

Trish Kritek:

All right. Because we have a full house today, I'm going to get started because it's going to take me a minute to introduce everyone. We don't have everyone here, but we have a lot of people here and there's going to be someone else popping in any moment. So we'll get going. Welcome back to UW Medicine Town Hall. I'm Trish Kritek, associate dean for faculty affairs. And it is great to be back, and I'm really excited to see you all. It was so fun to watch Tim and the team without me. I thoroughly enjoyed it. And as I said to Jerome the other day, I'm a little bit worried about my job security, but I am glad that he has allowed me to do things like this, to prove to you that we are not professionals at television, and instead are a bunch of doctors, nurses and other folks from our community talking to you.

Trish Kritek:

So here we go again, welcome back to UW Medicine Town Hall. My name is Trish Kritek. I'm the associate dean of faculty affairs, and it's a pleasure to be back with you. I already said this, but I'm going to say it again. Thanks so much to Tim for running the show last week. It was a pleasure to watch and I'm really happy to be back. I'm going to quickly introduce the folks who are here and then jump into the many questions that you sent in. So with us today, Santiago Neme, medical director, UWMC-Northwest, Keri Nasenbeny, chief nursing officer, UMMC-Northwest, Anne Browning, our assistant dean for well-being, Tim Dellit, chief medical officer for UW Medicine. Tom Staiger, medical director, UWMC, John Lynch, head of infection prevention and employee health at Harborview Medical Center, Rick Goss, medical director, Harborview Medical Center, Jerome Dayao, chief nursing officer. And jumping in as if on cue, one of our special guests today, Dr. Shaquita Bell, who is a clinical professor in the department of pediatrics and interim senior medical director of the Odessa Brown Children's Clinic.

Trish Kritek:

And we're super excited to have Shaquita with us today to answer the many, many questions you sent in about vaccines for littler folks. And we're really excited to answer them. So with no further ado, because we do have a bunch of questions, I'm going to turn to Anne, who's also back this week for a well-being message. Anne.

Anne Browning:

Sure. First, happy Diwali to everyone. Nice to have a celebration of light in prosperity in family. And it's actually quite lovely outside right now. So hope everybody who is celebrating is having a great season and hopefully is in a little bit better place together than we were a year ago. And here we're thinking about Diwali and moving in towards Thanksgiving.

Anne Browning:

I did some reflection in terms of thinking about a well-being message of where we were last winter. And I remembered how excited I was when the first vaccines came into Health Science building in December. And then when Trish and other clinical friends and colleagues started getting vaccinated. And when my parents could finally get vaccinated in January, my wife and I finally in the late spring. And we're finally at this point where as of this week, our kiddo is eligible. And we are one of the kajillion people on the waitlist with UW Medicine to get our five year old vaccinated. But that tipping point, it's really, really exciting. So I want to acknowledge that for everybody.

Anne Browning:

I know we still have zero to five to go. Certainly if we think globally, we still have a long way to go. But it's an exciting shift for everyone around us. So it'll make us all safer. And I'm excited to have this conversation today and see if we can help people get excited with us.

Trish Kritek:

Anne, thank you. It is a moment of optimism again and I feel like we've had those kinds of moments throughout the pandemic and it's great to embrace it. Appreciate it very much. Okay. Lots of questions. We'll jump in. John, you're up first. Let's talk about numbers here in UWMC, and then King County.

John Lynch:

Sure thing. So when looking at UW Medicine inpatients as of 6:00 or 7:00 this morning were at 53 patients. Half of them, about 24 in acute care, 29 in the ICU. This absolute number has been pretty stable over the last, I think since the last time I met with this group. We have 21 folks at Valley, about half in acute care, half in the ICU. Northwest is actually up a little bit with nine people, six in acute care. Montlake's pretty stable at nine folks. Eight people in the ICU there. Harborview's at 14, half in the ICU, half on acute care. And I as always like to let people know that those folks are really seriously critically ill, coming in from all over the Northwest to us for that ECLS heart lung bypass. At Harborview we have four people who have had COVID who are on that circuit. So still a lot of really sick folks requiring that very, very high level of care.

John Lynch:

Across King County and indeed across Washington state, you may have seen my message come out just before town hall, things are stuck, where we seem to be at a plateau. In some ways, the initial draft of that was I was happy that we weren't going up, then I changed that language. I would love to see it creeping down. But I would say right now, if you look at cases, hospitalizations, and the worst outcome is deaths, due to COVID-19, across the state, looking at King County and in our own facilities, it's at a plateau.

Trish Kritek:

Yeah. Okay. So plateau within our system, plateau within our county and state level. And one of the questions that came in was really related to that, which is, when people are looking at the CDC site or watching national news, it seems like rates in southern states and things like that are coming down. And yet here where we're highly vaccinated and have mask mandates, we seem stuck. And I'm curious if you have thoughts on that.

John Lynch:

Yeah. I think it's a complex situation. So why we have surges and why those surges improve, I would argue, we really don't understand it completely. We often loosen things up and then tighten things up at intervals. But we also see these surges come and go at also certain intervals, which may have something to do with things outside of our control, weather, other activities. Here in the northern states going indoors, where it's cold and spending more time in holiday gatherings and stuff.

John Lynch:

You'd also recognize, in those southern states, particularly the southeastern states where things seem to be getting better, they had a horrible summer, far, far worse than anyone else in terms of states in the country. And so yeah, we may be slightly higher, but nothing comparable to what they experienced in

the summer. And then thinking about why we're stuck, I think to some extent, we still have a lot of people even at high levels of vaccination, 75% of folks in Washington State or so, we still have millions of people, a million and a half people approximately who are not vaccinated. And that's still a lot of folks who are susceptible to COVID-19.

Trish Kritek:

Yeah. I think we talked about that before though, you're going to have a really high percentage of people who are vaccinated and still have unvaccinated folks, and many of them. So I think that that makes sense, as well. And maybe the other thing I heard was the peaks were so much higher in those other places than what we had, that that leveling out feels a little different in those different spaces.

John Lynch:

Right.

