

December 1, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. Welcome to this now briefly briefing for the campus. I hope everybody who's joined this morning had an enjoyable Thanksgiving, able to celebrate time with family and friends, and to take the time to recognize all the things that we have to be thankful for, including being here in this country and this state at this institution. As in past briefings, I'll begin with the latest in COVID updates and then turn to other campus matters.

I did have the opportunity last evening to see the recent update from our multidisciplinary modeling group. You'll all have a chance to see that for yourselves when it's posted on our website. I expect later today, but the news there is sort of steady as she goes, so to speak. The census in terms of number of COVID patients in hospitals in Dallas County, Tarrant County, and the north Texas Region more broadly remains relatively stable over the past two to three weeks, which looked at, from one perspective, is good news. It's not going up, but from another, is not the decline that we had hoped we would continue to see.

That's reflected by our experience on our campus. Our sense is both at Clements University Hospital and at Parkland has remained pretty much in a steady state over the past couple of weeks in the very low teens at Clements and approximately 30 at Parkland Hospital. In terms of forward looking signs, a little bit of a mixed story, a number of positive cases reported has been down, but the rate of positivity has grown up. At least looking backward into November, the RT value has been above one, which suggests, as the model now predicts, that we are going to see at least modest increases in the number of cases.

All of that will be influenced by the degree to which people get together for the coming holidays. On the other hand, fewer children in school during those holidays means less opportunity in that setting for transmission. What I take away from our modeling groups expertise is we need to continue to monitor closely, to not lose sight of the things that have helped keep things in this, at least controlled, manageable state, such as masking when indoors with others.

I guess the one thing I will add before turning to COVID matters more generally, is that the campus continues to be a very safe environment. There have been no additional cases of transmission on campus since our last briefing. Turning to things more general. I'm sure everybody listening has taken note of the reports in every sort of media of the newest variant, the Omicron variant, which was first detected in South Africa. While it's not yet been detected here in the United States, it's clearly now spread to many countries around the world.

In the last couple of days, we've come to realize it has been there sooner than people had initially expected. While I don't have a clairvoyance on this, I think it seems to me only a matter of time before we will be seeing it here in the United States. Here on our campus, I'll remind you that our group are working together from our clinical laboratories, and the McDermott Center continue to sequence,

molecularly sequence every positive sample of patients tested at UT Southwestern and so in a position to detect that variant as for other variants should that be seen in our patient population.

Naturally, we'll continue to follow the science of this as it unfolds. Right now, there are a number, several important unknowns, just whether or not it is truly more transmissible or not. It's unclear from the early data in South Africa, whether it's growing presence there is a reflection of that increased transmissibility or the disproportionate impact of super spreader events. That's an example of where we will have to follow closely.

Also, whether the nature of the illness is more or less severe than other variants. Then of course, the really great question that hangs over all of this, and I'm sure is on just about everybody's mind is whether the vaccines that we have all received are as effective against that. While the experts are relatively encouraging of at least efficacy against severe illness, it's fair to say that we need to really wait to see the data as it emerges to this just very, very recent development.

Speaking of vaccines, I note that there is an expectation that this week, the Pfizer vaccine may be approved as a booster shot for teenagers 16 and 17 years old, which would be the first instance of expanding booster approval beneath the threshold of 18 years of age. Then moving beyond vaccines, I do note and call to your attention that the FDA just yesterday approved, under an emergency use authorization, a pill for treatment of infection with COVID 19 made by a Merck, which in their data has at least 30% efficacy in preventing severe disease.

A different antiviral medication developed by Pfizer is still undergoing evaluation, at least early data on that looked even more encouraging. And of course, we're going to continue to follow that very closely. Lastly, I want to turn to the topic of vaccination mandates and where we are here on our campus. As you have heard, both from my prior briefing and from communications from Dr. Warren and the other leadership in the health system, we are, as a healthcare provider, subject to a requirement that all those who work in one of our clinical care environments have received vaccination or an exemption.

I'm very appreciative of all of those who having been identified as either not known to be vaccinated or not vaccinated, have communicated with us to let us know in many instances that you had received vaccine, albeit at other sites other than UT Southwestern, or have submitted requests for exemptions there. We continue to work diligently to meet the requirements of that mandate, which would say that a first dose, if one is going to get the Pfizer or Moderna would need to take place really, just around the corner by December 5th. So, we are towards that.

