Hi PREDICT management team,

The PREDICT MT call scheduled on April 16 has been canceled due to scheduling conflicts. Please feel free to reach out to us if any urgent items arise in the meantime, and we would be happy to schedule a call quickly.

Best,

Subject: P2-OAA Mtg
Location: Conference Call

Start: 06/13/2019 11:30:00 AM (-07:00)
End: 06/13/2019 12:30:00 PM (-07:00)

Organizer: cchrisman@usaid.gov (cchrisman@usaid.gov)
Required Attendees:
cchrisman@usaid.gov; apereira@usaid.gov; jkmazet@ucdavis.edu; aclements@usaid.gov; pbright@usaid.gov; ashek@usaid.gov; jnunezgrullon@usaid.gov

US/Canada: REDACTED
International: REDACTED
Participant PIN: REDACTED
Host PIN: REDACTED

Please do not edit this section of the description.
PREDICT BRIEFING

Join us for an exclusive briefing on how PREDICT has changed the way we think about pandemic preparedness through our partnerships across the globe.

Featured speakers include PREDICT's own Jonna Mazet (One Health Institute), Simon Anthony (Columbia University), Peter Daszak (EcoHealth Alliance), Tracey Goldstein (One Health Institute), Christine Kreuder Johnson (One Health Institute), Billy Karesh (EcoHealth Alliance), Suzan Murray (Smithsonian Institution), and Karen Saylors (Labyrinth Global Health).

Interactive Q&A to follow presentations.

Limited seating. Please RSVP by March 13 to guarantee your seat.

RSVP online at predict-dc.eventbrite.com

Click here to download the event flyer
FEATURED SPEAKERS

JONNA MAZET
UC Davis One Health Institute

SIMON ANTHONY
Columbia University

PETER DASZAK
EcoHealth Alliance
TRACEY GOLDSMITH
UC Davis One Health Institute

CHRISTINE JOHNSON
UC Davis One Health Institute

BILLY KARESH
EcoHealth Alliance
SUZAN MURRAY
Smithsonian Institution

KAREN SAYLORS
Labyrinth Global Health

PREDICT was initiated in 2009 to strengthen global capacity for detection and discovery of viruses with pandemic potential that can move between animals and people. Learn more at p2.predict.global.
1/10- Reservations for 6 under Nathan's name. Taylor's cell attached to reservation [REDACTED]. They require cancellation 48 hrs before to cancel without penalty.

The Morris
2501 Mariposa St
San Francisco, CA 94110
(b/t York St & Hampshire St)
Restaurant Phone number: (415) 612-8480
Greeting All,
Just confirming the Pre EB call has been moved to **Friday, January 27 8:30 am PST.**

Just heard back from David Wolking on EB call being rescheduled and he is pretty sure it has been rescheduled as well. He sent out the request, only heard back from one person they could not join on Jan 27.

So unless we heard differently, let's confirm on the PreEB.

Best, Liz

**Liz Chase**
Executive Assistant to Dr. Jonna Mazet
One Health Institute
University of California, Davis

530-752-3630
eschase@ucdavis.edu
FYI,

J

-------- Forwarded message --------
From: Andrew Clements <aclements@usaid.gov>
Date: Wed, Jan 18, 2017 at 1:55 AM
Subject: Re: Urgent: Govt. of Bangladesh request for PREDICT to investigate unusual crow die-off in Rajshahi, Northwestern Bangladesh
To: Alisa Pereira <apereira@usaid.gov>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, David J Wolking <djwolking@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>

Hi Jonna,

I'm okay with this so please proceed if you have sufficient budget. It most likely is H5N1 but with H5N8 getting around these days I wouldn't put money on it.

If the cost is higher than expected then we can discuss next steps.

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

On Jan 18, 2017, at 3:49 AM, Alisa Pereira <apereira@usaid.gov> wrote:

Let me chat with Andrew tmw to get his concurrence and/or comments. We will get you an answer tmw (as well as for Rwanda) so you have it for your files.

Thanks

Sent from my iPhone

On Jan 17, 2017, at 9:47 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:
Dear Andrew & Alisa,

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Please let me know if this plan seems reasonable or if you'd like to go a different way.

Thanks,

Jonna

From: Jon Epstein <epstein@ecohealthalliance.org>
Date: Friday, January 13, 2017 at 10:03 AM
To: Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>
Cc: Megan M Doyle <mmdoyle@UCDAVIS.EDU>, David John Wolking <diwolking@ucdavis.edu>, Ariful Islam <arif@ecohealthalliance.org>, Melinda Rostal <rostal@ecohealthalliance.org>, Emily Hagan <hagan@ecohealthalliance.org>
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Cheers,

Jon

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this will likely have a larger return in terms of political goodwill from the govt. Please let us know your opinions

Thanks

Arif

--

Jonathan H. Epstein DVM, MPH

Vice President for Science and Outreach
EcoHealth Alliance
460 West 34th Street – 17th floor
New York, NY 10001

1.212.380.4467 (direct)
REDACTED (mobile)

web: ecohealthalliance.org

Twitter: @epsteinjon

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.
You did include the sub-national location. My bad.

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

Begin forwarded message:

From: Andrew Clements <aclements@usaid.gov>
Date: January 18, 2017 at 10:55:53 AM GMT+1
To: Alisa Pereira <apereira@usaid.gov>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, David J Wolking <djwolking@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@ucdavis.edu>
Subject: Re: Urgent: Govt. of Bangladesh request for PREDICT to investigate unusual crow die-off in Rajshahi, Northwestern Bangladesh

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I’ve asked Arif to provide a time and cost estimate and will forward, but wanted to begin the process of getting formal PREDICT concurrence for participation.
Cheers,

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Please let us know your opinions

Thanks

Arif
Jonathan H. Epstein DVM, MPH

Vice President for Science and Outreach

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New York, NY 10001

1.212.380.4467 (direct)

web: ecohealthalliance.org

Twitter: @epsteinjon

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.
Thank you so much!

Sent from my iPhone

On Jan 25, 2017, at 10:56 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

HI,
Just going back to the email I sent for concurrence/approval on Bangladesh here. Here's the critical info from Arif's email that might have been buried below:
"We formally invited by the Govt. of Bangladesh One Health coordinating body to have PREDICT participate in an investigation of a crow die-off in Rajshahi. The crow die-off outbreak occurred last year at the same location and the same time. Last year, PREDICT participated and led the investigation found that the sick/death crow infected with highly pathogenic influenza virus( H5N1)."
I'm guessing that the investigation from last year is what resulted in the government reporting to OIE. I'll read your email more carefully & respond if we have more info on that. In addition, we will get you an update ASAP.
Have a good rest of your day,
Jonna

On Tue, Jan 17, 2017 at 6:46 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Dear Andrew & Alisa,

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- EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.
From: "Andrew Clements" <aclements@usaid.gov>
Sent: 01/25/2017 9:45:06 AM (-08:00)
To: "Jonna Mazet" <jkmazet@ucdavis.edu>
Cc: "Alisa Pereira" <apereira@usaid.gov>; "David J Wolking" <djwolking@ucdavis.edu>; "Christine Kreuder Johnson" <ckjohnson@ucdavis.edu>
Subject: Re: Urgent: Govt. of Bangladesh request for PREDICT to investigate unusual crow die-off in Rajshahi, Northwestern Bangladesh

Thanks. Feel free to bug me on weekends. I may not always answer right away but at least there's a chance I will.

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 Jan 25, 2017, at 6:43 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Thanks very much -- only date discrepancy I see is that Arif was asked to consider helping on Jan 12 (our Jan 13 communication in chain). we had been waiting for a bit more info before elevating to you, but decided to go ahead and do that anyway on Jan 17 (after the long weekend). Hope that was okay. Happy to bug you on the weekend in the future if you want it more rapidly. Of course, I'll always do that if there seems (albeit in my judgement) to be a human death related emergency at hand.

Have a good night,

Jonna

On Wed, Jan 25, 2017 at 8:08 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Jonna,

There was a confirmed H5N1 event in Rajshahi in Feb 2016 in house crows and an OIE report was submitted in Feb 2016.

The recent event in Rajshahi in Jan 2017 in house crows was reported to OIE in a separate report.

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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--

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Ill call now

On Thu, Feb 23, 2017 at 11:24 AM, Capua,Ilaria <icapua@ufl.edu> wrote:

I need to speak to someone only for a few minutes to nail this.

Anyone available?

Let me add to Billy's comments:

1. The other global health issues related to pandemics/epidemics being considered by the G7 and/or the G20 largely address the systems and capacities to detect early an emergent threat (GHSA) and the development of biomedical countermeasures against "known" but neglected threats - Ebola, Marburg, Zika, SARS etc (CEPI).

2. GVP is fundamentally different. It is addressing the much vaster pool of "unknown" threats which we will inevitably encounter over the course of the 21st century. GVP moves the global community from a largely reactive (responding to the known) to proactive - preparing for the unknown. GVP is also a transformative venture - by characterizing the vast pool of future threats in advance allows for a complete rethinking of how we approach the development of new countermeasures - both biomedical and preventive. As with the Human Genome Project GVP will revolutionize the way we think about emerging viral diseases by turning the "unknown" into "known".

...
On Thu, Feb 23, 2017 at 10:38 AM, William B. Karesh <karesh@ecohealthalliance.org> wrote:

I was really hoping that Mr. GVP himself would have chimed in by now.

It’s the only globall-scaled project that I know of that already has an established foundation of operations in over 30 countries on which to build a successful initiative. Then I took this from the fact sheet:

The GVP Is Transformative

The GVP is envisioned as a groundbreaking global partnership to detect and characterize virtually all of the planet’s unknown viral threats circulating in animals and trigger a different way of thinking: 1) The GVP builds on a successful proof of concept working in 30 countries and exploits advances in science and technologies to pivot our global culture from one that is reactive to one that is proactive; 2) A new way of investing: Equally importantly, the GVP challenges the global community to use this knowledge to proactively develop prevention and preparedness measures, such as vaccines and novel therapies, before spillover into human populations occurs.

William B. Karesh, D.V.M

Executive Vice President for Health and Policy

EcoHealth Alliance

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
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 Feb 23, 2017, at 10:27 AM, Capua, Ilaria <icapua@ufl.edu> wrote:

Hi Everyone,

Any ideas on this? I need to send something out by today.

Thanks

Ilaria

---

Da: Capua, Ilaria  
Invito: martedì 21 febbraio 2017 20:30  
A: 'Dennis Carroll'  
Cc: Cara Chrisman; William B. Karesh (karesh@ecohealthalliance.org); Jonna Mazet (jkmazet@ucdavis.edu); Morzaria, Subhash (TCE)  
Oggetto: R: Re: G7

Hi Gvp's,

I am writing the note, emphasizing how this a task included in the previous G7 recommendations, but I have to find a good reason to promote GVP and not other initiatives in the same domain.

Why is it unique?

Any ideas welcome

Ilaria

---

Da: Dennis Carroll [mailto:dcarroll@usaid.gov]  
Invito: martedì 21 febbraio 2017 14:55  
A: Capua, Ilaria
Well done Illaria. Let us know if there is any additional information he might need

all the best

d

On Tue, Feb 21, 2017 at 2:52 PM, Capua,Ilaria <icapua@ufl.edu> wrote:

Hello Cara, Hello All,

So the message was delivered to the Prime Minister, he is interested in learning more, although he recalled that there was going to be a focus on vaccines (GAVI) and Malaria, TB and HIV (pushed by Bill and Melinda Gates Foundation).

I will now prepare a personal note for him, linking it to the previous G7 recommendations and hopefully he will hand it over to the staff who are directly involved in the G7 organization.

I will let you know how things develop

All the best

Ilaria

From: Cara Chrisman [mailto:cchrisman@usaid.gov]
Sent: Tuesday, February 21, 2017 11:08 AM
To: Capua,Ilaria <icapua@ufl.edu>
Subject: Re: Re: G7

Great, thanks!
Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division

Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
Cell: REDACTED
E-mail: cchrisman@usaid.gov

On Tue, Feb 21, 2017 at 11:04 AM, icapua <icapua@ufl.edu> wrote:

I know him. That's enough.

Thanks.

Inviaito da smartphone Samsung Galaxy.

-------- Messaggio originale --------
Da: Cara Chrisman <cchrisman@usaid.gov>
Data: 21/02/17 10:51 AM (GMT-05:00)
A: "Capua,Ilaria" <icapua@ufl.edu>
Cc: "William B. Karesh" <karesh@ecohealthalliance.org>, Dennis Carroll <dcarroll@usaid.gov>
Oggetto: Re: G7

Hello again,
Unfortunately, we're not able to share the issues paper, but this was shared with us: They can contact Dr Ranieri Guerra, DG of Preventive Medicine at the Ministry of Health. He is the lead person for health at this year's G7.

Hope that helps and good luck with the meeting today!

Best,

Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division

Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
Cell: REDACTED
E-mail: cchrisman@usaid.gov

On Tue, Feb 21, 2017 at 10:40 AM, Cara Chrisman <cchrisman@usaid.gov> wrote:

Hi Ilaria,

Sorry, I've been in meetings, but trying to track down the names for you and see what is appropriate it to share. For background, Italy is convened a meeting of G7 health experts in Rome on Jan 20 on the OneHealth/Planetary Health topic and subsequent meetings are planned for March and for June.

I'll be in touch as soon as I hear more, hopefully ASAP.

Best,
Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
Cell: REDACTED
E-mail: cchrisman@usaid.gov

On Tue, Feb 21, 2017 at 9:40 AM, Capua, Ilaria <icapua@ufl.edu> wrote:

Hi Cara,

My ‘ambassador’ is seeing the Italian prime minister at 12.00 EST. Can you please let me have some information or names of the Italian officials who proposed the One health/Planetary Health briefing docs and if possible the docs themselves?

Within the next hour or so... please!

Ilaria

From: William B. Karesh [mailto:karesh@ecohealthalliance.org]
Sent: Tuesday, February 21, 2017 3:51 AM
To: Capua, Ilaria <icapua@ufl.edu>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>; Peter Daszak <daszak@ecohealthalliance.org>; Dennis Carroll <dcarroll@usaid.gov>; Morzaria, Subhash (TCE) REDACTED; Morris, John Glenn <jgmorris@epi.ufl.edu>; Munoz, Olga <omunoz@ufl.edu>; Salemi, Marco <salemi@pathology.ufl.edu>; Cara Chrisman <cchrisman@usaid.gov>
Subject: Re: G7

That’s great Ilaria!
I’m copying in Cara here. She had a couple of us review the US State Dept. responses to briefing docs from Italian gov’t on One Health and Planetary Health

BK

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

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 Feb 20, 2017, at 6:31 PM, Capua,Ilaria <icapua@ufl.edu> wrote:

Hi GVP’s,

I have identified a way to propose GVP as a topic for the Italian G7 agenda in May.

I will try my best, and keep you posted

Ilaria

--

Dr. Dennis Carroll

Director, Emerging Threats Program

Bureau for Global Health

U.S. Agency for International Development

Office: 202-712-5009

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

Office: 202-712-5009
Mobile: REDACTED

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

Office: 202-712-5009
Mobile: REDACTED
Hi Team,

For those interested, please see attached the flyer for the UCSF event mentioned during the call and in the notes.

Best,
Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
Cell: REDACTED
E-mail: cchrisman@usaid.gov

On Thu, Mar 2, 2017 at 4:20 PM, Elizabeth S Chase <eschase@ucdavis.edu> wrote:

Greetings All,

Here are notes from the GVP call today.

Your feedback, edits, additions are welcome.

Best, Liz

Liz Chase
Executive Assistant to Dr. Jonna Mazet
One Health Institute
University of California, Davis

530-752-3630
Speaker: Dr. Dennis Carroll

Rapid advances in science and a corresponding revolution in technologies allow us, for the first time, to imagine a world where threats from the "unknown" can be minimized. With this knowledge comes the power to end panic and move to prevention. What is required is bold global action that embraces an aggressive time horizon.

Dr. Dennis Carroll, Director of the Emerging Threats Program at the USAID's Bureau for Global Health will review the importance of “pandemic preparedness” and introduce the Global Virome Project (GVP), a proposed global initiative to map nearly all of the planet’s “high consequence” viral threats over the next ten years. It will result in the first comprehensive catalog of the planet’s highest priority pathogens. In just ten years the world could be significantly more prepared to deal with the consequences of escalating spillover of deadly viruses. In short, it will be the beginning of the end of the Pandemic Era.

globalhealthsciences.ucsf.edu
Hi Jonna – glad we’ve got the go-ahead for this. Jon’s out on much-needed family vacation yesterday and today, but Mindy will get in touch with Arif and get things moving in Bangladesh.

Re. contacting Stuart – I think that’s a great idea – please go ahead and cc me, Billy, Jon and Mindy so we can follow-up where necessary and keep in touch with their plans.

Cheers,

Peter

---

**Peter Daszak**

*President*

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---

**Jonna Mazet**

*On behalf of Jonna Mazet*

**Date:** Friday, March 3, 2017 9:17 AM

**From:** Jonna Mazet <jkmazet@ucdavis.edu>

**Subject:** Fwd: URGENT - Notice of Nipah virus cases in Bangladesh

Please proceed as requested and appropriate with government/Mission communications. See Andrew and my chain below on initial activities being approved but forward actions being subject to budget considerations, so please start the outbreak form and come back with a budget estimate if the field situation warrants ongoing activities.

Peter, I’d like to reach out to Stuart Nichol if that is all right with you. He specifically mentioned coordinating on Bangladesh outbreaks in the future, asking if we would be interested in bat sampling when their teams are involved in human clinical response. So I think it prudent and collegial to let him know about this one, in case he doesn't already, and that we are responding. Sound okay if I send him a quiet FYI email?

Nice job on the communications on this one,

Jonna

---

**From:** Jonna Mazet <jkmazet@ucdavis.edu>

**Date:** Fri, Mar 3, 2017 at 6:10 AM

**Subject:** Re: URGENT - Notice of Nipah virus cases in Bangladesh
Thanks,
We'll evaluate the situation while taking some samples with minimal associated costs initially and come back with an assessment of the situation and likely budget implications before expending too much funds.
Thank you,
Jonna

On Thu, Mar 2, 2017 at 11:16 PM, Andrew Clements <aclements@usaid.gov> wrote:
Thanks, Jonna.

If you think it will provide useful information then please go ahead. My only concern is how much would it decrease the outbreak reserve funding. If only a little, then no problem. If it leaves very little funding in the reserve then we should discuss further.

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

On Mar 3, 2017, at 12:56 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Dear Andrew, Alisa, and Shana,
Please see the message below regarding the opportunity to evaluate transmission dynamics for Nipah in Bangladesh. This type of opportunistic sampling has also been suggested as a target for collaboration between Predict and the CDC Special Pathogens Branch in the past (not yet discussed for this outbreak). Please advise on you thoughts, concerns, and/or encouragements regarding moving forward. The proposed activities would fit within the general scope of Predict activities but would likely represent an expansion of sites and possibly dip into our outbreak funding reserve.
Thanks in advance for your advice,
Jonna

---
From: Dr. Melinda Rostal [mailto:rostal@ecohealthalliance.org]
Sent: Thursday, March 2, 2017 2:02 PM
To: Peter Daszak
Cc: Jon Epstein; William B. Karesh; Ariful Islam; Emily Hagan
Subject: Notice of Nipah virus cases in Bangladesh

Dear Peter,
I wanted to let you know that Arif has been informed that there are cases of Nipah virus in people in Bangladesh right now (it is Nipah season). The director of IEDCR (Institute of Epidemiology, Disease Control and Research) unofficially offered to let PREDICT sample bats in coordination with the human investigation. This is not a formal request at this time. Right now there are no plans for any institution there to sample the bats during the investigation.

While the government has not announced outbreak to the media yet, we thought you should be informed at this time because the CDC and, perhaps more importantly, the USAID Mission are already aware of the cases. The Mission did ask Arif whether PREDICT would be responding to the outbreak. At this time we are not planning any field activities in response to the outbreak as we have not been officially requested to help nor do we have USAID DC approval.
Please let us know if you have any questions regarding this notice.

Best,
Mindy

Melinda Rostal DVM, MPH  
Senior Research Scientist  
PREDICT 2 Surveillance Coordinator for EcoHealth Alliance  
Rift Valley Fever Virus Project Manager  
EcoHealth Alliance  
460 West 34th Street – 17th floor  
New York, NY 10001

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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/CAO5tDrGhAJ4rxqj9NGZ9bVtVZuKRAsB4znfj6YryPx7GT-UOYA%40mail.gmail.com.
From: "William B. Karesh" <karesh@ecohealthalliance.org>
Sent: 03/28/2017 12:25:25 PM (-07:00)
To: "David Wolking" <djwolking@ucdavis.edu>; "Amanda Fine" <REDACTED>; "Brian Bird"
"Chris Johnson" <ckjohnson@ucdavis.edu>; "Dr. Damien Joly" <djoly@metabiota.com>;
"Eddy Rubin" <erubin@metabiota.com>; "Elizabeth Leasure" <eleasure@ucdavis.edu>; "Jon Epstein"
<epstein@ecohealthalliance.org>; "Karen Saylors" <ksaylors@metabiota.com>; "Leilani Francisco"
<br Francisco@ecohealthalliance.org>; "Suzan Murray" <MurrayS@si.edu>; "Peter Daszak"
<daszak@ecohealthalliance.org>; "Jonna Mazet" <jkmazet@ucdavis.edu>; "Prof. Woutrina Smith"
<wasmith@ucdavis.edu>; "Sarah Olson" <solson@wcs.org>; "Dr. Simon Anthony" <sja2127@columbia.edu>; "Tracey
Goldstein" <tgoldstein@ucdavis.edu>; "Alison Andre" <andre@ecohealthalliance.org>; "Amanda Fuchs"
<fuchs@ecohealthalliance.org>; "Ava Sullivan" <sullivan@ecohealthalliance.org>; "Evelyn Luciano"
<luciano@ecohealthalliance.org>; "Emma Lane" <lane@ecohealthalliance.org>; "Molly Turner"
<turner@ecohealthalliance.org>; "Megan Doyle" <mmdoyle@ucdavis.edu>; "Dawn Zimmerman"
<zimmermann@si.edu>; "Taylor Elnicki" <telnicki@metabiota.com>
Subject: Re: Call your Congressional Representative to protect PREDICT

PS: They also want to cut funding for Global Health Security Agenda. So you can mention that also.

BK

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

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

On Mar 28, 2017, at 3:13 PM, William B. Karesh <karesh@ecohealthalliance.org> wrote:

Hi everyone,
The US FY2017 budget is still being considered and there was $200M in it for PIOET programs (that’s us). Today it was announced that the new administration is requesting that funds for USAID HIV and Global Health are redirected to other government activities. This will probably not be acceptable to Congress but the more they hear from voters in their districts, the more they will not go along with the idea.

We are contacting representatives on the House Appropriations committee with whom we have staff living in their districts in NY and NJ. We are not doing this as lobbying, but as individual voters from our district. They are always more responsive to voters from their own districts. If your representative is NOT on the Appropriations Committee (see list below), you can still send a message to your representative (they all have a “contact me” option on their websites. If your University has lobbying efforts, then those would also be good to put in place too. But, you would be amazed by how sensitive representatives are to voters from their own districts.

Please share with your staff and colleagues.

Here is an example of what you can say:

Dear Representative XXXXX,

We are aware of current deliberations on FY2017 budget, including $200M designated for USAID’s PIOET programs (Pandemic Influenza and Other Emerging Threats). That funding has been supporting the jobs of many XXXXXX residents though the funds my employer receives from this appropriation.

Any support that you might be able to provide to ensure these funds remain in this year’s funding would not only serve to protect us all from terrible disease outbreaks, but also provide jobs to your constituents and their friends and families in XXXXX.

Most Sincerely,

- Rodney P. Frelinghuysen, New Jersey, Chairman
- Harold Rogers, Kentucky
- Robert B. Aderholt, Alabama
- Kay Granger, Texas
- Michael K. Simpson, Idaho
- John Abney Culberson, Texas
- John R. Carter, Texas
- Ken Calvert, California
- Tom Cole, Oklahoma
- Mario Diaz-Balart, Florida
- Charles W. Dent, Pennsylvania
- Tom Graves, Georgia
- Kevin Yoder, Kansas
- Steve Womack, Arkansas
- Jeff Fortenberry, Nebraska
- Thomas J. Rooney, Florida
- Charles J. Fleischmann, Tennessee
- Jaime Herrera Beutler, Washington
- David P. Joyce, Ohio
- David G. Valadao, California
- Andy Harris, MD, Maryland
- Martha Roby, Alabama
- Mark E. Amodei, Nevada
- Chris Stewart, Utah
- David Young, Iowa
- Evan H. Jenkins, West Virginia
- Steven Palazzo, Mississippi
- Dan Newhouse, Washington
- John R. Moolenaar, Michigan
- Scott Taylor, Virginia

- Nita M. Lowey, New York, Ranking Member
- Marcy Kaptur, Ohio
- Peter J. Visclosky, Indiana
- José E. Serrano, New York
- Rosa L. DeLauro, Connecticut
- David E. Price, North Carolina
- Lucille Roybal-Allard, California
- Sanford D. Bishop, Jr., Georgia
- Barbara Lee, California
- Betty McCollum, Minnesota
- Tim Ryan, Ohio
- C.A. Dutch Ruppersberger, Maryland
- Debbie Wasserman Schultz, Florida
- Henry Cuellar, Texas
- Chellie Pingree, Maine
- Mike Quigley, Illinois
- Derek Kilmer, Washington
- Matt Cartwright, Pennsylvania
- Grace Meng, New York
- Mark Pocan, Wisconsin
- Katherine M. Clark, Massachusetts
- Pete Aguilar, California

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

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EcoHealth Alliance leads cutting-edge research into the critical connections between human and wildlife health and delicate ecosystems. With this science we develop solutions that promote conservation and prevent pandemics.
Dennis Carroll has invited you to edit the following presentation:

GVP.CUGH. Session_9 April (dc).pptx

All, here is the power point in its entirety from the CUGH presentation. You should be able to access, edit and save on your own drive. Let me know if there are any issues.

Google Slides: Create and edit presentations online.
Google Inc. 1600 Amphitheatre Parkway, Mountain View, CA 94043, USA
You have received this email because someone shared a presentation with you from Google Slides.
Dear Dr. Nathan Wolfe,

Thank you for completing the viral risk ranking assessment, your contribution is extremely valuable, and very much appreciated. As previously stated, identifying information will not be linked to any future analysis. However, if desirable and your permission is given by return of this email, we would like to express our gratitude for your time and effort through acknowledgements in future associated publications.

Sincerely,

Prof. Jonna Mazet

Global Director, PREDICT USAID
Professor of Disease Ecology and Epidemiology
One Health Institute
School of Veterinary Medicine
University of California Davis
1089 Veterinary Medicine Drive
Davis, CA 95616, USA
jkmazet@ucdavis.edu
Hi all,

Here is a graph of events/test batches that have been submitted & processed since Apr 26 (April 30th was the due date for submissions). May 10th was a happy day for us 😊

---

From: predict-surveillance-request@ucdavis.edu [mailto:predict-surveillance-request@ucdavis.edu] On Behalf Of REDACTED
Sent: Tuesday, May 9, 2017 9:53 PM
To: predict-surveillance@ucdavis.edu
Cc: Catherine Machalaba <machalaba@ecohealthalliance.org>; William B. Karesh <karesh@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>
Subject: [predict-surveillance] PREDICT surveillance team call Thurs, May 11th, 2017 @ 10am PT/1pm ET

Hi Surveillance Team,

Our next surveillance call is this Thurs, May 11th, 2017 @ 10am PT/1pm ET. Notes from our last meeting are attached, let us know if you have any corrections before we share with CCs at the end of this week.

NEW CALL IN INFORMATION – please save this new info in your calendars/notes/etc. If you will be calling in via the weblink on your computer, please visit the website linked ahead of time, as you may need to download an add-on to your web browser.

Join from PC, Mac, Linux, iOS or Android REDACTED
Or iPhone one-tap (US Toll): REDACTED
Draft agenda

1. Risk characterization for M&E now & in the future
2. WHO and CDC guidelines for PPE
3. Sample testing prioritization
4. EIDITH updates
5. Asia country updates; field and lab activities updates, GHSA highlights, zoonotic disease prioritization workshops, update on data entry and any hurdles/concerns.

Thank you,
Megan

Research Associate
EpiCenter for Disease Dynamics
One Health Institute
UC Davis School of Veterinary Medicine
Hi Sotheara,

Sure! Of the 4120 Individuals sampled, 203 were humans and 3917 were animals.

All the best,
Tiffany

Sent from my iPhone
--
Tiffany D'Mello
Desk 202-712-1260 | Cell REDACTED
tdmello@usaid.gov

On May 31, 2017, at 10:55 AM, Sotheara Nop <snop@usaid.gov> wrote:

Dear Tiffany,

Hope this email finds you very well.

Many thanks for the revised indicators and key achievements for PREDICT-2. It would be helpful and I would very much appreciate if you can provide disaggregated data of indicator 1: Number of individuals (humans and animals) sampled: human and animal.

Many thanks for your time and collaboration.

Regards,

Sotheara Nop. MD, MDM
Development Assistance Specialist
for Infectious Diseases

Tel REDACTED
Email: snop@usaid.gov

On Wed, May 31, 2017 at 6:42 AM, Tiffany D'mello <tdmello@usaid.gov> wrote:

Dear Sotheara,
I hope you are doing well! It was good to meet you last year at the Regional Jam in Bangkok. We have made some improvements to the M&E framework and indicators since then, and as part of the M&E system would like to coordinate at USAID/HQ all of the country-specific M&E requests. For this reason, I am following up with you regarding your request for Cambodia M&E data from PREDICT.

We have updated the IM Data Sheet to reflect the revised indicators and key achievements for PREDICT. Please find attached two versions - one with tracked changes to show the changes we made, and one that is clean and easier to read.

Should you have any questions or need any additional information, please let me know.

All the best,
Tiffany

Tiffany D'Mello
Monitoring and Evaluation Coordinator
Emerging Threats Division
Office of Infectious Disease, Bureau for Global Health
U.S. Agency for International Development
Desk: 202-712-1260 | Cell: REACTED tdmello@usaid.gov

---------- Forwarded message ----------
From: David J Wolking <djwolking@ucdavis.edu>
Date: Tue, May 30, 2017 at 10:43 AM
Subject: Fwd: [predict] Re: Mission conducting portfolio review of its funded projects
To: Tiffany D'mello <tdmello@usaid.gov>
Cc: Tracey Goldstein <tgoldstein@ucdavis.edu>, "Clements, Andrew (GH/HIDN)"<AClements@usaid.gov>, Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, Shana Gillette <sgillette@usaid.gov>

Hey Tiffany,

Just making sure you get Sotheara's latest message here as well in case you want to reach out to the Mission on Andrew's behalf. I'm in the office now and can connect if you want to discuss, but I agree that your plan to use the current M&E data submitted on Friday with the semi-annual report would be the best approach.

Please let me know if you need any action from us.

Enjoy the trip!

David

---------- Forwarded message ----------
From: Sotheara Nop <snop@usaid.gov>
Date: Tue, May 30, 2017 at 3:16 AM
Subject: [predict] Re: Mission conducting portfolio review of its funded projects
To: Tracey Goldstein <tgoldstein@ucdavis.edu>  
Cc: Veasna DUONG <dveasna@pasteur-kh.org>, "Clements, Andrew (GH/HIDN)" <AClements@usa.gov>, Lucy Keatts [REDACTED], Christina Lau <clau@usaid.gov>, "predict@ucdavis.edu" <PREDICT@ucdavis.edu>

Dear Andrew,

Thanks for your response.

Some information and indicators filled in the draft IM data sheet is just an exercise that Dr. Veasna and I worked together in the first attempt as I haven't had PREDICT-2 country M&E plan. So I would appreciate your review and update of this IM date sheet template based on PREDICT-2 M&E and bi-annual report for Cambodia.

I look forward to receiving PREDICT-2 IM data sheet for the Mission portfolio review by May 31.

Best,

Sotheara Nop. MD, MDM  
Development Assistance Specialist  
for Infectious Diseases  
[REDACTED]  
Tel: [REDACTED]  
Email: snop@usaid.gov

On Sat, May 27, 2017 at 4:01 AM, Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:  
Dear Sotheara,

Thank you for your email.

Much of the information you are requesting here is for M&E which is handled at a global level, so Veasna is not able to complete it. We are waiting for guidance from headquarters on how to complete your request.

We are in the processing of completing our biannual report that includes reporting on our M&E indicators, which is due to USAID in DC on May 31st. Once this has been accepted by USAID DC we can/or they can share the Cambodia portion of the reports. Hopefully this will address your needs.

