

UNIVERSITY OF KENTUCKY ASSOCIATION OF EMERITI FACULTY, INC. www.uky.edu/UKAEF

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UKAEF NEWSLETTER

April 2022

ABOUT THE SPEAKER Aaron Thompson, Ph.D. By Michael Reed



Dr. Aaron Thompson is a passionate advocate for higher education. As a first-generation college student from rural Clay County, Kentucky, he experienced first-hand the transformative power of a college credential. As President of the Kentucky Council on Postsecondary Education, he works to ensure all Kentuckians have an equal opportunity to improve their lives through postsecondary education. Before taking the helm of CPE, Thompson served as interim president of

Kentucky State University and as executive vice president, provost, and faculty member at Eastern Kentucky University. He has extensive leadership experience within the private and non-profit sectors and is a highly sought-after national speaker. Thompson has authored numerous books on diversity, cultural competence, first-year experience programs, retention and student success. Thompson received his doctoral degree in sociology from the University of Kentucky, with an emphasis on organizational leadership. He earned a master's degree in sociology from the University of Kentucky, and a bachelor's degree in political science from Eastern Kentucky University.

APRIL MEETING

Date: Tuesday, April 12, 2022

Place: ZOOM

Social Time: 11:30 a.m. - 12:00 p.m.

Program 12:00 p.m.

Speaker: Dr. Aaron Thompson

Topic: "Making Higher Education Matter to Kentucky"

Business Meeting: 1:00 p.m.

RENEW ACTIVE by UNITED HEALTHCARE (Replaces Silver Sneakers Program)

For retirees who have UK's United Health Care Medicare Plan a new program is available to you free of charge. Renew Active replaces the previously offered Silver Sneakers. You can take advantage of free gym membership, digital ondemand workout videos and live streaming fitness classes. Additionally there is an emphasis on brain health with an online program from AARP® Staying Sharp®. To find out more and register to get your access code visit online at https://www.uhcrenewactive.com/home

LETTER FROM PRESIDENT DOUGLAS A. BOYD

Dear AEF Member Colleagues:

We understand your desire to have an in-person lunch and speaker for the April meeting. However, our medical advisors are not able to determine where we will be regarding the COVID infection rate in central Kentucky. We are planning on the April program noted in this newsletter to be via Zoom, but we are working with Spindletop to have the lunch if that seems medically wise.

At some point after you receive this newsletter, we might opt for an in-person lunch for Tuesday, April 12. If that happens, I will email everyone a lunch registration form for you to copy and mail with a check. The board decided that this possibility gives us the option of a lunch, but without the difficulty and expense of returning lunch checks.

Dr. Michael Reed will be the new AEF President at our June board meeting. I am thanking him here for the four outstanding programs he has planned this year as Vice President. He will put his leadership skills to work as your new president.

I want to reiterate my thanks to all on the AEF board who have been so supportive during my COVID tenure. Our organization could not function without the dedicated board members noted in this newsletter.

Finally, thanks to all of you for your support and encouragement.

Douglas A. Boyd, AEF President

EDITORIAL

by F. Douglas Scutchfield, MD, FACPM, FAAFP and Sheila Woods, MD, FAAP

At the last board meeting of the UK Association of Emeritus Faculty our president, Doug Boyd, asked me and my valued colleague, Sheila Woods, MD who has joined me on the board and edits our UK AEF Newsletter, about whether we might be able to finally meet, in person, in April. As most know we are currently coming out of the throes of another surge of Covid. Both Dr. Woods and I were cautious though Doug's question was quite reasonable.

Many of us thought that the Delta variant, which surged summer and fall last year would create the herd immunity required to rob the virus of anymore virus naive patients to infect. The question was: Is this the last of the Coronavirus that we would see when this surge finally peaked and was on the downward path? Well, not quite, in late fall we had another round of the virus, this time Omicron. Omicron was significantly more infectious than Delta or the original Alpha from 2019. The reproduction rate of original alpha variant was 2.8, meaning that each new infection would infect 2.8 more patients. The Delta virus variant was 5, meaning that each new infection would infect 5 more patients. The new Omicron was 7 or greater. This is as infectious as measles and measles is one of the most contagious viruses that we fight. We were lucky as it appeared that this variant was not able to cause as much death and illness compared to previous variants.

Neither Dr. Woods or I wanted to stick our necks out as most scientists thought the pandemic would be over when Alpha peaked and then we were swamped by the epidemic curve of Delta after that. One of us, a pediatrician, and a family physician (yes, I am an epidemiologist too, but sometimes I don't own up to it) would have been smart to keep our mouth shut and head down as the folks who predicted we were done with the virus when Delta was done would have been washed away with the epidemic surge of the Omicron variant.

Now, I think there is a real possibility that we may be done with the virus for the time being because fewer folks haven't been infected and those numbers may be inadequate to support another round of a virus surge. But I am not going to bank on it.

To see why we are cagy, Omicron has itself, 2 variants A and B, and we have had only Variant A Omicron. Well, are we going to get the B variant of Omicron now? Based on our reading and a little soothsaying we may have achieved enough immunity to avoid the B variant of Omicron. But again, maybe we will have another variant, even if it is not Omicron. Moreover, in many poor countries we have a very low precent of immunized persons and if they are infected, more likely than in the US, they have the capacity to create another new variant, which is likely to come as the virus circulates in more people and has the potential to create another variant.

So, what to do? One thing both of us agree on is vaccination is safe and effective in decreasing hospitalization, decreasing the need for respiratory ventilation, and death. We have been lucky, the vaccine for the original Alpha also does a good job of protecting us from worse illness by Delta, Omicron... So even if you have a breakthrough infection it is likely to be less serious. The vaccine is safe, is now fully licensed by the FDA and CDC and we are all hoping that you will protect yourself and others by getting vaccinated and having a booster afterwards. A final number; probably the most important in this note.

