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

**February 17, 2021**

**Cristi Moore:** Welcome to DHEC’s February 17th 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, our state epidemiologist, and Nick Davidson, DHEC senior deputy for public health. Dr. Bell will provide a brief update followed by facilitated and live questions. Before we begin, I’d like to remind everyone to please stay muted, Dr. Bell I’ll turn it over to you for today's update.

Dr. Bell: Thank you Cristi, good afternoon everyone. I’d like to give a brief update about our new vaccine demographics dashboard, which launched on Monday of this week, before we try to answer as many of your questions as possible.

I’ll describe this new dashboard as an incredibly valuable tool, and it's important to know that this dashboard will grow and expand to display additional data. This is the first version of it, and the second version of it is already in development.

One thing you'll notice is that the number of doses given that's on our new dashboard is higher than that same number as it's listed on our vaccine allocations web page. The main reason for this is our vaccine allocations web page reflects the data that's reported by providers into the two federal vaccine databases- VAMS and Tiberius. However DHEC’s demographics dashboard is sourced solely from the information from the state's immunization database, which is called SIMON, while the data that are recorded into the federal VAMS and Tiberius systems also funnel into the state's SIMON database.

There can be a lag in the timing of when providers enter data into VAMS or Tiberius, to when that data is populated into SIMON. We have an indication of some margin of error for duplicative reporting within VAMS, and information within the federal VAMS system is sometimes updated retroactively.

We feel that the state's SIMON database is likely the most current and accurate vaccine information for the state. A key purpose of our new demographics dashboard is for us to have a big picture look at who is getting vaccinated in our state. This dashboard won't be able to accurately provide that big picture look, however, until the broader population is able to receive vaccine.

Right now, the dashboard can only show the demographic breakdown for those who are eligible to receive their shots. Now, for example, we know that women make up the majority of health care workers, and because health care workers are one of the predominant groups of people able to receive the vaccine right now, the dashboard shows that women are receiving their shots at a higher rate than men. Once more of our state's general population is able to get vaccinated, this dashboard will play an essential role in helping us identify disparities and locate communities or certain groups of people who aren't getting vaccinated as quickly as others.

This dashboard will help us make direct connections with neighborhoods and communities to identify and remove any barriers or limitations. We want all South Carolinians to have fair, equal and ethical access to their Covid-19 vaccines, and our agency and our key community partners are working to ensure that happens. That concludes my update, thank you for your attention, and I’m happy to address questions.

**Cristi Moore: Dr. Bell would you expound on the vaccination disparity between men and women reflected in the demographics information?**

**Dr. Bell:** Up until about mid-January, those who were eligible to receive vaccines were long-term care facility residents and medical workers, and our census data shows us that women hold about 70 percent of health care jobs. I believe women also make up a higher proportion of nursing home residents and people over the age of 65 in South Carolina. What this means is that more women than men were actually eligible to receive vaccines because they make up a greater number of the health care workers and a larger population of long-term facility residents. It's also understood that in general, women exhibit more health-seeking behaviors, including preventive care, than men. There are studies that show that women are more likely to receive their flu shots than men are, and those are some explanations as to why more women appear to be represented in receiving the vaccination so far.

**Cristi Moore: Looking at the demographics, it seems the racial disparities we've seen across the country are happening in South Carolina. Would you agree, and what are the plans to fix this?**

**Dr. Bell:** We know a racial disparity exists for this vaccine and for other vaccines as well, and we have continuous efforts underway to work with community-based organizations, the media, and predominantly African American audiences and the faith-based community to answer questions and disseminate information about the vaccine to address these health disparities.

**Cristi Moore: Thank you Dr. Bell. Nick, does the new demographic data include state-specific long-term care facility program data from Tiberius?**

**Nick Davidson:** Cristi, I think we're going to have to get back to the folks on that. I tried to do some checking prior to this and unless Dr. Bell has some information, I don't think I have that information at this point.

