

Tim Dellit:

Well, welcome everyone. My name is Tim Dellit. I'm the chief medical officer for UW Medicine. And welcome to this week's town hall. As you can see our normal outstanding host Trish Kritek is out today. And so I am going to do my best to fill in. So I will apologize right now, because Trish does such a phenomenal job facilitating these discussions. In addition, Anne Browning is also out this week. Rick Goss is on service. Keri is out, but we still have an all-star line up here. And we have a guest returnee in Chloe. And so I'm going to go through and do introductions. First in my squares, we have Santiago Neme, UW Medical Center, Northwest, medical director. We have Chloe Bryson-Cahn, who is the medical director of Anti-microbial Stewardship and associate medical director for infection prevention at Harborview Medical Center. Cindy Sayre, chief nursing officer for UW Medical Center. Tom Staiger, medical director for UW Medical Center. And Jerome Dayao, chief nursing officer for Harborview Medical Center.

Tim Dellit:

So again, welcome everyone and thank you for joining us this week. This week, instead of doing a wellbeing message since Anne is out, and I, again not going to be able to replicate what Anne does so fantastically during these town halls. But I did want to share a couple of reflections that have really stuck with me this week. As I think everyone knows the vaccine mandate for Washington State went into effect on Monday. And there's been a lot of discussion in the news. Did we need to have this mandate? Was it necessary? Well, when you look at the state employees in Washington State, as an example, at the beginning of September, less than 50% of the 60,000 state employees were vaccinated. This week, 95% of them are vaccinated. So that is a significant impact. Within UW Medicine, 99% are vaccinated, and we're 100% compliant with the mandate.

Tim Dellit:

So everyone who is within our hospitals and clinics and our facilities has either been vaccinated or has an approved exception. So really phenomenal. It also makes me think back to, well, why are we vaccinating? Because there's been so much focus on the impact and whether people will still have positions or not, that sometimes we've lost sight of why we are pushing the vaccine to begin with. And I've reflected back to last December. And I reflect back to those very first healthcare workers within UW Medicine who were vaccinated and hearing their stories. And they're hearing their stories of hope, potentially the light at the end of the tunnel. Now, unfortunately, that tunnel has been longer than we had hoped because we're still in this fifth wave, but they had hope because they knew this vaccine was going to decrease infections. It was going to decrease the number of people coming into the hospital as it was going to decrease the number of people dying.

Tim Dellit:

And all of that has absolutely been true. Now, when you think of those deaths, I was also reminded by the president and CEO of the Washington State Hospital Association earlier this week. We still have 30 deaths every day in this state. And sometimes because this pandemic has been going on for so long, we have become numb to those numbers, but every one of those individuals was a person with a family and it's a tremendous loss to our community. And when I think of that, it just, again, reinforces to me why it's been so important for us as a healthcare organization and as a state to really promote vaccination because it works.

Tim Dellit:

It has led to decreased infections for those who've been vaccinated, decreased hospitalization and death. And unfortunately of those 30 individuals who are dying every day in our state, the vast majority of them are unvaccinated. And so those are things that I've just reflected upon over this past week, because sometimes we just, we see these numbers and we forget the people, the individuals who this pandemic has so greatly impacting. And that impact is felt by our healthcare workers, and the emotional toll that they have experienced watching patients die often in isolation throughout this pandemic. So I just wanted to pause a moment and just acknowledge both the impact of this pandemic on all of us, our communities, but also again, the importance of vaccination.

Tim Dellit:

I also want to clarify a masking question that came up last week. And we saw in Dr. Lynch's message that we are now offering procedure masks to our patients, to our visitors and the expectation that all of our employees, particularly within the hospital and clinic footprints, wear a procedure mask. There was a question, well, what about other parts of UW Medicine? For instance, we have the school of medicine. We have nonclinical staff in that area, in our research area. Those individuals should continue to follow the university guidance through environmental health and services. The recommendations that John was talking about, about changing from a cloth mask to a procedure mask is really focused both in our hospital and clinic footprints, our shared services. Think of it as those individuals who use our hospital-based employee health services. So I did want to just make that clarification because there are some questions after that. And with that, I'm going to jump into questions and we'll start with Chloe. And can you give us an update on numbers both within UW Medicine as well as King County?

Chloe Bryson-Cahn:

Absolutely. I think the big message this week is that things are stable. I think we all hope that we would continue to see a huge drop and it's just this slow trickle in the downward direction of cases. Just thinking at the county level, we actually have seen a 1% decrease in cases in the last week, so down, but not by a lot. We are fortunately seeing a bit of a decrease in hospitalizations at the county level and in deaths. So 18% decrease in hospitalizations and 21% decrease in deaths, which leaves us at about three deaths a day, still. So still a big impact, but getting slightly better. And we are still unfortunately at what we're calling a high transmission rate in King County. So 120 cases per a 100,000 per seven days. For folks who like to follow that number, that one for me is a big one and still pretty high and concerning, but ever so slightly better than the last couple of weeks.

