

## Dec. 29, 2021, Briefing Q&As

### Question 1

Our most frequently asked question this week is whether UT Southwestern will allow more work from home options given the sharp rise in COVID-19 cases due to the Omicron variant. A few individuals have shared specific concerns about some workspaces on campus that utilize shared cubicles and tables.

#### **Answer:**

- Our campus has remained a safe environment with limited on campus transmission throughout the pandemic.
- That can be attributed to our high vaccination rate on campus and continued mask-wearing.
- Departmental leadership is empowered to work with supervisors to make sure we have a safe work environment including supporting remote work as warranted.
- We have also returned to limiting gatherings and meetings to ten or less and encourage a virtual option for meetings through the end of January.
- Employees with underlying medical conditions that place them at higher risk for severe COVID-19 should continue to work with their supervisor to address remote work options.
- We strongly encourage those with underlying medical conditions to get a booster if they have not already done so.

**(Source: Dr. Bruce Brown)**

### Question 2

In response to the growing number of cases, this past weekend the Health System modified its hospital visitor policy. Can you please clarify how many visitors are allowed per patient?

#### **Answer:**

- As of Sunday, Dec. 26, Clements University Hospital and Zale Lipshy Pavilion transitioned to allowing two visitors at a time for admitted patients.

- So everyone is clear, we're permitting two visitors at a time, not two per day.
- This is also a return to the policy we had during other inflection points in the pandemic.
- On Friday, we began messaging patients with upcoming surgeries and procedures, so they are aware of the change.
- MyChart messages were sent about the additional precautions to protect their health and ours.
- Safety – for our patients and our staff – is always a priority.
- We also recognize and appreciate the value that family and close friends have in a loved one's care and progress.
- As I have mentioned in past briefings, for our care teams, our patients' support teams often provide important details that may be missing from health records and can pick up on subtle changes in behavior that may precede medical complications.
- It's also important to note that throughout the pandemic, there have been extremely few instances where visitor transmission has been suspected to have occurred in our hospitals or clinics.
- As has always been the case, our visitor policies are assessed on a continuing basis.

**(Sources: Jenny Doren & Dr. Seth Toomay)**

### **Question 3**

The writer of our next question is seeking more insights on statistics provided in major media about a CDC report released a couple weeks ago. At that time, most of the 43 COVID-19 cases caused by the Omicron variant and identified in the United States were in people who were fully vaccinated. A third of them had

received a booster dose. That begs the question: Are vaccinated people more likely to get Omicron compared to those who are unvaccinated?

**Answer:**

- Let me begin by reminding you that the primary purpose of the COVID-19 vaccines is to prevent severe disease leading to hospitalization or death.
- The vaccines continue to do a very good job of this, even with the Omicron variant in circulation.
- A secondary benefit of vaccination is a reduction in infection or transmission.
- This is also occurring, but protection wanes over time.
- A booster is now recommended for all individuals over age 16, either 6 months after a 2nd mRNA vaccine dose or 2 months after a J&J dose, to help restore protection.
- The Omicron variant is about two times more easily spread or transmissible than the Delta variant, the previous dominant variant in the U.S.
- It also is more easily able to partially escape immune protection after vaccination or prior infection, leading to a higher risk of re-infection or “breakthrough infections” compared to prior variants.
- The latest CDC data for the week ending Dec. 18 reveals that Omicron represented 73% of all viruses sequenced nationally and 92% of all viruses sequenced in the region including Texas and our neighboring states.
- Our own UTSW sequencing data confirms that from Dec. 15-22, Omicron represented 70% of viruses sequenced in the North Texas region.
- That percentage rose to >95% in the days prior to Christmas.
- So, how do we synthesize this data with what is being observed clinically in unvaccinated and unvaccinated individuals?

- We will continue to see more “breakthrough infections” among vaccinated individuals with Omicron.
- The vaccines, particularly with a booster, continue to provide strong protection against severe disease leading to hospitalization or death due to COVID-19, and the vast majority of “breakthrough infections” are mild.
- This represents the success of the intended primary goal of the vaccines.
- Receiving a booster reduces your risk, but does not completely eliminate it, so those who are vaccinated should continue to practice non-pharmacologic preventive strategies that have served us well throughout the pandemic.
- Individuals with immunity from prior infection with other variants do not have as robust protection against Omicron due to its increased ability to evade immunity and cause re-infection.
- However, previously infected individuals who go on to be vaccinated appear to achieve higher levels of protection against infection even with Omicron with so-called hybrid immunity.
- Unvaccinated individuals remain extremely vulnerable to Omicron and prior variants such as Delta and are at elevated risk for severe disease, ICU care, or tragically even death.
- For all of these reasons, we strongly encourage those who are not yet vaccinated to consider protecting themselves and those around them.  
**(Source: Dr. Brad Cutrell)**

#### **Question 4**

We are also hearing from individuals who want to take extra measures to ward off COVID-19 beyond mask-wearing and so on. They cite research showing that vitamin infusion, IV of Vitamin C and B12, or monoclonal antibody therapies help. Any validity there?

