

July 28, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center. And I'm very glad to have you join me for this monthly briefing for the UT Southwestern community. And I will begin this briefing, as I have so many others, by providing a snapshot of where we are in the pandemic and its impact here on our campus. I had the opportunity to see the most recent update from our multidisciplinary modeling group just a little earlier this morning. You'll have a chance to see that for yourself later in the day, as it gets posted publicly. But it does confirm what I think anybody who has read or listened to news would have thought, that we have seen a very significant increase in the number of individuals becoming infected with COVID-19 and following that, a number who are being hospitalized across the region.

And that is certainly also our experience on the campus. Over the past two weeks, that amounts to more than 200% increase again, whether one looks broadly within the region or here on our own campus. And to give you specific numbers, three or four weeks ago in fact, within Clements University Hospital, we were down to low, single digits in terms of patients hospitalized for COVID. As of yesterday afternoon, we were closer to 30, 27 or 28 patients. And the pattern, as one would expect, is quite the same in the patients we're caring for at Parkland, where there are now close to 60 patients who are hospitalized with COVID, having gotten down as low as 20 or thereabouts.

And as I've said, that is reflective of what's going on in the region, where broadly there had been, in relative terms anyway, as few as 300 patients hospitalized, comprising just 2% of hospitalized patients. A few weeks ago and now, in the order of 1300 and that reflecting about 9% of patients hospitalized. And of perhaps more significance, 25% of those who are hospitalized and in an ICU environment. I mentioned the update, which of course, of our modeling group that is, and that's also has a forward-looking view, that has been the power of the model in guiding our decision-making over the course of the pandemic.

And I'm sorry to say that, forward-looking view suggest a continued escalation in the number of new transmissions and patients who will be hospitalized with COVID 19. If anything, the rate of increase itself is increasing. And if things continue on the current path, our group projects that we'll have as many people requiring hospitalization for COVID by October, as we had in the depths of the winter, which I'm sure everybody listening will recall has been the most serious surge we've seen in North Texas to date. And so those are the realities, so I'll come in just a moment to what we believe and with some evidence to support it is behind those trends.

But I did want to put as a bit of context, the experience here on the UT Southwestern campus, we have seen, what I call a significant increase in the number of UT Southwestern employees, who have been now diagnosed with COVID-19 in the last week, about 30 to be specific. But, as has been the case now for several months, in every instance, that infection was acquired in a community setting. And in speaking in generalizations, in general, where there's been a fairly significant exposure within a household. Within the campus itself and our other UT Southwestern facilities, we, I'm glad to say, have

maintained a safe environment. There have been no further transmissions since, either from employee to employee or from patient to employee on the campus since my last briefing.

And in fact, it's now been, as I already touched on, several months since we've seen transmission on campus. And I think that record, which should never be a basis for complacency, likely reflects the, compared to at least the general population, the relatively high uptake of vaccine, that the UT Southwestern community has been vaccinated at the rate of about 81% at this point. And also, I think, the good sense and measures which remain in place even as we transition to Phase 4 operations at the beginning of July, such as maintaining mask wearing within our healthcare providing environments. Now, coming back to those trends, I think most will appreciate a number of really important developments in the pandemic, which undoubtedly underlie the now, again, escalating numbers of new patients with COVID-19.

First, is the penetration of the variants of concern and in particular, the Delta variant, which was first detected in India. By the evaluation, the molecular characterization of all the positive samples here at UT Southwestern by our collaborative group that I've mentioned before, working across our clinical pathology laboratories in the McDermott Center, virtually in the last week in which those samples have been molecularly characterized, virtually 100% where the Delta variant. And this is highly significant because we know that this variant is much more highly transmissible. In part, because it seems to... people infected with this variant develop higher levels of virus sooner. And with those higher levels, can more easily transmit it. And with that, it's not surprising that our modeling team has found that the R_t value, that metric that reflects how much the pandemic is expanding, or what was the case not that many weeks ago, contracting.

