

**FACULTY SENATE**  
**Wednesday, September 9, 2020**  
**4:00 – 5:30 pm**  
**Zoom**  
**Special Session**

**MINUTES**

Senators Present:

D. Andersen, S. Ashida, B. Ayati, J. Barker, M. Bhatti, S. Bodine, A. Brian, C. Brochu, N. Brogden, J. Buckley, C. Campbell, M. Cantrell, J. Carlson, M. Charlton, C. Cherwin, M. Cunningham-Ford, A. Curtius, R. Curto, S. Elangovan, A. Estapa, A. Farag, A. Gerke, E. Gillan, L. Glass, A. Grooms, C. Grueter, J. Halekas, N. Handoo, S. Harwani, K. Hegarty, B. Janssen, A. Jaynes, M. Joseph, J. Kayle, A. Kitchen, M. Kivlighan, M. McDermott, A. Merryman, D. Meyerholz, T. Midtrod, N. Nisly, J. Paige, A. Panos, G. Pierce, M. Pizzimenti, G. Russell, C. Sheerin, L. Song, S. Sosale, A. Strathman, J. Streit, C. Swanson, T. Treat, A. Vijh, E. Welder, P. Wesely, D. Wilder, M. Wright, L. Zingman, M. Zmolek.

Officers Present:

T. Marshall, A. Rodriguez-Rodriguez, J. Yockey.

Guests:

M. Ashwath (Governmental Relations Committee), D. Boldt (City of Tiffin), J. Bolkcom (Iowa Senate), T. Breese (KWVL), J. Brown (Strategic Communications), K. Carter (Provost's Office), G. Clancy (Psychiatry), J. Culshaw (Libraries), S. Daack-Hirsch (Nursing), M. Degner (ICCS), D. Diekema (Internal Medicine), E. Dilkes (City of Iowa City), R. Dobyms (Governmental Relations Committee), M. Edmond (UIHC), S. Eyestone (ICCS), D. Fick (UIHC), J. Fischels (*Daily Iowan*), A. Flaming (Center for Teaching), J. Florman (Center for Teaching), G. Fruin (City of Iowa City), M. Gardinier (Emeritus Faculty Council), L. Geist (Provost's Office), M. Graham (GPSG), E. Habel (City of Coralville), B. Harreld (President), R. Harrington (North Liberty City Council), R. Heiar (City of North Liberty), K. Imborek (Family Medicine), B. Jackson (Medicine), D. Jacoby (Iowa House), D. Johnsen (Dentistry), T. Johnson (Finance & Operations), C. Joyce (Ombuds Office), H. Kinson (*Daily Iowan*), S. Klatt (Finance & Operations), D. Koch (Johnson County Public Health), C. Krejci (*Press-Citizen*), A. Kristof-Brown (Business), R. Lehnertz (Finance & Operations), J. Lundell (City of Coralville), J. Lyness (Johnson County), R. Malone (ICCS), S. Martin (*Daily Iowan*), K. McDonald (Finance & Operations), L. McLeran (President's Office), G. Milavetz (Pharmacy), V. Miller (*Gazette*), J. Modestou

(EOD), S. Moudy (Iowa News Now), P. Natvig (Student Health), E. Parker (Public Health), A. Petersen (UNI), C. Ramey (ICCSA), C. Reardon (Human Resources), B. Richman (Governmental Relations Committee), J. Salinas (UIHC), S. Scheckel (Mercy Hospital), E. Schnedler (Tiffin City Council), S. Secchi (Governmental Relations Committee), P. Snyder (Internal Medicine), H. Stecopoulos (Governmental Relations Committee), B. Van Dee (Staff Council), C. Wanat (Emeritus Faculty Council), S. Watson (*Daily Iowan*), M. Weaver (Staff Council), J. Weiner (Iowa City City Council), N. Westergaard (Management & Organizations), L. Williams (ICCSA), R. Williams (Ombuds Office), P. Winokur (Medicine), C. Woodman (Psychiatry), D. Yarbrough (Governmental Relations Committee), T. Yanecek (Finance & Operations), L. Zaper (Faculty Senate Office), J. Zerwic (Nursing).

I. Call to Order – President Yockey called the meeting to order at 4:05 pm. He introduced the other Faculty Senate officers, Vice President Teresa Marshall and Secretary Ana Rodriguez-Rodriguez.

II. Approvals

A. Meeting Agenda – Professor Treat moved and Professor Wilder seconded that the agenda be approved. The motion carried unanimously.

