

Oct. 14, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center, and I thank you for joining this biweekly briefing session for the UT Southwestern community. In the two weeks since we last held this briefing, there certainly has been a lot of activity on the campus. And I want to start by taking note of the very special week we had last week in celebrating diversity on the campus. And I do hope that all of you took the opportunity to participate in at least one of the daily webinars, which really highlighted the richness of the diversity of our institution. And I would only add that, as much as we take this time in the year to celebrate that, that it's really something that we embrace throughout the year for the strength that it brings to us as an institution.

Let me then turn to an update on where we are with COVID-19. And certainly, to share with you some concern, as I have had the opportunity to review and update our UT Southwestern model that was provided to us very early this morning, and what it does show is, on the one hand, something that we have seen following the numbers for the region, that there has been a steady increase in the number of new diagnoses across North Texas over these past two weeks.

But I think more to the point this morning, that we can anticipate that that will continue in the two weeks ahead of us and, if anything, may be accelerating, particularly in Tarrant County. To put that in some perspective, at the present time, the model, by averaging the results of tests and taking into account when they were actually collected, suggests that there are about 650 or so new cases daily in Dallas County. And the model now projects, two weeks from now, that number will be closer to 1,000 and, if anything, somewhat higher in Tarrant County.

So we obviously all have a great reason to continue to focus intensely on everything we do to mitigate those trends as well as to keep our campus safe. And I'll return to that in just a few moments.

In parallel with that increase in the number of diagnosis, there has been a steady increase in the number of patients hospitalized, of course, across North Texas. And to a degree, that's been reflected on our campus. Actually, when we look at the census of Clements University Hospital, it has been on a relatively still steady plateau since we had a briefing. As of yesterday afternoon, that meant 22 patients we were caring for in Clements.

On the other hand, when we look at the patients we're caring for at Parkland, we have seen an increase in that same time period. Where two weeks ago we were talking about an inpatient census in the 40s, yesterday it was 72.

Thus far, the number of patients in ICUs in the region and really across this campus have remained relatively steady to suggest that, while there's an increasing number of cases and an increasing number of patients in the hospital, those with the more severe ... the severe impact of the infection have been more on a plateau as well. Whether this is because of improvements in management or evolving trends and who is being affected remains unclear, and it's not something we can necessarily anticipate will

continue out into the indefinite future as we see more and more cases predicted to occur here in our region.

Turning to the campus itself, a number I know that many, myself included, follow closely since we had our last briefing, there have been a number of additional members of the UT Southwestern community who have been diagnosed with COVID-19. But by and large, as before, those have been acquired out in the community. After nearly two months where we saw no instances of on-campus transmission, within this last week, we have had one of our colleagues who has acquired it from another employee on the campus. It happened to be in a nonclinical setting. But it does speak to the effectiveness, as I pointed out before, overall in how we conduct ourselves on campus and in conformance with our policies for wearing masks and hand hygiene and physical distancing.

Before turning to other matters, I'll just share one additional part of the concern I've expressed about the rising number of cases in our community broadly here in North Texas. And that is indications from outside data sources, which are UT Southwestern modeling group, draw together in their biweekly ... in their twice weekly updates, rather. And those are that apparently some fall off in the at least self-reported compliance with masks wearing and in public, across both Dallas and Tarrant County. And it is highlighted in the Texas Tribune survey, an overall decrease in the level of concern about the pandemic here in Texas.

And while we have clearly gotten to a place where we are able to manage effectively, you, having heard the numbers, know that we are far from having this in the rearview mirror. And I would only hope that each of us would be an example, not only for preserving the safety of our UT Southwestern community, but in complying with all of the known pharmacologic interventions to help our community broadly stay the course.

So with that, I'm going to turn to some other non-COVID related activities on the campus. And the first is to make note of some ... the arrival of a new member of the leadership team and also one expected to also join us in the very near future. Russell Poole joined us on Oct. 1 as our chief information officer, our CIO, therefore responsibility over the broad scope of all of our information technology. He comes to us from the University of Chicago, where he was the CIO of their Anschutz Medical Center. Not yet here, but due to arrive within the next couple of weeks is Dr. Eric Peterson, who will be the inaugural vice provost and senior associate dean for clinical research. Dr. Peterson's really a world-renowned clinical investigator in the field of cardiology and will join us, having had major leadership responsibilities for clinical research programs at Duke University, to help us galvanize our further momentum in clinical research, in conjunction with our ongoing commitment to basic and translational research.

And so I'm confident that these two new leaders will be great additions to our campus communities.

