Trish Kritek:

So welcome back to UW Medicine town hall. I'm Trish Kritek, Associate Dean for Faculty Affairs. It's my pleasure to welcome you back. And I'll begin by saying, I'm excited to say there's a lot of new faces here who are at least one new face and a returning face. And so folks who aren't here because they're on vacation, and it's so important to take vacation. So I just want to call out that folks are away because they're doing some restorative stuff, which we want everyone to be thinking about doing.

Trish Kritek:

So welcome back John Lynch, who is our Head of Infection Prevention and Employee Health at Harborview and the head of our medical response to COVID, Santiago Neme, Medical Director at UWMC Northwest, Tom Staiger, Medical Director at UWMC, Anne Browning, Assistant Dean for Well-Being, Jerome Dayao, Chief Nursing Officer at Harborview. And then, it's a pleasure to welcome back Dr. Shireesha Dhanireddy, who is a professor in infectious diseases, but also the head of our vaccine response for COVID. And making her first appearance in town hall is Sherri Del Bene who is Assistant Administrator at UWMC, and is pitch hitting for Cindy Sayre and Keri Nasenbeny today. And you'll note, I didn't say Tim Dellit because he's in Iowa. So when we next see him, we can find out what it was like to fly to Iowa and spend some time in Iowa. So kudos to him. And with no further ado, I'm going to hand it over to Anne for a wellbeing message and then we'll jump into questions because we've got a bunch of them since the last time we met.

Anne Browning:

Awesome. Thanks, Trish. We actually had one of the questions that came in today, I thought it was actually a really good fit for a wellbeing message, a person wrote in and asked for some advice on coming back into the workplace and really coming back into community spaces. And they mentioned that they felt just a touch agoraphobic, gets kind of anxious and twitchy when they're there in an office space or within public spaces. I would say as a commentary on wellbeing, take your time, be really gentle with yourself as you're transitioning back into these spaces.

Anne Browning:

I feel like there's kind of a big difference that we want to call out. Some folks who've been in person almost the whole time, I've been able to come into work in the Health Science Building. Throughout the last year, my wife has been at home working in our house the whole time. And when we go out into spaces, we have really different reactions and senses of comfort of being in and around folks. And that that's okay. I think really recognizing and validating some of that anxiousness of being out in the world again is a good thing, it's alright.

Anne Browning:

And really to recognize that anxiety is actually a pretty helpful emotional response. And that it keeps us safe. Like some of that anxiety in the back of our minds reminds us to mask and stay physically distance and wash our hands well. So that's been a safety mechanism. And it will take some time to undo that. I think paying attention is that anxiety feels like it's tipping towards overwhelm and that tends to happen when we start to overestimate the risks in our environment and underestimate what we can do to mitigate them. And there are so many things we can do to mitigate those risks now. Certainly with vaccinations, we're going to start being and feeling more safe over time. So overall, big takeaway, just be gentle with yourselves and really give each other a lot of grace as we slowly come back into spaces and places and community together. Thanks you all.

Trish Kritek:

Thank you, Anne. And we have a growing theme of questions that have come in about returning to work. And so I think for next town hall, we'll bring some folks in who can help us with guidance on the return to work process. So feel free to send in more questions about that. I think I'm going to try to focus on that as one of the spaces for our next town hall. So I will jump in actually and look right to you, John, and ask for where we stand with numbers of cases locally, King County, state, something like that.

John Lynch:

Sure. Thanks, Trish. And thanks for having me back on. So as of this morning, UW Medicine facilities have 33 patients with COVID, 16 in the acute care, 17 in the ICU, Valley continues to have the most number of patients, with 10 in acute care, 10 in the ICU. So 20 overall. And then Harborview, two acute care, five in the ICU, Montlake Campus with two and two, and Northwest Campus with two people in acute care and none in the ICU, which is good news.

John Lynch:

So when I think we last presented, I actually, Dr. Chloe Bryson-Cahn was covering for me. We were up and I think probably in the 50s. And so a really big and steep decline, but pretty slow decline over time. And what I just always want emphasize when I quote these numbers, there's probably somewhere between 50 and a 100% the same number of people who were in COVID precautions right now, who are still in the hospital, they're out of covert precautions. They don't need that high level PPE and so forth, but they still require medical care. And so it's actually a much larger number that have continued our hospital care.

John Lynch:

When we look across the county, again, we're starting to see those trends go down quite dramatically. The last time we had a full range of numbers was about a week ago, right? It takes about a week to get the full numbers. And we're down around 200 cases per day, which is fantastic. We're well above 400 at the peak. Admissions across the county are about 10 per day. And deaths have remained pretty flat about one to two per day. Obviously, each one of those is horrible and unfortunate, but fortunately, they haven't gone up with this last spike. Just the other quick numbers. You look across Washington State, same thing with decrease in numbers, decrease in hospitalizations. So overall, trends locally and across the state looking really promising, Trish.

Trish Kritek:

That's great. I'm super excited to hear that. And I do think we were either in the high 40s or low 50s when Chloe was here. So it's definitely different. I want to highlight one thing you said, which is we do have patients who came in with COVID who have been in house long enough that they're no longer counting because they're not in a COVID precaution. So for the folks who are doing inpatient care of patients with COVID, feels like slightly more than the numbers that we're talking about because of that. So I just want to acknowledge that. But overall, I think really encouraging numbers, which is great to hear. Relevant to that, I asked Chloe this last time and I'll ask you, John. Do we know the numbers of the patients who are admitted with COVID what percentage of those folks were vaccinated? How many people are getting COVID and ending up in our hospitals who had been vaccinated?

John Lynch:

So I actually don't have those numbers. It's not something we track. Dr. Dhanireddy may have additional information. I'm not sure Shireesha whether you have any numbers on that. I would say from the infection prevention side, we're not asking people in a systematic way in collecting those data. I think at the bedside, they may be doing that, but we're not collecting as an institution. Shireesha, do you have any other info?

