Bivalent boosters for kids, long COVID study, monkeypox decline & more with Andrea Garcia, JD, MPH

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Featured topic and speakers

In today’s AMA Update, AMA Vice President of Science, Medicine and Public Health Andrea Garcia, JD, MPH, shares details of the FDA's authorization for COVID boosters for kids 5 to 11, early Pfizer data on the bivalent booster and a study on long COVID, plus the latest on monkeypox and Ebola. AMA Chief Experience Officer Todd Unger hosts.

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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, also in Chicago. Andrea, welcome back.

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

Unger: Well, let's start off with some good news about the new bivalent COVID boosters for younger children. We were told that they'd be authorized in October. It's October. What do we need to know?

Garcia: Well, last week, we saw the FDA authorized emergency use of the new bivalent COVID boosters for kids 5 to 11. And then later that same day, the CDC director signed off on a decision memo, expanding that updated use of the vaccine in younger kids. And we know that this is the final step needed to make those vaccines available to the public.

And we’ve talked about before these new boosters target that original COVID strain and the Omicron BA.4, BA.5 subvariants. So these new vaccines for the younger kids are similar to those that became available last month to those 12 and older. We know BA.4 is still the predominant variant circulating in the U.S.

Moderna's bivalent booster is now authorized for kids 6 and older. Previously, it was 18 and older. And then Pfizer's became available to kids 5 and older. And it had previously been authorized in those 12 and up. But these boosters should now be available in pharmacies and doctor's offices.

Unger: That's great news. Give us a little background on why this authorization and its timing are so important?

Garcia: Well, I think Dr. Peter Marks, who we know is the FDA’s top vaccine official, said it best. And in his statement, he really highlighted that kids have gone back to school in-person. People are resuming their prepandemic behaviors.

And vaccination is the most effective measure we have to prevent those severe consequences of COVID-19, which includes hospitalization and death. And booster doses continue to be important for adults. And we recently got some good news from Pfizer as they shared early data from their clinical trial on the bivalent booster in individuals 18 and older.

Unger: What's the news there? Tell us more about the details of that particular data.

Garcia: Yeah, so it's early data but it's encouraging. As early as seven days, after receiving a dose of Pfizer's bivalent vaccine, participants in this trial showed a substantial increase in the Omicron BA.4, BA.5 neutralizing antibody response. And that was above prebooster levels.

So the data is suggesting that the bivalent booster may provide better protection against Omicron BA.4, BA.5 than the original vaccine did. And I think it’s important to note that it was also well-tolerated. Based on this early data, the safety profile look similar to that of the original vaccine.
We should have additional data measuring those responses in the trial at one month post-administration in the coming weeks. And as Dr. Jha mentioned when you spoke with him, we are encouraging everyone who’s eligible to get that bivalent booster dose by October 31 in advance of the holidays and, of course, the anticipated winter surge in cases.

**Unger:** Again, you can catch that conversation with Dr. Jha on our YouTube channel, really informative, what a great communicator. And terrific news on the data there. Super glad to have gotten that bivalent booster. Everybody out there should get theirs as well.

Andrea, how are the numbers looking for COVID this week? Hopefully, we still are seeing a downward trend. But is that the case?

**Garcia:** Yes, if you look at The New York Times data, conditions continue to improve on the national level with that daily average reported cases at the lowest point since April. That number is hovering right around 38,000. It’s a decrease of about 20% in the last two weeks.

**Unger:** How about the hospitalization and deaths? What are we seeing there on the trends?

**Garcia:** Yeah, so hospitalizations are still below 30,000, which is the first time that’s happened since June. And that average of patients hospitalized for COVID is right around 26,000. It’s a 7% decrease from two weeks ago.

The number of deaths really continues to still be troubling. But that number has decreased about 2% in the last two weeks. And it’s about 380 deaths per day. And I would just caution that while these numbers continue to decrease nationally, we do have to prepare for those increases we’re starting to see in Europe. As we know, that has been a predictor of things to come for us here in the U.S.

