Dec. 29, 2021, Weekly Briefing Transcript

Timestamp 00:00:00

Dr. Daniel Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. And welcome to all of those joining this special briefing for the UT Southwestern community. I do hope you all had the opportunity to enjoy the last holiday weekend, but as I'm sure, most, if not all of you appreciate that in the meantime, we've seen significant developments in the course of the pandemic. And that being the case, (I) decided it was timely to share an update with the campus. I will really spend most of my time this morning on the evolving landscape of COVID-19 here in North Texas, before turning to your questions.

I will say that I had the opportunity earlier this morning to see the most recent update from our multidisciplinary modeling group. And it does confirm what I think we would all anticipate, that in the weeks ahead, we will continue to see a very marked increase in the number of new infections and an increase also in the (number) of patients requiring hospitalizations. That's against a backdrop that as I shared with you at the last briefing has seen not only the appearance of the Omicron variant of concern here in North Texas, but by the work done here at UT Southwestern as a collaboration between our clinical laboratory and our McDermott Center for (Human) Genetics.

Omicron has become virtually the exclusive variant of concern, at least as detected by positive test samples here at UT Southwestern. And with that, we are seeing what clearly is this rapid escalation, as I've already mentioned, in the number of new infections and a proportion of those requiring hospitalization. As we look on our own campus to reflect the census, Clements University Hospital yesterday was at 45 patients admitted for COVID-related illness. In addition, there are a number of individuals who not surprisingly have come to (us) for care for other conditions and (were) found to have incidental positivity, reflecting just how broadly the COVID-19 Omicron variant is now in our community.

There's been a similar trend of increased hospitalization for the patients we care for at Parkland; 54 of those yesterday with active COVID-19 infection. And that does bring me to what we have all followed closely over the many months of the pandemic, how this is reflected in our own UT Southwestern community. And we unfortunately set a new record just yesterday in terms of a single day of new documented infection among the UT Southwestern community at 117. At this juncture, we have nearly 300 of our community colleagues who have acquired COVID-19 in the past week, just reflective of this trend. And that does include six instances of apparent transmission here on campus; one from a patient to an employee, the others about equally split in terms of employee-to-employee transmission in nonclinical and clinical environments.

I'll return to that as a backdrop to thinking about our clinical operations and, excuse me, our broad campus operations in just a few minutes. But I do want to take this opportunity to emphasize, as I have in past briefings, the benefit of vaccination, and now with Omicron variant, following on, if you've had

the vaccination series earlier in the year, with a booster. Data from South Africa and the United Kingdom, which were really at the vanguard, so to speak, of the surge fueled by Omicron have shown that the regular vaccination series with mRNA vaccines from Pfizer or Moderna confer less resistance or less protection from the Omicron variant, really, at the 35% level compared to what we saw with earlier variance in the high ... in the nineties, anyway, 90% level.

However, that is significantly improved with a booster shot to greater than 75%. And not only does it provide protection against infection, but (it) seems to provide added protect against serious infection, so-called breakthrough infections with the Omicron variant, which does bring me to the evolution of our thinking about campus operations. As I shared with an email to the campus last week, we have reactivated our EOC to provide ongoing guidance and recommendations to myself and the Executive Vice Presidents to inform our decisions about campus operations. And they are now meeting regularly. And I will add that the Health System Operations team is meeting practically daily as we are in this especially dynamic phase of the pandemic.

And perhaps another important metric of that, which I had not mentioned previously, is the rate (of) test positivity. It is now ranging here in Texas from 20% to 40%, or as much as 50% of asymptomatic individuals. Here on our own UT Southwestern campus testing activities that is in the low 20%. That is higher than we have seen at any point in the pandemic since it started and should add additional concern that we are heading into a surge that really goes beyond anything we have seen today, both in terms of the rapidity in which it is increasing and the overall magnitude.

I mentioned that there was an update today, which I should mention will be posted on our public website later this morning or early this afternoon, that projects increasing cases. And in fact, the number of cases projected will surpass the number of cases we saw through the Delta surge. So I hope that frames for all of us the seriousness with which we need to focus on what we can do to both ultimately see the other side of this surge, and also in the meantime, carry on our operations on campus in the safest manner possible.

So to turn to campus operations, as I shared in my message last week, in an effort to minimize the opportunities for transmission on the campus, we have now, again, limited gatherings on campus to 10 individuals or fewer, and only in the space where that's still in rooms and places on the campus that allow physical distancing to be maintained. With the evolution and this escalation of new cases, even since my message went out last week, we are encouraging all supervisors to facilitate remote work where that can be effectively done and carried out. We place that responsibility for that judgment with our supervisors, knowing that they carry the concern that we all share since the beginning of this pandemic in the safety of the UT Southwestern community, even as we need to continue on the vital work of our institution.

