**DHEC COVID-19 Vaccine Update with Dr. Brannon Traxler - Transcript**

**January 29, 2021**

**Cristi Moore:** Good afternoon and welcome to DHEC's January 29 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. Brandon Traxler, DHEC interim public health director.

These briefings are held to share the latest updates and answer questions about Covid-19 vaccines in our state. DHEC appreciates the South Carolina press and its commitment to keeping South Carolinians informed. For the run of show Dr. Traxler will provide a brief update, then we'll have a segment of facilitated questions and if time allows, I’ll open it up at the end for live questions. Before we begin, I’d like to remind everyone please remain on mute. Dr. Traxler I will turn it over to you now for today's update.

**Dr. Traxler:** Thanks Cristi, and good afternoon everyone, thanks again for joining us. This will be our fourth media update of the week. We appreciate so much all that you guys are doing to help keep South Carolinians updated with accurate information and timely information of this rapidly evolving scenario that we are living in during this pandemic, and during the vaccine rollout in in the United States and in South Carolina.

As we discussed yesterday, South Carolina announced the first identified cases in the country of the South Africa variant of the virus for Covid-19, and that variant is called b1351. DHEC continues to work with the CDC to learn more about these two cases and we'll provide any new information as it's available. It's important to remember that both individuals have recovered, and the same disease prevention precautions that we have in place such as masks and physical distancing are what protect us from the spread of this strain and all currently known strains of SARS-CoV-2, the virus that causes Covid-19. CDC and DHEC may never be able to determine with certainty where these two individuals contracted the South Africa variant, and our attention is focused on limiting further spread.

Sadly today with very heavy hearts we also announced the state's first death due to Multi-System Inflammatory Syndrome in children, commonly called MIS-C this is a rare health condition that occurs in some children and teenagers who have contracted Covid-19, or have been in contact with someone infected with the virus. At least 42 cases of MIS-C have been reported among children in South Carolina. You can find more information about the location of those cases on our MIS-C webpage, which is available via our main Covid-19 webpage.

On July 12, we announced our first confirmed cases of MIS-C in the state and we are very deeply saddened to announce this first death from it today. It is important to know that the vast majority of children with MIS-C do recover. In regard to a Covid-19 vaccine update, we also announced today that we have a new vaccine-only call center launched to answer questions about Covid-19 vaccines and to help support people who are looking for vaccine provider information.

That new Covid-19 vaccine information line is 1-866-365-8110, again that new Covid-19 vaccine information line is 1-866-365-8110. This new vaccine information line has 240 phone operators and it's available from 7 a.m. to 7 p.m., 7 days a week. People who have questions about the Covid-19 vaccines or who need help finding vaccine providers and their contact information are asked to call the DHEC Covid-19 vaccine information line. Our care line is still up and operational, however the care line assists people with general questions about Covid-19 testing, or people who need to schedule an appointment at a DHEC health department. For family planning, well child checkups, WIC services, HIV, STI screenings and other DHEC services. We do appreciate again you all sharing with your audiences this new Covid-19 vaccine information line, the number is 1-866-365-8110.

And as an update on the vaccine scheduler tool, our IT folks are continuing to finalize it as a more user-friendly way to schedule appointments and to alleviate some of the issues with people who are needing computers, internet or email addresses to schedule appointments. With that we'll turn it over to questions.

**Cristi Moore: Thank you Dr. Traxler, our first question today, the CDC's director says the fact that these two cases of the South African variant have no connection to each other probably means that community spread is already happening. How should South Carolinians perceive this information?**

**Dr. Traxler:** South Carolinians need to use this news of the variant having been identified here as a reason to double down on our efforts each of us to protect themselves and others from all versions of this virus. It should serve as a reminder of the importance of mask wearing, physical distancing, avoiding large crowds or group gatherings, getting tested regularly and especially if you feel sick at all, and of doing good hand hygiene and certainly following isolation and quarantine guidance from DHEC or health care providers.

**Cristi Moore: Has DHEC been in contact with other states about the South African variant found in South Carolina, and has any additional information emerged about how the variant got here?**

**Dr. Traxler:** I have not, at least, been indirect direct communication with other states and I am not aware of anyone at DHEC having been having communicated about these specific cases with any other state. At this time we know that these individuals did not have a recent travel history and did not have a connection to each other, and so as I pointed out just then in my briefing, we may never know exactly where these folks got it. But the important thing to remember is what we're focused on is preventing further spread. We want to stop any future spread of it and can we say with certainty the South African variant is not as deadly as the normal Covid-19 virus, so they are still doing studies. This is even newer even newer than the Covid-19 normal virus, so there are studies ongoing but at this time there is not the data to show that it is more fatal or deadly than the normal virus.