The R_t is now above one in both Dallas and Tarrant County. And that's why, again, that's consistent with the overall projection for that escalating number of new cases, heading out into the end of the summer and the fall. And so that is certainly one factor and it does also appear that, overall, possibly again, because of the higher viral loads, that those infected with the Delta variant have a higher likelihood of becoming more severely ill. And so, despite the fact that more people getting infected are in lower age groups and to me, that means below the age of 65, which historically had not really been at risk for the severe disease the way we saw it in the early weeks and months of the pandemic, nonetheless, because of the apparent severity of this Delta, some of those, a greater number of those individuals are in fact landing in the hospital.

It is noteworthy, as just one more way of thinking about the power of vaccination as an important means of protecting an individual and those around that person, that 97% of patients who are entering hospital broadly and across the country and here in Texas are unvaccinated. Now that is not to say that if you're vaccinated, that you can't develop COVID, we know you can and we are seeing increasing numbers of those. But, in general, when those so-called breakthrough infections are happening, they are milder. Another, again, frame for the impact of vaccination versus remaining unvaccinated, as reported in The Texas Tribune late last week, in Texas, since the beginning of February, 99.5% of those who have died of COVID, have been unvaccinated. So, all of which is to come back to a point, which I would be remiss in not emphasizing in each of these briefings, the real importance of going and getting vaccinated if you haven't done so already. And hopefully also, if there are those in your household or

those close to you, to be sure they are protected as well for their own sake and again, for the sake of all of those who are around them.

I wanted to emphasize that if you are now ready to get vaccinated, that you can access that easily here on campus, for our employees can make the appointment online and receive the vaccine on West Campus. And of course, if that for whatever reason is inconvenient for you, it's now widely available at retail pharmacies and other outlets. And if you do, for whatever reason, get the vaccine offsite, not here at UT Southwestern, we do hope you'll notify occupational health so that can be documented for the campus. If friends and family need assistance in getting access to a vaccine, we offer immediate first dose scheduling on West Campus. And finally conclude the issue of vaccines by noting that the CDC also has an easy to use vaccine finder online at www.vaccines.gov/search or 1-800-232-0233.

Now, before turning to other topics, I know that all of the trends that I've been describing here are of course concerning to the campus community and certainly they're concerning to me. And even as the campus has remained safe from the standpoint of transmission, we don't want to be complacent in any way. Accordingly, I have asked that we reestablish our emergency operations committee, the EOC, chaired by Dr. Will Daniel, the chief quality officer and Dr. Bruce Brown, our AVP for safety and business continuity. And to remind you, the EOC brings together representatives from really every dimension of the campus and served, including I should add, our experts in infectious diseases and epidemiology, as well as all the operational areas of the campus.

And they have provided very, very valuable advice to myself, the executive vice presidents that have guided our decision making. And I think given the changing circumstances that we are seeing all around us, it is appropriate that we bring them back together to revisit whether there should be some further adjustments, changes to our current policies, with respect to masking, with respect to gatherings on the campus and I look forward to their advice and then sharing any recommended changes with you within the next week or so. In the meantime, I hope that if you have any questions or concerns beyond the ones that I'll be able to address this morning in questions that have been received so far, I remind you that you can forward your questions at any time and we certainly want to hear concerns that you may have that are in general or specific to your work area here at UT Southwestern.

With that, I'm going to turn to other matters here on the campus. I'll begin with the very happy news that I shared with the campus earlier this week and that is the most recent rankings for hospitals that were published by US News and World Report on a Monday evening, I guess it was. And in those who was of course, deeply satisfying knowing what it reflected in terms of the commitment of the campus and especially all of those in our healthcare environments, to the welfare of our patients and their families that once again, UT Southwestern's Clements University Hospital was ranked number one for the DFW region, number two in the state of Texas with nine of our specialties being within the top 50 of all of the 5,500 hospitals in the country, several of them in the top 25.

