

From: Megan M Doyle <mmdoyle@ucdavis.edu>
To: predict-surveillance@UCDAVIS.EDU <predict-surveillance@UCDAVIS.EDU>
CC: Catherine Machalaba <machalaba@ecohealthalliance.org>; William B. Karesh" <karesh@ecohealthalliance.org>; Jonna Mazet <jkmazet@UCDAVIS.EDU>
Sent: 11/28/2017 4:31:48 PM
Subject: CANCELED -- RE: Next surveillance team call this Thurs Nov 30th @ 10am PT/1pm ET

Hi Surveillance Team,

We'd like to reschedule our meeting to **next Thursday, Dec 7th @ 10am PT/1pm ET.**
In the meantime, if you have any agenda items for next week or other surveillance needs please let us know!

Thank you,
Megan

From: Megan M Doyle
Sent: Monday, November 27, 2017 9:47 AM
To: predict-surveillance@ucdavis.edu
Cc: Catherine Machalaba ; William B. Karesh ; Jonna Mazet
Subject: Next surveillance team call this Thurs Nov 30th @ 10am PT/1pm ET

Hi Surveillance Team,
Notes from our last call are attached – please let me know if you have any corrections.

Also, our next call will be this **Thurs, Nov 30th @ 10am PT/1pm ET**. We will follow up with an agenda soon.

Megan

Megan Doyle
Research Associate
Emerging Pandemic Threats PREDICT Project
EpiCenter for Disease Dynamics
One Health Institute
UC Davis School of Veterinary Medicine
530-564-2133
mmdoyle@ucdavis.edu
skype: megan.m.doyle

From: Kendra Chittenden <kchittenden@usaid.gov>
Sent: Wed, 6 Dec 2017 13:53:44 -0800
Subject: Re: Sierra Leone Update & Way Forward
To: Brooke Genovese <bgenovese@ucdavis.edu>
Cc: "clouisduthil@usaid.gov" <clouisduthil@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>

Yes this is correct and I am available

Sent from my iPhone

On Dec 6, 2017, at 4:42 PM, Brooke Genovese <bgenovese@ucdavis.edu> wrote:

Hi Kendra –

I have the following number listed as the best to reach you at: 703-209-5424

Also, 4:30 PM Davis time would be 7:30pm D.C. time – does this still work for you?

-Brooke

From: Kendra Chittenden <kchittenden@usaid.gov>

Date: Wednesday, December 6, 2017 at 9:41 AM

To: Brooke Genovese <bgenovese@ucdavis.edu>

Cc: "clouisduthil@usaid.gov" <clouisduthil@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>

Subject: Re: Sierra Leone Update & Way Forward

Ok- great. Hopefully Dennis' jetlag will get him up early

On Wed, Dec 6, 2017 at 12:23 PM, Brooke Genovese <bgenovese@ucdavis.edu> wrote:
Hi Kendra,

4:30pm Davis time works for Jonna.

-Brooke

From: Kendra Chittenden <kchittenden@usaid.gov>

Date: Wednesday, December 6, 2017 at 6:32 AM

To: Brooke Genovese <bgenovese@ucdavis.edu>

Cc: "clouisduthil@usaid.gov" <clouisduthil@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>

Subject: Re: Sierra Leone Update & Way Forward

I'd like to propose the times below for today---

4:30 PM in Davis

8:30 AM in Kuala Lumpur

5:30 PM D.C.

I am available later as needed and I do not depart until 4 PM tomorrow so could be available for a call as well even though I am on annual leave.

On Tue, Dec 5, 2017 at 6:04 PM, Brooke Genovese <bgenovese@ucdavis.edu> wrote:
Hi all,

Jonna could join a call tomorrow (Dec 6) anytime after 2:00pm PST.

Cassandra – is there a particular time after 2:00 pm PST that would work for Dennis, given his travel itinerary?

Thank you in advance for your help!

-Brooke

From: Dennis Carroll <dcarroll@usaid.gov>

Date: Tuesday, December 5, 2017 at 2:56 PM

To: Jonna Mazet <jkmazet@ucdavis.edu>

Cc: Kendra Chittenden <kchittenden@usaid.gov>, Brooke Genovese <bgenovese@ucdavis.edu>

Subject: Re: Sierra Leone Update & Way Forward

Let me amend my last message. I was in the air between Canberra and Sydney when the call was scheduled. Apologies. Now readying to lift off the BKok.

Dr Dennis Carroll
Director, Emerging Threats Program
U.S. Agency for International Development
Office: (202) 712-5009
Mobile: **REDACTED**

On Dec 6, 2017, at 9:49 AM, Dennis Carroll <dcarroll@usaid.gov> wrote:

I am on the tarmac in Sydney on a flight for KL. Sorry for the confusion.

Dr Dennis Carroll
Director, Emerging Threats Program
U.S. Agency for International Development
Office: (202) 712-5009
Mobile: (301) 646-6235

On Dec 6, 2017, at 6:50 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hey there, Dennis,
We meeting in 10 mins or no?
If yes, I can call out to you, two. Best numbers?
Thanks,
Jonna

On Mon, Dec 4, 2017 at 9:51 AM, Kendra Chittenden <kchittenden@usaid.gov> wrote:
Brooke-

thanks - any of those times works for me.
Dennis schedule is probably more challenging so depending on what works best for him then I can do. Kendra

On Mon, Dec 4, 2017 at 12:44 PM, Brooke Genovese <bgenovese@ucdavis.edu> wrote:
Hello Kendra,

My name is Brooke Genovese and I assist Jonna with administrative tasks. She will be teaching at 1:00pm PST tomorrow, but if free from 12:00 – 1:00 PST (would be quite early in Canberra, though) and after 3:30pm (would be a little late on the east coast). She is also free at 2:00pm PST on Wednesday, Dec 6.

Let me know if any of these days/times work for you.

Best,

Brooke Genovese
PREDICT Project Support
Executive Analyst
One Health Institute
School of Veterinary Medicine
Tel: [530-752-6459](tel:530-752-6459)
bgenovese@ucdavis.edu

From: <jonna.mazet@gmail.com> on behalf of Jonna Mazet
<jkmazet@ucdavis.edu>

Date: Monday, December 4, 2017 at 8:24 AM

To: Brooke Genovese <bgenovese@ucdavis.edu>

Subject: Fwd: Sierra Leone Update & Way Forward

----- Forwarded message -----

From: **Kendra Chittenden** <kchittenden@usaid.gov>

Date: Mon, Dec 4, 2017 at 5:30 AM

Subject: Re: Sierra Leone Update & Way Forward

To: Jonna Mazet <jkmazet@ucdavis.edu>, Dennis Carroll <dcarroll@usaid.gov>

How about tomorrow Tues at 8 am Canberra, 1 pm Davis, 4 pm D.C.?

Sent from my iPhone

On Dec 1, 2017, at 9:48 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Thanks -- Kendra, let me know what works best for you.
Jonna

On Fri, Dec 1, 2017 at 6:44 PM, Dennis Carroll

<dcarroll@usaid.gov> wrote:

Glad to join the call. I will be in Canberra on Tuesday and KL
beginning Wed night. Let me know what works for you

Dr Dennis Carroll
Director, Emerging Threats Program
U.S. Agency for International Development
Office: [\(202\) 712-5009](tel:202-712-5009)
Mobile: **REDACTED**

On Dec 1, 2017, at 7:18 PM, Jonna Mazet <jkmazet@ucdavis.edu>
wrote:

Dear Dennis & Kendra,
Please may I have a confidential call with just the two
of you next week regarding the finding/publication?
Dennis, I know you are traveling, so please suggest a
time that suits in your zone, and I will try to make it
work. Outside of my work hours is fine, since I am also
fully booked. Given our previous discussions and new

information, it can not/should not wait. We will want to bring SL & other DC colleagues into the conversation once we are on the same page re way forward.

Thanks in advance for suggesting times,
Jonna

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Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor| USAID | mobile (703-209-5424) | KChittenden@usaid.gov

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Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor| USAID | mobile (703-209-5424) | KChittenden@usaid.gov

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Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor| USAID | mobile (703-209-5424) | KChittenden@usaid.gov

From: Andrew Clements <aclements@usaid.gov>
To: Brian Bird <bhbird@ucdavis.edu>
CC: PREDICTMGT <predictmgt@usaid.gov>; PREDICT-outbreak <predict-outbreak@ucdavis.edu>
Sent: 12/11/2017 11:10:34 PM
Subject: [predict] [predict-outbreak] Re: 11 Dec 2017 Bangladesh Crow mortality updated

Thanks.

On Mon, Dec 11, 2017 at 10:10 PM, Brian Bird <bhbird@ucdavis.edu> wrote:

Ask and ye shall receive. ☺

Brief update from the team came about 30 mins after your email, it appears that BLRI is completing additional testing prior to public release of findings.

PREDICT protocol testing at icddr,b is ongoing.

-Brian

From: Andrew Clements <aclements@usaid.gov>
Date: Monday, December 11, 2017 at 11:23 AM
To: Brian Bird <bhbird@ucdavis.edu>
Cc: PREDICTMGT <predictmgt@usaid.gov>, PREDICT-outbreak <predict-outbreak@ucdavis.edu>
Subject: Re: 11 Dec 2017 PREDICT DRC two human suspected VHF patients

Thanks, Brian.

Any word on Bangladesh? Occurred to me that they might be slower to release results if it's a new sub-type (H5N6 or H5N8).

Andrew P. Clements, Ph.D.

Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253

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For more information on USAID's Emerging Pandemic Threats program, see: <http://www.usaid.gov/ept2>

From: Andrew Clements <aclements@usaid.gov>
Sent: Wed, 13 Dec 2017 17:05:19 -0500
To: Brian Bird <bhbird@ucdavis.edu>
Cc: PREDICTMGT <predictmgt@usaid.gov>, PREDICT-outbreak <predict-outbreak@ucdavis.edu>
Subject: [predict] [predict-outbreak] Re: 13 Dec 2017 PREDICT Health Event Updates (Bangladesh Crows; DRC suspect VHF patients)

Thanks

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Dec 13, 2017, at 8:41 PM, Brian Bird <bhbird@ucdavis.edu> wrote:

Updates on both of these today.

1. DRC: all testing is completed for both patients. All testing by PREDICT protocols is negative. Patient in Bili health zone is reported to be recovering. Appears there will be no additional task-force follow-up in-country. This will likely be the last daily update on this health event unless the situation warrants or questions arise.
2. Bangladesh: First preliminary testing of crow specimens by PREDICT protocols is completed and is pending confirmation before reporting to GoB. PREDICT country coordinator continues to urge release of official GoB testing results.

More details in each report.

Have a great day,

-Brian

Brian H. Bird DVM, MSPH, PhD
Global Lead Sierra Leone and
Multi-Country Ebola operations
PREDICT-USAID

One Health Institute
1089 Veterinary Medicine Dr.
School of Veterinary Medicine
University of California, Davis
Email: bhbird@ucdavis.edu
Skype: brianhbird1
<http://www.vetmed.ucdavis.edu/ohi/predict/index.cfm>

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<PREDICT-DRC Human suspected viral hemorrhagic disease 13Dec2017_final.pdf>

From: Peter Daszak <daszak@ecohealthalliance.org>
To: Dennis Carroll <dcarroll@usaid.gov>, Eddy Rubin <erubin@metabiota.com>, Jonna Mazet <jkmazet@ucdavis.edu>, Nathan Wolfe <nwolfe@metabiota.com>, "Gian Luca Burci" <gian-luca.burci@graduateinstitute.ch>
Subject: RE: Towards a genomics-informed real-time global pathogen surveillance sys.._ (2).pdf
Sent: Fri, 29 Dec 2017 17:27:59 +0000

Happy Holidays to all GVPers...

Good article. Jennifer Gardy is a member of the Forum on Microbial Threats Dennis, and has already proposed (with Jonna) a workshop on pandemic forecasting...so a good venue for our GVP activities...

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
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New York, NY 10001

Tel. +1 212-380-4473
www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.

From: Dennis Carroll [mailto:dcarroll@usaid.gov]
Sent: Wednesday, November 29, 2017 11:52 AM
To: Eddy Rubin; Jonna Mazet; Peter Daszak; Nathan Wolfe; Gian Luca Burci
Subject: Fwd: Towards a genomics-informed real-time global pathogen surveillance sys.._ (2).pdf

Interesting Review Article. Predict gets a nice shout out. Are any of you familiar with "The Global Alliance for Genomics and Health" (GH4GH). Maybe a relevant platform for data sharing.

--

Dr. Dennis Carroll
Director, Emerging Threats Program
Bureau for Global Health
U.S. Agency for International Development

Office: 202-712-5009

Mobile: [REDACTED]

From: Andrew Clements <aclements@usaid.gov>
To: Katherine Leasure <kaleasure@ucdavis.edu>
CC: PREDICTMGT <predictmgt@usaid.gov>; jkmazet@ucdavis.edu
<jkmazet@ucdavis.edu>; Predict inbox <predict@ucdavis.edu>
Sent: 1/5/2018 3:07:38 AM
Subject: Re: Change to Approved ITA - M. Cranfield to Belgium/Rwanda/DRC/Uganda

Thanks

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Jan 4, 2018, at 10:03 PM, Katherine Leasure <kaleasure@ucdavis.edu> wrote:

Hi Andrew. Mike Cranfield will no longer be attending the PREDICT All-Country Meeting, due to a need for additional travel in Rwanda. He will now be departing from Baltimore, Maryland on January 8 for travel to Kigali, Rwanda. From there he will pick-up with activities as outlined in his previously approved ITA for travel to Rwanda, DRC, and Uganda. Please let me know if you have any questions. Thanks!

UC Davis would like to request travel approval for Dr. Mike Cranfield to travel from Baltimore Maryland, USA to Brussels, Belgium from January 8-12, 2018 for the PREDICT All-Country Meeting. From Brussels, Belgium, he will travel on to Kampala, Uganda, Kigali, Rwanda, and Goma DRC, from January 12 to March 14, 2018 to meet with PREDICT staff and partners.

Trip purpose: Belgium – this travel will enable Dr. Cranfield attend the PREDICT All-Country Meeting in January in Brussels. The 3-day meeting will bring together global and in-country project staff for presentations and workshops covering a number of topics, including best practices for implementation, field sampling and behavioral surveillance, as well as brining the project to conclusion in each country. This will enable PREDICT-2 to coordinate global planning and project implementation for the upcoming years, and will provide the unique opportunity to bring all of our Country Coordinators and key personnel from around the world to one location, and network with our US partner leads and several regional coordinators who will also be attending. This meeting is key to completing the project successfully. Rwanda, DRC, Uganda - this travel will enable Dr. Cranfield to meet with PREDICT Country Coordinators from Rwanda, Uganda, and Democratic Republic of the Congo at MGVP headquarters in Musanze, Rwanda, Kampala, Uganda, and Goma DRC; conduct field site visits with staff; participate with the country staff to sample rodents, bats, and primates; and to help implement the Year 4 work plan in all three countries. He will be helping the Conglese staff with the field work on rodents and bats to help them achieve their numbers. He will also visit with Lisa Kramer and the Governments of Uganda and Rwanda partners to discuss collaboration on wildlife and human sampling for PREDICT-2. *His tentative travel dates in each country are as follows – Belgium: Jan 8-12; Rwanda: Jan 12-17, Feb 12-Mar 14; DRC: Jan 17 to Feb 5; Uganda: Feb 5-12

Katherine Leasure
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One Health Institute
University of California, Davis
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From: "Sacchetti, Ben" <Sacchetti.Ben@bcg.com>
To: Dennis Carroll <dcarroll@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, **REDACTED**, Peter Daszak <daszak@ecohealthalliance.org>, Brooke Watson <watson@ecohealthalliance.org>, Eddy Rubin <eddyrubin1@gmail.com>, Nathan Wolfe <nwolfe@metabiota.com>, Jennifer Fluder <jfluder@usaid.gov>, Amy Lin <amylin@usaid.gov>
Cc: "Stroman, Trish" <Stroman.Trish@bcg.com>, "Harris, Samuel" <Harris.Samuel@bcg.com>, "Kabay, Kendra" <Kabay.Kendra@bcg.com>, "Linda Patterson" <linda.patterson@panoramaglobal.org>, Raelyn Campbell <raelyn.campbell@panoramaglobal.org>, Gabrielle Fitzgerald <gabrielle.fitzgerald@panoramaglobal.org>, "Rodriguez, Andrew" <rodriguez.andrew@bcg.com>
Subject: Materials for today
Sent: Thu, 11 Jan 2018 14:26:35 +0000
[GVP Working Session 11Jan18 vShared.pptx](#)

Hi All,

Please find attached materials for our additional working session and subsequent core team meeting.

Plan is to go through the first two agenda items (org & gov and resource mobilization) with Dennis this morning in the working session.

Jonna/Peter/Eddy/Nathan et al., as most of you are in Belgium we will miss you this AM but have time scheduled with you 1:1 next week to review org & gov with you and get your feedback 1:. Then, at 1pm ET, during the regularly scheduled core team time, we can review the latest investment case materials (which are what will comprise much of the PMAC open session). My understanding is that you can join this, but if not, any offline feedback you have would be much appreciated!

Thanks,
Ben and team

The Boston Consulting Group, Inc.

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Global Virome Project

Working session

JANUARY 11, 2017

Agenda for today

Organization & Governance (10AM-noon ET)

- 2018 milestones and workplan
- Organizational needs and budget over time
- Governance needs over time and key choices

Resource Mobilization (noon-1PM ET)

- Overall status update
- Rationale for/implications of a government-focused approach
- Suggested path forward

Investment case (1PM-2:15PM ET)

- Review of draft pitch materials

PMAC (2:15-2:30PM ET)

- Continued planning

Agenda for today

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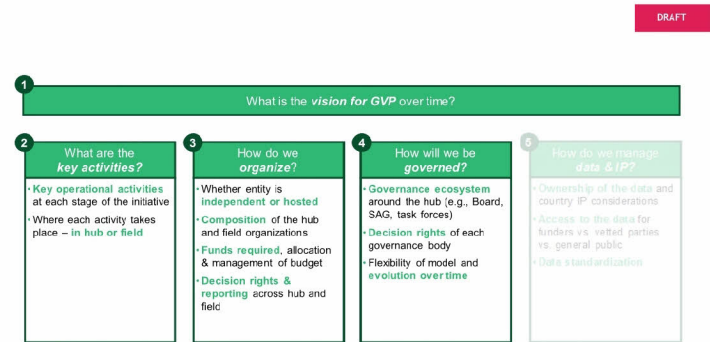
Investment case (1PM-2:15PM ET)

- Review of draft pitch materials

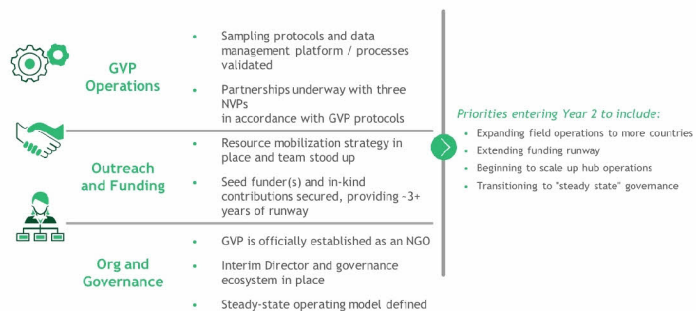
PMAC (2:15-2:30PM ET)

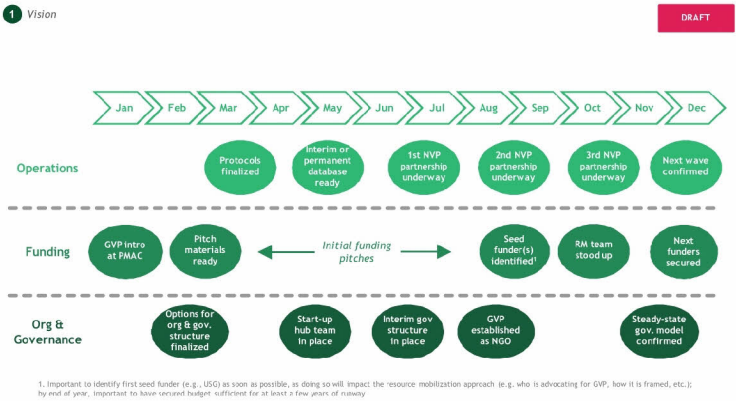
- Continued planning

cap: Several key questions to address as we develop operating model



What will GVP have achieved by the end of 2018?





1 Vision

Critical path activities in order to achieve 2018 milestones

GVP Operations (I/II)

Protocols finalized

- Key steps to complete by Mar/Apr:
- Finish drafting sampling protocols
 - Finish drafting data protocols
 - Review & refine protocols with working groups, and potentially with relevant in-country experts

Open questions / concerns:

- What is the current status?
- Do the working groups need any additional support to meet timeline?

Interim or permanent database ready

- Key steps to complete by ~May:
- Design ideal database parameters; confirm with working group experts
 - Identify platforms meeting criteria; evaluate cost, timing, etc.
 - Decide to use new platform or legacy PREDICT platform for 2018
 - License/install permanent platform or tailor PREDICT platform as needed; build database

Open questions / concerns:

- What is the current status?
- How long will it take for licensing, installation, and building database?
- If necessary, can database be built on PREDICT platform and migrated?

1st NVP partnership underway

- Key steps to complete by ~Jul:
- Confirm country (e.g., China) participation and draft MOU
 - Conduct gap analysis to ensure sufficient resources & funding
 - Align on timing and budget, incl. hub contribution; sign MOU
 - Confirm sites, local methodologies
 - Adjust and confirm any country-specific changes to protocols
 - Source and set up additional infrastructure and personnel
 - Initiate sampling operations

Open questions / concerns:

- What is current status of NVP?
- Which decision makers need to buy into GVP? Is hub funding realistic?

1 Vision

Critical path activities in order to achieve 2018 milestones

GVP Operations (II/II)

2nd NVP partnership underway

- Key steps to complete by ~Aug/Sep:
- Confirm country (e.g., Thailand) participation and draft MOU
 - Conduct gap analysis to ensure sufficient resources & funding
 - Align on timing and budget, incl. hub contribution; sign MOU
 - Confirm sites, local methodologies
 - Adjust and confirm any country-specific changes to protocols
 - Source and set up additional infrastructure and personnel
 - Initiate sampling operations

Open questions / concerns:

- What is current status of NVP?
- Which decision makers need to buy into GVP? Is hub funding realistic?

3rd NVP partnership underway

- Key steps to complete by ~Oct/Nov:
- Confirm country (e.g., Costa Rica) participation and draft MOU
 - Conduct gap analysis to ensure sufficient resources & funding
 - Align on timing and budget, incl. hub contribution; sign MOU
 - Confirm sites, local methodologies
 - Adjust and confirm any country-specific changes to protocols
 - Source and set up additional infrastructure and personnel
 - Initiate sampling operations

Open questions / concerns:

- What is current status of NVP?
- Which decision makers need to buy into GVP? Is hub funding realistic?

Next wave confirmed

- Key steps to milestone:
- Identify key in-country decision makers; contact/continue dialogue
 - Confirm some or all of next wave of countries & draft MOUs; repeat process as necessary with "backups"
 - Map out schedule for 2019; begin gap analyses as appropriate

Open questions / concerns:

- Is this timing realistic / advisable? Will we have learned what we need to learn from first 3 by this point?
- With how many countries will hub have capacity to manage relationships and ops in 2019?

1 Vision

Critical path activities in order to achieve 2018 milestones

Outreach & Funding (I/II)

GVP intro at PMAC

Key steps to complete by ~Jan:

- Look in schedule and confirm with PMAC secretariat
- Schedule donor roundtable, bi-laterals and "office hours"
- Finalize presentation materials
- Select and prepare panelists; finalize topics and questions

Open questions / concerns:

- What is latest attendance?
- Who will be serving on the panel?

Pitch materials ready

Key steps to complete by ~Mar:

- Refine pitch materials with feedback from Core Team & PMAC participants
- Further tailor materials once first seed funder identified
- Brief all GVP advocates (e.g., Bill Steiger) on materials

Seed funder(s) identified

Key steps to complete by ~Aug (or sooner):

- Finalize GVP budget needs and existing commitments
- Get clarity on USG funding
- Get clarity on funding from first wave of NVP partnerships
- Prioritize other potential seed funders; continue conversations
- Agree to terms (amount, timeline, etc.) and sign MOUs

Open questions / concerns:

- How can we get clearer on budget?
- Aside from first step of speaking with Bill Steiger, any other ways to clarify potential USG funding?

1 Vision

Critical path activities in order to achieve 2018 milestones
Outreach & Funding (II/II)

RM team
stood up

- Key steps to complete by ~Oct:
- Finalize resource mobilization strategy
 - Confirm near-term RM needs
 - Conduct search to source candidates for in-house roles / contracting; hire

- Open questions / concerns:
- How much of RM will Interim Director and other leaders / advocates do?

Next funders
secured

- Key steps to complete by ~Dec:
- Target funders with ability / potential willingness to fund hub and/or field, including next wave of potential NVP countries
 - Complete donor research
 - Tailor pitch materials to each potential funder and begin process
 - Agree to terms (amount, timeline, etc.) and draft / sign MOUs

- Open questions / concerns:
- December fairly ambitious target

1 Vision

Critical path activities in order to achieve 2018 milestones

Org & Governance (I/II)

Options for org & gov structure finalized

- Key steps to complete by ~Feb/Mar:
- Identify GVP's organizational and governance needs over time
 - Design potential interim/start-up structures for each
 - Draft potential plans to transition from to steady-state

Open questions / concerns:

- Are we confident in top-down cost estimates for hub and field?

Start-up hub team in place

- Key steps to complete by ~May:
- Finalize design of start-up organizational structure for hub
 - Identify where current SteerCo members can perform role
 - Conduct search to source candidates to fill roles (incl. part-time roles)
 - Hire and onboard

Open questions / concerns:

- How much funding is available right now to resource hub?

Interim gov structure in place

- Key steps to complete by ~Jun/Jul:
- Finalize design of interim governance structure
 - Draft guidelines & responsibilities for each governing body
 - Source "internal" and external candidates for interim Board, including early funders

Open questions / concerns:

- To be discussed later today

1 Vision

Critical path activities in order to achieve 2018 milestones
Org & Governance (II/II)

GVP
established
as NGO

Key steps to complete by ~Aug/Sep:

- Set up interim governance structure
- Identify potential host countries and pros and cons of each (e.g. proximity to reference labs, political considerations)
- Select & agree to terms with final host country
- File for NGO status

Open questions / concerns:

- Is this timeframe realistic?
- If not, what are options for where would GVP be hosted in the interim?

Steady-state
gov model
confirmed

Key steps to complete by ~Nov/Dec:

- Incorporate input from funders and stakeholders into potential options for steady-state governance model
- Select and finalize design of steady-state governance model

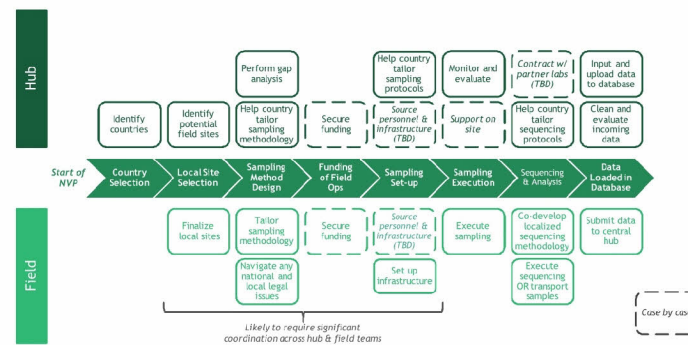
Open questions / concerns:

- To be discussed later on

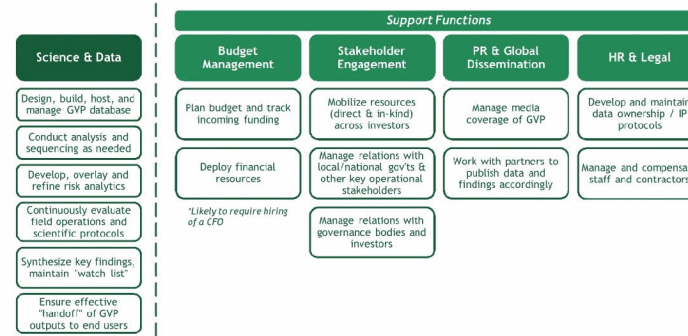
2 Activities

Key activities across hub and field for a given national virome project

DRAFT



Hub is responsible for additional ongoing activities outside of field operations



With hub functions in mind, need to align on its personnel needs

Start-up 2018 - Mid 2019	Scale-up & Steady state Mid 2019 - 2028	Post-Sampling 2029+
<div>Required Functions</div> <div>Executive (1) Process & Protocol Design (3) Field Operations (3) Data Management (1) Tech & IT (1) Platform Selection & Maintenance (2) Resource Mobilization (2) PR & Communications (1) Legal (1)</div> <div>Full Time</div> <div>Shared/ Part Time</div> <div>Modeling & Predictive Analytics Country & Stakeholder Relations (1) Budget & Finance</div> <div>(R) - Rough FTE estimate</div>	<div>Required Functions</div> <div>Executive (2) Process & Protocol Design (3) Field Operations (5) Data Management (3) Sample Analysis (TBD) Tech & IT (5) Platform Maintenance (2) Modeling & Predictive Analytics (3) Country & Stakeholder Relations (3) Resource Mobilization/Reporting (3) Budget & Finance (2) PR & Communications (2) Legal (2)</div> <div>Full Time</div> <div>Shared/ Part Time</div> <div>HR</div>	<div>Required Functions</div> <div>Platform Maintenance (2) Tech & IT (1) Country & Stakeholder Relations (1)</div> <div>Full Time</div> <div>Shared/ Part Time</div> <div>Executive Modeling & Predictive Analytics Resource Mobilization & Reporting Budget & Finance Legal</div> <div><div>Any roles missing or unnecessary? What do you see as FTE requirements? Which will be hard to find? Any orgs / people who would be a good fit for start-up?</div></div>

Other questions on GVP organization

In what circumstances would funding for field operations flow through the hub vs. through funders and participating countries directly?

Why is it assumed that hub will be an independent NGO?

What recourse does the hub have if countries don't comply with MOU or GVP protocols?

- How can we balance competing needs for standardization and autonomy?
- Where do we expect decision rights conflicts? How can we avoid?

Is it anticipated that field operations will be run by country governments or academic institutions? To what extent is this likely to vary by country?

Critical to clarify details of **hub** budget categories to align funding goals

Also helpful for communicating hub value-add to potential investors

Phase of Initiative	Start-Up	Scale-Up / Steady State	Maintenance
Length of Phase	1.5 yrs	9.5 yrs	Ongoing
Estimated LoP costs	\$--M \$--M/yr	\$30-40M \$3-4M/yr	\$--M \$--M/yr
Data and Technology			
Data Hosting and Storage	\$--	\$--	\$--
Analytics	\$--	\$--	\$--
Platforms/Software	\$--	\$--	\$--
Computing Hardware	\$--	\$--	\$--
Scientific Equipment (if necessary)			
Sample Storage	\$--	\$--	\$--
Sequencing and Lab Equipment	\$--	\$--	\$--
Personnel			
Virologists and Lab Personnel (?)	\$--	\$--	\$--
Governing Bodies & Director	\$--	\$--	\$--
Data/Tech Personnel	\$--	\$--	\$--
Support Function Personnel	\$--	\$--	\$--
Miscellaneous			
Office Space and Supplies	\$--	\$--	\$--
Formation and Legal Fees	\$--	\$--	\$--

Questions for Discussion

- What categories are missing from this list?
- How will hub costs change across phases?
- How much funding is available for start-up?
- Do the top-down figures assume any level of in-kind support, part-time personnel employed other organizations, etc.?
- Are we ok with asking countries to contribute to help cover the costs of hub?

Detailed view of field cost categories is critical to refine pitches to countries

Can also be used to pressure test current high-level cost estimates

Country	Thailand	China	Costa Rica
Length of Project	(TBD)	(TBD)	(TBD)
Estimated LoP costs	\$31.8M \$-M/yr	\$56.4M \$-M/yr	\$38.9M \$-M/yr
Sampling Infrastructure			
Sampling Equipment	\$--	\$--	\$--
Consumables	\$--	\$--	\$--
Sample transport	\$--	\$--	\$--
Storage Space & Materials	\$--	\$--	\$--
Sequencing Infrastructure			
Sequencing Equipment	\$--	\$--	\$--
Lab Capacity	\$--	\$--	\$--
Personnel			
Field Personnel	\$--	\$--	\$--
Virologists & Lab Personnel	\$--	\$--	\$--
Data/Tech Personnel	\$--	\$--	\$--
Personnel Training	\$--	\$--	\$--
Hub			
Overhead	\$1.5M (5%)	\$2.3M (5%)	\$1.9M (5%)

Questions for Discussion

- What categories are we missing?
- How dependent is LoP on # of species?
- To what extent do we expect existing "coverage" of the estimated costs?
 - Existing NVP plans
 - Repurposing of existing infrastructure
 - Repurposing of existing national budget
 - Additional budget outlays from countries
- What is the starting point for each of these countries? What about Cameroon & Uganda?
- Does budget assume we are building any new, in-country sequencing capabilities?

Initial thinking on governance needs over time

Start-up 2018 – Mid 2019		Scale-up & Steady state Mid 2019 – 2028		Post-Sampling 2029+	
Mechanism	Additional Detail	Mechanism	Additional Detail	Mechanism	Additional Detail
*Interim Board of Directors	<ul style="list-style-type: none">• Provide early oversight of GVP strategy and budget• Assume fiduciary duties as GVP becomes an NGO• Includes early investors	Board of Directors	<ul style="list-style-type: none">• Provide early oversight of GVP strategy and budget• Subcommittees such as audit & risk, compensation & nomination, RM, investment	Legacy Board of Directors	<ul style="list-style-type: none">• Significantly slimmed-down version of BoD to offer light-touch ongoing oversight
Steering Committee	<ul style="list-style-type: none">• Provide guidance on GVP science and operations	Science & Analytics Advisory Group	<ul style="list-style-type: none">• Offer expert use and guidance along the entire continuum	Legacy Science & Analytics Advisory Group	<ul style="list-style-type: none">• Significantly slimmed-down version; offer ad-hoc guidance as science- and data-related issues arise
Working Groups	<ul style="list-style-type: none">• Add specific, time-bound capabilities or capacity	Investor Council	<ul style="list-style-type: none">• Receive regular updates on progress, decision making• Share ideas or concerns related to priority / oversight	GVP Stakeholder Forum	<ul style="list-style-type: none">• Ongoing forum where various stakeholders can connect, communicate, & share insights
*New body to be created		Stakeholder Forum	<ul style="list-style-type: none">• Ongoing forum where various stakeholders can connect, and share insights		
New funders to be integrated into governance ecosystem through immediate placement on Investor Council, as well as some level of representation on Board of Directors (potentially through constituency model)					

Early questions and principles to consider

How can we adequately represent all stakeholders?	<p>With 50-100+ anticipated stakeholders and participants, interests can be represented in a variety of ways:</p> <ul style="list-style-type: none">• Constituency-model BoD (e.g., 1 seat to represent all private life science orgs, 1 for low-income countries, etc.)• Investor Council (a "release valve" where investors can offer input and raise concerns)• GVP Stakeholder Forum (where various stakeholders can connect, communicate, and share insights across parties)
What types of decisions and oversight will we need?	<p>It is possible (and critical) to strike a balance between a "wide range of expertise" AND efficient decision-making.</p> <ul style="list-style-type: none">• Interim governing bodies can be larger to include a diverse set of competencies and be pared down in steady-state• A number of mechanisms can spur action-orientation (e.g., board sub-committees, delegation of authority)• <i>What are the specific types of decisions we will need the Board to make?</i>
How flexible should the structure be over time?	<p>Governance should be relatively flexible across phases, particularly in the interim</p> <ul style="list-style-type: none">• Need to be able to adapt to reflect changing needs and unknowns that will evolve over time (e.g., funding mechanisms, extent of legal challenges, breakdown of Hub vs. Field activities)• <i>"However, governing bodies - particularly BoD - should remain largely consistent during each phase"</i>

xt Steps on GVP vision, organization, and governance



Provide options for composition of key governing bodies (Board of Directors, Science & Analytics Advisory Board, Investor Council)



Refine view of organizational needs into possible org chart for start-up



Construct budget and track over time against funding plan



Begin work on data ownership and access

Backup

External view:
Inspiration from global health, PDP, Venture Capital, Pharmaco benchmarks

Board size and meeting frequency	<ul style="list-style-type: none">• Typical boards have 5-12 members; in global health, some have 20+ members• Board meeting frequency varies from weekly to a few times a year• During transformations, meeting frequency and chairman involvement spikes• Subcommittees can mitigate challenges related to big boards and/or few meetings
Board sub-committees	<ul style="list-style-type: none">• Board subcommittees are common in global health and pharma companies, to facilitate effective deep dives between board meetings• Subcommittees have specific responsibilities, e.g. audit, risk, nomination, compensation, governance, investments, or broader executive responsibilities
Organization oversight	<ul style="list-style-type: none">• Global health multilaterals have large boards to aid both engagement and oversight• However, analogues also utilize committees to strengthen oversight function, e.g. audit and risk committees
Scientific advice	<ul style="list-style-type: none">• Many analogues have scientific advisory groups of ~15 experts• Venture capital firms engage advisors on an individual and group basis and in dedicated investment committees with bona fide decision-rights, in order to facilitate high quality, high speed decision-making

External view:
Review of relevant literature provides perspectives in three dimensions

Stakeholders	<ul style="list-style-type: none">• Organization must create value for multiple constituencies; figuring out how to maintain relationships and deciding when trade-offs are necessary among stakeholder interests are central challenges of leadership
Board	<ul style="list-style-type: none">• Should make sure that there is focus on long-term performance• Should spend ~50 % of time on value creation and strategy• Should monitor implementation plans and support the management in making course corrections• Should install mechanisms to make sure the right people are in the boardroom and have a third-party evaluation of board members
CEO and management	<ul style="list-style-type: none">• The CEO is responsible for running the organization and making operational decisions and should be granted appropriate freedom• Effective organizations have talented leaders and managers, relying on their intrinsic motivation, skills, and capabilities• The organization needs to know that the Board supports the CEO

Example perspectives from independent Board profiles



Agenda for today

Organization & Governance (10AM-noon ET)

- 2018 milestones and workplan
- Organizational needs and budget over time
- Governance needs over time and key choices

Resource Mobilization (noon-1PM ET)

- Overall status update
- Rationale for/implications of a government-focused approach
- Suggested path forward

Investment case (1PM-2:15PM ET)

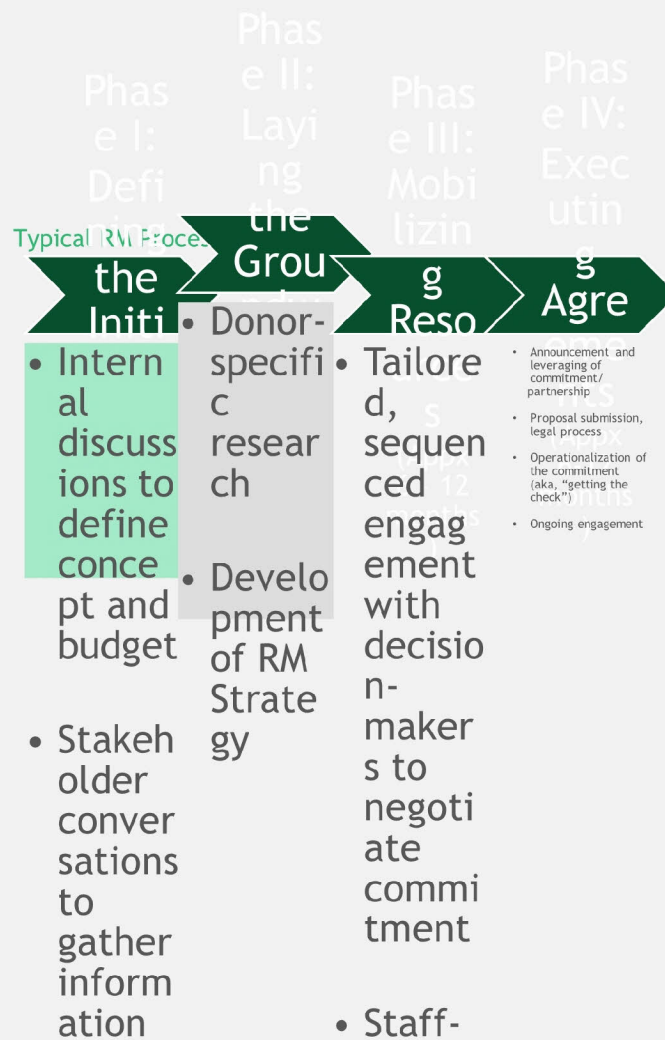
- Review of draft pitch materials

PMAC (2:15-2:30PM ET)

- Continued planning

Resource Mobilization

- Typical RM Process: Review
- Phase I ("Defining the Initiative"): Update
- Next Steps
- Investor Targets
- Prioritization
- Timeline & Sequencing of RM Conversations
- Scenarios & Implications
- PMAC RM Objectives, Activities, & Prioritization



Phase I (“Defining the Initiative”): Update

Internal discussions to define concept and budget	Stakeholders conversations to gather information and define value proposition	Identification of a seed funder, priority funding targets, and potential champions	Development of an investment case
STATUS	STATUS	STATUS	STATUS
<ul style="list-style-type: none">Some progress on development of concept, related budget estimates, and scenariosNeed further clarity and resolution on budget structure and implications (hub vs. field); governance & hosting	<p>Stakeholder interviews:</p> <ul style="list-style-type: none">Government (both donor and developing countries)Philanthropic organizationsPrivate sector	<ul style="list-style-type: none">Seed funder: TBD (by MONTH 2018)Priority funding targets: list under development (finalize FEB 2018)Potential champions: need to develop (by FEB/MAR 2018)	<ul style="list-style-type: none">Overall IC drafted and under refinement. Finalization (by FEB/MAR 2018)Tailored Donor IC to be drafted & finalized in FEB/MAR 2018

Next Steps

Phase I:

- Clarify core issues (concept, budget, interim and long-term governance, organizational structure, host arrangements)
- Wrap up stakeholder interviews (including donor government interviews at PMAC), to inform and transition to RM conversations with prospective donor/investors
- Identify seed funder, timing of commitment and announcement (with an eye to how to leverage for RM), and investor(s)' role in RM advocacy
- Development of general IC

Phase II:

- Conduct donor-specific research and develop RM strategy, based on outcomes of PMAC conversations
- Finalize tailored investor IC

Additional considerations:

- FAQs and core TPs for investor conversations

vestor Targets

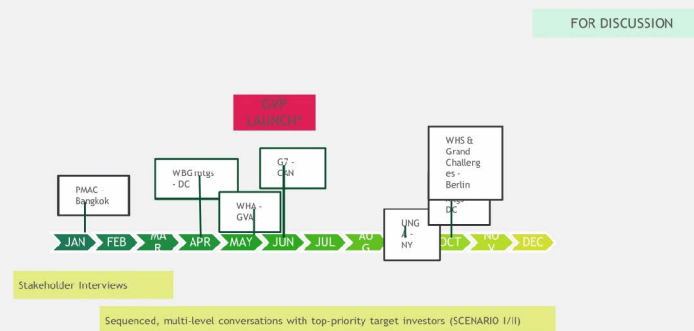
FOR DISCUSSION

Investor Category	Opportunities	Challenges
Government	<ul style="list-style-type: none">• Greatly impacted by pandemic disruptions• Alignment -- public responsibility & commitments on PP (G7/G20)• Largest overall budgets• High-level PP champions = expedient budget decisions	<ul style="list-style-type: none">• Competing priorities• Need high-level champion
Philanthropic Organization/ HNWI & Private Sector	<ul style="list-style-type: none">• Alignment on essential need for PP• Some flexibility on funding	<ul style="list-style-type: none">• Competing priorities (initial skepticism negative feedback)• Relatively limited resources (with a few exceptions)• Need high-level champion• Fiscal responsibility to Board/ shareholders and need for short-term ROI

FOR DISCUSSION

- Criteria
- GVP resources availability and best use of assets and time
- High-priority vs. opportunistic engagement

2018 Timeline & Sequencing of RM Conversations



- Need to determine level of partner engagement (Scenario I/II), what is needed for launch, what the implications of that are for launch (target date and announcement content), and what needs to be done before then to ensure success.

PMAC objectives, activities and prioritization

OBJECTIVE: Introduce, socialize, and vet GVP with key audiences.

