Flu spreads while two new COVID subvariants & RSV infections rise with Andrea Garcia, JD, MPH [Podcast]

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Oct 26, 2022

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In today’s AMA Update, AMA Vice President of Science, Medicine and Public Health Andrea Garcia, JD, MPH, discusses two new emerging subvariants: BQ. 1 and BQ1.1. Also covering the 'tripledemic' threat given cases of flu, COVID and Respiratory Syncytial Virus (RSV) infections are on the rise. 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. Welcome back, Andrea.

Garcia: Thanks for having me. Good to be here.

Unger: Well, let's start off with the topic that's making a lot of headlines this past week—two new Omicron subvariants that are circulating in the U.S. What do we need to know about those?

Garcia: The two new subvariants are known as BQ.1 and BQ1.1. They are both sublineages of the BA.5 Omicron subvariant and they've spread pretty quickly through the U.S. over the past couple of
weeks. And if we look at the CDC data, they, combined, now account for about 17% of COVID cases here in the U.S.

BA.5 is still that dominant variant in the country. It's responsible for 62% of cases. And while it's pretty early to try and predict if these two new strains will eventually overtake BA.5 as that dominant variant, we do know that they do pose a threat to our nationwide trend we've been seeing with those declining COVID cases.

Unger: I'm probably not the only person out there who's having trouble tracking all these subvariants or variants. Is there any evidence that they could be more infectious or deadlier? Have we seen more hospitalizations than with BA.5? Talk to us about what the biggest concerns are here.

Garcia: It’s really too early to tell right now exactly how infectious these new variants are but we are seeing them spread pretty quickly. And cases attributed to the new variants have nearly doubled in just the last week. If we look at Europe, which we know always tends to be a little ahead of us with surges and a good indicator of where we’re headed, they expect those two new subvariants to become the dominant variants there in about a month.

And the strains are likely to be more contagious than the previous versions of the virus. And that, of course, raises the odds of a surge in cases and hospitalizations over the winter when we know people are gathering indoors, and that, of course, makes that virus easier to spread. We have heard health officials in the Biden administration note concerns about the rise of these new COVID variants in the U.S. because they do appear to evade our existing treatments which are used to protect those who are immunocompromised from severe illness.

Unger: Let’s talk a little bit more about that on the treatment side. What do we know about the effectiveness of current treatments against new variants like this?

Garcia: Well, I think we're seeing those early studies suggest that Evusheld, which is being used as pre-exposure prophylaxis to prevent COVID infection in people who are immunocompromised and it appears that it’s likely to be ineffective against those new variants. And bebtelovimab, which is a monoclonal antibody treatment, is also unlikely to work. I think it’s important to note that this data hasn't been peer reviewed yet, as we still need more information to make definitive conclusions around the effectiveness of these treatments against the new variants.

The good news is the bivalent booster shots available in the U.S. should provide better protection against these variants because they are descendants from Omicron BA.2 or BA.5. And I think that just underscores and is another reason why people should prioritize getting these bivalent booster doses as soon as they're eligible.
Unger: Absolutely. Have we seen the new subvariants affecting case numbers already? What are those looking like this week?

Garcia: They’re not yet. According to The New York Times, that average daily number of reported cases is still hovering around 37,000. It’s a decrease of about 3% in the last two weeks. The week before, we saw a decrease of 20% in the average number of reported cases over a two-week span. And so what we’re seeing is signs that that decline in reported cases is starting to slow down. We'll have to see if that trend continues and if the new subvariants continue to gain a larger share of cases here in the U.S.

Unger: Are we seeing similar trends on hospitalization and deaths front?

Garcia: So the daily average of hospitalizations due to COVID has been pretty flat over the last two weeks. And I think the exception there is in the Northeast, where COVID hospitalizations are actually up by 10% or more. The daily average of hospitalizations stands around 27,000, which is a decrease of about 1% over the last two weeks. And that number of deaths each day has fallen slowly, as we've talked about since September but it still remains just about 350 deaths per day.

Unger: Well, it seems like, also, COVID's not the only thing that we have to worry about as we head into the winter. There's been a great many headlines out there about the triple-demic, which we've heard. It's adding a new one to the twin-demic that we've talked about before that was flu and COVID. What's the triple-demic? What's that third component?

Garcia: Yeah, that third component is RSV. And we know that flu cases are higher than usual for this time of year. They're expected to get higher in the coming weeks. COVID may be on the verge of rising with these new subvariants we just talked about.

And RSV is really straining pediatric hospitals in some states. And for most children, RSV looks like a common cold. But for others, especially if we talk about infants under six months or children with lung disease or weakened immune systems, those symptoms can be more severe and can require hospitalization. RSV can lead to bronchiolitis or pneumonia and, as a result, can be a danger to those adults 65 and older.

RSV isn't a reportable condition in most states. But if we look at CDC data, RSV is around 58,000 annual hospitalizations, 100 to 300 deaths in young children under five and about 14,000 deaths among adults 65 and older. And, of course, we saw those patterns of RSV and other common respiratory virus really interrupted due to those measures we've been taking to prevent COVID since early 2020. But clearly, these viruses are back this year.

Unger: Andrea, you also mentioned an early increase in the flu numbers too. Can you tell us more about what we're seeing there?
Garcia: So CDC released one of their first FluViews of the year, and we are seeing an early increase in seasonal flu activity, especially in the Southeast and the South Central areas. They’re reporting the highest levels of flu right now. And experts agree that best protection against severe illness from COVID and flu is to get vaccinated.

We know there is currently no RSV vaccine but there are a couple of candidates that are in late-stage clinical trials that appear to be highly effective in older adults. And Pfizer is also developing an antiviral drug. I think most experts are expecting it to be a rough winter, so we really need to do what we can to protect ourselves and our families now.

Unger: The best thing you can do right now is please get your COVID booster and your flu shot. Well, that really wraps up today's episode. Andrea, thanks again for being here with us. And 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.

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