Vaccine progress for kids under 5 and more with Andrea Garcia, JD, MPH [Podcast]
AMA COVID-19 Update

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In today’s COVID-19 Update, AMA Chief Experience Officer Todd Unger discusses the latest on COVID-19 vaccines for fall with AMA Director of Science, Medicine and Public Health Andrea Garcia, JD, MPH. Also covering the vaccine rollout for kids under 5, as well as AMA's statements on the U.S. Supreme Court decisions regarding firearm violence and overturning Roe v. Wade.

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, let's just dig right into the numbers. My interpretation is not a lot of new news here. Is that the case?

Garcia: Thanks for having me back, Todd, and that's right. According to the New York Times State of the Virus, that daily case count remains largely flat, and it's been that way throughout the month of June. We're sticking relatively close to that 100,000 daily case number that we've been talking about for the last several weeks. There are of course some fluctuations, and that's largely attributable to the delays in COVID reporting over some of the summer holidays. For example, many states didn't report COVID data over the Juneteenth holiday weekend.
We know some states in the northeast like Vermont and Massachusetts are now seeing daily case counts on par with those seen in early March, before that spring surge began, and in the south and the west, cases are continuing to increase. Cases in Mississippi have more than doubled since the start of the month, and of course the concern is that we’re starting to see that BA.4 and BA.5 subvariant really increase, and represent a bigger proportion of cases.

Unger: So, in terms of the kind of lagging indicators, which in this would be hospitalizations and deaths, any change in that?

Garcia: Well, hospitalizations too have remained steady in recent weeks. We continue to see around 30,000 people in U.S. hospitals with COVID on an average day, and daily deaths from COVID remain stable. They’re roughly around 300 to 350 deaths each day. This is of course a fraction of the thousands seen during the winter peak, but I think it’s still much higher than we would like to see.

Unger: So, the big news last week of course, was about vaccinating kids under five. What is the word on the rollout there?

Garcia: Well, I think the word is that it’s going slowly but it’s not all due to vaccine hesitancy. We know some parents who want to get their kids vaccinated are encountering problems finding the vaccine and getting an appointment under the federal Public Health Readiness and Emergency Preparedness Act. Pharmacists can give COVID vaccines to all children ages three and older during the public health emergency. We know that Claire Hannan, the executive director of the Association for Immunization Managers ... I know you’ve had her on this show talking about vaccine rollouts. She spoke to NPR. She said their organization had been told by the CDC that they can only expect 10% of pharmacies to vaccinate that under five group, and that’s because many of them are not comfortable vaccinating younger kids.

Unger: Of course, that makes it even more important, the role that pediatricians play in this rollout, and obviously a big push to connect folks with their pediatricians. What’s your perspective on that?

Garcia: I think ideally, that’s what we’ll see, and in that same interview with NPR, Claire said that rollout will be much more reliant on pediatricians and family physicians than the previous rollouts have been. I think with that being said, there’s a number of challenges for providers in administering these vaccines. Part of it is the minimum order is 100 doses, and I think while pediatricians normally get single dose vials, when a kid comes in, they take out that vial from the fridge and they give it. They don’t have to worry about vaccine waste. Well with the COVID vaccine, it’s a 10-dose vial. So, if they give a shot to a child, they have nine more doses to administer within 12 hours, so they’re going to waste whatever is left. I think the message there has been, it’s better to waste a dose than to waste an opportunity to vaccinate a child. These are challenges that pediatricians have to deal with during the rollout.
Unger: Absolutely. Finally, on this topic, the FDA’s Vaccine Advisory Committee is meeting once again, this time talking about boosters for the fall, believe it or not, right around the corner. What's the word there?

