

## October 6, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center. And I welcome all of you who are joining us this morning to this latest campus briefing. I'd also would like to thank those of you who joined our town hall, which we held two weeks ago in lieu of a briefing. And I'll begin this morning as I have in past with an update on where we stand relative to the ongoing COVID-19 pandemic. And I'm pleased to say that the trends that I can report this morning are heading in a much more positive direction than they were during our last briefing. I did have the opportunity to see last evening, the latest update from our modeling group, which should be posted on our website later today. And it not only documents the trend of a declining numbers of new infections and hospitalizations that the region has seen over the past couple of weeks, but also projects that to continue in the weeks ahead. To put that in our local context within the campus, the inpatient census of Clements University Hospital, at least as of yesterday afternoon, was in the high 20s.

That's down from a peak of 70 in this latest surge. And there's been a similar decline in the number of active COVID patients we're caring for at Parkland, now below 100, which while still obviously a significant population to care for, represents progress in terms of the overall number of patients requiring hospitalizations. And that does reflect the trends in the region overall to approximation of about 30% fewer individuals or patients in hospital now than there were when I last provided an update. As I've already said, the group predicts that we will continue to see that decline. But as we have I think had the opportunity to see in the course of this later surge, the exact course of that will be defined by our own collective decisions around our behaviors and particularly masking.

Without question, there's a correlation. And I will jump to the conclusion, a connection between the really significant increase in mask wearing as people became aware that this recent surge had the potential to far surpass what we had seen in the winter. And with that, we bent the curve and really peaked out at a significant surge, did not really see the full brunt of what it could have been. And to put that in somewhat quantitative terms, in Dallas County, we went from self-reported mask wearing somewhere in the 30 to 40% range up to a greater than 80%. Well, we do note in this latest modeling report that that is now starting to decline slightly.

And so I take this opportunity to reemphasize just how powerful a tool that has been for controlling the evolution as it were of the pandemic. And for us not to, with these recent promising signs, to forego the value of continued masking. On the campus, we have also seen favorable trends with respect to numbers of our UT Southwestern colleagues who have been identified as having had COVID-19 in the last couple of weeks, as well as favorable trends on campus.

In the last week, there have been 44 community acquired infections, which is still a significant number, but down more than 30% from two weeks ago. And I'm glad to be able to say that we have had no employee to employee transmissions on the campus now for at least two weeks. With an asterisk, there was one instance of a patient to employee in this past week.

Given all that, I have been glad to endorse a recommendation from the EOC, which many of you would have seen posted on Monday, that we are removing any limitations on gathering size for activities outside. I would still encourage you, if you are part of larger groups meeting outdoors, that you would wear masks, particularly where you're in reasonably close to others around you. But I think given the trends, that makes a both sense and is consistent with our overriding principle that has directed all of our operations since the pandemic began, which is what can be done safely, what can be done while preserving the wellbeing of the UT Southwestern community.

As we were anticipating this latest surge, we did, as I'm sure everybody listening will know, decide to put limitations that remain in place on the size of indoor meetings and gatherings. So without limit being 10. The initial plan was to continue that limitation at least through the end of October. And it's still, I think, the prudent course of action to continue with that, a reasonable expectation, that we keep the size of indoor meetings and gatherings to that limit of 10 through this month. However, barring any surprises in the current trends, we do expect that we will sunset those limits with the transition from October to November. Final decision on that will be forthcoming. I'll be glad to communicate that, if not before at our next campus briefing. Before leaving COVID-19 and turning to other campus matters, I'll touch on the topic of boosters.

Of course, with the endorsement of the CDC and the FDA, all UT Southwestern employees and really now as well, virtually all of our patients who got their vaccination through UT Southwestern are eligible for a booster dose of Pfizer if it's been at least six months since the original series of two vaccinations. And for those of you who may be interested, but have not yet gotten that booster, just remind you that you can confirm your eligibility and schedule your booster shot through My Chart. We do anticipate that in the next couple of weeks, the FDA will turn to a consideration of booster shots for the Moderna vaccine and the J&J vaccine, as well as the possibility of extending the approval for vaccination down to children as young as five. Of course, we will follow this closely and as the FDA makes those decisions, if they do in a positive direction, implement those. That's, in particular, the booster shots for Moderna given that we have not actually been involved in the use of the J&J vaccine on campus. When it comes to the children, although that will be approved, our UT Southwestern vaccination programs do not extend to children as young as five, but of course there will be other opportunities for those with children who choose to have them vaccinated to access the vaccines.

