

Trish:

Welcome back to Town Hall. It's a pleasure to be back with you, our first town hall of May 2021. Holy cow, time flies. Before I forget, we're going to actually go three weeks between this Town Hall and next Town Hall, so our next town I'll be on May 28th. We'll remind you of that, and as always, we'll record things so they'll be available for you afterwards.

Trish:

So, it's my pleasure to welcome folks back to Town Hall. I'm going to tell you who's here with us and jump right in because we actually got a lot more questions these last two weeks than we had in the last couple of chunks of time.

Trish:

It's my pleasure to welcome back Tim Dellit, our Chief Medical Officer for UW Medicine, Santiago Neme, Medical Director at UWMC, Northwest, Keri Nasenbeny, Chief Nursing Officer at UWMC, Northwest, Tom Staiger, Medical Director of UWMC, Anne Browning, our Assistant Dean for Well-Being, Cindy Sayre, Chief Nursing Officer at UWMC, Jerome Dayao, Chief Nursing Officer, Harborview. John's on service this week, and so it's our pleasure to welcome Dr. Chloe Bryson-Cahn, who is the Associate Medical Director for Infection Prevention at Harborview, and I would argue, an essential partner to all the efforts that have gone on for our response to COVID. And somehow she's escaped being put onto the Town Hall screen for way too long, so Chloe, we're really excited to have you here today. Thank you for joining us.

Trish:

I'm going to hand it off to Anne to give her wellbeing message and invite a couple other voices and then we'll get into questions. Anne.

Anne Browning:

Sure. Good afternoon, everybody. Today, we are going to continue with three more kind of check-ins and reflections on what do folks want to keep from what shifted during the last year? What do we want to let go of either that came about during this last year or even kind of started before? And thinking about moving forward, what are we hopeful for? What are we looking forward to right now? So, I'm going to call on some pals on that front.

Anne Browning:

As I was reflecting this week what really kind of landed on me was this growing sense of dissonance between how we're doing and where we are within Seattle, Washington, and what we're seeing in the news and the impacts we're seeing globally, especially in India and some of the other really big hotspots across South America. And Trish and I were thinking about like, what words can we even put to a wellbeing message this week? And honestly, I don't think we could find the words. When we think about the devastation that's been happening in India, it's hard to think of what to say. So, I think what I wanted to at least hold in this moment is recognizing how much folks across our community, that it's our families, our friends, our colleagues that are being impacted right now, and we just wanted to mention that and hold that.

Anne Browning:

I did the quick math, and from Seattle to Delhi, it's 7040 miles, and that is really, really far away, and yet for folks who are deeply rooted in those communities, it's really, really close and it is really, really hard. So, I just wanted to say, again, for folks who have deep connections across really heavily impacted places right now, my heart is with you and we're all in this together. And really just kind of call to hold each other gently and recognize that we're all being impacted by what's happening around us well beyond our city and state.

Anne Browning:

For reflections, really fun to get to hear from folks, what has shifted this year and what are we going take away? And again, this is something we hope all of us can do as a practice. So, today, I'm going to pull in Cindy and Jerome and Santiago to share some of their thoughts, and I'm going to let Cindy go first. Hard to transition from kind of the hard stuff that's happening globally to our own reflections, but Cindy's a champ, so I know she can do it. Thank you, Cindy.

Cindy Sayre:

Yes. So, for sure what I want to keep is a renewed sense of gratitude and appreciation that I found in the last, however many months we're at now. I notice everything, the flowers, the bunnies as I cross the campus, and I want to keep on doing that, and then all of the love of our team members that's all around us, and I want to not take any of that for granted. So, that's a key for me.

Cindy Sayre:

In terms of what I really want to let go of, it's fear. I'm tired of knowing how many people in my zip code have been hospitalized with COVID, and I'm tired of worrying about the impacts on the community, and I'm wanting to move away from fear at this point in the pandemic. And what I'm really looking forward to, and it's coming up in just a couple of weeks, I'm going to see my son and his wife for the first time since the pandemic started. And I've said before, I don't know how long that first hug will last. It could be a significant amount of time, and just looking forward to reconnecting with family and friends in a renewed way. Thank you.

Anne Browning:

Awesome. Thank you, Cindy. Jerome, how about you?

Jerome Dayao:

Thank you, Anne, for that. But before I begin, I'd like to read everyone who's listening to us a Happy National Nurses Week and National Nurses Month. I'm very thankful for all of the nurses and the work that's happening at the frontlines, I also would like to acknowledge that it is Asian American Pacific Islander Heritage Month, and we continue as an organization to denounce racism in all its forms. So, I'd just like to say a little bit of a blurb on that.

Jerome Dayao:

With regard to keeping, I'm very similar with Cindy. I'd like to keep all of the things that are good happening in the present, enjoying those little things that make us happy, just waking up in the morning and being grateful that we have the opportunity to do that, considering what you said, Anne, that globally, nationally, I mean, there's lots of deaths because of this pandemic.

Jerome Dayao:

With regard to letting go, I'd also like to let go of the fear of the unknown, the fear of the future. I mean, I think what this COVID pandemic has given us is to always constantly fear about what's happening next week, are the numbers going to go up, are we going back the lockdown now that we are enjoying some sort of freedom being in tier three of this lockdown and control?

Jerome Dayao:

And lastly, I'm looking forward to also seeing family. I mean, I have my siblings that are coming to visit me in June, so I'm really looking forward to that. And I'd like to leave with a saying that... this quote of saying, yesterday is history, tomorrow is a mystery, and today is a gift, that's why it's called present. So, I'd like to just say that.

Anne Browning:

Jerome, thank you so much. Appreciate that. Santiago, what are you thinking about?

Santiago Neme:

Oh, thank you, Anne. For me, what I would like to keep is the togetherness. All the work we've done together, having the same goal, this entire institution really moving in the same direction, the same goal, and also how flat we've become in terms of hierarchy. I mean, you would turn around and see a department chair testing folks at an assisted living facility, you would see the medical directors vaccinating folks, you would see executives really entering data, you would turn around and then see someone from finance working as an officer at Northwest. So, these are the things that I felt and I feel so proud and I really want to keep, and I really want to keep almost watering that plant, because that's really something that has made me also value UW Medicine more, but in a sea of uncertainty, it has made me float more easily.

