

Minutes of 18th meeting of the One Health Consortium

Venue: Virtual

Date and time: 14th February 2022, 4.00pm-6.00 pm

Attendees (in alphabetical order, by first name):

1. Dr. Arun Kuman Rawat, NIAB
2. Dr. Nagendra Hegde, NIAB
3. Dr. Subeer Majumdar, NIAB

4. Dr. Abhijit Pawde, ICAR-IVRI
5. Dr. Ankita Bhati
6. Dr. Arnab Sen, ICAR-RC-NEH
7. Dr. Azhahianambi PV, TANUVAS
8. Dr. Arun Kuman Rawat, NIAB
9. Dr. Arun Prince Milton, ICAR-RC-NEH
10. Dr. Barbuddhe SB, ICAR-NRC Meat
11. Dr. Deepak Rawool, ICAR-NRC Meat
12. Dr. DhinakarRaj G, TANUVAS
13. Dr. Esther Lalzoliani, Mizoram
14. Dr. Girish Radhakrishnan, NIAB
15. Dr. Himani Dhanze, ICAR-IVRI
16. Dr. Hira Ram, ICAR-IVRI
17. Dr. Hosterson Kylla, Meghalaya
18. Dr. Jashir Bedi, GADVASU
19. Dr. JPS Gill, GADVASU
20. Dr. Kamran Zaman, ICMR-RMRC Gorakhpur
21. Dr. Karen Rane, Nazareth Hospital
22. Dr. Kuldeep Yadav, AIIMS-Jodhpur
23. Dr. Laxman R Chatlod, ICAR-NRC Meat
24. Dr. Madhuri Subbiah, NIAB
25. Dr. Moonmi Khaund, Assam
26. Dr. Nagamani K, Gandhi Medical College
27. Dr. Nagendra Hegde, NIAB
28. Dr. Nagendra Nath Barman, Assam Agricultural University
29. Dr. Nitin Kurkure, MAFSU
30. Dr. Pankaj Dhaka, GADVASU
31. Dr. Pankaj Suman, NIAB
32. Dr. Pramit Ghosh, ICMR-RMRC Dibrugarh
33. Dr. Pronab Dhar, ICAR-IVRI
34. Dr. Pushkala Subramanian, TNMGRMU
35. Dr. Sandeep Ghatak, ICAR Research Complex for Northeastern Hills
36. Dr. Shirish V Upadhye, MAFSU, Nagpur
37. Dr. Siraj Ahmad Khan, ICMR-RMRC Dibrugarh
38. Dr. Subeer Majumdar, NIAB
39. Dr. Suresh KP, ICAR-NIVEDI
40. Dr. Swaraj Rajkhowa, ICAR-NRC Pig
41. Dr. Tapan Kumar Dutta, Central Agricultural University
42. Dr. Taru Sharma, NIAB
43. Dr. Tilak Ghatani, Sikkim
44. Dr. Vikram Saini, AIIMS New Delhi
45. Dr. Yogesh Gadekar, ICAR-NRC Meat
46. Dr. Zohmingthangi, Mizoram
47. Khrisamhazo
48. Manickam
49. Najeebul Tarfain
50. Rupam Dutta
51. Barinder Singh

Minutes

1. Dr. Majumdar welcomed everyone and stressed the need for active participation of all the consortium partners and that we must note that each centre has to address 10 diseases as mentioned in the project.
2. Dr. Taru Sharma greeted everyone and appreciated the efforts so far.
3. Dr. Rawat stressed on the necessity for frequent interactions, and stated that he will henceforth take meetings with individual centres as well as groups.
4. Dr. Hegde informed that Dr. Rawat would be guiding and helping on various administrative issues such as change in PI's, engagement with centres and coordination, scheduling meetings, chasing MoA, UC, SE, reports etc.
5. It was informed that the coordination centre is almost set up with manpower and office space in place.
6. It was informed that kits had been finalized for animal surveillance. It was further communicated that all centres will have to carry out screening for all the ten zoonotic diseases (except CCHF and JE, which would be mostly regional), and that the NER partners will have to, in addition, also carry out surveillance for TADs.
7. Finalized sample numbers for all diseases except Nipah were displayed, and it was informed that details of centre-wise sampling and testing would be shared soon. The following additional details were communicated:
 - a. Centres could work together if number of samples fall short of utilizing complete plates or set of plates in a kit.
 - b. It was informed that states would be considered as units for surveillance and districts would be sub-units.
 - c. Investigators are at liberty to select the districts/blocks and villages to collect samples for the first cycle. However, some rationale has to be provided, if possible. It was indicated that districts with average population size could be selected.
 - d. During sampling, investigators should also list risk factors for each disease so that these can be factored in while arriving at sample numbers for the second year.
8. Dr. Majumdar updated on the inclusion of partners for wildlife sampling. The specific section from the finalized proposal was stressed to highlight what is expected from wildlife investigators.
9. The status on submitting SOPs was communicated, and the ones that have been received are shown in Table below. Responsible members were urged to provide them as soon as possible.