Now, I want to make note that a important uncertainty has now been added to the mix here yesterday when a court in Louisiana issued a order, which would block the mandate as applied to healthcare providers. We are of course, going to do our best to understand the full implications of that. We expect that that order, as well as the action of another court in Kentucky will be appealed by the US government. And of course, we will need to see then whether that order blocking the vaccine mandate is upheld or not. If it is upheld, of course, that will substantially change our path forward. In any instance, we comply with what are the prevailing legal obligations, but for the next days, we will continue in the direction that we have been in to comply with that mandate in a timely fashion. And of course, we'll be communicating with all of you as there is more clarity around the implications of those court actions.

So with that, let me turn to non COVID matters here on the campus and begin by welcoming Holly Crawford, who joined us from the University of Rochester Monday as our new executive vice president for business affairs. She brings an enormous amount of experience from her 20 years at the University of Rochester in administration and finance that I know will provide great leadership up to our colleagues in business affairs. And through that, of course, in supporting all of the work that goes on the campus.

I hope you have a chance to meet and welcome Holly in the near future. With that, I want to turn to what is certainly has been a matter of great attention for those of us who have been involved over the past years during which the Department of Justice and the DEA undertook a investigation into our practices and policies around stewardship for controlled substance, and most especially opioids. As I hope you have seen from my message to the campus yesterday, this was prompted by the really tragic events. There's no other way to describe it in which two of our nursing colleagues at Clemens University hospital died at the hospital from an opioid overdose showing that there's no place effectively, which is untouched by this pandemic of a different sort, that's really plagued our country for now years.

Those deaths did prompt us to undertake a really thorough introspection of our practice and policies with some outside consultants. And with their help, we did identify areas where we clearly could do better and where we clearly needed to update our understanding of our requirements to report when there were discrepancies in the disposition of prescribed in particular fentanyl in our inpatient setting. And so we learned a lot and in the time that this investigation by the federal government was in progress, we've implemented a lot of measures that I think brings us to a very much better place today. And in fact, as we settled the matter with the federal government, it was with the acknowledgement that at this juncture that we have made great progress in our stewardship and in our programs for compliance with that.

As in our private lives, as an institution, we need to acknowledge where we can do better and then put in place the measures that take us beyond what we recognized in retrospect were areas for improvement. I want to just emphasize two things as we've announced the settlement of this matter. I've heard concern understandable about the potential impact of what was a significant fine of \$4.5 million and how that might affect us as an institution. Indeed, when we first learned that the investigation was being initiated now two or more years ago, we anticipated the possibility that could be a fine and reserve that is set aside funds against that possibility. And as a result, as painful as it is, of course, to pay a fine, I at least am glad to assure the campus that this does not impact the financial strength of the institution, our ability to continue with all of our plans that we have for this year and beyond.

And the second, and perhaps even more importantly, as I've said, we need to learn from when we identify areas of improvement about addressing them in a forthright manner. And I believe we have done and are doing that, will continue to improve those measures. But at the same time, we remain absolutely on track for achieving our aspirations to provide the very best care every day to the patients who trust us with the privilege of their care. And in advancing our mission as an academic medical center for discovery of new insights that will allow eventually better treatment, better prevention of disease, and our ability to educate and train the next generation of caregivers, scientists, and other healthcare professionals.

And so I would not like anybody to have any doubt that we've taken this matter with all the seriousness it deserves, but at the same in time, we remain absolutely on our trajectory made possible by the incredible dedication and work of the UT Southwestern community in the totality of the roles in which people serve here on the campus.

So with that, let me turn to other more... I'll say more... On a fully positive note before turning to your questions, the first is to say there's been great progress in our State Employee Charitable Campaign, the SECC, and appreciate all those who have found the means and the have been willing to share their ability to help others by contributing to the campaign, reminding you that there are literally hundreds of various vetted organizations to whom you can or to which you can direct your contributions. We have extended that campaign until December 10th, for those who may have just been slow to get around to it, with everything in motion to get ready for the holidays. And I do hope you'll consider doing that if you've not done so already. For more information, you can visit the SECC page on my UT Southwestern. And finally, very pleased to make note of this evening's event, which is truly one of the great days on campus each year for UT Southwestern. And that is the celebration of the Leaders in Clinical Excellence Awards. So we'll be announcing and celebrating the contributions of our colleagues to the excellence of care that goes on in this campus throughout the year. These include among others, those who are rising stars, those who exhibit the kind of humanism we should all aspire to, innovate creative programs. And I will say, as the longest standing of these awards, also the recognition of the recipient of the Patricia and William L. Watson junior MD award for excellence in clinical medicine, the highest award for that distinction on our campus. And it truly is an opportunity to celebrate the individuals and teams who are being acknowledged, but also to really appreciate what they represent more broadly, that epitomizes care here at UT Southwestern, you can follow it in a live stream that begins at 4:30.

