

September 8, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center. I'm glad to welcome those of you listening to this first biweekly briefing for the campus in this new fiscal year.

Before I turn to a development since our last briefing, I do want to mention a virtual town hall that the executive vice presidents and I will be holding on September 21st at noon. At that time, it'll be opportunity to review the past year and to share the priorities for the campus in this new fiscal year. So I hope you'll be able to join me and the executive vice presidents for that event.

So with that, let me turn to the developments in the pandemic since our last briefing. To note that just this morning, I had the opportunity to review the biweekly update provided by our multidisciplinary UT Southwestern modeling group, which will also be shared with the campus and others by public posting, hopefully, this afternoon.

What it provides is a forward-looking view for the next few weeks, and confirms what we've been experiencing on the campus and what I'm sure many, if not everyone, listening has been reading about in various media, and that is that we continue to be in the midst of a significant surge, although I will say with some encouraging very recent trends in how that surge is evolving.

Certainly admission volumes across the region in hospitals remains quite high. At this juncture, nearly 50% of ICU beds are occupied by patients with COVID-19. The stress has been particularly acute in pediatric populations. This actually parallels what we're seeing in terms of test positivity across the area.

The encouraging signs in part seem to correlate with what has been a return to more common self-reported masking. We're doing particularly well in Dallas County, where now self-reporting is north of 80%. But we're seeing the same directional trends in other counties, even if they haven't quite reached that high level.

Presumably, that does have a direct relationship with what we are seeing now is a slowing in the rate of rise of new cases and new hospitalizations. Actual test positivity here in Dallas County has fallen by a few percent over the past two weeks, most recently just hovering around 15%. I regret to say that we haven't seen quite that encouraging trend in Tarrant County, but hopefully that will follow relatively soon.

In parallel with those findings, the modeling group has found that the RT value, that value which helps us understand whether the epidemic is expanding in the number of patients or contracting, is now hovering around one where it was notably above one through the last several weeks. That does foreshadow, we hope, particularly if that declining trend continues, that we'll begin to start to see at least the peak and then a decline in the number of new patients with COVID-19 in the week ahead.

Clearly, none of this is cast in stone. It depends on the degree to which we continue to comply with the masking that has been so powerful a tool, certainly in the near term, and also the extent to which more

people will decide to get the vaccine for whatever reason not having done that previously. But with that, we can still hope that we are near the peak of this latest surge.

Coming right now to our own campus, at Clements University Hospital, we've had a bit of a plateau in the inpatient census over the past several days, hovering around 60. It was 63 yesterday. The fact that it's flat is certainly a source of some reassurance to the incredibly hardworking teams who have been caring for these patients and, of course, our hardworking teams caring for patients who come to us for help with all manner of medical need.

At Parkland Hospital, we are caring for patients in about the low 150s. That is up over the past two weeks, but not increasing at the same rate of incline that we saw earlier in this surge.

Within the UT Southwestern community, in this past week, 74 of our colleagues were diagnosed with COVID-19. Of the 74, 72 were clearly community-acquired infections, in keeping what we've seen over the past weeks, as I've reported at previous briefings. Two of the infections seem to have occurred here on campus, one from an employee to an employee in a non-clinical setting and another between a patient and an employee, obviously in that instance in a clinical setting.

So in thinking about those numbers, I, again, underscore what I have said on many previous briefings, that our campus environment remains, overall, a very safe one with the way we are currently employing the tools at hand, in particular masking in the clinical setting and masking strongly encouraged in the nonclinical setting.

But that's not to say that transmission can't occur on the campus, as we've seen these in the instance of these two transmissions in this past week. So it does remain important that we continue to be vigilant.

That vigilance is not just in wearing masks. I want to re-emphasize something I've noted in the last couple of briefings, that often when individuals have been vaccinated and then acquire COVID-19, that is a breakthrough infection, the symptoms can be very mild and almost easily dismissed as an allergy or something relatively inconsequential.

