Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Thursday, December 17th, 2020

Transcribed from a previously recorded live event.

Midland Health's portion selected out of the Unified Command Team Press Conference.

Mr. Meyers: Thank you, Erin. I'm Russell Meyers, CEO of Midland Health. And I'm happy to be here this morning. We have great news to start with today. The vaccine that we've been waiting for a while, the Pfizer vaccine, has arrived. It is in our possession as of just a few minutes ago. And our employee health team is preparing to deliver the vaccine beginning a little bit later today to our staff and we have lined up a number of others that we'll help, and I'll get back to that in just a minute. But the vaccine is here.

Hospital activity, 258 patients in the hospital today. Still a very, very high census. 76 total current COVID patients. Those are 23 in Critical Care, 51 in the Medical Units, 1 in Labor and Deliver, and 1 in our Mother and Baby unit post-delivery. The Critical Care population ages are 54 to 78 and in the Medical Unit 25 to 91. In addition to those 76 active COVID-19 patients, we've begun keeping up with patients who were originally hospitalized with active disease, have recovered, and are convalescing still in the hospital while they deal with the aftermath of the disease. There are 13 of those patients. So, 76 active COVID patients, 13 more who originally came in with COVID and are still convalescing but no longer considered positive COVID patients.

Throughout the house we've got 44 ventilators in use. 16 of those are on COVID patients, so it's a very sick population. Large numbers of patients in our Medical and Critical Care space, many of them with seasonal respiratory disease.

Let's see, a few other things. Our employee counts, we are at 73 total employees quarantined today. 47 of those are positive for COVID-19. Both of those numbers are continuing to slowly trend down. Self-monitoring, we have 73 employees who've had some level of exposure but are continuing to work while they monitor themselves and check in with our employee health group every day.

We have 136 employees, not our employees, but people who have been provided to us by either FEMA or the state of Texas to help supplement our staff as we continue to deal with illness and with extraordinarily high census levels both with COVID patients and with non-COVID patients.

Let's see. We have some things going on that I think are important to point out. We are, today if the trend continues and it looks like it will, after today we will have reached 7 days in a row where our region, Region "J" in Southwest Texas has been below the 15% mark for the population of COVID patients in our hospitals' beds. 15% of the beds in the region or less occupied by COVID patients. Once we cross back under that 15% threshold, the governor's order allows the communities to return to 75% occupancy and lift some of the restrictions that we've been experiencing. So, we expect that to happen and as a result, we'll be talking—we've already talked some about reinstituting elective inpatient surgery. We expect to have a few cases tomorrow, some more on Monday. That will continue to be a day-to-day thing, but it's important that we give people the opportunity to have these surgeries that have been put off for several weeks especially as we near the end of the year. We know this is a very common time for people to try to work in a surgery that's got a high out of pocket cost to them before

their deductible resets on January 1. We want to be sensitive to that and to support our surgeons in getting that work done before the year's end. So, we are going to be slowly opening that tap and allowing more inpatient elective surgeries to happen starting tomorrow and into next week.

In addition to that, we are in a position to discuss the possibility of a loosening of our visitation restrictions. We are going to talk about that tomorrow and then when we are back together next week, we should be able to tell you what direction that's taking. That will again, just like inpatient surgery, that will be a very tentative thing. If we do it, it will be on a trial basis essentially. We will reevaluate it every day or every other day, but we are highly motivated to make visitation easier for all of our patients and employees and are hopeful we can do that next week as well.

