Watch the AMA's daily COVID-19 update, with insights from AMA leaders and experts about the pandemic.

**Featured topic and speakers**

In today's COVID-19 update, AMA Chief Experience Officer Todd Unger speaks with AMA President Susan R. Bailey, MD, about her conversation with two CDC physicians about the COVID-19 vaccine development and distribution plan.

Listen to the full conversation in episode two, "CDC Review Process for COVID-19 Vaccine Candidates," of the AMA's new webinar series.

Learn more at the AMA COVID-19 resource center.

**Speakers**

- Susan R. Bailey, MD, president, AMA

**Transcript**

**Unger:** Hello, this is the American Medical Association's COVID-19 Update. Today, I'm joined by the AMA's president, Dr. Susan Bailey, an allergist and immunologist in Fort Worth, Texas. She'll be talking about what she learned in her recent conversation with two physicians at the CDC about COVID-19 vaccine development and distribution. You can view the entire conversation on AMA's YouTube channel or through the AMA's online COVID-19 resource center. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Bailey, can you start by telling us a little bit about the topic of AMA's second webinar and a series on what physicians need to know about COVID-19.

**Dr. Bailey:** Thanks, Todd. The topic of this second webinar that we had was a conversation about
what physicians need to know about the vaccine allocation and distribution process, as well as some of the adverse event detection systems that are in place. So, the people that we had with us were Dr. Nancy Messonnier, who’s the director of the National Center for Immunization and Respiratory Diseases at the CDC. And Dr. Amanda Cohn, who’s the acting chief medical officer of that same unit, the NCIRD and executive secretary for the Advisory Committee on Immunization Practices or ACIP.

And they both really gave us a very in depth look at the framework that has been created to help allocate and distribute the vaccines and what the role that physicians will play in these efforts. Excuse me. Dr. Messonnier also pointed out that a vaccine that's on the shelf doesn't do much good, and once it's approved, a vaccine really needs to be able to get out to the public and be used in a safe and effective way. And we need to be having these conversations now so that we really have an understanding of what's involved and be ready when the day comes.

Unger: Absolutely. Well, let's start out with the question that's on everybody’s minds. When is the vaccine coming? Did we get any kind of answer or new information about the timing of the vaccine?

Dr. Bailey: Well, not specifically, but Dr. Messonnier did say that she was hopeful that we would see something by the end of 2020. And as you remember, the goals of Operation Warp Speed were to have 300 million doses of vaccine by the first of the year. We may not have quite that many, the quantities will probably be quite small and will start to trickle out, but the vaccines are still being produced while they’re in trials. So they may roll out a lot faster than we think they're going to.

Unger: And that's a bit of an unusual situation, especially in those quantities, is it not?

Dr. Bailey: Yes, it's very unusual. And because typically the vaccine approval process is so long, five to seven years, that once a vaccine is approved for administration to the public, there’s already millions of doses that are ready and have already been distributed. So basically, we’re just kind of waiting for the cookies to get out of the oven before we even take them off the tray kind of thing.

Unger: Well, I think one of the reasons that we wanted to talk with physicians about this topic is about gaining the public's trust. And this is a big challenge for the CDC throughout the pandemic and with the vaccine. How are they hoping to combat this challenge?
Dr. Bailey: Well, the short answer is through physicians. It's been clear now and really, it's always been true that people rely on their own physicians for medical information, that means to most of them, and that includes vaccines. So, it's important that physicians feel completely confident in the safety and the efficacy of these vaccines to convince our patients of the same thing. Vaccine hesitancy is nothing new, but what has changed is there is more vaccine hesitancy in physicians and the rest of our healthcare system, which is also very unprecedented. And there's a real risk in this for overall vaccine confidence. That's one of the reasons why it's so important for us to hear from the FDA and the CDC and for them to hear from us that we have real valid concerns and make sure that those get answered.

People want to know how they're being made. People want to know how they're going to be distributed. People want to know what the schedule's going to be, how much is it going to cost? And we need to be able to listen to our patient's questions with empathy, take their questions seriously and answer them seriously. But gosh, the misinformation that's going around is still really frightening. And it falls to us, the physicians, to be a source of good information that our patients can trust.

Unger: Well, along those lines, how is the CDC assuring physicians that safety is a priority in vaccine development?

