

## Aug. 12, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center and I, again, welcome you to this weekly briefing session for the UT Southwestern community. As in past weeks, I'll plan to spend about half the time providing an update about developments since we met last Wednesday, and then turn to Jenny Doren, who will pose the questions that you have forwarded since that last briefing. I want to begin by making note that this is employee recognition week, and thank all of you for everything you do on a daily basis in support of UT Southwestern's mission. I'd like to especially acknowledge the contributions of the 97 employees who are celebrating milestone anniversaries this year.

Forty-six of our colleague employees have reached 25 years of service and will be inducted into the UT Southwestern Quarter Century Club. Fifty-one others are celebrating 30-, 35-, 40-, and 45-year milestones. In total, we now have nearly 360 members of the Quarter Century Club and then as a group, they represent almost 11,000 years of service to UT Southwestern. I hope all of you will read the special issue of the Center Times, which is available on campus or online. It features profiles of these employees celebrating milestone anniversaries. Unfortunately, because of COVID-19, we are not able to hold our usual a Quarter Century Club Luncheon to really celebrate these long-standing members of the UT Southwestern community for their service in person.

Instead, it has been replaced with a special video tribute, which will be posted at noon today, and I invite the entire campus community to watch it and share in the celebration. With that happy note, I will turn to the matter of COVID-19 and where we stand here in the middle of August. I am pleased to report that we appeared to be in the midst of a continuing declining trend of COVID cases in hospitalization, really one that has been in evolution for these past couple of weeks. The latest modeling results provided by our great team here at UT Southwestern, which I received late last evening and will be publicly posted within the next day or two, shows a declining hospitalizations in both Dallas and Tarrant County by overall approximately 20%, or that is over just the last week.

In fact, as you'll hear over the last two to four weeks here at UT Southwestern, the decline has been even greater in its scale, and just as importantly, that update shows that we can expect to see continuing declines over the next two weeks. That is a paralleled and in some ways, foreshadowed by a declining rate of test positivity. In Dallas County this past week, that test positivity is 16% and just to be clear, those are individuals who have been symptomatic and gone to either hospitals or emergency rooms to be tested. That 16% compares to 19% the previous week and 27% just three weeks ago. Along with that, the R-naught, or the RT which is the R-naught value, over time has continued to decline and is now well below a one in Dallas, as well as Tarrant.

What that signifies is we've become students of the RT value is that the overall scale of the pandemic at this point in time is in a declining phase. The modeling group is I know currently working on a very challenging issue that is of such central importance of what will be the impact of the various school openings and the way different school jurisdictions are planning to open lessons for our children this fall. I know they're hard at work at that, and we'll be providing additional insight as the modeling matures in that overall range of new variables. In terms of patients we're caring for here at UT Southwestern, they, as I've already suggested, have declined.

Yesterday afternoon, they had 30 COVID-19 positive patients we were caring for in Clements University Hospital. They have 30 as it compared to the mid-40s last week when we had this briefing and as a reference point to a month ago was in the mid-50s. There's been a similar trend, though the numbers are different in the patients we care for at Parkland, where the COVID census has now declined to the low 80s after being well over a hundred for all of July. In fact, just a month ago, the census there was about 160, so roughly at this point about half of the number of patients we were caring for at Parkland just in that past month.

I cannot mention these numbers without also taking the opportunity once again to underscore that what the future brings to us is going to still depend on the degree to which we collectively as community continue to maintain our diligence and our vigilance in adhering to the nonpharmacologic interventions, most especially maintaining appropriate physical distancing and wearing a mask is certainly what we have seen in the course of the declining numbers in this path months really underscores the power of our own behaviors in determining our future.

To now touch on another related matter that I know is of great interest to the campus, let me provide an update on the number of UT Southwestern employees who have been found to be COVID-19 positive in this past week, and this really follows the trend that I've just described more broadly. Fewer cases in this past week than the week before, and fewer cases than the week prior to that. To be more specific, in this past week, 12 colleagues have been diagnosed as having COVID-19. Eleven of these were infections acquired in the community keeping with past trends, and one was an individual who was involved in the care of a patient who was COVID-19 positive, or put another way, in this past week, there were no cases of employee-to-employee exposure on the campus.

To give you the running total once again, we have had since the beginning of the pandemic 236 members of the 19,000 plus community of UT Southwestern who have been diagnosed with COVID-19. Two hundred and one of those 236 were acquired in the community. Eight were employee-to-employee exposures in nonclinical areas, 14 employee-to-employee exposures in clinical areas, and 13 from exposure to patients that we were caring for. All of this, I think, continues to underscore that we maintain, through our collective adherence to all of our various guidelines and policies, a very safe

campus. But once again, there is no room for complacency or to let down our guard because, as sure as night follows day, we will see increases in those infections.

