

Trish Kritek:

Welcome back to UW Medicine Town Hall. I'm Trish Kritek. It's a pleasure to be back with you. With us today is our assistant Dean for Well-Being, Anne Browning on location. Shireesha Dhanireddy is joining us as a guest again, and I'm really excited to have you back. Thank you, Shireesha. She is the head of our Vaccine and Therapeutics Program. Tim Dellit, Chief Medical Officer UW Medicine. John Lynch, Head of Infection, Prevention and Employee Health at Harborview. Santiago Neme, Medical Director at UWMC Northwest. Keri Nasenbeny, CNO UWMC Northwest. Jay, I'm going to say it wrong so you're going to have to correct me. Sandel. Tell me how to say it.

Jay Sandel:

I'll answer to Sandel or Sandel, whatever you want to say, but we say Sandel from where I'm from.

Trish Kritek:

Sandel. Okay. Jay Sandel, who is the interim CNO at Harborview. Welcome, Jay. We're excited to have you join us. Tom Staiger, Medical Director at UWMC, and Cindy Sayre, Chief Nursing Officer at UWMC.

Trish Kritek:

And happy Black History Month to everybody. It is February. There's a lot going on and there's a little bit of sunshine outside, which is pretty exciting. And there's a few other things going. I'm going to hand it off to Anne to talk about well-being.

Anne Browning:

Hey, y'all. So, in our household, we usually have the TV off, but for about two weeks every two years, during the Olympics, we pretty much just turn it on and have it running constantly, which really makes my six year old, very, very excited. And I love the Olympics. Trish actually asked this question of all of us, like, "How do you feel about the Olympics?" And I'm a super fan. If you also happen to be fans of the movie, Dodgeball, you'll get this reference, but it's like the time when all the sports that usually are on the ocho actually get a moment in prime time. And it's so fun to watch these performances.

Anne Browning:

For me, I pretty much sit on my couch and weep to myself for like two weeks, just getting to watch people performing at the top of their game, and I'm really moved by the risk taking, the incredible performances, and also the heartbreak, but it's just awe-inspiring to watch folks. And that sense of awe is something I hope we can generate and capture.

Anne Browning:

For folks who haven't been watching the Olympics, I will give you one experience of awe from this week. Eileen Gu, she's a big air ski jumper. She's 18 years old, born in San Francisco, competing for China. You get to do three jumps, top two of your runs score, so she ends up being neck and neck with the other top two folks. French skier is in the lead. And on her third jump, she can either just go and slightly improve on the jump she had before and hopefully get silver, instead, she does... And I had to write this down because I can't even keep track of this... a left double 1620, which is four and half rotations, and lands backwards to win gold. And what was so amazing is hearing this interview afterwards, like she's freaking out when she lands it. She had never tried this jump before in practice nor in competition. She

tried it for the first time and landed it on the third run of an Olympic final to get gold. That is absolutely amazing to me. So, so cool.

Anne Browning:

So, for me, this is like two weeks of just being inspired and experiencing awe. The Olympics might do it for you, something else might, but just as a reminder to me to notice and experience awe, whether it's like spring starting, getting to see a really great sunset, really good piece of music, whatever it is that brings you awe, let yourself experience it. It's such a great emotion. So, for me, the Olympics for a little bit longer. But with that, I'll hit it back to Trish.

Trish Kritek:

Thank you, Anne. And thank you. I also am all in on the Olympics, and mine was Jesse Diggins so far, but there's many pretty awesome moments.

Trish Kritek:

All right. Speaking of what's going on, John, I'm going to actually start with you this week and maybe you can give us a sense of where we stand in terms of patients with COVID in our hospitals, and we can talk about the state, Seattle Children's, you can put it all together.

John Lynch:

Okay. Yeah. Thanks so much. Nathan Chan.

Trish Kritek:

Very good too. It was awesome. I was tearful.

John Lynch:

So good. Chloe Kim, ugh. So good. I'm with you Trish and Anne.

John Lynch:

So, as of this morning, we're around 76 people in our hospitals with COVID-19, so continued wonderful decrease in the number of patients. 56 of those folks are in acute care, 20 are in the ICU. Some special populations I'd like to call out. Montlake has no one on the OB service with COVID, which is wonderful. At Harborview, we have one person who's in isolation on ECMO, we have one person who's out of isolation on ECMO, both linked to COVID, and another person who doesn't have COVID who's on ECMO.

John Lynch:

Just breaking down the numbers across the system; Valley's at 26 folks, Northwest at 13, Montlake at 19, and Harborview at 18. In terms of pediatrics, our colleagues at Seattle Children's were kind enough to share information with Trish and I this morning. They're still pretty high up there. They have 20 people, 20 kids in their facility, which is really high and persistently high. 17 are acute care, three in the ICU.

John Lynch:

And the reason I emphasize that high number is that when you look at actually case counts across all of Washington state and you look at it by decade of life, really, just like throughout the pandemic, the

population that get hit the hardest with hospitalizations were folks 70 and over, so it went up really high and then it's coming down, and then every decade below that went up and then came down. But one population that is really different than before are those zero to 17 year olds. Throughout the pandemic, the hospitalization rate has been extraordinarily low, and then you see this bump with Omicron. And they're not shooting up and coming down, it was a gradual increase and it's a very dull sort of... not sharp downward-

Trish Kritek:

Flat curve.

John Lynch:

Yeah. And it's small, but it's very different than anything in the past, and I think these numbers are reflective of it.

Trish Kritek:

Oh, I appreciate you just making that distinction. It is encouraging that we're down to 76 across our system and concerning that we still see so many kids over at Seattle Children's. One question that we got was, what percentage of the folks who are currently in-house were recently admitted or are we seeing a tail of people who were admitted a while ago?

John Lynch:

Yeah. So, that was interesting question, Trish, and thanks for doing it. So, I actually ran the numbers from January 1st till now, this year, and I compared them to January 1st through the beginning of February a year ago when we still had a lot of patients in-house. So, I'll just quickly say it. So, over January... And I'm sorry, I don't have the Valley numbers, but Northwest, Harborview, and Montlake campuses, we had 130 folks with COVID in the hospital. About 37 of them were here for less than four days, about 39 were here between four days and a week, about 39 between one week and two weeks, and about 15 we're here for greater than 15 days. And I know at least, for instance, one person at Harborview has been here for well over 100 days. So, when I compare that, just to give you a quick snapshot, that means about 11% of all the patients in that six-week period were here for more than two weeks.