Santiago Neme:

In terms of what I would like to let go, honestly, for me, it's all about the suffering, it's all the suffering, the deaths, the morbidity, this awful pandemic, and I can't wait to let go of all that. There's a long way ahead, unfortunately, when we think about the globe, when we think about what's going on in India, what's going on in South America. We're lucky in the US that things are turning around for us, but yeah, it's all the suffering, it's all the preventable loss and all the inequities that we're seeing in the world. And again, we're probably not going to be done with those, but I would like to just see some improvement.

Santiago Neme:

What I'm looking forward to, I'm honestly looking forward to more in-person time. I miss hugging, I miss touch, I miss direct conversations with folks, and I also miss my family. And fortunately, hopefully, my mom will be able to come in July to visit me from Argentina. I hope that we'll let her, given that she got a different vaccine in Argentina, so I hope that that's not a problem for the US then. But yeah, so I would say more of in-person things and less of a Zoom. But honestly, I would really like to keep how we all function as an amazing system of working together, no matter what your role used to be, we're all going in the same direction. Thank you.

Anne Browning:

Santiago, Jerome, Cindy, thank you so much for your reflections. I really appreciate it. That was lovely. Trish.

Trish:

And thanks for me as well. I mean, the themes of teamwork, gratitude, family, and of course, hugs came up multiple times, so we'll look for updates on how long that hug was, Cindy, when you get back from seeing your family.

Trish:

Okay. We have a ton of questions. I'm going to jump in. I'm never going to get through them all. Keep them coming. We'll get through as many as we can. Chloe, you're here, you get to be our lead batter. I can't talk. Maybe we'll start with numbers. So, could you update us on what UW system-wide numbers are and then King County numbers, if you have those as well?

Chloe Bryson-Cahn:

Yeah, absolutely. So, today at Harborview, 12 total COVID positive patients, 10 of whom are in the ICU. At Montlake, six total positive, two in the ICU, and one in L&D. Northwest has five total, one in the ICU. And Valley has 19 total, eight in the ICU. So, I think those are similar numbers to what we've been hearing for the past couple of weeks now.

Trish:

What was the total of patients across the system?

Chloe Bryson-Cahn:

Oh, I can do the math quickly, but I cannot... 12, six, five and 19.

Trish:

Okay, someone will answer that for me. Okay. I can't do it in my head either. All right. But around the same as where we've been. Okay.

Chloe Bryson-Cahn:

Yeah. And with a pretty high ICU burden, I think, across the system, especially at Harborview.

Chloe Bryson-Cahn:

In the county, I would say things are potentially looking a little bit better, which is good news. There's always that caveat that the last 14 days of data are incomplete, but we are seeing a decline or plateau in overall number of cases and in deaths and hospitalizations, potentially. So, that is good news. Seven day average, 330 cases a day, which still feels pretty high, but at least dropping. King County I think, as everybody knows, is still in phase three. We all thought they'd go back to phase two this week, because the numbers, the overall average and the hospitalizations are still above the phase three cut off, but because the numbers seem to be declining or plateauing, we are given a two week grace period and they're going to reassess. So, right now we remain in phase three, and will be for the moment, with a reassessment in two weeks.

Trish:

So, good news that the King County numbers are still high, but coming down, still in phase three. I want to thank the people who sent me the math, though I am cracking up that some people told me it was 42 and some people told me it was 44, so I don't know which of those it is. But I will just say that it is a little

bit down from the 50s that I think we were hearing the last time we had Town Hall, though, kind of in that kind of bouncing around 40s 50s, it sounds like, is where we've been, just for context.

Trish:

Relevant to those numbers, do you have information on how many of those are variants? There was particular questions about the P.1 variant that people were concerned about.

Chloe Bryson-Cahn:

Yeah. So, the various data is interesting and our lab is doing an amazing job of monitoring this. They do a subset of sampling and check for variants. We are seeing, as expected, a rise and that B.1.1.7 variant, so the one that was first detected in the UK, and that's actually 40% of our isolates now. The P.1 variant, interestingly, is about 11%. I think we were all a little surprised to see that, so higher than we thought it had been. But the UK variant I think is the one that we were anticipating to sort of take over and it seems like it has.

Trish:

Yeah. So, we're seeing more of those variants, less of the wild type, if you will, including about 10% of the P.1.

Chloe Bryson-Cahn:

Yeah. And plenty of the variant that was first seen in California as well.

Trish:

Right. I remember that from before, so we still see a lot of that as well. And the implications of more P.1 than you would have expected?

Chloe Bryson-Cahn:

Yeah. So, I think the concern with that variant is that it does seem to evade some natural immunity. So, if you had COVID in the past, this one does seem to cause reinfection. I think just pushing the point of vaccine, vaccine, vaccine is our best preventative measure. It does seem to be effective against this one, and so while we have the chance, let's all get vaccinated.

Trish:

Okay. So, really important, maybe not as much natural immunity if you got infected, but vaccine seems to work against the P.1. Seeing more of it than we expect, but get vaccinated. We're going to keep saying that.

Trish:

Question that we had before, which I'll keep asking, which is, numbers of healthcare workers within our system that have got infected after vaccination, because people are worried about that, obviously, even though it's pretty rare how often that's happening.

Chloe Bryson-Cahn:

It is rare and we're worried too and keeping really close tabs on it because it feels like a very important marker. We have 37 cases of vaccine breakthrough at this point, which feels like a ton, but when we do

the math is actually a very low percentage. So, 0.002% of our vaccinated people have subsequently become infected. I think what's important about that is about half, maybe a third to half of those people were actually just detected on surveillance, so pre travel, pre surgery, whatever it was. The other folks have been symptomatic, but really, overall, quite mildly symptomatic. One person of all those people was hospitalized. So, good news that the vaccine, as it was built, does seem to prevent severe infection.

Trish:

That's great. So, I'm going to say those numbers again. 0.002% of people in our system have been vaccinated, and one person of all of those was in the hospital. Only half of them had any symptoms. The others were kind of incidental findings of testing.

