From:	"SMART Archive" <>
To:	SMART Core <>
Subject:	NIAID Establishes Centers for Research in Emerging Infectious Diseases Network
Date:	Wed, 26 Aug 2020 16:39:15 GMT

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From:	SECSTATE WASHDC
Action:	BRASILIA, AMEMBASSY *IMMEDIATE*; BEIJING, AMEMBASSY *IMMEDIATE*; KINSHASA, AMEMBASSY *IMMEDIATE*; PARIS, AMEMBASSY *IMMEDIATE*; BERLIN, AMEMBASSY *IMMEDIATE*; HONG KONG, AMCONSUL *IMMEDIATE*; NAIROBI, AMEMBASSY *IMMEDIATE*; MONROVIA, AMEMBASSY *IMMEDIATE*; ABUJA, AMEMBASSY *IMMEDIATE*; ISLAMABAD, AMEMBASSY *IMMEDIATE*; PANAMA, AMEMBASSY *IMMEDIATE*; DAKAR, AMEMBASSY *IMMEDIATE*; FREETOWN, AMEMBASSY *IMMEDIATE*; SINGAPORE, AMEMBASSY *IMMEDIATE*; PRETORIA, AMEMBASSY *IMMEDIATE*; COLOMBO, AMEMBASSY *IMMEDIATE*; TAIPEI, AIT *IMMEDIATE*; DAR ES SALAAM, AMEMBASSY *IMMEDIATE*; BANGKOK, AMEMBASSY *IMMEDIATE*; KAMPALA, AMEMBASSY *IMMEDIATE*; PHNOM PENH, AMEMBASSY *IMMEDIATE*; YAOUNDE, AMEMBASSY *IMMEDIATE*; QUITO, AMEMBASSY *IMMEDIATE*; KUALA LUMPUR, AMEMBASSY *IMMEDIATE*; KATHMANDU, AMEMBASSY *IMMEDIATE*; MANAGUA, AMEMBASSY *IMMEDIATE*; LIMA, AMEMBASSY *IMMEDIATE*; ADDIS ABABA, AMEMBASSY *ROUTINE*; BRUSSELS, AMEMBASSY *ROUTINE*
E.O.:	13526
TAGS:	TBIO, PREL, KCOM, KPAO, KSCA, AMGT, OIIP, NIH, HHS, SHLH, BE, BR, KH, CM, CN, CD, EC, ET, FR, DE, HK, KE, LR, MY, NP, NI, NG, PK, PA, PE, SN, SL, SG, ZA, LK, TW, TZ, UG
Captions:	SENSITIVE
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Subject:	NIAID Establishes Centers for Research in Emerging Infectious Diseases Network

1. (U) Summary: The National Institute of Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is informing posts about establishment of the

Centers for Research in Emerging Infectious Diseases (CREID) Network. Comprised of 10 centers and one Coordinating Center, this global network will involve multidisciplinary investigations into how and where viruses and other pathogens emerge from wildlife to cause disease in humans. Through collaborative research between scientists at institutions in the United States and 28 other countries, the CREID network will tackle issues identified during current and previous infectious disease outbreaks (including SARS-CoV-2, Ebola, Zika, and MERS). It will also help prospectively develop systems, processes, relationships, and international partnerships to optimize resources and share knowledge to rapidly confront emerging zoonotic diseases. Posts are requested to assist with assuring local government counterparts are informed about CREID and encouraged to support its implementation. Action request in Paragraph 5. End Summary.

2. (U) Background: NIAID/NIH/HHS recently awarded 11 five-year grants with a total value of approximately $82 million to establish the Centers for Research in Emerging Infectious Diseases (CREID) network. This global network will involve multidisciplinary investigations into how and where viruses and other pathogens emerge from wildlife and infect humans to cause disease. In addition to conducting their own research, scientists at the centers will collaborate with peers at some or all the network centers located in the United States and 28 other countries in Africa, Asia, Europe, and Central and South America. Research projects will include surveillance studies to identify previously unknown causes of febrile illnesses in humans; animal sources of viral or other disease-causing pathogens; and genetic or other metabolic changes that make these emerging pathogens capable of infecting humans. CREID investigators also will develop reagents and diagnostic assays to improve detection of emerging pathogens and study human immune responses to new or emerging infectious agents. Overall, the breadth of research projects in the CREID network will allow for study of disease spillover in multiple phases of the process: where pathogens first emerge from an animal host; at the borders between wild and more populated areas, where human-to-human transmission occurs; and in urban areas, where rapid epidemic spread can occur.

