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
<table>
<thead>
<tr>
<th>Year</th>
<th>Recipient(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>Matthew D. Davis, MD</td>
</tr>
<tr>
<td>1997</td>
<td>Henry C. Pitot, MD, PhD</td>
</tr>
<tr>
<td>1998</td>
<td>James C. Pettersen, PhD</td>
</tr>
<tr>
<td>1999</td>
<td>Gordon M. Derzon, MHA, &amp; Judith Walzer Leavitt, PhD</td>
</tr>
<tr>
<td>2000</td>
<td>Paul P. Carbone, MD</td>
</tr>
<tr>
<td>2001</td>
<td>Dennis G. Maki, MD</td>
</tr>
<tr>
<td>2002</td>
<td>Arnold L. Brown, MD</td>
</tr>
<tr>
<td>2003</td>
<td>James F. Crow, PhD</td>
</tr>
<tr>
<td>2004</td>
<td>William W. Busse, MD</td>
</tr>
<tr>
<td>2005</td>
<td>Paul M. DeLuca, Jr., PhD</td>
</tr>
<tr>
<td>2009</td>
<td>David L. DeMets, PhD</td>
</tr>
<tr>
<td>2010</td>
<td>Norman R. Drinkwater, PhD, &amp; John J. Frey, MD</td>
</tr>
<tr>
<td>2011</td>
<td>Michael C. Fiore, MD</td>
</tr>
<tr>
<td>2012</td>
<td>David Kindig, MD, PhD</td>
</tr>
<tr>
<td>2013</td>
<td>June L. Dahl, PhD</td>
</tr>
<tr>
<td>2014</td>
<td>Robert Schilling, MD</td>
</tr>
<tr>
<td>2015</td>
<td>Charles Mistretta, PhD</td>
</tr>
<tr>
<td>2016</td>
<td>Jeffrey Grossman, MD</td>
</tr>
<tr>
<td>2017</td>
<td>Eileen Smith</td>
</tr>
<tr>
<td>2018</td>
<td>Mark Drezner, MD</td>
</tr>
<tr>
<td>2019</td>
<td>Patrick L. Remington, MD, MPH</td>
</tr>
<tr>
<td>2020</td>
<td>Edward F. Jackson, PhD</td>
</tr>
<tr>
<td>2021</td>
<td>Ellen R. Wald, MD</td>
</tr>
<tr>
<td>2022</td>
<td>Richard L. Moss, PhD</td>
</tr>
</tbody>
</table>
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
Laurel W. Rice, MD
Department Chair of Obstetrics and Gynecology (2007-2021)
&
Professor Emeritus,
Department of Obstetrics and Gynecology
• 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
Major Respiratory Pathogens

- Respiratory Syncytial Virus
- SARS-CoV-2
- Influenza
Seasonality of Respiratory Viruses

- SARS-CoV-2
- RSV
- Influenza A
- Influenza B
- Parainfluenza
- Human Metapneumovirus
- Enterovirus/Rhinovirus
- Bacteria
- Adenovirus
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

• Time course
  – 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.dhs.wisconsin.gov/covid-19/hosp-data.htm

...A Plague of Variants
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**


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

*Vaccine requirement for UWHealth/SMPH
Final Thoughts: Situational Awareness

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
- COVID-19
- Flu
- RSV

Why do you use emergency department data?

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

RSV
Level
Low
Trend
Stable

COVID wastewater
Trend
Stable & Moderate

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