I. Introduction

The COVID-19 Vaccine Plan is Appendix A to the SC COVID-19 Response Plan, Annex 3 to <u>SC Infectious Disease Plan</u>, Appendix 14 to <u>SC Emergency Operations Plan</u>. This plan outlines specific areas of COVID-19 vaccination planning and implementation for the State; and addresses responsibilities for state-level agencies to effectively receive, store, distribute and administer COVID-19 vaccines.

II. Purpose

The purpose of this plan is to outline operational procedures to address effective and safe distribution and administration of COVID-19 vaccines to South Carolinians. This document is supported by the State's <u>Medical Countermeasures Plan</u>, Appendix 17 to SC Emergency Operations Plan.

III. Scope and Applicability

- A. This plan aims to address federal guidance regarding the rollout of COVID-19 vaccine distribution. See Figure 1 on page 2.
 - Phase 1 Potentially limited supply of COVID-19 vaccine doses available. Efforts focused on rapidly reaching targeted populations (e.g., healthcare personnel, people at high risk, and critical infrastructure workers), high throughput, stringent storage and handling requirements for the vaccine. Inventory, distribution, and any vaccine repositioning will be closely monitored through reporting to ensure end-to-end visibility of vaccine doses.
 - Phases 2 A large number of vaccine doses available. Focus on ensuring access to vaccine for Phase 1 targeted groups who were not yet vaccinated and expanding efforts to the general population, utilizing an expanded provider network.
 - Phase 3 Sufficient supply of vaccine doses for the entire population and a surplus of doses are available, focusing on ensuring equitable vaccination access in the whole population. Monitor vaccine uptake and coverage; reassess strategy to increase population uptake in communities with low coverage.

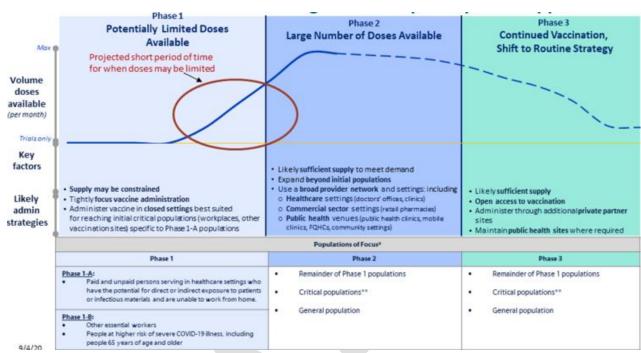


Figure 1: Vaccination Program Phased Approach

The Centers for Disease Control (CDC) has issued guidance that populations of focus for Phase 1 COVID-19 vaccination will likely include critical workers who maintain society's essential functions, including health care workers and the staff and residents in long-term care and assisted living facilities.

IV. Vaccination Preparedness Planning

CDC COVID -19 Vaccination Template Plan – Section 1A: Describe your early COVID-19 vaccination program planning activities, including lessons learned and improvements made from the 2009 H1N1 vaccination campaign, seasonal influenza campaigns, and other responses to identify gaps in preparedness.

In 2009 South Carolina responded to the H1N1 pandemic influenza. While the H1N1 pandemic had a much smaller impact, it's lessons can be utilized to address the COVID-19 pandemic. The State demonstrated the ability to coordinate response efforts through a centralized public health system. Hospital systems, healthcare providers, and the State worked to allocate the initially limited H1N1 vaccine supply to high-risk populations and then progressively to the broader population as supply became adequate. Interagency and partner collaboration has occurred through multi-disciplinary planning on local, regional, and state levels and between public and private agencies. These connections have created strength in South Carolina's response capabilities to distribute vaccine supplies and built

capacities for vaccine administrators to ensure populations' vaccination under the threat of public health emergencies like the emergence of novel agents like SARS-CoV-2.

Following H1N1, the SC Department of Health and Environmental Control (DHEC) identified two significant improvement areas: refinement of existing response plans and an incident management system training program. Since then, DHEC has published an Agency-wide Emergency Operations Plan, to include a Continuity of Operations; revamped Agency Coordination Center (ACC) / Regional Coordination Centers (RCCs) Orientations; expanded and re-engaged ESF-8 (Health and Medical Services) partners; further developed regional Healthcare Coalitions (HCC), and developed an Agency ICS 207 (Incident Organization Chart) to include Executive Agency leadership. These improvements position South Carolina to realize a coordinated vaccine response that will reach identified populations at the highest risk of exposure to or complications from COVID-19.

COVID-19 Vaccination Plan Template Section 1B: Include the number/dates of and qualitative information on planned workshops or tabletop, functional, or full-scale exercises that will be held prior to COVID-19 vaccine availability. Explain how continuous quality improvement occurs/will occur during the exercises and implementation of the COVID-19 Vaccination Program.

A tabletop exercise on October 14, 2020, with members of the State's Vaccine Task Force, included SC DHEC, SC Emergency Management Division, SC National Guard, SC Department of Commerce, State Law Enforcement Division, and the SC Hospital Association. Each Agency talked through their roles and responsibilities, highlighting their capabilities, limitations, and information still needed on the vaccine to finalize plans. The exercise's purpose was to highlight South Carolina's operational readiness for vaccine receipt, distribution, and implementation and identify areas of the plan that needed further development. The tabletop exercises methodically moved through the three vaccine phases while focusing on the key areas of vaccine operations, prioritized populations, information sharing, public information and communications, and logistics.

DHEC will incorporate lessons-learned from exercise hot washes and after-action reports (AAR) into the COVID-19 vaccine plan. During improvement planning, planners identify corrective action items from the AAR and due dates and responsible parties. Each item is tracked to completion, ensuring the exercises result in tangible benefits to preparedness.

V. Facts and Assumptions

- During Phase 1, the initial COVID-19 vaccine supply will be limited
- COVID-19 vaccine supply will increase significantly during Phases II and III, and plans will need to evolve to address additional vaccine availability
- Given the challenging storage, handling, and administration requirements, early vaccination should focus on administration sites that can reach prioritized populations with as much throughput as possible
- Recommend criteria for identifying targeted populations

- COVID-19 vaccine availability:
 End of October 2020, ~3M doses will be available nationwide
 End of November 2020, 20M-30M doses will be available nationwide
 End of December 2020, 35M-45M doses will be available nationwide
- South Carolina allocation is unknown at this time.
- U.S. Food and Drug Administration (FDA) guidance indicates that a COVID-19 vaccine will need to be at least 50 percent efficacious in placebo-controlled trials to be authorized

VI. Goals and Objectives

- Identify and quantify targeted populations, vulnerable populations, and potentially underserved populations
- Quantify the amount of vaccine needed to serve South Carolina's population
- Recruit and enroll vaccine providers to administer the vaccine in a variety of settings
- Educate providers about vaccine safety, efficacy, indications for use and monitor compliance with vaccine handling
- Order, track, receive, and distribute the vaccine. Track vaccine ordered by or delivered directly to direct providers
- Monitor, summarize and report vaccine delivery by numbers of individuals promptly
- Provide accurate and timely vaccine coverage reports to state officials and federal partners
- Educate the public about the safe development, testing, and authorization of COVID-19 vaccines, plans for distribution, and evolving information about vaccines
- Help the public understand key differences in FDA emergency use authorization and FDA approval (i.e., licensure)
- Engage in dialogue with internal and external partners to understand their key considerations and needs related to COVID-19 vaccine program implementation
- Identify critical, vulnerable, and potentially underserved populations, engage them through trusted influencers, and include their concerns in vaccination campaign planning
- Ensure COVID-19 vaccine providers have been trained appropriately and have the appropriate supplies and equipment at their locations to manage any serious adverse events

VII. Organizational Structure

COVID-19 Vaccination Plan Template Section 2A: Describe your organizational structure.

- A. As outlined in the South Carolina (SC) COVID-19 Response Plan, the State has established a Unified Command Group (UCG) to coordinate and unify response functions (Planning, Operations, Logistics, and Finance). The Unified Command Group will consist of the following:
 - Director, SC Department of Health and Environmental Control (DHEC)
 - Director, SC Emergency Management Division (SCEMD)

- The Adjutant General
- The SC State Epidemiologist

COVID-19 Vaccination Plan Template Section 2B: Describe how your jurisdiction will plan for, develop, and assemble an internal COVID-19 Vaccination Program planning and coordination team that includes persons with a wide array of expertise as well as backup representatives to ensure coverage.

B. The COVID-19 Vaccine Task Force defines agency and partner roles and responsibilities and determines action items and coordination efforts specific to COVID-19 vaccination. Members of the Unified Command Group oversee the Vaccination Task Force. The Task Force will meet weekly and obtain reports from established working groups and input from the Vaccine Advisory Committee to coordinate and synchronize planning in the following: Logistics, Planning, Finance, and Communications.

Working groups consist of the following:

- Logistics: DHEC (Lead), SCEMD (Support), SC National Guard (SCNG) (Support)
- Planning: DHEC (Lead), SCEMD (Support), SCNG (Support), SC Hospital Association (Support)
- Finance: DHEC (Lead), SCEMD (Support), SCNG (Support)
- Communications: DHEC (Lead), SCEMD (Support), SCNG (Support)

COVID-19 Vaccination Plan Template Section 2C: Describe how your jurisdiction will plan for, develop, and assemble a broader committee of key internal leaders and external partners to assist with implementing the program, reaching critical populations, and developing crisis and risk communication messaging.

C. DHEC has convened a *Vaccine Advisory Committee* to help formulate recommendations for the equitable allocation of COVID-19 vaccines. The Vaccine Advisory Committee engages representatives from state agencies and professional and community organizations representing critical partners and populations, including but not limited to those representing hospitals, community health centers, adult care facilities, professional associations, pharmacy, mental health, aging, minority affairs, advocates for other special needs populations, state and federal tribal partners, and health care practitioners serving vulnerable populations. The committee discusses ways to promote community awareness and develop credible, compelling, and culturally competent vaccine communication messaging and its associated dissemination. The committee will also advise DHEC and the Task Force about potential barriers in reaching targeted populations.

COVID-19 Vaccination Plan Template Section 2D: Identify and list members and relevant expertise of the internal team and the internal/external committee.