Trish Kritek:

I wanted to follow up on another thing that came in, in a couple of questions, which was, do you have a sense of how we're doing, those numbers on hospitalizations and deaths relative to vaccination status? I think people have been looking at the King County site and maybe it hasn't been updated as much, but thoughts on or numbers on how vaccination status plays into that?

John Lynch:

Yeah. So the vaccines are still having an enormously positive impact. You're right, folks who are following the public health Seattle, King County website looking at vaccine effectiveness or on infection around hospitalizations and deaths, they may have seen a change this last week. You used to be able to look at 30 days and then go back to the beginning of the year. And I think they're doing something around their data analysis, and they've changed things and put things on hold for the middle of October.

John Lynch:

Regardless, if you look at that site right now, if you're vaccinated, you're currently, over this whole year, so pre Delta and in Delta, still, if you're vaccinated, you're three times less likely to get infected, 12 times less likely to get hospitalized and 13 times less likely to die. And when I say those numbers, just a quick snapshot here over the year, 3300 patients unvaccinated in the hospitals compared to 413 who are vaccinated. Big difference. In terms of deaths, 651 people who are unvaccinated or partially vaccinated who died versus about 106 who are vaccinated. Over this whole year. So the fold numbers really big, absolute numbers also really big. The vaccines continue to work extremely well in keeping people safe.

Trish Kritek:

Okay. So three times less likely to be infected, 12 times less likely to be hospitalized and 13 times less likely to die, which is obviously the thing we worry about the most for our patients. I appreciate that because there are people who try to keep track of this all the time and notice the change and what's available.

John Lynch:

Yep.

Trish Kritek:

How about breakthrough infections? Do we have any data now about which vaccines would put people at the most or least risk for a breakthrough infection?

John Lynch:

We've seen a lot of different reports pointing to different things. If I were to put things into two buckets, and it's evolving. One is the mRNA vaccines which are two doses and then for certain individuals, three doses if you're highly immunocompromised and for folks who are working in healthcare or other high risk settings, they're getting boosters. And we have to be careful when we compare those situations to a single dose of, say, for instance, the J&J vaccine, which now, has actually been updated with, I think since the last time we met, with a recommendation from the CDC and the FDA, that if you're two months or more after one J&J, 18 and over, you should be getting a second J&J. And I think when you look at Dr. Fauci's comments and others, the J&J vaccine is really a two dose vaccine. It just got rolled out as a one. And I think in the future, we'll be seeing it as a two dose.

John Lynch:

So when you start thinking about all those things, two doses of mRNA, two doses of the J&J, we're seeing a very high level of protection in all of those situations. We're still learning and as time goes on, it's going to take us time to understand waning immunity to vaccinations. And I think we're going to start seeing some understanding of that, especially now that we're about almost a year into our first wave of vaccinations and the effective boosters. So right now, I think if you got vaccinated with any one of those, I'd feel great. If you got the J&J and you haven't had your second dose, go ahead and get it. And if you're in the right populations for getting that third dose or a booster, this is a good time to schedule that.

Trish Kritek:

Okay.

John Lynch:

But no urgency. The first doses are working great.

Trish Kritek:

Okay. We'll come back to boosters in a little bit. But I think the biggest thing I heard you say maybe is, maybe the J&J it looks like you might have a little bit increased risk of breakthrough, if you haven't gotten the second dose, because it's really a two dose thing. But when you look at everything on a complete regimen, if you will, or what we think is a complete regimen right now, they all are affording quite good protection against breakthrough.

John Lynch:

Yeah, that's right. And I think the challenge here is, it's really hard to determine risk because each person has different exposures. So unless you know how many exposures a person has or a population's had, it becomes very hard to assign risk or tiering of the effectiveness of vaccines. So it's always, I'm cautious about ranking them.

Trish Kritek:

I appreciate your sharing the grayness of trying to come up with numbers on these things. Okay. One more question for you now, and I'll come back later, but I want to get to kids. Are there any new variants of concern out there? And if so, what are they?

John Lynch:

Yeah. So the fast answer is no. I know you like my fast answers.

Trish Kritek:

I do love them.

John Lynch:

Yeah, no. I know it never happens. But I just double-checked the CDC website, no new variants of concern, the CDC is monitoring, we're doing, in UW Medicine and the state doing tons of sequencing and looking for these things. But as it stands right now, we're not seeing additional variants of interest or variants of concern that would change the playing field.

John Lynch:

I will say it's definitely a huge issue, in thinking about the future, especially as we think only about 1/3 of the world's population has gotten two. About 50% of the world's population has gotten one. That still leaves, I would argue the vast majority of people in the world unvaccinated, and as long as we allow that to continue to happen, we will not only put them at risk, their lives at risk, their well-being at risk in getting COVID, but we're also going to put ourselves at risk when we think about the potential for new variants. But right now, Delta is bad enough that it keeps the other ones out for now.

Trish Kritek:

Okay. So it's Delta for now, nothing else right now. And I didn't know that number, but we're talking about 50% of the world has-

John Lynch:

Has only gotten one dose.

Trish Kritek:

... at least one dose.

John Lynch:

Yeah.

Trish Kritek:

But the vast majority, then are not fully vaccinated.

John Lynch:

Right.

Trish Kritek:

And obviously, there's always pressure for a new variant then. Okay. Thank you. More to come. Tim, I'm going to turn to you for system stuff first, before I turn to Dr. Bell to talk about some specific questions about kids. But where do we stand with, across UW Medicine right now access to vaccination for five to 11 year olds?

Tim Dellit:

Yeah. And first, just let me reassure you Trish, you still have your job. I just wanted to make that clear. Now, as Anne mentioned, this is an incredibly exciting time, with the approval to use the Pfizer vaccine in five to 11 year olds. The challenge right now is somewhat analogous to last December when vaccination began at the very beginning, where we have a lot of demand and more limited local supply. Overall, we think the supply across the country will be fine, but it's the distribution right now. And so during these initial phases, people are going to have a little bit of patience, unfortunately, as that supply ships out and gets to us.

Tim Dellit:

Another big difference is when we started last December, we started with larger vaccination sites. Now we have a model where we're really trying to get them out into pediatricians clinics in addition to some larger sites. But not the CenturyLink type of a large mass vaccination for children, we just don't think that would work as well.

