

TAPE: A2210805

[SHOW: 1A]

[AIRDTE: 08/05/21]

[AIRTME: 11:00 - 12:00]

[HOST: JENN WHITE]

[STORY: VACCINATION NATION: ONE
STEP FORWARD, TWO STEPS BACK]

[CONTENT: DR LEANA WEN, ANGELA
RASMUSSEN]

11:00:00

DISCLAIMER

Transcripts of WAMU programs are available for personal use. Transcripts are provided "As Is" without warranties of any kind, either express or implied. WAMU does not warrant that the transcript is error-free. For all WAMU programs, the broadcast audio should be considered the authoritative version. Transcripts are owned by WAMU 88.5 FM American University Radio and are protected by laws in both the United States and international law. You may not sell or modify transcripts or reproduce, display, distribute, or otherwise use the transcript, in whole or in part, in any way for any public or commercial purpose without the express written permission of WAMU. All requests for uses beyond personal and noncommercial use should be referred to (202)885-1200.

11:00:07

JENN WHITE

This is 1A. I'm Jenn White in Washington. We're a year-and-a-half into the pandemic but it feels like we're moving backwards. According to the CDC, as of Saturday there were roughly 72,000 new COVID cases per day in the US. That's higher than the peak of daily cases in the summer of 2020.

11:00:26

PRESIDENT JOE BIDEN

I want to be crystal clear about what's happening in the country today. We have a pandemic of the unvaccinated.

11:00:33

JENN WHITE

That was President Biden at a press conference on Tuesday. While the majority of new cases, deaths and hospitalizations are among the unvaccinated, the good news is that the vaccination rates are rising. On Monday the US reported that 70 percent of adults have gotten at least one dose of the coronavirus vaccine. This is a milestone President Biden hoped to reach a month ago. But as the virus surges, new concerns emerge. COVID-19 cases among children and teens jumped 84 percent last week. That's according to the American Academy of Pediatrics. And Florida and Texas are outpacing the rest of the country in new cases and hospitalizations.

11:01:11

JENN WHITE

There's a lot to unpack this week. That's why we're here to try to get some answers in another installment of Vaccination Nation. Here to answer your COVID 19 questions is Angela Rasmussen. She's a virologist and an affiliate at the Georgetown University Center for Global Health Science and Security. She's also a research scientist at VIDO-InterVac. That's a vaccine research institute at the University of Saskatchewan. Angie, it's always great to have you.

11:01:36

ANGELA RASMUSSEN

It's great to be here, Jenn. Thanks for having me.

11:01:38

JENN WHITE

Also with us is Dr. Leana Wen. She's an emergency physician and a public health professor at George Washington University. She's also a contributing columnist for the Washington Post and her new book is "Lifelines: A Doctor's Journey in the Fight for Public Health." Dr. Wen, welcome back.

11:01:53

DR. LEANA WEN

Thank you. Great to join you.

11:01:55

JENN WHITE

So we're essentially back where we were last summer as far as daily cases go. The difference now is we have a vaccine. We also have a new strain of the virus. Dr. Wen, many of us didn't expect to be here at this point. How did we get here?

11:02:09

DR. LEANA WEN

Well, unfortunately, I am in the group of people who did predict that we would be here. And, I mean, I think this is hard to hear but I think a lot of it has to do with the CDC's premature and ill-advised change in masking guidance back in May. As you recall, at that time, they said the accurate information, which is that vaccinated people are very well protected from contracting and spreading COVID-19. But then, they also said basically everybody can remove their masks because if they say that vaccinated people can remove their masks, but there is an honor system only in place, then the concern is that the unvaccinated are also going to behave like the vaccinated.

11:02:54

DR. LEANA WEN

And, unfortunately, because the level of vaccination in the US is just so low, we then saw surges of COVID-19 primarily, but not only, in areas of low vaccination rates. We now have the more contagious delta variant to contend with as well. And I think we are in the position that we're in today in a way that's directly attributable to, what I think is the biggest failure thus far in the Biden administration's COVID-response, which has everything to do with the CDC's poor messaging back in May.

11:03:24

JENN WHITE

Angela, the number of people going to get vaccinated in the US is the highest it's been in weeks. The CDC reported Sunday that more than 800,000 new doses were administered. Why are we seeing vaccinations pick up now?

11:03:37

ANGELA RASMUSSEN

Well, I think part of the reason is because people have been so alarmed by the news about delta. Now, I completely agree with Leana that the CDC's recommendations about masks and not wearing them and relying on this honor system was indeed premature. I think that perhaps the CDC doing a little bit of take-backsies on that, as a result of this new information that people who are vaccinated may have delta, have really encouraged people to start thinking that, hey, this pandemic is actually not over.

