**DHEC COVID-19 Vaccine Update and Q&A with Dr. Michael Kacka**

**February 8, 2021**

**Cristi Moore:** Good afternoon and welcome to DHEC's February 8 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. Michael Kacka, DHEC physician and chief medical officer, and Stephen White, DHEC immunization division director. Dr. Kacka will provide today's update followed by as many facilitated questions as we can get to and if time allows, I’ll open it up at the end for questions. Before we begin, I’d like to ask everyone to please stay muted Dr. Kacka, I’ll turn it over to you now for the update.

**Dr. Kacka:** Thank you very much Cristi, and good afternoon everyone. We're happy to announce that beginning today, South Carolinians aged 65 and older can begin to schedule their appointments to receive their Covid-19 vaccines.

As increased vaccine allocations arrive from the federal government and as more and more initial phase 1A individuals receive their first and second doses of the Pfizer and Moderna vaccines, South Carolina is steadily able to expand the number of South Carolinians eligible to receive vaccine.

Expanding vaccine access to those 65 and older is an essential step in our plan for saving lives. We save lives by making sure those most susceptible to death and severe illness from Covid-19 are prioritized to receive vaccine first. We encourage all South Carolinians 65 and older, regardless of health status or pre-existing conditions, to begin scheduling their shots at a location currently accepting Covid-19 vaccine appointments. Locations can be found at scdhec.gov/vaxlocator, and people can also call DHEC’s Covid-19 vaccine information line at 1-661-866-3658 for help finding vaccine providers.

While states across the country continue to receive more and more doses of vaccine each week from the federal government, and while more than 513,000 South Carolinians have received their shots, the amount of vaccine available is still limited everywhere, not just in our state.

It'll be several months before enough vaccine is available for everyone who wants to receive their shots. For those who are still waiting to receive their vaccine and for those who have received their vaccine, it's critical that we all continue to wear our masks and physically distance from others. Even after you've received your vaccine, you'll need to follow the daily disease prevention steps that work in stopping the spread of Covid-19. The vaccine protects your body if you encounter the virus, but it is still uncertain to what extent those vaccinated may still be able to spread the virus if they encounter it. That's currently being studied, and we hope to have more information on that soon. Until enough of the population is vaccinated and herd immunity is established, we all need to do our part as we have been for almost a year now by wearing masks, physically distancing and washing our hands.

Over the weekend, there were new reports of certain Covid-19 vaccines having varying levels of protection against some of the new strains of the SARS-CoV-2 virus being identified around the world. DHEC’s doctors and medical professionals continue to communicate regularly with the CDC and other national partners about the latest information and with regard to vaccines, and these newly identified strains. Experts continue to believe that the current Covid-19 vaccines will protect people against the South Africa and United Kingdom's strains. We will continue to provide the most current factual and science-based information about Covid-19 vaccines and their effectiveness on variant streams through public announcements, media briefings like these, and on the DHEC website. The most important message continues to be that even as more and more South Carolinians receive their shots, the small daily acts of wearing masks and physically distancing are keys to our ongoing battle against Covid-19.

**Cristi Moore: Thank you very much thank you Dr. Kacka. Stephen this is a three-part question so we'll just take it one at a time. Can you provide an update on the 30,000 more Moderna doses the state was receiving over the course of three weeks, and how those are being directed to rural communities?**

**Stephen White:** Thanks for the question. DHEC has been working with the South Carolina Office of Rural Health and the South Carolina Primary Healthcare Association to direct vaccines to those rural clinics, and so the vaccines are routed to those FQHCs and RHDS as those sites are requesting doses from the state. Each week they'll put in their dosing request to the state, we will take those under consideration based on our allocations and then they will receive doses the following week when those vaccines make their way to the state. But for providers to be able to receive the doses, they must be enrolled and they have to be activated in order to receive the vaccines.

