

Trish Kritek:

Welcome back to town hall. I'm Trish Kritek, associate dean for faculty affairs, and with us today are Tim Dellit, chief medical officer, Santiago Neme, medical director, UWMC Northwest, John Lynch, head of infection prevention and employee health at Harborview, Keri Nasenbeny, CNO at UWMC Northwest, Tom Staiger, UWMC, Cindy Sayre, chief nursing officer, UWMC. Rick Goss, medical director, Harborview, and Jerome Dayao, chief nursing officer, Harborview. I honestly can't believe that I can't get that right. But anyway, you know them, we're happy to have them back, and you'll notice that I didn't say assistant dean for wellbeing, Anne Browning, and that's because Anne's not here this week. And I'm going to let her actions be her wellbeing message. Last time we were together, I said that Anne had had a pretty disappointing news that she wasn't able to go and be with colleagues, or she told us, go be with colleagues in Ireland.

Trish Kritek:

And I think that change in plans of being with colleagues and friends, and the ability to actually have a break and escape for a little bit was really hard to lose in real time. And she did what I'm going to encourage all of us to think about, and that is she came up with a plan B. So she's away, she's with friends, she's getting some downtime. It wasn't her first plan, but she came up with an alternate plan, and she's still achieving those goals. And I think over the next many weeks, like it has been for the last almost two years, there will continue to be bumps in the road that we have to navigate, and that ability to pivot to plan B and still achieve those things of coming together with the people who are important to us, as well as having those times that are a break, that are restorative, are so important. So I want to thank Anne for modeling that.

Trish Kritek:

I will say she is disconnected, and she also sent me a text 30 seconds ago saying, "Good luck at town hall," so she's not entirely disconnected, and I'll have to encourage her to do that a little bit more in the future.

Trish Kritek:

Okay, with that, I'm going to jump into questions, and John, I'm going to start with you. And I'm going to ask for numbers across UW medicine. You might also want to talk about King County, because I think those might be a little bit disparate.

John Lynch:

Yeah, sure. So thanks, Trish, and hi everyone. Yeah, so as of this morning, we're at a new low number of patients within UW Medicine, we're at 18. I think last week, I don't actually remember, I think we were in the high 20s, so this is really good news. Harborview's actually down to three patients as of-

Trish Kritek:

Wow.

John Lynch:

... a couple hours ago, we're able to clear one more person. Two folks are in acute care, one in the ICU. Four at Montlake, two and two. No one at Northwest, which is wonderful, and 10 folks at Valley Medical Center. Six in acute care, four in the ICU. I'd also mentioned, thank you Trish for forwarding the

information, that Seattle Children's Hospital actually has about five kids on average per day, and they vary between zero to one kid in the ICU per day. So actually seems like little, few more kids in the ICU than we're seeing at our individual hospitals, aside for Valley.

Trish Kritek:

Yeah, those are pretty remarkable numbers, and I can't ... I mean, 18, we kind of were stuck at that 40, high 40s, low 50s for quite a while, and we're really down to the lowest we've been in quite a while. Before I leave that, do you have any sense of, I've got a bunch of questions about kind of who are those people, what are the demographics of the folks who are admitted? And I don't mean the individual names, obviously.

John Lynch:

Yeah, no, no, of course. Thank you. I also didn't finish your question, though. If we-

Trish Kritek:

Oh yeah.

John Lynch:

... look over across King County, I do want people to ... Wonderful news, I'm thrilled to see these numbers go down and down and down at UW Medicine. But I do want to sort of temper that a little bit with some numbers we're seeing across the county. So in the last seven days, we've actually had about a 16% increase in cases. In the last seven days, we've had a 4% increase in hospitalizations, after a period of going down and down and down, so sort of reversing course. And, really unfortunately, a slight increase in deaths as well. And so when we think about how these things line up, it's usually cases go up, and then hospitalizations go up, and then down the line, deaths go up. So to see all three of them going up makes me feel very concerned that this trend that we've been on, downward, over the past month or so, may start to reverse, and just thinking about that. And the same trend in cases and hospitalizations is actually being seen across Washington state.

Trish Kritek:

Okay. And I meant to follow up on that, so thank you for doing that. So I think it's those two stories that are a little bit conflicting, and that tension is hard. We're looking as good as we have in a really long time, and we're seeing in the larger community, things are going up again, which is concerning. Okay.

John Lynch:

So to your other question about, if you just look at our patients, instead of going through each patient, like we have many people, what I did is I just pulled all the patients for the last, since September 1st, so sort of fall. This is all delta, so it's about 180 patients total. When we look at that, the two biggest groups of patients in terms of ages are about half of them, 74 folks are in the age group 27 to 54, and it kind of splits. There's a bunch of younger folks, and then there's a bunch of folks on the higher side of that age group. And then if we start looking at folks in the 54 to 82 year old age group, again, I got some wide buckets here, it's about 85. So it's about half and half.

John Lynch:

When you start breaking it up into smaller age groups, it's kind of the 20 to 30 category, and then sort of the 45 to 65 category that are overrepresented in the population. When we break it down into race and ethnicity ... I'm sorry, I didn't break it down by language. But you break it down by how people describe their race, the absolute numbers, out of that 180, about 130 folks who self-described themselves as white, 20 folks who self-described themselves as Black, 13 who described themselves as Asian, and then the rest are not described, except for Native Hawaiian six, and American Indian or Alaska Native at four.

John Lynch:

Another way to break this down is folks who self-described themselves as Hispanic or Latino or not, and of that 180, 25 people describe themselves as Hispanic/Latino. But I do also want to point out that this doesn't capture what this really means. So those numbers are smaller, and so those categories, because the populations in the state, in the county are small. But they are, I just want to be clear, in the Black community, the Hispanic/Latin community, the Native Hawaiian/Pacific Islander community, especially American Indian and Alaskan Native communities are wildly represented at a rate. So the rates of all those categories compared to the white population in King County are much, much higher than the white community. And so COVID continues to have a disproportionate impact in those populations and on those individuals, as it has throughout these last two years.