11:04:08

ANGELA RASMUSSEN

If they haven't been vaccinated yet, they are maybe going in to get more vaccines. And other places I think that access is slowly but surely increasing for people who haven't yet been able to get vaccines. But, you know, I'm going to be very curious to see if this uptick continues because what we really do need is to have a sustained uptick of people getting vaccinated. There are still many, many communities in which the majority of people are not vaccinated. And these communities are really very, very ripe to have large surges in cases driven by delta.

11:04:43

JENN WHITE

Well, the lambda variant of the virus, first identified in Peru, has now been found in several states including Texas and South Carolina. Angela, what do we know so far about this variant?

11:04:54

ANGELA RASMUSSEN

So we know that the lambda variant has become the dominant variant in Peru. And according to some laboratory tests, it does appear that lambda is more like beta and gamma in its ability to evade some neutralizing antibody responses. But one thing I'd like to try to reassure people with is that we don't know yet that lambda's actually going to be able to outcompete delta.

11:05:17

ANGELA RASMUSSEN

Now, delta's bad. We don't like delta. It is spreading very quickly, it's more transmissible than the other variants. But one thing we've seen over and over again, well, at least twice, is that alpha and delta, two variants that are capable of being more transmissible, outcompete the variants that are somewhat immune evasive every single time. So we've had alpha spreading since late last year in the United States. We've also had multiple introductions of the beta and gamma variants which do have increased immune evasion capacity. And alpha has continued to outcompete them.

11:05:53

ANGELA RASMUSSEN

I expect the same thing will probably happen with delta and lambda, that it's not that we shouldn't worry about delta, of course, but we shouldn't necessarily worry about lambda until there's evidence that it is, in fact, becoming dominant. Right now, all of the data globally suggests that the delta variant, once again, will be capable of outcompeting it because of its enhanced transmissibility.

11:06:15

JENN WHITE

We're answering your vaccination questions with emergency physician Dr. Leana Wen and virologist Angela Rasmussen. Breakthrough infections are receiving a lot of attention, even though they're really rare. We heard from two people who are questioning the effectiveness of the vaccines.

11:06:30

ERICA (CALLER)

Hi. My name is Erica. I'm from Temecula, California. I think we need to be more honest and open about the fact that the vaccine does not prevent transmission. The vaccine will not necessarily prevent a person who does catch COVID and is symptomatic, from the virus potentially mutating inside of them. Therefore, if you're in a very low-risk category, there's really no ethical ground to stand on to mandate or expect people to get this vaccine because it will not benefit society at large.

11:06:57

GRANT (CALLER)

Hi. I'm Grant in Fort Wayne and I've got my first COVID shot and I'm waiting to get my second one. But recently I'm thinking, well, what's the point if I'm still able to get COVID anyways. Why do they have to keep telling us the vaccines work when they don't even stop us from getting COVID?

11:07:13

JENN WHITE

So I want to break these questions up from Erica and Grant. Dr. Wen, I want you to address first something Erica said which is that, low risk individuals shouldn't be expected to get the vaccine. At one point healthy young adults and children were considered low risk, but we're seeing increase in hospitalizations among these groups. So just respond to what Erica said.

11:07:34

DR. LEANA WEN

You know, I actually think that Erica makes one very good point in what she said, which is that we should be more honest with people about the expectation that once you are vaccinated there is a chance then you could still contract COVID-19. The reason these vaccines were developed in the first place is to prevent severe illness, and they do that extremely well. I mean, 99 percent of the people who have died from COVID-19 or who are dying now from COVID-19 are those who are unvaccinated. And so you're extremely well protected from having severe illness.

11:08:07

DR. LEANA WEN

Here's what else we know about the vaccines too, though. We also know that they protect you about eight fold from contracting COVID-19, and therefore from giving it to others. Will it protect you 100 percent? No, however, it protects you many times versus somebody who is unvaccinated. And so there are at least two very good reasons for people who are otherwise young and healthy to get the vaccine. One is that they too can become severely ill. Even if they don't become severely ill they could have long-term consequences from mild illness.

11:08:39

DR. LEANA WEN

I mean, I see patients, for example, who are young and healthy but who now are having trouble climbing stairs or so tired they can't concentrate at work because of long haul COVID. The second reason is, it does substantially reduce your chance of passing on COVID to others. Is it possible? Yes, but compared to somebody who was never vaccinated, your chance of passing on COVID and getting COVID is reduced by eight fold. So there is a societal imperative as well. We all have an obligation to end this pandemic. And that is the most sound, ethical reason to convince people, I think, that vaccinating otherwise young and healthy people is really, really important.

11:09:19

JENN WHITE

And, Angela, what's your response to what we heard from Eric [sic] about because vaccines aren't 100 percent effective they somehow aren't necessary?

11:09:28

ANGELA RASMUSSEN

Yeah, you know, I hear this quite a bit and I think that a good comparison for this is really like a seatbelt. Is a seatbelt going to stop you from getting into a car accident? No, it's not, but a seatbelt will make it much less likely that you're going to go flying through the windshield and die if you get into that car accident.

