COVID infections are increasing across the U.S. with Andrea Garcia, JD, MPH [Podcast]
AMA COVID-19 UPDATE
COVID infections are increasing across the U.S. with Andrea Garcia, JD, MPH

Jun 1, 2022

Listen on Simplecast

Featured topic and speakers

In today’s COVID-19 Update, AMA Chief Experience Officer Todd Unger reviews COVID-19 case trends coming out of the long weekend with AMA Director of Science, Medicine and Public Health Andrea Garcia, JD, MPH. Also covering Paxlovid treatments and "rebound infections," monkeypox infections and the AMA’s statement on the Texas elementary shootings that have devastated our nation.

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, thanks so much for joining us today. We're just coming off a big Memorial Day weekend with cases continuing to rise across the country. What did this weekend look like?

Garcia: Well, thanks for having me back, Todd, and yeah, many see Memorial Day as the official start of summer for the past couple of years. It really hasn’t felt that way but I think this year seemed different with more than 39 million people in the U.S. expected to travel this past weekend. And that is...
according to AAA.

Airports were ramping up in the expectation of getting closer to pre-pandemic travel numbers and also pointing to this being an indicator for a huge summer of travel. Overall, we certainly saw travel increases from last Memorial Day but it was not quite back to where we were in 2019.

I think months ago, some health officials were predicting that we would largely be out of the pandemic by now but as we’ve talked about, the virus continues to spread. New variants, continue to emerge. Another Omicron subvariant, BA.2.12.1, became dominant this past week. And as you said, known cases have climbed.

Unger: Well, I think the holidays serve as good markers for the pandemic. When we think back to where we were just two years ago, think about that. What's the contrast?

Garcia: Well, in 2020, the U.S. was on the verge of recording 100,000 deaths from COVID-19 and officials were urging Americans not to travel over the weekend. As you recall, states were just starting to reopen but many of those festivities, parades and other large gatherings were canceled.

And then in 2021, the death count was nearing 600,000 but we did have widening availability of vaccines along with federal guidance at that time saying that it was safe if you were fully vaccinated to take off your mask in most indoor settings. So more public gatherings were beginning to return.

This year, of course, Memorial Day observations largely took place. We know the number of COVID deaths recently surpassed one million and while COVID deaths are starting to increase in the U.S., they are low, comparative to the surge we saw in January and February.

Unger: How is the government advising folks right now given the context that we're in?

Garcia: Well, health officials in the Biden administration continue to warn those at high risk for COVID-19. And we know the federal health guidance has shifted to largely focus on the stress to the health care system. 73% of people, age 18 to 64, are now fully vaccinated. And of course, the youngest children are still not eligible for a vaccine.

So officials are starting to worry that with waning immunity and lagging booster rates, there is some increasing risk. Experts still recommend opting for outdoor gatherings and continuing to wear a mask for indoor group settings.

But I think we can't underestimate the virus’s ability to change and adapt quickly. And experience shows that we as a society are not always able or willing to do the same in keeping up with the necessary public health measures.
Unger: Yes, and along the lines of pandemic curve ball, we are seeing rising cases. And in fact, here in Chicago, we returned to orange levels this past week. What's happening in the rest of the country?

Garcia: So I would just note that we're coming out of a holiday weekend, which always results in delayed reporting. So, but if we look at the New York Times state of the virus last week, we were averaging about 110,000 new cases each day. That was roughly a 30% increase over the last two weeks.

If we want to put this in perspective, daily reports are about four times as high as they were in early April but that of course is still just a fraction of the numbers we saw in January during that initial Omicron surge when it was at its worst.

Hospitalizations are also increasing, though they are below peak levels seen during the winter. As of last week, about 25,000 people were hospitalized with the virus nationwide. About 11% of those patients were in the intensive care units. We look back to January, more than 150,000 people were hospitalized with COVID and more than 25,000 of them were in the ICU.

Unger: Where is the epicenter right now of this particular surge? Is it continued to be in the Northeast?

Garcia: Conditions in the Northeast do appear to be starting to stabilize. Case rates are still high there but they've started to either level off or decline when you look at New York, New Jersey and Rhode Island. Puerto Rico is reporting new infections at the highest rate in the country, so case levels there have started to level off in recent days. The territory’s recent hospitalization rate is higher than the national average but lower than some of the Northeastern states and infections.

And hospitalizations are starting to increase across the South and the Southwest. So average daily case reports have more than doubled in the past two weeks in Arizona, in South Carolina and in West Virginia.

Unger: Wow, well, as we continue to see cases rise, Paxlovid continues to make news and we had a chance to speak with Dr. John Farley from the FDA last week who gave us an update. What is the latest with this particular COVID treatment and is it becoming more accessible for the general public?

