Welcome, attendees!

- If you are attending virtually:
 - We are using the SMPH Video Library: videos.med.wisc.edu/live
 - Use the chat feature to send your questions for the Q&A
 - This meeting is being recorded, and your Q&A submissions will also be saved for follow-up as needed

Land Acknowledgment

We acknowledge that the land our university and school stands on is ancestral Ho-Chunk land.



Fall Faculty & Staff Meeting

October 23, 2023



Agenda

- Welcome Remarks
- 2023 Folkert O. Belzer Awards Presentation
- Annual Report
- An Update on Autumn Viruses
- Town Hall: Questions, Comments, & Discussion
- Reception



Folkert O. Belzer Award Past Recipients

1996: Matthew D. Davis, MD

1997: Henry C. Pitot, MD, PhD

1998: James C. Pettersen, PhD

1999: Gordon M. Derzon, MHA, & Judith Walzer Leavitt, PhD

2000: Paul P. Carbone, MD

2001: Dennis G. Maki, MD

2002: Arnold L. Brown, MD

2003: James F. Crow, PhD

2004: William W. Busse, MD

2005: Paul M. DeLuca, Jr., PhD

2009: David L. DeMets, PhD

2010: Norman R. Drinkwater, PhD, & John J. Frey, MD

2011: Michael C. Fiore, MD

2012: David Kindig, MD, PhD

2013: June L. Dahl, PhD

2014: Robert Schilling, MD

2015: Charles Mistretta, PhD

2016: Jeffrey Grossman, MD

2017: Eileen Smith

2018: Mark Drezner, MD

2019: Patrick L. Remington, MD, MPH

2020: Edward F. Jackson, PhD

2021: Ellen R. Wald, MD

2022: Richard L. Moss, PhD



2023 Folkert O. Belzer Award Recipients

- Molly Carnes, MD, MS, Professor Emerita, Department of Medicine
- Susan E. Lederer, PhD, Professor and Former Chair,
 Department Medical History and Bioethics
- Laurel W. Rice, MD, Professor Emerita and Former Chair,
 Department of Obstetrics and Gynecology



2023 Folkert O. Belzer Award Recipient



Molly Carnes, MD, MS

Co-Director of WISELI and Director of the UW Center for Women's Health Research (1999-2022)

&

Professor Emeritus, Department Medicine, Psychiatry, and Industrial Systems Engineering



2023 Folkert O. Belzer Award Recipient



Susan E. Lederer, PhD

Department Chair of Medical History and Bioethics (2008-2022)

&

Ronald L. Numbers Chair of Medical History and Bioethics



2023 Folkert O. Belzer Award Recipient



Laurel W. Rice, MD

Department Chair of Obstetrics and Gynecology (2007-2021)

&

Professor Emeritus, Department of Obstetrics and Gynecology



Annual Report

New leaders

- Leadership searches
- Looking back: 2022-23 Dean's priorities
- Looking forward: 2023-24 Dean's priorities



Welcoming New Leadership



Tamara Scerpella, MD
Chair, Department of Orthopedics and Rehabilitation
(started July 2023)



Richard Keller, PhD
Chair, Department of Medical History and Bioethics
(started July 2023)



Elizabeth Quinlan, PhD
Chair, Department of Neuroscience (started Aug. 2023)



Welcoming New Leadership



Ryan Tsuchida, MD
Interim Assistant Dean for Multicultural Affairs for Health Professions Learners (started Aug. 2023)



Scott Reeder, MD, PhD
Chair, Department of Radiology (to start Jan. 2024)



Hasmeena Kathuria, MD
Director, Center for Tobacco Research and
Intervention (to start July 2024)



Current Leadership Searches

- Chair, Department of Human Oncology
- Chair, Department of Pediatrics
- Director, Carbone Cancer Center



Looking Back: 2022–2023 To-Do List

- Continue our work on wellness, community, and diversity, with an emphasis on Building Community, new wellness infrastructure, and ongoing growth in the activities of our Office of Diversity and Equity Transformation.
- Advance the creation of a school-wide Strategic Framework.
- Advance the public phase of "Wisconsin Medicine," the first-ever combined philanthropic partnership of SMPH and UW Health.
- Advance the expansion, quality, and accessibility of centralized information technology.

