

Trish Kritek:

Welcome back to UW Medicine Town Hall. I'm Trish Kritek. It's a pleasure to be back with you. We have lots of people who are joining us today to pitch in, which I'm so appreciative of. So let me tell you who's here with us. Tim Dellit, chief medical officer for UW Medicine. One of our guests today, Seth Cohen, head of infection prevention at UWMC. Tom Staiger, chief medical director at UWMC. Sherri Del Bene, another guest, a returning guest again, who is administrator at UWMC. Santiago Neme, medical director at UWMC Northwest. Anne Browning, assistant dean for well-being. I don't know what's wrong with me today, team. Chloe Bryson-Cahn, also a returning associate medical director for infection prevention at Harborview. Rick Goss, medical director at Harborview. And coming in just in perfect timing, Dr. Shireesha Dhanireddy, who is the head of our vaccine response across UW Medicine. Thank you for navigating our technological challenges for you. We appreciate you being here.

Trish Kritek:

Okay. We got a lot of questions since last week, and I'm sure we're going to get more during town hall. So we're going to jump right in and look to Anne for a wellbeing message.

Anne Browning:

You probably get the sense that we're all just barely keeping it together this week. I think that's a theme. Last week I basically just said, we wanted to acknowledge just how hard the moment was last Friday and where we were. And it has been a challenging, challenging week. And seeing images of Haiti and earthquakes and storms, I've seen images coming out of Afghanistan and thinking about our Afghan colleagues and friends and neighbors, thinking about veterans who've put in multiple decades of service in the region, and then challenges with grappling with what has taken place very quickly. It's a tough spot, so please be very thoughtful of how everyone else is experiencing the moment. And as we keep coming back to this sense of giving grace to one another and really giving people some space to process what is continuing challenges.

Anne Browning:

And then Delta, it has been just hard to see what's happening within our own community. And we're going to here in just a moment what the numbers are within our own system. But take good care, it has been another challenging week, but I'm glad to be back on with all of you and working together with this. Trish?

Trish Kritek:

Thank you so much. I have had many people echo those feelings, and Chloe and I were talking about it actually before we went on today about, it's a truly challenging time. In some ways it feels like the rug was pulled out from underneath it too, which is really particularly challenging, so thank you for those words.

Trish Kritek:

Chloe, I'm actually going to start with you today. And I'm going to ask you if you would mind telling us the current numbers for the State and for UW Medicine? Either way is fine.

Chloe Bryson-Cahn:

Yeah, so I think the important thing to know about the State, and I think this is really quite sad and a little shocking to all of us, we are at our all time peak in the State for number of patients hospitalized for the whole pandemic. So we have surpassed the State peak of hospitalized COVID patients that was set in December when we had that huge surge. We're doing better than that now. And I think that's really scary, I think for a lot of people and certainly for us in hospitals that are already very crowded to hear that news.

Chloe Bryson-Cahn:

As for county, we're also seeing very high numbers. In King County, just thinking about the numbers, over a 100,000 people in the last week, we are at 193 cases. So for folks who follow those numbers, when we were doing great, a couple of months ago, we were down below 50, now we're at 193. 100,000 per seven days, so very high transmission rates, and that is definitely impacting all of our hospitals. So hospital numbers are also not at our all time high, but pretty high for where we've been recently. The total count for Valley, Northwest, Montlake and Harborview is 82 today, which is pretty high. And I think it will keep going up. So Valley specifically has 35 in acute care and eight in the ICU. Northwest has six in acute care and four in the ICU. Montlake three in acute care, five in the ICU. And Harborview is eight in acute care and 13 in the ICU. So sort of similar proportions to what we're used to seeing, Valley with a huge burden of acute care patients, Harborview and Montlake with a lot of ICU patients.

Trish Kritek:

Yeah, thank you. And I heard that same number about the State today, that we're at the highest number ever, which was a moment of pause for me as well. And that 83 is higher, or 82 is higher than I've heard for our system, and since this surge started. So still going up. Do you have a sense of the patients that we have in house? What the frequency of vaccinated versus unvaccinated is?

Chloe Bryson-Cahn:

Yeah, so we are trying to get eyes on this actually for daily reporting. It's a little bit nuanced, but Seth actually was able to look at everyone at Montlake, Harborview and Northwest today who has vaccines, fully vaccinated, and is in our hospitals? So there are five patients who fall into that category. We don't know about Valley's data because we don't have access. So five patients who are fully vaccinated who are in the hospital.

Chloe Bryson-Cahn:

I think when we dig in a little bit and look at those patients in particular, two of them are totally asymptomatic, COVID was caught incidentally because we do so much surveillance and they are here for other reasons. One patient, who's been fully vaccinated, has a mild infection. And then two patients who are in the ICU are highly immunosuppressed, and what we're starting to see and why we're starting to recommend additional vaccine doses for those patients is that we know vaccines don't work as well for them. So I think not unexpected, but disappointing, sad, and I think hard for all of us to hear.

Trish Kritek:

Yeah, I really appreciate your insights and those numbers, because I think that's helpful for people to understand that, of the 50-ish, it sounds like across the institutions that aren't Valley, there are five people who are fully immunized and COVID positive, two of which were incidentally found, at least two of which are the folks that we're going to talk about when we talk about a third dose really

immunocompromised. So that's, I think very helpful, to understand those data. Thank you for gathering them.

Trish Kritek:

How about staff? How are we doing in terms of numbers of cases of vaccinated staff? Because I know you also do employee health.

Chloe Bryson-Cahn:

Yeah, so I think everybody knows this. We're seeing our friends and our colleagues have breakthrough infections from time to time. And I think it's a really good question. How many of the people who are getting infected are breakthrough infections? I want to set the context for this, because the number I'm going to say startled me when I looked at it up this morning, but I think it actually, because our vaccination rates are so high and it makes a lot of sense, and I want to make sure that this doesn't make people think the vaccine doesn't work. So in the last two months, so once Delta started to be a problem, I look back that far, we've had 138 employees become positive with COVID. Some of those folks are asymptomatic, caught on surveillance because of high-risk exposures. Some of those folks are symptomatic. None of those folks have died, which is phenomenal. And I think, of what I know, since we started vaccinating people, two people total have been hospitalized with COVID of our vaccine breakthroughs.

