



DR. VIVEK H. MURTHY

19TH & 21ST SURGEON GENERAL OF THE UNITED STATES

Dear Colleague,

I want to express my deep gratitude for everything you have done for your patients and communities during the COVID-19 pandemic. I know that you have made numerous sacrifices and worked countless hours to care for others during exceptionally challenging circumstances. As Surgeon General and as your colleague, I am incredibly grateful.

Hospitalizations and deaths from COVID-19 are markedly lower than previous peaks. But there are still hundreds of people dying from COVID-19 each day – the vast majority individuals age 65+ with suboptimal protection against the virus.

The good news is, we have the power to avert many of these deaths with vaccinations, tests, and oral antivirals. When people are up to date with their vaccines and when high risk people receive oral treatments like Paxlovid to treat COVID-19 infection, their mortality rate is markedly lower. Unfortunately, as of spring 2023, only about 4-in-10 seniors have received the updated vaccine and only about one-in-four eligible patients received Paxlovid.<sup>1,2</sup>

We need your help to close this gap. There are two evidence-based actions you can take today that can help save lives.

**First, please encourage all patients to be vaccinated for COVID-19 and remain up to date with a bivalent booster dose when eligible.** The vaccine has been shown to be highly effective at reducing the risk of hospitalization and death.<sup>3</sup> And a recommendation from their clinician is one of the best predictors of whether patients get vaccinated.

**Second, consider oral antiviral treatments such as Paxlovid** for higher risk patients – those age 50+ or with chronic conditions – regardless of symptom severity. A recent study of high-risk patients who received Paxlovid within five days of symptom onset, including vaccinated patients, found >65% reduction in death compared to untreated patients.<sup>4</sup> And published evidence suggests that Paxlovid during the acute phase may also reduce the risk of Long COVID symptoms like fatigue and neurocognitive impairment.<sup>5</sup>

While you may have heard about drug interactions with Paxlovid, most patients can safely receive Paxlovid by making dose adjustments or temporarily holding medications of concern. Lagevrio or Veklury (Remdesivir) may also be treatment options for your high-risk patients.

Your skill and care have already saved many lives. If we continue to promote the use of vaccines, tests, and treatments, we can save even more, and move our country closer to ending the COVID-19 pandemic.

I know that a lot has been asked of you during the last three years, on top of the heavy load you were already carrying. You have had to manage not only COVID-19, but also the invisible challenges made worse by the pandemic – especially mental health struggles and the growing public health challenge of loneliness. The fatigue our colleagues are experiencing is real and profound. It is the main reason I issued a Surgeon General’s Advisory on Health Worker Burnout, and why I am accelerating our national efforts to address mental health and loneliness. I will continue to push for more resources, reduced administrative burden, and more supports for our colleagues as long as I serve as Surgeon General.

I am deeply grateful for all that you do. And I am extraordinarily proud to be your colleague.

With respect and admiration,



*Vivek Murthy*

**Vivek H. Murthy, MD, MBA**  
Surgeon General of the United States

**COVID-19 Resources for Clinicians**



1. Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: US Department of Health and Human Services, CDC; 2023, February 22.

2. Shah MM, Joyce B, Plumb ID, et al. Paxlovid Associated with Decreased Hospitalization Rate Among Adults with COVID-19 – United States, April–September 2022. MMWR Morb Mortal Wkly Rep 2022;71:1531–1537.

3. Tenforde MW, Self WH, Gaglani M, et al. Effectiveness of mRNA Vaccination in Preventing COVID-19–Associated Invasive Mechanical Ventilation and Death, March 2021–January 2022. MMWR Morb Mortal Wkly Rep 2022.

4. Carlos K.H. et al. Real-world effectiveness of early molnupiravir or nirmatrelvir–ritonavir in hospitalised patients with COVID-19 without supplemental oxygen requirement on admission during Hong Kong’s omicron BA.2 wave. Lancet Infectious Disease, 2022.

5. Xie Y, Choi T, Al-Aly Z. Association of Treatment With Nirmatrelvir and the Risk of Post-COVID-19 Condition. JAMA Intern Med. March 23, 2023.