

Trish Kritek:

Welcome back to UW Medicine Town Hall. I'm Trish Kritek. It's my pleasure to welcome back lots of folks and introduce a new guest today. Again, I'm the Associate Dean for Faculty Affairs in the School of Medicine. Joining us back from a much deserved vacation is John Lynch, the Head of Infection Prevention and Employee Health at Harborview Medical Center; Tim Dellit, our Chief Medical Officer; Anne Browning, our Assistant Dean for Well-Being; Cindy Sayre, Chief Nursing Officer at UWMC; Santiago Neme, Medical Director at UWMC Northwest; Tom Staiger, Medical Director at UWMC; and Jerome Dayao, our Chief Nursing Officer at Harborview.

Trish Kritek:

I'm really, really grateful for Dr. Janet Englund to join us today. She is a Professor in the Department of Pediatrics, Division of Infectious Diseases. She's leading a trial in COVID vaccination in children. She is kind enough to join us to answer a bunch of questions relating to kids because they're on the forefront of people's minds as school opens this week for many people and next week for lots of other folks. So Janet in advance, thank you so much for joining us today.

Trish Kritek:

We have a lot of questions. I'm just going to say upfront that there's zero chance I'm going to get through them all. But please keep adding them to the Q&A. We'll keep track them, we'll keep adding them in. I'll also say upfront that our plan is to go weekly for the next few weeks, so that people can predict that we'll be back next Friday and the Friday after that. With no further ado, I'm going to turn to Anne for her wellbeing message.

Anne Browning:

Sure. Thanks, Trish. My wife and I got to walk our kiddo to school this week. It was the first day of drop off for kindergarten. All sorts of reflections came up, including the fact that our kid just turned four when we really started with the pandemic. So it was also a reflection of how long this has been a part of our reality. It has been fun to see folks posting pictures of kids' first day back and really seeing those kind of images. For many kids, this is their first time back in maybe even 18 months or so. So it's a pretty profound milestone and a pretty big shift.

Anne Browning:

It comes with a lot of apprehension around the delta variant and when will we be able to vaccinate kids under 12. So again, Janet, thank you for being here to weigh in on some of that. But it also made me realize, like these milestones keep coming at us. I think it's been a slow, but now very present shift in my own thinking that I don't know if we're going to get to a world that is post COVID. Instead of pausing and waiting for COVID to be over, I think we're really shifting towards figuring out how do we learn to coexist with this as safely as possible and as thoughtfully as possible.

Anne Browning:

So that we can kind of still have these milestones and still have these celebrations and these moments to note in our lives. So challenging space that we're all in right now. But good luck to everybody who's taking littles back to school. We'll keep trucking along. Trish.

Trish Kritek:

Thanks, Anne. I appreciated the picture of Leighton as she went off to kindergarten, it was fabulous. It is a time of that kind of tension of excitement and anxiety again. I thank you for acknowledging that. John, I'm going to welcome you back with having a kick us off today. So let's start off with just numbers and how we're doing across UW Medicine, and then the state in general.

John Lynch:

So I'd say that at UW Medicine, things are pretty stable. We have a little bit fewer inpatients in the last day or so. But things have been stable around 90 inpatients per day. Some of the patterns have shifted. We have about 53 people who require acute care right now in hospitals of about 31 folks in our ICU. That's pretty similar across. Maalik has a few more ICU patients than acute care patients. What's interesting about this is that we're just seeing a lot more people who maybe not need the ICU right now, but are needing acute care. That number remains really big and very stable.

John Lynch:

Just quick caveat there, we are still seeing a lot of people being transferred in from the state and the region. We need what's called ACLS, this thing I always talk about, the heart-lung bypass machines, these are some of the sickest people in our hospitals. As of this morning, we had I think six, seven people who required this machine at Montlake and at Harborview, which is an extremely high number. Three of those people were still in isolation for COVID. So all because of COVID, and three of them are still with active COVID who are on these machines. So still a lot of very sick folks, but a pattern where we're seeing a lot more people in the acute care units.

Trish Kritek:

So I think that's interesting. It sounds like a lot of those very sick folks are coming from around the state being referred in for these resources which happened before, but it sounds like even more of that than earlier. One question about the local before we go to the state. Do you have a sense of how many of those patients are unvaccinated versus vaccinated? Because that question comes up a lot.

John Lynch:

Yeah. It's a really important question, Trish. So when we look at it, depends on how you slice, but somewhere between 95 and 98% of all of the inpatients with COVID are unvaccinated people. We know this is true across not only UW Medicine sites, but at sites across Washington and across the United States. When we look at even the people who are in the hospital who have COVID and are vaccinated, some of those people are being picked up without any COVID symptoms are here for other reasons. That's why some of these numbers can be a little tricky without going deep into the charts every single day and looking at who has that.

John Lynch:

I think someone started a question around ECMO. We're not seeing people who are vaccinated in the ICU or on the ACLS machine. So definitely a strong association, which I hope, Trish, we get to talk about a little bit later. That vaccination protects you from getting seriously ill, including ending up in the ICU or on ACLS.

Trish Kritek:

Yeah, we'll definitely talk more about vaccinations because I think that that is a hot, hot topic with folks right now. One other quick follow up question, John. Earlier we had talked about younger people being

in the ICUs. Are we still seeing the younger folk, or not in the ICUs, in the hospital? Are we still seeing younger folks in the hospital?

John Lynch:

Yeah, we are definitely seeing the entire spectrum. I look forward to hearing Dr. England's discussion around what they're seeing at CL Children's. But for the 18 and above, 20 and above that we're seeing, we're seeing every age group represented. Some of them, we're seeing fewer than much older folks. But I think because they are extremely highly vaccinated and have been for a while. So what we're seeing, it's just really across the whole spectrum of ages. For the unvaccinated folks, that's acute care. It's ICU, and it's the ACLS folks. We have folks in their 40s and 30s who have ended up on these machines, which is obviously really tragic.

Trish Kritek:

Yeah, so the whole spectrum of ages, the vast majority of people who are admitted with respiratory illness from being infected are unvaccinated.

