Trish Kritek:

Welcome to UW Medicine Town Hall. It's great to have everyone back. I'm Trish Kritek, Associate Dean for Faculty Affairs. And we have a full house today for town hall. I'm going to run through who's here with us. We have a special guest who I'll introduce at the end and we'll get going. We have Anne Browning, our Assistant Dean for Well-Being, John Lynch, Head of Infection Prevention and Employee Health at Harborview and Head of the COVID Response. Keri Nasenbeny, Chief Nursing Officer at UWMC Northwest. Santiago Neme, Medical Director at UWMC Northwest. Tom Stager, Medical Director UWMC.

Trish Kritek:

Jerome Dayao, Chief Nursing Officer at Harborview, Cindy Sayre, Chief Nursing Officer UWMC. Tim Dellit, Chief Medical Officer for UW Medicine, Rick Goss, Medical Director at Harborview, and our special guest this week Dr. Danielle Zerr, who is the head of Pediatric Infectious Disease at Seattle Children's Hospital. And is joining us to answer your questions, all things, kids and COVID this week. So, thanks in advance, Danielle, for joining us today. We really appreciate it. I'm going to kick things off by handing off to Anne who is safely back from skiing last town hall for her wellbeing message.

Anne Browning:

Sure, thanks. So as a splurge, I ordered sushi takeout last night and it wasn't that early in the evening. And I was ordering number four for the restaurant, which is usually bustling, that made me pause and think about the precariousness so many folks in our community are feeling. And as we've been focused on gratitude lately, I've been thinking about how do we make gratitude more than a sentiment and make it an actionable verb. And I see the action of gratitude across Seattle, across Washington, as I think about our COVID-19 response.

Anne Browning:

And I remember looking at those IHME predictions back in November of what was potentially going to be this massive surge peaking now. And instead I see nearly universal masking and I see our inpatient numbers falling and that looks like gratitude and collective action. With that, I would say my pride for Seattle and Washington has been growing during the pandemic from masking and distancing to the Seahawks being the only NFL team in the season without a positive test. I have pride in how we focused on our community health. And throughout the pandemic we've shared our gratitude for our teams as essential workers who keep showing up for you to Madison. I want to expand that umbrella of gratitude to all the folks in our community who continue to work in our restaurants or grocery stores or childcares or schools and beyond. As we seek advice from our medical team members about mitigating our own risks, we talk about limiting shopping, or dining out.

Anne Browning:

But we don't always acknowledge the folks who are working in the stores and those restaurants who don't have that option to confusedly mitigate those risks. And I want to say that we see you and we thank you, and to make gratitude a verb within our community, what can we do tip as generously as you can on your takeout shop locally and carefully, all of that stuff, and take that extra moment to share your appreciation and thanks to the folks who are working in your community during this time. So, thank you.

Trish Kritek:

Thank you. What a lonely sentiment. I would echo that though, thanks to our greater community and all the folks who are really supporting all of us as we kind of go about life. Thanks so much for that sentiment. I think it's a nice jumping off place. I'm going to actually start with John today. Welcome back from being on service, John, we missed you. I'm wondering and alluded to numbers. So I'm going to actually start off the day with our numbers. So, can you tell us where we stand with numbers across UW Medicine and then across the state?

John Lynch:

Can do, Trish. So if we look in UW Medicine facilities and our four hospitals, we're at 45 patients with COVID-19. 19 at Valley, three at Northwest, nine at Montlake and 14 at Harborview. The one nice update besides the numbers still sort of trending down is that our ICU seem to be less impacted now. So fewer, critically ill patients with COVID.

Trish Kritek:

So numbers are down overall and numbers of critically ill patients are down. That's great. How has the state doing?

John Lynch:

Yeah, the state's following a similar trajectory. We look at absolute number of new cases, the number of continues to trend downward since the last time I spoke. So no big change there. And we look at hospitalizations, the downward slope is occurring, a little bit slower than the number of the case drop that we're seeing, but definitely headed in the right direction. This doesn't mean that we're out of the woods by any extent, we have some parts of the state, particularly the South, central part, Yakima Tri-Cities, which are seeing a fair number of cases. And we got to keep an eye on that.

Trish Kritek:

Okay. So numbers are going down, cases and little slower hospitalizations still being vigilant, which we've been talking about all on. Before I kind of transition topics, there were some requests and questions about the fact that our situations status reports are being updated day by day anymore in the online space again. And I'm curious if you know anything about that or any insights?

John Lynch:

Yeah, sure. Just a quick update. We did transition our emergency operations center meetings to Monday, Wednesday, and Friday starting this week. And we are still sending out and posting the notifications on the huddles following those EOC. But again, this is a transition period. If we're hearing from our community that they still need more information on those other days, it's definitely something we can take into account and think about what we can do to address that gap. But it is a sign of the numbers going down, activities being a little bit more streamlined that we've been able to transition from that everyday EOC meeting to a three times a week EOC.

Trish Kritek:

The EOC tempo is less. Maybe we can still think of a way we can share numbers more frequently for people, because I think for some people, that knowledge is really important and powerful in terms of dealing with distress and anxiety. Thank you. The next topic that I want to talk about with you, John, is the N95s and the counterfeit ones that have honestly have been in the news and been a topic of

discussion across our institution. I think the questions that came in were, do we know how many people might've used those N95s and what we're doing to deal with that?

John Lynch:

Yeah, sure. So as folks know, just a quick recap, in December, we made an effort to find more respirators. You recognize that our resupply from our normal manufacturers was not getting fixed. And so we went out and searched. We worked with other health systems across the state and the Washington Hospital Association. We find a group that could sell us about 500,000 of our most commonly used respirators, the 1860s, 1860 smalls. We made that investment in December, brought them into use and started actually increasing access for folks within our facilities as a result of that supply. Since that time, healthcare workers have used approximately 10,000 of the 1860s and approximately 10,000 to 1860 smalls, since we introduced those laws that we purchased, it's plus/minus. You remember each of our respirators is used one time, so it's you go into a patient room, it's discarded, it goes and gets reprocessed.

