**DHEC COVID-19 Vaccine Update- Q & A with Dr. Linda Bell**

**February 19, 2021**

**Cristi Moore:** Welcome to DHEC's February 19th 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. Linda Bell, state epidemiologist; Nick Davidson, DHEC senior deputy for public health, and Stephen White, DHEC immunization director. Dr. Bell will provide a brief update followed by facilitated and live questions. Before we begin, I’d like to remind everyone to please remain on mute. Dr. Bell, I’ll turn it over to you now for today's update.

**Dr. Bell:** Thank you very much Cristi, and good afternoon everyone. Today DHEC provided on its website a new map that shows cases of two variant strains of the virus, the South African variant and the United Kingdom variant. These variant cases are available in a new map that can also show the multi-system inflammatory condition in children, or MIS-C cases, as well, by toggling between the options at the top of the dashboard. We have been reporting the MIS-C cases since July and this new dashboard just puts the MIS-C cases and the variant cases within the same new dashboard together.

In regards to the variants, it's important to remember that while there is indication that these variants may be more transmissible than the original strain, that doesn't change our public health recommendations: wearing masks, physically distancing from others and frequent hand washing are the same actions that will protect against these variants as well as that more commonly circulating strain.

We understand that the Moderna and Pfizer vaccines that are currently available do protect against these two strains, and it's also understood that future vaccines that may soon receive an emergency use authorization and be available for the public such as the Johnson and Johnson vaccine will also be effective against these variant strains. There's been a lot of attention paid to these new variants of the virus, but I want to remind everyone that virus mutations are very common and that the variants of the SARS-CoV-2 virus weren't unexpected. From what we know about these variants now, our recommended public health actions aren't changing. There's nothing additional that we should do to prevent exposure to these variants. Again, the masks and physical distancing are the same recommended disease prevention practices, and those are effective against all the circulating strains.

On a different note, I did want to mention that South Carolina, like a lot of other states, is continuing to experience delayed vaccination shipments because of the severe winter weather impacting several regions of the country. While our state has been spared from severe weather, key shipping hub locations like Memphis and Louisville are experiencing very rough weather conditions and this impacts the ability for FedEx and UPS trucks to deliver vaccine shipments to our state and to others on time.

So, this means that some providers may need to reschedule appointments because of these shipping delays, and I know that this can be very frustrating, but this is one of the challenges we face when vaccine availability remains so limited across the nation.

Things like severe weather are beyond anyone's control, and DHEC continues to stay in close communications with our federal partners and our state vaccine providers to give them the most current information possible. The demand for vaccine significantly still outweighs supply across the country, and DHEC continues to encourage providers to follow the recommended guidance that the agency has provided as far as best practices for vaccine allocation and inventory management.

Our number one goal is to save lives and we do this by vaccinating as many South Carolinians as quickly as we can, especially those who are at highest risk first. Following the carefully developed guidance that we've issued to providers is the best way to ensure that our state is getting shots into arms as quickly as we can with the limited supply that's available to us. And Cristi, that concludes my update. I’m happy to answer any questions along with my colleagues. Thank you very much.

**Cristi Moore:** Thank you Dr. Bell. Nick, I believe this first question will be for you- what advice is DHEC giving to providers who do not have all their second dose requests fulfilled?

**Nick Davidson:** Sure, thank you Cristi. Those second dose requests- we realize that there are an awful lot of people right now who need both first doses and second doses- we're also under the understanding that there are some facilities who are not able to get as many second dose vaccines as they would like, and so we will need facilities at least in the near term, in the next couple weeks, to be using some of their first doses to cover some of those second dose. Clinics may also have to postpone some of those second dose clinics. This can be caused by facilities not adhering to strictly using first doses for first dose appointments and second doses for second dose appointments, so we continue to urge facilities that those second doses are only for second dose clinics and second dose vaccinations that they're trying to provide to their clients. So, it is really incumbent upon all facilities to make sure that they keep those inventories separate and they use them only for those purposes. But providers will definitely need to be using some first doses to cover those second dose appointments. At this moment in time some facilities are wishing for more, and they don't have them.