John Lynch:

If I go back to the same period last year, it was about 24, 25% of people were in the hospital for COVID over two weeks. And so it's just an interesting snapshot that it goes consistent with the severity of Delta, why people were in the hospital, how long they're in the ICU, particularly, but how long they're in acute care compared to this big surge. So, we're moving through this surge, at least in the adult population, more quickly, even though we had much higher numbers, and fewer people are staying for really long periods of time.

Trish Kritek:

Okay. That's really helpful. So, fewer people who are having that really long stay, I think it correlates with fewer people in the ICU, and that 11% versus 24% is a nice comparison from a year ago, so thank you for doing that investigation.

Trish Kritek:

Do you know where we stand in the state or King county right now?

John Lynch:

Yeah, sure. So, if we look at the county, some really good numbers here, just data from this morning, and this brings us basically, to the first week of February, right? There's always a little bit of data delays. So, in the last week, the number of new cases decreased by about 41%, and absolute numbers about just under 10,000 new cases in the last week compared to almost 20,000 cases in the week before that. Hospitalizations have also decreased about 34%. So, in the last seven days, just about 200 hospitalizations, in the seven days before that, nearly 300 hospitalizations. So, coming down a bit slower, but still in a very meaningful way. Unfortunately, people are still dying from COVID, but we've had a slight decrease there, a 5% decrease. We know that just takes more time. So, the cases go down faster, then the hospitalizations, and then deaths are slower. In the last 14 days, we've lost 105 people due to COVID, and then the 14 days before that, about 111. So, just in the last month, over 200 people have died from COVID in King county.

John Lynch:

Just in terms of our case rate, we're still way above those high, substantial moderate categories.

Trish Kritek:

Yeah. Where are we now?

John Lynch:

We're at 434. And I think if I recall, I think we maxed out around 18 for 100K in the middle of January, and so we're down quite a bit. We're still not where we were at the beginning of December.

Trish Kritek:

Yeah. So, a lot of numbers moving in the right direction, still not back to "normal" or even the best we've been, but definitely moving in the right direction. And obviously, the reality that people still die from COVID and we're still seeing that, so I appreciate you making that point as well.

Trish Kritek:

Do we know how things are in Idaho? There was crisis standards of care that were declared.

John Lynch:

Yeah. Thanks to Steve Mitchell and Mark Taylor from the WMCC for helping me out with this a little bit. So, I pulled the data off the website for Idaho. They definitely hit a pretty high peak. They were up around 3,000, 4,000 cases per day. They're down around 2,000. It's flattening a little bit, so it's kind of where we were maybe about two or three weeks ago. So, overall cases, pretty high. Their hospitalization rate has been very high, although interestingly, not as high as it was for their fall Delta surge. And so their absolute number is pretty high, their ICU number is pretty high. But what's interesting, again, going back to the pediatric thing, this is the highest number of pediatric patients that they've had in the hospital throughout the entire pandemic. So, it looks like their hospitalization numbers haven't been as high as ours, just in terms of numbers, compared to prior surges. But three counties or three areas of particularly Southern Idaho, are currently in crisis standards of care, and they've been there now, I think for a couple of months.

John Lynch:

So, you remember back last year, it was north Idaho, the panhandle. This time, it's the Southern part of Idaho, and I know that this has a lot to do with critical care access and other issues in healthcare.

Trish Kritek:

Okay. So, maybe not as bad as before, but still a very stretched system and still with lots of patients in-house and across particularly the southern to the state.

John Lynch:

Yeah.

Trish Kritek:

All right. I got three more questions before I give you a break. The first one, I've asked before, but maybe there's new things that we know. Does infection with BA.1 protect against BA.1? Super common question.

John Lynch:

Yeah. So, we don't know. I think that there are some data coming out of South Africa, and it's not super robust, it's not been well analyzed, it's still, again, very early in this whole Omicron surge. There are some data that may indicate that there are people who have had the BA.1 version of Omicron maybe getting BA.2, but we do not have that information in a solid way. I've reached out to a couple of scientists colleagues, I haven't heard back from all of them, but as far as we can tell right now, it's possible but not good data.

Trish Kritek:

Okay. We don't know yet. That's okay. There's lots of things we don't know.

John Lynch:

I do want to say clearly though, in places like South Africa, and I think some other parts of the world, like the UK, we are seeing BA.2 starting to take over where BA.1 was. It appears to be about 1.5 times as transmissible as BA.1 but about the same level of pathogenicity. So, it doesn't cause more severe disease, it doesn't get by vaccination-mediated immunity in any new way, but it does appear to be a little bit more transmissible, and if that's true, then we fully expected it to take over from where BA.1 was, and we are seeing that there. So, it may blunt some of that downward trend.

Trish Kritek:

Okay. So, we're seeing BA.2 in the places that had BA one earlier and we can anticipate we may see it here as well.

John Lynch:

Yep.

Trish Kritek:

Okay. Switching gears for two last ones, because the next one is the most common question that we got. Are we considering going back to surgical masks from our respirators?

John Lynch:

So, not yet, right? Like I was saying, we still have a lot of COVID in the community. We still have health workers who are part of the community getting infected, kids in schools and daycares getting infected and coming home. And so at the current community rates, we don't expect to move back from that right now. Remember, we're using respirators, not only to protect the health workers wearing it but also to protect everyone around those health workers who may be asymptotically infected. We know that is pretty common, in Omicron especially. And so, we want to balance both those things, keep our patients safe, keep our coworkers safe, and keep ourselves safe. And so right now, we're holding tight. We haven't figured out a number where we would potentially roll back.

Trish Kritek:

Way to anticipate my next question.

John Lynch:

Yeah. Yeah. No, it's a really important question and it's one we're wrestling with. Just like everyone's talking about at state levels, everyone wants a threshold and it's really hard because it's probably a bunch of things. Hospitalization, severity of illness, vaccination, booster rates, all these things together.