It's really important that all of us have a very heightened awareness of anything that is a change in our overall wellbeing and to have a low threshold for being tested for COVID-19. Before coming to campus, if you are experiencing even the mildest of symptoms in order to keep yourself safe and, of course, your colleagues and friends safe, and those at home, if you do, in fact, have COVID-19, I'll remind you that now you are able to schedule a COVID-19 test without having to go through a physician or OC health. You can go and schedule it yourself.

If you are having symptoms, we do still encourage you to alert occupational health as part of our defense team as it were for the campus. But I just want to emphasize it. We've tried to make it as easy as possible for the UT Southwestern community to get that COVID test, if you have the least bit of concern because of symptoms or, of course, just to not overlook it, whether you may have had an exposure in your home or out in the community.

So with that, I think we can continue to maintain the ability of our campus to be a safe environment for everybody who comes to it and also to allow us as an institution to continue to deliver on all of our missions, even as we're coping and meeting the challenges of COVID-19.

So with those comments about COVID-19, the pandemic, let me take a few moments here to share campus updates. First, to really celebrate a very special achievement, reflecting on the commitment, dedication, hard work of all of the members of our Harold C. Simmons Comprehensive Cancer Center, our physicians, our nurses, support staff, those who work in the clinic, those who work in the laboratories related to our cancer center, we have received notification of a renewal for the next five years of our designation as a comprehensive cancer center by the National Institutes of Health and the National Cancer Institute. This makes the Simmons Cancer Center, again, the only center in North Texas to be recognized as a comprehensive cancer center by the NCI and one of only 51 centers nationwide.

What this means is not just a stamp of approval for the quality of what we're providing to our patients, but also our ability to really deliver absolutely cutting-edge treatment by participation in clinical trials for new approaches to improve the outcomes for patients with cancer by virtue of being part of this network of the 51 comprehensive cancer centers in the country. So I really, really congratulate the leadership with our director, Dr. Carlos Arteaga, and his many colleagues.

But again, this is a great thing for our patients, great thing for UT Southwestern, and really reflects the contributions of everybody in the wide variety of roles that are essential to the care we deliver, the research advances and the training that goes on in our [VOC 00:10:31] Simmons Comprehensive Cancer Center.

I'd like to remind you of a couple of important programs here out on the campus at UT Southwestern. First, as I've mentioned in past briefings, we are coming to the close of the nomination period for our 2021 Leaders in Clinical Excellence. We want to thank those of you who have already submitted nominations, and I would really encourage those of you who have not to stop and consider the great work you may have seen in your colleagues, whether those are individuals as exemplary physicians, as mentors, or whole teams and programs, and really see that they are properly recognized by submission of a nomination.

Time is short. The period for nomination closes at midnight tonight. So find some time, if you haven't done so already, to get those nominations in. The nominations will be reviewed by a faculty awards committee, co-chaired once again this year by Drs. John Mansour and Maeve Sheehan, and with a hardworking committee supporting those overall efforts.

I'd like to also call your attention to one way in which this September is special. September is Women in Medicine Month, which highlights the accomplishments of women physicians and brings attention to health issues impacting our female patients. As part of the celebration, a new Women in Medicine webpage has been launched at UT Southwestern, featuring women in medicine who were nominated by the department chairs because they embody the values and missions of UT Southwestern.

Each day during the month of September, two of our women faculty colleagues will be featured, and I'd like to encourage each of you to take a few minutes to visit the page and read some of the profiles on the site, such as Dr. Natasha Corbitt, an assistant professor in our Department of Surgery and Dr. [Amina Wong 00:12:42], a professor in the Department of Neurological Surgery. Both serve as a reminder of the more than 1400 women faculty member at UT Southwestern who play a critical role in the work of our campus and advancing our mission.

As another reminder, this Saturday, September 11th, will be the virtual American Heart Association Heart Walk. Of course, pre-pandemic, UT Southwestern would turn out in force for the Heart Walk, really, literally, in the thousands. This walk, which actually started here in Dallas in 1994, remains the largest American Heart Association Walk in the country, and raises money to assist heart disease and stroke patients, funds research here at UT Southwestern and at other leading research centers, as well as promotes wellness.

