

# MEDICINE

## NEWS FROM THE DEPARTMENT OF MEDICINE

# MATTERS

MARCH 2021

 UVA Health | DEPARTMENT OF MEDICINE

### MISSION

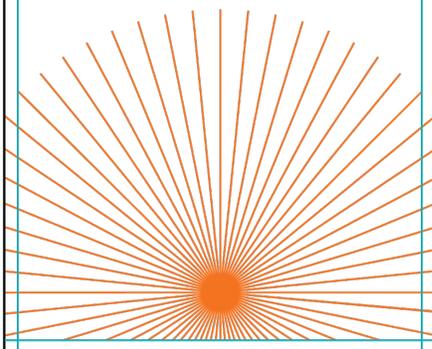
We are dedicated to preventing disease and treating illness, educating and inspiring future leaders in the field of internal medicine, and supporting innovative biomedical research.

### VALUES

We strive for a sense of community, connection, and synergy among all faculty, staff, and trainees.

### PLEDGE

We will conform to the highest ethical standards, uphold the values of our partner organizations, and give back to our community through public service.



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[MINDFULLNESS MATTERS](#) . . . ▶

[GIVE TO DOM](#) . . . . . ▶

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## MESSAGE FROM THE CHAIR



This month, our newsletter focuses on a few of the many activities that the Department has led during the COVID-19 pandemic. It is difficult to believe that one year later, we are still dealing with a historical event that has tested our resolve, patience, and capabilities. At times, I know I have felt a variety of emotions ranging from

frustration and despair to hope and optimism. At every moment, I have felt great pride in our faculty and staff and our collective response to these times. From outstanding clinical care, groundbreaking research, and a focus on our educational mission at all times, we have set a high standard for our health system. In addition, many faculty and staff members have worked diligently in supporting our community and ensuring testing, vaccination, and education. This response is nothing short of remarkable, and I thank all of you for your singular and collective work. The light at the end of the tunnel is growing brighter!

With best wishes,

Mitchell H. Rosner, MD, MACP  
Henry B. Mulholland Professor of Medicine  
Chair, Department of Medicine



# UVA Health

# DOM FINANCIAL UPDATE

## Department of Medicine Summary of Consolidated Financials FY21 as of January 31, 2021

	Budget YTD	Actual YTD	\$ Variance YTD
Work RVUs	529,902	542,472	12,570
Clinical Receipts (NPSR)	35,262,079	35,614,875	352,797
Total Revenues	108,219,211	103,241,253	(4,977,958)
Total Expenditures	108,815,737	104,693,267	4,122,470
<b>Net Income</b>	<b>(596,526)</b>	<b>(1,452,014)</b>	<b>(855,488)</b>

### Summary Explanation of Variance:

For the fiscal year through January 31, 2021 DOM posted a consolidated net loss of \$1.5M and an unfavorable variance to net budget surplus of \$855K. Net Patient Service Revenue outperformed budget due to strong clinical productivity despite the COVID-19 pandemic. Clinical revenues underperformed budget by \$1.3M due to delayed Medical Center support (MOU) and payments from Outreach Programs. Non-clinical revenues underperformed budget by \$3.7M driven by required FY20 clinical deficit support recorded in FY21, reduced Medical Center support (Funds Flow) and lower grant expenditures. Personnel and Non-personnel expenditures outperformed budget driven by the impact of financial mitigation efforts. Total revenues include \$1.8M Endowment revenue received for February through June. Total expenditures include \$174K pension charge back adjustment for February through June.

## UVAHS VOLUNTEERS NEEDED FOR UVA COVID-19 COMMUNITY TESTING PROGRAM

# SIGN UP HERE

Strict infection control precautions are followed and PPE is offered to every one according to the risk of exposure per our infection control colleagues.

# THANK YOU!

## TO ALL THOSE WHO HAVE BEEN VOLUNTEERING AT UVA COMMUNITY COVID-19 TESTING SITES



**Check Out Mindfulness Matters**  
A Newsletter from the UVA Mindfulness Center

# DOM UPDATES & NOTES



William Petri, MD



Anne Tuskey, MD, FACC



Tabor Flickinger, MD



Christopher Kramer, MD



Virginia LaBaron, PhD, APRN



Matthew Wolf, MD, PhD



Michael Ayers, MD



Lance Buckley



Neeral Shah, MD

## Awards and Achievements

Congratulations to Department of Medicine faculty who were recently honored for their outstanding contributions to their fields and the impact of their research and scholarly activities at the annual Research Achievement Awards at a ceremony attended via Zoom.