Shireesha Dhanireddy:

Yeah, I don't know about it as an institution, but we do know as of last week, the CDC had reported greater than 130 million people had been fully vaccinated in the US. And in terms of people who were hospitalized or died from COVID, that was a total of just over 2,400 people out of the greater than 130 million people. And in terms of deaths, there were 429 deaths from COVID from over 130 million people vaccinated. And compare that to the rates of death from COVID itself. And it's just such a small fraction of people. So clearly, the benefits of vaccination are apparent in the statistic. And it is very protective in real-world, similar to in the studies.

John Lynch:

And I'm getting some live updates here, Trish, as we're going. Thank you, Shireesha. So just at Harborview, we've had zero admitted since last town hall who've been vaccinated overall, maybe one or two, at least at Harborview.

Trish Kritek:

Okay. So it sounds like very small numbers. I absolutely cannot do the math in my head for what 24,000 out of 103 million is, but I'm sure somebody listening can do that math to say what-

Shireesha Dhanireddy:

It's actually 2,400 hospitalizations.

Trish Kritek:

Oh, 2,400. Oh, my gosh.

Shireesha Dhanireddy:

Yeah. 2,400. So that's why I'm saying it's very, very small.

Trish Kritek:

Very small. Okay. Again, I still can't do that math, but thank you for correcting me. So 2,400 out of 103 million is a very small number of people who are hospitalized. And this number of people who have died is even smaller, really minuscule of the folks who've been vaccinated. So thank you very much for those numbers Shireesha. And thanks for the update whoever sent it to John.

Trish Kritek:

Okay. I'm going to shift gears slightly, it's all on the same theme, but lots of questions about masks, because between the last time we met and this time we met, the CDC changed their guidance about going out without masks. So my first question, John, is not about policy within our system, it's a question about in the world, about fully vaccinated people and the need for them to wear masks and the need for them to limit the number of people that they interact with. And so I'm going to say upfront to everyone

listening that we're going to talk about policy and why it might be different in health centers, but the question is about the science.

John Lynch:

Yeah. And so the CDC message that came out, I think, about two weeks ago now, the science backing up that guidance, that communication is very robust. What we know is that these vaccines are amazing at decreasing the risk for getting infected and developing symptoms, getting infected, and then up in the hospital, getting infected and dying. They are absolutely amazing. We have increasing amounts of data out there now supporting that they also prevent transmission. So the first step is that we know that even those folks who get infected tend to have very low viral load. So the amount of virus up in their upper respiratory tract is much lower than people who are not vaccinated.

John Lynch:

And then we also know from some circumstantial studies looking at family transmission and so forth that within households, if someone's infected and vaccinated, the risk of transmitting to other household members is also markedly decreased. So what we call asymptomatic infection is also decreased. So being vaccinated protects you and protects those around you in the uncommon chance that you're infected and vaccinated. So that's really the science that backs up the CDC recommendations around what fully vaccinated people can do inside and outside. And so the main thing here is they don't need to wear masks in those settings. Sorry, I'm getting a phone call on my computer. Don't know what to do with that. And so yeah, the CDC message is very, very clear. And as you said, it's a great message, it's evidence-based, it's science-based. The tricky part is the implementation part, which I can certainly put off for right now.

Trish Kritek:

Yeah. And so I guess, we had some questions where like, if they wanted to have some acknowledgement that it's protective and that I can not wear a mask. I think other people on the other end of the spectrum like Anne was talking about, and their specific question is, is it safe for me to not wear a mask when I'm indoors with other people? And we'll get to that more, but what's your general take on that?

John Lynch:

Yeah. So in general, as a vaccinated person, it is safe to be indoors without a mask. Now we have to also recognize that, think about, and I may have used this analogy before is that if you take a vaccinated person and put them into a bucket full of many other vaccinated people, maybe a few unvaccinated, there's some COVID in there, the risk of you getting infected is virtually zero, but if I put that same person into a bucket full of many unvaccinated people where there's lots of COVID, then even those small, you're just taking that small percentage chance. So the chances of you getting very sick and in the hospital is really remarkably low, but definitely a better situation when no one around you has COVID than when many people do. So that's my message on that. The science is excellent on this.

Trish Kritek:

That's super helpful. And I think it should be very reassuring to people about the value and the power of vaccination. The other question about that that people have asked is, is the same thing hold if I had COVID? Am I protected in the same way if I've had COVID as if I've been vaccinated?

John Lynch:

Yeah. So I'll give my answer and certainly look to others on the panel here who can answer this as well, is that we don't know. I think that's probably the best answer right now. There's some very good data demonstrating that vaccine meeting immunity is better and more long-lasting than naturally meeting immunity, so getting COVID. We think that it may be triggers more parts of immune system, it persists. There are some studies out there showing that natural infection does lead to long lasting immunity, but others that show that it doesn't. And so the main message that I want to say, and again, Dr. Dhanireddy may want to back me up on this is that even if you've had COVID, we want you to get vaccinated, right? And you could have had your COVID two weeks ago, sailed through it, now you're done with your 10 day isolation period. As soon as you are out of your isolation, we want you to get vaccinated. And so, because we do believe right now that there's many potential benefits of getting vaccinated if you've had COVID and almost no downside. Shireesha, caption you correctly?

Shireesha Dhanireddy:

Yeah, I absolutely agree. And the recommendations are, even if you've had COVID, to go ahead and get vaccinated. We know that the vaccines actually do are effective against the variants that are circulating. And so, as John mentioned, we don't really know how long that immunity, natural immunity lasts.

Trish Kritek:

Okay. So it sounds like some mixed results about how long natural immunity lasts, which leads us to say, we're not sure, but what we are sure of though, is that you get a good immune response with the vaccine, including to variants. So the encouragement is, even if you've had COVID, get vaccinated. Is that a fair summary?

John Lynch:

Correct.

Trish Kritek:

Okay. So last couple of questions. So the question then is obviously, are we going to change our hospital policy about masking, John, based on the CDC guidance?

