

Influenza, COVID & RSV cases continue to rise 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, discusses the spike in flu, respiratory syncytial virus (RSV) and COVID cases across the country. 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. 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, I guess it's a sign of the times we're going to start not by talking about COVID but about the flu. And there are a lot of headlines about the flu and how bad it's been so early in the season. What's going on?

Garcia: Well, that's right. And CDC released data last Friday. It showed that flu is making an early comeback. Flu-related hospitalizations are the highest that we've seen in over a decade for this point in the season. The Washington Post reported that this flu season is more severe than it's been in the last 13 years. And the last time that we've really seen anything like this was during the H1N1 swine flu pandemic. And we're really seeing this increase across all age groups, especially children.

And, of course, health officials are concerned that this could be a sign of what's to come, which we've talked about a few times, a difficult winter, with multiple respiratory viruses circulating.

Unger: What numbers are we seeing? And is it worse in different parts of the country?

Garcia: So right now, the highest rates of flu activity are in the Southeast and the South Central states. So from Texas to Georgia. But those cases are starting to move up the Atlantic coast. And the CDC data shows that there have been an estimated 880,000 lab-confirmed cases of influenza illness, about 6,900 hospitalizations and 360 flu related deaths nationally. And that includes one child. And that's the season already.

Flu is difficult to predict but flu season typically runs from October to May, and peaks December and January. It's arrived about six weeks early this year. And so far, it's looking pretty severe. Getting that flu shot is the best way to protect yourself and your loved ones. And the best time to get that vaccine is now.

It takes about 10 days to two weeks for that shot to offer full protection.

Unger: Get that flu shot. How are we doing with flu shots this year?

Garcia: Well, vaccination rates are unfortunately lower than usual for this time of year. And if we look at that CDC data, there have been about 128 million doses of flu vaccine distributed this season. That compares to 140 million at this point last year and 156 million the year before that. I think with that being said, as long as flu is circulating, that vaccine is recommended.

And keep in mind, that goal of the flu vaccine is to protect against the most severe outcomes. Health officials are saying that it's important to get vaccinated this year. And that's in part because we haven't seen a lot of flu in the last couple of years. So more people are going into the season with less immunity.

And of course, we've also relaxed our mitigation strategies for COVID, which we think helps to keep flu cases low over the past two years.

Unger: Yeah, something about staying at home for two years or keeping all those mask on, of course, obviously mitigated some of that impact. But a lot of concern and not just about the flu but what we

talked about last week, which is this idea of the tripledemic. On top of the flu, you got COVID and now RSV. Let's talk a little bit about the surge in RSV cases.

Garcia: So RSV cases are continuing to increase. Similar to what we just talked about with flu, the surge in cases is earlier than usual. We usually see RSV circulating in late December to mid-February. But this season, we're seeing that early spike in cases, resulting in higher number of infections and hospitalizations.

Unger: When I think about RSV, sometimes I tend to think about younger people. Who is at most risk for RSV?

Garcia: So RSV causes a mild cold illness in most people. But it can be very dangerous for very young children and older adults. And young infants are usually the most at risk of hospitalizations in what physicians would call their first RSV season. So in a pre-pandemic year, we would see 1% to 2% of babies younger than six months with an RSV infection maybe needing to be hospitalized. And virtually all children have gotten an RSV infection by the time they're two-years-old.

With the pandemic of course, that changed. We have many young kids up to three-years-old who hadn't yet been exposed to RSV. And this year, experts are saying that the virus will be playing catch up. Like COVID, we also know that older adults and adults with weakened immune system need to be careful of RSV.

Unger: And as we talked about last week, there is no vaccine right now for RSV. So is there anything that people can do to help avoid getting it or spreading it?

Garcia: Yeah, I think just keeping in mind how it's transmitted. So it's spread through contact with droplets from the nose and throat of infected people when they cough or sneeze. It can also be spread through respiratory secretions on surfaces. So it's a really good idea to clean and disinfect surfaces, especially in areas where young children are constantly touching things. Handwashing is always important. And if you are sick, please stay home.

Premature infants, children with certain medical conditions are also eligible to take a monthly monoclonal antibody treatment during RSV season. And that can help them stay out of the hospital.

Unger: Well, the third virus in this tripledemic, of course, is COVID. Have we begun to see any signs of a predicted COVID surge at this point?

Garcia: If we look at the New York Times data, hospitalizations and reported cases of COVID have been fairly flat nationally over the past few weeks. And we are seeing a little bit of an uptick in test positivity rates, which suggests that increases could be coming soon. Both case counts and hospitalizations have seen modest increases in some states over the past two weeks. And those have

been largely offset by modest decreases in other jurisdictions.

So these small differences have been enough to keep those numbers pretty static at the national level. We are for sure seeing some cities and states where there are increases. New York, for example, has an increasing number of people who are becoming ill with different COVID variants. And if you recall at the beginning of the pandemic, New York was one of those first cities that was hit hard and then others followed soon after.

Unger: Well, for New Yorkers, what are we talking about in terms of these variants?

Garcia: So the New York Times actually called it variant soup. They are seeing cases driven by the Omicron sub-variant BA.5, which we know has been dominant for quite a while now. But they're also seeing increases in BQ.1 and BQ.1.1, which we know the WHO has suggested may have an immune escape advantage over some of those other Omicron lineages.

According to the CDC data, these newer variants are starting to represent a growing proportion of cases over BA.5.

Unger: I have to imagine it's hard for the average person to keep up with all these different variants. And at the same time, we're starting to see some headlines pop up that are questioning the effectiveness of the new bivalent COVID booster. So a lot of confusion.

What do we know about the bivalent boosters? And what should physicians be telling their patients who have questions about this?

Garcia: I think the most important thing to remember is that people who are eligible should be getting boosted. And the question being examined in these studies is if the bivalent boosters are better than the previous monovalent boosters and these two studies show that the new boosters did not produce a better antibody response in humans against BA.5 than the first generation of the vaccine. But this shouldn't change the message to get boosted as soon as possible.

These studies comparing the bivalent and the monovalent found the immune response to be similar. They did not compare the updated boosters to not getting boosted at all. I think it's also worth noting that these studies are preprint. They were posted online before peer-review. And they also have limitations due to their small sample sizes.

Unger: And we'll continue to track those as more data becomes available. One final note, a new study that says that adding exercise to the mix can also help. What is that about?

Garcia: That was a study of nearly 200,000 people in South Africa. It found that the COVID vaccine prevented severe illness but worked best in those who exercise regularly. Those who did exercise and

receive their COVID vaccines were about 25% less likely to be hospitalized with COVID compared to people who live a sedentary lifestyle. And those are pretty big numbers.

People who exercise between 60 and 149 minutes per week were more protected from severe illness than those who exercise less than an hour. Those who exercised at least 150 minutes per week benefited the most. And this certainly adds to the growing body of evidence supporting that connection between regular exercise and lowering the risk of severe illness and hospitalization due to COVID.

Unger: That's really interesting. Well, thanks Andrea again for being here. We'll be your triplendemic headquarters for more information as things progress through the winter. That wraps up today's episode. And we'll be back with another AMA Update soon. 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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