COVID boosters, flu season and the Ebola outbreak with Andrea Garcia, JD, MPH [Podcast]

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.
AMA Update

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In today's AMA Update, AMA Vice President of Science, Medicine and Public Health Andrea Garcia, JD, MPH, shares a new study that shows why getting a COVID booster matters. Also covering the importance of the flu shot, including a new flu campaign and talking points for physicians, and what a CDC Health Advisory for the Ebola outbreak in Uganda means to physicians and patients. AMA Chief Experience Officer Todd Unger hosts.

#FluFOMO to highlight how getting vaccinated can help people avoid missing out on fun moments like spending time with family and friends. Visit GetMyFluShot.org for more information.

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. 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 in Chicago. Welcome back, Andrea.

Garcia: Thanks for having me. It's good to be here.

Unger: Andrea, physicians and public health experts have been urging people to get both their flu shot and COVID booster ahead of the holidays. And the government's COVID czar, Dr. Ashish Jha,
who was just on the show this past week, has said to get your booster by Halloween.

We now have a new analysis that shows how important getting that booster may be. Tell us more about that.

Garcia: So there was a new modeling study that was published last week by the Commonwealth Fund. And it suggested that if more people in the U.S. got their boosters by the end of the year, we'd see about 90,000 COVID deaths prevented over the fall and winter. And that really is an incredible number of vaccine preventable deaths.

That study looked at three different scenarios. So the baseline, which is daily vaccination rates, remain the same. And then two scenarios in which booster uptake is increased by the end of the year. So one of those was a similar rate to the uptake of flu shot, so that's around 50% of those eligible or to 80% of those eligible.

And then the researchers estimated the impacts of these scenarios on COVID infections, hospitalizations, deaths and medical costs, and looked at what would be expected between October 1 and March 31.

Unger: And what specifically did they find? Because I think some of the numbers are pretty large.

Garcia: Yeah, they found that an uptake similar to the uptake of last year's flu vaccination would prevent more than 75,000 deaths and more than 745,000 hospitalizations. And it would generate a medical cost savings of $44 billion by the end of march.

A better scenario is 80% of all eligible people receiving that updated booster dose, that's where we would see a 90,000 and more than 936,000 hospitalizations prevented. And that scenario presents a projected savings of $56 billion in medical costs in the next six months. These numbers really show us the potential upside of broadening and increasing our uptake of these new COVID vaccine booster doses.

Unger: That's a huge numbers of lives saved and obviously, huge cost savings for health care. Do we have a hope of achieving either of those scenarios?

Garcia: Well, not at the current pace. That same study suggested that if booster vaccinations continue with what we're seeing now, we could see a potential winter surge with a peak of 16,000 hospitalizations and 1,200 deaths per day by March.

If we look at the CDC data, about two-thirds of the U.S. population has completed their primary vaccine series but only one-third has received a booster dose. And you mentioned Dr. Jha. And I know, when he was on the show last week, he really emphasized that physicians play a critical role in
getting this message out.

We know these conversations are happening in exam rooms, in these conversations with patients. And the importance of those conversations in strongly recommending getting this booster dose can't be overstated.

**Unger:** If you haven't had a chance to see that particular conversation with Dr. Jha, I urge you to find that on our YouTube channel. And a big point of that was about communication, and just how important physicians are in these discussions around boosters.

Andrea, where are we right now with the numbers? Any indication of trends? We talked about possibility, what we're seeing out in the U.K. And where do we stand now?

**Garcia:** Well, reported cases are around 40,000 per day. That's a decrease of about 25% over the past two weeks. And they're at their lowest point since April. Hospitalizations have fallen. They're below 30,000 for the first time since June.

We talked last week about the Northeast, where cases went up slightly in September. They're still rising in some of those states. However, they've already begun to fall in some states, like New Jersey and New York.

Deaths, on the other hand, have remained high. But the good news is, we're experienced—experiencing what appears to be the first sustained decline of deaths we've seen in the past several months. In the past two weeks alone, the number of deaths have fallen by 12% or back down to about 380 deaths per day, which we know is still way too many.

**Unger:** So positive news from a trend standpoint. And we're also seeing that the CDC is ending travel advisories for individual countries. How will that work going forward?

**Garcia:** Well, that's right. On October 3, the CDC dropped their country by country travel health notices that they really started in the early days of the pandemic. And the rationale for doing so is that fewer countries are testing for the virus or reporting on their COVID cases. So the ability to calculate risk for travelers at this point is limited. And it's simply—the CDC doesn't have enough data for accurate assessments.

Going forward, they will only post a travel advisory for a country if the situation is such that a concerning COVID variant is identified, that changes CDC travel recommendations for that country.

**Unger:** And that's certainly important to note if people are planning on traveling overseas for the holidays. The other big concern looming right now is flu season. In past weeks, we've talked about how U.S. officials are expecting a much more severe season this year.


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Andrea, how is the uptake on the flu vaccine? Is it lagging, similar to what we're seeing with the COVID booster?

