

Emergency Directors' Meeting

March 19, 2020

5 PM Pacific Time

Present: Officers: Peter Hall, Marianna Schreeder, Linda DeJong,
Board Members: Amanda Milliken, Angie Coker-Sells, Cy Peterson, David Saunders, Dianne Deal, Faansie Basson, Frank Smith, Jan Stebbins, Jennifer Boznos, Joe Haynes, John Palmer, Kay Stephens, Laura Vishoot, Linda Tesdahl, Lorri Cunningham, Louanne Twa, Marianna Schreeder, Mary Minor, Mich Ferraro, Mike Neary, Milton Scott, Sue Schoen, Terrie Warner, Wyatt Fleming
Guest: Tracee Treadwell

This meeting is being called under the authority of USBCHA Bylaw Article 7.5 where advance notice requirements are waived.

President Opening Remarks

We are meeting tonight to discuss how the USBCHA should respond to the current public health crisis. Leading up to calling this meeting I have consulted with a number of knowledgeable people. The best information suggests the USBCHA would not have any legal liability. I also have consulted with Tracee Treadwell, a member, who was one of the heads on zoonotic diseases at the CDC which focuses on infectious disease caused by bacteria, viruses or parasites that spread from non-human animals to humans.

This is a very serious and fluid situation with various parts of North America experiencing different levels of impact. We are here to articulate HA's position to its membership on what the coronavirus means for dog trialing over the next few months and may include the Finals. All decisions will be based on roll call vote. It is important that we consider a number of factors:

1. It is a dog trial
2. A large proportion of the membership is an at-risk population including some who may be more susceptible due to medical history
3. There are several avenues of potential exposure
 - a. Trial itself
 - b. Travel to and from the trial
 - c. Off-site lodging
 - d. Restaurants and bars

ISDS Update

1. All UK National, International and World trials will not take place this year
2. ISDS is strongly recommending that all local trials are cancelled
3. Points awarded at any local open trials will not be accepted by the ISDS as of March 18 and will continue until further notice
4. Trial insurance from ISDS for local trials will be null and void as of March 18
5. US World Trial team
 - a. Will be contacted shortly by ISDS regarding refunds, etc.

- b. Domestic fundraising is discontinued
- c. Proceeds raised so far will be handed over to the USBCHA and listed as a separate line item in the books. Funds will be put in a dedicated account.

Presentation from Tracee Treadwell

Tracee's information is based on a variety of sources: CDC website, WHO website, New England Journal of Medicine emerging information as well as some unpublished data.

1. MERS, SARS, and now COVID-19. They are all similar in that they are beta corona viruses which originate in bats. Bats are a common source of diseases capable of frequent mutation. Tracee worked with WHO during the SARS outbreak. The current COVID-19 is even more impressive in its ability to mutate and change.
2. Pandemic means it is a global outbreak. In the US, currently, all 50 states have cases. (Board members shared that all provinces in Canada except one currently have cases.) At least 3 states have sustained, uncontrolled outbreaks.
3. CDC is trying to "flatten the curve". We are rapidly approaching the point of overwhelming the health care capacity to care for sick in some areas.
4. There are no pharmaceutical interventions at this time. The only thing we can do at this point is to follow recommendations about social distancing and avoiding congregation of numbers of people.

Answers to Questions:

1. **Too early to tell if mutations are weakening the corona virus.** It is also too early to tell if the virus will weaken in the warmer months as SARS did.
2. **Can people get it twice or do they get antibodies to be resistant?** There is Anecdotal information but nothing in the literature at this point that some people have resistance. Having a resistance to a virus is rarer than resistance to bacteria.
3. **Can there be 2 strains affecting mortality?** Based on literature, biggest component is probably the identified risk factors such as age and other health complications. No peer reviewed literature shows 2 strains
4. **Virus can remain in the environment on things in a range of 3-4 days.**
5. **Best guess how long this is going to last?** Sustained community transmission would be in range of 3 months but could be off by large factor. Sustained Community Transmission means virus is still in the community, not eradicated, and can be passed from one person to another with potential of becoming epidemic again.
6. **Replication time?** In a suitable host replication time is 2 weeks
7. **Transmission is through droplets.** Can travel certain distance from sneezing, coughing or anything coming from mucus and then will fall on a surface. It is not as transmissible as measles but is more persistent in the environment. Appears to spread more quickly than influenza A but not sure