John Lynch:

Right.

Trish Kritek:

All the people who are really sick are unvaccinated. I'm going to shift gears, how is the state doing?

John Lynch:

I actually have to say, the state's in a really tough spot right now. We entered into this recent surge with extremely high numbers of people in the hospital for all reasons, COVID and not COVID. Over the last month, the number of people requiring care is just skyrocket. We've definitely seen some of that at UW Medicine. But across the state, I think as of yesterday talking to you, Mark Taylor and Steve Mitchell, who run the Washington Medical Coordinating Committee out of Harborview, were on 1600 people with COVID who are requiring hospitalization.

John Lynch:

Although ICU patients are just around 300 of those folks, that number has actually gone up faster than another group, than even the acute care number over the last couple of weeks. So the number of folks requiring hospitalization, and especially ICU level care in Washington State is unprecedented. It is much higher than we ever saw in the winter surge. That is on top of a very, very tight healthcare system going into this.

Trish Kritek:

Yeah. So I think the take home is more patients in the hospitals across the state than ever before with COVID and more patients in the ICUs than ever before, on top of a busy, busy, busy set of hospitals already, which is stretching our healthcare teams immensely. Speaking of health care workers, the second cohort of questions that I got were about how many health care workers we have who have recently tested positive.

John Lynch:

Yep. So you remember, we have really good tracking for who tests in our system. We do our best to get those data from folks who test outside of our system. So with that caveat, we've had 400 healthcare workers tested for COVID over the last week. This is as of this morning, 14 in a more positive, which is 3.5%, which if you look at our entire last 20 months, that's our baseline, we've been way below that. We've been above that. So it's about 3.5% of people over the last week. In the last 24 hours, 96 people have tested. Four of them are positive, and that's 4.2%. So a little bit higher than our baseline. But again, small numbers there.

Trish Kritek:

Okay. So about 3.5% of the people who are being tested have tested positive, and 14 in the last week.

John Lynch:

Correct.

Trish Kritek:

Are those majority of those people breakthrough infections?

John Lynch:

Yeah. So I'm going to try to frame this really quickly. So please, Trish, keep me on track here.

Trish Kritek:

I promise to.

John Lynch:

Yes. So we went and did our survey of our different employee health teams in the last couple of days. When we look in August, we had about 42 people who were vaccinated who were COVID positive for various reasons. So that's collecting data from both our own system and people reporting. I want to just put that into some context here. When we look at about 25,000 people in UW Medicine, right, that's about 0.2% of that vaccinated population, I put about 88% of people vaccinated. That's about 22,000 people, that's about 0.2% of people with a positive test. One person was in the hospital in August. So essentially, all the rest of them, no hospitalizations, and definitely no one in critical care and the ICU requiring ACLS.

John Lynch:

Just to flip that the other way, if we take that 3000 people who are not vaccinated, it would only be ... That 0.2% will only about seven people. We're well beyond that for the unvaccinated. So it's really important to think about these numbers. When almost everyone is vaccinated, when you start seeing positive cases, most of the people are going to be vaccinated. It doesn't mean the vaccine is not working, how we know the vaccine's working is we track extremely closely who's ending up in the hospital and health workers who are vaccinated are not going into the hospital. We have one person who is in acute care has been discharged, and no one has been in the ICU, and definitely no deaths, fortunately.

Trish Kritek:

Okay, that's great. So 0.2% is this rough estimate. The vast majority of folks who are who are infected who have gotten infected are folks who are unvaccinated, the folks who have been vaccinated, only one person has been admitted, and none have been critically ill, which is wonderful news. I'm thrilled to hear that, and I think speaks to the efficacy of the vaccine, as you said.

Trish Kritek:

A bunch of questions were like, for the folks who have had breakthrough infections, which we realize is a small number. Is it that they're more likely if they got a specific vaccine? Is it more likely that it's been a certain amount of time since their vaccine? Any thoughts on that? Well, I have.

John Lynch:

Yeah. I definitely have some thoughts. I would say we got Dr. England here who can speak to these as well, as an expert in this field. What I would say is it's still early days. There are a lot of conversations, there are lots of studies out there. Some of which may be indicating that after a certain amount of time, there may be some elements of waning immunity, maybe some increased cases in those populations. But still very, very early. In terms of distribution between the different vaccines, some early data in some types of studies that have yet to be replicated, we may see some of these data coming out in the next four, six or more months.

John Lynch:

But I would say right now, all three vaccines equally effective and very powerful across the board. We definitely know that even in those studies looked like possibly waning immunity, still extremely strong protection against ending up in the hospital, getting very sick or dying. So early days, some data maybe hinting at that. What I think really asking the research community to do is to collect more data and to get a better sense of what's truly going on. I would right now make no decisions based on which vaccine based on what's available right now. Or even looking at boosters based on what's available.

Trish Kritek:

Okay. So it seems like from what I heard you say is the three vaccines look similar in their protection, particularly about getting sick and ending up in the hospital. Maybe there's a slight signal for starting to wane, but nothing definitive at this point?

John Lynch:

Correct.

Trish Kritek:

Janet, did you want to add to that. John invited you into that conversation? So I just ...

Dr. Janet Englund:

Well, I just would like to add that this whole assessment is complicated by the change in the genome of the virus. So that with the new variants around, it's really hard to compare what's going on today with what was going on three months ago because of the differences in the virus itself.

Trish Kritek:

So the new variants make that analysis and that interpretation more challenging. We've talked before about like is breakthrough driven by delta and other variants, particularly delta here, versus people's wading immunity. I think that's part of what you're alluding to, is that right?

Dr. Janet Englund:

Correct.

Trish Kritek:

Okay, thank you for joining in. John, I'm going to ask you two more now. Then I'll probably come back in a little bit. The other big thing that people wonder about is like, if I'm vaccinated, and I get infected, what's my risk of infecting other people? How does that compare to somebody who's unvaccinated and gets infected?

