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**CATHY WURZER:** In our top story, the COVID pandemic is still here. And last night, the Biden administration said a reworked COVID vaccine that's designed for the virus that's circulating now, the BA.4 and 5 subvariants-- should be available sometime next month. Also last night, the director of the Center for Disease Control publicly denounced the way the center has handled the COVID pandemic overall. She said it failed to respond quickly enough and called the public guidance, quote, "confusing and overwhelming."

That's after the CDC recently dropped most of its recommendations for staying safe. Gone are quarantine requirements, distancing, and masking guidance is a distant memory for many. It's now up to individuals to assess their risk and try to avoid COVID if they can. With schools starting in three weeks, we wanted to know how to do that.

Joining us is Dr. Greg Poland. He's the director of Mayo Clinic's Vaccine Research Group Dr. Poland, welcome back to the show.

**GREG POLAND:** Thank you. Good to be with you.

**CATHY WURZER:** Thanks for being here. The relaxed guidance from the CDC reflects the public mood on COVID. It's over for many people. They don't care. What does that mean for the trajectory of the pandemic?

**GREG POLAND:** Mm. Yeah, you're very right that sort of the public mood is that it's over. And the most alarming thing is that it certainly is not over. Now, good news in that hospitalisations and ICU admissions have fallen, but deaths now are increasing and increased about 3% to 5% over the last week or two.

And so we're in this bizarre situation where you're trying to give public health and individual clinical recommendations to people, to the population, and they're often ignored. There's a diversity, right? There are some people who will follow very strictly recommendations and others who are completely unaware of it.

And just as you're saying, Cathy, it amazes me. People will stop me on the street, ask me questions, and they'll often start off with saying, well, you know that the pandemic is over, don't you?

**CATHY WURZER:** And you say?

**GREG POLAND:** And I say it's far from over. Now, what's happening-- and this is a bit nuanced and difficult for people to appreciate. Among those who are vaccinated and have a healthy immune system, the likelihood of being hospitalized or of dying is dramatically lower than before vaccines were available. And instead, in those vaccinated people, what it has shifted to is asymptomatic, mild, or in some cases, moderate infection.

So the risk is not dying or hospitalization. The risk is disruption of your social work or school life by having COVID and the considerable risks of so-called long COVID or post-acute sequelae, or complications of COVID. And that is what is being underestimated by individuals who have just thrown caution to the wind.

**CATHY WURZER:** Even among the vaccinated.

**GREG POLAND:** Even among the vaccinated.

**CATHY** Mm-hmm. I'm wondering, Doctor, with BA.5 the king of the hill at this point, there doesn't seem to be another powerful variant behind it, at least at this point. What does that mean for the development of this virus going forward? Does it simply become endemic?

**GREG POLAND:** Well, the virus will and is continuing to mutate. We have a BA.4 subvariant. There's a BA.2 subvariant that's caused an outbreak in Illinois. Those will likely continue to expand.

What this virus has demonstrated very clearly to us is that in the face of immunity, it will try to find ways around that. So what the virus wants us to do is not get boosted, not get vaccinated, and don't wear masks because the more times that it can infect people, whether they have symptoms or not, the more opportunity for that virus to mutate and find a way around our immunity.

**CATHY** Let's talk a little bit about-- you mentioned that you can still-- we all know that we can still get infected, even if you're vaxxed. But I'm wondering, with the Biden administration expecting to roll out these retooled vaccines in September, how might those be helpful?

**GREG POLAND:** Yeah, good question, Cathy. Those will help by boosting immunity, and in particular, boosting immunity against this, if you will, off-branch that's developed in COVID viruses in the BA or Omicron subvariant category.

So it'll boost our immunity. It will boost our immunity to the currently circulating viral subvariants. And even variants then that develop off of that, we likely-- I want to stress likely because it hasn't happened yet-- we will likely have higher levels of immunity. So the problem was that we all got vaccinated against the original Wuhan strain.

Then we had Alpha, Beta, Delta, Gamma, and, out of the blue, from Delta, Omicron strains developed. And the distance between the original Wuhan strain and Omicron was large enough that it substantially diminished our immunity, our protection against Omicron subvariant viruses. So the idea is by giving an Omicron subvariant booster, in this case BA.5, that we will increase protection and boost our protection against other Omicron subvariants.

**CATHY** Do you suggest that folks then wait until this Omicron specific booster becomes available and get the shot before the weather turns cold?

**GREG POLAND:** Yeah, this is the common question that I get. And I would have to somewhat individualize it by somebody's medical history. But if they're elderly, if they've got a lot of medical conditions that place them at risk for severe COVID, I would get boosted now. If that's not the case, then I see no difficulty-- what I would hope is that somebody has gotten two primary doses of vaccine, they've gotten one booster, and now they're questioning, do I get that second booster?

If they're otherwise healthy, I would say I think you can wait on that because of the rapidity with which the new booster is likely to come. Somewhere in the next three to five-ish, maybe six weeks, we'll have that booster. Now, in the meantime, wear a proper mask properly when you're indoors around people who are not your immediate family. And that's the piece people are forgetting.

**CATHY** Let me ask you-- let me drill down on that a little bit. So you are still recommending that people still wear well-fitting, N95, decent-quality masks.

**GREG POLAND:** Absolutely. That is the safest way to protect yourself against infection and the possibility of complications from that infection.

**CATHY** What do you do in the case of, say, the state fair? You know, there's going to be a ton of people out there.

**GREG POLAND:** Yeah.

**CATHY** Do people feel comfortable going about the fairgrounds without a mask? Would you still wear a mask? What would you do about that, even if you're outside?

**GREG POLAND:** Yeah, even when you're outside, if you're in very crowded venues, it's clear that you can still transmit and get infected with virus. So we're talking probabilities here. That probability is lower outside than inside. But even within the domain we call outside, there are very crowded environments, and there are environments that are not.

For example, I'm comfortable eating outdoors at a restaurant. I am not comfortable eating indoors at a restaurant.

**CATHY** Also, as I'm sitting here thinking-- there's so much to ask you here, and I'm sorry. I do want to ask you about the U of M research that was just out this week that threw some cold water on the effectiveness of ivermectin to treat COVID. They released their study.

They did find that metformin, the diabetes drug, showed some promise. So if a person is already taking metformin, does that offer some protection against serious illness?

**GREG POLAND:** Yeah, well, I would call those results early, and they form a hypothesis that would need further testing. So I would not depend on that. And if there is some benefit, great. By itself, it would not be taken as a preventative drug or as an antiviral, though.

**CATHY** So before you go, it sounds as though-- we're heading into school starting here in three weeks. As I mentioned, the weather is cooling. We don't have the guidance as we had from the CDC. It sounds like it's kind of an individual decision as to how to protect yourself.

So what are you telling patients who are medically compromised or who are living with someone who is or who are anxious or reluctant to put themselves out there? What's your advice?

**GREG POLAND:** I would even broaden what you're asking, Cathy, to anybody who wants to substantially decrease their risk of infection or complications from that infection, like brain fog or fatigue and other things. And that is to be fully vaccinated, get at least one booster, knowing the second booster is coming, and to wear a proper mask properly when indoors around people who are not your immediate family.

**CATHY** All right. Always a pleasure, Dr. Poland. Thank you so much.

**GREG POLAND:** My pleasure. Thank you.

**CATHY**

Dr. Greg Poland is a physician and the director of Mayo Clinic's Vaccine Research Group.

**WURZER:**

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