

April 14, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center. I welcome you to this biweekly update for the UT Southwestern community. Let me begin as I have in past briefings with a report on the pandemic and the current state of related activities here on the campus. Indeed, in the two weeks since the last briefing, we have seen, more or less, a steady state in terms of census both within Clements University Hospital and in Parkland. By that, I note that it is substantially lower, of course, than the number of patients that we cared for during the surge in the mid winter, but continues to be an ongoing need that we're seeing in our hospitals. In fact, as of yesterday morning, the census in Clements University Hospital at 15 is really twice that. It was at a point, at its lowest point, a little more than a week ago. The same is true in patients who we're caring for at Parkland where the census yesterday was 29, having previously been as low as the high teens.

It's a reminder and I'm going to come to others that as much progress has been made, this pandemic is still here and we still need to treat it with the attention and discipline that has carried us through the past year. Two weeks ago I shared the relatively happy news of the very small number of cases that we had seen among the UT Southwestern community in the prior two weeks. In fact, at that point, had not seen any on-campus transmission for nearly three months. Well, I'm sorry to say that that record has been broken in so far as there was one instance in this past week of an employee-to-employee transmission, whereas the previous week there had been no instances to our knowledge of any of our UT Southwestern colleagues acquiring the infection even out in the community, three instances in this past week. Those numbers remain very low, but it is a second reminder that the pandemic is still here and still requires, as I've said already, the discipline to maintain the interventions that have kept us largely safe on the campus even when COVID was obviously much more highly prevalent in our community.

What we're seeing on this campus is reflective of really the trends in the general region. Hospitalizations are now to the point where only approximately three and a half percent of occupied hospital beds in the region are occupied by patients with COVID. That contrasts with really 30% at the height of the most recent surge, but it's not zero, and so that's the regional reminder of where we are.

It's almost certain that some of these very positive trends do reflect the impact of vaccination, and I think nowhere has that been more evident already than right here at UT Southwestern. As I mentioned in my previous briefing, we have seen a virtual elimination of at least clinical COVID among our employees who've received a full vaccination, data that we reported in the New England Journal of Medicine just a couple of weeks ago.

Our UT Southwestern team continues to be a real force to provide that protection to the community more broadly. We all have a good reason to be very proud of what our health system team has done, now delivering almost a quarter of the doses of vaccine that have been administered in Dallas County. That amounts to 260,000 plus shots in arms to date by our vaccination efforts at the four sites that we now maintain here on campus, at Market Hall, in Redbird Mall to the south, and in Richardson at the UT

Dallas campus to the north. That, as I said, is nearly a quarter of the 1.2 million doses that have been administered in Dallas County, which has achieved a vaccination rate of just slightly over 70% of those 65 and older. When one looks at all those eligible now, which is to say anybody 16 years or older, about 24% are fully vaccinated.

This is encouraging, but it still reminds us that there are many, and obviously if it's 24% overall, in fact, the majority of those living in Dallas County and the numbers track very closely in Tarrant County, who are not yet protected from vaccine and therefore remained susceptible and therefore remain the possibility of sustaining and, in fact, if circumstances develop, even expanding to another surge, so one more reason why there is no room for complacency.

Of concern I think to all of us should be that, underneath those total numbers, there are significant differences in the uptake of vaccine. In fact, at this point, as more vaccine has been available through the weekly allocations to the region, access is less and less the challenge than the willingness of people to accept it. If one looks, for example, at Dallas County, and the numbers are similar in Tarrant County, among the white population, 40% of people living in Dallas County have been vaccinated, but a substantially smaller percentage of those who are Hispanic at 22%, and those who are black at 15%.

We understand there are concerns out there and they need to be addressed, but we hope that people will understand that whatever the concerns and that risk may be, that those are substantially less than the risks that COVID itself presents. I know what will be on many people's mind because it was so much in the news yesterday is the decision by CDC and FDA to pause further distribution or administration of the J & J vaccine. First, just to say that all of the vaccine that we have been allocated at UT Southwestern has been largely Pfizer and some Moderna, not J & J. But still, to put in perspective what we know already about the background to that decision to pause, it was because of a number of recipients who experienced severe complications since they were assumed that they might be related to the vaccine, in the form of some dangerous blood clots. On the other hand, and this is the point I think needs to be underscored to ensure we maintain perspective, the instance of that amounted to one in a million, literally. That's against many, many multiples of that, of the risk of serious complications or even death from COVID, even now a year into this pandemic. So we, I think, all need to be doing what we can to provide the information that will lead people to the decision we hope, to go ahead and be vaccinated. And just to take advantage of this briefing to mention a program that you may find interesting, and if not just yourself, those around you who may themselves be wondering, should they or should they not go get vaccinated? I would encourage them all, you and them, to register for our programs called COVID-19 Vaccines 101, which will feature two of our expert faculty of physicians, Dr. Reuben Arasaratnam and Dr. Carolee Estelle. This is being done as a partnership with our colleagues at UT Dallas, and you will have seen in the EROC communication from yesterday, how you can register. And it's certainly a link that you can provide anybody who you think might be interested, go to our portal for further details if you've missed that EROC message yesterday.

