RSV patients overwhelm hospital ICUs 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 rapid rise of respiratory syncytial virus (RSV) cases overwhelming hospitals, as well as an update on monkeypox. American Medical Association 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, welcome back.
Garcia: Thanks. It's good to be here.

Unger: Well, we got a lot of our discussion last week. Talked about the tripledemic that we're seeing with COVID, RSV and flu. Why don't we start today by drilling down a little bit into what has been all over the headlines this week, RSV. Anything new that we need to know this week?

Garcia: Last week, we talked about how we're really seeing that surge in RSV cases and how it's happening earlier than usual. We know that there are vaccines in development for RSV. None are currently approved by the FDA.

So best defense here is disinfecting surfaces, washing your hands, staying home if you're sick. We're seeing RSV cases overwhelm pediatric hospitals. And one headline that really stood out to me this past week was a pediatrician saying this is a pediatricians' COVID and this is our March 2020.

We're definitely hearing reports of ICUs completely full. Families driving much further to find hospital beds. And again, hearing about physicians looking to social media to find open beds for their patients.

Unger: I saw that headline too and that is scary to think about the surge here and hospitals being overwhelmed. I think we talked about RSV—typically mild in most people. Why are we seeing kind of this overwhelming level of folks crowding into ICUs at this point?

Garcia: We think that's been an area of a lot of discussion. And experts are saying that there is no evidence that we're seeing a more severe strain of RSV. Some are saying that these numbers are up in most regions just because more children are being infected overall.

One physician said a small percentage of a high number is still a high number. Some are suggesting that part of the reason that we're seeing these high numbers now is that children who could have been exposed over the last couple of years were protected from it because of the precautions taken to protect against COVID. And one physician, who explained this, noted that the immune system works by recognition and repetition. And when you give it a rest like we did during the COVID pandemic, which was for a good reason, we then have a generation of immunite children.

Unger: So how are hospitals responding to this influx of patients?

Garcia: So we talked about families driving long distances, enduring long wait times. Some hospitals have rearranged staffing and resources to try and meet that demand. Johns Hopkins Children's Center in Baltimore reported that they're at capacity. They're deploying floor nurses to the pediatric emergency department and they're going to have kids being treated by doctors who normally care for adults. That's, of course, a reversal from two years ago when we saw the pediatric staff helping care for the adult COVID patients.
We know Boston Children's Hospital is reportedly postponing some elective surgeries to make room for patients with respiratory illnesses. And in some places where those pediatric units have shrunk or closed in recent years, we're seeing some of those specialty children's hospitals, like for cancer, start to take these patients with respiratory illnesses.

And like here in Illinois, the health department has provided a list for physicians of ICUs in other states that have that availability and who could take transfer patients.

**Unger:** Some of the things that you're talking about, especially thinking about the makeshift situation that people had to go in to handle that overflow back in the early days of COVID, it's so reminiscent about the influx of patients here. Given what we're seeing, what's the message that physicians should be giving their parents right now?

**Garcia:** So as we mentioned, there's no vaccine for RSV. So physicians really are encouraging parents to protect their kids in other ways. So avoiding sick people, washing your hands, cleaning those high touch surfaces, as we mentioned. But I think the other big thing is getting vaccinated against those respiratory viruses that we do have vaccines for, like flu and COVID. For some high-risk babies, there is a monoclonal antibody that can prevent infection.

It's called Synagis. But that drug is expensive. It's rarely offered for that reason. And some physicians are calling on that to be changed given the current situation. ICUs are so full right now. Children who are going to the emergency room for non-life threatening issues, like a broken leg, have much longer wait times.

So doing what you can to help your kids avoid injuries is a big part of this. And then I think just not forgetting that this isn't just about kids. It's 14,000 older adults in the U.S. die from RSV each year. It can be serious for pregnant and immunocompromised people. So they should also be taking extra precautions right now.

**Unger:** That is a lot to take in. And we are going to be digging in further on the topic of RSV with vaccine expert and pediatrician Dr. Paul Offit in a couple of weeks. Of course in the midst of this whole situation with RSV, COVID has not gone away. What's the latest news there?

