Mira Irons, MD, discusses grim COVID-19 trends for pandemic’s third phase

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Featured topic and speakers

In today’s COVID-19 update, AMA Chief Experience Officer Todd Unger and AMA Chief Health and Science Officer Mira Irons, MD, take a look at the numbers, trends and latest news about the COVID-19 pandemic, including some grim trends regarding cases and deaths from the virus.

Learn more at the AMA COVID-19 resource center.

Speakers

- Mira Irons, MD, chief health and science officer, AMA

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we're taking our weekly look at the numbers, trends, and latest news about COVID-19, with AMA’s Chief Health and Science Officer Dr. Mira Irons in Chicago. I'm Todd Unger, AMA’s chief experience officer, also in Chicago. Dr. Irons, let's start by reviewing this week's numbers. Some grim trends appearing. What’s happening across the country with new cases and deaths?

Dr. Irons: The numbers are starting to creep up again. I think we had a biphasic pandemic for a while, now it looks like we're going into that triphasic, or third phase. 7,804,643 people have been diagnosed with COVID-19, and 215,089 people have died of the illness, in the United States. If you look at globally, we have over 37 million people affected, over one million people have died. We’re seeing resurgence. A lot of the European countries actually were able to get that first wave down. They're starting to see a resurgence in numbers, and Brazil and India have really been a lot like the
United States, and have continued that prolonged first phase of COVID-19.

Unger: A million new coronavirus cases in three days, globally. Can you comment on that?

Dr. Irons: Yes. It's probably due to different reasons in different places. I read some reports last week that if you're looking at Europe, a lot of it, that recent rise, may be due to the August vacations that people take in Europe. In the United States, I think it's a combination of a lot of reasons. Large gatherings are still a problem, and it's a respiratory virus. It spreads person to person. Having a lot of people together in a smaller space, is a problem. Rallies, large gatherings, are a problem. The shift in the weather is going to be an issue. As people move from outside to inside, you really have to pay attention to ventilation, to not having a lot of people in an enclosed space for a long time. Schools are reopening. Also, if you look at pandemic fatigue. I heard Dr. Birx talk about this recently. This issue of pandemic fatigue, I think, can be setting in, at especially the wrong time. Not that there's ever a good time to have pandemic fatigue, but if we're moving into the fall, it's really not a good time.

Unger: The U.S., unfortunately, continues to be one of the largest contributors to the surge in global tally. We're starting to see numbers we haven't seen in a while, crossing over 51,000 new cases on Saturday. Can you talk about state by state, what might be driving that?

Dr. Irons: Yeah. If you look at our numbers have been creeping up the last few weeks, we're looking at an average of about a little over 48,000 for the seven day average. The important thing, I think, and the concerning thing, is that three days last week, that the averages were over 50,000 cases. We're seeing the increase in the northern Midwest, and in the Rocky Mountains states. Single day case records in Missouri, Alaska, Indiana, Minnesota and Oklahoma, just over the last few days, seven states are reporting record hospitalizations. Wisconsin opened an old field hospital to take care of people. It's the same story we've been talking about from the beginning of the pandemic. As we went from the coasts down to the South. Now, it's coming up the upper Midwest and into the Rockies.

Unger: Well, let's talk about a few other trends and drivers that we've seen over the past week. You talked about schools and colleges, particular interesting or not interesting, but a scenario in Syracuse University. You want to talk about that?

Dr. Irons: Syracuse University is the latest casualty of the pandemic. It was keeping the virus at bay, but now they have more than 75 cases, and they actually tied it to someone who traveled to a nearby city and brought it back to campus. It just goes to show, that you have to be careful everywhere you go, and you can't let your guard down with this one. Miami-Dade public school system, nation's fourth largest school system, completed its return to classes last Friday. We have to keep an eye on it. Florida numbers have been high, so we need to see what's happening there. Other things are happening, too. If you look at football, the Denver/Patriots game, has been postponed because of COVID cases. The Tennessee Titans have been grappling with the biggest outbreak in the league, and shut down their facility. It's just an example of how testing alone really can't dictate people's behavior. If we look at the NBA and the NHL, they were actually able to contain it because they put
people in bubbles. I think that some of the schools, especially when we look at what happened in DC over the last two weeks, and also the NFL, I think is relying a lot on testing, and testing alone isn't going to keep this virus at bay.