Trish Kritek:

Yeah. So I think things I heard were, the kind of enriched for the younger age group and what I'm going to call middle-aged age group, which I'm in it, so I feel I can call it middle-aged.

John Lynch:

Sure.

Trish Kritek:

And then I think in terms of the distribution of those 180 patients, one, it's all delta. Two, it is enriched for our marginalized populations, and so I think that that has been a theme, and it persists in the group that we're seeing. I appreciate all of those details, and I think it's important for us to keep understanding who's getting admitted. Do you know about vaccination status for those folks?

John Lynch:

Yeah, I wasn't able to go through all of them. I looked through the Harborview ones, and no one hospitalized right now is vaccinated. You also asked me about body mass index.

Trish Kritek:

Oh yeah.

John Lynch:

Which we know is a controversial measure, right, it doesn't necessarily say if someone's healthy or not, it's just a number. When we looked at the folks at Harborview, of the three people currently in isolation, not all people who've ever had COVID at Harborview, the BMIs are higher than average. And the one person who's in the ICU's BMI is much higher than average. And so we know that there's an association with higher BMIs and COVID, and the reasons for that may be specific things, we were actually just learning this week about the predilection for the virus for fat cells, which we all have, right? And so it's

maybe not be the BMI, just may have something to do with the interaction of the virus with fat cells specifically, so I just want to be very clear there.

Trish Kritek:

Yeah, no, I appreciate that. It was a question from someone in our community asking about BMI, and it may be because they also saw some of the data about that. I appreciate your nuanced answer on that, and I think that that's an important think to kind of consider. It is associated, but we don't think of anything about, necessarily, causation in that situation.

Trish Kritek:

I think you already answered this, but I'll ask it. Have we seen anybody in our system admitted with omicron?

John Lynch:

So far no one admitted to our system we omicron. We only know about those three cases so far that we saw in the media since our last town hall. As I said in the last town hall, I said it could be tomorrow, could be the next day, and it was, I got lucky, I guess, or unlucky, and it was correct. And I suspect we're going to see more today, tomorrow, the next day. At least one of those cases did not have any travel, and so we're going to probably see more of them. But fortunately we haven't seen anyone in our hospital. Again, I want to give a huge amount of gratefulness, gratuity, whatever the word is, be happy about our UW virology lab-

Trish Kritek:

Gratitude?

John Lynch:

What's that? Gratitude, that's the word.

Trish Kritek:

Gratitude is the word.

John Lynch:

Yeah, gratitude, huge amount of gratitude to our UW clinical virology teams who have been doing an enormous amount of work doing surveillance for these, for the omicron variant, and so far they've been doing a great job. Again, we're going to see more, but no one in the hospital that I know of so far.

Trish Kritek:

Okay.

Santiago Neme:

John and Trish, if I may, I just got an update from lab that says lab got four omicron two days ago and seven today. So it's going up.

Trish Kritek:

So going up, yeah.

John Lynch:

And our estimate from what I've seen so far, with limited data, is that when you compare the omicron variant to the delta variant, it's about a two and a half-fold greater doubling time. So once you start seeing a population, you sort of expect that doubling, that doubling is exponential, which means it gets steeper and steeper with more cases. For a highly transmissible variant that we think, like omicron, we're going to see a lot more.

Trish Kritek:

So our concern is that we're going to see more, but we're going to see it faster as well, so it's going to rise more quickly.

John Lynch:

Potentially, yes.

Trish Kritek:

Following up on what we talked about last time, there was this hint of a signal of maybe disease is less severe with omicron, and I'm wondering if, in the last week, there's more data to either support that or contradict that, where do we stand with the severity of disease with omicron?

John Lynch:

I would say, like a lot of the times we've had in the pandemic era, we have data saying less severe, we have some data saying more severe, we have some data saying it's the same. I'd say it's still too early to know. It really, the big trick here, or the big trouble here is we're looking at specific populations, and where we're seeing lots of omicron, the population is trending younger. And so until we get, unfortunately, more cases, we won't have a really good understanding of severity. My fingers are crossed that a lot of those reports coming out of our colleagues in South Africa, that it is associated less severe disease, are correct. So right now, that's the strongest signal, but I'm still waiting.

Trish Kritek:

Okay. So again, maybe it's less severe. It ends up that most of the people who were infected upfront were younger, so they often had less severe disease, so we need some more time to know for sure. Relevant to that, one of the questions that actually came up a couple times is how does immunity against omicron specifically, if I had been infected with non-omicron versus I got a vaccine, is one of those more protective against omicron?

John Lynch:

Yeah, so this is a really, really important question. I'm going to try to be clear about it and explain it carefully. One of the biggest challenges we're going to face with omicron is that potentially the pool of folks at risk for infection is going to be greater than we have with delta. What I mean by that, based on the data we understand so far and the reports so far is that obviously having no immunity, right, for any reason, you're susceptible to delta and omicron, just like normal.

John Lynch:

The big challenge, and what we're seeing now is that there is a signal that prior infection-mediated immunity, what's known as natural immunity to some people, isn't very good against omicron in the way that it did provide a fair amount of protection for delta, probably not as good as vaccination, but still pretty good, is that we now think of it as a continuum, that those folks who had prior infection, against omicron are now going to be a lot more like people who've never been infected. And the idea here is that they're so different that that person that got infected with delta, or maybe even further back with alpha or something else, doesn't have very good immunity at all.

John Lynch:

And so in some ways, if we have a lot of omicron, the population of people who are at risk for infection is bigger than there is right now with delta. So I would say, you're probably going to ask me this shortly, the safest path forward that we have the most data on is vaccination followed by boosting. And I'll just continue on that, that think about the continuum from having no immunity to having infection-mediated immunity or natural immunity, right, no immunity's the least effective, naturally-mediated immunity, one step up, but you get a big bump with being fully vaccinated, and that bump even gets much bigger with boosting.