John Lynch:

But those are all one-time use. So it's every one person may use eight or nine in a day. So, it's not the number of people. It's a number of uses. And obviously as people heard over the weekend, we learned from Homeland Security and from 3M who provides a large number of our respirators, that those are counterfeits and we pulled those off immediately. I would like to point out that that day, our supply chain did a fantastic job of both recognizing the concern, removing all those respirators within hours and also our exposure teams at UWMC and Harborview, which are the impacted facilities, went and looked at every single positive employee since we introduced these respirators. And we have found no cases of an employee who became positive in the setting of using one of those respirators.

Trish Kritek:

Okay. So we purchased about 500,000 or 500,000. We think that 20,000 were used in some capacity. We know that none of the people who have tested positive or our employees have used these masks and we've taken them all out of circulation. The last clarifying question I have is someone asked, how do we know that when we send things off to be reprocessed, that these won't be reprocessed and put back into the pool?

John Lynch:

Yeah. We're just going to pull all of them. I want to be very, very clear on this. We're pulling all of those from both our stock, our par level, and also from the reprocessed ones. So we're just going to go back to that date and all of those are going away. We are testing them, but the purpose of the testing is only for us to be informed as a community, and I'll share it on town hall, as soon as I get those information about how good those are. It's very likely these respirators work just as well as the real ones, regardless of the findings, we are not going to reuse those. Those are not going to be in our supply ever, they're out forever. And we're not going to be looking at reintroducing them no matter what status is going forward.

Trish Kritek:

Okay. So we're removing from the shells to be used, we're removing them from the reprocess group and we're testing them just that we learn not to or ever use them. Thank you very much. It's obviously it was

a source of a lot of stress for a lot of people in the system, people worried about wearing the mask. So I appreciate you walking through that.

John Lynch:

Yeah, I'm sorry that it happened. We were just trying to do our best to find a resource that would address this issue. And I'm really bummed that it happened.

Tim Dellit:

Trish, I just also wanted to add. I think the really unfortunate part of this is that someone is taking advantage of a pandemic in this way. And it's not just us. It was over 50 hospitals across our state, other academic health systems in California and the Midwest, across the country that have experienced this as well. And so it is really frustrating and all of us feel horrible about this. But I think ultimately again, our supply chain did a phenomenal job in trying to recognize this. And again, these were so well done. I mean, we looked at them in advance, they had what appeared to be official documentation. And it's just really unfortunate to see this happen in the midst of a pandemic.

Trish Kritek:

Right. I remember when you and I first talked about it, my word was saddening, it's saddening that this happened. So thank you all. John, a couple more questions. I'm actually going to stick with masks. I asked that about double masking last town hall. I'm going to ask you again, because now the CDC has had some different recommendations that have come out. So I wondered if you could reflect on our guidance around double masking in light of that.

John Lynch:

Yeah. So if you look at that CDC guidance, it is really aimed at the community. And I've posted on this in a couple of form and talked a lot about it over the past couple of days with colleagues across the country and within our own facilities. One thing that I like to remember by view, remember last year when the US surgeon general said, "I'm going to show you how to make a mask out of a T-shirt." We need to move beyond that. We really need to have an expectation and resources for every member of the community have access to a safe, comfortable, effective mask. And what we know is the more layers, the better when you're using a mask. And so I think my impression in talking to the folks at the CDC, their goal was really to set out an expectation and some guidance for people living in the community to be wearing a mask that fit around their face, on their nose and around their cheeks from above the nose to below the chin and preferably multiple layers.

John Lynch:

So moving away from things like bandanas and moving away from buffs to something that's more effective for both containing transmission from them, but also protecting people as they're moving through the communities. That's the key thing is really aimed at the community. I want to remind folks that all of the procedure in surgical masks that we use with UW Medicine are three layered masks. So they already are multiple layer masks. And the one thing that I think that you can also take maybe home, when you think about this and you read the CDC guidance within health, as a healthcare worker, is I too see some opportunities to maybe fit a little bit better?

John Lynch:

So I see some folks, particularly with the surgical masks, the ones that tie that sometimes they'll lower loops are kind of hanging loose, and there's kind of a bit of flapping action there. We can just maybe do a little bit better for ourselves and reminding our colleagues to bring those masks in a little bit snugger. And if you find the tool that works better for you, but to keep that snugness sometimes it's the ear protectors. I've seen some of these beautiful homemade caps with buttons on them that help pull them back. There's a lot of tools out there to make it both comfortable and more effective.

Trish Kritek:

Okay. So I think the take home, there was CDC guidance is really about multiple layers of a good fitting mask for the community. We are not changing what we're recommending in the hospitals and saying, "You should double masks." Is that correct?

John Lynch:

Right. The CDC guidance is very clear that you should not put on two procedure at the same time. That is not advised.

Trish Kritek:

And that's what we wear in the hospital.

John Lynch:

Correct.

Trish Kritek:

That we want to have as good a fit as possible. And we can be creative and making sure it fits and get it under your chin over your nose. And following up on that question, one of the questions that came in was all people in clinical spaces, should they all be wearing a surgical mask as opposed to a cloth mask, including front desk staff and things like that in our own patient settings?

John Lynch:

That's correct. And I'm pretty sure if I see Keri nodding, we made this policy early on that our expectation is that you exchange your home mask, your cloth mask, whatever mask you're wearing for a procedure or surgical mask when you come to our facility. So we have plenty of those. We do not need to be hoarding them or worrying about them. Single use, you put it on, when you go to get coffee or have lunch or whatever, you take it off. If you sneeze into it, you take it off and you put a fresh one on. And that's all appropriate.

Trish Kritek:

I can't believe you already answered the sneezing question, which was my favorite question this week. But thank you. If you sneeze in your mask, you should take it off.

John Lynch:

I thought that was already answered in prior meetings. So I was just reiterating.

Trish Kritek:

Thank you. And Santiago is relieved because I told him I was going to ask him about that. So take home there is everyone in the clinical setting wears a surgical or procedural mask. I think that that's the big take home. I'm going to ask you two more questions about numbers before I pivot to Tim and I'll come back, John, for more questions later. The first one is, do we know if there's any employees who have tested positive since they've been fully vaccinated?

