

## Feb. 3, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. And I want to welcome you all to this bi-weekly briefing for the UT Southwestern community. As in past briefings, I'll take the first part of our time together to share an update on events over the past two weeks and then we'll turn to questions that you have forwarded in the meantime, which will be posed to me by Jenny Doren.

So to turn to the current state of the campus with respect to COVID-19, the news this morning is certainly much more encouraging than two weeks ago when we were still seeing a continual upswing in the number of new patients in the North Texas Region and on our campus. I did have the opportunity to review the most recent update from our multidisciplinary modeling group very early this morning and that in fact shows an encouraging trend that we can anticipate for the next two weeks. I think there were a number of notable things about the update, which will be publicly posted within the next day or so. So you can also have a chance to see and review that in detail yourselves.

But beyond the trends rather in newly diagnosed patients and hospitalizations, which I'll come to just in a moment, what I found particularly striking was the degree to which the communities of this region over these past two weeks have been more attentive to all those non-pharmacologic interventions. So the highest rate of reported mask wearing, really, since we began following that through the pandemic. Similarly, fewer people traveling out of state, fewer people gathering with individuals who are not part of their own households, fewer people joining gatherings of 10 people or more. And so in parallel with that, we see that our T factor, the factor we've come to know kind of capsulates, whether the pandemic is expanding or contracting is now below one. Meaning fewer and fewer people over these past couple of weeks and anticipated into the next two weeks are becoming infected by exposure out in the community.

Having said that there's still remains significant transmission and the positivity rates of tests for individuals coming to at least Dallas County Hospitals and Tarrant County Hospitals remains at a concerning level, 25% in Dallas County, 16 or 17% in Tarrant County. And so we can all heave something of a sigh of relief that the trends are towards fewer numbers of new patients and fewer numbers of individuals requiring hospitalizations there is nothing in the update that would suggest we can let down our guard at anytime soon. But it does predict continue to actually a significant decrease in the number of patients in the region requiring hospitalization, and more specifically those who would require ICU level care.

And with that turning to our campus, our experience reflects that. At this point, we are caring for 48 patients in Clements, that's less than half the number we were caring for there at the peak of this most recent surge. At Parkland, as of yesterday, approximately 125 patients being cared for. Still, obviously a very large number of patients, but certainly significantly down from the peak that we saw at Parkland through this latest surge. So those are generally encouraging trends of both in the region and in our own experience on the campus.

I think is as well, we have seen a significant decreases and the numbers of our UT Southwestern community who are being diagnosed with COVID-19. Over the past week, 16 members of our campus community have acquired COVID-19, all of them through community-based transmission. In fact, we've not had any on-campus transmission for the last two weeks. And if we look just at employee to employee exposure in the non-clinical environment, that's been six weeks and in the clinical environment four weeks. I think there's a number of factors which may explain the really marked a decrease of newly diagnosed COVID among the UT Southwestern community. I would say certainly a large part of that is the discipline with which our community is adhering to those non-pharmacologic intervention policies.

I think also we're beginning to see the impact of the vaccination campaign, which began in the middle of December. And as the number of our communities have taken up the invitation to get the vaccine. And I'll come to some numbers on that in just a few moments. But the net effect of that is not only fewer people ill, which is in itself probably the most important thing, but fewer and fewer of our staff who are out in either isolation or quarantine, really less than a third of what we saw in the end of December, beginning of January. And that means more people to shoulder the load, just as we were being challenged with this latest service. Also I think reflecting just the importance of a effective vaccination campaign among healthcare workers, so that they're there as needed to care for patients.

With that, let me turn to the topic of vaccines and to let you know where we stand with that. At this juncture of 15,000 or so of the UT Southwestern community have had at least one dose of the vaccine, actually 13,000 of those already a second dose. And as I've already suggested, although it's my to a degree speculation but it seems to me a strongly plausible one, that the decrease that I've just described a moment ago when the number of new infections can be tied to the effectiveness of the widespread uptake of the vaccine. While there's been widespread uptake, there are still many in the UT Southwestern community who I know have continued to wait and have not decided to proceed, to take advantage of the availability of the vaccine. And I hope each of you will, with further reflection and hearing of the experience and the impact it's had, to decide it is right for you. And if there are particular questions or concerns you have, I hope you will turn to your supervisor, or certainly forward your questions to us so that we can be sure that those concerns are addressed.

