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

AMA's vice president of science, medicine and public health, Andrea Garcia, JD, MPH discusses the latest from the CDC on monkeypox treatments and universal masking guidelines for health care settings. Also covering new Omicron boosters and "most resistant variant" emerging in the UK. AMA Chief Experience Officer Todd Unger hosts.

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.
Andrea, let's start off by talking about the new bivalent booster. Word on the street is the uptake is on the slow side. Is that the truth?

**Garcia:** Yeah, well, reports have suggested that the updated boosters are having a visibility problem and that's according to a recent report by the Kaiser Family Foundation. By mid- to late September, nearly half of adults had heard little to nothing about these new boosters and I think there are many others who are confused about whether they are eligible to receive these new vaccines. The exception that we're seeing is older adults.

Since the initial rollout, people 65 and older, who are the most vulnerable to COVID complications, have been the largest group to get vaccinated and they also displayed the broadest awareness of the new booster, according to the survey. I think this is where physicians can play a really important role in educating patients and asking about them about the updated booster at annual checkups or other appointments.

**Unger:** Absolutely. And we talked last week about the availability for the next age group younger, that's 5 to 11, thinking that would be mid-October, which is right around the bend, of course. Is that progressing as expected?

**Garcia:** Yeah. If you're following the media reports, it looks like FDA authorization for these updated COVID boosters could be available for younger kids as soon as early October. Of course, those vaccines will have to be authorized by FDA and recommended by the CDC for use in those age groups. We do know that both Pfizer and Moderna have asked FDA to authorize those boosters for young children, and we're currently waiting on the review of that data and that authorization by FDA.

As we've discussed, these boosters target the original COVID-19 strain and the Omicron BA.4, BA.5 subvariants, so they're just like the boosters that became available to those 12 and older in September. I think it's important to keep in mind that those original monovalent booster doses from Pfizer and Moderna do remain available for this younger population. And then according to the CDC guidance, children and adults who have recently had COVID could consider delaying their booster dose for three months.

**Unger:** Now, we, of course, are already in October and heading quickly toward winter. Do we have any idea what to expect as we head into what is typically heavy season in terms of surges both for possibility of COVID and for flu?

**Garcia:** Well, it looks like the United Kingdom may be heading into a fall COVID wave, and experts say the U.S. may be next. I think we've talked before that, historically, what happens in the U.K. with COVID is reflected here within a matter of weeks. So this wave may be driven by several new and highly immune-evasive strains of the virus, all of which, for now, seem to be subvariants of Omicron. So one called BA.2.75.2 appears to be spreading quickly in India, Singapore and areas within Europe,


Copyright 1995 - 2021 American Medical Association. All rights reserved.
and one virologist called this new strain the most resistant variant we’ve ever evaluated.

Researchers in China and Sweden have also found this variant can evade nearly all of the monoclonal antibodies that are used for treating COVID-19. But here in the U.S., right now, BA.5 remains the dominant variant but its proportion is starting to decline. And we’re seeing BA4.6 and BF.7 starting to increase. We know the virus keeps evolving and experts know that many more people have recovered from infection or have received that additional vaccine dose, including the Omicron-specific booster. So there’s really hope that that is going to boost our overall antibody levels going into the fall and winter.

Unger: Well that is some worrisome news, and I guess we should not take for granted the trend that we’ve been seeing. Are we continuing to see that decline or are we seeing any hints of a surge at this point?

Garcia: So most northeastern states are seeing cases start to increase in the past two weeks, and in the west, we’re seeing case counts climbing in states such as Montana, Washington and Oregon. But nationally, if we look at those numbers, COVID cases have continued to fall. We’re at just over 46,000 cases per day being reported nationwide. It’s the lowest level since April of 2022 and a decrease of 24% over the past two weeks.

Unger: And on the hospitalization and deaths, those stats, kind of similar story to what we were seeing last week, which is perplexing. What is the word there?

Garcia: So hospitalizations are falling. The daily average is 27,596 people hospitalized with COVID. Nationally, they’ve declined by 12% over the past two weeks. Deaths remain that most concerning statistics nationally. We’re still hovering around 400 deaths reported per day on average. That number is down 12% over the past two weeks.

Unger: Well, in more COVID-19 news, the U.S. Department of Health and Human Services released two reports on long COVID in response to a memo from President Biden calling for a government response on this issue, which is still very incredibly important and lots of questions there. Andrea, what can you tell us about those reports?

