

Jan. 20, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I welcome all of those joining me this morning to this update for the UT Southwestern community. Over the past two weeks since our last update, we've continued to see significant challenges from COVID-19 as the pandemic continues to evolve here in North Texas. During this time, we are seeing essentially record high numbers of patients newly diagnosed with COVID-19 in the region and newly high records of patients requiring hospitalizations. Nonetheless, seeing the most recent update from our UT Southwestern multidisciplinary modeling team, I think we have reasons to expect that we will see moderation in those trends in the days and couple of weeks ahead of us.

At this point in time, virtually all of the intensive care unit capacity in North Texas is occupied, and more than half of that is by patients who are being cared for for COVID-19. While there is somewhat more capacity in overall hospitalizations, it still remains challenging to the collective health care providers in the North Texas region.

Here on our campus, we are seeing a large number of patients, near record highs yesterday. We were caring for 94 patients at Clements University Hospital and approximately 160 at our partner Parkland. This has, however, been at a relatively stable plateau for the last several days. In looking at the update from our modeling group, which I mentioned a moment ago, we can hope to see not only some continuation of the plateau, but perhaps some gradual reduction in the number of patients in the two weeks ahead. The encouraging signs from that modeling update include a greater adherence to wearing masks here in North Texas, as well as people tending to limit the number of engagements they're having with people outside their own households and participation in gatherings. If this kind of effort continues, we can reasonably expect that we will see the downstream impact in fewer new cases of COVID-19 and fewer patients needing hospitalization.

On our campus, we are seeing a, I think, encouraging trend in that fewer of our campus colleagues have been diagnosed in these past two weeks with COVID-19 infection. Really the smallest number that we have seen in really a number of months – only, I put that in quotes, 53 new infections acquired out in the community compared to nearly twice that number that we were seeing just two or three weeks ago. Amongst the newly diagnosed individuals, one was acquired here on the campus through care of a patient with known COVID-19. Just underscoring what I have said on a number of these updates in the past, that as we adhere to our policies of nonpharmacologic interventions, it remains a reliable means of keeping ourselves safe as we now enter into the era of the campaign for vaccines.

With that, let me turn to that topic. First to acknowledge the outstanding work in our university health system, as well as in our Information Resources, the IR team, who have put in really round-the-clock effort to ensure an efficient experience that has allowed us to be one of the top two vaccinators in the state. At this point in time, we have vaccinated, for at least a single first dose, and in many instances now a second dose, approximately 14,000 individuals who fall in that 1A category. As we pivoted a little

over two weeks ago to begin to provide vaccine to our patients now, approximately 15,000 of those who fit in the 1B category have received at least their first dose of vaccine.

As many of you will be aware, a week ago, because of the effectiveness of our organization and providing vaccine, we were designated as an initial vaccine hub for the state. One of approximately 25 in the state. With that, the directive to not only provide vaccine for our own patients, but for individuals who fit within the 1B eligibility who have not been cared for at UT Southwestern.

In order to do that in an effective and an equitable fashion, we have been working with the county and Parkland as the two other designated initial hubs here in Dallas County to provide access to individuals who have registered initially with a process established by the county. This is still an evolving process and I would ask you, if you are asked by your friends, family, others, as to how one might become eligible for vaccination at UT Southwestern to direct them to our website, which is updated on a regular basis that provides direction for both those who are patients of UT Southwestern and now as a vaccine hub for the state, those who have not been seen on our campus before.

With that, let me turn to other topics of significance for us here on the UT Southwestern campus. With that, begin by noting the really seamless transition that took place last week that completed the evolution of our move into the third tower of Clements University Hospital. It involved the movement of more than 40 of our patients who were being cared for at Zale Lipshy into the third tower of Clements University Hospital, and I want to thank and congratulate all those who were involved in what in normal circumstances would itself be a really remarkable accomplishment and only more so that it was done in the midst of this time when we are also caring for patients with COVID and doing everything we can to meet the challenges of the pandemic.