As of last check, UT Southwestern has 46 teams signed up with nearly 400 individual walkers. If you'd like to participate, you can visit the internet page to sign up. And we've also added the UT Southwestern Steps Challenge, typically held in February during American Heart Month. This year, we want to reach 5 million steps. At the end of the day on September 11th, go to utswmed.org/steps and log your steps to help us reach our 5 million step goal.

And finally, before I conclude with the reminder, I do want to take note of a concern that I have shared really since the early days of the pandemic, and that is an appreciation of the incredible stress this has placed on just about everybody, between the challenges of advancing this institution and, of course, carrying on life at home, and knowing that affects each person in a different way, those with children now in school, those who have family members who depend on them, and to really remind you, there are a special resources here to assist you.

And I wanted to take a particular note of a group of colleagues here on the campus. It has not been my practice to use these briefings to comment on current events around the world, but I feel important to acknowledge the tragedy, and the pain that has followed from it, from the loss of so many service-men and -women, along with others, in the events leading up to the departure from Afghanistan of American forces.

And I've heard from many of our veteran colleagues, who are an important part of the UT Southwestern, that this has been a particularly difficult tragedy to really adjust and to cope with, and so to you in particular, know that you have the support of your colleagues here in UT Southwestern. And then I'd like to share for you, as I want to also share for those who are coping with stresses of whatever the sort may be, the availability of our Employee Assistance Program, which you can reach by calling 214-648-5330 or emailing eap@utsouthwestern.edu. Also to remind you that you have available to you confidential access to trained mental health professionals who can guide you into services as they may be appropriate to your own circumstance.

So with that, I'm going to conclude these remarks. I hope to see you all virtually on September 21 for our campus town hall, and now I'm going to ask Jenny Doren to pose the questions that you have forwarded since our last briefing.

Jenny Doren:

And a lot of questions we received for this briefing. Good morning, Dr. Podolsky. As we approach the start of fall later this month, a time when more of us will likely be eligible for COVID-19 vaccine booster doses, a lot of questions are surfacing about our annual flu vaccine. First, have we studied any possible interaction between the flu and COVID-19 vaccines, and is it okay for them to be given at the same time?

Dr. Podolsky:

So let me take the second part of that question first. According to the CDC, you no longer need to wait 14 days between different types of vaccination, which was a prior recommendation, meaning that you can get a COVID-19 vaccine and other vaccines, such as a flu shot, during the same visit. The way our bodies develop protection or an immune response after vaccination and possible side effects are generally the same when the COVID-19 vaccine is given alone or with other vaccines. As far as the flu vaccine goes, September or October is the best time to receive it. If you are eligible for a COVID-19 vaccine booster at that same time, and that eligibility currently is limited to those who have a condition that has compromised their immune system, though, the CDC may in fact expand that or the FDA would expand that to others. But if at the time of receiving your flu vaccine, you are eligible for COVID-19, they can certainly be administered together. I would ask everybody to keep an eye out for additional communications about our annual flu vaccine campaign, which those communications will start soon. The campaign will really launch in October.

To answer the first part of the question. There are ongoing studies that are continuing to look at the simultaneous administration of the flu and COVID-19, and currently there are no safety concerns related to receiving the vaccine at the same time. What is recommended is that they not be administered at the same site. So it makes sense to have for example, the flu in one arm and the COVID-19 in the other, so if there is a soreness or a reaction there's a really good appreciation as to which may be responsible.

Jenny Doren:

A related question. Do our infectious diseases experts predict COVID-19 will become like the flu where we need an annual vaccine, and it'll always be a part of our community?

Dr. Podolsky:

The current predictions ... and I do want to emphasize they're predictions. These are not yet certainties as we are just learning through the experience of these last 18 months. But the predictions are that COVID-19 will eventually become an "endemic" rather than a pandemic disease, meaning it will continue circulating in our community, but there will be enough natural or vaccine-induced immunity that it will not lead to significant outbreaks. In contrast to our current situation.

There are already four other endemic coronaviruses that are pretty common and causes of the common cold. So we might think of SARS-CoV-2, that was the virus behind COVID-19, may eventually follow a similar trend as those viruses. When the transition to an endemic state occurs, it will vary depending on where you live and on other factors, such as vaccination rates adherence to masking and physical distancing, and also will depend as the flu does, and as other cold viruses do, on the emergence of new viral variants.