11:09:49

ANGELA RASMUSSEN

The vaccines, as Leana just said, do work very, very well at preventing severe disease, at preventing hospitalization, at preventing death. So the vaccines will keep you out of the ICU and they'll keep you out of the morgue. And, in my opinion, you know, they won't protect you in every single case, that's true, but they are very, very protective and they will save your life. And importantly, they also do reduce the risk of transmission because we know that these vaccines, including against delta, do reduce the risk that you will be infected with a breakthrough infection.

11:10:21

ANGELA RASMUSSEN

Now, again, we don't know how common the incidents of, especially, mild and asymptomatic breakthrough infections are. But we do know from some earlier studies that were done when the alpha variant was circulating that these vaccines are, especially the MRNA vaccines, are very, very good at preventing infection, as well as preventing symptomatic COVID-19. So, I would argue that just because they aren't perfect doesn't mean that they aren't worthwhile and that they don't still have a massive public health benefit. All of the evidence today suggests that they do.

11:10:55

JENN WHITE

We're answering your vaccination questions with emergency physician Dr. Leana Wen and virologist Angela Rasmussen. Nearly 72,000 children and teens got COVID last week but a vaccine for kids under 12 could be months away. We'll get into that after the break. I'm Jenn White. This is 1A from WAMU and NPR.

[INTERMISSION]

11:11:59

JENN WHITE

This is 1A. I'm Jenn White. We're answering your vaccination questions with Dr. Leana Wen. She's an emergency physician and a public health professor at George Washington University. She's also a contributing columnist for the Washington Post. And her new book is "Lifelines: A Doctor's Journey in the Fight for Public Health."

11:12:17

JENN WHITE

Also with us, Angela Rasmussen. She's a virologist and an affiliate at the Georgetown University Center for Global Health Science and Security. She's also a research scientist at VIDO-InterVac. That's a vaccine research institute at the University of Saskatchewan. I want to focus in on kids and teens in a moment but we got this questions from Charlie who says, is it normal for a vaccine to have so many breakthrough cases? Angela, what can you tell Charlie?

11:12:43

ANGELA RASMUSSEN

Well, I would say to Charlie that actually we don't really know if it's normal for any vaccine to have quote "so many breakthrough cases." Because oftentimes, we don't actually monitor breakthrough cases, but there are many examples of vaccines that don't provide completely sterilizing immunity. That's immunity where you will be prevented from being infected at all, period. Most vaccines are actually designed for the more relevant public health endpoint which is to prevent disease. So, in many cases, we don't even really track breakthrough infections if a vaccine is effective at keeping people from getting sick from whatever disease that's caused.

11:13:21

ANGELA RASMUSSEN

But I would also point out that the rate of breakthrough infections that result in hospitalization, the rate of breakthrough infections that we see as causing severe enough disease that they're made observable to public health officials, is very, very low. I mean, we vaccinated millions and millions of people. And even in outbreaks like the one described in Provincetown, Massachusetts, you know, we're seeing a couple hundred people who are getting infected. This is out of thousands and a total of millions that have been vaccinated. So the rate of breakthrough infections for these vaccines, even though it seems like we're making a very big deal out of them, is actually quite low.

11:13:59

JENN WHITE

Well, as we mentioned earlier, COVID-19 cases among children and teens jumped 84 percent last week. That's according to the American Academy of Pediatrics, Dr. Wen, why are we seeing this surge among younger people?

11:14:12

DR. LEANA WEN

Well, we're seeing the surge in the overall number of cases. And, as President Biden has said, we have this pandemic of the unvaccinated which, for the most part, is true. I mean, as Angela s has said and as we know, the rate of breakthrough infections, even though we don't know exactly what it is, is low. I mean, it appears, based on some of the estimates from Kaiser Family Foundation, from the CDC, we're talking about well less than 10 percent of the infections are actually from vaccinated individuals.

11:14:43

DR. LEANA WEN

So unvaccinated people certainly constitute the majority of infections. Well, who are the unvaccinated Yes, there are people who have decided that they're not going to get the vaccine or have not yet been convinced to be vaccinated. But that group also includes children who are too young to be vaccinated. I have two of them. I have a one-year-old and an almost four-year-old. And I think about this every day.

11:15:04

DR. LEANA WEN

I mean, I think it's really tragic, actually, that we, as a society, have an obligation to protect our most vulnerable, and that includes our children. To do that it requires adults and people who are of the age that they can be able to be vaccinated, it requires them to be vaccinated to protect our children. But instead, we've done the opposite. We have basically said, well, we, as adults, that there are still many adults who have chosen not to be vaccinated. As a result, we've made life less safe for our children.

11:15:34

DR. LEANA WEN

And because of how contagious the delta variant is, that's the reason why so many of our unvaccinated children are getting infected. I mean, the numbers from the American Academy of Pediatrics, 71,700 new cases of COVID-19 in the week of July 22nd to the 29th. Five times as many cases as the end of June. That's just not acceptable.

