Andrea Garcia, JD, MPH, discusses boosters and pending authorizations

Watch the AMA's COVID-19 Update, with insights from AMA leaders and experts about the pandemic.

Featured topic and speakers

In today’s COVID-19 Update, a discussion with AMA's Director of Science, Medicine & Public Health, Andrea Garcia, JD, MPH, on COVID-19 vaccine numbers and trending topics related to the pandemic over the past week. Also covering booster shots (including FDA and CDC recommendations), COVID case spikes related to dropping temperatures and a reminder to get your annual flu shot.

Learn more at the AMA COVID-19 resource center.

Speaker

- Andrea Garcia, JD, MPH, director of science, medicine & public health, American Medical Association

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update video and podcast. Today we have our weekly look at the numbers, trends and latest news about COVID-19 with the AMA's Director of Science, Medicine and Public Health Andrea Garcia in Chicago. I'm Todd Unger, AMA's chief experience officer, also in Chicago.

Andrea, a lot of news about boosters and a lot of confusion regarding both the Moderna and the J&J vaccine. Let's start with the big picture. Where are we in this process of authorizing boosters and what's it all mean?

Garcia: Well, thanks for having me back, and I agree, it can definitely get a bit confusing. So looking at the big picture, the FDA's advisory committee has conducted a series of votes to recommend
boosters for all three COVID-19 vaccines used in the U.S., Pfizer BioNTech, Moderna and the Johnson and Johnson vaccine. For reference, to date, more than 104 million people in the U.S. have received the Pfizer vaccine, more than 69 million have received Moderna and about 15 million, the J&J vaccine. As we’ve talked about in some of the previous episodes, the FDA and CDC have already authorized and recommended the Pfizer booster for people aged 65 and older, at-risk adults over the age of 18, whether that risk comes from underlying conditions or the risk of exposure due to where a person lives or works. For both the Moderna and the J&J, the FDA still needs to determine whether or not it will accept the recommendations laid out by its advisory committee last week. The FDA's acting commissioner is expected to do that in the next day or two but it hasn't happened as of the time we're having this conversation.

**Unger:** I think this multi-step process can be a little confusing to people on the outside. What is the next step?

**Garcia:** So today and tomorrow, the CDC's Advisory Committee on Immunization Practices is meeting. They'll review the data and make a recommendation to the CDC director on use of boosters for Moderna and J&J vaccines in the U.S. population. So these boosters will only be available to the public if the CDC recommends their use. So if all goes as expected, boosters for Moderna and J&J could be offered by the end of this week. That would mean over a 100 million fully vaccinated people could be eligible for COVID-19 boosters very soon.

**Unger:** You mentioned a little bit about this but just digging in as specifics, can you take us through what the FDA panel recommended for the Moderna booster specifically?

**Garcia:** Yeah, so the FDA advisory committee voted last Thursday to support booster shots of the Moderna vaccine for the same groups as those they recommended for the Pfizer booster doses. So people age 65 and older, adults age 18 to 64 who are at high risk of severe COVID and then people who are at higher risk of exposure because of their job or living situation. As with the Pfizer booster, the committee member said that these jobs could include health care personnel, grocery store clerks and others who are potentially exposed to COVID during their work. The Moderna booster will be half a dose of the same vaccine already given and that's because the company data suggested that the lower dose was as effective but it potentially had fewer side effects. We also know that people who are immunocompromised because of an organ transplant, cancer treatment, medication or some other similar situation can already get a full third dose of the Moderna vaccine. That's considered an additional dose rather than a booster.

**Unger:** Okay, so how about the J&J vaccine?

**Garcia:** So on Friday, the FDA panel recommended boosters for all recipients of the J&J vaccine. And although the added shot was cast as a booster, some experts on the committee argued that the vaccine should have involved two doses from the very start, separated by about two months. With that being said, we know that the CDC is saying a single dose of the J&J vaccine will still be
considered fully vaccinated.

**Unger:** So talk to us about the latest news, which is about mixing and matching of vaccines.

**Garcia:** Yeah.

**Unger:** What's happening there?

**Garcia:** Media is reporting that the FDA is planning to authorize heterologous boosters or what's being called mix and match boosters. If that is authorized and recommended by the CDC, individuals in the U.S. could receive a COVID booster different from the type they received for their primary series. The government's not expected to recommend one type of booster over another but people familiar with the agency's planning have said the government might note that using the same vaccine for the booster dose when possible is preferred. Vaccine providers could then use their discretion to offer a different brand and that is flexibility that state health officials have really been requesting for weeks.

During that FDA advisory committee meeting, we saw Dr. Amanda Cohn from the CDC indicate that from a public health perspective, that there might be a clear need in some situations for individuals to receive a different vaccine. And she used the example of thrombosis with thrombocytopenia syndrome or TTS, that is more common in young women and associated with the J&J vaccine. So in a situation like that, you would want flexibility to give them a different vaccine.

There was an NIH study that was presented to the FDA's advisory committee. That study found that recipients of the J&J vaccine produced a stronger antibody level after they got a booster shot made by Moderna or Pfizer as compared to the J&J shot. So there was some evidence there to lead to that recommendation. It was noted that the new data was based on a small sample and they're really short term findings. And we really only looked at antibody levels, which we know is one measure of immune response but it's not the only measure.

