

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/covid-19-frontlines/coexisting-with-covid-19-a-look-ahead/13474/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Coexisting with COVID-19: A Look Ahead

Dr. Turck:

With loosening COVID-19 restrictions around the country, we're facing new hurdles as providers. But with new variants on the rise, what direction are we heading towards?

Coming to you from the ReachMD studios, this is *COVID-19: On the Frontlines*. I'm Dr. Charles Turck, and joining me today is Dr. William Schaffner, who's the Medical Director of the National Foundation for Infectious Diseases, a Professor of Preventive Medicine in the Department of Health Policy, as well as Professor of Medicine in the Division of Infectious Diseases at the Vanderbilt University School of Medicine in Nashville, Tennessee.

Bill, welcome to the program. It's great to have you.

Dr. Schaffner:

Well, thanks, Charles. It's good to be with you.

Dr. Turck:

Now, Bill, as we know, SARS-CoV-2 variants, like Delta and Omicron, have been fairly widespread. So, with recent COVID-19 waves in mind, how has the approach to care changed over the past few months or even weeks?

Dr. Schaffner:

Well, I'm going to be speaking mostly of my colleagues, Charles, because I'm no longer at the bedside. I do more of my work in public health. But clearly, there's been an onslaught of a need for care, both in the outpatient venue and, at least until very recently, also inpatients. So, we've been through a kind of a hard place in the recent several weeks, and we expect that this will continue in some form or another for another, at least, several weeks.

Fortunately, in my state in Tennessee, and right here at Vanderbilt, the admissions have plateaued and actually started to come down a little bit, so we're somewhat encouraged that we may be, at the beginning of the end. That said, I've thought that twice before, and then I was surprised by Delta and the second time by Omicron. So, if you could see me, you would see that all my fingers are crossed.

Dr. Turck:

Looking retrospectively about what we've learned about the pandemic so far in terms of these variants, are there any lessons to be learned as a clinician?

Dr. Schaffner:

Well, goodness, as clinicians, we opened up our medical texts two years ago to COVID and there were just blank pages because this virus hadn't been in the human population before. And in short order, clinicians all over the world began making observations about how this virus affected human metabolism, the human immune system, and a whole series of clinical indicators of advancing disease, and they shared that information. And as we also developed therapies, things have changed, and now the folks who work in our intensive care units—I'm sure this is true around the country and indeed around the world—are much happier, even a little cocky in the sense that they think they can provide really excellent care to avoid a lot of intubations that we used to do initially and to have patients now actually leave the intensive care unit with an expectation that they will be discharged from the hospital to a functional life, whereas we had a much higher fatality rate early on. So, I think one of the lines of research that has been so productive, in addition to the basic laboratory and the public health research, has been the clinical research that's been done and the wonderful sharing of information that's happened over the last year and a half or two such that we can now take much better care of patients than we used to.

Dr. Turck:

You know, I'd like to get your thoughts on the idea of a so-called 'twindemic.' From your vantage point as a professor in the Division of Infectious Diseases, what do we need to know about the possibility of COVID-19 coinciding with a severe flu season?

Dr. Schaffner:

Well, we've been worried about that for two seasons. Now, last season we were completely off the hook because all of the staying at home, social distancing, children no longer in school, resulted in the lowest influenza season of all time, so that twindemic did not occur. We're right in the middle of this year's flu season, which started up pretty briskly with the dominance of the A(H3N2) variant, which, as we all know, affects older persons more severely. And if you look at the CDC's data, you could see a substantial rise, which seemed to predict that this year we were going to have a moderately severe influenza season. And all of a sudden, as with Omicron, there was a plateau in actually flu-reported cases, influenza-like illnesses, now declining. So, the really bad, stressful, combined twindemic of both influenza and COVID seems not to be happening. Now, we're not finished with this flu season yet, but at least so far so good.

Dr. Turck:

For those just tuning in, you're listening to *COVID-19: On The Frontlines* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Bill Schaffner about COVID-19 variants and the future of the pandemic.

Given the unpredictability of this pandemic, we may have to live with COVID-19 for a while or permanently. Bill, what do you think of the possibility of coexisting with this virus would look like?

Dr. Schaffner:

Well, that's certainly what everyone anticipates, Charles, that as we move from pandemic here in the United States, we will transition into endemic, and I liken that as having a truce with the virus, sort of what we have with influenza. I think this virus will be smoldering in our communities, occasionally causing bursts of infection. I think it's reasonably likely that we'll have to remind our immune systems to remain protected so that it wouldn't surprise me if we would be obliged to get an annual booster, perhaps one that's tailor-made to the most common variant at the time. Gee, we're doing that with influenza. I would think we could do that with COVID also. The vaccine scientists and the companies are already trying to work on a combined influenza and COVID vaccine. That would be nice. We'd only have to roll up one sleeve each fall.

The World Health Organization and this is always the concern with a rogue variant. The World Health Organization has surveillance ongoing around the world to detect first variants of interest and then variants of concern. So, as we do with influenza, we'll always have to stay on alert to strikingly new variants of these viruses, which could oblige us from time to time to have to quickly recreate the vaccine and get all of us vaccinated once again.

Dr. Turck:

Bill, I wanted to get your expertise on the rollout of the home COVID-19 rapid tests from the Department of Health and Human Services. This is a huge operation, and we haven't seen one quite like this before. What kind of impact do you think this initiative will ultimately have?

Dr. Schaffner:

I was very surprised at how enthusiastically many people embraced testing. And I'm sure they have a whole variety of reasons—wanting to know what's my status, absolutely today, but I think that, now that we've got this going, we will be integrating testing as another modality in our attempt to control this virus, keep track of it, and help individuals and sometimes institutions, such as colleges, for example, manage COVID in their particular environments. I mentioned individuals. We're going to visit grandma tomorrow evening for dinner. What can we all do to make sure that we don't put grandma, age 72 with diabetes, at special risk? Well, I hope we're all vaccinated and boosted. But on the day that we travel to her, we could all get tested, and if we're all negative, well, we can take a deep breath, and that will make us feel better when we get together with her.

Dr. Turck:

We've covered a lot of topics today, and it was great to hear your perspective. But before we close, do you have any final thoughts or takeaways you'd like to share with us today?

Dr. Schaffner:

Only that I think it's too early to send up the mission accomplished banner. I think we're going to continue to cope with this virus for the indefinite future, and that will be something we'll have to educate our patients about because they have got COVID fatigue, they'd like to put it behind them, but we can't put it behind them. We're going to have to learn to live, as I say, in a truce and keep coping with this virus for the foreseeable future.

Dr. Turck:

Bill, thanks so much for your insightful perspective. It was great having you on the program today.

Dr. Schaffner:

My pleasure. Thank you.

Dr. Turck:

For ReachMD, I'm Dr. Charles Turck. To access this and other episodes in our series, visit ReachMD.com/COVID-19, where you can Be Part of the Knowledge. Thanks for listening.