

From: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <jkmazet@ucdavis.edu>
CC: Elizabeth Leasure <ealeasure@ucdavis.edu>; David J Wolking <djwolking@ucdavis.edu>
Sent: 6/10/2019 12:02:17 PM
Subject: Re: Update on Predict implementation challenges

Forgot to explicitly mention that nothing else needed at this point.

*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 10, 2019, at 8:50 PM, Andrew Clements <aclements@usaid.gov> wrote:

Thanks, Jonna. Wasn't advising either. Was trying to gauge how close you were to being totally out of funds. Sounds like you are there already. Will consult with OAA to see what they advise.

*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 10, 2019, at 7:30 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Dear Andrew,

I appreciate that you are working hard to obligate the funds on your end. However, I feel that us repeatedly running exercises to give the same information is not a good use of all of our time. We are out of core funds and currently spending on borrowed Ebola funds as approved by previous instruction. The limit of the amount approved for borrowing has almost been or has already been reached (as you know invoices lag for 1-2 months behind expenditures). As our projections indicated that available funds would be expended in April, I believe we are already likely working on University credit now because we have been repeatedly been told that we are just days away from the funds being received. As I understood, the letter to which you refer was also put in place to give confidence to us to be able to work in good faith and consider University credit. I'm afraid that confidence has now waned. We can request an extension of the limit of Ebola credit, but those funds are now coming close to being expended as approved in our workplan, so there is not room there for much more credit. We likely need to move to layoff, but at this point I don't know how, as we are already past the point where severance pay outs exceed both the funds remaining and the salaries remaining if we can continue to pay through September.

Are you instructing us to stop work or to extend the credit on the Ebola funds?

Please advise,

Jonna

NB I removed the Predict Management distribution in case you want to discuss before widening the circle. I am on a plane now, but should be available by phone by 5 pm Eastern time.

On Mon, Jun 10, 2019 at 8:43 AM Andrew Clements <aclements@usaid.gov> wrote:
Hi Jonna, David, and Liz.

Unfortunately, no news on the rest of the year 5 funding.

Back in March 2019, you had indicated that you could stretch the existing Ebola and core funding to June by

slowing down some activities as suggested by OAA in their letter from February.

Given that the rest of the year 5 funds have still not been obligated by USAID, can you provide an update on where things stand in terms of staff layoffs, stopped/delayed activities, altered timelines for deliverables, etc.?

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

From: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
To: Andrew Clements <aclements@usaid.gov>
Cc: "predictmgt@usaid.gov" <predictmgt@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, predict Sympa List <predict@ucdavis.edu>, Kevin N Gonzalez <kngonzalez@ucdavis.edu>, Hannah R Chale <hrchale@UCDAVIS.EDU>
Subject: RE: PREDICT Year 5 Equipment Purchase Request #8
Sent: Tue, 17 Sep 2019 02:29:10 +0000

Thank you!

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

From: Andrew Clements <aclements@usaid.gov>
Sent: Monday, September 16, 2019 7:15 PM
To: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
Cc: predictmgt@usaid.gov; Jonna Mazet <jkmazet@ucdavis.edu>; David John Wolking <djwolking@ucdavis.edu>; predict Sympa List <predict@ucdavis.edu>; Kevin N Gonzalez <kngonzalez@ucdavis.edu>; Hannah R Chale <hrchale@UCDAVIS.EDU>
Subject: Re: PREDICT Year 5 Equipment Purchase Request #8

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 Sep 15, 2019, at 2:38 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Andrew. Please find attached a request for authorization to purchase two ultra-low freezers for the University of Makeni to store samples collected. Please let me know if you have any questions or require any additional information to proceed.

Thanks!
Liz

Elizabeth Leasure
One Health Institute
University of California, Davis
530-754-9034 (office)
REDACTED

<PREDICT-Equipment Request_Year 5_No.8_9.14.19.pdf>

From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>
CC: Alisa Pereira <apereira@usaid.gov>; Elizabeth Leasure <ealeasure@ucdavis.edu>; David J Wolking <djwolking@ucdavis.edu>
Sent: 9/30/2019 9:32:24 AM
Subject: Re: Pending obligation?

Thanks,

We can discuss what we can do & when, based on your projections on the call tomorrow. The problem with in-country activities being extended without us knowing if/when the money is coming is that we have to lay everyone off today as planned when their contracts expire, as we don't have any more funds for those activities to justify the extension of subcontracts. If we get more and have the ability to stretch back into those Bangladesh activities, it is possible that our trained staff will still be available to be re-hired on a short-term contract. That said, the \$1.8M was all taken from global budgets to keep the countries whole during the slow down. I'm sure we can pull another rabbit out of the hat if we have the opportunity to do so.

Appreciate the update,

Jonna

On Mon, Sep 30, 2019 at 9:19 AM Andrew Clements <aclements@usaid.gov> wrote:

For PREDICT-2, we are hoping for \$900,000 of early FY19 funds sometime soon (but not today). This would carry you through December at which point another \$900,000 might be available for January to March. No guarantees, of course, but hopefully that timing would allow the project to complete most/all of the remaining global analyses (and Bangladesh economic study and Bat Book evaluation?).

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 Mon, Sep 30, 2019 at 6:00 PM Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hello,

Hope you had a nice weekend.

Just checking in to see if we should be extra attentive to email today for a year-end obligation or not. We just want to make sure nothing falls through the cracks on this busy day.

Thanks for any insight you can provide,

Jonna

From: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
To: Andrew Clements <aclements@usaid.gov>
Cc: "predictmgt@usaid.gov" <predictmgt@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, predict Sympa List <predict@ucdavis.edu>, Kevin N Gonzalez <kngonzalez@ucdavis.edu>, Hannah R Chale <hrchale@UCDAVIS.EDU>
Subject: RE: PREDICT Year 5 Equipment Purchase Request #8
Sent: Wed, 9 Oct 2019 18:50:34 +0000
[PREDICT-Equipment Request_Year 5_No.8_9.14.19_updated.pdf](#)

Hi Andrew. Please find attached an updated equipment approval request for freezers for Sierra Leone sample storage. Unfortunately, the cost of cryoracks were mistakenly left off of the quotes provided previously, and the cost of these items must be included in the acquisition cost calculation, as they are required to make the freezers fully-functional for the project's needs. The selected vendor is unchanged, but the quotes have been updated to include the rack costs. If you have any questions, please let me know.

Thanks!
Liz

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

From: Andrew Clements <aclements@usaid.gov>
Sent: Monday, September 16, 2019 7:15 PM
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Subject: Re: PREDICT Year 5 Equipment Purchase Request #8

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 Sep 15, 2019, at 2:38 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Andrew. Please find attached a request for authorization to purchase two ultra-low freezers for the University of Makeni to store samples collected. Please let me know if you have any questions or require any additional information to proceed.

Thanks!
Liz

Elizabeth Leasure
One Health Institute
University of California, Davis
530-754-9034 (office)

REDACTED

<PREDICT-Equipment Request_Year 5_No.8_9.14.19.pdf>



USAID | PREDICT

FROM THE AMERICAN PEOPLE

September 14, 2019

Award No. and Title: AID-OAA-A-14-00102, PREDICT-2

University of California, Davis PREDICT-2 Equipment Request

PREDICT-2 requests authorization to purchase the following equipment items to enable in-country work for the project. These items were not originally included in the approved proposal budget and require approval. Per Attachment A – Schedule of the PREDICT-2 cooperative agreement, budget revisions shall be administered in accordance with 2 CFR 200 (as of Mod. 4 dated 9/30/15), which stipulates that the inclusion of costs that require prior approval in accordance with the applicable cost principles must have prior approval from USAID. The applicable cost principles indicate that equipment with an acquisition cost of \$5,000 USD or more and a useful life of more than one year require prior approval from the awarding agency to be allowable.

Country: Sierra Leone

Partner/Subaward: University of Makeni (UC Davis will purchase on behalf of UNIMAK)

Item: One (1) FREEZER UPRIGHT BLIZZARD (-86) DEG 728L HC MODEL INUANU-99728JE, One (1) FREEZER CHEST TYPE BLIZZARD -86 DEG 420 HC Model INUANU-99420JE;

Twenty (20) CRYORACK S/STEEL 5 TRAY FOR FREEZERS NU-99578E + NU-99728E + NU99828E INUADCJ-55-B, Twenty-seven (27) CRYORACK S/STEEL 10 TIER FOR FREEZER NU-99420E INUADCJ-10-A

Vendor: Lasec International (TY) LTD

Geographic Code: Source is within authorized geographic code 935 for procurement of services and commodities. Per 22 CFR 228.30(d) regarding waivers, individual transactions under \$25,000 (excluding agricultural commodities, motor vehicles, pharmaceuticals and procurements from prohibited sources) do not require a waiver for sources outside the authorized geographic code of 937 and are authorized.

Estimated Cost: \$28,730 USD in total (\$8,300 Upright + \$7,800 Chest + \$9,580 racks + \$3,050 Freight).

Solicitation and Selection: A procurement committee conducted a competitive search and identified from four laboratory supply companies both regional and U.S.-based that were able to present quotes and offers for on-site delivery. The committee selected items based on the acceptable quality, availability, and technical qualifications. Lasec International Ltd in South Africa offered the most competitive pricing while meeting the needs of one (1) upright (-86c) freezer of approx. 700L in storage, and one (1) chest style (-86c) freezer of approx. 400L, with delivery to Sierra Leone.

Justification: PREDICT-2 is focused on the detection of potentially zoonotic viruses at the human-animal interface. During the course of this project, thousands of samples have been collected and stored in existing freezers at UNIMAK, and these freezers are aging and not likely to last much longer. As the end of the project approaches, new ultra-low freezers are required for sustainable, biosecure, and effective long-term sample storage/archival after project shutdown and to ensure viability of the samples for viral detection and for future studies that may be developed and require additional testing. These freezers will be

dedicated to the samples collected by PREDICT, offering more space, organization, and better biosecurity with newer hardware. As part of our sample disposition strategy for Sierra Leone, we must ensure that the sample storage solutions are stable and reliable.

Budget Impact: Funds for this purchase will come from the Other Direct Costs portion of the approved Year 5 PREDICT-2 budget for UNIMAK in Sierra Leone.



Quote 1: LASEC Int'l LTD (South Africa)

\$28,730 USD SELECTED

Quote 2: CAMServ SL Ltd. (Sierra Leone)

\$28,901 USD

Quote 3: VWR (USA)

\$30,978 USD (\$26,278 + \$4,700 for racks)

Quote 4: Fisher Scientific (USA)

\$30,461 USD (\$25,761 + \$4,700 for racks)

Quote 1: LASEC Int'l LTD (South Africa)

\$28,730 USD SELECTED



LASEC INTERNATIONAL (PTY) LTD

52 Old Mill Road, Ndabeni, Cape Town, 7405, South Africa
PO Box 2110, Cape Town, 8000, South Africa

+27 21 531 7504
+27 21 531 7562

www.lasec.com
international@lasec.com

Quotation

University of California,
University of California, Davis, One Shields Ave
Davis, CA 95616, USA
Att: Kevin Gonzalez
Tel: +1) 323-401-0458

Date: 1 October 2019
Page 1 of 4
Ref: 1908-001092026

Fax:

We thank you for your valued enquiry and have pleasure in submitting our quotation for the items listed below.

Stock Code	Description	Qty	Unit Of Measure	Unit Price US Dollar	Total Price US Dollar
Up Right Freezer with Racks					
INUANU-99728JE	FREEZER UPRIGHT BLIZZARD -86 DEG 728L HC MODEL	1	EA	8,300.00	8,300.00
INUADCJ-55-B	CRYORACK S/STEEL 5 TRAY FOR FREEZERS NU-99578E + NU-99728E + NU-99828E	20	EA	290.00	5,800.00
	21 Units currently available. Subject to prior sale. Lead time of 12-16 weeks expected.				
Chest Freezer with Racks					
INUANU-99420JE	FREEZER CHEST TYPE BLIZZARD -86 DEG 420 HC MODEL	1	EA	7,800.00	7,800.00
INUADCJ-10-A	CRYORACK S/STEEL 10 TIER FOR FREEZER NU-99420E	27	EA	140.00	3,780.00
	Lead time of 12-16 weeks expected.				
NLSCFREIGHT	FREIGHT	1		3,050.00	3,050.00
	Delivery CFR Sea Freight - Queen Elizabeth II Water Quay Port - Inco Term 2010 Exclude Duties, Taxes and Clearance fees Delivery +/- 90 days from date of order				
				Total	\$28,730.00
Delivery Terms					
CFR, Queen Elizabeth II Water Quay Incoterms® 2010					

Quote 2: CAMServ SL Ltd. (Sierra Leone)

\$28,901 USD

CAMServ SL Ltd.

Tel.: +232 22 247 247
 Fax.: +232 22 272 378
 Mobil: +232 76 778 119
 Email: info@camserv.dk

University of California Davies
 One Shield Ave
 Davis, CA 95616
 USA

+1 530-752-1972

kngonzalez@ucdavis.edu

PRO INV NO. 569 - 015
 CUST.NO. UNICAR 1799
 DATE 6/09/2019

PRO-INVOICE

Details – Supply Services	\$-Unit	Quan	Total - USD
<i>FULL WARRANTY COVER IN COUNTRY</i>			
ITEMS – FREEZERS			
All inclusive handling delivered and installed at address below Delivery – 3 weeks Payment – within 48 Hours of Confirmed Delivery AND Confirmed Purchase Order Request OR Payment with Order. <i>(Please note that this also includes duty, customs and taxes approx. 38%.)</i>			
<u>DAI 1416-2</u>			
DAI 1416-2 ULUF 750 -86°C Freezer 230V 50/60Hz Net capacity: 680 L Exterior dim. WxDxH: 1030x885x2089 mm Net weight: 254 kg Shipping dim. WxDxH: 114x108x231 cm Shipping weight: 400 kg	\$18,054.00	1	\$18,054.00
<u>DAI 0210-2</u>			
ULTF 420 (-40/-86°C) Freezer -86C - 230V - 50/60Hz Net Capacity: 368 L Exterior dim. WxDxH: 1564x691x891 mm Net weight: 88 kg Shipping dim. WxDxH: 166x76x106 cm Shipping weight: 132 kg	\$10,847.00	1	\$10,847.00
Delivery to: Yongai Saah Bona - 232-76-803-758 PREDICT/PREEMPT Administrative Assistant Directorate of Health Security and Emergency (DHSE) Public Health National Emergency Operations Centre. RSLAF Head Quarter, Cockrill Freetown, Sierra Leone, West Africa yongaib@gmail.com			
Total Amount			\$28,901.00
Some items available for immediate delivery in Sierra Leone – Liberia and Guinea.			

CAMServ (SL) Ltd.

Operations Office – 3 Howe St - Freetown Sierra Leone

Quote 3: VWR (USA)

\$26,278 USD (+ \$4,700 for racks)




To Place an Order	
Phone :	1-630-425-1233
Fax :	1-610-728-4581
Web :	www.vwr.com
Email :	usa_global_exports@vwr.com

When placing your order, please include your quotation number and account number to ensure you receive the correct price.

THANK YOU FOR THE OPPORTUNITY TO EARN YOUR BUSINESS.

EXPORT QUOTATION			
Quote Number	Valid From	Valid To	Page
8031077743	08/19/2019	09/18/2019	1 of 2
Currency	Sales Representative	Customer Reference	
USD	Sakie Malebana	BQR-0000593433	
Quote Prepared For		Contact Phone / Fax / E-Mail	
KEVIN GONZALEZ		(530) 752-1011 kngonzalez@ucdavis.edu	
Ship To :		Sold To :	
80559044		80559044	
CA UNIV OF AT DAVIS IN ONE HEALTH INSTITUTE 1089 VETERINARY MEDICINE DR DAVIS CA 95616		CA UNIV OF AT DAVIS IN ONE HEALTH INSTITUTE 1089 VETERINARY MEDICINE DR DAVIS CA 95616	

Row	VWR Catalog Number	Product Description	Qty	UOM	Unit Price	Extended Price
10	76307-952	VWR FREEZER ULTRA LOW TEMP 208V BX400	1	EA	9,254.05	9,254.05
 <p>VWR® -86 °C Ultra-Low Temperature Freezers with Natural Refrigerants Product Link : https://us.vwr.com/store/catalog/product.jsp?catalog_number=76307-952 Dimensions (L*W*H) : 42.800*35.390*86.180 IN Weight : 731.930 LB Volume : 75.542 FT3 UOM Component Info : EA(liters) Vendor Part # : VWR40086FV HTS Code : 8418.40.0000 Country of Origin : US ECCN : EAR99 Estimated lead time 2 - 3 weeks "Please allow additional time for processing"</p>						



EXPORT QUOTATION			
Quote Number	Valid From	Valid To	Page
8031077743	08/19/2019	09/18/2019	2 of 2
Currency	Sales Representative	Customer Reference	
USD	Sakie Malebana	BQR-0000593433	

Row	VWR Catalog Number	Product Description	Qty	UOM	Unit Price	Extended Price
20	10753-150	VWR ULT CHEST FREEZER 13CF 220/50EXPORT	1	EA	16,196.48	16,196.48
<p>VWR® -86°C Ultra-Low Temperature Chest Freezers, For Export Only, 230V 50Hz Product Link : https://us.vwr.com/store/catalog/product.jsp?catalog_number=10753-150 Dimensions (L*W*H) : 34.000*72.000*41.000 IN Weight : 716.000 LB Volume : 58.083 FT3 UOM Component Info : EA(liters) Vendor Part # : VWR1386V HTS Code : 8418.40.0000 Country of Origin : US ECCN : EAR99 Estimated lead time 5 - 6 weeks "Please allow additional time for processing"</p>						

Item Total : 25,450.53
Export Packing Chrg 827.47
Quote Total : 26,278.00

VWR® Chest Freezer Rack for 2" Boxes

Supplier: VWR International



Organize Freezer Samples

Order Now

Add to Cart

	Description	Capacity	Width	Length	Depth	VWR Catalog Number	Unit	Price	Quantity
	Freezer Racks	12	5.625"	26.375"	5.5"	76027-612	Each	\$106.17 New Customer Promotional Price: \$98.56	0
	Freezer Racks	13	5.625"	28.25"	5.5"	76027-614	Each	\$115.93 New Customer Promotional Price: \$106.62	0

VWR® Upright Freezer Racks for 2" Boxes

Supplier: VWR International



Organize freezer samples.

- Organize and find samples quickly
- Space-saving design for specific freezer requirements
- Security locking devices available

Racks are designed for use with standard 2" cardboard, plastic, or metal boxes. Racks are made from corrosion-resistant stainless steel. Security lock devices are also available.

Order Now

Add to Cart

	Description	Capacity	Width	Length	Depth	VWR Catalog Number	Unit	Price	Quantity
	Freezer Rack	6	5.5"	10.9"	6.6"	76051-406	Each	\$107.59	<input type="text" value="0"/>
	Freezer Rack	8	5.5"	10.9"	8.9"	76051-408	Each	\$137.66	<input type="text" value="0"/>
	Freezer Rack	9	6.625"	16.3125"	5.5"	76027-810	Each	\$96.53 New Customer Promotional Price: \$73.78	<input type="text" value="0"/>
	Freezer Rack	12	8.875"	16.3125"	5.5"	76027-812	Each	\$117.20 New Customer Promotional Price: \$85.51	<input type="text" value="0"/>

Quote 4: Fisher Scientific (USA)

\$25,761 USD (+ \$4,700 for racks)

Sales Quotation			
*Quote Nbr	Creation Date	Due Date	Page
9248-1063-79	09/05/2019		1 of 2
Payment Terms		Delivery Terms	
NET 30 DAYS		EXW SUWANEE, GA.....	
Valid To		Prepared By	
01/03/2020		LEO, GLORIA	
Customer Reference		Sales Representative	
RFQ FREEZERS SIERRA LEONE		ERIC BRUCE	
To place an order	Ph: 770-871-4725	Fx: 770-871-4726	
Submitted To:		Customer Account: 753937-001	
KEVIN GONZALEZ KNGONZALEZ@UCDAVIS.EDU 530-752-1972		UNIV OF CALIFORNIA DAVIS WILD LIFE HEALTH CENTER SCHOOL OF VETERINARY MED DAVIS CA 95616 ATTN: KEVIN	



FISHER SCIENTIFIC COMPANY LLC
3970 JOHNS CREEK COURT
SUITE 500
SUWANEE GA 30024-1297

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Quote Comments: Ultimate Destination: SIERRA LEONE

Nbr	Qty	UN	Catalog Number	Description	Unit Price	Extended Price
1	1	EA	NC1591179	-86C UPRIGHT 2DOOR FREEZER	13,623.29	13,623.29
Vendor Catalog # 995 Hazardous Material Original Catalog Number NC1591179 Weight= .00KG/EA List Price: 20,277.00 CDC: 999 Medical Device Product - Non-Returnable						
2	1	EA	NC1160887	EXPORT CRATE MARIETTA	520.00	520.00
Vendor Catalog # 9919/PR NEW Original Catalog Number NC1160887 Weight= 45.36KG/EA List Price: 468.00 CDC: 999						
3	1	EA	NON-CATALOG	CHEST FREEZER -86C 230V/50	11,093.15	11,093.15
Vendor Catalog # ULT179010V EXPORT Weight= 372.40KG/EA List Price: 16,291.00						

Nbr	Qty	UN	Catalog Number	Description	Unit Price	Extended Price
4	1	EA	NC1160887	EXPORT CRATE MARIETTA	520.00	520.00
Vendor Catalog # 9919/PR NEW Weight= 45.36KG/EA List Price: 468.00 CDC: 999						

MERCHANDISE TOTAL (USD)	25,756.44
Fuel Surcharge	4.70
TOTAL	25,761.14

Shipping and handling fees are calculated at the time of shipment

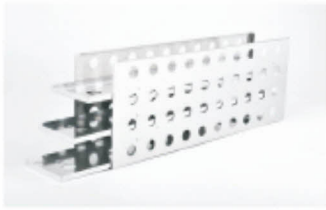
NOTES:

Some items may not ship due to regulatory issues

DELIVERY: ESTIMATED 6 WEEKS + TRANSIT TIME

Total gross weight(approx) 1,021.00 Lbs 463.11 Kg

Total gross volume(approx) 81.00 CuFt 2.29 M3



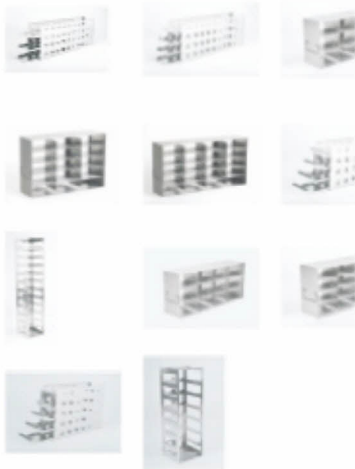
Fisherbrand™ Freezer Storage Racks GSA/VA

Organize and optimize the freezers in the lab

\$87.00 - \$315.00

Specifications

Autoclavable	Not Autoclavable
Material	Stainless Steel
Type	Freezer Storage Rack



Catalog Number	For Use With (Equipment)	Holds	Length (English)	Shelves	Price	Quantity & Availability
03-395-473	Upright Freezers	Plates	22 in.	96	Each for \$182.00	<input type="text"/>

03-395-490	Upright Freezers	50mL Tubes	22 in.	78	Each for \$273.00	<input type="text"/>
03-395-474	Upright Freezers	15mL Tubes	22 in.	80	Each for \$172.00	<input type="text"/>
03-395-475	Upright Freezers	2 in. Boxes	18.3 in.	6	Each for \$143.00	<input type="text"/>
03-395-492	Upright Freezers	2 in. Boxes	18.8 in.	12	Each for \$197.00	<input type="text"/>
03-395-491	Upright Freezers	Boxes (5 in.)	24.4 in.	8	Each for \$180.00	<input type="text"/>
03-395-476	Chest freezers	2 in. Boxes	19.8 in.	9	Each for \$87.00	<input type="text"/>
03-395-466	Upright Freezers	2 in. Boxes	26.8 in.	20	Each for \$315.00	<input type="text"/>
03-395-467	Upright Freezers	2 in. Boxes	16.6 in.	9	Each for \$136.00	<input type="text"/>
03-395-468	Upright Freezers	2 in. Boxes	22 in.	12	Each for \$193.00	<input type="text"/>
03-395-480	Upright Freezers	2 in. Boxes	16.5 in.	15	Each for \$106.00	<input type="text"/>
03-395-472	Upright Freezers	Boxes (3 in.)	22 in.	12	Each for \$178.00	<input type="text"/>
03-395-469	Upright Freezers	2 in. Boxes	22 in.	20	Each for \$293.00	<input type="text"/>
03-395-470	Chest freezers	2 in. Boxes	22.7 in.	10	Each for \$90.00	<input type="text"/>
03-395-481	Upright Freezers	2 in. Boxes	22.1 in.	12	Each for \$96.00	<input type="text"/>

From: Elizabeth Leasure <ealeasure@ucdavis.edu>
To: Evelyn Luciano <luciano@ecohealthalliance.org>
Cc: Peter Daszak <daszak@ecohealthalliance.org>, Hannah R Chale <hrchale@ucdavis.edu>, predict Sympa List <predict@ucdavis.edu>
Sent: Thu, 10 Oct 2019 20:29:40 +0000
Subject: [predict] RE: \$188K budget for Bangladesh

Thanks!

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

From: Evelyn Luciano <luciano@ecohealthalliance.org>
Sent: Thursday, October 10, 2019 1:05 PM
To: Elizabeth Leasure <ealeasure@UCDAVIS.EDU>
Cc: Peter Daszak <daszak@ecohealthalliance.org>; Hannah R Chale <hrchale@UCDAVIS.EDU>; predict Sympa List <predict@ucdavis.edu>
Subject: Re: \$188K budget for Bangladesh

Hi Liz,

Of course. I'll get a budget to you tomorrow.

Stay well,

Evelyn

On Oct 10, 2019, at 2:41 PM, Elizabeth Leasure <ealeasure@UCDAVIS.EDU> wrote:

Hi Evelyn. Can you send me a quick budget for the \$188K we're obligating for Bangladesh? We need a budget to process the amendment.

Thanks!
Liz

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

From: Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov>
Sent: Tue, 12 Nov 2019 17:15:15 -0800
Subject: Re: Peer-reviewed publications request _ FY2019 Performance Plan and Report (PPR)
To: David J Wolking <djwolking@ucdavis.edu>
Cc: Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, Daniel Schar <dSchar@usaid.gov>, "Andrew(ANE/TS) Clements" <AClements@usaid.gov>, PREDICTMGT <PREDICTmgt@usaid.gov>, Jittini Khienvichit <jkhienvichit@usaid.gov>, Kevin Nicolas Gonzalez <kngonzalez@ucdavis.edu>

Dear David,
Thank you for your confirmation and sharing the ones from Dr. Supaporn that were shared with us before Nov 5.

Best regards,
Sudarat

Sent from my mobile.

On Nov 13, 2019, at 1:50 AM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Sudarat,
After an extensive search, it appears the only pub we have is from these countries during this time period is from our Thailand team, who provided them directly to you. I'm attaching what they shared, which includes one PREDICT related manuscript but that largely captures work from their USAID-funded Zika project.

Hope this helps,

David

On Mon, Nov 11, 2019 at 4:03 PM Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov> wrote:

Dear Davi,

Thank you very much. Just want to highlight that the request focusing on those peer-reviewed publications, abstracts (conferences, proceedings), tools / guidelines during Oct 2018 - Sep 2019.

Best regards,
Sudarat Damrongwatanapokin, D.V.M., Ph.D.
Regional Animal Health Advisor
USAID Regional Development Mission Asia
Bangkok, 10330
E-mail: sdamrongwatanapokin@usaid.gov
Tel: +662-257-3243, Fax: +662 -2573099

On Mon, Nov 11, 2019 at 11:14 PM David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Sudarat,
After hearing from Andrew, we looked into this using our M&E system, checked in with global leads for these countries on a few calls, and screened P2 reports from the last year but did not turn up any peer reviewed publications from these countries in that search unfortunately. I am having staff do a quick search in PubMed and Web of Science for team members from these countries in case there were publications that slipped through the cracks in our reporting structure. Today is a holiday in the US but I should have results from that search tomorrow.

Best,

David

On Sun, Nov 10, 2019 at 6:01 AM Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov> wrote:

Dear David,

Just want to follow up with you regarding FY 2019 peer-reviewed publication for Burma, China, Laos, Malaysia, and Thailand that are supported by USAID/PREDICT Project. The due date was Nov 5 which was linked to RDMA's timeline for PPR submission.

Thank you very much for your kind consideration and cooperation upon this request.
Look forward to hearing from you at your earliest convenience.

Best regards,
Sudarat

Sent from my mobile.

Begin forwarded message:

From: Andrew Clements <aclements@usaid.gov>
Date: October 28, 2019 at 9:37:31 PM GMT+7
To: "Sudarat Damrongwatanapokin (RDMA/OPH)" <sDamrongwatanapokin@usaid.gov>, "Daniel Schar (RDMA/OPH)" <dSchar@usaid.gov>
Subject: Fwd: Peer-reviewed publications request _ FY2019 Performance Plan and Report (PPR)

Sent your request to Predict HQ

*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: Andrew Clements <aclements@usaid.gov>
Date: October 28, 2019 at 3:36:30 PM GMT+1
To: djwolking@ucdavis.edu
Cc: Christine Kreuder Johnson <ckjohaclements@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, predictmgt@usaid.gov

Subject: Fwd: Peer-reviewed publications request _ FY2019 Performance Plan and Report (PPR)

Hi David,
Can you help with this? Seems pretty straightforward.

It says FY2019 so that would be October 1, 2018 to September 30, 2019 for any studies done in China, Laos, Thailand, and Malaysia.

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: Sudarat Damrongwatanapokin
<sdamrongwatanapokin@usaid.gov>
Date: October 28, 2019 at 2:32:46 PM GMT+1
To: "Clements, Andrew(ANE/TS)" <AClements@usaid.gov>, PREDICTMGT
<predictmgt@usaid.gov>, Angela Wang <awang@usaid.gov>,
"Amalhin Shek at ashek@usaid.gov" <ashek@usaid.gov>, Daniel
Schar <dSchar@usaid.gov>, Jittinee Khienvichit
<jKhienvichit@usaid.gov>
Subject: Fwd: Peer-reviewed publications request _ FY2019 Performance Plan and Report
(PPR)

Dear Andrew and team,

Please see below the request that we sent to our partners for peer review publications for FY 2019 PPR. Since most PREDICT Project at the country level ended in September 2019, thus we reach out to you for information provision that cover regional, Thailand and Laos activities. Our time line to have the list of publications is Nov 5.

Thank you very much and look forward to hearing from you.

"Welcome to USAID FY2019 Performance Plan and Report (PPR) season. As previously discussed, RDMA is collecting peer-reviewed scientific publications resulting from USG support to research and implementing programs. Please submit the list of "Peer reviewed publication" by Nov. 5 COB

STIR -12 "Peer reviewed publication" are defined as and include : scientific studies published in technical journals which conduct technical peer review of the submissions as part of their decision process; technical reports that are subject to external peer-review and then disseminated; and peer-reviewed conference proceedings. Please see below an example list of publications for FY 2018 PPR.

Thank you very much for your kind assistance and collaboration upon this process"

F 47 Y	24	GHS D	Future one health workforce for	Saengduen, M. (et al.) (2018).	June 22-25, 2018, the 5th International Or Health Congress. Canada
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	18			effective prevention and control of emerging infectious diseases		
48	F Y 18	25	GHS D	Geographical and historical patterns in the emergences of novel highly pathogenic avian influenza (HPAI) H5 and H7 viruses in poultry	Dhingra, M.S., Artois, J., Dellicour, S., Lemey, P., Dauphin, G., Von Dobschuetz, S., Van Boeckel, T.P., Castellan, D.M., Morzaria, S., Gilbert, M., 2018.	(Journal: Frontiers in Veterinary Science 5 https://doi.org/10.3389/fvets.2018.00084)
49	F Y 18	26	GHS D	Guideline on AMR Surveillance in bacteria from healthy food animals intended for consumption	Mary Joy Gordoncillo, Rungtip Chuanchuen, Taradon Luangtongkum, Saharuetai Jeamsriping, Carolyn Benigno, Katinka DeBalogh, and Wantanee Kalpravidh	85th PVMA Annual Convention and Scientific Conference. Manila, Philippines 2018
50	F Y 18	27	GHS D	Identifying avian flu(H5N1 and H1N1) as an emerging infectious disease to threaten both human and animal health especially to immunologically naïve communities.	Masibulele, SZ. (et al.) (2018)	June 22-25, 2018, the 5th International Oral Health Congress, Canada
51	F Y 18	28	GHS D	Longitudinal study of age-specific pattern of coronavirus infection in Lyle's flying fox (Pteropus lylei) in Thailand	Wacharapluesadee S, Duengkae P, Chaiyes A, Kaewpom T, Rodpan A, Yingsakmongkon S, Petcharat S, Phengsakul P, Maneeorn P, Hemachudha T.	Virol J. 2018 Feb 20;15(1):38
52	F Y 18	29	GHS D	Manual for laboratory diagnosis of Leptospirosis one health approach	Sitti Khairni Bejo (et al.) (2018)	First Print Universiti Putra Malaysia Press
53	F Y 18	30	GHS D	Middle East Respiratory Syndrome Coronavirus Antibodies in Dromedary Camels, Bangladesh, 2015	Ariful Islam, Jonathan H. Epstein, Melinda K. Rostal, Shariful Islam, Mohammed Ziaur Rahman, Mohammed Enayet Hossain, Mohammed Salim Uzzaman, Vincent J. Munster, Malik Peiris, Meerjady Sabrina Flora, Mahmudur Rahman, and Peter Daszak.	Emerging Infectious Diseases Volume 24, Number 5. May 2018
54	F Y 18	31	GHS D	One Health approach involving rabies control and prevention in Thailand	Sivapong, S (et al.) (2018)	Aug 26-29, 2018, International Conference on Emerging Infectious Diseases, Georgia USA.

