



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

# **Ways and Means Committee**

## **COVID-19 Update**

*Jan. 12, 2021*

# Agency Attendees

- **Marshall Taylor** – Acting Director
- **Brannon Traxler, MD** – Interim Public Health Director
- **Linda Bell, MD** – State Epidemiologist
- **Darbi MacPhail** – Chief Finance & Operations Officer

# Agenda

- **Situational Update**
- **Testing**
- **Vaccine Distribution**

# Response Overview

## **Our priorities for the COVID-19 response continue as follows:**

- The efficient and equitable distribution of COVID-19 vaccines
- Continuing to provide testing to anyone who wants it across the state
- Maximizing case investigations and contact monitoring, while also providing guidance on mitigation
- Providing timely, accurate data and information to the public and leaders so that they can take appropriate action to help prevent spread
- Supporting our most vulnerable communities, including nursing homes and assisted living facilities
- Improving operational efficiencies

# DHEC's COVID-19 Response by the Numbers

- Received more than **4 million test results**
- Administered **166,437 doses of COVID-19 vaccines**, this includes: 74,625 1st doses and 17,187 2<sup>nd</sup> doses
- Have more than **300 testing events open** throughout the state
- Conducted over **20,000 virtual inspections** of Retail Food Establishments to maintain food safety standards
- Completed in-person infection control inspections of all **194 nursing homes in the state**; provided **179 with point of care antigen testing devices**
- Trained **377 EMS** and **30 National Guard medical personnel** to give testing
- To support this work **2,621 DHEC staff** have worked **1,201,590 hours** so far

# **Situational Update**

**Dr. Linda Bell, State Epidemiologist**

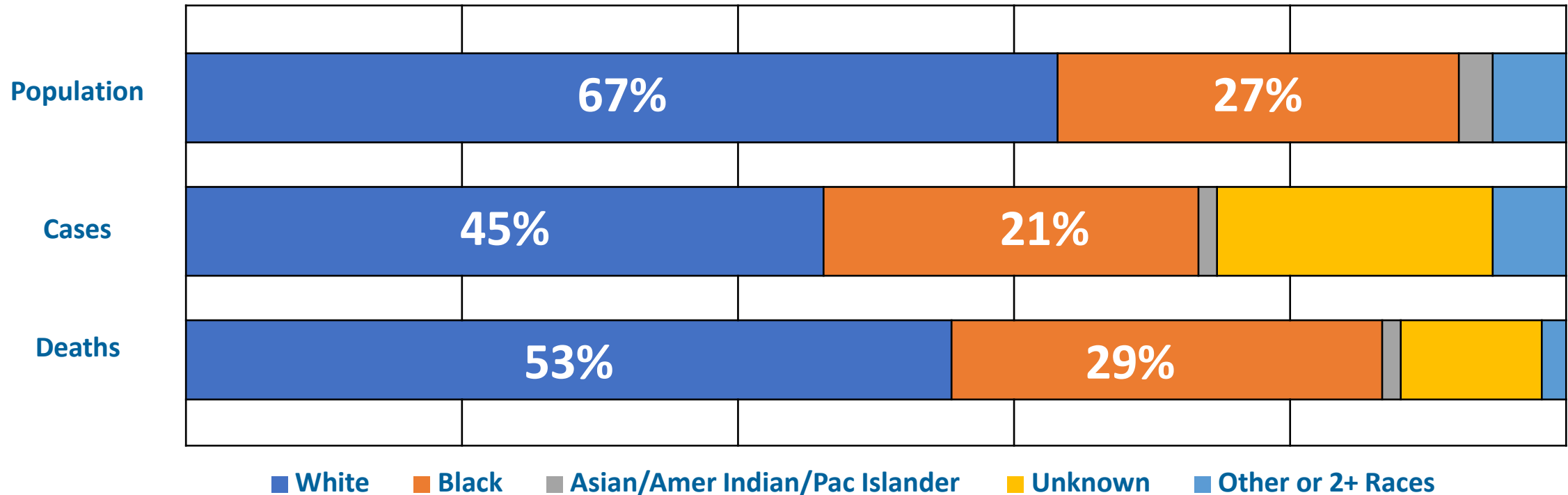
# Situational Update

## As of Jan. 12:

- **Cases:**  
**328,028** confirmed; **31,329** probable
- **Deaths:**  
**5,358** confirmed; **502** probable
- **Hospitalizations:**  
**2,453** currently (80.88%)