John Lynch:

And so I would say that if you've been depending upon that natural-mediated immunity, now's the time to think about getting vaccinated. And for those of you who've been vaccinated, and you haven't been boosted, I'm going to just say very strongly and unambiguously, get boosted. And you can sit here and say, "I want to wait," I wouldn't wait. I would just go ahead and get this done, because we don't know what the pace of this is going to be like.

Trish Kritek:

Okay. Thank you, I think that was actually super clear. So natural immunity from having an infection before, less protective against omicron than it would've been against delta in previous versions, and the best protection is not just full vaccination, which is protective, we're not sure how much yet, but protective, but boosting is really the way to go. So strong recommendation to get boosted now.

John Lynch:

Yeah.

Trish Kritek:

Okay.

John Lynch:

Vaccination, a fully-vaccinated person is highly protected against bad outcomes, I want to be clear about that. But it's not as good as it was with delta. And so that boost gives us even better protection.

Trish Kritek:

Yeah, better protection against that infection, better protection against infection as well when you're boosted?

John Lynch:

Yes.

Trish Kritek:

Okay.

John Lynch:

I'll just go ahead and say that.

Trish Kritek:

Okay, great. I'm going to shift gears, because there's so many other questions. One of the things that folks asked is, kind of wearing your employee health hat, is what's your guidance for testing or quarantine, or what's our guidance for testing and quarantine after people travel for the holidays, particularly if they travel overseas?

John Lynch:

Yeah, so this is in question. And just like we were talking before this, and I talked with a few of my colleagues, mostly my partner here at Harborview, Dr. Chloe Bryson-Cahn about this, so I just want you to be aware, anyone, doesn't matter whether you're a US citizen or not, needs to get tested within 24 hours before getting on a plane back to the United States. So that's a regulation right now, so just don't be surprised.

John Lynch:

The issue here, and I think, I want to be, again, clear about this. The issue around testing is about the destinations, it's where you're coming from and where you're going to. It has nothing to do with the plane. I'm not worried about the plane at all. And the issue is, where are you going, what is your ... If you're a person who goes to lots of, finds themselves in a lot of more at-risk situations, more gatherings where people are unmasked, there's a mix of vaccinated and unvaccinated, right? Then your risk for getting COVID is higher, right, and getting tested before you go off to some other place and interact with some other people makes sense.

John Lynch:

Same thing on the other end. If you're in a place where there's a lot of COVID, where you're going to be doing lots of group activities, where you may be engaging in lots of unmasked behavior with other people when you don't know their vaccine status, in both directions, getting tested before you go makes sense, because it's going to help you with your risk assessment.

John Lynch:

The question, though, I think that is still sort of open is when you come back. If I came back from one of those situations where I was highly interactive, very much out and about, lots of unmasked situations, and I came back here and I was going to work every day, or I live with people who are at high risk, I would probably get tested after five to seven days. I think it's very rational.

John Lynch:

But if I was like, went to visit my grandparents, I stayed at my grandparents, we're all vaccinated, I didn't do anything else except go to the grocery store, and I flew back, I'd feel less compelled, in the United

States. Someone put in a question about driving back from Canada, it's the exact same thing. What did you do while you were there? Were you taking, engaged in behaviors that increased your risk, or not? And if they didn't, I don't feel compelled. It's nothing special about Canada than there is about other parts of our own country.

Trish Kritek:

Okay. So I think the take-home that I heard about, there's no hard and fast policy for us for employees coming back to work, but the guidance you're suggesting is, if you've been in places, whether that's here or in other countries, where there's high amounts of COVID, and your behavior's where you could have a greater degree of exposure, unmasked, many people, et cetera, then consider testing when you come back. But if you're in low-risk situations, then probably would not.

John Lynch:

Yeah.

Trish Kritek:

That fair?

John Lynch:

That's fair.

Trish Kritek:

Okay, thank you. I appreciate that. Okay, two last questions, and they're both about smaller people. The first one changed since I wrote the question to you, I got it from about four different people in town hall questions. Any news on boosters for 16 to 17 year olds?

John Lynch:

Yeah, I mean, I think everyone saw the news today, 16-17 year olds, I think within the last 40 hours, got both FDA and CDC approval. So CDC's document's been updated, it says CDC encourages people 16 and 17 years old to get boosted. So basically everyone 16 and up is recommended to get booster. Now, to be clear, that's with the Pfizer product, not the other ones. So just the Pfizer product. And six months after completing their initial series, so-

Trish Kritek:

So after six months, 16 and 17 year olds are now included for the Pfizer for a boost, great. Last one, any new news in your world about adverse events happening, associated with vaccination of five to 11 year olds?

John Lynch:

I just looked this up again, and no, it's going amazingly well. I think the thing that got the most media and gets the most questions is issue of myocarditis, and that really does seem to be still very rare, I think the rate right now is at 54 cases per million. Those cases are resolving very quickly on their own, so kids are doing fine, and it really is in that 12 to 17 year old, mostly male age group and gender group. And so for the five and overs, they seem to be doing swimmingly well. And again, if anybody needs a little burst of joy, go by one of the vaccine clinics and watch all those little folks coming up with their stuffed



animals and stuff all psyched to get vaccinated. They're doing great, and all the outcome data look fantastic so far.

Trish Kritek:

Okay. So persistent message is really low rates of adverse events, even the myocarditis, which is more common in male sex, older kids, and resolves, usually. But really, tiny signal on adverse events, so I appreciate-

John Lynch:

Tiny signal. And I just want to say, I forgot to mention this, Trish, last week, but it did come up in the Q&A, is I do want to emphasize that we've had, we're approaching 10,000 cases of COVID in the five to 11 year old range. There's been over 100 deaths in that five to 11 year old range, which puts in the top 10 causes of death in the United States for that age group. And lastly, we've had over, nearly 2500 cases have that multi-system inflammatory syndrome in kids. So COVID is serious for this age group, and getting vaccinated not only protects them, but also keeps them, makes them safer for being around their family members and their community.

