



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Freedom of Information Office
Building 31, Room 5B-35
31 Center Drive, MSC 2107
Bethesda, Maryland 20892-2107
phone: (301) 496-5633
fax: (301) 402-4541

Via Email: rcotca@judicialwatch.org

July 30, 2021

Ramona R. Cotca
Judicial Watch, Inc.
425 Third Street SW, Suite 800
Washington, DC 20024

Re: NIH FOIA Case No.: 54052; Judicial Watch v. HHS, Case No. 21-cv-00696

Dear Ms. Cotca:

This is a partial response to the Freedom of Information Act (FOIA) request that is the subject of the complaint filed in *Judicial Watch v. HHS*, 21-cv-00696, now pending in the U.S. District Court for the District of Columbia. Your FOIA request, dated April 22, 2020, was received by the National Institutes of Allergy and Infectious Diseases (NIAID) on the same day.

You requested the following:

1. All internal NIAID communications regarding the Wuhan Institute of Virology in Wuhan, China.
2. All agreements, contracts and related documents between NIAID and the Wuhan Institute of Virology.
3. All records, including agreements, funds disbursement records and related NIAID communications regarding a reported \$3.7 million in grants provided by NIH to the Wuhan Institute of Virology.

The date range for the records request is January 1, 2013 to April 22, 2020.

In accordance with the Court's order dated March 16, 2021, we have processed 303 pages of responsive records this month. Of these pages, NIH has sent 174 pages for consultation to: The State Department and the Food and Drug Administration for further review and return to us. NIH will provide a further response regarding the consulted material once the consultations are complete. Attached to this letter are 129 pages from the current July production.

The information being withheld is protected from release pursuant to Exemptions 4, 5, and 6 of the FOIA, 5 U.S.C. § 552 (b)(4) and (b)(6); and sections 5.31(d) and (f) of the HHS FOIA Regulations, 45 CFR Part 5. Exemption 4 protects from disclosure trade secrets and commercial or financial information that is privileged and confidential. Exemption 6 exempts from disclosure records the release of which would cause a clearly unwarranted invasion of personal privacy.

Please direct any questions regarding this response to Derek Hammond of the Department of Justice, who can be reached at derek.hammond@usdoj.gov, or (202) 252-2511.

Sincerely,

Gorka Garcia-Malene
Freedom of Information Act Officer, NIH

From: Chen, Ping (NIH/NIAID) [E]
Sent: Wed, 22 Jan 2020 23:04:07 +0000
To: Western, Karl (NIH/NIAID) [V]; Handley, Gray (NIH/NIAID) [E]; Dominique, Joyelle (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Cc: Rosa, William (NIH/NIAID) [E]; NIAID OGR PPC
Subject: Re: Collecting info on N CoV

Thanks Dr. Western.

Eco-health has NIAID grant which has collaboration with the Wuhan Institute of Virology, CAS, studying the coronaviruses in wild animals, focusing on bats, in China. One of the key Chinese collaborators is Dr. Zhengli Shi, who works on coronaviruses (b) (5)

(b) (5)

Just my thoughts

Ping

From: "Western, Karl (NIH/NIAID) [V]" (b) (6)
Date: Wednesday, January 22, 2020 at 5:17 PM
To: "Handley, Gray (NIH/NIAID) [E]" (b) (6), "Dominique, Joyelle (NIH/NIAID) [E]" (b) (6), "Bernabe, Gayle (NIH/NIAID) [E]" (b) (6), "Chen, Ping (NIH/NIAID) [E]" (b) (6)
Cc: "Western, Karl (NIH/NIAID) [V]" (b) (6), William Rosa (b) (6), NIAID OGR PPC (b) (6)
Subject: RE: Collecting info on N CoV

I will be out most of tomorrow (b) (6), but might be able to call in if you want me included.

Independently, I recommend review of recent scientific publications summarized in my international annual report and available on End Notes.