John Lynch:

Yeah, so we are not changing our policy on masking brought by the CDC guidance. So CDC guidance is great, it's evidence-based, but it doesn't apply to healthcare settings. So even vaccinated people shouldn't be taking off their masks in healthcare settings. There is a couple of lines in that guidance saying that small groups and so forth could work, if they are all vaccinated potentially eat together. The issue is, and again, we might get back to this later is the operational part, which is a bit tricky. And so we are not changing our policy. And future policy changes on masking will depend upon CDC guidance, Department of Health guidance, and our own evaluation of our local data.

Trish Kritek:

Okay. So right now, the same policy goes, we're going to stay masked in house. And that includes people ask about, like, if I know everyone in my office has been vaccinated, can I then eat with my folks in my office because we know we're all vaccinated?

John Lynch:

Yeah, that's correct. For right now, no. We want to stay with the policy that we've had in place for the last year.

Trish Kritek:

And have there been conversation about educational conferences starting again, John, and bringing people together? And that's less about not wearing mask, it's more about bringing people together, which is another part of the recommendations.

John Lynch:

No, thanks for bringing that up, Trish. So maybe three, four weeks ago, we sent out some guidance on gatherings for this purpose. Really, the big question is what can we do around educational opportunities? And basically what our basic message is, you can gather in rooms, six feet up, where you can space out six feet apart, continuous wearing of masks, and no eating or drinking. So we can have those, for instance, for many residents like a mini conference or read report in person, we just need to make sure that density is low enough that people can spread out, and that we don't fall into our old habits of masked off, snacking and drinking the whole time.

Trish Kritek:

Eating pizza and having something to drink. So not eating, spaced apart, but can start coming together for educational conferences. Thank you. That's helpful. Okay. You're off the hot seat. And Shireesha, you're on. And thank you for jumping in earlier as well. So maybe we can start with a sense of what numbers we have for vaccinations. I'm going to ask later about our percentage of folks within the institution, but in general, in Seattle and King County, do you have a sense of how many people have been vaccinated?

Shireesha Dhanireddy:

Yeah, as of yesterday, we're doing really well, 70, almost 75% of individuals, 16 plus in King County have had at least one dose and 63% have completed the series. So that's phenomenal. We are definitely leading in state. There are other counties that are much less, the numbers are much lower in the high 20%. So there's room to go because as long as there's places that are not seeing high vaccination rates, we're all really at risk. And so we really want to make sure that there's equitable distribution and outreach to those communities who are not being vaccinated.

Shireesha Dhanireddy:

And so there are definitely efforts to reach this last population of people who are not getting vaccinated to really understand why, there may be reluctance or what the barriers are to vaccine, if people have exemptions for some reason, for medical reasons or if they are worried for whatever reason to be able to provide education about the importance of vaccination. Dr. Neme and I have actually been doing some small group discussions, and incarcerated persons, just to get a sense of where people are, what the hesitancy is. And we've actually learned quite a bit. And I think some of these will need to be these kinds of small discussions to reach people and not just putting up a sign saying vaccines here, because we've already reached all the people that we could get really with that kind of approach. And I think we must need to have a much more targeted approach now to reach the rest of the people that we need to reach. Washington State has given over 4.5 million doses so far. So excellent. So, yeah, I think we're doing pretty well.

Trish Kritek:

Yeah. The numbers for King County are pretty inspiring. And I think Santiago has talked about this before in San Diego. If you want to add to that, you can. I think what I hear you say is we've gotten really good at getting everybody who was emailing us, saying, I want to get vaccinated, and now we need to go out and listen to why people are concerned about getting vaccinated and understand what those concerns are. And I think Santiago has spoken to that as well before. The next big question, there's two other big buckets of questions. One is, do we need booster shots? Lots of questions about booster shots. And if so, when? And if so, with what vaccines? So where do we stand and understanding if we're going to need another vaccine and when?

Shireesha Dhanireddy:

Yeah, I think it's too soon to have that discussion. Right now, we don't know how long immunity lasts from the vaccine. People think it's at least six months, maybe even longer. Some even saying it might be life along. We just don't know. And we're going to get more information as we get further away from these initial doses to know how long people are protected. I think there's really more of a focus on global equity as well to make sure that we have enough of our neighbors and other countries vaccinated, because that if there are hotbeds of disease elsewhere that are huge surges of disease, that actually impacts the way we live too here and our ability to be mobile and travel and see family, do all the things that we did pre-pandemic. So I think there's definitely discussion about what that booster will look like, but I think it's too soon to say with definity that we will definitely need a booster or what the timing of that booster will be.

Trish Kritek:

Okay. So no evidence that we need a booster now. So I think that's the first question. The second question is when will we? And the answer is we don't know yet. And I think the third message was, and we have to think about this is a global pandemic and we need vaccines for everybody across the country. We've talked before about folks in India and lots of other countries where there've been recent surges and the impact on those countries, as well as the impact on variants and things like that. Relevant to that maybe, there've been some questions that are like, I got vaccinated with the J&J, should I get revaccinated with one of the other vaccines, which are more effective? And so I'll ask you that question.

Shireesha Dhanireddy:

Yeah. No. I think any of the three, the mRNA or the J&J are really quite effective vaccines. I think we've talked about this before that when we compare it to efficacy of other vaccines we use, these blow most of them out of the water in terms of preventing severe illness. And that's the same with J&J. There are more people that get symptomatic infection, but when we look at the end point of hospitalization and death, they're really quite effective. And so I would not recommend at this point to get an alternative vaccination if you've received the J&J.

Trish Kritek:

Okay. So there's no best vaccine necessarily. So, if you've gotten vaccinated, you're good for right now. All right. I think I lied. There's two other areas I want to talk about now and then we might come back to more vaccine a little bit. The next one is I think people have seen it in the popular press, there's concern about myocarditis, particularly in kids, in male children as something we're concerned about. And I wonder if you could speak to the degree of concern around that and what parents should be thinking about as they think about getting their 12 and older kids vaccinated.

