Triplesomic of flu, RSV & COVID-19 cases continue to rise with Andrea Garcia, JD, MPH

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.

Featured topic and speakers

In today’s AMA Update, it's National Influenza Vaccination Week and AMA Vice President of Science, Medicine and Public Health Andrea Garcia, JD, MPH, reminds you to #FightFlu by getting your flu shot.

Also covering the latest news on coronavirus from a post-Thanksgiving surge, what doctors need to know about monoclonal antibody treatments and Pfizer BioNTech submitted an Emergency Use Authorization application to the FDA for its omicron-targeting coronavirus booster for children younger than 5. AMA Chief Experience Officer Todd Unger hosts.

Learn more about CDC Influenza resources for physicians.

Learn more at the AMA COVID-19 resource center.

Speaker

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Transcript

Unger: Hello and welcome to the AMA Update video and podcast. Today we have our weekly look at the headlines about the tripledemic 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. Good to be here, as always.

Unger: Well, we're going to talk about COVID, we're going to talk about flu and we're going to talk about RSV. Lots to cover this morning. Why don't we start with COVID. I've seen a lot of info on the new crop of Omicron some variants that have been driving case counts in the last few weeks.

What's the situation there?

Garcia: So last week we talked about how those new Omicron subvariants BQ.1 and BQ.1.1 were just starting to account for over 50% of COVID cases here in the U.S. And if we look at the CDC numbers out this week, those two variants combined now account for about 63% of new cases. So they're continuing to spread. Those numbers are trending upward and we're seeing them represent a growing proportion of cases.

The proportion of cases attributed to BA.5 continues to decrease. That number is now at about 13% of new cases. And last week we also talked briefly about the XBB subvariant. That doesn't appear to be much of a threat yet.

It currently accounts for only about 5% of new cases. And we just saw about a 1% increase from last week. So really that's a pretty small percentage of our cases here in the U.S. right now.

Unger: Well, we're coming out of Thanksgiving in November and heading into the holidays hoping we can avoid a surge. Is that likely or not?

Garcia: So avoiding that surge is starting to look more and more unlikely. If we take a look at the New York Times data, the average number of new COVID cases is around 52,000. Unfortunately, that's a jump of about 28% over the last two weeks. So it's a pretty sharp increase for that time period.

The New York Times is reporting that that relative stability that we had been talking about over a number of weeks, that could be coming to an end.
Unger: That is a sharp increase. And that's not good news. How is that affecting things on the hospitalization and death front?

Garcia: So unfortunately, the average number of hospitalizations due to COVID has also increased sharply. That number's at the highest point it's been in over the last three months. And what we're seeing is that post-Thanksgiving increase, the number of hospitalizations is around 36,000.

Also, a 28% increase over the past two weeks. A few states reported per capita increase—all but a few states reported that increase over the past week. And the number of patients in ICUs due to COVID is also up. And that's up about 22% over the past two weeks as well.

Unger: It's kind of interesting that at this point despite the kind of increases in cases that we're seeing in hospitalizations, it doesn't look like it's yet translating into an increase in COVID deaths. What's the story there?

Garcia: Yeah, so that average number of daily deaths has fallen slowly but steadily since September. And that trend seems to be continuing. For now, we're at about 250 deaths due to COVID reported each day. It's actually a 12% decrease over the last two weeks.

That does seem to run counter to the number of cases and hospitalizations. But I think it's important to remember that deaths are a lagging indicator. So we're just starting to see those increases of cases and hospitalizations.

So it's not too surprising at this point to see that number of deaths decreasing at this point in time.

Unger: And one interesting development is that the majority of people who are dying of COVID are now 65 years and older. What is going on there?

Garcia: Yeah, so the Washington Post actually recently called COVID a plague of the elderly. And that same article noted that nearly 9 out of 10 deaths are now in people 65 and older. And that's the highest rate since the pandemic began.

While COVID deaths are falling, people are still dying of COVID. And that's, if we look at the rate, it's about two to three times the rate at which people die of flu. While most of the country is trying to return to some semblance of normalcy, the CDC director did acknowledge that deaths among the elderly, especially those with multiple chronic conditions, is a real challenge. And to minimize further loss of life, the White House did announce last week that it is launching a 6-week push to increase booster uptake in seniors and other groups that we know have been disproportionately affected by COVID.

