Q&A from Nov. 30 StanfordMed LIVE event on COVID-19

As we head into the winter months and with COVID-19 cases spiking across the country, it’s more important than ever before to do your part to prevent the spread. The questions and answers below are transcribed from the Nov. 30 StanfordMed LIVE event on COVID-19. Watch a recording of the StanfordMed LIVE event.

Speakers included:

- Lloyd Minor, MD, Dean, Stanford School of Medicine
- David Entwistle, President and CEO, Stanford Health Care
- Paul King, President and CEO, Stanford Children’s Health
- Niraj Sehgal, MD, chief medical officer, Stanford Health Care and senior associate dean of clinical affairs, School of Medicine
- Dennis Lund, MD, associate dean of the faculty for maternal and child health, Stanford Children’s Health
- Yvonne Maldonado, MD, senior associate dean of faculty development and diversity and professor of pediatric infectious diseases and of health research and policy
- Andra Blomkalns, MD, professor and chair of the Department of Emergency Medicine (moderator)

Q&A:

*Note that some answers have been condensed*

**Andra:** Can you comment on new guidance from Santa Clara County from Nov. 28, requiring a 14-day quarantine for people returning from trips over 150 miles?

**Lloyd:** Any person who travels greater than 150 miles from Santa Clara County is required to quarantine. Any person is required to quarantine for 14 days after coming back into the County. And importantly, in this health directive, there is not a test out procedure. So, there's not an allowance for someone who quarantines for five days, for example, has a negative COVID test and then resumes activities. We will monitor that if that changes and there is an opportunity for people to test out, we'll certainly make others aware of it. But right now, it's a strict two-week quarantine for anyone, traveling greater than 150 miles from Santa Clara County. Now, importantly, health care workers are exempt from this order, but still we want our health care workers to be very cautious. We strongly recommend that the only travel be essential travel and that other travel be canceled or postponed also for health care workers. It is our recommendation that if you do travel outside of Northern California, when you come back that you get tested five days between five and seven days after your return to the County and to the work environment.

**Andra:** What preparations is Stanford Medicine making in anticipation of a potential surge?

**David:** One of the biggest challenges we’re seeing around the country right now within some significant health systems, is large amounts of staff becoming infected with the virus. And we’re very fortunate here to have had testing early, which has allowed us to be able to, get tested if we have, or we think we've been exposed. So please take advantage of that, but at the same time, just making sure that we have the resources that we need. We worked internally and we’ve identified individuals that can be
brought in as we need for additional staffing. We've also just opened additional inpatient units to make sure that we have the capacity.

**Andra: How are we ensuring the safety of our frontline workers?**

**Paul:** The safety of our employees is our priority, both physical and psychological. We continue to offer both symptomatic and asymptomatic testing. We are also continuing our efforts to ensure we have an adequate supply of PPE for all our employees who need it. We're focused on maintaining a safe work environment. For example, we've transitioned some of our conference rooms into break rooms for staff so that we can maintain that safe distancing that we've talked about while eating or taking a break. And we continue to limit the number of visitors to our patient care units. We know that that does provide some level of dissatisfaction for our visitors, but we think it's the safest thing to do for everyone. We have extended some of our remote work agreements through the middle of next year for our employees who are working remotely.

**Andra: What has caused such a severe spike again? Are the holidays going to influence another spike?**

**Bonnie:** Well, unfortunately I think we have all our ourselves to blame, collectively for what we're seeing. What we're seeing around the country, is that after the very first lockdown where we did such a great job over the summer, people were just relieved and little by little, we started slipping. So, while we were seeing increasing numbers of cases, we're seeing across every demographic, around the country, decreased masking, decreased, concern about getting COVID, especially in the younger age groups. As a result, there's just more and more local transmission. Most of the transmissions are occurring in groups of five to 10 people or less. This is really where we need to stay masked, stay distanced. You need to wear that mask all the time and just distance and wash your hands.

