Bridget Patterson: Hi everyone, and thanks for coming today. My name is Bridget Patterson, and I’m a third year in the college majoring in public policy and psychology.

At the IoT, I’m involved in new ships trying to get all students registered and voting. We aim to provide resources and I can mean the D that reduces barriers to voting that students face.

If you need any voting help or just want to connect with your ships, follow us on Instagram, and Facebook at your ships boots or go to our website your ships votes.com.

It’s my honor today to introduce Dr. Emily Landon, Associate Professor of Medicine and executive Medical Director for infection prevention and control at you Chicago medicine.

She has been practicing medicine at you Chicago for over 10 years and has been integral and you Chicago’s and the state of Illinois response to the pandemic.

In March, she spoke alongside governor Pritzker and Mayor Lightfoot to explain the importance of staying home and wearing a mask during the pandemic.

Today Dr. Landon joins IoT director David Axelrod to discuss how our university and how the city of Chicago are doing now in the coronavirus pandemic.

And what we can all do to keep our campus and community as healthy as possible without further delay, I give the floor to Dr. Emily Landon. Thank you for coming today.

David Axelrod: Hey, Dr. Lana. Good to see you.

We scheduled this before we knew what a what a momentous and and disturbing day this would be, but I can’t. Before we get into
David Axelrod: Where we are as a community and where we are as a country, relative to the virus have to ask you about the President of the United States, because we learned overnight.

David Axelrod: That he is has now tested positive for coven as his as his wife, the First Lady. And I'm wondering how you interpreted that news and what we should expect and what he should expect

Dr. Emily Landon: Well unfortunately I can't say that I'm surprised he's been doing a lot of behaviors that I would put on the

Dr. Emily Landon: Spectrum of pretty risky and even with the everyday testing. We know that those tests are not perfect, and it is really not testing that prevents infections, its maximum distance and those are two things that

Dr. Emily Landon: He's not been at super keen on for whatever reason. And so while I wasn't surprised. I was definitely unhappy to hear it is not great news for anybody to have coven every case of coven means that they're still ongoing.

Dr. Emily Landon: Exposure of other people more coven going forward. And it's not great for an older man to have Copa men are at higher risk of having bad complications of Cobra. The women people in his age group often have

Dr. Emily Landon: A risk of dying in the five to 10% range, maybe slightly under 5% if you're otherwise pretty healthy

Dr. Emily Landon: And then they have a high risk of hospitalization and needing a sort of more supportive care in order to get over their illness and this is not the time when we want to have

Dr. Emily Landon: The President of the United States, who is running for reelection. And in the hospital or suffering from coven it's just really sad and

Dr. Emily Landon: Not great.

Dr. Emily Landon: For any of us.

David Axelrod: Yeah and there's no way to really know what the course of this will take the President's doctors
reported that he had mild symptoms. This morning fatigue cold like symptoms, but this this this particular infection 
takes a
24
00:04:16.050 --> 00:04:19.290
David Axelrod: circuitous route in part because
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Dr. Emily Landon: It does, it's actually sort of really kind of delayed route of
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00:04:25.050 --> 00:04:32.970
Dr. Emily Landon: Infection. So people often take about five to six days after they've been exposed to someone
with code to show any symptoms if they ever show symptoms and then
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Dr. Emily Landon: Most people who end up in the hospital with COPD, have been sick with symptoms of coven for
about a week before they even come into the hospital.
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00:04:41.190 --> 00:04:49.770
Dr. Emily Landon: So this isn't something where you get sick really quickly. It's where it builds up over time. So we
won't know how severe his infection is for another week.
29
00:04:50.190 --> 00:05:11.370
Dr. Emily Landon: And we don't know very much about his underlying medical conditions we we haven't had as
much information about his health as we have about previous Presidents.
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00:05:00.300 --> 00:05:11.370
Dr. Emily Landon: And even if he is as healthy as a healthy course and we that's not a guarantee, especially for
people in his age group, he certainly is high risk.
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David Axelrod: Do we doing be obviously there are indications of people, you know, age, general health and so on.
Are there other characteristics. Have we learned anything about who is more likely are there are there things about
our individual makeup that make us more prone
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Dr. Emily Landon: Yes, uncontrolled underlying medical conditions, especially those involving the heart, the lungs
certainly put us at higher risk.
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00:05:41.130 --> 00:05:49.860
Dr. Emily Landon: We know that the President has mild high blood pressure or hypertension. That is definitely a
risk factor. We also know that he is overweight.
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00:05:50.130 --> 00:05:58.080
Dr. Emily Landon: And the more weight you carry the more risk. You seem to have with coven and then he is
male and he is in his 70s.
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Dr. Emily Landon: So there's no guarantees for the president he's in a very precarious situation right now.

