wednesday webinar

PRESENTED BY PALMETTO CARE CONNECTIONS

COVID-19 Vaccination Update

Wednesday, March 24, 11am-12pm EST

Presenter:

Jane Kelly, MD
Assistant State Epidemiologist
South Carolina Department of Health and Environmental Control

This webinar is being recorded.

The webinar recording and presentation will be available after the webinar.

PALMETTO CARE CONNECTIONS™
technology. broadband. telehealth.

Webinar Objectives

Participants will be able to

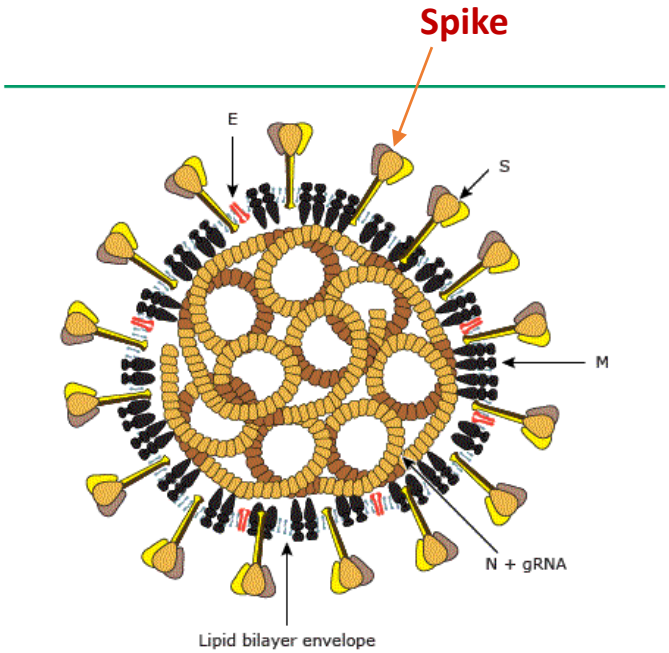
- Define COVID-19 related symptoms
- Identify COVID-19 vaccination options
- Describe the COVID-19 vaccination plan in South Carolina

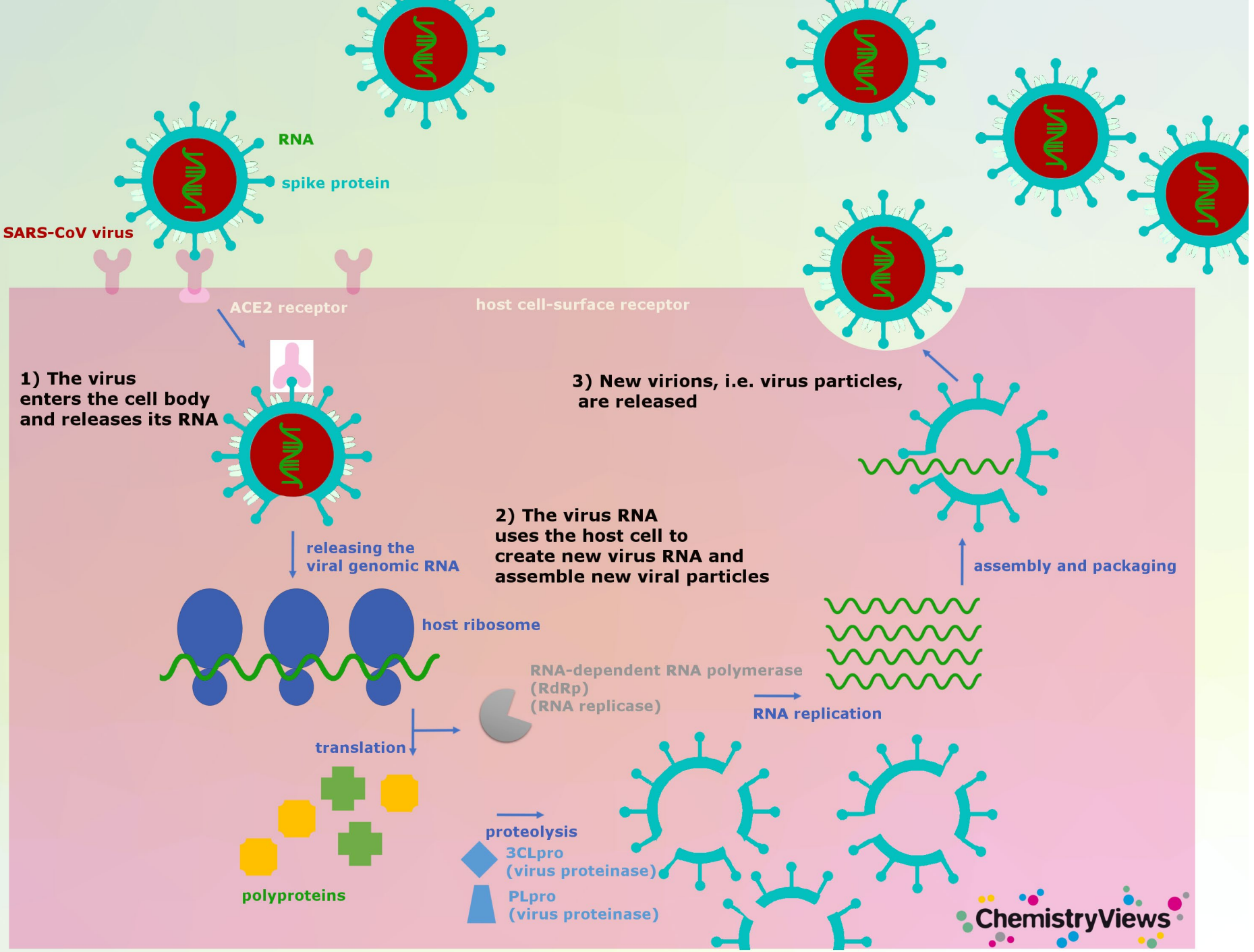
Coronaviruses are a family

SARS-CoV-2: the virus

Coronavirus Disease 2019 (COVID-19): the disease

Spike protein: attaches to the cell and injects virus RNA




RNA
spike protein
SARS-CoV virus
ACE2 receptor
host cell-surface receptor
1) The virus enters the cell body and releases its RNA
releasing the viral genomic RNA
2) The virus RNA uses the host cell to create new virus RNA and assemble new viral particles
host ribosome
translation
polyproteins
RNA-dependent RNA polymerase (RdRp) (RNA replicase)
RNA replication
assembly and packaging
3) New virions, i.e. virus particles, are released
proteolysis
3CLpro (virus proteinase)
PLpro (virus proteinase)
ChemistryViews

Know the symptoms of COVID-19, which can include the following:

Cough

Fever

Chills

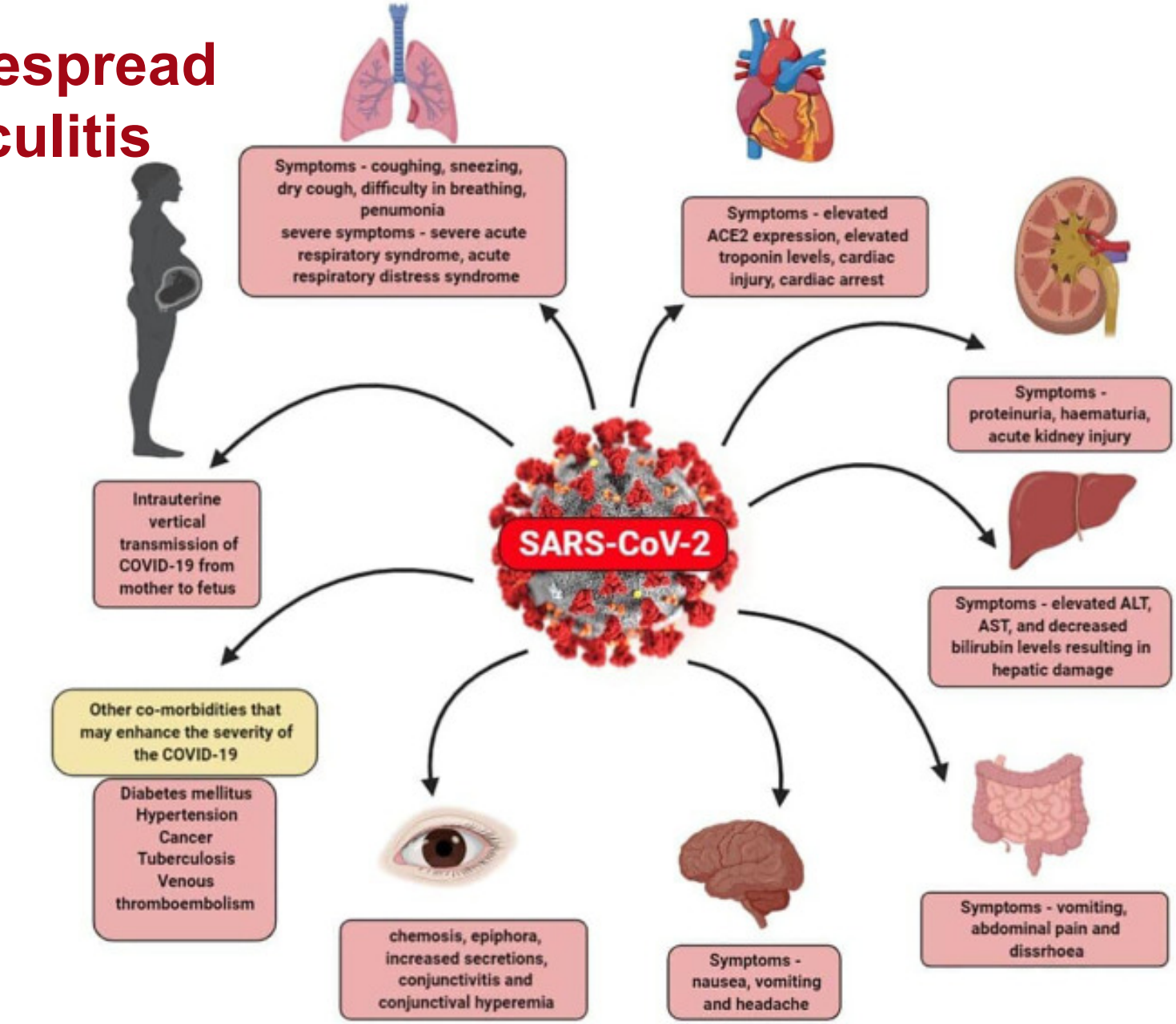
Muscle pain

Shortness of breath or difficulty breathing*

Sore throat

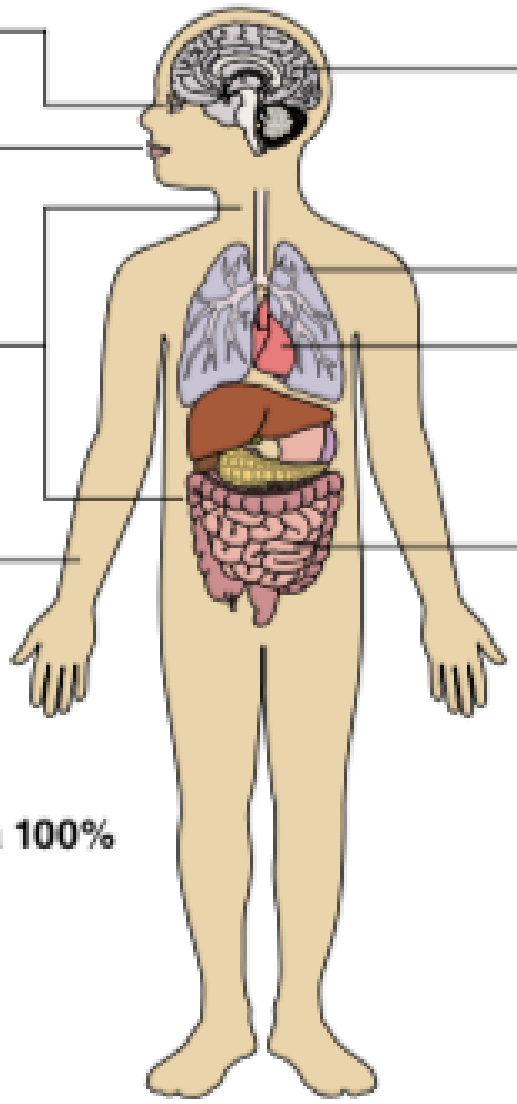
New loss of taste or smell

Widespread vasculitis



Symptoms in various organs due to SARS-CoV-2

SARS-COV-2 related multisystem inflammation



Bulbar conjunctivitis 89%

Red and crackled lips 54%

Cervical and mesenteric **lymphadenopathies** 60%

Skin rash 57%

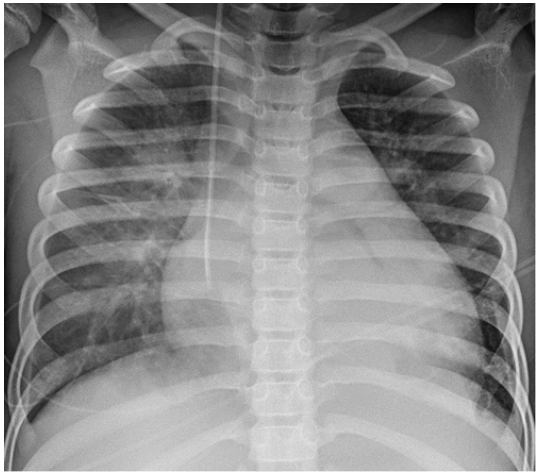
Neurological sign 31%

Respiratory signs 34%

Left ventricle dysfunction 100%
- Shock 68%
- VA ECMO 28.6%
- **Coronary dilatation** 17%
- **Pericarditis** 8%

Digestive involvement 83%
- Nausea, diarrhea 83%
- Exploratory laparoscopy 5.7% (2 patients)