- D. DHEC Immunization Division of the Bureau of Communicable Disease Prevention and Control has oversight for all county health departments' immunization services in each of our 46 counties. The Immunization Division also coordinates immunization activities in the State with 492 providers enrolled in the *Vaccines For Children* program. The Immunization Division also assures vaccines are available for high-risk populations. Examples include Memorandums of Agreement (MOAs) with substance abuse treatment, individuals experiencing homelessness, and correctional facilities to provide vaccinations like influenza, hepatitis A and B.
- E. DHEC's ICS Immunization Branch leads COVID-19 Vaccine Internal Planning Team. The Immunization Branch meets daily and as needed and includes agency staff representing the Bureaus of Public Health Preparedness, Communicable Disease Prevention and Control, and Population Health, Informatics, and Data Analytics. The following DHEC ICS sections support vaccine planning efforts:
 - Logistics Section
 - Plans Section
 - Communications Officer
 - Data Section
 - Finance and Administration Section

COVID-19 Vaccination Plan Template Section 2E: Describe how your jurisdiction will coordinate efforts between state, local, and territorial authorities.

F. The SC Emergency Operation Plan (SCEOP) establishes a framework for how South Carolina state agencies conduct all-hazards emergency response and recovery. The State has established Emergency Support Functions (ESFs) with state agencies and volunteer organizations to support response and recovery operations. County Emergency Management will maintain communication with the State Emergency Operation Center (SEOC). Counties will provide disaster situational updates and forward requests for assistance as necessary to the SEOC.

The Agency Coordination Center (ACC) is DHEC's primary emergency operations center for situation awareness, support for decision making, detailed staff coordination, coordination of resources, and exchanging information to and from regional DHEC offices. DHEC liaisons (ESF-8) have a physical presence in the SEOC to facilitate information management and sharing.

6

COVID-19 Vaccination Plan Template Section 2F: Describe how your jurisdiction will engage and coordinate efforts with leadership from tribal communities, tribal health organizations, and urban Indian organizations.

G. DHEC's Outreach and Engagement Unit in DHEC's ICS will conduct a COVID-19 response needs assessment for the federal (1), and State recognized (8) tribal partners in SC. DHEC's Vulnerable Populations Coordinator will assess federal-tribal partners' plans to receive COVID-19 vaccines through the Indian Health Service (IHS) organization and ascertain technical assistance needs. Additionally, the Vulnerable Populations Coordinator will assess state-tribal partners' COVID-19 vaccine plans and technical assistance needs. COVID-19 Vaccine Advisory Committee will include the federally recognized tribe and the South Carolina Commission on Minority Affairs. Assessment efforts will involve communicating with these organizations and regional partners that are already in contact with tribal partners for testing and PPE services/requests.

COVID-19 Vaccination Plan Template Section 2G: List key partners for critical populations that you plan to engage and briefly describe how you plan to engage them, including but not limited to:

- Pharmacies
- Correctional facilities/vendors
- Homeless shelters
- Community-based organizations
- H. DHEC's Outreach and Engagement Unit in DHEC's ICS will conduct a COVID-19 response needs assessment for the federal (1), and State recognized (8) tribal partners in SC. DHEC's Vulnerable Populations Coordinator will assess federal-tribal partners' plans to receive COVID-19 vaccines through the Indian Health Service (IHS) organization and ascertain technical assistance needs. Additionally, the Vulnerable Populations Coordinator will assess state-tribal partners' COVID-19 vaccine plans and technical assistance needs. COVID-19 Vaccine Advisory Committee will include the federally recognized tribe and the South Carolina Commission on Minority Affairs. Assessment efforts will involve communicating with these organizations and regional partners that are already in contact with tribal partners for testing and PPE services/requests.

VIII. Concept of Operations

The State's COVID-19 vaccine program consists of several components (e.g., identifying targeted population, provider enrollment, recruitment, allocation, ordering, and distribution) necessary for complete vaccine rollout. This Concept of Operations will explain components in additional detail.

COVID-19 Vaccination Plan Template Section 3: Describe how your jurisdiction will structure the COVID-19 Vaccination Program around the three phases of vaccine administration:

Phase 1: Potentially Limited Doses Available Phase 2: Large Number of Doses Available, Supply Likely to Meet Demand Phase 3: Likely Sufficient Supply, Slowing Demand

- A. SC implements this plan in conjunction with the <u>State Emergency Operations Plan</u> (SCEOP), the <u>DHEC Emergency Operations Plan (DHEC EOP)</u>, the <u>SC Infectious</u> <u>Disease Plan</u>, COVID-19 Response Plan (unpublished), and the <u>SC Medical</u> <u>Countermeasures Plan (MCM)</u>.
- B. South Carolina is planning for limited COVID-19 doses to be available as early as November 2020, recognizing these vaccines may be approved as licensed vaccines or authorized for use under an Emergency Use Authorization (EUA) issued by the Food and Drug Administration (FDA).
- C. After a short period of limited vaccine supply, this plan assumes supplies will increase quickly, allowing vaccination efforts to be expanded to include other target populations and the general public. South Carolina is developing strategies to ensure equitable access to vaccination for each of the target populations outlined in <u>COVID-19 Vaccination</u> <u>Program Interim Playbook for Jurisdiction Operations</u>.
 - 1. As of October 1, 2020, South Carolina has no definite information regarding:
 - i. The date or dates vaccine(s) will become available to the State;
 - ii. The States vaccine allocation;
 - iii. Whether specific Federal directives will apply to distribution and dispensing;
 - 2. In anticipation of receipt of vaccine, South Carolina will:
 - i. Define an equitable procedure based on ethical principles to designate target populations to receive the vaccine during Phase 1;
 - ii. Identify those populations and estimate their size;
 - iii. Identify and establish points of distribution based on the location and size of the target populations;
 - iv. Train and equip distribution and dispensing teams;
 - v. Employ new enrollment and recruitment methods to ensure provider coverage is adequate to ensure equitable distribution and providers have received training.
 - 3. In anticipation of increasing supplies of vaccine enabling transition to Phase 2, South Carolina will:
 - i. Continue to identify and quantify target populations;

- ii. Continue to recruit, equip and train personnel to staff points of distribution;
- iii. Prepare to receive, distribute, and dispense vaccine as it is received.
- 4. In anticipation of receiving vaccines in sufficient quantities and transition to Phase 3, DHEC, in conjunction with health care provider organizations and health care professionals, will ensure that distribution channels are engaged and prepared to provide the vaccine to anyone desiring it.
 - i. Providers will include but are not limited to practitioners, retail and wholesale pharmacies, health care facilities, residential care facilities, schools, and other traditional avenues of vaccine distribution that are engaged and prepared to provide vaccine to anyone desiring it.

Critical Populations

The State's COVID-19 vaccine program consists of several components (e.g., identifying targeted population, provider enrollment, recruitment, allocation, ordering, and distribution) necessary for complete vaccine rollout. This section will explain components in additional detail.

CDC COVID-19 Vaccination Plan Template Section 4A: Describe how your jurisdiction plans to: 1) identify, 2) estimate numbers of, and 3) locate (e.g., via mapping) critical populations.

DHEC is closely monitoring guidance put forth by the CDC's Advisory Committee on Immunization Practices (ACIP), the National Institutes of Health, and the National Academies of Sciences, Engineering, and Medicine (NASEM) regarding identified populations of focus for COVID-19 vaccination. Other resources include:

- The Panel Study of Income Dynamics (PSID), which includes data on SNAP usage and income
- The DHEC ICS Data and Intelligence Branch population heat maps of populations 65 and older with co-morbidities,
- DHEC-produced GIS maps of healthcare facility distribution, including hospitals and long-term care facilities, which includes the number of licensed beds
- The National Academies of Sciences, Engineering, Medicine (NASEM) has put forth their Framework for Equitable Allocation of COVID-19 Vaccine (2020). We take NASEM's guidance was taken into consideration, especially when accounting for targeted populations.
- CDC's Social Vulnerability Index, which accounts for natural and humancaused disasters and disease outbreaks.
- <u>SC HealthViz</u> (South Carolina eHealth Medicaid Statistics) provides countryspecific data on such variables as those who are "full benefits Medicaid

enrolled," "Living in Poverty," "No HS Diploma (age 25+)", "Rural," "Unemployed," and "Uninsured."

CDC COVID-19 Vaccination Plan Template Section 4B: Describe how jurisdiction will define and estimate numbers of persons in the critical infrastructure workforce.

DHEC is identifying and utilizing data from reputable sources to quantify the number of people in the critical infrastructure workforce.

The Cybersecurity and Infrastructure Security Agency (CISA)-provided <u>Advisory</u> <u>Memorandum on Ensuring Essential Critical Infrastructure Workers Ability to</u> <u>Work During the COVID-19 Response</u> (August 18, 2020, from CISA director Christopher C. Krebs), which provides the framework for identification of the critical infrastructure workforce. To quantify these populations, we will reach out to their regulatory and licensing bodies as well as internal DHEC resources, such as:

- The Department of Labor, Licensing and Regulation (LLR)
 - State Fire Marshal
- DHEC's Health Care Quality

CDC COVID-19 Vaccination Plan Template Section 4C: Describe how your jurisdiction will determine additional subset groups of critical populations if insufficient vaccination supply.

In the event of insufficient vaccination supply, DHEC will prioritize vaccine allocation to the initial subsets outlined by the CDC. The newly formed Vaccine Advisory Committee, described in section VII C, will provide recommendations that DHEC will consider for sub-prioritization within these groups:

- Phase 1-A: Paid and unpaid people serving in healthcare settings who can potentially or indirectly expose patients or infectious materials and are unable to work from home.
- Phase 1-B: People who play a crucial role in sustaining essential functions of society running and cannot socially distance in the workplace (e.g., healthcare personnel not included in Phase 1-A, emergency and law enforcement personnel not included in Phase 1-A, food packaging and distribution workers, teachers/school staff, and childcare providers), and people at increased risk for severe COVID-19 illness, including people 65 years of age or older. <u>https://www.osha.gov/SLTC/covid-19/hazardrecognition.html</u>

The State Epidemiologist facilitated the Vaccine Advisory Committee develops a recommendation framework for vaccine allocation by bringing together stakeholders and

partner group representatives that reflect the diversity of people and sectors in South Carolina. This committee will follow an objective process considering the criteria and priorities for equitable distribution to potential vaccine recipients based on potential risk for disease exposure, disease transmission and risk of severe complications. The methodical process will also consider a variety of other factors including, but not limited to:

- Population health disparities
- Aging
- Individuals at higher risk because of health status
- Access to care
- Occupation
- Geographic distribution of active virus spread

The committee will use a weighted ranking of risk and follow a consensus-based approach to submit recommendations to DHEC for prioritizing target populations to be phased in for vaccination as vaccine availability allows. The committee will consider how communities of color can be assured access to COVID-19 vaccines in South Carolina and recommend strategies to mitigate vaccine hesitancy among the public. This committee will provide additional guidance and input on associated vaccine messaging for the community.

