



Transcript from

COVID-19 Testing Toolkit Webinar Series: University Testing Strategies

May 3, 2022

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Thank you.

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Welcome to Today's Webinar Covid 19 Testing Toolkit Webinar series.

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Johns Hopkins University testing strategy. Dr. G. 2 Grandva will now begin.

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Thank you for joining us today. I'm Gigi Groundfall, Senior Scholar at the Johns Hopkins Center for Health Security, and an associate professor at the Johns Hopkins Bloomberg School Public

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health Today is the eighth installment of our webinar series on Covid.

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19 testing strategies and best practices from selected or organizational leaders.

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This way webinar series is part of our center's New Covid 19 testing toolkit, which is available at the link that we'll put in the chat.

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The toolkit. aims to provide essential information for organizations of all sizes, seeking to develop or adapt their testing strategies to fit their needs.

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Whether taking a test prescribed by our doctor choosing a test for your employees, it's important to choose the right type of test or testing service to provide the most useful information, our toolkit provides this kind of information

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about specific tests and testing services to help employers or decision makers develop strategies to fit their needs.

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This project is funded by Li to help philanthropies in the Gordon and Betty Moore Foundation.

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After the panel. We're going to answer questions from the audience so please submit questions in the Q.

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And a box, and we'll get to as many as we can our first.

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Our panelists are Stephen Ganji was Professor of Epidemiology, and the Johns. Hopkins Bloomberg School of Public Health, or who has a joint appointment in the School of Medicine, He's

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also Executive Vice Provost Provost for academic affairs.

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Jonathan Links, Who's Professor of Environmental Health and Engineering, and the Johns Hawkins Wilburg School Public Health, with Joint Professor of Professorial Appointments and the Schools of Medicine Education Engineering

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and business, and He's also Vice Provost and She's Risk Officer and Laney Reco, who's Professor of Health Policy and Management, and Johns Hopkins Blueberry School of Public Health with a joint appointment in

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the school of medicine she's also vice provost for interdisciplinary initiatives at the University.

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So we're going to start with Dr. Johnson links as the University's vice Provost and chief risk officer.

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He works closely with administrative leaders across the University to ensure risk consciousness, accountability, and prioritization of risk, mitigation, efforts within a common enterprise, risk management framework to support this effort in 2,011

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the University launched an institutional risk management program that he leads, and he also is a professor at

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And he has all the other appointments that I mentioned before.

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So, John, over to you. Thanks, Gig hi everyone first I want to note that it's just fantastic to be here with my school of public health colleagues, and one of the things that turned out to be very convenient in terms

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of responding to this pandemic is that multiple of us in the Provost office in university administration are also professors in the Bloomberg School of Public Health.

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And so I guess we found a sweet spot in terms of a crisis response.

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So i'm just gonna introduce a couple of thoughts and then turn it over to my colleagues.

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The first thing I I want to note is that the university's COVID-19 response began in january of 2,020.

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That is, almost as soon as we first heard about Covid.

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Mind you, our initial focus was not on a global pandemic and its effects on our campuses, but on business continuity, because we have so many Chinese students across the schools of our university.

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And we were quite concerned that those students would not be able to finish.

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For example, high school, or their undergraduate education.

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In time to make it to the Us. at the same time of the spring semester or the coming fall.

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Semester. so our initial focus was almost entirely on china and business continuity rather than on the pandemic on our own shores.

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Having said that correct. Soon it became obvious to us that Covid would hit our shores, and that we needed at a minimum to dust off our pandemic plan around H. one N.

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One from 2,009. I can now say pretty confidently that the way we breeze through the 2,009 pandemic was the worst thing that could have happened for pandemic planning because it gave us such

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a false sense of security and I can't help but say, pandemic and air quotes for 2,009, because obviously, but we've been experiencing for the past 2 years.

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Is many orders of magnitude greater than what we ultimately experienced in 2,009.

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So, as I said, we kicked off our pandemic planning for Covid.