John Lynch:

Yeah. So just to define fully vaccinated, two vaccines plus two weeks after the second vaccine. As far as I know right now, and look at Santiago and others, we have not seen anyone positive after that point. We have seen people positive soon after their first vaccine. And it may be one person that got positive a day after their second one, but no one has been positive after being fully vaccinated. And if you look employee numbers posted I think we're seeing a reflection there. We're going multiple days with zero healthcare workers or positive.

Trish Kritek:

I'm going to highlight that, fewer healthcare workers testing positive, significantly fewer, and nobody who's has a positive after their second dose, two weeks post that. And people have asked when after my second dose am I supposed to be immune? And I think you've answered that, two weeks after your second dose. So thank you. That's great news. That's really exciting.

John Lynch:

Very exciting.

Trish Kritek:

I think we're good for right now. I'll come back in a little bit. Tim, I wonder if you could update us on vaccine numbers, where we stand with vaccine numbers and then I have a bunch of follow-up questions.

Tim Dellit:

Sure. Again, thank you everyone for joining us here again this afternoon. Overall, we are almost at 80,000 doses of vaccine delivered, which in essence is about eight to 9% of all the vaccine administered within the state of Washington. So, continue to do well in terms of our overall numbers. It remains extremely tight from a supply standpoint and in particular, next week the Department of Health let all of us know, they were really shifting to focus on ensuring that they delivered second doses and we're reducing the number of first doses. And again, as we mentioned last time, we have pause scheduling new first doses after February, we're scheduled through February. But it's tight every week. We just did learn earlier today, I think we have enough so that we don't have to cancel appointments next week, but it is getting razor thin in terms of that supply chain right now.

Trish Kritek:

Okay. So 80,000 ish vaccines given. We're still not scheduling new first doses. We have enough for next week and we're not sure after that it'll be week to week as we learn how much we're getting.

Tim Dellit:

Correct, this Friday.

Trish Kritek:

Okay. It sounds like we're continuing to collaborate with the state on figuring out how best to bring the vaccine to our greater community. Is that right?

Tim Dellit:

Yes, absolutely. A lot of discussions with the county, the city and we are anticipating here in the near future, we will actually be able to launch a mobile van again, to be able to help reach those particular communities that really have had limited access. I think this is one of the things that we are really concerned about as the city and state as a whole is the inequity of vaccine distribution and the disconnect of where you're seeing the highest rates of cases and lower rates of vaccination. And so all of us are working together to try to address that.

Trish Kritek:

So one of our attempts to address the disparities is going to be rolling out the mobile van for vaccination. Do you have a timeline, a date in that you think it might go live?

Tim Dellit:

I don't have a firm date, I'm anticipating in the next couple of weeks.

Trish Kritek:

Okay. I'll keep following up with you about that. Do you know how many faculty or staff, employees have declined the vaccine at this point?

Tim Dellit:

Last I saw among our employees, our declination rate was less than 9%. Again, there are pockets of areas and this is where Santiago and Paula in particular through some of their forums and different languages have really tried to reach out to our employees. And I think those have been really successful and engaging in dialogue. But our overall declination rate is actually quite good at less than 9%.

Trish Kritek:

Okay. So less than 9% doing, do our efforts to reach folks who might be more hesitant about getting vaccines or not getting information about vaccines. We'll talk about that more a little bit later. Do we have a plan for the UW neighborhood clinics to start administering vaccines?

Tim Dellit:

The challenge right now is the supply is so limited that we can't decentralize the vaccine out there. Now, hopefully, if a couple of months from now, hopefully the supply is much better and then we can get it distributed out. Ideally, we'd love to use the same infrastructure that we do for influenza vaccination, right? Where we utilize our primary care clinics. We utilize the pharmacies, but the supply has just not been there. Now, on a federal level, you may have seen, there was an announcement that they are partnering with different national pharmacy chains. Again, I don't have an exact timeline on when that will be available potentially within our area. But it's the supply limitation that is really the barrier, but hopefully it get out to neighborhood clinics a couple of months.

Trish Kritek:

Okay. So we were thinking not days, but probably weeks to months before we would be using our clinics. I will say there's one clinic leader who said, "They're an outstanding team and they're ready to go whenever we're ready to have the vaccine." So thanks and kudos to the people who are saying they want to help. I'm going to shift a little bit to who is getting vaccinated. I think as people hear about teachers being in a tier coming up for vaccination, there's concern that that's only for K through 12, or they want to clarity, is it just K through 12 and not people who teach in the university or with graduate students.

Tim Dellit:

Yeah. When I first saw that I reached out to Department of Health and ask them specifically that question and they intentionally targeted K through 12 in alignment with their focus on getting those schools back in person. Now, the CDC has come out with new recommendations that we should be able to open schools potentially even without vaccination. But I think from the state's standpoint, that's why they made that conscious decision. And they intentionally did not include higher education. But that is something that we asked about because we noticed that as well.

Trish Kritek:

Okay. And I'll talk more with Danielle about that in a little bit. Folks asked if retired faculty are eligible for vaccination?

Tim Dellit:

If they meet the DOH criteria which most of the retired faculty would, they are eligible, but they go into the same process, just like all of our other patients. From an equity standpoint, we're really trying to be careful about not preferentially giving access to one group or another, and really strictly following those DOH criteria.

Trish Kritek:

Okay. So we're following DOH. Everyone goes into the same pool to sign up. You're eligible if you meet those criteria, but we're trying to be equitable. And we've already said that in a couple of different ways. One other question about eligibility, there's been more data about the risk to pregnant people when they potentially get COVID. And I was wondering if that was going to change our prioritization of vaccination for pregnant people?

Tim Dellit:

We had data that came out of our group here that really showed that. But again, we have to follow the DOH criteria. So, if the department of health makes that modification, which really haven't yet. So we can't do that on our own, even though I very much appreciate the question and understand the emerging data. And this is one of the challenges as we've talked about before, every state, their own Department of Health are using slightly different criteria. But we have to stay in alignment with what our state is having us do.

