**DHEC Vaccine Update with Dr. Michael Kacka -Edited Transcript**

**February 3, 2021**

**Cristi Moore:** Good afternoon, welcome to DHEC's February 3 media briefing on Covid-19 vaccine in South Carolina. I’m Cristi Moore, DHEC chief communications officer for the agency, and I will be facilitating today's briefing with Dr. Michael Kacka, DHEC physician and chief medical officer, Nick Davidson, senior deputy of public health and Stephen White, DHEC immunizations director. These briefings are held to share the latest updates and answer questions about Covid-19 vaccines. DHEC appreciates the media and its commitment to keeping South Carolinians informed. For the run of show, Dr. Kacka will provide a brief update, then we'll have a segment of facilitated questions, and we've got so many questions today I’m not really sure that time is going to allow to open it up live questions. Before we begin, I would like to ask everyone to please remain on mute I’m going to go ahead and mute everyone. Dr. Kacka I will turn it over to you now for today's update.

**Dr. Kacka:** Thank you Cristi, today we announce with Governor McMaster that beginning Monday February 8, any South Carolina residents age 65 or older, regardless of health status or pre-existing conditions, can begin scheduling their appointments to receive Covid-19 vaccine. With increased vaccine allocations from the federal government and a streamlined statewide vaccination plan, it is now appropriate to expand the number of South Carolinians eligible to receive vaccine. While every South Carolinian will have a chance to get vaccine, it's important to understand that the availability of vaccine is limited in South Carolina, like all states.

81.7 percent of Covid-19 deaths in South Carolina have been among those 65 and older, and the average age for Covid-19 related death in South Carolina is 75. To best protect the health and safety of all South Carolinians, we must first make sure that those at highest risk of severe illness and death get vaccinated first.

Additional steps to expedite access to additional South Carolinians including teachers and others in Phase 1B will be will be made based on the use of vaccine, the number of appointments made, and other information on vaccine supply until enough vaccine is available for everyone. We ask that we all continue to lead by example by taking the daily disease prevention precautions that work, as Covid-19 is still spreading across our state, at high levels. This includes wearing a mask, staying six feet apart, avoiding crowds, washing our hands, getting tested often and when it's our time getting vaccinated. Even after receiving your vaccine, you'll need to wear a mask and physically distance from others until enough of the population is vaccinated against this deadly virus.

There are approximately 309,000 South Carolinians between the age of 65 and 69. Today South Carolina has received 77,250 vaccines, given 439,880 shots in addition 382,695 South Carolinians have scheduled vaccine appointments.

Thanks to the support of our providers and community partners there are currently 458 activated Covid-19 vaccination sites across our state, many of which are currently accepting appointments, with others set to begin accepting appointments soon.

Again Monday, February 8 is the date when those 65 to 69 can begin to schedule their appointments. To find locations currently accepting appointments near you, eligible South Carolinians are encouraged to visit the DEHC vaccine locator tool at scdhec.gov/vaxlocator, all one word. The tool shows locations for Covid-19 vaccine and provides contact information for scheduling appointments at those locations.

People can also call the DHEC Covid-19 vaccine information line at 1-866-365-8110 for help finding vaccine providers and their contact information to schedule an appointment.

In addition to the recent announcement on vaccine appointment eligibility, I want to briefly discuss some questions we've been receiving about our recent improvements to the way percent positive is calculated for Covid-19 cases.

The recent change has been something our team has been prepping for since December when the federal government began requiring health care facilities to use test-over-test. This allows us to now provide a better comparison with present positivity calculations provided by the CDC, the White House Coronavirus Task Force, Centers for Medicare and Medicaid services, or CMS, and other academic institutions in many states.

The reasons for providing positivity rate is to help us determine the level at which Covid-19 is spreading in the community, and whether enough testing is taking place. It does this by providing a snapshot of how much Covid-19 is circulating in the community at a given period of time.

Previously we have been calculating percent positive using a person-over-person method that required dividing the number of people with a new positive result by the number of overall tests that have been done, including both positive and negative results. We decided to use this method early on in the pandemic because the focus was on identifying new people who were testing positive, however this has become harder to do when much more or the population has been tested. With the continued recommendations for South Carolinians to be tested frequently, the shift from person to test also becomes a more effective method to monitor active cases. Thank you and I'll now take some questions.

**Cristi Moore: Thank you Dr. Kacka for that update, so we're going to move into our facilitated questions and the first one is going to be for Nick Davidson Nick this question says we saw that the Biden administration has announced it will begin shipping one million Covid-19 vaccine doses to thousands of pharmacies. It was reported that the CDC is working with states to select pharmacy sites can you speak to this?**

**Nick Davidson:** We're very excited about this about this information, it clearly is going to make more vaccines available to more individuals, the most important thing I think to keep in mind about the program is that it will not decrease the current allocation that's coming to the state of South Carolina, so once these vaccine locations are added and vaccine is shipped to those locations, this will be additional vaccine coming into our state. We're very excited about this right now- the website indicates that CVS is the one enrolled partner that we have for South Carolina, but we know that working with the feds and our pharmacy partners or we anticipate working with those folks to add more pharmacies to that list.

