

## August 26, 2020, Weekly Briefing Transcript

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I am pleased to welcome you once again to this weekly briefing for the UT Southwestern community. As in past weeks, I'll spend the first half of our time together this morning to provide an update on development since last week's briefing, and then I'll turn to Jenny Doren, a Director in our communications office, who will pose the questions that you have submitted.

Over the past week, I'm pleased to be able to say that we have continued to see favorable trends, both in the region and here on campus, with respect to the number of patients being diagnosed with COVID-19 and those requiring inpatient care. I had the opportunity to review the latest update from our modeling group late last evening, and that will be posted on our website after some further refinement to make it more user friendly within the next day or two, but it does show a continuing slow decline in the number of individuals found to be positive relative to those being tested.

So in the past week, approximately 13 percent of individuals who've been tested at hospitals have been positive for COVID-19. That compares to a figure as high as 27 or 28 percent a little more than a month ago and is a steady decline over the past three weeks. Along with that has been, as the model group has looked back over the past three weeks, the encouraging finding that the Rt value has remained well below the level of 1, which suggests, or is consistent with, the scope of the pandemic at least on a gradual scale being reduced in North Texas.

At the same time, as we know all too well from the experience over these past months, that is not something that is irreversible. And I think we should all look with concern to the weeks ahead with respect to the potential impact act on that Rt value and the number of new COVID-19 cases as we head into the holiday weekend very soon and as we see a number of colleges which have already opened within the region with in-person classroom attendance and likewise among some school systems, even if the Dallas ISD and the Fort Worth ISD have put off in-class school for some time.

The bottom line is that our future will be determined by how well we are able to maintain the consistency of the physical distancing, the wearing a mask, and the other attention to nonpharmacologic interventions, which are underlying the favorable trends that we have been seeing. This most recent update does predict that for the next two weeks we will continue to see fewer patients requiring hospitalization, fewer patients requiring ICU level care. But beyond that – not to belabor it but to underscore it – we will have to see how well we continue to stick to the interventions which limit the spread of COVID-19 in our community.

As I suggested in one of my first comments, the pattern that's being seen here in North Texas generally is certainly consistent here on the campus. And since last Wednesday, we've seen a further steady decline in the number of patients we are caring for at Clements University Hospital and at Parkland. As of yesterday afternoon, we had 16 patients hospitalized at Clements University Hospital. A little over a month ago that was in the low 60s. And yesterday afternoon at Parkland, 52 patients, whereas a month

ago that was in excess of 160. So clearly, very, very favorable trends there. Nonetheless, many of those patients who are within the hospital are significantly ill and requiring ICU level care.

Another parallel in this decline, which is also very welcome news, is the continued falling number of individuals within the UT Southwestern community in this past week who have themselves been diagnosed with COVID-19. In fact, in this past week only – and I use the word “only” in a relative sense – two UT Southwestern employees were diagnosed. And in keeping with what I’ve described in past weeks, both of these individuals acquired that infection through a community exposure, rather than any exposure on the campus, to once again, I think lend a clear reassurance that at the current level of activities on our campus, if we maintain our vigilance relative to those nonpharmacologic interventions, we have a highly safe environment for those who are working on campus to carry out that work.

I’ve mentioned in past weeks that we are spearheading a prevalence study to really help inform our entire community, but most especially those who make policy decisions with respect to the prevalence of COVID-19 across Dallas and Tarrant counties, and to better understand where focused interventions may have their greatest impact. We have, after a few weeks since launching this prevalence study, come to appreciate that beyond the invitations that have been extended by the thousands to those living in the two counties to participate, that even greater engagement will be necessary.

And accordingly the study leaders, with our Principal Investigator Dr. Amit Singal, are looking for volunteers to walk in the neighborhoods where people have been invited to participate, to make more direct person-to-person contact as follow-up to the letters that people received about the study. The study team has carefully thought through the logistics of this block walking to ensure the health and safety of volunteers.

I was pleased to learn that in two town halls yesterday, 128 members of the UT Southwestern community attended, and 90 percent indicated their interest in volunteering. A third town hall is being planned for next week, and I hope those of you who are hearing this briefing will also consider being part of this great contribution we can make to the broad community of North Texas. This is really a very special way for you to participate in this important study.