In addition to limiting the size of gatherings, while we will maintain common areas in food courts, they will remain open. We are strongly urging that individuals refrain from eating or drinking with others in break rooms due to the enclosed space. We know that break rooms have been the single greatest source of on-campus transmission. So if you are going to eat or drink in a break room, find the time that you're able to be there by yourself without sharing it with others in that space. Visitors to campus are now limited to mission critical activities only. Exceptions can be made by myself or the Executive Vice

Presidents or our academic department Chairs. In the hospital, beginning this past weekend, visitors are limited to two per patient. That's two per patient at a single time at this juncture.

Timestamp 00:09:04

Dr. Daniel Podolsky:

In our ambulatory clinics, we are not yet imposing any visitor restrictions at this time. But as I will say when I eventually conclude this update, all of these decisions are on nearly a continual review basis, as we see increasing numbers of cases, both in our patients and within our own workforce. I will remind you that masks have been, and of course (are) now still required in all clinical buildings, including our hospitals and clinics, and including areas of those facilities in which there are no patients, such as the Education and Conference Center at the Clements University Hospital.

I would say most importantly, I want to urge you to be self-aware. If you have any symptoms that could reflect a viral infection, a runny nose, something as trivial as that, you should consult with Occupational Health and avoid contact with others, even if you have been vaccinated. Especially with this Omicron, as I've already noted, but want to reemphasize, you have a lesser level of overall protection for the Omicron infection. Often when they have that breakthrough, the symptoms can be minimal to nonexistent.

I would urge you also to exercise the same level of caution that I'm describing that we want to see here on campus in your time off campus. I would go back to some numbers that I've shared already, 300 or so of our UT Southwestern community have tested positive in the last week. Six are on campus. So that's roughly speaking 290 of our colleagues who have been exposed and gotten COVID-19 off campus. I ask you to exercise that caution for yourself and your family for two reasons: of course, for your welfare, but also we are going to need all hands on deck. Our community is going to need us more than ever to be here as we go through this surge. So keeping yourself healthy is not only something we hope you'll do for yourself, but also with all those we serve in mind.

That brings me to what I'm sure many took note of yesterday, which is the evolution, or ... excuse me, the update of CDC guidelines for quarantine and isolation among health workers. As we have done throughout the pandemic, our own infectious disease experts and our EOC overall has followed closely along with the CDC guidelines, as they have been updated. On Monday, the CDC indicated that it is shortening the recommended time for isolation, for those who are vaccinated and immunocompetent. So it's important to make that distinction, from 10 days to five days, for people who have, against the background of having been vaccinated and are otherwise also immunocompetent, become infected with COVID-19. If they are asymptomatic, they can return to work after that five days, but should be wearing a mask for the five days subsequently even when you've returned to work.

We will be issuing further clarification of the guidance here on our own website, (and) of course, also providing references to the CDC website so that you have a resource to answer all of your questions. As before, if we have had an exposure in a vaccinated immunocompetent person, you should be ... excuse me … consulting Occupational Health, but the general guidance is that you can remain as long as you're asymptomatic here at work, wearing a mask at all times. Again, I will encourage you to follow up this

briefing by consulting the UT Southwestern website and as well as the CDC website, in which their own recommendations are outlined.

A few words about treatment. One of the unfortunate things we've learned about the Omicron variant is that it does not seem to be treated by most of the monoclonal antibody treatments, which were developed earlier in the pandemic. There is still a monoclonal antibody, Sotrovimab, which is effective when given early to patients with COVID-19. Unfortunately, the supplies of Sotrovimab in this country, and certainly within our own region, are highly limited. Our allocation of the limited number of doses which we are provided, is directed based on the anticipated greatest impact, for preventing severe illness among those who might otherwise be eligible. Well, Sotrovimab is certainly a great resource to know is potentially available. Unfortunately, we know that the supply is constrained, so all of those who would benefit (won't) necessarily have access.

There is recently, I think, two developments that (are) important context for this. Great work through our clinical labs (has) now made it possible to determine whether somebody who is COVID-19 positive does in fact have the Omicron variant in a shorter time than was previously possible when it was necessary to sequence the whole viral sample. Now, through a test developed again by our clinical laboratories, that determination will be available through the Epic record, after a period of approximately two to three days, to guide whether or not somebody does, (and) if they don't have the Omicron variant, might still benefit from the other monoclonal antibody treatments. If they do have the Omicron variant, then to follow on, to see whether or not it's possible to access the limited supply of Sotrovimab, as that becomes available to us.

