

March 2, 2022, Briefing Transcript

Dr. Daniel Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I welcome all of you who are joining me this morning for this Campus Update. And I am very pleased to say that the outlook this morning is certainly much improved since our last campus briefing. To put a quantitative frame on that, as we look at the census across the campus, as of yesterday morning at least, there were 14 patients hospitalized at Clements University Hospital for COVID. That's down 85% from where it was a month ago. And we're seeing the same decline in the patients we're caring for at Parkland, where yesterday there were 25 patients there for the treatment of COVID. And those positive trends are reflected in our own campus community.

Continue to be grateful that we've not seen any further on-campus transmission and the number of our colleagues who are on the sidelines, so to speak, because of either COVID or COVID exposure has declined quite remarkably back at the height of the Omicron surge in January; we had nearly 1,200 colleagues at one time who were out. And this week we began with "only" ... and I say that "only" in quotes, 18. So again, all of these directionally tell us what we otherwise have seen broadly in the region. Continuing declines of overall census of patients hospitalized for COVID and a markedly lower positivity rate, really now below 5% among those being tested overall for COVID. And I am further pleased to say that we can anticipate these downward trends to continue. I had the opportunity to see last evening, the latest update from our multidisciplinary modeling group. And that forward-looking view does anticipate continued declines to really lower levels of positivity and new cases than we have seen really since almost the pandemic began and lower than that, which we've seen after the decline of previous surges.

I do want to take this opportunity just to pick up on the reference I make in each of these briefings to our multidisciplinary modeling group. To add a little color to that, multidisciplinary because those participating come from the Department of Population and Data Sciences, the Lyda Hill Department of Bioinformatics, from our Department of Internal Medicine, both the Divisions of Infectious Diseases and Cardiology, and from leadership within the Health System. And to give credit where it's due, I want to take this opportunity to acknowledge the great work of that group, comprising Mike Holcomb, Trish Perl, Gaudenz Danuser, Mujeeb Basit, Seth Toomay, Andrew Jamieson, Sam McDonald, Richard Medford, Amy Hughes, and Lisa Dennison. This being March 2022, it's been two years that they've been providing really important, dependable information, which has helped all of us on the campus understand where we are and what we could anticipate; and has also provided guidance well beyond this campus to policymakers at both city, county, and state levels. So thanks to them.

With the positive trends that I've been describing this morning, they will now be updating that on a weekly basis. Certainly we're hoping that there won't be the occasion for the need to look at that more intensively as we have periodically over the course of the last two years. With that, I want to turn to a topic that I expect is on many people's minds. With the CDC issuing guidance last weekend on changing recommendations with respect to the wearing of masks as a means of preventing transmission of

COVID-19. And as undoubtedly many have read, that guidance takes into account, if you will, the more local circumstance and likelihood of transmission at least to the county level and identifying three different basic categories of risk.

Counties with the lowest being designated green. The recommendation coming from the CDC is that indoor masking is not generally required and only that on the presumption that individuals have been vaccinated. And that with that state of local transmission, that in a county that is designated green, testing should be pursued if someone does have symptoms. In areas with somewhat greater likelihood of transmission, the designation is yellow. And in those communities, indoor masking is recommended for those at high risk of developing severe illness. Those would be those in older age groups, those with underlying conditions that predispose them to a more serious illness, as well as those who would be in significant social contact with those higher-risk individuals. And then in areas where there is higher transmission designated orange, the recommendation of the CDC remains that everybody should wear masks indoors.

So where are we? At least as of this past weekend, Dallas, with its declining transmission was designated to be in that yellow range. That is to say, a community in which indoor masking is recommended for those at high risk or those who are going to be in contact with those high risk. However, we do anticipate given the trend seen by that multidisciplinary modeling group, that within a matter of days, the transmission will have declined in Dallas County to be designated green. And with that, there has been appropriate discussion within our EOC and within the leadership here on campus of these new CDC recommendations for our practices here on the campus.

And so I want to take this opportunity to clarify where we believe we should be on campus as the county moves from yellow to green within the next days. We will continue to expect, for the time being, that everyone will wear a mask in any of our health care providing facilities. That certainly includes Clements University Hospital, Zale Lipshy Pavilion, and all of our outpatient facilities. However, in our nonclinical facilities, we believe that the CDC guidance that I've just summarized a few moments ago should be applied. And that is to say at the moment, encouraging those who are at high risk or those working or in contact with those that they believe or know are at high risk, we encourage them to continue to wear a mask. As we enter into the green, we would encourage people to wear masks within those ... at personal discretion and whatever makes you feel comfortable and safe, safety being the watchword here on our campus, for anything that we do. I would ask, for those who may themselves feel comfortable without wearing a mask in those nonclinical environments to be considerate of those around them who may be less comfortable. I think, I could only ask that the campus approach this with a spirit of community commitment and interest in the welfare of each other, in how you conduct yourselves.

