Institutional Biosafety Committee  
February 1, 2006  

Meeting Minutes

Members Present: William Courchesne, Arthur Di Salvo, Kenneth Hunter, Sha Liao, Ben Owens, Richard Simmonds, Tom Swan 

Absent: John Cushman, Steven St. Jeor 

Others Present: L.D. Brown, Cheryl Hug-English, Mike Kivistik, Mary Macdonald 

The meeting was called to order by Courchesne at 10:32 a.m.

Copies of the agenda were distributed.

1. Meeting Minutes – 7 December 2005. Simmonds noted a typo on page 3 where Washoe County District Health Division was listed as “WCDHA” and should end with a “D”. Di Salvo suggested changing “Avian” to “Pandemic” on page 2, item 5, to be consistent with the current terminology being used. Hunter moved to approve the minutes with the two minor changes, which was seconded by Simmonds and unanimously approved.

2. Pandemic Flu Planning – Courchesne welcomed guests Dr. Cheryl Hug-English, Director Student Health Center and Dr. L.D. Brown, Director Nevada State Public Health Laboratory. Courchesne also noted that Dr. Randy Todd, Director Washoe County EPI Center was unable to attend the meeting.

Courchesne described the request given to the IBC by Provost Frederick to recommend a starting point based on medical and scientific information to address Pandemic Flu Planning at UNR. The information provided to the Provost will be presented to the administration for review and integrated with any groups that will actually carry out the plan when and if the time comes. An IBC subcommittee met on January 10, 2006 and a summary of the five major issues discussed and a possible scenario were forwarded to IBC members for review.

Hunter asked if there were CDC guidelines available and Courchesne said there are actually plans on the internet from CDC, NIH, WHO and the USDA (involving agriculture animals). Simmonds asked if Lawlor Events Center or other areas on campus, such as clinics, were being considered by Washoe County as an emergency assembly point for patients that can’t get into the hospitals. Courchesne said there had been discussion about that at the subcommittee meeting but the planning needs to be coordinated with local and regional groups, including Washoe County.
Hug-English asked if the UNR Emergency Operations Center (EOC) had been contacted about planning for a pandemic flu and Courchesne replied that he expects the Provost will forward the IBC recommendation to the EOC after the administration has had an opportunity to review it. Owens said the Emergency Planning Advisory Committee (EPAC), another UNR safety committee, has also had some initial discussion concerning campus response.

Di Salvo asked if the University keeps records or surveillance information on student health and Hug-English replied that UNR is usually one of the first clinics in the local area to report annual influenza outbreaks to the Washoe County Health Department. She also indicated that the Student Health Clinic has stocks of antiviral medicines, amantadine and tamiflu, but not nearly enough to cover a pandemic situation. Hug-English mentioned that messages from the CDC and the tamiflu makers to physicians have been contradictory and she has a concern about developing resistance to tamiflu. Courchesne indicated that federal government agencies will distribute antiviral drugs if a pandemic flu is declared but questioned whether there would be enough tamiflu reaching Washoe County and UNR to deal with a pandemic. He also questioned how the distribution would be handled. Di Salvo and Simmonds agreed that first responders, health providers and public safety officers would probably be the first to be given available antiviral medicines and vaccinations but the supply may not be enough for everyone in need and there was a question about how much Nevada or UNR could expect to receive. Hug-English said that stocking large supplies of the antiviral medicines is problematic since she thinks the shelf life is probably only a year or two.

Hunter noted that a lot of planning is taking place at the national level to deal with a pandemic and the experiences learned from the Katrina disaster showed the lack of both vertical and horizontal communication between the local, county, state, and national organizations. The IBC should suggest a plan for UNR that is coordinated with the County and State response plans, which in turn are integrated with the national response plan.

Simmonds said UNR-specific issues, such as when to close the campus, whether students located in student housing would be allowed to return home, and identification of essential personnel who would be required to stay on campus to support the infrastructure should be addressed in a campus response plan. His example was “Would someone be expected to continue to care for the laboratory animals on campus?” Courchesne also questioned how long the campus would need to be closed. Hug-English said the County and State Health Departments should have input on some of these decisions, especially since the entire Reno area would be dealing with the same issues as UNR. She indicated that in a previous campus tuberculosis case the Washoe County Health Department worked closely with the University to decide who on campus was at risk, who needed to be contacted, who needed to be brought into the Clinic and who needed follow up. In any serious public health scenario the County and State Health
Departments will make these types of decisions, with input from UNR personnel. For these reasons there should be a designated UNR contact person to communicate with the State Health Laboratory and the Washoe County Health Department to ensure that UNR response is commensurate with response of the local community.