Two recent examples involving CAS Institute of Virology and BSL-4 facility include:

- University of Minnesota and CAS Institute of Virology review of the origin and evolution of pathogenic coronaviruses in *Nature Reviews: Microbiology*. Minnesota had a CEIRS award for one funding cycle.
- Columbia University School of Public Health, Eco-Health Alliance and CAS Institute of Virology published a few days ago on the results of surveillance of human animal interactions and bat coronavirus spillover potential in rural southern China. Columbia is a current CETR holder.

*Karl A. Western, MD, DTPH
Senior Volunteer
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5601 Fishers Lane (Room 1E-53)
Bethesda, Maryland 20892-9802 (Deliveries Only ZIP Code 20817)
Phone: (b) (6)
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E-mail: (b) (6)*

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From: Handley, Gray (NIH/NIAID) [E] (b) (6)
Sent: Wednesday, January 22, 2020 5:00 PM
To: Dominique, Joyelle (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Chen, Ping (NIH/NIAID) [E] (b) (6)

Cc: Rosa, William (NIH/NIAID) [E] [REDACTED] (b) (6); NIAID OGR PPC

[REDACTED] (b) (6)

Subject: Collecting info on N CoV

[REDACTED] (b) (5)

[REDACTED] Can we discuss and start this process tomorrow? Thanks. Gray

From: Mulach, Barbara (NIH/NIAID) [E]
Sent: Fri, 24 Jan 2020 01:25:03 +0000
To: Haskins, Melinda (NIH/NIAID) [E]; NIAID BUGS; Handley, Gray (NIH/NIAID) [E]; Erbelding, Emily (NIH/NIAID) [E]
Cc: NIAID OCGR Leg
Subject: RE: Urgent for Dr. Fauci: China's lab for studying SARS and Ebola is in Wuhan, the outbreak's center

We're checking here in DMID.

-----Original Message-----

From: Haskins, Melinda (NIH/NIAID) [E] (b) (6)
Sent: Thursday, January 23, 2020 8:18 PM
To: NIAID BUGS (b) (6); Handley, Gray (NIH/NIAID) [E] (b) (6); Erbelding, Emily (NIH/NIAID) [E] (b) (6)
Cc: NIAID OCGR Leg (b) (6)
Subject: Urgent for Dr. Fauci: China's lab for studying SARS and Ebola is in Wuhan, the outbreak's center

<https://www.dailymail.co.uk/health/article-7922379/Chinas-lab-studying-SARS-Ebola-Wuhan-outbreaks-center.html>

Colleagues,

Dr. Fauci will be brief multiple Senators tomorrow morning on our novel coronavirus response at the request of Senator Lamar Alexander, who has an interest in public health matters and China. Would you please confirm the exact nature of our support to the Wuhan Institute of Virology/Biosafety Lab. You'll want to read the Daily Mail article above.

Thanks for the quick response!

Melinda

Sent from my iPhone

From: Chen, Ping (NIH/NIAID) [E]
Sent: Thu, 13 Oct 2016 23:09:42 -0400
To: Dixon, Dennis M. (NIH/NIAID) [E]; Handley, Gray (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Subject: RE: China JCM - input by COB, if possible

Thanks Dennis.

I will come up a few points to send back to Tina as our response.

(b) (5)

Ping
Ping Chen, PhD
Director of NIAID Office in China
Office of Global Research, NIAID, NIH
Bethesda Office: (b) (6)
BB: (b) (6)
Beijing Office: (b) (6)
Cell: (b) (6)
U.S. Embassy Beijing
#55 An Jia Lou Road
ChaoYang District, 100600
Beijing, China

(b) (6)

(b) (6)

From: Dixon, Dennis M. (NIH/NIAID) [E]
Sent: Friday, October 14, 2016 7:36
To: Chen, Ping (NIH/NIAID) [E]; Handley, Gray (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Cc: Dixon, Dennis M. (NIH/NIAID) [E]
Subject: RE: China JCM - input by COB, if possible

Thanks Ping. I see the topic of "prevention and control" by your name. While we have occasional projects in that realm, they are at the border of our mission area relative to CDC who list their name that way sometimes in reverse order:

<https://www.cdc.gov/>

(b) (5)

(b) (5) If not, let me know.

