



Mayo Clinic Podcast - Dr. Gregory Poland - 03 15 21

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SPEAKERS

Dr. Gregory Poland, DeeDee Stiepan, Narrator

- N** Narrator 00:00
Coming up on Mayo Clinic Q&A:
- D** Dr. Gregory Poland 00:02
21% of Americans have gotten at least one dose and 11.5% are now fully immunized.
- N** Narrator 00:11
Even as the vaccination numbers continue to climb, there are still people who are riding the fence or even leery about getting the COVID vaccine.
- D** Dr. Gregory Poland 00:19
The vast majority of people who are hesitant, are not rejecting, they're unsure. They have information needs. Talking to people who are vaccine hesitant or vaccine rejecting is not a one and done conversation. It is a trust building exercise over time.



DeeDee Stiepan 00:41

Welcome, everyone to Mayo Clinic Q&A. I'm DeeDee Stiepan sitting in for Dr. Halena Gazelka. We're recording this podcast on Monday, March 15, 2021. COVID-19 vaccinations around the US are picking up speed, and President Biden set an aspirational goal that all adults in the country be eligible to get the vaccine by May 1. Here with us again today to discuss the latest COVID news is Dr. Greg Poland, a virologist and infectious disease expert at Mayo Clinic. Hi, Dr. Poland. Thanks so much for being here.



Dr. Gregory Poland 01:12

Hi DeeDee, good to work with you again, it's been a little bit.



DeeDee Stiepan 01:15

It has, and you know what, we're making progress, aren't we?



Dr. Gregory Poland 01:18

Boy, isn't that true? I mean, you look at it, over the weekend, over 4 million doses were given in the US. I looked at the numbers this morning, just to be sure 21% of Americans have gotten at least one dose and 11.5% percent are now fully immunized. So, I don't see any reason we wouldn't reach, or hopefully even exceed that goal. The big trick now will be to get people to accept the vaccine when one is available to them. That is our way out of this pandemic.



DeeDee Stiepan 01:53

Absolutely. Well, it is incredible progress. You know, since we last spoke on this podcast, the CDC released recommendations on activities for fully vaccinated people. Can you clarify for our listeners, what are these recommendations?



Dr. Gregory Poland 02:07

Now, this is really important. These were I guess exactly a week ago now that they released them and they gave them an appropriate name or title. They call them interim recommendations. And they use the term guidance, not guidelines. So, they are guidance and they are interim. And what they are saying is, when you weigh risk and benefit, because there is an economic and a mental health cost to being distanced from one another, they're saying that if you're fully vaccinated, you can meet with other fully

vaccinated people in your home without wearing masks, you can be indoors. You can also meet with an unvaccinated, say member of your family, who is unvaccinated if they are not at severe risk of complicated disease. So, the intent behind this is to allow that grandmother to get her arms around that grandkid. Or, in my case, to get my arms around my adult son and welcome him back. He's been in Europe as a coach. So, it's really a marvelous thing to see. This is part of that rheostat, that dimmer switch, where we're starting to turn, carefully measuring what we do toward normal, and being vaccinated is what has allowed these recommendations.

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DeeDee Stiepan 03:36

Very good. Studies, as we know, they're looking at whether the vaccines are not only effective in preventing illness but also effective in preventing asymptomatic transmission. So, what have we learned so far?

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Dr. Gregory Poland 03:48

You know, this has been one of the harder answers to get a hold of because of the nature of asymptomatic infection. But, we now have data from multiple sources, from Israel from Pfizer studies. Most recently from a very large study done and published from the Mayo Clinic in Rochester, Minnesota, showing that the risk is decreased by 80 plus percent in people who have gotten one to two doses of the vaccine. So, this is really good news. That's the toughest thing to prevent is a symptomatic. It's easier to prevent severe disease, that might be seen backwards in some people's minds, but that's the case with vaccines. So, this is really, really good news, and I think reinforces the concept of beginning carefully to allow vaccinated people to gather face to face and loosen some of those restrictions that we've had.

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DeeDee Stiepan 04:52

Absolutely. You know, we continue to hear from our listeners, and there's a lot of concern from those who are immunocompromised, so should people with autoimmune diseases be vaccinated for COVID-19?

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Dr. Gregory Poland 05:03

Yeah. So, you mentioned two things, immunocompromised and people with autoimmune diseases. Both of those categories should be vaccinated. Those are not contra indications. Those are indications to get the vaccine. Now in those two categories, depending on how severely somebody is immunocompromised, we don't yet know how effective is it 80%,

70% effective? We don't know. For the auto immune group of people, I think the concern there has been more will it worsen or exacerbate my underlying disease? We don't have a huge amount of information on that. But the information we do have is that the demonstrated benefit far outweighs the theoretical risks. In other words, we have not seen, and when we're looking at the US we're talking about close to 79 million people who have been immunized, and we have not seen exacerbations of underlying autoimmune disease.

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DeeDee Stiepan 06:12

For the immunocompromised, should they be tested for antibodies to make sure that their vaccine was effective?