With that, I'm going to move from COVID to other campus-related activities. First to start with a congratulations to some of our research colleagues. Three of our faculty have been now both honored and supported by the award of the NIH Director's New Innovator Award. These are highly competitive awards that support exceptionally creative early career investigators who propose innovative high impact projects. As said, three of our colleagues, doctors Lorena Saelices Gomez, Dr. [Lu Son 00:09:19], and Dr. [Jen Joe 00:09:20] have been the recipients of these really very special grants, just reflecting the overall dynamic faculty research community we have here at UT Southwestern.

On another topic, I want to certainly highlight to those of you with young children, the educational partnership between Dallas ISD and UT Southwestern. I hope many of you were able to join the virtual town hall yesterday evening, which was held by the Dallas ISD to answer questions about the new educational partnership between Dallas ISD and UT Southwestern. If you were not able to attend, there is a recording of events that will be made available and posted on our intranet site. The initiative is

establishing a new medical district pre-K through eight STEM school focused on biomedical science as a theme that will open next fall.

The new school will be located on the UT Southwestern campus on Forest Park Road, and the curriculum will be designed to stimulate curiosity about the wonders of science and to provide students a foundation for future discovery. Our faculty will be part of creating the enriched curriculum and experiences for students at the school. Enrollment will begin with a pre cart... The school will be launched with a pre-kindergarten to first grade student group. An additional grade level will be added each year until it's achieved its full intended span to the eighth grade. The application period, which is open both to all children in the Dallas ISD region, but including the children of all employees at UT Southwestern, that application period will run from November, 2021. From next month until January, 2022.

I'd like to give a special thanks to Dr. Chuck Ginsburg, our vice provost for education, for his efforts to bring this new partnership to fruition, which has been a number of years in the making.

Before coming to the questions that you have forwarded for me to address this morning I do want to touch on a few coming attractions as it were. One actually is already here, and that's our annual State Employee Charitable Campaign, which kicked off last week on Friday, October first. It runs through November 30th and employees can participate in the SECC and donate to any of the several hundred state vetted charities.

Many factors, including the prolonged COVID-19 pandemic mean that more people than ever are seeking help and services from nonprofit organization. Through this campaign, our UT Southwestern community can positively impact our region and state as we enter into this season of giving.

I'd like to remind you that this is the only authorized workplace charitable giving campaign permissible at UT Southwestern and any other state agency in Texas. If you do have the means and are able to help others, donation is easy and convenient with a payroll deduction through a PeopleSoft election. To learn how to donate and find the list of participating charities, you can visit the SECC homepage on MyUTSouthwestern. I want to thank Dr. Helen Yin and Dr. Mark [Neve 00:13:18] for co-chairing this year's campaign.

Finally, I'd like to take this opportunity to remind everyone that National Hispanic Heritage Month began on September 15th and runs through the 15th of this month. The National Hispanic Heritage Month recognizes the contributions made by Hispanic and Latino-Americans and honors their heritage and culture. Certainly, they are a tremendous part of the UT Southwestern community comprising nearly 10% of our employees, our students, and learners and faculty, and making important contributions at every level to our institution and mission.

We'll have a special event to note this Hispanic Heritage Month next Tuesday on October 12th from noon to 1:00 PM. It is the signature event. It is part of a more expansive month-long programming designed by the Office of Institutional Equity and Access, the Division of Diversity and Inclusion, and UT Southwestern's Hispanic Latino Business Resource Group.

The theme for this year's signature event is Esperanza: A Celebration of Hispanic Heritage and Hope. A highlight of the planned program is a panel which will be hosted by, or moderated by, Ruben Esquivel,

our vice president for Community and Corporate Relations. The panel will include Juan Guerra, our own vice president for facilities management, Dr. Elba Garcia, Dallas city commissioner, and Ms. Monica Lira Bravo, chair for the Board of Trustees for Dallas College. With that reminder, I'm going to conclude my comments and turn to your questions.

Jenny Doren:

Good morning, Dr. Podolsky. As you mentioned during your opening remarks, eligibility for a third dose of the Pfizer COVID-19 vaccine has expanded to include, among other populations, healthcare workers. Some of our nonclinical employees, those who are in their 20s, 30s, and 40s, and without underlying medical conditions, have written us questioning whether they should get a booster. What are our recommendations?

