

January 26, 2022, Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. And I'm pleased to welcome all of you who are joining me this morning for this campus briefing. I will begin as I have on each of the past 53 briefings with an update on the evolving pandemic here in North Texas and, of course, a current status on the UT Southwestern campus. I did have the opportunity to review just a little earlier this morning, the most recent update from our multidisciplinary modeling group, which will be posted to our website, hopefully this afternoon, so that you'll have a chance to review that for yourself. But very briefly, it does provide some glimmer that we are seeing the peak of the Omicron-fueled surge of COVID-19 here in the region and, of course, as it's impacting the UT Southwestern campus and our partners.

When I say the peak, it is at our high level of activity. That's reflected in the nearly 4,000 patients who are hospitalized, of course, in the North Texas region, because of COVID-19, and continuing high rates of positivity in those being tested outside of the home setting. Having said that, it does appear that the rate of positivity is in at least slight decline already across the four most populous counties of the region, now below 25% or so, where it had been in excess of 30%, when I last briefed the campus.

Coming closer to home here on the UT Southwestern campus, we too are seeing still high numbers of both hospitalized patients and of infections within the UT Southwestern community. When it comes to the hospital census, as of yesterday anyway, at Clements University Hospital we were caring for 128 patients, but that is down from the high 150s toward the end of last week. And in our terms of our patients at Parkland, we're seeing actually an even more significant decline from a peak of 275 about a week or 10 days ago to as of yesterday, just over 190 patients.

So in so far as these have appeared to be relatively stable and declining numbers in these past few days, it's at least encouraging, as reinforcing the picture painted by our multidisciplinary modeling group that we are at the very least at the peak or very close to the peak. That's not to say it's over, and I want to come back to that point in just a minute after sharing some additional color on how it's impacting the UT Southwestern community. I think all of us appreciate, especially those who are working at the front lines in our healthcare facilities, that this surge has created a stress unlike any of our other surges, because not only are we seeing by far, record numbers of patients, but it is having a much greater impact directly on our UT Southwestern community, as I reported in the last couple of briefings with large numbers of us either quarantined because of exposure to COVID-19 or isolating because of a COVID-19 infection.

Now, those numbers are still much higher than we would want to see, both for the welfare of our colleagues here on the campus, and also for the ability to be there for the needs of our patients and advancing the work of the campus, but it is down. In the past week, of approximately 645 UT Southwestern employees were in self-quarantine or self-isolation, but that is down from nearly 1,000 a couple of weeks ago. So, that is certainly a very encouraging trend to me. Among those, about 570 are in self-isolation because of a diagnosed COVID-19 infection. And as has been true right through the entire pandemic, the vast majority of those infections have been acquired through an exposure in the

community. However, there have been a handful at least, eight or nine in the past week, where it appears that the COVID-19 was acquired by an exposure on the campus, pretty much equal in the clinical and nonclinical environment.

So the trends are all encouraging, but in no way suggest that we have seen the end of this current surge. And that gets me back to a comment I made a few moments ago, which is to say that even though we may be at peak and within days past the peak, it's not over. What we know from past surges is that as paradoxical as it may sound, greater numbers of individuals actually experienced a COVID-19 infection in the period after a surge has peaked, than before it.

How can that be? Well, often as certainly in the case in Omicron, the rise to the peak was quite rampant and quite steep, whereas the decline from the peak can be slower. So over those more extended days, there are more individuals who are actually in total, going to get COVID-19. And so I hope everyone on the campus and all of our friends and family off the campus are mindful of the need to continue to be vigilant in wearing masks, particularly in public and avoiding large gatherings when that's possible, maintaining physical distancing. And of course, if you have not yet chosen to be vaccinated up to date, go ahead and take advantage of the availability of vaccination. And if you are eligible and have been vaccinated, to get a booster injection.