Trish Kritek:

Okay. So low risk of adverse events and real disease in kids, as well as protection of the people in the community around them. Thank you, I appreciate that, John, I'll give you a break, and you can keep answering in the Q&A. Tim, I'm going to come to you. Maybe I'll just ask upfront, since John was just talking about children. How many children have we vaccinated now at UW Medicine?

Tim Dellit:

We are over 30,000 doses. That includes first, mostly first, but also some second doses. And again, no waiting list for children.

Trish Kritek:

Great, so no waiting list for children and a lot of vaccines given. How about waiting list for boosters? Because I feel like we had talked about that last time.

Tim Dellit:

Yeah, last week I mentioned we had a waiting list of 16,000. That's down to 3700 now. And we also are looking at how can we add an additional potential 5000 slots by the end of this month, on top of what we normally do? So we really are trying to increase our capacity.

Tim Dellit:

I think one of the challenges, and it's great news, right, that now we're giving boosters for 16 and 17 year olds, but every time we add one of those new groups, we see a little bit of a surge in demand, which is expected, but the team's doing a tremendous job really working through that waitlist very effectively.

Trish Kritek:

That's great, so waitlist still there, but much less, and trying to expand opportunities, particularly with new folks who can get their boosters, and our ongoing encouragement of boosters.

Trish Kritek:

The other two questions I'm going to ask you now, at least, are about policy. So one question, which came in twice last week and I never got to it, which is how does the federal court ruling at Biden's vaccine mandates impact us at UW Medicine and our vaccine mandate for healthcare workers? And I think people read about Cleveland Clinic backing off of their policy, so that's why I think it came up as a question.

Tim Dellit:

Yeah, for us it has no impact. And the reason is is that we're following the governor's proclamation, so we have a state mandate which is still in effect, and to which we complied, and that went into effect on October 18th. The difference in Ohio, they don't have a state mandate. In fact, their legislation is actively putting in plans to decrease or de-emphasize vaccination in some settings, so it's a very different circumstance. Yeah, so those states that don't have a state mandate, then there may be an impact from the federal mandate. It doesn't say that they couldn't still require that on their own for their healthcare workers, but we're in a different state, literally, here in Washington, and so it has no impact on us.

Trish Kritek:

And I think it reflects what we've seen throughout the pandemic, that there's differences state to state. And in this case, our vaccine mandate is driven by our state vaccine mandate. So thank you for clarifying that.

Tim Dellit:

Well, and just keep in mind, you look at King County as an example, I think where over 90% have achieved one dose, and that's looking at 16 and older, or even 12 and older, and over 85% are fully vaccinated. And there's probably some correlation in, we may well see that increase in cases that John has described, particularly at least in transmission, we don't know about hospitalization. But other parts of the country are really seeing significant increases right now, and so I'm, quite frankly, glad that we have very high vaccination rates, at least here locally.

Trish Kritek:

Yeah, I agree. I also really like people having masks on when I go around, it feels very different in other parts of the country. The other policy is a super local policy, and it came in today's question. And that is, is there a different policy about in-person gatherings for upper campus, other parts of UW than we have here in UW Medicine? And specifically, I think people were asking about potlucks or coming together to gather and eat. Are there differences in policies across the university?

Tim Dellit:

There are. EH&S, which is the upper campus, Environmental Health and Safety, they do have policies around food and drink. We, in part, may be even more restrictive within particularly our healthcare environment, because that's where we have seen transmission, unfortunately. It's when we have seen in the break room, it's staff exposure to others, not intentionally, but just in that setting of being unmasked and potentially eating in a congregate setting. So we're very cautious about that.

Tim Dellit:

We've tried to align these, and I know John, Santiago work very closely with upper campus to try to align where possible. So I don't think we're that different in terms of our eating policies, but it's something that we're very focused on within, particularly, the medical centers.

Trish Kritek:

Okay. Working to be in alignment, but there might be some slight differences because of the kind of heightened concern in the setting of a healthcare setting. I don't know if Santiago or John wanted to add to that, if there's anything else you wanted to say. No? Okay. But Santiago, I'm going to ask you questions anyway, so you can unmute. I think there are more people considering getting vaccinated, because I got a bunch of questions about adverse events and side effects of vaccines. So I wanted to go through some of these that I think we talked about a long time ago, but I think it's worth revisiting. The first one, is tinnitus, or ringing in the ears, a common side effect of the vaccine?

Santiago Neme:

Very rare. I've had to look this up. In the UK they looked at this, reported by like one in 17,000 reactions that they collected. So very rare and transient.

Trish Kritek:

Okay. So generally there and goes away, gets better, and rare to occur at all. How about, are there any things that we're saying, "Oh, we think this is a longer-term side effect of the vaccine," now that we've had people been vaccinated for, we're moving towards a year, are there any new signals about adverse events?

Santiago Neme:

Yeah, so thank you. So now we have a lot of experience, I actually asked this question to Dr. Anna Wald, who studies vaccines. And typically we do not see side effects that go kind of beyond the six week or 42 days after the vaccine administration. Most of the side effects that folks have experienced are pretty transient and they happen within the first two weeks, most of them within the first few days. So we're not, there isn't a vaccine that we have seen side effects long-term, kind of after ... Excuse me,

Trish Kritek:

I just hope that's not Anna calling you with an update.

Santiago Neme:

Yeah. No, we just haven't seen side effects beyond the 42 days.

Trish Kritek:

Okay. So six weeks is the timeframe, we haven't seen a signal for later adverse events. It sounds like that's true for vaccines in general and the COVID-specific vaccine, is that right? Am I understanding you?

Santiago Neme:

Yeah. Absolutely.

Trish Kritek:

Speaking of other vaccines, why do we think that people have more of a reaction to the COVID vaccine than they do to, say, like the flue vaccine?