55	F Y 18	32	GHS D	One health implementation for prevention and control intestinal parasite infection in under-privileged communities of Thai-Myanmar border	Aulia,RP (et al.) (2018).	June 22-25, 2018, the 5th International Or Health Congress, Canada
56	F Y 18	33	GHS D	Organophosphorus flame retardants (PFRs) and phthalates in floor and road dust from a manual e-waste dismantling facility and adjacent communities in Thailand	Dudsadee Muenhor, Hyo-Bang Moon, Sunggyu Lee & Emma Goosey (2018).	Journal of Environmental Science and Health, Part A, Environmental Management,Prince of Songkla University
57	F Y 18	34	GHS D	Participatory One Health Disease Detection (PODD): A Novel Approach for Community-Based Reporting of Emerging Infectious Diseases	Assoc.Prof.Dr. Lertrak Srikiyakarn (et al) (2018)	29 Jan-3 Feb, 2018, Prince Mahidol Awar Conference, 2018, Thailand
58	F Y 18	35	GHS D	Pilot surveillance study on Extended Spectrum Beta-Lactamase (ESBL)-producing E. coli in commercial broiler farms in Central Luzon, Philippines	Romeo S. Gundran, Paul A. Cardenio, Fredelon B. Sison, Carolyn C. Benigno	85th PVMA Annual Convention and Scientific Conference. Manila, Philippines 2018
59	F Y 18	36	GHS D	Polybrominated diphenyl ethers (PBDEs) in floor and road dust from a manual e-waste dismantling facility and adjacent communities in Thailand	Dudsadee Muenhor, Hyo-Bang Moon, Sunggyu Lee & Emma Goosey (2018)	Journal of Environmental Science and Health, Part A, Environmental Management, Prince of Songkla Universit
60	F Y 18	37	GHS D	Predicting risk zones of Nipah virus from foraging utilization of Lely's flying fox (Pteropus lylei) in eastern Thailand	Aingorn, C (et al.) (2018)	April 26-27, 2018, International Conference of Agriculture and Natural Resources (ANRES), Bangkok, Thailand
61	F Y 18	38	GHS D	Prevalence and AMR pattern of Extended Spectrum Beta-Lactamase (ESBL)- producing E. coli in commercial swine farms in Central Luzon, Philippines	Romeo S. Gundran, Paul A. Cardenio, Fredelon B. Sison, Carolyn C. Benigno	85th PVMA Annual Convention and Scientific Conference. Manila, Philippines 2018
62	F Y 18	39	GHS D	Rabies	Fooks AR, Cliquet F, Finke S, Freuling C, Hemachudha T, Mani RS, Müller T, Nadin-Davis S, Picard-Meyer E. Wilde H.	Nat Rev Dis Primers. 2017 Nov 30;3:1709

					Banyard AC.	
63	F Y 18	40	GHS D	Spotted Fever Rickettsiosis in a Wildlife Researcher in Sabah, Malaysia: A Case Study	Salgado Lynn, M.; William, T.; Tanganuchitcharncha i, A.; Jintaworn, S.; Thaipadungpanit, J.; Lee, M.H.; Jalius, C.; Daszak, P.; Goossens, B.; Hughes, T.; Blacksell, S.D.	Trop. Med. Infect. Dis. 2018, 3, 29.
64	F Y 18	41	GHS D	Supporting Asia's Food and Agriculture Sector in implementing the Global Action Plan on AMR	Carolyn Benigno	85th PVMA Annual Convention and Scientific Conference. Manila, Philippines 2018
65	F Y 18	42	GHS D	Synchronized surveillance at the wildlife-livestock- human interface in thailand: a novel approach to early detection of viral transmission across species interfaces	Weerapong, T. (et al.) (2018)	June 22-25, 2018, the 5th International Or Health Congress, Canada
66	F Y 18	43	GHS D	The impact of surveillance and control on highly pathogenic avian influenza outbreaks in poultry in Dhaka division, Bangladesh	Edward M. Hill Thomas House, Madhur S. Dhingra, Wantanee Kalpravidh, Subhash Morzaria, Muzaffar G. Osmani, Eric Brum, Mat Yamage, Md. A. Kalam, Diann J. Prosser, John Y. Takekawa, Xiangming Xiao, Marius Gilbert, Michael J. Tildesley	September 2018 (Journal: http://dx.doi.org/10.1371/journal.pcbi.100639)
67	F Y 18	44	GHS D	The use of GIS and multisectoral policy analyses to support rabies control in Thailand	Anuwat, W. (et al.) (2018).	April 28-May 3, 2018. iCOMOS Conference Minnesota, USA
68	F Y 18	45	GHS D	Transforming Capacities on AMR Surveillance in Food And Agriculture in Asia: A Programmatic Approach.	Mary Joy Gordoncillo, Carolyn Benigno,, Katinka de Balogh, Wantanee Kalpravidh, and Rungtip Chuanchuen.	2nd OIE Global Conference on Antimicrobial Resistance and Prudent Use of Antimicrobial Agents in Animals. Marrakesh, Morocco 29-31 October 2018

Best regards,
Sudarat Damrongwatanapokin, D.V.M., Ph.D.
Regional Animal Health Advisor
USAID Regional Development Mission Asia

REDACTED

E-mail: sdamrongwatanapokin@usaid.gov
Tel: +662-257-3243, Fax: +662 -2573099

From: Elizabeth Leasure <ealeasure@ucdavis.edu>
To: Beth Edison <bedison@metabiota.com>, Molly Turner <turner@ecohealthalliance.org>, "Churchill, Carolina" <[REDACTED]>, "Ali, Shareif" <sa3045@cumc.columbia.edu>, "Galicia, Veronica" <GaliciaV@si.edu>
Cc: Evelyn Luciano <luciano@ecohealthalliance.org>, Karen Saylors <ksaylors@metabiota.com>, predict Sympa List <predict@ucdavis.edu>, Hannah R Chale <hrchale@ucdavis.edu>, Simon Anthony <sja2127@columbia.edu>, "Valitutto, Marc" <ValituttoM@si.edu>, "Rosario, Joey" <[REDACTED]>
Sent: Tue, 10 Dec 2019 23:11:27 +0000
Subject: [predict] IMPT due Dec 12th: PREDICT Y6Q1 Accruals: Please send Nov and Dec figures

Hi everyone. Please **send me your projected November and December figures by COB PST on Thursday, December 12th**. Please also remember to send me your projected figures broken out by Core/Ebola for Global & Admin Management and by country. If you are out of funding, please provide projections based on your anticipated needs for this period (assuming funds are made available for obligation). Apologies for the quick turnaround requested.

Let me know if you have any questions.

Thanks!
Liz

Elizabeth Leasure
One Health Institute
University of California, Davis
530-754-9034 (office)
[REDACTED]

From: Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>
To: Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>, "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>, PREDICTMGT <predictmgt@usaid.gov>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, William Karesh <karesh@ecohealthalliance.org>, Karen Saylor **REDACTED**, Peter Daszak <daszak@ecohealthalliance.org>, David John Wolking <djwolking@ucdavis.edu>, predict Sympa List <predict@ucdavis.edu>
Subject: Re: PREDICT data analysis updates
Sent: Sun, 9 Feb 2020 22:59:23 +0000
[P1 and P2 viruses more than 30 detections.xlsx](#)
[RNA viruses by species.png](#)
[DNA viruses by species\[1\].png](#)

Following up to share a couple of the preliminary updates we discussed on SMT this past week:

1. Viruses found in P1 and P2 in > 30 animals
2. Correlation between # viruses detected and # of species tested by taxonomic group for RNA viruses
3. Correlation between # viruses detected and # of species tested by taxonomic group for DNA viruses

Please let us know if you have any questions.
Chris

From: David J Wolking <djwolking@ucdavis.edu>
Date: Monday, February 3, 2020 at 5:55 AM
To: Alisa Pereira <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, Andrew Clements <AClements@usaid.gov>, Elizabeth Leasure <ealeasure@UCDAVIS.EDU>, Peter Daszak <daszak@ecohealthalliance.org>, PREDICTMGT <predictmgt@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, William Karesh <karesh@ecohealthalliance.org>, Karen Saylor **REDACTED**
Cc: Aleksei Chmura <chmura@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Catherine Machalaba <Machalaba@ecohealthalliance.org>, predict Sympa List <predict@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>
Subject: PREDICT Management Team Call - Tuesday February 4, 2020 @ 8:30AM Pacific

Hi there,

Below is the agenda and Zoom information for tomorrow's call.

Talk soon,

David

PREDICT Management Team Meeting Agenda
Tuesday, February 4, 2020
8:30-9:30AM PST/11:30-12:30pm EST
Zoom link: **REDACTED**
Additional Zoom info below agenda

USAID Updates

- 1. Administrative items**
Urgent briefing with USAID Chief of Staff
March 17-29 2020 meeting updates (confirming dates, plans and preparation, etc)
GAO GHSA audit news (Viet Nam and Indonesia visits)?
- 2. Novel Coronavirus (2019-nCoV) outbreak**

3. Global analyses preview

4. 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*
-
-
- *Plans for data sharing platforms (DDL and consortium*
- *publications)*
-
-
- *Final report update*
-

5. Mission, partner communications & country roundup essentials

6. Publication, media, and conference updates

-
- *[19th](#)*
- *[International Congress on Infectious Diseases](#), Kuala Lumpur (February 20-23, 2020)*
-

7. 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] or [REDACTED]

Meeting ID: **REDACTED**

Produced in Native Format

From: Jonna Mazet <jkmazet@ucdavis.edu>
To: Aleksei Chmura <chmura@ecohealthalliance.org>
CC: Peter Daszak <daszak@ecohealthalliance.org>; 李泓莹 <li@ecohealthalliance.org>
Sent: 2/19/2020 3:10:15 PM
Subject: Re: URGENT - need signatures in next few hours: Our statement on COVID-19 will be published this morning US Eastern time in The Lancet

Here you go -- I didn't know the manuscript number.
Thanks so much for pulling this together quickly & successfully,
Jonna

On Wed, Feb 19, 2020 at 11:15 AM Aleksei Chmura <chmura@ecohealthalliance.org> wrote:
Jonna,

Lancet agreed to publish in advance based upon the emailed (yours and others) responses previously. If you could please send, that would be terrific!

Cheers,

-Aleksei

On Feb 19, 2020, at 14:09, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

You still want these, or did you do them for me, since it is already out? If you did for me -- thanks!
Jonna

On Tue, Feb 18, 2020 at 2:45 AM Peter Daszak <daszak@ecohealthalliance.org> wrote:

Dear All,

I want to let you all know that we received strong support from Richard Horton at *The Lancet*, and our paper will be published today (Tuesday 18th Feb) at 3pm UK time (10am Eastern US time). Thank you also to those of you who sent last minute changes – I've incorporated them where possible (see final version attached). I've also cited a paper that was uploaded yesterday (<http://virological.org/t/the-proximal-origin-of-sars-cov-2/398>), currently in review in *Nature* (I believe) that clearly refutes the bio-engineered virus hypothesis and strongly supports the conclusion that SARS-CoV-2 is of natural origin.

As we discussed, the authorship will be alphabetical. Unfortunately, it looks like there has to be a single corresponding author, but the editor will put a statement at the top of the authorship list to indicate that we are all speaking in one voice on this. I will see what that looks like when proofs come through in a minute. *The Lancet* have also agreed to publish our Mandarin version of this statement (thanks for the translation Hongying) online, so it reaches a wider audience in Asia and around the world.

I have two urgent requests:

- 1) Please fill in the attached Conflict of Interest form ASAP
- 2) Please e-sign the Author signature form ASAP

It will be really important to get this message out to journalists once it's published. Finally, I would ask all of you who can post this to your websites, or on social media, or email to your colleagues, please do so.

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.

Author statements

Please insert the relevant text under the subheadings below. A completed form must be signed by all authors. Please note that we will accept hand-signed and electronic (typewritten) signatures. Please complete multiple forms if necessary, and upload the signed copy with your submission, scan and email to: editorial@lancet.com

Manuscript title: Statement in Support of the Scientists, Public Health and Medical Professionals of China Combating the COVID-19 Outbreak

Corresponding author: Peter Daszak

Article type: Letter

For research articles only:

I irrevocably authorise and grant my full consent to the corresponding author of the manuscript to: (1) enter into an exclusive publishing agreement with Elsevier on my behalf, in the relevant form set out at www.elsevier.com/copyright; and (2) unless I am a US government employee, to transfer my copyright or grant an exclusive license of rights to Elsevier as part of that publishing agreement, effective on acceptance of the article for publication. If the article is a work made for hire, I am authorized to confirm this on behalf of my employer. I agree that the copyright status selected by the corresponding author for the article shall apply and that this agreement is subject to the governing law of England and Wales.

Does your manuscript have a reference number? No ☐ Yes ☒ If yes, enter number here:

Does your manuscript have a handling editor? No ☐ Yes ☒ If yes, enter name here: Sir Richard Horton

Authors' contributions

Please insert here the contribution each author made to the manuscript—eg, literature search, figures, study design, data collection, data analysis, data interpretation, writing etc. If all authors contributed equally, please state this. The information provided here must match the contributors' statement in the manuscript.

Contributed equally to general concept/design, interpretation & conclusion.

Role of the funding source

Please disclose any funding sources and their role, if any, in the writing of the manuscript or the decision to submit it for publication. Examples of involvement include: data collection, analysis, or interpretation; trial design; patient recruitment; or any aspect pertinent to the study. Please also comment whether you have been paid to write this article by a pharmaceutical company or other agency. If you are the corresponding author, please indicate if you had full access to all the data in the study and had final responsibility for the decision to submit for publication. The information provided here must match the role of the funding source statement in the manuscript.

Conflicts of interest

Please complete the ICMJE conflict of interest form, which is available at <http://www.thelancet.com/for-authors/forms#icmje-coi>. Please ensure that a conflict of interest statement is included at the end of the manuscript, which matches what is declared on the ICMJE conflict of interest form.

Patient consent (if applicable) - completion of this section is mandatory for Clinical Pictures, and Adverse Drug Reactions.

Please sign below to confirm that all necessary consents required by applicable law from any relevant patient, research participant, and/or other individual whose information is included in the article have been obtained in writing. **The signed consent form(s) should be retained by the corresponding author and NOT sent to The Lancet.**

I agree with: the plan to submit to *The Lancet*; the contents of the manuscript; to being listed as an author; and to the conflicts of interest statement as summarised. I have had access to all the data in the study (for original research articles) and accept responsibility for its validity.

Title and name:	Professor Jonna AK Mazet	Highest degree:	PhD	Signature:	<small>Digitally signed by Jonna Mazet Date: 2020.02.19 15:08:27 +0800</small>	Date:
Title and name:		Highest degree:		Signature:	.....	Date:
Title and name:		Highest degree:		Signature:	.....	Date:
Title and name:		Highest degree:		Signature:	.....	Date:
Title and name:		Highest degree:		Signature:	.....	Date:
Title and name:		Highest degree:		Signature:	.....	Date:
Title and name:		Highest degree:		Signature:	.....	Date:
Title and name:		Highest degree:		Signature:	.....	Date:
Title and name:		Highest degree:		Signature:	.....	Date:
Title and name:		Highest degree:		Signature:	.....	Date:

Corresponding author declaration

I _____, the corresponding author of this manuscript, certify that the contributors' and conflicts of interest statements included in this paper are correct and have been approved by all co-authors.

From: Aleksei Chmura <chmura@ecohealthalliance.org>
To: Dr. Jonna Mazet <jkmazet@ucdavis.edu>
CC: Peter Daszak <daszak@ecohealthalliance.org>; 李泓莹 <li@ecohealthalliance.org>
Sent: 2/20/2020 12:31:06 PM
Subject: Re: URGENT - need signatures in next few hours: Our statement on COVID-19 will be published this morning US Eastern time in The Lancet

That is fine.

Thanks, Jonna!

-Aleksei

On Feb 19, 2020, at 18:10, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

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Thanks so much for pulling this together quickly & successfully,
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Dear All,

I want to let you all know that we received strong support from Richard Horton at *The Lancet*, and our paper will be published today (Tuesday 18th Feb) at 3pm UK time (10am Eastern US time). Thank you also to those of you who sent last minute changes – I've incorporated them where possible (see final version attached). I've also cited a paper that was uploaded yesterday (<http://virological.org/t/the-proximal-origin-of-sars-cov-2/398>), currently in review in *Nature* (I believe) that clearly refutes the bio-engineered virus hypothesis and strongly supports the conclusion that SARS-CoV-2 is of natural origin.

As we discussed, the authorship will be alphabetical. Unfortunately, it looks like there has to be a single corresponding author, but the editor will put a statement at the top of the authorship list to indicate that we are all speaking in one voice on this. I will see what that looks like when proofs come through in a minute. *The Lancet* have also agreed to publish our Mandarin version of this statement (thanks for the translation

Hongying) online, so it reaches a wider audience in Asia and around the world.

I have two urgent requests:

- 1) Please fill in the attached Conflict of Interest form ASAP
- 2) Please e-sign the Author signature form ASAP

It will be really important to get this message out to journalists once it's published. Finally, I would ask all of you who can post this to your websites, or on social media, or email to your colleagues, please do so.

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: Dennis Carroll <[REDACTED]>
Sent: Thu, 19 Mar 2020 13:28:53 -0400
Subject: Re: Virome Project question
To: Jonna Mazet <jkmazet@ucdavis.edu>

Hey Jonna, why don't you take this one. I just lost all credibility by being interviewed on TMZ about COVID19 :). That said, I have been able to slip GVP into a number of the interviews I've had over the past few weeks - hopefully giving it a higher profile

Stay well. DC is a ghost town

On Thu, Mar 19, 2020 at 12:59 PM Jonna Mazet <jkmazet@ucdavis.edu> wrote:

I received it, too. If Dennis wants to do it, great! Dennis, if you don't want to do it, let us know & we'll get one of us to respond & possibly do it.

Thanks,
Jonna

On Thu, Mar 19, 2020 at 6:12 AM Cara Chrisman <cchrisman@usaid.gov> wrote:

Not sure who received this b/c I was bcc'ed, but sharing just in case anyone is interested and didn't receive it.

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

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

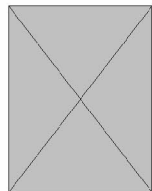
From: Lucian Gutica <lucian@findinggeniuspodcast.com>
Date: Thu, Mar 19, 2020 at 6:54 AM
Subject: Virome Project question
To: Lucian Gutica <lucian@findinggeniuspodcast.com>

Hi there,
We recently came by the " The Global Virome Project"
and would love to hear more about your work and projects on the Finding Genius Podcast Show.

Please let me know if you would be interested and I can send some open times.

Looking forward to having you share your story on the Podcast.

--



Lucian Gutica, Producer

Email: lucian@findinggeniuspodcast.com

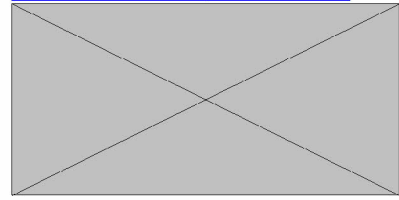
Phone: +1 (484) 713-9276

Finding Genius Podcast (Health, Bioscience & Medicine Edition)

www.findinggeniuspodcast.com

Finding Genius Podcast (Future Tech Edition)

www.futuretechpodcast.com



To remove please reply remove

--

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**

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>
CC: PREDICTMGT <predictmgt@usaid.gov>; Christine Kreuder Johnson
<ckjohnson@ucdavis.edu>; predict@ucdavis.edu <predict@ucdavis.edu>
Sent: 5/1/2020 7:28:20 AM
Subject: [predict] Re: COVID-19 Survey & Regional Partner Webinars

up to you. either way is fine.

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, Apr 30, 2020 at 10:09 PM David J Wolking <djwolking@ucdavis.edu> wrote:
Andrew,

Is this survey something you'd like us to handle as prime for the consortium or would the Agency and COVID-19 task force prefer I circulate to all of our partners around the world?

Thanks!

David

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

From: **USAID's Industry Liaison** <industryliaison@usaid.gov>
Date: Thu, Apr 30, 2020 at 12:20 PM
Subject: COVID-19 Survey & Regional Partner Webinars
To: <djwolking@ucdavis.edu>





April 30, 2020

COVID-19 Partner Survey & Regional Webinars

Dear Partners,

We would like to extend our thanks for the work you are doing during these unprecedented times. USAID's priority in response to COVID-19 is to protect the safety, health and security of our global workforce –including our Implementing Partners – to ensure that we can continue our life-saving mission across the world and support partner countries in their response to COVID-19.

To help USAID better understand the impacts of COVID-19, we are requesting that our partners take a voluntary and anonymous survey. Please note that there is no requirement or obligation by USAID partners to complete the survey. Emails of organizations submitting responses will not be collected.

The purpose of this survey is to identify areas of USAID support for partners implementing existing USAID funded activities in the COVID-19 operating environment. Please respond to each question based on the current operating environment in the countries where you work. This survey should take between 15-30 minutes to complete depending on the number of regions where your organization currently implements USAID activities. Please try to complete the survey by May 5th.

[Click here to take the voluntary survey.](#)

In addition, we are inviting you to participate in a webinar with USAID leadership to cover a broad range of

COVID-19 related topics, including programming, security, monitoring and evaluation, continuity of operations, acquisition and assistance, and more. Webinars will be organized on a regional basis.

Due to restrictions regarding the number of participants that our platform can accommodate, we are asking that each organization limit their participation to one representative per country. In addition, only organizations that are currently receiving funding from USAID are invited to participate.

Highlighted below are registration links along with the dates and times of each regional call. Once you register for the webinar, we will provide a link to the event.

- [Washington, DC, Wednesday, May 6, 2:00-3:00pm EST](#)
- [Latin America and the Caribbean, Thursday, May 7, 2:00-3:00pm EST](#)
- [Europe & Eurasia, Friday, May 8, 9:30 -10:30am EST](#)
- [Middle East and OAPA, Monday, May 11, 7:30-8:30am EST](#)
- [Africa, Tuesday, May 12, 8:00 - 9:00am EST](#)
- [Asia, Tuesday, May 12, 9:00-10:00pm EST](#)

Thank you again for continuing to maintain the highest level of quality work in everything that you do as we navigate a way forward in these uncertain times.

Stay safe and healthy.

Beth Dunford, Ph.D.
Senior Deputy Director for Safety, Security and Continuity
USAID COVID-19 Task Force

Learn more about [USAID's Industry Liaison](#).

Email us at industryliaison@usaid.gov



USAID | 1300 Pennsylvania Ave NW, Washington, DC 20523

Unsubscribe_djwolking@ucdavis.edu

[About Constant Contact](#)

Sent by industryliaison@usaid.gov

--

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: Andrew Clements <aclements@usaid.gov>
To: Jonna Mazet <jkmazet@ucdavis.edu>; Christine Kreuder Johnson
<ckjohnson@ucdavis.edu>; daszak@ecohealthalliance.org
<daszak@ecohealthalliance.org>; William Karesh <Karesh@ecohealthalliance.org>; Tracey
Goldstein <tgoldstein@ucdavis.edu>; D. Phil Simon Anthony
<anthony@ecohealthalliance.org>; Kevin Olival PhD
<olival@ecohealthalliance.org>; djwolking@ucdavis.edu <djwolking@ucdavis.edu>
Sent: 8/24/2020 3:37:14 AM
Subject: Broad host range of SARS-CoV-2 predicted by comparative and structural analysis of ACE2
in vertebrates | PNAS

In case you haven't seen this.

<https://www.pnas.org/content/early/2020/08/20/2010146117>

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: "Tammie O'Rourke" **REDACTED**
Sent: Tue, 29 Sep 2020 06:36:29 -0700
Subject: Re: Embargo for China
To: Peter Daszak <daszak@ecohealthalliance.org>
Cc: Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Hongying Li <li@ecohealthalliance.org>, Aleksei Chmura <chmura@ecohealthalliance.org>

Thank-you Peter.
Tammie

On Mon, Sep 28, 2020 at 5:05 PM Peter Daszak <daszak@ecohealthalliance.org> wrote:

Please request a 12 month embargo. It will likely take that long.

The language should be "The embargo is requested pending approval of publications by the appropriate government authorities in China".

Thanks for doing this.

The genetic sequences will be uploaded to Genbank by collaborators in Wuhan, once publications are in press.

Cheers,

Peter

Peter Daszak

President

EcoHealth Alliance

520 Eighth Avenue, Suite 1200

New York, NY 10018-6507

USA

UCDUSR0008846

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

From: Tammie O'Rourke <torourke@labyrinthgh.com>
Sent: Monday, September 28, 2020 12:28 PM
To: Christine Kreuder Johnson <ckjohnson@ucdavis.edu>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>; Peter Daszak <daszak@ecohealthalliance.org>
Subject: Re: Embargo for China

Hi Chris,

Below is the data team's further comments on embargos. Our plan was to publish the China data in separate datasets under the PREDICT data asset, but based on what they said we will have to create a separate data asset for China. This is not ideal because it would be easy for someone to entirely miss China's data since it would be separate in the DDL. We could put something in the ReadMe file to explain this however.

Tammie

The embargo would have to apply to the entire data asset, since we clear and publish submissions at the asset level. In other words, the entire data asset would not be published until the embargo has passed. Embargoes are generally approved by our clearance officials and are usually honored. Once a submission with an embargo has been cleared, someone from the curation team will contact you to confirm that the data can be published once the embargo date has passed.

If you choose "unknown" for the embargo date, our team or the risk assessment team will contact you during or after the clearance process to see if you have a better idea of when it will be okay to publish the data.

On Sun, Sep 27, 2020 at 2:57 PM Christine Kreuder Johnson <ckjohnson@ucdavis.edu> wrote:

Thanks Tammie, v helpful. It would be good to understand the duration of the embargo and what our options are for this, esp if we select 'unk'/'

Appreciate your incredible fortitude in managing all of these late changes.

/ckj

From: Tammie O'Rourke <**REDACTED**>

Date: Friday, September 25, 2020 at 3:16 PM

UCDUSR0008847

To: Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, Jonna Mazet <jkmazet@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>

Subject: Embargo for China

Hi Chris,

As discussed, below is an excerpt from the DDL documentation on requesting an Embargo. I noticed when creating the data asset they have the option to choose "unknown" for the proposed embargo date, not sure if that means you can go beyond a year? I could send a message to the USAID data team to clarify if we need to use that option.

I hope this helps, please let me know if you have any questions,

Tammie

Embargo Section

Embargo Requested?

Select "yes" if you are requesting a temporary delay (an embargo) in making this data public. Please be aware that the embargo will be granted contingent upon approval.

Proposed Embargo Date

Please select or enter the earliest date on which you would like this data to be released. An embargo may last up to and including 12 months after the award completion date.

Embargo Request Rationale

Please describe the reasons for requesting the embargo. The main permissible reasons for granting an embargo are for a pending publication or pending patent application. Additional guidance can be found in [ADS 579.3.3.3](#), page 18.

The ADS reference states:

579.3.4.3 Embargos on Data Publication Effective Date: 10/01/2014

USAID may embargo, or temporarily withhold from public release for a reasonable period (e.g. 12 months), a Dataset resulting from federally funded research while the Dataset is the subject of a pending publication or pending patent application. Implementing partners must still submit the Dataset to USAID, and with agreement of the Contract or Agreement Officer, it can be held as non-public until the conclusion of the embargo period.

--

Tammie O'Rourke

Labyrinth Global Health

Systems Integrator

Emerging Pandemic Threats - PREDICT Program

tel +1-250-618-2460

--

Tammie O'Rourke

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Systems Integrator

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From: Peter Daszak <daszak@ecohealthalliance.org>
To: Leilani Francisco <francisco@ecohealthalliance.org>; Jonna Mazet (jkmazet@ucdavis.edu) <jkmazet@ucdavis.edu>; David John Wolking <djwolking@ucdavis.edu>; Alison Andre <andre@ecohealthalliance.org>; Johnson Christine Kreuder (ckjohnson@ucdavis.edu) <ckjohnson@ucdavis.edu>; Evelyn Luciano <luciano@ecohealthalliance.org>
Sent: 3/1/2017 5:28:40 PM
Subject: Behavioral risk meeting at Davis on 14th March

I'm planning on coming over for this but wanted to know what time we're planning to meet. I know Jonna has a block of time booked out – if it's in the afternoon I could leave on Tuesday early am, but if it's morning I'll come in on the 13th, and leave early on the 15th..

Let me know and I'll book my ticket tomorrow...

Look forward to seeing you all in Davis...

Cheers,

Peter

Peter Daszak
President

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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 promote conservation and prevent pandemics.

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>
CC: Alisa Pereira Emerging Threats Division <apereira@usaid.gov>; Prof. Jonna Mazet <jkmazet@ucdavis.edu>; predict@ucdavis.edu <predict@ucdavis.edu>; PREDICTMGT <predictmgt@usaid.gov>
Sent: 4/24/2017 10:24:19 AM
Subject: Re: [predict] Can we have a quick call today to talk about new money and which countries absolutely need it right away?

10:45 your time is good. Can we use your call in number?

Would you be able to provide an estimated date when DRC and Liberia will run out of money? The table Liz previously sent shows how much they will be in the red if they keep spending through the end of Sep, but it would be helpful to have 'drop dead' dates to spur action on our end. We're hoping to get a small incremental funding action done this week which would cover Liberia, SL, and hopefully also DRC although the latter may be expecting too much.

Thanks!

*Andrew P. Clements, Ph.D.
Senior Scientific Adviser
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 24, 2017, at 7:14 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

I just connected with Jonna, she suggested you, Alisa, and I should carry on with a call if needed and I can keep her informed.

Would around 10:45 or 11AM PDT work for you and Alisa? Another time today?

Thanks,

David

On Mon, Apr 24, 2017 at 9:36 AM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

Jonna is traveling in India and with Liz on vacation until next week I think we better make sure Jonna can join.

I'll text her and see what her availability is today, looks like it is mid-afternoon for her there.

On Mon, Apr 24, 2017 at 7:51 AM, Andrew Clements <aclements@usaid.gov> wrote:

I want to make sure I get it right so we can push through an incremental funding action.

I think it's SL, Liberia, and DRC.

Does sometime between 9:00-11:00 PDT work?

Thanks!

Andrew

Andrew P. Clements, Ph.D.

Senior Scientific Adviser

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: Amanda Andre <amanda.andre@ecohealthalliance.org>
To: William B. Karesh <karesh@ecohealthalliance.org>
CC: Chris Johnson <ckjohnson@ucdavis.edu>; Tracey Goldstein <tgoldstein@ucdavis.edu>; Simon Anthony <anthony@ecohealthalliance.org>; Amanda Fuchs <fuchs@ecohealthalliance.org>; predict@ucdavis.edu <predict@ucdavis.edu>; Megan M Doyle <mmdoyle@ucdavis.edu>
Sent: 4/25/2017 11:02:27 AM
Subject: [predict] Re: PREDICT Activity Tracker

Dear all,

Please find attached an updated version with "human behavior research" rather than "human questionnaires" and an additional column for "trainings" which I pre-filled in each country as In Progress.

Best,

Amanda Andre née Fuchs

Administrative Assistant to the Executive Vice President for Health & Policy

EcoHealth Alliance
460 West 34th Street – 17th floor
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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 promote conservation and prevent pandemics.

On Tue, Apr 25, 2017 at 1:10 PM, William B. Karesh <karesh@ecohealthalliance.org> wrote:
That sounds great if you can help fill in.

I was thinking of the human questionnaire as the behavior qualitative work rather than the information collected when sampling people. So, let's change the heading on that column to reflect the behavior work.

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

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On Apr 25, 2017, at 12:57 PM, Christine Kreuder Johnson <ckjohnson@ucdavis.edu> wrote:

Nice looking tracker here.

Surveillance team is tracking the first 4 columns regularly and have last verified status with all partners about 2 weeks ago. If that's recent enough for you, we can easily reshape that info into this format (cc'ing Megan on that as she has the latest versions) – that way, we don't have to ask everyone again for the same information.

Other than the human questionnaire (which we do whenever we get samples from anyone so those 2 columns are the same at this level), I don't really see behavior in here – did you want to include our behavior qualitative research scope which I think is also relevant to info we'd present at One Health Platforms?

/ckj

From: Billy Karesh <karesh@ecohealthalliance.org>

Date: Tuesday, April 25, 2017 at 8:31 AM

To: Tracey Goldstein <tgoldstein@ucdavis.edu>, Simon Anthony <anthony@ecohealthalliance.org>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>

Cc: Amanda Fuchs <fuchs@ecohealthalliance.org>, "predict@ucdavis.edu" <predict@ucdavis.edu>

Subject: Fwd: PREDICT Activity Tracker

Hi there,

Attached is the situation tracker that I mentioned on the EB call to let P&R know what information our country folks could present at National One Health Platform meetings that they are supposed to help organize. I tried to keep it as simple as possible and give them ideas of topics for discussion at local levels.

Leilani is going to make the first run on filling in the behavior column, Catherine will begin with the One Health Eval. and the group at EHA will fill in as much as they can for EHA countries.

We will send ours to all of you for review, but I thought you might want to get a head start on parts that you could fill in.

Just realized that I left out "training".

BK

William B. Karesh, D.V.M

Executive Vice President for Health and Policy

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

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and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.

Begin forwarded message:

From: Amanda Andre <amanda.andre@ecohealthalliance.org>

Subject: PREDICT Activity Tracker

Date: April 24, 2017 at 4:57:51 PM EDT

To: "William B. Karesh" <karesh@ecohealthalliance.org>

Hi Billy,

Attached is the PREDICT Activity tracker with the updates you mentioned.

