



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, April 13<sup>th</sup>, 2021

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 am Russell Meyers. I'm the CEO of Midland Health. And I'm going to give you a little bit of an update on where we are in the hospital and talk some about vaccines. Our census today in the hospital is 170 and we have 13 COVID patients reported this morning. 5 of those in Critical Care, 8 of them in the Medical Unit. That number is up a little bit. We've spent the last couple of weeks mostly in single digits in COVID census. So, we've seen a small growth in our census as well as a little bit of increase in demand for testing in the last week and our positive tests went from 6% to a little over 7%. So, very small ticks up in activity from a COVID perspective in the last few days. Of course, across the country we are seeing larger increases especially across the upper Midwest. There're some concerns that Dr. Wilson may address later about the variant, the mutations that are seen in many of these outbreaks and the increasing importance of considering vaccination as it addresses those variants and can help to prevent those outbreaks. So, something to keep in mind.

With regard to vaccination, well let me hit this before we go to vaccination, a couple more statistical points. The Emergency Department (ED) at the hospital is increasing in volume pretty steadily now. We did 178 patient visits yesterday and one more thing to remind people of, we are not changing here in the hospital. We are not changing our visitation plans, our facility access points, and any of the various other mitigation strategies that we have employed throughout the time of the pandemic. We are continuing to wear masks throughout the hospital. We are requiring those of our visitors and everyone who's in the building. And we expect to do so just like the other entities on today's conference, especially the schools. We'll do those same mitigation tactics all the way through the end of May. At that point I think we can reconsider whether loosening those is appropriate, but we are not quite at that point yet. The hospital will continue to comply with the same mitigation standards we've set for a while now.

Talking specifically about vaccine now, through yesterday we have now delivered in one forum or another almost 89,000 doses of vaccine. Most of those through our mass vaccination site at the Horseshoe. The statistics are interesting. We are finally getting a pretty good handle on the data that are reported every day to the state. There have been a few glitches in getting our arms around that data, but we are pretty confident in it right now. And as we currently stand, about 36% of the eligible population in Midland County has now had at least 1 dose of the vaccine. That's people 16 and older. There's about 126,000 of those per the latest census numbers that are available to us and about 36% of that population has had at least 1 dose. Fully vaccinated, either the single shot of the J&J vaccine or for the vast majority of people, 2 doses of the Pfizer vaccine that's about 26% of our eligible population. So, we still have a long way to go to get our community as fully vaccinated as it could be to minimize the risk going forward of another outbreak.

On a little bit more good news, those over 65 in Midland County almost 66%, right at two thirds of the over 65 population have received at least 1 dose and about 52% are fully vaccinated.



We have plans for changing our vaccine program in the days ahead. You know we've been working at the Horseshoe now for many weeks and that program is coming to an end at the end of April. April 30<sup>th</sup> is the last day for mass vaccinations at the Horseshoe site. We have been greatly benefited by volunteers, by the work of the Midland Fire and EMS Service, by the team from Emergency Management at the County and those who run the Horseshoe. We've all worked together very well to deliver a mass number of vaccinations at that site. But that's coming to an end as life returns to normal and events are scheduled at the Horseshoe and frankly as decline comes in the demand for the vaccine. We are experiencing a significant slowdown in the people who are signing up to be vaccinated and we are going to be working to provide more education, more information across the community to try to convince people who are hesitant, who have concerns about the safety and efficacy of the vaccination, and to try to get those numbers to come up. As we close the Horseshoe, the last day as I said is April 30<sup>th</sup>, we are cooperating with the folks from the United Supermarkets who have a substantial and ongoing supply of vaccine and for the last 3 weeks' worth of Horseshoe first doses, this week and the next two weeks, if you get your first dose from us at the Horseshoe, we'll schedule you to go to a United Super Market pharmacy location for your second dose when it's due. That's an important change and everybody who's getting their first dose this week and the toward the end of the Horseshoe effort will be getting that information when they are vaccinated including an appointment to go to United when they are due. In the future, our efforts to deliver vaccine will shift. We are talking to a number of large employers, hope to make that an important part of our effort going forward to catch large employers for a half a day or a full day on a work site and catch as many people there as we can and then move to take the vaccine to where the people are working or living. We also have a whole separate marketing effort that we are beginning that may end up in churches and in other civic centers and community groups throughout the community, but it's going to pivot to single day events wherever we can get a gathering of people who are willing to be vaccinated in the weeks ahead.

