



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, August 25, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning. I am Russell Meyers, CEO of Midland Health. This is our Coronavirus update for Tuesday, August 25th, 2020. I'll begin this morning with some numbers. The state has now over 580,000 confirmed cases; 11,395 deaths across the state of Texas. Here in Midland County we have 3,094 confirmed cases and 64 deaths to date from the Coronavirus.

In the hospital, our census today is 171; relatively busy. Our COVID census is as low as it's been in several weeks now at a total of 14. We have 5 Critical Care patients and 9 in the Medical COVID unit. In Critical Care, the age ranges are from the 30s to the 80s and the Medical unit from the 30s to the 90s. And that Medical unit census includes 3 patients from the Ashton Medical Lodge where we've had an ongoing outbreak that I think most people are aware of. In the Critical Care unit, we have 4 of those COVID patients who are on ventilators. Nine other patients in the hospital who are on ventilators for a total of 13. We continue to have 44 ventilators available, so still in very good shape with regard to ventilator capacity.

Emergency Department (ED) volume has picked up just a little bit. We had 132 patients yesterday. I would continue as you have seen in a wide variety of reports recently to encourage people that if you have an illness or an injury of any kind that you believe requires emergency care, please do come on in to the Emergency Room (ER). Please go see your doctor if and when you think you need to do so. Going to the ER, going to your doctor is a safe practice as long as you wear your face covering and do the other things that you are doing to avoid the spread of the virus throughout the community. So, there's no reason at all and no additional risk that you are running by going to seek healthcare when you need it and we would encourage you to do so.

Among our staff, we are at now a total of 14 employees who are being quarantined. Five of those are confirmed positive for COVID, the other 9 have other reasons for being asked to stay home and not come to work. Those numbers are encouraging. They've been just a little bit lower recently, but well down below the mid 50s where we peaked in our workforce.

We are continuing now to keep COVID beds in reserve. We have not seen a very high census now for several days, but we know that we are entering a period with multiple different risk factors. We've got the opening of schools, as the school district phases in live classes, there'll be increasing numbers of kids and especially adults staffing the schools, teaching, potentially being exposed. We want to be particularly conscious of that. That's the potential for a spike. We've got the Labor Day Holiday coming up next week. We've got the flu season that begins really right now, very soon and not only do we want to encourage people to continue hand washing and all the things that we are doing to prevent COVID because they'll have an impact on the flu spread as well, but as soon as the flu vaccine is available we encourage everyone in this community to be particularly diligent this year about getting your flu vaccine. More important than ever that we have not add a significant flu outbreak to the COVID outbreak we are already dealing with recognizing we do have an effective vaccine for the flu and all we've got to do is take advantage of it. So, please do that as soon as those vaccines are available. Probably going to be another month or so I would say before most places have the vaccine available,



perhaps a little longer, but please do watch for that. It's really important in light of all those risk factors, school opening, Labor Day, flu seasons starting that we reinforce the same message we do every time. Let's not get complacent. Please do continue to wear your face covering, stay out of crowded spaces especially indoors, if you have to be in a crowd minimize the time that you spend there, keep your mask on, wash your hands, do all the things that we've been talking about for the long term. They do work. We are seeing a decline in activity because we've been more diligent than we had been before. We don't have a cure. We don't have a vaccine yet. It's those social distancing and personal hygiene measures that are going to prevent the virus from spreading as more and more activity occurs in our community in the coming months.

We've got some interesting test results. While we are still not doing community wide testing, we are testing at our 2 sites and the hospital's results, going back all the way to July 4th, we track week by week how many tests we're doing and how many of those are turning out positive, the week of July 4th we did 625 tests and 36% of those came back positive. Lots of illness, lots of people seeking testing, and a high percentage of those were positive when we finished the tests. Since July 4th, those numbers by in large have been trending down, both the number of people seeking testing and the percentage of tests that have come back positive. From July 4th at 625 tests to the week of August 22nd, we only did 423 tests. July 4th tests were 36% positive, the week of August 22nd they were 12.5% positive. So, things are improving and really the only explanation for that is the increased diligence in the community to maintain physical separation, mask wearing, etc.

There are a couple of bulletins that we've gotten from a couple of sources. You may have seen that after the FDA has gone back and forth, they have now finally issued an Emergency Use Authorization (EUA) for Convalescent Plasma. You know, we've talked about that a good bit over the course of the last few months. Convalescent Plasma is plasma harvested from patients who have recovered from COVID who have antibodies in their blood stream with the hope and the increasing scientific belief that those antibodies will help spur the further creation of antibodies and increase the resistance of a sick patient and allow them to get well sooner. Convalescent Plasma donations are still being accepted by Vitalant, our local blood service facility and I would encourage you if you have recovered from COVID, you know you've had a positive test result, you've been recovered for 28 days, please do contact Vitalant and make arrangements to donate your plasma which can be used in the care of patients. That has now been officially sanctioned for emergency use by the FDA.

Finally, an interesting study that I thought was worth some attention this morning, a University of Texas research team has recently done some work which is not surprising but suggested that the use of cigarettes and e-cigarettes is a factor in increasing the susceptibility of a patient and the severity of illness for a patient should they contract COVID. So, if you didn't need another reason to quit smoking or quit using e-cigarettes, now you have one. It makes you more susceptible to COVID-19 disease as well as all the other well-known complications of smoking. So, one more thing we can add to our list of things we can do to prevent this disease, not from spreading, but having a severe outcome on a patient who contracts it. Stop smoking. It's not too late to do that, you can do that anytime. I strongly encourage you if you are smoking, this is a great time and a great excuse to give it up. So, please consider that.

