

January 5, 2022, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. I want to welcome all of those joining me to this first briefing of the new year. This special briefing has been added as we have seen the landscape of the pandemic evolve so rapidly even in the week since I last provided an update to the campus, and with that, anticipated that the UT Southwestern community would like to know where we are going in our own responses to this evolving landscape. And also to have the opportunity to answer the questions that you have asked, including some of those that we weren't able to get to last week.

I did have the opportunity earlier this morning to see the most recent update from our multidisciplinary modeling group. Again, you'll have an opportunity to see that yourself as it gets publicly posted later in the day. But it certainly reinforces what we anticipated and what no doubt all of those listening would have assumed from various media reports, that we are seeing a very rapid escalation week over week in the number of new cases of omicron variant COVID infections, and with it a rise in the number of patients requiring hospitalization.

Beyond the week over week increase, we're seeing the pace continuing to accelerate so that the model anticipates that we will very soon surpass even the peak of the delta surge. That's reflected already in our experience here on the campus.

As of yesterday, there were 91 patients being cared for on an inpatient basis at Clements University Hospital. That's certainly higher than the peak that we saw during the delta surge. Similarly, nearly 140 patients with active COVID being cared for at Parkland.

The projections show that this will continue to increase, as I've already said, with the possibility that we will see a peak toward the end of January or by early February. Given what I've said about our own census, I think it's very clear that this will significantly surpass past surges in terms of the number of individuals who test positive for COVID-19.

It does seem to be the case that a smaller percentage of individuals who are positive are requiring hospitalization. But with the power of numbers and so many being positive, that still is rapidly filling up not only our inpatient beds, but hospitals across the region.

As a reflection of that, I would share a couple of other data points from our experience that include nearly 30% of individuals coming to the Clements University Hospital seeking evaluation for potential COVID-like symptoms actually testing a positive, which is far in excess of anything we have seen before and is reflected, or perhaps even on the lower end, of rates of positivity being reported across the region and across the state.

Quite striking to me is what we are seeing in asymptomatic individuals who are coming to be tested prior to a scheduled procedure or hospital admission. In that group of individuals, as many as 14% are testing positive.

So it does tell us, when you put that all together, that this is a surge unlike any that we have seen before. We have our challenges that we will need to meet over the next number of weeks.

As I touched on last week, and as really follows from all of what I've said, the UT Southwestern community's in no way immune ... And I say that in the general sense, the word immune ... from the impact from this omicron-fueled surge.

In the last week of the year, we saw nearly 500 ... When I say nearly, I mean 499 ... community-acquired infections. And in a very significant new trend for us, 20 infections that by all appearances seem to have occurred by transmission here on the campus. That's all backdrop to some of the evolving refinements we will be making in our own operational practices on the campus that I'll come to shortly.

But it only underscores the vital importance of doing everything that we can as individuals and as a community to limit our possibility of exposure and of transmission. So that means, and I will come back to really dig down into this a little more deeply, wearing masks on a consistent basis where possible, maintaining physical distances, and avoiding circumstances in which transmission is more likely ... Again, in particular, that would be instances where there's large gatherings with large numbers of individuals.

Notwithstanding the expanding scope of this surge, we do also have, of course, the tool to combat it beyond those that I've mentioned in the form of vaccination. I will, once again, emphasize the importance of being vaccinated if you have, for whatever reason, chosen not to do so far. For those who have been vaccinated, but have not taken advantage of the eligibility for a booster to please take advantage of that at this point.

I note that the CDC has somewhat modified its guidance around eligibility by reducing the interval from completion of the original Pfizer vaccination two-shot series to the time you're eligible for a booster from six to five months. So if you fall within that window or over that threshold, please take advantage of the benefit of a booster, which clearly is substantially incremental to the initial vaccination when it comes specifically to omicron.

I want to come back to the topic of masking. We continue to operate under a governor's executive order, which precludes an absolute requirement for masking outside of our clinical environments. In that context, though, I want to urge everyone in really any circumstance, other than possibly being in an office alone, to nonetheless wear an effective mask as a means of protecting yourselves and ultimately protecting others through reducing transmissibility.

