AMA Update covers a range of health care topics affecting the lives of physicians, residents, medical students and patients. From private practice and health system leaders to scientists and public health officials, hear from the experts in medicine on COVID-19, monkeypox, medical education, advocacy issues, burnout, vaccines and more.
In today’s AMA Update, free COVID tests, vaccines and treatments could be ending soon. AMA Vice President of Science, Medicine and Public Health Andrea Garcia, JD, MPH, also covers the continued decline in U.S. life expectancy and FDA’s authorization of Moderna and Pfizer boosters for fall. AMA Chief Experience Officer Todd Unger hosts.

Learn more at the AMA COVID-19 resource center.

Visit AMA’s monkeypox resource center.

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Transcript

Unger: Hello, and welcome to the AMA Update video and podcast, an ongoing series covering a range of health care topics affecting the lives of physicians and patients. Today we have our weekly look at the headlines with the AMA's Vice President 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 begin with the big news that broke right before the holiday weekend—the authorization of the new Omicron boosters. We're talking to the AMA's ACIP liaison Dr. Sandra Fryhofer in more detail about this tomorrow. But at a high level, what do people need to know?
Garcia: Well, thanks for having me back, Todd, and that's right. As anticipated last week, we saw the FDA authorize two separate bivalent COVID boosters, the one from Pfizer and BioNTech, and the other from Moderna. Both are specifically formulated to target the Omicron subvariants that we know are circulating right now. CDC's Advisory Committee on Immunization Practices, or ACIP, met on Thursday.

They voted 13 to 1 in support of using these new bivalent boosters in the U.S. population. And then later that same day, we saw the CDC director sign off on that recommendation. And so that opens the door for the rollout of the fall booster campaign that the Biden administration has been planning for months.

Unger: And the AMA weighed in on that authorization. What was the response?

Garcia: Yeah, in the AMA statement published last week, Dr. Fryhofer said that the AMA welcomes the recommendation by ACIP. She noted that with COVID-19 infections continuing to impact the U.S. population and, of course, an increase in infections expected this fall and winter and data showing that the updated bivalent vaccines will increase immune response and help provide protection against severe outcomes, including hospitalization and death—of course, the AMA continues to strongly urge everyone to stay up to date on their COVID-19 vaccines, including recommended booster doses. And those boosters, as we said, do target that original strain of the virus and the BA.4 and BA.5 subvariants which make up 90% of current infections in the U.S. right now.

Unger: And who is eligible to get the new booster dose and when will the shots be available?

Garcia: So Pfizer's updated booster dose is currently authorized and recommended for use in those age 12 and older. Moderna's booster dose is for adults 18 years and older. The doses can be given to those who've completed their primary series or who had their last booster dose at least two months ago. The vaccines are expected to be available this week in pharmacies and doctor's offices and in community health centers.

We know many mass vaccination clinics across the country have closed. We talked about that in last week's episode. So you may have to seek out a new vaccination site. And you can always look at vaccines.gov to find a location near you that has the updated COVID booster vaccines. And then in a separate statement last week, AMA President Dr. Jack Resneck said that as we prepare for a potential fall and winter surge of COVID-19, the AMA encourages all who are eligible to get a booster, review those available options. If you have questions, talk to your physician.

Unger: And the AMA, in anticipation of the new boosters being approved for use, has already released updated CPT codes to support physicians and their practices.
**Garcia:** That's right. We announced an editorial update to the CPT code set for these new bivalent COVID-19 booster doses. There are eight new codes. Four for the Moderna booster and four for the Pfizer booster. Four of the eight codes are effective for use immediately, and that is based on FDA’s authorization for emergency use of the vaccine. So clinicians can begin to document and bill for administering the booster doses as soon as those vaccines are available. There are four CPT codes for use of Moderna and Pfizer in kids under 12, and those codes will be effective for use on the condition that the FDA authorizes those updated boosters for that age group.

**Unger:** Thank you and turning to the numbers, good news for these vaccines as we head into the fall, obviously, and what are we seeing right now in terms of the trend?

**Garcia:** Well, as we've been reporting, COVID cases continue to fall across the country with more than 30 states seeing declines in the past two weeks, and that's according to the New York Times data. Reported cases are sitting around 80,000 per day. That's down from 130,000 per day in mid-July.

Of course, we're coming out of a holiday weekend. We've been doing this long enough to know that that means delays in reporting. And so that's likely impacting our numbers.

**Unger:** How about hospitalizations and deaths?

**Garcia:** Hospitalizations are continuing to decrease as well. About 36,000 people are currently in U.S. hospitals with COVID-19. That's a decrease of about 11% in the past two weeks. And deaths due to COVID have remained relatively flat.

