

Minutes of 11th meeting of the One Health Consortium

Topic: Action Plan for Medical Centres

Venue: Virtual Mode

Date and time: 11th January 2022; 4.30 pm- 6.00 pm

Attendees: Drs. Subeer Majumdar, AK Rawat, Kuldeep Singh, K Nagamani, RK Srivastava, Michael Mawlong, Siraj Khan, Nagendra Hegde, Kamran Zaman, Vidhi Jain, Ankita Bhati, Gopal Bohra, Rajeev, Deepak Kumar, Shivang, Pankaj Bhardwaj, Akshatha R, Pramit Ghosh, Santhanam, Yash Khatod, Vikram Saini, Pushkala Subramaniam, Subhashree Samantaray

1. Dr. Majumdar comprehensively updated the progress on sample numbers for animals, the difficult efforts to have wild life specialists on board, and other coordinating activities carried out so far.
2. Dr. AK Rawat stressed on completing the manpower hiring and equipment purchases to be completed on priority basis
3. It was decided to do hospital-based surveillance with a syndrome-based approach, followed by sampling in the community (family contacts, neighbours, persons in contact with animals etc.). The syndromes were broadly decided as under
 - a. Acute febrile infections – to be tested for brucellosis, Q fever, scrub typhus
 - b. Acute encephalitis syndrome – to be tested for JE, listeriosis, cysticercosis, Nipah
 - c. Gastroenteritis – to be tested for salmonellosis, cryptosporidiosis
 - d. Others – CCHF, TB
4. Dr Vidhi Jain presented the SOP for scrub typhus. Dr. Kamran Zaman and Dr. Nagamani proposed to follow a syndrome-based approach. It was decided that a working group consisting of Drs. Siraj Khan, Kamran Zaman, Pankaj Bhardwaj, Vidhi Jain and GJ Archana come up by 18th January 2022, with an approach for the surveillance for all the diseases, keeping in mind the following
 - a. Categorisation of syndromes
 - b. Diseases to be tested for each category
 - c. Tests to be used for each disease, keeping in mind a hybrid approach of diagnosis and surveillance, the latter especially in the community
 - d. Estimate an approximate number of samples to be tested for each of the diseases / month / hospital or family (community) so as to estimate the approximate number of kits required and the budget. It was discussed that kits may be ordered centrally at good rates while dispatch addresses and payments can be different.
 - e. Dr. Hegde shared the following table for discussion, and it was decided that the group would work upon and fine-tune the information.


Disease	Sample	Test	No. of samples
Tuberculosis	Sputum	Microscopy (ZN/Auramine staining if samples are few) Isolation if needed and possible (only for in contact persons when animals are found positive)	
Brucellosis	Serum	Novatech IgG ELISA	
JE	Serum, CSF	Active cases – CSF – IgM Novatech serum IgG (for household)	
CCHF	Serum	EIISA (Zydus Cadila)	
Q fever	Serum	EIISA Novatech	
Scrub typhus	Serum	EIISA (ICMR Manju Rahi)	



Cysticercosis	NA	Primarily clinical, MRI/CT scan of suspected epileptic / AES cases Antigen ELISA	
Crypto-sporidiosis	Stool	PCR	
Salmonellosis (NTS)	Stool	Culture	
Listeriosis	Placental bits, stool, CSF	Chromogenic media, isolation, PCR in neonatal diarrhoea, abortion, meningitis	
Nipah	Blood, serum, CSF	CDC kit for testing in risk areas: NIV ELISA kit, real-time PCR	

5. Dr. Rajeev (RMRC Gorakhpur) raised the issue of uniform clinical descriptions. It was decided that uniform case definitions need to be employed by all the centres. Dr Rajeev agreed to prepare the first draft, and the list of diseases are as follows
- TB
 - Brucellosis
 - JJ
 - CCIF
 - Nipah
 - Q fever
 - Scrub typhus
 - Cysticercosis
 - Cryptosporidiosis
 - Listeriosis
 - Salmonellosis (NTS)
6. Medical centres ought to connect with the regional veterinary centres for collection of samples from humans where zoonotic diseases in animals are being investigated. It was also noted that medical centres should contact NRC Meat, Hyderabad for all listeriosis and salmonellosis cases.
7. It was stressed that sample collection, at least at hospital levels, has to be initiated immediately.


(Dr. Subeer Majumdar)


(Nagendra R Hegde)