**Unger:** Well, on the topic of long COVID, there is some more troubling news about this. And there is a study that just came out of Scotland that gives us some idea of just how many people are still struggling. Andrea, will you take us through what the key findings were from that research? And what it could mean to health care going forward?

**Garcia:** It’s a study of tens of thousands of people in Scotland. It found that 1-in-20 people who had been sick with COVID reported not recovering at all. And 4-in-10 of those who had symptomatic infections said that they hadn't recovered fully from their infections many months later.

The study is published in the journal Nature Communications. It really tried to focus in on those long-term risks of COVID-19. And the authors of the study tracked 33,000 people who had tested positive for COVID for six to 18 months and also 63,000 people who had never been diagnosed with COVID.
Unger: Those are some very big numbers. Did it give any clue as to who would be more susceptible to long COVID than others and what symptoms to watch out for?

Garcia: It did find that those people who had a severe initial COVID case were at higher risk for those long-term problems. And people with previous symptomatic infections reported certain persistent symptoms, so breathlessness, palpitations, confusion or difficulty concentrating. And that was at a rate of roughly three times as high as on infected people.

I think if we’re looking for the good news in this study, it’s that it found that people who had asymptomatic infections are unlikely to have long-term effects from COVID. And that vaccination does appear to offer some protection from those long-term symptoms.

Unger: Now, that study, of course, is coming out of Scotland. What do we know here in the U.S.?

Garcia: The U.S. government is estimating that between 7.7 million and 23 million people in the U.S. could have long COVID. And I think these findings really do reinforce the importance of long COVID patients and them being offered support resources and care options for both here in the U.S. and abroad.

Unger: Thank you very much. And we'll continue to keep tracking on long COVID. Those are just huge numbers of people that are affected by that. Andrea, let's take a little turn here and talk about monkeypox. What are we seeing in terms of the case numbers there?

Garcia: So according to CDC, there have been just over 27,000 cases of monkeypox virus reported in the U.S. We've talked about how those numbers have been falling since the beginning of August. They really peaked around 440 cases a day on average. As of last week, that seven-day average was hovering right around 60 cases a day.

Unger: With the kind of case numbers heading down, do you think that we'll be able to eradicate this particular outbreak here in the U.S.?

Garcia: Well, CDC recently released a technical report. And it talked about monkey pox eradication in the U.S. and really found that that is unlikely in the near term. The outbreak is slowing. And we think that's because of the availability of vaccines and the fact that people are more aware of how to avoid the infection.

But according to the report, low-level transmission of the virus could continue indefinitely, especially among men who have sex with other men. And the CDC does expect those infections will continue to decline over the coming weeks and will drop significantly over the next several months. But they're cautioning that it could start accelerating again if the virus starts spreading widely among U.S. populations through heterosexual networks or contact that doesn't involve sex.
Unger: All right, well, for our third and final virus of this particular segment, we talked last week about Ebola. Any news there?

Garcia: Yeah, Uganda's health ministry has now confirmed about 54 cases of Ebola, 19 deaths. And we know that those numbers are likely to continue to increase. That outbreak has reached Kampala, which is the capital city of Uganda. And there continue to be concerns that the virus could be difficult to control because we don't have an available vaccine for this strain of Ebola.

Last week, we heard the WHO director say that that clinical trial of vaccines to combat the Sudan strain of Ebola could start within weeks. Those trials are pending regulatory and ethics approvals from the Ugandan government and, of course, availability of doses for that trial. We know one of the vaccines is a single dose developed by the Sabin Vaccine Institute. And the other was developed by the University of Oxford's Jenner Institute.

So while there is no vaccine, the Sudan strain is reportedly less transmissible and has shown a lower fatality rate than previous outbreaks. And that's compared to the Zaire strain of Ebola.

Unger: Well, thank you Andrea. As we know, things can change. And we'll continue to track that. That's it for today's episode. Andrea, again, thanks for being here.

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