Well, it does seem likely the COVID-19 boosters will be recommended in the short term, but that remains to be seen, as I've already said. The virology of coronaviruses makes it less likely that we will require annual vaccines such as what we do for influenza.

Jenny Doren:

My next question is related to breakthrough cases, which we spent significant time talking about. Do we have any additional data surrounding breakthrough COVID-19 cases? Are most of the cases among those who received their first two doses early on, say in January, and perhaps a result of the vaccine wearing off?

Dr. Podolsky:

Well, breakthrough infection data is still being collected and evaluated locally, as well as nationally, and around the world. While early reports through April and May suggested that breakthrough infections were very rare, we've seen more cases occurring as COVID-19 transmission has increased across the community, and of course, although I haven't commented on it up to this point in the briefing, that largely attributed to the highly transmissible Delta variant, which accounts for nearly all of the cases in our own region. But there are not precise estimates, however, of how common breakthrough infections are throughout the US since both the CDC and the Texas Department of State Health Services are primarily tracking breakthrough cases that lead to hospitalization or death since May 2021.

And of course the vast majority of breakthrough infections, it appears, are mild to virtually non-symptomatic. So the individuals are not coming to the hospital, do not need the care, and certainly, not dying. There are ongoing studies in other states, which are looking at asymptomatic or milder or breakthrough cases. We're learning that there may be some waning protection from the vaccine against asymptomatic infection or milder disease, the vaccine continues to protect against severe disease leading to hospitalization and death. It remains very effective even against the Delta variant.

I will say within our own campus, breakthrough infections among our employees do tend to have been individuals who received the vaccine early in the year, in the January, but of course the vast majority of all of our employees who received the vaccine, at least seven out of eight, did receive it in that same time period. So it's no surprise because you really had that early uptake of vaccine by our own campus community.

Jenny Doren:

Thank you for that. With COVID cases still climbing, is there a possibility of bringing back emergency FMLA for those employees who have been diagnosed with COVID or who are having to quarantine or care for family members?

Dr. Podolsky:

I appreciate the question, but I do want to remind us all that the emergency FMLA was made possible as part of the Families First Corona Response Act, that is a act by the Congress and that expired in December 2020, and has not been extended by the Congress. Notwithstanding that, I do want to note that there are many other leave options available under UT Southwestern policies to help employees who need to miss work due to COVID related reasons. I would encourage everybody to discuss their particular situation with their immediate supervisor. Also, they can feel free to contact employee relations and leave administration in our HR department, as they can provide additional guidance.

Jenny Doren:

Dr. Podolsky, we received a few very thoughtful questions seeking guidance on how best to counter so much misinformation about vaccinations. Some people are referencing scientific studies that seem credible. We know they are not. And given that we work for an academic medical center, is there any key messaging we should all be sharing?

Dr. Podolsky:

It's a really important question. What we can do to begin with, to counter misinformation, is to provide real information and suggest credible data sources to those who are interested in really knowing the facts. For a pandemic that has led to more than 40 million cases and 640,000 deaths in the US alone, those who are dismissive about the seriousness of COVID-19 demonstrate a lack of credibility on these important topics. I'm sure everybody who is listening to this briefing knows, many are just dismissing that kind of tragic toll as if it's no more dangerous than the common cold.

I think it's important to listen to questions and concerns empathetically and not dismiss them, and respond with facts and compassion. Many of those who are most susceptible to misinformation do not know where to find reliable information such as the Johns Hopkins Coronavirus Resource Center for case counts, and www.outbreak.info for sequencing data. Medical journals like the Journal of the American Medical Association or JAMA, The New England Journal of Medicine or NEJM. British journals such as Lancet have very robust data repositories too. If someone's willing to look at the facts, you have those sources for them to access real data and appreciate just how significant the impact of COVID-19 has been. Also professional organizations, including the CDC and the World Health Organization, the Infectious Diseases, Society of America, and many others can provide. So turning to professional organizations, again, as references.