**Cristi Moore:** We are noticing an increase in vaccination clinics being held without pre-registration. Nick the first question is- has DHEC shifted its position on these clinics? And then secondly, what guidance is being provided to hospitals that choose to hold these clinics?

**Nick Davidson:** No, our guidance hasn't changed. Right now, as we all know very well unfortunately, there's not nearly enough supply to meet the demand. The challenge of having basically clinics where you can just walk up and walk in is that particularly when demand is so high, some incredibly long lines, and certainly the lines themselves are not a problem if somebody in that line understands that there's definitely vaccine for them. But I think nobody wants to wait in that long line without knowing if potentially they'll even receive vaccine when they get to the front of the line. So clearly we would encourage all providers to use an appointment based system at this point in time. It's very clear that as supply becomes greater that it will become appropriate and probably best practice to get to the point of having walk-in sites routinely. Now by no means are there maybe not times when in very small communities or something like that you're doing it, somebody's doing a special clinic for a special population that could be potentially appropriate, but there are many challenges right now when supply is so great that our guidance continues as it has been.

**Cristi Moore:** There have been national reports that there is a delay out of Kentucky that would impact South Carolina's expected doses. Dr. Bell talk a little bit about weather delays- does South Carolina have any information about a new shipment delay?

**Dr. Bell:** The shipping delays have definitely been happening last week and into this week, however we have been able to confirm sort of hot off the presses that the second doses that were the first doses have been delivered with the exception, I believe, of two going to Moderna facilities. And the second doses, all the Pfizer doses, have been delivered for this week with a combination of Wednesday and yesterday. And the Moderna doses again, the exception of two different facilities actually, but two facilities are still waiting on the Moderna. So out of hundreds and hundreds and hundreds, I’m actually quite pleased that despite the weather, the delivery companies were able to make those deliveries almost without fail in South Carolina.

**Cristi Moore:** Okay Dr. Bell, can you provide an update on Covid-19 vaccine hesitancy among races and ethnicities, and measures needed to increase vaccine trust?

**Dr. Bell:** Yes, maybe a little bit of an update. We did anticipate that certain racial and ethnic groups might have significant hesitancy about these new vaccines and that was borne out in surveys that were done at the national level and by different researchers, but some positive information is that actually as we're getting more experience with the vaccines we're learning that among groups that we expected to have vaccine hesitancy, that that's improving. We're seeing an increase in the demand for vaccine. That's good news because we do want as many people to get vaccinated as possible, but we recognize there is still some hesitancy. The measures that we've done to increase the vaccine trust, which I think have driven a lot of this vaccine acceptance, myself and other medical consultants in DHEC have given each dozens and dozens and dozens of teleconferences, webinars. We've specifically been reaching out to racial and ethnic minority groups, community groups, and in addition to that we've been working with our partners to carry these messages about the safety of the vaccine. What we're learning as more and more doses, over 50 million doses now administered in the country, when people said they wanted to get more experience, wanted to learn more about possible side effects, so I think that those community outreach measures have been very effective and we are seeing less hesitancy and more demand for the vaccine. And so we certainly want to fulfill those demands for the vaccine in those impacted communities as quickly as we can.

**Cristi Moore:** Dr. Bell a new study shows Pfizer is highly effective after one dose, it also says it could be stored at a regular temperature freezer instead of ultra cold ones. How could the switch from the cold storage help DHEC and get the vaccine out, and then would DHEC switch this to one shot for Pfizer or will it stay at two?

**Dr. Bell:** Thank you, and as far as the storage requirements, I do know that Pfizer submitted a request to the FDA for emergency use authorization to change those storage and handling parameters so that they could get approval to advise providers that it doesn't have to be held at that ultra cold temperature. And if they get that approval, then DHEC would certainly make that switch and that could be a big game changer for providers who do not have those ultra cold freezers. That would help us greatly in bringing on board more providers who had that as a barrier, so that would improve access to the community as a whole as the vaccine supply increases. I can't really speak to a study that shows that a single shot is highly effective after one dose of that Pfizer vaccine, but these are not decisions that DHEC makes in isolation. We would have to follow the vaccine manufacturers requirements, what they include in the package insert, what they're authorized to do by the FDA in terms of administering a single dose. For us to say that only a single dose is needed, we have to follow the vaccine manufacturers. DHEC doesn't make those calls.