11:15:53

JENN WHITE

Well, several places in the south, including Louisiana, Florida and Arkansas, are seeing a rise in children hospitalized with COVID-19. And there was a point when many people thought kids couldn't get severely sick with COVID or were unlikely to get severely sick. How has their understanding changed, Angela?

11:16:11

ANGELA RASMUSSEN

So, I mean, I think that really there's two different understandings here. I think there's the general perception by the public, and early on because kids weren't getting really, really sick in large numbers, there was a perception that kids aren't as susceptible as adults to be infected with COVID-19 or with SARS-coronavirus, too. And that's quite simply not true.

11:16:31

ANGELA RASMUSSEN

Children do express ACE2, the receptor for this virus, in the respiratory tracts and they can be infected. We're just not going to detect as many cases if we're not looking for them. And early on and throughout the pandemic we've largely been testing for symptomatic cases so we may have missed many of the asymptomatic cases that have occurred in kids.

11:16:51

ANGELA RASMUSSEN

But I think that many scientists, many epidemiologists have realized all along that kids are indeed susceptible to SARS-coronavirus 2 infection even if they're less susceptible to developing severe COVID. Now, children are a very large group of unvaccinated [dead space] Leana said. And as we have more transmissible variants, more children are going to be infected. As a result, even though the overall incidents of severe disease in kids is low, we are going to see more younger people ending up in the hospital because they're largely the people that are getting infected being a large unvaccinated population.

11:17:27

JENN WHITE

Here's a message we got from Jessica on Facebook. My son is ten and was born with spina bifida. As a result he is permanently, completely paralyzed. There are many kids in this country who can be in desperate need of ICU care including ventilation and respiratory therapists at any time. How are we going to protect these vulnerable kids and make sure there is care available for all of them, including the COVID cases? Dr. Wen, what would you say to Jessica?

11:17:53

DR. LEANA WEN

I mean, she raises a really important point which is that if we have a rise in hospitalizations, we can end up in a situation as we did in the midst of other surges in the past where this is not just something that affects patients with COVID-19. It also affects all other types of care as well.

11:18:15

DR. LEANA WEN

I mean, there are already states in the US now that are experiencing such surges that they are short of ICU beds. And, as a result, patients who are having heart attacks, strokes, who are in car accidents, they may find themselves with less available care. They may get a less than ideal standard of care because healthcare workers are so busy and their attention is directed elsewhere. There are people who may be scared to seek care because they're not sure about the space that is left.

11:18:45

DR. LEANA WEN

And so, I think, again, this just confirms for all of us the importance of controlling COVID-19. Yes, this is also about controlling this pandemic but it also affects so many other people, in particular those who are the most vulnerable.

11:19:00

JENN WHITE

Diane asks this, will the full approval of the Pfizer vaccine expected within a month expedite trials and approval for younger kids? Angela, what do we know about where vaccinations for kids under 12, where does that stand?

11:19:17

ANGELA RASMUSSEN

Well, this is something that's actually very confusing to me, as well. So these trials have been preceding now for several months. The FDA recently asked to gather more data from additional participants to be enrolled in this trial. And these trials, people really should keep in mind, are largely for safety. Because the incidents of symptomatic disease and severe disease, especially it's so low in children, it's going to be very difficult with the number of participants that have been enrolled in this trial, which is about close to 10,000, to actually get numbers to see how well these vaccines are preventing severe disease in those kids.

11:19:58

ANGELA RASMUSSEN

So really, these trials are going to be looking largely at safety to make sure that it's safe to give these vaccines to children, and also to look at relative correlates of immune protection. And I say relative there because we don't actually have well-defined correlates of protection, meaning you can't just look at the level of antibodies in a person and infer directly how well that vaccine is going to protect. But that is something that you can measure in kids, which doesn't require them to actually get COVID-19 and develop a number of severe cases.

11:20:29

ANGELA RASMUSSEN

So that's what's going on with the trials but what I'm unclear about is what the schedule is now that the FDA has asked for more participants to be enrolled. That could delay the outcome of the trials, but then again, if they do show a safety record that looks fantastic, a safety profile that would be acceptable, certainly the data safety monitoring board that's overseeing the trial could recommend that they share that data with the FDA. And the FDA will provide guidance.

11:21:01

ANGELA RASMUSSEN

I think that the FDA is cognizant that everybody basically wants these vaccines approved or authorized for use in kids as soon as we feel confident that it is safe to do so. So my hope, for all of my friends who have kids under the age of 12, is that this process is expedited and that it goes as quickly as it can without sacrificing that critical safety data.

11:21:26

JENN WHITE

Here's a question we got from Leanna. How much protection do kids who mask at school have against the delta variant if other kids in the classroom don't wear masks? I'm talking under age 12, so no vaccine available yet. And, Dr. Wen, lots of parents preparing for the start of the new school year. What can you tell Leanna and what else should parents keep in mind for their unvaccinated students?

