**DHEC Covid-19 Vaccine Update Transcript**

**Jan. 22, 2021**

Good afternoon and welcome to DHEC's January 22nd media briefing on Covid-19 vaccine in South Carolina. I’m Cristi Moore, chief communications officer, and I'll be facilitating today's briefing with Dr. Brannon Traxler, DHEC interim public health director. These briefings are held for reporters to hear the latest updates and answers to common questions about Covid-19 vaccines to help DHEC relay important information to South Carolinians we appreciate your dedication to share timely and accurate vaccine information with those who live work and play in our state. As for the run of show Dr. Traxler will provide an update, we'll move into facilitated Q and A segment, followed by live Q and A if there's time. I’d like to remind everyone to remain on mute so that we can get a good quality recording, and at this time I will kick it over to Dr. Traxler for today's update.

**Dr. Traxler:** Thank you Cristi, good afternoon everyone and thank you all. We really do consider you guys invaluable partners and we really, really appreciate how much you help us to get the word out.

I want to begin today by giving an update on our vaccine data for South Carolina. We know that our utilization rate is getting a lot of national, state and local-level attention. People are trying to understand, and for good reason, how we're doing in our efforts to get as many of our residents vaccinated as quickly as possible. While we've been providing this data out there publicly, we think that there's a clearer way of explaining it. It's DHEC's goal to provide information that is easy to understand and use. As of today, 542,050 vaccines have been received in South Carolina. 246,233 of those vaccines have been administered and 296,944 appointments to receive vaccines have been made.

Beginning Monday morning, DHEC will provide the state's vaccine use rate twice a week on Mondays and Thursdays. Monday ends the vaccines received and given for the previous week, and Thursday is midway into the current week. This is the best snapshot for how our state is doing in getting the vaccine into the arms of people and helping to create immunity against this deadly virus for all of us.

Each day DHEC will provide the number of shots that have been given for both vaccines. It will also make clear the number of shots given to our long-term care facility residents and staff. This will help show the progress of vaccination from day to day across the state.

DHEC is always looking for ways to get better and we hope that these small data updates will largely help our communities better track the state's vaccine roll out. I also wanted to take a moment to remind everyone of just how extremely important it is to get your second dose. I know we've mentioned this before, and we appreciate your support continuing to drive this message home. A shot of vaccine helps your immune system to begin building protection that prevents disease, however for this disease, this virus, a second shot is needed to complete the protection to save lives and prevent illness. It's unclear how effective one shot is. Both the Pfizer-Biontec and the Moderna vaccine require a person to receive two shots to most fully get the protection that they provide. Each vaccine series of two shots is 94 to 95 percent effective in preventing disease.

Viruses live to mutate, and they mutate to live. If the virus comes into contact with enough people who aren't fully vaccinated, it can begin to mutate in order to adapt and survive. If the virus mutates enough times, our current vaccines could become ineffective at preventing disease. Only receiving one dose, or therefore an incomplete amount of the vaccine, could allow for variance to occur or strengthen at a faster rate. That's why it's so important that we each do our part to get vaccinated when we can, and that we get both doses of the vaccine when indicated.

Before you get your Covid-19 shot, we want South Carolinians to know the vaccines currently are only given by appointment you can't just walk into a health care facility and ask for a vaccine. You need to make two appointments- one for your first dose and one for your second dose. You should make the appointment for your second dose at the same place that you receive your first dose. So please while you're there at your first appointment don't forget to make your second dose appointment before you leave, if not earlier. Don't leave that first appointment without knowing exactly when and where you're going to get that second dose, and if you must reschedule an appointment please remember to cancel that initial one you made. It's important to know that the vaccine though is not a perfect fix. Until enough of us get vaccinated we still need every single person to practice other precautions by wearing our masks, physical distancing, hand washing, and other hygiene measures, until the public health officials say otherwise. The bottom line- getting vaccinated is one of many steps you can do to protect yourself and others from Covid-19.

Protection from Covid-19 is critically important, because for some people it is literally a matter of life and death. Stopping a pandemic requires using all tools available. Vaccines work with your immune system so that your body will be ready to fight the virus if you are exposed. Other steps like masks and physical distancing and avoiding group gatherings help reduce your chances of being exposed to the virus in the first place, or of spreading it to others. And again, for latest updates on the Covid-19 vaccine please visit our website at scdhec.gov / vaxfacts. Cristi go to questions now.