Moving on, our prevalence study that you've heard about from past briefings led by Dr. Amit Singal has been launched across now both Dallas and Tarrant County. Tarrant County had followed our launch of Dallas a few weeks ago to begin this week. Our goal, as I've mentioned before, is to have ultimately 44,000 participants, and invitation letters have been sent to thousands of randomly selected North Texas residents. Should you find yourself in a conversation with someone who's received one of those invitations, I hope you'll do everything you can to encourage them to participate, given the important insights this study ought to be able to provide to us. Which will help us guide our decision-making as a region in the many months ahead, and help guide us, in particular, where we really need to focus our efforts to contain the virus.

I want to make you aware of a new testing resource that is available to the UT Southwestern community. And that is, the UT Southwestern COVID-19 Virtual Care clinic for employees and members of their families is now offering patients under the age of 12 referral for COVID-19 testing in partnership with Children's Health. So, because we, UT Southwestern, have some limits of how young individuals we can care for, or provide services to, we've coordinated with our partners, Children's Health, to be a seamless access for those members of the UT Southwestern family community whose families include those under the age of 12.

This is in addition to the existing services for patients 12 years of age and older, who can be referred to our drive-up testing center at Bass Center. I am pleased to, again, make note that our medical students are back in, essentially, full force, in the sense that all years, first, second, third, and fourth, are pursuing their curriculum. But in saying full force, it is through an adaptation to the circumstances to finesse the need for the large gatherings that are usually part of the experience, particularly of our first- and second-year students. And so I want to acknowledge the terrific work coming out of the Dean's Office to ensure that all of our learners on the campus can continue in their programs. And that goes well beyond our medical students, but also our students in the School of Health Professions, our graduate students, and also our post-doctoral and Graduate Medical Education trainees.

Many of you may have seen some media reports that last week we had the opportunity, and really the honor, to host Governor Abbott and some of the most senior leadership working with him in addressing the COVID-19 pandemic in Texas for a roundtable event. This event was organized at the request of the governor and his office to address the looming issue of a flu season really unlike any other, because it will be in the backdrop of this ongoing COVID-19 pandemic. And it was out of concern that we needed to anticipate what the additional challenge and burden would be of influenza, and influenza-like illnesses, in addition to COVID-19 that he came to campus to really understand what the challenges are that we should be thinking about as a region. And in particular, how UT Southwestern is approaching this. I was

very impressed as we organized the roundtable to realize the depth of research knowledge and thinking about this issue that we already could bring to bear in our UT Southwestern faculty.

And I want to thank all of our faculty who participated. And I thought they did an outstanding job. And I know the governor and the other state leaders, including Chief Nim Kidd, the chief of the Texas Department of Emergency Management, Dr. John Hellerstedt, the leader of the Department of Social and Health Services, and others, were deeply impressed and grateful for the insights they gained during the course of that visit last Thursday.

One of the things that we did talk about, and I think is the importance of everybody, this year more than ever, in getting flu shots. And currently, in light of that, efforts are now in progress to explore the possibility of making them available earlier than usual to optimize protection. As one of the important points that was underscored in that roundtable conversation, and is perhaps a small silver lining to the fact that it comes in the midst of a COVID-19 pandemic, is that the nonpharmacologic interventions, wearing a mask in particular and keeping physical distances, may well have a collateral additional beneficial effect in making this a less intense flu season and a season, more broadly, of fewer influenza-like illnesses than we would expect in years where such precautions were clearly not part of our usual behaviors.

Looking ahead, I appreciate the feedback that I have received, others working most closely on the issue and the [inaudible 00:14:53], on the decision to continue in our current state of operations, as we designated phase two until January. And to know that, by and large, and really the vast majority who I've heard from, finding that helpful in not only the fact that we will not be expanding operations and maintaining the current level of safety, but also enabling people to have some reasonable confidence in making plans as to what we will be doing to carry on here at UT Southwestern. Having said that, I do want to say that, as conditions change, we may well find small ways in which we will adjust as we learn in the course of time, and as circumstances warrant. That does also include, as I've mentioned before, if things were to become more problematic in this area that we would, in fact, pull back to a lesser state of operations, should that be warranted.

