



February 9, 2021

(via email WestonNewton@schouse.gov)

The Honorable Wm. Weston Newton
Chairman, House Legislative Oversight Committee
228 Blatt Building
Columbia, SC 29201

Dear Chairman Newton:

Thank you for the opportunity to provide information on the Department of Health and Environmental Control's efforts related to the COVID-19 vaccine during our meeting on January 21, 2021. As requested in your letter dated February 2, I am pleased to provide the following information:

- (1) Please provide a detailed explanation of the recent DHEC board decision pertaining to vaccine including: (a) information being gathered to present at the next board meeting, and (b) issues on which the agency anticipates the board may make decisions related to vaccine allocation and rollout at the next meeting.**

The Board of Health and Environmental Control considered two formulas proposed by staff at the previous meeting. The Board approved the COVID-19 vaccine allocation model based on population size per county (Model A). The Board was presented with a second option, Model B, which considered the Social Vulnerability Index (SVI) you reference and the proportion of people 65 and older in each county, in addition to population within counties. Application of the model was stayed pending receipt of additional information at the February board meeting.

At the Board meeting scheduled for February 11, 2021, the Board will consider logistical details regarding implementation of Model A in deciding how the plan shall proceed. This will include how the per capita model can best provide access to vaccines for all South Carolinians. The Board has asked agency staff to estimate the allocation on a per capita basis for each county for the weeks following the previous meeting to present for the review at this meeting.

- (2) What is the process for determining if certain categories of individuals (e.g., teachers, support staff, day care walkers, mental health counselors, etc.) should be moved to a different phase?**

DHEC convened the SC Vaccine Advisory Committee (VAC) to inform a diverse array of stakeholders about what to anticipate regarding COVID-19 vaccinations, to facilitate community input, and to plan for equitable allocation of COVID-19 vaccines. The Committee membership is diverse with organizational representation of health care and vaccine providers, health care delivery systems and coverage, populations at increased risk for severe COVID-19, and policy and planning decision-makers. The VAC has met weekly since September 2020 with a few exceptions for holidays. The VAC examined several approaches to determining phased vaccine allocation.

Using the National Academies of Science, Engineering, and Medicine (NASEM) *Framework for Equitable Allocation of Vaccine* report NASEM, formerly the Institute of Medicine, convened a series of meetings over 2.5 months with a committee of scientists, clinicians, epidemiologists, ethicists, racial / ethnic minority organizational leaders, academics in policy and strategy, and legal and regulatory experts, to draft a framework for equitable SARS-CoV-2 vaccine allocation.

Like NASEM's approach, the VAC recommended that vaccine allocation proceed in three phases, the first of which was split into Phase 1a and 1b. The VAC reached consensus about who would be included in Phases 1a, 1b and Phase 2. On December 20, 2020 the Advisory Committee on Immunization Practices (ACIP) announced their recommendations that divided Phase 1 into three subgroups Phases 1a, 1b, and 1c. In the interest of being consistent with ACIP, the VAC revised the interim 1b plan into 1b and 1c. Requests for phase re-prioritization and/or clarification received by DHEC were brought to the VAC. When consensus could not be met on some decisions, DHEC asked VAC members to indicate their views by vote. The VAC is an advisory group that makes recommendations; final decisions about phased allocation of vaccine are made by DHEC.

(3) Has the agency made any changes to the prioritization of individuals to receive the vaccine since the meeting?

Yes. The Governor announced a change to Phase 1a to include those aged 70 and older. DHEC, in consultation with the VAC and upon review of changing recommendations from ACIP, CDC, and/or emerging data about risk of exposure to SARS Co-V-2 and/or severe COVID-19 disease, made additional changes:

- Some additional workers in health care settings were moved from 1b to 1a e.g., dentists, dental hygienists and dental assistants.
- Upon the recommendation of the South Carolina Chapter of the American Academy of Pediatrics VAC representative, caregivers for medically complex, severely disabled children were added as they are a lifeline to these children such that if a caregiver needed to isolate because of COVID infection, the child's medical status would be substantially impacted.

In addition, DHEC, upon recommendation of the VAC added clarification to Phase 1b: frontline essential workers are those who are in sectors essential to the functioning of society and are at unavoidable, *substantially higher risk of exposure to SARS-CoV-2*, that is, their occupational risk is above that of the general population.

(4) Are providers permitted to allow any person, regardless of phase eligibility, to receive the vaccine to avoid waste?

Yes. No doses of vaccine should ever be wasted. It is better to vaccinate an available person out of phase than to waste vaccine. However, vaccine providers should put systems in place to avoid or mitigate such circumstances. These measures could include:

- Opening a vial only when there are the enough in-phase individuals present and waiting for vaccine to use all doses in the vial. If there are fewer in-phase people available, they should re-schedule rather than risk wasting vaccine
- Documentation of eligibility for in-phase vaccination should be made before a vial is opened. This can be done by a screener before the individual gets in line for vaccination
- If a mistake occurs and a vial has been opened with an insufficient number of in-phase people are available, a call-back system should be used to alert in-phase individuals who have signed up for call-back with information on the availability of vaccine and the response time needed
- If despite these safeguards, no in-phase person is available, it is better to vaccinate a person out of phase than waste vaccine

(5) What communication has DHEC given to providers to help them understand this process? Please provide any communications sent to providers regarding this issue.

DHEC communicates with providers regularly to communicate the latest guidance, best practices, helpful resources, and support their efforts to administer vaccine to South Carolinians.

- Prior to enrollment, providers must complete the provider enrollment agreement (attachment 1) which includes the requirements for participating in the program.
- During the enrollment process, the enrollment team has several email communications that are utilized to communicate to providers (attachment 2).
- Once enrolled providers are activated, the providers receive notification that they have been enrolled and receive an onboarding packet to review (attachment 3). Information is provided about where to find additional resources and guidance for onboarding and onboarding live session and guidance is provided on administration, storage and handling, Vaccinefinder, phase 1a eligibility (attachment 4), the Vaccine Adverse Event Reporting System (VAERS) co-managed by the Centers for Disease Control and Prevention and the Food and Drug Administration, the CDC V-Safe After Vaccine Health Checker tool, and the availability of provider town halls (question and answer sessions).
- During onboarding sessions, all necessary information on being a vaccine provider and use of VAMs is provided (attachment 5).

For all providers, town hall question-and-answer sessions occur on every Wednesday and Friday for any provider who wishes to join; this is a time to share updated guidance and answer questions. After the conclusion of a town hall, the recording and/or materials are updated and posted online for reference to all providers (attachment 6).

Providers have also received email guidance as the program has evolved to ensure continuity of services and continued awareness of updates (attachments 7, 8, 9, and 10).

DHEC continues to update the COVID-19 vaccine provider website with the latest guidance, and information; this page can be accessed directly at <https://scdhec.gov/covid19/guidance-healthcare-professionals-covid-19/covid-19-vaccine-provider-enrollment>.

(6) What safeguards are in place to guarantee that if someone receives a first dose that a second dose will be available?

DHEC manages its federal allotment in order to ensure that there are sufficient second doses to match first doses given three weeks prior. First and second doses are allocated separately to the State on a weekly basis for both Pfizer and Moderna vaccine. DHEC orders from these second dose allocations on the same weekly basis to ensure providers have second doses available to those who received a first dose either three or four weeks prior, depending on the product. Ordering 'just in time' second doses ensures they are not mistakenly allocated or used as first doses and therefore provides a second dose to all who have received a first.

(7) Does the agency have a mechanism for contacting individuals who have not returned for their second dose?

Providers can utilize the reminder/recall functionality in Vaccine Administration Management System (VAMS) for a second dose appointment if the individual used VAMS to schedule their first dose. Providers may also use existing patient recall mechanisms to remind patients to return for their second dose appointments.

(8) Has the agency partnered with or hired logistical consultants to assist with the development of the agency's vaccine distribution strategy? If so, please identify these partners or consultants, as well as the services or expertise they provide.

DHEC has partnered with the S.C. National Guard and the S.C. Emergency Management Division (SCEMD) and engaged Witt O'Brien's, a leading national emergency management and disaster response contractor. Representatives of each of these partners are currently integrated into the DHEC Incident Command, assisting with immunizations planning and distribution. As additional needs are identified, DHEC will work with these partners to expand their staff.

(9) Has the agency included local physicians and independent pharmacies in its vaccine distribution strategy? If so, please explain the phase in which they will participate.

Dozens of local providers and independent pharmacies have enrolled as South Carolina COVID-19 vaccine providers. DHEC has activated local providers and independent pharmacies to receive and administer COVID 19 vaccine, and additional enrolled providers will be activated as COVID-19 vaccine supply increases.

(10) What assistance will the agency provide to help these local providers acquire the capability to distribute the vaccine?

DHEC provides assistance to providers in several ways:

- DHEC provides a help desk resource to answer questions related to VAMS. DHEC offers several training and support sessions on how to properly utilize the VAMS systems to include scheduling, reporting, and vaccine management.
- DHEC operates a vaccine redistribution center to accommodate providers that do not have ultra-cold storage capability and/or the ability to accept a minimum quantity of vaccine directly from the manufacturer and/or CDC.
- DHEC provides supply kits with additional necessary components to administer the vaccine such as alcohol pads, band-aids, cotton balls, gloves, and surgical face masks. These supplies are not included in the federal ancillary supply kits that accompany the vaccine.

(11) What would be needed to authorize/equip more private physicians and independent pharmacies to administer the Pfizer vaccine?

Prior to activating additional providers, South Carolina must see an increase in Pfizer vaccine allocation that is sufficient to equip new providers with enough doses to support logistically efficient and effective vaccine clinics. However, an additional challenge is that activated provider facilities should have the ability to store Pfizer vaccine at ultra-cold temperatures, but this equipment is highly specialized and difficult to acquire at present time.

(12) Does the agency have a vaccination strategy for homebound residents? If so, please outline that process.

DHEC is currently in negotiations with two providers and expects to begin implementation in March. Homebound service calls will be routed to the Vaccine Information Line, to Immunizations Branch, then conveyed back to the homebound provider for service delivery.

(13) Does the existing registration process allow residents to identify themselves as "homebound"?

Homebound patients who need services to come to their home will call the COVID-19 Vaccine Information Line to gain access to this service. The existing registration portal is not a universal registration for the vaccine; instead, it is an appointment scheduling application designed to schedule appointments at participating vaccine clinics. DHEC will provide the Vaccine Information Line as a resource for residents to identify themselves.

(14) Does DHEC have an estimate of the number of people who may fall into this category?

According to the South Carolina Department of Aging there are approximately 11,000 people who are homebound; however, DHEC is working with our partners to ensure that this service is available to all who may need it to access the COVID-19 vaccine.

(15/16) How should residents with clinical and administrative expertise offer their services to DHEC?

Does the agency have a web-based system for volunteers to register?

Early in South Carolina's vaccine rollout, DHEC launched a web form for medical and administrative professionals interested in helping providers administer the vaccine to register as volunteers; more than 973 licensed medical and 1276 administrative professionals have completed this form. This list is shared with vaccination partners that need volunteers. To date, five providers have requested this list.

The volunteer registration form is available on the DHEC website at scdhec.gov/covid19/covid-19-vaccine/covid-19-vaccination-volunteers. As of February 9, it can be accessed by navigating to DHEC's COVID-19 page, then selecting "Health Care Professionals" and "Vaccination Volunteers."

(17) In regard to public outreach,

(a) What is the agency's marketing strategy, which media platforms are currently being used to communicate with the public, and what audience does the agency seek to reach through each?

As South Carolina's public health and environmental agency, DHEC is committed to protecting the health of all South Carolinians and keeping them informed during critical times. In order to continue to quickly and effectively protect and promote the public health during the COVID-19 pandemic, we recognize that it remains critical for DHEC to communicate early, often and openly with the people of South Carolina.

The agency's communications and marketing strategy is focused on three critical themes:

1. Ongoing community spread of COVID-19 and actions to stop it,
2. Importance of regular testing to identify and reduce disease spread, and
3. Trust and awareness in the safety and effectiveness of the COVID-19 vaccines.

Our primary goal is to keep residents, health care providers, state and local leaders, communities and others informed about the severity of COVID-19 and the steps they can take to help protect themselves and others by:

- raising awareness, trust, and understanding,
- enhancing community engagement opportunities, and
- promoting behavioral change.

Building Trust and Awareness in the Safety and Effectiveness of the COVID-19 Vaccines

Specifically related to the COVID-19 vaccine, DHEC has launched campaigns to maximize reach frequency and awareness on COVID-19 vaccine information, including relevant facts pertaining to the vaccine, required dosages, eligibility, availability and locations.

Reaching South Carolina's Diverse Populations and those Eligible to Receive the Vaccine

All South Carolinians are included as part of our audience during this public health response. At the same time, minority audiences have unfortunately been disproportionately affected by COVID-19 and have more distrust of the vaccine. Therefore, customized campaigns have been deployed to specifically target these populations. Highly targeted campaigns have also been deployed focusing on the audiences who are currently eligible for the vaccine. These campaigns are strategically designed to have a positive effect on public health outcomes.

The emergent nature of this unprecedented public health event requires the use of multiple platforms to share information rapidly and repeatedly. DHEC staff continues to educate healthcare providers, the public, news media and others through personal contact, interviews, weekly media briefings, public service announcements (PSAs), advertisements, billboards and updated information on the agency's website, blog and social media (Twitter

and Facebook are used heavily). In addition, the agency is leveraging alternative marketing strategies including digital advertisements (i.e. website banners and social media advertisement) as well as advertisement placements in pharmacies, gas stations, and grocery store parking lots.

In addition, DHEC is working with partners like the nonprofit Hold Out The Lifeline (HOTL) to support focused, grassroots statewide efforts directed toward African American churches and community groups on behalf of DHEC. Among the many services offered, HOTL is conducting virtual briefings, distributing DHEC materials, distributing PPE (face masks, hand sanitizer, gloves etc.), distributing messages via social media. According to HOTL's January report, it held five educational and outreach sessions that reached 334 faith leaders representing 27,903 congregational members. DHEC experts participate in these sessions, which are separate and apart from those listed above. Among other things, HOTL provides the leaders a toolkit to help them plan activities to educate their members.

DHEC is also providing an external resource for non-profits and business partners to encourage implementing safety protocols, encouraging the vaccine, and influencing their customers to follow their lead. Social media toolkits, ongoing email communication, a business pledge campaign are samples of assets provided to these community partners for utilization in their physical locations and digital communications. These assets are provided in both English and Spanish.

(b) Please list the types of type information currently being shared through each of these platforms (e.g., registration, vaccine side effects, etc.)?

As shared previously, DHEC has launched campaigns to maximize reach frequency and awareness on COVID-19 vaccine information. This includes relevant facts pertaining to the vaccine, required dosages, eligibility, registration, availability and locations. In addition, we are also focused on addressing vaccine hesitancy and long-standing inequities through community engagement opportunities and encouraging ongoing community dialogue.

Please see attached samples of ongoing advertisement and campaigns.

(c) How is the agency evaluating the effectiveness (i.e., metrics) of its media strategy, especially to rural and underserved populations?

DHEC seeks to connect with South Carolinians wherever they consume media. DHEC also recognizes the importance of reaching all communities, including our rural communities, those that lack needed medical and other services, and people of color. The agency has used a comprehensive and wide-ranging approach in an effort to reach diverse populations across South Carolina through education/outreach efforts about COVID-19 and the vaccines developed to prevent it. Messages on prevention and awareness surrounding the virus as well as educational information and calls to support the vaccine have been delivered in myriad ways, including advertising, marketing, and social media approaches as well as more personal and grassroots efforts.

To evaluate the effectiveness of our media strategy, the agency is using a multitude of analytics, including:

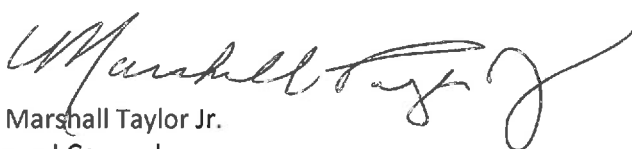
- Impressions
- Average number of commercials
- Reach

- Frequency
- Ad click-through rate
- Consumption of content post-views and clicks
- Website visit
- Readership and circulation
- Completed view and listen-through rate

In addition, the agency recently published a pulse survey to help better gauge vaccine interest levels across the state and determine how to best shape our future outreach efforts. Once finalized, we will be happy to share the results of the survey with the committee.

If there are any additional questions about the information provided, please let me know.

With regards,



W. Marshall Taylor Jr.
General Counsel

Attachments:

- (1) Provider Enrollment Agreement
- (2) Enrollment Emails
- (3) Activation Emails
- (4) Phase 1a Guidance
- (5) Activated Provider Reference Guide
- (6) Provider Town Halls
- (7) January 17 Guidance to Vaccine Providers
- (8) January 21 Email to Providers
- (9) Doses Distributed Explanation for Providers
- (10) February 6 Pfizer Email for Providers
- (11) Sample Advertisements/Public Information Campaigns

CDC COVID-19 Vaccination Program Provider Agreement



Please complete Sections A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). In addition, the CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination location covered under the Organization listed in Section A.

Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement

Organization identification

Organization's legal name:

Number of affiliated vaccination locations covered by this agreement:

Organization telephone:

Email: *(must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program)*

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Responsible officers

For the purposes of this agreement, in addition to Organization, Responsible Officers named below will also be accountable for compliance with the conditions specified in this agreement. The individuals listed below must provide their signatures after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information

Last name:

First name:

Middle initial:

Title:

Licensure state:

Licensure number:

Telephone:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Chief Executive Officer (or Chief Fiduciary) Information

Last name:

First name:

Middle initial:

Telephone:

Email:

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Agreement requirements

I understand this is an agreement between Organization and CDC. This program is part of a collaboration under the relevant state, local, or territorial immunization program's cooperative agreement with CDC.