Amanda Andre

Administrative Assistant to the Executive Vice President for Health & Policy

EcoHealth Alliance
460 West 34th Street – 17th floor
New York, NY 10001

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PREDICT Country Activity Snapshot

KEY	Trainine	Wildlife Sampline	Domestic Animal Sampline	Human Behavior Research	Human Sampling	Evaluating OH Approaches	Laboratory Testing	Results Ready to Report to Government
<div> <div> <div>Ⓢ</div> <div>In process</div> </div> <div> <div>□</div> <div>Completed</div> </div> <div> <div>↑</div> <div>Needs updating</div> </div> </div>								
Bangladesh	Ⓢ							
Cambodia	Ⓢ							
Cameroon	Ⓢ							
China	Ⓢ							
Cote d'Ivoire	Ⓢ							
Democratic Republic of Congo	Ⓢ							
Egypt	Ⓢ							
Ethiopia	Ⓢ							
Gabon	Ⓢ							
Ghana	Ⓢ							
Guinea	Ⓢ							
India	Ⓢ							
Indonesia	Ⓢ							
Jordan	Ⓢ							
Kenya	Ⓢ							
Lao PDR	Ⓢ							
Liberia	Ⓢ							
Malaysia	Ⓢ							
Mongolia	Ⓢ							
Myanmar	Ⓢ							
Nepal	Ⓢ							
Republic of Congo	Ⓢ							
Rwanda	Ⓢ							
Senegal	Ⓢ							
Sierra Leone	Ⓢ							
Tanzania	Ⓢ							
Thailand	Ⓢ							
Uganda	Ⓢ							
Vietnam	Ⓢ							
South Sudan	Ⓢ							
Sudan	Ⓢ							

From: Andrew Clements <aclements@usaid.gov>
To: David J Wolking <djwolking@ucdavis.edu>
CC: Alisa Pereira Emerging Threats Division <apereira@usaid.gov>; PREDICTMGT <predictmgt@usaid.gov>; Prof. Jonna Mazet <jkmazet@ucdavis.edu>; predict@ucdavis.edu <predict@ucdavis.edu>
Sent: 4/26/2017 5:56:10 AM
Subject: Re: [predict] Can we have a quick call today to talk about new money and which countries absolutely need it right away?

Thanks, David.

*Andrew P. Clements, Ph.D.
Senior Scientific Adviser
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 26, 2017, at 7:16 AM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

Below are the anticipated dates for exceeding country caps in Sierra Leone (details provided in our previous email exchange), DRC, and Liberia.

Also, I've attached a briefing on the expected outcomes from reducing the operating budget for PREDICT's Ebola Host Project from the original \$15M to \$4M should this proposed incremental funding action impact release of remaining funds.

Best,

David

Anticipated dates for exceeding USAID country caps in Sierra Leone, Liberia, and DRC

- **Sierra Leone:** Anticipate exceeding country cap of \$3M by May 31, 2017 due to costs associated with sample testing (now underway)
- **DRC*:** Expect to have exceeded the country cap of \$3.2M by April 2017
- **Liberia:** Anticipate exceeding country cap of \$3M by August 201

**To be verified through Y3Q2 report, currently pending submission to USAID*

On Mon, Apr 24, 2017 at 10:45 AM, Andrew Clements <aclements@usaid.gov> wrote:
Thanks

*Andrew P. Clements, Ph.D.
Senior Scientific Adviser
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 24, 2017, at 7:35 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Thanks Andrew, we can use: [1-800-444-2801](tel:1-800-444-2801); 5151894

I'll be limited in interpreting Liz's projections without her consult but we can at least put a plan in motion.

David

On Mon, Apr 24, 2017 at 10:24 AM, Andrew Clements <aclements@usaid.gov> wrote:
10:45 your time is good. Can we use your call in number?

Would you be able to provide an estimated date when DRC and Liberia will run out of money? The table Liz previously sent shows how much they will be in the red if they keep spending through the end of Sep, but it would be helpful to have 'drop dead' dates to spur action on our end. We're hoping to get a small incremental funding action done this week which would cover Liberia, SL, and hopefully also DRC although the latter may be expecting too much.

Thanks!

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

On Apr 24, 2017, at 7:14 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

I just connected with Jonna, she suggested you, Alisa, and I should carry on with a call if needed and I can keep her informed.

Would around 10:45 or 11AM PDT work for you and Alisa? Another time today?

Thanks,

David

On Mon, Apr 24, 2017 at 9:36 AM, David J Wolking <djwolking@ucdavis.edu> wrote:
Hi Andrew,

Jonna is traveling in India and with Liz on vacation until next week I think we better make sure Jonna can join.

I'll text her and see what her availability is today, looks like it is mid-afternoon for her there.

On Mon, Apr 24, 2017 at 7:51 AM, Andrew Clements <aclements@usaid.gov> wrote:
I want to make sure I get it right so we can push through an incremental funding action.

I think it's SL, Liberia, and DRC.

Does sometime between 9:00-11:00 PDT work?

Thanks!

Andrew

Andrew P. Clements, Ph.D.

Senior Scientific Adviser

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

U.S. Agency for International Development

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--

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

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From: Megan M Doyle <mmdoyle@ucdavis.edu>
To: Amanda Andre <amanda.andre@ecohealthalliance.org>; William B. Karesh" <karesh@ecohealthalliance.org>
CC: Christine Kreuder Johnson <ckjohnson@ucdavis.edu>; Tracey Goldstein <tgoldstein@ucdavis.edu>; Simon Anthony <anthony@ecohealthalliance.org>; Amanda Fuchs <fuchs@ecohealthalliance.org>; predict@ucdavis.edu" <predict@ucdavis.edu>
Sent: 5/5/2017 3:29:36 PM
Subject: [predict] RE: PREDICT Activity Tracker

Hi Amanda,
Please find the updated tracker attached. Let us know if you have any questions.
Thank you,
Megan

From: Amanda Andre [mailto:amanda.andre@ecohealthalliance.org]
Sent: Tuesday, April 25, 2017 11:02 AM
To: William B. Karesh
Cc: Christine Kreuder Johnson ; Tracey Goldstein ; Simon Anthony ; Amanda Fuchs ; predict@ucdavis.edu; Megan M Doyle
Subject: Re: PREDICT Activity Tracker

Dear all,

Please find attached an updated version with "human behavior research" rather than "human questionnaires" and an additional column for "trainings" which I pre-filled in each country as In Progress.

Best,

Amanda Andre née Fuchs

Administrative Assistant to the Executive Vice President for Health & Policy

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On Tue, Apr 25, 2017 at 1:10 PM, William B. Karesh <karesh@ecohealthalliance.org> wrote:
That sounds great if you can help fill in.

I was thinking of the human questionnaire as the behavior qualitative work rather than the information collected when sampling people. So, let's change the heading on that column to reflect the behavior work.

William B. Karesh, D.V.M

Executive Vice President for Health and Policy

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

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

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On Apr 25, 2017, at 12:57 PM, Christine Kreuder Johnson <ckjohnson@ucdavis.edu> wrote:

Nice looking tracker here.

Surveillance team is tracking the first 4 columns regularly and have last verified status with all partners about 2 weeks ago. If that's recent enough for you, we can easily reshape that info into this format (cc'ing Megan on that as she has the latest versions) – that way, we don't have to ask everyone again for the same information.

Other than the human questionnaire (which we do whenever we get samples from anyone so those 2 columns are the same at this level), I don't really see behavior in here – did you want to include our behavior qualitative research scope which I think is also relevant to info we'd present at One Health Platforms?

/ckj

From: Billy Karesh <karesh@ecohealthalliance.org>

Date: Tuesday, April 25, 2017 at 8:31 AM

To: Tracey Goldstein <tgoldstein@ucdavis.edu>, Simon Anthony <anthony@ecohealthalliance.org>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>

Cc: Amanda Fuchs <fuchs@ecohealthalliance.org>, "predict@ucdavis.edu" <predict@ucdavis.edu>

Subject: Fwd: PREDICT Activity Tracker

Hi there,

Attached is the situation tracker that I mentioned on the EB call to let P&R know what information our country folks could present at National One Health Platform meetings that they are supposed to help organize. I tried to keep it as simple as possible and give them ideas of topics for discussion at local levels.

Leilani is going to make the first run on filling in the behavior column, Catherine will begin with the One Health Eval. and the group at EHA will fill in as much as they can for EHA countries.

We will send ours to all of you for review, but I thought you might want to get a head start on parts that you could fill in.

Just realized that I left out “training”.

BK

William B. Karesh, D.V.M

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Begin forwarded message:

From: Amanda Andre <amanda.andre@ecohealthalliance.org>

Subject: PREDICT Activity Tracker

Date: April 24, 2017 at 4:57:51 PM EDT

To: "William B. Karesh" <karesh@ecohealthalliance.org>

Hi Billy,

Attached is the PREDICT Activity tracker with the updates you mentioned.

Amanda Andre

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	Training	Wildlife Sampling	Domestic Animal Sampling	Human Sampling and Questionnaire	Human Behavior Research	Evaluating OH Approaches	Laboratory Testing	Results Ready to Report to Government
KEY  In process  completed  needs updating  Planned <3m  Planned FY17								
Bangladesh			 FAO					
Cambodia			 FAO					
Cameroon			Not planned					
China								
Cote d'Ivoire			Not planned					
Democratic Republic of Congo			Not planned					
Egypt			 FAO					
Ethiopia			 FAO pivot					
Gabon (would suggest moving to bottom with south sudan and sudan)								
Ghana			Not planned					
Guinea				Not planned				
India								
Indonesia			 FAO					
Jordan			 FAO					
Kenya			 FAO pivot					
Lao PDR			 FAO					
Liberia				Not planned				
Malaysia								
Mongolia			Not planned	Not planned				
Myanmar			 FAO	 				
Nepal			 					

Republic of Congo	10	10	Not planned	🕒🕒				
Rwanda	10	10	Not planned	10				
Senegal	10	🕒	Not planned	🕒				
Sierra Leone	10	10	10	Not planned				
Tanzania	10	10	10 FAO pivot	10				
Thailand	10	10	10 FAO	🕒				
Uganda	10	10	10	10				
Vietnam	10	10	10 FAO	🕒🕒				
South Sudan	10							
Sudan	10							

PREDICT Country Activity Snapshot

From: Amanda Andre <amanda.andre@ecohealthalliance.org>
Sent: Tue, 13 Jun 2017 11:53:38 -0400
Subject: Re: PREDICT Transition in ROC
To: Alisa Pereira <apereira@usaid.gov>
Cc: Andrew Clements <aclements@usaid.gov>, "William B. Karesh" <karesh@ecohealthalliance.org>, "Mondele, Mario Freddy" <MondeleMF@state.gov>, "jkmazet@ucdavis.edu" <jkmazet@ucdavis.edu>, "djwolking@ucdavis.edu" <djwolking@ucdavis.edu>, "Gillette, Shana (BFS)" <sgillette@usaid.gov>, Ava Sullivan <sullivan@ecohealthalliance.org>, Alice Latinne <latinne@ecohealthalliance.org>, Peter Daszak <daszak@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, "Atwood, Sarah (Nairobi/EA/LPC)" <satwood@usaid.gov>, "tsikes@usaid.gov" <tsikes@usaid.gov>, Mario Freddy Mondele <MMondele@usaid.gov>

Dear all,
The call-in number for tomorrow is [REDACTED] Access Code: [REDACTED]

Best,

Amanda Andre

Administrative Assistant to the Executive Vice President for Health & Policy

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On Tue, Jun 13, 2017 at 10:45 AM, Alisa Pereira <apereira@usaid.gov> wrote:

I can call in. Is there a call in line we will be using?

Alisa

Sent from my iPhone

On Jun 13, 2017, at 10:34 AM, Andrew Clements <aclements@usaid.gov> wrote:

I already have a call scheduled with another Mission at the same time so won't be able to join the ROC call.

Shana/Alisa: are you available for the ROC call?

*Andrew P. Clements, Ph.D.
Senior Scientific Adviser
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Mobile phone: 1-571-345-4253
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On Jun 13, 2017, at 2:45 PM, William B. Karesh <karesh@ecohealthalliance.org> wrote:

Thanks Mario. We will set up a conference call line to use and send the call in information shortly.

Billy

Sent from my iPhone

On Jun 13, 2017, at 5:37 AM, Mondele, Mario Freddy <MondeleMF@state.gov> wrote:

+ Tim Sikes

Hi Billy and Andrew,

Sorry for this delayed reply due to momentary difficulties to access USAID resources from Brazzaville, which is why I am using my alternate State.gov email.

Let's schedule the call for tomorrow 4pm Brazzaville time. My office number is +242 06 612 21 48.

Thank you.

Mario

Mario MONDELE

USAID Program Management Specialist

U.S. Embassy Brazzaville, Republic of Congo

Off.: (+242) 06 612 21 48 / Cell.: **REDACTED** Ext. 2148

E-mails: mmondele@usaid.gov / mondelemf@state.gov

"Where there is a will, there is always a way"

Official

UNCLASSIFIED

From: Brian Bird <bhbird@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>; Dorothy Peprah <dpeprah@usaid.gov>
CC: Jonna Mazet <jkmazet@ucdavis.edu>; David J Wolking <djwolking@ucdavis.edu>; Khadijat Mojidi <kmojidi@usaid.gov>; Chittenden, Kendra (Jakarta/Health) <kchittenden@usaid.gov>; Shana Gillette <sgillette@usaid.gov>; Pereira, Alisa (GH/HIDN) <apereira@usaid.gov>
Sent: 7/14/2017 8:08:30 AM
Subject: Re: letter for PREDICT management change in Sierra Leone

Thanks Andrew!

-brian

From: Andrew Clements
Date: Friday, July 14, 2017 at 4:58 AM
To: Dorothy Peprah , Brian Bird
Cc: Jonna Mazet , David J Wolking , Khadijat Mojidi , "Chittenden, Kendra (Jakarta/Health)" , Shana Gillette , "Pereira, Alisa (GH/HIDN)"
Subject: letter for PREDICT management change in Sierra Leone

Hi all,

Please see attached for the letter requesting assistance with the changing of the SLA for PREDICT.

Dorothy: please send to Dr. Kargbo and also share with Dr. Conteh and Prof.

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

Sent: Tue, 8 Aug 2017 11:06:56 -0700
Subject: Fwd: [predict] Fwd: One Health Teaching in U.S. Public Health Schools!!!
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: **REDACTED**
[ATT00001.htm](#)
[ASPPH CEPH 2016 Criteria.pdf](#)

Forwarded by **REDACTED** for NAM paper

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

From: David J Wolking <djwolking@ucdavis.edu>

Date: Fri, Nov 4, 2016 at 4:11 PM

Subject: Fwd: [predict] Fwd: One Health Teaching in U.S. Public Health Schools!!!

To: "Prof. Jonna Mazet" <jkmazet@ucdavis.edu>, "Prof. Woutrina Smith" <wasmith@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, Kirsten Gilardi <kvgilardi@ucdavis.edu>, Patricia Ann Conrad <paconrad@ucdavis.edu>, "Lairmore, Michael D." <mdlairmore@ucdavis.edu>, Matt Blake <mblake@ucdavis.edu>, Paulina Zielinska <pmzielinska@ucdavis.edu>

This time with the attachment :-)

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

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

Date: Friday, November 4, 2016

Subject: [predict] Fwd: One Health Teaching in U.S. Public Health Schools!!!

To: PREDICTMGT <predictmgt@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>

Nice news from U.S. Council on Education for Public Health:

Begin forwarded message:

From: Catherine Machalaba <machalaba@ecohealthalliance.org>

Subject: One Health Teaching in U.S. Public Health Schools!!!

Date: November 4, 2016 at 12:56:13 PM EDT

To: Staff <staff@ecohealthalliance.org>

Dear all,
In follow up to an amazing global One Health Day yesterday, the US Council on Education for Public Health, the accrediting body for all US public health schools, just released their new curriculum criteria guidelines. All public health graduate programs will now be required to include the following foundational knowledge in their curriculum: **Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)**

The guidelines are attached. Our APHA Veterinary Public Health group, with input from PREDICT colleagues and others, provided One Health input on the draft criteria at two stages this year and could not be more excited to see this opportunity for One Health to be mainstreamed in schools of public health. Well done all!!!

Kind regards,

Catherine

Catherine Machalaba, MPH
Health and Policy Program Coordinator

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Science Officer, Future Earth oneHEALTH Project

Chair, Veterinary Public Health Special Primary Interest Group, American Public Health Association

Program Officer, IUCN SSC Wildlife Health Specialist Group

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With this science we develop solutions that promote conservation and prevent pandemics.*

--

Sent from Gmail Mobile

ACCREDITATION CRITERIA

SCHOOLS OF PUBLIC HEALTH & PUBLIC HEALTH PROGRAMS

AMENDED OCTOBER 2016



CEPH

Council *on* Education
for Public Health

Council on Education for Public Health
1010 Wayne Avenue, Suite 220
Silver Spring, MD 20910
Phone: (202) 789-1050
Fax: (202) 789-1895
Web: www.ceph.org

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Introduction¹

1) Describe the institutional environment, which includes the following:

- a. year institution was established and its type (eg, private, public, land-grant, etc.)
- b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)
- c. number of university faculty, staff and students
- d. brief statement of distinguishing university facts and characteristics
- e. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds (list may be placed in the electronic resource file)
- f. brief history and evolution of the school of public health (SPH) or public health program (PHP) and related organizational elements, if applicable (eg, date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

2) Organizational charts that clearly depict the following related to the school or program:

- a. the school or program's internal organization, including the reporting lines to the dean/director
- b. the relationship between the school or program and other academic units within the institution. For programs, ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines
- c. the lines of authority from the school or program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)
- d. for multi-partner schools and programs (as defined in Criterion A2), organizational charts must depict all participating institutions

3) An instructional matrix presenting all of the school or program's degree programs and concentrations including bachelor's, master's and doctoral degrees, as appropriate.² Present data in the format of Template Intro-1.

The matrix must

- show undergraduate and graduate degrees
- distinguish between professional and academic degrees for all graduate public health degrees offered
- identify any public health degrees/concentrations that are offered in distance learning or executive formats
- SPH only: distinguish public health degrees from other degrees

Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

¹ Required, but no compliance findings will be returned. This information serves as a summary to orient readers to the university and the SPH/PHP.

² Schools must report all degree programs housed in the school or college and should review the [Degree Classification Key](#) available on the CEPH website.

Programs should list only the degree programs within the unit of accreditation. Contact CEPH staff with questions about the unit of accreditation.

See "Definitions" at the end of this document for additional information.

4) Enrollment data for all of the school or program's degree programs, including bachelor's, master's and doctoral degrees, in the format of Template Intro-2. Schools that house "other" degrees and concentrations (as defined in Criterion D19) should separate those degrees and concentrations from the public health degrees for reporting student enrollments. For example, if a school offers a BS in public health and a BS in exercise science, student enrollment data should be presented separately. Data on "other" degrees and concentrations may be grouped together as relevant to the school.

A1. Organization and Administrative Processes (SPH and PHP)

The school or program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The school or program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

School or program faculty have formal opportunities for input in decisions affecting the following:

- **degree requirements**
- **curriculum design**
- **student assessment policies and processes**
- **admissions policies and/or decisions**
- **faculty recruitment and promotion**
- **research and service activities**

The school or program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (eg, participating in instructional workshops, engaging in program- or school-specific curriculum development and oversight).

Required documentation:

- 1) List the school or program's standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current members. (self-study document)

Programs should generally focus the response on the specific committees that govern the unit of accreditation, not on departmental or school committees that oversee larger organizational units. (self-study document)

- 2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:
 - a. degree requirements
 - b. curriculum design
 - c. student assessment policies and processes
 - d. admissions policies and/or decisions
 - e. faculty recruitment and promotion
 - f. research and service activities(self-study document)
- 3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the school or program. (electronic resource file)
- 4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation. (self-study document)
- 5) Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc. (electronic resource file)

- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

A2. Multi-Partner Schools and Programs (SPH and PHP—applicable ONLY if functioning as a “collaborative unit” as defined in CEPH procedures)

When a school or program is sponsored by more than one regionally-accredited institution and is operated as a single organizational unit, the school or program defines a clear and comprehensive set of organizational rights and responsibilities that address operational, curricular and resource issues. Memoranda of agreement or other similar documents outline all such rights and responsibilities.

The school or program has a single identified leader (dean or director) and a cohesive chain of authority for all decision making relevant to the educational program that culminates with this individual.

Required documentation:

- 1) Describe the major rights and responsibilities of each participating institution. (self-study document)
- 2) A copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the school or program's operation. (electronic resource file)
- 3) Describe the role and responsibilities of the identified leader. (self-study document)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

A3. Student Engagement (SPH and PHP)

Students have formal methods to participate in policy making and decision making within the school or program, and the school or program engages students as members on decision-making bodies whenever appropriate.

Required documentation:

- 1) Describe student participation in policy making and decision making at the school or program level, including identification of all student members of school or program committees over the last three years, and student organizations involved in school or program governance, if relevant to this criterion. Schools should focus this discussion on students in public health degree programs. (self-study document)
- 2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

A4. Autonomy for Schools of Public Health (SPH only)

A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same university (eg, medicine, nursing, law, etc.), the school of public health shall have the same

degree of independence accorded to those professional schools. Independence and status are viewed within the context of institutional policies, procedures and practices.

Required documentation:

- 1) Briefly describe the school's reporting lines up to the institution's chief executive officer. The response may refer to the organizational chart provided in the introduction. (self-study document)
- 2) Describe the reporting lines and levels of autonomy of other professional schools located in the same institution and identify any differences between the school of public health's reporting lines/level of autonomy and those of other units. (self-study document)
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

A5. Degree Offerings in Schools of Public Health (SPH only)³

A school of public health offers a professional public health master's degree (eg, MPH) in at least three distinct concentrations (as defined by competencies in Criterion D4) and public health doctoral degree programs (academic or professional) in at least two concentrations (as defined by competencies in Criterion D4).⁴ A school may offer more degrees or concentrations at either degree level.

Required documentation:

- 1) Affirm that the school offers professional public health master's degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas. Template Intro-1 may be referenced for this purpose. (self-study document)
- 2) An official catalog or bulletin that lists the degrees offered by the school. (electronic resource file or hyperlink in self-study document)

B1. Guiding Statements (SPH and PHP)

The school or program defines a *vision* that describes how the community/world will be different if the school or program achieves its aims.

The school or program defines a *mission statement* that identifies what the school or program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the school or program's setting or community and priority population(s).

The school or program defines *goals* that describe strategies to accomplish the defined mission.

The school or program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

³ CEPH procedures indicate that all schools and programs must offer a professional public health master's degree to be eligible for accreditation.

⁴ The language related to doctoral degrees is intended to suggest that any of the following would be acceptable (as well as many other combinations): DrPH in general public health and PhD in health policy; PhD with concentrations in biostatistics and environmental health; DrPH in community health and ScD in epidemiology; DrPH with concentrations in social and behavioral sciences and global health; etc.

Together, the school or program's guiding statements must address instruction, scholarship and service and

- **must define the ways in which the school or program plans to 1) advance the field of public health and 2) promote student success.**
- **may derive from the purposes of the parent institution but also reflect the school or program's own aspirations and respond to the needs of the school or program's intended service area(s).**
- **are sufficiently specific to allow the school or program to rationally allocate resources and to guide evaluation of outcomes.**

Required documentation:

- 1) A one- to three-page document that, at a minimum, presents the school or program's vision, mission, goals and values.

This document may take the form of the executive summary of a strategic plan, or it may take other forms that are appropriate to support the school or program's ongoing efforts to advance public health and student success. (self-study document)

- 2) If applicable, a school- or program-specific strategic plan or other comparable document. (electronic resource file)
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B2. Graduation Rates (SPH and PHP)

The school or program collects and analyzes graduation rate data for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).⁵

The school or program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

Required documentation:

- 1) Graduation rate data for each public health degree. See Template B2-1. (self-study document)
- 2) Data on public health doctoral student progression in the format of Template B2-2. (self-study document)
- 3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

⁵ **SPH only:** Provide data on public health degrees only. For those degrees (eg, BS) in which the school offers a mix of public health concentrations and "other" concentrations, the school should present data ONLY for the public health concentrations. Schools that include such "mixed" degrees should list the specific concentrations that are included in each data set. See "Definitions" at the end of this document and the [Degree Classification Key](#) available on the CEPH website.

B3. Post-Graduation Outcomes (SPH and PHP)

The school or program collects and analyzes data on graduates' employment or enrollment in further education post-graduation, for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).

The school or program chooses methods that are explicitly designed to minimize the number of students with unknown outcomes. This expectation includes collecting data that accurately presents outcomes for graduates within approximately one year of graduation, since collecting data shortly before or at the exact time of graduation will result in underreporting of employment outcomes for individuals who begin their career search at graduation. In many cases, these methods will require multiple data collection points. The school or program need not rely solely on self-report or survey data and should use all possible methods for collecting outcome data.

The school or program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.⁶

Required documentation:

- 1) Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree. See Template B3-1. (self-study document)
- 2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B4. Alumni Perceptions of Curricular Effectiveness (SPH and PHP)

For each degree offered,⁷ the school or program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The school or program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

The school or program documents and regularly examines its methodology as well as its substantive outcomes to ensure useful data.

Required documentation:

- 1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation. (self-study document)
- 2) Provide full documentation of the methodology and findings from alumni data collection. (electronic resource file)

⁶ **SPH only:** See footnote 5.

⁷ **SPH only:** See footnote 5.

- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B5. Defining Evaluation Practices (SPH and PHP)

The school or program defines appropriate evaluation methods and measures that allow the school or program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the school or program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

Required documentation:

- 1) Present an evaluation plan that, at a minimum, lists the school or program's evaluation measures, methods and parties responsible for review. See Template B5-1. (self-study document)
- 2) Briefly describe how the chosen evaluation methods and measures track the school or program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success. (self-study document)
- 3) Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success. (electronic resource file)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B6. Use of Evaluation Data (SPH and PHP)

The school or program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The school or program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

Required documentation:

- 1) Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself. (self-study document)
- 2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

C1. Fiscal Resources (SPH and PHP)

The school or program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

Required documentation:

- 1) Describe the school or program's budget processes, including all sources of funding. This description addresses the following, as applicable:
 - a) Briefly describe how the school or program pays for faculty salaries. For example, are faculty salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this varies by individual or appointment type, indicate this and provide examples. For programs, if faculty salaries are paid by an entity other than the program (such as a department or college), explain.
 - b) Briefly describe how the school or program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.
 - c) Describe how the school or program funds the following:
 - a. operational costs (schools and programs define "operational" in their own contexts; definition must be included in response)
 - b. student support, including scholarships, support for student conference travel, support for student activities, etc.
 - c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples
 - d) In general terms, describe how the school or program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.
 - e) Explain how tuition and fees paid by students are returned to the school or program. If the school or program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the school or program's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.
 - f) Explain how indirect costs associated with grants and contracts are returned to the school or program and/or individual faculty members. If the school or program and its faculty do not receive funding through this mechanism, explain.

If the school or program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall school or program budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by public health school or program faculty appointed at any institution.

(self-study document)

- 2) A clearly formulated school or program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

PHP only: If a program does not typically have a separate budget, it must present one of the following:

- A budget statement for the organizational unit that houses the program's budget in the format of Template C1-1 AND an accompanying table, also in Template C1-1 format, that estimates program income and expenditures, line by line, with accompanying narrative explaining the basis for the estimate (eg, approximately 20% of the department's salary funds support the program).

- A table that accurately depicts the funding controlled by the program. For example, if the program's only direct allocation is funds for operations and student support, the budget table would address those categories only. A narrative must accompany the table and explain the reasoning for including/excluding categories of income and expenditures.

If the program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. (self-study document)

- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

C2. Faculty Resources (SPH and PHP)

The school or program has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Primary instructional faculty, as defined in these criteria, provide the basis for initial levels of review of the adequacy of a school or program's resources.

This criterion employs a three-step review (outlined in C2-A through C2-C) in assessing adequacy of faculty resources.

Definitions

SPH only: Primary instructional faculty must meet BOTH requirements outlined below:

- Employed full-time as faculty members appointed in the school (ie, 1.0 FTE in the unit of accreditation). The school uses the university's definition of "full-time." Individuals appointed in the school with honorary appointments in other disciplines or occasional teaching/advising duties outside the school may count as primary instructional faculty members in some circumstances, but the primary expectation of the individual's employment must be activities associated with the school.
- Have regular responsibility for instruction in the school's public health degree programs as a component of employment. Individuals whose sole instructional responsibility is advising individual doctoral or research students do not meet CEPH's definition of primary instructional faculty, nor do faculty whose regular instructional responsibilities lie with non-public health degrees within the school, if applicable.

PHP only: Primary instructional faculty must meet ALL THREE requirements outlined below:

- Employed full-time as faculty members at the home institution/university. The program uses the university's definition of "full-time."
- Have regular responsibility for instruction in the program as a component of employment. Individuals whose sole instructional responsibility is advising individual doctoral or research students do not meet CEPH's definition of primary instructional faculty.
- Spend a majority of time/effort (ie, 0.50 FTE or greater) on activities associated with the program, including instruction. Research and service effort should also be included in the FTE allocated to the program if the research or service projects impact the program and its students. The program defines FTE allocations consistently and transparently and can

clearly account for all time, effort and instructional or other responsibilities spent on degree programs outside the unit of accreditation.

C2-A. Minimum faculty requirement by accreditation unit (SPH and PHP)

Schools employ, at a minimum, 21 primary instructional faculty.

Programs employ, at a minimum, three primary instructional faculty.

C2-B. Minimum faculty requirement by range of offerings (SPH and PHP)

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

To provide this basic breadth and range and to assure quality, schools and programs employ, at a minimum, three faculty members per concentration area for the first degree level offered.⁸

Each additional degree level in a concentration requires the addition of one faculty member. Thus, a concentration area that solely offers master's degrees requires three faculty members. A concentration offering bachelor's and master's degrees OR master's and doctoral degrees requires four faculty members. A concentration with bachelor's, master's and doctoral-level degrees requires a minimum of five faculty members.

Additional definitions and specifications for these faculty requirements differ between schools and programs, due to the differing appointment and resource structures in these organizational units. Definitions and specifications are as follows:

SPH

The three faculty per concentration for the first degree level include the following:

- Two primary instructional faculty members
 - These individuals may count among the two faculty (or additional faculty required for adding a degree level) in no more than one additional concentration.
- One additional faculty member of any type (faculty from another university unit, adjunct faculty, part-time faculty or primary instructional faculty associated with another concentration area).

The additional faculty member required for adding a degree level in a concentration area must be a primary instructional faculty member.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

⁸ See "Definitions" at the end of this document.

SPH only: This requirement applies solely to public health degrees and concentrations, as defined in Template Intro-1.

PHP

Programs that meet the requirements associated with schools in C2-A (ie, programs that have 21 or more primary instructional faculty dedicated solely to the program (ie, 1.0 FTE)) may opt to follow the definitions listed above for school faculty.

For all other programs, the three faculty per concentration for the first degree level include the following:

- Two primary instructional faculty members
 - These individuals may count toward the two faculty (or additional faculty required for adding a degree level) in one additional concentration ONLY IF they are allocated to the program at 1.0 FTE and are not shared with other educational programs. Primary instructional faculty who are dedicated to the program at FTE between 0.50 and 0.99 may only count toward the required faculty members in a single concentration.
- One additional faculty member of any type (faculty from another university unit, adjunct faculty, part-time faculty or primary instructional faculty associated with another concentration area). The additional faculty required for additional degree levels must be primary instructional faculty.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

SPH & PHP

All identified faculty must be qualified to provide instruction in the concentration area, as defined in Criterion E1.

Criterion E assesses an individual's qualifications vis-à-vis his or her association with a concentration, degree level and type of degree (eg, professional or academic).

In multi-partner schools and programs (ie, institutions responding to Criterion A2), faculty may be drawn from any of the participating institutions to demonstrate compliance with this aspect of the criteria.

C2-C. Faculty resource adequacy, beyond minimum eligibility (SPH and PHP)

In addition to meeting the minimum quantitative standards above, the size of the school or program's faculty complement is appropriate for the size of the student body and supports and encourages effective, regular and substantive student-faculty interactions.

The school or program documents the adequacy of the faculty complement through multiple quantitative and qualitative measures, including the following: advising ratios; availability of faculty to supervise MPH integrative learning experiences and doctoral students' final projects; and data on student perceptions of class size and faculty availability.

Required documentation:

- 1) A table demonstrating the adequacy of the school or program's instructional faculty resources in the format of Template C2-1. (Note: C2-1 has different formats for schools vs. programs.)

The school or program need not list all faculty but must list sufficient faculty to demonstrate compliance with C2-B and C2-C. For example, if the school or program exceeds the number of

faculty needed to document compliance (as defined in these criteria), the school or program may note the number of faculty available in addition to those identified by name in Template C2-1.

The data reflect the most current academic year at the time of the **final** self-study's submission and should be updated at the beginning of the site visit if any changes have occurred since self-study submission. (self-study document)

- 2) Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. For schools only, all primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1. Programs must present calculation methods for primary instructional and non-primary instructional faculty. (self-study document)
- 3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)
- 4) Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.
 - a. Advising ratios (faculty and, if applicable, staff) by degree level (bachelor's, master's, doctoral), as well as the maximum and minimum. If both faculty and staff advise, present and calculate both ratios
 - b. If applicable, average number of baccalaureate students supervised in a cumulative or experiential activity⁹
 - c. Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D7), as well as the maximum and minimum
 - d. Average number of DrPH students advised, as well as the maximum and minimum
 - e. Average number of PhD students advised, as well as the maximum and minimum
 - f. Average number of academic public health master's students advised, as well as the maximum and minimum

As noted in Template C2-2's instructions, schools should only present data on public health degrees and concentrations. If primary instructional faculty, non-primary instructional faculty and/or staff are all regularly involved in these activities, indicate this and present data separately for each group, as applicable.

Though the self-study requires only the most recent year, the school or program may wish to present additional years of data for context. For example, if the most recent year's results are anomalous, additional data may be helpful.

(self-study document)

- 5) Quantitative data on student perceptions of the following for the most recent year:
 - a. Class size and its relation to quality of learning (eg, The class size was conducive to my learning)
 - b. Availability of faculty (ie, Likert scale of 1-5, with 5 as very satisfied)

Present data by degree level (bachelor's, master's, doctoral), at a minimum. If the school or program wishes to collect and present data by degree (MPH, MS, PhD, DrPH, etc.), degree data

⁹ This reporting element is only required if undergraduate public health students engage in required cumulative or experiential activities (as defined in Criterion D12) that require intensive, individualized faculty supervision and are, thus, relevant to assessing faculty workload and resources.

may be presented. Schools should only present data on public health degrees and concentrations.

Though the self-study requires only the most recent year, the school or program may wish to present additional years of data for context. For example, if the most recent year's results are anomalous, additional data may be helpful.

