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

**February 5, 2021**

**Cristi Moore:** Good afternoon, and welcome to DHEC’s February 5th 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 for Covid-19, and Nick Davidson, senior deputy of public health Nick Davidson will provide today's brief update followed by facilitated questions you previously submitted, and if time allows I’ll open it up for live questions. Before we begin I'd like to remind everyone to please remain on mute and Nick I’ll now turn it over to you for today's update.

**Nick Davidson:** Great, thanks so much Cristi, I apologize to the to the callers today I won't be able to use video, we're having some internet connectivity problems so I’m attempting to reduce bandwidth and just use audio. So, I do apologize, I know that's not ideal, but thank you for your time.

As I think all of you all know, DHEC certainly recognizes the urgent need to vaccinate as many people as possible in our state to stop the spread of Covid-19. Our state's shared goal is to save lives by ensuring that all South Carolinians who wish to be immunized against Covid-19 are vaccinated as quickly as equitably and as ethically as possible. With some increased vaccine allocations from the federal government we have been able to steadily expand the number of South Carolinians eligible to receive the vaccine and we will continue to bring on additional providers who are on standby to help us get more vaccine into the arms of South Carolinians as the flow of those vaccines increase in our state. At the same time while South Carolina continues to work to expand our capacity to administer the vaccine, the flow of vaccine from the manufacturers and the federal governments and the federal government clearly is not currently sufficient to meet the tremendous demand with that limited vaccine supply.

We are focusing on ensuring those that the data supports are at highest risk of exposure, severe illness, and death get vaccinated first. This means we must continue to work together to support our state's shared goal of saving the most amount of lives.

On Monday any South Carolina resident age 65 or older, regardless of health status or pre-existing conditions can begin scheduling their appointment to receive Covid-19 vaccine.

Those 65 and older are now able to get vaccinated in part because of increased vaccine allocations from the federal government. However, that increase is limited and the demand for our vaccine continues to exceed our supplies. We are urging those who are currently not eligible to receive the vaccine to do your part in the fight against Covid-19 by following the guidance of public health officials and not jumping ahead of others to receive your Covid-19 vaccine early.

Everyone will have a chance to receive the vaccine, but until we have enough vaccines on hand we must, and I can stress must, continue to support those who are at the greatest risk.

In doing so we want South Carolina and South Carolinians to understand that decisions concerning who is eligible to receive the vaccine are not about whether one person or group is more essential than another. Every member of our society is clearly essential, it's about who is at greatest risk and until we have enough vaccines available for everyone in our state, we must continue to help use data to guide us.

To help folks better understand the current vaccine supply and the flow within the state, I just want to take a moment to share with you how much vaccine we have on hand, how much we expect to receive, and how much vaccine has been used and scheduled within the state to be used.

On a weekly basis the state receives approximately 31,200 first doses of Pfizer and 31,400 first doses of Moderna, although starting this week we believe three weeks the state allocation of Moderna is going to be higher and it's going to be at 45,200, so that's an increase from 31,400 first doses of Moderna to 45,200 first doses of Moderna. Even with this minimal increase from the federal government, 100 percent of vaccines available in our state either have been put into arms or are scheduled to be put into arms. To help you understand that a little bit better, give you a little bit more detail, as of yesterday we have received a total of total of 425,100 doses of Pfizer a total of 150,700 doses of Moderna for delivery out to our vaccinating providers.

If you include the number of long-term care facilities, we have given thus far 459,858 doses of vaccine to the public. Now it's important to realize that those aren't one for one representative of individuals of people, those are total doses administered, so many of them are first doses but second some are also second doses. What those 459,858 doses represent are actually residents in the number of or individuals in the number of 373,515 and again that's because many of those doses administered now and an increasing number of them are second doses administered. We currently also have many appointments in the system, 399,452 appointments have been scheduled and that's both first dose and second dose to receive vaccine.

