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Interviewee: Dr. Sheila Renee Simons Interviewer: Benjamin Robert Drake

Place of Interview: Zoom

Drake: Okay, let's get right into it. In your own words, what is your role on campus and at the university?

Simons: I'm the graduate coordinator in the Department of Public Health, and I also am a full professor there. But since COVID, has actually been active here in Coles County, obviously, on the campus as well. My job is actually to investigate cases, the cases that I investigate, then lead into contacts. I have 17, I believe, people that are contact tracers that work underneath me now, those individuals are to contact individuals who have had direct contact with somebody who is positive. And we determine things like isolation and quarantine and frequency of testing. There's a variety of things that that we do with that.

Drake: Cool. So, I know you're an epidemiologist, so what has that been like, during a pandemic? Because that's kind of like your whole area, right?

Simons: Well, epidemiology is looking at illness among populations, but it has been expanded within the last 75-100 years to include things like injuries and drug addiction and a variety of things. And what we're doing is we focus on public health in a way that we can improve health for the overall good of individuals. But for me, being an epidemiologist, it's kind of a once in a lifetime thing, you don't think, well, when you're actually training for it, we do a lot of infection control. So, a lot of prevention stuff with some smaller illnesses, you know, in

comparison, so we may do everything from preventive programs for influenza, which has always been kind of the bigger illness that we focused on. And that now has shifted towards this massive effort that we have to controlling our current pandemic. So, it's kind of a thing that you hope isn't a dress rehearsal for another big pandemic?

Drake: So, the next question that I have is, what do you think the biggest challenge for you during the pandemic has been?

Simons: I have a really good team of individuals that I work with, I think, and it's really turned out to be a really well-oiled machine. It's not just myself. But I also rely upon people like Mark Hudson and Jody Stone in Housing and Dining that helped to put individuals into quarantine or isolation space that's here on campus. So, I really rely upon a lot of other individuals, they helped me do my job properly. So, if I look at challenges, I think the biggest problem we have is time, we don't have enough time in the day to accomplish the things that I would like to accomplish. I would like to be able to have more people, you know, to kind of do the contact tracing. But the thing is, I could have, you know, 1000s of people doing contact tracing for me, it's people's behavior that we have difficulty changing. And ultimately, if we look at what is that what's the challenge, that's it, that it's people's behavior. And it's also an unwillingness. And it's not just you know, here on our campus, it, it's in the entire county and in the entire state and nation, and unwillingness for people to be contact traced, they don't see it as being valuable. They see it as being something that we're following them. And we are following them. But what I'm interested in is, how sick are you and the system that we use is

a database system through the state. So, I can set up individuals for text messaging, so they can get a text sent to them every day asking them about their symptoms, which is really nice, because then I don't have to spend my time calling someone say, "Hey, how are you feeling today," and then run through the list of symptoms? They can just answer that at their own convenience. I don't have to wake them up if they're not feeling well. And it just seems to work really well. But ultimately, you know, that there's like little hiccups here and there, but I think overall, this has been a really successful endeavor. We've done much better here than other campuses college campuses have in Illinois.

Drake: So, piggybacking off of that, so as a whole, what do you think the biggest challenge for the university has been?

Simons: Oh, behavior is still the biggest challenge for the university. And those challenges will kind of evolve over time. I think the thing that we're going to start running into that is concerning to me is that with colder weather, we all go inside. And if we all go inside, then we're close to one another, and that changes our behavior. But if we're looking at enforcing the six-foot distance and enforcing masking, we've been really successful in at least the masking initiative here on campus that's done really well. So, when I think of, you know, those kinds of challenges, again, they're really more hiccups than anything else. But I'm concerned for the spring, I'm concerned for cold weather, it will drive more people inside, more people inside are more opportunity for infection. We know that. So that has been a challenge. I think one other challenge that we've just really started to see within probably the last couple of weeks, has been dealing with individuals in contact

tracing and their feeling of their rights being impacted. And it's becomes the viruses already political. But even the behavior that individuals have sometimes towards us is also very political. We're not interested in what your voting party is, we're interested in keeping people safe and healthy. And that's our priority here on campus. We have no ulterior motive to that, then just to be sure that people are safe.