Best, Tracey

On Mon, May 22, 2017 at 10:00 PM, Sotheara Nop <snop@usaid.gov> wrote:

Dear Dr. Veasna,

Thanks for the meeting yesterday and please find enclosed PREDICT-2 project portfolio IM data sheet that we initially filled in some information.
As you had already informed that our Mission will conduct portfolio review of all USAID funded projects which include PREDICT-2 project in early July 2017, and I would appreciate your further work on the IM data sheet with your colleagues and submit it to the Mission by May 31.

Please let me know if you have any questions.

Thanks for your time.

Best,

Sotheara

---

Tracey Goldstein, PhD
One Health Institute
School of Veterinary Medicine
University of California
Davis, CA 95616
Phone: (530) 752-0412
Fax: (530) 752-3318
E-mail: tgoldstein@ucdavis.edu
Thanks Mario,

Happy to have a call with you next week Tuesday, Wednesday, Thursday or Friday at 4:00 PM your time. I’m not sure if Andrew would like to have a separate call or be on the same call.

Karen sent a message yesterday to say that she has now informed the RoC partners. I have not made contact with them myself and need to get the contact information from Karen.

We are submitting an ITA today to UC Davis to then be sent to USAID. It will be a short trip to get started, the plan is to arrive in Brazzaville Saturday afternoon, July 8th and depart (to Abidjan) on Tuesday July 11th.

There are a few people I would like to meet with on a more casual basis on Sunday and then more formal meetings on Monday. I spent a fair amount of time in RoC between ’98-2010 working on wildlife surveillance and Ebola and would like to catch up with colleagues there.

With me on the trip will be:
Dr. Peter Daszak, President of EHA
Dr. Leilani Francisco, Behavioral Lead for PREDICT
Dr. Leticia Gutierrez, EHA PREDICT Field Veterinarian and training & protocal compliance coordinator
Karen Saylors - Metabiota

Look forward to speaking with you and working with you.

All the Best,

Billy

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

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New York, NY 10001 USA

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

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On Jun 7, 2017, at 11:17 AM, Mario Mondele <mmondele@usaid.gov> wrote:

+ Sarah Atwood

Hi Billy and sorry for my delayed reply.

I am not sure your email address was on the CC line of my reply email to Andrew. Will forward it to you thereafter.

Is your email a confirmation that the RoC PREDICT in-country team is now officially aware of this transition?

The pleasure of meeting and working with you is mutually appreciated. But from late June to late July I will be away from RoC for TDY in Kinshasa first and then training in Montana, USA.

Another question: Is the call I agreed upon with Andrew the same with this conference call you are proposing? If no, I would be happy to have one sometime next week. Let's schedule!

Thanks again,

Mario

--------------------------------------------------------------------------------

Mario MONDELE
Program Management Specialist
USAN
Off.: REDACTED / Cell: REDACTED
E-mails: mmondele@usaid.gov / mondelemf@state.gov

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

--------------------------------------------------------------------------------

On Mon, Jun 5, 2017 at 4:15 PM, William B. Karesh <karesh@ecohealthalliance.org> wrote:

Dear Mr. Mondele,
As Andrew Clements wrote, we have been passed the baton for ROC PREDICT-2 work. Right now, we are in the process of getting up to speed with Karen Saylors and the Metabiota team. A few of us from EHA are hoping to visit Brazzaville in early July linked to a visit to Cote d’Ivoire for similar purposes. You may see an ITA request coming your way in the upcoming week as soon as we can finalize dates.

In the meantime, if you would like to discuss any aspects, we can set up a conference call at your convenience. We look forward to working with you.

All the Best,

Billy

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

EcoHealth Alliance
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

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 Jun 5, 2017, at 8:11 AM, Andrew Clements <AClements@usaid.gov> wrote:

ROC Mission notified.

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

Begin forwarded message:
From: Andrew Clements <aclements@usaid.gov>
Date: June 5, 2017 at 2:09:57 PM GMT+2
To: mmondele@usaid.gov
Cc: Alisa Pereira <apereira@usaid.gov>, Shana Gillette <sgillette@usaid.gov>, Sarah Paige <s Paige@usaid.gov>, Andrea Long-Wagar <alongwagar@usaid.gov>, "Lisa Kramer (Nairobi/EA/RHH)" <lkramer@usaid.gov>, satwood@usaid.gov
Subject: PREDICT transition in ROC

Hi Mario,

I'm writing to let you know that the USAID PREDICT project is undergoing some internal management changes in a few countries, including Rep. of Congo. As a result, the management of PREDICT activities in ROC will transition from Metabiota to EcoHealth Alliance. Billy Karesh will be the new PREDICT/HQ POC and he has previous experience working in the ROC. Karen Saylors from Metabiota will continue to be involved in the behavioral surveillance work.

While changes in the middle of a project are not ideal, PREDICT felt that this change was necessary to make sure it could deliver the expected results. We hope the impact will be minor and expect that any changes will not greatly alter PREDICT’s interactions with the GOROC, local partners, and the Mission. There will be an evaluation of the current local PREDICT staff, so if you have thoughts on their performance that you would like to share, please let me know.

At this point, I do not know if PREDICT has mentioned this transition to its in-country staff and partners so please do not share this information until PREDICT has had a chance to do so.

PREDICT is available for a phone call with you to discuss the transition plan in more detail and answer any questions you have.

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
The follow up call between Predict and the Guinea Mission is proposed for Tuesday at 16:30 Guinea time which will be 9:30 am Pacific Time.

Does that work for most/all of you?

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
Hi Jonna,

I've been working with the Behavioral Risk team on analyzing data so we can present an update to USAID during the consortium meeting in September/before the end of the fiscal year. It would be great to get your thoughts on the preliminary game plan.

Would you be interested in a quick run through?

Best,
Leilani

---

**Leilani Francisco, PhD, MA, PMP**
*Senior Scientist | PREDICT-2 Senior Behavioral Risk Surveillance Coordinator*

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

+1.212.380.4493 (direct)
+1.212.380.4465 (mobile)
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.*
Looks good to me.

Cheers,

Peter

Peter Daszak  
President  
EcoHealth Alliance  
460 West 34th Street – 17th Floor  
New York, NY 10001  

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

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

From: Eddy Rubin  
Sent: Monday, September 11, 2017 12:39 PM  
To: Dennis Carroll; Jonna Mazet; Peter Daszak  
Subject: Listing of GVP in Nature Perspective

Hi
I am in the final stages of working with a Nature editor on the Future of DNA Sequencing piece that will be published next month. As I previously mentioned I am trying to squeeze in a pitch for GVP in section discussing on hand help and distributed DNA sequencing. Not an exact fit but the only way I can get the GVP in and I think that it would be good advertising. Below is how I have it:

"Epidemiologists and even care-givers working in rural areas could use such devices to test air, water, food, and animal and insect vectors, not to mention human throat swabs and body fluids. Indeed, the distributed access to DNA-sequencing technologies in the economically developing world are already enabling projects such as the Global Virome Project, which aims to identify a significant fraction of all the viruses existing in nature with zoonotic potential through the massive sampling and sequencing of body fluids from wildlife. (http://www.globalviromeproject.org/)"

Don't have much freedom with the editor and the 2 other authors. That said any suggestions?
Eddy
Looks great Eddy. Thanks
d
On Mon, Sep 11, 2017 at 12:39 PM, Eddy Rubin [REDACTED] wrote:

Hi

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Don’t have much freedom with the editor and the 2 other authors. That said any suggestions?

Eddy

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

Office: 202-712-5009
Mobile: [REDACTED]
Thanks very much!!!

J

On Thu, Sep 7, 2017 at 1:33 PM, Cara Chrisman <cchrisman@usaid.gov> wrote:

Hi All,

Just to follow up, I heard back from Sumi already and we'll plan to push the meeting to 1pm. I hope that will work well for everyone. Her thinking was that if anyone arrived at 10:45, that should allow for enough time to get from the airport and to the meeting at their offices (and, I hope enough time to grab some food as well!).

I'm expecting they will change the calendar invitation, but please note that it is now 1pm local time at their offices.

Best,
Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
Cell: REDACTED
E-mail: cchrisman@usaid.gov

On Thu, Sep 7, 2017 at 4:11 PM, Cara Chrisman <cchrisman@usaid.gov> wrote:

Okay, thanks to everyone for the quick replies. I'll go back to Sumi with a proposal for sometime after Jonna has time to land and get to the meeting and will update.

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
On Thu, Sep 7, 2017 at 4:08 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:
I can see if there is an option to change it, but not sure if there will be another flight on same airline.

On Thu, Sep 7, 2017 at 1:02 PM, [REDACTED] wrote:
Jonna’s flight lands in Seattle at 10:46 am, so 11am would not be possible.

Thanks,
[REDACTED]

[REDACTED]
Fellow
One Health Institute
School of Veterinary Medicine
University of California, Davis

From: Eddy Rubin [REDACTED]
Sent: Thursday, September 07, 2017 12:46 PM
To: Cara Chrisman <cchrisman@usaid.gov>
Cc: Dennis Carroll <dcarroll@usaid.gov>; Jonna Mazet <jkmazet@ucdavis.edu>; [REDACTED]
Subject: Re: Vulcan Mtg Reschedule?

I've not made travel plans to Seattle or from Seattle to Vancouver so I am easy.

On Thu, Sep 7, 2017 at 12:25 PM, Cara Chrisman <cchrisman@usaid.gov> wrote:

Hi Team,

Any chance that you could be flexible with the Vulcan meeting? Received this from Sumi:
I hope you’re having a good week! Can you let us know if we can reschedule the meeting with Dennis and Eddy? 11:00 AM would be perfect but I can open up other appointments prior to 2:30 as necessary.

Thanks,
Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
Cell: REDACTED
E-mail: cchrisman@usaid.gov
Hi Sudarat,

I have included the agenda in the “objectives” section and the invitee list should be already uploaded. Is there a separate section that I should be aware of?

Thanks,

REDACTED

Fellow
One Health Institute
School of Veterinary Medicine
University of California, Davis

From: Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov>
Sent: Thursday, November 30, 2017 4:10 PM
To: REDACTED
Cc: AClements@usaid.gov; Dennis Carroll <dcarroll@usaid.gov>; dSchar@usaid.gov; Jonna Mazet <jkmazet@ucdavis.edu>; ajatapai@usaid.gov; cchrisman@usaid.gov
Subject: Re: GVP PMAC submitted

Dear REDACTED

Thank you for letting us know that GVP concept note was already submitted. Please revise/update the meeting agenda, speakers, potential invitee list on line. I understand that this will be closed by Dec 15. However, you will have time to work on the meeting agenda until the side meeting starts, but this will not show on the website.

Please do not hesitate to let us know if we can be of any assistance.

Best regards,
Sudarat

Sent from my mobile.

On Dec 1, 2017, at 6:47 AM, REDACTED wrote:

Hi everyone,

We have submitted two side-meeting proposals for GVP through the PMAC 2018 online portal at 2.33pm PDT today. I separated the closed and open session into two submissions.

Best wishes,
REDACTED
Dear PMAC Secretariat,

There is a query from our colleague who just recently submitted Global Virome Project concept note to online portal. He said that he had included the agenda in the “objectives” section and the invitee list should be already uploaded. Is there a separate section that he should be aware of? Because I am not familiar with online portal that created this year, I just direct his questions to you.

Thank you very much for your advice and guideline provision to who is cced here.

Thanks,

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

E-mail: sdamrongwatanapokin@usaid.gov
Tel:    Fax:

-------- Forwarded message --------
From: Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov>
Date: Sat, Dec 2, 2017 at 9:21 AM
Subject: Re: GVP PMAC submitted
To:    
Cc:    "AClements@usaid.gov" <AClements@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>, "dSchar@usaid.gov" <dSchar@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, "ajatapai@usaid.gov" <ajatapai@usaid.gov>, "cchrisman@usaid.gov" <cchrisman@usaid.gov>

Dear 

I am going to direct your query to PMAC Secretariat to make sure that you get the correct answer. This is the system that created for this year for PMAC side meeting concept note submission of which I am not familiar with.
Best regards,
Sudarat Damrongwatanapokin, D.V.M., Ph.D.
Regional Animal Health Advisor

E-mail: sdamrongwatanapokin@usaid.gov
Tel: [REDACTED] Fax: [REDACTED]

On Sat, Dec 2, 2017 at 2:42 AM, [REDACTED] wrote:

Hi Sudarat,

I have included the agenda in the “objectives” section and the invitee list should be already uploaded. Is there a separate section that I should be aware of?

Thanks,

[REDACTED]

[REDACTED]

Fellow
One Health Institute
School of Veterinary Medicine
University of California, Davis

From: Sudarat Damrongwatanapokin [mailto:sdamrongwatanapokin@usaid.gov]
Sent: Thursday, November 30, 2017 4:10 PM
To: [REDACTED]
Cc: AClements@usaid.gov; Dennis Carroll <decarroll@usaid.gov>; dSchar@usaid.gov; Jonna Mazet <jkmazel@ucdavis.edu>; ajatapai@usaid.gov; cchrisman@usaid.gov
Subject: Re: GVP PMAC submitted

Dear [REDACTED],

Thank you for letting us know that GVP concept note was already submitted. Please revise/ update the meeting agenda, speakers, potential invitee list on line. I understand that this will be closed by Dec 15.
However, you will have time to work on the meeting agenda until the side meeting starts, but this will not show on the website.

Please do not hesitate to let us know if we can be of any assistance.

Best regards,

Sudarat

Sent from my mobile.

On Dec 1, 2017, at 6:47 AM, [REDACTED] wrote:

Hi everyone,

We have submitted two side-meeting proposals for GVP through the PMAC 2018 online portal at 2.33pm PDT today. I separated the closed and open session into two submissions.

Best wishes,

[REDACTED]

Fellow

One Health Institute

School of Veterinary Medicine

University of California, Davis
Hi Peter,
Thank you for the hard work and diligence. My address is fine, as well as my email address for contact. For quick attention, please copy.

Affiliation is as you have it in my address.
Other related board/management affiliations include Morris Animal Foundation, Gorilla Doctors, and Governor of California's Oil Spill Technical Advisory Committee. Funding sources for this work is USAID and UC Davis for support of my salary. Many other funding sources for other work, but only that could be construed as potentially related are US Department of Defense and Wildlife Conservation Society. No related patents.

Thanks again & Happy Holidays,
Jonna

On Sat, Dec 9, 2017 at 4:13 PM, Peter Daszak <daszak@ecohealthalliance.org> wrote:

Dear All,

Letting you all know that the paper we submitted to Science on the Global Virome Project has now been accepted. Obviously, this is great news, and comes after two rounds of reviews by the Science Board of Reviewing Editors, and two rounds by external reviewers – quite a hassle, but I now think the paper is much better than the original submission (18 months ago!!).

The current version of the paper is attached, in Science format, but bear in mind that this will now be edited. First, I’m right now finessing the text by reducing some verbiage and conforming to all of the instructions from the editor. Once that’s done it will go back in to our Science editor (this weekend) for final edits which they’ll send back to me for final approval. This will probably be a very rapid turnaround (24 hours). I’m not sure how long it will then be to publication, but the timing is good for us, with our planned soft-launch of the GVP at the PMAC conference on Jan 31st. Ideally, we could coincide publication with the conference, and I’ll ask the editor if that’s possible. One thing I’m going to try to avoid is the paper coming out during the December holiday season or the first week of January – papers published then tend to get less publicity and readership.

So we can move this through rapidly, I now need you to check the following items and respond as soon as possible:
1. Please double-check your addresses. We need to use your current academic address. Some of you have two relevant addresses, which is fine. Ariel, it would be fine to use your current address, and have the USAID address as ‘formerly’…your decision of course.

2. Please let me know what the best email address is for you, and alternatives so I can get hold of you at short notice re. any issues at the proofs stage (1 day turnaround). Also please send your assistant’s email addresses. Please cc Brooke Watson (cc’d above: watson@ecohealthalliance.org) on all emails so I don’t miss any.

3. Please get ready for the following email from Science – I don’t know the timing of this, but if any of you don’t respond rapidly, it will delay publication:

Authorship

All authors will be asked to complete an authorship verification and COI form (each author will receive a separate email directing them to our Authorship WWW site). All authors must attest prior to publication that they agree to be so listed, and that they have seen and approved the manuscript, its content, and its submission to Science. Any changes in authorship must be approved in writing by all the original authors.

4. For those of you who are in organizations that have a waiver for open-access, please follow the links below and get a waiver from your employer:

License Waiver

All authors must obtain a waiver from open-access policies of their employer, as at Harvard and MIT.

5. Please get the following information to me by email. The language is from the Science instructions to authors.

Funding and Conflict of Interest

You and all co-authors will be asked to disclose all affiliations, funding sources, and financial or management relationships, including those that could be perceived as potential sources of bias. Please declare patents (either applications or awards to the authors or home institutions) related to this work as part of the acknowledgments.

Please let me know by email if you have any comments, questions etc. and please cc Brooke.

I’m really looking forward to finally seeing this in print and to using this paper as a platform for turning the GVP from a vision into a reality!
Cheers,

Peter

Peter Daszak

President

EcoHealth Alliance

460 West 34th Street – 17th Floor

New York, NY 10001

Tel. +1 212-380-4473

www.ecohealthalliance.org

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

Here is the agenda for your call tomorrow (Jan 24).

Best wishes,

---

**PREDICT Executive Board Meeting**

**Wednesday, January 24, 2017**

9:00-11:00AM PDT/12:00-2:00pm EDT

International Dial-in number: (toll charges apply)

**Standing items**

**USAID Updates**

1. **Administrative items**
   - Core (regular) funding update
   - USAID’s FOIA request regarding Pandemic Influenza program
   - TraiNet and PREDICT guidance
   - 2017 Annual Report – public link and printing plans

2. **Brussels meeting feedback and next steps**
   - Post-meeting survey questions
   - Key deliverables for each country and how do we get there?
   - Social media/WhatsApp and connecting PREDICT teams
3. GVP soft launch updated (Jonna)

4. Outbreak updates (as needed)

5. Mission communications roundup

6. EPT partner collaboration/coordination updates (Billy)
   a. Possible participation in FAO’s West/Central Africa monkeypox call
   b. SEAOHUN Fellowship in Viet Nam and beyond?

7. Operations Team updates:
   - Surveillance (Chris)
   - Behavior (Leilani)
   - Lab (Tracey & Simon)
   - M&A (Peter or Kevin)
   - EHP (Brian)
   - Capacity (Wotryna)
   - IM (Tammie)

8. Publication, media, and conference updates
   - PREDICT participation in PMAC and GVP launch (Jan 28-Feb 3, 2018)
   - “Outbreak: Epidemics in a Connected World” exhibit at NMNH (May 2018) – coordinating PREDICT team participation?
   - One Health Congress Saskatoon (June 22-25, 2018)
   - International Conference on Emerging Infectious Diseases (ICEID) in Atlanta (August 26-29, 2018)
   - International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)
PREDICT Executive Board Meeting
Wedneday, January 24, 2017
9:00-11:00AM PDT/12:00-2:00pm EDT
Access code (REDACTED) (toll charges apply)

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   • International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)
Hi there,

As a follow-up to yesterday’s call, we did post the 2017 Annual Report to our web page (www.publications.predict.global) alongside our other reports and running project bibliography.

This is the direct link to the 2017 report (or just click the image below).

Thanks for the great work on this, it came together beautifully.

David
On Wed, Jan 24, 2018 at 3:29 PM, [REDACTED] wrote:

Hi EB team,

Tammie would like to share the latest indicator report with you.

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</tbody>
</table>

Best,

[REDACTED]

From: [REDACTED]
Sent: Tuesday, January 23, 2018 3:11 PM
To: Elizabeth Leasure <ealeasure@ucdavis.edu>; [REDACTED] David John Wolking <djwolking@ucdavis.edu>; Alison Andre <andre@ecohealthalliance.org>; Amanda Andre <amanda.andre@ecohealthalliance.org>; Amanda Fine <REDACTED>; Ava Sullivan <sullivan@ecohealthalliance.org>; Brian Bird <bbird@ucdavis.edu>; Brooke Genovese <bgenovese@ucdavis.edu>; Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>; Corina Grigorescu Monagin <cmonagin@UCDAVIS.EDU>; Tammie O’Rourke <torourke@metabiota.com>; Dawn Zimmerman <zimmermand@si.edu>; Eddy Rubin <erubin@metabiota.com>; Emma Lane <lane@ecohealthalliance.org>; Evelyn Luciano <luciano@ecohealthalliance.org>; Jon Epstein <epstein@ecohealthalliance.org>; Karen Saylors <ksaylors@metabiota.com>; Leilani Francisco <francisco@ecohealthalliance.org>; Megan M Doyle <mmdoyle@UCDAVIS.EDU>; Molly Turner <turner@ecohealthalliance.org>; MurrayS@si.edu; Peter Daszak <daszak@ecohealthalliance.org>; predict@ucdavis.edu [REDACTED] Woutrina A Smith <wasmith@ucdavis.edu>; Sarah Olson [REDACTED]; Simon Anthony <sja217@columbia.edu>; Tracey Goldstein <tgoldstein@ucdavis.edu>; William Karesh <karesh@ecohealthalliance.org> [REDACTED]

Subject: EB agenda Jan 24
Hi PREDICT Executive Board,

Here is the agenda for your call tomorrow (Jan 24).

Best wishes,

PREDICT Executive Board Meeting

Wednesday, January 24, 2017

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   - International Conference on Emerging Infectious Diseases (ICEID) in Atlanta (August 26–29, 2018)
   - International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)

**REDACTED**
Fellow

One Health Institute

School of Veterinary Medicine

University of California, Davis
WOW beautiful report, well done team!

Tammie

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

From: "David J Wolking" <djwolking@ucdavis.edu>
To: REDACTED
Cc: "Elizabeth Leasure" <ealeasure@ucdavis.edu>; "David John Wolking" <djwolking@ucdavis.edu>; "Alison Andre" <andre@ecohealthalliance.org>; "Amanda Andre" <amanda.andre@ecohealthalliance.org>; "Amanda Fine" REDACTED; "Ava Sullivan" <sullivan@ecohealthalliance.org>; "Brian Bird" <bhbird@ucdavis.edu>; "David John Wolking" <djwolking@ucdavis.edu>; "Alison Andre" <andre@ecohealthalliance.org>; "Amanda Andre" <amanda.andre@ecohealthalliance.org>; "Amanda Fine" REDACTED; "Ava Sullivan" <sullivan@ecohealthalliance.org>; "Brian Bird" <bhbird@ucdavis.edu>; "Christine Kreuder Johnson" <ckjohnson@ucdavis.edu>; "Corina Grigorescu Monagin" <cgmonagin@ucdavis.edu>; "Dawn Zimmerman" <zimmermand@si.edu>; "Eddy Rubin" <erubin@metabiota.com>; "Emma Lane" <lane@ecohealthalliance.org>; "Evelyn Luciano" <luciano@ecohealthalliance.org>; "Jon Epstein" <epstein@ecohealthalliance.org>; "Karen Saylors" <ksaylor@metabiota.com>; "Leilani Francisco" <francisco@ecohealthalliance.org>; "Megan M Doyle" <mmdoyle@ucdavis.edu>; "Molly Turner" <turner@ecohealthalliance.org>; "MurrayS@si.edu" <MurrayS@si.edu>; "Peter Daszak" <daszak@ecohealthalliance.org>; "predict@ucdavis.edu" <predict@ucdavis.edu>; REDACTED; "Woutrina A Smith" <wasmith@ucdavis.edu>; "Sarah Olson" REDACTED; "Simon Anthony" <saja2127@columbia.edu>; "Tracey Goldstein" <tgoldstein@ucdavis.edu>; "William Karesh" <karesh@ecohealthalliance.org>

Sent: 1/25/2018 10:31:03 AM
Subject: Re: EB agenda Jan 24

Hi there,

As a follow-up to yesterday's call, we did post the 2017 Annual Report to our web page (www.publications.predict.global) alongside our other reports and running project bibliography.

This is the direct link to the 2017 report. (or just click the image below).

Thanks for the great work on this, it came together beautifully.

David
On Wed, Jan 24, 2018 at 3:29 PM, **REDACTED** wrote:

Hi EB team,

Tammie would like to share the latest indicator report with you.

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<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
<th>NewInLast2Weeks</th>
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<td>0</td>
</tr>
<tr>
<td># animals sampled</td>
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<td>529</td>
</tr>
<tr>
<td># humans sampled</td>
<td>7110</td>
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<tr>
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<tr>
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<td></td>
</tr>
<tr>
<td># human specimens tested</td>
<td>2901</td>
<td></td>
</tr>
<tr>
<td># tests active testing ongoing</td>
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</tr>
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<td># sequences interpreted</td>
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<td></td>
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</tr>
<tr>
<td>number of events/test batches waiting for country input</td>
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<td></td>
</tr>
<tr>
<td>number of events/test batches waiting for IM review</td>
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<td></td>
</tr>
</tbody>
</table>

Best,

[Signature]
Hi PREDICT Executive Board,

Here is the agenda for your call tomorrow (Jan 24).

Best wishes,

PREDICT Executive Board Meeting

Wednesday, January 24, 2017

9:00-11:00AM PDT/12:00-2:00pm EDT

Access code: REDACTED (toll charges apply)

International Dial-in number: REDACTED

Standing items

USAID Updates

1. Administrative items
   - Core (regular) funding update
   - USAID’s FOIA request regarding Pandemic Influenza program
   - TraiNet and PREDICT guidance
2017 Annual Report – public link and printing plans

2. Brussels meeting feedback and next steps
   • Post-meeting survey questions
   • Key deliverables for each country and how do we get there?
   • Social media/WhatsApp and connecting PREDICT teams
   • Updating the P2 flyer and other needs?

3. GVP soft launch updated (Jonna)

4. Outbreak updates (as needed)

5. Mission communications roundup

6. EPT partner collaboration/coordination updates (Billy)
   a. Possible participation in FAO’s West/Central Africa monkeypox call
   b. SEAOHUN Fellowship in Viet Nam and beyond?

7. Operations Team updates:
   Surveillance (Chris)
   Behavior (Leilani)
   Lab (Tracey & Simon)
   M&A (Peter or Kevin)
   EHP (Brian)
   Capacity (Wotrina)
   IM (Tammie)

8. Publication, media, and conference updates
   • PREDICT participation in PMAC and GVP launch (Jan 28-Feb 3, 2018)
   • CUGH Global Health Conference, New York (March 15-18, 2018)
   • “Outbreak: Epidemics in a Connected World” exhibit at NMNH (May 2018) – coordinating PREDICT team participation?
   • One Health Congress Saskatoon (June 22-25, 2018)
- International Conference on Emerging Infectious Diseases (ICEID) in Atlanta (August 26–29, 2018)
- International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)

**REDACTED**

Fellow

One Health Institute

School of Veterinary Medicine

University of California, Davis
FYI in case you’re thinking about submitting abstracts

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: Kendra Chittenden <kchittenden@usaid.gov>
Date: February 22, 2018 at 6:20:06 PM GMT+1
To: "GHSD Unit Mail List (USAID)" <ghsdunitmaillistusaid@usaid.gov>
Subject: Fwd: Important Reminder - ICEID 2018: Abstract Submission Deadline is March 2

--------- Forwarded message ---------
From: ICEID 2018 Planning Committee <ICEID@taskforce.org>
Date: Tue, Feb 20, 2018 at 3:59 PM
Subject: Important Reminder - ICEID 2018: Abstract Submission Deadline is March 2
To: Kendra Chittenden <KChittenden@usaid.gov>
Important Reminder!

**ICEID 2018**: Only 11 days until the

*Abstract Submission Deadline:*

*March 2*

International Conference on Emerging Infectious Diseases (ICEID)
August 26–29, 2018
Omni Atlanta Hotel at CNN Center
Atlanta, GA

Information on conference registration, abstract submissions, and hotel accommodations are available at [ICEID.org](http://ICEID.org)

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Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor | USAID | mobile (703-209-5424) | [KChittenden@usaid.gov](mailto:KChittenden@usaid.gov)
Hi Dennis,

Could you share the name of the Thai MoH director general that you met in Bangkok (from the department of medical sciences)?

Thanks,

[Redacted]

---

Hi Dennis,

Could you share the name of the Thai MoH director general at the department of medical sciences?

I am planning to reach out to our Thai colleagues this week.

Thanks,

[Redacted]

---

Hi Dennis,

I’m following up on our call today regarding our GVP Thai colleagues.

Would you be able to share the name of the Thai MoH director general at the department of medical sciences? I heard something along the lines of Dr. Supam, but wanted to clarify.

Many thanks,

[Redacted]
Subject: DRC IP Monthly Coordination Calls
Location: (U.S. and Canada): REDACTED
International dial-in number: REDACTED
Conference code: REDACTED

Start: 03/15/2018 9:00:00 AM (-07:00)
End: 03/15/2018 10:00:00 AM (-07:00)

Recurrence: Monthly
Recurrence Pattern: Recur every month on the 3rd Thursday from 9:00 AM to 10:00 AM.

Organizer: spaige@usaid.gov (spaige@usaid.gov)

Required Attendees:
mcranke@usaid.gov;dialfu.saila_ngita@tufts.edu;lparish@usaid.gov;kramer@usaid.gov;spaige@usaid.gov;REDACTED;predict@ucdavis.edu;ismsmons@usaid.gov;jnumbi@usaid.gov;pmulembakani@metabiota.com;jpettit@usaid.gov;Prince Kimpanga;REDACTED;REDACTED;pmbala@metabiota.com;bhaberer@usaid.gov;aclements@usaid.gov;mrcranfield@gorilladoctors.org;kambale Syaluha Eddy;ekambale@gorilladoctors.org;modeste.deffo@ifrc.org

Dear Teams
Thank you for joining our monthly coordination call. The purpose of the call is to provide greater support from USAID/Washington to the mission and partners through improved communication.

The standing agenda is:

1) USAID updates (5 minutes)
2) Partner updates (accomplishments from past month, plans for current month- 10 minutes each)
3) Issues or Action items
4) AOB

(U.S. and Canada): REDACTED
International dial-in number: REDACTED
Conference code: REDACTED
Host: REDACTED

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Please do not edit this section of the description.

View your event at

---
Thanks, Cara! Your timing is perfect, as I just starting drafting the updated list of pending items yesterday (see below) and was planning to send it to you today. Very glad to have you back!

1. VAT exemption request (China) – submitted 3/27/17 with follow ups sent 5/8 and 7/28. Correspondence forwarded to my replacement in October 2017 for follow up, but it doesn’t appear that that follow up occurred.

2. VAT exemption request (Viet Nam) – submitted 6/22/17 with follow up sent 7/28 Correspondence forwarded to my replacement in October 2017 for follow up, but it doesn’t appear that that follow up occurred.


4. VAT in Egypt – Shana had connected with Ryland in May 2017 regarding the VAT landscape in Egypt, but to date I have not received any follow up or response from Ryland on the matter. I followed up with Shana on 6/22/17 and 7/6/17, which was the last correspondence on the matter as far as I know. Correspondence forwarded to my replacement in October 2017 for follow up, but it doesn’t appear that that follow up occurred.

5. Obligation of balance of FY2018 core funds ($720K) that were mistakenly left out of the last modification to our cooperative agreement. Last correspondence with Amalhin and Andrew on the subject was 2/9/18.

6. Further clarification on Myanmar (Burma) provision interpretation and application. We had requested further clarification from Ryland after his initial response to the questions posed, but still no response yet. I sent a follow up while you were out on leave, so I’ve attached that email again here for your reference.

7. Kenya – Response on Suspension of Activities questions, as per June 8th request. We never did get any kind of response on this, though I’m not sure if one is needed at this point.

---

From: Cara Chrisman [mailto:cchrisman@usaid.gov]
Sent: Friday, March 09, 2018 12:01 PM
To: Elizabeth Leasure
Subject: Re: Request for extension of VAT exemption in Cameroon (PREDICT-2)

Hi Liz,

It's great to see emails from you! When I left for REDACTED, you were also leaving and I just got back and heard you on the call on Tuesday! Hope all is well on your end!

Just in terms of the email below and for your awareness, we have a meeting with OAA on Wednesday to follow up on outstanding items for all our projects. We will follow up on this if you don't have resolution before then.
The other P-2 items that we have are the obligation and two procedural items on our end. I'm still getting up to speed after my absence and have touched base with Andrew, Amalhin, and Alisa, but if there's anything else that is outstanding and we've missed, please let me know. Ashna is serving as our OAA liaison and we want to make sure she has everything on her list.

Best,
Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (571) 551-7413
Cell: [REDACTED]
E-mail: cchrisman@usaid.gov

On Fri, Mar 9, 2018 at 2:47 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:
Hi Ryland. Just following up.

