Speaker 1:

Eduardo Sanchez: 02:18 Sure. EdueSo6 6S}1-10.9 -oTm[0 02.6BT00Dri24 Tm(04 205.20 02.6 at(2 50 BT00D

Sandeep Doss: 12:08 Yeah, that's a sobering group of statistics there. So Eduardo, let me ask you to put on your public health advocate hat for a minute here. So most people who get COVID recover on their own without specific interventions, especially those who are younger and who don't have risk factors like obesity, hypertension, diabetes. However, the people that do get sick as you mentioned can become critically ill and die. So how do you navigate that and encouraging people to go out and get vaccinated when a vaccine becomes available? Is it a matter of people's civic duty to go get vaccinated to protect others or how would you pose that to a listener?

Eduardo Sanchez: 12:52 That's a great question. I do think that what we want to do is figure out what messaging resonates. As Amy was saying, we've been doing flu vaccine for 50 years and only in some groups are we above 50% vaccination rate. I do think that a message around maximally protecting yourself, the people you love on the one hand and then civic responsibility on the other hand is an effective way to begin to get people to think about getting flu vaccine. Also think it's critically important to think about messenger. So there's some evideno on

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messages are being co-opted for political reasons. What's the role of organizations like the American Heart Association in sort of being defenders of the public and helping them navigate these kinds of issues?

Eduardo Sanchez: 15:43 That is such a great question Sandeep. So I think the role of the American Heart Association and so many others that are outside of government are to stress the importance of following the science and as an organization that one, has always been about science and two, has a very high level of credibility and trustworthiness, we can be an organization that can sometimes deliver messages just like this podcast is doing in some regards. Also to say if you go to that website, the CDC website, the information on that website is state of the art, the latest, and the strongest science. Despite what folks might be saying and you're hearing, go there. What's there is transparently referenced, is very, very rigorously reviewed before it ends up on a website.

I will have to say though, that's been made a little tougher because there's been some back and forth about some issues. So I also think that as we credible organizations are seen as prevailers of trusted words, we want to be careful that we don't find ourselves caught up in that political back and forth and that will be a difficult and challenging thing to do, but I think we can do it and still be seen as credible sources of information and credible directors to what is good information.

Sandeep Doss: 17:39 Excellent answer, thank you very much. I'm fascinated by the ramp up of the public health in inin-4.96h()3.2 (-2.9 (a)TJ--)0.7 (:)5.9 (u)011 Tc O3.2

manufacturing pathway. In general, those happen in a serial

over the counter and to have confidence that when we do get those vaccines at those recommended schedules, we are optimizing the immunologic effect at an individual level, but also at a population level. So all of those things combined are what give me confidence that when we're on the other side of that, we don't want to speed it up any faster than needs to be, but when we're on the other side of that, I will feel confident to go get a COVID-19 vaccine.

I got flu vaccinated two weeks ago and more importantly, to tell my mother-in-law because they're going to be in the front of the line before I am which is something we could talk about in a moment Sandeep. Who's going to get the vaccine and when? I would be confident if all those things were done and there's a fair amount of transparency ab (T)J-5.859 (e)3 (n)13.3 (y)0/spe (S)1.g2.2 (s)o Td[(n[air a

is the appropriate window? You said October to March I believe. Is it dangerous to get it too early? Do you not get lasting protection or is it?

Amy Parker Fieb...: 29:22

So it's not dangerous to give it too early, but the recommendation is to give the flu vaccination by the end of October simply because you want to time it correctly. It takes about two weeks for your body to build up the antibodies after receiving the vaccine. So you want to make sure that you're vaccinated early enough that when the virus is circulating in your community that you're protected, but you don't want it too early. You don't want to administer it in July or August because there is some weaning of immunity that does occur throughout the flu season. I did want to mention that even though we recommend getting the flu vaccine by the end of October, it's never too late. So if a patient comes in and it's December or it's March and they haven't been vaccinated against flu, they can still be offered flu vaccine. This year manufacturers of US licensed flu vaccines are planning a record high amount of vaccine.

There's going to be between 194 to 198 million influenza vaccine doses available. It's more than we've ever had in any prior influenza season. It's actually about a 12% increase from last year. The reason is because we don't want these twin-demic, SARS CoV-2 and flu vaccine circulating at the same time. We want to ease the burden on our healthcare systems for people. Let's use the prevention measures we have which is a flu vaccine and make sure that we're preserving the resources for patients who are infected with SARS CoV-2.