(self-study document)

- 6) Qualitative data on student perceptions of class size and availability of faculty. Schools should only present data on public health degrees and concentrations. (summary in self-study and full results/backup documentation in electronic resource file)
- 7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

C3. Staff and Other Personnel Resources (SPH and PHP)

The school or program has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

“Staff” are defined as individuals who do not have faculty appointments and for whom staff work is their primary function. “Other personnel” includes students who perform work that supports the program’s instructional and administrative needs (eg, individuals who enroll first as students and then obtain graduate assistant or other positions at the university are classified as “other personnel,” while individuals hired into staff positions who later opt to complete coursework or degrees are classified as “staff”).

Required documentation:

- 1) A table defining the number of the school or program’s staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation. (self-study document)
- 2) Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel. (self-study document)
- 3) Provide narrative and/or data that support the assertion that the school or program’s staff and other personnel support is sufficient or not sufficient. (self-study document)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

C4. Physical Resources (SPH and PHP)

The school or program has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

Required documentation:

- 1) Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the school or program’s narrative.)

- Faculty office space
- Staff office space
- Classrooms
- Shared student space
- Laboratories, if applicable to public health degree program offerings

(self-study document)

- 2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient. (self-study document)
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

C5. Information and Technology Resources (SPH and PHP)

The school or program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

Required documentation:

- 1) Briefly describe, with data if applicable, the following:
 - library resources and support available for students and faculty
 - student access to hardware and software (including access to specific software or other technology required for instructional programs)
 - faculty access to hardware and software (including access to specific software or other technology required for instructional programs)
 - technical assistance available for students and faculty

(self-study document)

- 2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient. (self-study document)
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D1. MPH & DrPH Foundational Public Health Knowledge (SPH and PHP)

The school or program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

Grounding in foundational public health knowledge is measured by the student's achievement of the learning objectives¹⁰ listed below, or higher-level versions of the same objectives.

¹⁰ This document uses the term "learning objectives" to denote that these intended knowledge outcomes are defined in a more granular, less advanced level than the competencies typically used to define outcomes of a graduate-level program of study.

Profession & Science of Public Health

1. Explain public health history, philosophy and values
2. Identify the core functions of public health and the 10 Essential Services¹¹
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
6. Explain the critical importance of evidence in advancing public health knowledge

Factors Related to Human Health

7. Explain effects of environmental factors on a population's health
8. Explain biological and genetic factors that affect a population's health
9. Explain behavioral and psychological factors that affect a population's health
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
11. Explain how globalization affects global burdens of disease
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)

The school or program validates MPH and DrPH students' foundational public health knowledge through appropriate methods, which may include the following:

- The school or program verifies students' previous completion of a CEPH-accredited bachelor's degree in public health or MPH degree
- The school or program implements a test or other assessment tools that address the learning objectives listed above, or higher-level versions of the same objectives
- The school or program offers an online or in-person course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives
- The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all MPH or DrPH students

Required documentation:

- 1) Describe how the school or program ensures that all MPH and DrPH students are grounded in foundational public health knowledge. The description must identify all options for MPH and DrPH students used by the school or program. (self-study document)
- 2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable. (electronic resource file)
- 3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

¹¹ Institutions outside the US may replace the 10 Essential Services with content appropriate to the nation/region.

D2. MPH Foundational Competencies (SPH and PHP)

All MPH graduates demonstrate the following competencies.

The school or program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency below, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school or program must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

Evidence-based Approaches to Public Health

1. Apply epidemiological methods to the breadth of settings and situations in public health practice
2. Select quantitative and qualitative data collection methods appropriate for a given public health context
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate
4. Interpret results of data analysis for public health research, policy or practice

Public Health & Health Care Systems

5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

Planning & Management to Promote Health

7. Assess population needs, assets and capacities that affect communities' health
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
9. Design a population-based policy, program, project or intervention
10. Explain basic principles and tools of budget and resource management
11. Select methods to evaluate public health programs

Policy in Public Health

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations
15. Evaluate policies for their impact on public health and health equity

Leadership

16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
17. Apply negotiation and mediation skills to address organizational or community challenges

Communication

18. Select communication strategies for different audiences and sectors
19. Communicate audience-appropriate public health content, both in writing and through oral presentation
20. Describe the importance of cultural competence in communicating public health content

Interprofessional¹² Practice

21. Perform effectively on interprofessional teams

Systems Thinking

22. Apply systems thinking tools to a public health issue

Required documentation:

- 1) List the coursework and other learning experiences required for the school or program's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree. (self-study document)
- 2) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-22). If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the school or program must present a separate matrix for each combined degree. If the school or program relies on concentration-specific courses to assess some of the foundational competencies listed above, the school or program must present a separate matrix for each concentration. (self-study document)
- 3) Include the most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus. (electronic resource file)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D3. DrPH Foundational Competencies (SPH and PHP, if applicable)

The DrPH is the professional doctoral degree in public health, designed to produce transformative academic and practice leaders with expertise in evidence-based public health practice and research. These individuals are able to convene diverse partners; communicate to effect change

¹² "Interprofessional education occurs when students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes." From: Framework for Action on Interprofessional Education & Collaborative Practice (WHO/HRH/HPN/10.3).

In this context, "interprofessional" refers to engagement with professionals outside of public health (eg, architects, nurses), rather than to engagement with individuals from other public health disciplines (eg, biostatisticians, health promotion specialists).

across a range of sectors and settings; synthesize and translate findings; and generate practice-based evidence that advances programs, policies, services and/or systems addressing population health. DrPH graduates demonstrate the competencies defined in this criterion.

The school or program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each competency below, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school or program must assess *all* DrPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc.

Data & Analysis

1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels
2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue
3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population's health

Leadership, Management & Governance

4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners
5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies
6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems
7. Create a strategic plan
8. Facilitate shared decision making through negotiation and consensus-building methods
9. Create organizational change strategies
10. Propose strategies to promote inclusion and equity within public health programs, policies and systems
11. Assess one's own strengths and weaknesses in leadership capacities, including cultural proficiency
12. Propose human, fiscal and other resources to achieve a strategic goal
13. Cultivate new resources and revenue streams to achieve a strategic goal

Policy & Programs

14. Design a system-level intervention to address a public health issue
15. Integrate knowledge of cultural values and practices in the design of public health policies and programs
16. Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis
17. Propose interprofessional team approaches to improving public health

Education & Workforce Development

18. Assess an audience's knowledge and learning needs
19. Deliver training or educational experiences that promote learning in academic, organizational or community settings
20. Use best practice modalities in pedagogical practices

Required documentation:

- 1) List the coursework and other learning experiences required for the school or program's DrPH degrees. Information may be provided in the format of Template D3-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each DrPH degree. (self-study document)
- 2) Provide a matrix, in the format of Template D3-2, that indicates the assessment activity for each of the foundational competencies listed above (1-20). If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or program need only present a single matrix. If the school or program relies on concentration-specific courses to assess some of the foundational competencies listed above, the school or program must present a separate matrix for each concentration. (self-study document)
- 3) Include the most recent syllabus from each course listed in Template D3-1, or written guidelines for any required elements listed in Template D3-1 that do not have a syllabus. (electronic resource file)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D4. MPH & DrPH Concentration Competencies (SPH and PHP)

MPH and DrPH graduates attain competencies in addition to the foundational competencies listed in Criteria D2 and D3. These competencies relate to the school or program's mission and/or to the area(s) of concentration.

The school or program defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The list of competencies may expand on or enhance foundational competencies, but the school or program must define a specific set of statements that articulates the depth or enhancement for all concentrations and for generalist degrees. It is not sufficient to refer to the competencies in Criterion D2 or D3 as a response to this criterion.

The school or program documents at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the competency.

These assessment activities may be spread throughout a student's plan of study.

Because this criterion defines competencies beyond the foundational competencies required of all MPH and DrPH students, assessment opportunities typically occur in courses that are required for a concentration or in courses that build on those intended to address foundational competencies. Assessment may occur in simulations, group projects, presentations, written products, etc.

If the school or program intends to prepare students for a specific credential (eg, CHES/MCHES) that has defined competencies, the school or program documents coverage and assessment of those competencies throughout the curriculum.

Required documentation:

- 1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. (self-study document)
- 2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school or program must present evidence, including policies and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.
- 3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus. (electronic resource file)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D5. MPH Applied Practice Experiences (SPH and PHP)

MPH students demonstrate competency attainment through applied practice experiences.

Applied practice experiences may be concentrated in time or may be spread throughout a student's enrollment. Opportunities may include the following:

- a practicum or internship completed during a summer or academic term
- course-based activities (eg, performing a needed task for a public health or health care organization under the supervision of a faculty member as an individual or group of students)
- activities linked to service learning, as defined by the program, school or university
- co-curricular activities (eg, service and volunteer opportunities, such as those organized by a student association)
- a blend of for-credit and/or not-for-credit activities

Applied practice experiences may involve governmental, non-governmental, non-profit, industrial and for-profit settings or appropriate university-affiliated settings. To be appropriate for applied practice experience activities, university-affiliated settings must be primarily focused on community engagement, typically with external partners. University health promotion or wellness centers may also be appropriate.

The school or program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. Activities meeting the applied practice experience should be mutually beneficial to both the site and the student.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The school or program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, journal entries, completed tests, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained (either by the school or program or by individual students) in any physical or electronic form chosen by the school or program.

The materials may originate from multiple experiences (eg, applied community-based courses and service learning courses throughout the curriculum) or a single, intensive experience (eg, an internship requiring a significant time commitment with one site). While students may complete experiences as individuals or as groups in a structured experience, each student must present documentation demonstrating individual competency attainment.

Combined degree students have opportunities to integrate and apply their learning from both degree programs through applied practice experiences.

The school or program structures applied practice experience requirements to support its mission and students' career goals, to the extent possible.

Required documentation:

- 1) Present evidence that the school or program identifies competencies attained in applied practice experiences for each MPH student in the format of Template D5-1. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file. (self-study document)
- 2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience. (electronic resource file)
- 3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The school or program must provide samples of complete sets of materials (ie, the documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school or program has not produced five students for which complete samples are available, note this and provide all available samples. (electronic resource file)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D6. DrPH Applied Practice Experience (SPH and PHP, if applicable)

Regardless of the amount or level of prior experience, all DrPH students engage in one or more applied practice experiences in which students are responsible for completion of at least one project that is meaningful for an organization and to advanced public health practice.

The work product may be a single project or a set of related projects that demonstrate a depth of competence. It may be completed as a discrete experience (such as a practicum or internship) or integrated into program coursework. In either case, the deliverable must contain a reflective component that includes the student's expression of personal and/or professional reactions to the applied practice experience. This may take the form of a journal or other written product, a professional portfolio or another deliverable as appropriate for the program.

Relevant organizations may include governmental, non-governmental, non-profit, industrial and for-profit settings. The school or program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. Sites should benefit from students' experiences. The intention of this criterion is that the applied practice experience should take place within an organization external to the student's school or program so that it is not merely an academic exercise, but application of learning to a "real world" setting. The applied practice experience may be completed within a student's own work setting.

DrPH programs ensure that graduates have significant advanced-level practical experiences collaborating with practitioners, allowing opportunities to develop leadership competencies and contribute to the field.

The school or program identifies a minimum of five foundational and/or concentration-specific competencies (as defined in Criteria D3 and D4) that are reinforced and/or assessed through application. The school or program may either choose at least one competency from the leadership, management and governance domain in Criterion D3 or choose a concentration-specific competency identified in Criterion D4 if it relates to leadership skills. Competencies may differ from student to student.

This criterion does not define a minimum number of hours for the applied practice experience, but it does require the school or program to identify substantive, quality opportunities that address the identified competencies.

Required documentation:

- 1) Present evidence that the school or program identifies competencies attained in applied practice experiences for each DrPH student in the format of Template D6-1. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file. (self-study document)
- 2) Explain, with references to specific deliverables or other requirements, the manner through which the school or program ensures that the applied practice experience requires students to demonstrate leadership competencies. (self-study document)
- 3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The school or program must provide samples of complete sets of materials (ie, the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school or program has not produced five students for which complete samples are available, note this and provide all available samples. (electronic resource file)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D7. MPH Integrative Learning Experience (SPH and PHP)

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

The ILE represents a culminating experience and may take many forms, such as a practice-based project, essay-based comprehensive exam, capstone course, integrative seminar, etc. Regardless of form, the student produces a high-quality written product that is appropriate for the student's educational and professional objectives. Written products might include the following: program

evaluation report, training manual, policy statement, take-home comprehensive essay exam, legislative testimony with accompanying supporting research, etc. Ideally, the written product is developed and delivered in a manner that is useful to external stakeholders, such as non-profit or governmental organizations.

Professional certification exams (eg, CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The ILE is completed at or near the end of the program of study (eg, in the final year or term). The experience may be group-based or individual. In group-based experiences, the school or program documents that the experience provides opportunities for individualized assessment of outcomes.

The school or program identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (eg, preceptors).

Combined (dual, joint, concurrent) degree students should have opportunities to incorporate their learning from both degree programs in a unique integrative experience.

Required documentation:

- 1) List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the school or program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies. (self-study document)
- 2) Briefly summarize the process, expectations and assessment for each integrative learning experience. (self-study document)
- 3) Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students. (electronic resource file)
- 4) Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies. (electronic resource file)
- 5) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)
- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D8. DrPH Integrative Learning Experience (SPH and PHP, if applicable)

As part of an integrative learning experience, DrPH candidates generate field-based products consistent with advanced practice designed to influence programs, policies or systems addressing public health. The products demonstrate synthesis of foundational and concentration-specific competencies.

The integrative learning experience is completed at or near the end of the program of study. It may take many forms consistent with advanced, doctoral-level studies and university policies but must require, at a minimum, production of a high-quality written product.

Required documentation:

- 1) List, in the format of Template D8-1, the integrative learning experience for each DrPH concentration or generalist degree. The template also requires the school or program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies. (self-study document)
- 2) Briefly summarize the process, expectations and assessment for each integrative learning experience. (self-study document)
- 3) Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students. (electronic resource file)
- 4) Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies. (electronic resource file)
- 7) Include completed, graded samples of deliverables associated with each integrative learning experience option. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. If the school or program does not have five recent samples for an option, note this and provide all available samples. (electronic resource file)
- 5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D9. Public Health Bachelor's Degree General Curriculum (SPH and PHP, if applicable)

The overall undergraduate curriculum (eg, general education, liberal learning, essential knowledge and competencies, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

- **the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease**
- **the foundations of social and behavioral sciences**
- **basic statistics**
- **the humanities/fine arts**

Required documentation:

- 1) List the coursework required for the school or program's public health bachelor's degree. (self-study document)
- 2) Provide official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include copies of any documents that are not available online. (electronic resource file)

- 3) Provide a matrix, in the format of Template D9-1, that indicates the courses/experience(s) that ensure that students are introduced to each of the domains indicated. Template D9-1 requires the school or program to identify the experiences that introduce each domain. (self-study document)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D10. Public Health Bachelor's Degree Foundational Domains

The requirements for the public health major or concentration provide instruction in the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (ie, the school or program may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

- the history and philosophy of public health as well as its core values, concepts and functions across the globe and in society
- the basic concepts, methods and tools of public health data collection, use and analysis and why evidence-based approaches are an essential part of public health practice
- the concepts of population health, and the basic processes, approaches and interventions that identify and address the major health-related needs and concerns of populations
- the underlying science of human health and disease, including opportunities for promoting and protecting health across the life course
- the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities
- the fundamental concepts and features of project implementation, including planning, assessment and evaluation
- the fundamental characteristics and organizational structures of the US health system as well as the differences between systems in other countries
- basic concepts of legal, ethical, economic and regulatory dimensions of health care and public health policy and the roles, influences and responsibilities of the different agencies and branches of government
- basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology

If the school or program intends to prepare students for a specific credential, the curriculum must also address the areas of instruction required for credential eligibility (eg, CHES).

Required documentation:

- 1) Provide a matrix, in the format of Template D10-1, that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated. Template D10-1 requires the school or program to identify the learning experiences that introduce and reinforce each domain. (self-study document)
- 2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D11. Public Health Bachelor's Degree Foundational Competencies

Students must demonstrate the following competencies:

- **the ability to communicate public health information, in both oral and written forms, through a variety of media and to diverse audiences**
- **the ability to locate, use, evaluate and synthesize public health information**

Required documentation:

- 1) Provide a matrix, in the format of Template D11-1, that indicates the experience(s) that ensure that students demonstrate competencies in each of the domains indicated. Template D11-1 requires the school or program to identify the experiences that introduce and reinforce each domain. (self-study document)
- 2) If applicable, include examples of student work indicated in Template D11-1.
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D12. Public Health Bachelor's Degree Cumulative and Experiential Activities

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Schools and programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

Required documentation:

- 1) Provide a matrix, in the format of Template D12-1, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated. (self-study document)
- 2) Include examples of student work that relate to the cumulative and experiential activities. (electronic resource file)
- 3) Briefly describe the means through which the school or program implements the cumulative experience and field exposure requirements. (self-study document)
- 4) Include handbooks, websites, forms and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include electronic copies of any documents that are not available online. (electronic resource file)

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education and lifelong learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:

- **advocacy for protection and promotion of the public's health at all levels of society**
- **community dynamics**

- critical thinking and creativity
- cultural contexts in which public health professionals work
- ethical decision making as related to self and society
- independent work and a personal work ethic
- networking
- organizational dynamics
- professionalism
- research methods
- systems thinking
- teamwork and leadership

Required documentation:

- 1) Briefly describe, in the format of Template D13-1, of the manner in which the curriculum and co-curricular experiences expose students to the concepts identified. (self-study document)
- 2) Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course. (electronic resource file)
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D14. MPH Program Length (SPH and PHP)

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Schools and programs use university definitions for credit hours.

Required documentation:

- 1) Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)
- 2) Define a credit with regard to classroom/contact hours. (self-study document)

D15. DrPH Program Length (SPH and PHP, if applicable)

The DrPH degree requires a minimum of 36 semester-credits of post-master's coursework or its equivalent. Credits associated with the integrative learning experience and, if applicable, a residency, internship or other applied practice experience conducted outside of a didactic course, do not count toward this requirement. The minimum credit requirement also does not count MPH-level prerequisite courses or their equivalent.

Schools and programs use university definitions for credit hours.

Required documentation:

- 1) Provide information about the minimum credit-hour requirements for all DrPH degree options. If the university uses a unit of academic credit or an academic term different from the standard

semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)

- 2) Define a credit with regard to classroom/contact hours. (self-study document)

D16. Bachelor's Degree Program Length (SPH and PHP, if applicable)

A public health bachelor's degree requires completion of a total number of credit units commensurate with other similar degree programs in the university.

Schools and programs use university definitions for credit hours.

Bachelor's degree programs have publicly available policies and procedures for review of coursework taken at other institutions, including community colleges. These may be incorporated into articulation agreements.

Required documentation:

- 1) Provide information about the minimum credit-hour requirements for all public health bachelor's degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)
- 2) Define a credit with regard to classroom/contact hours. (self-study document)
- 3) Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges. (self-study document)
- 4) If applicable, provide articulation agreements with community colleges that address acceptance of coursework. (electronic resource file)
- 5) Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor's degree programs in the home institution. (self-study document)

D17. Academic Public Health Master's Degrees¹³ (SPH and PHP, if applicable)

Students enrolled in the unit of accreditation's academic public health master's degrees (eg, MS in biostatistics) complete a curriculum that is based on defined competencies; produce an appropriately rigorous discovery-based paper or project at or near the end of the program of study; and have the opportunity to engage in research at a level appropriate to the degree program's objectives.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

Finally, students complete coursework that provides a broad introduction to public health. This introduction to public health addresses the learning objectives listed in this criterion, at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

¹³ See "Definitions" at the end of this document.

- The instruction includes assessment opportunities, appropriate to the degree level, that allow faculty to assess students' attainment of the introductory public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.
- The instruction and assessment of students' broad introduction to public health are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.

The school or program identifies at least one required assessment activity for each of the following introductory public health learning objectives.

1. Explain public health history, philosophy and values
2. Identify the core functions of public health and the 10 Essential Services¹⁴
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
6. Explain the critical importance of evidence in advancing public health knowledge
7. Explain effects of environmental factors on a population's health
8. Explain biological and genetic factors that affect a population's health
9. Explain behavioral and psychological factors that affect a population's health
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
11. Explain how globalization affects global burdens of disease
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)

Required documentation:

- 1) List the curricular requirements for each relevant degree in the unit of accreditation. (self-study document)
- 2) Provide a matrix, in the format of Template D17-1, that indicates the required assessment opportunities for each of the defined introductory public health learning objectives (a-l). Typically, the school or program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)
- 3) Provide a matrix, in the format of Template D17-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. Note: these competencies are defined by the school or program and are distinct from the introductory public health learning objectives defined in this criterion. (self-study document)
- 4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery

¹⁴ Institutions outside the US may replace the 10 Essential Services with content appropriate to the nation/region.

and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

Typically, the school or program will present a separate list and explanation for each degree program, but these may be combined if requirements are identical.

(self-study document)

- 5) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper. (self-study document)
- 6) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program. (electronic resource file)
- 7) Include completed, graded samples of deliverables associated with the major paper or project. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)
- 8) Briefly explain how the school or program ensures that the instruction and assessment in basic public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course. (self-study document)
- 9) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)
- 10) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D18. Academic Public Health Doctoral Degrees¹⁵ (SPH and PHP, if applicable)

Students enrolled in the unit of accreditation's doctoral degree programs that are designed to prepare public health researchers and scholars (eg, PhD, ScD) complete a curriculum that is based on defined competencies; engage in research appropriate to the degree program; and produce an appropriately advanced research project at or near the end of the program of study.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

These students complete doctoral-level, advanced coursework and other experiences that distinguish the program of study from a master's degree in the same field.

The program defines appropriate policies for advancement to candidacy, within the context of the institution.

Finally, students complete coursework that provides a broad introduction to public health. This introduction to public health addresses the learning objectives listed in this criterion, at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

¹⁵ See "Definitions" at the end of this document.

- The instruction includes assessment opportunities, appropriate to the degree level, that allow faculty to assess students' attainment of the introductory public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.
- The instruction and assessment of students' broad introduction to public health are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.

The program identifies at least one required assessment activity for each of the following introductory public health learning objectives.

1. Explain public health history, philosophy and values
2. Identify the core functions of public health and the 10 Essential Services¹⁶
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
6. Explain the critical importance of evidence in advancing public health knowledge
7. Explain effects of environmental factors on a population's health
8. Explain biological and genetic factors that affect a population's health
9. Explain behavioral and psychological factors that affect a population's health
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
11. Explain how globalization affects global burdens of disease
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)

Required documentation:

- 1) List the curricular requirements for each non-DrPH public health doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's, students or b) would not typically be associated with completion of a master's degree in the same area of study.

The school or program may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from master's-level study. This narrative is especially important for institutions that do not formally distinguish master's-level courses from doctoral-level courses.

The school or program will present a separate list for each degree program and concentration as appropriate.

(self-study document)

- 2) Provide a matrix, in the format of Template D18-1, that indicates the required assessment opportunities for each of the defined introductory public health learning objectives (a-l). Typically, the school or program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)

¹⁶ Institutions outside the US may replace the 10 Essential Services with content appropriate to the nation/region.

- 3) Provide a matrix, in the format of Template D18-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. Note: these competencies are defined by the school or program and are distinct from the introductory public health learning objectives defined in this criterion. (self-study document)
- 4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

Typically, the school or program will present a separate list and explanation for each degree program, but these may be combined if requirements are identical.

(self-study document)

- 5) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper. (self-study document)
- 6) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program. (electronic resource file)
- 7) Include completed, graded samples of deliverables associated with the advanced research project. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)
- 8) Briefly explain how the school or program ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course. (self-study document)
- 9) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)
- 10) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D19. All Remaining Degrees¹⁷ (SPH, if applicable)

Students enrolled in any of the SPH's degree programs that are not addressed in Criteria D2, D3, D9, D13 or D14 complete coursework that provides a broad introduction to public health.

This introduction to public health addresses the learning objectives listed in this criterion, at a level of complexity appropriate to the level of the student's degree program. For example, if an SPH offers bachelor's degrees in concentrations other than public health, it may be more

¹⁷ This criterion addresses all degrees and concentrations *other than* those identified as 1) professional public health degrees (addressed in Criteria D2, D3 & elsewhere), 2) academic public health degrees and concentrations (Criteria D17 & D18) or 3) public health bachelor's degrees and concentrations (Criteria D9-D13). Examples of degrees covered in this criterion are as follow: BS in exercise science, MS in nutrition, PhD in social work. See "Definitions" at the end of this document.

appropriate for courses addressing the competencies listed below to be held separately from those offered for graduate students. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

- The instruction includes assessment opportunities, appropriate to the degree level, that allow faculty to assess students' attainment of the introductory public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.
- The instruction and assessment of students' broad introduction to public health are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.

The school identifies at least one required assessment activity for each of the following introductory public health learning objectives.

1. Explain public health history, philosophy and values
2. Identify the core functions of public health and the 10 Essential Services¹⁸
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
6. Explain the critical importance of evidence in advancing public health knowledge
7. Explain effects of environmental factors on a population's health
8. Explain biological and genetic factors that affect a population's health
9. Explain behavioral and psychological factors that affect a population's health
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
11. Explain how globalization affects global burdens of disease
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)

Required documentation:

- 1) Provide a matrix in the format of Template D19-1 that indicates the required assessment opportunities for each of the defined introductory public health learning objectives (a-l). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)
- 2) Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course. (self-study document)
- 3) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

¹⁸ Institutions outside the US may replace the 10 Essential Services with content appropriate to the nation/region.

D20. Distance Education (SPH and PHP, if applicable)

A degree program offered via distance education is a curriculum or course of study designated to be accessed remotely via various technologies, including internet-based course management systems, audio or web-based conferencing, video, chat or other modes of delivery. All methods support regular and substantive interaction between and among students and the instructor either synchronously and/or asynchronously and are a) consistent with the mission of the school or program and within the school or program's established areas of expertise; b) guided by clearly articulated student learning outcomes that are rigorously evaluated; c) subject to the same quality control processes that other degree programs in the university are; and d) providing planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of online learners.

The university provides needed support for the program, including administrative, communication, information technology and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

The school or program has processes in place through which it establishes that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit. Student identity may be verified by using, at the option of the institution, methods such as a secure login and passcode; proctored examinations; and new or other technologies and practices that are effective in verifying student identity. The university notifies students in writing that it uses processes that protect student privacy and alerts students to any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Required documentation:

- 1) Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro-1 may be referenced for this purpose. (self-study document)
- 2) Describe the public health distance education programs, including a) an explanation of the model or methods used, b) the school or program's rationale for offering these programs, c) the manner in which it provides necessary administrative, information technology and student support services, d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university, and e) the manner in which it evaluates the educational outcomes, as well as the format and methods. (self-study document)
- 3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit. (self-study document)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

E1. Faculty Alignment with Degrees Offered (SPH and PHP)

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

Education refers to faculty members' degrees, certifications, fellowships, post-doctoral training, formal coursework completed, etc.

Experience refers to a range of activities including substantial employment or involvement in public health activities outside of academia. Experience also refers to the depth of service provided to professional and community-based public health organizations and to peer-reviewed scholarship in a discipline. Finally, experience relates to the individual's record of excellence in providing instruction in a discipline.

Required documentation:

- 1) Provide a table showing the school or program's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.

Schools should only include data on faculty associated with public health degrees.

(self-study document)

- 2) Provide summary data on the qualifications of any other faculty with significant involvement in the school or program's public health instruction in the format of Template E1-2. Schools and programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1. (self-study document)
- 3) Include CVs for all individuals listed in the templates above. (electronic resource file)
- 4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)
- 5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

E2. Integration of Faculty with Practice Experience (SPH and PHP)

To assure a broad public health perspective, the school or program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools and programs encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools and programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

Required documentation:

- 1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified. (self-study document)
- 2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

E3. Faculty Instructional Effectiveness (SPH and PHP)

The school or program ensures that systems, policies and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The school or program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The school or program supports professional development and advancement in instructional effectiveness.

Required documentation:

- 1) Describe the means through which the school or program ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant. (self-study document)
- 2) Describe the school or program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable. (self-study document)
- 3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of school or program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty. (self-study document)
- 4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement. (self-study document)
- 5) Select at least three indicators, with one from each of the listed categories that are meaningful to the school or program and relate to instructional quality. Describe the school or program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists that follow, the school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on its public health degree programs.

Faculty currency

- External reviews of proposed or existing courses or curricula, outside of normal university processes¹⁹
- Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.
- Annual or other regular reviews of faculty productivity, relation of scholarship to instruction
- Faculty maintenance of relevant professional credentials or certifications that require continuing education

Faculty instructional technique

- Frequency of internal quality reviews of existing courses or curricula
- Participation in professional development related to instruction
- Peer evaluation of teaching
- Student satisfaction with instructional quality

School- or program-level outcomes

- Courses that are team-taught with interprofessional perspectives
- Courses that integrate technology in innovative ways to enhance learning
- Courses that involve community-based practitioners
- Courses that integrate service learning, as defined by the school or program
- Courses that integrate community-based projects
- Courses that use higher-level assessments
- Courses that employ active learning techniques
- Teaching assistants trained in pedagogical techniques
- Implementation of grading rubrics
- Any other measure that tracks use of pedagogical techniques and is meaningful to the school or program

(self-study document)

- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

E4. Faculty Scholarship (SPH and PHP)

The school or program has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts.

The types and extent of faculty research align with university and school or program missions and relate to the types of degrees offered. For example, when doctoral degrees are offered, the school or program's research portfolio in those areas take on greater importance. All types of research are valuable, whether conducted with the purpose of improving public health practice or for generating new knowledge.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching and

¹⁹ Normal university processes include regularly-scheduled, university-mandated program reviews and routine curriculum committee reviews of new courses.

provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

Required documentation:

- 1) Describe the school or program's definition of and expectations regarding faculty research and scholarly activity. (self-study document)
- 2) Describe available university and school or program support for research and scholarly activities. (self-study document)
- 3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students. (self-study document)
- 4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities. (self-study document)
- 5) Describe the role of research and scholarly activity in decisions about faculty advancement. (self-study document)
- 6) Select at least three of the following measures that are meaningful to the school or program and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the school or program may add measures that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.
 - Percent of faculty (specify primary instructional or total faculty) participating in research activities
 - Number of faculty-initiated IRB applications
 - Number of students advised
 - Number of community-based research projects
 - Number of articles published in peer-reviewed journals
 - Total research funding
 - Number of citation references
 - Presentations at professional meetings
 - Support for development and mentoring of new faculty
 - Number of grant submissions(self-study document)
- 7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

E5. Faculty Extramural Service (SPH and PHP)

The school or program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the

school or program's professional knowledge and skills. Faculty engage in service by consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial bodies; serving as board members and officers of professional associations; reviewing grant applications; and serving as members of community-based organizations, community advisory boards or other groups. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

Required documentation:

- 1) Describe the school or program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations. (self-study document)
- 2) Describe available university and school or program support for extramural service activities. (self-study document)
- 3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students. (self-study document)
- 4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service. (self-study document)
- 5) Select at least three of the following indicators that are meaningful to the school or program and relate to service. Describe the school or program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs.
 - Percent of faculty (specify primary instructional or total faculty) participating in extramural service activities
 - Number of faculty-student service collaborations
 - Number of community-based service projects
 - Total service funding
 - Faculty promoted on the basis of service
 - Faculty appointed on a professional practice track
 - Public/private or cross-sector partnerships for engagement and service(self-study document)
- 6) Describe the role of service in decisions about faculty advancement. (self-study document)
- 7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F1. Community Involvement in School or Program Evaluation and Assessment (SPH and PHP)

The school or program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the school or program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

With regard to obtaining constituent input on student outcomes and on the strengths and weaknesses of the school or program's curricula:

- **The school or program defines qualitative and/or quantitative methods designed to provide useful information.**
- **Data from supervisors of student practice experiences may be useful but should not be used exclusively.**
- **The school or program documents and regularly examines its methods for obtaining this input as well as its substantive outcomes.**

Required documentation:

- 1) Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations. (self-study document)
- 2) Describe how the school or program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.
- 3) Describe how the program's external partners contribute to the ongoing operations of the school or program. At a minimum, this discussion should include community engagement in the following:
 - a) Development of the vision, mission, values, goals and objectives
 - b) Development of the self-study document
 - c) Assessment of changing practice and research needs
 - d) Assessment of program graduates to perform competencies in an employment setting(self-study document)
- 4) Provide documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3. (electronic resource file)
- 5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F2. Student Involvement in Community and Professional Service (SPH and PHP)

Community and professional service opportunities, in addition to those used to satisfy Criterion D4, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

Required documentation:

- 1) Describe how students are introduced to service, community engagement and professional development activities and how they are encouraged to participate. (self-study document)
- 2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years. (self-study document)

- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F3. Assessment of the Community's Professional Development Needs (SPH and PHP)

The school or program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities. Examples could include periodic meetings with community members and stakeholders, formal or informal needs assessments, focus groups with external constituents, surveys that are administered or co-administered to external constituents and use of existing data sets.

Required documentation:

- 1) Define the school or program's professional community or communities of interest and the rationale for this choice. (self-study document)
- 2) Describe how the school or program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs. Include the description and summary results in the self-study document, and provide full documentation of the findings in the electronic resource file.
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F4. Delivery of Professional Development Opportunities for the Workforce (SPH and PHP)

The school or program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

Required documentation:

- 1) Describe the school or program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3. (self-study document)
- 2) Provide two to three examples of education/training activities offered by the school or program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the school or program). (self-study document)
- 3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

G1. Diversity and Cultural Competence (SPH and PHP)

The school or program defines systematic, coherent and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship and community engagement efforts.

The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural competence, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools and programs advance diversity and cultural competency through a variety of practices, which may include the following:

- **incorporation of diversity and cultural competency considerations in the curriculum**
- **recruitment and retention of diverse faculty, staff and students**
- **development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination**
- **reflection of diversity and cultural competence in the types of scholarship and/or community engagement conducted**

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.²⁰

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the school or program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the school or program's scholarship and/or community engagement.

