**From the NIH Director: CORONAVIRUS UPDATE – Town Hall, Safety, Survey, Testing, Flu, Research**

From: NIH Executive Secretariat NIHExecSec@nih.gov Fri 9/18/2020 6:04 PM
To: List NIH-ALL-STAFF <NIH-ALL-STAFF@LIST.NIH.GOV>

Dear NIH Family:

It was wonderful to gather with you today for the 5th NIH Virtual Town Hall. I was pleased to see that 18,766 staff members joined us in real time. I learned afterward that there were some technical issues with livestream (grrrrrr, technology!). Fortunately, the recorded video—which is now posted—is clear, so please watch if you missed parts or all of the town hall. We had the pleasure of being joined by National Institute of Allergy and Infectious Diseases (NIAID) Director Tony Fauci to answer many of your questions about COVID-19, vaccines, and therapeutics. We can always count on Tony for clear and accurate information, particularly in times of uncertainty. We were also fortunate to be joined by our Chief People Officer Julie Berko and our Director of the Division of Occupational Health and Safety (DOHS) Jessica McCormick-Ell, who answered questions about Group C and D return, workplace flexibilities, safety, and so much more.

**Telework Survey**

Today is the last day for NIH federal employees who are teleworking to take the 5-minute survey. The survey will help us determine how many of you have telework situations that are not ideal and would like to work onsite on a voluntary basis if/when local circumstances allow us to return additional staff. I encourage those of you who are teleworking to participate to help inform the decisions of the NIH Coronavirus Response Team. **The survey closes at midnight today.**

**Safety**

I wanted to share more information about the assault that took place on the NIH campus last week. The victim acted quickly and is okay. I can confirm that the assailant, who was arrested thanks to quick work by the NIH Police, was not an NIH staff member and entered the campus through the Gateway Visitor's Center. With an abundance of caution, the NIH Office of Research Services is implementing additional measures to enhance our campus security while our staff census is down. These new measures include:

- Employing 24/7 card reader access to administrative-only buildings on the Bethesda campus except building 31. Leased facilities with NIH security guards require an NIH staff member escort.
- Implementing more rigorous perimeter screening questions for non-patient visitors, including the purpose of their visit and a point of contact.
- Periodic interior patrolling of facilities by NIH Police.

Please also continue to take the precautions outlined in my September 10 email to you. In the event of an emergency or imminent threat of physical harm, please contact 911 from a landline or 301-496-9911 from a cell phone. Keep these numbers saved as "favorites" on your mobile phone.

**Asymptomatic Testing**

Asymptomatic COVID-19 testing is available to all staff. This week, the NIH Clinical Center's asymptomatic staff surveillance testing was expanded to include a saliva test as a secondary option for those who are unable to or prefer not to have a mid-turbinate swab test in the nose. The Clinical Center's Department of Lab Medicine has found that saliva is almost as sensitive as the mid-turbinate swab for finding COVID-19 infection (saliva testing has about 93% sensitivity compared to nasopharyngeal swab for the viral loads that are thought to correspond to culturable virus). Mid-turbinate swab is still recommended, but saliva is a good second choice for anyone still struggling with the idea of having a swab inserted into their nose. When you arrive at your appointment, you'll be asked which test you prefer. If you're planning on taking the saliva test, you'll need to make sure you don't eat or drink at least 30 minutes before your appointment. This requirement is not necessary for the mid-turbinate swab.

I encourage you to take advantage of this free viral testing service, which is available to all NIH staff. Everyone who participates helps improve patient and staff safety. We can also have more confidence in our work environment and reduce anxiety about bringing more patients and staff on site if we can assess the prevalence of asymptomatic infection among our staff. You can find more information in the email announcement from Clinical Center CEO Jim Gilman.

As a reminder, if you are experiencing COVID-19 symptoms, please contact the Occupational Medical Service (OMS) and do not make an appointment for asymptomatic testing. If OMS determines testing is needed, they will direct you to make an appointment for the drive-thru testing facility on the NIH campus or visit one of the community-based testing centers. Saliva tests are not offered in the NIH drive-thru testing facility. Keep in mind that if you have symptoms that lead to the need for a test, you should self-quarantine until the results are available.