# Disproportionate Impact on Minorities

## Racial Breakdown of COVID-19 Cases and Deaths vs. SC Population as of Jan. 10, 2021

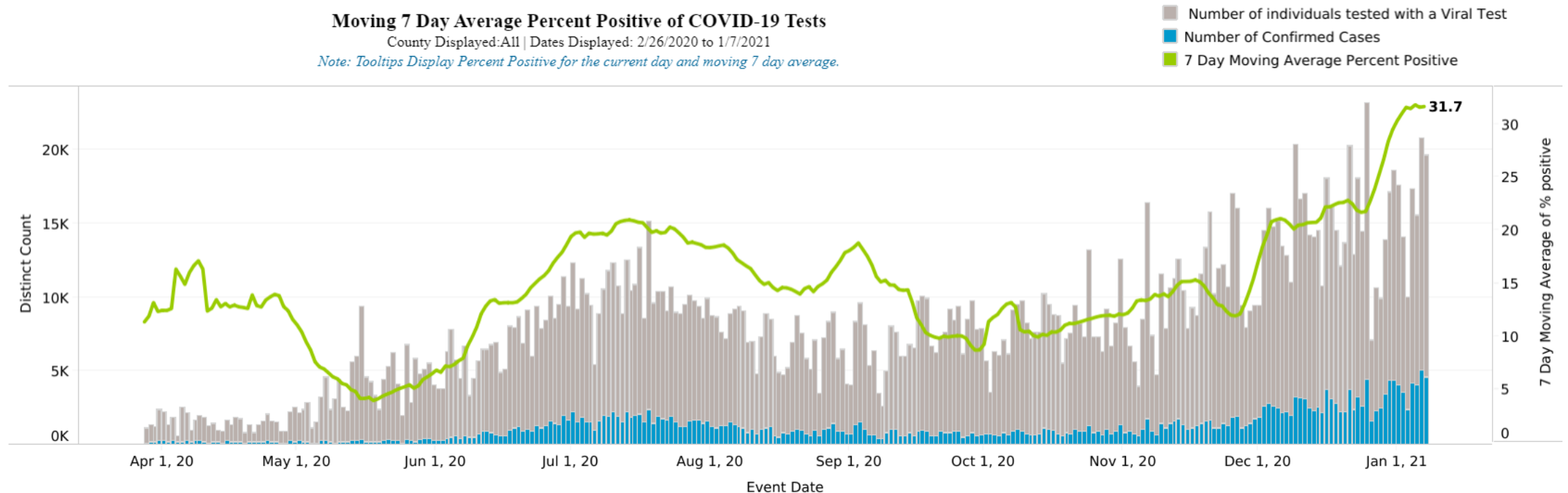




# % Positive Rate vs. Number of Daily Tests Performed

South Carolina is facing new record highs in COVID-19 cases.

- Reported **5,077** new cases on Jan. 8; **34.2%** positive rate on Jan. 7.



# Mitigation Strategy

**South Carolina has shifted from containment to mitigation.**

- Occurs when **cases of disease** exceed capacity to **investigate**
- **Maximize effectiveness** of case and contact investigation:
  - household contacts exposed in the **past 6 days**
  - people living, working or visiting **congregate living facilities, high density workplaces** or **other settings** (or events) with potential extensive transmission

# Testing

Marshall Taylor, Acting Director

# DHEC's Role in Testing

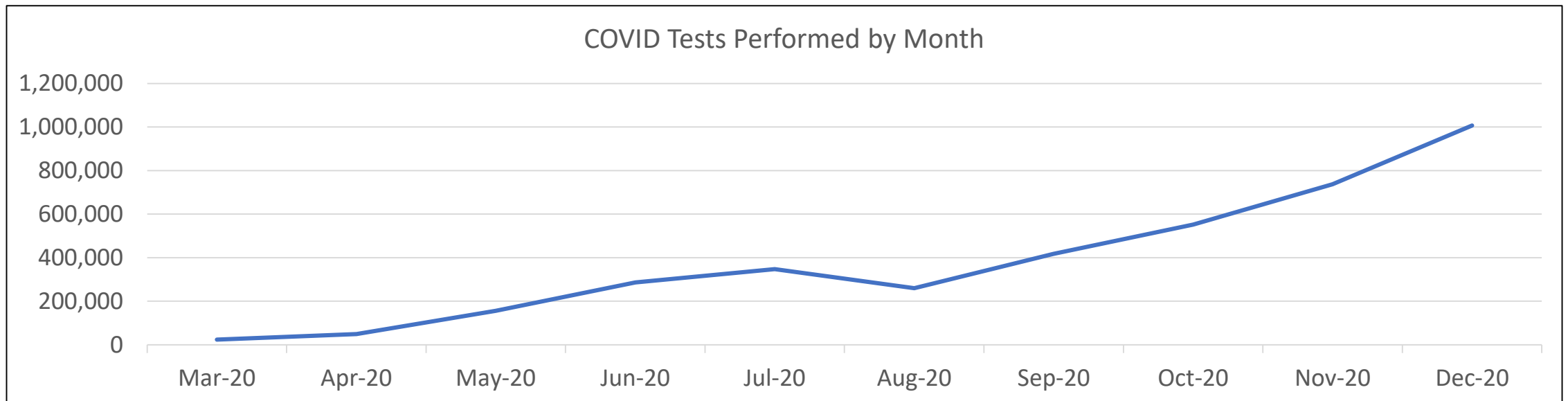
**Financial, logistical and administrative support for the state COVID-19 testing plan:**

- **Regular Communication** with MUSC and SCHA
- **Collaboration** with local partners (hospitals, medical providers, local community leaders, other stakeholders)
- **Access** to hotspot and testing sites/density data
- **Coordination** of all testing efforts
- **Providing** needed resources, testing kits and other supplies

# Progress on Testing

**South Carolina continues to increase our testing capacity.**

- **> 4 million tests** results reported
- **440,000 new distinct individuals** in Dec. (▲ ~30% from Nov.)