Thanks,
Liz

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

From: Ryland Marbray [mailto:rmarbray@usaid.gov]
Sent: Monday, March 05, 2018 8:51 AM
To: Elizabeth Leasure
Cc: Andrew Clements; predictmg@usaid.gov; Jonna Mazet; Predict inbox; David John Wolking
Subject: Re: Request for extension of VAT exemption in Cameroon (PREDICT-2)

Hi Elizabeth,

I don't see a problem in providing an extension however allow me to do more research on VAT and i will let you know by Wednesday.

Best,
Ryland Marbray
Agreement Officer

On Tue, Feb 20, 2018 at 6:22 PM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:
Hi Andrew and Ryland. I’m just following up regarding my request below. If there is anything else you need to facilitate approval of this request, please let me know.

Thanks,
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute

From: predict-request@ucdavis.edu [mailto:predict-request@ucdavis.edu] On Behalf Of Elizabeth Leasure
Sent: Thursday, February 08, 2018 5:26 PM
To: Ryland Marbray; Andrew Clements
Cc: predictmg@usaid.gov; Jonna Mazet; 'Predict inbox'; David John Wolking
Subject: [predict] Request for extension of VAT exemption in Cameroon (PREDICT-2)

Hi Ryland and Andrew. I am writing to request an extension of the attached VAT exemption (issued by former AO Deborah Adeola) through 9/30/2018, as efforts to obtain a VAT exemption through the Government of Cameroon have so far been unsuccessful. The VAT exemption approval letter and information provided to Deborah originally are attached for your reference. Dr. Mounkaila Abdou Billo (USAID/Senior GHSA and Development Advisor based in Yaunde) has indicated that there has been no change for VAT procedures and that they are still waiting for a resolution to the issue of VAT exemptions for USAID projects in Cameroon. Dr. Billo went on to suggest that we continue to pay VAT using the same procedure and exemption as FY2016-17 while efforts to obtain the GoC VAT exemption continue. As such, we are requesting approval for extension of the existing VAT exemption in Cameroon through 9/30/18.

Please let me know if you require any additional information to proceed with addressing this request.

Thank you!
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute

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Ryland Marbray
Agreements/Contracting Officer

USAID Office of Acquisition & Assistance
M/OAA/E3
1300 Pennsylvania Ave., NW,
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/DM3PR08MB1865FC83AD3F0A78AEC8A418A2DE0%40DM3PR08MB1865.namprd08.prod.outlook.com.
Hi PREDICT EB team,

Here is your agenda for tomorrow, March 21. The attached files are numbered by order of appearance on the agenda.

Best wishes,
Eri

PREDICT Executive Board Meeting
Wednesday, March 21, 2018
9:00-11:00AM PST/12:00-2:00pm EST
#REDACTED, Access code #REDACTED

International Dial-in number: #REDACTED (toll charges apply)

USAID Updates

1. Administrative items
   - Financial, compliance, and M&E reviews in Liberia
   - Update on Ebola funds and burn rate
   - GHSA and semi-annual reporting update
   - USG GHSA annual report (see attachment)

2. Operations Team updates
   - Behavior
     - Production of maps with concurrent sites
     - Bat communication book and clearance
   - IM – Any additional global or multi-country needs
   - M&A – Intervention modeling – Access to country data
   - EHP
   - Capacity
   - Lab
   - Surveillance
   - EPT partner collaboration/coordination updates
     - P&R self-assessment tool technical review

3. Semi-annual meeting agenda (April 10-11, 2018)

4. EB publications list

5. Outbreak updates (Ghana)

6. Mission communications roundup (only essentials)
8. Publication, media, and conference updates

- Resources from PMAC Operationalizing One Health session
- Al Jazeera feature on PREDICT/Thailand
- Discovery Channel “Invisible Killers” launch party in DC March 22, airing March 29, 2018
- National Geographic TV segment inquiry (production timeline March-June)
- Outbreak: Epidemics in a Connected World exhibit at NMNH (May 18, 2018)
- NIH Changing Relevance of Material Transfer Agreements for Infectious Diseases, Georgetown (May 3-4, 2018)
- One Health Congress Saskatoon (June 22-25, 2018)
- International Conference on Emerging Infectious Diseases (ICEID) in Atlanta (August 26–29, 2018)
- International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)
- International Symposium of Veterinary Epidemiology and Economics (ISVEE) Thailand (November 12-16, 2018).
PREDICT Semi-annual Consortium Meeting
Andaz Hotel
1450 First Street, Napa, CA
April 10-11, 2018

Agenda

Day 1 - April 10: Great Room 1

9:00 am Welcome and plans for the next two days (Jonna)
9:15 am One Health partnership & evaluation plans (Billy and Catherine)
10:00 am Capacity team: needs assessment for final push (Woutrina)
    - Career dev and advancement if no P3?
10:45 am Break
11:00 am Lab implementation – update on viral findings to date, needs assessment for
testing completion, timelines and sample export assessment; host DNA
barcoding check in; government results reporting status (Tracey and Simon)
12:00 pm Lunch
1:00 pm Behavioral risk - timeline, targets, and “road maps” (Leilani)
1:45 pm Surveillance update and targets for next 6 months (Chris, Megan + discussion
all)
3:00 pm Break
3:15 pm Stakeholder engagement, education, and outreach - best practices and lessons
learned for successful planning (David + discussion)
.... pm Any additional available for necessary strategic convening
7:00 pm Team dinner location TBD

Day 2 - April 11: Sun Room

9:00 am Overview and plans for the day
9:15 pm  Intervention planning workshop: overview of frameworks and approaches, analysis tools, and opportunities for collaboration (all technical teams)

11:00 am  Strategic plan towards interventions (Jonna)

11:15 am  M&A - additional timelines, targets, and products (Peter)

12:00 pm  Lunch

1:00 pm  Interface risk characterization using P1 data (Chris)

1:15 pm  Spillover viral risk ranking for the world and Jonna)

1:30 pm  Deep Forest update (Carlos)

1:45 pm  Livestock 2050 update (Carlos)

2:00 pm  Break

2:15 pm  Ebola Host Project update (Brian)

2:45 pm  Serology discussion

3:15 pm  Telling the “PREDICT story” and final report planning (David et al...)

4:00 pm  Road map for project completion, bridging strategies for sustainability, and the future (Jonna et al)

7:00 pm  Team dinner location TBD
Implementing the Global Health Security Agenda:
Progress and Impact from U.S. Government Investments

February 2018
Background

Across the globe, there are many examples of new and reemerging pathogens spreading quickly, resulting in epidemics and outbreaks that can potentially overwhelm health systems and devastate economies. One hundred years ago, one of the deadliest pandemics in modern history began sickening people all over the world, including Americans. The virus, related to a strain of H1N1 influenza still active today, eventually infected a third of all people on Earth, killing up to 50 million, three times the number of lives lost during World War I. Almost a century later, the 2014 Ebola epidemic in West Africa exposed major weaknesses in country and global capabilities to address biologic threats, claimed more than 11,000 lives, and cost billions in economic losses. In 2017, there were outbreaks of pathogens that had the potential to and did spread across regions and even the entire globe. While these emerging and re-emerging threats vary in size and scope, each highlights the need for continued prevention, detection, and response to help protect the health of Americans and global populations.

Many pathogens of global health security concern are zoonotic diseases — pathogens that can be transmitted between animals and humans. Over the last 60 years, this type of pathogen accounted for more than 70 percent of emerging infectious diseases. Population growth has brought people closer to one another and closer to animal reservoirs of zoonotic pathogens, increasing the opportunity for pathogens to cross between animals and humans. Environmental changes have also altered the distribution of mosquitos and other disease vectors.

Beyond these naturally occurring outbreaks, the global health community is also working to address the concern of increasing antimicrobial resistance in pathogens that infect both humans and animals. There are also the ongoing global threats of the deliberate release of dangerous pathogens or the accidental release of a pathogen from a laboratory or other facility (e.g., the accidental release of poliovirus into the environment in 2014). The risk of biological weapon development and use will increase as related know-how and technologies become more broadly disseminated, less expensive, and easier to deploy.

The economic toll of pandemics is high. The 2002–2003 outbreak of Severe Acute Respiratory Syndrome cost the global economy an estimated $40 billion. The next severe pandemic could cost the world economy up to $6 trillion. The World Bank estimates the overall economic impact of the 2014–2016 Ebola outbreak on Guinea, Liberia, and Sierra Leone alone was $2.8 billion. Additionally, global health security, which relies on the capacity of all countries to detect and control health threats, is critical to the U.S. economy and jobs. Strategic investments in public and animal health capacity, including public and animal health...

---

The vision of the GHSA is to achieve a world safe and secure from infectious disease threats, whether naturally occurring, accidental, or deliberately released.

systems and preparedness, need to be a national security priority of governments and a key commitment from multilateral agencies, development banks, NGOs, academia, and private sector stakeholders worldwide.

The Global Health Security Agenda (GHSA) is a multi-sectoral and multilateral effort that was launched in 2014 to accelerate progress toward compliance with the International Health Regulations (IHR) (2005), the World Organization for Animal Health’s Performance of Veterinary Services, the Biological Weapons Convention, and other relevant international frameworks and agreements. The IHR (2005) is a legally binding instrument adopted by 196 WHO Member States that sets requirements for each to prepare for health emergencies of all types. The vision of the GHSA is to achieve a world safe and secure from infectious disease threats, whether naturally occurring, accidental, or deliberately released. GHSA seeks to leverage host government and donor partner investments to reduce morbidity, mortality, and economic loss by preventing avoidable infectious disease outbreaks, detecting threats early, and responding rapidly and effectively to outbreaks when they occur. GHSA advances IHR (2005) compliance by providing specific, measurable targets across the 11 technical areas, referred to as “Action Packages,” and supporting step-by-step plans to promote their achievement.

It is more likely countries will miss the beginning of an outbreak and delay an effective response in the absence of health security capabilities, including: reliable, sensitive real-time disease surveillance systems; safe, secure, and strong laboratories; a well-trained workforce; capable information systems; a command structure to coordinate an effective and focused response; and multi-sectoral collaboration. Investments in these capabilities allow for rapid identification and response to stop outbreaks of new and emerging infectious diseases quickly before they spread around the globe.

The GHSA operates through an integrated partnership that includes member nations, WHO, the World Organization for Animal Health, the Food and Agriculture Organization of the U.N. (FAO), the World Bank, INTERPOL, other international organizations, development partners, non-governmental stakeholders, and the private sector. In order to achieve global health security, all partner countries must prioritize their own domestic funding to support public and animal health system improvement with the goal of sustainability.

As of January 2018, more than 60 countries have joined the GHSA. Each member country has made a commitment to achieve GHSA targets at national, regional, and/or global levels. The United States is a member of the GHSA and the 11-country GHSA Steering Group, serving as its first Chair. The United States leads or contributes to several GHSA Action Package working groups by sharing our domestic health experiences and lessons learned with partners around the world.

President Donald Trump has emphasized the importance of the GHSA, including at the U.N. General Assembly in September 2017, by highlighting that the GHSA is one of several programs that promote better health and opportunities all over the world. In July 2017, Secretary of State Rex Tillerson stated, “The United States’ commitment to working in multi-sectoral partnerships to counter infectious diseases through the Global Health Security Agenda will remain constant.” In October 2017, at the GHSA Ministerial Meeting, the National Security Council Senior Director for Global Health Security and Biodefense, Rear Admiral Tim Ziemer (U.S. Navy, retired), emphasized U.S. support for GHSA going forward, by stating, “The United States believes that extending GHSA beyond 2018 will allow us to continue our collective progress toward the original vision of GHSA. We see opportunities to work together, to build on the successes, and focusing in addressing those most pressing needs in the next five years.”
U.S. Approach

The United States is committed to working with 31 countries and the Caribbean Community toward achieving GHSA targets across the 11 Action Packages, divided into a Phase I of 17 countries and Phase II of 14 additional nations. In July 2015, the United States committed to investing $1 billion in new resources across the 17 Phase I countries to build capacity to prevent, detect, and respond to infectious disease outbreaks. As of Dec. 31, 2017, the U.S. Centers for Disease and Control and Prevention (CDC) has obligated $453.8 million, and USAID has obligated $245.5 million in support of this U.S. commitment to GHSA.8 This funding and technical assistance have helped these countries design and implement five-year GHSA plans that address specific gaps in health security capability across the GHSA Action Packages. The United States also works with the 14 additional Phase II GHSA partner countries and the Caribbean Community to develop GHSA plans and mobilize international partner resources to advance achievement of GHSA targets.

In December 2016, the United States published its first annual report on progress and early impact from the U.S. investment in the GHSA.9 Since the publication of that report, GHSA countries, with the help of U.S. and other partner investments, have continued to build capacities across each of the GHSA Action Packages. The information contained in this second annual report, which focuses on activities during the third year of the five-year U.S. Government GHSA commitment, highlights how these improved capacities have contributed to demonstrated impact in rapidly detecting and stopping outbreaks at their source. Within the U.S. Government, teams from the Department of State, the Department of Defense (DoD), the Department of Agriculture (USDA), the Department of Health and Human Services, including CDC, USAID, the Federal Bureau of Investigation, the National Security Council, and other departments and agencies are working within GHSA with the goal of keeping the world safe and secure from infectious disease threats.

The Role of Defense in Global Health Security

Throughout much of the world, the local military has unique capabilities, including experience with logistics, command and control, and complex contingency operations, that can complement public and animal health capacities and efforts to prevent, detect, and report early outbreaks of disease. The GHSA provides a framework and umbrella under which defense departments can collaborate on threat reduction, bio-surveillance, and biosecurity objectives.

8. As of the end of fiscal year 2017, CDC had obligated $443.3 million in support of this U.S. commitment to GHSA. This figure reflects cumulative obligations from FY2015–FY2017, net of upward and downward adjustments made prior to Oct. 19, 2017.
Our Partners

Internationally, multiple donor partners support GHSA objectives, and U.S. investments have helped to leverage additional support. The G-7\textsuperscript{10} leaders made a collective commitment to assist 76 countries and regions. In 2017, Australia committed approximately $240 million over five years (2017–2022) to establish a new Health Security Initiative for the Indo-Pacific region to address rising health security threats. The Republic of Korea, through its Safe Life for All Initiative, has pledged $100 million in 13 countries over five years, focusing on immunization, national laboratory systems, and workforce development. Nordic countries made a collective commitment to assist 10 countries. Canada provided $20 million in 2016 to assist an additional 15 countries to fulfill commitments under the GHSA. Spain and Italy are strengthening laboratories and training personnel in Southeast Asia. The World Bank’s International Development Association 2018 replenishment establishes a scaled-up commitment to strengthen country-level health security capacity in at least 25 countries. The World Bank is also implementing the $110 million Regional Disease Surveillance Systems Enhancement Project, which will assist countries to strengthen their disease detection systems and epidemic preparedness. In addition, Finland, Germany, the Kingdom of Saudi Arabia, and other countries, along with the Bill & Melinda Gates Foundation, are helping support the WHO’s Joint External Evaluation (JEE) process to comply with the IHR (2005).

\textsuperscript{10} G7 members are the United States, Canada, France, Germany, Italy, Japan, and United Kingdom.
Joint External Evaluations

In close coordination with the WHO, the United States, Finland, and other GHSA members and stakeholders assisted with the development and implementation of the JEE. The JEE is a voluntary, multi-sectoral external assessment process to identify gaps in capacity, determine a country's current level of health security capacity, and measure progress in a country's ability to prevent, detect, and respond to infectious diseases and other public health threats. Following a JEE, countries develop costed National Action Plans to address the gaps identified in the JEE and identify resources required; implement the national action plan; monitor progress in implementation of the plan; and repeat the external evaluation within four to five years. The JEE, which combines GHSA targets with additional core capacities required under the IHR (2005), allows countries to identify and address specific gaps within their health security systems and provides the basis for countries to engage with internal and external stakeholders to focus resources effectively, measurably, and sustainably.

As of Jan. 26, 2018, 67 countries have completed a JEE (with 50 of those published online); 31 are expected to complete a JEE in 2018; and 12 have expressed an interest. Fifteen countries have made significant progress developing National Action Plans to address the gaps identified through their JEEs, and 10 others have plans under development. Many of the National Action Plans heavily leverage the U.S. Government GHSA plans developed earlier. In comparison, as of Nov. 30, 2016, only 25 countries had completed evaluations, and none had begun developing National Action Plans. The United States continues to support these processes through participation in JEE missions; assisting countries to develop National Action Plans; and by providing strategic and technical guidance to WHO and other international organizations.

The United States completed a JEE in May 2016, and the final report was published by WHO in June of the same year. Departments and agencies from all sectors of the U.S. Government have worked together to develop the National Action Plan to Strengthen Implementation of the IHR (2005) based on the 2016 JEE. The plan includes action items to maintain or improve upon JEE indicator scores and address the recommendations from the external evaluators.

Strategic Vision for Global Health Security

GHSA builds capabilities across 11 specific technical areas, or Action Packages, that span multiple sectors and disciplines, including animal and human health, agriculture, and security.

- Antimicrobial Resistance
- Zoonotic Diseases
- Biosafety & Biosecurity
- Immunization
- National Laboratory System
- Real-time Surveillance
- Reporting
- Workforce Development
- Emergency Operations Centers
- Linking Public Health with Law Enforcement & Multisectoral Rapid Response
- Medical Countermeasures & Personnel Development

... across 3 priority areas

... to achieve 3 critical health security impacts

PREVENT

Prevent avoidable outbreaks

DETECT

Detect threats early

RESPOND

Respond rapidly and effectively

The following sections provide examples of U.S. support for GHSA implementation, including shared outcomes of our investments (what the U.S. technical and financial support coordinated with other partner investments have helped countries achieve) and evidence of impact (enhanced prevention, detection, and response to new infectious disease threats that decreases the potential for widespread disease and mortality).
The Shared Outcomes of U.S. Government Investments in the GHSA: Building Global Health Security Capacities

As described on page 5, the JEE is a WHO-led process for the transparent, external assessment of countries’ health security capacity. Each country that completes a JEE receives a score from 1 to 5 across indicators that span 19 technical areas that include the 11 GHSA Action Packages. The United States monitors GHSA country progress using the JEE scoring system. Twice per year, each U.S. embassy country health team estimates the impact of U.S. investments, coordinated with those of other partners, on the country’s abilities to prevent, detect, and respond to infectious disease threats. For most indicators, gaining one level of capacity represents a significant accomplishment.

The tables on pages 8–10 capture the impact of U.S. support, coordinated with other partner investments, by describing the number of countries that have built the capacity needed to increase at least one point higher on the JEE scoring scale for technical areas related to the GHSA Action Packages. Representative examples of the progress achieved are in the fourth column.
# PREVENT

<table>
<thead>
<tr>
<th>Action Package</th>
<th>Toward These Targets</th>
<th>Number of Phase 1 Countries with Capacity Level Increase over Baseline*</th>
<th>Examples of Implementation that Benefited from U.S. GHSA Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Antimicrobial Resistance (AMR)</strong></td>
<td>Prevent the spread of drug-resistant pathogens with a strong plan and maintain capacity for detecting AMR and controlling infections</td>
<td>8</td>
<td>In Guinea, Liberia, and Sierra Leone, about 38,000 health care workers, community health agents, and other staff who come in contact with patients were trained in infection prevention and control (IPC) standards and practices. In Sierra Leone alone, 333 health facilities received training and mentoring to improve IPC and prevent the spread of AMR.</td>
</tr>
<tr>
<td><strong>Zoonotic Disease</strong></td>
<td>Reduce the emergence and spread of infectious diseases from animals to humans</td>
<td>9</td>
<td>Kenya established a multi-sectoral zoonotic surveillance system for rabies, Rift Valley fever, and anthrax. In Uganda, a district animal health lab confirmed an anthrax outbreak in goats and cattle, which helped to contain a resulting human outbreak. The Côte d’Ivoire animal health laboratory network shortened the time for detecting cases of avian influenza from three months to two to six days.</td>
</tr>
<tr>
<td><strong>Biosafety &amp; Biosecurity</strong></td>
<td>Prevent pathogens from being accidentally or deliberately released by building comprehensive biosafety and biosecurity systems</td>
<td>7</td>
<td>In Burkina Faso, lab staff in 10 priority labs that work with dangerous pathogens were trained in biosafety and biosecurity, and 25 veterinary lab technicians completed capacity building in biosafety and biosecurity. Senior lab technicians in Liberia were trained in biosafety and biosecurity, produced standard operating procedures, and designed tools for internal biosafety and biosecurity audits. In India, 1,027 laboratory technicians from more than 159 laboratory facilities across primarily four states (Gujarat, Tamil Nadu, Jharkhand, and Madhya Pradesh) were trained in biosafety and biosecurity principles and applications.</td>
</tr>
<tr>
<td><strong>Immunization</strong></td>
<td>Prevent death and illness due to vaccine-preventable diseases through robust national vaccine delivery systems</td>
<td>6</td>
<td>Pakistan conducted house-to-house registration and outreach in 13 districts of Sindh province, increasing measles vaccine coverage from 27 percent at baseline to 52 percent. From June–August 2017, Ethiopia implemented a vaccination campaign in response to an emerging measles outbreak in the Somali region.</td>
</tr>
</tbody>
</table>

## Progress on the Ground

| **PREVENT** | **Countries have enhanced surveillance systems for zoonotic diseases in humans, wildlife, and animals**
|-------------|---------------------------------------------------------------------------------
| **13**      | **15**                                                                             |

**U.S. Country Team assessments**

**Data since GHSA launch**
DETECT

**Action Package**
- **National Laboratory System**: Detect and diagnose infectious diseases by building strong laboratory networks. 
  - **Number of Phase I Countries with Capacity-level Increase over Baseline**: 8
  - **Examples of Implementation that Benefited from U.S. GHSA Assistance**: Bangladesh now has laboratory capability to detect high-consequence pathogens, including anthrax, Crimean-Congo hemorrhagic fever, Nipah virus, and leptospirosis.
  - In Uganda, more than 20,000 pediatric admissions at six electronically-linked, sentinel hospitals were evaluated using enhanced laboratory capacity, including blood culture and antimicrobial sensitivity testing, resulting in the timely identification and treatment of bloodstream infections.
  - Sixty-eight veterinary labs in 21 GHSA Phase I and II countries completed comprehensive assessments that included infrastructure, range of diagnostics, quality assurance, and networking.

- **Real-time Surveillance**: Detect and assess outbreaks in real time using high-quality data from robust surveillance networks.
  - **Number of Phase I Countries with Capacity-level Increase over Baseline**: 10
  - **Examples of Implementation that Benefited from U.S. GHSA Assistance**: In Sierra Leone, timeliness and completeness of surveillance data reports reached almost 100 percent of health facilities in 2017, and data quality assessments documented a 14 percent increase in districts submitting high-quality data. In addition, Sierra Leone piloted a tool to conduct a comprehensive baseline evaluation of its national animal health surveillance system.
  - Vietnam piloted event-based surveillance with community engagement in detecting and reporting unusual health events and more than 100 local outbreaks were reported in the first six months as a result. This initial success led to a plan for national scale-up in 2018.

- **Reporting**: Minimize the impact of health events through increased access to timely and accurate information about outbreaks.
  - **Number of Phase I Countries with Capacity-level Increase over Baseline**: 7
  - **Examples of Implementation that Benefited from U.S. GHSA Assistance**: Guinea built capacity to identify emerging health threats with a new electronic information system, Epi-Alerts. Priority diseases were added to the system for rapid notification of epidemic-prone disease alerts.
  - In Senegal, the DHS-2 electronic health surveillance platform is available to all 76 Health Districts, allowing regular reporting of routine and priority diseases to the national level.
  - In Vietnam, an electronic surveillance platform is now functional for 44 communicable diseases and syndromes in 63 provinces and 711 districts, allowing real-time reporting and information sharing between the clinical and preventive medicine sectors.

- **Workforce Development**: Prevent, detect, and respond to infectious disease outbreaks using a trained public health workforce.
  - **Number of Phase I Countries with Capacity-level Increase over Baseline**: 10
  - **Examples of Implementation that Benefited from U.S. GHSA Assistance**: For January-September 2017, across GHSA countries, there were more than 640 graduates from Field Epidemiology Training Program (FETP)-Frontline and more than 100 graduates from FETP-Advanced. During this same time, FETP-Advanced graduates investigated more than 290 outbreaks.
  - Since 2015, across 79 universities in Africa and Asia, more than 11,500 professionals were trained in “One Health” competencies, including zoonotic diseases and communications since 2015.

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**Progress on the Ground**

**DETECT**

- **16 Countries have detected dangerous pathogens using new equipment and capabilities**
- **17 Countries have established or expanded the training of field-based epidemiologists and surveillance officers**
- **11 Countries improved reporting timeliness and/or geographic coverage to capture public health threats**

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*U.S. Country Team assessments
**Data since GHSA launch*
**RESPOND**

<table>
<thead>
<tr>
<th>Action Package</th>
<th>Toward These Targets</th>
<th>Number of Phase I Countries with Capacity-level Increase over Baseline*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Operations Centers (EOCs)</td>
<td>Reduce the impact of public health threats by developing an interconnected global network of EOCs</td>
<td>11</td>
</tr>
<tr>
<td>Multisectoral Rapid Response</td>
<td>Integrate law enforcement into emergency planning and response to maintain civic order and security across borders in case of outbreaks</td>
<td>4</td>
</tr>
<tr>
<td>Medical Countermeasures and Personnel Deployment</td>
<td>Lessen the impact of disease outbreaks through systems that deliver the right medicines and personnel to the right place at the right time</td>
<td>2</td>
</tr>
</tbody>
</table>

**Examples of Implementation that Benefited from U.S. GHSA Assistance**

- Cameroon has demonstrated strong emergency management capability, including through a government-led, full-scale cholera response exercise, and through rapid activation of its EOC for emergency response, including activation within 24 hours to respond to a meningitis outbreak.
- Bangladesh made significant improvements to its emergency management operations, including the first time activation of its EOC in response to a large Chikungunya outbreak in Dhaka in summer 2017.
- In Liberia, public health and security authorities worked together to address several public health emergencies, including a meningitis outbreak and inspections of drinking water quality.
- In Tanzania, government officials from the transportation and health sectors developed an IHR (2005)-compliant public health emergency response plan for points of entry (airports).
- Standard operating procedures for sending and receiving non-medical emergency outbreak supplies were developed and will be pre-tested in Cameroon.
- U.S.-supported stockpiles provided 2,000 personal protective equipment (PPE) kits to the Democratic Republic of Congo (to support an Ebola outbreak response), 300 PPE kits to Uganda (to respond to avian influenza), and 100 PPE kits to Guinea (to respond to anthrax).

**Progress on the Ground**

- **16** Countries have established or strengthened their national EOCs to manage and monitor health events in real time**
- **13** Countries strengthened response coordination and shared information across public health, animal health, and law enforcement**
- **10** Countries improved logistics planning to deploy staff, medicines, and supplies during a public health emergency**

*U.S. Country Team assessments
**Data since GHSA launch
Evidence of GHSA Impact in 2017

U.S. support to GHSA countries has helped to prevent or curtail the spread of infectious disease outbreaks. In 2017, there were more than 25 reported public health emergencies in U.S.-assisted GHSA countries, defined by the WHO Emergency Response Framework (2017) as a public health event that exceeds the ability of the country to respond. The causes of these emergencies included outbreaks of Marburg virus, Ebola virus, dengue fever, and acute watery diarrhea/cholera. The majority of these events occurred in Africa and caused significant morbidity, mortality, and economic loss. Many countries faced multiple outbreaks throughout the year. For example, in 2017, the Democratic Republic of Congo (DRC) dealt with a range of outbreaks and events, including Ebola, cholera, avian influenza, and vaccine-derived polio.

With few exceptions, partner countries led the responses to these outbreaks by using the improved capacities built with the help of GHSA, the United States, and other partners.

**Early Detection of Serious Infectious Diseases and Effective Responses to Outbreaks**

**GRADED EMERGENCIES IN U.S. ASSISTED GHSA COUNTRIES**

**Acute Watery Diarrhea in Ethiopia (August 2017) - Grade 3 Protracted Emergency:** The Ethiopian Public Health Institute activated the country's public health emergency operations center (PHEOC) for the first time to respond to an outbreak of acute watery diarrhea in multiple regions of Ethiopia. U.S.-supported workforce training programs helped prepare the country to manage the outbreak, as Ethiopia appointed a Field Epidemiology Training Program (FETP) graduate to lead the response. The United States assisted the Ethiopian Public Health Institute to establish an incident management system, deploy rapid response teams, and develop processes for task tracking and situational reporting. In addition, the United States supported hygiene-promotion activities, the provision of water treatment supplies, and other water and sanitation activities to prevent future acute watery diarrhea transmission in much of the affected areas.

**Dengue Fever in Burkina Faso (September 2017, ongoing) - Grade 1 Emergency:** Burkina Faso, in collaboration with the United States, the WHO, the FAO, and other partners, helped to stem a large outbreak of dengue fever, a priority zoonotic disease for the country. Over a two-month period, Burkina Faso reported more than 14,000 probable human dengue cases and 29 deaths. With U.S. support, Burkina Faso enhanced in-country capacity to diagnose dengue at the national reference lab, including the identification of serotypes, and established surveillance for dengue and other arboviral diseases in Ouagadougou, which builds upon an existing surveillance system.

**Marburg Virus in Uganda (October 2017) - Grade 2 Emergency:** The U.S.-assisted viral hemorrhagic fever laboratory at the Uganda Virus Research Institute confirmed a positive case of Marburg from a sample obtained from eastern Uganda. There were three reported cases (two confirmed and one probable), all of which were fatal. The Ministry of Health quickly deployed a rapid response team, which included staff trained through the U.S.-supported FETP and the Uganda Virus Research Institute viral hemorrhagic fever program, and students from the U.S.-supported Makerere University One Health Innovation Club, to the affected districts. The team rapidly traced the contacts of suspected cases and conducted community education activities. No further cases were identified, and there was no spread into Kenya even though one suspected case had traveled across the border.

**EXAMPLES OF OTHER EMERGENCIES IN U.S. ASSISTED GHSA COUNTRIES**

**Avian Influenza (H5N8) in Birds in Uganda (January 2017):** A possible influenza pandemic caused by a mutating virus that jumps from animals to humans remains a critical threat to global health security. The Uganda Wildlife Education Center reported a massive die-off of approximately 10,000 migratory birds and
domestic birds on the shores of Lake Victoria to the Ugandan PHEOC, which activated rapidly, along with the multi-sectoral National Taskforce for Epidemics. Building upon the successes of long-term U.S. Government support for influenza surveillance and response in Uganda, national and district multi-sectoral rapid response teams, including FETP Advanced Fellows and veterinary and public health students from the Makerere University One Health program, conducted outbreak investigations. U.S. funding and technical assistance to the Uganda Virus Research Institute facilitated the initial diagnostic confirmation of the first highly pathogenic avian influenza outbreak in East Africa. Enhanced surveillance in avian populations is ongoing with no suspected human cases to date.

Avian Influenza in Bangladesh (January 2017): Benefitting from U.S.-funded training activities on health security, the staff of the Bangladesh Department of Livestock Services detected multiple outbreaks of avian influenza for the first time in backyard poultry, which marked the first reported and investigated outbreaks of highly pathogenic avian influenza in Bangladesh in two years. U.S. technical assistance helped Bangladeshi professionals to investigate the crow die-offs (which were linked to the poultry outbreaks); the sampling of the crows and other wild birds near live bird markets to permit laboratory testing; and train field staff from the Forest Department (Wildlife Authority). In addition, the United States provided technical support to the Bangladesh Livestock Research Institute, which tested and confirmed H5-type influenza virus in the crows by using specific laboratory assays.

Preventing a Measles Outbreak in Côte d’Ivoire (February 2017): After a measles outbreak in neighboring Guinea, staff from the Côte d’Ivoire Ministry of Health coordinated with counterparts from Guinea and Liberia with the goal of preventing the outbreak from crossing borders. Subsequently, with the help of the United States, the Ivorian Government conducted measles sensitization and vaccination campaigns at six points of entry. Community sensitization committees continued to conduct risk communication campaigns and work with health centers to identify and vaccinate unvaccinated children. As a result, Côte d’Ivoire prevented a measles outbreak in the at-risk areas.

Meningococcal Disease in Liberia (April 2017): Liberia reported 14 cases, and eight deaths, from an unidentified illness. The country quickly mobilized 14 U.S.-trained Liberian disease detectives, activated the new national PHEOC, and deployed a national rapid response team. Local laboratory testing ruled out Ebola within 24 hours, and CDC laboratories in the United States confirmed the cause as meningococcal disease, a deadly bacterial illness; CDC laboratories also provided reagents to Liberia for further testing. Rapid and coordinated response interventions, such as contact-tracing, limited the outbreak to 31 cases and 13 deaths.