Shireesha Dhanireddy:

No, I think that, yes, we're starting to see some reports in the media of these suspect cases is associated maybe with, or temporally associated with the vaccine. And I want to caution people that there hasn't been a causal link established. These cases are being investigated. Currently, we've had a number in our area, in our state. And CDC actually is investigating those cases actively to see if there is an association with the vaccine and to come up with a case definition of what this actually is. There've been reports mostly in young individuals, but they're actually a couple in older individuals as well. And I know other states have similarly reported some myocarditis and pericarditis cases, which is inflammation of the heart or the lining around the heart.

Shireesha Dhanireddy:

So like I said, I think it's too soon to really know if there's a causal link. Young individuals do get myocarditis and pericarditis from other things, particularly other viral infections. I think it's biologically plausible that it could be associated with the vaccine, but it's just too soon to say right now.

Trish Kritek:

Okay. So we're studying it because we're curious if there's an association. We're not sure of it yet. And I think your recommendation would be that kids should still get vaccinated, the 12 years old.

Shireesha Dhanireddy:

That's right. So most people think, well, if there's this potential risky side effect or association, maybe I shouldn't get my children vaccinated, but I do want to caution that some children do get very sick from COVID. It's not just for public health reasons and preventing transmission to others to get the kids vaccinated, but there are also cases of multi-system inflammatory syndrome that have been reported. As of last year, there were I think over 3,500 kids. And this is very severe illness from COVID. And there've been a number of deaths in children related to this. So it's not that children just have mild or asymptomatic disease. Kids can get very sick from COVID itself.

Trish Kritek:

Yeah. The majority of kids don't get sick, but when they get sick, they can get very sick. And I think maybe for their mental health and being able to be more free and doing stuff, there's probably also value in that. Okay. One more question before I bring in some other voices. We had some data that was shared that when pregnant women got COVID, that they could get very sick when they got COVID. And so the question was, if someone has breakthrough, if you get vaccinated and you're pregnant and you have infection post vaccination, are we seeing that pregnant folks are more likely to get really sick or sicker with that kind of breakthrough infection? Does my question make sense?

Shireesha Dhanireddy:

Yeah. And I looked at the CDC data and it's not broken down. I couldn't find a breakdown. Half those numbers of hospitalized and deaths that I mentioned that it's just over 2,400 and 130 million, half of those were women, but it did not mention pregnancy status. I haven't heard that there's a signal that pregnant women get more sick if they get breakthrough infections.

Trish Kritek:

Okay. So no evidence that pregnant people are at greater risk of getting particularly sick if they have breakthrough infection. And I'm looking at my other two ID docs and they're not making a face that says they know something different than that, or they're actually giving me a thumbs up. Okay. Santiago, with that thumbs up, I'll go to you. And John's giving a thumbs up too. All right. Santiago, I'm going to ask you some, I'm just using you as an additional ID person for a second, and you can wear your medical director hat in a minute as well. I'm going to ask you the eye protection question this time, not about whether I need to wear eye protection, which I told everyone I was, but I guess students, and I think these might've been like PT students or other students are asked to wear eye protection in classrooms, not in the clinical setting, but in classrooms. Is that something that we will continue to do? Is there a reason for that?

Santiago Neme:

My understanding is that students should use eye protection when they do like clinical exams and something kind of interactive, not so much just taking a class and just listening to a lecture. I would think that if we were to change our policy for universal masking and eye protection when we see patients, then that would trickle to that and that would affect our policy. But in the meantime, I think it's hard to decouple the two because they're basically the same.

Trish Kritek:

Okay. So in the clinical settings, you follow the clinical rules, which is you wear eye protection. And then in the classroom, it would make sense that you don't think that folks would necessarily need to wear eye protection, right?

Santiago Neme:

Yeah.

Trish Kritek:

Okay. This was a little random one, but I do notice it, many of our drinking fountains are off. And the question is when will we use drinking fountains again?

Santiago Neme:

I don't know that we've determined that. Again, as John was mentioning, there's still transmission in the community, we still struggle assessing machination status. So we still live in a hybrid kind of world. And I think we'll continue to live in a hybrid world, but we would like to really, for those community rates to come down and then we start to peel off some of the barriers and the protocols that we've put into place. I feel it's a bit too early for that right now, but hopefully soon, hopefully when the state really opens up, hopefully in a matter of weeks, we can also do that, but it's all about data and it's all about local transmission because what's happening here is not the same as what's happening in San Francisco and other areas. So it's really very epi focus.

Trish Kritek:

Okay. So relevant to the numbers around what's going on around us, we keep assessing these things. I saw John nodding, so we will keep looking at it, but we're not quite ready because of the numbers in the community, which are down, but not as low as we want them to be before we start doing that. Okay. Speaking of epi, one of the questions that folks asked was about the rising number of variants in India and the impact on us here, And Shireesha alluded to this already when she was saying, there's lots of

impact globally with COVID that continues really shockingly sobering impact across the country. So what is the impact of arising variant in India? And do we need to be worried about that in terms of vaccination and protection?

Santiago Neme:

I think it's really concerning in terms of just our global health, because we don't live in isolation as Shireesha and John were saying. Fortunately, our vaccines have demonstrated that they do really well. Last week, there was a really good MMWR from CDC that looked at 101 million people who were vaccinated between January 1st and April 30th. And they actually looked 5% of those breakthrough infections were sequence. And they found that the proportion of the spread of the variance was similar to what was circulating in the community. So that are used that that the vaccines are not only really protective in that, the risk is like one in 13,000 vaccinated people would get an infection and be symptomatic from it. But also, it's just the fact that the spread is similar. That being said, the variant of that surge in India, and I try to stay away from countries, I like to say it's the B1617.

Trish Kritek:

Thank you.