Activity	Key Participants	Priority Targets
Donor roundtable	Dennis, BCG, Panorama	Priority government targets and broader donor community
Bilateral conversations w/ priority investor targets	Dennis, BCG / Panorama	China (George?), Japan (MHLW), Thailand (TBD*) UK (Sally), others TBD*
"Office hours"	BCG	Other priority targets (and broader community?), e.g., TBD*
Stakeholder interviews	BCG	TBD*
PMAC sessions	Core Team	TBD*

**Final recommendations will be based on latest PMAC participant list CT conversations.*

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DRAFT

Global Virome Project

The beginning of the end of the pandemic era

JANUARY 2017



DRAFT

The Global Virome Project



The Problem:

The threat of emerging infectious diseases is increasing; our efforts to fight this threat are slow and reactive



The Concept:

A ten-year effort to continue characterizing the world's unknown zoonotic viruses and characterize their risk of spillover



The Impact:

Enabling the infrastructure, systems, and knowledge necessary to drastically reduce the severity of outbreaks

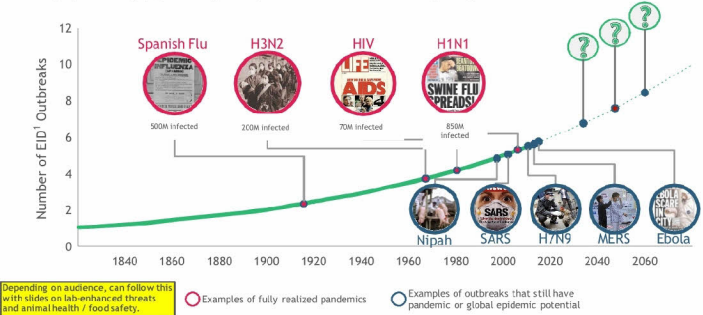


The Path Forward:

National Virome Projects kicking off in a handful of key countries, with ~50 countries complete by 2028

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The threat of viral outbreaks is growing rapidly
Largely driven by population growth, encroachment into wildlife, and globalization



1. EID: emerging infectious disease; NOTE: Only diseases with zoonotic emergence are included.

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As a result, we urgently need to reinvent how we prepare for future threats

Current prevention and containment
efforts are inadequate...

We lack an understanding of what's out there; e.g., for every known corona virus (such as MERS) there are 3 to 5,000 unknown corona viruses in wildlife¹

Even for "known" viruses, our understanding of their risk of spillover to humans is limited

Furthermore, many countries lack the public health infrastructure to gather this type of data and respond to it

As a result, efforts tend to be slow and reactive, driving unnecessary deaths, disability and costs

...but each of these gaps is
possible to address

We have the ability to capture and sequence a vast majority of the world's ~1.5M unknown animal viruses

Doing so would entail building key systems and capacities in high-viral diversity countries around the world

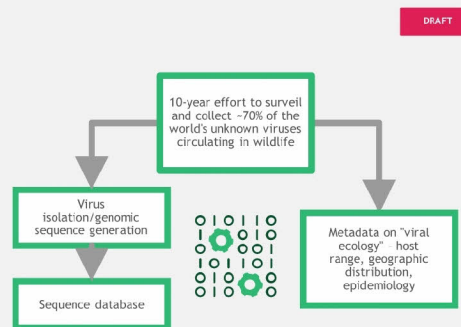
With key virus-specific & ecological data, we can gauge spillover risk, converting virology into a big data science

Such an approach could enable proactive prevention and containment, and help to protect

Will search for data to demonstrate this third point on left
EIDs

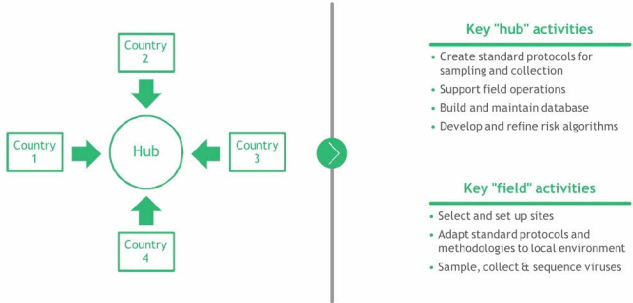
¹ Anthony et al. (2017) Virus Evolution

The Global Virome Project aims to build, collect and sequence the majority of the world's unknown zoonotic viruses



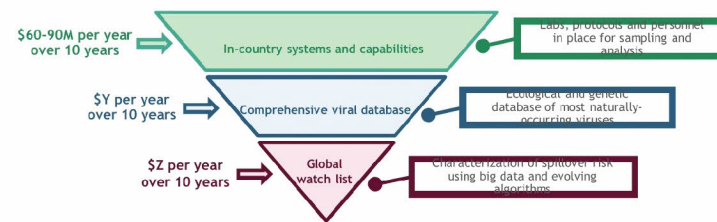
DRAFT

Sampling activities to be executed in each country, while data analytics and key support functions occur at the central hub level



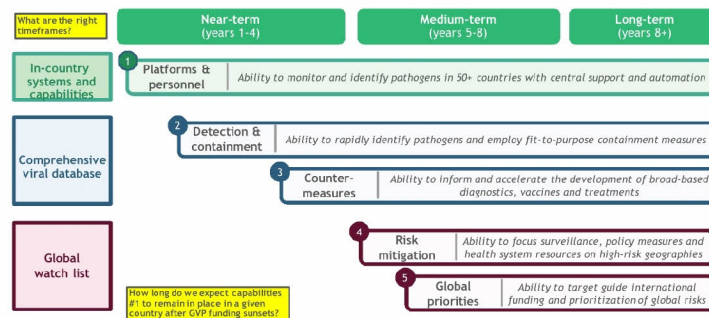
Three primary outputs...

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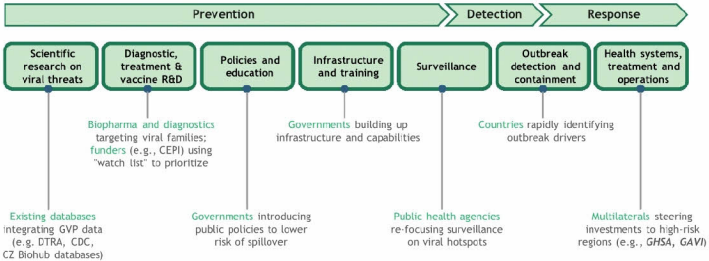
...which would transform our global health toolkit, allowing us to drastically reduce the frequency and severity of EID outbreaks



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GVP can amplify and complement the efforts of stakeholders across ecosystem

Examples of what we are likely to see



Note: GHSA = Global Health Security Agenda, DTRA = Defense Threat Reduction Agency (USG), CEPI, Center for Epidemic Preparedness and Innovations

Common themes across past outbreaks



Inadequate personnel and infrastructure



Inability to correctly identify pathogen and transmission pathway



Lacked ways to focus resources, prioritize surveillance efforts

Need to decide if H1N1 an appropriate example

GVP could have altered the trajectory of past outbreaks

DRAFT



Nipah

By building local awareness/capacity and enabling novel virus detection, GVP may have helped avert the majority of cases



Ebola

By accelerating identification of the correct causative pathogen, GVP may have helped speed containment by 10+ weeks

Deep dives on following slides



H1N1

By documenting flu viral diversity, GVP may have enabled and catalyzed proactive development of broad-based flu vaccines



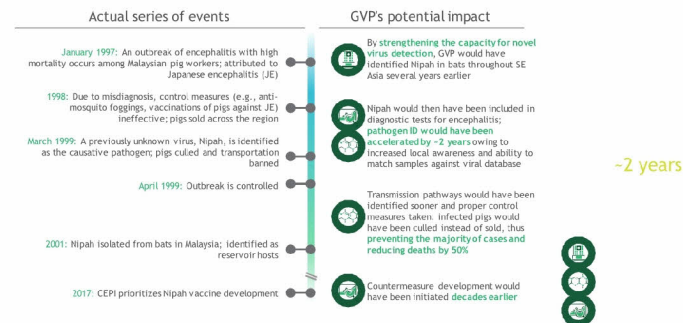
HIV

By documenting SIV in primates early on, GVP may have accelerated pathogen identification by 3 years

Deep dive: Nipah as a "what if" example

Likely need to choose 1

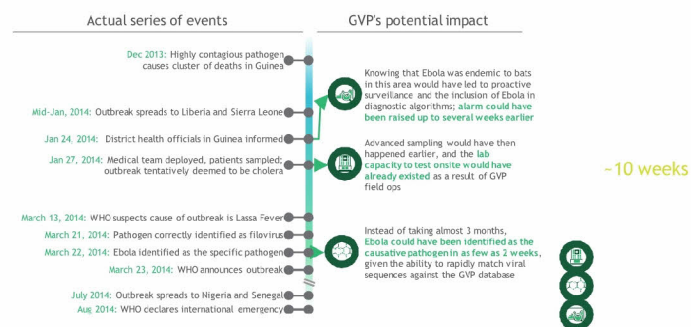
DRAFT



Likely need to choose 1

DRAFT

Deep dive: Ebola as a "what if" example



Looking forward, GVP could help bend what would otherwise be an unsustainable EID cost curve

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At current course and speed, we expect zoonotic outbreaks to cause **-\$2.3T** in **damages** through the year 2050

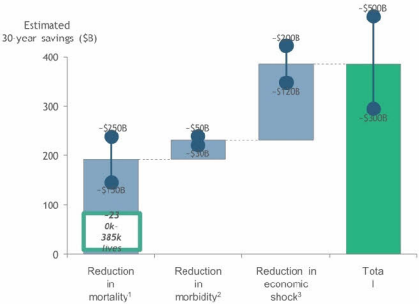
However, we estimate **GVP could drive decreases in the severity and number of outbreaks** by 7% and 5%, respectively

This could mean **\$290B-\$480B** in **savings** over the next 30 years

Even if GVP were only able to help better contain one SARS-like outbreak, **this alone could save \$XX...**

...And averting it altogether could save \$30-50B, **driving a 30-50:1 ROI from GVP**

Assumptions and sources in backup materials



Proof of concept results show GVP is feasible

Overview of PREDICT:

- USAID's 35+ country, \$170M PREDICT initiative began in 2009 to strengthen global capacity for detection and discovery of zoonotic viruses
- Helped countries build platforms for disease surveillance and identifying and monitoring pathogens
- Also investigated behaviors, practices, and ecological and biological factors driving disease emergence, transmission, and spread

Key PREDICT outcomes:

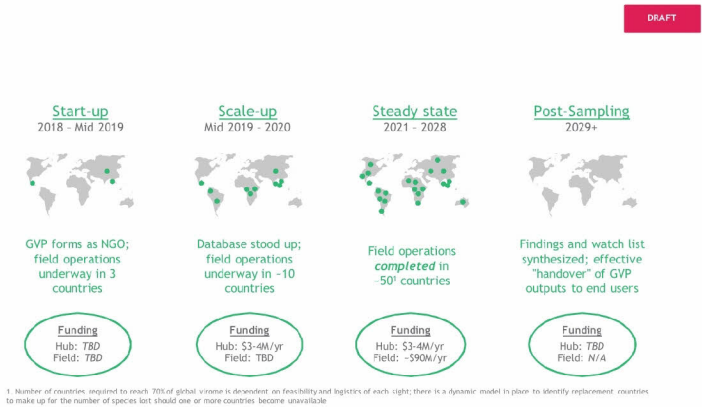
- Optimized 60 labs and trained 3K field & lab staff
- Identified 900 new viruses
- Learned that far fewer samples than expected are required to identify all viruses in a given family
- Identified virus-specific and ecological traits to gauge spillover risk

1. ~900 were previously unidentified

DRAFT

How much of PREDICT's foundation is relevant for GVP?

Does staff and infrastructure still exist?



GVP to operate as an *independent*,
NGO managed by an expert core team

Placeholder for near-term timeline and/or
guiding principles around org & governance

DRAFT

Thailand as a GVP partner



DRAFT

Improved infrastructure and capabilities for detection & response

Better understanding of threats to public health and biosecurity

Access to network of leading global health experts

Opportunity for an early seat at the table to influence key decisions

gh-level snapshot of potential Thailand financials

DRAFT



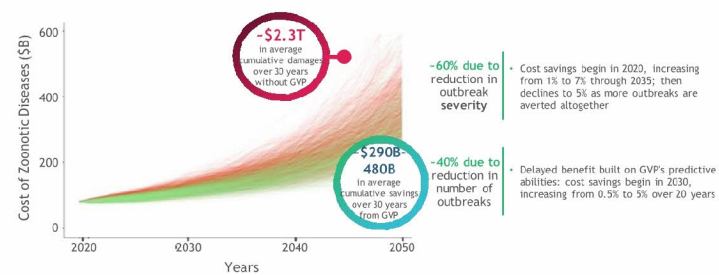
Estimated LOP cost: \$31.8M (\$8M over 4 years)		
Sampling Infrastructure	Estimated cost	Existing resources to reduce cost:
Sampling Equipment	\$--	\$--
Consumables	\$--	\$--
Sample transport	\$--	\$--
Storage Space & Materials	\$--	\$--
Sequencing Infrastructure		
Sequencing Equipment	\$--	\$--
Lab Capacity	\$--	\$--
Personnel		
Field Personnel	\$--	\$--
Virologists & Lab Personnel	\$--	\$--
Administrators	\$--	\$--
Personnel Training	\$--	\$--
Hub		
Overhead	\$1.5M (5%)	

Backup

Likely will treat this as backup slide

DRAFT

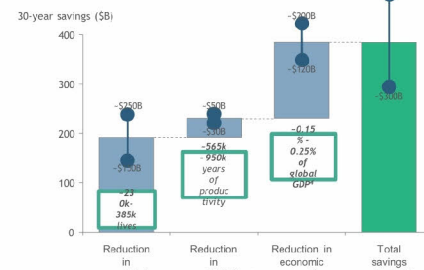
Cost savings stem from reducing the severity and number of outbreaks



¹ Key model assumptions: Reduction in the cost of zoonotic outbreaks from GVP grows from 1% in 2020 to 10% in 2035 and remains at 10% through 2050; global GDP starts at \$73.4T and increases 2.4% annually (World Bank 2015 analyses); Annual number of EID events starts at 2.6 and increases 1.2% annually (Jones et al. 2008; Pike et al. 2014)

Likely will treat this as backup slide

Impact predicated on reducing damages from mortality, morbidity, and economic shocks



1. Savings from mortality cost reduction based on historical value of a statistical life (VSL) = \$6.4M; Fatality Risk = 1 in 10,000; 2. Moret et al. (2017) estimate that 100% of cost savings is attributed to reductions in severity and 8% to reductions in outbreak number; however, savings are adjusted over time such that, by year 2035, 50% of cost savings is attributed to reductions in severity and 50% to reductions in outbreak number. Projected cumulative savings are present values using a 3% discount rate.

DRAFT

Reducing the severity

Working to quantify assumption that GVP would have stopped SARS from spreading beyond China.

averting

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- Review of draft pitch materials

PMAC (2:15-2:30PM ET)

- Continued planning

Other PMAC topics to discuss

Closed session topics from BCG

Open session panel participants

Plenary session messaging

Other topics?

From: Megan M Doyle <mmdoyle@UCDAVIS.EDU>
To: "predict-surveillance@ucdavis.edu" <predict-surveillance@ucdavis.edu>
Cc: Catherine Machalaba <machalaba@ecohealthalliance.org>, "William B. Karesh" <karesh@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>
Subject: RE: Surveillance call this Thurs, Feb 8th @ 10am PT/1pm ET
Sent: Wed, 7 Feb 2018 22:06:12 +0000
[Camel Exposure Module_English.pdf](#)
[Camel Work Module_English.pdf](#)
[1.25.2018 surveillance call notes.docx](#)

Hi again,

Sending along the agenda for tomorrow's call below. Also – sincere apologies for the late delivery of these – find attached notes from our last call. We plan to share notes with country coordinators by this Friday (2/9), so please let us know if you have any corrections before then if possible.

Agenda for Feb 8th 2018

1. PPE guidance
2. Concurrent site labels for risk characterization, country maps, etc.
3. Camel exposure & work modules (attached)
4. Approaches to field species identification (David)
5. Africa updates
6. Others?

Thanks, and talk soon!
Megan

From: Megan M Doyle
Sent: Tuesday, February 06, 2018 4:29 PM
To: 'predict-surveillance@ucdavis.edu' <predict-surveillance@ucdavis.edu>
Cc: 'Catherine Machalaba' <machalaba@ecohealthalliance.org>; 'William B. Karesh' <karesh@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>
Subject: Surveillance call this Thurs, Feb 8th @ 10am PT/1pm ET

Hi Surveillance Team,

Reminder that our next call is this Thurs, Feb 8th at 10am PT/1pm ET. We'll follow up with an agenda soon, but please let us know if you have any items to discuss. Thanks!

Join from PC, Mac, Linux, iOS or Android: **REDACTED**

Or iPhone one-tap :

US: +16699006833, **REDACTED** or +14086380968,, **REDACTED**

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 669 900 6833 or +1 408 638 0968 or +1 646 876 9923

Meeting ID: **REDACTED**

International numbers available: **REDACTED**

Thanks,
Megan

Camel Work Module – English

STUDY ID: _____

Q1. How many years have you been involved in work with camels or camel products?

- ☐ <1 YEAR ☐ 1 YEAR ☐ 2-5 YEARS
☐ 6-10 YEARS ☐ >10 YEARS

Q2. Which term(s) best describes your work with camels or camel products?

CHECK ALL THAT APPLY, BUT INDICATE *PRIMARY* CHOICE BY UNDERLINING IT

- | | | |
|---|--|---|
| <input type="checkbox"/> OWNER | <input type="checkbox"/> TRADER | <input type="checkbox"/> BUYER/SELLER OF CAMELS |
| <input type="checkbox"/> BUYER/SELLER OF CAMEL PRODUCTS | | <input type="checkbox"/> HERDER/SHEPHERD |
| <input type="checkbox"/> BUTCHER/SLAUGHTERER | | <input type="checkbox"/> SLAUGHTERHOUSE WORKER |
| <input type="checkbox"/> VETERINARIAN | <input type="checkbox"/> CARETAKER | <input type="checkbox"/> CLEANER FOR CAMEL AREA |
| <input type="checkbox"/> MILK PRODUCTION | <input type="checkbox"/> MEAT PROCESSING | <input type="checkbox"/> HAIR PRODUCTION |
| <input type="checkbox"/> CAMEL HUSBANDRY | <input type="checkbox"/> TRANSPORT | <input type="checkbox"/> OTHER _____ |

Q3. What type of camels or camel products do you work with?

CHECK ALL THAT APPLY

- | | | | |
|--|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> LIVE ADULT CAMELS | <input type="checkbox"/> LIVE CALVES | | |
| <input type="checkbox"/> DEAD ADULT CAMELS | <input type="checkbox"/> DEAD CALVES | | |
| <input type="checkbox"/> CAMEL MEAT | <input type="checkbox"/> CAMEL MILK | <input type="checkbox"/> CAMEL URINE | <input type="checkbox"/> CAMEL BLOOD |
| <input type="checkbox"/> CAMEL HAIR | <input type="checkbox"/> OTHER _____ | | |

Q4. Have you ever worn gloves of any kind while working with camels or camel products?

- ☐ YES ☐ NO

⇒ IF Q4 = "NO" ASK Q5-Q6 AS "IF YOU WORE GLOVES... WOULD YOU FEEL..."

Q5. When you wear gloves while working with camels or camel products, do you feel:

- MUCH CLEANER THE SAME AS NOT WEARING GLOVES MUCH DIRTIER
☐ ————— ☐ ————— ☐ ————— ☐ ————— ☐
 SOMEWHAT CLEANER SOMEWHAT DIRTIER

Q6. When you wear gloves while working with camels or camel products, do you feel it makes work:

- MUCH MORE DIFFICULT THE SAME AS NOT WEARING GLOVES MUCH EASIER
☐ ————— ☐ ————— ☐ ————— ☐ ————— ☐
 SOMEWHAT MORE DIFFICULT SOMEWHAT EASIER

Camel Work Module – English

Q7. Have you ever worn disposable gloves while working with camels or camel products? *Interviewer should show an example of disposable gloves.*

☐ YES ☐ NO

⇒ IF Q7 = “NO” ASK Q8-Q9 AS “IF YOU WORE DISPOSABLE GLOVES... WOULD YOU FEEL...”

Q8. When you wear disposable gloves while working with camels or camel products, do you feel:

MUCH CLEANER THE SAME AS NOT WEARING GLOVES MUCH DIRTIER
☐ ————— ☐ ☐ ————— ☐
SOMEWHAT CLEANER SOMEWHAT DIRTIER

Q9. When you wear disposable gloves while working with camels or camel products, do you feel it makes work:

MUCH MORE DIFFICULT THE SAME AS NOT WEARING GLOVES MUCH EASIER
☐ ————— ☐ ☐ ————— ☐
SOMEWHAT MORE DIFFICULT SOMEWHAT EASIER

Q10. If disposable gloves were available at your place of work, how often do you think you would use them while working with camels or camel products?

☐ ————— ☐ ————— ☐ ————— ☐ ————— ☐
NEVER RARELY SOMETIMES OFTEN ALWAYS

Q11. Have you ever worn disposable aprons or disposable coveralls while working with camels or camel products? *Interviewer should show examples of disposable aprons and disposable coveralls.*

☐ YES ☐ NO

⇒ IF Q11 = “NO” ASK Q12-Q13 AS “IF YOU WORE DISPOSABLE APRONS OR DISPOSABLE COVERALLS... WOULD YOU FEEL...”

Q12. When you wear disposable aprons or disposable coveralls while working with camels or camel products, do you feel:

MUCH CLEANER THE SAME AS NOT WEARING APRONS OR COVERALLS MUCH DIRTIER
☐ ————— ☐ ☐ ————— ☐
SOMEWHAT CLEANER SOMEWHAT DIRTIER

Q13. When you wear disposable aprons or disposable coveralls while working with camels or camel products, do you feel it makes work:

MUCH MORE DIFFICULT THE SAME AS NOT WEARING APRONS OR COVERALLS MUCH EASIER
☐ ————— ☐ ☐ ————— ☐
SOMEWHAT MORE DIFFICULT SOMEWHAT EASIER

Q14. If disposable aprons and disposable coveralls were available at your place of work, how often do you think you would use them while working with camels or camel products?

☐ ————— ☐ ————— ☐ ————— ☐ ————— ☐
NEVER RARELY SOMETIMES OFTEN ALWAYS

Camel Work Module – English

Q15. Have you ever worn goggles or eye protection while working with camels or camel products? *Interviewer should show an example of goggles and protective glasses.*

☐ YES ☐ NO

⇒ IF Q15 = “NO” ASK Q16-Q17 AS “IF YOU WORE GOGGLES... WOULD YOU FEEL...”

Q16. When you wear goggles or other eye protection while working with camels or camel products, do you feel:

MUCH CLEANER THE SAME AS NOT WEARING GOGGLES MUCH DIRTIER
☐ ————— ☐ ————— ☐ ————— ☐
SOMEWHAT CLEANER SOMEWHAT DIRTIER

Q17. When you wear goggles or other eye protection while working with camels or camel products, do you feel it makes work:

MUCH MORE DIFFICULT THE SAME AS NOT WEARING GOGGLES MUCH EASIER
☐ ————— ☐ ————— ☐ ————— ☐
SOMEWHAT MORE DIFFICULT SOMEWHAT EASIER

Q18. If goggles were available at your place of work, how often do you think you would use them while working with camels or camel products?

☐ ————— ☐ ————— ☐ ————— ☐ ————— ☐
NEVER RARELY SOMETIMES OFTEN ALWAYS

Q19. Have you ever worn a face mask while working with camels or camel products?

Interviewer should show an example of a face mask.

☐ YES ☐ NO

⇒ IF Q19 = “NO” ASK Q20-Q21 AS “IF YOU WORE A FACE MASK... WOULD YOU FEEL...”

Q20. When you wear a face mask while working with camels or camel products, do you feel:

MUCH CLEANER THE SAME AS NOT WEARING A FACE MASK MUCH DIRTIER
☐ ————— ☐ ————— ☐ ————— ☐
SOMEWHAT CLEANER SOMEWHAT DIRTIER

Q21. When you wear a face mask while working with camels or camel products, do you feel it makes work:

MUCH MORE DIFFICULT THE SAME AS NOT WEARING A FACE MASK MUCH EASIER
☐ ————— ☐ ————— ☐ ————— ☐
SOMEWHAT MORE DIFFICULT SOMEWHAT EASIER

Q22. If face masks were available at your place of work, how often do you think you would use them while working with camels or camel products?

☐ ————— ☐ ————— ☐ ————— ☐ ————— ☐
NEVER RARELY SOMETIMES OFTEN ALWAYS

Camel Work Module – English

Q23. If disposable gloves, disposable aprons, disposable coveralls, goggles, and face masks were all available at your place of work, which would you likely use while working with camels or camel products?

CHECK ALL THAT APPLY

☐

DISPOSABLE GLOVES

☐

DISPOSABLE APRONS

☐

DISPOSABLE COVERALLS

☐

GOGGLES

☐

FACE MASKS

Q24. How often do you wash your hands with soap and water after working with camels or camel products?

☐

NEVER

☐

RARELY

☐

SOMETIMES

☐

OFTEN

☐

ALWAYS

X

Camel Exposure Module – English

STUDY ID: _____

Q1. Have you taken this questionnaire in the past?

- ☐ NEVER
- ☐ YES – IN 2018 AT THIS LOCATION ☐ YES – IN 2018 AT A DIFFERENT LOCATION
- ☐ YES – IN 2017 AT THIS LOCATION ☐ YES – IN 2017 AT A DIFFERENT LOCATION

INTERVIEWER SCRIPT

We will now ask you about recent illnesses you may have had, any hospitals you may have visited recently, different interactions you may have had with camels, and what you think about camels and health.

Q2: Do you feel sick today?

- ☐ YES ☐ NO

Q3: Do you have a cough today?

- ☐ YES ☐ NO

Q4: Do you feel like you have a fever today?

- ☐ YES ☐ NO

⇒ IF Q2 OR Q3 OR Q4 = “YES” SKIP TO Q6.

⇒ **Q5: Have you felt sick, had a cough, or had a fever recently?**

- ☐ NO
- ☐ IN THE LAST 3 DAYS ☐ IN THE LAST 7 DAYS
- ☐ IN THE LAST 14 DAYS ☐ IN THE LAST MONTH

⇒ IF Q2 & Q3 & Q4 & Q5 = “NO” SKIP TO Q11.

⇒ IF Q2 & Q3 & Q4 = “NO” & Q5 ≠ “NO” SKIP TO Q7.

⇒ **Q6. For how many days have you felt sick or had a cough or fever?**

FILL IN NUMBER OF DAYS

⇒ IF Q6 IS ANSWERED SKIP TO Q8.

⇒ **Q7. How many days in total did you feel sick or have a cough or fever?**

FILL IN NUMBER OF DAYS

⇒ **Q8. Have you been seen by a doctor or nurse for this condition?**

- ☐ YES ☐ NO

⇒ IF Q8 = “YES” SKIP TO Q10.

Camel Exposure Module – English

⇒ **Q9. Do you plan to be seen by a doctor or nurse for this condition?**

☐ YES ☐ NO

⇒ **IF Q8 & Q9 = “NO” SKIP TO Q11.**

⇒ **Q10. Where did you go or where will you go to see a doctor or nurse for this condition?**

☐ FRIEND OR FAMILY MEMBER WHO IS A DOCTOR OR NURSE
☐ PRIVATE DOCTOR OR NURSE
☐ CLINIC ☐ HOSPITAL ☐ OTHER _____

Q11. When was your most recent illness involving a fever or cough:

☐ NEVER
☐ IN THE PAST MONTH ☐ IN THE PAST 3 MONTHS
☐ IN THE PAST 6 MONTHS ☐ IN THE PAST YEAR
☐ IN THE PAST 2 YEARS ☐ MORE THAN 2 YEARS AGO

⇒ **IF Q11 = “IN THE PAST MONTH” CHECK THAT Q5 DOES NOT SAY “NO”.**

Q12. When is the most recent time you have been in a hospital?

☐ I HAVE NEVER BEEN IN A HOSPITAL
☐ IN THE PAST 14 DAYS ☐ IN THE PAST MONTH
☐ IN THE PAST 3 MONTHS ☐ IN THE PAST 6 MONTHS
☐ IN THE PAST YEAR ☐ IN THE PAST 2 YEARS
☐ MORE THAN 2 YEARS AGO

⇒ **IF Q12 = “I HAVE NEVER BEEN IN A HOSPITAL” SKIP TO Q14.**

⇒ **Q13. During your most recent visit to a hospital, what was the main purpose of your visit?**

☐ I WAS A PATIENT ☐ I WAS VISITING A PATIENT
☐ I WORK AT THE HOSPITAL ☐ I WAS VISITING A HOSPITAL WORKER
☐ OTHER _____

INTERVIEWER SCRIPT

Camels are an important part of Jordanian culture, and many people use camels or camel products such as milk in their daily life. We will now ask you about a number of different ways in which you might interact with camels or use camel products in Jordan.

Q14. In a typical week for you, how many camels do you see?

☐ 0 ☐ 1 ☐ 2-5 ☐ 6-10 ☐ 11-20 ☐ 21-50
☐ 51-100 ☐ 101-500 ☐ MORE THAN 500

Camel Exposure Module – English

Q15. In a typical week for you, how many camels are ever within a distance of 1 meter from you? Interviewer should point to someone or something approximately 1 meter away from the participant to indicate the distance.

- ☐ 0 ☐ 1 ☐ 2-5 ☐ 6-10 ☐ 11-20 ☐ 21-50
☐ 51-100 ☐ 101-500 ☐ MORE THAN 500

Q16. Do you drink camel milk?

- ☐ NEVER
☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

⇒ IF Q16 = "NEVER" SKIP TO Q19.

⇒ **Q17. Thinking about the last time you drank camel milk; did you or someone else boil the camel milk before you started drinking it?**

- ☐ YES ☐ NO

⇒ IF Q17 = "YES" SKIP TO Q19.

⇒ **Q18. Have you or someone else ever boiled camel milk before you started drinking it?**

- ☐ YES ☐ NO

Q19. Do you drink camel urine?

- ☐ NEVER
☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

⇒ IF Q19 = "NEVER" SKIP TO Q22.

⇒ **Q20. Thinking about the last time you drank camel urine; did you or someone else boil the camel urine before you started drinking it?**

- ☐ YES ☐ NO

⇒ IF Q20 = "YES" SKIP TO Q22.

⇒ **Q21. Have you or someone else ever boiled camel urine before you started drinking it?**

- ☐ YES ☐ NO

Camel Exposure Module – English

Q22. Do you apply camel urine topically onto your skin?

- ☐ NEVER
- ☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
- ☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
- ☐ LESS THAN ONCE A YEAR

⇒ IF Q22 = “NEVER” SKIP TO Q25.

⇒ **Q23. Have you ever put camel urine on your skin and it came into contact with any scratches, cuts, abrasions, or open wounds on your skin?**

- ☐ YES ☐ NO

⇒ **Q24. Have you ever put camel urine on your face?**

- ☐ YES ☐ NO

Q25. Do you eat camel meat?

- ☐ NEVER
- ☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
- ☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
- ☐ LESS THAN ONCE A YEAR

⇒ IF Q25 = “NEVER” SKIP TO Q28.

⇒ **Q26. Thinking about the last time you ate camel meat; was it uncooked/raw?**

- ☐ YES ☐ NO

⇒ IF Q26 = “YES” SKIP TO Q28.

⇒ **Q27. Have you ever consumed uncooked/raw camel meat?**

- ☐ YES ☐ NO

Q28. Have you ever been inside an area where camels are raised, held, quarantined, slaughtered, or butchered?

- ☐ YES ☐ NO

⇒ IF Q28 = “NO” SKIP TO Q30.

⇒ **Q29. How often are you inside an area where camels are raised, held, quarantined, slaughtered, or butchered?**

- ☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
- ☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
- ☐ LESS THAN ONCE A YEAR

Camel Exposure Module – English

Q30. Have you ever touched an adult camel with your hands?

☐ YES ☐ NO

⇒ IF Q30 = “NO” SKIP TO Q32.

⇒ **Q31. How often do you touch an adult camel with your hands?**

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Q32. Have you ever touched a camel calf (baby or young camel) with your hands?

☐ YES ☐ NO

⇒ IF Q32 = “NO” SKIP TO Q34.

⇒ **Q33. How often do you touch a camel calf (baby or young camel) with your hands?**

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Q34. Have you ever kissed a camel on its face?

☐ YES ☐ NO

⇒ IF Q34 = “NO” SKIP TO Q36.

⇒ **Q35. How often do you kiss a camel on its face?**

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Q36. Have you ever milked a camel?

☐ YES ☐ NO

⇒ IF Q36 = “NO” SKIP TO Q38.

⇒ **Q37. How often do you milk a camel?**

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Camel Exposure Module – English

Q38. Have you ever slaughtered or butchered a camel?

☐ YES ☐ NO

⇒ IF Q38 = "NO" SKIP TO Q40.

⇒ Q39. How often do you slaughter or butcher a camel?

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Q40. Have you ever touched a camel's blood?

☐ YES ☐ NO

⇒ IF Q40 = "NO" SKIP TO Q42.

⇒ Q41. How often do you touch a camel's blood?

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Q42. Has a camel ever sneezed or spit on you?

☐ YES ☐ NO

⇒ IF Q42 = "NO" SKIP TO Q44.

⇒ Q43. How often does a camel sneeze or spit on you?

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Q44. Have you ever cleaned a pen, holding area, stable, farm grounds, living area, or quarantine for camels?

☐ YES ☐ NO

⇒ IF Q44 = "NO" SKIP TO Q47.

⇒ Q45. How often do you clean a pen, holding area, stable, farm grounds, living area, or quarantine for camels?

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Camel Exposure Module – English

⇒ **Q46. Thinking about the last time you were cleaning a pen, holding area, stable, farm grounds, living area, or quarantine for camels, were camels physically present during your work?**

☐ YES ☐ NO

Q47. Have you ever been bitten or scratched by a camel?

☐ YES ☐ NO

⇒ **IF Q47 = “NO” SKIP TO Q49.**

⇒ **Q48. How often are you bit or scratched by a camel?**

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Q49. Have you ever been within 1 meter of a camel that has nasal discharge? *Interviewer should show an image of nasal discharge in a camel and point to someone or something approximately 1 meter away from the participant to indicate the distance.*

☐ YES ☐ NO

⇒ **IF Q49 = “NO” SKIP TO Q51.**

⇒ **Q50. How often are you within 1 meter of a camel that has nasal discharge?**

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Q51. Have you ever stepped on, sat on, or touched a surface where fresh camel feces are frequently present?

☐ YES ☐ NO

⇒ **IF Q51 = “NO” SKIP TO Q53.**

⇒ **Q52. How often do you step on, sit on, or touch a surface where fresh camel feces are frequently present?**

☐ ONCE A DAY OR MORE ☐ ONCE A WEEK OR MORE
☐ ONCE A MONTH OR MORE ☐ ONCE A YEAR OR MORE
☐ LESS THAN ONCE A YEAR

Q53. Have you ever stepped on, sat on, or touched a surface where fresh camel urine is frequently present?

☐ YES ☐ NO

Camel Exposure Module – English

➡ IF Q53 = “NO” SKIP TO Q55.

⇒ Q54. How often do you step on, sit on, or touch a surface where fresh camel urine is frequently present?

- | | |
|---|---|
| <input type="radio"/> ONCE A DAY OR MORE | <input type="radio"/> ONCE A WEEK OR MORE |
| <input type="radio"/> ONCE A MONTH OR MORE | <input type="radio"/> ONCE A YEAR OR MORE |
| <input type="radio"/> LESS THAN ONCE A YEAR | |

Q55. Have you ever stepped on, sat on, or touched a surface where fresh camel blood is frequently present?

- ☐ YES ☐ NO

➡ IF Q55 = “NO” SKIP TO Q57.

⇒ Q56. How often do you step on, sit on, or touch a surface where fresh camel blood is frequently present?

- | | |
|---|---|
| <input type="radio"/> ONCE A DAY OR MORE | <input type="radio"/> ONCE A WEEK OR MORE |
| <input type="radio"/> ONCE A MONTH OR MORE | <input type="radio"/> ONCE A YEAR OR MORE |
| <input type="radio"/> LESS THAN ONCE A YEAR | |

Q57. Have you ever been in an area where camel calves (babies and young camels) are raised, kept, or present?

- ☐ YES ☐ NO

INTERVIEWER SCRIPT

Please listen to the following claims and state whether you agree, disagree, or neither.

Q58. Camels **cannot** cause me to get sick.

STRONGLY DISAGREE ☐ ————— ☐ NEITHER ☐ ————— ☐ STRONGLY AGREE
SOMEWHAT DISAGREE ☐ SOMEWHAT AGREE ☐

Q59. After touching a camel, wiping my hands with a towel or cloth is enough to fully clean my hands.

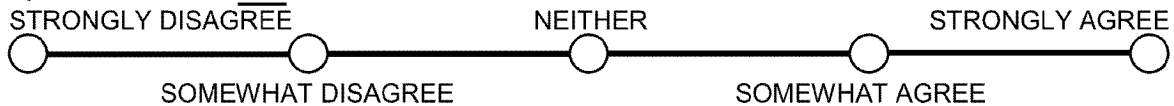
STRONGLY DISAGREE ☐ ————— ☐ NEITHER ☐ ————— ☐ STRONGLY AGREE
SOMEWHAT DISAGREE ☐ SOMEWHAT AGREE ☐

Q60. After touching a camel, it is important to me to wash my hands with soap and water before coming home to my family.

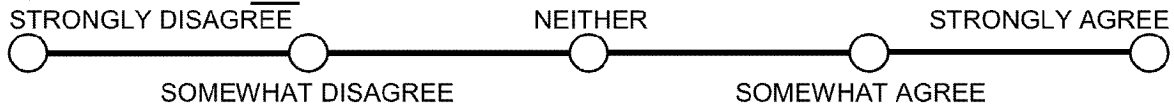
STRONGLY DISAGREE ☐ ————— ☐ NEITHER ☐ ————— ☐ STRONGLY AGREE
SOMEWHAT DISAGREE ☐ SOMEWHAT AGREE ☐

Camel Exposure Module – English

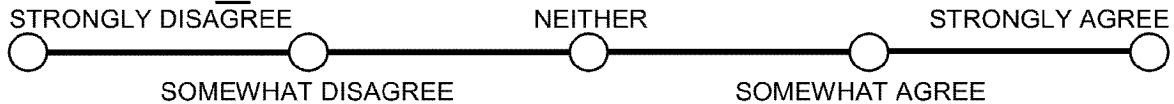
Q61. Camel milk can cure some diseases.



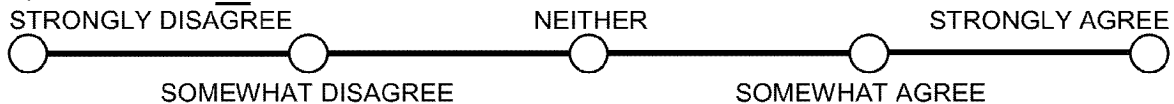
Q62. Camel urine can cure some diseases.



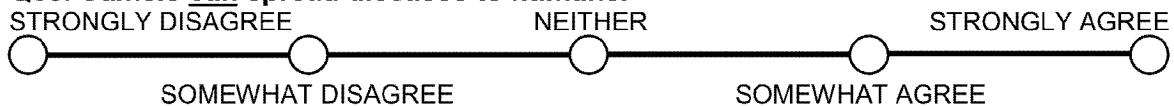
Q63. There are no health benefits to camel milk.



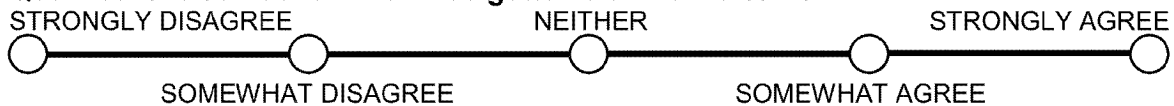
Q64. There are no health benefits to camel urine.



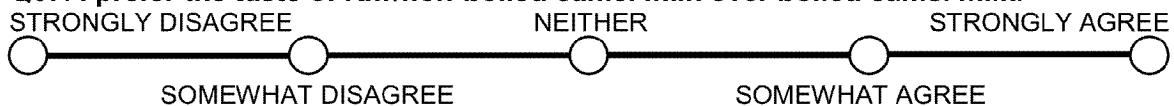
Q65. Camels can spread diseases to humans.



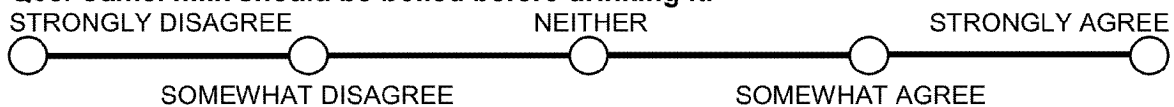
Q66. I believe someone I know has gotten sick from a camel.



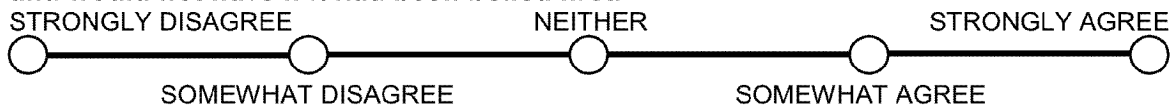
Q67. I prefer the taste of raw/non-boiled camel milk over boiled camel milk.



Q68. Camel milk should be boiled before drinking it.



Q69. I believe someone I know has gotten sick from drinking raw/non-boiled camel milk, and would not have if it had been boiled first.



Camel Exposure Module – English

Q70. I believe someone I know has gotten sick from eating raw/uncooked camel meat, and would not have if it had been cooked.

STRONGLY DISAGREE NEITHER STRONGLY AGREE

☐ ☐ ☐ ☐ ☐

SOMEWHAT DISAGREE SOMEWHAT AGREE

Q71. If I am cooking camel meat, there is no need to clean any surfaces that have come in contact with raw/uncooked camel meat.

STRONGLY DISAGREE NEITHER STRONGLY AGREE

☐ ☐ ☐ ☐ ☐

SOMEWHAT DISAGREE SOMEWHAT AGREE

Q72. If a camel spits or sneezes on me, I am not worried about becoming sick.

STRONGLY DISAGREE NEITHER STRONGLY AGREE

☐ ☐ ☐ ☐ ☐

SOMEWHAT DISAGREE SOMEWHAT AGREE

Q73. If a camel spits or sneezes on my face, I should wash my face with soap and water.

STRONGLY DISAGREE NEITHER STRONGLY AGREE

☐ ☐ ☐ ☐ ☐

SOMEWHAT DISAGREE SOMEWHAT AGREE

Q74. Do any of your jobs or livelihoods involve the ownership, buying, selling, trading, farming, management, care, or production of camels, camel meat, camel milk, camel urine, camel hair, or any other camel product?

☐ YES ☐ NO

⇒ IF Q74 = “YES” COMPLETE THE CAMEL WORK MODULE.

X

January 25th, 2017 Surveillance Team Call

Action Items and Reminders for next call:

1. Next meeting -- February 8th, 2018
2. Please review concurrent site maps in EIDITH to ensure all sites are labeled correctly (<https://project.eidith.org/Maps/ConcurrentSiteMap.aspx>)
3. Country teams should work with global leads to identify if the issue with Question 29/31 in the Human Questionnaire affected their entry of human data. See full details in these notes & contact IM team if you have further questions.
4. Africa country updates on next call; field and lab activities updates, GHSA highlights, zoonotic disease prioritization workshops, update on data entry and any hurdles/concerns.

Participants: Jim Ayukekbong, Ava Sullivan, Patrick Dawson, Emma Lane, Sabah, Stephanie Martinez, Leticia Gutierrez, Mindy Rostal, Jason Euren, Matt LeBreton, Dave McIver, Dawn Zimmerman, Sarah Olson, Chris K Johnson, Marcy Uhart, Megan Doyle, Woutrina Smith, Jaber Belkhiria, Brian Bird, Terra Kelly, Tammie O'Rourke, Karen Saylor

Brussels read out – risk characterization, surveillance priorities, etc.

- The main goal of surveillance and laboratory priorities presented in Brussels is to be sure we can deliver products we didn't have by the end of P1, including testing, all results released by governments in every country, etc around viral discovery and risk characterization. We are also on the hook to report out risk factors and interfaces as our main surveillance deliverable for Monitoring and Evaluation (M&E).
- The risk characterization exercise revealed lots of issues with concurrent site names – please review that any additions/modifications you have requested IM team to fix have been mapped correctly. It is very important to ensure that teams understand concurrent site designations, so that when they are entering NEW data, they are selecting the correct concurrent site label otherwise we will continue having issues with the labels. The maps in EIDITH are useful for training teams which concurrent site name to use (Log in, then go to Maps>Concurrent Site maps or follow this link <https://project.eidith.org/Maps/ConcurrentSiteMap.aspx>).