**Cristi Moore:** Publix begins scheduling vaccinations at pharmacies today in preparation for next week, how will the increase in vaccination locations help the effort towards herd immunity, and then secondly what should people know about receiving vaccines at DHEC locations versus a pharmacy location?

**Dr. Bell:** As we increase more locations, we increase access, and the more access we have the quicker people can get vaccinated and that means that that would help us achieve our ultimate goal of what we call herd immunity. That's when we're looking at least 75 to 80 percent of the population protected by the vaccine so that we could begin to relax some of these prevention measures and requirements for masks and whatnot. And so just increasing access would help us get there more quickly.

In terms of what people should know about receiving vaccines at DHEC locations versus a pharmacy, location it would be the same products offered in all sites. People can seek sites that are most convenient to them, that have appointments available that are convenient for them and so I must say Cristi I’m not quite sure I understand what that question is trying to get at. What they should know about receiving vaccines at different locations? There will be the same products and people should should go where they can be vaccinated most readily.

**Cristi Moore:** Thank you Dr. Bell. Nick, how are pharmacies allocated doses and does this come through DHEC and then get distributed, or do they apply for those doses directly through the federal system?

**Nick Davidson:** I think when I saw this question earlier I thought, boy, if anybody can understand this, they really should come work for us because it is a complex process. But it doesn't limit the access that people have to the vaccine or the speed at which people get the vaccine, it just it takes several electronic steps to make this happen, and so I guess the best way to say is there are really three mechanisms that we use to get vaccine immediately to pharmacies. One is the federal pharmacy program and at this point in time it's just CVS, so that's a program where the allocation goes directly from a federal allocation separate from our South Carolina allocation directly to CVS stores in South Carolina and in other states. So that's the first one, the second one is our pharmacy partner program, and that is where the from the state's allocation we allocate a portion of that Moderna vaccine each week to our pharmacy partners around the state. And so those pharmacy partners like Harris Teeter, Kroger, Walmart, Walgreens, et cetera, we do take a portion of our vaccine just like we send out to many other providers who are using Moderna and that information goes to the federal government who then distributes it directly to those providers. The third is the private pharmacies, the independent pharmacies, and we have some of those who are also receiving vaccine and so those again would come from the state's allocation.

We then advise the manufacturers and our federal partners about where those shipments should take place, and they receive a direct shipment from the from the manufacturer just like the pharmacy partners do. So, the first one I mentioned comes out of a federal allocation and the second two comes out of the state allocation.

**Cristi Moore:** Okay thanks Nick. Would you provide more guidance on what people should do since providers are still having issues with receiving second appointment doses- should we be telling our viewers that they shouldn't worry about the three week for Pfizer or four week for Moderna guidance between the first and second shots?

**Dr. Bell:** Yes, what we are continuing to encourage people to do is when they schedule their appointment for their first dose and when they have that visit, that they go ahead at that time and try and schedule an appointment for the second dose. And if they're not able to get it within that three-week window for Pfizer or the four-week window for Moderna, that's an ideal situation, but if they have to get an appointment a little bit outside of that window we don't want people to worry too much about that. The vaccine series is still effective if given beyond that minimum period, if somebody goes outside of that window they wouldn't have to restart the series again. And we also encourage that second dose appointment with the same provider to make sure that they get the same product for the second dose, but if they have to get it going out many more weeks, even as long as six weeks and in fact beyond that, that's okay. It will just take a little bit longer for them to get that maximum immunity. We want to focus on that ideal situation but we also have that acceptable window of time to get the second dose. We don't want people to give up and just rely on that one dose, because from what we know now for both those vaccines, they won't achieve that maximum immunity until they get the second dose. And until we learn more potentially about a single dose for the Pfizer, but we don't know that yet, okay?