John Lynch:

But what I want to be really super clear about is that, say there's some time in the next couple of months where we roll back the requirement for health workers facing patients to wear a respirator, I just want to be abundantly clear. If you want to wear a respirator at that time, we will have those supplies for you. We're not going to take away your choice to wear a respirator. We have health workers who maybe immunocompromised, maybe live with someone who fits in those categories, or in whom the vaccines don't work. We want them to feel safe and confident in their own household and their community lives as well as at work. Maybe they themselves want to be more protected, and we're going to be doing that. We're going to be looking at bringing more different types of respirators as well, so there's maybe more choices and more people who haven't been able to fit test will be fit tested. So, I just want to be clear, we're not going to be taking away respirators, we're going to really be empowering people to maximize their respiratory protection going forward.

Trish Kritek:

Okay. Three messages there. One, eventually we will go back to surgical masks, but we're not ready to do that yet and we're trying to figure out where place is, and even if we do, or when we do, if you feel better wearing a respirator, they will be available for you to continue to wear one.

John Lynch:

Correct. Because again, COVID is not going anywhere.

Trish Kritek:

I heard. And I also just want to reassure people that we think there is a time that we will go back to surgical masks and not have to wear a respirator all the time.

John Lynch:

Probably. Maybe.

Trish Kritek:

I'm going with yes. Okay. Last question for you, and then I have a ton of other questions, so you have to be concise on this one. Are we seeing the flu and is it too late to get a flu shot?

John Lynch:

If you look across the state, we did have a little bit of flu, but very small amount compared to prior seasons, a little bit more than a year ago, and probably about 40 cases across the whole state, but it's actually dropped. So, it's really almost none since January. We have had five deaths this year due to flu, I think essentially none last year. So, a little bit more laxity around masking and stuff this year, a little bit more flu, a few bad outcomes. No, it is not too late to get the flu vaccine. Go ahead and get it. We want everyone to get vaccinated. It's always good, but very little flu in the community right now.

Trish Kritek:

Not zero, like last year, but a little bit of flu coming down. Get vaccinated if you haven't. Okay. You're off the hook for a little bit. I might come back to you, though.

Trish Kritek:

Tim, I'm going to turn to you. We've been talking about this, and one of the things that people are asking is how are we making decisions about requiring a booster or the masking I was just talking to with John, as things are evolving on the state level and things are changing across the country in terms of mandates. So, how are we incorporating all of that into what we're asking us to do within UW Medicine?

Tim Dellit:

Yeah. I think throughout this pandemic, we continue to learn, right? So, one, is incorporating new information, new guidance as it comes forward. I do think March in particular is going to be a month of transitions, right? We see a lot of announcements from many states, we already saw the governor's announcement earlier around outdoor masking at large events, over 500 individuals, that will essentially end on, I believe, the 18th of this month. He hinted that there may be more changes, and I suspect that will come if these numbers continue to go down. I do want to emphasize just what John pointed out, at 400 plus cases per 100,000 over the last seven days, that's still high transmission. We really want that down below 50, right? So, even though the numbers are vastly improved from where they were at the peak, we still have high transmission in the community, and hopefully, that will continue to go down. But I do think March will be a transition phase based on what we're seeing right now and some of the announcements.

Trish Kritek:

Okay. So, as people know, outdoor masking changing, we're anticipating seeing more of that evolution in March. Why do we decide to require boosters now?

Tim Dellit:

The boosters have been long recommended by the CDC for essentially everyone, and including healthcare workers. And when you look at the evidence, people who receive boosters, even compared

to vaccination, have lower risk of infection, lower risk of hospitalization. Remember, a few weeks ago, we talked about people who had boosted had a 90% reduction in hospitalization. So, we really believe that this is an important part of protecting, not only our patients, all of our staff, and our community. The way we're approaching this is just like influenza vaccination, right? So, we really expect everyone to participate in the campaign, we really strongly recommend and expect healthcare workers to be vaccinated and boosted, but if you do decide that you're going to decline the booster, then we want to go through a process for that declination. That would include a combination of online education and conversations with an employee health, because we want you to make that decision with all available information in terms of the value of being boosted, to both protect you, your family, and your colleagues at work, in addition to your patients.

Trish Kritek:

Okay. So, we think it's the best way to protect folks. I'm going to ask a follow-up question about that in a little bit, but for right now, it's the process similar to the flu vaccine where the requirement is to get vaccinated, and if you're not doing that, there's a process to pause and think about that decision so that you can potentially decide to get vaccinated.

Trish Kritek:

There are a bunch of questions, some of which I think have already evolved, but I'm going to ask them out loud so people know where do we stand with work related travel restrictions.

Tim Dellit:

We lifted those UW Medicine work related travel restrictions and are following the UW policies at this point.

Trish Kritek:

So, no more travel restriction right now. Where do we stand in terms of redeploying administrative staff? Have we taken that off the table?

Tim Dellit:

Yeah. We gathered that information so that we had that available, should we need to do that. So, I think that was an important exercise because we just didn't know. At that time, we were at a very high peak and we had a lot of staff who were out. The number of employees that are on isolation or quarantine has also gone down, which is really nice, so the staffing is not as tight as it was. So, right now, I don't see redeployment but I think it was an important exercise to at least have that information readily available in the event that we had to use it. And again, we don't always know what's going to happen in the future. I'm cautiously optimistic that we aren't going to have to do that, but it was a good exercise to do.

Trish Kritek:

Always appreciate the cautious optimism, and we did it so we have the information, we're ready if things change, but no plans to redeploy folks right now.

Trish Kritek:

Last one for right now. Where do we stand with elective surgeries restarting? And I'm going to ask Tom some more about this in a bit.

Tim Dellit:

Yeah. So, the governor's proclamation to postpone non-urgent surgeries and procedures ends at midnight of February 17th or at the end of that day. So, it times actually with his announcement of when he's going to discontinue the mask requirement for outdoor facilities on the 18th. That also I think... and Tom can comment more... again, it's in somewhat of alignment as we continue to look at our surgical pavilion and hopefully that those ORs will come back online. So, hopefully here, the governor's proclamation will end and we'll have additional OR capacity in the near future as well.