Required documentation:

- 1) **List the school or program's self-defined, priority under-represented populations; explain why these groups are of particular interest and importance to the school or program; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups. (self-study document)**
- 2) **List the school or program's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1. (self-study document)**
- 3) **List the actions and strategies identified to advance the goals defined in documentation request 2, and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies. (self-study document)**
- 4) **List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest**

²⁰ CEPH understands that the definition of diversity in non-US settings, as well as the ability to track such data, differs greatly from that in the United States. This does not, however, relieve international schools and programs from the obligation to demonstrate efforts and outcomes related to diversity and cultural competency, as defined in appropriate local contexts.

lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities. (self-study document)

- 5) Provide quantitative and qualitative data that document the school or program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s). The data must include student and faculty (and staff, if applicable) perceptions of the school or program's climate regarding diversity and cultural competence. (self-study document)
- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

H1. Academic Advising (SPH and PHP)

The school or program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school or program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

Required documentation:

- 1) Describe the school or program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering. (self-study document)
- 2) Explain how advisors are selected and oriented to their roles and responsibilities. (self-study document)
- 3) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students. (electronic resource file)
- 4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)
- 5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each. (self-study document)
- 6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

H2. Career Advising (SPH and PHP)

The school or program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The school or program provides such resources for both currently enrolled students and alumni. The school or program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

Required documentation:

- 1) Describe the school or program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs. Schools should present data only on public health degree offerings. (self-study document)
- 2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities. (self-study document)
- 3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating. (self-study document)
- 4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)
- 5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

H3. Student Complaint Procedures (SPH and PHP)

The school or program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to school or program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

Required documentation:

- 1) Describe the procedures by which students may communicate any formal complaints and/or grievances to school or program officials, and about how these procedures are publicized. (self-study document)
- 2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal. (self-study document)
- 3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution. (self-study document)
- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

H4. Student Recruitment and Admissions (SPH and PHP)

The school or program implements student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the school or program's various learning activities, which will enable each of them to develop competence for a career in public health.

Required documentation:

- 1) Describe the school or program's recruitment activities. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)
- 2) Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)
- 3) Select at least one of the following measures that is meaningful to the school or program and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list that follows, the school or program may add measures that are significant to its own mission and context.
 - Quantitative scores (eg, GPA, SAT/ACT/GRE, TOEFL) for newly matriculating students
 - Percentage of designated group (eg, undergraduate students, mid-career professionals, multi-lingual individuals) accepting offers of admission
 - Percentage of priority under-represented students (as defined in Criterion G1) accepting offers of admission
 - Percentage of newly matriculating students with previous health- or public health-related experience
 - Number of entering students with distinctions and/or honors from previous degree (eg, National Merit Scholar)
 - Percentage of multilingual students

Schools should present data only on public health degree offerings.

(self-study document)

- 4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

H5. Publication of Educational Offerings (SPH and PHP)

Catalogs and bulletins used by the school or program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

Required documentation:

- 1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. (self-study document)

Definitions

The following definitions apply throughout this document, regardless of the specific terminology used by the school or program:

School and **program** refer to categories of accreditation (SPH and PHP) defined in CEPH's Accreditation Procedures.

Degree level refers to one of three options: 1) bachelor's, 2) master's or 3) doctoral.

Degree refers to BA, BS, MS, MSPH, MPH, PhD, ScD, DrPH, etc. Degrees may include one concentration, or a degree may include multiple concentrations.

Concentration refers to any area of study that the school or program advertises as available to students, via its catalog and/or website.

For example, an MPH in epidemiology is a concentration. An MPH in epidemiology with focus areas in chronic disease and infectious disease would be two concentrations (chronic epidemiology and infectious epidemiology).

In these criteria, "concentration" is synonymous with terms such as "specialization," "emphasis area," "track" and "focus area," and, in some cases, "certificate." A certificate is equivalent to a concentration when completion of a certificate is universally required to fulfill degree requirements.

Generalist is considered a concentration for these criteria's purposes, and an MPH with no concentration listed is considered "generalist" by default. Schools and programs are free to name all concentrations as they wish to provide clarity to students and the public.

Plans of study that are clearly presented to students as **minors** are not considered to be concentrations. **Certificates** that are optional additions to students' programs of study are not considered to be concentrations.

Combined (joint, dual, concurrent) degree programs, such as the MD/MPH, may require students to either

- 1) complete one of the school or program's existing concentrations, or
- 2) complete a curriculum structured around competencies developed specifically for the combined degree.

Schools and programs that choose the first option must define a specific assessment opportunity for all concentration-specific competencies, whether the assessment occurs in the MPH or the external degree program. Schools or programs that choose the second option must list the combined degree as a distinct MPH concentration in Template Intro-1 and elsewhere in the document and must comply with all requirements associated with an MPH concentration, including the faculty resource requirements.

Public health degrees include the following:

- Bachelor's degrees in public health disciplines
- Professional and academic public health graduate degrees

Bachelor's degrees in public health include BSPH, BS, BA, etc. when they are offered in public health disciplines. SPH may offer BS or BA degrees in non-public health disciplines (eg, exercise science), and these are classified as "other" degrees, as discussed below. In SPH, specialized bachelor's degrees in fields closely related to public health that have their own disciplinary orientation and definitions (eg, BS in environmental science, BS in health administration) may be excluded from the category of public health bachelor's degrees if they are not intended to function as public health degrees. See definition of "other" degrees.

Professional public health degrees are offered at the graduate level and include the MPH and DrPH, as well as any graduate degrees that are intended to prepare individuals for public health practice in a manner equivalent to the MPH or DrPH degree.

If specifically designated as such by the school or program, MHA or MHSA degrees may be classified as professional public health degrees. In these cases, MHA and MHSA degrees must comply with Criteria D1, D2, D4, D5, D7 and D10. Unless specifically designated, MHA and MHSA degrees would not be part of a program's unit of accreditation and are assumed to be "other" degrees in schools, as defined below.

Academic public health degrees often include the MS and PhD. These degrees are offered in public health fields but are not intended to function as MPH or DrPH equivalents. They prepare students for further study or for academic or scholarly positions in public health fields.

- For example, in some institutions, the MSPH is intended to function in a manner equivalent to the MPH degree. In these institutions, the MSPH is a professional degree.
- In some institutions, the MSPH is intended to prepare students for doctoral study and/or research-based careers. In these institutions, the MSPH is an academic degree.

Other degrees include 1) bachelor's degrees or concentrations in fields other than public health and 2) all graduate degrees and concentrations that do not meet the definition of a professional or academic public health degree as noted above. MHA and MHSA degrees are classified as "other" degrees unless specifically designated as professional public health degrees by the school.

For ease of reference, any criteria that refer to the "MPH degree" also apply to any other professional public health master's degrees through which the program intends to prepare public health practitioners in a manner equivalent to the MPH. Such degrees may include the MSPH and other degrees when they are intended to function as professional degrees equivalent to the MPH. These degrees were referred to in previous versions of CEPH criteria as "equivalent professional degrees."

Sent: Wed, 23 Aug 2017 19:09:29 -0700
Subject: Re: Saskatoon
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: "William B. Karesh" <karesh@ecohealthalliance.org>

Great -- thanks very much,
J

On Wed, Aug 23, 2017 at 10:51 AM, William B. Karesh <karesh@ecohealthalliance.org> wrote:

One suggestion is Prof. Ehab Abu-Basha, ished a P-2 Country Coordinator, Jordan. Professor, Jordan University of Science and Technology **REDACTED**
Good speaker and he has been doing the camel work for FAO and our bat and human surveillance, published the MERS-CoV findings in Camels in Jordan. He established a one health working group based on PREDICT work with Min of Health, Min of Ag, and Min. of Env. taking turns hosting the bimonthly meetings.

BK

William B. Karesh, D.V.M
Executive Vice President for Health and Policy

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www.ecohealthalliance.org

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.

Sent: Fri, 01 Sep 2017 16:18:03 -0700
Subject: EHP call Tuesday September 5th at 11am-12 Pacific / 2-3pm Eastern / 6PM GMT
From: Brian Bird <bhbird@ucdavis.edu>
To: Karen Saylor <ksaylor@metabiota.com>, David John Wolking <djwolking@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, "Anthony, Simon J." <sja2127@cumc.columbia.edu>, "William B. Karesh, D.V.M" <karesh@ecohealthalliance.org>, Jon <epstein@ecohealthalliance.org>, Manjunatha N Belaganahalli <mbelaganahalli@ucdavis.edu>, Emma Lane <lane@ecohealthalliance.org>, Emily Hagan <hagan@ecohealthalliance.org>, Leilani Francisco <francisco@ecohealthalliance.org>, Corina Grigorescu Monagin <cgmonagin@ucdavis.edu>
Cc: "(andre@ecohealthalliance.org)" <andre@ecohealthalliance.org>, Katherine Leasure <kaleasure@ucdavis.edu>, Amanda Fuchs <fuchs@ecohealthalliance.org>, Brooke Genovese <bgenovese@ucdavis.edu>

PREDICT Sierra Leone, Guinea, Liberia

"EBOLA HOST PROJECT"

COORDINATION CALL

Tuesday September 5th: 11AM Pacific, 2PM Eastern, 6PM GMT.

Toll-free number: **REDACTED**

Access Code: **REDACTED**

International Dial-in number **REDACTED** 2 (toll charges apply)

Hi folks! Happy start to your Labor Day weekend!

Here's a tentative agenda. As always, send me ideas if you want something added to the Agenda. If I get anything I'll update this on Monday/early Tuesday.

AGENDA Sept 1, 2017:

1. USAID HQ communications

- a. General budget or other HQ updates/overview (Jonna)
- b. Updates/reminders on Yr4 work plans and Country Briefs (David)
 1. Human behavior work plans discussion

2. NYC semiannual meeting

- a. Presentation for USAID
 1. EHP sampling map and overview (Yr3 and proposed Yr4)
 1. Where we are and where we're going, teams, summary of sampling efforts etc.
 2. Key successes to highlight
 1. Field sampling, testing in SL underway, transitions underway and near completion, development of communications materials, etc?
 3. Key challenges?? Others??

3. Communications Strategies in Sierra Leone related to finding and risk reduction (Leilani)

- a. Update on flipbook preparations (see previous attachment)
- b. Breakthrough Action call scheduling

4. Country Specific Communications, Updates, and Challenges

- a. Sierra Leone (Brian)
 1. Mission communications (Breakthrough action, vehicle transfers)
 2. Field training planned (Sept ~29-Oct 6) – SL and Guinea teams
 3. SL lab team testing update
 4. GoSL communications
 1. Potential further delay of election due to landslide/flooding?
 2. SLA - Shipment updates
- b. Guinea (Corina)
 1. GoG and Mission comms
 2. VHF lab Partner updates
- c. Liberia (Jon)
 1. GoL and Mission Comms

2. Update on NPHL activities and agreements

5. Laboratory updates (Tracey, Simon, Manju)

6. Other partner updates (Billy)

Next Monthly Call: October 3rd 11am-12 Pacific / 2-3pm Eastern

Sent: Wed, 11 Oct 2017 19:57:52 -0700
Subject: Re: USAID's regional activities on "Pandemic Health Threats" in Egypt
From: Jonna Mazet <jkmazet@ucdavis.edu>
To: "William B. Karesh" <karesh@ecohealthalliance.org>, Patrick Dawson <dawson@ecohealthalliance.org>
Cc: David Wolking <djwolking@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, Aleksei Chmura <chmura@ecohealthalliance.org>, Evelyn Luciano <luciano@ecohealthalliance.org>

Nice job!
J

On Wed, Oct 11, 2017 at 3:13 PM, William B. Karesh <karesh@ecohealthalliance.org> wrote:

The implementing partner for PREDICT-2 Egypt is the National Research Centre's Center of Scientific Excellence for Influenza Viruses. This team was selected in 2016 based on its excellent track record of conducting similar research with NIH-NIAID, and other scientific entities and their ability to work on humans and animals.

FAO (with support of USAID EPT-2) also works with the National Research Centre's Center of Scientific Excellence for Influenza Viruses for the research FAO is managing for MERS-CoV on camels in Egypt.

On September 25, 2017, PREDICT-2 (Dr. Ehab Abu-Basha from Jordan presented due to Dr. Mohamed Ali from NRC not being able to obtain a visa) presented on its MERS-CoV-related activities on humans and bats in Egypt, Jordan, and other PREDICT-2 countries at the FAO-OIE-WHO Global Technical Meeting on MERS-CoV at WHO headquarters in Geneva.

In the presentation, surveillance activities in Egypt were described. PREDICT-2 Egypt samples bats and humans to look at MERS-CoV and other important viral families. Camel surveillance activities in Egypt are conducted by FAO, not PREDICT-2.

FAO data on camel surveillance activities from 2014-2016 (prior to PREDICT's presence in Egypt) were included since Dr. Ali prepared the presentation and NRC is implementing both the PREDICT-2 and FAO work.

Progress and updates of all PREDICT-2 Egypt activities are sent to the Ministries of Health and Ministry of Agriculture on a quarterly basis, in addition to the USAID/Egypt Mission.

Positive results from PCR and serological tests are not released to the general public until the data have been cleared by the Ministries.

There is a new Deputy Minister at the Ministry of Agriculture and Land Reclamation who was present at this meeting, who said that she was not familiar with the PREDICT-2 project prior to the meeting. However, the PREDICT-2 project in Egypt was launched with the inclusion of the Chairman of the General Organization of Veterinary Services (GOVS), which is a department within the Ministry of Agriculture and Land Reclamation, in 2016. Meetings with PREDICT and the Chairman of GOVS and other GOVS staff have been held in July 2015, February 2016, and at other points in 2016.

Staff changes within the Ministry of Agriculture and Land Reclamation (including GOVS) have required re-visiting the basic purpose and agreements during the above mentioned meetings. At each meeting, the staff have stated that we should terminate agreements with NRC and redirect the project funding their section or sub-section in agriculture regardless of the fact that PREDICT-2 work is focused on humans and wildlife which fall under different ministries and within the purview of the NRC.

Hope this is helpful,

BK

William B. Karesh, D.V.M
Executive Vice President for Health and Policy

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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 Oct 11, 2017, at 3:51 AM, Andrew Clements <AClements@usaid.gov> wrote:

Hi Billy and Patrick,
See question below from our Egypt mission about any recent presentation of Egypt data in Jordan.

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](tel:15713454253)
Email: aclements@usaid.gov*

Begin forwarded message:

From: Annie Steed <asteed@usaid.gov>
Date: October 11, 2017 at 8:08:52 AM GMT+2
To: Andrew Clements <aclements@usaid.gov>
Cc: Shana Gillette <sgillette@usaid.gov>, Lindsay Parish <lparish@usaid.gov>, Akmal Elerian <aelerian@usaid.gov>, Mohamed Abu-Wafa <maboelwafa@usaid.gov>
Subject: Re: USAID's regional activities on "Pandemic Health Threats" in Egypt

Thanks Andrew,

We are getting inquiries from the Ministry of Agriculture with concerns that we have not been coordinating with them on these issues which can be sensitive. I believe the recent time-frame would be the last couple of weeks for the presentation, not sure when the research was conducted.

There is a news article referring to USAID funding, but nothing specific.

annie

Annie Steed
Deputy Director
Office of Economic Growth
USAID/Egypt
Tel.: +20 (2) 2522-6760
Cell: **REDACTED**

asteed@usaid.gov

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

On Wed, Oct 11, 2017 at 8:06 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Annie,
Predict has been conducting surveillance in animals in Egypt and there are similar activities in Jordan so sometimes there have been joint trainings or workshops for the two countries.

So that I can narrow my search, can you tell me: (1) what “recent” time period you are interested in; (2) when was the presentation in Jordan; and (3) is there any specific event that happened that you are trying to zero in on?

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](tel:1-571-345-4253)
Email: aclements@usaid.gov*

On Oct 10, 2017, at 7:53 PM, Shana Gillette <sgillette@usaid.gov> wrote:

Hi Annie,
I am looping in Andrew Clements for PREDICT.
Best,

Shana

On Tue, Oct 10, 2017 at 10:59 AM, Annie Steed <asteed@usaid.gov> wrote:

Hello Lindsay and Shana,
My name is Annie Steed and I am with USAID/Egypt. Can either of you let me know if your activities have conducted an animal disease surveillance in Egypt recently? Or if any of the consultants working with your activities gave a presentation in Jordan and described an animal disease surveillance activity they conducted in Egypt?

Thanks,
have a good day,
annie

Annie Steed
Deputy Director
Office of Economic Growth

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Cell: REDACTED

asteed@usaid.gov

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

From: **Akmal Elerian** <aelerian@usaid.gov>

Date: Mon, Oct 9, 2017 at 11:06 AM

Subject: USAID's regional activities on "Pandemic Health Threats" in Egypt

To: Annie Steed <asteed@usaid.gov>

Cc: Tara Simpson <tsimpson@usaid.gov>

Hi Annie,

As a follow-up to our phone conversation, I reiterate that USAID's activities on "Pandemic Health Threats" in Egypt are currently implemented through the USAID/Washington's Emerging Pandemic Threats 2 (EPT-2) Program. These activities are mainly addressing Avian Flu and Middle East Respiratory Syndrome Corona Virus (MERS-CoV).

Primary EPT-2 partners involved in monitoring viruses in livestock, domestic animals, wildlife, and human populations are the U.N. Food and Agriculture Organization (FAO) and the USAID PREDICT-2 project.

Below are the contact info for the USAID/W AORs for FAO and PREDICT-2:

FAO AOR: Lindsay Parish lparish@usaid.gov

PREDICT-2 AOR: sgillette@usaid.gov

Please let me know if I can be of further help.

Akmal

Akmal M.K. Elerian, MD, MSc | Sr. Project Management Specialist | Office of Education and Health | USAID/Egypt
Office: (20-2) 2522-6866 | Fax: (20-2) 2522-7041 | aelerian@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
Personal Cell: REDACTED
Email: sgillette@usaid.gov

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: Surveillance team call this Thurs, Oct 26th @ 10am PT/1pm ET
Sent: Tue, 24 Oct 2017 23:44:12 +0000

Hi Surveillance Team,

Our next call is this **Thurs, Oct 26th @ 10am PT/1pm ET**. Call info & agenda are below – please let us know if you have any additional topics to discuss.

Draft agenda

- Y3 Annual Report (David)
- IRB renewal/enrollment (David)
- Global lead QA (Tammie)
- EIDITH updates
- Asia country updates; field and lab activities updates, GHSA highlights, zoonotic disease prioritization workshops, update on data entry and any hurdles/concerns.
- Others?

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

Or **iPhone one-tap** (US Toll): **REDACTED**

Or **Telephone**:

Dial: **REDACTED** (US Toll)

Meeting ID: **REDACTED**

International numbers available: **REDACTED**

Thanks! Talk 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

Sent from my iPhone

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: 12/22/2017 1:09:51 AM
Subject: Re: PREDICT International Travel Requests

Switzerland and France travel approved.

Other travel 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 Dec 22, 2017, at 1:25 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. Machalaba, Karesh (Liberia): \$1600 (Machalaba), \$6000 (Karesh) airfare *business class fare
REDACTED/\$295 (Monrovia) max daily per diem
2. Machalaba (Switzerland): \$1300 airfare/\$478 (Geneva) max daily per diem
3. Thuy (Bangkok): \$200 airfare/\$246 (Bangkok) max daily per diem
4. Karesh (France): \$7500 airfare *business class required due to medical need/\$608 (Paris) max daily per diem

Travel Requests –

1. EcoHealth Alliance would like to request travel approval for Dr. William Karesh and Ms. Catherine Machalaba to travel from New York City, NY, USA to Monrovia, Liberia from January 14-20, 2018 to conduct a ground-truthing and initial pilot of the World Bank Capacity Assessment for Environmental Health Services (a tool developed with technical support from PREDICT partners).

Trip Purpose: The pilot will include a workshop with relevant ministries (those responsible for health, agriculture, environment, and disaster risk reduction) and targeted ministry meetings to review the draft tool and collect information sources for the assessment. The tool complements animal and human health system capacity assessments (WHO's Joint External Evaluation and OIE Performance of Veterinary Services) to reinforce country ability to more effectively and proactively assess and manage environmental health risks, including drivers of disease emergence. Capabilities for wildlife health services are emphasized. The tool strongly promotes One Health approaches and can help broaden application of best practices learned from PREDICT-2 operations. Dr. Karesh and Ms. Machalaba will oversee the pilot of the tool in partnership with colleagues from the World Bank.

2. EcoHealth Alliance would like to request travel approval for Ms. Catherine Machalaba to travel from New York City, NY, USA to Geneva, Switzerland from February 25 to March 1, 2018 to participate in the WHO-FAO-OIE Tripartite Zoonoses Guide expert workshop.

Trip Purpose: Ms. Machalaba serves on working groups for the Guide's Planning and Preparedness and Joint Risk Communication and Risk Reduction chapters and has been invited to the February meeting to help finalize the Guide. The Guide incorporates strategies from the PREDICT project, including information sourced from One Health case studies assembled from EPT-2 partners.

3. Wildlife Conservation Society (WCS) would like to request travel approval for Ms. Hoang Bich Thuy to travel from Ha Noi, Viet Nam to Bangkok, Thailand from January 31, 2018 to February 3, 2018 to

participate in the Prince Mahidol Award Conference 2018 on "Making the World Safe from the Threats of EIDs."

Trip purpose: The conference will provide a sharing and learning forum for multi-sectoral experts in zoonosis and AMR, as well as climate change and related environmental fields. Ms. Thuy will be one of the panelists to represent WCS and its PREDICT work on impacts of human travel and trade in animal products and their influence on emerging disease dynamics.

4. EcoHealth Alliance would like to request travel approval for Dr. William Karesh to travel from New York City, NY, USA to Paris, France from January 22-25, 2018 to participate in the World Organisation for Animal Health's (OIE) ad hoc group on killing methods for farmed reptiles for their skins and meat.

Trip purpose: Dr. Karesh will participate in World Organisation for Animal Health's (OIE) ad hoc group. This meeting is a follow up to a meeting held in August with the aim of setting health and IACUC related standards for wildlife farming for OIE code purposes. The farming of wildlife presents opportunities for the emergence of infectious diseases due to the unusual and unnatural groupings of species unnatural habitats in contact with other species in humans that does not occur in the wild. OIE is working to develop standards and codes for countries to follow that will reduce the risk of disease emergence in both animals and humans. Since good standards such as used in the US in IACUC process also lend themselves to disease risk reduction OIE provides an opportunity to promote similar standards in countries where best practices are currently not being utilized. **The OIE will provide funds for Dr. Karesh's economy fare and per diem expenses for this meeting.*

Katherine Leasure

HR/Payroll/Financial Assistant
One Health Institute
University of California, Davis
530-752-7526
530-752-3318 FAX
kaleasure@ucdavis.edu

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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/020601d37abb%246115ad80%2423410880%24%40ucdavis.edu>.

From: Jonna Mazet <jkmazet@ucdavis.edu>
To: aclements@usaid.gov <aclements@usaid.gov>
Sent: 12/23/2017 4:52:26 AM
Subject: Holiday Closure Re: Public Site

Thank you for your message. I am away and will only have intermittent access to email until January 3rd. I and Brooke Genovese will be able to assist with urgent requests intermittently (bgenovese@ucdavis.edu).

Happy Holiolidays,
Jonna

Jonna AK Mazet, DVM, MPVM, PhD
Professor of Epidemiology & Disease Ecology
Executive Director, One Health Institute

School of Veterinary Medicine
University of California
1089 Veterinary Medicine Drive (VM3B)
Davis, CA 95616, USA
+1-530-752-3630

From: Brooke Genovese <bgenovese@ucdavis.edu>
To: Brian Bird <bhbird@ucdavis.edu>; Woutrina A Smith <wasmith@ucdavis.edu>; Tracey Goldstein <tgoldstein@ucdavis.edu>; Simon Anthony <sja2127@cumc.columbia.edu>; Peter Daszak <daszak@ecohealthalliance.org>; Kevin Olival <olival@ecohealthalliance.org>; Leilani Francisco <francisco@ecohealthalliance.org>; Andrew Clements <aclements@usaid.gov>; William B. Karesh <karesh@ecohealthalliance.org>; machalaba@ecohealthalliance.org <machalaba@ecohealthalliance.org>; torourke@metabiota.com <torourke@metabiota.com>
CC: Jonna Mazet <jkmazet@ucdavis.edu>; Megan M Doyle <mmdoyle@UCDAVIS.EDU>; Matthew Blake <mblake@ucdavis.edu>; Jennifer K Lane <jklane@ucdavis.edu>; Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>; Alison Andre <andre@ecohealthalliance.org>; Amanda Andre <amanda.andre@ecohealthalliance.org>; hagan@ecohealthalliance.org" <hagan@ecohealthalliance.org>; David John Wolking <djwolking@ucdavis.edu>
Sent: 1/17/2018 9:48:30 AM
Subject: [predict] Action required: Call for Brussels Presentations

Hi everyone,

Similar to the September New York meeting, we'll be collecting all the presentations from the PREDICT All-Country meeting last week and keeping them in a Box folder for easy access. We have everyone's original presentations on a flashdrive from the meeting, but if you would like to vet and make changes to your slides please do so.

Please send me your presentations by **Monday, January 22**. If we do not receive an edited presentation, we will assume we can use your original powerpoint.

As always, please be mindful of animations that will not come through once the slides are turned into PDF's and ensure that proper PPE is reflected in all photographs used.

Let me know if you have any questions – thank you!

Best,
Brooke Genovese
PREDICT Project Support
Executive Analyst
One Health Institute
School of Veterinary Medicine
Tel: 530-752-6459
bgenovese@ucdavis.edu

From: Andrew Clements <aclements@usaid.gov>
To: Brian Bird <bhbird@ucdavis.edu>
CC: PREDICTMGT <predictmgt@usaid.gov>; PREDICT-outbreak <predict-outbreak@ucdavis.edu>
Sent: 2/7/2018 1:06:10 PM
Subject: [predict] [predict-outbreak] Re: Update 07Feb2018 PREDICT Bangladesh and Liberia outbreak responses

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 7, 2018, at 8:04 PM, Brian Bird <bhbird@ucdavis.edu> wrote:

Hi folks,

Updates from the field teams today on both of these events.

1. Bangladesh – team is deployed on their way to the affected area.
2. Liberia – the PREDICT vehicle is in operation supporting the suspected cholera outbreak response. So, update is just for informational purposes.

Details in the reports. Have a good day,

-B

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

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1089 Veterinary Medicine Dr.
School of Veterinary Medicine
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Email: bhbird@ucdavis.edu
Skype: brianhb1
<http://www.vetmed.ucdavis.edu/ohi/predict/index.cfm>

From: Brian Bird <bhbird@ucdavis.edu>
Date: Tuesday, February 6, 2018 at 2:06 PM
To: PREDICTMGT <predictmgt@usaid.gov>
Cc: PREDICT-outbreak <predict-outbreak@ucdavis.edu>
Subject: PREDICT Bangladesh and Liberia outbreak responses

Hi all,

Two things came in today.

1. Bangladesh: human encephalitis cluster in Bogra district (suspect Nipah virus). An official request was made by GoB for field sampling of locally roosting bats.
2. Liberia: Official request to utilize a PREDICT vehicle to assist with an emergency response to a

suspected cholera outbreak on the Firestone property.

Thanks to Andrew for his rapid responses on both events.

Please find attached the first report out on the Bangladesh outbreak from our team. Informational report on the Liberia situation expected tomorrow.

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>

--

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/9F695E56-55C6-4241-98FF-023EEC5BC1DF%40ucdavis.edu>.

From: "Morzaria, Subhash (TCE)" <[REDACTED]>
To: Brooke Watson <watson@ecohealthalliance.org>
Cc: Alison Andre <andre@ecohealthalliance.org>, Cara Chrisman <cchrisman@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>, Eddy Rubin <erubin@metabiota.com>, Jonna Mazet <jkmazet@ucdavis.edu>, Nathan Wolfe <nwolfo@metabiota.com>, Peter Daszak <daszak@ecohealthalliance.org>, [REDACTED] "gaof@im.ac.cn" <gaof@im.ac.cn>, "Carlos M Morel" <[REDACTED]> Carlos Morel <[REDACTED]> "Prasert Auewarakul" <[REDACTED]>, "FUKUDA, Keiji" <[REDACTED]>, "Kurilla, Michael (NIH/NIAID) [E]" <mkurilla@niaid.nih.gov>, [REDACTED], "SOLOMON, Steven Alan" <[REDACTED]>, Oyewale Tomori <[REDACTED]> "Maria VAN KERKHOVE" <[REDACTED]>, Kathleen VICTOIR <[REDACTED]>
Subject: RE: GVP abstract for ICEID conference
Sent: Wed, 28 Feb 2018 16:38:23 +0000

Dear Brooke,
Excellent abstract. No further comments from me.
Best regards,
Subhash

From: Brooke Watson [mailto:watson@ecohealthalliance.org]
Sent: Tuesday, February 27, 2018 10:03 PM
To: Alison Andre <andre@ecohealthalliance.org>; Brooke Watson <watson@ecohealthalliance.org>; Cara Chrisman <cchrisman@usaid.gov>; Dennis Carroll <dcarroll@usaid.gov>; Eddy Rubin <erubin@metabiota.com>; Jonna Mazet <jkmazet@ucdavis.edu>; Nathan Wolfe <nwolfo@metabiota.com>; Peter Daszak <daszak@ecohealthalliance.org>; [REDACTED] <[REDACTED]>; Morzaria, Subhash (TCE) <[REDACTED]>; gaof@im.ac.cn; Carlos M Morel <[REDACTED]> Carlos Morel <[REDACTED]>; Prasert Auewarakul <[REDACTED]>; FUKUDA, Keiji <[REDACTED]>; Kurilla, Michael (NIH/NIAID) [E] <mkurilla@niaid.nih.gov>; [REDACTED] SOLOMON, Steven Alan <[REDACTED]>; Oyewale Tomori <[REDACTED]>; Maria VAN KERKHOVE <[REDACTED]>; Kathleen VICTOIR <[REDACTED]>
Subject: GVP abstract for ICEID conference

Dear GVP colleagues,

In August in Atlanta, GA, the CDC is hosting their biannual International Conference on Emerging Infectious Diseases (ICEID). Peter would like to present the Global Virome Project, and we are planning to include all of you as co-authors on the abstract.

Attached is our abstract outlining the scientific and economic rationale for the Global Virome Project, based largely on the work done for the recent [Science paper](#). We are constrained by format and word counts in this abstract, so we are unable to fit some of the GVP presentation content into the 2000 character limit. However, if you have edits or suggestions for the abstract, please return them with changes tracked before **this Thursday, March 1, at 5 PM EST**.

We intend to submit before the deadline on Friday March 2. If we don't hear back from you, we'll assume your approval and move forward with submission.

Many thanks,

Brooke Watson

--

Brooke Watson, MSc
Research Scientist

EcoHealth Alliance
460 West 34th Street – 17th floor
New York, NY 10001

[1.212.380.4497](tel:12123804497) (direct)
[REDACTED] (mobile)
[1.212.380.4465](tel:12123804465) (fax)
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 promote conservation and prevent pandemics.

From: Brooke Genovese <bgenovese@ucdavis.edu>
To: James Desmond [REDACTED] Kendra Chittenden <kchittenden@usaid.gov>
Cc: "William B. Karesh" <karesh@ecohealthalliance.org>, Jon Epstein <epstein@ecohealthalliance.org>, Amanda Andre <amanda.andre@ecohealthalliance.org>, Brian Bird <bhbird@ucdavis.edu>, "Jonna Mazet" <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>
Subject: Re: Availability for a call prior to Liberia visit?
Sent: Wed, 28 Feb 2018 17:01:55 +0000

Hi everyone,

We can use the PREDICT-EB conference line:

[REDACTED] Access code: [REDACTED] security [REDACTED]

Thanks!
Brooke

From: James Desmond [REDACTED]
Date: Wednesday, February 28, 2018 at 6:30 AM
To: Kendra Chittenden <kchittenden@usaid.gov>
Cc: "William B. Karesh" <karesh@ecohealthalliance.org>, Jon Epstein <epstein@ecohealthalliance.org>, Amanda Andre <amanda.andre@ecohealthalliance.org>, Brooke Genovese <bgenovese@ucdavis.edu>
Subject: Re: Availability for a call prior to Liberia visit?

Works for me as well. Talk to you all then.

Jim

James S. Desmond, DVM, MS
Email: [REDACTED]
Phone: +254701859361(Kenya)
Phone: + 231776147565(Liberia)
Phone: +16172752626 (USA)
Skype: jim.desmond

On Feb 28, 2018, at 12:52 PM, Kendra Chittenden <kchittenden@usaid.gov> wrote:

saya juga (me too)

On Tue, Feb 27, 2018 at 7:12 PM, William B. Karesh <karesh@ecohealthalliance.org> wrote:
baik untuk saya. [good for me ;)]

BK

William B. Karesh, D.V.M
Executive Vice President for Health and Policy

EcoHealth Alliance

UCDUSR0008936

[460 West 34th Street - 17th Floor](#)
[New York, NY 10001 USA](#)

[+1.212.380.4463](#) (direct)
[+1.212.380.4465](#) (fax)
www.ecohealthalliance.org

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

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On Feb 27, 2018, at 5:50 PM, Brooke Genovese <bgenovese@ucdavis.edu> wrote:

Hi all,

11:00am PST / 2:00pm EST on Thursday, March 1 works for Jonna as well.

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
bgenovese@ucdavis.edu
o: [530-752-3630](tel:530-752-3630)

From: **REDACTED** on behalf of Jonna Mazet <jkmazet@ucdavis.edu>

Date: Tuesday, February 27, 2018 at 2:46 PM

To: Brooke Genovese <bgenovese@ucdavis.edu>

Subject: Fwd: Availability for a call prior to Liberia visit?

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

From: Kendra Chittenden <kchittenden@usaid.gov>

Date: Tue, Feb 27, 2018 at 2:26 PM

Subject: Re: Availability for a call prior to Liberia visit?