Garcia: The White House has announced that they're introducing new models for distributing Paxlovid and that's an effort to try and get that treatment out to more people. Paxlovid has been shown to help prevent severe disease and death from COVID if it's taken early in the course of illness. And that medication, which is available by prescription only is authorized for people 12 and older who have mild or moderate COVID, who are at risk for severe illness.
I think the guidance has been a bit vague and open to some interpretation, which has left some doctors hesitant to prescribe it. This new model will essentially start reimbursing some clinics for evaluating patients who test positive and then immediately prescribing Paxlovid to those who are eligible. The first of what the White House said would be a series of these federally supported sites would be in Providence, Rhode Island, and then other sites are expected in New York and in Illinois. And we know that federal workers are also being sent to a state-run testing site in Minnesota, which is a similar model.

Unger: And if you want to find out more information on Paxlovid, I encourage you to check out that interview with Dr. John Farley on our YouTube channel. Andrea, are we seeing Paxlovid changing the pandemic going forward?

Garcia: Well, in an interview with Dr. Ashish Jha, the White House COVID Response coordinator, he said that fundamentally what they’re trying to do is get to a point where COVID deaths are largely preventable and he indicated that he thinks we’re pretty close to there, that deaths from this disease really should become increasingly rare. And that has really been the goal of vaccines and treatments from day one, to minimize severe disease. And that while the treatment is beginning to take hold, we still lack good data on who’s receiving it and that’s going to be really important going forward.

Unger: I'm guessing that the data would also help us better understand these rebound infections, something we talked about with Dr. Farley and that we keep hearing about from some Paxlovid users. Do we have any updates on that?

Garcia: I think health officials are still trying to understand what is happening with those rebound infections. We did see the CDC issue a health advisory last Tuesday. They said that patients who experience a recurrence of symptoms after taking Paxlovid should isolate for five additional days. They said that case reports suggest that reoccurrence results in mild symptoms. They haven't seen reports of severe disease so far in these rebound cases. However, one question that hasn't been answered yet is if patients with COVID rebounds are more or less likely to spread the virus than they were during their initial illness. Hopefully, we'll continue to get more data that helps answer questions like these so people can make informed decisions.

Unger: Well, turning our attention from COVID-19 to another disease that's making a lot of headlines is the very scary-sounding monkeypox. Have we seen more cases crop up in the U.S. over the past week?

Garcia: We have and that was not unexpected. The CDC is saying there are 15 cases of monkeypox confirmed in the U.S., and those are across eight states. Those states are Massachusetts, Florida, Utah, Washington, California, Colorado, Virginia and New York. Officials in the U.S. say these cases are concentrated among men who have sex with men and that is nearing trends being in European
countries where the outbreak began.

But it's important to note that this disease is not limited to any one population. Anybody can contract monkeypox and that transmission largely happens from close physical or skin-to-skin contact. We know that the U.S. National Securities Council, Global Health Security and Biodefense senior director said that the White House, together with the CDC, is working to ensure that test vaccines and treatments are easily accessible to all who need them.

**Unger:** Well, right now it's a pretty low number of cases. How should we be thinking about risk with this particular disease?

**Garcia:** After more than two years of living through the pandemic, I think it's understandable that news of a new virus spreading has caused alarm. People really are nervous about it and have questions but health experts say that monkeypox is not likely to create a scenario that is similar to COVID, even as more cases are found.

We know that children and people with underlying immune deficiencies may have more severe cases but monkeypox is rarely fatal. And unlike COVID, there doesn't appear to be any pre-symptomatic transmission, which of course makes it easier to track and contain.

The CDC is urging people who have a new rash or who are concerned about monkeypox to contact their physician. And as we mentioned last week, the agency has asked doctors to be on alert for signs of this rash and says that potential monkeypox cases should be isolated and should be flagged to them. And to our earlier point, doctors should not limit their concerns to men who identify as gay or bisexual, or to patients who've recently traveled to Central or West African countries.

**Unger:** Well, just in closing, apart from COVID world, any other news, the AMA wants us to hear this week?

**Garcia:** Well, while it's not COVID-related, I think it's worth mentioning that last Wednesday the AMA released a statement on the recent shootings that have devastated our nation. And in that statement, AMA President Dr. Gerald Harmon, who we know is also a war veteran, said that as physicians, our mission is to heal and to maintain health but too often, the wounds we see in America today resemble the wounds he's seen in war.

We know each year more than 45,000 people in the U.S. die from firearm violence. Recent data of course indicate that firearm deaths are increasing and those disparities are widening. And while the ideal time to act and find common sense solutions and common ground might have been years ago, the best we can do now is to act today.
So we, the AMA are calling on lawmakers, leaders, advocates to say enough is enough. No more Americans should die of firearm violence and no more people should lose loved ones.

In addressing this as a public health crisis, the AMA over the past two decades has developed numerous policy recommendations to reduce firearm injury and death. And of course, we'll continue to advocate for initiatives that support these efforts.

**Unger:** And we'll be discussing this more in the days ahead, specifically what role physicians can play as we talk to a physician and advocate, Dr. Megan Ranney, who's been an extremely loud voice against gun violence for years and a prior guest on the show.

That wraps up today's episode. Thank you so much, Andrea, for being here. We'll be back with another segment on COVID-19 next week. For more resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us today. Please take care.

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