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

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 - Geonemics, 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 Augment 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 in developing countries and the need for the development of new clinical research paradigms.
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 Malavya, Raffaella Ravinetto, Shyam Sundar
6th May 2013 · 0 comments

ISARIC and WHO SARI and Natural History Protocols
by Kajsa-Stina Longuère
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***]

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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/
Adaptable to needs/resources
<table>
<thead>
<tr>
<th>Day</th>
<th>Recruitment</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Further samples</th>
<th>Convalescent samples</th>
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</table>

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).

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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).
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: oon_tek_NG [at] ttsh.com.sg
UK
VIET NAM
CHINA – BEIJING / SHANGHAI
SEA Influenza Clinical Research Network
ISARIC associated Asian Network

Collaborators:
NIAID Division of Clinical Research
Oxford University
Wellcome Trust
WHO
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**
Annexes specific to call: FP7-HEALTH-2013-INNOVATION-1

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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