# An Expansive Testing Strategy

**DHEC continues to work with regional health systems and other community partners to deploy the statewide testing strategy.**

**Our strategy focuses on three priority areas:**

1. Universal Testing of Nursing Home Residents and Staff
2. Expanding Testing in Under-Resourced Minority and Rural Communities
3. Conducting Mass Testing in Urban Areas

# Challenges

## Initial Challenges:

- High demand
- PPE / testing supplies
- Weather conditions
- Staffing
- Suitable venue (traffic, space, shelter, etc.)
- Responding to local needs/hotspots while ensuring access to testing across the state
- Testing in Residential Care Facilities

## Lab challenges:

- Supply disruptions/shortages
- Delays at some private labs
- Electronic interfaces
- Capacity

# Process Improvements

- **Providing:**

- Testing opportunities at least **once per week** in each county
  - **2 per week** in larger counties
- Access to testing during the weekends
- Testing **daily** in large metropolitan areas
- Increased average number of daily testing opportunities from **7.7 events a day** to **12 events a day**

- **Public Health Laboratory Capacity:**

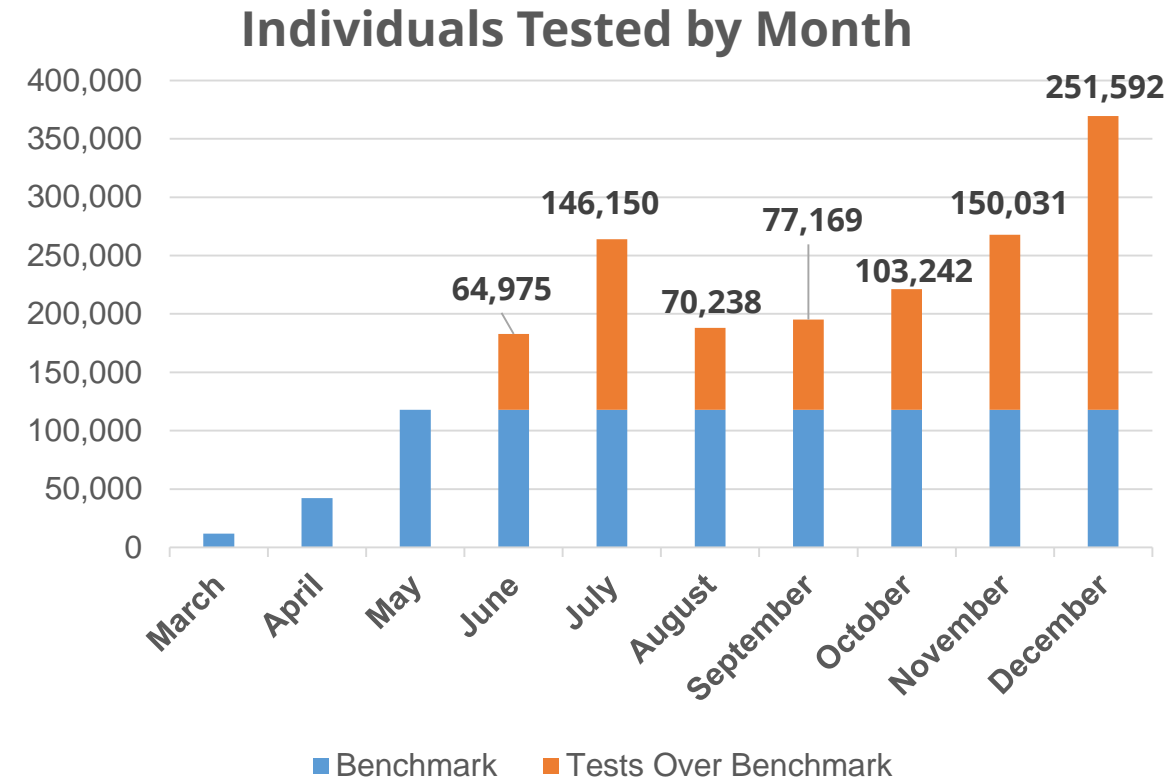
- Started at **300** specimens per day
- Expanded to **3,500** per day by early June
- Performed **564,862** or **14%** of total tests in the state
- Results in **48 hours or less**



# Next Steps

DHEC continues to work with MUSC, PRISMA, SCHA and other partners to expand access to testing across the state.

- **310 testing sites** currently open.
  - **71** DHEC sites
  - **239** partner sites
- Supporting **vaccine distribution**.



# **COVID-19 Vaccines**

**Dr. Brannon Traxler**

# Vaccine Rollout Plan Summary

- Build a **pipeline of providers across the state** (pharmacies, private physicians, health departments, mobile pharmacies, FQHCs, etc.)
- **Allocate Pfizer (<70) to hospitals and initial allotment of Moderna to Long Term Care Facilities (LTCF)**
- **Allocate Moderna** to providers **without ultra-cold storage capability** (after LTCF needs met)
- **Allocate Pfizer** to providers **with and without ultra-cold storage capability**
- Eligible recipients or their employers (based on Phase) **make appointments with providers who have vaccine**

# Vaccine Rollout Plan Summary (Cont.)

- When vaccine is more widely available, **open mass vaccination drive through clinics**
- **Accept and use ALL allocated vaccine available** from the federal government as soon as it is available
- Ensure **second dose allotment is used for the second dose** to make sure vaccine is effective for populations

# Vaccine Rollout Challenges

- Initial and unexpected **expansion of Phase 1a population** from ~**184,000** to ~**353,000**
- **Logistics managing ultra-cold 70°C logistics**, minimum order of 975 doses (Pfizer vaccine)
- **Limited initial state allotment** from federal government, ~**64,000 doses** received a week (1/2 Pfizer, 1/2 Moderna)
- **Limitations of the Federal VAMS system**, need for statewide appointment system

