**IFS Meeting**

April 9, 2021

**Via Zoom**

Notes taken by WOU IFS Representative Emily Plec

**FRIDAY, April 9, 2021**

9:00-9:30 Welcome-Donna Lane

 Introductions (*Members Only*)

9:30-10:00 HECC- Ben Cannon – Discussion of HECC Strategic Initiatives document, discussion of concerns and limitations regarding HECC’s role relevant to institutional governance and leadership.

10:00-10:30 Oregon State Legislators:

Senator Dembrow – lengthy discussion of SB 233 and common course number; IFS expressed need to read into record when the bill is brought to the floor this week the expectation that subcommittees will be constituted by faculty with discipline-specific expertise.

 Representative Alonso Leon – unable to attend

10:30-11:00 Legislative Action Team Representatives

Southern Oregon University- Jeanne Stallman – funding getting closer to PUSF request of $900 million (continuing service levels). Projections of significant economic downturns. Recovering better than projected – latest revenue forecast is 3+% better than expected. Still a gap between revenues and service levels – state still has a shortfall b/w revenue and expense for the next biennium. Additional federal 2.6 billion in one-time relief funding coming into the state. 780 mil. Set aside to help workers and families and support economic recovery. Legislators responded with 35 bil. In ideas. One-time projects will get funded. Specifically interested in workforce development. 250 mil in state/75 mil in fed. To get summer programs going for early learners. Bridge program for students moving from HS to higher ed.

HECC began budget pres. to Ways and Means. Deadline to move out of chamber is Tuesday.

11:00-11:30 Transmissibility of COVID-19: current evidence – Presentation by Dawn Nolt, OHSU

* Review of transmission characteristics of SARS-CoV-2 – airborne transmission is not very efficient and significant – it’s droplets that are of most concern. Contaminated surfaces pose a low risk for infecting people. 1 in 10,000 risk from touching surfaces touched by others. Should dampen what is now being called “hygiene theater”! Simple cleaning with soap and water is sufficient. Indirect contact transmission is not going to give people COVID.
* Impact of masks and physical distancing on viral transmission

3 D’s of respiratory infections (dose, duration, distance). Want to reduce dose (what is the dose that’s infectious? We know a sneeze in our face is a high dose but is someone singing or sighing heavily?). Duration – keeping interactions brief and using safer means (online, phone) for longer close conversations. Distance (1-2 meters is standard) – keeping 6 feet or more away is a significant safety measure (3 feet minimum). Wearing masks and avoiding gatherings are primary non-pharmaceutical interventions, hand washing and surface cleaning, too.

* Variants in circulation

Variants of Concern – coronaviruses mutate a lot – it’s very common. You have about 1-2 mutations per month (ex. UK strain – 20 mutations in that particular variant – pretty unusual). Some emerge and disappear due to environment, others emerge and persist and those are the ones under most study.

 Spike protein attaches to host sell and it’s what the body targets to try to generate an immune response. Most testing was based on the non or minimally mutated spike protein models. Mutations in the spike protein (like UK strain) – interested in the impact – could affect avidity and allow for augmentation of viral entry. They can evade treatment and vaccine response. Clinical impacts of most concern: increased transmissibility (high case #s) and Worse disease severity (more hospitalizations and deaths), ability to generate false negative results, impact treatment, or prevention of the disease. 5 variants of concern (B.1.1.7, P.1, B.1.1351, B.1.527, B.1.429)

* Vaccine efficacy and safety – some reductions in vaccine-induced antibody activity in the lab
* Major transmission route is droplets
* VOCs are less forgiving if there is laxity in non-pharmaceutical interventions – importance of continued masking and distancing. Remember that no vaccine is 100% and you don’t know the vaccination status of others (medical privacy).
* OHA report from yesterday showed over 700,000 people vaccinated but there are still some “break-throughs” in terms of a small % of vaccinated people still contracting the disease.