Top news stories from AMA Morning Rounds®: Week of July 11, 2022

Read *AMA Morning Rounds®*’ most popular stories in medicine and public health from the week of July 11–15, 2022.

**Monkeypox vaccine demand well above supply even as U.S. distribution triples**

CNN (7/14, Langmaid, McPhillips) reports HHS data show “the number of monkeypox vaccine doses distributed across the United States has more than tripled since last week,” even as “supply falls far short of demand – and short of the levels that experts say will be needed to control the outbreak.” More than 132,000 doses of Bavarian Nordic’s two-dose Jynneos vaccine “have been pulled from the national strategic stockpile and distributed nationwide, according to HHS data, but it hasn’t been enough to meet demand.”

**Adenovirus 41 may be contributing factor in unexplained acute hepatitis in children**

The New York Times (7/13, Anthes) reports, “For months, scientists around the world have been investigating cases of severe, unexplained hepatitis...in previously healthy children.” Now, two studies published in The New England Journal of Medicine “report that two medical centers – one in Birmingham, [Alabama] and another in Birmingham, England – have seen increases in the number of children with acute, unexplained hepatitis in recent months.” These studies present “more circumstantial evidence that adenovirus 41, which often causes gastrointestinal symptoms, may be a contributing factor.”

MedPage Today (7/13, Phend) reports that “among nine such children seen in Alabama from October 2021 through February 2022, eight tested positive for human adenovirus.” Meanwhile, among the “44 children with acute hepatitis of unknown cause at one of the three pediatric liver-transplant centers in
the U.K. from January 1 to April 11, 2022, 27 of the 30 who had molecular testing for human adenovirus were positive.”

**COVID-19 pandemic led to surge in superbug infections, deaths in U.S. hospitals**

The Washington Post (7/12, Sun) reports, “The coronavirus pandemic caused a surge in superbug infections and deaths in U.S. hospitals, reversing years of progress fighting one of the gravest public health challenges in modern medicine, according to a new analysis [PDF] released Tuesday by the Centers for Disease Control and Prevention.” In 2020, “infections and deaths among several serious pathogens increased about 15% overall from 2019, the report said.” The greatest “jump was in carbapenem-resistant Acinetobacter, bacteria that cause pneumonia and wound, bloodstream, and urinary tract infections,” which “jumped 78%.”

Reuters (7/12, Mishra) reports the CDC also “said that more than 29,400 people died from antimicrobial-resistant infections during the first year of the pandemic and that of those, nearly 40% had acquired the infection in hospital.”

**Patients of color receive less supplemental oxygen in ICU due to pulse oximeter inaccuracies**

Reuters (7/11, Lapid) reports a flaw in pulse oximeters that measure “oxygen levels causes critically ill Asians, Blacks and Hispanics to receive less supplemental oxygen to help them breathe than white patients, according to data from a large study published” in JAMA Internal Medicine. Among the “3,069 patients treated” in the ICU “between 2008 and 2019, people of color were given significantly less supplemental oxygen than would be considered optimal compared to white people because of inaccuracies in pulse oximeter readings related to their skin pigment, the study found.”

Separately, HealthDay (7/11, Quinlan Houghtaling) reports a study published in the BMJ found “the devices often miss dangerously low blood oxygen levels in Black veterans.”

**CMS proposes new 2023 Physician Fee Schedule rule**

A HealthLeaders Media (7/8, Asser) analysis said, Physicians “face costly cuts to Medicare reimbursements in the 2023 Physician Fee Schedule proposed rule by CMS.” This “newly released
proposed rule features a decrease of $1.53 to the calendar year (CY) 2022 conversion factor of $34.61, resulting in a conversion factor of $33.08 for CY 2023.” The article added, “Physician groups have expressed their displeasure and frustration with the proposed rule, suggesting that the cuts” are as damaging to patients as they are to physicians. In a statement from the American Medical Association, AMA President Jack Resneck Jr., M.D., said, “It is immediately apparent that the rule not only fails to account for inflation in practice costs and COVID-related challenges to practice sustainability, but also includes a significant and damaging across-the-board reduction in payment rates.”

Meanwhile, MedPage Today (7/8, D’Ambrosio) reported “proposed changes related to expansion of behavioral health, cancer screenings, dental care, and patient access to ACOs [accountable care organizations] will likely be more warmly accepted by physicians and patients alike.”

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