The type of mask does matter. It is now quite clear that gaiters or cloth masks are not as effective as medical-grade, three-ply surgical masks. And so, I really not only urge everyone to wear a mask when certainly in an indoor environment with that one exception that I noticed. But to be sure, it is a three-ply medical-grade mask.

Now adding a cloth mask over that certainly may add at least a modest level of extra protection. But a cloth mask alone, and certainly a gaiter alone, are not equivalent to a three-ply mask, or for the even more effective KN95 or N95 respirators.

To remind you, as highlighted in the CDC's own guidance, a mask should completely cover your mouth and nose. It should fit snugly against the size of your face with no gaps, and it should have a nose wire to allow you to form it around your nose to prevent air from leaking out of the top of the mask. You

following those guidelines, you will get the maximum benefit of protection that a mask can provide. While the governor's order precludes us requiring that outside of clinical environments, there is, I want to remind everyone, an absolute requirement to wear a mask in any of our clinical facilities even in spaces where you may not expect to interact with patients. I think that has clearly served us well even if we've seen in this highly transmissible Omicron that it is not an absolute protection.

And so other behaviors like avoiding eating in the presence of others, of close interaction with multiple people in the environment also can add some additional protection. Now let me turn to where all of this evolving surge has led us in terms of our operations on campus. I share these as forthcoming recommendations from our emergency operations committee, which is again meeting on a regular basis to address on a very on real-time basis changing circumstances in the context of this latest surge. As I mentioned last week, at this point, we are precluding any gatherings on campus with more than 10 individuals. But I do want to also underscore that even if up to 10 individuals are permissible, that, that should be within spaces that allow sufficient distancing among individuals.

And also should be undertaken where there are reasons why a virtual meeting would be less effective, or put another way, notwithstanding the possibility of having such gatherings on the campus. We encourage wherever possible as we, at least, get through to the other side of this surge to take advantage of the added safety from carrying out meetings on a virtual basis. If you are going to have a meeting, I want to remind you, that food and drink are prohibited to reduce the risk that is intrinsic to having to take off your mask to drink or eat. Our common areas and food courts will remain open but we are asking individuals to refrain from eating or drinking with others in any close proximity, and certainly the same is true in break rooms with their more enclosed spaces.

I make note that to add an emphasis to that given the very recent in unprecedented increase in the number of on-campus transmissions. Visitors to campus are still permissible, but are limited to truly mission critical activities. Exceptions are made only by the Executive Vice President, a department chair, or myself. Our visitor policy in the hospital remains unchanged from one week ago, two visitors at a time. Similarly, we are not adding any new visitor restrictions in our ambulatory clinic. But in all these environments do encourage social distancing in lobby areas and common areas as an added precaution.

Outside of clinical buildings, as I've said, but I don't think I can say too often, masking continues to be strongly encouraged regardless of vaccination status. I, again, ask anyone who has what even might be a symptom of an upper respiratory illness or a viral infection, whether that's something as modest as a slightly scratchy throat, a slightly runny nose, to pause, stop and consult Occupational Health and avoid contact with others. Even if you've been vaccinated, and not come to campus until you've gotten the guidance from Occupational Health.

One change we will make based on recommendations of our EOC, which met just yesterday, is that we will reduce shuttle occupancy to one person per bench and require a mask on any shuttle that has personnel coming to or from a clinical facility. All of this is I think everybody would appreciate has placed a real new challenge for Occupational Health staff and test requirements, and I want to extend a special thanks to the outstanding work, hard work that they are doing to help maintain the safety of our campus, the safety of our UT Southwestern community, and through them, the safety of our patients.

UT Southwestern's Occupational Health team continues to stress the importance of using its online screening form to report symptoms as well as exposures or positive COVID tests and travel. If you are experiencing any symptom of COVID-19, had a known exposure to someone who is COVID positive, or recently traveled, the first step is to complete a quick questionnaire. And that can be found on the Occupational Health intranet page. Information you provide to Occupational Health next will inform them... Excuse me. Information you provide will be the basis on which Occupational Health will guide you on next steps to keep yourself and those around you safe.