Fever >4 days and asthenia 100%
Median age 10 years

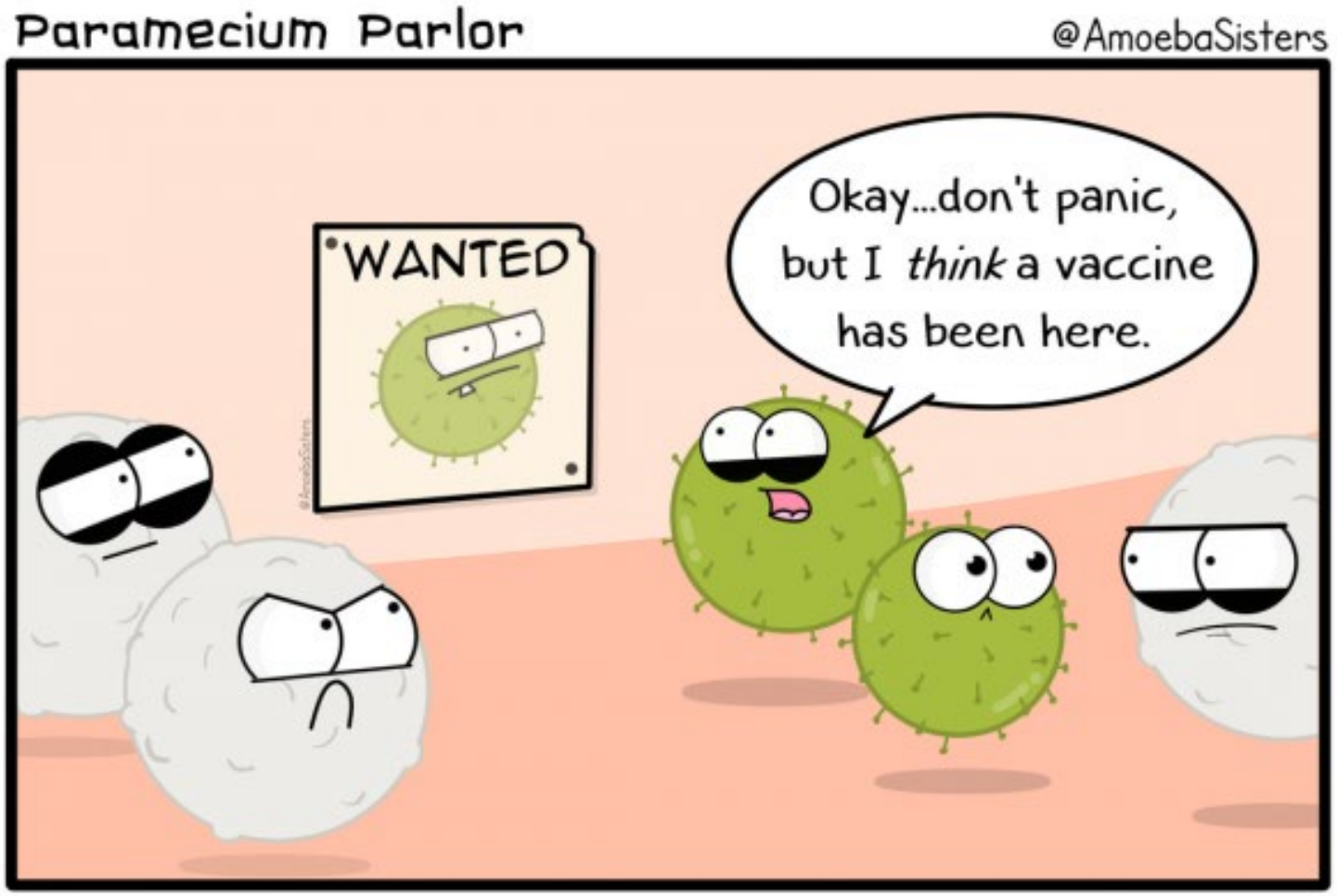



R


VACCINE
COVID - 19
Injection only

How do vaccines work?

Vaccines provide a sneak preview!



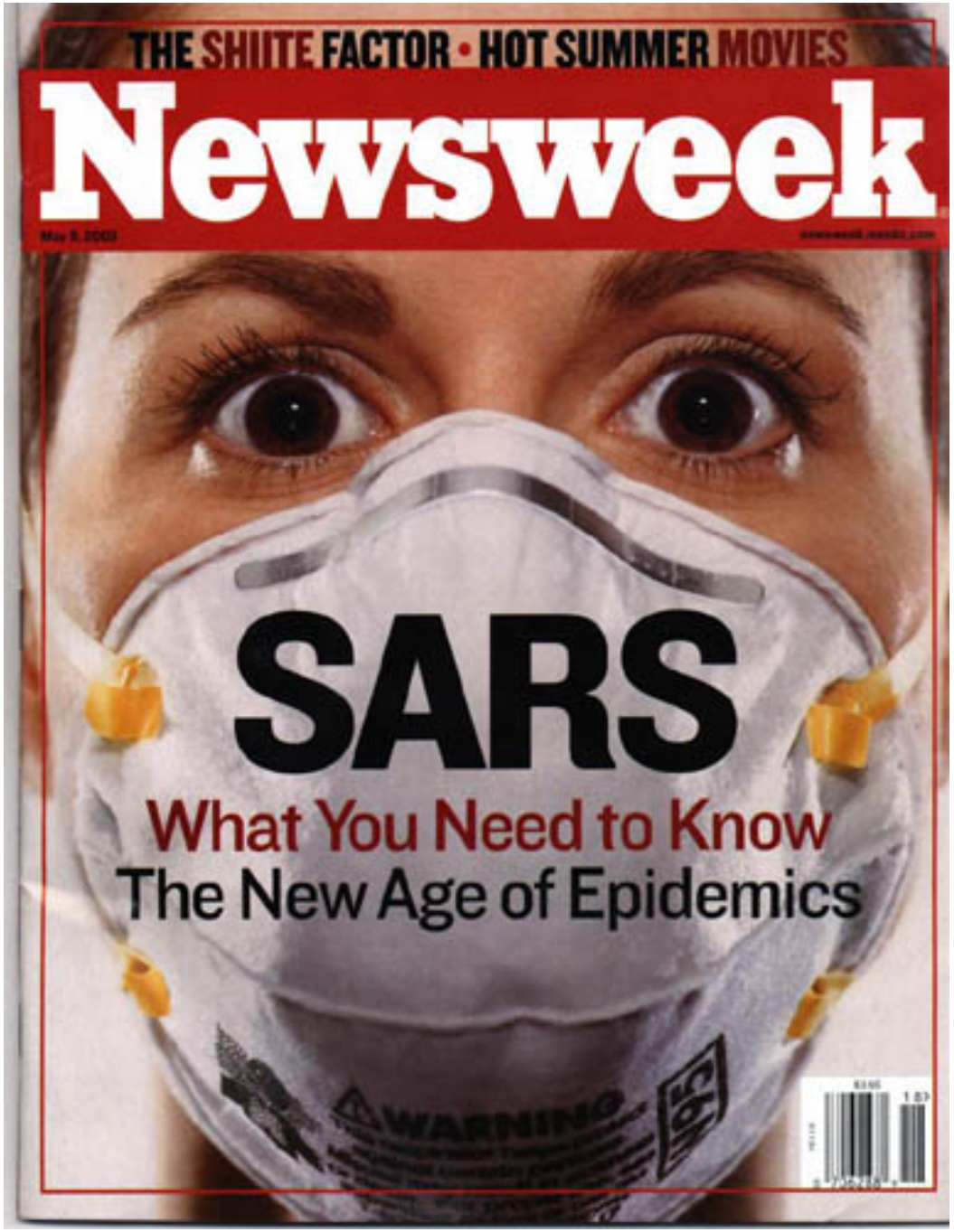
The key stages to develop a coronavirus vaccine

Basic research

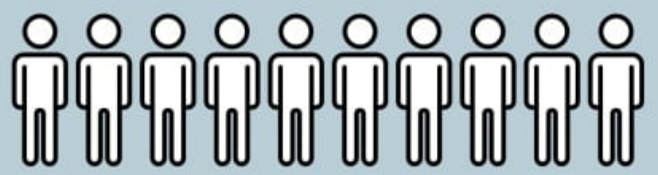
Testing for safety & effectiveness

Clinical trials

European Animal Research Association

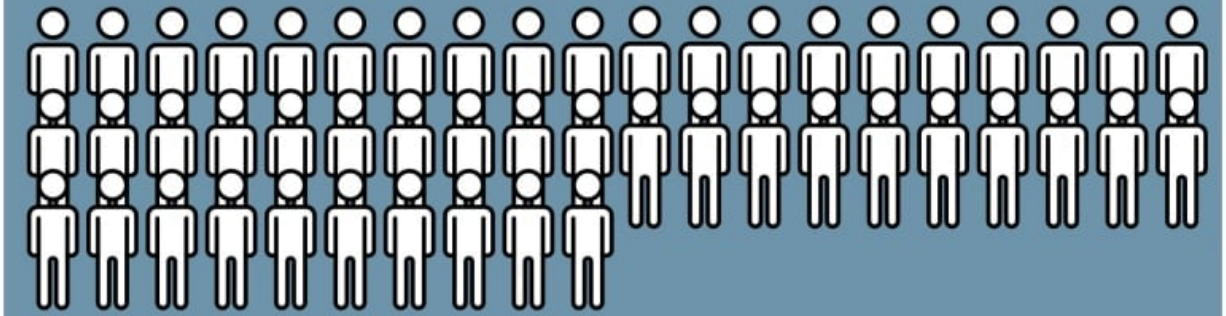

THE SHIITE FACTOR • HOT SUMMER MOVIES
Newsweek
SARS
What You Need to Know
The New Age of Epidemics
WARNING

Phase 1: 1 - 100 volunteers



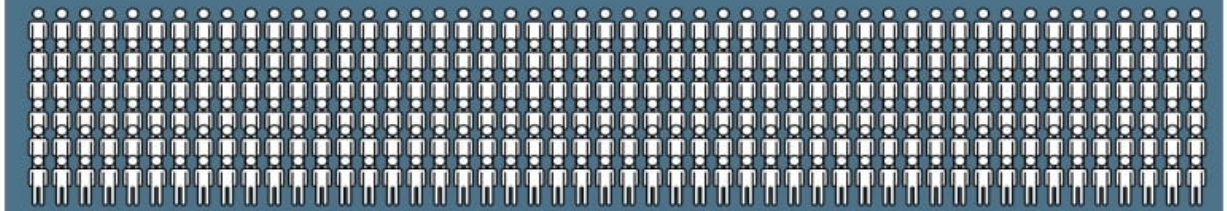
Are there safety concerns?
Does the vaccine cause an immune response?

Phase 2: 50 - 500 volunteers



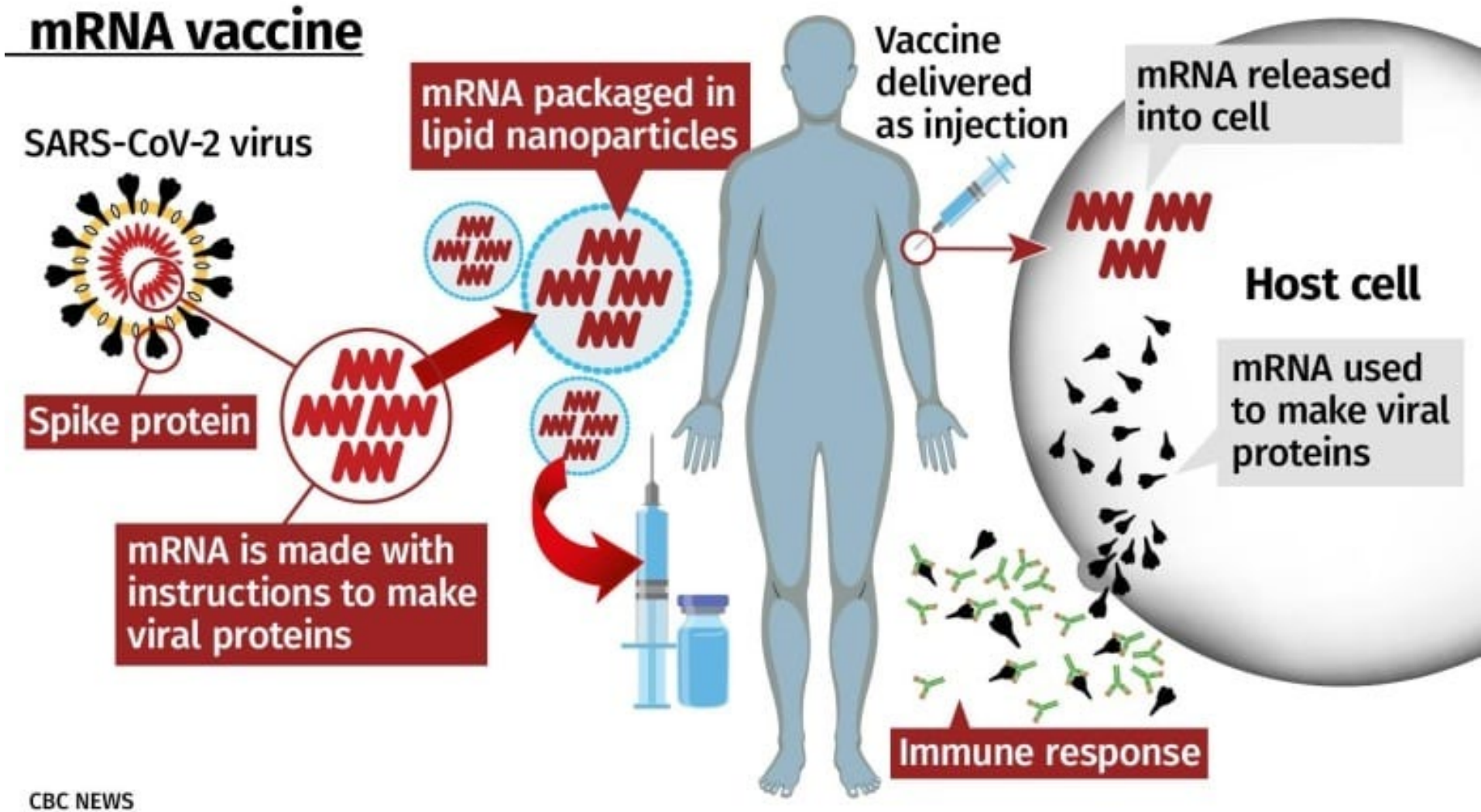
More checks for safety and immune response.
What is the best dose and schedule?

