New COVID booster, monkeypox vaccine eligibility & polio in New York with Andrea Garcia, JD, MPH

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.

Featured topic and speakers

In today’s AMA Update, AMA's Vice President of Science, Medicine and Public Health, Andrea Garcia, JD, MPH, shares the latest CDC recommendations, research data and study findings on: poliovirus in New York, HIV and monkeypox—as well as COVID hospitalization rates and the effectiveness of vaccinations and boosters during Omicron. AMA Chief Experience Officer Todd Unger hosts.

Visit AMA’s monkeypox resource center.

Learn more at the AMA COVID-19 resource center.

Speaker

Andrea Garcia, JD, MPH, vice president, science, medicine & public health, American Medical Association

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 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. Well, welcome back, Andrea.

Garcia: Well, thanks for having me.

Unger: Following up on our discussion last week, we talked about the authorization of the new Omicron boosters. I got mine. Now the administration is thinking about how these are going to be distributed well into the future. Let's start our discussion with that.

Garcia: Yeah, so according to a Washington Post article, White House COVID coordinator Dr. Ashish Jha said last week that these newly reformulated boosters are really an important milestone in the U.S. pandemic response. And it's moving the country to a point where a single annual COVID shot could provide a high degree of protection against serious illness all year. That cadence would be like an annual flu shot, which we know could be co-administered.

Dr. Jha said that those updated booster shots will offer protection during the busy cold and flu season. And the government hopes that we're transitioning people to getting the vaccine yearly. We know typically, at least half of U.S. adults do get a flu shot.

And moving to a yearly COVID shot would certainly be a shift from our current practice, where Americans, particularly those at higher risk, have been urged to get boosters every few months, since we know immunity wanes over time. I think the thing to keep in mind is this plan for an annual shot could certainly change dramatically if a different variant emerges.

Unger: That makes sense. As a quick reminder to the folks out there, who actually can get these boosters and what impact do we expect them to have on our numbers as we head into the fall?

Garcia: Yeah, so the bivalent booster shots are available for people 12 and older they target that original strain of the virus and the BA.4, BA.5 Omicron subvariants, which we know remain the dominant circulating strain of the virus here in the U.S.

CDC director Dr. Rochelle Walensky, citing modeling projections, said if the public embraces these boosters early in the fall at a rate similar to that of which we embrace the flu shot, about 100,000 hospitalizations and 9,000 deaths could be prevented. We know the federal government has purchased more than 170 million doses of this updated booster and they began shipping last week.

Unger: That's great. What do we look like in terms of cases at this point?

Garcia: So reported COVID cases have fallen significantly in recent weeks, which is good news. The national average is hovering around 65,000 cases per day. That's based on The New York times data.
It's a decrease of about 25% in the last two weeks. And as we talked about last week, those current figures are skewed somewhat because of Labor Day holiday.

We know that we often see those delays in reporting coming out of a long holiday weekend. Still, case counts are in better shape today than a month ago, when nearly 120,000 cases were reported each day. And if you look across the country, cases have decreased over the past two weeks in all but a handful of states.

**Unger:** Well, that's some very good news. Does that translate into fewer hospitalizations and deaths?

**Garcia:** It does. The daily average of hospitalizations is continuing to improve. Fewer than 35,000 people are currently in U.S. hospitals with COVID each day. That's a decrease of about 9% over the past two weeks.

The New York Times is reporting about 375 average daily deaths. That's down 22% over the last two weeks. But again, that data could be skewed because of the reporting coming out of the holiday weekend. Still, deaths are far fewer than they were a year ago, when we were in the midst of the Delta variant, causing more than 1,500 deaths per day.

**Unger:** More good news. Still, pretty high number. Are we still seeing similar trends with our other viral emergency, monkeypox?

**Garcia:** And so according to the CDC, there have been more than 22,000 confirmed cases of monkeypox in the U.S., and that's since the first case back in May. Although the total confirmed cases continues to increase each week, it's being widely reported that the outbreak has slowed significantly since July. And I think that's because of awareness but also vaccination efforts have ramped up.

Dr. Daskalakis, who is the deputy head of the White House Monkeypox Response Team, said it took 25 days for cases to double in August and that's down from eight days in July. We know California, New York, Illinois and Texas have had the highest number of cases and they're all seeing significant declines over the past month.

**Unger:** And to I guess hopefully continue that momentum, the Biden administration said it may take another step in the fight against monkeypox. What is that plan?

