Mira Irons, MD, details the new Janssen COVID-19 vaccine

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Featured topic and speakers

In today’s COVID-19 Update, Mira Irons, MD, AMA’s chief health and science officer, points out that with the new single dose Janssen vaccine from Johnson & Johnson, there are now three vaccines in the USA that are highly effective at preventing more severe COVID outcomes, including hospitalization and death. Dr. Irons also discusses counterfeit respirators and reviews numbers and trending topics related to the pandemic over the past week.

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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, AMA’s chief experience officer, in Chicago. Well, let's start with the big news Dr. Irons, another vaccine receives authorization this week. Can you tell us about the new J&J vaccine?

Dr. Irons: Absolutely. It's been a big weekend for vaccines in the United States. The FDA authorized Johnson & Johnson Janssen's one-shot vaccine for emergency use on Saturday, making it a third vaccine available in the U.S. This is a vaccine that's made on an adenovirus platform, and it is the first approved vaccine to require one dose instead of two. Shipments are expected to start within days. Johnson & Johnson has pledged to provide the United States with 100 million doses by the end of
June. I heard this morning on an interview the CEO did that they have pledged 20 million doses by the end of the month.

When combined with the 600 million doses from the two-shot vaccines made by Pfizer-BioNTech and Moderna, scheduled to arrive by the end of June, there'll be more than enough shots to cover any American adult who wants one. But it will take a few months to get there. The one thing that we have to remember however, is that even though the new vaccine, this J&J vaccine, has a 72% efficacy in U.S. clinical trials, a number that scientists have celebrated, it falls short of the roughly 95% rate found in studies testing the Moderna and Pfizer vaccines. Across all trials sites, the J&J vaccine has shown 85% efficacy against severe forms of COVID-19 and 100% efficacy against hospitalization and death from the virus. That's really what we have to focus on.

On Saturday, Dr. Fauci said, "Don't get caught up necessarily on the numbers game because it's a really good vaccine, and what we need is as many good vaccines as possible. Rather than parsing the difference between 94 and 72, accept the fact that now you have three highly effective vaccines period." So we have to keep reminding people that these vaccines have not been tested head to head, so it's impossible to do a really accurate comparison. What matters most, and it's what I'd like people to focus on is, they are all effective at preventing the most severe COVID outcomes, including hospitalization and death.

Unger: That's a pretty interesting thing, and I just want to dig slightly deeper on that. So 100% efficacy against hospitalization. That is really significant. When you look at that kind of 72 versus 94, 95, are those just averages across any form of COVID, including asymptomatic all the way up through serious? How does that work?

Dr. Irons: Well, the 72%, and they're all different in terms of the groupings, the 72% is against moderate and severe disease. And they were tested in different countries at different times. The 72% is the U.S. figure. No vaccine, and I think we've said this before, is 100% effective against preventing disease. These vaccines are tested against preventing symptomatic disease, and I think what Dr. Fauci is saying, that it's really important to focus on the severe end of the spectrum. You know, preventing hospitalization and death.

Unger: Is the guidance then still basically, take whichever one that you can get first?

Dr. Irons: Yes. Absolutely. Absolutely. Whatever's available. The guidance is, these are all rigorously tested, good vaccines, and take whichever one you can get as early as you can.

Unger: I know going into this situation that kind of minimum threshold was I believe somewhere around 50%, so we're well in excess of that and that's really good news. Well, let's talk a little bit more about vaccine distribution. Last couple of weeks got a little bit of a blow from all those snow storms. Are we starting to catch up from these weather delays?
Dr. Irons: Yeah, absolutely. We are coming back. Providers are administering, the latest figures are about 1.65 million doses per day on average. On Saturday the CDC said that about 48.4 million people have received at least one dose of a COVID vaccine, and about 23.7 million have been fully vaccinated, so that's more than 72 million people total. And as supply has increased, states have expanded eligibility. Some teachers are now able to get shots in 32 states. As we talked over the last few weeks, every state is looking at eligibility differently, so it's really important for physicians to understand how the states are expanding eligibility in order to help their patients with the latest information.

Unger: That's good news. Well, let's talk a little bit about this week's numbers. We are seeing something that I found alarming over the weekend, which is kind of a plateauing in the decrease that we've been seeing over the last few weeks. What's behind that?