Trish Kritek:

So not yet something that maybe will be an ongoing conversation with Department of Health, but we're going to continue to follow the department of health. Kudos to our investigators for sharing those data. One more question about vaccines for you, Tim. And this one is personal. I don't think that you felt that bad after you got your second dose of vaccine if I'm not mistaken, and lots of people sent in questions

saying, does it mean I'm not going to have an immune response if I didn't feel crummy after the second dose. So want to talk to the group about what it means if you don't feel crummy? Are you still going to be immune?

Tim Dellit:

Yeah, I had a sore arm, but I did not have the same type of symptoms that Santiago for instance shared with us last time. And I don't regret that. I do think that people are going to be vaccinated. They will respond. I think the severity of those symptoms does not correlate with whether you are now protected or not from immune response. And so we get that question a lot, but I want to assure people that if you've gotten those two doses, we really believe that you have been adequately vaccinated.

Trish Kritek:

Okay. I want to just drive that home, just because you didn't feel crummy does not mean that you're not going to be immune. We think that you're just as protected.

Tim Dellit:

Be happy.

Trish Kritek:

And Tim is happy because he didn't have to feel crummy. So I agree. And so Santiago saying, "Yeah, you are happy." All right, I'll come back for more questions in a little bit. I'm going to pivot to Danielle now. Danielle, thanks so much for joining us. We really appreciate it. As it has already been alluded to, we've had a lot of questions about kids going back to school. And so as places are thinking about kids going back to school, I guess my first big picture question is our folks from Seattle Children's and our UW faculty partnering with school districts to think about how to do that safely? Is that a part of conversations?

Danielle Zerr:

Absolutely. We have many leaders and faculty from UW and Seattle Children's that have been working with schools throughout the region to provide guidance on reopening and how to accomplish in person education safely.

Trish Kritek:

And how do you think we best protect kids as they go back to school? If they go back to in-person learning?

Danielle Zerr:

Yeah. I think it's all those things we know work for preventing transmission of SARS-CoV-2. So masking, creating smaller groups of students that stay consistent throughout the day and from day to day, physical distancing, symptom screening, super important, people staying home when they're ill, people undergoing quarantine when they've had a high risk exposure and then things around ventilation whenever possible. So increasing ventilation, whether that means opening the windows or when weather is better than it is today doing outside learning, things like that.

Trish Kritek:

Okay. So pods, masks, physical distancing, hand-washing, quarantine, symptom screen, the stuff we've been talking about. Have we learned from other school districts around the country where kids have been going to school any other best practices. What's happened in those other schools? Are kids getting sick? Is that the case? What's happening?

Danielle Zerr:

I think what we're learning overall is that in-person learning can be done safely when taking these steps. We have seen this in our own country, as well as in other countries around the world. Now, of course you can always find examples where outbreaks have happened, but on the whole, I think the message is we can do this safely if we take these steps.

Trish Kritek:

Save here, save another countries, it sounds like you're a proponent of the idea of going back to school. Is that right?

Danielle Zerr:

I am.

Trish Kritek:

Okay, great. One of the things that people said was, "Okay, all of this is changing." Do we think it will be like that next year too? Are kids going to still be masked in school next year? And I know you don't have a crystal ball, but what do you think?

Danielle Zerr:

I think we have to plan for that. We don't know when children will be vaccinated, so that's an important piece of the puzzle. We don't know what our community daily rates will be. That depends on human behavior and it depends on what impact these newer more transmissible variants have. So I think we need to wait and see how all of those issues play out and plan to mask, plan to continue small pods, physical distancing, things like that.

Trish Kritek:

Okay. So for the future, this is what we're doing until we learn that that's not what we're doing. You brought up the subject of vaccines. So we had a bunch of questions about, are there trials that are ongoing for vaccination of smaller children and what ages? Do you think that kids will eventually get vaccinated?

Danielle Zerr:

Yes, I do think that kids will eventually get vaccinated, but first those studies have to happen. So the vaccines that we have available here in the US are only licensed down to age 16 and 18, I think you probably are aware of that. I think Pfizer is farthest along on the pediatric trials and they have finished enrolling their trial going down to age 12. And so when that data is analyzed, which I believe is supposed to happen early this year, they will be able to use that to finalize the design of the studies that go down to age five. So, all of that is hopefully going to be proceeding over the coming months. And well, once we have that data they will submit that to the FDA and once there's authorization to use, we'll use, we'll be able to roll it out to kids.

Trish Kritek:

Okay. So we're getting close on to 12, and older. The next studies will be five and older. Will we test infants? Will that happen?

Danielle Zerr:

Yes. I expect that will happen, but it will be after those studies down to age five are completed, continue to march down the age groups.

Trish Kritek:

Okay. Eyes will be peeled for 12 year olds and older is the next phase. Awesome. Three more questions. One is do we haven't heard anything about these new ... We've talked here at town hall about the new strains. And one question that came up was are the new strains behaving any differently in children?

Danielle Zerr:

We don't know that yet. Those studies are underway, so we really have to wait to see what they show.

Trish Kritek:

Okay. So more to come on that. And then how about the long-term sequelae in children who have had COVID?

Danielle Zerr:

Sure. The vast majority of kids recover very quickly after COVID-19. Many are even asymptomatic or mildly symptomatic, even those who are more symptomatic most recover quickly. We of course, are aware of our own experience with individual patients who have longer-term symptoms or fevers that come and go over time after initial recovery. And some that have more impactful fatigue and other symptoms like that. But I think to fully understand what proportion of children this affects, we need these perspective studies that are currently underway to give us that information.

Trish Kritek:

Okay. So most kids do really well. We know about those small cohort of children who've had systemic symptoms and lingering effects, and we're studying it prospectively to get a better sense of what's the natural history of folks that have been infected? I lied, I said one, I have two more. One is our small children, six, seven, kindergarten, can those children be infectious? Can they bring COVID to somebody else?