To receive one or more of the publicly funded COVID-19 vaccines (COVID-19 vaccine), constituent products, and ancillary supplies at no cost, Organization agrees that it will adhere to the following requirements:

1. Organization must administer COVID-19 vaccine in accordance with all requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices (ACIP).¹
2. Within 24 hours of administering a dose of COVID-19 vaccine and adjuvant (if applicable), Organization must record in the vaccine recipient's record and report required information to the relevant state, local, or territorial public health authority. Details of required information (collectively, Vaccine Administration Data) for reporting can be found on CDC's website.²

Organization must submit Vaccine Administration Data through either (1) the immunization information system (IIS) of the state and local or territorial jurisdiction or (2) another system designated by CDC according to CDC documentation and data requirements.²

Organization must preserve the record for at least 3 years following vaccination, or longer if required by state, local, or territorial law. Such records must be made available to any federal, state, local, or territorial public health department to the extent authorized by law.
3. Organization must not sell or seek reimbursement for COVID-19 vaccine and any adjuvant, syringes, needles, or other constituent products and ancillary supplies that the federal government provides without cost to Organization.
4. Organization must administer COVID-19 vaccine regardless of the vaccine recipient's ability to pay COVID-19 vaccine administration fees.
5. Before administering COVID-19 vaccine, Organization must provide an approved Emergency Use Authorization (EUA) fact sheet or vaccine information statement (VIS), as required, to each vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative.
6. Organization's COVID-19 vaccination services must be conducted in compliance with CDC's *Guidance for Immunization Services During the COVID-19 Pandemic* for safe delivery of vaccines.³
7. Organization must comply with CDC requirements for COVID-19 vaccine management. Those requirements include the following:
 - a) Organization must store and handle COVID-19 vaccine under proper conditions, including maintaining cold chain conditions and chain of custody at all times in accordance with the manufacturer's package insert and CDC guidance in CDC's *Vaccine Storage and Handling Toolkit*, which will be updated to include specific information related to COVID-19 vaccine;
 - b) Organization must monitor vaccine storage unit temperatures at all times using equipment and practices that comply with guidance in CDC's *Vaccine Storage and Handling Toolkit*;
 - c) Organization must comply with each relevant jurisdiction's immunization program guidance for dealing with temperature excursions;
 - d) Organization must monitor and comply with COVID-19 vaccine expiration dates; and
 - e) Organization must preserve all records related to COVID-19 vaccine management for a minimum of 3 years, or longer if required by state, local, or territorial law.
8. Organization must report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction.
9. Organization must comply with all federal instructions and timelines for disposing of COVID-19 vaccine and adjuvant, including unused doses.⁵
10. Organization must report any adverse events following vaccination to the Vaccine Adverse Event Reporting System (VAERS) (1-800-822-7967 or <http://vaers.hhs.gov/contact.html>).
11. Organization must provide a completed COVID-19 vaccination record card to every COVID-19 vaccine recipient, the adult caregiver accompanying the recipient, or other legal representative. Each COVID-19 vaccine shipment will include COVID-19 vaccination record cards.
12. a) Organization must comply with all applicable requirements as set forth by the U.S. Food and Drug Administration, including but not limited to requirements in any EUA that covers COVID-19 vaccine.

b) Organization must administer COVID-19 vaccine in compliance with all applicable state and territorial vaccination laws.

This agreement expressly incorporates all recommendations, requirements, and other guidance that this agreement specifically identifies. Organization must monitor such identified guidance for updates. Organization must comply with such updates.

¹ www.cdc.gov/vaccines/hcp/acip-recs/index.html

² www.cdc.gov/vaccines/programs/iis/index.html

³ www.cdc.gov/vaccines/pandemic-guidance/index.html

⁴ www.cdc.gov/vaccines/hcp/admin/storage-handling.html

⁵ The disposal process for remaining unused COVID-19 vaccine and adjuvant may be different from the process for other vaccines; unused vaccines must remain under storage and handling conditions noted in Item 7 until CDC provides disposal instructions; website URL will be made available.

⁶ See Pub. L. No. 109-148, Public Health Service Act § 319F-3, 42 U.S.C. § 247d-6d and 42 U.S.C. § 247d-6e; 85 Fed. Reg. 15,198, 15,202 (March 17, 2020).

By signing this form, I certify that all relevant officers, directors, employees, and agents of Organization involved in handling COVID-19 vaccine understand and will comply with the agreement requirements listed above and that the information provided in sections A and B is true.

The above requirements are material conditions of payment for COVID-19 vaccine administration claims submitted by Organization to any federal healthcare benefit program, including but not limited to Medicare, Medicaid, and the Health Resources and Services Administration COVID-19 Uninsured Program. Reimbursement for administering COVID-19 vaccine is not available under any federal healthcare benefit program if Organization fails to comply with these requirements with respect to the administered COVID-19 vaccine dose. Each time Organization submits a reimbursement claim for COVID-19 vaccine administration to any federal healthcare benefit program, Organization expressly certifies that it has complied with these requirements with respect to that administered dose.

Non-compliance with the terms of Agreement may result in suspension or termination from the CDC COVID-19 Vaccination Program and criminal and civil penalties under federal law, including but not limited to the False Claims Act, 31 U.S.C. § 3729 et seq., and other related federal laws, 18 U.S.C. §§ 1001, 1035, 1347, 1349.

By entering Agreement, Organization does not become a government contractor under the Federal Acquisition Regulation.

Coverage under the Public Readiness and Emergency Preparedness (PREP) Act extends to Organization if it complies with the PREP Act and the PREP Act Declaration of the Secretary of Health and Human Services.⁶

Organization Medical Director (or equivalent)

Last name: First name: Middle initial:

Signature: Date:

Chief Executive Officer (chief fiduciary role)

Last name: First name: Middle initial:

Signature: Date:

For official use only:

IIS ID, if applicable:

Unique COVID-19 Organization ID (Section A)*:

**The jurisdiction's immunization program is required to create a unique COVID-19 ID for the organization named in Section A that includes the awardee jurisdiction abbreviation (e.g., an organization located in Georgia could be assigned "GA123456A." This ID is needed for CDC to match Organizations (Section A) with one or more Locations (Section B). This unique identifier is required even if there is only one location associated with an organization.*

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. If you are enrolling on behalf of one or more other affiliated Organization vaccination locations, complete and sign this form for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

Organization identification for individual locations

Organization location name:	Will another Organization location order COVID-19 vaccine for this site? <input type="checkbox"/> If YES; provide Organization name:
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Contact information for location's primary COVID-19 vaccine coordinator

Last name:	First name:	Middle initial:
Telephone:	Email:	

Contact information for location's backup COVID-19 vaccine coordinator

Last name:	First name:	Middle initial:
Telephone:	Email:	

Organization location address for receipt of COVID-19 vaccine shipments

Street address 1:		Street address 2:	
City:	County:	State:	ZIP:
Telephone:	Fax:		

Organization address of location where COVID-19 vaccine will be administered (if different from receiving location)

Street address 1:		Street address 2:	
City:	County:	State:	ZIP:
Telephone:	Fax:		

Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments

Monday	Tuesday	Wednesday	Thursday	Friday
AM:	AM:	AM:	AM:	AM:
PM:	PM:	PM:	PM:	PM:

For official use only:

VTckS ID for this location, if applicable:	Vaccines for Children (VFC) PIN, if applicable:	IIS ID, if applicable:
Unique COVID-19 Organization ID (from Section A):		Unique Location ID**:

**The jurisdiction's immunization program is required to create an additional unique Location ID for each location completing Section B. The number should include the awardee jurisdiction abbreviation. For example, if an organization (Section A) in Georgia (e.g., GA123456A) has three locations (main location plus two additional) completing section B, they could be numbered as GA123456B1, GA123456B2, and GA123456B3).

COVID-19 vaccination provider type for this location *(select one)*

- | | |
|--|--|
| <input type="checkbox"/> Commercial vaccination service provider | <input type="checkbox"/> Medical practice – other specialty |
| <input type="checkbox"/> Corrections/detention health services | <input type="checkbox"/> Pharmacy – chain |
| <input type="checkbox"/> Health center – community (non-Federally Qualified Health Center/
non-Rural Health Clinic) | <input type="checkbox"/> Pharmacy – independent |
| <input type="checkbox"/> Health center – migrant or refugee | <input type="checkbox"/> Public health provider – public health clinic |
| <input type="checkbox"/> Health center – occupational | <input type="checkbox"/> Public health provider – Federally Qualified Health Center |
| <input type="checkbox"/> Health center – STD/HIV clinic | <input type="checkbox"/> Public health provider – Rural Health Clinic |
| <input type="checkbox"/> Health center – student | <input type="checkbox"/> Long-term care – nursing home, skilled nursing facility, federally
certified |
| <input type="checkbox"/> Home health care provider | <input type="checkbox"/> Long-term care – nursing home, skilled nursing facility, non-federally
certified |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Long-term care – assisted living |
| <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Long-term care – intellectual or developmental disability |
| <input type="checkbox"/> Tribal health | <input type="checkbox"/> Long-term care – combination (e.g., assisted living and nursing home
in same facility) |
| <input type="checkbox"/> Medical practice – family medicine | <input type="checkbox"/> Urgent care |
| <input type="checkbox"/> Medical practice – pediatrics | <input type="checkbox"/> Other <i>(Specify: _____)</i> |
| <input type="checkbox"/> Medical practice – internal medicine | |
| <input type="checkbox"/> Medical practice – OB/GYN | |

Setting(s) where this location will administer COVID-19 vaccine *(select all that apply)*

- | | |
|---|--|
| Child care or day care facility | Pharmacy |
| College, technical school, or university | Public health clinic (e.g., local health department) |
| Community center | School (K – grade 12) |
| Correctional/detention facility | Shelter |
| Health care provider office, health center, medical practice, or
outpatient clinic | Temporary or off-site vaccination clinic – point of dispensing (POD) |
| Hospital (i.e., inpatient facility) | Temporary location – mobile clinic |
| In home | Urgent care facility |
| Long-term care facility (e.g., nursing home, assisted living,
independent living, skilled nursing) | Workplace |
| | Other <i>(Specify: _____)</i> |

Approximate number of patients/clients routinely served by this location

Number of children 18 years of age and younger:	<i>(Enter "0" if the location does not serve this age group.)</i>	Unknown
Number of adults 19 – 64 years of age:	<i>(Enter "0" if the location does not serve this age group.)</i>	Unknown
Number of adults 65 years of age and older:	<i>(Enter "0" if the location does not serve this age group.)</i>	Unknown
Number of unique patients/clients seen per week on average:		Unknown
Not applicable (e.g., for commercial vaccination service providers)		

Influenza vaccination capacity for this location

Number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season:	Unknown
<i>(Enter "0" if no influenza vaccine doses were administered by this location in 2019-20.)</i>	

Population(s) served by this location (select all that apply)

- | | |
|--|--|
| General pediatric population | Pregnant women |
| General adult population | Racial and ethnic minority groups |
| Adults 65 years of age and older | Tribal communities |
| Long-term care facility residents (nursing home, assisted living, or independent living facility) | People who are incarcerated/detained |
| Health care workers | People living in rural communities |
| Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services) | People who are underinsured or uninsured |
| Military – active duty/reserves | People with disabilities |
| Military – veteran | People with <u>underlying medical conditions</u> * that are risk factors for severe COVID-19 illness |
| People experiencing homelessness | <u>Other people at higher risk for COVID-19 (Specify: _____)</u> |

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?

If **YES** [List IIS Identifier: _____]

If **NOT**, please explain planned method for reporting vaccine administration data to the jurisdiction's IIS or other designated system as required:

If **NOT APPLICABLE**, please explain:

Estimated number of 10-dose multidose vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures:

Refrigerated (2°C to 8°C):	No capacity OR	<u>Approximately</u>	<u>additional 10-dose MDVs</u>
Frozen (-15°C to -25°C):	No capacity OR	<u>Approximately</u>	<u>additional 10-dose MDVs</u>
Ultra-frozen (-60°C to -80°C):	No capacity OR	<u>Approximately</u>	<u>additional 10-dose MDVs</u>

Storage unit details for this location

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

1. _____
2. _____
3. _____
4. _____
5. _____

I attest that each unit listed will maintain the appropriate temperature range indicated above (*please sign and date*):

Medical/pharmacy director or location's vaccine coordinator signature:

Date:

[illegible]

Thank you for your interest in enrollment as a COVID-19 Vaccine Provider. Please click the link below for guidance on how to enroll, access to the enrollment link, and additional information to include FAQs. The pertinent links and downloads are listed on the right side of the web page for quick access. Please feel free to reach out with any questions or concerns.

<https://scdhec.gov/covid19/guidance-healthcare-professionals-covid-19/covid-19-vaccine-provider-enrollment>

Greetings from DHEC's COVID-19 Response Immunization Branch-

Your colleague has begun the process to enroll your organization in the CDC COVID-19 Vaccination Program. Your colleague has completed and signed Section A: CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement for the organization listed below.

Please click on the hyperlink below to provide your electronic signature to complete the initial Organization enrollment process.

Please note that your unique Organization ID is contained in the subject line of this email.

[CDC COVID-19 Vaccination Program Provider Agreement-CEO \(or Chief Fiduciary\)](#)

Greetings from DHEC's COVID-19 Response Immunization Branch-

Your colleague has begun the process to enroll your organization in the CDC COVID-19 Vaccination Program. Your colleague has completed and signed Section A: CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement for the organization listed below.

Please click on the hyperlink below to provide your electronic signature to complete the initial Organization enrollment process.

Please note that your unique Organization ID is contained in the subject line of this email.

[CDC COVID-19 Vaccination Program Provider Agreement-Chief Medical Officer \(or Equivalent\)](#)

Greetings from DHEC's COVID-19 Response Immunization Branch –

Your Organization's Section A COVID-19 Vaccination Program Provider Agreement has been approved. We sincerely appreciate your interest in the program.

A point of contact representative at each of your Organization locations to which COVID-19 vaccine will be shipped and administered needs to complete Section B: CDC COVID-19 Vaccination Program Provider Profile using the hyperlink below. Please forward this email to the representatives you have

identified to complete each Location's Section B.

[Section B. CDC COVID-19 Vaccination Program Provider Profile Information](#)

Thank you for completing Section B1: CDC COVID-19 Vaccination Program Provider Profile Information for the TLC Medical Centre, Inc..

****Please complete Section B Supplemental:** *CDC COVID-19 Vaccination Program Provider Profile Information: Providers Practicing at this Facility.*

To complete Section B Supplement, click on the hyperlink below:

[Providers Practicing at this Facility](#)

Greetings from DHEC's COVID-19 Response Immunization Branch –

The following location has been enrolled in DHEC's COVID-19 Vaccination Program:

COVID Pin: XXXXXX

Location: XXXXXXXXXXXX

Address: XXXXXXXX

XXXXXXXX, SC, XXXXX

This Location's contacts will receive further information once the location is **activated** to receive COVID-19 vaccine. Activation will be based on target populations served as indicated on the enrollment process overview documents that are located here <https://scdhec.gov/covid19/covid-19-vaccination>.

Activation Email

Subject line: URGENT: COVID-19 Vaccine Provider Activation Notice

TO: email addresses for org email contact, ceo email, cmo email, primary vaccine coordinator, back-up vaccine coordinator

Email body:

Greetings from DHEC's COVID-19 Immunization Branch-

We are excited to inform you that you have been activated as a phase 1 COVID-19 vaccine provider! You are now eligible to begin the multiple next steps that require your facility's immediate attention to receive vaccine supply next week. **Please review the attached onboarding document packet in its entirety.**

Vaccine coordinators and any vaccination planning team members should plan to attend the onboarding session scheduled for Tuesdays at 11am-12:30pm to learn more and engage in Q&A with DHEC staff.

Information about the vaccine type and amount you will receive will be communicated separately.

Provider Onboarding Document Packet

- Review **VAMS** onboarding considerations and document onboarding decisions via this required survey **no later than 48 hours of activation**. *Failure to do so will result in exclusion from COVID-19 Vaccination Program.*
- Review **VaccineFinder** inventory reporting requirements. The organization contact email address from your section A form submission will receive an automated email from vaccinefinder@auth.castlighthouse.com within 48 hours. Please follow the set-up instructions. If this email needs to be changed, please email VAMS@dhec.sc.gov with the email address change request.
- Review [DHEC's phase 1a guidance](#) to ensure your facility understands the target groups for vaccination
- Review **v-safe** and **VAERS** vaccine safety program considerations with all applicable vaccinating staff
- Review Pfizer and/or Moderna **vaccine preparation and administration trainings** with all vaccinating staff
- Review Pfizer and/or Moderna **storage and handling trainings** with all appropriate staff
- Ensure your **storage unit is prepared** to receive your first vaccine supply, including the placement of any approved continuous monitoring device, and utilization of [temperature monitoring logs](#) for twice-daily monitoring
- Review [DHEC's COVID-19 Provider Webpage](#) for training and resource documents for programs and systems listed above
- Attend at least one [COVID-19 Vaccine Provider Town Hall Q&A](#), occurring weekly on Wednesdays and Fridays from 11am-12pm.

We expect your location to be fully onboarded and ready to receive vaccine supply within 7 days. Please contact VAMS@dhec.sc.gov with any questions.

Thank you for your partnership. We look forward to having you as part of South Carolina's COVID-19 vaccine provider network.