When we look at the current supply and the current demand of vaccines, we have to consider what those total populations are for each phase, and of course we still have many people who have not even yet made appointments for vaccine, so we when we include those age 65 to 69 who will be able to make appointments starting Monday, that means that approximately an additional 309,000 more residents who haven't yet even had the opportunities to a schedule appointment will be made available that opportunity.

We're currently in Phase 1A, and the current Phase 1A estimated total population of those that fall into Phase 1A is nearly 1.3 million individuals. Recall a minute ago, I said that we've had only approximately 373,000 individuals who have been vaccinated.

We're clearly working with providers across the state on steps to expedite access to additional South Carolinians, including teachers and others in Phase 1B. Our ability to increase access is based on the use of vaccines, the number of appointments made and the information on vaccine supply that is changing routinely by opening up appointments too early to others we would be jeopardizing the lives of many by taking vaccines from those among us who are most vulnerable and have the highest risk of severe illness and death. That is why we're focused on taking a measured approach and why we're going to be asking others or why we have already asked others to please wait your turn.

We will all have a chance to get vaccinated, but without sufficient supply we must all continue to take actions aimed at saving as many lives as possible, and I’m sure you know but in the meantime DHEC will continue to do everything in our power to bring more vaccines into our state and we'll ensure that as they arrive, we're prepared to vaccinate as many South Carolinians as we can.

**Cristi Moore:** **Thank you Nick, excellent job with all those numbers, we appreciate it, and continuing on that numbers trend we've got a question that says: what is the status of the 37,800 doses of the Moderna vaccine that Governor McMaster asked to be reallocated from assisted living homes last week?**

**Nick Davidson:** Good question, absolutely, last Friday we requested that those doses be reallocated from the from the reserve pot that was assigned to assisted living facilities and made available to us to distribute elsewhere, and so we expect to hear very soon that those doses are available to us to be able to allocate. I’m even hoping that with any luck we'll hear that at least some of those doses became or at least will be made available to us today, and again it will take some amount of time to make sure that there's a good plan for that, and then to distribute those vaccines out. But we are hoping to hear from the CDC today about some of those doses being given to us.

**Cristi Moore: Okay and Nick this is really a multi-part question so just bear with me as I read it. If the general assembly moves teachers to the front of the vaccine line, first what does that mean for DHEC, and then does the state have both the doses and the logistical ability to get shots into 75,000 teachers in a week? Two more questions- what would happen to appointments for eligible older people during that time, and could they end up at the front of the line again after teachers are finished?**

**Nick Davidson:** I have read that joint resolution and I think it's also been slightly amended since yesterday, or maybe yesterday it was amended, and it will be really important regardless of what the general assembly chooses to do here to make sure that schools are working on plans with local providers. You know I think the world of teachers, I have three teachers in my immediate family, so I certainly understand their desire for vaccination and the more people we can protect, the better off we'll be. At this moment vaccine supply is incredibly limited as those numbers I just mentioned hopefully illustrate, so there is no additional vaccine to supply to that effort and would supply sufficient numbers for that effort alone.

I believe the there are well over a hundred thousand teachers and critical support staff in the schools around the state, so there is no one pot of vaccine that that could be made available to immediately take care of those individuals. So there certainly is the likelihood that if additional individuals like teachers and critical support staff were brought into 1A that it would mean that either they would be trying to get that vaccine at the same time as those currently on 1A are getting it, or if potentially as the legislation is currently written, we would need to vaccinate all of those individuals within 30 days of the passing of the legislation. That could certainly mean that some individuals that we might not be able to distribute vaccine to some locations that we now distribute to, and we would have to reallocate that vaccine to the teachers or the effort to vaccinate those teachers and support staff. I think that pretty much pretty much covers it.

**Cristi Moore: Yes it does thank you Nick. Two more for you- earlier this week acting director Marshall Taylor told lawmakers DHEC was aware of vaccine providers abusing the phase system. The two questions are how frequently has this happened, and how many providers has DHEC discussed removing allocations?**

**Nick Davidson:** I don't have the specifics in in front of me as far as the numbers, but what I can say is we are clearly watching the allocations closely and we have received some notifications, some complaints, that individuals have been abusing that phase system. We will actively reach out and talk to those parties involved and take appropriate actions once we determine the facts.