Danielle Zerr:

Yes. I mean, that is certainly possible. It does appear that they are less infectious than older children and adults. But it's possible.

Trish Kritek:

Less, but not zero. Okay. And then the last one, I like this question. What's too young to mask?

Danielle Zerr:

Yeah. So, generally we think about those under the age of two years as being too young to mask. But those over two years can be masked. And it's amazing, they do it very well. Many of them too.

Trish Kritek:

My nephew is three and he's like all in on his mask. As a matter of fact, when he plays going to the grocery store, he wears a mask, which I thought, "Holy cow, our culture is changing." I've seen it in my own eyes. Okay, thank you. Danielle, we'll have you back because Anne is going to be asking you as a friendly ID doc at the end, but thank you so much for those questions. We've had a lot of questions about children's so I really appreciate it.

Danielle Zerr:

Sure. Happy to be here.

Trish Kritek:

Thank you. Santiago, I'm looking at you. I want to follow up on a couple of things we've talked about, not the sneezing. I want to talk about what we're doing to reach out to more vulnerable populations in terms of vaccination. And that would include people who don't speak English as their first language, minority populations, as well as elderly population. So I wonder if you could talk a little bit about our outreach strategies for vaccination.

Santiago Neme:

Yeah, sure. Thank you, Trish, and hello everyone. So, our strategy through the Office of Healthcare Equity has been mainly in two domains. One is providing folks with information. Tim was just alluding to the fact that we've been really having this vaccine safety information sessions. We first started in English then we give them in Spanish and then other languages. And the idea here is to provide folks with the information so then they can then make an informed decision about whether or not they really don't want the vaccine or whether they want it. We started to focus on the UW Medicine community first, and now we're basically going to the community and we're setting up town halls just like this one, but with the community beyond UW Medicine. In terms of the other arm or the dimension of this is actually getting more people vaccinated and people who are vulnerable.

Santiago Neme:

So, we're working pretty actively with Jenny Bracket, Cynthia Dold and the UW Medicine leadership Tim, Lisa to really connect with the community and organizations around us to really partner and launch initiatives. One of them is the mobile van. The other idea that we have is to have to hold language specific clinics clinic days. And we're thinking at Harborview to do for instance, an all day Spanish clinic, where we have both the interpreters and the providers who speak Spanish and also some cultural mediators to really help folks get vaccinated.

Santiago Neme:

One thing that's been really powerful is the fact that we've heard from many people who have attended our sessions, staff members who have actually changed their mind after attending the sessions and they've also shared information with their families. So we're hoping to maximize magnify that effect. And the main impediment right now, as Tim said, is supply in terms of the actual vaccine. And as soon as we get some more supply, we'll be able to have those specific clinics that we talked about, where the

main emphasis would be the LEP or the limited English proficiency patients, or homeless, and then the vans that Tim mentioned.

Trish Kritek:

That's outstanding. I love the part about people changing their mind basin, so we have the internal sessions in many different languages. We're moving those to community-based sessions, which is great. We're thinking about clinics and different languages and the vans. Do you know if we're doing anything for elderly folks who are having a hard time interacting with our technology?

Santiago Neme:

Yeah, we are. So initially, our strategy was about contacting folks through e-Care and then we identify the technology can be significant barriers. So in our approach, we're really considering how can we really reach those folks. So, there's a lot of work and there's a lot of calling because the elderly are more likely to pick up the phone as opposed to actually go to e-Care. So there's a lot of actual calls that go through the clinics. And then there's specific clinics that specialize more in the elderly and primary care clinics that are really targeting those patients. So I think there's a lot of work. All we need right now is more supply, more backing, more products, and I feel like we're pretty well poised to help.

Trish Kritek:

That's wonderful. So using old fashioned technology like the phone to connect people and we need more vaccine. Thank you for all that. I'm going to come back and ask you some questions about masks and spread that out in a little bit. But I'm going to pivot to our chief nursing officers, Cindy, Kari and Jerome. And I'm going to ask for us about vaccine clinics because we were talking about vaccine clinics. We got a bunch of questions today about what are we going to do if it snows. So do we have backup plans or what are our plans for our clinics? I'll start with you Cindy.

Trish Kritek:

For snow day clinic.

Cindy Sayre:

Yes. And I can tell you that we are definitely thinking about this. We sent text messages to everybody that was scheduled for a vaccine tomorrow with the offer to reschedule. And as of this morning, 47 out of 450 people took us up on that offer.

Trish Kritek:

Okay. So about 10% is all.

Cindy Sayre:

Yeah. People are pretty darn determined to get in here for that vaccine. What I will say is that we've talked about the fact that we're going to be opening those vials very judiciously. And it may be that we'll have people wait a little bit, just so that we're very careful with the number of vials that are being opened and minimize the waste. And that's the plan right now. And Keri can talk from experience that people are planning to get here.

Trish Kritek:

Okay. So most people are coming. We've texted people to check in. We're going to be cautious as we open vials because that's another five to eight doses, depending on what it is. So, a little bit of patience, but sounds like we're checking in. We're trying to have some contingency, but people want to get vaccinated. Keri, same thing at Northwest?

Keri Nasenbeny:

Yes. The clinic still intends to be open, running. But I think like Cindy, especially now that we have both Pfizer and Moderna, I think we have to be really careful about managing that so that we don't end up with waste. So I think we'll be very judicious as well across all of our clinics. I think the message to our community is we can reschedule. We don't want people to risk life and limb for this. And we'll still be open and here, people can make it safely. I did see that the city of Seattle was intending on plowing routes to vaccination.

Trish Kritek:

Great, okay.

Keri Nasenbeny:

Hopefully, that means us as well.

Trish Kritek:

One of our very few plows will be getting people to-

Keri Nasenbeny:

One of our three plows.

Trish Kritek:

I don't know how many there are, but they're not a lot. I grew up in Wisconsin. There's many less.

Keri Nasenbeny:

Yeah. And no salt to speak of.

Trish Kritek:

Let’s not go on a snow in the Pacific Northwest rant, but fair enough. Okay. So clinics are open. Jerome, do you want to add to that?