This committee will convene weekly over the next eight (8) to twelve (12) weeks, beginning September 30, 2020. Committee members or their designees will attend each meeting to maintain continuity of discussion and action item completion. Committee members represent a diverse range of groups and interests; the preliminary membership roster includes:

- The American Association of Retired Persons (AARP)
- South Carolina American Academy of Family Physicians (SCAFP)
- o PASOs
- South Carolina Chapter of the American Academy of Pediatrics (SCAAP)
- Blue Cross Blue Shield of SC
- South Carolina Department of Health and Human Services (SCDHHS)
- SC Christian Action Council
- SC Department of Corrections (SCDOC)
- South Carolina Office of Rural Health (SCORG)
- South Carolina Pharmacy Association (SCPhA)
- South Carolina Primary Health Care Association (SCPHCA)
- South Carolina Medical Association (SCMA)
- South Carolina Hospital Association (SCHA)
- SC Developmental Disabilities Council
- SC Commission for Minority Affairs
- Population Health and BioEthics

- o SC Infectious Disease and Clinical Treatment Advisory Group
- South Carolina Health Care Association (SCHCA)
- Department of Commerce
- Able South Carolina
- Legislative Liaison
- o South Carolina Society of Health System Pharmacists

CDC COVID-19 Vaccination Plan Template Section 4D: Describe how your jurisdiction will establish points of contact (POCs) and communication methods for organizations, employers or communities within critical population groups.

Via the Vaccine Advisory Committee and existing communications plans for vulnerable populations, we have established specific contact points within the organizations listed in section C above. These members of our Vaccine Advisory Committee are vital contacts to provide information groups that they represent.

DHEC's 2017 Vulnerable Population Communication and Outreach Plan serve as a reference point for the planning team. POCs listed in it, beyond members of our Vaccine Advisory Committee, include:

- The Salvation Army North & South Carolina
- SC Department on Aging
- SC Commission for the Blind
- Department of Mental Health Deaf Services
- South Carolina Association of the Deaf
- SC Vocational Rehabilitation Department
- SC Assistive Technology Program
- Able South Carolina
- The Arc of South Carolina
- Alzheimer's Association
- Office of the Governor
- Department of Mental Health (including DMH's Deaf Services)
- Transitions
- Gullah/Geechee Sea Island Coalition

DHEC's central office personnel are in close communication with regional DHEC personnel, who can provide the most community-specific information on targeted populations and pertinent POCs.

COVID-19 Vaccine Provider Recruitment and Enrollment

CDC COVID-19 Vaccination Plan Template Section 5A: Describe how your jurisdiction is currently recruiting or will recruit and enroll COVID-19 vaccination providers and the types of settings to be utilized in the COVID-19 Vaccination Program for each of the previously described phases of vaccine availability, including the process to verify that providers are credentialed with active, valid licenses to prosses and administer vaccine.

CDC COVID-19 Vaccination Plan Template Section 5D: Describe the process your jurisdiction will use to verify that providers are credentialed with active, valid licenses to possess and administer vaccine.

Information for both 5A and 5D are addressed below.

DHEC will recruit and enroll COVID-19 vaccination providers through ICS Immunizations Branch. They will assemble a pandemic provider enrollment and management team to execute the administrative and outreach functions needed. The lead of this team will be responsible for communicating provider enrollment data to CDC twice weekly.

Recently, South Carolina surveyed statewide healthcare providers to engage interest in providing COVID-19 vaccines. Of the 387 providers responding to the survey, 310 providers (or 80.1%) indicated an interest in participating in the vaccination program. These providers represent:

- Commercial vaccination service provider
- Correction/detention health services
- Community Health Centers (non-federally qualified health center, non-rural health clinic)
- Hospitals
- LTCF: Community Residential Care (CRC)
- LTCF: Nursing Care Facility/Nursing Home (NCF)
- Medical Practices including family medicine, OB/GYN, pediatrics, and specialty
- Pharmacies including chain and independent
- Public Health Providers including federally qualified health centers and public health clinics
- Occupational Health Centers
- Student Health Centers
- Urgent Care Centers

The Immunization Branch reviews survey responses in detail and then prioritizes providers based on their ability to serve target populations throughout the three phases. South Carolina will utilize an online enrollment process to streamline the collection of information from interested providers. Immunization Branch staff are reviewing the

functionalities and process capabilities of Microsoft Forms and ReadyOp to establish one as an online enrollment system. Once the provider completes the enrollment, staff will review the enrollment information to ensure each interested provider can meet the minimum requirements outlined in the CDC COVID-19 Vaccination Program Provider Agreement Section B, specifically the vaccine management requirements (i.e., vaccine storage unit, temperature).

If the provider meets the above requirements, DHEC reviews the qualifications of the providers Chief Medical Officer (or equivalent representative named on the agreement). The review ensures active and valid licenses to possess and administer the vaccine by utilizing the licensee lookup feature on the South Carolina Department of Labor, Licensing and Regulation website as follows:

- Board of Medical Examiners for licensed physicians (MD or DO) and physician assistants (PA)
- Board of Nursing for licensed advanced practice registered nurses (APRN)
- Board of Pharmacy for licensed pharmacists (PharmD or RPh)

Upon approval, providers are prioritized based on the provider's ability to vaccinate target populations. Approved providers can be active in more than one phase.

South Carolina Regulation 61-120 requires all healthcare providers to submit information on administered immunizations to the South Carolina Immunization Registry, known as Statewide Immunization Online Network (SIMON). A majority of the potential COVID-19 vaccination providers are presently reporting administered immunizations to SIMON. South Carolina does not expect a large number of new providers to enroll in IIS immunization reporting. Providers can report either through Health Level 7 (HL7) electronic transmission of administered immunizations from the provider's electronic health record (EHR) to SIMON or direct individual user account access to the SIMON user interface for manual data entry of administered immunizations into SIMON. However, for those pandemic vaccine provider organizations identified as not utilizing or reporting to the IIS and not using VAMS for vaccine administration documentation during phase 1, DHEC will require them to create a SIMON user account.

CDC COVID-19 Vaccination Plan Template Section 5B: Describe how your jurisdiction will determine the provider types and settings that will administer the first available COVID-19 vaccine doses to the critical population groups listed in Section 4.

South Carolina will examine early COVID-19 vaccination providers/settings that the CDC identified for states to consider during Phase 1 distribution of vaccines. South Carolina is engaging external stakeholders to ensure better access to vaccines for

communities once the vaccine becomes available. DHEC will pull data from the agency, surveys, and partners to assess data elements to help guide the state's decision-making processes for ethical and equitable distribution of vaccinations. South Carolina is looking at recruiting the following entities to become an enrolled COVID-19 Vaccine Provider:

- In-patient healthcare facilities
- Outpatient healthcare facilities (bases on new guidance)
- Long Term Care Facilities (LTCFs) to include nursing homes, assisted living, independent living, and skilled nursing facilities
- Critical infrastructure employers

South Carolina continues to strategize how the state will prioritize first dose allocations while limited to the entities listed above. DHEC surveyed hospitals, LTCFs, and others to gauge the general interest of these facilities. The state also included a copy of the supplied CDC COVID-19 Vaccine Program Provider Agreement so that entities could begin vetting these agreements through their leadership at their organizations. South Carolina will use the survey results and any completed COVID-19 Vaccine Program Provider Agreements, along with the data assessments and recommendations from the Vaccine Advisory Committee, to guide the state's decision for which entities receive the first doses of vaccines.

DHEC is exploring additional avenues to obtain certified vaccinators to assist with administering the COVID-19 vaccine in the event DHEC becomes a COVID-19 Vaccine provider during Phase 1. These certified vaccinators will potentially administer vaccines at vaccination sites (may include existing closed or open Points of Dispensing (POD)) or any mobile clinics required to ensure all SC citizens wanting to be vaccinated the opportunity to be. It's important to note that POD partners may or may not be eligible to receive the COVID-19 vaccine due to specific requirements outlined in *the CDC COVID-19 Vaccine Provider Agreement*.

CDC COVID-19 Vaccination Plan Template Section 5C: Describe how provider enrollment data will be collected and compiled to be reported electronically to CDC twice weekly, using a CDC-provided Comma Separated Values (CSV) or JavaScript (JSON) template via a SAMS-authenticated mechanism.

South Carolina will extract the Provider Enrollment Agreement's required attributes and format the information using Comma Separated Values (CSV) or JavaScript (JSON) template. The data will be reported to the CDC twice weekly Monday and Thursday by the close of business at 5 pm EST. South Carolina will determine a cut-off time to extract data from the Provider Enrollment Data from the electronic system to provide adequate time to submit the information to the CDC.

CDC COVID-19 Vaccination Plan Template Section 5E: Describe how your jurisdiction will provide and track training for enrolled providers and list training topics.

Pandemic vaccination providers enrolled through DHEC will be required to complete training to ensure awareness of relevant processes and ensure quality control. DHEC'S COVID-19 Provider Enrollment Team utilizes the workflow process in Microsoft Forms to automate the enrollment.

After DHEC's Provider Enrollment Team identifies a provider, the Provider Enrollment Team will send an email containing the provider enrollment packet, including training materials. The materials will be formatted in a Microsoft Forms survey to automate workflow. Depending on the training audience, providers either complete a short quiz to assess understanding or check a box agreeing to send the materials to all providers listed on the Pandemic Vaccine Provider Enrollment Form in section B. Providers will return the enrollment forms and training materials once signed. The provider will order the vaccine.