Looking Forward: 2023–2024 To-Do List

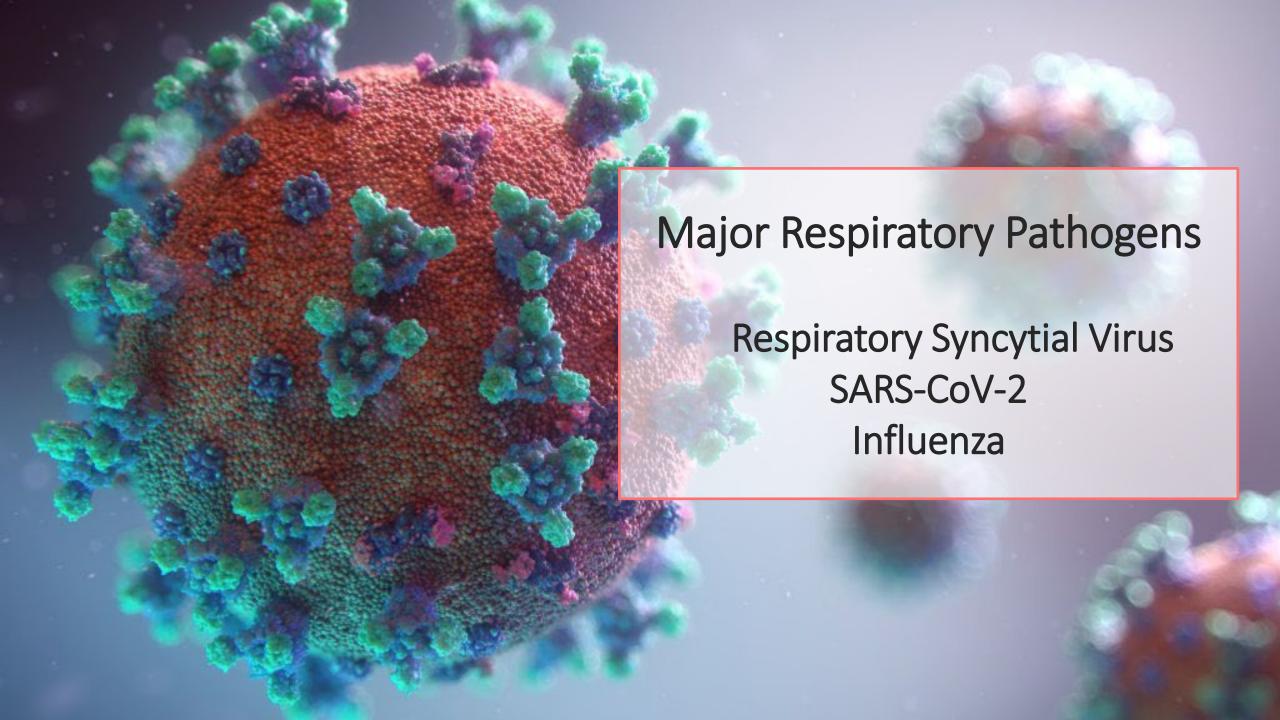
- Develop strategic research areas of focus, including theragnostics, health disparities, xenotransplantation, and others.
- Continue our work on wellness, community, and diversity for all employees and students.
- Expand centralized core services (e.g., informatics and information technology) and address space constraints.
- Prepare the foundation for a successful LCME reaccreditation in 2025-26.
- Continue the success of "Wisconsin Medicine," the first-ever combined philanthropic campaign for SMPH and UW Health.

