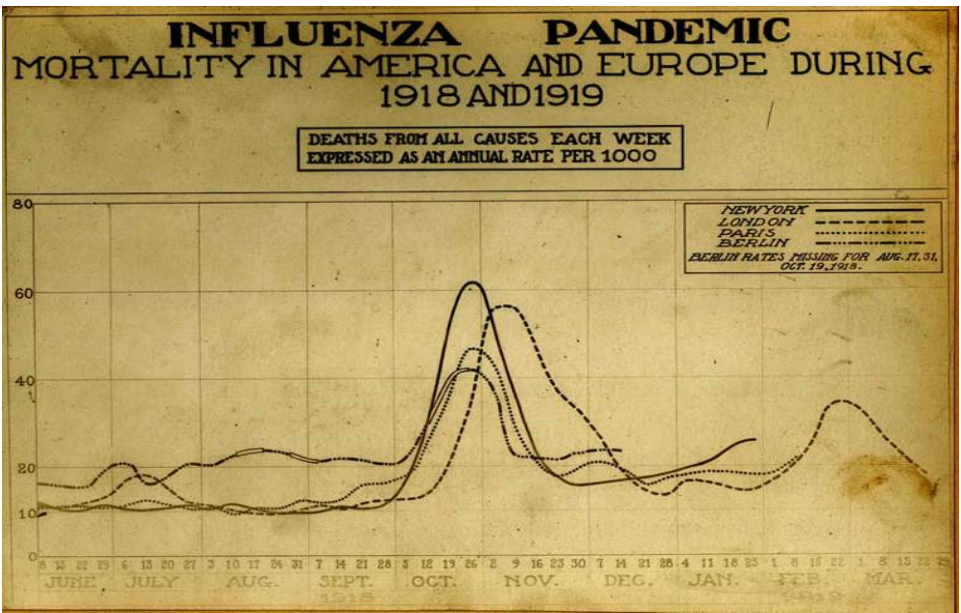




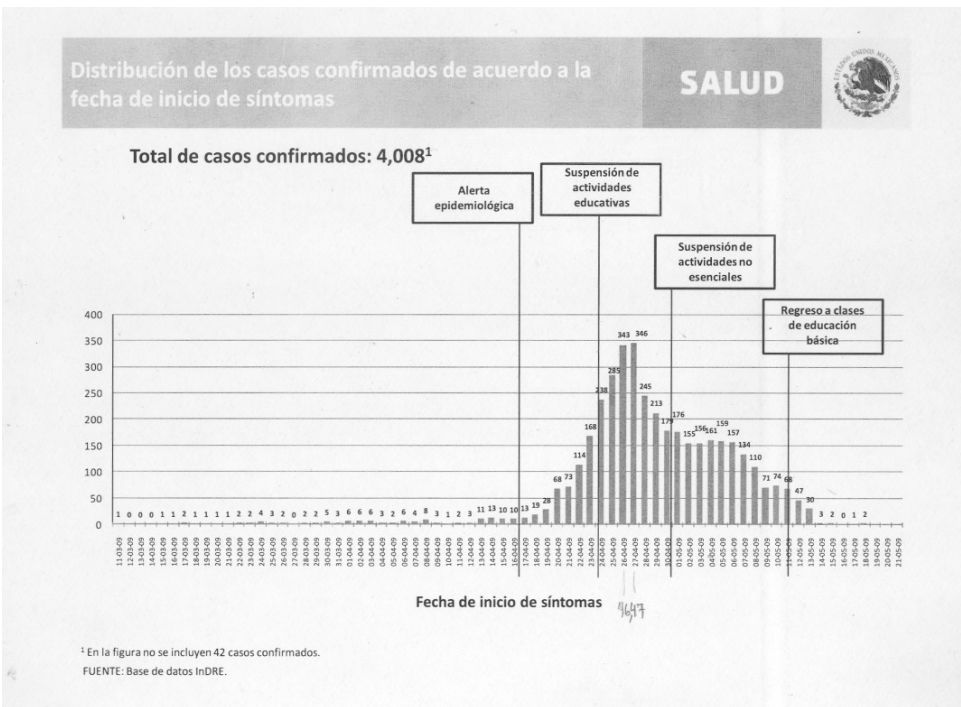
World Health Organization

The International Severe Acute Respiratory and Emerging Infection Consortium





1918



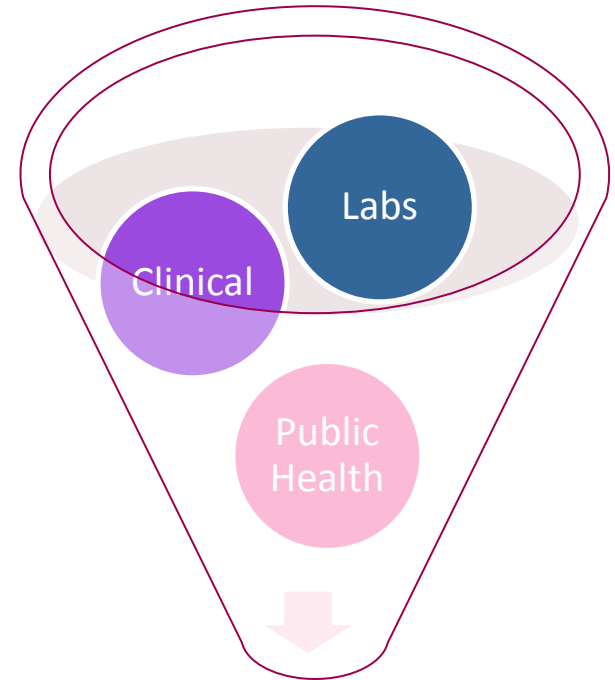
2009



Participants

100 Participants from
40 Countries in 6 Continents

- ICDDR B
- Institute Pasteur
- CCCTG CANADA & InFACT
- PERCH
- ANZAC ITU NETWORK & InFACT
- MOSAIC
- CDC USA
- SEAICRN
- World Health Organisation



ISARIC



**The gap is in Clinical Research
ISARIC will fill that gap**





Working Group 1 - Inter-pandemic clinical trials

This Working Group will develop candidate cross-Consortium studies based on both novel and traditional clinical trial designs that can be implemented in the inter-pandemic period. WG1 will lead the development of a minimum of three clinical trials for implementation in children and adults including low and middle income countries. Possible topics include but are not limited to: large pragmatic trials of community acquired pneumonia, immunomodulatory therapy in SARI, anti-viral therapy for influenza.

[Go to Working Group](#)



Working Group 2 - Global data collection and collation

This Working Group will complete a global inventory of existing databases related to SARI and pandemic H1N1 among ISARIC and InFACT networks, undertake standardisation and harmonisation of definitions, and develop on-the-shelf pandemic/novel threat response protocols. All partners and networks of ISARIC have agreed to share existing databases and work towards harmonisation of definitions to facilitate meta-analyses. This will include development of standards for tiered and minimal data sets that will be used for developing outbreak/pandemic protocols.

[Go to Working Group](#)



Working Group 3 - Geonomics, Pathogenesis and Pharmacology

This Working Group will develop pathogenesis studies aimed at understanding the dynamics of host responses, host genetic factors in susceptibility, virus/host interactions, and pharmacokinetic-pharmacodynamic relationships in treated patients. WG3 will assess existing evidence from studies in



Working Group 4 - Changing clinical research paradigms for rapidly emerging public health threats

This Working Group will drive the critical evaluation of the barriers and the ethical framework required to facilitate the development of clinical research in response to a rapidly emerging health threat. WG4 will be assessing the ethics of clinical research

Resources

[Singapore SARI BSP Documents](#)

by *Kajsa-Stina Longuère*

ISARIC/WHO BSP sampling plan and CRF adapted by the Singapore Severe Acute Respiratory Infection Study Group, available for download.

11th July 2013 · 0 comments

[PHE/ISARIC Decision Support Document](#)

by *Kajsa-Stina Longuère*

The PHE/ISARIC Decision Support Document is a joint effort between ISARIC and Public Health England, and aims to serve as support to clinicians treating patients that have been confirmed positive with MERS-CoV (novel coronavirus). The document includes generous contributions research scientist, public health experts, and clinicians globally.

