

## BA.2 variant, boosters & U.S. case reporting changes 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 what we know about the BA.2 Omicron subvariant, if a new surge is coming soon, the latest on booster shots and changing data collection on the pandemic.

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, and I'm Todd Unger, AMA's chief experience officer also in Chicago.

Andrea, I thought it was over. I'm going back to my gym class and now I'm reading that it might not be. We've got a new subvariant that it's making its way across the shores from Europe and now into the States, BA.2. So why don't we just start this conversation talking about the subvariant and what you think we should expect in the coming weeks.

**Garcia:** Well, thanks for having me back, Todd and we've been seeing this increase in cases in Europe for a few weeks now. As of last week, there are about a dozen countries that we're seeing spikes in COVID-19 infections caused by BA.2. Some of those countries are also seeing increases in hospitalizations. As we've seen over the past two years, a widespread outbreak like this in Europe has usually been followed by a similar surge here in the U.S. a few weeks to a month later.

On Sunday, Dr. Fauci confirmed this trend telling, ABC's This Week that we should expect a similar uptick here. Epidemiologists have pointed out the current lull that we're experiencing in the U.S. right now, mirrors the same drop in cases that Europe saw when it began to relax their public health mitigation measures like indoor masking, just as we've started to do here. I think the good news is Dr. Fauci said that while he anticipates a new rise in cases, he doesn't expect another surge, at least not at this time.

**Unger:** And just like we've kind of seen over the past couple of years, once we see that subvariant on its way in Europe, I mean, it's basically here. Can you give us an idea of how widespread it is already?

**Garcia:** Yeah so, I mean, I want to be clear that overall COVID cases in the U.S. do remain fairly low. BA.1 or that original Omicron variant is still responsible for the majority of cases here in the U.S., however, those BA.2 Variant infections are on the rise and they're starting to make up a larger share of those new cases. So CDC released new estimates today. They're saying that BA.2 accounts for about 35% of cases but that share varies depending on your location in the U.S.

So here in the Midwest, we're at about 30% of infections attributable to BA.2. If you're in New York City or New York or New Jersey, that percentage is 55%, so they are now majority BA.2, according to the latest data and that, in New York, that seven day average of cases per hundred thousand is up 30% in the last week. So while not a surge, they are starting to see those numbers increase.

**Unger:** So part of that increase and kind of share of cases, so to speak is due to the transmissibility of this particular subvariant. Let's talk about that and what we're anticipating in terms of vaccine effectiveness.

**Garcia:** Yeah. So I think the unfortunate news is this subvariant has been shown to be more contagious and it's estimated to be more contagious by about 30 to 50% than the BA.1 Omicron variant, though I think the good news is it appears to also cause less severe illness in most people. I think though it remains unclear at this point how BA.2 is going to affect us as a nation, especially given that we experienced a widespread BA.1 Surge starting in December that left many people here in the U.S. with some level of infection-induced immunity.

We know the WHO has said that infection with BA.1 appears to provide strong protection against infection from BA.2 and we also know, as we've talked about many times, fully vaccinated and boosted people have consistently shown that they're protected from severe outcomes from COVID

and that protection appears, while it's still early, appears to apply to BA.2.

I think the problem we have is that only about 48% of eligible adults in the U.S. or 93 million people have been boosted. And I think that rate is higher for those who are 65 and older, which is good news but in general, we do need to get more of the population boosted.

**Unger:** Gosh, when you think about the transmissibility factor here, I mean, we've gone through just increasing levels of transmissibility to Delta, Omicron, now we're looking at another jump here. That's pretty significant. The good news, I guess, that we're seeing, and you kind of alluded to this before is that there is new data that says that vaccines were highly effective at preventing serious disease during the Omicron surge. Tell us more about that.

**Garcia:** Yeah. The CDC released a new study last Friday. It was based on the mRNA vaccine, so Moderna and Pfizer, and they looked at the worst outcomes. So if you look at deaths or those who need medical ventilation, this study showed that that protection remains effective. So according to the study, the vaccine was 79% effective in preventing ventilation or death for people who received that primary series, so those as two doses but the benefit was even greater for people who received that booster shot, so during that same time period, that effectiveness went up to 94% to those who had been boosted.

**Unger:** That is really great news, and again, more impetus to get fully vaccinated at this point, including those booster shots. Even though vaccines were highly protective during the last surges, there's still some concern about waning immunity and are we thinking about more booster shots in our future?

**Garcia:** Both Pfizer and Moderna have asked the FDA to authorize a second booster shot and that's following data published and is real showing that waning immunity as Omicron surged, so last Tuesday, we saw Pfizer request the FDA to allow adults 65 and older to get a second booster and then on Thursday, Moderna asked the FDA to authorize an additional booster for all eligible adults.

I think that strategy by Moderna is to allow flexibility for the CDC to make some clinical recommendations around which patients would be good candidates for another booster, so we'll see that same process layout. If FDA authorizes an additional booster shot, we'll see the Advisory Committee on Immunization Practices review that data, make a recommendation on who should receive the extra dose, and then of course the CDC director would have the final say over those recommendations.

