

Mira Irons, MD, discusses the vaccine rollout

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Featured topic and speakers

In today's COVID-19 Update, Mira Irons, MD, AMA's chief health and science officer, reviews COVID-19 numbers and trending topics related to the pandemic over the past week, and also looks into the progress of the vaccination rollout.

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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 have 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, the AMA's chief experience officer, in Chicago. Before we begin, I want to recognize the terrible turn of events at the Capitol this past week and the tragedy that took place, all against a backdrop of a global pandemic, that's still raging out of control across our country. Dr. Irons, as we watch these events unfold, the very next day we broke a record for daily deaths from COVID-19. Can you give us your take on the past week from a public health perspective, and if we'll be seeing the effect of these actions, not only in government, but in the coronavirus numbers for weeks to come.

Dr. Irons: Well, sure, Todd. In addition to the physical and emotional toll, that last week really inflicted on all of us, there is a significant public health problem here. It's yet another mass gathering, yet another mass gathering with a lot of people that were not wearing masks, that had traveled on

airplanes and were, and in cars and in buses. So, one of the concerns obviously, is what Dr. Redfield brought up in an interview on Friday is that, and I'll quote him. "I do think you have to anticipate that this is another surge event. You had largely unmasked individuals in a non-distance fashion, who were throughout the Capitol." I think there's some news reports this morning about the fact that the members of Congress who were congregating or in room during the chaos were likely exposed to someone that had COVID or possibly could have been exposed to someone that had COVID.

So, they were in a room for a long time with someone that would qualify as an exposure. But I think the other thing we also have to think about is the fact that this has taken the pandemic off the top of the headlines. I mean, it took ... it's no longer the lead story because of what's happening in Washington, and I worry about out of sight, out of mind, because we're really going into the darkest days of this pandemic.

Unger: Yeah. That's incredible too, because the numbers are record breaking. Why don't you give us your perspective on this week's numbers and what's happening across the country with new cases and deaths?

Dr. Irons: Sure. So, as we do all the time, the numbers from early this morning, 22,410,609 people have been confirmed to have COVID. Likely seven, eight times that number have been infected and not confirmed. The current death rate, as of this morning, was 374,348 people have died from COVID. The seven-day average on the deaths is 2,743. That's starting to creep up and the seven-day hospitalizations are just at near record levels, over, just, just shy of 131,000 people in hospitals on Saturdays. Over the past week, there's been an average of just shy of 254,000 cases per day, an increase of 34% from an average two weeks earlier. Just horribly, tragically, on Thursday, we set a record for daily reported deaths with more than 4,000 people dying on that day alone.

Unger: State by state, we continue to see really high levels in California, also a couple other states. What are you seeing regionally?

Dr. Irons: Yeah. It's different. The numbers change as you go around the country, and depending on the question you ask, you get different states. So Arizona, California and Rhode Island are now among the hardest hit places in the world at this stage in the pandemic, with the highest rates of COVID-19 infections per capita. For the second time this year, Arizona is the state with the highest rate of new virus cases in the U S. They've averaged more than 8,000 cases per day. The hospital system there is being stretched alarmingly thin. We talked about that last week with California. California's hospitals are still struggling. Hospitals are starting to enact crisis standards of care and are considering rationing services and ambulance crews across the country are struggling because they need to line up to get people into the hospitals that they're bringing into hospitals. Some hospitals are talking about oxygen shortages. It's a problem.

Unger: The one thing obviously that can help us move forward would obviously, be vaccines, but what we're seeing is issues around distribution. Why is it taking so long for the vaccine rollout? What

insights do you have there?

Dr. Irons: Well, that's the million-dollar question right now. As the conversation, there've been a lot of discussions in terms of, should we increase the time between the first and second dose? The problem right now, isn't the number of the vaccine availability, but actually getting shots in arms. We heard last week that over 22 million doses have been distributed and only 6.2 million shots have been given. A little over 151,000 people in the U.S. have actually gotten that, have been fully vaccinated. So, what we really have to ask ourselves and we really have to do, is create that infrastructure to actually get people vaccinated.

Unger: A lot of has been pushed down to the state level, of course. Any perspective on what's happening there, with state and local health officials?

Dr. Irons: Well, we're seeing, if you've seen one state you've seen one state, and I think the states have been struggling. They've been poorly resourced over the last 10 years. They're dealing with the surges, the fact that we're in the darkest part of this pandemic at this point, and they're trying to create systems for mass distribution of vaccination, as dictated by a specific prioritization system where you have to sort and prioritize people. Also, the other factor in this is that you have two unique vaccines that have special storage and thawing and administration requirements. So, put all that together and it's going to create an unprecedented ... I keep using that word with this pandemic, but they're really struggling. Some states we hear, are actually creating systems for people to register. They're using apps. They're text messaging people when there is availability, but the entire country hasn't really caught up.

