

What parents and pregnant people need to know about COVID-19 with Andrea Garcia, JD, MPH [Podcast]

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AMA UPDATE



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In today's AMA Update, AMA Vice President of Science, Medicine and Public Health Andrea Garcia, JD, MPH, discusses how coronavirus infections affect newborns, infants, and toddlers. A new CDC study finds children under 5 who test positive for COVID are at higher risk of severe illness—especially after testing positive for another respiratory virus like flu or RSV. Also new research on COVID and pregnancy finds that expectant mothers who test positive with COVID-19 have an increased risk of maternal death, severe maternal morbidities and adverse newborn outcomes. 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. Hello, Andrea. How are you doing today?

Garcia: Hi. It's good to be here.

Unger: Well, let's talk, first off, about XBB.1.5, the subvariant that was the most dominant strain here in the U.S. Where are we headed with that now?

Garcia: So XBB.1.5 accounted for about 43% of COVID cases when we talked last week, and as part of the CDC's update this past Friday, they're now estimating that it's responsible for about 50% of new COVID cases in the U.S. BQ.1.1 and BQ.1 have both been decreasing over the past four weeks or so, but those variants combined still account for about 40% of COVID cases.

Unger: With the shifting of landscape there in terms of these variants, how are case counts looking?

Garcia: Well, we're starting to see a little bit of good news. Following that bump in cases during and after the holidays, that daily average number of COVID cases reported is starting to decrease and if we look at The New York Times data, that daily average is around 47,300. And it's a double-digit decrease of about 28% from two weeks ago, so that's good news.

Unger: That is good news. And is that good news showing up in hospitalizations and deaths as well?

Garcia: Well, when we talked last week, we were seeing a slight decrease in hospitalizations. That trend is continuing. That daily average of hospitalizations with COVID is around 38,000. That's a 21% decrease from two weeks ago.

That daily average number of deaths due to COVID had been rising over the past several weeks, but that numbers, it looks like it's starting to level off. In the past week, that number of daily deaths was just under 500. It's a 3% decrease from two weeks ago, so not as significant as the drop that we're seeing in cases and hospitalizations. But it's good news that that increase is slowing down. Of course, that number is still way too high, but it's lower than other peaks that we've seen throughout the pandemic.

Unger: Andrea, let's talk a little bit about the other legs of the tripledemic, influenza and RSV. It's been reported that cases on both those are on a downward trend and it now sounds like COVID cases are, too. Are we going to dodge this huge post-holiday surge that maybe some were predicting?

Garcia: Well, health experts are saying that hospitals are still in that busy winter respiratory virus season, but it looks like we have avoided that post-holiday surge in respiratory viruses that we easily could have seen with people traveling and getting together. The CDC dashboard is estimating that emergency room visits for both flu and RSV peaked in early December, and for COVID, that peak was in late December. It's much better news overall, but it's still winter. So I'm still being cautious.

Unger: All right So we have a collective sigh of relief, but paying attention. Because even though we have good news here, a new study out by the CDC says we still need to be cautious of these respiratory viruses. What did the study say?

Garcia: So this particular CDC-funded study involved children, and what it found was that when children test positive for COVID and also test positive for another respiratory virus, they tend to become sicker and develop more severe disease. That study was published in January in Pediatrics. It's based on data from over 4,000 children who were hospitalized with COVID across 14 states. We saw more than 60% of the children were tested for other respiratory virus and 21% of them tested positive for another virus.

So when the researchers looked at the data by age, they found multiple infections raise that risk of severe illness, especially in kids younger than five.

That would make sense. But can you define exactly what you mean when you say "severe"?

So "severe" in this case meant that they were admitted to the ICU or required either non-invasive or invasive mechanical ventilation. Kids with co-infections were more likely to need CPAP or BiPAP ventilation to help them breathe. 10% did versus 6% of other children. And also, children with co-infections more often needed to be admitted to the ICU, so that was 38% versus 27%.