An Update on Autumn Viruses

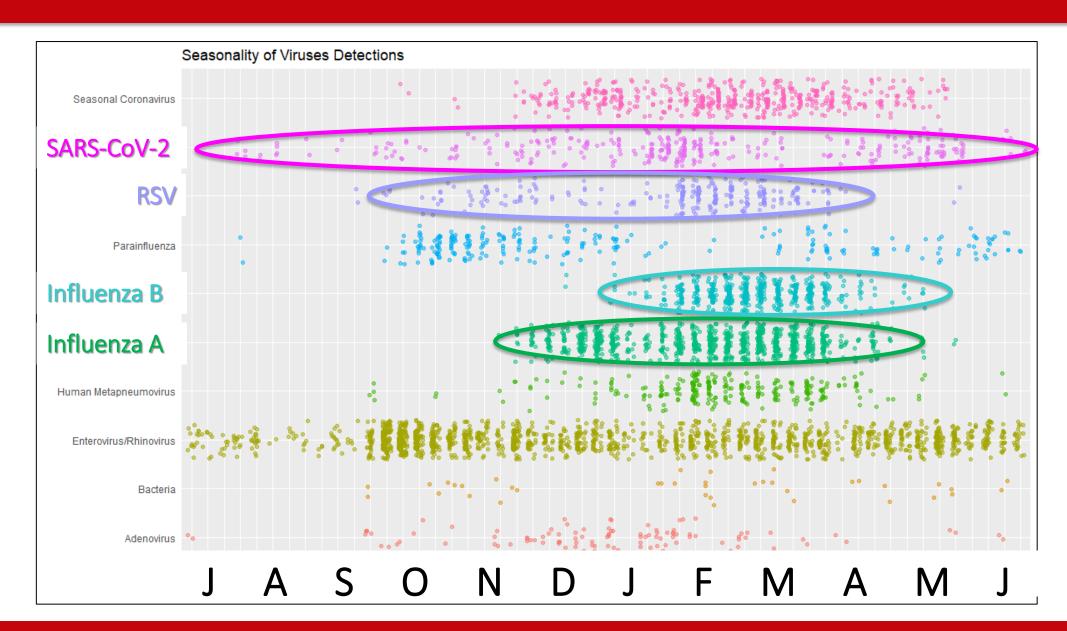
Jonathan Temte, MD, PhD, MS

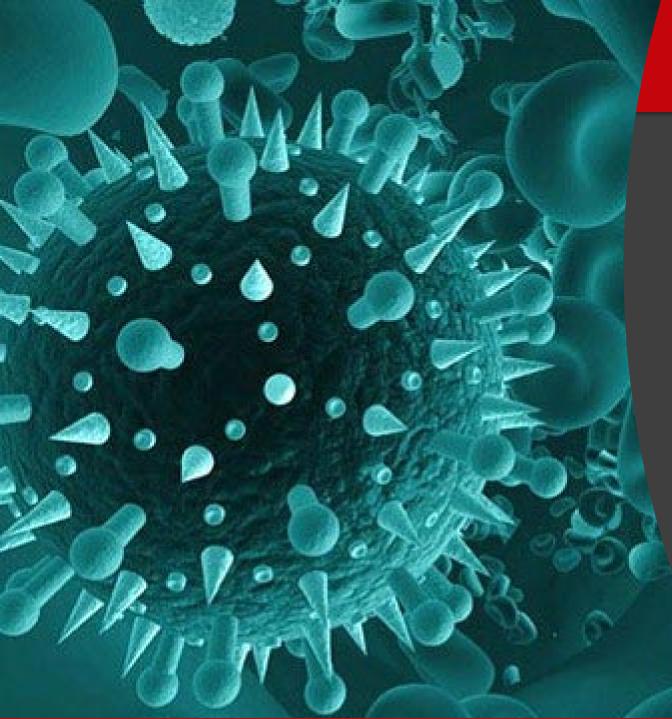
Associate Dean for Public Health and Community Engagement UW School of Medicine and Public Health





