Mira Irons, MD, discusses next steps for the approved Moderna vaccine

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Featured topic and speakers

In today’s COVID-19 update, AMA's Chief Health and Science Officer Mira Irons, MD, reviews trending topics related to the pandemic over the past week, and news that data shows Moderna may also be effective against transmission of the virus.

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Speakers

- Mira Irons, MD, chief health and science officer, AMA

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we're taking our final look at the numbers for the year 2020 and all the news about COVID-19 with AMA's Chief Health and Science Officer Dr. Mira Irons in Chicago. I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Irons, more good news with vaccine authorizations this week, particularly in regard to the Moderna vaccine. Can you talk a little bit about this and next steps?

Dr. Irons: Yep, absolutely. So, as with everything in this pandemic, there's good news and there's not so good news. But let's start with Moderna. It was another good week for vaccines. So, the FDA External Advisory Committee, the VRBPAC, met on Thursday to look at the data on the Moderna mRNA vaccine. And it also, the data show that it is 94%-95% effective against people developing symptomatic COVID-19 infection, and also severity.
The data also showed that the Moderna vaccine may also be effective against transmission. They were able to look at their data in terms of asymptomatic cases and transmission. Pfizer is also looking at that data, but that was an added benefit. And it's really preliminary look, but we'll have more on that over the next month probably for both of those vaccines.

And so, the External Advisory Committee recommended that the FDA authorize the Moderna of vaccine. And that occurred the following day. It is authorized for individuals 18 and over. You might remember that Pfizer is 16 and over. And the difference was that Pfizer had included some younger people in their trials and Moderna had not. So, the next day, the ACIP, the Advisory Committee on Immunization Practices at the CDC met on Saturday, and they also recommended, they voted to recommend to the CDC director that the Moderna vaccine be used for COVID-19 in individuals 18 and over.

Unger: Well, one of the interesting topics too of the weekend has been around prioritization. Who's going to get access to the vaccine after what this first wave that we're in with health care providers, what are you seeing there? How is this shaping up?

Dr. Irons: Yeah. So, the ACIP met over the weekend. Saturday was really devoted to looking at the data on the Moderna vaccine, but what they did on Sunday was they actually spent a lot of time looking at prioritization of other groups. You might remember that the interim recommendation for ACIP was really focused on Phase 1a. And that was directed toward health care workers and residents and staff in long-term care facilities.

And given that the vaccines are already available and being distributed, they met to talk about what the next levels of the next groups would be for prioritization. And they voted on the two other phases of group one. So 1b would include individuals older, 75 years of age or older, and frontline essential workers. The CDC website has the list of who is included in that frontline essential workers. But I'll just mention a few, police, fire, first responders, individuals in the education community, teachers, support staff, daycare, food and agriculture, postal service, grocery store workers. And there are a few other categories in there.

So that would be phase 1b. Following that, 1c would be individuals 65 to 74 individuals, 16 to 64 with a high-risk medical condition. And there's a list on the CDC website. It's a live list. There's currently a list there and they did say that they would change that list as more evidence comes up for other conditions that may place people at increased risk and other essential workers.

And I think it's important to remember that this prioritization is really being done because of limited supply of vaccines. And several of the committee members in the discussions said that. They looked at it, they're very thoughtful. They looked at all the evidence, they had an ethics lens to this also. And they all said that they would love to not have to make that type of a prioritization decision, but it's really vaccine supplies that are forcing that.
Unger: Speaking of limited supplies, there were some issues around distribution and some expectations that were set and that aren't quite being met yet. Can you provide some detail on that?

Dr. Irons: Yeah. So, this is the largest scale of vaccine distribution that the country I think has done. And it was being coordinated by the Department of Defense. The states all had to provide their plans. The states were told how many doses they were going to receive. And then at the end of last week or near the end of last week, what was heard was that states would get less than what they were expecting for this week and next week on the one hand. On the other hand, Pfizer was saying that there were supplies available. And so, what I heard this morning was that General Perna took responsibility for that.

I think it has been, or it is being settled. I think the other good news is that now that Moderna has been authorized. What I learned this morning was that 2 million doses of Pfizer are available for distribution, 5.9 million doses of Moderna are available for distribution. And so, the supplies should be going out. It's hard for the states and it's hard for hospitals, because you make a plan for how to tier individuals, even within the hospital setting, based on risk. And then you have to modify it based on changes.

Unger: Excellent. Thank you so much. This is good news heading into what could be a very dangerous period for us as we enter the holidays and New Year celebrations. We're already on a surge on surge situation coming out of Thanksgiving, let's talk about the numbers, not pretty.