That's all the prepared remarks I have today. Not a whole lot going on here. I'm very encouraged that activity is down and our staff is recovering from disease, so we're feeling cautiously optimistic now, but



very vigilant about the activity in the community that could lend itself to additional spikes here in the next month or so. So, that's all I have. I'm happy to take questions.

Tasa Richardson, Midland Health Public Relations Manager: We have a question from Facebook. Can you tell us why Midland has such a low number of recoveries in comparison to Odessa?

Mr. Meyers: I think that's a question that's come up a few times and it is always a question for the Health Department. We are not tracking recoveries. I know that I've heard their explanation a couple of times. A part of that is that they only consider people to be recovered when they are fully free of symptoms. Another part of it is that they don't consider people recovered that they can't find or that won't talk to them. And so, the rules for that might be different in other counties. I don't know that I can answer that. The question is probably better directed to the Health Department.

Tasa: Thank you. Are you doing elective surgeries?

Mr. Meyers: We are doing a lot of elective surgery. Yes, we are. All outpatient surgery is wide open as long as we have time and resources to do the surgery. If the surgeon wants to do it, we are ready to do that. Endoscopy, interventional radiology, cath lab procedures, all kinds of things that are done on an outpatient basis which is over 80% of all the surgical work that we do here in the hospital. For inpatients, we are being a little bit more cautious there. We continue to observe and evaluate day to day and week to week on our bed capacity. For a while now we've had some bed capacity. We haven't really had to restrict inpatient surgery too much, but we continue to talk to our surgeons to make sure that if they plan an inpatient case and there's a belief that that case is going to have a multiple day inpatient stay after surgery that we are sure we have the capacity to handle it. So, still a little bit case by case on the inpatients; outpatients are wide open.

Tasa: That's all the questions we have on Facebook. I'll give the media a minute to respond.

Dana Morris (NewsWest9): Dana Morris from NewsWest9. When it comes to Convalescent Plasma treatment, is the plasma that you have available only the plasma that you have collected within your own community? And also, who is ideal for this treatment? Is it a universal treatment? And when should it be used? And when does it ideally work the best to be used?

Mr. Meyers: I think I'll ask Dr. Wilson to come and talk about the use of the plasma. I will tell you the first part of your question, the plasma donations are pooled and assigned as needed. So, we don't necessarily just get what's donated in our community which is much like the blood supply. Blood supply is shared regionally, so the Vitalant folks control all of that and plasma goes where it's needed. So, I'll ask Dr. Wilson to come and talk about who are the best candidates for use of plasma and how it works.

Dr. Larry Wilson (Vice President, Medical Affairs Midland Health): Thank you Russell. Back on the initial part, just for a moment the EUA may change things as we've done them historically, but it had been pooled nationally and then distributed as needed. With the EUA now, we might have our Vitalant source more locally distributing it as ordered which is going to speed the process somewhat. The second part of the question was about the timing of the therapy, I believe. Yeah. So, the timing of the therapy seems to be increasingly clear the earlier, the better. So, any hospitalized patient that shows any sign that their progress is going to prolong their hospitalization we are utilizing it as early as we possibly can. (Comments off camera, not able to be heard) I haven't heard of any specific indications for

its use. It seems to be as we watch the process of the disease, it's a little unpredictable early on if somebody's going to be getting sicker quicker. So, as soon as there's any signs that their requirements for oxygen or intervention is going to prolong their hospitalization, we are utilizing it. There's a few cases that come in that we recognize pretty quickly that they are a day or two in the hospital, some bronchodilator treatments, a few things like that, they look like they are going to go home, they're going to do fine, not a lot of concern in those circumstances. But if they're protracted there's a risk that at some point they're going to deteriorate, and we try to get the Convalescent Plasma on board as early as we can in those circumstances.

Dana Morris: Ok, quick follow up here. So, is the plasma treatment available for someone say if they were to just test positive and they wanted to be proactive, would they be able to select that treatment? Would they be able to go after that treatment if that's something that they wanted to do to just be proactive in their own diagnosis?

Dr. Wilson: You know, Convalescent Plasma is an injection that requires-- It's a blood product essentially. It's recognized as being very, very safe. I can imagine a circumstance with a physician in the community with a patient that he considers to be high risk that tests positive, and they can arrange for outpatient infusion. And that would be a possible circumstance where plasma could be utilized. But it generally has not been utilized in that way. It's generally hospitalized patients. Again, recognizing that the EUA, the Emergency Use Authorization is brand new. It's just a few days into that now, so that may change the playing field a little bit going forward. There's still incomplete information suggesting whether or not Convalescent Plasma has a significant impact on the disease, but apparently the FDA has got access to some of the information and as we have seen it appears that early utilization can be beneficial. And so those circumstances might arise going forward where a physician might choose to utilize that therapy for his patients, and it wouldn't have to be a hospitalized patient necessarily.

Dana Morris: Thank you, gentlemen.

Tasa: Ok, I think that wraps up our questions for today.

Mr. Meyers: Ok. Well, not a whole lot to talk about today, so thank you all for your (audio cut)

-- another event next week. We'll reserve what day for now, I believe (audio cut)

-- on the same schedule this time next week.