3. (U) The CREID network is comprised of 10 research centers and one Coordinating Center. The Coordinating Center will support network-wide activities such as data

management, outbreak research response, and quality control for biospecimens, assays, and reagents. It will also administer a pilot research program for early career investigators. The research centers will focus efforts on one or more regions of the world. In Central and South America, for example, studies will include investigations of several arthropod-borne viruses ("arboviruses") including ones that cause Zika virus disease, chikungunya, and dengue. In East and Central Africa, focus pathogens will include Rift Valley fever virus and the coronavirus that causes Middle East respiratory syndrome. In West Africa, in addition to arboviruses, projects are slated on Ebola virus and Lassa virus. In Asia and Southeast Asia, investigators will conduct research on coronaviruses, arboviruses, and Nipah virus.

4. (U) The name, corresponding NIAID grant number, research regions, countries with sites, and contact principal investigator(s) for the CREID Coordinating Center and each of the 10 CREIDs are listed below.

- CREID Coordinating Center; 1 U01 AI151378-01
  Donald Brambilla, RTI International, Research Triangle Park, North Carolina
  Tony Moody, Duke University School of Medicine, Durham, North Carolina

- West African Emerging Infectious Disease Research Center (WAEIDRC); 1 U01 AI151812-01
  West Africa (Liberia, Nigeria, Senegal, Sierra Leone)
  Kristian Andersen, Scripps Research Institute, La Jolla, California

- Emerging Infectious Diseases-South East Asia Research Collaboration Hub (EID-SEARCH); 1 U01 AI151797-01
  Southeast Asia (Malaysia, Singapore, Thailand)
  Peter Daszak, EcoHealth Alliance, Inc., New York, New York

- American and Asian Centers for Arboviral Research and Enhanced Surveillance (A2CARES); 1 U01 AI151788-01
  Central and South America (Ecuador, Nicaragua), Southeast Asia (Sri Lanka)
  Eva Harris, University of California, Berkeley

- EpiCenter for Emerging Infectious Disease Intelligence(EEIDI); 1 U01 AI151814-01
  Central Africa (Uganda) and South America (Peru)
  Christine Johnson, University of California, Davis

- Center for Research in Emerging Infectious Diseases-East and Central Africa (CREID-ECA); 1 U01 AI151799-01
  East and Central Africa (Democratic Republic of the Congo, Kenya, Tanzania, Uganda), and Europe (Belgium, Germany)
  M. Kariuki Njenga, Washington State University, Pullman

- Pasteur International Center for Research on Emerging Infectious Diseases (PICREID); 1 U01 AI151758-01
  West Africa (Cameroon, Senegal), Southeast Asia (Cambodia), and Europe (France, Germany)
  Anavaj Sakuntabhai, Institut Pasteur, Paris, France

- Coordinating Research on Emerging Arboviral Threats Encompassing the Neotropics (CREATE-NEO); 1 U01 AI151807-01
  Central and South America (Brazil, Panama)
  Nikos Vasilakis, Ph.D., University of Texas Medical Branch, Galveston

- United World Antiviral Research Network (UWARN); 1 U01 AI151698-01
  South America, West and South Africa, Middle East, and Asia (Brazil, Pakistan, Senegal, South Africa, Taiwan)
  Wesley C. Van Voorhis, University of Washington, Seattle

- Center for Research in Emerging Infectious Disease-Epidemiology, Surveillance, Pathogenesis (CREID-ESP); 1 U01 AI151810-01
  Asia, East Africa (China, Ethiopia, Hong Kong, Nepal)
  David Wang, Washington University School of Medicine, St. Louis, Missouri