**Cristi Moore: Stephen two follow-up questions on this topic- does that mean that every dose of that 30,000 is going to a rural clinic, and then secondly how is it determined how many doses went to which rural areas?**

**Stephen White:** As far as the to the first questions, just about every dose is going to rural clinics, so each week when we get our allocations, we actually have some doses that that go to non-FQHC, non-rural health clinics. The additional doses that we have been receiving from the federal government on a weekly basis is based on their allocation methods, but we have been providing doses to those clinics based on their requests that they put into the state, not based on any other algorithm. So they have whatever they're requesting and whatever we have left over in our allocations, based on when all the other providers put in their request, determines how many doses they would get on their request. I hope that answers the question.

**Cristi Moore: Thank you Stephen. Dr. Kacka can you give us an update about teachers and secondly will they be included in phase 1A at some point as well?**

**Dr. Kacka:** Currently we do have teachers included in phase 1B, however we are of course aware that the state legislature is specifically discussing different timelines and phases for teachers to receive vaccines, so we'll wait and see the results of that bill, specifically the one that has been introduced in the legislature regarding teachers.

**Cristi Moore: People are confused about whether South Carolina is following CDC guidelines. What's the explanation for why dozens of other states are vaccinating teachers and school staff and South Carolina is not?**

**Dr. Kacka:** You can't accurately compare a state's vaccine plan status across the board. State vaccine plans are unique and they're specific to their state, so saying that one state is in a phase while another state is not in another doesn't really paint an accurate picture. You need to consider things like the state population, the age of its population, does it have a lot of urban centers as occurs as opposed to rural centers, and the nursing home population as well. So, there's a lot of state-specific variables that go into how and when and why a state is in a certain phase of its vaccination plan.

**Cristi Moore:** What recourse does a now homebound person have to get a vaccine?

**Dr. Kacka: So yes, we're currently working with community partners to develop a plan that will help bring vaccines to those who are homebound.**

**Cristi Moore:** A new study casts more doubt on the effectiveness of the AstraZeneca vaccine fighting against the South African variant. Is DHEC being overly optimistic when they say the vaccine will be helpful even when Covid-19 variants become more present in our state?

**Dr. Kacka:** No, I don't believe so. It's unfortunate news about the AstraZeneca vaccine not working as effectively against the South African strain, the current evidence points to the vaccines that are available now will be effective against it. The vaccine now, it may not be as effective against some of these new variants as it is against the original strain of the vaccine, but the early evidence does point that these vaccines will be effective against the virus to an extent that that we would be able to control it even using them.

**Cristi Moore: We are still hearing from 80 to 90 year olds who are struggling to book an appointment. Is DHEC advising providers to prioritize older people as they are as they offer and schedule appointments? Dr. Kacka can you unmute please?**

**Dr. Kacka:** I keep getting muted for some reason. I’ve been muted twice here. I’m not sure what's going on, got it technical difficulties, thanks for bearing with us. I think you asked the question about 80 to 90 year olds who are struggling to book an appointment and whether or not we've been advising providers to prioritize as older folks as they are making appointments. Anyone having trouble making an appointment online should call our Covid-19 vaccine information line, that's 1-866-365-8110, and a phone agent there can help locate a vaccine provider and provide contact information for scheduling an appointment over the phone. A person who has an appointment scheduled can't have their schedule replaced by another phase 1A individual just because the person is older, and we of course don’t want our elderly residents waiting to receive their vaccines. They can be assisted in making their appointments by calling the vaccine information line. It's open 7 a.m. to 7 p.m., seven days a week and we want to get all our elderly residents vaccinated as quickly as possible.