Phase 3: 300 - 30,000 volunteers



Final real-world checks for safety in a wide population.
Can the vaccine prevent infection or severe infection in the community?

New vaccine technology

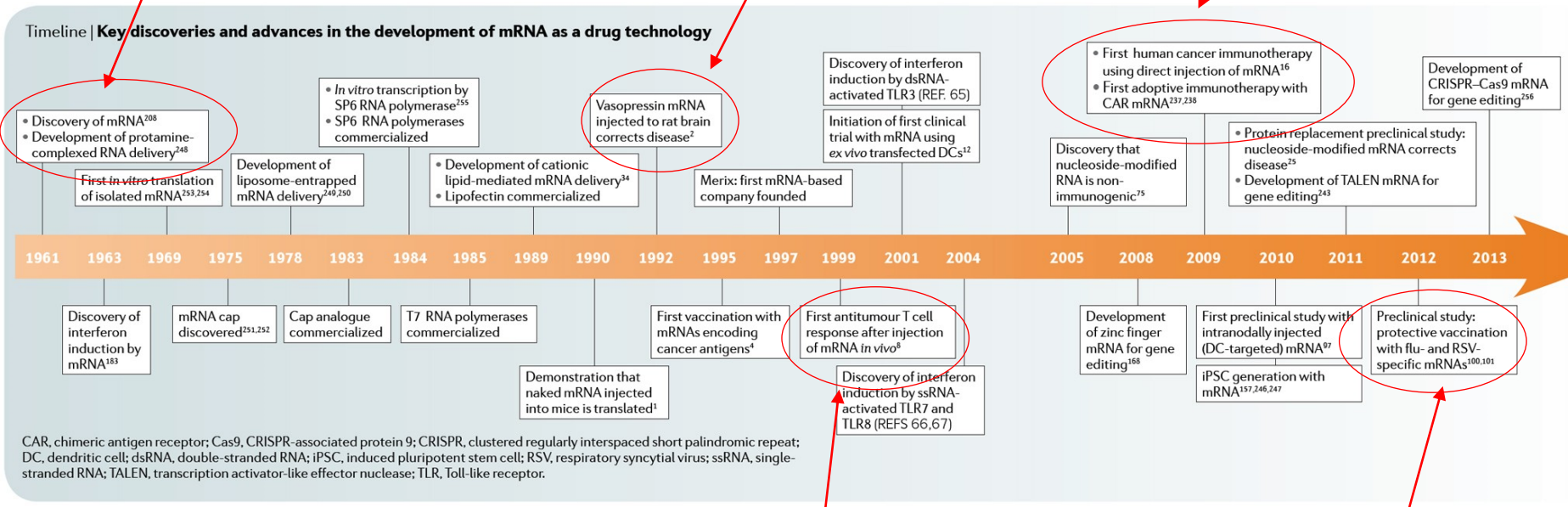


mRNA vaccines

1961: mRNA discovered

1992: mRNA vasopressin corrects disease in rats

2009: cancer immunotherapy using mRNA

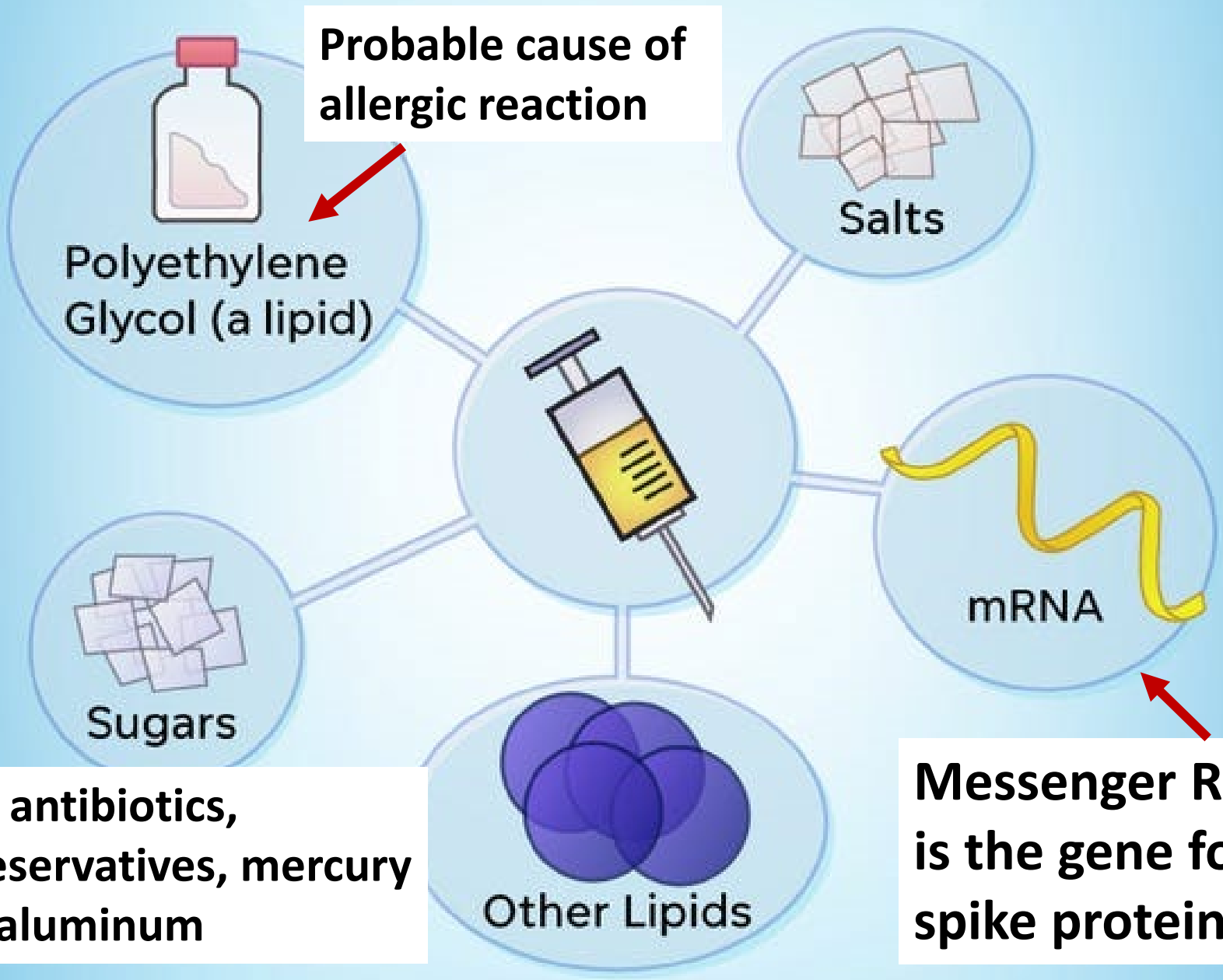


1953: Watson & Crick DNA

1999: 1st antitumor T cell response to mRNA

2012: preclinical studies with influenza and RSV mRNA vaccines

Common ingredients in mRNA vaccines



Vaccine update

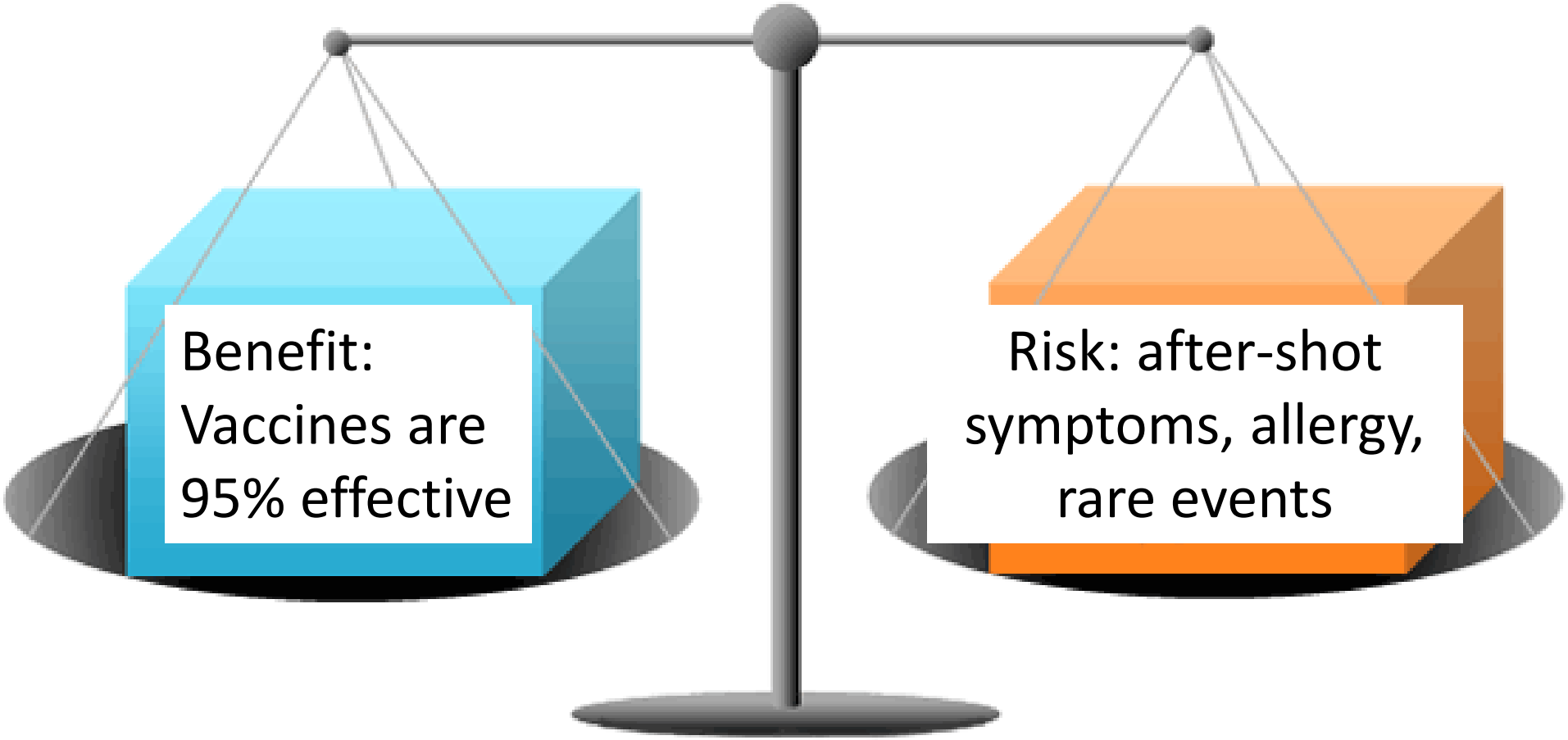
Pfizer mRNA

- **95% effective after 2 doses, no serious safety concerns**
- Mild-moderate symptoms after 2nd dose
- First shipment 12/14/2020
- Needs to be kept -90°F
- First to workers in health care setting

Moderna mRNA

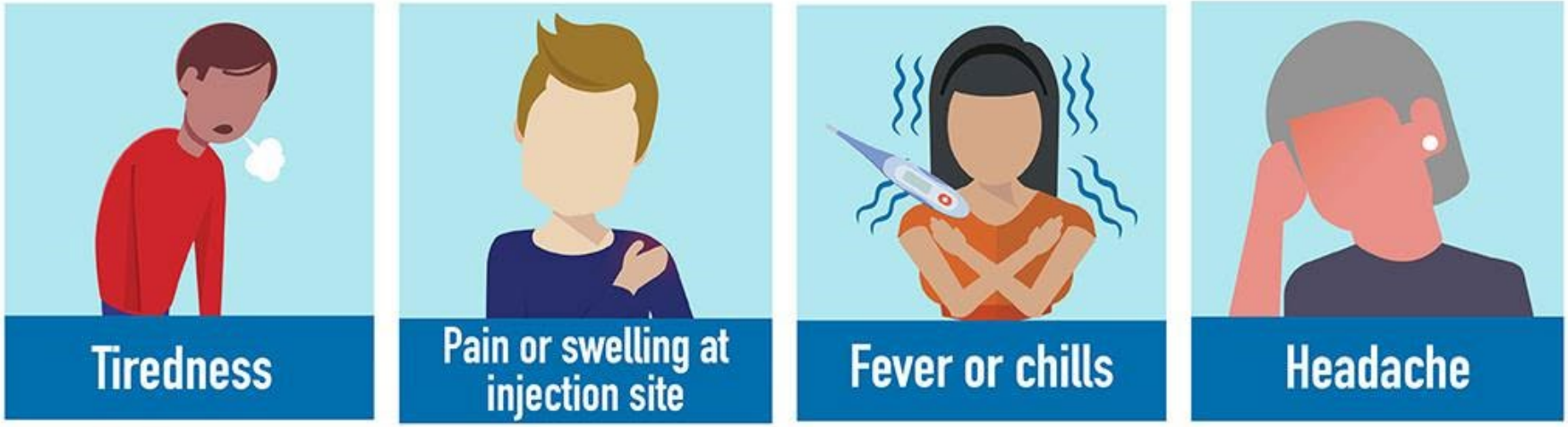
- **95% effective after 2 doses, no serious safety concerns**
- Mild-moderate symptoms after 2nd dose
- First shipment 12/28/2020
- Can store at normal freezer temperatures
- First to nursing homes

Weigh benefits and risks



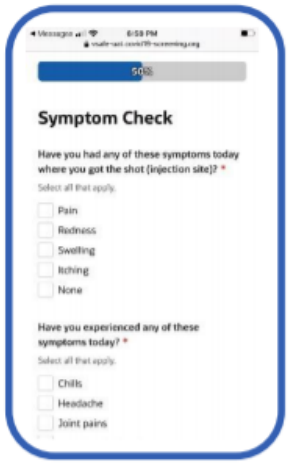
Common COVID-19 Vaccine Side Effects

These side effects of the COVID-19 vaccine may affect your ability to do daily activities, but they should go away in a few days.