**Cristi Moore: Thank you Dr. Traxler. Can you better explain how the first doses and second doses are ordered and received- there seems to be some recent confusion over how the ordering works and what the recommendations are to vaccine providers in regard to vaccine first and second doses.**

**Dr. Traxler:** Certainly. So we receive two separate allocations in the system from the federal government for vaccines for each vaccine, the Pfizer and the Moderna. For the Pfizer we have an allocation of first doses and for every one of those three weeks later we are allocated a second dose. we ask that all providers use all of their first doses as first doses and use them that week so that they are not holding any of them back for second doses, because we do guarantee that then when they order that second dose that they'll need for that patient, three weeks later for Pfizer, four for Moderna, it will be there and we will be able to order it from that second dose allocation to provide to them.

**Cristi Moore: With hospitals being instructed not to reserve second doses, how can hospitals schedule vaccine appointments without knowing for certain there is enough vaccine for patients coming back for those second shots?**

**Dr. Traxler:** Again, we guarantee we have separate allocations from the federal government for first and second doses, and so for every first dose that a provider gives, as long as they order it three or four weeks later, their second dose will be there for that patient.

**Cristi Moore: Do you have an updated timeline for the front door appointment program and the call center, and an update on that timeline?**

**Dr. Traxler:** The vaccine only public call line should be up and running next week. We're working to have more than 100 call agents for that line that will be only dedicated to providing vaccine information to the public. We really appreciate all that the Care Line and PIPSs continue to do to answer these calls seven days a week and help provide this very important information to the public in South Carolina, and this new vaccine line will free up those public lines for answering all of the non-vaccine public questions as well. The vaccine scheduling program is also expected to go live next week. It's being finalized with our IT experts and we'll have more details about it next week before it goes live.

**Cristi Moore: In regard to the reasons about the discrepancy with the CDC data tracker, is there also an issue with the administered per capita figure, or is that accurate? And secondly, we're hearing that the CDC tracker only counts for those 18 and older. Is that part of the discrepancy as well?**

**Dr. Traxler:** Certainly. Looking at the data that the CDC tracker puts out, there are some time lags, as I believe both I and Dr. Bell have mentioned before. Some of the data, because it is coming out of different systems, the CDC may get slightly ahead of us. Such as what's been shipped to us- maybe if it hasn't landed for example in the state yet and some of it, then we will be ahead. For example, just off the top of my head, one would be if we have had doses that were just inputted into the system, and we have a more up-to-date administered number. But this can go either direction for any of those calculations. These data are collected in a couple of different databases with the federal government that are highly secure and protected, and therefore can cause some lags at times with getting the data out of them. However, I do want to point out that we are looking like we are catching up to other states in the data, and some of this is the way that the data is represented. Some of the definitions that they use, such as 18 and older, some of it is the way they track doses, whether they're allocated versus shipped versus received, all these definitions that can be small nuances.

We are looking better and better on the map but I do also want to point out that every state has different distribution plans, and with the different programs that the federal government has, where you can allocate doses to it, such as the long-term care facility program, different states are allocating in different ways in different amounts. So, to compare one state to another is a little bit like comparing apples and oranges. Our Moderna vaccine numbers under reported on the DHEC website so the Moderna numbers are being updated today, and we're also going to be breaking out the Moderna vaccine numbers into the doses dedicated to the long-term care facility program that's that federal pharmacy partnership and the doses that are going to all the other vaccine providers throughout the state. There was a delay in compiling and confirming the spreadsheet that is by facility for the non-long-term care Moderna doses, but all of that will be updated beginning today.

**Cristi Moore: What is the significance of the Moderna vaccine being freed up from the long-term care program for South Carolina's vaccination rate? Does it impact our timeline for phases?**

**Dr. Traxler:** Certainly, the more vaccine that we have coming into South Carolina then the faster we can get shots in arms and get us on our way to the next phase. However, all of South Carolina's allocation that we have received from the federal government is coming into the state. The method for which it comes in and the timing is slightly different from state to state, again, depending on their plan but we feel very good with having allocated the doses needed for the long-term care facility program, so that we know that those are available even if there was to be a disruption in production of the vaccines. We know that those most vulnerable people will have the doses available that they need, and it is good because now that we are finished allocating to them and we have the other Moderna doses coming into the state, we are getting our full allocation each week coming to all those other providers. We're not having to continue to pay into that other program, so it certainly will help in that it adds more doses that can literally go into non-long-term care facility program arms each day.

