Reviewing a national plan to get us to a new normal with Andrea Garcia, JD, MPH

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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 government's newly released COVID response strategy and how it will take the nation out of crisis mode, the CDC's scaled back contact tracing efforts and the U.S. Surgeon General's renewed push to fight misinformation online.

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 Andrea Garcia, AMA's director of science, medicine and public health in Chicago. I'm Todd Unger, AMA's chief experience officer also in Chicago.

Andrea, thanks for joining us this week. Let's start with talking about the White House and the new response strategy for the pandemic that was announced this past week. Let's talk about the key elements of this particular strategy.

Garcia: Well, thanks for having me back, Todd, and yes, it's actually a 96-page plan that was issued...
by the White House last Wednesday, that the intent behind this plan is really to get us to a new normal, to get the nation out of crisis mode and to a place where the virus will hopefully no longer disrupt everyday life. The four key strategies are protecting us against the virus and treating COVID-19. Preparing for new variants and avoiding shutdowns. And then, of course, fighting the virus abroad.

**Unger:** Well, that sounds very encouraging and I'm sure news for a lot of eager people out there. Let's talk a little bit more specifically about the actions that the plan lays out to achieve these goals, which I'm sure are complex. How do we get to the new normal?

**Garcia:** Well, I think much of the plan draws on action that we're already seeing the administration taking and then much of it will require funding from Congress. So, the administration's requested about 22.5 billion in additional funds to make this plan happen. But each of the four strategies has initiatives tied to them. So, if we look at protecting and treating COVID-19, the administration has announced their new test-to-treat initiative and that is aimed at really providing patients with antiviral medications as soon as they learn that they're infected with COVID-19, we know we need to get those medications to people quickly.

But it also includes efforts to boost U.S. vaccine manufacturing capacity. The one billion doses a year, vaccinating those young children, those under four, once that vaccine is authorized. Countering disinformation, which we know is an ongoing problem and then more research in treatment on long COVID.

**Unger:** And yes, some just news out about the impact of COVID on the brain and the difficulty of living with long COVID right now, I'm sure that is great relief. How does the plan prepare us for new variants? I mean, we've been through these kind of cycles before and, of course, it's important to be ready for anything that Mother Nature throws at us, especially this last wave with Omicron has a lot of people concerned that something similar could happen again. What do we do in that case?

**Garcia:** Yeah, so it's really twofold. First, we need to improve our country's surveillance capabilities and that is so we can identify new variants quickly. I think we've come a long way in this regard. Electronic case reporting has scaled up. We have wastewater surveillance, we have genomic sequencing but we could be doing more. And this will take time and it will take investment. The second piece is once we have that surveillance data and we understand those new variants being able to develop a vaccine in response. And President Biden said that his administration is aiming to develop new vaccines targeted to those variants within a hundred days of the variants arrival.

**Unger:** Amazing. And if we can find and address variants, like you're saying very quickly, then we can minimize the spread assuming that's the case without the kind of sense of disruption that we've experienced with past variants?

**Garcia:** Yeah. That's the thinking. And remember that's the other key goal is to avoid shutdowns. So,
identifying and responding to variants quickly is part of the plan. Another part is to give schools and businesses access to tests, to give them guidance and supplies. That includes improvements in ventilation and air filtration systems. There’s also a proposal in there for paid sick leave for those who are missing work because of COVID themselves or for caring for a loved one who has COVID. It’s really about building in those supports to keep businesses and schools open by catching infections early, allowing people to stay home if they’re sick to minimize spread.

**Unger:** As we’ve talked about this, I have echoes of our conversations with Dr. Peter Hotez, who reminded us, of course, that this is a global disease. And of course we’re talking about a plan for the States. And obviously, we need to be more heavily resourced in countries that don’t have the same resources or progress that we have with controlling this. How does this plan address that?

**Garcia:** Yeah, so that is the fourth goal of the plan and to accomplish this, the administration is pledging to donate 1.2 billion vaccine doses around the world. This is important because as we know, vaccination rates continue to lag in low income countries. In some countries, only 14% of the population has received one dose of a vaccine. And when we compare that to higher and upper middle income countries, the populations are at about 79% typically having received one dose. Vaccines aren’t the only issue. The plan also says that we’re going to work to solve the supplemental oxygen crisis by making those emergency supplies widely available.

**Unger:** And that seems pretty important giving the pretty grim milestone that we just had this week. Let’s talk a little bit about that.

**Garcia:** Yeah. So, if you take a look at the Johns Hopkins data, the number of known COVID deaths around the world surpassed six million on Monday. And as you know, most public health experts would agree that’s probably a vast under count and that we’ll probably never know the true number of people lost to this virus. Many cases go undiagnosed, go unreported. And we know many countries just simply don’t have the infrastructure in place for wide scale tracking and reporting.