PHASE 1A
GUIDANCE FOR
COVID-19 VACCINE
ALLOCATION

THE COVID-19 **VACCINE**



OVERVIEW

The South Carolina COVID-19 Vaccine Plan includes several phases of vaccine distribution and administration. In Phase 1, vaccine supply will be limited, and efforts will be focused on rapidly reaching targeted populations, including healthcare personnel, people at high risk, and critical infrastructure workers.

Phase 1 will be divided into three sub-phases: Phase 1a, 1b and 1c.

In Phase 1a, vaccine allocation will be prioritized to subsets outlined by the Centers for Disease Control and Prevention (CDC) to include staff and residents of nursing homes and long-term care facilities and people working in healthcare settings. The purpose is to maximize vaccinations for those serving in roles that reduce COVID-19 morbidity and mortality and to reduce the burden on strained healthcare capacity and facilities.

PHASE 1A

The overarching principle in Phase 1a is averting deaths. For this initial phase DHEC recommends vaccinating healthcare providers and workers in healthcare settings. If these providers were to become sick and unable to work, health care systems could become too overwhelmed to provide care, and mortality would increase. Other workers in healthcare settings who may be exposed to suspect or confirmed COVID-19 patients or infective materials are included in Phase 1a. However, administration of vaccine will need to be staggered within this first phase, depending on supply, facilities' staffing resources, and vaccine uptake.

Hospitals can begin vaccinating their admitted patients who are aged 65 years and older, as long as they do not currently have COVID-19 and a provider feels it is indicated for them.

Additionally, because of the high mortality among long-term care facility (LTCF) residents, Phase 1a includes vaccination of LTCF residents and staff. A federal/pharmacy partnership will provide vaccination services to LTCFs; other vaccine providers will not need to vaccinate these people. At any phase, persons may initially decline vaccine and receive it at a later phase. Consider vaccinating vaccinators in 1a to reduce their risk of contracting COVID-19 from asymptomatic infected high-risk workers.

Within each Phase, all groups have equal priority. The bulleted lists below include groups eligible for Phase 1a vaccinations but are not intended to suggest hierarchy; it is an alphabetical list.

Hospitals and other COVID-19 vaccination providers may vaccinate providers and staff of non-affiliated physician practices, as well as all other healthcare workers who are listed in this guidance in Phase 1a, if they have the capability and availability to do so.

Scheduling an appointment

Employers are encouraged to reach out to their [local hospitals](#) as soon as possible and no later than Jan. 15, 2021, with a list of names and contact information of employees who want to be vaccinated. In addition, individuals in Phase 1a who want to be vaccinated should contact their [local hospitals](#) to request and schedule an appointment no later than Jan. 15, 2021. If there is not a hospital in your county, you should contact the nearest hospital to you.

Phase 1a mission-critical workers and individuals include:

- 65+ year olds, regardless of health status or preexisting conditions
- Anesthesiology assistants, registered cardiovascular invasive specialists, and operating room staff
- Athletic Trainers
- American Sign Language (ASL) and other interpreters in healthcare facilities
- Autopsy room staff, coroners, embalmers, and funeral home staff at risk of exposure to bodily fluids
- Chiropractors
- Dentists and dental hygienists and technicians
- Dietary and food services staff in healthcare facilities
- Environmental services staff in healthcare facilities
- Harbor pilots
- Home health and hospice workers
- Hospital transport personnel
- Hospital inpatients 65 and older
- Laboratory personnel and phlebotomists
- Licensed dietitians
- Long-Term Care Facility (LTCF) residents and staff
- Medical assistants
- Medical first responders (paid and volunteer): EMS; fire department and law enforcement personnel who provide emergency medical care
- Nurses, nurse practitioners, and nurse's aides/ assistants
- Opticians and optometrists and assistants/ technicians
- Home caregivers for children who have a tracheostomy, are ventilator-dependent or who have a [Medically Complex Children's Waiver](#). Requires a [medical provider's signed attestation](#) to confirm caregiver meets criteria.
- Persons providing medical care in correctional facilities and correctional officers
- Pharmacists and pharmacy technicians
- Physical and occupational therapists and assistants
- Physicians, including medical house staff (i.e., interns, residents, fellows), and physician assistants
- Podiatrists
- Public health healthcare workers who are frequently interacting with persons with potential COVID-19 infection
- Radiology technicians
- Respiratory care practitioners, such as respiratory therapists
- Speech language pathologists and assistants and audiologists
- State/local government employees and their contractors who are mission-critical for maintaining operations of COVID-19 vaccinations and testing in SC
- Students and interns of the above categories

DHEC recommends facilities apply higher vaccination status priority for the following factors during these limited vaccine supply circumstances:

- Personnel with the highest exposure because of longest duration of hands-on patient care or involvement in aerosol-generating procedures
- Co-morbid conditions, including age ≥ 65 that place workers at higher risk of severe COVID-19 illness and death
- “Bench depth” or the number of workers available for a given skilled task

CONTACT US

- For questions regarding phases of the COVID-19 Vaccination Plan, please email: ACC-Immunization@dhec.sc.gov.
- For questions relating to COVID provider enrollment, please email: COVIDproviderenrollment@dhec.sc.gov.
- If you are an immunizer provider with questions related to the Vaccine Administration Management System, please email: VAMS@dhec.sc.gov.





Activated Provider Reference Guide

Phase 1

Winter 2020-21



Contents

- | | | | | | |
|---|--|---------------------------------|---|--|-----------------------------------|
| 1 | | VaccineFinder | 5 | | Clinical Staff Training Resources |
| 2 | | VAMS | | | |
| 3 | | Vaccine Management Requirements | | | |
| 4 | | Vaccine Safety Programs | | | |

Provider Onboarding Checklist

- Review **VAMS** onboarding considerations and **document** onboarding decisions via this [required survey](#) no later than 48 hours of activation. *Failure to do so will result in exclusion from COVID-19 Vaccination Program.*
 - Please note that vaccine supply requests are submitted in VAMS.
- Attend the [new provider onboarding session](#) on Tuesdays from 11a-12:30p (click on link to access)
- Review **VaccineFinder** inventory reporting requirements. The organization contact email address from your section A form submission will receive an automated email from vaccinefinder@auth.castlighthouse.com within 48 hours. Please follow the set-up instructions.
- Review [DHEC's phase 1a guidance](#) to ensure your facility understands the target groups for vaccination
- Review **v-safe** and **VAERS** vaccine safety program considerations with all applicable vaccinating staff
- Review Pfizer and/or Moderna **vaccine preparation and administration trainings** with all vaccinating staff
- Review Pfizer and/or Moderna **storage and handling trainings** with all appropriate staff
- Ensure your **storage unit is prepared** to receive your first vaccine supply, including the placement of any approved continuous monitoring device, and utilization of [temperature monitoring logs](#) for twice-daily monitoring
- Review [DHEC's COVID-19 Vaccine Provider Webpage](#) for training and resource documents for programs and systems listed above
- Attend a [COVID-19 Vaccine Provider Town Hall Q&A](#) on Wednesdays and Fridays from 11a-12p

Emails

To ensure communications do not get delayed or blocked by organization servers, please work with your IT teams to whitelist/approve the following email addresses:

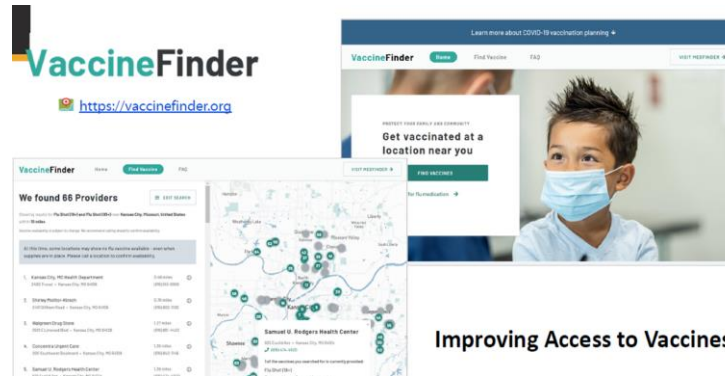
- vaccinefinder@auth.castlighthousehealth.com -VaccineFinder
- cvgovernment@pfizer.com – Pfizer Customer Service
- donotreply@pfizer.com – For confirmation of the ancillary kit shipment
- Pfizer.logistics@Controlant.com – For communication from Controlant including tracking information, delays, and quality reports
- CDCCustomerService@McKesson.com – For communications from McKesson on Moderna shipments
- SNSSupport@McKesson.com – For communications on ancillary kits
- **vams@cdc.gov** – auto-generated emails related to Clinic, Jurisdiction, Organization/Employer Portal messages as well as re-occurring one-time passwords for logins
- **no-reply@mail.vams.cdc.gov** – auto-generated emails for Recipient Portal and initial One Time Password for VAMS account registration



South Carolina Department of Health and Environmental Control

VaccineFinder

Daily inventory reporting



Improving Access to Vaccines

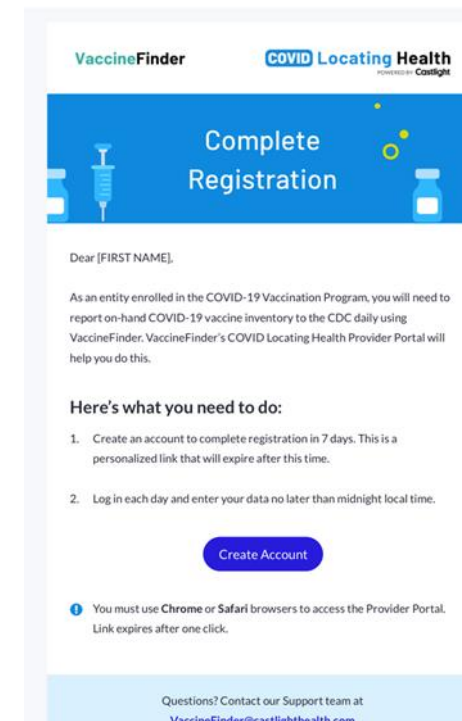
Inventory Reporting

- COVID-19 vaccination providers will report on-hand inventory supply at least daily to VaccineFinder.
- Inventory quantities will not be made publicly available.
- Optional: Providers may choose to make their location(s) visible on the public-facing website to increase access to vaccine once supply is available to the public.

Note: While the COVID-19 vaccine supply is limited, VaccineFinder will only be used for COVID-19 vaccine inventory reporting, not as a resource for the public to find vaccine at provider locations. The public-facing functionality will only be available when vaccine is more widely available.

VaccineFinder Account Activation Steps

1. The organization email listed from an enrolled provider's section A form will receive an email from vaccinefinder@auth.castlighthealth.com prompting them to complete their account registration in VaccineFinder.
2. The email will look like the image to the right. Providers will click the "Create Account" link to complete VaccineFinder onboarding via the COVID Locating Health Provider Portal.
3. Open the registration email and click on the "Create Account" button. **Please note, the link is a one-time use only and will expire after the first click.**
4. Please ensure the link opens in one of the approved browsers (Safari, Chrome, or Microsoft Edge). You may need to right click, copy the link and paste it into one of the above approved browsers.
5. You will be directed to the registration page where you will enter your username and create a new password.
6. Click submit, you'll be redirected back to the VaccineFinder login page. Please bookmark this page for future use as well.



Provider Set-Up

How are you going to report your vaccine inventory?

i Your selection cannot be changed for the duration of the COVID-19 vaccination program.

YOUR LOCATIONS (5)

- Kaiser - Santa Clara
- Kaiser - Oakland
- Kaiser - San Francisco
- Kaiser - Palo alto
- Kaiser - Sonoma

☒ I will be reporting vaccine inventory on behalf of all locations listed above.

☐ Each of the locations listed above will be responsible for reporting their own vaccine inventory.

Save **Cancel**

How are you going to report your vaccine inventory?

i Your selection cannot be changed for the duration of the COVID-19 vaccination program.

YOUR LOCATIONS (5)

- Kaiser - Santa Clara
- Kaiser - Oakland
- Kaiser - San Francisco
- Kaiser - Palo alto
- Kaiser - Sonoma

☐ I will be reporting vaccine inventory on behalf of all locations listed above.

☒ Each of the locations listed above will be responsible for reporting their own vaccine inventory.

i By selecting this option, we will send a registration email to the designated contact at each of the locations listed above, and any new locations pre-enrolled after this date.

Save **Cancel**

Inventory Reporting

Manual Reporting

COVID Locating Health

POWERED BY Carelight

Logout

Inventory submitted before 8 pm EST on Dec. 04, 2020 is for testing only. Subsequent submissions will be reported to CDC.

Update Vaccine Inventory

Upload File

Log Manually

sophialoc-goldenloc-70387

ADDRESS_879866 City QA

Add Vaccine

VACCINES	PAST DOSES	NEW DOSES	Done
Sample COVID-19 Vaccine 100mcg 0.5mL dose 10000-000-01	200 ➡	<input type="text" value="100"/>	
E2E Test Pfizer Vaccine 88888-1000-02	200 ➡	<input type="text" value="100"/>	

sophialoc-goldenloc-70388

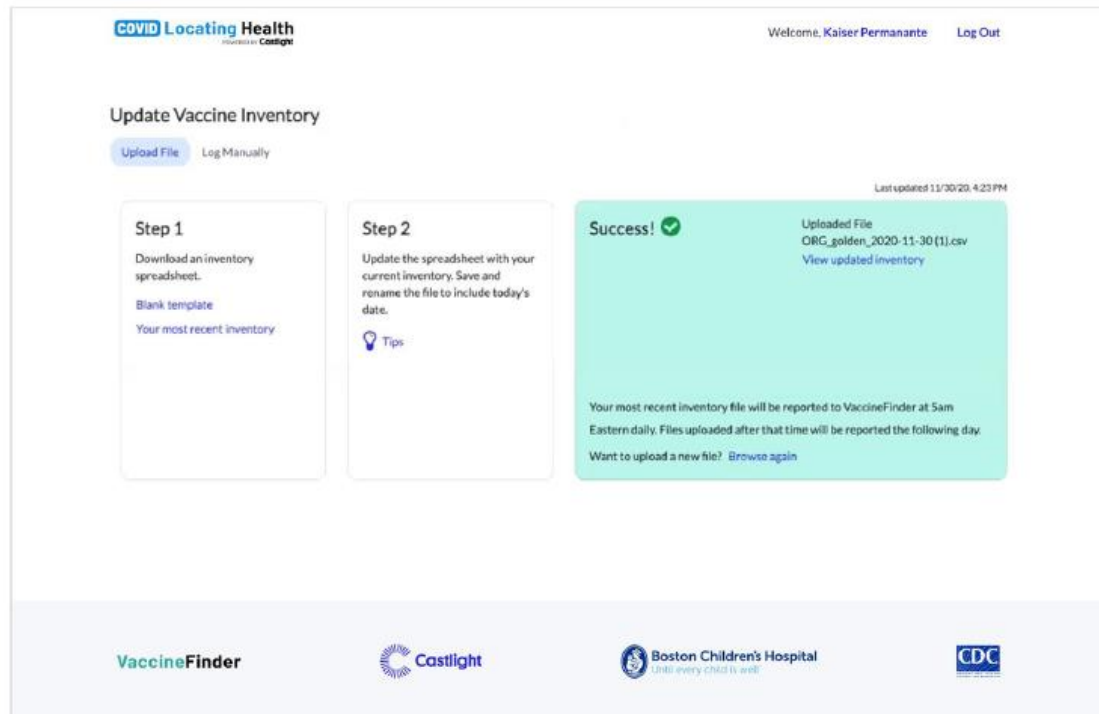
ADDRESS_672366 City QA

Add Vaccine

Submit Inventory

Inventory Reporting

File Upload



The screenshot shows the 'COVID Locating Health' interface for updating vaccine inventory. At the top, it says 'Welcome, Kaiser Permanente' and 'Log Out'. The main heading is 'Update Vaccine Inventory' with two buttons: 'Upload File' (selected) and 'Log Manually'. Below this, there are two steps: 'Step 1' (Download an inventory spreadsheet, with links for 'Blank template' and 'Your most recent inventory') and 'Step 2' (Update the spreadsheet with your current inventory, save and rename the file to include today's date, with a 'Tips' link). A large green success message on the right says 'Success!' with a checkmark, indicating the file 'ORC_golden_2020-11-30 (1).csv' was uploaded. It also shows the last update time as '11/30/20, 4:23 PM' and provides a link to 'View updated inventory'. At the bottom, there are logos for 'VaccineFinder', 'Castlight', 'Boston Children's Hospital', and 'CDC'.

COVID Locating Health
powered by Castlight

Welcome, Kaiser Permanente Log Out


Update Vaccine Inventory

Upload File Log Manually

Last updated 11/30/20, 4:23 PM

Step 1
Download an inventory spreadsheet.
[Blank template](#)
Your most recent inventory

Step 2
Update the spreadsheet with your current inventory. Save and rename the file to include today's date.
[Tips](#)

Success! 
Uploaded File
ORC_golden_2020-11-30 (1).csv
[View updated inventory](#)

Your most recent inventory file will be reported to VaccineFinder at 5am Eastern daily. Files uploaded after that time will be reported the following day.
Want to upload a new file? [Browse again](#)


VaccineFinder Castlight Boston Children's Hospital CDC

VaccineFinder Resources

- Need help? Email the VaccineFinder helpdesk vaccinefinder@castlighththealth.com
- [DHEC's COVID-19 Provider Webpage](#)
 - Quick Start Guide for VaccineFinder Provider Setup
 - COVID Locating Health Provider Portal Training for Providers
 - Quick Start Guide VaccineFinder Inventory Reporting- Log Manually
 - Quick Start Guide VaccineFinder Inventory Reporting- File Upload
- VaccineFinder COVID 19 Vaccine Provider Information website (includes training videos): <https://vaccinefinder.org/covid-provider-resources>
- CDC COVID 19 Vaccination Provider Support, Data and Reporting: <https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html>



Access the following in the VAMS portal and more




Recipient Portal

- Register my patient information
- Schedule a COVID-19 vaccination appointment
- View my COVID-19 vaccination certificate



Organization & Employer Portal

- Register your organization's information
- Add employees or organization members for COVID-19 vaccination eligibility



Clinic Portal

- Register your clinic information
- Manage vaccination appointments
- Log vaccinations



Jurisdiction Portal

- Register your jurisdiction
- Add organizations and clinics within your jurisdiction

VAMS Overview

Vaccine Administration Management System (VAMS)

What is VAMS ?