19th June 2013 · 0 comments

[Newsletter May/June 2013](#)

by *The Editorial Team*

May/June 2013 Newsletter

3rd June 2013 · 0 comments

[ADMIT Workshop in India](#)

by *Paritosh Malavyya, Raffaella Ravinetto, Shyam Sundar*

6th May 2013 · 0 comments

[ISARIC and WHO SARI and Natural History Protocols](#)

by *Kajsa-Stina Longuère*

- TIER1 Single sample point
- TIER2 Serial sampling moderate
- TIER3A Sampling contacts
- TIER3B Healthcare workers
- TIER3C Pharmacology

Highlight tiers

Click to choose tiers above, select text (CMD-A), copy (CMD-C) then paste (CMD-V) each page into a new word processor document.

[Create direct link to current settings.](#)

Case record forms for use in the first 50 cases:

- [WHO New Outbreak Case Record Form](#)
- [WHO New Outbreak Follow Up Form](#)
- [WHO Data dictionary](#)

Case record forms for use in subsequent cases:

- [ISARIC Core Case Record Form](#)
- [ISARIC Supplementary Data Form](#)
- [ISARIC Core Follow Up Form](#)

[Click here to log in to online data entry system](#)

ISARIC/WHO Severe Acute Respiratory Infection Biological Sampling Study



17th May 2013. Version 2.5.2

Sponsor: [***Insert name of sponsor***]
Chief Investigator: [***Insert name of chief investigator***]
Co-Investigators: [***Insert names***]
Funder: [***Insert details***]

License.

This document was created by members of ISARIC (International Severe Acute Respiratory and Emerging Infection Consortium) in collaboration with the World Health Organisation and is distributed under the Creative Commons Attribution Non-commercial ShareAlike Licence version 3.0 (<http://creativecommons.org/licenses/by-nc-sa/3.0/>). It is freely available for you to copy, adapt, distribute and transmit under the conditions that: (a.) the original source is attributed; (b.) the work is not used for commercial purposes, and (c.) any altered forms of this document are distributed freely under the same conditions.

Setting up research studies.

The World Health Organisation supports the conduct of investigator-led clinical research in outbreaks of emerging infection. In order to facilitate this, the following two options are recommended for the use of this research protocol:

- Use these documents independently of, and with no obligations to, WHO. Studies using this protocol will be compatible with other studies around the world, enabling future collaboration on data analysis as needed.
- Use these documents in collaboration with WHO and ISARIC to ensure rapid set up and analysis. ISARIC can help to link investigators to laboratories currently working on relevant analyses, and access to a secure online database for clinical data collection; WHO can provide additional resources in low- and middle-income countries to enable data and sample collection.

1. Background and Objectives

1.1 Purpose of the Document



<http://www.prognosis.org/isaric/>

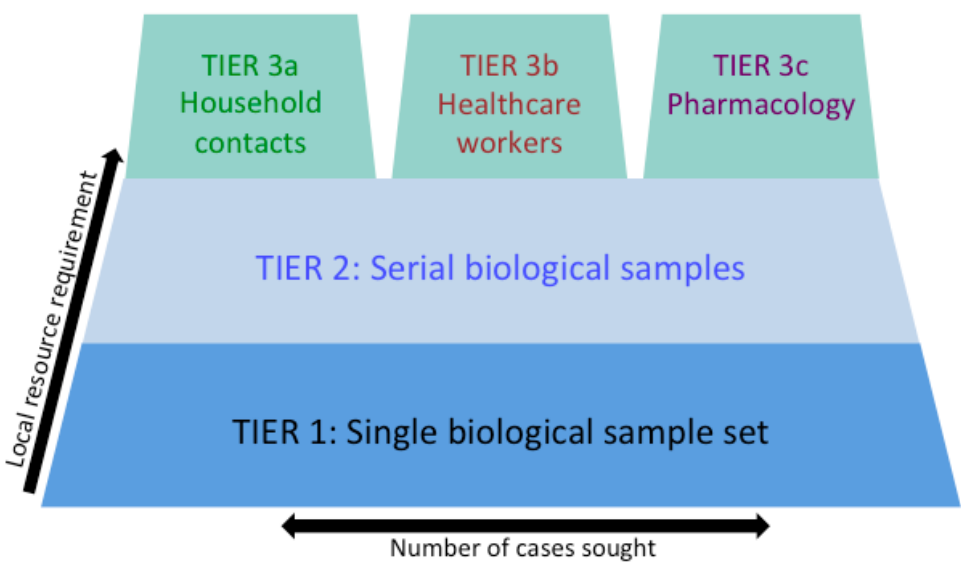
Click on these words to choose a tier and sampling intensity:

TIER1 Single sample point
 TIER2 Serial sampling light
 TIER3A Sampling contacts
 TIER3B Healthcare workers
 TIER3C Pharmacology

Highlight tiers

Intro **Documents**

ISARIC/WHO Severe Acute Respiratory Infection Biological Sampling Study INTRODUCTION - HOW TO USE THIS PROTOCOL



	Recruitment	Week 1							Week 2							Further samples	Convalescent samples
Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		3 months
>40kg	R		S						S								C

R = recruitment samples. S = serial samples including pathogen samples; P = research pathogen samples only; C = convalescent samples (see protocol, Table 3).

Adaptable to needs/resources

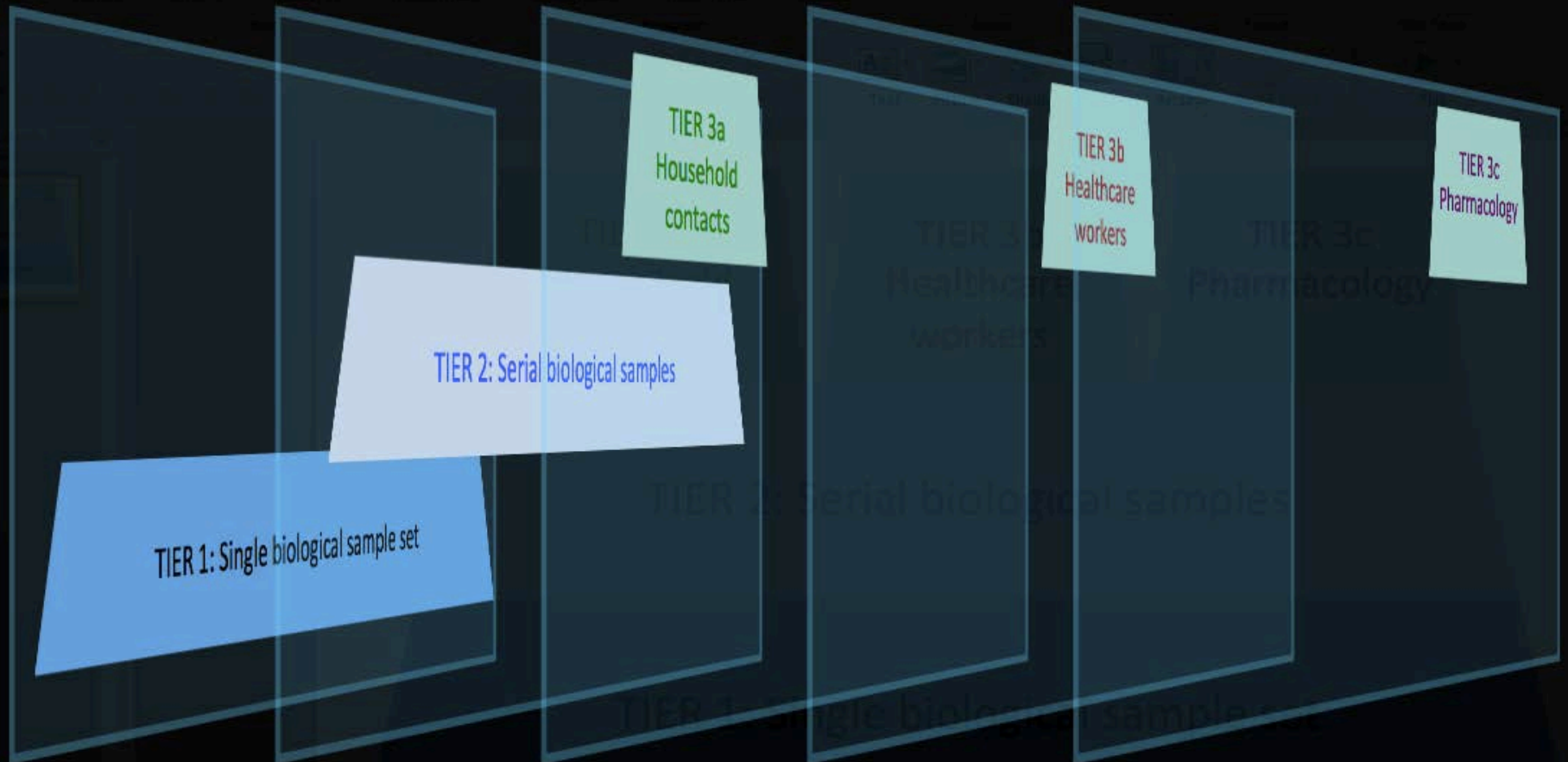


Table 2: Sampling pattern for adult recruitment

Day	Recruitment	Serial samples.															Further samples	Convalescent samples
		Week 1							Week 2									
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
>40kg	R		S						S									C
20 to 40kg	R		S						S									C
10 to 20kg	R		S						S									C
4 to 10kg	R		S						S									C
>4kg	R		S						S									C
Sample priority	1		2						3									4

R = recruitment samples. S = serial samples including pathogen samples; P = research pathogen samples only; C = convalescent samples (see Table 3). In the event that local resource limitations require sampling frequency to decrease, samples will be prioritised as shown (1=highest priority).

