated with the Covid-19 virus variant that first emerged in South Africa have been detected in our state. There is no known travel history and there is no known connection between the two cases, both are adults. One is from the Low Country and one of them is from the PeeDee region. These are the first cases of the variant which is labeled b.1.351 in the United States. The arrival of any Covid-19 variant in South Carolina, including this one, is yet another reminder that the fight against this deadly virus is far from over. We all must be more vigilant about taking the prevention steps that we know work: wearing masks, staying at least six feet apart from others, avoiding crowds or group gatherings and washing our hands often. Experts believe that the current Covid-19 vaccines will protect people against these virus strains and certainly DHEC and its partners continue to work to get the vaccine into as many people's arms quickly safely, equitably and ethically.

It is common for viruses to go through changes that result in a new version of themselves, which is called a variant. We are still learning about this new variant and we'll share more information as we get it. Multiple variants of the virus that causes Covid-19 have been documented in the United States and other countries. Other states have had cases of a United Kingdom variant, the South Africa variant is not related to the United Kingdom variant. The two are very different- both spread easier and quicker than the current SARS-CoV-2 virus that causes Covid-19, but neither causes more severe illness.

DHEC along with the CDC will continue to monitor Covid-19 sequences for variants. Public health officials will provide more information as it is available.

**Cristi Moore: Nick, can you ask your first question please?**

**Nick:** Good afternoon Dr. Traxler and thank you so much for your time as always. The question that I have for you is- are the people that had tested for this variant, are they aware that they have the variant and are they being advised to take any additional precautions that people that test for the normal covert strains are not being advised to take?

**Dr. Traxler:** There are no additional precautions that we have advised these individuals to take, as the standard precautions that apply for anyone who is infected with Covid-19 are the same regardless of whether it is this variant or the normal SARS-CoV-2 virus, and in addition at this point in time both people are out of their contagious periods.

**Riley: Hi, thanks for taking my question. I just wanted to know if there's any evidence that shows that this variant spreads more easily or quicker than other variants?**

**Dr. Traxler:** In terms of the comparison between the variants to each other, I am not aware of any conclusive literature or data to suggest that. However, this variant, along with the one from the United Kingdom and the one from Brazil, are known to spread faster and quicker than the normal SARS-CoV-2 virus.

**Jenna:** Dr. Traxler thank you for your time today, I was curious if you've already had Covid-19? Are the chances of contracting this variant the same as anybody else who hasn't had Covid-19 yet, and also what are the effects with the vaccine related to this new variant?

**Dr. Traxler: There is still research ongoing to determine how much immune protection a prior Covid-19 infection will provide against this and the other variants, and there is felt to be protection provided by the vaccines and they are still studying to more fully characterize that protection.**

**Judy:** Good morning, yes I do. Thank you so much Cristi and Dr. Traxler. Dr. Traxler, I wanted to make sure I understood what you said in your opening statement about the differences between these strains and in the version of Covid-19 that we've seen in our state so far. I thought you said that these two strains South African strain and the UK strain both spread quicker, but are not known to have more severe illness. On the conference call with Prisma just a little while ago, their neurologist said that the South African strain has been proven to be more deadly. Am I understanding it right or is there any context that you can give us for that so that people understand the differences better?

**Dr. Traxler:** I think that there are still studies going on in the form of observational studies to determine the specifics, especially comparing some of these newer variants to each other in regards to the severity of illness, but there is not conclusive data to suggest at this time that that the South African variant is any more severe than the normal SARS-CoV-2 virus

**Tyler:** **I was just wondering if the state of South Carolina or any lawmakers are currently considering maybe looking into stricter lockdowns, whether it be on a local level or a state level, or maybe at least putting that out there that maybe that stricter lockdowns could be in the playbook in response to a new variant popping up in South Carolina?**

**Dr. Traxler:** We continue to recommend the same things to everyone because the same mechanisms that protect you against this variant are what protects you against the so-called normal Covid-19 virus and so regardless of any lockdowns, we encourage everyone to do the things that we know help- wearing the mask, doing the physical distancing, avoiding large crowds or big group gatherings. I think that we can continue to enjoy a somewhat normal lifestyle without having to do a lockdown if we all do those things, just take some extra precautions when we are out and about.

**MK: Dr. Traxler thanks for taking the question, I have two. My questions are do you, does DHEC plan to test more aggressively for the variants, and second is the possibility of recommending double masking on the table?**

**Dr. Traxler:** We are, in terms of double masking, we are reviewing the information and the literature as we have heard what you all have in terms of there might be some emerging evidence of benefits with that, but I think there will still be more research to be done and to be looked at in terms of increasing the testing for this. Our public health laboratory has been testing, has been doing this sequencing going back to June. We have been doing surveillance on random specimens going back to June and we actually had already been increasing in the recent weeks and couple of months since the variants overseas emerged and became more prevalent. So, both the number of specimens that we send to the CDC for sequencing as well as the sequencing that's done at our lab itself have been increased and we will continue increasing them as we had been planning to do.

**Caroline: Thank you guys so much. Moderna has obviously released saying that they're working on a booster potentially for their vaccine, saying they know Moderna is effective, they just don't know how long six and 12 months out. If this new variant will the vaccine be effective against it, what do you want to say to some South Carolinians who've maybe gotten the Moderna vaccine and now hear this new variant? I can imagine there might be some anxiety in their minds.**

**Dr. Traxler:** That is a great question and what I would tell them is that the predominant strain that we are still seeing in our surveillance sequencing is the standard or the normal SARS-CoV-2 that we know both the Pfizer and Moderna vaccines are very effective against. In addition Moderna has come out and said based on their data that there is protection against these variants with their vaccine, they are working to develop a booster that may enhance the amount of protection that's already provided but certainly having the vaccine already and already being vaccinated is going to provide more protection than not being vaccinated at all, and will still protect you extremely well from the most common strains that we're seeing in the state.