Garcia: The committee is meeting to decide whether to update existing COVID vaccines to target newer versions of the coronavirus in a booster shot that Americans could get in the fall. The hope is to improve the vaccine to better boost people’s immunity, before that likely resurgence of the virus this winter. In order to move quickly, manufacturers have indicated that they may need to abandon lengthy human trials that have been used to test COVID vaccine over the past two years, and that's in favor of a process that would rely more heavily on lab tests and animal trials. The most recent human trials have taken five months, and even with relatively small groups, we know that the virus is evolving quickly, that new vaccine formulations have been out of date even before the trials are finished.

Unger: Gosh, and that's ... It's already July, so we are quickly coming up on that timeframe. Do they have any particular candidates under consideration?

Garcia: So, both Pfizer and Moderna have been studying an updated vaccine that targets the Omicron variant, and both companies took a financial risk and started manufacturing those doses, betting that the government would pick that to be the fall booster. Omicron itself has been overtaken, as I mentioned earlier, by subvariants, and many scientists, including Dr. Peter Hotez, believe that a booster targeting Omicron may not make much sense unless it also works against these latest subvariants, which is something that companies would find difficult to deliver in time. Either way, we should know more about which formulation will be used in the fall after today's meeting.

Unger: Well, in addition to COVID, it seems like every day brings some new public health crisis to the news. Let's talk about one of the first ones from last week, which was a major Supreme Court decision overturning Roe V. Wade. Talk a little bit about the AMA's response to that particular announcement.

Garcia: Yes. On Friday, immediately following the U.S. Supreme Court's ruling … the AMA released a statement attributed to our new president, Dr. Jack Resneck, saying that we are deeply disturbed by the decision to overturn nearly a half century of precedent protecting patient’s rights to crucial reproductive health care. He called the decision an egregious allowance of government intrusion into the medical exam room, a direct attack on the practice of medicine and the physician-patient relationship, and a brazen violation of patients’ rights to evidence-based reproductive health services. States that banned legal abortion will not end abortion. They will end safe abortion, risking devastating consequences, including patient’s lives.

Unger: I think, one of the things that we see from the data is that this could have a big impact on increasing health disparities. What does the data suggest there?
**Garcia:** Well, as this statement explains, state restrictions that intrude on the practice of medicine and interfere with that physician-patient relationship leave millions with little or no access to reproductive health services, and it criminalizes medical care. Given this access to legal reproductive care will be limited to those who have the sufficient resources, circumstances and financial means to do so, that of course, exacerbates health inequities by placing the heaviest burden on patients from Black, Latin-X, indigenous, low income, rural and other historically disadvantaged communities who we know already faced numerous structural and systemic barriers to accessing health care.

In closing, that statement emphasized that the AMA will always have physician's facts, defend the practice of medicine and oppose any law or regulation that compromises or criminalizes patient access to safe evidence-based medical care, including abortion. As the health of millions of patients hangs in the balance, this is a fight that we will not give up.

**Unger:** On a second major announcement from the AMA last week on a different topic, one that affects both patients and sadly, increasingly physicians themselves, this issue is about gun violence. Tell us more about that statement.

**Garcia:** In better news for the first time in nearly three decades, we saw new measures to confront the public health crisis of firearm violence become law. As you said, this law will save lives. We know physicians treat the victims of firearm violence each and every day. They've seen the horrific wounds from these weapons of war, and they've spent countless hours counseling patients and loved ones. This bipartisan firearm safety law includes funding for the implementation of extreme risk protection orders, closes the so-called 'boyfriend loophole,' expands background checks on people between the ages of 18 and 21 seeking to buy firearms. As our statement points out, this law is not a panacea, and more work remains to prevent firearm violence, but this is an important, critical step in the right direction.

**Unger:** Well, thank you so much, Andrea. That wraps up today's COVID-19 update. We'll be back with another segment covering this and other public health information next week. We hope everybody has a safe and happy Fourth of July holiday weekend. We'll be back soon with a new segment. For updated resources on COVID-19, visit ama-assn.org/covid-19. Thanks for joining us today, and please take care.

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