I wanted to also be sure that you were aware of what I call a refinement in the masking policy here at UT Southwestern – which was made by recommendation of our EROC based on updated guidelines from the Centers for Disease Control and Prevention (the CDC) – with respect to cloth face coverings and to stipulate that if you are going to use a cloth face covering, it must have multiple layers of fabric and meet all the other CDC guidelines. This is, of course, for your safety and for the safety of the campus to really prevent transmission, should someone come to campus and unknowingly already have been infected by COVID-19. So again to emphasize it, cloth face coverings must have multiple layers of fabric. For further information on masks and other questions, please check the section on masking on our COVID-19 website. And while I’m on that topic, I would also recommend watching last week’s “What to Know” video on the COVID-19 website that features Dr. Brad Cutrell and Dr. Seth Toomay talking about masks.

Moving beyond COVID-19, I am very pleased to share with the campus the happy news that UT Southwestern was recently named an Employer of Excellence by the American Academy of Physician Assistants. This award was given to 16 health systems across the country to recognize top employers of

physician assistants for their success in creating workplaces with high physician assistant engagement and satisfaction. You may be interested to know that UT Southwestern proudly employs 181 physician assistants, and they are a vital part of the total health care team here at UT Southwestern. There is a very nice video about our physician assistants and this award on the *Center Times Plus* on the UT Southwestern website, and I hope you'll take a moment to look at that.

Finally, before I wrap up and turn to your questions, I also wanted to make you aware of a group which has recently come together here on the campus. Over the past several years, we have formed a variety of Business Resource Groups that serve as forums for various communities within the communities of UT Southwestern. We have our Veterans BRG, our African-American BRG, our Hispanic BRG, and these really serve to, I think, foster career development and have generated a lot of great ideas for our campus.

And so I'm very pleased to announce the latest of these Business Resource Groups – the new Women and Allies Business Resource Group – which will be launched tomorrow on Aug. 27. These are voluntary, employee-led groups that serve as a resource for members and the institution by advancing diversity, inclusion, and employee engagement. And this new one is being established to serve as an advancement platform and to increase cultural competence and sensitivity in regard to patient care and workplace inclusion for women. More information is available on yesterday's EOC daily update.

And with that, I am going to wrap up this update on events over this past week and turn to your questions, which will be posed by Jenny Doren. Jenny?

Jenny Doren:

Good morning, Dr. Podolsky. In recent days, local media have been talking a lot about reporting errors for COVID-19 cases in Dallas County. Is the UT Southwestern forecasting model taking the backlog cases into account? And do you think the actual numbers are higher or lower than what are actually being reported?

Dr. Podolsky:

I do understand the concern as I've scratched my head to see the numbers being reported on a daily basis really being quite subject to wide swings because of delays in reporting coming – I understand – from the state. Notwithstanding that, our modeling group's predictions, as we have looked at them, have been consistently on target when we look back two weeks at a time, over the entirety of the last number of months, which gives me confidence in how it projects into the future. So I wanted to get to the bottom line reliability of what we see in the predictions of our modeling group, as it has informed our own decision-making as well as help people off the campus.

Nonetheless, I will say – and maybe I'll elaborate in just a moment – the reason that has shown such reliability is that there are many factors that go into that prediction, and the number of new cases that are being reported is but one of them. And the group is very attentive to, if you will, dissecting, as cases

are reported, when the actual test was taken as opposed to when the data is reported because there can be such a wide variation – in some instances a very long delay – that could give you a misimpression if you just assume that the cases reported today reflect what’s happening today.

Just again to speak to why there seems to be such a wide range in recent weeks, there was a backlog due to coding errors with the laboratory testing network that the state has relied upon. And because the health departments did not receive reports, they were unable to perform contact tracing on these cases, which is probably the more important, real impact of that delay in reporting.

Independent of the situation, we have previously stated with confidence that the actual number of COVID-19 cases in Dallas County and in Texas is likely much higher than the reported numbers, and this is due to many reasons. First of all, we know that there are patients who are asymptomatic and patients experiencing mild symptoms who do not seek out testing or are unable to access testing at least in past weeks and past months. This is why our prevalence study is so important to really get a true picture, because it is a cross section across all the different diverse communities and not dependent on whether somebody has symptoms or has access to testing. And I won’t miss this opportunity to, again, underscore the importance of that study and your possible participation in helping out, and refer you to the study website at [utswmed.org/covid-19/prevalence-study](https://utswmed.org/covid-19/prevalence-study).