**Unger:** And do we have any sense of timing on that?

**Garcia:** I don't think the timing is clear at this point. We know that the FDA is convening a meeting of their advisory committee VRBPAC to discuss the overall booster strategy and that meeting is set to

take place on April 6. But the agency has said that the committee is not going to take up those pending applications from Pfizer or Moderna on those second booster shots.

According to the New York Times, regulators may rule on those requests before the April meeting, without the committee providing any input or advice. We think we're going to have to wait and see on timing. As for that April 6 meeting, Dr. Peter Marks who has done a number of webinars with the AMA on vaccines, has said that now is the time to discuss the need for future boosters as we aim to move forward safely with COVID becoming a virus like others, such as influenza, that we prepare for, protect against and treat.

I think if you look at the data and what experts are saying, there's some division there on whether that second booster shot is necessary now. And if so, for whom. We've heard some federal officials say that for the general population fall may be that optimal timing for a booster but for older Americans, they may need that booster sooner.

**Unger:** Now you mentioned earlier in the conversation about a lot of the restrictions kind of being lifted, precautions that presaged then kind of growth in case rates. As we expect to see this kind of uptick in cases, should we expect the return of these restrictions like masking to come back?

**Garcia:** If cases remaining low what we heard Dr. Fauci say on Sunday was that he doesn't currently see the nation ramping up those public health mitigation measures but, of course, cautioning that you always have to have that flexibility. He also cautioned that those restrictions could come back into play if hospitalizations begin to rise, I would just add that some public health experts do think that if we wait until we see hospitalizations go up, that's a lag in indicator and we need to think about putting some of those measures into place sooner.

**Unger:** All right. Is there concern given that the COVID kind of relief bill did not go through last week that we're going to be hampered by this, in terms of our response?

**Garcia:** We very well could be. Last Tuesday, the White House officials said that they are scaling back plans to purchase treatments, plans to reimburse doctors who care for uninsured COVID patients because that COVID relief money has run out. According to the New York Times, federal officials have already said that that stalled aid package for COVID counter measures means that monoclonal antibody shipments to states will slow by about 30% to week and that orders for antiviral pills are on hold.

We saw Dr. Fauci on Sunday stress the need for Congress to continue funding for tests, for treatments and for booster shots because we may soon be in greater need. And the surgeon general also called for congressional funding for antiviral treatments and for antibody infusions saying that we need to have those available if cases increase. He alluded to this being a marathon. We're in mile 18 of that marathon and we can't quit now because COVID is not quitting but the prospects for getting

another emergency COVID package through Congress continues to remain unclear.

**Unger:** Yes, it's not really so far in the past that we should be forgetting this and need to be prepared. One additional change that we've seen is a new but a familiar name leading the government's pandemic response. Dr. Ashish Jha is taking over as the administration's new COVID czar. Tell us more about that shift and what it means for us.

**Garcia:** So it was announced this past week that Dr. Jha will be taking over for Jeff Zients, who's going to be leaving the White House in April to return to private life. Mr. Zients was an entrepreneur, a management consultant and someone who had really significant government experience who helped us navigate the pandemic over the past 14 months.

Many see the hiring of Dr. Jha, who's a well-known public health expert. He's the dean of Brown University School of Public Health. He's been doing a lot of media interviews throughout the pandemic and just has provided a really, I think, strong voice in terms of our COVID response and he's a well-respected academic and practicing internists, and many see this as a signal that we're entering a new phase of the pandemic. I think officials have said his background as a medical director makes his a good choice as we see the virus become more endemic.

**Unger:** Excellent. At the state level, we're starting to see some shifting in terms of reporting as we move into this, hopefully endemic response stage. Talk a little bit about how it's changing and how it's going to affect our ability to detect and track if another surge were to occur.

**Garcia:** So a growing number of states have stopped giving daily updates on the number of cases, hospitalizations, and deaths that they're seeing and I think this combined with the rise of at-home testing, those results we know are not often reported to physicians or to health officials and this is creating a more uneven picture of the state of the pandemic. So while most states continue to report cases each weekday, we've seen about a dozen cut back to once a week or twice a week and public health officials have said more reductions in reporting are expected in the near future.

**Unger:** How do you feel about that in terms of the response to changes like that?

**Garcia:** I think the response has really been mixed and nationally the declines in cases and hospitalizations, as well as death are tapering off. The concern with not reporting daily is that it could create blind spots if we could begin to see a resurgence that some officials say we need to continue to track daily cases so that we can act more quickly in response to new variants. Others think we've moved to a place where we don't need to know about absolute case numbers at this point in the pandemic.

It's more important to monitor trends for things like people who are getting tests in public settings and I think this camp largely believes that those indicators like hospitalizations and vaccination numbers and

wastewater surveillance have been more important, become more important than big league case numbers. And that will be the data we need to navigate this next phase of the pandemic.

**Unger:** Well, we will be keeping our eye on that as things progress in the coming weeks. Thank you so much for being here, Andrea, and for your weekly update. We'll be back soon with another COVID-19 Update video and podcast. In the meantime, for resources on COVID-19, you can always check [ama-assn.org/COVID-19](https://ama-assn.org/COVID-19). Thanks for joining us today. Please take care.

---

**Disclaimer:** The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.