

May 26, 2021, Weekly Briefing Transcript

Speaker 1: Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center, and I'm pleased to welcome those who are joining to this 41st briefing for the UT Southwestern community.

I will note that in having held these briefings now for some several months on a biweekly basis, as of this morning, we are now going to transition to a monthly update. The exact date of the next briefing at the end of June will be forthcoming in the next weeks.

To turn to the topic of the COVID pandemic, I'm pleased to be able to say that we continue to remain in a very stable circumstance, both within the region and within the campus. That is to say the number of patients who we are caring for at Clements University Hospital and at Parkland remained largely at the same level as the last time I provided an update. That's hovering around 10 at Clements University Hospital, and in the twenties at Parkland. This does reflect the relative stable number of new cases that are being reported from our region and specifically, Dallas County and Tarrant County. I did have the opportunity last evening to see the latest update from my UT Southwestern modeling group, and expect that will be posted publicly for you all to have a look at yourself later in the day.

But it is encouraging in suggesting that if we continue with current trends in both our practices and our mass behavior, and travel and mobility, and adherence to other non-pharmacologic interventions, and with our steady progress in deploying vaccines, which I'll come back to in just a few moments, that we can expect actually a steady decline over the coming weeks. The decline will be at a very slow pace, but nonetheless, clearly heading in the right direction.

The Rt value, which we've followed over the course of now more than a year, hovers around one, by my assessment, looking at the graphs, at the model the group has put together. Actually, slightly below one, which would be consistent with the trends and the projected trends included in this latest update.

None of which is to say that the pandemic has gone away. There clearly continue to be new cases, including amongst our own community. Over the past two weeks, I note that there were four individuals from the UT Southwestern community who did acquire COVID-19. In each instance, by exposure out in the community. We continue to be on a good run of now months in which we've not seen a transmission, either in a clinical or a nonclinical setting on the UT Southwestern campus.

But in noting that there are stable sort of patterns here of hospitalizations, of new cases, and that there are some cases among our employees. Well, that's encouraging. The proper interpretation is that there is still risk that should drive all of us to continue to be attentive to all the things that have become maybe second nature, in a way, and have kept us safe over the months. None of those more so than if we haven't been vaccinated already, to be vaccinated ourselves. And if there are those around you who you are aware are not vaccinated and you have the opportunity to get into the discussion hopefully to encourage them, both for their own welfare and for the welfare of those around them.

There has been certainly a great progress over the course of time since the vaccines were initially authorized for emergency use, now in Texas broadly and is reflected also in the experience in Dallas and Tarrant County. About 80% of those 65 and older have received at least one dose, and nearly 70 are fully vaccinated. So clearly a significant number of that population within our community, who are at risk for more severe COVID, have gotten the significant benefit of that protection.

I will note that that is still not 100%. And as I come to address a question I know that has been forwarded, we'll see that there are still those who are vulnerable, particularly in this older age group, who have experienced severe COVID and in fact, those who continue to succumb to the infection who are within that demographic.

UT Southwestern has... I hope everybody takes pride in the role it's played in providing vaccines to our own community within the UT Southwestern campus, to our patients, and to the broad community of Dallas County and beyond. The team and the health systems should be celebrated for their accomplishments, which now include administering more than 310,000 doses of vaccine, fully vaccinating more than 160,000 individuals. And since the FDA approved extending access to vaccines down to those as young as 12, that number includes a thousand children. I think, as I've said, the health system team deserves enormous thanks for the tremendous job that they have done since the vaccines received that initial emergency use authorization.

As I've already touched upon, there continues though to be COVID-19 virus circulating in our North Texas community, as it is broadly throughout the country and certainly well beyond. We have been following very closely the nature of the virus as it's being transmitted here in North Texas. That's a collaboration between our clinical labs, led by Jeff Sorelle and our McDermott Center, led by Dr. Helen Hobbs, who have been sequencing every positive sample from individuals who have been tested at UT Southwestern really since before the beginning of the year.

What we have seen in a continuing pattern is that the original virus has long since been overtaken by the variants. By far the most common of these is the so-called UK variant. But also having detected over the course of these last several weeks, other variants of concern, such as that associated with Brazil. And also most recently, and I think of concern and another cautionary note as we are encouraged by the overall direction of the pandemic, so to speak, is the detection of the Indian variant and concern that it does carry with it the risk of a more severe disease and less certainty about the vaccine, as we have seen the tragedy of how the pandemic unfold in India in recent weeks. So we will continue to monitor that, and I point to that also as just one more way in which the UT Southwestern, as an institution, has contributed overall to support of how we are meeting the challenges of the pandemic in Texas broadly and certainly here within North Texas.