**Cristi Moore: Dr. Kacka can you provide an update on the statewide vaccine scheduling system- the viewers were wondering if it will still require an email address, and then when the pilot will end and the full scheduler be?**

**Dr. Kacka:** Cristi I’m actually going to pass that over to Stephen, I think Stephen has some information on that.

**Stephen White:** We are continuing to pilot the new system, with the clinic event being offered at DHEC currently at this time, that is the only place that is available. We did experience a few issues identified over this past weekend, they're trying to get those ironed out as well and knowing that once we know that it's operational, working as planned, we'll consider that for expansion to the general public. I think what's also important to note is and most folks know about VAMS being the scheduler of use to date prior to South Carolina looking to create a scheduler, South Carolina can has continued to work with the CDC VAMS team on upgrades as we continue to move forward. I think some upgrades were made over the past weekend with a flexible scheduler which allowed for there to be a link that folks would be able to click on and instead of having to get an email invitation to the system they are also working on several upgrades which will now eliminate the need to have an email address to be able to log in or sign up for an appointment with VAMS. And so we as we're looking at both of these systems, our own system and we're looking at the VAMS upgrades, the significant upgrades that are coming out we're going to continue to assess both of those systems to figure out which one we will be continuing to move forward with as we go along.

**Cristi Moore: Stephen how are we handling how late the vaccine appointments are for certain people- so for instance some people are trying to get vaccines today but they can't get appointments until late May, what should people do if they can't get earlier appointments?**

**Stephen White:** That is a problem when your demand of the vaccine far exceeds the supply of the state. It becomes a challenge being able to find out who has the capabilities of fulfilling appointments, so the best guidance that I can provide at this time is we would encourage individuals to view our vaccine locator website to see the list of available appointments statewide. There's the list, the drop down list, which shows it in proximity to their location as well as the map that's there, which we update on a very frequent basis, multiple times a day, from green if they have an appointment available or vaccine available to give, in red of course if they're not currently having an appointment.

We do also hope that that will in time be able to expand to larger numbers of providers right now. Until the vaccine supply increases, right now we're limited to the number of providers that we can enroll in the state's Covid-19 program. But also with the federal pharmacy partnership that was started announced even last week they will start to receive those allocations early this week, I believe the eighth, they would they would be able to get those vaccines and hopefully that would open up some additional access points to individuals that follow the phases and the age group age groups.

**Cristi Moore: Thank you Stephen. Dr. Kacka could you refresh us on best practices for securing your second dose of vaccine? When should a person be scheduling their second appointment and should they be going back to the same location they got their first dose and if so why?**

**Dr. Kacka:** We do recommend that individuals not leave their first appointment without having an appointment for receiving their second vaccine, and it is a good idea that they do return to the same location. It's not absolutely essential, but the biggest reason for returning there is that location will know if they receive the Pfizer or Moderna vaccine and can make sure that they get the appropriate second dose. We we want to discourage vaccine mixing, it's really not recommended at this point and they can make sure they get the second dose with the same vaccine.

**Cristi Moore: South Carolina is among the top 10 states with the oldest population- how has that made the effort to get people vaccinated more challenging?**

**Dr. Kacka:** The CDC is distributing vaccines based on each state's population, so unfortunately if you have a larger population shifted into that phase 1A you're going to have a more challenge getting the vaccine out, you're going to have a larger population relative to other states that needs the vaccine when it's when it's in the shortest supply. Unfortunately, so there definitely are challenges when you do have that older population.

**Cristi Moore: How has call volume been today with people 65 and older being incorporated now into phase 1A? Have there been any issues?**

**Dr. Kacka:** Call volume has definitely been increased today, but we've not experienced any issues as of yet, so as of 10 a.m. this morning call agents responded to 3,000 calls. Since the phone lines are open at 7 a.m., that's about a thousand calls an hour. The DHEC Covid-19 vaccine information line and the Care Line are both working smoothly right now. We've activated all available phone agents to assist with handling the expected increase in calls with those 65 and older trying to make appointments.

**Cristi Moore: For accuracy in our reporting, is it accurate to say the governor requested and or made the decision to move individuals age 65 and up from phase 1C to phase 1A?**

**Dr. Kacka:** As with the state's entire vaccination plan and phase outlines and guidance, these are joint decisions made by South Carolina as a whole. So the governor's office, DHEC and the Vaccine Advisory Committee, as well as other state agencies and key partners have all had a voice in helping South Carolina craft the most fair and equitable distribution for vaccines.

