Top news stories from AMA Morning Rounds®: Week of Dec. 13, 2021


U.S. infant mortality rates improving but health disparities remain

USA Today (12/11, Hassanein) reported, “The U.S. infant mortality rate continued its downward trend in 2019, but Black babies still died twice as often as white babies, according to a Centers for Disease Control and Prevention report.” While “overall infant mortality rates have continued to improve over the past 14 years, the disparity has persisted, with white babies’ rates improving faster than those of Black babies, widening the gap.” USA Today added, “Nationally, white babies died at a rate of 4.49 compared to Black babies, who died at a rate of 10.6 deaths per 1,000 births. The infant mortality rate for Native Hawaiian and Pacific Islanders was 8.19; American Indian and Alaska Native, 7.87; and Asians, 3.38.”

About one in 333 women experienced severe maternal morbidity event, illness during postpartum from 2016 to 2017, study indicates

Healio (12/13, Marabito) reports “about one in 333 women experienced a severe maternal morbidity event or illness during postpartum that could have resulted in death, according to findings” of a cross-sectional study that used “deidentified data from a national sample of nearly 101,000 women who were commercially insured up to a year after giving birth from 2016 to 2017.” Investigators “analyzed rates of severe maternal morbidity with and without a blood transfusion during periods of hospitalization for birth, hospital discharge to 42 days postpartum, and 43 to 365 days postpartum.” The findings were published in JAMA Network Open.

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Omicron variant spreading rapidly in U.S., could peak as soon as January, CDC modeling shows

The Washington Post (12/14, A1, Sun, Achenbach, McGinley, Pager) reports, “Top federal health officials warned in a briefing Tuesday morning that the Omicron variant is rapidly spreading in the United States and could peak in a massive wave of infections as soon as January, according to new modeling from the Centers for Disease Control and Prevention.” Prevalence of the variant “jumped sevenfold in a single week, CDC modeling shows, and at such a pace,” it “could ratchet up pressure on a health system already strained in many places as the Delta variant continues its own late-autumn surge.”

The New York Times (12/14, Gregory) reports that “during the week that ended” December 11, “Omicron accounted for 2.9% of cases across the country, up from 0.4% in the previous week, the agency’s projections showed.” In the regions “comprising New York, New Jersey, Puerto Rico and the U.S. Virgin Islands, the percentage of Omicron infections had already reached 13.1%.”

U.S. health care spending grew to $4.1T last year amid pandemic

The AP (12/15, Alonso-Zaldivar) reports total U.S. health care spending “rocketed to $4.1 trillion last year as Congress opened the spigot of federal dollars to battle the coronavirus pandemic across multiple fronts,” according to CMS data published Wednesday in Health Affairs. The report “said national health spending jumped by 9.7%” compared to 2020, “more than double the usual growth rate, with health care accounting for nearly $1 of every $5 in the economy.”

Bloomberg Law (12/15, Hansard, Subscription Publication) reports the growth rate “was caused by the 36% boost in federal expenditures for health care in response to the COVID-19 pandemic, the Centers for Medicare & Medicaid Services said in an analysis.”

CDC panel recommends use of Pfizer, Moderna COVID-19 vaccines over J&J shot due to blood clot risk

The New York Times (12/16, Robbins, Jewett) reports the CDC’s Advisory Committee on Immunization Practices “on Thursday voted to recommend that COVID vaccines other than Johnson &
Johnson’s should be preferred, citing increasing evidence that the company’s shots can trigger a rare blood clot disorder now linked to dozens of cases and at least nine deaths in the United States in the last year.” The “unanimous vote effectively discourages vaccine providers and adults from using Johnson & Johnson’s shot.”

The Washington Post (12/16, Sun, Sellers) reports ACIP “said that exceptions should be made for those who have had allergic reactions to the mRNA vaccines, or where those vaccines are unavailable.” The Post adds, “Individuals who are unable or unwilling to receive an mRNA vaccine will continue to have access to it.”

Reuters (12/16, Erman) reports, “Cases of thrombosis with thrombocytopenia syndrome (TTS)...have previously been reported in recipients of the J&J vaccine,” with “the highest reporting rates...in women under 50.” However, the agency “said that the rate of such incidents is higher than previously estimated, both in women and men.”

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