PRIVATE HEALTH MANAGEMENT®

Client Brief

COVID-19 Vaccines
January 12, 2021

Over the course of the pandemic, Private Health Management has drawn on our core strengths and relationships to provide clients with reliable, science-based information, de-risking strategies, testing access, advisory services and clinical support for people who contracted the disease. The availability of two safe and highly effective vaccines from Pfizer/BioNTech and Moderna, with others on the way, makes us confident we are finally at the beginning of the end of this pandemic.

THE GOOD NEWS

We believe the vaccines will be transformational, enabling us to begin resuming social, economic and educational activities in the second and third quarters if early distribution challenges can be overcome. Until we know more about the ability of the vaccine to prevent viral transmission, we will still need to wear masks, keep socially distanced and be attentive to hand hygiene in many situations. Even after the current wave subsides, there will be hot spots for some time where more aggressive interventions will be needed temporarily, but the trendlines will be positive.

We are committed to and focused on helping our clients get vaccinated as soon as possible. As you would expect, we will navigate assertively and resourcefully; but consistent with our ethical standards, we will not circumvent governmental guidelines and prioritization tiers.

THE BASICS

To help cut through the noise around vaccines, we are sharing Private Health's perspective on some basics:

SAFETY. The Pfizer/BioNTech and Moderna vaccines use very similar mRNA technology and are quite safe. This technology has been around for more than a decade, it is just being used in a new and powerful way. More than 73,000 people received one of these vaccines during the trials. The safety profiles of both are similar and result in very few serious adverse events. Both cause short term arm soreness, perhaps a low-grade fever, headaches and muscle pain—all of which are expected as evidence of your immune system arming itself to fight COVID-19.

EFFICACY. As good as the reported 95% efficacy is, that understates the level of protection these vaccines provide. It means that people who were vaccinated had 95% fewer COVID-19 infections than those who did not. It does not mean that vaccinated people have a 5% chance of developing COVID-19. What is more relevant for individuals deciding to be inoculated is the experience of those who received the vaccine. Of the roughly 73,000 people who were vaccinated in the clinical trials over the multi-month observation periods, only 19 people developed COVID-19, only 1 developed severe COVID-19 disease and none died from it. Few medical interventions of any sort achieve those levels of success.

SPEED. Yes, these vaccines were developed rapidly, and the clinical trials happened quickly, but that is because this effort involved the largest global collaboration of research scientists in history and benefited from advanced technologies that have been under development for decades. The infusion of federal funding also enabled vaccine manufacturers to fast-track the trials in ways that would not have been possible had finances been a bottleneck. The clinical trials are very large, and ironically, the rapid spread of the disease made it possible to complete them rapidly.

PROTECTION. It will be some time before we know how long the vaccines provide protection against COVID-19. The clinical trial data suggest the protection begins within about two weeks after receiving the first dose and lasts for months.

MUTATION. A new variant originally discovered in the UK, which has slight alternations in one area of the spike protein, appears to be 50-70% more infectious according to a study by the Imperial College London.

While more people are being infected, the strain is not more lethal. Scientists believe the current vaccines will still be effective because the vaccines elicit a broad immune response that targets multiple regions of the spike protein not effected by this mutation. A Pfizer study just released for peer review provides preliminary confirmation. Further, much like the annual flu shot, the technology used can be quickly adapted to adjust for mutations in the future. The vaccine is made with a piece of the virus' genetic code which is easy to switch.

SELECTION. Given how similar the two approved vaccines are in technology, efficacy and safety, we suggest you get whichever you can get soonest. We understand the UK is authorizing people who have received an initial dose of one vaccine to get the second dose of the other vaccine. Data supporting mixing different vaccines between doses does not yet exist.