But to come back to the question, we have not seen an impact on the replication numbers and on other key epidemiologic indicators by these recent swings in the reported number of cases. And so with that, again, I myself still have a high degree of confidence in the value of what our modeling group is providing to all of us.

Jenny Doren:

So keeping with modeling, you spoke earlier about our latest COVID-19 forecasting model, and right now it shows Dallas County at roughly 68 percent effectiveness in taking steps to reduce transmission. If we can maintain that level, how long will it take before COVID-19 transmission is negligible here?

Dr. Podolsky:

Well, one slide that will be posted on the website is an update that attempts to answer that question. And having seen it, as I said late last evening, it shows a continual gradual decline, and I’m not sure I would call it negligible, but it’s certainly to a substantial reduction of what we are experiencing even now, which of course is much improved by what we were experiencing a month ago, as we get into the fall and by November.

But the million dollar question behind that is: Can we sustain that? Or will there be other factors that come into play that work against that trend? And I’ve touched on a few of those in my update remarks, including what the impact of opening up of schools will be, and whether or not we will continue to stay the course. We have seen a slight increase in the mobility in the region, and we know that, in general, that can foreshadow greater exposure and greater number of cases. I was interested to see among the data assembled by our modeling team that the number of reservations in restaurants has gone up substantially. So people are going out there. So the answer to the question is: If we can maintain that level of compliance and effectiveness, we will see a very steady and significant decline. And the question is: Will we be able to stay that course?

Jenny Doren:

And let's hope that we can. Let's talk a little bit more about testing. Are we doing less in Dallas County or is it truly that cases are trending down?

Dr. Podolsky:

Well, I think both appear to be true. I'm sure many of those listening to this briefing will have seen reports in various media that the number of tests going on in Dallas County – and not just Dallas County, the other surrounding counties – has been on the decline. Certainly, there are no longer any of the daunting lines that were such a problem earlier in the pandemic. But at the same time, as I touched on in my update, the percentage of those who are being tested has continued to decline, and that does suggest a very real trend. And that's, of course, consistent with what we see in the trends in the number of patients requiring hospitalization. So I do think that the number of tests being performed has been decreasing, but we've also seen the number of cases related – to say it once more – to the compliance or the effectiveness of nonpharmacologic interventions has led to real changes in the number of patients as well.

Jenny Doren:

Thank you. We continue to receive a large number of questions related to travel, especially from our colleagues who have family living internationally. The CDC no longer recommends 14-day self-quarantine after overseas travel. Will UT Southwestern follow suit?

Dr. Podolsky:

First of all, I want to be sure that everybody on the campus who is interested in the policies related to travel understands that the policies, as we formulate them as an institution, are on the basis of the recommendations by our Travel Oversight Committee and Occupational Health group. And this includes our public health experts, our infectious disease experts, and so there's a great deal of thought and expertise that does go into this. I want to, first of all, underscore that.

And this group continues, virtually on a daily basis, to review the evolving conditions related to the COVID-19 pandemic to inform our policies regarding UT Southwestern business-related travel and requirements for the safe return to campus following personal or business related travel. At present, our Travel Oversight Committee has recommended continuing to suspend all domestic and international business related travel, except when it's deemed to be critical to the mission of UT Southwestern. Put another way, we view any travel on University businesses that is not of essential nature to be an unnecessary risk for the individual and for the campus. Also to take note, participating in large group gatherings and exposure to individuals with COVID-19 are other circumstances that would require self-quarantine before returning to campus – even if the travel was the central travel for the University's business or the same would apply to personal travel. While there's been an improvement in the number of new cases of COVID-19 in some countries, the situation's not uniform and data reporting is incomplete in many foreign countries.