- **Can take Tylenol or ibuprofen (e.g., Motrin) if symptoms**
- **Do not pre-medicate; most symptoms are the next day**

V-SAFE



1. Text message check-ins from CDC (daily 1st week; weekly thru 6 weeks; then 3, 6, and 12 months)

vaccine recipient completes web survey*

Vaccine recipients

v-safe℠ after vaccination health checker

2. Clinically important health impact reported

✓ received medical care

Call center

3. **V-safe** call center conducts active telephone follow-up on a clinically important event and takes a VAERS report if appropriate

4. Pregnancy registry team conducts outreach to assess eligibility for registry and obtain consent for enrollment and follow-up

Call center

v-safe℠ after vaccination health checker

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Early Release / Vol. 70
February 19, 2021

First Month of COVID-19 Vaccine Safety Monitoring — United States, December 14, 2020–January 13, 2021

Early Release

TABLE 2. Percentage of v-safe enrollees who completed at least one survey (N = 1,602,065) with local and systemic reactions reported for day 0–7 and for day 1 after receiving Pfizer-BioNTech and Moderna COVID-19 vaccines — v-safe,* United States, December 14, 2020–January 13, 2021

	Percentage of v-safe enrollees reporting reactions			
	Both vaccines	Pfizer-BioNTech vaccine		Moderna vaccine
Local and systemic reaction	Day 0–7	Dose 1, day 1	Dose 2, day 1	Dose 1, day 1
Injection site pain	70.9	72.9	79.3	78.1
Fatigue	33.5	21.9	53.5	25.1
Headache	29.5	17.5	43.4	19.9
Myalgia	22.9	14.7	47.2	18.3
Chills	11.6	5.5	30.6	8.4
Fever	11.4	5.8	29.2	8.2
Injection site swelling	10.8	6.2	8.6	12.6
Joint pain	10.4	5.3	23.5	7.3
Nausea	8.9	4.2	14.0	5.5

Abbreviation: COVID-19 = coronavirus disease 2019.
* https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html

* Gee J, Marquez P, Su J, et al. First Month of COVID-19 Vaccine Safety Monitoring — United States, December 14, 2020–January 13, 2021. MMWR Morb Mortal Wkly Rep. ePub: 19 February 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7008e3

v-safe[SM] after vaccination health checker

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Anaphylaxis following mRNA COVID-19 vaccines

Clinical Review & Education

JAMA Insights

Reports of Anaphylaxis After Receipt of mRNA COVID-19 Vaccines in the US—December 14, 2020-January 18, 2021

Tom T. Shimabukuro, MD, MPH, MBA; Matthew Cole, MPH; John R. Su, MD, PhD, MPH

Shimabukuro TT, Cole M, Su JR. Reports of Anaphylaxis After Receipt of mRNA COVID-19 Vaccines in the US-December 14, 2020-January 18, 2021. *JAMA*. 2021 Feb 12. doi: 10.1001/jama.2021.1967. Epub ahead of print.

	Pfizer-BioNTech	Moderna
Anaphylaxis reporting rate (cases per million doses administered)	4.7	2.5

Table. Characteristics of Reported Cases of Anaphylaxis Following Receipt of Pfizer-BioNTech (9 943 247 Doses) and Moderna (7 581 429 Doses) COVID-19 Vaccines—Vaccine Adverse Events Reporting System (VAERS), US, December 14, 2020-January 18, 2021

Characteristics	No. (%) of cases	
	Pfizer-BioNTech (n = 47)	Moderna (n = 19)
Age, median (range), y	39 (27-63)[a]	41 (24-63)
Female sex	44 (94)	19 (100)
Minutes to symptom onset, median (range)	10 (<1-1140 [19 h])[b]	10 (1-45)
Symptom onset, min		
≤15	34 (76)[b]	16 (84)
≤30	40 (89)[b]	17 (89)
Reported history[c]		
Allergies or allergic reactions	36 (77)	16 (84)
Prior anaphylaxis	16 (34)	5 (26)
Vaccine dose		
First	37	17
Second	4	1
Unknown	6	1
Brighton Collaboration case definition level[d]		
1	21 (45)	10 (52)
2	23 (49)	8 (43)
3	3 (6)	1 (5)
Anaphylaxis reporting rate (cases per million doses administered)	4.7	2.5

1.4/million doses with influenza vaccine

Rare events

>124 million doses given in the US as of 3/22/2021

VAERS is the nation's early warning system for vaccine safety

CDC + FDA

VAERS

Vaccine Adverse Event Reporting System

co-managed by CDC and FDA

http://vaers.hhs.gov

Vaccine Adverse Event Reporting System (VAERS)

Strengths

- National data
- Rapidly detects safety signals
- Can detect rare adverse events
- Data available to public

Limitations

- Reporting bias
- Inconsistent data quality and completeness of information
- Lack of unvaccinated comparison group
- Not designed to assess causality

- VAERS accepts all reports from everyone regardless of the plausibility of the vaccine causing the event or the clinical seriousness of the event
- As a hypothesis-generating system, VAERS identifies potential vaccine safety concerns that can be studied in more robust data systems

U.S. reports to VAERS after COVID-19 vaccines through February 16, 2021*

Vaccine	N	Non-serious AEs (%)	Serious AEs†§ (%)
Moderna	56,567	54,708 (97)	1,859 (3)
Pfizer-BioNTech	48,196	43,974 (91)	4,222 (9)
Total	**104,763**	**98,682 (94)**	**6,081 (6)**

* Total pre-processed reports (reports received and classified as serious or non-serious)

† Based on the Code of Federal Regulations if one of the following is reported: death, life-threatening illness, hospitalization or prolongation of hospitalization, permanent disability, congenital anomaly or birth defect

§ Most commonly reported serious adverse events include: death (456 reports of death following Moderna vaccine and 510 following Pfizer-BioNTech vaccine), dyspnoea, pyrexia, SARS-CoV-2 test negative, nausea, headache, dizziness, fatigue, asthenia, pain

VAERS Vaccine Safety Datalink (VSD)

Preliminary results of the VSD **unvaccinated concurrent comparator** analysis for COVID-19 vaccine safety after either dose of any mRNA vaccine as of February 13, 2021

VSD Rapid Cycle Analysis prespecified outcomes for COVID-19 vaccines	Concurrent comparator analysis	Risk interval	Events in vaccinated	Adjusted expected events in risk interval
Acute disseminated encephalomyelitis	Unvaccinated	1-21 days	0	0
Acute myocardial infarction	Unvaccinated	1-21 days	23	26.0
Acute respiratory distress syndrome	Unvaccinated	N/A	0	N/A
Anaphylaxis	Unvaccinated	0-1 days	20	N/A
Appendicitis	Unvaccinated	1-21 days	31	23.6
Bell's palsy	Unvaccinated	1-21 days	21	20.3
Convulsions/seizures	Unvaccinated	1-21 days	10	9.6
Disseminated intravascular coagulation	Unvaccinated	1-21 days	1	1.1
Encephalitis/myelitis/encephalomyelitis	Unvaccinated	1-21 days	1	.1
Guillain-Barré syndrome	Unvaccinated	1-21 days	1	.6
Thrombotic thrombocytopenic purpura	Unvaccinated	1-21 days	0	0
Immune thrombocytopenia	Unvaccinated	1-21 days	1	1
Kawasaki disease	Unvaccinated	1-21 days	0	0
MIS-C and MIS-A	Unvaccinated	N/A	0	N/A
Myocarditis/pericarditis	Unvaccinated	1-21 days	2	2.1
Narcolepsy and cataplexy	Unvaccinated	N/A	2	N/A
Stroke, hemorrhagic	Unvaccinated	1-21 days	8	10
Stroke, ischemic	Unvaccinated	1-21 days	41	38.8
Transverse myelitis	Unvaccinated	1-21 days	0	0
Venous thromboembolism	Unvaccinated	1-21 days	26	26.3
Pulmonary embolism (subset of VTE)	Unvaccinated	1-21 days	20	21.0

- No statistically significant increased risks detected for any prespecified outcomes

V-safe pregnancy registry

- **V-safe** participants who report pregnancy following COVID-19 vaccination are actively contacted to enroll in pregnancy registry*
- Participants are contacted once per trimester, after delivery, and when the infant is 3 months old†
- Outcomes of interest include miscarriage and stillbirth, pregnancy complications, maternal intensive care unit admission, adverse birth outcomes, neonatal death, infant hospitalizations, and birth defects

* Must be registered in **v-safe** and have been pregnant at the time of COVID-19 vaccine receipt or within 30 days of vaccination; enrollment may discontinue when sufficient enrollment numbers are achieved

† Phone surveys are conducted along with maternal and infant medical record review

v-safe[SM] after vaccination health checker

Summary of v-safe data as of February 16, 2021

	Pfizer-BioNTech	Moderna	Total
People receiving 1 or more doses in the United States*	28,374,410	26,738,383	55,220,364
Registrants completing at least 1 v-safe health check-in	1,776,960	2,121,022	3,897,982
Pregnancies reported to v-safe†	16,039	14,455	30,494

* COVID Data Tracker as of Feb 16, 2021 (107,571 doses with manufacturer not identified)
† Self-reported during a **v-safe** health check-in

V-safe pregnancy registry outcomes of interest in COVID-19 vaccinated pregnant women as of February 18, 2021*

Outcomes	Background rates*	V-safe pregnancy registry overall
Pregnancy outcome		
Miscarriage (<20 weeks)	26%	15%†
Stillbirth (≥20 weeks)	0.6%	<1%
Pregnancy complications		
Gestational diabetes	7-14%	10%
Preeclampsia or gestational hypertension§	10-15%	15%
Eclampsia	0.27%	0%
Intrauterine growth restriction	3-7%	1%
Neonatal		
Preterm birth	10.1%	10%
Congenital anomalies‡	3%	4%
Small for gestational age^	3-7%	4%
Neonatal death	0.38%	0%

* Sources listed on slide 33; † 93% of these were pregnancy losses <13 weeks of age; § Preeclampsia or gestational hypertension diagnosed during pregnancy and/or during delivery; ‡ Congenital anomalies (overall) diagnosed after delivery only; ^ Birth weight below the 10th percentile for gestational age and sex using INTERGROWTH-21st Century growth standards

Janssen (Johnson & Johnson) vaccine

- Adenovirus (weakened common cold virus) vector carrying the spike protein DNA
- DNA not as fragile as RNA
- Refrigerated, not frozen, stable for months
- **SINGLE DOSE**
- Same proven technology as used for other vaccines (e.g., Ebola, Zika)
- Majority only mild symptoms after vaccination

Common ingredients in Janssen vaccine

Polysorbate 80

Salts

Sugars

Other Lipids

Gene for spike protein

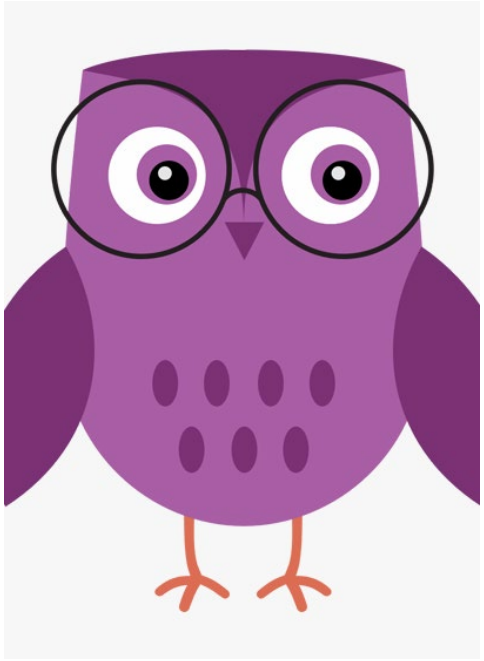
Weakened “cold” virus

No antibiotics, egg, PEG, preservatives, mercury or aluminum

Janssen vaccine

- Efficacy in preventing moderate to severe disease, 28 days after single dose
  - 72% in the US
  - 66% Latin America,
  - 57% South Africa

But…72% vs. 95%, who would want Janssen?



1. **You can't compare:** Pfizer and Moderna studies were done in different places and before variants were circulating
2. **Eyes on the prize: mortality**
   - 85% against severe disease 4 weeks after one dose
   - Zero hospitalizations, zero deaths in vaccine arm including in South Africa

When can I get vaccinated?

PHASE 1B, 1C, & 2

GUIDANCE FOR COVID-19 VACCINE ALLOCATION

THE COVID-19 VACCINE

dhec

PHASE 1B

Appointments can be made by individuals in the following groups beginning March 8, 2021:

1. **Individuals aged 55 and up**
2. **Individuals with Increased Risk for Severe COVID-19 Disease**
   - Persons aged 16-54 with one or more of the following high-risk medical conditions**
   - Persons who have a developmental or other severe high-risk disability that makes developing severe life-threatening illness or death from COVID-19 infection more likely

     ***High-risk medical conditions: cancer (current, not a history of cancer), chronic kidney disease (any stage), chronic lung disease, diabetes (Type 1 and Type 2), Down syndrome, heart disease (congestive heart disease, coronary artery disease, cardiomyopathy, pulmonary hypertension), HIV/AIDS, solid organ transplant, obesity (BMI >30), pregnancy, sickle cell disease.*
3. **Frontline Workers with Increased Occupational Risk**

   Frontline workers with increased occupational risk are people who:
   - Must be in-person at their place of work, and
   - Perform a job in which they are at increased risk of exposure due to their frequent, close (<6 feet) and ongoing (>15 minutes) contact with others in the work environment

   Examples of frontline workers include, but are not limited to teachers and daycare workers, manufacturing workers, grocery store workers, law enforcement officers, etc.