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Dr. Gregory Poland 06:20

Yeah, you know, that's a very good thought and idea. Right now, there is no standard recommendation to do that. I do think that might be a case by case basis between provider and patient, depending on their unique risks that they face or, you know, whatever their life situation might be. That would be a consideration, but certainly not a routine recommendation.

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DeeDee Stiepan 06:47

And what about people taking immunosuppressants like prednisone?

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Dr. Gregory Poland 06:51

So, that's a drug that depending on the dose that they're taking, could decrease their immune response. Now, you know, let's just take the mRNA vaccines, we're talking about vaccines that have about 95% efficacy. I mean that's just stunning. Plus, they're getting two doses, in essence, a booster dose. We may find out, we have to give even additional booster doses as time goes on. We don't know that yet. But that's being tested. So, depending on the dose you're on, maybe your immune response would be 91% instead of 95%. Or if you're on very heavy immunosuppressive drugs, maybe it's 50 or 60%, we don't have a way of knowing, because the studies that would tell us that have just started, there's a large study of 5000 immunocompromised people called the Octave study that has just started and will give us those answers. But, I think I would say that to any of our listeners that are taking those drugs, talk to your health care provider. Sometimes those drugs can be held, the vaccine given, and the drug restarted. Other times they can't, and sometimes the drugs that you're taking really don't have an effect on the vaccine. Other

times, depending on the drug they might. So, we want to personalize that recommendation, and that's best done between patient and doctor.

D DeeDee Stiepan 08:20

Yeah, that's great advice. So, we now have this goal of May 1, for all adults to be eligible for the COVID-19 vaccine, which leads to the question, when do you expect that younger children even toddlers might be eligible?

D Dr. Gregory Poland 08:34

Yeah, really good question. Because again, this is going to take all of us. You know, I'm kind of reminded that I don't know if you ever saw in history class, World War II, they'd have men and women rolling their sleeves up and say we're all in this together. I think that's a great, that's actually a great model for the for the national situation we're in now, if we all roll our sleeves up and get these vaccines, we're going to emerge out of this much faster and safer. So, to the question of children and even toddlers, what the drug manufacturers are doing, I think is the right approach. They're taking it step by step. So right now, it's 16 or 18, depending on the vaccine, and above. The study they're doing currently is down to age 12. I think we will soon have those results in the late spring, early summer, and then they'll just keep marching that down by age bracket, being super careful of safety, to know at what age can we immunize safely and get a protective immune response? I think sometime this summer and sometime in the third to fourth quarter of 2021, we'll have that information, and we'll be immunizing most all of the country.

D DeeDee Stiepan 10:00

Very good. Finally, I know you mentioned it a little bit before, but as more people become eligible to be vaccinated, vaccine hesitancy needs to be addressed. Tell us about your recent editorial on the topic.

D Dr. Gregory Poland 10:13

Yeah, I wrote that editorial with my daughter who is a mental health professional and does a lot of research in this area, and with a woman in the Mayo Center for Innovation, and she's what's called a human centered designer. And so, between the three of us we collaborated to look at how do we think about vaccine hesitancy? And how do we, as healthcare providers, deal with it in the best way possible. And it starts with recognizing that the vast majority of people who are hesitant, are not rejecting, they're unsure. They

have information needs, they have empathy needs, in some cases. And so, in that editorial published in *Vaccine*, we actually provide what we call an empathy tool for healthcare providers to use as a starting point for them to have discussions. And I think that's one of the issues that we would propose, is that talking to people who are vaccine hesitant or vaccine rejecting is not a one and done conversation. It is a trust building exercise over time, helping people to allay their fears while recognizing the valid fear of the actual disease. So, you know, we're at a point, as I mentioned earlier, where tens of millions of doses of these vaccines have now been given. When we look worldwide, it's hundreds of millions of doses have been given. And, we have not been able to define any safety concern other than the risk of anaphylaxis, which we discovered very quickly in this. So, I think that should help allay a lot of concerns. And then it's talking individually with patients, I have found that to be a very, very useful strategy. It goes back to our roots, right? You know, at the Mayo Clinic, we have a simple motto that we talk about all the time, the needs of the patient come first. And what this editorial is really doing is flipping things around to say, Okay, if the needs of the patient are informational, let's start there.

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DeeDee Stiepan 12:41

Very good. Dr. Poland, anything else that you wanted to add before we let you go today?

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Dr. Gregory Poland 12:46

I'm just you know, we've been through a lot of, you know, sad and negative information. We're emerging from that. It's delightful to talk about progress. I think one of the things we've seen is quite a dip in the number of deaths, hospitalizations, and even cases. There are still in the 50 to 60,000 cases a day, so we can't relax. This is one of those hiatus moments where if we all choose to do the right thing, with the recommendations that have been made based on science, we're going to get out of this quickly. If we make the decision not to do that, we will do what we've done so far and prolong it.

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DeeDee Stiepan 13:35

Yeah, very well said Dr. Poland. Well, our thanks to Mayo Clinic infectious disease and virology expert Dr. Greg Poland. Thanks for again for chatting with us today.

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Dr. Gregory Poland 13:44

Good to be with you.



Narrator 13:46

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