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In January of 2020. By February of 2020 we were in full incident.

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Command or crisis management mode, with a large team organized as topical sub teams to deal with such issues as academic programs, student and employee, health facilities. and so on.

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By mid-march we went remote a posture.

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We would continue for the fall 2020 semester, although we waited pretty late in the game to make that difficult call.

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In a moment Stephen and Laney will describe the many control measures we put in place, and subsequently have flexed as the pandemic has waxed and waned.

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For Now I want to make 2 points. The first is we've consistently relied on an ensemble or set of measures, and our refusal to identify a single magic bullet has really stood us in good stead we've never

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had a documented case of transmission in our classrooms or labs, and that's due to this unsolved of measures which includes masking, distancing, hygiene and sanitation room ventilation

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vaccination mandates, and of course, hey, symptomatic testing a major focus in our conversation here.

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So let me just say a little more about our symptomatic testing program.

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While while we explored options from both the commercial world and colleagues at other universities, we ultimately do our own program.

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The based on a variation of the University of Illinois.

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Saliva Pcr: approach. we implemented a set of sample collection sites across our campuses, a dedicated pathology lab and a transportation program to get the samples to the lab we Also tied both

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scheduling of sample, collection and return of results into our electronic health record and signed up all affiliates in epic and the patient based my chart application.

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We complemented all of that with a Covid call center for employees and students.

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That handled everything from initial uptake, those with symptoms or concerns about exposure to clinical management, to contact tracing.

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It was a huge undertaking, but enabled us to read monitor and control transmission on campus.

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As we implemented and enhanced our testing program over time, we really benefited from a number of publications and pre-prints that modeled or measured the control effects of different asymptomatic testing cadences

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from less than one time per week to multiple times per week, and when we ourselves stood up our asymptomatic testing program, we fled, our own cadence depending on circumstances and those circumstances could be the case rate or

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the hospitalization or death rate in Baltimore, in Maryland, in Dc.

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What was happening on our campus in terms of daily and weekly new cases, as well as the couple of specific outbreaks we had among sports teams or in other identifiable settings.

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And so we went from mandatory testing of once a week all the way up in certain circumstances to mandatory 3 times per week, testing when the circumstances warranted.

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So that's really a quick overview of things and now turn it back to Gg: Great thanks, John.

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Our next panelist is Dr. Steven Gangy.

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Dr. Ganji is professor of epidemiology at the Bloomberg school.

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Since 2,015 he has been the university's executive Vice Provost for academic affairs to provide leadership to academic affairs committees to enhance the educational experience for students and the foster

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innovations and teaching and learning. He oversees the student services, excellence, initiative, and establish the office of university registrar in the office of student enrollment and accounts, management system, and he also coordinates university-wide

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initiatives and online education. So Stephen, over to you, looking forward to your marks.

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Thanks, gig, and thanks to all of you for participating today.

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And one thing that Gg didn't mention is the 3 of us actually have been part of the leadership at the university level for responding to the covid pandemic.

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And so you know we're. happy to answer as many questions about you know our own strategy as it John indicated as we have time for

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I I thought it would be important to talk a little bit about

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The recognition. that our testing strategies. I would say, changed not significantly, but but did evolve over the course of the last 2 years, and partly because of all of the other changing variables that have been

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evolving over the last 2 years, and I and I think it highlights the need for flexibility as well as highlighting the need to expect that not everything will remain the same.

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Epidemiologists have a very simple framework for for thinking of of various factors that may influence a disease.

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We we often identify as a triangle of agent host and environment, and it's important to recognize every one of those 3 vertices changed a lot over the course of time.

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We know, and we hear a lot about the virus itself evolving

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We've seen the waxing and waning of different variants that have had different transmissibility over the course of time.

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This transmissibility has contributed to periods of time when there have been greater or lower community transmission, we we know that it is not just the virus itself that's contributing to this it's part of

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an overall strategy, but it definitely impacts are decisions about how to, do the kind of testing that we want to do in in our community.