And I truly hope everyone will make time to celebrate these clinicians who work across all of the places we provide care, not just in our university hospitals, but certainly in our key partners at Parkland at Children's and at the VA. And with that, let me just finish before taking your questions by wishing everybody here a very happy holiday season and a very healthy, happy coming New Year and look forward to the briefing which we'll follow into that new year. So now I'm going to turn to Jenny Doren who will pose your questions as she has on all of our past briefings.

Jenny Doren:

Good morning, Dr. Podolsky, I want to expand on your opening remarks and begin with that world dominating headline concern over the latest COVID-19 variant Omicron. What more can you and our infectious diseases experts tell us about this new strain?

Dr. Podolsky:

Well, I'm very glad to share what I've learned from talking to our infectious disease experts, but I'll just say again, as I did in my initial comments, we're still in an early state of really learning about this variant and all of its characteristics. So the Omicron variant or more technically the B.1.1.529 was first identified in samples from Botswana and South Africa earlier last month and reported by the South African public health authorities on Thanksgiving last week. So this is all very fresh. Since then, it has been designated as a variant of concern by the World Health Organization and given that Greek letter name Omicron, the variant has so far been identified in a large cluster of cases in South Africa centered around a single

province Gauteng, which includes Johannesburg and Pretoria to, of course, of the larger city's in South Africa.

But it's also now been identified in at least 20 countries, including the United Kingdom, the Netherlands, Australia, Hong Kong, and Israel. As I've said on my initial comments, it's not yet been identified in the United States though it would seem more likely that that is more a matter of time, not if. The scientific research community is rapidly assessing various biological features of the new variant, but it will take several weeks to really get clear answers to many of the more important questions.

There are two primary features that have grabbed the attention of researchers so far. First, the high number of mutations, over 50, seen in combination. And second, more than 30 of those mutations are in the spike protein domain, which of course is that vital part of the virus that it uses to attach to cells to infect them. While some of these mutations have been seen in other variants before and have been associated with increased transmissibility or ability to evade immune protection, the high number of mutations and particular combinations make this variant essentially unique.

Jenny Doren:

So I know we're all learning every single day about this new variant, couple of follow up questions. How concerned do you feel we should be? And is this variant more transmissible than Delta say?

Dr. Podolsky:

Well, there's no clear answer to that important, all important question. The rapid rise of new cases, particularly in that one province of South Africa has raised the possibility that this new variant has increased transmissibility or is more easily spread from person to person. However, it's also possible that there's an essence of coincidence that its first emergence was in a cluster of a super spreader event in a certain geographic region leading to a spike in cases. It is a fact that it has quickly become a more frequent variant seen in those with COVID-19 in South Africa than the Delta, which had otherwise predominated. Careful epidemiologic analysis and genomic sequencing over the next weeks, we'll clarify whether this new viral variant is indeed more transmissible than other variants, such as Alpha or Delta. That works should also uncover whether Omicron is associated with any differences in disease severity, which is also still unknown. Given these lingering questions, it's important for us all to be patient for scientific answers while continuing to practice the protective measures such as masking in indoor circumstances, which have served us so well throughout the pandemic.

Jenny Doren:

So recognizing that researchers are still working extremely hard to better understand this variant, how protected are we from the variant and does its arrival impact UT Southwestern in any way?

Dr. Podolsky:

So the absolute degree of protection remains to be determined, but it's predicted that vaccination still will remain the most effective protective strategy against this and other circulating variance. The vaccines continue to prevent severe illness and death although booster doses may be needed to offer additional protection. And I'll take this opportunity, given that I missed it in my opening comments to

encourage anybody who has not been vaccinated to really take that important step to protect themselves. And for those who have, and are now months past their initial vaccination to at least consider and hopefully proceed with receiving a booster.

So, having made that slight digression for a public service announcement, let me return to the question as the CDC did strengthen its recommendation around booster doses. It's now stating that all those who are over 18 should receive a booster if they are more than six months past their last mRNA dose. Again, back to the issue of vaccines and this variant based on previous variants which shared some of these mutations, there could be some reduction in effectiveness from immune protection following the vaccine or prior infection, as well as some impact on the monoclonal antibody therapies.

