

Andrea Garcia, JD, MPH, on supporting vaccination during pregnancy

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 the latest on coronavirus treatments, including Merk's COVID pill, as well as research outlining the positive effects of getting vaccinated during pregnancy.

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 again this week. The outlook continues to improve in the U.S. but Friday, President Biden extended the pandemic emergency that was first declared in March of 2020. What does it exactly mean? And does that seem kind of strange

given the declines that we're seeing across the board?

Garcia: Well, thanks for having me back and national emergencies declared by the president do convey special powers and that is why we typically see them. It provides the federal government with legal and regulatory flexibility, allows them to spend additional money and more easily take certain actions. Like you said, the pandemic was first declared a national emergency by President Trump in March of 2020. At that time, he said that extra measures were needed to combat the virus, which had infected just over 1,600 people in the U.S. And that number, of course, now exceeds 78 million. That national emergency declaration would've expired on March 1, had President Biden not alerted Congress of his intentions to extend it. I do want to make clear that this is different than the public health emergency, which is declared by the Secretary of HHS and that is set to expire on April 16 but also could be renewed.

Unger: If that expires, does that mean this will all go away?

Garcia: I don't think it's that easy.

Unger: I know. Me neither.

Garcia: We can hope.

Unger: COVID humor. You mentioned kind of this special powers issue, why extend the emergency with cases declining so rapidly in states that are easing restrictions?

Garcia: So that decision to extend the national emergency was outlined in a letter from the president to the speaker of the House and the president of the Senate and the president wrote in that letter that the COVID-19 pandemic continues to cause significant risks to the public health and safety of the nation. It noted that more than 900,000 people in the nation have perished from the disease and that it's essential to continue to combat and respond to COVID-19 with the full capacity and capability of the federal government.

Unger: Well, given that, let's talk a little bit about what we're seeing in terms of the numbers this week. How low have we gone and is that consistent in terms of cases and deaths?

Garcia: So the daily average of cases is just over 100,000. It's declined more than 80% since the peak in mid-January. Hospitalizations are around 67,000 per day right now. That's down 40% over the last two weeks. And patients in the ICU have also fallen nearly 40%. We know that deaths lag a couple of weeks behind both cases and hospitalizations. Those are also decreasing nationally but we're still seeing increases in about 14 states and deaths are about 2,000 per day nationally, so still a pretty high number.

Unger: Vaccination clearly plays a huge role in preventing those worst case scenarios. Where do we stand with vaccinations at this point?

Garcia: So 214.7 million people in the U.S. are now fully vaccinated. That's about 64.7% of the population. 252.8 million or 76% of the population have received one dose and about 92.8 million have received a booster dose in the U.S.

Unger: So speaking of vaccination, last week, the CDC released another interesting study. This time, on looking at the effects of getting vaccinated during pregnancy. Can you tell us more about that?

Garcia: Yeah. According to that new study from the CDC, infants whose mothers received two doses of an mRNA COVID vaccine during pregnancy are less likely to be admitted to the hospital for COVID in the first six months of their life. Overall, the researchers found that maternal vaccination was 61% effective at preventing infant hospitalization. And vaccination later in pregnancies, so we're talking after the first 20 weeks provided better protection for infants than earlier vaccination. Although the CDC has long recommended that people who are pregnant, breastfeeding or planning to become pregnant be vaccinated, this is really the first real world evidence that we have that maternal vaccination can protect infants from COVID. And that's due to those infants carrying their mothers' antibodies but this is really important and really good news because we know that the authorization of a COVID vaccine in this age group is not likely anytime soon. Those trials that are underway are really for those six months and older.

Unger: Yeah. Who would've thought about being able to cover children that young through pregnancy? That's a really interesting finding. This is also important, given the release of new statistics that show the number of children who are hospitalized during the Omicron surge definitely increased. Especially among children who are too young to be vaccinated, like we were talking about. What can you tell us about that?

Garcia: So the study published last Tuesday by the CDC compared pediatric hospitalizations during Omicron and Delta surges, it found that at their peak, weekly pediatric hospitalizations were four times greater during Omicron than Delta. And children younger than five saw that largest increase with hospitalization rates that were more than five times higher during Omicron. So this information comes on the heels of the announcement that we talked about last week with the FDA deciding not to move forward with the authorization of the Pfizer vaccine in this age group until they have that data from the three dose trial in younger children. So obviously not expecting that at this point until April.

Unger: Well, vaccination continues to be our best tool. We do have other kind of tools in the armament. New updates on COVID treatments, particularly about the pill. So what is the information there?

Garcia: So Merck's COVID oral antiviral pill received some better news this week. Researchers from India conducted a study that showed more promise for the pill's ability to reduce hospitalizations. That study showed the pill reduce hospitalizations by about 65%. And if you remember, Merck's own data from last year found that the drug reduced hospitalizations and deaths by about 30%. While this pill from Merck has received an EUA in December from the FDA, it's specific to adults who are at high risk. We know that the demand for that pill has been pretty low in the United States, both because of that low-reported efficacy but also due to safety concerns.

Unger: Interesting. Speaking of treatments, there's another monoclonal antibody treatment that's quietly been granted emergency use authorization a couple of weeks ago. Does that also show promise in preventing serious disease like the pill?

Garcia: It does. So on February 11, the FDA authorized a new monoclonal antibody from Eli Lilly, that's for treatment of mild to moderate COVID-19. For those who are at high risk for progression to severe disease, it's an intravenous injection, so given by a health care provider typically in a clinic or in a hospital. Eli Lilly has noted that the treatment retains activity against the Omicron variant and it's that variant, so that makes it really a potential important new therapeutic. We know the federal government has purchased 600,000 doses of the treatment and it's going to be distributed through the end of March. I think the other important thing to note here is FDA has said this should not be a preferred product and should only be used when there are no alternative treatments available that are accessible or clinically appropriate. And that's similar to designations we've seen both to the Merck COVID pill and also, of course, the Johnson and Johnson vaccine.

Unger: Well, a big issue with these other treatments has been about supply and have been in short supply. Do we foresee that kind of alleviating, especially since we're kind of in a little bit of a dip here, at least for the time being?

Garcia: That's definitely what we're hearing. Bloomberg recently reported that the supply of Pfizer's Paxlovid appears to be increasing as cases declined. The supply in the U.S. is supposed to fully ramp up in April to at least 2 million courses available per month. And then we know that full order is expected to be delivered by the end of September.

Unger: Now, we're seeing across the U.S. different states, and in fact, the CDC revisiting mask guidelines. What's happening first? Let's talk about the state level, what are we seeing there?

Garcia: So at the state level, it looks like we're going to get to a point soon where there's going to be no statewide mask mandates, specifically on the U.S. mainland. The two states that had mandates for masks in place still, New Mexico and Washington state, announced Thursday that they would be dropping their mask requirements. So that really leaves Hawaii as the only state with mask requirements that has yet to announce any plans to relax them. And then Puerto Rico, the largest U.S. territory, they have yet to announce any changes to their masking requirements. But I would note that

every state is really approaching this differently and some are rolling back those requirements in certain indoor spaces. Some have set a timeline for removing mask requirements and others are leaving mask requirements in place in certain settings such as in schools.

Unger: It seems like the states are kind of out in advance of the CDC on this particular thing. Is the CDC going to weigh in with guidance of its own?

Garcia: Yeah, we're expecting that. We know both CDC and the American Academy of Pediatrics have continued to support masks in schools as an important way to keep schools open safely. And some states have left that decision on masks to the local districts. And of course, here in Illinois and in Maryland, we know that mask requirements in schools are being contested in the courts. So that'll be playing out as well. We do know that Dr. Walensky has stood firm on the need for masking this month based on their current transmission guidance, which guides sort of indoor masking requirements but she has said that the agency would soon release new guidelines. And that is going to be based on factors like hospital capacity, not just on new COVID cases or test positivity rates. In a recent briefing, Dr. Walensky said that they want to give people a break from things like masking when the metrics are better.

Unger: Well, lastly, any additional topics the AMA wants folks to hear about this week? One kind of near and dear to my heart because we've talked about it several times in our segments is the passage of the Dr. Lorna Breen Health Care Provider Protection Act. Will you talk a little bit about where that stands right now?

Garcia: Yeah. So on Friday, the AMA released a statement congratulating Congress for passing that act. The legislation will establish an awareness campaign to encourage physicians to care for their mental health. It also authorizes grants to establish evidence-based programs dedicated to improving mental health and resiliency for health care professionals. That statement reads that these issues have always been present in medicine but the COVID pandemic has pushed them further to the forefront. And the AMA is grateful to the Breen family for advocating for this legislation and to Congress for listening. It's a fitting legacy for Dr. Breen.

Unger: It sure is. That's terrific news. Andrea, thanks so much for being here this week. That wraps up today's episode. We'll be back with more next week. In the meantime, for more resources on COVID-19, visit [ama-assn.org/COVID-19](https://www.ama-assn.org/COVID-19). Thanks for joining us. Please take care.

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