DHEC will utilize the CDC's training materials when available, and the DHEC Immunizations Division's training coordinator addresses any gaps in materials. DHEC does not track training for federal entities and commercial partners receiving direct vaccine allocations from CDC, but materials are available upon request.

Training Topics include but are not limited to:

- ACIP COVID-19 vaccine recommendations, when available
- How to order and receive COVID-19 vaccine
- COVID-19 vaccine storage and handling (including transport requirements)
- How to administer the vaccine, including reconstitution, adjuvants, appropriate needle size, anatomic sites for vaccine administration, avoiding shoulder injury with vaccine administration, etc.
- How to document and report vaccine administration via the jurisdiction's IIS or another external system
- How to manage vaccine inventory, including accessing and managing product expiration dates (see Section 7: COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management)
- How to report vaccine inventory
- How to manage temperature excursions
- How to document and report vaccine wastage/spoilage

- Procedures for reporting moderate and severe adverse events as well as vaccine administration errors to VAERS (Vaccine Adverse Event Reporting System)
- Providing EUA fact sheets or VISs to vaccine recipients
- How to submit facility information for COVID-19 vaccination clinics to CDC's VaccineFinder (particularly for pharmacies or other high-volume vaccination providers/settings)

CDC COVID-19 Vaccination Plan Template Section 5F: Describe how your jurisdiction will approve planned redistribution of COVID-19 vaccine (e.g., health systems or commercial partners with depots, smaller vaccination providers needing less than the minimum order requirement).

DHEC will review the COVID-19 Vaccine Provider Preliminary Outreach survey results to assess facilities with multiple locations and storage capabilities. During COVID-19 vaccine provider outreach, details about redistribution and what all that entails are made available. In addition to completing the *CDC Supplemental COVID-19 Vaccine Redistribution Agreement*, DHEC will request the facilities complete a South Carolina Routine and Emergency Vaccine Management Plan. Upon validation of a facility's completed management plan, DHEC will provide the *CDC Supplemental COVID-19 Vaccine Vaccine Redistribution Agreement* and DHEC's *COVID-19 Vaccine Chain of Custody/Temperature Monitoring Form* to the designated facility, to be completed and returned to DHEC.

CDC COVID-19 Vaccination Plan Template Section 5G: Describe how your jurisdiction will ensure there is equitable access to COVID-19 vaccination services throughout all areas within your jurisdiction.

The COVID-19 *Vaccine Advisory Committee* comprised of critical internal and external partners described in section 4 critical populations has been convened to produce recommendations about equitable distribution for COVID-19 Vaccinations throughout the state. The State Epidemiologist and Public Health Director review the committee's recommendations and provide strategic direction to DHEC's Immunizations Branch.

The DHEC Immunization Branch uses the strategic guidance and population data to create a goal number of vaccinations for populations in each region across the state. The CDC <u>PanVax</u> tool enables estimations of the number of providers recommended onboarded for distribution to serve each community.

Both a gap analysis performed on orders placed in CDC's Vaccine Administration Management System (VAMS) and reports from partners who receive allocations directly from the federal government inform strategies are employed to reach the goal number of vaccinations. DHEC will fill any gaps by utilizing non-traditional vaccination providers, mobile clinics, and additional outreach and provider onboarding.

CDC COVID-19 Vaccination Plan Template Section 5H: Describe how your jurisdiction plans to recruit and enroll pharmacies not served directly by CDC and their role in your COVID-19 Vaccination Program plans.

Some multijurisdictional vaccine providers (e.g., select large drugstores, some IHS locations, Veterans Administration clinics and hospitals, and other federal providers) will enroll directly with CDC to order and receive the COVID-19 vaccine. CDC will notify the State of any entities receiving a direct allocation. DHEC will work with the Department of Commerce to recruit pharmacies not served directly by CDC.

DHEC has been in discussion with the South Carolina Pharmacy Association (SCPhA) since early in the COVID-19 response about how SC pharmacists can help fight the virus. SCPhA used multiple avenues to encourage pharmacies to complete the COVID-19 Vaccine Provider survey. DHEC will work with interested pharmacies, especially in rural areas, to ensure that rural populations can access vaccines. Contact has also been made with large chain pharmacies to determine when and where their CDC partnership will come into play and what, if any, other opportunities they may be able to offer.

DHEC will collaborate with SC's three pharmacy colleges to provide certified immunizing pharmacy interns and supervising pharmacists at COVID vaccine sites that require vaccination assistance.

COVID-19 Vaccine Administration Capacity

CDC COVID-19 Vaccination Plan Template Section 6A: Describe how your jurisdiction has or will estimate vaccine administration capacity based on hypothetical planning scenarios provided previously.

DHEC's Medical Countermeasures Measures program continues to collect data to estimate vaccine administration capacity in South Carolina. DHEC utilizes the PanVax tool to evaluate the number of vaccinator types needed for the state, each geographic region, and each targeted group.

While vaccine supply is limited, DHEC primarily estimates capacity for occupational health settings, temporary vaccination clinics, and closed POD administration. As the supply of vaccine grows, DHEC will perform analysis on the vaccination capacity of other providers. These providers include healthcare provider offices and other outpatient clinics, public health clinics, chain pharmacies, independent pharmacies, school-based health centers, worksites, and other occupational health clinics, hospitals, temporary or off-site vaccination clinics, and mobile vaccinators.

Standard data elements compiled include the estimated number of existing vaccination provider locations in the jurisdiction by type or vaccination setting, population size, ages of the population, and vaccinator's throughput.

The COVID-19 Provider Enrollment Survey estimated cold chain storage capacity, current staffing levels, and interest in becoming a COVID-19 vaccine provider. The survey included numerous types of vaccination partners, including corrections/ detentions, health services, health centers, hospitals, long-term care facilities, medical practices, pharmacies, public health providers, urgent care, and other non-traditional vaccination providers.

The DHEC Immunizations Branch continues to gather data during the enrollment process to define facilities' capacities further. Lessons learned from previous operations, including H1N1 vaccine and Remdesivir distribution and COVID-19 testing, are considerations.

CDC COVID-19 Vaccination Plan Template Section 6B: Describe how your jurisdiction will use this information to inform provider recruitment plans.

DHEC's COVID-19 Vaccination Provider Enrollment Team will utilize strategic level guidance about target populations in each phase, the population size of the targeted population in each region, and the provider data collected using the Provider Enrollment Survey to produce an estimated number of providers required to serve target populations. Assessing each provider capacity's share will guide decisions about which provider types the enrollment team should integrate.

COVID-19 Vaccine Allocation, Ordering, Distribution, and Inventory Management

CDC COVID-19 Vaccination Plan Template Section 7A: Describe your jurisdiction's plans for allocating/assigning allotments of vaccine throughout the jurisdiction using information from Sections 4, 5, and 6. Include allocation methods for populations of focus in early and limited supply scenarios as well as the variables used to determine allocation.

Because the COVID-19 vaccine allocation is limited in Phase 1, South Carolina will ensure that the COVID-19 vaccines are available to enrolled providers that serve the targeted populations described in Section 4: Critical Populations. The population estimates collected in Section 4 will help determine the proportion of COVID-19 vaccine doses that sites that will receive. The selected sites will reach the target populations, including healthcare workers, essential workers, and people at higher risk for severe COVID-19 illness.

Once South Carolina has received the notification that a limited COVID-19 vaccine supply is available for ordering, the number of doses will inform allocation to enrolled providers. South Carolina's COVID-19 Vaccine Advisory Committee will provide recommendations on Phase 1-A and Phase 1-B subset populations.

An algorithm that accounts for each of the factors listed in bullet points below aids in the allocation process during limited supply time.

- Initially:

- The number of Phase 1-A recipients a site can vaccinate
- A site's vaccine storage and handling capacity
- A site's geographic location
- The allocation(s) SC receives and the timing
- The need for second doses of the vaccine

-Once ALL Phase 1-A recipients choosing to be vaccinated have received at least the 1st dose:

- The quantity needed for the second dose in the Phase 1-A subset population
- The allocation(s) SC receives on a manufacturer/product specific level and the timing
- The number of Phase 1-B recipients a site can vaccinate.
- A site's vaccine storage and handling capacity
- A site's geographic location
- The need for second doses of the vaccine in Phase 1-B

CDC COVID-19 Vaccination Plan Template Section 7B: Describe your jurisdiction's plan for assessing the cold chain capability of individual providers and how you will incorporate the results of these assessments into your plans for allocating/assigning allotments of COVID-19 vaccine and approving orders

Upon enrollment in the COVID-19 Vaccination Program, providers will provide information on the specific type of storage unit, the unit's grade, and the number of units where the provider will store the vaccine.

Providers are required to provide documentation on the temperature stability of the vaccine storage unit(s).

South Carolina will provide cold chain management guidance to include the <u>CDC's</u> <u>Vaccine Storage and Handling Toolkit COVID-19 Addendum</u>. Providers must submit completed temperature logs with twice-daily temperature monitoring for each unit the provider uses to store the COVID-19 vaccine to DHEC's Immunization Branch before vaccine order approval.

CDC COVID-19 Vaccination Plan Template Section 7C: Describe your jurisdiction's procedures for ordering COVID-19 vaccine, including entering/updating provider information in VTrckS and any other jurisdictional systems (e.g., IIS) used for provider ordering. Describe how you will incorporate the allocation process described in step A in provider order approval.

The provider will request the number of COVID-19 doses in VAMS. The population served will be reviewed before a vaccine order is approved. If modifications to the request are required, vaccine request changes will be made in VAMS by DHEC's Immunization Division. During COVID-19 Vaccination Program provider enrollment, the required VTrcks attributes will be manually updated by the DHEC Immunization Branch to include the vaccine coordinator, address, delivery times, etc. for the site. When a provider places an order, the allocation algorithm indicates the number of doses, described above in 7A, an EXIS file with the vaccine orders will be uploaded into VTrcks.

CDC COVID-19 Vaccination Plan Template Section 7D: Describe how your jurisdiction will coordinate any unplanned repositioning (i.e., transfer) of vaccine.

In the event, a COVID-19 Vaccine Provider cannot utilize any portion of their allocated COVID-19 vaccine. The site's vaccine coordinator contacts DHEC before the approval of the COVID-19 vaccine's unplanned repositioning. DHEC considers each event on a case-by-case basis.