And the timeline of this, you know, oftentimes, when people are in the hospital for COVID they can be in the hospital. Those that end up succumbing to the disease, which I hope we do not see in this situation. It can take another couple of weeks after even getting into the hospital to get to that point, we do everything we can to help save people and protect people from the bad outcomes, but they can take a while.

To manifest themselves. And I think that's not not a great now. Great news, considering the short timeline, we have before the election that, you know, as you know, you mentioned earlier when we were speaking right before we joined the group here that people are already voting.

David Axelrod: Yeah yeah

Let us turn to the, to the general subject of the virus, we met in April, like this.

What have we learned since then.

More of a main lessons you've taken away here and and how can you deploy them.

So when we have good PPE or good enough personal protective equipment in hospitals. We are absolutely capable of protecting our healthcare workers from getting copied from patients.

And this is so important because COVID is mostly spread throughout close contacts. When we have unprotected close contact. So we know it's air. Air spread

By droplets that come out of our mouth. Most infections are probably droplets within six feet or so of another human being that has COVID.

Some aerosolization does happen in certain circumstances, and that can be made worse by poor ventilation.
Dr. Emily Landon: Or sort of augmented because those aerosols stay in the air and just sort of accumulate over time if there's not enough air flow new fresh air coming in.

Dr. Emily Landon: So we know when Cove, it is it's at highest risk and honestly caring for patients in the hospital is one of the highest risk. You've got people who have are unprotected. They're not wearing masks. They're having all these procedures that can make even more covert get into the air.

Dr. Emily Landon: And we are absolutely capable of protecting our healthcare workers. We can't I we have had maybe only one or two healthcare workers that we could even begin to think might have picked up code from a patient.

Dr. Emily Landon: And that was because that was before we knew about what protective equipment was appropriately needing to be worn and through

Dr. Emily Landon: Not being able to identify COPD patients because of, you know, sort of testing issues, but now we know that as long as you were the right protective equipment, you can have even close contact with someone that has kovats safely.

Dr. Emily Landon: And this is really important because it allows us to be able to get out of our homes. We were in a stay at home or the last time we spoke

Dr. Emily Landon: Because we didn't know how to protect everyday people couldn't identify who had coven we knew that people were contagious before they had symptoms. Some people never had symptoms.

Dr. Emily Landon: We knew that we probably needed to do something with mass, but we had no idea how effective

Dr. Emily Landon: Fabric masks would be under certain circumstances, we didn't have enough medical masks for people. So we've gotten a lot more information about how to protect each other.

Dr. Emily Landon: And having these contacts, going to the grocery store.

Dr. Emily Landon: ordering food, going to the park with friends, being able to get together in small groups with your family can all be made lower risk now because of what we've learned
Dr. Emily Landon: About protecting our healthcare workers. But the other thing we've learned at least in my experience at the hospital.

Dr. Emily Landon: Is that while healthcare workers are really great at wearing all their protective equipment and taking care of when caring for patients.

Dr. Emily Landon: They often see each other as low risk, and that's where we've seen spread inside the hospital, people are healthcare workers are much more likely to get it from each other in a break room in a back room from activities outside of work and then they are from the patients. And so we need to shift our mindset about what

Dr. Emily Landon: Our risk actually comes from. It's not from these big events where you have close contact with someone that has coven obviously if you're not protected. That would be a problem but

Dr. Emily Landon: If you're protected. That's fine. It's these one off like sort of having lunch with someone that is you know that you don't know very well, it's not. You're not really the person that you would choose like that you absolutely definitely want to have close contact with that's, that's where it's coming from.

David Axelrod: How and masks, presumably have been proven to be

David Axelrod: I mean, the basic things that you guys council in the beginning masks how personal hygiene, washing hands frequently. Those are still a proven

Dr. Emily Landon: Yeah, the three W's. As I like to say, wash your hands wear a mask and watch your distance

Dr. Emily Landon: Those are the main things even, you know, we've, we have a lot more access to testing now, but even testing every single day for all the people around the president and the president himself.

Dr. Emily Landon: did not prevent transmission but masks would have done. And so I think we really need to adopt mass looking at them as a political item is ridiculous. There are no more political than the shirt I’m wearing and they are which doesn't have any political sayings on and it's
David Axelrod: Yeah, okay.

David Axelrod: I'm glad you cleared that up.

David Axelrod: Talk about the Chicago area. First of all, I should ask, are we, you know, you see the reports of what's happening in Wisconsin.

