Mira Irons, MD, on Biden’s plan to double vaccination goals

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Featured topic and speakers

In today's COVID-19 Update, AMA's Chief Health and Science Officer, Mira Irons, MD, also covers the administration's plans to expand vaccine access to high risk communities, developments on AstraZeneca's efficacy rates and data concerns, gun violence as a public health crisis and COVID-19 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. Dr. Irons, big news from President Biden in his news conference on Thursday. Talking about increasing the number of shots in the United States. Let's talk about this new goal. What do you think about that?
Dr. Irons: Well, absolutely. The big news was really that he doubled his vaccination goal from a 100 million to 200 million shots given in his first 100 days in office. And the good news is that the U.S. is already on track to meet that. We've been averaging more than two and a half million doses a day during the last week. And it hit as high as 3 million doses some days. If that pace continues, then the nation could surpass 200 million shots, the shot goal, before Biden's 100th day.

Unger: Dr. Irons, I think in the earlier days, there was some question that we were not being aggressive enough in terms of the goals. Do you think we're now being sufficiently aggressive in what we're shooting for?

Dr. Irons: I think we're getting there and it took a while to ramp up. I mean, everybody knows that. And I think we're finally on the way with a good mix of vaccination sites across the country. Not that, that can't be improved, but as of last Thursday, the CDC reported that a total of 130 million shots had been administered and then 14% of the American population is fully vaccinated. Once the J&J shot, which is added to the mix, which is currently in the mix, finally, that's a one and done shot. So those people, automatically go into that fully vaccinated side of the ledger. The White House has counting shots administered since January 20th, when President Biden took office. And by that count, the nation hit the 100 million shot mark on his 58th day in office.

Unger: That is exhilarating. That's terrific. In that same news conference, President Biden announced, we're going to spend more money to get shots into the arms of the folks that needed most. Can you talk a little bit about the expansion of those efforts to high risks communities?

Dr. Irons: Absolutely. And really needed, absolutely necessary. President Biden said the administration would spend $10 billion of congressionally appropriated money to expand access to COVID-19 vaccines and build vaccine confidence on the hardest hit and highest risk communities. Building confidence will become increasingly important as we reach a point where the supply of vaccine outpaces demand. When that happens, the chief concern will not be a shortage of vaccine, but convincing those who are skeptical of the vaccine to get the shots and deciding what to do with the growing stockpile. But it's not just convincing people to get shots. It's providing access to everybody to get the vaccines in a really easy manner. Because now when we look at individuals who are not vaccinated, access is really important. And so, this initiative, as I understand it, is really involves not only education and answering questions that people have, meeting and where they are, but also providing access.

Unger: It's almost surreal to think that we'll be in a position where supply would exceed demand, when it seems, like a long time coming, but it's already here. And your point about access is so important. We talked to Dr. Jerry Abraham, who has a clinic out on the West Coast, who said that very important thing, "Don't confuse hesitancy with lack of access." And so I think, getting shots to people is so important right now in this next phase. Well, let's talk a little bit about AstraZeneca. It has been quite a couple of weeks for them. Last week, we talked about the confusion around their trial
results. Has there been any more news about that?

**Dr. Irons:** A lot of news in the last few days, AstraZeneca reiterated last Wednesday, that it's COVID-19 vaccine was very effective at preventing disease based on more recent data. Accompanies that a news release that its vaccine was 76% effective at preventing symptomatic COVID, which is slightly lower than the 79% effectiveness that the company announced last Monday. It also said it showed a 100% percent efficacy against severe or critical disease and hospitalization and 85% efficacy against symptomatic COVID in-patients aged 65 years and over. While the new results strengthen the scientific case for the vaccine, they may not repair the damage to AstraZeneca's credibility after U.S. health officials and independent monitors issued an extraordinary rebuke of the company.

**Unger:** So the question was around outdated data. What exactly did that mean as it turns out?

**Dr. Irons:** I think that it wasn't so much as outdated data, but perhaps incomplete data, when the company unveiled its interim results last Monday, and we're getting this from news reports. So we have to take everything, I think with a grain of salt, maybe so to speak, because it's an evolving discussion. When the company unveiled its interim results last Monday, asserting the vaccine was 79% effective. They reportedly didn't include dozens of recently confirmed COVID-19 cases that had cropped up in trial volunteers before mid-February. Has to do where the cutoff was for analysis of the data. And in a letter to the company and federal officials, the independent monitoring board that was helping oversee the clinical trial issued an unusual reprimand of AstraZeneca for appearing to cherry pick data to make its vaccine appear more effective.

The quote was, "Decisions like this are what erode public trust in the scientific process. The members of the monitoring board wrote that their statistical modeling had found that the vaccine might have a lower efficacy rate between 69% and 74%. If the COVID-19 cases in question were included in the analysis." It's not clear why the monitoring boards projection turned out to be lower than the figure in AstraZeneca's complete results. The latest results could still change, because there are still some possible cases that have not yet been classified as actual cases. But I do want to reiterate what I said last week. And this is what I think it's really important to focus on. I trust our FDA EUA process and the external advisory committee that reviews the results, in addition to the career scientists at FDA. And know that if this vaccine does receive FDA emergency use authorization, it will come with very careful scrutiny of data that we can feel confident about.