**Cristi Moore: We're going to give Dr. Kacka an opportunity here,is there a timeline for when DHEC will provide a more specific breakdown of county and demographic vaccine information, or is there any information on hand that I could share with my viewers this evening?**

**Dr. Kacka:** We do have a draft interactive dashboard that's currently in the works and is under internal review right now. We certainly understand that people are interested in this information, want to be able to use the specific data, and we will launch this tool as soon as it's ready and we anticipate it being fairly soon.

**Cristi Moore: Okay and back to Nick- so we understand that the mayor of Rock Hill lifted all restrictions to allow anyone to sign up for a vaccine because of concerns over doses expiring this weekend. This has allowed many to sign up for multiple appointments. Nick does DHEC have any comment on this, and secondly should other towns and counties across the state do likewise, particularly if the vaccines they have could expire?**

**Nick Davidson:** It's my understanding that wasn't the initial plan for the vaccination event by any stretch of the imagination. I believe the vaccine provider used the VAMS system to set up the event and I believe there was a scheduling a system scheduling issue that occurred which caused the vaccine doses really not to be tied to people with appointments, which obviously was not the intent. So I believe to avoid wasting any of that vaccine, the mayor issued a public plea effectively to have people get a vaccine so as not to waste it Like U said, so I think you know we don't want any vaccine to get to get wasted, clearly and so just like with much of this it's a bit of a balancing act. It sounds like a problem occurred here and people were trying to react to that to prevent wastage.

**Cristi Moore: Dr. Kacka, back to you, with phase 1A continuing to be expanded with certain groups such as the recent addition of the 65 to 69 year old age group, is DHEC moving away from a phase distribution approach?**

**Dr. Kacka:** Currently no, the phase distribution is still the plan that's in the works. I know that there's been some additions to 1A as we've kind of moved forward, but this is something we're kind of learning from all the time, and we'll continue to evaluate and see what might be the best approach to get these vaccines in arms.

**Cristi Moore: Will the governor and DHEC continue to announce different groups as they evaluate the vaccine supply and demand?**

**Dr. Kacka:** Yes, so the supply and demand is going to be the big factor that determines who we're able to vaccinate and if we can do a full 1B rollout or if it looks like we may need to consider specific groups within 1B to kind of roll in first, kind of like we've been doing. So really as we see this kind of unfold, it's a very difficult process because of that uncertainty about the availability of the vaccines. It's not just the allocations of the Pfizer and Moderna on the horizon, we may see additional vaccines available which may significantly change, and hopefully in a positive way, the amount of vaccine that's available and certainly will allow us to do much more groups all at the same time and potentially do that full roll out of a phase, rather than having to pick from specific groups.

**Cristi Moore: If DHEC stays with the phased approach is there a timeline yet on when Phase 1B could be finalized?**

**Dr. Kacka:** I’m afraid not yet. We still have a lot to review about that, as I mentioned the uncertainty around the vaccines and when that can actually be rolled out, which groups we would be able to roll out first, or whether it would be a full roll out of the phase. And there are some difficult issues within Phase 1B, it's projected to be our largest phase and there's certain factors within it. We include essential workers but we want to make sure that we're getting vaccine first to those essential workers who actually are at highest risk of being exposed, as opposed to essential workers who are able to kind of maintain preventive actions that that put them at low risk of actually being exposed. So unfortunately Phase 1B is a very complicated phase that we're continuing to work through a lot of the factors on.