**Matthew: Dr. Traxler I’m wondering you know these two cases are seemingly unrelated to each other, no travel history, what does that say about community spread with this strain and how widespread do we think that this strain is in our communities here in South Carolina at this point?**

**Dr. Traxler:** I think that at this point in time we have very limited information to go off of with two cases having been identified, keeping in mind that that we have been doing sequencing already previous to this and these are the first ones we have identified. There is no known travel history with these, we also are doing deeper dives into into other history that they might have had, or exposures. I think that it is really too early with two cases to make predictions based off of that.

**Zach: I was wondering if there's any data that's been found in in other parts of the world that have the South African variant already? How quickly because it's more transmissible, how quickly it might start to become a more common strain in South Carolina even though it currently obviously is not.**

**Dr. Traxler:** I think that there are some preliminary studies and modeling that suggests that some of these different variants the United Kingdom the South Africa one et cetera, could be you know 50 to 60 percent faster spreading but there is still data that is being collected because while it has been in numerous other countries before the United States, the identification at least of these new variants has still been fairly recent, and so they are still having to collect data and do analyses to look more closely at that.

**Ann: Hi Dr. Traxler, thanks for taking the time today do we have any idea from contact tracing how many others these two cases have been in contact with?**

**Dr. Traxler:** We do not have concern at this time based on their contact tracing about there being the potential for any mass widespread transmission

**Caitlin: I wanted to ask, can you go through a little bit about the sequencing process and how many Covid tests are being sampled for this variant at this time, and I’m asking this because I saw a story last night out of Augusta and they were talking about how you know just picking up a couple of these cases in South Carolina could realistically mean that this is already spread and there's possibly you know 200 people or so that have it at this point, it just hasn't been discovered. Can you speak towards that at all?**

**Dr. Traxler:** And again, I think that it is very early based off of two cases to be able to say for certain we can get you the numbers for how many specimens we are sending to the CDC, as well as how many we are sequencing in our laboratory. I also do want to point out too though that there are numerous other labs that are doing sequencing including many of the large you know national laboratories that many specimens from South Carolina get sent to, so the numbers we have would not be representative of the entire amount of sequencing that's going on, but we can get those for you.

**Richard: I apologize if this is a redundant question, but how were these cases detected was this voluntary testing and were either asymptomatic?**

**Dr. Traxler:** We're not going to give any more specific details about these cases, but I will say that that both were picked up during routine surveillance sequencing.

**Vanessa: Hi, you mentioned that their contagious period has passed, are you able to give us a better idea of when that contagious window was?**

**Dr. Traxler:** Yes, it would have been earlier this month.

**Judy: Yeah I just have a quick follow-up question about the booster- can you give us any idea Dr. Traxler of, and I know this is a novel virus and so a new process, but typically as vaccines go how long does it take to develop a booster for those who would be interested in getting it? What kind of timetable are we looking at and what does that involve? I mean is that just another shot of another dose or is that something different from what they've already received?**

**Dr. Traxler:** Certainly, and that is where this is a big benefit. The type of vaccines that the Pfizer and Moderna ones are, being the MRNA vaccines, they can be adapted, basically edited to be effective against a new variant in a much faster manner than your typical vaccine platform. It literally for them will be a matter of plugging in some different of the MRNA code that's been mutated, but I think what remains to be seen is: would then after the development, which should be fairly quickly, whether you know production is going to begin. And I suspect much of this will be driven by how much of the variant and each one we're seeing in the United States, but it would be a matter then of looking at production and such and I would imagine and that at this point it would be if somebody has been vaccinated with the two-dose regimen already that it would likely be a one-shot booster. But we would have to find that out for certain for Moderna.

**Sam: Hey Dr. Traxler, you mentioned private lab sequencing, has DHEC requested private labs it contracts with the sequence samples, or is that something they do on their own? Can you maybe walk us through that?**

**Dr. Traxler:** I would say that it is some of both depending on just the size of the laboratory and the relationship that DHEC has with them.

**Joel: Dr. Traxler can you tell us what the dates were for when these two people were tested, and I know you don't want to give details about the cases, but have they recovered from their infections?**

**Dr. Traxler:** Both were tested very early in the month, and my understanding is that that both are doing well. I don't have an exact date on that off the top of my head, sorry.

**Tyler: I just want to ask about vaccine distribution now. If this does become a bigger thing, I know South Carolina, we've had some issues with vaccines in the past and we've worked on it, are we planning to get maybe any larger capacity for vaccines or just like more vaccines in general compared to how we've gotten it now?**

**Dr. Traxler:** I do not anticipate that our vaccine allocation from the federal government is going to be changed, we have not been notified that it would be changed at all based on having identified this variant. We are anticipating an increase next week as we covered in yesterday's media briefing, however that is unrelated to detecting this variant.

**MK:** Dr. Traxler a quick follow-up, so you said that the tests were run, they were first tested early in the month. I think readers might be confused like why are we just hearing of the variant now then?

**Dr. Traxler:** It does take a while for the sequencing to be done and the urgency is still diagnosing somebody with whether they have Covid-19 or not, so the focus is still put on the PCR and then Covid-19 sequencing is performed, but it is not as big of the urgency as there is for actually diagnosing

**Unknown:** **I just wanted to know have these patients received the vaccine in response to having the variant. I know they're probably not in that the tier 1A group but were they like pushed to the front of the line or anything?**

**Dr. Traxler:** I am not aware of the vaccination status of either individual and not aware of special treatment or anything being done for the vaccine for them.