All of this does, I think, tell us a powerful story about how we in those collective behaviors actually can influence the course of a surge. The peak that we're seeing now, it is of a somewhat reduced magnitude and coming somewhat sooner than we could anticipate just a couple of weeks ago. And what I haven't mentioned is what the modeling group has been very clearly able to see, is that presumably as people have become aware of the prevalence among us of the Omicron and the risk of infection, indeed mask-wearing has substantially increased [inaudible 00:07:35]. And so it is an experience that reflects what we've seen in past surges, that our behaviors as a collective can substantially impact the course, and that when we've seen a surge as we have in these recent weeks, it's not inevitable. We have the ability to impact it. I hope that will be all the more motivation for all of us to be attentive to the value of wearing masks and all those other interventions, not only for our own welfare, but because of the collective positive impact it has for our communities.

Now, with these encouraging trends, I nonetheless want to emphasize as recommended by our EOC, which met on Monday, that we are not at a juncture where we can, I think, responsibly pull back on some of the adjustments we've made in the face of the rising Omicron surge. That is to say, we will continue to have in place the limit on the size of gatherings on the campus, the strong encouragement to wear masks, of course, whenever indoors, and for our medical students who we very much want to see back, pursuing their studies and their curriculum here on campus, we will extend the current operations, so to speak, to maintain those as virtual through the middle of February, to at least February 13th.

The one other topic I certainly wanted to touch on before turning to matters not COVID is the vaccine mandate. I'm sure many, if not everybody listening this morning will be aware that in the time since we last provided an update, the Supreme Court has issued a ruling, actually a number of rulings, and while it did not uphold the vaccine mandate that the current administration had ordered for businesses based on the number of employees, the Supreme Court did uphold the validity of the mandate for healthcare workers under the aegis of the requirements to participate in the Medicaid and Medicare programs.

And so with that, our leadership team and the health system, particularly led by Dr. John Warner, are working very quickly to refine our own plans to comply with that mandate, as I'm sure everybody who is aware of the mandate appreciates, it does provide for exemptions under a number of different categories. And accordingly, part of our plan, which will be more fully communicated in the next day or the next few days from the health system will include, again the opportunity for those who have not already submitted a request for an exemption, the opportunity to do so, but to do so by the middle of February, February 13th or 14th, a exact date will be forthcoming, so that we, as an institution, can be in a position to comply with our obligations by the eventual requirement for everyone involved in our healthcare delivery to be either vaccinated or have a appropriate exemption granted.

So, more to come in the days ahead and I won't miss an opportunity, even if it's a second time in a single briefing, to encourage all of those who have not yet been vaccinated, irrespective of whether there's a mandate in place or not, for your own welfare and for the benefit of the people you serve and the communities we live in, go ahead and get that vaccine.

So with that, I thought I would take a few moments this morning to provide an update on all of the work that is going on, even as we are meeting the challenges of COVID-19, with all the stress I know it's placed on just about everybody in the camps, particularly those most directly involved in providing care and not just themselves, but the collateral impact on their family, that nonetheless work goes on to create the facilities that we will need to really achieve our full potential for our mission in the years ahead.

So let me take, as I said, a few minutes to give you an update on the various capital projects which are in various stages of progress. And I'll begin with the North Campus Phase Six, those are the two towers that are being constructed on the North Campus. One of those is going to be a tower for the outpatient cancer care services of our [inaudible 00:13:08] Citizens Comprehensive Cancer Center. The other will be a research tower, primarily to house the expanding research programs that Peter O'Donnell of Brain Institute, and I'm pleased to inform you, as is I think both appropriate and a poetic justice, that by virtue of the generous gift of one of our donors, the Board of Regents has granted the donors request that that building itself be named in honor of Mr. O'Donnell, who was such a incredibly impactful benefactor for UT Southwestern. So, that tower will be the Peter O'Donnell Biomedical Research Building.

Progress is proceeding off the campus at the Redbird Mall, on track to complete our outpatient medical center there in the summer, and we look forward to that opening as a means to provide even more ready access to UT Southwestern specialty care to the communities living in South Dallas and the southern part of the county.