On the infusion front, the antibody infusions have gone very well to date. We have now given over 50 doses and out of those 50 patients, only 1 has had to make an Emergency Department (ED) visit due to shortness of breath. Nobody has been admitted to the hospital, so we feel like we're getting very good results with the high-risk population that is eligible to receive the Eli Lilly Bamlanivimab infusion according to the FDA's Emergency Use Authorization (EUA) for that drug. The indications for that drug infusion are pretty limited. Did we get? (asking someone off camera) We have a flier that we'll post that tells you exactly what the indications are. They were originally very narrow. We're expanding them just a bit. Anybody over 65 is going to quality if they meet the other criteria and anybody over 55 with diabetes, high blood pressure, or a chronic respiratory illness like COPD. In addition to those criteria, the patients must be positive for COVID-19, that positive test must have been recently received, they cannot be on oxygen or require hospitalization. So, it's still a fairly narrow group, but we've expanding it slightly to include a little bit younger population and more of our 65+ population than we did before. So, if you have an interest in that, you can self-refer. When the flier comes up, you'll see the ability to self-refer there on the flier as well as your doctor if you choose can order that from our infusion center and we'll get you in probably the same day or the next day.

Alight, testing—lots going on with testing. We have been operating 2 sites now for over a week. Both sites are busy, but there are same day slots available especially in the evening. We're continuing to operate both the West Campus and the MLK Center site. Testing volumes as I said are down. They were down about 7% last week from the previous week. This week they appear to be continuing on that downward trend, but the percentage of patients who being tested who are positive has been very steady in the high 20s, about 26% this week. So, testing is still going on. Lots of positive tests resulting from those testing sites.

We are expanding our testing criteria just a bit. Because we have a little bit more capacity at those testing centers, we want to encourage people who need an antigen test for travel, to be cleared to travel. You may now call 68NURSE and get an appointment for the test. We have not been doing those to this point, but we do have that capacity and so we would encourage you to do that as well as if you've had a household contact. That was previously ineligible for testing. We will now consider those as well. So, call 68NURSE and we'll find you an appointment if you need one.

Speaking of 68NURSE, we continue to have really high call volumes, but we're adding a couple of staff this week. The average queue time, the average waiting time for your call to be answered has been down around 5 minutes recently. 5 minutes may seem like a long time, but if you're waiting for advice, or an appointment for testing, or referral to a provider it's not extraordinarily long and I would

encourage you to still call 68NURSE if you have any of those needs and please do be prepared to wait. We are doing everything we can to minimize those wait times. Occasionally, they will be a little bit longer than that, but on average they've been 5 minutes or less pretty consistently.

I want to talk just a little bit about the vaccine before we open to questions. As I said, it's arrived this morning. We're getting 1,950 doses of the Pfizer vaccine. It requires the ultra-low temperature storage as you've heard us say a few times so we're managing it very carefully. Our staff are trained and ready to deliver it and our focus is on healthcare providers. All of the staff here at the hospital are eligible. Those who are in direct care roles and those who are in indirect support roles, all are eligible. And of our staff, we have about a third who we believe will get vaccines in this first round. There's understandable hesitancy on some people's part. This is still issued under an EUA and the testing and the proving of the vaccine is ongoing, but the data are strong, and I intend to take the vaccine as do many of our other leaders and we'll be talking more about that and promoting it in the days ahead. But here out of the gate, we'll be providing the vaccine to hospital employees. And because we have surplus, we have more than we can deliver to our employees in this first round, we have invited many other organizations that provide care to our local citizens to participate with us. Our employee health team will be vaccinating staff from all of our physician offices, from the City of Midland, the EMS service, from jail, school nurses at MISD, the various other providers around town like Encompass Rehab, the Springboard Center, Oceans Behavioral Center, the Texas Oncology doctors and staff, the list goes on and on. But we've tried to identify as many caregiving resources as there are in the community who don't have another way to get the vaccine here in the near term and we've invited them to come and participate with us as long as our vaccine holds out. That specifically does not include our local nursing homes. They have a completely different plan that's been orchestrated and provided by the federal government in partnership with pharmaceutical distributors. And so, the nursing homes are on a whole different schedule. But all other different kinds of providers we've done our best to contact and for most of them we'll be providing vaccine here in this first round over the next few days. So, we're very pleased to be able to do that. Very excited about having the vaccine here on site. This is the single most important event I think we've had since the pandemic began which is the availability of a vaccine that we know works and can be widely distributed as soon as it's available.

With that, I will take questions if you have any.

Moderator: Media, remember you can use the raise your hand feature or type the question in the chat. Tasa, if you want to go ahead and ask your Facebook question while we wait for theirs.