**Unger:** What are we seeing globally? Are there countries that are experiencing surges?

**Garcia:** Yeah. So, surges are still happening. If you look at Hong Kong, South Korea and New Zealand but the death counts are dropping in many places. According to the New York Times, the world is averaging about 7,000 new confirmed deaths per day. That’s down from about 11,000 per day in early February. And then, the known peak of more than 14,000 a day in January of 2021. So, although things look better, the numbers are still far too high.

**Unger:** How’s the situation in the U.S.?

**Garcia:** So even with ample vaccine supply here, we’ve suffered the highest known deaths of any country. More than 950,000 in total. We’ve talked about how rapidly cases have come down but we’re
still averaging about 1,500 deaths per day in the U.S. from COVID. That being said, case reports are
at the lowest level since last summer. Our seven-day average is about 42,000 per day. COVID
hospitalizations have fallen two thirds from their January peak to about 45,000. And that's down from
more than 150,000. And the number of patients in ICUs has also dropped. So, things in the U.S. are
definitely continuing to improve.

**Unger:** And as we see that improvement, we are seeing guidance changing specifically. Most
recently, the CDC said that it's no really largely, no longer recommending contact tracing, which is
really interesting. So, talk about the thinking there.

**Garcia:** Yeah. So in January we saw ... CSTE, some of the national public health organizations call
for a transition away from universal case investigations and contact tracing, and then CDC followed
suit. And they've recently announced a similar shift that largely reflects our changing reality. So, early
on in the pandemic, you'll remember that CDC called for a hundred thousand contact tracers. And
that was to help contain large outbreaks. And that aim was to reduce transmission and to really focus
on identifying clusters and having health departments intervene. It was an attempt to reach people
who were in close contact with a person who was infected with COVID to ask them to quarantine
voluntarily for two weeks. But remember, there were challenges even then. We had a shortage of
tests. There was often a long wait for results. And also I would say a lack of trust in people sharing if
they were infected.

**Unger:** So, as we enter this kind of attempt at the new normal, what are the challenges that we face
in this new phase?

**Garcia:** Well, as we saw with the Omicron surge, the variant was so contagious, spreading so quickly
that contact tracing could never keep up with the number of new cases that we were seeing. And I
think the other challenge was more people were using at home rapid tests. And those tests go
unreported. Can be unreported to both the health department and to providers. So, that's a challenge
as well. We know Britain's ended contact tracing last week and other nations like Denmark and
Finland are scaling back their programs. We've heard New York City is going to be ending their main
contact tracing program in April. And so I think we'll see contact tracing continue but it'll be in more
limited high risk settings like long-term care facilities, shelters, correctional facilities.

**Unger:** Now you mentioned this issue of misinformation, which has been, as our president said, its
own pandemic over the past two years. This past week, the surgeon general also led a renewed push
to fight misinformation, calling on big tech to turn over COVID-19 misinformation data. Talk to us more
about what's involved there.

**Garcia:** Yeah. So, last Thursday, the surgeon general formally requested that the major tech
platforms submit information about the scale of COVID-19 misinformation. This is on social networks,
on search engines, on crowdsourse platforms, e-commerce platforms and instant messaging
systems. As part of the request, he's demanding information about major sources of COVID-19 misinformation, including the sale of unproved COVID-19 products and services, as well as treatments. So, companies have until May 2 to submit this data. Although I think that denying request for information is not going to carry a penalty here if companies don’t submit it.

**Unger:** Now, fighting misinformation has been a huge priority for the AMA throughout this pandemic and Dr. Murphy also asked health care providers to play a role. How can they help at this phase right now?

**Garcia:** Yeah, so health care providers and the public can submit information about how COVID-19 misinformation is negatively influencing patients and communities. He said that we’re asking anyone with relevant insights, from original research to data sets to even personal stories that speak to the role of misinformation in public health, to share them.

**Unger:** The AMA also issued a statement in response. What's our stance on this issue?

**Garcia:** Yeah. The AMA applauded the effort to combat misinformation online. And that statement said that throughout the COVID-19 pandemic, the AMA's called out junk science and misinformation about the virus that have proliferated on social media. Zone distrust in medicine cost us lives driven families apart. And we applaud the effort by the surgeon general to collect data from tech companies and personal experiences about misinformation. We know that collecting the data and understanding this data is critical to reversing the deadly impact and future spread.

**Unger:** Indeed, we could not agree more and we are going to continue to fight misinformation and amplify the voices of physicians and science in this fight. Andrea, thank you so much for being here and for this update, that concludes today’s COVID-19 Update video and podcast. We’ll be back with more information shortly. In the meantime, for resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us today. Please take care.

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