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And and we also had to worry about whether you know there were variants that were becoming pro prominent.

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That may impact our test ability to test reliably.

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And I and I saw that there was a question in in the in the chat related to that that. Maybe we can get to a little bit later.

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So so the virus has been evolving.

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We hear a lot about that, and looking towards the future, we expect it to continue to evolve.

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The host and and people have been changing. We know, over the course of the pandemic number of people have been infected on the results of a test.

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Individuals who are positive will remain with a virus, for you know a number of weeks a a number of months, actually.

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And And so in our testing strategy, which are using, as as John said, you know, very sensitive assays.

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We needed to take into account the fact that we didn't want people who may have just had prior infection to be identified as possibly continued infectious, and and a lot of science has evolved over the

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last several years to understand more the infectiousness of people, and that while you may be carrying virus, you may not be really at risk at transmission.

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And that's where you know the the different types of assays that we now have.

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Allow us some degree of of adjudicating that vaccinations, you know, as we know.

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Have also come up the the fact that we have installed at the University level. a mandatory vaccine requirement is accompanied with an exceptions process, and so we've needed to think through what's

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the appropriate control measure for those people who have been granted religious or medical exemptions.

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We we feel it's important for their health as well as the health of the community.

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To ensure that there are compensatory mechanisms and and things that we can put into place.

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To ensure that our community is is is appropriately protected!

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And and so we've instituted for those individuals who have approved exceptions.

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A mandate for additional testing for them

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And then with vaccinations comes unfortunately waning immunity.

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We, we, we've learned a lot about over the course of time that we need boosters to increase our immune levels.

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And and as we look towards the future, you know our testing strategies.

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May need to more carefully account for people's waxing and and winning immunity.

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The the other part of the The epidemiologic triangle is the environment we know with ambient changes in weather with warmer weather. people aren't congregating inside and and we weren't

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surprised. I I should say that last summer we saw numbers dip down, and with return of colder weather and variants.

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And, you know other things. We saw numbers continued to rise.

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This is, you know, gonna be a challenge with any respiratory virus.

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Whether it's flu covid or others the technology has been changing.

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You know the the introduction of rapid tests and the availability, and you know, lack of availability has certainly influenced our own testing strategy, you know, as tests became rapid. test became available.

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We've tried to integrate them into our own strategy in particular.

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These are great tools to give to employees which we do provide as well as to give to students before they return back to campus.

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So they're not completely dependent on all of our own testing strategies.

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But gives them a way to assess self-assessed before they travel.

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And then, you know, other behaviors and and attitudes, you know, as we know, have shifted a lot over the course of the last 2 years, and and it's been you know certainly part of our

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strategy to try to, not fatigue. you know the the community.

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But, as as John said, to continue to maintain a certain level of of measures that we believe are grounded in public health.

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For ensuring that you know our campus is, at least as safe, if not more safe than the ambient community.

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And you know we we've as John said. you know, , required mandatory testing asymptomatic testing for parts of our campus.

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I think that will be something that flexes over the course of time.

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I know a number of other universities have made the decision to actually drop all of their testing. we think that it's still part of our armament.

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And I think that you know we're optimistic we're hopeful that you know the the numbers in case prevalence in the community will be low.

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But we're also looking at the data and we're looking at what's happening.

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Internationally. we're seeing rises in in parts of the world that are may foretell rises here.

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So you know, we're we're not at the place of that that we feel comfortable relaxing our testing mandates but keeping them as a tool as part of our overall campus strategy so maybe with

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that I'll I'll, Stop and turn things back to you, Thank you, Thank you, Steven.

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Our final panelist today is Dr. laney redco as the University's vice provost for interdisciplinary initiatives.

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She promotes a variety of interdisciplinary efforts, including the development and implementation of a collaborative, university-wide strategy to enhance the activities, the visibility and the impact of howkins faculty staff

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and students in the Nation's cap, on beyond she also serves as the project need for our famed Johns Hopkins Coronavirus Research Resource Center.