Day	Recruitment	Serial samples. Continue until resolution of acute illness*															Further samples	Convalescent samples
		Week 1							Week 2									
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		
>40kg	R	P	S	P	S	P	S	P	S	P	S	P	S	P	S	S	C	
20 to 40kg	R	P	S	P	S	P	S	P	S	P	S	P	S	P	S	S	C	
10 to 20kg	R	P	S	P	S	P	S	P	S	P	S	P	S	P	S	S	C	
4 to 10kg	R	P	S	P	S	P	P	P	S	P	P	P	S	P	P	S	C	
>4kg	R	P	S	P	S	P	P	P	S	P	P	P	S	P	P	S	C	
Sample priority	1	11	2	11	5	11	7	11	3	11	8	11	10	11	9	6	4	

[Articles](#) » Singapore SARI BSP Documents


July 11, 2013


Singapore SARI BSP Documents

BY *Kajsa-Stina Longuère*

The Singapore Severe Acute Respiratory Infection Study Group has adapted the ISARIC/WHO Biological Sampling Protocol (V2.3.1 23 April 2013) for use in Singapore. The objectives of the study is to characterise aetiology, clinical course and complications and response to the treatment of SARI, and to identify biomarkers and correlates to further the understanding of SARI. The protocol will be implemented in 5 sites in Singapore. For more details, please contact [Dr Ng Oon Tek](mailto:oon_tek_NG@ttsh.com.sg): oon_tek_NG [at] ttsh.com.sg

