Dr. Anthony Fauci

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Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the health care of the future. This week Mark and Margaret speak with Dr. Anthony Fauci, Director of the National Institute for Allergy and Infectious Diseases at the National Institutes of Health. One of the world's leading experts on infectious disease having made significant contributions to HIV/AIDS, Ebola, Zika, and now COVID-19. He leads the NIH team addressing the pandemic and is also serving on the White House Coronavirus Task Force.

Lori Robertson also checks in, the Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and well-being in everyday lives. If you have comments please e-mail us at chcradio@chc1.com or find us on Facebook, Twitter, or wherever you listen to Podcast. You can also hear us by asking Alexa to play the program. Now stay tuned for our interview with Dr. Anthony Fauci here on Conversations on Health Care.

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Mark Masselli: We're speaking today with Dr. Anthony Fauci, Director of the National Institute for Allergy and Infectious Disease at the National Institute of Health. He currently leads the COVID-19 response team at the NIH.

Margaret Flinter: Dr. Fauci is one of the world's leading experts on infectious disease, having made significant contributions to our understanding and treatment of HIV/AIDS, of Zika, Ebola and now, of course. of COVID-19. Dr. Fauci, welcome back to Conversations on Health Care.

Dr. Anthony Fauci: Thank you. It's good to be with you again.

Mark Masselli: Yeah. You were last joined us in late February, where America had 15 cases of coronavirus, and you were worried about containing the virus but hopeful of the abilities of the CDC to get a handle on it. Since then, there have been 220,000 Americans who have died, more than 8 million have been affected, charting more casualties than any other country in the world. Now you say we're headed for sort of real trouble, as the nation's infection rates have risen to more than 50,000 new cases per day. What are we in for in the coming months, and if the nation stays on this course? What course correction do we need to take nationally?

Dr. Anthony Fauci: Well, first of all, we are in a precarious position, because I would have hoped that as we enter into the cooler months of the fall, and the colder months of the winter, that the baseline of daily infections

would be very low, well below 10,000. In fact, they range between 40 and 50,000 per day. In addition, if you look at the map of the country, somewhere between 30 and 37 states are having an increased uptick in the test positivity, which is a very accurate predictor of a surge in new cases, which already is showing itself in certain areas with an increase in hospitalization, and even an increase in deaths. Even though the total deaths has come down in certain areas of the country, we're seeing hospitalizations, and deaths go up. That's a very precarious situation to find yourself in as you enter the fall and the winter months.

What we need to do is we just have to double down on some of the things that we've been talking about all along. The five fundamental public health measures, universal wearing of masks, avoiding close contact, avoiding crowds and congregate settings, doing things more outdoors than indoors, and washing your hands frequently. If we just did those simple things, we would mitigate greatly this risk of having a yet again another surging of cases as we enter into the coolest season.

Margaret Flinter: Well, Dr. Fauci, thank you for laying that out so clearly for our listeners and the American public to hear. I'd like to add maybe one more to those might not be on your shortlist. But can we talk about testing for a moment? We certainly had a bumpy road to testing in the early months, seems that that has gotten better though not equally across the country. But what are you seeing in terms of need to improve enhance or increase testing? Do we think that on the horizon anytime soon as the longed for simple at-home test that people could do themselves?

Dr. Anthony Fauci: You know, that's what we need. I think we're doing much better on the testing that is available to know if a particular person is infected, and doing the contact tracing for it. But what we really need more of, and we've taken a giant step in that direction, with the 150,000 Binax Abbott test, that are going to be made available to schools and to nursing homes. But what we really do need is what you've just mentioned, to alleviate the anxiety of people. Something that people can get readily in a drugstore. Just like a pregnancy test. Take it home, take five minutes, get a result and know it's okay to visit my grandmother, or my cousin who's got cancer and is on chemotherapy. That's what we need to alleviate the stress and anxiety associated with this outbreak.

Margaret Flinter: You know the President was recently sickened and hospitalized with coronavirus while holding a large gathering at the White House. The President did receive some aggressive treatment, some of them quite experimental, such as monoclonal antibodies. It seems that it might have been quite effective. You recently had the opportunity to see the

President's medical information and feel confident that he's no longer shedding virus, and you said it's still too soon to call this monoclonal antibody intervention a cure. But it does look very promising. We just recently had Dr. Eric Topol join us and he was talking about the great potential he thinks it holds for treatment. I'm wondering if you could help our listeners understand how it works. What are some of the barriers to its wider use as a treatment option?