Chloe Bryson-Cahn:

Looking at our population within UW Medicine specifically, we are about the same. So 53 overall cases as of 6:00 AM this morning. Which I think is exactly where we were last week or one or two cases from there. Looking at the breakdown. So Valley has 23 total, 18 in acute care and five in the ICU. Northwest is four total, two in acute care and two in the ICU. Montlake, 11 total, three in acute care and eight in the ICU. And Harborview is at 15, seven in acute care and eight in the ICU. And as far as I know, there are two patients on heart lung bypass or ECMO, and those folks who are at Harborview, I'm not sure about Montlake, but what I'm seeing is zero I think. So those numbers sound very similar to last week.

Tim Dellit:

Now, thank you, Chloe. And that you're making a really good point. We've seen a decline, but we're still seeing high levels of transmission in the community it sounds like. And our numbers in the hospital are pretty similar to where they were a week ago. Is that correct?

Chloe Bryson-Cahn:

That's correct. I think Tim, the one thing I really do like to look at, which I think helps me understand what is happening and seems to herald good news usually, is that we've had zero employees test positive in the last seven days at our UW testing sites. So that's not zero total, folks do go to other testing sites. And I know of at least one positive at Harborview, but that is phenomenal. And oftentimes, it's good news for the community. So I'm going to hold onto that as a little bit of hope.

Tim Dellit:

That is great news. Now, thank you for sharing. Now, the FDA and CDC have been busy this last week. And could you give us an update on where we are with booster recommendations?

Chloe Bryson-Cahn:

Yes, I can. Please interrupt me, it was super complicated what happened in the last week and I'm going to try to be very clear, but if I'm not making total sense, let know. So the FDA and the ACIP, the Advisory Council for Immunization Practices, have both weighed in on booster doses for all three of the vaccines approved in the United States and have agreed on them. So I think that makes this a little bit easier to talk about. So what we know now is that both the FDA and ACIP have approved all three of our FDA approved vaccines for boosters. So that would be the Pfizer mRNA vaccine, the Moderna mRNA vaccine and the J&J. All approved for boosters with slightly different indications. So I'd like to talk about those so that folks can advise their patients properly and also know what to do for themselves.

Chloe Bryson-Cahn:

So I think J&J is the easiest. That's the Johnson & Johnson's Janssen vaccine. That was the one that was initially one dose, now recommended that anyone over 18 who got J&J, get a second dose. Two months or more after their first dose. So I think that one is easy. Anyone who got that one probably you're already two months out. If you're not, you're close. You are eligible to get the second dose. We'll talk about what that second dose can and should be in a moment.

Chloe Bryson-Cahn:

For folks who got the mRNA vaccine, Pfizer was approved about a month ago for boosters, Moderna is now approved for boosters. And the criteria, I think fortunately are exactly the same, which makes it easy to keep our heads on about this. So if you are older than 65 and you got one of the mRNA vaccines, you are eligible for a booster, six months after your second dose. If you are 18 to 64, you are eligible for a booster if you have a chronic medical condition that puts you at risk for severe COVID, and pregnancy is included in that, I know that's a really important call-out. Pregnancy is definitely included, and we want to encourage those folks to get vaccinated. And if you work in a place or live in a place where you have frequent exposure to COVID, you are also eligible. So that would be any patient facing healthcare workers.

Chloe Bryson-Cahn:

So most of us are going to be eligible six months after our second dose of those meds. So those are the eligibility. We will be sending tons of messaging out about this I think later today. There will be an employee portal that is similar to what we used last time, so you can sign up. The default is going to be the same vaccine you got last time, but you should know that what was approved is actually, you can get any of the vaccines. So all are approved for booster and you can mix and match anyway you see fit. I think the program will default you, but if you are inclined to get a different one, please feel free to

change it. I think the majority of us got mRNA vaccines, so we will be signed up for the same. And then folks who got J&J can consider getting an mRNA if they prefer.

Tim Dellit:

So Chloe, maybe just to follow up on that in recognizing with this new mix and match world, that people have the choice. But in your mind, how do you think of if you got one of the mRNA vaccines in the past versus if you got the Johnson & Johnson, in terms of when you may consider choosing an alternative?

Chloe Bryson-Cahn:

Thanks Tim. So I think, interestingly I think the big advantage of the Johnson & Johnson was that it was a single dose series and now we're recommend getting another dose two months later. So I think that advantage is no longer there. So for folks who just wanted one dose, I apologize, you are now recommended to get a booster. I think otherwise if you got an mRNA vaccine in the past, I would stick with the series you got and get that one. We do have a little bit of data that's starting to come out about mixing and matching. So if you've got the J&J first, what happens to your antibodies if you get one of the mRNA vaccines, so Pfizer or Moderna. And it seems like those antibodies really skyrocket after mixing and matching from J&J to an mRNA. I'm pretty compelled by that. I don't know if Santiago or Tim, if you want to weigh in. But I think that's really encouraging data, and I think it might be what I do. I don't know for sure.

Santiago Neme:

I definitely would. And it also tracks with the AstraZeneca mRNA vaccine combinations from Europe that have been shown to be really effective.