CDC COVID-19 Vaccination Plan Template Section 7E: Describe jurisdictional plans for monitoring COVID-19 vaccine wastage and inventory levels.

Providers will have to document their vaccine inventory levels in VAMS. Before placing a new vaccine order expiration date, manufactured date and wastage will be reviewed and reported to DHEC Immunizations Branch. Providers will have to document wastage in SIMON (if applicable) or submit a wastage and return form to DHEC Immunizations Branch via email. DHEC's Immunization Branch will enter The Vaccine Wastage and Return Form VTrckS. A Wastage or Expired Report will be pulled from VTrckS to monitor wastage levels.

Storage and Handling

CDC COVID-19 Vaccination Plan Template Section 8A: Describe how your jurisdiction plans to ensure adherence to COVID-19 vaccine storage and handling requirements, including cold and ultra-cold chain requirements, at all levels:

 Individual provider locations
 Satellite, temporary, or off-site settings
 Planned redistribution from depots to individual locations and from larger to smaller locations
 Unplanned repositioning among provider locations

Providers will be required to follow the vaccine storage and handling guidelines in the CDC Vaccine Storage and Handling Toolkit Addendum for the COVID-19 vaccine (Forthcoming). Upon enrollment, DHEC's Enrollment Team verifies reliable storage and temperature monitoring equipment. Documentation of the storage unit(s) temperatures as mandated in the Vaccine Storage and Handling Toolkit Addendum for COVID-19 Vaccine is required. For the timeframe of the vaccine receipt to a new order request, this documentation must be submitted and reviewed by DHEC before a new order is approved. The vaccine coordinator and any additional staff involved in handling vaccines will be required to take and pass the most current CDC's You Call the Shots- Module 10-Storage and Handling training.

If a provider notes a temperature excursion, the vaccines will be marked "DO NOT USE" and contact DHEC for further instructions. Once the DHEC Immunization Branch has been made aware of a temperature excursion, the provider must contact the manufacturer to determine the vaccine's viability. The provider will supply a temperature report showing the excursion and a written stability report from the manufacturer to determine viability. The manufacturer will produce a final report for the provider on the vaccine's viability and recommendations to prevent another temperature excursion.

If, at any time, the COVID-19 vaccines are deemed non-viable by the manufacturer, the provider will complete a Wastage and Return Form for the vaccine (s) and submit to DHEC within 24 hours.

If a COVID-19 vaccine provider plans to host any satellite, temporary, or off-site clinics, DHEC will request Vaccine Transport policies and review procedures before enrollment.

DHEC will approve these clinics if the provider has appropriate transport equipment to maintain stable temperatures during transport. Providers should transport no more than the number of vaccinations they anticipate for use during the clinic. DHEC's Immunization Branch discourages and will limit the transport of frozen and ultra-cold vaccines unless the provider can maintain cold chain requirements during transport.

Required documentation of the transport on a COVID-19 Vaccine Transport Form will include the following information:

Vaccine, Manufacturer

- NDC
- Lot Number
- Number of Doses
- Expiration Date

The document will collect transport information:

- The temperature of refrigerator/freezer before the transfer
- The temperature of the vaccine in the cooler before departure
- The temperature of the vaccine in cooler upon arrival
- The temperature of the refrigerator/freezer upon arrival

For vaccines stored at a satellite, temporary, or off-site clinic, the provider must follow the guidelines outlined in the Vaccine Storage and Handling Toolkit addendum for COVID-19. Providers should monitor vaccine temperature with an appropriate thermometer. If a temperature excursion should occur during an off-site clinic, the provider should follow the standard procedure.

Planned redistribution of the COVID-19 vaccine within the State should follow the guidelines described above. In addition, DHEC must review and approve of a Transport Form. Digital Data Loggers (DDL's) should be used to monitor temperature during transport.

If an unplanned redistribution occurs, the provider site will provide documentation of the transport to DHEC. The provider will also submit a temperature report of the transport to determine if the vaccine temperature remained stable. If an excursion occurred, the provider would notify the manufacturer of the excursion. If the provider does not record vaccine temperature during the transport, the vaccines will be deemed non-viable.

CDC COVID-19 Vaccination Plan Template Section 8B: Describe how your jurisdiction will assess provider/redistribution depot COVID-19 vaccine storage and temperature monitoring capabilities

Providers/redistribution depots will receive validation of their management plan by completing the South Carolina Routine and Emergency Vaccine Management Plan. Within 24 hours of each vaccine redistribution, the COVID-19 Vaccine Chain of Custody/Temperature Monitoring Form is to be completed and

returned to DHEC.

If the COVID-19 vaccines are deemed non-viable by the manufacturer at any time, the provider will have to complete a Wastage and Return Form for the vaccine (s) and submit to DHEC within 24 hours.

Vaccine Administration Documentation and Reporting

CDC COVID-19 Vaccination Plan Template Section 9A: Describe the system your jurisdiction will use to collect COVID-19 vaccine doses administered data from providers

DHEC will require vaccination providers enrolled in the COVID-19 Vaccination program in Phase 1 to utilize the VAMS tool for vaccine administration documentation and reporting. For phases 2 and 3, DHEC will require documentation and reporting through a combination of VAMS and the state's immunization information system, SIMON, depending on administration setting type (mobile clinic setting versus fixed clinic setting), and readiness of SIMON to comply with data reporting elements. As a secondary plan, DHEC is pursuing a backup option with ReadyOp to facilitate vaccine administration documentation and reporting in the event VAMS is unavailable at the time of Phase 1. ReadyOp has the interoperability function to transmit data to SIMON. SIMON can receive data via HL7 or flat-file format.

CDC COVID-19 Vaccination Plan Template Section 9B: Describe how your jurisdiction will submit COVID-19 vaccine administration data via the Immunization (IZ) Gateway.

Per guidance from CDC and Deloitte, administration data entered into VAMS will have the capability to be shared in near real-time with IISs via the Immunization (IZ) Gateway. Because South Carolina is in the last stages of finalizing IZ Gateway Connect, any vaccine administration information collected by its IIS in phases 2 and 3 will be reported and submitted to the CDC Immunization Data Lake via the IIS connection. As of late September 2020, SC's IIS vendor, Envision, tests data reporting capabilities between its WebIZ platform and the Data Lake.

CDC COVID-19 Vaccination Plan Template Section 9C: Describe how your jurisdiction will ensure each COVID-19 vaccination provider is ready and able (e.g., staff is trained, internet connection and equipment are adequate) to report the required

COVID-19 vaccine administration data elements to the IIS or other external system every 24 hours.

Enrolled pandemic vaccine providers in Phase 1 will be required to complete the training package coordinated by The Immunizations Division Training Coordinator. This training package will contain the VAMS training materials and associated competency assessments. The pandemic enrollment and onboarding team will verify SIMON/IIS reporting status at the time of enrollment. They will work with DHEC Immunizations Branch to facilitate SIMON onboarding as needed, especially for phases 2 and 3. DHEC has prepared SIMON training materials that will be available to providers.

CDC COVID-19 Vaccination Plan Template Section 9D: Describe the steps your jurisdiction will take to ensure real-time documentation and reporting of COVID-19 vaccine administration data from satellite, temporary, or off-site clinic settings.

Mobile clinic settings in Phases 1 and 2 will utilize VAMS as the primary reporting tool. Clinic staff will have just in time training (JITT) resources to use VAMS. Clinic staff will use electronic devices (iPads with data plans) to facilitate on-demand VAMS access to record administration data. If network issues or outages occur, clinic staff will utilize paper copies of the DHEC Mass Vaccination form and enter data into VAMS once access is restored. SIMON may have a mass vaccination module at the launch of phase 2, and clinic coordinators will receive JITT regarding its use.

CDC COVID-19 Vaccination Plan Template Section 9E: Describe how your jurisdiction will monitor provider-level data to ensure each dose of COVID-19 vaccine administered is fully documented and reported every 24 hours as well as steps to be taken when providers do not comply with documentation and reporting requirements.

The DHEC's Immunizations Branch will monitor all planned mobile clinics' reporting status, ensuring that providers fully report their data via VAMS (phase 1 and 2) or the IIS mass vaccination module (phase 2). The DHEC VAMS Coordinator and IIS team will monitor provider reporting via VAMS or the IIS in phases 2 and 3. IIS team members will follow-up with non-compliant providers to provide targeted assistance. If chronic reporting issues continue, DHEC will remove non-compliant providers from the pandemic vaccine allocation.

CDC COVID-19 Vaccination Plan Template Section 9F: Describe how your jurisdiction will generate and use COVID-19 vaccination coverage reports.

SIMON contains vaccine coverage report capabilities and can stratify reporting variables by geographic region down to the zip code level. Vaccine coverage reports will be automatically generated weekly and disseminated to the Immunization Branch director and Regional Clinic Coordinators to review to determine gaps in vaccination coverage and uptake. The coverage reports will help inform targeted outreach among enrolled pandemic providers and help inform COVID-19 vaccination communication efforts.

Second Dose Reminders

CDC COVID-19 Vaccination Plan Template Section 10A: Describe all methods your jurisdiction will use to remind COVID-19 vaccine recipients of the need for a second dose, including planned redundancy of reminder methods

DHEC is pursuing the Vaccine Administration Management System (VAMS) tool to support Phase 1 COVID-19 Vaccination Program efforts. DHEC will leverage the second dose reminder function in VAMS as a primary solution for automated reminder/recall. Administrative staff at COVID-19 vaccine sites in Phase 1 and 2 will also complete the ancillary kit COVID-19 vaccination record cards for each vaccine recipient, including a suggested date for the second vaccine dose. Staff will encourage recipients with smartphones to take a photo of this card and set a reminder/alarm for the second dose. Staff will inform recipients that they may receive dose reminders via text or email through VAMS or immunization registry reminder efforts. DHEC will leverage its reminder/recall function of its immunization registry, SIMON, to conduct a centralized reminder/recall for Phase 1 and 2, vaccine recipients, as an additional notification conduit. Enrolled pandemic vaccine providers and organizational/employer participants will be encouraged to use their mechanisms for second dose reminders, including employee listserv email blasts and electronic health record (EHR) automated reminder functionalities.