But from the standpoint of what is acceptable practice, we do note that we are in this improved environment where transmission is lower. So if we are in a nonclinical environment and are vaccinated, we believe you can be reasonably guided by the new guidance from the CDC. I want to touch on one final related topic to COVID before turning to other campus-related matters, and that is the vaccine mandate. Notwithstanding all of these improving trends we still remain, as a health care-providing institution receiving funds from the Medicare and Medicaid programs, under the obligation to achieve certain benchmarks of vaccination over the next weeks, ultimately, so that everybody who is in one way

or another involved in that health ... in that care-providing, our care-providing activities is ultimately, is fully vaccinated.

I have been pleased to learn that at this juncture, the vast majority of our UT Southwestern community for whom this applies have in fact been fully vaccinated, are in the process of being fully vaccinated or have applied for and received an exemption for all those approved possible categories. I do note that for anybody who has not been vaccinated or received an approved exemption, they will be separated from UT Southwestern at the federally mandated deadline of April 20. As much as we would regret that necessity, it is an obligation that we have by virtue of the mandate for health care workers, which in contrast to some others that were proposed by the government, were upheld in the courts. So for those small number of colleagues here, I strongly encourage you for your protection to get vaccinated, or for whatever reason you would think appropriate to seek an exemption.

So with that, I will turn to other matters. And with a number of very positive developments for our institution to report since our last campus briefing on Feb. 9, I've written to the campus, but want to take this opportunity to share with those who may not have seen that communication that we completed what was a five-year undertaking to raise the funds necessary to support our vision for the Peter O'Donnell (Jr.) Brain Institute. That is a vision that would have our collective talent across our basic science discovery to our clinical care delivery, activities directed to getting an understanding of the underlying basic causes of all forms of brain-related disease, developing new approaches to diagnosis, treatment, hopefully cure and prevention of those diseases, and in providing the most cutting-edge treatment possible today for our patients who cannot wait the five, 10, or 15 years it may take to see those cures materialize.

What this means in concrete terms is success in our Campaign for the Brain that's raised in total of \$1 billion, that those funds are being deployed to support our research here on the campus, to advance our clinical programs, to recruit additional faculty to join in the fight here at UT Southwestern, and to be sure that they have – they, our faculty and the teams – have all of the resources, facilities, technology necessary to push the boundaries of our understanding of these diseases and our ability to treat them. I want to extend a special thanks to our team in Development and Alumni Relations, led both by Amanda Billings as Vice President and Dr. Marc Nivet as Executive Vice President, for all of their tremendous work to get us to our campaign goal. Also, to acknowledge the great contributions of Dr. Bill Dauer, our inaugural Director of the Peter O'Donnell Brain Institute.

Let me then turn to an even fresher piece of good news that we shared yesterday early with the campus, a really transformative gift of \$100 million that we have received now from the O'Donnell Foundation led by Mr. Bill Solomon to support our efforts of launching a school of public health. And with that gift, to recognize the support and even more, the visionary impact that Peter O'Donnell, the namesake, along with his wife, Edith, for the Foundation has made on this campus. That school will be named the Peter O'Donnell Jr. School of Public Health. I am delighted to say that there has been great progress made under the guidance and leadership of interim Dean, Dr. Celette Sugg Skinner, who is also Chair of our Department of Population Data Sciences, working with our executive steering committee, and also in particular with Drs. Greg Fitz and Ray Greenberg to lay the found work ... excuse me ... lay the foundation for us to welcome our first class of Masters in Public Health students next year, and the following year, our initial doctoral students in the School of Public Health. We have already initiated the

recruitment of additional faculty to complement and expand those who are already members of the UT Southwestern community within several departments across the three schools on the campus. And we will imminently launch a national search for the inaugural permanent Dean. So a great development.

