Transcript of Video-Audio Clips from Sandy Salverson, vice president of Pharmacy Services, OSF HealthCare

Sandy Salverson, vice president of Pharmacy Services for OSF HealthCare says the Emergency Use Authorization process was first used in 2009 during the H1N1 flu season.

“One of the drugs that we know today as Tamiflu, at that time had no approval for infants and H1N1 was really impacting our kiddo population (Pediatrics) and so they (the Food and Drug Administration (FDA)) went through and evaluated the evidence that they had on efficacy and safety and opted to implement an emergency use authorization at that time.” (:26)

The process Salverson describes involves making sure there’s enough research to support use of a treatment or vaccine.

“They weigh out what is the benefit (to address) what is occurring right now in the moment and what data we have, and does that outweigh the risk of not acting at all. That is done looking at all of the efficacy and safety data that we have available and then assessing the situation we have at hand.” (:23)

With limited supplies, Salverson says the CDC gives additional recommendations for priority vaccine distribution based on several factors.

“Who is getting ill, who has the highest risk of dying from COVID, who has the highest risk of experiencing a long hospital stay or health burden from the disease and those are decisions that influence how the nation chooses to prioritize who gets the vaccine first.” (:21)

Salverson says the FDA reviewed *new* data including a large, randomized clinical trial in hospitalized patients when it revoked EUA for hydroxychloriquine and chloriquine.

“It didn’t really look like it made a large impact on the disease itself. There was also some concerns about how it interacted with other drugs that we used to treat conditions like pneumonia, and the combination of efficacy and safety is what really removed that EUA for COVID-19.” (:22)

New technology in the leading two vaccines uses a synthetic protein that prompts the body to preview an immune response to the virus, without the infection.

This preview gives the immune system time to design antibodies that can neutralize the real virus if the individual is ever infected.

“There are other vaccines in Operation Warp Speed or the pipeline that may not have that same approach but that doesn’t mean they won’t be (effective), it’s just a different way to approach it and we’re thinking that this messenger RNA will be faster and more specific to the virus.” (:22)