**Cristi Moore: The Washington Post reports South Africa was already one of the country's worst hit by the coronavirus, but in the six weeks since, a new, more transmissible variant was first publicly announced here. An enormous spike of new cases and deaths has far surpassed previous waves of the pandemic, how concerned are you that this happening in South Carolina with the arrival of the South African variant?**

**Dr. Traxler:** I am concerned still by the number of Covid-19 cases that we have in our community of of all variants, all versions of it. I want to see all of the Covid-19 case counts and hospitalization rates and death counts go down and so certainly with it being more transmissible there is the potential that we could see higher increases, but we are doing everything we can with the CDC's help to stop as I said any continued spread of it. And I will remind people that we need to keep from having any increases in the in the case counts of our normal virus. It's the same methods that we do to prevent further spread of this variant, that seems like hand washing and physical distancing and avoiding crowds if possible.

**Cristi Moore: Will DHEC begin including the number of identified cases of the South African variant in its daily data reports?**

**Dr. Traxler:** It's important to understand that this is not these are not diagnostic tests, so not every specimen anywhere worldwide, nationwide, statewide is sequenced. That is a much more intricate test that is more time consuming and so random samples are chosen to be run either by our lab by CDC's lab and by private labs. It is that information that helps provide a picture of what the patterns are looking like in terms of any mutations, so rather than knowing exact counts it is more important to see what the patterns are emerging. So it's not a day-to-day change in data that would have significance.

**Cristi Moore: Following the news that the Johnson & Johnson vaccine has a lower efficacy rate than the Pfizer or Moderna products, is having the one dose vaccine worth the lower level of protection?**

**Dr. Traxler:** Protection is good. I would say that any protection right now is certainly better than no protection, and certainly there are benefits to the one dose vaccine and using those with some populations, and just in terms of reaching the maximum amount of protection from a vaccine series as possible, and so it is still value a valuable tool that we will hopefully have before too long in our arsenal, along with the the Pfizer and the Moderna vaccine. They all serve their different purposes in different settings and populations that they're best used for but, getting protection from any of the vaccines is very important.

**Cristi Moore: Would DHEC consider giving this one-dose vaccine only to younger people and reserving the better vaccines for the more vulnerable populations?**

**Dr. Traxler:** DHEC will be watching to see. If the Johnson & Johnson vaccine or any of the others in development were to get an emergency use authorization from the FDA then we would be watching closely, because the CDC's Advisory Committee on Immunization Practices, that ACIP, would meet and provide guidance also for the use of the whatever the new newly authorized vaccine is. So I think it's really too early for us to say where we would intend to use it, not having seen any data or knowing what recommendations might come out in terms of guidance for populations it's best used for.

**Cristi Moore: What is the process for out-of-state residents getting the vaccine in South Carolina, and secondly are there any restrictions and does this lead to a lack of doses in our state?**

**Dr. Traxler:** Out-of-state residents just like South Carolinians if they are in one of those phase 1A categories, at this time may receive the vaccine in South Carolina and the process would be the same as it is for South Carolina residents in terms of making an appointment and you know following the directions for that vaccine provider. There are not geographic restrictions and I do want to remind everyone that that while other states people may come into South Carolina to get vaccinated, we also have South Carolinians that that have gone out to other states to get vaccinated. It's really a matter of we need the entire country and the entire world vaccinated to really stop the spread of this virus, so we are all in this together.

**Cristi Moore: When hospitalization numbers decline, do those decreases include both patients who recovered and were discharged and patients who succumb to Covid-19?**

**Dr. Traxler:** If you're looking at hospitalization numbers, those are raw numbers that are representing how many people with Covid-19 are hospitalized on a given day, as reported to us by the hospitals, and so if it decreases it could be for either of those reasons.

**Cristi Moore: Would DHEC consider suspending vaccine allocations to providers found to have intentionally violated the phased guidelines? For example, Georgia has done something similar this week.**

**Dr. Traxler:** DHEC would certainly be working with the provider to make sure that they understand the guidance and re-emphasizing to them the importance of all vaccine providers following the recommended categories or groups of people that are in that phase, and we would we would continue to work with them. I am not aware of any situations where we've not been able to work with providers. I think that in South Carolina they seem to have a good understanding about the guidance.

**Cristi Moore: When can DHEC release more VAMS data, such as missed appointments and race or age breakdowns of vaccinations?**

**Dr. Traxler:** We are working on a dashboard that will provide a lot more detailed information about vaccinations including things such as demographics, and I expect to have that ready in in the coming weeks.