Tim Dellit:

Now, Chloe, you mentioned that individuals who are pregnant are eligible for boosters, is that correct?

Chloe Bryson-Cahn:

Correct.

Tim Dellit:

Excellent. Do we have any sense of how long these boosters will last or when we're going to need to be boosted again?

Chloe Bryson-Cahn:

It's an amazing question and I have not a single clue. I think we'll just as with all things in this pandemic, we'll have to watch and see and keep really good track of the data as we have been and change course when we need to.

Tim Dellit:

Are you aware of any discussion around boosters for say people who got mRNA vaccine maybe younger, so less than 65 without other risk factors, be it medical or occupational, any sense of when they may be eligible for a booster?

Chloe Bryson-Cahn:

I am not aware at all. I tried to look for this and couldn't find much. What we're really excited about is the FDA weighing in on pediatric vaccinations on the 26th. Then I think after that hurdle, this will probably be the next thing we have to tackle, but I haven't seen anything scheduled yet.

Tim Dellit:

And you mentioned there should be messaging coming out to the community later today. And then when will the Moderna and Johnson & Johnson boosters be available?

Chloe Bryson-Cahn:

Amazingly they are already available. Our vaccination clinics started giving them today. It's absolutely mind blowing how on top of things everyone is, and I'm just absolutely impressed that that's already rolling. So there'll be a portal for employee to sign up and then message it going out to our patients as well, how they get signed up.

Tim Dellit:

Terrific. That's really good news and a great step forward. Following up with vaccines, maybe I'll shift to Santiago, children, we've been waiting and waiting for the five to 11 year olds, any more news?

Santiago Neme:

Yeah. So as you know, there are some data from children between five and 11 where they conducted phase three trials. Unfortunately, it's not in the publication mode where we can all look at it, but in discussing with Steve Pergam, who is really closer to these trials, they've basically look looked at 4,000 kids and they really looked at the safety of the vaccine and also the immune response. I think later on Pfizer then reported some efficacy data, but it's more challenging to find efficacy data soon in children. We know that children are typically less likely to get infected. So there's fewer infections. So I think it's really encouraging news and we hope to get updates soon around this. So parents should be hearing from the CDC and FDA soon. That's what I know.

Tim Dellit:

Do you have a sense of that timeline of when they're going to evaluate that age group?

Santiago Neme:

I think those meetings are happening next week, if I'm correct. I don't know the date, I'm going to look that out.

Tim Dellit:

I think you're right. I think the FDA is meeting next week to do the initial review and then just as before, it'll go through-

Santiago Neme:

The FDA.

Tim Dellit:

... The FDA cycle and then the CDC. So fingers crossed, we're looking at the beginning of November potentially for those five to 11 year olds, which I know a lot of people have been anxiously waiting for.

Santiago Neme:

Someone just shot it here, 10/26 for FDA, November two and three. So second and third for ACIP.

Tim Dellit:

Terrific. So thank you audience for providing that information as well. Outstanding. Santiago, there's been an NPR piece. Thinking about the risk of transmission from someone who's been vaccinated versus from someone who has been unvaccinated, because we do see breakthrough cases, but do you think there's a difference in transmission from one versus the other, or is the vaccine still helping in that scenario?

Santiago Neme:

Absolutely. I think we've seen cases, first of all, you can have a breakthrough infection and transmit it to a vaccinated person, but the question here is how likely is it that that will happen? And it's much less likely, I don't have a number because it's hard to put it into the different situations where we're at. But it is really thought that you cut the risk. Like most people who are vaccinated actually get infected from unvaccinated people. Unfortunately, that is the case. And it makes sense. There's a study in a series in Israel that looked at 37 individuals and they did not find in that small series a case where they can track the breakthrough infection from a vaccinated individual.

Santiago Neme:

One key thing to remember Tim is that although those viral loads and people's nose who are vaccinated and having a breakthrough infection are high initially, they come down really fast. So even though you can transmit it, you transmitted it less efficiently and you also transmit it for a shorter duration of time. That we know. And this is in contrast with the initial headlines, where we were told by the New York Times and NPR that vaccinated people can transmit breakthrough infections just as readily as people who have not been vaccinated and got infected. And that is not accurate based on the data that we now have.

Tim Dellit:

So that's really helpful. So we have seen breakthrough infections, those individuals initially, if you measure their virus, they can have high levels particularly within their nose, but it seems to decrease more quickly if they've been vaccinated. I also thought it was interesting in the NPR story, and again, some of this is theoretical, but thoughts around the concept of having antibodies within the mucosal surfaces, such as the nose, those antibodies coding the virus and potentially making that virus less infectious even when they try to culture it. So I think that's also interesting here. So again, key message here, yes, we see breakthrough infections occasionally occur, but the risk of transmission from those individuals seems to be less than the risk of transmission from people who are not vaccinated. Is that correct? Am I interpreting that right?

Santiago Neme:

Absolutely. And I would like to add, if you guys haven't seen, if folks haven't seen the dashboard that King County has on clinical outcomes per vaccination status, please look at that, because you can see that the risk of getting infected in general, all comers in our area, is nine times higher if you haven't been vaccinated. And the risk of being hospitalized is 60 times higher. And the risk of dying is 72 times higher. The benefit is all over the place, and it's something that is incredible. So anyway, I would send a link here.