Tim Dellit:

Now, because of that limited supply, in fact, when they first started thinking of allocations UW Medicine was actually to receive an extremely small amount of vaccine. We had further discussions with public health, because one, we thought it was important to have access not only for the children of our employees, which is incredibly important, but also for our community and looking at the fact that we have already given over 400,000 doses of vaccine. So we know how to do this really well. So we thought it was really important that we're not really a mass vaccination site, and we have demonstrated the ability to vaccinate out into the community. And so after those conversations, public health supported our being allocated more vaccine, which was incredibly important.

Tim Dellit:

Now, with that vaccine, we absolutely recognize not only the overall demand, but the demand by our employees. And we very much want to get all the children of our employees vaccinated. And in fact, we did have some internal discussions, and I know this has come up as a frustration for employees, why didn't we reserve spots for our employees? Well, we did have some discussions, but when you look at the actual vaccine agreements, for us to be able to be a site to vaccinate our community, we are required to have public access to vaccines and cannot save spots for internal groups. And in fact, when we have seen earlier in the pandemic, unfortunately, some other locations do that, their allocations have subsequently been reduced.

Tim Dellit:

And so from an equity standpoint, from our contractual agreement, even though, yes, we absolutely want to support our employees in getting access to that vaccine, we have to do this in a manner that allows not only the children of our employees, but we have an obligation that all children in our community have access to this vaccine. And so again, I totally understand the frustration as a parent, but I just wanted to explain that we absolutely understand that, we want to support our employees. In fact,

our intent, and I know perhaps it didn't come across that way, but our intent by setting up the early registration for our employees, and we had to do it publicly for our patients, was to get people signed up and on the waiting list in advance of the actual approval by the CDC, so that once we have that approval from the CDC, we were ready to go.

Tim Dellit:

And so what we have seen thus far, we've already appointed 7000 individuals. We do have another 14,500 on our waiting list. But we anticipate as we get going, we'll be upwards of 1500 vaccinations a day, and we'll quickly move through that waiting list. And we also expect over time, the supply will increase. So again, I ask for people's patience. But we absolutely recognize the importance for our employees, for their children. And we want to support you in that effort.

Trish Kritek:

Okay. I think you've answered three of my follow up questions all in one answer. So let me try to summarize a little bit-

Tim Dellit:

I like to anticipate.

Trish Kritek:

... of that. You were ready for me. So one, demand greater than supply, which I'm going to argue is a great thing, and I hope we keep with high demand. Two, we've made 7000 appointments, we have a lot of people on our waitlist still, and we're going to presumably be getting more supplies, that we actually have more than we originally were allotted. And that we need to do this in an equitable way. And you did precede, and answered the question, we did get questions about why didn't we prioritize the folks who have been on the frontline taking care of people at the front of the line here. And I think you explained the relationship with the state as well as our commitment to doing this with an equity lens. And people are, I get it, people are so happy to finally be able to have their kids vaccinated. They just want it today.

Trish Kritek:

The one follow up question that you didn't successfully answer before I asked it is, what about if you have more than two children between five and 11? Because I think you can only put two kids on a waitlist right now. Do you know anything about that?

Tim Dellit:

That I'll have to follow up with. I know, before even with adults, we could only register one person at a time. You couldn't register one slot for two people. So I can certainly follow up with our vaccine team unless someone else knows here, and then get back to you on that.

Trish Kritek:

Okay. Okay. I had a couple of people ask that. So we definitely have people who have more than one kid or two children in that space. With that, I'm going to transition to Shaquita and talk a little bit about, or a lot bit about vaccinating kids. And I think really, you're an example of what Tim said, which is we're trying to get vaccines into clinics and out in the community as opposed to just at max vaccination sites.

You sent me a picture yesterday of your vaccines arriving or a couple of days ago, arriving, which is super cool. So I have a bunch of questions. I'm going to start with one that came up the most, which is, what is your advice for parents of a five to 11 year old who are hesitant about vaccination? Because we definitely have people who said, "I'm on board with me getting vaccinated, but I have a higher threshold in worrying about giving this vaccine to my child."

Shaquita Bell:

Yeah, thanks. I'm really honored to be here. It is a very busy time in every pediatric office around the world right now.

Trish Kritek:

We're honored to have you for an hour during that time.

Shaquita Bell:

Thousands of phone calls. First of all, I would say I think it's really important to always be honest with your children. You should never say for instance, something won't hurt or use vaccines as a punishment or a reward. I think it's really important to keep a trustworthy relationship between you and your child and between your child and their healthcare provider so that when they are having discussions about things that happen in the future, they know who they can trust and that the person's telling them the truth.

Shaquita Bell:

It's really natural to be worried, I think it's a lot easier to do something to ourselves than it is to do something to your child. And I really want to reassure everyone that the vaccines are very safe and they're very effective. And that holds true for children. The data from the Pfizer study is phenomenal. I've already seen it and gone through it with a handful of the PIs. And it looks like children are, first of all less likely to have side effects. So the side effects that they have are still the same, like soreness, fatigue, headache, but at a lower rate.

Shaquita Bell:

And then also, that it is slightly more effective in kids, at least in this trial that we did of the 4000 kids. So obviously, as we roll it out to the population, we'll get more and more data. And I think it's really important to know that overall, it is very effective and very safe for children.

Trish Kritek:

Okay. So I think efficacy and safety are two big things. I'm going to follow up on both of those. I really like the be honest and be straightforward with your kids. It seems like a good life lesson for parents in general. And then I think I want to dig into those. So common side effects was a really common question and it sounds like arm soreness, headache, fatigue, like we as adults had, but less often you said?

Shaquita Bell:

Yes. Yeah. And less frequently. So less children reported those side effects, and they were less severe.

Trish Kritek:

Okay. So less frequently and less severe. And then how about more significant adverse events? And obviously, I think the thing a lot of people ask about is myocarditis because that was associated with older boys.

Shaquita Bell:

Yeah. Again, the data, so we only have the trial right now. Obviously as these vaccines rollout, we'll have more population level data. But the trial, it does appear that kids under 15 are less likely to have the myocarditis side effect. And it's still not clear why, I think John or Tim said this earlier. There's a lot of things about COVID that we don't really know. But the data we have right now does show that having the infection, COVID infection is 30 times more likely to have myocarditis than the vaccine. So it's still by far, much safer to be vaccinated than to contract the infection.