**Unger:** I think that's a trend that we've seen, obviously, coming out of Washington. When you talk about testing alone not being a good strategy, could you dig into that a little bit?

**Dr. Irons:** Sure, sure. The diagnostic test for COVID is the PCR test. There’s two ways of doing that. One is the gold standard PCR test that's done at hospitals, academic medical centers, a lot of the large reference labs, but it takes, often, 24 hours or even longer if you're sending your specimen out somewhere to get results. There are rapid PCR tests that have been developed, that can give you a result in 15-20 minutes. However, what you sacrifice for that increase in efficiency of getting your result, you actually sacrifice some of the sensitivity. Some of the rapid tests do have a false negative rate, just because of how the test is done. You can’t be assured that if you're negative, that you really are negative. The other thing that comes into this is actually when you take the sample, because if you take a too early or too late in the course of the illness, you may be more likely to get a false negative. The moral of the story is that, a negative result is good, but you still have to wear your mask. You still have to do your social distancing. And you still have to wash your hands.

**Unger:** All right. One final occurrence from last week, a warning from the CDC regarding obesity and its impact on risk factors. Can you elaborate on that?

**Dr. Irons:** Yeah. The CDC has been updating their website all the time, as we get more information about either health factors or physical factors, that place people at increased risk for the severe complications with COVID. Last week they added a new guidance that even moderate obesity could put people at increased risk for severe manifestations of COVID. If you look at the United States, a significant number of people fall into that moderate or severe obesity category. That just increases the number of people that are at risk for COVID.

**Unger:** Well, thank you. Let’s talk now about vaccines and treatments. We just finished the second webinar in a series on vaccines with the AMA, which you can view later this week on our YouTube channel. What’s happening with vaccines, and the tests that are going on right now?

**Dr. Irons:** Great. There are still several vaccines in phase three trials. The two that started the earliest are the Moderna vaccine and the Pfizer vaccine. Those trials still continue. I believe the Oxford-AstraZeneca vaccine is still on pause, on hold, in the United States, but has reopened outside of the United States. The latest trial to be put on pause is the Johnson & Johnson vaccine trial. That just started recently, and it was paused as of today, I believe, because of an adverse safety signal in a single patient. That actually triggered the pause and the data safety monitoring board will now review that data, and determine whether it can continue.

**Unger:** All right. Again, check out the webinar series on AMAs YouTube channel, featuring important
speakers from the FDA and CDC, about vaccine development and distribution. What's the word on other treatments, such as monoclonal antibodies?

**Dr. Irons:** We heard a lot about monoclonal antibodies last week because the President did receive the Regeneron monoclonal antibody. There are monoclonal antibody therapies being developed by Regeneron and Eli Lilly, both are still in trials. We haven't seen any results in the peer reviewed literature from those trials. Although, we hear from the media that those manufacturers are preparing applications for emergency use authorization. We've learned a lot in this pandemic that we really need to see the results from the randomized controlled phase three trials to really understand whether a therapy is efficacious, and whether it's safe. We'll wait and see if those results come out. Regardless of that, both manufacturers are gearing up their manufacturing. However, the latest we heard from Regeneron is that they may have enough for 50,000 doses. Within this week, 50,000 new patients have been identified every day. Even if an emergency use authorization is available, the drugs are still going to have to be rationed in some way.

**Unger:** All right. Well, finally, any other key messages from the AMA that we want people to hear this week?

**Dr. Irons:** Two things. The AMA issued a statement welcoming the Surgeon General's new call to action, to prioritize hypertension control in the United States; significant health problem. We know it's a significant initiative for the AMA. The AMA applauded that effort. The other thing was that the AMA, in collaboration with the CDC and the Ad Council, launched its flu vaccine campaign, that is especially focused on African-American and Latinx communities. The message is that everybody should get a flu vaccine this year, because in order to keep those cases down, to decrease the numbers of people going to see their doctor, and health care facilities, it's really important as we go into the Fall.

**Unger:** Check out our The No One has Time for Flu campaign, which will appear across TV, radio and social media, encouraging everyone to get their flu shots this year. Thank you so much Dr. Irons for being here today. That's it for today's COVID-19 update. We'll see you tomorrow with another segment. For updated resources on COVID-19 visit ama-assn.org/covid-19. Thanks for joining us, and please take care.

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