

# Mayo Clinic Q & A - Dr. Gregory Poland - COVID-19 Update Tra...

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## SUMMARY KEYWORDS

vaccine, people, booster, flu vaccine, polio, influenza, flu, greg, masks, doses, mayo clinic, vaccinated, immunized, year, cases, pandemic, update, indoors, cdc, cooler weather

## SPEAKERS

Dr. Halena Gazelka, Dr. Gregory Poland, Narrator

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**N** Narrator 00:01  
Coming up on Mayo Clinic Q&A,

**D** Dr. Gregory Poland 00:03  
The FDA approved a new booster formulation. So, it's part the previous booster that we got and part a combination of BA.4 and 5. This will be meant as a booster for the Pfizer vaccine for 12 and older, and Moderna 18 and older, meaning that all the booster doses that are currently available will no longer be used in the U.S. It is in anticipation that there will be yet another surge.

**N** Narrator 00:39  
With fall looming and the anticipated surge of COVID cases, COVID boosters are highly recommended. But it's still important to remember to get your flu vaccine. These two vaccines not only help prevent sickness and potentially serious complications, they have other benefits as well.

**D** Dr. Gregory Poland 00:56  
If you get a COVID vaccine, if you get a flu vaccine, you reduce your risk of the complication of a heart attack or a stroke by 50 to 60%. So, what would you be willing to do to reduce your risk of a devastating complication like heart attack or stroke? The simple fact of getting a flu shot and getting a COVID shot.

**D** Dr. Gregory Poland 01:07

**D** Dr. Halena Gazelka 01:27

Welcome, everyone to Mayo Clinic Q&A. I'm your host, Dr. Halena Gazelka. We're recording this podcast on August the 31st, 2022. And it's time for our monthly update on COVID. But that's not the only infectious disease in the news today. Monkeypox and even polio have been making headlines. And now flu season is fast approaching. With us today to give us our update is Mayo Clinic virology and vaccine expert, Dr. Greg Poland. Welcome back, Greg.

**D** Dr. Gregory Poland 01:58

Thank you, Halena. It's been a little while since we were together again. So, this is great, and as you said much to talk about.

**D** Dr. Halena Gazelka 02:06

It has been a while since we've been together. In fact, I've been meeting up with people on the hall thing, when are you going to have your next update with Greg Poland. So, here we are today. Well, Greg let's start with COVID. Give us a status update. What can you tell us about infection rates, vaccines, etc., etc.?

**D** Dr. Gregory Poland 02:24

Sure. We're still not doing that well in vaccines as a nation. And we've got a lot of room to go there. The reason that's important is, as we had predicted and talked about on this show, BA.5 very much did surge. It is coming down a bit, but the concern is it will shoot back up as school, colleges, cooler weather driving people indoors happens. In fact, if you look just in the last two weeks at the Chicago Public School District, they started school, the infection rate in their students went up 3.3-fold compared to last year, and among the faculty almost five-fold. So, no one should be fooled that this is over just because reported cases are starting to decline. I think that's one thing. The second thing is CDC and their models are expecting that about another 100,000 to 150,000 people will die of COVID in America by springtime. And you know, when you think about it, our booster rate is less than 70 other countries. And if you look at the number of Americans who have died from COVID, it's at a rate that's 80% higher than in Canada, 30% higher than in Europe. So, we have a cultural issue and problem with getting this information across, and people trusting it and acting on it. All of that's important because just today interestingly, and today, as you mentioned, is Wednesday, the FDA approved a new booster formulation. So, it's part the previous booster that we got and part a combination of BA.4 and 5. It's called bivalent. A better term would have been trivalent, because in essence it has three strains in it. It will go on Thursday to the CDC for final approval, but this will be meant as a booster for the Pfizer vaccine for 12 and older, and Moderna 18 and older. Meaning that all the booster doses that are currently available will no longer be used in the U.S. Only this new booster will be used. So, all of this is in anticipation, and listeners please hear this clearly, it is in anticipation that there will be yet another surge as college students and grade and high school students are gathering back together without masks, cooler weather, more indoor family activities, holidays without people wearing masks. And it's very unfortunate, especially when you look since the start of this pandemic. And I know this is a mind-blowing

number, but one out of every 306 Americans is dead now. And that's not counting the number of people that went into the hospital, have long COVID, have permanent complications. So, this really needs to be taken seriously.

**D** Dr. Halena Gazelka 06:02

Greg, I actually saw on CNN this morning that the life expectancy in the United States has dropped within the past year, and that the leading reason for that was COVID-19.

**D** Dr. Gregory Poland 06:12

Good point, and I'm sorry I didn't bring that up in talking about, if you will, my plea for being immunized and continuing to mask indoors when you're around people who aren't your family. In fact, and you are right Halena, in fact, that drop in life expectancy is the largest drop in U.S. life expectancy since World War II.

**D** Dr. Halena Gazelka 06:37

WOW.

**D** Dr. Gregory Poland 06:39

And all of the deaths that occurred from World War II, I mean, it's unfathomable that we're acting as if the pandemic is over, and yet we are.