Trish Kritek:

Okay. So, the end of the day on the 18th, then we're going to get going. And I will ask more about that because we had some other questions about that. So, thank you.

Trish Kritek:

And with that, I'm going to turn to Shireesha who is kind enough to join us today. She is our expert on vaccines and therapeutics. So, Shireesha, the trending question right now on Town Hall... I don't even read the chat because I can't read it, but I'm seeing it pop up a bunch of times... is, are we concerned that booster efficacy is going to wane, and maybe that's in four months or after a longer period of time, and are we anticipating giving folks another booster?

Shireesha Dhanireddy:

Yeah, that's a great question. I think the CDC is making recommendations as that data comes in with our surges, but there was recently data that was in the press from the UK that showed that... and I think someone mentioned that in the chat... that efficacy does wane over time, at three months, and at six months that there's significantly less efficacy, somewhere around 30% at the six month mark compared to soon after you get the vaccine. That doesn't necessarily mean that we're going to need vaccines that often. I think it really depends on the subsequent surges that we see and the variants that we see and whether there's going to be more of a regular pattern of these surges that eventually falls out. And so, right now, I think the recommendations, we've already seen it come up for subsequent boosters for our immunocompromised individuals and we may see that for the regular population as well. But the frequency of that I think will really depend on what's happening globally with subsequent surges and maybe some predictability that eventually falls out.

Trish Kritek:

Okay. So, there's a reasonable chance that there'll be another booster in our future, and the tempo of those boosters we'll have to figure out over time as we see how the pandemic continues to evolve. I think people are already wondering, is it time for another shot? And I get it. The anxiety around that, I understand.

Trish Kritek:

Why is it that people who've been infected before require a vaccine?

Shireesha Dhanireddy:

Yeah. That's a great question, and we were just talking about it before because there's a paper that came out, a correspondence from Qatar that has been making the rounds in the media about natural infection leading to decent immunity that lasts for up to a year. And I think the concerning thing about

that and taking that broadly is that this doesn't take into consideration variants that have emerged, this is not inclusive of Omicron, and I think that's a big consideration when we're thinking about this paper. We know that many people who were infected with Delta or prior variants still got Omicron, and I think that really just speaks to the importance of getting a vaccine. Even though that immunity may not last for a long time, I think we know a little bit more about vaccine-related immunity than we do about natural immunity, which is really variable in individuals. So, even if you've had infection, I think it's still important because, like we said, there's not a predictability yet to these variants and these surges and the best tool we have to defend ourselves is the vaccine still.

Trish Kritek:

That's super helpful. I think though, we don't know what's coming, we don't know what will be the reaction, if that immunity will transfer to a different variant, and we have the best experience with vaccines, and that hopefully, durable response. Okay. More to come on that over time.

Trish Kritek:

Will we offer vaccines to the under five year olds through our vaccine clinics when and if they're available?

Shireesha Dhanireddy:

Yeah. That's a really timely question, because the Pfizer just decided to postpone applying for authorization today-

Trish Kritek:

Oh, I didn't know that.

Shireesha Dhanireddy:

Yeah... until April to look at more data on third dose and efficacy just because I think they're studying it in a time of Omicron when there's just a lot of infection, and so they really want to look at that third dose and look at efficacy and gather that additional data. And so they're likely applying for authorization in April. Our operations team for vaccines has already laid the groundwork for how that's going to roll out at UW Medicine. We'll continue to have a two-pronged approach at our vaccine sites that we've already been offering vaccine, as well as in our pediatric and other clinics that serve children to be able to vaccinate there as well.

Trish Kritek:

That's super helpful. So, things are on hold till April. That was news to me right now in Town Hall. And then we're going to use our vaccine clinics and our primary care sites to take care of kids to distribute when the time comes. I think that's great. I'm sure there are people who are disappointed, and at the same time, I think they're following the science, so I think that is reassuring.

Trish Kritek:

Now, I'm going to ask you about treatments, less about vaccines for these last two questions. And the first one is, can you just walk us through how you would treat an outpatient with COVID? We had several clinicians who were hoping to just have you explain that.

Shireesha Dhanireddy:

Yeah, great. Actually Santiago's on the COVID Therapeutics Team as well as Rupali Jain, and there are a couple of ways that you can seek therapy through for your patients here. One is you don't actually have to do anything. If your patient was tested within UW Medicine at one of our laboratory sites, our team actually reviews all the positive results and proactively reaches out to these patients who are eligible, based on the prioritization tier. So, we are reaching out to only tier one and tier two, meaning by NIH criteria, meaning the ones that are most likely to potentially get severe infection. And these are immunocompromised folks or unvaccinated individuals with significant risk factors. That's one approach.

Shireesha Dhanireddy:

Another approach is by putting in a REDCap request, which is just messaged out again recently and is on our COVID Therapeutics page. So, providers, not just internal UW Medicine providers, but providers also in the community, even if their patients aren't part of UW can request therapy. We as a therapeutics team are really only reaching out to the ones that are eligible by tier one, tier two criteria.

Shireesha Dhanireddy:

The third way is to actually directly prescribe the medicine yourself. So, this week, we really opened up therapeutics for prescribers, particularly the oral antivirals. We are still only allowing the monoclonal antibody intravenous therapy through our COVID Therapeutics team and reserving that for our really highest risk folks, like our transplant and patients on chemotherapy regimen. But you can either prescribe molnupiravir, which is one of the oral antivirals through UW Medicine, and just as of this week, the state has also offered, not only molnupiravir at participating commercial pharmacies but also paxlovid in limited quantities, and that should be ramping up as supplies improved throughout the state, as our numbers decline, but also production of these drugs has increased.

Trish Kritek:

Okay. That was so much. I think I'm going to fail on the teach back on this one, so I'm going to give it a try. Thank you. You're a font of knowledge on this. So, one way is if you test in our system and you're in that tier one, tier two, the people who are immunocompromised, we'll reach out to you about therapy. The second one is you could go to our therapeutics website... I saw Santiago put it into the chat... and you could use the survey, the REDCap survey, to request it. And the third one is you can actually write a prescription now for some of them, not the intravenous... Intravenous or intramuscular?