PHASE 1B

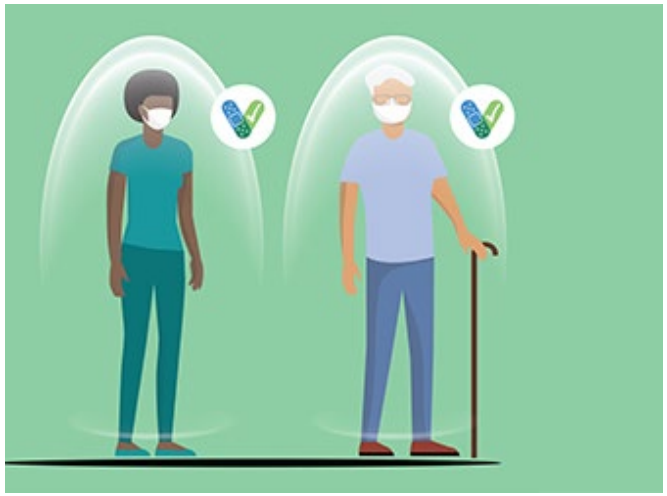
4. **Individuals at Increased Risk in Settings where People are Living and Working in Close Contact**
    - Residents and workers in group home settings for the mentally or physically disabled or those with behavioral or substance abuse conditions
    - Workers and residents in homeless shelters
    - Workers and residents in community training homes (CTHs)
    - State and local correctional facility staff with direct inmate contact
    - Correctional and immigration detention facility inmates
    - Migrant farmworkers living in shared housing or reliant on shared transportation
5. **All workers in healthcare and community health settings who have routine, direct patient contact and were not vaccinated in Phase 1a**

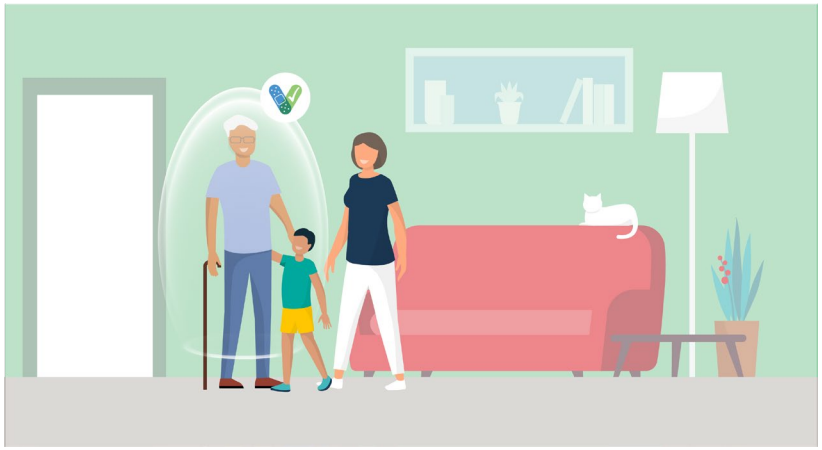
How does a person indicate eligibility?

- Self-attestation: age 55+, medical condition, or frontline worker
- No need to bring proof
- No ID, doctor note, letter from employer

What can I do after I am vaccinated?

- Fully vaccinated people (2 weeks after 2nd dose if Pfizer or Moderna, 2 weeks after single dose Janssen) can:
  - Get together with other fully vaccinated in private settings without mask and distancing
  - Get together with unvaccinated low risk people





https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

What can I do after I am vaccinated?

- Do not get together with unvaccinated people at increased risk of severe disease
- Do not get together with unvaccinated low risk people *if they live with someone unvaccinated at high risk*
- **It is possible for vaccinated person to get exposed, pick up virus, have no symptoms, and spread to others**

Who is “low risk”?

- Under age 20 30, 40?
- No chronic medical conditions, including obesity (BMI = 30 or higher)
- BMI examples:
  - 5’0” weight 153#
  - 5’6” weight 186#
  - 6’0” weight 221#

https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html

What can I do after I am vaccinated?

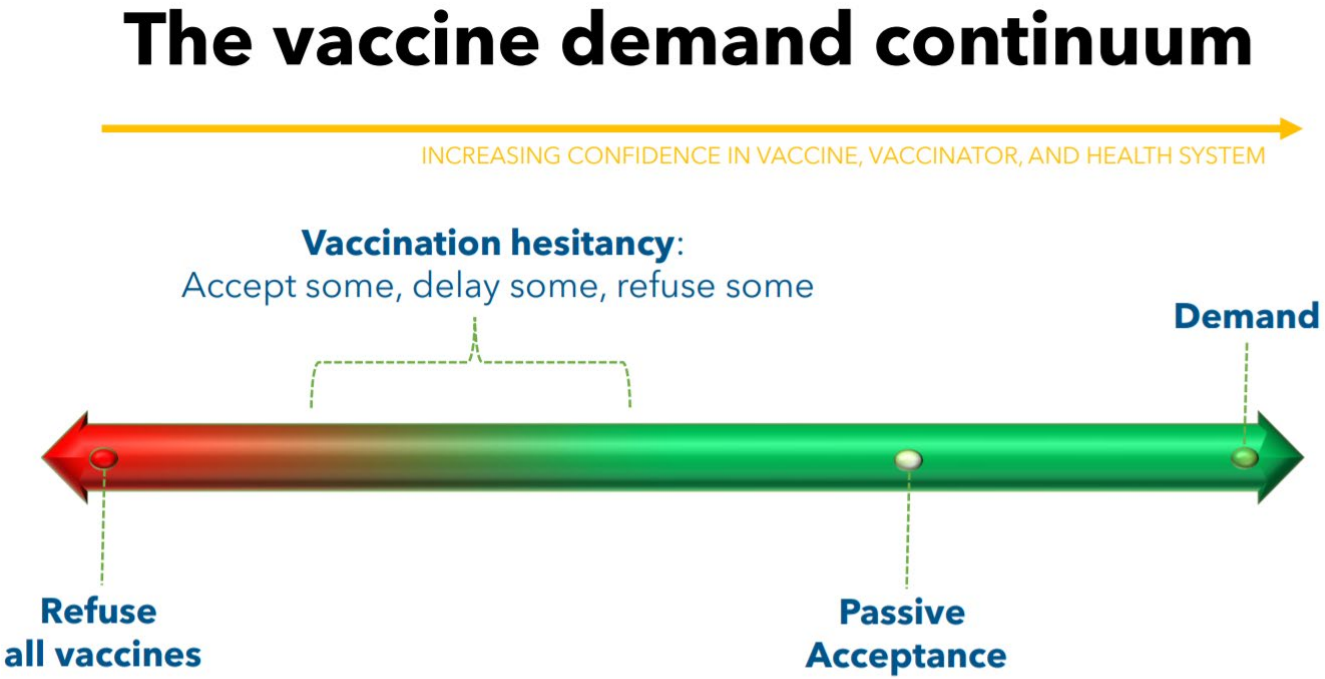
- **It is possible for vaccinated person to get exposed, pick up virus, have no symptoms, and spread to others**
- **Guidelines stay the same in public**
  - Mask, distancing, outdoors better than indoors, wash hands
  - Quarantine requirements after employees are vaccinated but exposed via close contact
- Still need to mask at work if others unvaccinated

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully-vaccinated-guidance.html

What is the point in getting the vaccine if I have to wear my mask, socially distance, etc. anyway?

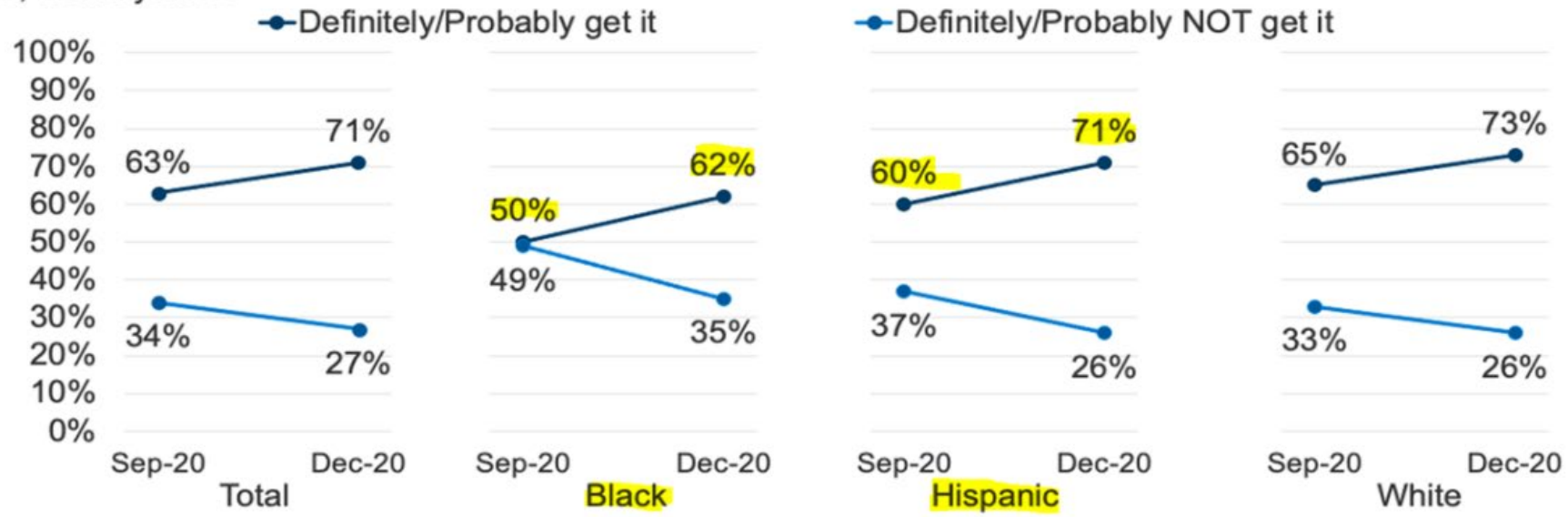
- Wearing a mask etc. is not forever
- When can we stop? When is herd immunity?
  - It is not an on/off light: more like a dimmer switch
- Once most people are vaccinated, and the number of new cases goes low enough, we can unmask
- You CAN get together with others who are fully vaccinated or unvaccinated but low risk
- You DON’T need to quarantine if exposed to SARS CoV-2

Vaccine hesitancy



Willingness to accept the COVID-19 vaccine is increasing; however, we have more work to do

If a COVID-19 vaccine was determined to be safe by scientists and available for free to everyone who wanted it, would you…?



SOURCE: KFF COVID-19 Vaccine Monitor (KFF Health Tracking Poll, Nov. 30-Dec. 8, 2020); KFF/The Undefeated Survey on Race and Health (conducted Aug. 20-Sept. 14, 2020). See topline for full question wording.

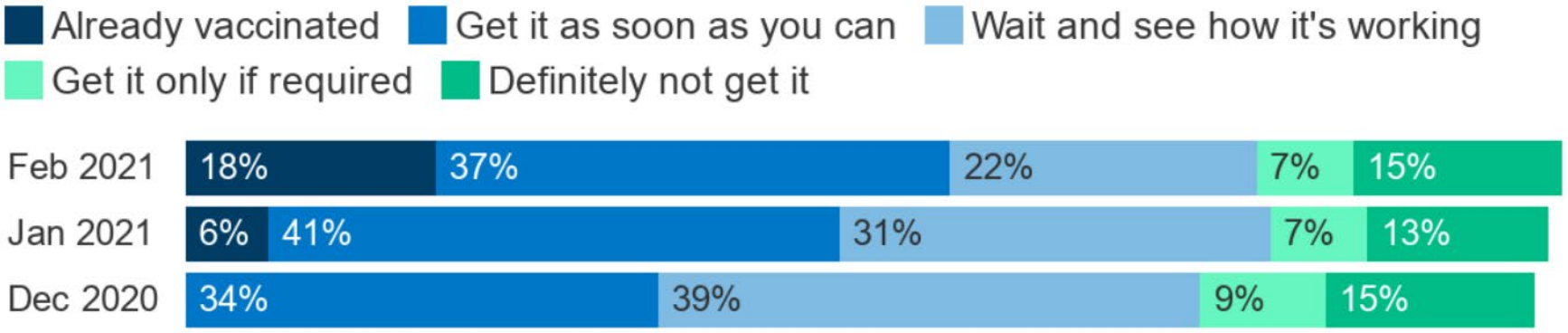
KFF COVID-19 Vaccine Monitor

NIH National Institutes of Health

Figure 1

Share Who Report Getting COVID-19 Vaccine Grows; Share Wanting To "Wait And See" Shrinks

Have you personally received at least one dose of the COVID-19 vaccine, or not? When an FDA authorized vaccine for COVID-19 is available to you for free, do you think you will…?