Chloe Bryson-Cahn:

So of those 138 infections, 80% are vaccine breakthroughs, which is the number that took me by surprise initially. But when we think about our proportion of folks vaccinated, which is well above 90% now, I think that's a little bit less startling. And then also really thinking about, if we were not vaccinated, the very, very high proportion of our staff and faculty who would be infected with COVID. So 138, actually, not that many given what's happening in King County right now. And we can talk more about vaccines and how we think they're doing, but I actually think this vaccine is very effective still in our employees and we're not seeing people get super sick when they get these breakthrough infections and we're not seeing people die, which is the most important thing.

Trish Kritek:

Okay. So 138 employees, 80% of whom were fully vaccinated, many of whom weren't symptomatic, none of whom were critically ill. And the denominator is a lot, a lot, a lot of employees who have been vaccinated because we have really high rates of vaccination. So thank you for walking through that. I really appreciate it. I'll ask the follow-up to what you just said, which is, people are asking, are we seeing more breakthrough cases than we did before? And if so, is it because our immunity is starting to wane or is it because of the variant? And so maybe you could just reflect on those two things.

Chloe Bryson-Cahn:

Yeah, I think it's probably both. I don't think we have perfect clarity on this yet, but what we're starting to see in the literature is that most of the Delta, the variant that's circulating widely in our area now, tends to cause more breakthrough infections than the other variants of concern or the wild type virus did. So a lot of the numbers are going to show just Delta breakthrough.

Chloe Bryson-Cahn:

But out of other countries and some early US data is actually starting to show waning immunity as well, which probably plays into this, it's really hard to sort it out, because as Delta started flying, we started hitting our eight months post vaccine mark. And so I haven't seen anything out there that definitively says one or the other, but it definitely feels like we're starting to see more infections among the vaccinated, and it's happening at a time when our community is absolutely inundated with this virus.

Trish Kritek:

Okay, so we're seeing a lot more in the community in general. It seems like there's more and more breakthrough cases and it probably is some of both, waning immunity and the fact that there's Delta in our spaces.

Chloe Bryson-Cahn:

Yeah. Actually, I just want to be super clear though.

Trish Kritek:

Yeah.

Chloe Bryson-Cahn:

Despite that, the vaccine actually is still super effective at reducing infection in general. So even in nursing homes where we're seeing Delta surge in their communities and probably waning immunity among the elderly, the vaccine is still showing at least 50% prevention of infection, and people aren't dying or getting hospitalized at the rates that they did in the pre-vaccine era. So even if we start to see these vaccines lose some of their efficacy, they aren't, we're not back to square one. I've heard people say, "Oh, my gosh, we're all the way back to the beginning." And we are not there if we're vaccinated.

Trish Kritek:

I appreciate you saying that. And I just I'll reiterate. And I think it's true in the numbers. You said that it's definitely preventing people from getting really sick and it's preventing transmission. It's not a 100%, it maybe closer to 50 to 60% or something like that.

Trish Kritek:

The last one is, a question that I really appreciated because sometimes we use language without being really clear about it. So someone emailed in a question about, what do we mean when we say high viral load in patients who have Delta? What does that mean? I wonder if you could just talk people through that in lay person's terms?

Chloe Bryson-Cahn:

Yeah, absolutely. It's a great question. And it's really why we worry about this Delta strain. High viral load basically means that a lot more virus is in the site where we swab, which is the nasal pharynx or the nose. And folks have a lot more virus there so that when they interact with other people, they can transmit much more easily, because that virus, I like to think of it is spraying out of their nose. We think thousands more times viral particles come out of infected people, and so they're just much more contagious.

Trish Kritek:

So viral load means how much virus is in you, specifically in this case, in your nose and upper airways. And so we worry about if there's more there when you cough, when you sneeze, when you're saying, more is going to come out. Thank you for explaining that. I think it's important. I'll give you a break. That was awesome.

Trish Kritek:

Shireesha, I'm going to look to you, because I thought the most questions we got this week were about other doses of vaccines. So I think the first thing is I want to talk about third dose for immunocompromised folks. There are a bunch of questions about that. And specifically people, let's start with clinicians wondering about their patients, where should they go to find out if their patient is eligible for a third dose? And do clinics directly reach out to patients if they are eligible for a third dose? Let me start with that, and I have a bunch of follow-ups.

Shireesha Dhanireddy:

Yeah, great. Can I just first step back and just distinguish third dose from first two?

Trish Kritek:

Yes.

Shireesha Dhanireddy:

Okay. So, right now, the FDA and CDC advisory committee for immunization practices have recommended additional doses for certain populations. So, the additional dose is for people who have moderate to severe immunosuppression that failed to likely mount an immune response to the first two doses of vaccine. And this is really based on data, mostly in solid organ transplant patients that was published in the New England Journal, about a hundred and so patients, that showed that after the first and second dose, there wasn't really much of a response. And then that response was improved when they checked titers of antibody a month after that third dose, where people were pretty low level protection and then jumped up to the 70s, high 70s level protection, percent protection, when you got that third dose.

Shireesha Dhanireddy:

So this is really all extrapolated from that population. And what we're looking at is people who are solid organ transplant type level immunosuppression. So those patients are on a lot of medications to suppress their immune system. So similarly, patients who are undergoing chemotherapy for malignancies, people who are on biologics for autoimmune disorders, these are the type of patients that we're talking about or who may be on high-dose steroids for whatever condition they're on. So there is a criteria and we've cascaded that out for all of our providers and clinics, and that is also up on our FAQ's, of regarding vaccine. So that list of who is eligible. Roughly, when the CDC-

Trish Kritek:

Let me just interrupt you.

Shireesha Dhanireddy:

Yeah.

