

Dr. Jha: How to stop coming winter wave of respiratory illnesses

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The United States was one of the first countries to develop and authorize a BA.4/BA.5 bivalent vaccine to fight COVID-19. “All the evidence so far suggests that these vaccines are really working great,” said Ashish Jha, MD, MPH, the White House’s COVID-19 response coordinator.

But more work is ahead. Dr. Jha discussed the new bivalent COVID-19 shots and what doctors can do to boost their uptake during an episode of the “AMA Update.”

Americans can expect to see a substantial increase in infections later this fall and winter. “But the good news is we can do something about how big a wave, how many people will end up in the hospital.”

The solution, he said, is to get patients vaccinated and boosted, and to get those who acquire SARS-CoV-2 effective treatments in a timely fashion.

Visit the AMA COVID-19 resource center for physicians for clinical information, guides and resources, and updates on advocacy and medical ethics.

Evolution points to a new formula

SARS-CoV-2 vaccine effectiveness in preventing transmission has waned over time due to viral evolution. When Omicron hit, it was clear that the U.S. needed a bivalent vaccine, said Dr. Jha.

Six months of data from Moderna and Pfizer-BioNTech showed that the bivalent vaccine was safe and worked better than the original at protecting people against infection and transmission.

“It made all the sense in the world, in early July, when FDA [Food and Drug Administration] said to the companies: Go out and build a BA.5 bivalent vaccine because that's the virus that's going to be out there,” he said.

Rollout “off to a strong start”

About 10 million people received the bivalent shot in September. “We thought of this as a pretty strong start. But we're going to build on that during the month of October, get the word out about the importance of this,” said Dr. Jha.

Half of adults have heard “a lot” or “some” about the updated vaccines, while 31% have heard “a little” and 20% said they had not heard anything at all about it, according to the Kaiser Family Foundation COVID-19 Vaccine Monitor survey, as of last month.

U.S. government scientists agree that for most people, there will be an annual SARS-CoV-2 vaccine booster dose. “If you were a 40-year-old and you got a booster shot last November, you were still protected against serious illness until now,” explained Dr. Jha.

Higher-risk patients such as older adults and people with compromised immune systems will likely get vaccinated every six months.

“If you're older and higher risk, you're at substantially higher risk of getting not only infected, but hospitalized and dying this fall,” he cautioned.

Physicians’ critical role

While the United States is in a much better place than it was two years ago, COVID-19 continues to exact a heavy toll.

“We still have 400 deaths a day. That's a new disease causing 130,000 to 150,000 deaths a year,” Dr. Jha said.

But congressional action has disappeared. “They've stopped funding the response,” he said, warning that few other buckets of money will be available for COVID-19 funding in 2023.

This means that payment for COVID-19 vaccines, treatments and testing will eventually come out of people's insurance and other existing programs.

“Our job is trying to make sure that happens in as least disruptive a way as possible,” he said. “We have to make sure there are no financial barriers to people being able to access those things.”

For this fall and winter, vaccines will be widely available at no charge to patients.

Physicians have an incredibly important role to help ensure that people get safely through the fall and winter.

“Hundreds of thousands of people dying every year from respiratory viruses like COVID-19 RSV [respiratory syncytial virus], influenza, should not be a new normal,” said Dr. Jha.

“If we want to protect people, we've got to get them vaccinated,” he added. “That comes from one-on-one conversations with physicians.”

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