I'm sure also many took note of what is certainly a very encouraging development with the emergency use authorization for medications, oral medications for COVID-19. In particular, I would point to Paxlovid, produced by the Pfizer company. Unfortunately, the supplies of this are extremely limited, and we've not yet had a supply here at UT Southwestern, (and) I don't believe in North Texas more broadly. So of course we will be doing everything we can to get access to that as supplies permit.

Before spending just two minutes wrapping up on non-COVID related issues, I do want to emphasize that this is a highly dynamic circumstance. I would say at least in my own judgment, more dynamic than at virtually any time since the first weeks of the pandemic, when we were first beginning to understand just how big a challenge COVID-19 was going to be. So, while I've shared our current approaches to campus operations, I will note that there is every possibility that we will need to evolve those further, in the days and weeks ahead, and … in particular … our operations within our Health System. We are concerned with the number of patients and the number of our own UT Southwestern workforce, who are affected (and) that we may have to adjust our ability to provide prescheduled elective procedures.

Timestamp 00:18:04

Dr. Daniel Podolsky:

We have not needed to constrain those at all up to this time, but that is being reviewed practically on a daily basis by our leadership in the Health System, to be sure that we are able to provide the highest level of care and safe care and a safe working environment through this Omicron surge.

One other important area of evolution is in thinking about our learners, and in particular our students who are currently on winter break. The Dean's office is also reviewing the evolving impact of the Omicron surge, and over the days ahead we'll make adjustments if needed in the curriculum and experiences of our learners as they return from winter break next week. So look for further communications on that. And we will naturally, of course, be reviewing (the) feasibility of safely holding some of our scheduled events in January, with the very real possibility that some (of) which we had hoped would be in person will transition to a virtual environment or need to be rescheduled.

And so with that, let me just wrap up. At least looking for the bright future ahead, I've noted that this appears to be a surge that will challenge us at least as much and in some different ways as anything we've been through before, but I remain entirely confident that the UT Southwestern community, which has risen to every occasion, will do so once again, demonstrate the resilience which has allowed us to help so many people who have needed us through this to carry on the work of the University, our important research, training, and educating the next generation. And we will continue to advance the work of the University, looking to a future even beyond 2022.

And just to end, and noting some of the really important priorities that are laying that groundwork that we can look forward to in the new year, we will be completing the construction and begin to see patients in our new Outpatient Cancer Center on the North Campus. We will begin to see research going on (in) the new (Peter O'Donnell Jr. Brain Institute) Biomedical Research Building, also on North Campus. We will welcome our first patients at RedBird serving the communities of South Dallas. We will be continuing the groundwork to launch our new School of Public Health, thinking broadly about the public good in the years and decades ahead. And finally, but for the purposes anyway of this morning's briefing, be advancing the planning to begin the construction of a state psychiatric hospital that is so badly needed to serve the behavioral health needs of North Texas. So with that, and before I turn to Jenny Doren, I do wish you all a very happy new year and a productive, safe, healthy 2022. And now I turn to Jenny Doren for your questions.

Jenny Doren:

Well, thank you for that. Dr. Podolsky. Many questions this week. Our most frequently asked question is whether UT Southwestern will allow more work from home options given the sharp rise in COVID-19 cases due to the Omicron variant. I do recognize that you addressed some of this in your opening remarks. I want to point out that a few individuals have shared specific concerns that some workspaces on campus, some of the newer workspaces in particular, utilize shared cubicles and tables, and that's causing some additional concern. Anything you want to say?

Dr. Podolsky:

Yeah, and I certainly understand the concern and share the concern that we do everything we can to maintain the safety and the well-being of the UT Southwestern community. And as I have already made mention of in my remarks but will reemphasize here, we are asking supervisors at this point to review the feasibility of the groups that they work with to carry on their work remotely to the extent possible, in the interest of maintaining the safety and de-densifying, as it were, the campus environment. Clearly there is much work that can only be done here on campus, whether that's in certainly our health care facilities and in our laboratories, as two important examples. But we are delegating the responsibility and the expectation that supervisors will work to identify all those opportunities for our employees to carry on their work from a remote location as we make our way through this surge. I do want to emphasize, and the numbers, I think, speak to this, that we still have had a very safe campus environment.

And I made note that unfortunately we have had some on-campus transmission within this last week, but it is in the single digits, the few numbers compared to what is happening to our UT Southwestern employees out in the community. So I would ask just as a final note on this topic that the supervisors in taking that guidance also work with those particularly who are maybe at higher risk for severe COVID-19 complications by virtue of underlying medical conditions as another consideration in making judgments about where work can and should be carried out.

Jenny Doren:

Thank you for that. This past weekend, the Health System modified its hospital visitor policy. You mentioned that. Given the fact that several people did write in asking for some clarity about what exactly that means, would you mind just again reminding people how many visitors are allowed and any additional precautions that are being taken?