One last comment, or one last issue related to the pandemic that adds to the importance of both the uptake of vaccine and for all of us to continue to comply with masking and other non-pharmacologic intervention, and that is the emergence in an increasing way of at least the UK variant of the virus. Over these past weeks through a great collaboration between Dr. Jeff Sorelle in our clinical laboratories and the McDermott Center under the direction of Dr. Helen Hobbs, they have been sequencing every

positive sample of somebody who was tested at UT Southwestern. And what that has shown is the first appearance of the UK variant in a patient in early February, amounting at that time to one or two percent of the positive tests that we had received. Where, fast-forwarding in most recently the week before last, that's now up to 40%. So clearly this variant is here, and as many will be aware from just the media reports, it is a variant which is more highly transmissible, and may in fact be responsible for more severe disease.

In any case, with its greater transmissibility and still the majority of people not yet being vaccinated, we see the potential for further surges if we continue in the trends that have been apparent in the last weeks of relaxing the overall masking in our region and in keeping to very small gatherings, et cetera.

So in fact, just early this morning, I had the opportunity to review the latest update from our UT Southwestern modeling group. The good news there is that it anticipates largely a flat census and transmission for the next several weeks, but as you will all be able to appreciate yourself when that gets posted on our website, if not today, hopefully tomorrow, that trend is clearly going to be effected by the rate of uptake of vaccine. If we continue on our current rate of uptake, we'll see a gradual reduction to very, very small numbers of patients in hospitals by the mid summer, whereas a slower uptake will mean we'll be living with more of a continuing presence of people becoming ill and requiring hospitalization from COVID-19.

So that is really the sum of my update for things related to COVID, let me turn to other important matters. As I reported in my update two weeks ago, we do anticipate our transition in a number of fronts to a greater degree of operations, a so-called phase three. I hope you've all had the chance to review the changes that have been approved on recommendations from our EROC as we begin to expand our operations beyond that May 1st deadline. Having made the various comments that I have already in this briefing about the need for continued caution, the fact that we've seen a few cases amongst our UT Southwestern community again in this last couple of weeks, I still want to say that the conditions remain green for those criteria that were established as benchmarks to guide us in our decision-making to expand those operations. And we continue to plan to proceed as outlined initially in my briefing two weeks ago, and then in a message to the campus. So I hope you all receive the following a couple of days.

One of the other important issues for us as a campus, is now really getting deep into planning for our next fiscal year, which will begin on September 1st, along with all other state agencies. I'm pleased to report that we show progress in our performance from a financial basis. In fact, March was a very strong month for our health system and our hospital, April so far also appears to be strong. We are still recovering for the impact of last year, but clearly heading in a direction that is encouraging.

Later this month, really in the last week of the month, I will be sharing specifics of the framework for our budget for the next year, as departments are already doing the important work of looking at their expenses, we as an institution, looking at what we can anticipate for revenue and looking at the needs to advance our mission. As discussed with our leadership team, our number one priority for this next budget, before anything else will be to ensure that we have a merit program.

And so I know last year, this current year, rather, has been a challenging one. I am deeply grateful for the understanding of the campus community as we made the difficult decision a year ago that we

couldn't sensibly or responsibly afford a merit program, notwithstanding the great work and commitment that the UT Southwestern community was delivering. And it's because of that, that I've set our number one priority, before we consider anything else that we might want to invest in, is investing in our UT Southwestern employees through a merit program. I will be sharing the specifics of that when we kick off the formal budget process later this month, but I did want to assure you that that would be the foundational assumption of any final budget on the campus and feel confident that in fact, we have within our capacity, to ensure that there is a strong merit program for our campus. And with that, I'm going to wrap up my comments. And as I've done in every other past briefing, turn to Jenny Dorin, who will pose the questions that you have forwarded in the last couple of weeks. Jenny?