Tim Dellit:

And there is another question around long COVID, or the post COVID 19 symptoms. And in fact, some studies show, a third of individuals, or up to a third, may have some symptoms even much further after their infection has resolved. That includes people with minimal or no symptoms. Do we have a sense, if you get a breakthrough infection after being vaccinated, do you still have that same risk of post COVID 19 symptoms?

Santiago Neme:

Yeah. Another piece of great news, the Lancet published a paper a month and a half ago, that followed I think 600 people who were vaccinated and did symptom checks. And then they basically found that your risk of getting long COVID in the vaccinated people was half. So this is really important because as we've learned here, when we discussed the post COVID clinic, that UW Medicine has, led by Rehab Medicine, they do get a lot of consults and a lot of our patients have struggled and family members have struggled with long COVID. So a vaccine can cut this by half. That's also another reason to get vaccinated. I personally don't want to be foggy. I don't want to have fatigue or anything that I could have prevented. So I think that's another key point for vaccination.

Tim Dellit:

So I just want to make sure I'm tracking this right. So if you get vaccinated, you have less risk of infection. Less risk of severe disease are ending up in the hospital, less risk of dying, less risk of transmitting to others and less risk of post COVID 19 symptoms. Wow.

Santiago Neme:

Exactly. And you also know if you get vaccinated that you're doing what you can for the community and not only yourself. And I think that's a key point that we all need to understand as we counsel our patients, is that folks need to understand that vaccination is a community practice, is not individual. Especially with highly contagious viruses like this.

Tim Dellit:

Great. One more question before we shift topics. Masking, which is another key component in addition to vaccine, do you see the end of the state mask mandate?

Santiago Neme:

Do I see the end? I think at some point yes, but I think that we're not there yet. As you know Tim, we classify transmission levels into high transmission then substantial, then moderate, then low. So now we are in the high transmission, which is above, as Chloe was saying, above 100 cases per 100,000 residents. We need to come down way low. So the low definition would be fewer than 10 cases. We also want to be in a stable situation. We all know that COVID has been very dynamic and we don't want to really go back and forth and zigzag on these important practices. Like we did in the summer, oh, unmask and mask. So we need to get this right. And I feel like it's still too dynamic. We see what's happening now in Europe with high vaccination rates. So I think it's just a matter of seeing, but I would be very cautious when we transitioned to that. I personally feel that masking is a small sacrifice and the benefits are huge.

Tim Dellit:

Great. Thank you very much, Santiago. I'm going to switch to Cindy and Jerome, and maybe first staffing. We know staffing has been a longstanding challenge, again, nationally. Particularly around nursing. Have we seen any impact with the mandate going into effect this week? Any significant impacts on staffing? And maybe I'll start Cindy with you and then go to Jerome.

Cindy Sayre:

I mean, my perspective is that, it's minimal. And that's because of what we talked about last week and how these employees were distributed. And there's not necessarily one department that had several of employees that weren't vaccinated. So from my lens, it's been minimal. We continue to have our standard staffing problems that we had before the mandate went live. Interested to hear from Jerome. What they're seeing in Harborview.

Tim Dellit:

Great. Jerome, Harborview.

Jerome Dayao:

It is very similar here at Harborview. I mean, the impact is very minimal, especially in nursing. I mean, we have not seen a huge number of nurses getting effected with the mandate compared to other states that they have lower vaccination rates for healthcare providers. So we have not seen that, but we still continued to work on the regular day-to-day challenges that we have with staffing, including making sure that we are implementing all of these mitigation strategies such as you delight travelers, and also continuously hiring the incentives that we have so that we can attract nurses and other healthcare providers here at Harborview.

Tim Dellit:

Great. So that's good to hear. So it sounds like the mandate went into effect. We haven't seen really significant staffing impacts from the mandate. We still have challenges with staffing that we continue to work on and address. And again, as all health care systems across our state and really nationally, working on those efforts. Jerome this was also a big week because Harborview implemented a pilot. We now require visitors to be vaccinated or have a negative test in the last three days. How is the pilot going?

Jerome Dayao:

The pilot is going well. In fact we we're surprised ourselves that the visitors, majority of everyone that's coming through our door are ready with their vaccination cards and are showing them to the security. We had to turn away a few individuals, but compared to the total number of individuals coming in and trying to visit their loved ones, they were prepared and ready to show that proof of vaccination. So we are pleasantly surprised that that is the case. And even those individuals that we had to turn away because of the lack of the vaccination, or they don't meet the exclusion criteria, they've been very respectful. And then we didn't see any major commotion happening in our entrances.

Tim Dellit:

I'm really glad to hear that. For those who maybe they're not vaccinated, but they've had a negative test. Is there a type of test that they have to have?

Jerome Dayao:

Every test is accepted. And this is everyone had been trained about this with exception of anti body test, because that signals that they have previous infection and that might be incorrect.

