COVID cases are on the rise ahead of winter holidays 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, AMA Vice President of Science, Medicine and Public Health Andrea Garcia, JD, MPH, covers the latest on coronavirus spread and infection trends headed into the holidays. Also discussing RSV, the spike in flu cases and influenza antiviral treatments. 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 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, why don't we start by picking up with something we talked about last week and that is the risk that seniors are facing from...
COVID?

Garcia: Yeah. I think the concerning part here is really the rise in hospitalization that we’re seeing in seniors, and particularly those age 70 and older. And that increase likely signals that seniors are at higher risk for a severe case of COVID right now and we could be in for a difficult winter. We're already seeing older adults becoming a growing share of us deaths due to COVID, which is not a good sign.

Unger: And what is driving that? Is it just that our immune systems are beginning to weaken when we get older? Or is there an issue around boosters?

Garcia: So that's certainly part of it. It's the uptake of bivalent booster doses. We know only 34% of adults age 65 and older have received that bivalent booster and less than half of nursing home residents are up to date on their COVID vaccine. The other problem is just the large proportion of the population that has moved on or at least thinking that way. And we need to keep in mind that the risk is not the same for everyone. We need to be thinking about our older and immunocompromised relatives and community members, particularly as we head into the holidays.

Unger: And you mentioned about hospitalizations. We've kind of seen a trend that it kind of leveled out or declined a little bit but now that might be taking another turn. What are the numbers looking like?

Garcia: Hospitalizations for people with COVID rose by nearly 30% in just the past two weeks and we're at a daily average hospitalization rate of around 38,000. The CDC is indicating that much of that increase in those numbers is being driven by older people and those with existing health conditions that put them at a disproportionate risk. Those numbers do include everyone who tests positive, no matter what they were admitted for. So they could have been initially admitted to the hospital for something different but tested positive for COVID while they were there.

Unger: So, normally, we think of hospitalizations as being kind of a trailing factor, so to speak. What about in terms of cases?

Garcia: Yes. The daily average for reported cases is now at more than 65,000 and that's based on The New York Times data. It's up 56% from two weeks ago. So certainly, seeing that post-Thanksgiving surge in the number of cases. The number of deaths was up 40% in the last two weeks. The daily average is around 466.

We're also seeing the test positivity rate go up. It's at 12%. It's a 25% increase over the last two weeks. And if we look across the country, COVID cases are climbing in almost every state. About 46 out of 50 of them is being led by Nebraska, where they're up 408% from two weeks ago, followed by Oklahoma, where they're up to 211%. If we look at hospitalizations in Vermont, those have climbed to
67% from two weeks ago and in Alabama, they're up 54%.

Also, New York City continues to emerge as a hotspot. Reported cases there have increased by roughly 111% in recent weeks and hospitalizations there are at the highest point that they've been since February.

**Unger:** Those are not good figures and not good news as we head into the holidays. So everybody out there, time to get that booster, take care. Andrea, the particularly concerning numbers are about the low vaccination rates in nursing homes. Talk a little bit more about that.

**Garcia:** Well, in nursing homes and in much of the country, those low vaccination numbers are likely a reflection of the mindset I mentioned earlier, that people are just over it. There continues to be a lot of misinformation about vaccines, particularly the bivalent boosters. There's this sense that it doesn't make a difference. And add to that just the general fatigue with COVID.

As the data from the CDC showed on Friday, those newer more infectious variants are replacing the earlier ones. And while they don't appear to be more deadly, they do seem to be able to spread faster and evade immunity better. So BQ.1, BQ.1.1, they're responsible now for nearly 68% of COVID cases in the U.S.

And physicians can really help here by listening to patients' concerns about the vaccines, sharing clear and strong messages about what the vaccines can and can't do. And we've talked about this often here. Just because someone who's fully vaccinated gets COVID doesn't mean the vaccines aren't working. The idea here is really to prevent serious illness, hospitalizations and death.

**Unger:** We had a chance to talk for an upcoming episode with Dr. Peter Hotez yesterday. He referred to all these variants as "scrabble" variants because of all these new letters. But, as you point out, so, so important to get the booster right now. And on that particular topic, we saw an expanded authorization for bivalent boosters and we talked with AMA's vaccine expert Dr. Sandra Fryhofer about details on this authorization.

But talk to us a little bit about how this new authorization fits into the larger picture.

**Garcia:** Well, it's great news because kids six months and older can now receive this new bivalent COVID vaccine. And for Moderna, it's a booster dose two months after their primary series is completed and for Pfizer, it's being recommended as that third dose in the primary series. The thinking is really that these updated boosters may offer increased protection during this wave of respiratory illnesses that we're experiencing.

And as we've talked about, these vaccines have already been available to children five and older and adults. Unfortunately, the vast majority of children in this age group have not received any doses of a
COVID-19 vaccine and we know the CDC is working to increase confidence in the COVID vaccines to improve uptake. It's also going to fall to pediatricians and family physicians to explain the importance of using all the tools we have right now to keep kids healthy.

