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, including which airlines no longer require masks and the cities still enforcing mask mandates on public transit. Also covering the emerging subvariants BA.2.12 and BA.2.12.1, a new COVID breath test, and why Americans over 60 should get a second booster shot.

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, also in Chicago. Andrea, welcome back. Let's just start off with the big news. Yesterday, big development in the world of mask mandates, particularly the national mask mandate for public transit. What's the news there?

**Garcia:** Well yeah, thanks for having me and let's talk about last week's news, which is the CDC extended that federal transportation mask requirement on airplanes, on trains and on buses and other
public transportation hub. And that extension was supposed to be for two additional weeks. So, would expire on May 3. We heard Dr. Ashish Jha, who is the new White House COVID response coordinator, say that the timing there was to allow the CDC to assess whether that BA.2 subvariant was going to be a ripple or a wave in the U.S. And so, that would give CDC the time to use that information to determine whether they needed to extend that mask mandate even further.

**Unger:** Well, they didn't turn out to have that much time, a little wrench thrown into that plan. Let's talk about the decision in Florida about the mask mandate.

**Garcia:** Yeah. So, a federal judge in Florida struck down the mandate that happened less than a week after the CDC extended it. The judge voided the mandate on several grounds, including the claim that the agency exceeded its legal authority under the Public Health Service Act of 1944. So, because of that ruling, the masking order is currently not in effect for the time being. And we heard TSA officials say that they would not be enforcing it. The administration is still reviewing the decision and assessing whether or not to appeal it but the CDC is still recommending that people wear masks in enclosed public transportation settings.

**Garcia:** I think this is an important decision because we know that Justice Department has noted that Congress has authorized health officials to make and enforce regulations, to prevent the introduction and transmission or spread of communicable diseases from outside of the country or within the country. And so, this is another one of those examples where we're seeing courts strip away that authority of health officials. And that has consequences for right now for the safety of people using public transit but it could have future implications as well.

**Unger:** Yeah, it is very confusing. And if you read through the opinion, big questions about what the word sanitize means and other things that, when you think about the timing of this, could have been even more significant earlier in the pandemic. And as it is, we see airlines act on this change in direction. How's this going to work with public transportation, airlines going forward? Are some going to required it, others not? What's the way forward?

**Garcia:** Yeah, so it's leaving up to individual airlines and local transit agencies, the decision of what to do and some have been dropping that policy immediately, even mid-flight in some instances, while others have said they're going to keep those requirements in place for now. We heard the major airlines announce, so American, Alaska Air, Delta and Southwest and United, they're all dropping the mandates, effective immediately, with masks now being optional for passengers and staff. And Amtrak made a similar announcement as well.

**Unger:** Have any companies announced plans to keep mask mandates in place?

**Garcia:** It's changing really quickly and we're seeing more and more announcements come out. But as of now, some of the large city transit systems are planning to keep those mandates in place. So,
New York City, New Jersey Transit, the Massachusetts Bay Transportation Authority in Boston and then Philadelphia and the Chicago Transit Authority have also said they'll keep that mask requirement in place.

Unger: Speaking of Philadelphia, that one location where kind of moving against trend but in recognition of the variant spreading, reinstated mask mandates last week, what's the rationale there?

Garcia: Yeah. They became the first major city to reinstate that indoor mask mandate. And that was in response to the sharp rise in cases there. They had their own guidance that they're basing decisions on. And so, because that average number of new cases reported in the city went above a hundred per day and they saw an increase by more than 50% in 10 days in their cases, that was their guidance to go back to an indoor mask requirement, except in cases where businesses require proof of vaccination upon entry. So, we'll see how people respond to this and the impact on cases there but also if other cities follow suit.

Unger: Well, are we seeing increasing cases and obviously broader geographic swaths than just the Philadelphia.

Garcia: So, cases have begun to rise and that's again, after that pretty steep decline after the January peak. As we've discussed over the last few weeks, that East Coast, New York, New Jersey are driving much of that case increase. The cases have more than doubled now since the start of the month in Rhode Island and in Washington D.C. We're also seeing those case numbers rise here in the Midwest. So, when we look at Illinois, Wisconsin, Michigan, those cases are up 40% over the past two weeks. And so, also we've talked about this before, we know that that's an undercount, we have more and more people relying at at-home tests, which are going unreported. So, it's likely those numbers are much higher than what we're actually seeing.

