

Vaccines and Preventive Monoclonal Antibodies: What is the Difference?

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The National Coalition for Infant Health is a collaborative of more than 200 professional, clinical, community health, and family support organizations focused on improving the lives of premature infants through age two and their families. NCfIH's mission is to promote lifelong clinical, health, education, and supportive services needed by premature infants and their families. NCfIH prioritizes safety of this vulnerable population and access to approved therapies.

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The importance of immunization cannot be sufficiently emphasized. Vaccines and preventive monoclonal antibodies introduce two different types of immunization. While they function differently, they both serve a similar purpose: protecting people from serious illnesses and diseases. Although many different technologies are applied in creating these essential defense mechanisms, both have similar protective values. Both support the immune system's defenses and protect against disease, providing a public health benefit by decreasing disease burden. Both can provide tailored protection from a variety of diseases. Despite social media blogs and posts to the contrary, both are generally regarded as safe.

Vaccines teach the body to create antibodies that fight off a specific disease or infection. Many vaccines are readily and easily available. Some have demonstrated effectiveness that goes back hundreds of years. The technology used to produce vaccines has been understood for decades. Polio, measles, and COVID-19 are amenable to vaccine creation and can protect most of the population from significant diseases. Although some have expressed concern over the newness of the COVID vaccines, this vaccine uses technologies similar to traditional vaccines that have been used to protect against other viruses.

Preventive monoclonal antibodies work by introducing antibodies

that are ready to ward off disease in the body. Instead of teaching the body how to create antibodies and defenses, they provide the antibodies that are readily available. Preventive monoclonal antibodies can fight a disease that does not have an existing vaccine or where certain patient groups cannot use certain vaccine products because of intercurrent illnesses such as cancer. Both RSV and COVID-19 monoclonal antibodies have been used to protect certain at-risk groups. Although these are new technologies, RSV monoclonal therapy has been used for decades to protect at-risk premature babies.

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Both vaccines and preventive monoclonal antibodies undergo extensive testing by the FDA for safety and efficacy.

References:

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2. https://static1.squarespace.com/static/5523fc7e4b0fef011e668e6/t/62445afd0134140ff954f3f6/1648646910485/NCfIH_Monoclonal+Antibodies+Inclusion+in+the+VFC+Program_Position+Paper_Mar+2022.pdf

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National Coalition for Infant Health Values (SANE)

Safety. Premature infants are born vulnerable. Products, treatments and related public policies should prioritize these fragile infants' safety.

Access. Budget-driven health care policies should not preclude premature infants' access to preventative or necessary therapies.

Nutrition. Proper nutrition and full access to health care keep premature infants healthy after discharge from the NICU.

Equality. Prematurity and related vulnerabilities disproportionately impact minority and economically disadvantaged families. Restrictions on care and treatment should not worsen inherent disparities.