Speaker 1 (00:01):

Welcome to on the pandemic, a Rutgers cast series where university experts and leaders in health examine the critical challenges we face in our recovery from the COVID-19 pandemic. This episode is hosted by Mario Dowd, the executive director of health systems and population health integration for Rutgers biomedical and health sciences at Rutgers university. Previously, she led the New Jersey department of health as commissioner, after serving as the deputy commissioner and chief of staff. Joining the discussion today is Dr. Vicente grassiness vice-president for health affairs, Rutgers university, senior vice chancellor for clinical affairs, Rutgers biomedical and health sciences, and professor in the department of surgery at Robert Wood Johnson medical school. Also joining today is Dr. Melody Laskey, assistant vice chancellor for student affairs, health and wellness, and associate vice president for student health services.

Speaker 2 (00:56):

Good morning, and thank you for joining us. This is Mary O'Dowd from Rutgers university. And today we are talking about the Rutgers experience with the pandemic with two of my colleagues who have been leading that effort here, we will learn how things have been going on campus and what strategies and tools we are using to keep our community safe, such as masking testing, contact tracing, and vaccination with us. Our Dr. Vicenta grassiness and Dr. Melody Laskey and normal times, they work together and leading health affairs and student health services, respectively for Rutgers. Their work goes across all of the health-related programs for students and employees on all of our campuses. The center and melody have been leading the COVID-19 clinical and health policy testing, contact tracing, and now vaccination programs for Rutgers. The three of us started on this long journey together over a year ago, last January, we started meeting and working on how to respond, to address the issues of the pandemic we saw in other parts of the globe.

Speaker 2 (01:59):

This was the initial activity that triggered the Rutgers university emergency response. At the time, our focus was on identifying ways to support students in internationally based programs. When cases first emerged in China, Japan, and then Europe, it evolved into a full blown emergency response and the necessary shutdown of our campuses, moving to virtual learning and closing down laboratories all the while, continuing to support our community who lived on campus because they had nowhere else to go. And then we began the hard work of reopening safely melody. So much of what we've done this past year has been based on your many, many years of experience here at Rutgers with other disease outbreaks. Um, and you led those responses. Can you share one of those examples are married? I think one of the examples that comes to my mind is from 2016 and 2019, when the new Brunswick campus saw

Speaker 3 (03:00):

An outbreak of men and meningitis B, um, disease at that point, our population that we were really most interested in and thinking was our target population was the entire student body, um, which has 35,000 students on the new Brunswick campus. Two, that was 16 was probably the most interesting year because that was just a few years after the meningococcal B vaccinations that Sarah remember were brought on board. And at that point, many of the people within the community providers in the community, I should say, did not have vaccine available. So we found ourselves really needing to give vaccinations to our students, you know, how in the world were we going to do that? And it's a little

daunting when you think about 35,000 students. But what we did is kind of holds everything together. We learned from what we had done in H one N one back in 2009 and enlisted our partners in RDHS.

Speaker 3 (04:03):

We pulled together our public safety folks, residence, life staff, and really built a team to give vaccinations. Matter of fact, I'll let you know, kind of what we were capable of doing is we gave just under 2000 vaccinations in a day at one clinic. And then one of our clinics that were just under a thousand vaccinations. So what we learned from that was it really does take a full team. And what's good now is that we have relationships that are built relationships with our local health departments, with the vaccine preventable disease department at the state and all across Rutgers. Other thing that we have now that we did not have back then was full cooperation and working across kind of all of the university. And we have a lot of experts that we can really call on with this vaccination, um, adventure with us that we're having now. So we can call upon additional experts for this go round of vaccinations. Mini traits was interesting because it also had vaccine schedules that were different. Like Sarah was two vaccinations and Trimble was three at the time, move forward now to COVID-19 and we've got the Madrona vaccine, which is two dose and perhaps soon the J and J vaccination, which is one dose. So what's good to know about that is our systems are set up to handle all of these scenarios and it's not anything that's new.

Speaker 2 (05:39):

So based on all that experience, melody, and you talk now about, you know, multi-step vaccinations to different, you know, a pandemic, a flu pandemic with the H one N one and then a on campus vaccination plan. Um, you know, how can you talk a little bit about how you've used that experience to develop the plans for the COVID 19 vaccine program, which we know is not live here on Rutgers yet, because we just don't have enough vaccine in the state of New Jersey to do so. Um, but could you just talk a little bit about how that experience has, has helped develop our planning?

