Top news stories from AMA Morning Rounds®: Week of Jan. 24, 2022


Health care workers warn blood shortage may jeopardize adequate patient care

The Hill (1/27, Rai) reports that on Thursday, health care workers “warned...that a blood shortage could jeopardize their ability to adequately care for patients.” In a “statement issued by the American Hospital Association, the American Nurses Association and the American Medical Association, workers said that the current ‘severity and duration’ of the blood supply shortage could ‘significantly jeopardize’ the ability of health care providers to meet the many urgent needs around the country.”

Bloomberg Law (1/27, Muller, Subscription Publication) reports the groups added, “The need for blood has increased while staffing shortages and high rates of COVID-19 in communities have diminished donations.”

Researchers develop tool to help determine hospitalized patients with COVID-19 that may benefit from convalescent plasma

MedPage Today (1/26, Walker) reports researchers have “devised a simple and freely available tool called the Convalescent Plasma Benefit Index Calculator that allows doctors to input certain patient criteria to determine if their patient” hospitalized with COVID-19 “may benefit from convalescent plasma (age, oxygen need, blood type, and history of either diabetes, heart disease, or pulmonary disease).” An eight-trial “meta-analysis and study on the validated treatment benefit index...tool derived from it were both published in JAMA Network Open.”
Labor Department withdraws vaccine, testing mandate for large employers

The New York Times (1/25, Goldberg) reports, “The Biden administration is withdrawing its requirement that large employers mandate workers be vaccinated or regularly tested, the Labor Department said on Tuesday.” In its decision, “the Labor Department recognized...that the emergency temporary standard could not be revived after the Supreme Court blocked it earlier this month.” The Supreme Court’s decision “said the...Occupational Safety and Health Administration...did not have the authority to require workers to be vaccinated for coronavirus or tested weekly, describing the agency’s approach as ‘a blunt instrument.’”

Modern Healthcare (1/25, Bannow, Subscription Publication) reports the withdrawal “takes effect Jan. 26.” Modern Healthcare adds, “OSHA said Tuesday it also plans to ask the Sixth Circuit Court of Appeals to dismiss the related cases pending before it.”

CNN (1/25, Stark) reports a Labor Department spokesperson said, “OSHA has made no determinations at this time about when or if it will finalize a Vaccination and Testing rule.”

FDA halts use of two COVID-19 monoclonal antibody therapies

The Washington Post (1/24, McGinley) reports that on Tuesday, the Food and Drug Administration “took two monoclonal antibody therapies off the list of COVID-19 treatments for now, saying the medications should not be used anywhere in the United States because they are ineffective against the dominant Omicron variant.” HHS “notified state health officials that it has halted distribution of the” combination “antibody medications made by Regeneron Pharmaceuticals [casirivimab and imdevimab] and Eli Lilly [bamlanivimab and etesevimab], according to an email sent to the states and obtained by The Washington Post.”

The AP (1/24, Perrone) reports, “If the drugs prove effective against future variants, the FDA said it could reauthorize their use.”

COVID-19 booster shots prevent Omicron infection, reduce risk of hospitalization, CDC data show

The New York Times (1/21, Mandavilli) reported, “Booster shots of the Pfizer-BioNTech and Moderna
vaccines aren’t just preventing infections with the highly contagious Omicron variant – they’re also keeping infected Americans from ending up in the hospital, according to data published on Friday by the Centers for Disease Control and Prevention.” The booster shots “are 90% effective against hospitalization with the variant, the agency reported.” Moreover, the shots “reduced the likelihood of a visit to an emergency department or urgent care clinic,” and “were most effective against infection and death among Americans aged 50 and older, the data showed.”

The AP (1/21, Stobbe) reported three studies were released, two by the CDC and one published in JAMA. The first study examined “hospitalizations and emergency room and urgent care center visits in 10 states, from August to this month;” the second “focused on COVID-19 case and death rates in 25 states from the beginning of April through Christmas;” and the third “looked at people who tested positive for COVID-19 from Dec. 10 to Jan. 1 at more than 4,600 testing sites across the U.S.”