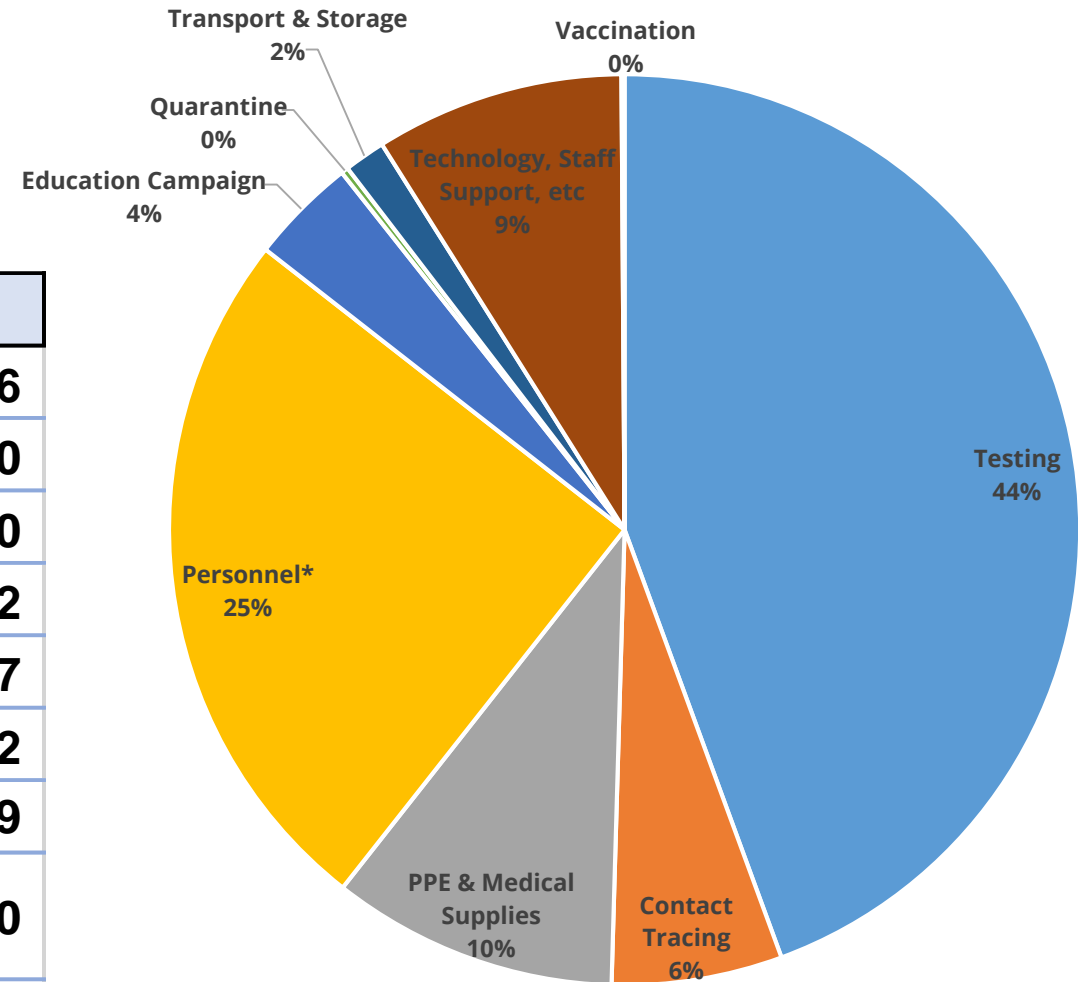
# Financial Overview

**Darbi MacPhail, Chief Finance & Operations Officer**

# DHEC COVID-19 Expenditures

As of 1/10/2021

Category	Expended
Testing	53,095,486
Contact Tracing	7,239,300
PPE & Medical Supplies	12,151,160
Personnel*	29,810,172
Education Campaign	4,533,377
Quarantine	302,122
Transport & Storage	1,749,359
Technology, Staff Support, etc	10,562,370
Vaccination	131,411
<b>Total</b>	<b>119,574,756</b>



# COVID-19 Funding Outlook

## Federal Funding:

- 100% of Coronavirus Relief Funds (CRF) allocated to DHEC have been spent, some accounting clean- up still pending
- Federal funding allocated through September 2024 for allowable **Testing and Contact Tracing Costs: ~\$415M total** over 4 years
- Federal funding allocated through September 2024 for allowable **Vaccination Costs: ~\$52M total** over 4 years



# COVID-19 Funding Outlook (continued)

- Federal guidance for latest round of funding still pending

## State Funding:

- Needed for activities not specifically allowed by Federal funds
- After CRF reimbursement, **\$45M available** from Act 135 COVID-19 Response Fund
- Requesting additional **\$62.5M in reserve** for mass vaccination and COVID response

## Projected Costs – CY2021\*

Category	CY2021
Testing	121,640,970
Contact Tracing	26,039,934
PPE & Medical Supplies	6,600,000
Personnel**	71,400,000
Education Campaign	12,000,000
Quarantine	120,000
Transport & Storage	3,000,000
Technology, Staff Support, etc	4,915,000
Vaccination	106,850,340
<b>Total</b>	<b>352,566,244</b>

## Available Funds – CY2021\*\*\*

Source	CY2021
Federal Testing & Contact Tracing	215,000,000
Federal Vaccination Funding	30,000,000
Covid-19 Response Fund	45,000,000
<b>Total</b>	<b>290,000,000</b>

## Additional Need – CY2021

Projected Costs	352,566,244
Less Available Funding	(290,000,000)
	<b>62,566,244</b>

\* Actual costs will vary based on disease burden, testing and vaccine demand

\*\* Personnel costs support critical needs such as testing, contact tracing, vaccination, etc.