**Unger:** So moving on to the other legs of the tripledemic, let's talk a little bit about RSV and the flu. It seems like so many people I know have one or the other. Where do we stand right now?

**Garcia:** Well, hospital emergency rooms are continuing to see high numbers of patients with flu and RSV, even strep throat. The CDC is classifying the vast majority of states as having high or very high activity for flu and other influenza-like illnesses and Dr. Walensky last week said hospitalizations for flu continue to be the highest we've seen at this time of year in a decade.

And RSV is starting to look a little better. We know RSV typically causes cold-like symptoms but sometimes, in certain populations, can be more serious. Those cases spiked earlier in the fall but they seem to now have peaked. Of course, we’re going to continue to keep an eye on that as the situation could certainly evolve.

Some experts are now predicting that this is going to be our reality going forward. We’re going to continue to see endemic respiratory illnesses. COVID being one of them. Some years, it could be COVID. That's the worst. In other years, it could be flu or RSV.

**Unger:** Get those flu shots, folks. So important, again, as we face the tripledemic. Andrea, there’s another message to physicians right now about treatments. Let's talk more about that.

**Garcia:** Well, we’re certainly hearing reports that there’s some hesitancy to prescribe the antiviral pill Paxlovid for COVID-19. And the reasons aren't completely clear but it could certainly be this tend to focus on the caveats and the concerns rather than the evidence that we know is clear, that it helps reduce the risk of hospitalization and death. I think we’ve all heard about the metallic taste that can come with taking Paxlovid or certainly those experiencing rebound infections have also been prominently in the news.

About a month ago, Dr. Ashish Jha, the White House COVID response coordinator, told The New York Times that a large chunk of the deaths we’re seeing from COVID are preventable right now with Paxlovid alone. And in that same article, Dr. Bob Wachter, who is the chair of the Department of Medicine at UCSF, said he thought that the underuse of Paxlovid was already associated with thousands of preventable deaths in the U.S., and that was in October.

So certainly just a call to action, that we do have these tools and we should be utilizing them more.

**Unger:** And frustrating that with tools in place like the vaccine, like boosters, like these treatments like Paxlovid, that people are dying without using them. On the flu front, the antivirals are not so easy to
come by. What's the story there?

**Garcia:** I think with the amount of flu we're seeing right now, we're seeing extremely high demand for antivirals, particularly Tamiflu, and the initial data shows that pills for this antiviral are higher at this time of year than they have been since 2013. And we've certainly seen reports that some pharmacies are running out. There are currently four FDA-approved drugs recommended for use to treat flu. These all require a prescription from a physician. They cannot be purchased over the counter.

**Unger:** And, Andrea, antivirals like Tamiflu, how does it work?

**Garcia:** So antivirals are helpful in that they can shorten the amount of time a patient experiences symptoms and they may reduce the risk of complications that require hospitalization. The thing to keep in mind is that in order for them to be effective, they need to be taken really shortly after symptom onset. So you need to get tested and you need to see your doctor so that they can prescribe these.

While FDA has not indicated that Tamiflu is currently in shortage, we know CDC has received numerous anecdotal reports of availability issues in some locations. We know pharmacies in areas with high flu activity may not have enough stock this early in the season, which means some patients may have to go to multiple pharmacies in order to get their prescription filled.

**Unger:** Well, finally, we have talked about prevention from the standpoint of getting, of course, those vaccines and the boosters. But what about masks? I'm hearing some words out there about mask mandates. Are they coming back?

**Garcia:** Well, I think the thing to keep in mind is the thinking around when to wear a mask has not really changed. Masks remain an important tool that you can use to prevent yourself from getting sick. And with the increase we've seen in COVID and flu and RSV cases, we're starting to see health officials in some jurisdictions, like Washington State, New York City, LA, urging residents to wear high-quality masks indoors or in crowded outdoor settings.

We know Dr. Walensky noted this past week that the simultaneous combination of viruses is straining our health care systems across the country. If you look at their COVID community levels, we're starting to see more and more jurisdictions turning orange, meaning that COVID community level is high.

And Dr. Walensky said in a recent interview that to protect communities in those circumstances at high levels, they've consistently recommended and continue to recommend that those communities wear masks. Under that guidance, nearly a tenth of counties in the U.S. are advised to wear masks indoors. These are not mandates but worded as strong recommendations.
Masks are likely going to remain voluntary. I think the exception there is health care facilities where mask mandates may be enforced at the facility level.

**Unger:** Well, I can't say that those are encouraging words to end up with, but nonetheless, take efforts to prevent it with the boosters and your vaccines, and, of course, explore treatment options if the need arises. That's it for today's update. Thanks again, Andrea, for being here. We'll be back soon with another AMA Update. In the meantime, you can find all our videos and podcasts at ama-assn.org/podcasts. Thanks for joining us. Please take care.

**Disclaimer:** The viewpoints expressed in this video are those of the participants and/or do not necessarily reflect the views and policies of the AMA.