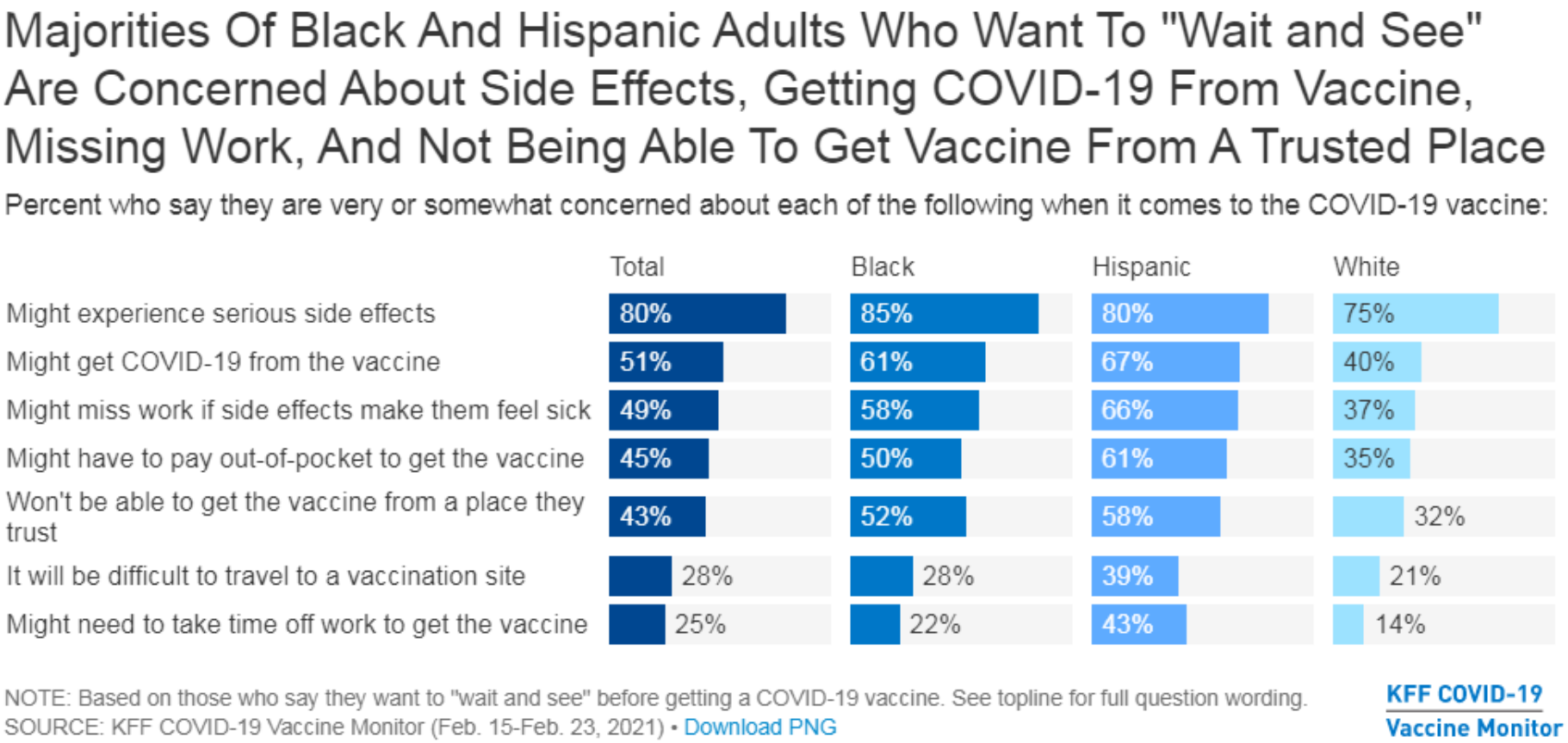


NOTE: December 2020 survey did not have an option for respondents to indicate they had already been vaccinated. See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor (Feb. 15-Feb. 23, 2021)

KFF COVID-19 Vaccine Monitor

https://www.kff.org/coronavirus-covid-19/poll-finding/vaccine-hesitancy-among-hispanic-adults/

Why “Wait and See”? February 2021



Vaccine hesitancy

What are they waiting to see?

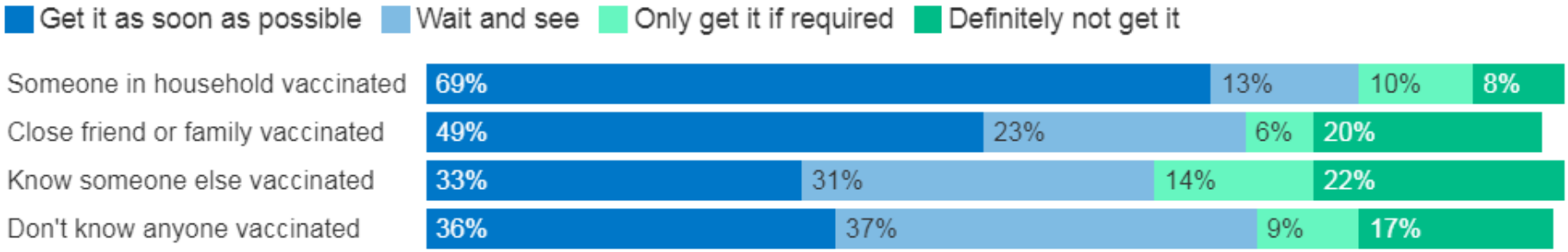
- Factual vaccine hesitancy:
  - How could vaccine developed so quickly be safe?
  - What is in the vaccine?
  - Cost of vaccine?
- Lack of information
- Lack of access
- Limited transportation
- Rumors:
  - Fertility
  - Change your DNA (if we could do that, we could cure sickle cell disease)
- Social norms:
  - Do you know anyone who has been vaccinated?

Social norms

Figure 11

Those With Closer Connections To People Who Have Been Vaccinated Are More Likely To Say They'll Get Vaccinated As Soon As Possible

When an FDA approved vaccine for COVID-19 is available to you for free, do you think you will…?



NOTE: Among those who have not been vaccinated for COVID-19. See topline for full question wording.
SOURCE: KFF COVID-19 Vaccine Monitor (Feb. 15-Feb. 23, 2021) • Download PNG

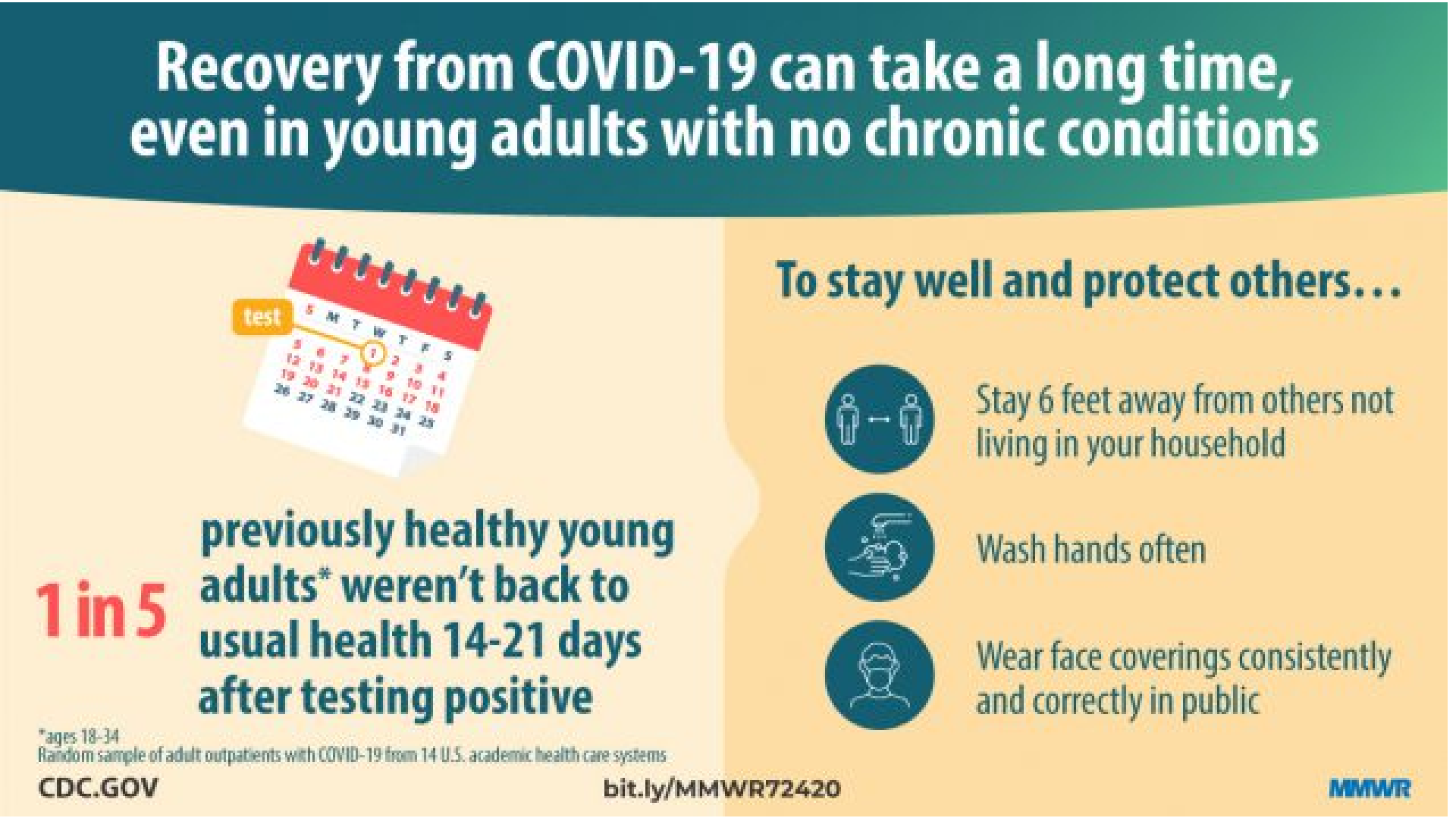
KFF COVID-19 Vaccine Monitor

Vaccine hesitancy

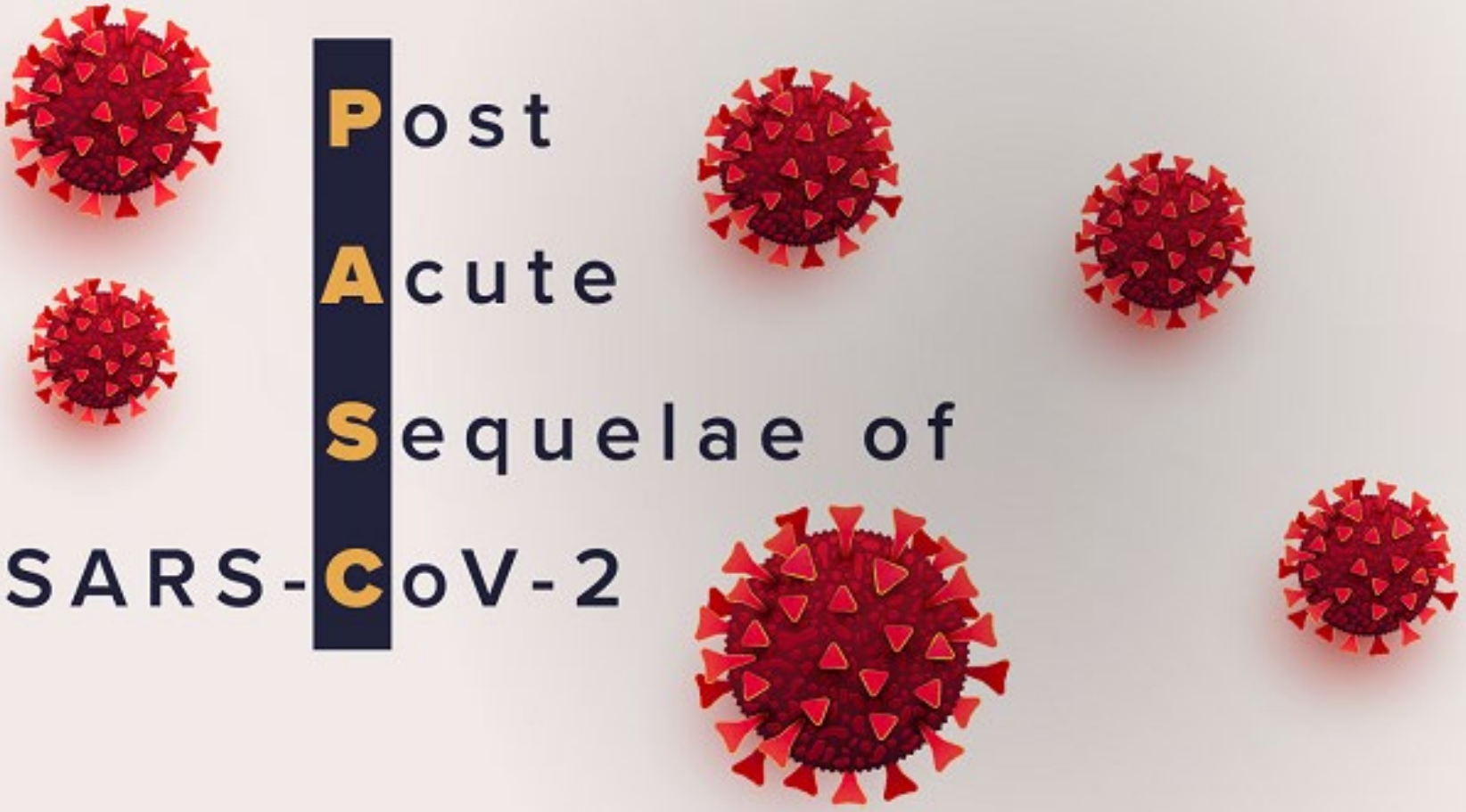
Fear:

- Mistrust of government
- Big Pharma
- Medical mistrust
- Historical and present-day mistreatment
- Deportation
- The Unknown
- Active vs. passive decision-making
- Who can you trust?