Immunization Information System (IIS) Reporting

CDC COVID-19 Vaccination Plan Template Section 11A: Describe your jurisdiction's solution for documenting vaccine administration in temporary or high-volume vaccination settings (e.g., CDC mobile app, IIS or module that interfaces with the IIS, or other jurisdiction-based solution). Include planned contingencies for network outages or other access issues

South Carolina is pursuing the use of CDC's mobile application known as the Vaccine Administration Management System (VAMS) as its primary solution for documenting vaccine administration in temporary or high-volume vaccination sites during Phase 1 of the COVID-19 Vaccination Program. VAMS can run on computers, tablets, and other mobile devices. DHEC has requested iPads with data plans to facilitate the mobile access needed to VAMS within these sites. The equipment included in the clinic go-kits distributed throughout the state. The Clinic and Vaccine Recipient VAMS modules are utilized for vaccine administration. Contingencies are in place for network outages or other access issues for more information see section 11G.

Furthermore, DHEC is pursuing ReadyOp as a secondary solution for the Vaccine Recipient module if the CDC does not release VAMS in a timely fashion or is not available to SC for any reason at the launch of Phase 1 vaccinations. DHEC's ReadyOp coordinator has developed prototypes to support the scheduling, vaccine administration, inventory management, and day of vaccination data entry needs. ReadyOp also supports vaccine 2D barcoding for mass vaccinations, and DHEC will leverage the scan function at its vaccination sites.

DHEC Immunization Division participates in Envision's consortium activities to explore the needed COVID-19 vaccination program enhancements for the WebIZ platform, the foundation for SC's state immunization registry, SIMON. Enhancements include a mass vaccination module that meets the COVID-19 vaccine documentation and reporting requirements, which could prove useful at vaccination sites, especially during Phase II and III.

CDC COVID-19 Vaccination Plan Template Section 11B: List the variables your jurisdiction's IIS or other system will be able to capture for persons who will receive COVID-19 vaccine, including but not limited to age, race/ethnicity, chronic medical conditions, occupation, membership in other critical population groups.

SIMON will generate a SIMON ID for new patients or update existing patients. Patients module data elements are:

- Name: Collects last name, first name and optional middle name.
- Gender: Collects male, female, transgender and unknown
- Date of Birth: Collects date of birth in MM/DD/YYYY format and SIMON generates age in year, month and day on all screens once patient is selected
- Patient Eligibility: Collects eligibility as follows:
 - Not VFC Eligible Insured
 - VFC Eligible Medicaid Eligible
 - VFC Eligible American Native/Alaska Native
 - VFC Eligible Underinsured at FQHC
 - VFC Eligible No Health Insurance
 - Disease Control Local-Specific Eligibility
 - 317-Adult-Insured/AVI/Under-Insured

- SC State Vaccine Program
- Language: Collects patient's language. If a non-English language is indicated, check boxes for English speaking and interpreter needed
- Primary Contact: Collects relationship, last name, first name, home phone and emergency phone. Relationship options include self, spouse, child, stepchild, mother, father, parent, foster parent, guardian, sibling, brother, sister, grandparent, caregiver and other
- Alias Name: Collects last name, first name and middle name
- Sources of Health Insurance: Collects Medicare and Medicaid only. Includes identification number and date last verified. Primary indicator is also present
- Contact Information: Collects home phone, cell phone, work phone with extension and email address
- Mailing Address: Collects street, unit number, city, county, state, country and zip code. SIMON does allow for entry of addresses outside of the jurisdiction
- Physical Address: Collects same data as Mailing Address
- Race/Ethnicity: Collects ethnicity and up to five races
- Birth Information: Collects birth order and birth plurality
- Mother: Collects maiden name independently and last name, first name and middle name
- Local IDs: Collects provider's identification number for specific patients so provider may use own patient identification number to search for a patient
- Precautions/Contraindications: Collects effective date, optional expiration date, provider, precaution/contraindication and additional comments field

Immunization module data elements:

- Selected patient is displayed with SIMON ID, date of birth, age and gender
- SIMON displays any precautions/contraindications known
- Clinic: Defaults to clinic selected by the user
- Administered By: Collects person who administered vaccines
- Prescribed By: Collects prescriber. Optional field
- Vaccine: Collects specific type of vaccine administered
- Manufacturer: Collects manufacturer from dropdown selection. Optional field
- Lot/Serial: Collects lot number. Optional field
- Funding Source: Collects funding source. Optional field
- Expiration Date: Collects vaccine expiration date. Optional field.
- NDC Number: Collects national drug code number. Optional field
- Vaccination Date: Collects current or past date

- Age: SIMON generates age in years, months and days based on vaccination date entered
- Vaccination Time: Collects actual time of vaccine administration. Optional field
- Patient's Eligibility: Auto-populated based on entry from Patients module
- Dosage: Collects dosage. Optional field
- Body Site: Collects specific body site of administration. Optional field
- Route: Collects specific route of administration. Optional field
- Health Insurance, Insurance ID and Date Last Verified: Auto-populated based on entries from Patients module

If a patient were to experience an adverse reaction to a COVID-19 vaccine, SIMON will collect adverse reaction information as additional information under the administered COVID-19 vaccine. The data elements are:

- Reaction date
- Date Reported to VAERS
- Reaction: Collects specific reaction from dropdown selection
- Severity: Collects severity from dropdown selection of moderate, mild and severe
- Consequence: Collects consequence from dropdown selection. Optional field
- Clinic: Collects clinic of administration
- Recorded By: Collects person documenting adverse reaction
- If this patient's adverse event is also a precaution/contraindication for future vaccinations, data elements are:
 - Precautions/Contraindications: Collects precautions/contraindications and additional comments field

SIMON does not collect chronic medical conditions, occupation or membership in other targeted population groups.

CDC COVID-19 Vaccination Plan Template Section 11C: Describe your jurisdiction's current capacity for data exchange, storage, and reporting as well as any planned improvements (including timelines) to accommodate the COVID-19 Vaccination Program.

South Carolina uses WebIZ, an immunization information system (IIS) commercial offthe-shelf solution (COTS) developed and maintained by Envision Technology Partners. South Carolina refers to the IIS as Statewide Immunization Online Network (SIMON). SIMON allows bi-directional Health Level 7 (HL7) messaging between the provider's electronic health record (EHR) systems and SIMON. The Microsoft Azure Cloud hosts SIMON. Since its deployment in mid-September 2020, DHEC has secured a disaster recovery plan and a secondary location for data to access in the event of a disaster.

As a member jurisdiction, South Carolina participates in the Envision collaborative consortium in which collectively the jurisdictions decide on WebIZ enhancements. Presently, Envision is working on COVID-19 enhancements to the WebIZ platform. These enhancements may potentially include provider enrollment and vaccine management functionality. Envision plans to establish these enhancements in the next WebIZ update before Phase 2, which begins in early 2021.

CDC COVID-19 Vaccination Plan Template Section 11D: Describe plans to rapidly enroll and onboard to the IIS those vaccination provider facilities and settings expected to serve healthcare personnel (e.g., paid and unpaid personnel working in healthcare settings, including vaccinators, pharmacy staff, and ancillary staff) and other essential workers.

To kickstart enrollment, DHEC circulated a survey to possible providers to include: all members of the South Carolina Health Alert Network, all long term care facilities, all community residential care facilities, the South Carolina Hospital Association, the South Carolina Health Care Association, Leading Age, the Home Health and Hospice Association, the South Carolina Pharmacy Association, tribal leaders, the Department of Corrections and others. The survey was also publicly available on the website. Providers could express interest, describe the populations they serve, provide capacity estimates, and view the enrollment form.

The DHEC Provider Enrollment Team provides individual-level outreach to providers and tracks enrollment metrics. The team uses Microsoft Forms to track outreach activities. DHEC will utilize Microsoft Forms to automate the enrollment process.

The DHEC Provider Enrollment team recruits both traditional and non-traditional COVID-19 vaccination providers to expand equitable access to COVID-19 vaccination when vaccine supply increases. Establishing and building upon existing relationships with various partners, including community partners and collaborating with medical societies, state licensing boards, state Medicaid agencies, state rural health offices, IHS/tribal health entities, and health insurance issuers and plans in the area will help engage partners.

Under South Carolina Regulation 61-120, all healthcare providers must submit administered immunizations to the South Carolina Immunization Registry, SIMON.

Therefore, since the majority of the potential COVID-19 vaccination providers are presently reporting administered immunizations to SIMON, South Carolina does not expect many new providers to enroll in IIS immunization reporting either through:

- Health Level 7 (HL7) electronic transmission of administered immunizations from the provider's electronic health record (EHR) to SIMON
- Direct individual user account access to SIMON's user interface for manual data entry of administered immunizations into SIMON.

If the provider needs to enroll for submission of administered immunization to SIMON, the senior prescribing authority (i.e., MD, DO, PA, APRN, PharmD, or RPh) for the facility would begin by completing the <u>SIMON Onboarding</u> process. Onboarding includes the electronic submission of the Terms of Use and User Confidentiality Agreement. If the senior prescribing authority cannot legally bind the facility, then the legal signature authority will complete the Terms of Use along with the senior prescribing authority. The review of these documents is usually very prompt within two (2) business days. There are two reporting options:

- If the provider desires Health Level 7 connection to SIMON, the timeline depends on the provider's electronic health record (EHR) vendor's response to the provider's request for these services. The provider, in conjunction with the EHR vendor, must submit an array of successful acceptable HL7 messages to SIMON before the provider will be given access to SIMON's production environment for a direct HL7 connection.
- If the provider desires direct individual user account access to SIMON's interface for manual data entry of administered immunizations into SIMON. The provider will complete an <u>Account Registration</u>. Individual user accounts are usually very prompt within two (2) business days.

CDC COVID-19 Vaccination Plan Template Section 11E: Describe your jurisdiction's current status and plans to onboard to the IZ Gateway **Connect** and **Share** components.

IZ Gateway facilitates electronic messaging of vaccination records in a secure infrastructure allowing IIS systems across the nation. Sharing vaccine administration data between jurisdictions and provider organizations (e.g., Department of Defense, Federal Bureau of Prisons, IHS, Department of Veterans Affairs) that do not exchange data with IIS today.