**Cristi Moore: Thank you Nick, Dr. Kacka, these next two questions are yours, why are TSA workers not considered front-line workers considering their emergency essential federal status and their considerably close contact to passengers?**

**Dr. Kacka:** It was the Vaccine Advisory Committee that reviewed the information and originally recommended that TSA officials be placed in the 1C category. Now I certainly do understand the concern that these are essential workers who do have some pretty significant contact with the public, so you know that's one of the recommendations that came out. DHEC will continue to look at all the recommendations and take all the factors into account before making any final determinations on where anyone would be recommended to receive vaccine.

**Cristi Moore: This is a question, kind of wanting you to expound a little bit on that topic, so the reporter says that they (TSA workers) are in 1C right now according to TSA officials who find it extremely concerning, as it basically affects 400 workers, can you expound any more on this Dr. Kacka.**

**Dr. Kacka:** I think it's what I had said, that that we'll continue to look at those recommendations. I do certainly understand the concern that comes up, we need TSA workers available to work and they would have certainly close contact with the public, so those are factors we'll take into consideration when it comes to final determination for providing vaccines.

**Cristi Moore: Thank you Dr. Kacka, this question is also for you, cases and deaths are declining, what role has heard immunity played in this trend?**

**Dr. Kacka:** I think we need to be careful when we talk about herd immunity, that that term gets thrown around a lot and really what we're talking about when we say herd immunity, it means that a significant portion of the population has immunity to whatever is circulating, such that there's not a significant amount of person-to-person spread going on, pretty much none. We kind of throw that term herd immunity around a little bit, so certainly when you have more and more of the population who's been exposed to Covid-19 it does appear that there's not significant risk of reinfection in at least the first few months afterwards, so as we have more and more the population exposed we will see a drop in the cases. Now we hope that it's that playing a role, but also, we may be seeing people who are paying attention to these numbers and realizing the risks that are involved in and taking steps to protect themselves. We hope that that's happening as well.

**Cristi Moore: Dr. Kacka is there any way for DHEC to estimate how many South Carolinians have developed herd immunity?**

**Dr. Kacka:** Herd immunity develops when a large enough group of the population has immunity to the virus itself. To achieve true herd immunity, we'll need to do it through the vaccine, it's not something that can develop naturally through natural infection. We are doing a prevalence study project to see if we can kind of determine how many South Carolinians have been exposed to the virus. As we know there are a lot of individuals who will be infected but not show any symptoms, so this this prevalence project will let us take a look at a sample of South Carolinians and maybe give us a good idea of what percentage of the population may have been exposed to the virus in the past. Now what percentage does it take to achieve herd immunity? Really no one knows the answer to that yet. This is a new virus, I've heard different estimates anywhere from 70 to 90 percent, some lower some higher, so we don't know the answer to that. There's really no finish line for this, we need to continue to take the actions to protect ourselves and get the vaccine when it's our turn. When we have enough people vaccinated, we will see significant drops in the spread of this virus.

**Cristi Moore: Dr. Kacka have the improving conditions begun any conversations about loosening visitation roles?**

**Dr. Kacka:** If you mean visitations for long-term care facilities, the current rules for indoor visitations which, obviously as we're in the cold weather months, the indoor visitations are really going to be one of the only options available. It's based on county percent positivity, so when that's below 10 percent they can open up indoor visitation. That's part of the current rules, so that's something we'll continue looking at.

**Cristi Moore: Thank you Dr. Kacka. Nick this question is yours- last week DHEC board decided to move forward with a per capita model to address equitable distribution, however several rural communities remain without a vaccination option. Is the model expected to change this and if so, when?**

**Nick Davidson:** You are correct that our board determined that the per capita model would be the preferred model that they'd like to us to pursue, and so we will be coming back before the board next week to give them an update about the method of doing so and exactly what those numbers look like compared to some existing numbers how we've been allocating thus far. It certainly would mean that every county would have an allocation through that method, so that is certainly a way to do that in the interim and frankly, if something were to change with that decision for some reason, we are working of course to increase vaccine supply throughout the state. We're very concerned about, or we want to make sure, that we are putting efforts towards those rural and historically underserved communities to make sure that they have vaccine. And so not only are we trying to increase the vaccine to some of those areas through such a model, we are also currently making sure that those areas who don't have a fixed provider, that some of our DHEC clinics take an opportunity to visit those locations and have a clinic event in in those counties periodically.