Dr. Irons: Yeah, no, not pretty. The number today, as of this morning, 17,848,395 individuals diagnosed. We know that seven to eight times that number is probably the number that has been infected. And deaths of 317,684 in the United States. I mean, it's just tragic. I don't think any of us ever thought that the numbers would be that high.

Last Thursday, we reached over 1 million new cases in just five days. The daily death toll in recent days has surpassed 3,200 days, and Wednesday saw 3,611 deaths in the United States in a single day. And that shattered the previous record on December 9th. The next two months are going to be tough. And I think that's really important to remember, because it's going to take a while to roll this vaccine out and people are still going to have to protect themselves and others.

Unger: Any state by state trends that show a difference from last we talked?

Dr. Irons: Yeah. As we've seen throughout this pandemic, the disease tends to travel around the country in different ways. Hospitals are continuing to be overwhelmed. Now about over 114,000 patients, COVID patients, are in hospitals. The South is particularly worrisome over the last week, Georgia, Arkansas, South Carolina have set weekly records. Tennessee's confirming new cases is the highest per capita rate in the country. However, on the other hand, we see improvement in much of the Midwest and the Mountain West. I was adding fewer than half the cases that it did in the November peak, South Dakota, Montana, Nebraska, Colorado, Wyoming, are all seeing declines.
you might remember those were the states we were talking about over the last few weeks. So, it seems that there are different hotspots, even within this latest surge in the country.

**Unger:** Well, we’re seeing some unusual things globally, especially coming out of the UK, where there’s been a strict lockdown on London and surrounding areas. Can you talk to what’s happening there?

**Dr. Irons:** Yeah. If you look at just, to mention the global cases, just shy of 77 million people diagnosed and just shy of 1.7 million deaths globally. But what is happening in the UK is that a new variant, we know that the COVID, that the SARS-CoV-2 virus does mutate. They have identified a new variant in the UK that has led to a further lockdown in London and really the South, Southeastern England. It appears that the new variant may be more easily transmissible, but does not look as though it’s more severe. It’s even unclear at the present time, whether it is more easily transmissible, but what led them to think that is that the UK had been seeing a decrease in cases due to lockdowns over the previous weeks and over the last week showed a 51% increase.

So, the UK now has locked down through the holidays. People can only—in London and Southeast England—only celebrate with individuals in their own household and have to stay at home. Other countries are suspending flights from the UK. France is also closing ports and freight supply lines, just to try to keep this new variant from spreading more broadly. Although, there is a likelihood that it already has spread to other countries.

**Unger:** Hard to stop it from crossing borders. Dr. Irons, we’re about three weeks or so past Thanksgiving, there continues to be a lot of analysis on what exactly happened and “the Thanksgiving effect.” Can you talk a little bit about what the prognosis is coming out of that?

**Dr. Irons:** Yeah. It's hard to know exactly. We worried about a surge for Thanksgiving and we know that numbers have been continuing to go up. But now people are talking about something more like a micro spreader event rather than a major, super spreader across the country. Because we do know that people did listen to the public health advice and not travel in many areas. And so, exactly how much Thanksgiving really contributed to what we’re seeing currently is unknown. Like everything, since we first met this virus, we are learning things in real time or shortly thereafter. But Christmas is upon us, this week and next week we have two other holidays. And regardless of how Thanksgiving affected the country, I think we still have to ask people to avoid non-essential travel, try to celebrate with people within your household and please wear a mask, wash hands, socially distance.

**Unger:** Absolutely. Well, finally, are there any key messages from the AMA coming out this week?

**Dr. Irons:** Yeah. Last week was a busy week. Last Tuesday, the AMA, along with the AHA and the ANA issued an open letter urging health care professionals to take the COVID-19 vaccine and share their experience with others. I think that's clearly happening. If you follow Twitter, if you follow other
areas, there are a lot of pictures of doctors and nurses getting the vaccine. On the 17th, the AMA issued a statement strongly supporting the nominations of Xavier Becerra to be the next Secretary of Health and Human Services. And Dr. Vivek Murthy to be the Surgeon General.

The 17th, the AMA announced the additional CPT codes to include vaccines under development by AstraZeneca and the University of Oxford. The AMA had developed CPT codes for the Pfizer and Moderna vaccines early November. And this is important for tracking, to ensure how many people are getting what vaccines. And finally, on the 18th, nine national organizations issued us a call for action to implement crisis standards of care during the COVID-19 surge.

**Unger:** Well, thank you so much, Dr. Irons. And appreciate all of your updates over the course of 2020. Hopefully we'll have better news for folks in 2021. Well, we will continue to keep them updated and point them to the resources that the AMA is preparing for physicians and patients. That's it for today's final COVID Update of 2020. Thanks, Dr. Irons. You take care, have a safe holiday. We'll see you back in 2021. Thanks for joining us, everyone out there. Please take care, stay safe.

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