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# Arizona needs antivirals to combat COVID-19. But not everyone has easy access

*Opinion: Antiviral treatment is a key component of how we fight the latest COVID-19 variants. But some communities aren't getting the drugs or the message.*

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Throughout the pandemic, racial and ethnic minorities living in rural communities and low-income neighborhoods have been hurt more by COVID-19 than families in affluent urban neighborhoods.

Early on, they had less access to testing. Later on, vaccinations lagged. Now that easily administered, lifesaving antiviral treatment is available, the most vulnerable are still the least likely to get the help they need.

There's been progress in narrowing the gap separating vulnerable populations and socially disadvantaged communities from mainstream America.

But a recent analysis shows that during 2021, Hispanics in rural areas in the West were still more likely to die from COVID-19 than white people (1.41 times the white death rate). Native Americans generally fared still worse (2.41 times the white death rate).

## Why infections are increasing, despite vaccination

Antiviral treatments that dramatically decrease hospitalization and death for high-risk COVID-19 patients became available in early 2022. The White House launched a "Test To Treat" initiative to make these drugs available to everyone who needed them.

But Paxlovid, the preferred new antiviral (the one that President Biden got when he recently tested positive for COVID-19), is not reaching the most vulnerable households. A recent report from researchers at the Centers for Disease Control and Prevention shows there are less than

half as many prescriptions of lifesaving antiviral pills per 100,000 population in socially vulnerable areas of the U.S. as in more affluent areas.

But why are infections still increasing, even though Arizona did a fairly good job in vaccinating people?

**'Spreading everywhere':** What to know about Arizona's latest COVID-19 wave

There are a few factors that explain this. The newest variant – BA.5 – is nearly six times more infectious than the original COVID-19 and more likely to overcome immunity from vaccination, as well as from previous infection. More than one-third (37%) of Arizonans have not been vaccinated at all.

Another problem is that almost three-quarters (72%) of Arizonans are not “up to date” with vaccination – meaning, they haven’t received a booster shot.

This is a problem because, while research is still emerging on the BA.5 variant, studies on previous omicron variants suggest a primary vaccination series without a booster may provide only limited protection against infection and valuable, though imperfect, protection against serious illness.

The initial dream of “herd immunity” against COVID-19 has evaporated; our current “wall of immunity” is helping but fragile. Inevitably, public health efforts need to ramp up to strengthen it.

## **We need vaccines and antiviral meds**

Another challenge is that racial and ethnic disparities persist in Arizona because the state has not done as well in vaccinating Hispanic and Black residents as white residents, although vaccination efforts among Native Americans have been very successful.

That’s why easy access to antiviral treatment is so crucial.

Vaccination helps protect most people from hospitalization and death. But while the numbers vary by county, roughly half of Arizonans who get COVID-19 are still at risk for bad outcomes because they have underlying health conditions (such as diabetes, obesity, cardiovascular disease, high blood pressure or asthma), are in their 50s or older, or are pregnant.

There’s hope that the newest variant BA.5, despite being agile in escaping immunity from vaccination and/or prior infection, will result in milder illness than some previous variants –

but experts agree that we don't yet know for sure. And there will surely be still more new variants.

Arizona's public health system needs to work harder and smarter to assure equity in access to treatment. It's a win-win proposition. It will save hundreds of lives and save millions of dollars in health-care costs.

## **How to improve access in Arizona**

It's possible to make the "Test-to-Treat" approach work well even in challenging circumstances. Both New York City and Los Angeles, despite racially and ethnically diverse populations and poverty rates similar to Arizona's, have had remarkable success.

And closer to home, the White River Indian Health Service's COVID-19 Field Response team has adapted its innovative earlier efforts providing easy access to testing and intensive community outreach to dramatically reduce mortality among its high-risk patients.

What needs to be done to give all Arizonans better access to lifesaving treatment? Here are some suggestions based on their experience working proactively to safeguard vulnerable families:

- Launch a multilingual campaign to make everyone, especially in vulnerable communities, aware of their own risk for serious COVID-19 illness.

- Recognize that pro-forma, web-based announcements simply mentioning availability of antivirals are not useful. They are hard to access or navigate for households without broadband.

- Mount a campaign stressing how important it is to be tested and the need for high-risk people to immediately seek treatment (within five days of symptoms). Explain that treatment is free, available to everyone and easy (it only takes five days). Use radio and TV, and mobilize community health workers and other civic leaders to spread the word.

- Widely publicize a statewide toll-free number that people without a doctor can call for telehealth screening by a physician, nurse or pharmacist who will prescribe the right antiviral for them.

- Deliver medication directly to the homes of those without transportation, the elderly and to people where no nearby pharmacy stocks antivirals.

- Intensify efforts to actively promote vaccination, not just "offer" it. Focus on how safe vaccines are for children and pregnant women and escalate efforts to get high-risk people who are not "up to date" the boosters they so urgently need.

It will take effort – but where there's a will, there's a way. Investing in proactive efforts toward equity is a wise investment.

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