**Dr. Bell:** No Nick, I’m sorry I don't have anything to add either.

**Nick Davidson:** Okay, I might have an answer before the end of this, but I’ll let you know Cristi.

**Cristi Moore: Okay sounds good, and if not Nick we'll follow up with that reporter. Dr. Bell, cases are dropping dramatically here and elsewhere, to just 868 cases yesterday. The sharp decline has only been over the last month. To what do you attribute this, and is Covid-19 finally losing some steam?**

**Dr. Bell:** Well I’m going to answer the last question first. I would not want to say that Covid-19 is finally losing its steam, because I don't want anybody to let their guard down, but we can attribute that dramatic drop in cases to a number of factors. This will include, I believe, that there is a new participation in recommended prevention measures, the use of masks and things like that in communities because of, I guess, new nationwide recommendations to do that. We're also seeing a bit of an uptick in more people who will have some immunity, not just from immunizations but also when you see a large number of people who have been impacted, they are presumed to have a short term of about 90 days of immunity, so there are a number of factors to that contribute to that.

But we must maintain the current measures to make sure that that downward trend continues, and we do not see these cyclical increases that we have experienced in the past following these declines.

**Cristi Moore: It was recently mentioned that DHEC was working through some issues with CVAS, what issues were those- have they been resolved? And have the VAMS upgrades been made or launched, and is there any decision as to which system DHEC will go forward with and ask providers to use going forward? And lastly, I know this is a lot, what improvements have been made to VAMS thus far?**

**Nick Davidson:** I think I’ll probably take Dr. Bell's strategy and go for the end first. The improvements to VAMS have been significant thus far, and there's some upcoming improvements this weekend that will make it even more robust and user-friendly both for the provider and for the client.

To name a couple, registration is no longer required in the system, in other words you used to have to basically register, register into the system, and get an email from a provider that would allow you to sign up for a clinic or for a date and time to get your vaccination. That's no longer required. What basically happens is that in VAMS, once you log in and answer a few questions about, for instance, your phase, and to make sure that you're a target for the vaccine at this point in time are eligible for the vaccine at this point in time, then this system will show you the clinics that are available around the state. For other clinics that are also already registered in VAMS, in other words for providers who are using VAMS.

The email is also a consideration, and this weekend I believe the requirement for having an email to be able to register in the system also goes away. A good month ago, DHEC saw the need for a better scheduling system, and so that's when we reached out to some of our fellow states and Mississippi was one that was using one, and so we basically adapted Mississippi’s system for our use, and that is CVAS, and the health departments are primarily using CVAS to schedule in, but we know it needs to be something that is both easy for clients and easy for providers. It's taken us a little bit longer than expected to try to come to a decision about what is the best system to be using, because most providers, frankly, are using their own electronic medical record to do the scheduling for clinics, and that's what they're providing to people online to be able to access and register into.

We don't want multiple systems to be used by the same provider to get people vaccinated, it's got to be simpler than that. We don't want to have to have them use their own system plus CVAS plus VAMS, because VAMS will always be necessary for certain things like vaccine management. So, we're trying to make sure that the system we put out, even though it might take us a little bit longer, is one that is user friendly for both the clients and the providers.

**Cristi Moore: Nick, yesterday providers requested that first and second doses no longer be separated, and they should be allowed to allocate their weekly shipments based on their needs. Is this a request that DHEC is considering?**

**Nick Davidson:** First and second doses are going to need to be kept separate. Using second doses for first dose appointments will mean that providers have to essentially cancel second dose appointments, because they don't have enough second dose vaccines. We want to avoid that and so we will have to continue to separately distribute, and hospitals will have to continue to keep separate inventories for first and second doses.