David Axelrod: Mm hmm half the country is now reporting increased levels of activity you scientists have warned that the fall would bring an increase in the virus.

David Axelrod: Is this the spike that you fear this that what we're seeing now. Oh.

Dr. Emily Landon: I think this is just the beginning. Unfortunately, unless we all sort of get on board and really cut back on the number of people that we have up close or unmasked contact with.

Dr. Emily Landon: That means groups inside being up close with other people indoors and with a mask even.

Dr. Emily Landon: And but having too many people crowded and I especially if the master off or the number of close contacts you have. It's not about you know.

Dr. Emily Landon: I think a lot of people say think to themselves, because these gathering limits. They think, but I'm just having lunch with one person or I'm just hanging out with three friends.

Dr. Emily Landon: And so it ends up being that you had close contact with one person on Monday, three people on Tuesday for people on Wednesday, two people on Thursday, and then all of a sudden.

Dr. Emily Landon: You're basically have had close contact with a huge group of people just over a long longer time period.

Dr. Emily Landon: And I think we have to start seeing this as we need to. I like to say we'd like you to curate our close contacts and if we start doing that might be able to see a blunting of this her, but I think this.

Dr. Emily Landon: You know, I think this this bike is going to be on going through to January or until we start having
a significant availability of effective vaccines. But even then, we're going to be masks and distance and that seems to be the hang up here.

David Axelrod: Yeah, the

Dr. Emily Landon: When you say through January. What does that look like

Dr. Emily Landon: I think it's gonna look in some places. It's going to look a lot like the worst things that we saw in March and April or July and

Dr. Emily Landon: I think it's going to be really rough in some places. It's hard to know which places are going to be hit this is, it depends on

Dr. Emily Landon: The behavior and the beliefs of individuals, you know, if you want to be able to have large scale events without masks and then you need to be able to, you have to

Dr. Emily Landon: Do in you know out. You need to be able to go to restaurant safely and responsibly. If you want to be able to have the opportunity to go to restaurants safely and responsibly.

Dr. Emily Landon: Then you have to be able to go to Outdoor things like with a few people responsibly and safely. If you want to do those, then you need to be able to wear a mask and keep your distance in general when you leave the house.

Dr. Emily Landon: Because each of these builds on the others. And if people if there's still a part of the community that are not wearing their masks and keeping a distance all comes down to individual behavior.

Dr. Emily Landon: Then you're going to see these things spread. And the more you try and push for each wrong up the ladder. It's just more and more people being exposed

Dr. Emily Landon: So the reality is that these places that are having, you know, widespread openings that have, you know, going, putting the economy back to normal, it's, it's not putting the economy back to normal. It's putting public health back to normal. And that's that is

Dr. Emily Landon: The public health is not the enemy of the economy. It's not public health or the economy. It's if you don't have public health.
Dr. Emily Landon: Then people don't feel safe to go outside and

Dr. Emily Landon: It is you find that a big chunk of people are just removing themselves from society. And so you still but that doesn't, that's not going to protect them.

Dr. Emily Landon: Because these other people that are out and about doing all of these things, they are going to spread it to others just like what happened with the President.

Dr. Emily Landon: I mean, he can take all the precautions. He wants, but if you continue to have up close contact with people that are high risk, you're going to get, you know, you're going to get burned and I think

Dr. Emily Landon: That we're going to see that happening over and over and over again in some of these places even

Dr. Emily Landon: Illinois has been extremely aggressive Chicago has been very aggressive, I think.

Dr. Emily Landon: And there are many industries in Chicago who would say that we've been way too aggressive I I think we've done a pretty good job here, but I think we're still at risk for having a big spike in a big peak, I think. Let's talk

David Axelrod: Well, that that's what I wanted to go, which is where we are here in this in this community and

David Axelrod: They had, you know, I think the mayor, the governor have been very aggressive. I know you've helped advise them.

David Axelrod: And yet you you say we're, we're still subject to

David Axelrod: A significant spank. I mean, will that look like what we saw in the spring.

Dr. Emily Landon: I think that the Governor and the mayor in Illinois in Chicago, have the best interest of everyone at heart. And I don't think that they are afraid to act aggressively they've proven it in the past.
Dr. Emily Landon: And I'm really hoping that they will be able to act quickly and that they will choose to act quickly and they will continue to be smart and lucky.

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Dr. Emily Landon: Which I think you need both.