John Lynch:

Yeah. It's actually a tough question to answer for the research perspective, because knowing how well you transmit it to other people depends on how well you capture those other people. In the data sets that I was able to look at, the studies that I've looked at, and some correlates with things we look at when people who are vaccinated get infected, called cycle times, just looking at some. These are indicators, not true detectors of transmission risk. It appears that being vaccinated has some protective impacts, right? It decreases the risk of transmission.

John Lynch:

Now I want to be clear though, some of these studies were done pre delta, as Dr. Englund just talked about. Some of them have done during delta. We know delta is definitely a more transmissible variant. So it's, again, a little bit unclear. Biologically, it makes sense looking at what happens with vaccination and its impact on how sick we get. It makes sense that vaccination does decrease transmission risk. There is some data out there in networks that that's true. But again, it's going to take a little bit more time to answer the question completely.

Trish Kritek:

Okay. So don't know definitively, but we have a suggestion and some inference that you would be less likely to transmit infection if you're vaccinated and get infected.

John Lynch:

Yeah.

Trish Kritek:

Okay, I'll probably keep asking because the data keeps evolving. Santiago, looks like you want to add something.

Santiago Neme:

Yeah. May add I something? I want to make sure that Janet and others agree. But there is some evidence that although the nose really of a vaccinated person who gets COVID has high viral loads of COVID. Right? The issue is that that viral load gets neutralized pretty quickly, like much more quickly

than in folks who are not vaccinated. So in a way, you can expect this shorter duration of transmissibility, if you will.

Trish Kritek:

Okay. So let me try to translate that, and then I'll go to Janet. It sounds like what you're saying is that we know that people who get infected with delta have more virus in general. We've talked about that before. It seems like the body deals with it more quickly. Thus, the ability to keep transmitting it for a longer period of time is shortened in people who are vaccinated. There's some data that suggests that as well. Yeah?

Santiago Neme:

Yeah, there's a Dutch paper that also showed measured viral cultures, basically culture data to really try to identify viable virus as opposed to particles of RNA. That was really strong as well. I'm not the expert.

Trish Kritek:

Okay, I'm going to Janet next. Just to translate. I think that point would be ... You could have particles of virus in your nose, but this study was looking at virus that came out and it could actually cause disease because it would grow on culture. Janet, do you want to add to this conversation?

Dr. Janet Englund:

No, no. I think I think that's right. I think the issue is we're just exploring that and what is the best way to measure what virus is infectious and which culture method is really debatable. But it's important to know what's infectious and what's not. But I would also say that University of Washington, our group here with BBI, and Helen Chu and others, when we compared viral loads in kids compared to adults, we found that the biggest marker of how much virus there is is how sick you are.

Dr. Janet Englund:

So the people who are really, really sick, that is those who are on ventilators and ECMO and things, those patients do tend to have more virus for longer. So by implication, those who've gotten a vaccine are probably going to have somewhat less virus for a shorter time because they aren't in the hospital, as John has told us about.

Trish Kritek:

That's great. So I think the message there is sicker people probably infect people longer and have more virus. If you're vaccinated, you're less likely to get really sick, lest we think again, it's likely that you're less infectious. Okay, thank you. This is a complex thing. I appreciate all three of you contributing to that, just thinking that through. One more quickly, John. It's not quick, but I'm going to be quick in asking it.

John Lynch:

Not with me, it isn't. No.

Trish Kritek:

Yeah, exactly. No. I think there's been a recent paper that a couple people in questions referenced about the difference between post infection immunity and vaccine provided immunity. Maybe a study out of Israel?

John Lynch:

Yeah. So the big question here, again, it's a very complicated question. What people are really asking is, if you've been infected with COVID, is that sufficient protection to keep you from getting COVID again?

Trish Kritek:

Yes.

John Lynch:

If you've had COVID and get one vaccine, is that sufficient? Or you have COVID, do you get the full panel, the two vaccines?

Trish Kritek:

Yes.

John Lynch:

These are open questions. So what I would say is we don't know. That study was a big study, but it's called a cohort study. So they looked at everyone in those groups, someone who had just natural immunity in one vaccine, naturally for those two, versus like two vaccines. They looked at it, and then they went back and said, "How many people got infected in each of those groups?" Those are really great observational studies. They help us understand and develop research questions. But they can often be compounded by or confounded by uncontrolled variables.

John Lynch:

What I mean is things could happen in those different populations that aren't captured by just defining the populations. It's also what's called a preprint, which means it has not been evaluated by our peers. Right? So people like Dr. Englund would be someone who would review that paper and then provide feedback to the authors about things that they need to relook at or change. That has not happened yet. So this is a preprint paper. It's a cohort study. It's got some very interesting parts in it. But I think there's lots of confounding questions in there that make ... Basically don't answer the question. To my perspective, when I look at experts opinions on this, I don't think we have a clear answer to whether natural immunity is the same as vaccine immunity.

John Lynch:

Say there even is a measure of that, we don't want people getting natural immunity because the only way you get natural immunity is to get infected. Many people who get infected get very sick. Some end up in the ICU, some people die. Some people have long COVID, some people infect other people, right? That's the only way to go about getting natural immunity, and we know we can't do that. That's happened in other countries. It's happening right now in some populations, the United States and here in Washington and Seattle.

John Lynch:



It is an uncontrolled situation when that happens. So lots to still learn about answering that basic science question. But I would say right now, my strong perspective on this is that vaccination is the safest, most powerful way to keep people from getting COVID and to deal with the issues of immunity.

Trish Kritek:

Okay.

Tim Dellit:

Trish, I just want to also emphasize, we still recommend even if you've had COVID-19 infection, we still want you to be subsequently vaccinated.

Trish Kritek:

Fully vaccinated, for two doses just to say it out loud.

Tim Dellit:

Yeah, yes, yes. While we're still learning about the differences between natural and vaccine immunity. There was a study at the MFWR a few weeks ago from Kentucky that looked at individuals who had COVID-19 and then compared those who went onto get vaccinated versus those that did not. It looked like those who did not get vaccinated, their risk of reinfection was twofold higher, so that at least again in that population, showed some additional benefit of vaccine on top of that initial infection. So again, we still very much recommend that people get vaccinated, even if they happen to have had COVID-19 infection.