Training deck for risk characterization – Tanzania example

- We shared an example risk characterization training deck David developed for Tanzania to help the team start understanding their data. Some other teams have created similar risk characterization training materials. If there is interest, we may be able to create a short template with some of the elements in the training deck and include question numbers, legends with definitions and insight into how we are thinking to interpret these risk characterization figures and graphs.

PPE best practices

- The international standard is increasingly that Tyvek should be worn for all activities when handling wild animals directly for surveillance of deadly pathogens. Our protocols currently designate that we should be wearing Tyvek when handling bats, rodents, primates, and while

performing other high-risk tasks, and provide the option for wearing dedicated clothing that is immediately removed, washed, and disinfected after field activities.

- We will likely need to update the PPE section in each of the protocols to reflect expectations for appropriate PPE, including wearing Tyvek for field activities whenever there is direct contact with animals. Capacity Team will draft some recommendations for PPE to be shared for feedback and input to help balance both what is safe and practical with the that our protocols and training guides will continue on in our countries without PREDICT.
- Ahead of this, we wanted to open up the discussion to the group to get a sense of the issues that are important to each partner and should be considered. We will need to follow up with EB for a final decision. A summary of comments from the call are provided below:

EHA: Tyvek is hard to acquire in some countries so the capacity building after we leave can be an issue. It can also tear.... Exposes skin etc... some teams have purchased washing machine for their lab... after field, get washed all together. EHA in general is confident in how they have trained and prepared... use of Virkon to decontaminate clothes... Gloves make handling animals difficult in hot/humid areas due to perspiration...

Sustainability - Tyvek suits are convenient but expensive and not easy to get in all countries after our project is over. We need to make sure countries are able to continue the work by adapting available materials in a safe and sustainable way.... Evidence - Is there any data the shows Tyvek reduces infection rates when compared to alternative properly used protection? In our experience, Tyvek easily tears and allows exposure to undergarments or skin.

Protection - For bats and rodents, dedicated clothing and nitrile gloves are sufficient to protect against scratches and bites. The mask and eye protection protect the primary routes of infection: the eyes, nose, and mouth. There's no evidence of infection with viruses like Nipah or Ebola through contact with intact skin, so getting droplets on an outer layer of clothes should still be safe.....Team morale - If people are uncomfortable, they will be more likely to make mistakes that can cause exposure or injury. We should decide on the level of PPE based on overall risk, and not just default to maximum PPE in all situations.

MB: When sampling in caves, teams use Tyvek... other activities have transitioned to use of dedicated clothing. Working in urban markets to sample bushmeat -- wearing Tyvek would not be culturally appropriate and would make it difficult (if not impossible) to sample in marketplaces. Village sampling around houses, rodents and bats, the dedicated clothing is more practical and acceptable. Also, Tyvek is not waterproof. MSF uses Tychem in VHF situations as its waterproof. Is there is very strong evidence that this is the norm, like a paper that categorically says that this is the standard? Or is it a tendency to overprotect. Overall, implementing Tyvek everywhere would mean less samples, which could ultimately be the more risky strategy given how we would miss so many sampling opportunities.

UCD: teams are already using Tyvek during all rodent and bat sampling.

Human questionnaire Q29/31 issue -- action item**

- IM recently noticed that for questions 29/31 in human questionnaire – the order of the **answers** in the bubble form were out of order with the answers in the web application. If the bubble forms

were scanned and uploaded into the app, there would be no errors as the bubble form upload process does not depend on position of the answers. However teams who entered the data from bubble forms and relied on the position of the bubble to choose the response may be affected. IM team checked data for select for DRC and did not find any problems with the data. Some countries IM spoke to said they were aware of the difference in order and compensated for it.

- Human questionnaire data entered after Dec 20th, 2017 would not be affected by this issue. Country teams should work with global leads to identify whether this affects their data ASAP. We will be flagging data entered before Dec 20th so please update the IM team once you have reviewed your data.

Order of answers in the **application**:

**29. In your lifetime, have you ever had an unusual illness with any of the following symptoms?
Select all that apply.**

☐ no

☐ fever with bleeding or bruising not related to injury (hemorrhagic fever)

☐ fever with cough and shortness of breath or difficulty breathing (SARI)

☐ fever with diarrhea or vomiting

☐ fever with headache and severe fatigue or weakness (encephalitis)

☐ fever with muscle aches, cough, or sore throat (ILI)

☐ fever with rash

☐ persistent rash or sores on skin

☐ yes, but none of these symptoms

Order in the **bubble** form:

**29. Have you ever had an unusual illness with any of the following symptoms:
Select all that apply. (READ ONLY SYMPTOMS)**

☐ fever with headache and severe fatigue or weakness (encephalitis)

☐ fever with bleeding or bruising not related to injury (hemorrhagic fever)

☐ fever with cough and shortness of breath or difficulty breathing (SARI)

☐ fever with muscle aches, cough, or sore throat (ILI)

☐ fever with diarrhea or vomiting

☐ fever with rash

☐ persistent rash or sores on skin

☐ no (Skip to question 33)

☐ yes but, none of these symptoms-describe: _____

EIDITH updates

- IM team released a new functionality to enter and upload animal barcoding results to EIDITH, either directly in the app or through Excel templates – please see Tammie’s EIDITH Tip of the Week for email dated January 19th 2018 for more details.

Indicator	Total	NewInLast2Weeks
# countries with data	30	0
# animals sampled	52359	316
# humans sampled	6520	368
# specimens	298058	4366
# tests	175592	6600
# animals tested	17409	
# humans tested	1297	
# animal specimens tested	30833	
# human specimens tested	2135	
# tests active testing ongoing	1432	
# tests waiting interpretation	612	
average days between event and data submission	85	
average days between event and data submission for data submitted in last 2 weeks	41	
number of events/test batches waiting for country input	10	
number of events/test batches waiting for IM review	18	

Asia country updates

Mongolia – Quarterly updates going out regularly. Completed AI surveillance with over 1000 samples. Diagnostics complete for Y3 samples.

Viet Nam – Busy with syndromic surveillance and qualitative research, wildlife sampling (rodents and bats). Testing is ramping up.

Myanmar -- Finishing dry season sampling, moving on testing – working to get reagents and primers through customs. Human samples already extracted. One lab is having trouble with pricing and agreements. Ongoing issue with GoM – govt has not given permission to release recent test results.

Cambodia – 615 bat and 413 rodent samples screened for corona-, hanta-, and rhabdoviruses. 181 human samples for alpha-, influenza-, flavi-, filo-, hanta-, and rhabdoviruses. Completed rodent, bat, human, and domestic animal sampling at one site. Enrolled 445 patients in hospital. Government report released.

Laos PDR – Getting ethical clearances up to date.

Indonesia – Began syndromic surveillance in Oct 2017, 15 cases enrolled. MOU with health district to conduct human syndromic surveillance completed, collected samples from 25 participants in community. Completed testing for over 50% of all Y3 samples.

Thailand – Currently testing macaque and rodent specimens and recently uploaded test results from bats from 3 events. 78 syndromic human cases enrolled & testing has been completed. Sampled 115 people in community study. Received approval for first P2 government report.

Malaysia –No human sampling until new IRBs in place. In Sabah, collected samples from 50 animals in OA site. Ongoing animal sampling in Peninsular. Team was in field Jan 2018, ongoing testing of domestic animal testing as there FAO does not work in country.

Bangladesh – FAO sampled 100 livestock in North. Team starting community enrollment towards end of Jan 2018. H5N1 results released.

China –Lab testing focus for last few months – completed Y2 samples and all in EIDITH. Received second government approval for releasing results. Paused field work for contract issues.

India –Wildlife sampling commenced, sampled 3 taxa. Syndromic surveillance planned for February 2018. PREDICT team attended GHSA annual review in Delhi.

Nepal – Recently sampled 234 bats in rural community that consumes bats. Human community and wildlife sampling planned for February. Testing ongoing.

From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Leilani Francisco <francisco@ecohealthalliance.org>; Emily Hagan <hagan@ecohealthalliance.org>
CC: Christine Kreuder Johnson <ckjohnson@ucdavis.edu>; Tracey Goldstein <tgoldstein@ucdavis.edu>; Peter Daszak <daszak@ecohealthalliance.org>; Kevin J. Olival <olival@ecohealthalliance.org>
Sent: 2/27/2018 1:41:17 PM
Subject: Meeting last week

Thanks again to you both for coming to Davis.

As we discussed in our meeting, I have attached photos of my high level notes.

Here they are transcribed with slight embellishments for clarification from discussion:

- Overall project milestones to be achieved by 6 months from now across the project:
 - Data collected & cleaned on ongoing basis (some data will be collected but not yet cleaned by this time point)
 - Lab testing will be ramping up & in process (some labs will be fully ramped up, but others will not)
 - Six interventions rigorously defined (i.e., list of interventions; currently have one intervention for each of five countries fleshed out)
- Overall project milestones to be achieved by 12ish months from now across the project:
 - Field data completely cleaned and summarized; regional leads engaged and ready to inform countries, communities & final report
 - Should be close to finishing testing with interpretations ongoing; possibly some coordinated analyses or a developed analytical framework for cross-objective, collaborative analyses
 - Use modeling outputs from pre-Predict-2 data and/or modeling activities based on peer-reviewed literature, as well as P-2 questionnaire data (for behavioral questions) to improve validity of six recommendations
- Group recognized that data analyses and write-ups have a hierarchical first right of refusal that follows: (1) country then (2) regional then (3) global (consistent with agreed-upon Predict philosophy)
- EB topics
 - Overall behavior update
 - At some point, demonstration of any tools or guides that are suggested for roll-out
 - For next EB:
 - How involved do we want country personnel in behavioral data analyses?
 - We could ask if regional leads want to have discussions and come back with availability and interest for country & regional involvement
 - If yes, would EB like to view tool that would be rolled out (for training and analyses) to countries first to understand the time and workload impacts better?
 - Production of maps with concurrent sites showing pie charts with behavioral data

Hope your travels were good,

Jonna

6 Months

- Data collected & cleaned ongoing basis (data collected but not cleaned)
- Lab testing ramped up & in process (some ramped up, mostly not)
- 6 interventions rigorously defined (list of interventions, now have 1 intervention for each of 5 countries preliminarily fleshed out)

12ish Months

- Field data completely cleaned & summarized; regional leads engaged to inform countries, communities & final report
- Close to finishing testing interpretation - ongoing, possibly some coordinated analysis or developed analytical framework for cross-objective collaborative analyses (pre P.2 info)
- Use modeling outputs & questionnaire data to improve validity of 6 recommendations (first part of refusal hierarchy: country & regional)

EB Agenda

- How involved do we want counter personnel in behavioral data analysis?
 - ask your regional leads to come back w/availability of time & interest (country & regional)
 - view tool that would be used for training & analysis by countries or regional
- Maps w/concurrent sites
 - pie charts w/behavioral data

From: Andrew Clements <aclements@usaid.gov>
To: Brian Bird <bhbird@ucdavis.edu>
CC: PREDICTMGT <predictmgt@usaid.gov>; PREDICT-outbreak <predict-outbreak@ucdavis.edu>; Terra Kelly <trkelly@ucdavis.edu>
Sent: 3/20/2018 12:22:50 AM
Subject: [predict] [predict-outbreak] Re: PREDICT Ghana Lassa investigation update 19March2018

Thanks

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Mar 19, 2018, at 11:14 PM, Brian Bird <bhbird@ucdavis.edu> wrote:

The PREDICT team moved on to the second site today. A total of 25 rodents (mainly of the target *Mastomys* sp.) were captured at site 1 in Tema. Rodent sampling continues overnight at the new site in Adenta.

Details in report.

Hope all is well,

-Brian

Brian H. Bird DVM, MSPH, PhD
Global Lead Sierra Leone and
Multi-Country Ebola operations
PREDICT-USAID

One Health Institute
1089 Veterinary Medicine Dr.
School of Veterinary Medicine
University of California, Davis
Email: bhbird@ucdavis.edu
Skype: brianhb1
<http://www.vetmed.ucdavis.edu/ohi/predict/index.cfm>

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You received this message because you are subscribed to the Google Groups "PREDICTMGT" group.

To unsubscribe from this group and stop receiving emails from it, send an email to predictmgt+unsubscribe@usaid.gov.

To post to this group, send email to predictmgt@usaid.gov.

To view this discussion on the web visit <https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/7AA11FED-F398-4EC1-AB13-CBD53E161BBD%40ucdavis.edu>.

From: "William B. Karesh" <karesh@ecohealthalliance.org>
To: Jonna Mazet <jkmazet@ucdavis.edu>, David Wolking <djwolking@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, Leilani Francisco <francisco@ecohealthalliance.org>, Eddy Rubin <erubin@metabiota.com>, "Dr. Kevin J. Olival" <olival@ecohealthalliance.org>, Tracey Goldstein <tgoldstein@ucdavis.edu>, Simon Anthony <anthony@ecohealthalliance.org>, Chris Johnson <ckjohnson@ucdavis.edu>
Cc: Predict inbox <predict@ucdavis.edu>, **REDACTED** Amanda Andre <amanda.andre@ecohealthalliance.org>
Subject: Semi-annual meeting notes from advisors
Sent: Thu, 19 Apr 2018 17:10:39 +0000
[PREDICT.2018 Advisors comments.docx](#)

Hi Everyone,

Attached are the notes from Jim and Lonnie following the semi-annual meeting this month.

I've also shared them with Ron, Subhash and John to keep them in the loop with Lonnie and Jim.

I propose we share these with the wider EB group and discuss on a call prior to sharing them with USAID.

BK

Advisor's Comments for the PREDICT – 2 (P-2) Semi-Annual Consortium Meeting

Napa. CA

April 10 – 11, 2018

Drs. Lonnie King and Jim Hughes

It has been a pleasure staying engaged with the P-2 project and interacting with its many talented and committed participants. As advisors, the first task is always to evaluate if the project is meeting its original goals and outcomes. This project is not only meeting its goals, it continues to outperform expectations and is making exceptional progress in important areas, many beyond its initial scope.

As advisors, we would like to share some of our key findings and impressions based on attending the Semi-Annual Consortium Meeting in April 2018. The following items stood out to us and deserve special attention and acknowledgement:

- The project has enjoyed and has benefitted from exceptional leadership which has been a key success factor for the project
- Training and involvement of approximately 4,200 individuals is a special achievement that helped produce high quality results but will also have a long-term benefit of real significance
- The project has been aware of the need for effective evaluation and assessment and is adopting and implementing effective tools to complete this critical task
- Capacity building across the many P-2 countries has been very impressive and will be an important legacy of the project
- One Health has been a continuous focus and driver; it has been effectively embedded into the efforts, has been fundamental to the P-2 mission, and has continued to change mindsets and direct activities along the entire project map
- The emphasis on One Health has also resulted in the project's commitment to integrate human, animal and environmental data; this has helped distinguish the project from earlier work
- Organizational systems, platforms and implementation strategies have been continuously improved and have been focused on answering key questions and have effectively linked back to and supported project goals
- Behavior data and its synthesis is progressing nicely and has broad utility; it will be important to prioritize the completion of this work including some metrics of impactful interventions
- There has been opportunistic engagement and further learning and discovery working on Ebola and SADS.
- Linking the project with the JEE has added value
- Exploration of prevention intervention strategies and their proof of concept will help to convert data into meaningful and well defined actions
- Incorporation of FAO into key parts of the project has been a turn around and quite helpful – L/S 2050 has been a good example of cross-sectional collaboration and could have lasting benefits

- P-2 has made excellent progress in working with multiple government officials; this has had a positive short-term impact, but perhaps more importantly will greatly benefit them in the long-term
- The Spillover Ranking using a “credit report” analogy was innovative and could simplify results for the public, help increase their awareness, and stimulate behavioral changes.
- The continuation of the deep forest work had been very fruitful and revealing; the continued effort with this sector of the project has given the group a longitudinal frame to view data and events with an emphasis on understanding the dynamics and diversity of hosts and viral families within changing landscapes. This has been well done and valuable.

In addition, and after further reflection on discussions and presentations, we would like to offer a few insights and views for consideration. These are offered, not as critiques, but rather as opportunities to strengthen pieces of this truly outstanding and unique global project.

- As the project enters its final stage (18 months), it would be useful to make realistic decisions about what must be completed, what would be nice to finish, and what just can’t be completed because it can’t be done well within the existing time frame. This suggests creating a new priority list and developing an explicit map from the present to the end of the project; such a map should have very specific goals and targets, activities to be completed, responsibilities and timelines. The 18-month plan should be openly shared with the entire team.
- There is some concern that perhaps there is an unrealistic push to continue to add new activities even though the project is moving quickly to its conclusion. While this is a good sign and quite admirable that the team still has a strong commitment and passion about its work, it might lead to a frantic project ending rather than a “smooth landing”. It is also telling that participants have adopted a culture of going beyond expectations and want to ensure ROI; however, there is a point of diminishing returns.
- A final report was discussed, and it is not too early to begin drafting parts of the report now, even though many analyses need to be completed.
- It is common knowledge that the project’s endpoint is in view; thus, communications, especially within the team, will have special importance. Frequent and honest communications are essential as personnel plan for post-project activities. It might be appreciated if the project commits to helping P-2 participants by creating 1-page personalized (SKA’s – skills, knowledge, abilities) summaries for key workers, especially those from participating countries. These could serve as “mini-resumes” and list competencies accrued, experiences gained, accomplishments completed, etc.; this could be useful for folks as they search for future positions and prepare for other work and plans for succession planning.
- The project could do more to emphasize an economic-case or benefit. It has been noted that Finance Ministers and other funders/investors need to understand P-2 and the implications of the studies and results. The recent World Bank Report on One Health is timely and offers a good structure to build upon. As the GHSA has become more of a concentration, there is obviously new interest in improved health, security and economics that will lead to healthier and more stable countries; thus, a better framing of the economic benefits of the project and One Health would be useful. A missing piece in the acceptance of One Health has been minimal proof of its value

proposition; i.e. why the One Health platform and interventions are more advantageous with a greater ROI than maintaining the status quo. With reports of over a billion cases and 1 million deaths/year due to zoonoses and expected global losses on an average of \$60 billion/year per pandemic, making the case for more prevention, preparation and response funding would make the project more relevant and align with the GHSA.

- More work and data collection in serology and surveillance is adding real value; technological advances like the creation of new chip peptide technology could accelerate more rapid discovery and knowledge acquisition. Such work would add to spillover identification, earlier detection, and the exploration of new viral families and potential threats. The same can be said for modeling; however, care needs to be taken with results and presentation of data and interpretation.
- Follow up activities and further sampling in post-Ebola West Africa countries is a very attractive goal and could be very helpful to advance our understanding of that pandemic. Exploring the roles of various ecological zones and perhaps finding key maintenance and host mechanisms would be especially useful. We encourage the continuation and completion of this phase of the project.
- The group discussion about consideration of final disposition of data and biologic samples upon the completion of the project was timely and obviously important; there could be very public decisions that might also be potentially controversial. This is a complex topic with ethical, legal, safety, scientific and value components. We applaud the groups thinking about this, and it will require a careful and thoughtful process based on the importance of this discussion. We suggest that you (with USAID support) might consider a blue-ribbon panel of experts or a National Academy of Sciences workshop to ensure that options are explored and evaluated. Ref. "Meeting Critical Laboratory Needs for Animal Agriculture: Examination of Three Options" published by NAS Press in 2012.
- Behavioral risk surveillance and analysis is an important feature of the study. However, populations seem to vary considerably across countries based on differing beliefs, cultures, biases, experiences, and histories; thus, populations are not monolithic and may prevent the usefulness of a generic conclusion. However, there is still much value to be gained within individual countries and comparing interventions across countries. There also seems to be much interest in implementing educational interventions to modify behavior; however, there are number of studies suggesting that education may be one of the least effective interventional strategies. Helping to clarify the effectiveness of this option would be a very helpful outcome.
- The concept of risk characterization is of special interest and has some possibly fertile applications. There is an immediate need to decide on the added value of this work. It appears that much more might be gleaned from mining existing data and, perhaps from some limited additional data collection. In addition to defining risk factors, defining protective factors could have even more public value. The data might have some limitations due confounding factors such as contaminated food and water; yet, we encourage the team to consider using the next 3-4

months to enhance the data collection and perhaps focus on a small subset with an in depth analysis that could make this work more valuable and useful.

- The advisors were very pleased to see that the group has included some interesting antimicrobial resistance (AMR) data with potential systematic reviews of AMR events and emergent data. While the project didn't include this goal, the new momentum and interest in AMR along with the ability of P-2 to include this data adds further value to the project and its future. It also points out that there are likely significant and scientifically relevant spin-offs that could originate from the project including future AMR work. Giving some thought to future R & D activities based on the rich data and results generated from P-2 could be included in the final report and would be a beneficial endeavor.
- It may not be feasible at this stage of the project but including a leadership training module would be helpful for participants and add another dimension and competency to make them more effective and marketable. There are numerous leadership modules already available, so it would not be an expensive investment or strain on the team. After P-2 is completed, the leaders in communities, laboratories, etc. will be key to maintaining activities in the future so leadership development is certainly a pertinent need. In addition, implementing One Health strategies necessitates working and leading across disciplines, sectors, and agencies and leadership is an essential skill to enable this cooperation to be successful.
- There were good discussions about telling the PREDICT story and communication strategies. Most P-2 participants can explain what they do and often how they do it; it is also important to emphasize why they do it. ("Start With Why" – Simon Sinek). When telling the story and issuing the final report, it will be essential to emphasize why P-2 was undertaken and the real value of the effort – to improve the lives of people and animals and prevent costly and deadly pandemics. We like the idea of using vignettes and highlighting the human faces of PREDICT. The findings from P-2 are impressive, but the impact must be even more so. Another consideration may be to use the Land Grant mission or "Global Grant" evaluation frame – the focus is on understanding key problems in communities through engagement, conducting relevant R & D to find answers to the problems, and then returning information to communities and constituents to improve their lives and well-being (outreach). Education and training are also needed to add to the capacity and ensure future assets.
- PREDICT-2 is an extraordinary project and needs an extraordinary finish – special communications, celebrations, appreciations and a launch pad for the next extraordinary and globally impactful endeavor will demand special attention and planning

We wish to thank the PREDICT-2 team for the opportunity to attend and participate in the Semi-Annual Consortium Meeting and hope that our comments prove useful and that they are received in the spirit in which they are intended – with our admiration of the of the project and its team and our sincere commitment to strengthen the project and add value to the work.

From: "William B. Karesh" <karesh@ecohealthalliance.org>
To: [REDACTED]
Cc: David Wolking <djwolking@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>
Subject: Re: Semi-annual meeting notes from advisors
Sent: Wed, 25 Apr 2018 22:41:37 +0000

Thanks !!

William B. Karesh, D.V.M

Executive Vice President for Health and Policy

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President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

On Apr 24, 2018, at 11:53 AM, [REDACTED] wrote:

Hi Billy,

I will have this on the next EB agenda.

Thanks,

Eri

-----Original Message-----

From: William B. Karesh [<mailto:karesh@ecohealthalliance.org>]

Sent: Thursday, April 19, 2018 10:11 AM

To: Jonna Mazet <jkmazet@ucdavis.edu>; David John Wolking <djwolking@ucdavis.edu>; Elizabeth Leasure <caleasure@UCDAVIS.EDU>; Peter Daszak <daszak@ecohealthalliance.org>; Leilani Francisco <francisco@ecohealthalliance.org>; Eddy Rubin <erubin@metabiota.com>; Dr. Kevin J. Olival <olival@ecohealthalliance.org>; Tracey Goldstein <tgoldstein@ucdavis.edu>; Simon Anthony <anthony@ecohealthalliance.org>; Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>

Cc: Predict inbox <predict@ucdavis.edu>; [REDACTED]; Amanda Andre <amanda.andre@ecohealthalliance.org>

Subject: Semi-annual meeting notes from advisors

Hi Everyone,

Attached are the notes from Jim and Lonnie following the semi-annual meeting this month.

I've also shared them with Ron, Subhash and John to keep them in the loop with Lonnie and Jim.

I propose we share these with the wider EB group and discuss on a call prior to sharing them with USAID.

From: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
To: aclements@usaid.gov <aclements@usaid.gov>
CC: Jonna Mazet <jkmazet@ucdavis.edu>;predict@ucdavis.edu" <predict@ucdavis.edu>;Hannah R Chale <hrchale@UCDAVIS.EDU>
Sent: 5/11/2018 2:10:20 PM
Subject: PREDICT-2 Q2Y4 Expenditure by Country/Category Financial Report

Hi Andrew. The PREDICT expenditure by country and category report for Q2Y4 (January-March 2018) is attached. Please let me know if you have any questions.

Thanks!
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute
University of California, Davis
530-304-1403

PREDICT-2 Expenses Quarter 2 Year 4 (01/01/18-03/31/18) - Combined (Core + Ebola)										
Cost Category	US Central	Bangladesh	Cambodia	Cameroon	China	Cote d'Ivoire	DRC	Egypt	Ethiopia	
Salaries	156,911	41,352	67,747	107,994	41,352	42,819	93,007	20,676	66,741	
Fringe	60,059	13,841	17,200	40,921	13,841	16,676	32,317	6,920	27,012	
Equipment	0	0	0	0	0	0	0	0	-21,000	
Domestic Travel	36,718	1,236	4,602	13,451	1,236	233	3,392	618	11,070	
Foreign Travel	14,417	6,048	13,389	8,211	6,049	7,931	5,884	3,024	20,403	
Services	0	248,865	918	42,443	31,470	41,622	19,324	190,096	1,646	
Supplies	168,867	484	547	227	484	3,680	2,123	242	198	
Other	30,429	4,134	38,664	82,584	4,134	6,208	11,960	2,067	30,411	
Indirects	187,731	61,207	43,125	121,492	36,901	49,079	69,055	13,562	66,746	
Total Costs	\$655,132	\$377,167	\$186,192	\$417,323	\$135,467	\$168,248	\$237,062	\$237,206	\$203,227	
Cost Category	Gabon	Ghana	Guinea	India	Indonesia	Jordan	Kenya	Lao PDR	Liberia	
Salaries	0	61,439	55,338	41,352	52,792	20,676	56,763	78,810	23,254	
Fringe	0	9,276	79,051	13,841	17,422	6,920	18,615	27,775	7,405	
Equipment	0	0	0	0	0	0	0	0	0	
Domestic Travel	0	11,969	39,026	1,236	1,236	618	116	3,829	258	
Foreign Travel	0	10,241	24,033	19,729	13,501	7,254	10,344	9,853	526	
Services	0	412	3,688	67,096	273,218	184,592	49,954	5,757	451,351	
Supplies	0	93,594	10,000	1,511	1,309	242	0	4,504	11,444	
Other	0	35,278	186,734	4,134	4,134	2,067	3,321	8,235	14,274	
Indirects	0	44,347	144,815	53,007	54,767	25,287	35,514	60,376	48,770	
Total Costs	\$0	\$266,555	\$542,686	\$201,906	\$418,379	\$247,656	\$174,626	\$199,139	\$557,282	
Cost Category	Malaysia	Mongolia	Myanmar	Nepal	RoC	Rwanda	Senegal	Sierra Leone	South Sudan	
Salaries	41,352	53,651	66,896	82,877	41,352	60,242	87,060	97,881	0	
Fringe	13,841	20,849	20,621	24,084	13,841	22,314	26,283	16,397	0	
Equipment	0	0	2,473	0	0	2,473	0	0	0	
Domestic Travel	1,236	4,192	1,236	9,871	1,236	6,845	4,461	32,049	0	
Foreign Travel	6,049	3,388	25,918	14,001	4,240	11,764	14,508	8,276	0	
Services	91,649	459	27,918	10,950	15,346	4,853	1,646	3,688	0	
Supplies	41,423	1,166	484	9,751	484	3,343	4,922	90,994	0	
Other	4,134	10,669	72,380	67,652	4,134	44,245	73,601	313,831	0	
Indirects	40,224	25,998	50,632	64,998	31,162	39,289	57,066	230,162	0	
Total Costs	\$239,909	\$120,371	\$268,558	\$284,183	\$111,795	\$195,369	\$269,547	\$793,280	\$0	
Cost Category	Sudan	Tanzania	Thailand	Uganda	Vietnam					
Salaries	0	107,906	41,352	93,817	72,090					
Fringe	0	34,986	13,841	37,709	33,920					
Equipment	0	14,722	0	0	0					
Domestic Travel	0	37,019	1,236	7,436	13,895					
Foreign Travel	0	14,668	8,058	12,806	9,207					
Services	0	4,861	113,765	5,410	918					
Supplies	0	5,683	484	4,256	1,402					
Other	0	50,617	4,134	35,503	28,998					
Indirects	0	77,902	27,767	65,798	46,162					
Total Costs	\$0	\$348,363	\$210,636	\$262,734	\$206,592					
\$8,536,587	Q2Y4 PREDICT-2 Costs (Combined)				\$114,250,000 Obligated to Date					
\$33,783,431	Balance Remaining				(\$60.95M Core for YR 1-4 + \$53.3M Ebola for YR 2-5)					

PREDICT-2 Expenses Quarter 2 Year 4 (01/01/18-03/31/18) - CORE									
Cost Category	US Central	Bangladesh	Cambodia	Cameroon	China	Cote d'Ivoire	DRC	Egypt	Ethiopia
Salaries	123,524	41,352	67,747	0	41,352	0	0	20,676	0
Fringe	46,728	13,841	17,200	0	13,841	0	0	6,920	0
Equipment	0	0	0	0	0	0	0	0	0
Domestic Travel	32,759	1,236	4,602	0	1,236	0	0	618	0
Foreign Travel	14,417	6,048	13,389	0	6,049	0	0	3,024	0
Services	0	248,865	918	0	31,470	0	0	190,096	0
Supplies	161,901	484	547	0	484	0	0	242	0
Other	30,429	4,134	38,664	0	4,134	0	0	2,067	0
Indirects	160,923	61,207	43,125	0	36,901	0	0	13,562	0
Total Costs	\$570,682	\$377,167	\$186,192	\$0	\$135,467	\$0	\$0	\$237,206	\$0
Cost Category	Gabon	Ghana	Guinea	India	Indonesia	Jordan	Kenya	Lao PDR	Liberia
Salaries	0	0	0	41,352	52,792	20,676	0	78,810	0
Fringe	0	0	0	13,841	17,422	6,920	0	27,775	0
Equipment	0	0	0	0	0	0	0	0	0
Domestic Travel	0	0	0	1,236	1,236	618	0	3,829	0
Foreign Travel	0	0	0	19,729	13,501	7,254	0	9,853	0
Services	0	0	0	67,096	273,218	184,592	0	5,757	0
Supplies	0	0	0	1,511	1,309	242	0	4,504	0
Other	0	0	0	4,134	4,134	2,067	0	8,235	0
Indirects	0	0	0	53,007	54,767	25,287	0	60,376	0
Total Costs	\$0	\$0	\$0	\$201,906	\$418,379	\$247,656	\$0	\$199,139	\$0
Cost Category	Malaysia	Mongolia	Myanmar	Nepal	RoC	Rwanda	Senegal	Sierra Leone	South Sudan
Salaries	41,352	53,651	66,896	82,877	41,352	60,242	0	0	0
Fringe	13,841	20,849	20,621	24,084	13,841	22,314	0	0	0
Equipment	0	0	2,473	0	0	2,473	0	0	0
Domestic Travel	1,236	4,192	1,236	9,871	1,236	6,845	0	0	0
Foreign Travel	6,049	3,388	25,918	14,001	4,240	11,764	0	0	0
Services	91,649	459	27,918	10,950	15,346	4,853	0	0	0
Supplies	41,423	1,166	484	9,751	484	3,343	0	0	0
Other	4,134	10,669	72,380	67,652	4,134	44,245	0	0	0
Indirects	40,224	25,998	50,632	64,998	31,162	39,289	0	0	0
Total Costs	\$239,909	\$120,371	\$268,558	\$284,183	\$111,795	\$195,369	\$0	\$0	\$0
Cost Category	Sudan	Tanzania	Thailand	Uganda	Vietnam				
Salaries	0	0	41,352	0	72,090				
Fringe	0	0	13,841	0	33,920				
Equipment	0	0	0	0	0				
Domestic Travel	0	0	1,236	0	13,895				
Foreign Travel	0	0	8,058	0	9,207				
Services	0	0	113,765	0	918				
Supplies	0	0	484	0	1,402				
Other	0	0	4,134	0	28,998				
Indirects	0	0	27,767	0	46,162				
Total Costs	\$0	\$0	\$210,636	\$0	\$206,592				
\$4,211,205	Q2Y4 PREDICT-2 Costs (CORE)					\$60,950,000 Obligated to Date			
\$15,193,984	Balance Remaining					(\$13.6M/YR for YR 1-2 + \$16.3M for Y3 + \$17.05M for Y4 + \$400K for Jordan)			

PREDICT-2 Expenses Quarter 2 Year 4 (01/01/18-03/31/18) - Ebola

Cost Category	US Central	Cameroon	Cote d'Ivoire	DRC	Ethiopia	Ghana	Guinea	Kenya	Liberia
Salaries	33,387	107,994	42,819	93,007	66,741	61,439	55,338	56,763	23,254
Fringe	13,330	40,921	16,676	32,317	27,012	9,276	79,051	18,615	7,405
Equipment	0	0	0	0	-21,000	0	0	0	0
Domestic Travel	3,959	13,451	233	3,392	11,070	11,969	39,026	116	258
Foreign Travel	0	8,211	7,931	5,884	20,403	10,241	24,033	10,344	526
Services	0	42,443	41,622	19,324	1,646	412	3,688	49,954	451,351
Supplies	6,966	227	3,680	2,123	198	93,594	10,000	0	11,444
Other	0	82,584	6,208	11,960	30,411	35,278	186,734	3,321	14,274
Indirects	26,808	121,492	49,079	69,055	66,746	44,347	144,815	35,514	48,770
Total Costs	\$84,450	\$417,323	\$168,248	\$237,062	\$203,227	\$266,555	\$542,686	\$174,626	\$557,282

Cost Category	Senegal	Sierra Leone	Tanzania	Uganda
Salaries	87,060	97,881	107,906	93,817
Fringe	26,283	16,397	34,986	37,709
Equipment	0	0	14,722	0
Domestic Travel	4,461	32,049	37,019	7,436
Foreign Travel	14,508	8,276	14,668	12,806
Services	1,646	3,688	4,861	5,410
Supplies	4,922	90,994	5,683	4,256
Other	73,601	313,831	50,617	35,503
Indirects	57,066	230,162	77,902	65,798
Total Costs	\$269,547	\$793,280	\$348,363	\$262,734

\$4,325,382 Q2Y4 PREDICT-2 Costs (Ebola)

\$53,300,000 Obligated to Date

\$18,589,447 Balance Remaining

From: Andrew Clements <aclements@usaid.gov>
To: Elizabeth Leasure <ealeasure@ucdavis.edu>
CC: Jonna Mazet <jkmazet@ucdavis.edu>; predict@ucdavis.edu
<predict@ucdavis.edu>; Hannah R Chale <hrchale@ucdavis.edu>
Sent: 5/12/2018 1:17:14 AM
Subject: Re: PREDICT-2 Q2Y4 Expenditure by Country/Category Financial Report

Thanks

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On May 11, 2018, at 11:10 PM, Elizabeth Leasure <ealeasure@UCDAVIS.EDU> wrote:

Hi Andrew. The PREDICT expenditure by country and category report for Q2Y4 (January-March 2018) is attached. Please let me know if you have any questions.

Thanks!
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute
University of California, Davis
530-304-1403

From: Andrew Clements <aclements@usaid.gov>
Sent: Mon, 14 May 2018 13:35:22 -0400
Subject: Re: ADS 253- TraiNet?
To: Elizabeth Leasure <ealeasure@ucdavis.edu>
Cc: David John Wolking <djwolking@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>

Thanks! Good to know some of my brain cells still retain information. :)

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On May 14, 2018, at 6:33 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Andrew. ADS 253 states that individuals who USAID sponsors for “Participant Training” must not be working under a competitively awarded USAID cooperative agreement or sub-agreement, grant or sub-grant. Seeing as how PREDICT-2 is funded via a cooperative agreement (and numerous subawards under that agreement), training of project staff and affiliates conducted under the P2 CoAg would not be considered “Participant Training” and would not require TraiNet entry.

Thanks,
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute
REDACTED (cell)
530-754-9034 (office)
Skype: ealeasure

From: Andrew Clements <aclements@usaid.gov>
Sent: Monday, May 14, 2018 6:46:04 AM
To: Elizabeth Leasure; David John Wolking
Cc: Jonna Mazet
Subject: Fwd: ADS 253- TraiNet?

I think you’ve answered before that this doesn’t apply to cooperative agreements (or something like that). Is that correct?

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

Begin forwarded message:

From: Angela Wang <awang@usaid.gov>
Date: May 14, 2018 at 10:17:06 AM GMT+2
To: Andrew Clements <aclements@usaid.gov>, Marilyn Crane <mcrane@usaid.gov>, Nadira Kabir <nkabir@usaid.gov>, Ricardo Echalar <rechalar@usaid.gov>

Cc: Amalhin Shek <ashek@usaid.gov>, Alisa Pereira <apereira@usaid.gov>

Subject: ADS 253- TraiNet?

Hi AORs,

Do you know if your projects are in compliance with ADS 253 (required learning activities have been correctly inputted into TraiNet/VCS systems)? I'm not sure if projects go through you to do this, so if you don't know, can you please ask?

It is one of the questions we need to answer for the RDMA portfolio review sheets I'm helping them with this week.

Thanks!

Angela

--

Angela Wang, MSPH

Public Health Advisor

Emerging Threats Division, Office of Infectious Disease

Bureau for Global Health, **USAID**/Washington

Phone: 571-551-7332 (O) **REDACTED** (C)

Email: awang@usaid.gov

From: Brian Bird <bhbird@ucdavis.edu>
To: Jonna Mazet <jkmazet@ucdavis.edu>; PREDICTMGT
<predictmgt@usaid.gov>; isimmons@usaid.gov
<isimmons@usaid.gov>; bhaberer@usaid.gov <bhaberer@usaid.gov>; Jean-Felly Numbi
<jnumbi@usaid.gov>
CC: PREDICT-outbreak <predict-outbreak@ucdavis.edu>; Karen Saylors
<ksaylors@metabiota.com>
Sent: 5/22/2018 5:40:25 PM
Subject: UPDATE PREDICT DRC EVD outbreak 22 May 2018

Hi everyone,

Some incremental updates from the DRC team today. Details in the report.

Have a good evening,

-Brian

Brian H. Bird DVM, MSPH, PhD
Global Lead Sierra Leone and
Multi-Country Ebola operations
PREDICT-USAID

One Health Institute
1089 Veterinary Medicine Dr.
School of Veterinary Medicine
University of California, Davis
Email: bhbird@ucdavis.edu
Skype: brianhb1
<http://www.vetmed.ucdavis.edu/ohi/predict/index.cfm>

From: Brian Bird
Date: Monday, May 21, 2018 at 3:37 PM
To: Jonna Mazet , PREDICTMGT , , Jean-Felly Numbi
Cc: PREDICT-outbreak , Karen Saylors
Subject: UPDATE PREDICT DRC EVD outbreak 20 and 21 May 2018

Hi everyone,

Some updates from the team from yesterday and today. In brief, the PREDICT laboratory has completed the first batch of preliminary testing. Final results are pending sequence confirmation.

More details in the report,

Yours,

-Brian

Brian H. Bird DVM, MSPH, PhD
Global Lead Sierra Leone and
Multi-Country Ebola operations
PREDICT-USAID

One Health Institute
1089 Veterinary Medicine Dr.
School of Veterinary Medicine
University of California, Davis
Email: bhbird@ucdavis.edu
Skype: brianhbird1
<http://www.vetmed.ucdavis.edu/ohi/predict/index.cfm>

PREDICT Outbreak or Health Event Rapid Report

Today's Date: May 22, 2018

Working Title of Investigation: Ebola virus disease outbreak in Equateur province, DR Congo.

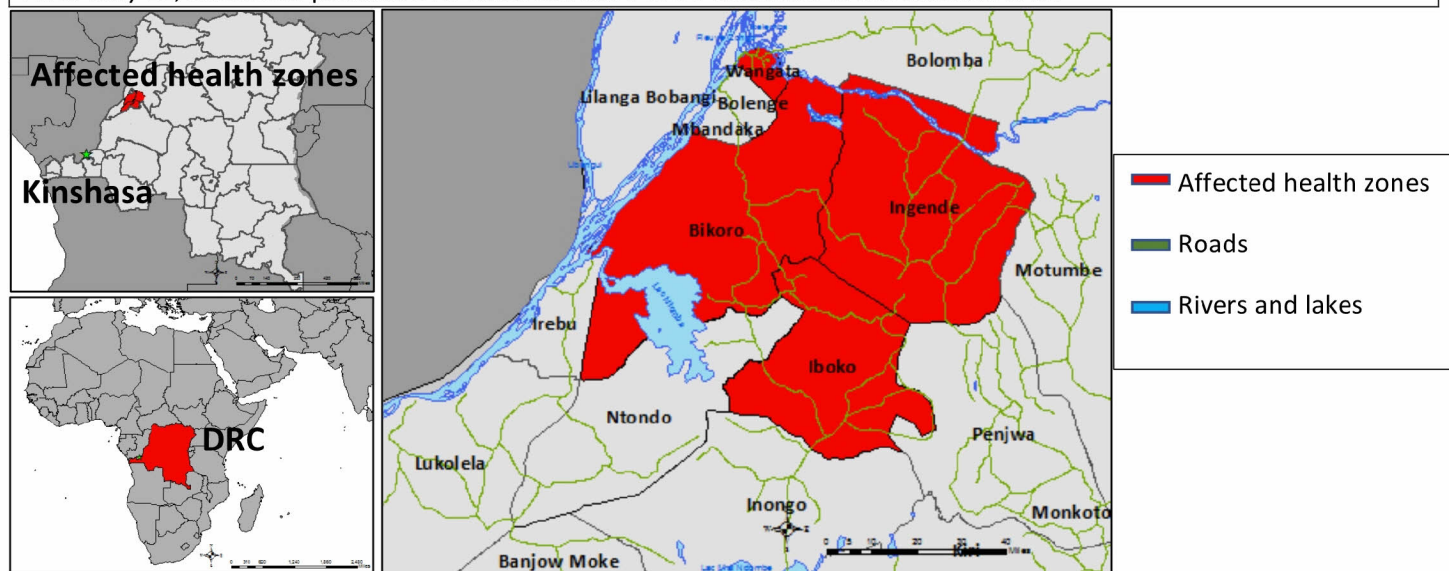
Cumulative day of the outbreak investigation: 17 days

Please describe the disease signs and symptoms and species affected (humans, domesticated animals, wildlife:

Between April 3 and May 7, 2018, 17 successive deaths were recorded in the health district of Ikono Imponge, in the health zone of Bikoro (Equateur Province). Seventeen individuals were linked through family relationships. Patients presented with the following symptoms prior to their death: fever, diarrhea, abdominal pain, vomiting, muscle and joint pain, and hemorrhagic symptoms.

On May 4, an alert for suspected Viral Hemorrhagic Fever in the Bikoro health zone was received at the MOH Office of Disease Control.

On May 8, two out of five individuals tested were confirmed as Ebola virus (species, *Zaire ebolavirus*) by RT-PCR at INRB. As of May 12, additional possible EVD cases continue to be identified in the affected area.