Chloe Bryson-Cahn:

This is quite in line with CDC data, which I think is really important. They're reporting 0.001% of vaccinated people break through. Sounds about the same to me.

Trish:

Okay. Jeff Baird will probably quibble with me, but I'll say that's random variability between those, but he'll say something else.

Trish:

The other question about data... Well, actually, let me just follow up on that. I think people ask that question because people are still worried about being vaccinated and being asymptomatic and infecting other people. So, I'm wondering if you know of any new data about how often we think that might be happening. And I don't mean necessarily in our system, I mean any kind of data for the greater population.

Chloe Bryson-Cahn:

Yeah. So, the database of studies that are showing that asymptomatic infection is way, way, way decreased with vaccine is just growing and growing. So, it looks like 80s to 90% of people who've been vaccinated have decreased their risk of becoming asymptotically infected. That's that state that we really worry about, when you don't know you're sick and you could be getting others sick. We don't have perfect studies yet telling us if those folks transmit or not, but because the risk is so much lower, I think we all feel really good about that. The viral load in people who have breakthrough infection seems to be decreased as well. So, as we go, we feel better and better about that risk, seems low.

Trish:

So, it seems really low that you would get infected, and if you get infected, there's a less viral load, so we think that the odds that you would infect somebody is even lower. Yeah? Okay.

Trish:

The last in this kind of bucket, then I'm going to pivot to N95s, which I know you knew I would ask you about, but one more before that. And I asked John on this last time, and I might have not asked it very clearly. I think people are curious about of the patients that are admitted to our hospitals with COVID, our patients, do we know what percentage of those people were vaccinated and then developed COVID and were admitted to the hospital?

Chloe Bryson-Cahn:

Yeah. So, I can only speak to Harborview, although I welcome folks to chime in if they know about the other sites. I think at Harborview, we've had one or two of our COVID positive patients recently had been vaccinated. Since vaccine became more widespread in April, we are now paying much closer attention to this and reporting formally to the county. But I just asked our team and it sounds like very low numbers, and that's good news.

Trish:

Okay. So, pretty rare, or almost very, very rare that people are getting admitted after vaccination. And since we're reporting it to the state or the county now, maybe at our next Town Hall we can bring as much information as we can about that, because I think people are worried that folks that are vaccinated are still getting admitted. It sounds like that's very rare. Okay, that's helpful.

Trish:

The last little bit before I give you a break and then I'll come back to you later is... And by the way, I just want to tell you that you have been incredibly efficient in your answers and you're a role model for Dr. Lynch for when he comes back. But my next set of questions is about N95s, because there was an announcement yesterday, and I think we've seen a bunch of emails again today that we're transitioning to wearing N95 respirators, or PAPRs, I guess, in certain folks, for all patients with COVID, regardless of if they're in a space where there's something that's aerosol generating. And then there's this thing about suspected COVID too, which I had a bunch of questions about.

Trish:

So, my first question is exactly that. What counts as a suspected case?

Chloe Bryson-Cahn:

Yeah. So, I actually think, though, this terminology is coming up again, this has been something we've been dealing with from the very beginning. So, I would reach back to the old guidance, and we'll make sure these are available. But this category of PUI or patient under investigation has been with us forever. This is someone who has symptoms concerning for COVID or signs on imaging concerning for COVID. So, new loss of sense of smell, runny nose, fever that we don't understand, frankly, any fever at this point we're worried enough. These are people who we're going to test and rule out for COVID, and because we are concerned that they could have active COVID, we put them in precautions and treat them as if they have it until we know otherwise.

Trish:

So, people we are worried might have COVID, as opposed to someone we don't know their status of COVID. So, relevant to that, people ask, in the outpatient setting where they don't know people's COVID status, they don't need to wear an N95 all the time because they don't know, it's only if there was somebody who had those things you just described that will make you worried. Is that right?

Chloe Bryson-Cahn:

Exactly. And patients who can't tell you, we actually would treat as well as if they could have COVID. But when we get a good history at the front door to the hospital and at the front door of the clinic that they don't have any of these symptoms, we feel pretty good that their risk is low enough, that we are okay to

interact mask to mask with those patients, our procedure masks, and that's why we do that, because we know that we don't know everyone's status at all times.

Trish:

Okay. And then the other one that was specific, and I think is the same answer probably is, folks who appear in pre op but didn't have a pre op COVID swab. Those again, how would we treat those folks?

Chloe Bryson-Cahn:

So, if they're asymptomatic for any COVID symptoms, then we would treat them as we always have, ask them to wear a mask if they can, and we would wear our usual procedure mask during those interactions.

Trish:

And how about people who've tested positive in the past? Does that change what we need to do in terms of N95s?

Chloe Bryson-Cahn:

No, it's the same deal it's been. So, we consider people with mild to moderate disease and now without risk factors for long duration of symptoms, and those are all of our policies. Those folks, we live in precautions for 10 days. People with severe disease or highly immunosuppressed, we live in 20 days or sometimes longer.

Trish:

But once we get out of that period, we're going to say, "It doesn't matter." And if you had it two months ago and are coming in, we don't need to worry.

Chloe Bryson-Cahn:

Yeah, same plan as we always have had.

Trish:

Okay. And the last question about N95 is, are people going to need to be refitted for N95s, because we have different N95s in this bigger pool of mass that allows us to do this?

Chloe Bryson-Cahn:

Yeah. So, typically, we refit test people every year, so if you're getting close to your year, please do get refit tested. We had that huge lift a couple of months ago and fit tested a bunch of people. Those should all be valid. We have lots of those masks on hand. But people are getting emails if they are fit tested only to our masks that have run out or are running out. I did get an email at one point about that. So, I think folks are being reached out to. If you don't know, just call Employee Health. They know what's going on, what you're fit tested to and what's available in our hospital. They are a great resource if needed. I suspect a lot of people are coming up on their one year since it's been a year of COVID, so a plug to reach out regardless.

Trish:



Okay. So, if you don't know, reach out to Employee Health. I personally have been fit tested three times, so I'm feeling good. And we have a variety of different types of masks, so if you recently got tested, we have those. Yeah. Okay. Thank you so much. That was wonderful.