With that, I want to turn to an issue that I know has certainly been a topic of discussion by many on the campus and well beyond, and that is the change in guidance from the CDC with respect to mask-wearing and whether that's necessary, and then following on that, an executive order, Executive Order Number 36, to be precise, issued by Governor Abbott. The CDC guidelines, as many listening to this will know, did support the safety. Outside I should point of a healthcare setting for those who have been vaccinated, fully vaccinated, to forego mask wearing. And not only outdoors, but also indoors. And we are naturally following that guidance with great focus and great interest. And as it was being issued, our expert

colleagues who are among those serving on the EOC were asked to consider that implications for our UT Southwestern campus.

As they were formulating those recommendation,. However, and I will come back to them. Governor Abbott did issue his executive order, which directed all public agencies and certainly that includes UT Southwestern as a state agency, that they may not require a mask wearing as a mandate outside of essentially healthcare providing environments within those agencies. And so we had two developments there, which we are endeavoring to be sure we harmonize so to speak.

Certainly the governor's orders supersede those decisions on the campus by virtue of his authority. And so our policy in following that is that we will continue to require the mass and the other interventions that are in place within our healthcare facilities within the campus. But outside of that, mask wearing is encouraged. It is not mandated. And I will come back to why it's encouraged in some further remarks in responding to one of the questions which you have forwarded this week.

As the governor issued his orders, we were, as I said, already looking for guidance from our expert colleagues as to the ramifications of the CDC guideline. And it was their recommendation that absent that executive order which followed that it would be put in for us as a campus to continue the policies we had in place for a sufficient period of time, whether that was a month or so, that we would be able to see the potential impact of the sort of more liberal policies or guidelines that the CDC was recommending.

And if the course of that period, we saw nothing to raise concerns that transmission rates were increasing, that we might then proceed to expanding or I'll use the word again, liberalizing our own policies on campus. And I will say that in general, that is the way we will be approaching this. Again, mask wearing outside of those clinical environments is not required, but encouraged. In terms of what we would recommend, we will revisit that now in the next few weeks, as we have seen whether there is a negative impact of the broadening of the CDC guidelines. And I will say going back to the most recent one update that I had the chance to review last evening, it does indicate that following the CDC guidelines, that people within the communities in North Texas are more frequently going without masks and more frequent gathering in groups outside of their own households and other measures, which to me says, we will see a test of those CDC guidelines to inform what we do on our campus to keep our campus community and our patients as safe as possible.

And I'm going to leave the matter of the COVID there until we come back to your questions and turn to a few other, I think, important events and developments related to UT Southwestern. And then I start with the happy news that last Thursday, our graduate school commencement exercises took place, which nearly 50 of our graduate students received their PhDs in in-person ceremony. Because of the uncertainty of whether it took place in [inaudible 00:14:05] auditorium. So indoors, it was a wonderful experience for me to be able to watch each of the graduates receive their hood, and then to hand them their diplomas, even if, because it was indoors, we had only the graduates there in [inaudible 00:14:19] to maintain social distancing. And also, I will just tell you for your assurance and interest also with everybody masked in that environment.

I want to thank all those who helped to ensure the success of that event and of the commencement of medical school, which took place early in the month, May 6th, for their efforts. That includes our

facilities teams, the AV and medical TV teams. And of course, all of the deans, associate deans, and administrative leaders from both schools.

Moving on to another very important topic for us, that is our financial performance in the current fiscal year and our planning for fiscal year 22. I'm pleased to report that our revenue performance continues to be strong across our health system and also across our academic programs and in terms of revenue that supports research. And March and April were in fact, banner months for us and May is forecast to be a very strong as well. The high volumes we are seeing in our hospital and ambulatory care clinics are important as we are now finalizing our FY22 budget and develop a projection for next year.

Although the budget is not quite finalized, it is within a week or two of getting there. And for the first time, our total projected revenue will exceed \$4 billion, which is a remarkable path of growth that reflects the incredible work being done by really the entire UT Southwestern community. I'm very grateful for the work of our [inaudible 00:16:04], Mike Serber, Mark Myers, and all of our finance professionals for their efforts in preparing the FY22 budget. And in fact, I know this has touched and taken a great discipline and effort by many, many beyond those working most directly within our finance function.

Turning to a topic which might seem separate, but does actually have a connection to what I've just touched on in terms of our finances. I want to talk about a vacation. And most importantly, to encourage everyone on the campus to take the time to plan and then take a vacation over these months. That is an important act of self care, but in self-care also that's ensuring that you have the recharged your own energies to be able to direct them to advancing the mission of UT Southwestern. And of course, in your lives at home.