**Cristi Moore: And last question for you Dr. Kacka, is South Carolina vaccinating fast enough to get ahead of these Covid-19 variants?**

**Dr. Kacka:** What we are doing, we're increasing surveillance with the sequencing to make sure that we can identify these variants and get a better sense of exactly how they're spreading right now. We just kind of have a very brief view of what's going on with these variants, so we're trying to collect more information on them specifically and of course as we're getting the vaccine available, we're getting into these eligible groups as quickly as we possibly can. Fortunately, the early evidence suggests that the vaccines will work. There seems to be possibly some decreased immune response, I think we got a little spoiled with 94 and 95 percent efficacy of the Moderna and Pfizer vaccines, and you know anything less than that seems unreasonable, but you know even far less efficacy than that is going to really be effective at controlling this virus as long as we can get this vaccine to enough people. So even if there is a little bit of less protection against these variants, as we get more vaccine and are able to get it out there, we should be able to hopefully stay ahead of these variants, but that's something that we'll continue to monitor.

**Cristi Moore: Okay and Nick we're going to swing back over to you. Some in the community tell us providers are being told after their first appointment to stand by and wait for someone to contact them for an appointment, and if they don't hear back after a reasonable amount of time to try contacting them again. Is this best practice?**

**Nick Davidson:** We are definitely encouraging providers and for the people who are getting the vaccine themselves to take initiative to make sure before the person leaves that appointment, that first appointment, that they have their second appointment. That is clearly what we'd like to see. We know that's not always possible, sometimes clinics out in the field may not have access, internet access, and others to proprietary systems to be able to make those appointments. We understand that, but wherever possible we strongly encourage people to ask before they leave, but also providers to make sure that they're doing everything they can to schedule that that second appointment before the individual leaves that facility or that location. But if individuals haven't heard back within, oh I don't know, a couple weeks or so, I would definitely strongly encourage that individual to reach back out to that provider to try to determine how they get that second dose.

**Cristi Moore: Nick does DHEC have specific guidance or recommendations for school districts as they formulate plans to vaccinate teachers against Covid-19?**

**Nick Davidson:** I would say certainly local solutions to local problems are what will help us ensure that we have good plans in all of our school districts and all of our schools. For this to happen I do understand that the State Department of Education is working very closely with those school districts to assess what plans they do have, and then to work with them to ensure that they have the best plans for those for those local providers. And I really do think I alluded to this earlier, that those local providers are going to probably be the best solution for school districts to make sure that they can handle all the logistics of vaccine administration that local providers have really begun to become experts at. But we're working closely we're staying in close coordination and communication and having meetings with the Department of Education to make sure that everybody's as prepared as they can be.

**Cristi Moore: Will 65 to 69 year olds making appointments for the vaccine, are there enough doses?**

**Nick Davidson:** That kind of takes us back to the numbers I mentioned earlier, there is significantly more demand than we have vaccine. That effort to bring in 65 year olds really focuses, as we've talked a number of times, about risk. They are clearly a high-risk category. We do have some additional vaccine as I mentioned earlier still in small quantities, but some additional vaccine coming into the state and we never want to have empty appointments, and so I realize that there is frustration right now in the community. I’ve heard the same from family and friends, but we encourage people to keep checking our website, keep looking for opportunities to get that vaccine. We need to focus on those most at risk and like I say, with some additional amount of vaccine, we just we want to do everything we can to make sure there's never any vaccine sitting on the shelves.

**Cristi Moore: Nick what is the status of the front door appointment sign up?**

**Nick Davidson:** I do think this question is related to the Covid-19 vaccine appointment system, if that's the case, that system, we call it CVAS, that is the system that some of you have probably heard me or others talk about a little bit recently. We are doing a slow roll out of that system, we're really piloting it with some of our health departments, and any new appointments that we are making in our health departments. I shouldn't just say the health departments, those health department clinic events that we have, because they're not always in health department. We've had them in schools, and boys and girls clubs, and community centers around the state. Any new appointments that we are making into that system will be appearing in the CVAS system, and so the last I heard I think earlier today, again we're starting small because we want to make sure we do it well and that we work out any bugs in the system.

We had somewhere in the neighborhood of 2,800 appointments scheduled in that system, and that's just since it became live really at the beginning of this week. So we will continually be adding more appointments to that and making more vaccine available through those mechanisms, through at least now through our health department clinic events.