Trish Kritek:

Is that on the huddle? Is that live on the huddle, that list?

Shireesha Dhanireddy:

Yeah.

Trish Kritek:

Okay. I just want to direct people to where they can go look for it for the FAQ's on the huddle. Keep going.

Shireesha Dhanireddy:

Yeah. And roughly, the CDC estimated that it's about two and a half to 3% of the population that fits into this category. So it's not everyone. And so people, I want to caution, people who have frequent colds or things like that, that's not who we're talking about, we're talking about people with significant immunosuppression. And so giving that third dose now to try to boost their immune response or improve their immune response, essentially. And as Chloe mentioned, that a few people in the hospital who are significantly immunosuppressed with severe COVID disease, so really trying to get that population vaccinated.

Trish Kritek:

Okay. So people who are solid organ transplants getting chemotherapy on biologic agents for their rheumatologic disease or high-levels of steroids, those are the people, you can go to the huddle to double-check it. And that is because we think the third dose will push them up to having an immune response similar to the people who don't have those with what we got with two doses.

Shireesha Dhanireddy:

Yeah. And there's still, even with that third dose, we're not expecting everyone to respond if you're on significant immunosuppression. So we are still asking everyone who's in that category to make sure that they mask and physically distance just like everyone else now. And also to make sure that the people around them are well-protected and vaccinated as well.

Trish Kritek:

So, we still need to protect them and we need to take care of them by getting vaccinated and wearing masks. I appreciate that. I'm going to get to the logistics part of it. Will clinics reach out to folks? And do people need an order from their doctor to get the third dose?

Shireesha Dhanireddy:

So our process is that people can sign up, and they do a self attestation that they're in this group. We are also doing some more direct outreach, so our solid organ transplant physicians in that clinic are going to be reaching out directly to their patients to let them know that they are eligible for this additional dose of vaccine, as are our rheumatologists colleagues and others who prescribed a lot of biologic therapy that is immunosuppressive. We are also working on onboarding those clinics to allow them to go ahead and vaccinate their own patients.

Trish Kritek:

Okay, so some outreach from those clinics that take care of these high-risk patients, it's a self attestation and people can sign up, and we're working on maybe doing them locally in the clinics where those patients are mostly getting their care. Thank you very much for all those details.

Trish Kritek:

Now, you made a distinction between a third dose and a booster shot. So there were lots of questions about the eight-month booster that people have been hearing about, and wondered about where do we stand with employees getting an eight-month booster shot?

Shireesha Dhanireddy:

Yeah, so this booster shot is really to augment or boost the response from the prior series of vaccine. And again, I want to also say that this is only applicable to people who got the mRNA vaccine, so that's Pfizer and Moderna. We're not talking about J&J here. There are no recommendations currently, although those should be forthcoming hopefully soon. And so the booster dose is really based on what we're seeing, compared to earlier this year and comparing it to now, this later part of the summer, that we're seeing more breakthroughs in infection in people who are vaccinated.

Shireesha Dhanireddy:

And as Chloe mentioned, people are not getting sick and dying necessarily of COVID if they've been vaccinated, it's just that we're seeing more transmission. There were two studies that were just put out by the CDC this week in the MMWR, that really showed the evidence that the immunity is waning over time. So in New York, they looked at all the hospitalizations in vaccinated versus unvaccinated folks, and they found that the level of protection was, in real world effectiveness, was over 90%, about 91%. And that had dropped down to the high 70s. Compared March to May, to mid June to late July, we saw that drop, and whether that drop is from waning immunity and/or Delta variant. And so both of those things were at play at the same time.

Trish Kritek:

Okay. So we have some data that suggests that there is some waning of immunity. So we're talking about this booster shot, not ready to do it yet, but do we have plans to do that if we need to do it?

Shireesha Dhanireddy:

Yeah, so operationally, the team is really working hard to make it happen to expect that announcement on September 20th as has been hinted, has been stated by CDC and the White House, but that is likely going to be the case. So, we've heard that it's going to be eight months, like you said, after the second dose was given at the mRNA. And again, there are no recommendations currently, but there hasn't been any language regarding J&J with the boosters as well.

Trish Kritek:

Okay. So only mRNA vaccines for now. We're thinking about September 20th. We'll keep coming back to this as things evolve. One last, or two more questions about third dose before I ask you two more and give you a break. The first is, do we anticipate then that in another eight months later, you're going to need another dose, or what about after that booster shot?

Shireesha Dhanireddy:

Yeah, I think there was just something that came out today that I thought maybe was looking at annual, but I think it's really, it's really too soon to say. Because all along, we're learning as we go, and we have to be humble in that we haven't made the right predictions every time about what's going to with this disease. So I think it's too soon to say, but I think it would be a reasonable assumption to think that we might need vaccines ongoing.

Trish Kritek:

Okay, too soon to know, but it might be in our future. The last two, one is, do we think people are going to feel really crappy when they get a third dose?

Shireesha Dhanireddy:

I don't know. I actually don't know if people are going to have a worse immune response. And some people, I think it's been really variable in terms of immune responses. Certainly people had more site reactions after the second dose, but again, those were paired pretty closely, and so spacing at eight months apart, I'm not sure what we can expect at this point.

Trish Kritek:

So more time between them might mean maybe not such a robust reaction, but we don't know.

Shireesha Dhanireddy:

Yeah.

Trish Kritek:

And I guess as we keep having town halls, we'll get some experience, and then we'll talk about it more. I remember Santiago sharing his experience with this second dose.

Santiago Neme:

I think I won't feel well.

Trish Kritek:

Okay. That's the prediction now, and we'll come back to that in a few weeks. Shireesha, the last one, people, I love this, were asking, what about the flu shot and the COVID booster? Can I get those at the same time? Is that a bad idea? How are we going to do flu shot COVID?