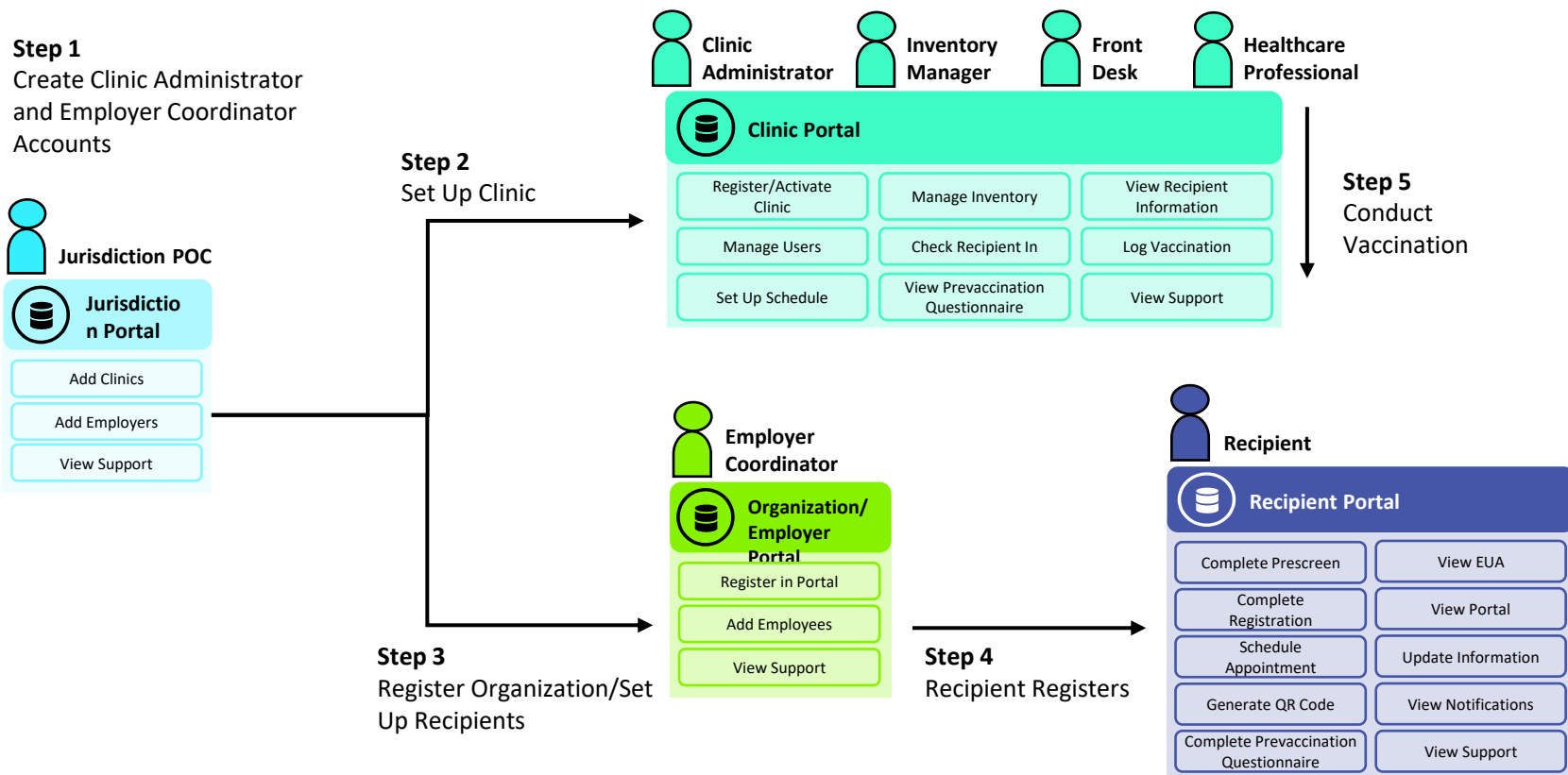
VAMS is a web-based system that allows jurisdictions and clinics to support vaccination operations for critical populations. SC may use this system primarily for phase 1 vaccination only.

- VAMS is a clinical system that records vaccine administration events.
- VAMS sends the vaccine data to the corresponding immunization information system (IIS) and allows providers to fulfill all federal data reporting requirements.
 - **All documented VAMS doses will transmit to SIMON (South Carolina's statewide immunization registry)**
- VAMS is "invite only" and is not open to the public.



- ✓ Can provide real-time reporting metrics
- ✓ Can request and track vaccine inventory
- ✓ Has dose-level accountability
- ✓ Meets data security requirements
- ✓ Can send reminders to vaccine recipients for follow-up doses and appointments
- ✓ Can provide a certificate of completion to the recipient

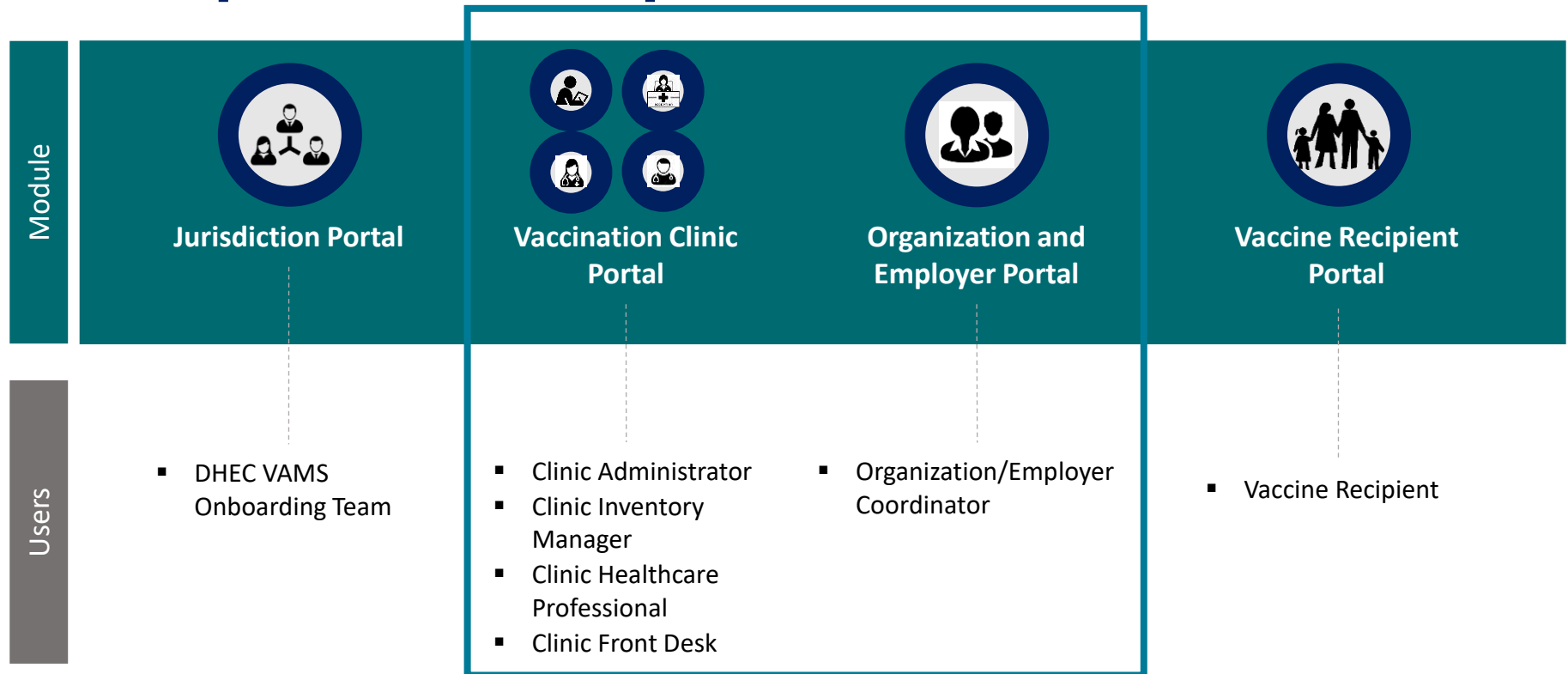
VAMS Users Interact with Each Other Following the VAMS Workflow



VAMS

- Vaccine providers must request and track all inventory in VAMS
- Vaccine providers must document all administered vaccines within 24 hours
- Vaccine providers must have a vaccination strategy in place to determine onboarding decisions

VAMS is Composed of Four Portals Spanning Multiple User Groups





South Carolina Department of Health and Environmental Control

Vaccination Clinic Portal

VAMS Overview

STEP 2

Vaccination Clinic Portal



What is the Vaccination Clinic Portal?

- An interface for clinics to support scheduling, immunization tracking, and inventory management



What are the Key Goals of the Vaccination Clinic Portal?

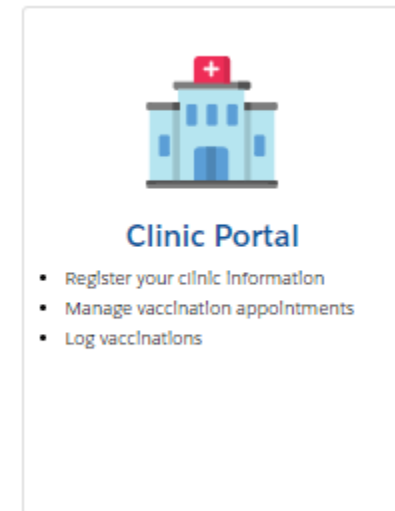
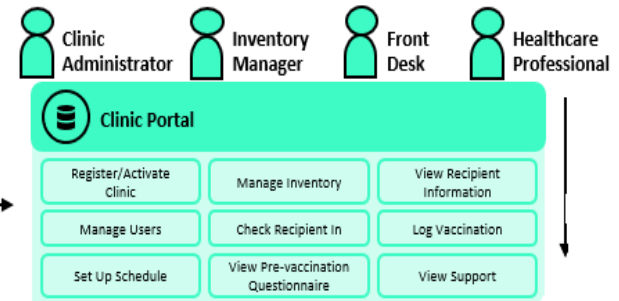
- Set up and manage clinic schedules and inventory
- Review recipient self-reported information during the healthcare encounter



The Vaccination Clinic Portal is not:

- An interface DHEC can access
- An interface recipients will access (they will have their own portal)
- An interface employers will access (they will have their own portal)
- A downloadable app (i.e., from App Store)

Step 2
Set Up Clinic



Clinic Types

Clinic Type	Description	Considerations
Clinic	Settings with one permanent location for vaccination and vaccine storage. Vaccine supply can be either direct ship or redistributed from another location but is stored on-location.	<ul style="list-style-type: none"> Vaccine recipients must pre-register in VAMS and schedule vaccination appointments in VAMS Site is considered “live” and searchable in VAMS Requires clinic schedule set up Allows inventory management based on scheduled appointments VAMS provides 2nd dose reminders and notifications to recipients VAMS digitally provides pre-vaccination questionnaire, EUA, and vaccination certificate to recipients
Hospital		
Pharmacy		

Mobile Clinic Type

Clinic Type	Description	Considerations
Mobile	<p>Settings with one permanent location for vaccine storage and multiple vaccine administration locations (daily offsite, temporary clinics).</p> <p>Vaccine is not stored at any offsite vaccine administration sites and is delivered/returned to permanent location for storage on the same day.</p>	<ul style="list-style-type: none"> • Permanent location for vaccine storage is set up in VAMS as primary location for inventory management • Clinic administrator adds multiple temporary vaccine clinic locations in VAMS • Site is considered "live" and searchable in VAMS • Vaccine recipients must pre-register in VAMS and search for your location to schedule vaccination appointments in VAMS • Requires clinic schedule set up (operating hours, etc) • Allows inventory projections based on scheduled appointments • VAMS digitally provides pre-vaccination questionnaire, EUA, and vaccination certificate to recipients • VAMS provides 2nd dose reminders and notifications to recipients • *start and end dates of vaccination events cannot be the same-see next slide*

Mobile Clinic Set-up

Mobile clinic locations cannot have the same start and end dates. Clinic schedules must be set up similar to the graphic with the green check mark

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Clinic #1							
Clinic #2							
Clinic #3							
Clinic #4							



	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Clinic #1							
Clinic #2							
Clinic #3							
Clinic #4							




Hospital/Clinic/Pharmacy/ Mobile Clinic Types

VAMS Roles and Activity Matrix				
Activity in VAMS	Clinic User Role			
	Clinic Administrator	Inventory Manager	Healthcare Professional	Front Desk
Serve as a clinic point of contact for your jurisdiction	✓			
Manage clinic information (e.g., physical address, operating hours)	✓			
Set and manage clinic schedule	✓			
Manage (add, edit, remove) VAMS users	✓			
Submit inventory requests	✓	✓		
Log vaccine inventory when received	✓	✓		
Log vaccine waste	✓	✓		
Monitor clinic vaccine inventory levels to match appointments scheduled	✓	✓		
Check in vaccine recipients				✓
Create recipient appointments				✓
Cancel recipient appointments			✓	✓
Confirm recipient Identity			✓	✓
View recipient medical history and personal information; add notes to record			✓	
Log vaccine administration			✓	
Administer vaccine to recipients			✓	
Log vaccine waste that occurred during administration (if applicable)			✓	
View next-dose eligibility dates			✓	

Vaccination Clinic Portal- User Responsibilities Overview

Clinic Administrator

 **Primary Role:** Serve as vaccination clinic POC for jurisdiction and manage clinic

What does the **clinic administrator** need to learn in VAMS?

Processes	Related Tasks
• Set up/manage clinic in VAMS	<ul style="list-style-type: none">• Establish yourself as clinic POC• Verify and add clinic information such as physical and shipping address
• Set up/manage clinic schedule	<ul style="list-style-type: none">• Set up operating hours, appointment duration, and number of treatment stations
• Add/manage VAMS clinic users	<ul style="list-style-type: none">• Add clinic users in VAMS• Set or edit user role permissions• Remove users from VAMS
• Monitor/manage clinic vaccine inventory	<ul style="list-style-type: none">• View clinic inventory• Submit inventory requests to jurisdiction
• Find VAMS support or additional training resources when needed	<ul style="list-style-type: none">• Search for your question in the FAQs on the Help page

How will they learn?


- Training Tools**
- VAMS Clinic Staff User Manuals (clinic administrator should be familiar with all clinic roles)
 - VAMS Clinic Setup Quick Start Guide
 - 1:1 Support with SC DHEC POC
 - Attend DHEC Townhall Q&A sessions
 - View training videos

Considerations: clinic administrators can fulfill this role for multiple locations

Vaccination Clinic Portal

User Responsibilities Overview

Clinic Inventory Manager

 **Primary Role:** Monitor and manage clinic’s vaccine inventory

What does the **clinic inventory manager** need to learn in VAMS?

Processes	Related Tasks
<ul style="list-style-type: none">• Manage clinic vaccine inventory	<ul style="list-style-type: none">. View clinic inventory. Submit inventory requests to jurisdiction
<ul style="list-style-type: none">• Find VAMS support or additional training resources when needed	<ul style="list-style-type: none">. Search for your question in the FAQs on the Help page

How will they learn?

- Training Tools**
- VAMS Clinic Inventory Manager User Manual
 - Demo Presentation Videos
 - VAMS FAQs

Vaccination Clinic Portal

User Responsibilities Overview

Clinic Healthcare Professional

 **Primary Role:** Administer vaccine to recipients

What does the **clinic healthcare professional** need to learn in VAMS?

Processes

- **View/manage recipient appointments**
- **Administer vaccine**

Related Tasks

- . View scheduled appointments
- . Access recipient record
- . Review recipient record
- . Add note to recipient record
- . Review previously added notes
- . Record decision to administer vaccine
- . Log vaccination
- . Log waste
- . Search for your question in the FAQs on the Help page

- **Find VAMS support or additional training resources when needed**

How will they learn?

Training Tools

- VAMS Clinic Healthcare Professional User Manual
- Demo Presentation Videos
- VAMS Pocket Manual
- VAMS FAQs

Vaccination Clinic Portal

User Responsibilities Overview

Clinic Front Desk



Primary Role: Welcome and check in recipients

What does the **clinic front desk** need to learn in VAMS?