III. New Business

• *Presentation of data and discussion of COVID-19 pandemic led by UI medical and public health experts*

President Yockey explained that the purpose of today's meeting was to engage with local medical and public health experts on the subject of the COVID-19 pandemic. He added that this is a topic that is at the forefront of all of our minds, because the virus continues to impact how we teach, research, and interact with others in ways that were hardly imaginable less than a year ago. Given the challenges we are all facing, President Yockey indicated that the hope for today's meeting was to mitigate some of the concern in the community by providing an opportunity to interact directly with key content experts, who can provide up-to-date information about our current health situation. The presenters today included Dr. Jorge Salinas, UIHC hospital epidemiologist; Dean Edith Parker of the College of Public Health; Vice President for Medical Affairs and Dean of the Carver College of Medicine Brooks Jackson; and Dr. Dan Fick, the Campus Health Officer. Dr. Rick Dobyns, chair of the Faculty Senate Governmental Relations Committee and Clinical Professor of Family Medicine, would serve as moderator. Dr. Dobyns explained that the meeting would be focused only on epidemiological science. There would not be a focus on policies already made or policy formation, but instead we would learn from the medical experts speaking today the information required for the policy makers attending the meeting to make decisions in the future.

Dr. Salinas began his presentation by explaining that in his role as UIHC epidemiologist, most of his time is spent in the elaboration of policies to prevent infection in the hospital and clinics. He regularly reviews the epidemiological situation of the country, state, county, etc. to inform hospital preparedness. Turning to his presentation, Dr. Salinas showed a slide displaying a map of the United States from the website, Covidactnow.org, which indicated that Iowa was a “hotspot” for the coronavirus on September 8. However, this morning, the same map indicated that Iowa was no longer a hotspot. This indicates that there has been some progress in Iowa to decrease the incidence of the virus. Dr. Salinas went on to say that the epidemiology of COVID-19 in Iowa is varied; there are multiple epidemics going on at once throughout the state. He displayed a map of Iowa counties showing numerous hotspots. The largest spike that made Iowa first in the nation for new cases per capita was related to outbreaks in college towns. However, several rural counties have seen a moderate or large increase in cases over the last couple of weeks. Some of these increases are linked to outbreaks in prisons or other congregate settings.

Turning to Johnson County, Dr. Salinas noted that the county is still listed at the highest threat level by the website Covidactnow.org, even though the state is no longer at the highest level. The rate of daily new cases is high in Johnson County, at 53.4 per 100,000. The infection rate is 0.99, meaning that each infected person is infecting approximately one other person, leading to a flat rate of infection. Another important metric is the test positivity rate. Currently, that rate is 24%. Ideally, this rate should be less than 10%. This number is down from ten days ago, when it reached nearly 50%. Dr. Salinas noted that the state has established a positivity rate of 15% as the point at which K-12 schools should move entirely online. Fortunately, another metric indicates that there are enough ICU beds available to handle the current outbreak.

Over the last several months, Johnson County has seen three spikes, Dr. Salinas continued. An outbreak in April was associated with meatprocessing plants. The next outbreak occurred in June along with the reopening of bars and restaurants. A young demographic was impacted initially in the second outbreak, but then the virus spread to other age groups, most likely the family members of the young people first infected. The third outbreak was related to the reopening of the university for the fall semester. This outbreak led to a rate of more than 100 daily new cases per 100,000. That rate appears to be decreasing over the past few days at the same fast rate that it had increased, but time will tell when it will level off. Dr. Salinas displayed data on testing at UIHC from August 19 to September 2. The positive testing data was clustered around the 18-25 age group. Beyond that age group, the positive results were comparable to the time before this last outbreak. In the past week, the positive tests have begun to decrease in the 18-25 age group. This decrease may be related to the Labor Day weekend, when many people may have left town. Thus far, Dr. Salinas noted, there has not been significant transmission from the 18-25 age group to the other age groups in the Iowa City metropolitan area. It appears that mask mandates and other safety measures have been effective in slowing the spread to other age groups. He expressed concern, however, regarding the steep drop in cases over the long weekend, and speculated that infected individuals may have traveled to other locations and perhaps transmitted the infection in places with less strict safety measures. Dr. Salinas then displayed data indicating that at UIHC, most of the cases in individuals over the age of 50 have come from outside the Iowa City metropolitan area.

Dr. Salinas paused his presentation to give a summary of the data thus far presented. He stated that Iowa City and Johnson County clearly have had an outbreak of COVID-19 in the 18-25 population. The number of cases has recently been decreasing and in the last few days the number has plummeted. He wondered if this sudden drop was a surveillance artefact; in other words, are individuals being tested elsewhere or have they simply been out of town? The Johnson County area has been relatively successful in preventing the spread of COVID-19 from the 18-25 age group to other age groups, thus far.