Trish Kritek:

So more common to get myocarditis from infection than from the vaccine, which is great. Actually, that leads me into a slightly tangential question, but maybe you can give some insight on this, people asked, my child has been infected with COVID. Is there a certain amount of time I need to wait before I get them vaccinated?

Shaquita Bell:

So great question. There's no different guidance for kids than there are for adults in terms of period of time between vaccine and infection. So if a child did experience a COVID infection that was severe enough to be hospitalized and receive steroid or antibody treatment, then that should definitely be discussed with their medical provider first before getting the vaccine. But if they contracted COVID-19 and have completed their quarantine and are no longer symptomatic, then they can be vaccinated. So that means even if they had it two weeks ago, if they're better, they can be vaccinated.

Shaquita Bell:

The one caveat is MIS-C. So that was one of those unique things that kids got during COVID that we didn't see in adults. The data is really too slim to interpret, the CDC has a whole five page handout on whether to be vaccinated if your child had in MIS-C. And I would definitely refer people to that site. The summary or the fast answer, as John would say is maybe. It's really should be a discussion with a healthcare provider. It's looking like the CDC is tipping slightly towards vaccinating those kids. But the problem is, is we don't really understand the mechanism of MIS-C, so we can't say for sure that children wouldn't have the same immune response to a vaccine as they did to the infection.

Trish Kritek:

Okay. So run of the mill, if you will, COVID, if your symptoms are resolved, get vaccinated. If you got hospitalized talk with your provider. And for MIS-C, we're going to have a higher level of caution about vaccination and trying to understand that. That's super helpful. The other thing about timing is the timing of the second dose, which I think is three weeks, but maybe there were something in the community about waiting longer. And is there anything different with the timing?

Shaquita Bell:

Great question. No. It's the same as we've been saying for the last nine months, we really want every child to get both doses, and they really should be 21 days apart, ideally, up to 28 if there's a say Thanksgiving, Christmas, New Years on the horizon. We've been doing a lot of math around how to

vaccinate the second dose around all these holiday and travel plans. But the second dose is as an as important for children as it was for adults. So we strongly suggest people get that on time.

Trish Kritek:

Okay. So second dose three weeks ish, like we were three weeks ish with adults as well. We alluded to this earlier when we talked about equity, but I wanted to ask you specifically, what are we doing to bring vaccines to marginalized populations? And obviously, Odessa Brown Clinic focuses on that in general, but I wanted to hear your thoughts on that specifically.

Shaquita Bell:

Yeah. That's a great question. I do want to back up to something that Tim said. And he referenced the fact that a lot of our employees want to know why we couldn't prioritize employees. And the reality is, is because the state and the federal government decide how we deploy vaccines. They're the ones who are manufacturing and shipping them. And they're the ones who decide who gets what. What I can say is on a state level, there is an ethics panel that are reviewing how are we disseminating these vaccines and where do they go? So they are thinking about equity. And some of us like myself early on in the pandemic, were able to weigh in and say, "Here are some things that you should consider when you're trying to reach certain communities."

Shaquita Bell:

We do have the option and this is something that we partnered with our clinic here at Odessa Brown with the state to say, "Hey, we have the ability to really target Black, Indigenous, Latinx, refugee and immigrant communities. Can we have some really specific events for those communities?" And we were given special permission. So we are allowed to hold certain amount of doses aside for those events. And the way we went about that is really partnering with the community. So reaching out to folks like the Somali Health Board and the Seattle Indian Health Board, working with the Restaurant COMMUNION, working with a community group called Living Well Kent, we reached out to churches, to mosques. And what we did is hold specialized events for vaccination. We're doing that in two weeks with the Seattle Metropolitan Area Sickle Cell Task Force, for instance.

Shaquita Bell:

And we can either go to them in a mobile clinic and bring all the vaccines and supplies and don't forget your sharps container. We almost did that last week. Or we can do it here in clinic and bring people to our facilities. So it's just about making these connections and saying, "What's the best for your community? And how can we partner?" In my eyes, that's been one of the really great blessings of COVID-19 is that we've had these really meaningful relationships with community organizations that so much more than sitting on each other's boards or signing off on your legislative agenda, it's really how are we bringing the community together, bringing care in a language that is culturally appropriate in a setting, that's culturally appropriate in getting vaccines in arms?

Trish Kritek:

That's awesome. It was great to hear that both on the advocacy side for saying, "Hey, we can do this. So give us more. And let us do this." And then really all of those community partnerships and the true partnership where it's like, do we come to you, do you come to us? How do we make this happen? And you gave a great spectrum of different agencies that you're working with, which I will fail to repeat back. So I'm just going to say with lots of different partnerships within our community, which is, I would argue

a really a model for addressing some of the inequities that we know are all part of this pandemic. So that that's really great to hear. So thank you. And I appreciate you reinforcing that relationship with the state and how that works.

Trish Kritek:

I've gotten two add on questions that have come in that I'm going to ask you about really quickly. The one thing that people have asked about is, is the formulation of the vaccine different for kids?

Shaquita Bell:

Great question. So it is not a different formulation. It has the same juice in that needle. But it is a different amount. So if you think of the adult dose as a single unit, the child, five to 11 dose is a third of that. They are coming in different vials. So you'll see in places like ours, our freezer has a laminated picture of each vial is a different color. And right now we have three in production. So we have the initial 12 and over vaccine that came from the state prior to now, we have a five to 11 that just arrived and we're going to have a third new dose of 12 and over that doesn't have to be diluted.

Shaquita Bell:

So right now the vaccines have to be drawn, they have to have saline put into the vial, and then draw out a certain number of doses based on which color that cap is. This is getting really into the weeds. But the five to 11 year olds, there is 10 doses per vial. And in the 12 and older, I guess 12 year olds aren't really adults. In the 12 and older, there are six doses in each vial.

Trish Kritek:

Okay. So lower dose, same formulation. And you just illustrated why I'm not a pediatrician, because all those different doses was always driving me crazy, like a Broselow Tape, forget about it. So thank you for explaining that. And thank you for doing it.

