SOUTH CAROLINA COVID-19 VACCINE ADVISORY COMMITTEE
February 3rd, 2021
Noon – 2:00 p.m.

Attendees:

Ashely Teasdel
Beth Morgan
Brenda Kneece
Cheryl L. Scott
Crystal Page
Delores Dacosta
Dr. Divya Ahuja
Dr. Jane Kelly
Dr. Jeff Cashman
Dr. Linda Bell
Faith Dupree
Felicia Pickering
Graham Adams
Greg Barabell
Humna Fayyaz
Jeff Perez
Jorge Gomez
JT Gary
Julie Smithwick
Kim Wilkerson
Kimberly Tissot
Kristy Fryar
Leigh Bragg
Leigh Bragg
McColloch Salehi
Myra Reece
Patricia Witherspoon
Patterson Burch
Patti Fabel
Richard Foster
Ryan Brown
Shawn Stinson
Steve Boucher
Tanya Russo
Teresa Arnold
Valarie Bishop
Vic Carpenter
Warren Bolton

Opening- Committee Business- Dr. Linda Bell

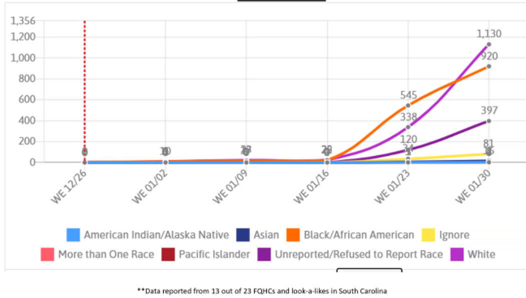
- Welcome Vic Carpenter- County Administrator for Kershaw County
- Bill introduced in the House to propose creation of regional Vaccine Advisory Committees to examine local populations and assist in providing allocation recommendations.
    - House bill being sent to Senate for vote.
- Thanks to all for ongoing participation in the VAC.
- Transition to more localized approach examining factors such as:
    - Supply
    - Utilization
    - Community needs
- The VAC will no longer receive and review specific employee-type requests.
- The VAC will continue to play a critical role in messaging and community outreach to constituent groups, as well as observe continued distribution of vaccine and help to identify gaps.
- The VAC will begin meeting bi-weekly rather than weekly.

Successes and Challenges- Group Discussion

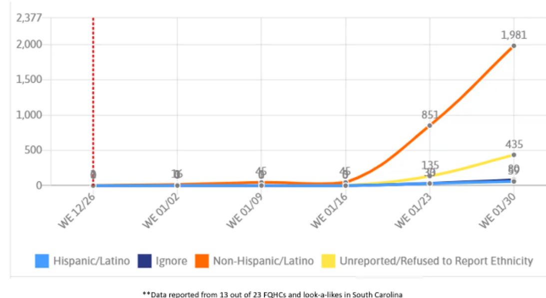
- Faith-Based Community Outreach:
    - Rev. Kneece shares the loss of her younger brother to COVID-19.
    - Engaging in conversations across faith groups, educational levels, etc.
        - Confusion exists about availability and allocation messaging. Difficulty understanding the information being output.
        - Analogy of 4 apples available.
        - Lack of understanding about the incredibly short supply and the need to prioritize vulnerable populations.
        - Some faith leaders are hesitant regarding the vaccine and convey that hesitancy to their congregations.
        - We have a long way to go.
- Primary Health Care Association Presentation:

- Report based on only 13 of 23 FQHCs and should not be taken as totally representative.
- First vaccines arrived to FQHC doorsteps the week of January 18th.
- Need to be aware of Spanish-language material availability.
- Partnership opportunities to fill gaps and focus on those being missed particularly in 1a populations.