And indeed, as I was made aware when it comes to heart, cardiology and heart surgery and the areas of neurology and neurosurgery, UT Southwestern is number one in the entire state of Texas. That reflects, as I said, the commitment of everybody, our doctors, our nurses, everybody involved directly or indirectly in serving our patients and the close collaborations among them, which also provide an outstanding environment for our learners and also an engine for our commitment to discovery. And although these rankings spoke to the assessment of our university hospital, we are just as proud, and I

know, delivering the same level of care, irrespective of whether it's being done in our own hospital or in our partners, Parkland, Children's Medical Center, the VA, Scottish Rite. And so this makes five years in a row and the challenge will always be in front of us to be even better but I congratulate all of those who have been part of the journey which has gotten us to this point. And I know we're committed to being even better as a place for people to receive care in the years ahead.

Turning to other matters. I want to remind you that we are in that annual window when every person who works at UT Southwestern should be signing up for their benefits for the next fiscal year, beginning on September 1. The window for enrollment of the annual benefits is going to close on Saturday, so July 31st. If you have not taken the time to make your decisions in your selections for your benefits for the next fiscal years, please remember to do so before midnight this Saturday, otherwise by default, your benefits that you selected for the current year will be continued into the next year. I am very proud of the benefits offered at UT Southwestern and know it is one important aspect of your decision to work here at UT Southwestern. The HR team has worked hard to add several new benefit plan features for the next year and I encourage you to visit the benefits page to learn more about them. And if you need some clarification or help in some other way, a member of the HR team will be very happy to help.

Thanks to all of you who participated in the Values in Practice survey, which concluded on July 18th. I've had the opportunity to look initially through the results of those surveys by area and still working my way through the 20,000 comments that came along with those surveys. I am very grateful for what I saw. Was very candid feedback. We understand there are issues that need to be addressed to make us a better place to work. And some of those are issues that are to a specific workplace. Others are more general here at UT Southwestern. We will be certainly looking carefully at all of that input and then working right up to the level of our EVPs and then right to the first level managers to translate those insights into ways to make UT Southwestern a better institution and a better institution for the people who work here.

One last topic related to working here at UT Southwestern. It's one I brought up before and it's the need to take vacation, whether you're on campus every day or whether you're working from home the majority of time, I know it can be hard to kind of turn off the demands and obligation, but these summer months really present a great opportunity to take a few days, if not some weeks off for rest and to recharge your batteries so to speak. From what I can see though, not enough of us are doing that. We're seeing a record high number of vacation accruals as we begin to wrap up this fiscal year at the end of August. That means that we're not taking all the time that we need to be our best selves.

Also, as I mentioned before, in taking care of yourselves, it is also taking care of the institution in terms of the financial impact of those vacation accruals. For all of those reasons, I hope between now and the end of September in working with your colleagues and your supervisors, you find the time to relax and take some time out.

I'm going to conclude by making note of what is in some ways a cornerstone as a point of reference for the annual cycle of things that occur at UT Southwestern. That is the arrival of our new incoming class of medical students. This will be the class of 2026, who will be on campus to begin their journey as medical students next week on August 2nd. This is the most diverse class that we have welcomed here at UT Southwestern. We know in that dimension is part of making UT Southwestern a better institution,

ultimately ensuring that we are providing the physicians that will take care of the needs of a diverse population and communities.

This was a challenging year for our admissions committee with a really notable step up in the number of applications. Up nearly 20% as a record. I want to thank all those who have involved in the evaluation of those applications and in the ultimately recruiting of an incredibly talented and diverse set of students. I'll say in particular, kudos to Dr. Shauna Nesbitt, Dr. Angela Maholick, and Dr. Chuck Ginsburg for all of their efforts that have gotten us to another great incoming class of medical students.