11:21:49

DR. LEANA WEN

Well, let's level set here [sounds like] . We know that in-person schooling is really important. We also know that this can be done safely. When we think about the layers of protection, that is, it's not just one thing that's going to keep children safe. The more layers of protection we have the better it's going to be. The more you remove the more of other layers ideally that you need.

11:22:08

DR. LEANA WEN

And so, for example, if children are of an age where they're able to be vaccinated, so kids 12 and older, vaccination will definitely protect them. If everybody's vaccinated, including the teachers, that also adds a level of protection as well. Testing, weekly testing can certainly be very helpful. Improving ventilation is helpful. If distancing is going to be removed, for example, it's hard to keep 6 feet distancing and have everybody back for fulltime instruction, ideally you have all of the things that I outlined above plus indoor mask wearing.

11:22:38

DR. LEANA WEN

And mask wearing is definitely going to be the most effective if everybody is wearing masks. However, we also know that wearing masks also protects the wearer. So even if everybody is not wearing masks but your child is wearing a mask, that helps to protect them as well. Now, as to -- I think there are a lot of parents who are faced with difficult circumstances this coming school year. On my end I feel very confident about sending -- my son will be four at that point, I feel confident with sending him back because his school follows the CDC guidelines. There will be indoor mask wearing that is enforced along with the other measures that we talked about.

11:23:15

DR. LEANA WEN

But there are parents who have kids in school districts that are not requiring indoor masks. I think that's really challenging. My advice is still put a mask on your child. Ideally talk to the other parents in the class. Maybe some of them could be convinced to do this as well. Maybe we make mask wearing the norm for that classroom. Talk to the school administrators. See if instead of, if they're not requiring masks, can they require weekly testing or even more frequent testing. Testing, even though by itself, is not a prevention method, if there is frequent testing, that also helps to pick up infections early and can help to make up the difference if masks are not required.

11:23:52

JENN WHITE

We're answering your vaccination questions with emergency physician Dr. Leana Wen and virologist Angela Rasmussen. Gary asks this, is there any new or ongoing research focused on an upgraded vaccine and a booster targeted toward the delta variant? Angela, what can you tell us?

11:24:09

ANGELA RASMUSSEN

So, to my knowledge, there's no specific clinical trials going on looking at boosters for delta. But in the past there have been trials conducted looking at boosters with Pfizer and Moderna against beta, Which is, of course, a different variant. But the reason why everybody was so concerned about beta at first is that it did seem to be more immune evasive than some of the other variants that have emerged, meaning we might actually need to have a completely different formulation of the vaccine for it.

11:24:40

ANGELA RASMUSSEN

What they found in those small trials, now granted they are very small, was that against beta, at least, either a third shot of the original recipe Moderna and Pfizer vaccines or a mix of the original recipe plus a variant of the vaccine that was developed for beta, both were very protective against beta. They both increased protective efficacy against that variant.

11:25:07

ANGELA RASMUSSEN

So we can assume that probably the same thing is true for delta, although I will point out that complete full vaccination against delta is really very protective. So delta doesn't have some of those mutations in the spike protein that have been really associated with that evasion of antibody neutralization. So right now, based on all of the data that I've seen, including the data about breakthrough infections with delta, it's my opinion that we actually don't need a booster yet. And part of the reason for that is that the vaccines are holding up very well in their ability to prevent symptomatic disease and to prevent hospitalization and death caused by delta.

11:25:48

JENN WHITE

Well, let's turn to this question we got about the long term effects of contracting COVID if you're vaccinated.

11:25:54

PATRICK (CALLER)

My name is Patrick. I'm coming to you from Calumet, Michigan. My question is, can vaccinated people who contract the COVID virus suffer long term damage to their lungs, heart, brain, etcetera? And if so, why are we not hearing much about it?

11:26:11

JENN WHITE

Patrick, thanks for that voicemail. We also got this email from Denise who says, my partner, who is fully vaccinated, got a breakthrough case of COVID back in April after traveling abroad. Even though he wasn't admitted to the hospital, he became extremely ill and is still experiencing a host of issues. Yes, the vaccines work. It saved his life, however, the CDC needs to be honest with the public and let them know that breakthrough cases can result in longer term issues, a fact that we feel isn't being explained well.

11:26:37

JENN WHITE

Angela, we've got some data behind us about COVID and the long term effects of the virus. What do we know about those longer term effects? And, also, can vaccinated people suffer from those long haul COVID symptoms?

11:26:53

ANGELA RASMUSSEN

Well, unfortunately, the answer to that question is not much. We still -- this is a very active area of research and this is something we still don't know much about. But we do know that it is possible for people who are vaccinated who end up having symptomatic COVID-19 to develop symptoms of long COVID. Now, we don't know how long those symptoms last. We don't know how frequent that is among people who are vaccinated who do end up getting COVID, but we just know that it can happen.