Distinguished Researcher Award - **William Petri Jr.**

Also recognized for their contributions to research were:

**Robert M. Carey**, Internal Medicine, Endocrinology

**Rebecca Dillingham**, Infectious Diseases

**Eric Houpt**, Internal Medicine, Infectious Diseases

**Peter Lobo**, Internal Medicine, Nephrology

**Thomas Loughran**, Oncology and Medicine

**Amy Mathers**, Internal Medicine, Infectious Diseases

**Kathleen McManus**, Internal Medicine, Infectious Diseases

**Christopher C. Moore**, Internal Medicine, Infectious Diseases

**Randall Moorman**, Internal Medicine, Cardiovascular Medicine

Congratulations to **Dr Anne Tuskey**, Division of Gastroenterology and Hepatology, who is the 2020 recipient of the *Junior Governors' Award*. To be eligible to receive the Junior Governors' Award the nominee must be in the first or second year of the first term of service as Governor. Nominees must demonstrate a clear commitment of service to the Board and show potential for future growth within the organization.

Congratulations to **Dr Tabor Flickinger** in the Division of General Medicine who has had her poetry published and featured in the [Winter 2021 issue of HEAL](#).

Congratulations to **Dr Christopher Kramer**, for being named the *2021 Distinguished Mentor by the American College of Cardiology*.

Congratulations to **Virginia LaBaron, PhD, APRN, ACNP-BC, FAANP** Assistant Professor and palliative care nurse practitioner, who has been awarded a \$3.4 million grant through 2025 by The National Institute for Nursing Research, a subset of the National Institutes of Health. LeBaron's work centers around telehealth and smart health technology's potential to address cancer pain in the home.

Congratulations to **Matt Wolf MD, PhD** for his exciting new manuscript in Circ Research, "[Loss of Endogenously Cycling Adult Cardiomyocytes Worsens Myocardial Function](#)".

Congrats to **Michael Ayers, MD** for the following print and TV pieces...

[Ask the Expert: How can stress affect your heart? - Daily Progress](#)

[Combating Heart Problems - CBS19 News](#)

Congratulations to **Lance Buckley** on his retirement from the Department of Medicine. Lance has worked for the University of Virginia for 23 years as an Information Technology Specialist. His knowledge, humor, and company will be greatly missed, but we wish him well as he spends time with his family, his several dogs, and many interesting hobbies.

Congratulations to outstanding educators **Drs Anne Tuskey and Neeral Shah** on winning Mulholland Teaching Awards from students. Thank you for your commitment, talent, and passion.

## Welcome To The World



Congratulations to Paras and Kylie Paige Patel who welcomed Asha Jaye Patel, born January 8, 2021

## March Photo Share



We've had a lot more snow than last year which has made for many photo opportunities. Photo credit Kim Kelley-Wagner. Have a photo you would like to share? Please send to: [kak2cj@hscmail.mcc.virginia.edu](mailto:kak2cj@hscmail.mcc.virginia.edu)



**Follow DOM on Twitter.**

## **Presentations, abstracts, posters, being presented at the 2021 TCT | Transplantation & Cellular Therapy Meetings of ASTCT and CIBMTR by members of the Division of Hematology/Oncology:**

**Dr Indumathy Varadarajan** – “Regional influence on status of CD34 collection from healthy stem cell donors”

**Dr Firas El Chaer**- “Impact of minimal residual disease status on outcomes of acute myelogenous leukemia in patients 18-65 years old in first complete remission undergoing allogeneic hematopoietic cell transplantation”

**Dr Joseph Mock** - “Barriers to Access to Hematopoietic Cell Transplantation among Acute Myeloid Leukemia Patients in Virginia”

**Dr. Tamila Kindwall-Keller** -

1. Clinical presentation of minimal change disease secondary to graft versus host disease after allogeneic hematopoietic cell transplant. This poster was a collaboration with John Wang a second year medical student.

2. Allogeneic hematopoietic cell transplant complications requiring transfer to the intensive care unit in a medium size program. This poster was a collaboration with Omar Elghawy a second year medical student.

3. Do B lymphocytes play a role in acute graft versus host disease in recipients of allogeneic stem cell transplantation? Evidence for donor derived B cells producing anti-host IgG antibodies in acute graft versus host disease in recipients after allogeneic stem cell transplantation. This poster was in collaboration with Archana Thakur and Larry Lum's lab.

## Division of Infectious Diseases Grants Administrator Beth McGrath Retires



### Looking Back on Years at UVA

#### *What brought you to UVA?*

My affiliation with UVA goes back to the late seventies when I started as an undergraduate. I like to tell the students that I later worked with that email did not exist when I was a student here - they cannot fathom that! I was interested in science and medicine, but I was also heavily involved in sports, competing in Varsity Field Hockey and Lacrosse. I like to joke that I went “away” to a college several states from home - but then “home” followed me! In my 3rd year, my father came from U Penn to be the UVA men’s lacrosse coach. Charlottesville became home and has continued to be, for myself and my parents, since that time.