Trish Kritek:

It's relevant to the last two questions I have about this vaccine. One, I've actually had this before you came on a couple of times. If you had an 11 and 11 month old person, kid, would you wait till they were 12? They'd be a month away and do the full dose or would you get them vaccinated right now?

Shaquita Bell:

Yeah. I've also gotten that. I've lost track, I should start charging for that question and retire to Hawaii. So the reality is the data, again, is phenomenal. Whether you get the five to 11 year old dose or you get the 12 to 110 year old dose, it is very effective. It is safe and it is effective. So if you have the opportunity to be vaccinated, you should get vaccinated, and you should get vaccinated with whatever vaccine you can be vaccinated with if you're over 18. With that said, I will say that the other question I get all the time is, what happens if my child turns 12 in the middle of their vaccine series?

Trish Kritek:

Yeah.

Shaquita Bell:

And the last thing that I've heard, and John, please correct me if I'm wrong, is that you would get the dose that you are the age of at the time. So if you are 11 at your first dose, you'd get the 11 year old dose and if you're 12 at the second dose, you'd get the 12 year old dose.

Trish Kritek:

John's giving a thumbs up. And so that's good. And I think the take home is get vaccinated when you can get vaccinated. And I think that's really helpful. And if you turn 12, you're going to get a bigger dose the second time you get a dose. Do you have advice for parents who are worried because their child's entering puberty, maybe starting menstruation? And they're worried about vaccination in that setting? Do you ever get questions like that? Because we just did.

Shaquita Bell:

We get some questions around the fertility stuff. I want to be crystal clear, a lot of the information that came out around fertility was really misinformation. There is no evidence to show, and now we have millions of people vaccinated who are pregnant, got pregnant, had babies started breastfeeding. There is no evidence to show that the vaccine, specifically the vaccine that we're giving to children had any implications in fertility whatsoever. There is some evidence to show that there can be increased spotting and a little bit of menstruation changes, but there is no link to fertility or infertility.

Shaquita Bell:

And I think it's appropriate to always be concerned about a child in puberty. I mean, I'm concerned for your personal and mental well-being if you're a child in puberty. But the whole purpose of doing these vaccine trials is measuring all of that. So if you think about now, while we only have had several thousand kids get the five to 11 year old dose, we've had millions of kids get the 12 and over dose. And a lot of those kids have been in puberty. So there's no reason to suspect that puberty is any cause for concern when getting vaccinated.

Trish Kritek:

Okay. So I think the reassurance is, we've had a lot of kids in the older age range, who are in puberty and have gone through it just fine. The thing to take home is get vaccinated, again. I appreciate that. I will say that when you had that empathic statement about adolescent children, there were many members of the panel who smiled with a knowing sense of understanding. So thank you for that empathy.

Trish Kritek:

Okay. One last question before I take you off the hot seat because you've done a lion's share today. And that's different, that is, do you have any ideas about when we might see a vaccine for five and under? Because now that we've got this one done, we're already on to the next group that people are worried about.

Shaquita Bell:

Yeah. Well, it's a fool's errand to predict anything in COVID. So I won't give you a timeline. But I will say that they are still enrolling in those trials right now. And Seattle is one of those sites. So if you would be interested in getting your child enrolled, they are still enrolling and it's through, I think the Seattle Cancer Care Network, the SCCN, as well as Seattle Children's. I've got no disclosure on that. I have nothing to do with that trial.

Shaquita Bell:

But if you think about where we have been in the timeline, that that's probably at least four to six months out if they're still enrolling in the trial, because they closed the five to 11 year old trial right around May, and then they have to look at all the data, then they have to submit to the FDA, then the FDA has to review it. So I think spring is the soonest. But again, it's really hard to know.

Trish Kritek:

Okay. So still enrolling, thinking spring at the earliest, could be longer. We want them to do all those steps like they have for everything else so we know that we're doing things that are safe. So on the horizon, but not really close on the horizon quite yet.

Shaquita Bell:

Exactly.

Trish Kritek:

Thank you so much. For all those questions. There may be more that come in as we go, so-

Shaquita Bell:

Sure.

Trish Kritek:

... I may ping back to you, but I'm going to give you a break and say it's wonderful to have you join us and answer those. Santiago, where are you? There you are. I think last time when I wasn't here, I watched town hall, Chloe did a really nice job of talking about boosters. But I'm going to ask again about that. Because I think we had a bunch of questions again. So can you clarify who should get a booster and which booster they should get?

Santiago Neme:

Yeah. So we obviously follow the CDC recommendations. And CDC has come up with a strategy that has to do with your age, your immune system and other risk factors. Typically, what we say is that if you're above 65, you should get a booster. If you just got two doses, this is for the mRNA vaccine, you should get a third. That's 65 or older. If you're between 18 and 64, then you either have to have a risk due to your employment, that is the place where you work, let's say a hospital or a clinic, or you work at a prison. Or it could be in your setting, where you live. In a congregate setting, in a shelter, at a skilling facility. Or it could be that you have some medical problems that put you at higher risk for complications. The list is very long, and we just look at CDC, COVID CDC booster you have it's a very long list of conditions.

Santiago Neme:

Now, for the Johnson and Johnson, the recommendation is for everyone to get a booster two months after, and you can decide to get another Johnson and Johnson. But what several of the ID community is recommending to cross to the other platform, to cross to the mRNA platforms, because we have pretty good data that shows that a vector vaccine like AstraZeneca and Johnson and Johnson combined with an mRNA vaccine, it gives you a superior efficacy. And that we know, and the Europeans looked at this a few months ago, we didn't have the data here, but now we have it with our vaccines.

Santiago Neme:

So in terms of what. If I received two doses of Moderna, I would go with Moderna again. It doesn't mean that you can't take Pfizer. But if you know what you had and how you reacted, most of the data shows that you do pretty similarly to how you did in those two. So I wouldn't want to introduce another variable. That being said, if for some reason, that setting didn't have that, I would get whichever mRNA vaccine is available for me. Let's say I'm traveling or... We don't have this problem at UW Medicine because you can actually schedule, the vaccine clinics are amazing. And they can do whatever you want really provided that you meet the criteria.