Our team of experts reviews cases every day and provides personalized guidance on whether you will be cleared to be at work or should stay home. We are moving to try to automate the process using electronic tools so that this can be done faster. This will include also notifying those who have been exposed now by email rather than phone call. Occupational Health still remains the gateway to guiding you if you are clear to be at work or should stay at home, whether you are vaccinated or unvaccinated. We encourage you to view, download and print an infographic on the Occupational Health website that provides the list of symptoms and lays out the general guidelines for Occupational Health decision making. Just to reemphasize it, you are not authorized to return to work until Occupational Health clears you based upon their advice.

If you've had a COVID-19... if you've been COVID-19 positive or had a significant exposure that you have tested negative. As I touched on last week, we are adopting, in a somewhat modified form, the guidance that was updated by the CDC for a subset of those have tested COVID-19. This is specifically limited to those individuals who become COVID-19 positive, but are fully vaccinated, are asymptomatic at five days in our immunocompetent where, but on the other frame, not immunocompromised, and willing to test at five days. We would ask for that willingness to test to proceed the day prior to when you would otherwise hope to return to work.

On the basis of a negative test, and that's where we are distinct from the CDC's guidance to date, as it was updated, will require a negative test. Those who remain positive or those who choose not to test at that interval will still be expected to follow our standard 10-day isolation protocol. As I said last week, I would direct you to our Occupational Health intranet website as well as our other online resources for further information relevant to both the process for reporting and ultimately possible exposure, and in the context of a documented infection, the policies regarding return to work. I will turn shortly to your questions. I know there are many, but I don't want to conclude this briefing without also taking advantage of the opportunity to touch on a few non COVID related matters, and in particular, to make you aware of two important leadership search initiatives that I think are going to be vitally important for our institution in the future. The first of these is the search for our initial or inaugural chief diversity officer. This position was created as based on the recommendations of the most recent update of our sixth year strategic plan.

It's a position which will coalesce the really many terrific initiatives, which are happening across the departments and every really sector of our campus, to advance our commitment to diversity, inclusion, and equity in everything that we do, given its importance and the importance of those missions of inclusiveness and diversity and equity. This chief diversity officer will report directly to me as president. That search is being led by Dr. Marc Nivet, our executive vice president for institutional advancement. I'm grateful for him and all the other members of the search committee who have taken on that

important task. Also, make note that Holly Crawford, our relatively new executive vice president for business affairs, is launching a search for our next vice president for human resources.

I think we all appreciate just how vitally important our ability to attract, retain, support, and nurture the talent of those who work at UT Southwestern is to our future ability to really deliver on our mission, and as much as possible, achieve all of our aspirations. Finally, as we have now wrapped up the calendar year and have now turned into a new year, I would encourage you to take advantage of a video which was prepared by our communications, marketing and public affairs that reviews the 2021 year in review. It is a video on our internet site, and I think, as much as all of us have needed to focus on what's been in front of us throughout this year, we can all take pride in what we've collectively achieved, not just in meeting the challenges for our community, with respect to the pandemic, but for really advancing our mission in all fronts.

I look forward to reporting further advances on that in briefings as we go through 2022, and which hopefully, less of our time will be taken in having to address the evolving landscape of the pandemic. With that, I'm going to turn to Jenny Doren, who will pose as many questions as we can get in.

Jenny Doren:

Good morning, Dr. Podolsky. I want to begin with campus safety. When someone in an office or a lab test positive for COVID-19 after working on campus, what disinfection method is required and provided by UT Southwestern? Is there a standard operating procedure?

Dr. Podolsky:

Thanks. I would start by saying that notwithstanding some of our earliest concerns when the pandemic first landed in North Texas and around the world, about the possibility of transmission from surfaces, that while that is not negligible, it is not nearly as much of a driver as we worried it might be. That's a little bit of overall context, or put in another way, the risk of an infection from touching a surface is low, compared to the primary root of transmission, which is as an aerosol or airborne droplets. The most reliable way to prevent infection from surfaces, nonetheless, is to regularly wash hands with soap and water or use alcohol based hand sanitizer.