Drake: So, continuing with this line of questioning, changes. So, what do you think the biggest change for you has been? And then off of that, what do you think the biggest change for university has been?

Simons: Well, the biggest change for me has been how available I have had to be to the entire campus. Even though I am the contact tracer, the lead investigator for campus, I also serve as a consultant to every department that's on campus, everything from athletics, individuals who might be working in heating and ventilation. So, every everyone is included employees and students, and I have to make myself available to them to an extent. So, my office phone rings to my cell phone, there are people that call my office phone that want to know when they can return back to work, there's people that call that want to talk to me about their child, there's people that start calling as early as six in my last one is usually around 11. So, the time that I have to be on and available for individuals is definitely a challenge. And that has been something that you just have to figure out how to make the best work for you. So, you don't burn out over this process. Because it has been since March, you know that we have been going through this. In June, I took over this initiative, and we've been doing it ever since.

Drake: What do you think the biggest change for the university as a whole has been?

Simons: Yeah, for the university, the change has been, obviously, our classrooms, we don't have a lot of face-to-face classes. For me as a faculty member, that's, that's where I want to be, I want to be in the classroom, I want to be faced to face with individuals that are there. And I want to be able to be a resource to them. Yeah, I want to be able to be a resource to them. And I think the class size concerns that that students and parents have. That has been a challenge, also, housing and enrollment. I mean, all of these things have been a challenge as a result of the of the pandemic. But it's also things that involve design of classrooms, how we clean things. So, the new policies that we've had to develop, have come rather quickly, like rapid fire, and they have done a remarkable job of getting that stuff done. And everything that I have asked for administration or every concern that I've had, they have immediately addressed that. So, the working relationship that I have with Dr. Gatrell, Dr. Glassman, and Dr. Flaherty has just been a very worker friendly, supportive environment. And that's for the university, for me and for the students, is to their benefit.

Drake: Since you're the lead investigator, what brought about, I don't even know if you would know, but what brought about you becoming the lead investigator? What was it that made the department or the university kind of decide?

Simons: I'm the only epidemiologist in a seven-county area. That that is the one thing, and Sarah Bush serves those seven counties, I do work, doing some stuff with Sarah Bush, mostly out of the Ranchero clinic, some of the stuff that I do is consulting.

But what we're also kind of looking at as far as my role is that when you look at how we trace illness, that's something that happens in public health. So immediately, it came to our department, and then it came to, who is the individual best equipped to handle this, and then that became myself to be able to do that. And I both teach epidemiology at the undergraduate and graduate level, and I teach human diseases at the undergraduate level, and have done so for many, many years. So, I think, my experience my previous work on committees, and with Dr. Gatrell, and we also were involved with the clinic doing some prep and pep education, which is medications that we use to prevent HIV and also after HIV exposure. So just a lot of activity here on campus that made the natural association that I would be the person to handle it.

Drake: So as a faculty member, how has becoming the lead investor investigator impact how many classes, you can teach, if at all?

Simons: Yeah. So last semester, I had one class, and then I had a graduate student assigned to me for a research project. And then this semester, I'm given a release time, you know, so I was awarded six hours of release in the fall, and then six hours of release this semester, as well, I did have a class that didn't make it. And because of that, that ended up being nine hours of release for me, and then my graduate coordinator duties. So, my schedule is much more flexible this semester. It was a little raggedy hair pulling out type of experience last semester. But we're all doing this for the first time. And I think that's, you know, people are upset about testing and vaccine roll out and all of this other stuff, but this is brand new to our generation, we have never seen this before. You know, the last pandemic that we

had of this magnitude, was the 1918 Influenza, you know, the 2015? Was it? Yeah, 2015. I think the swine flu mean that there was nothing in comparison. And at that time, we could send student's home. And here we can't, this is too infectious. So, the university has arranged for both our quarantine and isolation space. So, there's just been a lot of challenges. And it's just, it's, it's new, and we have to take it day by day. And if you're not comfortable kind of rolling with the process, this could be a challenge for people.