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And for over 20 years she has worked at the intersection of public policy, law and health, and has served as a bridge between Academia and the public sector. Laney over to you.

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Thanks so much. gee and thanks for the invitation today. It's a real pleasure to be here with you along with John and Stephen.

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My close colleagues from public health from university administration, and also, as Stephen mentioned from university leadership relative to the covid response.

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So i'm i'm going to pick up the story in terms of transparency, and how we decided to share our testing data.

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And other data from within. John's hopkins with the broader community, and so to to do that i'm going to share my screen

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Okay, and for for me to speak about that, though I first want to pick up on the bigger context of what was happening at our university while our testing strategy was being developed in Gg: Thank you.

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You mentioned in your opening remarks that we are very fortunate to be the home of the Coronavirus resource center, known to some as the one with the map.

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And this was being developed as an effort that spanned all corners of our university.

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At the same time, of course, that we were all engaged in internal planning relative to the Covid response.

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In some ways I think of the role that I played both with this website, that on top in Crc.

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And then the dashboard that i'm about to show you which concerns John, talk in specific numbers.

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I sort of functioned as a link between our internal and external facing responses.

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Before I move on to our university dashboard, though I did want to highlight the testing portion of the Crc.

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Because, Gg: as you know from the beginning, we very proudly have linked to your Covid 19 testing toolkit.

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And related resources, and of course, the Crc. continues to exist today with the global map which i'm not going to pull up right now, but because of our focus early on on testing and the Crc.

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It also had primed all of us in house to be thinking about how we could in Crc.

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Language democratize our testing data, make it easy to understand.

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Easily accessible to our Johns Hopkins community affiliates, and also the broader Baltimore community in which we sit at a website as interested can see it.

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So now i'm switching over to show you our Hopkins Covid 19.

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Originally we call it the testing dashboard it's really testing vaccines and other information dashboard.

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Now, and some of the lessons that we had learned from the Crc.

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We were able to apply directly to this dashboard, including things like the

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The need for daily data updates I think all of us throughout this pandemic have seen that when data is reported, say on a weekly cadence for a pandemic unfolding rapidly in real time that's

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that's simply not enough. So we knew that we had to develop something that would update every day, and then we spent a lot of time thinking about the specific types of information that should be included on this dashboard.

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So i'm going to touch on that now before you do I do want to highlight. and this was a very intentional decision that it says up top.

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This information is for the Johns Hopkins community, but also for those in in the Baltimore area.

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So we really saw this as an information tool. You can see up here at the top.

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We show what phase within our nomenclature we're in relative to the pandemic Now we're in phase 3, which is higher density activities.

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We like to put the the numbers we think folks care most about right up here.

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So where were we yesterday? Where are we today? and what range of dates? Are we showing data for?

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And in a moment i'll explain how we archived So we broke out our data into test conducted among our student population, both cumulatively and over the last 7 days.

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I'm not sure if this doesn't always work when I try to show it on zoom. but we do have a tool tip feature. So if you hover you can get more specific data for for a particular day, and then of course, we

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show positive cases among our students, both as a trend line and then on a day to day basis.

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We offer the same information for employees, so has conducted others.

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That tool tip again, and then positive cases, and these actually now look like epi curves.

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So if you look closely here, you can see this rise.

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That was that was the Omicon wave, and that mirrors what you see down here.

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This is state and local data. So this is not specific to Hopkins, but we thought it was very important for context to pull this into our university dashboard.

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And you can see right here that's the omicon wave in in the state of Maryland.

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We've made a decision to provide information about cases by division within our university.

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Again, because we're a big place, and we knew that people would want to be able to better understand which part of the university might be experiencing more cases at any given moment.

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We provide information about available housing, and this is primarily for our undergraduate students.

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And then over here, and we're very proud of these numbers vaccination status.

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It was not always a 99% for employees and students.

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But we we did get there and then at the bottom we provide historical data.

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I mentioned a moment ago that I would touch on this we learned a lot about how best to archive our data. and also we all think it's important to continue to make these data accessible.