Shireesha Dhanireddy:

Intravenous.

Trish Kritek:

Intravenous monoclonal antibody. And then I heard you say that, I think that is the oral Pfizer medication is now available at some of our pharmacies. Is that right?

Shireesha Dhanireddy:

That's right. So, 500 courses were distributed throughout the state just this week, of paxlovid. And why that's important is because the two antivirals are very different in their efficacy. Whereas Pfizer is 85% plus effective, the Pfizer drug at preventing hospitalization and progression to severe disease, molnupiravir, or the other oral antiviral is only about 30% effective.

Trish Kritek:

Okay. So, there's some clear differences in efficacy and we're seeing them now in our pharmacy, which is great, and it seems that we'll have them for more people. Hopefully, fewer people get sick, but we can have them available.

Shireesha Dhanireddy:

And one other word of caution for people prescribing directly, I think it's really important to note... we put it in our COVID Therapeutics page and our messaging is that there's some significant drug-drug interaction. For the Pfizer one, you really have to review, and then also for molnupiravir, it is contraindicated in pregnancy due to the fact that it can cause potential DNA effects in the fetus. So, really, wanting to avoid that in those patients. And both of those require you to receive it within five days of symptom onset, so just letting your patients know, "If you start to have symptoms, if you have availability for a rapid test at home, and then messaging your provider about calling in that prescription."

Trish Kritek:

Okay. So, those patients who are at high risk should be thinking about this, about communication if they have symptoms, using an antigen test, you need to get it within five days. And then there's drug-drug interactions with the Pfizer one. We are not going to use the other one on patients who are pregnant. And I'm sure there's a lot of other stuff there. As I said, I'm trying to get the high points. Thank you so much for all of that.

Trish Kritek:

I have more, and I'm going to pivot back to you in a little bit, Shireesha, if I have time. I'm going to hop over now to Cindy, Keri, and Jay. Jay, first time in the hot seat. So, I'm going to start with Keri and Cindy to let you warm up into this space. So, Keri, you're unmuted. One of the big questions we got is our staffing improving. We heard that there are fewer people who are quarantined or in isolation. How are we doing?

Keri Nasenbeny:

Yeah, that's correct. I think it's really variable still day to day. So, some days like today, actually, we were just fine and had exactly the amount of nurses and CNAs and techs we needed, other days, we're still short. It feels like that those days that where we're fine are more and more and those days that we're short or super short are less. And we just actually projected out, starting with our 221 schedule that goes through March, and those numbers look consistently better, as we've hired a lot of staff, permanent staff, which is great, and then also brought on some additional travelers. So, yes, things are looking up, and our census is also coming down a little bit. We've had some really robust discharge days, so we're not having to staff all those boarding areas, so that's also helping because that was a big pull on our resources.

Trish Kritek:

Okay. So, not back to normal, but moving in the right direction, many new new hires, less census, which helps as well. And I heard you say and travelers. So, Cindy, I'm going to ask you to answer the same question but maybe you can reflect on it like, and when would we be in a place where we would have fewer travelers? I know that's not where we want to be long term.

Cindy Sayre:

Right. Well, this is where the crystal ball gets a little hazy, but I will say we're seeing a favorable trend. We received national data of traveler demand and it has been slowly decreasing over, I'd say, about the last six weeks. What I expect to see is as that demand decreases, we will be able to hire more classified staff. Exactly when that will all happen, I'm not sure, but there are some favorable trends. And I'll just agree with Keri that there's still variability in terms of census staffing. Yeah.

Trish Kritek:

We're still a little bit day to day. Some days are better than others.

Cindy Sayre:

Right. Yeah.

Trish Kritek:

Okay. And it sounds like we don't know when we're going to not have a lot of travelers and maybe we're starting to move in that direction but that's still on the horizon. Jay, I'm curious anything different to add about Harborview on staffing?

Jay Sandel:

I wouldn't say anything different from what Keri or Cindy have said. I think we are trying to get to a place where we are less dependent on agency labor and travelers, but we're not quite there yet. We are seeing some positive signs here at Harborview where we are able to hire people into permanent positions, which is what our goal is. The one different thing here at Harborview is that we did have a lull in our census there for a while, but we shot up quickly this week alone, because I'm AOC, I know this, so that is different. So, we do start out many days in a very good spot with our staffing, but today for instance, in our ICUs here at Harborview, we were at a negative because we're boarding at seven ICU patients. So, it is a constant day to day change that we're faced with here.

Trish Kritek:

Okay. I appreciate that. And I think there's some signals that things might be moving in the right direction, but we're stretched still, and we're taxing people, and we have tired folks, and I want to acknowledge that because I think people are still feeling it. I appreciate the efforts to mitigate it.

Tim Dellit:

Hey, Trish, can I just make one comment-

Trish Kritek:

Yes, please.

Tim Dellit:

... because I think they just hit on it. Even though our COVID numbers are going down, the capacity remains very high across all the hospitals in the state, and there's going to be that disconnect. So, I think even though our COVID-19 patient numbers are getting better, that's not going to make the capacity challenges go away. It helps, but I think we are looking at ongoing challenges around census and capacity even as those numbers go down, and that's important for people to realize.

Trish Kritek:

Yeah, I hear that. And I'm going to ask Tom more about that, so I don't know if you helped him right now or made it more challenging for him to answer my next question. But before I go there, I do need to ask Jay one more question, and that is, are you having conversations about changing the visitor policy at Harborview?

Jay Sandel:

Yes, we are having those conversations. I think they have been brought to light, especially more today, so I think by early next week, we will have some decisions on which way we're going to go for our visitation here at Harborview.

Trish Kritek:

Okay. So, more conversations, no change right now, more to hear next week. And then Cindy and Keri, we're holding steady with the current policy at UWMC?

Cindy Sayre:

Correct. Yeah.

