

**Minutes of the 3rd 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: 18th and 19th March 2024**

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. Dr. G. Taru Sharma welcomed the members of the PMC as well as the collaborating centres.
2. Dr. Nitin Jain informed that DBT is keenly looking forward to some concrete outcomes from the project, so that these could be used to inform the National One Health Mission being spearheaded by the Office of the Principal Scientific Advisor.
3. Dr. YK Gupta, in his opening remarks appreciated the coordination, but also noted that raw data must be available at any time, and should be shared with PCMU, and that any deviations from SOPs must be recorded.
4. Dr. Ravindran has expressed his views to the strength of the consortium and opined that this is a good group with a couple of good leads.
5. Dr. Hegde presented the overview of the project, including objective-wise accomplishments, the results, action taken report, and certain issues to be discussed. This was followed by presentations by each of the collaborating centres. The PMC appreciated the progress so far, and identified the following as important contributions of the project:
 - a. Putting together a team of experts from animal and human field.
 - b. Deciding and focussing on syndromic approach for studying prevalence in humans.
 - c. Collection and availability of samples.
 - d. Availability of coarse grain data for several pathogens simultaneously.
6. Based on the presentations, responses to queries and deliberations, the following general observations and suggestions were made:
 - a. Presentations have improved, but all efforts must be made to verify the data presented.
 - b. All data may be recorded in Google Sheets henceforth and be maintained at NIAB.
 - c. Joint efforts should be made from medical and veterinary centres while investigating outbreaks.
 - d. Centres collecting rodent samples may also collect liver to test for *Calodium Hepaticum*.
 - e. All SOPs must be thoroughly examined and vetted by a committee.
 - f. If possible, a mechanism may be evolved to assess the impact of training and awareness programmes.

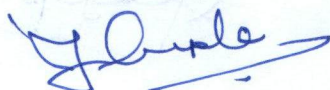
The PMC made the following specific recommendations:

1. Copies of all regulatory approvals (IBSC, IAEC, IEC) and associated documents (informed consent) must be submitted to PCMU.
2. Sample frame for animals should be independently validated.

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3. Only targeted number of samples should be tested strictly; efforts should also be made to restrict collecting additional samples.
4. Samples collected must be independent.
5. All samples collected by the centers must be sent to PCMU for creating a repository.
6. Data and reports must be submitted by all whenever asked by the PCMU, sticking to the dates.
7. Results must be validated by PCMU. 10% of the samples used for each assay by each center should be subjected to validation. If there is discrepancy, 25% must be tested.
8. TB testing should be redirected as follows:
 - a. Skin testing in animals should be discontinued.
 - b. Testing in animals should focus on nasal washes or lesions from animals in slaughter house or those sacrificed at various zoos.
 - c. Testing in humans to focus on in-contact humans at Gaushalas, large farms & zoos.
 - d. In all cases, DNA should be extracted and sent to TANUVAS for multiplex PCR.
9. For scrub typhus testing in animals, IVRI and TANUVAS should work together to come up with one robust test through PoC followed by validation.
10. All the centers shall not be mandated to collect rodent samples for scrub typhus until a validated test is available. If possible fecal material may be collected and stored.
11. Collection of pig samples may be limited to wherever possible.
12. All samples for Salmonella and Listeria, processed by centers other than NMRI should be subjected to isolation and the isolates be sent to NMRI. However, sample collection may only be done only as per the sampling frame. Centers other than NMRI should not collect samples otherwise.
13. For publications and IPR
 - a. No objection must be obtained from the PCMU for IPR and Publications.
 - b. All publications must acknowledge DBT and the project title and number.
 - c. A 3-member committee may be formed for IPR and publications.
 - d. Publication and IPR guidelines should immediately be formulated.
 - e. Publications must be strictly restricted to the theme of the project.
14. All pamphlets must be first composed in English, vetted by a committee at PCMU, and then translated to vernacular language. Further, validation of the translation may be done by reverse translation. Including individual scientist names should be avoided. DBT and the One Health Consortium must be acknowledged.
15. The website was approved on 19.3.2024 for making it public, important changes to be incorporated at an earlier date. Important information should be firewalled, relevant information may be made accessible to investigators, whereas other information could be completely public.
16. A logo should be created for the project.
17. Matter pertaining to MoA for one center will be addressed for the needful by Dr. Borah, one of the PMC members.
18. Considering that a reliable prevalence data requires at least two cycles of sample collection and data analysis, and that the consortium has invested considerable amount of time and resources to define SOPs, establish connections, then collect samples and

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- test them during the first cycle, the project may be extended for 6 months with no additional cost, so that the data arising could be robust and lay the foundation for future surveillance.
19. Considering the outcomes and leads of the project, PMC strongly recommended an extension of the project initially for the six months of period.
 20. Consortium group meetings must be held once every fortnight.
 21. The next PMC meeting should be held in 3 months' time virtually.

The meeting ended with vote of thanks to everyone

The Committee rated the progress as "Very Good".