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Dr. Emily Landon: In this pandemic and and i think will continue to be smart and lucky and that will get us to a place where we won't see quite the same thing that we saw in Chicago and March and April, but

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Dr. Emily Landon: There certainly are other parts of the world and the country that are not going to take those actions and I think they're at risk for seeing exactly that. I'm hoping in Chicago that will be able to keep things relatively stable, but

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Dr. Emily Landon: But I would expect to see and up and down in both openings and closings and in cases and and that's

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David Axelrod: You, you, you talk about dining outside that becomes a little difficult in Chicago in

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David Axelrod: November and December and January, and there are a lot of places that we're and we're beginning to see the fact. It's getting cold, people are spending more time indoors. That has to be one of the calculations that you're making here in terms of your projections

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Dr. Emily Landon: Yeah, I don't think that we're going, you know,

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Dr. Emily Landon: The mayor allowed it indoor dining to go up in its occupancy rates and allowed bars that don't serve food to start feeding people at or start having and opening their doors for certain occupancy

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Dr. Emily Landon: In the past, when we did this in June, it even though the weather was warm and people could choose outdoors.

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Dr. Emily Landon: This, I think, led to a big spike in 18 to 29 year olds and I am concerned that we will see the same thing again.

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Dr. Emily Landon: I think that it's really hard to sustain. I'm not a business person, but from what I've talked to these people that own these businesses. And from what I've heard, and this is

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Dr. Emily Landon: Largely hearsay. It's hard to sustain a business on 25% occupancy. So there's a big incentive to sort of budge that number of it were sort of push it up a little bit and and I think that's

Dr. Emily Landon: I think that's really tough. I, I also don't know the 25% occupancy is safe. It depends on what the ventilation is in those places and how careful people are and I just don't know.

Dr. Emily Landon: If, if we know that about all these things. So I, my opinion is my prediction is that we're probably going to have to step back from that.

Dr. Emily Landon: And that there's not going to be a lot of indoor dining happening over the winter in Chicago, and I would hope that we would move as a as a state as a country to support some of these businesses that are clearly suffering more than others. And in this pandemic.

David Axelrod: Yeah, you were obviously here at the University of Chicago, a lot of thought has been given every single day to

David Axelrod: How and when to reopen and

David Axelrod: And now we're here. The students are arriving so candidly, the history at universities around the country has been pretty checkered

David Axelrod: A lot of you know maybe it's just high profile cases, but several universities have run into trouble. How do we avoid that here.

Dr. Emily Landon: Well, I think, first of all, it's important to note that there are a lot of high, I think it is largely high profile problems that happened right around the time of opening

Dr. Emily Landon: And some of that is because they had higher rates coming in and they expected they sort of they didn't anticipate that people

Dr. Emily Landon: Sort of the behavior piece is really hard to wrap your head around. I actually studied that when I'm not trying to make things hard to remember those days, but that's what I study health care provider behavior and

Dr. Emily Landon: So it. I think we incorporated that a lot more into our plans here and our rate of positives coming in the door. So on arrival was extremely low.
Dr. Emily Landon: And we have a great contact racing the community here is different. The community is smaller than a lot of these other places. And there are a lot of schools, we're doing great.

Dr. Emily Landon: So this is important to remember, we only hear about the ones that are having horrible times, you know, at the University of Chicago. We have a really strong plan that focuses on the fundamental behaviors of masking distance and washing hands surface cleaning, that sort of thing, but also staying home when you're sick.

Dr. Emily Landon: Early constant contact tracing testing in a reliable and sort of reasonable way I have definite concerns that frequent negative tests make people feel invincible, like they can just go out and do what they want. And so I think there's something to be said about that. And we also

David Axelrod: Ask you, how reliable are the test.

Dr. Emily Landon: Well, some of them are better than others. The one that we're using, but I don't think we're going to test people. I want a good answer. So we're using the same kind of tests that we use in the hospital for our students at the University of Chicago. That's a really great PCR wallet quantitative PCR tests that tells us a lot of information is very sensitive and what they're using and the White House's an Abbott test, I think.

Dr. Emily Landon: It's not 100% clear to me that they've not changed, but I know that they have been at times using different Abbott tests.

Dr. Emily Landon: And that are and this is not to say AB. It makes a great really high sensitivity test, but the ones that they are using a rapid. They're sort of faster turnaround those all have sort of issues with their sensitivity.

Dr. Emily Landon: The saliva tests that are being used by many universities also have issues with sensitivity, which may be fine. When you're using them as a screening test because you don't need to get everybody, every single time but and
Dr. Emily Landon: Instead of testing people on a regular basis, every couple of days, which has not been proven to actually prevent spread of code in populations like this and maybe it will be some of those universities have tried like you why you see

Dr. Emily Landon: Maybe they will have evidence from this that it does prevent and which case then we will happily adopt it.

Dr. Emily Landon: But we've chosen to go. There's no one size fits all. We chose to go slightly different route.