Also in this past week, as I hope all of you took note from an announcement that went out from the campus that we have completed our Six-Year Strategic Plan. This is a process that we undertake every two years, so it's a rolling six-year strategic plan, and that is now available for every member of the campus to have a chance to review and to be informed about the significant goals that we have set for ourselves in the coming years and the strategic priorities. Especially important to mention the plan with this update has been a focus on the commitment that we have as an institution, as really a core value to diversity, equity, and inclusion at our institution. If you review that plan, you will see how we intend to do that across the entirety of our activities. To be sure that we continue to maintain that focus, that plan includes establishing a new position of a chief diversity officer for our campus who will be sure that we stay the course in our commitment to diversity, equity, and inclusion.

Other important goals that are set forth in the Strategic Plan include the formation of a School of Public Health pending the approval by our Board of Regents in the Texas Higher Education Coordinating Board. Again, I would encourage everybody to review that plan, to really have a grasp of everything that we aspire to achieve in the weeks ahead.

As many of you, I would expect, have taken note from the coverage, but again, within the pandemic, not with necessarily the same fanfare that we would expect in the past, the Texas Legislature has convened for its 87th session and is now hard at work at formulating a budget for the state for the next two years, as well as considering other important matters. As a state agency, this process is vitally important

because it will set forth appropriations from the state for the next two years, which support our academic missions, our education and training programs, and our research infrastructure.

It was a bright spot last week when the comptroller for the state issued his estimate for the revenue that would be available for the state to incorporate into its budget; and that estimate, a much more encouraging perspective for the next two years than any of us had expected. It nonetheless was a reduction in the amount of revenue from the current biennium, but by a modest amount would lead us to believe that there is the possibility of continuing to see the level of support that we have enjoyed during this current biennium into the next two years – into the coming two years.

The last two topics I want to touch on are timely. That is that today we will be celebrating on the campus the holiday that was official for Monday, and that is the MLK Day. I hope all of you will take the time to join that virtual MLK Day Commemorative Celebration at noon today. We will be the beneficiaries of an outstanding keynote speaker, Dr. Thomas LaVeist, who is the Dean at School of Public Health and Tropical Medicine at Tulane University. And we'll also, as we have in past years, celebrate the work our students have done in serving their communities. I want to thank Dr. Shawna Nesbitt and the Office of Institutional Equity and Access for coordinating this year's celebration once again.

Finally, I want to be sure that everyone on the campus is aware of a new mental health tool which has been launched. These months have been stressful in ways that few of us could have imagined a year ago. With that, I know that this has been challenging for so many of us on the campus. The overlay of the pandemic on top of the work that is ongoing year in and year out as well as social and political strife in the country has certainly accentuated that strain. I hope that everybody who is listening to this update knows that you are cared for by the UT Southwestern community, but also that there are resources to help you in coping with the stresses and concerns that you may be experiencing.

Under the leadership of Dr. Susan Matulevicius and the Faculty Wellness Office and in close collaboration with the Employee Assistance Program, a new resource has been created to help assess your current state of mental health and well-being and provide information and resources if wanted. This new resource begins with a completely voluntary and anonymous questionnaire. Once the questionnaire is completed, it is reviewed by a program counselor who does not know your name, your identity. The counselor can leave a personal response on a secure website, and that response includes information, recommendations, and options for next steps, which are entirely up to you. The questionnaire can be found online at utsw.caresforyou.org. I hope you'll take advantage of this resource which is available to all faculty and staff. It will soon be available also to all of our students, residents, and trainees.

With that, I'm going to complete my update and turn to Jenny Doren from our Communications group, who will pose the questions that you have forwarded since our last update.

Jenny Doren:

Good morning, Dr. Podolsky. Vaccines continue to dominate much of the national conversation, and many new questions are merging here on campus, beginning with, "Are there any reported cases of COVID-19 after employees received their first dose of vaccine?"