Santiago Neme:

So yeah, so we're seeing that most people just stay with the same vaccine. But for Johnson and Johnson, I would strongly recommend, not strongly recommend, I would recommend to cross the platform. And I think that's something that a lot of the ID folks are recommending just based on those studies.

Trish Kritek:

Okay. So 65 and older, if you had an mRNA, get a third dose. Immunocompromised in some way or other medical conditions, you can look at the CDC site, get a third dose if you're mRNA. Where you work or what you do makes you higher risk, get a third dose. Get the same dose but you could switch over, do what's available. If you got Johnson and Johnson get a second dose, whoever you are, get a second dose and a recommendation.

Santiago Neme:

18 and over. Yeah.

Trish Kritek:

18 and over. Oh, thank you for clarifying that. 18 and over get a second dose and consider getting an mRNA vaccine, either one as that second dose.

Santiago Neme:

Yeah. Just one point about immunocompromised, we need to distinguish the third additional dose-

Trish Kritek:

Yes.

Santiago Neme:

... that's a full dose from the booster. So Rupali Jain, our wonderful ID pharmacist, created a document that's on Occam now to download and you basically see the differences between a booster and an additional dose. And it's a great document, so check it out.

Trish Kritek:

Thank you for... We should probably share that, that's wonderful. And as soon as I said it, I knew you were going to correct me that when you're immunocompromised, it's part of your sequence to get a third dose-

Santiago Neme:

Exactly. It's a series.

Trish Kritek:

... as opposed to a booster for you and me as healthcare workers. So thank you for making that clarification. And I was trying to pull the words back when I said it. What about if you got vaccinated... We have students who are coming here from other countries who've been vaccinated with other vaccines, whether it's a Russian vaccine or a Chinese vaccine. Do you have any recommendation or guidance on what they should do about vaccination here?

Santiago Neme:

Yeah. So I'm familiar with this question because it's a question that comes out a lot from South America, where a lot of people just don't have Pfizer or Moderna. And what the US has really decided, and I'm really proud of the decision here, because the US takes all of the vaccines approved by the World Health Organization. So basically, if you got vaccinated with AstraZeneca, that counts, and then you could get another dose of Moderna or Pfizer, another dose, and that's fine, you would complete. If you got two doses of AstraZeneca, you're fully vaccinated in the US as well.

Santiago Neme:

Now, if you got Sputnik, that's the Russian vaccine that's not on the World Health Organization list. So that individual, we would offer the vaccine, and it would be indicated, because we don't know much about the vaccine, the clinical data from South America is reassuring. There's one Lancet paper that showed great efficacy, but we don't know much more about it. So that would make sense. So I would say look at what they received. And then the other thing, you probably know that as of November 8th, the US is actually requiring vaccination for all travelers. And they also accept all of these different vaccines, and all of different methods of proving that you've been vaccinated, including a paper card. So that helps people who are not from Europe, to also be able to come to the US.

Trish Kritek:

Okay. So I think the take home is, for vaccines that the WHO is approving, we think you're good. If it's not approved by the WHO, then we would offer a new series of vaccines here. And yes, as you said, you're going to have to approve of vaccination to enter the country moving forward. Thank you. That's really, really helpful. Speaking of proof of vaccination, Jerome, I'm looking at you. So we had this pilot of showing proof of vaccination for visitors. And I wanted to get an update on how is that going at Harborview?

Jerome:

It is surprisingly going very well, Trish. We were expecting that there would be much more pushback towards them showing that they have the proof that they have been vaccinated or a negative COVID desk. But no, I mean, people are lining up in the entrance getting screened, and most of them are ready to show their proof of vaccination and or negative COVID test. And those individuals that do not have that and do not fall in the exemption, they are told that they cannot enter and they do not become belligerent at the entrances and start fighting. So it's been very smooth, the implementation of this program at Harborview.

Trish Kritek:

That's great to hear. And I love your shocked happiness.

Jerome:

Yes. Yes.

Trish Kritek:

So people have mostly been able to show that they've been vaccinated. And when not, it's not been a lot of conflict. In terms of showing-

Jerome:

Right. And I actually observed the entrance as to how the conversations are occurring and the description of security and the screeners. And it's been pretty good.

Trish Kritek:

So what can people show? And do they need to show an ID as well as a card or they just have to show a card? What do they have to show?

Jerome:

All they need to show is the card that is proving that they have received the vaccination and within that window of two weeks post the last dose or if they have a proof of negative that's the only thing that they need to show within three days.

Trish Kritek:

Okay. So a negative test within three days and all different ways of showing that negative test. Does that include a home test?

Jerome:

That includes everything with the exception of antibody testing.

Trish Kritek:

Okay. Okay. So any kind of negative test within three days or the vaccine card is what you need? And it's gone well. So now I'm going to turn to Keri and say, in light of that, where do we stand with rolling out the same process at Montlake and Northwest?

Keri Nasenbeny:

Well, first of all, let me just express my gratitude to Harborview for going first and really seeing how this would work. So thank you, we really appreciate that. And secondly, I would say that we are super excited to implement this at both UWMC campuses. I think we all feel like this will add a measure of safety for patients, staff, everyone alike and are actively preparing to do that. Our goal is to do that, I think in that early December timeframe. So gearing up now, it's support for screening and security, etc. And just making sure we have all those pieces in place. But I agree with Jerome, I think that people are really used to showing their vaccine cards now. I actually saw one elderly gentleman in the hospital day with it around his neck. It was super cute. So I think our King County residents, our state residents are ready to do this.

Trish Kritek:

So coming soon to Montlake and Northwest, and I read John's email and I downloaded this thing on my phone. So I-

Keri Nasenbeny:

Yeah, I have it too.

Trish Kritek:

... know my vaccination status. So I think people are getting used to showing that which is great. And while you're on Keri, I mean, one of the things that people asked about, actually a few times is, when are we going to go back to a single visitor policy across our sites? Because I think people are worried that there are disparities that are baked into having different rules at different places. And I know we've talked about why we might have different rules in different places. But are we going to strive for a single policy again?