Santiago Neme:

Just because it's a highly stigmatized, and especially in south America, there's the Brazil one. And when are we going to have an Argentina one? So it's just a lot of stigma associated with the country and the names, but they're tricky. So I would say that we keep monitoring that. We have an outstanding lab led by Dr. Alex Greninger. And John, correct me if I'm wrong, but I think he told us about a month ago that they're looking at almost 15% of all samples they sequenced to really monitor this really well. 15%, it's an insane, it's a really high proportion of cases that they're looking at. So that's really reassuring. And I feel that that makes us really safe.

Trish Kritek:

Okay. So what I'm hearing you say is we see the kind of same distribution in the community in the breakthrough infections. So not like all the people who are breaking through are infected with one specific variant.

Santiago Neme:

Exactly.

Trish Kritek:

And so I think that's reassuring. And then I also heard you remind us that we should probably talk about them by their names, as opposed to where they're found, because I agree with you, it has some connotation that we might not want to start saying, oh, that's from here, that's associated with those people, so to speak. Okay, John, did you want to add to that?

John Lynch:

Yeah, just really quickly. And I think I agree with everything Santiago said. In the UW Clinical Neurology is doing an amazing amount of work. The Department of Health lab is also doing sequencing. So we're getting a really good picture here in Washington State what's going on. It is tricky when we look at, for

instance, vaccinated people who get infected and the type of variants that they're getting and how to separate out, well, this is a more transmissible variant versus this is the predominant variant in your community. So we have a lot of the B117, this is one first described in the UK in our community, it's the predominant strain. And so when we look at the vaccinated people, most of the healthcare workers who are getting infected have B117.

John Lynch:

So it's a little hard to know, is it because it's B117 or it's just because it's the biggest one out there? So I just want to show you there are data out there, including a paper coming from University of Washington School of Medicine, looking at breakthrough cases in sequencing that are indicating that maybe some of these variants are disproportionately represented in vaccinated people. But again, very hard to separate out very small numbers.

Santiago Neme:

I was talking about the national data that was published and also the percentage, the proportion that were sequenced were only 5% of them, whereas our lab is doing a lot more testing. So I think we're going to have a lot of rich information. And they may differ because the national sample is much smaller than our local sample.

Trish Kritek:

Yeah. And so we may have more data to share with people, but if I was going to summarize what I heard you say John is, we are seeing potentially in our data more variants in the infections that are breaking through from the vaccine, and we're seeing more of those variants in our general population. So teasing out if it's about the variant versus the proportion in the community is challenging. Is that right?

John Lynch:

Yes. Yes.

Trish Kritek:

Great. Thank you. I'm going to shift gears. And I'm going to do one follow up question to Shireesha and then I'm going to shift gears to talking about the greater UW percentage of vaccinations and some local questions. So Shireesha, I want to do one follow-up question on the myocarditis. There has been some discussion in public spaces, I don't know what those public spaces are entirely, but public spaces, about maybe you should delay the second dose of vaccine for children with this question about myocarditis. And I wondered if you had any recommendations about that.

Shireesha Dhanireddy:

So the CDC doesn't have any recommendations about delaying. I mean, I think what we want to do is move towards a time period when our kids can be back out fully vaccinated, doing the things that they want to do and not be socially isolated, Trish, as you mentioned, that they've been in isolation for a long time and that's not great for child development. And so the sooner we get them fully vaccinated, the sooner that they can do camps, they can do sports, they can have sleepovers and all those things. And I still think that the myocarditis issue is so rare and that there's not a causal link. We vaccinated so many kids so far had a huge push with that 12 year old age range. John and I actually both brought our kids on the first day on the May 13th when they were eligible and got them vaccinated. I planned to get my kid

vaccinated at the three week mark. He already has an appointment. So I'm not changing that practice right now based on information that's not clear yet.

Trish Kritek:

Okay. So your recommendation is to stick with the recommendation and that you're living that recommendation as well. So I appreciate you sharing that personal part of it for everyone too. All right. I'm going to shift to our medical directors and nursing leaders. So Tom, I've asked you before about percentages of our medical staff who are vaccinated. I wondered if you have an update on that.

Tom Staiger:

Yep. I got updated numbers that are a bit better than last time. And for reasons I'll comment on underestimate the true percentages of individuals in our medical staffs who are vaccinated. So at UWMC Montlake, 88% of our medical staff are vaccinated, 2% have declined. At both Harborview and our Northwest Campus, 93% of the medical staff are vaccinated, 1% have declined. And amongst house staff, the data says that 82% are vaccinated and 1% have declined.

Tom Staiger:

The reason that those numbers underestimate the true numbers certainly at Montlake and I'm sure in other groups is that I reviewed the individual report of people who have not been fully vaccinated. And as I scan through the Montlake list, I spotted a fair number of individuals who have either retired or don't clinically work here. There's a lot of names I don't recognize, and I will be working with our service chiefs and others to determine which of those individuals shouldn't be on our list. And so I'm sure that is true at our other campuses. And I would hypothesize that in the house staff group that there's individuals on that list that are probably working at children's or working at the VA or are out of Seattle. So those are our numbers that clearly are the floor of the number of people, percentages vaccinated across our medical staff and house staff.

Trish Kritek:

So we're talking 88 to 93% is the minimum of what we think is true and probably better than that, because there's names on those lists that we probably should cross out. And maybe the next time we come together, you'll have had a chance to reconcile those. I'll just say the resident numbers had always been leading actually. So I suspect that probably is issue with those numbers as well. So hopefully, we can reconcile those, but better than we've had for sure, those are great numbers and probably even better. So thank you. Jerome and Sherri, do you have numbers for staff percentages of vaccination? Jerome, you want to start?

Jerome Dayao:

For Harborview, for the 6,000 employees that we have, about 83% has received vaccination and about 89 had been compliant, meaning to say they either have received the vaccination or have filled out the declination.

Trish Kritek:

Okay. So 83%. That's higher than last time we talked. I think so. That's great to hear. Wonderful. And Sherri, how about at the UWMC campuses?

