Boston University Medical Campus

Community Liaison Committee (CLC)

National Emerging Infectious Diseases Laboratories (NEIDL)

MEETING NOTES

Tuesday, September 23, 2014

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

ATTENDING

Robert Francis, Co-Chairperson, Linda Lukas, Co-Chairperson, CLC; Jim Keeney, CLC; Robert Timmerman, 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;

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

PRESENTATIONS

Drs. Corley and Murphy answered questions from the CLC about the Ebola crisis in West Africa. The meeting started with a question about whether the death toll could reach one million per a CNN report. The answer was unlikely. Dr. Murphy explained that Ebola had first been identified in 1976. From that time, there were small outbreaks in the Congo, Zaire and Uganda. These outbreaks were fairly well contained as they occurred in small rural areas. Generally, people that were exposed to the disease did not travel far from their villages. So the disease ran its course.

In March of 2014, it was recognized that there had been an epidemic occurring since December 2013.The first patient had been a two-year-old child in Guinea. Her family was exposed and her grandmother traveled to a nearby village. At first, it was believed that the family had Cholera. Early symptoms of Ebola such as fever are not specific to Ebola, but could be other diseases. Sporadic small outbreaks of Ebola continued. Later, a physician from Doctors without Borders, ruling out Cholera or Lassa fever, noticed that some of the patients seen had the hiccups. Hiccups are one of the symptoms of Ebola.

As time passed, it was noted that Ebola outbreaks were occurring with greater frequency in urban areas in Guinea, Liberia and Sierra Leone. These large geographic areas had no documented history of Ebola outbreaks and had limited medical and public health resources to deal with the disease. This was especially important as the number of infected people increased, as did the calls for containment of Ebola patients.

Identifying, isolating, treating and tracking infected individuals in more densely populated areas presents a huge challenge in West Africa. Dr. Corley explained that no one really knows how many people have been infected with Ebola. In addition, government and health care efforts to stem the flow of the disease has led to mistrust and fear. People are reluctant to report the illness or go to the limited healthcare centers for treatment. This has hampered quarantine efforts. It is believed that the numbers of people infected or dead are underestimated. There is no good data on case fatalities.

When asked, Dr. Corley said there is no indication that Ebola is airborne. He reminded the CLC that Ebola requires contact with the bodily fluids of an infected individual.

It is believed that early diagnosis can be a factor in preventing the spread of the disease and death. However, the current diagnostics only identify the disease after it is symptomatic. While there is no cure for Ebola, there are a number of vaccines in various stages of development. There is a California company making a drug called Zmapp; however they have run out of supply. There is no current stockpile of drugs available due to a previous lack of demand. The NIH and a Canadian group will start safety testing an Ebola vaccine. True Phase 1 clinical trials will begin in November. There are also therapeutics in development using antibody combinations that look promising.

One CLC member asked who is the lead agency coordinating the Ebola medical response. Dr. Corley explained that it is unclear who has responsibility. The World Health Organization (WHO) is doing some coordination of the global health response, but does not really have an appropriate budget. It has sent many physicians to West Africa. The CDC has sent healthcare personnel and diagnostics to the affected areas. Some countries in Africa have also sent assistance. Cuba has sent approximately 150 healthcare personnel as well. To date, most of the health care workers providing aid are from Non-governmental Organizations (NGOs) or are missionary based health care workers.

Another CLC member asked whether Ebola could be used for terrorist purposes. Dr Corley said that Ebola would be a poor choice of a bio-weapon, as you need an experienced molecular virologist and a proper lab. In addition, Ebola is not spread by airborne methods.

ADMINISTRATIVE

The minutes of the June CLC meeting were unanimously approved. The CLC asked that its membership be increased. It was suggested that expanding the target area for applicants to areas outside of Boston might increase the applicant pool.

INSTITUTIONAL BIOSAFETY COMMITTEE (IBC) REPORT

Keeney and Francis gave IBC and BBC meeting updates. There have been three IBC meetings since the CLC last met (7/15, 8/19, and 9/17) and one BBC meeting (7/15). Keeney reminded

the CLC that there is a BBC meeting on 9/29 and all meetings are open to the public. Timmerman commented that he has found the BBC to be a very capable group of experts assessing the BSL-4 permit. It was noted that at the IBC meeting in August, it was mentioned that Dr. Muhlberger (sp) had moved her lab to the NEIDL and was doing BSL-2 research. He reminded the CLC that the IBC meeting in September was the annual public meeting and all were invited.

COMMUNITY RELATIONS REPORT

Ms Britton and Mr. Idiokitas discussed their visit to the Rocky Mountain Laboratories in Montana and handed out the Community Relations expenditure document. She reported that over a three-year period, BU had given approximately 29 grants and donations to local community groups and non-profits in the area. She mentioned that BU was in discussions to sponsor a South End youth travel soccer team.

SCIENTIFIC & RESEARCH UPDATE

Dr. Corley reported that at the end of October, the CDC would be sending five inspectors for five days to inspect the BSL-4 labs. This was their first official visit to do a preliminary inspection. He mentioned that the NEIDL was waiting to receive CDC approval for the BSL-3 labs that work with Select Agents.

REGULATORY

It was announced that Boston Water and Sewer Commission was replacing the tide gate under the NEIDL. He gave an update on the BSL-4 permitting process and continues to supply information and documents to both the BBC and the BPHC for their review. He mentioned that BU Emergency Planning is working with city agencies to plan the next NEIDL emergency drill. The CDC has requested that the drill involve the failure of the three EDS cook tanks at the NEIDL.

It was announced that Dr Corley would be the new Director of the NEIDL, effective October 1st. Dr. Murphy thanked the CLC for the critical role that they have played in supporting the NEIDL.

The meeting was adjourned at 7:30 PM
Next Meeting: October 28, 2014