Mira Irons, MD, discusses current trends and holiday transmission risk

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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, review COVID-19 numbers and trending topics related to the pandemic over the past week, including vaccine developments and prioritization, as well as risk of transmission over the holiday.

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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 in Chicago. Dr. Irons, more developments with vaccines this week. Can you tell us more about what's happening there?

**Dr. Irons:** Oh, absolutely, Todd. A lot's happening. Last week we talked about the fact that there was data from Pfizer and Moderna, at least in their interim, that both vaccines were about 95% effective. Last week, Pfizer turned in their application to the FDA for emergency use authorization and is sharing all of their data with the FDA and with the external advisory committee.
The process that occurs now is that that external advisory committee, which the acronym is VRBAC, is meeting on December 10th. They will make a recommendation to FDA. If FDA authorizes the Pfizer vaccine, then another group called ACIP, which is the Advisory Committee on Immunization Practices at the CDC, will be convened to make recommendations for its use. I think we've all seen people from Operation Warp Speed on TV saying that within 24 hours of authorization, there will be distributed to the states. But what's important to note is that all of the data is being reviewed by the external advisory committee. Those meetings are public, and that the process of review both at the FDA and also at the CDC is still in place and will occur, although the meetings will be accelerated from normally scheduled meetings, but it'll still be there.

Unger: If we just clarify on timing, based on what you're seeing right now, when do you think we might start to see, assuming again, that it's approved, initial immunizations and who would get those?

Dr. Irons: Well, so those are two separate questions. In terms of vaccines being deployed to the state, it could be as early as a few days after that December 10th meeting, depending on the result of that advisory committee meeting. The prioritization of who gets the vaccines, that's actually also the role of the ACIP committee. The ACIP committee, their role is to advise on to recommend use of the vaccine in the United States and who to use it on. And so that committee will take in the information that the National Academy of Medicine Prioritization Group made, and they will make final recommendations about prioritization, and who's in phase one. ACIP actually is meeting this afternoon also. They have a meeting scheduled for this afternoon, so we may know more about prioritization, but everything in terms of distribution needs to wait for the FDA decision.

Unger: Well, before we move on, we'll talk a little bit about more good news. We expect a second vaccine-maker to apply for an EUA. And then other news that happened today, will you talk about that as well?

Dr. Irons: Oh, absolutely. Moderna, we're expecting their application anytime now. They released through the media some results of their interim analysis that showed 95% efficacy. So, both of those, both Pfizer and the Moderna vaccine are promising. But just overnight, Oxford AstraZeneca released reports of their interim analysis on more than 23,000 volunteers in the UK and in Brazil, that showed an average of about 70% efficacy. That trial actually had two arms. One arm gave the vaccine, a half-dose and then followed by a full dose at a month. And that showed 90% efficacy, whereas the group that got two full doses a month apart were 62% efficacy.
I think that it'll all come out in terms of what the total efficacy is and what the recommendations are. But I think that we can probably expect an application from Oxford AstraZeneca sometime in the future also. The difference here is that that vaccine can actually be stored, and transported, and handled at normal refrigeration conditions as opposed to the Pfizer vaccine, which requires deep freezing, and it costs less to make. So, it may have more global impact and may be more available globally.

**Unger:** On the treatment front there's also additional news. Can you talk about an additional EUA that came out at the end of last week?

**Dr. Irons:** Last week we talked about the fact that the Eli Lilly monoclonal antibody treatment, which is an outpatient treatment, received emergency use authorization. The new one that came out just recently is that Regeneron. The FDA also issued an emergency use authorization for the Regeneron product, which is a combination of two antibodies. You might remember, it is likely the product that President Trump was treated with when he was in the hospital. And it is a focused EUA, like the Eli Lilly EUA, for non-hospitalized people and those at increased risk.

**Unger:** Well, we need good news because if you start looking at the numbers and trends, the news is not good. So, let's dig into what you're seeing across the country with new cases and deaths right now.

**Dr. Irons:** We always start with the numbers; this morning 12,249,528 individuals have been confirmed as having COVID, and 256,798 individuals have died. I think that for perspective on how quickly the surge is moving, it's important to just look at the big picture. The latest virus surge began accelerating across much of the country in mid-October. It took just two weeks to go from 8 million to 9 million cases on October 30th, going from 9 to 10 million took 10 days and going from 10 million to 11 million took just under 7 days.