Tim Dellit:

So if they used a home test or antigen that would be acceptable.

Jerome Dayao:

Correct. And the screeners had been trained to look for that. I mean, they can take a photograph of that home testing kit. That includes the information that will determine that it was them who had done that test.

Tim Dellit:

Now, a question that came up in terms of why we were giving those who are vaccinated, the visitors, one color wristband and the different color wristband for those who had a negative test.

Jerome Dayao:

Oh, first and foremost, we use that for exclusion. Those that fall into the exclusion criteria of allowing visitors that might not have a vaccine or might not have a testing result for end of life, for instance, or for a pediatric patient. And the reason why we do that is so that we are able to determine who has received a vaccine and they are in the right places in the hospital, as we are trying to reduce outbreaks and protecting our staff and so as the patients.

Tim Dellit:

Great, thank you Jerome. Cindy, Harborview started this week, is Montlake and Northwest? Are they also going to require vaccination and or negative test in the future as well?

Cindy Sayre:

We will, for sure at both campuses. I don't think the timeline has been established yet. One of the things we're working on a lot is, increasing the number of screeners that we have. That's been a position that's been difficult to retain people. So we have some strategies that we're working on to boost that workforce before we go live. But it's really encouraging also to hear Jerome that this has gone so well in Harborview that might accelerate our timelines. So thanks.

Tim Dellit:

So even if we do have that in place at Montlake and Northwest campuses, you'll still need screeners, is that correct?

Cindy Sayre:

Yes.

Tim Dellit:

Terrific. Tom, capacity continues to be a challenge again across the state. How are we doing currently in terms of our bed capacity at least at Montlake and Northwest? And Santiago can chime in up there as well.

Tom Staiger:

I would say this last week or two has been a little bit better than the prior few weeks. That said, we are still very full. We are boarding multiple patients today, at Montlake, for example, we were boarding 15 patients, but this last two weeks we haven't gotten quite so full to this level until late in the week. So I think some of that reflects just the state has trended down a little bit in overall COVID hospitalization. So it's taken a little bit of a pressure off statewide capacity. So we remain busy, but it has not been quite as challenging as last two weeks, and then the several weeks before.

Tim Dellit:

And there was a question wondering, the Seattle population has grown a lot and is one of the more rapidly rising places in the country, do we have enough hospital beds for all these people?

Tom Staiger:

I would say our experience of this last year since fall of 2020, when we started getting busy and statewide, we've been getting very busy, it suggests that we do not have much if any excess capacity in our system. So we have had somewhere between 30 and a 100 patients with COVID across our four unit medicine hospitals at any given time over this last year. And we've also had patients who are no longer infectious with COVID, but continue to have hospitalization. So that has stressed our system statewide, the COVID hospitalizations as well as catching up on deferred care has stressed the system. And then as you say, our population has been growing. So I know at the UW Medicine level that we on a regular basis could place more patients than we have beds for.

Tom Staiger:

So I would love us to be able to create more beds and I know that you don't have to see Montlake a year and a half from now, we'll have 10 or 12 more beds. And as you know, we just broke ground on the behavioral health facility up at Northwest Campus last week, and there'll be 50 or so beds for med search, for patients with behavioral issues. So we've got a bit more capacity that will come online in the next couple of years. But I think if one plotted population growth against hospital bed growth over the last 10 years, that that population growth in our region, as I'm sure helps stripped hospital bed capacity.

Tim Dellit:

I think this is an important point. And I just want to just ask you again. So is the capacity constraints that we're experiencing now solely due to COVID-19 or even when the number of COVID 19 patients in the hospitals go down, are we going to still have capacity challenges?

Tom Staiger:

I think we will continue to have some capacity challenge. If we reflect back prior to two years ago, which is a little hard to remember sometimes, we at Montlake, Harborview, Northwest, we're at Valley, we're regularly very busy. We're busier now than we were a couple of years ago, but that said, we often were boarding. So as COVID starts to recede, become more endemic and take some pressure off our hospital admissions, we're going to continue to have demand for our services across the community that will continue to keep our beds at UW Medicine quite full, would be my expectation.

Tim Dellit:

So it sounds like a new norm and capacity, and really needs for the community. Can you speak a little bit about what you're doing along with other medical directors, thinking about future staffing implications from a medical service standpoint?

Tom Staiger:

So Cindy Hecker, Santiago and I have been in discussions with various chairs, particularly Barbara Jung, department of medicine and our hospitalist group about our current and future hospitalists needs. So, for example, Montlake, we've agreed we're going to add another hospitalist service and have started recruiting now. And then if we can find one or more people that join the service, we'll do that now, but I'm expecting, we'll probably not be able to fully staff the service until next summer. But we've seen enough ongoing demand for our hospitalist teams that we've recognized that we need to expand that service. And we're also adding some increased nighttime service, for example, at the Northwest Campus. So we are looking at our demand and capacity and figuring out where do we need to grow our services to have the medical staff to meet those needs.