Dr. Salinas then turned to the issue of COVID-19's impact on younger people. He commented that we tend to believe that young people generally contract a milder form of the disease, and therefore they will not overwhelm hospitals and the disease will not be fatal for them. However, Dr. Salinas commented, there are many reasons to believe that this thought process may be simplistic. We continue to learn more and more about the consequences of COVID-19. He cited data from Italy indicating that nearly 80% of hospitalized COVID-19 patients (predominantly older) still had symptoms two months after discharge from the hospital. Data from the United States has indicated that about 50% of outpatients (predominately younger people) continued to have symptoms 2-3 weeks after testing positive. Dr. Salinas commented that some COVID-19 patients have lingering symptoms weeks after recovery. In another example, a study from Germany has indicated radiologic evidence of cardiac inflammation not only in patients who experienced severe cases of COVID-19, but in those who had mild cases, as well, two months after the onset of the disease. A study from China showed similar results. On the basis of these types of studies, the American Medical Society for Sports Medicine, for example, is considering requesting medical evaluations of high school athletes who have had COVID-19. Dr. Salinas noted that we still do not know the full impact of COVID-19 on the heart. Increasing attention in the international medical community is now being paid to COVID-19 "long haulers," who continue to experience physical and mental health-related symptoms long after recovery.

Dr. Dobyns asked Dr. Salinas about the case fatality rate (the rate of people who die among those who are known to be infected). Dr. Salinas indicated that this rate can vary greatly depending upon the number of tests that are performed and depending on demographics. It is now very clear that older individuals and individuals with chronic medical conditions have a much greater risk of mortality compared to younger individuals. Therefore, the case fatality rate moves from less than .5% in younger demographics to nearly 50% in very old people. Regarding the case fatality rate in the 50-65 age range, Dr. Salinas noted that age 50 is the point at which the case fatality rate begins to increase.

Dean Edith Parker, of the College of Public Health, then displayed slides containing national and state data. As of today, there have been 6,519,370 COVID-19 cases in the U.S., with 194,338 deaths. In Iowa, there have been 71,137 COVID-19 cases and 1185 deaths. The number of Iowa deaths from COVID-19 in a six-month period this year has far exceeded the number of deaths from seasonal influenza over a five-year period (2015-20). In Iowa this past week, new daily reported cases fell 38.4%. New daily reported deaths stayed about the same. COVID-19-related hospitalizations rose 3.9%. The positivity rate was 14.7%. Dean Parker then displayed a slide with data from the *New York Times*, which gathered data from state health departments and

hospitals. Similarly to Dr. Salinas' data, the slide showed Johnson County with a 14-day trend downward. Dean Parker next displayed a slide with data from the Johns Hopkins Coronavirus Resource Center showing state outlooks for flattening the curve of daily new cases. This data also indicated that Iowa is on a downward trend. Data for the current Iowa outlook, from Covidactnow.org, showed that the daily new case rate in Iowa is 23.4 per 100,000. The infection rate is 0.97 and the positive test rate is 14.7%. Data from Covidexitstrategy.org, the original April White House reopening plan, shows that Iowa currently has "uncontrolled spread." No state has met the original criteria for fully reopening; this criteria included downward trends in cases, symptoms, and hospitalizations, along with necessary availability of health care facilities and robust testing.

Vice President for Medical Affairs and Dean of the Carver College of Medicine Brooks Jackson gave an update on how UIHC has handled the pandemic, along with more recent information. He commented that COVID-19 has presented a huge challenge to research, teaching, and patient care. UIHC still had to function in spite of COVID-19. The first case appeared on March 8 and cases then quickly escalated. Personal protective equipment (PPE) had to be obtained and distancing implemented immediately, under the guidance of epidemiologists. Vice President Jackson noted that UIHC functions like a small city, operating around the clock, with a total population of about 17,000 individuals. The two-hundred-million-dollar research mission (which now includes COVID-19 research) also needed to continue. UIHC's testing capacity now has one of the best turnaround times in the nation, about 5-8 hours. Daily testing capacity is now about 1500; tests are offered at several different locations. A fast turnaround time is essential for effective isolation and quarantine. UIHC also set up a treatment team for COVID-19 patients considered to be high risk. These patients received kits with equipment to measure blood pressure and oxygen saturation and were closely monitored by hospital staff. The monitoring program was highly successful; only one patient out of the 640 monitored patients died. The drug Remdesivir and convalescent plasma, along with steroids for those on ventilators, have all been made available to hospitalized patients. Vice President Jackson commented that UIHC has one of the best survival rates in the country. About 450 health care workers within UIHC have become infected; Vice President Jackson indicated that about 90% of those individuals became infected through community spread. In-person teaching and patient care continue at UIHC. Consistent proper use of PPE, hand sanitizer, and physical distancing are extremely effective at reducing the spread of COVID-19, Vice President Jackson commented. He added that UIHC has functioned under these new conditions quite well for the past six months. UIHC is participating in the Pfizer COVID-19 vaccine trial. Results could be expected as early as late October. Early indications are that the vaccine is efficacious with very minor side effects, but this still remains to be seen. The state has asked for preparations to be made to distribute the vaccine starting in early November, assuming that the vaccine is proven to work safely. In closing, Vice President Jackson noted that no students, out of the couple thousand that have been infected recently, have needed to be hospitalized. He acknowledged that long-term complications from COVID-19 in the 18-25 age group are still unknown.