Per CDC guidance, if less than 24 hours have passed since someone was in a space and became sick or was diagnosed with COVID-19, the area should be cleaned and disinfected using PPE and a EPA approved disinfectant for COVID-19. If more than 24 hours has passed since that individual was in an area, standard cleaning, it's clear, is sufficient. If more than three days have passed, really no additional cleaning beyond regular practices is needed. Here at UT Southwestern, an area may remain vacant for 24 hours if possible, and then followed by regular cleaning practices. If you have questions or concerns, or feel within the framework which I've just provided, there's a need for disinfection, I would encourage you to contact our housekeeping services.

Jenny Doren:

That's helpful. There is some confusion around time spent away from work due to COVID-19. Is sick leave used if someone contracts COVID-19, needs to care for or a child or relative who did or had an exposure?

Dr. Podolsky:

Yes, time off for COVID-19 related reasons is covered by the sick leave policy. An employee's own illness or need to care for an immediate family member will be counted toward available sick leave. The requirement that employers provide additional paid sick leave and expanded family and medical leave under the Families First Corona Response Act, the legislation the Congress passed early in the pandemic, that requirement ended actually just a year ago, December 31st, 2020, so no longer applies. There is no similar state or federal law currently in effect around employee leave, so it really is driven by our existing sick leave policy.

Jenny Doren:

A related question, if someone has to quarantine due to a workplace exposure, does sick time need to be used? If no sick time or vacation time is available, then what?

Dr. Podolsky:

Employees who must quarantine due to exposure should first speak with their supervisor about temporarily working remotely, so that no leave use is necessary at all. Employees who cannot complete their work remotely during a period of quarantine will be required, per policy and per state requirements, to use available applicable leave accruals, regardless of where they were exposed. As I have stated already, our UT Southwestern policy allows sick leave use for quarantine of the employee or an immediate family member, such as a minor child.

Employees who do not have any leave accruals will be placed on non paid status, as I've mentioned, per requirement by our policies, and those are framed within the context of state law. Employees who become sick with COVID-19 in the course and scope of their employment are eligible for coverage under the UT System Workers Compensation insurance program, which allows employees to choose to receive weekly compensation benefits instead of using their sick or vacation leave.

Jenny Doren:

A few employees raised the same question about applying for early return to work following COVID-19. I want to let our listeners know that we have since updated our COVID-19 employee health webpage with that answer, but I'm going to ask it now too. There have been reports that people who have COVID-19 continue to test positive for weeks, sometimes even months after the start of their symptoms. What is UT Southwestern doing in response?

Dr. Podolsky:

Well, I'm, appreciate the question for a couple of reasons, first to address the question, per se, but also to make note of our arrangements to provide testing, at least currently, for those who would return to work. That testing is going to be provided at the Bio Center. That's on the East Campus, using the ID, Now Test. The reason I make that point in particular is, it partially relates to the answer to this question, because unlike a traditional PCR based test, which is very sensitive and picking up even small amounts of the virus, and it's used for diagnosis, initial diagnosis here at UT Southwestern, and when I say can pick up small amounts of the viruses, mean it can pick up fragments of the virus, which may no longer

actually be infectious, in contrast with the ID NOW tests that are being administered for this purposes require a very different threshold of virus to be positive. In other words, it will require a higher threshold that would mean somebody is truly, at that point, infectious and not just picking up the fragments left over from a prior active infection.

Dr. Podolsky:

Having said all that, we do know that duration of time since the onset of symptoms is a highly reliable guide to when somebody's no longer infectious. And there is where that 10-day threshold for return to work, irrespective of whether a PCR test might still be positive because of these lingering fragments, is an alternative benchmark.

I would make one further note, that even if we are now, as I've just described, using the ID NOW test at the bio center for clearance for work after that shorter five-day period, we are acquiring a large supply of antigen-based tests, which we will now be able to deploy at various sites along the campus that provides a rapid answer for those who would otherwise be able to return to work. So more to come on that in the next week or so.