Before concluding and turning to your questions, I want to remind you again about a webinar that's upcoming next Monday for its importance, particularly at this point in time for us as a campus, for our state, our whole country. And that is the webinar which is titled, Recognizing and Addressing Racial Bias in Science. As I mentioned, it will be next Monday, August 17th, from 4 to 5 p.m. and the program includes an initial introduction to racism and science by Dr. Helen Yin, a commentary from Dr. Russell DeBose-Boyd on the perspectives of an African-American scientist. An opportunity to hear from doctors Joe Takahashi and Ryan Hibbs from our Neuroscience department on the neuroscience working group on diversity and inclusion, which I know is doing terrific work to build on the moment and I hope is

looked at as an exemplar by other departments and centers. And those presentations will be followed by a panel discussion.

Finally, I want to remind those of you with children that our COVID-19 website now does have an expanded element there of a child care toolkit, which has been updated to include district-specific back to school information, as well as information about ways to prepare for the return to school. In addition, the toolkit has information for parents who are seeking child care and or tutoring services. With that, I will turn to Jenny Doren and I will do my best to address the questions that you've sent over this past week.

Jenny Doren:

Good morning, Dr. Podolsky. We are continuing to receive a growing number of questions about vaccines. I'd like to begin with those. First, will UT Southwestern be participating in any COVID-19 vaccine clinical trials? If so, any idea as to when enrollment will begin?

Dr. Podolsky:

Well, it's a very simple, yes that we will participate in COVID-19 clinical trials. We believe that bringing vaccine clinical trials on campus is important for our patients, faculty and staff and for us to really, as intrinsic to our mission as an academic medical center. We are currently in discussion with several companies and consortia about a variety of vaccine clinical trials. Insofar as the agreements haven't been completely finalized, the timing of the trial here on the campus has not been settled, but certainly expect that will be no later than the very early fall. And I would point out that early fall is just around the corner. I would encourage those who are interested, particularly in the possibility of participating, to keep an eye on the messages coming out of our EOC, as well as other emails you'll be receiving over these coming weeks, to learn more about the particulars and the opportunity to participate.

Jenny Doren:

Let's build on this topic for a moment. Once a COVID-19 vaccine is widely available, will employees be required to be vaccinated against the SARS-CoV-2 virus in the same way that we are required to get the flu vaccine annually?

Dr. Podolsky:

Well, I think at this point, there is certainly a lot of unsettled issues that we will need to work through, including this one. And just to say, not to get ahead of ourselves, currently there is no FDA approved vaccine for COVID-19, even as many phase three clinical trials are in progress or about to begin. We will, to begin with, be guided by essentially the policies that will be established by the CDC, which will ultimately provide major determinants as to who will have access to the vaccines, particularly in the early weeks and months when it won't be possible to have universal access, even if everybody did want to take advantage of that. We know that the National Academy of Sciences is currently developing a priority structure as to who might have the opportunity in the earliest instance to avail themselves of an approved vaccine and what the cascading kind of priorities would be.

Dr. Podolsky:

Certainly, if you follow the public discussion that's reported in the media, that focuses in the first instance on health care providers, first responders and also those most vulnerable. But I would underscore that none of these have been settled and therefore we're not in a position to establish a policy. Also, it will determine on the ultimate decisions on how it will be deployed and what the requirements will be, will depend on the specific features of the vaccine. Its safety, as well as its efficacy.

I want to pick up on one part of the question, which is the requirement for flu vaccine to say that it is correct. There is requirement for flu vaccine with an asterisk on that, which is if you don't, for whatever reasons – health, religious or personal beliefs – agree to be vaccinated, that comes with the obligation, depending on its circumstances to not be in a patient care setting or to adhere to other nonpharmacologic interventions. Even though in past years, I don't think we used that term to keep safety. You can be sure that the plan here and how we make vaccines available and what the requirements are will be set in a very thoughtful way by our occupational health, infectious disease experts and others who traditionally have been those we've looked to to set policy for other vaccinations.

Jenny Doren:

Well, I'm glad that you mentioned the flu vaccine again because I have one final vaccine-related question about the flu vaccine specifically. During last Thursday's roundtable discussion with Gov. Abbott, which you talked about earlier here at UT Southwestern, the governor did urge Texans to get a flu vaccine as early as possible this season. How soon can we as employees be expected to get flu shots? And will we need a second shot at approximately 90 days after we get the first one?