I'm young – I don't need vaccine



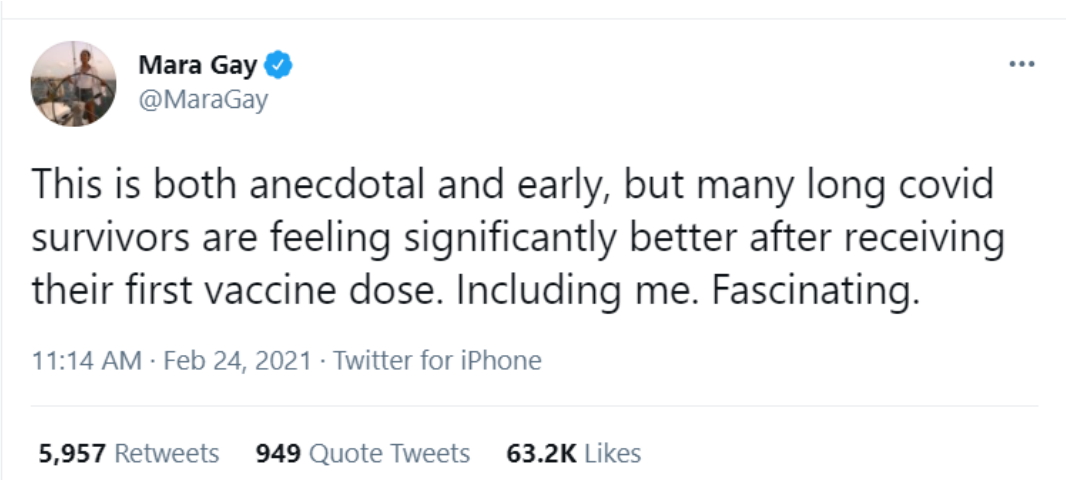
A study found that more than **30% of 177 participants** had **COVID-19 symptoms** that persisted for as long as **9 months.** These long-term effects have been given **a new acronym.**



Medscape

Source: doi:10.1001/jamanetworkopen.2021.0830

I had COVID already – I don't need vaccine



Mara Gay
@MaraGay

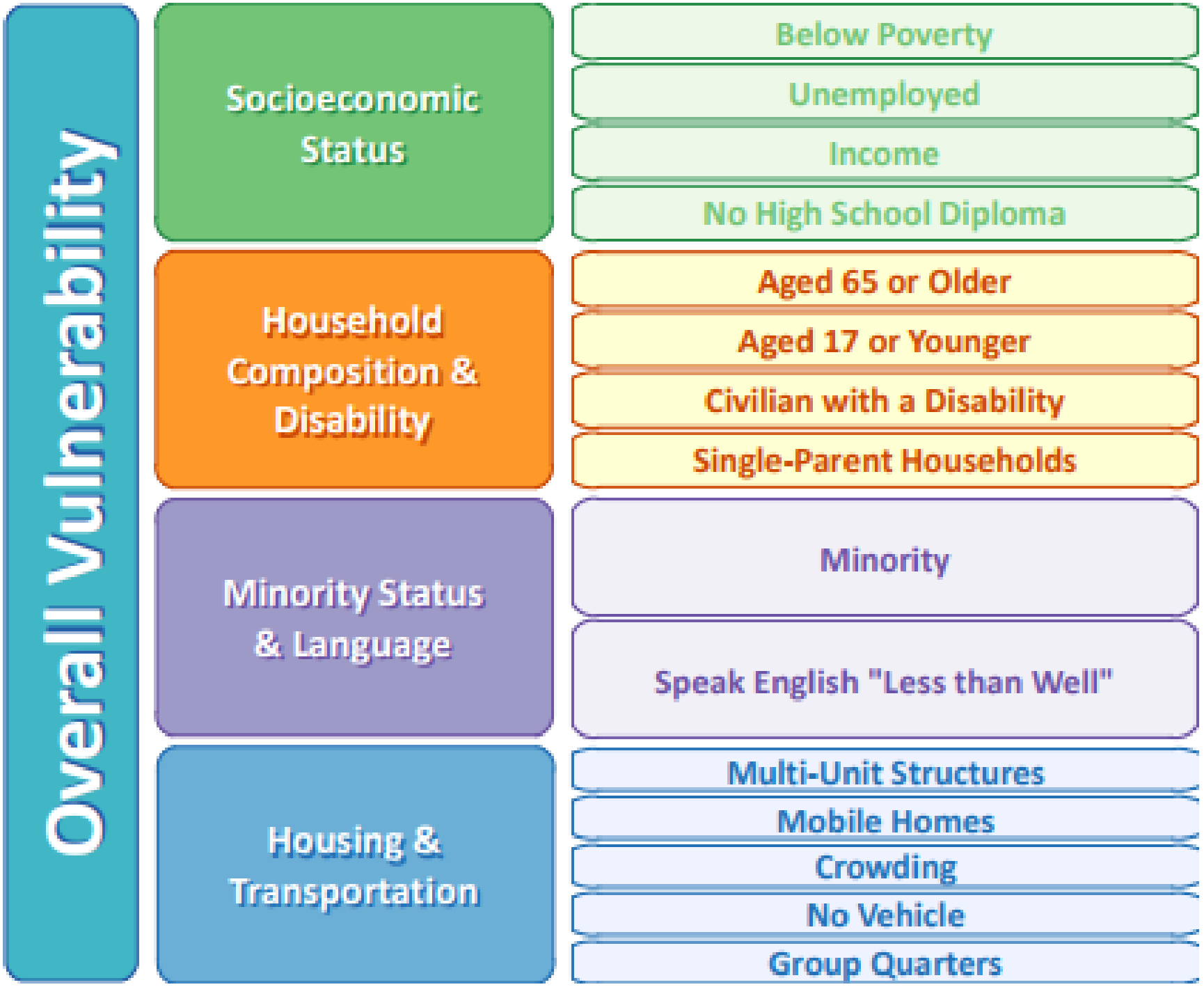
This is both anecdotal and early, but many long covid survivors are feeling significantly better after receiving their first vaccine dose. Including me. Fascinating.

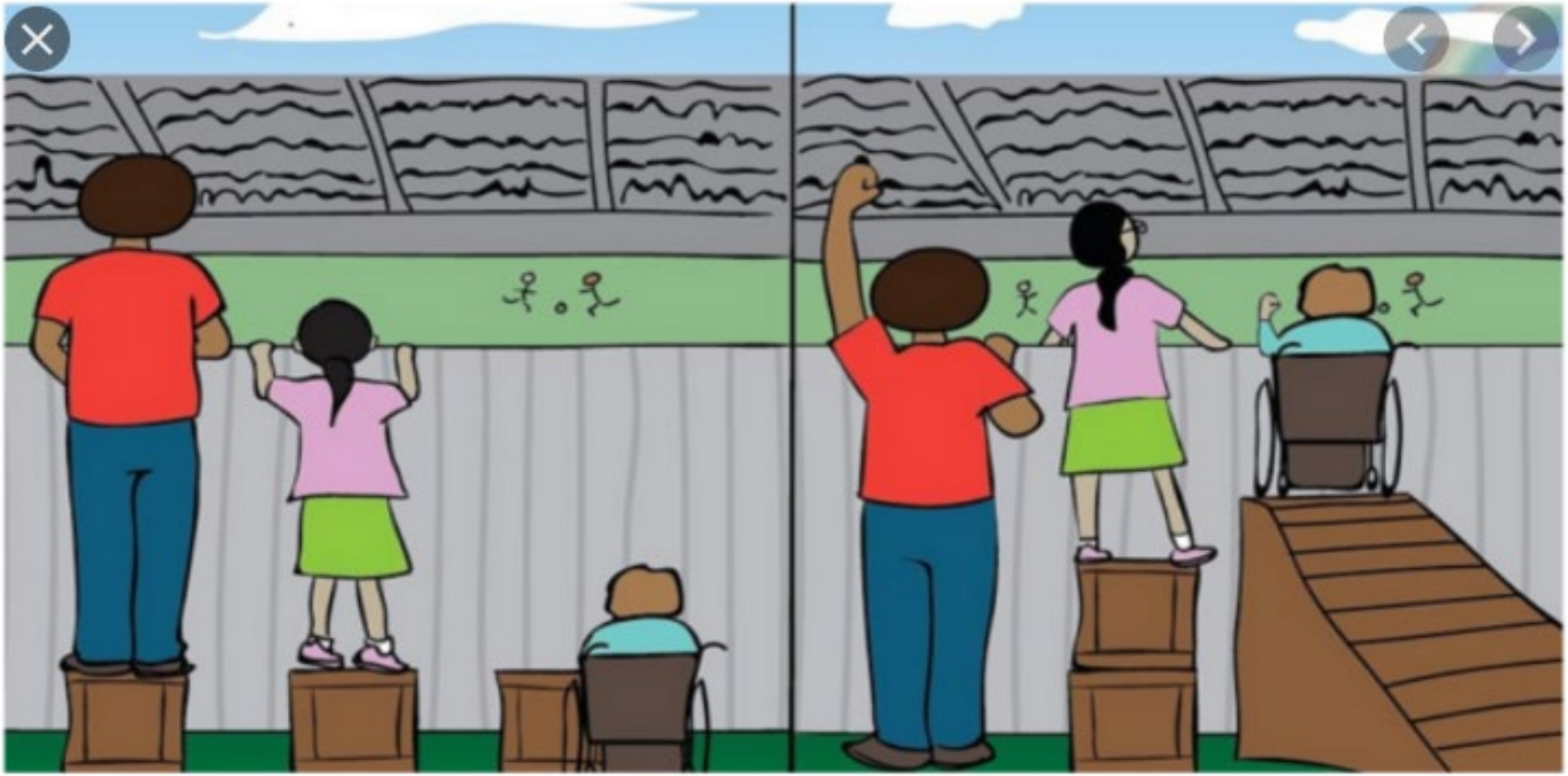
11:14 AM · Feb 24, 2021 · Twitter for iPhone

5,957 Retweets **949** Quote Tweets **63.2K** Likes

- Small study compared vaccinated (44) and 22 matched unvaccinated long-COVID patients
- Small overall improvement in symptoms, with a decrease in worsening symptoms (5.6% vaccinated vs 14.2% unvaccinated) and increase in symptom resolution (23.2% vaccinated vs 15.4% unvaccinated) (p=0.035)

https://doi.org/10.1101/2021.03.11.21253225


Overall Vulnerability
Socioeconomic Status
Household Composition & Disability
Minority Status & Language
Housing & Transportation
Below Poverty
Unemployed
Income
No High School Diploma
Aged 65 or Older
Aged 17 or Younger
Civilian with a Disability
Single-Parent Households
Minority
Speak English "Less than Well"
Multi-Unit Structures
Mobile Homes
Crowding
No Vehicle
Group Quarters