Trish:

Tim, I'm going to come to you... you got a little break... and talk about vaccines. And I'm actually going to start with, what is going to be UW Medicine's approach to vaccination of kids, because I think people feel like it's on the horizon that Pfizer is going to get approved for 12 to 16 year olds or 12 to 15 year olds? How are we going to approach making those vaccines available to children?

Tim Dellit:

Yeah, welcome, everyone, again, here this afternoon. You're right, Trish. It's been hard to pin down the exact date. I saw something earlier that the CDC advisory committee is anticipated to meet next Wednesday, so hopefully the FDA recommendations will come out regarding EUA status for the 12 to 15 year olds early next week. As soon as that happens and the state gets a clearance, then we'll start vaccinating the 12 to 15 year olds with Pfizer. So, we have been anticipating this and very anxious to start doing that as soon as we can.

Trish:

Will we have that available at all the sites where we vaccinate or will it be at specific sites?

Tim Dellit:

No, we'll have it at all sites. And so, one of the interesting things over the last couple of weeks is this pivot to all of a sudden now we seem to have more availability of vaccine. Now, my worry is part of that is there's some diminishment in the demand, but we have enough vaccine that we've gotten through all of our wait list. That's why people saw that now you can sign up online or even walk in to our clinics to get vaccinated. And our goal is to have all three vaccine types at each campus and available.

Trish:

Okay. All right. So, you can walk in now, and we have all different types, so kids could go to all of them once that's approved. Are we partnering with schools in any way to try to help get the vaccine to the 12 to 15 year olds?

Tim Dellit:

I'm not aware of a specific individual school with whom we're partnering, but we continue to work with a city and county. And the way vaccine land seems to work is that, on any given day, a new opportunity may arise. So, we've seen that over and over, but very close partnerships with the city and county, and then we'll see how they start to roll that out once they get approval, hopefully next week, for that 12 to 15 year old group.

Trish:

Okay. So, ongoing in partnership with King County. One last question about the kind of different vaccines at different sites. Does that mean people will be able to choose which vaccine they want when they go to a site or not?

Tim Dellit:

I wouldn't look at it as an active choice as much as we would have the opportunity so that if someone really was concerned about receiving a given type, we would have alternatives available for them. So, I think, again, we're still in a public health emergency setting, and typically, we have not been offering a choice. As that supply increases, though, we are now in an opportunity where people, if they have a particular preference, we're more likely to be able to honor that or if we didn't happen to have it there, we would be able to direct them to another location. So, in general, yes, I think people have a little more flexibility now than even a few weeks ago.

Trish:

Okay, that's interesting. That's different. Okay. Relevant to vaccines. I think folks saw that Ana Mari had announced that U-Dub was requiring students to be vaccinated, and then there were some discussion of exceptions. But people asked, if Ana Mari is saying the students need to be vaccinated, why don't we say that everybody who is an employee needs to be vaccinated?

Tim Dellit:

I would say that this is an evolving conversation and it's been a conversation across the country as many universities and colleges are now requiring vaccination of their students prior to returning in the fall, really, to ensure a safe campus. And I think in Ana Mari's message, she was very clear that although this is about students right now, there are ongoing discussions, both in terms of with staff leadership, with faculty leadership, and the state, to determine what happens. So, I don't think we have the final answer here yet and would anticipate this will continue to evolve here over the next couple of weeks.

Trish:

Okay. So, I'm going to say stay tuned on that one and we'll see how that evolves. One more specifically to vaccines. There were a handful of questions people being worried about vaccines starting to wear off, having heard that it wears off after 90 days, or three months, or something like that, and whether or not we're now planning to get booster shots for folks, if that's on the horizon.

Tim Dellit:

So, there hasn't been any formal comment by the FDA or CDC yet, but the pharmaceutical companies, I think, particularly Pfizer, and I believe even Moderna, have started to intimate that they think that a booster will be likely needed in the fall, and some have even suggested we may need to require an annual vaccination similar to influenza. But there's been no formal guidance from the FDA or the CDC. In my own mind, I'm starting to anticipate that we'll likely be in that setting. The other interesting thing is I believe Pfizer has put in for formal FDA approval as well. Keep in mind, they've been approved through emergency use right now in the setting of the pandemic, and so I think they're anticipating trying to get full approval in anticipation of next fall.

Tim Dellit:

I also hope that if we move in that direction, that it'll be a more decentralized process as vaccine supply is better and we start to vaccinate as we normally do with our other vaccines, which, again, has not been our pattern to date. But I would anticipate if we have to do that in the fall, it'll be more in our normal vaccination process as opposed to what we've had to do thus far.

Trish:

So, it sounds like you think it's likely that we'll need a booster at some point in time, maybe even annually, and we'll do it more like we do influenza vaccine. And then you also added that Pfizer is trying to get, not emergency approval, but kind of standard approval. Okay. I have more questions that I'll come back for in a little bit, but while we're talking about people being vaccinated, Tom, I'm going to turn to you. You've been giving us numbers on medical staff and the percent vaccinated, the percent that have declined. I wonder if you could give an update on that.

Tom Staiger:

Sure. I'm happy to be able to share that the numbers that I have are a fair amount better than what I shared a couple of weeks ago, and one of the main reasons for that is it turns out those numbers didn't include people that got vaccinated in places like Seattle Children's or SCCA and some other spots, so they were under counting those vaccine reports.

Tom Staiger:

As of this morning, the UWMC Montlake and Harborview Medical staffs are at 87% with a declination rate of 1%. And the Northwest medical staff is leading the way at 91% with a declination rate of 1%. So, way better than those numbers in the high 60s that I gave you a couple of weeks ago. The resident and fellow numbers are lower at 76%, but it turns out that isn't capturing folks that have gotten at the VA, Seattle, children's and so on. So, we're working on getting them logged into the system so that we can have a more accurate number. So, those numbers are, no doubt, even higher as well.

Trish:

Okay, That's great. That's great.

Tom Staiger:

So, we want to get everybody at 100%. Ideally, most of those nearly all vaccinated, a few declinations, but we're a whole lot closer than we thought we were a couple weeks ago.