**Cristi Moore:** Are you concerned that the continuous issues with second dose shipments might ultimately affect the public's desire to get a second dose and thus turn into an only part partially vaccinated population?

**Nick Davidson:** What I was going to say is there definitely no doubt have been shipping delays, as this question alludes to, and the shipping delays have primarily occurred last week and this week. They've been really both with first doses and with second dose shipments, but for the most part the delays typically have not exceeded two days. While I’m sure that has caused some wrinkles in the plans of providers to offer clinics as well as people who had appointments for those clinics, it's seemingly very much a momentary blip. We're talking about a day or two delay and we've actually heard that many providers you know they have sufficient vaccine on hand to be able to accommodate that that one or two day delay that we've been seeing in the past couple weeks.

**Cristi Moore:** On Wednesday it was said that VAMS would be seeing an upgrade that would enable providers who use it for scheduling to be able to book appointments before a patient leaves their first appointment. Would you clarify this, and then secondly are you saying that providers using VAMS have not had the capability to book appointments at the time that DHEC has been encouraging them to do so?

**Nick Davidson:** Let me tackle the first part of this question and I’m pretty sure we've got Stephen White on the phone too, and Stephen, on the second half there as far as people's previous availability and VAMS to make appointments, I might ask you to weigh in on that in a minute if you have distinct information because you know the system better than I do. But absolutely, I did mention that VAMS would be seeing, it actually has seen upgrades and upgrades are continuing typically over the weekends. But the biggest, in my mind, the biggest and most advantageous update that we've seen is the ability for somebody to be able to go directly into a scheduling site for VAMS, versus having to get an invite or an invitation to log in from a provider, and then they get the invite and then they have to click on the invite, and then they go into the system and they try to do their scheduling. So now the ability that VAMS offers is some additional screening questions with the ability then after the screening questions to be sent a link on their own without having to work through a provider, and that link provides the registration information that they have.

I will say too that is definitely an upgrade, and Stephen correct me if I’m wrong, I think it's actually this weekend is the email upgrade where they won't actually need an email in order to register into the system, and VAMS also now is showing… when you go into VAMS you see other appointments that are available in VAMS other than the provider that maybe you were originally intending to go to for that vaccine. Stephen I don't know if you have any additional information on what VAMS’ capacity was to book appointments at the first clinic for the second clinic prior to now?

**Stephen White:** Thanks Nick, and you really hit the nail on the head, but even prior some of these upgrades, patients have had the opportunity to book the first appointment. Again it was as long as the clinic was built out and there was a schedule that a person could select a patient appointment , they would be able to do that either 21 days for five or 28 days for Moderna, with the latest upgrade that happened on February the 13th, which was on a weekend as Nick had alluded to. Standard and mobile clinics that are utilizing VAMS for the scheduling portion are able to also book second appointments on behalf of the patients, which really bypasses the need for the patient to actually have to go in and schedule the second appointment themselves through their own recipient portal. That also helps to serve as a good customer service enhancement for the recipients because as Nick alluded to, they do not have to have an email address and they may not be able to access that recipient portal. Thanks.

**Cristi Moore:** Thank you Stephen, so that was our last submitted question. At this time, I’m going to open it up for live Q & A, reporters on the line if you please raise your hand, I will call on you. Madison Martin you've got a question?

**Madison Martin:** Hi, thank you, I just want to follow up again on the last question we were just talking about. Just to make sure that I fully understand, so if if a provider had been using VAMS to schedule appointments up until this point now that we have this update, but up until this point were providers not able to book those second appointments for their patients like what DHEC has been advising providers to do? Have they just not had the capacity to do that up until this point?