Shireesha Dhanireddy:

Yeah, that's a great question. And operationally, we are looking at that. I think there are some logistical issues to work out. The timing is maybe a little bit different for some employees. We usually do our flu campaign late September, early October. Not everyone is going to fall in that time period. And we do want to get people protected from flu. So there may be some logistical issues to be able to do it exactly on the same day. But in terms of contraindications, Advisory Committee for Immunization Practices had initially said to wait two weeks before getting any other vaccines, but now that does not hold anymore. So there's not a contraindication to doing it at the same time, if you want to.

Trish Kritek:



So that's really helpful. So you could get them both at the same time. Logistically, we have to sort that out still, but it would be okay to do that. Thank you very much. And thank you for answering a lot of questions. There's more, but I think we'll give you a little break.

Trish Kritek:

Tim, turning to you. So, I'm going to start with, a lot of people are, Jay Inslee came out with a new set of guidelines or mandates really, and people wanted to understand the impact of those mandates in our community. I'll start with that.

Tim Dellit:

Yeah, so initially the Governor announced a mandate for all healthcare workers, which is a big portion of our community, but not all of our community. And that mandate was that they are required to be fully vaccinated by October 18th as a condition of employment, unless they claim either a medical or a firmly held religious exemption. And then just this week, extended that to include both K-12, as well as higher education. And so now all of the University of Washington community is under that same mandate with the October 18th date. The logistics of that are still a little bit being sorted out, because the proclamation includes specifics around what is acceptable for a verification of vaccination, and it's not just at a station anymore, which was being used outside of UW Medicine, but the same two exemptions around medical and religious are still in place.

Tim Dellit:

We've also been working with the Washington State Hospital Association in terms of some template documents that we may consider using there. But I would say both UW Medicine, as well as the University, as a whole are working through logistics, but we are committed and are required to follow the governor's proclamation.

Trish Kritek:

So, religious and medical exceptions only higher level need for attestation and broader scope because it includes everybody in the university now-

Tim Dellit:

That's correct.

Trish Kritek:

... employees, I should say. I misspoke. People are worried. I think Governor Inslee said, people would be fired if they didn't get vaccinated. Is that something we're talking about?

Tim Dellit:

It is a condition of employment. And so we are obligated to follow the governor's mandate, and so that is part of it. We're working through the logistics with our labor partners in terms of what that specifically means and how we manage that, and so those conversations are ongoing. But yes, that is the intent as expressed by the Governor.

Trish Kritek:

So the intent is if you're not vaccinated, you could be fired because of this?

Tim Dellit:

Unless you claim one of those exemptions.

Trish Kritek:

I understand that. Thank you for clarifying and adding that. Okay. I think that tells us how seriously we're taking this. I think the other part of it that came out in Jay Inslee's mandate was about indoor masking. So we had already upped our indoor masking at UW Medicine, but now we're saying, everywhere in the State, indoor masking, is that right?

Tim Dellit:

Yes, it is, for indoor public spaces. And I think this is really important. And I think the Governor is doing this because of what we're seeing. We now have over 1200 hospitalized patients in our State. The rate of infection is going up incredibly steeply right now, and not showing signs of leveling off. And so when you look at the really limited capacity within our healthcare systems across the State, and the impact that this infection is having on our community, the Governor felt that we needed to really focus on ensuring that we get people vaccinated, which is part of the protection.

Tim Dellit:

The other piece of it, though, especially as we've seen with some breakthrough infections, even with vaccination, is the consistent masking. Now, public health and the CDC had previously made recommendations. Unfortunately, as I think we've all seen in the community, not everyone was adhering to those recommendations. And so I think the Governor felt that he needed to make that an actual mandate and a requirement, which goes into effect on Monday for indoor spaces.

Tim Dellit:

And I would also just say, in the outdoor context, because this has come up in general, we think it's much safer to be outdoors, but if you're attending a large crowded outdoor event, it also is recommended that you consider using a mask. It's, again, not part of this actual mandate, but that's something that we also would strongly recommend.

Trish Kritek:

Okay. So mandate from the State though is indoor starting Monday in all settings. Recommendation, outdoor, when there's folks around you close or lots of them to wear your mask. And in general, wear a mask, I think that that's maybe the take home.

Tim Dellit:

Yeah, I think, quite frankly, that's what our fall is going to be looking like, right? If you look at those projections, we anticipate this is going to continue to increase potentially through October, and so, at this stage, I think we have to all, unfortunately, just plan that we're going to have to be wearing masks indoors, at least for the foreseeable future.

Trish Kritek:

Okay. I think that's a clear message. I'm going to ask you about return to work because people are particularly sensitive about returning to work, at the same time we're saying all these things about the highest number in the State, wear your mask all the time. And so, have we had any evolution on our

return ... I know I misspoke. There's lots of people who've been working from home for a long time, so they're not returning to work. I apologize for saying it that way. Return to onsite work.

Tim Dellit:

I very much appreciate the questions and concerns that people are expressing. Again, this is really a decision looking at our entire University of Washington community. So this is not a UW Medicine decision alone, but rather we are having multiple conversations throughout the weeks with the University community. We're continuing to monitor the situation.

Tim Dellit:

At this point, the University continues to plan to return to in-person activities as of the September date. And so as University of Washington employees, we are all following those same guidance at this stage with that caveat that we're continuing to evaluate, and so there's always the potential, things may change, but at this point, the University is very committed to that return. In particular with the students returning, I think that's a big focus as a community looking at when the students returned, how do we return and have a consistent approach across all employees through the University?

Tim Dellit:

Now, with that said, I do want to emphasize as we're working with our employees, particularly those who have been working remotely throughout this period of time, we're working with our managers and supervisors so that they can identify those positions and roles within their unit where it's appropriate to continue remote working, where it's appropriate to consider a hybrid model of telework, or for those positions that really, because of the responsibilities and activities, need to be in person. So we really are working at individual unit level to be as flexible as possible, while also adhering to the overall university guidance around returning to onsite work in September.

Trish Kritek:

Okay. So no change in the date for return to onsite work. I think that's the biggest message. That could always change, second message, because we've said that about a bazillion times at town hall. And then third message is, there is flexibility on individual units. And I know that people are using that individual flexibility to try to facilitate people who don't need to work from onsite to continue to do the things they're doing from offsite. I appreciate that.