There's also a benefit to the campus because in the absence of taking vacations, we accrue financial liabilities, which are now at an all time high. And so I read that in part, and most importantly is a signal that we're not taking the time off that each of us needs to be our best selves. It also creates a larger operating expense on our books that impacts our net margin. And so you will be helping yourself, and that is first and foremost in my mind and advocating for taking the time after a very, very difficult year, but know that at the same time, you're doing something to help our institution in doing so. Finally, as we gather in this briefing, at least virtually, this morning. It is within the last week of our Texas Legislature, as it approaches the end of the 87th session of the Legislature. And I've learned over the course of time, never to count anything as certain until the Legislature has truly concluded this work, which we'll do so next Monday, I think though, we are encouraged that as we go into this week, last week, the legislature has supported what we have asked for them to consider as the highest priorities for the longterm vitality of UT Southwestern, including making permanent, in its current formulation, our research operations performance-based mission-specific formula. That may sound a little obscure in its title, but this creates the predictability of funding in our appropriations looking forward that will be an enormous wind behind our sails.

Also it is an endorsement with some seed funding for the School of Public Health, which we're excited to be launching in the near future. And finally, encouraging support for what the community needs, and this is not so much a UT Southwestern priority, but one which we have done everything we can to support because it is so much needed by our community in North Texas and I'll say in Dallas County, and that's a state psychiatric hospital.

So we're encouraged on all those fronts. And I also want to acknowledge the terrific work by our Vice President, Angelica Marin Hill in guiding our efforts to work with the Legislature, to explain the importance of these priorities and ultimately, to gain their trust and the support that we have seen. And I think even if we can't be sure until the legislative session concludes next week, that we will in fact see those as fully approved when they do. So with that, I'm going to conclude my own remarks in this briefing. But before I turn to Jenny Doren, who will pose your questions, I both want to remind you that the next briefing will be a month from now, specific date to be announced, and also to wish each of you a very happy and safe Memorial Day weekend. So with that, Jenny, you have questions, I think.

Jenny Doren:

Good morning, Dr. Podolsky, I'm going to begin with a few COVID-related questions, and then I'm going shift to those that are non-COVID specific. And you had mentioned during your opening remarks that we had received a fair number of questions about masking. So, that's where I'm going to start. Can you please elaborate on the science behind unmasking of vaccinated person. Specifically, do our scientific experts agree that masking is not necessary based on a specific scientific finding? And if so, which one or ones?

Dr. Podolsky:

Well, I'm going to really dig down into this question, but let me begin with the second part of that question is whether our scientific experts agree with the findings. I think the scientific experts on our campus, and certainly I think more broadly, do recognize that as there is more and more data coming in since the approval of the vaccine and the more, if you will, were real world experience, that it may be, I put may, be safe to go unmask. The data would suggest it is what we need to know is once we do that, does what the data predict actually come to play out in real time and in the real world, so to speak.

So let me back up and provide some further detail behind that. So yes, the CDC as a starting point has endorsed relaxation and masking for those who are fully vaccinated. And just to remind you, that means those who are at least two weeks out from either the second dose of Pfizer or Moderna vaccine or from the single dose of the J&J vaccine. And there is accumulating scientific and clinical trial and real world effectiveness data for the effectiveness of these COVID vaccines. And for those who really want to get into it, I would suggest that they go to the CDC website in which there is a lot of the information posted there that was the basis for these revised guidelines. And I'll highlight a few examples. First, the available to COVID-19 vaccines approved to be highly effective at preventing severe COVID-19 disease leading to hospitalization. Greater than 90% and almost 100% effective at preventing deaths due to COVID-19. And again, this was in the original clinical trials and also seen in real world experience, including the experience here at UT Southwestern, which we published in the New England Journal of Medicine.

I think a very important additional insight was a study that followed several thousand healthcare workers who were not only followed for whether they had symptoms of COVID-19, but also actually tested for whether they had the virus. And what that showed was that not only was there a 90% decrease in symptomatic COVID infections, but asymptomatic COVID infections. And I think that was an important advance in suggesting that it might be safe now to go without masks because the risk of both acquiring and transmitting, which remained an open question, asymptotically, the virus seems to be

very low. And that was not data that was available at the time of the initial authorization, which was an important element as to why the CDC did not previously take the view that those who were vaccinated could go without masks.

Also, as time goes by, we know more and more about the durability of the protection. When the vaccines were approved, there was only knowledge of whether they were effective or not for three months. Now we know it's more than six months and we will undoubtedly continue to see how much beyond that they may still remain effective. Also, further data has showed that the vaccine is indeed effective against at least the most prevalent of the variants of concern, specifically the B117, or the UK variant.

Having said all that, there's still areas of incomplete knowledge, including the effectiveness against some of the more recently emerging variants of concern. Just what is the total durability of the effectiveness? And also, as I've touched on in my initial briefing comments and earlier in my response to this question, whether as much as these data that led the CDC to make this recommendation looking at it from our campus point of view, can in fact, be implemented without an increase in transmission is the basis for us taking, if you will, more of a wait and see attitude before we apply them to our campus. So I think, as I said already, we will follow this very closely over the next few weeks. And on the basis of real experience, decide whether we will really more specifically endorse what the CDC has recommended for our campus community. And obviously, within a campus that has a very large healthcare enterprise taking care of patients, many of whom do have conditions, which put them at risk for more severe COVID disease.