**Garcia:** Well, it's definitely still here. And last week we talked about how New York cases were being driven by those newer Omicron subvariants, including BQ.1 and BQ.1.1. Those newer sub-variants are present in every region of the country. The proportion of cases they represent is expected to grow.

And data from GISAID, which is an international research organization that tracks infectious diseases, indicated that these BQ variants represent about a third of reported cases in New York and 15% of cases in California. And we know that testing is decreasing. And so those estimates could be low.
CDC estimates that the BQ family actually is representing a greater share of COVID cases, that those true numbers could be 43% in New York and nearly 23% in California. Some experts are saying looking back, this looks like earlier stages of the pandemic where New York is the epicenter and California is an emerging hotspot.

**Unger:** Yeah, we talked about New York and that COVID soup last week. And it sounds like California may be emerging as well. We also got more news about this issue around rebound COVID cases. I think that information is kind of surprising.

What did you find out?

**Garcia:** Yeah, so when we typically hear about rebound cases, it's often in the context of people who've taken Paxlovid, which is Pfizer's antiviral pill. And we know people would test negative and then would test positive again a few days later. A new study found that more than a third of those who recovered from an infection had symptoms recur days or weeks later.

So this can occur whether someone has taken Paxlovid or not. I think it's not necessarily a surprise that some people have a rebound infection. I think what's surprising is the number of people who do. I think the good news here is that most of those who had that return of symptoms didn't need to go to the hospital, didn't die or didn't have severe symptoms.

Like any study, this one has limitations. It was focused on those earlier strains of COVID. So of course, the situation could change with these newer sub-variants.

**Unger:** That's really interesting to find out and kind of interesting that we're finding out about it just at this point. But what great research to understand now about rebound. So Andrea, just to recap. Surge of RSV cases, we could be on the verge of a new wave of COVID cases from all of these sub-variants.

And we know also from our conversation last week that the flu is circulating earlier and in higher kind of prevalence than usual. I know the Christmas songs have already come out. What are we seeing for the holidays then with some situation like this?

**Garcia:** Yeah, I mean, I think it's expected that this is the holiday season where people are likely going to be getting back together, seeing everyone. And it's just going to be really important to plan to mitigate that spread of infectious diseases. And thinking about those in your family who are highest risk, whether it's someone who's really young and not eligible for a vaccination, who's older or who's immunocompromised, we've talked at length about the steps people can take to protect themselves—checking on vaccination status, making sure people are boosted, testing beforehand, taking precautions before you get together to minimize exposure, also improving ventilation. And that is something we haven't talked about in a while but ventilation in spaces where you're gathering can also help prevent these infections and are really commonsense things that people can easily do.
Unger: Now, just on the subject of testing. I just want to ask a question about that in terms of where that fits in terms of the game plan. I think there might be still confusion about when and how to test in these situations. What’s the expert recommendation here?

Garcia: So if you’re going to an indoor event or a gathering, the recommendation is to test yourself immediately before or as close to the time of the event as possible. And rapid antigen tests are thought to be the best indicator of whether or not you are contagious. I would add if you know you’ve been recently exposed, you could consider staying home even if that test is negative.

Unger: All good advice. One virus we have not covered yet and haven't talked about it in a little bit is monkeypox. It seems like we’re hearing less about it. Is it still a threat? Where do we stand?

Garcia: So despite those falling cases, we did see the WHO indicate that the outbreak remains a public health emergency of international concern. And that really is their highest level of alert. And then shortly after that, we saw HHS renew the National Public Health Emergency for monkeypox here in the U.S. It was noted that in making that decision, the virus is still very present in the U.S.

And Secretary Becerra cited the continued consequences of an outbreak of monkeypox across multiple states. And he noted that he consulted with public health officials in renewing this public health emergency. Another agency spokesman said the decision to renew was also prompted by that need to maintain that flow of data from states and jurisdictions and to allow studies of vaccine effectiveness to take place.

Unger: OK, we'll continue to keep an eye on that as well. That wraps up today's episode. Andrea, thanks so much for joining us today. 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 and please take care.

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