To: Jon Epstein <epstein@ecohealthalliance.org>

Cc: Jonna Mazet <jkmazet@ucdavis.edu>, Brian Bird <bhbird@ucdavis.edu>, Emma Lane
<lane@ecohealthalliance.org>, "William B. Karesh, D.V.M" <karesh@ecohealthalliance.org>, Jim
Desmond <desmond@ecohealthalliance.org>, David J Wolking <djwolking@ucdavis.edu>

Let's plan for Thur - how about 2 pm (D.C)

Sent from my iPhone

On Feb 27, 2018, at 5:14 PM, Jon Epstein <epstein@ecohealthalliance.org> wrote:

Terrific! My main limitation is that I'm flying to London tomorrow, which eats up most of the day.

Thursday would be better, at least for me, anytime after 1pm EST should work, which might also be easier for folks on the West Coast.

Cheers,
Jon

On Tue, Feb 27, 2018 at 5:01 PM, Kendra Chittenden <kchittenden@usaid.gov> wrote:
Jon

That would be great. Tomorrow afternoon works for me, I also have a bit of time on Thur or Fri.

Let me know what works best for you. I should also have a draft schedule tomorrow morning to share with you.

Kendra

Sent from my iPhone

On Feb 27, 2018, at 4:23 PM, Jon Epstein <epstein@ecohealthalliance.org> wrote:

Hi Kendra,
I hope you're well. I'm not sure of your schedule this week, but I was wondering whether you might be available for a brief phone call prior to your upcoming trip to Liberia, just to know a bit more about what you'd like to see or discuss with our PREDICT team during your visit? The call would include Jim Desmond, our country coordinator, as well as Jonna and Brian Bird.

Cheers,
Jon

--

Jonathan H. Epstein DVM, MPH, PhD
Vice President for Science and Outreach
EcoHealth Alliance

[460 West 34th Street – 17th floor](#)
New York, NY 10001

[1.212.380.4467](tel:12123804467) (direct)
REDACTED (mobile)

web: ecohealthalliance.org
Twitter: @epsteinjon

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.

--

Jonathan H. Epstein DVM, MPH, PhD
Vice President for Science and Outreach
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--

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

From: [REDACTED]
To: Ariel Pablos [REDACTED], Brooke Watson <watson@ecohealthalliance.org>
Cc: Alison Andre <andre@ecohealthalliance.org>, Cara Chrisman <cchrisman@usaid.gov>, Carroll Dennis <dcarroll@usaid.gov>, Rubin Eddy <erubin@metabiota.com>, Jonna Mazet <jkmazet@ucdavis.edu>, Wolfe Nathan <nwolfe@metabiota.com>, Daszak Peter <daszak@ecohealthalliance.org>, "Morzaria, Subhash (FAORAP)" <[REDACTED]>, Gao George F <gaof@im.ac.cn>, Carlos M Morel <[REDACTED]>, Carlos Morel <[REDACTED]>, Prasert Auewarakul <[REDACTED]>, "FUKUDA Keiji" <[REDACTED]>, "Kurilla, Michael (NIH/NIAID) [E]" <mkurilla@niaid.nih.gov>, "SOLOMON, Steven Alan" <[REDACTED]>, "Tomori Oyewale" <[REDACTED]>, VAN KERKHOVE Maria <[REDACTED]>, Kathleen VICTOIR <[REDACTED]>
Subject: RE: GVP abstract for ICEID conference
Sent: Thu, 1 Mar 2018 17:55:37 +0000

Hi Ariel,

The fora/seminars this year include the Shattuck Lecture hosted by New England Journal of Medicine in Boston in April (Jonna is speaking), the One Health Congress in Saskatoon in June, in addition to Brooke's proposal for ICEID. We've done ~20 talks to date and are looking forward to spreading the word further.

Best,
Eri

Eri Togami DVM MPH
Fellow
One Health Institute
School of Veterinary Medicine
University of California, Davis

From: Ariel Pablos [mailto:[REDACTED]]
Sent: Tuesday, February 27, 2018 1:51 PM
To: Brooke Watson <watson@ecohealthalliance.org>
Cc: Alison Andre <andre@ecohealthalliance.org>; Cara Chrisman <cchrisman@usaid.gov>; Carroll Dennis <dcarroll@usaid.gov>; Rubin Eddy <erubin@metabiota.com>; Jonna Mazet <jkmazet@ucdavis.edu>; Wolfe Nathan <nwolfe@metabiota.com>; Daszak Peter <daszak@ecohealthalliance.org>; [REDACTED]; Morzaria, Subhash (FAORAP) <[REDACTED]>; Gao George F <gaof@im.ac.cn>; Carlos M Morel <[REDACTED]>; Carlos Morel <[REDACTED]>; Prasert Auewarakul <[REDACTED]>; FUKUDA Keiji <[REDACTED]>; Kurilla, Michael (NIH/NIAID) [E] <mkurilla@niaid.nih.gov>; SOLOMON, Steven Alan <[REDACTED]>; Tomori Oyewale <[REDACTED]>; VAN KERKHOVE Maria <[REDACTED]>; Kathleen VICTOIR <[REDACTED]>
Subject: Re: GVP abstract for ICEID conference

Thank you Brooke and Peter. Good idea - any other fora planned this year? Ariel

On Feb 27, 2018, at 4:02 PM, Brooke Watson <watson@ecohealthalliance.org> wrote:

Dear GVP colleagues,

In August in Atlanta, GA, the CDC is hosting their biannual International Conference on Emerging Infectious Diseases ([ICEID](#)). Peter would like to present the Global Virome Project, and we are planning to include all of you as co-authors on the abstract.

Attached is our abstract outlining the scientific and economic rationale for the Global Virome Project, based largely on the work done for the recent [Science paper](#). We are constrained by format and word counts in this abstract, so we are unable to fit some of the GVP presentation content into the 2000 character limit. However, if you have edits or suggestions for the abstract, please return them with changes tracked before **this Thursday, March 1, at 5 PM EST**.

We intend to submit before the deadline on Friday March 2. If we don't hear back from you, we'll assume your approval and move forward with submission.

Many thanks,

Brooke Watson

--

Brooke Watson, MSc

Research Scientist

EcoHealth Alliance
460 West 34th Street – 17th floor
New York, NY 10001

[1.212.380.4497](tel:1.212.380.4497) (direct)

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<GVP_ICEID_Abstract_v1shared_Feb27.docx>

From: Innocent Rwego <irwego@umn.edu>
Sent: Mon, 18 Jun 2018 07:05:25 -0500
Subject: Re: Coordination for RVF Outbreak in Rwanda
To: Lisa Kramer <lkramer@usaid.gov>
Cc: Kirsten Gilardi <kvgilardi@ucdavis.edu>, [REDACTED], Mike Cranfield <[REDACTED]>, jnziza <[REDACTED]>, [REDACTED] <[REDACTED]>, Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, Dennis Carroll <dcarroll@usaid.gov>, "akibria@usaid.gov" <akibria@usaid.gov>, Angela Wang <awang@usaid.gov>, Richard Munyaneza <rmunyaneza@usaid.gov>, John Mckay <jmckay@usaid.gov>, Sarah Paige <spaige@usaid.gov>, Andrew Clements <aclements@usaid.gov>, Marilyn Crane <mcrane@usaid.gov>, Katey Pelican <pelicank@umn.edu>, Irene Naigaga <[REDACTED]>, William Bazeyo <[REDACTED]>, Etienne Rugigana <[REDACTED]>, Robert Kibuuka <[REDACTED]>

Hello Lisa,

Thanks a lot for letting us know about the Rift Valley Fever Outbreak in Rwanda. Indeed, as you have mentioned, our OHCEA students have participated in disease outbreaks. In addition to the reason you provided, we have used these disease outbreak response opportunities to build skills of students in disease outbreak response and sometimes to collect data that can be used to inform policy. For instance, our students in Uganda have participated in HPAI disease outbreak and the recent Anthrax outbreak.

We hope to hear from the team on how and when we can participate in these discussions and the disease outbreak response.

Thanks again.

Innocent

On Mon, Jun 18, 2018 at 6:14 AM, Lisa Kramer <lkramer@usaid.gov> wrote:

Dear Richard, Yilma, Charles, Julius, Mike, and Kirsten

I would like to bring all of you together on one email to discuss collaboration in providing support to the GoR for response to the RVF outbreak. I understand that the GoR and particularly Dr. Gafarasi has had discussions with both FAO and PREDICT2 about the outbreak and the GoR has sent a formal request for support to FAO. I suggest that a few key individuals from each organization be on call later this week to discuss and that we all agree to promoting a One Health response to the outbreak while documenting lessons for strengthened GoR OHSC collaboration for future zoonotic disease events. Would 4:00 pm Kigali time on Wednesday work?

I have added representatives from OHCEA and OHW to this email because outbreak responses such as this have presented good opportunities in other countries to involve students in the outbreak response. In the other countries, this has been a win-win with the government response team gaining extra labor and the students enhancing their One Health field training.

Best,
Lisa

Lisa Kramer

Regional Emerging Pandemic Threats Advisor

USAID/Kenya and East Africa

+254-20-862-2107 (Office)

[REDACTED]

On Fri, Jun 15, 2018 at 10:01 PM, Kirsten Gilardi <kvgilardi@ucdavis.edu> wrote:

Thank you for forwarding Andrew.

Our PREDICT Country Coordinator, Dr. Julius Nziza (cc'd), has been in close communication with the Head of Veterinary Services for the Rwanda Agriculture Board, Dr. Isidore Gafarasi, who has confirmed deaths in cattle and goats in the Eastern Province. RAB veterinarians are implementing a vaccination campaign in the outbreak area to limit spread. The Rwanda Biomedical Center (the Ministry of Health's implementation arm) is in the region interviewing families who have lost livestock and is collecting samples for testing at the RBC's National Reference Laboratory (our diagnostic lab partner for PREDICT). Finally, the Rwanda Development Board's chief wildlife veterinarian, Dr. Antoine Mudakikwa, is on his way to the national park in the Eastern Province, Akagera, to meet with park management and inquire about any wildlife mortality.

Our PREDICT team is being kept informed through our participation on the Rwanda One Health Steering Committee and through our PREDICT government partners.

We will of course let you know if PREDICT receives any kind of formal request from the Government of Rwanda.

-Kirsten Gllardi, DVM
Regional Lead, PREDICT Rwanda

On Jun 15, 2018, at 10:46 AM, Andrew Clements <aclements@usaid.gov> wrote:

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: promed-edr@promedmail.org
Date: June 15, 2018 at 7:34:26 PM GMT+2
To: promed-post@promedmail.org, promed-edr-post@promedmail.org, promed-ahead-post@promedmail.org
Subject: PRO/AH/EDR> Rift Valley fever - Rwanda (02): (ES) bovine, spread, alert
Reply-To: promedNOREPLY@promedmail.org

RIFT VALLEY FEVER - RWANDA (02): (EASTERN) BOVINE, SPREAD, ALERT

A ProMED-mail post

<<http://www.promedmail.org>>

ProMED-mail is a program of the
International Society for Infectious Diseases

<<http://www.isid.org>>

[1]

Date: Wed 13 Jun 2018

Source: OSAC (US Department of State, Bureau Diplomatic Security)

Health alert [edited]

<<https://www.osac.gov/Pages/ContentReportPDF.aspx?cid=24268>>

Health alert: Kigali (Rwanda), Rift Valley fever outbreak in Eastern province

Location: Ngoma, Kirehe, and Kyonza districts, Eastern province, Rwanda

Event: The US Embassy in Kigali wishes to inform American citizens that the Rwandan Ministry of Agriculture has recently confirmed an outbreak of Rift Valley fever (RVF) in cattle in 3 districts of Eastern province: Ngoma, Kirehe, and Kyonza.

RVF is a viral disease that primarily affects animals but can also infect humans. While most human cases are relatively mild, a small percentage of patients develop a much more severe form of the disease, including lesions in the eye, meningoencephalitis or haemorrhagic fever.

--

Communicated by:
ProMED-mail
<promed@promedmail.org>

[2]

Date: Sun 10 Jun 2018

Source: Taarifa (Rwandan news media house) [summ., edited]

<<https://taarifa.rw/2018/06/10/livestock-movements-blocked-over-rift-valley-fever/>>

The 3 districts of Kayonza, Ngoma, and Kirehe have been placed under close monitoring following an outbreak of the deadly Rift Valley fever [RVF] disease.

Livestock in these districts are under quarantine and thus not allowed to be moved to other places.

The Agriculture Ministry has urged all herders across the country to immediately report any suspected cases of livestock including; goats, cattle, and sheep that show signs and symptoms.

Dr Gerardine Mukeshimana said, "all livestock in these districts are not allowed to be moved for purposes of slaughter, sell, or herding."

She said tests conducted by the Rwanda Agriculture Board (RAB) laboratory have confirmed positive the RVF disease.

The virus can be transmitted to humans through the handling of animal tissue during slaughtering or butchering, assisting with animal births, conducting veterinary procedures, or from the disposal of carcasses or fetuses.

--

Communicated by:
ProMED-mail
<promed@promedmail.org>

[During its periodic upsurges (usually, once per 10-15 years), the RVF virus is known to initially affect susceptible animals which become its disseminators, infecting additional animals and, often, humans as well. Infected animals are the source for subsequent human infection.

So far, during the current RVF event, no diagnosed human cases have been reported from Rwanda. This is in contrast with the situation seen in other African countries, where RVF epidemics have traditionally been heralded by human cases, with animal cases diagnosed belatedly.

RVF is currently circulating in at least 2 other countries in eastern/southern Africa, namely Kenya and South Africa.

Maps of Rwanda:

<<http://www.nationsonline.org/oneworld/map/rwanda-admin-map.htm>> and
<<http://healthmap.org/promed/p/15277>>. -Mod.AS]

[See Also:

Rift Valley fever - Rwanda: (ES) bovine

<http://promedmail.org/post/20180609.5846453>

Rift Valley fever - Kenya (03): (WJ) camel, human, OIE

<http://promedmail.org/post/20180609.5847976>

Rift Valley fever - Kenya (02): (WJ) susp

<http://promedmail.org/post/20180609.5847216>

Rift valley fever - Kenya: alert, prevention

<http://promedmail.org/post/20180531.5830703>

Rift Valley fever - South Sudan (09): (EL) human, animal, WHO

<http://promedmail.org/post/20180410.5735975>

Rift Valley fever - South Sudan (08): (EL) animal, human, WHO, FAO

<http://promedmail.org/post/20180313.5683274>

Rift Valley fever - South Sudan (07): (EL)

<http://promedmail.org/post/20180312.5682186>

Rift Valley fever - South Sudan (06): (EL) livestock, RFI

<http://promedmail.org/post/20180310.5678018>

Rift Valley fever - South Sudan (05): (EL) bovine, OIE

<http://promedmail.org/post/20180309.5675819>

Rift Valley fever - South Sudan (04): (EL)

<http://promedmail.org/post/20180309.5675244>

Rift Valley fever - South Sudan (03): (EL)

<http://promedmail.org/post/20180206.5611318>

Rift Valley fever - South Sudan (02): (EL)

<http://promedmail.org/post/20180130.5595636>

Rift Valley fever - South Sudan: (EB) WHO, susp, RFI

<http://promedmail.org/post/20180119.5568536>

Undiagnosed hemorrhagic illness - South Sudan: (EL) fatal

<http://promedmail.org/post/20180109.5545676>

Rift Valley fever - Gambia: (BJ) WHO

<http://promedmail.org/post/20180124.5582524>

Rift Valley fever - Uganda

<http://promedmail.org/post/20180124.5582417>

2017

Rift Valley fever - Europe: vector competence

<http://promedmail.org/post/20170811.5243601>

Rift Valley fever - Nigeria: livestock, serology, OIE

<http://promedmail.org/post/20170727.5209912>

Rift Valley fever - Mali (02): (KK)

<http://promedmail.org/post/20170721.5195838>

Rift Valley fever - Mauritania: RFI

<http://promedmail.org/post/20170605.5085590>

Rift Valley fever - Niger: livestock, human, risk assessment, FAO

<http://promedmail.org/post/20170404.4947846>

Rift Valley fever - Mali: (GO) ovine, caprine, OIE

<http://promedmail.org/post/20170128.4799130>

2016

Rift Valley fever - Niger (05): (TH)
<http://promedmail.org/post/20161121.4643103>
Rift Valley fever - Niger (04): (TH)
<http://promedmail.org/post/20161014.4560906>
Rift Valley fever - Niger (03): (TH) livestock, human
<http://promedmail.org/post/20160929.4525684>
Rift Valley fever - Niger (02): (TH), livestock, human,
<http://promedmail.org/post/20160922.4506785>
Rift Valley fever - Niger: (TH) livestock, OIE
<http://promedmail.org/post/20160920.4501514>
Undiagnosed deaths, camels - Kenya: (MB) RFI
<http://promedmail.org/post/20160128.3973561>
2013

Rift Valley Fever, Sheep, goat and Camelidae - Mauritania, Senegal:
OIE <http://promedmail.org/post/20131018.2008030>
2011

Rift Valley fever - South Africa (05): ovine, vaccine policy
<http://promedmail.org/post/20110201.0377>
Rift Valley fever - South Africa (04): camelidae
<http://promedmail.org/post/20110201.0374>
Rift Valley fever - South Africa (03): livestock, OIE, vaccination,
<http://promedmail.org/post/20110129.0350>
Rift Valley fever - South Africa (02): ovine, vaccination, RFI
<http://promedmail.org/post/20110125.0304>
Rift Valley fever - South Africa: (WC) ovine OIE
<http://promedmail.org/post/20110119.0224>
Undiagnosed disease, camel - Kenya: RFI
<http://promedmail.org/post/20110222.0586>
2010

Rift Valley fever, animal - South Africa (02): control strategy
<http://promedmail.org/post/20100606.1886>
Rift Valley fever - Kenya: alert, prevention
<http://promedmail.org/post/20100520.1675>
2008

Rift Valley fever - Kenya (02): (NE), alert, prevention
<http://promedmail.org/post/20081114.3586>
Rift Valley fever - Kenya: multiple virus lineages
<http://promedmail.org/post/20080915.2881>

.....arn/mj/jh
#####

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For assistance from a human being, send mail to:
<postmaster@promedmail.org>.

#####

List-Unsubscribe: <http://ww4.isid.org/promedmail/subscribe.php>

From: Kirsten Gilardi <kvgilardi@ucdavis.edu>
To: Jonna Mazet <jkmazet@ucdavis.edu>, PREDICT-outbreak <predict-outbreak@ucdavis.edu>, Predict inbox <predict@ucdavis.edu>
Cc: jnziza <[REDACTED]>
Subject: Fwd: Coordination for RVF Outbreak in Rwanda
Sent: Mon, 18 Jun 2018 15:36:04 +0000

Jonna, Brian, David:

Julius and I could use some guidance from you on how we should handle any requests from USAID specifically for PREDICT Involvement in this RVF outbreak, which might come out of this conference call that Lisa Kramer is organizing. I will plan to be on the call too.

We do not have the financial resources (in our Y4 subaward) to participate in field surveillance, and unless the GoR is wanting to see some wildlife surveillance accomplished as part of their outbreak response, not sure what our role could or should be....

Thanks for your guidance,

Kirsten and Julius

Begin forwarded message:

From: Lisa Kramer <lkramer@usaid.gov>
Subject: Coordination for RVF Outbreak in Rwanda
Date: June 18, 2018 at 4:14:14 AM PDT
To: Kirsten Gilardi <kvgilardi@ucdavis.edu>, "[REDACTED]
[REDACTED]>, Mike Cranfield <mcranfield@goimadocenter.org>, jnziza
[REDACTED]>, "[REDACTED]
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, Dennis Carroll <dcarroll@usaid.gov>, "akibria@usaid.gov" <akibria@usaid.gov>, Angela Wang <awang@usaid.gov>, Richard Munyaneza <rmunyaneza@usaid.gov>, John McKay <jmckay@usaid.gov>, Sarah Paige <spaige@usaid.gov>, Andrew Clements <aclements@usaid.gov>, Marilyn Crane <mcrane@usaid.gov>, Katey Pelican <pelicank@umn.edu>, irwego <irwego@umn.edu>, Irene Naigaga <[REDACTED]>, William Bazeyo <[REDACTED]>, Etienne Rugigana <[REDACTED]>, Robert Kibuuka <[REDACTED]>

Dear Richard, Yilma, Charles, Julius, Mike, and Kirsten

I would like to bring all of you together on one email to discuss collaboration in providing support to the GoR for response to the RVF outbreak. I understand that the GoR and particularly Dr. Gafarasi has had discussions with both FAO and PREDICT2 about the outbreak and the GoR has sent a formal request for support to FAO. I suggest that a few key individuals from each organization be on call later this week to discuss and that we all agree to promoting a One Health response to the outbreak while documenting lessons for strengthened GoR OIISC collaboration for future zoonotic disease events. Would 4:00 pm Kigali time on Wednesday work?

I have added representatives from OHCEA and OHW to this email because outbreak responses such as this have presented good opportunities in other countries to involve students in the outbreak response. In the other countries, this has been a win-win with the government response team gaining extra labor and the students enhancing their One Health field training.

Best,
Lisa

Lisa Kramer
Regional Emerging Pandemic Threats Advisor
USAID/Kenya and East Africa
+254-20-862-2107 (Office)

[REDACTED]

On Fri, Jun 15, 2018 at 10:01 PM, Kirsten Gilardi <kvgilardi@ucdavis.edu> wrote:

Thank you for forwarding Andrew.

Our PREDICT Country Coordinator, Dr. Julius Nziza (cc'd), has been in close communication with the Head of Veterinary Services for the Rwanda Agriculture Board, Dr. Isidore Gafarasi, who has confirmed deaths in cattle and goats in the Eastern Province. RAB veterinarians are implementing a vaccination campaign in the outbreak area to limit spread. The Rwanda Biomedical Center (the Ministry of Health's implementation arm) is in the region interviewing families who have lost livestock and is collecting samples for testing at the RBC's National Reference Laboratory (our diagnostic lab partner for PREDICT). Finally, the Rwanda Development Board's chief wildlife veterinarian, Dr. Antoine Mudakikwa, is on his way to the national park in the Eastern Province, Akagera, to meet with park management and inquire about any wildlife mortality.

Our PREDICT team is being kept informed through our participation on the Rwanda One Health Steering Committee and through our PREDICT government partners.

We will of course let you know if PREDICT receives any kind of formal request from the Government of Rwanda.

-Kirsten Gilardi, DVM
Regional Lead, PREDICT Rwanda

On Jun 15, 2018, at 10:46 AM, Andrew Clements <aclements@usaid.gov> wrote:

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: promed-edr@promedmail.org
Date: June 15, 2018 at 7:34:26 PM GMT+2
To: promed-post@promedmail.org, promed-edr-post@promedmail.org, promed-ahead-post@promedmail.org
Subject: PRO/AH/EDR> Rift Valley fever - Rwanda (02): (ES) bovine, spread, alert
Reply-To: promedNOREPLY@promedmail.org

RIFT VALLEY FEVER - RWANDA (02): (EASTERN) BOVINE, SPREAD,
ALERT

A ProMED-mail post
<<http://www.promedmail.org>>
ProMED-mail is a program of the
International Society for Infectious Diseases
<<http://www.isid.org>>

[1]
Date: Wed 13 Jun 2018

Source: OSAC (US Department of State, Bureau Diplomatic Security)

Health alert [edited]

<<https://www.osac.gov/Pages/ContentReportPDF.aspx?cid=24268>>

Health alert: Kigali (Rwanda), Rift Valley fever outbreak in Eastern province

Location: Ngoma, Kirehe, and Kyonza districts, Eastern province, Rwanda

Event: The US Embassy in Kigali wishes to inform American citizens that the Rwandan Ministry of Agriculture has recently confirmed an outbreak of Rift Valley fever (RVF) in cattle in 3 districts of Eastern province: Ngoma, Kirehe, and Kyonza.

RVF is a viral disease that primarily affects animals but can also infect humans. While most human cases are relatively mild, a small percentage of patients develop a much more severe form of the disease, including lesions in the eye, meningoencephalitis or haemorrhagic fever.

--

Communicated by:

ProMED-mail

<promed@promedmail.org>

[2]

Date: Sun 10 Jun 2018

Source: Taarifa (Rwandan news media house) [summ., edited]

<<https://taarifa.rw/2018/06/10/livestock-movements-blocked-over-rift-valley-fever/>>

The 3 districts of Kayonza, Ngoma, and Kirehe have been placed under close monitoring following an outbreak of the deadly Rift Valley fever [RVF] disease.

Livestock in these districts are under quarantine and thus not allowed to be moved to other places.

The Agriculture Ministry has urged all herders across the country to immediately report any suspected cases of livestock including; goats, cattle, and sheep that show signs and symptoms.

Dr Gerardine Mukeshimana said, "all livestock in these districts are not allowed to be moved for purposes of slaughter, sell, or herding."

She said tests conducted by the Rwanda Agriculture Board (RAB) laboratory have confirmed positive the RVF disease.

The virus can be transmitted to humans through the handling of animal tissue during slaughtering or butchering, assisting with animal births, conducting veterinary procedures, or from the disposal of carcasses or fetuses.

--

Communicated by:

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<promed@promedmail.org>

[During its periodic upsurges (usually, once per 10-15 years), the RVF virus is known to initially affect susceptible animals which become its disseminators, infecting additional animals and, often, humans as well. Infected animals are the source for subsequent human infection.

So far, during the current RVF event, no diagnosed human cases have been reported from Rwanda. This is in contrast with the situation seen in other African countries, where RVF epidemics have traditionally been heralded by human cases, with animal cases diagnosed belatedly.

RVF is currently circulating in at least 2 other countries in eastern/southern Africa, namely Kenya and South Africa.

Maps of Rwanda:

<<http://www.nationsonline.org/oneworld/map/rwanda-admin-map.htm>> and
<<http://healthmap.org/promed/p/15277>>. -Mod.AS]

[See Also:

Rift Valley fever - Rwanda: (ES) bovine

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<http://promedmail.org/post/20180609.5847976>

Rift Valley fever - Kenya (02): (WJ) susp

<http://promedmail.org/post/20180609.5847216>

Rift valley fever - Kenya: alert, prevention

<http://promedmail.org/post/20180531.5830703>

Rift Valley fever - South Sudan (09): (EL) human, animal, WHO

<http://promedmail.org/post/20180410.5735975>

Rift Valley fever - South Sudan (08): (EL) animal, human, WHO, FAO

<http://promedmail.org/post/20180313.5683274>

Rift Valley fever - South Sudan (07): (EL)

<http://promedmail.org/post/20180312.5682186>

Rift Valley fever - South Sudan (06): (EL) livestock, RFI

<http://promedmail.org/post/20180310.5678018>

Rift Valley fever - South Sudan (05): (EL) bovine, OIE

<http://promedmail.org/post/20180309.5675819>

Rift Valley fever - South Sudan (04): (EL)

<http://promedmail.org/post/20180309.5675244>

Rift Valley fever - South Sudan (03): (EL)

<http://promedmail.org/post/20180206.5611318>

Rift Valley fever - South Sudan (02): (EL)

<http://promedmail.org/post/20180130.5595636>

Rift Valley fever - South Sudan: (EB) WHO, susp, RFI

<http://promedmail.org/post/20180119.5568536>

Undiagnosed hemorrhagic illness - South Sudan: (EL) fatal

<http://promedmail.org/post/20180109.5545676>

Rift Valley fever - Gambia: (BJ) WHO

<http://promedmail.org/post/20180124.5582524>

Rift Valley fever - Uganda

<http://promedmail.org/post/20180124.5582417>

2017

Rift Valley fever - Europe: vector competence

<http://promedmail.org/post/20170811.5243601>

Rift Valley fever - Nigeria: livestock, serology, OIE

<http://promedmail.org/post/20170727.5209912>

Rift Valley fever - Mali (02): (KK)

<http://promedmail.org/post/20170721.5195838>

Rift Valley fever - Mauritania: RFI

<http://promedmail.org/post/20170605.5085590>

Rift Valley fever - Niger: livestock, human, risk assessment, FAO

<http://promedmail.org/post/20170404.4947846>

Rift Valley fever - Mali: (GO) ovine, caprine, OIE

<http://promedmail.org/post/20170128.4799130>

2016

Rift Valley fever - Niger (05): (TH)

<http://promedmail.org/post/20161121.4643103>

Rift Valley fever - Niger (04): (TH)

<http://promedmail.org/post/20161014.4560906>

Rift Valley fever - Niger (03): (TH) livestock, human

<http://promedmail.org/post/20160929.4525684>

Rift Valley fever - Niger (02): (TH), livestock, human,

<http://promedmail.org/post/20160922.4506785>

Rift Valley fever - Niger: (TH) livestock, OIE

<http://promedmail.org/post/20160920.4501514>

Undiagnosed deaths, camels - Kenya: (MB) RFI

<http://promedmail.org/post/20160128.3973561>

2013

Rift Valley Fever, Sheep, goat and Camelidae - Mauritania, Senegal:

OIE <http://promedmail.org/post/20131018.2008030>

2011

Rift Valley fever - South Africa (05): ovine, vaccine policy

<http://promedmail.org/post/20110201.0377>

Rift Valley fever - South Africa (04): camelidae

<http://promedmail.org/post/20110201.0374>

Rift Valley fever - South Africa (03): livestock, OIE, vaccination,

<http://promedmail.org/post/20110129.0350>

Rift Valley fever - South Africa (02): ovine, vaccination, RFI

<http://promedmail.org/post/20110125.0304>

Rift Valley fever - South Africa: (WC) ovine OIE

<http://promedmail.org/post/20110119.0224>

Undiagnosed disease, camel - Kenya: RFI

<http://promedmail.org/post/20110222.0586>

2010

Rift Valley fever, animal - South Africa (02): control strategy

<http://promedmail.org/post/20100606.1886>

Rift Valley fever - Kenya: alert, prevention

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Rift Valley fever - Kenya: multiple virus lineages

<http://promedmail.org/post/20080915.2881>]

.....arn/mj/jh
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For assistance from a human being, send mail to:

<postmaster@promedmail.org>.

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List-Unsubscribe: <http://ww4.isid.org/promedmail/subscribe.php>

From: Kirsten Gilardi <kvgilardi@ucdavis.edu>
To: Jonna Mazet <jkmazet@ucdavis.edu>
Cc: PREDICT-outbreak <predict-outbreak@ucdavis.edu>, Predict inbox <predict@ucdavis.edu>, jnziza
Subject: Re: Coordination for RVF Outbreak in Rwanda
Sent: Mon, 18 Jun 2018 18:19:06 +0000

All makes good sense Jonna, thank you! I'll let you all know how the call goes. -K

On Jun 18, 2018, at 10:58 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hi,
I think just hear her out, take it under advisement & bring it back to us to discuss with Andrew. Certainly appropriate to let her know that we are limited by budget realities and the limited time left to complete the project on time. That said, if there is help that we could reasonably provide, we should explore.
Not sure what they would want, but will likely be to our detriment not to assist if it is possible to do so, as things are moving toward in-country responses for these kinds of issues.
Assess & let us know,
Jonna

On Mon, Jun 18, 2018 at 8:36 AM, Kirsten Gilardi <kvgilardi@ucdavis.edu> wrote:

Jonna, Brian, David:
Julius and I could use some guidance from you on how we should handle any requests from USAID specifically for PREDICT Involvement in this RVF outbreak, which might come out of this conference call that Lisa Kramer is organizing. I will plan to be on the call too.

We do not have the financial resources (in our Y4 subaward) to participate in field surveillance, and unless the GoR is wanting to see some wildlife surveillance accomplished as part of their outbreak response, not sure what our role could or should be....

Thanks for your guidance,

Kirsten and Julius

Begin forwarded message:

From: Lisa Kramer <lkramer@usaid.gov>
Subject: Coordination for RVF Outbreak in Rwanda
Date: June 18, 2018 at 4:14:14 AM PDT
To: Kirsten Gilardi <kvgilardi@ucdavis.edu>, "REDACTED" <REDACTED>, Mike Cranfield <REDACTED>, jnziza <REDACTED>, "REDACTED" <REDACTED>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, Dennis Carroll <dcarroll@usaid.gov>, "akibria@usaid.gov" <akibria@usaid.gov>, Angela Wang <awang@usaid.gov>, Richard Munyaneza <rmunyaneza@usaid.gov>, John McKay <jmckay@usaid.gov>, Sarah Paige <spaige@usaid.gov>, Andrew Clements <aclements@usaid.gov>, Marilyn Crane <mcrane@usaid.gov>, Katey Pelican <pelicank@umn.edu>, irwego <irwego@umn.edu>, Irene Naigaga <REDACTED>, William Bazeyo <REDACTED>, Etienne Rugigana <REDACTED>, Robert Kibuuka <REDACTED>

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Best,
Lisa

Lisa Kramer
Regional Emerging Pandemic Threats Advisor
USAID/Kenya and East Africa
+254-20-862-2107 (Office)

REDACTED

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-Kirsten Gilardi, DVM
Regional Lead, PREDICT Rwanda

On Jun 15, 2018, at 10:46 AM, Andrew Clements <aclements@usaid.gov> wrote:

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: promed-edr@promedmail.org

Date: June 15, 2018 at 7:34:26 PM GMT+2

To: promed-post@promedmail.org, promed-edr-post@promedmail.org, promed-ahead-post@promedmail.org

Subject: PRO/AH/EDR> Rift Valley fever - Rwanda (02): (ES) bovine, spread, alert

Reply-To: promedNOREPLY@promedmail.org

RIFT VALLEY FEVER - RWANDA (02): (EASTERN) BOVINE,
SPREAD, ALERT

A ProMED-mail post

<<http://www.promedmail.org>>

ProMED-mail is a program of the
International Society for Infectious Diseases

<<http://www.isid.org>>

[1]

Date: Wed 13 Jun 2018

Source: OSAC (US Department of State, Bureau Diplomatic Security)

Health alert [edited]

<<https://www.osac.gov/Pages/ContentReportPDF.aspx?cid=24268>>

Health alert: Kigali (Rwanda), Rift Valley fever outbreak in Eastern
province

Location: Ngoma, Kirehe, and Kyonza districts, Eastern province,
Rwanda

Event: The US Embassy in Kigali wishes to inform American citizens
that the Rwandan Ministry of Agriculture has recently confirmed an
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RVF is a viral disease that primarily affects animals but can also
infect humans. While most human cases are relatively mild, a small
percentage of patients develop a much more severe form of the disease,
including lesions in the eye, meningoencephalitis or haemorrhagic
fever.