Ebola in DRC (May 2017): A cluster of undiagnosed illnesses and deaths with hemorrhagic symptoms was identified in the remote Likati Health Zone in northern DRC. Two days later, DRC laboratory workers confirmed the outbreak as Ebola. Laboratory confirmation of this pathogen by a DRC scientist in the country’s national laboratory is a positive public health milestone for the country. A group of disease detectives, trained in DRC through U.S.-funded programs, immediately deployed to trace potentially exposed contacts and to provide technical support. The United States supported the outbreak response through the deployment of field epidemiologists, a mobile laboratory, and the provision of laboratory reagents and PPE. Fast and coordinated action contained the Ebola outbreak in an isolated area of DRC to only eight cases, four deaths, and no spread outside of the area.

Crimean Congo Hemorrhagic Fever in Uganda (August 2017): The Uganda districts of Kyankwanzi and Nakasongola experienced an outbreak of Crimean Congo hemorrhagic fever. The outbreak posed serious health and economic implications because this zoonotic disease is a major threat to livestock, and these districts are major cattle-rearing areas. Early detection and the launch of control activities by rapid-response teams in less than 48 hours limited the outbreak to two confirmed cases. The Ministry of Health worked with the WHO and the United States to establish a district-level task force, set up isolation wards, conduct environmental testing, educate the community, and train health workers on the treatment and prevention of Crimean Congo hemorrhagic fever. With U.S. support, other GHSA countries have also strengthened diagnostic capacity for Crimean Congo hemorrhagic fever, including India, which diagnosed cases in two states, and identified evidence of livestock infections in multiple states.
Examples of Innovative Programming

The Frontline FETP Trains Disease Detectives: For more than three decades, CDC has worked with ministries of health and other partners around the world to build local capacities and strengthen the national public health workforce through programs like the FETP. To expand workforce capabilities at the local level, CDC launched FETP-Frontline in 2015, a three-month training program focused on detecting and responding to diseases and events of public health importance or international concern. FETP-Frontline participants include government public health workers in charge of the collection, compilation, analysis, and reporting of surveillance data, and response activities at the local level of a health system. Within 24 months, FETP-Frontline launched programs in 30 countries, including 15 U.S.-funded GHSA Phase I countries (including countries that launched a version of FETP-Frontline prior to 2015). More than 3,500 trainees had graduated from FETP-Frontline Programs by December 2017. FETP-Frontline trainees and graduates have actively participated in responses to outbreaks of cholera, measles, yellow fever, and other diseases, by identifying suspected outbreaks early and raising standards for quality investigations.

One Health Workforces Link Animal and Human Health Sectors: In 79 universities in Africa and Asia, USAID-financed One Health University Networks have developed more than 22 training modules in One Health competencies, including zoonotic diseases; infectious disease management; bioterrorism and biosecurity; behavior change communication; and linkages between animal and human health. These universities created 34 One Health student innovation clubs, and established 23 demonstration sites to promote field-based learning in nine countries. Students and faculty participated in 10 outbreak responses and investigations in Ethiopia and Uganda. In addition, more than 50 people were placed in local and international health organizations to gain practical experience in applying a One Health approach.

USDA Training Programs Leverage Academia to Enhance Animal Health Workforce: USDA worked with Iowa State and Michigan State Universities to support the participation of 16 educators from Africa in the USDA Faculty Exchange Program for African Veterinary Science to help improve veterinary curricula and instruction at the participants’ universities. USDA collaborated with academic partners at the Iowa Department of Agriculture, Iowa State University, and other partners to deliver training on animal health and food safety risk assessment for the Chief Veterinary Official of St. Vincent and the Grenadines. Through the USDA Norman E. Borlaug International Agricultural Science Fellowship Program, a scientist from the Uganda Ministry of Health received training at Kansas State University on epidemiological investigation of Rift Valley fever to help improve Uganda’s capacity to detect and control Rift Valley fever outbreaks in animals rapidly and reduce risks of Rift Valley fever transmission to people.

PREDICT Detects Emerging Threats: Through the PREDICT project, USAID supports the most comprehensive effort to date to strengthen capacities for the improved detection, identification, and characterization of priority zoonotic diseases and spillover risk for emerging threats in the world’s most-vulnerable hotspots for emerging diseases. In 12 African countries, the PREDICT project, working primarily through local laboratories, has tested samples from 4,623 animals and 451 humans for high-priority viral families, such as corona-, filo-, flav-, influenza-, and paramyxoviruses, associated with high-consequence outbreaks such as Ebola, Marburg, influenza, and Middle East Respiratory Syndrome coronavirus. The PREDICT project identified nine new viruses now being studied further to determine the risk posed to humans. In addition, PREDICT conducted in-depth behavioral interviews with more than 1,400 individuals to help identify the enabling behaviors and practices associated with transmission of priority zoonotic diseases and other emerging threats.

The Public Health Emergency Management Fellowship Trains Emergency Managers: CDC established the Public Health Emergency Management (PHEM) Fellowship in response to increased demand for assistance from countries that are seeking to strengthen their PHEM capacity. During the four-month program, PHEM Fellows receive advanced training in all major functional areas of emergency management. PHEM Fellowship participation has directly affected countries’ ability to reduce the time between the notification of an emergency and activation of the national PHEOC.
After completion of the program, PHEM Fellow alumni have been promoted into roles such as PHEOC Manager in Cote d’Ivoire, PHEOC Operations Chief in Senegal, Incident Manager for an avian influenza outbreak in Cameroon, Ebola-Response Manager in DRC, and other PHEM functional area positions. As of December 2017, 69 fellows have graduated from 28 countries.

**One Health Zoonotic Disease Prioritization Identifies Zoonotic Threats:** CDC’s One Health Zoonotic Disease Prioritization Tool brings together multi-sectoral stakeholders from human health, animal health, environmental health, and other relevant sectors to address zoonotic disease prevention and control in a country. In fiscal year 2017, 10 workshops were conducted in GHSA countries; nine were led by CDC and supported by USAID, through operational assistance and the convening of national One Health platforms and multi-sectoral partners. CDC, USDA, and DoD collaborated on a similar workshop in Pakistan. Having a jointly developed list of priority zoonotic diseases enables a country to focus limited financial and human resources to build laboratory capacity, strengthen surveillance in humans and animals, develop joint outbreak response teams and preparedness plans, and to create collaborative prevention and control strategies. Commonly prioritized zoonotic diseases included rabies; zoonotic influenza viruses; viral hemorrhagic fevers, such as Ebola virus and Rift Valley fever; brucellosis; and anthrax.

**One Health Coordination Supports Whole-Of-Government Action:** USAID has assisted 12 GHSA countries to develop or strengthen national One Health working groups by using a multi-sectoral approach for coordination. National groups were launched this year in Guinea, Liberia, Sierra Leone, and Uganda. One Health groups coordinate across ministries to improve preparedness and incident management and have helped respond to infectious disease threats, including recent avian influenza outbreaks in Bangladesh and Uganda, anthrax in Tanzania, meningococcal disease...
in Liberia, and Marburg in Uganda. One Health groups in Bangladesh, Indonesia, Cameroon, Kenya, and Uganda have incorporated public health threats beyond emerging infectious diseases, such as antimicrobial resistance, into their preparedness planning.

**Event-based Surveillance Systems Detect Unusual Events:** CDC has spearheaded efforts to enhance Event-based Surveillance Systems (EBS) in U.S.-supported GHSA countries. For example, the EBS pilot platform in Vietnam trained nearly 9,000 public health workers and reported 4,323 potential events, 317 of which required a public health response. In 2018, the Vietnam Ministry of Health is preparing to integrate EBS into its national surveillance system and launch it across the entire country. In Burkina Faso, a community-based EBS system to detect and report unusual health events of potential public health importance is being piloted in three districts. Launched in August 2017, the pilot has trained approximately 1,200 community health workers and approximately 200 nurses and staff at local health posts in EBS protocols. These health workers have notified, investigated, and controlled eight confirmed public health threats since August 2017.

**The Cooperative Biological Engagement Program Partners with Tanzania to Stop the Spread of Anthrax:** In November 2016, a massive die-off of animals was reported in northern Tanzania, resulting in more than 130 deaths in wild and domestic animals and reports of human cases of skin lesions consistent with anthrax infection. Investigation teams collected samples and performed diagnostic testing. The teams attributed the sudden increase in animal deaths to Bacillus anthracis (anthrax) infections. To prevent this outbreak from spreading further, a DoD Cooperative Biological Engagement Program (CBEP) project designed to investigate dangerous pathogens in bushmeat helped to coordinate anthrax outbreak detection and response activities on behalf of the Tanzania Wildlife Research Institute. CBEP provided personal protective and diagnostic equipment and assisted with community education programs, which cautioned against consumption of bushmeat and the harvesting of animal products. The team also worked with local and central government administrators on how the laboratory at the Nelson Mandela African Institute for Science and Technology could effectively participate as a reference laboratory, providing safe and secure diagnostic work during this and future outbreaks. As a result of the collaboration, this imminent disease threat was prevented from spreading further; capabilities were established to detect future cases of anthrax accurately, quickly, and safely, whether naturally occurring or intentionally spread; and best practices were instilled for safe and secure handling of B. anthracis.

**Advanced Molecular Detection for Faster Detection of Threats to Public Health:** Detecting and responding to public health threats relies on a robust laboratory system capable of identifying known, unknown, or newly evolving pathogens. CDC supports laboratory capacity-building under GHSA through the provision of quality-assured reagents; external quality assurance panels; hands-on laboratory trainings; and remote assistance for the testing of viral pathogens that cause measles, gastrointestinal diseases, respiratory diseases, and other priority pathogens. In addition, CDC continues to improve Advanced Molecular Detection (AMD) capabilities in select GHSA countries. AMD technology enables faster detection of novel or emerging organisms.

**Joint West Africa Research Group Improves Biopreparedness:** Joint West Africa Research Group (JWARG) is a DoD-funded, collaborative initiative that leverages existing research platforms and relationships to improve biopreparedness by strengthening research capabilities in the region. In 2017, JWARG’s first clinical study on sepsis enrolled nearly 200 severely ill patients in Ghana and will help increase global understanding of diseases causing severe illness, lead to identification of biomarkers to diagnose sepsis, predict course of illness, diagnose pathogens, and inform clinicians to provide more-personalized treatment of sepsis patients. In September 2017, JWARG began another study designed to identify and characterize cases of suspected severe infectious disease at medical centers in West Africa, which will help identify new threats early and assist in developing and implementing well-informed responses.

**DoD Develops a Rapid Response Capability for Medical Countermeasure Development and Deployment:** The Joint Mobile Emerging Disease Intervention Clinical Capability (JMEDICC) team brings technical experts from the DoD together with Ugandan stakeholders at all levels to conduct clinical research that supports development of medical countermeasures (MCM) and provides critical capacity to outbreak response efforts. In October 2017, Uganda declared an outbreak of Marburg. By request of the Ministry of Health, the JMEDICC team members provided technical assistance to the Uganda National Task Force and...
Rapid-Response Teams, both in the PHEOC and in affected areas.

**FAO Helps Respond to Outbreaks of Avian Influenza across GHSA Countries:** Since the launch of GHSA in 2014, 16 U.S. partner countries in sub-Saharan Africa and Asia have experienced more than 50 outbreaks of highly pathogenic avian influenza. USAID funding to FAO and other partners builds national capacity to detect and respond to these outbreaks through: provision of lab reagents and biological markers for viral characterization; outbreak investigation and response; the provision of commodities, such as personal protective equipment (PPE) for field and laboratory technicians; upgraded biosecurity in farms and markets; and improved coordination across sectors. Since 2015, FAO has provided more than 13,000 pieces of PPE to countries directly affected by highly pathogenic avian influenza and to neighboring countries. With USAID support through FAO, countries are reducing their response time. For example, since 2015, FAO has helped the government of Vietnam to reduce the duration between outbreak start and laboratory confirmation from 4.5 to about 3 days.

**Waste Management Helps Stop the Spread of Infectious Disease Outbreaks:** Waste management was a major problem during the Ebola outbreak in West Africa. In response, CDC is working with its partners to design an innovative medical waste disposal unit that will effectively treat medical waste produced at community health centers in low-resource settings. The units are built with locally available materials, equipment, and labor at low cost, and detailed illustrated instructions will be freely available. A unit is currently undergoing pilot testing in Kenema, Sierra Leone.

**Strengthening Global Capacities for the International Deployment of MCM and Personnel:** The Office of the Assistant Secretary of Health and Human Services for Preparedness and Response led the Global Health Security Initiative MCM Task Force, in collaboration with the WHO, in finalizing the Operational Framework for Deployment of the WHO Smallpox Vaccine Emergency Stockpile. The WHO officially published the framework in December 2017. This document describes procedures for requesting and deploying smallpox vaccines and ancillary supplies from the Smallpox Vaccine Emergency Stockpile in the event of a smallpox outbreak. It also serves as the basis for the development of general planning considerations for the international deployment of MCMs during public health emergencies, a tool to aid key stakeholders that could provide, or receive, emergency MCMs during public health and medical emergencies in building legal, regulatory, and logistical capacities and establishing plans for their deployment/receipt.

**State Biosecurity Engagement Program Trains Guinean Law Enforcement to Respond to Public Health Emergencies:** Security and health are increasingly linked in our rapidly evolving world, and it is critical that we learn to collaborate rapidly and effectively. In order to further this objective, in March 2017, the State Department’s Biosecurity Engagement program supported a multisectoral training workshop in Guinea focused on biosecurity and law enforcement response to public health emergencies. This event aimed to strengthen coordination and intervention capabilities between the Guinean police, civil protection, gendarmerie, and Guinean Ministry of Health at the national level to prevent and detect deliberate or naturally occurring infectious disease outbreaks. This training also helped ensure that in addition to medical first responders, unsuspecting first responders from non-health sectors with minimal exposure to public health response processes were trained on protecting themselves during these outbreaks. As such, participants were trained on PPE, personal decontamination, international biosecurity best practices to prevent bioterrorism, and cross-agency communication efforts to respond to public health emergencies.

Amplifying Impact through Public Diplomacy and Engagement

Collaboration across the U.S. Government and with governmental, non-governmental, and private sector partners from around the world is critical to the success of the GHSA. This year, leaders from across the U.S. Government engaged in effective public diplomacy and active outreach in bilateral and multilateral meetings, as well as other international events to advance U.S. and broader GHSA objectives to build global health security capacity. The examples below highlight some of the effects of public diplomacy and how government and non-governmental engagement advanced global health security in 2017.

**Non-governmental and Private-sector Partners Develop New Tools to Improve Global Health Security:** Non-governmental stakeholders, through the GHSA Consortium (GHSAC), GHSA Private-Sector Roundtable (PSRT), and the Next Generation for Global Health Security Network (NextGen), are critical partners in building, maintaining, and sustaining international capacity. The private sector, NGOs, academic institutions, professional societies, and other institutions not only create and implement innovative solutions to combat infectious disease threats, but also provide the expertise needed for governments to fill critical gaps toward advancing compliance with the IHR (2005). In 2017, the GHSAC, PSRT, and NextGen all achieved successes in advancing global health security capacity. With a focus on the financing of health security capacity, a member of the GHSAC Steering Committee developed open-access online costing and tracking tools designed to help nations assess the financial costs of implementing health security activities from the JEEs and promote accountability in tracking global funding commitments. Through the PSRT, companies developed an online platform to display and analyze qualitative and quantitative data from countries’ JEE reports, which GHSA stakeholders, including countries and donors, can use to visualize gaps in health security in need of prioritization and investment. This interactive tool also displays private sector products and services that could assist countries with solutions for the gaps identified in the JEEs. Also in 2017, the NextGen network provided technical expertise in WHO-led JEE missions and created two regional working groups of health professionals in East and West Africa, which created opportunities to exchange knowledge across borders and to provide in-country support to local governments.

**Biosafety and Biosecurity Action Package Takes the Spotlight:** In 2017, the Bureau of International Security and Nonproliferation at the Department of State led the U.S. Secretariat for the Working Group on the biosafety and biosecurity Action Package. The group promotes activities, resources, and tools to advance targets related to biosafety and biosecurity, in addition to encouraging reduced collections of dangerous pathogens worldwide. Under U.S. leadership, the Secretariat supported the development of a JEE Qualitative Assessment, a fact sheet, and a strategic messaging document for the Action Package. The Secretariat also organized an Action Package meeting where countries shared recent successes, and the group began thinking creatively about how to ensure that biosafety and biosecurity remain a focus of the GHSA through 2024.
Looking Forward

While we have made significant progress toward achieving the targets of the GHSA, there is still much work to do. As reflected in JEE reports, all countries still have progress to make across multiple technical areas. For example, surveillance and national laboratory systems, though improved, are still limited in scope in many countries. Animal health capacities are routinely weaker than corresponding ones for human health, and work on AMR on both the human and animal side is just gaining momentum. The United States looks forward to continuing to fulfill its commitment to the GHSA by building our own capacities and addressing the areas for improvement identified by our JEE, and helping our partners build the capacities necessary to prevent, detect, and respond to infectious disease threats.

At the October 2017 GHSA Ministerial Meeting in Uganda, 400 participants from more than 40 GHSA member countries declared their support in the "Kampala Declaration" to extend GHSA for an additional five years (through 2024). The extension of GHSA ensures the continuation of work to build capacity and strengthen health systems to protect the national security of all nations against infectious disease threats. The U.S. Government, as part of its role on the GHSA Steering Group, is leading a working group to formulate the GHSA multilateral initiative for the next phase to include a renewed focus on building country capacity, obtaining sustainable national financing of health security capacity, strengthening multi-sectoral collaboration and engagement, and increasing cooperation with the non-governmental sector.

GHSA has succeeded in making health security a global priority and accelerated progress across the animal-health, human-health, environmental, defense, and security sectors to advance implementation of the IHR (2005). The United States believes each country’s ability to prevent, detect, and respond to infectious disease threats directly protects that country’s own national security as well as that of the global community. An infectious disease outbreak anywhere can be a threat everywhere. In the 100 years since the 1918 influenza pandemic, we have made much progress in our ability to prevent, detect, and respond to disease threats: stronger surveillance systems; new and improved laboratory diagnostics, vaccines, and therapeutics; and increased global reporting of outbreaks and other public health threats. However, there is still work to do to prevent future outbreaks. We will continue to strive to achieve global compliance with the IHR (2005), the World Organization for Animal Health’s Performance of Veterinary Services, the Biological Weapons Convention, and other relevant international frameworks and agreements through our GHSA commitments at home and abroad.
## Annex

### U.S. Government Departments, Agencies, and Offices

#### Executive Office staff
- Convene a GHSA Interagency Review Council (Council) to perform the responsibilities described in the Executive Order - Advancing the Global Health Security Agenda to Achieve a World Safe and Secure from Infectious Disease Threats.
- Serve as chair of the Council as designated by the Assistant to the President for National Security Affairs, in coordination with the Assistant to the President for Homeland Security and Counterterrorism.

#### Department of State
- Engage Chiefs of Mission, country teams, and regional and functional bureaus within the Department of State to promote the GHSA with international partners and to facilitate country-level implementation of U.S. programmatic activities.
- Monitor and evaluate progress toward achieving GHSA targets, determine where more work is needed, and work with agencies and international partners to identify the partners best placed to achieve the GHSA targets for countries the United States has made a commitment to assist.
- Facilitate implementation and coordination of Department of State programs to further the GHSA.
- Coordinate planning, implementation, and evaluation of GHSA activities with the U.S. Global Malaria Coordinator at the USAID, and the U.S. Global AIDS Coordinator at the Department of State in the countries the United States has made a commitment to assist.
- Lead diplomatic outreach, including at senior levels, in conjunction with other relevant agencies, to build international support for the GHSA.
- Work, in conjunction with other relevant agencies, with other donors and non-governmental implementers in partner countries in order to leverage commitments to advance the GHSA with partners.
- Coordinate, in conjunction with other relevant agencies, the U.S. Government relationship with foreign and domestic GHSA non-governmental stakeholders, including the private sector, non-governmental organizations, and foundations, and develop, with consensus from the Council, an annual GHSA non-governmental outreach strategy.

#### USAID
- Facilitate implementation and coordination of USAID programs to further the GHSA, as well as provide technical expertise to measure and evaluate progress in countries the United States has made a commitment to assist.
- Provide, in conjunction with other agencies, strategic technical guidance for achieving GHSA targets.
- Work, in conjunction with interagency partners and the in-country GHSA teams, with other donors and non-governmental GHSA implementers in partner countries in which USAID programs are active in order to coordinate and leverage commitments to advance the GHSA with partners.

#### Department of Defense
- Facilitate implementation and coordination of Department of Defense programs to further the GHSA, as well as provide technical expertise to measure and evaluate progress in countries the United States has made a commitment to assist.
- Work, in conjunction with interagency partners and the in-country GHSA team, with other donors and non-governmental implementers in partner countries in which Department of Defense programs are active in order to coordinate and leverage commitments to advance the GHSA with partners.
- Coordinate and communicate, in conjunction with other relevant agencies, with defense ministries with regard to the GHSA, including at the GHSA Ministerial and Steering Group.
| Department of Health and Human Services | - Represent, in conjunction with other relevant agencies, the United States at GHSA Ministerial and Steering Group meetings and in working with G7 and G20 Health Ministers on the GHSA, and coordinate U.S. Government support for those activities.  
- Provide overall leadership and coordination for the GHSA Action Packages, which consist of country commitments to advance and share best practices toward specific GHSA targets, including serving as the primary point of contact for the Action Packages, providing support to Action Package leaders, and tracking overall progress on the Action Packages.  
- Coordinate U.S. Government support for and participation in external evaluations, including the WHO JEE tool and the Alliance for Country Assessments for Global Health Security and IHR Implementation.  
- Represent, in conjunction with other relevant agencies, the United States in coordination and communication with the WHO regarding the GHSA.  
- Facilitate, no less than every 4 years, the request for an external assessment, such as the process outlined within the WHO JEE tool, of U.S. Government domestic efforts to implement the IHR and the GHSA and work to publish the assessment to the general public.  
- Consolidate and publish to the general public an external assessment of U.S. domestic capability to address infectious disease threats and implement the IHR, including the ability to achieve the targets outlined within the WHO JEE tool and including the gaps identified by such external assessment. |
| U.S. Centers for Disease Control and Prevention | - Facilitate implementation and coordination of U.S. Centers for Disease Control and Prevention programs to further the GHSA, as well as provide technical expertise to measure and evaluate progress in countries the United States has made a commitment to assist.  
- Provide, in conjunction with other agencies, strategic technical guidance for achieving GHSA targets.  
- Provide, in coordination with the Department of Health and Human Services, strategic technical support for and participate in external assessments, including the WHO JEE tool, and the Alliance for Country Assessments for Global Health Security and IHR Implementation. Work, in conjunction with interagency partners and the in-country GHSA team, with other donors and non-governmental implementers in partner countries in which the U.S. Centers for Disease Control and Prevention programs are active in order to coordinate and leverage commitments to advance the GHSA with partners. |
| Department of Justice, Attorney General acting through the Federal Bureau of Investigation | - Serve, in conjunction with other relevant agencies, as the U.S. Government lead for GHSA targets relating to linking public health and law enforcement, and coordinate with INTERPOL on the GHSA and its successful implementation.  
- Facilitate implementation and coordination of FBI programs to further the GHSA, as well as provide technical expertise to measure and evaluate progress in countries the United States has made a commitment to assist.  
- Work, in conjunction with interagency partners and the in-country GHSA team, with other donors and non-governmental implementers in partner countries in which FBI programs are active in order to coordinate and leverage commitments to advance the GHSA with partners. |
| Department of Agriculture | - Represent, in conjunction with other relevant agencies, the United States in coordination and communication with the FAO and OIE with regard to the GHSA.  
- Facilitate implementation and coordination of Department of Agriculture programs to further the GHSA, as well as provide technical expertise to measure and evaluate progress in countries the United States has made a commitment to assist.  
- Work, in conjunction with interagency partners and the in-country GHSA team, with other donors, contributing international organizations, and non-governmental implementers in partner countries in which Department of Agriculture programs are active in order to coordinate and leverage commitments to advance the GHSA with partners. |
| Department of Homeland Security | - Assess the impacts of global health threats on homeland security operations.  
- Lead, in conjunction with the Secretary of Health and Human Services, the Secretary of State, and the Secretary of Agriculture, U.S. Government GHSA activities related to global health threats at U.S. borders and ports of entry. |
USAID Updates

1. Administrative items
   - Financial, compliance, and M&E reviews in Liberia
   - Update on Ebola funds and burn rate
   - GHSA and semi-annual reporting update
   - USG GHSA annual report

2. Operations Team updates
   - Behavior
     - Production of maps with concurrent sites
     - Bat communication book and clearance
   - IM – Any additional global or multi-country needs
   - M&A – Intervention modeling – Access to country data
   - EHP
   - Capacity
   - Lab
   - Surveillance
   - EPT partner collaboration/coordination updates
     - P&R self-assessment tool technical review

3. Semi-annual meeting agenda (April 10-11, 2018)

4. EB publications list

5. Outbreak updates (Ghana)

6. Mission communications roundup (only essentials)

7. Synergistic proposals updates

8. Publication, media, and conference updates
   - Resources from PMAC Operationalizing One Health session
   - Al Jazeera feature on PREDICT/Thailand
   - Discovery Channel “Invisible Killers” launch party in DC March 22, airing March 29, 2018
   - National Geographic TV segment inquiry (production timeline March-June)
   - “Outbreak: Epidemics in a Connected World” exhibit at NMNH (May 18, 2018)
   - NIH Changing Relevance of Material Transfer Agreements for Infectious Diseases, Georgetown (May 3-4, 2018)
   - One Health Congress Saskatoon (June 22-25, 2018)
   - International Conference on Emerging Infectious Diseases (ICEID) in Atlanta (August 26-29, 2018)
   - International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)
   - International Symposium of Veterinary Epidemiology and Economics (ISVEE) Thailand (November 12-16, 2018).
Living Safely with Bats
Predict-2 is part of USAID’s Emerging Pandemic Threats (EPT) program and aims to strengthen global capacity for the detection, discovery, and prevention of viruses with pandemic potential, specifically those that can move between animals and people (zoonotic viruses). Implementing partners for Predict-2 are the University of California, Davis; EcoHealth Alliance; Metabiota; Smithsonian Institution; Wildlife Conservation Society; and, the partner institutions and governments of the 35 countries in which we have worked.

A goal of the behavioral risk component of Predict-2 is to use scientific results to inform the development of intervention strategies that could reduce the spillover, amplification, and spread of novel viruses. Preliminary analyses identified an expressed need to provide behavior change strategies as they relate to living safely with bats. The current resource was developed to address this need.

A moderated picture book format was recommended by local leaders. Subject matter experts from the Predict-2 consortium developed an initial draft which was updated based on feedback from local community members. When the picture book is used in new settings, it is recommended that additional local level feedback be incorporated to tailor the content to the specific context.

Moderation of the picture book is intended to be provided by a trusted community leader, and talking points are provided for each image that the storyteller can use to moderate the discussion. To facilitate this, the document should be printed out such that there is an image on one side with the talking points on the other side. The moderator can then hold up the images to show to the audience, and use the talking points on the back to guide the discussion.

This document was made possible by the generous support of the American people through the United States Agency for International Development (USAID) Emerging Pandemic Threats Predict program. The contents of this document are the responsibility of the authors and do not necessarily reflect the views of USAID or the United States Government.

For more information about the contents of this resource, please contact predict@ucdavis.edu.

Prepared by:
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With contributions from:
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Section 1. Bats are an Essential Part of our Ecosystem

Bats play an important role in keeping us and our ecosystem healthy. For example, bats spread seeds from hardwood and fruit trees.
Section 1. Bats are an Essential Part of our Ecosystem

Bats also play an important role in keeping us and our ecosystem healthy by pollinating flowering plants. Over 300 species of fruit depend on bats for pollination. These fruits include mangoes, bananas, and guavas.
Section 1. Bats are an Essential Part of our Ecosystem

Bats also eat insects such as moths and beetles that damage crops.
Section 2. Ways to Live Safely with Bats

Bats have been connected to viruses like rabies and others that cause diseases in people. However, killing or disturbing the natural homes of bats can worsen the spread of disease, so it’s best not to hunt, kill, or eat bats.
Section 2. Ways to Live Safely with Bats
The best way to live safely with bats is to avoid all contact with both living and dead bats. It is especially important to avoid bodily fluids such as spit, blood, urine, or feces, and to prevent them from living inside homes and buildings (also called “roosting”).
Section 2. Ways to Live Safely with Bats
One easy way to stay safe is to avoid eating food or drinking water that has come into contact with bat urine or feces. For example, you can cover your food and water. When you do, it is important to regularly clean these covers.
Section 2. Ways to Live Safely with Bats

To reduce the risk of getting sick, avoid eating fruit that has been partially eaten by wild animals or livestock. You should never eat or drink something that you think bats have come in contact with. Do not try to save food that has been partially eaten by bats by removing the sections with obvious bite marks, and do not feed these partially eaten fruits to livestock. The entire item may be spoiled.
Section 3. How to Dispose of Dead Bats

It is important to avoid directly touching bats. If a professional is not available to help you get rid of a dead bat, here are some steps you can take. First, cover your mouth with a mask or scarf, your hands with heavy gloves, and your eyes with glasses if possible. If you do not have heavy gloves, cover your hands with plastic bags. If you do use heavy gloves, you should still cover the gloves with plastic bags so that you can place the dead bat in the bag without ever getting any blood on your gloves. Remember, you can still be hurt by a dead bat. Bat claws are very sharp and can easily cut or scratch your skin.

To pick up the bat, put your gloved hand inside the plastic bag, then pick up the bat, and pull down the top of the bag to turn it inside out with the bat inside. You can then put the bagged bat in a second bag and tie it tightly.

Once placed in a bag or container, the bat should be burned completely or buried 1 to 2 meters deep and covered by at least 60 centimeters of soil using a shovel. It is important to clean your shovel when you are done.
Section 3. How to Dispose of Dead Bats
After getting rid of the dead bat, wash your hands with soap and running water.
Section 4. If Contact with Live Bats is Unavoidable

The best way to live safely with bats is to avoid all contact with them. However, if handling live bats is unavoidable, protect yourself from their bodily fluids (such as their spit, blood, urine, or feces). Even if a bat does not look sick, it may still be sick.

If spit, blood, urine, or feces enters your eyes, nose, or mouth, the area should be washed very well with water for five minutes. Do your best to wash your skin, in addition to any other surfaces that may have bat bodily fluids on them, with soap and water. If possible, see a doctor.
Section 4. If Contact with Live Bats is Unavoidable

First Aid if Bitten or Scratched

- Wash hands thoroughly with soap and running water for at least five minutes.
- If available, use a disinfectant that can kill viruses, such as hand sanitizer gel or wipes.
Section 4. If Contact with Live Bats is Unavoidable

First Aid if Bitten or Scratched (continued)

- Also, go see a doctor for medical care, including a rabies vaccine.
- Even if you haven’t been bitten or scratched, if signs of sickness develop, go see a doctor and let her know that you have been exposed to a bat.
Section 5. Managing Bats in the Home

There are many kinds of bats that live around villages or in cities. Most bats that would live inside buildings or houses are smaller, insect-eating bats. Normally, bats are harmless and will not bite or scratch people if left alone. However, on occasion, bats can be infected with viruses such as rabies, which can make them act mean and more likely to bite or scratch, which is how the virus is spread to people.

Because some bats with disease may also act normally, direct contact with all bats and their bodily fluids should always be avoided. Avoiding contact with bats and their excretions, like droppings (or “guano”), is the best way to prevent yourself from getting sick from any disease they may have.
Section 5. Managing Bats in the Home

Removing Things that are Attractive to Bats

Bats may be attracted to uncovered sources of water and other liquids. When bats drink from these sources, they can spoil it with their spit, urine, or feces. To prevent bats from being drawn to liquids or foods in your home, keep them securely covered.
Section 5. Managing Bats in the Home

Preventing Bats from Entering your Home

The most effective method for preventing bats from entering a building or house is to make sure that there are no holes or extra spaces around your doors, windows, ceiling, and roof where they can enter. Tightly placed screens can be used to cover windows and doors. To close up any holes, you can use caulk, sealant, stainless steel wool, or wet newspaper.
Section 5. Managing Bats in the Home

Bats typically prefer to hang from the ceiling at the highest point in a room, such as the peak of a pointed ceiling or roof. Many of the bats that roost in buildings are small and dark, so may be hard to see. Smaller bats are able to squeeze into tiny spaces such as between boards or between thatch and wooden frames like rodents do. They will often huddle together in groups of either a few (3 or 4) or many (25 to 30) bats.