- West African Center for Emerging Infectious Diseases (WAC-EID); 1 U01 AI151801-01
  West Africa (Nigeria, Senegal, Sierra Leone) and

Southeast Asia (Singapore)
Scott C. Weaver, University of Texas Medical Branch, Galveston

5. (U) NIAID would greatly appreciate Posts' assistance with sharing information about the establishment of this network with local government counterparts. For additional details about each CREID, such as names of international sites and local collaborators, please refer to the attachment. As information is shared, NIAID also would appreciate conveyance of request that local governments support this initiative and facilitate any required local clearances.

6. (U) If additional information or follow-up discussions are needed, please contact HANDLEYGR@niaid.nih.gov.

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Signature:	Pompeo
Drafted By:	HHS/NIH/NIAID: (b)(6)
Cleared By:	(b)(6)
Approved By:	
Released By:	IRM_OPS_MSO: (b)(6)
Info:	(b)(6) @NIH.GOV *IMMEDIATE*; (b)(6) @NIH.GOV *IMMEDIATE*; DEPT OF HHS WASHINGTON DC *IMMEDIATE*
Attachments:	Attatchment to - CREID Centers Cable -SBU-.docx
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Sender:	"SMART Archive" <>
Recipient:	SMART Core <>

(U) The NIAID Centers for Research in Emerging Infectious Diseases (CREID) is a global network that will involve multidisciplinary investigations into how and where viruses and other pathogens emerge from wildlife to cause disease in humans. It will tackle issues identified during current and previous infectious disease outbreaks, including SARS-CoV-2, Ebola, Zika, SARS, and MERS, by prospectively developing systems, processes, relationships, and international partnerships to optimize resources and share knowledge. CREID is comprised of 10 centers and one Coordinating Center. Details about the Coordinating Center and the 10 CREIDs are listed below. This information can also be accessed through the NIH Foreign Awards and Components Tracking System (FACTS).

(SBU)

CREID CENTER NAME	GRANT NUMBER	PRINCIPAL INVESTIGATOR(S) (PIs)	REGION(S)	PARTICIPATING COUNTRIES AND SITES	LOCAL COLLABORATOR(S)
CREID Coordinating Center	1 U01 AI151378-01	**Contact PI:** Donald Brambilla, Ph.D., RTI International, Research Triangle Park, North Carolina **Co-PI:** Tony Moody, M.D., Duke University School of Medicine, Durham, North Carolina	N/A	N/A	N/A
West African Emerging Infectious Disease Research Center (WAEIDRC)	1 U01 AI151812-01	**Contact PI:** Kristian Andersen, Scripps Research Institute, La Jolla, California **Co-PI:** Pardis Sabeti, Broad Institute, Cambridge, Massachusetts	West Africa	**Liberia** • National Public Health Institute of Liberia; Monrovia **Nigeria** • Redeemer's University; Ede, Osun **Senegal** • Université Cheikh Anta Diop de Dakar (University of Dakar); Dakar	(b)(6)

		Co-PI: Robert Garry, Tulane University, New Orleans, Louisiana		**Sierra Leone** • Kenema Government Hospital; Kenema	(b)(5)
Emerging Infectious Diseases-South East Asia Research Collaboration Hub (EID-SEARCH)	1 U01 AI151797-01	**Contact PI**: Peter Daszak, EcoHealth Alliance, Inc., New York, New York	Southeast Asia	**Malaysia** • Conservation Medicine Ltd; Sungai Buloh **Singapore** • Duke-NUS Medical School; Singapore **Thailand** • Chulalongkorn University; Bangkok	
American and Asian Centers for Arboviral Research and Enhanced Surveillance (A2CARES)	1 U01 AI151788-01	**Contact PI:** Eva Harris, University of California, Berkeley **Co-PI:** Josefina Coloma, University of California, Berkeley	Central and South America; Southeast Asia	**Ecuador** • Hospital Civil de Borbón; Borbón • Hospital Delfina Torres de Concha; Esmeraldas • National Research Institute of the Ministry Of Health; Quito • Universidad Central del Ecuador; Quito • Universidad San Francisco de Quito; Quito **Nicaragua** • Clínica El Samaritano-AMOS Nicaragua; Managua • Clínica Villa Guadalupe-AMOS Nicaragua; Managua • Instituto de Ciencias Sostenibles; Managua **Sri Lanka** • Colombo South Teaching Hospital; Dehiwale-Mount Lavinia • Ministry of Health; Colombo	(b)(6)