**Cristi Moore: Last week it was stated that it's not exactly a requirement for someone to get their second dose at the same provider. Does this mean that DHEC is loosening its guidance on the second dose, and if so, how will this impact allocations at vaccine providers? And lastly should we be telling our viewers who are having trouble getting a second appointment to try going somewhere else?**

**Nick Davidson:** No, we are not going to be changing our guidance. We're asking for clients to make to attempt to make that appointment before they leave their first appointment, make that second appointment before they leave their first. We're asking providers to do the same, because ultimately that process is controlled by providers, so that's probably the biggest point to emphasize is that absolutely we are asking providers to do that. I will say, and it ties into the last question a bit, that VAMS will, and I believe it's an upgrade for this coming weekend, we'll now be allowing providers who are scheduling in VAMS to be able to make that second dose appointment at the at the first clinic appointment that they have. So again, another opportunity for improvement that we're always looking for. So that process of making sure you have your appointment for the second dose before you leave the first one and that providers are providing that to clients and doing that as part of their standard practice is critical to make sure that that clients are coming back to that same location to get the same vaccine. And we'll also make sure that will ease the challenge of figuring out why there may not be enough second doses at any one particular location, because of course providers are allocated a vaccine based on how many people they see on the first round of doses. I know that there is a great desire to shop around for vaccine and I completely understand that, and sometimes that that is necessary, but if we do it right and if we try to contact that provider again about a second appointment, we're hearing that generally speaking that is that is working, and that is what we're asking people to attempt to do.

**Cristi Moore: Thank you Nick. Dr. Bell, North Carolina has recently shifted its policy on vaccinating people out of state after the CDC changed its guidance, now North Carolina says vaccine providers don't have to offer a vaccine to those who don't live, work or spend significant time in the state. Will South Carolina be changing its guidance on vaccinating those who are not residents in the state or work in South Carolina?**

**Dr. Bell:** At this time, there are currently no residency restrictions in South Carolina. Non-permanent residents who are living in South Carolina at the time they're eligible to receive the vaccine can be vaccinated here just as South Carolinians staying in another state can receive their vaccines there. So while there there's currently no need for proof of residency in order to receive the vaccine, it's advised that they receive both doses from the same vaccine provider, as Nick just said. It's possible for this to change for our state, but I’m not aware of any discussions at this time for implementing a residency requirement. Our vaccine demographics dashboard provides information on doses administered to non-South Carolina residents and you can see that those numbers are quite low compared to the number of South Carolinians who are getting their shots. So it's important to remember that the virus that causes Covid-19 doesn't adhere to any boundaries or state borders, individuals who are spending some time here would share the same risk of exposure, and it could impact our healthcare systems here, so just as South Carolina is reliant on our neighboring states they're reliant on us and we all need to work together in our fight against Covid-19. And just a reminder, that masks and physically distancing works everywhere, and all states are working to vaccinate as many people as quickly as possible with the limited vaccine supply we are all working together.

**Cristi Moore: Questions are starting to arise by our viewers about people who suffer from underlying health conditions- when the time comes for those who have underlying health conditions to get vaccinated, how will vaccine providers be able to determine who is eligible? Will people have to bring their medical records to show they suffer from a certain medical condition?**

**Dr. Bell:** No, people would not have to show their medical records, and there will be a variety of ways that we can demonstrate eligibility. For example, the majority of people who are at increased risk based on underlying medical conditions, and those are known things like high blood pressure, cardiovascular disease, diabetes, chronic lung disease. Individuals who are affected by those conditions are likely to be under the care of a health care provider and are likely to be receiving a prescription for those conditions. So, individuals may be able to seek care from their own health care provider who knows their medical history to be vaccinated, or they can go to a pharmacy that fills their prescription. If they have to go to another provider, they can actually they can actually show a pill bottle that has a prescription for one of those underlying conditions. Not to go into a lot of details here but there can be a variety of ways that people can demonstrate eligibility, including from their work site. They can be shown to be at substantially increased risk of exposure to the virus beyond that of the general population, making them in another group in phase 1B as being eligible to be vaccinated, because they have an increased risk of exposure. We will be working with all vaccine providers to communicate to them as to who's eligible and how they can confirm that eligibility.