\*\*\*Assumes a large proportion of Federal funds spent in CY2021, with additional costs being incurred in years 2022-2024

# DHEC by the Numbers

## DHEC Team

- Currently **over 4,000 employees** strong
- Operating **105** facilities in **46 counties** across the state
- DHEC legal responsibilities currently touch on **more than 360** state and federal statutes and regulations as well as state provisos

# DHEC by the Numbers (continued)

## Sample Day-to-Day Operations in the Past Year

- **538,583 clinical client encounters** in our local health departments
- **Over 3 million public health laboratory tests performed**
- **32,410,084** Prescription Monitoring Program (PMP) patient queries
- **Over 61,000** environmental inspections
- **Over 47,500** active environmental permits

# FY 2022 Budget Request Overview

[illegible]

# Critical Needs

Request Priority & Title		Recurring	One Time
1	Vaccine Funding for Disease Control Response	\$997,000	
2	Able Site Cleanup		\$4,512,000
3	Funding for Hazardous Waste Emergency Response	\$1,051,172	
4	Sustaining the Air Quality Program	\$1,950,785	
5	Sustaining the Resource Conservation and Recovery Act (RCRA) Program	\$635,594	
6	Partnerships to Improve Rural Water and Sewer Infrastructure	\$240,810	
7/8	Funding for Additional Newborn Screenings (Dylan's Law)	\$543,619	\$101,128
9	Salary Increases for Critical Position Retention	\$5,037,468	

# Critical Need: Priority 1

## Flexible Vaccine Funding: \$997,000 (Recurring)

- **Need:** Outbreaks have been increasing nationwide, particularly in vaccine-preventable diseases. This includes the current hepatitis A outbreak in SC. DHEC must be prepared to address outbreaks and improve immunization rates. **Federal funds for vaccines are declining** due to an unexpected number of outbreaks and prevention/response efforts.
- **Solution:** Secure funding to purchase vaccinations for **mitigating outbreaks and improving immunization rates** for vaccine-preventable diseases. Doses would be administered at local health departments and in conjunction with community partners.
- **Methodology:**
  - **31,000 total doses** of hepatitis A and Measles, Mumps, and Rubella (MMR) vaccines: **\$997,000**
  - Actual vaccination purchases will be based on current need

# Critical Need: Priority 2

## Able Contracting Site Cleanup: \$4,512,000 (One Time)

- **Need:** The Able Contracting, Inc. facility in Jasper county presents a risk of combustion and potential for environmental impacts due to runoff. Complete site cleanup is necessary to **ensure the health and safety of nearby residents and to reduce the potential impact on the environment.**
- **Solution:** Secure one-time funds to cover the cost of **removing material from the site.**
- **Methodology:**
  - Costs include labor and equipment needed to move debris, disposal of debris, and fire suppression.



# Critical Need: Priority 2 (continued)

Critical Need: Priority 2 (cont.)