**Cristi Moore: DHEC has been outspoken about its dedication to rural communities, yet the vax map still shows counties without clinics that can take appointments. Is DHEC considering shifting a higher percentage of doses toward those communities?**

**Dr. Traxler:** DHEC is working looking at several different allocation models or formulas for how to allocate doses in an equitable and fair manner across the state, now that we are receiving many more requests, much larger requests for vaccines than we have available. We will be having a meeting of our board next week and will be will be presenting some of these different formulas and models to them for them to help us make a decision on how to do this in the most equitable and fair way.

**Cristi Moore: Is it still accurate that 100 percent of Covid-19 vaccine doses in the state as of today have either been used or earmarked for use?**

**Dr. Traxler:** Yes, when you look at the number of appointments upcoming that have been scheduled and then combine it with the number of doses that have been given, it is still larger than the number of doses, slightly larger than the number of doses that have been received already.

**Cristi Moore: This is a four-parter. In regard to recent updates to phase 1A guidance,who is included in the parents of medically fragile children clause? Any clear guidance on what kind of illness or special needs and do they have to be children or adults caring for adults with these illnesses?**

**Dr. Traxler:** I think starting with the last one it has to be an adult that, I believe, that's probably the adult caretaker of the person who is medically fragile. We have more information, some more clear guidance and a screening tool that's being developed and being worked on that is coming out of our vaccine advisory committee. Basically, that will give more direction and specifics in terms of these caregivers, these parents, as caregivers and which ones would qualify.

**Cristi Moore: We've seen a rise in comments spreading misinformation about vaccine side effects on social media. Dr. Traxler can you repeat and expand on what you told lawmakers yesterday afternoon? How common are allergic reactions to the vaccine, and have they occurred here in South Carolina?**

**Dr. Traxler:** I am not aware of one of these very serious allergic reactions, we call it anaphylaxis in medical terms, where you have to worry about basically worst case, the throat swelling and trouble breathing. I’m not aware of any of those that we've had in South Carolina, and they would have been noted and reported to us. The data coming out of the United Kingdom early on with the Pfizer vaccine when this was first noticed back in November or maybe early December, it shows that the rate. There was about 11, slightly over like 11.1 reactions severe reactions or anaphylaxis per one-million doses given. So that is still an extremely low rate. We follow the FDA and CDC, and we agree that it is better to err on the side of caution. We're not going to put anybody's life at risk, and so we do recommend strongly that 15-minute waiting period after you get vaccinated to be observed there on site, and that all of our vaccine providers have the medication and the ability to provide it if somebody was to have an allergic reaction. Because we certainly do take it very seriously, but know that it is extremely uncommon. To give you an idea it's about on par with rabies. With what we see with other vaccines, the risk of severe allergic reaction to other vaccines, which of course doesn't get as much attention because it is a very low rate. So far this is looking like, I believe that there is some information the CDC is going to be publishing maybe even this afternoon on the risk of it with the Moderna vaccine, but I have not seen that data yet so I can't comment. Bu otherwise side effects are mostly, for most folks, if anything a sore arm about like you would get with the flu shot. You notice it may be a little when you lift your arm and use it a lot, but some people will get a little bit of just feeling kind of puny for about a day, maybe a day and a half after they get that second dose maybe of some real low-grade fever, you know chills, but that is not something that happens for everyone. And for those who do have those side effects, they are very self-limiting, they're very short-lived. So, it's not a reason that people should be afraid to avoid getting their second dose or even the entire series of vaccine.

**Cristi Moore: Do you think the Biden administration's new mask requirements will significantly help South Carolina curb the spread of Covid-19- why or why not?**

**Dr. Traxler:** Any time people are wearing masks, the more people that are wearing masks when they're out and around each other, that is going to help lower the spread of this virus and we have seen and showed you all the data that we have even South here in South Carolina to demonstrate that. I would have to look at the number of people that and live or work in the, I believe it's federal buildings, and then the transportation sector is what his administration's put in place to know what impact it could have overall. To give you a more precise answer, we certainly do encourage everyone to wear masks anytime they're out in public or around people outside their household. Every little bit counts.