Dr. Podolsky:

To answer that question directly, yes. There have been several individuals that we are aware of who were diagnosed with COVID-19 within the first 14 days after receiving an initial dose of the vaccine. That is very much in keeping with the clinical trials, which prove the efficacy of the vaccine. We can assume that most of those, if not all of those, were instances where someone, without being aware of it, had already been exposed to COVID-19, or at the time they were vaccinated or very shortly thereafter. We have not seen an instance of an individual who has been diagnosed with COVID-19 after a second injection. Again, that follows the experience in the clinical trials, which were the basis for the approval of the vaccines, all of which is to say that, once you have received a first dose and even a second dose, there's no time to let down your guard. It is really important for your own protection and those around you that you continue to adhere to the practices which have otherwise kept us safe, especially wearing a mask, but also maintaining physical distancing and hand hygiene and other nonpharmacologic interventions.

What we know from the clinical trials and we'll see, I expect, from our own experience is that the vaccine is able to confer 95-plus percent protection from the development of clinically evident COVID-19. But we should all understand there is not yet clarity as to whether or not having received the vaccine and protected from clinically evident COVID-19 that we might not still be susceptible to asymptomatic COVID-19, and it's for that reason that these measures like wearing your mask and hand hygiene are essential so that you don't inadvertently, if that is the case, that is if it is possible to have asymptomatic COVID-19, that you are passing along to others who are not vaccinated.

Jenny Doren:

Thank you for those important reminders. It's Inauguration Day and some media are reporting that the new federal administration is recommending releasing all available COVID-19 vaccine doses to the states. Could that impact our supply of second doses? Should we anticipate any shortages or perhaps delays?

Dr. Podolsky:

To date, UT Southwestern has neither experienced nor expects any delay in receiving second dose shipments, and both the state as well as the vaccine manufacturers have assured us that second doses will be available to us as needed for individuals who have received a first dose. We are confident that we will be able to provide second doses to all those who we have immunized in initial time, and certainly that has been the case and we are now in that period where those who are part of the initial deployment of vaccine on our campus for our 1A eligible employees are in the process of receiving that second vaccine.

Jenny Doren:

You've mentioned previously during these briefings that employees are not required to be vaccinated. As we make plans to return to campus, what will be the policy regarding those employees who have decided not to receive the vaccine?

Dr. Podolsky:

First of all, it is entirely correct that we are not requiring vaccination. We are strongly encouraging all of our employees to consider the vaccine to help protect themselves and our campus, community, and patients. Similar to the policy that we have followed for years now in regard to the annual flu vaccine, all employees will be required to let Occupational Health know, through MyChart, whether they have chosen to receive the vaccine or have declined or deferred vaccination. As it evolves, that may impact what is ultimately necessary just as it is for those who have, for whatever reason, chosen not to take the flu vaccine, to continue the nonpharmacologic interventions once we are otherwise out on the other side of this pandemic.

Jenny Doren:

Sticking with the topic of vaccines, here is another frequently asked two-part question: How is UT Southwestern identifying patients who are eligible under phase 1B, and do providers need to make any changes in Epic to ensure those who qualify are not missed?

Dr. Podolsky:

Our patients, and our patients are defined as an individual who has been seen by any UT Southwestern provider in the past three years, are eligible to self-schedule their COVID-19 vaccination in MyChart if, as I've said, they've been seen here at UT Southwestern within the past three years and they meet the state phase 1B eligibility criteria. Those are readily available through a number of websites. It includes all persons who are 65 or older and persons who are 16 or older with one or more of several significant medical conditions, which have been found to confer a risk for more severe COVID-19 disease. The medical conditions need to be present in the patient's chart in our electronic medical record. If they are, we have the ability then to send an invitation to schedule a vaccination just without any further intervention by a provider. Following a new qualifying visit and/or diagnosis in the patient's chart, the quick link icon in MyChart, which enables self-scheduling for a COVID-19 vaccination appointment appears two days later. For anybody who is using MyChart, this is essentially an automated process. In those who are not yet using MyChart, we are reaching out to them to facilitate their registration in the MyChart function so that they too can access the scheduling function for a vaccination.

Jenny Doren:

Yeah, if you could stress that a little bit further, because I know this is a question that many of us are receiving: How are we notifying patients or community members who are eligible to receive a COVID-19 vaccine but do not use MyChart, maybe don't have the technology or are just not comfortable putting their information online.