				• National Hospital of Sri Lanka; Colombo • National Institute of Infectious Diseases; Angoa	(b)(6)
EpiCenter for Emerging Infectious Disease Intelligence (EEIDI)	1 U01 AI151814-01	**Contact PI:** Christine Johnson, University of California, Davis **Co-PI:** Tierra Evans, University of California, Davis **Co-PI:** Lark Coffey, University of California, Davis **Co-PI:** Christopher Barker, University of California, Davis **Co-PI:** Amy Morrison, University of California, Davis	Central Africa; South America	**Peru** • Hospital Apoyo Iquitos; Iquitos • Loreto Regional Hospital; Iquitos • NAMRU-6; Iquitos; • National Health Institute; Lima • Pontificia Universidad Católica Del Perú; San Miguel • Sustainable Management of Wildlife Heritage Forest and Wildlife National Service; Magdalena	(b)(6)
				Uganda • Bwindi Community Hospital; Kanungu • Makerere University; Kampala • Uganda Virus Research Institute; Entebbe • Uganda Wildlife Authority; Kampala	(b)(6)
Center for Research in Emerging Infectious Diseases-East and Central Africa (CREID-ECA)	1 U01 AI151799-01	**Contact PI:** M. Kariuki Njenga, Washington State University, Pullman	East and Central Africa; Europe	**Belgium** • Prins Leopold Instituut Voor Tropische Geneeskunde; Antwerpen **Democratic Republic of the Congo** • Insititut National de Recherche Biomedicale; Kinshasa **Germany** • Charité – Universitätsmedizin Berlin; Berlin	(b)(6)

				Kenya • International Livestock Research Institute; Nairobi • Kenya Medical Research Institute (KEMRI); Kismu • University of Nairobi; Nairobi **Tanzania** • Sokoine University of Agricuture; Morogoro **Uganda** • Uganda Virus Research Institute; Entebbe	(b)(6)
Pasteur International Center for Research on Emerging Infectious Diseases (PICREID)	1 U01 AI151758-01	**Contact PI:** Anavaj Sakuntabhai, Institut Pasteur, Paris, France	West Africa; Southeast Asia; Europe	**Cambodia** • Institut Pasteur du Cambodge; Phnom Penh • Kampong Thom Provincial Hospital; Kampong Thom **Cameroon** • Centre D'animation Social Et Sanitaire; Yaounde • Centre de Santé Intégré de Foulbéré; Garoua • Centre de Santé Intégré de Kotta Liddiré; Garoua • Centre Hospitalier D'essos; Yaounde • Centre de Santé Intégré de Roumde Adjia; Garoua • Centre Médical Marie Reines D'etoudi; Yaounde • Centre Pasteur du Cameroun; Yaounde • Hôpital Jamot de Yaoundé; Yaounde • Hôpital Régional de Garoua; Garoua **Germany** • University of Leipzig; Leipzig	(b)(6) (b)(6)