Dr. Podolsky:

Well, it certainly is a matter of an individual risk benefit analysis. Those who are 65 and older or living in a longterm care facility, which would not pertain necessarily to our employees, or are 50 and older with an underlying medical condition that increases their risk for severe COVID-19 are strongly recommended to get a booster. Data shows the booster helps them maintain immunity for longer and increases their protection. The Centers for Disease Control and Prevention, CDC, says two other groups may consider a booster including individuals 18 to 49 with an underlying medical condition like cancer, certain heart conditions, diabetes, pregnancy, and more, as well as 18 to 64 year olds who are at high risk of contracting COVID-19 due to potential occupational hazards like healthcare workers. Therein lies the reason why many who are part of the UT Southwestern community should seriously consider getting the booster. That would in particular be those who are working across our many sites where we are caring for patients. But I would argue also where you in your work are coming in contact with large numbers of individuals and therefore per se, a higher possibility of exposure to someone who might have infection, whether symptomatic or not.

Factors for you to consider for yourself are the length of time since your initial vaccine dose, your personal medical risks, and whether you live with or care for individuals that unvaccinated, including children under the age of 12 or those are immunocompromised so that even though you may not be immunocompromised and you are otherwise in good health and less than 65, if you're in a household with children who have not been, or cannot yet be vaccinated, you are both at a risk for that exposure and to be possibly a vector to expose them. And I do want to encourage those of you who have any doubt or about how this does land for you in that risk benefit analysis, to speak with your physician to make an informed decision for yourself.

I do want to take advantage of the question to touch on something I might've emphasized in my remarks and I've shared in past briefings, that if you are vaccinated, as we've come to appreciate as much as that does protect you and certainly protect you from the risk of severe disease, it is not a guarantee you can't get COVID-19 and you need to be alert to anything that might even possibly be a symptom because we are now well aware that very often when somebody does contract COVID-19 after their vaccination it is, if not actually asymptomatic, very minimally symptomatic. Finally, as I mentioned in my remarks already, there will be some evolution in these recommendations no doubt in the weeks ahead as the FDA advisory group, and then following on the FDA and CDC themselves, review data from

ongoing trials with respect to boosters. And also, as I've already mentioned in my initial remarks, extending the eligibility to younger children for initial vaccination.

Jenny Doren:

Thank you for that. We've spoken in the past about a rise in misinformation. Some people have shared concern about infertility and COVID-19 vaccines. Is there a link? In addition, what are the third dose recommendations for those who are pregnant or trying to become pregnant?

Dr. Podolsky:

I do understand how important a consideration this is for those to whom it applies. I would start by noting the concern about the possible impact on infertility associated with COVID-19 was to begin with a, if you will, hypothetical one and based on the fact that the spike protein of the COVID-19 virus, which was used to construct the vaccines, had some similarity with a protein in the placenta. However, these concerns have now been disproven and there is no scientific evidence to suggest the link between infertility and the currently available COVID-19 vaccines. Instead, there is strong and accumulating evidence from the CDCs vaccine pregnancy registry and vaccine safety data link that confirmed the safety of these vaccines, in particular, the mRNA vaccines in women who are pregnant. The rates of preterm birth or miscarriages are not increased due to vaccination.

Moreover, the vaccines have proven to be effective at protecting pregnant women from getting serious COVID-19 disease, as well as providing some passive immune protection to the developing child, fetus. That is to say some of the antibodies generated by the vaccination of the mother will be transferred into and protect eventually the newborn. There is increasing data showing that particularly with the current Delta variant women who are pregnant are at a significantly higher risk of severe COVID-19 disease, meaning the risk of disease severe enough to require hospitalization, ICU care, mechanical ventilation, and at the extreme, death. Additionally, COVID-19, as with other serious medical conditions, can have long-term negative health outcomes, including on future fertility for those who have been infected.

The CDC strongly recommends COVID-19 vaccination for all women who are pregnant or considering pregnant. In that context, I would view it as unfortunate that amongst this group of individuals who could greatly benefit from vaccination only about 30% have been vaccinated. With regards to third dose boosters in women who are pregnant, we have limited data on the effectiveness and safety. Women who are between the ages of 18 and 49 who are pregnant can consider a booster shot based on their individual risk and benefit. Once again, I would strongly advise you to consult with your physician to decide what's right for you.

Jenny Doren:

You spent time this morning reemphasizing how powerful a tool masking is, in your words, to bend the curve. We know that masking remains required in all clinical environments and is strongly recommended across the rest of campus. What will it take for restrictions to relax? Is masking something that we will continue to live with, even if we are fully vaccinated, or will it be dependent on the level of community spread?

