Top news stories from AMA Morning Rounds®: Week of Feb. 28, 2022

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Surgeon General requests COVID-19 misinformation data from major tech platforms

The New York Times (3/3, Alba) reports U.S. Surgeon General Dr. Vivek Murthy on “Thursday formally requested that the major tech platforms submit information about the scale of COVID-19 misinformation on social networks, search engines, crowdsourced platforms, e-commerce platforms and instant messaging systems.” The request “demanded that tech platforms send data and analysis on the prevalence of COVID-19 misinformation on their sites, starting with common examples of vaccine misinformation documented by the Centers for Disease Control and Prevention.”

CNN (3/3, Nedelman, Bonifield) reports, “The American Medical Association applauded the surgeon general’s effort to root out COVID-19 misinformation online.” AMA President Gerald E. Harmon, M.D., said in a statement Thursday, “Throughout the COVID-19 pandemic, and as recently as last week in my remarks at the National Press Club, the AMA has called out the junk science and misinformation about this virus that have proliferated on social media and sewn distrust in medicine, cost us lives, and driven families apart. Collecting and understanding this data is critical to reversing its deadly impact and future spread.”

Testing, antivirals prioritized in new strategy to address COVID-19 management

The Washington Post (3/2, Abutaleb, Sun, Diamond, Shepherd) reports, “The White House unveiled a new pandemic road map on Wednesday that calls for better surveillance of new variants and dispensing antiviral pills ‘on the spot’ when someone tests positive, but rules out school and business
closings.” This plan “is part of a broader White House strategy to move the country from crisis footing and convince Americans that their lives can return to normal.”

The AP (3/2, Miller) says the availability of a COVID-19 antiviral pill is key to the administration’s new “test-to-treat” plan, which “would initially roll out in hundreds of pharmacies across the country, including CVS, Walgreens, and Kroger locations, and would soon expand beyond that.” However, the plan will run into severe staffing concerns at pharmacies that are “already doling out vaccines, prescriptions and health advice are worried about the extra time needed if they add more COVID-19 testing and treating.”

The Wall Street Journal (3/2, Armour, Abbott, Subscription Publication) says the approach marks a shift from pandemic response to disease management.

FEMA COVID-19 aid extended through July 1

The AP (3/1, Miller) reports health care organizations will get an extension on “the federal government’s 100% reimbursement of COVID-19 emergency response costs to states, tribes and territories through July 1, the White House announced Tuesday.” The extended support will back “vaccination clinics, mass testing sites and surging hospital resources to deal with local case spikes.” The AP says the extension “is a sign that the White House continues to see a need for federal resources in combating COVID-19 even as...case counts recede.”

Pfizer-BioNTech COVID-19 vaccine less effective in preventing infection in children aged 5 to 11, data indicate

The New York Times (2/28, Mandavilli, Weiland) reports that “the coronavirus vaccine made by Pfizer-BioNTech is much less effective in preventing infection in children ages 5 to 11 years than in older adolescents or adults, according to a large new set of data collected by health officials in New York State.” The vaccine “still prevents severe illness in the children, but offers virtually no protection against infection, even within a month after full immunization, the data, which were collected during the Omicron surge, suggest.” The findings were published on the preprint server medRxiv.

Reuters (2/28, Erman) reports that “the vaccine’s efficacy against infection among those children declined to 12% at the end of January from 68% in mid-December compared to kids who did not get vaccinated, according the study.” And for adolescents “aged 12 to 17, the vaccine’s protection against infection fell to 51% in late January from 66% in mid-December.”
The Hill (2/28, Sullivan) adds, “The vaccine’s effectiveness against hospitalization among children 5 to 11 declined from 100% to 48%, compared with 85% to 73% for older children.”

**New CDC guidelines suggest 70% of Americans can stop wearing masks**

The New York Times (2/25, Mandavilli) reported that on Friday, the CDC “offered a new strategy to help communities across the country live with the coronavirus and get back to some version of normal life.” These “new guidelines suggest that 70% of Americans can now stop wearing masks, and no longer need to social distance or avoid crowded indoor spaces.” The new “recommendations no longer rely only on the number of cases in a community to determine the need for restrictions such as mask wearing,” but “instead, they direct counties to consider three measures to assess risk of the virus: new COVID-related hospital admissions over the previous week and the percentage of hospital beds occupied by COVID patients, as well as new coronavirus cases per 100,000 people over the previous week.”

The AP (2/25, Johnson, Stobbe) reported, “The new recommendations do not change the requirement to wear masks on public transportation and indoors in airports, train stations and bus stations.” In addition, the “guidelines for other indoor spaces aren’t binding, meaning cities and institutions even in areas of low risk may set their own rules. And the agency says people with COVID-19 symptoms or who test positive shouldn’t stop wearing masks.”

The Washington Post (2/25, A1, Sun, Dan Keating, Meckler) reported that the new guidelines “reflect the administration’s view that the United States has entered a different, potentially less dangerous phase of the pandemic.” But “given the millions of...vulnerable individuals,” AMA President Gerald E. Harmon, M.D., “said in a statement that he would personally ‘continue to wear a mask in most indoor public settings, and I urge all Americans to consider doing the same, especially in places like pharmacies, grocery stores, on public transportation—locations all of us, regardless of vaccination status or risk factors, must visit regularly.’”

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