I know for instance Barnwell county comes to mind, and we had a clinic there last week, I think it was the 21st. . We did another one there yesterday, and so we're making sure where there isn't a fixed location that we're taking some of our state resources and using vaccine allocated to our health departments and visiting those areas to make sure that they have coverage at least in the interim.

**Cristi Moore: Thank you Nick. Dr. Kacka, if the test-over-test method was the way that the CDC, the White House Coronavirus Task Force and CMS and other academic institutions and many states were calculating percent positive, why did DHEC wait until now to make the change and how South Carolina reports that figure?**

**Dr. Kacka:** As I mentioned in my briefing earlier, we originally opted for the person over person method with the attention being on new tests that were coming back positive. CDC has always used the test over test method, and it's important to note that's the only method that's available to the CDC. It does not have access to the state level data that would allow it to use any of the other methods, so they've used that method from the beginning because it was the only method that's available to them. Late last year the Center for Medicare and Medicaid services made it official with the long-term care facilities that the test-over-test method that they were providing was the official one that was going to be used in determining percent positivity when they make their decisions. DHEC began to take a look at our data and felt that this was an appropriate time to switch over and make what we're reporting out consistent with all these other institutions and other states as well.

**Cristi Moore: Thank you. In late August it was shown that DHEC was missing tens of thousands of negative test results later validated by the number of negative results that came to the agency over the following month, and we were told those missing test results would not have skewed the percent positive in any meaningful way. Would that still have been the case with the tests over test calculation and is DHEC confident it is now getting results processed for South Carolinians?**

**Dr. Kacka:** That's the fair assumption, though those missing tests were spread over many days and with the number of tests being done, those missing tests did not have any significant change. The percent positivity of the two different methods are very close to each other, so accounting for the new method, we would not have seen a significant change when we accounted for those different tests. We continue to work with all our partners who are doing testing to make sure that we are getting results. Reporting delays happen, when we find out they're happening, we work with them to make sure that we get the results in a timely way as possible. We're increasing our communication as much as we can to make it very clear that all test results need to be reported.

**Cristi Moore: Thank you Dr. Kacka. Nick I've got a couple questions for you: is there an update on the new statewide appointment registration portal and when will it launch?**

**Nick Davidson:** We're actually excited to let folks know that we are beginning to use it on a very small scale. We want to make sure that anything we do, we do it well, particularly given the number of people who this could impact and we hope impact positively of course. We have begun piloting it for a few of our health departments and it will be an increasing number of our health departments over the next few days and weeks frankly, and so we do have a handful of health departments that have done some scheduling in the system. Just like if you use our vaccine locator map, you can go to a dot and click on that dot and often times if it's say a pharmacy, it'll provide you a phone number or a website. Residents will begin to see that when they click on a dot for some of our help departments, that there will be a new website link for them to click on, particularly as more appointments become available.

Like I say, we're starting this in just a handful of health departments, last I checked I think it was last evening, we had 492 appointments that had been made in that system, and I think we had made just over 700 appointments available across several health departments. And you can imagine those fill up very quickly, just like they do across the state, with the limited vaccine we have. But again it's important to note that we are piloting it on a small scale in our health departments to make sure that it's successful, to make sure that if there are any bugs in the system that we work those out before going too big with it. Over the next, I would have to say probably within the next week, that we will begin to roll this out to other providers so that providers can use it we're really excited about it because it doesn't require that an internet link be sent to somebody to then register in that link and then go online. Somebody can go directly to the link and make themselves an appointment with really no assistance as long as they have the internet, and of course they'll be able to call our call center and at least short term make appointments into our clinics through that system using our operators. And then eventually as other providers roll into the system or as we roll them into the system, then appointments can be made from that same call center into that new system. The system is called CVAS which is the Covid Vaccine Appointment System, so you'll begin to hear more and more about it, but we wanted to start small to make sure we did it well.

**Cristi Moore: Thank you Nick. Is DHEC allocating doses to state-run mobile clinics and state-run vaccine events at local health departments?**

**Dr. Kacka:** We absolutely are. It is also relatively small scale, just like there are many providers who would like to have more vaccines out there, we allocate that regionally. We have four public health regions, and so probably the numbers vary a little bit from week to week. We've only been doing it about three weeks. We provided others the Pfizer vaccine, for instance before we got Moderna, and so now in our health departments we're beginning to offer Moderna, and that has been typically for each of the regions approximately 1,000-2,000 doses of Moderna for each region. And of course the region has many health departments in it, so when you divide it up those aren't large numbers, yet we hope like with all providers they do become larger, but we have had 104 clinic events that have been held at DHEC sites or by DHEC staff traveling to another site like a church or something else. And at those events we've done just over 12,000 vaccines so far at the DHEC health departments, or those DHEC run events in other locations

**Cristi Moore: How many doses per week and what brand of doses, either Moderna or Pfizer, would we be using in those mobile clinics and events?**

**Nick Davidson:** Just like with all providers, we are working to use up whatever we have that week or as much as possible, so as we bring them in we are scheduling events to ensure that we are utilizing at least the vast majority of that vaccine that week so that there isn't any kind of preferential treatment or placement of vaccine. Everybody's being asked to use up the vaccine or nearly, and if you look at the reports on our website, I think you'll see that the facilities are doing really well.