Trish Kritek:

The last one for you before I ... Well, actually you're off the hook. I'll come back to you, if I have time. Santiago, I actually wanted to ask you a question. One of the things that's really challenging is there are people in our community who don't feel good about getting vaccinated. I know that we have endorsed it many times, but there were some questions in town hall where it's clear people are distrusting of vaccines, or are worried about vaccines, worried about the impact of getting vaccinated. So I'm wondering about guidance on talking to our colleagues and our peers and our other folks that we work with about vaccination, because it's obviously becoming an even more pressing issue.

Santiago Neme:

Yeah, thank you so much, Trish. I believe that it's never been this important to get vaccinated, to be completely honest. It's really the difference between ended up in the hospital and on one of our ventilators and then having a mild infection that's something that we can recover from. There's a

mandate, but I would say that the key reason to get vaccinated is how highly efficacious and safe these vaccines are.

Santiago Neme:

What I would recommend, especially in the setting of the mandate right now, these conversations are being had, so I would say number one, try to listen. Number two, try to inform the person with some of the data that we know. A lot of questions are around pregnancy. Well, we actually have New England Journal of Medicine level papers showing how safe these vaccines are. So, number one, listen and engage them in that conversation. We're still way behind the schedule for the Latino and the African-American communities. We're way behind schedule in South King County. And this is why Valley is getting a lot more patients, unfortunately. So, let's try to engage in that conversation.

Santiago Neme:

We also relaunched our vaccine safety discussions, and we're actually including some aspects that have to do with COVID, and some of the mandates, and some of the CDC recommendations, to keep the conversation going. We're currently doing them in Spanish and English, and they're open to everyone. So you can forward the link to your family members, to patients, whoever. We had actually 120 people join today at 2:00 PM. And there were some excellent questions and they will be recorded. So these are some of the things.

Santiago Neme:

And then lastly, I would say, if you have a pocket of folks who are really struggling with this, let us know, because Seth, Chloe and Anita, we'll be happy to go and talk to the teams and give them a personalized, dedicated session.

Trish Kritek:

That is incredible offer. So there are the sessions that people can join. You can send the links to your family and friends, because I know lots of people have family and friends who are hesitant about vaccines. You can send them the recording. You're willing to talk to people within our community, which I appreciate. And I saw Chloe and Seth both nod when you said that as well. And I think I'll ask you one follow-up, there's a lot of misinformation out there, a lot of it, about genetic modification, or that vaccines really don't work to prevent transmission. Do you have any other resources or sites that you would recommend people go to for other information?

Santiago Neme:

We have an FAQ that's internal that we probably need to update it a little bit and make it external so that people can see it too. So I'm working on that. Lisa too, from her view, has done amazing work in this. So, I'm going to discuss with her and try to update it with Shireesha and then make it public as opposed to an internal tool. There's also some sites from CDC. There's also some language specific. So, maybe I just put together a document that we could probably upload and then have the links. Maybe we should do that.

Trish Kritek:

That would be fabulous, I think. Thank you for the resources that we have and thinking about more resources, because it's clear in the questions that we get, that there are people who want to have the things to take to conversations, and want to have those conversations. So I thank everybody out there

who wants to, and I appreciate the people who are asking questions, we want to engage in a conversation with you about this.

Santiago Neme:

By next Friday, we'll have the tool I promise. So you got me.

Trish Kritek:

Okay. Thank you. I love the promises. I'm going to pivot, since we've been talking about numbers of vaccinated, I think I'll start with you, Tom. Do you usually have the numbers of how we're doing on our staff, medical staff, or other folks being vaccinated? So, can you tell us where we stand?

Tom Staiger:

Sure. So for our medical staff, at UWMC Montlake and Northwest we're at 97%, Harborview just on Rick's behalf, it looks like 94%, our staff at both of our hospitals around all three of our hospitals, around 86%, our house staff is at 97%.

Trish Kritek:

Yeah, house staff.

Tom Staiger:

Yeah. And on the medical staff, I know at UWMC and at Harborview, I think it's probably the same. Most of the remaining people on our list of 50 people who have responded work outside of UWMC and our affiliate hospitals, so most of them sure have been vaccinated. We're just capturing documentation of their vaccination status to, went over this list down to the people that we truly need to work with. And all of them have been messaged within the last few days, reminding them work requirement.

Trish Kritek:

So we're reaching out to the small number of folks who are not yet vaccinated. Our numbers are pretty good. They're not 100%, which is where we need to get to, but we're really close in some of those categories, which is good. Thank you for sharing those numbers and thanks for the follow-up with folks. And we'll keep asking about it because I think folks are concerned and worry about it.

Trish Kritek:

Rick, I'm actually going to ask a slightly different question. I think the other thing that we've been feeling a lot is that the hospitals are really full. We talked about it a lot at last town hall. And one of the questions that came in, it was, how much of this is driven by surgeries? So we heard last week that they will be canceling elective cases that needed to be inpatient. Do you have a sense of how many cases that is or what the impact of canceling those cases has been in terms of our hospital census?

Rick Goss:

Yeah, thanks Trish. It's a great question. Without doubt, we're also seeing really unprecedented high census levels throughout our system and across really the region. And so there's much work going into that entire coordination of care. We have our WMCC led by Dr. Mitchell and Mark Taylor. And it's really a perplexing situation as to why those numbers across all categories are so high. Surgeries are up at Harborview, reflecting trauma and acute surgical issues. I just heard in the last couple of days that our

general surgery service is at some all-time high numbers of cases across their teams. Harborview has seen some of the highest total census numbers really in its history in the last a couple of few weeks and a month or so. And now the COVID surge is adding additional stress there.