In addition to the number of new cases of COVID-19, both the Travel Oversight Committee and our Occupational Health considered many other factors in providing guidance about the safety of both

domestic and foreign travel. They will continue to review the international travel guidelines regularly in the coming months and adjust recommendations as the situation evolves. We acknowledge that everyone in the UT Southwestern community has endured hardship, as changes in activities and conditions in the workplace are required to maintain a safe environment. But I want to say that our paramount consideration in our policies is the safety of the campus and everybody who comes to the campus. And so in having that responsibility for our campus, we will make decisions that at time go beyond those that outside guidelines may propose, but we will continue to look at those on an ongoing basis.

Jenny Doren:

Now to a couple of questions related to parking. First, we are hearing from a growing number of employees who canceled parking permits but are now receiving citations when they come to campus on a day or two, here and there. What plan is being made for remote workers to legally park on campus? Could they purchase hashtags or register with parking services as remote workers and be allowed a certain number of parking days per month? What do you think about that?

Dr. Podolsky:

Well, first of all, all employees, as I've said in previous briefings, are welcome to cancel their parking at any time. But by doing so, you will not be permitted to park your vehicle on campus on either our employee or our visitor patient lots. However, Parking Services will soon be rolling out an option for on-campus parking at a significantly reduced rate for those who are mostly working off campus and only coming to the campus perhaps a few times per month. So please continue to monitor your email for updates. That should be coming out in the very near future.

Jenny Doren:

Sticking with this topic for just a little bit longer, since UT Southwestern will be operating at 50 percent capacity until the end of the year, can all staff continue to have access to the parking garages until we return to 100 percent capacity?

Dr. Podolsky:

Well, first of all, let me clarify. The 50 percent activity that is referred to in the question I would apply to our research activities and not our clinical facilities, where nearly 100 percent of activity has returned to full operations and then variable amounts between those in the nonlaboratory and nonclinical activities, so to acknowledge that we already have, really, a spectrum that relates to the requirements to safely carry out the various types of work that goes on, on the campus.

And we have made these judgments as to what is sensible in the various, if you will, environments on the campus based on the specific needs and activities that go on in the laboratories versus our classrooms, versus our administrative office, versus our clinical offices. Well not all activities/areas are back on campus yet. In order to ensure we have enough parking capacity to accommodate everyone, we will begin enforcing all parking regulations effective mid-September. So this does mean that beginning in mid-September, you will need to park in whatever is the appropriate designated parking facility for your

permit. Parking Services will be sending out a campus announcement this week regarding the resumption of all those campus parking regulations.

Jenny Doren:

All right. So we will look out for that one. Moving away from parking, shifting to a question about campus operations, why are the library and computer labs still closed? Can't people just social distance?

Dr. Podolsky:

So the library has remained closed for two reasons. The first is that all of the assets, except for the archives, are available digitally, and the archives can be accessed by appointment. As such, users do not need to be physically present to access our library resources. And the second reason is that there are insufficient resources to ensure that we effectively and safely clean the environment after each user. So for those practical considerations, we have made the decision to keep the library physically closed, even though we are very glad that the resources there are accessible to the campus community.

Jenny Doren:

I'd like to return to topic of testing. Do we consider saliva testing for COVID-19 an acceptable test?

Dr. Podolsky:

So the great team in our clinical laboratories continue to look at this, led by Dr. Ravi Sarode and Dr. Dwight Oliver, and the great team working with them. They have validated saliva on the Suffield rapid real-time PCR platform and use it occasionally when a nasopharyngeal swab cannot be obtained. The group is, as I heard yesterday, finalizing validation for saliva on our existing real-time PCR on the Abbott platform.

We have not offered saliva as a routinely acceptable specimen for a variety of reasons, including the availability of appropriate collection containers. But this may change and as it does, we'll be glad to share that, of course, with the UT Southwestern community.

Jenny Doren:

Our final question for the day: Have there been any discussions regarding early retirement for those employees who fall into the high-risk category and have direct patient contact?

Dr. Podolsky:

I guess the simple answer is we have not explored that as of yet. And I think with the question, we will take the opportunity to see whether there is a level of interest, what the implications for that will be, the impact, and we'll get back to you with what we learned in looking into it.

Jenny Doren:

Great. Appreciate your honesty and your transparency there. Thank you.

Dr. Podolsky:

All right. Well, thank you all. I hope everybody has a safe week and we'll be back next Wednesday.