**Cristi Moore: Thank you Dr. Bell. Nick, can we get an update on the shortage of low dead volume syringes that are needed to draw out extra doses? A couple of follow-ups here- are EMD and DHEC working on a plan to buy more of these for vaccine providers, and if so, how many and at what cost?**

**Nick Davidson:** Let me update on the question earlier about which I did not have an answer. I have confirmed that indeed the data that's on the new website showing the demographics does indeed include long-term care facility vaccinations that are being done.

On to the appropriate syringes- good news actually. Starting next week when the vaccine deliveries are going to include counting that sixth dose, the federal government and the vaccine manufacturers and supply manufacturers I should say will be providing the appropriate supplies in order to ensure that everyone can extract a sixth dose from every vial. So at this point in time it doesn't appear as though there's a need for us to do that, but we'll certainly monitor closely and if we find that there's such a need to work with EMD and private providers to get additional supplies that are appropriate, we'll certainly do that.

**Cristi Moore: Okay Nick, kind of a perfect lead in to this next set of questions: can you tell us more about the switch at the federal level for all Pfizer vials to now be considered to hold six doses instead of five, what exactly does that mean and are we receiving more doses than we had before?**

**Nick Davidson:** It is the case that in many instances and often providers have been successful at pulling a sixth dose using the needle and the syringe out of the vial. While it has only been advertised as five doses per vial, the beginning next week we will have an increase reflected in the number of doses we're receiving, because now we're going to be receiving the actual supplies that will be necessary to extract that sixth dose. So the number of vials will be the same, the total number of doses counted in a vial or in a tray that a facility receives or indeed in the state's allocation will be increased, because we can count on the fact that we can remove that that sixth dose from the vial. So you will see numbers go up. For Pfizer they'll go up for that reason by at least by 20 percent.

**Cristi Moore: Thanks Nick. Dr. Bell, how close is DHEC to announcing the final guidance for Phase 1B?**

**Dr. Bell:** Yes Cristi, currently on the DHEC website we have posted the broad categories for individuals or groups who will be included in phase 1A, 1B and 1C. And on the vaccine advisory committee web page there's additional information about the framework for making the decisions about phase 1B and the rationale for those decisions. However the question about the final guidance is, as we've done through our entire course with the vaccine rollout, is that as we learn more about our unique circumstances in South Carolina, we have worked to follow the CDC guidance for who's included in the various phases. We've also worked to adapt that guidance to South Carolina. So to look for final guidance, I would say that this will be an evolving circumstance, and it could be impacted by the vaccine availability and the vaccine uptake. We currently have guidance about who to anticipate we're including in phase 1B and we will continue to modify our course as we look at how successful we are in reaching those at highest risk first.

**Cristi Moore: Nick, how have the delays with the holiday in the winter storms affected the vaccine rollout statewide- we have seen many appointments have to be rescheduled or cancelled, is this going to affect our ability to continue moving through the phases?**

**Nick Davidson:** Certainly I can't say that the weather delay had a great impact, we had good warning and well in advance that there wouldn't be deliveries taking place that day from the federal government, but the weather delays have been significant both some that last week and even more this week. While I think as far as the overall vaccine rollout goes, it will just be a blip, the supplies will all be coming and I’m pretty confident given that providers continually tell us that they can do more vaccinations than we have supply. I can only imagine they'll make up for lost time very, very quickly, so definitely delays have occurred statewide both yesterday and today. Expect some of the same tomorrow, because today it was still snowing in the Memphis area where some of the distribution hubs are, Memphis and Louisville and other places for UPS and FEDEX, so delays are expected. Some additional delays this week, but again I think providers will step up and cover up for lost time very quickly.