I do want to take this opportunity to correct what might have been a misimpression that I left at the last briefing. In which I suggested that there were very low instances or very low prevalence for those taking the vaccine of some systemic signs. I misspoke in at least the way I may have characterized it, where I was really focusing on less systemic than very serious implications that would have warranted medical intervention. In fact, as was seen in the clinical trials, there are a significant minority of people who receive the vaccine who will have some systemic symptoms such as fever or fatigue, and to acknowledge it. This is at least within for those receiving the Pfizer vaccine more common after the second dose. We are still waiting to understand from the CDC whether that's the same for those receiving the Moderna vaccine. And so for those of you who have taken the vaccine or those who hopefully are contemplating and will proceed to get the vaccine, you shouldn't be concerned that if you do experience a low grade fever, in some instances fatigue and such, those typically resolve after 24 to 36 hours or so and an instance of fever, if needed, is usually easily addressed with some Tylenol or such. I would say though that if you have concerns with any kind of reaction, I would hope that you would

contact occupational health who can provide a guidance to you. Hopefully I've corrected the record and I appreciate the email which called my attention to the need for that clarification.

Looking beyond our own campus, I think we can all be very proud in what the team coming out of our health system has accomplished in providing vaccine to our patients and more broadly to the community, including people who are not UT Southwestern patients. We are still limiting our vaccination to those who fall into the 1A or 1B category, and that's following the direction of the state as to how we should be deploying the vaccine that's allocated to us each week. I think many of you, if not all, will be aware that for the last number of weeks, we have been providing vaccination first really to our UT Southwestern patients who fall within those categories. And then more recently also to non UT Southwestern patients at two sites; here on campus the West Campus Building 3 and down at Market Hall.

As of Monday, I'm very happy to share that we have now established a third site at Redbird where I will remind you or tell you for the first time, if you weren't aware, we are in the process of the development of a large outpatient facility to serve the communities of Southern Dallas that will open later this year. But in real time now, we have set up a vaccination site there that began to serve the needs of patients in that community as of Monday.

Yesterday was also an important new milestone for our efforts to provide vaccine to patients in the community more broadly in that we opened a means of non UT Southwestern patients who fit within the 1B category to register directly with UT Southwestern. We are registering up to 10,000 people at a time and then pausing further registration so that we can really in a relatively short time after somebody has registered be sure that they actually get a vaccination. We anticipate opening up new registration slots every Monday at 8:00 AM. If you're asked by those around you, the information that would guide anybody through the process of registration can be gotten by going to our homepage. At the top of our home page, you see the yellow ribbon which allows you to link to various resources on our homepage related to COVID-19.

But among them is a button, if you will, for vaccination, and that's where anybody who's interested in registering with UT Southwestern can go to understand that process. I do want to emphasize though that the common threshold, whether you're a UT Southwestern patient or not a UT Southwestern patient, is that you fit within that 1B category. We will look forward to the day when vaccine supplies are such that we can get the go ahead to do that more broadly. But in the meantime, we are being guided by the directions we've received from the state as to who should be receiving vaccine.

I do want to, in kind of wrapping up discussion of vaccines per se, really reemphasize what I hope you've already heard that even if you have been vaccinated fully, it is still important that you wear a mask and follow all the other measures which we know help keep you and those around you safe. Some have asked why that might be necessary if the vaccine is so effective. What the vaccine has been shown to do, what the vaccines which are available have been proven to do is to prevent people from getting, in the great majority of instances, ill from COVID-19. And in every instance, ill to the point where they might require hospitalization.

What is not yet known is whether they protect somebody from actually still getting COVID-19 in such a mild state that they have no symptoms and they're asymptomatic. And to the extent that that remains

possible, it is possible that if you've been vaccinated, you could still be a source of transmission to someone around you who may not have been vaccinated. And that's why it's really important that we continue to exercise that same caution that has been helpful in the absence of a vaccine.

Before I turn into one or two things unCOVID related, I want to address an issue which has been now raised to me by a number of individuals on the campus. And that is, if the vaccines are working so well, when can we go back to more normal operations than we have now? I will remind you that we set a course back in the fall that we would expect to maintain our current level of operations really until May 1. And that remains the plan today. I have asked the members of our EOC to develop some recommendations as to what would be appropriate thresholds criteria that we could use to guide us about expanding operations with no specific change in date in mind. But we'd like to, when the time is appropriate, be sure our decisions are based as they have been all along by the collective wisdom and the best science that we have available.