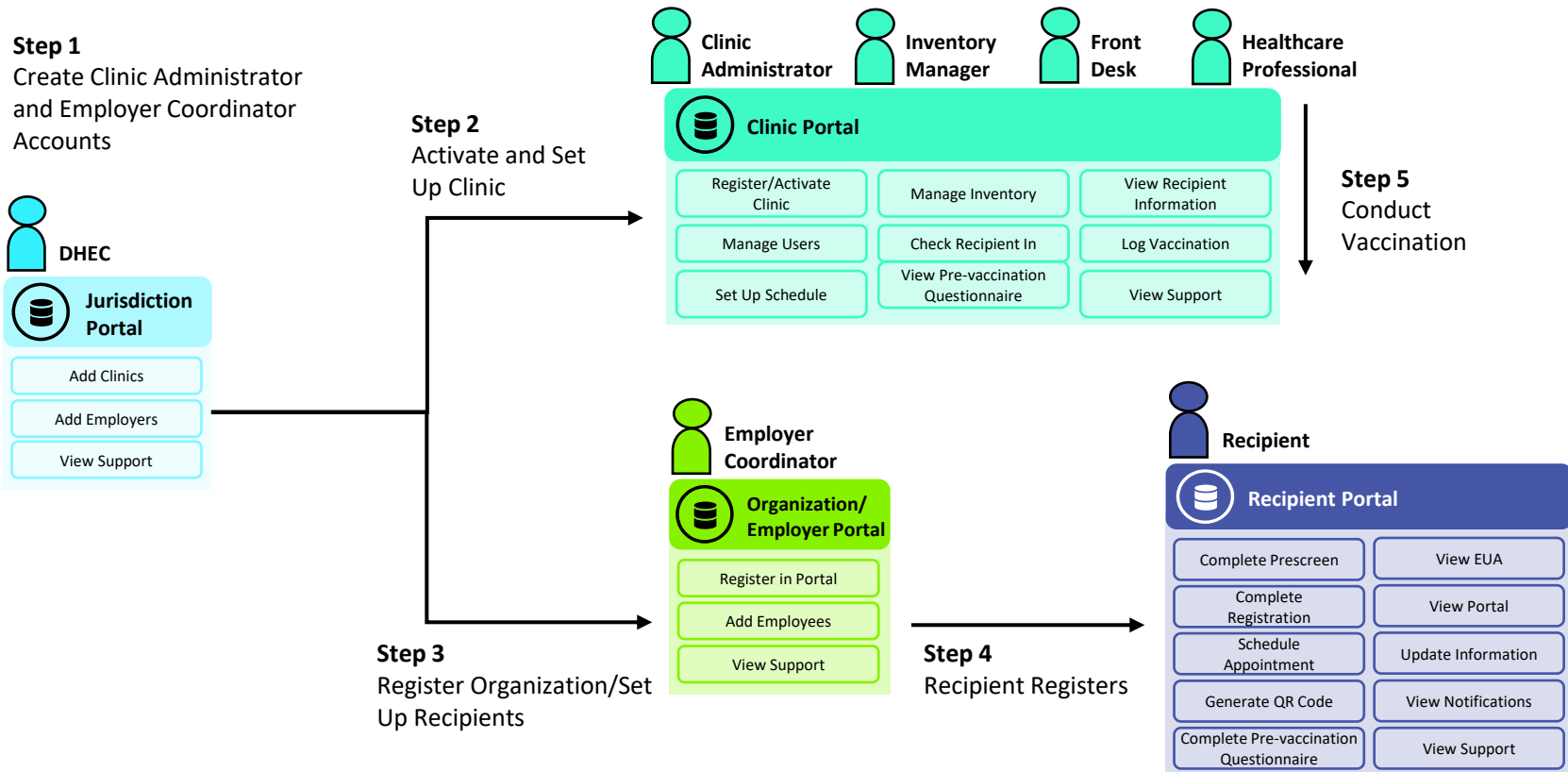
Processes	Related Tasks
• Check in vaccine recipients	<ul style="list-style-type: none">• Use QR code to locate recipient appointment• Manually locate recipient appointment• Validate recipient identification• Validate pre-vaccination questionnaire compliance
• Modify/cancel recipient appointments	<ul style="list-style-type: none">• View appointment status• Cancel appointments• Auto-cancellation for no-show appointments
• Find VAMS support or additional training resources when needed	<ul style="list-style-type: none">• Search for your question in the FAQs on the Help page

How will they learn?

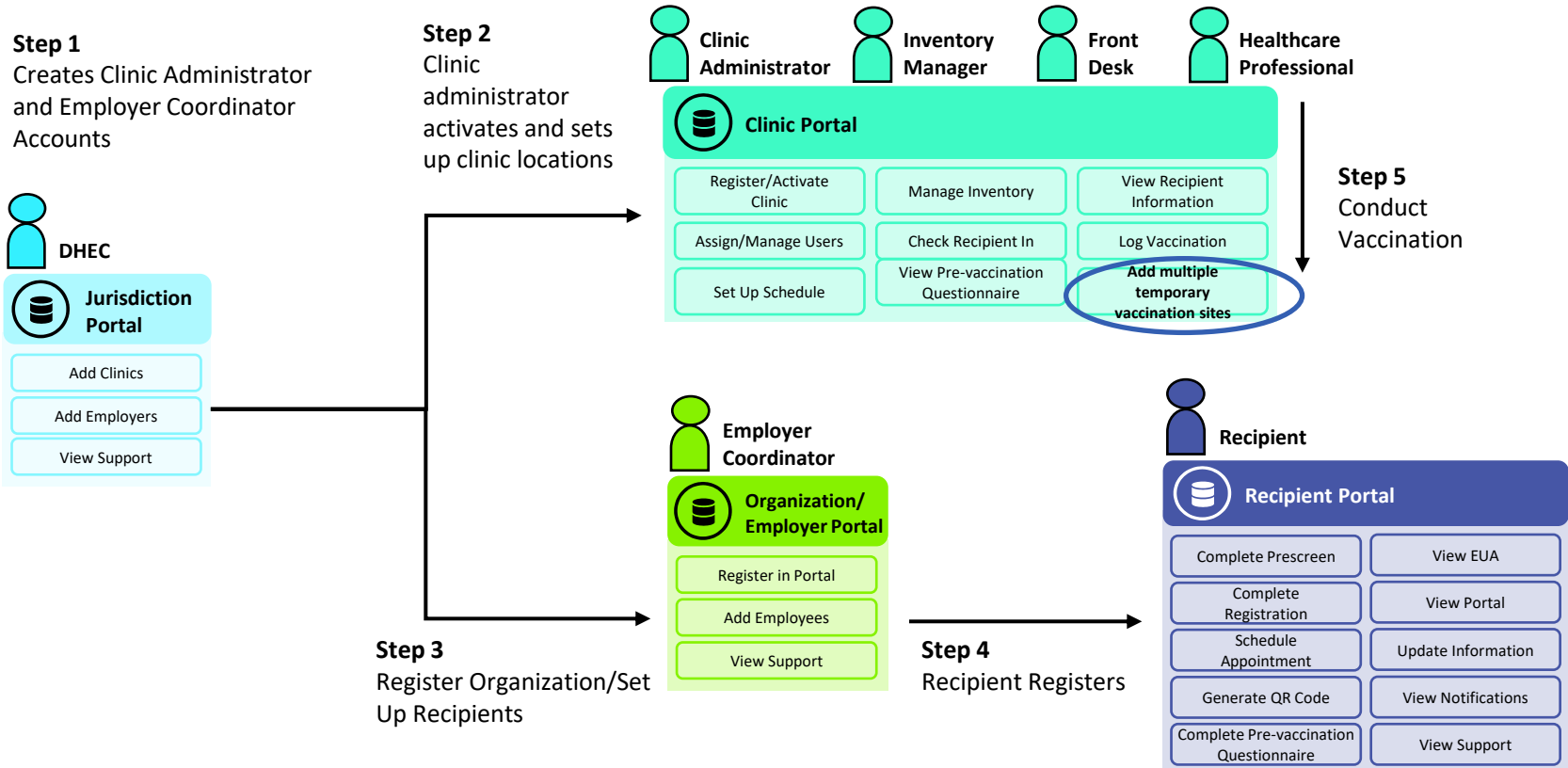
Training Tools

- VAMS Clinic Front Desk User Manual
- Demo Presentation Videos
- VAMS FAQs

VAMS Workflow-Hospital/Clinic/Pharmacy



VAMS Workflow-MOBILE CLINIC



Clinic Type: Third Party

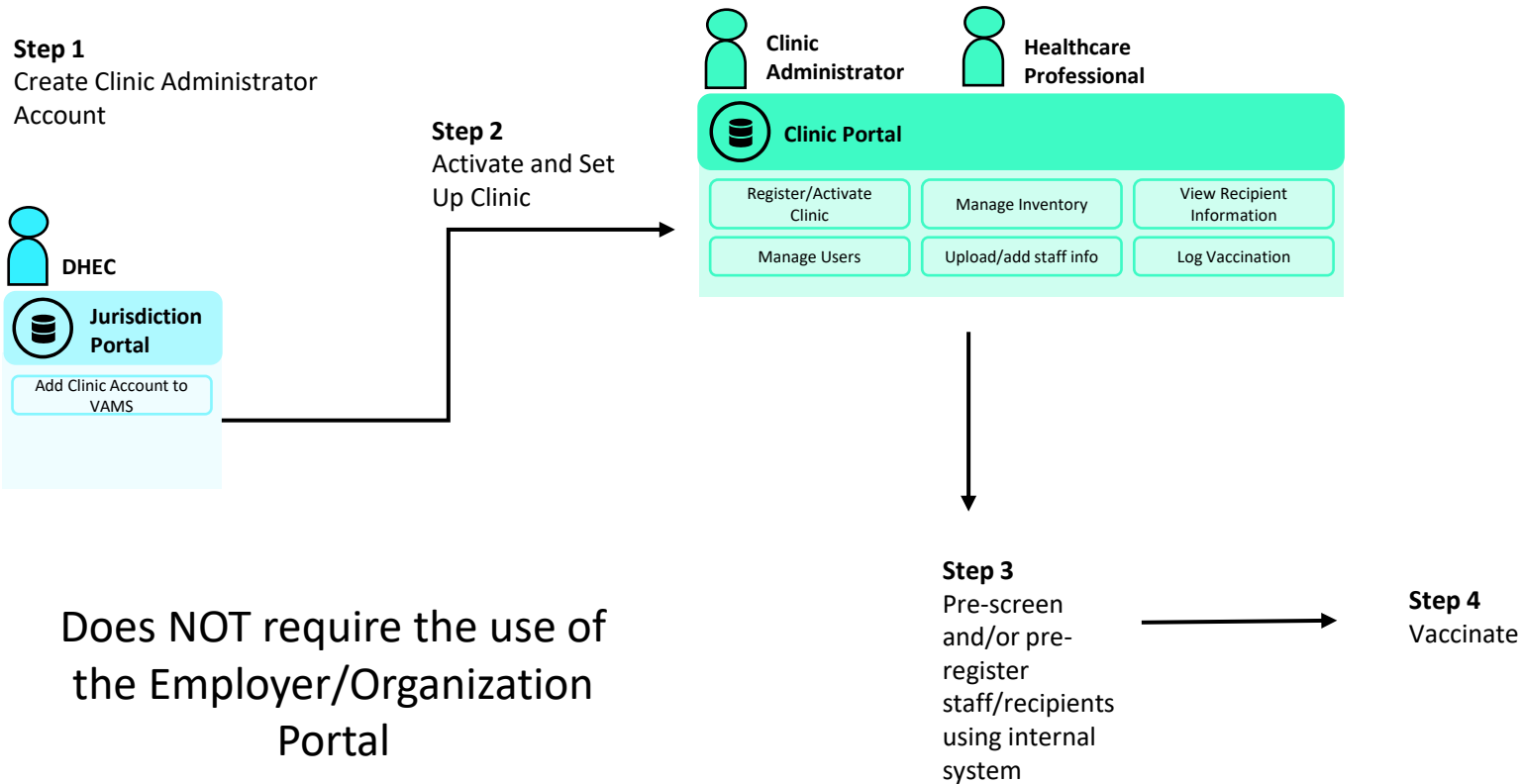
Clinic Type	Description	Considerations
Third-party	Clinics in settings for administering vaccine to recipients unable to access VAMS (i.e. nursing homes, correctional facility) OR for locations that desire to use a pre-existing notification, scheduling, and pre-screening system for vaccine recipients	<ul style="list-style-type: none"> • Vaccine recipients do not use VAMS to pre-register or schedule appointments • Does NOT require the use of the Employer/Organization Portal • Clinic location is not searchable by VAMS users • Requires manual inventory tracking for 2nd dose needs • Facilities must coordinate and communicate recipient vaccination events internally or through existing means • Requires collection of demographic and screening information from recipients prior to vaccination OR at the time of the vaccination • Requires manually adding each recipient, or bulk uploading a list of pre-screened recipients, prior to vaccination • Facility is responsible for distributing the EUA sheet, issuing 2nd dose reminders, and coordinating 2nd dose events

VAMS Roles and Activity Matrix

Third Party

Activity in VAMS	Standard Clinic Administrator	Third-Party Clinic Administrator	Standard Clinic Healthcare Professional	Third-Party Clinic Healthcare Professional
Serve as the clinic's point of contact for your jurisdiction	✓	✓		
Manage clinic information (e.g., physical address)	✓	✓		
Set and manage clinic schedule	✓			
Manage (add, edit, remove) VAMS users	✓	✓		
Submit inventory requests	✓	✓		
Log vaccine inventory when received	✓	✓		
Log vaccine waste	✓	✓		
Add recipient information and insurance (if applicable), and record vaccine consent in VAMS		✓		✓
View recipient medical history and personal information; add notes to record			✓	✓
Log vaccine administration			✓	✓
Administer vaccine to recipients			✓	✓
Log vaccine waste that occurred during administration (if applicable)			✓	✓
View next dose eligibility dates			✓	✓
Track recipients' next dose eligibility				✓

VAMS Workflow-THIRD PARTY



VAMS Onboarding Decisions

- Determine the clinic location's point of contact (POC) who will serve as the clinic administrator (default is primary vaccine coordinator who can re-assign if needed)
- Determine desired location clinic type
 - Clinic
 - Mobile
 - Hospital
 - Pharmacy
 - Third-party
- Review user manuals and training videos on DHEC's COVID-19 Provider Webpage
 - Quick Start Guide for Clinic Set-up
 - Clinic administrator and employer coordinator role demo videos





South Carolina Department of Health and Environmental Control

Employer and Organization Portal

VAMS Overview

Applies to non-Third Party Clinics Only

STEP 3 Your Portal: Employer and Organization Portal



What is the Employer and Organization Portal?

- An interface for employers/organizations to upload employee/staff information



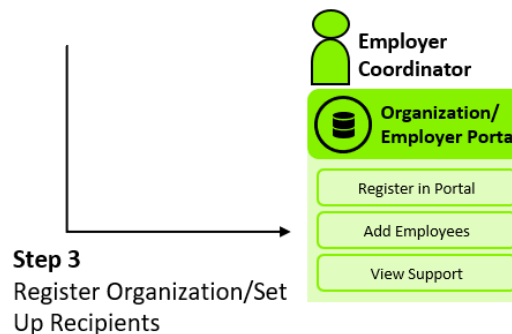
What are the Key Goals of the Employer and Organization Portal?

- Identify potential vaccine recipients to register for COVID-19 vaccination through the Recipient Portal



The Employer and Organization Portal is not:


- An interface clinics will access (they will have their own portal)
- An interface recipients will access (they will have their own portal)
- An interface jurisdictions or CDC will access (they will have their own portal)
- A downloadable app (i.e., from the App Store)



Employer/Organization Portal

User Responsibilities Overview

Employer Coordinator (EC)

 **Primary Role:** Register employer and initiate registration for employees

What does the **Employer Coordinator** need to learn in VAMS?

Processes

- **Complete employer registration**
- **Upload employees into VAMS**
- **Find VAMS support or additional training resources when needed**

Related Tasks

- . Have all employer contact information ready to input
- . Review and submit employer registration
- . *Add employees individually or in a bulk upload*
- . *View employee roster*
- . Search for your question in the FAQs on the Help page

How will they learn?