Boosted Americans 97 Times Less Likely to Die of COVID-19

CDC Recommendations as of February 12, 2022

Up to Date means:

• Have had 2 doses of Pfizer vaccine at least 21 days apart and a booster shot at least 5 months after 2nd vaccine dose

- Have had 2 doses of Moderna vaccine at least 28 days apart and a booster shot at least 5 months after 2nd vaccine dose
- Have had 1 dose of Johnson & Johnson vaccine and had a booster dose at least 2 months after the 1st vaccine dose

Recommendations after Exposure are Based on **VACCINE STATUS**

If **<u>TEST POSITIVE</u>** for Covid REGARDLESS of vaccine status:

- Stay home and <u>Isolate</u> for at least 5 days
 - **Day 0** is first day of symptoms or a positive viral test
 - **Day 1** is first full day after symptoms developed or test was collected
- Isolation at home means:
 - Separate from others if have symptoms
 - Wear a well-fitting mask if need to be around others
 - Stay in a specific "sick room" or area and use a separate bathroom if available
 - IF had Symptoms: End isolation after 5 full days
 - IF fever-free for 24 hours (without the use of fever-reducing medicine)
 - IF symptoms are **improving**
- IF had **NO Symptoms**: <u>End isolation 5 full days</u> <u>after</u> positive test
- Wear a well-fitting mask for an <u>additional</u> 5 days
- Do **NOT** travel
- If must travel during days 6-10 after positive test with symptoms
 - Must not have <u>symptoms</u> when starting to travel
 - Must wear a <u>well-fitting mask</u> when around others for entire duration of travel
 - If unable to wear a mask, **should NOT travel** during days 6 to 10

If exposed and <u>UP TO DATE (see above for definition)</u> on Covid vaccinations:

- Do **NOT** need to stay home **unless** develop symptoms
- Get **tested** at least **5 days** after last close contact with someone with COVID-19
- Watch for symptoms for at least 10 days
- If develop symptoms, then **ISOLATE** immediately and get tested
 - Continue to stay home until test results are known
 - Wear a well-fitted mask for 10 full days any time around others anywhere
 - Do **NOT** go to places where unable to wear a mask
- Take precautions if traveling
- Avoid people who are **High Risk**

If exposed and <u>NOT UP TO DATE</u> on Covid vaccinations:

- Stay home and Quarantine for at least 5 full days
 - **Day 0** is the date of exposure
 - **Day 1** is first full day after last contact with a person with COVID-19

During Quarantine:

• Wear a **well-fitted mask** if around others in your home

- Do **NOT** travel
- Get tested at least **5 days** after last close contact even if no symptoms develop
- If <u>develop symptoms</u> during Quarantine-<u>Isolate</u> immediately and get tested
 - Continue to **stay home** until results are known
 - Wear a well-fitted mask for 10 full days any time around others anywhere
 - Do **NOT** go to places where **unable** to wear a mask

<u>After</u> quarantine

- Watch for symptoms until **10 days** after last close contact
- Avoid travel until a **full 10 days** after last contact
- Avoid people who are **High Risk**

If exposed to Covid and <u>HAVE HAD CONFIRMED</u> <u>COVID</u> within the past 90 days

- No quarantine unless symptoms develop
- Watch for symptoms until **10 days** after last close contact
- If develop symptoms-Isolate immediately and get tested
 - Continue to **stay home** until know the results
 - Wear a well-fitted mask for 10 full days any time around others anywhere
 - Do **NOT** go places where **unable** to wear a mask
- Take precautions if traveling
- Avoid people who are **High Risk**

If you were **severely ill with COVID-19** or are **immunocompromised**

- Isolate for at least 10 days
- <u>Consult your doctor before ending isolation</u>

IN MEMORIAM

*Members of UKAEF

- *C. Milton Coughenour, Rural Sociology
- Christopher Frost, Law

(A

- Charles Hultman, Economics
- Mary Elizabeth "Betty" Maxson, Medical Library
- Timothy Lloyd Overman, Pathology
- Barbara Ann Markesbery, Spoouse of Dr. William Markesbery
- Ed Sagan, Former Dean of College of Education
- Thomas Swerczek, Veterminary Science

"Good teaching is forever and the teacher is immortal."-Jesse Stuart

2021-2022 EXECUTIVE COMMITTEE

OFFICERS

President: Douglas A. Boyd Vice-President: Michael R. Reed Treasurer: James Chapman Recording Secretary: Bradley C. Canon Executive Secretary: Sue Fosson Past President: F. Douglas Scutchfield

COMMITTEE CHAIRS

Benefits: Michael Tearney Fellowship: Lee Edgerton Membership: Sue Fosson Programs: Michael R. Reed Newsletter: Sheila Woods Administrative Consultant: Casie Clements

UK ASSOCIATION OF EMERITI FACULTY MEMBERSHIP APPLICATION, 2021-2022* (Dues for 2021-2022 should be paid in November 2021)

NAME	SPOUSE'S NAME			
	Tel			
	nclude, if you have one)			
2021-22 Dues are*	\$20 (includes spouse or partner)	CHECK ONE:	New member	Renewal
	TO THE FELLOWSHIP FUND*			
Mail form an few folks have already pa	nbership dues and /or fellowship don ad check(s) to: UKAEF, c/o Casie Cl id their 21/22 dues this spring/summ EWSLETTER, TO SEE IF YOU H	lements, 4812 Trillium er. PLEASE BE SUI	n Pl., Lexington, KY RE TO CHECK YO	40514-1410 D UR MAILING LABEL, ON



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