Yes, we are seeing, as I've already shared this morning, marked fall in the number of infections among UT Southwestern community members, but the landscape is dynamic and I'm sure everybody listening to this briefing has heard a lot about the variants of the COVID-19 virus that have arisen in various parts of the world, and which in particular increase the efficiency of transmission even if they may not be more severe in the outcome of that illness. We know that at least one of those variants, the one that first showed up in the United Kingdom, has been detected right here in North Texas. And I think we all should remain concerned about the spread of these variants and the higher rates of transmission when the great, great majority of the North Texas population remains unvaccinated and will remain unvaccinated for the weeks and months it will take to really get that adequately supplied. And that means that we as a region still will remain under the possibility of seeing another large surge because of that expanded transmission, and that is an important factor that will go into our equation, even if we do have the benefit of the protection of the variant, and bringing those two points together. I know those of you who are vaccinated will follow the news of these variants with a particular interest, which is, does the vaccine protect me from these new variants? It's fair to say that there's much more that has to be learned. Though, I would point out that in clinical trials of some of the vaccines that are approaching potential approval from J and J and the, excuse me, Novavax, they included patients who as turned out we're infected by the variants, so about 50% of the trials, the people who were in the trials in the UK, had that variant, which is now kind of overtaken the UK and it's now here in the US.

Similarly, the Novavax trial included individuals in South Africa with the variant that's shown up there, and while the efficacy against infection was possibly lower in the latter anyway, in the South African variant, it is striking that in none of the trials of those or the Moderna or the Pfizer, which are the approved vaccines, which we've been providing here on campus and to our patients, where there are any instances of illness requiring hospitalization and no deaths. So, even if we, there are questions that remain to be answered about the degree of protection for these variants by some of the vaccines, that's at least the bigger picture in terms of the data that's available today.

So with that, I am going to wrap up with just an announcement of an upcoming lecture, and this will take place on February 10th at 4:00 PM. It is the WISMAC, Ida Green lecture, WISMAC being Women in Science and Medicine Advisory Committee here at UT Southwestern. I hope you'll all find a way to join this virtual seminar, and the speaker will be Dr. Kizzmekia Corbett, who is a viral immunologist and

senior research fellow in the vaccine research center of the National Institute of Allergy and Infectious Diseases. She was appointed to the vaccine research center in 2014, and currently leads the scientific team, the Corona virus team. They're at the NIH with efforts to propel novel Corona vaccines, and I'm sure it'll be a fascinating presentation. So I hope you'll make time to join that, hopefully in real time, but if not at your leisure, because it will be recorded. With that, I'm going to conclude this update and turn to Jenny Doren for your questions.

Jenny Doren:

Good morning, Dr. Podolsky, before I get started, I want to just take a moment, remind our listeners of a helpful resource. Every afternoon we all receive the EOC update and campus news email with important updates, and rather than raise questions that we already address through that communication, we're going to continue to use these briefings as an opportunity to dive deeper, clarify and address any late breaking items. With that, I'm going to turn to our first question and one that several people requested be asked this morning, will UT Southwestern family members or spouses be given access to COVID-19 vaccines or any preference in getting appointments, in particular those who are considered high risk?

Dr. Podolsky:

So thank you for the question. I fully appreciate why that is on the minds of members of our UT Southwestern community, but we are taking our direction from the guidelines we received from the State Department of Health Services as to how we should allocate it to individuals, and those guidelines do not provide for the option for preferences to a family and spouses of UT Southwestern employees or faculty. So the eligibility for those individuals really is the same as those who don't have that connection to UT Southwestern. We believe that not only is it necessary because of the direction we've received from the state, but it does create the fairness that we hope to have in our overall vaccination policy. I do understand there may be other organizations which are taking a different approach, but we at UT Southwestern are going to be guided by both the obligations that we have in taking the allocation for the vaccines and our overriding commitment to be as fair and equitable of how we do this as possible, broadly speaking.

Jenny Doren:

Thank you. Staying on vaccines, is there any guidance on what employees, learners, faculty should do if they are exposed to COVID-19 after being fully vaccinated?

Dr. Podolsky:

Well, regardless of vaccination, if you've had close contact with someone who tests positive for COVID-19, you should isolate from that individual and notify occupational health. Occupational health will ask you to complete an online health screening form to determine whether you can continue to work, or if you will need to isolate. The recommendations or the determination rather of occupational health will depend on the nature of the exposure, whether you are symptomatic, and whether you have been fully vaccinating, meaning you are more than 14 days after the second vaccine dose. We do believe that individuals who have been fully vaccinated do have obviously a level of protection which informs the possibility of continuing to work and monitor symptoms, where in other circumstances, isolation would

be required. But again, in that circumstance, you should contact occupational health and they will provide guidance to you.

Jenny Doren:

If someone tests positive for COVID-19 after their first dose, how should they handle that second dose?