#### *What jobs have you held?*

After graduation, I started working in research labs and taking more pre-med classes. My first

job was in UVA Radiation Oncology, followed by a short stint in a private pediatric Oncology practice in Florida. Then a return to UVA, this time in the Hematology Oncology research lab headed by division chief Peter Quesenberry. The hematopoietic stem cell benchwork was fascinating, and I was so fortunate to work with a brilliant and dedicated group of doctors and trainees. We were very close-knit, with friendships that to this day remain strong. It was an amazing network of collaborations - not only between the labs within our division (e.g., Chris Thomas, Eero Niskanen, Munsey Wheby), but also with other labs in the Department of Medicine like those of Mike Thorner, Robert MacLeod, Peter Lobo, Ed Rose, and others. We also worked with overseas groups, especially one medical center in Australia, who sent us a fellow, Ian McNeice. From him, I gained an appreciation for the lively culture in that country - interesting that my oldest daughter now resides in Queensland! Further fruitful collaborations were held with Erik Hewlett and Jerry Donowitz from Infectious Diseases, the division I ended up working in, 20 years later. And in that capacity - had the pleasure to work with Jerry’s son, Jeff Donowitz.

Those early days at UVA were very enjoyable and intellectually stimulating and continued with later research in Endocrinology under then School of Medicine Dean Robert Carey. I learned a lot from Dr. Carey - not just science but many life lessons, as he is such a fine human being. The last lab where I had the good fortune to work was in the Department of Pathology, under the direction of Robin Felder and John Gildea. We had many undergraduate students testing innovative ideas - at the same time my oldest daughter was here at UVA, so there were many family connections. I also became more involved in clinical research and started spending more time on grant submissions.

This led to the research administrator role I held in Infectious Diseases, the division from which I am retiring. Being tangentially part of the dynamic research group of Bill Petri was very exciting - and amazing to see not just the quality of research being conducted but the quantity! Keeping up with the numerous projects and international collaborations that he led was also rewarding, with the challenge of shifting from working in the field of ideas to the area of processes. There were always new opportunities to learn!



# DOM UPDATES & NOTES

## Division of Infectious Diseases Grants Administrator Beth McGrath Retires

*(McGrath Retirement continued...)*

### *What was the best and most motivating part of your job?*

Working in the world of research means being in the world of possibilities. I loved being part of the conversations in the hallways of the Old Med School, sharing ideas of new projects and techniques. The brainstorming in the Pathology lab meetings with brand new ideas each week was so intriguing. Even though we had to wade through many negative results in the data or receive many proposal rejections, there was always the excitement of new results and hope that these findings would lead to future improvements in individuals' actual health. Being part of the compilation of results coming together in publication was very gratifying.

There was also much enjoyment in knowing the research trainees and seeing minds develop and careers blossom. It was great to see my friend Mike Williams progress from a fellow in the Thomas lab to become the division chief here!

### *Of what are you most proud and like to be remembered?*

I hope people will remember me for my patience and resilience and how much I cared about the research and the people who were conducting it. I like to think I played an important role in developing great ideas and the great minds fostering those ideas!

### *What is an interesting story you can share?*

There were so many interconnections over the many years of working at UVA. I remember getting meningitis when I first started working here, and the doctor who treated me was Mike Scheld. When I began in Infectious Diseases many years later, I was in an office in his former lab and then moved into an office right next to him- so I saw him daily and got to know him on a different level. UVA Health System is such a world-renowned institution, yet has maintained a "small world" feeling, making it an exceptional place.

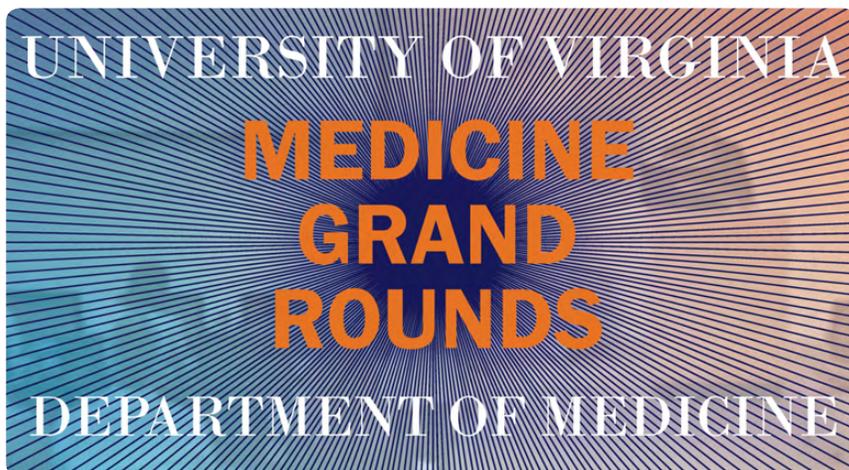
### *Do you have any pets?*

I love this question- and mostly because it is the FIRST introduction question asked by my youngest daughter, who has special needs (and relates very well with animals). My husband and I operate an AirBnb in an apartment on our property, and Megan helps with its running. It is always the first question she asks our guests! To answer the question- yes, we have always had 1-2 pets over the years here in Charlottesville.

