AMA experts discuss how to counsel patients about Pfizer vaccine allocation

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, in the second of a two-part series, AMA discusses the recent Pfizer vaccine authorization, ACIP’s recommendations and what physicians and patients need to know about use, allocation and vaccine confidence.

Learn more at the AMA COVID-19 resource center.

Speakers

- Sandra Fryhofer, MD, internal medicine physician, adjunct associate professor of medicine at Emory University School of Medicine, AMA Board of Trustees, AMA Liaison to ACIP
- Shannon Curtis, assistant director, Federal Affairs, AMA
- Marcus Plescia, MD, chief medical officer, Association of State and Territorial Health Officials (ASTHO), ASTHO Liaison to ACIP

Transcript

*Unger:* Hello, this is the American Medical Association’s COVID-19 Update. Today we have the second episode of a special two-part series discussing the recent Pfizer vaccine authorization and what physicians and patients need to know. We return to our conversation with Dr. Sandra Fryhofer, an AMA trustee and the AMA liaison to the CDC’s Advisory Committee on Immunization Practices, or

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Dr. Plescia, let's keep digging on this particular topic and talk about prioritization. Who is going to receive the vaccine first? And can you give a little background on how these allocation recommendations were determined?

Dr. Plescia: Yes. So, to begin with, there's not enough vaccine for everybody in the country. The companies are still in the process of making it. And we have the Pfizer vaccine right now. Hopefully close behind that we'll have the Moderna vaccine. They're gearing up production, but to begin with there's a limited number of doses. And so, one of the roles of the ACIP is to provide recommendations about how to prioritize who gets the dose when. The first group, and they've divided into phases, phase 1A, 1B and 1C, and there'll be a phase two and maybe a phase three. So, phase 1A is the group that we're working with right now, and that's health care workers and people who live in long-term care facilities. There's about 20 million health care workers in the United States. There's about three million people who work in long-term care facilities. And I think that's a pretty good matchup, because we do think that over the next few months, we should pretty quickly get to where we've got 20, 25 million doses of the vaccine.

After that, we will move to the next phase, and that's what the ACIP is still deliberating and finalizing on. There are two groups being considered to come next up. One would be essential workers, and essential workers are the people out there every day going out and providing essential services. Health care workers are essential workers, but health care workers are at the very front, because we are dealing with people who are sick. But there are many other essential workers, and that's one group that's going to be high on the prioritization. And right now, that group seems to be the focus for 1B.

And then the other group is people who are particular risk if they contract COVID. So, people who are older or people who have comorbid conditions. And the ACIP is working through which group to put first. A couple of things that have come into the conversation about essential workers. I mean, first of all, essential workers are important from an infection control point of view. They are out in public. They have no choice but to go into their jobs, and they're interacting. And so that's how COVID gets passed from person to person. If we can immunize them, we can cut down on the amount of infection.

But equally important with the ACIP is this issue of equity. And we've seen such inequities with COVID so far, with people of color and people who are low-income being far more likely to get the disease and being far more likely to get very sick and even to die. So, what we've found is amongst essential workers, there are a lot of people who are in racial and ethnic minority communities or from low income brackets. And so, by really reaching out to essential workers and providing them a higher
priority, it's an intervention we could make that could help maybe turn around some of the inequities we've been seeing so far. And the ACIP has really been grappling with that and trying to think about how to build that equity piece in so that we can do this in a fair way, as well as doing it in a very effective way.

**Unger:** Do you have any sense of that kind of phase one? What are we looking at in terms of timing?

**Dr. Plescia:** That's what we'll get a sense as they roll out the vaccine, kind of where how long it does take to get a substantial supply. I think phase one is going to roll out over the next month or two. I mean, I want to be optimistic and say we can get through that in a month or so, but I think we also need to be realistic. Might take a couple months to really get that sorted out. Then we move into phase one. I'm sorry, that's phase 1A. Phase 1B, which is probably going to be contingent from the essential workers group and maybe some people who are in older age categories. That group can be anywhere, depending on how they divide it up, that group could be anywhere from 30 to 40 million people. Or if you look at all essential workers, that's almost a hundred million people. Either way, it's going to take a little bit of time to work through phase 1B.

And then when we get to phase 1C, if that's people who have comorbid conditions or who are older, there are almost a hundred million people in that group. And so, it'll take a little while to get through 1C. And when you think about it, once you've done 1A, 1B and 1C, you've actually gotten a pretty good proportion of the American population. Then we'll move into phase two.

I think by the time we get into late 1B, 1C, we're going to see manufacturing really picking up. Maybe we'll even have a couple of other vaccine candidates out there. I think the public will start to see this moving faster and the opportunity to get vaccinated be much closer at hand.