Location	
Country:	Democratic Republic of the Congo
District:	Equateur
Village/Town:	IKONO IMPONGE / Health zone of BIKORO
GPS Coordinates (if known):	Latitude : -0.749997 ; Longitude : 18.1166662
Date that first case(s) of illness occurred (if known or estimate):	April 03, 2018
Date that PREDICT was first notified of outbreak:	May 07, 2018

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Key Information	Description of Findings/Actions/Outcomes				
How many affected individuals?		Suspected	Confirmed	Deaths	Total affected
	Humans	9	28	27	58
	Domestic Animals	0	0	0	0
	Wild Animals	0	0	0	0
How was outbreak first noticed?	Ikono Imponge health district notified the Bikoro Health Zone of 1 death with viral hemorrhagic fever-like symptoms.				
Where was the first reported case? What is/was the extent of geographic spread? Include comments on the apparent speed of spread.	<ul style="list-style-type: none"> A cluster in week 11 (12-18 March 2018) in Bikoro area, Equateur, DRC, including 19 cases including 17 deaths, 15 deaths of which were in the community, raised the alert of suspected VHF. Symptoms observed include fever, vomiting, abdominal pain, eye redness, and diarrhea, and were not alleviated by antibiotic and antimalarial treatment. The first reported case was at IKONO IMPONGE Health District. Between April 3 and May 7, 2018, 17 deaths were recorded among people with family relationships, from a total of 27 total cases, according to MOH. (According to WHO reports, investigations identified 135 cases retrospectively, going back as far as January 2018 in the Igende zone, 60km from Bikoro, so there is some conflicting information circulating.) The first case in Bikoro was a policeman who arrived from Igende area. He died in a health centre in Ikoko Impenge village, Bikoro area. Following the first case's funeral, 11 family members developed symptoms and 7 died. The deceased all had either attended the funeral or acted as caregivers. Five patients were sampled and tested for EVD, of which two were found positive for EVD by RT-PCR at INRB in Kinshasa on 8 May 2018. 				
Has the country requested support from PREDICT (include date of request)?	The DRC requested unspecified support from PREDICT on May 7, 2018. On Tuesday, May 8, MOH requested that PREDICT conduct additional testing of the 5 samples stored at INRB, which USAID approved on the same day. The PREDICT lab				

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	<p>team received samples and initiated testing on Wednesday, May 9.</p> <p>On May 9, a list of unmet needs was developed at the outbreak response meeting with MOH and partners.</p> <p>Late on May 11, PREDICT received a formal request from the Government through INRB regarding support for outbreak response activities. In response to the list of unmet needs provided by the laboratory commission, PREDICT provided 150 PPE, a Smartcycler PCR machine and accompanying computer, and two gloveboxes.</p> <p>On May 12, INRB requested PPE and sampling kits from PREDICT to send to the outbreak sites. USAID quickly approved this, so Metabiota ordered these with the plan to express them to DRC.</p> <p>On May 16, the MOH (INRB) officially asked PREDICT for a space in a -80 freezer to store Ebola vaccines.</p> <p>The mobile lab in Bikoro is functional (with RT-PCR, rapid tests, and GeneExpert up and running) as is the Mbandaka MOH-INRB lab</p>
If so, which government agency requested PREDICT support?	Ministry of Health through the National Institute of Biomedical Research (INRB)
When was PREDICT response initiated (date)?	Tuesday, May 8, 2018
Are other EPT partners involved in the response (which ones and how)?	No
What type of assistance did PREDICT initially provide? Which PREDICT personnel were involved?	<p>PREDICT is running the PREDICT protocol testing on patient specimens, using PREDICT virus family primers with the intent of finding filoviruses or other viral families, as well as identifying sequences for further elucidation of species and strain. (Previously INRB testing of five patients' whole blood specimens for EVD found two to be positive for Ebola virus (<i>Zaire ebolavirus</i>) by RT-PCR at INRB in Kinshasa on May 7 2018.)</p> <p>On May 12, the K-Plan mobile lab (previously acquired through USAID support) was deployed to the outbreak site in</p>

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	Bikoro and Iboko. The INRB team arrived that Saturday morning in Mbandaka, the capital of Equator Province, for preparation.			
<p>When was the first official acknowledgement of the outbreak (by which government agency or other reputable body and date)?</p> <p>When was a response initiated and by whom? Which agencies were involved? Who was in charge of the national response?</p>	<p>The first official acknowledgement of the outbreak was by the MOH Office of Disease Control on May 6, 2018.</p> <p>A joint investigation team was deployed by MOH, WHO and MSF, and according to MOH, another team from the MOH Office of Disease Control and WHO deployed today to Mbandaka (capital of Equateur province) to lead case investigations.</p> <p>Background on area: Ikoko Impenge health area covers 15km and includes 5 villages, all of which have reported suspected cases. This area of DRC has not suffered previous documented Ebola outbreaks.</p> <p>Ikoko Impenge health area is not covered by mobile telephone networks, but is accessible by road. It lies 128km from Mbandaka, the capital of Equateur province, however the road is under renovation and the current route is 280km. An airstrip is present 8km from Bikoro, which is 30km from Ikoko.</p>			
Was the cause of the outbreak confirmed by a laboratory? If so, give details of the initial confirmation (cause, species, specimen types tested and dates of testing if known).	INRB testing of five patients' whole blood specimens for EVD found two to be positive for Ebola virus (<i>Zaire ebolavirus</i>) by RT-PCR at INRB in Kinshasa on May 7 2018.			
Where was the laboratory testing performed (name of laboratory)?	INRB			
Number of days between initiation of government response and lab confirmation of laboratory results.	1 day			
Summary of the Outbreak or Event:				
Working name of the outbreak:				
Total number of cases:		Suspected:	Confirmed:	Deaths:
	Humans			
	Domestic Animals			
	Wild Animals			

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Summary of PREDICT Team response activities during the outbreak.

PREDICT Outbreak or Health Event Response Daily Activities/Timeline

Working Title of Investigation: Ebola virus outbreak DRC Equateur April-May 2018

Key Events:

Date	Day #	Notification or Action Taken
April 3, 2018	-34	First suspect case in family cluster
May 6, 2018	1	Head Office of Disease Control officially acknowledges the outbreak.
May 7, 2018	2	<p>The government, through the INRB, verbally requests PREDICT support. Specific details of request pending.</p> <p>Confirmation of Ebola virus by RT-PCR at the INRB laboratory. Of five samples tested, two were positive for <i>Zaire ebolavirus</i>.</p>
May 8, 2018	3	<p>MOH verbally requests for PREDICT to conduct PREDICT protocol testing of samples at INRB. Written approval from USAID AOR communicated to PREDICT DRC team. Samples transferred to PREDICT lab.</p> <p>Official Statement of the Ebola Virus Epidemic released by the Congolese Government (Ministry of Health). Developed road map and response plan.</p> <p>An investigative mission led by the director of the Office of Disease Control (DGLM) planned for Wednesday May 9, 2018 in the province of Equateur.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • New cases registered: 4 (in the health center) • On five previous cases monitored, three were released. There are two active cases in the General Hospital. • Total of active and monitored cases: 6 (among which 4 are suspected cases). • Laboratory confirmed cases : 2 • Deaths : 17 • Total notified cases: 23
May 9, 2018	4	PREDICT lab analysis of clinical specimens following PREDICT virus-family

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		<p>level protocols is in progress. PREDICT Country Coordinator met with MOH and partners on response plan and development of list of unmet needs.</p> <p>An investigative mission led by Office of Disease Control (DGLM) was deployed today May 9 to the province of Equateur.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • New cases registered: 4 • Total of active and monitored cases: 10 (among which 8 are suspected cases). • Confirmed cases : 2 • Deaths: 17 • Total cases under investigation: 27
May 10, 2018	5	<p>Four new suspected cases and one death were reported in the health zone of Iboko, near the Bikoro health zone. The deceased case was a health professional who had symptoms suggestive of Ebola virus disease.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • Deaths: 18 cases • Suspected cases: 12 cases • Confirmed cases: 2 cases • Total notified cases: 32 cases (in Bikoro and Iboko) <p>Identified actions:</p> <ul style="list-style-type: none"> • Identification of positive cases • Contact tracing • Active monitoring • Sensitization seminars of all the Chief Medical officers in the health zones of Equator Province.
May 11, 2018	6	<p>Late on May 11, the PREDICT DRC team received a formal request from the Government, through INRB regarding support for response activities.</p> <p>In response to the list of unmet needs provided by the laboratory commission, PREDICT provided 150 PPE, a Smartcycler and accompanying computer, and two gloveboxes.</p> <p>The K-Plan mobile lab (previously acquired through USAID support) will be deployed to the outbreak site in Bikoro and Iboko tomorrow (May 12, 2018).</p> <p>There is a significant and urgent need for sampling kits on sites of the</p>

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		<p>outbreak.</p> <p>According to the WHO, all conditions are met for the vaccine to arrive in Kinshasa next week (week of May 14 to 20, 2018).</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • New suspected cases : 2 (one in Iboko and the other in Bikoro) • There are three community alert cases in Mbandaka of new reports of ill individuals in the community requiring follow-up. • Deaths : 18 • Suspected cases: 14 (9 in Bikoro, 5 in Iboko) • Confirmed cases: 2 • Total notified cases: 34 (in Bikoro and Iboko)
May 12, 2018	7	<p>In preparation for this deployment, the INRB Team arrived in Mbandaka, the capital of Equator Province.</p> <p>The Minister of Health and Ministry of Health officials arrived this morning to the sites of the epidemic. The INRB Team is in Bikoro. The K-Plan mobile lab was shipped this morning to Bikoro via Mbandaka.</p> <p>The Director General of the WHO arrives tonight in Kinshasa.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • New suspected cases : 2 (in Wangata, one of three health zones of Mbandaka) • After re-evaluation of the situation, the number of suspected cases was revised downward to Bikoro (8 suspected cases) and Iboko (2 suspected cases). • Deaths: 18 • Suspected cases: 12 (8 in Bikoro, 2 in Iboko, 2 in Wangata) • Confirmed cases: 2 • Cases previously suspected but tested negative: 3 • Total notified cases: 35 in 4 health zones (Bikoro , Iboko, Wangata and Ingende; this count includes the 3 laboratory-negative cases).
May 13, 2018	8	<p>Director General of the WHO, MOH and representative of WHO DRC visit Mbandaka and Bikoro.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • New suspected cases : 5 (2 in Bikoro ; 3 in Iboko) • Deaths: 20 (17 in Bikoro; 3 in Iboko) • Suspected cases: 17 (10 in Bikoro, 5 in Iboko, 2 in Wangata)

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		<ul style="list-style-type: none"> Confirmed cases: 2 Cases previously suspected but tested negative: 3 Total notified cases: 42 in 4 health zones (Bikoro , Iboko, Wangata and Ingende; this count includes the 3 laboratory-negative
May 14, 2018	9	<p>Cold chain for vaccination is being deployed on site.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> New suspected cases : 3 (in Bikoro) Deaths: 20 (17 in Bikoro; 3 in Iboko) Suspected cases: 20 (13 in Bikoro, 5 in Iboko, 2 in Wangata) Confirmed cases: 2 Cases previously suspected but tested negative: 3 Total notified cases: 45 in 4 health zones (Bikoro , Iboko, Wangata and Ingende); this count includes the 3 laboratory-negative
May 15, 2018	10	<p>USAID approved the request in support for outbreak response. Previously, the analysis made on the five samples at the PREDICT lab cost \$111.35 At the end of all analysis, this amount may reach \$276.69</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> New suspected cases : 3 (in Wangata) Deaths: 20 (18 in Bikoro; 2 in Iboko) Suspected cases: 20 (14 in Bikoro, 3 in Iboko, 3 in Wangata) Confirmed cases: 2 Cases previously suspected but tested negative: 3 Total notified cases: 42 in 4 health zones (Bikoro , Iboko, Wangata and Ingende); this count does not include the 3 laboratory-negative individuals.
May 16, 2018	11	<p>5412 doses of vaccines against EVD arrived in Kinshasa. The MOH (INRB) officially asked PREDICT for a space in a -80 freezer to store the vaccines. A vaccination committee will be set up to coordinate vaccination activities.</p> <p>In view of the spread of the outbreak in several health zones, a reassessment of laboratory needs is being made by the Laboratory commission. This changing state of need will integrate all affected health areas.</p> <p>Monitoring report:</p>

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		<ul style="list-style-type: none"> • New suspected cases : 2 (1 in Bikoro and another in Wangata) • Deaths: 23 (20 in Bikoro; 3 in Iboko) • Probable cases: 20 (18 in Bikoro; 2 in Iboko) • Suspected cases: 21 (15 in Bikoro, 3 in Iboko, 3 in Wangata) • Confirmed cases: 3 • Cases previously suspected but tested negative: 3 • Total notified cases: 44 in 4 health zones (Bikoro , Iboko, Wangata and Ingende); this count does not include the 3 laboratory-negative individuals.
May 17, 2018	12	<p>Vaccination at the sites of the outbreak will begin on Monday, May 21, 2018. Vaccination will target health professionals working in the hospitals, contacts of the confirmed cases, and contacts of the case contacts.</p> <p>In view of the importance of the outbreak, the laboratory and research commission reassessed the needs for assistance. In order to circumvent the difficulties related to customs clearance, the chairman of the commission, Pr Muyembe, suggested that some materials be bought in Kinshasa.</p> <p>Six specimen collected on May 16 should arrive tonight in Kinshasa from Mbandaka.</p> <p>The laboratory in Bikoro is fully functional. Rapid diagnostic test and RT-PCR will be used. In Mbandaka, the GeneXpert is set up, but electricity is a problem .</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • New suspected cases : 0 • Deaths: 24 (21 in Bikoro; 3 in Iboko) • Probable cases: 21 (19 in Bikoro; 2 in Iboko) • Suspected cases: 1 (health zone has not been specified) • Confirmed cases: 14 (13 in Bikoro ; 1 in Wangata) • Contact case: 532 (330 in Bikoro; 120 in Iboko; 52 in Wangata; 30 in Ntondo) • Cases previously suspected but tested negative: 3 • Total notified cases: 45 in 4 health zones (Bikoro, Iboko, Wangata and Ingende); this count does not include the 3 laboratory-negative cases. <p>Please note that the total notified cases (45) does not match the sum of the suspected, confirmed and deceased cases, but these are the</p>

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		<p>numbers MOH is reporting.</p> <p>The WHO situation report (May 16 version) indicates a total of 44 notified cases and 23 deaths.</p>
May 18, 2018	13	<p>A new MOH team arrived in Mbandaka this morning.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • New suspected cases : 4 (in Iboko) • Deaths: 25 (20 in Bikoro; 4 in Iboko ; 1 in Wangata) • Probable cases: 21 (19 in Bikoro; 2 in Iboko) • Suspected cases: 4 (in Iboko) • Confirmed cases: 17 (8 in Bikoro ; 5 in Iboko; 4 in Wangata) • Followed contact cases: 429 (274 in Bikoro; 73 in Iboko; 52 in Wangata; 30 in Ntongo) • Total notified cases: 42 in 4 health zones (Bikoro , Iboko, Wangata and Ingende); this count does not include the 3 laboratory-negative individuals. <p>Please note that the total notified cases (42) does not match the sum of the suspected, confirmed and deceased cases, but these are the numbers MOH is reporting.</p> <p>The WHO situation report (May 17 version) indicates a total of 45 notified cases and 24 deaths.</p>
May 19, 2018	14	<p>Free health care will be provided in epidemic health zones (areas where there are confirmed cases) and in health zones close to the epidemic zone. In total, seven health zones have been identified.</p> <p>In Mbandaka , 62 frontline health care and laboratory workers (11 in Wangata, 24 in Bolenge and 27 at the Ebola Treatment Center) have been identified to receive the vaccine. An additional 3000 doses are expected to reach Kinshasa on May 19, 2018. The shipping of vaccines to Mbandaka will begin on May 20, 2018.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • Deaths: 26 (22 in Bikoro; 3 in Iboko ; 1 in Wangata) • Probable cases: 21 (19 in Bikoro; 2 in Iboko) • Suspected cases: 3 (2 in Iboko; 1 in Wangata) • Confirmed cases: 21 (10 in Bikoro ; 7 in Iboko; 4 in Wangata) • Followed contact cases: 501 (279 in Bikoro; 75 in Iboko; 117 in Wangata; 30 in Ntongo) • Total notified cases: 45 in 4 health zones (Bikoro , Iboko,

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		Wangata and Ingende); this count does not include the 3 laboratory-negative individuals.
May 20, 2018	15	<p>On May 19, a confirmed female case from Wangata left the Ebola treatment center in Mbandaka.</p> <p>An alert case in Kinshasa was tested negative for Ebolavirus by RT-PCR at INRB.</p> <p>560 doses of vaccine arrived in Mbandaka.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • Deaths: 26 (22 in Bikoro; 3 in Iboko ; 1 in Wangata) • Probable cases: 21 (19 in Bikoro; 2 in Iboko) • Suspected cases: 6 (6 in Iboko) • Confirmed cases: 22 (10 in Bikoro ; 8 in Iboko; 4 in Wangata) • Followed contact cases: 511 (273 in Bikoro; 95 in Iboko; 113 in Wangata; 30 in Ntongo) • Total notified cases: 49 in 4 health zones (Bikoro , Iboko, Wangata and Ingende); this count does not include the 3 laboratory-negative individuals.
May 21, 2018	16	<p>The vaccination campaign (rVSV-ZEBOV) started today in the epidemic zones.</p> <p>The PREDICT laboratory analyzed four confirmed positive specimens from Mbandaka, which previously tested positive by the geneXpert platform. One of the four specimens tested positive for filovirus RNA using the PREDICT virus-family consensus PCR protocol, this initial result will be confirmed by genetic sequencing.</p> <p>The PREDICT lab also tested the two positive confirmed specimens from Bikoro. One sample was positive for filovirus using the PREDICT virus-family level consensus PCR protocol which will also be confirmed by genetic sequencing.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • Deaths: 27 (22 in Bikoro; 3 in Iboko ; 2 in Wangata) • Probable cases: 21 (19 in Bikoro; 2 in Iboko) • Suspected cases: 2 (in Wangata) • Confirmed cases: 28 (10 in Bikoro ; 14 in Iboko; 4 in Wangata) • Followed contact cases: 561 (301 in Bikoro; 115 in Iboko; 115 in Wangata; 30 in Ntongo) • Total notified cases: 51 in 4 health zones (Bikoro, Iboko, Wangata

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		<p>and Ingende); this count does not include the 3 laboratory-negative individuals.</p> <p>Please note: the WHO situation report (May 20 version) indicates a total of 49 notified cases and 26 deaths.</p>
May 22, 2018	17	<p>Two patients left the Wangata Ebola Treatment Center. Both were found later, including one individual who had died after returning to their home.</p> <p>One death in Wangata (from May 20) was reported as non-EVD.</p> <p>33 people were vaccinated (rVSV-ZEBOV) including 10 hospital health personnel in Wangata, 22 case contacts and the Director of the Expanded Vaccination Program.</p> <p>Monitoring report:</p> <ul style="list-style-type: none"> • Deaths: 27 (23 in Bikoro; 3 in Iboko ; 1 in Wangata) • Probable cases: 21 (19 in Bikoro; 2 in Iboko) • Suspected cases: 9 (6 in Iboko; 3 in Wangata) • Confirmed cases: 28 (10 in Bikoro; 14 in Iboko; 4 in Wangata) • Followed contact cases: 561 (321 in Bikoro; 114 in Iboko; 112 in Wangata; 30 in Ntondo) [note the total should be 577] • Total notified cases: 58 in 4 health zones (Bikoro, Iboko, Wangata and Ingende); this count does not include the 3 laboratory-negative individuals.

In-Country Government Outbreak or Health Event Points of Contact

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From: Peter Daszak <daszak@ecohealthalliance.org>
To: peter@gisaid.org <peter@gisaid.org>
CC: Dennis Carroll (DCarroll@usaid.gov) <DCarroll@usaid.gov>; Jonna Mazet <jkmazet@ucdavis.edu>
Sent: 6/20/2018 6:13:28 PM
Subject: Response to Holmes et al. Commentary on GVP in Nature

Peter – Jonna mentioned you are going to the Crick Institute for a 1918 centenary mtg where you'll see Andrew Rambaut and wanted to get the talking points re. their critique of the GVP and our response.

I've attached the draft response so you can read our direct responses to their basic criticisms – that it's not possible to accurately predict emergence (which they assume is a key goal of the GVP – it isn't), and that the cost of the GVP is too high. They use a figure that compares the GVP budget (\$1.2 bn) to the annual budget of NIAID (\$4.8bn). That's misleading – the GVP is a 10 year budget (and a program that ends), and NIAID is just one country's program. We correct this in the attached pdf figure by using a 10-yr NIAID budget and pro-rating this by other country's GDPs to give a 'globalized' cost that shows the GVP is a relatively small expenditure.

Hope you're able to have a good and diplomatic debate, and thanks for supporting the mission!

Cheers,

Peter

Peter Daszak
President

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EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.

Like Drs. Holmes, Rambaut, and Anderson¹, we lament the human tragedy resulting in lost lives from the recent Ebola virus disease outbreak in the Democratic Republic of the Congo, and agree that more should be done to prevent and respond to emerging infectious diseases. Outbreaks like this are precisely the reason we believe new approaches, including the Global Virome Project (GVP)², are necessary and complementary to current surveillance efforts. Indeed, the GVP's stated aim is to achieve its ambitious goals "by enhancing (not replacing) current pandemic surveillance, prevention, and control strategies"².

Holmes *et al* build their argument on inaccurate and misleading analysis of program budget and aims. Firstly, their figure compares the annual budget for one government agency in one country (NIAID, USA) to a 10-year budget for a global program (the GVP). Leaving aside whether NIAID is the appropriate and only agency dealing with pandemic prevention and viral discovery in the USA, correcting their calculation to include a 10-year timeframe pro-rated (via country's GDP) to the global scope of the GVP, demonstrates that Holmes *et al.* inflated GVP's relative cost by a factor of 40. Additionally, the GVP is a finite 10-yr project, whereas the annual budget of NIAID, and the global cost of fighting outbreaks, will likely continue *ad infinitum* unless we invest in new prevention strategies such as the GVP. The authors comment that "making promises about disease prevention and control that cannot be kept will only further undermine trust". We respectfully respond that distrust is born when misleading figures based on inaccurate data are published.

Secondly, the authors cite the GVP as part of a misinformed goal of predicting viral emergence. However, the goal of the GVP is not to predict emergence, but specifically to discover new viruses in families that threaten public and livestock health, from key wildlife zoonotic reservoir species. The vastly expanded viral sequence data will be tied to metadata on the ecology of wildlife hosts sampled, and the environmental and socio-economic data at the site of sampling. In other words, it will create exactly the type of data required to test the theories of spillover that Holmes *et al.* rightly point out are currently hampered by a paucity of data. For example, having sequence data for relatives of known pathogens could rapidly allow development of serological and PCR assays to examine their capacity for spillover into humans, including through syndromic surveillance.

Finally, the authors dismiss the potential of viral discovery programs such as the GVP for outbreak mitigation. In our paper², we list a series of public health benefits of the GVP, not least of which is the building of laboratory and field surveillance capacity in biodiverse EID hotspot countries. Identification of novel viruses can enhance the speed and breadth of diagnostic capacity for at-risk human and livestock populations. For example, the viral pathogen responsible for an outbreak of severe diarrheal disease in pigs in southern China that led to over 20,000 deaths was identified as a bat-origin coronavirus due to prospective wildlife sampling and viral discovery³. Expanding the diversity of known viruses may also enhance countermeasure and vaccine development. For example, sequencing protein encoding regions from novel SARS-, Ebola-, or Nipah-like viruses, could be used to enhance the coverage of vaccines under development that target these proteins based on the few known isolates.

Surveillance is a critical component of pandemic prevention, and we enthusiastically support Holmes *et al.* in advocating for increased surveillance in at-risk areas. However, pitting surveillance against basic research on virology is disingenuous. We strongly believe that improving our response to viral threats today need not come at the cost of neglecting the viral threats of tomorrow.

Proposed Authorship:

Peter Daszak*, Dennis Carroll, Brooke Watson, Eddy Nathan D. Wolfe, George F. Gao, Carlos M. Morel, Subhash Morzaria, Ariel Pablos-Méndez, Oyewale Tomori, Eri Togami, Cara Chrisman, Jonna A. K. Mazet

Additional authors (and their countries) we could reach out to sign on:

Keiji Fukuda, Hong Kong

David Nabarro, UK

...Other GVP SC members...

References

- 1 Holmes, E. C., Rambault, A. & Andersen, K. G. Pandemics: spend on surveillance, not prediction. *Nature* **558**, 180-182 (2018).
- 2 Carroll, D. *et al.* The Global Virome Project. *Science* **359**, 872-874 (2018).
- 3 Zhou, P. *et al.* Fatal swine acute diarrhoea syndrome caused by an HKU2-related coronavirus of bat origin. *Nature* **556**, 255-258, doi:10.1038/s41586-018-0010-9 (2018).

From: Andrew Clements <aclements@usaid.gov>
To: daszak@ecohealthalliance.org <daszak@ecohealthalliance.org>
CC: cchrisman@usaid.gov <cchrisman@usaid.gov>; Alisa Pereira <apereira@usaid.gov>; Jonna Mazet <jkmazet@ucdavis.edu>; djwolking@ucdavis.edu <djwolking@ucdavis.edu>; ashek@usaid.gov <ashek@usaid.gov>
Sent: 6/29/2018 7:29:57 AM
Subject: Next Predict Brownbag

Hi Peter,

Jonna said you were open on either July 30 or Aug 1 for the next brown bag.

July 30 after 11:00 and before 1:30 or after 3:30 is good for me.

Andrew

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
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From: Cara Chrisman <cchrisman@usaid.gov>
Sent: Fri, 6 Jul 2018 10:06:54 -0400
Subject: Core Team Mtg Follow-Up - 100 Day Plan
To: Jonna Mazet <jkmazet@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, **REDACTED**
REDACTED Eddy Rubin <erubin@metabiota.com>, Nathan Wolfe <nwolfe@metabiota.com>, Dennis Carroll <dcarroll@usaid.gov>


Hi Team,
Nice to speak with you all yesterday. As per the discussion, one item to cover next week is the 100 Day Plan. If you all still have your binders, it should be in there, but I've also pasted a picture of the slide below for reference.

Looking forward to speaking next week,
Cara


Cara J. Chrisman, PhD
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GHSI-III - Social Solutions International, Inc. prime contractor



Validation



Resource Mobilization



Buildout GVP

Finalize

- Country “gap analysis” tool
- protocols for sampling “at scale”
- Data sharing and management
- MOU format for implementing countries

Donor/partner outreach

- Groundwork for WEF, G20;
- Visit UK, France, Germany, Norway, Canada, China, Japan, Italy, Australia
- Potential “co-funders” for interim ED/Hub
- Outreach to potential “interim home” for GVP

Initial “buildout”

- Establish “Selection Committee”
 - Initiate
 - Recruitment of Interim ED and EB

Responsibility

- Working Group *
- Working Group
- Working Group
- Working Group


- Steering Committee**
- Steering Committee

- Steering Committee
- Steering Committee

- Steering Committee
- Selection Committee

*Working groups overseeing each of the scientific, technical and operational topic areas

** Steering Committee representatives involved in outreach activities



7

From: [REDACTED]
To: Peter Daszak <daszak@ecohealthalliance.org>, "Carroll, Dennis (GH/ID)" <dcarroll@usaid.gov>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, Cara Chrisman <cchrisman@usaid.gov>
Subject: Draft email George Gao to Japanese colleague
Sent: Wed, 25 Jul 2018 21:37:24 +0000

Hi Dennis and Peter,

Here is the draft email that should be sent from George Gao to Aikichi Iwamoto at AMED (Japan Agency for Medical Research and Development). I haven't met or interacted with George, so kept it short and simple. Please feel free to edit, and pass on to George.

To: aikichi-iwamoto@amed.go.jp
Cc: dcarroll@usaid.gov; daszak@ecohealthalliance.org; [REDACTED] - others?
>>

Dear Aikichi,

How are you since we last met? I heard that you recently met with my colleague Dennis Carroll in Tokyo about the Global Virome Project. I have been involved in this exciting global initiative since its early inception, and we are planning to hold a meeting and start the initial sampling phase in China. It would be great to have you and your Japanese colleagues on board. What are your thoughts?

Regards,
George

From: David J Wolking <djwolking@ucdavis.edu>
Sent: Mon, 30 Jul 2018 11:29:58 -0700
Subject: PREDICT News vol. 2
To: Alison Andre <andre@ecohealthalliance.org>, Amanda Andre <amanda.andre@ecohealthalliance.org>, Amanda Fine
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Cc: "predict@ucdavis.edu" <predict@ucdavis.edu>

Hi there EB,

Just sharing volume 2 of the PREDICT Newsletter. We put out a USAID-targeted version promoting Peter's talk today last week. This version removes the USAID talk, location, and contact info and is intended for public consumption and broad distribution. Feel free to share using the link below with country teams, partners, the world at large...

<http://bit.ly/PREDICTNews02>

As with last time, if there are media or articles capturing our work and partners you would like featured, please send them my way. Otherwise we'll continue scanning all the Twitter feeds in our network to pull these together.

Cheers,

David



USAID
FROM THE AMERICAN PEOPLE

PREDICT NEWS

Scientists Discover New Ebolavirus in Bats in Sierra Leone



"Scientists have identified a novel ebolavirus in free-tailed bats in Sierra Leone, providing the strongest evidence to date that bats are the natural hosts of these viruses. The new virus, called Bombali virus, was found in insectivorous bats roosting inside people's houses."

(UC Davis)

From: William B. Karesh <karesh@ecohealthalliance.org>
To: Brian Bird <bhbird@ucdavis.edu>; Jonna Mazet <jonna.mazet@gmail.com>
Sent: 8/9/2018 9:32:53 AM
Subject: Re: [predict-outbreak] EVD outbreak North Kivu DRC report

I'm not sure this is worth sharing with the whole group and possibly confusing issues, but I did just want to let you know about a tiny bit of doubt that is floating regarding the "two strains".

In June 2018, TW-B (see GENbank link) traveled to INRB in Kin to sequence the new samples of the 2018 Equateur outbreak (apparently request by Prof. Muyembe)

In the end, he did not get access to the new Equateur 2018 samples (political issues? conflict of interest?) but to a human sample from 2017 Likati that hadn't been sequenced.

We don't know how the sequencing was carried out for this, such as where exactly (which PCR room/lab intra muros of INRB) .

It is unpublished but genome is here : <https://www.ncbi.nlm.nih.gov/nuccore/1425140432>

So there could be some confusion and possible cross contamination (2 screening runs of 2 outbreaks going on at the same time is not really ideal).

As I said, I'm not sure this rises to the right level of importance, but something just to keep in the back of your mind.

BK

From: Andrew Clements <aclements@usaid.gov>
To: Tracey Goldstein <tgoldstein@ucdavis.edu>
CC: Amalhin Shek <ashek@usaid.gov>;Jonna Mazet <jkmazet@ucdavis.edu>;PREDICTMGT <predictmgt@usaid.gov>;Predict inbox <predict@ucdavis.edu>;Anthony, Simon J. <sja2127@cumc.columbia.edu>;Brian Bird <bhbird@ucdavis.edu>;Dennis Carroll <dcarroll@usaid.gov>
Sent: 8/15/2018 1:57:39 AM
Subject: Re: SL finding

Thanks, Tracey. We don't have anything in the works at this moment.

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On Aug 14, 2018, at 9:45 PM, Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Hi Andrew,

I have a meeting with our PR office this afternoon about that. If you have any documents and plans your team is working on please let me know and share so I can have those in hand for our meeting.

Thank you! Tracey

On Tue, Aug 14, 2018 at 12:30 PM, Andrew Clements <aclements@usaid.gov> wrote:
Hi Tracey,

Does UCD have a draft press release ready for when the SL findings are published?

I'd like to make sure USAID's press release is coordinated with the UCD one.

Thanks!

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On Jul 27, 2018, at 11:35 PM, Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Of course! and here is the link to the Press release
Release below. URL: <https://www.ucdavis.edu/news/scientists-discover-new-ebolavirus-bats-sierra-leone>

On Fri, Jul 27, 2018 at 2:34 PM, Andrew Clements <aclements@usaid.gov> wrote:
Saw the ProMED articles. Thanks for doing this.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor*

*Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
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On Jul 27, 2018, at 12:18 PM, Amalhin Shek <ashek@usaid.gov> wrote:

+ Dennis
Sent from my iPhone

On Jul 27, 2018, at 12:06 PM, Andrew Clements <aclements@usaid.gov> wrote:

Thanks. Good to know. There have been delays with the gov posting info on its website and the Embassy clearing documents. Some (but likely not all) related to internet issues.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Jul 27, 2018, at 12:02 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hi,
Thankfully no violence, but a bit of a press mess. Tracey was successful today in getting the Nature people to lift the communications embargo (which we were about to break if they wouldn't lift it). Thus, we are posting to ProMED now, as well as putting out the press release and posting the FAQs to help combat the rumors and bits of misinformation. Unfortunately, neither the GoSL or USAID in Salone put out the press releases we prepared for them or a ProMED post, so some of the announcement went into a weird vortex without all of the proper info being available. Hopefully, the steps today will help to right the comms ship.
Please direct press to Tracey & Simon.
Thanks,
Jonna

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(530) 752-0412
(530) 752-3318
tgoldstein@ucdavis.edu

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(530) 752-3318
tgoldstein@ucdavis.edu

From: Brooke Genovese <bgenovese@ucdavis.edu>
To: Aleksei Chmura <chmura@ecohealthalliance.org>
CC: Jonna Mazet <jkmazet@ucdavis.edu>; Peter Daszak
<daszak@ecohealthalliance.org>; Alison Andre <andre@ecohealthalliance.org>
Sent: 8/15/2018 12:23:26 PM
Subject: FW: Urgent: Smithsonian PREDICT Briefing

Hi Aleksei,

Please see the note below for Peter – I know Alison is out of the office, but just want to make sure he's in the loop.

-Brooke

From: Brooke Genovese
Date: Wednesday, August 15, 2018 at 11:20 AM
To: Alison Andre
Cc: Jonna Mazet , Peter Daszak
Subject: Urgent: Smithsonian PREDICT Briefing

Hi Alison,

An update for you & Peter that the Smithsonian Castle briefing has been moved to Sept 12 (likely at 1pm ET). Location & other details remain the same. Jonna is texting Peter, but wanted to loop you in, too!

Let me know if you need any other info,
Brooke

From: Andrew Clements <aclements@usaid.gov>
To: Katherine Leasure <kaleasure@ucdavis.edu>
CC: PREDICTMGT <predictmgt@usaid.gov>; Predict inbox <predict@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>
Sent: 8/16/2018 12:09:57 PM
Subject: Re: Time Sensitive ITA - A. Islam

Approved.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Aug 16, 2018, at 8:48 PM, Katherine Leasure <kaleasure@ucdavis.edu> wrote:

Hi Andrew. Please find below an ITA request for Ariful Islam. Our apologies for the short notice of this request. Per EcoHealth Alliance, Dr. Islam has been out on paternity leave, and realized upon his recent return that an ITA was needed for his upcoming travel. Please let me know if you have any questions. Thanks!

1. Islam (USA): \$2750 airfare/\$217 (Atlanta), \$365 (New York)

Travel Requests –

1. EcoHealth Alliance would like to request travel approval for Ariful Islam to travel from Dhaka, Bangladesh to Atlanta and New York, NY, USA from August 25 to September 7, 2018 to participate in the International Conference on Emerging Infectious Diseases (ICEID) 2018, and PREDICT-2 Bangladesh project meeting in the EcoHealth Alliance headquarters

Trip purpose: Dr. Islam will present three important scientific abstracts at the conference. Attendance at this conference will also allow Dr. Islam to meet with academic researchers, public health leaders and practitioners who are working towards integrated approaches and effective responses to complex global health challenges. The ICEID conference and the meeting at the EcoHealth Alliance headquarters are critical for PREDICT2 project implementation at this time as the final project year begins this fall. Attending the conference will allow Dr. Islam to conduct meetings with PREDICT2 international collaborators that are needed for regional analytical purposes at this particular moment and cannot be delayed. There will not be another opportunity for him to meet with these partners before the end of this project year and this is critical for data analysis. Similarly, meeting in New York early this fall is a significant opportunity for PREDICT2 final year planning and constructing the need preparations for the exit strategy.

Katherine Leasure

One Health Institute
University of California, Davis
530-752-7526
530-752-3318 FAX
kaleasure@ucdavis.edu

--

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/002e01d43591%24ac518260%2404f48720%24%40ucdavis.edu.

From: Andrew Clements <aclements@usaid.gov>
To: Tracey Goldstein <tgoldstein@ucdavis.edu>
CC: Amalhin Shek <ashek@usaid.gov>; Jonna Mazet <jkmazet@ucdavis.edu>; PREDICTMGT <predictmgt@usaid.gov>; Predict inbox <predict@ucdavis.edu>; Anthony, Simon J. <sja2127@cumc.columbia.edu>; Brian Bird <bhbird@ucdavis.edu>; Dennis Carroll <dcarroll@usaid.gov>
Sent: 8/21/2018 1:15:50 AM
Subject: Re: SL finding

Thanks, Tracey. That's good news and perfect timing for the Sep 12 PREDICT briefing at SI.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Aug 20, 2018, at 11:20 PM, Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Hi Andrew,

Just wanted to let you know the our paper 'The discovery of Bombali virus adds further support for bats as hosts of ebolaviruses' has now been scheduled for Advance Online Publication (AOP) on *Nature Microbiology's* website on **Monday 27 August 2018 at 800 PST / 1100 US Eastern time**. Our embargo will be lifted at that time.

Also attached is the the Press release that UC Davis and Columbia will jointly put out on Monday Aug 27th. Please let me know if you have any questions.

Best, Tracey

On Thu, Aug 16, 2018 at 7:51 AM, Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Hi Andrew,

We are working on a press release and will send you a copy when we have a final version.

I am still trying to confirm if the paper will be in the August issue date. Once I know we will also let you know when we will put the press release out so we can coordinate.

Best, Tracey

On Wed, Aug 15, 2018 at 1:57 AM, Andrew Clements <aclements@usaid.gov> wrote:

Thanks, Tracey. We don't have anything in the works at this moment.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Aug 14, 2018, at 9:45 PM, Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Hi Andrew,

I have a meeting with our PR office this afternoon about that. If you have any documents and plans your team is working on please let me know and share so I can have those in hand for our meeting.

Thank you! Tracey

On Tue, Aug 14, 2018 at 12:30 PM, Andrew Clements <aclements@usaid.gov> wrote:
Hi Tracey,

Does UCD have a draft press release ready for when the SL findings are published?

I'd like to make sure USAID's press release is coordinated with the UCD one.

Thanks!

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Jul 27, 2018, at 11:35 PM, Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Of course! and here is the link to the Press release
Release below. URL: <https://www.ucdavis.edu/news/scientists-discover-new-ebolavirus-bats-sierra-leone>

On Fri, Jul 27, 2018 at 2:34 PM, Andrew Clements <aclements@usaid.gov> wrote:
Saw the ProMED articles. Thanks for doing this.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Jul 27, 2018, at 12:18 PM, Amalhin Shek <ashek@usaid.gov> wrote:

+ Dennis
Sent from my iPhone

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Jonna

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From: Andrew Clements <aclements@usaid.gov>
To: Katherine Leasure <kaleasure@ucdavis.edu>
CC: PREDICTMGT <predictmgt@usaid.gov>; Predict inbox <predict@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>
Sent: 8/31/2018 10:17:18 AM
Subject: Re: Change to Approved ITA - A. Islam Cancelled

Thanks

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Aug 27, 2018, at 5:42 PM, Katherine Leasure <kaleasure@ucdavis.edu> wrote:

Hi Andrew. Per EcoHealth Alliance, the travel for Ariful Islam to the US has been cancelled, as he did not receive his visa in time. A revised ITA for his trip to New York will be submitted once new dates have been selected. Please let me know if you have any questions. Thank you!

EcoHealth Alliance would like to request travel approval for Ariful Islam to travel from Dhaka, Bangladesh to Atlanta and New York, NY, USA from August 25 to September 7, 2018 to participate in the International Conference on Emerging Infectious Diseases (ICEID) 2018, and PREDICT-2 Bangladesh project meeting in the EcoHealth Alliance headquarters

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From: Brooke Genovese <bgenovese@ucdavis.edu>
To: Cassandra Louis Duthil <clouisduthil@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, **REDACTED**
Subject: [GVP] October 10 - SF Meeting with Dean Jamison, MB
Sent: Fri, 31 Aug 2018 22:23:48 +0000

Hi Dennis & Cassandra,

I'm writing to assess Dennis' availability on October 10th for a meeting with Dean Jamison (UCSF) and our collaborators at Metabiota to discuss GVP economics and potential collaborators in the Bay area and beyond. **Would Dennis be available on October 10th for a meeting in San Francisco?**

Thanks very much!

-Brooke

From: Megan M Doyle <mmdoyle@UCDAVIS.EDU>
To: "predict-surveillance@ucdavis.edu" <predict-surveillance@ucdavis.edu>
Cc: Catherine Machalaba <machalaba@ecohealthalliance.org>, "William B. Karesh" <karesh@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>
Subject: Joint call this Thurs, Sept 27th @ 10am PT/1pm ET
Sent: Wed, 26 Sep 2018 03:54:48 +0000
[9.13.2018 surveillance call notes.docx](#)

Hi PREDICT Surveillance Team,

Our next joint surveillance/behavior/pathogen detection call is this Thurs, Sept 27th @ 10am PT/1pm ET. Agenda, reminders, & call info are below. As always, please let us know if you have other items to discuss. Also, please find attached notes from our last call.

Agenda

- Serology planning discussion (Chris)
- Pathogen detection/lab update (Tracey)
 - Testing timeline
 - Barcoding
 - Species identification in EIDITH
- Behavior team update (Leilani)
- Others?

Action Items and Reminders:

1. We will need to hear from each country regarding willingness and capabilities to participate in the serology testing funded globally in order to finalize selection of samples.

Join from PC, Mac, Linux, iOS or Android: [\[REDACTED\]](#)

Or iPhone one-tap :

US: + [\[REDACTED\]](#)

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: + [\[REDACTED\]](#)

Meeting ID: [\[REDACTED\]](#)

International numbers available: [\[REDACTED\]](#)

Talk to you soon!
Megan

Sept 13th, 2018 Surveillance Team Call

Action Items and Reminders for next call:

1. We will need to hear from each country regarding willingness and capabilities to participate in the serology testing funded globally in order to finalize selection of samples.

Participants: Mindy Rostal, Dave McIver, Woutrina Smith, Corina Monagin, David Wolking, Sarah Olson, Dawn Zimmerman, Ava Sullivan, Leilani Francisco, Leti Gutierrez, Emily Hagan, Kevin Olival, Marcy Uhart, Jaber Belkhiria, Matt LeBreton, Lucy Keatts, Tracey Goldstein, Megan Doyle, Chris K Johnson

IRB renewal

- When reviewing data submitted for the IRB renewal, there seemed to be clerical errors as there were many discrepancies from data in EIDITH. Due to our tight turnaround time, we will be using the data from EIDITH for this renewal to remain consistent for reporting.

Check in on completing field activities in Year 4

- Reminder that field activities need to be completed by Sept 30th. Consortium partners concurred that timeline was achievable as planned.

Serology planning updates

- We will need to hear from each country regarding willingness and capabilities to participate in the serology study in order to finalize selection of samples.
- To follow up on the serology plan with USAMRIID, we can reassure everyone that PREDICT will retain ownership of the data, and each country team will have the opportunity to participate or lead authorship as appropriate just like any other PREDICT publication. We hope to introduce our USAMRIID contacts to everyone at a meeting as they are keen to further collaborations.
- There was a question regarding where samples are to be sent. Columbia and UCD are already established core partners, and will receive shipments. UCD will transfer samples on behalf of PREDICT to USAMRIID, as the material transfer agreement (MTA) will need to be between UCD and USAMRIID under the subaward agreement.
- Reminder to work with teams on this request to prioritize samples for testing according to animal exposures of interest for community samples and acute illness and fever for clinical samples. The amount of serum to send for each individual is 2x 0.5 mL aliquots.

Year 5 expectations – workplan overview, testing, etc

- The workplan is not yet approved by USAID, however we will be discussing Y5 workplans in detail on upcoming calls.
- For clarification, PCR results and sequences must be in EIDITH by March 31, 2019 so that Tracey and Simon have time to interpret results.

Asia country updates

Mongolia – Final sampling trip planned this month. Providing assistance on recent wild bird die off.

Viet Nam – completed animal sampling. Human sampling will finish by end of the month.

Myanmar – Lab is on target for completing testing for both human and animal samples.

Cambodia – Last field trip completed. Sampled 100 bats, 150 domestic animals, over 100 community members, and 800 syndromic samples from 4 hospitals. On track to complete testing.

Laos PDR – Testing at animal lab is slow, but steady. Flooding and outbreak work has slowed down laboratory progress.

Indonesia – Focusing on testing samples.

Thailand – Field and laboratory ongoing.


Malaysia – continuing sampling in P Malaysia, sampled 120 livestock.

Bangladesh – sampling complete for wildlife. Still working on finalizing syndromic sampling.

China – Sampling bats and rodents, working to complete testing of samples from year 3. 400 humans sampled recently.

India – Sampling completed, should be able to test all samples by March deadline.

Nepal – Sampling completed. Working through testing Y4 samples and speeding up data entry into EIDITH.

Sent: Mon, 15 Oct 2018 19:46:39 -0700
Subject: Re: Thailand National Virome Project Planning
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: parntep.rat@mahidol.edu
Cc:  Cara Chrisman <cchrisman@usaid.gov>, "Damrongwatanapokin, Sudarat (RDMA/OPH)" <sDamrongwatanapokin@usaid.gov>, Dennis Carroll <DCarroll@usaid.gov>

Dear Parntep,

Wonderful news that you will squeeze us into your busy schedule. We will work with your assistant to schedule the meeting on the 23rd and to revise our agenda for the meeting to have you speak on the 24th in your window of availability.