Dr. Bailey: Well, there have long been multiple ways to track the safety of vaccines and with the development of COVID-19 vaccines, they're going to be even more. They are using the systems that they've used for many, many years. The VAERS system, Vaccine Adverse Event Reporting System, that's been around for a long time. The Department of Defense has systems that they utilize. The FDA has systems that they utilize. The Indian Health Service even has systems that they utilize. There are about a dozen active surveillance systems to pick up any types of side effects, but they've developed some new ones for COVID-19.

And one of them is called The Safe of Vaccines, basically for essential workers. And it's a smartphone-based tracking system so that people can text in symptoms or how they're doing. And we can get that information almost real time. And there's also new reporting systems for long-term care facilities, which I think is going to be very, very important because this population is going to be very critical to get immunized. And they know that that communication is going to be job one when it comes to following safety and that there are some side effects that don't fall out until many more people have gotten the vaccine than will just be in the trials.

Unger: Well, you mentioned upfront this idea of it doesn't do much good if it's still on the shelf. So, let's talk about the role that physicians play in terms of receiving and administering the vaccines once we see at least one approved.

Dr. Bailey: By the time this webinar occurred, the plans from the various states and other jurisdictions to distribute the virus had already been submitted to the CDC. And so, each state and jurisdiction is
going to do this a little bit differently and they'll have their own plan. Something that works for Texas isn't going to work for New Hampshire and vice versa. And so, it's important for physicians if they want to administer COVID-19 vaccines, need to register with their particular jurisdiction. In Texas it's the Department of State Health Services, and the Texas Medical Association is helping physicians with that, but that's going to be different everywhere. You're not going to be able to call up your vaccine supply person and say, send me some COVID-19 vaccine.

But I think one thing that's important for physicians to understand that when they do get vaccine, it's not going to just be vaccine. They're going to get entire kits that will help them administer. It's going to include the needles and the syringes and face shields, face masks. There's even going to be some PPE in there. Although there will not be gloves or sharps containers, but we don't need to be stockpiling needles and syringes. Those are already in short enough supply, and those will come along with the vaccines when they're sent. So basically, the first vaccines are going to have two doses and the early ones are probably going to end up being administered in health departments and in large health systems, probably because of the cold storage that they require. And also, hopefully healthcare workers will be prioritized. So those need to be where the healthcare workers are.

But as time goes on, vaccinations will take place more and more in the community and in physician's offices. And so sometime next year there'll definitely be vaccines to administer in a physician's office, but make sure that you're signed up with your immunization registry. So you can really have the information, if you're giving that patient their second dose, make sure they got their first one.

**Unger:** Is there anything that practices should be doing now to prepare?

**Dr. Bailey:** First of all, it gets signed up like I mentioned, contact your state or other jurisdiction. And if you don't know who to call, check with your state medical society, chances are they've got a direct link to get you in touch. Think about where you would store vaccine, and if vaccines need to be kept frozen, if you've got the ability to do that, make sure that you've got the personnel that are properly trained, that you've got the space to be able to physically distance when administering these vaccines. And be prepared to communicate with your patients about the availability of vaccine and when they need their second dose. And the AMA is also going to be working very hard to make sure that this information is disseminated so that physicians know exactly what's available at what time.

**Unger:** Well, finally, is there any other kind of key message that you have for physicians based on what you learned at this webinar?
Dr. Bailey: I think the thing that impressed me the most was the sophistication of the networks that have been developed to distribute vaccine and how incredibly, gosh, what's a great word? There's a lot of redundant overlapping systems to follow adverse effects and that's what a lot of people are really, really concerned about. We've always had those, now we've got more. They're entering the smartphone age and we'll be able to gather information quickly. And as boy it's really high-tech stuff and I was really very impressed at everything they've done in such a short period of time.

Unger: It was impressive. Well, thank you so much for your summary of the webinar and sharing your perspective this morning, Dr. Bailey. That concludes today's COVID-19 Update. There was a lot of information covered in this conversation that we didn't have a chance to discuss today. So to view the webinar info, visit AMA's YouTube channel, or find that on the AMA's online COVID resource center. We'll be back soon with another COVID update. For resources on COVID-19 visit ama-assn.org/covid-19. Thanks for joining us and please take care.

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