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Even if they're you or 2 bold and finally and I won't go deep into it.

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But we do provide explanatory text at the bottom of our dashboard.

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That gets into more details about our testing strategy and what do we mean in terms of some of the some of the language that we use up top.

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So with that i'm going to stop sharing and Gd.

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I'll turn it back to you great thank you just as a programming note.

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John is, I I know that you need to you'll only be with us for a few more minutes.

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So. So for those watching. John is intentionally ghosting us.

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He, you can fade away when you need to fade away.

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But the first question i'll pose to you is you know one of the one of the audience members asks. What would testing strategies that account for different different levels of immunity look like so how do you choose the pace

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of your of the asymptomatic testing, I think, is what that question is getting at.

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Let me let me give this a try, and then, colleagues, please.

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Pipe in so immune i'm gonna use the word immunity broadly.

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And The way to think about it is it isn't immunity per se.

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It's the effects of immunity on new case rate and testing regime should take into account the new cases per day.

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New cases per week, etc. in the community in which you're applying the testing regime, and so the lower the number of new cases, or the the fractional new cases on on a daily or weekly basis the less cadence

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of testing. you need to to get benefits so a way to to rethink the The question is to say is the testing frequency the same before and after a vaccination mandate i'm just using that as an example and ted

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the testing cadence that works well before a vaccination mandate that is, has some benefit may not be enough of a cadence on top of a vaccination mandate to have the same incremental benefit after

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that mandate said another way Once a week, may be fantastic in the absence of a vaccination mandate, and may have very little additional benefit in the presence of a vaccination mandate, and we've been

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mindful as we flexed our testing cadence about the fact.

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We have a vaccination and booster mandate, and you saw compliance on the dashboard.

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A moment ago. And so when we drop back for example to one a week, we're using that really just to complement. The fact that we have these other control measures, including a vaccination mandate and to provide important

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surveillance information and it's not giving us the same control bang for Buck as before.

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The vaccination mandate so that's just a way of thinking about different levels of immunity in a population.

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Great great answer. Does anyone else want to comment on this? just to add, You know, I I think, that the within person, variability in actual immune response is is high enough.

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That integrating that into an individual strategy isn't that useful right?

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I I haven't seen any evidence that would suggest that that would be valuable.

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That's right so every thing we're talking about is very explicitly.

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A community university community, but community level public health, population health intervention or set of controls.

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It's not intended to be at the individual level

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So, and someone asks there is I mean Hopkins has a lot of resources that can be put to bear on him. This, on responding to a public health crisis.

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I mean, you know, just being a school public health gives should give that advantage.

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So what advice do you have for other universities that may not have the resource to do the same level of data collection, etc., as Hopkins.

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And maybe if you could speak a little bit to some of the advantages and dis, or anything that you pulled from the university that that helped as inspiration to other schools of public health, Sure,

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Maybe I could. I could start and then turn things over to Laney.

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I I think that you know as as John indicated you know we've really approached this with a an ensemble approach right? recognizing that there's lots of different ways of approaching.

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Protections in in the in the community, you know early on, in the in the pandemic, particularly when we didn't have vaccinations as a mandate.

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We were routinely using, distancing and limiting the number of large classrooms, because we were concerned about transmission in those settings.

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So you know. those are those are, you know, strategies that you can use Masking, you know, is incredibly important and valuable.

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I think that a lot of there are a lot of people who have very strong feelings about masking and but but from a public health standpoint it's another measure that we have that is effective at combined with other

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measures lowering the transmission rate. So I you know my my guidance would be, you know, and and I, you know, do consult with other organizations as well.

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Is, you know, Think about the unsuccessful set of control measures that that you can put into place.

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Testing is just one of them, and if testing isn't something that you can effectively put into place.

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Think about using the other measures that you can requiring individuals to wear masks when they're indoors and or in close contact. you know, requiring vaccines and and boosters to be up to date

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you know, are both measures, you know combined with ensuring that you have good air ventilation as well, so that, you know you're you're doing your best to not prevent any transmission.