**Unger:** Wow, that's a lot to take in and of course, things continue to develop but I appreciate you clearing that up. We're also going to be talking to Dr. Sandra Fryhofer, the AMA's liaison to the CDC's advisory committee next week to get her firsthand details on what physicians need to know as these boosters move through the regulatory process. Turning to this week's vaccine numbers, let's talk about people's first doses for a little bit of change. Are we seeing any movement in our efforts to get that into people's arms?
Garcia: We are not seeing much progress on first doses but we do see the booster numbers rising pretty quickly. So according to the CDC, 219 million Americans have received one dose of a COVID-19 vaccine. That's about 66% of the total population. And of those, 189.3 million are fully vaccinated, or 57% of the population. So far, the CDC is estimating that 10.7 million people have received a booster dose.

Unger: Now, we're also seeing some groups pushing back on vaccine mandates, which I can't believe would be helping the situation at all.

Garcia: That's right. In many cities across the country, there's friction between government and law enforcement unions over requirements that officers get vaccinated or prove their vaccination status. Even though vaccines have proven largely effective in preventing severe disease and death, many police officers and their unions have pushed back, threatening resignation and of course, lawsuits. More than 460 U.S. law enforcement officers have died from COVID infections, making COVID-19 by far the most common cause of duty related deaths in 2020 and 2021. More than four times as many officers have died from COVID-19 as from gunfire in that period. Some elected officials say police officers have a higher responsibility to get vaccinated because they regularly interact with the public and could unknowingly spread the virus.

Unger: 460 law enforcement officers dying from COVID infections in those two years, outweighing even gunfire. That's pretty compelling and so I guess it's pretty surprising to see the pushback that we're getting there. And that's even more concerning as we head into winter months. Now that we are where we are in this calendar year, where are we with cases and hospitalizations right now and are we seeing the trend continue down?

Garcia: Yeah, while the recent Delta driven wave is continuing to recede in much of the U.S., many counties across the country's Northern most regions are experiencing rising cases as colder weather arrives. So the top five states that we're seeing per capita cases rise in are Alaska, which is leading the country with the highest daily average, and then the next four states are Montana, Wyoming, North Dakota and Idaho. And the five states with the fastest rising caseloads are Vermont, Colorado, New Hampshire, Michigan and Minnesota.

Unger: That sounds like a pattern basically, where it's cold and people are heading inside, that we're seeing the case rates go up. Have we seen this pattern before?

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Garcia: Yeah, the virus followed a similar pattern last fall. Cases receded in the Southern regions after the summer surge while they steadily increased throughout the North as the weather became colder and people moved indoors. Again, the big difference this year is the COVID-19 vaccines are widely available. Experts are not expecting another catastrophic winter wave but they are certainly warning Americans not to let their guard down. We do still have a significant portion of the population that remains unvaccinated.

Unger: Absolutely. Well, in the continuing fight against misinformation, is there anything you would like to clear up this week?

Garcia: It's not so much misinformation but a clarification. With all of the talk in the news about boosters and waning immunity, coupled with the high profile death of Colin Powell who was fully vaccinated as we know and died of complications from COVID earlier this week, there's really this belief that vaccines aren't working. And I think it's important for physicians to have conversations with patients and remind them that the vaccines are highly protective against severe illness and death. And it's important to explain that vaccines are still by far the best tool that we have to fight the pandemic.

We know that a recent study from the CDC showed that people who are fully vaccinated are roughly 10 times less likely to be hospitalized and 11 times less likely to die from COVID-19. In Colin Powell's case, his immune system was weakened by treatment for multiple myeloma. As physicians know, people with multiple myeloma have compromised immune systems and they're at greater risk of developing severe COVID and the vaccines are also less likely to be effective in these patients. I think it will be really important for physicians to explain this in a way that patients can understand it.

Unger: Absolutely. The vaccines work, bottom line. Finally, any messages from the AMA this week?

Garcia: Yeah, just a reminder that the AMA, along with the Ad Council, the CDC and the CDC Foundation announced a new effort last week to encourage more people to get vaccinated against seasonal flu. We know that seasonal flu can result in as many as 41 million illnesses and 710,000 hospitalizations during an average flu season. This new effort extends the No Time for Flu campaign and introduces Flu FOMO to inspire more people to get a flu vaccine to protect themselves, their families and their communities. The No Time for Flu campaign will run nationwide from the 2021 to 2022 flu season with an emphasis on reaching Black and Hispanic communities. And the Flu FOMO campaign will urge Americans to get a flu shot to avoid missing out on fun moments like spending time with family and friends. And just a reminder that the CDC does recommend that everyone six months and older, with rare exceptions, get a flu vaccine each year. And that ideal timing is by the end of October. And of course, flu vaccines can be co-administered with COVID-19 vaccines. For more information on flu vaccines, go to getmyflushort.org.

Unger: I'll tell my family, "It's not my germaphobia, it's flu FOMO that's the issue." And with that, we'll...

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