**Cristi Moore: Many South Carolinians who have gotten their first dose of the vaccine are telling us that they can't get an appointment for their second dose, or that it's a few months away. Does that impact the effectiveness of the vaccine? And then lastly, what research has been done into the efficacy of waiting months in between the two doses?**

**Dr. Traxler:** There has been very limited research into the looking at the efficacy if you wait months between the two doses, and because during the clinical trials that they've done. Thus far they were trying to prove safety and efficacy as quickly as possible, and so they were going along assuming that people would get it when they're supposed to, so there is still data that's being collected in terms of how long basically you can go between them. I do encourage folks to get the get their second doses close to that appropriate time as possible, either 21 days for Pfizer or 28 days for Moderna, but certainly getting it at some point is better than getting it at no point. For those who are having trouble scheduling that second dose appointment who maybe have already gotten their first dose and didn't know at the time to get make their second dose appointment, reach back out to the provider contact that provider where you got your first dose and explain to them that there are no appointments, or that there's no appointments for months after you need one. I’ve noticed that a lot of the providers are being very good about working with those folks to get them in close to the point that they need.

**Cristi Moore: Does one dose of the vaccine create partial immunity, for instance, while individuals are waiting months to get the second dose?**

**Dr. Traxler:** One dose potentially causes some partial immunity but we don't know how much or how long it would last, beyond knowing that that you are good for a couple weeks there after your indicated time, but that is that is information that is still being studied. We know that one dose basically primes your immune system, it gets it ready and starts developing some immunity. It's really in this second dose where you see it really kick into overdrive and produce that immunity that's the booster dose basically and so that's where you get the biggest effect, the most protection, by getting both doses.

**Cristi Moore: Is South Carolina ordering up to its limits for vaccine shipments each week?**

**Dr. Traxler:** Yes, we have a zero balance for first doses and we have very few second doses available, and that's because, understandably that the orders for second doses lag three or four weeks behind the first doses. So we are not leaving any first doses up there, we are drawing all of them down to the state.

**Cristi Moore: DHEC has pushed the timeline back for the beginning of the following phases, will this continue if our current allocation from the federal government continues to remain at 63,000 doses each week?**

**Dr. Traxler:** There's multiple factors that go into predicting when each phase is going to be finished, and when to move on to the next one. As we've noted before, it's really looking at that supply versus demand. So certainly, if you have a fixed supply and it's not changing, what could impact it is demand and how many people are wanting to be vaccinated, how many people are getting vaccinated. But we do expect that even if our allocation remains at this rate for these two vaccines, that we are hearing that there will be new vaccines coming on in the coming months that are nearing the end of their phase three clinical trials and so we anticipate that the spring either both the production and therefore our allocation of the Pfizer and Moderna will be increased, and or we'll see some new vaccines, some additional ones and therefore their doses coming onto the market and be having an allocation of those.

**Cristi Moore: Do you know how much feedback the environmental affairs organizational unit received from businesses after a survey was sent out about a week ago to help assess those in phase 1B and 1C?**

**Dr. Traxler:** Sure - they have had a great response to that so far as my understanding, and I was just talking to our Environmental Affairs business team a couple of hours ago, actually, about a related topic. And I really want to commend the business community for responding so well to that survey. My understanding is they think they had over 800 responses, so it's been a fantastic response and I really just applaud the community for that and the business and the business team with environmental affairs. They did a great job, obviously, spreading the word.

**Cristi Moore: One of our viewers was told by a worker at the University Ridge testing site that the site will be taken over by a private contractor and DHEC will shift its focus to vaccination at the McCallister Square parking lot. Can you confirm any of this information- will the testing still be free and when will this all take place?**

**Dr. Traxler:** I am not certain when it will take place, I am not certain of some of the specific details of this. I think this is probably in Greenville, I recognize the locations that are being mentioned. So it would not surprise me though if we do have the some of our private contracting labs that we already have been contracting with, and have been doing a lot of our other sites, maybe helping to free up some of our staff from a testing site so that they can vaccinate it at what is a great location there in Greenville for a vaccination event. So it would not surprise me.

There is still no charge for testing even through the labs that we've contracted with, so it would still be free and their labs still have to report their results to us within into the patient or you know within 48 hours after they receive the specimen. And they go through all of the same quality checks and everything that our lab does, so really other than maybe people having on a different company name on their shirt or something, they really should not see much of a difference, experience much of a change. And it will free up some of our clinical staff that can help give vaccines, and that might be occurring if not now, I suspect in the coming months. Similar things will occur throughout the state and so the important thing is to still have testing going on, but we also need to have the staff that can doing vaccinations.