Dr. Emily Landon: And use a highly sensitive test and just test, the people that are sick and then also test our dorm students and our athletes on a regular basis and so far it seems to be working. I mean, I can't disclose any preliminary information, but it's it's going pretty well. And the campus, you know, people are following the rules and then they're learning and we're taking the approach of helping people understand about why they need to keep their contacts low instead of just

Dr. Emily Landon: Yeah.

David Axelrod: A lot to ask of young people.

David Axelrod: Yes, but, but, you know, I hope, listening to you, those who are are with us.

David Axelrod: Understand that this is fundamentally we have responsibilities to each other and you know we have to think of it in those terms, it's not just about preventing yourself.

David Axelrod: From becoming, you know, but it's preventing others from becoming ill, and if we're a community. We have to act like one.

Dr. Emily Landon: It's, it's no different than traffic laws and and you know airplane safety. It is. It's something that we all buy into together and and I think that really plays is a big role in why universities decide to open because

Dr. Emily Landon: Other, you know, communities can survive in this pandemic. We've seen it happen in other countries in parts, the United States Chicago is doing pretty well.
Dr. Emily Landon: And we should. It's part of the educational experience to learn how to be a part of a community like that and that's

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Dr. Emily Landon: It's just as important to get that message across as it is to you know to do complex math or science or any of the other things that one would learn and their educational process.

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David Axelrod: Last question for me and then I want to get to the questions of people who are queued up. I know we have a lot of folks who have great deal of interest.

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David Axelrod: Vaccines. There's been a lot said about vaccines. What is the the reality of let's just say that there is a vaccine. By the end of this year, and I don't know what your level of confidence is but there sure a lot of people working on this, but let's assume that we arrive at that place.

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David Axelrod: Then, how long will it be before we can ease off some of these measures or, you know,

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David Axelrod: Or are we not going to be able to ease up some of these measures.

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Dr. Emily Landon: Here, this is a great question and I thank you for giving me the opportunity to clear some of this up.

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Dr. Emily Landon: First of all, the vaccine development process is long arduous and is laden with a lot of red tape and the President's

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Dr. Emily Landon: Sort of warp speed campaign aims to remove a lot of the bureaucratic red tape and move

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Dr. Emily Landon: The manufacturing up concurrent with the testing process so that if a vaccine is approved, it's ready to go. It's been made and I think those corners cutting those corners are smart.

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Dr. Emily Landon: I think they're the right quarters to cut. But when we start cutting corners in terms of shortening the duration of time that we need to check for safety or efficacy, then we're getting into territory where it's not a good idea. It's dangerous. Right.

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Dr. Emily Landon: And it's not clear to me that we are that we have stopped cutting corners in the right place. You know, it's, it is

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Dr. Emily Landon: It's I'm still waiting to see. Now I'm not privy to the detailed information, no one is really about how these vaccines are doing

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Dr. Emily Landon: The people that do that though ARE CALLED THE DATA SAFETY MONITORING boards and these are people that are emphasis since experts in the in the fields.

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Dr. Emily Landon: And they actually get to preview the

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Dr. Emily Landon: Blinded data on a regular basis for every trial to understand if there are too many safety events, they can stop the trial.

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Dr. Emily Landon: If there are no safety events and lots and lots of advocacy, they can stop the trial early for for being good and say, no one. This shouldn't be on trial. It should just be approved.

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Dr. Emily Landon: Now, none of these DSM bees have stopped trials because they are overwhelmingly effective and definitely no safety events.

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Dr. Emily Landon: So far, but that's okay that rarely, rarely happens they have stopped the one Astro zenica trial for the issue that

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Dr. Emily Landon: The transverse my latest or the spinal neurological symptoms in one patient

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Dr. Emily Landon: And they restarted in the UK, but they haven't restarted in other parts of the world. So we know that these DSM bees are doing their job and they are I've been on DFM bees before

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Dr. Emily Landon: It is a sacred job. It is important, and we have to rely on and trust these individuals, they will not refer or not allow a trial to go forward.

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Dr. Emily Landon: And to a manufacturer unless they are unless the drug is is in their opinion safe and effective and they are sort of our stock cap.

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Dr. Emily Landon: Responsibility. So I think it's actually going to be a little bit important for us to better understand who are on these boards and and how and without pressuring them, which I think is, is an issue.