Dr. Podolsky:

We are sending MyChart activation codes to eligible patients and individuals whose names we are receiving for the Dallas County COVID-19 vaccination registration list, as I mentioned in my comments earlier as a campus update. We are also actively looking at additional ways we can assist the public in signing up for MyChart for the first time in scheduling their appointments. To maximize our ability to deliver COVID-19 vaccination to the broadest group of people possible and in the timeliest way, we are employing an online self-scheduling process, and this continues to work well for us in delivering vaccine

expeditiously and efficiently. I'm also pleased that we've heard from many of our patients to report their satisfaction with their experience at our vaccination centers.

Jenny Doren:

I want to return to an employee-related question. Some are wondering if it is possible for UT Southwestern faculty, staff, and students to have antibody testing after the second dose to see if the vaccines are working.

Dr. Podolsky:

This is not something that we are recommending as any kind of routine. There is no recommendations from the CDC to routinely check antibody titers because we do not yet know what level of antibodies correlate with immune protection. In that context, we have no plans at UT Southwestern to offer this on any kind of routine basis.

Jenny Doren:

Dr. Podolsky, when we met two weeks ago, we addressed vaccine side effects. Since then and with more people now receiving their second dose, have we heard of any adverse effects on campus from either the first or the second dose?

Dr. Podolsky:

What we have heard from those who've received a second dose is really pretty much what was expected in terms of reactions such as pain at the site of the injection, and in a smaller number, and I emphasize this, a small fraction of individuals, others, symptoms such as body aches, headaches, chills, and low-grade fevers. Those are all effects which were reported in the original trials that were the basis for the approval of the vaccine and have, to the best of my knowledge, without exception, resolved over a period, even in the most pronounced instances, in 36 to 48 hours. It does appear and it's not surprising that some of these effects are more pronounced after the second dose, which is a booster dose, and in some ways one might take reassurance from that as evidence that the vaccine is working in getting one's immune system to develop the capacity to react to the virus components if one is encountering that in the form of potential infection.

We have not seen to date any cases of severe allergic reaction or, in its extreme, what is known as anaphylaxis following the vaccine, but our Occupational Health group is continuing to closely monitor for this. Finally, I would say, for those who may not yet have opted to get the vaccine and are considering it then hopefully ultimately deciding to go ahead with that, that you sign up for the voluntary V-safe app on your phone to report any adverse effects to the CDC so that we can collectively be helping our national community ultimately understand the spectrum of reactions to the vaccine and its overall safety.

Jenny Doren:

Very important. We have time for one final question. With more of us receiving the vaccine, especially the second doses of the vaccine, how will this impact personal travel, reporting, potential for quarantine

upon returning to campus, given the current Occupational Health and Travel Oversight Committee guidelines?

Dr. Podolsky:

This is a very timely question. Just yesterday, I, along with the executive vice-presidents, received recommendations from the Emergency Operations Committee and Travel Oversight Committee, which proposed some modification of our travel policies. Having reviewed those, we have endorsed them and they will be posted by the end of the week. To summarize them, and I would direct anybody who is considering personal travel to follow up to look at the specifics when they are posted at the end of the week, we will be treating the potential for exposure in travel for those who have been vaccinated or those who have had an actual COVID-19 infection within three months as potentially low-risk exposures, and with that, not requiring actual quarantine as we have had as our standing policy for these last several months.

It will require still self-monitoring, it will require testing, but it does not require quarantine, as we can now be reasonably confident, if you've had your second dose of vaccine, that you are now immune, or as we have learned that natural infection for at least a three-month period seems to confer the protection from acquiring a second infection, that we're able to take this somewhat more accommodating view of travel that I'm summarizing today. But again, I would refer anybody who is considering travel to – A, first of all – consider whether, even with the added confidence that one can have having been vaccinated or in the instance of those who have had a recent infection, nonetheless, consider whether that travel really warrants even a small risk of exposure, but to consult our website for the specifics of the policy in terms of what is expected when you return from travel and are intending to come back to campus.

Jenny Doren:

Thank you for all those timely updates, and we look forward to the MLK Celebration today at noon.

Dr. Podolsky:

Thank you.