**Minutes of the 2nd meeting of the Project Monitoring Committee for the project entitled "Establishment of a Consortium for One Health to address Zoonotic and Transboundary Diseases in India, including the Northeast Region"**

**Location: NIAB, Hyderabad**

**Date and time: 25th March 2023; 9:30 AM to 6:30 PM**

The meeting was held under the **Co-Chairmanship of Prof. YK Gupta and Dr. B Ravindran**. The Agenda and the list of attendees is provided in Annexures I and II.

**Minutes**

1. The Director, NIAB, welcomed the members of the PMC as well as the collaborating centres.
2. Dr. Subeer Majumdar also welcomed everyone and expressed that representation of each of the collaborating centres was the strength of the consortium.
3. Dr. Gandharva Nagpal, DBT, mentioned that this was the annual review of the project, and suggested that the Consortium could look into other diseases if advised by the PMC.
4. Dr. AK Rawat informed committee of the history of the program and highlighted the complexity of bringing together and collaboration between so many centres.
5. Dr. YK Gupta, in his opening remarks made the following observations:
    a. All the consortium partners must understand the common objectives of the project.
    b. Consortium must continue to have frequent meetings sector-wise and individually with the coordinating centre.
    c. The website needs refinement.
    d. Impact of climate change must be incorporated in the future.
6. Dr. Ravindran, in his opening remarks made the following observations
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    b. It is critical to think about creating a biorepository for archiving the samples being collected during the project, and that NIAB was suited to establish one.
7. Dr. Vandana Raphael Lyngdoh stressed the importance of the ethos of following good laboratory practices.
8. Dr. Hegde presented the overview of the project, including objective-wise accomplishments, results obtained vis-à-vis targets laid down for the 1st year, work done after the 1st PMC meeting, projected work for the next 6 months, action taken report, and issues faced by the consortium. This was followed by presentations by each of the collaborating centres.
9. The PMC appreciated the progress so far. Based on the presentations, responses to queries and deliberations, the following specific suggestions were made for further implementation:
    a. Data on sample collection should include separate columns on what was accomplished at the time of the previous PMC meeting and what has been accomplished since.
    b. Data presentation needs to be uniform for all the centres. In particular, the medical centres should follow the pattern similar to that by the veterinary centres.
    c. For data on food-borne diseases, species-wise data need to be presented.
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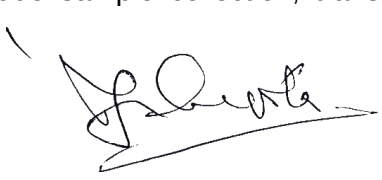


format. Once formulated, SOPs need to be vetted by 2-3 of the collaborators. A one-day GLP workshop could be organized so that the investigators understand GLP procedures and steps to make a good SOP.

e. Medical centres should adhere to case definitions uniformly. If needed, the coordinating centre could organize a one-day workshop to come out with uniform recommendations on the SOPs that all the medical centres must follow.
f. Investigators must make all efforts to communicate data to the coordinating centre in complete form in the format specified and in time for the collaborating centre to carry out preliminary analysis and present it to the PMC.
g. The models for risk prediction, when done, should be validated through follow up outbreak data, keeping in mind under-reporting, or random sampling.
h. Material in pamphlets, booklets and other communication materials must be shared with collaborators all and vetted by all the 27 centres.
i. All the collaborating centres should restrict publications and additional achievements to those coming out of the project, and particularly avoid those that fall under the organization's mandate and not being part of the project.
j. For states (e.g.,Goa) where predicted animal samples are too few, data from neighbouring states could be taken in order to arrive at robust prevalence information.
k. All centres should make an effort to test projected number of samples. Additional samples could be collected if opportunity presents but only numbers projected to be tested should be subjected to testing.
l. Website should be completed by the end of April; if not, it may be outsourced.
m. Medical centres could add HIV positive diarrhoeal cases for cryptosporidiosis testing.
n. Wild life Research and Training centre, Nagpur (WRTC) should explore working with other wildlife centres (OUAT, TANUVAS, IVRI etc.). In addition, while opportunistic sampling is acceptable for wildlife, species, kind of samples and targeted diseases to be studied need to be defined. In addition, collection of non-invasive samples such as scat/faeces should be explored, keeping in mind the importance of testing fresh samples and avoiding long-distance transport. Furthermore, molecular detection could be attempted instead of serology to avoid issues with species-specific reagents.