Drake: So, shifting to testing. How has the reaction been from students? I should maybe reaction is the wrong word. I can't think of the word. Let's go reaction has been, like the students the and the involvement of students like, Alright, do you see a lot of involvement, a lot of people coming to get tested?

Simons: Yeah, yeah. So, we've seen a little bit of a mix. We have had some really good testing, we've had days in which, you know, 400 people have come through. And then we've had days, which only 200 some people come through. And we try to we don't always have the opportunity to do it. But we try to start with the first person and ask them are do you belong to the EIU community? Or do you belong to the Coles County community. And by doing that we can measure the burden of illness that's on our campus. And that's really what testing is for, especially with people who are asymptomatic, 40% of the population will not develop any symptoms. So those individuals are healthy carriers, and they're also super spreaders. They don't know that they're ill, but they're going to spread it to other individuals. So, the more testing that we can do, and the more open people are to it, that we can get a better idea of what's actually happening, specifically here on

campus. The students and employees have been very receptive to the testing. The system that is set up, they previously, we can do text messaging reminders and all sorts of stuff. Now with the new testing that we're moving to, we're going to use the U of I's system, the SHIELD testing. And by using the SHIELD testing, we're going to be able to test 500 people a week, Monday, Tuesday, Wednesday, 400 students, 100 employees, and that will be a random selection. But they'll know within 12 to 24 hours of what their results are.

Drake: So, moving into SHIELD testing, speaking of, I kind of want to, like talk about that. So, what is it? And what's the process for the random surveillance testing? And by that, I mean, like, what, randomized how like, how do you make sure it's randomized? Right?

Simons: I don't know how they're going to do that. I'm not involved with that process; I have a student of mine that is working with HERC. He's also one of my tracers that, I believe will have a little bit of a role in in determining who is going to get them be tested that day. And of course, they're not required to, you know, they might, they might be called, and they can decline. Now, we're not here to force anyone to do anything that they don't want to do, we can only mention best practice type of stuff. But if individuals are chosen or selected to be tested, they will go at an appointment time either Monday, Tuesday, Wednesday, and during that time, they're given a file that has a small funnel on the top of it, and we do ask for a saliva sample. So, it's they call it the spit test, you'll hear that frequently. It's also it's considered to be a PCR test, a PCR test is the same test that we use for the nasal swab, the anterior nares swab, and also for the nasal pharyngeal swab.

And by using those things, by using a PCR test, it gives us more accurate results. The antigen test, not always as good, you know, we don't know when you were sick, or what was going on then. But certainly, the PCR test are the ones that are the gold standard for testing.

Drake: So, what brought about wanting to use the shield testing?

Simons: Well, we're looking, obviously, at convenience, something that's easy to do for students in which we can surveil them more frequently, the more frequently that we can surveil populations, and get an idea of who's actually positive, we can start to look at, you know, controlling the illness a little bit more efficiently. I mean, we're doing it well right now. But the more people we know, if we find those asymptomatic people, then we can be certain that they are, you know, isolated for a period of 10 days to when they're no longer infectious. And then by isolating that one individual, we may have controlled two to three additional cases from developing. So testing is also a method of disease control, not just surveillance, but control.

Drake: Okay, so now switching to contact tracing, what is, contact tracing, and what is the contact tracing process.