### *What are some things on your bucket list?*

The first thing is getting to see my daughter and new grandson in Australia!

**FRIDAYS AT NOON** via Zoom  
Click for details and schedule.



**WE NEED YOU!**

**SIGN UP TO BE  
A VACCINATOR  
OR VOLUNTEER  
SCREENER**

**Seminole Square  
Vaccination Clinic**

# COVID-19 UPDATES AND RESOURCES

## UVA Researchers Developing Intranasal COVID-19 Vaccine



**UVA Researchers Developing Intranasal COVID-19 Vaccine**  
By: Zak Dahlheimer [WTKR] [[Video](#)]

Dr. Bill Petri, an infectious diseases professor at the University of Virginia, and others are studying the impacts of COVID-19.

“Having additional vaccines is always a good thing,” Petri told News 3.

His team is in the process of creating a COVID-19 vaccine that’s not a shot, but rather a spray.

“There’s no need for needles,” Petri said. “We’re working on a device that would actually spray it into your nose, similar to like an asthma inhaler where you inhale through your mouth.”

It’s an intranasal vaccine, similar to a flu vaccine already on the market.

Petri said there’s benefits to this type of vaccine, especially as it relates to COVID-19.

“The idea is that one gets infected through the nose,” he said. “It’s very appealing for that reason to immunize directly in the nose because then you’re going to simulate the immune system where you need it the most.”

He told News 3 his team is already seeing promising results.

“We’re only testing right now in a mouse model of COVID-19, but the work has shown that up to nine months after vaccination, we’re still seeing high antibody levels,” Petri said. “Nine months in the life of a mouse is like 20 years in the life of a person.”

News 3 Medical Expert and Chesapeake family practice physician Dr. Ryan Light is familiar with intranasal vaccines.

“It’s just a good weapon to have with us for those people who are ‘needle-phobic,’” Light said.

He has administered intranasal flu vaccines in the past.

“Very simple, easy to use - [it] takes about 30 seconds to give it, and there’s no pain with a needle,” Light said. “It’s easy for most people to tolerate, especially for kids.”

Dr. Petri and his team are preparing for testing in non-human primates.

As for Dr. Light, he believes when it comes to vaccines, the more the better to fight COVID-19.

“If we have other options, we can get more patients in,” he said. “More manufacturing of different vaccines helps out because we have more manufacturers, so we can get more doses out to the people to get vaccinated as soon as possible.

# COVID-19 UPDATES AND RESOURCES

## Doing Our Part: A Mask Update for the Spring Semester



UVA Health’s Mitch Rosner, MD, discusses the importance of mask wearing and how to mask up safely – with an assist from UVA quarterback Brennan Armstrong. [[Video](#)]

### Clairification on Updated Standard Use for Half Mask Respirator Use

The National Institute for Occupational Safety and Health recommends covering the exhalation valve of reusable Elastomeric half masks (P100s) with a procedure mask to filter exhaled air in some medical settings to prevent contamination of a sterile field and to prevent potential reverse exposure of COVID-19 from asymptomatic health care workers.

### UVA Health Doctor Explains What Happens After Receiving Doses of COVID Vaccine



### UVA Health Doctor Explains What Happens After Receiving Doses of COVID Vaccine

By Rachel Hirschheimer  
| NBC 29 | [[Video](#)]

Taison Bell, MD, Assistant Professor of Medicine, says life will not return to normal immediately after receiving both doses. As he noted, “Once we’ve seen the vaccine behave in the real-world conditions, we’ll get a better sense of can it prevent you from getting infected, and can it prevent you from spreading, if you were to get infected.”

# COVID-19 UPDATES AND RESOURCES

## Charlottesville physicians say required pay sick leave could minimize spread of COVID-19



Charlottesville physicians say paid sick leave could minimize the spread of COVID-19  
 By Elizabeth Holmes  
 | NBC 29 | [\[Video\]](#)

Dr. Michael Williams, an ICU doctor and director of UVA's Center for Health Policy, said many essential workers are not able to complete tasks, and thus be paid, from home. "They definitely can't do their job remotely. You can't package at a meat packaging facility or you can't stock a shelf from home," Williams said.

### INPATIENT DONNING

### INPATIENT DOFFING

Donning and Doffing Checklist visual aid posters from UVAHealth. [Download PDF versions.](#)

# COVID-19 UPDATES AND RESOURCES

## Q&A: 'CAN I GO VISIT MY ELDERLY RELATIVES?' AND OTHER KEY VACCINATION QUESTIONS

By **Caroline Newman**,  
[cfn8m@virginia.edu](mailto:cfn8m@virginia.edu)  
[UVAToday] [[Link](#)]

When can I get a COVID-19 vaccine and how will it help me?

This is a key question on many people's minds right now, as vaccination campaigns continue to ramp up across the U.S. in an effort to end the COVID-19 pandemic. In Charlottesville, UVA Health has provided more than 40,000 vaccine doses, Dr. Costi Sifri, director of hospital epidemiology, said in a virtual town hall Friday, meaning that about 25% of the Charlottesville population has had at least one dose of the vaccine.