DECISION. We strongly recommend everyone get vaccinated as soon as a vaccine is available, with a few specific exceptions. Pregnant women, cancer patients undergoing treatment, certain immunocompromised individuals, those who are currently infected with COVID-19, and those with a history of allergic reactions should consult with their physicians. Children under the age of 16 for Pfizer/BioNTech and under 18 for Moderna should not be vaccinated until trials in this population are complete. Private Health recommends that if you've had a confirmed COVID-19 infection in the last 90 days, you should eventually be vaccinated, but wait to allow others without your acquired immunity to go first.

THE CURRENT STATE

According to the CDC, as of January 11, enough vaccines have been distributed to the states for 25.5 million doses (enough for 12.75M individuals) but only 9 million individuals have received at least their first inoculation. We expect and are hopeful that the Biden Administration will take swift actions to create a more coordinated vaccination effort following the transition.

PRIORITIZATION. The federal government is relying on the CDC's Advisory Committee on Immunization Practices to make recommendations on a tiered system prioritizing those most at risk and where early vaccination can create the greatest public benefit. Importantly, these recommendations are not binding on the states and each state, and in many instances, counties and cities, are using different prioritization criteria.

MANUFACTURING & DISTRIBUTION. The federal government acquires the vaccines from both Pfizer and Moderna and then allocates to the states proportional to their populations, using military logistics experts to manage delivery. Early estimates projected that enough vaccines would be manufactured by the end of February to inoculate 100 million people, or approximately 30%, of Americans (20m in December, 30m in January and 50m in February).

Although manufacturing appears to be approximately on course with these earlier projections, efficient distribution – meaning number of actual vaccine doses administered to individuals – is off to a slow and chaotic start. The absence of a centralized, coordinated process, consistent guidelines, clear communication programs, well designed websites, and call centers staffed to handle volume are all creating uncertainty about when, where and how people can get vaccinated.

ACCESS. The first vaccine doses are currently being given to front-line health care workers and those living at or working in senior aggregate living situations. Access is starting to open to older individuals in some states; however, specific guidance varies by state and locality.

ADMINISTRATION. Each state is responsible for administering the vaccines by coordinating with county and local governments to develop and manage the actual vaccination programs. Most states are using major hospital systems to vaccinate their employees and pharmacy chains to provide vaccinations to senior living communities. As outreach expands, a variety of other health care and retail spaces will be used as vaccination sites.

PRIVATE HEALTH'S RESPONSE

We are committed to helping as many people get vaccinated as soon as they become eligible in full compliance with the rules established by the relevant governing entities. This includes understanding when doses are available beyond the first tier and assisting in obtaining them. This is complex both because of the variation in approaches across jurisdictions and the evolving relationships among governments, institutional health care providers, pharmacy chains, and others.

ADVISORY & NAVIGATION

We are working with our intelligence and risk management partner, Martin+Crumpton Group, to develop a new service to monitor and analyze vaccine availability, prioritization criteria, and distribution plans. We are drawing on our collective relationships with health care insurers and providers at the federal, state, and local levels, including members of the incoming Biden Administration to gather information and deliver insight. Our goal is to identify the fastest and safest path to vaccination for individuals and develop efficient vaccination programs for companies to ensure workers have the protection and confidence they need to transition back to normal.

FACILITATING & ADMINSTERING VACCINES

We expect to be able to assist both individual and corporate clients to obtain vaccines once they become eligible. This service is still being defined but is likely to involve a mix of partnership relationships with health care providers and assistance setting-up corporate vaccination programs. When private organizations can procure and administer the vaccine(s), we plan to offer a vaccination service like our COVID-19 Testing Solutions.

In the meantime, we will continue to be a trusted source of the latest information, insights, and perspectives on the safety, efficacy, distribution, and access of the vaccine, as well as developments on emerging topics including employer mandates, vaccine passports and travel.

To hear more from Private Health's experts, we invite you to:

- **Listen to a replay or register for the next webinar in our Ask-Our-Experts series, and**
- **Subscribe to LUMINIS, our client newsletter**

We welcome the opportunity to discuss your specific COVID-19 or other health care needs. Please call your Private Health contact or reach us at info@privatehealth.com or 310.248.4000.