Training Tools

- VAMS Model Training Plan
- Employer Coordinator User Manual
- Demo Presentation Videos
- VAMS FAQs

Employee Registration

Personalized Employee Registration Option 1

The EC adds employees via manual addition, either one at a time or bulk upload, generating an auto email notification to identified employee/staff

Pros

- No email address restrictions
- Cannot be forwarded to others

Cons

- Cannot control messaging of generated email to staff

Employee Registration

Policy-Enabled Registration (PER) Option 2

The EC opts to have a common registration link using up to three (3) linked email address domains (i.e. @dhec.sc.gov)

1. EC crafts email messaging and sends organization-specific registration link to targeted employees, or EC can post the link for all employees to access via intranet or other source
2. Employees access the link and enter their organization name and email
3. VAMS will validate the email entered by the employee matches one of the specific organization domains
4. VAMS will send a unique registration link to the employee email
5. Employees click the registration link and start the standard registration flow

Pros

- Potentially reduces administrative burden on EC
- EC can control messaging to employees about registration

Cons

- Third-party email domains cannot be used for PER (gmail.com; yahoo.com)
- Employees cannot change their email during registration
- Once PER is selected, DHEC cannot edit the organization's record in VAMS
- Targeted employees can forward link to other non-targeted employees in the organization with the same email domain

VAMS Onboarding Decisions

DHEC will need to know:

- The organization's point of contact (POC) information who will serve as the EC
 - First name, last name, and email address
- Organization category
 - Inpatient healthcare providers
 - Outpatient healthcare providers
- Employee registration process option
 - Option 1: Personalized registration link
 - Option 2: Policy-Enabled Registration



**Complete this VAMS
onboarding survey within 48
hours of activation notice
using your location ID**



South Carolina Department of Health and Environmental Control

Vaccine Management Requirements

Pfizer- BioNTech COVID-19 Vaccine

[Click here to visit the Resource Page:](#)

- Vaccine administration overview
 - Pre-vaccination screening form
 - Standing orders
 - Preparation and Administration Summary
 - Mixing Diluent and Vaccine Poster
- Storage and Handling
 - Storage and handling summary
 - Delivery checklist
 - Storage and handling labels
 - Ultra-cold vaccine storage temperature monitoring logs
 - Pfizer Beyond Use Date (BUD) Guidance and Labels (refrigerated storage)

Moderna COVID-19 Vaccine

[Click here to visit the Resource Page:](#)

- Vaccine administration overview
 - Standing Orders
 - Preparation and Administration Summary
- Storage and Handling
 - Vaccine Expiration Date Tracking Tool
 - Storage and Handling labels
 - Beyond-Use-Date Guidance and Labels
 - Freezer temperature logs (C° and F°)

Temperature Monitoring

- COVID-19 Vaccine Primary and Back-up Coordinators must monitor and document temperatures of storage units containing COVID-19 vaccines twice daily using approved temperature logs.
 - Ultra-cold vaccine storage (Celsius)
 - Ultra-cold vaccine storage (Fahrenheit)
 - Refrigerator or Freezer vaccine storage
- COVID-19 Vaccine Primary and Back-up Coordinators must download continuous temperature monitoring device reports weekly
- COVID-19 vaccine transport logs are also required for any vaccine redistribution/transfer/transport
- Submit both temp logs and DDL reports to COVIDProviderEnrollment@dhec.sc.gov every Friday by COB.
 - Include Facility Name + Temp Logs in subject line

Temperature Excursions- during shipment

- Providers must immediately report any temperature excursions during shipment
- Pfizer Shipments:
 - Pfizer: 1-877-829-2619 or cvgovernment@Pfizer.com
- Moderna Shipments:
 - McKesson: 1-833-272-6635 (M-F, 8a-8p/ET)
 - After-hours email COVIDVaccineSupport@McKesson.com

Temperature Excursions- post-shipment

- Providers must immediately report any temperature excursions to the manufacturer for guidance
 - Pfizer: 1-877-829-2619
 - Moderna: 1-866-663-3762
- Upon resolution, providers must submit a Vaccine Troubleshooting Record to COVIDProviderEnrollment@dhec.sc.gov that documents the event and any associated case number

Inventory Reporting

- Adjust (Add/Reduce) all vaccine inventory and waste in VAMS
 - Upon delivery receipt
 - Track extra Pfizer doses (estimated 1 or 2 extra vial) or Moderna doses (estimated potential for 1 extra per vial) pulled from MDVs
 - Add “vials” in VAMS to accommodate the overages
 - Every 5 Pfizer doses= 1 vial
 - Every 10 Moderna doses= 1 vial
- Report daily on-hand inventory doses to the COVID Health VaccineFinder portal (Mon-Sun)

VAMS Inventory requests

- When placing your weekly inventory requests in VAMS (by noon on Tuesdays):
 - Select your facility's vaccine type
 - Add **total quantity desired**
 - In the notes section:
 - List number of 1st doses needed
 - List number of 2nd doses needed
 - Please refer to your submitted VAMS inventory request for confirmation and details (ensure to click FOLLOW to receive email notifications for updates)

Vaccine Ordering Cadence

Ordering Cadence for Direct ship to site: Pfizer and Moderna			
Requests submitted in VAMS	Sites Receive Vaccine	Sites Receive Federal Ancillary Supply Kits	Sites Receive State-Supplied Ancillary Kits
By Tuesday, 12pm	Monday	Within 24-hour window of vaccine	Tuesday

Ordering Cadence for DHEC Redistribution Sites		
New Bulk Requests submitted in VAMS	Sites Receive Vaccine	Sites Receive Ancillary Kits
By Tuesday, 12pm	Based on frequency request (see sub-order request below)	At the time of DHEC delivery

DHEC-Redistribution Orders in Process- Delivery Cadence		
Sub-order request submission to RSS@dhec.sc.gov and parksln@dhec.sc.gov by 5pm	Prepared at DHEC	Delivery to Facility
Monday	Tuesday	Wednesday
Tuesday	Wednesday	Thursday
Wednesday	Thursday	Friday
Thursday	Friday	Monday
Friday	Monday	Tuesday



South Carolina Department of Health and Environmental Control

Vaccine Safety Programs

Vaccine Adverse Event Reporting System (VAERS)

All COVID-19 vaccine providers must report any suspected moderate or severe reactions post COVID-19 vaccine administration to VAERS.



The screenshot shows the VAERS (Vaccine Adverse Event Reporting System) website. At the top, the VAERS logo is displayed next to the text "Vaccine Adverse Event Reporting System" and the URL "www.vaers.hhs.gov". Below this is a navigation bar with five tabs: "About VAERS", "Report an Adverse Event", "VAERS Data", "Resources", and "Submit Follow-Up Information".

The main content area is divided into two columns. The left column contains a section titled "Have you had a reaction following a vaccination?" with two numbered steps: "1. Contact your healthcare provider." and "2. Report an Adverse Event using the VAERS online form or the new downloadable PDF. *New!*". Below this is a box with an "Important" notice: "If you are experiencing a medical emergency, seek immediate assistance from a healthcare provider or call 9-1-1. CDC and FDA do not provide individual medical treatment, advice, or diagnosis. If you need individual medical or health care advice, consult a qualified healthcare provider." Below the notice is a section titled "¿Ha tenido una reacción después de recibir una vacuna?" with two numbered steps: "1. Contacte a su proveedor de salud." and "2. Reporte una reacción adversa utilizando el formulario de VAERS en línea o la nueva versión PDF descargable. *Nuevo!*".

The right column features a large image of a family (a man, a woman, and two children) looking at a laptop. Below the image is the text "What is VAERS?".

At the bottom of the page, there are four tiles, each with an image and a title:

- REPORT AN ADVERSE EVENT**: Review reporting requirements and submit reports.
- SEARCH VAERS DATA**: Download VAERS Data and search the CDC WONDER database.
- REVIEW RESOURCES**: Find materials, publications, learning tools, and other resources.
- SUBMIT FOLLOW-UP INFORMATION**: Upload additional information related to VAERS reports.



- Smartphone-based text messaging program designed for vaccine recipients
- Recipients can opt-in and quickly tell CDC if they have any side effects
- Providers must post v-safe poster during vaccination events and share information
- See [DHEC's COVID-19 provider website](#) to download v-safe poster and information sheets.



South Carolina Department of Health and Environmental Control

Clinical Staff Training

Interim Clinical Considerations for use of mRNA COVID-19
Vaccines Currently Authorized in the United States

Authorized age groups

- Under the EUAs, the following age groups are authorized to receive vaccination:
 - Pfizer-BioNTech: ages ≥ 16 years
 - Moderna: ages ≥ 18 years
 - Children and adolescents outside of these authorized age groups should not receive COVID-19 vaccination at this time

Administration

- mRNA vaccines are not live vaccines
- The mRNA COVID-19 vaccine series consist of two doses administered intramuscularly:
 - Pfizer-BioNTech (30 µg, 0.3 ml each): three weeks (21 days) apart
 - Moderna (100 µg, 0.5 ml): one month (28 days) apart
- Second doses administered within a grace period of ≤ 4 days from the recommended date for the second dose are considered valid; however, doses administered earlier do not need to be repeated.
- The second dose should be administered as close to the recommended interval as possible. However, there is no maximum interval between the first and second dose for either vaccine.

Interchangeability with other COVID-19 products

- Either of the currently authorized mRNA COVID-19 vaccines can be used when indicated; ACIP does not state a product preference.
- However, these mRNA COVID-19 vaccines are **not** interchangeable with each other or with other COVID-19 vaccine products. The safety and efficacy of a mixed-product series have not been evaluated.
- Both doses of the series should be completed with the same product. However, if two doses of different mRNA COVID-19 vaccine products are inadvertently administered, no additional doses of either product are recommended at this time.

Coadministration with other vaccines

- Given the lack of data on the safety and efficacy of mRNA COVID-19 vaccines administered simultaneously with other vaccines, the vaccine series should be administered alone, with a minimum interval of 14 days before or after administration with any other vaccines.
- If mRNA COVID-19 vaccines are inadvertently administered within 14 days of another vaccine, doses do not need to be repeated for either vaccine.

Vaccination of persons with SARS-CoV-2 infection or exposure

- Persons with current or prior hx of SARS CoV-2-infection
 - Vaccination should be offered to persons regardless of history of prior symptomatic or asymptomatic SARS-CoV-2 infection.
 - Vaccination of persons with known current SARS-CoV-2 infection should be deferred until the person has recovered from the acute illness (if the person had symptoms) and criteria have been met for them to discontinue isolation.
 - While there is otherwise no recommended minimum interval between infection and vaccination, current evidence suggests that reinfection is uncommon in the 90 days after initial infection. Thus, persons with documented acute SARS-CoV-2 infection in the preceding 90 days may delay vaccination until near the end of this period, if desired

Vaccination of persons with SARS-CoV-2 infection or exposure

- Persons who previously received passive antibody therapy for COVID-19
 - Currently, there are no data on the safety and efficacy of mRNA COVID-19 vaccines in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment.
 - Based on the estimated half-life of such therapies as well as evidence suggesting that reinfection is uncommon in the 90 days after initial infection, vaccination should be deferred for at least 90 days, as a precautionary measure until additional information becomes available, to avoid interference of the antibody treatment with vaccine-induced immune responses.

Vaccination of persons with underlying medical conditions

- Immunocompromised persons
 - Persons with HIV infection or other immunocompromising conditions, or who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19. Data are not currently available to establish vaccine safety and efficacy in these groups.
 - Persons with stable HIV infection were included in mRNA COVID-19 vaccine clinical trials, though data remain limited.
 - Immunocompromised individuals may still receive COVID-19 vaccination if they have no contraindications to vaccination. However, they should be counseled about the unknown vaccine safety profile and effectiveness in immunocompromised populations, as well as the potential for reduced immune responses and the need to continue to follow all current guidance to protect themselves against COVID-19 (i.e. mask, social distancing, hand hygiene)

Vaccination of persons with underlying medical conditions

- Persons with autoimmune conditions
 - No data are currently available on the safety and efficacy of mRNA COVID-19 vaccines in persons with autoimmune conditions, though these persons were eligible for enrollment in clinical trials.
 - No imbalances were observed in the occurrence of symptoms consistent with autoimmune conditions or inflammatory disorders in clinical trial participants who received an mRNA COVID-19 vaccine compared to placebo.
 - Persons with autoimmune conditions who have no contraindications to vaccination may receive an mRNA COVID-19 vaccine

Vaccination of persons with underlying medical conditions

- Persons with a history of Guillain-Barré syndrome (GBS)
 - To date, no cases of GBS have been reported following vaccination among participants in the Pfizer-BioNTech or Moderna COVID-19 vaccines clinical trials.
 - With few exceptions, Advisory Committee on Immunization Practices (ACIP) general best practice guidelines for immunization does not include history of GBS as a contraindication or precaution to vaccination.
 - Persons with a history of GBS may receive an mRNA COVID-19 vaccine unless they have a contraindication to vaccination.
 - Any occurrence of GBS following mRNA COVID-19 vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS).

Vaccination of persons with underlying medical conditions

- Persons with a history of Bell's palsy
 - Cases of Bell's palsy were reported following vaccination in participants in both the Pfizer-BioNTech and Moderna COVID-19 vaccines clinical trials.
 - However, the FDA does not consider these to be above the frequency expected in the general population and has not concluded that these cases were causally related to vaccination.
 - Post-authorization safety surveillance will be important to further assess any possible causal association.
 - In the absence of such evidence, persons with a history of Bell's palsy may receive an mRNA COVID-19 vaccine unless they have a contraindication to vaccination.
 - Any occurrence of Bell's palsy following mRNA COVID-19 vaccination should be reported to VAERS

Vaccination of pregnant women

- There are currently few data on the safety of COVID-19 vaccines, including mRNA vaccines, in pregnant people.
- The mRNA in the vaccine is degraded quickly by normal cellular processes and does not enter the nucleus of the cell. Based on current knowledge, experts believe that mRNA vaccines are unlikely to pose a risk to the pregnant person or the fetus.
- If pregnant people are part of a group that is recommended to receive a COVID-19 vaccine (e.g., healthcare personnel), they may choose to be vaccinated. A conversation between the patient and their clinical team may assist with decisions regarding the use of a mRNA COVID-19 vaccine, though a conversation with a healthcare provider is not required prior to vaccination.
- There is no recommendation for routine pregnancy testing before receipt of a COVID-19 vaccine. Those who are trying to become pregnant do not need to avoid pregnancy after mRNA COVID-19 vaccination.

Vaccination of lactating women

- There are no data on the safety of COVID-19 vaccines in lactating people or the effects of mRNA COVID-19 vaccines on the breastfed infant or milk production/excretion.
- mRNA vaccines are not thought to be a risk to the breastfeeding infant.
- A lactating person who is part of a group recommended to receive a COVID-19 vaccine (e.g., healthcare personnel) may choose to be vaccinated

Patient Counseling: Vaccine Efficacy

- Preliminary data suggest high vaccine efficacy in preventing COVID-19 following receipt of two doses of mRNA COVID-19 vaccine (Pfizer-BioNTech: 95.0% [95% CI: 90.3%, 97.6%]; Moderna: 94.1% [95% CI: 89.3%, 96.8%]).
- Limited data are currently available regarding the efficacy of a single dose.
- Patients should be counseled on the importance of completing the two-dose series (of the same vaccine product) to optimize protection

Patient Counseling: Reactogenicity

- Before vaccination, providers should counsel mRNA COVID-19 vaccine recipients about expected local (e.g., pain, swelling, erythema at the injection site, localized axillary lymphadenopathy on the same side as the vaccinated arm) and systemic (e.g., fever, fatigue, headache, chills, myalgia, arthralgia) post-vaccination symptoms.
- Most systemic post-vaccination symptoms are mild to moderate in severity, occur within the first three days of vaccination, and resolve within 1–3 days of onset.
 - These symptoms are more frequent and severe following the second dose and among younger persons compared to older persons
- Antipyretic or analgesic medications (e.g., acetaminophen, non-steroidal anti-inflammatory drugs) may be taken for the treatment of post-vaccination local or systemic symptoms, if medically appropriate.
 - However, routine prophylactic administration of these medications for the purpose of preventing post-vaccination symptoms is not currently recommended, as information on the impact of such use on mRNA COVID-19 vaccine-induced antibody responses is not available at this time

Management of allergic reactions

- Appropriate medical treatment used to manage immediate allergic reactions must be immediately available in the event that an acute anaphylactic reaction occurs following administration of an mRNA COVID-19 vaccine.
- Vaccine providers should observe patients with a history of anaphylaxis (due to any cause) for 30 minutes after vaccination.
- All other persons should be observed for 15 minutes after vaccination to monitor for the occurrence of immediate adverse reactions.
- Review CDC's Considerations: [Preparing for the Potential Management of Anaphylaxis at COVID-19 Vaccination Sites](#)

Intervals between 1st and 2nd doses

- Language has been added to clarify doses inadvertently administered earlier than the grace period should not be repeated.
- Language has also been added that states:
 - The second dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the second does of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window.
 - If the second dose is administered beyond these intervals, there is no need to restart the series."

Interchangeability of vaccine products

- mRNA COVID-19 vaccines are not interchangeable. Language has been added to provide suggested strategies to help ensure patients receive the second dose with the appropriate product and interval between doses including:
 - Providing COVID-19 vaccination record cards to vaccine recipients, asking recipients to bring their card to their appointment for the second dose, and encouraging recipients to make a backup copy (e.g., by taking a picture of the card or their phone).
 - Encouraging vaccine recipients to enroll in [VaxText](#), a free text message-based platform to receive COVID-19 vaccination second-dose reminders.
 - Recording each recipient's vaccination in the immunization information system (IIS).
 - Recording vaccine administration information in the patient's medical record.
 - Making an appointment for the second dose before the vaccine recipient leaves, to increase the likelihood that patients will present at the same vaccination site for the second dose.

Interchangeability of vaccine products cont.

- Using the previous strategies, every effort should be made to determine which vaccine product was received as the first dose, in order to ensure completion of the vaccine series with the same product.
- In exceptional situations in which the first-dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimal interval of 28 days between doses to complete the mRNA COVID-19 vaccination series.
- If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

Vaccination of persons with a history of SARS-CoV-2 infection

- Updated language includes:
- “Data from clinical trials indicate that mRNA COVID-19 vaccines can safely be given to persons with evidence of a prior SARS-CoV-2 infection.”
- “Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection for the purposes of vaccine decision-making is not recommended.”
- “While there is no recommended minimum interval between infection and vaccination, current evidence suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity. **Thus, while vaccine supply remains limited,** persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired, recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection.”

Clinical Guidance Resource

If a healthcare professional at your facility has clinical guidance needs, please contact:

- **Clinician On-Call Center:**
 - **Call 800-CDC-INFO (800-232-4636) and ask for the Clinician On-Call Center.**
 - **Email: eocevent168@cdc.gov**
- The Clinician On-Call Center is a 24-hour hotline with trained CDC clinicians standing by to answer COVID-19 questions from healthcare personnel on a wide range of topics, such as diagnostic challenges, clinical management, and infection prevention and control.

CONTACT US

COVID-19 Vaccination Program
Immunization Branch

Provider Onboarding, Education and Support Team:
VAMS@dhec.sc.gov

Stay Connected

Fw: Additional information about vaccine allocation**Britt, Will** <BrittWD@dhec.sc.gov>

Thu 1/21/2021 9:12 AM

To: Taylor, W. Marshall <taylorwm@dhec.sc.gov>; Traxler, Brannon <traxlelb@dhec.sc.gov>; Frost, Keith <frostrk@dhec.sc.gov>; White, Stephen M. <WhiteS2@dhec.sc.gov>; Eubank, Louis W. <EUBANKLW@dhec.sc.gov>; Tallon, Ashley <tallonaa@dhec.sc.gov>; Cofield, Whitney G. <COFIELWG@dhec.sc.gov>

FYI. The below email went out to enrolled providers this morning.