Trish Kritek:

Okay. So what I would say the take home there is the jury, the data is not clear yet about whether immunity from getting infected versus vaccination, one is stronger than the other. It sounds like the study from Israel suggested that natural immunity from previous infection might be more protective. That being said, that study hasn't been fully reviewed too. We know that we don't want everyone to get immunity from getting infected with COVID because it has lots of other implications for individuals and the community.

Trish Kritek:

Three, we still recommend full vaccination post infection, and potentially there's some clear benefit for folks from other studies. Okay, that was super complicated. I totally appreciate that. That's why people have lots of questions about it. I appreciate all of you kind of collaborating on that. Now, Tim, since you started answering questions, you get to answer some more questions. These are more systems kind of things. One of the things that people are asking is, now that we're saying there's a mandate to be vaccinated, there are still some exemptions. How are those vaccine exemptions being assessed?

Tim Dellit:

Yeah, so the governor's mandate specifically does allow exemptions that are medical or religious. Right now, we within UW Medicine are working with our colleagues across the university so that we have a consistent application in terms of how we evaluate those exemptions. So we are encouraging people to get those exemptions in. Then we are going to standardize across the university how we do that

evaluation, both from a medical exemption standpoint as well as from a religious standpoint. So more to come. But it's going to be a consistent process across the university.

Trish Kritek:

Okay, so we'll check in maybe again next week about that, but we're aiming for consistency across the whole university, not even just UW Medicine.

Tim Dellit:

Correct. Because again, that governor's mandate, while it started with health care workers, it was extended to higher education. So all of the university community, all employees for the university, must be vaccinated fully by October 18th as a condition of employment. For the students also, we are requiring vaccination, and also remove that philosophical exemption for our students as well, even though they weren't under that proclamation.

Trish Kritek:

So for everyone who's part of this community, employees and learners, it's either a medical or a religious exemption and consistency in those. Are there any exemptions for getting a second dose, like somebody has a bad experience with the first dose?

Tim Dellit:

I think that would fall under the evaluation for a medical exemption of why you may not be fully vaccinated. So if you have that situation, we want you to submit that and communicate with Employee Health so that we can work through what is appropriate in that setting.

Trish Kritek:

Okay, so I think that's a good thing for folks who might be concerned about that second dose, because I definitely got that question a bunch of times.

Tim Dellit:

I would just emphasize, the medical exemption should be extremely rare. If you look at what the actual contraindications are, very limited to essentially just what you're describing, severe reaction, anaphylaxis, to either the vaccine or the components that are within the vaccine. So again, we anticipate that those exemptions would be extremely rare. But we need a consistent way to evaluate those across our system and the university.

Trish Kritek:

Okay. I appreciate that. I think that's an important message for folks to hear that that's actually a rare event. Will folks who have those exemptions for religious or medical reasons also still be providing clinical care in our community?

Tim Dellit:

I think that is also ongoing discussion. One, it depends on once we get through that evaluation of how we're going to do the exemption process, and then with our medical tech team, determining for individuals who have one of those approved exemptions, how would they be practicing? In some situations, there may be additional PPE. But all those details, John or Santiago, I know I've been working

with the team on this and may have more details. But I think we're trying to ultimately determine how do we continue to keep our environment safe for our patients, safe for our employees, including all the other vaccinated employees. So we want to be thoughtful about how even with people with approved exemptions, how we continue to keep a safe environment.

Trish Kritek:

Okay. So more to come on what that will mean in terms of the work environment for the folks who are unvaccinated with exemptions. Two more questions before I go to Janet. I think there's still a lot of anxiety about people coming back to onsite work and being in the classroom, as we've alluded to. I guess, I'll ask you what the status is of that plan and what might make us change that plan.

Tim Dellit:

Yeah. The university's plan is still to come back in person after September 10th through the combination of the vaccine requirement as well as masking, which is also required anywhere indoor, public spaces cross the campus as well. So the university is continuing to coordinate with other universities around the country, and particularly those on the West Coast that have started ahead of us. So far, there's been positive experiences in those settings. We're continuing to monitor that. Again, if we see a significant change in the dynamics, then that will always be reevaluated.

Tim Dellit:

But right now, the university is moving forward and believe they have a safe plan through again, vaccine mandates, masking mandates, and really being thoughtful about how they bring people back in person. As we mentioned, even though we're coming back on site and work after September 10th, again, at that unit level, the managers have the flexibility to determine what makes sense for those specific positions, whether they again should be in a hybrid telework environment or remote environment or an in person environment, depending on what the work that they do and the need to be on site.

Tim Dellit:

That also, that hybrid model of which we fully anticipate will also allow us to decrease the density of individuals that would be onsite at that time too. So totally appreciate a lot of anxiety, and even some apprehension about coming back onsite. But we really believe through the vaccination, through the masking, we can do this safely. But we also are allowing maximal flexibility at that individual unit level to determine what makes the most sense for the staff in that environment based on what they do.

Trish Kritek:

Okay, so plan is still the same, coming back the 13th I believe is the date. Maximum flexibility to try to do hybrid things as we can and kind of doing that at a unit level as much as possible. It could change as we see what happens as we move forward.

Tim Dellit:

Correct.

Trish Kritek:

Okay, last question for you for right now. Again, I might come back if I have time. I don't know if I will. A bunch of people asked about masks at the Husky game on Saturday. Are masks mandatory for the Husky game on Saturday?

Tim Dellit:

So masks are being recommended, if you plan to attend the football game. You may have seen Dr. Jeff Duchin from King County made an announcement yesterday that starting next week, large outdoor events, if you have over 500 individuals, masking will be required. At the university, we'll be implementing that next week. It is just not enough time to really get all the logistics in place to be able to effectively do that this weekend. However, the university is recommending if you are going, that you wear a mask, even though it's outdoors, just given the size of the population that will be attending.

Trish Kritek:

Okay. So outdoor masking for King County is on the horizon. Now's the time to adopt it, folks. If you're going to the Husky game, wear a mask. I'll be really specific. Wear a mask. Okay. Thanks, Tim. I have more, but we'll pivot to Janet because she's been sitting here waiting for exciting questions about the kids and there's so many of them. So the first question is, are we seeing an increase in the number of kids who are being admitted to see Seattle Children's, like John alluded to? I guess the subset question of that is, are these are these children who have specific risk factors for having more severe disease?