8. **Does 2-week isolation after last person in group was affected end the cycle?** Predicated on premise that resistance is conferred. Evidence is not yet in for this.
9. **Difference between open air versus enclosed area.** Transmission danger is the same. If far enough away and not touching surface that has viral material on it, the danger is the same.
10. **Non-symptomatic infected:** are they shedding virus? There is not enough information to determine amount of shedding that is occurring.
11. **Danger of animals having virus on coat:** danger will be affected by amount of virus being shed. There is also shedding of virus in stools. Not enough information to determine amount of shedding.
12. **Comment that we tend to forget how many surfaces we touch in common at a trial: gates, ropes etc. Does being outside affect how long virus lives?** No studies have seen the effect of UV and desiccation of the virus, but the belief is the virus remains viable and infectious for some time.
13. **Vaccine:** looking a year or more before we have a vaccine that is safe and effective for humans.
14. **Would exposure to bovine or feline coronavirus give some immunity?** Unknown.
15. **How seriously should we take this in comparison with flu?** We should take this very seriously. This is not the flu. We have a 100% naïve population (no prior contact with this virus and thus no immunity). The virus is shown to be very tenuous and able to spread rapidly in a community with nothing to hold it back other than the current social distancing and avoidance of groups of people. We have no treatment except ventilation and fluids.
16. It is possible we will see results in 3 weeks but not for sure. We are currently only in the initial phase of this pandemic.

Options to be considered

1. Peter to appoint a Coronavirus Committee which would include Tracee and representative from US and Canada to update recommendations as changes occur
2. 3 options for immediate decision
 - a. Temporary moratorium
 - b. Suspend through July and cancel finals
 - c. Provide continuing information but do not take other action
3. Remember that other entities may have the ultimate say in whether a trial can be held, for example state, city and sponsoring organizations for individual trials.

Discussion Opened

It was proposed that we need to make a definite decision. First suggestion was a 3 month no sanctions, take stock of the situation and make a final determination about the Finals after that. Extend the qualifying period beyond the July deadline, require only 1 qualification for nursery and reduce the time period of submitting an approval form to 10 days rather than current 30 day.

Also suggested we take into consideration the economic impacts on stock providers, hosts and USBCHA. At this point USBCHA investments are in low risk bonds and money market instruments, and not significantly impacted.

Discussion also examined how long a moratorium should be for, taking into consideration all the unknowns, difficulties uncertainty will impose on trial hosts, how to handle the Finals, and qualifying in the event the finals are held. Pros and cons of USBCHA withholding sanctioning and mechanisms for reducing impact on herding community were also discussed.

Point was made that we have a societal duty to protect health of our community and the public at large. Also discussed risks of individual decisions to disregard guidelines to travel to trials, possibly carrying virus from highly infected area where trials are canceled to low infected area that chooses to continue trial based on local guidelines.

It was determined that some of decisions about logistics of changes in qualifying can wait and a Qualifying Committee could be appointed to consider those points and make recommendations, but an immediate determination of whether there will be a sanctioning moratorium needed to be made.

Motion: Suspend sanctioning through May 10, appoint a Coronavirus Committee to meet every 2 weeks to assess the situation and make recommendations to board for action.

Moved by: Mike Neary

Second by: Joe Haynes

Role call vote called by secretary. 19 yes, 4 no

Motion carried. Peter will appoint a Coronavirus Committee and a Qualification Committee to report no later than April 15 (sooner if conditions change)

Motion: Trial Approval requirement of 30-day notice will be reduced temporarily to 7 calendar days when suspension is lifted.

Moved: Amanda Milliken

Seconded: Cy Peterson

Roll call vote called by secretary. 22 yes, 1 absent

Motion carried

Concluding Information

1. ABCA promotional money. No money has been sent out to affected trials at this time. If a trial has applied for promotional money and can document that they have incurred expenses, they can apply to ABCA and may receive some of the promotional money
2. Guidelines for trials that are held and not sanctioned. Directors felt this was up to the individual hosts and not for USBCHA to interfere with.
3. Motions apply to both sheep and cattle
4. Notice will be put on the website and emailed to all directors

Adjourn

Motion Amanda Milliken

Adjourned 6:50 PST.