Santiago Neme:

Well, that's another question that I asked Anna, because I didn't know the answer specifically. As you recall, when the research happened around the vaccine and the vaccine development, the first data was really reassuring about a vaccine that was 95% effective, and very, very safe. So typically when you have longer time, you adjust the dose of the vaccine to look at the side effect profile, and also how well they induce immunity in a person, well, in people, more than one person. So in this case, because of the, in a way, the speed, but I want to be clear, it wasn't done hastily. It was done fast, but followed every step of the process. We did not have enough time to really play with the different doses like we normally would to really think, "Are we going to achieve the same effect maybe with a lower rate of adverse events?" But again, these adverse events are very transient, and they're not universal. Many people don't feel anything. I would say most people just feel the local pain of the injection.

Trish Kritek:

Okay. So I think what I'm hearing you say is when we have time, we can try to find that sweet spot of most effective and least side effects, but since we really were just going for like, "We want really effective," we said, "Maybe they'll have a little bit more side effects," none of which are particularly troubling, as we've talked about for a long time.

Santiago Neme:

And they're short-lived, and we also have a significant track record in terms of the safety of these vaccines already.

Trish Kritek:

Okay. And relevant to that, do you know data about people who've been admitted to the hospital after a vaccination with complications of the vaccine?

Santiago Neme:

So that number is exceedingly rare. I don't have the actual rate, because I think it just depends on the product and the age, all these things. But in discussing also with Anna, it's just exceedingly rare that you would need to go to the hospital. In our experience, after vaccinating like 400,000 people, it's been a very rare event as well.

Trish Kritek:

Okay. So exceedingly rare, no exact statistics. It's hard to track that, perhaps. Okay, last question, Santiago, before I start getting some other folks talking. Someone wrote in today about, "Do we have plans to make the new AstraZeneca therapy for immunocompromised patients available in our system?"

Santiago Neme:

Yeah, so this is about this medication called Evusheld, I'm going to send a link to the ... Because it's kind of tricky, but basically this is a pre-exposure prophylaxis medication. It's not a treatment for someone who has COVID. And this has been authorized by the FDA, and it's basically a therapy that you give someone who is immunocompromised, whose vaccine response is lowered or reduced because of their

immune system, or someone who has a medical, like legit contraindication to the vaccine, to receiving the vaccine. But again, the best protection is actually the vaccines. This is what you do when you suspect they might be lower efficacy, or the person cannot receive the vaccine because of anaphylaxis to any of the ingredients.

Santiago Neme:

And then responding to that, the when, so Shireesha has been leading the COVID therapeutics group at UW, and she's been in communication with the state. We need to see how the allocation happens, but our operations team is already working on this, and yeah.

Trish Kritek:

Okay. So our operation team is working on this with the state. We want to do it in an equitable way, like we have with other vaccines and therapies. And this is unique in that it's a drug we're giving people who wouldn't have a good response, or haven't had a good response to the vaccine because they're immunocompromised, to protect them against infection before they're infected. So more to come on that as we learn about when and how it will be available, yeah?

Santiago Neme:

Excellent, yeah.

Trish Kritek:

Thank you. Cindy, Keri, and Jerome, let me start with this one. I'm going to talk about visitors, because there's always questions about visitors, but I'm going to start off asking about our vaccine clinics, and whether or not we're accepting walk-ins in the clinics at the three different sites. So I'll start with you, Keri, and then I'll go Cindy, Jerome.

Keri Nasenbeny:

Yeah, talked to Jenny Brackett today, just to confirm what I thought was true. So we are accepting walk-ins for our staff, our providers, anybody who works at UW Medicine. I will say there's times when that clinic is super busy, and so that might be challenging at times, but they are really doing their best to accommodate any walk-ins from staff, providers, UW Medicine folks. General public, no, we're really funneling all those folks through the waitlist.

Trish Kritek:

Okay. And I'm going to guess that's true, Cindy, for Montlake too? Jerome, is there walk-in ability for patients at Harborview in addition to staff and faculty?

Jerome Dayao:

There is. I actually confirmed this with the administrator over our ambulatory site, Cassie Holman, and she told me that our COVID clinics do accept first and second doses as walk-ins, but the booster, we are encouraging those to be scheduled ahead of time.

Trish Kritek:

Okay. So for employees, walk-ins across the board. At Harborview, walk-ins for first and second dose for patients in general, boosters need to be scheduled.

Jerome Dayao:

Mm-hmm (affirmative).

Trish Kritek:

Does that sound right? Okay.

Jerome Dayao:

Correct.

Trish Kritek:

Thank you for that clarification. Cindy, did we roll out the new visitor policy at UWMC? There was some kind of breaking news last week.

Cindy Sayre:

It really was breaking news, yes. I'm happy to say we have rolled out this new policy at both of our Montlake and the Northwest campus, and so far it seems to be going well, is what I would say.

Trish Kritek:

That's great. I had a bunch of questions about kind of the implementation of this. I'm going to kind of hang around for these. So I'll start with you, Keri. Why did we decide to include antigen test as proof of testing as opposed to just requiring everyone to get a PCR?

Keri Nasenbeny:

Well, I think for a couple reasons. One is that they're more accessible to folks, and they're also quicker. So if I'm a family member, I didn't know about this, I'm coming in from another part of the state, I can go to the drug store and get one and come back quickly, as opposed to having to wait 24 hours. So I think it's really around that accessibility, ease of testing, and speed. We also are offering those here at Northwestern, our outpatient pharmacy as well as at Montlake and at their outpatient pharmacy, so making those available to folks as a way to get tested when perhaps they didn't know about the requirement.

Trish Kritek:

And really try to prioritize doing the test, but also getting families in to see their loved one in the setting of them being admitted to the hospital, so I appreciate that. Jerome, why did we decide that we didn't want to check IDs with the vaccination cards when people come in?

Jerome Dayao:

Well, because of sensitivities to the communities that we serve, that's another reason why. Not everyone will have a form of identification. The important part for us is that people have received their vaccination, and for the most part we have not had any issues, at least reported, that someone is impersonating another person utilizing another card or proof of vaccine or a negative COVID test.

Trish Kritek:

Okay. So really good experience to date, and we want to be equitable in our access to visiting folks' loved ones, and not everyone has a photo ID to go with their vaccination card. Thank you-

Keri Nasenbeny:

Trish, can I add one thing to that too?