And and and if they have ties to the companies or financial issues that may make them want to push the button. So I think that's where we can expect to see. So there's other safety things in place that the President isn't just going to be able to say I want a vaccine. This one looks good. Let's do it. And that's, that's important and

David Axelrod: But my question. My question is,

David Axelrod: Let's assume that things will operate as they are close to, let's assume that they're not short circuited for political reasons. I mean, I am concerned that the politicization of the process is going to make people more reluctant to

David Axelrod: Me to use the vaccine. But let's assume everything goes as we hope it does. And by the end of the year, we have a vaccine.

David Axelrod: My question to you is, what's the timeline from there and what can we expect you know I we have people, students here others who were wondering, when do we get back to normal.

Dr. Emily Landon: It's gonna be a bit. And first of all, the distribution process for these vaccines is going to be really challenging, we're not going to have 300 million actually 600 million is what we need, because most of the vaccines require two doses.

Vaccine doses available. The first day that they're UA approved by the FDA. And we're going to have like maybe 10 or 20 million

Dr. Emily Landon: And then they're going to have to ramp up production and that takes time. As we know from the still we still having issues with reagents for testing.

Dr. Emily Landon: And so I think we're going to be seeing a slow trickle of vaccines of probably multiple different vaccines that will succeed, hopefully, if we're lucky.

Dr. Emily Landon: And it's going to be really challenging lot some of that sort of leading vaccines right now need to
be stored in a minus 80 Celsius freezer and and once they have been thought to minus 20 degrees Celsius. They're only good for five days some only good for two days, which is

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David Axelrod: Great person becomes an issue.

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Dr. Emily Landon: The distribution becomes and refrigeration becomes

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Dr. Emily Landon: A logistical nightmare.

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Dr. Emily Landon: So, and if you need to have two doses of the same vaccine. How are you going to get getting those people like you run a small clinic. Right.

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Dr. Emily Landon: You get like 10 doses of my experience I did the vaccine distribution for the health care workers of University Chicago for each one on one 2009

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Dr. Emily Landon: And we would get, you know, you don't just get 100,000 doses all at once you get like 20 doses. And then the next you get like $50 then you get like 10 doses, you have to figure out

00:29:17.100 --> 00:29:23.460
Dr. Emily Landon: Who's next to get in line to get it. And if they can't get it that day. Then the next person can come in and what if the person that needs to, you know,

00:29:23.820 --> 00:29:32.040
Dr. Emily Landon: Then, are you gonna be able to save doses to give them their second dose, probably not, because most people don't have minus 80 freezers, and their clinics, so it gets really complicated.

00:29:32.190 --> 00:29:45.300
David Axelrod: So what it so so on the timeline. I mean, when, when do you think that will get to a place where 60 70% of Americans are vaccinated and and we are approximate something like her.

00:29:45.420 --> 00:29:46.350
Dr. Emily Landon: Immediate year

00:29:46.890 --> 00:29:58.380
Dr. Emily Landon: About a year from now, we should have adequate supply. I think that Robert Redfield was right about this secondary end of second or third quarter of next year. Sounds about right to me. But that's, I don't have a ton of inside information.

00:29:58.410 --> 00:29:59.520
Dr. Emily Landon: But that's sort of what it
Dr. Emily Landon: Like if you add up what

David Axelrod: Sort of a best case scenario on the theory that we do get it by the end of this

Dr. Emily Landon: Year. Yeah, that's right.

Dr. Emily Landon: And then these vaccines are not 100% they're not going to be 100% of

Dr. Emily Landon: The threshold for approval. It's 50% effective

Dr. Emily Landon: So they're asking, they're going to be

Dr. Emily Landon: Great. They're going to be as good as distance as good as that not as this mass problem, but it's good has distance and and a big adjunct to the masks. Right. So you're there additive you're creating a really great

David Axelrod: Still, we're still going to be working at this a year from now, yeah.

David Axelrod: Let me read some questions to you. I was hoping we could do them live. I guess we can put Nora a Harris student says, for people who live alone and see winter coming

David Axelrod: What are the safest ways for us to maintain some sort of social contact with people are any parts. She says, in quotes, truly safe. How do we minimize risk.

Dr. Emily Landon: You can't make yourself zero risk, but everybody needs close contacts even college students need close contacts.

Dr. Emily Landon: And that part of what we're telling people at the University of Chicago is exactly what I would tell you, and you may be at University of Chicago.

Dr. Emily Landon: You should have some I close context, but you need to choose those people wisely and you need to have it be the same people over a long period of time.
Dr. Emily Landon: So, you know, it doesn't need to be that just those three three or four people fewer than five is what we're recommending.

Dr. Emily Landon: And are not you don't. They don't need to only be hanging out with you, but you just want to make sure that the people that you choose to be in your inside your bubble

Dr. Emily Landon: Right are also not in a ton of other bubbles. So I would not pick someone who likes to go to bars, a lot or who is

Dr. Emily Landon: Hanging out you know who has a ton of extra risks.