Jenny Doren:

Thank you for that. Our second question is a followup to last week's campus communications about mask wearing. Also, an opportunity to dive a little bit deeper into what you spoke about earlier this morning. Some employees are confused as to why we are "strongly encouraging" mask wearing even among vaccinated individuals. What is a rationale when the CDC says that fully-vaccinated individuals can resume activities without wearing a mask or physical distancing, except where required by federal, state, local laws and so on?

Dr. Podolsky:

Well, this is in fact, in some ways, the flip side of what I've already spoken about, and I won't belabor it as much as I have that former question. Our view is, first of all, that that was not specifically the CDC guidelines within a healthcare environment, and we do need to take note that we do have many who are coming to campus within those healthcare settings who are at risk. To give one example that's, I think, pretty obvious, patients who for one reason or another are immunocompromised.

And then, thinking beyond the environments where we may be encountering patients at risk and in our nonclinical facilities, as I've stressed already, we are encouraging that as, we think, a prudent course until we really can be confident that the change in CDC guidelines, as people are acting on those out in the community and off-campus, that we don't see a reverse in the encouraging trends that we have observed in these these last weeks. And so it's a call in terms of the relative risk that we have assessed

with the input of our experts to say, we're going to take that wait-and-see attitude and make a next decision about masking policies based on that experience.

Jenny Doren:

What is the latest data telling us about the frequency and severity of COVID-19 vaccine breakthrough infections?

Dr. Podolsky:

Well, I'm glad for the question, in part because it gives me the opportunity to remind everybody who is listening that the vaccines are really terrific and remarkable in their effectiveness, but they're not a hundred percent effective. And so predictably, now that more than a million Americans have been vaccinated, as discussed very recently in a CDC briefing, there have been reported more than 10,000 breakthrough infections. And a study of those found that nearly a thousand were hospitalized and 160 had died, although it should be noted, not always because of COVID, and the median age of those who died was 82.

So there's a few important lessons from that that I think we should take. One is, again, that against a hundred million Americans being vaccinated, that is in many respects a remarkably low number of instances of infections, and then certainly those who are severe and died. But that's still 160 people who have died, to say it's not perfect and it's another reason why I think we should be very methodical in the steps that we take to return towards the normal we all hope to achieve.

The second is that throughout the pandemic, there are those populations that are a particular risk, and it's, I think, notable to me anyway, that the median age of those died was 82, which is one more reason I would take, not that you needed this per se, to encourage all of those above 12 now, but especially those above 65 who haven't gotten vaccinated, to take advantage of the opportunity to do so.

Jenny Doren:

So I'm going to squeeze in one final question. We did have a lot of really strong questions this week, so the ones that we didn't get to, we'll make sure that we post those answers on our website. So to end, as a followup to our conversation two weeks ago, could you address the COVID-19 triple-mutant variant in India, which has recently been classified a variant of concern by the World Health Organization?

Dr. Podolsky:

Yes. The Indian variant of the SARS CoV-2 virus, or more accurately called the B.1.617, is a variant that is playing a large role in the current really tragic second wave in India and has now spread to many other countries, and as I noted, we have now detected at least a few instances in the samples that we have been assessing here at UT Southwestern. There actually are three notable sub-variants of that B.1.617.

The one of most concern is called B.1.617.2, which was detected in India in December, remained relatively rare until early March and has now become the dominant variant. And it's since spread to many other countries, and as I said, certainly also now including ourselves in this region in particular. There's no evidence that that particular variant of concern is any deadlier or has different symptoms

from either the B.1.1.7, the UK variant, or the others that have come to attention, but it has become the most common variant.

There's also a double mutant B.1.617.1, which was first detected in December of 2020. By March, half of all reported sequences were that variant, but it fell as it was overtaken by the B.1.617.2. The term double mutants is misleading, as it actually has around 15 mutations compared with older variants. The double mutant refers to the fact that it has two mutations of particular concern in the outer spike protein of the virus. Those two mutations... I realize this may be getting bogged down in some pretty technical terms, but those two mutations, known as L452R and E484Q, might make antibodies to older variants or existing vaccines less effective, but this has yet to be confirmed. While there is a potential immune escape, initial studies suggest that the current vaccines prevent infections, at least due to that original B.1.617. What we remain to see is its efficacy against the .1 or the .2 further variants of that variant of concern.

Jenny Doren:

We appreciate your time.

Dr. Podolsky:

Thank you, Jenny, and as I said, including my own briefing remarks, I wish everybody a very happy and safe Memorial Day Weekend.