Trish Kritek:

Yes, please, Keri.

Keri Nasenbeny:

It's also not a requirement from Seattle-King County Public Health, and so I think we're following the local legislative or county officials' guidance, and I think what they hear from stakeholders is there's trauma associated sometimes with checking IDs, and so that's their guidance is that that's not required, and so we're in align with their policies as well.

Trish Kritek:

Okay. I appreciate you saying that, because I think that's kind of where we come back to is trying to follow King County or follow the state or all the policies that are kind of what we're seeing are the common policies, and I appreciate the reasoning behind that as well. Cindy, one more. Why do we have exemptions for visitors who are coming into labor and delivery?

Cindy Sayre:

Yeah, so we've had extensive conversations about how we should be managing visitors in this area, and the place where we finally landed was that we thought it was important that people were there for the birth of their child, or to support the laboring woman during this really vulnerable time. And as I say that, I know that many of our patients are vulnerable. What we do is we have that person stay in the room, they have to stay masked the whole time, and as soon as, I think it's about two, they can be with the mom for two hours afterwards, and then they have to leave the medical center. So this is only for our patients that are in act of labor. The other areas are adhering to the policy.

Trish Kritek:

Okay. So I think what I heard was, for a person who's in labor, that critical time, it's important for them to have the support, as well as for other folks who might be parents to be present for that birth. If they are not vaccinated or tested, they're masked, and there's a short period of time that they're there. Okay. Santiago, you unmuted, so I didn't know if you wanted to add-

Santiago Neme:

Yeah, I just, I like how Seth Cohen explains this, as kind of the beginning and the end of life, in a way. Like when you're born and then when you have a terminal condition, especially emergency situations where it's just the beginning and the end in a way, so I think that's, that makes sense.

Trish Kritek:

Okay. And I think you highlighted the other place where we have exemptions, which is at end of life, and so thank you for highlighting that as well. Jerome, were you going to add?

Jerome Dayao:

No.

Trish Kritek:

Oh, you're just unmuted. I'm trying to read the unmuted, it's all good. That's fine, I just messed up. Okay, so I appreciate, so now we have kind of a similar policy across all sites in terms of vaccination or testing, and there's some exemptions, and we kind of walk through those. I think there will continue to be questions. It's a change, so I welcome more questions as we move forward. Tom and Rick, one of the things that people have asked about, and I didn't get to last week but I want to talk today is who's meeting in person, what size of people are meeting in person, when are you meeting in person, for at work? So Rick, I'll start with you. What size meetings are you starting to have in person, or are you having any in person?

Rick Goss:

Yeah, that's a great question. I think really this pattern has been similar over time. We aren't seeing a huge change there. I certainly have one-on-one meetings, masked, in my office, and with distance. Of course all of the precautions that we really value, our vaccination of all of our healthcare workers, our attestation every day, getting tested, the visitation policy, keeping the environment as absolutely safe as possible. And while we're encouraged by the trends, we're also very aware that there may be an upsurge and a new variant. Slightly larger, though, we will meet perhaps six people, eight people in a spacious room, where we can be distanced and masked and that seems to be pretty stable. Larger than that, we just really aren't doing. It's really Zoom from there.

Trish Kritek:

Okay. So one on one it sounds like yes, with masked and distancing, up to maybe six to eight. Beyond that, not the case. How about for you, Tom? Thank you, Rick.

Tom Staiger:

Very similar. I'm starting to have some on-on-one meetings, socially distanced, masks. Almost all of my other meetings are virtual. I have been in a couple of settings with 20 to 25 people or so, in large settings where we could distance and mask, and where it was felt to be important to have the entire group in-person. So I've had a couple of those, but virtually all of my other meetings are done via Zoom.

Trish Kritek:

Okay. So it sounds like a couple outliers of a larger group, not a super large group, but a larger group with masking and distancing in a really big room. But for the most part it sounds like we're still using Zoom a lot for our meetings, is maybe the take-home that I heard. That's certainly true for me in my life as well. And I do also meet one-on-one with people in my office, sometimes by Zoom. Sometimes I like to see their face, and that's important to me. But now I'm going to ask the two of you to wear your hats as primary care or hospital medicine. If a patient asks you for guidance on how to navigate the holidays in the setting of vaccinated family members, unvaccinated family members, what to do, what resources are you pointing them to, what guidance are you giving them? And Tom, since you're unmuted, I'll start with you, and I'm just curious, kind of as a doc working with your patients, what do you say?

Tom Staiger:



I encourage people to, if they're going to be around people, to be around vaccinated people in general, and to avoid being around unvaccinated people indoors in particular, and to be careful of even outdoor crowds where folks are unvaccinated. There's resources through the CDC website on safe gatherings, there's resources on the DOH website on safe gatherings, so I'll point them in that direction. But mostly encouraging people to err on the side of caution at this point.

Trish Kritek:

Okay, so CDC and Department of Health are places where you might point patients, as well as kind of pushing towards being outdoors if it's larger or whatnot. Rick, what would you add?

Rick Goss:

Yeah, I would say pretty similar. And certainly people, vaccination, and then wearing mask if you aren't familiar with the people, but people will unmask around family. And if you're confident of their vaccination status and practices, then people will do that

Rick Goss:

Resources, I think also just so much in the public space, media, lot of the patients I work with have little easier access to some of that, maybe some of the social media, and lot of sources, but I just try to give that same basic mantra, to be vaccination first and masking and distancing are the best practices that we can still apply.

Trish Kritek:

Okay. Does anyone else have places they point people? Because I hear you on the social media, and I also worry that sometimes there's stuff that's not as good of guidance in social media.

Santiago Neme:

I would add that I try to tell patients, and friends, and people around me, but the risk is those situations indoor when you unmask. Right? Whether you're having drinks, whether you're having a coffee, whether you're eating. Given those specific situations, because if you are masked, and there's a level of protection, plus your vaccine, plus you're washing hands, plus all the things that we know to do. But the bigger risk is when people are eating and unmasked, right? So that's why I given that example.