**Unger:** Yeah. That's incredibly important.

**Dr. Irons:** Yeah. And I think it's also worth noting that most European countries who had paused use of the vaccine have resumed using it, but Denmark on Thursday said it was extending its suspension.

**Unger:** Well, when we look across the states at their vaccination efforts, what are you seeing in terms of trends right now?
Dr. Irons: Well, the trend is toward expanding eligibility, as the increased supplies are available. So governors are continuing to expand this. California will open up vaccine eligibility on April 1st to any resident who's 50 or older and will expand to residents 16 or older on April 15th. Florida has said any state resident who's 40 or older is now eligible, and that the minimum age would drop to 18 on April 5th. Connecticut, which is among the most vaccinated states in the country, said all residents 16 and above would be eligible beginning April 1st. And New Hampshire will make shots available to all residents 16 and older starting April 2nd. North Carolina on April 7th. Alaska, Mississippi, Utah and West Virginia are still the only states where all adults are now eligible to receive shots, but some local jurisdictions have also begun vaccinating all adults. The one thing to remember though, is just because the eligibility is expanding, doesn't automatically mean that it's going to be really easy to get those appointments. So the states really need to ramp up their distribution system.

Unger: Absolutely. Well, that's going to be incredibly important because we see another trend on the other side of this, which is cases ticking up and sometimes, substantially, at the state level. Can you talk about trends with cases, deaths across the country today?

Dr. Irons: Yeah. I think, we're in a race. We're in a race right now to get enough people vaccinated, to deal with variants and behavior and the calendar. So the numbers as of today, we passed the 30 million mark since our last broadcast. 30,080,240 cases and 546,825 deaths due to COVID over the last week. There's been an average of 57,333 cases per day, about the same as the average two weeks earlier. But we're at an inflection point, yet another inflection point where there's enough. Those 57,000 cases are a high enough number of cases that anything can kind of start that curve moving in a different direction. There's increasing evidence of the spring bump, if not yet, anything as significant as a surge. Positive trends and coronavirus infections went flat in mid March and have since ticked up nationally. Thirty two states are reporting an increase in their average for daily infections. In Michigan infections have risen 106% in recent weeks, Minnesota, 55% and West Virginia 53%.

Unger: Wow. These are not ticking up numbers. Those are huge increases.

Dr. Irons: Absolutely, absolutely. The most promising recent trend was the decline in hospitalization. But now that decline has slowed and shows signs of flattening. Thirteen states are reporting a rise in hospitalization. And although the seven-day average for deaths is much lower than it was a month ago, dropping a fewer than a thousand daily, the decline in those numbers is also slowed.

Unger: So we're seeing Europe returning the lockdowns really in an urgent situation right now. Are we looking at that as our future? Or how do we view that?

Dr. Irons: Well, I think, no one's talking about lockdowns yet, but I think that we have to be mindful of what's happening in Europe. Because if you look at the last year, Europe is about three to four weeks ahead of us. That said, vaccinations have made the U.S. better positioned to avoid the kind of spring
surging infections that are seen in Europe, where the pace of vaccination has been slower and many countries, including France, Italy and Germany have been forced to impose new shutdowns. Although I believe that Germany might be walking that back.

**Unger:** And Brazil unfortunately has achieved, not a very good thing, which is the only, I guess, the second country to surpass 300,000 coronavirus deaths. So that's a pretty landmark and sad thing to happen. So let's talk a little bit more about trends and drivers that we're seeing this week. We talked last week about spring break, we've got other holidays coming up. What are you seeing as a potential dangerous spots?

**Dr. Irons:** Yeah. I think it's the same as we discussed last week, they haven't gone away. Variants, relaxing of restriction, spring break. And we're also heading into Passover and Easter weeks, when travel is ramping up. The one thing, I mentioned as we've talked a lot about college campuses as spreaders, and now we're seeing what may be the beginning of a trend. Rutgers announced last Thursday, that all students must be fully vaccinated before they can come back to campus in the fall. The university, one of the largest in the countries, thought to be among the first to require students to receive the coronavirus vaccine. And beginning in the fall, students will have to show proof of vaccination before moving into their dorm or attending in-person classes.

**Unger:** That makes sense. I know other vaccines that are required to be on campus, but we'll have to wait and see what the trend is there. Last thing, any key messages from the AMA that folks should hear about this week?

**Dr. Irons:** Yeah. And a very important message, a statement that was issued on March 23rd, strongly supporting gun safety measures in the wake of the recent mass shootings in Boulder, Colorado. And I'll quote from the statement, "Gun violence is a public health crisis in the United States. The sad result is nearly 40,000 Americans died, a gun-related deaths in 2019, including nearly 24,000 by suicide. Physicians across the country spent the past year, very visibly treating COVID patients. But we also spent the past year treating gun violence victims. Victims of domestic partner, violence, suicides, and men, women and children simply in the wrong place at the wrong time. Enough is enough. The AMA strongly supports banning the sale and ownership of all assault-style weapons and high capacity magazines. And we strongly urge the Senate to take up and pass the Bipartisan Background Checks Act of 2021. The time for positive change action to prevent future acts of gun violence is now."

**Unger:** Well, thank you so much, Dr. Irons for that important perspective and the words from the AMA. That's it for today's COVID-19 Update. We'll be back with another segment tomorrow. For additional information on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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