

PGA TOUR Media Conference

Thursday, July 9, 2020

Andy Levinson

Tom Hospel

Press Conference



JOEL SCHUCHMANN: Thanks, everybody, for joining us on short notice. We've got from the PGA TOUR, Andy Levinson, senior vice president of tournament administration and Dr. Tom Hospel, who's the PGA TOUR medical director. We wanted to set this call up and we appreciate you guys doing this on short notice. You should have received the PGA TOUR statement health and safety plan update, and we wanted to set up this call as a casual opportunity for you to ask questions about our update today in regards to protocols for positive and symptomatic cases.

We're not going to address individual player medical results, but we really want to just ensure that you have all the facts as it pertains to the policy. I don't know if Andy or Tom want to kind of start out with any kind of opening comments or if we want to just open it up to the group. I know that you guys literally just got the statement a few minutes ago so you may not be really well-versed in it. Andy, I'll give it to you to lead the way.

ANDY LEVINSON: Yeah, thanks, Joel. I'll just give some context to the document that you all received this evening. Essentially what it is is it's a clarification of our existing protocols with respect to symptomatic positives. Last week we made an adjustment to our treatment of asymptomatic positives in accordance with CDC guidelines, and for symptomatic positives, we have also followed CDC guidelines, as well as the advice of our esteemed medical advisor Dr. Tom Hospel is on the phone as well as infectious disease experts and having direct conversations with the CDC.

We felt it important to be as clear as possible with respect to how we treat symptomatic positives and what the protocol is for them from the moment of their positive test to the moment they can return to competition. So that's what the document is about today, and we're happy to answer any questions.

Q. As I was reading the release, not to get on the players' names, obviously, but basically if a player no longer shows symptoms after 10 days but he still tests positive, he's allowed to play? Is that what you boil it

down to?

ANDY LEVINSON: Yeah, that's right, and I'll ask Dr. Hospel to explain why that is. But yes, in accordance with CDC guidelines, a player is permitted to return to competition after a period of 10 days of self-isolation from the point where symptoms originated and has no period of fever for at least 72 hours prior to that point. That is, again, the CDC's guidance with respect to a symptom-based strategy for return to work, and Dr. Hospel can explain how a positive test might occur beyond that point.

TOM HOSPEL: I'll jump in here. This is Tom Hospel. So when we are doing testing, we're referring here to the nasopharyngeal PCR swab, and that swab and that testing detects viral RNA nucleic acid in a specimen. In the beginning stages of the illness, that virus is assumed to be active virus that can cause infection, can be contagious.

As time passes and as symptoms resolve and the patient or individual doesn't have any fever and 10 days have passed, at that point the thought and theory is that this virus, this particle that's being detected in the nasopharyngeal swab is no longer active or contagious or can potentially cause on going infection.

What we have learned along the way is that in some instances, individuals can continue to test positive for weeks if not months beyond when their illness started, and the thought is that those individuals are no longer contagious, but you're picking up dead virus.

Q. Not to mention a player's name here, but there are players who have continued to test positive, but they reach a point where they're no longer contagious; is that correct?

TOM HOSPEL: So yeah, relying on the CDC's guidance following the symptom-based strategy, it is, based off the CDC's guidance, that after 10 days have passed, clinically if their symptoms are improving and they have not had a fever for 72 hours with the help of medication, at that point the CDC has given us guidance that those individuals are allowed to return to work.

Q. And they are not contagious at that point?

TOM HOSPEL: They are not presumed to be contagious

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at that point.

Q. Just wondering how this jibes with the effort by you guys to keep players away from the course who, it was my understanding, are either symptomatic or test positive. So this 10-day time frame, if a player tests positive on a Sunday, would then you -- you might be able to clear them for competition, but would they be cleared to play practice rounds or be at the golf course Monday through Wednesday?

ANDY LEVINSON: That's correct. So for individuals who continue to test positive but have gone through this period of isolation, as Dr. Hospel described and as set forth by the CDC, if they have gone through that period and yet they continue to test positive on the nasopharyngeal swab PCR test, they would be allowed to return to competition. There would be some limitations put on them in terms of playing, so they would play either individually or with people in similar situations, and they would have some restricted access on-site. They would not be allowed in any of the facilities on-site. However, they would be permitted to compete.

Q. Would they be allowed to play a practice round inside those 10 days?

ANDY LEVINSON: No.

Q. Or any kind of driving range activity or anything?

ANDY LEVINSON: No, they would have to meet the CDC guidance as we've described. So they would have to have completed that period of isolation.

Q. This goes for both players and caddies, correct?

ANDY LEVINSON: That's correct.

Q. And would you consider it basically just a matter of fairness that if they've gone through what the CDC guidelines are, then it's not really right to just keep them off the course if they adhered to all these standards? Was that part of kind of the mindset?