Dr. Podolsky:

Well, I'm certainly glad for the question, even if I touched on it briefly already in my other remarks, because it bears emphasis that this season in particular, I hope people will be sure to get the flu vaccine for all the reasons we've discussed. And even if we can hope that the wearing of the masks and the keeping physical distances will also benefit from us, this is both to keep everybody healthy and to avoid stressing our ability to provide care to those in need, should there be an increase in again, in the number of COVID-19 patients and all that on the backdrop of the ongoing health care needs of the people of this region. The advisory committee on immunization practices has not yet voted on the flu vaccine recommendations for 2020 to 2021 in terms of timing and schedule. But the CDC does not anticipate a major change in timing from past years and the recommendation. Nonetheless, we will be encouraging everybody here to get vaccinated early and that would mean for many, earlier than last year. We are currently exploring with those who help us in assisting the deployment of the flu vaccine on our campus to make that possible. Those plans, which are still in progress, include making available 20 different sites across the campus for people to get the vaccine. We will have to approach it in a different way than before and that will include almost certainly having to schedule a vaccine with the obvious intention to avoid the clustering that could happen in a normal season when we didn't worry about the physical distancing in the way that we do need to consider this year.

I do want to expand to say that the problems we're going to face are a little more complicated than even that because in addition to the flu, COVID-19, and the flu comes in two different categories, influenza A and influenza B. There are other influenza-like illnesses which also begin to increase as we get into the fall and winter such as RSV. And so, right now we are considering the implications for how we screen for individuals who have symptoms given the symptoms for any one of those can overlap the other numbers, so the more we can simplify it by reducing the likelihood of flu the better off.

And finally, to bring up a topic that we certainly haven't touched on before, and is maybe less front of mind, but nonetheless we are in the season, for reasons I'll come to, we also should be doing what we can to diminish the risk of West Nile virus infection. I would take note that an increasing number of mosquitoes captured in Tarrant County and now Dallas County are being found to be positive for West Nile. Now, the numbers of individuals affected by this are much smaller than those who are likely to be infected by influenza and the others, but the reason I mention it is that what you can do to do your part is make sure around your home, wherever you may have the opportunity, to be sure there's not standing water, which is the breeding ground for the mosquitoes that ultimately are the source of this other viral infection.

So a little bit of a complicated situation but there are things we can do to increase our individual and collective safety.

Jenny Doren:

Very valuable information. Thank you for that. Now, to a question about employee screening, specifically for those who work outside of our hospital and clinics. Will temperature screeners ever be deployed to nonclinical buildings? There is some concern just so you're aware that not having daily screening increases risk for nonclinical workers, so I'm curious about your thoughts on that.

Dr. Podolsky:

Currently, we do not have plans to expand the use of temperature screening beyond where we're doing it now, which is in our hospital and other clinical buildings. Frankly, as I understand it from our experts, the value outside of those settings is at best uncertain. That doesn't mean there isn't screening, but it's self-screening, and anybody who is aware of a temperature of course, or any other potential symptom of COVID-19, is supposed to self-monitor that, not come to campus, report to occupational health, and that remains an ongoing and important intervention that's I'm sure been part of why we have had such a safe campus.

The one thing we will expand is I mentioned last week, and maybe even the week before, is the backstop to that expectation that we've had for self-screening going back to the very early weeks of the pandemic by requiring those who come to UT Southwestern facilities, not just clinical, to affirmatively



attest by badging in that they have not had those symptoms that might reflect potential COVID-19 or been exposed to somebody that they knew was COVID-19, and this is along with all of the other requirements that they have of wearing masks in the vast majority of the environments on campus and in all circumstances where it is possible that physical distancing may not be able to be maintained at all times.

So that's our current state of play, and a little bit of the rationale behind why we have had a slightly different approach in our nonclinical buildings as our clinical buildings.

Jenny Doren:

Thank you. I would like to conclude with just one final question about personal travel. Have personal international travel restrictions been lifted for UT Southwestern employees? Do employees need to self-quarantine for 14 days after returning from personal international travel?

Dr. Podolsky:

Well, we as an institution do not have the prerogative, the right, to tell people that they can't do things in their personal lives, such as undertake international travel, or related, maybe international or not, go on cruises, although we strongly discourage it because for the same reason that we will not approve international travel on university business and that is concern about the safety. There is the requirement if you choose to do that for international travel to report to occupational health to report that, and based on their assessment of where you've traveled, what the experience is, there is absolutely the possibility that you will be required to quarantine for 14 days.

So I would say that if somebody chooses to undertake international travel they should do so with the full expectation that they would need to possibly quarantine for 14 days, and I hope in weighing whatever their reasons are for travel, and I appreciate there may be many, on one hand you might imagine it's for leisure or vacation, on the other hand I certainly appreciate those whose families are abroad and may have very compelling reasons to go there whether because of concern out of health or some other event.

I just, again, underscore that in that equation, that risk benefit calculation that you take as an individual, it is the appreciation that it does put you at risk, and from a campus standpoint to keep the campus community safe you may need to remain in quarantine for 14 days.

Jenny Doren:

Appreciate that clarification and certainly your time today. Thank you.

Dr. Podolsky:

Thank you, Jenny. I hope you all have a safe week.



