

JANUARY 18 VACCINE UPDATE FOR LEGISLATIVE LEADERS

- Governor McMaster's press conference yesterday made crystal clear that he expects hospitals to give out 100% of the Pfizer vaccine as rapidly as possible. SCHA and our member hospitals agree with this goal, and we have been—and will continue—working hard to meet it.
- Prior to this weekend, hospitals were holding a significant amount of vaccine for second doses because no one ever told us the supply chain for second doses was independent of the supply chain for first doses. This information would have made a big difference.
- Since the vaccination effort began, we have been told repeatedly that SC only receives 32,000 doses of Pfizer vaccine each week. All the clinical evidence shows that the vaccination is only successful if an individual receives both doses. Hospitals feel a clinical and ethical obligation to give the second dose, and the variation in doses supplied over the last 3 weeks made them fearful they would not receive enough vaccine in future weeks to cover their second doses.
- This problem was addressed over the weekend when DHEC advised us there is an independent supply chain for second doses. Hospitals now understand that our state receives 32,000 first doses of Pfizer vaccine *plus* as many as 32,000 second doses. We did not know that our state was receiving second doses above and beyond the 32,000 we were told, and hospitals no longer feel the need to reserve vaccine for upcoming second doses.
- Even with this misunderstanding, SC's hospitals have administered 69% of all doses they have received. By comparison:
 - The best performing state (ND) had administered 67.6% of its vaccine as of Saturday.
 - 22% of the Moderna doses in South Carolina have been administered.
- If the pharmacies were administering the vaccine as quickly as the hospitals, South Carolina would be #1 in the country for distribution.
- We advise the Governor not to cancel elective surgeries, as this action would create a tremendous hardship on many South Carolinians who need cancer surgeries, joint replacements, mammograms, colonoscopies, heart bypass surgery, and a long list of other procedures that are not technically emergencies. Research shows that cancelling non-emergent procedures leads to delayed screening and treatment. The studies show that this translates into avoidable deaths from breast and other cancers. Cancelling these procedures has a very real human toll; these patients deserve to have their health and their rights considered as we decide how to distribute vaccines.
- More to the point, however, many hospitals have already reduced elective procedures to redeploy staff to support patient care. That's why we have worked with LLR and SCMA to allow new types of professionals to administer vaccine, such as CNAs and paramedics.

SCHA thanks all members of the General Assembly for their support of our state's hospitals and all the healthcare workers who have been working long hours since last March to care for patients during the pandemic.