Thank you so much & huge apologies that you have not received the invitation to speak. I will check with the local planners to see what has happened to those invitations.

With sincere appreciation,

Jonna

On Sun, Oct 14, 2018 at 12:28 AM Parntep Ratanakron <parntep.rat@mahidol.edu> wrote:

Dear Jonna

Sorry for delay reply. I just back from Belgium.

So far at this moment, I did not have any invitation you mentioned. I will host WAZA2018 conference in BKK 22-25/10. I have a small slot on the early afternoon on Wed24/10. On Tue23 in the afternoon is also fine for me.

Hope to see you again.

Sincerely yours,

Parntep

On Friday, October 12, 2018, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Dear Dean Parntep,

How are you? I hope all is well.

I am excited that we will take the next steps in exploring and planning for a Thailand National Virome Project this month.

I know that you have been invited as a key speaker for the meeting, scheduled for week after next (October 24-25).

Of course, as we previously discussed, your participation in the meeting and the initiative as the lead of the wildlife community and liaison for the Ministry of Natural Resources and the Environment is critical. I heard that you may only be available the afternoon of the 24th. If that is the case, may I confirm your availability to speak then and adjust the schedule to have you on the agenda on the 24th?

Dennis Carroll and I, as well as the rest of the US participants, will be doing some final planning the day before the official meeting (October 23rd) at the Conrad Hotel. Would you be available to spend some time with us that day to continue to discuss the initiative? Your helping us to understand the potential for the initiative's success is crucially important to us. Of course, our working together would also ensure the meeting goes well on the subsequent days. I understand that the 23rd is a holiday, so I understand that meeting may not be a possibility, but if you could spare us an hour, we would be extremely grateful.

Looking forward to hearing from you and seeing you,

Jonna

[Jonna AK Mazet, DVM, MPVM, PhD](#)

Professor of Epidemiology & Disease Ecology
Executive Director, One Health Institute
Global Director, PREDICT Project of USAID Emerging Pandemic Threats Program

School of Veterinary Medicine
University of California
[1089 Veterinary Medicine Drive](#)
[Davis, CA 95616, USA](#)
+1-530-752-3630
onehealthinstitute.net

For scheduling and logistical issues, please contact:
Ms. Brooke Genovese
bgenovese@ucdavis.edu
[+1-530-752-3630](tel:+15307523630)

From: Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov>
Sent: Tue, 16 Oct 2018 13:53:02 +0700
Subject: Re: Thailand National Virome Project Planning
To: Jonna Mazet <jkmazet@ucdavis.edu>
Cc: **REDACTED**, Cara Chrisman <cchrisman@usaid.gov>, Dennis Carroll <DCarroll@usaid.gov>, Noppavan Janejai <noppavan.j@dmisc.mail.go.th>, "Daniel (RDMA/OPH) Schar" <dSchar@usaid.gov>, Monta Thammasatta <monta@nstda.or.th>, Thanat Chookajorn <thanat.cho@mahidol.edu>, Bandit Nuansrichay <**REDACTED**>, Supaporn Wacharapluesadee <**REDACTED**>, Prasert Auewarakul <prasert.aue@mahidol.ac.th>

Dear Jonna,

As mentioned to you earlier, DMSC has reached out to anticipated speakers and Thai network in person due to complicated procedure required by RTG. I understand that Parntep, Pratap (Thanat), DMSC, Thiravat, DLD, NSTDA, and others have been contacted. I will leave this to Dr. Noppavan and her team who are able to provide the update on this. I think the schedule is quite flexible in the afternoon of the 1st day and we will try our best to accomodate Dr.Parntep's schedule.

Please be sure that at least DMSC, NSTDA, Thanat, Supaporn, Prasert, and Department of Livestock Development are the organizing committee and we rely on the team to reach out to the networks in the country. I committed to contact Drs. Parntep and Pratap (Thanat) on behalf of them.

Best regards,
Sudarat Damrongwatanapokin, D.V.M., Ph.D.
Regional Animal Health Advisor

REDACTED
E-mail: sdamrongwatanapokin@usaid.gov
Tel: **REDACTED**

On Tue, Oct 16, 2018 at 10:06 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Dear Sudarat,

Thank you for your reply. Can you please let us know who has received notice of the meeting, especially of those who we are hoping will speak? We were just looking at the last iteration of the agenda and considering how to make the adjustment for Dean Parntep to fit into his schedule. If most have yet to be invited, I'm afraid, we will have to do a lot of juggling of the agenda to accommodate schedules and get the critical participation, since the meeting is only one week away. Please advise on who you believe will be in attendance and speaking.

Thank you,
Jonna

On Mon, Oct 15, 2018 at 7:54 PM Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov> wrote:

The invitation will be issue to Dr.Parntep directly, he is on the invitee list. However, this is in slow process due to arrival of new DG who is just on board. However, I had discussed with Dr.Wittawat (MOZWE) and Dr.Boripat , Zoological Parks Organization on this. They will meet in person this afternoon.

Best regards,
Sudarat Damrongwatanapokin, D.V.M., Ph.D.
Regional Animal Health Advisor

REDACTED
E-mail: sdamrongwatanapokin@usaid.gov
Tel: + **REDACTED**

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I am excited that we will take the next steps in exploring and planning for a Thailand National Virome Project this month.

I know that you have been invited as a key speaker for the meeting, scheduled for week after next (October 24-25). Of course, as we previously discussed, your participation in the meeting and the initiative as the lead of the wildlife community and liaison for the Ministry of Natural Resources and the Environment is critical. I heard that you may only be available the afternoon of the 24th. If that is the case, may I confirm your availability to speak then and adjust the schedule to have you on the agenda on the 24th?

Dennis Carroll and I, as well as the rest of the US participants, will be doing some final planning the day before the official meeting (October 23rd) at the Conrad Hotel. Would you be available to spend some time with us that day to continue to discuss the initiative? Your helping us to understand the potential for the initiative's success is crucially important to us. Of course, our working together would also ensure the meeting goes well on the subsequent days. I understand that the 23rd is a holiday, so I understand that meeting may not be a possibility, but if you could spare us an hour, we would be extremely grateful.

Looking forward to hearing from you and seeing you,

Jonna

[Jonna AK Mazet, DVM, MPVM, PhD](#)

Professor of Epidemiology & Disease Ecology
Executive Director, One Health Institute
Global Director, PREDICT Project of USAID Emerging Pandemic Threats Program

School of Veterinary Medicine
University of California
[1089 Veterinary Medicine Drive](#)
[Davis, CA 95616, USA](#)
+1-530-752-3630
onehealthinstitute.net

For scheduling and logistical issues, please contact:
Ms. Brooke Genovese
bgenovese@ucdavis.edu
+1-530-752-3630

From: Andrew Clements <aclements@usaid.gov>
To: djwolking@ucdavis.edu <djwolking@ucdavis.edu>; Jonna Mazet
<jkmazet@ucdavis.edu>; ealeasure@ucdavis.edu <ealeasure@ucdavis.edu>
CC: predictmgt@usaid.gov <predictmgt@usaid.gov>
Sent: 10/17/2018 12:58:03 PM
Subject: Fwd: PREDICT 2 Budget

FYI

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

Begin forwarded message:

From: Ariful Islam <arif@ecohealthalliance.org>
Date: October 17, 2018 at 11:34:44 AM GMT+2
To: Ariella Camera <acamera@usaid.gov>
Cc: Andrew Clements <aclements@usaid.gov>
Subject: Re: PREDICT 2 Budget

Dear Ariella:

I have not yet know the estimated budget of P2 FY19-Bangladesh amount. I've forwarded your request to headquarters about in country budget . I think they will contact you directly regarding budget issues.

with best regards
Arif

On Wed, Oct 17, 2018 at 7:44 AM Ariella Camera <acamera@usaid.gov> wrote:
Hi Arif,

Can you let me know what the estimated budget is for the PREDICT 2 workplan?

Thank you,

Ariella Camera
Deputy Director
Health Systems Strengthening Pillar
Office of Population, Health, Nutrition, and Education
USAID/Bangladesh

Tel: +880-2-55662560
Cell:+880-1755648968
Email: acamera@usaid.gov

**Bangladesh is 10 hours ahead of Washington, D.C., and +6 GMT. Our work week is Sunday through Thursday.*

UCDUSR0008499

From: Leilani Francisco <francisco@ecohealthalliance.org>
To: Jonna Mazet <jkamazet@ucdavis.edu>
CC: Emily Hagan <hagan@ecohealthalliance.org>; Peter Daszak <daszak@ecohealthalliance.org>
Sent: 10/17/2018 2:32:51 PM
Subject: RE: ppt file with a couple of pics

Hi Jonna,

We had our partner-wide call today and the milestone schedule is almost ready, just need to catch up Corina, and hear back from Karen who's currently in the field.

Will get it to you asap.

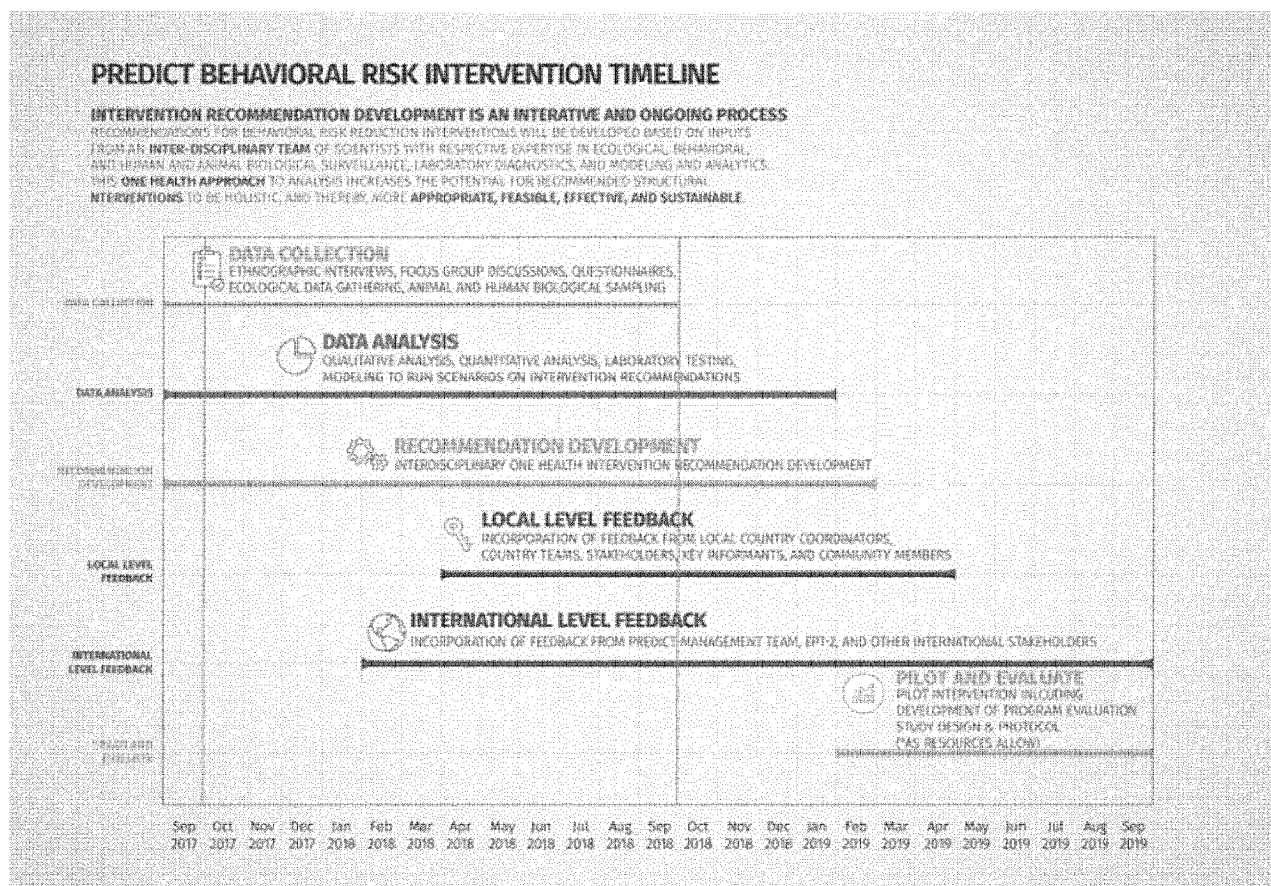
Best,
Leilani

From: Leilani Francisco <francisco@ecohealthalliance.org>
Sent: Wednesday, October 17, 2018 12:19 PM
To: 'Jonna Mazet' <jkamazet@ucdavis.edu>
Cc: Emily Hagan <hagan@ecohealthalliance.org>; Peter Daszak <daszak@ecohealthalliance.org>
Subject: RE: ppt file with a couple of pics

Thanks Jonna.

The existing milestone timeline (below) is fairly on target but I want to give all partners a chance to confirm. We have a partner-wide meeting this afternoon to discuss.

Best,
Leilani



From: Jonna Mazet <jkamazet@ucdavis.edu>
Sent: Wednesday, October 17, 2018 12:15 PM
To: Leilani Francisco <francisco@ecohealthalliance.org>
Cc: Emily Hagan <hagan@ecohealthalliance.org>; Peter Daszak <daszak@ecohealthalliance.org>
Subject: ppt file with a couple of pics

See attached.

Looking forward to receiving quarterly timeline with milestones & your PPFST slides.

Thanks for the meeting,

Jonna

From: Alison Andre <andre@ecohealthalliance.org>
To: Brooke Genovese <bgenovese@ucdavis.edu>
CC: Peter Daszak <daszak@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>
Sent: 1/24/2019 2:19:57 PM
Subject: Re: Peter & Jonna call, tomorrow

Hi Brooke,

Sounds good – Peter will give Jonna a call at 5:30 ET tomorrow.

Thanks!
Alison

From: Brooke Genovese
Date: Thursday, January 24, 2019 at 4:35 PM
To: Alison Andre
Cc: Peter Daszak , Jonna Mazet
Subject: Peter & Jonna call, tomorrow

Hi Alison,

Peter and Jonna were planning on talking tomorrow evening, but Jonna has a meeting from 1:00 – 2:30pm PT. Could you let Peter know he can call whenever is most convenient after 2:30pm PT / 5:30 pm ET?

Thanks!
-Brooke

From: Andrew Clements <aclements@usaid.gov>
To: Katherine Leasure <kaleasure@ucdavis.edu>
CC: PREDICTMGT <predictmgt@usaid.gov>; Predict inbox <predict@ucdavis.edu>; Jonna Mazet <Jkmazet@ucdavis.edu>
Sent: 2/1/2019 4:51:13 AM
Subject: Re: Time Sensitive PREDICT Travel Request - B. Shobayo (USA)

Approved.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Feb 1, 2019, at 2:08 AM, Katherine Leasure <kaleasure@ucdavis.edu> wrote:

Hi Andrew. Please find below an international travel request for Bode Shobayo. Our apologies for the late submission. Per EHA, Mr. Shobayo's travel is tied to the request of the Government of Liberia as related to recent findings in Liberia, and the dates chosen relate to their timeline and ability to schedule travel and visas. Please let me know if you have any questions. Thanks!

1. Shobayo (USA): \$2500 airfare/\$241 (New York) max daily per diem

Travel Request -

1. EcoHealth Alliance would like to request travel approval for Bode Shobayo to travel from Monrovia, Liberia to New York, NY, USA from February 13-15, 2019 to assist in sample testing for PREDICT/Liberia at Columbia University.

Trip purpose: Bode Shobayo, a lab scientist from National Public Health Institute, Liberia (NPHIL) will travel to New York to work with Dr. Simon Anthony and colleagues at Columbia University laboratory on PREDICT Liberia sample testing. Mr. Shobayo is traveling at the Government of Liberia's request to have a technician present and to ensure timely completion of bat sample viral testing in light of recent PREDICT/Liberia viral findings in the country.

--

Katherine Leasure
HR/Payroll/Financial Assistant
One Health Institute
530-752-7526

--

You received this message because you are subscribed to the Google Groups "PREDICTMGT" group.

To unsubscribe from this group and stop receiving emails from it, send an email to predictmgt+unsubscribe@usaid.gov.

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To view this discussion on the web visit https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CAD6-xMKu-LRn1N_9_MmEGagG1Ekx33%3DrmVOupgbkx3f3Kfat0A%40mail.gmail.com.

From: Molly Turner <turner@ecohealthalliance.org>
Sent: Tue, 19 Feb 2019 11:20:35 -0500
To: Beth Edison <bedison@metabiota.com>
Cc: Elizabeth Leasure <ealeasure@ucdavis.edu>, Evelyn Luciano <luciano@ecohealthalliance.org>, "REDACTED"
<cchurchill@wcs.org>, "RyanB@si.edu" <RyanB@si.edu>, predict Sympa List <predict@ucdavis.edu>
Subject: [predict] Re: PREDICT Semi Annual Meeting April 30-May 1

Hi Beth,
We'll get you an estimated headcount from EHA by Friday.

Cheers,
Molly

On Fri, Feb 15, 2019 at 1:33 PM Beth Edison <bedison@metabiota.com> wrote:

Hi Liz,
If possible, the end of next week would be great.

Thanks,
Beth

On Fri, Feb 15, 2019 at 10:26 AM Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Beth. When do you need the information by? We'll be discussing this as an item on EB next week, so perhaps by end of next week?

Elizabeth Leasure

Financial Operations Manager

One Health Institute

530-304-1403 (cell)

530-754-9034 (office)

Skype: ealeasure

From: Beth Edison <bedison@metabiota.com>
Sent: Friday, February 15, 2019 10:18 AM
To: Molly Turner <turner@ecohealthalliance.org>; Evelyn Luciano <luciano@ecohealthalliance.org>; "REDACTED"
<RyanB@si.edu>; Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
Cc: predict Sympa List <predict@ucdavis.edu>
Subject: PREDICT Semi Annual Meeting April 30-May 1

Hi everyone,

I'm working on booking space for the next Semi Annual meeting in Vancouver and I'd like to confirm the number of participants. I assume most people will arrive April 29 and depart either the evening of May 1 or on the 2nd.

Can you please talk to your teams and let me know how many people plan on attending?

Thank you and have a good weekend!

Beth

--

Beth Edison

Program Manager | Metabiota

(250)739-8987

--

Beth Edison

Program Manager | Metabiota

(250)739-8987

--

Molly Turner

Federal Grants Coordinator

EcoHealth Alliance Operations

EcoHealth Alliance

460 West 34th Street, Suite 1701

New York, NY 10001

[1.212.380.4469](tel:1.212.380.4469) (office)

REDACTED (mobile)

www.ecohealthalliance.org

EcoHealth Alliance leads cutting-edge scientific research into the critical connections between human and wildlife health and delicate ecosystems. With this science, we develop solutions that prevent pandemics and promote conservation.

From: Andrew Clements <aclements@usaid.gov>
To: Katherine Leasure <kaleasure@ucdavis.edu>
CC: PREDICTMGT <predictmgt@usaid.gov>; Predict inbox <predict@ucdavis.edu>; Jonna Mazet <Jkmazet@ucdavis.edu>
Sent: 3/24/2019 3:42:35 AM
Subject: Re: PREDICT International Travel Requests

Approved subject to mission concurrence.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Mar 22, 2019, at 2:04 AM, Katherine Leasure <kaleasure@ucdavis.edu> wrote:

Please find below international travel requests for your review and approval. Please let me know if you have any questions. Thanks!

1. Li (China): 1800 airfare/\$346 (Beijing), \$241 (Wuhan, Yunnan) max daily per diems
2. Sullivan, Epstein (India): \$1750 airfare each/\$288 (Lucknow) max daily per diem

Travel Requests –

1. EcoHealth Alliance would like to request travel approval for Hongying Li to travel from Newark, New Jersey, USA to Beijing, Wuhan, and Yunnan, China from April 15-26, 2019 for meetings with PREDICT in-country partners and China GVP meetings.

Trip purpose: In Beijing, Li will organize and attend the China GVP meeting. In Wuhan, Li will meet with PREDICT in-country coordinator, Dr. Zhengli Shi, to discuss about PREDICT data analysis and sample disposition plan. In Yunnan, Li and PREDICT field coordinator, Dr. Guangjian Zhu, will meet with community leaders for project updates.

2. EcoHealth Alliance would like to request travel approval for Ava Sullivan and Dr. Jon Epstein to travel from New York City, NY, USA to Lucknow, India from May 19-26, 2019 for PREDICT India results reporting and meetings with partners and stakeholders.

Trip purpose: Dr. Jon Epstein, Global Lead for PREDICT India, and Ava Sullivan, PREDICT India Country Liaison, plan to conduct a results communication and engagement meeting with stakeholders and partners, including the Country Coordinator Rajesh Bhatia, in-country team members, project partners, local experts, government officials and representatives from the USAID mission. They will also travel to the community and clinic surveillance sites to communicate results and discuss findings.

--

Katherine Leasure
HR/Payroll/Financial Assistant
One Health Institute
530-752-7526

--

You received this message because you are subscribed to the Google Groups "PREDICTMGT" group.

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To post to this group, send email to predictmgt@usaid.gov.

To view this discussion on the web visit https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CAD6-xML2e2-o1pniDDwR-a6UV%2BKt-Cq5%3D%3Dv0wUwO%2Bto15q_PuA%40mail.gmail.com.

From: **REDACTED**

To: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>, "Valitutto, Marc" <valituttom@si.edu>, David John Wolking <djwolking@ucdavis.edu>, Amanda Fine <[REDACTED]>, Brian H Bird <bhbird@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, "Churchill, Carolina" <cchurchill@wcs.org>, Corina Grigorescu Monagin <cgmonagin@UCDAVIS.EDU>, Dawn Zimmerman <zimmermand@si.edu>, Eddy Rubin <erubin@metabiota.com>, Evelyn Luciano <luciano@ecohealthalliance.org>, Jon Epstein <epstein@ecohealthalliance.org>, Karen Saylor <ksaylor@metabiota.com>, "Murray, Suzan" <murrays@si.edu>, Peter Daszak <daszak@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, Woutrina A Smith <wasmith@ucdavis.edu>, Sarah Olson <[REDACTED]>, Simon Anthony <sja2127@columbia.edu>, Tammie O'Rourke <torourke@metabiota.com>, Tracey Goldstein <tgoldstein@ucdavis.edu>, William Karesh <karesh@ecohealthalliance.org>, Kevin Olival <olival@ecohealthalliance.org>

Cc: Alison Andre <andre@ecohealthalliance.org>, Amanda Andre <amanda.andre@ecohealthalliance.org>, Megan M Doyle <mmdoyle@UCDAVIS.EDU>, Eri Togami <etogami@ucdavis.edu>, Ava Sullivan <sullivan@ecohealthalliance.org>, Molly Turner <turner@ecohealthalliance.org>, Emma Lane <lane@ecohealthalliance.org>, Brooke Genovese <bgenovese@ucdavis.edu>, predict Sympa List <predict@ucdavis.edu>

Subject: [Agenda] PREDICT EB call April 3

Sent: Wed, 3 Apr 2019 02:23:44 +0000

[PREDICT EB Agenda \(4.3.2019\)_final.docx](#)

Hi PREDICT EB,

Here are your agenda and call-in details for tomorrow.

Best,
Eri

PREDICT Executive Board Meeting

Wednesday, April 3, 2019

9:00-11:00am PST/12:00-2:00pm EST

Zoom link: **REDACTED**
Additional Zoom info below agenda

1. Management Team & Administrative updates

- All Country meeting plans
- GHSA/Ebola funds in DRC
- Upcoming DC events
- Semi-annual report reminder

2. Semi-annual meeting agenda and plans

3. Objective Team Updates

4. Mission communications & country roundup essentials

- Bombali virus in Kenya ([EID paper](#) published April 1)
- Sierra Leone: J. Bangura State Department Training
- Tanzania OH Workshop update
- Jordan Mission's One Health event
- Cote d'Ivoire government meeting with training
- Communications materials request

5. Publication, media, and conference updates

- 2nd [Symposium on Emerging Viral Disease](#), Geneva (April 10-12, 2019)
- [World Vaccine Congress Washington 2019](#) (April 15-17, 2019)
- [Global Health Security 2019](#), Sydney (June 18-20, 2019)
- [ASM Microbe 2019](#), San Francisco (June 20-24, 2019)
- DTRA Biological Threat Reduction Program Review meeting Warsaw, Poland (Sep 17-19, 2019)
- [ID week](#) 2019, Infectious Disease Society of America, Washington DC (October 2-6, 2019)
- [19th International Congress on Infectious Diseases](#), Kuala Lumpur (February 20-23, 2020)

6. AOB

Zoom Call-in info

Zoom link: **REDACTED**

Or iPhone one-tap:

US: +**REDACTED**

Or Telephone:

Dial (for higher quality, dial a number based on your current location):

US: **REDACTED**

Meeting ID: **REDACTED**

International numbers available: **REDACTED**

From: predict-request@ucdavis.edu [mailto:predict-request@ucdavis.edu] **On Behalf Of** **REDACTED**

Sent: Monday, April 01, 2019 9:13 AM

To: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>; Valitutto, Marc <valituttom@si.edu>; David John Wolking <djwolking@ucdavis.edu>; Amanda Fine <**REDACTED**>; Brian H Bird <bhbird@ucdavis.edu>; Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>; Churchill, Carolina <cchurchill@wcs.org>; Corina Grigorescu Monagin <cgmonagin@UCDAVIS.EDU>; Dawn Zimmerman <zimmermand@si.edu>; Eddy Rubin <erubin@metabiota.com>; Evelyn Luciano <luciano@ecohealthalliance.org>; Jon Epstein <epstein@ecohealthalliance.org>; Karen Saylor <ksaylor@metabiota.com>; Leilani Franciso <francisco@ecohealthalliance.org>; Murray, Suzan <murrays@si.edu>; Peter Daszak <daszak@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>; Woutrina A Smith <wasmith@ucdavis.edu>; Sarah Olson <**REDACTED**>; Simon Anthony <sja2127@columbia.edu>; Tammie O'Rourke <torourke@metabiota.com>; Tracey Goldstein <tgoldstein@ucdavis.edu>; William Karesh <karesh@ecohealthalliance.org>; Kevin Olival <olival@ecohealthalliance.org>

Cc: Alison Andre <andre@ecohealthalliance.org>; Amanda Andre <amanda.andre@ecohealthalliance.org>; Megan M Doyle <mmdoyle@UCDAVIS.EDU>; Ava Sullivan <sullivan@ecohealthalliance.org>; Molly Turner <turner@ecohealthalliance.org>; Emma Lane <lane@ecohealthalliance.org>; Brooke Genovese <bgenovese@ucdavis.edu>; predict Sympa List <predict@ucdavis.edu>

Subject: [predict] [Reminder] PREDICT EB call April 3

Hi PREDICT EB,

This is a reminder for your next PREDICT EB call, scheduled on Wednesday April 3 at 9 am PT/12pm ET. Please let me know if there are any agenda items you would like to discuss. Call-in details and the agenda will follow.

Happy Monday,

REDACTED

REDACTED

PREDICT Executive Board Meeting
Wednesday, April 3, 2019
9:00-11:00am PST/12:00-2:00pm EST
Zoom link: **REDACTED**
Additional Zoom info below agenda

1. Management Team & Administrative updates

- All Country meeting plans
- GHSA/Ebola funds in DRC
- Upcoming DC events
- Semi-annual report reminder

2. Semi-annual meeting agenda and plans

3. Objective Team Updates

4. Mission communications & country roundup essentials

- Bombali virus in Kenya ([EID paper](#) published April 1)
- Sierra Leone: J. Bangura State Department Training
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5. Publication, media, and conference updates

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- [ID week](#) 2019, Infectious Disease Society of America, Washington DC (October 2-6, 2019)
- [19th International Congress on Infectious Diseases](#), Kuala Lumpur (February 20-23, 2020)

6. AOB

Zoom Call-in info

Zoom link: **REDACTED**

Or iPhone one-tap:

US: +1 646 556 7000 **REDACTED**

Or Telephone:

Dial (for higher quality, dial a number based on your current location):

US: +1 **REDACTED**

Meeting ID: **REDACTED**

International numbers available: **REDACTED**

From: Oladele Ogunseitan <oladele.ogunseitan@uci.edu>
Subject: Re: OHW-NG proposal update April 4
Sent: Fri, 5 Apr 2019 23:15:11 -0700
To: Jonna Mazet <jkmazet@ucdavis.edu>, Woutrina A Smith <wasmith@ucdavis.edu>, Matthew Blake <mblake@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, Catherine Machalaba <machalaba@ecohealthalliance.org>, Molly Turner <turner@ecohealthalliance.org>, Evelyn Luciano <luciano@ecohealthalliance.org>, "William B. Karesh" <Karesh@ecohealthalliance.org>, Kevin Olival <olival@ecohealthalliance.org>, Jon Epstein <epstein@ecohealthalliance.org>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Brian H Bird <bhbird@gmx.ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, **REDACTED**
REDACTED "Sanzero, George" <gsanzer@sandia.gov>, Jutta Lehmer <JLehmer@salud.unm.edu>, Bruce Baird Struminger <BStruminger@salud.unm.edu>, "McNeil, Carrie S." <csmcnei@sandia.gov>, Sam Halabi <sfh9@georgetown.edu>, "Costa, Cristiane" <co123@cumc.columbia.edu>, "Parish, Sarah A." <sp3546@cumc.columbia.edu>, "Hunt, Christine T." <ch3326@cumc.columbia.edu>, "Anthony, Simon J." <sja2127@cumc.columbia.edu>, "Wafaa M. El-Sadr" <wme1@cumc.columbia.edu>, Jennifer K Lane <jklane@ucdavis.edu>, Terra Kelly <trkelly@ucdavis.edu>, Omar Romero-hernandez <oromero@haas.berkeley.edu>, Federico Castillo <f.castillo@berkeley.edu>, "lane@ecohealthalliance.org" <lane@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Nicole R Gardner <nrgardner@ucdavis.edu>, Amy Armistad <AArmistad@salud.unm.edu>, "ElByers@salud.unm.edu" <ElByers@salud.unm.edu>, "mr84@columbia.edu" <mr84@columbia.edu>, David John Wolking <djwolking@ucdavis.edu>, "kp2440@cumc.columbia.edu" <kp2440@cumc.columbia.edu>, Bridgette Phebean Smith <brpsmith@ucdavis.edu>, Ndola PRATA <ndola@berkeley.edu>, **REDACTED**
REDACTED Martin H. Smith" <mhsmith@ucdavis.edu>, Michael S Wilkes <mswilkes@ucdavis.edu>, Hannah R Chale <hrchale@ucdavis.edu>, Corina Grigorescu Monagin <cgmonagin@ucdavis.edu>
[Executive Summary-4-4-19-mb-az-ws_bb JM Dele.docx](#)

This summary hits all the main points. I made a few minor changes in the attached version (tracked).

Thanks.

- Dele

Oladele A. Ogunseitan, PhD, MPH, BCES
Professor and Founding Chair
Department of Population Health and Disease Prevention
Program in Public Health
Susan and Henry Samueli College of Health Sciences
University of California, Irvine
CA 92697

> On Apr 5, 2019, at 4:57 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

>

> Here's a tracked version starting with Brian's comments and adding mine and Billy's. His are marked with comment bubbles. Then I made a clean version to work with it to get it down to 2 pages. Was a job, but I've done it, if you like it! I think it sounds great, but Brian was looking for a BIG FINISH. I left his suggestion on the clean one, too. I like it, but couldn't figure out what else to cut to accommodate. Instead, I just reorganized the last paragraph to end on the restatement of the vision.

> Hope you like the edits,

> J

>

> On Thu, Apr 4, 2019 at 5:07 PM Woutrina A Smith <wasmith@ucdavis.edu
<mailto:wasmith@ucdavis.edu>> wrote:

> Hi OHW-NG team
>
> Here is the executive summary 2 pager overview for those interested to have a read. We'll be checking for little polish edits but if you have any critical points that are missed or misspoken please reach out on Friday so we can address them. Also attached is Eunah's rockin graphics file for your enjoyment. Due to space limitations the MEL graphic is just providing some illustrative activities, indicators, and outcomes, and can be polished up further as space allows.
>
> Best wishes, Woutrina
>
> <Executive Summary-4-4-19-mb-az-ws_bb JM.docx><Executive Summary-4-5-19-clean.docx>

This summary hits all the main points. I made a few minor changes in the attached version (tracked).
Thanks.

- Dele

Executive Summary. Globalization has brought about a rising tide of human prosperity, and yet, the threat of a tsunami – in the form of an infectious disease pandemic or antimicrobial resistance – looms larger each year. Emerging from changing practices at the animal-human-environment interface, this wave continues to grow under the driving forces of population expansion, human migration, and development. We offer an exceptional team to exponentially expand, reach, and ensure sustainability in building an effective One Health Workforce – realizing a vision to stem this impending tide by amplifying the impacts of previous USAID investments, allowing them to reach dramatic new levels of scale and sustainability through enhanced activities and alignment with the Journey to Self-Reliance and Global Health Security Agenda. Our consortium brings unique capabilities and vision to achieve an unprecedented level of ‘scaling up and scaling out’ of One Health workforce activities, while also institutionalizing and systematizing those activities to produce sustainable models of workforce development – robust university networks that can endure beyond the USAID OHW-NG investment.

Our OHW-NG vision is to see OHCEA and SEAOHUN each become global leaders in state of the art, scalable, and sustainable workforce development that address the most critical One Health workforce gaps.

Building upon the current portfolio of training opportunities offered by OHCEA and SEAOHUN, we will use the proven global platform of Project ECHO’s virtual communities of practice. We will provide a low-cost, high yield vehicle that delivers training and fosters peer-to-peer learning across the members and allows for rapid network expansion to include new members and countries with low incremental costs. Our One Health Academy will offer diverse One Health training activities that are curated and unified across a menu of options in tiered stages, thus allowing trainees and faculty from diverse professions to progressively achieve certifications across the range of One Health competencies. Essential for employment, career advancement, and institutional capacity – the ultimate goals of workforce development – our innovative digital tracking app will provide OHCEA and SEAOHUN unprecedented opportunities to track trainings and provide students and graduates evidence of competencies achieved and real-time training certification transcripts in a user-friendly, cloud-based format.

We will co-develop adaptive management mechanisms with OHCEA and SEAOHUN to facilitate routine reviews of One Health curricula and programming in their regions, promoting regular updating of training material and pedagogical techniques. New models of in-service training, peer learning, field-based experiential learning, policy/advocacy capacity-strengthening, and faculty development will be designed to target specific workforce gaps and to inform and improve programs. Our robust global knowledge management system will assist the networks and the consortium to share information, reports, and strategies for iterative program planning.

Every member country in the two regions will have strong cross-sectoral advisory bodies – building upon One Health platforms where they exist – to produce and update national One Health workforce strategies and foster the multi-sectoral competency and transdisciplinary collaborations necessary to advance regional health programming. We will facilitate innovative



partnerships with the private sector in each country and among member networks based on a market approach, including strategic linkages with Land O' Lakes and Johnson & Johnson, to contribute to the multi-sectoral competency and transdisciplinary collaborations necessary to advance health programming. Additionally, student internships will be created with private sector employers to facilitate cross-sectoral competence and communication and to create demand in the job pipeline.

We will ensure that OHCEA and SEAOHUN will continue to grow as organizationally robust and sustainable networks that are recognized leaders in One Health in their regions and globally. Under our plan, these networks will receive multi-modal capacity-building to enhance their organizational capacity through a stepwise approach, measurably improving across all seven domains of USAID's Organizational Capacity Assessment Tool, and will manage high levels of USAID funding with an associated increase in scope of activities over the lifetime of the project. We will expand network membership across regions, including new countries, new degree programs, new students, and strong training hub centers that support workforce development. Through an aggressive partnership strategy enabled by leaders from the Global Health Security Agenda Private Sector Roundtable, the networks will establish funding partners to co-finance One Health workforce development activities and new partnership development offices to sustainably lead relationship generation in the future. Guided by a business plan, each network will employ, for the first time, revenue-generating activities that increase self-reliance. Strategic technical collaborations will be established with WHO, the World Bank, Africa CDC, IANPHI, multinational companies, FAO, and others to build upon existing investments and infrastructure and magnify the impact of OHW-NG on the global One Health workforce.

Our consortium has the unique ability to deliver this vision. We are led by the University of California (UC) Davis One Health Institute, which is responsible for the most comprehensive zoonotic pathogen and EID surveillance capacity-strengthening program in the world, USAID PREDICT, alongside dynamic partners like the Columbia University ICAP program with a proven track record of implementing large-scale global health workforce and public health initiatives, which notably includes a \$64 million nursing initiative in Africa, and the EcoHealth Alliance, a global private sector partner working on sustainability and One Health for over 45 years. Among these partners, we have existing field offices and local staff in every OHW-NG country to support continuous implementation of activities and a smooth and rapid transition from the incumbent management. We have further identified essential expertise in: business development (UC Berkeley), organizational sustainability and continuing professional development (Ata Health Strategies, UC Irvine), communities of practice (University of New Mexico ECHO Institute), One Health readiness training and cutting edge technologies (Sandia National Laboratories), and business management and partnership development (Global Health Security Agenda Private Sector Roundtable with other corporate partners), which will all serve critical functions across the three operational objectives. Importantly, we have forged mutual intentions to collaborate with the International Association of National Public Health Institutes, Africa CDC, American Society of Microbiology, WHO Health Workforce Development Directorate, and many other partners. An esteemed external advisory board will also ensure connection to the greater global health security and One Health communities.

As important as who we are is how we will work together. Using adaptive management principles, we will actively utilize a robust monitoring and evaluation framework – built upon our theory of change – to make continuous adjustments to activities to significantly improve network impact, coverage, efficiency, and sustainability. Paramount is working hand-in-hand

with OHCEA and SEAOHUN networks to co-design and execute all activities. By serving on the highest level decision-making bodies, the networks, themselves, will empower and realize our end-goal of OHCEA and SEAOHUN operational and financial sustainability and global leadership in One Health workforce development.

Using an integrated approach for communication and work planning, including semi-annual consortium in-person meetings, weekly videoconference meetings, and an online knowledge management system for storing and disseminating key program materials.

Our proposed activities in partnership with OHCEA and SEOHUN lay the foundation stones of a robust OH worker-shield protecting us all from the tidal wave of global health threats. A tidal wave is impossible to stop once started, but by working *now* to build a sustainable OH workforce of energized, well trained, and dedicated One Health workers we can together prevent the formation of that wave and promote sustained health security for people, animals, and the greater environment.

From:

REDACTED

To:

Elizabeth Leasure <ealeasure@UCDAVIS.EDU>, "Valitutto, Marc" <valituttom@si.edu>, David John Wolking <djwolking@ucdavis.edu>, Amanda Fine <**REDACTED**>, Brian H Bird <bhbird@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, "Churchill, Carolina" <cchurchill@wcs.org>, Corina Grigorescu Monagin <cgmonagin@UCDAVIS.EDU>, Dawn Zimmerman <zimmermand@si.edu>, Eddy Rubin <erubin@metabiota.com>, Evelyn Luciano <luciano@ecohealthalliance.org>, Jon Epstein <epstein@ecohealthalliance.org>, Karen Saylor <ksaylors@metabiota.com>, "Murray, Suzan" <murrays@si.edu>, Peter Daszak <daszak@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, Woutrina A Smith <wasmith@ucdavis.edu>, Sarah Olson <**REDACTED**>, Simon Anthony <sja2127@columbia.edu>, Tammie O'Rourke <torourke@metabiota.com>, Tracey Goldstein <tgoldstein@ucdavis.edu>, William Karesh <karesh@ecohealthalliance.org>, Kevin Olival <olival@ecohealthalliance.org>

Cc:

Alison Andre <andre@ecohealthalliance.org>, Amanda Andre <amanda.andre@ecohealthalliance.org>, Megan M Doyle <mmdoyle@UCDAVIS.EDU>, Ava Sullivan <sullivan@ecohealthalliance.org>, Molly Turner <turner@ecohealthalliance.org>, Brooke Genovese <bgenovese@ucdavis.edu>, predict Sympa List <predict@ucdavis.edu>

Subject: [Reminder] PREDICT EB call tomorrow

Sent: Tue, 16 Apr 2019 17:15:48 +0000

Hi PREDCIT EB,

This is a friendly reminder that your next EB call is scheduled tomorrow, April 17 at 9am PT/12pm ET. The agenda and call-in details will follow soon.

Best,

REDACTED

From: Jose Nunez Grullon <jnunezgrullon@usaid.gov>
Sent: Wed, 24 Apr 2019 10:04:59 -0400
Subject: Re: [predict] Fwd: VAT Exemption for USAID/Egypt for PREDICT-2
To: Elizabeth Leasure <ealeasure@ucdavis.edu>
Cc: Andrew Clements <aclements@usaid.gov>, pbradley <pbradley@usaid.gov>, predict Sympa List <predict@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Hannah R Chale <hrchale@ucdavis.edu>, "predictmgt@usaid.gov" <predictmgt@usaid.gov>

Dear Ms. Leasure,

We confirm receipt of your email of your email below. We expect to get back to you on this by the end of the week.

Sincerely,

JOSE L. NUNEZ
Acquisition and Assistance Specialist, M/OAA/GH
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
SA-44; Rm 469-G
1300 Pennsylvania Ave., NW
Washington, DC, 20523-7900
T 202 567-4123
(Contractor-Jefferson Solutions, LLC)

On Tue, Apr 23, 2019 at 5:32 PM Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Good afternoon. I'm following up regarding my email below. Any guidance you can provide would be most appreciated.

Many thanks,

Liz

Elizabeth Leasure

Financial Operations Manager

One Health Institute

REDACTED (cell)

530-754-9034 (office)

Skype: ealeasure

From: predict-request@ucdavis.edu <predict-request@ucdavis.edu> **On Behalf Of** Elizabeth Leasure
Sent: Tuesday, April 16, 2019 3:52 PM
To: Andrew Clements <aclements@usaid.gov>; pbradley <pbradley@usaid.gov>
Cc: predict Sympa List <predict@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>; Hannah R Chale <hrchale@UCDAVIS.EDU>; predictmgt@usaid.gov; Jose Nunez Grullon <jnunezgrullon@usaid.gov>
Subject: RE: [predict] Fwd: VAT Exemption for USAID/Egypt for PREDICT-2

Hi Andrew and Ms. Bradley. We previously received written approval for an exception to VAT exemption in Egypt (see attached), which was good through September 30, 2018. The exception was granted because USAID/Egypt had not yet worked out an agreement for tax exemptions with the Egyptian tax authority, so no exemption was available to us (see Robert Claussen's email below). Are you aware of any progress with regard to establishing a bilateral agreement in Egypt for a VAT exemption on assistance funds? If the situation has not changed and a VAT exemption is still not available to us in Egypt, we request that the

UCDUSR0008516

exception be extended through the end of the project in September 2019.

Thank you,

Liz

Elizabeth Leasure

Financial Operations Manager

One Health Institute

REDACTED (cell)

530-754-9034 (office)

Skype: ealeasure

----- Forwarded message -----

From: **Ryland Marbray** <rmarbray@usaid.gov>

Date: Wed, Apr 25, 2018 at 6:03 PM

Subject: Re: VAT Exemption for USAID/Egypt for PREDICT-2

To: Shana Gillette <sgillette@usaid.gov>

Cc: Alisa Pereira <apereira@usaid.gov>, Andrew <aclements@usaid.gov>

Hi Shana,

Please find a VAT exemption attached for Egypt until September 2018. We can review and revisit this subject at that time.

Best,

Ryland Marbray

Assistance Officer

On Tue, Mar 21, 2017 at 3:34 PM, Shana Gillette <sgillette@usaid.gov> wrote:

Dear Ryland,

Any suggestions on how PREDICT should proceed with the VAT exemption given the current circumstances in Egypt described below?

Best,

Shana

----- Forwarded message -----

From: **Robert Claussen** <rclaussen@usaid.gov>

Date: Wed, Feb 22, 2017 at 9:30 AM

Subject: VAT Exemption for USAID/Egypt for PREDICT-2

To: sgillette@usaid.gov, aclements@usaid.gov

Cc: Akmal Elerian <aclerian@usaid.gov>, Tara Simpson <tsimpson@usaid.gov>, Shaymaa shaatoot <sshaatoot@usaid.gov>

Dear Shana and Andrew - Greetings from USAID/Egypt.

I wanted to engage you with an issue we have been dealing with over the past month. Just before Christmas, Patrick Dawson from the EcoHealth Alliance reached out to one of our staff Dr. Akmal for assistance regarding VAT exemption for work that they are doing under PREDICT-2 in Egypt. You should know that VAT was introduced in Egypt just a few months ago and while we are negotiating an exemption for our bilateral partners, we have not reached an agreement yet with the Egyptian tax authorities.