**Cristi Moore: Thank you, Nick. Dr. Kacka does the new calculation for percent positive impact the county assessments of low, medium, and high disease spread? I think this is in reference to the recent disease activity report.**

**Dr. Kacka:** We set those assessments based on guidance from the CDC. The CDC does not recommend any of the calculation methods, one over the other, so those county assessments will remain the same based on the new calculation of percent positivity. One of the key ones is that 10 percent positivity that determines whether indoor visitations can be done at long-term care facilities. And CMS has made that the rule since late last year, so that one will remain the same and has not not been affected by this change.

**Cristi Moore: Okay and Dr. Kacka, I’m going to go a little a little bit off script, because we've got a question sort of in our chat that is related to percent positive. Lots of folks are really comfortable with math but still can't understand the difference between the two methods. Can you explain it again for folks, maybe in a different way?**

**Dr. Kacka:** The person over person method was the original method that we were using. What this method does, it allows us to account for re-testing, so when a person tests positive they're no longer counted again. So the top number of the fraction, the numerator, is the number of positive tests and we only account for new positive tests when we use the person over person method that gets divided by all results that are done for the day. When you're calculating each day positive and negative tests, the test over test method is similar, but it does not account for the retesting. So, it takes all positive tests done and divides it by all positive and negative results for the day. It doesn't account for the re-testing but as we said, this is this is the method being used by a lot of our federal partners in a lot of different states and we want to make it consistent with the way that it's being done. And there is some thought that this could be a better reflection of exactly what's happening in the community.

**Cristi Moore: Thank you Dr. Kacka, and this question may also be for you but Nick feel free to weigh in: how do you answer concerns from people who are now questioning the credibility of DHEC data because of the change and the calculation of percent positive like this, nearly a year into the pandemic? Can you speak to that?**

**Dr. Kacka:** I had laid out previously the chain of events that led to this decision. We originally wanted to focus on the new cases that were being identified and opted to go with the person over test method. With the decision by CMS late last year that the test over test method would be the determining factor when it came to the long-term care facilities and visitation decisions, as well as the fact that many other federal partners and outlets were using this, in conversation with DHEC data folks and public health experts we determined this was the appropriate time to go ahead and make the change in that calculation method.

This is this is a common thing that's done in public health. As we review the situation, the data coming in, we will make a change in exactly how calculations are done. Case definitions for defining cases change all the time based on new evidence, so this this is something that typically occurs even in in normal times and particularly during a pandemic. With information coming fast and furious, we have to make adjustments along the way, so this is just typical public health practice.

**Cristi Moore: Thank you Dr. Kacka, we're still getting a lot of questions in the chat on percent positive, so what we may need to do is just circle up internally and figure out maybe a different ways to explain the percent positive. Nick I've got a question for you- does DHEC have any data on the number of healthcare and or long-term living facility employees who have declined a Covid vaccine? We know the number of residents and staff vaccinated we use the CDC recommendation to assume a one-to-one staff-to-resident ratio so our assumptions for vaccine needed is based on that.**

**Nick the question actually is does DHEC collect demographic data on those testing positive for Covid and those dying of Covid, and if so where can it be accessed?**

**Nick Davidson**: Sure, so we clearly know the number of staff and residents that we vaccinate. What we were advised by CDC from the onset as other states that the best way to try to determine the number of staff that we should allocate vaccine for is to assume that as Cristi mentioned that one-to-one ratio between staff and residents, in other words for every resident there is a there is a staff person. I’m not yet really aware of any acceptance rate for staff, I think we will be able to determine that eventually, but I want to remind everybody that while there will be three visits to each of these nursing homes and assisted living facilities and we have just now finished the first round of visits, there is an opportunity during the second visit to vaccinate staff and residents who may not have received a vaccine during the first visit. So once we really have had an opportunity whether it's staff who might never have been working that day or residents who might not have been in the facility because they went out to a doctor's appointment, there's a lot of reasons why they may not have been there on the very first visit. Once we are able, as this month goes along, to have the second round of visits to every facility, then we will have a better indication of true uptake or acceptance rates among both staff and residents.

**Cristi Moore:** I would like to thank everyone for joining us today, we're a few minutes over. I know we didn't get to everyone's questions we will do our best to follow up in writing on those things that are outstanding, and we'll also continue this conversation on Friday, so that concludes today's briefing.