**Stephen White:** As long as the scheduled clinic had they had it built out in their schedule 21 days out for Pfizer or again 28 days out for the corresponding vaccine product, then they would have been able to place a second dose appointment

**Cristi Moore:** Thank you Stephen. Morgan you've got a question?

**Morgan Newell:** Thank you, I wanted to know... I know we kind of touched on this at this point, but I wanted to talk a little bit about the residency requirements. I know North Carolina kind of changed theirs to decide only North Carolina residents can get it. Do we see that happening in South Carolina at any point and what would that look like?

**Nick Davidson:** I can touch on that briefly and then Dr. Bell you may want to talk a little bit about the virus's tendency to move back and forth across invisible borders. But no, we don't have any intent at this point in time to change the residency requirements, or therefore really truly lack of residency requirements. We know that South Carolinians have been vaccinated across state lines, we know that the opposite has happened, it doesn't appear to be a great number. But certainly people, just take Augusta for example: people work in Augusta and live in North Augusta on our side of the border or vice versa, and so for us the numbers don't seem to be such that it was a significant concern, and we certainly want to do everything we can to protect our residents regardless of whether they where they live or work. Dr. Bell do you have anything you want to add to that?

**Dr. Bell:** No Nick, the only thing that I would add is that we, you know when we were looking at people who are not necessarily, they don't have a South Carolina address but they may be residing here for a while and they would share the same risk of exposure, the same risk of transmission, so as we protect individuals who will be residing in our communities or working in our communities, protecting them protects us all. That's why we don't require any proof of residency, because from a public health standpoint it's for the good of all to get those protected who are spending time in our communities.

**Cristi Moore:** Thank you Dr. Bell, and Judy you've got a quick question?

**Judy:** I do. We're still getting a lot of questions, actually they've started again since the vaccinations at the long-term care facilities have been for the most part completed, from families wondering if DHEC is going to soon allow lifting the guidelines or restrictions that are currently in place and allow those facilities to resume what would be considered normal operations for visitation?

**Nick Davidson:** Let me first comment on the status of our long-term care vaccination program, and then others. Dr. Bell or others may want to chime in on the health precautions that are taking place at those facilities. But I guess what I would say is we are definitely not done, or near done, with those facilities. We are, we indeed have essentially completed the first visits to each of those facilities where we've done first doses, we're about a bit over halfway through the second visits where predominantly the vaccines delivered have been second doses but we certainly have caught individuals that still needed their first dose at those second visits. I hope this doesn't get too confusing and then we will be offering a third visit where the people who got their first dose at the second visit can now get their second dose. So three visits, I think you can probably imagine in your mind how those go, at each of those three visits we'll be offering both first and second doses if you want to think of it that way, and certainly I would assume the third visit there would be many fewer people vaccinated. But during these first visits and second visits you know we're talking tens of thousands of people then we're about halfway through that that set of second visits.

**Cristi Moore:** Thank you Nick. Dr. Bell did you have something you wanted to say with regards to the visitation in the nursing homes?

**Dr. Bell:** We want people to be aware that the nursing homes are required to follow the CMS guidelines for visitation and they don't use vaccination rates in the staff as the criteria, they use the disease burden in the community for allowing visitation. So for example if the percent positivity in the county surrounding where the nursing home is located they should not be allowing visitation because they're focusing still on the risk of introduction, even though they may have a high vaccination rates as Nick was saying, they can have people who are transferred from the community into a facility or from a hospital into a facility. So, the risk of disease introduction still remains, and these are still settings that are at high risk for transmission. The fact that the individuals are vaccinated, which I think was the question, they're required to only allow visitation if certain criteria have been met. That the disease rate in the surrounding community is below a certain rate, that they have sufficient infection control measures in place in those facilities, and that they have not identified any new cases within the last 14 days.

**Cristi Moore:** Thank you Dr. Bell, our Covid-19 Joint Information Center, or the JIC, will work to answer any questions that we weren't able to get to today. If you have follow-up questions, please send those to the JIC and we'll get them answered for you as quickly as we can. In conclusion I’d like to thank our DHEC public health experts and members of the media for your time and dedication to share the latest Covid-19 vaccine information with South Carolinians. This concludes today's briefing, thank you all.