11:27:20

ANGELA RASMUSSEN

So this is something that people really do need to consider. And, in my opinion, this is incentive to continue to layering other precautions on top of vaccination. So, a lot of people have asked, why should I wear a mask now that I'm vaccinated? This is exactly why. The vaccine alone reduces your chance of getting long COVID just because they are so effective at preventing symptomatic disease. But if you had a mask on top of that, it's going to further reduce your risk of becoming infected in the first place. So I would really encourage people to take precautions right now. At least mask and consider, you know, layering other precautions as well on top of those vaccines.

11:28:00

JENN WHITE

We're answering your vaccination questions with emergency physician Dr. Leana Wen. Also with us virologist Angela Rasmussen. There's still time for you to join the conversation. You can send your questions or comments on our Facebook page, tweet us @1A or send us an email at 1A@wamu.org. I'm Jenn White. More from you and our guests in a moment.

[INTERMISSION]

11:31:14

JENN WHITE

I'm Jenn White. This is 1A. Let's get back to our vaccination questions with Angela Rasmussen. She's a virologist and an affiliate at the Georgetown University Center for Global Health Science and Security. Also with us is Dr. Leana Wen. She's an emergency physician and a public health professor at George Washington University. Here's a question that came in from Sharon.

11:31:34

SHARON (CALLER)

If an unvaccinated person has tested positive for COVID, they had very minor symptoms, should they still go ahead and get the vaccine or are they equivalently covered because they've already had the disease?

11:31:55

JENN WHITE

Sharon, thanks for that voicemail. We also go this message from Rosie who says, if a person had COVID and has antibodies already, do they need to be vaccinated? If so, why? I've spoken to several who are declining vaccination for this reason and they wonder whether they are at risk for worse side effects post vaccine. So, Angela, let's start with the first part. If an unvaccinated person has tested positive for COVID, should they still get the vaccine?

11:32:21

ANGELA RASMUSSEN

Yes, absolutely, they should. And the reason for this is that while some people -- well, most people actually develop some [blank space] following infection.

11:32:31

JENN WHITE

Can you pick that up? Your line dropped for one second. You said some people have some...

11:32:37

ANGELA RASMUSSEN

Most people are developing an immune response after they are infected. So that's what I said. So most people are going to develop antibodies. They are going to develop teasel **[sounds like]** responses if they are infected. However, there is a large spectrum of the potency of these responses from person to person. We don't know, actually, at what level those antibodies become protective and at what level they will still leave you vulnerable to further infection.

11:33:05

ANGELA RASMUSSEN

So really to err on the side of caution we know that vaccines consistently induce these responses very robustly, and they do provide robust longer term protection. So for that reason, to make sure that everybody is getting the same level of protection going forward, we are still recommending that people who've had COVID before are continuing to get vaccinated just because if you're not one of those people that developed potent immune responses to your infection, wouldn't you rather have that extra protection that vaccination confers?

11:33:37

JENN WHITE

And then the second part of the question comes from Rosie who says some people are declining vaccination after they've contracted COVID because they're wondering whether they're at risk for worse side effects post vaccine.

11:33:51

ANGELA RASMUSSEN

Yes. So I can completely understand that but there is no indication, actually, that people who've had COVID-19 before do have worse side effects. The side effect profiles are actually pretty good. I mean, some people do have more severe side effect symptoms, but those are almost always transient. And they don't seem to be linked to prior COVID infection or not. So I would suggest that anybody who's had COVID and is worried about those side effects to get vaccinated anyways. Because, no matter what, whether you've had COVID or not, having those side effects from vaccination are a whole lot better than actually having COVID.

11:34:29

JENN WHITE

Now, there were two states last week that accounted for the vast majority of COVID cases. President Biden had some words for the leaders in charge of those states.

11:34:38

PRESIDENT JOE BIDEN

Florida and Texas account for one-third of all new COVID-19 cases in the entire country, just two states. Look, we need leadership from everyone. If some governors aren't willing to do the right thing to beat this pandemic, then they should allow businesses and universities who want to do the right thing to be able to do it. I say to these governors, please help. If you aren't going to help, at least get out of the way.

11:35:07

JENN WHITE

Angela, why are we seeing such a large concentration of cases in Texas and Florida?

11:35:13

ANGELA RASMUSSEN

Well, unfortunately, in those two states there's a pretty bad combination of two things. There's an overall low rate of vaccination with some communities having a majority of eligible people remaining unvaccinated. And that's not just an issue of people not wanting to get the vaccines. That's also an issue of access and people's ability to get those vaccines. If people can't take time off of work for those side effects that we were just talking about, if people can't get childcare, they can't get transportation to a vaccination location, they're not going to get those vaccines. And both in Texas and in Florida, that has continued to be an access issue, particularly for communities of color.