Speaker 3 (06:17):

Sure. The system that we use for registration, as well as for documenting the immunization is we started that back in H one N one, and we've continued to tweak it. And so that system is really ready to go. It's the same system that we use for the testing. And so we're kind of one step up on that. Certainly there needs to be a few tweaks with the COVID-19, but basically that system is there and we know that it will work number

Speaker 2 (06:48):

It, registration.

Speaker 3 (06:50):

Exactly, exactly. What we found from the other clinics was it really works well, if you can automate some of this. And so people can move through really quickly, as well as any forms that they can be done online before somebody comes, it's so much smoother or men B, we would clock people at five minutes after they filled out the forms to when they were finished. It was five minutes. And so that's the kind of quality services that we want to be able to provide. Also with the COVID-19. We also have some experiences with the types of settings, you know, what buildings work well. Um, what, don't, what things don't work well in the buildings. And so we've used that now, um, for a site visits to choose where our vaccination clinics on campus will be when we get vaccine. And they're finally approved.

Speaker 2 (07:41):

That's great. Now, melody, I didn't want to ask you you're a physician and you were in that first group that was eligible for vaccination. Have you been vaccinated? And if you did, how did it go?

Speaker 3 (07:52):

Yes. As a matter of fact, my last dose, second dose Lynn's last evening. And so far my arms, a little sore, I'm feeling a little achy right now, but overall, you know, this too shall pass and I'm glad I have some reactions. So I know that, you know, I actually got the vaccine

Speaker 2 (08:09):

That's right. Because a lot of people have talked about the fact that when you have a reaction, it's a sign that it's working, that your immune system is working. That's great. Congratulations, melody, the center. I want to turn over to you now, because I know you also are a physician and I wanted to ask you if you've been vaccinated.

Speaker 4 (08:27):

Uh, um, I have been, uh, vaccinated. I had my second dose, uh, Tuesday, um, and which was just a couple of days ago. And, uh, I went through the same, um, issues in term, but they, they were a little worse. The arm pain was worse, um, in terms of a reaction, but I didn't have some of the side effects that others had and, um, other than feeling fatigued for a day or so, um, maybe 48 hours and then it, uh, and then sure, it's not your job that's

Speaker 2 (08:56):

Causing fatigue

Speaker 4 (09:00):

Normal, but, uh, but I, I do think that's probably the most important thing is that, um, w w you know, we're walking the walk, I think it is important for people to know that we are, I waited my turn. It just happened to others, got vaccinated a way before me that whether it's appropriate. And, um, but I do believe in, in, you know, making sure that when my turn came, I had to make my own decisions. And I do believe vaccinating far outweighs any issues in terms of safety. These vaccines seem to be relatively safe.

Speaker 2 (09:28):

That's great. Thank you both for sharing that personal experience. I think it's important. Um, you know, we know that because COVID-19, um, many things are going to continue virtually in our lives and at Rutgers. And we also know that life will not return to normal quickly, but things have been slowly coming back and with the use of tools and strategies to protect our students and employees across our campuses, including the vaccine, which is just the most recent one. Um, you know, melody just went through some of the planning efforts around the vaccine program. We're hoping to launch it records, and we know that what we don't have vaccine right now because of the supply. We do have a lot of other tools, the center. I'm hoping that you can talk a little bit about the expectations regarding students and employees, the vaccine, when we do have it, when our program is launched and we're repopulating our campuses slowly, you know, will people be required to get the vaccine before coming on campus?

Speaker 4 (10:32):

Well, uh, Mary, uh, uh, I think it's, it's early to tell right now, um, we're in the early phases of really planning for the return to campus. And I, and I mean that sincerely and we're meeting again. Um, I can't believe it has been an entire year since when we first started, the EOC also met this morning and we had a, uh, a very quiet solemn celebration of one year of fighting this pandemic together.

Speaker 2 (10:56):

Um, the EOC, the

Speaker 4 (10:59):

Emergency, uh, operating center and the emergency operating committee that led the, the move forward under 20 Cal Cato to really begin to prepare for, and then execute and implement what we needed to in order to, uh, to succeed against this pandemic and command center. Um, in many ways the command center, one that's continued, uh, and now for a year. Um, so I, I do think our planning and the return is, is as you mentioned, reliant, but not limited to the, uh, availability of vaccine, I think not to skirt that, but I think that's very important. Um, I think we also need to remember that this is still a public health, um, exercise, and we need to maintain and adhere ourselves to all of the, uh, three W's of washing and making sure we wear our mask and we socially distance, um, are all essentially, uh, an for the ongoing fight against this pandemic.