				Senegal • Bokidiawé Health Post; Matam • Dalaba Health Post; Kedougou • Darou Marnane Health Center; Diourbel • Diamageune Health Post; Kaffrine • Institut Pasteur de Dakar - Barkédji; Louga • Institut Pasteur de Dakar – Kedougou; Kedougou • Institut Pasteur de Dakar; Dakar • Rosso Health Post; Saint-Louis • Saint Joseph Health Post; Ziguinchor	(b)(6)
Coordinating Research on Emerging Arboviral Threats Encompassing the Neotropics (CREATE-NEO)	1 U01 AI151807-01	**Contact PI:** Nikos Vasilakis, Ph.D., University of Texas Medical Branch, Galveston **Co-PI:** Kathryn Hanley, New Mexico State University, Las Cruces, New Mexico	Central and South America	**Brazil** • Centro de Instrução de Guerra na Selva; Manaus • City Public Health Authority; Sao Jose do Rio Preto • Faculdade de Medicina de Sao Jose do Rio Preto; Sao Jose do Rio Preto • Federal University of Mato Grosso in Cuiaba; Cuiaba • Fundacao de Medicina Tropical Doutor Heitor Vieira Dourado; Manaus • Instituto Nacional de Pesquisas da Amazônia; Manaus • Parque Municipal do Mindu; Manaus • Universidade Federal do Amazonas; Manaus **Panama** • Gorgas Memorial Institute of Health Studies; Panama • Gorgas Memorial Institute of Health Studies – Divisa; Divisa	(b)(6)

				• Gorgas Memorial Institute of Health Studies – Meteti; Meteti	(b)(6)
United World Antiviral Research Network (UWARN)	1 U01 AI151698-01	**Contact PI:** Wesley C. Van Voorhis, University of Washington, Seattle, Washington **Co-PI:** Judith Wasserheit, University of Washington, Seattle **Co-PI:** Peter Rabinowitz, University of Washington, Seattle **Co-PI:** Michael Gale, University of Washington, Seattle, Washington	South America; West and South Africa; Middle East, and Asia	**Brazil** • Instituto Gonçalo Moniz-Fiocruz; Salvador • Ministry of Health; Rio de Janeiro • Oswaldo Cruz Foundation (Fiocruz); Rio de Janeiro **Pakistan** • The Aga Khan University; Karachi **Senegal** • Institut De Recherche En Santé De Surveillance Épidémiologique Et De Formation (IRESSEF); Dakar **South Africa** • University of Kwazulu-Natal; Durban **Taiwan, China** • Kaohsiung Chang Gung Memorial Hospital; Kaohsiung	
Center for Research in Emerging Infectious Disease-Epidemiology, Surveillance, Pathogenesis (CREID-ESP)	1 U01 AI151810-01	**Contact PI:** David Wang, Washington University School of Medicine, St. Louis, Missouri	Asia; East Africa	**China** • China Center for Disease Control and Prevention (CDC); Beijing **Hong Kong, China** • The University of Hong Kong; Hong Kong **Ethiopia** • Ethiopian Public Health Institute; Addis Ababa **Nepal** • National Public Health Laboratory, Kathmandu • Sukraraj Tropical & Infectious Disease Hospital; Kathmandu • Tribhuvan University; Kirtipur	(b)(6)

West African Center for Emerging Infectious Diseases (WAC-EID)	1 U01 AI151801-01	**Contact PI:** Scott C Weaver, University of Texas Medical Branch, Galveston	West Africa; Southeast Asia	**Nigeria** • Church of Christ in Nations; Jos • Jos University Teaching Hospital; Jos • National Veterinary Research Institute, Vom; Jos • Nigeria Centre for Disease Control; Abuja • Plateau State Specialist Hospital; Jos • University of Jos; Jos **Senegal** • Institut Pasteur de Dakar; Dakar **Sierra Leone** • Kenema Government Hospital; Kenema • Njala University; Bo **Singapore** • Duke-NUS Medical School; Singapore	(b)(6)

From: SMART Archive
Sent: Mon, 17 Apr 2017 08:23:37 GMT
To: SMART Core
Subject: U.S.-China Health Cooperation Advances with Tuberculosis Clinical Trial

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MRN:	17 WUHAN 48
Date/DTG:	Apr 17, 2017 / 170822Z APR 17
From:	AMCONSUL WUHAN
Action:	WASHDC, SECSTATE *ROUTINE*
E.O.:	13526
TAGS:	SHLH, TBIO, AMED, SOCI, KHIV, CDC, NIH, HHS, ZA, CN
Captions:	SENSITIVE
Reference:	A) 14 PRETORIA 258 B) 13 STATE 14443 C) 15 BEIJING 3498
Subject:	U.S.-China Health Cooperation Advances with Tuberculosis Clinical Trial