11:35:54

ANGELA RASMUSSEN

The other issue is that in both of those states, they've really removed many of these other non-pharmaceutical precautions such as mask mandates. And, in fact, they've actually outlawed some of these precautions preventing the localities from putting them into place. So that leads to increased transmission among these largely unvaccinated communities. And that's what we're seeing drive the surge in cases.

11:36:19

JENN WHITE

Well, one of you shared this. Let's not just blame the CDC. Part of the problem's been the massive anti-vaccination and masking campaigns from governors like DeSantis and senators like Rand Paul. All contributed to low masking and vaccination. Dr. Wen, as we heard in President Biden's plea to those governors, there's a level of frustration, with part, to the country that have failed to implement these precautions to slow the virus and the politicians who are responsible for it. Even if other states do everything right, what can happen if there are pockets of the country that don't get the virus under control?

11:36:53

DR. LEANA WEN

That's a very good point and I'm actually very glad that President Biden called out these governors. Because, as I've been reflecting on where we are in this pandemic, I mean, we are -- we've been talking about how this is a war. Imagine if this is a war with a foreign enemy? And there have been, now, 610,000 -- more than 610,000 Americans who have died. And we have the ability to stop the war right now and to end needless suffering and death. And imagine if there are leaders in our country who are saying, actually, we don't want to use these tools. We want to actively prevent businesses and schools and individuals of using these tools. I mean, we would never accept that but that's exactly what's happening now.

11:37:33

DR. LEANA WEN

And to your point and in your question about what this could mean, I mean, as long as there are pockets of huge rates of infection anywhere in the US, it's going to be a problem everywhere else. I mean, people travel. We also know that there is the potential for more contagious and potentially more deadly variants that may form over time. And we really need to end this pandemic.

11:37:54

DR. LEANA WEN

And I find at the height of hypocrisy that these governors who normally say that they are pro business and they are pro localities determining what's best for their own communities, they are the same ones that are now prohibiting businesses from having vaccine verification. They're prohibiting school districts from mask mandates. I mean, I find that hypocritical and extremely frustrating.

11:38:19

JENN WHITE

Well, we did a show about the unvaccinated population and heard from two doctors working and living in states with some of the lowest vaccination rates in the country. You can hear that conversation on our website at the1A.org. We'll also tweet out a link @1A. Now, Angela, on the other side of things, New York City will soon start requiring proof of COVID vaccination at restaurants and gyms, other businesses. Do you think it's likely we'll see other cities adopt that approach?

11:38:46

ANGELA RASMUSSEN

I do. I do think that it's likely although I will caution that it's going to be very difficult to implement. We've already heard about people attempting to forge vaccination records both for schools. At the University of North Carolina, for example, several people have reported that there's a brisk sort of black market trade in false vaccination certificates. I think that for entering restaurants and gyms, we're likely to see a lot more of that.

11:39:15

ANGELA RASMUSSEN

It's going to be very difficult to implement that and enforce it without some type of more verifiable tracking method such as a digital tracking method that's linked to your health record. I think, no matter what, you're going to see a lot of objections to that on the grounds of privacy and personal freedom. Although I do think, in principal, ensuring vaccination for entry to many public spaces is a great idea. And I wish that we'd really been working on something like this ahead of time to make that implementable in a way that would protect people's privacy and also incentivize vaccination rather than seeming like a punishment for not getting vaccinated.

11:39:58

JENN WHITE

I have to say, Angela, when I hear you say there's a black market for falsified vaccination records, that really -- it gives me pause. And, oh, I would think, like, there are probably many people who say what is the way out of this long term, if that's the approach some people are taking to this pandemic? I don't know how to wrap my brain around that.

11:40:29

ANGELA RASMUSSEN

Yeah, me neither, Jenn. I think that it's mind boggling to me too as somebody who actually has been vaccinated both in the US and in Canada, that people would rather go to all this trouble to essentially get a fake ID for vaccination rather than just actually getting vaccinated, which is free. It's very, very frustrating and I do think that it bodes very poorly for the future.

11:40:56

ANGELA RASMUSSEN

I mean, you compare this time that we're living in right now to the 1950s in which people were lining up around the block to get their kids immunized against polio. And it's just a completely different environment that we're living in. And I honestly don't know how to reach people who would prefer to lie about their vaccination status than actually just go get vaccinated, which is what we need for public health. It's very frustrating.

11:41:24

JENN WHITE

You mentioned polio and my father had polio as a child. He was born before the vaccine was available. And watching the struggle that presented for him across his life and later in life makes it all that much more difficult for me to understand. Dr. Wen, you see patients on a daily basis. How are you processing this information in just where we are right now?

11:41:55

DR. LEANA WEN

I mean, it's very difficult to. And I talk to my colleagues all around the country who -- I mean, yes, we could have predicted that we would be here but we really hoped that we wouldn't be. We really hoped that we wouldn't see surges once again. I mean, we are in a very different place than we were back in November, December before we had availability of these vaccines.