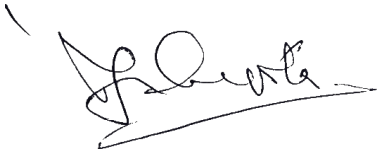
The PMC also made the following specific recommendations:

1. The interesting finding on the occurrence of *Capillaria hepatica* in rats in Chennai should be explored further through the development of tests to estimate the prevalence in various places of the country.
2. Publication policy must be immediately formulated. DBT and the one health project must be acknowledged in each of the publications. Individual groups, either alone or in collaboration with particular centres, should be allowed to publish data emanating exclusively from their centres, but any consortium-wide data should not be shared until collectively decided to do so. Individual centres must inform the coordinating centre ahead of time, any research articles that they are publishing.
3. At least some of the samples should be sent blind-coded to other centres for verification purposes.

4. A uniform PPT shared by the coordinating centre must be completed by each of the centres and shared with PMC just prior to the review meetings.
5. Collaborating centres should have the freedom to replace existing coordinators/ investigators, but such changes must be vetted by the coordinating centre through the assessment of CVs of the new investigators. The changes shall be recommended to DBT by the coordinating centre. Owing to possible frequent changes envisaged, the PMC endorsed the request by the coordinating centre that DBT allow the coordinating centre to send letters of revision in PI's to the collaborating centres after informing DBT.
6. DBT could consider reappropriating funds for NE state partner centres from travel funds to purchase kits and consumables for carrying out testing so that the labs can begin testing at their own centres, in parallel with the core labs that they are attached with, as part of strengthening the state laboratories in an effort for them to work with border posts in times to come.
7. Newly developed tests/assays should be validated in-house first, followed independently by 2-3 associate partners, followed by 2-3 laboratories outside the consortium. Third party validation be the mandatory step.
8. DBT could consider releasing budget for human resource beyond the annual duration so that manpower can be retained and their salary paid without delay.
9. DBT could consider providing additional budget to centres if required, particularly under travel head, especially for the NER. Requests from the collaborating centres may be routed through the coordinating centre.
10. For understanding the proportion of *M. bovis* in human TB cases, medical centres are advised to send DNA extracted from MTBC positive samples to TANUVAS for further molecular testing. TANUVAS should provide the SOP for DNA extraction. This could be a contribution of the project to the national TB data.
11. All efforts should be made to test human or animal samples in states/areas where high prevalence of certain diseases is observed in animals or humans, respectively. Particular attention may be paid to goshalas or large farms to test for brucellosis and tuberculosis.
12. A manual should be prepared which contains all the details of the project, starting from the submitted project to sampling frame to SOPs to other essential details.
13. PMC strongly recommended at least one good paper elaborating the important outcomes preferably within six months of time.

The meeting ended with vote of thanks by Drs. Hegde, Majumdar and Sharma.

**The Committee rated the progress as "Very Good"**.



**Prof. Y K Gupta**
**Chairperson**

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1. Prof. YK Gupta, Chairperson
2. Prof. B. Ravindran, Co-chairperson
3. Dr. Kumanan K, Member
4. Dr. Probodh Borah, Member
5. Dr. Vandana Raphael Lyngdoh, Member (**virtual**)
6. Dr. Subeer Majumdar, Member Convenor
7. Dr. Gandharva Nagpal, DBT

Apologies: Dr. Jyoti Misri, ICAR; Dr. Nitin Jain, DBT

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1. Dr. Alazhianambi, TANUVAS
2. Dr. Arnab Sen, ICAR-RCNEH, Umiam
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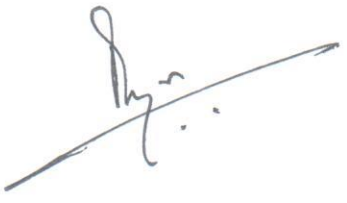

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