(b) (5)

Dennis

From: Chen, Ping (NIH/NIAID) [E]
Sent: Wednesday, October 12, 2016 10:28 PM
To: Handley, Gray (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E]
(b) (6); Dixon, Dennis M. (NIH/NIAID) [E] (b) (6)
Subject: FW: China JCM - input by COB, if possible
Importance: High

Hi Gray, Gayle, and Dennis,

I am forwarding you the draft agenda for the JCM meeting in Beijing in Nov. I just saw it this morning and it has me give 5 min speech under Prevention and Control of Emerging Infectious Diseases and Antimicrobial Resistance under session 2. I need to work with you for the outline of the speech. (b) (5)

Another interest for us is the topic of Clinical Medicine Research Centers and Clinical Research Capacity also under session 2. As you can see no one is assigned to speak on this topic. (b) (5)

What do you think?

Another topic under session 1, Zoonotic Disease Characterization and Prevention, has some relevance to us. NIAID funded George Gao at CAS for avian flu (I think it was on avian flu genetics in birds) and we have grant from RDB funding coronavirus survey in bats. The Chinese collaborator is in Wuhan Institute of Virology, a CAS institute too. The request for zoonotic diseases is from a Chinese agency I don't know, AQSIQ. (b) (5)

Dennis, this is the meeting you asked me to give you a brief description. I would really like to have your input on how to present our AMR/clinical research emphasis in China.

Tina Chung would like to have the response back to her (I guess soon). So your comments, all of you, would be really helpful for our response.

Many Thanks

Ping

Ping Chen, PhD
Director of NIAID Office in China
Office of Global Research, NIAID, NIH
Bethesda Office: (b) (6)
BB: (b) (6)
Beijing Office: (b) (6)
Cell: (b) (6)
U.S. Embassy Beijing
#55 An Jia Lou Road
ChaoYang District, 100600
Beijing, China

(b) (6)

(b) (6)

From: Boyd, Nancy (NIH/NIAID) [E]
Sent: Tue, 29 May 2018 15:42:32 +0000
To: Handley, Gray (NIH/NIAID) [E]; Chen, Ping (NIH/NIAID) [E]
Cc: Bernabe, Gayle (NIH/NIAID) [E]; Meegan, James (NIH/NIAID) [E]
Subject: RE:

Foreign Language

(b) (5), Gray.

Nancy

Nancy Boyd
Chief, Extramural Biodefense Facilities Section
Office of Biodefense, Research Resources and Translational Research
Division of Microbiology and Infectious Diseases
National Institute of Allergy and Infectious Diseases
National Institutes of Health, DHHS

(b) (6)

5601 Fishers Lane, Room 8G21
Rockville, MD 20852

Voice: (b) (6)

Disclaimer:

The information in this e-mail and any of its attachments is confidential and may contain sensitive information. It should not be used by anyone who is not the original intended recipient. If you have received this e-mail in error please inform the sender and delete it from your mailbox or any other storage devices. The National Institute of Allergy and Infectious Diseases (NIAID) shall not accept liability for any statement made that are the sender's own and not expressly made on behalf of the NIAID by one of its representatives.

From: Handley, Gray (NIH/NIAID) [E]
Sent: Tuesday, May 29, 2018 10:30 AM
To: Chen, Ping (NIH/NIAID) [E] (b) (6); Boyd, Nancy (NIH/NIAID) [E]
(b) (6)
Cc: Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E]
(b) (6)

Subject: RE: Foreign Language

(b) (5)

(b) (5)

Do others see this differently?