Jerome Dayao:

Same is true with Harborview, we are planning to be an operations tomorrow in our vaccine clinics. And this was part of our discussion earlier on inclement weather preparations, for the weekend, so we are planning to be great.

Trish Kritek:

And while you were talking, Jerome, how are you doing with staffing of your vaccine clinic? Are you good with staffing?

Jerome Dayao:

Well, yes, we are very good with staffing, especially now that we are ramping down some of our COVID increased staffing. We are able to staff the clinics. We still have the volunteers. And from what I heard is we also have been getting our share of hiring people for the backseat cleaning.

Trish Kritek:

So you're actually hiring and the people can be deployed to that space as well. That's great. Keri and Cindy, are you good on staffing?

Keri Nasenbeny:

Yeah, we are.

Cindy Sayre:

We are. Yeah, I'm about ready to send out a notice, I think that we have some needs over the weekend, on Sunday and Monday. So Montlake nurses will be hearing from me very soon.

Trish Kritek:

Okay. So some needs at Montlake. And Keri, how are you?

Cindy Sayre:

No, actually, we're doing just fine at the moment and don't don't need any additional assistance. We have hired like Jerome has said some permanent folks, are using a lot of students, which has been great. And so at the moment sitting pretty, I think if the vaccination supply increases that could change. So for folks who want to volunteer in the clinics stay tight, hopefully we will see more vaccine here soon and be able to ramp up.

Trish Kritek:

Okay. So right now we're doing okay, we've done some hiring, maybe a little help at Montlake. This is a kind of recurring theme of today, if we have more vaccines, the situation may change. Last question for the three of you about vaccines, we've had slightly different approaches to what we're doing for extra doses and if there's extra doses available. So Jerome, how are you managing end of clinic extra doses at Harborview. Suddenly we can't hear you. I don't know.

Jerome Dayao:

Apologies. We don't really have lots of that issue, but when we do we look at our vulnerable populations, like let's say for instance, on the respite areas, if we can utilize them on those.

Trish Kritek:

Okay, so respite and other vulnerable populations at Harborview. Cindy at Montlake.

Cindy Sayre:

Right. Well, I've had conversations with our leaders around this. We still have a lot of employees that need their vaccination. So we're taking standby lists of employees that need their second dose and prioritizing that for Montlake right now.

Trish Kritek:

Okay. So stand by of employees who are not fully vaccinated. And Keri, at Northwest.

Keri Nasenbeny:

Yeah. So a combination, I think of what Harborview is doing and at Montlake. So we do keep a list for example, for our geropsych unit as well as inpatients who are discharging or are older than 65, as well as employees or second doses, and then some employees for first doses. So a combination kind of all those things, but really trying to minimize waste first of all, I think and judicious use of opening up new vials and looking at, do we risk? If we only have two or three people, we reschedule on to the next day I think as the other tactic that we're looking at, so that we're not opening a vial for one person.

Trish Kritek:

So judicious use and strategic opening of vials plus vulnerable populations, and getting our employees as vaccinated as possible, like everybody vaccinated. Great. Last question, chief nursing officers. Again, this conversation keeps coming up and I think it's understandable. Thinking about our visitation policy and visitor policy. And I think one of the questions that was asked actually a couple of times over was, do we have data that says that the visitors are putting people at risk? And could we change that? We know they're vaccinated, for example, are we thinking about some new strategies to get some visitors in the hospital? I'll start with you Keri, and I'll go to Jerome.

Keri Nasenbeny:

I think it'd be darn near impossible to screen visitors for vaccination status or not. That just seems really cumbersome. I think that we have to, and this really lands on the med tech teams and this is really their work to do but I think there's risks for having visitors to both staff and patients. And then there's just to not having visitors and harm to reputation centered, increased workload and burden on our staff. So I think all of those things have to come in the balance of that. And that's where our friendly ID docs, I think they have a great sense and really understand all of these variables well, both the harm we see patients who become delirious because they're elderly and haven't seen family members in days and are disoriented. And so that's not good. And also we don't want to put our staff or visitors or patients at risk. So there's a balance there. And I applaud that all they're doing for that.

Trish Kritek:

I'll ask the ID docs too. Jerome, did you want to add? So I think the take on there, Keri, is that we're not changing our policy right now, is that right?

Keri Nasenbeny:

No, I keep asking the questions that Dr. Cohen who sits right next to me, because I think we have to keep asking that question.

Trish Kritek:

Yeah, and I think people are going to keep asking the question. I think it's a good question to ask because there are risks and benefits to having family presence in the hospital. Jerome, did you want to add to that?

Jerome Dayao:

Yeah. We're starting to think about that, but as of the current moment, we still do not allow visitors.

Trish Kritek:

Okay. And John or Santiago, do you want to speak to this topic for a second? John, I see you're unmuted.

John Lynch:

Yeah, so I was doing Q&A's here. So the question was really about vaccination and visiting?

Trish Kritek:

No, it was really about, are we going to change our visitation policy? Or maybe it is what's the threshold when we'll start thinking about letting more visitors back in.

John Lynch:

Yeah. So I think there's two parts to this. One is what can we do safely now? And so is it possible to bring, for instance, in the ambulatory setting a person with you when you come into the inventory setting, that's being done in some other facilities for SCCA has allowed that throughout and they've proven they can do it safely. That's one topic of discussion. And that's ongoing. The second part is to your specific question about ... I think when vaccine is widely available, that's when we're gonna really be seeing big changes in how we allow people to move throughout our campuses, whether you're a caregiver or a visitor. We are making tweaks in different things, for instance, end of life, particularly people with COVID, inpatient, as I just mentioned, ambulatory patients, I think there's lots of discussions and things we can do to address some of those stresses right now that that Keri mentioned. But when we start seeing a lot more people vaccinated, I don't have a number percentage, but when we start really cranking through this in the spring and early summer, that's when I see potential big changes happening.

Trish Kritek:

Okay. So you're looking at vaccination. How about prevalence in the community?

John Lynch:

COVID-19 prevalence?

Trish Kritek:

Yeah.