Dr. Janet Englund:

So the short answer is the number of infections and children's is going way up and is now basically based on our data, surpassing what we had last December, which was pretty high. So numbers are up, number of admissions are up. However, of those that are admitted, many of them do have some underlying condition. However, these conditions are not rare and exotic diseases. These are common things, things such as relatively mild asthma, not as severe asthma about mild asthma, kids with genetic disorders, inborn errors of metabolism, kids with other underlying diseases, and certainly some of our immunocompromised patients. So yes, we are really busy.

Dr. Janet Englund:

But what I should also add is that we are totally burned with the resurgence of other common pediatric respiratory viruses. So we are now full of respiratory viruses, which include COVID, respiratory syncytial virus or RSV, parainfluenza virus, some adeno virus. We are just having all the viruses at once. It's interesting, usually not multiple viruses in the same person, which is actually kind of typical in previous years. I mean, the kids with COVID usually have so far, generally only COVID.

Trish Kritek:

COVID. Okay.

Dr. Janet Englund:

But we are seeing lots of viruses in kids of all ages.

Trish Kritek:

So rising number of viral infections in general, rising number of COVID infections, more kids with COVID being admitted to the hospital, including some with severe disease. It sounds like those are folks who

have a risk factor, but not necessarily super sick at baseline, just some risk factor for being sicker. I appreciate the emphasis on seeing RSP and para influenza and other viruses as well. We had heard that once before. So I appreciate you highlighting that again.

Trish Kritek:

Okay, so as we see more numbers of kids being infected, I think the question that is maybe the most common question in the whole series of town hall questions is, when do you see is a realistic date for vaccines for five to 11-year-olds or even younger folks? I know you don't know, but what would you predict? Or what are you thinking?

Dr. Janet Englund:

Well, I have continually been predicting sometime between Halloween and Thanksgiving that we may expect an EUA certainly this year. The issue is there are studies ongoing both with Pfizer and with the Moderna vaccine in kids. The FDA has and the companies have requested an increase in the number of enrollments actually. We've gone up from 5000 worldwide to 7000 worldwide. So it's a big increase. That's why we're enrolling some of the kids who had earlier turned away, and now they've coming back to us to participate in our studies.

Dr. Janet Englund:

I think that there are plans for submission of Pfizer data in the next month. Then of course, it has to be reviewed by the FDA. There's changes going on at the FDA. Some of the important vaccine people that I've worked with over the past 10 years are having issues with some things that are going on. It's been in the newspaper, so I can say it.

Dr. Janet Englund:

I view that that might slow down some of this, but I don't know, of course. I don't know any of this. I'm speculating. It's easy to speculate when you don't know. But we all want a vaccine for kids ages five to 11, that's going to come first. We are doing the vaccine studies in kids down to six months of age. I expect that won't happen until the 2022 year. But if we could get the five to 11-year-olds taken care of first, which are mainly the school-aged kids, that would be super. What I would mention though is the vaccine is under EUA down to 12 years of age, and we aren't getting as good uptake as we should. Our hospitals, actually some of the sickest kids are these older children, and many of them could have received vaccines. Just what John was saying and everyone else has been saying, what's very disheartening to us is that their parents could have received the vaccine and these kids are catching the virus from their parents. We have families where the whole family's hospitalized, the parents and the kids.

Trish Kritek:

Yeah, we've talked about before that whole families have been hospitalized. We also heard in the news that the first child died at Children's in this pandemic from COVID, which is obviously really sobering, and incredibly sad for all of us. I'm going to try to highlight what I heard. That is we've increased the number. There's been a request or a mandate to increased the number of kids enrolled in the trials. So that has slowed things down.

Dr. Janet Englund:

No. Sorry. No, I don't think that's slowing things down. We're still submitting the data.

Trish Kritek:

Oh, great.

Dr. Janet Englund:

Even though submitting the data on what we have.

Trish Kritek:

Okay. That's it. Thank you for clarifying that. So there's a requesting increase in enrollment, but we're still submitting the data, as soon as potentially next week. You're still forecasting between Halloween and Thanksgiving. We're optimistic for that, but we don't know. There's some other stuff going on in the machinery of the government that maybe is impacting this as well. More to come, and probably for the younger kids down to six months, nothing until the new year. Is that pretty close? Okay.

Dr. Janet Englund:

Yes.

Trish Kritek:

The last part that you said was, and there's kids who are eligible to get vaccinated who aren't vaccinated, which is part of the problem potentially as well. Does a teenager need parental consent to get vaccinated at this point in time?

Dr. Janet Englund:

So in general, and I've reached out to several my colleagues, in general, the answer is yes. Parents have to give consent. However, if you look at the Washington State Department of Health website, this consent can actually be given over the phone. So it doesn't necessarily have to be in person. Then there are of course, exceptions with emancipated minors and pregnant young women. But in general, we do need parental consent.

Trish Kritek:

Okay. I think people are asking because there may be kids who feel differently about vaccination than their parents. so I think the take on there is, yes, you need parental consent.

Dr. Janet Englund:

I should say, it may depend on the clinic, where you go, I saw a question there. It may depend on where you go. For example, in our hospital here, we require parents to be here.

Trish Kritek:

Okay. That's what I think the best you can answer is what you do locally there, which I appreciate. A couple of questions about kids in schools because I think that's the other thing that people are obviously focused on, as Anne, highlighted before. So I think the question is, what should be considered a close contact for kids? Because they're unvaccinated but presumably masked in school, sounds like maybe in a lot of schools with three feet of distance between each other, is that considered a close contact if you're unvaccinated, but masked and three feet apart?

Dr. Janet Englund:

Well, that's what the schools are considering not a close contact. But the question is if you have one individual in the classroom, who gets sick, what is the classroom going to do? I can tell you that in my experience with the childcare centers, which are younger children, that is considered a close contact. That classroom is then dismissed for a period of time.