**Cristi Moore: And this will be our last facilitated question. If someone has been vaccinated and they come into contact with someone who has Covid, what's the guidance for the vaccinated individual regarding quarantine?**

**Dr. Kacka:** As of right now CDC is still using very cautious guidelines and they are recommending that someone who has been vaccinated who does come in contact with someone who's contagious with Covid-19 go ahead and follow the quarantine protocol. Now that's an abundance of caution approach, simply because we just don't know that the studies that were done on the vaccine were looking at clinical disease and severe disease. It wasn't looking at this asymptomatic transmission, so we don't know as much about that right now, what the risk will be for those who have had the vaccine to potentially spread it after coming in contact with the virus again. I know it's frustrating guidance right now, it should be understood the vaccines really are going to be our way out of this pandemic, so it's a slow step process. Hopefully we'll have more information on this possibility of asymptomatic transmission soon and as we get more and more people vaccinated, we'll see that herd immunity effect anyway, so it's going to be a much smaller issue, so the vaccines that we have are really safe, really effective and ultimately look like they're going to be our way to see the end of this pandemic.

**Morgan Newell: Hi, I have a question about the care line. When you go on the website for the, essentially kind of how it describes it, it kind of says something along the lines of like who can get a vaccine appointment? So can you kind of tell us if people can go to the care line to set up a vaccine and kind of how that has been working and what you guys are doing to make sure that the care line isn't blocked so that people are able to get through and get their questions answered?**

**Dr. Kacka:** We actually have two different lines set up. We have our Covid-19 vaccine information line, that's the number that I gave earlier, and then we also have our regular Care Line. It operates normally, outside of pandemic it operates five days a week to answer questions that come up. So we do have it running more extended hours right now. The Care Line is for general Covid-19 related questions, people who have questions about quarantine, isolating after cases, general Covid-19 questions should go to the Care Line. Our vaccine information line should be used for that purpose of helping to find vaccine appointments, they're the ones who can locate available appointments and provide contact information there. And for both of these lines, we've made sure to increase our operators who are available to answer those calls so that we can keep hold times to a minimum and keep calls coming through as efficiently as possible.

**Damien: Going back to something that Stephen said earlier, you were talking about providing doses to clinics based on their request, but I assume if a clinic requested like 5,000 doses, you guys wouldn't be able to fulfill that. Can you kind of speak more mechanically towards how these rural clinics, the amount of doses provided to these rural clinics, is decided? How are they coming up with that number to request? Thank you so much.**

**Dr. Kacka:** Sure, so initially when we set up a lot of the clinics, and some of this information I believe can be found online, they received Moderna dose. And when we set these guys up, we work with the Office of Rural Health and we also worked with the Primary Health Care Association, and they initially got 200 doses each. That's how many doses they ended up getting at each of their facility locations, to vaccinate their staff and just kind of start them off with something, because we knew that they also need to get their staff vaccinated before they maybe started looking to vaccinate those outside their walls in the community. Since that time they are utilizing the Moderna product, they have been able to place their orders which are small relative to some of the other orders that we're seeing for the fives or doses which come in the larger shipping orders. So today, as long as they're requesting, we've been able to fulfill all of their requests. So if they're placing the orders, we have not had to cut any of those because they're again, they're relatively smaller numbers compared to what we're sending to say the hospital systems, which get the Pfizer doses, which are 975 direct shipment to some of those sites.

So today we have not had to do any cuts or anything like that, as we have with some of the other vaccine types and requests that we got from the larger providers. So far we've been able to fulfill everything, thanks for the question.