Trish Kritek:

Making that distinction between the times that you're going to eat and drink and the times that you're just being together.

Santiago Neme:

Exactly.

Trish Kritek:

Yeah. And I think maybe trying to normalize the fact that it's actually okay and cool to sit around and hang out and have your masks on some of the time. Which I had to do with my extended family, which they thought Andy and I were a little crazy, but they got used to it after a while. I mean, they probably already thought we were crazy, but that just added to that perception. John, I know you've been working hard on the Q&A, I'm going to come back to you for a few more questions, before we get to ask

an ID doc, where I play Anne. So just a couple ones. Before you were saying, "I would get a booster now if you have the opportunity," and I actually we had one very specific question which was, how would you time it if you have a planned surgery? Like you're going to have a surgery coming up, would you really get it right now, or would you get through the surgery and then get the booster, what would you recommend?

John Lynch:

Yeah, I think Santiago, or I forget who answered this question, a similar question before, so Santiago, catch me if I'm saying something inconsistent here. If I'm not getting surgery tomorrow or the next day, I would just get boosted now. I talk to folks who get boosted, I've talked to a lot of people, a lot of people have asked me questions. Some people have some sore muscles, some achiness, whatever, some tiredness. But generally within 24 hours or so, it's pretty much gone. Now, the thing is, it isn't being boosted gives you a problem with surgery, it's just that we don't want the symptoms, that sort of feeling of achiness, to interfere with how you went through your surgery. Like you go through the surgery and you say, "I feel terrible," after your surgery, when it's the result of the vaccine but not the surgery, right? We just don't want it to complicate things. There's no problem with getting the vaccine, per se. So unless it's tomorrow or the next day, I would just get boosted. If I was getting surgery, even a major surgery next week, getting boosted today makes sense, because that means in my recovery, I'm even more protected. Because the last thing I need after any type of surgery, particularly a major one, is COVID.

Trish Kritek:

Yep. So go ahead and get boosted. And you can get boosted and get your surgery tomorrow, it's just that you might feel achy and be less inclined to get up and do your post-surgical ambulation and things like that. So generally, the safest thing is to get your booster. I think that is consistent with a slightly different question I asked Santiago before, so thank you.

John Lynch:

It was slightly different, but I wanted to make sure I was consistent.

Trish Kritek:

Same concept. Okay, the last two for you are people would like for all of us to have a crystal ball, I'm going to ask you to have a little bit of a crystal ball, and I'm going to acknowledge that you don't, but let's ask these two questions. What do you think fall 2022 is going to look like?

John Lynch:

I keep going back to, as you said, the lack of a crystal ball, the Dr. Bell rule here. I had no idea. When you talk to some of our public health colleagues, two and a half weeks ago, they were getting ready to sort of, "Hey, we've got everything in place, we can sort of start thinking about standing down," and then omicron came. And they're some of the smartest people I know, they're probably the best people who can forecast any of this stuff. And for them to think that things are looking stable and heading the right direction, and then to be surprised, unfortunately badly surprised with omicron, sort of speaks to that.

John Lynch:

If I had to say something a year from now, if omicron is a more transmissible but less dangerous variant, maybe that's the one we're sort of looking at, we're hoping for, that's going to sort of get us to

endemicity. We're going to have COVID next fall, 100%. The question is how much of an impact will it be? Will we be at lower rates, or at some ongoing rates where the disease isn't so bad for the vast majority of the population? I think probably in any case, I suspect, this is going to burn me, is that things will be better next fall than they are now. I do believe that. It doesn't mean masks will be completely gone in every circumstance, it won't mean that everything's going to be reopened to the way it was in 2019, but I do believe that things'll be better than they are now, and that things'll be ... We'll be able to be more engaged with our friends and our family and our communities next fall.

Trish Kritek:

I'm going to take that. I'm going to emphasize what you said, which is I don't have a crystal ball, and things surprise us and change. There's continuing uncertainty, which is one of the biggest challenges, so I'm going to also hold onto your optimism that there will be COVID, but hopefully it'll be moving in a good direction. And we don't know, and I appreciate your optimism, so I'm going to stick with that, and with that, take you off the hook and put on my Anne Browning hat and play ask an ID doc with Tim. So Tim, I cannot live up to Anne in these shoes. However, luckily, lots of people sent in questions that they wanted me to ask you, so I will start to ask them. Many of them we've asked before, but I'm asking them now with omicron and the slight rise of numbers. Right now, would you go eat at a restaurant outdoors?

Tim Dellit:

Yes.

Trish Kritek:

Okay. And would you go down to our Montlake cafeteria and eat in the cafeteria?

Tim Dellit:

Yeah, I probably would. Again, I would put myself away from everyone if I were to do that, but I also take comfort that at least all of our healthcare workers, or almost everyone, is vaccinated. I know we do have guests and visitors there as well, but if I identified a space where I was separated, yeah, I would feel comfortable.

Trish Kritek:

Okay. So that's different from eating in ... Would you eat in a restaurant indoors?

Tim Dellit:

I'm not a big fan of that right now, it's just a little bit crowded for me. I'm glad that they're checking, hopefully, vaccination status, but if you look through the windows, everyone is unmasked. So you're in a room with, and seating capacity has increased. So it still makes me a little nervous. It's probably, in general, okay, because if they're truly checking vaccination status, but it's not quite there for me.

Trish Kritek:

Okay. You feel a little bit more confident about the vaccination status of the folks in our cafeteria?

Tim Dellit:

Well, it's a larger, more open space, too-

Trish Kritek:

And it's a bigger space, thank you.

Tim Dellit:

... right? So you've got to pay attention to the ventilation and that aspect as well.

Trish Kritek:

Okay. I got to be more like Anne, I'm going to just fire questions at you.

Tim Dellit:

All right.

Trish Kritek:

Would you go to a concert if everyone was vaccinated and masked?

Tim Dellit:

Yes.