Speaker 4 (11:55):

Um, what we're doing now is certainly working under the FDA, um, investigative, um, licenses, the, um, EUA that was given to, um, these vaccines carries with it a certain amount of responsibility for a consent process because of that, I don't believe that anyone is prepared to mandate the use of these vaccines that may come. And I think as we continue to explore that, um, we will continue to educate everyone as to the need to vaccinate. And I think that has worked very well for this community, Mary, um, but I, I do think it's going to require ongoing conversations. And I do just want to remind everyone that currently the vaccines, even as Johnson and Johnson also begins, um, to, to be utilized it's. Um, and yet another vaccine, um, it's still all under a investigative licensed by the FDA.

Speaker 2 (12:52):

Thanks. That's really helpful. So too early to tell, and we'll keep watching, um, when it comes to the vaccine, I want to back up a little, you mentioned this, um, and it, you know, talking about some of these other tools that we've had under our belt now for a year, um, some more than others and some more recently than others, but back in the spring Perry hall Cadas and I, um, and he's the Dean of the school of public health and, and he, and I developed the guidance document for the strategic testing program. We were co-chairs of the committee for the university. And then Vicenta, you had the, um, the blessing and the curse of leading the efforts to implement that program for students, faculty, staff, and also work to coordinate it, not only across the university, but also with our partner hospitals, and this continues to evolve as we learn. Can you just describe what is the Rutgers testing program who gets tested and why, as it stands right now?

Speaker 4 (13:52):

Well, that's such a broad question, but, uh, I'll, I'll try to do it as quickly as we can. Um, I do want to think everyone, including melody mil, others that have represented to all different parts of, of the, um, clinical

enterprise from, uh, student health to, to patient satisfaction and patient interactions. Um, the, the targeted testing program that we've been using and relying at at Rutgers, um, is actually based on creating a committee of subject matter experts, married, known as the testing protocol action group of T peg. Um, that really takes a look at of the risks associated with people that we're bringing back on campus, whether students or employees, uh, and we began to have a conversation around what is that risk of transmission. Cause that's really what everybody wants to talk about, um, is how do we reduce that risk of transmission vaccination?

Speaker 4 (14:42):

At what point does that risk of transmission reduce? Um, so we started looking at the available evidence with our subject matter experts. We looked at physical distancing you, or can't you, we looked at exposure, we looked at, um, confirmed cases in your past. Um, did you have congregate living all sorts of other risk factors were, um, employed, but the more recent application of what we've been doing from a moving to weekly testing has allowed us to actually look at the data from that. And we're now testing. I think the last weekly sweep there were over 10,000 tests performed in a week.

Speaker 2 (15:15):

I have to really compliment you and your whole team. Who've been working on this. Um, it's been really remarkable to watch the very multidisciplinary team of people that you've pulled together. And also the creative approaches that you've used to making testing accessible to different populations. You have a vending machine for test kits. You have students putting them together. I mean, I never would have imagined this. And I think that really speaks to why it's been so effective because of the real, um, uh, creative and thoughtful approaches that you all have been using.

Speaker 4 (15:48):

Yeah, Mary, I thank you for mentioning that. Um, part of what I've learned through this experience is just how important appropriate communication is and how varied it has to be at the same time. So you can deliver the same message five different ways, um, but the same message and, and it'll affect people five different ways, but th the, the it's also true that you need to message, um, or deliver the same message, five different ways to get to five different groups of people. So that has become, and now we have the Kobe Cola, which we've nicknamed these vending machines, but the innovation behind that. Um, and thank you for mentioning the volunteers, um, melody and I, all of us, we've got an enormous amount of professionals that work with us. I've been blessed with an incredible team, um, but the volunteers have been fantastic. Uh, the Rutgers students, the faculty, um, uh, you know, retired individuals, everyone has come out of, of their comfort in a safe way and have really helped out, especially the students.

Speaker 4 (16:50):

So thank you for mentioning that they continue to innovate, which is fantastic. And, um, a lot of the media campaigns and social media campaigns that are occurring now are thanks to actually, uh, working with the students to figure out what's the best way to drive the message home that we're in it together. And I think that's what we've been successful with at Rutgers. And it's because we are doing it, honestly, I know it's overused, but we are doing it together. We're working with the students, we're working with the employees and, you know, the engineers continue to innovate.

Speaker 2 (17:19):

Yeah, it's been great to watch. I want to pick up on something that the center I mentioned with humanity, um, one of the things that the school of public health worked on was to help to train a cohort of contact tracers. And Vicenta mentioned how that has been really key to the success of controlling, um, the disease tying that contact tracing to the testing and those, uh, contact razors have been deployed around the state. Um, but Rutgers has also worked to put together a special cohort of university specific contact racers. Now that can you just off by explaining why is contact tracing so important

Speaker 5 (17:53):

Purpose of contact tracing and case identification is really to interrupt the disease transmission and to prevent spread in their normal activities. And they're continuing to interact with friends. Then you really are continuing on with the spread of disease. When they find out about a positive case, they will speak to the individual, support them in their needs. They will talk to them about what self isolation looks like and identify people who are close contacts. We'll talk to the close contact with them about also isolating quarantining and testing, inappropriate time again, providing that support.