Tim Dellit:

Great. Thank you for going through that Tom. And Rick wasn't able to join us today, but I know the same process is happening at Harborview. So I just want people to know that there's a lot of work going on to really best match this new capacity and the constraints that we're seeing and ensuring that we have appropriate staffing, not only at the nursing side, but with our medical staff as well. So thank you.

Santiago Neme:

Then Tim... Oh, sorry.

Tim Dellit:

Oh, go ahead Santiago.

Santiago Neme:

I just wanted to add that a new phenomenon that at least we're seeing at Northwest. Is the number of transfers from out of state. And two things are clear. One, is that they reflect on the lower vaccination rates, but also in the lack of coordination that those states have. And I think that it will be important to call out the WMCC, which is the Washington Medical Coordination Center, that really has helped us more efficiently think about this transfers, prioritize the transfers, triage them. And then when you get transfers from Oregon, for instance, those requests are growing. There's very little information, there's lack of a coordinated approach, the same for Idaho. So anyway, I just wanted to say that that's another layer of complexity in that we're lucky to have the WMCC.

Tim Dellit:

No, I very much agree. Tom, one last question. Are you having in-person meetings? And if so, how large a number of individuals?

Tom Staiger:

I've been having small group meetings, one-on-one meetings, or up to a few people, socially distance and masked. So under selected circumstances have had in-person meetings for any of our medical leadership meetings that involve more than a few people, we continue to meet virtually.

Tim Dellit:

Great. Now, thanks Tom. And I think that's where we are as a system and we're in that kind of transition where maybe one-on-one, maybe a small group, but in those settings everyone is vaccinated, they're masked and you're still physically distancing as well. So very helpful.

Tom Staiger:

I did get a chance to teach a class last week to a group of a master's in health administration students in a small auditorium in the T wing with about 40 people who were masked except a couple few when they were eating. And it was delightful to be in person with a group who were vaccinated and masked and to have that interpersonal interaction. So I look forward to the day when we can safely get into larger groups of people in person.

Tim Dellit:

And I think we all do so. Thank you so much for sharing. I'm going to go back to Chloe. There's a question, why are we requiring eye protection again, and all the time?

Chloe Bryson-Cahn:

So this really goes back to the fact that we're in high transmission territory in King County, and we were just seeing tons of folks infected in the hospital. We cannot control what our patients do always. They often unmask, they sometimes cannot mask or they will not mask. And that's something we cannot control, but what we can control is the PPE that we recommend that all of our healthcare workers wear. And we just out of an abundance of caution want to protect folks as much as possible.

Chloe Bryson-Cahn:

And so that means mask and eye protection when transmission rates are high. We will definitely revisit this when the transmission rates come down. But I have to say, we have had a lot of healthcare workers reminding us that they're not getting splashed in the eyes with bodily fluids and concerns for other types of infectious diseases as they used to have. So I'm not sure, I mean, I don't think we'll require eye pro for the rest of time for everyone, for always every interaction. But I have to say, I think there's a lot of benefit in addition to COVID concerns that comes out of wearing good eye protection. So we will revisit when transmission rates go down in the county, but when they're so high, I think it's the right thing to do.

Tim Dellit:

Is the eye protection only when you're directly caring for patients or is it all the time?

Chloe Bryson-Cahn:

For all patient interactions.

Tim Dellit:

All patient interactions. Great. Thank you. And it sounds like we will revisit it as we see transmission rates coming down. Now, that we're all vaccinated or almost all vaccinated, especially in the clinical environment, do we still have to do these attestations?

Chloe Bryson-Cahn:

So for the moment, yes, it is a regulatory requirement and we really don't want to get in trouble or get cited for not doing it. Now that we are all vaccinated, we are reviewing this. I think regulatory affairs started talking about this again this week. And so hopefully more information on this soon. We just want to make sure we're doing the right thing, keeping our hospitals open by at testing. I also think it's important, maybe it doesn't need to be on the computer, but that folks really do check in everyday. Like, am I really healthy to go to work today? And it's a nice opportunity to do that. I know people hate it. I recognize that, and we will try to figure out a different way, but for right now we're sticking with it.

Tim Dellit:

Great. And the other piece, we talked about this earlier, we are seeing occasionally breakthrough infections. So just because everyone's vaccinated, it doesn't mean that you couldn't still have someone potentially come in with symptoms. So we all still have to do that self-check. Perfect.

Chloe Bryson-Cahn:

And as cold and flu season is upon us, we're not seeing flu yet, but we may, we are definitely seeing a little bit of RSV. We are seeing other colds, and those things we don't want folks working with because those are risks to your friends, to your colleagues, to your patients. And so checking in for all things is important.

Tim Dellit:

Masked. There's a question around someone who, if they are wearing both a cloth mask and a procedure mask, which one goes on the inside, which one goes on the outside?

Chloe Bryson-Cahn:

It's a great question. I don't think there's the right answer. I think either are okay. I know the CDC recommends procedure mask and then cloth mask. The reason for that is to really help with fit. And so putting a cloth mask outside can sometimes bring that procedure mask a little closer to your face. This is what the CDC documents have always said. We took a bit of a different approach when we started asking our visitors to put procedure masks on this last week. And the reason is really that of making sure it works and not exposing our screeners and our security folks to unnecessarily unmasked folks. So when visitors come in or patients come in with a cloth mask, we are now asking them to put a procedure mask on top of that. If we wanted procedure, then cloth, we would have to ask those folks to unmask in that area, squished in with other visitors trying to get in and our employees. And we didn't want that to happen.

