Andrea Garcia, JD, MPH, shares new CDC data on detecting COVID surges

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. Also covering new data coming from the CDC solidifying wearing high-quality N95 and KN95 masks provide the best chance of avoiding infection, as well as the addition of a new data point to the CDC’s COVID data tracker.

Additionally, AMA President Gerald Harmon, MD, issued a viewpoint about how threats and intimidation against doctors and health workers must end. The AMA is deeply concerned about this threatening behavior and how it has contributed to an increasingly hostile working environment across medicine, particularly for those on the front lines of our nation’s response to COVID-19.

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, thanks for joining us. Grim milestone this week as we surpassed 900,000 deaths from COVID. Will you give us the details on that?
Garcia: Todd, well, thanks for having me back and a grim milestone indeed, and I think the bad news is we’re still seeing more than 2,600 people in the U.S. dying from COVID each day and that number has climbed by 30% over the past two weeks. I think with that being said, the good news is that new infections continue to drop. They’re falling by more than half since January. The seven-day average is still pretty high though. It's around 300,000 cases being reported per day.

Hospitalizations are also declining. They're down about 27% over the past two weeks but taken together, I think it's a confusing moment in the pandemic. We're seeing deaths increase. We know that's a lagging indicator. The virus appears to be retreating. According to CDC, that transmission is still high in the vast majority of counties across the U.S. but course with this news of the virus, the case is sort of going down, people are really eager to move away from those mitigation measures that we've had in place.

Unger: And it's confusing too because with kind of a head start on the vaccination front, that we're finding ourselves in the position that we're in, which is really a death rate that exceeds most other kind of wealthy nations. Why is that?

Garcia: Yeah. I think it's a couple of things. I think it's partly a reflection of just the widespread misinformation and disinformation and a real lack of confidence in vaccines and boosters in the U.S. And we know during the Omicron surge, hospital admissions have higher here in the U.S. than in western Europe. And this 900,000 death milestone, really, like you said, it comes more than a year after vaccines were first authorized. And so the data really shows that a vast majority of COVID deaths have been in people who are on unvaccinated and multiple studies have shown us that vaccination offers strong protection against severe illness and death. Bottom line, we shouldn't be at the point we are now and public health professionals and physicians believe that many of these deaths were preventable.

Unger: And with additionally, the data on the effectiveness of booster, it's also surprising that the progress there has been so slow. Obviously, that's a big concern. What's going on there?

Garcia: Yeah, it is. And we have been much slower in getting people boosted, especially when you look at Canada and Australia and much of Europe, where the uptake of boosters has been rapid. A recent study from Israel published in the New England Journal really showed that for people over 60 and people between the ages of 40 and 59, severe illness and death were notably lower among the boosted than those populations who received that primary vaccine series.

I think we’re going to see some changes in the recommendations for boosters, specifically among the immunocompromised. There were some conversation at the ACIP meeting last week and they're talking about short shorten that interval for that fourth dose for people who got an mRNA vaccine down to three months. It's currently five months. And then for those who got that J&J initial vaccine
dose, they may be encouraged to get a third dose two months or longer after their first booster. So we may see those recommendations shifting soon.

Unger: And we'll get some more information from Dr. Sandra Fryhofer, AMA's liaison to the ACIP later this week. Any ideas on why the uptake on boosters is so slow?

Garcia: I think a recent New York Times newsletter had some thoughts on that and really it's suggesting that it's really a twofold problem. Part of it is due to the larger issue of our fractured health care system. So there's no central way to remind people to come and get another shot, and many people don't have that regular point of contact with the health care system. So like other preventive services, booster shots are sort of falling through the cracks.

And then the second issue is really a communication problem. We've talked about this before. The recommendations and how we clearly communicate information throughout this pandemic is a huge challenge, and the guidance I think by institutions can be confusing and it often focuses on small uncertainties instead of clearly presenting the big picture and what that bottom line recommendation is.

Unger: Well, given the confusion of the moment, what is the message that physicians should be giving to their patients?

Garcia: Right. So, I mean, the outlook in the coming weeks is likely to become more optimistic but it's also a bit of a reality check and many public health officials really believe this country is moving into a new phase of the pandemic where this threat of the virus is going to persist but those people who are vaccinated are going to be protected from the worst outcomes. So the message that physicians should be giving to patients is get vaccinated, get boosted if you're eligible, and of course, if your patients have quite a few questions, talk to your physician. And we know that the recommendation now is for those 12 and older to get a booster dose when eligible.

Unger: Well, among those who may be able to rely on protection from vaccines are the very young, very young children and sooner than we thought. What is going on there?