In this interim time, we are unable to provide assistance for any tax exemption to the PREDICT-2 project as it does not fall into our of our bilateral agreements with the Government of Egypt. What we can offer is the attached 1978 bilateral framework agreement with the Government of Egypt that may help this implementer negotiate some tax relief.

I hope this helps and apologies that we cannot be of further assistance.

Robert Claussen

USAID/Egypt

Contracting and Agreement Officer | Office of Procurement

www.usaid.gov/egypt | facebook.com/USAIDEgypt | twitter.com/USAIDEgypt

note that Cairo is +7 hours from EST and follows a Sunday through Thursday work week.

--

Shana Gillette, PhD

Senior Risk Mitigation Adviser

Emerging Threats Division
Office of Infectious Disease

UCDUSR0008518

Bureau for Global Health

U.S. Agency for International Development (USAID)

Office Phone: [202-712-1456](tel:202-712-1456)

Work Mobile: **REDACTED**

Email: sgillette@usaid.gov

--

Shana Gillette, PhD

Senior Risk Mitigation Adviser

Emerging Threats Division
Office of Infectious Disease

Bureau for Global Health

U.S. Agency for International Development (USAID)

Office Phone: [202-712-1456](tel:202-712-1456)

Work Mobile: **REDACTED**

Email: sgillette@usaid.gov

--

Ryland Marbray
Agreements/Contracting Officer

USAID Office of Acquisition & Assistance
M/OAA/E3
1300 Pennsylvania Ave., NW,
Rm. 567-B, SA-44
Washington, DC 20523

Phone: (202) 567-5328 | rmarbray@usaid.gov

--

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

UCDUSR0008519

Mobile phone: 1-571-345-4253
E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: <http://www.usaid.gov/ept2>

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>
CC: Jonna Mazet <jkmazet@ucdavis.edu>; Elizabeth Leasure
<ealeasure@ucdavis.edu>; PREDICTMGT <predictmgt@usaid.gov>
Sent: 5/6/2019 12:03:29 PM
Subject: Re: Metrics to show P2 influence

Thanks, David.

Agree that the meeting was very good.

Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov

On May 6, 2019, at 10:48 AM, David J Wolking <djwolking@ucdavis.edu> wrote:

Thanks for sharing Andrew, we'll take a look and explore and let you know.

Great to see you last week, I think that was a very productive and successful meeting.

Best,

David

On Fri, May 3, 2019 at 5:39 PM Andrew Clements <aclements@usaid.gov> wrote:
Hi Jonna, Liz, and David,

Lindsay on our team forwarded the following link to me. It is a "biblometric" used by USAID/ Feed the Future. <https://www.altmetric.com/explorer/report/c1bab3e6-55dd-4bed-b55c-e9c65849f6a3>

Do you think this is something that could be easily done by Predict to show what influence the project is having on shaping global opinion through its publications? If so, it might be a nice high-level bullet point for the final report.

Andrew

Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov

From: Andrew Clements <aclements@usaid.gov>
Sent: Wed, 29 May 2019 03:20:38 -0400
Subject: Re: [predict] Fwd: VAT Exemption for USAID/Egypt for PREDICT-2
To: Elizabeth Leasure <ealeasure@ucdavis.edu>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, "predictmgt@usaid.gov" <predictmgt@usaid.gov>, predict Sympa List <predict@ucdavis.edu>

Not yet. Sorry.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On May 29, 2019, at 12:21 AM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Andrew. Any updates on this?

Thanks,
Liz

*Elizabeth Leasure
Financial Operations Manager
One Health Institute
[REDACTED] (cell)
530-754-9034 (office)
Skype: ealeasure*

From: Elizabeth Leasure
Sent: Thursday, May 2, 2019 11:52 AM
To: Andrew Clements
Cc: Jonna Mazet; David John Wolking; predictmgt@usaid.gov; predict Sympa List
Subject: RE: [predict] Fwd: VAT Exemption for USAID/Egypt for PREDICT-2

Hi Andrew. For Years 2-4, VAT was incurred on approximately \$52K in purchases, for a total of approximately \$6,900 in VAT paid for this 3-year time period. Y4 VAT payments were only \$800 on \$6,600, so I would expect Y5 to be similarly low as activities wind down.

Thanks,
Liz

*Elizabeth Leasure
Financial Operations Manager
One Health Institute
[REDACTED] (cell)
530-754-9034 (office)
Skype: ealeasure*

From: Andrew Clements <aclements@usaid.gov>
Sent: Thursday, May 2, 2019 11:37 AM
To: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>; David John Wolking <djwolking@ucdavis.edu>; predictmgt@usaid.gov
Subject: Fwd: [predict] Fwd: VAT Exemption for USAID/Egypt for PREDICT-2

Hi Liz,

Can you answer the question below? Thanks!

Andrew

Andrew P. Clements, Ph.D.

Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253

Email: aclements@usaid.gov

Begin forwarded message:

From: Tara Simpson <tsimpson@usaid.gov>

Date: May 2, 2019 at 6:27:27 AM CDT

To: Andrew Clements <aclements@usaid.gov>

Cc: "Elerian, Akmal (Cairo/OHP)" <AElerian@usaid.gov>, PREDICTMGT <predictmgt@usaid.gov>, Ashna Kibria <akibria@usaid.gov>, jnunezgrullon@usaid.gov

Subject: Re: [predict] Fwd: VAT Exemption for USAID/Egypt for PREDICT-2

Hi Andrew,

Can you give me a rough estimate of how much spending in Egypt is currently incurring VAT?
Thanks, Tara

On Wed, May 1, 2019 at 2:33 PM Andrew Clements <aclements@usaid.gov> wrote:
Hi Tara and Akmal,

Can you let us know when we might receive an answer from you on this topic?

Thanks!

Andrew

Andrew P. Clements, Ph.D.

Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253

Email: aclements@usaid.gov

On Apr 28, 2019, at 9:21 PM, Andrew Clements <aclements@usaid.gov> wrote:

Re-sending....

Andrew Clements, Ph.D.

Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253

E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: <http://www.usaid.gov/ept2>

On Wed, Apr 24, 2019 at 4:37 PM Andrew Clements <aclements@usaid.gov> wrote:

Hi Tara and Akmal,

Hope you are well.

The USAID/PREDICT project is asking if you have any information regarding the establishment of a bilateral agreement in Egypt and whether it would have a VAT exemption on assistance funds? If not, we'll seek another extension of the current waiver.

Thanks!

Andrew

Andrew Clements, Ph.D.

Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: <http://www.usaid.gov/ept2>

----- Forwarded message -----

From: **Elizabeth Leasure** <calcasurc@ucdavis.edu>
Date: Tue, Apr 23, 2019 at 11:32 PM
Subject: RE: [predict] Fwd: VAT Exemption for USAID/Egypt for PREDICT-2
To: Elizabeth Leasure <ealeasure@ucdavis.edu>, Andrew Clements <aclements@usaid.gov>, pbradley <pbradley@usaid.gov>
Cc: predict Sympa List <predict@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Hannah R Chale <hrchale@ucdavis.edu>, predictmgt@usaid.gov <predictmgt@usaid.gov>, Jose Nunez Grullon <jnunezgrullon@usaid.gov>

Good afternoon. I'm following up regarding my email below. Any guidance you can provide would be most appreciated.

Many thanks,
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute
REDACTED (cell)
530-754-9034 (office)
Skype: ealeasure

From: predict-request@ucdavis.edu <predict-request@ucdavis.edu> **On Behalf Of**
Elizabeth Leasure

Sent: Tuesday, April 16, 2019 3:52 PM
To: Andrew Clements <aclements@usaid.gov>; pbradley <pbradley@usaid.gov>
Cc: predict Sympa List <predict@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>; Hannah R Chale <hrchale@UCDAVIS.EDU>; predictmgt@usaid.gov; Jose Nunez Grullon <jnunezgrullon@usaid.gov>
Subject: RE: [predict] Fwd: VAT Exemption for USAID/Egypt for PREDICT-2

Hi Andrew and Ms. Bradley. We previously received written approval for an exception to VAT exemption in Egypt (see attached), which was good through September 30, 2018. The exception was granted because USAID/Egypt had not yet worked out an agreement for tax exemptions with the Egyptian tax authority, so no exemption was available to us (see Robert Claussen's email below). Are you aware of any progress with regard to establishing a bilateral agreement in Egypt for a VAT exemption on assistance funds? If

the situation has not changed and a VAT exemption is still not available to us in Egypt, we request that the exception be extended through the end of the project in September 2019.

Thank you,
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute
REDACTED (cell)
530-754-9034 (office)
Skype: ealeasure

----- Forwarded message -----

From: **Ryland Marbray** <rmarbray@usaid.gov>
Date: Wed, Apr 25, 2018 at 6:03 PM
Subject: Re: VAT Exemption for USAID/Egypt for PREDICT-2
To: Shana Gillette <sgillette@usaid.gov>
Cc: Alisa Pereira <apereira@usaid.gov>, Andrew <aclements@usaid.gov>

Hi Shana,

Please find a VAT exemption attached for Egypt until September 2018. We can review and revisit this subject at that time.

Best,

Ryland Marbray
Assistance Officer

On Tue, Mar 21, 2017 at 3:34 PM, Shana Gillette <sgillette@usaid.gov> wrote:
Dear Ryland,

Any suggestions on how PREDICT should proceed with the VAT exemption given the current circumstances in Egypt described below?

Best,
Shana

----- Forwarded message -----

From: **Robert Claussen** <rclaussen@usaid.gov>
Date: Wed, Feb 22, 2017 at 9:30 AM
Subject: VAT Exemption for USAID/Egypt for PREDICT-2
To: sgillette@usaid.gov, aclements@usaid.gov
Cc: Akmal Elerian <aelerian@usaid.gov>, Tara Simpson <tsimpson@usaid.gov>, Shaymaa shaatoot <sshaatoot@usaid.gov>

Dear Shana and Andrew - Greetings from USAID/Egypt.

I wanted to engage you with an issue we have been dealing with over the past month. Just before Christmas, Patrick Dawson from the EcoHealth Alliance reached out to one of our staff Dr. Akmal for assistance regarding VAT exemption for work that they are doing under PREDICT-2 in Egypt. You should know that VAT was introduced in Egypt just a few months ago and while we are negotiating an exemption for our bilateral

partners, we have not reached an agreement yet with the Egyptian tax authorities.

In this interim time, we are unable to provide assistance for any tax exemption to the PREDICT-2 project as it does not fall into our of our bilateral agreements with the Government of Egypt. What we can offer is the attached 1978 bilateral framework agreement with the Government of Egypt that may help this implementer negotiate some tax relief.

I hope this helps and apologies that we cannot be of further assistance.

Robert Claussen

USAID/Egypt

Contracting and Agreement Officer | Office of Procurement

www.usaid.gov/egypt | facebook.com/USAIDEgypt | twitter.com/USAIDEgypt

note that Cairo is +7 hours from EST and follows a Sunday through Thursday work week.

--

Shana Gillette, PhD

Senior Risk Mitigation Adviser

Emerging Threats Division

Office of Infectious Disease

Bureau for Global Health

U.S. Agency for International Development (USAID)

Office Phone: [202-712-1456](tel:202-712-1456)

Work Mobile: **REDACTED**

Email: sgillette@usaid.gov

--

Shana Gillette, PhD

Senior Risk Mitigation Adviser

Emerging Threats Division

Office of Infectious Disease

Bureau for Global Health

U.S. Agency for International Development (USAID)

Office Phone: [202-712-1456](tel:202-712-1456)

Work Mobile: **REDACTED**

Email: sgillette@usaid.gov

--

Ryland Marbray

Agreements/Contracting Officer

USAID Office of Acquisition & Assistance

M/OAA/E3
1300 Pennsylvania Ave., NW,
Rm. 567-B, SA-44
Washington, DC 20523

UCDUSR0008526

Phone: (202) 567-5328 | rmarbray@usaid.gov

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Andrew Clements, Ph.D.

Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253

E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: <http://www.usaid.gov/ept2>

--

Tara Simpson

USAID/Egypt

Deputy Director and Health Team Leader | Office of Education and Health

Office: (2-02) 2522-6896 | Mobile: (2) REDACTED | US Number: (202) 216-6319 ext. 6896 Email: tsimpson@usaid.gov
www.usaid.gov/egypt | facebook.com/USAIDEgypt | twitter.com/USAIDEgypt

From: Peter Daszak <daszak@ecohealthalliance.org>
To: "cchrisman@usaid.gov" <cchrisman@usaid.gov>, "jkmazet@ucdavis.edu" <jkmazet@ucdavis.edu>, "Samtha Maher" <maher@ecohealthalliance.org>, "erubin@metabiota.com" <erubin@metabiota.com>, "dcarroll@usaid.gov" <dcarroll@usaid.gov>, "nwolfe@metabiota.com" <nwolfe@metabiota.com>
Subject: RE: Reminder - GVP call
Sent: Thu, 30 May 2019 00:35:15 +0000

...but if that's too awkward for you to email about, just leave it for now...

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
460 West 34th Street – 17th Floor
New York, NY 10001

Tel. +1 212-380-4474
Website: www.ecohealthalliance.org
Twitter: [@PeterDaszak](https://twitter.com/PeterDaszak)

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.

From: Google Calendar [mailto:calendar-notification@google.com] **On Behalf Of** cchrisman@usaid.gov
Sent: Wednesday, May 29, 2019 5:19 PM
To: jkmazet@ucdavis.edu; [REDACTED] Samtha Maher; erubin@metabiota.com; cchrisman@usaid.gov; Peter Daszak; dcarroll@usaid.gov; nwolfe@metabiota.com
Subject: Reminder - GVP call

Hi All,

Hope you're having a good (short) week! We wanted to reconfirm that we're planning to have the GVP call tomorrow at the regular time. Given that the main topic is the BoD TOR, Peter will lead the call and Dennis will not join.

Best,
Cara

GVP call

When Thu May 30, 2019 1pm – 2pm Eastern Time - New York

Where call in line [REDACTED], passcode [REDACTED] ([map](#))

Video call [REDACTED]

Who

- watson@ecohealthalliance.org - organizer
- Peter Daszak

- jkmazet@ucdavis.edu
- erubin@metabiota.com
- cchrisman@usaid.gov
- **REDACTED**
- dcarroll@usaid.gov
- nwolfe@metabiota.com

From: Andrew Clements <aclements@usaid.gov>
Sent: Thu, 13 Jun 2019 08:43:58 -0700
Subject: Re: Action Requested: FY19, Q3 Accruals
To: Elizabeth Leasure <ealeasure@ucdavis.edu>
Cc: predict Sympa List <predict@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, PREDICTMGT <PREDICTMGT@usaid.gov>

Merci!

Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov

On Jun 13, 2019, at 5:16 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Okay to send as is, Andrew. Thanks for checking.

Elizabeth Leasure
Financial Operations Manager
One Health Institute
University of California, Davis
Cell: 530-304-1403

From: Andrew Clements <aclements@usaid.gov>
Sent: Thursday, June 13, 2019 12:57:45 AM
To: Elizabeth Leasure
Cc: predict Sympa List; David John Wolking; Jonna Mazet; PREDICTMGT
Subject: Re: Action Requested: FY19, Q3 Accruals

Hi Liz,
I mentioned the gist of this email to OAA yesterday and Patricia Bradley requested I send her the email.

Are you okay with the current language or if you want to change anything?

Please let me know today if at all possible.

Thanks.

Andrew

Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov

On Jun 12, 2019, at 7:13 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Amalhin. Accruals for Y5Q3 are below per your request. Please note that the June expenditure estimate appears quite high because it includes costs that are committed/obligated (and thus

considered spent) but are not expected to hit our ledgers until June or later. Please also note that Core expenses that are being applied against the \$2.2M in borrowable Ebola funds are accounted for in the monthly figures and Core pipeline below. You will notice that our Core pipeline is -\$4.3M, which is \$2.1M over the \$2.2M we were authorized to spend against borrowable Ebola funds. Unfortunately, because we have had to prioritize Ebola activities over Core to slow down the core activities, we no longer even have the \$2.2M that we are allowed to borrow in Ebola funds, and we'll need to stop activities immediately if the balance of our Y5 core funds are not obligated within the next day or two. We have extended the university's credit as much as we possibly can at this point, and we are in danger of overspending all funds on hand (including Ebola) by the end of June should all the committed costs/obligations hit the ledgers. If you have any questions, please let me know. Thanks!

April: \$2,277,250

May: \$2,558,775

June: \$3,822,838

TOTAL: \$8,658,864

July 1 pipeline (non-Ebola): -\$4,296,710

July 1 pipeline (Ebola): \$1,836,205

*Elizabeth Leasure
Financial Operations Manager
One Health Institute
530-304-1403 (cell)
530-754-9034 (office)
Skype: ealeasure*

From: Amalhin Shek <ashek@usaid.gov>

Sent: Thursday, June 6, 2019 1:21 PM

To: predict Sympa List <predict@ucdavis.edu>; David Whitfield <David_Whitfield@dai.com>; Chris Dillon <cdillon@umn.edu>; David John Wolking <djwolking@ucdavis.edu>; Hasibra, Mirela (TCE) <Mirela.Hasibra@fao.org>; Tonetti, Bianca (TCE) <Bianca.Tonetti@fao.org>; Erik Kohler <ekohler@email.gwu.edu>; Ahmed Al-Ariqi <aalariqi@email.gwu.edu>; Jonna Mazet <jkmazet@ucdavis.edu>; Annie Bartels <barte113@umn.edu>; Elizabeth Leasure <ealeasure@UCDAVIS.EDU>; Jeff Bender <bende002@umn.edu>; mpowell@usgs.gov; momeara@usgs.gov; Katie Taratus <Katie_Taratus@dai.com>; DCesnalis@nas.edu; Shah, Cecilia <cshah@nas.edu>; Katey Pelican <pelicank@umn.edu>

Cc: OHWMGT <ohwmgmt@usaid.gov>; PREDICTMGT <PREDICTMGT@usaid.gov>; FAOMGT <faomgt@usaid.gov>; P&RMGT <prmgmt@usaid.gov>; Dennis Carroll <dcarroll@usaid.gov>; Ashna Kibria <akibria@usaid.gov>; Alisa Pereira <apereira@usaid.gov>

Subject: Action Requested: FY19, Q3 Accruals

Happy Thursday Team!

It is once again Accruals time. Could you please send the following information in an email no later than COB Wednesday the 12th?

- Actual April Expenses
- Actual May Expenses
- Projected June Expenses
- Projected Pipeline for July 1, 2019 (Total and broken out by Ebola and Core)

If you have not already submitted, please submit expenditures by country and account as of most recent date you have available.

Thanks in advance,

Amalhin Shek | Budget & Communications Analyst

Bureau for Global Health, Office of Infectious Disease, [Emerging Threats Division](#)

Phone: 571-551-7102(o) 571-236-0989(c) | CP3 8092

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From: Maysa Al-Khateeb <malkhateeb@usaid.gov>
Sent: Wed, 3 Jul 2019 10:08:16 +0300
Subject: Re: Karesh trip to Jordan
To: "William B. Karesh" <karesh@ecohealthalliance.org>
Cc: Ehab Abu-Basha <abubasha@just.edu.jo>, Amanda Andre <amanda.andre@ecohealthalliance.org>, Andrew Clements <AClements@usaid.gov>, predict Sympa List <predict@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Daniel Sinclair <dsinclair@usaid.gov>

Thanks Billy,

I believe the dates below are for July not June, I sent a follow up email just now to Dr.Ehab copying you to confirm July's plan as your trip is mainly to support in this, so initially I provide mission concurrence but if any change I would recommend to postpone the visit accordingly.

Thanks
Maysa

Maysa Al-Khateeb,
Population and Family Health
Management Specialist /USAID
Tel:+962-659-06124
Mobile:+**REDACTED**

On Tue, Jul 2, 2019 at 6:58 PM William B. Karesh <karesh@ecohealthalliance.org> wrote:

Hi Maysa,
Below is my proposed SoW for my visit to Jordan. An ITA has been submitted.

Saturday, 13 June - Arrive Amman
Sunday, 14 June - meetings with Jordan PREDICT team, in-briefing with USAID Mission if available.
Monday, 15 June - trip to southern Jordan with PREDICT team and USAID for official opening of one of the two labs (Karak or Ma'an).
Tuesday, 16 June - meetings with Jordan PREDICT team and preparation for dissemination of the PREDICT work.
Wednesday 17 June - meetings with Jordan CVO and discussion of future plan and Veterinary Service needs. Meeting with RSS.
Thursday, 18 June- Dissemination workshop for PREDICT. Expected attending parties from MOH, MOA, MOE, RSS, Badia Fund, USAID, FAO, WHO and One Health Committee. Out-briefing after the workshop.
Friday, 19 June - Depart Amman

Looking forward to seeing you,

Billy

William B. Karesh, D.V.M
Executive Vice President for Health and Policy

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President, OIE Working Group on Wildlife

Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group

UCDUSR0008533

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

From: Brooke Genovese <bgenovese@ucdavis.edu>
To: Peter Daszak <daszak@ecohealthalliance.org>, Jon Epstein <epstein@ecohealthalliance.org>, Kevin Olival <olival@ecohealthalliance.org>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>
Cc: Alison Andre <andre@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>
Subject: Re: PREDICT Emerging Disease Insights for USAID Products Package
Sent: Mon, 12 Aug 2019 17:50:26 +0000
[EDI Spillover article zg.docx](#)
[Insights on geographic distribution of insectivore bats in Sierra Leone V5 jb.docx](#)

Hi everyone,

Attached are two of four EDI pieces for review from [REDACTED] & Jaber. Jonna will be co-reviewing these with you all. Deadline for review is **August 19th** – please track your changes.

Two more EDI pieces will follow in the coming days. Let me know if you have any questions!

Thanks,
Brooke

From: Brooke Genovese <bgenovese@ucdavis.edu>
Date: Friday, July 26, 2019 at 1:27 PM
To: Peter Daszak <daszak@ecohealthalliance.org>, Jon Epstein <epstein@ecohealthalliance.org>, Kevin Olival <olival@ecohealthalliance.org>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>
Cc: Alison Andre <andre@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>
Subject: PREDICT Emerging Disease Insights for USAID Products Package

Hi Peter, Kevin, Jon, and Chris,

Jonna asked me to give you all a heads-up that she has three EDI pieces in the works to be featured in the August Products Package / Newsletter for USAID. [REDACTED] Nistara, and Diego intend to have drafts for review by the M&A team no later than **August 12th**, and we'd like to have drafts reviewed and finalized 1 week from then (**Aug. 19**).

We're also going to include the EDI that Peter just sent out and will link out to the full version. If you have any EDI's in the works that you'd like to have featured in this upcoming products package, please let us know and plan to have those ready for review by August 12th. Our graphic design guru, Eunah, will be laying out the EDI's into a common format (just like the Pathogen Discovery piece that went out in July) so she'll just need finalized text and figures (with captions) for formatting after the 19th. Note: These EDI's will double as content for the PREDICT digital report/website, just as the PD package does.

If you have any questions, please let Jonna or I know.

Thank you!
-Brooke

Brooke Genovese
PREDICT Project Support
Executive Analyst
One Health Institute
School of Veterinary Medicine
bgenovese@ucdavis.edu
o: 530-752-3630

SpillOver: A new tool for ranking the risk of viral spillover from animals to humans

It is estimated that there are up to 827,000 undiscovered viruses in animals with the potential to spillover from animals into people. Of this large pool, how do we determine which viruses pose the greatest threat to humans? The PREDICT project of the U.S. Agency for International Development (USAID) Emerging Pandemic Threats Program has identified thousands of known and novel viruses in wildlife at high-risk disease transmission interfaces around the world. The program has rapidly expanded our knowledge of the global virome but also raised questions about the risk these viruses pose to humans. To address this problem, the PREDICT team have developed a new tool to systematically evaluate wildlife viruses in terms of their zoonotic (transmission from animals to humans) and pandemic potential using a scientifically informed process.

The Value of Expert Opinion

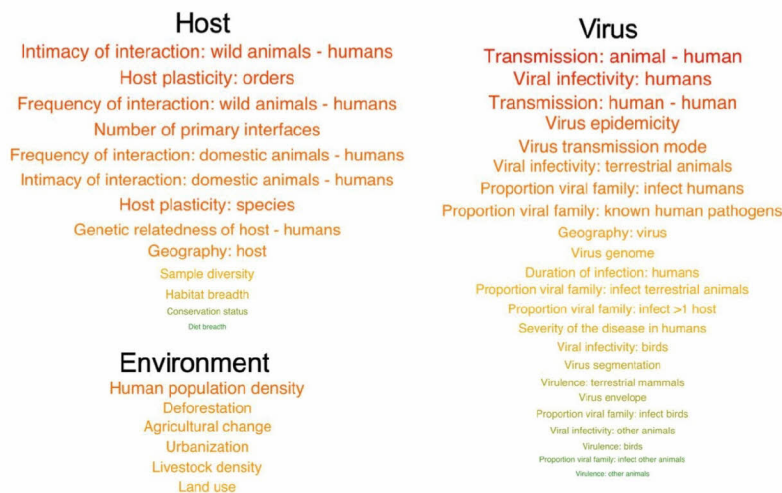


Figure 1 A list of host, virus and environmental risk factors included in SpillOver: Viral Risk Ranking, scaled in size and color (green-orange-red) according to its contribution (none to high) to the risk of viral spillover from animals to humans.

A number of ecological and behavioral characteristics may influence zoonotic transmission potential and the ability of a virus to spread and cause disease in humans. Using knowledge gained identified through extensive literature review and research in the field, we identified 42 host, virus and environmental risk factors thought to be important for a virus to be able to transmit and spread in humans. However, the risk factors do not contribute equally. Using an unbiased approach, the PREDICT team conducted a risk assessment survey of 66 international experts in the fields of virology, epidemiology, ecology, molecular biology, public health, veterinary and human medicine, and One Health. Each participant ranked risk factors identified as important contributors to viral spillover from no risk to high risk. By soliciting expert opinion,

we identified the top perceived contributors to spillover risk including virus transmission abilities, and frequent/intimate interactions between humans and animals (Fig. 1).

Development of the SpillOver: Viral Risk Ranking Tool

SPILLOVER

VIRAL RISK RANKING



Figure 2 Components of the SpillOver: Viral Risk Ranking website tool

The PREDICT team created an interactive website application, called SpillOver: Viral Risk Ranking (Fig. 2). The tool uses a risk ranking framework to produce a detailed spillover risk report for each virus by combining expert opinion, records of virus detection and external data sources for the 42 risk factors, much like a bank's credit report for financial loans. The SpillOver virus report details the relative risk of host, viral, and environmental factors that contribute to a virus' overall spillover risk score. The simple design of SpillOver Ranking Comparison page allows non-technical users such as policy makers and the general public to compare and explore the relative public health risk of viruses belonging to families of concern to human health, and the opportunity to filter viruses on a selection of key attributes, including country and animal species.

As viral discovery efforts reduce the unknown burden of what is out there, and our understanding of zoonotic processes increases, the SpillOver Rank Your Virus tool provides an adaptive platform collate and rank new and existing viruses, and improve our perceived risk, with the ultimate aim of forecasting and preventing future disease outbreaks.

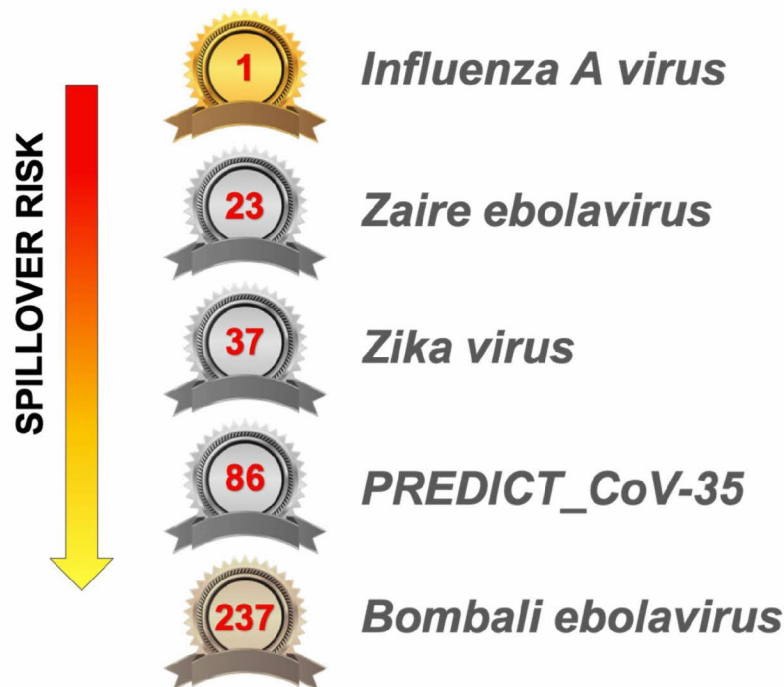


Figure 3 A selection of preliminary results from the SpillOver viral risk ranking assessment including the top ranked virus (*Influenza A virus*), viruses responsible for recent zoonotic outbreaks (*Zaire ebolavirus*, *Zika virus*) and novel viruses discovered during PREDICT (*PREDICT_CoV-35*, *Bombali ebolavirus*).

Creating Order Out of Chaos

SpillOver helps bring some rationality and management of risk when discovering new viruses. To date, SpillOver has ranked 687 viruses, including 79 known zoonotic viruses. The top 45 ranked viruses were all known zoonotic viruses that have previously spilled over from animals to humans. *Influenza A virus*, a ubiquitous zoonotic virus causing frequent and severe disease in humans, was the highest ranked virus.

Of the 614 viruses detected in the first phase of PREDICT, 35 viruses were assigned higher spillover risk values than zoonotic viruses, including several newly discovered viruses such as Coronavirus PREDICT_CoV-35. PREDICT_CoV-35 provisionally ranks in position 86 out of 687. This virus has been found in *Chiroptera* bats in Cambodia, Cameroon, Democratic Republic of the Congo and Viet Nam at high-risk disease transmission interfaces including hunting and human dwellings.

The PREDICT-discovered *Bombali ebolavirus* detected in bats living inside houses in Sierra Leone did not rank highly. However, given the short timeframe since its isolation, it is possible that we do not know the full host and geographic range of *Bombali ebolavirus* and more information as it is discovered could change risk estimations.

A Major Step Towards Predicting Viral Spillover

Combining multiple sources and analytics, the simple design of SpillOver requires only a few pieces of readily available information to produce a comparative risk report, and addresses calls for an infrastructure to interpret global infectious disease data. All future viral detections from PREDICT and related projects will be reported on this system, and we encourage collaborative participation from external viral discovery efforts.

By creating SpillOver, PREDICT has developed a globally accessible springboard to prompt scientists and policy makers to move towards solutions in the pandemic era. The innovative design is fully customizable for future developments, including updating new and existing risk factors and incorporation of newly-developed and updated data sets. By creating a starting point, we attempt to address the burden of uncertainty created by viral discoveries, while identifying targets for further investigation that could lead to public health interventions prior to a zoonotic outbreak, instead of the costly, in both the economic and societal sense, reactionary response the world has used to date.

Insights on the geographic distribution of *Molossidae* species bats in Sierra Leone and Guinea

Large-scale Ebola virus outbreaks are becoming more frequent, suggesting that the virus may have become endemic in certain regions of Africa, potentially by circulation among animal populations. Without identification of these possible animal sources and prevention programs to block transmission from animals to people, it is likely that future “spillover” of filoviruses such as Ebola and Marburg from animals to humans will continue to occur.

Virus findings indicate that filoviruses, such as ebolaviruses and marburgviruses, as well as other pathogens circulate in bats (1-2). Because human contact with bats is very common in West Africa, identifying which of them may act as reservoir and transmission hosts is critical to develop and implement targeted prevention measures to reduce the risk of further spillover and outbreaks. PREDICT sought to fulfill this aim by undertaking the largest and most comprehensive to date multi-country investigation of potential filovirus hosts and reservoirs through the USAID PREDICT Ebola Host Project.

PREDICT and other groups have shown that insectivorous bats, particularly from the *Molossidae* family, have been found to carry multiple viruses including the newly identified *Bombali ebolavirus* (BOMV) (3-5). *Molossidae* are typically small bats that may live nearby or even inside of human dwellings, increasing the risk of viral spillover (3-4). Little is known about the specific ecological characteristics or habitats preferred by these bats and the geographic distribution of these species across West Africa.

In direct response to our virus findings and in recognition of the limited data available regarding bat distribution in the region, the Government of Guinea requested assistance identifying areas in the country at highest risk for virus spillover from bats. Identification of these areas will assist the implementation of targeted community engagement programs to reduce the likelihood of virus emergence and spillover in these high-risk zones.

Methods

We developed a spatial distribution model (Maxent) to identify areas that are ecologically suitable for habitation of *Molossidae* sp. bats in Guinea and Sierra Leone. The Maxent approach is commonly used to model the distribution of species in many ecology studies and has been found to have high prediction accuracy (6). We trained the model with highly accurate GPS coordinates of collection sites where individual bats were captured and identified as *Molossidae* family species (e.g., *Mops condylurus* and *Chaerephon pumilus*) by the PREDICT teams in Sierra Leone and Guinea. Potential predictor variables consisted of temperature, rainfall, humidity, wind, elevation, landcover and distance to water. Correlated variables were removed prior to executing the model and adjustments made for sample selection bias.

Results

The final model (AUC= 0.91) was based on average precipitation (37.7%), distance to water (34.6%), landcover (15.3%), average minimum temperature (10.8%) and average maximum temperature (1.5%). Highly suitable areas for *Molossidae* sp. bats in Guinea include the region

of N'Zérékoré and the lower part of Boké and in Sierra Leone, the districts of Kambia, Bombali, Tonkolili, Western Areas (Freetown), Kono, and Kailahun were identified.

Conclusion

Due to the devastating impacts of Ebola in West Africa, PREDICT focused additional efforts to better address the threat of filoviruses by understanding their animal origins, while simultaneously strengthening capacity to build and reinforce emerging disease surveillance and detection systems in the region. Using PREDICT data, our model identified areas in Guinea and Sierra Leone that are suitable for habitation by *Mollosidae sp.* bats. These bats include the *Mops condylurus* bat, that is now known to harbor the *Bombali ebolavirus*, and suggest it may be present at higher densities in these locations resulting in increased human contact and possibly virus spillover. Tools such as this model can assist the Governments of Guinea and Sierra Leone to better target wildlife surveillance and community-based risk reduction activities. These efforts will help to raise awareness regarding potential risk-enhancing behaviors among the people most likely to be affected by virus spillover while promoting how to live safely with bats.

PREDICT/Guinea Global Leads: jabelkhiria@ucdavis.edu and cgmonagin@ucdavis.edu

References:

1. Towner JS, Amman BR, Sealy TK, Carroll SA, Comer JA, Kemp A, et al. Isolation of genetically diverse Marburg viruses from Egyptian fruit bats. PLoS Pathog. 2009;5:e1000536. doi: [10.1371/journal.ppat.1000536](https://doi.org/10.1371/journal.ppat.1000536)
2. Leroy EM, Kumulungui B, Pourrut X, Rouquet P, Hassanin A, Yaba P, et al. Fruit bats as reservoirs of Ebola virus. Nature 438, 575–576 (2005). doi : 10.1038/438575a
3. Goldstein T, Anthony SJ, Gbakima A, Bird BH, Bangura J, Tremeau-Bravard A, et al. (2018) The discovery of Bombali virus adds further support for bats as hosts of ebolaviruses. Nature Microbiology 3, 1084-1089. doi: 10.1038/s41564-018-0227-2
4. Forbes KM, Webala PW, Jääskeläinen, Abdurahman S, Ogola J, Masika MM, et al. (2019) Bombali Virus in Mops condylurus Bat, Kenya. EID. 25;5. doi: 10.3201/eid2505.181666
5. Karan LS, Makenov MT, Korneev MG, Sacko N, Boumbaly S, Yakovlev SA, et al. (2019) Bombali Virus in Mops condylurus Bats, Guinea. EID. 17;25(9). doi: 10.3201/eid2509.190581
6. Phillips SJ, Dudík M. (2008) Modeling of species distributions with Maxent: new extensions and a comprehensive evaluation. Ecography. 31;2. doi: 10.1111/j.0906-7590.2008.5203.x

Figure : This spatial model shows the probable geographic distribution of *Mollosidae sp.* bats in Sierra Leone and Guinea.

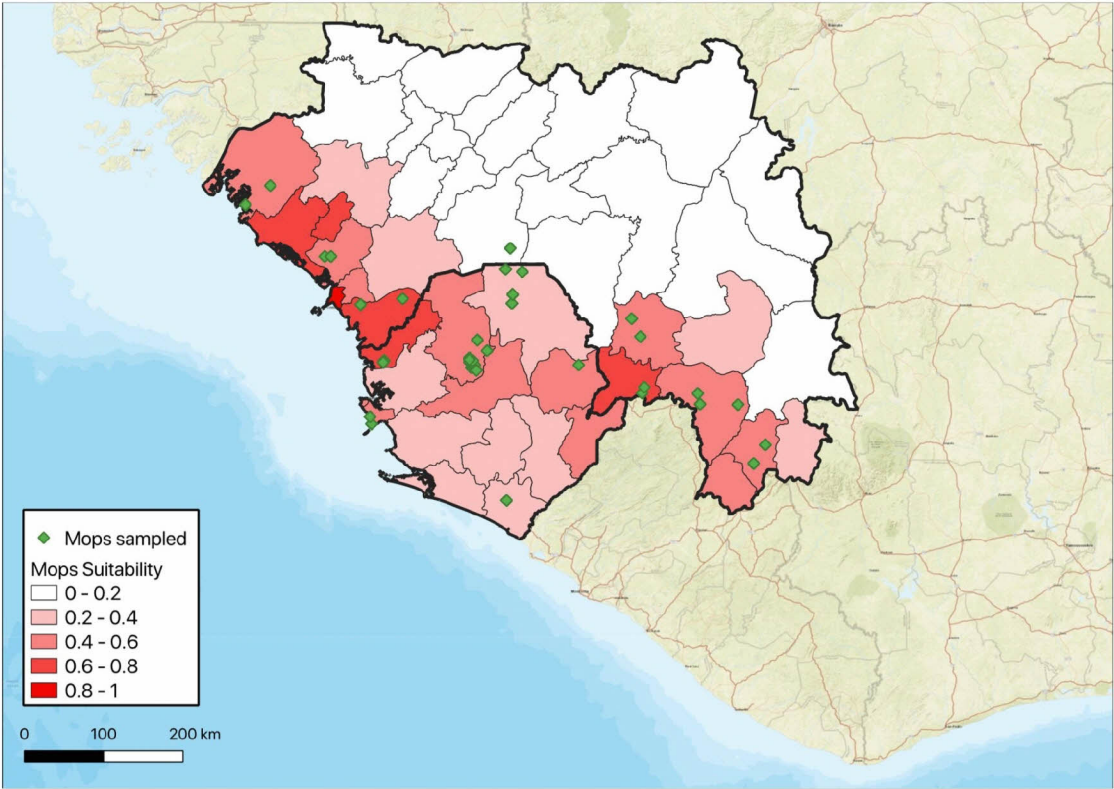




Photo #1 : The PREDICT/Guinea team educates school children in the Forest Region of Guinea on how to live safely with bats using a data-driven behavior change and risk reduction resource that seeks to balance health and conservation goals. Credit : PREDICT/Guinea.



Photo #2 : Members of the PREDICT/Guinea field team safely and humanely collect samples from bats in the Forest Region of Guinea. Credit : PREDICT/Guinea.

From: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
To: Andrew Clements <aclements@usaid.gov>
CC: Katherine Leasure <kaleasure@ucdavis.edu>; PREDICTMGT <predictmgt@usaid.gov>; predict Sympa List <predict@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>
Sent: 8/22/2019 8:57:46 AM
Subject: Re: [predict] Re: Change to Approved ITA - P. Daszak (Add Malaysia)

Gotcha. We will follow up with EHA. Thanks!

Elizabeth Leasure
Financial Operations Manager
One Health Institute
University of California, Davis
Cell: 530-304-1403

From: Andrew Clements
Sent: Thursday, August 22, 2019 8:47:35 AM
To: Elizabeth Leasure
Cc: Katherine Leasure ; PREDICTMGT ; predict Sympa List ; Jonna Mazet
Subject: Re: [predict] Re: Change to Approved ITA - P. Daszak (Add Malaysia)

Hi Liz,

I am not rejecting the change, but I won't approve it until I see a decent explanation from EHA on why the original estimate for airfare for PD went from \$7,500 (Bali only) to \$18,920 (Bali + the country next door). Doesn't look like the travel person did a very good job of shopping around for best price.

Andrew

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
E-mail: aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: <http://www.usaid.gov/ept2>

On Thu, Aug 22, 2019 at 4:24 PM Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:
Hi Andrew. Are you disapproving the change or are you wanting EHA to reassess their airfare estimate?

Thanks,
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute
University of California, Davis
Cell: 530-304-1403

From: predict-request@ucdavis.edu <predict-request@ucdavis.edu> on behalf of Andrew Clements <aclements@usaid.gov>
Sent: Thursday, August 22, 2019 3:56:10 AM
To: Katherine Leasure <kaleasure@ucdavis.edu>
Cc: PREDICTMGT <predictmgt@usaid.gov>; predict Sympa List <predict@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>
Subject: [predict] Re: Change to Approved ITA - P. Daszak (Add Malaysia)

Thanks, Katie.

The airfare seems very high considering the trip is essentially one trip to Asia with an add-on to a neighboring country. I would have expected something more in the 10k range based on other BC travel requests over the years. It also feels like EHA consistently comes in with higher BC fares than other partners, but I have not done an analysis.

Andrew P. Clements, Ph.D.

Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253

Email: aclements@usaid.gov

On Aug 22, 2019, at 2:12 AM, Katherine Leasure <kaleasure@ucdavis.edu> wrote:

Hi Andrew. Please find below an ITA amendment to the previously approved travel for Peter Daszak. Prior to the All-Country Meeting, he would like to travel to Malaysia for a project close-out meeting. The amended ITA is below; please let me know if you have any questions. Thanks!

EcoHealth Alliance would like to request travel approval for Peter Daszak to travel from Newark, NJ, USA to Kota Kinabalu and Kuala Lumpur, Malaysia from September 9-13, 2019 for a close-out meeting of the PREDICT-2 project. From Malaysia he will travel to Bali, Indonesia from September 13-18, 2019 to participate in the PREDICT-2 All Country Meeting to be held September 15-17, 2019.

Trip Purpose: Malaysia – Dr. Daszak will meet with in-country partners and government officials in Kota Kinabalu and Kuala Lumpur to close-out the PREDICT project. In Kuala Lumpur, Dr. Daszak will give a presentation on the past ten years of the PREDICT project during a seminar on zoonotic disease surveillance. Indonesia – this final 3-day meeting for the PREDICT Consortium will bring together global and in-country project staff for presentations and workshops covering a number of topics, including award and project close-out, highlights and achievements over the past 10 years, and future directions for One Health surveillance and health security globally and in each country. This meeting will enable PREDICT-2 to capture successes and future directions for the project final report and celebrate the hard work of the this amazing and unique global consortium. This meeting is key to completing the project successfully. [\$18,920.68 airfare *business class required due to medical need/\$247 (Kota Kinablu), \$266 (Kuala Lumpur), \$346 (Bali) max daily per diems].

--

Katherine Leasure

HR/Payroll/Financial Assistant

One Health Institute

530-752-7526

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From: Andrew Clements <aclements@usaid.gov>
To: Katherine Leasure <kaleasure@ucdavis.edu>
CC: PREDICTMGT <predictmgt@usaid.gov>; Predict inbox <predict@ucdavis.edu>; Jonna Mazet <Jkmazet@ucdavis.edu>
Sent: 8/28/2019 2:17:06 AM
Subject: Re: Change to Approved ITA - Mouche (Nigeria) Rescheduled

Cassandra please send an FYI to the mission

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Aug 27, 2019, at 11:13 PM, Katherine Leasure <kaleasure@ucdavis.edu> wrote:

Hi Andrew. Per Metabiota, the previously approved travel for Moctar Mouiche to Nigeria has been rescheduled to September 1-4, as it took a bit longer to gather the required documentation than previously anticipated. A copy of the previously approved ITA is below with changes highlighted in yellow. Please let me know if you have any questions. Thanks!

Metabiota would like to request travel approval for Dr. Moctar Mouiche Mouliom, PREDICT Cameroon Country Coordinator to travel from Yaoundé, Cameroon to Abuja, Nigeria from September 1-4, 2019 ~~August 26-28, 2019~~ to apply for a visa at the Indonesia Consulate so that he can participate in the PREDICT-2 All Country Meeting.