Sl. No.	Disease	SOP – Human	SOP - Animal
1.	ASF		Received
2.	Brucellosis		Received
3.	CCHF		Received
4.	Cryptosporidiocis	Received	Received
5.	Cysticercosis	Received	Received
6.	JE		
7.	Listeriosis	Received	Received
8.	LSD		Received
9.	Nipah		Received
10.	PRRS		Received
11.	Q Fever		Received
12.	Salmonellosis	Received	Received

13.	Scrub typhus		Received
14.	Swine fever		
15.	Tuberculosis	Received	Received

10. The medical teams were requested to provide last two years' data on hospital cases for the ten zoonotic diseases in order to come up with a potential sampling plan. It was informed that information had been submitted by Nazareth Hospital.
11. All centres were asked to come up with a plan for spending the funds in respective budget heads for the next 6 months. Dr. Rawat reiterated that unspent balance will be cut from second year's release.
12. It was informed that web site development had lagged behind at review stage, and that this would need to be taken up. Dr. Gill suggested that we could take help from developers and we could provide the contents.
13. It was once again stressed that all centres should start collecting samples.
14. It was informed that a format for the 6-monthly report would be circulated to all, with most sections filled in and bullet points for including the information in the required sections.
15. Investigators were requested to familiarize themselves with committed quarterly deliverables, which are reproduced below:

Quarter	Quarterly Deliverables of the project
Q1 (0-3 Months)	<ul style="list-style-type: none"> • Personnel in place • Equipment purchases initiated • Testing protocols collected from various centres • Initiation of procedures for ethics clearances • Data collection on incidence and prevalence initiated
Q2	<ul style="list-style-type: none"> • Equipment purchased and installed • First brainstorming meeting conducted • Investigators and personnel trained in statistical approaches to epidemiology • Action plan drawn out on division of responsibilities • SOPs developed • Ethics clearances in place • Collation of information on various tests for the targeted diseases • Case definitions in place for human cases • Compilation of data completed for incidence and prevalence
Q3	<ul style="list-style-type: none"> • Appropriate tests selected in cases where extensively validated • Validation of tests initiated where no data is available • Sampling frame developed • Research personnel trained and apprised on the roles and methodology • Gaps in reagents and tools identified and work initiated on developing the same
Q4	<ul style="list-style-type: none"> • Efforts continued on generation of tools and reagents • Sample collection and testing initiated
Q5	<ul style="list-style-type: none"> • Efforts continued on generation of tools and reagents • Continued sampling and testing
Q6	<ul style="list-style-type: none"> • Efforts continued on generation of tools and reagents • Continued sampling and testing

	<ul style="list-style-type: none"> • Interim consortium meeting undertaken and course correction, if any, hashed out
Q7	<ul style="list-style-type: none"> • Efforts continued on generation of tools and reagents • Continued sampling and testing • Risk analysis and modelling initiated
Q8	<ul style="list-style-type: none"> • Efforts continued on generation of tools and reagents • Newly developed diagnostic reagents and tests validated • Continued sampling and testing • Continued risk analysis and forecasting • Interim analysis of the results undertaken
Q9	<ul style="list-style-type: none"> • Efforts continued on generation of tools and reagents • Continued sampling and testing continued
Q10	<ul style="list-style-type: none"> • Efforts continued on generation of tools and reagents • Continued sampling and testing • Continued risk analysis and forecasting
Q11	<ul style="list-style-type: none"> • Sampling and testing completed • Data collated from various centres for all the diseases
Q12	<ul style="list-style-type: none"> • Data analysed and report generated • Final consortium meeting conducted to formulate future plans and make recommendations

16. Dr. Hegde stressed the need to remain together, and thanked everyone for attending.

(Dr. Subeer Majumdar)

(Dr. Nagendra Hegde)