With that, I'm going to wrap up my comments and within the remaining time do my best to address the questions that you have forwarded, which will be posed as in past briefings by Jenny Doren.

Jenny Doren:

Good morning, Dr. Podolsky. We received question after question after question about the Delta variant, so I want to continue our conversation on that. How concerned should those of us who are fully vaccinated be about either catching the COVID-19 Delta variant or having no symptoms but still spreading the virus to others? I know that you had mentioned 97% of patients entering hospitals are unvaccinated. What percentage of Delta variant positive cases in North Texas are from fully-vaccinated individuals?

Dr. Podolsky:

I understand that this is naturally on many, if not nearly everybody's mind, and I think we should acknowledge that we are still learning. We are seeing things evolve in front of our eyes in part to get to part of the thrust of the question, which is, for those of us who are vaccinated, what is the durability of that vaccine? Of course, even those who were in the initial trials have only been a year out, and then the relative effectiveness against this new variant.

Let me do my best to address the question within the limits of what we know today and to first, again, stress what I mentioned in my comments already this morning, that UT Southwestern continues to be a very safe environment with no on-campus transmission in several months.

In regards to Delta variant specifically, it's important to consider a few of the particular characteristics of this variant, which explains why it's become the dominant SARS-CoV-2 variant nationally in North Texas. It's 40 to 50% more easily spread or transmissible compared to the previous alpha variant, which was, if you will, the original virus. One likely reason for this is emerging and I touched on already is that the variant reaches a high viral load that is infectious more quickly than previous viruses, meaning that the incubation period from exposure to becoming infectious is shortened.

Second, the Delta variant does appear to be associated with more severe disease particularly in those who are unvaccinated. Estimates which are, at this point, primarily from the UK suggest about a twofold increase risk of hospitalization for those affected by Delta versus other variants.

Third, the currently available vaccines do still provide effective protection against the Delta variant, especially preventing severe disease leading to hospitalization or death. However, in order to achieve this level of protection, it's imperative that you are fully vaccinated, meaning that you received both doses of the mRNA vaccine.

Recent national data from CDC reveals that 83% of the circulating virus in the two week period that ended in mid-July was due to the Delta variant. I mentioned here locally it's close to 100% in the last couple of weeks. This means that the majority of infections both in vaccinated and unvaccinated individuals are due to the Delta variant. It's no surprise, if all the virus out there is Delta, that the still relatively small number of people who are vaccinated and then still get infected are going to be the Delta variant.

Those who are fully vaccinated are very low risk of getting serious disease requiring hospitalization or, as I've already emphasized, dying from COVID-19, but it is possible that mild disease or to spread the infection to others even when fully vaccinated. But this is generally going to occur with symptomatic disease. To the best of my knowledge, we have not had individuals on the campus who have had asymptomatic infection and transmitted it to others. That is among vaccinated individuals.

Jenny Doren:

I want to stick with the Delta variant. One more question related to that. Many parents with young children who do not yet qualify for a vaccination wrote us seeking guidance on how best to keep their kids safe when returning to school next month. What does the science reveal about the Delta variant in children under age 12 versus that same age group's experience with the other variants?

Dr. Podolsky:

We, again, do acknowledge that are still learning about the Delta variant and there's limited data on its impact on children under 12. There are anecdotal reports that it could possibly be associated with more disease relative to generally mild disease you find in children with the original variant, just as that is the case in adults. That is that the Delta causes just, on average, more severe disease.

Overall, based on data reported on July 15th, so a couple of weeks ago, or less than a couple of weeks ago, by the American Academy of Pediatrics, a total of more than four million cases of COVID-19 have been reported in children in the US since the beginning of the pandemic. After several months of declining cases, the number of cases in children has begun to increase again this month, and of course as would follow, those are predominantly from the Delta variant.