Keri Nasenbeny:

Oh, okay. When you sent that question, I thought you meant one visitor, and I was like, "Ugh."

Trish Kritek:

No. I think people are like, "Why is it that at some hospitals, you can come in and stay all day and in other hospitals there's a limited time? Why is it that in some hospitals, people can stay overnight?" Or can they stay overnight? Are we allowing them to stay overnight?

Keri Nasenbeny:

Yeah. Yeah, it's a great question. And I think that there are those differences across each campus. And I think that is a goal that we need to work towards. Though, I do think that because if you have things like double rooms, there will always be a little bit of some differences, that in double rooms, we probably will still always just have one visitor, whereas in a single room that looks different. So I think there will likely still be some differences depending on the geography. And I would say, we're not there yet. Harborview I think, still has different visiting hours than UWMC, Montlake is letting people spend the night. At Northwest, we're really only doing that in certain circumstances. So I think it's a really good point, and we definitely have some differences to work through that I think we need to do in a thoughtful way. Standardization is great. And we need to standardize in the places that make sense. But also make sure we have good thinking behind that, and we're doing that in a safe and appropriate way.

Trish Kritek:

Okay. So what I heard was still some significant differences between places, at least some of that's driven by the geography of places, but also, it's probably worth coming back and looking at, again, to say, where can we try to level things out so that we feel like we're not worsening inequities in terms of access if we don't have to. Jerome, did you want to add to that? I don't know if you had something else in mind.

Jerome:

No, I agree with everything that Keri said. I mean, it is a continuous problem we're trying to solve in the light of COVID. And our priority truly, is to protect our patients and everyone that is here in our sights.

Trish Kritek:

Okay. Yeah. And I appreciate that. And Keri, you answered my other follow up question, which is we are letting people stay overnight at Montlake now?

Keri Nasenbeny:

Yeah. So I double-checked with a couple of folks over there. And how they're operating is that if somebody spends the night, they have to leave by 8:00 AM or they count for that next day's visitor.

Trish Kritek:

Okay. So with some pretty tight parameters of when-

Keri Nasenbeny:

Yeah.

Trish Kritek:

... to set your alarm to leave in the morning. Okay.

Keri Nasenbeny:

Exactly. Yeah. But I appreciate the feedback around the differences. And we have a visitor task force, and I'll bring that forward to that group.

Trish Kritek:

Okay. I appreciate you doing that. And I think we've talked about this so much how important patients and families are and how important it is to keep everyone safe. And so that tension is one that we keep trying to navigate. Speaking of lots of people being around, I'm going to turn to Tom and Rick. A bunch of questions about still having really high censuses and how we're managing that. Maybe I'll start with the question of, are we seeing fewer transfers of patients with COVID into our system? Or is that still leading to some of the issues with census? And I don't know, Tom, you want to take that one to start with?

Tom Staiger:

Sure. At UWMC we are seeing some decrease in transfer requests for patients with COVID. But we're still seeing quite a few particularly since hospitals in Utah and Colorado are very full, we've gotten requests from as far away as Wyoming to transfer patients. So it is declining, but we're still seeing requests.

Trish Kritek:

Down but still coming in. Okay. And so Rick, obviously, the census is high, we're still having, I think regular boarding at, actually both hospitals. But always it's a bigger challenge at Harborview. Are there things we're doing to try to mitigate boarding which I know is not unique to the time of this pandemic?

Rick Goss:

That's a great question, Trish and good afternoon, everyone. Similar trends, I would say at Harborview as what Tom just described with indeed, a reduction in the total demand and need for transfer. But as

John had reflected earlier, we really still are seeing that plateau effect for very sick patients needing ICU, needing ECMO. And when you layer that on top of what is already an extremely busy full hospital, with just so many of the core services, the trauma, the burn, neuro, many, many of our vulnerable patients needing admission, this just adds to this very sustained high census state that does result in a lot of the fatigue, and just that sense of this sustained pressure on our organization.

Rick Goss:

One of the questions, of course, is when we have patients coming into the hospital, and then are becoming admitted, going either to the ICU or the acute care, while they're in that transition, they are called boarding. And of course, that's something Harborview has worked on for many years, and the way we primarily manage that is with nursing support at the bedside to bring that level of care.

Rick Goss:

The strategies around that? First and foremost, if you go around the hospital and identify patients that are in fact waiting for a skilled nursing facility, family home type situation, that more than actually accounts for the number of people waiting for those beds. So strategy number one is all of the techniques and strategies and diplomacy etc, that we can use to open up beds in the community.

Rick Goss:

Within what we are working on, within the flow of patients, we have many strategies on the acute care unit, the OR, the more we're able to move our patients into the OR and get them treated, the easier it is then to create those beds. Many, many strategies. Great question, but it's something Harborview does very well, so that we can continue to provide the needed care to those most in need.

Trish Kritek:

Yeah. I know it's an area of strength and something that's always a challenge too, in the population. So efficiencies with ORs and processes through the hospital, but also-

Rick Goss:

Correct.

Trish Kritek:

... opening up beds in skilled nursing facilities and other locations for patients who are done with their acute care stay is a priority as well. Last question for you and Tom, how are we doing on catching up on surgeries that we had delayed that weren't urgent and other procedures?

Rick Goss:

Well, I'll just say Harborview, the number that we did reschedule we have largely caught up on and we're pretty much back to just full availability. Yeah. So that's-

Trish Kritek:

That's great.

Rick Goss:

... been worked through.

Trish Kritek:

So fully caught up at Harborview. How about-

Rick Goss:

Yeah.

Trish Kritek:

... at UWMC, Tom?

Tom Staiger:

Yeah, UWMC hard to say exactly. What we do know is that our overall surgeries are up by about 10% over the last few weeks compared to the prior six weeks. And that year to date, we are ahead of our budgeted surgeries. So there's evidence that we have caught up with many of those surgeries, but we didn't track them and aggregate. So we don't know precisely, but I think we are mostly caught up.