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Right, because I think that's a very high, Bar but really ensure that. it's it's as minimized as you can. Yeah, mad. So I I agree with everything, Stephen said, I I would and 2 things one

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is through consultations with colleagues at other universities.

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You know we did learn about how folks were making use of resources that they already had, and for some, especially those in warmer climates, which is not necessarily us, at least not all year.

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They just moved everything that they could outside and for for many institutions.

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They were able to do that almost year round, and and that made a tremendous difference. The other thing that I spoke with colleagues about and other institutions was, if not having a full fledged, testing program for lack of resources or or some other

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reason there are other ways. to have a smaller scale testing program.

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For example, by putting together a surveillance cohort at this point in the pandemic.

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That might not be that helpful. But in in the early days that kind of approach

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Can you know, help to give a sense of what's what's in or not in the community, right?

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Particularly in in populations, right you know that you're most concerned about you know.

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We've done more testing or mandated more testing for those in our residential halls.

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Then students who live off campus, for example, because we know those quarters are you know, closer.

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What do you think the future is for this kind of testing post pandemic?

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Should we get there? What you know will we see this kind of routine asymptomatic testing for other? for in certain settings for other diseases, what do you think is likely to happen?

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Or do you see it fading away Well, I don't I don't see testing fading way.

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You know I I I you know both personally. You know my own staff, my own family.

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I I think, are now routinely using testing given the ubiquity of rapid testing.

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You know, just in, you know, corresponded with one of my employees today, you know, who was concerned about their. Their child brought them to the doctor immediately, you know.

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Did a rapid point of care test you know I I think that that's really an important tool to rapidly try to identify as as best possible.

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You know, having us a stack at home, you know.

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And the other day, you know, go before going to a event where I had vulnerable people, knowing that you could go and and take a test, I I think, is very comforted.

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And very much hope that you know that those kind of resources can continue to be available and and supported by You know our institutions.

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I. I do think that that this pandemic has made all of us more familiar with certain things like just thinking about data.

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Stephen. not that you weren't already you're an epidemiologist, but you you know for for many in in the general public, I I think that living through the last 2 plus years of the pandemic it just brought

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the idea of of data and regularly thinking about and looking at data to to the 4.

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I think the same is true of of testing. Now, whether we all continue for the rest of the time to have a little covid, rapid test section of of our

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You know, living closets or I I I don't know but I agree with Stephen that for the foreseeable future that's that's with us what's your approach to surveillance and voluntary

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asymptomatic testing change as as contact tracing became less less effective as a transmission control.

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Strategy for the circulating strains of Covid.

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Well, I I I personally think you know. the the idea of contact tracing while you know, is is is is an incredible tool, right? you know.

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It was pretty clear how overwhelmed and and quick transmission is, and the the great prevalence in in the community.

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You know which. Which really, again goes to the idea that other measures right.

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Other basic health protection measures, masking, distancing, ventilation, and testing. All need to be ramped up.

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Because of the just challenges that one has when trying to do rapid, you know identification.

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I you know not not to say it's it's not valuable.

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But you know it's more. valuable when prevalence is low and you can really, rapidly identify someone and I identify their close contacts.

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I I I think what we've learned just was how fast particularly with the newer variants the kind of transmission can occur.

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The problems of asymptomatic transmission.

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You know, complicate this and you know I would I would again go back to, and a public health approach is not to put all of your eggs in one basket, and to have an ensemble and beef up when

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possible. and one thing that that we saw in in a student at the environment, and of course, contact tracing critical public health tool, but also students, especially when it's early in the year, they don't always know who they are sitting next

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to or or speaking with you know and and that's That's a real challenge when you're trying at the beginning of a of an academic year to implement a robust contact tracing program that's a really good

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point. And just if you could expand a little bit of about the contact and or communicating some of these things with the students, how that went, if there are any pieces of advice that you would share because you know your population is is well, they

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come from all over the world and and they have you know in high expectation to be able to go to classes, and you know, and there's It's a stressful environment.

