SOUTH CAROLINA COVID-19 VACCINE ADVISORY COMMITTEE  
January 13th, 2021  
Noon – 2:00 p.m.

Attendees:

Dr. Greg Barabell  
Dr. Linda Bell  
Patti Fabel  
Dr. Jeff Cashman  
Beth Morgan  
Dr. Jane Kelly  
Valarie Bishop  
Warren Bolton  
Richard Foster  
Kimberly Tissot  
Katherine Plunkett  
Felicia Pickering  
Dr. Jonathan Knoche  
Chaunte McClure  
Robert Saul  
Danielle Bowen Scheurer  
Cheryl L. Scott  
Kim Wilkerson  
Shawn Stinson  
April Clarke  
Brenda Knecee  
Tanya Russo  
JT Gary  
Ashely Teasdel  
Tonya Cornwell  
Ronald Summers

Opening- Committee Business- Dr. Linda Bell

- Motion to approve 1/6/2021 meeting minutes
  - Approved
- Introduction of Mr. Summers – Representing Palmetto AgriBusiness
- Positive feedback shared on the Vaccine Locator page

Phase 1b and Phase 1c Populations- Group Discussion

- CDC modeling projections of SC indicate an increase in cases and deaths coming over the next four weeks.
Approximately 200,000 individuals added to 1a by addition of population 70 years and older.

Concerns expressed for making the value of individuals with disabilities clear in allocations

VAC recommendations address increased risk of exposure versus increased risk of complications

Need for increased definitional detail in the phasing lists on DHEC’s website

Assumptions regarding individuals with significant disabilities- people who are significantly disabled do “go out”

The announcement of 70+ year old individuals being allocated has led to feelings of being devalued among individuals with disabilities

Individuals caring for individuals with disabilities: these are the “harbor pilots” of the services you need

When caregivers become ill they cannot care for those who are medically fragile they are assisting
Additional requests as of 01/07/2021 for Phase 1b

(Jane Kelly opinion with rationale)

Yes

- Patients in psychiatric hospitals who may live there for months to years, thereby living in a congregate setting
- Frontline domestic violence shelter workers – similar situation to homeless shelter workers, living/working in overcrowded congregate setting

No

- Public defenders – They want to know why not 1b if corrections officers and law enforcement are? They can practice mitigation measures e.g., mask, distance, whereas others have less controlled situations that may involve providing medical assistance), they are in 1c
- Veterinarians – Perform an essential public service but not at increased occupational risk for COVID-19, therefore in phase 1c
- Food distributors – Occupational risk not higher than general population
- Hotel and other hospitality staff – not essential workers
- Aviation workers – no evidence that occupational risk is higher than general public
- Swim class instructors – not the same as classroom teachers, not an essential service
- Early Intervention Specialist – enter people’s homes to work with children, want to be considered in the same category as home health workers; but occupational risk not higher than general population
- Plasma donation center workers – donors should be feeling well, occupational risk not higher than general population
- Clergy – no, unless seeing patients in hospital settings
- Alpha Genesis, company that cares for >5000 non-human primates used in research wants prioritization into 1a to prevent animals from getting infected; considered essential workers

Revised 01/18/2021

- No objections raised by group

because of vaccine research – no because Occupational risk NOT > general population, and prevent transmission is not a criterion for 1b. They are phase 1c
- Broadcast media requests re-consideration (previously considered not in 1b because risk not considered unavoidable and substantially higher than general public – they provided letters from workers who have experience COVID-19

- No objections raised to the above categorizations
- Request for sub-prioritization of school teachers and staff in the beginning of 1b allocations.
- Concern that this would create a logistical challenge
- Concerns about sub-prioritization implying valuing one group over another
- “Not who is more valuable, but who is more vulnerable”
- Vote to sub-prioritize teachers in 1b was requested to be suspended to vote on the larger question of sub prioritizing any groups.
- Vote to disallow sub-prioritization within existing phasing:
  - 20 in favor of disallowing sub-prioritization
  - 3 in favor of allowing sub-prioritization
- Discussion on inclusion of caregivers for medically-complex children
  - Home care aides and nursing assistants who work alongside home health aides, nurses, and therapists, and hospice aides and nurses, in the same home settings, with the same patients, with the same risks – Yes phase 1a status
  - Many requests to lower age for 1b to 65 and older (in SC would add ~200K persons to 1b)
  - Jan. 12 (UPI) -- U.S. Department of Health and Human Services officials Tuesday expanded COVID-19 vaccine availability during the initial phase of distribution to include people age 65 years and older.
  - The changes also give priority to those with underlying health conditions that place them at higher risk for serious illness from COVID-19 infection, officials said.

Vaccination Strategies- Group Discussion

- Overview of Vaccine Locations for COVID-19 tool on DHEC’s website
- Hotline available for those with limited computer access for questions and help finding an appointment location. This is not a line for making appointments.
- Requests and concerns regarding “user friendliness” of the map
Are providers being “activated” as indication of places that WILL receive, or are they activated once they RECEIVE vaccine?
  o Clarification: The providers on the map are activated and have vaccine but some are unable to provide appointments due to being booked out at the time someone visits the sites so they cannot take appointments at this time

What is the process for determining which providers are activated?
  o Providers are asked to agree to vaccinate those outside of their walls and to estimate those they can serve
  o GIS mapping is utilized to improve equitable geographic distribution and avoid gaps in access

Request for executive and legislative branches to coordinate messaging more in alignment with the reality of distribution efforts

Overview of distribution reporting based on demographic details

Need for ongoing monitoring of vaccine-receipt demographics to ensure equitable distribution

Adjourn - 1410

Next meeting: Wednesday 1/20/2021 from 12-2pm