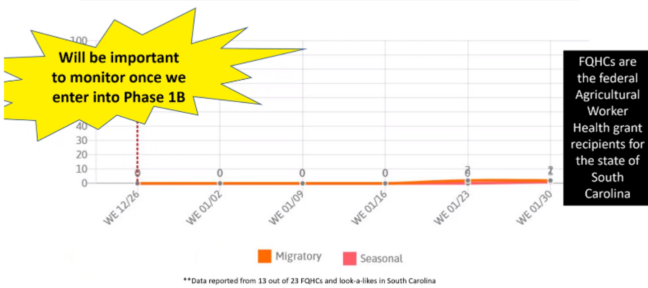
COVID Vaccine Doses Administered in SC FQHCs
BY RACE



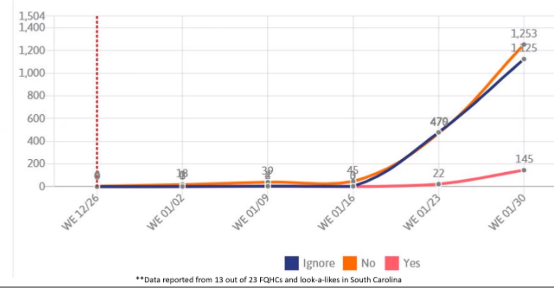
COVID Vaccine Doses Administered in SC FQHCs
BY ETHNICITY



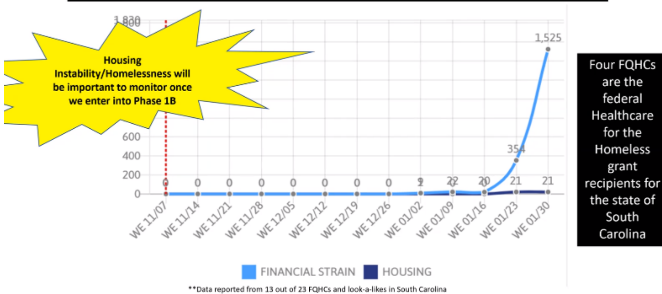
COVID Vaccine Doses Administered in SC FQHCs
BY MIGRANT/AGRICULTURAL WORKER STATUS



COVID Vaccine Doses Administered in SC FQHCs
BY VETERAN STATUS



COVID Vaccine Doses Administered in SC FQHCs
BY SELECTED SOCIAL DETERMINANTS OF HEALTH



Moving from a State-Level Population Health Perspective to Actionable Data on the Ground
Shifting from "Vaccines in Arms" to "Vaccines in Arms, the Right Arms"

De-Aggregating the population health data in health care entities' EHRs to….

…ACTIONABLE data reports and registries in order to work towards eliminating disparities and getting "Vaccines in the Right Arms"

*This example of a patient registry includes only "Dummy"/fake patient and center data to serve as an example only. No PHI is being shown.

Recommendations

1. Vaccine strategies need to maximize the impact of patient-centered medical home (PCMH) model used at FQHCs and other primary care entities.
   - Primary care focuses on preventive care and are ready to be major player in the solution in prevent the spread of COVID
   - Optimizing logistics around primary care practices

2. Equity-driven plan to deploy vaccines to rural areas and based on a social vulnerability index.

3. Prioritization of VAMS updates/enhancements to include BOTH bulk demographic uploads and bulk vaccine administration uploads.
   - Reducing provider burnout and provider burden continues to be a national priority under the HRSA's Bureau of Primary Care.
   - VAMS documentation is federally required but results in 2x the documentation for clinical teams. FQHCs estimate that to run a vaccine clinic for 200 patients, it takes at least 3-4 hours *(if everything goes smoothly)* of duplicative documentation.
   - As a result of the VAMS documentation burden, the VAMS utilization reports are frequently not up-to-date.

- Valarie Bishop and Kimberly Tissot:
- High -risk conditions and disabilities:

High-Risk Conditions or Disabilities

AARP

❖ Improve outreach to seniors without access to high-speed internet. APRP proposes partnering with SC Thrive and DHEC to reach seniors with landlines only to sign them up for appointments. In addition we will conduct a teletown hall to reach folks without internet and provide information on how to access the vaccine

❖ Scarce vaccine must be distributed using a formula that takes into account factors that make populations more at risk for COVID infection and death. Targeting vaccines where they are needed most is the mission of our SC Vaccine Advisory Committee.