Seasonality of Respiratory Viruses

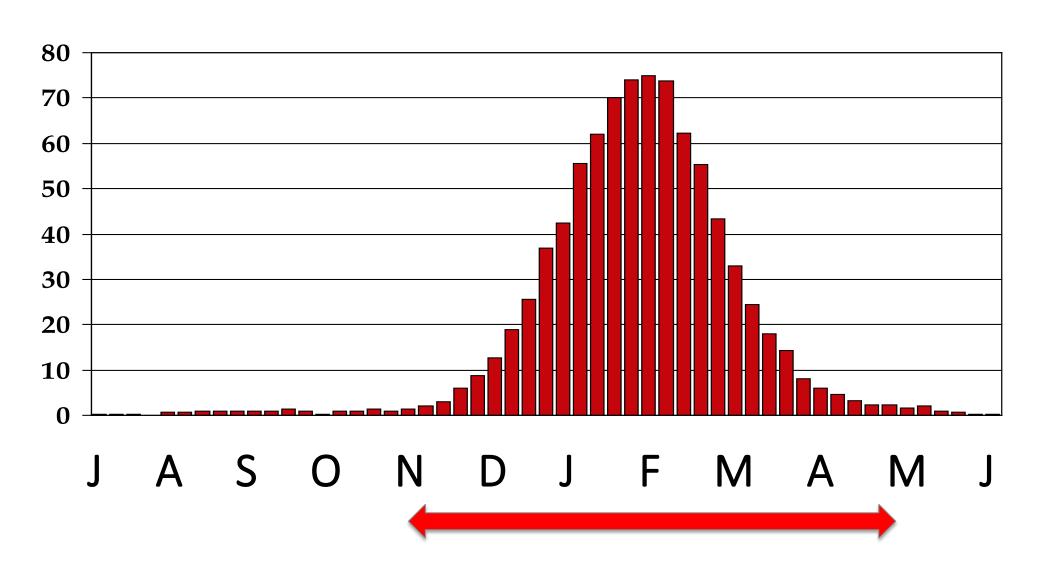




Respiratory Syncytial Virus (RSV) basics

- Transmission via respiratory droplets and surface/fomite contamination
 - Sneezing and coughing within 3-4 feet
 - May persist on surfaces for several hours
- Typical Symptoms
 - Cough
 - Sore throat
 - Runny nose, congestion
 - Wheezing
 - Respiratory Distress in infants and young children
- Time course
 - Incubation period: 2-8 days
 - Symptoms: usually 3-8 days
 - Infectious 1-2 days before start of symptoms to 3-8 days after onset; infants may shed virus for 4 weeks

RSV Positive Cultures in Wisconsin (1981-1998) (3-week moving average of annual data adjusted to grand mean)





RSV Prevention and Treatment

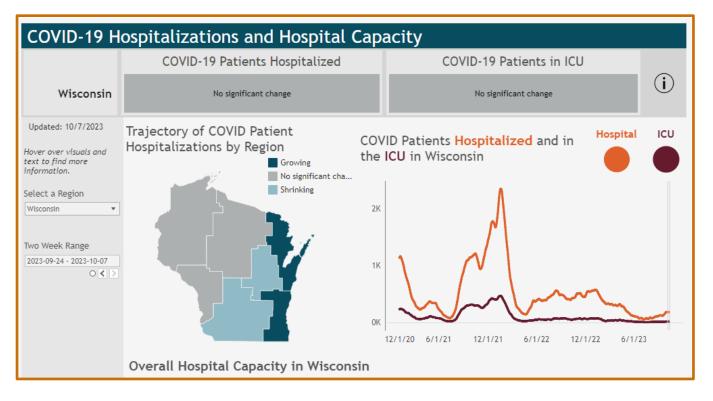
- Vaccines and monoclonal antibody
 - age 60+ for vaccine
 - shared clinical decision-making
 - monoclonal antibody for all infants
 - pregnant women
 - Not required by UW Health
- Treatment
 - Supportive (severe)
 - Supplemental oxygen
 - bronchodilators
 - Symptomatic (mild to moderate)

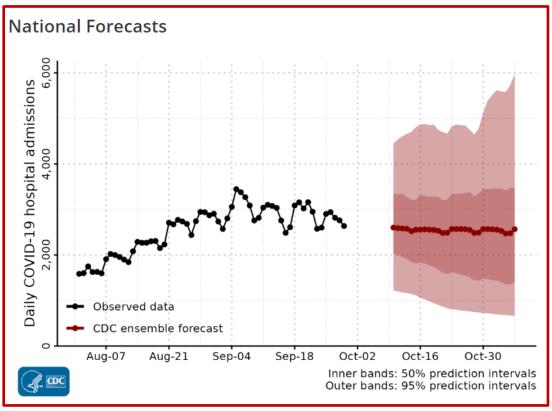


SARS-CoV-2 (COVID-19) basics

- Transmission via respiratory droplets and aerosols
 - Sneezing and coughing
 - Within 3-4 feet
 - Highly infectious
- Typical Symptoms (changing with variant)
 - Cough
 - Loss of smell or taste
 - Sore throat
 - Runny nose, congestion
- Incubation period: 2-6 days
- Symptoms: usually <7 days, but can continue for months
- around 10% of cases develop chronic symptoms (long-COVID)
- Infectious: transmission is most likely in first 5 days, but can extend to 10 days