USEFUL RESOURCES

 [Singapore SARI Study Group/ISARIC Sample Collection Plan](#) 97.0 KB

 [Singapore SARI Study Group/ISARIC CRF for SARI BSP](#) 266.0 KB

RELATED ARTICLES

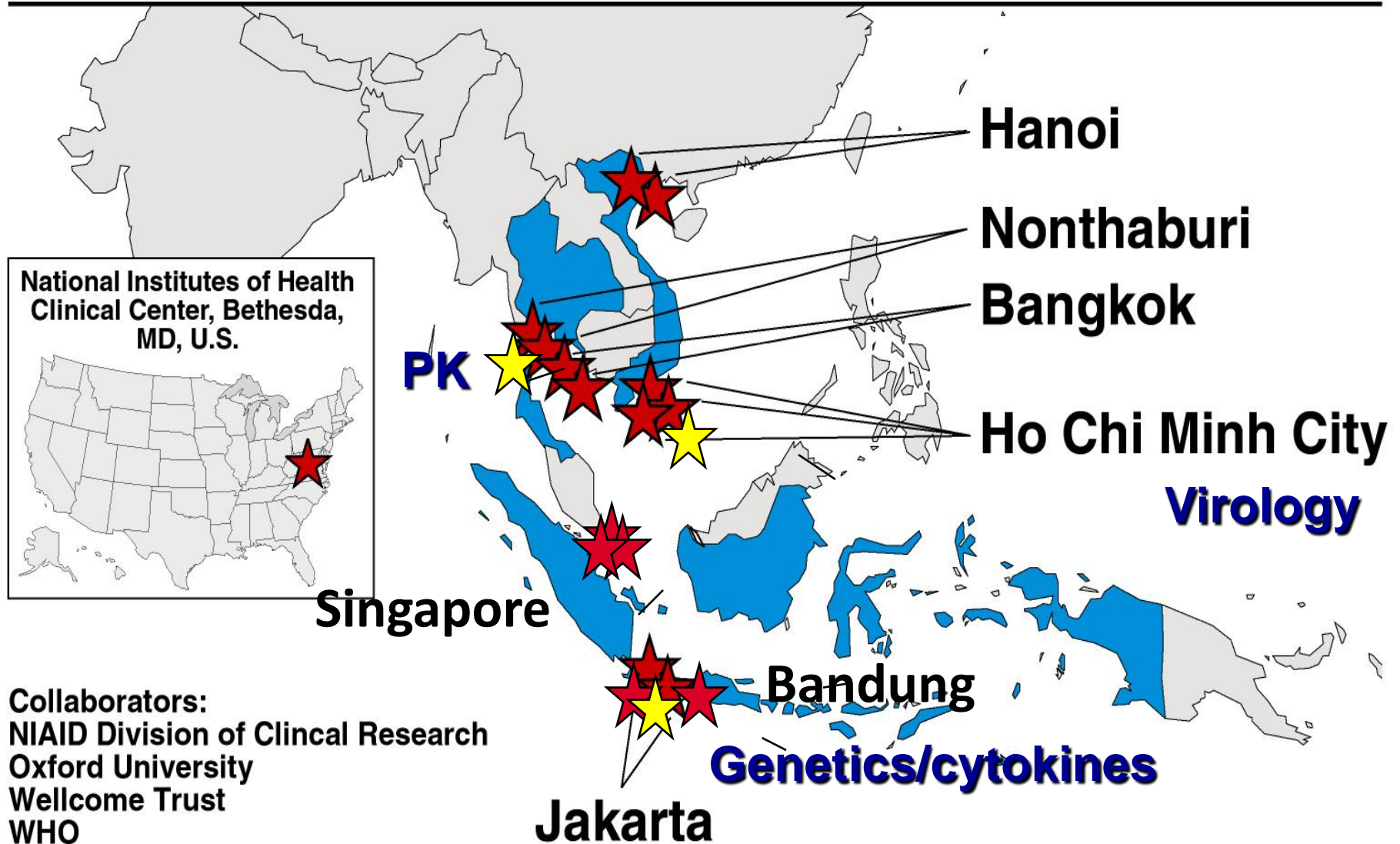
UK

VIET NAM

CHINA – BEIJING / SHANGHAI

SEA Influenza Clinical Research Network

ISARIC associated Asian Network



ISARIC associated European Network

Theme **HEALTH**

Guide for Applicants: *Collaborative projects part B - stage 2*
Annexes specific to call: **FP7-HEALTH-2013-INNOVATION-1**

Proposal full title:

Platform foR European Preparedness Against (Re-)emerging Epidemics

Proposal acronym:

PREPARE

Type of funding scheme:

Collaborative Project (large-scale integrating project)

Work programme topics addressed:

HEALTH.2013.2.3.3-1: Clinical management of patients in severe epidemics. FP7-HEALTH-2013-INNOVATION-1.

Name of the coordinating person:

Prof. Dr. Herman Goossens

(EU FP7 and IMI funded) research networks on Emerging Epidemics



PREPARE



European Societies and Organizations

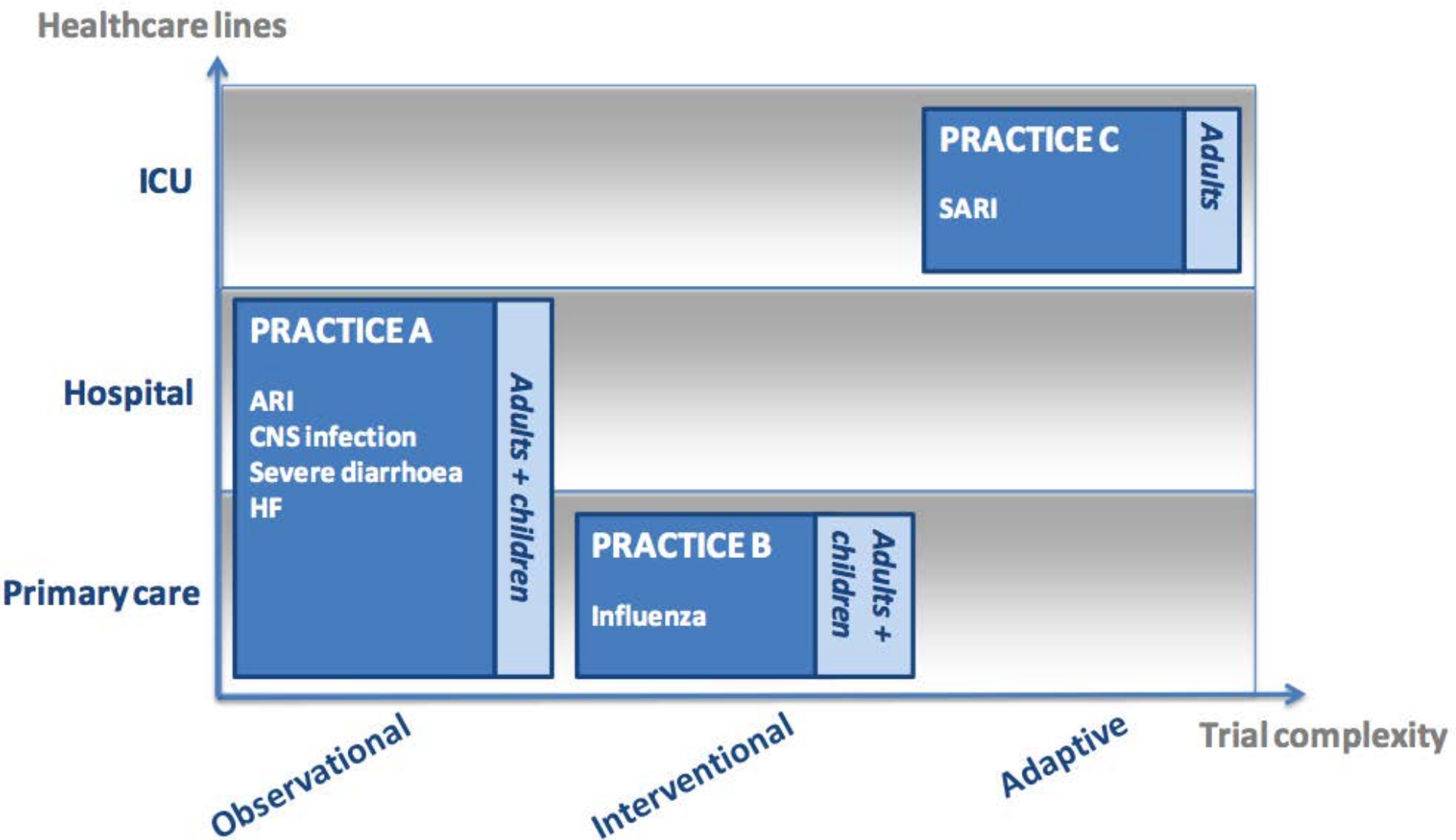


Primary Care network



Hospital care including ICUs and Paediatric network





WP number	3		Start date or starting event:	M1			
WP title	PRACTICE A: European Multi-centre standardised observational and natural history clinical data study in hospitalised and community patients (children and adults) with acute respiratory infection, severe illness caused by central nervous system infections, diarrhoea, or hemorrhagic fever						
Activity type	RTD						
Participant number	1	5	6	7	8	10	21
Participant short name	UA	ESICM	EMC	Imperial	OxU	SERGAS	PENTA
Person-months per participant	6	13	11	13	65	30	18

Objectives

- To prospectively study incidence, risk factors and clinical impact of infections with epidemic potential in Europe with an initial focus on acute respiratory infections, central nervous system infections, severe acute diarrhoea, hemorrhagic fever in hospitalised and PC patients;
- To collect prospective standardised observational and natural history clinical data from hospitalised and primary care patients (3000 adults and 2250 children) with acute respiratory infection (n= 1800) and from patients with severe illness caused by central nervous system infections (n= 1500), severe diarrhoea (n=1500), and hemorrhagic fever (n=450)
- To collect geographically-representative age-stratified population serum and acute-patient samples in these cohorts.

NETWORK OF COHORTS?

Vietnam

Hong Kong

Guangdong

UK

Peru

?

Comparable results? / assay performance / new insights