A sign that there may be bats in your house is the presence of feces on the floor. Bat feces appear as small, black, rice grain-sized pellets. There may also be visible streaks of urine running down the wall from the ceiling, which is another sign that there may be bats on the ceiling or in the roof.
Section 5. Managing Bats in the Home

Removing Bats from a Building or House

If a professional is not available to help you get bats out of your home, there are a few things you can do. First, before cleaning up bat urine or feces, put on an air tight face mask so you don’t inhale any dust from the bat feces that might be harmful to you. If you cannot find a face mask, cover your face with a wet cloth or bandana. If possible, cover your hands with gloves and your eyes with glasses. Before sweeping or mopping up dust from bat feces off of the floor, wet the floor with soapy water to stop the dust from flying into the air.
Section 5. Managing Bats in the Home

The best time to remove bats from a building is after dark, when bats have likely left to feed outside. Bats typically become active around dusk, but may leave at any time after sunset. It may be necessary to spend a night or two watching their patterns of exiting the house, as they don’t all leave the roost at the same time. It is important to avoid trapping bats inside such that they are unable to leave.

After bats have left to feed outside after dusk, if it is possible, close off all entry points into the house by placing screens tightly over windows and doors, ensuring that there are no holes in the roof that would allow bats to enter. You can use caulk, sealant, stainless steel wool, or wet newspaper to close up holes in or near the ceiling through which bats may enter. Small, insect-eating bats are able to enter buildings through very small openings. Remember that if you are able to fit a small finger into an opening (the finger test), insect-eating bats may be able to enter.
Section 5. Managing Bats in the Home

Removing Bats from a Building or House

Bats have been known to live in buildings especially when they are pregnant. In order to successfully remove all bats, if you have baby bats in your home, you should wait until they are able to fly.

Baby bats (pups) remain at the home while the mother leaves to collect food. When forcefully separated from their babies, bat mothers may look for other ways to get in. Also, pups will starve to death when separated from their mothers.
Section 5. Managing Bats in the Home

Removing Bats from a Building or House

Next, to prevent the bats from making a home in the ceiling, a plastic sheet or tarp can be placed flush against the ceiling to prevent bats from easily finding a stable place to hang. All houses are different, so you may choose different ways of hanging the sheet, depending on the way your house is constructed. For example, if you have a thatched roof and air flow is an issue, you may want to hang the sheet slightly below where bats roost, and above where people live, eat, and play.

It will be important to continue to regularly observe the ceiling and exit points, as well as check the plastic sheet for signs of bat guano, as the bats may be entering holes in the roof and flying between the ceiling and the sheet. If there are still bats, regularly clean the sheet with water and detergent while wearing a mask, gloves, and glasses. In addition, continue to close off any entry points as described above until the bats are completely gone.
Section 6. Managing Bats around the Outside of your Home

Bats often live and roost in trees around your home. When farm animals and domestic animals eat or rest under a tree with bats in it, bat urine and feces can fall onto the animals and their food. This can cause them to become sick. If you have animals, it is best to find ways to make sure that they eat and sleep under trees that do not have bats.
Section 6. Managing Bats around the Outside of your Home

Children should also be discouraged from touching sick or dead bats that may be found on the ground near a tree where they are roosting. Live bats found on the ground are likely sick or hurt, and can be a source of disease. If a dead bat is found on the ground, avoid directly handling it. Instead, follow the advice in Section 3 on how to handle dead bats.
Section 6. Managing Bats around the Outside of your Home

Some bats eat fruit, such as mango or guava. Because fruit dropped by bats may have bat spit on them, eating this fruit can make a person or animal sick. Avoiding direct contact with bats and the food or other things they come in contact with is an important way to stop the movement of sicknesses from bats to people. Bats tend to prefer ripe fruit, so harvesting fruit on time could reduce the number of fruits that are bitten by bats and reduce the number of bats that feed on your tree.

Remember, to reduce the risk of getting sick, it is best to avoid eating fruit from the ground or feeding it to livestock, especially if the fruit has been partially eaten by another animal. You should never eat or drink something you think bats have come in contact with. Do not try to save food that has been partially eaten by bats by removing the sections with obvious bite marks. The entire item may have been spoiled.
Thank you for joining me today for this discussion on ways to live safely with bats.

Today we learned:
* That bats are an essential part of our ecosystem
  * Ways to live safely with bats
  * How to dispose of dead bats
* What to do if contact with live bats is unavoidable
  * How to manage bats in the home
* Ways to manage bats around the outside of your home

The End

Do you have any questions you’d like to discuss?
FYI -- pretty sure it's the same producer.
Hope you have been able to connect.
J

---------- Forwarded message ----------
From: Nathan Wolfe <nwolfe@metabiota.com>
Date: Wed, Apr 11, 2018 at 12:23 PM
Subject: CNN on Global Virome
To: Dennis Carroll <DCarroll@usaid.gov>, Jonna Mazet <jkmazet@ucdavis.edu>, Eddy Rubin <erubin@metabiota.com>, Peter Daszak <daszak@ecohealthalliance.org>, Cara Chrisman <cchrisman@usaid.gov>, Brooke Watson <watson@ecohealthalliance.org>
Cc: Jennifer Bruursema <jbruursema@metabiota.com>

Hi folks

Great seeing you all on Monday!

Some of you may be aware - CNN is interested in including the Global Virome Project in part of a new series on "the world's biggest problems".

If any of you are interested in linking up with the CNN producers on this please let us know and we'll connect you. They're on a somewhat tight timeline and are looking to get into the field etc etc.

Thanks
Nathan
Hi Jonna,
I will be happy to represent Predict in the meeting if needed. Paris is one hour away and I am comfortable presenting in French.
I just hope it does not conflict with the potential ambassador's meeting in Senegal.

On Thu, Apr 12, 2018 at 7:35 PM, Andrew Clements <aclements@usaid.gov> wrote:

Ideally, it would be someone who speaks French and knows Predict EHP well. Can Dr. Jaber effectively present on EHP?

On Thu, Apr 12, 2018 at 7:56 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hi Andrew,
Corina is officially back but isn't really traveling without the baby yet. I'll ask her, though. If just a quick trip to Paris, she may be able to accommodate. Our new fellow, Dr. Jaber Belkhiria is also a good speaker and native French speaker. We could send him, but I also think this timing overlaps with when Richard is supposed to be in Guinea, and our team was planning on interacting with him there at that time. Please advise on priorities.
Thanks,
Jonna

On Thu, Apr 12, 2018 at 4:47 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Jonna and David,
What is the timing for Corina returning? Is this something she would be interested in doing?
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
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Begin forwarded message:

From: Emily Tagliaro <REDACTED>
Date: April 12, 2018 at 12:09:21 PM GMT+2
To: Andrew Clements <aclements@usaid.gov>
Subject: RE: USAID Representative - Advisory Committee EBO-SURSY project

Dear Andrew,

Thanks for your email. It is unfortunate, but interpretation is difficult and all the Delegates are Francophone.
Any colleagues in Guinea that can come and talk to the work you are doing?

We will definitely reach out to Jonathan ... thanks for the tip.

Emily

De : Andrew Clements [mailto:aclements@usaid.gov]
Envoyé : mercredi 11 avril 2018 21:37
À : Emily Tagliaro  REDACTED
Objet : Re: USAID Representative - Advisory Committee EBO-SURSY project

Hi Emily,

Thanks for the invitation. Normally, I would be interested in participating since our team is supporting a major Ebola surveillance project in Guinea, Liberia, and Sierra Leone. However, the French-only/no translation format would make my participation useless. We don't have anyone on our team who knows the PREDICT work and speaks French.

Hopefully, you've reached out to Jonathan Towner at CDC who is doing surveillance in bats in West Africa. Not sure of his fluency in French or his availability. His e-mail is: jtt8@cdc.gov

Andrew

On Wed, Apr 11, 2018 at 7:27 PM, Emily Tagliaro < REDACTED > wrote:

Dear Andrew,

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I would like to scope with you the nomination of a USAID representative to talk about EPT and PREDICT. Please note that the meeting will be in French with no translation.

Thanks in advance,

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Protéger les animaux, préserver notre avenir • Protecting animals, preserving our future • Proteger a los animales, preservar nuestro futuro

---

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

--

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

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Hi Jonna,

Your visit will show that PREDICT activities in Guinea are important.

It seem that Richard's visit is centered around activities sponsored and developed locally (by the mission in Guinea). Having you in Guinea will bring more visibility to our work there (not just to Richard but also to local decision makers). I will be happy to help in Guinea if needed.

J

On Wed, Apr 25, 2018 at 4:29 AM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hi,

Please see the messages below, especially Kendra's earlier one from yesterday. Looks like we'll need Jaber in Guinea for May 15 & I may join, as well. Jaber, what do you think of me coming, since Richard will be there? I'll be in Tanzania the week before, but I could come over for a quick trip for Richard's visit & to meet the team.

Corina, can you do the quick trip to Paris, or no? I think you & David talked, but I haven't had a chance to get that report.

Brooke & Katie, we'll need ITAs & visas ASAP -- sorry. Tanzania will be a DTRA trip, so could skip the ITA for that one if desirable, but not bad to do a courtesy one if it isn't too late. Guinea will need to be Predict, though.

Thanks,

J

---------- Forwarded message ----------
From: Kendra Chittenden <kchittenden@usaid.gov>
Date: Tue, Apr 24, 2018 at 10:19 AM
Subject: Re: USAID Representative - Advisory Committee EBO-SURSY project
To: Andrew Clements <aclements@usaid.gov>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, David J Wolking <djwolking@ucdavis.edu>, Alisa Pereira <apereira@usaid.gov>

Jonna and Andrew --

I got a few more details about the CNFA and FAO site visit in Kindia and a CNFA public-private partnership activity in Conakry. PREDICT is welcome to join these visits but do not feel obligated.

Kendra

05/16/2018
10:00 am
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12:00-1:30 pm
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Lunch at 1:30pm and travel back to Conakry at 14:30

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Guinea has priority over the OIE meeting.

Andrew

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

On Apr 23, 2018, at 9:00 PM, Kendra Chittenden <kchittenden@usaid.gov> wrote:

Jonna
I wanted to share the schedule for Richard’s visit. The first day, Monday, May 14th is an all day meeting, Building Back Better, supported by USAID’s Africa Bureau and the Government of Guinea to review the health service recovery and system strengthen work and to discuss the way forward. All USAID health partners are invited to join. We should have a draft agenda next week. There will be a One Health Session that Richard will facilitate.

Tues, May 15th there will be visits to the PREDICT lab (at 3 PM) and beforehand to the Central Vet Lab which PREDICT is welcome to join. On Wed, May 16th there is a day trip to Kindia to see some of FAO’s and CNFA’s work. I will have more details on this day trip tomorrow. This could be of interest for PREDICT to join. Thur, May 17th there is a meeting with the Ministry of Livestock-- I do believe partners are invited but I am confirming with Tamar. Friday is just internal USAID meetings.

There is an opportunity for dinner with partners one evening. I’ll join Richard on the trip. We are staying at the Grand Sheraton.

For the sites visits on Tues to the labs-- there is a possibility that Chris Runyon, the USAID Acting Deputy Assistant Administrator (DAA) Africa Bureau may join. He will be at the meeting on Monday and has one day in Conakry and expressed an interest to see GHSA activities. The Africa Bureau also is filming Ebola funded work so there is also a potential that a film crew would come to a GHSA site visit. I am trying to confirm this as soon as possible to prepare.

I wanted to share the available information for the Guinea trip. Andrew can speak to the priorities for staffing.

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Hi Andrew,
Just back.
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"We could send him, but I also think this timing overlaps with when Richard is supposed to be in Guinea, and our team was planning on interacting with him there at that time. Please advise on priorities."
We had also talked on the phone about you checking in on the schedule for Richard’s trip and who ideally would be there. OIE is certainly important to us, as is representing the program and project well, but of course not as important as making
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On Apr 12, 2018, at 6:23 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,
We'll explore that possibility and be in touch soon.

David

On Thu, Apr 12, 2018 at 4:47 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Jonna and David,
What is the timing for Corina returning? Is this something she would be interested in doing?
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Mobile phone: 1-571-345-4253
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Begin forwarded message:

From: Emily Tagliaro <REDACTED>
Date: April 12, 2018 at 12:09:21 PM GMT+2
To: Andrew Clements <aclements@usaid.gov>
Subject: RE: USAID Representative - Advisory Committee EBO-SURSY project

Dear Andrew,

Thanks for your email. It is unfortunate, but interpretation is difficult and all the Delegates are Francophone.
Any colleagues in Guinea that can come and talk to the work you are doing?

We will definitely reach out to Jonathan ... thanks for the tip.

Emily

De : Andrew Clements [mailto:aclements@usaid.gov]
Envoyé : mercredi 11 avril 2018 21:37
À : Emily Tagliaro [REDACTED]
Objet : Re: USAID Representative - Advisory Committee EBO-SURSY project

Hi Emily,

Thanks for the invitation. Normally, I would be interested in participating since our team is supporting a major Ebola surveillance project in Guinea, Liberia, and Sierra Leone. However, the French-only/no translation format would make my participation useless. We don't have anyone on our team who knows the PREDICT work and speaks French.

Hopefully, you've reached out to Jonathan Towner at CDC who is doing surveillance in bats in West Africa. Not sure of his fluency in French or his availability. His e-mail is: jlt8@cdc.gov

Andrew

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--

Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor | USAID | mobile: REDACTED | KChittenden@usaid.gov

--

Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor | USAID | mobile: REDACTED | KChittenden@usaid.gov
Hi Jonna,

I think it might be good for you to be in Guinea for Richards visit if the logistics work out for you to fly over. Jaber, what do you think?

Of the two activities mentioned, I would prioritize PREDICT’S presence at the Kindia site visit but there isn’t any harm in joining both I guess. My suggestion is to respond to Tamar about our CC and HQ folks joining but limit it to that. There is no reason for us to bring folks from the Forest region over.

Unfortunately I will not be able to travel to Paris.

Corina

Sent from my iPhone

On Apr 24, 2018, at 8:30 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

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<image001.png>
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Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor | USAID | mobile (REDACTED) | KChittenden@usaid.gov

Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor | USAID | mobile (REDACTED) | KChittenden@usaid.gov
Hi Kevin,

Great, the next step is for me to connect everyone over email. I’ll get that out soon.

Fellow
One Health Institute
School of Veterinary Medicine
University of California, Davis

From: Kevin Olival [mailto:olival@ecohealthalliance.org]
Sent: Wednesday, April 25, 2018 9:23 AM
To: REDACTED
Cc: Jonna Mazet <jkmazet@ucdavis.edu>; Peter Daszak <daszak@ecohealthalliance.org>; Alice Latinne <latinne@ecohealthalliance.org>
Subject: Re: GVP training for Thailand lab teams, Columbia University, New York

Hi REDACTED

I think we should be good to move forward. What are the next steps?

Also, just to note, I’ll be in Thailand next week Monday/Tuesday, so can discuss with her in person further if that’s helpful. Also, cc’ing Alice (our Thailand country liaison) so she’s in the loop on this, she’ll be with me in Thailand next week too.

Cheers,
Kevin

On Apr 25, 2018, at 12:06 PM REDACTED wrote:

Hi Kevin,

Thank you for reaching out to Thiravat and Supaporn last night. It’s great to have received an enthusiastic response from Supaporn. Do you think we are good to proceed, or do you advise that we wait for Thiravat’s response?

Best,
REDACTED

From: S Wacharakluesadae [REDACTED]
Sent: Tuesday, April 24, 2018 6:58 PM
To: Kevin Olival <olival@ecohealthalliance.org>; Thiravat Hemachudha; Brooke Watson <watson@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>; Peter Daszak <daszak@ecohealthalliance.org>; S Wacharapluesadee

Cc: [REDACTED]

Subject: Re: GVP training for Thailand lab teams, Columbia University, New York

Dear Kevin,

Thank you for having us in loop.

YES, we are very interesting to send 2 of our NGS technicians, one for wet lab (Mr. Yuttaba) and one for bioinformatic (Ms. Apaporn) to attend the training at Lipkin lab. The budget for traveling for my staff could be asked from CBEP DTRA, if there is a invitation letter for training.

We are in the process of ordering the VirCap Seq reagents (using MOPH budget) to test with the dead viruses from encephalitis in Thailand. It would be great and effective if we have training before running with the real samples.

Thank you again.

Best,

Supaporn

ส่งจากสมาร์ทโฟน Samsung Galaxy ของฉัน

-------- ขอความตั้งเต็ม --------

จาก: Kevin Olival <olival@ecohealthalliance.org>

วันที่: 25/4/18 08:15 (GMT-07:00)

ถึง: Supaporn Wacharapluesadee [REDACTED] Thiravat Hemachudha

Cc: [REDACTED], Brooke Watson <watson@ecohealthalliance.org>, Jonna Mazet <jkmazet@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>

เรื่อง: GVP training for Thailand lab teams, Columbia University, New York

Dear Supaporn and Thiravat,

It’s come to my attention that the Global Virome Project is looking to arrange a training for Dr. Thanat Chookajorn, from Mahidol University, to go to Ian Lipkin’s lab at Columbia University (New York) for VirCapSeq in the next few months. I was asked to also kindly extend the offer to either of you to also take part in this multi-week lab training using these new viral discovery methods, so our PREDICT lab would have the same training opportunity. This training may be arranged for as soon as June 2018. It may also be possible to send experienced technicians from your lab for VirCapSeq and/or Bioinformatics training, but we wanted to extend the invitation to you as a first priority.

Please let me know your thoughts and potential availability.

Cheers,

Kevin
Kevin J. Olival, PhD  
Vice President for Research  
USAID PREDICT-2 Modeling & Analytics Coordinator

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

1.212.380.4478 (direct)  
REDACTED (mobile)  
1.212.380.4465 (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: 1REDACTED
Sent: 05/08/2018 4:42:34 PM (-07:00)
To: "Valitutto, Marc" <ValituttoM@si.edu>; "David John Wolking" <djwolking@ucdavis.edu>
"Amanda Fine" 1REDACTED; Brian H Bird" <bhbird@gmx.ucdavis.edu>; "Christine Kreuder Johnson" <ckjohnson@UCDAVIS.EDU>; "Churchill, Carolina" 1REDACTED; "Corina Grigorescu Monagin" <cgmonagin@UCDAVIS.EDU>; "Dawn Zimmerman" <zimmermand@si.edu>; "Eddy Rubin" <erubin@metabiota.com>
"Evelyn Luciano" <luciano@ecohealthalliance.org>; "Jon Epstein" <epstein@ecohealthalliance.org>; "Karen Sylors" <ksylors@metabiota.com>; "Leilani Francisco" <francisco@ecohealthalliance.org>; "Murray, Suzan" <MurrayS@si.edu>
"Peter Dazak" <dazak@ecohealthalliance.org>; "Jonna Mazet" <jkmazet@ucdavis.edu>; "Woultra A Smith" <wasmith@ucdavis.edu>; "Sarah Olson" 1REDACTED; "Simon Anthony" <sja2127@columbia.edu>; "Tammie O'Rourke" <torourke@metabiota.com>; "Tracey Goldstein" <tgoldstein@ucdavis.edu>; "David John Wolking" <djwolking@ucdavis.edu>; "William Karesh" <karesh@ecohealthalliance.org>; "Elizabeth Leasure" <ealeasure@UCDAVIS.EDU>; "Kevin Olival" <olival@ecohealthalliance.org>
Cc: "Alison Andre" <andre@ecohealthalliance.org>; "Amanda Andre" <amanda.andre@ecohealthalliance.org>; "Megan M Doyle" <mmdoyle@UCDAVIS.EDU>; "Ava Sullivan" <sullivan@ecohealthalliance.org>; "Molly Turner" <turner@ecohealthalliance.org>; "Emma Lane" <lane@ecohealthalliance.org>; 1REDACTED; "predict@ucdavis.edu" <predict@ucdavis.edu>
Subject: Cancelled-PREDICT EB call Wed May 16

Hi PREDICT EB,

Due to conflicting travel schedules, the PREDICT EB Team call on Wednesday May 16 has been cancelled. The next call is scheduled for May 30 at the regular time. If you have any items to add to the May 30 EB agenda, please email them to me.

Best wishes,
1REDACTED

1REDACTED
Fellow
One Health Institute
School of Veterinary Medicine
University of California, Davis
Tracey or Liz,

Can you send the presentation from the lab talk at USAID so we can be consistent with the project introduction slides?

Thanks!!

BK

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

EcoHealth Alliance
460 West 34th Street - 17th Floor
New York, NY 10001 USA

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+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

*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.*
Gotcha -- I'm technically on vacation July 5th, but I may be able to call-in if you have the call that day. I'll stay tuned.

I do have one question for the group:

Coming out of the Boston talk, I was recently asked to give a talk to a unit of the World Health Organization that provides a regulatory pathway for manufacturers of (mostly generic) products needed to treat “priority” diseases (e.g., TB, malaria) in developing areas (a process known as “Prequalification”). You all may know this but, apparently each year, WHO holds a “Joint Meeting” (together with UNICEF and the United Nations Population Fund – UNFPA) for product manufacturers to share plans, ideas and to provide technical updates and assistance to those participating in the regulatory process. They are currently working with the WHO to plan the next Joint Meeting and are interested in discussing the possibility of me presenting on our pandemic risk assessment – and its potential implications for organizations like WHO Prequalification – during the plenary session of the next Joint Meeting in September 2018 in Copenhagen.

This would be a downstream GVP-user audience, but maybe it is a signal of interest that would help show GVP value? Not sure and interested in your thoughts, as I look at my schedule and consider the request.

Please advise, as this “Prequalification” group is new to me.

Thanks,
Jonna

On Thu, Jun 28, 2018 at 8:48 AM, Cara Chrisman <cchrisman@usaid.gov> wrote:

Hi All,

Given all the travel, we will not have today's GVP call. However, the current plan is to reconvene for the 7/5 call at the regular time. If folks are unable to attend (particularly given that it's the day after a holiday), please let me know and we can decide if it makes sense to keep the call on the calendar.

Things have been a bit crazy here, but the main item is working on the SC mtg final report which we hope to circulate for edits & feedback soon.

Best,
Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
U.S. Agency for International Development (USAID) Contractor
Bureau for Global Health, Office of Infectious Disease, Emerging Threats Division
2100 Crystal Drive, CP3-8091A, Arlington, VA 22202

Desk: (571) 551-7413
GHSI-III - Social Solutions International, Inc. prime contractor
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: July 4, 2018 at 5:57:28 PM GMT+2
To: promed-post@promedmail.org, promed-edr-post@promedmail.org, promed-ahead-post@promedmail.org
Subject: PRO/AH/EDR> Nipah virus - India (14): (KL)
Reply-To: promedNOREPLY@promedmail.org

NIPAH VIRUS - INDIA (14): (KERALA)

***************************************************************************
A ProMED-mail post
<http://www.promedmail.org>
ProMED-mail is a program of the
International Society for Infectious Diseases
<http://www.isid.org>

Date: Tue 3 Jul 2018
Source: MediBulletin [edited]

Putting to rest suspense about the source of the Nipah virus
infections in Kerala, scientists from the Indian Council of Medical
Research have now found the virus in bats that were caught from the
affected areas. At least 17 people died of Nipah infection in
Mallapuram and Kozhikode districts of Kerala over April and May
[2018].

While the 1st batch of bats caught from the well in Kozhikode in the
house from where the 1st case was reported, had tested negative; of
the 2nd batch of 52 fruit bats, 19.2 percent were found to carry the
virus. The findings will be published in The Lancet. Health minister J
P Nadda was informed about the findings in a meeting last week.

In the meeting, scientists from ICMR and public health officials also
told the minister that circumstances have now improved enough for the
state to be declared Nipah free. The incubation period of Nipah is 5
to 14 days. The last case was in May [2018] and now that 2 incubation
periods have elapsed without any fresh cases, the specter of the
dreaded disease seems to be finally receding.

Communicated by:
ProMED-mail
<promed@promedmail.org>

[It is good to learn that there have been no additional cases of Nipah virus infection in Kerala. As was mentioned earlier, it is not surprising that the bats taken from the well were negative for the virus. Giant fruit bats (flying foxes genus _Pteropus_), the reservoir of Nipah virus in Bangladesh and Malaysia, do not roost in wells. They roost in tree tops. The species sampled in the 2nd batch of bats was not mentioned, but were likely flying foxes. It is fortunate that virus positive bats were found in this 2nd sampling. As commented earlier, bats "may only be infectious for a week or 2, and then they clear the virus and they're no longer infectious," said Jonathan Epstein, a veterinarian and epidemiologist at EcoHealth Alliance, New York, who has, for over a decade, studied Nipah outbreaks and the bats that cause them, in Malaysia, India and Bangladesh. "That's why these outbreaks are relatively rare events, given the fact that these bats are so abundant and so common but very few of them are ever actually shedding virus at a given time."

Epstein and others conducted an experimental study of _Pteropus_ bats in 2011 and found that the time window in which the bats are capable of passing on the infection to other animals or humans is quite small. In fact, the virus can't be found in experimentally infected bats after a few weeks. The few bats in an infected population that could be shedding the virus may be doing so in low quantities and for a short duration.

"Finding that bats don't have Nipah virus at the time of sampling certainly doesn't mean that it didn't come from those bats, particularly _P. medius_," Epstein said. "The overwhelming abundance of evidence really shows that this bat is the reservoir for Nipah virus on the subcontinent in Bangladesh and in India." - Mod.TY

Maps of India can be accessed at:
<http://www.mapsofindia.com/maps/india/india-political-map.htm>

HealthMap/ProMED map available at:
Kerala State, India: <http://healthmap.org/promed/p/308>]

[See Also:
Nipah virus - India (13): (KL)
http://promedmail.org/post/20180611.5851326
Nipah virus - India (12) http://promedmail.org/post/20180603.5836554
Nipah virus - India (11): (KL)
http://promedmail.org/post/20180602.5835342
Nipah virus - India (10): (KL)
http://promedmail.org/post/20180602.5833137
Nipah virus - India (09): (WB ex KL) susp.
http://promedmail.org/post/20180530.5829184
Nipah virus - India (08): (KR ex KL) susp.
http://promedmail.org/post/20180529.5826769
Nipah virus - India (07) http://promedmail.org/post/20180528.5822566]
Nipah virus - India (06): (KL, KA)
http://promedmail.org/post/20180526.5819777
Nipah virus - India (05): (KL, TG)
http://promedmail.org/post/20180525.5817917
Nipah virus - India (04): (KL, KA)
http://promedmail.org/post/20180524.5815473
Nipah virus - India (03): (KL) conf.
http://promedmail.org/post/20180523.5812214
Nipah virus - India (02): (KL) conf
http://promedmail.org/post/20180521.5809003
Nipah virus - India: (KL) susp
http://promedmail.org/post/20180521.5807513
2007
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Nipah virus, fatal - India (West Bengal) (02)
http://promedmail.org/post/20070511.1514
Nipah virus, fatal - India (West Bengal)
http://promedmail.org/post/20070508.1484
Undiagnosed deaths - Bangladesh, India (04)
http://promedmail.org/post/20070504.1451

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For assistance from a human being, send mail to:
<postmaster@promedmail.org>.

Thanks for sharing, great to see others highlighting the work!

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
U.S. Agency for International Development (USAID) Contractor
Bureau for Global Health, Office of Infectious Disease, Emerging Threats Division
2100 Crystal Drive, CP3-8091A, Arlington, VA 22202

Desk: (571) 551-7412
Cell: REDACTED
E-mail: cchrisman@usaid.gov

GHSI-III - Social Solutions International, Inc. prime contractor

On Tue, Jul 10, 2018 at 7:30 PM, REDACTED wrote:

Hi everyone,

I am sharing a facebook post by Dr. Kiyoshi Kurokawa, Chairman of the Health and Global Policy Institute of Japan, who we met with in Tokyo. It’s great to see the project being promoted by non-GVP colleagues.

Best,

REDACTED

From: Yamaki, Rie [mailto:YamakiRX@state.gov]
Sent: Tuesday, July 10, 2018 4:20 PM
To: REDACTED
Subject: FYI
June 29th, Friday in the morning, [HGPI.org](http://www.HGPI.org) welcomed Dr Dennis Caroll, Head of USAID, who spoke on 'Global Virome Project' with Power of Big Data' as new global frontier like Human Genome Project. This is because viruses became major threats to humans. He began quoting Sun Tzu (孫子), 'The Art of War'. Good discussion and Q&As followed. I closed by stating; 1) Human race is THE major threat to the Earth system; 2) despite Sun Tzu, 25 Centuries ago, human continues to horrible battles; 3) Einstein regretted his science which led to A-bomb and to Pugwash, 4) what is science for as Abraham Flexner argued, etc. Thus, why Virome to fight against virus? I argue; we gained plenty of knowledge and technology, but have we become wiser? That is the question and we are clearly THE threat to the Earth.
If you know your enemies and know yourself, you will not be imperiled in a hundred battles; .....if you do not know your enemies nor yourself, you will be imperiled in every single battle.

Sun Tzu
Hi everyone! Due to internal planning timelines at USAID, we had to make a decision regarding the proposed date changes earlier than anticipated. We are going to proceed with changing the dates for the Semi-Annual meeting to November 29-30, as these dates appear to work for most based on the responses to the Doodle poll received so far. Please update your calendars to reflect this change. If you are unable to make it on these dates, please let me know.

Thanks!
Liz

Elizabeth Leasure
Financial Operations Manager
One Health Institute
303-754-9034 (office)
Skype: ealeasure
Great. Thanks Nathan

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

Office: 571-551-7109
Mobile: REDACTED

On Thu, Oct 4, 2018 at 1:40 PM Nathan Wolfe <nwolfe@metabiota.com> wrote:

Hi folks

Quick update on Dennis' visit to SF next week:

1) I reached out to Steve Quake to see if he could meet up (I noted that this was independent of GVP/Biohub discussion) and he said he'd love to but is pretty booked/traveling and has no plans to be in SF next week. I'm seeing if Stanford on tues or weds afternoon may work - will let you know if anything emerges on that front.
2) I got us a reservation for tues (10/9) at 8pm at Seven Hills (Nob Hill/Polk Gulch near downtown). I got a reservation for four (note: Eddy's out of town) - happy to expand or reduce #s as needed.
3) Let me know if there's a desire for other meetings on Bangkok etc - happy of course to reserve conf room at Metabiota if useful

Thanks, and looking forward to seeing you!

Nathan
Hi everyone,

My updates are that Dr. Thanat Chookajorn from Mahidol University is currently in Davis! He will fly to NYC tonight for collaborative meetings at EHA and CII.

Best,

---

From: Google Calendar [mailto:calendar-notification@google.com] On Behalf Of cchrisman@usaid.gov
Sent: Thursday, October 11, 2018 7:33 AM
To: dmciver@metabiota.com; Jonna Mazet <jkmazet@ucdavis.edu>; aclements@usaid.gov; olival@ecohealthalliance.org; maher@ecohealthalliance.org; erubin@metabiota.com; cchrisman@usaid.gov; watson@ecohealthalliance.org; daszak@ecohealthalliance.org; dcarroll@usaid.gov; nwolfe@metabiota.com
Subject: Canceled - GVP call

Hi All,

Given travel and the fact that many members of the team had a chance to touch base in SF this week, we'll be canceling today's GVP call. If there's anything urgent that we've missed and which should be discussed prior to next week's call, please share by email.

Looking forward to speaking next week!

Best,

Cara

---

GVP call
When Thu Oct 11, 2018 1pm – 2pm Eastern Time - New York
Where call in line [REDACTED]
Video call [REDACTED]
Who
- watson@ecohealthalliance.org - organizer
- cchrisman@usaid.gov
- [REDACTED]
- jkmazet@ucdavis.edu
• rwolfe@metabiota.com
• erubin@metabiota.com
• dcarrroll@usaid.gov
• Peter Daszak
I already did it.

Best regards,
Sudarat Damrongwatanapokin, D.V.M., Ph.D.
Regional Animal Health Advisor
USAID Regional Development Mission Asia
E-mail: sdamrongwatanapokin@usaid.gov
Tel: REDACTED, Fax: REDACTED

On Fri, Dec 28, 2018 at 6:09 PM Kalpravidh, Wantanee (FAORAP) [REDACTED] wrote:
Thanks ka.

I forgot to mention in my below email that focal points for relevant authorities mentioned during the meeting including DDC, DNP and DLD should be attending as well. May I request a volunteer/volunteers to kindly forward this invitation to those focal points or provide me with the names so I can send the email inviting them ka.

