

Mira Irons, MD, on CDC's new travel guidance for those vaccinated

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Featured topic and speakers

In today's COVID-19 Update, AMA's Chief Health and Science Officer, Mira Irons, MD, talks about the impact of the B.1.1.7 variant in the U.S., the status of vaccinations, updated travel advice from the CDC 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 trends, numbers 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, also in Chicago. Dr. Irons, looks like we might see some trends going the wrong way this week. Can you talk to us about what the latest numbers are and trends in COVID-19?

Dr. Irons: Oh yes, Todd, I'm beginning to worry that we've been here before. The current numbers are 30,706,676 individuals have been confirmed to have COVID-19 and 555,002 individuals have died of it. Overall, case rates had bottomed out at about 55,000 cases and 1,500 deaths per day in mid-March. Remember, we talked about the fact that those numbers were still too high, and then some states began seeing an uptick. Since then, national numbers have steadily risen. Infections are rising as of this morning in 20 states. While new virus cases, deaths and hospitalizations are far

below their January peak, over the past week, there's been an average of over 65,000 cases per day, an increase of 19% from the average two weeks ago.

Of particular concern is the upper Midwest and the Northeast, and people have talked about the fact that it's still cold in those areas, but Michigan is especially being the hardest hit, really. It's adding cases at a higher rate than any other state. As of Friday, the six metropolitan areas of the country's worst outbreaks were in Michigan.

On the good side, the country is averaging fewer deaths, fewer than 900 newly reported deaths a day for the first time since early November. But hospitalization numbers had leveled off after a sustained decline and the seven day average is up 4.8% from last week, so cause for some concern.

Unger: There is a question as to whether, "Are we in a fourth surge or not?" How do we evaluate that?

Dr. Irons: It may be too soon to tell. Remember a few weeks ago, we were talking about the fact that it wasn't clear why the steep decline happened. I think we're kind of at that same place with what's going on now. The CDC predicted last week that the number of new COVID-19 cases per week in the U.S. would remain stable or have an uncertain trend over the next four weeks, and that weekly case numbers could be as high as about 700,000, even in late April. Experts disagree, however, about whether the regional spikes over the past two weeks amount to a fourth wave of the virus.

Just as an example, on Sunday morning's "Meet the Press," Dr. Michael Osterholm, an epidemiologist who's a member of the Biden administration's COVID-19 Advisory Board and who I know you've had on the COVID update before, predicted that the next two weeks will bring the highest number of cases reported globally since the beginning of the pandemic. But on ...

Unger: That's an incredible statement too, when you think about those levels. Compared with some of the optimism that we have going on here, it really says to folks, "We are not out of this. Be more careful."

Dr. Irons: Yeah, absolutely. But on "Face the Nation," Dr. Scott Gottlieb, former head of the FDA and who's now on the board of Pfizer, said he didn't foresee a fourth wave and, instead, explained the spikes as pockets of infection around the country, particularly in younger people who haven't been vaccinated and the school-aged children. It's really unclear. I remember a statement that Dr. Osterholm made, I believe on one of the *JAMA* podcasts really early in the pandemic, where he described this virus as identifying any small spark that it can see and it kind of takes hold and increases in numbers, and perhaps that's what we're seeing now. And the hope is that those communities will take hold of that and try to control it.

Unger: Well, you mentioned the younger population, obviously unvaccinated to a great extent at this point, what other kinds of trends or drivers are we seeing right now?

Dr. Irons: Well, coming off of Easter and Passover, also many spring breaks, we'll need to wait to see if those have widespread implications. Usually, a week or two you have to wait for the first infections, and then hospitalizations and deaths four to six weeks later. Scientists view Florida, the state for ... lifting restrictions, reopening society and welcoming tourists, as a bellwether for the nation. If recent trends there are any indication, the rest of the country might be in trouble. The number of confirmed coronavirus cases in Florida has been steadily rising, though hospitalizations and deaths are still down. Variants continue to be an issue both in Florida and across the states. They are spreading, carrying mutations that make up the coronavirus both more contagious and, in some cases, more deadly. And new variants continue to pop up, California one week, New York and Oregon the next.

Unger: And that B.1.1.7 variant that we first saw in U.K. has been a real driver across Europe. We're seeing kind of lockdowns go back into place there. What else are you seeing, even globally, around the variants?