Dr. Podolsky:

Sure. So as of this Sunday, we have transitioned to allowing two visitors at a time per admitted patient. So it's not two per day, it's two at any given time. This is subject to future review as circumstances warrant. But at this time that is our policy. And would also follow on a comment I made about the leadership of our Health System monitoring closely our ability to continue to carry out all prescheduled, that is to say, elective procedures, that we have begun alerting to our patients who are scheduled for upcoming surgery and procedures about our new circumstances here, including (the) visitor policy. MyChart messages were sent about the additional precautions to protect their health and others. And I can't say it enough, safety for our patients and our staff is always a priority.

We do at the same time know how difficult it was for our patients in earlier phases of the pandemic, where we had (a) much more restrictive visitor policy, and how difficult it was for family members not to be able to be with their loved ones when they were in the hospital. And that will certainly always be a part of our equation and balancing ultimately the judgment to come up with an evolving patient visitor policy.

Jenny Doren:

So the writer of our next question is seeking more insights on statistics provided in major media about a CDC report released a couple of 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. One-third of them had received a booster dose. So that begs the question, are vaccinated individuals more likely to get Omicron compared to those who are unvaccinated?

Timestamp 00:27:04

Dr. Daniel Podolsky:

First of all, I think it's good to remember that the primary goal of the vaccines, as they were developed and tested, was in preventing severe infection. That is infection that led people to require hospitalization or to go on to need ICU and even to die from the infections. The vaccines appear to still do an excellent job in that regard, even for the Omicron variant in circulation.

Now, a secondary benefit of vaccination beyond that certainly is to prevent infection generally and to prevent transmission, but we also know that that protection does wane, and as I've already touched on in my update, a booster seems to be especially important in achieving and maintaining for a period of time, yet to be fully determined, greater resistance to the Omicron variant. So, just to underscore the recommendations, and those are for all individuals who are over age 16 on either six months after a second mRNA vaccine dose or two months after a J&J dose to get a booster. Maybe I didn't emphasize it enough already, but if there (is) anybody here in the UT Southwestern community who fits into that category of being eligible for a booster and hasn't done it, please go ahead and schedule your booster just as soon as you can.

Now, the Omicron variant is about two times more easily spread or transmissible than the Delta variant, which, of course, we know was the previous dominant variant. It is also more easily able to partially escape immune protection after vaccination or prior infection, leading to the higher risk of reinfection or breakthrough infections.

The latest CDC data for the week ending Dec. 18 indicated that Omicron represented 73% of all virus sequence nationally. There's been some indication that may be actually a somewhat high estimate, notwithstanding that I've told you already about what we know (about) the circumstances in our own landscape. Almost 100% of the positives here at UT Southwestern have been Omicron. How do we synthesize that data with what is being observed clinically in … vaccinated and unvaccinated individuals? There are going to be breakthrough infections, but there is still significant protection from getting vaccinated. So, the bottom line is that is the one thing that you can do for yourself, for those around you, and, obviously, is part of protecting the community as a whole.

Jenny Doren:

So I want to work in one final question for this briefing. You did a really great job answering many of these questions during your opening remarks. We're hearing from individuals who want to take some additional measures to ward off COVID-19 beyond mask wearing, physical distancing, and so on, and they cite research showing that vitamin infusion, IV of vitamin C and B12 or monoclonal antibody therapies help. Any validity there? What are you hearing?

Well, the most effective prevention strategy against COVID-19 remains, as I've said now a number of times this morning, a vaccination, including a booster shot for those eligible. Although milder so-called breakthrough infections are more common with the Omicron variant, the vaccines continue to provide strong vaccination against severe disease in the great majority of vaccinated individuals. Other preventative strategies, such as masking in indoor public settings, avoiding crowds and poorly ventilated areas, practicing physical distancing where possible, and staying home when showing symptoms are all important. While a well-balanced diet and daily vitamins contribute to a healthy lifestyle, there are no really rigorous studies that have conclusively demonstrated that supplemental IV or high doses of specific vitamins have any impact in terms of prevention of COVID-19. Therefore, current national guidelines from the NIH, (the) Infectious Diseases Society of America, and our own 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, as I did touch on in my initial remarks, as an early outpatient treatment for those with mild to moderate disease to prevent hospitalization or death.

Unfortunately, (the) only monoclonal antibodies we see, which have efficacy in that regard for the Omicron variant, is Sotrovimab, which is available only in very limited supplies. So, our 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 new therapeutics or other new interventions have been limited in supplies.

Jenny Doren:

Well, we appreciate the questions, as they help inform so many of our communications and certainly appreciate your time answering them. Thank you.

Dr. Podolsky:

Thank you. Again, Happy New Year to the entire UT Southwestern community and you, too, Jenny.

Jenny Doren:

Thank you.