I think there can be no question that the pandemic of the past two years has made crystal clear how important research in advancing approaches to improving public health and training an expert, public health workforce are essential for the future. And it's not just to address pandemics or epidemics of emerging infections, but the tremendous burden of chronic diseases such as obesity, diabetes, cardiovascular disease, Alzheimer's, and more, and the essential need to address disparities in outcomes and to advance health equity, all of which will be important priorities for our new School of Public Health.

I hope each of you is now turning to another topic, aware that we are still in progress with our Values in Practice survey. I'm pleased to see that 79% of the campus employee community has responded. I really hope that the remaining 21% of you will take this opportunity. We did extend the deadline for that in consideration of the impact of the inclement weather that we've seen in February. But do please be sure to tell us your experience before the survey window closes on March 4. I do again want to emphasize what I have said in past briefings. I, the leadership, take the messages and the results of this survey seriously as a foundation for understanding how we can make UT Southwestern an even better place to work and for people to really fulfill their full potential.

We are now in March, and I'm pleased to remind you that March is Women's History Month. This year's theme is "Providing Healing, Providing Hope," as both a tribute to the ceaseless work of caregivers and front-line workers during the pandemic and a recognition of the thousands of ways that women of all cultures have provided both healing and hope throughout history.

The UT Southwestern's Office of Institutional Equity and Access, together with The Women and Allies BRG, Business Resource Group, will host the annual Women's History Month Celebration on March 31. Our keynote speaker will be Dr. Booker-Drew, Vice President of Community Affairs and Strategic Alliances for the State Fair of Texas. I certainly hope you'll all join us. That will be a virtual event. It will also include remarks by our still relatively new Executive Vice President of Business Affairs, Holly Crawford, and then a live audience Q&A.

The final two things I'd like to note is that we will be holding a Town Hall live later at the end of the month. Details will be forthcoming, and I hope that will be an opportunity for you to join me and the Executive Vice Presidents, as we share our thoughts on priorities for the campus, especially as we now find ourselves in a very different place relative to the pandemic and with a lot of other priorities advancing notwithstanding the pandemic. As always, a chance for you to ask questions about those priorities and about anything else that you are interested to know more about.

I'll just conclude by making note that we've seen one sure sign that spring is around the corner. For those on the South Campus, if you've looked, you will notice the advance party of egrets has arrived, returning here from their winter down in Mexico. So spring cannot be far off. With that, I'm going to finish my update, and Jenny Doren is going to pose the questions that you forwarded to me.

Jenny Doren:

Well good morning, Dr. Podolsky. I'm glad that you addressed masking, because no surprise that topic was the bulk of our questions as to others. During our briefing last month, we spoke about the so-called stealth Omicron variant. Now we're hearing that it can present with new symptoms. What are those? And are we seeing cases here in North Texas?

Dr. Daniel Podolsky:

Well when we last met, similar questions were posed. We had really, at that point, still a somewhat limited understanding of this new variant. Even with the advances, which I'd like to summarize here in a moment, that is still to a degree incomplete. But to refresh, some of the things that we knew even then, this Omicron subvariant BA.2 was especially interesting because it appeared to be more contagious, perhaps as much as 30% more contagious than the original Omicron variant. Certainly we had seen it spread very quickly in countries like U.K., South Africa, and Denmark.

Here's what we know now. The subvariant has about 30 genetic changes or mutations compared to the original Omicron variant and has become the dominant virus in sequencing in several countries across the globe. And its incidence is also picking up here in the U.S. Locally, as our teams here continue to sequence all of the positive samples – and this is reflective of what's also seen across Texas and other parts of the U.S. – it remains still a small fraction. To put a number on that really, 4% or less of the positive samples. We continue to monitor it, and there is this great team from the McDermott Center and our clinical labs. But that's where it is in terms of our prevalence here in our community.

The symptoms of this BA.2 variant are really broadly similar to those we've seen with prior variants, although some early reports from the United Kingdom suggested that gastrointestinal symptoms might be a little more common. But recall that gastrointestinal symptoms were always recognized to be part of the mix that an individual could experience from even the original COVID-19 virus.

Those include, just to be specific, nausea, diarrhea, vomiting, abdominal pain, heartburn, and bloating. There have been some reports that the subvariant may be associated with more severe disease, but this has not been consistent. And the vaccines, while they may be somewhat less effective overall for both the original variant of Omicron and this BA.2 variant, in terms of getting the virus, they still provide strong protection against severe disease. So that's true about both the original Omicron to repeat that and the BA.2. There does appear to be some differences in the effectiveness of the monoclonal antibody therapies between the two variants. So we are really monitoring this very closely to know to what degree we have to be concerned as individuals come in as to whether they may be less likely to respond to some of the monoclonal therapies if BA.2 becomes more prevalent in our area.