Rick Goss:

So, specifically with respect to the cancellations, they're really not cancellations they're reschedules. They're, for all practical purposes, these are needed necessary procedures, whether it's an operative or in the other procedure areas. So where it's safe and feasible, we are then rescheduling those for X number of weeks farther. Here at Harborview there's probably been 20 to 30 of those over the last couple of weeks. There are many other cases that are going forward just out of urgency and emergent. So that's a little overview of maybe how all of these things are coming together and adding additional challenges to all that we're doing.

Trish Kritek:

That's really helpful, and I appreciate you walking through the fact that, it's not one thing, it's all these things that are causing record level census, even outside of COVID time right now. It sounds like a small number of those cases have been canceled and there's a lot of cases that are urgent or emergent that are driving up the numbers.

Rick Goss:

Correct.

Trish Kritek:

Tom, do you have a sense of the impact of rescheduled cases at UWMC?

Tom Staiger:

I do. We have a little bit more opportunity between Montlake and Northwest. So about 60 cases this week at Montlake were rescheduled, which was more than we anticipated, 30 to 35 is what we thought we'd have. And about 50 cases at Northwest were rescheduled. So that created capacity to reduce boarding and bring in complex patients from outside our system, as well as to help offload our sister hospitals like Harborview.

Trish Kritek:

Okay. So more opportunity for those cases that can be rescheduled though, obviously, I think I just want to reiterate what Rick said do need to happen, but we'll wait a bit, and that's allowing us to do that collaboration across sites, as well as bringing in folks from across the State who need a higher level of care. Thank you both. I think the census is still being felt by many, many members of our community who work in the inpatient setting. And Sherri that makes me turn to you. Census is high, there's more and more infection. We heard that from Chloe earlier, and we get these questions every week, and I understand why people keep asking, but the question that I'm going to start with for you is, have we changed our visitor policy? And if not, are we thinking about changing our visitor policy?

Sherri Del Bene:

That's a really good question. Just to preface it, I think our visitor policy has been one of the hardest things about the pandemic, just the limitation on visitors. And it's just really hard. And as yet we have

not changed the visitor policy, but we have a group meeting every week to look at it, and to see if we should cut back. There's a lot of hospitals in Washington State that actually have limited to one visitor per person, and so that's always something we look at.

Sherri Del Bene:

Interesting that your next question might be, are we looking at vaccination status for visitors? Because I think there are some hospitals in California that have done that, and we have not done that yet, but we do have a subgroup of the visitor policy team that's looking at what that might look like and connecting with some hospitals in California to see how they've rolled that out. Is it working? What does it look like?

Trish Kritek:

Okay. You did read my mind, which is great. Because I was going to ask you that. So thank you for anticipating that. But yeah, it sounds like no change in our visitor policy yet.

Sherri Del Bene:

Right.

Trish Kritek:

Every week we check back in and we're thinking about it and investigating this idea of, could we check vaccination status of visitors? I think it's holding that balance of how important the visitors and family are for patients, and risk to our healthcare team? So I appreciate that tension and we'll, I think, keep asking that question every week probably. And that's okay.

Trish Kritek:

The other thing as we talk about census is, the strain on staff. It's in the national news, the strain on staff. And so, I know last week we talked about what we're doing to try to get more staff. And this week I'm going to ask a different question, which is how are we trying to keep our staff here, retain the staff that we have, because obviously they are so essential?

Sherri Del Bene:

I agree with you, Trish, we've really struggled with staffing, and really stabilizing staffing and having enough staff is our highest priority, for sure. I think one of the biggest things is we've actually worked with all our staff on an ongoing basis recently to improve salaries. And so we've really partnered, and I think there's been communications coming out from Harborview at Northwest and Montlake about the activities going on with that and that have gone on for staff. So that's really been a high priority for us. I think some of the pockets of areas are actually really trying to look at FTEs, like what percentage somebody might work? And see if we can enhance flexibility for homework balance.

Sherri Del Bene:

I think, I can speak for nursing, probably in all our hospitals, we really haven't fairly robust shared governance council with practice councils and a lot of participation on the clinical folks. And I think that's a draw. So I think that's really helpful to really, and we're starting back with their education days. I think we've had some turnover with people in the COVID with the pandemic of, they're away from home, they might have family on the east coast and they find out, "Well, I just want to be back with my family." And

so, it's just a really tough time with turnover, but really our highest priority is really to keep our staff here because they're such a great team.

Trish Kritek:

Yeah, I couldn't agree more. And it sounds like we're trying a myriad of things from salary advanced, more education, trying to be flexible in terms of time. I think obviously our highest priority is keeping the folks that we have here, here, and continuing to work together to take care of our patients. So thank you for those efforts.

Trish Kritek:

I'm going to pivot to Seth. Seth, you almost went 45 minutes without letting me ask you a question, but I know you've been answering in the Q&A, so thank you for that. I appreciate it. I'm going to ask you about a couple of things that I think have been in your space a lot, and I'm actually going to start with testing. There are a bunch of questions about where do we have testing now? It feels like places are closed that were open before, and it feels like there's longer turnaround time when we're having more disease in the community. So can you just update us on where we stand with testing?

Seth Cohen:

Yeah, thanks Trish. This is a really important question. So currently we have two hospital-based testing sites. There's one at Northwest, one at Harborview. And those sites are really focused on providing pre-op testing for patients, testing symptomatic staff, and trying to expedite testing of family members of our staff as best we can.

Seth Cohen:

Then there's another set of testing that the department of lab medicine is doing, and they are doing an incredible amount of work partnering with public health. So they're running about 14 community sites across four counties in Washington. And those sites are terrific options. You can book online and they're running about 5,000 to 6,000 samples a day, which is way more than we can do at our hospital-based clinics. So that's a great option if you need to get in quickly, if it's asymptomatic testing, or you need a travel related test, those clinics are great to get a test.

Seth Cohen:

Our turnaround times here at UW for employees, they run about 10 hours, which is pretty great. The community-based sites are probably closer to 16. That doesn't include all the transfer time to get to the lab, so most people get their results back within 24 hours or so.

Trish Kritek:

Okay. So the places, our two sites within the system are for folks who are getting a procedure, employees who are symptomatic, so if you're asymptomatic it's not for you, and for family members, is that right?