Simons: So, contact tracing is a little bit different at the county level than it is here. But we all use a system through the state, myself, and my tracers all have ability to access that system. Usually what happens is an individual's positive test result will come to the system. And then once it is loaded into the system, the county will contact me and ask me, "Hey, we have this individual," they'll give me an age range. And then they'll also give me things like their address, and I see their phone number

also. And then I can look it up in our system to see if that person is indeed enrolled here, if they are enrolled here. Or if they're an employee here, then that case comes to me. And then from there, I can either distribute that to my tracers, or sometimes the health department will just go ahead and distribute that to my tracers. So, we do it on a couple different ways. Once we contact that individual, we're going to do a health assessment. We'll talk to them a little bit about you knows, what their isolation means, and then how long they will be there. We talked about if their symptoms get worse, what they'll need to do, and who they can reach out to. And we're just kind of assessing them and then we get this set up for text messaging. We can also do email health assessments, or we can do phone assessments. The phone assessments require for us to call people daily. The majority of our people want to have text messages sent to them. On occasion, I will get someone that will want, you know, to be called. And a lot of times, that might be individuals that don't have access to, you know, texting all the time, or I had like one family that had one phone and the other two weren't working. So, I called that one person, and then they would pass it around the house. So, you know, the little bitty challenges like that, too. But after I speak to that person, and interview them, I'm also asking them, who have you come in contact with. And we're looking specifically at the day you became symptomatic, and the 48 hours before, so that they are tested, sometimes the 48 hours before and then based upon that, we determine where you close enough to that individual were you six feet or less to that individual for more than 15 minutes in a 24-hour time frame. So, we usually will say in an entire day, you know where you with them, because time is

cumulative with assessment here. And then based upon that, I will ask the individual for the name and the phone numbers. And then I contact each individual that they came in contact with, interview them, set them up with a health assessment, we also use health assessment text message screenings for them in case they do become ill. And then we can also, you know, look at a variety of things like, "Where do you work," and "What do you need for resources," and if they're here on campus, if they're students, they get moved into the isolation or the quarantine rooms, Housing and Dining sets up arrangements for them to receive meals throughout their entire stay there. And we just be sure that, you know, they're not getting sick on us, which is the most important thing and that they're having their needs met. And those needs can be various right they can be, I didn't get my lunch, to "I'm really having crippling anxiety being in this space by myself." So, we have it set up that we are also I share a spreadsheet, a contact tracing spreadsheet, of just students with the clinic, there's also some employees on there with the clinic, and they can see what the signs and symptoms are of individuals, they can reach out to, to people. But I also share that with the Office of Student Support, Student Accountability and Support. And by sharing that with them, they can see who needs resources, sometimes I have individuals that refuse to communicate with me. And it's a requirement when you're on the university if you're a student or employee to do this. The other thing is, if you choose not to, to communicate with me, then the Office of Student Accountability and Support may intervene to inform individuals remind them that you are required to do this as part of controlling the illness on campus. So, there's lots of

different types of things that we do there lots of phone calls, there have been days where I myself have made over 100 calls. So, if you look at just the number of calls, I make, and then all of the other contact tracers, it's not uncommon for somewhere around three to seven hundred phone calls to be made a day.

Drake: The next series of questions, like I said, it's about vaccines. So, I know, I've heard that we've started a little bit, but I wonder if you can talk about what the rollout has been like so far. And like, what that's all about.

Simons: Yeah, so the rollout I think is difficult to everywhere through every state. And some individuals are saying, well, we have more people vaccinated than another state. The thing with the vaccine is we don't necessarily know, and this is true for every single county, is we don't know how many we'll be receiving. We are sometimes, and when we're working on receiving those vaccines, we also have to schedule the individual. We're in our second group, now we're in B and 1B includes individuals over the age of 65. Of course, our healthcare workers. And there's also some K through 12 individuals. There's not a lot of recommendations, actually no recommendations, for higher education. So that is still trickling through the process. Once the vaccine makes it here to campus, our campus is going to be seen as a site. Typically, when we need to vaccinate people, let's say for influenza, we do the students the campus clinic does the students the health department does us, does the employees. This will allow the health clinic to do both employees and students. And by doing that, it will be more efficient to have one spot here on campus to be able to do that. There also be, I imagine some vaccination days, in which we'll have people come through, and then we'll come