Jenny Doren:

Very good. Well, given the dramatic increase in COVID-19 cases, is our whole system increasing telehealth opportunities?

Dr. Podolsky:

Well, telehealth, we found from very early days is indeed a highly effective technology for meeting many patients' needs. And we've been employing it throughout the pandemic, both for the safety and for the convenience from our patients. About 15% of our current outpatient visits are conducted virtually. And that percentage was higher, roughly up to 25%, during surge of cases. And so we do expect, largely because of patients' desires to maintain the added safety of staying in their home environment for visits, where that is a reasonable alternative, that we'll see a similar increase as well.

Just to put it in total perspective, we did more than 300,000 telehealth visits completed in our fiscal year '21. We're continuing to operate under a federal public health emergency, which provides increased flexibility in completing telehealth visits, including seeing established patients across state lines. What the future will be of telehealth will depend on the extent to which that flexibility is maintained beyond the emergency of the pandemic.

So yes, we expect and will provide, principally driven by patients' desires, telehealth services through certainly this surge.

Jenny Doren:

So another question related to the growing number of COVID-19 cases, do you anticipate at any time in the near future we'll have to scale back elective procedures or surgeries?

Dr. Podolsky:

Well, it's an important question, of course. And I want to reassure the UT Southwestern community and certainly our patients that we are really looking at this closely on a daily basis, the leadership of our university health system led by Dr. John Warner.

At the present time, we are not seeing the need to discontinue scheduled that are elective procedures, but we look on a daily basis at our ability to staff, especially given the number of individuals from the UT Southwestern community who ourselves are testing positive. And while we don't anticipate the need for a full discontinuation of all of those pre-scheduled elective procedures across the board, it's quite possible, as the surge continues to increase, that we will need to moderate to a degree the full capacity that we have for those.

So we will, of course, be informing patients so that they're aware of where the circumstances are. I certainly don't anticipate that we would need to defer any procedures that, while they may be elective, nonetheless delay would significantly potentially negatively impact the wellbeing of that patient. So it will be a more nuanced and calibrated approach if we need that. And certainly, we'll be communicating those decisions as they need to be made.

Jenny Doren:

We have time for one final question. It's about COVID-19 vaccination in treatment research. Can you comment on what studies UT Southwestern has been actively involved in? I know there are many.

Dr. Podolsky:

Well, I'm certainly glad for the question, because in all of the understandable focus on the surges that we've been through over the last now practically two years, we've not talked in some time about the incredible breadth and depth of the research that has gone on, led by our faculty and their teams. And just to say, that at some point surpassed 300 different research projects, which ranged from those focusing on the very basic molecular mechanisms involved in COVID infection and how it damages cells to very active clinical trials and also research into how the pandemic is impacting different communities, and particularly around disparities of access to testing, to care, and just outcomes there.

So that breadth of research continues to go on. It's fueled by a bio repository and patient database that draws together the experience that we've had across our university health system, across Parkland's facilities and actually our partners at THR.

And so there's not nearly enough time for me to do justice this morning to all of the different dimensions of that research. But certainly, to come to the question, being involved in the evaluation of new potentially effective therapeutics has been a very important part of that. Some may see some recent, as of this morning, media coverage, for example, of a new trial of a polyclonal antibody being led by Dr. Mamta Jain that has promised to treat active COVID infection.

And so I would certainly encourage those with some interest in learning more about this to spend some time going through our website, going back through old reports to really get appreciation of the impactful and significant research, which has always been actually part of the UT Southwestern's response to the pandemic and its ability to be a positive force for the health of our community and the worldwide community, as one should expect of UT Southwestern.

Jenny Doren:

It definitely reminds us of the value of working in an academic medical center. We appreciate your time.

Dr. Podolsky:

Thank you, Jenny. I hope everyone will do everything they can to remain safe. We will do everything we can to support the UT Southwestern community and of course all of those who depend on us for help. And I will certainly plan a further update, guided by the pace and the nature of circumstances as they change in the weeks ahead.