Trish Kritek:

Okay. All right. Thank you, both. All right, Tom, I'm turning to you, and I'm going to talk about this phenomenon that Tim was just talking about, how the hospitals are still feeling so full and why is that. But before you answer that, I want to actually take moment to apologize. Last Town Hall, we had a conversation about boarding and I was talking to Rick and I somewhat inconsiderately said, "Oh, it's down to normal boarding levels at Harborview." And I think it's important to say out loud, we don't ever want boarding to be normal. And somebody put that in the chat, and I appreciate them calling that out, that boarding is really hard on our staff, it's really hard on our patients and their families, so I want to just apologize to people and say thank you for the person who said, "Hey, that's not okay." And that's true. It's not okay. We don't want to have boarding. Our goal is to not have boarding any of the time. We do still have a lot of boarding.

Trish Kritek:

So, Tom, my question for you is, why do you think our hospitals are so full as our COVID numbers are coming down? And the corollary to that is, and we're not doing as many surgeries as we normally do. So, what's happening?

Tom Staiger:

There's a lot of us that have been asking that same question and talking about it. I think the biggest driver is that all of our hospitals are having challenges discharging patients. Length of stay at all of our hospitals is up to levels that we've really never seen. The biggest factor in making it difficult to discharge patients is availability of post-acute care. Getting patients into SNFs, adult family homes is really challenging right now. And so that's, I think, the biggest driver of why we are operating at such high levels of capacity.

Tom Staiger:

There's also some pent-up demand, people deferring things that then got to be urgent. Our COVID numbers are down, but we still got a lot of patients with COVID in the hospital, and then some of those patients came in with COVID are no longer infectious with COVID but are still in the hospital, so that's driving some of those numbers. So, it's a combination of those factors. And then hospitals across the state have varying degrees of staffing challenges, so overall capacity is lower statewide and across the country than usual levels.

Trish Kritek:

So, there's some global things, like the county, the state, there's just tightness everywhere, and then a big is no post-acute care place to go and be discharged to from the hospital is keeping people in our acute care hospitals, so the length of stay is particularly long. And then there are people who are not on our COVID tallies but are still maybe in-house from original infection, having a longer length of stay. And then maybe people who postponed care and came in and were sicker. So, it definitely still felt, like Tim was saying, that things are still super tight in the hospitals. And then the second question I have for you is, and what's going to happen when we start doing those surgeries that we have put on hold? How are we going to manage that? I think people are concerned about that.

Tom Staiger:

Yeah. That's a challenge, given the levels of capacity that we are operating at. We look forward to being able to bring back patients for non-elective surgeries, many of which are surgeries that people have been waiting a long time and are really important to them, getting colostomy takedowns done, and joint replacements kinds of things. We are likely to need to adopt a dial-up approach rather than opening the gates widely on February 18th. We just don't have the hospital capacity, certainly at UWMC, to schedule all of those non-urgent surgeries in a short order. We will probably wind up, to some degree, at least initially, prioritizing patients with ambulatory non-urgent surgeries or with short stay, who won't need to stay in the hospital very long, gradually start expanding that. And at least at UWMC, we expect to get some of our boarding capacity back by the end of the month with the surgery pavilion coming back online, so that'll give us a little bit more wiggle room. But we're going to have to titrate up the number of non-urgent patients with surgeries across our system just on the basis of available inpatient capacity.

Trish Kritek:

I appreciate that. And I think Tim's talked before about turning the dial down and now we're talking about, not just opening up, but turning the dial up slowly so that we can not overwhelm our already really full hospitals. And I appreciate what you said about ambulatory surgeries might be first or very short stay. And we'll have to keep track of how that goes, because I think, like we've said, people still feel the fullness. For sure, I felt it when I was recently on service. Thank you very much for both of those.

Trish Kritek:

I'm going to turn to Santiago now. Santiago, I have a little bit of a little potpourri of questions for you. My first one has, I think, been answered in an announcement, but I'm going to ask you. Will our testing sites begin doing testing for employees for non-essential reasons again, like travel as opposed to-

Santiago Neme:

Yes. Yeah. The testing capacity has opened up significantly, so yes, the answer is yes. I don't know the timing, but-

Trish Kritek:

Okay. So, you can start doing. Can we do it now? Does anyone know if that's-

Santiago Neme:

I think travel is open now, so I suspect that the answer is yes currently, but we'll see what Jenny texts me in a second.

Trish Kritek:

Okay. We'll have breaking news. We've talked a lot about antigen tests and I think people still are curious if you think that there's value in doing an antigen test before you go to a family gathering, like that morning. What is your feeling of about that?

Santiago Neme:

Yeah. So, I think we've seen testing is definitely a key tool in our bundle of prevention and I would say that it's one of the things that you can do right before you go to a gathering that you have to have, and you do it right before the gathering, like you 24 hours before catching a flight, there is the possibility that you might discover that you're COVID infected without knowing and that would change your management of the situation.

Santiago Neme:

I just heard from a patient of mine who wanted to see a friend and decided to get tested for COVID right before and she tested positive so she decided not to see that friend. There is some data about this and there are other... I've seen this implemented more in Europe and on the east coast where the recommendations around the holidays were about doing that, and I think there's some research that backs this up. So, I would say there is a utility. I wouldn't do it the day before, I would do it right before, but not the day before or three days, I would just do it as close as possible to.... literally, I'm leaving my house.

Trish Kritek:

I'm going to swab myself and then I'm going to go.

Santiago Neme:

Yeah, that's what I would do.

Trish Kritek:

Okay, I'm going to swab myself, I'm going to get the result, and then I'm going to go.

Santiago Neme:

Exactly.

Trish Kritek:

Yep. Yep. Okay. So, yeah, there might be some utility in that and you might change your behavior, obviously, if you tested positive. So, okay. That's really helpful.

Santiago Neme:

Remember that it shouldn't change your behavior if it's negative, because again, those tests are not supposed to be used like that, they're more accurate when you're symptomatic. So, you're using this test in an asymptomatic moment pre-event. So, it is helpful if it's positive, but if it's negative, do not feel like you're home free after that.

Trish Kritek:

Use your mitigation techniques but you're moving forward with your activity.

Santiago Neme:

Exactly.

Trish Kritek:

Okay. You have talked a lot about surgeries and testing and things like that, so we got a handful of questions about, are we doing more surgeries on patients who have recently been COVID positive? Are we shortening the time between, you tested positive and now it's okay to have surgery?

