

Feb. 17, 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 who are joining this morning for this biweekly update for the UT Southwestern community. Certainly the circumstances this morning are different than those we've had since beginning these briefings. And I want to start by expressing my hope that each of you are safe given the extreme weather conditions and given the added challenges of unpredictable power outages. I know that this has been an especially difficult time for many of you, your family and your friends, superimposed on what already have been really remarkable challenges that we've all been meeting together now for almost a year.

I want to extend my deep appreciation and thanks to all of those who have been helping to be sure that we continue to serve those in need of help in our Health System, and to keep the campus operating in a safe fashion during these weather events. I know many of you have remained at your post overnight on Saturday leading up to the snow and the subzero weather that we've been experiencing that set in throughout the day on Sunday. And a really over these past three, four days, our Clinical Facilities Management, University Police, administrative Safety and Business Continuity teams have been working around the clock to enable us to provide care to our patients, to assure the safety of our faculty, staff, and learners, and to minimize the weather impact on campus operations.

And I want to express my personal thanks to all of you and really a thanks on behalf of the entire UT Southwestern community and everybody who we serve. Our leadership team will continue to assess the situation and will be sharing communications as needed so that the campus community is apprised of our campus operations, which we hope to have remain as uninterrupted as possible. In the meantime, please work with your immediate supervisor regarding any specific concerns you may have. And so having touched on the extra challenge of the extreme weather that we've been experiencing, let me turn to the topics which have been the focus of these past briefings, beginning with the state of the pandemic, so to speak.

We have reassuring signs that the downward slope in the incidence of new cases and of patients requiring hospitalization that I commented upon two weeks ago has continued since that last briefing. And with the forward-looking view of our most recent update of the UT Southwestern model, we anticipate that that will continue in that direction. Many of you, I hope, will have seen the most recently posted updated model, which is from this past weekend, we would normally be providing another update today, that will be a little delayed because the internet connectivity challenges have made that update one of the casualties of the extreme weather. Nonetheless, with the partial analysis that I was able to see this morning from our terrific modeling team, as said, we anticipate that there will be continued decline in the number of new cases of COVID-19 in the region and the number of patients requiring a hospitalization.

That RT value, which we use as a barometer of the extent of transmission has remained in these past two weeks below 1, which of course is a reassuring sign that goes along with those declining numbers of

new cases. And we can hope that the interventions, which we assume are behind that decline in the RT, will continue to be at play. And those have included in recent several weeks a higher degree of overall, at least reported, wearing of masks, an overall reduction in the extent to which people are gathering with others outside of their own household or in groups larger than 10, that has correlated with this decline in the rate of new cases of COVID-19. I think it remains to be seen what the impact of the weather circumstance may be as we look over the next two to four weeks.

On the one hand, clearly lesser mobility is associated, as I just touched on a moment ago, with lower rates of transmission. On the other hand, with so many challenged with power outages and lack of heat, we know that there will also be those who necessarily are going to be gathering with others outside of their own households. So we will be following this obviously to see the overall impact over the course of these next weeks. The overall rate of hospitalization, as I mentioned, has declined in the region. It is now actually below that threshold of 15 percent, which was set by an executive order of the governor last September as triggering certain operational directives, such as occupancy in restaurants. And we're now below that 15 percent just by a shade in the region and within Dallas County specifically.

Turning to the campus, we have followed that broader pattern within the region. Numbers of patients we're caring for, at least as of yesterday afternoon, where 37 at Clements University Hospital, that's down about 20 percent since my last briefing two weeks ago, and 89 patients at Parkland, which is also down actually almost 30 percent from where things stood two weeks ago. And we are continuing to see really very positive trends on the campus itself with respect to new cases diagnosed among UT Southwestern employees. We've now gone four weeks since anybody in the campus acquired COVID-19 by exposure to a patient, six weeks without a transmission from one employee to the other in a clinical setting, and eight weeks without transmission from one employee to another in the nonclinical setting.

And so all in all, I think we can assume part of that is the continued adherence by our campus community to all those nonpharmacologic interventions. And as I suggested two weeks ago, I have to assume that some of that is a reflection of both the declining number of cases broadly in the community and the positive impact that vaccination has had on the campus. In terms of community-acquired infection, as a reflection of that last point, in this past week we had only 13 known cases of COVID-19 that were community acquired. And that's down nearly 90 percent from where we were in mid-December, just as we were beginning to have vaccine available for the campus community. The team that has been carrying on that vaccination campaign is continuing to do tremendous work, especially in persevering right through the inclement weather these past couple of days. Indeed, one of our vaccination sites remained open through yesterday at the West Campus Building 3, to be sure that those due for their second shot in particular were not unduly delayed. I think the campus would be interested, and I hope proud, to know that last week we passed a milestone of having given more than 100,000 doses to nearly 70,000 individuals. That's a contribution that we are making to not just the well-being of our own campus community and our patients, but now having opened up access to non-UT Southwestern individuals who were qualified in that 1D category. We're having an impact on the community even more broadly. I want to congratulate and thank the tireless work of the team and the Health System, which has really done exemplary work in making vaccination accessible and I think almost uniformly in a way which is seamless for those we're trying to help.