Best regards.
Wantanee

On 28 Dec BE 2561, at 17:39, Thanat Chookajorn [REDACTED] wrote:

Dear ajarn Wantanee,

That is very wise. Thank you very much for getting the ball rolling again. I will delighted to participate in the meeting and to assist in any capacity as you see fit.

Best wishes,
Thanat
Dear Khun Thanat,

Thanks for the call.

I like to refer to the attached roadmap being developed at the GVP-TVP meeting. It was clear that a consultation to develop a concept note and appoint the core group for the TVP would have to take place. I also recall the main point discussed and concluded during the meeting that this should be an opportunity to set up a sustainable mechanism through TVP partnerships agreed governance. It was also agreed to have the core group to explore and utilize existing National programme in Thailand to be partners or serve as a platform for TVP. As I recall, one of the National programmed mentioned was the one being hosted by DMSC (perhaps BioBank).

As FAO will only serve as a facilitator to get this process to move along which is also in alignment with your intention, I like to propose to use this opportunity to have a meeting among potential core group. The core group mentioned during the meeting including DMSC, DDC, DNP, DLD, Mahidol and Chulalongkorn university, and others (if any). I hope this core group should not exceed 15 people to be convenient to move along. For the first meeting, FAO can host this in our office.

When we discussed over the phone I missed the schedule of the GHSA meeting which will be organized during 16-18 January in BKK. Therefore, I like to propose 15 January, from 09.00-12.00 hrs instead of 16 as discussed with you over the phone.

I am copying other colleagues who were identified during the meeting as the core group members to this email so they can confirm if they can join the meeting and make contributions.

May I request all of you to kindly confirm your participation by 7 January 2019?

It is our privilege for FAO to have an opportunity to facilitate what will be the benefits to the member country. This is also to confirm that FAO is neutral and not implementing this USAID-funded programme for FAO’s own benefits.

Look forward to seeing you all on 15 January 2019 at FAO Regional Office for Asia and the Pacific.

Thanks and best regards.
Wantanee

<image1.jpeg>
Thanks, Katie.

I'm copying Monica at the mission for her awareness.

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: 1-510-345-4253
E-mail: aclements@usaid.gov

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

On Thu, Feb 14, 2019 at 1:54 AM Katherine Leasure <kaleasure@ucdavis.edu> wrote:
Hi Andrew. Please note that there has been a slight change to Brian Bird and Bridgette Smith's Sierra Leone travel dates due to limited flight availability (they will be departing February 15 rather than February 18). Brian will also be departing a few days earlier than Bridgette due to work schedule needs in Davis. A copy of the previously approved ITA is included below for reference, with changes highlighted in yellow. Please let me know if you have any questions. Thank you!

UC Davis would like to request travel approval for Dr. Brian Bird and Ms. Bridgette Smith to travel from Davis, California, USA to travel to Freetown, Sierra Leone from February 18 to March 1, 2019 February 15-24, 2019 (Bird)/February 15-27, 2019 (Smith) for meetings with in-country PREDICT team members and other EPT partners.

**Trip purpose:** In Freetown, Dr. Bird and Ms. Smith will meet and work with the Mission, GHSA partners, and GoSL Ministry and District-level officials, to discuss progress of PREDICT-related activities for Year 5. They will also work on Sierra Leone operations with team members for PREDICT-related tasks and activities.

--

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

--

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Hi Sam,
That sounds great, I will let others know as well. Thank you for arranging!
Best,

Hi —— and Ben,

Yes, I have reserved a room for us for that time and we can get some lunch set up as well. We will make that order the week of, so if anyone has any dietary restrictions or food preferences, shoot me an email and we will happily accommodate.

Best,

Sam

On Thu, Feb 21, 2019 at 1:31 AM [REDACTED] wrote:

Hi Ben,

Jonna and I discussed your message yesterday, and changing the meeting start time to 12pm should be fine. I have copied Peter and Sam for their awareness.
Sam, would you be able to confirm that we would be able to start a working lunch at noon (see Ben’s request below)?

Regarding the advisory panel, I believe Jonna reached out to you yesterday, and hopefully you will have a chance to connect and discuss soon.

Best,
Dear Jonna,

Dean, Nita and I met recently to discuss plans for the upcoming advisory panel meeting. We'll send a draft agenda for your review, but several points came up on which we'd appreciate your guidance.

**Extending the meeting.** Given the amount of material to cover, we think it would be helpful to start the meeting at noon over an informal working lunch. Do you think this would be feasible?

**Advisory panel composition.** We've been discussing adding one more advisory panel member if budget allows, and were considering Ron Waldman. Having worked with him on PREDICT, what would you advise regarding his participation in this project?

all the best,
Ben

---

**Ben Oppenheim, PhD**  
Director, Product Development // Senior Scientist

510.501.1097

---

**Samantha M.L. Maher, MESc**  
Research Assistant, Conservation and Health

EcoHealth Alliance  
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*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.*
Thanks, David.

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

On Mar 12, 2019, at 10:14 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,

Circling back on this, Carlos from EHA will be in DC that day and can represent PREDICT, he and Kevin have already reached out to Andrew Tobiason to coordinate.

Thanks!

David

On Wed, Mar 6, 2019 at 8:12 AM Andrew Clements <aclements@usaid.gov> wrote:

See ask below—short notice. No worries if you can’t make it. We can have someone from our team present. Thought I’d ask in case one of you was in the neighborhood at that time.

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 Tobiason <atobiason@usaid.gov>
Date: March 6, 2019 at 4:59:16 PM GMT+1
To: Andrew Clements <aclements@usaid.gov>, Dennis Carroll <dcarroll@usaid.gov>, Cara Chrisman <cchrisman@usaid.gov>, Alisa Pereira <apereira@usaid.gov>
Cc: Amalshin Sekh <ashek@usaid.gov>, Robert Cohen <rcohen@usaid.gov>, Elizabeth Pleuss <epleuss@usaid.gov>, Andrea Long-Wagar <alongwagar@usaid.gov>, Ashna Kibria <akibria@usaid.gov>
Subject: GHSA/PREDICT participation? Seminar on Environmental dimensions of Ebola transmission, March 27, 9-10:30am

Dear Colleagues,

I’m writing to invite you and/or your partners (EcoHealth Alliance, UC Davis?) to speak on a panel on March 27th from 9-10:30am in the RRB. The panel is part of “CIFOR Day” – a day-long research symposium that E3’s Forestry and Biodiversity Office holds annually to highlight our research partnership with the Center for International Forestry Research (CIFOR). Among the areas of applied research we support, CIFOR is studying the environmental dimensions of Ebola transmission, work led by John Fa who will participate on the panel. A recent paper describing some of his work is here. The entire event will be available via webinar and we are holding the Ebola panel in the morning so that our missions in Africa may join. Therefore, you may also participate virtually if that
is easier for you. We are envisioning short (10-15 min) presentations by panelists followed by a discussion.

An overview of what PREDICT ("2" or both phases) has learned about the human and environmental dimensions of spillover events and broader disease emergence, with a focus on Ebola, would be a great addition to the panel. Alternatively in addition, I joined the Ebola Host Project webinar and think the process and findings of that targeted effort would be nice to share in this context. I think we could manage a panel presentation on John Fa's research plus one or two presentations on Ebola-focused aspects of PREDICT's research, with time for questions and discussion. **Andrew and the PREDICT2 team - do you have recommendations?**

Apologies to be reaching out so close to the event. We started making inquiries last week, when the timing of CIFOR staff being in DC firmed up, but I've been out sick and haven't provided the follow-up I wanted to do. GHSA staff and PREDICT partners have participated in previous "CIFOR" days and we hope you will be represented again in 3 weeks!

Thanks for considering and please let me and Sara Carlson (cc'd) know ASAP if you or your partners can participate in the panel. We are also happy to reach out directly to EcoHealth or Davis.

Best,

Andy

PS - The session after the Ebola panel is on the food security and health implications of bushmeat consumption, another priority research area for CIFOR. Should be of interest to many of you as well.

Andrew Tobiason  
Biodiversity Conservation Advisor  
**USAID | E3 Bureau | Office of Forestry and Biodiversity**  
atobiason@usaid.gov | +1 (202) 712-0035 | usaid.gov/biodiversity

Room 7.011, 1717 Pennsylvania Ave NW, Washington, DC 20523

Conservation is not rocket science - it's harder! Tools and evidence are available:  

**USAID's Conservation Effectiveness, Integration and Legality Resources**
Subject: OHAC call #15
Location: zoom videoconference

Start: 03/21/2019 2:00:00 PM (-07:00)
End: 03/21/2019 3:00:00 PM (-07:00)
Show Time As: Tentative

Organizer: Ogawa, V. Ayano (VOgawa@nas.edu)
Required Attendees: 'Jonna Mazet'; daszak@ecohealthalliance.org'; dmrizzo@ucdavis.edu'; george.poste@asu.edu'; mary_wilson@harvard.edu'; Hughes, James M'; Gail Hansen'; Barton Behravesh, Casey (CDC/OID/NCEZID)'; King, Lonnie; Anderson, Kevin; Hermsen, Elizabeth D; Miller, Sally; mumforde@who.int'; Shah, Cecilia; Tran, Thu Anh; 'Eri Togami'; mlichtve@tulane.edu; Jennifer Gardy; Masiello, Matthew
Optional Attendees: [REDACTED] Stephanie Calderone'; andre@ecohealthalliance.org; David Rizzo; Wilson, Mary E.; George Poste; Lubin, Natalie; Peter Daszak

OHAC Call #15 will be held on 3/21 at 2pm ET.

ZOOM
Join from PC, Mac, Linux, iOS or Android: [REDACTED]

Telephone: US: [REDACTED]

Meeting ID: [REDACTED]

International numbers available: [REDACTED]
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: Ricardo Echalar <rechalar@usaid.gov>
Date: April 9, 2019 at 7:20:49 PM GMT+2
To: PREDICTMGT <predictmgt@usaid.gov>
Subject: Understanding Ebola virus and other zoonotic transmission risks through human–bat contacts: Exploratory study on knowledge, attitudes and practices in Southern Cameroon


Ricardo Echalar, MPH
Senior Public Health Advisor
Office of Infectious Disease, Emerging Threats Division
Bureau for Global Health
(m) REDEACTED | (w) +1.571.551.7456 | E-mail: rechalar@usaid.gov

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Interesting article by GISAID on WII report on Nagoya Protocol. Again, GISAID is focused on known pathogenic viruses and challenges faced- still interesting points.

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

Office: 571-551-7109
Mobile: [REDACTED]

--------- Forwarded message ---------
From: Dennis Carroll <dcarroll@usaid.gov>
Date: Tue, May 14, 2019 at 9:43 AM
Subject: GISAID - WHO Report on the Public Health Implications of Nagoya Protocol, 13 May 2019
To: DCarroll <dcarroll@usaid.gov>


Dr. Dennis Carroll
Director
Emerging Threats
Global Health
USAID
301-646-6235
thanks Karen,

This is from the daily updates I get:

As of 18 May, the Democratic Republic of the Congo's Ministry of Health (DRC MoH) has reported 1,812 cases (1,728 confirmed and 88 probable), including 1,209 deaths, across 22 health zones of North Kivu and Ituri provinces in the DRC. In addition, 310 suspected cases are under investigation. A total of 482 cases have recovered and been discharged from treatment. Of 18,344 contacts under surveillance, 57% were successfully followed-up with on 19 May. Gaps in contact tracing persist due to community resistance, difficulties accessing insecure areas, and undocumented chains of transmission. As of 18 May, 119,652 people have been vaccinated in 33 health zones of North Kivu, Ituri, Haut-Uele, and Tshopo provinces, including health zones that have not reported cases to date.

According to media reports from 20 May, the WHO Director-General stated the risk of further spread of Ebola is still "very high". According to media reports from 19 May, a driver, with symptoms consistent with hemorrhagic fever, originally from Bunia died in the Niangara Health Zone of Haut-Uele Province. The Acting Chief Medical Officer of Niangara suspected Ebola and highlighted the concern to the general public and healthcare workers. However, he urged the population to remain calm until laboratory results are received. Haut-Uele Province is located north of Ituri Province and has not recorded a case thus far. Bunia Health Zone, of Ituri Province previously reported one case, and has not seen an additional case in 62 days. According to the DRC MoH Press Release from 19 May, the case recorded in the Alimbongo Health Zone became infected after attending an unsafe burial in Katwa Health Zone. According to the DRC MoH Press Release from 18 May, two safe and dignified burial teams were attacked with one incident occurring in Bunia, Ituri Province, and the other occurring in Butembo, North Kivu Province.

BK

On May 21, 2019, at 9:43 AM, Karen Saylors <ksaylors@labyrinthgh.com> wrote:

hi everyone.
The DRC outbreak's #s of cases and deaths are really high these days, so I just wanted to give a little update and check in with Eddy and Kristen, to make sure our team is okay.

From what I hear from our team over the past couple of weeks, the reports are quite serious:

**During the week of May 5 to 12:**
- 111 new confirmed cases
- 58 deaths were reported from North Kivu, with 22 new probable Ebola-positive deaths reported from field, which brings the number of probable positive cases to 88.
- Among the new confirmed cases, 3 new health care workers were reported.
- Most cases are in Katwa and Beni.

**During the week of May 12-19:**
- 121 new confirmed cases (of a total of 1826 cases)
- 94 deaths were reported from North Kivu (of a total of 1130 confirmed cases), still with 88 probable Ebola-positive deaths.
Health zones of Alimbongo, Mangurudjipa and Lubero have reported new confirmed case after more than 21 days of follow-up without new case reported. Among the new confirmed cases 4 new health care workers were reported.

Finally, 74 out of 80 provincial border control points were functional in the outbreak region (92.5% coverage), and those tested there including 854 suspected case alerts and 9 EVD laboratory confirmed cases.

This may not bode well for our friends in Uganda. Hope everyone's alright.

best wishes,
Karen
I think it was the Biosecurity and Health division leadership:

Gary Fitt: **REDACTED** Science Director, CSIRO Health & Biosecurity
Rob Grenfell: **REDACTED** Director, CSIRO Health & Biosecurity

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](http://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  
**Sent:** Friday, June 7, 2019 8:07 PM  
**To:** **REDACTED**  
**Cc:** Peter Daszak; Jonna Mazet; Cara Chrisman; Samtha Maher  
**Subject:** Re: Australia Global Virome Project

Cara is amazing!!!!

Dr Dennis Carroll  
Director  
Emerging Threats  
Global Health  
USAID  
301-646-6235
On Jun 7, 2019, at 7:49 PM, [REDACTED] wrote:

Hi Dennis,
Cara shared the agenda with me (maybe a later version?) and found some names!
Thanks,

From: Dennis Carroll [mailto:dcarroll@usaid.gov]
Sent: Friday, June 07, 2019 3:26 PM
To: [REDACTED]
Cc: Peter Daszak <daszak@ecohealthalliance.org>; Jonna Mazet <jkmazet@ucdavis.edu>; Cara Chrisman <cchrisman@usaid.gov>; Samtha Maher <maher@ecohealthalliance.org>
Subject: Re: Australia Global Virome Project

I went back to the agenda for that visit and only offices/sections were named. No individuals. Sorry can’t be more helpful

Dr Dennis Carroll
Director
Emerging Threats
Global Health
USAID
301-646-6235

On Jun 7, 2019, at 2:32 PM, [REDACTED] wrote:

Hi Dennis and Peter,

A few weeks ago, I mentioned an inquiry from a person from CSIRO through the website. We are currently coordinating for Jonna to meet with him at the Global Health Security Conference in Sydney in a few weeks.

Do you remember the names of the people you communicated with at CSIRO when you visited last year? Please see his question below.

Best,

----------- Forwarded message ----------
From: Vasan, Vasan (H&B, Geelong AAHL) <REDACTED>
Date: Sat, May 25, 2019 at 7:45 PM
Subject: RE: Australia Global Virome Project
To: jkmazet@ucdavis.edu <jkmazet@ucdavis.edu>
Cc: Seshadri Vasan <REDACTED>, [REDACTED]

Dear Jonna

Yes we can meet in Sydney, I am speaking in the panel on zika and arbovirus, so I will be there 18 and 19 June. My private phone is [REDACTED]
from USA). We could request to be seated next to each other in the conference dinner if you don’t have other plans.

May I know who in CSIRO you reached out to earlier, and what terms of engagement are you looking for from us? This will help me to come prepared.

Cheers
Vas

Professor S.S. Vasan DPhil(Oxon) FRES FRSPH
Senior Principal Research Consultant
Team Leader – Dangerous Pathogens
CSIRO Health & Biosecurity

---

From: Seshadri Vasan <REDACTED>
Sent: Wednesday, 22 May 2019 6:49 AM
To: Vasan, Vasan (H&B, Geelong AAHL) <REDACTED>
Subject: Fw: Australia Global Virome Project

---

From: Jonna Mazet <jkmazet@ucdavis.edu>
Sent: Monday, May 20, 2019 10:51:24 PM
To: <REDACTED>
Cc: gvp@ucdavis.edu
Subject: Australia Global Virome Project

Dear Vasan,

We appreciate your interest in the Global Virome Project. Thank you so much for reaching out. My colleagues and I had some early communication with colleagues at CSIRO, and we would certainly be interested to discuss how to synergize our efforts further. I will be in Sydney for the Global Health Security 2019 Conference June 18-20. Will you be around then? If so, we could coordinate a time to connect. If that doesn’t work, we could certainly arrange a call.

Looking forward to speaking with you,

Jonna

Jonna AK Mazet, DVM, MPVM, PhD
Professor of Epidemiology & Disease Ecology
Executive Director, One Health Institute
Global Director, PREDICT Project of USAID Emerging Pandemic Threats Program

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

UCDUSR0012587
From: gvp-request@ucdavis.edu [mailto:gvp-request@ucdavis.edu] On Behalf Of Squarespace

Sent: Sunday, April 14, 2019 1:15 PM
To: gvp Sympa List <gvp@ucdavis.edu>
Subject: [gvp] Form Submission - New Form - Australia

Name: Seshadri Vasan

Email Address: REDACTED

Subject: Australia

Message: Hello

Very interesting and timely initiative. Do you have any representation from Australia and/or CSIRO? I am their principal research consultant on preclinical trials (health and biosecurity), hence my question.

Kind regards
Professor S.S. Vasan DPhil(Oxf) FRES FRSPH

(Sent via Global Virome Project)
Thanks so much for accepting our invitation to join the planning committee for the National Academies' workshop on “Exploring the Frontiers on Innovation to Tackle Microbial Threats”. In order to schedule the planning committee calls, we would very much appreciate if you could use the link below to provide your availability.

https://doodle.com/poll/825b8i2n8qgw9pwh

Thanks again for accepting to serve on this committee. We look forward to working with you.

Best,

Ceci

Cecilia Mundaca Shah, MD, DrPH
Director, Forum on Microbial Threats
Board on Global Health
Health and Medicine Division | Find us at nationalacademies.org/HMD
The National Academies of Sciences, Engineering, and Medicine
500 Fifth Street, NW
Washington, DC 20001
Phone: 202 334 2622
E-mail: cshah@nas.edu

The National Academies of
SCIENCES • ENGINEERING • MEDICINE
Hi Corina,

well noted!

Desalegn

On Mon, Sep 16, 2019 at 2:18 AM Corina Grigorescu Monagin <cgmonagin@ucdavis.edu> wrote:

Hi everyone,

Thank you for meeting yesterday evening. It was a fruitful discussion and development of our panel is moving forward!

In review, we will divide the panel discussion into 3 topics:

1. Current plans/grant applications to utilize PREDICT data and samples
2. Dreams of how PREDICT samples/data could best improve the science or health security of your country
3. Best practices for use of samples and data

Please think through which of these topics (1 or maybe all) you would like to speak to with examples as we discussed last night. I'd like to ask everyone to meet during the afternoon coffee break today for a quick discussion if possible.

Thank you again!

Corina
Hi all, 

Just a quick reminder that we will be meeting **tonight at 630** to discuss and brainstorm the *Sample Disposition and Data Plans* panel session. We can use one of the breakout rooms for this purpose. Any questions, please let me know.

Regards,

Corina

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**From:** Corina Grigorescu Monagin <cgmonagin@UCDAVIS.EDU>
**Date:** Friday, September 13, 2019 at 6:51 AM
**To:** Veasna DUONG <dveasna@pasteur-kh.org>, William Ampofo <WAmfo@noguchi.ug.edu.gh>, Kalpy Julien COULIBALY [REDACTED], desalegn belay [REDACTED], Tracey Goldstein <tgoldstein@ucdavis.edu>, Jonna Mazet <jkmazet@ucdavis.edu>, Terra Kelly <trkelley@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, Woutrina A Smith <wasmith@ucdavis.edu>, Jennifer K Lane <jklane@ucdavis.edu>
**Cc:** Lucy Keatts [REDACTED], Jonna Mazet <jkmazet@ucdavis.edu>, Terra Kelly <trkelley@ucdavis.edu>, Peter Daszak <daszak@ecohealthalliance.org>, Woutrina A Smith <wasmith@ucdavis.edu>, Jennifer K Lane <jklane@ucdavis.edu>

**Subject:** Sample Disposition and Data Plans - Bali Meeting Session: Details and Proposed Planning Meeting Sunday 15 September @18:30

Hello Panelists (and Global leads),

I’m in the Sydney airport discussing the *Sample Disposition and Data Plans* session on Day 3 of the Bali meeting with Jonna. A slight reorientation of the session – *we would like to use the time to highlight plans for future use of samples and how PREDICT samples could be best used to improve the science or health security of your country.*

In preparation for our meeting, can you please think through the below questions as they pertain to your PREDICT samples and data stored in your country? We do not expect you to prepare slides or commentary on each of the below questions, rather we are hoping that each of you might identify a story that we could share for one or more of the below points (you aren’t expected to have something to say for all of the bullets below). I’d like to meet with everyone on **Sunday evening at 630pm** (during the poster session) for a short meeting to discuss what you would like to present and brainstorm further if possible.

- Do you have current plans in place to use PREDICT samples/data further in the future?
  - What are they?
- Are you writing grants or have proposed collaborations to utilize PREDICT samples/data in other projects or combine PREDICT samples/data sets with other studies and in grant applications?
- Does your Institution have protocols in place to facilitate requests to utilize or share samples? If so, what are they? Have you had, or do you have any current requests for use of PREDICT samples/data?
- Most importantly - What is your dream of how PREDICT samples/data could best improve the science or the health security of your country?
Looking forward to seeing everyone and please feel free to share ideas in advance of our meeting through email!

Regards,

Corina Monagin, MPH, DrPH
Project Scientist, PREDICT Project of USAID
One Health Institute
School of Veterinary Medicine
University of California Davis
1089 Veterinary Medicine Drive
Davis, CA 95616, USA

Mobile: +1.415.741.6996
Subject: Canceled: OHAC meeting
Location: zoom conference
Start: 11/05/2019 12:00:00 PM (-07:00)
End: 11/05/2019 1:00:00 PM (-07:00)
Show Time As: Free

Organizer: Ogawa, V. Ayano (VOgawa@nas.edu)
Required Attendees: Jonna Mazet; daszak@ecohealthalliance.org; dmrizzo@ucdavis.edu; mary_wilson@harvard.edu; Hughes, James M; Gail Hansen; Barton Behravesh, Casey (CDC/OID/NCEZID); Anderson, Kevin; Hermsen, Elizabeth D; Miller, Sally; mumforde@who.int; Shah, Cecilia; mlichtve@tulane.edu
Optional Attendees: David Rizzo; Wilson, Mary E; MUMFORD, Elizabeth; Peter Daszak; Negussie, Yamrot; Chukwurah, Chinenyenye

OHAC Call #19 will take place over ZOOM on Tues, Nov 5 at 12pm ET.

* Zoom Dial-in Information
Join from PC, Mac, Linux, iOS or Android: REDACTED
Or iPhone one-tap:
REDACTED
Or Telephone:
Dial: REDACTED
Meeting ID: REDACTED
International numbers available: REDACTED
Thanks Catherine, Eunah has some layouts already set but no real prescribed template at this point. I'm happy to work with you on structure if you want but given the diverse themes for each technical team, I think each section is going to be really unique and hopefully a nice standalone product.

David

On Tue, Nov 12, 2019 at 5:37 PM Catherine Machalaba <machalaba@ecohealthalliance.org> wrote:
Thanks David and Chris! This sounds great and is a wonderful opportunity to show the policy and practice impact of PREDICT.

We have been working on distilling down the key themes of the country case studies so will find a nice way to present these in the report too. I will check in with Billy and Peter to ensure we can complete the socioeconomic studies with the Bangladesh team as that component is crucial for subactivity 5.2.3.

If you have any general formats or examples you would like us to follow feel free to send on. Thanks again!!!

Kind regards,
Catherine
Catherine Machalaba, MPH
Policy Advisor and Research Scientist
EcoHealth Alliance
460 West 34th Street – 17th floor
New York, NY 10001

1.212.380.4472 (direct)
1.212.380.4465 (fax)
www.ecohealthalliance.org

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

Program Officer, IUCN SSC Wildlife Health Specialist Group

Science Officer, Future Earth oneHEALTH Project

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.

On Nov 12, 2019, at 6:53 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hey Billy and Catherine,

We are making plans for the P2 final report as we get into the home stretch for this award. We discussed this on EB today and missed you two! In brief, our vision for the global volume of the
report is for each technical team to generate an ~6-8 page section or chapter that can serve as a standalone product or policy briefing, with optional add-ons (shorter 1-2 page materials that dive deeper into findings, success stories, insights, etc.).

Our approach is for drafts of each section to go into internal "consortium peer review" so we are confident in our science and findings, and then ultimately to myself and the OHI communications team for translation (as needed) for uniform voice and style and design for delivery to USAID, Congress, and ultimately the public.

On timelines, it's getting down to the wire. We need to have draft chapters completed in January (at the latest) to enable the peer review and translation/design steps outlined above. All work on this product has to be completed by March 31, 2020 as that is the end of the award and our ability to bill staff time. Below are a few bullets Chris pulled for your section, along with what we pushed into our Year 1 workplan (adapted directly from our original proposal). Chris is on leave for now, but we are happy to chat with you more soon on this as she and I will be leading the editorial team for the end product.

Thanks so much and looking forward to working with you...

David

One Health and Governance (Billy and Catherine)

Draft deadline: January 24, 2020?

Status:

From Year 1 WorkPlan
- Outcome: Document case studies illustrating One Health benefits; list of One Health information available from partners for case studies; identification of broad factors contributing to gender or other biases in disease risk or risk mitigation; guidance on populations that could further integrated into One Health efforts, as well as measures identified that might be taken to integrate underrepresented populations; informed consideration of potential policy changes that could result from demonstrated One Health successes.
- Sub-activity 5.2.3. Advancing socio-economic arguments by conducting global scale analyses of the economics of pandemic mitigation vs. adaptation policies directly applied to the World Bank/FAO One World, One Health capacity building plan.
Thank – my class next semester is on a Wednesday afternoon, so that complicates things. However, I have a teaching partner and can try to have him teach the class that week if my physical presence in NY or DC is needed.

(As an alternative, participating by zoom would work for most of the time, if that’s an option; of course, **REDACTED**).

Regards

Colin

---

From: Gavin Yamey <gavin.yamey@duke.edu>
Sent: Tuesday, November 12, 2019 1:59 PM
To: **REDACTED**
Cc: Boyle, Colin <Colin.Boyle@ucsf.edu>; Mukesh Chawla <mchawla@worldbank.org>; ssm20@cumn.columbia.edu; Ben Oppenheim <boppenheim@metabiota.com>; Dean Jamison <djamison@uw.edu>; Mazet, Jonna <jkmaet@ucdavis.edu>; Dennis Carroll <REDACTED>; Peter Daszak <daszak@ecohealthalliance.org>; Monica Roberson <monica.roberson@duke.edu>
Subject: Re: BCA meeting in February

Thanks - I teach all day Thursdays but could perhaps fly in for the day on the Wed or Fri. I’d need to clear my calendar but will hold both dates!

(Monica—please hold the Wed and Fri)

---

On Nov 12, 2019, at 4:31 PM, **REDACTED** wrote:

Dear Steve, Colin, Gavin, and Mukesh,

I am following up to schedule an in-person meeting for the Global Virome Project Benefit Cost Analysis (BCA). Following the call confirmed on January 16, the BCA team would like to meet for an in-person, one-and-a-half day meeting with you in February. The proposed location is Washington DC or NYC.

Would you be able to share your availability for the following options?
  1. Feb 12 (all day) + Feb 13 (morning)
  2. Feb 12 (afternoon) + Feb 13 (all day)
  3. Feb 13 (all day) + Feb 14 (morning)
  4. Feb 13 (afternoon) + Feb 14 (all day)
I would appreciate your response by Tuesday **November 19**. If none of the options work, I will circle back with alternatives, so please let me know. As a reminder, the January call will take place on Thursday January 16, 10am PT/1pm ET (90 min). We will share call-in details closer to the meeting.

Thank you for your continued cooperation,
Hello all,
The objective of this call is to digest the SEAHUN work plan visit last week and discuss next steps on the Year 1 work plan and quarter 1 activities.

12:00 - 12:15 pm Alex summarizes SEAHUN work plan visit and key takeaways.

12:15-12:30 pm Workplan next steps.

Strategic business planning retreat, NUPAS tool.
I have uploaded a number of relevant documents to our Box.com.
I’ll also compile select documents and send to the group today.

Alexandra Zuber is inviting you to a scheduled Zoom meeting.

Join Meeting:

Meeting ID: [REDACTED]

Dial by your location or
Find your local number: [a href="[REDACTED]"

Please do not edit this section of the description.

View your event at
Subject: OHW-NG Training & Empowerment Workgroup

Start: 12/13/2019 11:00:00 AM (-07:00)
End: 12/13/2019 12:00:00 PM (-07:00)

Organizer: oagunse@uci.edu (oagunse@uci.edu)
Required Attendees: Woutrina A Smith; Constance Were; Michael S Wilkes; Jennifer K Lane; Martin H. Smith; Bruce Baird Struminger; Jonna Mazet; onehealthnextgen Sympa List; McNeil, Carrie S.; Jutta Lehmer; Alexandra Zuber; Getachew B. Kassa; Catherine Machalaba; Rabkin, Miriam; Tracey Goldstein; alexandra zuber; Ndola PRATA; Tiffany G. Harris; oagunse@uci.edu; Emily Hagan; th2604@columbia.edu; Jon Epstein; Kirsten Gilardi; Judy Khanyola; Terra Kelly

We will finalize the draft work plan for global activities related to Training and Empowerment: Two Strategies, each with two activities. We will finalize the draft document for Monitoring and Evaluation regarding Training and Empowerment. Please send your comments, suggestions, and questions by email.

Thanks!

- Dele

View your event at

REDACTED
Thanks Sam  Greatly appreciated. Will get back in touch if any questions come up

On Thu, Jan 16, 2020 at 2:09 PM Sam Halabi <sfh9@georgetown.edu> wrote:
   Dear GVP Leadership Team,

   As requested below, we have drafted a two-page brief of ELSI activities dating to August, 2016 ("ELSI - Summary Activities 2020") including supporting attachments. We have also developed a short PowerPoint emphasizing those activities for purposes of board review.

   We are of course happy to supplement the document further, or otherwise provide support in advance of the board's first meeting.

   Best,
   Sam and Gian Luca

On Wed, Dec 18, 2019 at 3:33 PM [REDACTED] wrote:

   Hi Sam and Gian Luca,

   I hope you are having a great week. I am reaching out with updates and a request related to ELSI. Recently, a 501(c)3 non-profit organization was formed for the Global Virome Project, and GVP will be holding its first Board meeting in mid-February 2020. During the meeting, we would like to brief board members about the ELSI group’s many great activities to date.

   Would you be able to develop a short brief of the ELSI group’s activities (1-2 page max), and a couple of slides? Our timeline would likely be around the end of January, prior to the BOD meeting. My colleagues copied here can follow up with an exact deadline. This will likely be the last request for the ELSI group until we identify further funding. Please let us know if this is possible.

   As a personal update, I am completing my One Health fellowship at UC Davis and will transition at the end of this week. I will be starting work at WHO headquarters in Geneva in the Health Emergencies Programme working on the DRC Ebola outbreak response. Apologies for the short notice, and please send your response to my colleagues copied here, as I will be handing my GVP work over. I will do my very best to ensure a smooth transition. Please feel free to reach out [REDACTED] if I can be of any
assistance, and thank you so much for your work. I am confident our paths will cross in the near future and hope to stay in touch.