Dr. Anthony Fauci: A monoclonal antibody is a artificially produced protein that the body generally normally makes. If I get infected with whatever microbe, my body makes antibodies against it, which are proteins that directly bind to the virus and block the virus. Those antibodies come from cells called B cells that stands for bone marrow derived, those cells produce these antibodies. You make a monoclonal antibody by drawing blood from a person like me, and taking my B cells and cloning them out and picking out the ones that are making a specific antibody against the coronavirus, that's a monoclonal antibody. Then you could produce that in very large amounts and then passively transfer it into someone who is infected, or who you want to prevent infection from.

It's mechanism of action. Is it binds directly to the virus and prevents the virus from infecting your cells. I agree with Eric Topol that that is a very encouraging potentially important modality of treatments and prevention that is being very actively pursued now. The president received a monoclonal antibody from a company called Regeneron. I believe that it likely played a role, maybe a significant role in why the President did so well, because as you can see right now, he looks very, very good and very healthy.

Mark Masselli: Just follow up, are there clinical trials going on with this? How large are they?

Dr. Anthony Fauci: There are multiple clinical trials involving hundreds if not thousands, of people looking at it in the outpatient basis, as an inpatient, as a prophylaxis in nursing homes, and as a prophylaxis in family settings, where one member of the family is infected, and you're trying to prevent the spread of infection to other members of the family.

Mark Masselli: Dr. Topol, told us that he thought it might be the transition between where we are today and a vaccine.

Dr. Anthony Fauci: Well, I agree with him completely, because it can prevent infection. When you vaccinate somebody you're trying to induce antibodies to prevent infection. Whereas a monoclonal antibody, is the antibody is already pre formed, and you passively transfer it into someone.

Margaret Flinter: Well, Dr. Fauci that's good news. I think sort of continuing along those lines, as I think, you know, Community Health Centers care for 30

million people across the country and disproportionately represented our populations of people that have suffered some of the worst consequences of COVID, racial and ethnic minorities, and members of other vulnerable groups. As we look at treatments as you've just described, or other treatments that hopefully maybe they're down the line to treat COVID infection. How are we looking at ensuring that there's diversity in the people who are enrolling in those clinical trials so that there's both confidence but also just knowledge about what works in different populations of people? From all of your history over the years in treating different infectious diseases, I know this must be an issue that you've wrestled with over the years.

Dr. Anthony Fauci: Well, it's called engaging the community. We've been doing that for decades dating back to the work that we did with HIV/AIDS, when there was a disproportionate number of minorities that were getting infected. We had to get proper representation of minority populations in our clinical trials. The only way you do that is that you get community engagement by having trusted members of the community, reach out to the community to try and convince them of the importance of being part of the clinical trial process for the very reasons that you bring up, that in order to get people to ultimately take an intervention, be that a vaccine or a therapy. They need to be convinced that it is safe and effective in them. The only way you prove that is by making sure you have adequate representation of the various demographic groups, including minorities, in the actual clinical trial process. That is what we try to do by engaging with the community to convince them to participate in the clinical trials.

Mark Masselli: We're speaking today with Dr. Anthony Fauci. He leads the COVID-19 team at the NIH, and is a member of the White House Coronavirus Task Force. Dr. Fauci, you've marveled at the rapid pace, and I think we all have of discovery on vaccine development. We know that there are several vaccines are likely to come to fruition in really record time, although several of those trials have been halted during phase three due to unexpected health concerns among participants. I think that's sort of normal. But you've talked about a new platform that some of the vaccines are using and, one in particular, I think the NIH is a lead participant.

What’s your message though to consumers about how to decide what might be a handful of vaccines that are ultimately approved by the FDA? Should consumers wait till they look at all of the options, just in case one is coming through a pipeline, it may not have gotten to phase three as soon as the other vaccines did, and might have gotten a late start. But what's your advice as these vaccines start to be -- receive the approval process?

Dr. Anthony Fauci: Well, that's a very good question because I am certain that there are

going to be more than one vaccine that's going to be approved by the FDA. It really is going to depends on what your risk category is. If you are someone who is at a pretty high risk of if you get infected you will have a serious outcome. Let's say you're a 77-year-old man who's obese and is immuno-depressed, because you're on chemotherapy for cancer. I wouldn't wait to try and figure out what the best vaccine is, I'd get the first one that was available. If you're a 25-year-old healthy person with no underlying conditions, you might want to wait a couple of months to see what turns out to be the best one. It really depends on your particular state and your particular risk profile.