Getting a COVID-19 vaccination is a big milestone – but there are still a few things to know about how much immunity you have and what precautions you might need. (Photo by Sanjay Suchak, University Communications)

This is excellent news, but more widespread vaccination raises its own set of questions. How much immunity do the vaccines actually confer? Can people who have been vaccinated still spread the virus? Is it safe to visit friends or loved ones who have had the vaccine?

Dr. Eric Houpt, chief of UVA's Division of Infectious Diseases and International Health, joined us to answer some of those questions. Among other efforts focused on the pandemic, Houpt is overseeing the Virginia Coronavirus Serology Project, aiming to identify the true extent of mild and asymptomatic COVID-19 infectious across the state and better understand how close we are to herd immunity.

Here's what Houpt had to say about the vaccines and the precautions we still need to take.

### **Q. What do we know about the immunity conferred by the vaccine, and what do we not know?**

**A.** We know that the two vaccines that are currently available in the U.S. (Pfizer and Moderna) are highly protective (94% to 100%) against COVID-19 illness, including hospitalization and death. That's fantastic – it's what we want most from a vaccine, to protect people from getting really sick.

We don't know how long vaccine immunity, or natural immunity [the immunity acquired after having the virus itself] will last, since we are learning everything in real time. Neutralizing antibodies after vaccination stick around for at least four months, and hopefully years.

Dr. Eric Houpt is the chief of UVA's Division of Infectious Diseases and International Health, and has been studying COVID-19 immunity in Virginia. (Photo by Dan Addison, University Communications)

We also don't know if or how well the vaccines prevent "carriage" or "asymptomatic infection" or "asymptomatic transmission" because the prior vaccine studies weren't designed to carefully assess that. It seems likely the vaccines will reduce asymptomatic infection by some amount – the Moderna study found about 60% less asymptomatic infection at a single time point. Israel, which leads the world in vaccine roll-out, has indirect evidence that the elderly vaccinated-age population now carries much less virus in the nose than pre-vaccine. But we don't have a clear picture yet on how well vaccines reduce carriage, particularly with some of the new variants, so this is currently being studied in depth.

*(continued next page)*

# COVID-19 UPDATES AND RESOURCES

## **Q&A: ‘CAN I GO VISIT MY ELDERLY RELATIVES?’ AND OTHER KEY VACCINATION QUESTIONS (CONTINUED)**

### **Q. What about the new COVID-19 variants and how they interact with vaccines?**

A. There is lots of talk about these COVID variants – maybe too much, because the bottom line is that the current vaccines have been highly protective against severe disease and I urge everyone to get a vaccine when they can.

The B.1.1.7 or “UK” variant appears to be more contagious and potentially more severe, so it’s bad, and is now here in the US and is expected to become dominant. So we need to maintain, if not increase, our masking, distancing and handwashing precautions. The current vaccines are highly protective against B.1.1.7, however, as is clear from Israel and other data.

There are additional variants, such as the B.1.351 or “South Africa” variant, that carries even more mutations. B.1.351 has also been found in the U.S. There are test-tube data that this variant is less neutralized by the Moderna and Pfizer vaccines, and a small study in South Africa showed that the Astra Zeneca vaccine (not currently available in the U.S.) was not protective against mild-moderate COVID-19 with B.1.351. Therefore, Pfizer and Moderna are developing booster shots against B.1.351 in case they are needed.

The next vaccine undergoing review at FDA this week is from Johnson and Johnson, a single-dose vaccine that I hope will be approved. It was highly (89%) protective against severe disease, even against the South Africa variant. In general, it appears that if reductions in vaccine effectiveness occur with the variants, we might see it in milder or asymptomatic infections first. This is the case with many other vaccines as well.

Again, the bottom line is that the existing U.S. vaccines have been highly protective against severe disease and I urge everyone to get a vaccine when they can.

### **Q. The CDC and other public health organizations have said the people who have been vaccinated should continue to wear masks and exercise public precautions. Why is this important?**

A. This is very important because it remains possible that vaccinated individuals could carry the virus and spread it to others.

### **Q. What are some considerations to take into account if you have not been vaccinated and want to visit someone who has been vaccinated, or vice-versa?**

A. For reasons just mentioned, the vaccinated person should continue to exercise precautions (masks, distancing, handwashing) because they could still spread the virus to others. The unvaccinated person should absolutely continue to exercise precautions, because they could not only spread the virus to others, they could also catch it themselves and get sick.

### **Q. What about a visit between two people who have been vaccinated?**

A. This is an interesting question, and I haven’t seen official guidance yet about this scenario. Ultimately, the goal is that the vast majority of the population will be vaccinated such that the virus will no longer be able to spread and will dissipate, and then we can then resume normal pre-pandemic life without precautions. But we’re not there yet and there is still a lot of virus circulating, so I would personally, for the time being, still recommend vaccinated persons be careful amongst each other.