--

Communicated by:

ProMED-mail

<promed@promedmail.org>

[2]

Date: Sun 10 Jun 2018

Source: Taarifa (Rwandan news media house) [summ., edited]

<<https://taarifa.rw/2018/06/10/livestock-movements-blocked-over-rift-valley-fever/>>

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Communicated by:

ProMED-mail

<promed@promedmail.org>

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Maps of Rwanda:

<<http://www.nationsonline.org/oneworld/map/rwanda-admin-map.htm>> and

<<http://healthmap.org/promed/p/15277>>. -Mod.AS]

[See Also:

Rift Valley fever - Rwanda: (ES) bovine

<http://promedmail.org/post/20180609.5846453>

Rift Valley fever - Kenya (03): (WJ) camel, human, OIE

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Rift Valley fever - Niger (03): (TH) livestock, human
<http://promedmail.org/post/20160929.4525684>
Rift Valley fever - Niger (02): (TH), livestock, human,
<http://promedmail.org/post/20160922.4506785>
Rift Valley fever - Niger: (TH) livestock, OIE
<http://promedmail.org/post/20160920.4501514>
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OIE <http://promedmail.org/post/20131018.2008030>
2011

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<http://promedmail.org/post/20110201.0377>
Rift Valley fever - South Africa (04): camelidae
<http://promedmail.org/post/20110201.0374>

Rift Valley fever - South Africa (03): livestock, OIE, vaccination,
<http://promedmail.org/post/20110129.0350>
Rift Valley fever - South Africa (02): ovine, vaccination, RFI
<http://promedmail.org/post/20110125.0304>
Rift Valley fever - South Africa: (WC) ovine OIE
<http://promedmail.org/post/20110119.0224>
Undiagnosed disease, camel - Kenya: RFI
<http://promedmail.org/post/20110222.0586>
2010

Rift Valley fever, animal - South Africa (02): control strategy
<http://promedmail.org/post/20100606.1886>
Rift Valley fever - Kenya: alert, prevention
<http://promedmail.org/post/20100520.1675>
2008

Rift Valley fever - Kenya (02): (NE), alert, prevention
<http://promedmail.org/post/20081114.3586>
Rift Valley fever - Kenya: multiple virus lineages
<http://promedmail.org/post/20080915.2881>

.....arn/mj/jh
#####

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For assistance from a human being, send mail to:
<postmaster@promedmail.org>.

#####

List-Unsubscribe: <http://ww4.isid.org/promedmail/subscribe.php>

From: "Bebay, Charles (FAOCG)" <[REDACTED]>
To: Lisa Kramer <lkramer@usaid.gov>
Cc: "Makonnen, Yilma (FAOKE)" <[REDACTED]>, Mike Cranfield <[REDACTED]>, jnziza <[REDACTED]>, "Jonna Mazet" <jkmazet@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>, Dennis Carroll <dcarroll@usaid.gov>, "akibria@usaid.gov" <akibria@usaid.gov>, Angela Wang <awang@usaid.gov>, Richard Munyaneza <rmunyaneza@usaid.gov>, "John Mckay" <jmckay@usaid.gov>, Sarah Paige <spaige@usaid.gov>, Andrew Clements <aclements@usaid.gov>, Marilyn Crane <mcrane@usaid.gov>, Katey Pelican <pelicank@umn.edu>, irwego <irwego@umn.edu>, Irene Naigaga <[REDACTED]>, William Bazeyo <[REDACTED]>, Etienne Rugigana <[REDACTED]>, Robert Kibuuka <[REDACTED]>, "Elldrissi, Ahmed (SP5)" <[REDACTED]>, Kirsten Gilardi <kvgilardi@ucdavis.edu>
Subject: RE: Coordination for RVF Outbreak in Rwanda
Sent: Wed, 20 Jun 2018 09:28:53 +0000

Dear Lisa,
Thank you for suggesting this coordination call. Kindly be informed that Ahmed, Senior Animal Health Officer at FAO HQ and I will participate.
Kindest regards,
Charles

From: Lisa Kramer [mailto:lkramer@usaid.gov]
Sent: mardi 19 juin 2018 10:37
To: Kirsten Gilardi <kvgilardi@ucdavis.edu>
Cc: Makonnen, Yilma (FAOKE) <[REDACTED]>; Mike Cranfield <[REDACTED]> jnziza <[REDACTED]>; Bebay, Charles (FAOCG) <[REDACTED]>; Jonna Mazet <jkmazet@ucdavis.edu>; David John Wolking <djwolking@ucdavis.edu>; Dennis Carroll <dcarroll@usaid.gov>; akibria@usaid.gov; Angela Wang <awang@usaid.gov>; Richard Munyaneza <rmunyaneza@usaid.gov>; John Mckay <jmckay@usaid.gov>; Sarah Paige <spaige@usaid.gov>; Andrew Clements <aclements@usaid.gov>; Marilyn Crane <mcrane@usaid.gov>; Katey Pelican <pelicank@umn.edu>; irwego <irwego@umn.edu>; Irene Naigaga <[REDACTED]>; William Bazeyo <[REDACTED]>; Etienne Rugigana <[REDACTED]>; Robert Kibuuka <[REDACTED]>
Subject: Re: Coordination for RVF Outbreak in Rwanda

Thanks Kirsten. The call in details are included in the calendar invite and adding here as well.

Lisa

Toll-free dial-in number (US and Canada): [REDACTED]
International: +1 [REDACTED]
Participant Code: [REDACTED]

Lisa Kramer
Regional Emerging Pandemic Threats Advisor
USAID/Kenya and East Africa
+254-20-862-2107 (Office)
[REDACTED]

On Mon, Jun 18, 2018 at 6:37 PM, Kirsten Gilardi <kvgilardi@ucdavis.edu> wrote:
Lisa, thank you for organizing. I will plan to join the call from here in California: 7 am for me, 4 pm in Kigali. Please send call-in information. -Kirsten

On Jun 18, 2018, at 4:14 AM, Lisa Kramer <lkramer@usaid.gov> wrote:

Dear Richard, Yilma, Charles, Julius, Mike, and Kirsten

I would like to bring all of you together on one email to discuss collaboration in providing support to the GoR for response to the RVF outbreak. I understand that the GoR and particularly Dr. Gafarasi has had discussions with both FAO and PREDICT2 about the outbreak and the GoR has sent a formal request for

support to FAO. I suggest that a few key individuals from each organization be on call later this week to discuss and that we all agree to promoting a One Health response to the outbreak while documenting lessons for strengthened GoR OHSC collaboration for future zoonotic disease events. Would 4:00 pm Kigali time on Wednesday work?

I have added representatives from OHCEA and OHW to this email because outbreak responses such as this have presented good opportunities in other countries to involve students in the outbreak response. In the other countries, this has been a win-win with the government response team gaining extra labor and the students enhancing their One Health field training.

Best,
Lisa

Lisa Kramer
Regional Emerging Pandemic Threats Advisor
USAID/Kenya and East Africa
+254-20-862-2107 (Office)

REDACTED

On Fri, Jun 15, 2018 at 10:01 PM, Kirsten Gilardi <kvgilardi@ucdavis.edu> wrote:
Thank you for forwarding Andrew.

Our PREDICT Country Coordinator, Dr. Julius Nziza (cc'd), has been in close communication with the Head of Veterinary Services for the Rwanda Agriculture Board, Dr. Isidore Gafarasi, who has confirmed deaths in cattle and goats in the Eastern Province. RAB veterinarians are implementing a vaccination campaign in the outbreak area to limit spread. The Rwanda Biomedical Center (the Ministry of Health's implementation arm) is in the region interviewing families who have lost livestock and is collecting samples for testing at the RBC's National Reference Laboratory (our diagnostic lab partner for PREDICT). Finally, the Rwanda Development Board's chief wildlife veterinarian, Dr. Antoine Mudakikwa, is on his way to the national park in the Eastern Province, Akagera, to meet with park management and inquire about any wildlife mortality.

Our PREDICT team is being kept informed through our participation on the Rwanda One Health Steering Committee and through our PREDICT government partners.

We will of course let you know if PREDICT receives any kind of formal request from the Government of Rwanda.

-Kirsten Gilardi, DVM
Regional Lead, PREDICT Rwanda

On Jun 15, 2018, at 10:46 AM, Andrew Clements <aclements@usaid.gov> wrote:

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: promed-edr@promedmail.org

UCDUSR0008961

Date: June 15, 2018 at 7:34:26 PM GMT+2

To: promed-post@promedmail.org, promed-edr-post@promedmail.org, promed-ahead-post@promedmail.org

Subject: PRO/AH/EDR> Rift Valley fever - Rwanda (02): (ES) bovine, spread, alert

Reply-To: promedNOREPLY@promedmail.org

RIFT VALLEY FEVER - RWANDA (02): (EASTERN) BOVINE, SPREAD,
ALERT

A ProMED-mail post

<<http://www.promedmail.org>>

ProMED-mail is a program of the
International Society for Infectious Diseases

<<http://www.isid.org>>

[1]

Date: Wed 13 Jun 2018

Source: OSAC (US Department of State, Bureau Diplomatic Security)

Health alert [edited]

<<https://www.osac.gov/Pages/ContentReportPDF.aspx?cid=24268>>

Health alert: Kigali (Rwanda), Rift Valley fever outbreak in Eastern
province

Location: Ngoma, Kirehe, and Kyonza districts, Eastern province,
Rwanda

Event: The US Embassy in Kigali wishes to inform American citizens
that the Rwandan Ministry of Agriculture has recently confirmed an
outbreak of Rift Valley fever (RVF) in cattle in 3 districts of
Eastern province: Ngoma, Kirehe, and Kyonza.

RVF is a viral disease that primarily affects animals but can also
infect humans. While most human cases are relatively mild, a small
percentage of patients develop a much more severe form of the disease,
including lesions in the eye, meningoencephalitis or haemorrhagic
fever.

--

Communicated by:

ProMED-mail

<promed@promedmail.org>

[2]

Date: Sun 10 Jun 2018

Source: Taarifa (Rwandan news media house) [summ., edited]

<<https://taarifa.rw/2018/06/10/livestock-movements-blocked-over-rift-valley-fever/>>

The 3 districts of Kayonza, Ngoma, and Kirehe have been placed under
close monitoring following an outbreak of the deadly Rift Valley fever
[RVF] disease.

Livestock in these districts are under quarantine and thus not allowed

to be moved to other places.

The Agriculture Ministry has urged all herders across the country to immediately report any suspected cases of livestock including; goats, cattle, and sheep that show signs and symptoms.

Dr Gerardine Mukeshimana said, "all livestock in these districts are not allowed to be moved for purposes of slaughter, sell, or herding."

She said tests conducted by the Rwanda Agriculture Board (RAB) laboratory have confirmed positive the RVF disease.

The virus can be transmitted to humans through the handling of animal tissue during slaughtering or butchering, assisting with animal births, conducting veterinary procedures, or from the disposal of carcasses or fetuses.

--

Communicated by:

ProMED-mail

<promed@promedmail.org>

[During its periodic upsurges (usually, once per 10-15 years), the RVF virus is known to initially affect susceptible animals which become its disseminators, infecting additional animals and, often, humans as well. Infected animals are the source for subsequent human infection.

So far, during the current RVF event, no diagnosed human cases have been reported from Rwanda. This is in contrast with the situation seen in other African countries, where RVF epidemics have traditionally been heralded by human cases, with animal cases diagnosed belatedly.

RVF is currently circulating in at least 2 other countries in eastern/southern Africa, namely Kenya and South Africa.

Maps of Rwanda:

<<http://www.nationsonline.org/oneworld/map/rwanda-admin-map.htm>> and
<<http://healthmap.org/promed/p/15277>>. -Mod.AS]

[See Also:

Rift Valley fever - Rwanda: (ES) bovine

<http://promedmail.org/post/20180609.5846453>

Rift Valley fever - Kenya (03): (WJ) camel, human, OIE

<http://promedmail.org/post/20180609.5847976>

Rift Valley fever - Kenya (02): (WJ) susp

<http://promedmail.org/post/20180609.5847216>

Rift valley fever - Kenya: alert, prevention

<http://promedmail.org/post/20180531.5830703>

Rift Valley fever - South Sudan (09): (EL) human, animal, WHO

<http://promedmail.org/post/20180410.5735975>

Rift Valley fever - South Sudan (08): (EL) animal, human, WHO, FAO

<http://promedmail.org/post/20180313.5683274>

Rift Valley fever - South Sudan (07): (EL)

<http://promedmail.org/post/20180312.5682186>

Rift Valley fever - South Sudan (06): (EL) livestock, RFI

<http://promedmail.org/post/20180310.5678018>

Rift Valley fever - South Sudan (05): (EL) bovine, OIE

<http://promedmail.org/post/20180309.5675819>

Rift Valley fever - South Sudan (04): (EL)

<http://promedmail.org/post/20180309.5675244>

Rift Valley fever - South Sudan (03): (EL)

<http://promedmail.org/post/20180206.5611318>

Rift Valley fever - South Sudan (02): (EL)

<http://promedmail.org/post/20180130.5595636>

Rift Valley fever - South Sudan: (EB) WHO, susp, RFI

<http://promedmail.org/post/20180119.5568536>

Undiagnosed hemorrhagic illness - South Sudan: (EL) fatal

<http://promedmail.org/post/20180109.5545676>

Rift Valley fever - Gambia: (BJ) WHO

<http://promedmail.org/post/20180124.5582524>

Rift Valley fever - Uganda

<http://promedmail.org/post/20180124.5582417>

2017

Rift Valley fever - Europe: vector competence

<http://promedmail.org/post/20170811.5243601>

Rift Valley fever - Nigeria: livestock, serology, OIE

<http://promedmail.org/post/20170727.5209912>

Rift Valley fever - Mali (02): (KK)

<http://promedmail.org/post/20170721.5195838>

Rift Valley fever - Mauritania: RFI

<http://promedmail.org/post/20170605.5085590>

Rift Valley fever - Niger: livestock, human, risk assessment, FAO

<http://promedmail.org/post/20170404.4947846>

Rift Valley fever - Mali: (GO) ovine, caprine, OIE

<http://promedmail.org/post/20170128.4799130>

2016

Rift Valley fever - Niger (05): (TH)

<http://promedmail.org/post/20161121.4643103>

Rift Valley fever - Niger (04): (TH)

<http://promedmail.org/post/20161014.4560906>

Rift Valley fever - Niger (03): (TH) livestock, human

<http://promedmail.org/post/20160929.4525684>

Rift Valley fever - Niger (02): (TH), livestock, human,

<http://promedmail.org/post/20160922.4506785>

Rift Valley fever - Niger: (TH) livestock, OIE

<http://promedmail.org/post/20160920.4501514>

Undiagnosed deaths, camels - Kenya: (MB) RFI

<http://promedmail.org/post/20160128.3973561>

2013

Rift Valley Fever, Sheep, goat and Camelidae - Mauritania, Senegal:

OIE <http://promedmail.org/post/20131018.2008030>

2011

Rift Valley fever - South Africa (05): ovine, vaccine policy

<http://promedmail.org/post/20110201.0377>

Rift Valley fever - South Africa (04): camelidae

<http://promedmail.org/post/20110201.0374>

Rift Valley fever - South Africa (03): livestock, OIE, vaccination,

<http://promedmail.org/post/20110129.0350>

Rift Valley fever - South Africa (02): ovine, vaccination, RFI

<http://promedmail.org/post/20110125.0304>

Rift Valley fever - South Africa: (WC) ovine OIE

<http://promedmail.org/post/20110119.0224>

Undiagnosed disease, camel - Kenya: RFI

<http://promedmail.org/post/20110222.0586>

2010

Rift Valley fever, animal - South Africa (02): control strategy

<http://promedmail.org/post/20100606.1886>

Rift Valley fever - Kenya: alert, prevention

<http://promedmail.org/post/20100520.1675>

2008

Rift Valley fever - Kenya (02): (NE), alert, prevention

<http://promedmail.org/post/20081114.3586>

Rift Valley fever - Kenya: multiple virus lineages

<http://promedmail.org/post/20080915.2881>

.....arn/mj/jh

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From: Andrew Clements <aclements@usaid.gov>
To: Karen Saylor <ksaylors@metabiota.com>
CC: Jonna Mazet <jkmazet@ucdavis.edu>; PREDICT-outbreak <predict-outbreak@ucdavis.edu>; David McIver <dmciver@metabiota.com>; Charles Kumakamba <ckumakamba@metabiota.com>; Beth Edison <bedison@metabiota.com>; Brian Bird <bhbird@ucdavis.edu>; David J Wolking <djwolking@ucdavis.edu>
Sent: 9/6/2018 8:39:30 AM
Subject: Re: Ebola outbreak response support request from INRB/MOH

Thanks, Karen.

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, Sep 6, 2018 at 4:59 PM Karen Saylor <ksaylors@metabiota.com> wrote:

Hi Andrew.

The PPE will go to the outbreak site and not be used in the Kinshasa lab.

I've asked Charles to discreetly find out why this request was made to PREDICT rather than WHO. We will follow up.

Thanks,
Karen

On Wed, Sep 5, 2018 at 1:36 PM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Karen,

I've heard back from the mission. They're okay with this.

One question: is INRB asking Predict (rather than WHO) because the PPE is just for lab workers processing samples in Kinshasa?

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 Sep 5, 2018, at 6:15 PM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Karen,

Personally, I'm okay with this request, but let me check in with the mission. I'll get back to you soon.

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 5, 2018, at 5:45 PM, Karen Saylors <ksaylors@metabiota.com> wrote:

hello Andrew, Jonna and team.

We received a phone call today from the Deputy Director of INRB requesting 50 sets of PPE and a glove box to send to the outbreak site. We have this material in stock, so may we go ahead with this PREDICT donation?

We are awaiting an official letter from Dr. Steve Ayuka, which we will send along as soon as it comes in, but with your permission, we could transfer this material as soon as possible. Please advise.

Thanks,
Karen

From: Tracey Goldstein <tgoldstein@ucdavis.edu>
To: Andrew Clements <aclements@usaid.gov>
CC: David Wolking <djwolking@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>; Johnson Chris <ckjohnson@ucdavis.edu>; predictmgt@usaid.gov <predictmgt@usaid.gov>
Sent: 10/24/2018 3:29:30 PM
Subject: Re: Summary of P2 results for FY2018

Hi Andrew,

Thanks for sending - we will work on getting those numbers.

Can you clarify the numbers needed? In your email and in the 2017 report you attached we reported on the 12 GHSA phase 1 countries in Africa, but in Richard's email below he indicates GHSA phase 1 countries in Africa and Asia plus DRC?

Thanks for you help, Tracey

On Mon, Oct 22, 2018 at 1:05 AM Andrew Clements <aclements@usaid.gov> wrote:
Hi David,

See the request below from Richard regarding updated numbers on GHSA countries in Africa. Due date November 2.

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>

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

From: **Richard Greene** <rgreene@usaid.gov>
Date: Fri, Oct 19, 2018 at 10:26 PM
Subject: Summary of P2 results for FY2018
To: Andrew Clements <aclements@usaid.gov>

Hi Andrew,

Can you please update the results for P2 for GHSA Phase I countries (Africa and Asia) plus DRC.

Attached please find the blurb we used for last year's annual report. I would be helpful to have the updated blurb by November 2, if possible.

Best
Richard

--

Richard S. Greene
Senior Infectious Disease Strategy Advisor
Office of Health, Infectious Diseases, and Nutrition
Bureau for Global Health
USAID
Tel: (571) 551-7364
E-mail: rgreene@usaid.gov

--

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

From: [REDACTED]
To: Amanda Fine [REDACTED], Brian H Bird <bhbird@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, Corina Grigorescu Monagin <cgmonagin@UCDAVIS.EDU>, Dawn Zimmerman <Zimmermand@si.edu>, Jon Epstein <epstein@ecohealthalliance.org>, David John Volking <djwvolking@ucdavis.edu>, Karen Saylor <ksaylors@labyrinthgh.com>, Marc Valitutto <ValituttoM@si.edu>, "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 B. Karesh" <karesh@ecohealthalliance.org>
Cc: Alison Andre <andre@ecohealthalliance.org>, Amanda Andre <amanda.andre@ecohealthalliance.org>, Ava Sullivan <sullivan@ecohealthalliance.org>, Evelyn Luciano <luciano@ecohealthalliance.org>, Nicole R Gardner <nrgardner@ucdavis.edu>, Eri Togami <etogami@ucdavis.edu>, Brooke Genovese <bgenovese@ucdavis.edu>, "Churchill, Carolina" [REDACTED] Molly Turner <turner@ecohealthalliance.org>, predict Sympa List <predict@ucdavis.edu>
Subject: [Canceled] PREDICT EB Sep 4
Sent: Thu, 29 Aug 2019 22:10:57 +0000

Hi PREDICT EB,

Your next PREDICT EB meeting, originally scheduled on Wednesday September 4 at 9am PT/12pm ET, has been canceled.

Best,
Eri

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>; mdea@usaid.gov <mdea@usaid.gov>
Sent: 8/30/2019 2:16:01 PM
Subject: Re: Change to Approved ITA - Bird+Smith (SL) Postponed

Noted. Thanks!

Monica: see change below.

*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 30, 2019, at 7:44 PM, Katherine Leasure <kaleasure@ucdavis.edu> wrote:

Hi Andrew. Please note that the previously approved travel for Brian Bird and Bridgette Smith to Sierra Leone has been postponed due to schedule conflicts. They are in the process of rescheduling, and an updated ITA will be submitted as soon as those details have been confirmed. Please let me know if you have any questions. Thanks!

-
UC Davis would like to request travel approval for Dr. Brian Bird and Ms. Bridgette Smith to travel from Sacramento, California, USA to Freetown, Sierra Leone from August 31 to September 7, 2019 for meetings with in-country PREDICT team members, other GHSA partners, GoSL Ministry and District-level to prepare to wrap up the project in the last month and hold the closeout meetings with our partners.

Trip purpose: In Freetown, Dr. Bird and Ms. Smith will meet and work with the Mission and GoSL Ministry and District-level officials, to discuss wrap up of PREDICT-related activities for Year 5. They will also work on Sierra Leone operations with team members to close out the project, and hold the final closeout meeting with our partners.

--
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.
To view this discussion on the web visit https://groups.google.com/a/usaid.gov/d/msgid/predictmgt/CAD6-xMLvQNLty%3DbxShgxPHsJoMy-EaeXc1O0K4E0b_huti%3DAAQ%40mail.gmail.com.

From: Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov>
Sent: Sun, 10 Nov 2019 06:01:23 -0800
Subject: Fwd: Peer-reviewed publications request _ FY2019 Performance Plan and Report (PPR)
To: djwolking@ucdavis.edu, ckjohnson@ucdavis.edu, jkmazet@ucdavis.edu
Cc: Daniel Schar <dSchar@usaid.gov>, "Andrew(ANE/TS) Clements" <AClements@usaid.gov>, PREDICTmgt@usaid.gov, Jittini Khienvichit <jkhienvichit@usaid.gov>

Dear David,

Just want to follow up with you regarding FY 2019 peer-reviewed publication for Burma, China, Laos, Malaysia, and Thailand that are supported by USAID/PREDICT Project. The due date was Nov 5 which was linked to RDMA's timeline for PPR submission.

Thank you very much for your kind consideration and cooperation upon this request.
Look forward to hearing from you at your earliest convenience.

Best regards,
Sudarat

Sent from my mobile.

Begin forwarded message:

From: Andrew Clements <aclements@usaid.gov>
Date: October 28, 2019 at 9:37:31 PM GMT+7
To: "Sudarat Damrongwatanapokin (RDMA/OPH)" <sDamrongwatanapokin@usaid.gov>, "Daniel Schar (RDMA/OPH)" <dSchar@usaid.gov>
Subject: Fwd: Peer-reviewed publications request _ FY2019 Performance Plan and Report (PPR)

Sent your request to Predict HQ

*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: Andrew Clements <aclements@usaid.gov>
Date: October 28, 2019 at 3:36:30 PM GMT+1
To: djwolking@ucdavis.edu
Cc: Christine Kreuder Johnson <ckjohaclements@usaid.govnson@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, predictmgt@usaid.gov

Subject: Fwd: Peer-reviewed publications request _ FY2019 Performance Plan and Report (PPR)

Hi David,
Can you help with this? Seems pretty straightforward.

It says FY2019 so that would be October 1, 2018 to September 30, 2019 for any studies done in China, Laos,

Thailand, and Malaysia.

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: Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov>
Date: October 28, 2019 at 2:32:46 PM GMT+1
To: "Clements, Andrew(ANE/TS)" <AClements@usaid.gov>, PREDICTMGT
<predictmgt@usaid.gov>, Angela Wang <awang@usaid.gov>, "Amalhin Shek at
ashek@usaid.gov" <ashek@usaid.gov>, Daniel Schar <dSchar@usaid.gov>, Jittinee
Khienvichit <jkhienvichit@usaid.gov>
Subject: Fwd: Peer-reviewed publications request _ FY2019 Performance Plan and Report (PPR)

Dear Andrew and team,

Please see below the request that we sent to our partners for peer review publications for FY 2019 PPR.
Since most PREDICT Project at the country level ended in September 2019, thus we reach out to you for information provision that cover regional, Thailand and Laos activities. Our time line to have the list of publications is Nov 5.

Thank you very much and look forward to hearing from you.

"Welcome to USAID FY2019 Performance Plan and Report (PPR) season. As previously discussed, RDMA is collecting peer-reviewed scientific publications resulting from USG support to research and implementing programs. Please submit the list of "Peer reviewed publication" by Nov. 5 COB

STIR -12 "Peer reviewed publication" are defined as and include : scientific studies published in technical journals which conduct technical peer review of the submissions as part of their decision process; technical reports that are subject to external peer-review and then disseminated; and peer-reviewed conference proceedings. Please see below an example list of publications for FY 2018 PPR.

Thank you very much for your kind assistance and collaboration upon this process"

				Future one health workforce for effective prevention and control of emerging infectious diseases	Saengduen, M. (et al.) (2018).	June 22-25, 2018, the 5th International One Health Congress, Canada	Confe e
47	F Y 18	24	GHS D	Geographical and historical patterns in	Dhingra, M.S., Artois, J., Dellicour, S.,	(Journal: Frontiers in Veterinary Science 5. https://doi.org/10.3389/fvets.2018.00084)	

	18			the emergences of novel highly pathogenic avian influenza (HPAI) H5 and H7 viruses in poultry	Lemey, P., Dauphin, G., Von Dobschuetz, S., Van Boeckel, T.P., Castellan, D.M., Morzaria, S., Gilbert, M., 2018.		
49	F Y 18	26	GHS D	Guideline on AMR Surveillance in bacteria from healthy food animals intended for consumption	Mary Joy Gordoncillo, Rungtip Chuanchuen, Taradon Luangtongkum, Saharuetai Jeamsripong, Carolyn Benigno, Katinka DeBalogh, and Wantanee Kalpravidh	85th PVMA Annual Convention and Scientific Conference. Manila, Philippines. 2018	Abstra
50	F Y 18	27	GHS D	Identifying avian flu(H5N1 and H1N1) as an emerging infectious disease to threaten both human and animal health especially to immunologically naive communities.	Masibulele, SZ. (et al.) (2018)	June 22-25, 2018, the 5th International One Health Congress, Canada	Confe e
51	F Y 18	28	GHS D	Longitudinal study of age-specific pattern of coronavirus infection in Lyle's flying fox (Pteropus lylei) in Thailand	Wacharapluesadee S, Duengkae P, Chaiyes A, Kaewpom T, Rodpan A, Yingsakmongkon S, Petcharat S, Phengsakul P, Maneern P, Hemachudha T.	Virol J. 2018 Feb 20;15(1):38	Peer- review journa
52	F Y 18	29	GHS D	Manual for laboratory diagnosis of Leptospirosis one health approach	Sitti Khairni Bejo (et al.) (2018)	First Print Universiti Putra Malaysia Press	Book
53	F Y 18	30	GHS D	Middle East Respiratory Syndrome Coronavirus Antibodies in Dromedary Camels, Bangladesh, 2015	Ariful Islam, Jonathan H. Epstein, Melinda K. Rostal, Shariful Islam, Mohammed Ziaur Rahman, Mohammed Enayet Hossain, Mohammed Salim Uzzaman, Vincent J. Munster, Malik Peiris, Meerjady Sabrina Flora, Mahmudur Rahman, and Peter Daszak.	Emerging Infectious Diseases Volume 24, Number 5. May 2018	Peer- review journa
54	F Y 18	31	GHS D	One Health approach involving rabies control and prevention in Thailand	Sivapong, S (et al.) (2018)	Aug 26-29, 2018, International Conference on Emerging Infectious Diseases, Georgia, USA.	Confe e
55	F Y 18	32	GHS D	One health implementation for prevention and control intestinal parasite infection in under-privileged	Aulia,RP (et al.) (2018).	June 22-25, 2018, the 5th International One Health Congress. Canada	Confe e

				communities of Thai-Myanmar border			
56	F Y 18	33	GHS D	Organophosphorus flame retardants (PFRs) and phthalates in floor and road dust from a manual e-waste dismantling facility and adjacent communities in Thailand	Dudsadee Muenhor, Hyo-Bang Moon, Sunggyu Lee & Emma Goosey (2018).	Journal of Environmental Science and Health, Part A, Environmental Management, Prince of Songkla University	Peer-review journal
57	F Y 18	34	GHS D	Participatory One Health Disease Detection (PODD): A Novel Approach for Community-Based Reporting of Emerging Infectious Diseases	Assoc.Prof.Dr. Lertrak Srikiyakarn (et al) (2018)	29 Jan-3 Feb, 2018, Prince Mahidol Award Conference, 2018, Thailand	Conference
58	F Y 18	35	GHS D	Pilot surveillance study on Extended Spectrum Beta-Lactamase (ESBL)-producing E. coli in commercial broiler farms in Central Luzon, Philippines	Romeo S. Gundran, Paul A. Cardenio, Fredelon B. Sison, Carolyn C. Benigno	85th PVMA Annual Convention and Scientific Conference. Manila, Philippines. 2018	Abstract
59	F Y 18	36	GHS D	Polybrominated diphenyl ethers (PBDEs) in floor and road dust from a manual e-waste dismantling facility and adjacent communities in Thailand	Dudsadee Muenhor, Hyo-Bang Moon, Sunggyu Lee & Emma Goosey (2018)	Journal of Environmental Science and Health, Part A, Environmental Management, Prince of Songkla University	Peer-review journal
60	F Y 18	37	GHS D	Predicting risk zones of Nipah virus from foraging utilization of Lely's flying fox (Pteropus lylei) in eastern Thailand	Aingorn, C (et al.) (2018)	April 26-27, 2018, International Conference of Agriculture and Natural Resources (ANRES), Bangkok, Thailand	Conference
61	F Y 18	38	GHS D	Prevalence and AMR pattern of Extended Spectrum Beta-Lactamase (ESBL)- producing E. coli in commercial swine farms in Central Luzon, Philippines	Romeo S. Gundran, Paul A. Cardenio, Fredelon B. Sison, Carolyn C. Benigno	85th PVMA Annual Convention and Scientific Conference. Manila, Philippines. 2018	Abstract
62	F Y 18	39	GHS D	Rabies	Fooks AR, Cliquet F, Finke S, Freuling C, Hemachudha T, Mani RS, Müller T, Nadin-Davis S, Picard-Meyer E, Wilde H, Banyard AC.	Nat Rev Dis Primers. 2017 Nov 30;3:17091	Peer-review journal
63	F Y 18	40	GHS D	Spotted Fever Rickettsiosis in a Wildlife Researcher in Sabah, Malaysia	Salgado Lynn, M.; William, T.; Tanganuchitcharnchai A.; Jintaworn. S.:	Trop. Med. Infect. Dis. 2018, 3, 29.	Peer-review journal

				A Case Study	Thaipadungpanit, J.; Lee, M.H.; Jalius, C.; Daszak, P.; Goossens, B.; Hughes, T.; Blacksell, S.D.		
64	F Y 18	41	GHS D	Supporting Asia's Food and Agriculture Sector in implementing the Global Action Plan on AMR	Carolyn Benigno	85th PVMA Annual Convention and Scientific Conference. Manila, Philippines. 2018	Abstra
65	F Y 18	42	GHS D	Synchronized surveillance at the wildlife-livestock- human interface in thailand: a novel approach to early detection of viral transmission across species interfaces	Weerapong, T. (et al.) (2018)	June 22-25, 2018, the 5th International One Health Congress, Canada	Confe e
66	F Y 18	43	GHS D	The impact of surveillance and control on highly pathogenic avian influenza outbreaks in poultry in Dhaka division, Bangladesh	Edward M. Hill Thomas House, Madhur S. Dhingra, Wantanee Kalpravidh, Subhash Morzaria, Muzaffar G. Osmani, Eric Brum, Mat Yamage, Md. A. Kalam, Diann J. Prosser, John Y. Takekawa, Xiangming Xiao, Marius Gilbert, Michael J. Tildesley	September 2018 (Journal: http://dx.doi.org/10.1371/journal.pcbi.1006439)	
67	F Y 18	44	GHS D	The use of GIS and multisectoral policy analyses to support rabies control in Thailand	Anuwat, W. (et al.) (2018).	April 28-May 3, 2018. iCOMOS Conference, Minnesota, USA	Confe e
68	F Y 18	45	GHS D	Transforming Capacities on AMR Surveillance in Food And Agriculture in Asia: A Programmatic Approach.	Mary Joy Gordoncillo, Carolyn Benigno., Katinka de Balogh, Wantanee Kalpravidh, and Rungtip Chuanchuen.	2nd OIE Global Conference on Antimicrobial Resistance and Prudent Use of Antimicrobial Agents in Animals. Marrakesh, Morocco 29-31 October 2018	Poster

Best regards,
Sudarat Damrongwatanapokin, D.V.M., Ph.D.
Regional Animal Health Advisor
USAID Regional Development Mission Asia
REDACTED
E-mail: sdamrongwatanapokin@usaid.gov
Tel: +662-257-3243, Fax: +662 -2573099

From: Peter Daszak <daszak@ecohealthalliance.org>
To: Jonna Mazet <jkmazet@ucdavis.edu>
Cc: Dennis Carroll [REDACTED], Eddy Rubin <erubin@metabiota.com>, Nathan Wolfe <nwolfo@metabiota.com>, [REDACTED] "Samtha Maher" <maher@ecohealthalliance.org>, Cara Chrisman <cchrisman@usaid.gov>
Subject: Re: Thought you might be interested: Keystone meeting on The Global Virome in Health and Disease
Sent: Sun, 8 Dec 2019 09:08:25 +0000

They've had a precious one if these as well - no overlap with what we're doing but it's great that the name is being used - it'll dilute the criticism from the whiners out there

Cheers,

Peter

Peter Daszak
(Sent from my iPhone)

President
EcoHealth Alliance

460 West 34th Street, New York, NY10001, USA

www.EcoHealthAlliance.org

On Dec 8, 2019, at 1:35 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Looks like others like our name, too!
Imitation is the sincerest form of flattery, I guess,
Jonna

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

From: Delwart, Eric <Eric.Delwart@ucsf.edu>
Date: Wed, Dec 4, 2019 at 5:58 PM
Subject: Thought you might be interested: Keystone meeting on The Global Virome in Health and Disease
To: Lark L A Coffey <lcoffey@ucdavis.edu>, Patricia Pesavento <papesavento@ucdavis.edu>, Koen K Van Rompay <kkvanrompay@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, Mazet, Jonna <jkmazet@ucdavis.edu>
Cc: Deng, Xutao <xdeng@vitalant.org>, Terry Ng <ylz9@cdc.gov>, Gia Tung Phan <[REDACTED]>, Tongling Shan [REDACTED], Wen Zhang [REDACTED], Juliana Siqueira [REDACTED], Charlys da Costa [REDACTED], Steven Kubiski <skubiski@sandiegozoo.org>, Emilia Gordon <egordon@spca.bc.ca>, Christian Leutenegger <Christian.Leutenegger@antechmail.com>, Chan, Roxanne <Roxanne-Chan@idexx.com>, Keeton, Susanna <Susanna-Keeton@idexx.com>, Estrada, Marko <Marko-Estrada@idexx.com>, Crim, Marcus <Marcus-Crim@idexx.com>, Gábor dr. Reuter [REDACTED], Ákos Boros [REDACTED], Tan Le Van <tanlv@oucru.org>

The Global Virome in Health and Disease

Scientific Organizers: David Wang, Frederic D. Bushman and Mya Breitbart

Date: March 01 - 04, 2020

Location: Granlibakken Tahoe, Tahoe City, CA, USA

<https://www.keystonesymposia.org/KS/Online/Events/2020C1/Details.aspx?EventKey=2020C1>

From: Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>
To: Jonna Mazet <jkmazet@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, Tracey Goldstein <tgoldstein@ucdavis.edu>, David John Wolking <djwolking@ucdavis.edu>
Subject: FW: PREDICT Management Team Call - Tuesday February 4, 2020 @ 8:30AM Pacific
Sent: Mon, 3 Feb 2020 17:09:29 +0000

Good morning,
For the “global” analysis preview on SMT tomorrow, I’m hoping we can use the zoom line to screen share as we walk through our preliminary stuff for 2-3 min each.
For this meeting tomorrow, I have so far . . .
.Frequent virus detections globally, relationship with # species diversity - CKJ
.DRC ebolavirus serology – TG
Peter and Jonna, do you have 1-2 things we could highlight this time?
It would be ideal to have some in queue that we put forward each meeting if this ends up being productive for USAID.
Thank you
/ckj

From: David J Wolking <djwolking@ucdavis.edu>
Date: Monday, February 3, 2020 at 5:55 AM
To: Alisa Pereira <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, Andrew Clements <AClements@usaid.gov>, Elizabeth Leasure <ealeasure@UCDAVIS.EDU>, Peter Daszak <daszak@ecohealthalliance.org>, PREDICTMGT <predictmgt@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, William Karesh <karesh@ecohealthalliance.org>, Karen Saylor
REDACTED
Cc: Aleksei Chmura <chmura@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Catherine Machalaba <Machalaba@ecohealthalliance.org>, predict Sympa List <predict@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>
Subject: PREDICT Management Team Call - Tuesday February 4, 2020 @ 8:30AM Pacific

Hi there,

Below is the agenda and Zoom information for tomorrow's call.