One last thing I'd like to say to promote vaccination, you know, Dr. Wilson will talk a little bit about the outbreaks and the variants, but we've also seen as we get better data it's important to note that it's not just the frail elderly who have been the victims of this disease. We've had deaths across a full spectrum of age groups even down as young as in the 20s. And very interestingly, about 35% of the deaths we've seen here at Midland Memorial have been in the 50 to 69 age group. People who often have told me, I don't feel vulnerable. I'm healthy. That's very true for many people in that age group, but that doesn't mean that you're not subject to getting the disease and having a bad outcome. So, I think it's very important to recognize that the vaccination remains our best defense against this disease and to encourage people to get vaccinated. If you are 16 years of age or older, you are eligible for the vaccination, period. There are no further restrictions other than age. So, it is the time now to get your vaccine and please don't wait.

There is news today, as a last comment about the Johnson & Johnson vaccine. It has been available in Midland in very limited quantities, but as of this morning the CDC and the FDA have asked providers to pause the use of the J&J vaccine based on a handful of concerns about blood clots developing in some patients. And I'll ask Dr. Wilson when he comes up to talk a little bit about what the manifestation of that might be, what you should look for if you've had a J&J vaccine, if you have concerns about that, what symptoms would cause you to need to see your doctor or come to the Emergency Room, but just the Johnson & Johnson vaccine, the single dose vaccine. The only one that's been found to have any concern at all, and those concerns are still being investigated. So, to give the CDC and the FDA time to



investigate they've asked that we hold on giving any more J&J vaccines. We will continue full speed ahead with the Pfizer vaccine which is a completely different technology and has not had any similar side effects or any bad reactions that have been reported and it's been given times millions and millions of doses. So, that's where we are with vaccine and I'll be happy to take questions.

Moderator: We have two questions from Mitch at Marfa Public Radio. His first question is, "MMH recently released a survey to try to determine what may be discouraging individuals from getting the COVID-19 vaccine. Have you gotten any results from that survey?"

Mr. Meyers: We have a few. Tasa, do you want to talk about that? Tasa is managing those results and she knows them better than I do, so.

Tasa Richardson, Midland Health Public Relations Manager: Absolutely. Just for anybody's knowledge the survey is available at [www.MidlandHealth.org/vaccine](http://www.MidlandHealth.org/vaccine). Also, we are promoting it heavily on our social media pages. You can locate it there. I would encourage anyone to go out and take it. Only a couple minutes of your time. But so far, the results have been about a 50/50 split on those people who have received the vaccine versus those that have not received the vaccine. For those that have not received the vaccine, about half of those are saying they just want to wait a little while to watch reactions and things of that nature. And then the most common reason why people who absolutely choose not to get the vaccine is because they do not trust it, or they are fearful of it. So, (audio cut) the next steps here are to take those concerns and try to help provide some education to overcome them.

Mr. Meyers: Thanks, Tasa.

Moderator: His next question is, "What effect do you think the pause on the distribution of the J&J vaccine will have in Midland?"

Mr. Meyers: I would expect it to have virtually no effect because we've had so little of the J&J vaccine here and we don't expect any more to be coming any time soon. We have an ample supply of the Pfizer vaccine which has had no similar safety concerns whatsoever, nothing like it. And as I said earlier, it's a different technology so there's no reason to expect it to behave the same way as perhaps the J&J and you've heard some of this about the AstraZeneca vaccine and it's concerns that have arisen in Europe. It's not approved in the US, but it's similar technology to J&J. So, we are not concerned about that. I would hope that it doesn't cause anybody any concern knowing that the Pfizer vaccine is very different and has been completely safe.

Moderator: The next question is from another reporter at Marfa Public Radio. They ask, "Presidio County still has the second highest vaccine rates in Texas. From your perspective as part of the border region's vaccine hub any thoughts or observations on why that particular county is doing better than its neighbors?"

Mr. Meyers: I don't have an answer for that. I know that the Presidio County folks have gotten pretty substantial allocations from the beginning both directly and then we've been down there to assist, especially in Marfa. But I would say good for them. I appreciate the fact that people have stepped up and gotten vaccine in any community around us and Presidio seems to have been a very active one, but I don't have any thoughts about what's made them more successful than others. Remember, it's a pretty



small county. It's geographically huge, but a small population so it doesn't take a whole lot of numbers to get pretty high percentage.