While two vaccinated people should be protected from getting sick, it is possible they could still spread it to each other, which means they could then transmit it to others – for instance, when they go home to their bubbles that may not be fully vaccinated yet. I am fortunately fully vaccinated and recently visited my fully vaccinated 78-year-old mother, and we still stayed 6 feet apart and wore masks.

### **Q. How might these precautions change as more and more people in the U.S. are vaccinated, if at all?**

A. I think we will follow the COVID-19 numbers and the percent of the population vaccinated, and we will document if and how protective the vaccines are against carriage of the circulating strains. We can then put those facts together to tell us when we can decrease precautions. We’re not there yet, we are still in the middle of this and need to stay vigilant.

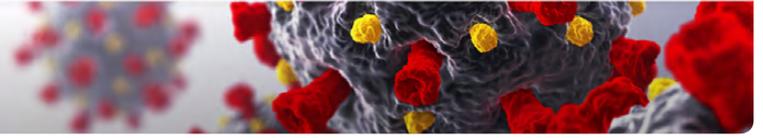
### **Q. Is there anything else you want to add?**

A. We forget to mention that influenza has been massively reduced this winter, almost certainly because of all the mask-wearing and distancing we are doing. So our precautions are certainly effective, and that’s good. The problem is that COVID-19 is even more contagious than influenza. It’s a really formidable virus, which is why we need to fasten our seat belts and stick with our precautions a while longer.

# COVID-19 UPDATES AND RESOURCES



**Coronavirus & COVID-19 Resource Page**  
(public facing page)



**Student Coronavirus Information Page**  
(public facing page)

COVID TRACKER

TESTING

VACCINATIONS

ISOLATION &  
QUARANTINE

ACADEMICS

STUDENT LIFE

WORKING



COVID Tracker



Testing



Health Apps



Vaccinations



**UVA Team COVID-19 Resource Page**  
(internal private page, UVA ID required)



## Have COVID-19 Questions?

[COVID19Questions@hscmail.mcc.virginia.edu](mailto:COVID19Questions@hscmail.mcc.virginia.edu)

Outpatient call 434.982.6843

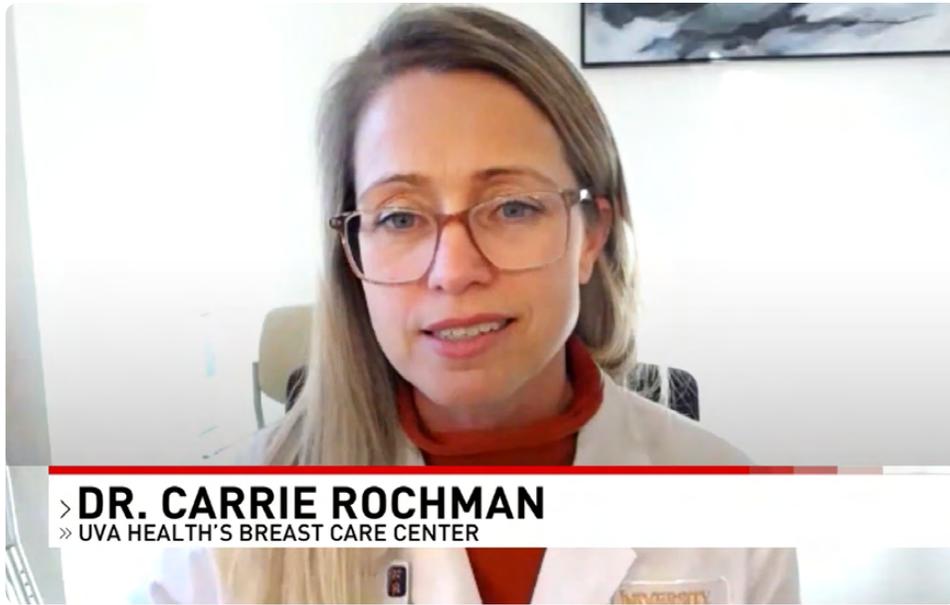
Hospital Epidemiologist page 9204

## DID YOU KNOW...

Department of Medicine Grand Rounds contain many COVID-19 related topics and can be viewed from our website here.

# COVID-19 UPDATES AND RESOURCES

## Doctors explain when women should schedule mammograms after receiving COVID vaccine



> **DR. CARRIE ROCHMAN**  
» UVA HEALTH'S BREAST CARE CENTER

Dr. Rachel McEachern, co-director of breast imaging with Asheville Radiology Associates affiliated with Mission Health, said mammograms are down 10 to 15 percent because of the COVID-19 pandemic. By Hannah McComsey | ABC13 | [\[Video\]](#)

Doctors with the University of Virginia recommend women hold off on scheduling their annual screening mammogram between their first and second dose of the COVID-19 vaccine.