Trish Kritek:

If you had symptoms, would you do a home test, or would you go get a PCR?

Tim Dellit:

I would actually probably get a PCR, because it's so easy for employees, and if I weren't an employee, I'd look on our UW Medicine testing sites, and there's plenty of availability right now that I would probably still do that. If you do have symptoms, a home test is probably an okay first step. I worry about the sensitivity in the absence of symptoms. But if it's negative, it doesn't rule it out, so you may still need to go get a PCR test if you truly have symptoms.

Trish Kritek:

Okay. Sounds like you're picking PCR because it's pretty straightforward for us. Would you feel comfortable shopping at Pike Place Market? There's tourists there again.

Tim Dellit:

Yes, as long as I had my mask on. And again, I really try to, I walk outside rather than through the tight, crowded hallways if I can avoid it, and I'm very focused on where I'm going to go. I'm not necessarily meandering around.

Trish Kritek:

You're like in there to get the crab and out, I got it. Okay. Would you gather for the holidays with family members, including some with children who are too young to be vaccinated right now?

Tim Dellit:

As long as everyone who's eligible to be vaccinated is vaccinated.

Trish Kritek:

That's very helpful.

Tim Dellit:

If there were adults that chose not to be vaccinated, I would not gather with them.

Trish Kritek:

Okay. But if there's some small kids and all the rest of the folks are vaccinated, yes.

Tim Dellit:

I'm fine, yeah.

Trish Kritek:

And then, I know this is much younger than your children, but if you had, remember back to when you had a 20 month year old, would you feel comfortable flying with a 20 month year old right now in the pandemic?

Tim Dellit:

Well, the first question is would you feel comfortable flying with a 20 month year old at any time, based on my recollection of that experience. But again, as someone else put it, I'm okay with the flying aspect. It's really, I think, the what you're doing when you get to wherever you're going is the question. And around the holidays, I also really think we have to balance, and it's a gradation of risk, right? And there's real value in families who haven't been together for a long time, and so I think depending on the circumstances, I would consider them.

Trish Kritek:

So I think that's a yes, go for it. Okay, those are the questions that I got. I think you did an outstanding job, I did a mediocre job, but I got through it, so thank you very much. And I want to pause for a second and say this is our last town hall of 2021. Yesterday, some of you know that on Thursdays, I spend a part of my afternoon or early evening reading all the questions that people submit and craft and email to this group to say, "Here's kind of my rough idea of how it's going to go tomorrow." And as I started to craft that email yesterday, I wrote, "Wow, this is the end of a whole year of town halls," which is remarkable to me.

Trish Kritek:

And it caused me to reflect a little bit on the experience of town halls over the last year. And I kind of sat as I was crafting this email and thought about it and then thought about it some more, and there were several things that bubbled up for me that I just wanted to highlight to all of you. The first is the amazing amount of creativity that we have talked about in the last year, whether it's like creating vaccine clinics or popup vaccine clinics, or spaces to talk with people and listen to people about why they don't want to get vaccinated. So much creativity. Thinking about, "How do we keep taking care of patients, and doing our research, and teaching, and learning. How do we keep doing all those things that are so important?" So much creativity in our community, that is really inspirational to me. There's even creativity in the questions. Every week there are questions that aren't questions, they're really suggestions, new ideas,

prodding, feedback. I love the creative ways that people use the space of questions for town hall, and I would just add, look forward to more creativity in the new year.

Trish Kritek:

The second thing is collaboration. I am inspired by the amount of collaboration across this system. Whether that's incident command teams across the system, small teams within hospitals, new folks coming together, new teams being formed and having to figure out how to get to know each other by Zoom, there's so much collaboration. And this team on town hall days, I always think of that collaboration. The way that people reach out and check in with each other, the way they support each other's answers. In that email, there's always these clarifying questions where they're like, "You have this to me, Trish, but you really should've given it to that person," and I say, "Okay." Or Santiago's like, "I'll check on that one." And we have this sense of collaboration. We bring new folks in and bring their voices in to this town hall space. And most importantly, it's the collaboration with all of you, as you ask us the questions that are so important for town halls. So I'm inspired by the collaboration.

Trish Kritek:

The third thing I reflected on is different, and that is laughter. This has been a really hard year. In some ways it's harder than the year before for me, at times. And I think that we have come here with honesty, with sometimes frustration and sadness, but also with the ability to laugh, because I don't think we could get through this if we didn't laugh some of the time. And right before we went on today, Rick was doing this crazy dance, and I'm so sad I didn't turn on ... There it is again, turn it on before you ... so you could all see it. But it's moments like that that really matter.

Trish Kritek:

Tom at one point found Ben and Jerry's Netflix and Chill ice cream and sent a picture to all of us, because for the rest of my life, I will never forget when John and I cluelessly talked about Netflix and chill at great length at town hall. But laughter is so important, and it's really helped me in this last year, and it's going to be something I hold onto for the future.

Trish Kritek:

And the last thing that I felt is the way that I end my email to folks here every week, and the way I finish town halls, and that is a deep sense of gratitude. I am deeply grateful for so many people in this community, and I say it a lot, but I really feel it. And as I reflected on the last year, that is the feeling that I felt the strongest. Deep gratitude for so many people across our system. Do a special callout, the ops and maintenance people, because somebody in their question said, "Hey, let's thank the ops and maintenance people." So I will thank you specifically. But really it's deep gratitude for all of you, and I will say that I look forward to 2022 and bringing that creativity and collaboration to the things that I do with many of you across the system, to finding those times to laugh, and to keep coming back to gratitude. It's been so important to me for this year, and it will be important for me for 2022 as well.

Trish Kritek:

And with that, I'll say a big thank you to all of you, for continuing in our spaces where we do clinical care, where we do research, in our work with the community, in our work with our learners of all types, thank you for continuing to take care of our patients and our families., but what I'm going to end with is continuing to take care of each other. It's a pleasure and a privilege to work with all of you, I wish you a happy holidays and look forward to seeing you in 2022. Bye, everybody.