I'm pleased to report also that planning is now kicked off into high gear for the State Psychiatric Hospital, which UT Southwestern will have delegated responsibility from the Health and Human Services Commission of the State of Texas to design, to oversee construction, and then to operate. We look forward to announcing the exact site of that hospital within the next few weeks, that will be here broadly within the campus, and I'm grateful to the many dozens of colleagues, physicians, nurses, all the others in our campus who bring insight and experience to bear on developing the very best facility for those needing inpatient psychiatric services to the planning of this hospital. I look forward to providing progress reports in the months and next couple of years.

Many of you have been directly affected by another very complicated and large undertaking, the relocation of all of our activities, which have been going on over the past 10 plus years and the vast complex, many of the groups have moved off to some of least space near, but not on the campus and appreciate everybody's cooperation on that and the tremendous amount of work being done by the facilities group under the leadership of Vice President [inaudible 00:15:59] for leading this very complex process, which when completed later in this year will allow us to demolish those buildings to make way for a large new campus, which we'll be talking about in greater detail in future briefings.

I mention finally that those of you who have gone by the East Campus [inaudible 00:16:32] will see over a fence a large drill, which is there to be putting in the piles, which will be for the foundation of our new Biomedical Engineering and Sciences Building. The building, as I've mentioned before, is really special in a couple of ways. It is a partnership, a collaboration with College at UT Dallas, and also will provide the home for our very newly established Department of Biomedical Engineering. And in that context, I'll take this opportunity to make note that our inaugural chair of that department, Dr. Sam [inaudible 00:17:08] will be beginning here next week on February 1st and I hope when you have opportunity to meet him, you'll welcome him to UT Southwestern and to Dallas communities.

So with that, I'm going to wrap up these comments so that we can take the questions put forward over the last week, but I don't want to do so without thanking of everybody for the really remarkable dedication that you have exemplified and manifested, now for two years over the course of the pandemic, but never more so than in these past weeks in which we've been challenged to a degree beyond anything we've seen before. As you've heard, to use the common phrase. I hope the light at the end of the tunnel, but we're not out of it yet. Just know that your incredible efforts are certainly well-recognized and deeply appreciated. With that, I'm going to turn to Jenny Doren who once again will pose questions that you've forwarded since the last briefing.

Jenny Doren:

Good morning, Dr. Podolsky, and we certainly appreciate your kind words. There is a lot of news this week about monoclonal antibodies and debate over their effectiveness in treating early stage COVID-19. We're also beginning to hear more about polyclonal antibody. What's the difference?

Dr. Podolsky:

Yes, monoclonal antibodies have proved to be one of the most effective treatments for individuals who have actually tested positive for COVID-19 and are at high risk for severe infection but have not become ill to the point of requiring hospitalization. If it's given early, these monoclonal antibodies can prevent severe symptoms from developing by blocking or neutralizing the virus while your body's own immune system ramps up to fight it.

Monoclonal antibody means mono meaning one, it's an antibody, a singular type of antibody that targets a specific portion of the SARS-CoV-2 virus, the virus responsible for COVID-19. That specific protein is the spike protein. Unfortunately, the wind viruses mutate, and Omicron is a quintessential example of this. They can have multiple mutations in a single protein like the spike protein, and as a result, the antibody, because of those changes in that protein, no longer recognizes the protein.

That's what's happened with a number of antibodies such as those that produce by Regeneron and Eli Lilly, which were very effective against the initial and some of the subsequent variants, but not against the Omicron.

Now, while those two antibodies, as I've said, are no longer effective, there is still the sotrovimab antibody, which is a monoclonal antibody that is effective against COVID-19 of the Omicron variant.

Polyclonal means that it's not a single antibody, but the therapy contains multiple, multiple antibodies, collections of antibodies that can target different parts of the virus. Of course, the logic there is that one part of the virus, such as a spike protein, mutates so that an antibody doesn't recognize that these other antibodies in the mix will still recognize another part of the virus and be effective.