**Cristi Moore: Can we get an update on where the 10,000 extra doses of Moderna will be dispersed?**

**Dr. Traxler:** Those extra doses of Moderna, some have gone to the retail the federal retail pharmacy partnership to be able to go out to retail pharmacies throughout all parts of the state, and then the other part were able to target providers in areas where there was less opportunity for vaccines, some of the rural areas and such where there were less vaccine providers. We were able to then bring on some additional providers and allocate doses to them.

**Cristi Moore: I think we had a similar question. Earlier in the week the CDC said teachers should be prioritized and state superintendent Molly Spearman has made that official request. Has DHEC determined whether teachers will be granted priority before moving to Phase 1B and if not, what explanation is being given to teachers for not following CDC guidelines?**

**Dr. Traxler:** The CDC's guidelines, that Advisory Committee on Immunization Practices and which is the CDC, has teachers and school staff is frontline essential workers in Phase 1B and at this time that is where they are anticipated to be here in South Carolina.

**Cristi Moore: What's the advice for Type 1 diabetics regarding taking the vaccine, and when will they be eligible?**

**Dr. Traxler:** Type 1 diabetics could certainly discuss if they have any concerns about their own situation, could consult their physicians. But having Type 1 diabetes is not a contraindication or a reason not to get the vaccine, so I would still certainly encourage it for anyone who is eligible to get vaccinated and those individuals will be eligible depending on the person and other factors such as their occupation or their age. That will determine which phase are eligible in.

**Cristi Moore:** **These are going to be the last two questions that were submitted that we'll be asking today and then I’ll open it up for other questions. I would ask the reporters to raise your hands and I’ll do my best to call on you. The last two questions here are what does it mean if a provider has a utilization rate of 195 percent of its first doses, for example like the Grand Strand Health, and secondly is there a factor here that hasn't updated yet in VAMS, so when scenarios of with some discrepancies and data or things are not quite clear in the reporting out of utilization rates and doses received and administered.**

**Dr. Traxler:** Our DHEC team works with those facilities and with the VAM system to identify where the issue might be in terms of whether it is something within VAMS or information is not getting received directly back and forth, and so we work to then correct those discrepancies as quickly as we can by working with those entities. But it could be a variety of different things.

**Cristi Moore:** Thank you Dr. Traxler. I am going to ask the reporters to only ask one question out of fairness to everyone else. Tina I just need one question from you please.

**Tina Terry:** This is Tina Terry that you're referencing, I apologize I didn't know if there was another Tina on the call?

**Tina Tara: Okay this is Tina Tara with WSSC and thank you for doing this, we appreciate it. Can you just talk really quickly about why the sequencing, that type of testing looking for variants, is so important and I know you said that the CDC is doing some of that as well as private labs and I think you said even the state is doing some of it as well. Can you elaborate on whether you feel there's a need for more testing capability within this state and anything you can say on how many samples you're testing on a weekly basis?**

**Dr. Traxler:** Sequencing for this, which is the whole genome sequencing which is looking at the genetics literally of the virus to see if there are mutations and if so where those mutations are located, is a very important part of surveillance, especially for a virus such as this one. An RNA virus, one such is Covid-19 virus, the SARS-CoV-2 virus, they mutate to live and live to mutate and so it's not just looking for mutations, it's looking for their locations on that string of the genome and identifying whether they're in key locations that could make them, for example, more easily to be transmitted or have other impacts. By doing surveillance and testing random samples of those and then analyzing the results and comparing the results to each other, the scientists can look to see what mutations are occurring, how how quickly they may be occurring and whether significant ones are occurring and see patterns such as have been noticed with the three variants that are now known worldwide. And yes our lab, our DHEC public health laboratory, has been doing sequencing going back to June and has continued to increase that amount of specimens that are being sequenced, especially here in the last couple of months as these variants have emerged on the worldwide scene. In addition, I know that the CDC has similarly been doing sequencing since very early on in the pandemic and has also been increasing their amount and the private labs are certainly providing sequencing as well. So I think all of those entities were already increasing in how much they were doing, and we will continue on that same trajectory that we had been on to continue to increase surveillance, but also providing good testing for diagnosis, that PCR testing for people, which is separate from this sequencing.