Sherri:

Yeah, UWMC. UWMC Montlake had out of 5,836 employees, 79% of them vaccinated and 6% have declined, for a total complaint of 85%. And then at UWMC Northwest, 2,302 employees, we have 78% vaccinated, 8% declined, for complaints of 86%.

Trish Kritek:

Okay. So across the board, it sounds like we're creeping up 78, 79% to 83% of staff, more people interacting in and saying they're declining. So we're keeping driving. And some people that we still have to figure out. Maybe there's some of those people on the list for the staff too, I don't know, who might not actually be part of the system. And maybe those numbers will evolve. I think people are interested. We know that there are some small reasons why people might opt out of getting vaccinated, but we also want to see as many people who can be vaccinated. It is super important.

Trish Kritek:

Okay, Tom, we're going to pop back to you. Folks asked about the fact that it's been feeling really busy, and I'm going to go to Tom and then the back to the nurses on this. From the medical director side, what are we doing to manage our really high censuses at, for sure Harborview, I'm pretty sure Montlake and also Northwest?

Tom Staiger:

Well, a couple of key things. And the first is really an effort involving our medical nursing administrative leadership to have more effective processes for a load leveling in transferring patients as needed from one site to another. So there is a group that comes together Monday through Friday at 11:30 to report out on capacity, on census, identify unmet needs, figure out which campus can offer assistance to another campus so that we can use our capacity across our system as best as possible. And that I think has been quite helpful for creating situational awareness, as well as facilitating transfers.

Tom Staiger:

The other thing that we're doing is also an interdisciplinary effort, which is really to focus on how to improve our throughput, how to decrease as much as possible appropriately length of stay and how to institute best practices so that we can provide access to as many patients that would benefit from our services as possible. So one thing that starting at UWMC Montlake is a practice that was put into place at Harborview, I think, going back year and a half, two years of having capacity management physicians who were going to have Monday through Friday, five individuals have been hired who will be available to help remove barriers, identify patterns and trends that we can do process improvements on and just facilitate better capacity utilization and improve progression of care. We're also continuing to work with our social work and care coordination leadership to just make sure that we are instituting as many best practices as possible so that we can provide care for as many patients as we can that would benefit.

Trish Kritek:

So it sounds like some investment in trying to figure out how we can progress care appropriately in a timely fashion and help with doing those next steps to get people to the next phase of their care, which might be out of our hospitals. And then it sounds like a daily collaboration across sites to figure out how we can load level, which is great. I think it was implemented maybe during COVID or ramped up during COVID and continues, which is wonderful. Sherri and Jerome, the same kind of question, but I think slightly different. I think people are feeling the pinch on staffing. And so we're curious about what

efforts are going on to deal with staffing shortages. So Jerome, I see you on mute. So I'll go with you first again, then you, Sherri, on efforts to address that.

Jerome Dayao:

Absolutely. It's a very important question, Trish. I mean, we've been doing lots of strategies to be able to staff appropriately to the matrices and to the volumes that we have at the medical centers. You're absolutely right. We're very busy. So what we've been doing is hiring is continuously happening. We are posting positions as they vacate, as we received notices of transitions, we post positions.

Jerome Dayao:

In addition with that, we also have been engaging Aya, who is our labor partner with regard to the contract labor that we're utilizing at all of the sites to give us nurses, to assist us with getting nurses. And there is really some tough competition in the Seattle metro area and nationally for very high rates of these travelers. But despite of all of that, we have been very committed into bringing this travelers so that we can have the staffing. And then we are also looking at other things such as how can we make staying at Harborview or any sites more agreeable to individuals by incentivizing them with regard to hiring, offering bonuses and all of that. So we are looking at all of that span.

Trish Kritek:

Sounds like a multi-pronged approach, including posting and hiring as much as we can, some use of travelers in a super competitive market, and then strategies to entice people to want to stay, to be hired and to want to stay including bonuses. Sherri, do you want to add to that?

Sherri:

We're doing much the same thing, of course. As Jerome mentioned, we're focused on retention, of course, first thing, and then really trying to streamline our hiring practices, making it easier to have a bigger presence on LinkedIn, really adding positions to the resource team, and of course, working closely with Aya to get travelers and retain our travelers.

Trish Kritek:

So same kind of things, but also that I think I heard both of you really wanting to do what we can to retain the folks that we have and make us the employer of choice, a place where people want to be working. So I think that's great to hear. I'm sure that people have ideas on how to do that best. So I'm sure you're getting lots of thoughts on that. So it sounds like a lot going on. I think people are still feeling it and I think we did acknowledge that people are feeling it. I definitely felt it when I was on service the last couple of weeks ago for sure. Cindy, not Cindy, Sherri and Jerome, before I leave you, the visitor policy changed since the last time we talked. And so I'm wondering, and I'll start with you Sherri, how is it going with having inpatient visitors? I'll start with that.

Sherri:

That's a great question. We're really happy to have visitors back. I think universally, it's going so much better. And we've actually, as you know, we have one visitor per patient now accepted and end up like where there's two visitors, but people the patients are happy to have visitors back, the staff is happy to have visitors back, and even hoping that it helps our fall numbers, reduces our falls to have people in the room with our patients. So I think it's going really well.

Trish Kritek:

Jerome, is the same true at Harborview?

Jerome Dayao:

I think it's true with Harborview, we also just revisited the hours, because everyone knows that we have different hours at Harborview. Currently, it's from 2:00 PM to 6:00 PM. We are looking into expanding that so that we are more aligned with the other sites, because as what Sherri mentioned, I mean, family members, they want to see the patients and they are very conducive to the healing process.

Trish Kritek:

Yeah. So it sounds like good experience so far. Thinking about broadening hours at Harborview, I will just say having been on service when we went from no visitor or limited visitors to more liberal visiting, it was palpably different in our unit. And I think our healthcare teams appreciate it and I know our patients and families appreciate it. One question, very specific question was, have we had any conversations about expanding it? And the one that that was specifically asked is that, I guess at children's, two adults can go at an outpatient visit. And I'm wondering if we're having any conversation about additional visitors, people accompanying you on outpatient visits. Has that been part of our conversation at all?