**Garcia:** So U.S. officials are considering broadening those recommendations for who gets vaccinated against monkeypox. That could possibly include men with HIV, those recently diagnosed with other sexually transmitted diseases. Currently, the CDC recommends the vaccine to people who are a close contact of someone who has monkeypox, people who know a sexual partner was diagnosed in the past two weeks, and gay and bisexual men who've had multiple sex partners in the last two weeks in an area with known virus spread.


Copyright 1995 - 2021 American Medical Association. All rights reserved.
Unger: What's the impetus for expanding that vaccine eligibility? Are we looking also at an increase in supply?

Garcia: So there was a new CDC study that was released last week and it showed really a higher than expected share of monkeypox infections in people with other sexually transmitted infections. And so the report suggests that infections in people with HIV and other STIs may be a bigger issue than previously realized.

Dr. John Brooks, who is the chief medical officer for the CDC's monkeypox outbreak response, who is a friend and has been on this show, said the report represents a call to action. Dr. Brooks also told the Associated Press that he expected vaccine recommendations to expand and that the White House, together with the CDC, are working on a plan for what that will look like.

Unger: Well, in other government news, we talked about, before, the lack of government funding for free COVID testing kits, vaccines, treatments, things we've taken for granted, perhaps, over the last couple of years. Any update on that front?

Garcia: According to The Washington Post, the Biden administration recently asked Congress to approve more than $27 billion in new emergency funding this fall. And that would be for COVID and for new monkeypox vaccines. Of that $27 billion, $22.4 would go toward that next generation COVID vaccine and treatments but it would also go to help restart programs that recently ran out of funds, like we've talked about, providing those free testing kits. That program ended at the beginning of September.

The other $4.5 billion would be used for the monkeypox response. And it could help the government purchase and distribute the JYNNEOS vaccine that we know has been in short supply for months. We should know by the end of this month if that emergency funding is going to be approved.

Unger: Now, Andrea, there was a new report published last week on the effectiveness of vaccinations and boosters during Omicron, which helps to underscore the need for this funding. What did the study show?

Garcia: That was a research study that was led by the CDC and published in JAMA Internal Medicine. And it found that those who were vaccinated against COVID had a much lower hospitalization rate than those who were unvaccinated. So according to that study, after the emergence of the Omicron variant, the rate of COVID hospitalizations in the U.S. was 10.5 times higher in unvaccinated adults.

It also found that the rate of hospitalization of adults who were vaccinated but not boosted was 2.5 times higher than in boosted recipients. Monthly COVID hospitalization rates were also 3.5 to 17.7 times higher in unvaccinated patients than in their vaccinated counterparts. And that was regardless of whether they had received a booster.
So those researchers concluded that the high hospitalization rates of unvaccinated compared with vaccinated persons, and that includes with and without a booster dose, underscores the importance of COVID vaccination in preventing hospitalizations and suggests that increasing vaccination coverage, including booster doses, can prevent the most severe outcomes.

**Unger:** Well, thank you for that data. Another headline reminds us the importance of being up-to-date on all vaccines and not just COVID vaccines. There is a state of emergency now in New York regarding, of all things, polio, something we thought we’d put behind us. Tell us what we need to know there.

**Garcia:** So this is an issue we’ve been keeping our eye on for a while now. And for those who haven’t been following it, back in July, a person in New York State was diagnosed with polio. First case identified in the U.S. in nearly a decade. Last week, we saw the New York Governor declare a disaster and that’s amid evidence of circulating polio virus.

According to the CNN, sequence analysis of wastewater surveillance from the CDC found the polio virus in samples in a total of five different counties in New York in the last two months. And both are samples of concern, indicating that they are types of polio virus that can cause paralysis in humans.

**Unger:** That’s scary. And what exactly does the emergency declaration mean?

**Garcia:** So that declaration and executive order requires health care providers to give polio immunization data to their state health department, and that is to help focus vaccination efforts where they’re most needed. We saw New York State Health Commissioner Dr. Mary Bassett say, in a statement, that the polio in New York today is an imminent threat to all adults and children who are unvaccinated or who are not up-to-date with their polio immunizations.

And Dr. Jose Romero, who’s the director of CDC’s National Center for Immunization and Respiratory Diseases, said that the polio cases identified in New York are really just the very, very tip of the iceberg. And there’s indication that there must be several hundred cases in that community circulating. Dr. Bassett, of course, urged all New Yorkers to get vaccinated as soon as possible.

**Unger:** And we’ll keep an eye on that situation and keep you updated as things develop. That wraps up today’s episode. Thank you so much, Andrea, for being with us 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.

**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.