**Answer:**

- The most effective prevention strategy against COVID-19 remains vaccination, including a booster shot for those eligible.
- As previously mentioned, although milder so-called “breakthrough infections” are more common with the Omicron variant, the vaccines continue to provide strong protection against severe disease in the majority of vaccinated individuals.
- Other preventive strategies such as masking in indoor public settings, avoiding crowds in poorly ventilated areas, practicing physical distancing where possible, and staying home when showing symptoms are important.
- While a well-balanced diet and daily vitamins contribute to a healthy lifestyle, there are no rigorous studies that have conclusively demonstrated that supplemental IV or high doses of specific vitamins prevent COVID-19.
- Therefore, current national guidelines from the National Institutes of Health (NIH), Infectious Diseases Society of America, and local institutional guidelines do not recommend these treatments to prevent COVID-19.
- Monoclonal antibody therapies targeting the spike protein of the SARS-CoV-2 virus have been beneficial following an exposure and as an early outpatient treatment for those with mild to moderate disease to prevent hospitalization or death.
- Unfortunately, due to specific spike mutations in the Omicron variant, several of the most widely used monoclonal antibodies are no longer effective against this specific variant.
- The one therapeutic monoclonal antibody with retained activity against the Omicron variant is Sotrovimab, which is currently available but in limited supply relative to national demand.
- UT Southwestern’s Medication Allocation Team continues to assist with the equitable and evidence-based allocation of this scarce resource, as it has throughout the pandemic when therapeutics have been limited in supply.

- UT Southwestern's molecular lab has developed a way to determine the specific variant in a specimen to assist providers in selecting the most appropriate treatment for patients, when relevant.  
(Source: Dr. Brad Cutrell)

### Question 5

The President of UT Dallas recently announced that winter break is being extended by eight days to better access the progression of the virus. How will Omicron affect our learning environment and medical school activities when students return in January?

### **Answer:**

- **TBD**

(Source: Dr. Charles Ginsburg)

### Question 6

When someone in an office or lab tests positive for COVID-19 after working on campus, what disinfection method is required and provided by UT Southwestern? Is there a Standard Operating Procedure?

### **Answer:**

- The risk of infection from touching a surface is low as the primary route of transmission for SARS-CoV-2 is an aerosol or airborne droplets.
- The most reliable way to prevent infection from surfaces 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 becomes sick or is diagnosed with COVID-19, the area should be cleaned and disinfected using PPE and an EPA approved disinfectant for COVID-19.
- **If more than 24 hours have passed**, standard cleaning is enough.
- **If more than 3 days have passed**, no additional cleaning (beyond regular practices) is needed.

- Here at UT Southwestern, an area may remain vacant for 24 hours, if possible, followed by regular cleaning practices.
- You may contact Housekeeping as needed to request disinfection services.  
**(Source: Bruce Brown)**

### **Question 7**

Given all that we have just discussed, is our Health System increasing telehealth opportunities amid Omicron?

#### **Answer:**

- Telehealth is an effective technology that has been employed throughout the pandemic.
- Many patients have appreciated the ability to receive the care they need, when appropriate, from the convenience of their home.
- About 15% of our current outpatient visits are conducted virtually.
- That percentage was higher – roughly 25% – during the surge of cases in 2020.
- More than 300,000 telehealth visits were completed in FY21.
- UT Southwestern continues to operate under a federal public health emergency, which provides increased flexibility in completing telehealth visits, including seeing established patients across state lines.
- Every department is equipped to conduct telehealth visits today, and patient satisfaction with video visits is extremely positive.  
**(Source: Dr. Seth Toomay)**

### **Question 8**

How ready do you think we should be to have annual booster shots, much like the flu vaccine? Is this an endemic virus that we just have to learn to live with?

#### **Answer:**

- We are learning more every day including long-term immune protection against severe disease following current boosters and natural infection.
- Experts may determine a certain antibody level or threshold that reliably correlates with immune protection, which could allow for individualized recommendations of who needs a booster shot.
- However, that antibody threshold is not yet known.
- It is likely that will reach a so-called endemic state, but we are still in a transition phase.
- We do not yet know when that will be or the exact outlines of what disease prevention and control will look like when we reach that state.

**(Source: Dr. Brad Cutrell)**