



1st ISARIC Council Meeting, Annecy, France 2-4 July 2012 Meeting Summary



ISARIC's vision

ISARIC aims to change the approach to global collaborative patient-oriented research between and during epidemics of severe acute respiratory infection and other rapidly emerging public health threats in order to generate new knowledge, maximise the availability of clinical information, and thereby **save lives.**

The International Severe Acute Respiratory Infection Consortium (ISARIC) held its first Council Meeting in Annecy, hosted by Fondation Mérieux, 2-4 July 2012. Aiming to balance scientific discussions with governance issues and strategy, the main objectives of the meeting were to agree on ISARIC's priorities and strategy, review the activities of the four Working Groups; discuss specific funding proposals, agree on the scientific agenda for ISARIC 2012-2014 and to identify any gaps in work streams and coordination.

The meeting brought together more than 60 researchers, scientists, clinicians, and representatives for national and international public health agencies and organisations, from across the globe. The recognition of the fact that integration between clinicians, laboratories, and epidemiology/public health is important for an effective outbreak response was reflected in the expertise present in the room. In consonance to the broad representation at the meeting, the acronym ISARIC was found to mean 'to bind together' in Aramaic.



“...together we will change the paradigm for clinical research to ensure that we, as a community, can answer the key clinical questions during outbreaks”.

Jeremy Farrar, Chairman of ISARIC



Les Pensieres Conference Centre,
Annecy, France

The initial focus of ISARIC will be to study respiratory infections, as they are the most common cause of major outbreaks, and will provide ISARIC with a focus for further study in the inter-pandemic period. The goal is, however, to include other pathogens and syndromes further into the project, in order to ensure that we can provide a coordinated response to any disease globally. Despite acknowledging our future interests, the meeting decided to keep the acronym ISARIC.

A number of presentations were given, offering new data and insights into the work carried out by some of ISARIC's member networks. Apart from providing an organisational and financial update, the Secretariat presented various governance documents and the timelines by which they are to be developed. Both on-going research and data-sharing and having the right governance structure in place, are essential to the future development of ISARIC.

ISARIC's four working groups presented their progress to date, the challenges faced, and the future ahead.

Working Group 1 aims to write two study protocols. These will focus on severe respiratory illnesses and will use study design such as Adaptive Trial Design, which will provide the flexibility required to add in new interventions. They will aim to secure funds to set up one or two studies in multiple countries, including low resource settings.

Working Group 2 will be focusing on standardisation, modular data variables, and optimising data-collection in different resource settings. They will cooperate with The Global Health Network <http://tghn.org>, which is an open access e-hub of researchers from varying disciplines sharing information.

Working Group 3 has submitted a proposal to the Wellcome Trust as ISARIC/InFACT Severe Influenza Genetics (IISIG) Programme. Much thought had been given to the integration between those involved with this proposal and the developing infrastructure of ISARIC.

Working Group 4, having sent out a survey to all current members prior to the meeting, presented the preliminary findings on ISARIC's capabilities and the potential barriers to rapid clinical research responses. This information is very useful to the writing of a Preparedness Plan, outlining ISARIC's response to outbreaks.

The way in which the working groups interact and overlap with

the sub-groups applying for funding was discussed, and it was agreed that integration – to the extent possible, is to be encouraged in order to ensure a cohesive way forward. The meeting also allowed for the emergence of new ‘collaborations’ within ISARIC, such as The Mother Child Partnership.

Initial discussions were had regarding the concept of Regional Hubs and how these will help ISARIC achieve its objectives.

The ISARIC website is soon to be accessible through The Global Health Network and isaric.org. In our spirit of ‘playing for the team’ and the overreaching ethos of open access and data-sharing, the site will offer ISARIC members and others the opportunity to utilise our tools, e.g. study protocols. Meanwhile, priority will be given to providing an IT workspace for our working groups to take their aims further.

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Next steps:

To complete the necessary core governance documents (by the end of September)

WG1 to prioritise interventions to study two proposals in high and low resource settings and submit them for funding

WG2 to establish the modular data variables, relevant to the whole network

WG2 to preform a Delphi based study to agree on common outcomes

WG3 to continue to work on research question prioritisation and strategy surrounding pathogenesis, genomics and pharmacology

WG4 to complete the survey, needs analysis, and write an operational plan for how ISARIC should respond to the next outbreak

Standard operational procedures for the collection, transport and storage of samples collected in ISARIC trials

Research plan for ‘simple’ (point prevalence or short period incidence) study that would be repeated at 6 monthly intervals

A series of publications including a Viewpoint piece on ISARIC, Adaptive study design and various outputs from the working groups