Best wishes,

REDACTED

One Health Fellow - One Health Institute, School of Veterinary Medicine
University of California, Davis

Secretary & Treasurer - Veterinary Public Health Special Interest Group
American Public Health Association (APHA)

Secretary & Treasurer – Committee on Global Health (ACGH)
American Society of Tropical Medicine & Hygiene (ASTMH)

Subcommittee Member & Staff - One Health Action Collaborative, Forum on Microbial Threats
National Academies of Sciences, Engineering, and Medicine

--
Dr Dennis Carroll
Global Virome Project, Core Team
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

mobile: REDACTED
email: REDACTED
PREDICT BRIEFING

Join us for an exclusive briefing on how PREDICT has changed the way we think about pandemic preparedness through our partnerships across the globe.

Featured speakers include PREDICT’s own Jonna Mazet (One Health Institute), Simon Anthony (Columbia University), Peter Daszak (EcoHealth Alliance), Tracey Goldstein (One Health Institute), Christine Kreuder Johnson (One Health Institute), Billy Karesh (EcoHealth Alliance), Suzan Murray (Smithsonian Institution), and Karen Saylors (Labyrinth Global Health).

Interactive Q&A to follow presentations.

Limited seating. Please RSVP by March 13 to guarantee your seat.

RSVP online at predict-dc.eventbrite.com

Click here to download the event flyer
FEATURED SPEAKERS

JONNA MAZET
UC Davis One Health Institute

SIMON ANTHONY
Columbia University

PETER DASZAK
EcoHealth Alliance
PREDICT was initiated in 2009 to strengthen global capacity for detection and discovery of viruses with pandemic potential that can move between animals and people. Learn more at p2.predict.global.
Hi Lisa,
This is Mary. Unfortunately, Jonna is not going to make the Standing Committee call on Wed. She needs to be on two important project meeting calls during that same time. I changed her RSVP on the calendar invite. Hope you are doing OK!

On Thu, Jun 11, 2020 at 8:24 AM Brown, Lisa <L.Brown@nas.edu> wrote:

Dear Members of the Standing Committee,

I’m writing to invite you to attend a joint virtual meeting of the National Academies’ Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats and the Roundtable on Genomics and Precision Health on Wednesday, July 1 from 1-3pm ET. An outlook invitation will follow shortly to secure the time on your calendar.

With this meeting, we aim to discuss the state of the science with regard to what is known about human genomics and susceptibility to and severity of COVID-19, what efforts are ongoing, and where some of the research needs are. We are also interested in understanding how data collection and sharing is occurring in new and innovation ways and what some of the gaps still are.

There are two audiences for this meeting—one being our Standing Committee on Emerging Infectious Diseases and 21st Century Health Threats, as we think about future areas that need attention through our rapid expert consultation reports and other ways of sharing information with our sponsors. The other audience is the members of the Roundtable on Genomics and Precision Health as they run, in parallel, a strategic planning process to define what areas they should prioritize in the next few years.

Please see the attached draft agenda for the meeting. We are hoping to have this meeting be under two hours, with short (10 min talks) and then plenty of time for discussion with the members.

Also, if you are interested, the Association for Molecular Pathology (AMP) is holding a virtual town hall today at 1:00 p.m. ET. AMP will present key preliminary findings from a recent COVID-19 survey of laboratories. This town hall will discuss various aspects of COVID-19 molecular diagnostic testing including:

- Current and anticipated testing capacity
- Testing turn-around times
- Supply chain issues
• Test performance and validation
• Processes for United States (US) public health reporting

Details are attached.

Please let me know if you have any questions.

Many thanks,
Lisa

Lisa Brown, MPH
Senior Program Officer
Board on Health Sciences Policy
Health and Medicine Division
The National Academies of Sciences, Engineering, and Medicine
500 Fifth Street, NW, Washington, DC 20001
202-334-2487 (office)
lbrown@nas.edu

---

From: Brown, Lisa
Sent: Tuesday, June 2, 2020 2:43 PM
To: Alexandra Phelan (alp81@georgetown.edu) <alp81@georgetown.edu>; David A Relman (relman@stanford.edu) <relman@stanford.edu>; David Walt (dwalt@bwh.harvard.edu) <dwalt@bwh.harvard.edu>; Diane Griffin (dgriffi6@jhmi.edu) <dgriffi6@jhmi.edu>; Embrey, Ellen (eembrey@stratitia.com) <eembrey@stratitia.com>; Georges Benjamin (georges.benjamin@apha.org)
Dear Members of the Standing Committee,

It has been just over a month since we convened our second standing committee meeting, and we wanted to update you on next steps. As you know, the standing committee is pivoting towards more intermediate to long-term topics, and staff and I have had ongoing discussions with the sponsors about the questions they would be most interested in, given the continually evolving situation. We will keep you informed of these discussions and topics as they progress, but we envision hosting some monthly mini-workshops and pursuing written products in the near future. Please stay tuned for additional details.

In addition to working with the sponsors to determine next steps, there are several different ad hoc activities connected to the standing committee currently underway.

- **Joint Meeting of the Standing Committee and the Roundtable on Genomics and Precision Health.** The standing committee is invited to participate in a joint meeting with the Roundtable on Genomics and Precision Health to discuss host genomics research and data collection efforts related to COVID-19. This meeting date is tentatively scheduled for July 1. Additional details will be forthcoming.

- **Committee on Data Needs to Monitor the Evolution of SARS-CoV-2.** On May 7th, several members of the standing committee participated in a rapid telephonic consultation on potential mutations of the virus. As a result of these discussions, an ad hoc committee is currently being
appointed lay out a framework to define and describe the data needs for a system to track and correlate viral genome sequences with clinical and epidemiological data. The committee will produce a short report with recommendations to address these issues, and the report will likely be released in mid-July.

- **Committee to Provide Guidance to K-12 Education on Responding to COVID-19.** The Division of Behavioral and Social Sciences and Education (DBASSE) appointed an ad hoc committee to provide states and districts with guidance about whether and how to reopen K-12 schools in the 2020-2021 school year safely. The committee will produce a short report with recommendations to address these issues, and the report will likely be released in mid-July. Phyllis Meadows, a member of the standing committee, is a member of this ad hoc committee.

- **Societal Experts Action Network (SEAN Network).** As we have previously discussed, DBASSE, in collaboration with NSF, has convened a network of experts in the social and behavioral sciences to facilitate rapid responses to actionable questions from decision-makers. This network is coordinated with the standing committee and is guided by an executive committee co-chaired by Bob Groves and Mary Bassett, both members of the standing committee. The SEAN Network is currently undertaking its first task to produce a short document to help state and local decision-makers better understand and evaluate various data sources as they make policy decisions related to COVID-19.

We continue at this time to explore other potential topics for further work, including a roadmap for diagnostic testing (this would incorporate considerations of purpose, technologies, target populations, frequency, validation and deployment by geographic area), vaccine immunization priorities and implementation, and longer-term prediction and management of emerging infections. Please let Andy, Lisa, or me know if you have any questions. We look forward to your feedback.

Warm regards,

Harvey

Harvey V. Fineberg, MD, PhD
President
Gordon and Betty Moore Foundation

1661 Page Mill Rd
Palo Alto CA 94304

T: 650.213.3100
Great, thanks for the update Kevin, good news!
Tammie

On Tue, Sep 1, 2020 at 1:18 AM Kevin Olival <olival@ecohealthalliance.org> wrote:

Dear Chris, Jonna, Tammie and all,
The EHA team met internally and also spoke to our country coordinators (Indonesia, Malaysia, Bangladesh) following today’s EB call discussion re: today’s deadline for government approval and release of data to the USAID Development Data Library. Overall, we determine it’s safe to move forward with the DDL data prep and submission (by end of Sept) and anticipate clearance of all data for release by government partners well before the contractual deadline of our DDL submission (Oct 30). Details for each country below.

**Thailand:** One final human results report pending that was delayed some due to confusion over influenza subtyping results. We anticipate getting the government approval before DDL submission, before the end Sept.

**Liberia:** One final report just generated by EIDITH and pending approval. We anticipate getting the government approval before DDL submission, before the end Sept.

**Bangladesh:** For Bangladesh data, we propose proceeding with the generation of the DDL and submitting it to USAID while we wait for final approval. We have had delays in getting formal approval for the remaining reports due to changes in leadership within IEDCR (MOH) and DLS (MOA). However, Arif has been in communication with our points of contact, and the outgoing Director of IEDCR has already given verbal approval of the reports. We are confident that we will receive formal approval from the new IEDCR director as well as our other government partners within the next few weeks.

**Indonesia:** For Indonesia data, we propose proceeding with the generation of the DDL and submitting it to USAID while we wait for final approval of the wildlife testing results (human results approved). Imung let me know today that we have verbal approval that the results “will be approved” from the Director of Animal Health (Pak Padjar) who is working with us to seek the DG’s final sign off. We have had delays in getting formal approval from the MoA due to a recent change in leadership at the DG level; and the COVID pandemic which I am told has infected at least 17 staff at MoA in the DG office. Today Imung will speak to Pak Padjar again to seek verbal approval on the plan to submit data to the DDL this month while we simultaneously work to obtain the DG’s approval of P2 wildlife results. Imung will send an email hopefully by our morning with a summary of that discussion.

**Malaysia:** For these data we cannot submit the DDL without approval from the government, and our team in Malaysia and New York has worked intensively with Tammie to ensure that the data generated by the DDL was accurate so that it could be submitted for approval. A final version of the DDL was completed and submitted to our government partners a week ago with a request for urgent approval. Tom is optimistic that we will receive approval by mid-September. The DDL doesn't require any more work, so as soon as we receive approval, it can be uploaded immediately. We are in regular communication with our contacts in the Malaysian government, and will let you know as soon as we have a decision.

Please let us know if you have any questions prior to the SMT call.

Cheers,
Kevin
--
Tammie O'Rourke
Labyrinth Global Health
Systems Integrator
Emerging Pandemic Threats - PREDICT Program
tel +1-250-618-2460
Thank is great news Ava, thank-you.
If Velsri made changes to the DDL files after I sent them (I am pretty sure she did), I really need her to indicate what exactly changed. I have to make the same changes to EIDITH so that everything is in sync.
Tammie

On Tue, Sep 1, 2020 at 7:50 AM Ava Sullivan <sullivan@ecohealthalliance.org> wrote:

Hi All,

I have a nice amendment to Kevin’s update! In Malaysia, all government partners have agreed to the release of the P2 data into the DDL. (Tammie, Tom has sent updated files that specifically were approved, which I will share in a separate email.)

As such, Malaysia, Bangladesh and Indonesia P2 data are all set to be entered into the DDL. Liberia and Thailand remain on track to get those approvals within the next few weeks.

Thank you all for your work on this,

Ava

---

On Sep 1, 2020, at 4:18 AM, Kevin Olival <olival@ecohealthalliance.org> wrote:

Dear Chris, Jonna, Tammie and all,
The EHA team met internally and also spoke to our country coordinators (Indonesia, Malaysia, Bangladesh) following today’s EB call discussion re: today’s deadline for government approval and release of data to the USAID Development Data Library. Overall, we determine it’s safe to move forward with the DDL data prep and submission (by end of Sept) and anticipate clearance of all data for release by government partners well before the contractual deadline of our DDL submission (Oct 30). Details for each country below.

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Please let us know if you have any questions prior to the SMT call.

Cheers,
Kevin

--
Tammie O'Rourke
Labyrinth Global Health
Systems Integrator
Emerging Pandemic Threats - PREDICT Program
tel +1-250-618-2460
Subject: Canceled: Dinner: GVP team
Location: The Morris: 2501 Mariposa St, SF
Start: 01/26/2017 5:45:00 PM (-07:00)
End: 01/26/2017 7:45:00 PM (-07:00)
Show Time As: Free

Organizer: Eddy Rubin (erubin@metabiota.com)
Required Attendees: Dennis Carroll; Jonna Mazet; Cara Chrisman; Peter Daszak; Nathan Wolfe
Optional Attendees: Taylor Elnicki

1/10- Reservations for 6 under Nathan’s name. Taylor’s cell attached to reservation [REDACTED]. They require cancellation 48 hrs before to cancel without penalty.

The Morris
2501 Mariposa St
San Francisco, CA 94110
(b/t York St & Hampshire St)
Restaurant Phone number: (415) 612-8480
Hi all,

Thank you to those who have completed the scheduling poll for the May GVP webinar. If you have not yet completed it, please do so at the link below by **12 PM EST tomorrow, April 14.** You will receive a calendar invitation for the webinar early next week.

http://doodle.com/poll/8cszvknv886hw6y

Thank you,

Brooke Watson

On Thu, Apr 6, 2017 at 3:50 PM, Brooke Watson <watson@ecohealthalliance.org> wrote:

Dear all,

Below, please find a Doodle poll to identify the best day and time for the Global Virome Project May webinar.

This webinar will provide the Modeling & Analytics working group of the Global Virome Project an opportunity to present their 3-month progress to all GVP participants, including the Steering Committee and all working group co-chairs. Participants will be given the opportunity to ask questions and will be encouraged to incorporate the results of the analysis into their own working group plans. This webinar will fall shortly after the May 1 deadline set during the Beijing meetings.

We appreciate the difficulty of coordinating a meeting across several time zones and have tried to accommodate as many members as possible. If you are unable to attend, a recording of the presentation and a copy of the powerpoint slides will be available to all GVP members after the webinar.

Please indicate your availability by completing the poll at the link below.

http://doodle.com/poll/8cszvknv886hw6y

Thank you in advance for your prompt responses, and looking forward to speaking with you in May!

Best,

Brooke Watson

--

**Brooke Watson, MSc**

*Research Scientist*

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

--

Brooke Watson, MSc
Research Scientist

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

1.212.380.4497 (direct)
1.901.493.4401 (mobile)
1.212.380.4465 (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.
I will be touching base w him on my return. I will connect w you beforehand in case there are follow up points/questions you'd like me to raise

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

On Apr 14, 2017, at 4:19 PM, Jonna Mazet <jkmaze@ucdavis.edu> wrote:

  Don't think any of them would recognize me on the street, or even my name, but they like what we're doing & that's what's important.
  You have a piece-filled weekend,
  J

On Fri, Apr 14, 2017 at 1:16 PM, Dennis Carroll <dcarroll@usaid.gov> wrote:
  You definitely run around with a lofty crowd. Definitely agree with nurturing influential friends. Enjoy a quiet weekend
  d

On Fri, Apr 14, 2017 at 2:50 PM, Jonna Mazet <jkmaze@ucdavis.edu> wrote:
  Nice chat with Guy today. Dennis was correct in that it doesn't look like they'll have money to fund anything, but together with IP and connections I have with BioMérieux, I think it is a good idea to keep their lab network in play as a potential partner (synergistic lab network with their institutional sibling, IP). I have met the Alexandre Mérieux, the Administrator of the for profit companies and last remaining son. He or the family could definitely come in as a funder if they see the connections, etc.

  On another synergistic but not money topic, I had a call today with Admiral Jim Stavridis, current dean of Tufts School of Law and Diplomacy and former NATO Supreme Allied Commander Europe (https://en.wikipedia.org/wiki/James_G._Stavridis). He seemed quite intrigued by what we are doing -- figured it couldn't hurt to have influential friends.

  Have a nice weekend,
  J

On Mon, Apr 10, 2017 at 3:55 PM, Dennis Carroll <dcarroll@usaid.gov> wrote:
  Yes, Gus reached out as well. I doubt they have money but are certainly interested

  Dr Dennis Carroll
  Director, Emerging Threats Program
> On Apr 10, 2017, at 5:40 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:
> 
> > Mérieux Foundation (USA) has reached out with interest -- I'll keep you posted on developments and will explore whether they have cash or lab support in mind. "Collaboration" for laboratory strengthening was mentioned.
> > Keep good thoughts,
> > J

--

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

Office: 202-712-5009
Mobile: REDACTED
Thanks, Stacy. We are having this issue in many countries.

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

On May 12, 2017, at 7:20 AM, Stacy Lamon <slamon@usaid.gov> wrote:

Andrew,

I’m directing this to you as the AOR for Predict-2 Uganda.

As you may know, they are applying for a tax exemption for freezers that are entering the country. Apparently that has been done before, but that was some time ago.

Accordingly, Dr Ssebide (copied here) has sent me the attached documents for use in this application, but, as I understand it, the application needs your approval and involvement.

Please let me know what I can do to assist with this process.

Thank you,
Stacy Lamon, GHSA Advisor USAID/Uganda

--
Stacy S Lamon, PhD,
USAID Uganda
slamon@usaid.gov & [REDACTED]
temporary telephone in Uganda is **REDACTED**
*Uganda is 7 hours ahead of EST.*

<Commerical Invoice - MGVP Portable Freezers (2).pdf>

<Request for Tax Exemption on Field Freezers for the PREDICT-2 Project (1).pdf>

<Packing List - MGVP Portable Freezers (1).pdf>

<AWB MGVP Port Freezers.pdf>
Hi everyone. The PREDICT Management Team call has been confirmed for this Thursday, June 1st from 12-1 pm PDT (3-4 pm EDT). An agenda will be sent out prior to the call.

Thanks!
Liz

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

I hope you are doing well! It was good to meet you last year at the Regional Jam in Bangkok. We have made some improvements to the M&E framework and indicators since then, and as part of the M&E system would like to coordinate at USAID/HQ all of the country-specific M&E requests. For this reason, I am following up with you regarding your request for Cambodia M&E data from PREDICT.

We have updated the IM Data Sheet to reflect the revised indicators and key achievements for PREDICT. Please find attached two versions - one with tracked changes to show the changes we made, and one that is clean and easier to read.

Should you have any questions or need any additional information, please let me know.

All the best,
Tiffany

Tiffany D'Mello
Monitoring and Evaluation Coordinator
Emerging Threats Division
Office of Infectious Disease, Bureau for Global Health
U.S. Agency for International Development
Desk: 202-712-1260 | Cell: REDACTED
tdmello@usaid.gov

---------- Forwarded message ----------
From: David J Wolkíng <djwolking@ucdavis.edu>
Date: Tue, May 30, 2017 at 10:43 AM
Subject: Fwd: [predict] Re: Mission conducting portfolio review of its funded projects
To: Tiffany D'mello <tdmello@usaid.gov>
Cc: Tracey Goldstein <tgoldstein@ucdavis.edu>, "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>, Alisa Pereira Emerging Threats Division <apereira@usaid.gov>, Shana Gillette <sgillette@usaid.gov>

Hey Tiffany,

Just making sure you get Sotheara's latest message here as well in case you want to reach out to the Mission on Andrew's behalf. I'm in the office now and can connect if you want to discuss, but I agree that your plan to use the current M&E data submitted on Friday with the semi-annual report would be the best approach.

Please let me know if you need any action from us.
Enjoy the trip!

David

-------- Forwarded message --------
From: Sotheara Nop <snop@usaid.gov>
Date: Tue, May 30, 2017 at 3:16 AM
Subject: [predict] Re: Mission conducting portfolio review of its funded projects
To: Tracey Goldstein <tgoldstein@ucdavis.edu>
Cc: Veasna DUONG <dveasna@pasteur-kh.org>, "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>, Lucy Keatts [REDACTED] Christina Lau <clau@usaid.gov>, "predict@ucdavis.edu" <PREDICT@ucdavis.edu>

Dear Andrew,

Thanks for your response.

Some information and indicators filled in the draft IM data sheet is just an exercise that Dr. Veasna and I worked together in the first attempt as I haven't had PREDICT-2 country M&E plan. So I would appreciate your review and update of this IM date sheet template based on PREDICT-2 M&E and bi-annual report for Cambodia.

I look forward to receiving PREDICT-2 IM data sheet for the Mission portfolio review by May 31.

Best,

Sotheara Nop, MD, MDM
Development Assistance Specialist
for Infectious Diseases

[REDACTED]
Tel: [REDACTED]
Email: snop@usaid.gov

On Sat, May 27, 2017 at 4:01 AM, Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:
Dear Sotheara,

Thank you for your email.

Much of the information you are requesting here is for M&E which is handled at a global level, so Veasna is not able to complete it. We are waiting for guidance from headquarters on how to complete your request.

We are in the processing of completing our biannual report that includes reporting on our M&E indicators, which is due to USAID in DC on May 31st. Once this has been accepted by USAID DC we can/or they can share the Cambodia portion of the reports. Hopefully this will address your needs.

Best, Tracey
On Mon, May 22, 2017 at 10:00 PM, Sotheara Nop <snop@usaid.gov> wrote:

Dear Dr. Veasna,

Thanks for the meeting yesterday and please find enclosed PREDICT-2 project portfolio IM data sheet that we initially filled in some information.

As you had already informed that our Mission will conduct portfolio review of all USAID funded projects which include PREDICT-2 project in early July 2017, and I would appreciate your further work on the IM data sheet with your colleagues and submit it to the Mission by May 31.

Please let me know if you have any questions.

Thanks for your time.

Best,

Sotheara

--

Tracey Goldstein, PhD
One Health Institute
School of Veterinary Medicine
University of California
Davis, CA 95616
Phone: (530) 752-0412
Fax: (530) 752-3318
E-mail: tgoldstein@ucdavis.edu
Activity Name:

*PREDICT-2*

Activity TEC:

$400,000$

**AOR/COR/AM:**

*Andrew Clement/Sotheara Nop*

**Implementing Partner:**

*UC DAVIS/Institut Pasteur du Cambodge*

**Start and End Dates:**

*October 2014 – September 2019*

**Geographic Location:**

*Phnom Penh, Kandal, and Kampong Cham provinces*

**Activity Objectives:**

**Activity Key Indicators:** Please select 1-3 key indicators\(^1\) per activity objective or purpose that show activity achievements from the activity start date to the present (as of March 2017). For people level indicators, please provide disaggregated data by sex in addition to aggregated data.

<table>
<thead>
<tr>
<th>Baseline Value</th>
<th>Baseline date</th>
<th>Target FY17</th>
<th>Result FY17</th>
<th>Target FY18</th>
<th>Result FY18</th>
<th>Target FY19</th>
<th>Result FY19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal: Reduced risk and impact of emerging pandemic threats, applying a One Health approach</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Indicator 1</td>
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</tr>
</tbody>
</table>

\(^1\) For activities that do not use performance indicators to measure activity achievement, please use any other types of indicators (milestones or deliverables) relevant to your activities.
USAID/Cambodia Portfolio Review -- July 2017-- Implementing Mechanism Data Sheet
Period of Review: FY 2017

<table>
<thead>
<tr>
<th>Obj/Purpose 1: Prevention, detection and response capacities strengthened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator 1: Number of individuals (humans and animals) sampled</td>
</tr>
<tr>
<td>Baseline Value</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Indicator 2

Indicator 3: # of labs with ability to perform PREDICT/FAO tests
<table>
<thead>
<tr>
<th>Baseline Value</th>
<th>Baseline date</th>
<th>Target FY17</th>
<th>Result FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sept 2014</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Obj/Purpose 2: Workforce capacity for One Health strengthened

<table>
<thead>
<tr>
<th>Indicator 1: # of current professionals trained in One Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline Value</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Indicator 2

Indicator 3

Etc.

Note: If the deviation between the actual result and target is > +/-10% [(actual-target)/target*100], please be ready to discuss this during the Portfolio Review mission-wide meetings.

Key successes of the activity in FY 2017 (please provide up to 5 bullets only):
- 20,279 specimens collected from wildlife, domestic animals, and humans since September 2014
- Syndromic surveillance established at two districts close to PREDICT-2 sites
- Good partnership and collaboration with government institutions (CDCD/MOH, FA and NAHPRI/MAFF), local authorities, and stakeholders

Key challenges of the activity in FY 2017 (please provide up to 5 bullets only):
- Coordination of concurrent surveillance between PREDICT, the National Animal Health and Production Research Institute (NAHPRI), the Cambodia Communicable Disease Control Department (CDC), and the Forestry Administration (FA)
Key cross-cutting achievements or issues (gender, climate risk assessment, IEE, etc) for discussion:

- Training of veterinary (Royal University of Agriculture) and medical students (University of Health Sciences) across genders
- Implementation of safe field and laboratory activities in compliance with the USAID approved Environmental Mitigation and Monitoring Plan

Do you need assistance or guidance from the USAID Front Office to advance the work of this activity? If yes, please describe.
Activity Name:

PREDICT-2

Activity TEC:

400,000$ 

AOR/COR/AM:

Andrew Clement/Sotheara Nop

Implementing Partner:

UC DAVIS/Institut Pasteur du Cambodge

Start and End Dates:

October 2014 – September 2019

Geographic Location:

Phnom Penh, Kandal, and Kampong Cham provinces

Activity Objectives:

Activity Key Indicators: Please select 1-3 key indicators1 per activity objective or purpose that show activity achievements from the activity start date to the present (as of March 2017). For people level indicators, please provide disaggregated data by sex in addition to aggregated data.

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<th>Target FY19</th>
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</table>

Goal: Reduced risk and impact of emerging pandemic threats, applying a One Health approach

Indicator 1

---

1 For activities that do not use performance indicators to measure activity achievement, please use any other types of indicators (milestones or deliverables) relevant to your activities.
### Objectives and Purposes

**Objectives 1:** Prevention, detection and response capacities strengthened

<table>
<thead>
<tr>
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<th>Baseline date</th>
<th>Target FY17</th>
<th>Result FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td># of individuals (humans and animals) sampled</td>
<td>0</td>
<td>Sept 2014</td>
<td>N/A</td>
<td>4,120*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*Since September 2014</td>
</tr>
</tbody>
</table>

**Objectives 2:** Workforce capacity for One Health strengthened

<table>
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<tr>
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<th>Baseline Value</th>
<th>Baseline date</th>
<th>Target FY17</th>
<th>Result FY17</th>
</tr>
</thead>
<tbody>
<tr>
<td># of current professionals trained in One Health</td>
<td>0</td>
<td>March 30, 2017</td>
<td>N/A</td>
<td>22 (18 males, 4 females)*</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*Since September 2014</td>
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**Etc.**

---

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- Implementation of safe field and laboratory activities in compliance with the USAID approved Environmental Mitigation and Monitoring Plan

Do you need assistance or guidance from the USAID Front Office to advance the work of this activity? If yes, please describe.
I’ll be on the call at 1pm EST...

Cheers,

Peter

Peter Daszak
President
EcoHealth Alliance
460 West 34th Street – 17th Floor
New York, NY 10001
Tel. +1 212-380-4473
www.ecohealthalliance.org

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

All, I have a last minute conflict that I can not avoid. I will miss the 1:00 call. There is enough to discuss that I would suggest moving forward. If my meeting ends early enough I will try an join towards the end.

d

On Thu, Jul 20, 2017 at 8:59 AM, Cara Chrisman <cchrisman@usaid.gov> wrote:
Hi Team,

Looking forward to catching up with everyone today! Please see below for the agenda and a few discussion points.

For those who didn't get a chance yet to review, Brooke's notes from London/Oslo are also attached.
Best,
Cara

Agenda

1. London/Oslo Readout & F/U
   1. Follow up actions:
      1. Data Management Team - Establish a prototype portal
      2. Lancet Paper
      3. Reconnect with Richard Feachem

2. GVP Updated Agenda
3. PMAC Launch Planning (see Eri's questions for discussion below)
4. Science Paper Update
5. Additional Outreach Updates/Planning
   1. Costa Rica
   2. Other

6. AOB

PMAC Launch Planning
Here are some of the questions we can discuss for our PMAC concept note:

- How long should the launch be? Options are half day (morning or afternoon), 1 day or 2 days.
- Should we have a closed meeting or a public meeting? Or both?
- Do we want to invite speakers?
- Who are our target participants? What is our estimated number of participants?
- What type of room set up do we want? Options are classroom, theater, roundtable or boardroom.

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
Cell: REDACTED
E-mail: cchrisman@usaid.gov
Dr. Dennis Carroll
Director, Emerging Threats Program
Bureau for Global Health
U.S. Agency for International Development

Office: 202-712-5009
Mobile: REDACTED
Dear Lisa Kramer

Thank you very much for the invitation. I want to assure you that I am available for the discussion.

Best regards,

Gebretsadik Berhe (PhD)
Associate Professor of Public Health
Head, Department of Epidemiology
One Health Work Force Project, Focal Person
School of Public Health, College of Health Sciences

On Tuesday, August 1, 2017, 2:57:42 AM PDT, lkramer@usaid.gov <lkramer@usaid.gov> wrote:

**EPT2 - GHSA Workplan Coordination Call - ETHIOPIA**

ALL AFRICA-BASED PARTICIPANTS, Please phone into the call a few minutes early to ensure that you are able to connect. If you are unable to connect, please contact Sarah or Lisa. Lisa will initiate the call and we plan to start the meeting promptly at 15:00 EAT. Thank you.

Toll-free dial-in number (US and Canada): 1-888-666-0666
International: +1 201-855-0600
Participant Code: 1636187

When: Tue Aug 15, 2017 15:00 – 17:00 Nairobi

Calendar: [Redacted]

Who:
- lkramer@usaid.gov - organizer
- ybonnenfant@usaid.gov
I can see if there is an option to change it, but not sure if there will be another flight on same airline.
J

On Thu, Sep 7, 2017 at 1:02 PM, [REDACTED] wrote:

Jonna’s flight lands in Seattle at 10:46 am, so 11am would not be possible.

Thanks,
[REDACTED]

Fellow
One Health Institute
School of Veterinary Medicine
University of California, Davis

I’ve not made travel plans to Seattle or from Seattle to Vancouver so I am easy.

On Thu, Sep 7, 2017 at 12:25 PM, Cara Chrisman <cchrisman@usaid.gov> wrote:

Hi Team,

Any chance that you could be flexible with the Vulcan meeting? Received this from Sumi:
I hope you're having a good week! Can you let us know if we can reschedule the meeting with Dennis and Eddy? 11:00 AM would be perfect but I can open up other appointments prior to 2:30 as necessary.

Thanks,
Cara

Cara J. Chrisman, PhD
Senior Infectious Diseases Technical Advisor
Emerging Threats Division
Office of Infectious Disease
Bureau for Global Health
U.S. Agency for International Development (USAID)

Desk: (202) 712-1161
Cell: [REDACTED]
E-mail: cchrisman@usaid.gov
Yes, meant to send earlier this week. Will do in the morning. They are really guiding principles rather than an MOU. Also, the EISI group and GAP will want to review the MOU wording you put together.

BK

Sent from my iPhone

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

EcoHealth Alliance
460 West 34th Street - 17th Floor
New York, NY 10001 USA

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+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

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 Sep 28, 2017, at 6:41 PM [REDACTED] wrote:

Hi Billy,

I hope you are well. I am writing to you about drafting an MoU for GVP. Dennis mentioned that you may already have some MoU language that we could use.
If so, would you mind sending me a reference document?

Many thanks,
Dear Peter,

Congratulations to you and all contributors. My best email address remains [REDACTED] and my address is ok as is. Will rapidly respond to any Science request.

Regards,

Oywale

Oywale TOMORI
Tel: [REDACTED]

On Sun, Dec 10, 2017 at 12:13 AM, Peter Daszak <daszak@ecohealthalliance.org> wrote:

Dear All,

Letting you all know that the paper we submitted to Science on the Global Virome Project has now been accepted. Obviously, this is great news, and comes after two rounds of reviews by the Science Board of Reviewing Editors, and two rounds by external reviewers – quite a hassle, but I now think the paper is much better than the original submission (18 months ago!!).

The current version of the paper is attached, in Science format, but bear in mind that this will now be edited. First, I’m right now finessing the text by reducing some verbiage and conforming to all of the instructions from the editor. Once that’s done it will go back in to our Science editor (this weekend) for final edits which they’ll send back to me for final approval. This will probably be a very rapid turnaround (24 hours). I’m not sure how long it will then be to publication, but the timing is good for us, with our planned soft-launch of the GVP at the PMAC conference on Jan 31st. Ideally, we could coincide publication with the conference, and I’ll ask the editor if that’s possible. One thing I’m going to try to avoid is the paper coming out during the December holiday season or the first week of January – papers published then tend to get less publicity and readership.

So we can move this through rapidly, I now need you to check the following items and respond as soon as possible:

1. Please double-check your addresses. We need to use your current academic address. Some of you have two relevant addresses, which is fine. Ariel, it would be fine to use your current address, and have the USAID address as ‘formerly’…your decision of course.
2. Please let me know what the best email address is for you, and alternatives so I can get hold of you at short notice re. any issues at the proofs stage (1 day turnaround). Also please send your assistant’s email addresses. Please cc Brooke Watson (cc’d above: watson@ecolealthalliance.org) on all emails so I don’t miss any.

3. Please get ready for the following email from Science – I don’t know the timing of this, but if any of you don’t respond rapidly, it will delay publication:

**Authorship**

All authors will be asked to complete an authorship verification and COI form (each author will receive a separate email directing them to our Authorship WWW site). All authors must attest prior to publication that they agree to be so listed, and that they have seen and approved the manuscript, its content, and its submission to Science. Any changes in authorship must be approved in writing by all the original authors.

