Andrea Garcia, JD, on booster shots and “stealth” Omicron variant

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, AMA Chief Experience Officer Todd Unger reviews rising COVID-19 case numbers and trending topics related to the pandemic over the past week with AMA Director of Science, Medicine and Public Health Andrea Garcia, JD, MPH. Including the new “stealth Omicron” variant, as well as data from the latest CDC study showing third doses/booster shots bolster COVID defenses for both the immunocompromised and people with stronger immune systems.

Also recapping AMA’s joint statement with the American Hospital Association (AHA) and the American Nurses Association (ANA) on blood shortages.

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 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, thanks for joining us for your weekly update. Last week the Omicron cases were continuing to drop. Is that trend continuing? And what are the numbers this week?
Garcia: Well, thanks for having me back Todd. And yes, that trend is continuing. Last week we talked about how some of the states that were hit later in the Omicron wave were still seeing those huge spikes and this week we’re starting to see some declines in those states. I think if that trend holds, it’s likely that we are through the worst of the Omicron wave.

Unger: I know that basically we say we’ve got the national look at this and then we have the local look at this and the timing has differed. Why don’t we start just nationally, what do the numbers look like there?

Garcia: Yeah. So nationally case numbers fell about 31% over the past two weeks, however, we can’t lose sight of the fact that we’re really still seeing around 590,000 new cases a day and that’s more than double what we saw during the peak last winter. Hospitalizations, which we always talk about as a lagging indicator, they appear to be just starting to decline. We’re around 138,000 people hospitalized per day. That’s also higher than last winter’s peak. Deaths, which we know lag behind hospitalizations, are still increasing. They’re up about 30% over the past two weeks. And while in some places they’ve passed last winter’s peak, that’s not true nationally. And we can’t forget that some states, like Alaska and Washington, cases there are still rising and we know that experts believe that the wave will crest in those remaining states by the end of February.

Unger: What about this stealth Omicron variant that we're starting to hear a little bit about? It's like the last thing I want to hear about. It's a new variant and I'm not alone in that. But what is it and how concerned do we need to be about it?

Garcia: So soon after scientists in South Africa discovered Omicron, they began finding a few different Omicron-like variants and these have shared mutations but lack some others and then also had some unique mutations of their own. Scientists have determined that Omicron's made up of three distinct branches that split off from that common ancestor and they've been named BA.1, BA.2 and BA.3. The one that we've been talking about that accounts for most of the COVID cases globally is BA.1 and that's what's really been dominant here in the U.S. The stealth Omicron variant that is in all of the headlines right now is BA.2 and we've really seen cases rise of BA.2 in Denmark, in India and in the U.K. and it could drag out the Omicron surge in much of the world. In the U.S., BA.2 is about 8% of our cases right now. While BA.2 does not appear to cause more severe disease and our vaccines appear to be effective, BA.2 does show signs of spreading more easily, which really could translate into that slowing down of the trend we’re seeing with cases declining.

Unger: Spread more easily. And I thought we were already there with Omicron, but ... So that's a scary thought of even more transmissible. Andrea, we have heard a lot over the course of this last surge about Omicron being a milder disease on an individual basis, especially for those that are vaccinated and boosted but we're still seeing hospitals that are overwhelmed and deaths increasing. Are we looking at the impact here being mostly on the unvaccinated?
Garcia: Yeah, there is no question that the majority of those hospitalized now are unvaccinated. The CDC recently reported that unvaccinated people 65 and older are 52 times more likely to be hospitalized from COVID compared to people who are vaccinated and boosted. And for 50- to 64-year-olds that difference is around 46 times. And there’s really a major difference in every age group when we start to look at the numbers, including 12- to 17-year-olds but it’s not only the unvaccinated that are impacted. We know that Omicron may not be so mild for those that have underlying medical conditions like asthma, diabetes, heart or lung disease. And last Wednesday we heard the CDC director warn that this surge was still imposing a heavy burden on hospitals, really saying that it’s important to know that milder doesn't necessarily always mean mild. More than half of U.S. adults do have an underlying chronic condition, which can put them at an increased risk.

Unger: And that is scary. We saw further evidence last week that that third shot is really helpful in reducing the risk of hospitalization for people with weaker immune systems like you’re referring to. Tell us more about that.

Garcia: Last Thursday CDC reported that third doses of COVID vaccines really significantly reduce the risk that people with weakened immune system would be hospitalized with COVID. So the Pfizer and Moderna vaccines were roughly 88% effective against hospitalizations in people who are immunocompromised who receive that third dose. That's compared to 69% effective in people who are immunocompromised with only two doses. And that data came from a study of people treated at 21 hospitals across the U.S. from August to December. We know that that is when Delta was the dominant variant but third doses have been shown to bolster people’s defenses against Omicron as well, even if we know that overall that protection against that variant is a little weaker.

Unger: Did the study also look at the impact of booster shots for people who are not immunocompromised?

Garcia: Yeah and it pretty much confirmed what we talked about last week, that this latest study adds to that considerable evidence that booster doses provide improved protection against COVID-19 associated hospitalizations among adults who are not immunocompromised. The CDC really said that our future studies should look at the protection afforded by additional doses against the Omicron variant in those people who are immunocompromised, as well as the durability of that protection. And we know that Moderna and Pfizer are really looking at Omicron specific vaccines, so more information should be coming on that as well.