**Unger:** Well, I'm sure that patients have a lot of questions and doctor's phones are probably ringing off the hook at this point. Miss Curtis, why don't you tell us a little bit about what physicians need to know about counseling patients about the vaccine and any AMA resources that might help them sort through all of that information.

**Curtis:** Sure. We understand there's a lot of questions and in some cases rightfully so. This is a little bit of a new process that I don't think that a lot of physicians and patients are used to seeing. Unprecedented pandemic, the use of this emergency use authorization pathway for a lot of tests and vaccines and things like that. Folks have a lot of questions. And we know that vaccine hesitancy is high and growing with vaccines generally, and it's probably going to be relatively high with this vaccine in particular, just given the situation. Because of that, we want physicians to know as much as they possibly can about this vaccine, about the process. We want them to be as educated as possible so they can in turn help educate their patients when they undoubtedly get the flood of questions that we know are likely coming down the pike here.

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So, the AMA has been very committed to providing as many educational opportunities and materials as we can, both for physicians and patients. And we have developed a COVID-19 vaccine resource center that's available on the AMA webpage, and that will have links to a number of resources, both those that the AMA has created, like FAQs and patient facing materials, and then links to educational resources from places like the FDA and the CDC.

One thing I do want to make everybody aware of that I think is going to be really important for physicians is that the AMA has partnered with FDA and CDC over the last few months, and we'll continue that partnership over coming months to do a series of educational webinars that really help explain the process the FDA went through, that CDC is going through, that really is a deeper dive into the safety and efficacy data to the distribution and prioritization work that's going on at CDC. And those webinars have been great. They featured leaders from FDA, from CDC, as well as we'll feature some of our physician leaders as well. So, we really encourage physicians to check those out. The links are available on our website, just a wealth of background information so everybody can be up to speed and we can hopefully reduce any vaccine hesitancy and answer those questions that are out there.

**Unger:** Dr. Fryhofer, talk to us about how you're viewing this within the context of your own practice and what advice you would give physicians.

**Dr. Fryhofer:** Well, as Shannon mentioned, patients have a lot of questions. And when counseling patients about vaccination, it's so important to be open, honest and transparent, because this builds confidence and trust. And that's something that's very important right now, especially when we have people that might be a little nervous about the vaccine.

Now, it's also honesty is very important and getting this particular vaccine is not going to be a walk in the park. Patients will probably know they've had a vaccine, even because they'll feel it, and for full protection, you have to have that second dose. So, we have to make sure that patients know what to expect. They should expect some mild to moderate local and systemic reactions, pain, swelling at the injection site, which we see with most vaccines, but they also might expect to experience a little fever, fatigue, headache, chills, muscle aches, joint aches. You might not feel like going to work the next day after you get vaccinated. So, it might be a good idea to get the vaccine before your day off or even better before your weekend off.

And you do have to have two doses. The symptoms are usually worse after the second dose, and they're usually worse in younger as compared to older patients. But you can think of these symptoms as a sign that the vaccine is working. So that's a way to make feeling bad feeling really good. And the good news is that the symptoms seem to resolve within one to two days.

The CDC is putting together a toolkit for health care providers, and it will have some guidance in helping to decide if your symptoms that you're experiencing are due to COVID or a side effect of the
vaccination and what to do and how to evaluate those symptoms. And if you do have an active case of COVID, you need to hold off on getting the vaccine. You need to wait until you’ve recovered. CDC also says if you’ve had a known exposure, you should wait until after your quarantine is over to get vaccinated. That way you won’t risk exposing health care providers and others that you might come in contact with.

Unger: Dr. Plescia, any other thoughts on this particular topic?

Dr. Plescia: Yeah, a couple of things. First of all, it’s very exciting that we have this vaccine. It’s a wonder of science, and it finally, I think, gives us all a sense of positivity that we’re finally going to break away from this. But there are a couple of things I think people need to keep in mind in addition to the vaccine. The vaccine is one tool in the toolkit that we have right now. Another thing to not lose sight of is if you do get sick with COVID before you’ve had a chance to get the vaccine, and if you have medical or age conditions that put you at higher risk, you should seriously consider reaching out to your medical provider about maybe having access to monoclonal antibody treatments. These are very promising treatments that can really help make sure that people who might be a little more frail or at risk won’t go on to have serious adverse effects.

The other thing, though, as a public health professional, that I really want to put a great deal of emphasis on is it’s important that people continue to practice the social distancing interventions that we’ve had in place so far, particularly wearing a mask. Now, first of all, if you’ve had the vaccine, keep in mind that it’s not going to work right away. So that’s one reason you need to keep wearing your mask to protect yourself and protect others. It’s also not going to work as well until you have the second booster dose, and there’s a period of time in there. So certainly, for that time period and for a little while after you want to continue to act as if you could get the infection if you were exposed to COVID. But I would encourage people, even after they get out of that period, to continue with mask wearing and these other interventions.

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