Will

From: COVIDProviderEnrollment <COVIDProviderEnrollment@dhec.sc.gov>

Sent: Thursday, January 21, 2021 9:10 AM

Subject: Additional information about vaccine allocation

On Sunday, January 17, 2021, the South Carolina Department of Health and Environmental Control (DHEC) issued updated guidance to all enrolled COVID-19 vaccine providers. In the guidance, because vaccine demand has now far exceeded supply, DHEC indicated it would be finalizing an equitable model for vaccine allocation and use that model to establish a baseline allocation for providers starting the week of January 25.

After further consideration, DHEC has requested that the Board of Health and Environmental Control consider and provide direction to DHEC regarding the method to be used to distribute vaccines equitably across the state. The Board is expected to consider this request at its next Board meeting, which is being scheduled for early next week. The specific date and time of the meeting will be published on DHEC's website.

DHEC will not establish a baseline allocation for providers until the week following direction from the Board. As such, DHEC attempted to allocate amounts this week similar to last week with only some adjustments.

DHEC continues to value and appreciate your partnership and thanks you for the work you are doing to provide much-needed vaccination to South Carolinians.

COVID Provider Enrollment Team

covidproviderenrollment@dhec.sc.gov

S.C. Dept. of Health & Environmental Control

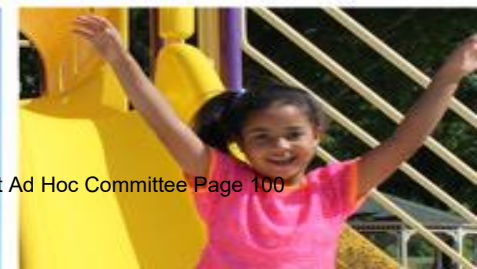
Connect: www.scdhec.gov [Facebook](#) [LinkedIn](#)





COVID-19 Provider Town Hall

1-27-2021



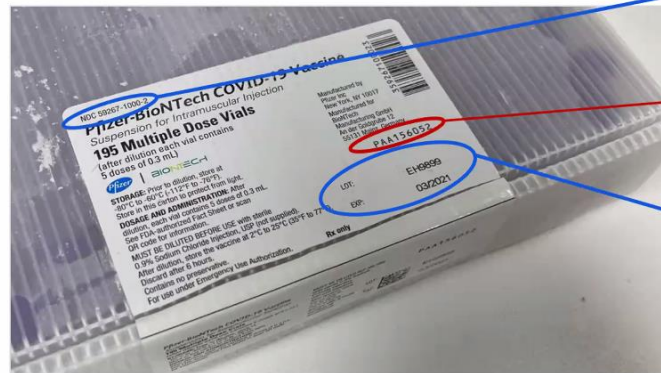
Temperature Monitoring Reminder

- COVID-19 Vaccine Primary and Back-up Coordinators must monitor and document temperatures of storage units containing COVID-19 vaccines twice daily using approved temperature logs.
 - Ultra-cold vaccine storage (Celsius)
 - Ultra-cold vaccine storage (Fahrenheit)
 - Refrigerator or Freezer vaccine storage
- COVID-19 Vaccine Primary and Back-up Coordinators must download continuous temperature monitoring device reports weekly
- COVID-19 Transport logs are also required for any vaccine transport related to transfer, temporary clinics, or redistribution
- Submit both temp logs and DDL reports to COVIDProviderEnrollment@dhec.sc.gov every Friday by COB. Include Facility Name + Temp Logs in subject line

Vaccine Packaging: NDC and Lot Numbers

Where are the NDCs and Lot Numbers? | Pfizer-BioNTech

Pfizer-BioNTech UoS



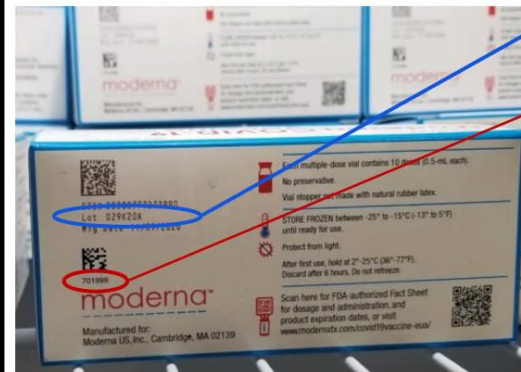
✓ UoS NDC: 59267-1000-2

✗ Not a Lot Number

✓ UoS Lot: EH9899
UoS Expiration: 03/2021

Where are the NDCs and Lot Numbers? | Moderna

Moderna UoS



✓ UoS Lot: 029K20A
UoS Expiration: Lookup on Moderna Website

✗ Not a Lot Number

✓ UoS NDC: 80777-273-99



Inventory Reminders

- Report daily on-hand inventory to VaccineFinder
- Please ensure all doses (vials) you receive are added to VAMS inventory
- Manually tally extra doses from Pfizer and Moderna MDVs
 - Add a “vial” to your VAMS inventory for every 5 extra Pfizer doses or 10 extra Moderna MDV doses
- At minimum, ensure VAMS inventory requests (by Tuesday, 12pm) contain notes that reflect 1st and 2nd dose amounts that equal the total you are requesting.
- 2nd dose amounts based on 1st doses administered are guaranteed by DHEC
- VAMS Inventory Management Update Training (CDC-hosted)
 - Friday, Jan 29, 2021
 - 10a-10:30a
 - 2p-2:30p
 - Meeting invites will be sent to VAMS Clinic Admins
 - Limit 2 people per VAMS clinic

Vaccine Administration Documentation

- Required vaccine administration documentation within 24 hours of administration for all DHEC COVID-19 vaccine providers in VAMS.
 - Exception: pharmacies participating in the federal/state LTCF program
- Doses administered and utilization captured on public facility-level spreadsheets on [DHEC's Allocations website](#)

Ancillary Supplies Update

Ancillary Kit Syringes

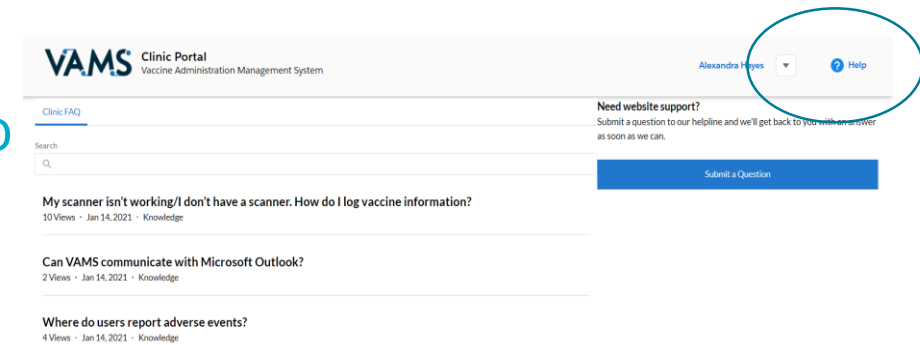
- The updated Ancillary Kits began shipping with Pfizer orders on January 20.
 - These larger kits contain supplies to accommodate extraction of a sixth dose from each Pfizer vial; however, access to the sixth dose is dependent upon the use of low dead-volume (LDV) syringes.
 - Kits will continue to contain a variety of needle/syringe combinations based on current availability.
- Irrespective of the type of syringe and needle, each dose must contain 0.3 mL of vaccine.
 - If the amount in the vial cannot provide a full sixth dose of 0.3 mL, the vial and content should be discarded.
 - Excess vaccine should never be pooled from multiple vials to make up a full dose.

Vaccination Cards

- Please use PDF to print extra copies as needed.
- This PDF is not displayed publicly, however.
- Please email vams@dhec.sc.gov for a copy

VAMS Help Desk

- CDC VAMS Help Desk
 - All clinic users: submit questions, technical assistance, other issues via the Help function to submit a ticket, or
 - Call 1-833-957-1100, M-F, 8a-8p
- DHEC Help Desk
 - vams@dhec.sc.gov for clinic users additional assistance, program clarification, onboarding, new clinic set-up, additional clinic set-up requests
 - Recipients and organization/employer coordinators need to contact vams@dhec.sc.gov if experiencing issues



Key Highlights from VAMS Enhancements

- **Release 1.2.4:**
 - Ability for the Front Desk Staff to check-in a recipient without a prevaccination questionnaire
 - Ability for the Healthcare professional to fill-out the prevaccination questionnaire with recipient
 - New reset password functionality
- **Release 1.2.5:**
 - Organization POCs can resend registration emails and can edit recipient first and last name
 - Healthcare professional can backdate the vaccine administration date
- **Release 1.2.6:**
 - Jurisdictions can bulk upload clinics into VAMS
 - Ability to add additional organization coordinators
 - Organization coordinators can edit recipient email addresses and remove individuals from recipient lists
 - Enhanced clinic reporting
 - Enhanced jurisdiction reporting (Einstein analytics)
 - Enhanced check-in list view for Front Desk staff (e.g., first dose, second dose, type of vaccine, phone number)

Key Highlights from VAMS Enhancements *(continued)*

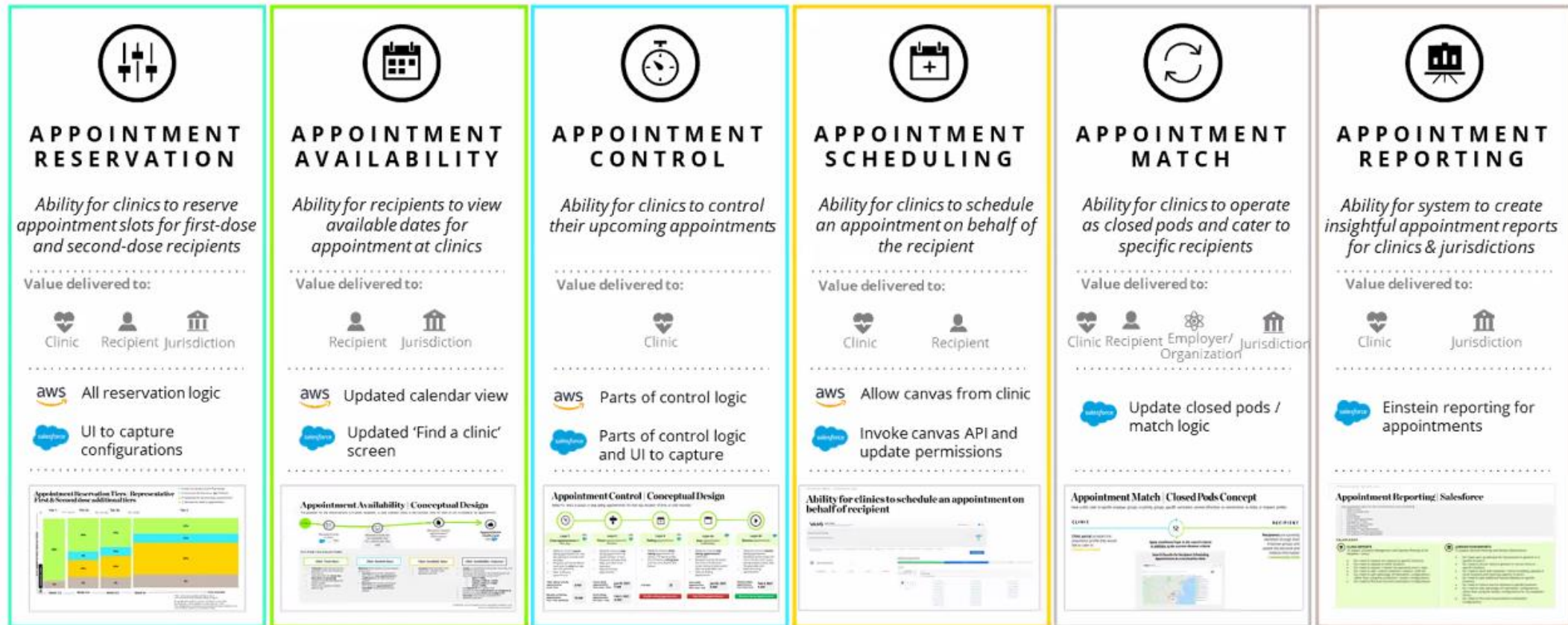
■ Release 1.2.7:

- Automatic reminder emails to organization POCs and to recipients
- Additional validation requirements for logging inventory to help prevent errors
- Enhancements to clinic operating hours and clinic treatment hours to show if hours are being used in other clinics or treatment stations
- Added dose and vaccine name for third-party clinic recipient list views
- Enhanced search features within list views across all portals (e.g., search for first name, last name, DOB)

■ Release 1.3:

- Removed Employer and Employee language from VAMS
- Third-Party Clinics:
 - Duplication check for recipients
 - Ability for third-party clinic administrators and healthcare professionals to remove recipients
 - New global search feature
 - Ability to record a vaccine administered before 21-day or 28-day window
- Standard Clinics:
 - Healthcare professionals can view prior check-in appointments for standard clinics
 - Improvement to recipient scheduling workflow (checked-in appointment status)

Appointment Management Capabilities Overview



VAMS Clinic Treatment Station/Operating Hours Update

- On Sunday, January 24, the VAMS Operations Team implemented a change to clinic operating hours and treatment station hours that prevents clinics and treatment stations from sharing operating hours.
- Previously, multiple clinics and multiple treatment stations could use the same sets of operating hours. However, this meant that when clinics would update these hours, the update affected all other clinics and stations with those shared hours, resulting in some recipient appointment cancellations.
- For clinics who shared operating hours among multiple clinics or treatment stations, this connection is now broken so that each clinic and treatment station operates on its own hours. Editing these hours will no longer affect other clinics or treatment stations.
- Going forward, when setting up a new clinic or treatment station, clinic administrators can no longer choose to reuse previously created operating hours. They must instead create new hours for each clinic and treatment station they establish.
- We understand some clinics found the ability to copy hours to other clinics or treatment stations valuable. We are working on a solution to make this feature available in the future.

Future VAMS Updates

- Third party reporting
- Flexible registration options for phase 1b
- 2nd dose appointment configuration
 - Jurisdiction-wide (5% walk-in, 20% 1st dose, 20% 2nd dose, 55% first-come, first-serve)
 - Clinic-level configuration to determine your own scheduling tiers

Third party sites in VAMS

- Increased requests to add third party clinics.
- Only recipient demographic information can be bulk-uploaded to the third-party clinic using the version 1.1 template available in the upload feature
- Each patient record must still have a vaccination manually logged in the record, which subsequently decrements your inventory

VAMS Checked-In Appointments Status Issue

South Carolina has 564 recipients who have a checked-in status in the system in the PAST ranging from December 18 through January 18. Recipients have this checked-in status when they are checked-in by the Front Desk user in Standard Clinics. It is likely that these recipients have been vaccinated, but it is also possible that the recipient walked away from the clinic after being checked-in but before being vaccinated. Leaving the recipient in the checked-in status does not allow the recipient to schedule their next appointment in the system and may cause variance in reporting.

Please work with the clinics in the attached file to take action on these checked-in appointments using the below instructions.

Steps for clinics to take action on 'checked-in' appointments:

1. Healthcare provider logs into VAMS portal
2. Click on the list view for 'Checked-in Recipients' (Screenshot 1)
3. Log vaccination for the recipient as a back-date or cancel appointment so that recipient can schedule a new appointment.

Screenshot 1



Important Resources

- [DHEC COVID-19 Vaccine](#)
 - [Allocations](#)
 - [Priority Population Guidance](#)
- [Interim Clinical Considerations for Use of mRNA COVID-19 Vaccines Currently Authorized in the United States](#)
- [Pfizer-BioNTech COVID-19 Vaccine](#)
- [Moderna COVID-19 Vaccine](#)

CDC Clinical Considerations for Use of mRNA COVID-19 Vaccines Updates:

Intervals between 1st and 2nd doses

- Language has been added to clarify doses inadvertently administered earlier than the grace period should not be repeated.
- Language has also been added that states:
 - The second dose should be administered as close to the recommended interval as possible. However, if it is not feasible to adhere to the recommended interval, the second doses of Pfizer-BioNTech and Moderna COVID-19 vaccines may be scheduled for administration up to 6 weeks (42 days) after the first dose. There are currently limited data on efficacy of mRNA COVID-19 vaccines administered beyond this window.
 - If the second dose is administered beyond these intervals, there is no need to restart the series."

Interchangeability of vaccine products

- mRNA COVID-19 vaccines are not interchangeable. Language has been added to provide suggested strategies to help ensure patients receive the second dose with the appropriate product and interval between doses including:
 - Providing COVID-19 vaccination record cards to vaccine recipients, asking recipients to bring their card to their appointment for the second dose, and encouraging recipients to make a backup copy (e.g., by taking a picture of the card of their phone).
 - Encouraging vaccine recipients to enroll in [VaxText](#), a free text message-based platform to receive COVID-19 vaccination second-dose reminders.
 - Recording each recipient's vaccination in the immunization information system (IIS).
 - Recording vaccine administration information in the patient's medical record.
 - Making an appointment for the second dose before the vaccine recipient leaves, to increase the likelihood that patients will present at the same vaccination site for the second dose.

Interchangeability of vaccine products cont.