High-Risk Conditions or Disabilities

SC HIV Planning Council – Positive Advocacy Committee

❖ Other than people over 70 and HCP, the vast majority of PLWHA have no access to the vaccines at this point, and SC has not placed PLWHA in any expedited category unless they qualify by age or a short list of comorbidities.

❖ In the HIV community, there is a lot of frustration with the pace of the rollout, the lack of ANY information actually directed to the HIV community, and nothing beyond a very vague timetable for vaccination as a whole.

❖ PLWHA have also questioned why SC has the lowest allocation of doses of any state so far, with no public discussion of this by DHEC or other state officials as far as I or others I've spoken to have seen/heard.

❖ PLWHA have also noticed that many of their friends in other states have at least been given an expected appointment date, or some have received their 1st and occasionally their 2nd dose already, if they are living with comorbid conditions but are not over 65. So, the prevailing mood is one of frustration, not with the as-yet unavailable process of scheduling, but with the lack of information and the perceived pace of the rollout.

High-Risk Conditions or Disabilities

SC Developmental Disabilities Council

✓ People with developmental disabilities in large congregate facilities got vaccine (staff and residents)

✓ Parents of children with some high-risk medical conditions given priority.

❖ No plain language materials produced

❖ It is unclear how much of the VAC work gets taken into consideration at the final approval level.

❖ Materials not available so others know where they fit in getting the vaccine

High-Risk Conditions or Disabilities

Able South Carolina

✓ People with disabilities living who reside in congregate settings in 1a.

✓ Parents of children with high-risk medical conditions in priority.

❖ People with disabilities (including high risk medical conditions) not being prioritized.

❖ People on HCBS waivers living in the community are not prioritized when they are at the same risk as people living in institutions. Caregivers providing care to this population should also be prioritized.

❖ Website not accessible and alternative formats not available.

❖ Per capita (voted by DHEC's board)

❖ DHEC's misperception of people with disabilities. Caregivers can continue to spread COVID to the most vulnerable.

❖ Unequitable plan to accommodate people who are unable to leave their home in order to reach a vaccination event or center. I have unfortunately not seen an accommodations being provided. All I get from DHEC is that these folks are at home and out of harm—however, they aren't understanding the non-medical care providers coming in and out of these homes.

  - Inequitable vaccine access, not always reflective of risk.
  - Need to ensure rural access and access for those interfacing with vulnerable populations.
  - Who within systems are getting vaccines? Need to hold ourselves and our systems accountable.

- SC Alliance of Health Plans:
  - Medicaid and BlueCross Payors- billing codes have been released for testing and vaccine administration.
  - Prior authorization not required.
  - No cost-sharing for members during public health emergency.
  - Transportation remains a challenge.
  - Health disparities and availability are challenges as well.
  - Confusion on messaging regarding phasing and availability.
    - Federal guidance, state and local guidance not always completely in alignment.
  - Managed Care and Medicaid
    - Messaging

- SC Dept of Commerce:
  - Workers at risk for exposure.
  - Department of Education desires specific guidance on rollout of 1b.
  - Several private sector partners have been outreached to and further notes from these entities will be provided.
  - Manufacturers continue to be interested in 1b rollout and are encouraged to develop relationships with providers.
  - Complexities related to liability, HR concerns and judgment calls on gauging risk levels of employees.

- SC Healthcare Association:
    - Nursing home and assisted living facilities.
    - Most facilities who are in the CVS/Walgreens have had initial clinics and some have had a 2nd.
    - Uptake comparable to nationwide. More residents willing to receive vaccine than staff.
    - Many staff waiting for the second clinic. Seeing more staff uptake at the 2nd clinic.
        - Abundance of misinformation on social media often cited by staff in their reasoning for not wanting to receive the vaccine.
    - Challenge: Hospitals vaccinating residents with Pfizer and then at the nursing homes there is not access to Pfizer for 2nd dose. Attempting to work around this.
    - Encouraging SNFs to become vaccine providers.

- Columbia Urban League
    - Many issues discussed today are shared by their group
        - Need to encourage community conversations to combat misinformation.
        - Desire to organize a community conversation/virtual town-hall to reach constituents.
        - Limited access to vaccine.