Another important coming attraction, as it were, is the imminent, relatively imminent anyway, opening of our Clements expansion. That is the third tower. Pleased to report that despite the challenges raised by COVID-19, the 2020 opening of the third tower remains on course. The current plan is to open in two stages. The first on the week of Dec. 7, which will include some of the so-called podium floors. Those are the bottom of three floors, as well as two of the patient/inpatient units, and the remaining floors to be opened in the coming months will take place the week of Jan. 11. Just to put it in perspective, the 12-story third tower adds to the ... excuse me ... to the 460 beds currently at Clements with, an additional

48 ICU beds, 243 acute care beds, as well as bringing online 19 new operating rooms. I encourage you to watch Dr. Warner's virtual tour video of the third, or as we will now refer to it, the Orange Tower, which is available on *Center Times Plus*.

I hope also that you took note of the email which went out to the campus last week, sharing the awardees of the 2020 Leaders in Clinical Excellence program. Established in 2018, these awards recognize the exceptional contributions of clinical faculty to the care of our patients, to the education of the next generation of healthcare professionals, and to UT Southwestern overall. There are seven award categories in total, and these recipients, once again, represent the very best of UT Southwestern, and their efforts should be an inspiration to all of us. I invite you to read more about each of them in an upcoming feature in *Center Times Plus*, as well as a future print edition of *Center Times*. The award ceremony this year will be, as you would suppose, conducted virtually, and will take place on Dec. 2nd at 4:30. It will be livestreamed so that the entire campus community can watch.

Another piece of happy news that I wanted to share with the campus was the award of the ... The Welsh Foundation Award being announced as being given this year to Dr. Steven McKnight, professor of Biochemistry and Distinguished Chair in Basic Biomedical Research. He is formerly the Chair of our Department of Biochemistry and as the recipient of this prestigious Robert A. Welsh award in Chemistry, he joins some of the country and really the world's leader in bio ... excuse me, in chemical research. The award recognizes him for his contributions that have identified the regions of genes that regulate their expression, the factors called transcription factors, which further control gene expression, and a very important and a rapidly expanding field, recognizing the importance of so-called low complexity sequences in proteins to control the very functional state of cells across their broad range of activities. This is truly a remarkable distinction, and I hope those of you who have the chance to see or speak with Dr. McKnight will share your congratulations with him.

Two other topics I'd like to touch on before turning to your questions, which will be posed once again by Jenny Doren from our Communications Department. The first is to touch on our ongoing campaign for flu shots, to be sure that everybody does become immunized for the flu. And as I shared with you two weeks ago, the annual flu vaccination campaign began for employees, and will continue through the end of this month. So if you have not done so already, please take advantage of our free flu shot for vaccines. And that is, again, available to you even if you don't otherwise get your medical care through UT Southwestern. At last check, more than 5,600 employees and students had been vaccinated on the campus, and I want to thank the Occupational Health team for their leadership role here.

The last topic that I would like to touch on before turning to your questions is just to take a moment to acknowledge once again, the stress that our community broadly, and I mean here also in particularly that UT Southwestern has experienced in these months of coping with a pandemic, and at the same time advancing the mission of the institution, and of course, all of the challenges that it presents to family and personal life. And I just want to remind you of the resources that are in place for those who are feeling that stress in particular. And I'll ask that you not hesitate to reach out to take advantage of them. So there's a wealth of information on our COVID-19 website included in the wellness resources section, and that includes information about flexible childcare options, stress management, and substance abuse. Programs are available to support employees, students, residents, and fellows.

And as I've shared before, we institute a behavioral health response team in the very earliest weeks of the pandemic response and as part of our emergency operations. This is led by our colleagues in the Department of Psychiatry and is a source of support for dealing with stress. They're available from 7:30 a.m. to 6:00 p.m. each day and is staffed by members of our Psychology and Psychiatry Department. Conversations are completely confidential and free. And if in the course of those conversations it seems prudent for a more extensive interaction and other types of support, they can provide referrals as needed. The number to reach that behavioral health response team is (214) 645-5686. And I also want to mention that our employee assistance program is also still available, and is designed to help with a wide range of personal problems. This is another no-cost resource available to employees and eligible family members.

Especially during these challenging times, we recognize that employees and their family sometimes need to talk to someone, and to know that they don't have to face their problems alone. So for more information, as an additional resource, you can reach out to the EAP either as you would call to (800) 386-9156, or their email, which is eap@utsouthwestern.edu.

As much as anything, our mission involves also looking out for each other. And with that, I'm going to wrap up my update and turn to Jenny Doren from our Communications Department, who will pose the questions that you've forwarded since the last briefing. Jenny.

Jenny Doren:

Good morning, Dr. Podolsky. A lot of questions this morning. Jumping right in with COVID-19 screening. Can you provide an update on the type of screening tests that are offered at UT Southwestern? In addition to nasal swab, we're hearing that saliva and blood tests are growing in popularity, and seem to be quite accurate. That's what folks are hearing.