**D** Dr. Halena Gazelka 06:50

Greg, I want to get back to boosters because we are getting lots of questions from our listeners about boosters this fall. Will everyone need a booster? When is the optimal time to get boosted? And should everyone get the new booster that you talked about?

**D** Dr. Gregory Poland 07:07

Right. Once CDC passes on this, then the old boosters will no longer be available.

**D** Dr. Halena Gazelka 07:13

Okay.

**D** Dr. Gregory Poland 07:14

And should not be given. The only boosters that should be given will be this new one. Note that

that doesn't hold for primary doses. So, if you're somebody who has not been vaccinated, you would get the two, if you will, older priming doses, and then your booster dose would be this new one. In terms of availability and when to get it, the only thing we know with clarity right now is that the authorization only allows for getting this two or more months after your last dose of vaccine. And we don't know how fast it will be available. All we know is that the government has bought 170 million doses, so it won't be everybody, and they'll release them at about 10 to 15 million doses per week, which is a function of the manufacturers manufacturing and distributing them.

D

Dr. Halena Gazelka 08:15

Well, any other COVID news you'd like to touch on while we're on the COVID topic?

D

Dr. Gregory Poland 08:21

I think the most important thing is because of the way we're handling this, there's yet another variant we're keeping our eye on. There's been a small outbreak already in Illinois with this, and it's called BA.4.6. So, it's a sub subvariant of BA.4 and of Omicron. And just to say that this will keep happening until as a nation we sort of come to the realization that a virus like this, as it has for the last two and a half years, is going to continue to mutate and continue to cause infections, long COVID, and death until we're all immunized, and until we're wearing masks.

D

Dr. Halena Gazelka 09:14

I find all these variant names very difficult to keep in mind.

D

Dr. Gregory Poland 09:19

I know.

D

Dr. Halena Gazelka 09:19

And if they just named them like they name hurricanes going down the alphabet, but probably no one wants their name associated.

D

Dr. Gregory Poland 09:26

That's right.

D

Dr. Halena Gazelka 09:28

That wouldn't be very popular. Greg, can we next switch gears a little bit, and would you give us an update on Monkeypox?

D

Dr. Gregory Poland 09:35

Yeah. So, in fact that this morning, I looked up the numbers just to give people a sense of the pace. So, May 30th, we had seven Monkeypox cases in the U.S. A month later, June 30, we had 460. A month after that, July 30th, we had 3,000. A month after that, August 30th, yesterday, 18,417 cases. Now it looks like Monkeypox cases have started down. The other notable event is unfortunately a man died in Texas. Yeah, I don't have any, you know, personal or medical details, only what the media has reported that he evidently was severely immunocompromised. And that is a risk of this infection. I think, you know, just like we've had more cases and more deaths from COVID than any other nation, we have more cases of monkey pox than any other nation. There's a trend here, and Americans wrongly assume that they are somehow magically protected against these diseases, and they are not. If you're not immunized against these, you know, influenza, polio, COVID, you're running a substantial health risk, and we need to talk honestly about that.

D

Dr. Halena Gazelka 11:04

I have been very fascinated by the polio in the news that's been detected in wastewater in New York City, and etc. because I recall my parents were young children and lived through the polio epidemic in the United States. And they, it was always like an infectious disease that they feared even though, you know, there was immunization for it.

D

Dr. Gregory Poland 11:27

Well, you know, Rochester, Minnesota had their last big polio epidemic in, I think it was 1952, and the last case of polio in the U.S. happened right here in Minnesota in 2005, with an unvaccinated individual. So, you know, polio is not a risk that you want to take to gamble with the possibility of lifelong paralysis in the face of an incredibly safe inactivated injectable vaccine is again hard to fathom.

D

Dr. Halena Gazelka 12:10

The importance of vaccinations.

D

Dr. Gregory Poland 12:11

Indeed.

D

Dr. Halena Gazelka 12:13

Greg, let's now turn to flu season. So, tell us what we can get, what we can understand from the southern hemisphere?

D

Dr. Gregory Poland 12:23

Sure. So, you very correctly pointed, and I was on the FDA committee for years that decided what strains would be included. And we always looked worldwide, but particularly to the southern hemispheres wintertime, which they're just coming out of as we go in now to ours, Australia had a very bad year. In fact, they had something like more cases than any year in the last five years. Now, you remember that in the beginning of the COVID pandemic, when pretty much everybody masked, we had no flu. Masks are effective. They're very effective when worn properly. One of the issues will be now with people not having immunity, especially younger kids who haven't been vaccinated, didn't get infected with flu. Now, cold weather comes, a high viral circulation occurs, colder weather indoors with school, etc. I think we are very likely to see a bad flu year. Now, I know we've been predicting that for two years. But for the most part, people wore masks, and it didn't happen. I don't think that it'll be the case this year, people are not wearing masks, and they're very likely, we are very likely to get hit hard by influenza. Much of the flu that has circulated down there, unfortunately, is the one that tends to cause the most illness, the most hospitalization, the most death, which is influenza AH3N2. Along those lines, the public needs to be aware that there have been five cases now of a new variant, influenza virus, actually two of them. One is an H3N2, and the other one is an H1N2, and cases have occurred in Oregon, West Virginia, and Ohio. Whether those will take off and be meaningful at the population level, we don't know. I would make a special plea that the elderly, women who are pregnant, young children, in other words the people who are most likely to be hospitalized or die, those who have significant underlying medical problems like diabetes, heart disease, lung disease, get in and get your flu vaccine. For people 65 and older now for this year, CDC appropriately made the recommendation that you get one of three types of flu vaccine, a high dose, an adjuvanted or a recombinant. Other people can get any of the flu vaccines that are available. One other note is that I know some people who have egg allergy are hesitant to get it. There are egg free influenza options available. So, there's no reason now not to get a flu vaccine.