Moving beyond COVID-19, let me just touch on a couple of events. One is to make sure that the campus is aware that a planned event for Friday will unfortunately need to be rescheduled because of the impact of the weather, and that's our third annual Celebration of Excellence sponsored by our Health System. So stay tuned, we don't have a date yet for that, I guess you'd call it a snow date, but we will look forward to that third celebration, knowing that it's a time to really get a sense of the momentum that our collective commitment to excellence in how we deliver care and the safety of care, how much momentum we have developed as a campus.

The second announcement will be for two weeks from today. Rather than another of these briefings in the form that we have used over these many months, we will take the opportunity for a live town hall. Many of you will be aware that in general, about this time each year, we, myself and the Executive Vice Presidents, have held a town hall, actually a series of those, to have the opportunity to share current issues, priorities with the campus, and to address questions. Although we can't do that in person this year, we want to give that opportunity at least through the means of a virtual town hall. That will take place on Wednesday, March 3.

It will be, of course, in a virtual format. I intend during that time to share some of our plans for this year and beyond, including expansion of our activities. That will be followed by a live question-and-answer session, in which I'll be joined by our four Executive Vice Presidents. Additional announcements will go out later this week regarding how you can register to attend via Zoom. We will require prior registration as a means of maintaining a secure live event. I really hope that you will be able to join me and I look forward to addressing your questions.

With that, I'm going to wrap up with once again thanking everybody on the campus, who despite the weather, despite the pandemic, each day has enabled UT Southwestern to continue to deliver on its missions and our obligations to all of our stakeholders. I do hope as we make it through the tail end of this period of wintry weather that you will remain a safe and warm. For those of you who are being challenged because of power outages, problems with heat at home, please do consult our website, which you can, or our Employee Assistance Program, EAP, who can provide guidance to resources that may be helpful to you.

With that, I'm going to turn to Jenny Doren, who will pose the questions that you forwarded, as she does with each of these biweekly briefings. Jenny?

Jenny Doren:

Good morning, Dr. Podolsky. I know that this has been a challenging week for many, and I do also hope that everyone is safe. We received a large number of questions over the past two weeks, and I'd like to begin with this one. The CDC recently updated its masking and quarantine guidelines, stating that those who are fully vaccinated do not need a quarantine if exposed to COVID-19. Does this mean that the Pfizer, Moderna vaccines prevent being a carrier as well? Can you explain the rationale behind this updated guide?

Dr. Podolsky:

Thanks, Jenny. I'll do my best to answer the question and just to cut to the chase, so to speak. To the best of my knowledge and our team's knowledge here, there are suggestive evidence that the vaccines

may prevent asymptomatic infection and transmission, but not definitive, and that's why there's going to be some fuzziness in really how we navigate with the benefit vaccination the protection it provides. Let me begin by saying those individuals who have been fully vaccinated, meaning have received both of their vaccine shots and are more than 14 days from their second shot, are clearly at significant lower risk of developing symptomatic COVID-19, about 95 percent reduction based on the clinical trials that were the basis for the emergency use authorization of both the Pfizer and Moderna vaccines. There does appear to be, as I indicated a moment ago, a reduction in asymptomatic infections and transmissions based on emerging data from the vaccine trials, as well as some real-world experience in locations such as Israel, which has mounted a very extensive countrywide vaccination program and is beginning to see the impact of that.

In addition, the vaccines have been shown to decrease the risk of severe disease and hospitalization. While we do not know precisely how much the risk of transmission is reduced, UT Southwestern and the CDC have endorsed that those who are fully vaccinated, within the first three months of vaccination anyway, do not require quarantine after an [inaudible 00:15:10], excuse me, after an exposure, as long as they remain asymptomatic. That three-month window just reflects the extent of the time in which people who were to begin with in the trials have now been able to be followed to know how long the protection afforded by the vaccine continues. It may turn out to be, and I certainly hope it's the case, longer than that.