Speaker 2 (18:46):

Melody, can you talk a little bit about the Rutgers contact tracing program and how that works?

Speaker 5 (18:52):

Sure. Well, as I mentioned before, contact tracing is really, really important in trying to STEM the spread of the disease. So that was recognized here within Rutgers and working with the school of public health. We hired a group of contact tracers, and they were deployed across the university in each one of the campuses. And they're working in collaboration with the local health departments. So it's kind of a seamless transition there between what we're doing at student health and our health and what the local health department is doing. And those contact tracers are vital because they can get the information directly from our student health and OC health very rapidly, and they understand Rutgers. And so that's the other thing that they can move a little faster in getting in touch with people and knowing how to get in touch with people. So we are just blessed to have a few more contact resource because when you have a number of cases, it takes a while. You know, as I mentioned before, it's not just saying, Oh yeah, you're positive. Or you next to somebody there's support. There's understanding, helping them know how to contact, how to quarantine, excuse me, and how to self isolate

Speaker 2 (20:04):

Melody. You mentioned a little bit about the quarantine and isolation for people on campus. What does that mean for them, especially students who live here?

Speaker 5 (20:14):

Sure. So students on campus, when identified as being positive or a close contact, um, are moved to special areas on campus so that they can be isolated and quarantine away from others is this takes a real Herculean effort. They need to be transported. They need to be fed and they need to be cared for. Um, and that happens through our collaboration with our, our EHS folks, as well as our residents life and our housing folks and our dining hall. Got, I can't forget food. Yeah. That's,

Speaker 2 (20:48):

That's important. What is our EHS you've mentioned?

Speaker 5 (20:52):

Yeah. Rutgers environmental health and safety. Got it.

Speaker 2 (20:55):

So it's across the board, the whole university coming together to, to make this work.

Speaker 5 (21:00):

Yep. That's great. Absolutely. This is a full it's a full team, and there are a lot of different team meetings that actually happen to make sure that we have a smooth process as possible.

Speaker 2 (21:13):

Now, the Sunday we're coming to the close here. We've talked a lot about a lot of different things today, but can you just leave us with a final message that you want to share with all of our listeners?

Speaker 5 (21:25):

I think,

Speaker 4 (21:26):

I think it's important for everyone to understand that we're in it now for over a year. Um, we started by having to make our own PPE through 3d printing and it happened because of we were able to reach across the university and we brought all of the appropriate people together to think their way through the problem. Um, you know, they did the math so to speak and they came up with solutions together. We continue to do that now a year or more later, even as we're starting to plan how to vaccinate as, as we wait for vaccine to come. Um, and I think that speaks wonders to what we will tackle as we move forward. It's the ongoing message that as a university, um, this team is really unbeatable when we, when we put ourselves together and, um, and we act as one community and I think that's very important.

Speaker 4 (22:17):

So we're incredibly grateful, melody, myself, everyone for just how effective this community has come together to work through all the problems and barriers, um, for over a year now to continue to succeed. I mean, we can see the light at the end of the tunnel a year ago. We probably never even would've thought, although some of us thought we'd be here for awhile. I want you, but, um, but I do think we are prepared and, uh, my last message to everyone would be one of gratitude. And thank you for just how, um, wonderful everybody has been to really work to getting us all out of this thing successfully

Speaker 2 (22:50):

The center melody, thank you for joining us here today. Um, I just want to reiterate the gratitude presented that you've expressed and also to remind people, continue to wash your hands, wear a mask and watch your distance. I think those public health strategies are just really important. Even if you've been vaccinated, we're still learning our way out of, uh, out of this pandemic and to stay current on the latest information on the programs we've discussed here today, such as when the wreckers vaccination program will be launched, um, and the rest of the records, response activities, such as where the testing

is available and how to access it, if it's appropriate for you, please go to our COVID 19 information website, which is Corona virus.rutgers.edu. Again, that's Corona virus, C O R O N a V I R u.rutgers.edu. And remember to stay informed and stay safe.

Speaker 1 (23:53):

You've been listening to on the pandemic. We'll be back soon with new guests and new information from the top minds in health, to learn more about how Rutgers is making a difference during the COVID-19 pandemic visit rutgers.edu/united.