Trish Kritek:

Yeah. Okay. So it seems like there's no clear evidence of what that should be. It's kind of what the different institutions define it as. Two more questions. Do you have an opinion on routine testing of kids in elementary schools? Do you think there's value in that? Is that something we should be considering?

Dr. Janet Englund:

Well, I think more testing is better. Working with the Seattle Flu Study over the past two years, we like testing, I like testing. We like testing in the adults and in the kids. However, it is difficult and cumbersome. I know there's going to be increased testing available in many, many schools, whether it's pooled testing, whether it's classroom testing every once a month, and vary it around. I think it really does help the schools to know what's going on within that individual school. So I am in favor of it. How it is implemented is important. The devil's in the details.

Dr. Janet Englund:

Certainly symptomatic children are going to need testing this year because we're having all these other viruses. We're going to have flu, we're going to have other viruses. So it's going to be very hard to keep people out of school for 10 days if you don't know what's making them sick.

Trish Kritek:

So symptomatic kids, absolutely testing. Probably more testing is good to understand what's kind of going on in those local environments. Obviously, there's different ways to do that in different details for different places. One last question, what kind of mask would you recommend for elementary school kids right now? Cloth masks, surgical mask, N95?

Dr. Janet Englund:

So not N95. That's too difficult to get and I don't believe the kids necessarily keep them on all the-

Trish Kritek:

I can't keep it on.

Dr. Janet Englund:

Yeah, I mean, it's stifling. We do keep it on in the hospital and I can do it if I have to.

Trish Kritek:

I keep it on an ICU. Don't worry.

Dr. Janet Englund:

Yeah. I think the problem with some of the really flimsy surgical masks is they get so wet and probably are not so effective when they're damp and moist. But the cloth masks seem to be pretty well tolerated

and you can wash them and and change them. So I think something that fits snugly, the most important thing is not to be using a single layer bandana or turtleneck neck thing, that is totally worthless.

Trish Kritek:

Okay. So multilayer, fits well, and something that someone will keep on, seems like the key things in terms of a mask for kids and for adults, I'd argue. Awesome. Janet, if your trial is still enrolling, there have been some questions about that, you're welcome to put information about that in the chat. If it's not still enrolling, that's okay as well. But if you are, I think there are people who are interested.

Dr. Janet Englund:

We are not still enrolling, we appreciate. We have had about 5000 people call us and contact us. It's at the Seattle Children's website. We have enrolled lots and lots of people, but we only are allowed to enroll about 150 kids.

Trish Kritek:

Okay.

Dr. Janet Englund:

Yeah. So thank you, everyone. But-

Trish Kritek:

Not enrolling anymore.

Dr. Janet Englund:

We are not enrolling. We are enrolling, but we aren't recruiting, we already have all the names in the slots.

Trish Kritek:

Thank you. Thanks for all you're doing to help us understand this. We really appreciate it. Okay, I'm going to move a little faster because we have a bunch of questions to try to get through. Cindy and Jerome, I'm going to come to you for a couple quick things. Cindy, you're unmuted. There's still questions about vaccines ... I mean vaccines. Visitor policy, and whether or not we are thinking about adding in proof of vaccination or a negative test before people can visit. Where do we stand with our policy?

Cindy Sayre:

I can say is we haven't had any change to the visitor policy. Just like always, there's lots of conversations happening about a variety of topics. But so far, no change.

Trish Kritek:

How about travel to get food, has that changed?

Cindy Sayre:



There's been no change in the policy. I think what I will acknowledge is, I know there's some variability in the implementation, right? Because at the end of the day, people have autonomy. Sometimes they do laundry more than we want them to, but there's no change to the policy.

Jerome Dayao:

Yeah. I was in the operations meeting this morning talking about, to your first question, Trish, on the requirement of immunization or proof of immunization. Because in the State of California, they're doing that. From what the operations group said this morning is that that will not be recommended at this time until the governor makes a specific mandate requiring that that would be required. Because in California, it is mandated by the governor over there.

Trish Kritek:

Okay, so we're not planning to add proof of vaccination unless it's mandated by Jay Inslee. So we might table that question until we hear more from Jay Inslee, unless you tell us something different. I appreciate that, Jerome, for that clarity. The other thing I'm going to ask which is going to lead into my questions to Santiago, is people asked about ... I have a bunch of questions about a third dose, which I'm going to ask in a second. But folks asked if they would get paid time to go and get their third dose, when that becomes available. Cindy, you are unmuted, so do you want to ...

Cindy Sayre:

Yeah, so we have confirmed that our employees, they're expecting to get two hours' time just like what we had originally.

Trish Kritek:

Okay.

Cindy Sayre:

Just doses, nurses when that happens. Mm-hmm (affirmative).

Trish Kritek:

Okay, that's great. I'm going to ask Santiago a bunch of questions about that. Jerome, I've asked you a bunch of times about staffing stuff. So I don't know if there's anything you want to add. I know that both you and Cindy and Carrie have been deeply immersed and working on increasing staffing. Is there any update on that that you wanted to share?

Jerome Dayao:

No, I mean, it's still the same thing. We continue to work on hiring individuals. We have changed our hiring modalities from having twice a month now of bringing in an onboarding staff. There is a national crisis. I mean, as I was saying, about 40,000, traveler positions are opened across the country. These are already very highly paid nurses. But still, we can't find the nurses, and we're going to be working really hard. I mean, we've engaged HR to have incentives. We have engaged new companies to help us permanently hire. We're bringing in travelers, unprecedented numbers across all of the sites to make sure that we're able to staff through our matrices across the four campuses.

Trish Kritek:

Thank you. So the same things we've talked about, like ongoing efforts, including engaging other folks to help us find new nurses as well, even more use of travelers to stay staffed. I appreciate all of that. I appreciate all of your effort-

Jerome Dayao:

I just want to add one more thing, there is-

Trish Kritek:

Please.