Dr. Irons: Yeah. I think that when we think back a month or two ago, when the discussion was the B.1.1.7 variant taking hold in Europe, the concern was that it was going to take hold in the United State, and we're starting to see that it is now spreading quickly across the U.S. It's currently has been found in 51 jurisdictions in the U.S. where testing has been available. The highest penetration, proportionately to population, has been in Michigan, Florida, Colorado, California and Massachusetts, obviously non-contiguous states. We know that it has taken hold across the country.

According to the most recent estimates, it's thought to be about 60% more contagious and 67% more deadly than the original form of the virus. And they're finding that the variant is no different from the original in how it spreads, but infected people seem to carry more of the virus and for longer. And what that means is that it's really important and concerning for a respiratory virus. We've talked about this. It's a respiratory virus and if people are carrying larger amounts of the virus, there's the potential of spreading more viral particles for a longer period of time, so masks and social distancing become even more important.

Unger: On the other side of this, some more positive news on the vaccine front which, first of all, is just the pace of vaccinations. I saw over the weekend that we had a new high of over four million doses in one day, which is really great. In terms of the vaccine distribution, any other kind of key points to take a look at this week?

Dr. Irons: I think that the states are beginning to ramp up. As you said, Saturday marked the first time the country reported over four million COVID-19 doses, bringing the daily average to more than three million people. The milestones reflect a steady increase in the capacity of states to deliver shots into arms. The CDC, on Sunday, said about 106.2 million people have received at least one dose,

including about 61.4 million people who have been fully vaccinated either by the Johnson & Johnson single dose vaccine or the two dose series made by Pfizer-BioNTech and Moderna. Thing to remember though, is that's only 18.5% of the population. A lot of people, states are ramping up, but that's nowhere near where we need to be for herd immunity. Those public health measures are really important.

Unger: Absolutely. In addition to, obviously, continuing with that roll out and getting the numbers up, the other good news that came from Pfizer last week is about effectiveness. Can you talk about that research that was announced last week?

Dr. Irons: Pfizer released news last week about its clinical trial in children, vaccinated children that are ages 12 to 15. They found no symptomatic infections among the vaccinated children. There were no serious side effects. Now, once again, that was a press release from the manufacturer. The data hasn't yet been reviewed by an independent expert. It was data from a phase three study of 2,260 children. It was 100% efficacy preventing symptomatic disease. The numbers are that 18 individuals in the placebo group had symptomatic disease and none in the vaccinated group. They saw a robust antibody response and they saw that the vaccine was well tolerated. The side effects were consistent with that seen in the 16 to 25 year group. And they reported their plan to submit this data as an amendment to the FDA EUA in the coming weeks. We'll keep an eye out for that data and for the discussions.

Unger: And we'll have additional information from Dr. James Campbell, who's been a guest on the COVID Update before, from his perspective regarding this news.

Dr. Irons: Absolutely.

Unger: Other news includes updated guidance from the CDC about travel. Can you talk about what those changes mean?

Dr. Irons: Yeah. This is really a change in guidance that people have been waiting for. Basically, the CDC updated its guidance for people who are fully vaccinated. Now, remember, fully vaccinated is two weeks after either the J&J single dose or the Pfizer-BioNTech and Moderna two-dose regimen. Fully vaccinated people officially can now travel within the U.S. without testing and skip quarantine, and that's considered to be low risk. To be super clear here, the CDC is not saying, "Please travel." It's saying that it's safer to do so if you've gotten your shots. Before the blanket guidance was, "Please don't travel unless it's absolutely essential and, if you do, test and quarantine." Now, vaccinated people can skip those particular steps now, though they still have to wear masks, avoid crowds and socially distance as much as they can.

Unger: Well, that is good news. Well, finally, any other key messages from the AMA that you want people to hear this week?

Dr. Irons: Yep. Several. On April 1st, the AMA applauded the Biden administration's agenda to tackle overdoses and substance use disorder. The agenda included increasing access to evidence based treatment for patients with substance use disorders with particular emphasis on removing unnecessary barriers to prescribing buprenorphine, enforcing mental health and substance use parity, advancing racial equity and enhancing harm reduction efforts. AMA also strongly encouraged continuing telehealth flexibilities made available during the COVID-19 pandemic for patients being treated for substance use disorder. While the pandemic may not seem directly related to these efforts, the toll of substance use disorders and overdoses has actually increased during the pandemic, with 88,000 people dying of an overdose in the 12 month period ending in August 2020.

Unger: Well, thank you so much for that update. Dr. Irons, as usual, it's great to have you here. I appreciate your perspective. We'll see you next week with another update and we'll be back tomorrow. For resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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