Trish:

Okay. Shout out to Northwest for 91%, but 87% across all medical staff. And I do think that those numbers probably under-represent for our house staff and fellows, so it'll be good to get those numbers and share them. Cindy or Jerome-

Tim Dellit:

Trish, I just want to put that in context, because those numbers are actually quite phenomenal, that when you talk to most healthcare systems, their vaccination rates are in the mid 50s to 60. So, the fact that we're actually in those upper 80s, that's quite impressive.

Trish:

Okay. Tim, thank you. I didn't celebrate that enough. That is outstanding. Seriously, he's right. I should have been more enthusiastic about that, because we've been talking about how this is how you show how you take care of each other, so that's outstanding for how we take care of each other. So, thank you for that little tacit feedback.

Trish:

Cindy and Jerome, do you have an idea... Cindy, you're unmuted. Do you have numbers for staff?

Cindy Sayre:

I do. Yes, I do. I have for Montlake staff at 77% vaccinated, 6% declination. Northwest staff is 76% vaccinated, 9% declination. And Jerome, do you want me to steal your thunder? I have the Harborview numbers too.

Jerome Dayao:

Well, I have them too, so either or.

Cindy Sayre:

Okay, you can say it.

Trish:

Go ahead, Jerome.

Jerome Dayao:

Yeah. So, for Harborview for staff, we have 77% vaccinated and 6% declination. Yeah. That's what we have.-

Trish:

So they're pretty comparable.

Jerome Dayao:

Yep.

Trish:

Also, way above what Tim said is kind of the national average, so I want to give a shout out there as well, that we're doing great, and those numbers look outstanding. So, thank you very much for everybody who's out there getting vaccinated.

Trish:

Chloe, I know you don't do employee health, you do infection prevention, but maybe you know. Do you know where folks can report if they got vaccinated elsewhere and what they should do with that?

Chloe Bryson-Cahn:

Yeah. So, it turns out it's actually a little bit different across the centers. So, at Harborview, if you got vaccinated outside, we want you to bring us your card, fax your picture of your card, email a photo, whatever it is, we just want to see that card somehow. At Montlake and Northwest, they're taking verbal attestations as well as photos and in-person presentations of that card. So, just let us know. We're happy to work with you, but we do want that information.

Trish:

Okay. So, show your card and/or give a verbal adaptation that you got vaccinated. Thank you very much.

Trish:

Tom, I'm going to come back to you. One more question before I kind of go back to Cindy and Jerome and Keri. Tim kind of alluded to this about vaccines going to the system that we do for flu vaccines, and I think this came from primary care providers, a bunch of them, saying, "Are we going to start getting vaccines in the clinic so that PCPs can offer vaccines in outpatient clinics?" And you're an outpatient provider. Have you had a conversation about that or have you heard anything about that?

Tom Staiger:

Well, I learned as a result of anticipating this question that our amazing vaccine team has been exploring decentralizing vaccines out to our primary care clinics and some of our specialty clinics. The logistics are somewhat challenging, but that's getting worked on. And there's an expectation that we'll be able to start a pilot of that at our Kent-Des Moines neighborhood clinic here within the next few weeks.

Trish:

Okay, that's great. So, we're going to pilot having it available at a clinic. Kent-Des Moines seems like a great place to test that out in terms of getting folks who aren't vaccinated, vaccinated. More to come on that. So, I think people would really love to be able to make it as easy as possible for people to get vaccinated as we move into a space of people being more hesitant about it.

Trish:

Keri, Cindy, and Jerome, last time we talked a lot about visitor policy, and I'm going to look to you Keri and say, do we have any updates on where we stand with visitors? And I'm just going to say in full disclosure, I'm on service right now. Thanks to Mark Tonelli for covering ICU, but I'm feeling it for real right now with being in the ICU for the last week and where we stand.

Keri Nasenbeny:

Yeah. So, I would say there's been a ton of work over the last five days, and we are super close to being able to roll out a new policy. And I don't know, really, how much I'm under discretion to share here, but I think next week we'll be seeing that change across all four of the entities. So, I think that will be a really positive thing. It'll be, not a return to full visitors, but likely just to one visitor, one ideally designated visitor for certain hours, and I think those hours will vary by entity. So, I just really appreciate the effort of a bunch of people actually on this call and across the system to come together and to say, "How can we make this work and what should it look like?"

Trish:

Okay. So, it sounds like something on the horizon for next week, sounds like probably something around one designated visitor per patient. The hours of visitation may differ between sites, but we're close, it sound like. And I would think Chloe gave us some encouraging numbers that maybe make that feel a little bit better. I'm not sure.

Keri Nasenbeny:

Yeah, I think that's... and I think we're all ready for that. So, just working out some of the operational details and how that looks at each... I mean, we're all a little bit of different landscape and entrances and screening processes, so trying to figure out all those details.

Trish:

Okay. Jerome, did you want to add to that?

Jerome Dayao:

No, I mean, we're just firming up the process. We're looking at mid of next week to make sure that we are able to communicate this. We don't like to roll out things on a Monday.

Trish:

I know that. Keri taught me that.

Jerome Dayao:

That's something that we've learned through all of these pandemic planning. So, that is happening, and also, it's going to be limited, and to your point earlier, Trish, it would be site specific with regard to the hours. So, more to come on that.

Trish:

Okay. But visitors at all our sites, just different in terms of time of visitors? Is that correct? I'm seeing nods. Okay. I think that's great news. I'm on service through the 15th, so I'm cautiously optimistic that I get to embrace our new policy, so thank you for our patients, and thank you for our staff, because I think staff, it's tough to navigate this right now, and I think people worry about issues of equity as they're trying to navigate these waters, so I appreciate it very much.

Trish:

Cindy, a corollary to that is volunteers. We had a question about, are we thinking about when we might get volunteers back in the hospital?

Cindy Sayre:

Yeah. So, for the first time, I've seen this come up as an agenda item, first time in long time on our med tech group. And I don't know if Santiago or Chloe has any more information, but I think that we're starting to consider how we might bring those volunteers back in. I haven't seen a draft policy or anything yet, but I have seen some agendas, which is good news.