It is still recommended though that individuals who are fully vaccinated continue to practice those non-pharmacologic interventions such as masking, hand hygiene and physical distancing, because we don't know with any certainty that vaccination does preclude you from being able to transmit the virus. That's why we are strongly urging anybody who's been vaccinated to continue to practice those same good behaviors. We will continue to monitor the scientific publications and the new information as it emerges and in particular, in relevance, in relation to the variants of the virus, which have emerged over these last several weeks and for which the knowledge is therefore not as complete as to how the vaccine, the extent of that protection and the durability of that protection.

Jenny Doren:

Thank you for that. I'd like to stay for a moment on those new CDC guidelines, also continue our discussion from our last briefing. Will there be any updates to the masking policy now that the CDC is also formally recommending double-masking?

Dr. Podolsky:

Well, let me start by emphasizing another point underscored by the CDC and its updated guidance, and that is the correct wearing of a mask and to do it consistently. I am sure everybody who is listening to this briefing does notice those around who are wearing masks, yes, but the mask is slipped below their nose, or it's not really clearly applied in a way that is tight around the nose and around the mouth. So to begin with, my personal observation, which I'm sure mirrors that of everybody listening to this update, really we should urge and be attentive to wearing masks correctly. Now, going back to the CDC guidelines, they do note that wearing a double mask with a cloth mask over a medical mask is one of the

strategies that they identify among several options, but the CDC also stresses that not all masks are appropriate to combine as a double mask.

So I would urge anybody who is wondering for themselves whether they should or how to wear a double mask that you refer to the CDC website. And I think you can get to it through our own website, but it should be very easily found. I'm not going to read the long URL for it, but it's easily accessible. Now the components of an effective mask include if it's fabric, a fabric that has an appropriate field filtration capacity, a tightly woven medical mask for example commonly have three layers, which is what makes them most effective and to be sure that the mask is tight fitting and have minimal leaks, which is the basis for why there may be a benefit to some people for wearing a second mask if the first mask really isn't adhering to their face as effectively as we would hope. So our UT Southwestern Infectious Diseases and Infection Control experts are reviewing the evolving data and we'll update our policies as appropriate based on the best available science, but we have not changed our own masking recommendations on the campus as of this point in time.

Jenny Doren:

OK. That's good to know. I'd like to pivot now to COVID-19 case counts. Is there any reason why we're seeing more cases in Tarrant County as opposed to Dallas County?

Dr. Podolsky:

Well, we really don't have an explanation for that, that we can say that we can offer with certainty. I will note that in the mobility data that is gathered with each of the update by our modeling team over the past several weeks anyway, there are somewhat higher reported frequency of mass squaring in Dallas County compared to Tarrant County, somewhat less mobility, somewhat less gathering with individuals outside of a person's household or in gatherings of more than 10. The differences which you can see by going and looking at the update and judge for yourself, I would characterize as relatively modest, but it may be that modest changes have a big impact. So that's my reading of it. And I just want to emphasize that's to a degree, a bit of speculation based on those data provided in our modeling update. In any case, I do note that the RT value is below 1 approaching 0.9 in both Tarrant County and Dallas County at this juncture and we are seeing rapid declines in the numbers of patients in both counties, so I would also make sure that in thinking about the differences between the counties that we may have seen over the past several weeks, they seem to be converging at this point as I look at it and that provides some broader context.

Jenny Doren:

Thank you for that, Dr. Podolsky. Based on some of the conversations that you're having with our experts, do we know is the decline in all cases due to increased compliance or more testing?

Dr. Podolsky:

Well, it does not appear to be due to differences in testing platforms or frequency of testing. We may get a little bit of a distortion of that just in this last week of wintry weather, where people may have been understandably less motivated to go out and get tested unless they were particularly symptomatic.

So I wouldn't be surprised if we see some change in it, but overall, testing frequency does not explain the patterns we see now over a number of weeks. We can hypothesize that what we're seeing is a largely attributable to adherence with those nonpharmacologic interventions. I can't help, but think that those higher rates of wearing masks and of following those guidance I'm getting together, which I've now touched on a couple of times during this briefing, we're motivated by the awareness of just how stressed our region was with this latest surge.

It's a little unclear whether we're yet seeing the broad effect of vaccination, given that the overall penetrance so far in Dallas County and I think Tarrant is largely the same, Collin and Denton, maybe just a little behind is overall 10 percent. Although according to the state's number in Dallas County, now 40 percent of those 65 and older have received at least one dose of vaccine. So it may be that that's also a factor and obviously, we'll be seeing how much of a factor in the weeks ahead particularly as hopefully vaccination campaigns continue to proceed and if anything, hopefully accelerate.

Jenny Doren:

Switching topics for a moment. UT Southwestern recently announced changes to our travel policy, including quarantine requirements for international travel. Could you please provide rationale for these changes and why they differ from CDC recommendations?

