Mask mandates & FDA approves Remdesivir for kids under 12 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 the CDC’s latest health alert for COVID therapies, as well as the FDA's approval of Remdesivir to treat pediatric coronavirus patients (kids 12 and younger).

Find more information on the CDC's health alert.

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. I'm Todd Unger, AMA's chief experience officer also in Chicago. Andrea, welcome back this week, some more big news about mask mandates. Talk to us first about the federal mask mandate for public transit that was struck down last week. Where does that stand?
Garcia: Well, it's good to be here. And last Wednesday, the Justice Department did announce that they were going to appeal the court ruling that lifted the federal mask requirement for passengers on planes, trains, buses and other public transportation hubs. And that was after the CDC concluded that the mandate was necessary to protect the public from the spread of the virus. That decision was ... by the Justice Department came two days after a federal judge in Florida struck down that mask mandate. And following that decision from that Florida judge, we saw many airlines, many public transportation systems and even Lyft and Uber remove their mask requirements.

Unger: Literally midair or mid-ride. A lot of controversy surrounding that. Let's talk about the appeal clearly vested interest in making sure that at least for the future that we have this option, what's behind that.

Garcia: The CDC wants to keep the mandate intact and you're right. It's also pressing that appeal to preserve their public health powers. Legal experts have talked about the fact that doing so is potentially risky because if the Florida ruling is upheld, it could weaken the agency's authority in the future. And I think if we curtail the CDCs powers to fight COVID and future pandemics, it will certainly leave the U.S. population in a situation where we're potentially less safe, where we have a public health agency that isn't able to react quickly in situations such as fees. I think it's notable that the administration appealed the ruling without seeking an immediate stay like many legal experts predicted they would because that stay of the ruling would've have been that quickest way to reinstate that mass requirement. We don't know for sure but this move could suggest that the administration's goal is more about legal principle and less about quickly reinstating that mass mandate. I think there's also the chance that this appeal could end up in front of the Supreme Court.

Unger: I'm obviously preserving this for the future and I hate to think about what it would've been like if we weren't able to do that two years ago, as far as travel goes, do people still have to wear masks when they travel?

Garcia: So while that appeal is underway, the federal mandate is not in effect but airlines and public transportation systems are free to introduce their own mandates. That doesn't appear to be happening right now. Those mandates are more the exception and then the rule I'll tell you what I was on the train coming in this morning, the Chicago Transit Authority was still indicating that masks are required but on domestic flights, all of the major carriers have made masks optional for passengers and crew. They may still be required if you're flying from some international destinations, depending on either the country or the airlines rules. And they're still required in some U.S. airport, so JFK, LaGuardia, Philadelphia, LA all still require masks but that could change very soon. And like I said public transit systems, their rules on masks right now tend to very widely by city and state

Unger: Speaking of one city, Philadelphia had reintroduced and reinstated a mask mandate but now my understanding is that has now been rescinded.
Garcia: Yeah, just four days later, Philadelphia announced that they would end their short-lived mask mandate that was receiving a lot of attention. And that mandate had been automatically triggered based on their health department’s metrics for putting a mask mandate back in place. When those daily, new reported cases increased by 70%, over a 10-day period and surpassed 100 cases a day, the health department put that in place but when they saw numbers start to plateau and that hospitalizations drop, the city said they would move to strongly recommend masks in indoor spaces as opposed to mandating them.

Unger: Now, I think a lot of the languages has changed. Signage around our office here is "Masks are welcome." The question around one-way masking and whether that works, do you have research one way or another?

Garcia: I think we know that masks work best when everyone in the room has them on but there’s still data that shows that people can benefit from wearing a mask, even when those around the them aren't. But it really depends on the quality of the mask and how well it fits. Health experts are still recommending the use of N95s, KN95s or KF94 respirators for that best protection particularly against Omicron and the BA.2 variant which is we know now the dominant version of COVID in the U.S. and around the world. There have been some modeling studies researchers looking at airline passengers who are sitting in the same row or one row away from someone who has COVID, who had a high risk of being infected but wearing a mask reduced that risk of infection by about 54%. There are a number of studies that show similar findings. The big takeaway here is that having a high quality, well fitting mask, particularly an N95, KN95 or KF94 respirator does reduce that potential exposure for the person wearing it.

Unger: I imagine that can be extremely important now that we see case numbers start to rise. I feel like so many people that I know have COVID-19 right now. What are the actual numbers out there?