Dr. Carrie Rochman, a breast-imaging expert at UVA Health's Breast Care Center and the UVA Cancer Center, said

the COVID vaccine can cause enlarged lymph nodes under the arm where the person received the vaccine. While she said this is an expected inflammatory side effect of the vaccine, she noted enlarged nodes can also be a sign of breast cancer.

She recommends women with no prior symptoms of breast cancer schedule their annual mammogram before their first dose of the vaccine or four to six weeks after the second dose.

[Related article: Newer side effect of Covid vaccine mimics cancer, doctors say don't panic](#)

## UVA Confirms Presence of UK COVID-19 Variant, Urges Caution

UVA's growing saliva testing program is part of a comprehensive effort to efficiently screen for virus cases and slow the spread of the coronavirus on Grounds.

By Caroline Newman, [cfn8m@virginia.edu](mailto:cfn8m@virginia.edu) | UVAToday | [\[Article\]](#)

On February 12th, the University of Virginia confirmed that there are cases of the B.1.1.7. coronavirus variant in the UVA community and emphasized the importance of preventative measures as positive cases of COVID-19 have increased both on- and off-Grounds.

The variant, also known as the U.K. variant, originated in the United Kingdom and is believed to be more contagious than the original strain of the coronavirus. It is now present more than 70 countries and 37 U.S. states; officials believe it will become the dominant strain in the U.S. within a month.



(Photo by Sanjay Suchak, University Communications)

Overall, as of Friday, the UVA COVID Tracker showed a rise in COVID-19 cases in the UVA community over the past week, with 222 active cases and an average of 36 new cases per day, as opposed to 11 new cases per day the week before. ([continue reading...](#))

# COVID-19 UPDATES AND RESOURCES

## COVID-19 ANTIBODY TESTING SUGGESTS LARGE MAJORITY OF VIRGINIANS STILL VULNERABLE TO VIRUS



(Photo by Dan Addison, University Communications)

Based on the study's results in August extrapolated to the present, Dr. Eric Houpt estimates that fewer than 20% of Virginians have been exposed to the novel coronavirus.

By: Josh Barney, [jdb9a@virginia.edu](mailto:jdb9a@virginia.edu) [UVAToday] [Article]

Statewide blood testing for COVID-19 has found that only 2% of Virginians had antibodies to the virus as of mid-August. The result has prompted the researchers to conclude that herd immunity in Virginia is "currently not a plausible means of ending the COVID-19 pandemic."

Approximately 2.8 times more Virginians had antibodies than had been identified by the state's PCR testing, the researchers report. That ratio is lower than many estimates predicting how much of the country's population may already have COVID-19 antibodies.

Hispanic study participants had the highest exposure rate, with more than 10% having antibodies. Other groups with "notably higher" rates included Northern Virginia residents (4.4%), those aged 40 to 49 (4.4%) and the uninsured (5.9%). Prevalence by zip code ranged from 0% to 20%. Often, neighboring zip codes produced dramatically different results, the researchers say.

"We carefully follow case counts, but need to recognize case counts are an underestimate of the true number of COVID infections," said Dr. Eric Houpt, the chief of UVA Health's Division of Infectious Diseases and International Health. "If we use these data to project to today, we would project that as of February 2021, still under 20% of Virginians may have been exposed to the virus."

The findings underscore the need for vaccination across the state, Houpt said.

### COVID-19 Antibody Testing

To better understand how widespread COVID-19 has been in Virginia, UVA Health and the Virginia Department of Health partnered with large hospitals around the state. The researchers tested the blood of 4,675 outpatients at five geographically diverse health systems: UVA Health in the northwest, Inova Health System in the north, Sentara Healthcare in the east, Carilion Clinic in the southwest and Virginia Commonwealth University in the central. Each site enrolled up to 1,000 residents, aged 18 or older, who were not being evaluated for potential COVID-19 infections. Participants matched the age, race and ethnicity makeup of each region.

Among the 101 participants who were found to have COVID-19 antibodies, 42 were Hispanic. People with antibodies were more likely to live in a multifamily unit and had contact with a patient confirmed to have COVID-19, the researchers report.

The researchers estimated that approximately 66% of the detected infections were asymptomatic.

Prior COVID-19 studies have suggested that confirmed cases may represent only a small percentage of the people who have been infected. Estimates of total unrecognized infections have ranged from six times the confirmed cases to 53 times, so the results from Virginia were lower in comparison.

"Virginians are still quite susceptible to this virus," Houpt said. "We need to continue wearing masks in public and practice social distancing and hand washing. I encourage everyone who qualifies to get a COVID vaccine when they can."