Gray

From: Chen, Ping (NIH/NIAID) [E]

Sent: Monday, May 28, 2018 7:53 PM

To: Handley, Gray (NIH/NIAID) [E] (b) (6); Boyd, Nancy (NIH/NIAID) [E]

(b) (6)

Cc: Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E]

(b) (6) >

Subject: Re: Foreign Language

Here is the English translation of the email I received from the person who works in the Department of Scientific Research Planning at the Wuhan Institute of Virology. I have not met this person. I exchanged emails with her (or him) for setting up the visit by the US Wuhan Council General.

The national biosafety laboratory (P4) in the Wuhan Institute of Virology (WIV) of the Chinese Academy of Sciences (CAS) has officially started operations. In order to rely on the basic research infrastructure of science and technology, to establish a professional user community for high-level biosafety laboratory, to educate and train bio-safety professionals at the national level, to achieve major S&T breakthroughs and produce outputs, and to elevate biosafety and public health science and technology support capabilities, WIV recently drafted the "Guidelines for the solicitation of cultivation programs targeting professional P4 laboratory users at the Wuhan National biosafety laboratory, WIV, CAS". The solicitation calls for domestic and international applications. Please refer to the attachments for details.

Please review it. If it is convenient, please help forward the announcement to relevant American researchers to apply. The English version of the guidebook and the application form are attached together for forwarding convenience.

(b) (6). I am

available most time throughout the day for calls.

Please let me know if you have any questions.

陈平

Ping Chen, PhD

Director, NIAID China Office

#55 An Jia Lou Road, Beijing 100600

Office: (b) (6)

Mobile: (b) (6)

US Mobile: (b) (6)

(b) (6)

(b) (6)

From: "Handley, Gray (NIH/NIAID) [E]" (b) (6)
Date: Monday, May 28, 2018 at 8:43 AM
To: "Boyd, Nancy (NIH/NIAID) [E]" (b) (6)
Cc: "Chen, Ping (NIH/NIAID) [E]" (b) (6), "Bernabe, Gayle (NIH/NIAID) [E]" (b) (6), "Meegan, James (NIH/NIAID) [E]" (b) (6)
Subject: RE: Foreign Language

I completely agree. We can have our discussion first and (b) (5) Gray

From: Boyd, Nancy (NIH/NIAID) [E]
Sent: Monday, May 28, 2018 10:12 AM
To: Handley, Gray (NIH/NIAID) [E] (b) (6)
Cc: Chen, Ping (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E] (b) (6)
Subject: Re: Foreign Language

Ping and Gray,

I am happy to do whatever you feel appropriate, (b) (5)
If you disagree with that, please don't hesitate to let me know.

Thanks.

Nancy

On May 28, 2018, at 9:33 AM, Handley, Gray (NIH/NIAID) [E] (b) (6) wrote:

Nancy and Ping,

(b) (5)
I would like to schedule a call as soon as Ping is available and hopefully before the end of the week.

Nancy, (b) (5)

Ping, can you provide a translation of the e-mail sent to you with these attachments?

Thanks. Gray

From: Chen, Ping (NIH/NIAID) [E]
Sent: Sunday, May 27, 2018 11:36 PM
To: Boyd, Nancy (NIH/NIAID) [E] (b) (6)
Cc: Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E]
(b) (6); Handley, Gray (NIH/NIAID) [E] (b) (6)
Subject: FW: Foreign Language

Dear Nancy,

It was good to see you a couple of weeks ago at Fishers Lane.

I am forwarding the announcement sent to me by people at Wuhan Institute of Virology where China's only publicly known P4 lab is hosted. I haven't had time to go through the document as I have been busy

(b) (6)

(b) (5)

I copied Gayle at OGR and she can forward to programs officers with the P4 pathogen portfolio.

