

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/mrna-1283-and-the-future-of-covid-19-vaccination-strategies/36421/>

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mRNA-1283 and the Future of COVID-19 Vaccination Strategies

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. Angela Branche, who's an Associate Professor of Medicine at the University of Rochester in New York. She's also the Director of the Infectious Disease Research Clinic and the Co-Director of the URM Vaccine and Treatment Evaluation Unit. She'll be discussing the integration of mRNA-1283 into COVID-19 vaccination strategies. Here's Dr. Branche now.

Dr. Branche:

We're still waiting to understand whether or not 1283 really does provide a significant incremental benefit over 1273. And even though there's data from the phase III trials that it's certainly safe and tolerable and that the immune response is at least good, if not slightly better, there's not enough data right now to be sure that it truly is more effective. And so I think having both of these vaccines on the market and having the ability for providers, for pharmacies, and for healthcare systems to choose what makes the most sense for their patient population is probably appropriate at this time. And then as we learn more, I think healthcare systems like mine will preferentially pick one over the other.

I think the company took a step forward by making a vaccine that they now know can be stored at standard refrigerator temperatures, and so that right there is an update or change that will increase the ability for vaccines to be more equitably distributed. Not everybody has the ability—or every facility or vaccine distributor has the ability—to store vaccines at ultra-low temperature storages. And so when you think about rural pharmacies, for example, or rural providers, when you think about doctors' offices, they are not the ones that have the minus-80 refrigerators. And so I think just this single update definitely improves access, which will improve equity.

I do think there is public trust in these vaccines because most of us have gotten them and realized it may give you a bad sore arm, but they're safe, and I think most of us have realized that it's kept us out of the hospital. So I think that's the goal, to continue to prevent people from becoming severely ill with COVID-19. I think vaccines do a really good job of that, and I think that providers, pharmacies, and healthcare workers need to continue to stress those points to make sure that the adults and children who are at highest risk continue to get vaccinated, and to again, stress the goal, which is to prevent people from being hospitalized and becoming severely ill, perhaps even with a life-threatening illness, which all viruses do, and COVID-19 certainly is no exception to that.

Announcer:

That was Dr. Angela Branche talking about the how mRNA-1283 is fitting into COVID-19 vaccination plans. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!