**Able Contracting Site Cleanup: \$4,512,000 (One Time)**



7/16/19



8/8/19

# Critical Need: Priority 2 (continued)

**Able Contracting Site Cleanup:** \$4,512,000 (One Time)



**1/7/2020**  
*(both)*





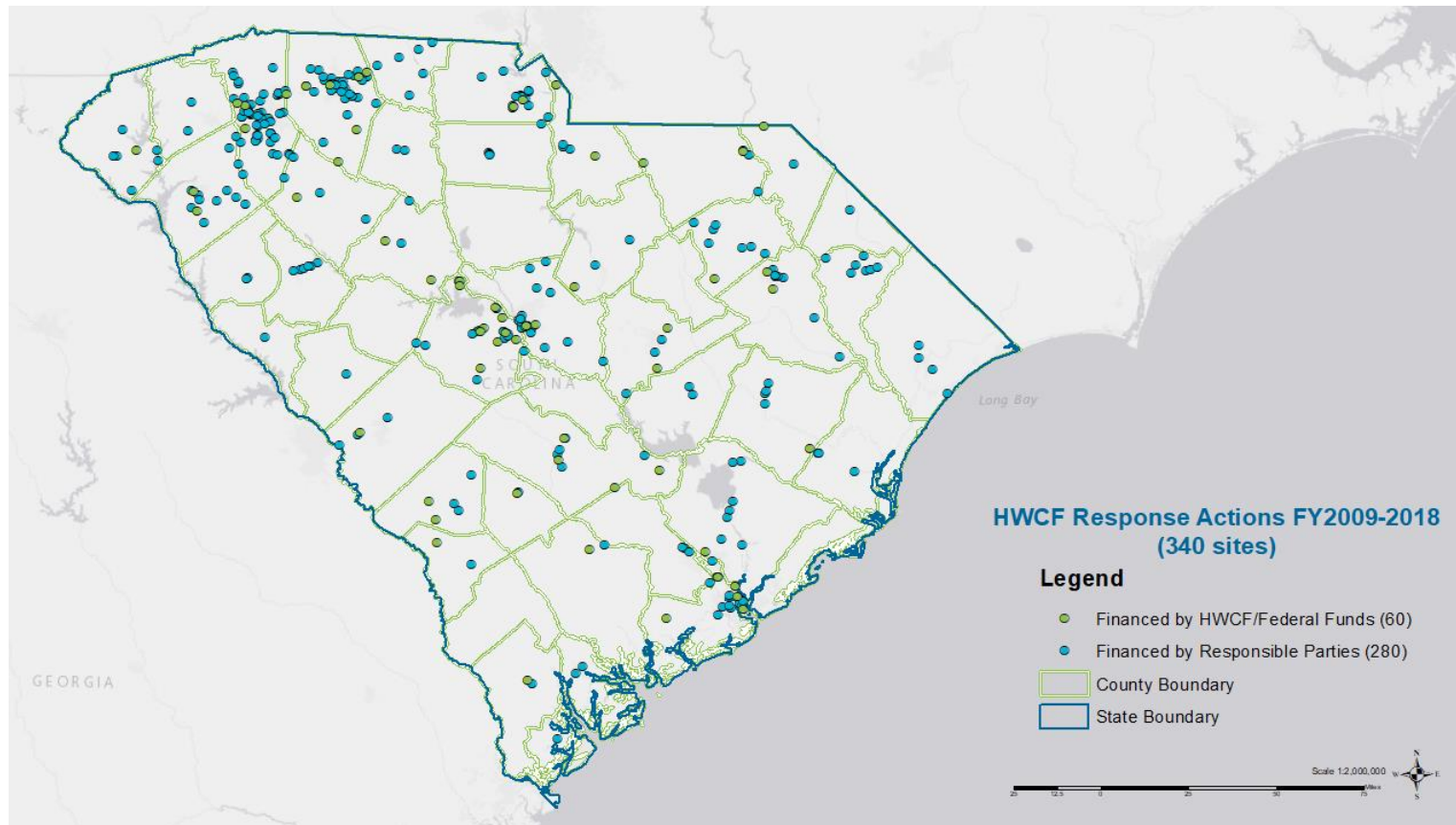
# Critical Need: Priority 3

## Hazardous Waste Emergency Response: \$1,051,172 (Recurring)

- **Need:** The Hazardous Waste Contingency Fund (HWCF) balance has declined due to a loss of fee revenue from the closure of the Pinewood facility as well as multiple large cleanup efforts totaling almost \$10M in the last 10 years. Oversight and cleanup costs are also increasing. Without an appropriate balance in the HWCF, funds are not available to respond to hazardous waste emergencies or to leverage federal remediation resources.
- **Solution:** State funds are needed to shift personnel costs associated with cleanup oversight of the HWCF. Reducing these expenditures to the fund will provide sustainable funding for routine cleanups (\$100k-\$600k) and cost share for federal cleanup sites. *Large-scale cleanup efforts will be funded on an individual basis, which may include future appropriation requests.*
- **Methodology:**
  - Personnel cost for 12 current FTEs: **\$1,051,172** (*1 Program Manager, 4 Engineers, 2 Environmental Health Managers, 5 Geologists*)
  - Existing FTEs must be converted from Restricted to State in order to utilize state funds

# Critical Need: Priority 3 (continued)

Hazardous Waste Emergency Response (cont.): \$1,051,172



# Critical Need: Priority 4

## Sustaining the Air Quality Program: \$1,950,785 (Recurring)

- **Need:** Federal air emission limits are stricter, requiring more oversight, while at the same time, fee revenue is declining. Current projections indicate that the fund balance will be in a deficit in FY21. DHEC has initiated the regulatory process to increase fees and is working with stakeholders to determine equitable changes. Stakeholders have strongly advocated for state support of these requirements.
- **Solution:** Support the program by moving a portion of staff funding onto state appropriations. This provides sustainable funding to continue work necessary for SC to attain air quality standards and meet the needs of the business community. DHEC will continue working with stakeholders to determine appropriate modifications to current fee and funding structures to address the remaining deficit.
- **Methodology:**
  - Existing FTEs must be converted from Earmarked to State FTEs in order to utilize state funds
  - Personnel cost for 27 current FTEs: **\$1,950,750** (*6 Engineers, 21 Environmental Health Managers*)

# Critical Need: Priority 5

## Sustaining the Resource Conservation and Recovery Act (RCRA) Program: \$635,594 (Recurring)

**Need:** Federal grant reductions (\$327,330) and complex permit determinations have reduced capacity in the RCRA program. Permit and review delays can increase timeframes for development and places an undue burden on industry.

**Solution:** Replace funding lost in federal grant reduction and increase staffing levels in the program. This meets industry needs by reducing permit timeframes and providing regulatory relief.

### Methodology:

Personnel cost for 3 new FTEs: **\$308,264** (*1 Engineers, 2 Environmental Health Managers*)

Personnel cost for 3 current FTEs: **\$237,347** (*1 Environmental Health Manager, 1 Engineer, 1 Geologist*)

Existing FTEs must be converted from Federal to State to utilize state funds

Operating expenses (training, general supplies) lost in federal reduction:  
**\$89,983**

# Critical Need: Priority 6

## Partnerships to Improve Rural Water and Sewer Infrastructure: \$240,810 (Recurring)

**Need:** Many of South Carolina's sewer systems are in poor condition due to improper operation and maintenance as well as infrastructure being used past life expectancy. Growing populations, inadequate capacity, and groundwater inflow and infiltration all add further stress to these aging treatment and conveyance systems, often resulting in system upsets.

**Solution:** Create two new positions within the Office of Rural Water that will work collaboratively with systems to identify problems and develop solutions.

### Methodology:

Personnel cost for 2 FTEs: **\$199,059** (2 *Environmental Health Managers*)

General supplies, computers, field equipment, travel and operating costs: **\$10,941**

Field vehicle: **\$30,810**

# Critical Need: Priority 7

## Funding for Additional Newborn Screenings: \$543,619 (Recurring)

**Need:** Act 55 of 2019 directed DHEC to add three additional lysosomal storage disorder tests to its current panel of newborn screenings (Krabbe disease, Pompe disease, Hurler syndrome). Implementation is contingent upon available funding, which is currently not available in the Public Health Laboratory.

**Solution:** Secure funding for equipment, supplies and medical consultations in order to perform the required tests. Funding will also create three new positions to perform tests and provide follow-up and referrals.