Trish:

Okay. So, it's starting to bubble up into discussion, it sounds like. Maybe not there yet, but we're starting to talk about it, which I think is moving in that direction. Thank you.

Keri Nasenbeny:

Well, just to be clear though, we already are using some community volunteers right now in our vaccine clinics. Yes. So, we've already dipped our toe in that, so hopefully, we can think about other spaces where that would be safe and appropriate.

Trish:

Awesome. So, volunteers in the vaccine clinic, and now we'll... maybe that helps. Last question for the three Chief Nursing Officers, which I just thought was a lovely question. And it asked, do we have a workgroup committee to help improve the patient experience? I think people are feeling like the patient experience is particularly challenging right now, so at any of our sites, or in each of our sites, do we have a way for people, if they wanted to volunteer, to be part of thinking about how to make the patient experience better? They could. So, Cindy, you're unmuted, so I'll start with you.

Cindy Sayre:

Yes. Well, I know that there's work happening at the UW Medicine system level on this, just starting to see some proposals, but I can say for the Montlake campus, we have patient and family centered care councils that represent all of our clinical areas, and if people are interested, that really is the best mechanism right now for improving the patient experience. And we welcome our staff to participate in that, and people can reach out to me directly at Montlake if they want to participate.

Trish:

Okay. So, if you're interested in Montlake patient family advisory councils, reach out to Cindy. Keri of Jerome.

Jerome Dayao:

We also do have a local patient experience committee here, which I also co-chair, so there's a lot lots of discussions about that in improving patient experience, of course, cognizant with the challenges right now that we have with COVID.

Trish:

Okay. So, can people reach out to you, Jerome, if they're interested? Okay. Wonderful. And Keri?

Keri Nasenbeny:

Yeah, people can reach out to me too as well. We're in the process of starting our patient family advisory council here at Northwest.

Trish:

Okay. So, moving in that direction at Northwest too. Wonderful. Thanks, who asked those questions. I think that's a wonderful thing to be focused on.

Trish:

Santiago, I'm going to turn to you. I have a bunch of questions that I'll kind of pivot between you and Chloe and maybe loop Tim in again about various things. One of them is about what you need to wear in terms of a mask when you're fully vaccinated. So, someone asked if they need to double mask indoors in public spaces if they're fully vaccinated. And I think by double mask, I think they mean multiple layer or multiple.

Santiago Neme:

Right. I wanted to clarify that, right? CDC basically says that you need two or more layers, so if you were to wear one of our masks, these are three layers, so you should be covered. Indoors, for sure. And this is

where the masking really makes a difference, indoors. Outdoors, if you're distanced, medically speaking, as we discussed last time, the mask really doesn't add much. But definitely, indoors, particularly important in a restaurant. Remember, that when you're eating and other people are eating, that's an area of risk, in an indoor environment where people are talking, eating, etc. So, I would say that it's not about the number of masks, it's just the layers.

Trish:

So, two layers, but still wear them even if you're vaccinated in a public indoor space. These are all kind of related things you've talked about before. So, you talked about your side effects from vaccines. Someone wrote in and asked the question, are there fewer vaccine side effects if you... So, if you were infected with COVID, people are worried if they were infected with COVID, if they get vaccinated, they're going to have really bad side effects. And their question is, "Will I have less side effects if I wait 90 days after my COVID infection to get vaccinated?"

Santiago Neme:

I don't know the answer. I mean, we do see that folks who have gotten COVID before and they get the first dose, you see kind of a higher incidence of side effects after the first dose, where people tell you that they feel like they got COVID again. But I would say what we've seen with antibodies, is that within the first 90 days is when you have kind of the peak, and then they tend to wane, but then we also know that beyond antibodies, we need to worry about... not worry about... we fortunately have cellular immunity. So, there's still very prolonged protection from T cells. So, therefore, there's a lot of people who call me and say, "Hey, I got tested for antibodies, I have none, am I protected?" Let's remember, T cells are really important.

Santiago Neme:

So, in a way, to answer your question, Trish, I would say it's more common to have side effects when you have COVID before, but I would not wait 90 days to get this done. I would just get the vaccine as CDC recommends, which is as soon as you've recovered, you can get the vaccine, and now that we have vaccine, there's no reason to wait. Initially, one would say that because we're trying to prioritize COVID naive patients who had no protection, it made sense, but today, I would not delay, and also, we're seeing new variants and things like that, so I would probably boost my protection by getting vaccinated as soon as it's indicated.

Trish:

Okay. So, I think two things that were embedded in there. One is, the immune response is both antibodies and what we call cellular mediated responses, and even if there's no antibodies, you still have this other immune response. I think that's an important thing, because people ask that question a lot. So, we'll just say that as one thing. The second thing is, yeah, you may have more side effects, but that doesn't mean that after 90 days, that's going to go away, and the best thing to do is just get vaccinated. And I saw Chloe nodding her head every time you said just get vaccinated, so I think she agrees with that.

Trish:

Speaking of which, I'm going to ask you one more question, Santiago, before I go back to Chloe, and that is, people wondered how you would approach a conversation with somebody who's hesitant about



getting vaccinated, because a lot of folks have family or friends who are hesitant about getting vaccinated. So, how would you broach that conversation?

Santiago Neme:

So, through the many discussions that we've had with health equity team that we've organized all these discussion forums, I actually learned that it's really important to distinguish whether the hesitancy has to do with the hesitancy around vaccines or their experience with COVID, their understanding of COVID.

Santiago Neme:

For instance, on Monday, Dr. Shireesha Dhanireddy and I were at a jail in Des Moines talking to inmates about this, and half of the room didn't have issues with vaccines. They were getting the flu vaccine every year, but they had issues with this vaccination. And do you know what it had to do with? With the fact that they had not experienced COVID. No one in their family had died from COVID, no one in their family is a nurse or a doctor who experienced COVID kind of firsthand. So, their understanding or experience of COVID was minimal. "It's just a cold. I'm not sure people die from this." Right? So, I think that first, I think it's important to distinguish, is there an issue with COVID or is there an issue with the vaccine? And that helps you lead the approach.