Chloe Bryson-Cahn:

It's also hard to enforce that somebody's wearing a mask. If it's underneath another mask, people also sometimes have a little bit of allergy or concerns to the procedure masks. And so if they have their own underneath, they're not going to have a reaction. So those are the practical purposes. I think in reality, what we're going for is we want you in one mask that we know is a good one with multiple layers and our procedure masks have that, with a little bit of fluid barrier protection. So probably not a bad idea to have on the outside.

Tim Dellit:

So if you're wearing a procedure mask, do you need to add a cloth mask?

Chloe Bryson-Cahn:

So the CDC has said, if you have a procedure mask on and you want to improve the fit, there's all these different options. And one of them is a cloth mask. I'm not sure it's necessary. We have a very good track record with our procedure masks here. There are multiple layers, fluid barriers, we use good masks. I think one is fine. I've been doing one.

Tim Dellit:

Now, that's it. That's very helpful. Santiago, we're going to switch to Ask the ID Doc.

Santiago Neme:

Now, I'm scared. I think you're going to grade me.

Tim Dellit:

All right now, last week I was on the hot seat and there was a question and I was a little more conservative, I'm going to ask you. So would you go bar hopping?

Santiago Neme:

I stopped that a while ago. I would say no.

Tim Dellit:

All right. How about eating? As the numbers have come down a little, do you feel comfortable eating indoors now with colleagues?

Santiago Neme:

I think it's just a question of, so eating involves that I'm going to take off my mask. So whenever I have that situation, I would say I haven't eaten indoors at a restaurant yet. The reason is the density of people, it's not just meeting with, if you have friends who are all vaccinated. At a restaurant, you can have people who the restaurant may require vaccination, but just as you increase the number of people, that sample size, the greater the risk it is that there will be a person or two who are infected, if breakthrough infection, for instance. So I would say I haven't eaten indoors at a restaurant but I have had small dinners at home with friends where the doors are wide open, and this is very limited to four to five people. And that's what I'm comfortable with. Whenever I think about indoors, if the activity involves removing my mask, I look at the number of people around me, that's one of my gauges. If it's more than five, I just don't do it. I just haven't done it.

Tim Dellit:

With the holidays coming up again, increasing questions around what people feel comfortable with. If you are having a holiday dinner with multiple different households, would you feel comfortable doing that?

Santiago Neme:

No, to be honest, I don't think I would. It would stress me out. Plus I think we all know that you plan to keep your mask on. You plan that in a small gathering, but you end up eating and drinking and then you don't put it back on, et cetera. So I feel like even with family, the barriers can come down even more easily, because you're super familiar with these people and you feel comfortable around them. So I

would say no, I'm not ready. We're actually not spending Thanksgiving with family. I think I could envision that if it's just one family group. But multiple households, no, not for me.

Tim Dellit:

What if he knew they were all vaccinated, would that change your mind?

Santiago Neme:

I would put it in back the restaurant situation, where I have multiple people more than the little cluster of people that you know, that you trust. I obviously feel more comfortable around healthcare workers. I feel like we know what to do. We've been masking and we know how to fit the mask and how to... So I would say, I might be too extreme in this, but I think that for me also, the risk is that I don't want to show up to clinic and have an infection and give it to my patients for instance. And it would change the whole dynamic. I had a little scare with my husband had an exposure outside and I literally had to change all my encounters to form visits, because I had to be tested and wait for the test. And to me, that's a high price for that event to pay.

Tim Dellit:

Would you have dinner with older parents? Where the parents let's say they're in their seventies, they're both vaccinated, would you feel comfortable having dinner with them?

Santiago Neme:

Small group, again, yes. Again, it just depends on what you know about people's practices. My mom was here from Argentina. She had gotten two doses of Sputnik, the Russian vaccine, which was the only available vaccine. And initially we masked for a few days and then she got tested. So we felt more at ease, but it wasn't like we were in that situation super comfortable. So I would say in general, yes, in the U.S. if you're fully vaccinated, your parents are a small gathering, yes.

Tim Dellit:

Children are often a big part of the holiday gathering, would you feel comfortable if you had unvaccinated children there?

Santiago Neme:

I would not have a large gathering with children who are unvaccinated. I don't have children, but I would say that I wouldn't feel comfortable. Again, we're about to get a vaccine that's approved. There's no rush to do this. I think we could do it more safely in a few days.

Tim Dellit:

How about those five to 11 year olds? They get their first dose in another week or two, they won't be fully vaccinated by Thanksgiving, but they're on their way. How about then?

Santiago Neme:

I would say no, because they're not fully vaccinated.

Tim Dellit:

No, I appreciate that. And again, everyone has to assess their own risk tolerance. There's no right or wrong answer.