However, the degree of that reduction is unknown. And as I've already said and I'll reemphasize, we do expect the vaccine still to provide significant protection against severe illness. Of course, the vaccine manufacturers Pfizer and Moderna are closely following and studying this variant and to better understand whether a future vaccine should be modified to more specifically address this variant. So what does that mean for us here at UT Southwestern? First, although the viral variant has not yet been identified in the US or north Texas, our genomic sequencing team, as I mentioned, is equipped and remains vigilant to detect the first appearance of this new variant in our region. Second, our infectious disease and occupational health experts will continue to review the science on this new variant and update travel policies in accordance with both local and national public health guidance.

Additionally, individuals who may be planning upcoming travel, particularly international, should stay apprised of any new regulations or restrictions related to travel to certain destinations. Many countries have now already reacted by substantially changing their requirements and standards for individuals traveling internationally to be admitted to their country. Third, as previously stated, it remains clear that the most effective prevention tool remains vaccination. If you have completed your primary vaccine series and are now eligible for a booster vaccine dose, you are encouraged to receive that, to ensure that your level of immune protection is sustained. And finally, other protective measures such as masking indoor, physical distancing when possible, and avoiding coming to work if you're symptomatic, remain crucial to protecting our patients and our campus community.

Jenny Doren:

So let's talk a little bit more about vaccination. And I know that you mentioned during your opening remarks that UT Southwestern, working very hard right now to better understand the implications of the court actions in Louisiana. Will a general notification announcement be made to those employees who are covered under the federal rule requiring vaccination?

Dr. Podolsky:

Yes. Again, with now the asterisk that we will need to understand any of the court decisions that have been made, or may be made in the very near future, for the implications. But staying with what, in present tense, is the required mandate. We are on a path to comply with that obligation. So by now, multiple communications have been sent to employees who fall under that mandate from the centers for Medicare and Medicaid services that requires full vaccination by January 4th. Or an exemption for medical disability, religious reasons. Exemption requests were due this past Monday. And we have also

communicated several times with leadership and supervisors so that they too can assist employees in completing a simple REDCap survey to upload documents, showing evidence of prior vaccination. Or to schedule a vaccination or to apply for exemption.

It really is critical that these steps are taken immediately to ensure UT Southwestern's compliance with this federal mandate. And so I will take this opportunity to really ask everybody listening, if you fall into one of those categories, you've not been vaccinated, or we don't have evidence for that, please, please reach out. So we're in a position to comply as may be required, and is required at this time. So that's where we are now. And more information to follow as it evolves in the days ahead.

Jenny Doren:

So if someone requested an exemption, how will they know if their request has been approved?

Dr. Podolsky:

So as I shared in a campus update message to the entire campus, and that was back on November 10th, UT Southwestern established a committee composed of leadership from legal affairs, our Office of Institutional Equity and Access, health system affairs, occupational health, human resources, and others, to review these requests. And the committee has been reviewing exemption requests on a rolling basis. Employees who requested an exemption by Monday of this week will be notified by December 5th, if not already having heard back from the committee about their request for an exemption. Additional questions can be directed to our HR administration. You can email them at hadministration@utsouthwestern.edu.

Jenny Doren:

Thank you for that. I think we have time for one final question this morning. Some staff have asked why we are not allowed to hold a canned food drive or Toys for Tots team bonding trip. Can you elaborate on the policies in place, and what is permitted during the season of giving for employees who want to contribute beyond the State Employee Charitable Campaign?

Dr. Podolsky:

Well, I appreciate the question and, even more, the sentiment of wanting to help members of our broader community. And we certainly welcome and encourage employees to participate in charities and fundraising events as private citizens, outside of their employment, outside of our campus work and during non-working hours. And I'm proud that many of the UT Southwestern community do just that. But there is a matter of both state law and campus policy that we are not allowed to use our facilities, which are in the final analysis, the public property of the state of Texas, for purposes other than supporting the institution.

There is the one exception that's been noted. The SECC, that's an explicit exception for us as a mechanism. And in addition, we have an institutional policy that states, "In order to ensure a working, learning, and patient care environment that is free of conflicts of interest and unnecessary distractions, no solicitation shall be conducted on UT Southwestern premises, unless permitted by the University of Texas System Board of Regents' Rules and Regulations, and UT Southwestern policy." So for those who

want to delve more into that detail, I refer you to the UT Southwestern policy handbook. And it's policy FSS-102 Solicitation, chapter eight, Facility and Support Services.

Jenny Doren:

Thank you so much, appreciate it.

Dr. Podolsky:

Thank you, Jenny. And let me, again, end by wishing everybody a very happy holiday season and a happy New Year.