John Lynch:

Yeah. So, I'll just say that ... I know we don't have time for this and I will try to be concise is that it is very hard right now to know what's going to happen in the near future. And I'm not trying to be a downer, right. But I don't want to be inappropriately optimistic about the trajectory on. It's great, I'm insanely happy that the numbers are going down in our hospitals and our community, but these variants that you're seeing more and more about in the community mixed. So we have variants out there. We have some people vaccinated, but I want to remind everyone, most people in our state have never had COVID and are not vaccinated, which means that things like those variants and all of the normal human coronavirus, the normal COVID-19 what's out there can still impact those people. And so we need to be

cautious and I want to be thoughtful about any prediction about what's going to happen in the coming months.

Trish Kritek:

Okay. First of all, that was concise. Thank you.

John Lynch:

Could be otherwise.

Trish Kritek:

And the take home there was, we are paying attention to things and there's still some grayness about what's going to happen with the prevalence in the community with changing strains. So we're being cautious. Some evolution in the ambulatory settings, some evolution in end of life. But right now we're kind of holding steady until we see more vaccination and we see what happens with the prevalence in the community. I appreciate your thoughtful response on that. Tom and Rick, we have heard that there's more elective surgical cases happening, and I wanted to reach out to both of you to ask a kind of what's the impact of that been in the hospitals and in terms of patients and pressure. Tom, you're unmuted, so I'll start with you.

Tom Stager:

So our surgical recovery steering committee came to the conclusion late January, that the decline in COVID numbers was sufficient that we could begin scheduling elective surgeries, even if they required overnight stays beginning February 1st. That went into effect February 1st. Since February 1st at Montlake and Northwest, we've seen an uptick in the number of surgical cases done probably a 10% overall increase over the prior couple of weeks. So, some lead time takes a few weeks to get some of those cases scheduled. That's what we've seen in UWMC.

Trish Kritek:

So 10% increase since February 1st, when we started allowing elective cases that have an inpatient stay. How about at Harborview?

Tom Stager:

Probably, five to 10%.

Trish Kritek:

Five to 10. Okay, thanks. Rick?

Rick Goss:

Yes, Tricia. Very similar because we are working together across our sites, working with the chairs, working with the surgical recovery committee. And I think it's a really good example of how well we have responded and learned over time. A year ago when it was all really uncharted, uncertain, we closed things down dramatically. And once we were faced with another surge, then in the late fall into the winter, we used a more of trying to kind of use a sort of a dialing of closing down, but then reopening. And I think we've done that. And as of February, we have been at full scheduling. And so Harborview is seeing the response to that need, we're at a historic patterns now of volume. And as John pointed out a

little bit ago, we still need to be very nimble and attentive to what the community trends are. So I think, we're all cautiously optimistic for the near future.

Trish Kritek:

Great, So the dial effect now kind of fully open in terms of surgeries and we're kind of back to our capacities that we were before. For the two of you, someone asked if we're tracking if medical staff are vaccinated, is that something that either of your medical staff roles, are we keeping track of that, Rick?

Rick Goss:

We have that information, and again, we're pleased that there's still a very low rate of decline, much like flu we would expect people who declined to be sure they're doing that based on the fall information. We are just now beginning to put plans in place to reach those people that have perhaps declined. So, we will be moving forward. Tom may be a similar response.

Tom Stager:

Yeah, basically same. Our expectation is that everyone will respond to the query. We highly encourage everyone to get vaccinated and we will be reaching out to individuals who haven't responded appropriately.

Trish Kritek:

Okay. And so they'll have to actively decline and we're tracking that. Thank you. I appreciate those answers. I have a handful of kind of quick fire bouncing around questions that I'm going to ask before I hand it off back to Anne. John, I know you're probably answering questions, so I'm saying your name in advance. There's been some discussion about CDC saying that if you're vaccinated, you don't have to quarantine in the same way. And I'm wondering, we're adopting some part of that in our quarantine rules for folks who are vaccinated.

John Lynch:

Yeah, another hot topic in the med tech group discussions. We just brought this up yesterday. So, this just came out, I think, Wednesday. So we're still working on it. The main thing is that there's different levels of exposure. So, it is very different to be for instance, in a healthcare setting and be around someone with COVID with all your PPE on, or maybe the patients have their mask on and living with someone with COVID. So, what we're trying to figure out is where in that sort of accreditations can someone who's vaccinated be safe to remain at work. And so that's the discussion we're working on right now. I'd also point out that we really want to be aligned with the Department of Health and public health South King County, who are working through their adoption of the CDC recommendations.

John Lynch:

And currently, they're also focusing on adopting, they would like everyone exposed to be on quarantine for 14 days, that's the most conservative. And so they see moving away from that as dealing with staffing shortages, which we are kind of having in many of our settings. The question is what does that truly mean from a public health perspective versus the way we use that term? So we're working through that as quickly as we possibly can. I do anticipate adopting some of that CDC recommendation for vaccinated health workers, probably vaccinated health workers who were exposed in the workplace and then probably less likely that happening for home exposures. But again, more to come.

Trish Kritek:

Okay. So no change yet, probably moving towards the direction of changes first, if there's change and folks who got exposed in the healthcare setting, who have to have been already vaccinated. Thank you. Tim, this is totally different. There has been some discussion of a Senate bill that has implications in terms of furlough of UW employees. And it says there's an exception for UWMC and Harborview employees, but people are worrying about what if you work in the school of medicine? Do you know anything about this?

Tim Dellit:

I don't know the details. That I'd have to look. And again, right now, there are no plans to implement furloughs.

Trish Kritek:

Okay. So no furloughs.

Tim Dellit:

I have to check on the language.

Trish Kritek:

Okay. I appreciate that - I just sprung that one on you. Santiago, how do you feel about ... All right. How do you feel about two people who are vaccinated eating with each other at this point?

Santiago Neme:

Well, our recommendation is to not change our policy currently, but there's a lot of talk around people who are fully vaccinated, they should be safer. But it's not our policy. And also, again, there's so many people who are not vaccinated at this point and trying to screen for status, or it just becomes very challenging. So as a rule, I would say we do not recommend that.