- County Adminstrator with Kershaw County:
    - "Ground zero" for COVID in the first month.
    - Concerned with lack of information regarding state plan for the homeless as well as shelter staff.
    - With very small shelter staff numbers, COVID infection among staff members can potentially shut down a shelter, denying this important service.
    - Some communities are interpreting that 1a/1b include "all public safety". Interpretation is different county-to-county.
    - 911 employees highly susceptible, as well as jail employees, due to factors limiting mask-wearing and ability to physically distance.
    - Lack of rural access and limited number of providers taking appointments.
    - The "black market" of leftover doses. Perhaps there is or could be a priority list so that leftover doses go to those groups intended for vaccination rather than "family and friends".

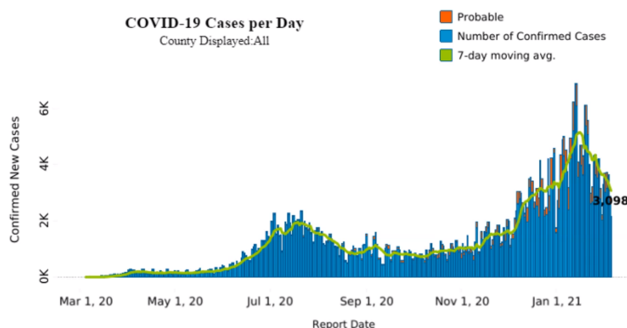
- SC Office of Rural Health:
    - Scarcity in rural communities.
    - Equity and ensuring we are looking out for those most in need.
    - Without publicly available data on who has received the vaccine, it is difficult to advocate on behalf of constituents and communities. Absent that data we are talking in "round numbers" rather than effectively addressing need.

County	Hospital	Reigon	Model A	Model B	Absolute Change	Column
McCormick	N	Piedmont	105	489	384	4.7%
Allendale	Y	Midlands	100	463	363	4.6%
Bamberg	N	Midlands	160	514	354	3.2%
Calhoun	N	Midlands	163	451	288	2.8%
Lee	N	Midlands	192	515	323	2.7%
Barnwell	N	Midlands	237	549	312	2.3%
Hampton	Y	Low Count	217	495	278	2.3%
Saluda	N	Piedmont	230	501	271	2.2%
Fairfield	N	Midlands	251	546	295	2.2%
Abbeville	Y	Piedmont	275	561	286	2.0%
Marlboro	N	Pee Dee	296	587	291	2.0%

- With a regional model we must still recognize differences in regions on who would receive vaccine based on social vulnerability.
  - Need to know who in the county is receiving vaccines in order to plan appropriately and recognize disparities that exist.

- SC Hospital Association:
  - Incredible resiliency of hospital workers despite the many challenges they have faced throughout the pandemic.
  - Cooperation of hospitals and facilities in sharing allocation in order to transfer doses and keep administration going.
  - The primary challenge is VAMS.
  - Secondary challenge is the unexpected expansion of vaccine eligibility, thus requiring revision of a large scale process.
  - Third challenge: Allocation of doses.
- Community-based vaccination events have been well-received.
- “Shots in arms, and in the right arms”.
- Digital literacy challenges.

South Carolina COVID-19 Surge



What Actions Are Needed?

- Do not relax the current prevention measures!
- Wear a mask consistently and correctly.
- Get tested based on your activities and risk of exposure.
- Give careful thought to safe gatherings.
- Be mindful of transmission from family and friends.
- Get vaccinated when indicated

Who should not get vaccinated

- If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction—even if it was not severe—to any ingredient in an mRNA COVID-19 vaccine, you should not get an mRNA COVID-19 vaccine.*
- If you have had a severe allergic reaction (anaphylaxis) or an immediate allergic reaction—even if it was not severe—after getting the first dose of the vaccine, you should not get another dose of an mRNA COVID-19 vaccine.*
- An immediate allergic reaction means a reaction within 4 hours of getting vaccinated, including symptoms such as hives, swelling, or wheezing (respiratory distress).
- This includes allergic reactions to polyethylene glycol (PEG) and polysorbate. Polysorbate is not an ingredient in either mRNA COVID-19 vaccine but is closely related to PEG, which is in the vaccines. People who are allergic to PEG or polysorbate should not get an mRNA COVID-19 vaccine.