The CDC has finalized IZ Gateway Connect component utilization. DHEC is currently having the Data Use Agreement with the Association of Public Health Laboratories (APHL) finalized. DHEC's Public Health Director signed this agreement.

South Carolina will not be exploring the use of the IZ Gateway Share component at this time.

CDC COVID-19 Vaccination Plan Template Section 11F: Describe the status of establishing:

- 1. Data use agreement with the Association of Public Health Laboratories to participate in the IZ Gateway
- 2. Data use agreement with CDC for national coverage analyses
- 3. *Memorandum of Understanding to share data with other jurisdictions via the IZ Gateway Share component*

The State has signed and submitted the Data Use Agreement (DUA) with the Association of Public Health Laboratories (APHL). In addition to the DUA with APHL, DHEC will also need to execute a DUA with CDC for data reporting; DHEC is still awaiting the CDC DUA. As already mentioned, South Carolina will not be exploring the use of the IZ Gateway Share component at this time.

CDC COVID-19 Vaccination Plan Template Section 11G: Describe planned backup solutions for offline use if internet connectivity is lost or not possible.

Contingencies are in place for network outages or other access issues. Providers will utilize standardized hard copies if a site loses internet connectivity. Hard copy forms of the following documents are under development: COVID 19 Mass Vaccination form, Inventory, Supply Request, VAERS Reporting, Vaccine Ordering, and vaccine Reporting.

DHEC will provide hard copy forms in electronic formats as a part of the enrollment process. Providers are encouraged to store the forms on their devices or print as appropriate. Form packets are available in ancillary supply kits for partner providers. Vaccine sites' go-kits contain a packet of pre-printed forms in the event they are needed.

All collected forms will be manually entered into VAMS by administrative team members once access to the network is restored. Providers will have access to just-intime-training (JITT) resources regarding the use of VAMS and actions to take in an outage event.

CDC COVID-19 Vaccination Plan Template Section 11H: Describe how your jurisdiction will monitor data quality and the steps to be taken to ensure data are available, complete, timely, valid, accurate, consistent, and unique.

For providers submitting Health Level 7 (HL7) messages to SIMON, South Carolina provides acknowledgment messages to the providers indicating unsatisfactory messages. Some messages may be only warnings, but rejected messages, to keep data quality high, requires immediate action by the provider to correct.

Specific fields are required in SIMON to guarantee complete and accurate information to patients, and South Carolina about the vaccines received.

Through SIMON, South Carolina will have reports available to monitor data quality. These reports will be generated and reviewed by DHEC's Immunization Division's IIS Data Quality Manager. The reports include:

- Data Quality Statistics Scheduled
- Data Quality Statistics
- Data Quality Patient Exceptions: Reports patient exceptions as follows:
 - Patient completeness
 - Vaccination completeness
 - Accuracy, vaccination is given at an invalid age
 - Accuracy, vaccination counts inconsistent with the patient's age
- Data Quality Patient Immunization Exceptions

Regulatory Considerations for COVID-19 Vaccination

CDC COVID-19 Vaccination Plan Template Section 13A: Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers are aware of, know where to locate, and understand the information in any Emergency Use Authorization (EUA) fact sheets for providers and vaccine recipients or vaccine information statements (VISs), as applicable.

CDC COVID-19 Vaccination Plan Template Section 13B: Describe how your jurisdiction will instruct enrolled COVID-19 vaccination providers to provide Emergency Use Authorization (EUA) fact sheets or vaccine information statements (VISs), as applicable, to each vaccine recipient prior to vaccine administration.

Information for both sections 13A and 13B are combined below.

Product-specific EUA fact sheet and vaccine information statements (VISs) produced by the FDA for the provider and recipient for COVID-19 vaccines will be made available on the FDA, CDC, and DHEC's websites.

When onboarded, each provider will receive a training packet they must complete before enrolling; this packet will contain the fact sheets and links to the fact sheets for online access. The Enrollment team will expect providers to complete a quiz, demonstrating understanding. A phone number to a DHEC representative who can answer any questions and the FDA website's links will be made available.

SC-supplied ancillary kits will provide hard copies of the recipient fact sheets for patients before administering the vaccine.

Providers will be encouraged to send an electronic copy of the recipient fact sheet to patients/ clients when the patient is registering.

Vaccine Safety and Monitoring

CDC COVID-19 Vaccination Plan Template Section 14A: Describe how your jurisdiction will ensure enrolled COVID-19 vaccination providers understand the requirement and process for reporting adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS).

DHEC has designated Immunization Division staff to coordinate Vaccine Adverse Event Reporting System (VAERS) and vaccine safety activities. DHEC includes VAERS reporting education and training as part of its routine immunization program functions for Vaccines for Children (VFC) providers. Additionally, DHEC staff, including the State Epidemiologist and VAERS coordinator, receive VAERS reports and other information via Epi-X. Epi-X is a restricted access information portal.

As part of the training packet for providers, the DHEC Immunization Division VAERS coordinator will collaborate with the Immunizations Division's training coordinator to provide the training content for reporting adverse events and vaccine administration errors to VAERS. The training team will ensure providers complete the training requirement, including assessing competencies via knowledge checks in the enrollment/onboarding process. The DHEC VAERS Coordinator will serve as the point of contact (POC) for pandemic vaccine providers for COVID-19 vaccine safety concerns and associated reporting.

DHEC signed and submitted a Non-Disclosure Agreement (NDA) with CDC as required due to the nature of the COVID-19 VAERS data jurisdictions will receive via Epi-X. South Carolina will receive unredacted COVID-19 data, which may include personally identifiable, proprietary, privileged, or sensitive information, weekly once the COVID-19 vaccination program begins. The VAERS Coordinator will monitor the incoming information via Epi-X and provide regular updates to the DHEC Immunization Branch Director at the ACC and the State Epidemiologist. The VAERS Coordinator will collaborate with the CDC Immunization Safety Office (ISO) to respond and investigate reports of serious adverse events and other vaccine safety issues of concerns following state policy. DHEC will safeguard all VAERS data and maintain its confidential nature.

Vaccine Program Monitoring

CDC COVID-19 Vaccination Plan Template Section 15A: Describe your jurisdiction's methods and procedures for monitoring progress in COVID-19 Vaccination Program implementation, including:

- Provider enrollment
- Access to COVID-19 vaccination services by population in all phases of implementation
- *IIS or other designated system performance*
- Data reporting to CDC
- Provider-level data reporting
- Vaccine ordering and distribution
- 1- and 2-dose COVID-19 vaccination coverage

DHEC ICS Immunization Branch will execute operations and monitor outputs. The Branch is led by the DHEC Immunization Division Director, who will oversee the overall implementation of South Carolina's COVID-19 Vaccination Program. Various other branches and teams within the ACC will support activities and share

outcomes with the Immunization Branch. The Immunization Branch will maintain an internal program metric and key deliverable (Activity and Performance) dashboard via Microsoft Planner that features the metrics associated with program implementation:

- The provider enrollment and management team's lead will provide the number of providers targeted, enrolled, and activated for each vaccination phase. The Branch will provide updates on outcomes weekly and adjust the frequency of updates as needed. The lead will also be responsible for reporting enrollment information to CDC twice weekly.
- The lead coordinator for the Phases 1 and 2 clinic sites for vaccine administration will provide the daily number of clinics by geographic location, and population type served to the Immunization Branch. Additionally, the program metric dashboard will feature the vaccination coverage and dose completion rates stratified by targeted population variables (e.g., age, race, occupation) based on vaccine administration data. The reports will be auto-generated daily.
- The IIS Manager/lead VAMS Coordinator will provide weekly status updates to the Immunization Branch Director regarding the functionality and performance of the IIS and VAMS. The lead will report weekly. The submission of this update is a deliverable metric, and the Immunization Branch will measure compliance with this internal reporting requirement.

- The Immunization Branch will update the data reporting to CDC metric status based on the deliverable completion from the provider enrollment and IIS/VAMS team leads. The dashboard will feature a timeliness compliance rate for completing the reporting requirements by the specified deadlines.
- The VAMS Coordinator will generate daily reports featuring the number of doses administered stratified by geographic region/county, share these with the Immunization Branch, and update the vaccine administration data metrics on the internal dashboard.
- The pandemic vaccine ordering team lead will provide a daily update of vaccine orders placed, fulfilled, and received to the Immunization Branch, who will update the internal metrics dashboard. The Immunization will monitor Vaccine Finder to capture the number of providers with the COVID-19 vaccine and populate it in the monitoring dashboard.

The internal dashboard will complement the CDC COVID-19 Vaccination Response Dashboard.

CDC COVID-19 Template Section 15B: Describe your jurisdiction's methods and procedures for monitoring resources, including budget, staffing, and supplies:

DHEC ICS Finance and Administration section will oversee the budget associated with the implementation of the COVID-19 Vaccine Program. The Immunization Branch Director will conduct weekly check-ins with the Finance/Administration section. Ensuring proper association of budget expenditures with project codes and federal spending categories (as applicable, especially for COVID-19 supplemental funding associated with the immunization program's current cooperative agreement with CDC) and obtain budget updates needed to satisfy reporting to CDC.

DHEC's ICS Finance Branch oversees staff hours' reporting worked associated with COVID-19 response activities based on employee timekeeping and coding activities. The Immunization Branch Director will communicate additional staffing needs based on periodic staffing capacity assessments to the ICS Operations Section Chief. The Branch will identify backups for each lead position to ensure coverage and continuity of operations. The Immunization Branch will maintain a detailed organizational chart that reflects depth in staff and capabilities. Additionally, staff will receive JITT for each of their respective roles, engaging in cross-training as time permits.

Logistics section staff utilize a variety of inventory monitoring systems, including Palmetto EOC and ReadyOp. These systems will be employed to monitor ancillary and other COVID vaccination event supplies. The Logistics section works with the Finance and Administration Branch concerning additional procurement needs. The Logistics Section Chief or designee will issue supply/inventory requests based on the monitoring algorithms built into the systems currently in use. The logistics staff will review and monitor the IZ Branch Activity and Performance Dashboard to inform their situational awareness.