Jerome Dayao:

We're closely monitoring how we're doing our ratios and expanding and shortening them. Though we have been challenged with staffing, compared to other hospitals as what John said earlier, I mean, hospitals are closing beds because of no staffing. Certain hospitals in the state are expanding their ratio one to six in their ICUs and one to eight in their med surge areas, which we have not gone into, change our staffing models into these high level crisis staffing modalities.

Trish Kritek:

Okay. I appreciate you saying that because I think we hear about those kinds of crisis staffing ratios of one nurse to six ICU patients, which for folks here, that's really, really atypical in an ICU. It's usually one nurse to one or two, maybe at most, three patients in an ICU. So thank you for clarifying that. That's not what we're doing right now, Jerome. Thank you.

Trish Kritek:

Santiago, I got a bunch for you. Let's go. People are asking lots of question about third doses of vaccines. So the first one is, I asked I think Shireesha this before, but do you have any more information on how people have been doing with their third dose, like the folks who are immunocompromised who have gotten a third dose?

Santiago Neme:

Yeah. Only anecdotal in terms of just talking to patients and how they tolerate it. I think that there could be an association with how immune suppressed they are, in terms of how they experienced this. But it hasn't been an overwhelming issue or concern, like nothing like the dose, my second dose experience. But we' will have to see when immunocompetent folks get a booster.

Trish Kritek:

Okay. Well, that's a perfect lead into the next question, which is where do we stand with plans for a booster for healthcare workers who are not immunocompromised, for all of us?

Santiago Neme:

Yeah. Our vaccine group team has been working, has been planning for several weeks. There's a solid operational plan. We're still waiting for some discussions in terms of some of the recommendations, and if there's going to be a prioritization. But our hope is to really be able to offer this as soon as possible and also leverage our bigger sites and reopen our biggest sites. So then we are able to prioritize healthcare workers, but less so in the tiering that we had initially where we had ICU folks first. We think

pretty confident that we're aiming to give all healthcare workers the ability to get vaccinated. Obviously, we tend to have a priority for clinical people, of course.

Trish Kritek:

Okay, so actually, I'm going to ask a couple of clarifying questions on that. So the first thing I heard you say is we don't know yet the date. We're waiting to hear, but we're getting geared up so we can go when they say go. The second thing I heard you say is we're going to reopen some of the larger vaccination clinics.

Trish Kritek:

The third thing I heard you said was that we're not necessarily prioritizing people based on what they do other than prioritizing clinical folks. Someone asked if when I was going to get vaccinated, which I just want to say a shout out to the person who was worried about me because they knew I was vaccinated. My first dose was in December. So are we prioritizing people who were vaccinated earlier, in the earlier two doses?

Santiago Neme:

I don't know that answer, but in talking to Shireesha Dhanireddy, and Jenny, it feels like we're going to have enough access to really open this up. So I don't know that the prioritization is going to be that key as it was early on. I don't know if Tim or John have any additional thoughts, but that was what I heard.

Trish Kritek:

Okay. Tim or John? They're both shaking their heads no. So it sounds like ... John, go ahead.

John Lynch:

I'm doing Q&A. Sorry, I didn't hear the question.

Santiago Neme:

No problem.

Trish Kritek:

Don't worry about it. I think we're going to trust Santiago on this one, which I think the answer is, there's not going to be the same prioritization as like starting with the ED and ICU, and then next, and then next. Or you got your first dose. So this time, we're going to say, "Okay, we're opening up a lot of slots for a lot of people to get a third dose when we can do that." I will just say, personally, that sounds reasonable to me. I probably am going to be one of the people who has the longest time from their first vaccination.

Santiago Neme:

There's a question from ... UWMC preparing to give 3000 vaccines a week, UWMC is preparing for 3000 a week.

Trish Kritek:

Okay, so that's a lot of vaccines. I think we will get people to get their third dose or their booster. I know that I'm messing up the language, or their booster as quickly as possible when that happens. I appreciate

that, those numbers, Cindy, thanks for sharing that. Do you have a sense of how quickly somebody would see the effects of having gotten that additional?

Santiago Neme:

We typically say that you're fully vaccinated after two weeks. I'm thinking that you're going to start seeing an uptick of antibodies then. I also wanted to clarify something. I think a lot of people were very concerned about the data from Israel, where they saw that antibodies wane over time. That's pretty normal of vaccines, right? Of these vaccines. They're not neutralizing vaccines in a way. So the antibody response wanes, but the T cell response which is so important in stopping the progression of disease is still robust.

Santiago Neme:

So we have an ongoing trial in the US for a booster by Moderna that's still ongoing. So I would say that there aren't huge studies right now that shows that yes, we have to get the booster. But based on the waning of antibodies, it is thought that that boost of antibodies will help you block the infection, basically prevent the infection from occurring, rather than the second piece is the cellular immunity that helps you stay relatively healthy and not get sicker.

Trish Kritek:

Okay. Now, you just went into Immunology 101 at 3:50. But I'm going to try to do a synopsis of that very quickly, which is antibody levels do wane and they help you not get infected. We think that getting another dose will help those antibodies go up, which probably keeps you from getting infected. However, you have other forms of immunity, which you refer to as cellular immunity, which help you from getting sick. You might get infected, but you won't get super sick. That we think persists. So we still feel good about the protection you get from your first two doses.

Trish Kritek:

Okay, last question for you. Thank you for challenging me, keeping me on my toes. What's the current status, speaking of antibodies, of antibody treatments for patients? Because that was something that we had a lot of questions about before.

Santiago Neme:

Yeah, first of all, a big, huge thank you to Dr. Shireesha Dhanireddy, Dr. Rupali Jain, they've been working so hard on this. We are in a pretty good spot right now. Why? We have approximately 15 to 17 slots a day to treat patients. That's massively increased from two a day. UWMC has six slots. Harborview has two to four slots. ACCA has two slots, and Valley Medical Center has five slots. I just want to let people know that all these spots are for everyone. So if you're a UW Medicine SCCA patient, you can end up at Harborview, you can end up at Montlake or Northwest. Then the other clarification is that the spots during the weekend.