Learn more about [COVID-19 vaccines and allergic reactions].

Precautions to mRNA COVID-19 vaccines

Pfizer-BioNTech and Moderna COVID-19 vaccines

- Any immediate allergic reaction to any other vaccine or injectable therapy (i.e., intramuscular, intravenous, or subcutaneous vaccines or therapies not related to a component of mRNA COVID-19 vaccines or polysorbate)
- Unknown risks of developing a severe allergic reaction should be balanced against the benefits of vaccination
- Deferral of vaccination and/or consultation with an allergist-immunologist may be considered

Neither contraindications nor precautions to vaccination

Pfizer-BioNTech and Moderna COVID-19 vaccines

- History of allergic reactions not related to vaccines, injectable therapies, components of mRNA COVID-19 vaccines, or polysorbates, including:
  - Food
  - Pet dander
  - Venom
  - Environment
  - Oral medications
  - Latex
  - Eggs
  - Gelatin

Is One Vaccine Better Than Another?

Pfizer and Moderna

- ~ 95% efficacy in preventing severe illness
- Safety profiles similar in all populations
- No implications for safety and protection for those vaccinated.
- Differ in storage and handling

Jansen/Johnson & Johnson

- Overall efficacy ~ 66%,
- Efficacy in the U.S. ~72%
- 85% efficacy globally against severe COVID-19 illness
  - in South Africa, where new variant is widespread, no hospitalizations or deaths were reported in those vaccinated.
- Important for simpler distribution => single-dose

"I'm going to wait. I don't think it's safe"

Total Doses Administered ~27,884,661

What is v-safe?

V-safe is a smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after you receive a COVID-19 vaccination. Through ***v-safe***, you can quickly tell CDC if you have any side effects after getting the COVID-19 vaccine. Depending on your answers, someone from CDC may call to check on you. And ***v-safe*** will remind you to get your second COVID-19 vaccine dose if you need one.

Your participation in CDC's ***v-safe*** makes a difference—it helps keep COVID-19 vaccines safe.

Use your smartphone to tell CDC about any side effects after getting the COVID-19 vaccine. You'll also get

How can I participate?

Once you get a COVID-19 vaccine, you can enroll in ***v-safe*** using your smartphone. Participation is voluntary and you can opt out at any time. You will receive text messages from ***v-safe*** around 2 p.m.

Vaccine Adverse Events Data

4,041,396 Moderna 1st doses administered in the U.S. as of Jan 10, 2021

- 1,266 (0.03%) adverse events were submitted to the Vaccine Adverse Event Reporting System (VAERS).
- Among these, 10 were identified as severe allergic reaction, including anaphylaxis.
- A rate of 2.5 anaphylaxis cases per million Moderna doses administered),
- Nine had history of allergies or allergic reactions, five had history of anaphylaxis

South Carolina Department of Health and Environmental Control
Healthy People. Healthy Communities.

DHEC Launches New COVID-19 Vaccine Information Line, Increases Call Center Staff to Nearly 300 as Vaccine Demand Increases

COLUMBIA, S.C. — In response to overwhelming call volume to the Care Line, the South Carolina Department of Health and Environmental Control (DHEC) has added a new phone information line to answer questions about COVID-19 vaccines and to help support people searching for vaccine provider information.

COVID-19 Vaccine Information Line: 1-866-365-8110

Care Line: 1-855-472-3432

DHEC's Care Line has also increased the number of its operators from 30 to 48 and is actively training additional staff. The Care Line maintains the same hours of operations at the vaccine information line, easily remembered as 7-7-7: available from 7 a.m. to 7 p.m., seven days a week.

The Care Line assists people with general questions about COVID-19, testing, or who need to schedule an appointment at a DHEC health department for SC STRONG appointments, family planning, WIC services, HIV/STD screening, and other health department services.

Adjourn – 2:00pm

Next meeting: Wednesday 2/17/2021 from 12-2pm