Dr. Podolsky:

Well, just to be clear at this time, we are not offering screening a viral test for COVID-19 really broadly, but that includes UT Southwestern employees. We are only offering diagnostic tests for those who have symptoms or have been exposed to someone with COVID-19. Most commonly, we are still using nasal pharyngeal swab. However, in select cases, we are able to provide a nasal swab or saliva testing, and that may evolve over the weeks ahead. The blood test for IgG COVID-19 antibody is not used for diagnostic purposes because it may not turn positive for up to 21 days and may not last longer than three months so clearly has some limitations in its ability to tell us who's been infected or who was infected.

Jenny Doren:

Staying on the topic of testing, many parents, as you are aware, are continuing to weigh whether to send their children back to class in person. Would an antibody test for COVID-19 help them determine the risk? Would a positive result accurately assess whether a child has already been exposed? And if exposed would this mean that the child is no longer susceptible to the virus?

Dr. Podolsky:

Well, antibody testing if positive, certainly would indicate that someone had had COVID-19, that would be all the more certain, if it came in the context of a prior clinical illness that was consistent with the symptoms of COVID-19. However, there are really some very significant limitations, both in terms of the test and our knowledge at present as to what it may mean. First of all, not all patients develop antibodies to the SARS-CoV-2 virus and of those that do, we're still not certain what level of antibody production is sufficient to confer protection against reinfection in the future. Thus, antibody testing may be helpful as a one-time test in the setting of someone with clinical symptoms, whether presently or in the relatively recent past, but it doesn't provide solid reassurance about future risk of COVID-19.

It also doesn't provide evidence of whether someone may still be actively infected or if they are in the incubation period of their infection. At this time, there have been a few reports of individuals who have become reinfected with a different strain of COVID-19 after an initial infection. To the best of my knowledge, it remains unclear how frequently this occurs. By report, it would seem to be quite infrequent, but those reports say it's not impossible. And as another reflection of the limits of what we know, even these months into the pandemic and with all the experience that we've had, we still do not definitively know whether reinfection results in less severe disease and we do not know what role antibodies play into whether someone can become reinfected and the severity as I've just noted.

It is unknown whether someone can be reinfected is why it's critical to continue the use of those non-pharmacologic interventions, including masking, hand hygiene, and social distancing even if you have had a bonafide proven case of COVID-19. So, we encourage all parents to make informed decisions within the limits of the knowledge available to you regarding your children, taking into consideration the amount of COVID-19 activity in your school district, the health risk of COVID-19 to the child or the family members. That is to say, within the context of what might be other health conditions and also may be helped by guidelines provided by the Dallas County School Public Health and Education Committee, which is comprised among others of some of the members of our pediatric infectious disease faculty and additional leadership from UT Southwestern.

Jenny Doren:

Thank you for that. A recent study from University College London indicates that loss of smell may be a more reliable indicator of COVID-19 than cough or fever. Do our experts agree?

Dr. Podolsky:

Yes. Loss of smell or taste or an abnormal sense of taste is certainly more specific for COVID-19 and would point to somebody who had respiratory symptoms as likely having COVID-19 as opposed to some other infection, like the flu. And it's for that reason that that's included in the symptom screening that we use for both patients and employees now. However, there are certainly individuals who have COVID-19 and do not experience that same loss of smell or taste. And so accordingly, the absence of that does not exclude the likelihood or the possibility anyway, of someone being infected with COVID-19.

Jenny Doren:

Well, I want to return back to testing. Testing is a very popular topic this morning. Recently there was a Washington Post op-ed on efforts by Cornell University to keep its campus community safe and stand up its own testing lab. Can you discuss our on-campus testing and how employee samples are processed?

Dr. Podolsky:

Well, currently we are testing patients and employees via our laboratory services. These specimens are largely collected through our drive-up sites and then taken to our laboratory for internal processing with results in almost all instances available within 24 hours, and in fact, the great majority of them within six hours or so. With respect to the kind of testing that's being referred to, being carried out at Cornell University, and I will say at some other universities around the country that we're aware of, I would make two points. One, that it's a very different institution with large numbers of undergraduates that is very different in the challenges as I think we all know from following sort of popular media, as students return to campus, in contrast to the more varied community we represent here at UT Southwestern.

And the second is to say that even without a program of routine surveillance testing, to go back to my earlier comments, we have found the means to keep our campus safe. When you consider that we have had now one instance of transmission on the campus in the course of two-plus months, it does underscore that as valuable as testing is and should be a very, very important part of our overall way of combating the pandemic, it is not in itself the only means of achieving what is our goal of a safe environment.