**Cristi Moore: Speaking of systems, what has the demand on the new vaccine call center been so far?**

**Nick Davidson:** The demand has been tremendous. We receive thousands and thousands of calls every day and we could give you a few days worth of those numbers if that is helpful. But again, thousands of calls every day. We have just shy of, I think it's currently now 280 call takers at that center ready to take calls and the wait times have been frankly almost non-existent. So we're very pleased with the customer service that that we've been able to provide by designating a Covid only vaccine call center.

**Cristi Moore: Thank you Nick, I’m going to give you a break. Dr. Kacka if you had mild or asymptomatic Covid, do you have less immunity than someone who had a more severe case?**

**Dr. Kacka:** That's a very important question, unfortunately we don't have a lot of data on that yet. The CDC guidance does find that if you have had a positive test, whether you had symptomatic Covid-19, or mild or asymptomatic case, that you do seem to be resistant against reinfection within that first three months. Reinfection meaning that you get infected with a virus and show clinical disease. So, whether you had symptoms or not, that you seem to have that protection within the first three months.

There's growing evidence that that that time frame extends beyond three months, so I think the big question there would be, if you had a mild or asymptomatic case, do you see faster waning immunity where you potentially could be reinfected sooner than someone who had a more severe symptoms or a more severe case of Covid-19. Unfortunately, we don't know the answer to that yet. I will share here our guidance as far as getting vaccinated. So as long as you're not having current symptoms of Covid-19, you can receive a Covid-19 vaccine. We do recommend however anyone who's had it within the last three months defer their vaccine, and that's simply because of the limited supply, because of that protection that we see in the first three months. We would prefer that those who have had it more recently defer their vaccine until that three-month period is over but then they would be recommended to go ahead and receive whatever vaccine is available to them.

**Cristi Moore: Dr. Kacka, if you had Covid-19, are you likely to be immune to the variants as well?**

**Dr. Kacka:** That's another very important question that we're still sorting out. I think it's very likely that you probably will have some protection against the variants, it's possible that you may see a re-infection where you may show some symptoms. Hopefully the protection that you built up in your infection with the original strain does provide some protection against the variants as well. I think a good example goes back to the 1917-1918 flu pandemic. That was an interesting one that actually the younger people were more severely infected by the strain of flu that arose. They were more likely to have severe disease and death than older individuals, and that's because older individuals were more likely to be exposed to this particular strain when they were when they were younger, so decades later they were still being able to build an immune response against that particular virus, even though it was an exact match to the one they had seen before. Whereas the younger individuals who had never seen that particular strain and were more likely to have severe disease, so hopefully we see something similar to that with these Covid-19 variants. Viruses are tricky things, we don't know for sure whether or not we'll observe anything like that, but you know we certainly are hopeful that any past exposure to Covid-19 will also provide some protection against the variants as well.

**Cristi Moore: Thank you, and Nick did you have something else to add about our Covid Vaccine Appointment System?**

**Nick Davidson:** I had two items that I wanted additional bits of information about. CVAS, that front door system as it was described in the question, the beauty of that system as I think I’ve described previously to some of you who may have heard it is that it allows direct access to a client to pick a location pick a time during the day that it's available and make the appointment. The challenge with the the current VAMS system is that you have to basically get an invite from the system that then you go back and you log into. So people can do it directly, our call center can make the appointments directly into the system. Of course I do want to emphasize though that I would encourage you all to make sure that your viewers and your readers understand that that vax locator map still has all locations on it, both those that appear in our scheduling system as those as well as those that appear in anybody else's scheduling system. So that vax locator I think is the best resource to refer people. If they currently happen to click on a health department that is pointing into the new system, of course the website will take them straight to that that site to make the appointment, but it's quite likely there are certainly many more providers around the state other than just those locations that are all accessible through the vax locator map on our website.

**Cristi Moore:** Thank you for that follow up, Nick and we are over on our time today. I would like to thank Nick and Dr. Kacka for your time not only today, but the other days this week, and then also DHEC appreciates all of our media partners and your dedication to share accurate and timely information with those who live work and play in our state. We will continue our Covid-19 vaccine discussion next week that concludes today's briefing. Thanks all.