Talk soon,

David

PREDICT Management Team Meeting Agenda
Tuesday, February 4, 2020
8:30-9:30AM PST/11:30-12:30pm EST
Zoom link: **REDACTED**
Additional Zoom info below agenda

USAID Updates

1. Administrative items

Urgent briefing with USAID Chief of Staff
March 17-29 2020 meeting updates (confirming dates, plans and preparation, etc)
GAO GHSA audit news (Viet Nam and Indonesia visits)?

2. Novel Coronavirus (2019-nCoV) outbreak

3. Global analyses preview

4. 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*
-
-
- *Plans for data sharing platforms (DDL and consortium*
- *publications)*
-
-
- *Final report update*
-

5. Mission, partner communications & country roundup essentials

6. Publication, media, and conference updates

-
- *[19th](#)*
- *[International Congress on Infectious Diseases](#), Kuala Lumpur (February 20-23, 2020)*
-

7. AOB

Zoom Call-in info

Zoom link: [h](#) **REDACTED**

Or iPhone one-tap :

US: +1 **REDACTED**

Or Telephone:

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

US: +1 **REDACTED**

Meeting ID: **REDACTED**

From: Andrew Clements <aclements@usaid.gov>
Sent: Tue, 11 Feb 2020 00:05:09 +0100
Subject: Re: PREDICT data analysis updates
To: Christine Kreuder Johnson <ckjohnson@ucdavis.edu>
Cc: Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>, PREDICTMGT <predictmgt@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, William Karesh <karesh@ecohealthalliance.org>, Karen Saylor **REDACTED** Peter Daszak <daszak@ecohealthalliance.org>, David John Wolking <djwolking@ucdavis.edu>, predict Sympa List <predict@ucdavis.edu>

Thanks for sharing, Chris.

No rush, but in EIDITH, how many influenza A positives do you have from 1) humans, 2) birds, 3) all other animals? Has anyone e.g. NIH or DTRA expressed interest in identifying the H and N types for these?

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 Mon, Feb 10, 2020 at 12:02 AM Christine Kreuder Johnson <ckjohnson@ucdavis.edu> wrote:

Following up to share a couple of the preliminary updates we discussed on SMT this past week:

1. Viruses found in P1 and P2 in > 30 animals
2. Correlation between # viruses detected and # of species tested by taxonomic group for RNA viruses
3. Correlation between # viruses detected and # of species tested by taxonomic group for DNA viruses

Please let us know if you have any questions.

Chris

From: David J Wolking <djwolking@ucdavis.edu>
Date: Monday, February 3, 2020 at 5:55 AM
To: Alisa Pereira <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, "Cara J. Chrisman" <cchrisman@usaid.gov>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, Andrew Clements <AClements@usaid.gov>, Elizabeth Leasure <ealeasure@UCDAVIS.EDU>, Peter Daszak <daszak@ecohealthalliance.org>, PREDICTMGT <predictmgt@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, William Karesh <karesh@ecohealthalliance.org>, Karen Saylor **REDACTED**
Cc: Aleksei Chmura <chmura@ecohealthalliance.org>, Alison Andre <andre@ecohealthalliance.org>, Catherine Machalaba <Machalaba@ecohealthalliance.org>, predict Sympa List <predict@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>
Subject: PREDICT Management Team Call - Tuesday February 4, 2020 @ 8:30AM Pacific

Hi there,

Below is the agenda and Zoom information for tomorrow's call.

UCDUSR0008981

Talk soon,

David

PREDICT Management Team Meeting Agenda

Tuesday, February 4, 2020

8:30-9:30AM PST/11:30-12:30pm EST

Zoom link:

REDACTED

Additional Zoom info below agenda

USAID Updates

1. Administrative items

Urgent briefing with USAID Chief of Staff

March 17-29 2020 meeting updates (confirming dates, plans and preparation, etc)

GAO GHSA audit news (Viet Nam and Indonesia visits)?

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4. On close-out - standing item

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- *Review/discussion of*
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- *(plans for making available media, images, etc. as a resource; best platforms, etc.) - new standing item*
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-
- *Final report update*
-

5. Mission, partner communications & country roundup essentials

6. Publication, media, and conference updates

-
- *[19th](#)*
- *[International Congress on Infectious Diseases](#), Kuala Lumpur (February 20-23, 2020)*

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7. AOB

Zoom Call-in info

Zoom link: [REDACTED]

Or iPhone one-tap :

US: +1 [REDACTED]

Or Telephone:

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

US: +1 [REDACTED]

Meeting ID: [REDACTED]

From: Andrew Clements <aclements@usaid.gov>
Sent: Wed, 19 Feb 2020 15:32:21 +0100
To: David J Wolking <djwolking@ucdavis.edu>
Cc: "Cara J. Chrisman" <cchrisman@usaid.gov>, Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, Amalhin Shek <ashek@usaid.gov>, "predict@ucdavis.edu" <predict@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>
Subject: [predict] Re: FW: Laboratory diagnosis of emerging virus (SARS-COV-2) training, Hanoi(NCVD), 27-28FEB2020

Thanks, David.

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, Feb 19, 2020 at 3:26 PM David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

Just sharing the invitation Amanda and our PREDICT/Viet Nam team received to a SARS-COV-2 training sponsored by USAID through FAO. The PREDICT protocols will be part of the training. Our team plans on participating and we will keep you posted on any news or developments.

David

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

From: Fine, Amanda <REDACTED>
Date: Wed, Feb 19, 2020 at 12:08 AM
Subject: FW: Laboratory diagnosis of emerging virus (SARS-COV-2) training, Hanoi(NCVD), 27-28FEB2020
To: Olson, Sarah <REDACTED>, Tracey Goldstein <tgoldstein@ucdavis.edu>, David Wolking <djwolking@ucdavis.edu>
Cc: Churchill, Carolina <REDACTED>, Nga, Nguyen <REDACTED>, Pham, Ngoc <REDACTED>

Hello Sarah, Tracey, and David,

I wanted to make sure this was on your radar so am sending this concept note and invitation to a "lab task force training for SARSCOV2" that FAO is organizing with the Department of Animal Health in Viet Nam in collaboration with WHO. As you will see WCS/PREDICT is also on the agenda and identified as providing technical inputs. I understand this is being funded as part of FAO's extended and/or unspent EPT2 funds in response to Viet Nam's direct request for assistance with COVID-19. I have had some discussions with Pawin as he has worked with the Department of Animal Health to organize this and I understand that our role is to present PREDICT corona virus findings and explain the sample collection and sample screening protocols used. Our focal point at RAHO6 will cover the PREDICT laboratory protocols and testing procedures and Nga and I will be working the rest of this week to coordinate with FAO and prepare the materials requested. I am assuming that FAO and WHO will be presenting and doing the training on the SARSCOV2 protocols and I believe it is FAO that will be providing the testing kits, primers, and reagents. We will find out more at the meeting/training about their plans for sample collection or if this is all being done for preparedness only.

Just to confirm here, I have been following through Sarah's participation in the EB calls the discussion regarding the PREDICT extension for SARS COV2 work and have noted that Vietnam is included. We see no issues with extending sub-awards/agreements with RAHO6 to do additional testing of P2 samples.

Cheers,
Amanda

—
Amanda E. Fine, VMD, PhD
Wildlife Health Program Associate Director - Asia

UCDUSR0008984

REDACTED

Skype: wcs.org_afine

From: Pawin Padungtod

Date: Wednesday, February 19, 2020 at 8:19 AM

To: Satoko OTSU, "CONDELL, Orla", Amanda Fine, "Nga, Nguyen (CDC/DDPHSIS/CGH/DGHT)", Michael OLeary, Oanh Thuy

Cc: THU NGUYEN, Tùng Nguyễn, bac ngo van, "NguyenThiPhuong, Bac (FAOVN)", "Le, ThanhHuyen (FAOVN)", "Ta, HaMy (FAOVN)"

Subject: Laboratory diagnosis of emerging virus (SARS-COV-2) training, Hanoi(NCVD), 27-28FEB2020

EXTERNAL EMAIL - Please Use Caution

Dear all,

Kindly note that Viet Nam Department of Animal Health (DAH) in collaboration with the UN-FAO Viet Nam Emergency Center for Transboundary Animal Diseases (ECTAD) will organize a laboratory diagnosis of emerging virus (SARS-COV-2) training at the National Center for Veterinary Diagnosis (NCVD), Hanoi, from 27 to 28 February 2020 with financial support from USAID. The main objective of this training is to develop SARS-COV-2 diagnostic capacity within DAH laboratory system.

On behalf of the organizers, I would like to invite you to participate and provide technical inputs in this training. The concept note including tentative agenda is attached herewith for your kind reference. Your kind confirmation to participate in this event would be and sharing your presentation in English for translation by COB Friday(21).

Please do not hesitate to let us know if you have any question or concern. Your kind collaboration and support is always highly appreciated.

Thank you and best regards,

--

Pawin Padungtod

Senior Technical Coordinator

Emergency Centre for Transboundary Animal Diseases (ECTAD)

Food and Agriculture Organization of the United Nations (FAO)

Country Office for Viet Nam

Room 402, B3 Building, Van Phuc Diplomatic Compound

REDACTED

Website: [FAO Viet Nam](#) | [FAO ECTAD Viet Nam](#)

From: Dennis Carroll <[REDACTED]>
Sent: Thu, 7 May 2020 16:31:58 -0400
Subject: Re: a PREDICT, GVP derived structural biology proposal in response to DOE request for COVID-19 ideas
To: "Becker, Michael" <mbecker@anl.gov>, Eddy Rubin <[REDACTED]>, Jonna Mazet <jkmazet@ucdavis.edu>

Michael, apologies for the tardy reply. Your proposal is really interesting and we would welcome a chance to discuss more with you. I am copying Eddy Rubin on this email. He is a previous Director of the Joint Genome Institute, a DOE supported lab. Eddy is now a key player on the Global Virome Project. Are there times next week when you might be available for a call - preferably in the afternoon?

Looking forward to hearing from you

dennis

On Wed, Apr 29, 2020 at 9:11 PM Becker, Michael <mbecker@anl.gov> wrote:

Dear Colleagues,

The DOE Director of the Office of Science, Chris Fall, recently circulated a letter requesting strategic ideas for how the DOE and National Laboratories might help with the COVID-19 crisis. Please see attached. Some examples given therein may be applicable to the current situation, whereas others are more forward looking.

Taking note of the groundbreaking efforts of PREDICT and of the Global Virome Project, it occurred to me that by using materials and results from such programs as input, systematic efforts with structure-based design could potentially help provide improved diagnostics, and leads for pan-vaccine, and pan-therapeutics to help avert future pandemics. DOE is very good at helping to support structural biology. A single-slide flow chart, a single-page structural biology center concept, and a draft letter to Chris Fall are attached. Improvements are welcome. I called the concept "PREVENT", but it might be better to use "One Health" or "GVP" in the name.

I sincerely hope that each of you might be interested to help improve, and support the concept. But many of you may be way too busy with the crisis right now. I am aiming to submit the concept to Stephen Streiffer, who is the Associate Laboratory Director for Photon Sciences here at Argonne National Laboratory on about Mon., May 4th, which is necessary prior to submitting it to Chris Fall. If any of you would be willing to help improve the ideas and lend your names to the letter, that could greatly increase the chances of it possibly leading to an actionable project.

Very sorry if this is naive or redundant. Thank you very much for your consideration, and best wishes!

Michael Becker, Ph.D.
GM/CA@APS (<https://www.gmca.aps.anl.gov/>)
Argonne National Laboratory

--

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]

From: Nicole R Gardner <nrgardner@ucdavis.edu>
To: Brian H Bird <bhbird@ucdavis.edu>, Terra Kelly <trkelly@ucdavis.edu>, "Olson, Sarah" [REDACTED], "Zimmerman, Dawn" <ZimmermanD@si.edu>, Christian Lange [REDACTED], Karen Saylor [REDACTED], "Olival, Kevin" <olival@ecohealthalliance.org>, Peter Daszak <daszak@ecohealthalliance.org>, Tracey Goldstein <tgoldstein@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, David John Wolking <djwolking@ucdavis.edu>, Elizabeth Leasure <ealeasure@UCDAVIS.EDU>, Hannah R Chale <hrchale@UCDAVIS.EDU>, Matthew Blake <mblake@ucdavis.edu>, "Farnham, Mac" <FarnhamM@si.edu>, "Murray, Suzan" <MurrayS@si.edu>, "Epstein, Jon" <epstein@ecohealthalliance.org>, "Zambrana, Carlos" <zambrana@ecohealthalliance.org>, "Walzer, Christian" [REDACTED], "Fine, Amanda" [REDACTED], Jennifer K Lane <jklane@ucdavis.edu>, "Churchill, Carolina" <cchurchill@wcs.org>, "Galia, Veronica" <GaliaV@si.edu>, Mary Radford <maradford@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Alison Andre <andre@ecohealthalliance.org>, "William B. Karesh" <karesh@ecohealthalliance.org>, Kirsten Gilardi <kgilardi@ucdavis.edu>, Michael Ziccardi <mhziccardi@ucdavis.edu>, Woutrina A Smith <wasmith@ucdavis.edu>, Tierra Smiley Evans <tsmevans@ucdavis.edu>, "hasselljm@si.edu" <hasselljm@si.edu>, Catherine Machalaba <machalaba@ecohealthalliance.org>, Corina Grigorescu Monagin <cgmonagin@UCDAVIS.EDU>, Lucy Keatts [REDACTED], Megan M Doyle <mmdoyle@UCDAVIS.EDU>, Aleksei Chmura <chmura@ecohealthalliance.org>, "Anthony, Simon J." <sja2127@cumc.columbia.edu>
Subject: Re: STOP Spillover Meeting Friday 5/8 9:30am PDT
Sent: Fri, 8 May 2020 15:56:56 +0000

Good morning everyone,

In prep for today's meeting, anyone who signed up for a writing team should now be able to access all of the virus concept notes. Here are links to each document:

Coronaviruses - [http://](#)
Filoviruses - [http://](#)
Lassa - [https://](#)
Influenzas - [http://](#)
Nipah - [https://](#)
Disease X - [http://](#)

REDACTED

Please let me know if there are any access issues. It may take a few minutes for permissions to update across all the documents.

Thanks,
Nicole

From: Nicole R Gardner <nrgardner@ucdavis.edu>
Sent: Thursday, May 7, 2020 5:51 PM
To: Brian H Bird <bhbird@ucdavis.edu>; Terra Kelly <trkelly@ucdavis.edu>; Olson, Sarah [REDACTED]; Zimmerman, Dawn <ZimmermanD@si.edu>; Christian Lange [REDACTED]; Karen Saylor [REDACTED]; Olival, Kevin <olival@ecohealthalliance.org>; Peter Daszak <daszak@ecohealthalliance.org>; Tracey Goldstein <tgoldstein@ucdavis.edu>; Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>; David John Wolking <djwolking@ucdavis.edu>; Elizabeth Leasure <ealeasure@UCDAVIS.EDU>; Hannah R Chale <hrchale@UCDAVIS.EDU>; Matthew Blake <mblake@ucdavis.edu>; Farnham, Mac <FarnhamM@si.edu>; Murray, Suzan <MurrayS@si.edu>; Epstein, Jon <epstein@ecohealthalliance.org>; Zambrana, Carlos <zambrana@ecohealthalliance.org>; Walzer, Christian [REDACTED]; Fine, Amanda [REDACTED]; Jennifer K Lane <jklane@ucdavis.edu>; Churchill, Carolina [REDACTED]; Galia, Veronica <GaliaV@si.edu>; Mary Radford <maradford@ucdavis.edu>; Jonna Mazet <jkmazet@ucdavis.edu>; Alison Andre <andre@ecohealthalliance.org>; William B. Karesh <karesh@ecohealthalliance.org>; Kirsten Gilardi <kgilardi@ucdavis.edu>; Michael Ziccardi <mhziccardi@ucdavis.edu>; Woutrina A Smith <wasmith@ucdavis.edu>; Tierra Smiley Evans <tsmevans@ucdavis.edu>; hasselljm@si.edu <hasselljm@si.edu>; Catherine Machalaba <machalaba@ecohealthalliance.org>; Corina Grigorescu Monagin <cgmonagin@UCDAVIS.EDU>; Lucy Keatts [REDACTED]; Megan M Doyle <mmdoyle@UCDAVIS.EDU>; Aleksei Chmura <chmura@ecohealthalliance.org>
Subject: RE: STOP Spillover Meeting Friday 5/8 9:30am PDT
When: Friday, May 8, 2020 9:30 AM-11:30 AM.
Where: <https://onehealth.zoom.us/j/93154286253>

Hi Everyone,

We'll be meeting at **9:30AM - 11:30AM Pacific on Friday 5/8 (12:30PM - 2:30PM Eastern)** to discuss the STOP Spillover proposal (Zoom details at bottom). In the meantime, please fill in the concept notes google docs for the viruses you signed up for (or were volunteered for) with quick bullets points of your thoughts. We'll need each of these gdocs populated with something before the Friday meeting to help with decision making. Each gdoc contains a few prompts to help get you started.

Here are the virus working groups I captured from the chat and emails after the meeting. Please let me know if you're having any issues accessing the gdocs or if you want to add your name (or volunteer a colleague) to another group.

- **Filos** - Brian, Terra, Sarah, Dawn, James, Tierra, Christian L, Karen, Kevin, Tracey, Kirsten
- **Coronas** (Asia and Africa in same doc but separate sections) - Peter, Tracey, Terra, Tierra, Sarah, Kevin, Mac, Suzan, James, Lucy, Aleksei, Kirsten, Christian L
- **Henipa/Nipah** - Jon, Kevin
- **Lassa** - Brian, Carlos, Catherine, Karen
- **Influenzas** - Amanda, Lucy, Mac
- **Disease X** - Peter, Chris W, Mac, Aleksei

Here's the Zoom information for the Friday meeting. Please forward this on to anyone I missed.

Join Zoom Meeting

REDACTED

Meeting ID: **REDACTED**

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+1 **REDACTED** US (San Jose)

+1 **REDACTED** US (Houston)

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- + **REDACTED** (Houston)
- + **REDACTED** (Tacoma)
- + **REDACTED** (Germantown)
- + **REDACTED** (Chicago)
- + **REDACTED** (New York)

Meeting ID: **REDACTED** **REDACTED**

Find your local number: <https://> **REDACTED**

Thanks,
Nicole

Nicole Gardner
EID Operations Specialist

One Health Institute
University of California, Davis

From: "William B. Karesh" <karesh@ecohealthalliance.org>
To: PREDICTMGT <predictmgt@usaid.gov>, predict Sympa List <predict@ucdavis.edu>
Sent: Mon, 1 Jun 2020 13:35:18 +0000
Subject: [predict] Fwd: Ebola Mbandaka DRC confirmed 3 cases

FYI -

Begin forwarded message:

From: Anne Laudisoit <laudisoit@ecohealthalliance.org>
Subject: Ebola Mbandaka DRC confirmed 3 cases
Date: June 1, 2020 at 9:26:27 AM EDT
To: "William B. Karesh" <karesh@ecohealthalliance.org>, Catherine Machalaba <machalaba@ecohealthalliance.org>

Not yet public

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

De : Albert Tshiula <**REDACTED**>
Date: lun. 1 juin 2020 à 16:10
Subject: Re: Ebola Mbandaka?
To: Anne Laudisoit <laudisoit@ecohealthalliance.org>

Salut Anne

Oui, c'est confirmé, le test fait à l'INRB seraient positifs au MVE...il me fera suivre la note officielle, ils sont en discussion avec Kinshasa et l'OMS pour la déclaration de l'épidémie à virus Ebola dans la province de Mbandaka.

Des bises,

Albert

Le lun. 1 juin 2020 à 15:04, Albert Tshiula <**REDACTED**> a écrit :

Je vérifie l'infos avec le ministre provincial de la santé de Mbandaka et je reviens vers toi!
Albert

Le lun. 1 juin 2020 à 14:16, Anne Laudisoit <laudisoit@ecohealthalliance.org> a écrit :

Rumeur ou confirmation?

Urgent

Les autorités de Mbandaka dans la Province de l'équateur RDC alertent sur 4 cas de décès suspects de MVE dans la zone de santé de Mbandaka. Le laboratoire dreams peu équipé aurait fait Etat du MVE, les échantillons ont été prélevé et envoyés à INRB .

--
Dr Tshiula Lubanga, Albert, MD, MPH
France, Lauris

--
Dr Tshiula Lubanga, Albert, MD, MPH
France, Lauris

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

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

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From: David J Wolking <djwolking@ucdavis.edu>
Sent: Thu, 17 Sep 2020 08:54:45 -0700
Subject: Re: First shot at M&A final report section - my edits still to do
To: Kevin Olival <olival@ecohealthalliance.org>
Cc: David J Wolking <djwolking@ucdavis.edu>, Ava Sullivan <sullivan@ecohealthalliance.org>, Peter Daszak <daszak@ecohealthalliance.org>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>

Great, thanks!

On Thu, Sep 17, 2020 at 8:49 AM Kevin Olival <olival@ecohealthalliance.org> wrote:

Thanks David, will work on this tonight.
Kevin

On Sep 16, 2020, at 1:36 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hey Kevin,
Final version attached here. We just need a few more things to wrap it up:

1. The high resolution figures to finish the design and we're running out of time.
2. A few bullets (5 or so) as "key takeaways". Each chapter has these now and I'm using them to draft the executive summary.
3. A reference check just to make sure any figures that might be published work are now cited and included in the current reference list.

Thanks, almost done!

David

On Thu, Sep 10, 2020 at 7:07 AM David J Wolking <djwolking@ucdavis.edu> wrote:

Kevin,
Looks good thanks! I shared with jonna for her input as she's working on some other related report chapters. We'll be in touch if we need anything.

David

On Wed, Sep 9, 2020 at 8:45 PM David J Wolking <djwolking@ucdavis.edu> wrote:

Super grateful Kevin for the quick turnaround, I'll take a look early am and text you if I need anything.

On Wed, Sep 9, 2020, 8:03 PM Kevin Olival <olival@ecohealthalliance.org> wrote:

David,
Here's the revised chapter. Good edits from your team. I added a few more edits, addressed comments, and took a crack at the final (inspirational) "future" paragraph.

Happy to jump on a call tomorrow to clear up any final pieces.

Cheers,
Kevin

Kevin J. Olival, PhD
Vice President for Research

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On Sep 8, 2020, at 7:48 AM, David J Wolking <djwolking@ucdavis.edu> wrote:

Thanks Kevin, I'll check with Eunah on the figures

On Tue, Sep 8, 2020, 10:45 AM Kevin Olival <olival@ecohealthalliance.org> wrote:

David, apologize I had a busy week and weekend and did miss this. I'll send you revisions by tomorrow. As for pulling high res figures, many of them are directly out of PDFs from published papers, so not sure if it's easier to pull them out using illustrator from the papers... but some I have already and will work to collate these.

Cheers,
Kevin

On Sep 7, 2020, at 1:21 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hey Kevin and Peter,
Just checking in to make sure you saw this message and can turn this chapter around this week as we're in mission critical space for getting document drafts into the design pipeline and then to proof reviews. Please let me know when you're back in the office what your timeline is. **Optimally, returning it to me by September 9th COB would be best**, drop dead the 10th COB.

Thanks,

David

On Wed, Sep 2, 2020 at 2:04 PM David J Wolking <djwolking@ucdavis.edu> wrote:

Hey Kevin, Peter, and Ava,
I worked through this Chapter 1 draft and had Jennie take a read through as well. I think it's really close, just a few comments for you throughout to hopefully wrap this up, though Jonna and Chris may have some ideas as well once they get a chance to read through it.

In brief:

- I restyled the intro and the headers to match the tone of the other chapters

- I dropped in possible "quotes" that we are putting in the margins as little graphical touches - these are like key takeaways. If you have other ideas for quotes or want to edit them, that's great just keep them short and accessible.
- We left a spot for a brief "futuring" piece, 1-2 paragraphs (or however long you want) on what is next in this space (maybe pull in some of our ideas or text from Stop Spillover?)

Happy to chat if you like, the quicker you turn it around the quicker we can develop the proof and show you this piece in PDF format. On that front, do you think we'll get the high res figures uploaded this week?

Thanks!

David

On Sun, Aug 30, 2020 at 3:05 PM David J Wolking <djwolking@ucdavis.edu> wrote:

Got it thanks Kevin! Will be working on this chapter early this week.

On Sat, Aug 29, 2020 at 4:45 PM Kevin Olival <olival@ecohealthalliance.org> wrote:

David,
Edits attached for the M&A 10 year PREDICT report. As we discussed, I went through the as-submitted version of the P2 co-ag report sent to Andrew and made sure it covered some of the still relevant pieces from the PREDICT-1 final report. I also updated the economic analysis section to include the latest Science piece by Dobson et al.

Please let me know if you need anything else at this stage.

Cheers,
Kevin

Kevin J. Olival, PhD

Vice President for Research

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On Aug 25, 2020, at 1:39 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hey Kevin,
Any updates on this chapter? I'm pushing through the others and would love to have it this week.

Thanks!

David

On Thu, Aug 13, 2020 at 1:29 PM Kevin Olival <olival@ecohealthalliance.org> wrote:

Thanks David and good to speak to you today. I'll get started on editing this version to be more inclusive of major accomplishments from P1 (2009-2014), while fitting it in to the same overall structure of the P2 report sent to Andrew.

Cheers,
Kevin

Kevin J. Olival, PhD

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On Aug 13, 2020, at 9:23 AM, David J Wolking
<djwolking@ucdavis.edu> wrote:

Here's the Word version from the chapter we submitted to Andrew and USAID.
D

On Wed, Aug 12, 2020 at 11:53 AM Kevin Olival <olival@ecohealthalliance.org> wrote:

Thought it was today! Ok, tomorrow is open.
kevin

On Aug 12, 2020, at 8:48 AM, Ava Sullivan
<sullivan@ecohealthalliance.org> wrote:

It's my understanding we are talking about chatting tomorrow, Thursday the 13th, at 9AM HST//12PM PST//3PM EST. David is also available at this time.

Ava Sullivan is inviting you to a scheduled Zoom meeting.

Topic: DJW/KJO/AS Final Report
Time: Aug 13, 2020 03:00 PM Eastern Time (US and Canada)

Join Zoom Meeting

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Meeting ID: **REDACTED**

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US (New York)
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US (Tacoma)
US (Houston)

Meeting ID: REDACTED

Find your local number: REDACTED

Ava Sullivan
Project Manager and Research Assistant

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On Aug 12, 2020, at 2:44 PM,
Kevin Olival
<olival@ecohealthalliance.org> wrote:

9am HST is okay for me (in 15 min).

On Aug 12,
2020, at 6:01
AM, Ava
Sullivan
<sullivan@ecohealthalliance.org> wrote:

I am free at 12PM PST//3PM EST tomorrow. I'll send a zoom link if Kevin and you are free then.

Ava Sullivan
Project Manager and Research Assistant

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Hey there,
How about tomorrow (Thursday August 13th)? I'm free after 10AM Pacific
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David

On Tue, Aug 11, 2020 at 6:54 AM Ava Sullivan

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Project Manager and Research Assistant

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On Aug 11, 2020, at 3:47 AM, Kevin Olival
<olival@ecohealthalliance.org> wrote:

Hey David, I'm without internet for another day, but happy to connect on the phone this week anytime on this.
Cheers,
Kevin

Kevin J. Olival, PhD
Vice President for Research

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On Aug 10, 2020, at 11:19 AM, David J Wolking
<djwolking@ucdavis.edu> wrote:

Hey Peter, Kevin, and Ava,
We're starting to ramp up again on the Legacy Report (10 year focus for donor/policy/lay audience). I'll share an example of a chapter with you sometime this week, which should help you better appreciate the style and tone we're aiming for. In the meantime, I was hoping we could find time to talk over plans for updating the "Predicting Spillover" draft that was developed for the CoAg report (e.g., the specific P2 5 year focus).

Maybe Kevin, Ava, and I could connect this week?

Best,

David

On Wed, Jul 29, 2020 at 7:00 AM David J Wolking
<djwolking@ucdavis.edu> wrote:

Thanks Peter, received!
David

On Tue, Jul 28, 2020 at 10:14 PM Peter Daszak
<daszak@ecohealthalliance.org> wrote:

Here it is.

We'll send you a diff IDEEAL figure by Friday with bigger and bolder lines if this one is too 'fine' scaled.

We'll be ready to edit and adapt when you get comments back.

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)

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From: David J Wolking <djwolking@ucdavis.edu>

Sent: Monday, July 27, 2020 12:27 PM

To: Peter Daszak <daszak@ecohealthalliance.org>; Kevin Olival <olival@ecohealthalliance.org>

Cc: Johnson Christine Kreuder (<ckjohnson@ucdavis.edu>); Jonna Mazet (<jkmazet@ucdavis.edu>); Alison Andre (<andre@ecohealthalliance.org>); Ava Sullivan (<sullivan@ecohealthalliance.org>)

Subject: Re: First shot at M&A final report section - my edits still to do

Hey Peter,

Just checking in on this report. Did you have a chance to work through it? We're still aiming to a draft to Andrew this week as part of the 5 year CoAg report.

Thanks,

David

On Wed, Jul 22, 2020 at 8:22 AM Peter Daszak

<daszak@ecohealthalliance.org> wrote:

Look forward to talking today. Here's a first draft from Kevin. I'll be editing this over next 2 days, so you will have a revised draft by COB Friday.

Apologies for the rough nature of it and for delays..

Cheers,

Peter

Peter Daszak

President

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Global Operations Officer, [PREDICT Project](#) of USAID Emerging Threats Division

Senior Manager, [PREEMPT Project](#)

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Senior Manager, [PREEMPT Project](#)
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Manager,
Global Programs,

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of USAID Emerging Threats
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Division
Senior Manager, [PREEMPT Project](#)
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University of California, Davis

<3. DRAFT Global Surveillance Networks and Analysis -
Predicting Spillover.docx>

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