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So if you could say a little bit about that, so I you know.

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Let me let me put a a shout out to our student affairs staff who have been under incredible strain over the last 2 years supporting our students.

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You know I I know that's true at at nearly every university and it's it's it's hard

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It is, even in in the absence of a pandemic you know we're supporting their their needs.

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You know is is having having, you know, 2 college age children myself.

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I know you know how burdensome that is.

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They? they really worked to clarify the rules right?

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Because they were evolving over the course of time. they worked to help them plug in to testing and medical care when necessary.

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We had have had, and and continue to use separate isolation housing.

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And so you know, making sure that they have know what's available.

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Make sure that they're supporting during the time that they're in isolation housing has been, you know, an incredible efforts.

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You know we've seen you know the the the strain that has had at other universities, and and tried to accommodate that.

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And then, you know, to try to help them work with their faculty members and instructors to make sure that there is a continuity of of their classroom activities.

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You know, organic chemistry laboratory when you're in, and, you know, expected to be in person is a lot different than you know. a lecture based course particularly one that may record its lectures and

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So you know we've been, you know working with our school Dean's offices, and others to you know, find the right balance between you know, those those kind of resources recordings and and other

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accommodations that will give students a way of of continuing when they can.

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And and I think you know this is always Come, come up, you know, as an instructor, Laney and I both know you know, as instructors.

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You. you manage this at a relatively low level but It's certainly been in order of magnitude larger. And you know, thank goodness, we do have some technology that helps us more than we did .

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If I if I may, one other one other piece and Stephen I I don't think we've mentioned this yet is, that we did have this multi-step consultative process throughout all of our planning and that

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included a student advisory committee with students ranging from underground through postdocs, I believe, as well as a university pandemic academic advising committee, and also a health advisory group

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composed of content area experts from the schools of medicine and and public health.

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So So I raised that just to say we were also us with students. We were also consulting routinely with

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With this group of students throughout the pandemic, and their reactions were incredibly helpful and and influential. as in you know, decisions we were making it also in messaging and and the best ways to communicate with the student body one

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of the features of this webinar series has been different types of events.

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Everybody wants to know how they can manage to hold some events safely, whether it's classroom instruction or wedding, or at whatever it is for for the university level, how are you handling commencement and if and how are you

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handling sports. So commencement is going to be outdoors.

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And you know that that was a purposeful decision, partly you know.

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Because we have the ability to do it. but also we talked with them and and said, You know, outdoor events, as as Laney indicated, are less risky, right?

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And and so the more events that you can have outside, and I know many parts of our community have scheduled events on boats on.

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You know, outside, in open air, tense to to really accommodate this as a as another control measure

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How about sports, and how how did that get handled over the course of the of the last couple of years?

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So so our our sports, you know. there have been combination of regulations that are put on by the the you know.

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Groups. You know that that organize the conferences, and that have included, and we've consulted with them as well about what are the appropriate measures and and you know, testing has been part of that

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I I think there were over the course of 2 years times when they were asking for testing at a much higher frequency, you know, immediately before games, you know.

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Shortly after games as well. and I I think

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You know we we went through what you can do in different areas.

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What compensatory mechanisms you know might be there you're I think it's unreasonable to expect basketball players to play in, and you know and 95 masks.

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But that's where again you know the other mechanisms that you have in place may compensate.

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Okay, how will this affect your planning for future pandemics?

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So You're keeping an eye on on how what things will need to be enshrined in normal routines, and what things need to be.

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You know, in case of emergency, you know, grab this book, as John said.

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You know we We went through this a little bit, you know.

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Had a little bit of a playbook. but you know, the last 2 years certainly have helped us identify areas that you know.

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We we will need to, continue, right, you know, technology and and making sure that we have very flexible technology, particularly with increased number of remote and and hybrid workers, is is gonna be incredibly important as well as you know,

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remote students, and and having that as a mechanism for them to participate in, continue to the extent possible.