I'm very glad, proud to say that UT Southwestern is currently a site for an outpatient study of an investigational polyclonal antibody therapy called SAP 185, and it's led by Dr. Monte Jane from our Department of Internal Medicine who's been deeply involved in many of our clinical trials really since the pandemic began.

Jenny Doren:

Very helpful explanation. This next question's about observations, and many of us are having. We're noticing people who recently recovered from COVID-19 are now relaxing their behavior when it comes to mask-wearing and social gatherings. Is it possible to contract COVID-19 multiple times as new variants emerge? If we had COVID, we're fully vaccinated, do we need to be concerned anymore?

Dr. Podolsky:

Well, I'm sorry to say the simple answer to that question is yes. We have known from the very early days and weeks, months of the pandemic that infection with the SARS-CoV-2 virus provides only a partial immune protection and that individuals can become reinfected in the future. I would point out that this is true of other seasonal non-pandemic coronaviruses that cause the common cold.

At the beginning of the pandemic before vaccines were available, it was known that the risk of reinfection in the first three months or so was very low. Saying that immunity, at least for the variants or the form of the virus which was circulating then was reasonably good. But within three months had really declined to the point of being much less protected.

It's clear that the combination of vaccination and infection provides much stronger and more long-lasting immune protection. Sometimes you'll hear the term hybrid immunity, which is, again, immunity from vaccination from an infection. But it's also becoming clear as we study each of these surges driven by a new variant that specific types of SARS-CoV-2 viral variants causing a prior infection does influence whether you're protected from the next one.

Now, to put that a slightly more direct way, for example. The Delta infection doesn't really confer the same protection against Omicron than it does against Delta. Those who might have felt a degree of security right after Delta should not feel that same sense of protection against the Omicron, or if there are any further variants, those that may follow. In particular, because Omicron can more effectively escape prior immune protection from all those previous variants.

We never know when the next variant will possibly begin to emerge, and I think that alone and the recognition that natural immunity has a predictable fall off after a few months should warrant people to [inaudible 00:24:15] circumspect and careful in their behaviors as long as we're in the midst of this pandemic.

Jenny Doren:

We know that especially with the Omicron variant, cold or flu-like symptoms are common with infection. That said, why not treat it the same way as we would the flu? Why add quarantine and masking requirements when those are not in place for other common viruses?

Dr. Podolsky:

That's an understandable question. The one hand, that's why many, fortunately, a great majority of those who had the Omicron infection, it is not more difficult illness than what one might experience with a common flu. But there are some important distinction. I'll give you a bit of a historical perspective as I think about it.

First, Omicron is extremely transmissible. Two to three times more transmissible or contagious than the Delta variant and way more infectious than many other common cold viruses. There's just a high rate of ability for this to spread.

Then you run into the power of numbers. Even if for the great majority of individuals affected by Omicron, the illness is mild, and it's only a small percent who are severely impacted, recognizing there are whole groups of people who are at particularly high risk of that happening. Those who have a condition that makes them immunocompromised. You have a small percentage, but of a very large number, and that gets me to my historical perspective.

As someone who has been in medicine and cared for more than 40 years, I think I say without fear of contradiction, we have never seen even a flu season, much less a cold season, which has filled up hospitals the way COVID-19, so that, as much as it may be mild, clearly the collective impact of this is in a class of its own from anything we've seen, and I think almost certainly in the lifetime of anybody listening to me this morning.

Jenny Doren:

We've talked a little bit in the past about long COVID-19. How does Omicron compare to previous variants in terms of those longterm effects?

Dr. Podolsky:

Just to anchor this answer. Generally speaking, COVID-19 long haulers are people who have not fully recovered from COVID-19 weeks or even months after first experiencing symptoms. The best estimates are that between 20 to 30% of individuals who experience COVID-19 will have some form of post COVID-19 conditions, physical and/or mental. The symptoms are quite varied and can include symptoms related to lung function, heart function, or brain, just to name some of the more common types of areas that are affected.