Garcia: Well we know that long COVID or post-COVID conditions continue to be pervasive problems. They’re affecting between 7 and 23 million Americans and causing lost work hours for at least a million Americans. One of the HHS reports outlines a national research agenda around prevention, diagnosis and treatment of long COVID. These reports are really the first time HHS has collected all of the long COVID research into one place, which, according to Dr. Rachel Levine, who’s the assistant secretary for health with HHS, helps to create a cohesive path to move forward.
The second report is designed to help patients, families and communities and public, private organizations, and it compiles 200 federal services and supports for people who have long-term effects of COVID-19. And according to Dr. Levine, this data shows that between 5% and 30% of people with COVID will experience some form of long COVID.

**Unger:** That's interesting, because we talked to several experts over the course of the pandemic and those numbers, they've really held. So hopefully we'll continue to learn more about long COVID and how to address that. And we'll follow all that research as it comes out. We'll also continue to see changes in our current COVID response.

Last Monday, the CDC revised its guidance about universal masking in health care facilities. What do we need to know about this?

**Garcia:** Well, this decision reflects a major departure from the CDC's previous infection prevention and control recommendations for universal masking in health care settings, and the CDC states that relaxing of the masking guidance reflects high levels of vaccine- and infection-induced immunity and, of course, the availability of effective treatments and prevention tools. I think it's important to keep in mind that this is not an across-the-board lifting of masking in health care settings, which, based on some of the reporting out there, it could be seen that way. But this change really applies to facilities that are not in areas of high COVID transmission.

We know that about 73% of the U.S. is experiencing high rates of COVID transmission and the removal of masks in health care settings is not going to apply to most of the country right now. When SARS-CoV-2 community transmission levels are not high, it's going to be up to individual health care facilities to choose whether or not to require universal masking. So you'll see those decisions being made on a local level within each facility.

**Unger:** Andrea, let's turn our attention now to another virus of concern, which is monkeypox. How are the numbers looking this week?

**Garcia:** Well, overall, the virus is showing signs of waning in the U.S., which is easing some fears about the virus spilling into populations of older adults, pregnant women and young children. However, we are seeing case numbers going up in a few states, such as Indiana, Virginia and Massachusetts, and Hispanic and Black men are making up nearly 2/3 of those infected. There have been over 26,000 reported cases of monkeypox in the U.S. and the U.S. accounts for nearly 40% of the global case count.

I think, in addition, it's important to note that the CDC has shared that there have been severe manifestations of monkeypox among people who are immunocompromised due to HIV or other conditions. This indicates that HIV status should be determined for sexually active adults and adolescents with suspected or confirmed monkeypox.
Unger: Well, related to this, the CDC also issued a new warning about monkeypox. What is the clarification there?

Garcia: Yeah, so CDC issued a health advisory last Thursday about severe illness in people with monkeypox as observed in the U.S. in the current outbreak. And, again, people who are immunocompromised are at higher risk for severe manifestations. This alert came as Ohio reported an individual with monkeypox died. This was the third known death of a patient with monkeypox in the U.S.

The Ohio Department of Health on Friday said that an adult male with monkeypox had died and the individual did have other health conditions. The first death due to monkeypox was confirmed last month in LA County. The county public health department and the CDC said the person had a severely weakened immune system and had been hospitalized. And there was also a patient in Harris County, Texas, who had monkeypox and died in August.

The virus’ role in that death and the impact of monkeypox are still being confirmed. I think, with that being said, it’s important to note that deaths from monkeypox are still extremely rare, and globally, among 67,000 reported cases in the current outbreak, there have been 27 deaths, according to the WHO.

Unger: Andrea, is there any news that we need to know about the vaccine and treatments that are being used to help contain the outbreak?

Garcia: So last week, the CDC announced that it’s expanding the eligibility for the JYNNEOS monkeypox vaccine, and that is now to include higher-risk people who’ve not been exposed to the virus. So it’s really shifting to a pre-exposure prophylaxis strategy. And while some research does suggest that a single dose of the two-dose vaccine may not protect sufficiently against that virus, according to data shared by CDC last Wednesday, men at high risk for monkeypox were 14 times more likely to be infected if they were unvaccinated and that was compared to those who were at least two weeks past their first dose of the vaccine.

This research reflects early data collected on the efficacy of the monkeypox vaccine. I think it’s an important milestone in the administration’s fight against monkeypox. And we heard CDC Director Dr. Rochelle Walensky say that this new data provides us with a level of optimism that the vaccine is working as intended. On the treatment side, we know that Siga Technologies did win a DOD contract for its Tpoxx antiviral treatment and Tpoxx is the drug that is available via CDC’s expanded access protocol to treat monkeypox virus.

Unger: Well, I think optimism is a good note to end today’s discussion on. Andrea, thanks so much for being here. 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. 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.