Unger: I guess we'll have to wait for the trailing indicator, so to speak, of hospitalizations. Is there any kind of movement there?

Garcia: So, hospitalizations remain low, which is good news. On average, we have fewer than 15,000 people in U.S. hospitals with COVID each day. We haven't seen that number since the earliest weeks of the pandemic. So, that continues to be good news. And then of course, deaths in the pandemic are expected to reach that 1 million mark in the U.S. in the coming weeks. But I mean, I think the positive there, if you can find one, is that those numbers do continue to decline.

Unger: Now, obviously this increase in cases being driven by two subvariants in the U.S, how concerned should we be?

Garcia: So yeah, we're seeing reports of that there are two new subvariants, so BA.2.12 and BA.2.12.1. And those have both evolved from the BA.2 subvariant. And we're seeing reports from New
York State that that is contributing to their case growth. And then if you look at the CDC Nowcast data on those variants, BA.2 is making up 74% of cases. And BA.2.12.1 is up to 20% of cases nationally. And that BA.2.12.1 is up to 52% of cases in the Northeast, so in that New York region. So far, those subvariants don’t appear to cause more severe disease than the previous variants but they’re spreading really rapidly. So, it’s unclear that’s because they’re more contagious or if they have an approved ability to evade immunity.

I think the other subvariant that is worth mentioning is Omicron XE, which is a recombinant variant, meaning it combines that genetic material from BA.1 and BA.2. That's being reported in the U.K. and some other countries, such as Israel and Thailand. And there are some infections in the U.S. Hawaii has one and there are a handful of others reported in the country. I think we'll know more about these variants in the coming weeks. So, definitely more to come there.

Unger: Well, testing, you mentioned that before, and of course, a lot of home testing going on. But a little bit of news here could be a game changer, is that the FDA recently authorized a new way to test for COVID. What's the news there?

Garcia: Yeah. So, FDA issued an EUA for what it said is the first device that can detect COVID in breath samples. So, the test provides results in less than three minutes. It can be carried out under the supervision of a licensed health care provider. So, it'll be used in doctor's offices, hospitals and mobile testing sites. It's 91.2% accurate in identifying a positive sample and 99.3% accurate in identifying a negative sample. Dr. Jeff Shuren, who's the director of the FDA Center for Devices and Radiological Health, called the device another example of the rapid innovation occurring with diagnostic tests for COVID. InspectIR is the company who makes the device. They said it's expected to increase testing by approximately 64,000 samples per month, based on their current production estimates.

Unger: I imagine, given the subvariants, the boosters are going to continue to be very important as well. Do we have any more clarity on who should be giving a second booster and who can wait?

Garcia: So, over the weekend, Dr. Jha said in an interview on Fox News Sunday, that Americans over 60 should get a booster dose. That's a second one. In the interview, he cited the compelling data from Israel indicating that that fourth shot significantly reduced infections and deaths among older people. And so, as a reminder, the FDA did authorize that second booster for everyone 50 and older. So those younger than 60 can still choose to get a shot based on their individual circumstances. I think it's important to note that the Israeli study that Dr. Jha's referenced does not provide data on the effectiveness of that second booster dose in people under age 60.

In a separate appearance on This Week with George Stephanopoulos, Dr. Jha said that that second booster dose for people between the ages of 50 and 59 is a much closer call. So, if you're in that age group, you could consult a physician before getting that second booster to see what their advice would be. But just also note that ACIP is scheduled to meet tomorrow, so we're likely to hear more
conversations about that second booster dose then.

**Unger:** Well, I did get the word out to my mom and she has gotten her second booster but still a lot of confusion out there about that, so thanks for clearing that up. Final question. Any movement on the funding for our pandemic response? Was a little tied up last time we spoke.

**Garcia:** Yeah. There's no news on that front. The situation is getting more urgent. I think we've heard senators warn that millions of COVID vaccine doses that the U.S. has already purchased to send abroad could expire because of that stalled funding. And we know this is critical because if we don't expand that international access to vaccine, we're likely to see increases in variants. So, as a reminder, Congress failed to pass that 10 billion funding package before they left for a two week recess. It remains unclear at this point when a vote on that stalled package might take place but Dr. Jha urged lawmakers to take up that matter as soon as they get back from recess. So, we'll continue to watch and provide updates once they reconvene.

**Unger:** Thanks so much, Andrea. That's it for today's episode. We'll be back with another COVID-19 Update video and podcast soon. In the meantime, for more resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us. Stay well.

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