Trish Kritek:

And is that the same for two vaccinated people in an office not wearing their masks, do you think they should still wear their mask?

Santiago Neme:

It'll be able to be very hard to come up with those exceptions and come up with the timing of the vaccination, and now they really fully is a dose one, two. So, I would say for now we want to stick to the blend that we know has worked and we've managed to keep everyone safe. So, I would say, but that doesn't mean that there isn't an ongoing dialogue, because you already seeing Fauci saying things on TV that are kind of telling the story of what might come in the future, but we're not there yet.

Trish Kritek:

Evolving space, no change yet. And we'll keep talking about it. I'll keep asking about it, because I think-

Santiago Neme:

These all. Yeah.

Trish Kritek:

... they're all good questions to keep asking.

Santiago Neme:

They're logical. Yeah.

Trish Kritek:

Okay. And with that, thank you for all the questions and answers. I'm going to pivot over to Anne and let her ask Danielle some questions.

Anne Browning:

Sure. Thank you. And Danielle, thank you for joining us as our asking friendly infectious disease doc for the week. You answered some of the questions about school with been need to see on social media, some friends across the country posting their first day of school pictures. And it sounds like you have some positive sense of being able to get in person instruction. There are a lot of other ways kiddos try to engage with each other. We had a lot of questions around, would you let your kid go to a dance class?

Danielle Zerr:

We'll start there, the dance class. Yeah, when I think about this, I think about the same things I think about with school. How large is that class? Is this going to be the same group of students throughout the course of this class and are they able to wear masks? What's the ventilation? I think about those sorts of things.

Anne Browning:

A lot of folks are saying that sports in general are starting to open back up. What do you think about outdoor sports for kids?

Danielle Zerr:

I think outdoor is definitely preferable to indoor, but even indoor maybe doable depending on what the setting is. So, I think I would feel pretty good about outdoor exercise for kids, depending on the sport, whether they wear a mask or not. I mean, sometimes that just won't be possible depending on what it is they're doing. But being outdoors helps a lot.

Anne Browning:

Along that theme. If you had an elementary age kiddo, would you let them play with other kids in their grade or in their class outdoors masked up?

Danielle Zerr:

Are you talking about in a school setting?

Anne Browning:

Actually outside of school.

Danielle Zerr:

Outside of school. Yeah, again, being outside is great and if they can wear masks and be outside, even better. And again, small groups, and we've talked about this over the course of the pandemic. Outside of school and work settings, if we can pick one family that we can kind of pot up with, that would be the ideal way to do it, keep it small and keep it small over time. And maybe occasionally, shift who that group is to change things up. But to try to keep a small group of people that you have these closer contacts with.

Anne Browning:

Thank you. Thinking about what is happening in terms of vaccinations, we're hitting some phases where sometimes the parents in the family are vaccinated. The grandparents were vaccinated, but we don't have our kiddos vaccinated. A question came in around would you have dinner as a vaccinated adult group if kiddos couldn't be vaccinated yet?

Danielle Zerr:

Yeah. And this came up for me recently and we opted not to do that with our young adult kiddos who were getting ready to go back to school or go off to wherever they were going next.

Anne Browning:

This is a very frequent question around grandparents getting vaccinated. Would you be okay with vaccinated grandparents hugging or hanging out with grandkids at this point?

Danielle Zerr:

I would still be cautious about it. And then I would still advocate for masking and just being really careful about it.

Anne Browning:

A challenge for families, if you have an exposure yourself, would you quarantine away from your kids if you had younger kids in the house?

Danielle Zerr:

And this would be a person who is exposed, who has not been vaccinated?

Anne Browning:

Correct?

Danielle Zerr:

Yeah. I would try to the quarantine from other members of the family, I fully recognize that this is incredibly difficult to carry out if everyone's in the same home. And even if people are trying very hard, whether that's going to be effective or not is very much up in the air, just because it's ventilation issues, sharing kitchen issues, all of these things, it's very hard to carry out, but I would try.

Anne Browning:

I'll hit you with one more, folks were asking about Teams and I know kind of mental health of young folks through teenagers right now is something that's kind of front of mind. And folks were asking if you

could speak to what a harm reduction model in social interaction among teens might look like rather than policy of see no one face to face.

Danielle Zerr:

Yeah, it's a great question because I think a lot of kids have really been suffering, especially those who aren't doing any level of in-person learning. So they don't even have sort of the school setting for that. I would use the same strategies we talked about. I would try to pick one or maybe two close friends who can be the in-person connection for the team and hopefully choose kids who are of like-mind and trying to observe all of these procedures that we know can prevent transmission. So outdoors if possible, when the weather's nice. When the weather is like this, indoors with masks. If they're going to be sitting, watching TV, eating popcorn maybe we can make sure that they're six feet apart, things like that. I would just use all of those things we know work and try to help the kids be as healthy as possible.

Anne Browning:

Thank you for that. I really appreciate it. And thank you for coming on today. With that, it's four o'clock, so I'll hand it back to Trish.

Trish Kritek:

And I will rapidly wrap up and say a big thanks to the whole ... everyone who's here today. Huge thanks to the panel, a special thanks to Danielle for joining us today. Those have been questions that other folks have tried to answer, and I think it felt much more comfortable having you answer them. So thank you so much for doing that. I think they're appreciative of it as well. And before I thank everybody else, I want to say, because things are slower, we'll be back in two weeks. We're going to go with a two week tempo. We're going to continue to respond to kind of what's going on in our community.

Trish Kritek:

If things change, we will ramp up again. If things in my hopes continue to slow down, we'll keep at the two weeks for a while. So, we'll see you back in two weeks, a big thanks to everyone who joined us today. Thanks for those outstanding question. Particularly, all the ones for Danielle, there were lots of them. We really appreciate it. And thanks to all the members of our community for taking care of our patients, their families, and as always, most importantly, taking care of each other. We'll see you back in two weeks. Thanks so much. Bye.

Anne Browning:

Thanks y'all.