Courchesne mentioned that with the west coast being a large port of entry from asian countries, when pandemic flu cases are noted in areas like San Francisco everyone will be going to their physicians for the slightest symptoms. He expects there will be an overwhelming request for clinical and testing services, such as monitoring, diagnosing and treatments. Hunter agreed with Courchesne but added that a person can be infected in Asia, go through San Francisco and arrive in Reno before they show any symptoms. Owens asked when a history would be taken to address the probability of H5N1 if someone goes to a physician with respiratory symptoms characteristic of influenza and what follow-up would occur? Hug-English replied that there are very strict guidelines in place now, such as high fever, cough, etc., and if those parameters are met it would trigger a response to get an influenza culture. She referred to the SARS issue which also had similar symptoms and it was necessary then to develop specific history questions that would trigger action beyond normal response. It is going to be necessary to have specific criteria and educational sessions with nurses, physicians, and others to be on the lookout for a particular set of symptom complexes that trigger culture testing.

Brown explained that for the first time this year NSPHL has a PCR test that can turn out a result within eight (8) hours. He also mentioned that there is an increased awareness noticed in the area because test requests for influenza are up 40% over last year. This genetic test will differentiate between influenza types A and B, and among the A type it will indicate subtype as H1, H3, H5, H7 or H9. The current edict from CDC is if you have an H5 result you are to stop and immediately send the culture on to CDC since it requires a BSL-3 enhanced facility for further processing. He also explained that the current technology allows testing of nine (9) samples at one time, which takes a full eight (8) hour shift. With three (3) people certified to perform the test the State Health Lab could operate three (3) shifts per day and run a total of 27 tests a day, but that would be in a worse case scenario. It was noted that once several cases in Washoe County or surrounding areas are confirmed as subtype H5 there is no longer any need to do more tests.

Courchesne asked what recommendation should be given to the UNR President if several students or faculty have been confirmed as being infected. Hug-English said Washoe County District Health Department would be called first informing them that we have a reportable case and then they would take charge and be here immediately to investigate. They will decide what is to happen next and will work with UNR and others to offer advice and/or assistance. Their investigation will probably involve asking who the person was in contact with, what classes
they are in, and decide if classmates need to go to the Student Health Clinic for follow up, etc.

Courchesne then asked if someone on campus had symptoms, what action should that person follow. If it is a student residing in student housing, should they be sent home or required to stay put? Hug-English said it might be necessary to contact Residential Housing to put the person in an isolated dorm area where they will not expose other people. Working with Residential Housing should definitely be included in the recommendation being developed for the Provost. If the person lives in an apartment setting it might be suggested that they stay in their apartment and not have contact with others, and the Health Department has provided support in previous similar situations, such as Meningitis scares, to provide medicine, etc. Student Health can also offer some assistance to people who have been closely associated with the infected person. If more than a few cases are identified a facility may need to be designated to isolate people that have been exposed or the administration may decide to close the campus and further action would be handled by the Washoe County Health Department throughout the community.

Courchesne asked how to determine the magnitude of the problem. Would more than 10 cases require action or what would be the recommendation for campus closure and/or additional response? Owens asked if District Health Officers might possibly quarantine areas. Brown also asked if the law had changed giving District Health Officers authority to demand a mass quarantine because it may be needed for pandemic flu. Hunter said that he recently researched the concept of quarantine and found that there has never been a successful quarantine in the history of the United States. Hunter added that when you quarantine you are condemning a large number of uninfected people to become infected and that is why it has never been successful. He agreed that a state, national or even global response may require some form of quarantine but that decision should be made by District Health for the University. Hug-English said that with our society being so mobile now it might be even more difficult to achieve a successful quarantine. She added that unfortunately the time when individuals are the most contagious is before symptoms develop. Di Salvo said isolation decisions would be made based on how fast the cases develop, if there is time for a vaccine, and if there are antiviral medicines available. Hunter agreed that isolation and treatment would be better alternatives than quarantine.

Courchesne said in the case of an identified infected student in the dorm, it might be best to isolate that person as well as other people in the immediate area but begin providing testing and prophylactic treatment before they start showing symptoms. Hug-English said a dorm or other similar areas could be designated to handle infected and/or exposed individuals but that area should have specific air handling systems to prevent the spread of the virus, but must still be accessible to receiving medical personnel, meals and other required services. Di Salvo said information about the air handling systems should be evaluated before any setting.
is suggested. Hunter agreed and said a plan should be developed with specific designated areas identified for people who are infected and areas for people who were directly exposed to the infected individuals. All involved should also be strongly encouraged to stay and receive treatment or follow up if possible.

Simmonds asked if a pandemic doesn’t happen this year, what is the likelihood of something similar happening in future years? Di Salvo said the CDC committee that was initially established to plan for a pandemic flu was started in the mid-1980s. Hunter thought that a pandemic might be more likely now with the world travel opportunities and Hug-English agreed and said it is necessary to be prepared in case it does happen. Courchesne added that there is a need to identify not only what facilities are available for students that may need to stay on campus but what expertise or medical personnel are available. Hug-English said the limited medical personnel on campus that may be called upon to assist in the diagnosing and treatment of infected or isolated people would not likely be able to provide assistance for an extended period of time. If the County designated a facility on campus as a triage site the need for equipment, medical supplies and medical personnel would also need to be coordinated with other area resources. Hug-English added that the Lawlor Events Center may not be a good place to send exposed or infected individuals because the facility lacks monitoring devices, oxygen, ability to intubate and put patient on respirators, etc. The infected individual may also be significantly ill and needed treatment could only be provided in a hospital setting.