Garcia: Right now in the U.S., we're averaging about 40,000 to 50,000 reported cases a day in the last two weeks, that's about a 53% increases in cases nationally. But again, those numbers are still nowhere near the levels we experienced during the winter surge. And one NPR interview health officials attributed this uptick to spring travel and what is being referred to as the great unmasking. In that same interview, Dr. David Rubin of the Children's Hospital of Philadelphia, who I know you've had on this show said, he thinks that overall the case increased has been more of a ripple than a wave. And he said when really look at the impact on hospitalizations it’s been fairly mild. And this is backed up by the New York Times data, which says that hospitalizations are hovering around 15,000 with an increase of 4% over the last two weeks.

Unger: And again, in my anecdotal understanding, a lot of the people that I know that have had this surge are just testing at home and they're not doing PCRs anymore. I imagine it's hard to keep track of the actual numbers but it doesn't look like it's translating into hospitalization so that’s really good news. And from a regional standpoint, are you seeing any standouts like in the Northeast?
Garcia: Yeah. Then the Northeast still, we’re hoping to begin to see some improvements there over the next couple of weeks. We’re also seeing upticks in the Midwest. If you look at Illinois, Wisconsin, Minnesota and then in Michigan and New Hampshire, cases have more than double to the start of the month. On the West Coast, Oregon has experienced an increase and in Southeast Florida has but the scientists at the CDC who are looking for those early warning signs of significant upticks and tracking wastewater are still saying that things look relatively reassuring.

Unger: That's good news. And in terms of deaths, are we still seeing reduction there?

Garcia: Death are still falling. They've decreased by more than 30% over the last two weeks. Again, we know that's consistent with what we would expect. I think with what that being said, the CDC released information from the national vital statistic system to look at death rates in the United States in 2021. And they found for the second year COVID was the third leading cause of death, just behind heart disease and cancer and death rates were the highest among non-Hispanic American Indian and Alaska Natives, and non-Hispanic Black or African-American people.

Unger: On the vaccination front, obviously, that continues to be important as we think about kind of these just wave after wave of surges. Let's talk a little bit in news about formulations that might be in the works to target variants or future ones that might arise.

Garcia: The latest news there is Moderna released results of a trial that suggested a new version of their vaccine designed to target variants offers better and longer lasting protection. The data released supports the company's strategy of developing those booster shots that combine different versions of the coronavirus. And the trial really showed that the version that combines the original version of the virus and the Beta variant increase the level of antibodies against a variety of variants, including Omicron. It was better than the regular booster dose according to the company. That study is not yet peer reviewed but it suggests that majority approach might work. And the company's lead booster candidate is designed to target the Omicron variant and the original version of the virus. That's still in testing, we don't have results yet but we're expecting them by the end of June.

Unger: How about on the treatment front, any news there?

Garcia: Yeah. Yesterday, the CDC issued a health alert or a health advisory to update health care providers, health departments and the public about the availability and use of recommended therapies for COVID-19. That health advisory also advises against the use of unproven treatments that have been known to cause potential harm for outpatients with mild to moderate COVID-19. For those who were not hospitalized or who are at increased risk for severe COVID-19 outcomes, there are several treatment options that are now widely available and accessible and physicians can find more information about that health alert and what is, and is not recommended on the CDC site. And I think we're also including that link in the description of this episode.
Unger: Excellent. This week we also saw an older treatment become available to a new population. What's the background on that?

Garcia: Yeah. On Monday, FDA approved the use of Remdesivir to treat COVID patients who are 12 and younger so extending that use of the treatment to cover kids, who we know are still not old enough to be vaccinated. Patients who are at least 28-days-old and are hospitalized or are at risk of developing severe COVID symptoms can be treated with that in antiviral injection. The approval applies to children who weigh about seven pounds. Previously, the drug had an EUA. The director of the FDA Center for Drug Evaluation and Research said that we know COVID-19 can cause severe illness in children. And some of them do not have a current vaccination option. This is the agency's first full of approval of a treatment for the pediatric population. As we know, officials have not authorized a COVID vaccine for children under five so having this treatment option available to this population will certainly help.

Unger: Well, thank you so much Andrea, that's it for today's COVID-19 Update. We'll be back with another segment next week. For information on COVID-19, visit our center at ama-assn.org/COVID-19 . Thanks for joining us 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.