### Methodology:

Personnel cost for 3 FTEs: **\$253,346** (*1 Program Coordinator, 2 Laboratory Technologists*)

General supplies, computers, and training costs: **\$15,662**

Laboratory equipment, supplies and confirmatory testing: **\$224,661**

Medical consultant: **\$49,950**



# Critical Need: Priority 8

## **Funding for Additional Newborn Screenings: \$101,128 (One Time)**

**Need:** Act 55 of 2019 directed DHEC to add three additional lysosomal storage disorder tests to its current panel of newborn screenings (Krabbe disease, Pompe disease, Hurler syndrome). Implementation is contingent upon available funding, which is currently not available in the Public Health Laboratory.

**Solution:** Secure funding to renovate laboratory space for appropriate equipment and to purchase initial staff materials.

### **Methodology:**

Laboratory renovation costs (400 sq. ft): **\$80,000**

Initial supplies, computers, furniture: **\$21,128**

# Critical Need: Priority 9

## Salary Increases for Critical Position Retention: \$5,037,468 (Recurring)

**Need:** DHEC's average salaries are below the state agency averages in numerous job classifications. Salary inequities are leading to high turnover rates in critical classifications, impacting services to constituents.

**Solution:** Secure funding to begin addressing turnover by providing salary increases in select classifications.

### Methodology:

Personnel costs to bring agency average up to state average for specific classifications in the following series:

Administrative Services: **\$1,322,979** (*e.g. frontline clinical staff*)

Engineering Services: **\$1,393,261** (*e.g. permit engineers*)

Health & Safety: **\$763,458** (*e.g. environmental monitoring and compliance*)

Laboratory Services: **\$219,012** (*e.g. chemists*)

Nursing Services: **\$1,338,758** (*e.g. nurses*)

52 existing FTEs must be converted from Federal/Other to State to utilize state funds

# Proviso Amendment Request

## 34.8 Emergency Medical Services (Amend)

Current language directs 50% of all unexpended EMS program funds be directed to SC EMS Association.

Revised language clarifies which unexpended EMS funds will be directed to the SC EMS Association; specifically, 50% of funds allocated for aid to counties that were unclaimed by the counties.

# Proviso Amendment Request

## 103.3 SC Health & Human Services Data Warehouse (Amend)

The current proviso exempts DHEC's Client Automated Record and Encounter System (CARES) from specific requirements related to the Data Warehouse.

As DHEC is in the process of developing an electronic health records system which will replace CARES, the revised language extends this exemption to CARES "or other electronic health record system."

# Proviso Deletion Request

## 34.50 Ocean Water Quality Outfall Initiative (Delete)

This proviso directed DHEC to make funds in the Beach Renourishment Fund available to Horry County Ocean Water Quality Outfall Initiatives. Funds were distributed accordingly in FY19.

We are requesting deletion of this proviso because all applicable funds were expended in FY19.

# New Proviso Request

## Reimbursement for Expenditures (Add)

This proviso allows DHEC to retain all reimbursements received in the current fiscal year for expenditures which were incurred in a previous fiscal year.

DHEC could retain state appropriations reimbursements received a fiscal year for expenditures which occurred in a previous fiscal year.

Proposed language:

*The Department of Health and Environmental Control is authorized to collect, expend, retain and carry forward for general operating purposes all funds received in the current fiscal year as reimbursement of expenditures incurred in the current or prior fiscal year(s).*

# New Proviso Request

## DHEC: Organizations Receiving State Appropriations (Add)

DHEC has a number of provisos that allocate a specific appropriation amount to other agencies, organizations and programs. This proviso clarifies the Department's ability to unilaterally reduce these line items up to a stipulated percentage when instructed by the Executive Budget Office or the General Assembly to reduce funds within the Department.

Proposed language:

*Notwithstanding any other provisions of this act, the funds appropriated herein general funds made available to the Department of Health and Environmental Control for the allocation/contribution of specific amounts of state aid to organizations, programs, special items or activities shall be distributed as appropriated except when instructed by The Executive Budget Office or the General Assembly to reduce funds within the Department by a certain percentage, the Department may unilaterally reduce these items up to the stipulated percentage.*

# Wrap-Up

## Summary

**COVID-19 Response – Additional \$62.5M Reserved Funding Requested**

**No Formal State Budget Request**

**Critical Needs:**

\$10,456,448 Recurring

\$4,613,128 Non-recurring

8 New FTEs, 94 conversions

**Proviso changes: 2 amendments, 1 deletion, 2 additions**



# **Additional Background**

## **Vaccine Distribution**

# Understanding the Roles of the Advisory Committees

- **CDC's Advisory Committee on Immunization Practices (ACIP)** provides guidance on phases
- **SC COVID-19 Vaccine Advisory Committee (VAC)** applies that guidance to South Carolina and provides recommendations to DHEC
  - **~2 dozen members** from organizations and entities that represent SC's diverse population
  - Meetings are open to the public
  - **[scdhec.gov/vac](https://scdhec.gov/vac)** for information and to watch meetings

**Phases 1a – 2 (± 3)**

# COVID-19 Vaccines Administered

- Received a federal allocation of **176,725 Pfizer vaccines**, which includes **20,115 received just this week** with more coming today
  - **74,625 healthcare workers** received their first dose of the vaccine,
  - **17,187** have received their second dose, and
  - **105,859** have made appointments as of this morning to be vaccinated
- Dedicated **100% of Moderna vaccine doses** to vaccinating **LTCF residents and staff during first 2 weeks**, now available to others
  - **12,968 LTCF residents** and **6,727 staff** have received their first dose of Moderna vaccine
  - CVS and Walgreens currently have completed **253 clinics**, scheduled **750 more**

# Onboarding Providers

- **177 activated sites**, currently able to receive vaccines
- **876 approved sites**, ready to be activated once more vaccines become available
- **755 organizations** signed up
  - Some like CVS/Walgreens have multiple sites
  - Others are independent (help to reach rural communities)
- **FQHCs** to begin receiving vaccines next week