Santiago Neme:

They're only at the Montlake and Northwest ER, so that's a total of five spots. So the availability during the weekend is somewhat reduced. But there is like this weekend, there will be 15 spots because of the three-day weekend. A big thank you to the ERs, they've been really taxed. But they said yes. They're working with our patients, and we're getting patients in. Lastly, we have a pretty good system where we

review cases and we keep an equitable lens through this, where we facilitate transportation and help patients get to their appointments, etc.

Trish Kritek:

Thank you.

Santiago Neme:

So a Red Cap link will be shared in John's email today, where people can enter that.

Trish Kritek:

Okay.

Santiago Neme:

I'm done.

Trish Kritek:

REDCap link in John's email, 15 slots on weekdays by five on weekend. I will emphasize, trying to do this in an equitable way so that we are making sure that there's access to our broad range of patients in our community.

Trish Kritek:

Tom Staiger, you thought you were going to get off without a question. But that's not the case. I'm going to ask you quickly. John earlier told us that hospitals are still really slammed, and we've had canceled some elective cases. Are we canceling more elective cases? Have we pushed that data out? What's the impact of canceling those surgeries now?

Tom Staiger:

So we have canceled or rescheduled all non urgent surgeries requiring an overnight stay up until September 20th. We will be reviewing whether or not that needs to be pushed out further based on the census and demands on the system. But right now, that's the current status.

Trish Kritek:

Okay, so still it's September 20th. The other part of that is we heard from John also that we have a lot of sick patients who've been transferred in from outside of our institution.

Tom Staiger:

Yes.

Trish Kritek:

How are we managing those transfers in the setting of consensus being so incredibly high?

Tom Staiger:

Well, the rescheduling the non urgent surgeries has helped. It opened up a bit of capacity. Across our system, we prioritize our high priority mission patients, patients for whom we offer a unique service,

and patients who don't, who have an urgent problem and don't have a safe alternative place to go. Then if we have a capacity beyond that, then we bring in other patients. But often our capacity is constrained. So we focus on those patient populations across our campuses.

Trish Kritek:

Okay. So trying to help as much as we can with an emphasis on the folks that need stuff that's unique to our system and have something that urgently can't be dealt with anywhere else. Thank you.

Tom Staiger:

Yes.

Trish Kritek:

I have more for everybody. But I am not going to get to all of them. I am going to now hand it over to Anne for a very abbreviated. Lucky for you, Tim. Ask the ID Doc.

Tom Staiger:

One question.

Anne Browning:

You might be it. Don't worry, I've been collecting everybody's questions. So we'll just ask them next Friday. If we don't get to them today, I'll ask a couple of our kids to start. Would you let kids go to an outdoor birthday party if they were under 12?

Tim Dellit:

If I know the other individuals, and again, it gets back to that context of knowing the other families. Again, depending on the ages, would they be able to wear a mask? I like the idea that they're at least outdoors.

Anne Browning:

Cool. Would you take your kid to the fair, like Puyallup fair if everybody should be masked up outside, but you know it's going to be close quarters?

Tim Dellit:

Honestly, I probably would not. Part of this is where I look at the location of the fare. Pierce County is searching right now, even higher than King County. Right. So you've got very high rates of COVID-19, lower rates of vaccination. I would suspect lower rates of mask wearing in some of those populations, just based on that location. So I probably would not.

Anne Browning:

Big question, hopefully, it's an easy answer. If you have kids under 12, once the vaccine is approved for them, would you have your kids vaccinated?

Tim Dellit:

Absolutely.

Anne Browning:

Awesome. Couple questions for you in your own behaviors. Would you go to a movie theater right now?

Tim Dellit:

No.

Anne Browning:

How about the Seattle Opera or Pacific Ballet?

Tim Dellit:

In general, I would try to stay away from indoor events. Although if it were something really unique that I couldn't see again, and a couple of things. One, are they requiring masks?

Anne Browning:

Yep, and vaccination.

Tim Dellit:

Two, do they require vaccination? Are they checking that? So if there was something that really was this one opportunity, and everyone was vaccinated, and everyone's masking, then I would probably feel okay in doing that. But I would definitely give two or three thoughts about it.

Anne Browning:

We'll flip to outdoors. Would you do an outdoor concert if people could still mask up or like an outdoor sporting event?

Tim Dellit:

Yeah. I will feel more comfortable when people are required to be masking at those large events. Again whether or not in the future, we get to a point where maybe they also look at vaccination at large events as well. Because I do think that combination of masking, vaccination and you're outdoors, then it starts to feel more comfortable. But I would definitely wear a mask if I went to such an event.

Anne Browning:

Last question for you. If you had a honeymoon booked for December, would you go on a 100% vaccinated cruise?

Tim Dellit:

No. I'll preface it that I wouldn't go on a cruise.

Anne Browning:

Anyway.

Tim Dellit:

Anyway. I'm infectious diseases. I say way too much about norovirus and everything else with cruise lines. So I'm not the right person to ask that question.

Anne Browning:

Yeah. That is fair.

Trish Kritek:

I don't know any ID docs who take cruises.

Anne Browning:

Oh, that's awesome. Well, Tim, thank you very much. Trish, I'll hand it back to you.

Trish Kritek:

Thank you both. I appreciate that. I appreciate the fact that there are so many questions, I want to just thank our community for all the questions that they have sent in. One person sent in a question about could they share the link of this video to other people? Absolutely, please. I send it to my parents every week, actually. They know how to find the link themselves. So they might be watching right now. I think it is a way for us to spread the message about the things that lots and lots of people in our community are having questions about. So we are happy to have you share it with other folks. I thank that person for that question. I thank folks, for all the questions.

Trish Kritek:

Again, we'll be back in a week because there's so much more to talk about. I want to do a special thanks to Janet for joining us today. I really appreciate it. We're a tough group to roll with because it's chaotic. So thanks for rolling with us. We really appreciate it. I want to thank the whole panel, as always, for your thoughtful questions and for all that you do for our organization and our community.

Trish Kritek:

Then I'll end by thanking all of you who are joining us, all the members of our UW Medicine community for again, taking care of our patients, taking care of their families, and most importantly, taking care of each other. Mask up, get vaccinated if you haven't been vaccinated. We'll see you back next week. Bye.