Jenny Doren:

A related question: Is it true that the on Omicron variant can reinfect people?

Dr. Daniel Podolsky:

Well, with each new variant there has always been the possibility of reinfection in individuals who had one of the prior COVID-19 variants. So let me just start with that point. So with the original Omicron surge, we saw a large number of individuals who had prior COVID-19 infections, whether that was the Alpha or the Delta variants that that dominated previous waves. This reflected the differences in the

Omicron variant relative to how it presents to our immune system, with regard to which neutralizing antibodies will bind it.

More recently, there has been a small number of reports primarily out of the United Kingdom and Denmark, which describe individuals who had the original Omicron variant and then appeared to get the BA.2 subvariant. So I think we need to accept that this appears to be possible, but it certainly appears, at least today, to be very uncommon. Importantly, while the emergence of BA.2 subvariants may slow the pace of decline in COVID-19 cases in areas where it's gained a real foothold, it does not appear that this will be an engine for a whole new surge.

Jenny Doren:

Oh, that is some good news. I want to move to non-COVID topics. This one – great interest: Can we anticipate additional food options on North and South campuses?

Dr. Daniel Podolsky:

I do understand that many people are looking for more variety given the pretty limited options that we've, I think necessarily had to keep ourselves limited to because of obviously the limits of the number of people who were on campus and what it could support. But additional foodlets are being added as more faculty staff and students return to campus and as renovations to some of these spaces are completed. With campus restrictions lifted, and I remind you that we have now, and this goes back to what I made note of in my Feb. 9 briefing, that as of Feb. 21, which is now in the rearview mirror, we would approve including food and drink at meetings, et cetera. Since we've lifted some of those campus restrictions and more people are returning to North Campus, we anticipate reopening ND14 in the late spring.

In the next couple of weeks, we'll be sharing a specific date. And also in particular there's about several new food options which will be arriving on South Campus. For example, beginning on March 9 there will be an in-house barbecue. And the first week of April, a new Asian food section will open. I will note as long as we're on the topic, construction, including replacing the counters and facade and upgrading equipment will begin in June with phases continuing through the fall, so that'll be another part of the evolving scene. And there on the South Campus, the old Subway will eventually become an expanded deli with a variety of offerings there.

Jenny Doren:

Some welcome news.

Dr. Daniel Podolsky:

More to come.

Jenny Doren:

Welcome changes along with the egrets. Well, I'd like to conclude with travel. There seems to be some confusion around the travel guidelines. Can you clarify what is and is not allowed?

Dr. Daniel Podolsky:

With the decrease in COVID-19 cases here in the U.S., UT Southwestern is returning to normal operations for all travels within the United States. So we're going back to practices and policies that we had in place before any of us had heard the term COVID-19. I do encourage all members of the campus community to follow CDC guidelines for business and personal travel. And as before, personal travel, as opposed to university business-related travel, is not reviewed by our Travel Oversight Committee. Exposure to COVID-19-positive individuals during travel for personal reasons though may affect your ability to return to campus. And maybe this is the opportunity to make note that with all these positive trends, every member of this campus still has the obligation if they become symptomatic, if they had a known exposure to a positive, to report to Occupational Health and to follow the guidance.

When it comes to foreign travel on University business, that is subject to approval by the International Travel Oversight Committee for as long as the World Health Organization declaration of a pandemic is in effect. And that is our UT, not only our policy, but the policy for the UT System. Travel to some locations with high infection rates may still require returning employees to report travel and activities to Occupational Health – even in the absence of symptoms or a known specific exposure – and quarantine may be required as determined by Occupational Health.

I do note that Occupational Health recommends a COVID-19 PCR test three to five days after any travel. And I would continue to encourage those who have been traveling to practice physical distancing and masking for up to 10 days, post-travel. In addition to our own guidelines, employees have to comply with any international, federal, or state testing or quarantine requirements following travel to specific locations. So do make sure you're informed about what those obligations may be, and all of this is available for reference on our website. All you need to do is tap “For Employees “and go to “Travel Guidelines.”

Jenny Doren:

Thank you, Dr. Podolsky. A lot of valuable updates this morning.

Dr. Daniel Podolsky:

Thank you, Jenny. Have a good rest of the week.