Jenny Doren:

Well, thank you for that. And good morning, Dr. Podolsky. In response to your last briefing and your campus email announcement that followed, we have received a few questions. Clarifying phase three expectations. I know you just addressed that a little bit, but one question that's still kind of remains are all employees required to return to campus at the start of next month and will operations return to pre-COVID activities?

Dr. Podolsky:

I appreciate the question and I'm glad for it to be sure I have the opportunity to hopefully clear up any kind of fuzziness there may have been in our plans for phase three. And let me start at the end. Phase three is not a return to a pre-COVID era, much as we would like that to be. As I've emphasized already in my comments, things are still a matter of balancing the challenges of COVID with our ability to expand operations. Now, to answer the question in more directly. No, not all employees are expected to return on campus on May 1. Beginning on May 1 staff, faculty and other employees may return to the office full-time, or in some way still remain remote or work in a blended schedule. I would characterize it as that as of May 1, some of those individuals who were essentially required to work entirely remotely may be returning and able to return to work at least in part, and maybe in whole on the campus.

Over this past year, we've learned a great deal from our experiences and from the temporary work solutions, which were a necessity on how to keep our teams and patients safe. Right now, the office of human resources is holding training sessions with directors and managers starting this week to review some new automated tools that will guide decisions on a case by case basis. And the case here is a work area, which obviously then pertains to individuals within that work area, as to which flex work options are appropriate for that given group and that given work and to what degree that would include returning to the campus. There are a number of criteria that have been established. When I say tools, which include the ability to work as effectively or not.

And with that responsibility in that judgment being really placed within our supervisory, manager, director roles, but with both criteria established for the institution as a whole and review to make sure we're doing that in a fair and appropriate and equitable fashion. Also taking into account, ultimately, what does serve the best interest in advancing the ability of UT Southwestern to deliver on its mission and its obligations as a state agency? If anyone has questions regarding your work requirements, I would encourage you to speak with your supervisor and visit our work on campus web page at utsouthwestern.edu/COVID19/workoncampus.

Jenny Doren:

Very helpful to clear up any of that fuzziness as you called it. We have another phase three related question. Beginning May 1, are vaccinated employees permitted to travel domestically and internationally for business and professional purposes? And will we update our international travel policy for fully vaccinated individuals in accordance with the latest guidelines from the CDC?

Dr. Podolsky:

Yes. Well, let me come to the end of that question as a very a simple yes. Our guidelines are being updated to be sure that they are aligned with the CDC. The question is timely, and I would ask those interested to know what changes are in store to watch your email in the next couple of days when we will be providing an update on our travel policies and website. But briefly, those will include a greater degree of latitude for university business travel related to either domestically and internationally. And updated policies with respect to, in most instances, the need, the lack of requirement for quarantine for fully vaccinated individuals who will travel per our occupational health who have the responsibility of guiding us safely through this period in terms of travel policies informed by our travel advisory committee chaired by Dr. Mack Mitchell.

So you will see, as I said, a greater degree of latitude for those fully vaccinated. Very limited circumstances in which quarantine would be required after any kind of travel. I would just add one final comment. This will not be returning to the full kind of flexibility that we enjoyed prior to pre-COVID for any university business. It will require a degree of review by either supervisor, our academic departments, our department chairs do make a judgment that the university... The proposed travel for university business really is sufficiently important to justify it. So please, watch for those further guidelines in the next couple of days.

Jenny Doren:

Will do. This next question, frequently asked, many of us who have received the COVID-19 vaccine are now questioning if and when we'll need another dose. There have been some reports that the Pfizer/Moderna vaccines are only effective for six months or so. Is this accurate? And if so, is there a plan for booster vaccines, booster shots?

Dr. Podolsky:

So this clearly is going to be an evolving area of understanding. And I would characterize what we know slightly differently than the way it was posed in the question. And that is to say, the results indicate that the Pfizer and Moderna vaccines are effective for at least six months. Because that's, at this point, as far as those individuals who participate in the clinical trials have been followed. The plan is to follow them for a full two years. And over that time, or as time goes by, we will know if that protection, which is at least durable for six months, is durable for the next nine months and a year, and beyond that. I think as we get those results we will understand. And the we is the collective we, including all of those scientists who've been involved in developing the vaccines and the clinical trials that have demonstrated their effectiveness. As to whether a booster shot is needed and if so, when and how often has been reported in the media, the companies are in fact at work at developing some modified vaccines that would

address some of these variants that are appearing, though want to emphasize, particularly in the UK variant, it's very clear that the existing vaccines are as effective, largely effective, very effective also against the South African and a little less certainty around the Brazilian, which fortunately is yet, we've not seen here in North Texas.