Seth Cohen:

Yeah, I just say we would love all employees to come test with us either at Northwest or Harborview. But for travel testing, we don't care about that so much. It's fine to go elsewhere.



Trish Kritek:

Okay. So all testing for employees, Northwest or Harborview?

Seth Cohen:

Harborview, yep.

Trish Kritek:

And the turnaround time is around 10 hours. And one of the questions that came up, and you've kind of answered it but I'm going to reiterate it because it's becoming more pressing, is about family members and kids. So where can kids get tested? Our kids.

Seth Cohen:

Yeah, so our kids, our own family members can get expedited testing at Northwest and Harborview. We swab kids of all ages. Children's is also doing it and most of the community test sites are also swabbing children.

Trish Kritek:

Okay. So both our sites can do our kids and they'll be prioritized as well?

Seth Cohen:

Yep.

Trish Kritek:

And you can use these other sites including Children's? There have been a bunch of questions about at-home tests. How do you feel about the at-home tests?

Seth Cohen:

I have mixed feelings about the at-home tests. I wish they were better and more common. I think the rapid antigen tests are good for diagnosing people who have symptoms. They are not good in people who don't have symptoms. And the challenge is, if you do have symptoms and you have a negative antigen test, you probably need to follow that up with a PCR if you're going to come back to the workplace to really rule out infection. So good, if it's positive, it may not be as helpful if it's negative.

Trish Kritek:

And I think the part that I'm going to amplify, which I think I heard you say is, not good if you're asymptomatic, because I think a lot of people are thinking about using them if they're asymptomatic to check before they go do something, but it sounds like that's not a place where the current home tests are valuable?

Seth Cohen:

Correct.

Trish Kritek:

Okay. Thank you. The other kind of category, two more, I lied. One is attestations, can you clarify who needs to attest and when?

Seth Cohen:

Sure. I can be very quick about this. I know we've got a lot of other things to get to. So basically everyone in UW Medicine has to do it unless you're in a nonclinical space, and you've been told by your manager that you can use Workday instead. And just to be clear, I know that this can be a pain to remember, but this is a really important regulatory requirement, and it is really, I think, changed our culture about keeping people from coming to work sick.

Trish Kritek:

Okay. So people in nonclinical spaces do you need to use Workday, do you need to attest?

Seth Cohen:

That's correct, unless their manager says they can use Workday instead.

Trish Kritek:

Okay. I understand.

Seth Cohen:

Yeah, and I can put the link to the policy in the chat so people can look at all the details. There's a lot of nuance there.

Trish Kritek:

Okay. I actually would love that because I thought that now that I wasn't going into the clinical spaces, I didn't need to attest every day. So anybody who's been checking on my attestations, that was me being confused and I apologize. I'm going to ask you one more question before I hand it over to Anne to keep asking you questions. And that is, I think this reflects people's growing concern, about whether or not folks should be using N95s all the time? And do you see us evolving to using N95s all the time in clinical spaces?

Seth Cohen:

Yeah, it's a good question. We've been asking this question for 18 months now. And I'll just say a couple of things about it. One, respirators, which means that N95s or PAPRs are required for all care of people with COVID or suspected to have COVID. So in many settings, like the emergency department, if you're seeing somebody with a fever or a respiratory or GI symptoms, you should absolutely be wearing an N95. And in the ED or certain urgent cares, if you're seeing a lot of these patients and you don't know their status, that's a great time to wear N95s all the time.

Seth Cohen:

Two, we have a lot of COVID in our hospitals. And Chloe has mentioned all of the breakthrough cases that we've had. I really want to highlight that we have had no recent cases that I'm aware of, of patient to staff transmission during the Delta era. Chloe, correct me if I'm wrong. It is extremely rare. And our exposure teams are working around the clock to do all this contact tracing. But all of these so-called, what we're calling breakthrough infections, the vaccines are really designed to prevent disease, not

infection, but all these breakthrough infections are really community acquired infections. And so what I really want to emphasize, Trish, is that the highest risk to our workforce, are community exposures. So please, please be careful outside of work.

Trish Kritek:

Okay. I lied about the turning off to Anne, because I forgot one question, but I want to summarize that really quickly. So, N95s, when you're in a place where your high likelihood of interacting with someone with COVID or high level of concern or with COVID, otherwise we think our standard surgical masks are working really remarkably well?

Seth Cohen:

Really, really well.

Trish Kritek:

Okay. Shireesha, I am going to come back to you for one last question, I apologize, and then I'm going to hand it back to Anne. And that is, are we ramping up monoclonal antibody treatment places? What's our access for that? Because we talked about it last week, but I think people are more and more concerned about getting monoclonal antibodies.

Shireesha Dhanireddy:

Yeah, with the increasing numbers, we've definitely seen increasing interest in receiving monoclonal antibody therapy. And our ERs are being flooded with patients seeking therapy and people are calling. We have very limited access right now, and our program is actually on pause because we don't have appointments over the weekend, but we are actively working on improving our access and staffing to have much more robust access starting next week. And so this is an area that clinical leadership is definitely accelerating because the demand is just definitely there, and we want to give people this therapy, if it can keep people out of the hospital and keep them from getting sicker.

Trish Kritek:

Okay. So no change, lots of demand, next week we're going to see some more resources about monoclonal antibodies. Thank you. Lots of questions I haven't asked, but I'm going to hand it over to Anne because there were lots of questions to ask and I did ask.

Anne Browning:

Great. Thank you. And I get to have Seth on the line with me today, so thank you Seth. A ton came in during the conversation and I tried to throw as many as I could into this list. Quick update though, there was a question asking about numbers at Children's hospital, and I've phoned a friend and found out that we have about six to eight kids per day within the hospital there. And it seems like that is a fairly stable number.

Anne Browning:

Also, folks asked about that link for getting your kids or family tested. And Seth, I believe, has put that into the chat for our panelists and attendees to see. A lot of questions about kiddos and behaviors. We're going to start with the behavior ones. A lot of folks were asking about air travel. Seth, would you feel okay about getting on a plane right now?