### About the COVID-19 Research

The researchers published their findings in the scientific journal JAMA Network Open. The research team consisted of Elizabeth T. Rogawski McQuade, Kristin A. Guertin, Lea Becker, Darwin Operario, Jean Gratz, Dave Guan, Fauzia Khan, Jennifer White, Timothy L. McMurry, Bhruga Shah, Stephanie Garofalo, Matt Southerland, Kelly Bear, John Brush, Cynthia Allen, Amy Frayser, Rebecca Vokes, Rashmi Pershad, Lilian Peake, Christopher deFilippi, Kathleen Barackman, Gonzalo Bearman, Andrea Bidanset, Francis Farrell, David Trump and Eric R. Houpt.

The study was supported by the Virginia Department of Health with funds from the U.S. Coronavirus Relief Fund. A full list of the authors' disclosures is included in the paper.

# COVID-19 UPDATES AND RESOURCES

## UVA DOCTORS HONORED FOR COVID-19 CHILDREN'S BOOK



By Eric Swensen, [ews3j@virginia.edu](mailto:ews3j@virginia.edu)  
| UVAToday | [\[Article\]](#)

UVA Health physicians Dr. Ebony Jade Hilton, and Dr. Leigh Ann Webb produced a children's book for communities of color that are being disproportionately stricken by COVID-19. The free book is both a guide for staying healthy and a tool to help children cope with the stress and grief the pandemic may bring.

Called "We're Going to Be O.K.," the book has been recognized as one of the top five – among 256 entries – in the Emory Global Health Institute's

COVID-19 Children's eBook Competition.

UVA physicians Dr. Ebony Jade Hilton and Dr. Leigh-Ann Webb partnered with illustrator Ashleigh Corrin Webb to tell the story of Parker, a young African American child, as he learns about COVID-19 from his parents and how the pandemic will change his day-to-day routines.

[Download We're Going to Be O.K.](#)

## UVA Health Earns National Award for Reducing COVID-19 Infections at Long-Term Care Facilities



| UVAConnect | [\[Article\]](#)

UVA Health has received a national health innovation award for its collaborative program to prevent COVID-19 infections at local long-term care facilities and reduce mortality when outbreaks occur. Our Geriatric Engagement and Resource Integration for Post-Acute and Long-Term Care Facilities (GERI-PaL) program was named a runner-up in the 2020 Health Quality Innovators of the Year Awards. [\(continue reading internal ID required article\)](#)

# COVID-19 UPDATES AND RESOURCES

## February 19, 2021 University of Virginia President Jim Ryan and the University executive leadership team's Town Hall Recap: UVA Leaders Address Rise In Cases, Transmission Sources



(Photo by Sanjay Suchak, University Communications)

By Caroline Newman, [cfn8m@virginia.edu](mailto:cfn8m@virginia.edu)  
| UVAToday | [[Video](#)]

On February 19th, University of Virginia President Jim Ryan and the University's executive leadership team hosted a virtual town hall addressing the University's response to recent increases in COVID-19 cases in the UVA community.

The town hall came three days after the University announced the implementation of new health and safety restrictions in response to a sharp rise in COVID-19 cases among students. Those restrictions took effect Tuesday evening and will remain in place through Feb. 26, when UVA leaders will re-evaluate them based on

case numbers and other data at that time.

Friday's discussion focused on the data and concerns that spurred that decision, as well as questions about violations of public health protocols, distribution of cases and plans for the semester going forward. You can view a full recording of the discussion [here](#).

*(continue reading...)*

**AMPLIFYING EXCELLENCE**  
**TO OUR HOUSE STAFF WHO HAVE BEEN**  
**INSTRUMENTAL THROUGH THIS PANDEMIC**  
**RESPONDING TO CHALLENGING CIRCUMSTANCES**  
**AND HAVE PROVIDED UNWAVERING DEDICATION**  
**AND SUPPORT**  
**THANK YOU!**

# COVID-19 UPDATES AND RESOURCES

## Are These Tips for Fighting COVID-19 at Home Safe?



UVA Physician Dr. Ebony Hilton appears on The Doctors

| TheDoctorsTV | [\[Video\]](#)

Critical care specialist Dr. Ebony Hilton joins The Doctors to address some of the potentially dangerous COVID treatment claims that people are making online. Dr. Hilton weighs in on the claim that if you have COVID, you should sleep on your stomach. She shares that as always talk to your medical provider.

## ADDITIONAL WAYS YOU CAN CONTINUE TO HELP

**GIVE FUNDS TO YOUR LOCAL FOOD BANK, via online donation** - food banks are able to purchase food at a much better price than retail, so a dollar goes a lot farther in their hands, and a cash donation is safer right now.

**CHECK ON NEIGHBORS, especially the elderly** - you can make an easy color coded system together that works both ways, a piece of green paper in a window facing each other's house means you are fine, a yellow paper means you need something, and a red piece of paper means an emergency. It also fosters a sense of connection and caring.

**ASK HOW OTHERS ARE DOING** - a sincere "how are you?" means more right now. When the world stops spinning so fast, it's those that checked in on us that we will remember.



**We can do this.**  
**Keep going, UVA.**



**FOR ALL OF US**

**THANK YOU  
TO THE  
HELPERS**