Dr. Podolsky:

Well, I do appreciate that there may seem to be some... maybe actually is some daylight between our guidance and the CDC. So let me walk you through that even if it gets a little bit into the details here. First of all, our UT Southwestern Infectious Diseases and Occupational Health experts have been following the travel guidance from the CDC and other public health authorities closely as those have been evolving throughout the pandemic. At the end of January this year, the CDC issued a new mandatory requirement for all international travelers to receive a required negative PCR tests before flying back to the U.S. They also recommend, don't require, that individuals be tested and stay at home and self-quarantine after travel, regardless of test results. Those recommendations were largely motivated by the emergence of the new SARS-CoV-2 variants in parts of the world like the United Kingdom and South Africa and Brazil, and the concern that I'm sure just about everybody listening has already heard about, that they may lead to a more rapid transmission of cases, and even the possibility of reduced vaccine efficacy.

Some of the confusion may stem from the fact that the CDC also announced last week, that for those who are fully vaccinated, again, that means those who have received their second dose of vaccine at least 14 days ago, that quarantine is no longer required if you are asymptomatic, even if you're exposed to COVID-19-positive individuals. So that guidance is kind of a subset of people against the broader mandate for international travel that applies to everyone, as I said a moment ago. The CDC on its website and through other communication has not applied this exception to its international travel-related recommendations. So that's why there's different types of travelers where the recommendations seem to intersect and the guidance for international travel supersedes that of the ... And that is the mandate for testing for the guidance given to those specifically who've been vaccinated.

I do want to emphasize ultimately decisions regarding mandatory quarantine following travel are actually under state and local public health jurisdiction and not the federal government, in most cases. We at UT Southwestern continue to communicate very regularly with the Dallas County public health authorities regarding their recommendations for both international and domestic travel, and we'll continue to do so. We understand and empathize with the very real hardship that all aspects of this pandemic have taken on the UT Southwestern community, including related to personal and business travel restrictions, and we will do everything we can to balance those real concerns with keeping our campus community safe. So continue to follow our own website to know where we are. It is updated on a regular basis informed by, as I've said, consultation with public health authorities, but ultimately set by our Infection Control and Infectious Diseases experts.

Jenny Doren:

We appreciate all of that detail you provided. From travel now to operations, here on campus we recently learned that our meeting size limit increased from five people to 10. We are hearing from some colleagues concerned that the change in policy may be perhaps coming too soon. What would you like to say to those individuals?

Dr. Podolsky:

Well, I understand that everybody will have a different kind of set point for their own comfort and concern and respect that. I would say part of the context is what I touched on very early in my update about just the safety of the campus over the now nearly eight weeks and the large parts of it in which we've not seen any transmission, and we do want to emphasize that even if we have lifted that upper limit to a 10, it still requires that those gatherings must maintain 6 feet of physical distance and the requirement for wearing a mask and all the other nonpharmacologic interventions. Also that meetings must give the option of attending virtually, which would be something that I could understand some who are anxious about this increase would want to take advantage of.

I will note that our limit of five has been more restrictive than any public health recommendation to date, and I say that both from our governmental authorities and also talking with peer institutions. With the knowledge of the vaccine rollout across our campus and our really pretty remarkable decline in on-campus transmission, we have competence, and the we in that is the Emergency and Recovery Operating Committee, the EROC, who've made recommendations to myself and the executive vice president. I endorse those recommendations, that we have confidence, therefore, in permitting this larger gathering size that will be important to really facilitate collaboration in some important settings. For example, our first-year medical students have yet to be able to meet in their college small group activity and this increase in gathering size will provide the stamp of approval for these very critical sessions. We'll continue to monitor our case numbers very carefully and if we see any signal that this change in policy has had a negative impact, we will not hesitate to reconsider and, as appropriate, change that policy.

Jenny Doren:

We have time for just one final question, and it's a related one. Given that change in meeting size limits, will we now be able to use central room scheduling to reserve conference rooms and on-campus facilities?

Dr. Podolsky:

Yes, we are working with a central room scheduling office to ensure that we protect necessary times for future academic activities, provide sufficient time between scheduled meetings so that we can limit interactions between groups and review cleaning protocols prior to accepting reservations. We will communicate through the EOC Campus Update daily email when these rooms will open for reservations through the central room scheduling.

Jenny Doren:

Appreciate your time.

Dr. Podolsky:

Well, thank you, Jenny. Once again, I want to hope that the entire campus community remains safe and we are getting through this together just as we have done through the nearly year of the pandemic. I know we'll continue to do so in the months and years ahead, so that we take advantage of every opportunity we have to deliver on our mission. So with that, I'll look forward to our town hall, president's town hall, in two weeks, and hope you all will join me then.