Tasa Richardson, Midland Health Public Relations Manager: Great. Will testing be available on Christmas Eve and Christmas Day?

Mr. Meyers: We are going to test on Christmas Eve until Noon. Just the one site? (asking someone off camera) Yeah, one site available on Christmas Eve until noon. Not on Christmas Day. What about the Saturday? (asking someone off camera) Saturday after Christmas, the 26th, we'll resume our normal schedule. Remember right now we're doing Monday through Friday long hours at West Campus plus a Saturday morning and at the MLK site we are doing Monday through Friday afternoons. So, West Campus site- Christmas Eve morning until Noon. No testing on Christmas Day. Resume regular hours at the West Campus Saturday morning.

Tasa: When will the nursing homes and assisted living sites be getting the vaccine?

Mr. Meyers: I'm not sure about that. I know it was going to be a few days behind the rest of the distribution, but I would encourage you if you have a specific concern about a specific nursing home to contact them directly. They're communicating with the state and the federal government on a whole separate track from ours. I know it's a few days behind, but not much. They are certainly the next priority behind direct caregivers.

Tasa: Erin, that's all the Facebook questions I have.

Moderator: Ok, thank you. The next question comes from Caitlin Randle. Russell, she asks, "Was the vaccine delayed because Midland Health's doses were rerouted to Lubbock?"

Mr. Meyers: No, the state has slowly issued the list of hospitals that are expected to get the vaccine each day. There were only a handful, 5 or 6 on Monday. A larger contingent got it on Tuesday. We didn't get a lot of information yesterday, but we did expect it this morning and it came this morning as expected. It did go through Lubbock, but it didn't get diverted to Lubbock. That's where it came to us from the carrier. So, we're in good shape. This is pretty close to what we expected.

Moderator: And then, Scott Pickey has raised his hand. So, Scott Pickey, whenever you're ready.

Scott Pickey, CBS7: Hi Russell, good morning. You said that a third of the hospital staff signed up to get the vaccine. Are you surprised about that number that maybe more aren't signing up to take it?

Mr. Meyers: Scott, there will be more. I'm confident. Remember, these are people who signed up before the vaccine was even on site, before anybody had been given the vaccine anywhere outside of Great Britain. So, I think there's some understandable reticence to be in the first group. That's not unhealthy necessarily. We expect to be able to vaccinate virtually all of our staff. And I would use our experience with flu vaccine as the great example. We typically, year after year, consistently vaccinate about 85% of our staff who are willing and prepared to take the flu vaccine, a handful who can't take it for various reasons, but our staff has been very much prone to adopt legitimate vaccines as they become available and I expect this to be the case with the COVID vaccine, just not necessarily everybody in the first round. And on some level, that's good. We've strongly encouraged our direct caregivers to get it. And it gives us the opportunity, since there's some reluctance on the part of some of our staff to stretch the supply we have to other direct caregivers that don't work directly for us. So, I don't think it's a bad thing at all and as our leaders, you'll see some of our most prominent physicians very visibly getting the vaccine right at the beginning and we'll be publicizing that and using it to encourage our staff to recognize that that vaccine's safe. It's expected to be effective and that they should take it when it's available to them. I fully expect a significant uptake among our workforce.

Scott Pickey: Understood. And this is the vaccine that you have to get 2 shots, right?

Mr. Meyers: This one is the Pfizer vaccine which requires 2 shots. The second one is 21 days past the first one. The Moderna vaccine, which the FDA is talking about today and may approve as soon as tomorrow or over the weekend requires a 28 day waiting period, but both of them are 2 shot sequences. And that's a part of our process. It's a part of what makes delivery of the vaccine complex. We have to track all these people who get this first dose. Make sure that they have an appointment to come back and get their second dose. And if they don't show up, we've got somebody ready to call them and encourage them. Then when we add another vaccine to the list, we'll have to keep up with

who got what vaccine, keep up with a separate interval between doses. So, our team's got some complex data to manage, but I'm very confident in our ability to do so and we're ready.