Projections for 2023/2024



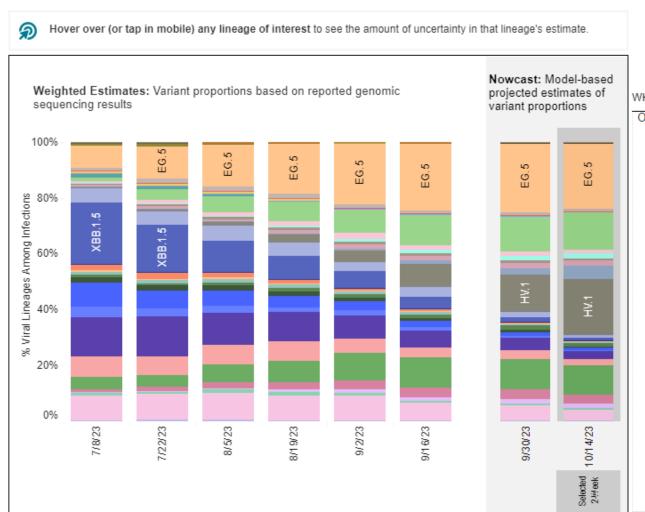


https://www.cdc.gov/coronavirus/2019ncov/science/forecasting/hospitalizations-forecasts.html

https://www.dhs.wisconsin.gov/covid-19/hosp-data.htm

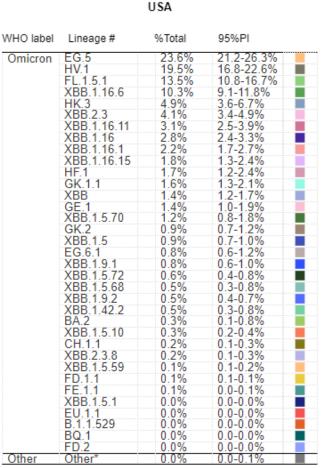
...A Plague of Variants

Weighted and Nowcast Estimates in United States for 2-Week Periods in 6/25/2023 – 10/14/2023



Collection date, two-week period ending

Nowcast Estimates in United States for 10/1/2023 – 10/14/2023



COVID-19 Prevention and Treatment

COVID-19 vaccines are safe and effective

- Reduce death, hospitalization, and long-COVID
- Anticipate an annual and updated vaccine (similar to influenza)

Medications

- Antivirals are available
 - Paxlovid, Molnupiravir
 - Start within 5 days of onset
 - Remdesivir (IV)
 - Start within 7 days of onset



COVID-19 Vaccines

(Recommended by UW Health)

- Primary Series (Moderna and Pfizer)
 - wild-type (original) SARS-CoV-2
 - 2 dose series
- Booster doses through August 2022
 - Wild-type (original SARS-CoV-2)
- Booster dose(s) after August 2022
 - Bivalent (original and Omicron BA.4/BA.5)
 - Single dose recommended for unvaccinated immunocompetent adults
- Updated 2023-2024 vaccine
 - Monovalent (Omicron XBB.1.5-adapted)

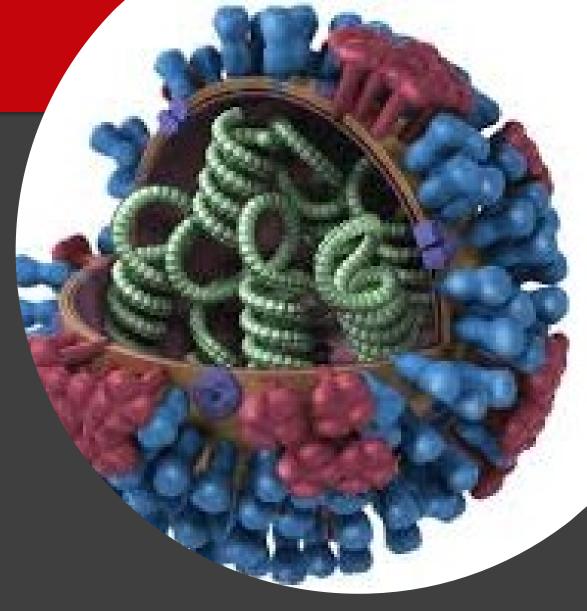
Current ACIP Recommendation

https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html

For those receiving updated mRNA COVID-19 vaccines, persons aged ≥5 years without immunocompromise are recommended to receive 1 updated COVID-19 vaccine dose, irrespective of previous COVID-19 vaccination history.

