

Those present:

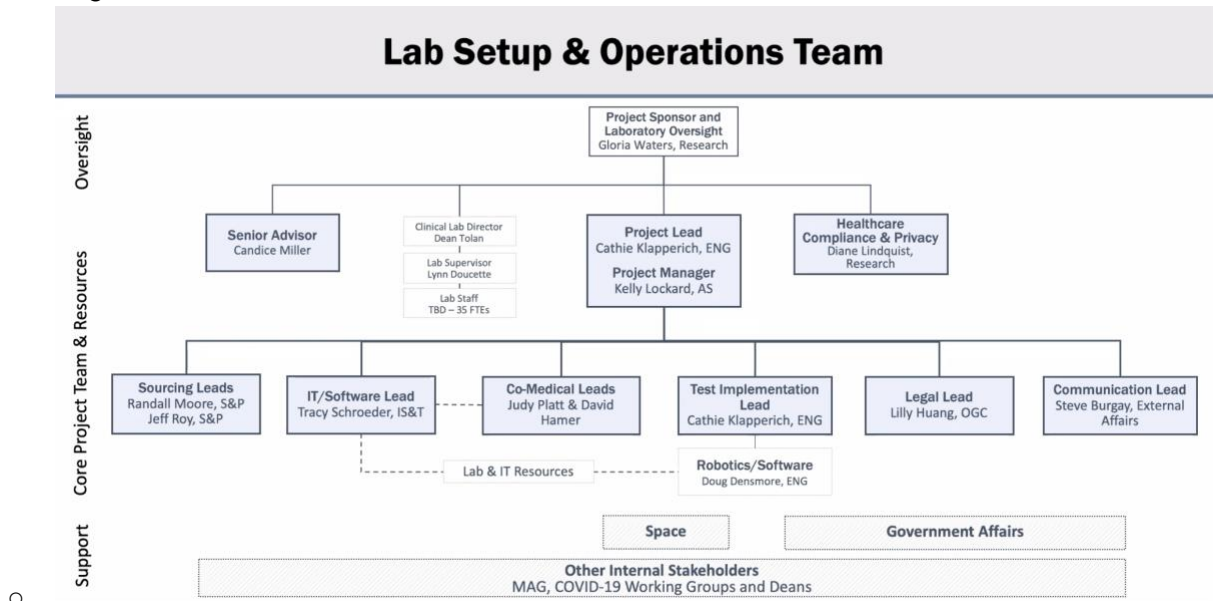
- John White, BME Department Chair
- Catherine Klapperich, BME faculty, head of BU testing facility
- Christen Bailey, BME Assistant Director of Academic Programs
- BME graduate students

John Intro:

- We are very lucky that we have the person in charge of testing in our own department (Catherine Klapperich)
- If it works, we will have very successful fall semester

Cathie Presentation:

- Since May 1st been putting this testing plan and facility together
- Today will focus on the testing center/plan
- Back in May, Bob Brown decided they wanted to reopen campus
 - Needed to do testing in house
 - Corporate testing facilities would not have turn around time or bandwidth needed to test so many students
- Lots of people involved with this
 - Org Chart:



- Testing lab is run out of Gloria Waters office
- Testing program
 - Everyone will do daily symptom screening (via email)
 - If you are symptomatic it will tell you not to come in, call student health, and tell you how to get tested there (don't come to asymptomatic testing centers)
 - Symptomatic testing site is in trailer behind Student Health
 - Undergrads get tested twice a week
 - Grad students get tested once a week

- Grad students who are completely remote won't get tested at all
- Sample collection sites: CILSE 1st floor, med campus, others
- Clinical lab is in CILSE on 4th floor
 - Lab only gets bar code, does not get student's info/health record
 - After testing, bar code with result is returned to SHS who match result with health record to give to student
 - If test is negative, you'll get an email
 - If test is positive, you'll get a phone call telling you what to do, another call from a contact tracer who will ask for your 10 closest contacts
 - This is highly functional robotic facility
 - Lots of different types robots (for qPCR, sample picking, etc), which is how we get up to high volume of tests
 - 5500 tests/day
 - Those of you who work in CILSE, may be concerned
 - Lab itself is very secure
 - Have to be in full gown to enter
 - 36 professional staff who work there are only ones allowed in
 - Samples will be carried up from 1st floor collection site to 4th floor testing lab by medical couriers
 - Testing facility will be open 7am-10pm, 7days/week
 - Hope to get results back within 24 hrs
- Currently in Pilot/Ramp up phase
 - Will have first batch of undergrads on campus next week
 - Starting Aug 15, students will be moving in at a faster rate
 - If you've already been tested, already in queue and will get another notif in a week telling you to set up next appt
- Scheduling a test
 - Will get an email, fill out form
 - Will get QR code, which need to present at appt
 - Collection booths are 6 ft wide, have plexi glass, someone watches you swab your nose
 - 3-5 times in each nostril
 - Drop it off
 - Will have one way traffic (if there's lines) → so far there haven't been lines
 - Appt time takes about 5 mins