- Using the previous strategies, every effort should be made to determine which vaccine product was received as the first dose, in order to ensure completion of the vaccine series with the same product.
- In exceptional situations in which the first-dose vaccine product cannot be determined or is no longer available, any available mRNA COVID-19 vaccine may be administered at a minimal interval of 28 days between doses to complete the mRNA COVID-19 vaccination series.
- If two doses of different mRNA COVID-19 vaccine products are administered in these situations (or inadvertently), no additional doses of either product are recommended at this time.

Vaccination of persons with a history of SARS-CoV-2 infection

- Updated language includes:
- “Data from clinical trials indicate that mRNA COVID-19 vaccines can safely be given to persons with evidence of a prior SARS-CoV-2 infection.”
- “Viral testing to assess for acute SARS-CoV-2 infection or serologic testing to assess for prior infection for the purposes of vaccine decision-making is not recommended.”
- “While there is no recommended minimum interval between infection and vaccination, current evidence suggests that the risk of SARS-CoV-2 reinfection is low in the months after initial infection but may increase with time due to waning immunity. Thus, **while vaccine supply remains limited**, persons with recent documented acute SARS-CoV-2 infection may choose to temporarily delay vaccination, if desired, recognizing that the risk of reinfection, and therefore the need for vaccination, may increase with time following initial infection.”



Updated Guidance to Enrolled COVID-19 Vaccine Providers

January 17, 2021

To All Enrolled Vaccine Providers:

As the state of South Carolina continues to administer vaccines to its residents in Phase 1a, the South Carolina Department of Health and Environmental Control (DHEC) is updating its guidance to reemphasize critical information for enrolled vaccine providers about the vaccine roll out.

Currently, South Carolina receives approximately 63,000 first doses of vaccine each week. Roughly half of these doses are Pfizer and half Moderna. For each first dose providers receive, they must order a second dose. Because of the ultra-cold (<70°C) storage requirements of the Pfizer vaccine, most Pfizer doses have been allocated to hospitals. Most Moderna doses, which can be stored in a standard vaccine freezer, have been allocated to providers other than hospitals.

Until this past week, the weekly allocation of Pfizer first doses the state received from the federal government was sufficient to meet most of the vaccine orders placed by hospitals. However, hospital orders for this coming week totaled more than four times the amount previously allocated to the state. As a result, DHEC could only fulfill 20-25% of each hospital's first-dose order of Pfizer vaccine. All orders for second doses were able to be fulfilled because the state has a separate federal allocation of second doses that equals the number of first doses allocated.

Because vaccine demand has now far exceeded supply, DHEC is finalizing an equitable model for vaccine allocations. As a result, allocations for the following week (January 25) may be higher or lower than past allocations.

Providers should review and adhere to the following:

1. Providers should review [Phase 1a Guidance](#) and must administer vaccine to eligible persons **only**. Phase 1a now includes citizens and residents seventy (70) years of age and older.
2. DHEC does not expect the state's weekly allocation to increase any time soon. Should the federal allocation to South Carolina increase (or decrease), adjustments to a provider's first dose allocation may also change.

3. DHEC continues its efforts to ensure vaccines are available in all areas of the state, especially rural and underserved communities. To meet this goal, DHEC will be adding providers to better enable residents in underserved communities to receive a vaccine.
4. Until South Carolina's vaccine allocation from the federal government increases, providers must understand their weekly first dose allocations could be reduced as additional providers are added to the distribution network.
5. After the week of January 25, DHEC does not intend to significantly change the number of vaccines allocated to a provider from week to week without reasonable notice.
6. DHEC will notify providers by Thursday (Moderna) and Friday (Pfizer) of their first dose allocation for the following week. Delivery will occur either Friday (Moderna) or Monday (Pfizer) for use during the following week. It should be the goal of every provider to administer all first doses of vaccine received by the end of each week, and providers should ensure they have capacity in place to meet that goal.
7. Because vaccine supplies in South Carolina are currently limited by the number of vaccines allocated from the federal government to the state, providers should order only what they have the capacity to administer in the coming week.
8. While providers should prepare for increased capacity, no large-scale vaccination events should be held that would exceed a provider's baseline allocation (established the week of January 25) without first consulting with DHEC to ensure sufficient doses would be available. It is unlikely providers could hold large-scale events until the state's weekly allocations from the federal government increase.
9. Until vaccine is more widely available, clinics and events should be by appointment only to avoid lines and unmet expectations by the public.
10. Providers should order second doses separately from first doses by using the "Notes" box in VAMS. Providers will be allocated second doses up to the number of first doses they have administered. It is important to remember that providers must order both their first and second doses by noon on Tuesdays. Additionally, providers must manage inventory and administration of second doses separately from first doses.
11. Providers must not use their second dose allocation to administer first doses unless a reasonable time has passed (15 days or more) after an individual should have returned for their second dose.¹ If a provider needs assistance with storage, please contact DHEC.
12. First and second doses must be recorded in VAMS within 24 hours of administration.
13. Providers must ensure individuals who received a Pfizer vaccine for their first dose receive a Pfizer vaccine for their second dose and those who received a Moderna vaccine for their first dose receive a Moderna vaccine for their second dose. Providers may review a person's first dose information in South Carolina's Statewide Immunization Online Network (SIMON).
14. Providers must notify their patients that both shots need to be of the same brand of vaccine for the vaccine to be effective. Providers must schedule second dose appointments no later than when the first dose is administered. Providers should notify patients if no appointment for administration of the second dose, e.g., walk-ups, is allowed.

¹ If a provider has used a first dose allocation to fulfill a second dose administration, a future second dose allocation may be used to replenish the first dose inventory if second dose inventory allows.

15. DHEC has received reports from individuals having difficulty scheduling second dose appointments with the same provider at the appropriate time. DHEC recommends that providers include information on their website to provide patients instructions on scheduling second dose appointments. When contacted by individuals having trouble scheduling second dose appointments, DHEC is recommending they contact the provider from whom they received their first dose.
16. DHEC acknowledges individuals have the option in VAMS to schedule their second dose appointment at a provider other than the provider where the individual received their first dose. This may cause second dose inventory shortages when providers administer more second doses than first. Individuals are strongly encouraged to use the same provider for the first and second dose except in extenuating circumstances. Providers must closely monitor second dose inventory and implement necessary controls to ensure sufficient supply is available for second dose administration. DHEC will monitor second dose inventory and consider additional measures that might be taken to help providers manage second dose inventory.

On January 12, members of Operation Warp Speed recommended states expand access to COVID-19 vaccines to everyone 65 and older, as well as to any adult with an underlying health condition that increases the risk for complications of COVID-19. Since South Carolina opened vaccinations to those 70 and older, the demand for appointments has drastically increased. At this time, South Carolina is not expanding the groups of people included in Phase 1a to include the January 12 recommendations because current demand for vaccine significantly exceeds supply.

Once South Carolina receives more doses from the federal government, DHEC will increase the number of doses each enrolled provider receives, and the agency will also activate additional enrolled providers. Until such time, providers should abide by the above guidelines.

We value and appreciate your partnership and thank you for the tireless work you're doing to provide much-needed vaccinations to South Carolinians. Should you have any questions, please contact the DHEC Immunization Team. DHEC will collect provider questions and post a Frequently Asked Question (FAQ) page on the DHEC website.

Fw: Additional information about vaccine allocation**Britt, Will** <BrittWD@dhec.sc.gov>

Thu 1/21/2021 9:12 AM

To: Taylor, W. Marshall <taylorwm@dhec.sc.gov>; Traxler, Brannon <traxlelb@dhec.sc.gov>; Frost, Keith <frostrk@dhec.sc.gov>; White, Stephen M. <WhiteS2@dhec.sc.gov>; Eubank, Louis W. <EUBANKLW@dhec.sc.gov>; Tallon, Ashley <tallonaa@dhec.sc.gov>; Cofield, Whitney G. <COFIELWG@dhec.sc.gov>

FYI. The below email went out to enrolled providers this morning.

Will

From: COVIDProviderEnrollment <COVIDProviderEnrollment@dhec.sc.gov>

Sent: Thursday, January 21, 2021 9:10 AM

Subject: Additional information about vaccine allocation

On Sunday, January 17, 2021, the South Carolina Department of Health and Environmental Control (DHEC) issued updated guidance to all enrolled COVID-19 vaccine providers. In the guidance, because vaccine demand has now far exceeded supply, DHEC indicated it would be finalizing an equitable model for vaccine allocation and use that model to establish a baseline allocation for providers starting the week of January 25.

After further consideration, DHEC has requested that the Board of Health and Environmental Control consider and provide direction to DHEC regarding the method to be used to distribute vaccines equitably across the state. The Board is expected to consider this request at its next Board meeting, which is being scheduled for early next week. The specific date and time of the meeting will be published on DHEC's website.

DHEC will not establish a baseline allocation for providers until the week following direction from the Board. As such, DHEC attempted to allocate amounts this week similar to last week with only some adjustments.

DHEC continues to value and appreciate your partnership and thanks you for the work you are doing to provide much-needed vaccination to South Carolinians.

COVID Provider Enrollment Team

covidproviderenrollment@dhec.sc.gov

S.C. Dept. of Health & Environmental Control

Connect: www.scdhec.gov [Facebook](#) [LinkedIn](#)



Fw: Explanation of SC's doses distributed rate on CDC website

COVIDProviderEnrollment

<COVIDProviderEnrollment@dhec.sc.gov>

Tue 2/9/2021 9:16 AM

To: Tallon, Ashley <tallonaa@dhec.sc.gov>

COVID Provider Enrollment Team

covidproviderenrollment@dhec.sc.gov

S.C. Dept. of Health & Environmental Control

Connect: www.scdhec.gov [Facebook](#) [LinkedIn](#)



From: COVIDProviderEnrollment

Sent: Saturday, January 23, 2021 12:25 PM

Subject: Explanation of SC's doses distributed rate on CDC website

After a thorough review of the Centers for Disease Control and Prevention's (CDC) [Vaccine Data Tracker](#), DHEC, CDC and Operation Warp Speed (OWS) agree that South Carolina is receiving its fair and appropriate allocation.

It's important to understand that reason why South Carolina's vaccine allocations rates currently appear lower is because the "Doses Distributed" on the Vaccine Data Tracker only includes doses that have been shipped to states and to the pharmacies through the federal pharmacy partnership for long-term care facilities (LTCFs) and not those that have been allocated, or promised, by the state to the LTCF partnership.

Unlike many states, in order to assure that vaccine supply for the LTCFs would be guaranteed, South Carolina asked that the feds set aside at the beginning all of the vaccine that would be necessary for the LTCFs (over 200,000 first and second doses). That means that we can't yet count it all as "distributed" to South Carolina, but it does assure that it will be available to LTCFs in case of any manufacturer supply problems. Meanwhile, many other states instead chose to allocate doses to their LTCF Program on an as-needed basis. For this reason, those states had more doses shipped into their states, to date. However, unlike South Carolina, those states will need to continue to send doses to their LTCF Program pharmacies for some more weeks which decreases the number of vaccines available to other vaccine providers in

their state.

DHEC will continue to monitor to ensure that South Carolina receives every dose of vaccine allocated to the state.

L. Brannon Traxler, MD, MPH

Public Health Director - Interim

S.C. Department of Health & Environmental Control

COVID Provider Enrollment Team

covidproviderenrollment@dhec.sc.gov

S.C. Dept. of Health & Environmental Control

Connect: www.scdhec.gov [Facebook](#) [LinkedIn](#)



Email sent Saturday 2/6/2021 @ 6:15pm to Hospitals and Providers receiving Pfizer doses

Dear COVID-19 Vaccine Provider:

For the week of Feb. 8 ONLY: Partial 2nd dose shipments should be received on Tuesday, and the remaining part of that 2nd dose shipment should arrive on Wednesday. Providers receiving smaller shipments directly from DHEC may get their vaccine later in the week. 1st dose shipments coming Monday can be used to vaccinate both 1st and 2nd dose appointments if needed.

For future weeks, all Pfizer 1st dose vaccines will arrive as early as Monday of each week. If a site has requested 2nd doses, the approved amount will be delivered separately from the 1st doses with the earliest shipment expected on Wednesday of each week.

Second doses will be received as early as Wednesday due to federal allocations to the state not being available for order until Sunday.

Moving forward, please ensure all 2nd dose orders mirror the 1st dose administration from three weeks prior.

Lastly, all doses must be reported in VAMS within 24 hours of administration.

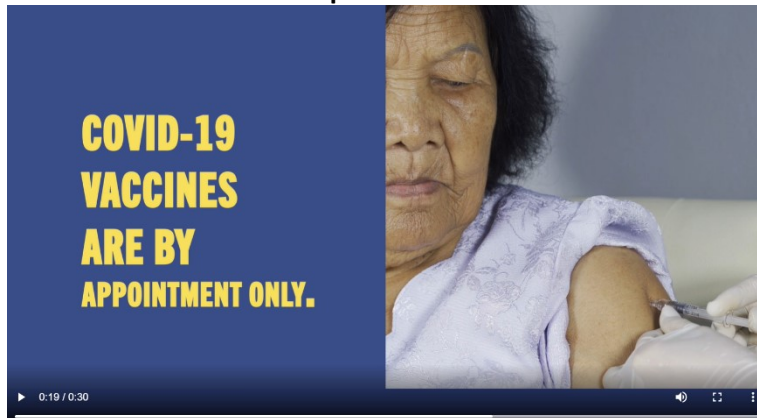
Thank you for your continued partnership to ensure all South Carolinians have access to and receive the COVID-19 vaccination.

If you have questions, contact COVIDVaccines@dhec.sc.gov.

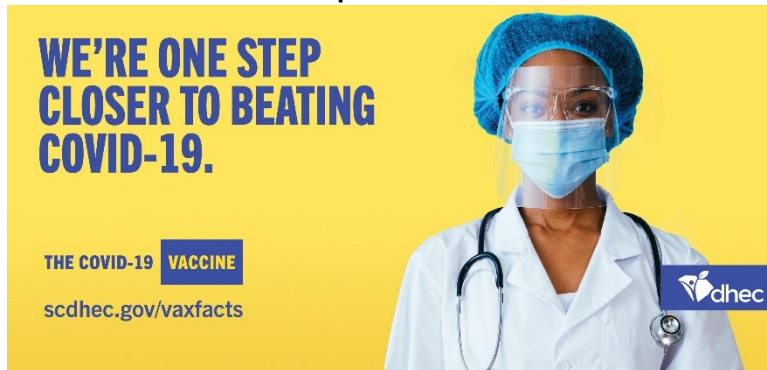
Thanks,

Attachment 11: Sample Media Campaigns

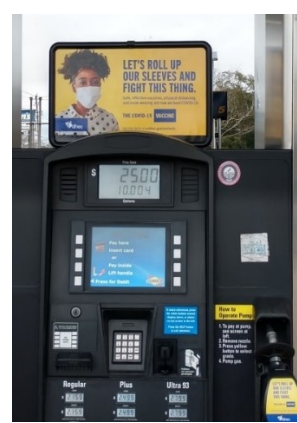
Sample Television



Sample Billboards



Sample Pharmacy and Gas Station Placements



Sample Facebook Ads: First Responders: Spanish



SI SU TRABAJO ES ESENCIAL, ENTONCES LA VACUNA CONTRA LA COVID-19 TAMBIÉN LO ES.

Le agradecemos su desempeño de funciones vitales en nuestras comunidades. Averigüe si es elegible para recibir una vacunación anticipada.

LA VACUNA CONTRA LA COVID-19

Otenga información en sdcdech.gov/vacunaCOVID19

SI SU TRABAJO ES ESENCIAL, ENTONCES LA VACUNA CONTRA LA COVID-19 TAMBIÉN LO ES.

Le agradecemos su desempeño de funciones vitales en nuestras comunidades. Averigüe si es elegible para recibir una vacunación anticipada.

LA VACUNA CONTRA LA COVID-19

Otenga información en sdcdech.gov/vacunaCOVID19

Sample Facebook Dynamic Ads: 65 years and Older: English

COVID-19 CAN BE MORE SEVERE FOR SOME. FIND OUT IF YOU'RE AT RISK.

You may have a condition or situation that makes infection much more serious. Find out if you're eligible for early vaccination.

THE COVID-19 VACCINE

Get the facts at sdcdech.gov/vaxfacts

SENIORITY HAS ITS PERKS. GET VACCINATED TODAY.

Seniors have a higher risk of more severe symptoms from COVID-19. If you're 65 or older, you're eligible for early vaccination.

THE COVID-19 VACCINE

Get the facts at sdcdech.gov/vaxfacts

SENIORITY HAS ITS PERKS. GET VACCINATED TODAY.

Seniors have a higher risk of more severe symptoms from COVID-19. If you're 65 or older, you're eligible for early vaccination.

THE COVID-19 VACCINE



Sample Twitter Ads: General Awareness: English

DO IT FOR ALL WE'VE MISSED AND ALL WE'VE LOST.

Safe, effective vaccines, social distancing and mask-wearing are how we win the fight against COVID-19.

THE COVID-19 VACCINE



THIS IS HOW WE START FIGHTING BACK.

Safe, effective vaccines, social distancing and mask-wearing are how we win the fight against COVID-19.

THE COVID-19 VACCINE



Sample Google Display Ads

THE COVID-19 VACCINE

1 VACCINE 2 DOSES

3-4 WEEKS APART



THE COVID-19 VACCINE

1 VACCINE 2 DOSES 3-4 WEEKS APART

THE COVID-19 VACCINE

[GET THE FACTS](#)



1 VACCINE 2 DOSES 3-4 WEEKS APART

Sample Weekly Media Briefing

The department holds weekly media briefings to keep the media, and therefore the public, informed of updates and other vaccine related news.



The vaccine toolkit is available to the public online:

