

New CDC guidelines and tracking COVID-19 risk in your area with Andrea Garcia, JD, MPH

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 from CDC studies, understanding community risk and finding your local COVID-19 Community Level, as well as positive long-lasting effects of COVID boosters shots.

Access the Centers for Disease Control and Prevention's "COVID-19 by County" tracker.

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 in Chicago. Andrea, thanks for joining us. We get big news from the CDC this

week. It focuses on living with the virus. Sounds like a commitment. What exactly does that mean?

Garcia: Thanks, Todd. I appreciate the opportunity to be back and yeah, these new updated recommendations that were released on Friday use new metrics to determine COVID community levels, which are informing when counties and individuals can ease public health mitigation measures like masking and social distancing. We're really shifting the focus here on preventing transmission of the virus to minimizing severe illness and limiting the strain on health care systems. Under these new recommendations, about 70% of the U.S. population can stop wearing masks in indoor public settings.

Unger: What metrics are these new guidelines based on?

Garcia: The recommendations are not focused on community transmission levels. So, that guidance was around test percent positivity and COVID cases per 100,000 to determine the need for public health measures.

Under these new recommendations, they direct counties to consider COVID-related hospital admissions over the previous week, the percentage of staffed hospital beds occupied by COVID patients and they are looking at new COVID cases per 100,000 over the previous week.

So, based on these three factors, counties can calculate whether the risk level is low, medium or high. And the CDC says when that level is high, then layered prevention measures including masking are recommended and that's to avoid overwhelming local hospitals and health care systems.

Unger: A very different outlook then. What about schools? That's been such a polarizing topic these past few months.

Garcia: It has been and I think that's been tricky because we've seen the American Academy of Pediatrics and the CDC recommend universal masking in schools. That's been the CDC recommendation since July, regardless of virus levels in the community but the new recommendations really treat schools like any other community setting. They're recommending masking and only in schools, only when those counties are at a high community level. I think it's important to note that CDC guidance is not binding. It's the recommendation. So, we are still seeing local decision making on masks in schools. I know there have been many school board meetings like that, sat through and myself over the weekend and those decisions really are coming down to local levels, and the federal mass requirement on mass transit and air travel remains in place at least until March 18.

Unger: I'm curious what the thinking is behind these new guidelines. It seems at least we're all used to transmission rates as being the source of this. This is a different way of thinking what's behind it.

Garcia: So, the new recommendations are being released at a time when COVID cases have declined across the country. We're seeing hospitalizations falling. The CDC's community transmission

indicators were developed in 2020 and that's before we had the widespread availability of effective vaccines. The primary goal then was to limit the spread of COVID until vaccines were widely available. So because of that, those indicators focused on data that helped us understand how much spread was happening in the community. And of course, now that we have the vaccines, we're seeing this shift.

Unger: Are they not highly related, these two kinds of guidelines? I mean, if transmission rates are falling, wouldn't we see the strain on the health care system locally also decline?

Garcia: Yeah, but just remember hospitalizations are a lagging indicator, right? So, cases might be that first indication that things, things are starting to get worse and it might be an early indicator for people to put their mask back on. And so if you wait for hospitalizations to go up, some may feel that it's too late.

Unger: Interesting. On that topic, do the indicators differentiate between serious and mild illness then?

Garcia: So, the previous transmission guidance didn't tell us about the health care burden, which is why CDC is saying their usefulness is really limited now at this stage in the pandemic. So, under the CDC's previous criteria, we know that about 95% of counties in the U.S. are still considered either high or substantial transmission and masks are recommended in public indoor settings under those metrics.

Under the new metrics, we have fewer than 30% of Americans in areas with high COVID community levels recommended to wear a mask. So, Dr. Walensky said on Friday that the new set of guidelines gives people a framework for adapting precautions as virus levels change. She also said we want to give people a break from things like masking when our levels are low and then have the ability to reach for them again should things get worse in the future.

Unger: That makes sense. How do you determine, depending on where you are, if your community is at risk or where it stands?

Garcia: I want to be clear that these new metrics don't tell a person about their individual risk of getting COVID. It's about health system capacity. Does the health system have capacity to treat you if you're sick? But there is a new online tool that is released by the CDC that can help people see whether their area is a high, medium or low community level. This new tool allows you to choose your state, choose your county and then you'll see a green, yellow or red box, and the relevant guidance is there for what you should follow and we know that data is going to be updated weekly. And of course, they have important reminders about vaccination and boosters because we know that is the most effective way to prevent severe illness.

Unger: What was the AMA take on these new guidelines?

Garcia: So, the AMA released a statement on Friday and President Gerald Harmon stressed that even as we see jurisdictions lift those mask requirements, we need to consider that millions of people in the U.S. are immunocompromised. There are more susceptible to severe COVID outcomes and we still have large population that's too young to be eligible for the vaccine. So in light of those facts, Dr. Harmon shared that he personally is going to continue to wear a mask in most indoor or public settings. He urged others to continue to do the same in places like pharmacies or grocery stores or on public transit because those are places that all of us need to go, regardless of vaccination status, and wearing a mask is protective of others.

So while they may not be required, he suggested it's an effective way to protect ourselves and our communities, and also there was a reminder that while the Omicron surge has declined, COVID's not gone. And so, we need to be adaptable and vigilant in thinking about the unpredictability of this virus and being prepared for future changes.

Unger: You mentioned the magic word Omicron there. I'm curious, as we see this particular surge of Omicron, is that equating to the end of this pandemic or not?

Garcia: I think the new CDC guidelines are being viewed by some as an off ramp to the pandemic. I think we all know in the back of our minds that a new variant could emerge, and some experts really feel that the health system and the public health systems are not equipped for another surge in cases, and we've also just been surprised by this virus over and over again. So, we definitely need to be prepared for that.

Unger: Well, hopefully we're heading toward at least a window where we can enjoy this. Well, I do know that one thing that is known, of course, is these conversations are certainly going to continue as we try to figure out some way back to normalcy. So, we'll continue to monitor all of those numbers. And you mentioned that cases and hospitalizations are going down, what are the numbers for this week?

Garcia: Yeah, so the average number of COVID cases has dropped by about 63%, and the average number of hospitalizations are down about 44% over the past two weeks. So, hospitalizations are at about 60,000 people nationally who hospitalized. The peak was around 160,000 in January. So, that's a significant decline. The number of COVID patients in the ICUs has fallen more than 40% in the past two weeks and this really continues the steady trend of declining COVID numbers nationally. I think unfortunately the daily number of deaths is still around 1,900. The good news is it's a 23% drop over the past two weeks and with hospitalizations going down, we can expect to continue to see that number of deaths decline.

Unger: But the bad news is, that is still a lot of people.

Garcia: It is.

Unger: We also have new data on vaccines suggesting that people who are getting their initial series with the mRNA vaccine should wait longer between doses. Tell us more about that.

Garcia: Yeah. So, the CDC updated their guidance last week noting that some people should wait if they're getting an mRNA vaccine between that first and second dose, and that new period is about eight weeks. This is particularly true for boys and men between the ages of 12 and 39. The new change doesn't impact anyone who's already been vaccinated. It applies to about 33 million people who are unvaccinated.

And the CDC still is recommending that original three week interval for certain people. So if you're immunocompromised, if you're 65 or older, if you're at risk for severe COVID; that three week is still the recommended interval for those doses. But the change is really based on new research showing that this longer interval increases the vaccine effectiveness and it can reduce the risk of myocarditis, which we know is uncommon but it's been a concern for some parents. So, if this approach makes an already safe vaccine safer, then we might convince more people to get vaccinated, which is the best way out of this pandemic.

Unger: Absolutely. And on that subject, there's also been some good news for boosters. What's the latest data there?

Garcia: So yeah, there's been a flurry of studies around three doses of COVID vaccines saying that there are really enough to protect people from serious illnesses and death over a long period of time. So, although we're seeing people over 65 or those at high risk of illness benefiting from a fourth dose of the vaccine, I think what we're hearing is more research is going to be needed to just determine if and when a fourth dose is going to be necessary for the general public. This is in line with what we've heard from federal health officials. They're saying that they're not planning, at this time, to recommend a fourth dose anytime soon.

Unger: What is the science behind this study?

Garcia: So according to the study, the Omicron variant can dodge antibodies produced after two doses of a COVID vaccine but a third shot of an mRNA vaccine prompts the body to make a wider variety of antibodies that can help protect against variants. So, even those that differ from the original version of the virus.

There have been four studies that have been published over the last month that look at other parts of the immune system that can remember and destroy the virus, and then it's indicating that this lasts for many months, if not years. So, the T-cells that are produced after immunization by four different types of vaccines, so Pfizer, Moderna, J&J and Novavax are about 80% as powerful against Omicron as other variants.

And given how different Omicron was from previous variants, researchers are saying that these T-cells would mount a similarly robust attack on a few variant. So, it's interesting because it's similar to what scientists found with the original SARS Coronavirus which killed about 800 people in 2003 in Asia but in people exposed to that virus, those T-cells have lasted more than 17 years, and evidence so far indicate at our immune cells or memory cells for this current COVID virus may also decline very slowly, which is good news.

Unger: That is good news. And I think on that, we'll close. Thanks for being here, Andrea, and for this week's update. We'll be back with another COVID-19 Update video and podcast soon. In the meantime for resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us. Please take care.

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