Sherri:

I don't think yet we meet frequently. We meet at least weekly or every other week to actually check the numbers and see how we can actually progress with the policy, but I don't think we've had that conversation, Jerome.

Jerome Dayao:

Yeah, we do have a tool. And then I would defer to John about this, that looks into the total number of COVID cases in the community and using that as a guide, whether or not to expand the total number of visitors.

Trish Kritek:

Okay. So John, do you want to add?

John Lynch:

Yeah. So we were just looking, I think what Jerome is referring to is we do have set up sort of a guidance tool that looks at our rates and the phases and all sorts of things that points at what we're calling demobilization, sort of rolling back everything from water fountains and eye protection and increasing visitors. And so we're trying to use science, just like Santiago said, we're trying to use the data and be consistent and move each part back when it's as safe as possible.

John Lynch:

The one thing that's really tricky around, and this came up in the side comments or the Q&As is there's lines of people trying to get in. And as soon as we increase the number of visitors and it slows the lines down, the lines extend out the doors. And to increase access, we'd have to set up more stations and more entrances, which creates, it's a lot more people who need to be doing that work. And so it's not just adding another person, there's usually a whole bunch of other operational parts, as well as the context in which we're making those changes. So we're going to get there. I just want everyone to know,

we are going to get there and we just want to do it carefully and thoughtfully and use the data that we have.

Trish Kritek:

Okay. So we're going to be science-based and use data. We have lots of implications of more people other than just one more person. And then most importantly, we will get there. So thank you the three of you for talking about that, I think it's been a source of angst for a lot of people as we work through this. And I appreciate the ongoing discussion and dialogue about it. I'm going to ask the group and I was going to ask you Tom, but I don't know if anyone, do we know when UW Medicine is going to, where UW Medicine sits in terms of business travel at this point in time? This is usually a Tim question and he's not here.

Tom Staiger:

I don't know. I'm going to look in my infectious disease colleagues and others to see if many of you have any insights.

John Lynch:

So we've switched our policy within UW Medicine to default to the University of Washington Travel Policy. And so the professional travel is really linked to the upper campus policy right now. I have not heard anything around changes at this point, but I think it's an ongoing discussion.

Trish Kritek:

And I feel like we talked about this with Tim, and that policy says you can travel locally.

John Lynch:

For professional purposes?

Trish Kritek:

Yeah.

John Lynch:

Yeah, I think you can do. And I think this is where things get confusing because people are like, well, it could be more risky in some parts of Washington versus traveling to San Francisco right now, where the numbers are extremely low or Massachusetts. And so there is some confusion around this, but as far as I know, in terms of authorizing virtual travel nationally or internationally, still ongoing discussions. And I'm happy to take that on Trish and talk to the upper campus folks about that for next time.

Trish Kritek:

Okay. Why don't we bring that back? I saw some questions in the chat and numbers of questions submitted. So we'll come back to that. We appreciate those questions. I'm going to do a couple of rapid fire questions before we go to, ask an ID doc since we have Shireesha here, she gets to do a cameo appearance as the ID doc. So let's do a couple ones real quickly. Shireesha, I'll ask you this one. Folks, we've had previous conversations about people who are immunocompromised and get vaccinated. And they're curious if there's some way for them to know if they're having an appropriate immune response

or if that patients clinicians want to know if there's a way that they know that there are immunocompromised patients have an immune response.

Shireesha Dhanireddy:

That's a great question. And actually something I was just asked a couple of days ago, and I've had patients referred to the infectious disease clinic here at Harborview with that same question. So there isn't a good way to know. Some people were checking anti-spike protein antibodies. And that's actually not recommended by the CDC. We don't really know if that's a good correlative immunity, meaning that those levels being robust is really translates into, I won't get COVID. So I would stick with the CDC guidance and not check those things. I think that could be anxiety provoking. I know that our colleagues at the SCCA and on solid organ transplant, our infectious disease colleagues are doing is saying, yes, get vaccinated. We don't know if it's going to work for you like it works for someone who's not immunocompromised. So make sure that everyone around you is vaccinated so that you have what they're calling a cocoon of protection around them so that they can be unmasked with those individuals and feel safe and their friends and family.

Trish Kritek:

Okay. So antibodies don't tell us a good story. We are not sure the story of antibodies, so not recommended to check antibodies. We don't have another test that's going to tell us. So we're going with the cocoon strategy of getting folks around you vaccinated. Thank you. That's super helpful. And similar to what we said before, but I think we'll keep asking it because it's a source of continuing concern. Santiago, I think I probably asked this before, but I'm going to ask it again. If you get first dose, you get COVID, between doses, should you get the second dose?

Santiago Neme:

Yes.

Trish Kritek:

Okay. Is there any time you should wait or you should just stay with the same sequence?

Santiago Neme:

You get as soon as you're recovered. You typically don't want to get it before the four weeks, which is the second dose. I'm looking at the expert, making sure she's nodding, but typically, you want to be recovered and within the window, but if I happen to be infected on week three post dose one, I'm going to do it a little bit later because I want to be fully recovered before the second dose.

Trish Kritek:

Okay.

Shireesha Dhanireddy:

Yeah. You don't want to come to the vaccine site with active COVID essentially.

Santiago Neme:

Exactly.

Trish Kritek:

Don't come in. Don't come in if you're symptomatic, but if you're recovered.

Santiago Neme:

Fully recover. Feeling well. Yeah.

Trish Kritek:

Okay. John, there's many more questions. I'm just going to acknowledge it now and I saw many of them and I just can't get to all of them, but I'm going to ask one more question about things we might get rid of. And the question people ask about is attestation, oh, do we.

John Lynch:

I would love to get attestations, but we actually have a regulatory requirement to continue these attestations. The Department of Health, which holds our licenses for all of our hospitals, requires that we do daily attestation in addition to many other things. And when they've been onsite, they do audits for that. And so it's been a really important thing for us to have in place. I've asked the CDC to stop it. We're going to keep working on those discussions.