Sandeep Doss: 31:30

So Amy, are there any plausible interactions that you're concerned about either with the SARS CoV vaccine under development or with the COVID disease itself? Are there any potential interactions that give you pause and concern?

Amy Parker Fieb...: 31:49

No, I mean so with the updated guidance that's coming out, we are saying that if someone is positive with COVID-19 and they have SARS CoV-2 and they're symptomatic, we are saying that clinicians can wait to vaccinate and that's because we just don't have data at this point. So it's better to wait until the isolation period ends and if a patient is still sick until they're no longer moderately or severely ill, because sometimes moderate or severe illness outlasts the 10 day isolation window for COVID-19. So we do recommend that clinicians can consider delaying influenza vaccination for our symptomatic COVID patients. With the updated guidance that is coming out for healthcare and

congregate settings, we address different situations for asymptomatic patients who've been exposed to the virus and

So I think we've got to figure out how we titrate appropriately the means by which we keep spread down so that we can have hospitals that can take care of everything that hospitals need to be able to take care of. Myocardial infarctions, exacerbations of heart failure, stroke. I think sometimes in this discussion that's being had, we are forgetting that the rate limiting challenge is hospital systems that become overwhelmed and then our ability to provide what might be life saving or severity reducing therapies becomes limited because you just run out of space and you run out of ability to have that kind of discretion to figure out what to do. The vaccine is going to help with that and it will help us temper that I think. One question you haven't asked me Sandeep is, how are we going to distribute the vaccine when it becomes available?

Sandeep Doss: 37:54 It's on my list.

Eduardo Sanchez: 37:55 Oh, well there you go. So I'll just go-

Sandeep Doss: 37:57 No, I'm kidding. You can answer it now.

Eduardo Sanchez: 37:59 So the National Academies of Science, Engineering, and Medicine were asked to create a framework for equitable allocation of COVID-19 vaccine. I am somebody who was commissioner of health. I ran the state's health department when we had a vaccine shortage in the '04, '05 time frame and we had to think about these things. Okay, if there's a shortage, who's in line first? So with a very thoughtful approach that had a set of ethical principles, maximum benefit, equal concern that is every life is equal and mitigation of health inequities, in other words trying to address the disproportionality that we've seen in terms of lethality, mortality associated with COVID

settings, persons with the underlying conditions that moderately increase risk, people in prisons, jails, and their staff, then all older persons not covered in phase one. Then it goes to phase three and phase four. So I raise that because even as we talk about vaccine, the conversations that clinicians will have with their patients are going to be influenced, informed by this prioritized staging strategy that isn't going to be able to put people in the front of the line and we will all need to understand who's eligible to get a vaccine in this phased approach so that we can inform our patients appropriately and again, during that time masks will be our best friend.

Sandeep Doss: 40:49 You had alluded earlier to one of the major issues which was the hesitancy to participate in vaccine operations or trials among communities of color. Black Americans, Hispanic Americans, and Native Americans. Especially combined with the disproportionate impact of the COVID pandemic in those communities, it think it's going to be a real significant public health challenge figuring out how to get people to be comfortable taking a vaccine when one becomes available.

Eduardo Sanchez: 41:23 Yeah, it's interesting that this issue has come up in Dallas where I live. The local health department recently ran out of flu vaccine and while the dots don't necessarily connect, the fact that flu vaccine ran out that was available publicly says to me there is demand for vaccine and it may very well be that what we are hearing people say won't exactly be matched by what they end up doing and I still believe as I said earlier, messenger and messages matter and if we are smart about the messages and smart about the messengers, I think we can take what is some hesitancy to even think about to a place where actually more people will line up in the right places under the right circumstances to get vaccinated. So I'm pretty hopeful.

Amy Parker Fieb...: 42:20 I think that's such a great point. We have had these issues of racial and ethnic disparities in adult vaccination coverage and flu vaccination coverage for decades. We're finally realizing the importance of working with community based organizations and people in these organizations who are trusted messengers in order to make sure that the vaccine messages that get out into these communities is from a trusted source and if we can overcome some of these barriers with flu vaccination this season for instance, that might help lay the groundwork once a COVID-19 vaccine becomes available.

Sandeep Doss: