

August 11, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center. And I want to welcome all of you joining this morning to this biweekly briefing for the UT Southwestern community. As COVID cases and hospitalizations rise, I want to extend my sincere thanks to each of you, for everything you are doing to continue to provide the level of excellence in patient care we are known for throughout the region, state and the country. And also, in advancing our mission on the campus in all its dimensions.

Since we have quite a bit to cover this morning, I'm going to begin and leave as much time as possible for your questions. Not surprisingly, we've received quite a few since the last briefing, and we'll do our best to cover as many of those as possible. As I'm sure each of you listening to this briefing will be aware of the Delta variant of the COVID-19 virus has become more pervasive across North Texas, as it has in many parts of the state and the country over the past several weeks. And in parallel with that expansion of the Delta variant of concern, we are seeing a substantial increase in the number of patients diagnosed with a COVID-19 infection and those requiring hospitalization for treatment of COVID-19.

As of yesterday, the total number of hospital beds occupied by COVID-19 patients in Dallas County accounted for approximately 18% of hospital beds. And that's reflective really of what is seen throughout the region. About 35 to close to now 40% of ICU beds are occupied by patients with COVID-19. About 30% are patients who are on a ventilator. So clearly we are in a phase of the pandemic, which is not only expanding in the number of new cases and new hospitalizations, but in the severity. If we look beyond the sheer numbers in general, we are seeing that those requiring hospitalizations are younger than those in previous waves. Although, in the recent days, we've also seen an increase among the 65 and older. And as I've said, not only are they on average younger than those past waves on average, they are also more ill and require more intensive care when hospitalized.

I had the opportunity last evening to see the most recent update from our modeling group, which we hope to see posted publicly later today. And it does anticipate that we will see a continued escalation over the next several weeks of the number of new cases in North Texas, specifically Dallas and Tarrant County. And of course, what follows from that increasing number of hospitalizations. To put a number on that, we expect as we've seen by our multi-disciplinary modeling group, that there will be about 1,800 new cases per day, by the end of this month in Dallas County alone.

The R_t value, which as we've come to know in this past year and a half is a parameter, which indicates whether we have an expanding or when we've been fortunate enough to have a contracting pandemic is now well above one. So that's consistent with the predictions being made by our modeling group, that we are going to see continued increase in escalation for the next several weeks, at the very least.

Let me spend a few moments with that to discuss the variance and where we are on a vaccination. It is increasingly clear that the Delta variant is substantially more contagious than the original, so-called ancestral virus and the earlier variants of concern, such as the Alpha variant, which first arose in the

United Kingdom. To put it in relative terms that original virus on average, if a person was infected could be anticipated to go on to infect approximately two individuals. With the Delta virus, that number may be as much as six or eight, or to put it in another comparison about as infectious as chicken pox. So we clearly are now in the midst of a surge that reflects a much more highly transmissible virus and one which does appear as I've really already indicated to lead more individuals to more severe illness.

Where we are on our vaccination in Texas overall, as of Monday, about 54%, actually slightly under of Texans age 12 and above that is all those who are eligible for vaccination currently are fully vaccinated. Pleased to see that there has been a slight uptick in the number of vaccinations. No doubt, as people are becoming aware of the rising tide of this latest surge, but it remains a relatively modest increase relative to the many number of individuals who have yet to be vaccinated. It is very clear from the data and certainly as we have the benefit of insights from our own experts here on campus, that vaccination remains a tremendously effective tool to protect one against infection.

And although, it is not in any means, we now understand a guarantee against infection from the Delta, it is almost uniformly effective in preventing severe disease. To the extent that one might require hospitalization or die. To put a little color on that, in this region, approximately 99.8% of those who have died since the beginning or the early days of February have been unvaccinated individuals. Unfortunately, those individuals who are vaccinated, but have a significant impairment of their immune response, possibly because of an underlying condition or because of the need to take immunosuppressive drugs are still at risk of more severe disease, but they still remain a small fraction of the individuals who are ultimately becoming ill enough to require hospitalization and land in the ICU.

I won't miss any opportunity to emphasize what you already have heard me say really with each briefing since the beginning of the year. If you've not become vaccinated for whatever reason, I hope these evolving trends will convince you of how important that is to protect yourself and those around you. And if you are vaccinated but have friends, family, or just others that you know are not, I hope you'll encourage them to take advantage of this most effective tool in our armamentarium toward fighting the COVID-19 pandemic.

Let me turn to the campus itself, having painted the picture for the region and the state more broadly. Certainly, we have seen a steady increase in the number of patients who are cared for at both Clements University Hospital and at Parkland, and also at Children's. We're seeing really higher numbers of children requiring hospitalization than at any point prior to this in the pandemic. As of yesterday, we had 55 patients with COVID-19 at Clements. That's a 90% increase since my last briefing two weeks ago, and a fourfold increase over last month. Parkland later yesterday, was close to a 100, which is nearly a 50% increase in the past two weeks. And also, more than threefold increase over the past three months.

As you know, for many months now, we've been sharing the number of hospitalized COVID patients at CUH with you, and several of you in our daily email to the campus. Several of you have asked us to consider reporting the number of hospitalized patients who are unvaccinated, the number of hospitalized patients who are vaccinated and the number of hospitalized patients who are vaccinated, but immune compromised. Which of course, as I've noted, places them at risk for greater severity. We've taken this request into consideration and I'm glad to let you know, we'll begin to post those numbers on a weekly basis.

Beyond the number of patients that we are caring for in our campus hospitals. [inaudible 00:09:18], as you know from these briefings, follow closely the number of COVID-19 diagnosis among UT Southwestern community members. Over this last week, 63 community acquired infections were confirmed among UT Southwestern employees. That's a 20% increase over the prior week and does reflect what I've just tried to describe for you in terms of what's happening in our region broadly. We have had now, two instances of employee to employee transmission. Both of those happened to be in the nonclinical settings of our campus. We've not had a employee to employee transmission in our clinical setting actually since March. I also note though there has been one patient to employee transmission in this past week. This is the first since early January.

As of Monday, more than 100 of our UT Southwestern communities were in self-quarantine or self-isolation. This is still well below the figures we saw at the height of the pandemic in the winter of this past winter, though of concern because given all of the rising challenges of the pandemic, we certainly are hoping to have every hand on deck that we possibly can, which brings me to campus operations.

As I have emphasized throughout the pandemic, our top priority has been and will remain the safety of our campus community, as well as the patients and families we serve. At this point, we remain in phase four with minor modifications to maximize safety. The emergency operations committee continues now to meet on a twice weekly basis to formulate recommendations really across all aspects of campus operations, which are then reviewed by the executive vice presidents and myself for final approval as a means of guiding our ongoing practices on the campus.

At this point in time, we want to emphasize as we have communicated previously, that while the governor's executive order precludes us from requiring masking in nonclinical settings on the campus, we strongly encourage everybody to wear a mask indoors, irrespective of whether you have or have not been vaccinated. Of course, our requirement for masking in all clinical venues and areas of the campus remains in place.

Now, along with that real, we hope diligence in mask wearing, we encourage the use of virtual meetings and events as a preferred means of gatherings for meetings. But for those meetings which are deemed to be better conducted in-person, we would encourage that the participants be limited to those who really are essential to attending for the purpose of that meeting or that function.

Most importantly, as I emphasized in the last briefing, I want to, again, underscore how important it is that you be alert to any symptoms that could reflect a viral infection and should you experience any of them, which you might attribute to something as innocuous as a allergy, stop, remain home, consult with occupational health, and avoid contact with others, even if you have been vaccinated, because what we have certainly learned over the course in particular of these last number of weeks is that a breakthrough infection, that is an infection of somebody who has been vaccinated, is very often extremely mild and with symptoms, which could be otherwise reasonably thought to be something else such as an allergy or just a cold. So stop, think, get checked [inaudible 00:13:34] while you can help yourself stay safe, but also help your colleagues here on the campus stay safe, and of course our patients and their families.

While we have not, the recommendation of the EOC, re-instated requirements for physical distancing broadly, you will begin to see signs in some key areas where it just... They're so close that an extra

measure of caution just seems prudent. So those will, by example, be found those new signs in our elevators and we'll also be looking for those in our shuttles.

So I want to assure you that even as we remain at our current state of operations, the EOC and then the executive vice presidents and myself are reviewing on a weekly basis what changes may be required as we see this surge continue to evolve. So I want to assure you of the continued vigilance and attention we have on a real time basis, so to speak, to be sure that we are prioritizing the safety of the entire campus community.

Somewhat in that context, I want to turn to another related topic and that is flex work. As many of you will recall, we were planning, and this was over the time that in the summer when we were certainly in a much better place than we now find ourselves looking toward the end of August with instituting a long-term flex work plan. And I want to thank everyone for their effort in classifying each position on the campus to really define what was an appropriate, flex work option for the long-term. And we were set to implement that in September 1.

However, with the concurrence of the executive vice president, I have decided it makes good sense for us to pause the implementation of that flex work plan for at least two months and that is really [inaudible 00:15:53] until we are really confidently over this coming surge, and don't have the extra stress that that is inevitably providing to the campus. So, we will be delaying that model until later in the year. I will certainly keep you updated in future briefings as we approach the later part of the fall.

So with that I want to, just before turning to your questions, very quickly touch on a couple of other topics not COVID related. The first is that we will be soon sending the campus an update regarding our VIP survey results, the Glint survey, which you completed early in the summer. And I'd also like to remind you that nominations are open through September 8th for our leaders and clinical excellence awards. And I hope those of you who have seen excellence in action, whether by an individual, by a team in the development of a program will take the time to nominate those individuals or those groups for this recognition for really embodying our commitment to excellence in everything we do.

Now before concluding, I do want to make clear how much I appreciate, as I said in my very first comments, the incredible commitment and hard work of everyone on the campus. I will say now, especially again, those on the front lines and those supporting the front lines and providing care. I do appreciate that this has been a huge stress and we are facing new challenges.

We have advantages that we did not have in some of the earlier surges. We have the advantage of experience, of knowledge, of better treatments, and also the knowledge of the resilience of this campus and being able to work together in meeting the challenges of the pandemic. I also want to acknowledge the special additional stress that many experience as parents of children, particularly as we are going back to school this week. And before closing, to take this opportunity to make note of the additional resources that we are putting in place to help with that challenge of juggling the needs of your children, the uncertainty surrounding this back to school season, and of course the work that you do here at UT Southwestern.

So just to briefly provide an overview, on Monday in the Today at UT Southwestern email, we shared a link to a childcare resources toolkit, which was compiled by our HR team. And for those of you who just didn't happen to notice it, I want to call your attention to that because it has a number of different

resources. It includes a list of other outside resources, such as backup childcare, babysitting services, online school options, and even tutors. Our HR is also working to expand emergency caregiver services with Bright Horizons for approximately 9,000 frontline healthcare workers and HR is working with the Callier Center and First Step to monitor any potential impacts or closure.

If you need to leave work unexpectedly to pick up your child due to a COVID exposure, your department should have a contingency plan in place to ensure minimal disruptions to the ongoing clinical and business needs. I've asked each of the executive vice presidents to work with their divisional leadership to ensure that each team reactivates the plans that were created when the pandemic first began, and that everyone understand what needs to happen in that scenario so that we can both minimize disruption to patient care and business operation while still really attending to the needs of each employee and their families as a priority. So once again, I will conclude by thanking you. And I'm going to turn to Jenny Doren who's going to pose your questions. We will address as many as we can within the time remaining. For those that we don't get to, we will be posting the answers to our website.

Jenny Doren:

Well, good morning, Dr. Podolsky, and thank you for reemphasizing those resources for parents. And I know we all appreciate you calling out the uncertainty of this back to school season. Since we met two weeks ago, Texas schools have saturated the headlines, spurring a lot of questions from our campus community. Many of us are preparing to send our kids back to class. Today is my daughter's first day of kindergarten. I have a three-year-old starting school next week. So the questions we've been receiving are what do our experts recommend for safety in schools, buses, after school programs, where universal masking and contact tracing cannot be required? Bottom line, what more can we do to protect our kids?

Dr. Podolsky:

Well, first to acknowledge, this is a challenging situation. And we recognize that many, many of our employees are navigating this difficult terrain. I would point out the CDC has posted guidance, which I think will be helpful to many parents. And if you look on the CDC website, look under COVID-19 prevention in K to 12 schools, you'll find, I think very helpful information there. Vaccination is listed as the leading public health prevention strategy to end the pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports. So, to the extent possible and making sure that any individuals eligible for vaccination are fully vaccinated, will be out.

We do anticipate that the FDA may be considering emergency use authorization for younger age groups as we get into the fall. And so attending to the actions and the anticipated approvals, and then, using that tool to protect your children, of course, would be highly recommended as that becomes available. The CDC also recommends, and we will endorse that, universal indoor masking. And many schools and districts are modifying their recommendations day to day. I won't get into the different approaches that various ISDs and independent schools are taking relative to the direction of the governor. But at the very least, masking of children who are old enough to do that, and encouraging masking in schools is a huge tool. So universal masking, particularly around un-vaccinated individuals is an important part of what you can do to protect everyone.

And should remember also all the non-pharmacologic interventions that were recommended early in the pandemic, because they're still effective, minimizing the frequency and size of social gatherings, opting for outdoor activities when possible, and continuing to mask, went around others, are among the things that one can still do and have the collateral benefit of protecting children.

Jenny Doren:

Well, sticking with the topic of children. I know you mentioned during your opening remarks, the rising number of cases at children's health. Has there been any change you would think that there has been in the severity of pediatric COVID cases? I know that you mentioned the update on one weekend. We think we can expect to see an UA for those under 12.

Dr. Podolsky:

There has been an increase in the number of pediatric cases. And the fact that there are more children in hospital beds than ever before in the pandemic, not only here at children's on our campus, but at Cook's Children's in Fort Worth is reflective of the fact that therefore there are more children who have a severe illness. As of Monday, there were 31 patients at Children's, 11 of whom were in the ICU. Actually in those individuals that reflects what we have seen in the adult population. Actually, most of the children were older children and were actually eligible for vaccination, but did not have it. Of course, again, like adults, children with underlying medical conditions or those who have some compromise of the immune system, are at risk for more severe illnesses.

So again, the pediatric cases are tending to be in those 12 and over, and we continue to encourage parents to consider the benefits as far outweighing the potential risks to a vaccine, which has now been given to them more than 4.4 billion doses worldwide. As for when the vaccines will be approved for younger children, there is speculation that the Pfizer vaccine will receive full FDA approval for ages 12 and above in the next two to four weeks. And that the company will submit an emergency use authorization requests for children five to 11, in September. It is possible and AUA for those six months to five years will follow in November.

Jenny Doren:

Well, thank you for that. Last week several hospital systems implemented vaccine mandates, including Children's health, Parkland, and THR. What does this mean for UT Southwestern staff and faculty who practice at these locations, and for whatever reason do not want to be vaccinated?

Dr. Podolsky:

Well, UT Southwestern faculty and staff who work in care environments operated by other systems will need to comply with COVID vaccination policies of those systems, where they are providing care, particularly when it comes to faculty. If the medical executive committees of those hospitals say that that's a requirement for a faculty to, for physicians to provide care in the hospital, that is really outside the authority of UT Southwestern. I am pleased too, that more than 93% of our faculty have been fully vaccinated. So that it's likely that those who are not, and being one of those environments as, will be extremely small.

I would just encourage those a few percent irrespective of where they're working. And if there's not a medical reason why you should not be vaccinated, to take advantage of the protection of that the vaccine can provide.

Jenny Doren:

I can't stress that enough these days. Late last week, we learned that the food and drug administration will likely lay out a strategy for COVID-19 vaccine boosters by early next month. Do you expect will administer an additional dose? And what would that process look like?

Dr. Podolsky:

So we will file directions from the state as to how we deploy the vaccine, because a vaccine that's provided to us, is done through the Aegis of the department of state health services. It is highly likely that the FDA will authorize additional COVID-19 vaccine doses for immunocompromised individuals to begin with, in the next week or two. And if that happens, ACIP, that's the Advisory Committee on Immunization Practices that advises the CDC, will review. And if approved, guidelines will be updated, allowing providers, including ourselves to prescribe vaccine. There may also soon be recommendations for boosters in the elderly, primarily in the congregant setting, nursing home setting. Several other countries have begun or are planning to offer booster doses of the mRNA vaccines to these populations.

As of now, we simply don't have any solid information about whether additional doses will be recommended for individuals who are not in those group. And what also remains to be seen as whether the recommendation will be for a third dose of the existing vaccine, or one that has been modified to in particular, be more highly targeted towards the Delta variant.

Jenny Doren:

A related question. Is it safe to mix vaccines. If someone received Moderna or J&J, could they get a Pfizer booster?

Dr. Podolsky:

Well, the current recommendations are that in general individuals stay with the same vaccine product for the vaccine series. That is if your first dose is Moderna or Pfizer, your second dose should ideally be with the same vaccine. However, the CDC does allow that if the vaccine product is unavailable, then the mRNA vaccines can be used interchangeably for the second dose. There are also ongoing clinical trials looking at this mix and match possibility. For example, one dose of a viral vector vaccine followed by one dose of an mRNA vaccine, to see what impact this has on antibody response and immune protection. With respect to booster vaccines, as mentioned, we still wait formal guidance regarding when and for whom these will be needed. Along with that guidance, there will also be recommendation about whether it is appropriate to receive a booster of the same type, or whether it's acceptable to receive a booster of a different type.

Jenny Doren:

Thank you. In addition to the rapid spread of the Delta variant, concern is growing locally over the Lambda variant after a Houston hospital had the first case detected in the US. How contagious is Lambda, and what can we do to prevent new variants from multiplying?

Dr. Podolsky:

So the Lambda variant, or also known as C dot

The Lambda variant, also known as C.37, was first identified in Peru in December. It spread widely in South America and to some other parts of the world and designated a variant of interest by the World Health Organization. There has been some recent preliminary data, not yet peer reviewed, suggesting it may be partially resistant to immune protection and could be more infectious than earlier variants such as the Alpha variant. However, these data have to be confirmed and our own sequencing work in North Texas has identified a small number of cases of the Lambda variant. But the majority of cases, 90, 95+% continue to be from the Delta variant likely because it remains the most contagious variant of concern identified so far. According to Dr. Ravi Soroti, who is chief of our pathology clinical labs, we have identified 21 cases of the Gamma, that's the Brazilian variant, since April and five cases of Lambda since June and July.

I do want to, again, note the great work being done in collaboration between the clinical lab and the McDermott center in which they are molecularly sequencing every positive sample identified here at UT Southwestern. In general, the best way to prevent new variants from occurring is to drive down the overall number of cases, both here in the U.S. and globally. This is one of the reasons why getting a really comprehensive vaccination accomplished leaves fewer people for whom in the course of infection, new variants can emerge, which eventually, by luck of the draw may be more transmissible or more severe.

Jenny Doren:

We received a lot of screening and operations related questions specifically, will we resume temperature checks for staff and at stations? Are we going to scale back our visitor policy?

Dr. Podolsky:

Let me start with the first part of that question. Well, temperature screenings have resumed for patients and visitors to our clinical sites, just to note that for those who may not have been aware. We have other safeguards in place for our employees and are not reinstating, certainly not at this time, temperature screening for employees. We have signage up at staff interests that reads, and this is a point I try to emphasize in my initial remarks, "By coming to work, you are testing that in 24 hours, one, you have not experienced new or worsening symptoms related to COVID-19. Two, you have not been exposed to anyone outside of work who recently tested positive for COVID-19. Any employee who is unable to attest to both of those statements should exit the building, notify their supervisor, and complete the Occupational Health Screening Form. The Occupational Health Screening Form has been shared repeatedly today at UT Southwestern and health system news roundup email communications, and is available on the employee health webpage.

We've all gained a lot of experience over the past year and a half and understand the symptoms and the importance of staying home when in doubt. Removing screeners from the staff entrances allows them to help with the other important patient care activities. That is to say at this point, we are not reinstating that. We are relying on our employees to stop and make sure that they don't either have symptoms or have been exposed. We will continue to monitor these policies, as I've said, on a weekly basis to see if circumstances require some modification.

Jenny Doren:

Another popular topic, travel. With COVID set to spike in September, will the Travel Oversight Committee restrict travel for UTSW faculty this fall either nationally or internationally?

Dr. Podolsky:

Well, the Travel Oversight Committee continues to meet and met just a few days ago to monitor the evolving landscape and adjust their restrictions as possible. As of their last meeting, they did not recommend changes to our current policies, which allow domestic travel, but do require a review of all international travel. All travelers are advised to use prudent measures to ensure safe travel and return, and that all travel should be mission-optimal. Whether we will be more restrictive to mission critical or actually canceling business travel remains options on the table, which will be considered as we see things evolve over the next few weeks. I would emphasize, for those who choose to travel internationally on personal business or for personal pleasure travel, you do undertake the risk that circumstances change, which may not allow you to return to the U.S. because of either the international location you're at or changes in U.S. policies.

One needs to understand the uncertainty around that and the liability that you would have should you be unable to return to Dallas and return to your responsibilities on the campus.

Jenny Doren:

We have time for one final question for this briefing. Of course, we welcome questions for additional briefings now every other week. Do you have any insights into how long resistance from a previous COVID-19 infection lasts and whether it offers any benefits against the variants?

Dr. Podolsky:

Well, this is certainly an area of evolving understanding and a lot of ongoing efforts to gather data regarding how long there is natural protective immunity following an infection. The initial data from earlier in the pandemic suggested that for at least the first three months after infection that you could reasonably count on strong protection against re-infection, more recent data suggested that this window may extend out to six months or longer. However, the emergence of the new variants of concern has altered the equation. Several other variants of concerns such as the Beta and Gamma variants of concern have shown an ability to cause re-infection in those with prior COVID-19. The Delta variant, to talk about even more relevant concern, appears to be more likely to cause reinfection, particularly when it is more than six months from the initial infection.

Finally, there is a recent data from the CDC showing that those who have had a prior COVID-19 infection but remain unvaccinated are at a greater than two fold higher risk of reinfection compared to those with prior COVID-19 infection who then received the vaccine, which is to say, even if you've had the infection, you clearly get a benefit from being vaccinated subsequent to that. This type of data just demonstrates the additive benefit to vaccination even those with prior infection.

Jenny Doren:

Thank you for your time answering these many questions.

Dr. Podolsky:

Thanks. I hope it's a great first day of school for your youngster.

Jenny Doren:

Thank you.