

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 Kneece
Tanya Russo
JT Gary
Ashely Teasdel
Tonya Cornwell
Ronald Summers

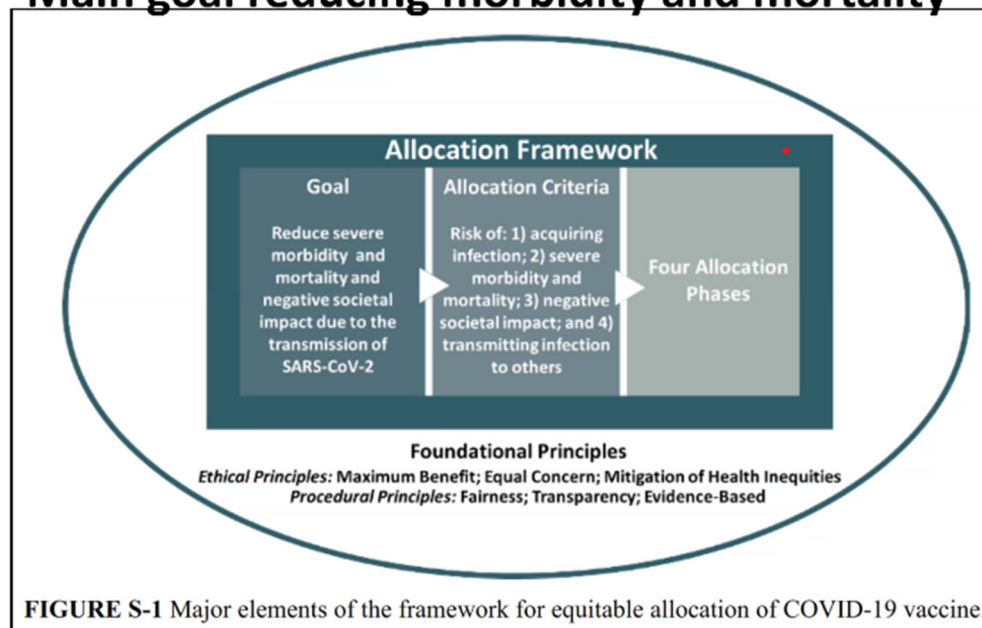
Jorge Gomez
Leigh Bragg
Humna Fayyaz
Rebecca Brannon
McColloch Salehi
Kristy Fryar
Leigh Bragg
Elizabeth Childers
Delores Dacosta
Ryan Brown
Faith Dupree
Teresa Arnold

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

Main goal reducing morbidity and mortality



- CDC modeling projections of SC indicate an increase in cases and deaths coming over the next four weeks.

Vaccine distribution phases

Phase 1a:

- Workers in health care settings
 - Long term care facility residents and staff
 - Estimated 350K persons
 - Age 70+ adds another ~200K
 - If age 65+ need add at least another ~250
 - SC currently receiving ~30K Pfizer and ~30K Moderna vaccine per week
- Approximately 200,000 individuals added to 1a by addition of population 70 years and older.

Vaccine distribution phases

Phase 1b:

- Ancillary workers in health care settings not vaccinated in 1a (e.g., visiting clergy)
- Persons living and working in congregate settings (e.g., homeless shelter, corrections)
- Frontline essential services workers **at unavoidable substantially increased risk for exposure to SARS-CoV-2**
 - That is, their occupational risk is above the general population (ACIP and DHEC definition)
 - **Not all workers in essential services** as defined by CISM (Department of Homeland Security's Cybersecurity and Infrastructure Security Agency)
 - **This discussion is not about which businesses are essential service; it is about who is at risk of infection, severe disease, and death**

Transition Phase 1b to 1c

- Inclusion of all workers in essential services would delay transition to Phase 1c
- Phase 1c:
 - Age 65 and above
 - Age 16-64 with chronic conditions (E.g., cancer, diabetes, heart/lung/liver disease, HIV/AIDS, disability, neuromuscular disease)
- *"Is it true someone like me, in stage 4 COPD with cardiomyopathy that it will be June or July before shot will be available? My neighbor told me that if I went to work at a fast food place I could get the shot now is that true?"*

Sub-prioritization Considerations

- Where sub-prioritization of **frontline essential workers** is needed due to limited vaccine supply, consider:
 - Workers in locations where high rates of transmission and/or outbreaks have occurred
 - Workers who are at increased risk for severe illness based on age or underlying medical conditions*
 - Workers who do not have a history of documented acute SARS-CoV-2 infection in prior 90 days

*Self-identified medical conditions

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- Concerns expressed for making the value of individuals with disabilities clear in allocations
- VAC recommendations address increased risk of exposure ~~versus~~ and 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 I

- No objections raised by group

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

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

Unsure

- Request to sub-prioritize so that School teachers/staff are vaccinated early in Phase 1b – vote against the process of sub-prioritization within a phase
 - Long term care ombudsmen (enter LTCF to resolve complaints – should we consider this the same category as DHEC staff going into LTCF to do training or investigations?) They do have contact with staff and observe resident care, investigate abuse and neglect **Phase 1a**
 - Veterinarians who volunteer to do human vaccinations, in close contact with clients when euthanize pets **Yes if vaccinators**
 - League of United Latin American Citizens -- community-based Latino organization that has gone into the meatpacking plants to see firsthand the conditions; may function in many of the same capacities as Community Health Workers **Need more information**
 - Acupuncturists want to be considered Phase 1a as health care providers **Are they licensed by LLR? Yes they are and should be in 1a**
 - Parents providing home health care to severely disabled child request being considered Phase 1a **these providers are the lifeline for these patients Phase 1A**
 - Family members providing home health care to medically vulnerable (e.g., cancer undergoing chemotherapy) requesting Phase 1b – **Dr. Kelly will respond**
 - Caregivers for medically-complex children – **these providers are the lifeline for these patients Phase 1A**
 - 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
 - Agribusiness workers – essential services – meatpackers are included in 1b, frontline workers (face to face with public) in grocery stores, Food Banks, etc.
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- 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
Phase 1A
 - 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?
 - 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?
 - Providers are asked to agree to vaccinate those outside of their walls and to estimate those they can serve
 - 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