Santiago Neme:

Yeah. As you know, we have a group, UW Medicine COVID Pre-Procedural Surgical Group that's co-led by Dr. Chloe Bryson-Cahn and myself, and we've been working with anesthesiology and surgery leadership and our nursing directors as well in looking at the data also with the peri-op consult group. And there's several international and national guidelines and professional societies really advocating for us to wait anywhere between six to eight weeks before proceeding with a non-urgent surgery, that is a surgery that could be safely delayed because the clinical outcomes of those patients have been found to be worsened than doing it later rather than soon after. That being said, the data that were used for those publications were actually from an era of Alpha and then a bit of Delta, but not recent, so our group is actually looking at that again, because again, we don't want to necessarily delay care for patients because it's really not an optional surgery. Optional surgeries are typically not done, so it's a question of the timing and we want to make sure that we optimize that post-op complication profile for that patient. But again, it's something we're reevaluating.

Trish Kritek:

Okay. So, we're reevaluating. In general, we've said stretch it out six to eight weeks to have the outcomes, but we don't know about, now with Omicron, if it would be safe and in some ways, good, to move forward more quickly. I will say you just freaked me out by calling it the Alpha era. I can't believe we have multiple eras already.

Santiago Neme:

No, meaning the variant. Sorry.

Trish Kritek:

I know. I knew what you meant, but I just like, "Oh gosh." Okay. The last question I have is because people enjoyed your advice about masks so much and their question was, ideas to prevent skin breakdown on the nose when you have an N95, and there are people like me who have classes and they don't want to. So, do you have any ideas on cushioning?

Santiago Neme:

I think it's really all about the fit and you want to get it really tight but without excessive pressure. I think you need to find the mask that works. We're lucky at UW Medicine, that we have several different masks and fits, including the fit testing, but also within the fit test, you can actually find ones that really work more with your glasses. But I would say, you want to create that ceiling that's going to prevent the fogging.

Trish Kritek:

Okay. John, were you grabbing a mask?

John Lynch:

Yeah. I just wanted to mention to folks that we are looking at other respirators out there. This is just one of what's called an elastomeric half mask respirators with the filters that go on here and here for those that come in. These are made of soft rubber, so we would give one to a person and they would keep it and they'd be responsible for cleaning it. We're going to look at trialing these maybe in some of our emergency departments. We're looking at potentially other non disposal respirators that people are reporting good outcomes with, like good fit. So, as we think about the future, we're looking at potentially finding, for people who have trouble fogging, with fit, with comfort, with skin breakdown, maybe some alternatives out there.

Trish Kritek:

Okay. Thank you. Thank you for raising your hand to tell us that.

John Lynch:

I know I'm usually not that nice, but-

Trish Kritek:

I know. I appreciate that, but that's really cool. So, we're looking at other options for people to be able to tolerate wearing the mask a longer period of time. Thank you for showing that. I hadn't seen that one.

John Lynch:

I look like Bane from Batman when I wear it.

Trish Kritek:

I was wondering if you were going to put it on, but now that you're on... Santiago, what were you going to say? Sorry.

Santiago Neme:

No. Just remember that you want to have a clean face, you want to avoid any makeup, anything that's irritating, and also you want to have a moisturized face, because that way, you protect your skin, and also relieve pressure. When you take that break, take off the mask and relieve the pressure, that way you can give yourself a break.

Trish Kritek:

I love that. I'm not going to summarize it. You said it perfectly. Okay. John, you're unmuted. I'm going to ask you one question before I hand it off to Anne, and that's because I've gotten this question a bunch of times and I keep bailing to ask it. If I'm in my office and I'm going to eat by myself, do I need to close my door? And let's pretend I'm in a clinical setting, let's pretend I'm not over in health sciences but I'm in the hospital.

John Lynch:

Yes, we want you to close your door.

Trish Kritek:

Okay. So, if you're in your office and you're going to eat, close your door when you're taking off your mask, is that right?

John Lynch:

Yes, that is correct.

Trish Kritek:

Okay. Thank you. It's been asked multiple times and I have failed to ask it repeatedly. With that... there are many more questions, I realized, and I saw some of them that have kept coming in, so we have more to ask in the future, but I want to give some time for Anne to do Ask An ID Doc, because we have a special guest ID doc today in Dr. Dhanireddy?

Anne Browning:

Thanks, Trish and Shireesha, thank you so much for being willing to hang out and play along in our ASCO-friendly ID Doc. Okay. So, we're coming down off this Omicron wave, but it's pretty clear that we are not out of the woods yet. So, folks know I am at home because we had yet another day of remote learning from my six year old from another potential classroom exposure. So, still very much in it. For other folks who are still in it with me, hang in there and hopefully we'll get further down this wave soon.

Anne Browning:

Shireesha, answering just based on what you would do right now, as of now, would you go to the movies?

Shireesha Dhanireddy:

No.

Anne Browning:

Would you go to any musical concerts?

Shireesha Dhanireddy:

Depends on who's performing, but potentially yes, as I did buy tickets recently to see a show, but it's not for a few months. And the venue would have to require vax boosted status and mask wearing.

Anne Browning:

So, a good enough artist might pique your interest enough to still show up, but otherwise, you're holding off. If you were moving, would you hire movers right now?

Shireesha Dhanireddy:

Yes.

Anne Browning:

Would you feel safe?

Shireesha Dhanireddy:

I certainly cannot move heavy furniture myself. And as long as they're wearing masks in the home, I think that's fine.

Anne Browning:

Would you let a kiddo go to a martial arts class?

Shireesha Dhanireddy:

If they were masked, I think so, and had encouraged good hand hygiene.

Anne Browning:

What do you think about a kiddo going to a birthday party if you know there's going to be cake and kids are going to be eating stuff and drinking?

Shireesha Dhanireddy:

Not inside, but okay outside. As you mentioned, Anne, it's not that necessarily, if they're vaccinated kids, they're not going to get sick, but it's going to cause a lot of grief in terms of you having to be at home potentially from work to watch your own kid and the kid being away from school and having to do remote learning. So, it's just trying to keep that normal life for them by just doing some mitigation strategies like not being inside and eating.