D

Dr. Halena Gazelka 15:42

All right, you heard it here. Get vaccinated. Is there anyone who should not get a flu vaccine?

D

Dr. Gregory Poland 15:47

Actually, the only persons who should not get a flu vaccine are those who have developed Guillain-Barre syndrome, a pretty uncommon paralytic condition, if they developed it within six weeks of having gotten the flu vaccine, and anybody who's gotten the flu vaccine and had a significant reaction defined as anaphylaxis. Not oh, I felt poorly for a few days, or you know, anything like that. I know people tend to make their decisions, not only about flu, but other vaccines too on, oh, you know, it hurts to get the needle, or I didn't feel well for a half a day or a day, something. That is nothing compared to being infected with flu and taking the risks of that. Let me just point out something that is not well known, and you may or may not know whether you have a predisposition to stroke or heart disease. Many people do not know, are unaware of the state of their arteries. If you get a COVID vaccine, if you get a flu vaccine, you reduce your risk of the complication of a heart attack or a stroke by 50 to 60%. So, what would

you be willing to do to reduce your risk of a devastating complication like heart attack or stroke. The simple fact of getting a flu shot and getting a COVID shot. And by the way, they can be given together in separate arms. You don't have to make two visits or anything.

**D** Dr. Halena Gazelka 17:32

There's no combined shot coming this year.

**D** Dr. Gregory Poland 17:34

Not this year. We will eventually have one. The truth of the matter is because of the low immunization rate, not wearing masks, etc., we are at a stage now where our great, great grandchildren will be getting COVID vaccines. There's no eradicating it at this point. Only control.

**D** Dr. Halena Gazelka 17:56

Excellent. Well, thank you so much, Greg. We have learned about COVID updates, and vaccines, and boosters. And we learned about Monkeypox, and polio, and the flu today. That's a lot of infectious disease topics.

**D** Dr. Gregory Poland 18:08

There's one other interesting historical point that people may be interested in. One of the four components in the flu vaccine is a derivative of the 1918 influenza virus that caused the pandemic. I mentioned it because just like with COVID, when we don't get immunized, and we don't control these things, the consequence is forever we will have to immunize against those diseases. And I think people don't think through those consequences. They tend to think through a political lens, or, you know, I Googled something for 15 minutes and made my decision, rather than the totality of the evidence, both for you as an individual, your family, your community, and your nation. There are real consequences to this.

**D** Dr. Halena Gazelka 19:06

And I think it all gets down to who people trust and will listen to, Greg.

**D** Dr. Gregory Poland 19:10

Yeah.

**D** Dr. Halena Gazelka 19:10

Because most people are not savvy enough to understand the medical literature as you would

when you're reviewing vaccines, etc., so, they have to find a voice of truth that they can listen to. That's certainly what we hope to provide. But it isn't always existent.

**D** Dr. Gregory Poland 19:27

Indeed. And I think you said that well, Halena. And that's one thing, I mean, you and I talk on camera, and we talk off camera about this, is we're going to tell the absolute radical, transparent truth of the data as we understand them at any one point in time. Something could change, a new variant come along that's different than anything that we saw, and we'd have to change our guidance yet again, but based on the totality of what we know now, a wise person gets their COVID vaccine, gets their flu vaccine, is sure that they're caught up on all their other vaccines including polio, and when they are indoors around people who are not their family, especially through this cooler weather and fall/winter time period, they're wearing a proper mask properly. I know a lot of people push against that. But they do so unfortunately to their detriment. And you and I not only hear about, but certainly I see in consult on so many disastrous cases that did not have to happen. And only after the fact, in fact, many, many patients will say, If I had known this, I would not have hesitated to get my vaccine. But it's hard to get through, like you say, and hard to find trusted voices.

**D** Dr. Halena Gazelka 20:57

Well, thank you for being one, and thank you for being here today, Greg.

**D** Dr. Gregory Poland 21:01

My pleasure.

**D** Dr. Halena Gazelka 21:03

Our thanks to Dr. Greg Poland for being here today to give us our COVID, Monkeypox, polio, and influenza updates. I hope that you learned something. I know that I did. We wish each of you a wonderful day. Get vaccinated.

**D** Dr. Gregory Poland 21:19

Indeed.

**N** Narrator 21:21

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