It’s not known when COVID-19 vaccines will be available for patients, but physicians can take steps to prepare for the expected rapid rollout.

When approved COVID-19 vaccines become available, physicians will play a key role in administering them and assuring their patients that the vaccines are safe and effective.

“In an era of uncertainty when myths and misinformation spread so easily, people will look to their own health care providers,” Nancy Messonnier, MD, said in the second installment of an AMA-hosted webinar series for physicians addressing COVID-19 vaccine development and the federal government’s review process for SARS-CoV-2 vaccine candidates.

“You will play a critical role in helping to build confidence in COVID-19 vaccination,” said Dr. Messonnier, director of the Centers for Disease Control and Prevention’s (CDC) National Center for Immunization and Respiratory Diseases (NCIRD). Dr. Messonnier and Amanda Cohn, MD, the NCIRD’s acting chief medical officer and executive secretary for the CDC’s Advisory Committee on Immunization Practices (ACIP), joined AMA President Susan R. Bailey, MD, for the conversation.

The CDC anticipates two phases of vaccine distribution, Dr. Messonnier explained. The first will feature a small supply that will be available to a limited population, followed by rapid delivery of a massive supply of vaccines that need to be administered quickly. Complicating factors include cold-storage requirements and the likelihood that the initial vaccines will require two doses to be effective.

“A vaccine that is safe and effective sitting on a shelf is not helpful,” Dr. Messonnier said.

This sentiment was echoed by Dr. Cohn, who said that “the public health impact of COVID-19 vaccines on this pandemic relies on rapid, efficient and high uptake of a complete vaccine series.”

Dr. Bailey commented that “there’s so much to be encouraged about in the vaccine-development process, but all that really matters is that what is produced and whenever it becomes available has
got to be safe and effective and the public at large—as well as physicians—have total confidence in the process that got us here.”

What physicians can do now

Populations targeted for early allocation of the initial vaccines include those who are at high risk for COVID-19 or serious illness and those who are part of a community’s “critical infrastructure,” such as front-line health care workers and emergency-response personnel.

The CDC will be working with state and local partners to prioritize the early allocation of the initial vaccine distribution. Health care organizations can begin prioritizing which workers need to be vaccinated first. This will include identifying workers who are critical to patient care, those who engage with patients and those whose work is done in person.

Organizations can also determine whether they would qualify to be an early administration site, which means they have the cold-storage capacity for the vaccines, enough space so a large number of people can enter the facility while maintaining proper physical distancing, and adequate security measures.

Hospitals, clinics and practices should contact their state or local health department and enroll as vaccine providers.

“I hope all of you will consider signing provider agreements,” Dr. Cohn said, adding that vaccines will be provided and shipped at no cost to providers and that physicians can bill for administering vaccines.

Physicians should develop a communication plan to encourage patients to get vaccinated and to remind them if a second dose is needed. They should also ensure that their electronic health records or some type of alternate system is in place to report vaccine-administration administration data to their state or local health department’s immunization information system.

In terms of supplies, kits that include personal protection equipment, needles, syringes, alcohol prep pads and vaccination cards are being assembled to accompany the vaccines delivered to vaccination sites. Other supplies, such as sharps containers and gloves will not be within the kits.

No time to wait

Promoting vaccine confidence is vital, and Dr. Cohn recommend starting communication strategies now. Different modalities need to be used she said, explaining that older patients prefer getting their

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information from traditional news outlets, while younger patients have more trust in social media.

One group that is critical to reach are those that are open to getting vaccinated but want to wait—some of them for up to a year. Dr. Cohn said the greatest impact on controlling the pandemic will be seen by having the most people immunized in the shortest period of time.