Trish Kritek:

Seems like we're mostly caught up without specific numbers. But the other inference numbers would suggest it. Thank you. That's great to hear in both sites. I have a ton more questions. I'm not going to get to all of these questions. I'm going to apologize in advance. I think it was super important to talk a lot about kids today. So I appreciate the people who sent in other questions, I did some prioritization. And I wouldn't want to not give Anne a little bit of time with John to do ask an ID doc. So with that, I'm going to hand it off to the two of them.

Anne Browning:

Sure. We got a ton of questions too. So we'll go as quickly as we can. John, would you sit in a closed conference room masked up with colleagues sitting less than six feet apart for a couple of hours?

John Lynch:

Yes, as long as it's not dense. I just want some spacing in there.

Anne Browning:

Good. Thing about travel holiday stuff and kiddos. Would you let vaccinated grandparents fly to see your infant baby and hang out?

John Lynch:

As long as they're also masking at home, in their community and on the plane.

Anne Browning:

Would you fly with a kid who is under five on a long flight right now?

John Lynch:

If they will wear a mask.

Anne Browning:

Okay. How about kiddos playing indoor sports? We had soccer was awesome. But what about basketball or indoor soccer?

John Lynch:

Yeah, full disclosure, my daughter's got a basketball game as part of her school coming up, I think this weekend, and they're just doing a whole bunch of testing of everyone on the way in. They also, both my daughters compete on an indoor sport, rock climbing. And they've been wearing masks throughout. And I think now, with especially the gyms requiring vaccination or negative testing, I feel pretty darn confident. We got a big competition tomorrow morning, which I'm very much looking forward to.

Anne Browning:

Awesome. Thanks, John.

John Lynch:

Oh, Shaquita, hopefully this is all making sense. She's actually the pro with-

Trish Kritek:

We're watching her face so that if she makes some kind of scared face-

John Lynch:

Yeah, I am too. I am too.

Anne Browning:

This is a gut check, John. Based on where you're at right now, how many folks you know, vaccinated folks, would you have over for a holiday gathering?

John Lynch:

I'm planning on a Thanksgiving gathering with family and another good colleague of mine who we had Thanksgiving with last year. So that's three, four, five, her in laws, there's one and her parents, two. So probably about, that's probably eight other people plus my family of four. But I'll be clear, aside from the in laws, are people we've been spending time with for the last two years.

Anne Browning:

So you're looking at close to 12. But 12 very well-known folks who you're already-

John Lynch:

Very well-known folks. And all are vaccinated.

Anne Browning:

Good. Folks had mentioned not wanting to go to movie theaters, or any indoors yet. Is there a tipping point in which you'd be like, "Okay, I think I'd feel good about it, if Washington/King County hits X."?

John Lynch:

Full disclosure, I went to the movies twice. I have to say-

Trish Kritek:

Wow.

John Lynch:

... I wear a mask. I know Tim's cringing, but I've been to the movies twice. There's no one there. Literally there's like five people in the audience. I wear a mask the whole time. And again, you have to be tested negative or vaccinated now. And I'm planning on going to see Dune this weekend.

Anne Browning:

There you go. There you go.

John Lynch:

But I have not eaten in a restaurant yet. I think that's a different situation where we have lots of people en masse, I see variations on density. And I don't know whether I differ with folks there. But I have not eaten a restaurant, no plans to do so in the near future. Outdoors, maybe. But I haven't even done that.

Anne Browning:

Crystal ball question, would you buy flights and hotel reservations for Mexico in March?

John Lynch:

It depends on what's going on in Mexico. And I actually haven't looked at the data, I should have looked at that, I know you sent me some of these questions. But I would be hesitant about that without really looking at the data upon where in Mexico. I will just say I totally agree with Dr. Bell on this, anybody who tells you what's going to happen next week, next month, or six months from now, he's fooling themselves. And I say that with the greatest humility, because I have no idea. And I don't believe anyone else does. So I would be a little bit hesitant with doing that.

Anne Browning:

Cool. Last one for you. Say you maintained your own sanity by getting crazy pants fit over the last two years during COVID. And you were pumped to run the Seattle marathon on November 28, would you feel comfortable running the marathon?

John Lynch:

Yeah, I think so. I would try to find space doing that. I'd be way at the back of the pack waiting for everyone to go by. I would think about... The problem I see actually is the density at the very beginning. So I've run a couple of marathons and there's this huge dense mass. And I might wear a mask right then, even outdoors in that setting, until things space out and then I would find space for myself. But I do think we could have things like marathons that are pretty safe.

Anne Browning:

And full disclosure, I was just back in Boston racing and rowing at the head of the Charles two weeks ago, and that has been one of the things that has maintained my sanity. So it's fun to get back running again as well.

John Lynch:

Well, full disclosure, I am the opposite of COVID fit. So I appreciate you doing that.

Anne Browning:

I do it for the team. I do it for the team.

John Lynch:

Yeah, yeah. Thanks, Anne. Thanks for-

Anne Browning:

No worries. It's 4:00, so I'll pass it back to Trish. Thank you for the rapid fire.

Trish Kritek:

Awesome. A couple of things I learned there. Number one, actually, I should tell you, Anne came in second in the race she raced in at the Head Of The Charles, it's really quite impressive. And definitely would be better than I would do in a marathon where I would start at the back of the pack, because that's where I belong from the beginning onward. Shaquita says she's running in the marathon, I think, which is awesome.

Trish Kritek:

So it's great to be back. I missed you all. I missed all of this discussion. There are so many questions that we still have to answer. We're actually going to be taking next week off, but we'll be back the following week. And we can answer all you've asked already and more. So please continue to write your questions and send them into us.

Trish Kritek:

We're tight on time. So I'm going to say a huge thank you as always to the whole panel. A very special thank you to Shaquita for joining us today because it was wonderful to hear your answers and I think super important to our community to hear that. And then I'm going to thank everybody here. And I want to do a quick shout out to the person who said, "Remind people there's a thank you tree in the lobby of UWMC where you can say thank you to folks." It's a super cool idea. Take a moment to say thank you to the folks around you. This is a new way to do it.

Trish Kritek:

And I will end the way I always do, by thanking all of you for continuing to take care of our patients, even the little ones, their families and most importantly, continuing to take care of each other. It's good to be back. We'll see you in two weeks. Take care. Bye-bye.

Anne Browning:

See you all.