The country, we're seeing different things across the country. If you look at some of the sites that are monitoring spread, the entire country is showing uncontrolled growth, although that's a little deceiving because there were states like Vermont at 8%, New York 2.9%, Massachusetts 3.1%, versus Wyoming where it's 66% of the people being tested are positive. So, there are obviously different pockets in the country with high and with low activity. But the good news, I think is that over the last few weeks we talked about Kansas, South Dakota, Iowa and Wisconsin as having really, really high numbers. Their numbers are still high, 30 to 40% for some of those, Wisconsin, 15%, but decreasing. The hope is that some of the mitigation measures; wearing masks, social distancing, washing hands might be taking hold.

**Unger:** Well, with positivity rates that are astronomical like that in some states, you can't almost but help run into somebody who is positive. Is that basically your assessment?

**Dr. Irons:** Depending on where you are, yes. If you have a positivity rate, 30, 40, 60%, those are the
people that are showing up to get tested. You have to wonder whether those are people who are symptomatic, because we know that there’s a high asymptomatic spread and that's really what the concern is. Because the hope is that symptomatic people will isolate themselves. It's the asymptomatic spread that is really concerning.

Unger: Any other kind of state-by-state news that you want to share this week?

Dr. Irons: States are doing different things. Some governors in some states and some mayors are instituting curfews, some are closing schools. New York City shut down public schools last week. The governors of Iowa and North Dakota have ordered residents to wear masks. State leaders imposed curfews in Ohio in much of California. I heard this morning that Los Angeles is going to stop indoor dining. I don't know what the date on that is. But I think the bigger concern, not that all of this isn't concerning, is that the hospitals are filling up. The hospitals are filling up, the ICUs are filling up. We're starting to hear that there are some states where there are few or no ICU beds, that people are getting transported across state lines.

I think that Americans, we've been so fortunate to live in a country that has a phenomenal healthcare system. So, there’s always that feeling that if something happens, we will have a place to go to be taken care of. When there are no ICU beds left or even worse, where hospitals are seeing staff shortages, more than 20% of hospitals are anticipating a staff shortage, an empty bed doesn't help you if you don't have staff to take care of you. The hope is really just to keep people safe and to keep them out of the hospitals.

Unger: And we're seeing that the pandemic is having a direct effect, of course, on those on the front lines, especially with Mayo Clinic report this week. So, these are very tough times for our front-line physicians and healthcare teams. Any other kind of major trends or drivers? Obviously, number one on the list is Thanksgiving. We have a lot of people traveling despite warnings from the CDC. What are we seeing this week?

Dr. Irons: Well, the drivers, obviously you worry about asymptomatic transmission, but travel is certainly a concern. I think this is the first time that I remember so many, both national organizations and states telling people not to travel; stay off of airplanes, try not to travel for Thanksgiving. The CDC issued a travel advisory last week. I've heard that individual states are sending emails and notices to people within the state saying, "Please try not to travel." We saw the picture of one of the airports that was pretty full over the weekend.

Respiratory virus, we've talked about this. You get a lot of people together for a long period of time, in a non-ventilated area, you hope that they're wearing masks, but it's really hard to socially distance in situations like that. Reports are showing that up to 50 million people could be traveling on roads and through airports over Thanksgiving this year. It's all about risk. We're hearing people say the safest thing is to just celebrate Thanksgiving with your immediate family, those that you have been around. But I think for some families it's really hard to do that. And what you need to know is if you do open
your home to others, just remember those mitigation measures; try to wear your mask as much as possible, wash your hands a whole lot of times, socially distance as much as you can. If you're in this part of the country where you can eat outdoors, obviously that would be preferable, but even indoors, open the windows, try not try to keep things moving around.

**Unger:** Good advice. Lastly, are there any key messages from the AMA that we want to tell people this week?

**Dr. Irons:** Yeah. On the Thursday, 19th, the broad coalition of stakeholders, including the AMA launched the Get Covered 2021 Initiative, to help uninsured Americans enroll into health insurance and promote COVID-19 safe practices. As part of that launch, there are tools and information available from a new website. It is [www.getcovered2021.org](http://www.getcovered2021.org). That's important. And in addition, the AMA, the AHA, the American Hospital Association and the American Nurses Association, last Thursday call on the American people to celebrate safely this holiday season, and help prevent further spread of COVID-19.

**Unger:** So, the advice stays the same. We know folks out there are getting weary, but maintain physical distancing, wash your hands, wear masks. This is really important as we all get together and hope to celebrate a safe holiday. Thank you so much, Dr. Irons. That's it for our segment today. We'll be back with another COVID-19 Update shortly. For resources on COVID-19, visit [ama-assn.org/COVID-19](http://ama-assn.org/COVID-19). Thanks for joining us. Please stay safe out there.

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