Trip purpose: In order to acquire an Indonesia Visa, Dr. Mouiche must attend the Indonesia Consulate assigned to Cameroon in person. Dr. Mouiche will apply for the visa and return to Cameroon as soon as the visa is issued. This will allow him to attend the PREDICT-2 All Country Meeting in Bali Indonesia.

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Katherine Leasure
HR/Payroll/Financial Assistant
One Health Institute
530-752-7526

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You received this message because you are subscribed to the Google Groups "PREDICTMGT" group.

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To view this discussion on the web visit https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CAD6-xMJPi82P1%3DY793KarUqpjP66zOioPm7gMXLPe_n6VHZEew%40mail.gmail.com.

Sent: Sat, 21 Sep 2019 00:10:32 +0200
Subject: Re: Action Requested by 4:00 PM EDT today
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>
Cc: Alisa Pereira <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, Cara Chrisman <cchrisman@usaid.gov>, David J Wolking <djwolking@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, PREDICTMGT <PREDICTMGT@usaid.gov>, predict Sympa List <predict@ucdavis.edu>

Just landed — thanks to you both!

Jonna

On Fri, Sep 20, 2019 at 4:51 PM Andrew Clements <aclements@usaid.gov> wrote:

Thanks, David.

We've submitted the request for \$1.8 million. Now we cross fingers and hope it will be available by mid December.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Sep 20, 2019, at 9:33 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi again,

Our responses are below. With Liz and Jonna both traveling I can't get granular or into the weeds with numbers, so hopefully this is enough for the request today.

Best,

David

1. Since the monthly burn rate is out of whack with the slowdown and then speed up, please provide us with your best (but fast so don't worry about super precision) estimate of monthly burn rates for core funds for Oct, Nov, and Dec. (If different each month, then provide a separate burn rate for each month.)

- October - December 2018: \$900K/month (\$2.7M total)

2. Provide an estimate of when all obligated core funds will be expended using the 9/30/19 pipeline from the accruals exercise and the burn rates requested above.

- We currently have a \$2.217M non-ebola pipeline that would be exhausted in December 2019. The burn rate provided in #1 above includes some of the \$1.787M we are still owed for FY18 funds. Without receiving additional funds we will be operating at risk in mid to late November 2018.

3. The early funding would be for the rest of the year 5 work plan activities that have not yet been funded. What is the latest that the early funds could arrive to allow you to complete all of the year 5 activities by 3/31/20?

- At the latest, our best estimate is early December 2018. As noted in #2 above, without receiving additional funds in November or December 2018, we will be forced to shut down to avoid operating at risk.

On Fri, Sep 20, 2019 at 9:24 AM David J Wolking <djwolking@ucdavis.edu> wrote:

UCDUSR0008548

Hi Andrew,

Liz is on a flight back from Hong Kong and Jonna is traveling back from the DTRA meetings in Warsaw.

We'll do our best to get you something before 1PM Pacific.

David

On Fri, Sep 20, 2019 at 8:03 AM Andrew Clements <aclements@usaid.gov> wrote:

Sorry, forgot some background and another part of the request:

Additional BG: The early funding would be for the rest of the year 5 work plan activities that have not yet been funded.

3rd part of request: what is the latest that the early funds could arrive to allow you to complete all of the year 5 activities by 3/31/20?

Thanks!

Andrew P. Clements, Ph.D.

Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253

Email: aclements@usaid.gov

On Sep 20, 2019, at 4:44 PM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Liz and Jonna,

By 4:00 PM EDT today we need to submit our request for early FY19 core funding. (As always, apologies for the very late request.). In order to understand what amount to request, I need the following:

1. since the monthly burn rate is out of whack with the slowdown and then speed up, please provide us with your best (but fast so don't worry about super precision) estimate of monthly burn rates for core funds for Oct, Nov, and Dec. (If different each month, then provide a separate burn rate for each month.)
2. Provide an estimate of when all obligated core funds will be expended using the 9/30/19 pipeline from the accruals exercise and the burn rates requested above.

Please let me know if you have any questions. Happy to talk by phone if that is easier.

Andrew

Andrew P. Clements, Ph.D.

Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

U.S. Agency for International Development

Mobile phone: 1-571-345-4253

Email: aclements@usaid.gov

On Sep 12, 2019, at 6:40 AM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Amalhin. Our accruals for Y5 Q4 are below. Thanks!

July: \$2,858,486

August: \$3,061,381

September: \$3,564,371

TOTAL: \$9,484,239

Oct 1 pipeline (non-Ebola): \$2,216,932

Oct 1 pipeline (Ebola): \$765,175

Elizabeth Leasure

Financial Operations Manager

One Health Institute

530-304-1403 (cell)

530-754-9034 (office)

Skype: ealeasure

From: Amalhin Shek <ashek@usaid.gov>

Sent: Friday, September 6, 2019 7:42 AM

To: predict Sympa List <predict@ucdavis.edu>; David Whitfield <**REDACTED**>; Chris Dillon <cdillon@umn.edu>; David John Wolking <djwolking@ucdavis.edu>; Mirela (PSE) <**REDACTED**>; Erik Kohler <ekohler@email.gwu.edu>; Ahmed Al-Ariqi <aalariqi@email.gwu.edu>; Jonna Mazet <jkmazet@ucdavis.edu>; Annie Bartels <barte113@umn.edu>; Elizabeth Leasure <ealeasure@UCDAVIS.EDU>; Jeff Bender <bende002@umn.edu>; mpowell@usgs.gov; momeara@usgs.gov; Katie Taratus <**REDACTED**>; Cesnalis, Daniel <DCesnalis@nas.edu>; Cecilia <cshah@nas.edu>; Katey Pelican <pelicank@umn.edu>; Tonetti, Bianca (TCE) <**REDACTED**>

Cc: OHWMGT <ohwmgmt@usaid.gov>; PREDICTMGT <PREDICTMGT@usaid.gov>; FAOMGT <faomgt@usaid.gov>; P&RMGT <prmgmt@usaid.gov>; Alisa Pereira <apereira@usaid.gov>; Cassandra Louis Duthil <clouisduthil@usaid.gov>; Amanda Paust <apaust@usaid.gov>; Padmaja Shetty <pshetty@usaid.gov>; Cara Chrisman <cchrisman@usaid.gov>

Subject: Action Requested-COB NEXT THURSDAY: FY19, Q4 Accruals

Happy Friday Team,

It is once again Accruals time. Could you please send the following information in an email no later than COB next Thursday, the 12th?

- Actual July Expenses
- Projected August Expenses
- Projected September Expenses
- Projected Pipeline for October 1, 2019 (total and broken out by Ebola and Core)

If you have not already submitted, please submit expenditures by country and account as of most recent date you have available.

Thanks in advance,

Amalhin Shek | Budget & Communications Analyst
Bureau for Global Health, Office of Infectious Disease, [Emerging Threats Division](#)
Phone: 571-551-7102(o) 571-236-0989(c) | CP3 8092

USAID Contractor
GHSI-III - Social Solutions International, Inc.

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To view this discussion on the web visit

https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CA%2BZH_9Zcz0ropBxRMgyqWnvoEt1OXCQ-MRtc-dO1QXkvH5tu8A%40mail.gmail.com.

From: [REDACTED]
To: Jonna Mazet <jkmazet@ucdavis.edu>, Dennis Carroll <[REDACTED]>, Peter Daszak <daszak@ecohealthalliance.org>, Cara Chrisman <cchrisman@usaid.gov>, Samantha Maher <maher@ecohealthalliance.org>, Eddy Rubin <erubin@metabiota.com>, Nathan Wolfe <nwolve@metabiota.com>
Subject: RE: GVP-BCA Advisory group meeting
Sent: Mon, 28 Oct 2019 22:28:57 +0000

FYI – communication among BCA group.

[REDACTED]

From: Ben Oppenheim [mailto:boppenheim@metabiota.com]
Sent: Friday, October 25, 2019 2:43 PM
To: Gavin Yamey <gavin.yamey@duke.edu>
Cc: Dean Jamison <djamison@uw.edu>; Colin.Boyle@ucsf.edu; [REDACTED] Nicole Stephenson <nstephenson@metabiota.com>; paola.gadsden@cisdat.org.mx; Dr. Stefano Bertozzi <sbertozzi@berkeley.edu>
Subject: Re: GVP-BCA Advisory group meeting

the report has some excellent nuggets and familiar recommendations. I still think it misses some basic political barriers and incentive problems to effective collective action.. but c'est la vie
i would love to see the background papers.. those haven't been made public, apart from the semi-public one the Bank did on financing

On Fri, Oct 25, 2019 at 2:38 PM Gavin Yamey <gavin.yamey@duke.edu> wrote:
I had not heard of that cidrap report:

<http://www.cidrap.umn.edu/news-perspective/2019/09/experts-detail-global-pandemic-readiness-gaps-offer-steps>

On Oct 25, 2019, at 4:39 PM, Dean Jamison <djamison@uw.edu> wrote:

No, Gavin, I hadn't caught this. Copying a few others. Many thanks for forwarding. It certainly affects the context for our BCA project, but much more important is the discontinuity of effort. Big things and not so little things like 'who pays for the electricity for the freezers storing the viral samples?'.

Are you familiar with the report from Dr Brundtland that the article mentioned?

Best

Dean

PS We are still working on our advisory panel meeting and I expect [REDACTED] will contact you soon. What we would now like is to have a 1-2 hour phone meeting in January and an in-person meeting in mid-February. We just couldn't make December dates work.

On Oct 25, 2019, at 12:59 PM, Gavin Yamey <gavin.yamey@duke.edu> wrote:

Dear Dean,

I'm sure you saw this - it seems highly relevant to GVP!

https://urldefense.proofpoint.com/v2/url?u=https-3A_www.nytimes.com_2019_10_25_health_predict-2Dusaid-2Dviruses.html&d=DwIGaQ&c=imBPVzF25OnBgGmVOlcsiEgHoG1i6YHLR0Sj_gZ4adc&r=xtoOYVpDSWIVa3I4MSvCGGa7bWDQE8-7R9Y126GASSY&m=qe9HEHAaz3XZC7PKBwwSoBB4AgRajuRBE4se3-t4F4A&s=rdy83SJm3p8GmWS_1V0oloSfcgvOol_WuBB09u30lyE&e=

Gavin

-----Original Message-----

From: Dean Jamison <djamison@uw.edu>

Sent: Friday, September 27, 2019 3:51 PM

To: Gavin Yamey <gavin.yamey@duke.edu>; Colin.Boyle@ucsf.edu

Cc: boppenheim@metabiota.com; etogami@ucdavis.edu

Subject: GVP-BCA Advisory group meeting

Dear Gavin and Colin

This is a 'hold the date' note concerning our next advisory group meeting. We now intend to meet in NYC about 1 1/2 days out of Dec 10-12. We do certainly that you will be able to put this in your calendar.

Please let us know if there are days within that window that would work better for you.

Drs. Ben Oppenheim and [REDACTED] will be following up with additional information.

Best

Dean

Great to see you yesterday, Colin. I thought that both the malaria and the IGHS events went very well indeed.

Sent from my iPhone

--

Ben Oppenheim, PhD

Director, Product Development // Senior Scientist

510.501.1097

From: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
To: Jose Nunez Grullon <jnunezgrullon@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>
Cc: Patricia Bradley <pbradley@usaid.gov>, PREDICTMGT <predictmgt@usaid.gov>, Andrew Clements <aclements@usaid.gov>
Subject: RE: Request for PREDICT-2 Key Personnel change
Sent: Thu, 7 Nov 2019 21:59:24 +0000

Received. Thank you, Jose.

*Elizabeth Leasure
Financial Operations Manager
One Health Institute
[REDACTED] (cell)
530-754-9034 (office)
Skype: ealeasure*

From: Jose Nunez Grullon <jnunezgrullon@usaid.gov>
Sent: Thursday, November 7, 2019 1:17 PM
To: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>; Jonna Mazet <jkmazet@ucdavis.edu>; Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>
Cc: Patricia Bradley <pbradley@usaid.gov>; PREDICTMGT <predictmgt@usaid.gov>; Andrew Clements <aclements@usaid.gov>
Subject: Re: Request for PREDICT-2 Key Personnel change

Dear Ms. Leasure,

Please find attached approval letter for key personnel change in to subject award. The deletion of key position will be done via modification to the award.

Sincerely,

JOSE L. NUNEZ
Acquisition and Assistance Specialist, M/OAA/GH
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
SA-44; Rm 469-G
1300 Pennsylvania Ave., NW
Washington, DC, 20523-7900
T 202 567-4123
(Contractor-Jefferson Solutions, LLC)

From: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
Date: October 28, 2019 at 9:25:06 PM GMT+1
To: Jonna Mazet <jkmazet@ucdavis.edu>, Andrew Clements <aclements@usaid.gov>
Cc: Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, David John Wolking <djwolking@ucdavis.edu>, PREDICTMGT <predictmgt@usaid.gov>
Subject: Request for PREDICT-2 Key Personnel change

Hi Andrew. To reduce effort and enable cost savings during the PREDICT no cost extension period, we propose to eliminate the position of Biological and Ecological Surveillance Coordinator. Because surveillance activities have been completed, this key personnel position is no longer needed, similar to our removal of the Senior Behavioral Surveillance Coordinator position. Christine K Johnson, who served as Biological and Ecological Surveillance Coordinator will take the place of Jonna Mazet as Project Director. None of the other PREDICT key personnel positions will change.

Thank you,
Liz

*Elizabeth Leasure
Financial Operations Manager*

One Health Institute

REDACTED (cell)

530-754-9034 (office)

Skype: ealeasure

From: Evelyn Luciano <luciano@ecohealthalliance.org>
To: Elizabeth Leasure <ealeasure@ucdavis.edu>
Cc: predict Sympa List <predict@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, Hannah R Chale <hrchale@ucdavis.edu>
Sent: Mon, 25 Nov 2019 14:43:32 +0000
Subject: [predict] Re: Please provide \$120K budget ASAP (PREDICT)

Hi Liz,
I'll work on it this morning.

Thanks.

Evelyn

On Nov 22, 2019, at 6:13 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Evelyn. Can you please send me a budget for \$120,000 total costs? We just received a modification from USAID for this amount while we wait for the rest of our funds, and I'd like to process an amendment for your subaward ASAP.

Thanks,
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute
REDACTED (cell)
530-754-9034 (office)
Skype: ealeasure

From: Peter Daszak <daszak@ecohealthalliance.org>
To: Ben Oppenheim <boppenheim@metabiota.com>
Cc:  Nita Madhav <nmadhav@metabiota.com>, Dean Jamison <djamison@uw.edu>, "Jonna Mazet" <jkmazet@ucdavis.edu>, Nicole Stephenson <nstephenson@metabiota.com>, Cara Chrisman <cchrisman@usaid.gov>, "nwolfe@metabiota.com" <nwolfe@metabiota.com>, Samtha Maher <maher@ecohealthalliance.org>, "erubin@metabiota.com" <erubin@metabiota.com>, Kierste Miller <kmiller@metabiota.com>
Subject: RE: Question re. BCA
Sent: Wed, 15 Jan 2020 22:28:21 +0000

Great – thanks.

Cheers,

Peter

Peter Daszak
President

EcoHealth Alliance
460 West 34th Street – 17th Floor
New York, NY 10001

Tel. +1 212-380-4474
Website: www.ecohealthalliance.org
Twitter: [@PeterDaszak](https://twitter.com/PeterDaszak)

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.

From: Ben Oppenheim [mailto:boppenheim@metabiota.com]
Sent: Wednesday, January 15, 2020 5:03 PM
To: Peter Daszak
Cc:  Nita Madhav; Dean Jamison; Dennis Carroll; Jonna Mazet; Nicole Stephenson; Cara Chrisman; nwolfe@metabiota.com; Samtha Maher; erubin@metabiota.com; Kierste Miller
Subject: Re: Question re. BCA

Absolutely, yes. I believe that USAID will be hosting, but would ask our USAID colleagues to confirm if that's correct all the best,
Ben

On Wed, Jan 15, 2020 at 1:59 PM Peter Daszak <daszak@ecohealthalliance.org> wrote:
Just wanted to check in with everyone – are we still having an in-person BCA meeting on the 12th Feb in DC?

Cheers,

Peter

Peter Daszak

President

EcoHealth Alliance
460 West 34th Street – 17th Floor
New York, NY 10001

Tel. +1 212-380-4474

Website: www.ecohealthalliance.org

Twitter: [@PeterDaszak](https://twitter.com/PeterDaszak)

EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that prevent pandemics and promote conservation.

From: Ben Oppenheim [mailto:boppenheim@metabiota.com]

Sent: Wednesday, January 8, 2020 12:16 AM

To: REDACTED Nita Madhav; Dean Jamison; Dennis Carroll; Jonna Mazet; Nicole Stephenson; Cara Chrisman; nwolfe@metabiota.com; Samtha Maher; Peter Daszak; erubin@metabiota.com; Kierste Miller

Subject: Re: BCA updates and two requests

Dear GVP colleagues

Happy new year -- I hope that you all had a wonderful holiday and start to 2020.

We would of course be happy to prepare a short brief about the BCA activities, as well as a few slides, around the end of January. Please let us know if you have an exact deadline, or any specs we should bear in mind (e.g., how much background would be needed on methodologies employed, such as catastrophe modeling).

Since the last meeting we have made progress on several fronts, including:

Exceedance probability estimates

- Built on existing data sets and compiled additional data on losses from historical epidemics (cases, deaths), to provide an actuarial view of risk
- Developed preliminary baseline ("no GVP") estimates for Infrequent spillover / moderate R_0 pathogens (e.g., filoviruses) and respiratory non-influenza viruses (e.g., coronaviruses), with continuing development work on other catalogs
- Developed methodology for modeling GVP impacts on exceedance probability curves (e.g., via reduced spark risk, improved time to intervention)

Characterization of GVP impact

- Research into PREDICT-driven capacity building improvements, with preliminary indications of improvement to response time.
- Synthesized research (e.g. new key informant interviews) on potential GVP benefits for new product development

Economic losses

- Finalized methodology for estimating statistical value of lives lost (saved)
- Compiled revised dataset on shocks to national income from historical epidemics

Looking forward to our call next week,

Ben (and colleagues)

On Wed, Dec 18, 2019 at 2:58 PM **REDACTED** wrote:
Hi Dean, Ben, and Nita,

I am reaching out with updates and two requests related to BCA. Recently, a 501(c)3 non-profit organization was formed for the Global Virome Project, and GVP will be holding its first Board meeting in mid-February 2020. During the meeting, we would like to brief board members about the BCA group's great activities to date.

Would you be able to develop **a short brief about the BCA group's activities (1-2 page max), and a couple of slides?** Our timeline would likely be around the end of January, prior to the BOD meeting. My colleagues copied here can follow up with an exact deadline.

In addition to the request above, would you be able to share quick updates (some bullet points in an email to the group cc'ed here) about the progress of the analysis since our last meeting?

Please send your response to my colleagues copied here, as I will be handing my GVP work over. Thank you very much for your hard work.

Best wishes,

REDACTED

--
Ben Oppenheim, PhD
Director, Product Development // Senior Scientist

510.501.1097

--
Ben Oppenheim, PhD
Director, Product Development // Senior Scientist

510.501.1097

From: Tracey Goldstein <tgoldstein@ucdavis.edu>
Sent: Wed, 22 Jan 2020 12:03:27 -0800
Subject: Re: Reminder: PREDICT MT Call - Tuesday January 21, 2020 @ 8:30AM
To: David J Wolking <djwolking@ucdavis.edu>
Cc: Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>, PREDICTMGT <predictmgt@usaid.gov>, "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Kristin Burns <kburns@ucdavis.edu>
[Marburg virus Press Release 1.22.20.docx](#)

Dear Andrew, Alisa, Cara and Amalhin,

As a follow up to yesterday, attached is the press release for the Marburg paper. Please review and let us know if you have any edits, and would like to add a quote from one of you?

If you could send any additions by first thing tomorrow morning (0.800 Thurs Jan 23) so we can share with CDC and post to Eureka alert.

Thank you!! Tracey

On Tue, Jan 21, 2020 at 9:28 AM Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Dear All,

Please find attached the proofs of the Marburg paper - just a reminder this is not the final version and that we are under embargo until Friday noon when it is released. We will share the press release as soon as we finalize it for your comments and input.

Best Tracey

On Mon, Jan 20, 2020 at 3:49 PM David J Wolking <djwolking@ucdavis.edu> wrote:

Hi there,
Below is the agenda for tomorrow's call.

Talk soon,

David

PREDICT Management Team Meeting Agenda

Tuesday, January 21, 2020

8:30-9:30AM PST/11:30-12:30pm EST

Zoom link: **REDACTED**

Additional Zoom info below agenda

USAID Updates

1. Administrative items

- March 2020 meeting updates (confirming dates, plans and preparation, etc.)
- GAO GHSA audit news (Viet Nam and Indonesia visits)?

2. Novel CoV Wuhan outbreak

- PREDICT assistance to country govts, genetic analyses, and modeling efforts reported to date

3. On close-out - standing item

- Review/discussion of USAID [close-out tracker](#) & Predict tracking tools
- Media library and content curation (plans for making available media, images, etc. as a resource; best platforms, etc.) - new standing item

- *Feedback on data sharing platforms (DDL flexibility & Open Science Framework)*

4. Final report updates

5. Mission, partner communications & country roundup essentials

- Nepal meeting read-out
- Others?

6. Publication, media, and conference updates

- [19th International Congress on Infectious Diseases](#), Kuala Lumpur (February 20-23, 2020)
- PMAC, Bangkok, Thailand (January 28-31, 2020)

7. AOB

Zoom Call-in info

Zoom link: **REDACTED**

Or iPhone one-tap :

US: +16468769923,, **REDACTED** or +16699006833,, **REDACTED**

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 646 876 9923 or +1 669 900 6833

Meeting ID: **REDACTED**

On Fri, Jan 17, 2020 at 12:32 PM David J Wolking <djwolking@ucdavis.edu> wrote:

Hi there,

Just a reminder about next week's PREDICT management team call (Zoom

link: **REDACTED**

I'll follow-up early next week with the agenda. In the meantime if there's anything in particular you want to discuss, send it my way and I'll build it it.

Best,

David

--

Tracey Goldstein, PhD
Associate Director, Professor
One Health Institute
School of Veterinary Medicine
University of California
Davis, CA 95616
Phone: (530) 752-0412
Fax: (530) 752-3318
E-mail: tgoldstein@ucdavis.edu

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E-mail: tgoldstein@ucdavis.edu

Release draft 4

Updated 1/22/20

Marburg Virus Found in Sierra Leone Bats

First report of Angola-like strain in bats since initial outbreak in people in 2005

Scientists have detected Marburg virus in fruit bats in Sierra Leone, marking the first time the deadly virus has been found in West Africa. Eleven Egyptian rousette fruit bats tested positive for active Marburg virus infection. Research teams caught the bats separately in three health districts.

The presence of Marburg virus, a close relative to Ebola virus that also causes hemorrhagic disease in people, was detected in advance of any reported cases of human illness in Sierra Leone. However, the virus's presence in bats means people who live nearby could be at risk for becoming infected. No outbreaks have been reported to date.

The findings, based on PCR, antibody and virus isolation data, were officially published today in the journal *Nature Communications*. Preliminary findings were announced earlier in December 2019 to ensure rapid notification to the citizens of Sierra Leone and the international health community.

The paper highlights the value of collaborating with government and key stakeholders across human, animal and environmental sectors to engage at-risk communities about the discovery, address health concerns and communicate risk-reduction strategies before recognized spillovers occur.

Marburg virus was detected by projects led by the [Centers for Disease Control and Prevention](#), the [USAID-funded PREDICT](#) project by the One Health Institute at the UC Davis School of Veterinary Medicine, [Njala University, Sierra Leone](#) and the [University of Makeni, Sierra Leone](#).

"Finding Marburg virus in bats in Sierra Leone before any known cases in people is a huge success, as public health officials and doctors can now include Marburg virus among the possible causes when diagnosing hemorrhagic fever cases in the region," said Tracey Goldstein, co-principal investigator and pathogen detection lead for the PREDICT project from the UC Davis One Health Institute.

Angolan strains detected in bats for first time

To date, there have been 12 known outbreaks of Marburg virus with the most recent in Uganda in 2017. The largest and deadliest outbreak occurred in Angola in 2005 where 227 people died. Five of the new strains identified among the Marburg-positive bats in Sierra Leone were genetically similar to the strain that caused the outbreak in Angola. This is the first time scientists have detected these Angolan-like strains in bats.

The virus-positive bats were all Egyptian rousette bats, the known reservoir for Marburg virus, which primarily feed on fruit. Infected bats shed the virus in their saliva, urine and feces. Egyptian rousette bats are known to test-bite fruits, urinate and defecate where they eat, potentially contaminating fruit or other food sources consumed by other animals or people, particularly children. These bats sometimes serve as a food source for local populations as well. People may be exposed to Marburg virus through bat bites as they catch the bats.

Reducing risk of spillover through community outreach, risk-reduction training

Following the announcement of the preliminary findings by the government of Sierra Leone, the PREDICT team worked with government partners, universities and other key stakeholders to develop and implement evidence-based public health messaging across national, district, and local community levels in Sierra Leone.

Researchers and government officials met with community members to present their findings, answer questions about Marburg virus, and address how to reduce people's risk of exposure and live safely with bats. As an additional national-level public preparedness measure, Marburg virus disease has been included in testing regimens at national laboratories in Sierra Leone.

"PREDICT opened up the window to show there is more beyond Ebola and demonstrated the need for partnership well before outbreak events unfold," said Amara Jambai, deputy minister of health for Sierra Leone.

Scientists emphasize that people should not attempt to kill or eradicate bats in response to the discovery. Bats play important ecological and agricultural roles. Fruit bats pollinate important crops, and insect-eating bats eat thousands of insects each night, including mosquitoes, which helps control pests that transmit disease and damage crops. Killing and coming into direct contact with bats can actually increase the risk of virus transmission, not halt it.

Finding viruses before they find us

The PREDICT team at UC Davis/University of Makeni and the team led by CDC/Njala University both began work in Sierra Leone in 2016 following the massive Ebola outbreak in West Africa. They each sought to discover the Ebola reservoir, the animal that helps maintain the virus in nature by spreading it without getting sick.

This Marburg discovery, the PREDICT team's discovery of the sixth ebolavirus—Bombali virus—in Angolan and little free-tailed bats in Sierra Leone, and its subsequent finding of Bombali virus in Angolan free-tailed bats in Guinea illustrate the strengths and mission of USAID's PREDICT project, which is to find viruses before they spill over into humans and become epidemics.

"Over a year ago, we worked with our Sierra Leone government colleagues to inform people across the country as fast as possible of this new health risk and remind people not to harm or come in contact with bats," said Brian Bird from the UC Davis One Health Institute and global lead for Sierra Leone and Multi-Country Ebola operations for

PREDICT-USAID. "I'm very proud of that work and our teams now that this full report is available."

Media contact(s)

Brian Bird, UC Davis PREDICT and One Health Institute, 530-304-9126,
bhbird@ucdavis.edu

Tracey Goldstein, UC Davis PREDICT and One Health Institute, 415-902-1486,
tgoldstein@ucdavis.edu

Kat Kerlin, UC Davis News and Media Relations, 530-752-7704, kekerlin@ucdavis.edu

From: Tracey Goldstein <tgoldstein@ucdavis.edu>
Sent: Fri, 24 Jan 2020 08:53:15 -0800
Subject: Re: Reminder: PREDICT MT Call - Tuesday January 21, 2020 @ 8:30AM
To: Amalhin Shek <ashek@usaid.gov>
Cc: David J Wolking <djwolking@ucdavis.edu>, Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>, PREDICTMGT <predictmgt@usaid.gov>, "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Kristin Burns <kburns@ucdavis.edu>, Brian Bird <bhbird@ucdavis.edu>

Brian is in Sierra Leone now and has been working with the Mission all along

On Fri, Jan 24, 2020 at 8:47 AM Amalhin Shek <ashek@usaid.gov> wrote:

Thanks Tracey!

Did the country team clear with the USAID Mission in SL as well?

Amalhin Shek | Budget & Communications Analyst
Bureau for Global Health, Office of Infectious Disease, [Emerging Threats Division](#)
Phone: 202-916-2069(o) **REDACTED** (c) | UA 4.6.2H

USAID Contractor

GHSI-III - Social Solutions International, Inc.

On Fri, Jan 24, 2020 at 10:26 AM Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Hello Amahlin,

Thanks for sharing. The paper is out - please see link below:
<https://rdcu.be/b0IHg>

Our media contacts at the CDC are:

"Pearson, Christine (CDC/DDID/NCEZID/DHCPP)" <boy3@cdc.gov>

O'Sullivan, Megan C. (CDC/DDID/NCEZID/DHCPP)" <gtz3@cdc.gov>

Others to include:

Jon Towner jit8@cdc.gov

"Singh, Tushar (CDC/DDPHSIS/CGH/DGHP)" <ydl1@cdc.gov>,

"Montgomery, Joel M. (CDC/DDID/NCEZID/DHCPP)" <ztq9@cdc.gov>

Please let us know if you need anything else.

Best Tracey

On Fri, Jan 24, 2020 at 7:04 AM Amalhin Shek <ashek@usaid.gov> wrote:

Hi Tracey,

So sorry for the delay in writing back. We are all comfortable with the draft you sent, and are going to go forth with a shortened version for USAID purposes (attached). Could you share with us the POC at CDC for their publication? We'd like to confirm that both our agencies make sure to reference one another in our publications.

Thanks in advance!

Amalhin Shek | Budget & Communications Analyst
Bureau for Global Health, Office of Infectious Disease, [Emerging Threats Division](#)
Phone: 202-916-2069(o) **REDACTED** (c) | UA 4.6.2H

USAID Contractor

GHSI-III - Social Solutions International, Inc.

On Wed, Jan 22, 2020 at 3:05 PM Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

UCDUSR0008566

Dear Andrew, Alisa, Cara and Amalhin,

As a follow up to yesterday, attached is the press release for the Marburg paper. Please review and let us know if you have any edits, and would like to add a quote from one of you?

If you could send any additions by first thing tomorrow morning (0.800 Thurs Jan 23) so we can share with CDC and post to Eureka alert.

Thank you!! Tracey

On Tue, Jan 21, 2020 at 9:28 AM Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Dear All,

Please find attached the proofs of the Marburg paper - just a reminder this is not the final version and that we are under embargo until Friday noon when it is released. We will share the press release as soon as we finalize it for your comments and input.

Best Tracey

On Mon, Jan 20, 2020 at 3:49 PM David J Wolking <djwolking@ucdavis.edu> wrote:

Hi there,
Below is the agenda for tomorrow's call.

Talk soon,

David

PREDICT Management Team Meeting Agenda

Tuesday, January 21, 2020

8:30-9:30AM PST/11:30-12:30pm EST

Zoom link: 

Additional Zoom info below agenda

USAID Updates

1. Administrative items

- March 2020 meeting updates (confirming dates, plans and preparation, etc.)
- GAO GHSA audit news (Viet Nam and Indonesia visits)?

2. Novel CoV Wuhan outbreak

- PREDICT assistance to country govts, genetic analyses, and modeling efforts reported to date

3. On close-out - standing item

- Review/discussion of USAID [close-out tracker](#) & Predict tracking tools
- Media library and content curation (plans for making available media, images, etc. as a resource; best platforms, etc.) - new standing item
- Feedback on data sharing platforms (DDL flexibility & Open Science Framework)

4. Final report updates

5. Mission, partner communications & country roundup essentials

- Nepal meeting read-out
- Others?

6. Publication, media, and conference updates

- [19th International Congress on Infectious Diseases](#), Kuala Lumpur (February 20-23, 2020)
- PMAC, Bangkok, Thailand (January 28-31, 2020)

7. AOB

Zoom Call-in info

Zoom link: **REDACTED**

Or iPhone one-tap :

US: +16468769923,, **REDACTED** or +16699006833,, **REDACTED**

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: +1 646 876 9923 or +1 669 900 6833

Meeting ID: **REDACTED**

On Fri, Jan 17, 2020 at 12:32 PM David J Wolking <djwolking@ucdavis.edu> wrote:

Hi there,

Just a reminder about next week's PREDICT management team call (Zoom

link: **REDACTED**)

I'll follow-up early next week with the agenda. In the meantime if there's anything in particular you want to discuss, send it my way and I'll build it it.

Best,

David

--

Tracey Goldstein, PhD
Associate Director, Professor
One Health Institute
School of Veterinary Medicine
University of California
Davis, CA 95616
Phone: (530) 752-0412
Fax: (530) 752-3318
E-mail: tgoldstein@ucdavis.edu

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University of California
Davis, CA 95616
Phone: (530) 752-0412
Fax: (530) 752-3318
E-mail: tgoldstein@ucdavis.edu

From: Andrew Clements <aclements@usaid.gov>
Sent: Sat, 1 Feb 2020 07:06:13 -0500
Subject: Re: PREDICT December 2019 Ebola financial report
To: Elizabeth Leasure <ealeasure@ucdavis.edu>
Cc: Alisa Pereira <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, predict Sympa List <predict@ucdavis.edu>, Cara Chrisman <cchrisman@usaid.gov>, Hannah R Chale <hrchale@ucdavis.edu>

Thanks

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Feb 1, 2020, at 1:51 AM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Andrew. Please find attached the December 2019 Ebola financial report. If you have any questions, please let me know.

Thanks,
Liz

*Elizabeth Leasure
Financial Operations Manager
One Health Institute
[REDACTED] cell)
530-754-9034 (office)
Skype: ealeasure*

<PREDICT Ebola Financial Report_Dec2019_final.pdf>

Sent: Wed, 5 Feb 2020 15:31:46 -0800
Subject: Re: Wed. 3:30 PST Meeting: OHW Objective 3
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: alexandra zuber <alexandrazuber@atahealthstrategies.com>
Cc: "Federico Castillo, PhD" <f.castillo@berkeley.edu>, Omar Romero-hernandez <oromero@haas.berkeley.edu>, "Karesh@ecohealthalliance.org" <Karesh@ecohealthalliance.org>, "daszak@ecohealthalliance.org" <daszak@ecohealthalliance.org>

Thank you! She's driving, I texted it to her.
Mary

On Wed, Feb 5, 2020 at 3:28 PM alexandra zuber <alexandrazuber@atahealthstrategies.com> wrote:

REDACTED

Alexandra Zuber, MPP, DrPH
Founder and CEO, Ata Health Strategies, LLC
Email: alexandrazuber@atahealthstrategies.com
Phone: +1 (617) 680-3950
LinkedIn: [alexandrazuber/](https://www.linkedin.com/in/alexandrazuber/)
Website: www.atahealthstrategies.com
Twitter: [@alexandrazuber](https://twitter.com/alexandrazuber)

From: Jonna Mazet <jkmazet@ucdavis.edu>
Sent: Wednesday, February 5, 2020 6:27 PM
To: alexandra zuber <alexandrazuber@atahealthstrategies.com>
Cc: Federico Castillo, PhD <f.castillo@berkeley.edu>; Omar Romero-hernandez <oromero@haas.berkeley.edu>; Karesh@ecohealthalliance.org <Karesh@ecohealthalliance.org>; daszak@ecohealthalliance.org <daszak@ecohealthalliance.org>
Subject: Re: Wed. 3:30 PST Meeting: OHW Objective 3

What is the Zoom link? Jonna is trying to join.
Mary

On Wed, Feb 5, 2020 at 9:58 AM alexandra zuber <alexandrazuber@atahealthstrategies.com> wrote:

Thanks Mary for letting us know.

Alexandra Zuber, MPP, DrPH
Founder and CEO, Ata Health Strategies, LLC
Email: alexandrazuber@atahealthstrategies.com
Phone: +1 (617) 680-3950
LinkedIn: [alexandrazuber/](https://www.linkedin.com/in/alexandrazuber/)
Website: www.atahealthstrategies.com
Twitter: [@alexandrazuber](https://twitter.com/alexandrazuber)

From: Jonna Mazet <jkmazet@ucdavis.edu>
Sent: Wednesday, February 5, 2020 12:57 PM
To: alexandra zuber <alexandrazuber@atahealthstrategies.com>
Cc: Federico Castillo, PhD <f.castillo@berkeley.edu>; Omar Romero-hernandez <oromero@haas.berkeley.edu>; Karesh@ecohealthalliance.org <Karesh@ecohealthalliance.org>; daszak@ecohealthalliance.org <daszak@ecohealthalliance.org>
Subject: Re: Wed. 3:30 PST Meeting: OHW Objective 3

Hi all,

This is Mary, Jonna's assistant. She is at UCSF today and has a full day of meetings and calls. She will join this one if she can but she may not be able to make it.

Mary

On Wed, Feb 5, 2020 at 9:21 AM alexandra zuber <alexandrazuber@atahealthstrategies.com> wrote:

Great. Billy and Peter, as I mentioned before, the objective of this call is to make an opportunity for us to hear more from you about your experiences with business planning- i.e. what worked well, what didn't work, which frameworks you've used, etc. This is based on your recent mention of some relevant experiences. We can use the remaining time to share what we are thinking.

Thanks again,

Alexandra Zuber, MPP, DrPH
Founder and CEO, Ata Health Strategies, LLC
Email: alexandrazuber@atahealthstrategies.com
Phone: +1 (617) 680-3950
LinkedIn: [alexandrazuber/](https://www.linkedin.com/in/alexandrazuber/)
Website: www.atahealthstrategies.com
Twitter: [@alexandrazuber](https://twitter.com/alexandrazuber)

From: Federico Castillo, PhD <f.castillo@berkeley.edu>

Sent: Tuesday, February 4, 2020 6:28 PM

To: Omar Romero-hernandez <oromero@haas.berkeley.edu>; alexandra zuber <alexandrazuber@atahealthstrategies.com>;
Karesh@ecohealthalliance.org <Karesh@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>;
daszak@ecohealthalliance.org <daszak@ecohealthalliance.org>

Subject: Wed. 3:30 PST Meeting: OHW Objective 3

All,

Thanks for replying to the pool!

It seems we have a window of opportunity to meet 3:15-4:00 p.m. PST.
Billy will join a bit after 3:00 p.m. PST due to prior commitments.

A zoom link will be sent later on.

Thanks,

F

--

Federico Castillo
University of California
Department of Environmental Science, Policy and Management
Berkeley, CA 94720
+(510)643-2748
f.castillo@berkeley.edu
<http://nature.berkeley.edu/~fcfallas>
Deputy Director, Planetary Health Center of Expertise
<http://www.ucghl.universityofcalifornia.edu/centers-of-expertise/planetary-health>

From: Peter Daszak <daszak@ecohealthalliance.org>
To: Ben Oppenheim <boppenheim@metabiota.com>
Cc: Dennis Carroll **REDACTED** Cara Chrisman <cchrisman@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Samtha Maher <maher@ecohealthalliance.org>, Stefano M Bertozzi <sbertozzi@berkeley.edu>, "Stephen S. Morse" <:ssm20@cumc.columbia.edu>, Gavin Yamey <gavin.yamey@duke.edu>, "Boyle, Colin" <Colin.Boyle@ucsf.edu>, "Nicole Stephenson" <nstephenson@metabiota.com>, Jaclyn Guerrero <jguerrero@metabiota.com>, Nita Madhav <nmadhav@metabiota.com>, Paola Gadsden <paola.gadsden@cisidat.org.mx>, Dean Jamison <djamison@uw.edu>, "Rubin, Eddy" <erubin@metabiota.com>
Subject: Re: agenda and background materials for 12 Feb GVP / BCA advisory meeting
Sent: Wed, 12 Feb 2020 08:19:44 +0000

Dear all,
Very sorry but I was called to speak at a WHO meeting today in Geneva re the wildlife origin of nCoV. This means that unfortunately however I try to get back I won't be able to be at the BCA meeting. I will be in DC early the next day for the GVP Board meeting.

Apologies to all and I look forward to reading the notes and report.

Cheers,

Peter

Peter Daszak
(Sent from my iPhone)

President
EcoHealth Alliance

460 West 34th Street, New York, NY10001, USA

www.EcoHealthAlliance.org

On Feb 11, 2020, at 11:19 PM, Ben Oppenheim <boppenheim@metabiota.com> wrote:

Dear all,

Below, you'll find address and other logistical details if you're attending the meeting in person, and a dial-in if you're attending remotely

Looking forward,

Ben

For those attending in person:

The meeting will be at USAID, located at 500 D Street SW (near the intersection with 6th street). (About a block from multiple exits for the L'Enfiat metro stop)

The meeting will be held in room 7.5F, but all visitors will need to be escorted and pass security. Please bring a USG photo ID

If you have any difficulty getting in, you can contact:

Antonett Garrett

REDACTED

Mark Holmfeld
202.916.2367

Cara J. Chrisman, PhD
Desk: (202) 916-2065
Cell: REDACTED

Dial-in details

Join Zoom Meeting

REDACTED

Meeting ID: REDACTED

One tap mobile

REDACTED

On Mon, Feb 10, 2020 at 10:15 PM Ben Oppenheim <boppenheim@metabiota.com> wrote:

Dear advisors,

We're looking forward to meeting with you this Wednesday, 12 Feb, to present progress to date on the benefit-cost assessment of the GVP.

Attached, you'll find a provisional agenda for the day, as well as set of background papers and reading. ([these materials are also accessible via this link](#)).

We recognize that we have not left you much time to read or digest these materials prior to the meeting, and apologize for the delay in getting them to you. Given that we will spend the day walking through the BCA methods and findings to date in some detail, I would suggest reviewing whatever amount is comfortable, and then reading the materials at your leisure. We will plan to have more intensive 1:1 consultations with each advisor in the coming weeks as we finalize the results, particularly advisors who are unable to attend this meeting in person.

A few logistical notes:

- **Location:** USAID is kindly hosting us, and we'll send out an address and entry details for the building shortly. For those joining remotely, we will set up a video link (details to follow).
- **Timing:** the meeting will run from 9am - 5pm EST. We realize this is a large time commitment, and welcome as much time as you can give.

As always, we're grateful for your time and contributions to this research, and look forward to speaking with you soon,
Ben

--

Ben Oppenheim, PhD
Senior Director, Product Development // Senior Scientist

510.501.1097

--

Ben Oppenheim, PhD
Senior Director, Product Development // Senior Scientist

510.501.1097

From: Amy Bond <ajbond@ucdavis.edu>
To: Jonna Mazet <jkmazet@ucdavis.edu>, Brianna Grant [REDACTED]
Cc: "ohi-covid-coms@ucdavis.edu" <ohi-covid-coms@ucdavis.edu>, Mary Radford <maradford@ucdavis.edu>
Subject: Re: [ohi-covid-coms] Re: Article on infectious disease risk to wildlife in tourism industry
Sent: Mon, 30 Mar 2020 04:30:45 +0000

Hi Brianna,

In addition to talking with Dr. Mazet, you may also be interested in talking with two other faculty at the One Health Institute.

1) Dr. Kirsten Gilardi, the Executive Director & Chief Veterinary Officer of Gorilla Doctors. As the only organization in the world providing hands-on veterinary care to wild eastern (mountain and Grauer's) gorillas, they are on the frontlines of protecting gorilla health. No doubt, given your area of interest, you already know that Rwanda, Uganda and DR Congo have temporarily suspended gorilla tourism and Gorilla Doctors is taking extra protective measures to prevent potential transmission while continuing their work to monitor for any signs of illness or injury.

2) Dr. Tierra Smiley Evans, is an epidemiologist and veterinarian who can provide an additional perspective on wildlife tourism and working animals as she currently studies bushmeat hunting and elephant disease in Myanmar. She has also previously studied viruses in wild mountain gorillas.

Let me know if you'd also like to speak with either Drs. Gilardi or Evans and I can facilitate. Thank you so much, Amy

Amy Bond
Communications Outreach
One Health Institute

From: ohi-covid-coms-request@ucdavis.edu <ohi-covid-coms-request@ucdavis.edu> on behalf of Jonna Mazet <jkmazet@ucdavis.edu>
Sent: Sunday, March 29, 2020 6:38 PM
To: Brianna Grant [REDACTED]
Cc: ohi-covid-coms@ucdavis.edu <ohi-covid-coms@ucdavis.edu>; Mary Radford <maradford@ucdavis.edu>
Subject: [ohi-covid-coms] Re: Article on infectious disease risk to wildlife in tourism industry

Phone would be better. Please suggest a few time slots that work for you.
Copying in Mary Radford to help us with scheduling,
Jonna

On Sun, Mar 29, 2020 at 8:55 AM Brianna Grant [REDACTED] wrote:

Hello Jonna,
Thank you for the prompt response. Does email or phone call work better for you?