Seth Cohen:

I think it depends why and where you're going. Usually being on the airplane is safe if you have a good mask that has multiple layers of cloth and well-fitted. But I worry about the lining up and everything else that comes along with travel and I'd be very hesitant to do a long plane flight. So our family is sticking to road trips for the time being.

Anne Browning:

Cool. Thank you. A question around breathing in spaces other people have been breathing. If you got an oil change and there was a technician in your car, would you mask up afterwards?

Seth Cohen:

I probably would not. I would just ask the technician to mask.

Anne Browning:

Questions about going out to restaurants. If there's a high vaccination rate in an area like San Francisco, Seattle, would you go and eat in a restaurant?

Seth Cohen:

I think for me it's more about the community incidents than the vaccination rate right now. So I'd be pretty nervous about eating indoors in Seattle until the community incidents declines.

Anne Browning:

Some folks asked about more nuances even around like going back to being concerned about grocery stores, going to malls, how do you feel about those spaces right now?

Seth Cohen:

I think people need to go out to get groceries, and I do it and I just make sure that I'm masked and washing my hands when I'm there. It's pretty easy to distance when you're in the grocery store.

Anne Browning:

Cool. Question about attending a wedding in an open air barn, a lot of people, but unknown vaccination status, if you could mask and have some distance, would you go?

Seth Cohen:

I was married in a barn actually, so I can speak to this. I think the barn part is probably safe. It's the eating and dancing and drinking and everything else that goes along with the weddings that would make me nervous.

Anne Browning:

Cool. Kind of the everyday things, people are asking can I still get together with two or three other couples if everybody's vaccinated, how do you feel about that at this point?

Seth Cohen:

I'm nervous about it indoors. I've previously been very optimistic during this pandemic, and I think something has really changed where I am very cautious about who comes into my house unmasked.

Anne Browning:

How about attending an outdoor barbecue with pals?

Seth Cohen:

I think it depends who's cooking, but I also just want to make sure that everybody is distanced.

Anne Browning:

How about going to a gym, and I'll use the caveat that, John last week said that he would still go to a gym, but I know that he goes to a giant open air rock climbing gym. So there's some nuance in, what does the gym mean? How about for you right now?

Seth Cohen:

Yeah, I think for right now, I am going to use this as an excuse, to not get out to go to the indoor gym.

Anne Browning:

Fair enough. Tim alluded to this in terms of high density, outdoor spaces. Would you go to an outdoor concert if you could be masked and maintain some physical distance.

Seth Cohen:

We've seen outdoor, this is really one of the first times that we are starting to see outdoor large outbreaks related to concerts and high density crowds. So I would be very nervous about going to a concert right now, as much as I would love to.

Anne Browning:

We'll talk a little bit about kids and family. Would you let a 12-year-old play in a three-on-three tournament, if unvaccinated kids had to wear masks and vaccinated kids didn't necessarily have to wear them?

Seth Cohen:

If it's an outdoor three-on-three tournament, I would let them play if they were masked.

Anne Browning:

Cool. We have questions coming through of, around if I had a family member who had a breakthrough case, how long do I have to stay away from them? What precautions do I need to put in place in terms of being around them?

Seth Cohen:

I don't think we know with people who are vaccinated who have breakthrough infections, how long they're infectious for. So we're still saying 10 days, as long as it's mild and symptoms are resolving. But if you're a household member and you can't isolate, then unfortunately you'd probably also have to be on quarantine because this is a high-risk exposure.

Anne Browning:

Yeah, good. Thank you. Your own gut check, would you send school-aged kiddos back into classrooms this fall seen as for about two weeks out?

Seth Cohen:

Yeah. I'm sending my kids back for kindergarten and second grade. So we're doing it, and we're going to see how it goes.

Anne Browning:

We're starting kindergarten too, so good luck. Last one, parents were wondering or people were wondering, is it okay for my kiddo to wear a cloth mask? Should we start going more towards the multiplied paper masks? What do you think?

Seth Cohen:

I've been so impressed, kids have been really resilient, and they are just used to wearing masks. I think it took a lot of experimenting to find the mask that the kids like. It has to be the right style and sporty and all that stuff, the right colors. But I think wearing a high-quality mask, I don't think it has to be a KN95 necessarily, the schools are doing a terrific job with ventilation and distancing and everything else, but as long as the kid can wear the mask consistently, that's really the most important thing.

Anne Browning:

Awesome. Seth, thank you. Wonderful job. Trish?

Trish Kritek:

Thank you. And thank you for letting us learn you got married in a barn. I didn't know that. That is fabulous to know. I think that there are lots of kids who do think it's part of their fashion. That's true for my nieces and nephews, and I've been impressed with my three-year-old nephew who wears a mask like a champ. So I think we can all follow his suit and keep wearing our masks.

Trish Kritek:

I want to do a really special thanks to all the people who I called at the very last minute to say, "Please come be part of our panel today." I deeply appreciate it because I know you have other obligations and I appreciate your wisdom, so thank you for joining us today. I want to also do a shout out to our social workers and our care coordinators who have been doing extra work to try to get patients to other destinations so that we can keep taking care of all the folks that need to come into the hospital. There are so many people who are a part of that team, but I think they often are unsung heroes, so I want to just give a shout out to them today.

Trish Kritek:

And I'm going to end by saying, thanks to everyone in our community. I think you've heard today how important it is that we keep doing the things to keep taking care of each other. So we'll be coming back to you every week, starting in September, we won't be here next Friday, but we'll be there the following week, the first week in September, and we'll do every week in September, so we can keep getting you everything we can to keep you informed. And so please, keep sending us your questions, it helps guide what we do, we very much appreciate it.

Trish Kritek:

So, a big thanks to everyone out there for continuing to take care of our patients and their families who are so important, and most importantly, really keep taking care of each other. Thanks for joining us this week. We'll see you back in September and every week after that. Okay. Bye.