1. ~~(SBU)~~ **Summary.** The Charge d'Affaires highlighted long-standing U.S. health cooperation with Henan province by launching a tuberculosis (TB) clinical trial involving American, Chinese, and South African researchers. The trial will use state-of-the-art imaging technology to better tailor treatment based upon patients' response to standard TB therapy. This project marks the latest step forward for the U.S.-China health partnership, which has had a positive impact on global health while expanding opportunities for U.S. researchers and U.S. medical device and pharmaceuticals firms. Previous collaboration resulted in life-saving advances in esophageal cancer detection and improved capacity in the diagnosis and treatment of HIV/AIDS. **End Summary.**

A High Burden, and Difficult Treatment

2. (U) China has the world's third highest number of cases of TB after India and Indonesia with 918,000 cases reported in 2015, according to the World Health Organization. TB prevalence in China was 67 per 100,000 people in 2015. China's overall TB numbers and the mortality rate have both declined gradually in recent decades. However, China still has one of the world's highest rates of multidrug-resistant TB (MDR-TB), with an estimated 57,000 cases in 2015. This type of TB is caused by a bacterial strain that resists the most potent anti-TB drugs. The rise of MDR-TB is a particularly worrisome global trend that could directly affect public health in the United States, if new drugs and treatments are not developed.

3. (U) Henan is one of China's most populous and poorer provinces, with 94 million residents, according to the 2010 census. It is a large source of migrant labor to more prosperous coastal areas. This contributes to the province having one of China's highest TB burdens. TB is common—and especially hard to treat—in migrant worker populations who often live in less hygienic conditions, are often heavy smokers, and are separated from their hometowns where they can receive long-term treatment. "We need to improve the diagnosis and treatment of migrant workers," said Feng Zijian, deputy director-general of China's Centers for Disease Control and Prevention (CDC), at the opening ceremony of an international TB conference in Zhengzhou, Henan Province, in March. He added that multidrug-resistant TB and HIV-TB co-infections are China's biggest challenges.

4. (U) The standard treatment for drug-susceptible TB typically involves six months of daily medicines, with considerable adverse side effects such as rashes, dizziness or flu-like symptoms. Treatment for MDR-TB requires up to two years and includes chemotherapy. Migrant workers are often unable to complete full treatment due to the financial cost and need to return to jobs far from home. Because China's *hukou* (household registration) system ties people to their permanent residence for the purposes of receiving social services, migrant workers often have difficulty finding affordable health care in their temporary residences. Even when patients stay in one place, it's difficult for them to stick to the long treatment without constant monitoring and support from local health providers. Lack of adherence to treatment protocols, and the high cost of treatment has worsened the growing problem of MDR-TB, according to Ma Zhenya, director of the TB Control Institute in Kaifeng, Henan Province.

Trial Aims to Better Predict Treatment Outcome

5. (U) The TB event in March focused on how the "Predict TB" clinical trial will use imaging technology and other techniques to better tailor TB treatment. For example, an estimated 80 to 85 percent of patients with drug-susceptible TB respond to the standard therapy within four months, but health practitioners currently have no way to identify such patients in advance.

6. (U) On March 10 and 11, the Charge d'Affaires joined the launch ceremony for the Predict TB trial and toured a participating TB hospital in Kaifeng. Other sites include the Henan Provincial Chest Hospital in Zhengzhou, the Zhongmu and Xinmi County Centers for Disease Control, and five sites in Cape Town, South Africa. South Africa has the world's highest TB burden per capita (Ref A). The first participants will be enrolled in May. Four researchers from the U.S. National Institute of Allergy and Infectious Diseases' (NIAID) Tuberculosis Research Section will travel regularly between the United States, Henan Province, and South Africa to oversee the clinical trials. In addition to NIAID, other funding partners include the Bill and Melinda Gates Foundation, the European and Developing Countries Clinical Trial Partnership, the China Ministry of Science and Technology, and the China National Natural Science Foundation.