Severe disease and death in children remains rare, although each would be a tragedy. That's at about .1 to 1.9% of COVID cases in children leads to hospitalization, and .03% of all cases in children have resulted in death. However, it is important that we continue to gather more data on the outcomes any longterm effects of COVID-19 in children, especially with the new Delta variant.

In keeping with CDC recommendations, we at UT Southwestern strongly recommend that all unvaccinated individuals, which would of course include all children under the age of 12 because they are not eligible for vaccination yet, that they all continue to practice masking and other safety precautions when they are in public space. Even though the governor has issued a order precluding schools from requiring masks, I would strongly parents that students will wear masks when they return to in-person school in the fall. So while masks may not be able to be required, it is the one thing that we can do until the vaccine may be available for children below the age of 12... Over the age of 16, and now the age of 12 to protect them from getting COVID. So regardless of individual school policies, parents

should encourage their children over the age of two to practice masking as one of the most effective means for protection until they are eligible for vaccination.

Jenny Doren:

Dr. Podolsky, when the decision was made to transition to phase four operations, COVID-19 cases were at an all-time low. As you mentioned, we are now experiencing a steep rise in both cases and hospitalizations. You had also mentioned reinstating the EOC, so is there any discussion of implementing additional safety protocols and/or returning to phase three?

Dr. Podolsky:

Well, I certainly want to wait to get the benefit of wisdom and knowledge of the EOC group before we finalize any significant changes to our current practice. Again, emphasizing that, as yet, despite everything that is going on around us, the campus environment itself remains safe. I will be guided by their inputs, and so I don't want to preclude anything, though I don't see that circumstances will warrant a return to phase three as it was constituted when we put it in place way back when, nearly... Well, it was some months ago. I'm thinking of before that phase two back last summer. So I want to wait to get their recommendations.

I do note that the CDC has just in the last day or so changed its own guidance with respect to masking, for example, in areas where there is high rates of transmission. We'll need to look to the wisdom of, and the expertise of the EOC as to the balance between the fact that I would have to characterize now our North Texas area, Dallas and Tarrant County as being areas of increasing, if not already high transmission, even if on our campus we're at a very low rate of transmission.

So we will need a more balanced approach in terms of any evolution of our recommendation around masking, still within the context of the governor's executive order and meeting size, as but a couple of examples that I've touched on that I expect the EOC to examine, and we will be communicating all those to the campus as we make those decisions.

Jenny Doren:

Thank you for that. Another one of our most frequently asked questions this month was about hand sanitizer stations and why they were removed during the start of stage four, can more be put back in place?

Dr. Podolsky:

Yeah, the hand sanitizer stations were serviced and/or repaired and were put back across the campus at 85 locations I'm told, as of yesterday. I don't know if that leaves some additional sanitizers yet to be deployed, but for whoever's asking that question, if they're not seeing the sanitizer where they previously had, I would encourage them to reach out to facilities or again, to notify us versus our COVID-19 response line.

Jenny Doren:

Thank you. We have time for one more question. I encourage people to continue posing their questions, we had a lot this month. As we see more and more cases of COVID among those who are unvaccinated, has any additional consideration been given to requiring employees to be vaccinated as they are for the flu, once the COVID-19 vaccine is fully approved by the FDA?

Dr. Podolsky:

Well, this is certainly very much on my mind and I know many, and including the executive vice presidents and others who we work most closely with, to sort of guide campus policies and practices. And I say this with full awareness of the endorsement by many medical related associations and increasingly some hospital and health systems across at least other parts of the country. I guess the most straightforward answer to the question is, yes, we will consider it. How we will do that, when we will do that, needs to be taken into account. As the question implies right now, these vaccines are not fully approved from the FDA in its entire process, but are deployed under emergency use authorization. Currently, there is an executive order from the governor which would appear to preclude that deployment, though we are in discussions to understand just what are the boundaries that we are working within to provide as safe an environment as we can for everybody that works here, and as an ethical obligation, we have to our patients and their families as well.

Jenny Doren:

Thank you very much.