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AMA Update

Summer COVID surge, red meat allergy from ticks, and new FDA approved OTC naloxone nasal spray

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Featured topic and speakers

The CDC sees signs of a late summer COVID wave. AMA's Vice President of Science, Medicine and Public Health, Andrea Garcia, JD, MPH, discusses the rise in cases, whether there is cause for concern and who is most at risk. Plus, the latest news about Alpha-gal syndrome (AGS) cases and the FDA approval of the second over-the-counter naloxone nasal spray, RiVive. AMA Chief Experience Officer Todd Unger hosts.

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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, Andrea.

Garcia: Thanks for having me back. I definitely appreciate the opportunity to be here.

Unger: So I've been reading that we've been seeing a lot of signs lately that there is a summer COVID wave. Andrea, what's going on? Well, according to the CDC, after about six or seven months of steady decline in COVID cases, we're starting to see them tick back up again.
And in a recent NPR article, Dr. Brendan Jackson, who's currently the CDC's COVID incident manager, said that the amount of coronavirus being detected in wastewater, the percentage of people testing positive for the virus and the number of people who are seeking care for COVID in emergency departments have all started increasing since early July. So these could definitely be indicators of a late summer wave.

And I think it would add to that the other metric that we continue to look at is hospital admissions. And those also recently began taking upwards for the first time in quite a while.

Unger: Well, let's talk more specifically about the numbers. What do they look like?

Garcia: So based on the CDC data, hospitalizations jumped 10% to more than 7,100. And that is for the week ending July 15. That's from about 6,400 that previous week. And during that time period, the Southeast really saw that biggest jump. The only part of the country that didn't record more hospitalizations compared to the week prior was here in the Midwest, so that includes Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin.

I think that could potentially change, because those numbers are only continuing to increase. And earlier this week, we saw the CDC release data for the week ending July 22. And that week, we saw more than 8,000 people hospitalized with COVID, so a 12% increase from the week before. That's the largest week-by-week increase we've seen in hospitalizations since December of last year.

Unger: So that is a concerning trend. How worried do you think we need to be?

Andrea Garcia: I don't think we need to be too worried yet. Because if we put this into context, overall, those numbers are still very low, far lower than they were the last three summers. For example, we're talking about 8,000 people hospitalized. Right now, it still sounds like a big number. But a year ago, there were over 40,000 new COVID hospitalizations per week.

CDC spokesperson Kathleen Connolly said in a statement last week that the U.S. COVID rates are still near historic lows, despite this recent uptick. Connolly also went on to say that the current COVID hospital admissions are still below the threshold at which we would see CDC recommend additional precautions to curb the virus.

This certainly change at any time. The CDC currently has no plans to change recommendations for what people should do, like encouraging widespread masking again. I think the good news is, deaths are still falling and they're the lowest that they've been since CDC started tracking them. We've talked about before how deaths are a lagging indicator. So that number could definitely go up in the coming weeks.
**Unger:** I was talking to a friend of mine yesterday who mentioned that he had forgotten what the symptoms were of COVID, which I believe is very telling and apropos of the next question, which is, Andrea, what do we take away from all of this?

**Garcia:** Well, I think it's a good reminder that COVID isn't gone. It can still be a very serious threat for vulnerable populations, like older adults. And that is the population right now that we're seeing hospitalized the most. However, most of us do have some level of immunity, either from vaccination or infection. And the availability of effective treatments like paxlovid has reduced that risk of severe outcomes from COVID pretty dramatically.

With that being said, the virus is still out there. There's still a risk of long COVID, and we don't know what the future holds. We could certainly see a surge or identify a new variant. What we do know is we need to keep up our surveillance efforts and our genomic analysis to detect these surges and new variants as early as possible. And we need to keep evolving our vaccines and treatments. Because as much as we want it to, the virus is not going away.

**Unger:** Thank you, Andrea. And we'll keep a close eye on these trends in the coming weeks.

The CDC also warned that there's another emerging public health concern this week, one that could be affecting about a half million Americans. And a bit of a surprise, Andrea. Tell us more about it.

**Garcia:** Yeah. So that public health concern is called alpha-gal syndrome. It's AGS for short, and it's also known as the red meat allergy or the tick bite meat allergy. This syndrome was not formally identified until about 2000, so it's still fairly new. And it gets its name from galactose-alpha-1,3-galactose. So it's a sugar that's present in beef, pork, lamb, and the meat of most other mammals.