Santiago Neme:

And I would say the most important thing, you might think that you're going to guess what the issue is, but you have to listen to what the issues are. And they could be varied. They could be, "The vaccines are going to cause infertility. They're against my religion." There's multiple reasons. So, I would say, listen to what the concerns are and try to distinguish is it COVID or is it vaccine, anti-vax kind of theory, right?

Trish:

Yeah. And I think that's really helpful. So, lead with listening. Don't assume you know why someone might be hesitant, and then kind of walk, talk through what their concerns are about whichever those pathways are.

Trish:

Just one quick follow up. Do you have a good resource for data about vaccines for people who want to have data to share with other people about the safety?

Santiago Neme:

Absolutely. Well, the CDC has a bunch of really incredible websites, like the breakthrough infections are actually listed on the CDC website and they update it, and the number keeps getting smaller and smaller, and the proportion of asymptomatic keeps getting higher and higher. So, we could share some websites, but CDC has amazing data, data on demographics in King. And Washington State has some really cool data in terms of age and different populations. But we're still lagging behind. I mean, our communities of color are still not being vaccinated enough, and also, it bothers me that our staff is 75% vaccinated. I would like us to be all close to over 90%, that would be fantastic. And I know that it's doable. So, I would really encourage folks to talk to their colleagues about what are the issues?

Trish:

Yeah. Talk to each other, talk to your colleagues, talk to your family, talk to your friends, listen first. Use the CDC site, the King County site, the state site for data. We can share more sites. I think people want to be part of the solution and they're asking for tools.

Trish:

Chloe, this is the random potpourri of questions before I hand it back to Anne, so you get the honor of me asking these questions today. I have gotten questions again, about eye protection. And the question this time is, why do we have to wear it in the ambulatory setting?

Chloe Bryson-Cahn:

So, eye pro is not popular. Very interesting. I too have trouble with eye pro. My goggles steam up all the time and it sometimes can be awkward and difficult in a patient interaction. Fortunately, eye pro is not dangerous to any of us, and so that's sort of the line we're up against. So, eye pro is a little bit annoying. There are some mixed data on whether it actually protects us or not. Some studies saying maybe it's neutral, and some studies showing a small benefit. I think we're sort of leaning on that small benefit and the fact that none of us are at risk from wearing eye pro and saying that until the community numbers are lower, we'd like people to keep wearing it. We do think it's an extra layer of protection in an unknown patient status interaction to keep us all a little bit safer.

Trish:

So, the risk benefit is little harm, or no harm, and potential gain, so we should do it. And I just want everyone to see that I have these here and I've been wearing them all week. I got new glasses, they fit much better on these, and I've been busting out the side eye protector things, and they're not bad at all. I highly recommend them.

Trish:

Okay. We touched on this with John and I got a bunch of questions and follow ups. My question is about solid organ transplant patients, and people are concerned about the discussion about them not having a robust immune response to vaccination and how they should behave differently based on that fact if they are vaccinated. I wonder if you could speak to that.

Chloe Bryson-Cahn:

Yeah. So, I think probably a couple of additional measures to help keep folks who are not going to respond to vaccines as well as the rest of us safe. One of them would be making sure that everyone around them is vaccinated. So, a huge push that that family circle and even the extended family circles get vaccinated. I think keeping distant and doing interactions outdoors. I think our experts are still requesting and asking our patients and their contacts to be masked during interactions. I think until we know more and until we have lower county numbers and higher vaccination rates, masking is a proven strategy to protect these folks.

Trish:

So, extra layer of protection to continue the masking despite vaccination until we know more. I appreciate that. The last thing that I'll ask you about before I hand it off to Anne is treatments. So, we haven't talked much about treating patients with COVID recently, actually, in many Town Halls, so I had two questions about... or actually, multiple, but the two drugs that came up were, are we treating people with ivermectin? That's my first question.

Chloe Bryson-Cahn:

Okay. No, we are not treating people for COVID with ivermectin. You may see ivermectin given, and that is because we are giving it for the risk of reactivation of a parasitic infection when we're giving high dose steroids to people from endemic areas.

Trish:

Okay. But we're not treating COVID with ivermectin. I'm just going to say that I also can vouch for that one. How about tocilizumab? It's one of the drugs that people have heard about. Are we using that drug?

Chloe Bryson-Cahn:

We are using it, again, infrequently. There are pretty good NIH guidelines out right now and our U-Dub guidelines adhere to those, where in particular patient populations, folks who are getting much sicker from a respiratory standpoint quickly and have been newly infected, we will give it sometimes in that situation.

Trish:

Yeah. And I'll just give the editorial that I think intensivists will bury on this one, but yes, that is happening in our system, and I rarely answer questions.

Trish:

I'm going to give it to Anne to ask questions of Tim, but I'm going to warm up Tim with one question for him. And I don't know if you know this, Tim, but folks who are not part of the healthcare setting who have been vaccinated, like academic folks, folks in our basic science departments, should they report to somebody their vaccination status, because I think they're confused that they should be telling someone they got vaccinated?

Tim Dellit:

Typically, they would go through EH&S on upper campus. And it gets a little bit confusing, because we have our employee health services for clinical environments within our hospitals, but lot of our School of Medicine staff, and the non clinic environment as an example, they utilize EH&S for their employee health. It's ultimately the same database, so they can see one another, but I do think... that's my impression that I would share with EH&S.

Trish:

Okay. So, your best understanding is to share it with EH&S. I don't even know what those letters stand for. Employee Health and something. Okay. Anyway, EH&S. And if there's more to that, we'll find out more and bring it to you at the next Town Hall.

Trish:

And with that, it's time for Ask an ID Doc, so I'm going to hand it back to Anne.

Anne Browning:

Thank you. And we get to have Tim on the hot seat today. A couple of you have added in some questions into the Q&A, so I'll try and cover a couple for Tim here.

Anne Browning:

Folks are excited about vacationing, they're excited about traveling and seeing family. We've got a couple of questions on how to best travel. A person was wondering, can they travel with and really fly with a person who's a family member who's high risk to go see another family member who is high risk but everybody's been vaccinated? How do you feel about them flying?