And I hope you'll all remember that UT Southwestern itself provides a reference website in which we provide, as I hope you are all well aware by now, twice weekly updated modeling, as well as, not just projections, but also the access to current knowledge of the number of cases here in north Texas, the toll that the coronavirus is taking on our communities, and also general advances in our understanding of the diagnosis and treatment of COVID-19. So our website, I think, is something that may have special credibility in our own region. And for good reason of the great work that this community has done to try to support the needs of our broader community. So our approach is going to remain multifaceted and include a continuing presence in the media to provide the most accurate information that we can, and would hope that each one of UT Southwestern community would serve as an ambassador, as it were, to really be a source of really dependable information that your friends, those who you have an opportunity to speak to can depend upon.

Jenny Doren:

Thank you for that. I want to pivot for a moment to a non COVID related question. In light of a recent United Nations report on climate change, can you describe what steps UT Southwestern is taking to reduce its carbon footprint in overall waste?

Dr. Podolsky:

Well, we've got a number of different initiative and ongoing activities in recognition of our responsibility to minimize our carbon footprint and waste. And in other ways, avoid being a contributor to the climate change, as we ourselves have been the direct recipients of some of the extreme weather, and I'm sure I don't have to remind anybody who's listening of the extraordinary events of February, as well as what we can see happening across our region and the country and the world. So we have a campus sustainability committee, which actively it monitors and initiates a variety of sustainability measures, including energy and water conservation and solid waste reduction initiatives and facilities management. We have many processes and programs that lower the campus carbon footprint and contribute to an overall reduction of greenhouse gas emissions. We also have robust recycling and reuse programs to reduce our solid waste stream.

Here's a few examples of what is in fact, a much longer list of initiatives and efforts. We apply lead green building standards as part of campus design standards. When we're constructing a new facility, that is to be more energy efficient. We actively look for opportunities to conserve energy and have reduced energy consumption on a per square foot basis by approximately 12%. We also perform monthly admissions testing on our boilers to ensure all emissions are within federal and state regulatory limits. And we recently replaced old steam boilers at the south terminal energy plant and the boiler burners at the north terminal energy plant and installed higher efficiency units with low global warming potential.

Landscaping water conservation measures include use of native and adaptive plants to reduce water demand and provide plants that tolerate our Texas weather. And our landscaping mulch is made from recycled plant materials and helps maintain soil moisture while reducing solid waste disposal of green chance. I am proud of these efforts, and UT Southwestern is officially recognized as a 2020 tree campus health care facility by The Arbor Day Foundation Program. We have identified in our planting monarch butterfly friendly plants to become an official migration way station. I look forward to the monarchs arriving in the landscaping, just outside of the B building and near the Seldom Plaza in the weeks ahead. Finally, carpooling and use of mass transit are highly encouraged on campus, and we offer commuters subsidized art passes.

Jenny Doren:

Final question for today. Returning to the pandemic. Given the current surge, at what point would we consider moving to a predominant tele-health clinic schedule versus in-person?

Dr. Podolsky:

Well, our health system COVID-19 surge plan notes two significant numbers or thresholds that would influence our decision to increase virtual visits and decrease in-person visits. Should the UT Southwestern trend near a hospital total census of 80 COVID 19 patients or 36 patients in the ICU, then we will need to begin ramping down elective surgeries that require ICU care in the hospital and consider decreasing in-person ambulatory visits. This would allow our ambulatory faculty and staff to assist in the care of COVID patients in Clements University Hospitals. It's important to note, as I have many occasions now, that our processes and policies have created a very safe environment for our patients and staff since really the early days of the pandemic. And we are very proud to be able to continue to provide an in-person care based on patient preference and provider input.

I will note that since the pandemic began, we have conducted more than 500,000 virtual visits. That's approximately 20% of our total visits. Our ability to provide virtual visits has been critical throughout the pandemic and allowed us to remain connected during even the most stressful of times and surges. So, just to capsulize that, we will be monitoring closely when we find that we need to swing resources to be sure we have adequate personnel to caring for our patients within Clements, and able to support the needs of the campus, we will adjust our operations accordingly.

Jenny Doren:

Thank you, Dr. Podolsky.

Dr. Podolsky:

Thank you, Jenny.