Q&A Session:

- Q: If grad students travel on public transport, is testing requirement still once a week?
 - Yes
 - Article in NYT, people are not getting infected on subway in New York
 - Cathie: this article was at first perplexing, but maybe it's because people don't talk on public transport
 - John: For faculty who take public transportation: testing is also once/week

- Cathie: Undergrads are tested twice/week whether or not they live in dorms. Originally, plan was to test only dorm students twice/week but bc there's a considerable amount of mixing, testing all undergrads twice/week
- Q: Will grad students be able to get tested as well starting Aug 15?
 - Cathie: Any grad students working on campus right now will have gotten a push to participate in pilot program (you must have an updated health record with SHS to have received this push)
 - Everyone should be able to get tested between Aug 15-Sept 1
 - Followup Q: Does this apply to incoming first years?
 - Yes, if you have your BU ID and have paid health fee (have created SHS health record)
 - If you are coming in from out of state (specifically from a higher risk state), must quarantine, allowed to leave to go to grocery store or to get tested
- Q: Email system seems somewhat clunky (can lose emails, go to spam, etc). Instead of emails, could there be an app?
 - There is no app, there is a web portal to make appts, get QR code, etc
 - We were thinking about an app initially but this was shutdown due to various privacy/security issue, also with HIPAA laws
- Q: What do you do if traveling domestically and wouldn't be on campus to take a test for a week?
 - First of all, should be minimizing travel domestically
 - If you do need to travel, need to tell your advisor
 - Will have to quarantine for 14 days upon return if coming from a higher risk state, will not be allowed to come to lab or class until 14 days are up
- Q: I've read that testing accuracy can vary based on when it's taken. Do you have data on false positive/negative rates for these tests depending on which day post-infection?
 - qPCR test hits two genes on ends of virus
 - Our test has greater than 95% specificity and sensitivity (which it must to be approved by FDA), and it must continue to do this well (because testing center reports to Mass dept of health and they require this)
 - False positives are very very rare, would happen because of lab mistake (or contamination). Test is very clean, doesn't pick up genes from other viruses (low cross reactivity)
 - False negative is more difficult, can happen for number of reasons
 - Didn't swab properly
 - Not high enough viral load (may be just getting sick or have mild case or recovering)
 - Hopefully if starting to get sick would get caught by next test
 - Will keep track of information on if person tests negative one day but then three days later they test positive
 - Will also keep track of viral load in subsequent tests
 - Won't know the false negative rate until we have done a lot of testing
 - Result can also be inconclusive, you will be asked to come in again (GWISE note: time frame not specified)

- Q: How confident are you in people correctly self-swabbing?
 - You are being observed, so we don't expect this to be an issue
 - Biggest issue is someone accidentally pouring liquid in tube out while they are doing the swab. Then they can just go get another one immediately
- Q: Does your travel quarantine end if you get a negative test result?
 - Mass Health dept says you can get out of quarantine if you test negative
 - BU does not honor this policy
 - Dr. Judy Platt advises Dr Brown
 - She does not want to let people out of quarantine with a negative test
 - If you are quarantining because you've been exposed (not just travel quarantine), will bring test to you
 - Rule is that you must stay in quarantine until 14 days are up, regardless of negative test results (GWISE note: This rule may be in flux, BU has previously put out contradicting information regarding this rule, see [here](#), [here](#), and [here](#))
 - Follow-up Q: Since the negative test exemption doesn't apply in BU's eyes, does the exemption of certain states (e.g. coming from lower risk states) still apply?
 - Yes
 - If coming from another state with lower incidence, you will not be asked to quarantine for 14 days
- Q: If there is no app, do you have any insight on how TAs/professors will be made aware if a student has not completed their weekly testing? Especially if that's not HIPAA compliant?
 - Cathie: Just because there is no app, doesn't mean that the browser doesn't work the same as an app does
 - You will receive a badge once you've gotten tested
 - If your badge is not green cannot go into class
 - Elmore's office will be in charge of enforcing undergrad testing
 - There will be people who show up and refuse to get tested
 - First time, they will be told gently that they must get a test,
 - Subsequently, there will be disciplinary reaction (will not be allowed in dorm) or will get expelled
 - No one will be allowed on campus who has not gotten tested
 - If someone tests positive, will get a call, and someone ("vans") will come to take them to isolation dorm (GWISE note: this only applies to undergrads who live in dorms. Grad students in on-campus housing who test positive will remain in isolation in their apartments. Those in off-campus housing -- grads or undergrads -- will be asked to isolate in their own apartments, which will not be enforced)
 - Because of HIPAA, BU cannot tell us if someone in your class has tested positive (specifically who they are)
 - But contact tracer will probably call you if you are listed in the interview as one of the 10 people they have come in contact with
- Q: Will there be a way for people to track how many have tested positive? And/or how many people aren't in compliance?