CDC COVID-19 Template Section 15C: Describe your jurisdiction's methods and procedures for monitoring communication, including:

- Reception of communication messages and materials among target audiences throughout jurisdiction
- Message delivery

DHEC ICS Public Information Officer operating within the JIC has a strong team heavily engaged in COVID-19 response messaging development, dissemination, and evaluation. Communications will expand its current communications plan to accommodate considerations for COVID-19 vaccines. Communications staff will continue to monitor the pulse of the receipt of COVID-19 response and vaccine-related messages with established media partners and continue social media monitoring. Communications staff coordinate with appropriate Branch members to formulate responses to inquiries and questions from external groups, partners, and individuals. Immunization Branch will comply with these requests as they are received.

CDC COVID-19 Template Section 15D: Describe your jurisdiction's methods and procedures for monitoring local-level situational awareness (i.e., strategies, activities, progress, etc.).

Information sharing and situational awareness at the local level are facilitated via:

- Situation Reports During each operational period, a written summary of situational awareness information is developed by the ICS with a complete picture of the public health (to include vaccine coverage) systems. DHEC distributes these reports widely. Recipients may include:
 - DHEC Executive Leadership Team (ELT).
 - DHEC ICS Staff.
 - Agency ESF personnel in the SEOC.
 - Further distribution includes:
 - ESF Partners defined by the State Emergency Operations Plan.
 - Members of the State Emergency Response Team (SERT).
 - Local County Emergency Managers
- Palmetto EOC A web-based application that provides a statewide Common Operating Picture (COP), enhancing situational awareness for the SEOC and local EOCs. The system allows for continual communication of critical information

between the counties and the SEOC. It provides a means for the affected counties to request resources and monitors events outside of their jurisdiction.

CDC COVID-19 Template Section 15E: Describe the COVID-19 Vaccination Program metrics (e.g., vaccination provider enrollment, doses distributed, doses administered, vaccination coverage), if any, that will be posted on your jurisdiction's public-facing website, including the exact web location of placement.

COVID-19 Vaccination Program metrics include three primary categories to provide situational awareness; performance targets, resources, staffing, and operations.

The CDC resources utilized include the COVID-19 Vaccination dashboard, which consists of the number of enrolled COVID-19 vaccination providers, COVID-19 vaccine supply and distribution, COVID-19 vaccine administration locations COVID-19 vaccine administration data. DHEC will link to it when vaccine supply is available for expanded groups among the general population.

DHEC's Provider Enrollment Team monitors vaccination provider enrollment by type and geographic location during the enrollment process. They will compare actual enrollment to the goal for each category and adjust efforts as appropriate.

When vaccine quantities are scarce, the DHEC Immunizations Branch will monitor the target population's percentage that could receive the vaccine based on our allocation and available vaccination sites. Portions of the target population reached will inform strategic decisions about when DHEC should enter a new distribution phase.

When the vaccine is widely available, DHEC will monitor the types of populations that require coverage from non-traditional vaccine providers. The Provider Enrollment Team will attempt to onboard identified providers to the program.

DHEC will decide about COVID-19 Vaccination Program metrics to be provided to the public and placement on the website in stages and as information becomes available.

IX. Roles and Responsibilities

A. Department of Health and Environmental Control

- a. Facilitate Vaccine Advisory Committee Meetings
- b. Reconvene the SC Joint Pharmacist Administered Vaccine Committee
- c. Coordinate provider recruitment, enrollment, and outreach
- d. Manage and approve vaccine orders from enrolled providers
- e. Provide support or technical assistance for smaller vaccination providers or rural clinic settings
- f. Facilitate and monitor the Immunizations Information System (IIS) reporting
- g. Develop allocation methods for targeted populations of focus in early-and limitedsupply
- h. Approve and conduct COVID-19 vaccines redistribution as needed.
- i. Coordinate Vaccine Adverse Event Reporting System (VAERS) and vaccine safety activities
- j. Coordinate Receipt, Staging, and Storage (RSS) site and Regional Distribution Sites (RDS) operations, if required
- k. Coordinate vaccine public information messages with the state's Joint Information Center (JIC)
- B. SC Emergency Management Division
 - a. Coordinate partner briefings with relevant ESFs and the Vaccine Task Force to include conference lines and meeting space
 - b. Activate/ utilize the JIC to assist with COVID-19 vaccine messaging regarding safety, administration tiers, and priority populations
 - c. Coordinate with the Governor's Office to ensure the state's emergency declaration is sustained
 - d. Coordinate with DHEC and other agencies to implement the Federal Emergency Management Agency's (FEMA) reimbursement process, if necessary
 - e. Support storage of additional ancillary supplies, if needed
- C. SC Law Enforcement Division
 - a. In coordination with ESF-1 (Transportation) and ESF-16 (Emergency Traffic Management), assist with determining potential delivery routes to vaccine distribution sites
 - b. Provide security as needed during delivery and at vaccine distribution sites
- D. SC National Guard
 - a. Provide building space and infrastructure to receive, stage, and store vaccines and ancillary supplies
 - b. Provide manpower to support vaccine distribution sites, as needed
 - c. Provide medical personnel with appropriate qualifications to assist with immunizations across the state to support the execution of immunization efforts as requested and approved

- E. SC Department of Commerce
 - a. In coordination with ESF-24 members, leverage partnerships in the private sector to encourage eligible businesses to become a COVID-19 Vaccine Provider
 - b. Communicate situational awareness of the COVID Vaccine, to include distribution processes and vaccine efficacy, to the business community
 - c. Assist DHEC and SCEMD with the prioritizing critical infrastructure and their employees utilizing CISA and other guidelines as requested
 - d. Provide input to the Vaccine Advisory Committee in identifying employers of targeted populations for consideration for vaccination in initial priority phases
- F. SC Hospital Association
 - a. Disseminate COVID provider enrollment documents and outreach materials

X. Risk Communications

- A. Incident communications are conducted through the established JIC as outlined in SCEOP ESF-15 (Public Information) Annex.
- B. Leverage DHEC's Vulnerable Populations Coordinator to promote information sharing and communications with SC's tribal partner.

CDC COVID-19 Vaccination Plan Template Section 12A: Describe your jurisdiction's COVID-19 vaccination communication plan, including key audiences, communication channels, and partner activation for each of the three phases of the COVID-19 Vaccination Program.

- C. Efforts are underway to help keep the public informed on the COVID-19 vaccine; this includes incorporating educational messaging into agency talking points, news releases, and social media copy. The JIC has currently targeted communications efforts at reaching the general population, state and local leaders, and key stakeholders and partners. The JIC will tailor communications to address the initial populations' specific needs identified to be impacted by each phase of the program's role. To support this, the agency is currently working collaboratively with members of the Vaccine Task Force.
- D. Once a vaccine becomes available, communications strategies will align with the COVID-19 Vaccination Program's identified phases:
 - Phase 1 Communications strategies will focus on targeted populations impacted by the vaccine rollout, including facilities, partners, and providers providing the vaccines. Communications may vary based on supply and identified needs but will include traditional media, direct messaging to those impacted, education to

community leaders and partners, and social media as needed. Partners will support messaging efforts. The state's JIC is already activated and partnering with the agency on this messaging and efforts to engage new partners, as appropriate.

- Phase 2 As a larger number of vaccine doses become available, the communications team will work with our partners to identify needs and determine our priority audience. We recognize that this is an ongoing, fluid event, and our communications strategies will remain flexible to meet new and growing needs. Communications will again predominantly include traditional media, direct messaging to those impacted, and social media.
- Phase 3– At this time, communications strategies and tactics will focus on reaching the general population, including a priority focus on those considered to be part of our targeted populations. To support this effort, the agency will expand our work with our partners to include traditional and paid media, direct messaging to those impacted, social media, and updates to community leaders and partners.

CDC COVID-19 Vaccination Plan Template Section 12B: Describe your jurisdiction's expedited procedures for risk/crisis/emergency communication, including timely message development as well as delivery methods as new information becomes available.

E. The JIC strives to meet the goal of assuring that every person in a community has and understands the information needed to prepare for, cope with, and recover from public health emergencies and disasters.

As part of this effort DHEC, will work with our partners to identify and prepare messaging to respond to potential risks and keep the public updated on all emergent information. In addition, DHEC will send messages to clients and partners who are members of or serve the identified vulnerable populations.

In the event of a disaster, simplified messaging, including important updates from the Governor's briefings, will be delivered from DHEC Public Information Officers who operate out of the state's JIC. All messages will be provided in multiple formats to account for any access or functional needs of individuals who are deaf or hard of hearing, have limited English proficiency, are from diverse cultural backgrounds, have cognitive limitations, and/or do not use or have access to traditional media. The team will also monitor media and online outlets to address the need to correct inaccurate information.

XI. Authorities and References

- SC Code Ann. §§25-1-420 and -440
- Executive Order 2020-08 and successor executive orders of the Governor

- Public Health Response Laws, S.C. Code Ann. §§ 44-1-80, 44-1-100, 44-1-110, and 44-1-140; § 44-29-40. Department of Health and Environmental Control shall have general supervision of vaccination, screening and immunization; statewide immunization registry; § 44-29-210. Physicians, licensed nurses and certain authorized public health employees participating in mass immunization projects exempt from liability; exceptions.
- S.C. Code of Laws §§ 44-4-100 to 570. Emergency Health Powers Act.
- S.C. Regulation 61-112, Emergency Health Powers Act
- S.C. Regulation 61-120. South Carolina Immunization Registry.
- South Carolina Code of Regulations, Regulation 58-101 (State Government Preparedness Standards)
- S.C. Emergency Operations Plan
- S.C. Infectious Disease Plan
- Centers of Disease Control and Prevention (CDC) Immunization and Vaccines for Children Cooperative Agreement
- South Carolina Emergency Operations Plan (SCEOP)
- Developing and Maintaining Emergency Operations Plans, Comprehensive Preparedness Guide (CPG) 101, Version 2.0, Federal Emergency Management Agency, November 2010

XII. Attachments

- 1. Phase 1 Population Group Worksheet (TBD)
- 2. Provider Enrollment Survey Form (TBD)
- 3. CDC COVID-19 Vaccine Provider Agreement (TBD)
- 4. DHEC Regional Mass Vaccination SOPs (TBD)
- 5. DHEC Mass Vaccination Policy (TBD)