Now having said all that, our clinical laboratory colleagues led by Dr. Ravi Sarode and with Dwight Oliver and others have been working intensely to expand our testing capacity and we expect to be rolling out high throughput COVID testing over the next several weeks. Part of what has made this possible is to validate a technique called pooling where essentially five specimens can be tested at once, so you get an ability for the same re-agents and for the same machine to get multiples of tests that are possible. And we are expecting that this will get us in the tens of thousands of tests per day, which will help us support testing across many environments. But again, as much as we can see the value of periodic routine screening in some settings, I think the experience on this campus underscores that we have the means already to continue to sustain a safe environment at UT Southwestern.

Jenny Doren:

Thank you. While there is clearly a lot of interest in testing, as you just stressed, hygiene is critical to prevention and flattening the curve. There is so much conflicting information on the internet, however, about how long the COVID-19 virus lives on surfaces. Can you help clear up the confusion, and tell us how we should handle cleaning?

Dr. Podolsky:

So, the virus has been isolated from surfaces in health care and laboratory environments and survives for several days. I will say to my best of the reading of the literature and talking with some of our experts, what remains unclear is just how infectious it actually remains over a period of time out in environmental services. Nonetheless, prudence says we need to do everything we can to prevent the possibility of infection where that can't be excluded. Fortunately, it is easily inactivated by alcohol, most

disinfectants, as well as ultraviolet light, and that happens very quickly. And that's why we have been very determined to be sure that there is ready access to disinfectants, obviously hand hygiene in terms of personal contact, but then with our environmental services groups in providing cleaning to surfaces throughout the campus, with a potential focus — a particularly intense focus — on those high-touch services, where many people might otherwise have physical contact with it.

There are resources for those who are interested in really getting into further details of the guidance. The CDC has released some guidance on the appropriate cleaning and disinfection of homes, businesses, and other public spaces. And I would advise, suggest that anybody interested in learning more about that go to the CDC.gov site, excuse me, website, which is www.cdc.gov/coronavirus/2019. I will note that an earlier paper shows that SARS CoV-2 virus remains infectious in air for three hours, and on inanimate surfaces, such as cardboard, copper, plastic, and steel for many hours. So, it can persist, and therefore, attention to this cleaning with disinfectants is part of one of the tools that we have to fight this pandemic.

Jenny Doren:

Moving now to flu shots. You mentioned during your opening remarks that more than 5,600 flu shots have been given on campus. Will the high-dose flu shot for seniors be available at any of the campus locations?

Dr. Podolsky:

So, the high-dose flu shot just broadly has been in some limited supply, and that is also true here at UT Southwestern. But we do have a limited supply of that high-dose vaccine available in Occupational Health. Employees who believe they are candidates for that high dose, and that would be those above 65 and with other pre-existing conditions, should contact Occupational Health prior to visiting either an employee flu kiosk or the Occupational Health Clinic to confirm whether doses are still available. We are anticipating receipt of additional high-dose vaccine, but do not at this point to the best of my knowledge, know exactly when that will arrive. Please look for a communication from Occupational Health, who will share that when it becomes more readily available. I do want to point out for those that employees may also seek the high-dose vaccination at retail pharmacies, either those on our campus or off.

Jenny Doren:

Dr. Podolsky, there have been a lot of questions about whether staff or clinicians who are based at locations, such as Parkland and Children's Health, need to complete the daily UTSW Protect Health Screening. Can you provide some additional clarity?

Dr. Podolsky:

Yes, thanks Jenny. First of all, just to underscore that UT Southwestern Protect is a screening that should be completed by all UT Southwestern employees, faculty, and learners each day when they are scheduled to be working. Before beginning their workday or education, regardless of whether they are planning to come to the UT Southwestern campus in the course of that. If you indicate that you are not

coming to a UT Southwestern facility and this changes throughout the day, you can resubmit your screening online or be screened and scan your ID badge at one of our entrances to our clinical facilities. Please note that if you work at another institution's facility, you may be required to also complete necessary screening procedures as determined by their administration.

Jenny Doren:

We have time for one final question. Many employees are hearing that hoteling or touchdown spots will be implemented instead of assigned desks moving forward. Is this being planned for post-COVID-19?

Dr. Podolsky:

Well, it's not a simple answer, in that the future role of hoteling of touchdown spots will be within the context of where we land with those people who may be able to continue to work remotely, even when COVID-19 is behind us. And so, it'll be part of an overall re-look at how we work. And for those who may be coming to campus no more than once a week, it will be natural for us to look for what's a suitable way of supporting that, while still being mindful of our resources, and space is certainly a resource. So, the answer to the question is there are no broad plans on an open-ended scale. It will be something that will be worked out as appropriate in the context of the evolving ways in which we work, which have certainly been galvanized, or at least accelerated, by COVID-19.

To put it on the other side, for those whose work on the campus will continue to need to be done on the campus, we would not anticipate any different approach to how people have the space to carry out their responsibilities.

Jenny Doren:

Thank you for your time.

Dr. Podolsky:

Thank you all. I hope everyone has a productive and safe weekend, see you in two weeks.