Moderator: And then Tasa has a Facebook question for you.

Tasa: Yes. Can women with fertility issues get the vaccine?

Mr. Meyers: Dr. Wilson's coming up after me and he can expand on that a little further. But, number 1, any woman who's pregnant or is concerned about her fertility or trying to get pregnant should be speaking with her obstetrician about his or her recommendations for what they should do in all aspects of their health. But I can tell you that the national organization, the American College of Obstetricians and Gynecologists has said from the very beginning that the vaccines are safe for both pregnant women and for those who are trying to get pregnant. And that's as good a statement as I'm aware of and so I will leave it there unless Dr. Wilson likes to comment further.

Tasa and Moderator speaking at the same time. Comments not heard.

Moderator: We have one more after you. So, you go Tasa and then I'll go.

Tasa: No, I was just saying that was all the Facebook questions. Thank you though, Erin.

Moderator: Ok, we have one on our Facebook that I feel like other people might be wondering as well. They ask, would you offer your thoughts on what is the milestone to resume normal life? We have antibodies that seem effective. We have vaccine available to everyone, etc. to mitigate the spread. What are your thoughts on the milestones you are looking for to resume normal life?

Mr. Meyers: Well, I think that's a really difficult question. We are, I think all moving in the direction of more normal life every day. We have set the end of May as kind of our re-evaluation deadline and I think as we continue to see hospitalization numbers in the low teens or the single digits or hopefully one of these days, we'll be able to say we have no COVID patients in the hospital, that's probably the thing that I will watch the most closely. What's the hospital's activity? The number of COVID patients in the community is of less concern just because you have a positive COVID test doesn't necessarily mean you're sick. In a very small number of cases people who have had it before may have it again. They still shed virus, so we're going to watch the hospital numbers and as long as they stay down, we are going to continue to carefully loosen our restrictions and return slowly to normal life. More than anything else I would love to see two thirds of the community or more vaccinated. That may be the single most important thing. We are a long way from that. So, that may not be an achievable number in the near term, but those are the two things I'm most interested in.

Moderator: And then we have one more question from Stewart at the MRT. He says, "Midland Health had more than 5,000 vaccines administered last week at the Horseshoe. Is the decision to stop with the Horseshoe more about those scheduled? Will first doses also go through United as well?"

Mr. Meyers: Yes, the last part. United will have an ample supply and will be offering first doses to all comers. They'll have their own system which they'll be publicizing in the days to come, but they will be operating much like small versions of the Horseshoe. Our interest for first doses is down substantially. I think I said earlier, but if I didn't, we are getting one to two hundred people per day who are interested in a first dose vaccine and that's down from over 1,000 a day at the peak of our efforts. So, we are



clearly seeing decline. This week's numbers will be smaller than last week's as we finish up second doses of people who were given first doses a couple of weeks ago. So, we'll be down in the—You said 5,000 last week. I would expect we'll probably be at half of that by the time we get to the last week of the month. So, it's declining demand, it's the need to release some of the staff who have been working on vaccinations now for three or four months in some cases, to thank our volunteers and wish them well, and then to change our direction to get closer to people who may otherwise find getting a vaccine inconvenient or difficult and go closer to where they are working, where they are worshipping, where they're available on a short turn around basis in the future. So, lots of reasons. And also, the Horseshoe is getting busier. There are things scheduled there that-- You know, we've really greatly benefited from being able to commandeer a single site there on the Horseshoe grounds and keep it intact with no disturbance for the entire period of the mass vaccination process, but part of the return to real life is returning to scheduled events at the Horseshoe. We won't be able to keep doing that going forward. So, lots of good reasons. I think the time is right to move on.

Moderator: His next question is, "How many of the COVID patients currently in MMH have been vaccinated?"

Mr. Meyers: I don't know that we know that. We think it's zero. But we'll see if we can't— (Comments off camera not heard) Yeah, we'll find out for sure. We don't believe any of them have been, but we'll find out and report that.

Moderator: And that's all I have for you, Russell. Thank you.

Mr. Meyers: Thank you.

Moderator: Now we will speak with Dr. Wilson, Local Health Authority for the Midland Health Department.