Scott Pickey: Cool. We want to see a picture of you with your shirt sleeve rolled up now.

Mr. Meyers: Alright. We'll see if I-- I think I'm going to get it tomorrow. We'll see if we can't make that happen. Any other questions, Erin?

Moderator: I'm assuming Scott's finished, so Jake from Big2 asks, "Have you seen or heard any reaction from workers who will be vaccinated today? How do they feel?"

Mr. Meyers: Lots of excitement I'd say. I know among our physicians there's a tremendous amount of excitement. Dr. Wilson's here and he's chomping at the bit. You know, we have been waiting for this for a long time and the data are so positive and have been, to the credit of the FDA and of Pfizer, the data are readily available on how well this has performed in the trials, so there's plenty to get excited about and people are ready.

Moderator: Alright, and Sammi Steele has raised her hand. So, Sammi, whenever you are ready.

Sammi Steele, NewsWest9: Good morning, everybody.

Mr. Meyers: Good morning, Sammi.

Sammi Steele: Yes, exciting day for the hospital. You guys have got to be, like so happy.

Mr. Meyers: There is a lot of excitement. Yes, there absolutely is. We're excited not only to get it to our own people but looking forward to getting it to the whole community in the weeks ahead.

Sammi Steele: Yeah, it should be very exciting to see how it plays out. My question for you is, so all of that being said, yes there is a lot of excitement with doctors and with medical leaders in the community about this vaccine. But I'm curious, people who I heard rumor on the street, and I don't want to give away any sources, but there were quite a few staff that refused the vaccine. I am curious if there's any truth to that and if there's not, how did you guys go about educating staff on this vaccine?"

Mr. Meyers: Well, refused is certainly not a word I would use because we haven't offered the vaccine yet. We expect to do so the first time later on today. What we did was poll staff and get them to declare whether they wanted to be vaccinated in the first round or not. And we've scheduled them accordingly. And there certainly were a significant number of employees who weren't ready to be vaccinated in the first round. I think that's perfectly legitimate. We would never consider making the vaccine mandatory. We don't make even the flu vaccine mandatory. But the vast majority of our people take it every year. I expect the same thing is going to happen here. It's pretty human, I think, not to want to be the first one to take a new drug, to be able to watch for a few days and see what happens. And I fully believe that as we do this in a very visible way, as Dr. Wilson and the Critical Care docs and our nursing leaders and others take the vaccine and say they've taken the vaccine and do fine we'll be publicizing that to the workforce on a continuing basis and we'll see when our people get the next round of opportunities to sign up they will. I'll absolutely confident of that. But it's important that we continue to talk to them about it. We show them that the people who are in a position to know the best about the vaccine are taking it. We have a local allergist who's helped to allay some fears of our staff by giving some educational talks recently. We'll continue to do that. So, one thing that we think is

really important that we'll continue to emphasize it's known that the vaccine works and the mechanism by which it works causes your body to react as if it had a mild case of the disease. In some cases, some people have had malaise, chills, those kinds of minor flu-like symptoms. We want to continue to encourage people to recognize those may happen. Don't freak out. Don't fail to come back for the second dose just because you had a minor reaction to the first one. That's the way it's supposed to work and it's actually a good indication that the vaccine is working if you feel a little bit funky the next day. So, we are going to continue to push that message as well as a variety of others and encourage our people and I really believe that virtually everybody will come around over these first few weeks.

Sammi Steele: Wonderful. And then I don't know if you can give me a rough percentage as to how many staff from the hospital did want to wait until the second phase? I don't know if you can speak to that at all.

Mr. Meyers: Yeah, it's half or a little bit more and of course that cuts across all levels of folks. I don't know for sure, but I strongly suspect that the caregiver staff is more likely to take it in this first round than the non-caregiver staff. There's a lot of heads nodding around the room. I haven't seen those numbers broken down. That's my initial impression and I'm pretty confident that's the case.

Sammi Steele: So, those non-caregiving staff, what kind of jobs are those?