Anne Browning:

Cool. Would you get a massage right now?

Shireesha Dhanireddy:

No.

Anne Browning:

Nuts. I probably would, just for reference for others. Would you picnic outside with a small group of friends?

Shireesha Dhanireddy:

I would.

Anne Browning:

Would you eat indoors at a restaurant?

Shireesha Dhanireddy:

Not yet.

Anne Browning:

Not yet. Would you eat outdoors on a patio?

Shireesha Dhanireddy:

Yes, I would.

Anne Browning:

What do you think about the plastic sheeting? Are you on camp, no plastic sheeting as an outdoor restaurant, or do you sit under the tarps?

Shireesha Dhanireddy:

I actually haven't been out to eat recently, but probably outdoor, any kind of outdoor is probably fine for me.

Anne Browning:

Okay. Cool. All right. There are a lot of folks who are super eager to start planning vacations and a lot of folks asking about travel abroad. Would you plan an out-of-country trip? Folks are asking, Japan in May, or Italy and June. How are you feeling about your thoughts on planning travel abroad?

Shireesha Dhanireddy:

As one of those very anxious people to travel who recently just booked a trip, yes, I'm okay with that. We are going in a week and a half to Canada, but we're driving, and we're going skiing where you basically have a lot of protection inherent in that activity and only staying our core family. And then we are going to go kayaking and camping in Europe this summer, but it's again, out in the wilderness, camping, just our family.

Anne Browning:

That's cool. As you're thinking about where you might travel, is there anything worth thinking about at this moment or are the numbers right now just not that predictable of where they might be in a couple months?

Shireesha Dhanireddy:

Yeah. I think it's really hard to know and that's what's about... I think we are all really hopeful about how it's going to be, just because we're on a downward trend, to be able to do some of these things, and I think many places are just going forward with surges or waves in the future are just going to practice a lot of mitigation strategies and not shut everything down again. I think that's where we're going to see things like more rigorous testing, masking and those types of activities rather than just shutting things down. So, your trip may not be canceled but it just may look different than what you think it may be.

Anne Browning:

Fair enough. We had a bunch of questions of folks asking what should we do or how should we be approaching as these mask mandates might start decreasing, they are elsewhere, if and when they end up being rolled back in Washington state. Are you planning to keep wearing masks even if the mask mandates go away? How do you feel about that?

Shireesha Dhanireddy:

I think right now, even though they're already lifting them in some places, as mentioned previously, we're still in high level transmission. I mean, pre Omicron, this is still a ridiculously high level of transmission. When we look at the peaks of those other waves, they're much, much small. And so I think even though we're going down, it's still way higher and I think it's still premature to say to not wear a mask until we know where this really settles out, where the next new plateau will be. So, I plan to wear a mask for now.

Anne Browning:

Good. Shireesha, thanks so much for playing along. Appreciate your willingness to jump into the hot seat.

Shireesha Dhanireddy:

Thank you.

Anne Browning:

Trish.

Trish Kritek:

Thank you. Thank you, Shireesha, and thank you for your efficiency and answer. It left me so much time that I'm going to call on Santiago to answer the two things he got texted about. So, do you want to update on those two things?

Santiago Neme:

Sure. Yeah. In terms of the surgery delay after recent diagnosis of COVID, Dr. Kara Mitchell, who has been advising our group for many, many months, shared with me that this is actually being studied. There's a COVID surge three study that's gathering data from December 13th 2021 through February 28th 2022. So, we should know based on... this will be Omicron data.

Trish Kritek:

Data coming.

Santiago Neme:

Right, data coming. Jenny Brackett is saying, "Yes, we're testing all employees, regardless of whether they're clinical or not, travel, etc. We opened two days ago."

Trish Kritek:

Okay. So, come and get tested if you need testing in general, not just because you have symptoms or you're have something urgent. Okay. Thank you for finding out those answers. I love it when people text and give us answers. I very much appreciate it.

Trish Kritek:

And with that, I'm going to say my thanks, and I'm going to go off on a little tangent today because I spent the last two weeks teaching first year medical students about the lung, and it's awesome. I love doing it. I've been in the lecture hall with a crazy KN95, I've been in small groups with a KN95. We're not having any snacks, I have to make little snack packs to send them home with, but I still do that. And it's so fun to teach, and it made me pause and say, "It is amazing to me how many people have helped us keep our teaching mission alive through this. It is remarkable." It is the people in admissions who brought us new learners, and we're in good hands. The people who are going to be our next set of doctors are awesome.

Trish Kritek:

And the people who support our students, our nurses in training, our pharmacists, our PT students, our PA students, all of those people, the support for of them, the administrators, the AV people who make the slides show up, or the camera turn on, or my mic work when it doesn't work, which always seems to happen, all of those people have kept our teaching mission alive.

Trish Kritek:

And so, thank you to all of those people for allowing us to keep teaching. And a huge thanks to all the people who've kept teaching. Our basic scientists who teach undergrads and graduates, all of the folks who teach in the clinical setting, it's amazing to me that over the last two years, it's been funky at times, it's been weird, and it feels closer to normal now, it's not normal, but we have kept teaching and it is wonderful that we have kept teaching. So, I would just want to say thank you to everybody who's made that continue to happen. It is fabulous, and it's really inspiring to me because I love to be with medical students. They remind me why I'm excited to be a doctor, because they're super excited that they're going to be doctors. It is the best part of the year for me.

Trish Kritek:

And I know my students aren't listening right now because they're in lecture, I just left them in the lecture hall, so I hope they listen to this later and they hear me say how great they are.

Trish Kritek:

I'm going to end by saying thanks to the people on the screen, as always. A special thanks to Shireesha for coming and answering questions. She actually sought that out, which I have to say not a lot of people seek out joining us on Town Hall, so thank you. A special thanks to Jay for joining into the fray. It can be a little scary and you were a natural. And as always, thanks to everyone out there for continuing to take care of our patients and their families, all the learners that we take care of all the time, and continuing, with the sun coming out, to continue to take care of each other.

Trish Kritek:

We'll be back in two weeks. Our tempo is going to come down a little bit because our numbers are coming down. So, we'll be back in two weeks. We'll see you then. Bye-bye.