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I I think you know we've worked and this hasn't come up, but you know mental health support for our students.

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You know they've been under tremendous pressure and you know we have been expanding our services for those students and figuring out how to better put our health services together for them as well we we also sorry

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Gg: Just: We also have a lot of institutional knowledge now.

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But how long does it take to stand up this type of a testing program?

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What are the concerns we need to think about? like supply chain, you know, and and just the the much bigger picture.

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So hopefully, this is not with us forever. But but we do. Gosh!

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Have a whole lot of knowledge and experience. Now about how this works.

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Do you have the like? Was there. Was there anything that surprised you about the last?

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I I know there are a lot of surprising things that have happened to this pandemic. but as far as as setting up this testing program, or is continued existence, what What did you think is what surprised you and do you have

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any words of advice for for people going forward so 1 one thing that's surprised.

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That surprised me in in a good way was how quickly everyone adapted to testing, just becoming a way of life.

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And you know I I am the parent of of a young child who is now part of our testing program.

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But you know, you see. even with the youngest children it's for better or worse. it's just part of what they do now.

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Same same with masking. So that was a really pleasant surprise.

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Yeah. and and and combined with that is how easy you can make it right.

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You know we We went to saliva-based testing and saliva based self-service testing.

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So we have places on campus where you know you can more or less spit in a tube, and leave it there.

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That'll get picked up and and tested and it's really worked remarkably well.

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I know you know, other universities have have used that Similarly, if you'd asked me, you know 2 and a half years ago whether we could make it that easy and and seamless I I would have been skeptical,

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but you know it, it really did come through. and

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Do you think? How long do you think that? Well, was there a point in the in the beginning?

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When you thought this was going to how long this is going to to last.

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Now we were. We were the first summer right, you know. I we were. We were all looking at the, you know.

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Summer, low values and and and hopeful that perhaps it was just this initial wave, and perhaps it would be eliminated, you know.

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Naturally, you know was was better clear shortly thereafter that that wasn't that was going to occur looking at other countries.

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You know we're now looking at fourth and fifth waves that are occurring in in other countries, and I I think it just points to the end of this this being an endemic virus and endemic

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does not mean, you know, just bouncing around at a low level.

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Endemic means, you know, you give periods of time when it flares up just like influence.

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And so that's that's what we should anticipate I'm going to have our final question be about compliance.

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So a lot of organizations have really struggled with this.

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Have. Has this been a serious issue for your program? And

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Do you have any words of advice for other organizations?

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So we've we've integrated our testing with a lot of back-end work to monitor who is compliant with our vaccine mandate with our testing requirements and

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you know, a lot of it is automated, but but there is also a lot of you know, notification that goes out to to make sure that, people who might have skipped a particular test are appropriately compliant as as

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Laney said, you know we we've you know had very good compliance over the course of time.

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You know we've been fortunate I I I think that you know our community recognizes particularly now.

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That we've waxed in weighing some of our protections over time, that they understand that we're doing this to not in perpetuity, but in response to where the pandemic is and by you

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know, continuing to look at the data when there are periods of time when we feel community rates to me transmission rates are low.

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We back off, and times when there's more concern that we add more testing, or add more masking requirements in certain situations.

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I I think people appreciate that understanding. Would you agree, Lenny?

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I I do. I I second everything's. even just said and we have spent a lot of time together during this pandemic feel very calm, and in second, then gets remarks, Yep.

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Well, whatever I didn't include it this is not really a question. But there were multiple people complementing the work that you have done, and so i'll be sharing past those comments to you after this session.

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But for everyone who is with us and to our panelists.

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Thank you so much for being with us today. We encourage everyone to visit our Covid 19 testing toolkit to learn more about considerations for developing a strategy.

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Our we have a new Faq section, So you can look up answers to your questions, and also share the results.

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We have another webinar that's coming up on June one which is going to focus on the olympics, and how testing was done there, and lessons learned.

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So we look forward to seeing you then, and so thank you.