# Expanding Access

**DHEC recognizes the urgent need to vaccinate as many people as possible in our state to stop the spread of COVID-19.**

- Enrolled **100% Skilled Nursing** and **Assisted Living** facilities in federal program
- With SCHA, encouraged hospitals to **vaccinate non-affiliated Phase 1a members**
- Urged Phase 1a healthcare workers to **quickly schedule appointments**
- With LLR, communicated update to ~ **200,000 licensed healthcare** and **EMS workers**
- Encouraged hospitals to begin **vaccinating admitted non-COVID-19 patients age 65 years+**
- Started efforts to **further non-hospital testing sites**; rapid expansion in coming weeks
- Evaluating ability to **expand # of trained medical professionals** available to vaccinate, including last year nursing students and retired nurses

# Growing Number of Scheduled Appointments

- **Appointments as of Jan. 11:**
  - **Scheduled – 94,926**  
Increased from initial **2,241** on 12/15/2020
  - **Completed Appointments – 41,508**  
Increased from initial **115** on 12/15/2020
  - **Average Appointment Duration – 8.3 minutes**  
Decreased from initial **13.7 minutes** on 12/15/2020

# COVID-19 VACCINE FLOW IN SC

This graphic shows the progression of the vaccine from the federal government to the state and the steps along the way from providers to vaccine recipients.<sup>1</sup>



Suppliers  
started shipping  
Dec. 13, 2020  
(ships weekly)

PROVIDERS	VACCINE ARRIVAL
Acute Care Hospitals	Dec. 14, 2020
CVS/Walgreens (LTCF) <sup>3</sup>	Dec. 28, 2020
Non-Acute Care Hospitals	Jan. 4, 2021
Limited Pharmacies	Jan. 18, 2021
Limited Private Physicians	Jan. 11, 2021
Limited Urgent Care	Jan. 11, 2021
Limited DHEC Sites	Jan. 11, 2021

## PHASE 1 IN SC STARTS

Vaccine first received Dec. 14, 2020

### PHASE 1A (CURRENTLY ONGOING):

- Healthcare workers
  - Includes home health and hospice workers, dentists and dental hygienists/assistants, pharmacists, and more.
- LTCF residents and staff
- Admitted hospital patients, aged 65+
- 70+ with or without underlying health conditions

Estimated population: 980,816 <sup>4</sup>

See more detailed listing of Phase 1a at [scdhec.gov/vaxfacts](https://scdhec.gov/vaxfacts)

### PHASE 1B (LATE WINTER): <sup>2</sup>

- 75+ with or without underlying health conditions
- Frontline essential workers

Estimated population: 917,573 <sup>4</sup>

See more detailed listing of Phase 1b at [scdhec.gov/vaxfacts](https://scdhec.gov/vaxfacts)

### PHASE 1C (EARLY SPRING): <sup>2</sup>

- Essential workers continued
- 65–74 with or without underlying health conditions
- 16–64 with underlying health conditions

Estimated population: 3,098,987 <sup>4</sup>

## PHASE 2

### PHASE 2 (LATE SPRING – FALL): <sup>2</sup>

- All people who wish to be vaccinated
- Widespread availability

THE COVID-19 VACCINE

#### FOOTNOTES:

1. All phase groups are subject to change based on CDC/ACIP/VAC recommendations
2. All estimates subject to change due to vaccine availability, demand, and provider participation.
3. Vaccine allocated to Long-Term Care Facilities (LTCF)
4. Sources: SC Department of Commerce and DOD Tiberius Planning Tool

# Logistical Considerations

## Storage Temperatures

Shipments in South Carolina arrive at the first of the week.

- **Pfizer-BioNTech vaccine MUST be stored in ultra-cold freezers at -70°C**
  - Can be stored in its **thermal shipper with dry ice** for **up to 30 days**
  - Stable at **refrigerator temp** for **5 days**
- **Moderna vaccine MUST be stored in standard freezers at -20°C**
  - Stable at **refrigerator temp** for **30 days**



# Logistical Considerations

## Storage Life and Doses Received

- **Both can be stored in freezers up to 6 months past manufacturing date**
- **Pfizer vaccine comes in trays of 975 doses**
  - DHEC may redistribute the vaccines; but NOT other facilities
  - Stable at **room temp** for **6 hours**
- **Moderna comes in trays of 100 doses**
  - Stable at **room temp** for **12 hours**
- ✓ **Goal: Determine amount of vaccine needed and avoid waste**

# How do Providers get their Vaccines?

**Allocations in South Carolina arrive at the first of the week.**

- 1. Pfizer vaccines shipped to entities with ultra-cold storage capabilities (e.g., hospitals)**
- 2. Pfizer vaccines are directly shipped to DHEC distribution center, repackaged and shipped to providers (e.g., small hospitals)**
- 3. Moderna vaccines are directly shipped to providers (e.g., pharmacies for LTCFs and nursing homes, limited health departments)**
- 4. Limited Moderna vaccines are directly shipped to DHEC distribution center, repackaged and shipped to small providers (e.g., small hospitals)**

# Next Steps

- All residents **aged 70+, regardless of health status or preexisting conditions**, can begin scheduling appointments on Jan. 13
- **Moderna vaccine** now available outside of LTCF program
- **Supporting rural and unserved communities:**
  - Increase **# of DHEC mobile clinic** locations
  - Working with partners to establish **vaccine provider locations**
  - continuing to **educate and inform** rural, minority, and non-White communities about vaccine safety and efficacy