Trish Kritek:

So you've heard it here, he's advocating for getting rid of the attestation, but it's a Department of Health requirement, so we will continue to do it for now. I think that's super helpful. Thank you. And with that and with apologies for the questions I didn't get to, Anne, ask an ID doc.

Anne Browning:

Got it. And so Dr. Dhanireddy on the hot seat today, so she would-

Shireesha Dhanireddy:

Well we have Dr. Lynch and Dr. Neme. So I don't want to say that I'm the only one.

John Lynch:

You could only be one Shireesha.

Anne Browning:

All right. So a lot is changing, a lot is changing really fast with vaccinations increasing, community spread decreasing. So I'll ask some questions that we've asked in the past again. There's a huge theme around fitness, so glad people are getting out and about, would you train at a martial arts studio with masks and physical contact? Dr. Dhanireddy.

Shireesha Dhanireddy:

Yeah. I think it depends on what the mitigation strategies are at the martial arts place. I think you'd want to make sure that if there are people that are participating in that program, that there's some sort of attestation that happened. And maybe because it's a private business, they can mandate vaccination if they want. So in that sort of situation, I would feel comfortable if there's good hand hygiene practices, good mitigation strategies that they've come up with and they're mandating vaccination so that

everyone there is vaccinated, I would feel okay with that. But I would want to make sure that they've been thoughtful about that program before joining any kind of program.

Anne Browning:

Would you swim in an indoor pool right now, a public pool?

Shireesha Dhanireddy:

Well, I'm going to defer to Dr. Neme and Dr. Lynch, because I actually don't know how to swim.

Anne Browning:

Fair enough. And the question actually came in specifically for Santiago. So Santiago.

Santiago Neme:

I would. I would swim in an indoor today unvaccinated. Yeah.

Anne Browning:

So would you work out unmasked if fully vaccinated in a gym that allows it based on the honor system?

Santiago Neme:

Who's that for?

Shireesha Dhanireddy:

Yeah, I would say again, it's like the martial arts place, I would want to know what kind of COVID mitigation strategies they have and that they've been thoughtful about it if everyone's vaccinated and it's indoor and they're unmasked, that's probably fine, but if there's not good practices around that, then I would be cautious. And it's the summer, there's no reason not to work out outside.

Anne Browning:

So it sounds like there is some challenges in this space where we don't know about vaccine and practice, but good, all right, thank you. Next set of questions around transportation and gathering. Shireesha, would you fly on a plane right now?

Shireesha Dhanireddy:

I would. I'm fully vaccinated, but I have a nine-year-old who's not vaccinated, so I'm a bit more cautious about that going as a family on a plane. So we haven't since the pandemic started, but hopefully soon, my nine-year-old will be vaccinated too, and we can all take a family trip together on a plane, but myself personally would feel comfortable.

Anne Browning:

So in that case, would you take your nine-year-old to Disneyland this summer?

Shireesha Dhanireddy:

No, I would not.

Anne Browning:

Would you yourself, would you attend a wedding with all vaccinated people?

Shireesha Dhanireddy:

I think I would. Yeah, I would if everyone's been vaccinated, and presumably there are people I know that I could trust that they've been vaccinated. So, yeah.

Anne Browning:

Would you attend a meeting in doors with more than 50 people?

Shireesha Dhanireddy:

I don't think so at this point, especially if there's not any, even here in the hospital, we're talking about limiting people, even in our vaccination rates are much higher in the hospital than they are in the public. So I don't think we're ready for that yet.

Anne Browning:

Another question, knowing that you've got a nine-year-old running in about, would you do an outdoor barbecue and bring unvaccinated kiddos with you?

Shireesha Dhanireddy:

So, if it's outdoor and people can physically distance and wear masks, I think that's fine.

Anne Browning:

Got it. Cool. Last one, how are you feeling about eating in restaurants right now?

Shireesha Dhanireddy:

I'm okay. I think I'm personally okay with being a vaccinated person, but I have not taken my children out to restaurants yet indoors, we've eaten outside physically distanced, but we haven't been to any indoor restaurants yet.

Anne Browning:

Cool. Thank you for being on the hot seat this week. Fun to having your voice. Trish.

Trish Kritek:

Thank you. Thank you, Anne. Thank you, Shireesha. Really appreciate it. Appreciate all the sharing from folks. It's hard and yet it's so meaningful to people to understand how we're all struggling with these decisions and how we make them. So thank you for sharing. I really appreciate it. I want to do a special thanks to you for rejoining us today. A special thanks to Sherri for pinch hitting and doing such an outstanding job. Really appreciate it. A big thanks for people modeling, taking vacations. It's important to take vacations. I took one last week and it was outstanding. And I did fly on a plane and I did eat for the first time at a restaurant outdoors. And it was great. And I'm vaccinated in case. I should say that too.

Trish Kritek:

At the end, I want to say, I hope everybody has an opportunity to enjoy the three-day weekend. It is an opportunity to be outside and get some sunshine. It's also Memorial Day weekend. So I want to acknowledge the many members of our community who are involved in the military, who have served or continue to serve, I want to say a specific thank you to you and a really big thank you to all the team, our healthcare team at our VAs who take care of our veterans. They really dedicate the work that they do to take care of that really important group of people in our community. So big thanks to all the folks at VA Puget sound, as well as the whole VA system.

Trish Kritek:

And with that, I'm going to say, thanks for coming together. We'll come back together on June 11th, we'll be going once a month for the summer, unless something changes in our community, in which case we will respond to that and come more often. We will talk about returning to work. I think it's really important for us to talk about that more. So please send us your questions as always. And as always, I won't ask them all, but I'll do my best to get them out there. And so enjoy the three-day weekend. And thank you again for taking care of our patients, their families, and most importantly, keep taking care of each other. We'll see you back in June. Bye-bye.