New COVID data on blood types, excess deaths, EG.5 variant & FDA approved RSV vaccine for babies

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Featured topic and speakers

The FDA approves an RSV vaccine for infants and vulnerable toddlers, and a new COVID variant emerges. AMA's Vice President of Science, Medicine and Public Health, Andrea Garcia, JD, MPH, also discusses expectations for another “tripledemic”, the latest COVID death rate and research, and the White House’s new Office of Pandemic Preparedness and Response Policy. AMA Chief Experience Officer Todd Unger hosts.

Speaker

- Andrea Garcia, JD, MPH, vice president, science, medicine & public health, American Medical Association

Transcript

Unger: Hello and welcome to the AMA Update video and podcast. Today, we have our weekly look at the headlines with the AMA's Vice President of Science, Medicine and Public Health, Andrea Garcia in Chicago. I'm Todd Unger, AMA's chief experience officer, also in Chicago. Welcome back, Andrea.

Garcia: Thanks. It's good to be here.

Unger: Well, we've been talking a lot about RSV lately. And now, we have another vaccine approval from the FDA. Andrea, how is this different from the other RSV vaccines that we've been talking about?
Garcia: So the vaccines we've previously discussed that have been approved were for older adults, and this latest approval just last Monday protects infants either during or entering their first RSV season and then children up to 24 months of age who are still vulnerable to RSV. So these are really high-risk groups.

This is actually a long-acting monoclonal antibody injection called Beyfortus. It was developed by Sanofi and AstraZeneca. And it's expected to be available at the start of the fall, so RSV season.

Since it's a monoclonal antibody, it works a little different than a vaccine, which prompts the body to make its own antibodies here. This injection works by delivering those antibodies that can bind to the virus and block it from infecting healthy cells. So this is not the Pfizer vaccine that we've previously talked about, and that would be for pregnant people and is designed to protect infants from RSV.

But that vaccine generates antibodies that pass to the fetus, in the womb, when the vaccine is given late in pregnancy. And that one is still under consideration by the FDA. And we are expecting to see approval of that later this summer. And it would just add that the CDC's Advisory Committee on Immunization Practices is going to be meeting on RSV on August 3 to discuss and vote on those recommendations.

Unger: Now this could have a pretty big impact, because there are quite a few children that get affected by RSV seriously each year. Is there some context you can provide there?

Garcia: Yeah. So based on CDC data, about 80,000 children age five and younger are hospitalized with the virus each year. And as we've talked about previously, these infections can be serious in infants and some children. And they result in a lot of emergency department and physician visits each season. So the FDA is hoping that with the approval of this drug, there will be less burden on families and the health care system.

One study supported this thinking and it really found that the drug's efficacy against severe RSV requiring medical attention was 79%.

Unger: Well, that is really good news. And of course, RSV was one of the legs of the tripledemic that we saw last year. Are we concerned with fall coming up pretty soon that we're going to be facing another, or is it still too early to tell?

Garcia: Well, Dr. Mandy Cohen, who is the new director of the CDC, has said yes in a recent interview. And she was quoted as saying we're going to have three bugs out there, three viruses, COVID, of course, flu and RSV. And we need to make sure that the American people understand all three and what they can do to protect themselves.
With so many states currently experiencing record heat waves, thinking about respiratory viruses and these infections that come with fall and winter is probably pretty far from most people's minds. However, while the spread of these respiratory viruses is currently low, the CDC is already starting to detect slight increases in positive COVID tests and COVID-related emergency department visits. And that decline in COVID hospitalizations has stalled.

Now, this shouldn't be surprising. We've seen summer surges in the Southern U.S. before, as people start to move indoors due to the heat.

**Unger:** And from what I understand, we may have another new variant to worry about on the COVID front. Is that true?

**Garcia:** Yeah. So the Omicron XBB subvariants do remain the most prevalent forms of COVID. But last Wednesday, we saw the WHO identify a new XBB version. It's EG.5. It's rising in prevalence around the world and here in the U.S.

I don't know that it's time to worry about this just yet. We know very little about this new variant. There's currently no evidence to suggest that it causes more severe illness. And the CDC is indicating that it does appear to be susceptible to COVID vaccines, which is good news.

**Unger:** Now, you mentioned overall COVID transmissions appear to be relatively low right now. But what about deaths? The last time we talked about COVID numbers, we were still seeing what would be considered as far too many. Is that still the case?

**Garcia:** Well, one number that was the focus of a recent *New York Times* article is the number of excess deaths we're seeing right now. And that looks at the total number of people dying in the U.S. each day from any cause. And I think the good news here is the number of excess deaths is no longer historically abnormal.