Best,
Bri

On Sat, Mar 28, 2020 at 7:37 PM Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Yes, of course.
Let me know what might work & we'll figure out how to fit it in.
Stay well,

Jonna

Jonna AK Mazet, DVM, MPVM, PhD
Professor of Epidemiology & Disease Ecology
Executive Director, One Health Institute
Director, One Health Workforce – Next Generation of USAID Emerging Threats Division
Director Emeritus, PREDICT Project of USAID Emerging Threats Division

School of Veterinary Medicine
University of California, Davis
onehealthinstitute.net

Institute for Global Health Sciences
University of California, San Francisco
<https://globalhealthsciences.ucsf.edu/>

For scheduling and logistical issues, please contact:
Ms. Mary Radford
maradford@ucdavis.edu
+1-530-752-3630

On Fri, Mar 27, 2020 at 11:51 AM Brianna Grant <**REDACTED**> wrote:

Hello,
I am writing to see if you would be willing to answer a few questions I have for an upcoming article on the spread of infectious diseases to wild animals in the tourism industry for Earth Island Journal.

Please let me know!

Best,
Brianna Grant
Freelance Writer

Sent: Tue, 28 Apr 2020 20:15:42 -0700
Subject: Re: Update
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: "Walzer, Christian" [REDACTED]
Cc: Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Peter Daszak PhD <daszak@ecohealthalliance.org>

Thanks very much, Chris.
Let us know if you see something positive to which we should respond.
Stay well,
Jonna

On Tue, Apr 28, 2020 at 4:12 PM Walzer, Christian [REDACTED] > wrote:

Dear Jonna, Chris and Peter,
We have of course been following the news closely these past days. Please do not hesitate to get in touch if you feel that WCS and possibly our staff in Washington can provide backup in this situation. I am at the present seeing initiatives urgently being put forward that are, amongst numerous other points, explicitly asking for EPT/PREDICT extensions. Let me know if there is something I or WCS can do to support you.
Kind regards and stay well
Chris

From: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <jkmazet@ucdavis.edu>; daszak@ecohealthalliance.org
<daszak@ecohealthalliance.org>; Christine Kreuder Johnson
<ckjohnson@ucdavis.edu>; djwolking@ucdavis.edu <djwolking@ucdavis.edu>
CC: predictmgt@usaid.gov <predictmgt@usaid.gov>
Sent: 5/5/2020 6:58:53 AM
Subject: Press inquiry on Predict

We got a press inquiry asking for confirmation about the increase in infectious diseases as mentioned in the UNICEF document below.

<https://www.unicef.org/rosa/media/2406/file/C4D%20Emerging%20Infectious%20Diseases.pdf>

Specifically the passage that says “Project Predict estimates that over the past century, the number of new infectious diseases cropping up each year has nearly quadrupled. Over the past century, the number of outbreaks per year has more than tripled.”

Do you have references for these two sentences?

Thanks!

C4D IN EMERGENCY RESPONSE

CASE STUDIES: GOOD PRACTICES IN RISK COMMUNICATION

CASE STUDY: HURRICANE SANDY AND USE OF SOCIAL MEDIA

CASE STUDIES: EARLY WARNING SYSTEMS AND MOBILE PHONE APPLICATIONS FOR EMERGENCY SITUATIONS

INFORMATION SHEET

EMERGING INFECTIOUS DISEASE

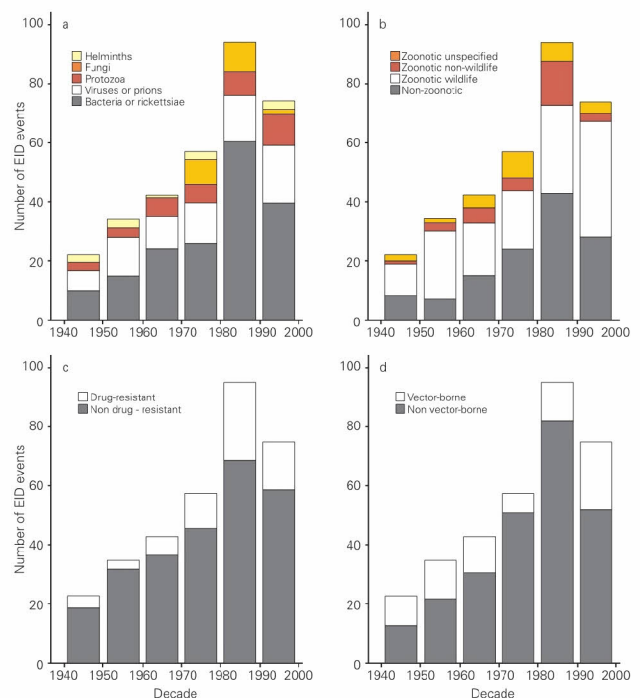
COMMUNICATION IN DISASTERS AND EMERGENCIES THEN THINGS TO DO

ARE OUTBREAKS AND EMERGING INFECTIOUS DISEASE EVENTS INCREASING?

Emerging infectious diseases (EIDs) are a significant burden on global economies and public health. An analysis of a database of 335 EID 'events' (origins of EIDs) between 1940 and 2004 demonstrated that EID events have risen significantly over time after controlling for reporting bias, with their peak incidence (in the 1980s) concomitant with the HIV pandemic. ¹ The number of outbreaks, and the number of kinds of disease, have both increased significantly between 1980 to 2013. ²

EID events seem to be dominated by zoonoses (60.3% of EIDs) - meaning that they were transmissible to humans by animals, insects and other vectors. These include Ebola, HIV, the bubonic plague and Lyme disease. The majority of these (71.8%) zoonoses originate in wildlife (for example, severe acute respiratory virus, Ebola virus), and are increasing significantly over time. Zoonotic diseases have been becoming increasingly diverse over time, but only a small number cause the majority of outbreaks in each decade. From 1980 to 1990, 80% of all zoonotic disease outbreaks were caused by only 25% of potential zoonoses in the dataset, and only 22% and 21% of zoonoses from 1990 to 2000 and from 2000 to 2010, respectively. Zoonotic disease cases may be undercounted in the nations affected the most because of limited infrastructure and health resources.

The researchers also found that 54.3% of EID events are caused by bacteria or rickettsia, reflecting a large number of drug-resistant microbes in the database.



Emerging infectious disease (EID) outbreaks are often driven by socio-economic, environmental, and ecological factors. EID emergence provides a basis for identifying regions where new EIDs are most likely to originate (emerging disease 'hotspots'). There is a substantial risk of wildlife zoonotic and vector-borne EIDs originating at lower latitudes where reporting effort is low. The authors conclude that global resources to counter disease emergence are poorly allocated, with the majority of the scientific and surveillance effort focused on countries from where the next important EID is least likely to originate. ¹

Project PREDICT is enabling global surveillance for pathogens that can spillover from animal hosts to people by building capacities to detect and discover viruses of pandemic potential. The project is part of USAID's Emerging Pandemic Threats program and is led by the UC Davis One Health Institute. Project Predict estimates that over the past century, the number of new infectious diseases cropping up each year has nearly quadrupled. Over the past century, the number of outbreaks per year has more than tripled. Researchers have been sampling in rain forests (the planet's biodiversity laboratory) around the world for zoonotic viruses for seven years and found nearly 1,000 new viruses in more than 20 countries.³ HIV came from a rainforest, as did Ebola, Yellow Fever, and Zika. These viruses have been circulating among bats, monkeys and rodents in the rainforests for thousands of years as part of the ecosystem. The animals are generally not harmed by the viruses. Rather, it is the interaction between human predators and the animals that lead to disease outbreaks in populations.

WHAT ARE SOME OF THE MAIN CAUSES OF THE RISE IN EMERGING INFECTIOUS DISEASE EVENTS?

DEFORESTATION

Rising deforestation is bringing wildlife vectors closer to human settlements, and increasing the risk of infectious disease outbreaks. A 2017 study found that Ebola outbreaks in West and Central Africa mostly occurred in deforested hotspots.⁴ In the 1990s, in Peru, malaria cases rose from 600 per year to 120,000, just after a road was built into a forest and people

began clearing their lands. In a deforested area of Peru, the malaria-carrying mosquito species bit 278 times more frequently than the same species in an untouched forest.⁵

More recently in Borneo, Malaysia, researchers found a strong association between patches of deforested land and locations of recent malaria outbreaks. As humans worked on recently deforested spaces, vectors (mosquitoes) that thrived in this new habitat carried the disease from primates to people.⁶

CLIMATE CHANGE

Climate change is another major factor that increases the risk of infectious disease outbreaks. Climate change refers to long-term shifts in weather conditions and patterns of extreme weather events. A recent report from The Lancet Countdown reports that the human symptoms of climate change to be "unequivocal and potentially irreversible." With increase in heat waves, weather disasters and spread of disease-carrying mosquitoes, climate change significantly imperils public health globally, and disproportionately affects vulnerable populations in low and middle-income countries (LMICs), where poverty, water scarcity, inadequate housing or other crises are already prevalent. Climate change is a "threat multiplier."⁷

Climate changes include alterations in one or more climate variables including temperature, precipitation, wind, and sunshine. These changes may impact the survival, reproduction, or distribution of disease pathogens and hosts, as well as the availability and means of their transmission environment (see table below).



CLIMATE VARIABLE	EFFECT OF CHANGE IN CLIMATE VARIABLE ON:		
	Pathogen	Vector/Host	Disease Transmission
TEMPERATURE	Pathogens need favourable temperatures to survive, develop and reproduce. For e.g. The incubation period for malaria parasite reduces from 26 days to be more active at higher temperatures.	As temperature continues to rise, insect vectors in low-latitude regions may find new habitats in mid-or high-latitude regions and in areas of high altitude, leading to geographical expansion or shift of diseases. Mosquito vectors can escape harsh climates by resorting to household containers or water tanks.	In the highlands of Kenya, hospital admissions for malaria has been associated with rainfall and high maximum temperature during the preceding 3-4 months.
PRECIPITATION	Heavy rain may stir up sediments in water, leading to the accumulation of fecal microorganisms. Drought/low rainfall lead to low river flows, causing the concentration of effluent water-borne pathogens	Larval development of some mosquito vectors accelerates with increased rain and rising temperature. Drought in wet regions can provide mosquitoes with more pools of stagnant water as breeding places.	Evidence shows that diseases transmitted by rodents sometimes increases during heavy rainfall and flooding events because of altered patterns of human-pathogen-rodent contact
HUMIDITY	The pathogens of air-borne infectious disease such as influenza tend to be responsive to humidity condition. For example, absolute humidity and temperature were found to affect influenza virus transmission and survival.	Mosquitoes survive better under conditions of high humidity. They also become more active when humidity rises.	
SUNSHINE	Sunshine hours and temperature act synergistically during cholera periods to create a favorable condition for the multiplication of cholera parasite in water.	In Bangladesh, research showed that increased temperature and prolonged sunshine are positively related to the monthly cholera occurrences.	
WIND	Studies have reported a positive correlation between dust particle association/attachment and virus survival/transporting.	Strong winds can reduce the biting opportunities for mosquitoes, but can extend their flight distance.	Pathogens can spread from endemic regions to other regions through interregional dust storms.

A society's vulnerability to climate change induced health risk of infectious diseases is related to its social development and existing public health system and infrastructure. The inadequate financial and medical resources coupled with the less-effective communication and public health education in developing countries limit these societies' ability to prepare for and respond to climate change induced health issues.¹ In addition, factors like population increase, urbanization, conflict, and migration are also linked with the spread of infectious diseases.

CASE STUDY

Rise in vector borne diseases (such as Malaria) due to deforestation and climate change

Due to deforestation, sunlight directly hits the (once-shady) forest floor increasing the temperature of water on the floor, which can aid mosquito breeding. Leaves that make streams and ponds high in tannins disappear due to deforestation. This lowers the acidity and makes the water more turbid which favor the breeding of some species of mosquito over others. Flowing water is often dammed up and pooled. The water table of the forest rises closer to the forest floor because it is no longer taken up by trees (which have been destroyed). This creates swampy areas, which are ideal for breeding mosquitoes. As agriculture replaces forests, re-growth of low lying vegetation provides a much more suitable environment for the mosquitoes that carry the malaria parasite.

Mosquitoes are not the only carriers of pathogens from the wild to humans. Bats, primates, and even snails can carry disease, and transmission dynamics change for all of these species following forest clearing, often creating a much greater threat to people.⁸

The greatest effect of climate change on transmission is likely to be observed at the extremes of the range of temperatures at which transmission occurs. For many diseases these lie in the range 14–18 C at the lower end and about 35–40 C at the upper end. By 2080, up to 320 million more people could be affected by malaria because of these new transmission zones. The disease would then also be spreading to people whose immune systems may never have been exposed to malaria, and who may be more vulnerable as a result. By 2100 it is estimated that average global temperatures will have risen by 1.0–3.5 C, increasing the likelihood of many vector-borne diseases in new areas.^{9,10}

REFERENCES

- ¹ Kate E. Jones, Nikkita G. Patel, Marc A. Levy, Adam Storeygard, Deborah Balk, John L. Gittleman & Peter Daszak (2008). Global trends in emerging infectious diseases. *Nature* 451, 990-993 (21 February 2008)
- ² Katherine F. Smith, Michael Goldberg, Samantha Rosenthal, Lynn Carlson, Jane Chen, Cici Chen, Sohini Ramachandran. (2014). Global rise in human infectious disease outbreaks. *Journal of Royal Society Interface* 11: 20140950.
- ³ Project PREDICT: <http://www.vetmed.ucdavis.edu/ohi/predict/>
- ⁴ Rulli et al 2017. The nexus between forest fragmentation in Africa and Ebola virus disease outbreaks. *Scientific Reports*; 7:41613.
- ⁵ Vittor AY, Gilman RH, Tielsch J, et al. (2006). The effect of deforestation on the human-biting rate of *Anopheles darlingi*, the primary vector of *Falciparum* malaria in the Peruvian Amazon. *American Journal of Trop Med Hyg.* 2006 Jan; 74(1):3-11.
- ⁶ Fornace K. M, Abidin, T, Alexander N, et al. (2016). Association between Landscape Factors and Spatial Patterns of *Plasmodium knowlesi* Infections in Sabah, Malaysia. *Emerging Infectious Diseases*, 22(2), 201-209.
- ⁷ Watts N, Amann M, et al. (2017). The Lancet Countdown on health and climate change: from 25 years of inaction to a global transformation for public health. *Lancet*. Published online October 30, 2017. [http://dx.doi.org/10.1016/S0140-6736\(17\)32464-9](http://dx.doi.org/10.1016/S0140-6736(17)32464-9)
- ⁸ How Forest Loss Is Leading To a Rise in Human Disease https://e360.yale.edu/features/how_forest_loss_is_leading_to_a_rise_in_human_disease_malaria_zika_climate_change
- ⁹ Lindsay S. W. and Martens W. J. M. Malaria in the African highlands: Past, present and future [694kB] *Bulletin of the WHO* 76 33-45 (1998)
- ¹⁰ Githeko, A. K., Lindsay, S. W., Confalonieri, U. E. et al Climate change and vector-borne diseases: A regional analysis [268kB] *Bulletin of the WHO* 78 1136-1147 (2000)

From: Dennis Carroll [REDACTED]
Sent: Wed, 27 May 2020 12:22:08 -0400
Subject: Re: FW: [gvp] Re: Global Virome Project and COVID-19 & Other Infection Diseases Data Sharing Guidelines - Similar work and/or comments?
To: Samantha Maher <maher@ecohealthalliance.org>
Cc: Eddy Rubin <erubin@metabiota.com>, Jonna Mazet <jkmazet@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, [REDACTED]

Samantha, this looks good. I am presuming by item two your referring to the Prospectus. If so let's broaden to consider in its entirety. It will be our narrative communicae.

We also want to open the meeting welcoming Ariel, whose email is

ap39@cumc.columbia.edu. and

[REDACTED]

Thanks

I will also send in separate emails copies of David Cameron's G29 piece, The Grand Challenge from Sally Davis and the invitation to zGvp to be a Founding Partner

----- Forwarded message -----

From: Samantha Maher <maher@ecohealthalliance.org>
Date: Wed, May 27, 2020 at 12:02 PM
Subject: Re: FW: [gvp] Re: Global Virome Project and COVID-19 & Other Infection Diseases Data Sharing Guidelines - Similar work and/or comments?
To: Jonna Mazet <jkmazet@ucdavis.edu>
CC: Dennis Carroll [REDACTED], Eddy Rubin <erubin@metabiota.com>, Peter Daszak <daszak@ecohealthalliance.org>, [REDACTED]

Hi Jonna,
For reference, the agenda as it stands now looks like this:

1. Follow up 3-5 big ticket funding targets
 - a. Rockefeller Foundation
 - b. FDA
 - c. DOE
 - d. Oxford University Grand Challenge invitation to GVP
 - e. David Cameron G20 proposal
2. Deep-dive on consortium memberships and requirements for participation
 - a. Materials: Most recent version sent by Jonna on May 21st
 - b. Focus on operation structure pages 7-11
3. Social media and news stories
 - a. [REDACTED] Updates
 - b. Dennis's Media updates
 - i. French documentary
 - ii. Smithsonian Magazine
 - iii. PMAC 2021, webinar highlighting GVP
4. Review and discuss criteria for board member selection
 - a. Materials: Eddy's rubric

Cheers,

Sam

On Wed, May 27, 2020 at 10:49 AM Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Can we add it to the growing agenda for tomorrow's call? We might need 90 minutes if people have time for that.
Have a nice day,

Jonna

On Tue, May 26, 2020 at 5:08 PM Dennis Carroll <[REDACTED]> wrote:

Jonna, thanks for sharing. Would be interested in your collective thoughts on this. Obviously GISAID has been very active in COVID19 virus data sharing

d

On Tue, May 26, 2020 at 7:59 PM Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Forwarded message

From: <gvp-request@ucdavis.edu> on behalf of Idris F Sulaiman <[REDACTED]>
Date: Thursday, May 14, 2020 at 2:57 PM
To: gvp Sympa List <gvp@ucdavis.edu>, Kat E Kerlin <kekerlin@ucdavis.edu>
Subject: [gvp] Re: Global Virome Project and COVID-19 & Other Infection Diseases Data Sharing Guidelines - Similar work and/or comments?

Attn: Kate Kerlin (News and Media Relations, GVP) and/or GVP administrator, please forward to Prof Carroll or relevant staff at GVP. Thank you.

Dear Professor Dennis Carroll,

Greetings from Canberra Australia!

I am writing to inquire if you or your colleagues at GVP might have developed or been in working on data sharing guidelines for COVID-19 data collection and sharing to help stakeholders follow best practices to maximize the efficiency of their work.

In case you are interested or haven't heard, I would like to introduce you to this work that we and our global sister organisation, the Research Data Alliance (RDA) are working on. Furthermore, if possible, we would like to seek any comments or input to our current draft release.

First, please allow me to introduce my organisation and myself, the Australasian eResearch Organisations (AeRO.edu.au) as Coordinator/Advisor in our Southeast Asian engagement efforts. AeRO is a consortium of 16 research and IT-related organisations (such as CSIRO, GeoScience Australia, REANNewZealand and others) supporting researchers who are using high-end IT, "big-data" & other related methodologies by coordinating events, consultations and training/employment opportunities.

With RDA, we have been working in developing and actively promoting the RDA-COVID-19 Working Group. This group focuses on the 'big data' inter-operable and other standards, collection, curation and other management practices. Please see details in:

<https://www.rd-alliance.org/groups/rda-covid19>

Now, as we are at 3rd release of the WG's Guidelines and Recommendations:

https://docs.google.com/document/d/1h0vz5P_433cUQG_wLYUnu3PI9B7S3oxWMYpe3QhcK2o/edit

UCDUSR0008586

We would like to explore whether you or your colleagues might be able to provide references or web links if you might previously work on a similar COVID-19 or other infectious diseases epidemiology data standards topics for sharing activities. For example, perhaps you or your colleagues might have worked on similar data guidelines that were used to deal with data input into the "Global Preparedness Monitoring Board" or other early warning/reporting of emerging/existing infectious disease databases.

Alternatively, if interested, we would like to invite you to provide any comments or input into this draft document.

The final RDA endorsed release date is 30 June (5th release - Final draft release, 28 May 28: last chance for comments). Schedule details:

https://docs.google.com/document/d/1NF_YgsIPGnKHURU8dxhUUsZNaTPgdN2bpqrXBKn2rf7Y/edit

The general information about the RDA COVID-19 WG can be found at:

<https://www.rd-alliance.org/group/rda-covid19-rda-covid19-omics-rda-covid19-epidemiology-rda-covid19-clinical-rda-covid19-0>

Thank you for your kind attention and we look forward to hearing from you.

Best regards,

Idris

Idris F Sulaiman, PhD

Advisor and Coordinator | South East Asia Engagement

Australasian eResearch Organisations (AeRO)

Private Bag 10, Clayton South, Melbourne, VIC 3169, Australia

AeRO | **advocate** | **collaborate** | **communicate** | visit us at www.aero.edu.au
and chat.aero.edu.au/c/er-seasia

REDACTED

PS: If you or colleagues might have any webinars, conferences or other activities relating to data-intensive or e-infrastructure research in South East Asia or about the region that you might like to disseminate, please let me know or feel free to post on the eResearch SEAsia chat board. Thank you.

eResearch SEAsia

This category of chat board aims to raise awareness of activities, alternative research environments, standards, technical or organisational approaches that exist in [South East Asia](#) in comparison with those practised in [Australasia](#).

<https://chat.aero.edu.au/t/about-the-eresearch-seasia-category/171>

400.Thatâs an error.

The server cannot process the request because it is malformed. It should not be retried.Thatâs all we know.

--

Dr Dennis Carroll
President, Global Virome Project
Senior Fellow, Scowcroft Institute of International Affairs at the Bush School of Government and Public Service, Texas
A&M University
Counselor and Advisor to the Faculty of Tropical Medicine at Mahidol University, Bangkok, Thailand

mobile: 202-999-6144

email: **REDACTED**

--

Samantha Maher, MEd

Research Scientist, Conservation and Health

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EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation.

--

Dr Dennis Carroll
President, Global Virome Project
Senior Fellow, Scowcroft Institute of International Affairs at the Bush School of Government and Public Service, Texas
A&M University
Counselor and Advisor to the Faculty of Tropical Medicine at Mahidol University, Bangkok, Thailand

mobile: 202-999-6144

email: [d](#)**REDACTED**

From: Woutrina A Smith <wasmith@ucdavis.edu>
To: Kevin Olival <olival@ecohealthalliance.org>
Cc: Peter Daszak <daszak@ecohealthalliance.org>, Aleksei Avery Chmura <chmura@ecohealthalliance.org>, Tracey Goldstein <tgoldstein@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, onehealthnextgen Sympa List <onehealthnextgen@ucdavis.edu>, Alison Andre <andre@ecohealthalliance.org>
Sent: Mon, 8 Jun 2020 17:44:44 +0000
Subject: [onehealthnextgen] Re: Time sensitive: OHW-NG SE Asia supplemental funding opportunity

Thanks Kevin. The most important answer for today is just yes or no that you want us to put up to \$100k on behalf of EHA into the supplemental funding budget for COVID response funds in support of SEAOHUN COVID activities between now and November. I would expect salary for technical support as most of that EHA budget, at least for now, in order to be responsive to needs in reviewing, guiding, supporting, and creating COVID activities to benefit the SE Asia region countries you are involved in for OHW-NG. Liz can advise on the level of budget detail needed beyond that top line number for tomorrow when we do the master compilation. Woutrina

From: Kevin Olival <olival@ecohealthalliance.org>
Date: Monday, June 8, 2020 at 10:37 AM
To: Woutrina A Smith <wasmith@ucdavis.edu>
Cc: Peter Daszak <daszak@ecohealthalliance.org>, Aleksei Avery Chmura <chmura@ecohealthalliance.org>, Tracey Goldstein <tgoldstein@ucdavis.edu>, Elizabeth Leasure <ealeasure@UCDAVIS.EDU>, onehealthnextgen Sympa List <onehealthnextgen@ucdavis.edu>
Subject: Re: Time sensitive: OHW-NG SE Asia supplemental funding opportunity

Hi Woutrina,

In communication with Aleksei and Peter about this and get back to you with a more detailed reply and specific thoughts on supporting these activities later today.

Much appreciated,
Kevin

Kevin J. Olival, PhD

Vice President for Research

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EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation.

On Jun 4, 2020, at 3:09 PM, Woutrina A Smith <wasmith@ucdavis.edu> wrote:

Hi Peter, Kevin, and Aleksei,

Peter and I touched on the USAID One Health Workforce – Next Generation supplemental funding opportunity for SE Asia in our mid-year check in call. I'm attaching here a slightly outdated summary of the types of projects that the SEAOHUN country teams as proposing to conduct over the next 6 months to give you a feel for their ideas, and they are in the process of making modifications to effect the need to do more things virtually instead of face to face, and/or to include appropriate public health measures to prevent the spread of the COVID virus. In addition to these activities that are primarily focused on Indonesia, Malaysia, Thailand, and Vietnam, we will provide some broader regionally adapted activities so that other SEAOHUN countries such as Cambodia, Laos, Burma, and Philippines may benefit.

I'm reaching out now to ask whether your EHA team would like to be involved in this supplemental funding opportunity that is coming to us through the regional mission as COVID emergency response funds, to potentially help support the proposed activities in the Indonesia, Malaysia, and Thailand countries where you are already linked, and/or to help support regional level activities as relevant. My suggestion would be to quickly think through allocating some of your EHA team effort into our global budget for the supplemental funding, for up to \$100k in the June-November time period, and to let us know if you have specific ideas on how you would like to engage. We have to compile budgets on Monday for submission to USAID by Wednesday so I apologize for the quick turnaround request, but we will have time to sort more details later. I've copied Tracey and Liz in case they have further guidance at this time.

Thanks! Woutrina

Woutrina Smith, DVM, MPVM, PhD
Professor of Infectious Disease Epidemiology
Associate Director, UCD One Health Institute
Technical Director, USAID One Health Workforce - Next Gen
Co-Director, UCGHI Planetary Health Center of Expertise
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Davis, CA 95616
wasmith@ucdavis.edu
+1 530 219-1369 c

<SEAOHUN_Tranche4RevisedProposalSummaries_26May2020-small.xlsx>

From: Andrew Clements <aclements@usaid.gov>
To: ealeasure@ucdavis.edu <ealeasure@ucdavis.edu>
CC: predictmgt@usaid.gov <predictmgt@usaid.gov>; djwolking@ucdavis.edu
<djwolking@ucdavis.edu>; Christine Kreuder Johnson <ckjohnson@ucdavis.edu>; Jonna
Mazet <jkmazet@ucdavis.edu>
Sent: 6/9/2020 8:21:39 AM
Subject: approval of country levels for PREDICT-2 extension

Hi Liz,??

See attached for a memo to the file to document AOR approval of revised country funding levels for the PREDICT-2 extension.??

Please let me know if you have any questions.

Andrew

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
E-mail:??aclements@usaid.gov

For more information on USAID's Emerging Pandemic Threats program, see: <http://www.usaid.gov/ept2>

MEMO TO THE FILE

June 5, 2020

FROM: Andrew Clements, PREDICT-2 AOR

RE: Revision of country levels for PREDICT-2 extension (March 2020-September 2020)

This document is to record that the budget revision (see Table below) submitted by the PREDICT-2 project has been approved by the AOR. While the overall scope, number of countries, and budget remain the same, changes were made to the country funding levels. This revision was necessary because the original country levels were based on estimates provided by PREDICT-2 in February 2020. At that time, the project was not yet able to have discussions with in-country partners about the type and level of assistance needed and the true nature of COVID-19 amplification and spread in countries was not known. With this additional information as well as a thorough review of archived PREDICT-2 samples by country, the country levels have been revised to improve PREDICT-2's ability to support COVID-19 testing in humans as well as identify animal hosts for the SARS-CoV-2 virus.

Background: To assist countries in responding to the COVID-19 pandemic, USAID extended the PREDICT-2 project from March 31, 2020 to September 30, 2020 and obligated an additional \$3,000,000 in two award modifications. The scope of the activities was to assist up to 27 countries with testing samples from COVID-19 cases and to identify the animal and geographic sources of the novel virus in up to 7 countries in Asia.

Cc Paul Mahanna, GH/ID
Megan Fottheringham, GH/ID
Padma Shetty, GH/ID/ETD

Info: Robbin Boyer, GH/P3

TABLE: PREDICT-2 revised country levels for COVID-19 extension

Country	Funds obligated		Revised country level	Change
	Mod #20 country level	Mod #21 country level		
Bangladesh	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
Cambodia		\$ 348,992	\$ 348,992	\$ -
Cameroon	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
China		\$ -	\$ -	\$ -
Cote d'Ivoire	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
DRC	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
Egypt		\$ 22,280	\$ 22,280	\$ -
Ethiopia	\$ 22,280	\$ -	\$ 18,902	\$ (3,378)
Ghana	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
Guinea	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
India	\$ 22,280	\$ -	\$ 15,904	\$ (6,376)
Indonesia	\$ 371,272	\$ -	\$ 174,116	\$ (197,156)
Jordan	\$ 22,280	\$ -	\$ 15,904	\$ (6,376)
Kenya	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
Lao PDR	\$ 371,274	\$ -	\$ 171,117	\$ (200,157)
Liberia	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
Malaysia	\$ 22,280	\$ -	\$ 326,331	\$ 304,051
Mongolia	\$ 22,280	\$ -	\$ 18,902	\$ (3,378)
Myanmar	\$ -	\$ 371,290	\$ 371,290	\$ -
Nepal	\$ 371,272	\$ -	\$ 326,331	\$ (44,941)
RoC	\$ 22,280	\$ -	\$ 18,902	\$ (3,378)
Rwanda	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
Senegal	\$ 22,280	\$ -	\$ 38,330	\$ 16,050
Sierra Leone	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
Tanzania	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
Thailand	\$ 349,000	\$ -	\$ 310,427	\$ (38,573)
Uganda	\$ 22,280	\$ -	\$ 41,328	\$ 19,048
Vietnam	\$ 371,300	\$ -	\$ 326,331	\$ (44,969)
Totals	\$ 2,257,438	\$ 742,562	\$ 3,000,000	\$ -

From: David J Wolking <djwolking@ucdavis.edu>
Sent: Wed, 8 Jul 2020 07:20:04 -0700
To: cread@usaid.gov, "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>
Cc: Grace Mwangoka <gmwangoka@ihi.or.tz>, Professor Kazwala **REDACTED** "predict@ucdavis.edu"
<predict@ucdavis.edu>
Subject: [predict] PREDICT still active in Tanzania

Hi Carrie,
Andrew Clements provided your contact info to us this week. We wanted to reach out and get in touch as [PREDICT](#) has reactivated a small award with Ifakara Health Institute (IHI) to focus on COVID-19 response support. I'm copying Dr. Grace Mwangoka here, our project lead at IHI and also Prof. Rudovick Kazwala from Sokoine University of Agriculture who served as PREDICT's Principal Investigator in-country for over 10 years.

Grace has been doing a great job connecting with ministry partners and both the IHI and SUA labs have been working with the NPHL to support COVID testing. IHI is also helping train and build lab capacity for viral detection in Zanzibar and other countries (Equatorial Guinea for example). If you'd like a briefing, we can certainly arrange one to bring you and the mission up to speed on PREDICT and our limited though important contributions to the pandemic.

Best,

David

--
David J. Wolking
Senior Manager, Global Programs, [One Health Institute](#)
Global Operations Officer, [PREDICT Project](#) of USAID Emerging Threats Division
Senior Manager, [PREEMPT Project](#)
School of Veterinary Medicine
University of California, Davis

From: Peter Daszak <daszak@ecohealthalliance.org>
To: Tammie O'Rourke [REDACTED], David J Wolking <djwolking@ucdavis.edu>
Cc: Aleksei Chmura <chmura@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Amanda Fine [REDACTED], Ava Sullivan <sullivan@ecohealthalliance.org>, Brian Bird <bhbird@ucdavis.edu>, "Carolina Chrurchill" [REDACTED], Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Corina Grigorescu Monagin <cgmonagin@ucdavis.edu>, Dawn Zimmerman <Zimmermand@si.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, Jon Epstein <epstein@ecohealthalliance.org>, "Karen Saylor" <ksaylors@labyrinthgh.com>, Kevin Olival <olival@ecohealthalliance.org>, "Murray, Suzan" <MurrayS@si.edu>, "Nicole Gardner" <nrgardner@ucdavis.edu>, "predict@ucdavis.edu" <predict@ucdavis.edu>, "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, "Prof. Woutrina Smith" <wasmith@ucdavis.edu>, Sarah Olson [REDACTED], Simon Anthony <sja2127@columbia.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, "William B. Karesh" <karesh@ecohealthalliance.org>, Kirsten Gilardi <kgilardi@ucdavis.edu>, Terra Kelly <trkelly@ucdavis.edu>, Jennifer Lane <jklane@ucdavis.edu>, "Farnham, Mac" <FarnhamM@si.edu>, Lucy Keatts [REDACTED]
Subject: RE: FYI - PREDICT Country Reports and OH Case Studies now online
Sent: Wed, 29 Jul 2020 05:13:26 +0000

Superb!

Cheers,

Peter

Peter Daszak
President

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EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

From: Tammie O'Rourke <[REDACTED]>
Sent: Monday, July 27, 2020 1:28 PM
To: David J Wolking <djwolking@ucdavis.edu>
Cc: Aleksei Chmura <chmura@ecohealthalliance.org>; Alison Andre <andre@ecohealthalliance.org>; Amanda Fine [REDACTED], Ava Sullivan <sullivan@ecohealthalliance.org>; Brian Bird <bhbird@ucdavis.edu>; Carolina Chrurchill [REDACTED]; Christine Kreuder Johnson <ckjohnson@ucdavis.edu>; Corina Grigorescu Monagin <cgmonagin@ucdavis.edu>; Dawn Zimmerman <Zimmermand@si.edu>; Elizabeth Leasure <ealeasure@ucdavis.edu>; Jon Epstein <epstein@ecohealthalliance.org>; Karen Saylor [REDACTED], Kevin Olival <olival@ecohealthalliance.org>; Murray, Suzan <MurrayS@si.edu>; Nicole Gardner <nrgardner@ucdavis.edu>; Peter Daszak <daszak@ecohealthalliance.org>; predict@ucdavis.edu; Prof. Jonna Mazet <jkmazet@ucdavis.edu>; Prof. Woutrina Smith <wasmith@ucdavis.edu>; Sarah Olson [REDACTED]; Simon Anthony <sja2127@columbia.edu>; Tracey Goldstein <tgoldstein@ucdavis.edu>; William B. Karesh <karesh@ecohealthalliance.org>; Kirsten Gilardi <kgilardi@ucdavis.edu>; Terra Kelly <trkelly@ucdavis.edu>; Jennifer Lane <jklane@ucdavis.edu>; Farnham, Mac <FarnhamM@si.edu>; Lucy Keatts [REDACTED]
Subject: Re: FYI - PREDICT Country Reports and OH Case Studies now online

Wow, amazing David, so professional looking and interesting to read.
Tammie

On Thu, Jul 23, 2020 at 11:40 AM David J Wolking <djwolking@ucdavis.edu> wrote:
Hi there,

Just wanted to let those that manage country teams know that we started to release final report content this week.

- Country final reports when complete are hosted [on this page](#).
- One Health case studies from our countries are hosted [on this page](#) (just scroll down).

As we wrap up reports (with the blessing of global leads/country managers and our in-country teams) we are putting them online for distribution. If your country's report is up there, feel free to work with your teams on plans for distribution and engagement. If sharing with the local mission, please copy predictmtg@usaid.gov and predict@ucdavis.edu.

Thanks and let me know if you have any questions,

David

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David J. Wolking
Senior Manager, Global Programs, [One Health Institute](#)
Global Operations Officer, [PREDICT Project](#) of USAID Emerging Threats Division
Senior Manager, [PREEMPT Project](#)
School of Veterinary Medicine
University of California, Davis

--

Tammie O'Rourke

REDACTED

Systems Integrator

Emerging Pandemic Threats - PREDICT Program

REDACTED

From: Cara Chrisman <cchrisman@usaid.gov>
Sent: Mon, 31 Aug 2020 16:56:55 -0400
Subject: Re: Reminder: PREDICT Management Team Call - Tuesday September 1, 2020 @ 8:30AM Pacific
To: Andrew Clements <aclements@usaid.gov>
Cc: David J Wolking <djwolking@ucdavis.edu>, Aleksei Chmura <chmura@ecohealthalliance.org>, Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, Alison Andre <andre@ecohealthalliance.org>, Amalhin Shek <ashek@usaid.gov>, Ava Lee Sullivan <sullivan@ecohealthalliance.org>, Catherine Machalaba <Machalaba@ecohealthalliance.org>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, Karen Saylor <[REDACTED]>, Peter Daszak <daszak@ecohealthalliance.org>, "predict@ucdavis.edu" <predict@ucdavis.edu>, PREDICTMGT <predictmgt@usaid.gov>, "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, "William B. Karesh" <karesh@ecohealthalliance.org>

False alarm, it just got rescheduled so I'll speak with you all tomorrow!

Sent from my iPhone

On Aug 31, 2020, at 3:47 PM, Andrew Clements <aclements@usaid.gov> wrote:

I'll be on the call tomorrow.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Aug 31, 2020, at 8:11 PM, Cara Chrisman <cchrisman@usaid.gov> wrote:

Hi David & All,
I have to miss this week as we have an internal review of our portfolio with GH leadership. Since I won't be on the call and since so many people on the call are involved, I just wanted to say a huge CONGRATULATIONS on the NIH/CREID announcement! Really exciting to hear and look forward to following it as it goes forward!

If there's anything out of the management meeting that I can follow up on, please let me know.

Best,
Cara

Cara J. Chrisman, PhD
Deputy Division Chief
Emerging Threats Division
Office of Infectious Disease, Bureau for Global Health
U.S. Agency for International Development (USAID)
Desk: (202) 916-2065
Cell: [REDACTED]
E-mail: cchrisman@usaid.gov

On Sat, Aug 29, 2020 at 5:42 PM 'David J Wolking' via PREDICTMGT <predictmgt@usaid.gov> wrote:

Hi there,
Just a reminder about next week's PREDICT Management Team Call (Tuesday September 1,

2020 @ 8:30AM Pacific). Zoom details are the same as always and below for quick reference. I'll send the agenda along early next week, so if there is anything in particular you would like to discuss, please send it along before Monday COB.

Enjoy the weekend,

David

Zoom Call-in info

Zoom link: REDACTED

Or iPhone one-tap :

US: + REDACTED

Or Telephone:

Dial(for higher quality, dial a number based on your current location):

US: + REDACTED

Meeting ID: REDACTED

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David J. Wolking
Senior Manager, Global Programs, [One Health Institute](#)
Global Operations Officer, [PREDICT Project](#) of USAID Emerging Threats Division
Senior Manager, [PREEMPT Project](#)
School of Veterinary Medicine
University of California, Davis

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https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CA%2BZH_9YiyikvWQnNbdAU_%2B%3Dz8_e%3DQdOiLMWgzdzP%2B17ZDdD9Cw%40mail.gmail.com.

From: Andrew Clements <aclements@usaid.gov>
Sent: Tue, 1 Sep 2020 18:30:34 +0200
Subject: Re: Reminder: PREDICT Management Team Call - Tuesday September 1, 2020 @ 8:30AM Pacific
To: David J Wolking <djwolking@ucdavis.edu>
Cc: Cara Chrisman <cchrisman@usaid.gov>, Aleksei Chmura <chmura@ecohealthalliance.org>, Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, Alison Andre <andre@ecohealthalliance.org>, Amalhin Shek <ashek@usaid.gov>, Ava Lee Sullivan <sullivan@ecohealthalliance.org>, Catherine Machalaba <Machalaba@ecohealthalliance.org>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Elizabeth Leasure <ealeasure@ucdavis.edu>, Karen Saylor <[REDACTED]>, Peter Daszak <daszak@ecohealthalliance.org>, "predict@ucdavis.edu" <predict@ucdavis.edu>, PREDICTMGT <predictmgt@usaid.gov>, "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, "William B. Karesh" <karesh@ecohealthalliance.org>

Thanks, David.

On Tue, Sep 1, 2020 at 6:25 PM David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

Just sharing the link to the close-out tracking tool. I'm keeping this updated as we learn when country final reports were shared and when briefings were completed.

[Link to PREDICT-2 Country Close-out Tracking Tool](#)

Best,

David

On Tue, Sep 1, 2020 at 7:04 AM David J Wolking <djwolking@ucdavis.edu> wrote:

Noted, we had the same discussion with our Executive Board yesterday...
Great minds ;-)

David

On Tue, Sep 1, 2020 at 3:13 AM Andrew Clements <aclements@usaid.gov> wrote:

Thanks, David.

Let's discuss timing/frequency of these calls after 9/30/2020. Specifically, do we keep the same schedule or dial it back.

*Andrew P. Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
U.S. Agency for International Development
Mobile phone: 1-571-345-4253
Email: aclements@usaid.gov*

On Sep 1, 2020, at 12:01 AM, David J Wolking <djwolking@ucdavis.edu> wrote:

Great!

Below is the agenda, talk soon...

David

PREDICT Management Team Meeting Agenda
Tuesday, September 1, 2020
8:30-9:30AM PDT/11:30-12:30pm EDT

UCDUSR0008600

USAID Updates

1. Administrative items

Award close-out updates (as needed)
M&E - life of project
PREDICT data updates

2. Final Report updates

Wrapping up the CoAg 5-year report - link here: [Open Link](#)
Country report and engagement updates (<https://p2.predict.global/country-reports>)
Strategies and plans for report dissemination (printing, sharing etc.)
Legacy report updates

3. Extension updates

Mission communications updates (if any)
COVID-19 support tracking and updates
Reservoir testing and serology updates - Excel sheet coming soon as PCR test results due to UC Davis August 31st

4. Media, meetings, and public engagement updates

5. AOB

Zoom Call-in info

Zoom link: 

Or iPhone one-tap :

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Or Telephone:

Dial (for higher quality, dial a number based on your current location):

US: +

Meeting ID: 

On Mon, Aug 31, 2020 at 1:57 PM Cara Chrisman <cchrisman@usaid.gov> wrote:

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Andrew P. Clements, Ph.D.

Senior Scientific Advisor

Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health

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Desk: (202) 916-2065
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David

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https://groups.google.com/a/usaidth.gov/d/msgid/predictmgt/CA%2BZH_9YiyikvWQnNbdAU_%2B%3Dz8_e%3DQdOiLMWgzdzP%2B17ZDdD9Cw%40mail.gmail.com.

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From: Ava Sullivan <sullivan@ecohealthalliance.org>
To: David Wolking <djwolking@ucdavis.edu>
CC: Peter Daszak <daszak@ecohealthalliance.org>; Aleksei MacDurian <chmura@ecohealthalliance.org>; Johnson Christine Kreuder (ckjohnson@ucdavis.edu) <ckjohnson@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>; Eunah Regina Cho <eecho@ucdavis.edu>
Sent: 9/8/2020 7:44:53 AM
Subject: Re: China files for PREDICT report

Hi David,

The team thinks the report looks great! We agree that this pubs listed can be called 'Publications' rather than 'References,' and need not be linked in the reports. We are happy with this as the final.

Thanks,
Ava

Ava Sullivan
Project Manager and Research Assistant

EcoHealth Alliance
520 Eighth Avenue – Suite 1200
New York, NY 10018
607-280-7669 (mobile)
www.ecohealthalliance.org

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

On Sep 7, 2020, at 7:23 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Peter and team,

Just making sure you received this message and understand the urgency. We really need to wrap up the country volume to dedicate our team to the final push for the global report.

Thanks, we really appreciate your efforts for a quick turnaround,

David

On Fri, Sep 4, 2020 at 10:54 AM David J Wolking <djwolking@ucdavis.edu> wrote:
Hi Peter and Ava,

Here is the proof of the China report and the two special features. The report has an extensive reference list but these are not linked in the report text. If you could read through and let us know where to put them, that would be great, otherwise perhaps we just rename them from references to "Publications" or something if they are all China specific?

If you have any other changes please let us know ASAP. We plan to book this with the other reports in our volume 2 package and want to share with USAID early next week to complete the CoAg report requirements.

Thanks,

David

On Fri, Aug 28, 2020 at 8:13 AM David J Wolking <djwolking@ucdavis.edu> wrote:
Thanks Peter, received.

David

On Thu, Aug 27, 2020 at 10:34 PM Peter Daszak <daszak@ecohealthalliance.org> wrote:

Apologies for delay – just digging through the pile to get to it eventually

Cheers,

Peter

Peter Daszak

President

EcoHealth Alliance

520 Eighth Avenue, Suite 1200

New York, NY 10018-6507

USA

Tel.: +1-212-380-4474

Website: www.ecohealthalliance.org

Twitter: [@PeterDaszak](https://twitter.com/PeterDaszak)

EcoHealth Alliance develops science-based solutions to prevent pandemics and promote conservation

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