Approved
J. Gupta

Annexure I. Agenda

Day – 1; 18 th March 2024		
S No.	Description	Time
1.	Welcome remarks by Director, NIAB	9:30-9:35 AM
2.	Remarks by Dr. Nitin Jain	9:35-9:40 AM
3.	Remarks by Chairpersons and other members of the PMC	9:40-10:00 AM
4.	ATR and discussions	10:00-10:30 AM
5.	Presentation of the overview	10:30-11:00 AM
Tea 11:00-11:30 AM		
6.	Presentation by individual units	
	NIAB	11:30-11:40 AM
	NRC-Meat	11:40-11:50 AM
	MAFSU	11:50-12 noon
	TANUVAS	12:00-12:10 PM
	GADVASU	12:10-12:20 PM
	IVRI	12:20-12:30 PM
	RCNEH	12:30-12:40 PM
	AAU	12:40-12:50 PM
	CAU	12:50-1:00 PM
	Lunch break	1:00-2:30 PM
	NRC-Pig	2:30-2:40 PM
	NIVEDI	2:40-2:50 PM
	AIIMS Delhi	2:50-3:00 PM
	AIIMS Jodhpur	3:00-3:10 PM
	RMRC Gorakhpur	3:10-3:20 PM
	Gandhi Medical College	3:20-3:30 PM
	TNMGRMU	3:30-3:40 PM
	RMRC Dibrugarh	3:40-3:50 PM
	Nazareth Hospital	3:50-4:00 PM
	Tea break	4:00-4:30 PM
	WRTC	4:00-4:10 PM
	Arunachal Pradesh	4:10-4:20 PM
	Assam	4:20-4:30 PM
	Manipur	4:30-4:40 PM
	Meghalaya	4:40-4:50 PM
	Mizoram	4:50-5:00 PM
	Nagaland	5:00-5:10 PM
	Sikkim	5:10-5:20 PM
	Tripura	5:20-5:30 PM
	AIIMS-Bhopal	5:30-5:40 PM
Day – 2; 19 th March 2024		
S No.	Description	Time
1.	Projecting the web site and discussions	9:30-10:00 AM
2.	Advise of PMC to investigators	10:00-10:30 AM
3.	Concluding remarks from the Coordinator and DBT	10:30-10:40 AM
4.	Vote of thanks	10:40-10:45 AM
	Tea	10:45-11:15 AM
5.	Closed door meeting of PMC	11:15 AM onwards
6.	Lunch	2:00 PM



Annexure II. List of attendees

MEMBERS OF THE PMC

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
6. Dr. Chaitanya Joshi, Member
7. Dr. Nitin Jain, DBT (**virtual**)
8. ICMR Nominee, Dr. Manju Rahi, (**virtual**)
9. Dr. Lokesh Narnoliya, Nodal Officer, OHC, DBT
10. Dr. G. Taru Sharma, Member Convenor and Project Coordinator

Apologies:

1. ICAR Nominee Dr. Raghavendra Bhatta
2. DAHD Nominee, Dr. Abhijit Mitra.

INVESTIGATORS (in alphabetical order)

1. Dr. Alazhianambi, TANUVAS
2. Dr. Archana GJ, Gandhi Medical College
3. Dr. Arun Kumar Rawat, PCMU
4. Dr. Bina Saikia, Tripura
5. Dr. Deepak Rawool, NRC-Meat
6. Dr. Girish Radhakrishnan, NIAB
7. Dr. Gyamna Baki Garam, Itanagar
8. Dr. Hira Ram, IVRI
9. Dr. Hosterson Kylla, AHVD, Meghalaya
10. Dr. Jasbir Bedi, GADVASU
11. Dr. Karam Pal Singh, IVRI
12. Dr. Khrisamhazo Rhetso, Nagaland
13. Dr. Kuldeep Singh, AIIMS, Jodhpur
14. Dr. Laxman Chatlod, NMRI
15. Dr. Madhuri Subbaiah, NIAB
16. Dr. Malathi Talari, NIAB
17. Dr. Megha Katore Pandey, AIIMS, Bhopal
18. Dr. Michael Mawlong, Nazareth Hospital
19. Dr. Nagendra Hegde, NIAB
20. Dr. Nagendra Nath Barman, AAU, Khanapara
21. Dr. Pankaj Suman, NIAB
22. Dr. Samir Das, ICAR-RCNEH
23. Dr. Sandeep Chaudhari, MAFSU
24. Dr. SB Barbuddhe, NMRI
25. Dr. Shirish Upadhye, WRTC
26. Dr. Sounderarajan C, TANUVAS
27. Dr. Suresh KP, ICAR-NIVEDI
28. Dr. Sujith Kolangath, WRTC, Nagpur
29. Dr. Swaraj Rajkhowa, NRC-Pig

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30. Dr. Tapan Datta, CAU, Aizawl
31. Dr. Vikram Saini, AIIMS, Dehli
32. Dr. Zeruiyah Bhutia, Sikkim
33. Dr. Zohlimpuia, Mizoram
34. Dr. Siraj Khan, ICMR-RMRC, Dibrugarh (virtual)
35. Dr. Pushkala Subramaniam, TNMGRMU (virtual)
36. Dr. Rajeev Singh, ICMR, RMRC, Gorakhpur (virtual)
37. Mr. Rohit Beniwal, ICMR, RMRC, Gorakhpur (virtual)

Apologies

1. Dr. Jiten Bordoloi, AHVD, Khanapara
2. Dr. Keduzol Ltu