There has been a slight tick upwards. That daily average right now is around 489 deaths per day. For the past several weeks, that number has been hanging around just below 500, again, highlighting the need for everyone to stay up-to-date on their vaccines. We know the risk of death or serious outcomes may be lower, but it's certainly not gone.

**Unger:** Yes, 500—at that is a lot of people every day. So get that booster. To back that up, even more news came out last week, highlighting how the pandemic has affected U.S. life expectancy. That was not good news. What can you tell us about those numbers?

**Garcia:** According to The New York Times, federal health researchers reported that average life expectancy of Americans fell in 2020 and in 2021. And what we're seeing is the sharpest two-year decline in nearly 100 years and a reminder of the toll the pandemic has taken. In 2021, the average American could expect to live until the age of 76 and that figure represents almost a three-year loss since 2019, when we could expect to live on average to 79 years.

The National Center for Health Statistics reported that the reduction has been particularly steep among Native Americans and Alaska Natives. The average life expectancy in those groups was
shortened by four years in 2020 alone, and while the pandemic has driven most of the decline in life expectancy, it’s not the only thing driving those numbers. We know there’s been a rise in accidental deaths and drug overdoses. That’s contributed, as has heart disease, chronic liver disease and cirrhosis.

Unger: Well, in the face of that, last week, we also talked about the lack of federal funding was affecting the availability of free COVID testing kits and the ability of state and local health departments to distribute vaccines. Now comes word that other programs are also being affected. What can you tell us about that?

Garcia: It was reported in the Hill that Biden officials planed to shift COVID-19 vaccine and treatment coverage to the private market and that could happen as soon as January. Don O'Connell, who is the assistant secretary for preparedness response, said that as early as January of 2023, the administration anticipates that they'll no longer have the federal funds available to purchase or distribute vaccines, and they'll need to transition these activities to the commercial market similar to seasonal flu or other commercially available vaccines. And while the Biden administration said that, they've always planned to have the government get out of the central role they've been playing eventually. That's been accelerated because Congress has not provided funding for the government to continue purchase more vaccines and treatments. The purchasing and distribution of these measures to fight COVID is going to work more like the rest of the health care system does rather than the government playing that leading role going forward.

Unger: What does that do to folks who are uninsured? How would something like that affect them?

Garcia: The patients with private insurance will still have access to vaccines and treatment as part of their plan but the uninsured are going to face additional challenges getting access. The announcement last week is not expected to affect that fall push for new booster shots because those have been purchased by the government and like the earlier COVID vaccines, they are going to be provided for free.

Unger: And now a bit about treatments—we have a little bit more information now about Paxlovid, highly touted treatment for COVID. What's the latest information there?

Garcia: We have the results of a new retrospective cohort study out of Israel. The study is one of the first published that really looks at the real world effectiveness of Paxlovid against the Omicron variant. We know that when the Pfizer trials of Paxlovid were conducted, that was during the surge of Delta and it included only unvaccinated individuals. So there have been questions about how it's performing in the real world and how it's performing against the Omicron variant and among patients who are either vaccinated or have some immunity from prior infection. And as a reminder, this drug hasn't been available in the U.S. since December.
Unger: A lot of variables at work there. What did the study find out given what they looked at?

Garcia: So the study found that treatment reduced hospitalization and death in older patients during the Omicron surge, specifically in Israel earlier this year. But it made no difference for patients who are under 65 or at high risk for disease. It also didn’t address another issue that we’ve been getting a lot of questions about and that is just how often patients experience that rebound of COVID after taking the drug. We have seen other studies that do show benefits of taking the drug in the 50 to 64 age group, and given this message, given this finding, Dr. Ashish Jha, the White House COVID coordinator, said that the data still indicates that the drug should be administered to anyone aged 50 and older as soon as they develop symptoms as well as to anyone who has health conditions leaving them vulnerable to the illness. He noted that Paxlovid has few side effects and there is no shortage of this drug in the U.S.

Unger: Well, Andrea, before we close, let’s take a quick check on one of the other big concerns on people’s minds, which is monkeypox. What are we looking at in terms of cases there?

Garcia: Well, according to the CDC, we’re just approaching nearly 20,000 confirmed cases of monkeypox in the U.S. Those case numbers continue to increase overall. But as we’ve talked about, the speed of the outbreak does appear to be slowing down in major cities across the U.S.

Public Health experts have cautioned about whether the outbreak has peaked, since community outreach efforts we know are ongoing and that can lead to finding more cases. The CDC director said recently that they’re watching this with cautious optimism. They’re really hopeful that the harm reduction messages are getting out there as well as the vaccines and that they are working.

Unger: And we'll continue to monitor that situation as anything develops. But that wraps up today's episode. Andrea, thanks so much for being with us here today. We'll be back soon with another AMA Update. You can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today and please take care.

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