Dr. Dan Fick, Campus Health Officer, addressed COVID-19 on the main campus. He commented that as plans for reopening were being developed, in consultation with our campus medical and public health experts, mitigation strategies were the main focus. One of these

strategies was modification of behavior. While there was a slight “hiccup” at the beginning of the semester with student behavior, the downward infection trends described by the previous presenters show that the situation is moving in the right direction. Another mitigation strategy was to modify operations. The university is now holding over 70% of classes online. It is difficult to move some types of classes (performing arts, health sciences) online. Also, moving to 100% online is unlikely to make a significant difference in infection rates, given the current small spread to faculty and staff. Thus far, therefore, our planning has held up and the metrics have been good, aside from some issues in student housing. Helping students understand the impact of their actions on others has contributed to falling numbers. Isolation and quarantine for those infected and exposed have impeded the spread of the disease not only to faculty and staff, but also to the wider community. Even if we were to move to 100% online classes, the CDC recommendation is for students to remain on campus, rather than return home and spread the disease to their communities. Residence halls would remain open for them.

Responding to several questions posed in the chat function regarding testing, Dr. Fick commented that the UI is following the CDC guidelines, along with guidelines from the Iowa Department of Public Health and Johnson County Public Health. None of those entities has recommended widespread testing of asymptomatic individuals. Here on campus, symptomatic faculty, staff, and students are tested, along with those individuals who have had significant contact with infected people. The university has a great partnership with Johnson County Public Health (JCPH), which is legally authorized to conduct contact tracing. Also through JCPH, the university is made aware of individuals who test positive but don't self-report, and efforts can be made to encourage those individuals to self-report to the university, so that we can keep other faculty, staff, and students safe. Regarding the extensive testing carried out by the University of Illinois Urbana-Champaign (mentioned in the chat), Dr. Fick commented that the UIUC website does not show significant benefit from that testing at this point (in terms of lower infection rates). He added that there is not a right or wrong way to test or to set up mitigation. Ultimately, in a few years, we will know what works best, but we don't know that right now. Everyone is working towards the same goal, which is for students to return to campus while keeping everyone safe. If current guidance changes, we will take that into consideration.

Dr. Scheckel, medical director at Mercy Hospital, commented that the experience at Mercy Hospital has been similar to that of UIHC, but on a smaller scale. He noted that the first two COVID-19 cases in Johnson County were identified at Mercy Hospital. Thus far, 114 patients have been hospitalized at Mercy, 92 of those were discharged, and five were transferred to UIHC. Currently, there are six patients in the hospital, which matches the recent average. Consistent with students returning to town, the test positivity rate at Mercy rose recently. Remdesivir and convalescent plasma have been made available to hospitalized patients. Testing has remained a challenge; Mercy has been relying on the State Hygienic Laboratory and Quest Diagnostics, a private vendor. Turnaround time has been 48-72 hours. All admitted patients are tested. Test reports are then transmitted to the Iowa Department of Public Health.

Dr. Dobyns asked Dr. Salinas to comment upon the different types of tests available, a request that had appeared in the chat. Dr. Salinas noted that we need more accurate tests for active infections. The currently-used PCR tests are effective but do have some shortcomings.

Antigen tests might be a better option. The saliva tests sound like a good idea, but some laboratory experts have commented that they likely are not as accurate as tests administered nasally. Although many different types of testing mechanisms have been announced, it might not always be possible to obtain them. Vice President Jackson added that PCR tests have the best sensitivity and specificity, but that new antigen tests also have very high accuracy rates. He noted that UIHC uses multiple types of PCR test kits. Addressing another chat question, Vice President Jackson indicated that our testing is indeed adequate for meeting the CDC testing guidelines (symptomatic and asymptomatic exposed), but it is not adequate for testing everybody everyday.