**Cristi Moore: I have a viewer asking why the vaccines are not being available to those 65 and older rather than those 70 and older? She states this is happening in our neighboring states of North Carolina and Georgia, she says the risk rate for 66-year olds is the same as 80-year olds, especially with pre-existing conditions. Can you provide some insight?**

**Dr. Traxler:** Certainly. I’m not certain what she's referring to with the risk rate being the same, maybe she means with the pre-existing conditions the 66-year old has a similar rate to an 80-year old. I’d have to look at the data but when we were making the decision to add a population to the phase 1A and to open up vaccinations to this older age group, we looked at some of the data and we know that there is a higher risk of severe disease, a higher risk unfortunately of death, as you get up in age. And so also looking at that and the population sizes of different age groups, compared to the amount of vaccine that was coming into the state, is what led us to choose 70 and higher whereas other states may have chosen 65 and higher.

**Cristi Moore: At what level percent positive would you be able to move from mitigation back to the containment phase?**

**Dr. Traxler:** It's not just looking at a percentage positive, it's looking at kind of the overall picture of how much disease activity there is in the state. So we'd be looking at percent positive, also the number of people getting tested, the number of people and therefore the number of cases. It's not really any one particular data point, so we would be looking at that as well as where we were seeing a lot of the transmission potentially occurring. Right now we know that we're seeing it throughout the communities, you know even in in households with friends and family and such, and so it's not a hard black and white line, it's more of a of a gray area of in terms of looking at the disease activity and when the disease activity got down to a lower rate, and there was not quite such widespread disease activity. Then we would shift back into containment, though I don't think that much that most people would notice a difference as we shift from mitigation to containment. We are still doing our contact tracing efforts the same as we always have, and as we can, which is touching as many people as we can who have been diagnosed with Covid-19.

The only difference is with mitigation we just remind people it's even more important to do those activities that protect yourself and your community the mask wearing the physical distancing avoiding group gatherings. When we're in mitigation, it's really suggesting that the level of disease activity is so high that it really is counting on the whole community actions and not just contact tracing to help contain the spread of the virus and disease.

**Cristi Moore: We're right at 2:30 so I’m going to turn it over Judy Gatson, I saw your hand raised can you ask your question please?**

**Judy Gatson:** **Yes ma'am, thank you very much. It's just two quick questions. With the new system that you're expecting to roll out next week for scheduling, will it have a wait list option? And just the clarification on the parents of vulnerable children- is the committee considering expanding that to be caregivers of vulnerable adults in, for example a vulnerable adult who's over 70 for that person's caregiver as well?**

**Dr. Traxler:** With your first question, with the vax with the scheduling system, I am not certain if it has a waiting room, but I do believe it has a kind of a waiting function. They are still making some of the adjustments and so I would have more of that information next week. I am not a computer programmer so I have not gotten too involved with the some of the specifics of the program as they work to develop it, but we are working to make sure that it is stable and that it does not crash with too many users using it at once.

As to your second question, I do know that the vaccine advisory committee was discussing whether to include basically children who have aged into adulthood who are being cared for by those parents who are caregivers. I am not certain about looking, then, at the older population, the seniors who are and their caregivers. But again, I expect that that more specific guidance from them will be coming out in the coming days and we'll certainly get it posted up on the website for everyone.

**Judy Gatson (WIS): Okay just real quick, doctor with the waiting room I just wanted to make sure you understood my question because it seems like you were saying a waiting room to make sure the system doesn't crash, but I’m meaning a waiting list for example for the next phase and I don't know if you have that right now, but I just wanted to clarify that. Sorry, my apologies.**

**Dr. Traxler:** No, no I appreciate it because you were correct. I was thinking of a waiting room because I know there's been various discussion at times and such about how to make sure it doesn't crash. So in terms of a waiting list for if you're in future phases, I don't believe it'll have that. We are asking people to hold off and schedule their appointments when we move into their phase, so I don't believe that we are going to have a function of creating a waiting list for future phases. We just will ask everyone to schedule their appointment once we announce their phase.

**Cristi Moore:** Thank you Dr. Traxler. I know you've got a another presentation coming up in just a few moments, so we're going to need to end here today, but I would like to thank you for your time and for the time of our media partners for carving it out today for this important update. We will continue our conversation next week Monday at 2 p.m., this concludes our briefing. Thank you have a good, safe weekend everyone.