- Positivity rate will be on public dashboard
- BU Health Ways website already exists (GWISE note: see [here](#))
- Dashboard will start when we start testing lots of people per day (so numbers are fully anonymized)
- Q: Will we get test results from the pilot?
 - Cathie: Results have come in for everyone, unless you got tested yesterday
 - So far there are no positive tests
 - There is an issue we are resolving with SHS, they are going through each record one by one which is why it's taking time
 - shouldn't be taking this much time
 - Developing a work around to be able to release negative test results immediately
 - If you don't have your result yet from the pilot, either wait a few hours or email Cathie with your student ID number
 - She will communicate with BU SHS to get your result released
- Q: Will the first two weeks of classes be fully remote to ensure everyone is in compliance with the MA quarantine requirement?
 - No
 - Some undergrads are arriving early and are being tested many times before classes
 - People who are arriving later, will have had at least one or two tests before classes start
 - But, if arriving from high risk states, they will have to quarantine for 14 days
 - So they will have to attend class remotely until the 14 days have passed
 - There has been some effort to try and get students coming from higher risk states to come back earlier (so they can quarantine and be tested more often before classes begin)
- Q: Will non-BU persons be able to be tested by BU's labs (since results come much faster than other options)?
 - No
 - Not possible because of HIPAA
 - Only reason we are allowed to test BU members is that we had to get special permission from the state: state allowed us to create blanket order just for BU community members
 - This does not apply for family members, roommates, etc not affiliated with BU
 - We may have the capacity to expand our testing site to test those outside the community but IF we have capacity to do this, we will have to build a separate HIPAA compliant IT work around
 - Potential for these extra tests go to Boston Public Schools or broader Boston community instead of people with their own primary care physicians (family/friends of BU community)
 - Cathie: State has large backlog of tests

- John: Very difficult to get a test right now if you're not in a university system and results take a long time, sometimes up to 1-2 weeks, which then is useless
 - Because universities are doing their own testing, rate of testing per population will go up which may alleviate some of the backup for state testing
 - BU will be doing 5500-8000 tests/day
 - Broad Institute will be doing many more
 - Northeastern will be doing 3000-4000 tests per day
 - Tufts, other univs, etc will also be testing
 - John Q: My understanding is that the university is not going public with the information about what the number/criteria is for when we will shutdown ("pull-plugging level")
 - Cathie: I don't know the answer so I can't tell you
 - The ID docs (Drs talking to Brown) do have a number in mind and talk to Bob Brown every day
 - They are very conservative (this is why negative tests don't get you out of quarantine)
 - John: Marty Walsh and Baker are also conservative about this. Do you have an idea about if the state has published any cutoff values?
 - Cathie: We are at 2% positivity rate right now, 5% positivity rate has been thrown around at the state level to go back to Phase II (shutting down all businesses, not sure if this applies to classes but will de-densify labs)
 - Q: Is the website portal live?
 - Cathie: Check out [BU HealthWays](#), click on box of student (she can't see this because she is not a student)
 - Don't know if it's live
 - Q: Why is the contact tracing limited to 10 people?
 - Bc of limited number of contact tracers
 - Again, we chose not to do an app because of privacy concerns

WRAPUP

- John: Modeling has been done, which shows that we can do this because of frequency of testing, as well as proper contact tracing and isolation protocols
 - Problem is we are not isolated, we sit in an ecosystem (Boston)
 - Cathie: I keep getting asked by parents, "personally, what should I do with my kids?"
 - If your school has robust testing, it is probably ok
 - Cathie: I do have confidence that Pres Brown will shut down BU if need be
- Email Cathie any questions directly (catherin@bu.edu, cathie.klapperich@protonmail.com)