Mr. Meyers: Gosh, we have every imaginable job. Everything from accounting and business office to engineering and housekeeping and there's a myriad of jobs here. Everybody's got a role to play in the caregiving process. Some people are giving direct care. Some people like our environmental services group are directly supporting those who give direct care by cleaning the areas where they work. Others like our maintenance team are supporting them by keeping the systems working, but not putting their hands-on patients. So, none of us would be here if it weren't for the basic mission of caring for patients, but we're in varying degrees of contact with patients and it's understandable that you probably feel a little less at risk if you're not putting your hands-on patients or going into COVID rooms regularly. So, a little bit of hesitancy is certainly understandable.

Sammi Steele: Right. And then another question that I have. So, the FDA is going over the Moderna vaccine today to see whether or not they're going to give it emergency approval. Where is the hospital at in that application status if that gets approved?

Mr. Meyers: We don't have any information about that at this point. I would expect that we will get it, but it will be driven once again by the federal government working with the state on a distribution plan for that particular vaccine and we're just not aware of that just yet. We're still focused on the Pfizer vaccine.

Sammi Steele: Ok, great. And for people you know who are seeing this on Facebook in the community, Kit Bredimus has touched on the application process for hospitals on getting this vaccine and it is a very, very tedious process. Can you explain to us just what that process was like and when the hospital got started on it?

Mr. Meyers: Gosh, we probably got started on it 3 weeks ago, give or take. It was started by our pharmacy. They receive the shipment. They will manage the doses until they are delivered to our employee health team who will administer it to the workforce. There was a lengthy application form

that had to filled out and submitted. There were multiple different signatures that had to be required. One of the most important things was estimating how many doses we could give, are capable of giving promising that we had the ability to store the vials at the ultra-low temperature that was required. So, it was tedious, but it wasn't particularly difficult, and our team handled it well. We were approved pretty quickly to be a distribution site and so we are happy with the outcome and continue to expect to get vaccine. One of the things we worried about early on was whether we needed to hold back some of the initial allocation, whether we could really count on dose 2 arriving in the 3 weeks out time frame in which we need to receive it so we can give the second dose. The state has been very, very definite about the fact that that second round of delivery is reserved for us, will come timely, and strongly encouraged us to give all of the 1,900+ doses that we have. We absolutely intend to do that. We are trusting that that delivery will happen. We are going to get this distributed as widely as we can especially to people who are giving care to patients of all kinds throughout our community.

Sammi Steele: Right, right. Awesome. Well, thank you. I can't think of anything else. I'm sure it will come to me later, but thanks.

Mr. Meyers: Alright. Thank you, Sammi.

Moderator: The next question comes from Caitlin Randle. She asks, "How many doses are you planning to give out today?"

Mr. Meyers: I don't know. We have a schedule, but I can't tell you how many are on it. We are giving—(comments off camera not heard) Yeah, over a hundred. That's a good place to start. We hope to do more than that, but at least a hundred today.

Moderator: And their follow up question is will you be staggering how many people can get the vaccine at a time in case employees need to call out sick afterwards?

Mr. Meyers: Yes. That's been an important planning element for us particularly in those direct patient care areas that are stretched so thin right now. We're trying to stagger the team. Trying to encourage people to get the vaccine on a day before a day off, but if they can't do that at least stagger so, for example, and entire nursing unit staff wouldn't get it on the same day and take the risk that they could all be out sick the next day. So, we are intentionally staggering the staff to allow for that.

Moderator: Ok. Sammi has another question.

Sammi Steele: Sorry, yes. This is about the hospital staff, what staff from the hospital were not offered the vaccine?

Mr. Meyers: Everybody was offered the vaccine.

Sammi Steele: Everybody?

Mr. Meyers: Yep.

Sammi Steele: Ok.

Moderator: Ok, Tasa do you want to ask your last few?

Tasa: Yes, thank you. Can you explain why hospitalizations have been trending downward for the past 2 weeks in reference to you speaking Nov. 17th at the City Council Meeting during the mask debate said you expected hospitalizations to continue to climb. What has changed?