**Cristi Moore: Nick, if the legislature takes action that grants expedited vaccine access to educators, what planning and terms of logistics is DHEC doing now, and what options in terms of upcoming allocations and shipments is DHEC considering to be able to meet the requirements of any new law?**

**Nick Davidson:** I definitely want to note that the State Department of Education is working with the school districts around the state to make sure that that if this does come to pass, that they will have plans with providers to be able to provide that vaccine. Obviously, DHEC is going to follow the decisions of the state legislature, but it's really important to understand that it's still being discussed actively. There's still been multiple changes over the past week or so, certainly adding educators to phase 1A would add additional, depending on how it's laid out, an additional approximately 150,000 individuals, if you look at educators to include daycares as well. So, it's my understanding that at least currently, the way it's written, and that certainly could change, is that they would essentially be placed into phase 1A. They, like others, would be looking to find an appointment just like 1A.

It could be a different process certainly if we were told that teachers would have to be completed in a certain distinct amount of time, then we would have to certainly forego vaccinations for some individuals while the teachers were taken care of. So right now, 1A is focused mostly on those high risk individuals, and that's what we continue as a health department to advise is most appropriate.

So again, the content of the bill isn't final, but that decision will be, I think, coming shortly, and then we will work with state Department of Education as necessary to ensure that the logistics can take place

**Cristi Moore:** Thank you Nick. Vanessa, you had a question, you can unmute and please ask.

**Vanessa: Hi, thank you for taking my question. I just wanted to follow up on the weather delays and see if you had any specific and or ballpark numbers for the number of providers that have been impacted by delayed shipments and or weather impacts having to cancel appointments this week?**

**Nick Davidson:** I don't have those numbers with me at the time, but I know that we are looking to generate those as today and this evening goes along, because we were supposed to receive a set of shipments yesterday, first doses, a set of shipments today, second doses. We do have access to an awful lot of tracking numbers and some reports that we can generate from a couple systems, and so I do imagine that potentially in the morning we would have some details to share about the outcome of the past two days.

**Cristi Moore: Madison you've got a question?**

**Madison:** Hey there, thank you, this is to follow up with what Nick was saying about changing from the federal level to accommodate six doses instead for Pfizer. Does this mean that once you start changing that data that we would start to see for one, will that kind of go back to the very beginning from when we started rolling out to then show that a lower utilization rate? And then also with issues with drawing out that extra dose, does that mean that maybe there's been some wastage that hasn't been tracked because we only thought we were getting, technically speaking, five doses in the first place?

**Nick Davidson:** Right, so it won't go back to the beginning, it's only effective starting next week with the sixth dose. It will be the case that going forward- the failure to pull a sixth dose would need to be recorded as wastage, and what I can tell you is this: I've been in a number of clinics myself and while it is theoretically possible that there may have been a dose in a vial, I can tell you for sure that generally speaking providers do their darndest to pull every dose out of that out of that vial. But theoretically yes, going forward any sixth dose that is not harvested would need to be recorded as waste.

**Cristi Moore:** Nick you've got a question?

**Nick:** **Good afternoon, I guess I was wondering if, given the announcement this morning by the Biden administration that the Johnson & Johnson had only a low million, couple million doses on hand when they launched, if South Carolina had found out how many doses it might be getting in that first week and also on a weekly basis?**

**Nick Davidson:** We have not yet. I anticipate it's reasonable to expect the week before shipment that that we will find out the number of doses that we will be able to order for that week to receive the next week, so not yet, no.

**Cristi Moore: Mike you've got a question?**

**Mike:** **We've gotten some good explanations for discrepancies between men and women for vaccines. What explains what we are seeing for the racial discrepancies?**

**Dr. Bell:** Cristi I can address that. In part it's also reflected by the workforce, because in prioritizing healthcare providers, racial and ethnic minorities are not as a high a proportion of workers in in that health care industry, and we also acknowledge that they may be more likely to work in settings that were not prioritized and are more likely to be in phase 1B.

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