Santiago Neme:

But we have actually parents on the panel. So I'm wondering what the parents think, like Chloe or Tom, how would you handle the-?

Tim Dellit:

Chloe, you have young children.

Chloe Bryson-Cahn:

I have a one-year-old who is not vaccinated and not to be vaccinated unfortunately, anytime soon for COVID. He also attends daycare with many other healthcare workers kids. And so actually, most of my actions, especially with my kid have to do with trying to keep him in his cohort safe and keep our healthcare workers safe. I would never be able to forgive myself if I had caused a quarantine and multiple healthcare workers got COVID because of a decision that I made. And so I think I am very conservative because of that. So I'm waiting for indoor activities with more than just my family until my kid is vaccinated. So for a long time, I think.

Tim Dellit:

Thank you. That's very helpful. Others who have children.

Tom Staiger:

I have children, but mine are older, they're adults. But I do have a grandson who was born last week at Northwest. So we are observing the very small number of people who are vaccinated to be in the immediate vicinity of our grandson. So, we're erring on the side of caution.

Tim Dellit:

Now, and again, I think it's helpful to hear from different perspectives, because again these are questions that are going to come up around the holidays. Let's move away from the holiday gathering. Swimming, would you go to, we'll start at an outdoor swimming pool, would you go to an outdoor swimming pool Santiago?

Santiago Neme:

If it's heated, yeah. I love swimming.

Tim Dellit:

Would you go to an indoor?

Santiago Neme:

Yes, I have. I feel totally safe in that environment.

Tim Dellit:

Is the chlorine in the water protective?

Santiago Neme:

No, it's just that when you're swimming, you just breathe, it's just different. You have five people in a big space, it's much less risk. And it's very brief exposure, if anything. And the gyms are requiring vaccination. I wouldn't work out though. I wouldn't be on a treadmill breathing or doing a yoga class or anything like that. I mean, swimming I feel it's in a very safe spectrum for me.

Tim Dellit:

Would you go to a movie?

Santiago Neme:

No. I love movies, but movies in the U.S. imply eating often. In Argentina you don't eat when you go to a movie, you just watch the movie. So if there's a bunch of people eating around me, I wouldn't want that. So I would say no.

Tim Dellit:

So travel, would you fly to Argentina now?

Santiago Neme:

So Argentina, not now. I'm dying to go, but Argentina is only 50% fully vaccinated. And not because of a decision, it's just that lack of supply. I am planning a short trip to Paris where at least a week ago it seemed extremely safe, but now Europe is going up. So I'm going to have to, it's in the maybe category now, but the reason is the trip was supposed to be, Paris is a place with very high vaccination rates. They require vaccines for everything, even eating outside. And I feel comfortable going to a museum and masking. Again, that activity doesn't involve eating. So that's the plan, but I'm closely watching what's happening in the UK, which typically tells us what's going to happen in continental Europe.

Tim Dellit:

And what are the requirements if you did international trip for coming back to the United States, do they still require testing?

Santiago Neme:

Well, it depends where, if you fly to France right now, they require a vaccination card.

Tim Dellit:

Coming back to the U.S.

Santiago Neme:

Yeah, they do, I don't know. I think so. I think now they do.

Tim Dellit:

Chloe, do you want to comment, even if you're vaccinated, they'd still be testing.

Chloe Bryson-Cahn:

I'm not positive, but I think so.

Santiago Neme:

I think so. I haven't traveled internationally. This will be number one, because we canceled the wedding in Italy trip.

Tim Dellit:

All right. Let's see, one other travel related question, and it gets back to public transportation. Do you feel comfortable on the light rail now that for instance, the stations are opened up on Northgate?

Santiago Neme:

I do. Again, I'm around people, but I'm masked. I'm vaccinated. I think the risk is pretty low. I take light rail sometimes to go to the ferry. Now that we have this station at Northwest, I'm going to try that one too. I've always felt safe on buses and light rails and things like that. To me, the eating thing, like the unmasking is what changes my comfort zone in general.

Tim Dellit:

Terrific. Well, thank you again so much for being on the hot seat there. I also appreciate others chiming in, particularly around the holidays. I think, again, just as last year, the holidays are different than perhaps they were a few years ago. It doesn't mean that they can't be enjoyable. We have been creative in how to maintain our connections with family and friends. I think we're in a little bit of a different place now with people being vaccinated, many people now receiving boosters. Children vaccination on the horizon. And so a lot of positives coming forward here through the holidays, but it's also a reminder to continue to be careful. And again, just want to thank all of our panelists here today. I want to thank Trish and Anne for having enough confidence in allowing us to do this without them. The timing might've gotten a little bit off, but Trish is a pro at this. And so we look forward to her coming back.

Tim Dellit:

I really do again, want to really thank all of our clinicians, our staff, all of our employees, everyone who contributes to really making UW Medicine such a wonderful place to work. This has not been an easy time for anyone. And we I think all very much recognize and appreciate that, but I'm so proud of how we continue to pull together as a community, continue to adapt and respond to new challenges. And again, thank you so much for supporting one another, have a good weekend. Take care.

Santiago Neme:

Thank you.