Mr. Meyers: I did expect that. And I don't know with any certainty what's caused the decline. We've seen a decline in hospitalizations, a decline in the number of positive patients week over week, and frankly the post-Thanksgiving rush that we expected hasn't happened. We're not completely out of the woods. The people I trust the most have said give it a full month before you declare that the potential Thanksgiving exposures are passed. But what I hope is that even though we didn't establish an aggressive mask mandate and enforcement program here in Midland, we did a lot of other things that called a tremendous amount of attention to the importance of social distancing and mask wearing. A lot of people are stirred up about this both positively and negatively, but all of that publicity helps. I think it reminds people day in and day out that you can do something to minimize your exposure and you should because the consequences of exposure for some people are hospitalization and hospitalization can lead to really difficult outcomes and even some deaths. Once people realize and have it in front of them all the time that they can control that at least within some limits I believe they have, and I think the evidence of that is what we're seeing now. It's a slight decline in hospitalizations, but it is a decline. We continue to see people who have very, very long convalescent periods so it's not easy for them, but we are seeing some indications of positive progress. The last thing I want to say about that is we have another holiday coming. We have another opportunity to either do this really well; which it appears we may have done at Thanksgiving; or to let down our guard and risk another big spike right after Christmas. That could be real, and I want to be sure that people don't assume that just because the vaccine has arrived, and we've begun giving it to just a few healthcare providers that suddenly the crisis is over and nobody's at risk anymore. We won't be able to say that for several months until we can get a large portion of our entire population vaccinated. That's well into the spring at the very least. But you know there are certainly encouraging signs. There's a lot to be optimistic about. Just don't let down your guard.

Tasa: As it relates to employees possibly having an allergic reaction to the shot, what resources do we have available on site like epi-pens and things like that?

Mr. Meyers: Ok, I'd like Dr. Wilson to address that if he wouldn't mind because that may lead to a couple of other questions about allergic reactions. Dr. Wilson.

Dr. Larry Wilson (Vice President, Medical Affairs Midland Health): Thank you, Russell. So, in Britain they had I think two patients that had allergic reactions. Both of whom had significant past medical histories of allergies. Through the study with over 37,000 people for Pfizer minimal issues with that. And they were eliminating people that were recognized to have significant allergic reaction history. So, we're really not anticipating that being a problem here at all. But we have the full complement of therapies and interventions for anybody with an allergic reaction here.

Tasa: Erin, I think that concludes our questions on our end.

Moderator: Dr. Wilson, will you just stay up for one second? I think Sammi has a question for you.

Dr. Wilson: Sure.

Sammi Steele: Hey, Dr. Wilson. Yeah, as of yesterday morning it was the case that the allergic reactions had only been Britain, but last night it was reported that an Alaskan nurse also had an allergic reaction, and she had no pre-existing conditions. Is that—

Moderator: Sammi, you muted yourself.

Dr. Wilson: Yeah, I didn't' hear the last part of that, but

Sammi Steele: Is that something you're prepping for, you know, worst case scenario?

Dr. Wilson: Yeah, I mean we're very accustomed to managing people with allergic reactions. Every day we give a tremendous number of medications in the hospital and people have allergic reactions whether we were expecting it or not. We also ask the right questions ahead of time to find out about past medical history of any kind of allergies to anything whether it be foods or hay fever you know environmental stimuli or other pharmaceuticals in the past. So, it's always something we are prepped for. And influenza vaccines, any other vaccines, any medications that we give there's allergic reactions regularly and we manage them all the time. So, I'm not sure about this circumstance that you're expressing about there in Alaska whether she did have a past history, did not have a past history that wasn't really recognized I don't know. But in any event, therapy for an acute anaphylactoid or allergic type reaction to medications is well understood and managed and I'm not anticipating any complications or problems that we can't manage here.

Sammi Steele: So, yeah. Just to clarify to everyone. That response, allergic reaction is not so much a Pfizer thing, but it is a vaccination in general. People could have a reaction like that.