**Andra: Do you anticipate that we will need to, once again, postpone non-emergency procedures?**

**Dennis:** We hope we don't have to, but as everybody knows, hope is not a plan. We do have plans in place to slow down our non-emergency procedures if we need to do so. If people recall, however, things were very different in February and March than they are now. We didn't have as robust access to testing or to PPE. And we were really preserving resources like hospital beds, health care personnel, and supplies in the case that we needed it to take care of COVID patients who we were anticipating were going to surge at that time. We're in a much better position now with those things and we do know that postponing non-emergency procedures adversely affects patient outcomes.

**Andra: When do we expect to have an FDA approved vaccine ready for distribution and the Stanford medicine have a distribution plan?**

**Lloyd:** We're hoping to receive the emergency use authorization probably first for the Pfizer vaccine, really in the coming days. And as we read about it in the papers over the weekend, that vaccine is already being distributed to various distribution centers around the country, including California. We have through our health care delivery system, put in our request for the vaccine, the initial people vaccinated will be health care workers. There’s a group here at Stanford that’s developed an algorithm, to make sure that the vaccine dosages are being distributed equitably among all the various components and people who work in our health care delivery system. So not focus just on physicians, not focus just on any one segment of the health care delivery workforce. The Moderna vaccine has also been submitted for FDA emergency use authorization. It's anticipated that there will be enough doses
for everybody by next summer or fall. The vaccines are highly efficacious, that is prevent disease. They prevent serious disease hospitalization, and even appears death, which is great.

Andra: What is Stanford Medicine's current capacity for COVID testing and has the uptick in recent testing changed our turnaround times?

Niraj: We’ve absolutely seen a huge uptick in demand for testing over the last couple of weeks, probably exceeding what we did in several months prior. The testing capacity in terms of the lab has been amazing and their ability to continue to scale and assure that we have all the re-agents and materials. I think what most people are probably experiencing, if there are delays, that we’re trying to actively work on over the last couple days is just the manpower that’s been involved with the testing requests and trying to make it as easy and accessible as possible. The teams are working hard to assure that we continue to make testing as easy and accessible as possible, but we certainly feel like we have the demand that we can meet coming forward in the weeks ahead.

Andra: What reasons do we have to be optimistic and a return to normalcy over the next year?

Lloyd: Number one is the quality of the people that work here that dedicate their lives to our mission. That's the number one reason to be optimistic and the innovative spirit, and the can-do attitude that permeates all areas of our environment. Also, as we've heard the data on the vaccines that is very encouraging. It's also encouraging that there are several vaccines still working through the phase three process, and we can anticipate as we move into spring, that there should be even more vaccines that pass through the appropriate clinical trials and are given FDA emergency use authorization, which is of course good in terms of supply chain. There have also been some important advances in therapeutics as well with production scaling up of some of the monoclonal antibodies.

David: One thing that Paul and I have been doing over the last week during the holiday is talking with our other communities, CEOs of the other hospitals in the County. And what's been impressive to me is to see how this group has come together to make sure that we're addressing issues as a community, as opposed to individual entities. And it's great to see that perspective that individuals share for the care of the individuals that we are charged with. We certainly see the numbers from around the country and just exponential growth. And we know that it's growing here, but we're not seeing that kind of rate. I just appreciate that folks are continuing to be good citizens, so to speak and are doing the things that they need to, and that's keeping the spread lower than what we're seeing around the country. I'm appreciative of that community aspect of where we live and what we're doing.

Paul: We've demonstrated over this period, our ability to manage virus cases safely. I think we are very proud of the fact that we've been able to do this with very low levels of infection amongst our care team, none of which were acquired here in the healthcare setting. And just to echo what Lloyd said, we've got the team on our front lines. Finally, we've changed what normal is. So, to the extent that we get to define that, I think we can declare victory.

Niraj: I think Thanksgiving's provided a nice time to say that there's much to be grateful about and vaccines give us hope, to give some excitement for the future. But I think to be grateful for the community we have here. And I think the opportunity of what we learned through this and how we find a new normal for what it means to be a health care system and caring for each other as a health care team.
**Dennis:** The best reason to be optimistic is because our health care provider team here is truly a team and we look to each other, we protect each other, we're kind to each other. We need to continue to do that and we will prevail.

**Bonnie:** I really think that this has been a real trial by fire for all of us. This is a historic time and we have been resilient. We’re at mile 13 of a marathon and we’re almost there.