4. For those of you who are in organizations that have a waiver for open-access, please follow the links below and get a waiver from your employer:

**License Waiver**

All authors must obtain a waiver from open-access policies of their employer, as at Harvard and MIT.

5. Please get the following information to me by email. The language is from the Science instructions to authors.

**Funding and Conflict of Interest**

You and all co-authors will be asked to disclose all affiliations, funding sources, and financial or management relationships, including those that could be perceived as potential sources of bias. Please declare patents (either applications or awards to the authors or home institutions) related to this work as part of the acknowledgments.

Please let me know by email if you have any comments, questions etc. and please cc Brooke.

I’m really looking forward to finally seeing this in print and to using this paper as a platform for turning the GVP from a vision into a reality!

Cheers,
Peter Daszak
President

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

Tel. +1 212-380-4473

www.ecohealthalliance.org

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

Please find attached:

- A few photos of the traveling Smithsonian “Outbreak” exhibit at PMAC
- A reproduction of the GHSA Index that was discussed during PMAC Side Meeting SE017
- The article on consequences of the SL bushmeat ban and recommended solutions

Finally, info on the American Public Health Association (APHA) call for conference abstracts can be found here.

Best,
Leilani

---

Hi there,

Just sharing these links to items Billy introduced today from World Bank and WHO. Thanks to Catherine Machalaba for her hard work on the WB operational framework and to Dan Schar, Catherine, and Billy for contributions to the Bulletin piece.

World Bank Operational Framework for One Health released last week:

Investments for Pandemic Prevention paper came out in WHO Bulletin last week: http://www.who.int/bulletin/volumes/96/2/17- 199547.pdf

Best,
David
On Mon, Feb 5, 2018 at 9:52 AM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi there,

Below and attached for quick reference is the agenda for tomorrow's PREDICT Management Team call.

Best,

David

PREDICT Management Call Agenda
Tuesday, February 6, 2017
10:00-11:00AM PDT/1:00-2:00pm EDT
[REDACTED] Access code [REDACTED]
International Dial-in number: [REDACTED] (toll charges apply)

Standing items
USAID Updates

1. Administrative items
   a. Core (regular) funding update
   b. Feedback on P2 additional testing request

2. PMAC and GVP update (Jonna et al)

3. Mission communications roundup
   a. Myanmar and viral testing plans with LBVD
   b. Guinea mission visit and updates
   c. Liberia and data sharing inquiry

4. Outbreak updates (Liberia, Cameroon, others)

6. EPT partner collaboration/coordination updates (Billy)

7. Publication, media, and conference updates
   - “Outbreak: Epidemics in a Connected World” exhibit at NMNH (May 2018)
   - One Health Congress Saskatoon (June 22-25, 2018)
   - International Conference on Emerging Infectious Diseases (ICEID) in Atlanta (August 26–29, 2018)
   - International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)
   - Others?
Hi there,

Just a reminder about next week's Management Team call on Tuesday February 6 2018 @ 10AM PST/1PM EST.

We will follow-up with an agenda early next week.

Enjoy the weekend,

David
Hi PREDICT EB team,

I am sharing the IM indicator report from Tammie.

Best,

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------ Original Message ------
From: "Eri Togami" <etogami@ucdavis.edu>
Hi PREDICT EB team,

Here is your agenda for tomorrow, March 21. The attached files are numbered by order of appearance on the agenda.

Best wishes,

Eri

PREDICT Executive Board Meeting
Wednesday, March 21, 2018
9:00-11:00AM PST/12:00-2:00pm EST

International Dial-in number REDACTED (toll charges apply)

USAID Updates

1. Administrative items
   - Financial, compliance, and M&E reviews in Liberia
   - Update on Ebola funds and burn rate
   - GHSA and semi-annual reporting update
   - USG GHSA annual report (see attachment)

2. Operations Team updates
   - Behavior
     - Production of maps with concurrent sites
     - Bat communication book and clearance
   - IM – Any additional global or multi-country needs
   - M&A – Intervention modeling – Access to country data
   - EHP
   - Capacity
   - Lab
3. Semi-annual meeting agenda (April 10-11, 2018)

4. EB publications list

5. Outbreak updates (Ghana)

6. Mission communications roundup (only essentials)

7. Synergistic proposals updates

8. Publication, media, and conference updates

   - Resources from PMAC Operationalizing One Health session
   - Al Jazeera feature on PREDICT/Thailand
   - Discovery Channel “Invisible Killers” launch party in DC March 22, airing March 29, 2018
   - National Geographic TV segment inquiry (production timeline March-June)
   - “Outbreak: Epidemics in a Connected World” exhibit at NMNH (May 18, 2018)
   - NIH Changing Relevance of Material Transfer Agreements for Infectious Diseases, Georgetown (May 3-4, 2018)
   - One Health Congress Saskatoon (June 22-25, 2018)
   - International Conference on Emerging Infectious Diseases (ICEID) in Atlanta (August 26–29, 2018)
   - International Meeting on Emerging Diseases and Surveillance (IMED) 2018 in Vienna, Austria (November 9-12, 2018)
   - International Symposium of Veterinary Epidemiology and Economics (ISVEE) Thailand (November 12-16, 2018).
Thanks to all indeed.
I'll get them translated in French for broader impact.

A.

On Sat, Apr 21, 2018, 9:10 AM James Desmond wrote:

Thanks Peter,
These are great - will definitely distribute. These reports really demonstrate the value of PREDICT and all the data that's been gathered. Many thanks to the modeling and analytics team.

Cheers,

Jim

On Apr 19, 2018, at 5:21 PM, Peter Daszak wrote:

Dear PREDICT global team leads, regional leads and country coordinators,
I am delighted to share with you the latest Emerging Disease Insights (EDIs) 2-pagers from our PREDICT Modeling and Analytics Team. These are 2-page reports on the analyses that our team is doing to guide surveillance and test out ideas about the risk of emergence of novel PREDICT viruses we discover. These three focus on:

1. Measuring viral discovery: Using the viral accumulation curves from PREDICT 1 to determine how many samples we need to collect and test to discover the majority of viruses in a host species
2. Identifying the next Zika virus: Analyzing all known flaviviruses to assess which ones have the characteristics that could allow them to emerge and spread.

These EDIs are intended to be easily understood, provide an interesting background story based on PREDICT that demonstrates how we’re using state-of-the-art modeling and analytics, and our data from PREDICT, to better understand the risk of disease emergence globally. Please share them widely with your staff, colleagues and partners! They will also be available publicly from livescience.ecohealthalliance.org, as well as on Basecamp, of course.

We are actively working on other Emerging Disease Insights to be completed this and next year, so please send any ideas you may have: Comments are very welcome!

Cheers,

Peter

**Peter Daszak**  
*President*

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

Tel. +1 212-380-4474  
www.ecohealthalliance.org  
@PeterDaszak  
@EcoHealthNYC

*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.*

<EDI Economic case for the GVP.pdf><EDI Identifying the next Zika virus.pdf><EDI Measuring viral discovery.pdf>
Hi Jonna,

I can travel if that is helpful and/or difficult for you to travel across from TZ.

T

On Tue, Apr 24, 2018 at 8:29 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hi,

Please see the messages below, especially Kendra's earlier one from yesterday. Looks like we'll need Jaber in Guinea for May 15 & I may join, as well. Jaber, what do you think of me coming, since Richard will be there? I'll be in Tanzania the week before, but I could come over for a quick trip for Richard's visit & to meet the team.

Corina, can you do the quick trip to Paris, or no? I think you & David talked, but I haven't had a chance to get that report.

& Katie, we'll need ITAs & visas ASAP -- sorry. Tanzania will be a DTRA trip, so could skip the ITA for that one if desirable, but not bad to do a courtesy one if it isn't too late. Guinea will need to be Predict, though.

Thanks,
J

--------- Forwarded message ---------
From: Kendra Chittenden <skchittenden@usaid.gov>
Date: Tue, Apr 24, 2018 at 10:19 AM
Subject: Re: USAID Representative - Advisory Committee EBO-SURSY project
To: Andrew Clements <aclements@usaid.gov>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>, David J Wolking <djwolking@ucdavis.edu>, Alisa Pereira <apereira@usaid.gov>

Jonna and Andrew--
I got a few more details about the CNFA and FAO site visit in Kindia and a CNFA public-private partnership activity in Conakry. PREDICT is welcome to join these visits but do not feel obligated.

Kendra

05/16/2018
10:00 am
CFNA: we will visit a training center in Foulaya Campus where AVENIR Cohort #3 training will be taking place. 20 veterinary profile agents will be part of the cohort. So, I believe 1 hour total at the campus will be sufficient. We will start with a courtesy visit at the campus director office and head to the training center where we plan to spend 45 minutes maximum. At the training center, we can have Richard interact with them or we can have three of them on side discussions (let me know what you this?)
After the campus visit we will have a 15 to 20 minutes drive to a veterinary pharmacy where an AVENIR agent is placed under mentorship of a private veterinarian. At the private veterinary location, we will spend about 30 mins or 40 max.

12:00- 1:30pm
After CNFA visit, we will head to FAO ongoing activity. FAO site visit will be centered on an ongoing activity in Kindia where they are providing animal community health workers training on surveillance. I think 1 hour max will be ok not including travel time. I am waiting on details to see whether this requires courtesy visit to the local authorities.

Lunch at 1:30pm and travel back to Conakry at 14:30
On Mon, Apr 23, 2018 at 3:17 PM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Jonna,
Guinea has priority over the OIE meeting.

Andrew

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

On Apr 23, 2018, at 9:00 PM, Kendra Chittenden <kchittenden@usaid.gov> wrote:

Jonna
I wanted to share the schedule for Richard's visit. The first day, Monday, May 14th is an all day meeting, *Building Back Better*, supported by USAID's Africa Bureau and the Government of Guinea to review the health service recovery and system strengthen work and to discuss the way forward. All USAID health partners are invited to join. We should have a draft agenda next week. There will be a One Health Session that Richard will facilitate.

Tues, May 15th there will be visits to the PREDICT lab (at 3 PM) and beforehand to the Central Vet Lab which PREDICT is welcome to join. On Wed, May 16th there is a day trip to Kindia to see some of FAO's and CNFA's work. I will have more details on this day trip tomorrow. This could be of interest for PREDICT to join. Thur, May 17th there is a meeting with the Ministry of Livestock-- I do believe partners are invited but I am confirming with Tamar. Friday is just internal USAID meetings.

There is an opportunity for dinner with partners one evening. I'll join Richard on the trip. We are staying at the Grand Sheraton.

For the sites visits on Tues to the labs-- there is a possibility that Chris Runyon, the USAID Acting Deputy Assistant Administrator (DAA) Africa Bureau- may join. He will be at the meeting on Monday and has one day in Conakry and expressed an interest to see GHSA activities. The Africa Bureau also is filming Ebola funded work so there is also a potential that a film crew would come to a GHSA site visit. I am trying to confirm this as soon as possible to prepare.

I wanted to share the available information for the Guinea trip. Andrew can speak to the priorities for staffing.

Kendra

On Mon, Apr 23, 2018 at 1:28 PM, Jonna Mazet <jkmazet@ucdavis.edu> wrote:

Hi Andrew,
Just back.
I was still hoping to get guidance from you on my question in the original response email:
"We could send him, but I also think this timing overlaps with when Richard is supposed to be in Guinea, and our team was planning on interacting with him there at that time. Please advise on priorities."
We had also talked on the phone about you checking in on the schedule for Richard's trip and who ideally would be there. OIE is certainly important to us, as is representing the program and project well, but of course not as important as making sure that we represent and explain all well to Richard, HQ & the Mission in Guinea.
Can you let us know what you've found out regarding that trip and Predict's role or expectations to help it go well, as we
On Thu, Apr 19, 2018 at 10:58 AM, Andrew Clements <aclements@usaid.gov> wrote:

Any updates on this? OIE just asked me.
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 Apr 12, 2018, at 6:23 PM, David J Wolking <djwolking@ucdavis.edu> wrote:

Hi Andrew,
We'll explore that possibility and be in touch soon.

David

On Thu, Apr 12, 2018 at 4:47 AM, Andrew Clements <aclements@usaid.gov> wrote:

Hi Jonna and David,
What is the timing for Corina returning? Is this something she would be interested in doing?
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: Emily Tagliaro <REDACTED>
Date: April 12, 2018 at 12:09:21 PM GMT+2
To: Andrew Clements <aclements@usaid.gov>
Subject: RE: USAID Representative - Advisory Committee EBO-SURSY project

Dear Andrew,

Thanks for your email. It is unfortunate, but interpretation is difficult and all the Delegates are Francophone.
Any colleagues in Guinea that can come and talk to the work you are doing?

We will definitely reach out to Jonathan ... thanks for the tip.

Emily

De : Andrew Clements [mailto:aclements@usaid.gov]
Envoys : mercredi 11 avril 2018 21:37
À : Emily Tagliaro - REDACTED
Objet : Re: USAID Representative - Advisory Committee EBO-SURSY project

Hi Emily,

Thanks for the invitation. Normally, I would be interested in participating since our team is supporting a major Ebola surveillance project in Guinea, Liberia, and Sierra Leone. However, the French-only/no translation format would make my participation useless. We don't have anyone on our team who knows the PREDICT work and speaks French.

Hopefully, you've reached out to Jonathan Towner at CDC who is doing surveillance in bats in West Africa. Not sure of his fluency in French or his availability. His e-mail is: jit8@cdc.gov

Andrew

On Wed, Apr 11, 2018 at 7:27 PM, Emily Tagliaro - REDACTED wrote:

Dear Andrew,

This email is not about AI or WAHIS, but rather an EU-funded OIE project “Capacity building and surveillance for Ebola Virus Disease” (EBO-SURSY). The project aims to support the strengthening of early detection systems in wildlife in West and Central Africa, using a One Health approach to prevent Ebola virus disease and emerging zoonotic disease outbreaks. More information about the project is available at the following website: http://www.rr-africa.oie.int/projects/EBOSURSY/en_index.html

As part of the governance of this project, an Advisory Committee has been established (ToR attached). In particular, this Committee serves to:

- Present the project and its progress
Discuss other complementary projects from different stakeholders in an effort to improve collaboration, share lessons learned and best practices.

The first committee is scheduled to take place on Friday 18 May 2018 at OIE Headquarters in Paris and will focus on “Improving collaboration for stronger disease surveillance systems in Africa”.

We would like to invite someone from USAID to present the Emerging Pandemic Threats (EPT) program and PREDICT, given complementarity with the EBO-SURSY project.

I would like to scope with you the nomination of a USAID representative to talk about EPT and PREDICT. Please note that the meeting will be in French with no translation.

Thanks in advance,

Emily

Ms Emily TAGLIARO
Head of the World Animal Health and Welfare Fund Unit
Chef de l’Unité du Fonds mondial pour la santé et le bien-être des animaux
Jefe de la Unidad del Fondo mundial para la salud y el bienestar de los animales

www.oie.int

---

Andrew Clements, Ph.D.
Senior Scientific Advisor
Emerging Threats Division/Office of Infectious Diseases/Bureau for Global Health
For more information on USAID's Emerging Pandemic Threats program, see: http://www.usaid.gov/ep2

--

Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor | USAID | mobile REDACTED | KChittenden@usaid.gov

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Kendra Chittenden, Ph.D. | Senior Infectious Disease Advisor | USAID | mobile REDACTED | KChittenden@usaid.gov

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Tracey Goldstein, PhD
One Health Institute
School of Veterinary Medicine
University of California
Davis, CA 95616
Phone: (530) 752-0412
Fax: (530) 752-3318
E-mail: tgoldstein@ucdavis.edu
Got it. Beautiful. Thanks !!!

BK

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

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President, OIE Working Group on Wildlife
Co-chair, IUCN Species Survival Commission - Wildlife Health Specialist Group
EPT Partners Liaison, USAID Emerging Pandemic Threats - PREDICT-2 Program

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

On Jun 5, 2018, at 4:21 PM, Tracey Goldstein <tgoldstein@ucdavis.edu> wrote:

Here you go Billy. It is large so let me know if you are not able to open the link.

T

Goldstein USAID Brown Bag May 2018.pptx

On Tue, Jun 5, 2018 at 10:10 AM, Elizabeth Leasure <ealeasure@ucdavis.edu> wrote:

Hi Billy. I don’t have a copy, so Tracey will need to send it to you.

Thanks,
Liz

Elizabeth Leasure
From: William B. Karesh <karesh@ecohealthalliance.org>
Sent: Monday, June 4, 2018 2:49 PM
To: Tracey Goldstein<goldstein@ucdavis.edu>; Elizabeth Leasure<ealeasure@UCDAVIS.EDU>
Cc: Jonna Mazet<jkamzet@ucdavis.edu>; Predict inbox<predict@ucdavis.edu>; Catherine Machalaba<machalaba@ecohealthalliance.org>
Subject: next brown bag at USAID

Tracey or Liz,

Can you send the presentation from the lab talk at USAID so we can be consistent with the project introduction slides?

Thanks!!

BK

William B. Karesh, D.V.M

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

(530) 752-0412
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tgoldstein@ucdavis.edu
Thanks, Chris.

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

On Aug 31, 2018, at 9:33 PM, Christine Kreuder Johnson <ckjohnson@ucdavis.edu> wrote:

Hi Andrew,
Yes, we are planning expanded standardized serology and associated risk characterization mostly in humans, with some representation hopefully from every country where we’ve sampled humans, and this will include ebola serology (and DRC). As of now, it looks like we’ll be prioritizing testing of human samples at CII (with a new assay being custom built for us that will be for broad-based zoonotic virus detection), and USAMRIID with a more targeted MAGPIX platform (request for a new subaward approval for this lab is coming your way soon). Tracey is also evaluating new assays for ebola detection in animals developed at UCD.
Specific site selection are ongoing with year 5 budgeting and we’re happy to discuss more on the next SMT call if helpful. Thanks for checking in on this.

/ck

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From: Andrew Clements <aclements@usaid.gov>
Date: Friday, August 31, 2018 at 10:01 AM
To: Jonna Mazet <jkmazet@ucdavis.edu>, Tracey Goldstein <tgoldstein@ucdavis.edu>, Christine Kreuder Johnson <ckjohnson@UCDAVIS.EDU>, David John Wolking <djwolking@ucdavis.edu>
Cc: "predictmgt@usaid.gov" <predictmgt@usaid.gov>
Subject: Qs about Ebola serology (not urgent)

Hi all,

I was wondering if PREDICT has plans over the remainder of the project to do any additional (beyond the Uganda/Bwindi study) Ebola species-specific serology in animals or people.

If so, where and what animal species (including people) to be tested? Would be especially interested in any work like this in DRC.

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: "William Karesh" <karesh@ecohealthalliance.org>; "Christine Kreuder Johnson" <ckjohnson@ucdavis.edu>; "Clements, Andrew (GH/HIDN)" <AClements@usaid.gov>; "Eddy Rubin" <erubin@metabiota.com>; "Leilani Francisco" <francisco@ecohealthalliance.org>; "Peter Daszak" <daszak@ecohealthalliance.org>; "Jonna Mazet" <jkmazet@ucdavis.edu>; "Alisa Pereira Emerging Threats Division" <apereira@usaid.gov>; "Elizabeth Leasure" <ealeasure@UCDAVIS.EDU>; "David John Wolking" <djwolking@ucdavis.edu>; "Tracey Goldstein" <tgoldstein@ucdavis.edu>
Cc: "Lindsay Parish" <lparish@usaid.gov>; "Cassandra Louis Duthil" <clouisduthil@usaid.gov>; "Karen Saylors" <ksaylor@metabiota.com>; "Amanda Andre" <amanda.andre@ecohealthalliance.org>; "Alison Andre" <andre@ecohealthalliance.org>; "Catherine Machalaba" <machalaba@ecohealthalliance.org>; "Ava Sullivan" <sullivan@ecohealthalliance.org>; "Evelyn Luciano" <luciano@ecohealthalliance.org>; "Molly Turner" <turner@ecohealthalliance.org>; "predict Sympa List" <predict@ucdavis.edu>; "PREDICTMGT" <predictmgt@usaid.gov>
Subject: [Reminder] PREDICT MT call Nov 13

Hi PREDICT SMT,

The next PREDICT SMT call is scheduled on Nov 13 at 10am PT/1pm ET. The agenda and call-in details will follow.

Have a nice weekend,

---

Fellow
One Health Institute
School of Veterinary Medicine
University of California, Davis
Hi PREDICT MT,

Your next scheduled MT call on November 27 has been canceled, due to the semi-annual meeting which will take place a few days later.

Happy thanksgiving,

[REDACTED]
Fellow
One Health Institute
School of Veterinary Medicine
University of California, Davis
Hi PREDICT EB,

Due to scheduling changes, EB next week on Wed Dec 12 will likely be pushed back and shortened to one hour at 10:30-11:30am PT/ 1:30-2:30pm ET. Please let me know if that time does not work for you.

If you have any agenda items you would like to discuss in the meantime, please share them with me by Monday Dec 10.

Thanks!

Fellow
One Health Institute
School of Veterinary Medicine
University of California, Davis
Dear Dr. Wantanee,

Thank you very much for your email. During 13-15, 16-18 Jan, DMSc staff will not be available due to the planned meeting. May I propose working group meeting on 21 or 22 Jan.

Wishing you a happy new year.
Best regards,
Noppavan

Sent from my iPad

On 28 Dec BE 2561, at 18:08, Kalpravidh, Wantanee (FAORAP) wrote:

Thanks ka.

I forgot to mention in my below email that focal points for relevant authorities mentioned during the meeting including DDC, DNP and DLD should be attending as well. May I request a volunteer/volunteers to kindly forward this invitation to those focal points or provide me with the names so I can send the email inviting them ka.

Best regards.
Wantanee

On 28 Dec BE 2561, at 17:39, Thanat Chookajorn wrote:

Dear ajarn Wantanee,

That is very wise. Thank you very much for getting the ball rolling again. I will delighted to participate in the meeting and to assist in any capacity as you see fit.

Best wishes,
Thanat
Dear Khun Thianat,

Thanks for the call.

I like to refer to the attached roadmap being developed at the GVP-TVP meeting. It was clear that a consultation to develop a concept note and appoint the core group for the TVP would have to take place. I also recall the main point discussed and concluded during the meeting that this should be an opportunity to set up a sustainable mechanism through TVP partnerships agreed governance. It was also agreed to have the core group to explore and utilize existing National programme in Thailand to be partners or serve as a platform for TVP. As I recall, one of the National programmed mentioned was the one being hosted by DMSC (perhaps BioBank).

As FAO will only serve as a facilitator to get this process to move along which is also in alignment with your intention, I like to propose to use this opportunity to have a meeting among potential core group. The core group mentioned during the meeting including DMSC, DDC, DNP, DLD, Mahidol and Chulalongkorn university, and others (if any). I hope this core group should not exceed 15 people to be convenient to move along. For the first meeting, FAO can host this in our office.

When we discussed over the phone I missed the schedule of the GHSA meeting which will be organized during 16-18 January in BKK. Therefore, I like to propose 15 January, from 09.00-12.00 hrs instead of 16 as discussed with you over the phone.

I am copying other colleagues who were identified during the meeting as the core group members to this email so they can confirm if they can join the meeting and make contributions.

May I request all of you to kindly confirm your participation by 7 January 2019?

It is our privilege for FAO to have an opportunity to facilitate what will be the benefits to the member country. This is also to confirm that FAO is neutral and not implementing this USAID-funded programme for FAO’s own benefits.

Look forward to seeing you all on 15 January 2019 at FAO Regional Office for Asia and the Pacific.

Thanks and best regards,
Wantanee

<image1.jpg>
Hi All,

I will not be on the call this week as I am in Thailand. I'll be back on calls starting next week!

Cheers,

Sam

On Fri, Feb 22, 2019 at 12:22 AM Cara Chrisman <cchrisman@usaid.gov> wrote:

Hi All,

Thank you for your responses. Given the fact that so many people are unable to attend, we will be canceling today’s call and reconvening next week.

If there is anything pressing, please let me know!

Best,
Cara

Sent from my iPhone

On Feb 21, 2019, at 11:00 AM, Redacted wrote:

Yes for

From: Cara Chrisman <cchrisman@usaid.gov>
Sent: Thursday, February 21, 2019 07:42
To: erubin@metabiota.com; Dennis Carroll; Jonna Mazet; nwolfe@metabiota.com; daszak@ecohealthalliance.org; maher@ecohealthalliance.org; Redacted
Subject: Today’s GVP call

Hi All,

Wanted to take a quick check of who was planning to join and if we should still hold it. Here’s what I have so far:

- Nathan - No
- Eddy - ?
- Dennis - No
- Sam - No
- Jonna - first 30 min
- Peter - ?
- ?
- Cara - yes

Best,
Cara

Sent from my iPhone

--

Samantha M.L. Maher, MESc
Research Assistant, Conservation and Health

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www.ecohealthalliance.org

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

Your next MT call originally scheduled on April 30 has been canceled, due to overlap with the PREDICT semi-annual meeting. See you soon and have a nice weekend.

Best,
Hi All,

Just a reminder that since we are meeting next Monday, today’s call will not occur.

Best,
Cara

Sent from my iPhone
FYI. Billy probably already knows about this.

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

Begin forwarded message:

From: Daniel Schar <dschar@usaid.gov>
Date: March 27, 2020 at 5:06:25 AM GMT+1
To: Sudarat Damrongwatanapokin <sdamrongwatanapokin@usaid.gov>, "Prasarnphanich, OngOmr (CDC/CGH/DGHP)" <odh2@cdc.gov>, Andrew Clements <AClements@usaid.gov>, "Kalpravidh, Wantanee (FAORAP)"
"VonDobschuetz, Sophie (AGAH)"
"Claes, Filip (AGAH)"
Kachen
Subject: Fwd: PRO/AH/EDR> COVID-19 update (56): China (Hong Kong) animal, dog, final serology positive

FYI, serological positive dog from HK. The moderator's comments also reference a number of other surveillance initiatives in companion animals and livestock that are underway.

Dan Schar, VMD | Senior Regional Emerging Infectious Diseases Advisor
USAID Regional Development Mission - [REDACTED]
[REDACTED] | dschar@usaid.gov

-------- Forwarded message --------
From: <promed-edr@promedmail.org>
Date: Fri, Mar 27, 2020 at 7:35 AM
Subject: PRO/AH/EDR> COVID-19 update (56): China (Hong Kong) animal, dog, final serology positive
To: <promed-post@promedmail.org>, <promed-edr-post@promedmail.org>, <promed-ahead-post@promedmail.org>

CORONAVIRUS DISEASE 2019 UPDATE (56): CHINA (HONG KONG) ANIMAL, DOG, FINAL SEROLOGY POSITIVE

************************************************************************************************************************************
A ProMED-mail post
<http://www.promedmail.org>
ProMED-mail is a program of the
International Society for Infectious Diseases
<http://www.isid.org>

Date: Thu 26 Mar 2020
Source: Press release, Government of Hong Kong SAR [edited]
<https://www.info.gov.hk/gia/general/202003/26/P2020032600756.htm>

Pet dog further tests positive for antibodies for COVID-19 virus

A spokesman for the Agriculture, Fisheries and Conservation Department
(AFCD) said today (Thu 26 Mar 2020) that the latest positive serology
test results of the Pomeranian that previously tested weak positive
for COVID-19 virus proved that the dog has been infected with the
virus.

Virus isolation was performed on previous samples taken from the
Pomeranian with a negative result, indicating that no live virus was
retrieved. This is in line with the amount of virus genetic material
in the samples. Further serological testing has been conducted at the
World Health Organization reference laboratory at the University of
Hong Kong (HKU) on the blood sample taken on 3 Mar 2020, and the final
test result is positive. This indicates that the Pomeranian had
developed an immune response to the viral infection with antibodies
found in the blood [see comment]. Veterinary experts and scientists
from the Jockey Club College of Veterinary Medicine and Life Sciences
of City University of Hong Kong, as well as the School of Public
Health of the HKU, have concluded that the result further supported
that the Pomeranian has been infected with the COVID-19 virus.

The spokesman also stressed that these cases of infection in dogs
appear to be infrequent. As of yesterday (25 Mar 2020), the AFCD has
conducted tests on 17 dogs and 8 cats from households with confirmed
COVID-19 cases or persons in close contact with confirmed patients,
and only 2 dogs had tested positive for the COVID-19 virus.

These findings indicate that dogs and cats are not infected easily
with this virus, and there is no evidence that they play a role in the
spread of the virus. Nevertheless, as COVID-19 is a newly emerged
disease and the situation is still evolving, the AFCD is taking a
precautionary approach in quarantining animals (mammals, including
cats and dogs) from households with confirmed COVID-19 human cases.

The spokesman reminded pet owners to adopt good hygiene practices
(including handwashing before and after being around or handling
animals, their food, or supplies, as well as avoiding kissing them)
and to maintain a clean and hygienic household environment. People who
are sick should restrict contacting animals. If there are any changes
in the health condition of the pets, advice from a veterinarian should be sought as soon as possible. There is currently no evidence that pet animals become sick, and under no circumstances should [owners] abandon their pets.

--

Communicated by:
ProMED-mail
<promed@promedmail.org>

[The preliminary results of the serological tests of the 17-year-old Pomeranian dog were reported as negative (http://promedmail.org/post/20200312.7081842); the final, positive results confirm the initial statement of the HK authorities on COVID-19 infection of the dog. This dog reportedly died on 16 Mar 2020, 2 days after it was released from quarantine following the recovery of its owner and "after further tests produced negative results." According to AFCA's report, the cause of death couldn't be determined since the owner declined to conduct an autopsy.

This case was followed later by a 2nd "infected" dog (German shepherd), which is still quarantined. Both cases were duly notified to the OIE as "emerging disease" (1st case, starting 26 Feb 2020, 3 reports, at <https://tinyurl.com/whravlk>; 2nd case, starting 18 Mar 2020, one report, at <https://tinyurl.com/w4e47ej>).

The initiative of HK's veterinary authorities to check the potential role of animals, including company animals, in the epidemiology of COVID-19 presents a One Health approach, the need for which has been highlighted since the very initial stages of the event-to-become-pandemic in Wuhan. This approach has been recently again illuminated in Ref 1; the summary of the paper includes the following:

"Here, we report the epidemiological and virological characteristics of the COVID-19 outbreak. Originated in bats, 2019-nCoV/ severe acute respiratory syndrome coronavirus (SARS-CoV)-2 likely experienced adaptive evolution in intermediate hosts before transfer to humans at a concentrated source of transmission. Similarities of receptor sequence binding to 2019-nCoV between humans and animals suggest a low species barrier for transmission of the virus to farm animals. We propose, based on the One Health model, that veterinarians and animal specialists should be involved in a cross-disciplinary collaboration in the fight against this epidemic."

According to earlier information (http://promedmail.org/post/20200210.6972104), the team of China Animal Health and Epidemiology Center tested prior to 9 Feb 2020 more than 4800 samples of animals such as pigs, poultry, dogs, and cats, which were all negative, excluding new coronavirus originating from poultry and livestock (dogs and cats). As far as we know, these samples did not include animals known/suspected as exposed to COVID-19
infected people.

A US-based commercial company informed recently about the screening of "more than 4000 canine, feline, and equine specimens" with their new SARS-CoV-2 (COVID-19) RealPCR Test. Patient specimens were submitted over a 4-week period beginning 14 Feb 2020 from across the United States and South Korea and included specimens from regions such as the Seattle area, currently experiencing human COVID-19 cases. Specimens were also tested in parallel with 3 assays from the Centers for Disease Control and Prevention (CDC). "To date, no positives have been detected in any specimens. Our monitoring of canine and feline specimens submitted for diagnostic respiratory RealPCR panels is ongoing and has now expanded to Canada, all US states, and countries within the EU, including areas with high rates of COVID-19 in the human population. All samples tested for COVID-19 have been negative" (<https://tinyurl.com/sj26pwe>).

Results of any additional tests of animals for COVID-19 virus (PCR, serology, isolation), from HK or elsewhere, will be appreciated.

We are informed that veterinary labs in several countries have been recruited to participate in the mass testing of samples from humans.

Subscribers are referred to
and

References
   - Mod.AS

HealthMap/ProMED-mail map:
Hong Kong: <http://healthmap.org/promed/p/198>]

[See Also:
COVID-19 update (45): China (Hong Kong) animal, dog, 2nd case PCR positive http://promedmail.org/post/20200319.7112693
COVID-19 update (37): China (Hong Kong) animal, dog, prelim. serology negative http://promedmail.org/post/20200312.7081842
COVID-19 update (30): China (Hong Kong) dog, susp, serology pending http://promedmail.org/post/20200306.7057595
COVID-19 update (25): China (Hong Kong) dog, susp, OIE
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