Dr. Emily Landon: And but somebody who has three different friends and you're one of them is probably the best, you're going to get

Dr. Emily Landon: And that's, that's when you can have plenty of other friends, they just need to be at arm's length or through a screen or with masks on, and that's fine.

Dr. Emily Landon: And. But I think for up close and unmasked contacts you want to limit those, not just in a day, but over a 10 day period we're saying over a rolling 10 day period you chef out five or fewer.

David Axelrod: Stephen A. Harris student says, Knowing what we know about airborne transmission dynamics. How do we square the loosening of restrictions on indoor dining

David Axelrod: And bars with a very real and present threat of super spreader events.

David Axelrod: Indoors as Dr. Landed mentioned proper ventilation is critical. What role should the city play in assessing factors like ventilation. And why is the messaging around the risks related to indoor dining bars and bars so haphazard

Dr. Emily Landon: I, I will tell you this, I don't agree with the plan to reopen bars and to expand restaurant occupancy right now.

Dr. Emily Landon: I don't, I think it's the wrong time. I don't think it's a good idea.
Dr. Emily Landon: And, but, you know, we don't all agree on everything. That doesn't mean that I think that these people, the people who made that decision are super irresponsible. I'm just very conservative about this.

Dr. Emily Landon: I think that the majority of spread happens by droplets aerosolization is part of the issue airborne which is sort of like it stays in the room move. And after you leave for a long time, less than issue with coven and probably not a big issue with dining.

Dr. Emily Landon: However, if you're in a very small restaurant where there's not great ventilation as the question or

Dr. Emily Landon: Mentioned that can be an issue. Even if somebody is in there because you're in there for an hour. They could be without their masks eating, you know, long meal. So I think

Dr. Emily Landon: If you are higher risk and you should probably not be eating indoors at restaurants. Certainly I do not do that. I've said this before, publicly I've rheumatoid arthritis and take medicines that lower my immune system. So I'm definitely not doing that.

Dr. Emily Landon: And but i i think that some people may choose that for themselves. I think you have to take that into account when you decide who your clothes contacts are going to be

Dr. Emily Landon: If you are the kind of person who's going to take the risks of being eating inside of restaurants, then you probably don't want to do that in the week or two leading up to when you go visit your 90 year old grandma. That's how you can balance it.

Madeline Soskin: I thank you. Thanks for being here. I'm multitasking second year at Harris and I'm spending this quarter in Chicago. I know you spoke a little bit about this with the pod Nora's question.

Madeline Soskin: But just wanted to ask you if you could talk a little bit about how to reconcile especially given that we're going to be in this for the long haul.
Madeline Soskin: And working on it from her a year from now, the mental health aspects with the physical health aspects of this and kind of help. How can we reconcile those two things.

Dr. Emily Landon: Yeah, they're going to take a lot of extra effort this year. That's just how it's going to be. But I think one of the things that matters is that recommendation on making about five close contacts.

Dr. Emily Landon: That number can be expanded. If the rate of infections goes down and as vaccines come into play. And the more people wear masks and keep distance.

Dr. Emily Landon: The more we can expand our close contacts, because the risk, the sort of. It's a numbers game in an SI our model of epidemiology and so you can you can increase your contacts that way. So I think.

Dr. Emily Landon: Most important thing to do in communities is keep those contacts low in the beginning until we get our feet wet, especially at the place like a university.

Dr. Emily Landon: And then maybe we can think about expanding them. In the meantime, you've got to make sure you keep in touch with friends that are not your up close and unmasked friends.

Dr. Emily Landon: You can have tons of friends. You just need to be masked.

Dr. Emily Landon: You can go to a museum together wearing masks. You can do stuff together wearing masks and keeping distance. And so you've got to make those friends, you know, University of Chicago is actually developing a video game or not, not.

Dr. Emily Landon: Like a multiplayer online game that is that will encourage people to be in teams and to be able to meet up in ways like sort of.

Dr. Emily Landon: They keep describing it to me as kind of, it's not like Pokemon Go. It's like.

Dr. Emily Landon: Different but you can do quests with your teams. I've been working with them on it. It's a great idea. It gives you good ideas and positive ideas about how to be with other people, both online and in real life in a safe way.