Experts anticipate that post COVID-19 conditions will occur following Omicron infections, but it's just too early to know how they will compare to prior variants in terms of frequency and presentation. I think we will only learn that in the course of time as we follow individuals who've had the Omicron variant as the cause of a COVID-19 infection. And data's just not yet available since most individuals are not far enough beyond initial infection with Omicron to necessarily even say this now falls into the category of long COVID.

Understanding the frequency, risk factors, symptoms, underlying mechanisms, and the most effective treatments for these long-term effects of COVID are areas of very active research around the globe and efforts certainly here on campus as well. Might mention that the National Institutes of Health launched a meta-cohort study called RECOVER, which includes more than 200 participating sites.

And, hopefully, looking at it and following patients on that scale will give us answers just as quickly as that's feasible, given that there's an irreducible amount of time which needs to go by before you really know, again, the frequency and the manifestations of long COVID from Omicron. Again, I'm very glad to say that UT Southwestern has been actively engaged in this research since the start of the pandemic.

And finally, just on the general topic to remind people, or make them aware if they weren't already that early on our multidisciplinary COVID-19 RECOVER program led by our Physical Medicine Rehabilitation Department, began providing comprehensive support and clinical care to those with long term effects from really the early days when we first were aware that there was potential for this long haul. And certainly that's also an important... That COVID RECOVER program is an important anchor for the research that is going on on the campus around this increasingly important problem.

Jenny Doren:

Most definitely. Another popular question this week will UT Southwestern offer fourth doses of the COVID 19 vaccine to eligible immunocompromised employees?

Dr. Podolsky:

Yes, UT Southwestern is sending MyChart messages to eligible employees and patients this week, so that they're aware that they can self-schedule their vaccination directly in MyChart. Currently four doses are only recommended for people with weakened immune systems due to cancer treatment, organ transplantation, and other medical conditions specified by the CDC.

The fourth dose is provided at least five months following the third shot. So should you have any questions about whether a fourth dose is right for you, please don't hesitate to reach out to your provider.

Jenny Doren:

I want to end with a question about mask, every briefing we do tend to field quite a few questions about mask, given growing evidence that surgical masks provide better protection against the new variants, what are we doing to encourage surgical mask over cloth mask? Also, what advice do you have for those in nonclinical settings where masks are not required, but there is that concern about transmission?

Dr. Podolsky:

So let me begin with the first part of the question. The CDC has advocated for the use of three-ply medical or surgical mask in lieu of, or instead of cloth masks. We have surgical masks at all of our clinical sites for visitors. And of course, for everybody working at UT Southwestern in those facilities.

Throughout the pandemic, we've learned the importance of personal responsibility and accountability. And I ask that we all be respectful of those around us, no matter where we work on campus, so that we can reduce the impact of Omicron on our community.

For those who have been inquiring about higher level protection masks, we are in the process of making KN95 masks available to the broader community. And you should look for additional communications on that in the Today at UT Southwestern email later this week, which will provide further details about availability and how you can access those.

As a state institution, we continue to operate under the governor's executive order that prohibits us from mandating face coverings outside of our clinical environments. Nonetheless, as anybody will know who's listened to any of these briefings, I strongly encourage everyone to wear a non-cloth mask on our campus, especially during this latest surge to help protect yourself, your loved ones, and colleagues.

We will no longer be providing cloth masks via our supply chain because of the clear superiority of the medical or surgical masks. So we'll only have medical-grade three-ply surgical, or KN95 masks along with N95 respirators for the appropriate setting.

Clinical personnel can order N95s through Central Supply Warehouse, and medical grade masks can be secured through the procurement portal. For those who have asked if we will sell N95s in our university stores, given that they require fit-testing, they are not available for sale, because we want to ensure that are used properly and safely. And for those looking for more information, I would refer you to our website.

Jenny Doren:

Thank you for your time and for the support you have shared for all of us on campus.

Dr. Podolsky:

Well thank you, Jenny, and we wish everybody a continued safety, and we'll look forward to the next update to be determined by circumstances, but likely two weeks from this morning.