**Cristi Moore: Jenna at WLTX please ask one question.**

**Jenna Kurzyna:** **Hey good afternoon Dr. Traxler, thank you again. My question is: a CBS news story this morning said South Carolina is ranked second in the nation currently in total cases for 100,000 residents so I just was curious are those statistics correlating with what you guys are seeing, and again thank you for your time.**

**Dr. Traxler:** I’m sorry I haven't had a chance to watch the news stories from today, so I’m not certain of that data that that they're looking at or the comparisons they're making, so I really can't speak intelligently to that. I do know that we have seen some plateauing and potentially maybe a little bit of the start of some decreasing in our case counts and percent positivity here in the last couple of weeks and I want to use that as an encouraging sign. But in the knowledge of this variant to remind and urge and encourage everyone to please continue to do the protective mechanisms that we know work. Let's get these counts down even further.

Cristi Moore: Judy, you've got one question please.

**Judy: Good afternoon, thank you so much, just a quick question about our assessment right now. I know you're using a lot of factors including supply versus demand, but we also have the increased supply coming in next week, so what's your best assessment based on all of the things you're considering on when Phase 1B will start?**

**Dr. Traxler:** I think that at this point in time without having factored in again this this morning's news, that that there may be an additional vaccine getting its emergency use authorization very soo, but knowing that that it and potentially others could be coming on in the coming months I think we're still on target probably for early spring.

**Caroline: Thank you so much Dr. Traxler. So we heard this morning from a Prisma health doctor that he's been in touch with DHEC and you guys are receiving additional resources from the CDC to do this sequencing, have you guys been in touch with the CDC about ramping that up to see what the variant is like here actually in our state?**

**Dr. Traxler:** Certainly, so as I pointed out we've been doing the sequencing and had been ramping it up already in our state before we even identified these cases, so we are continuing to do so. We have been in frequent touch with the CDC, and we'll continue to work with them and sending them specimens just like we've been doing beforehand. And we'll continue doing our own sequencing as well

**Ms. Harris: South Carolina first had a pretty slow vaccine roll out, but I understand it's really ramped up. What's new what's the update with the vaccine rollout how are you guys doing and what's your biggest problem right now?**

**Dr. Traxler:** I think that the vaccine rollout is going a lot, significantly better, at this time. We are seeing the utilization rate really remaining up there and I really want to commend our partners and those vaccine providers who are putting shots in arms very much all day every day. So I commend them, it's really been a team effort to increase the vaccine utilization, and I can see it continuing to do so. At this point the biggest need we have is for more vaccine, more doses, to be coming into the state.

**Sam: Hey Dr. Traxler, thanks for your time, are you expecting the new registration portal to launch next week? I was checking the news clips before hopping on this and it seemed like originally we were expecting the portal to launch at the same time or around the same time as the call line. Could you just walk us through any timeline updates on that?**

**Dr. Traxler:** I do expect it that it'll be rolling out in the near future, I don't have a specific day that I can estimate for you but I do you know anticipate it shortly.

**Madison: Thank you Dr. Traxler. On the topic of the scheduler can you describe for us what that will actually look like at this point, and I don't know if I misheard you from earlier, but it sounded like you said something about making sure that folks who don't have a computer having access to that in some capacity? What will this actually look like, will it be a website or what will that entail at this point?**

**Dr. Traxler:** We are looking for the scheduler itself to be a website, a portal where you can go in and put in your information, answer a few questions, and see available appointments and schedule it, which is significantly more simple and straightforward than the current process with VAMS as you as you all have heard about. We anticipate that we will be able to help provide support to folks if necessary who may not have access to internet or computers or even email addresses to help get some of those scheduled.

**Judy: Dr. Traxler I wanted to follow up regarding the demographics: DHEC has done such a great job in terms of breaking down the impact of Covid on my communities of color, specifically on minorities. Will those kind of breakdowns also be available or maybe that you've already put out some data that I haven't seen on the website, but will that kind of demographic breakdown be available in terms of vaccine distribution, to be able to make a correlation if the people who are more severely impacted are also getting access to the vaccines.**

**Dr. Traxler:** I cannot speak to the exact specifics of what the dashboard is going to be showing in terms of especially vaccine distribution or administration, just because our data experts are still building it and getting this data out of VAMS, which is about as complicated as getting your information into VAMS, but we do intend to provide you know a broad wealth of information, as much as we can to people.

**Cristi Moore:** In closing today I did just want to say Dr. Traxler, thank you for making time in your schedule to provide these frequent updates each week and I do want to let everyone know that beginning Monday, Dr. Traxler will be on maternity leave for the next eight weeks, and our other DHEC physicians will be available to continue these briefings. Dr. Traxler, we wish you, Tony and little Lucy the absolute best season of bonding. You'll be missed and we look forward to you returning to us. I’d also like to thank our media partners for joining us today and we will continue our ongoing vaccine conversation next week.