

Boston University Medical Campus

Community Liaison Committee (CLC)

National Emerging Infectious Diseases Laboratories (NEIDL)

MEETING NOTES

Tuesday, February 24, 2015

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

ATTENDING

Robert Francis, Co-Chairperson; Linda Lukas, Co-Chairperson, CLC; Jim Keeney, CLC; Kenneth Nwosu, CLC; Robert Timmerman, CLC; Kevin Tuohey, Executive Director, Research Compliance, BU; Valeda Britton, Executive Director, Community Relations/MED, BU; Chimel Idiokitas, Assistant Director, Community Relations/MED, BU; Tracy Keane, BU; Dr. Bhadelia, Director, Infection Control, NEIDL; Dr. Ronald Corley, Department of Microbiology, Director, NEIDL.

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

PRESENTATIONS

Ebola Epidemic Lessons from One Year of Cases by Dr. Nahid Bhadelia

Recently, Dr. Bhadelia returned from her third trip to Sierra Leone where she was serving as a physician assisting in the Ebola crisis. She noted that as of early February 2015, Ebola cases appear to have dropped in West Africa, especially in Liberia. However, according to the World Health Organization (WHO) as of this date, there were 22, 894 patients diagnosed with Ebola and 9177 deaths in West Africa. Sierra Leone and Guinea have had the most cases.

Dr. Bhadelia pointed out that Ebola is not a new disease. There have been prior outbreaks in equatorial African counties such as Uganda, Sudan, Gabon and the Democratic Republic of Congo (DRC). In fact, the DRC had an Ebola epidemic in 2014 and controlled it. These epidemics have been better controlled because of the quick public health response, health care staff knowledgeable about infection identification, prevention and control procedures as well as lab capacity.

On the other hand, the response system for this crisis in West Africa was poorly designed and supported both locally and internationally. It was difficult to figure out who was coordinating or had the final word. The populations of Liberia, Sierra Leone and Guinea are very mobile and the borders of the countries are very porous. This makes contact tracing by aid workers across borders difficult. Transportation services, roads and telecommunication systems were deficient. Frequently, there were shortages of supplies and personal protective equipment (PPE). Most necessary PPE was on back order. The scarcity of health care workers including doctors and nurses made the epidemic worse. In Sierra Leone, there were two doctors for every 10,000

patients. Most care was by nurses. Burial practices accounted for 60% and 80% of cases in Guinea and Sierra Leone respectively.

Dr. Bhadelia said that new challenges have arisen as borders have opened. Some people have questioned whether there will be political instability with the loss of the Ebola economy. Yet, while corruption continues to plague the response and recovery efforts, hospitals and clinics are opening again as are schools. It was noted that it might be difficult to recruit healthcare workers into non-Ebola care. Also, many of the Ebola survivors have suffered physically, financially, and socially. Yet, these Ebola survivors may play an important part and have many opportunities to provide valuable services to their countries in the roles of advocates, donors, helpers and health educators.

ADMINISTRATIVE

The minutes of the November CLC meeting were unanimously approved.

INSTITUTIONAL BIOSAFETY COMMITTEE (IBC) REPORT

Mr. Keeney and Mr. Timmerman gave IBC updates. In February, both Mr. Keeney and Mr. Timmerman reviewed protocols associated with research on diabetes and obesity. In January, a BSL-3 protocol was approved to move BSL-3 select agents from one lab on campus to the NEIDL.

COMMUNITY RELATIONS UPDATE

Ms Britton reported that BU and other universities interested in global health were working as part of a consortium to host a global health conference at the Boston Sheraton. Community Relations for the Medical Campus has been calling both public and private schools to invite 11th and 12th grade students to attend two panels on 3/28/15. One panel is entitled Big Problems: Big Ideas and the second panel is called Epidemic Ebola: Looking Back, Lessons Learned and Looking Ahead. Neidl researchers will also participate in career day as part of the two-day health fair on bacteria and viruses at the Museum of Science.

Co-Chairs Francis and Lukas reported meeting with BU senior officers to discuss NEIDL community engagement efforts and CLC expansion post BSL-4 permitting. The CLC agreed that these topics would be the agenda items for the next couple of CLC meetings.

SCIENTIFIC & RESEARCH UPDATE

Dr. Corley discussed a new disease called Bourbon virus. In February 2015, the very first case was identified. The CDC called it Bourbon Virus because the only person that was infected lived in Bourbon, Kansas. The host for the disease is unknown. It is believed that ticks transmit the disease. The gentleman died after exposure. Currently, there are no diagnostics, vaccines or treatments. Virologists are quite concerned about new mosquito and tick diseases as climate

changes have accelerated the emergence of new pathogens. These pathogens adapt to a variety of new hosts.

REGULATORY

Dr. Corley reported that the CDC still had not issued its report on the BSL-4 permit. It was noted that the NEIDL has received permits to do research on select and non-select BSL-3 agents. All BSL-3 will now be done in the NEIDL. The Boston Biosafety Committee (BBC) cancelled its meeting. The next BBC meeting is March 2, 2015. This is scheduled to be the last meeting for this group.

Next CLC Meeting: March 24, 2015