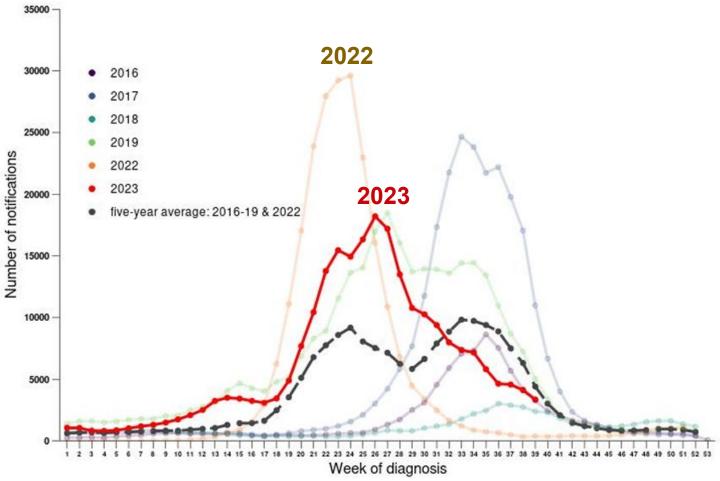
Influenza basics

- Transmission via respiratory droplets
 - Sneezing and coughing
 - Within 3-4 feet
- Typical Symptoms
 - Fever
 - Cough
 - Sore throat
 - Runny nose, congestion
- Time course
 - Incubation period: 1-3 days
 - Symptoms: usually 4-7 days, peaking on day 2 or 3
 - Infectious 1 day before start of symptoms to 5-7 days after onset



What to Expect? ...looking to our friends down-under

Figure 3: Notifications of laboratory-confirmed influenza, Australia, 1 January 2016 to 1 October 2023, by year and week of diagnosis*



Timing of Influenza in Australia

- 2020 absent
- 2021 absent
- 2022 early
- 2023 normal

Influenza Prevention and Treatment

Annual vaccine – quadrivalent

- Influenza A: (H3N2) and (H1N1)
- Influenza B: Victoria and Yamagata*
- Best provided in early to late autumn
- Variable effectiveness for symptomatic (average ~40%)
- Enhanced vaccine for age 65+
- Required by UW Health and SMPH

Avoidance

- Stay home if sick, delay medical visit if possible
- use facemasks (patient/clinician) in healthcare settings
- Effective antivirals (if initiated early)
 - Oseltamivir, Zanamivir, Baloxavir, Peramivir (IV)
 - Must be initiated within 48 hours of illness onset



Quick Summary

Pathogen	Route of Transmission	Risk to Healthcare Personnel	Prevention in Healthcare settings	Vaccine Available	Effective Medication
Influenza	Droplet	Moderate	PPE	Yes*	+++
RSV	Droplet / Surface	High	PPE surface decontamination	Yes	-
SARS-CoV-2	Droplet / Aerosol	High	PPE	Yes	+++

*vaccine requirement for UWHealth/SMPH

Final Thoughts: Situational Awareness

Dane County Respiratory Dashboard

Updated 08/08/2023

Weekly Summary

Get a big-picture summary of the current state of respiratory viruses, based on emergency department data.

Click to filter by illness

- All respiratory illnesses
- O COVID-19
- O Flu
- RSV

Why do you use emergency department data?

RSV

Level



Trend



First Alert

These are the earliest data we have. They might tell us if we are about to have a spike in cases.

Click to filter by data source

- COVID wastewater
- School absences (can predict flu)

Learn more about how to use first alert data

COVID wastewater

Trend



Learn more

Click on each tab to get more data.

Overall trends

Lab testing trends

School absences

Air samplers

Hospitalizations

Death data

Take action



Final Thoughts: Students and Colleagues

- Currently, we are not requiring
 - Social Distancing
 - Masking
 - "Quarantining" (e.g., staying home after exposure)
- CDC recommends "isolating" if COVID-19 positive (for at least 5 days)
- Consider generous accommodations for your students
 - During periods of acute illness (and increased transmissibility)
 - Message should be that it is acceptable to mask, distance, and stay home
- Consider abundant grace for your colleagues
 - During periods of acute illness (and increased transmissibility)
 - Message should be that it is acceptable to mask, distance, and stay home



Thanks

Contact: Jon Temte, MD, PhD

Chair, Wisconsin Council on Immunization Practices

Professor of Family Medicine and Community Health Associate Dean for Public Health and Community Engagement

University of Wisconsin School of Medicine and Public Health

jtemte@wisc.edu

Town Hall

Open for Questions

• In person: Raise hand to receive microphone

Online: Use the chat feature to submit