Dr. Emily Landon: And we have to just keep looking for those things instead of lamenting the fact that we can't do what we did last year at this time and and expand our horizons about what we can do with other human beings and how we can connect with them. That's not necessarily, you know,
Dr. Emily Landon: A bobbing for apples. Has anybody ever do that anymore. Bobby grapples
Dr. Emily Landon: A holiday party. I think, I think the Halloween recommendations that came out from the city of Chicago, really good. I can trick or treating actually should be all right.
Dr. Emily Landon: Just Trick or treat with your family, your clothes contacts already masks are a part of Halloween already. So let's embrace it and we're here.
Dr. Emily Landon: To make a part of your costume. You know, this is you can be arm's length and
Dr. Emily Landon: And deliver Halloween treats you know just wash your hands afterwards and eat them, you know, this are ways that we can experience our community. But I think Thanksgiving should be smaller.
Dr. Emily Landon: I think, I think that's it has to be less or or everybody showing up at Thanksgiving needs to be really careful and do like a sort of self isolation self quarantine in the week or two leading up to it so that you're coming to the table.
Dr. Emily Landon: Quite literally, with the least amount of risk, you can. So I think and physical health. And I think it's time to get some cold weather gear for walking and running outside
David Axelrod: Yeah. Well, that leads me to the next question from Barbara from the medicine and biological sciences.
David Axelrod: Developed from medical and I guess medicine and biological sciences development. Do you think it is safe to go to the gym without masks, but keeping six foot distance swim in an indoor pool with reserved lane and one person to Elaine
Dr. Emily Landon: Okay gyms without math. Not a good idea you're when you're exercising, what happens is that your minute ventilation increases. That's the amount of air that you're moving through your lungs every minute.
Dr. Emily Landon: And that air is pulling droplets with it. And so people have got to have source control in gyms.
Dr. Emily Landon: I think with masks. It's the jury is still out about how safe gyms are it's going to depend a lot on the ventilation and how crowded. They are swimming, I think is actually an exception, though.
Dr. Emily Landon: Chlorine kills Kobe easily and most pools in

Dr. Emily Landon: In gyms are really highly coordinated and especially if you can reserve the lane, then you know it's not going to be crowded. I think that actually there's pretty good some pretty good evidence that swimming is not an increasing risk.

Dr. Emily Landon: Factor activity when it's done as an exercise when it's a bunch of people playing Marco Polo, maybe not, but

Dr. Emily Landon: I'm swimming at in terms of lane swimming, I think I would feel pretty comfortable about that but be really careful about if you're going to a gym do it about wearing a mask in the in the

Dr. Emily Landon: Locker room and always when you're around other people that do not have their masks on. They are making droplets and aerosols and those can get into your eyes, we forget our eyes all the time. And this is a big risk. A new study out of China showed that

Dr. Emily Landon: People who wear glasses and general health care workers who are glasses and did not work in coven specific areas were half as likely to get coven then people who didn't wear glasses so you

Dr. Emily Landon: And glasses, don't even like protect you from aerosols. They're only getting the droplets because they're not safety glasses. They're not all the way around.

Dr. Emily Landon: So if you're in a gym. If you're around other people public transportation gym locker rooms that sort of thing where other people don't have a mask. You got to keep your six foot distance and you've got to be careful about your eyes, especially, even if you have your mask on.

David Axelrod: You just made me feel better about wearing glasses so

Dr. Emily Landon: I've been wearing mine. I've got mine over here where the mostly for reading, but I, I've been wearing them a lot out and about, but not not usually on on

David Axelrod: Well, Dr. Let me just say that
David Axelrod: The best thing that we can do is rely on science and the information that you and other professionals have accumulated and you communicate them so well and so directly.

David Axelrod: I know the city and our community has benefited from it. The university has benefited from it. And we're so grateful to you for sharing time with us and we may call on you from time to time.

David Axelrod: Back, because this is obviously a matter of huge interest to everyone and we as a community.

David Axelrod: Have a great state and in how we react to it and to everybody was listening. I, I hope, if nothing else you'll take away from this that there are things that we can do this is not

David Axelrod: Out of our capacity to we may not be able to defeat this thing without the help of a vaccine and without time but but we certainly can limited

David Axelrod: It's spread and that relies on all of us. So, let us take what Dr. Landon has told us to heart and and look forward to the day when we can. When we can gather. Again, not on zoom

Dr. Emily Landon: Now, well thank you for having me. It's a pleasure and an honor to be here, especially to talk to you. I know your voices it looms large in the political world. So it's, it's an honor to be here and I know

Dr. Emily Landon: All of the students that are here today, get a grade teacher and you and I'm happy to do whatever part, I can. But it all comes down to individual behavior.

David Axelrod: Well, I haven't. I get a great tip great teachers in them as well. It turns out. So anyway, Dr. Thank you so much. And we will see you down the line.

Dr. Emily Landon: Hi everybody.