Garcia: Well, a recent survey from the National Foundation for Infectious Diseases found that only 49% of respondents planned to get their flu vaccine this flu season. That is even though almost seven in 10 of those respondents know that a flu vaccine is the best measure to protect them against those serious outcomes, hospitalizations and death.

The main reason respondents gave for the decision is that they believe the vaccine does not work well or would have side effects. I think the upside of that survey was that 58% of respondents said they plan to sometimes wear a mask during flu season, which really reflects a significant change in pre-pandemic flu behaviors.

Unger: Well, given that challenge, what are we seeing from the AMA in response?

Garcia: So the AMA is launching its annual Get My Flu Shot campaign. And that's in partnership with the Ad Council, the CDC and the CDC Foundation. Those ads are going to appear in nationwide print, TV, radio, social media and digital PSA formats.

This year, we're also releasing FAQ videos featuring medical professionals and other trusted messengers to help address questions and concerns about the flu vaccine, and provide fact-based messaging and resources. And the goal is really to remind the public that getting an annual flu shot is the best way to reduce your risk from flu, its potential serious complications and to protect your loved ones. So you can enjoy the holiday season and you don't miss out on those special moments with family and friends.

The campaign also specifically addresses Black and Hispanic individuals and communities. And that is because we know that there are long standing health inequities that place these populations at higher risk of severe illness from the flu.

Unger: Again, physicians are going to play a critical role in talking with their patients about this. Do you have any tips for these conversations that have any particular points that physicians should be sure to get across?

Garcia: Well, it's important to stress that getting a flu vaccine is the one thing we can all do to help slow the spread of flu, keep ourselves, our families and our communities safe and healthy during most flu season. Flu causes tens of millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths in the U.S.

Some people think it’s mild, but this is not a mild impact. Getting a flu shot can also help prevent lost earnings and added medical costs. And physicians can direct people to getmyflushot.org for more
information. It also provides a link to where people can go in their community to get a flu vaccine. And just as a reminder, you can get the flu shot at the same time as your COVID booster, if you are eligible for both.

**Unger:** Well, if it didn't seem like we have enough viruses to worry about, in addition to COVID, the flu and the continuing monkeypox outbreak, we've got a new viral threat that's been making headlines this week. And the CDC has issued a health advisory on that. Andrea, what's going on there?

**Garcia:** Yeah. So there is currently an Ebola virus disease outbreak happening in Uganda. So far, there are no suspected probable or confirmed cases related to this outbreak reported in The United States.

The health advisory issued by CDC last week was issued as a precaution. It's reminding clinicians about best practices. And the CDC is communicating with health departments, with public health labs and with health care personnel in the U.S. to raise awareness about this outbreak.

And I think the big reason for alarm here is that this is a deadly disease. And the Sudan strain of the virus, which is behind the current outbreak, has been vaccine-resistant. So Sudan Ebola virus outbreaks have been rare. And so while there are some vaccine candidates, researchers have not been able to test them thoroughly. Scientists and health officials are pushing now for those clinical trials to ramp up quickly for those vaccine candidates before this virus overburdens the health system in this East African country.

We'll be covering more of this in the coming weeks. But as background, on September 20, the Ministry of Health of Uganda officially declared an outbreak of Ebola virus disease. That first confirmed case was in a 25-year-old man. He has since died. Further investigation into that case revealed a cluster of unexplained deaths in the community in the previous month.

So far, the WHO has confirmed 63 confirmed and probable cases of Ebola virus, 29 deaths, 10 infected health care workers, four of whom had died, and four people who recovered and are receiving follow up care.

**Unger:** While those cases are seem far away, we know from past experience that the best time to prepare is right now. What do U.S. physicians need to know?

**Garcia:** Well, clinicians who evaluate patients with clinical symptoms, so fever, headache, muscle and joint pain, fatigue, loss of appetite, GI symptoms or unexplained bleeding should suspect possible viral hemorrhagic fever or Ebola virus and immediately take a travel history.

Patient suspected of having viral hemorrhagic fever or Ebola virus should be placed in a private room. Health care personnel should follow the recommended IPC guidance when caring for a patient under
investigation or with confirmed Ebola virus. And now is a great time to refresh your memory about the IPC guidance for Ebola, which is available on the CDC website.

Generally, you’re avoiding touching the patient’s bodily fluids, contaminated medical supplies, contaminated environmental services and splashes to protect—splashes to unprotected mucous membranes. So think about your eyes, your nose or your mouth are particularly hazardous. Given this, procedures that can increase environmental contamination or create aerosols should be minimized.

And physicians with concerns about a patient with suspected Ebola virus should be contacting their health department immediately. We know that early recognition and identification of Ebola virus disease is really critical.

**Unger:** And as you said, we’ll continue to keep an eye on that as we know more. Andrea, that wraps up today’s episode. Thanks for joining us.

We’ll be back soon with another AMA Update. And you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us today. Please take care.

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