**Flu Vaccine**

There is a lot of interest among staff about whether NIH will be offering the flu vaccine this year. I'm happy to announce that flu shots will be offered to all federal employees and contractors with a valid NIH ID badge. **Importantly, this year you will need to schedule an appointment (no walk-ins) so that we can ensure we're complying with the NIH COVID-19 Safety Guidance.** DOHS is currently testing the registration system used to schedule individual appointments and anticipates sending a message to all NIH staff next week opening registration for a flu shot appointment.

For the main NIH campus, the clinic starts on September 28 in the B-1 Cafeteria in Building 10. In the Washington/Baltimore area, off-campus locations also will be available; teleworking staff are encouraged to schedule an appointment at a site closer to their home and avoid the main campus. Clinics will begin simultaneously on NIH satellite campuses across the country. All staff are highly encouraged to get immunized, particularly this year as many symptoms of influenza are similar to COVID-19. The flu shot will not protect you from COVID-19, but it does reduce the chances of becoming ill from the influenza virus. You can learn more on the Foil the Flu website.

**Research**

NIH continues to be deeply engaged in developing and testing diagnostics, therapeutics, and vaccines for COVID-19. Three phase 3 vaccine trials are underway, and three more are expected to launch in the next couple of months. Therapeutic trials of immunomodulators, convalescent plasma, hyperimmune globulin, monoclonal antibodies, antivirals, and anticoagulants are underway or about to be started – most of these designed by the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV) public-private partnership, and many of them funded through Operation Warp Speed. But COVID-19 has hit certain populations particularly hard. There are therefore numerous efforts underway to increase participation of ethnic and racial minority populations in NIH-supported COVID-19 prevention and therapeutic clinical trials to ensure these interventions work for all communities. This week, we announced a $12 million award to RTI International to support teams in 11 states established as part of the NIH Community Engagement Alliance (CEAL) Against COVID-19 Disparities. The CEAL research teams will focus on COVID-19 awareness and education research, especially among African Americans, Hispanics/Latinos, and American Indians and Alaska Natives — populations that account for over half of all reported cases in the United States. They also will promote and facilitate the inclusion and participation of these groups in vaccine and therapeutic clinical trials to prevent and treat the disease. The communities of special focus include counties in Alabama, Arizona, California, Florida, Georgia, Louisiana, Michigan, Mississippi, North Carolina, Tennessee, and Texas. I charged National Institute on Minority Health and Health Disparities Director Eliseo

Perez-Stable and National Heart, Lung, and Blood Institute Director Gary Gibbons to lead CEAL – working across the NIH to leverage all existing and relevant resources. CEAL expands existing community outreach efforts already underway by NIH COVID-19 trial networks.

We also heard some encouraging news from Eli Lilly this week on interim results from the BLAZE-1 clinical trial investigating the monoclonal antibody LY-CoV555 in non-hospitalized patients who had tested positive for SARS-CoV-2 in the past 3 days and had mild to moderate COVID-19 symptoms. While the sample population is small, the initial, non-peer-reviewed data appears to show the antibody can reduce viral load and the rate of hospitalizations in people with symptomatic COVID-19 in the outpatient setting. LY-CoV555, developed by Lilly, was isolated from the blood of the first U.S. COVID-19 survivor by AbCellera and scientists at the NIAID Vaccine Research Center. While NIH is not participating in the BLAZE-1 study, NIAID is supporting other clinical trials evaluating LY-CoV555, including ACTIV-2, ACTIV-3, and BLAZE-2.

**Update on Staff COVID-19 Positive Cases**

The number of NIH staff with positive COVID-19 diagnoses, as well as related graphs of the time course of COVID-19 in our communities, have been updated on the intranet site.

Thank you, again, for all you do. Keep safe and keep doing the incredible work you do for the American people.

Francis S. Collins, M.D., Ph.D.
Director