Unger: And it sounds like we need a push for that because the booster numbers still really lagging. What are the specific figures there?
Garcia: So since we talked last week, we’ve seen about five million more people receive that new bivalent booster shot. But according to CDC, that totals almost 40 million people in the U.S. It sounds like a big number but it only represents about 13% of the U.S. population who is eligible for that booster dose. And just a reminder, that updated booster is available for those five years and older.

Unger: And how about the timeline for children who are younger than that?

Garcia: So we’ve seen some movement there. We know that on Monday, Pfizer and BioNTech submitted an EUA application to the FDA for that bivalent COVID vaccine for children younger than five. The company reported that the bivalent vaccine would be the third dose in a primary series for children six months through four years of age.

So if authorized, children in this age group would receive a primary series that can consist of two, three microgram doses of the original Pfizer BioNTech COVID vaccine, followed by a third three microgram dose of the Omicron BA.4/BA.5 bivalent vaccine. And the thinking here really is that given the high level of respiratory illnesses circulating among children under five that these updated COVID vaccines may help prevent severe illness and hospitalization.

Unger: Well, we’ll continue to watch how that plays out. Also news about monoclonal antibodies seem to have lost a little arrow from the quiver there. What do physicians need to know about that?

Garcia: So physicians need to know that the FDA rescinded the EUA for Bamlanivimab last week. It was the last monoclonal antibody treatment still authorized in the U.S. for COVID. The FDA, over the course of the pandemic, authorized six different monoclonal antibody treatments. And with Bamlanivimab the rise of Omicron and its subvariants, those treatments have been rendered less effective.

So the FDA has gradually revoked each one of those authorizations. According to the FDA, the drug was not expected to neutralize the Omicron subvariants BQ.1 and BQ.1.1, which as we just talked about accounts for the majority of new cases here in the U.S. There are other treatments still available, so health professionals should use Paxlovid, which we know is still effective. And for patients with immunosuppressive disease or other immunosuppressive conditions, convalescent plasma is still authorized for COVID-19 treatment.

Unger: Well, let's move on and talk a little bit more about the flu, which is driving a big surge at hospitals across the country right now. Start with just the basic figures about how we're doing this week?

Garcia: Yeah, so if you look at the CDC FluView data, seasonal flu activity is high and it is continuing to increase across the country. The estimates are that flu has caused at least 8.7 million illnesses, 78,000 hospitalizations and 4,500 deaths. I think it's important to remember that it is National Influenza
Vaccination Week. It is a great time to remind patients to get their flu shot.

AMA Board Chair Dr. Sandra Fryhofer participated in a media briefing with Dr. Walensky this week and said I can tell you firsthand, this year's flu season is off to a rough start. She reminded people that we're no longer in that protective bubble we were in during COVID. And with RSV and COVID also circulating, it's more important to get that shot as soon as possible.

Unger: Andrea, I know that the flu shot is a little bit of a guessing game most seasons. What is it looking like in terms of effectiveness for this year?

Garcia: Well, both Dr. Fryhofer and Dr. Walensky noted during the briefing that this year's flu vaccine formulation seems to be a good match for the viruses that are circulating. The flu vaccines this year are quadrivalent. They cover four strains—two Flu A's, H1 and H3, and two flu B lineage viruses. And so far, most of the cases we're seeing are influenza A. That could certainly change.

So different flu strains can circulate within the same flu season. That means you can get flu more than once. And it also means even if you've had the flu already this season, you should still get vaccinated. Dr. Fryhofer noted during that media briefing that it does take two weeks to build up those protective antibodies. So get the vaccine now.

And you can also get your flu shot and your COVID booster at the same time. Everyone six months and older is eligible for the flu shot. CDC is also providing resources for physicians to make getting this message out easier. And we will include the link in the description of this episode to those resources.

Unger: Very important getting that flu shot. Last leg of the tripledemic is RSV. It's been circulating, obviously, in higher than usual amounts as well. How are we doing on that front?

Garcia: So as we've talked about over the past few weeks, pediatric hospitals have been more full than usual in recent months. And if we look at the CDC data, RSV hospitalizations are 10 times higher than usual for this point in the season. Because of reporting delays due to the holiday, we don't have a full complete picture. But the CDC data is showing that the test positivity rate seems to be decreasing for RSV.

So it could be a sign that cases are starting to slow down. But we'll probably have a more definitive answer about that next week as the data continues to come in.

Unger: All right, well, we'll look forward to that. It does sound helpful but we'll pay attention next week. That wraps up today's episode. Andrea, thanks for being here today. We'll be back soon with another AMA Update. You can find all our videos and podcasts in the meantime at ama-assn.org/podcasts. Thanks for joining us today and please take care.
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