Garcia: Yeah. So shortly after we talked last week, news broke that Pfizer had asked the FDA to authorize a two-dose vaccine for children younger than five and the FDA is currently reviewing that data while Pfizer continues to assess whether three doses would be more effective. It's really unusual but the federal regulators asked the companies to submit the request, even though that two-dose vaccine failed to produce that immune response among children in that two to four age group in the clinical trial. Only the six-months-old to the two-years-old really demonstrated that immune response we are hoping to see, which is comparable to what we saw in older teenagers and young adults.
Unger: Well, then why go this route rather than wait for the results from the three-dose trial?

Garcia: I think this is all coming down to timing. We know Omicron has led to a record number of infections. And the under five groups is really made up of 19 million children and they are the only segment of the U.S. population who's not eligible for vaccination. So the results of the three-dose trial aren't expected until the end of March. Federal regulators decided to encourage Pfizer to apply for authorization now and I think the hope is to get a head start on that vaccination efforts. The thinking is if kids can get their first shot this month, they'll be ready for that third dose by the time researchers really hope what they will get is successful results from that three-dose trial. We should know soon. FDA's advisory committee meeting is meeting next week and then we'll probably see an emergency ACIP meeting shortly thereafter.

Unger: And we'll follow that as it occurs. Speaking of the vaccinations and the rest of the population, where do we stand nationally?

Garcia: So according to the CDC, more than 251 million Americans have received their first shot, that's 75.6% of the population. 212.8 million are fully vaccinated, that's just over 64% and 89.8 million have received a booster dose.

Unger: We now have a new data point that's been added to the CDC's COVID data tracker. What is that new data point? What is it telling us?

Garcia: Yeah. More than a year after CDC established its National Waste Water Surveillance System, they've now added this to their public facing COVID data tracker and this information really provides that quick glimpse of whether levels of COVID are rising or falling in hundreds of communities across the country, and it also can give us a sense of which variants are circulating. Because people with the virus shed it before they seek care or get tested, it's really an early warning system of coming surges or the circulation of new variants. We know that some communities saw Omicron in wastewater before they got any test samples from infected residents who showed that they had the variant.

Unger: Well, just when you thought you couldn't track another data point, there is one and an interesting one at that because it could prove obviously very useful in early detection as you point out in our response. In other news, the mask mandates, particularly in schools continue to make headlines. There's now new data on masks pretty much confirming what we already knew, which is the type of mask matters and that they work. Tell us more about that.

Garcia: Yeah. So we know that wearing any kind of mask indoors is associated with better protection from COVID than not wearing a mask. However, CDC reported on Friday that high quality N95 or KN95 respirators provide the best protection. The CDC estimates that in indoor public settings,
surgical masks reduce the chance of testing positive for COVID by 66%. Whereas respirators such as N95, cut the odds of infection by about 83% and wearing a cloth mask lower the odds of testing positive by about 56% but the cloth mask findings were not statistically significant.

Unger: Those are huge numbers that should put an end to the debate on mask wearing. Tell us more about where that data came from.

Garcia: So that data was from the California Department of Public Health and that included information from February through December of 2021. So really, pre-Omicron hitting the U.S. and the study does have some limitations in that it relies on participant recall of their behavior. It does clearly show, like you said, the advantages of mask wearing and really re-emphasizes that if you are wearing a good quality mask or respirator and you’re wearing it consistently, you have a significantly lower risk of testing positive for COVID.

Unger: Well, finally, one important message coming out of the AMA this week was around this issue of violence, threats, intimidation against doctors and health care workers. Let's talk a little bit about what the message was. It came from the AMA and what's the root cause of that?

Garcia: So AMA president, Dr. Gerald Harmon, did issue a viewpoint this week and this one was around threats and intimidation against doctors and health care workers, really calling for an end to those threats and violence. The AMA has advocated against a culture of violence in America, that includes domestic violence, gun violence, racism, police brutality and xenophobia, and really violence against physicians and health care professionals is no exception.

And we know that these threats and these attacks have been going on for decades but really have become more alarming since the beginning of the pandemic and recent events have the AMA really deeply concerned about this threatening behavior and its contribution to an increasingly hostile work environment across medicine and health care. So the AMA is committed to actively monitoring and continuing to assess how we can best leverage our strengths and resources to promote collective safety and security for all health care workers and organizations.

Unger: This is just such an important issue, and I encourage everybody out there to read the full viewpoint on our website in the description of this episode. Andrea, thanks again for being here today. That wraps up today's COVID-19 Update. We'll be back with another segment soon. In the meantime, for additional resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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