back around for that. Because again, when you receive your first vaccine, you have to be scheduled for your second vaccine come in. My concern that I think is the challenge will be as we're seeing a challenge now in the general population is being sure we get people back for their second dose, the first dose will only give them about 45% protection after their second dose, depending on the manufacturer, it's 21 days for Pfizer, it's 28 days for Moderna. It's just how the vaccine is designed. Research does show between 21 and 28 days is appropriate. So, if you get it before the 28 days, or you know, after the 21st day, it's not going to be that significant. But it is important to get that second dose because that's what will bring you to about 95% protection in a period of 14 days after the second dose.

Drake: The next question centers around health of students. So, have you seen anything beyond physically, but like more focused on mental health? Have you seen an uprise in like, mental health problems, stuff like that?

Simons: You know, a lot of the individuals that I talked to, a lot of the students that we interview, and even the employees that we interview, but specifically to your question that we're talking students, you know, it is challenging, I think it's challenging for individuals who don't have anxiety, who don't suffer from depression to be in quarantine for 14 days, or an isolation for 10. You know, we do ask for people in social distance, but we're not asking them to socially isolate. And it's difficult to not be around people. I mean, even for myself, you know, not being around a lot of my friends, because we simply can't. They just are not individuals who are willing to take that risk. And I'm certainly not so I mean, how

bad would it look for the epidemiologist to be sick? I mean, and it can happen, but what we're looking at is a lot of isolation for people. And it certainly has created an uptick in some mental health problems for individuals, mostly anxiety and depression. And those things do demand some very specific care. And the counseling services is both the health and medical clinic, and the counseling services are aware of that. The counseling services, when I have a student that I'm concerned with, once I speak to them, I will contact counseling services and say, Hey, do me a favor and check in on this student I'm concerned. And then I will probably text them the next day, or maybe in a couple days to say, how are you doing? I want to be sure that I follow up with each one of those individuals. If other individuals are unaware that that is what's happening, you know, we all sign up to take a certain number of cases, those cases our mine to look at daily, and to be sure that they're getting their needs met, whether it's mental health, physical health, or just simply being fed, it can also be environmental health for them where they're staying and what their needs are. So yeah, there's there has been an uptick in that.

Drake: Okay, cool. That's all the questions I have. So, I just wanted to give you this very last question is just a general one, that if you want to put anything else on the record, and let us know, that can be about pretty much anything. So, I'm just going to give you that time right now.

Simons: So, I think the one thing that I should mention is that we recently, Coles County, has been ranked in the top 10 of best contact tracing counties in Illinois, 17 of those individuals, my team accounts for 45% of those of those tracers. So, you

know, I'm really thrilled that people have done so well, I'm excited that there has you know, it's not just public health students. I have other individuals that helped trace for me too. So, you know, using a variety of different backgrounds, a variety of different people to really have them represent what our campus is through diverse tracers, but also age of tracers to be able to offer that to be in the top 10 and Illinois. I'm really proud of my team. They've done a remarkable job. I've really enjoyed the opportunities that they've had. You know, it's unfortunate that it is for illness, but they have stepped up and it's just been, I think, a really good professional development thing for them. But it is also giving them you know, some really eye-opening opportunities to, you know, a lot of the people that we deal with are angry, they're angry because they're scared, and I think that it's an important that our team remembers that, and they do. They are also we deal with people who don't want to be vilified either. They don't want to be seen as you know, I'm, you know, typhoid Mary or COVID Charlie, they don't necessarily want that, to be that image for them. So, you know, there's lots of delicate things and it's a bit of a dance sometimes. And there's lots of things you have to be aware of.