Unger: I know as a parent, it's always scary when your child has anything and having two things simultaneously has got to be really scary. How concerned do parents need to be?

Garcia: Well, flu, RSV and COVID may have peaked for the moment. That threat still isn't over. Young children in particular are still at risk for respiratory viruses, and this study's findings give us yet another reason why it's important to stay up to date on COVID and flu vaccinations. We know, according to the CDC, that those vaccinations can be given to children six months or older, and both reduce the risk of severe illness.

Even though it's mid-January, it's not too late for children to get a flu shot. We know that flu can extend into spring and it's not unheard of to see a second peak of flu late in the winter season.

Unger: Andrea, there is also a new study that highlights the risk of COVID during pregnancy. Tell us more about that.

Garcia: Well, we've known for a while now that getting COVID while pregnant increases serious health risks, but this study really provides more data to support that. It's a new meta-analysis published in BMJ Global Health and it found that having COVID during pregnancy increases the risk for maternal death. Pregnant people with COVID have a seven times higher risk of dying compared with pregnant individuals who are not infected.

Researchers pooled patient data from more than 13,000 pregnant people. That was from 12 studies from 12 different countries, including the U.S. And along with a higher death rate, pregnant people with COVID had a greater risk of being admitted to the ICU or needing a ventilator or even developing

pneumonia.

Unger: And what do we know about the impact that something like that might have on newborns, if any?

Garcia: So that study found that infants born to those with COVID during pregnancy had a greater risk of developing severe outcomes. Those babies were twice as likely to need treatment in the ICU after birth and they were more likely to have a lower birth rate and an increased risk of being born preterm. That study concluded that these findings really underscore that need for global effort to prevent COVID during pregnancy through targeted administration of vaccines and non-pharmaceutical interventions.

For physicians, I think communicating this risk to patients who are or who may become pregnant and then answering patient questions around vaccines to help build vaccine confidence in this population.

Unger: Speaking of vaccines, there's also news out this week regarding the FDA and our future vaccine strategy. What do we need to know there?

Garcia: So we've heard some mention of this previously, but the FDA is now considering an annual schedule for the COVID vaccine. FDA wants to switch to a once-a-year shot that targets the strain that's expected to pose that greatest threat the following winter and that would be aligning to a similar process that is used for the flu vaccine. FDA posted briefing documents in advance of Thursday's Vaccines and Related Biological Products Advisory Committee meeting or VRBPAC. Those documents indicated that moving forward, most individuals would only need to receive one dose of a COVID vaccine to restore protective immunity for a period of time.

We're expecting VRBPAC to discuss how to simplify and streamline that vaccination process and that's going to include composition of the COVID vaccines and the recommended schedule going forward.

Unger: Well, it sounds like an intuitive plan, because you get lined up to get your flu shot every year. And that seems to make a lot of sense. Do we have evidence to believe that the same strategy that we use with the flu is going to work with COVID, too?

Garcia: Well, COVID and flu are not the same. They're not identical, but the development of that bivalent booster was sort of viewed as analogous to the annual flu vaccination process. I think this is going to be an interesting conversation on Thursday. That committee is going to consider a two-dose series for young children, older adults, immunocompromised individuals, with everyone else receiving a single dose.

Those briefing documents stated that the FDA anticipates conducting that assessment of SARS-CoV-2 strains annually and engaging VRBPAC in early June to select the strain for each season. I think we'll see some experts support that goal of streamlining the approach. As we know, people have been getting weary of boosters. But I think others are going to indicate that this virus is unpredictable and that protection from mRNA vaccines wanes over time and so I think we could hear pushback from some of the members of that committee.

Unger: Well, regardless, it is nice to be thinking longer term. now and kind of pulling out of those acute cycles. We'll continue to watch how everything plays out here and update you next week. That wraps up today's episode. Andrea, thanks for joining us today. We'll be back soon with another update, and 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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