

Boston University Medical Campus

Community Liaison Committee (CLC)

National Emerging Infectious Diseases Laboratories (NEIDL)

MEETING NOTES

Tuesday, June 24, 2014

6:00 pm. * 650 Albany Street rm. L714

ATTENDING

Robert Francis, Co-Chairperson, Linda Lukas, Co-Chairperson, CLC; Kenneth Nwosu, CLC; James Keeney, CLC; Val Shelley, CLC; Robert Timmerman, CLC; Chayla White, CLC; Valeda Britton, Executive Director, Community Relations/MED, BU; Chimel Idiokitas, Assistant Director, Community Relations/MED, BU; Elizabeth Leary, Director, Community Relations/CRC, BU; Dr. Jack Murphy, Interim Director, NEIDL; Dr. Ronald Corley, Associate Director, NEIDL; Kevin Tuohey, Executive Director, Research Compliance; and Ron Morales, Director of Research Safety & NEIDL Responsible Officer and a public community member

At 6:00 pm, Co-Chairs Francis and Lukas opened the meeting.

PRESENTATIONS

The Permitting Process* Part 1

Mr. Tuohey and Mr. Morales discussed the permitting process for BSL3 and 4. They gave an overview of the NEIDL permitting process. The Office of Research Compliance manages the technical, administrative and regulatory aspects of permitting.

- The Manager of Technical Committees ensures coordination between BU committees (IBC, etc.), regulatory agencies (BPHC, CDC, etc.) and Environmental Health and Safety (EHS).
- The Director of Research Safety is a member of EHS, serves as the CDC-required Responsible Official and manages the permit submission process.
- The Associate Vice President, Research Compliance is ultimately responsible for the process, serves as the Institutional Official and the BPHC-required Responsible Official.

BSL-3 and BSL-4 research requires both local and national permits

As of the June CLC Meeting, BSL-3 non-Select Agent and BSL-3 Select Agent work have been permitted by the BPHC. BSL-3 Select Agent work also requires permitting by the CDC. BU was in the process of obtaining this permit. Additionally, all BSL-4 research will require permitting by BPHC and CDC. It was noted that all BSL-4 research is Select Agent research.

The BPHC permit process for both BSL-3 and BSL-4 includes submission and approval of the following plans:

1. Introduction
2. Biosafety Plan

3. Chemical Hygiene
4. Commissioning
5. Decommissioning
6. Decontamination
7. Disease Surveillance
8. Emergency Response
9. Hazard Evaluation
10. Inspections
11. Management Commitment
12. Security
13. Strain Verification
14. Termination of Work with Agents
15. Training
16. Transportation
17. Waste Management
18. Institutional Biosafety Committee
19. Other (Radiation)
20. Other Agents not listed
21. Project Description
22. List of laboratories

Also required by the CDC are:

- Facility inspections and review of commissioning and recertification reports
- Review of equipment and validation reports
- Interviews and review of work practices.

ADMINISTRATIVE

The May 2014 CLC minutes were approved.

INSTITUTIONAL BIOSAFETY COMMITTEE (IBC) REPORT

Mr. Keeney and Mr. Timmerman gave IBC and BBC meeting updates. Protocols discussed at the IBC meeting included mental illness, sickle cell disease, skin biopsies and blood samples to study itching in cancer patients, new vaccines to protect against hemorrhagic fevers and insulin resistance and obesity in connection with Type 2 Diabetes.

COMMUNITY RELATIONS REPORT

Ms. Britton gave an update on BU community relations' activities. She announced that six high school students had received scholarships to BU's SummerLab Biotechnology Program at BU CityLab Program. These students will spend a week getting hands- on laboratory experience. BU summer camp scholarships had been distributed to 25 community members to attend basketball, hockey, lacrosse, and soccer camps. Also, Ms. Britton mentioned that Community Relations continues to collaborate with the BU School of Education and NEIDL researchers to develop an infectious disease class for middle school students.

SCIENTIFIC & RESEARCH UPDATE

Dr. Corley gave updates on preparation at the NEIDL for the CDC site visit to inspect Select Agent BSL-3 labs in July. The BPHC had already approved the transfer of existing BSL-3 lab research to the NEIDL. It is anticipated that the BSL-3 labs handling select agents will be fully operational in the NEIDL by late fall.

Dr. Corley was asked to explain the anthrax event at the CDC in Atlanta. Concern was raised that the CDC was not following its own protocols. Dr. Corley stated that more information is needed before he can tell what really happened. He mentioned that anthrax is normally found in the environment and can live for years in the soil. The inhaled form is what the CDC is most concerned about. It was believed that the exposed CDC lab workers would be taking antibiotics for approximately 60 days. In addition, USDA will be investigating the lapses at the CDC.

Researchers continue to be concerned about Middle East Respiratory Syndrome (MERS), a viral, airborne BSL-3 pathogen. There are no vaccines or therapeutics for MERS. There have been two reported cases of MERS in the United States. However, there have been no secondary infections despite these people having traveled on planes and through airports. In Saudi Arabia approximately ¼ of the infected are healthcare worker. According to Dr. Corley, MERS is likely acquired through exposure to camels.

Dr. Corley reported that the number of Ebola cases in West Africa has increased and 65% of those infected have died. Also Chikungunya, a mosquito borne virus from Tanzania, has been on the move since its discovery in 1994. In 2013, the first case was reported in the Caribbean. This year the first locally acquired case of the disease appeared in Florida. The significance of this is that the infected man had not recently traveled outside the US. There have been 9 reported cases in Rhode Island. It is believed that these cases were all travel related.

Dr. Corley was asked about the radio mention of a measles outbreak among the Amish. He reiterated the importance of vaccination and stated that in the community unless many people are inoculated, there is little to no herd immunity and the chance of spread is increased.

When asked about the relationship of Shingles to Chickenpox, he discussed Chickenpox becoming latent in the body and reappearing as Shingles later in life. Shingles appeared to be an emerging health risk for older adults and consideration should be given to receiving the vaccine.

The meeting was adjourned at 7:30 PM

Next Meeting: September 23, 2014