CDC is estimating that the number of excess deaths is less than 1%. As you can imagine, that number was inflated through most of the pandemic. However, I think it is important to keep in mind that these estimates are based on provisional data. They're incomplete, and the CDC notes on their site that these estimates are, at this time, subject to a great degree of uncertainty.

**Unger:** So I guess that brings us back to the question, what does that mean?

**Garcia:** Well, it doesn't mean that the COVID death rate has fallen to zero. According to the CDC, we're still seeing about 80 people dying of COVID per day, which is a lower number than we've talked about previously. And we certainly haven't eradicated COVID, which most people think is probably never going to happen. And of course, I think many people are still suffering those long-terms effects of a COVID infection through long COVID.
But this decrease in excess death could be because we’ve already lost so many people to COVID prematurely over the last three years. So we’re seeing fewer deaths today, and it could also be due to population level immunity.

We know most people have some combination of vaccination or natural immunity at this point. And the other major factor here is Paxlovid, which has been a gamechanger in reducing those severe symptoms and keeping our older and more vulnerable populations from progressing to severe disease.

**Unger:** So even with the substantially lower numbers that you talked about, COVID’s not going to be eradicated any time soon. And scientists are continuing, of course, to study it. And there were some interesting findings this week. One discovery is why certain people who have COVID are asymptomatic and others aren’t. What’s the news behind that?

**Garcia:** Yeah. So that new finding suggests that it really does come down to genetics. And last week, the Washington Post and a couple other news outlets were reporting that scientists have found a common version of a gene that seems to help some people clear the coronavirus faster than others. And this finding could help inform the development of future vaccines and treatments.

On average, the studies have found that at least 20% of people who contract COVID are asymptomatic. The study published last Wednesday in Nature, those researchers looked at the Human Leukocyte Antigen or HLA gene, which we know plays a critical role in our body’s ability to recognize and fight pathogens.

Those researchers found that among asymptomatic participants in the study, 20% carried the common HLA variant. And people who carried two copies of the variant, so one from each parent, were eight times more likely to remain asymptomatic. So certainly really interesting research. The study did have limitations, and more research is going to be needed to further understand this and the implications.

**Unger:** Wow, that’s really interesting. And another piece of news, again, back to the kind of genetic component, was about the link between COVID and blood type. We saw a lot of news back in the midst of the pandemic about that. What can you tell us, in terms of the news there?

**Garcia:** Yeah. So a report released last week indicated that researchers have identified a direct correlation between blood group A and an increased risk for COVID infection. And those results indicate that the COVID virus interacts directly with blood group A antigen, making that cell surface stickier for the virus. This means that when a person with type A blood is exposed to COVID, that virus is more likely to attach and then find its way into the cell.

This doesn't mean that if you have type O blood, for example, that you can't get infected. It only means that all else being equal, blood group A individuals are slightly more likely to get infected.
as you said, this is something that researchers suspected as far back as the beginning of the pandemic. But at that time, they didn't understand the reason for that correlation. Now they do.

Unger: Really interesting. So much to learn still. And as we continue to learn more about COVID, the government is also taking steps to prepare for what could be the next pandemic. And on Friday, the White House established a new Pandemic Preparedness office. What exactly is that office going to do?

Garcia: Yeah. So to just back up a minute, it was about six months ago when Congress instructed the administration to set up a new office in the wake of the pandemic. On Friday, the White House launched that office, which is officially called the Office of Pandemic Preparedness and Response. Policy is being led by Paul Friedreichs, who's a military combat surgeon and retired Air Force major general who helped lead the Pentagon in the COVID response.

I think those who are active in the AMA's House of Delegates likely know Dr. Friedreichs, who is a longtime representative of military medicine in the House. This office is going to prepare for and respond to potential pandemics and also take over the duties of the president's current COVID-19 and pox response team.

In its official statement, the White House said that the office has been charged with "leading, coordinating, and implementing actions related to preparedness for and response to known and unknown biological threats or pathogens that could lead to a pandemic or to significant public health-related disruptions in the United States."

Unger: That makes sense. And as we've discovered, you don't know when a pandemic is coming. So better to be prepared. I'm sure we'll continue to hear more about it as it gets up and running.

Andrea, thanks so much for coming by today to talk to us. Always so interesting to hear your updates and perspective.

That's it for today's episode, and we'll be back soon with another AMA Update. You can find all our video and podcasts at ama-assn.org/podcasts. Thanks for joining us. Please take care.

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