**Judy: Thank you, I wanted to follow up on the issue of moving those age 65 and older from 1C to 1A. I realize it's a joint decision that ultimately results in making the change, but I wanted to find out if it was a request from the governor's office that was the impetus for that change. I mean what was the first point of even looking to make that change if that was a request from the governor's office? Thank you.**

**Dr. Kacka:** I would say it was a discussion between DHEC and the governor's office. I don't think the the federal government had lowered the age to 65. We did have some concerns about that initially, because we were having such limited vaccine doses available even for those over the age of 70. Wo we did delay a little bit looking at that, but as we move forward, as we were seeing vaccine doses go out, there was a discussion between DHEC and the governor's office and the decision to move forward jointly with the recommendation of 65 plus being included in phase 1A.

**Madison:** **Thank you, I wanted to follow up to ask about what the role of the Vaccine Advisory Committee is looking like now? I know that during their last meeting they said they are going to be switching to a bi-weekly basis for meeting and that there is going to be a more localized approach for how different communities would be equitably distributing their vaccine. So are there going to be regional vaccine advisory committees going forward, or what exactly does that look like now when it comes to future plans for how to distribute the vaccine?**

**Dr. Kacka:** So the members of the Vaccine Advisory Committee come throughout our state from different communities, so aside from just their weekly meetings where they were reviewing requests for inclusion and consideration about what phases would be recommended for vaccination, they're going to work more locally to advocate for those high-risk groups in their community so we can help identify those that most need to receive the vaccine. So decentralizing it a little bit, allowing them to have more greater role in their community to interact with the people there so that they can provide recommendations for groups who might be at highest risk and who should receive vaccine.

**Matthew: We're about a week out from the CVAS system going live, could you speak to me more about how much of an efficient way this has been to schedule appointments at some of these smaller clinics, and if we are able to work out some of the kinks during the piloting process? What's the vision for this, would this completely replace VAMS, would this be the one-stop shop for everyone to go schedule a vaccine appointment for whatever provider?**

**Dr. Kacka:** I’ll try my best to answer that question. So when CVAS was looked at as a as a solution is because VAMS did not have a lot of the capabilities of being able to do things that we needed to do, especially as the phases have accelerated at a much faster pace than initially planned for in the beginning of this response, and some of those are the ability to have a link where folks can go to be able to access it without having to have an invite from a provider. That's one, second is also the need to have an email address that's linked up or associated to a person and so CVAS when it was created was only thought through as a scheduler, that was the only thing that was available for South Carolina when we were trying to do something in a pinch. We've looked at CVAS, we're continuing to pilot that in our health departments, we have had a few issues with that.

They're trying to work those out, but in the meantime while that has been working out CDC has been listening to South Carolina and other states that have you know been that are using VAMS, and they have been making a lot of headway. So we don't work in silos, we aren't just trying to look at CVAS, we're also trying to make adjustments on the fly, and so we've been working very closely with our CDC partners as well and they've made a lot of adjustments with VAMS, a lot of which are coming, some came this weekend some will be coming by this upcoming weekend, and they will be major overhauls which do a lot of the same things that CVAS does.

And again, CVAS is only a scheduler, it does not do the vaccine management, and yes we do have the state registry known as SIMON, the Statewide Information Management Online system, but the issue with that system is that it is much it's more difficult to place an order in SIMON than it is in VAMS, due to the reconciliation that has to happen with a vaccine order in SIMON due to dose level accountability being so strict in SIMON, whereas a request when they put the request into VAMS as they currently do. It is then that is just a request and then we at the state take that request under consideration based on the allocations that we get, and we place the orders based on the allocations that we do get. As far as when will CVAS replace VAMS, CVAS cannot replace VAMS in its entirety because it is only a scheduler, it is not a complete vaccine management solution. So we are currently looking at the upgrades that CDC is making to them, which as I mentioned should be complete by the end of this week. And if they meet the need, then we will provide further guidance on what the uses of that system will look like. If it does not meet the need then we will certainly provide, we'll have to re-establish what that guidance will look like in moving forward.

**Cristi Moore:** I’d like to thank Dr. Kacka and Stephen for your time today, DHEC also appreciates the South Carolina press and your dedication to share clear accurate and timely information with those who live work and play in our state. We will continue our Covid-19 vaccine discussion later this week, that concludes today's briefing, thank you.