7. (U) The trial is just the latest development in U.S.-China bilateral cooperation to fight TB. NIAID and the Henan Province Health and Family Planning Commission established the Sino-U.S. Tuberculosis Research Institute in 2009 to foster TB research and build TB research

capacity. It is a ten-year project based at the Henan Provincial Chest Hospital in Zhengzhou, and has conducted four TB clinical trials. The U.S. CDC has also partnered with Henan Province to screen close family members of patients with MDR-TB. To support the Predict TB and future clinical trials, NIAID's Tuberculosis Research Section in September 2016 signed an agreement with the Henan Province CDC to establish a joint TB research lab located at the Henan CDC.

A Global Model for Esophageal Cancer Detection

8. (U) U.S.-China health collaboration in Henan Province goes back to the 1980s. Henan Province has some of the highest esophageal cancer rates in the world, with 39 cases per 100,000 people, compared to just over 4 per 100,000 people in the United States. The U.S. National Cancer Institute (NCI) and Chinese scientists have performed collaborative research on esophageal cancer in Henan's Linxian County since 1981, one of the oldest and longest-running U.S.-China health collaborations. Among other achievements, this project has developed early detection and treatment techniques that are now used in more than 200 sites in China to screen for esophageal cancer. This program has shown that it can reduce esophageal cancer mortality, and it has become a global standard. NCI's collaborators in the Chinese Academy of Medicine Science's National Cancer Center are now exporting that model to Africa.

9. (U) The U.S.-China collaborative research in Henan also concluded that one major reason for the high rates of esophageal cancer was a low level of serum, or blood, selenium in the population. Selenium is a mineral that plays a key role in human metabolism, including the body's defenses against cancer. Serum selenium reflects dietary intake, such as the selenium content of the soil used for food crops. Areas with high rates of esophageal cancer, including Henan, often have low levels of soil selenium. The government is now evaluating the possibility of adding selenium to fertilizer used in Henan to increase the selenium content of the soil. The idea is that this would increase selenium in the diet of the local population and reduce the risk of esophageal cancer.

HIV/AIDS Collaboration In A Hard-Hit Province

10. ~~(SBU).~~ Henan Province was the epicenter of an HIV/AIDS epidemic during the 1990s, after poor farmers and villagers became infected in large numbers after donating blood plasma and receiving tainted blood, due to large-scale "plasma farming" efforts promoted by local officials to raise funds. More than a million people contracted the disease in Henan alone, with infection rates as high as 65 percent in some areas that became known as "AIDS villages." The U.S. CDC's Global AIDS program has worked closely with its counterparts in Henan and 14 other Chinese provinces on HIV prevention and treatment. U.S.-funded cooperation on HIV in Henan lasted from 2003-2012 through the President's Emergency Plan for AIDS Relief (PEPFAR). These successful programs helped train doctors at the village level, through U.S.-supported rural clinical training centers in Anhui, Guangxi and Sichuan Provinces.

11. ~~(SBU)~~ Other NIH-funded projects include a study by the Zhengzhou-based U.S.-China (Henan) Hormel Cancer Institute that identified a biomarker that can be used in early detection and treatment of colon cancer and NIH-funded research collaboration in Henan on Human

papillomavirus (HPV) infection research.

12. ~~(SBU).~~ **Comment**. U.S. manufacturers produce most of the rapid screening machines and drugs required for the treatment of MDR TB. The Predict TB clinical trial's large patient pool offers U.S. researchers a unique opportunity for clinical research on MDR and extensively drug-resistant (XDR) TB that is not available in the United States, thereby helping them to develop new cures and treatment protocols. In addition to promoting advances in global health, the U.S.-China health partnership also provides commercial opportunities for U.S. companies. **End Comment.**

Signature: ZADROZNY

Drafted By: WUHAN: (b)(6)
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NIH (b)(6) (Beijing)
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EXEC (b)(6) (Wuhan)
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