Hug-English said the plan should be developed to deal with the first few cases that may appear on campus with the understanding that if the pandemic spreads throughout the community the County would take the responsibility for decisions and further coordination. She didn’t think a decision to close the campus and keep students here would be determined by the University. Simmonds and Hunter agreed that a recommendation that came out of bioterrorism response planning may also apply which is to avoid large group gatherings as a means to minimize the spread of pandemic flu. But Hunter added that the UNR plan should also include some method of dealing with students that live on campus so they don’t need to travel home. He agreed with designating an area in the dorms, such as the top floor, to use for isolating exposed individuals. Courchesne said there should be a flow of information to the County and back to the University to determine what action is needed or is being taken. Simmonds suggested that an intermediate plan may be offered to initially close campus for one week and not allow group gatherings and then to see what happens so students in the dorms wouldn’t try to go home. Hunter said students living on campus would seek medical attention at the Student Health Clinic but non-residential students would probably elect to see their own physicians – all of whom would report any cases to the Washoe County Health Department.

Hug-English said public relations (PR) communication is also a very important part of the planning and the campus community may be called upon to provide
some form of education to students, faculty, staff and others on what to do in the case of a pandemic, offering information on symptoms, travel recommendations, etc. Hunter said using e-mail might be a way to contact a group of selected students to seek further evaluation. As an instructor, he has been communicating with his students via e-mail throughout the semester. Hunter said it is important to know who will be communicating with whom and how it will be communicated to others. Who will Washoe County interact with at UNR? Hug-English suggested developing a step-by-step approach to follow, which is something the American College Health Association does when dealing with meningitis on campuses, which she offered to give a copy of to Courchesne. The plan should identify how to network, get PR and administration involved and decrease the panic that goes along with events of this kind. Getting the word out through several forms of communication, such as flyers, web sites, etc., and networking with local and state health facilities and our administration to make decisions about closure are very important steps that need to be taken. Simmonds suggested looking at models of other outbreaks to see if that information may be helpful in developing our own plan. Hug-English said a plan is generally a broad guideline to follow because circumstances, situations or conditions may require other specific action. Di Salvo agreed it will be necessary to be flexible in our planning and said it might be helpful to review the EPI Information Program in our plan development. Courchesne said coordinating with Washoe County will be a key part of the plan.

Courchesne outlined the discussion highlights to include:

- Identify initial cases
- Perform triage
- Very limited in resources for offering longer-term care
- Coordination with Washoe County
- Decision by UNR Administration to cancel events
- Decision by UNR Administration to close classes or campus
- Communication to campus community
- Prepare a list of resources that the university could contribute

Courchesne said he would like to discuss the issue with County personnel for their input. Simmonds added that communication during an emergency event is critical. In his experience at least one, if not more, of the critical decision makers have not been available at the time decisions needed to be made. Alternate contact people or other ways to make decisions also need to be identified.

Hug-English said if the decision were made to keep people on campus, the EOC would need to be involved with issues such as providing cots, blankets, food and support services (such as laundry) and how these items and services will be provided. The Red Cross and National Guard may provide some items or assistance, but their resources may not be available because they are dealing with local community issues. Owens said the IBC should provide the scientific or
technical background and the EOC and/or EPAC would set up facilities to be used and other items related to that level of planning.

The general effect that a pandemic would have on the population was discussed. Simmonds said the issue of public panic is very serious. Brown mentioned checking a Federal web site for information and choosing to copy the available fact sheet in lieu of printing the 395 page document that was available. Item 11 on that fact sheet referred to the psychosocial consideration of information. It was agreed that PR and accurate communication would be essential.

Courchesne summarized the meeting with the need to develop an organized, step-by-step approach. The plan would provide guidance on how to respond to a pandemic flu outbreak but be flexible enough to respond to situations as they develop. Courchesne will review the minutes and put together a draft plan to send to the IBC and guests for review, and then to mold the draft and comments into a final recommendation that could be presented to the Provost. Courchesne will also discuss the draft plan with Dr. Todd at Washoe County for his input before finalizing the recommendation. The final document will be a discussion of the issues reviewed by the IBC and suggestions or recommendations to give to the Provost so he can share the information with administration and the EPAC or EOC to create a formal plan for the university. At the very least the Administration will be made aware of the need to communicate with the County. Brown said the 24-7 emergency contact number for the NSPHL should also be made available.

Courchesne thanked the invited guests for their participation in the group discussion. This topic is valuable to the university as well as the community.

The next meeting of IBC will be Wednesday, April 5, 2006, in ARF 213 at 10:30 a.m.

The meeting was adjourned at 11:56 a.m.