Dr. Larry Wilson (Vice President, Medical Affairs Midland Health): Thank you, Erin. I'm going to start off running through some of the numbers for the Health Department's most recent information. We have a total of 17,155 cases, COVID cases of which 688 are currently isolating. There are 25 under active investigation. 205 that we are unable to locate or aren't willing to share information. And there's been 250 deaths in Midland County. The remaining patients, 15,987 have all recovered from their COVID infections. There was a little bit of a trend in the last week or so of increased positive cases as well as a little bit of a bump in the hospitalizations here at Midland Memorial Hospital, up from the single digits to about 13 as of yesterday. The most recent trend in the numbers that we're seeing in the last few days again is back down into the single digits of positive cases so there's a little bit of a vacillation in the positives and the cases coming to the hospital. We're seeing several in the ED every day. But it's clearly a better trend that we had seen in the past months so that's a very positive thing.

I want to make a comment that the Health Department is going to be receiving Moderna vaccine. The hospital is using predominantly Pfizer currently. Moderna will be coming to the Health Department for administration. We've got an active list to sign up for and that will be posted in the social media with the city and elsewhere so that those that would like to get the Moderna vaccine can come there and get that. The Moderna, like the Pfizer is a two-shot regimen, just two different manufacturers. Exact same technology. RNA vaccines that are very safe and very effective causing a much more robust antibody response than actually getting the infection. So, it's a very valuable thing to get. You can get it through

the Horseshoe. You can get it through the hospital system currently. You can get it from the Health Department now by signing up through the Health Department.

I'm going to speak briefly about variants as well. There's the ability through our hospital to send out 25 positive COVID cases a week to be tested for variants, just to do a surveillance through the state. And the most recent week that that was done for, I was shared that information yesterday, 25 tests on positive COVID patients, four of those patients had variants of concern. There's three of one of the British variants that's recognized and then one of a California variant that's recognized. All considered higher level of concern because of a higher level of transmissibility of those infections as well as, especially with the British version it seems that it's infecting people with a more severe infection at a lower age. As you recall, we've always been speaking about the older you are the more severe the risk of the infection has been, this variant seems to be affecting younger people more severely. So, one more argument for why it is so important to gain a high level of vaccination in the community. If we decrease the amount of virus in the community by getting vaccinated, there's less replication of the virus. It makes common sense. It's during replication of the virus that mutations occur that create the variants. So, if we want to reduce the risk of having to have yearly boosters or changes in vaccines that have to be made so that we can accommodate the new variants, reducing the amount of virus in the community by getting to the point of high levels of immunity through vaccination is the key to accomplishing that. It's one more strong reason that we all have to be concerned about that and cautious. So, please if you haven't done so already, get vaccinated. Let's decrease the variants that are developing. The variants that we have right now, the British, the California, all of the other variants are all susceptible to the vaccine we have currently. There's no promise that a variant won't come along at some point in time if we're not careful that will require a new vaccine.

Final point on the blood clots that Russell had mentioned. So, with the J&J vaccine there's been 6.8 million doses of that vaccine given out across the country. There have been six cases of thrombosis that have developed. These are a fairly serious type of thrombosis. It's not a typical blood clot that you might get in a leg that you hear about commonly, but it's actually cerebral venous sinus thrombosis. In all six of those cases, it's been in women. And again, I want to emphasize six cases out of 6.8 million doses. Very, very low likelihood, less than one in a million doses has caused this, but it's a serious circumstance. So, headache, any kind of neurological symptoms would be the predominant symptom that one might experience if that were to occur. Again, it's been in women. Six cases out of 6.8 million. It tends to occur a week or 6 days after the vaccine, up to two weeks or 12 days after the vaccine is what's been seen so far. Again, very small numbers. Could be just background noise from just happenstance that this has occurred, but it's kind of a rare circumstance. It's enough of an eyebrow raiser for the CDC that they are pausing the use of that vaccine to do some further evaluation of that.

Those are the comments that I have to make, and I'll entertain any questions.

Moderator: First question comes from Sammi. "What should people do if they already received the J&J vaccine?"

Dr. Wilson: I would be just thoughtful about what I just mentioned. Particularly younger women, the cases that they've seen have been in the ages of the mid to late 20s up into the mid to late 40s. Headache, any neurological symptoms developing a week or so to two weeks after the vaccine would be



reasons to visit with your doctor. But again, the numbers are so small that I would not be overly concerned about it.

Moderator: Tasa, do you have any Facebook questions for Dr. Wilson? No.

Dr. Wilson: Thank you.

Moderator: Thank you, Dr. Wilson.