Tim Dellit:

At some point, I think you have to make that risk benefit, and if people are fully vaccinated, then I do think that it can be safe to do. Again, it's an individual decision, and as we talked about earlier, if someone has really severe immunosuppression where they're not responding to the vaccine, that would give me pause. But otherwise, individuals who are fully vaccinated, I think that it is safe for them to do so.

Anne Browning:

What do you think about flying with a kiddo who's under two and can't yet tolerate a mask?

Tim Dellit:

It's a challenge COVID or not COVID, so I would have deep pause around that. I think, honestly, it really comes down to, again, what is the reason that you're traveling, right? Is this something that can be delayed until numbers come down, or what are the numbers in the area where you're going and where you're at, right? Or can you drive there? Again, these are difficult questions, but if they were, say, at a family emergency that you needed to go and then take the child, and I think you could do that. But I guess the question would be, what is the indication for that travel in that situation? It's an individual judgment.

Anne Browning:

One family wrote in and said they had a younger adult in their family that had been studying abroad for college, was planning to return home. What would you recommend kind of that kid's re-entry into their family bubble in terms of quarantine, masking, etc?

Tim Dellit:

Yeah, so a couple of things. One, I would see, can they get vaccinated where they are prior to travel? We still have requirements, recommendations from the CDC for international travel that they would need to be tested within three days of returning to the US, and then when they land here, even if they're vaccinated, they would still need to be tested between days three and five. If they've been vaccinated, then they could just watch for symptoms. But let's say they're coming back, they haven't been vaccinated, they would get tested around days three to five, and then they would need to self-quarantine actually for seven days, even if those tests are negative, and if they didn't get tested, the CDC is recommending self-quarantine for 10 days. So, it gets a little more tricky for international travel even if you've been vaccinated.

Anne Browning:

Good. Thank you. A couple of questions around kids, now that we've got kind of that 16 plus group that can get vaccinated. Would you let your kid play basketball and start to compete if they've had one dose or would you have them wait for a second dose plus two weeks?

Tim Dellit:

So, if they're playing indoor like with a large team in a gym without ventilation, I would be concerned and probably would favor just waiting until they're fully vaccinated. If they are playing a pickup game outside with a friend that they're just playing horse or they're just shooting, they could be outside, they could wear masks, and I think that would be pretty safe. So, a little bit depends on the environment, but for really close quarters indoors, I would prefer that they were fully vaccinated.

Anne Browning:

Good. This is one that came in from the Q&A. Parent wondering about kind of that age 12 to 16 or 12 to 15 bracket. Do you have any concerns around puberty and getting vaccinated?

Tim Dellit:

It's a good question. I'm not aware of any data, and I looked, I haven't been able to see... The study that Pfizer is reporting was only about 2,200 individuals, and now when they split those randomly, the half that got the vaccine, there were no infections, and I think there are 18 in the other arm. Side effects seem pretty similar to what adult populations. I don't know if we have enough information to truly answer that question around puberty. And keep in mind, this is one of the reasons why we continue to collect safety data and reactions after EUA approval as well to build that data. But right now, I'm not aware of any known interaction, unless Santiago or Chloe are aware.

Anne Browning:

They're giving the head shakes. Good, thank you. Recreation. Folks want to know, would you go to an indoor sporting event like a WNBA game if there is physical distancing where you're sitting and you're vaccinated, and they even said that they're trying to verify vaccination of other attendees, but I'm not sure we can really do that?

Tim Dellit:

Yeah, I'm not ready for that. I haven't even eaten in a restaurant since what? February 2020. So, I'm not ready for that. The piece I worry about is getting in there, can you truly keep that distance? And again, it's plateaued as Chloe said, but we still have higher rates than I would like in our community. We've got over 75% of the new sequences are variants, so I'm not quite there yet. Maybe later this summer when things continue to come down, but for me personally, I'll hold.

Anne Browning:

Good. So, go Storm, but you have to wait a little while until Tim's going to be hooked up with y'all.

Tim Dellit:

Well, for me. Yeah.

Anne Browning:

So, this is under the category of, "Oops, did I mess up my vaccination?" Similar to when Santiago kind of clarified that you could in fact get into a hot tub after being vaccinated and should still work out okay, somebody wrote in that they saw an article about a concern if you had alcohol after being vaccinated, that it could somehow mess up the efficacy of the vaccine. What have you heard? Do we need like a booze booster shot?

Tim Dellit:

I'm not aware of any evidence that the alcohol is going to impair the response to the vaccine, obviously, being careful that it doesn't impair you. And I think the bigger issue is really that if you do develop, potentially, side effects from the vaccine, you just may feel worse in that setting, so I think that would be the hesitancy, but from an actual immune response, I don't think it's an issue.

Anne Browning:

Just asking for a friend on that one. Thank you, and I'll pass it back to Trish. Thanks, Tim.

Trish:

Anne, we'll discuss your post vaccine celebration later. All right. Thank you, Tim, so much. And I want to pause and say a huge thank you to lots of people. First of all, to all the folks, the three of you who shared today. It's really nice to hear your reflections on this time and what you're going to hold on to, what you're looking forward to, and what you're ready to let go of. So, thank you, all three of you, Jerome, Cindy, and Santiago.

Trish:

A very special thank you to Chloe for joining us today. It really was a pleasure to have you, and John should worry that his seat might be in jeopardy. A special thanks to the people who taught me environmental health and safety, as well as the people who did the math for me, I appreciate all of you for submitting things that I don't know, because I love to learn. And I was going to say... Jerome stole my thunder... a very big thank you to all of our nurses across our system. It is Nurses Week, or maybe it's Nurses Month, it really should be Nurses Year because of all that's been going on, but because of how important they are as members of our health care team. So, from me personally to, really, all of our nurses, a special shout out to the nurses on 5 East right now because I'm working with all of them in the surgical ICU, we couldn't do this, as a healthcare team, without our nurses. So, happy Nurses Week. Big hugs from me.

Trish:

And as always, thanks to everybody for taking care of our patients, their families, and really remember, get vaccinated so that we can take care of each other. We'll see you back on May 28th. Three weeks. Bye, everybody.