Jenny Doren:

So our next question was about a merit program, which I'm glad that you addressed during your opening remarks saying that it is a top priority; more communication's to come. So I'm going to skip over to a different question. This one from our research colleagues. We're hearing from many labs about difficulty securing everyday lab supplies, like pipette tips, culture plates. Is it known what's causing these shortages? And is there anything that can be done to overcome them?

Dr. Podolsky:

Well, certainly the impact of the pandemic and severe weather events on the global supply chains in this past year have been unprecedented and what we're experiencing reflects how heavily we rely on global markets for production and ultimately delivery of many of the products that we use or at least the raw materials, which go into the products, even if they're being manufactured here.

Nobody will be surprised to this point that COVID demand surge caused a 300% increase in many PPE related product demand. The need to produce these items has had a domino effect in those using some of the same raw materials, such as polypropylene, which many lab supplies require. So some of the shortages due to the fact that that raw material is not in those lab products but are in the PPE that we have needed to protect ourselves.

Our supply chain management team is aware of these concerns and actively monitoring the global supply issue and they are working very hard to build additional warehouse capacity so that we can stock as many of these impacted supplies as we are able to obtain. We anticipate these shortages and back orders to continue in varying degrees through the first quarter of 2022. I mean, this is the world.

I might share with you something I learned just yesterday that brought home just how much we are dependent on the events as they evolve around the world. As some will be aware, we're in the process of some important renovations in our Aston Outpatient Building, in part to enhance its ability to deliver our outpatient services there and provide a better patient experience, particularly around our clinics that fall under the broad umbrella of our Peter O'Donnell Brain Institute.

Well, what I learned yesterday is that the flooring that we had hoped that we would put in there would be delayed to the point that we needed to find a substitute and the reason for that was that flooring was in a container, on the ship that was stuck in the Suez Canal. So as we read about that and saw the lines of ships backed up behind it, at least I couldn't have imagined that I was looking at what would be a delay for UT Southwestern in proceeding.

So, it's just an object lesson in how much we are dependent on the very significant dynamics which have been so challenging for a global supply chain.

Jenny Doren:

Without a doubt. I'm going to squeeze into final questions beginning first with one that we have shared communications on this topic, so I do encourage those listening to read their daily EOC Update and Campus News Email. Are family members of UTSW staff and faculty now eligible to be vaccinated here at UT Southwestern?

Dr. Podolsky:

Short answer, yes. Just that's within the context of all Texans, age 16 and up are eligible to receive the vaccine now and if you have immediate family in Texas who are not already UT Southwestern patients, you can visit MyUTSW or the health system portal and submit some very basic information about them to start the process of booking an appointment.

At this juncture, I can tell you that it will be possible for them to find a convenient appointment within a very short period of time. On the occupational health page of MYUTSW, look in the, What To Do If section. Scroll down until you see, I want to get my family vaccinated. A link to register your family members for vaccination is available there.

Separately, please encourage your friends and neighbors who are interested in being vaccinated to register with UT Southwestern on our public vaccination portal or log into their MyChart accounts if they are already patients. The patient... Excuse me, the portal is open on Mondays and Thursdays and to further increase access, we left it open all of this past weekend.

Jenny Doren:

And just as an extension of that, we're actually going to now be leaving the portal open indefinitely, as we have a greater supply of vaccine, so that's kind of a new development that just came our way.

So finally, an education related question about upcoming graduation season. With the announcement regarding the in-person medical school graduation, will residency graduations be permitted with similar safety parameters and social distancing precautions?

Dr. Podolsky:

The short answer for this is also yes. Doctor Andy Lee, our Executive Vice President for Academic affairs and Dean of the Medical School, will be shortly communicating guidelines for all GME graduations and those should be received within the next few days.

They will follow the same general approach that is being used to hold our commencement exercise with mask wearing and without refreshments, that would have people taking their masks off, but there will be a chance for our GME class to celebrate their achievements and to be celebrated by their co-residents and the faculty with whom they worked and those closest to them. So you look for those guidelines in the next couple of days.

Jenny Doren:

Exciting time. Thank you.