Unger: Yeah, when you look at those numbers that you cited in terms of just how effective these vaccines and boosters are in preventing the level of serious disease, you would think it’s time to get out there and make sure I’m up to date on my vaccines. Are we seeing an uptick in vaccination at this point or are we stalled?
Garcia: Yeah. We're not really seeing that much of an increase and where we've really seen vaccines stall is in kids, which we know is an important group, and according to a recent analysis by the Kaiser Family Foundation only 18.8% of children in that five to 11 age group are fully vaccinated and only about 28% have received one dose. We also know that there are huge disparities between states. We know that Vermont has really been leading the way with vaccine rates, the same is true as their rates in kids. They're at 52% of children fully vaccinated but if we look at Mississippi, they're at 6%. And this is a concern because we are seeing those increases in hospitalizations in kids but we also know that they contribute to spread of the virus.

Unger: What are we doing to try to reach those parents? Is there something happening in Vermont, different, better in getting those numbers relative to other states?

Garcia: I'm not sure what specifically is happening in Vermont but their rates have consistently been good. I know vaccine advocates are really trying some new tactics. We're hearing about principles in school calling families daily to talk about vaccines. We know the American Academy of Pediatrics has put together talking points for pediatricians and parents and Kaiser has their own really parent-friendly vaccine information site, which has a lot of good information about the vaccines.

Unger: Well, we had another big announcement with a new full approval this week from the FDA. Tell us what's going on there.

Garcia: So FDA granted full approval on Monday to Moderna’s COVID vaccine, it's the second most widely used COVID vaccine in the U.S. It's the second vaccine behind Pfizer to receive that full regulatory approval. We know the vaccine can be administered to adults. It's been shown to be highly effective at preventing infection and severe cases of COVID-19 and it's been in use for more than a year under an EUA. This new approval will allow Moderna to market the vaccine and that name is Spikevax, and it gives more latitude to physicians being under a VLA to prescribe use of the shot. And we know those controls on how the vaccine is administered were tighter under an EUA than they are under a VLA.

Unger: And what about the new FDA application?

Garcia: So on Monday, Novavax said they've submitted their application to the FDA seeking emergency use authorization for their protein-based COVID vaccine. That protein base is a more conventional approach than are other currently authorized or approved vaccines and so that could make it more appealing to those who’ve been hesitant to get an mRNA vaccine or hesitant to get that J&J vaccine. So really that does give people another option.

Unger: And last week we marked the deadline for unvaccinated health care workers in about half of the U.S. to get their first dose. Have we seen any fallout from that particular mandate?
Garcia: So unvaccinated health care workers in about half of the states were required to get a first dose of the COVID vaccine by last Thursday under the federal mandate, which we know affects about 10 million health care workers in 76,000 health care facilities that participate in Medicare and Medicaid. The vaccine requirement went into effect in those states that did not challenge that mandate in court, so we're talking about California, Hawaii, New York, Minnesota and some of the U.S. territories.

Unger: What about the remaining states? When will the mandate take effect there?

Garcia: Yeah, so in the remaining states where the lower court had blocked that mandate, they'll have until February 14 to receive that first dose. For Texas, the deadline falls on February 22. We are still continuing to hear that this mandate could exacerbate some staffing shortages but supporters really do maintain that these mandates are needed to stem the spread of the virus, especially among vulnerable hospitalized patients and nursing home residents.

Unger: Anything else in closing the AMA wants us to hear this week?

Garcia: Yeah. So last week the AMA released a joint statement with the American Hospital Association and the American Nurses Association on blood shortages, really urging everyone who can to give blood. We are facing a blood supply crisis and the American Red Cross has called this the worse blood shortage in over a decade.

Unger: Wow. That's a hard message too to get out in the middle of a pandemic. There's a lot there but everybody please spread that word and encourage anyone who can to donate blood at this time. Obviously, the pandemic is at the root cause of this, I'm assuming.

Garcia: It has played a role. So we know that some of those organizations that have really worked to bolster blood supply for years, businesses, house of worship, universities that have hosted blood drives, those have slowed down over the pandemic. And of course, we have a lot of COVID patients but also physicians have been really trying to catch up on delayed surgeries, and treating trauma patients and caring for patients who need transfusion, so that demand for blood has really increased at the same time where donations have diminished. I would say the other thing that Dr. Harmon has weighed in on with a viewpoint is urging the FDA to lift its discriminatory blood donor policy that prevents many gay and bisexual men from giving blood. That issue really is to evaluate potential blood donors on the basis of their individual risk, without regard to sexual orientation or gender identity.

Unger: I think this issue of the blood shortage, given its urgent nature, is something we'll dig into further on a future update of the COVID-19 segment. Andrea, thanks for being here. I would also like to know, before this surge is over, whether it is Omicron or Omicron, that'll be all our investigative assignment for the week to come. Thanks for being here.
That's it for today. If you have any other needs for information on COVID, visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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