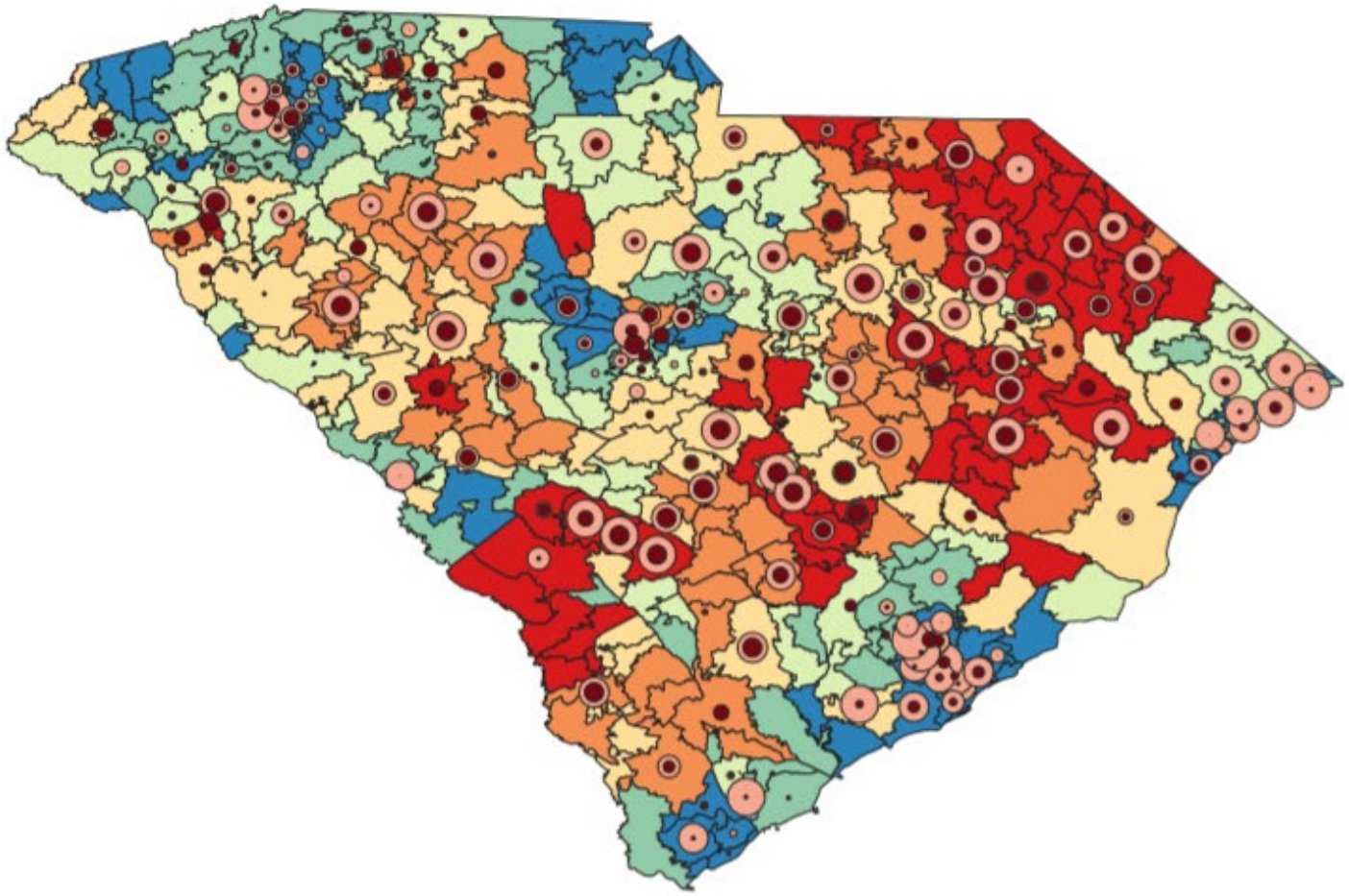
Equality

Equity

1234 × 792

Source: Dr. George Avirappattu, Kean University

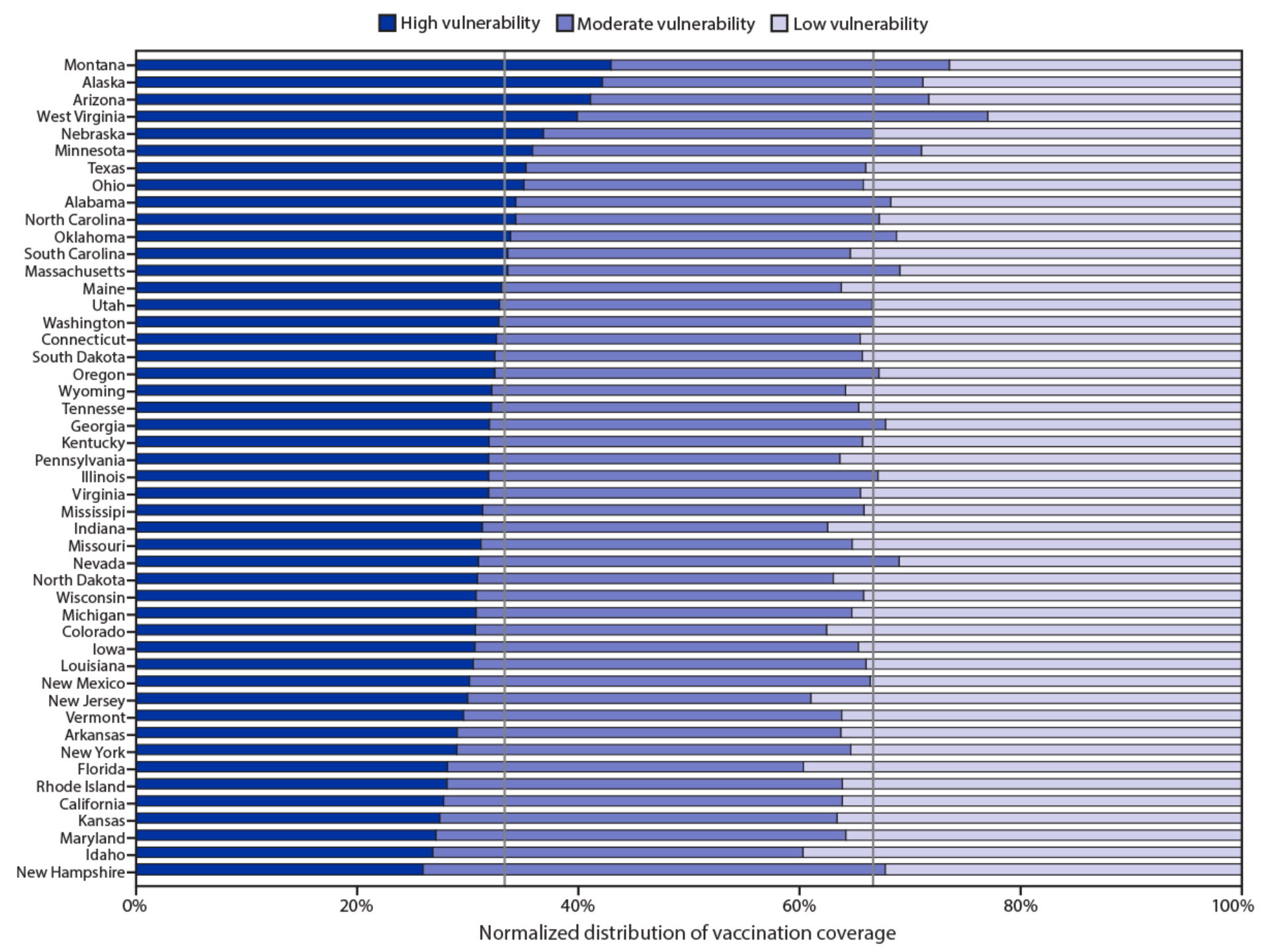
South Carolina Social Vulnerability Index (SVI) versus COVID-19 Case and Mortality Rates by ZIP Codes

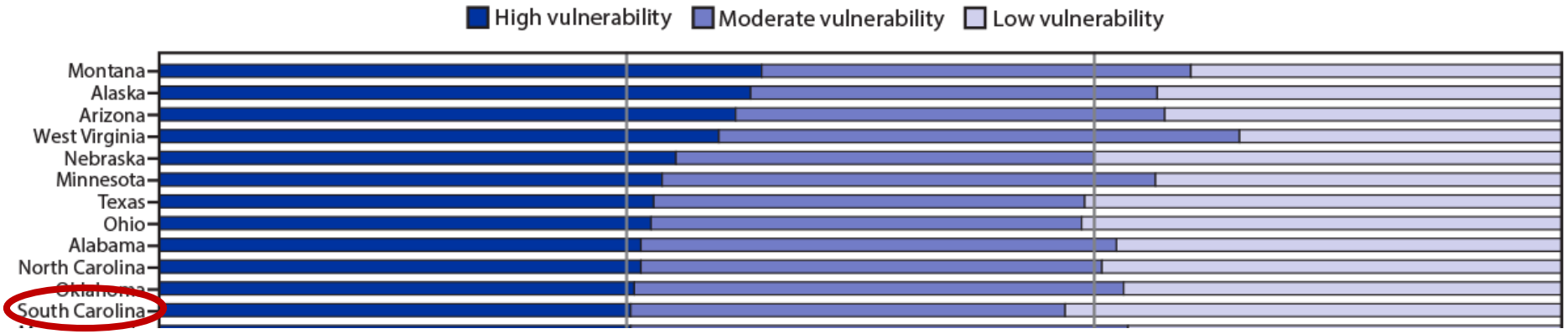


County-Level COVID-19 Vaccination Coverage and Social Vulnerability

- First 2.5 months of SARS-CoV-2 vaccination
- Divided counties into low, medium, and high SVI tertiles
- Nationally, for the overall SVI measure, vaccination coverage was higher (15.8%) in low SVI vs high SVI counties (13.9%)
- Largest coverage disparity in the socioeconomic status theme (2.5%age points higher coverage in low vs. high SVI counties)
- Additional efforts to achieve equity needed
- Data broken down by states

https://www.cdc.gov/mmwr/volumes/70/wr/mm7012e1.htm?s_cid=mm7012e1_w

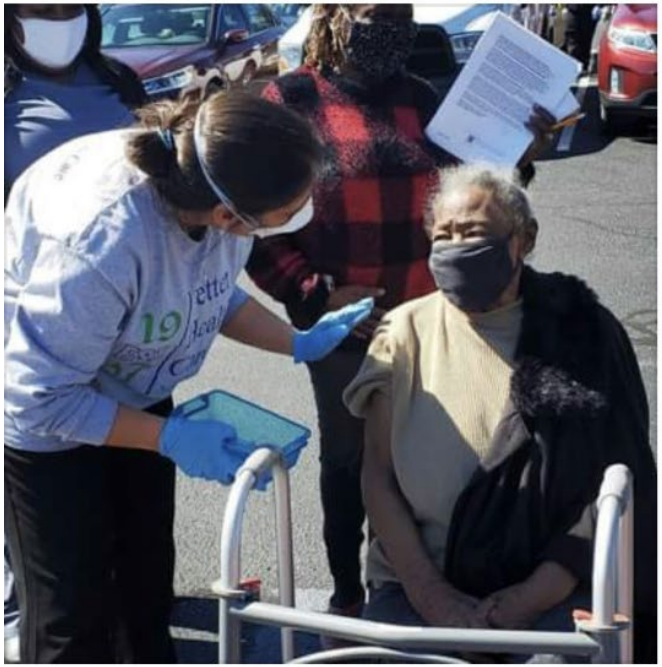

High vulnerability
Moderate vulnerability
Low vulnerability
Montana
Alaska
Arizona
West Virginia
Nebraska
Minnesota
Texas
Ohio
Alabama
North Carolina
Oklahoma
South Carolina
Massachusetts
Maine
Utah
Washington
Connecticut
South Dakota
Oregon
Wyoming
Tennesse
Georgia
Kentucky
Pennsylvania
Illinois
Virginia
Mississipi
Indiana
Missouri
Nevada
North Dakota
Wisconsin
Michigan
Colorado
Iowa
Louisiana
New Mexico
New Jersey
Vermont
Arkansas
New York
Florida
Rhode Island
California
Kansas
Maryland
Idaho
New Hampshire
0%
20%
40%
60%
80%
100%
Normalized distribution of vaccination coverage



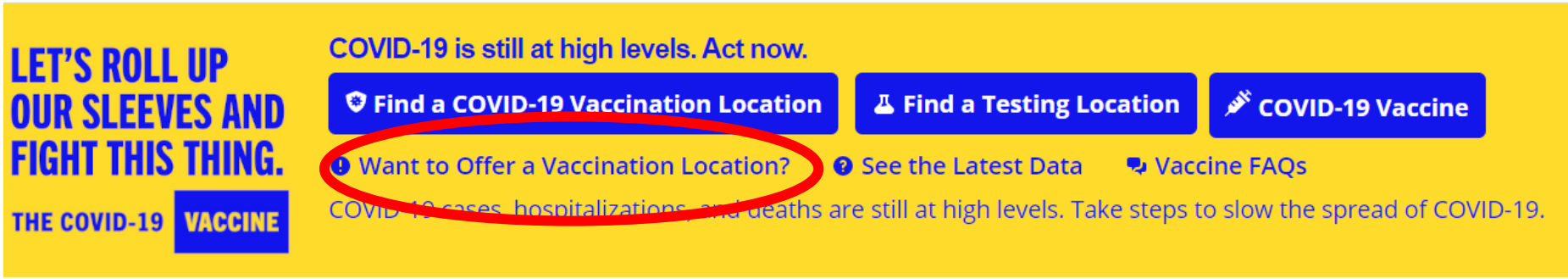
- Overall, coverage was higher in low SVI vs high SVI counties
- Practices in states with high equity included
  - prioritizing persons in racial/ethnic minority groups during the early stages of the vaccine program implementation
  - actively monitoring and addressing barriers
  - directing vaccines to vulnerable communities
  - offering free transportation to vaccination sites
  - collaborating with community partners, tribal health organizations, and the Indian Health Service (e.g., MT, AK, AZ)

Fetter Health Care Network
7 hrs ·

Our #covid19 vaccine clinics have given us the opportunity to meet and serve so many incredible friends and neighbors in our surrounding community! Today in North Charleston, we had the honor of vaccinating our oldest patient yet at 101 years old.💙 Our first-come, first-serve clinics were created to serve our community members who otherwise, may have had a difficult time getting access to the vaccine. We are thankful today and every day for the privilege of caring for the Lowcountry!



Saluda Health Department mass vaccination event
870 farm workers, mostly migrant



Want to Offer a Vaccination Location?

Provide some information and submit this form. Someone from DHEC will contact you 2-3 days after we review your information. If you don't hear from us by then, please email acc-log@dhec.sc.gov.

Thank you for your willingness to help us Stay SC Strong!

* Required

1. Name of community group or organization: *

Enter your answer

2. Address where clinic can be held: *

Enter your answer

3. Name of contact person for clinic: *

Enter your answer

4. Contact person's phone number: *

Enter your answer

5. Contact person's email: *

Enter your answer

6. Site Environment *

- ○ Indoor
- ○ Outdoor
- ○ Mobile (van, bus)
- ○ Door-to-door
- ○ Other

Submit

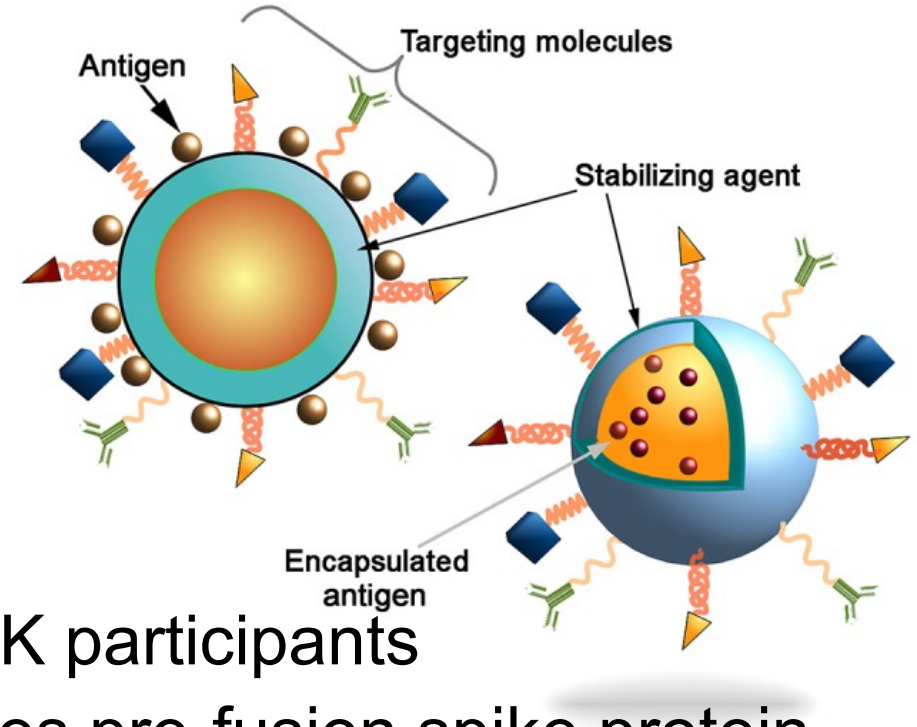
Never give out your password. Report abuse

https://scdhec.gov/covid19/covid-19-vaccine

AstraZeneca (ChAdOx1 nCOVID-19)

- Replication-incompetent chimpanzee adenovirus vector vaccine, spike protein dsDNA, 2 doses 4 weeks apart
- Press release: US Phase III trial (32,449 participants) 79% efficacy preventing symptomatic COVID-19 (based on data as of February 2021)
- 100% efficacy at preventing severe disease and hospitalization
- Independent data safety monitoring board (DSMB): no serious safety concerns
- Specific assessment for cerebral venous thrombosis by an independent neurologist
- Vaccine efficacy was consistent across race/ethnicity and age

Nanoparticle



Novavax

- No genetic material
- 2 doses
- Refrigerate, not frozen
- Phase 1/2/3 studies >20K participants
- Nanoparticle encapsulates pre-fusion spike protein (antigen = “antibody-generating”) plus adjuvant
- Majority symptoms mild
- 89.3% efficacy in UK trials
- 60% South Africa Phase 2b (95% CI: 19.9 – 80.1)
- Novavax working on vaccine targeting new variant

New virus variants that spread more easily could lead to a rapid rise in COVID-19 cases

NOW, more than ever, it is important to slow the spread

In the U.S.

- ⚠ New cases are the highest ever and rising
- ⚠ Some health care systems are at or near capacity
- ⚠ New variants are emerging that spread more easily

MORE SPREAD → **MORE CASES** → **MORE DEATHS**

Wear a mask

Stay at least 6 feet apart

Avoid crowds

Get vaccinated when available to you

Questions?

kellyjm1@dhec.sc.gov
scdhec.gov/covid19
cdc.gov/covid19