Dr. Podolsky:

Well, again, to emphasize the premise of the question masking clearly is a powerful tool, really the most powerful tool we have at any given moment, to affect the degree of transmission in the short run. In the longterm, vaccination is clearly the most powerful tool we have both individually and collectively. While not set in stone, I would just say it's likely that masking will be at least encouraged strongly throughout the respiratory virus season, as we're beginning to enter that, to help protect all of us from infections, not only with SARS-CoV-2, but influenza and other respiratory infections, which are common during the winter months. As to when we might eventually take a more relaxed approach to masking, that clearly will depend on the long-term of getting down to much lower levels of transmission than we're currently seeing. They are declining, but even so, still several hundred new cases a day currently in Dallas County, and the same for Tarrant County.

Jenny Doren:

So you brought up respiratory virus season. What more are we learning about this year's flu season? Are the cases expected to be reduced like last year? And how much protection does this year's vaccine offer us?

Dr. Podolsky:

Well, I think all of us from our own experience knows that there's a limit to the precision in which one can predict the course of any given year's influenza season. And at the same time, to the extent, tying this back to the previous question, that we continue to wear masks, we have pretty powerful evidence from last year of how that can impact the flu season. Just consider that last year, according to CDC, there were little more than 2,000 confirmed flu cases. And that compares to the previous year, a total of 38 million. So that's a pretty stark contrast.

So to the extent we will continue to wear masks, that will be a factor in determining just how many cases of flu that we will see this season. And to extent that we wear masks, but not as kind of consistently as we did last year, we'll modify as opposed to virtually prevent it as we did last season. Traditionally, the predictions about flu activity are based on what's incurred in the Southern Hemisphere, where the flu season is the opposite in April to September. But the SARS-CoV-2, the COVID-19 pandemic, has kind of disrupted the ability to draw a one-for-one correlation from the experience in the Southern...

For this coming influenza season that we're really on the cusp of, the quadrivalent vaccine will carry the same two influenza B vaccines and influenza A viruses that have been updated from last year. Recent studies show that the vaccine reduces the risk of flu illness by between 40 and 60% overall, so that's sort of where we expect that. Nonetheless, between that efficacy, the benefit of mask wearing, that we can still hope for a pretty mild flu season if we all get that vaccine and wear a mask. And just a final point to remind you, if you otherwise haven't gotten your COVID-19 vaccine, you can get that at the same time as your flu vaccine.

Jenny Doren:

One more question about the flu. Can family members of employees get flu shots on campus? And if so, where?

Dr. Podolsky:

So family members who are UT Southwestern patients with an active MyChart account can schedule their flu shots easily through the COVID-19/flu scheduling button that you see there right when you open up your MyChart page. Those flu shots are available by appointment, and being given over at the Paul Bass Administrative and Clinical Center drive through. This is of course over on North Campus, the same site where we also currently also have our COVID-19 testing services. The vaccination sites for the flu are open Monday through Friday, 8:30 AM to 4:30 PM, and that will continue through October 29th.

Beginning next Monday, October 11th, flu shots will be available to patients at kiosks in the lobby areas of the Aston Ambulatory Care Center, our West Campus outpatient building, our outpatient building on the West Campus, and the Professional Office Building these flu kiosks will accept both scheduled appointments via MyChart as well as walk-ups for existing patients. And operations for those sites are Monday through Friday, 8:30 AM to 4:30 PM, also through October 29th. And finally, our UT Southwestern retail pharmacies are available for walkup flu shots for non-employees, whether patients of UT Southwestern or not.

Jenny Doren:

We received a lot of questions about our partnership with DISD, heightened interest in the STEM school. I know that you spent a substantial amount of time discussing that, so I think we have those questions. As a reminder, we will have a recording of the town hall that occurred yesterday evening on our website. So I'm going to conclude with a question, one of our most popular topics, parking. We've heard from a few people inquiring why their parking deduction went up this month. Can you explain?

Dr. Podolsky:

Yes, it was an error. Unfortunately, a system issue caused some isolated errors in parking deductions. We are finalizing our communication, and we'll send that notice to each affected employee with confirmation of a refund of all charges that are made in error. Anyone with questions about this or other parking matters can email [parkingservices@utsouthwestern.edu](mailto:parkingservices@utsouthwestern.edu). Doing so will generate a ServiceNow ticket to help the team triage and respond quickly to your concern.

Jenny Doren:

Thank you, Dr. Podolsky.

Dr. Podolsky:

And thank you, Jenny.