Dr. Wilson: Yeah, that's right. One of the things that Russell alluded to this, you know this is a very novel vaccine. They've been doing a lot of work with mRNA vaccines for a number of years without success and we've been fortunate that this is one that they were able to develop to the coronavirus, a vaccine that actually works. And you know they make a fake capsule basically to carry the mRNA into the body and it's all synthetic materials that the body's likely never been exposed to before, so the likelihood of an allergic reaction with the first doses, the first couple of doses is extremely small. Because usually you have to be prepped for something before you get exposed to it a second time to begin to have some kind of response like that. So, I think of the different vaccines that are being developed, I by far believe these first two and this is what our local allergist was telling our group here as well and other experts have said as well it's probably as safe as they can come with regard to any kind of reactions to it and subsequent complications and stuff. I feel really good about it as Russell mentioned. I'm going to be first in line along with a bunch of other face to face patient care providers to get this and I've been getting calls every day since we heard we are getting this from physicians in the community, how do we get on the list, you know so those of us that recognize what COVID can do are recognizing this as being by far a safer avenue to take. And from a risk benefit standpoint it's a no brainer.

Sammi Steele: Yeah, I mean I think the numbers kind of speak for themselves the fact that thousands of people have been vaccinated and there's only 3 reported cases of any allergic reaction. The numbers definitely speak for themselves in that matter. I talked with you a little bit about this last week. There's you know talk of people possibly getting COVID-19 twice and you walked me through how there's not a lot of concrete data on that yet. Can you explain to people because you know that's something you can

kind of go down the rabbit hole, oh no, you can get it twice? Can you explain how that is being investigated and if you can get COVID twice?

Dr. Wilson: I'll try to make it as simple as possible because it is a little bit complicated.

Sammi Steele: Yeah.

Dr. Wilson: To make it really understood that it's a separate infection rather than a reactivation of a prior infection. That's really where the question lies and what needs to occur is that you have a positive test from an exposure and symptoms, etc. then you have a negative test after recovery that shows that the virus is no longer there at the same time that they are saving some of the specimen from the first test and then if sometime in the future if you develop symptoms again and test positive they need to be able to look at 2 different viruses and suggest some kind of genetic migration of the two different viruses to suggest that it's not the same virus again. So, test positive, end up testing negative, get better, some period of time passes, get sick again, have a positive test again, and then have specimens from both times suggesting that the 2 different viruses were different species basically or had some genetic migration or weren't the exact same virus. It's not that common that they put all those pieces together. There's far more people that have gotten sick, gotten better, gotten sick again with positive tests at both those occasions, but to truly be able to show it to being a different virus is not that common.

Sammi Steele: Right, right. Ok, that's it. I did speak with someone who tested positive in August here in Midland, tested negative in October, tested positive again in November after going on a honeymoon and they were 2 different positive traits of the virus. So, how would the community go about investigating that, looking at a specific case like that because when I spoke with you last week you mentioned that it's only a few dozen cases where they have that line of sequencing.

Dr. Wilson: Yeah, I don't think that that's very easy to do because most people are getting tested—I'm not sure where they got tested the first or the second time, but unless you are being tested at like a university-based program where they are saving specimens for particular purposes to get that level of detail collected and hang onto it historically is not all that frequent. And bear in mind too, people can be sick with a variety of different things and have a test and they can test positive on COVID and actually not have COVID. I would leave it at what I said when we spoke last week. It's a very unusual circumstance to get it twice, but it probably really does happen. There seems to be enough information out there to suggest it can happen. And it appears also that this vaccine produces a more robust antibody response than does just getting the infection by in large. So, our hope is that once you've been vaccinated that your antibody response will linger longer. We don't know for sure, but it's the hope. And so, anyway. Decrease the risk is always our goal and hoping that people stay healthy and get well and getting through with the vaccine this period right now we're feeling a little bit jazzed right now would be a good word for it. You know we've got the vaccine, now we're moving in the right direction and we hope it will continue.

Sammi Steele: Thank you. I appreciate it.

Dr. Wilson: Of course, yeah. Thank you.