Margaret Flinter: Well, that's really interesting. Dr. Fauci, I think the entire country's gotten kind of a crash course in infectious disease. You hear people in the streets using phrases that you usually only heard clinical people talking about. But one that was introduced recently to the public was herd immunity, and this idea of at some point there's enough protection in the community that maybe life goes back to something akin to normal. I wonder if you could just, for the sake of our listeners, just opine on that a bit. At what point, what percentage of the population, or is there such a cutoff, even general, of people who've either been ill or been immunized that we can assume that this level of herd immunity exists in the general population? Is that even on the horizon down the road with a vaccine?

Dr. Anthony Fauci: Well, the CDC did a serosurvey, a representative of the United States. They found that the percentage of people in different regions of the country that have been infected namely are assumed to be protected, ranges from a few percent to 20 plus percent, which was the New York numbers since they got hit so badly. The average was about 10%, which means that about 90% of the population is not protected. When you say herd immunity, that really means a substantial proportion of the population has been infected, and is thus protected, that they will in fact indirectly protect the rest of the population because the virus would have no place to essentially accelerate. We don't know what that percentage is.

We know for other diseases, like measles and other diseases what it is, we suspect that for COVID-19, it's somewhere around 70%. But we're not a 100% sure of that. We're not anywhere near that. The way we're going to get near herd immunity is by vaccinating a substantial number of people. Then you're going to get a combination of those that were already infected, plus those that are vaccinated, that would give the level of herd immunity that we need.

Mark Masselli: Dr. Fauci, my youngest, Coby [PH] is in high school. I think the question he'd like to hear you respond to is, what would you say to young people about the role of their generation in dealing with this life altering pandemic? I think he understands, and many of them do,

the five criteria laid out. He's certainly wearing masks, social distancing, but what's the bigger message to this generation about their role in the impact and the vital contributions they can make?

Dr. Anthony Fauci: Well, they have a very important role, because unfortunately, given the real data, that young people have far less of a chance to have a serious outcome from infection. Many of them may not have any symptoms at all, that they could fall under the false impression that they're getting infected doesn't have any impact on anybody else. Who cares if I get infected, I'll just likely have no symptoms, and why don't I do whatever I want and not try to avoid infection. That would be a big mistake, because even though as a young person, a high schooler or older, or what have you, even though you may not get any symptoms from being infected, the very fact that you've allowed yourself to be infected means that you are propagating a pandemic. Even though you don't have any symptoms, it is likely that you will transmit the infection to someone else who will then transmit it to someone else who then might be someone who is vulnerable. Someone's grandfather, someone's wife, who's on chemotherapy for breast cancer, an immunodeficient child, an African-American child with sickle cell disease. You are not in a vacuum, you would tell a young person, because even though you don't think you're getting infected is hurting anybody indirectly, you may be part of the problem as far as being part of the solution, which is what you should be.

Margaret Flinter: We've been speaking today with Dr. Anthony Fauci, Director of the National Institute for Allergy and Infectious Diseases at the National Institutes of Health. Dr. Fauci, we thank you for your lifelong dedication to medicine and public health for your steadfast leadership during this COVID pandemic. As a member of the American Academy of Nursing, I also want to welcome you and congratulate you just being named an Honorary Fellow of the Academy. Thank you for joining us again on Conversations on Health Care.

Dr. Anthony Fauci: My pleasure, good to be with you, Margaret.

Margaret Flinter: Thank you, so much.

Dr. Anthony Fauci: Thanks Mark, appreciate it.

Mark Masselli: Thank you so much.

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Mark Masselli: At Conversations on Health Care, we want our audience to be truly in the know when it comes to the facts about health care reform and policy. Lori Robertson is an award winning journalist and Managing Editor of FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Dr. Anthony Fauci

Lori Robertson: In a video posted to Twitter, President Donald Trump incorrectly said antibody cocktail therapies, including one he received when he was infected with COVID-19 had been authorized and that hundreds of thousands of doses were nearly ready. He called the drugs cures. The drugs in question are monoclonal antibodies, which are synthetic proteins optimized to recognize the coronavirus and, in theory, should help clear the virus from the body. While many experts view them as promising, the products are still in clinical trials and have not been proven to be effective for COVID-19 patients, much less cure the disease.

The President received an antibody cocktail made by the biotech company Regeneron. It was one of several drugs he received after he tested positive for the coronavirus. Trump claimed that after he received the antibody drug, “I felt good immediately.” He said, “We've authorized it.” But that's not the case yet. As of October 8, a day after the President's video, no monoclonal antibody for COVID-19 has received emergency use authorization from the Food and Drug Administration, although two companies have submitted those applications, Regeneron and Eli Lilly. Trump received the investigational drug that largely isn't available to the public. Stat News reported that fewer than 10 patients had been provided the cocktail outside of its trials.

Trump also gave a misleading impression of how available the antibody cocktails would be should they receive FDA authorization. Along with his figure of “hundreds of thousands of doses that are just about ready” Trump said near the end of the video that “the drug companies have just made a lot of it.” Statements from the two companies suggest that at most about a 150,000 doses of these drugs would be immediately available with the potential FDA authorizations. Production of monoclonal antibodies isn't easily scaled up so there is concern that supplies won't be able to meet demand. As for whether Trump benefited from Regeneron’s cocktail, that's impossible to know, only through clinical trials is it possible to know if the drugs are safe and effective. So far the data on the various monoclonal antibodies is generally positive, but hardly conclusive, That's my fact check for this week. I'm Lori Robertson, Managing Editor of FactCheck.org.

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Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, e-mail us at www.chcradio.com. We'll have FactCheck.org’s Lori Robertson check it out for you here on Conversations on Health Care.

Dr. Anthony Fauci

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. It's estimated that a majority of a person's lifelong health expenditures are often spent in the final months of life, but death is one of those topics that generates the least amount of conversation in the clinical setting in American Health Care. For folks who end up critically ill or facing a terminal diagnosis like late stage cancer, this can often lead to poorly communicated end of life wishes being discussed with the clinician who then often resorts to extreme interventions

Dr. Manali Patel: In oncology, notoriously we are underprepared to have these conversations with patients. There's a desire to want to provide patients with truth. However, there's this unspoken misconception that by having honest conversations about prognosis that we are somehow removing the hope that patients are coming to us looking for. Actually most studies that have evaluated this have shown that when you provide honest prognostic information to patients and allow patients to be part of the decision making about their goals of care, they are more appreciative of it and actually have more understanding of their disease process and better satisfaction with their care overall.

Margaret Flinter: Dr. Manali Patel sought to find interventions that might give clinicians and families a more useful tool to address this gap in communication. Her earlier research at Stanford had yielded an interesting finding. Late stage cancer patients felt more comfortable talking about end of life issues with a layperson as opposed to a clinician. Patel set up a study to examine that finding further. She and her fellow researchers followed patients at the Veterans Administration Palo Alto Health Care System for 15 months after they were diagnosed with stage three or four or recurrent cancer. Half the people were randomly assigned to speak with a lay worker about the goals of care over a six-month period. The control group was given no such intervention. The lay workers were given a rigorous 80-hour course and clinical observations before being assigned to the study.

Dr. Manali Patel: We found during the intervention was that she learned as she went. As the project went through the cycles of starting the implementation and ramping up, and then at the end she was completely proficient with having these conversations such that she came to that realization that these conversations really are not scary and shouldn't be scary and shouldn't be medicalized. Maybe she didn't need all that training to begin with. We had hired her specifically because of her service orientation and because she had a very supportive ear. That's really the main crux of this intervention was finding the right person who can engage in these conversations without needing a lot of

training to do so.

Margaret Flinter: 92% of the participants who received the layperson intervention, compared to only 18% of the control group were likely to have end of life directives in their electronic health record, and more likely to have communicated their wishes to their clinicians as well, often choosing hospice over emergency room interventions. The health cost of both groups varied as well. The average cost of care for the intervention group in the last month of life was about $1,000 versus $23,000 for the control group. Dr. Patel said one of the more interesting findings was much higher patient satisfaction among those who received the intervention.

Dr. Manali Patel: We found that the satisfaction scores went up for the patients in the intervention arm, but they went down for patients in the control arm across all six scores of the satisfaction with decision scale. We found overwhelmingly that the patients in the intervention arm were very satisfied with the decisions that they had made regarding their medical treatments and regarding their life. But the patients in the control arm really did not have much movement at all in terms of how satisfied they were.

Margaret Flinter: A low resource compassionate patient centered intervention that assists terminally ill patients, their families and their clinicians to have a frank discussion about end of life wishes, improving patient satisfaction at such as sensitive and challenging time and saving significant costs as well. That's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and health.

Female: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at www.chcradio.com, iTunes, or wherever you listen to Podcast. If you have comments, please e-mail us at chcradio@chc1.com, or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.