Unger: Dr. Irons, I mean, clearly the vaccine was in development for months and months, and now we're to the point of distribution, where these issues around distribution, just not planned ahead. What do you think is happening here at this point, or is it just overwhelming?

Dr. Irons: Well, it's hard to know. If I think about it, the one issue, the one concern we've had through this entire pandemic is that there's been no national guidance. Each state was asked to create their own plan, and in times like this, we live in a Federalist society where the states understand the conditions within their state the best. But creating infrastructures to distribute vaccines, there are some commonalities, and if there was national guidance to help the states know what things they need to consider in doing this and the resources, and also the resources given to the states to do this, I think it might've been smoother. It could be, it's easy to be a Monday morning quarterback here, but we really need states to have plans.

Unger: Yes. Months ago we did have a discussion with one of our guests that it was going to require about \$8 billion really to build that infrastructure, so it is quite a bit. How does that line up then with the Biden administration's goal to get at least 100 million COVID vaccine shots into the arms of American people during that first 100 days in office. What do you see happening there?

Dr. Irons: Well, it's the perfect goal to have right now. I think we'll see that the devil's in the details. We hear that there is going to be a plan that is going to be announced, that they'll be working with the states to help create this infrastructure, to make this happen. Dr. Fauci, I heard him on TV last week, say that it's doable. I think that I, for one, I'm waiting to see what that plan is, and I think that if I were a state public health official, I think it would be helpful to know what the plan is also.

Unger: In other news, we've talked about asymptomatic transition for a long time and the suspicion and that a lot of that was being driven by asymptomatic transmission. What's the news that we're getting now about how that's happening?

Dr. Irons: Well, it seems to be validating what we've talked about all along. There was a report last week in the Washington Post that people with no symptoms transmit more than half of the cases, according to a model developed by CDC researchers. According to that model, 59% of transmissions come from asymptomatic people. So, it's what we've been talking about from the beginning and really emphasizes the need for everybody to mask. Those findings were published in *JAMA Network Open* last week. The other thing is that the variant, first identified in Britain and now driving a surge and overwhelming hospitals there, has been spotted in a handful of cases in the United States. But the CDC estimates that accounts for less than 0.5% of cases in our country so far. We don't have the most ... we've heard over the weekend, we don't have the most robust genetic surveillance system, but we actually do have a system for flu, to monitor for changes. So, my guess is that the CDC is aware of that and working on that.

Unger: Well, in regards to the variant, there was some good news that came out regarding the vaccine effectiveness. Any perspective on that?

Dr. Irons: Yeah. The big question that came out, obviously, when people were, when we were thinking about the effect of the UK variant, and what we're seeing in Europe is will the vaccine, will the Pfizer, will the current vaccines be effective against that? The good news that we heard on Friday was that Pfizer and BioEnTech announced that their vaccine is effective against one of the mutations present in the new, more easily transmissible variant.

Unger: Well, that is certainly a relief. There was some more additional discussion around about the variants, some kind of confusion introduced at that level. Do you want to talk more about what happened there?

Dr. Irons: Yeah. Last week, published on Friday, there were reports of a highly contagious new variant in the United States and walking that back, it was based on a speculative statement made by Dr. Deborah Birx. It sounds as though she was speculating on the current surge in the United States and the possibility that maybe that could be caused by a new variant. I think what's real, CDC officials didn't agree with her assessment. They walked that back. They issued a statement saying that they're monitoring all emerging variants of the coronavirus, including in 5,700 samples collected in November

and December to date. They have not seen the emergence of a particular variant in the U.S., But I think it brings up an even more important point is that we need to recognize what's speculation. What people are thinking about as an academic thought process, and what's been proven by evidence, and sometimes that actually gets lost in the translation. I think we all have to be really careful about that and be very clear about what is part of a thought process and what has really been confirmed.

Unger: Well, thank you so much Dr. Irons, and by the way, thank you for being part of our AMA Research Challenge and being one of our judges. I'd just like everyone out there to tune in to AMA's YouTube channel, 7 p.m. Central time on Wednesday, January 13th, to take a look at the five finalists for the AMA Research Challenge, where one of them will be picked a winner. Join us then. Again, thanks Dr. Irons for being here today. We'll be back with another COVID-19 update shortly. In the meantime, thanks for joining us. Please take care.

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