Dr. Podolsky:

So the recommendations for an individual who tests positive for COVID-19 is that you wait until you are fully recovered and been cleared by your provider before receiving the second dose. After that, you can receive your vaccine even if it's beyond the 21 day mark in the instance of a Pfizer, and 28 day mark for Moderna, which is the standard interval for a second dose, respectively. Having that COVID-19 essentially infection, essentially primes your immune system and so it is acceptable to delay the second dose up to 90 days without having to restart the series. Although the CDC indicates that you can wait up to 90 days to be vaccinated since the risk of reinfection is low, there is no minimum time you need to wait for the second dose once you have recovered. The only exception is if you received a monoclonal antibody or plasma as COVID-19 treatment, and in that instance you really should wait 90 days because you need to wait until the monoclonal antibodies or the antibodies in the plasma have been cleared as they may interfere with your ability to respond, may interfere with getting the vaccine to stimulate your immune response.

Jenny Doren:

That's helpful information and we do have that Q and A on our website too, our vaccination page that you mentioned earlier. Curious to what has been the overall response to campus vaccinations and how are we working to address vaccine hesitancy both in our community, on our campus, the surrounding areas. Is there any specific language we should use to encourage people to get vaccinated?

Dr. Podolsky:

Well, we are, I think learning a great deal from our own experience here on the campus, and anybody who listened to the earlier part of this briefing will appreciate that. Even if there are 15,000 or so of the UT Southwestern community who have been vaccinated, that leaves many who have not. So even within our own community, there is hesitancy. What we are endeavoring to understand is what are the factors that influence the likelihood within a given group that leads to a reluctance to proceed with hesitancy. What we've realized is the concerns do differ. For example, one group that has had a lower uptake than the overall UT Southwestern Community has been women of childbearing age. We have endeavored to address the concerns understanding that by talking with our experts from OB-GYN as well as our infections disease experts. We are certainly concerned about this more broadly in the community.

As we are now giving access to non UT Southwestern patients and hoping to get uptake broadly, which is going to be important for the entire region, we will be working diligently with community leaders, both faith based leaders, community organization leaders. To address the issues that may be on the minds of their members. We have a headstart on this because of the community partners who have

helped us engage in our prevalence study, and so we're very dedicated to doing everything we can to be part of that education. We are also in discussions to work in collaboration with the Dallas Regional Chamber of Commerce, which is concerned about this issue and is preparing a large public service announcement campaign.

We hope to be providing guidance and insight into the appropriate thrust of those. The question is very important, to paraphrase somebody, a vaccine that isn't taken doesn't work. We will continue to provide updates in future briefings on how we're doing on our own campus, and then more broadly progress in these efforts to address vaccine hesitancy broadly.

Jenny Doren:

Thank you for that. You mentioned the new variants, and there is a lot of talk in the media about double masking as a potential means to reduce the spread of these new variants. To add perhaps some added protection. Is double masking encouraged here on campus or when traveling? What are our experts saying?

Dr. Podolsky:

Our experts tell us, tell me that there is really no science yet available that validates the added value of double masking. The CDC has not made a formal recommendation on double masking either. The current guidance, just to remind those listening, is that masks should either be a medical or surgical grade mask. An N95 or medical mask, or if a fabric mask, it should have two or more layers of washable, breathable fabric which completely covers the nose and mouth. I heard a commentator over the weekend give a figure which, more or less, resonates with my informal impressions. That about 25% of people are not wearing their masks appropriately. Meaning letting it drop below their nose.

Before we get to really focusing on double masking as a possible added protection, I think we can hopefully reinforce proper mask wearing as essential to overall reduction of transmission. We will continue to follow the science closely and update our recommendations should those be forthcoming.

Jenny Doren:

We have time for one final question. As a reminder, any questions that we didn't get to, we'll make sure that we provide answers to those on our website. Another topic that we're hearing a lot about is herd immunity. With adolescents not currently being vaccinated, is it possible to achieve herd immunity and stop the disease from spreading?

Dr. Podolsky:

Yes, herd immunity means that enough people in the community are protected from getting the disease because they've already had it or they've been vaccinated. Certainly, the ultimate goal is to vaccinate a substantial percentage of all the population, which does include those under the age of vaccine. Currently, the vaccines available have not been approved for those under 16 because their clinical trials didn't include that age group, and therefore haven't yet been validated to be both effective and safe within them. However, those clinical trials and studies to address it are currently underway.

Hopefully, by late spring or early summer, if the results of those trials are as expected and we have to wait and see, that is that they are safe and effective in those below 16, we would expect the FDA to issue an emergency use authorization in that population as well. In the meantime, I would just, again, point out to our early experience here on the campus of the dramatic effect that a vaccination can have even within a circumscribed community such as UT Southwestern.

Jenny Doren:

Thank you very much.

Dr. Podolsky:

Okay, and thank you all for joining me this morning and I'll see you all in two weeks.