It's associated with tick bites in the U.S., and it's most likely a Lone Star tick, which then transmits this sugar into your system. And some people's immune systems may then label this foreign sugar as a threat and so it will overreact to the presence the next time the person eats meat or dairy.

**Unger:** Andrea, it seems a bit of a surprise that there are half a million people who are already affected by this. Is that true?

**Garcia:** Well, if we look at the report issued by the CDC last week, between 2010 and 2022, there were more than 110,000 suspected cases of AGS identified here in the U.S. CDC thinks that number is probably closer to 450,000 people that might have been infected between 2010 and 2022. And that's because that diagnosis of AGS requires a positive diagnostic test and a clinical exam. And some individuals with AGS might not get tested.

I think the other thing at play here is the fact that many physicians know very little about this. The CDC did a survey of about 1,500 respondents, including physicians. And a surprisingly large percentage,
about 42%, were not aware of AGS. And another 35% said they weren't confident in their ability to diagnose or manage patients with AGS. So CDC is really trying to get the word out about this syndrome to help facilitate that rapid diagnosis to improve patient care.

**Unger:** So Andrea, what should physicians be watching for? And what do they do if they suspect AGS?

**Garcia:** So yeah, this is definitely an emerging public health threat. It's potentially life-threatening. The symptoms are wide ranging. They could include hives, nausea, diarrhea, shortness of breath, and even anaphylactic shock. Symptoms appear generally two to six hours after eating meat or dairy products containing alpha-gal. And some patients who have the syndrome might not feel sick every single time they eat meat or dairy, which can make it challenging to diagnose.

Physicians can order a blood test to determine if a patient has antibodies to alpha-gal. And for physicians who want to learn more about this, the CDC has developed a free CME training and we're going to put the link to that training in the description of this episode.

It's also important for physicians to educate patients on tick bite prevention. Because unlike some other tick-borne diseases, AGS doesn't have a treatment or a cure. So we want to prevent people from getting bit in the first place.

**Unger:** Absolutely. OK, again, we'll keep our eye on that and any developments in the coming weeks. Andrea, turning to some better news this past week. We also got another tool to help the nation fight its deadly overdose epidemic. What is the news there?

**Garcia:** Yeah. Just last week FDA, approved RiVive, which is an easy-to-use naloxone nasal spray for over-the-counter, non-prescription use. It's for the emergency treatment of known or suspected opioid overdoses. And as a reminder, this is actually the second nonprescription naloxone product that FDA has approved. The first was approved back in March of 2023. These products are helping to increase consumer access to naloxone without a prescription.

According to the FDA, RiVive has been demonstrated to be safe and effective for use as directed in its labeling. And the manufacturer also provided data to show that consumers can understand how to use this drug safely and effectively without the supervision of a health care professional.

**Unger:** And of course, the AMA has been hard at work on this front. What was the AMA's reaction to this latest approval?

**Garcia:** Yeah, so the AMA released a statement on behalf of Dr. Bobby Mukkamala, who is the chair of our AMA Substance Use and Pain Care Task Force. That statement applauded the approval, noting that the AMA has long advocated for improved access to OTC naloxone as the deadly drug overdose
epidemic continues to devastate communities.

We continue to urge physicians to prescribe naloxone to any patient who is at risk of a drug-related overdose. We also believe that every naloxone manufacturer should submit OTC applications as soon as possible. There really is no medical or ethical reason for naloxone manufacturers to delay submitting those applications.

We also urge manufacturers to make this life-saving drug affordable and urge health insurers to cover it. Whether it's obtained through a prescription or over-the-counter, no one should be maximizing profits over saving lives.

Unger: And do we have any recent data on just how many lives that we're talking about?

Garcia: So despite that downward trend we're seeing in opioid prescriptions, drug overdose persists as a major public health issue here in the U.S. It continues to be a priority, a public health issue for our AMA. And per the FDA in the 12-month period ending in February of 2023, more than 105,000 reported fatal overdoses occurred. Those are primarily being driven at this point by synthetic opioids, like illicit fentanyl.

Drugs like naloxone are only going to make a difference if they're affordable and quick and easy to access, like through drugstores, pharmacies and other retail outlets.

Unger: Well, Thank you so much, Andrea. I know we're going to continue fighting the overdose epidemic at the AMA, and that is good news.

That wraps up today's episode. We'll be back with another segment soon. In the meantime, you can catch all of our podcasts and videos at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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