Dr. Salinas then addressed another question from the chat and commented that the lack of increase in diagnoses in the over-50 age group thus far in Johnson County would seem to indicate that the return of the students to campus has not caused a transmission of students' infection rates to the wider community, for now, at least. This could change. It is also possible that an increase in the over-50 diagnoses would occur not in Johnson County, but in the home counties of the students if they visit there. Returning to the topic of testing, the focus of much interest in the chat, Dr. Fick indicated that for asymptomatic individuals who are close contacts of infected persons and are quarantined, testing had been done after ten days, but UIHC is working to bring that down to three or four days, followed by another test after ten days. This way, students who test positive can move from quarantine to isolation sooner. He noted that even two negative tests will not shorten the quarantine time, which must still be fourteen days. Once an individual tests positive and isolates, another test won't be needed for 90 days. Regarding saliva tests, Dr. Fick thought that antigen tests would become available before saliva tests. Saliva is also not part of the respiratory tract, so it is still necessary to get respiratory secretions. The effort and cost of saliva tests are similar to that of PCR tests. He added that widespread testing of asymptomatic individuals can lead to false positives. Data from universities that have carried out widespread testing do not show decreased virus numbers on campus. We will continue to follow the guidelines of our medical and public health colleagues on testing.

Dr. Dobyms noted that a number of policy-related questions had appeared in the chat, but that the meeting would remain focused on epidemiological issues. He asked Dr. Salinas to comment on optimal safety procedures in classrooms. Dr. Salinas indicated that the danger of transmission exists through the traditional lecture format, as well as through activities such as singing and playing musical instruments. Beyond wearing PPE, some administrative and engineering modifications are needed to impede transmission, such as limiting the number of people in a room and maintaining distance between desks, along with improving air exchangers, for example. Dr. Fick added that considerable work has been done to modify and improve ventilation in campus buildings, utilizing the expertise of our medical and public health colleagues at UI. Dr. Michael Edmond, UIHC Chief Quality Officer and Clinical Professor of Infectious Disease, noted that physical distancing continues to be very important. In every classroom, everyone should be six feet away from each other.

Noting the importance of reliable data to form the basis of decision-making, Dr. Dobyms asked Dr. Salinas what might lead to corruption of public health data. Dr. Salinas responded

that in surveillance it is important to look at trends, rather than at having a perfectly accurate count of the number of cases. So, data from multiple sources should be considered. Unfortunately, data management at the state level has been impaired by technological problems. The Iowa Department of Public Health software allows for only one test per person. If a person tests a second time, the first test result is deleted, therefore impacting the data that is displayed. Also, there is the issue of how surveillance is constructed. The university has instituted passive (not active) surveillance, i.e., self-reporting. If there are incentives or disincentives to reporting, the data may not reflect reality. Data reporting can also be a challenge; for example, if an infected student's home address is out of state, that student's positive test result may not be counted in Iowa's numbers. Dr. Salinas noted, for example, that if there is a high positivity rate, this may mean that there are many more cases in the environment than have been counted. So, the data are giving us a good sense of trends, even if the specific numbers may not be accurate.

Dr. Dobyms asked for a general response regarding how we keep university and K-12 students occupied but safe over the next several months, so that we can minimize COVID-19 spread in those age groups, as well as minimize the transmission to other age groups. Dr. Salinas responded that keeping people in the 18-25 age group away from each other is important, but extremely difficult. One way to do this is not to open venues (especially indoor venues in which people are very close to each other) that are attractive to them. Also, everyone needs to wear a face covering. We must keep the community viral load as small as possible, to reduce the risk of spillover to other age groups. Managing outbreaks is multidisciplinary and requires a true partnership among society and local leaders, local businesses, and public health and healthcare leaders. Dr. Edmond added that, given the way our numbers look, he didn't think that there should be any in-person instruction at any level of education at this time. A final question concerned whether local K-12 school districts would be reporting cases to the Iowa Department of Public Health and whether that data would be publicly posted. David Koch, Johnson County Public Health Director, responded that school districts do not report positive cases to the state. That data is reported to the state by testing laboratories. Dr. Fick invited additional questions addressed to him via email.

President Yockey thanked the presenters for a very informative session. He also expressed appreciation to all of our front line health care workers for their service and sacrifice.

#### IV. Announcements

- The next Faculty Senate meeting will be Tuesday, September 15, 3:30-5:15 pm, via Zoom.

V. Adjournment – Professor Treat moved and Professor Russell seconded that the meeting be adjourned. The motion carried unanimously. President Yockey adjourned the meeting at 5:30 pm.