Dr. Irons: Yeah. Well, the numbers as of today, 28,606,224 cases and 513,092 deaths. And you're right. Over the last few weeks we've been talking about a steep decline in numbers, but that seems to have plateaued a bit. And there are signs that reports of new infections are starting to level off. Federal health officials have warned governors against relaxing pandemic restrictions in light of this need. They feel that it's too early, especially as vaccines are starting to roll out. If you just look at Saturday's figures, 62,694 new cases were reported in the U.S. on Saturday, and at least 1,567 new deaths.

So if you look at averages, over the past week there's been an average of 68,478 cases per day, a decrease of 28% from the average two weeks earlier, but still kind of stuck at 68,000. Case numbers remain as low as they have been since October. But the one thing that I think we should remember also is that the first two surges, the point that Dr. Fauci makes a lot is that we never came down to baseline before governors and local officials started relaxing restrictions, and I worry about that happening again. You know, we're coming down really quickly, but we're nowhere near baseline at this point.

Unger: Even here in Chicago, we're still at "a very high level" despite that decrease. We had our first beautiful day here on Saturday, and I will tell you, hashtag guard down. Especially I'm seeing a lot of young people who are just not taking the kind of precautions, and we need to kind of hang in there while this plays out. So let's move on to what we're seeing as key drivers this week. What's driving the trends?

Dr. Irons: Sure. We haven't talked about this in a while, but we're still seeing colleges as drivers. About 120,000 cases have been linked to colleges in 2021, and more than 530,000 since the start of the pandemic. More than 6,600 cases have emerged in college athletic departments. So it's important to keep focusing on colleges. Also, the other is Texas. Texas as a possible super-spreader event. Obviously more than a week after the winter storms hit, some experts say that the conditions which forced hundreds of people across the state to huddle together in homes, cars and shelters could lead
to an increase in coronavirus cases. Also, there were data reporting issues during the storm, and so it’s hard to tell what the impact of the events in Texas might have.

**Dr. Irons:** However, there is cause for concern. If you look at the CDC data tracker website today, it looks as though the numbers in Texas seem to be coming up a little from the drop that they had, so it’ll be important to watch. Also important to watch, new variants in California and New York are being reported, and people are studying it to see how it affects the immune system. And the last thing is always behavior. We’re not quite sure why we’ve come, all of the reasons for coming down from this last surge. Obviously human behavior is something that you’d like to contribute to decrease in cases, but it still requires people to be really careful with the mitigation measures.

**Unger:** All right. Well, one additional issue that has kind of arisen over the past week is around counterfeit respirators, and there was some new guidance from the CDC that came out last week. Can you talk about what the issue is, and what we’re hearing from the CDC?

**Dr. Irons:** Oh absolutely. This is really important, and I would ask all physicians to take a minute and go to the CDC website. They issued a public notice about counterfeit respirators updated on Friday. These are N95s. It’s important for physicians to be aware of and also pass on to their patients. They found that some respirators are falsely marketed and sold as being NIOSH approved. NIOSH is the National Institute for Occupational Safety and Health. They may not be capable of providing appropriate respiratory protection.

As NIOSH becomes aware of the counterfeit respirators or those misrepresenting NIOSH approval, they’re posting them on the CDC website to alert users, purchasers and manufacturers. The CDC also lists signs to look for that indicate a respirator might be counterfeit, such as NIOSH spelled incorrectly, the presence of decorative fabric or other decorative add-ons such as sequins, claims that they’re approved for children, NIOSH doesn’t approve any type of respiratory protection for children, and ear loops instead of headbands. So those are really important things that physicians should be aware of.

**Unger:** Well, the sequins are always a dead giveaway, so that is interesting that that would even be a possible problem there. Lastly, any key messages from the AMA this week?

**Dr. Irons:** Yep. Last Thursday was the launch of the "It’s Up to You" campaign. The AMA’s partnered with the Ad Council and the COVID Collaborative on that effort. The campaign is aimed at educating millions of Americans about COVID-19 vaccines. It represents one of the largest public education efforts in U.S. history. More than 300 major brands, media companies, community-based organizations, faith leaders, medical experts and other trusted messengers, are supporting the campaigns designed to reach distinct audiences. It’s created in close partnership with the CDC, ensuring that all messaging is rigorously vetted and backed by science. And the campaigns urge audiences to visit getvaccineanswers.org to get the latest information about COVID-19 vaccines, with the ultimate goal of helping the public feel confident and prepared to get vaccinated once the vaccine
is available to them.

**Unger:** Yes. Well, it really is up to you. Thank you so much, Dr. Irons, for your update and continuing perspective. That's it for today's COVID-19 Update. We'll be back with another segment shortly. In the meantime, for information on COVID-19 visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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