ANDY LEVINSON: Well, the mindset is that they have complied with the guidance from the CDC. They have met the medical requirements for isolation, and with respect to the opinions of our medical advisors, including infectious disease experts and the CDC, they're clear to play. They're clear to return to work, whether it was a player, a caddie, you or me.

Q. Dr. Hospel, just kind of a broad question: Is the medical community running into this just in general

where you have someone who tests positive and goes through the 10 days of isolation and doesn't show symptoms and yet they continue to test positive; is this kind of a problem that we're seeing across the board?

TOM HOSPEL: Yeah, I would say that this is an issue that individuals are facing as they're getting guidance to providing the opinions on returning individuals back to work or back into society. We're finding that individuals, certain individuals can continue to test positive this way with their PCR swabs for an indefinite period of time.

Q. You guys have made alterations to these protocols as real-life things have come up, so in this particular case have you then had these specific situations that have caused you to rethink this? Is that why you're doing this?

ANDY LEVINSON: No, again, this is not a rethinking. This is not an adjustment. This has been our policy from the beginning with respect to symptomatic positives. This is just a clarification so that everybody understands what's going on now that we're four weeks in, we've had some positive cases, and we have people returning to competition. We felt it important that people understand our position. But in this particular case, this is not an adjustment; this is actually the policy, the protocol that we've had in place since the beginning.

Q. Is it fair to say that if a guy who's tested positive, any of these guys that we've had in the first month here, say two months down the line they test positive, they never showed any symptoms, are they still good to go then?

TOM HOSPEL: Each case would be an individual case. We certainly would take many factors into that, including how they're feeling, if they're having any new symptoms, what was the nature of their initial positive test and what's the nature of where they're currently at. There's maybe some additional clinical strategies that you can utilize to help determine whether this is a reinfection or not based off of doing additional blood work, so on and so forth, but as it stands right now, we're going to look at each case individually. We're going to rely on the CDC. We're going to rely on our infectious disease experts, epidemiologists and state and local health officials on how to manage those who are unique scenarios. It's not likely that somebody would necessarily have a positive test for two months or three months, but it is a possibility, so we would have to explore that particular scenario if it came up.

Q. Just to be clear, I just checked the tee times for this week, and they don't have the players listed in your

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release paired together. Is that a mistake, or is that the way it's going to work?

ANDY LEVINSON: I believe there will be an adjustment. Joel, you might be able to speak to that.

JOEL SCHUCHMANN: Yes, there will be an adjustment.

Q. For either of you, we've seen this a little bit in other sports now where the testing results are taking a while to come back. Are you finding that it's slower than it was at the beginning? Are you concerned at all with that, and is there anything you can even do about it?

ANDY LEVINSON: No, and that's only because we're extremely fortunate to have the system that we have in place with Sanford Health. We have a laboratory in a truck that travels with us from tournament to tournament, so we're bringing the resources, the testing resources and the lab technicians with us. So our result times for the most part have been consistently very fast, and that is because we're sourcing it all ourselves. We're not relying on laboratories that other populations are also using. This is strictly dedicated to us.

And so we're in a very fortunate situation. Other sports leagues and other situations don't have that. But for us, we're not running into that situation.

Q. Can you say what the time frame is roughly, like the swab tests are a couple hours and the saliva tests are a little longer?

ANDY LEVINSON: Well, sure. Those are two completely separate things. I was speaking specifically about the in-market testing that we're doing when people come into a tournament city. We do utilize saliva testing for people who are at home, whether they're just coming out to start the season or they're taking a week off or something like that, and those turnaround times have been consistent, as well, but you expect a 24- to 48-hour turnaround time because you're taking the sample at home, you're shipping it to the laboratory and then you're waiting for the laboratory to get back to you.

The tests that we're doing, the nasopharyngeal swabs on-site, depending on the volume of when you show up at the testing area, our turnaround times have been anywhere from about an hour and a half to three hours.

Q. Just a clarification on the 10 days: So if a person tests positive at midday on a Sunday, does that count as a half day toward their 10 days? Or does the clock start on Monday?

ANDY LEVINSON: We would count Monday as day one. Tom, you can correct me if I'm misspeaking, but Monday would be one.

TOM HOSPEL: Yeah, correct, Monday would be one, and I'd also want to clarify that, we're really basing it starting on symptoms, so if somebody is symptomatic and tests positive, the clock starts when symptoms first began, not when the test was taken.

JOEL SCHUCHMANN: With that, we appreciate everybody's time getting on the phone on short notice. We really appreciate what you guys are doing and helping us tell the story. Andy and Dr. Tom, we appreciate your time, as well, and you guys have a great night.