11:42:16

DR. LEANA WEN

And I think you're right to your earlier point, Jenn, about, in a sense, a reflection on human nature of where we are. We've seen during this pandemic that a lot of people have sacrificed so much. A lot of people have gone above and beyond to help those around them. We've also seen a lot of people not behave in such honorable ways.

11:42:39

DR. LEANA WEN

And I actually think that it's time for us to talk about vaccination the same way that we talk about laws to prevent drunk driving. In a sense then if you want to be intoxicated you could do so in private. But if you want to be out in public and get behind the wheel of a car and potentially endanger other people, then there is a societal obligation to prevent that from happening.

11:43:01

DR. LEANA WEN

And I think that we need to stop talking about vaccination as an individual choice. Of course, vaccines protect you but, also, if you're not vaccinated, you are a threat to society. You, well, potentially cause harm to others. What about the rights of unvaccinated children? What about the rights of vaccinated people to not get breakthrough infections themselves and potentially face long term consequences? I mean, I think we need to start really rethinking who we are as a society and whether the rights of the minority who want to stay unvaccinated should outweigh the health and wellbeing of all of us.

11:43:40

JENN WHITE

But realistically, hmm, realistically I do not see a time when this vaccine or any vaccine would be mandated. So, for people who are trying to move through this stage of the pandemic and think about their protection and the protection of their children, they may be living in mixed-vaccination-status families because their kids are too young to be vaccinated, how can they think about best protecting themselves and their loved one?

11:44:13

DR. LEANA WEN

Well, I do actually think that we're moving to a place, for example, in New York City, with saying if you want to go to restaurants or concert venues and gyms, that you need to show proof of vaccination . So I hope that we'll have more of that, more workplace mandates, school mandates as we do for other vaccines.

11:44:29

DR. LEANA WEN

But you raise a good point about how should people navigate this in the meantime. I just wrote a Post column exactly addressing this basically saying, you should think about the medical risk of your household. If everybody in your household is vaccinated and generally healthy, I think it would be reasonable to say that you can still keep on doing everything that you were doing before, understanding that you are very well-protected from severe illness.

11:44:52

DR. LEANA WEN

On the other hand, if you have unvaccinated children or immunocompromised family members, I would advise that people reduce their risk while still continuing the activities they really enjoy. So, for example, you can keep on flying on a plane but wear an N-95 mask while you're traveling. You can keep on dining out but go to an outdoor seating instead of indoor seating. My husband and I certainly would be wearing masks in indoor crowded public settings, if we're going to church, if we're going to get on a train and when we're going shopping because we don't want to contract COVID and bring it back to our unvaccinated children.

11:45:29

DR. LEANA WEN

So, I think right now this is a period where we recognize that there's no such thing as zero risk but we can help people to navigate their risk and recalibrate their risk in a way that suits them and their family circumstances.

11:45:41

JENN WHITE

Well, Angela, top infectious disease expert Dr. Anthony Fauci said on Sunday that the US will not go back into lockdown but that things are going to get worse. Just explain where the US is right now in terms of overall vaccination and ideally where we would be if we were going to slow things down.

11:46:00

ANGELA RASMUSSEN

Well, right now, the US is very much a patchwork of different communities with different vaccination rates and different COVID prevalence. And, you know, in communities like Provincetown, Massachusetts which, you know, got so much attention after the MMWR paper last week showing breakthrough infection in fully vaccinated people, it's one of the most vaccinated communities in the US. But it does go to show that even widespread vaccination isn't the only thing you can rely upon if you increase prevalence within a community, particularly of a very transmissible variant like delta.

11:46:38

ANGELA RASMUSSEN

So we really need to be focused on both of those things, decreasing prevalence by decreasing transmission, as well as increasing vaccination. If you look at a community like St. Louis, Missouri where it's really the opposite situation. You have very low numbers of people who are vaccinated overall and delta has absolutely ripped through the population of unvaccinated people and put a lot of people in the hospital to the point that there is no more healthcare resources in many parts of the state. We are looking at a situation, a prolonged situation in which that is occurring in those largely unvaccinated communities. And that's where we need to focus our energy and attention.

11:47:20

JENN WHITE

That's Angela Rasmussen. She's a virologist and an affiliate at the Georgetown University Center for Global Health Science and Security. She's also a research scientist at VIDO-InterVac. That's a vaccine research institute at the University of Saskatchewan. Also with us today, Dr. Leana Wen, an emergency physician and a public health professor at George Washington University. Her new book is "Lifelines: A Doctor's Journey in the Fight for Public Health." Dr. Wen, Angela, it's always good to have you on. Thanks.

11:47:48

JENN WHITE

A reminder to subscribe to the 1A podcast. It's where you'll find our best guests and stories every day. Today's producer was Haili Blassingame. This program comes to you from WAMU, part of American University in Washington distributed by NPR. We're back tomorrow with the News Roundup. Hope you can join us. I'm Jenn White. This is 1A.