Top news stories from AMA Morning Rounds®: Week of Dec. 14, 2020


FDA grants emergency use authorization to coronavirus vaccine

The Washington Post (12/11, A1, McGinley, Johnson, Dawsey) reported that the FDA “on Friday gave emergency use authorization to the nation’s first coronavirus vaccine, launching what scientists hope will be a critical counteroffensive against a pathogen that has killed more than 290,000 Americans.”

The New York Times (12/12, Goodnough, Abelson, Hoffman) reported that the FDA’s “emergency authorization...of the vaccine...has set in motion the most ambitious vaccination campaign in the nation’s history.” According to the Times, “The first injections are expected to be given by Monday to high-risk health care workers.”

In a separate story, the New York Times (12/13, A1, Healy, Harmon, Romero) reports, “Trucks and cargo planes packed with the first of nearly three million doses of coronavirus vaccine fanned out across the country on Sunday as hospitals rushed to set up injection sites and their anxious workers tracked each shipment hour by hour.”

HealthLeaders Media (12/12, O'Brien) reported that in a statement released Friday, American Medical Association President Susan R. Bailey, M.D., said, “After a thorough, rigorous, transparent review process, today’s decision by the FDA to grant an Emergency Use Authorization (EUA) for the first COVID-19 vaccine developed by Pfizer and BioNTech is a monumental milestone with the potential to set us on a road to recovery.”

Homes where someone is sick with COVID-19 remain hotspots for virus transmission, study indicates
CNN (12/14, LaMotte) reports, “A new analysis that looked at 54 studies in over 20 countries found homes where someone was sick with COVID-19 continued to be hotspots for virus transmission, even if overall community spread was down.” Researchers found “spouses were at higher risk than other family members, likely due to sleeping in the same room, intimacy and prolonged contact, according to the study published Monday in the journal *JAMA Network Open.* "In addition, the “risk was higher if the family member showed symptoms of COVID-19 – such as cough, sneezing, body aches, chills and fever – than if the person showed few or no signs of the virus.”

The Hill (12/14, Kelley) reports the study found “spread within households was also higher between infected adults than in children.”

**FDA issues emergency authorization for OTC rapid at-home coronavirus diagnostic test**

The New York Times (12/15, Wu) reports that the FDA “on Tuesday issued an emergency authorization for the country’s first coronavirus test that can run from start to finish at home without the need for a prescription.” Individuals “as young as 2 years old are cleared to use the test.” The Times adds, “Unlike many similar products, which are only supposed to be used by people with symptoms of COVID-19, this test is authorized for people with or without symptoms.”

The AP (12/15, Perrone) reports that the “test looks for viral proteins shed by COVID-19, which is different from the gold standard tests that look for the genetic material of the virus.”

HealthDay (12/15) reports, “The test uses an analyzer that connects with a smartphone app to help users perform the test and interpret results.” The “results are delivered by smartphone in as little as 20 minutes.”

**Only small percentage of available monoclonal antibody supply being used, data indicate**
Reuters (12/16, Beasley) reports, “U.S. hospitals have been slow to embrace COVID-19 antibody drugs from Eli Lilly and Co and Regeneron Pharmaceuticals Inc that have been authorized to reduce the risk of hospitalization, U.S. officials said on Wednesday.” According to Reuters, “health care systems say they have been slow to ramp up use of the antibodies due to extra levels of complexity during the pandemic – including requirements for quick diagnosis times and the need to isolate infectious patients.”

CNN (12/16, Kane) reports that “early study results show” monoclonal antibodies “may reduce the rate of hospitalizations by up to 70% if they are taken in time, which can be life-saving, especially among people who are at high risk of getting very sick.” CNN adds that “an HHS spokesperson confirmed that a new report showed only 5%-20% of the available supply of monoclonal antibodies are actually being used.”

As U.S. focuses on pandemic, deaths from drug overdoses are accelerating, data indicate

The Hill (12/17, Kelley) reports, “While deaths related to COVID-19 reach record highs in the U.S., new data from the U.S. Centers for Disease Control and Prevention (CDC) report that deaths from drug overdoses are accelerating amid the pandemic, signaling the continued emotional strain the pandemic is having on people.” The agency “said that more than 81,000 drug overdose fatalities occurred in the U.S. over the last 12 months, ending in May 2020.” Recently, the American Medical Association (AMA) “documented a similar spike in drug overdose deaths fueled by opioid abuse.” AMA Immediate Past President Patrice A. Harris, M.D., M.A., said, “We are appropriately focused on COVID, it is still top of mind for most people, and it’s understandable that we can lose focus on other issues...but we still have to make sure we are focused on the overdose epidemic that we continue to experience in this country.”

Meanwhile, PatientEngagementHIT (12/17, Heath) reports, “As the opioid overdose epidemic continues to ravage the nation, state leaders need to zero in on strategies that will expand patient access to care and address treatment barriers for individuals with substance use disorder (SUD), according to a new paper from the American Medical Association and Manatt Health.” Dr. Harris said, “Sadly, the drug overdose epidemic continues, and it has become more complicated during the COVID-19 pandemic.” Harris added, “It is long past due for all stakeholders to remove barriers to care and address systemic inequities that have been brought to light during this pandemic. Physicians and other health care professionals will continue to take action, and the AMA is willing to work with all stakeholders to implement these recommendations to prevent future deaths.”