Thank you

Best,

Ping

陈平

Ping Chen, PhD
Director, NIAID China Office
#55 An Jia Lou Road, Beijing 100600

Office: (b) (6)

Mobile: (b) (6)

US Mobile: (b) (6)

(b) (6)

(b) (6)

From: 张晗 <zhanghan@wh.iov.cn>

Date: Wednesday, May 23, 2018 at 5:52 AM

To: "Chen, Ping (NIH/NIAID) [E]"

(b) (6)

Subject:

Foreign Language

Foreign Language

Foreign
Language:

http://www.whiov.cas.cn/tzgg_105342/201805/t20180518_5013332.html (中文)
http://english.whiov.cas.cn/Notice2016/201805/t20180518_192593.html (英文)

Foreign Language

张晗

中国科学院武汉病毒研究所

科研计划处

(b) (6)

手机:

(b) (6)

zhanghan@wh.iov.cn

From: Chen, Ping (NIH/NIAID) [E]
Sent: Thu, 4 Jan 2018 03:34:53 +0000
To: Handley, Gray (NIH/NIAID) [E]
Subject: Re: CHINA: Sixth Tone: In Fight Against Diseases, China to Open Top-Safety Biology Lab
Attachments: 20171219 P4 lab Wuhan_PChen.docx

Gray,

(b) (5)

Reattached for your convenience.

Thank you

Ping

Ping Chen, PhD

Director of NIAID Office in China

Office of Global Research, NIAID, NIH

Bethesda Office: (b) (6)

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Beijing Office: (b) (6)

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U.S. Cell: (b) (6)

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#55 An Jia Lou Road

ChaoYang District, 100600

Beijing, China

(b) (6)

(b) (6)

From: Handley, Gray (NIH/NIAID) [E]
Sent: Tuesday, January 2, 2018 8:27:14 AM
To: Chen, Ping (NIH/NIAID) [E]
Subject: FW: CHINA: Sixth Tone: In Fight Against Diseases, China to Open Top-Safety Biology Lab

From: Western, Karl (NIH/NIAID) [C]
Sent: Sunday, December 31, 2017 3:06 PM
To: Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Lu, Tami (NIH/NIAID) [E]
(b) (6)
Cc: Western, Karl (NIH/NIAID) [C] (b) (6); Meegan, James (NIH/NIAID) [E]
(b) (6); Handley, Gray (NIH/NIAID) [E] (b) (6)
Subject: CHINA: Sixth Tone: In Fight Against Diseases, China to Open Top-Safety Biology Lab

A report on the CAS BSI-4 laboratory in Wuhan, China's first.

KW

From: Folkers, Greg (NIH/NIAID) [E]
Sent: Sunday, December 31, 2017 2:50 PM
Subject: Sixth Tone: In Fight Against Diseases, China to Open Top-Safety Biology Lab

SIXTH TONE

Fresh voices from today's China



Rising Tones

In Fight Against Diseases, China to Open Top-Safety Biology Lab

Plan for biosafety level-4 laboratory was drafted after SARS outbreak killed thousands in 2003.

Wang Yiwei

Sep 27, 2017

A new research institute in Wuhan, capital of central China's Hubei province, will later this year join the global community of elite laboratories that study the world's most dangerous infectious diseases, [reported](#) the state-owned newspaper Science and Technology Daily on Tuesday.

The new research base will be the first in China certified as biosafety level 4 (BSL-4), the [highest standard](#) set by the Centers for Disease Control and Prevention in the United States for laboratories that deal with test animals and infectious microorganisms.

BSL-4 laboratories are designed to effectively seal off experiment areas from the outside world. They also incorporate strict security measures, such as iris scanners. According to [a 2011 list](#), there are 40 such labs either in use or under construction worldwide, about half of which are located in the U.S. and the European Union.

BSL-4 institutes carry out experiments on deadly pathogens for which there is currently no reliable cure, such as Ebola and Marburg, highly dangerous viruses that could kill thousands in a single outbreak.





Workers are seen next to a cage containing mice (right) inside the P4 laboratory in Wuhan, Hubei province, Feb. 23, 2017.
Johannes Eisele/VCG

The Wuhan BSL-4 laboratory is a cooperation between the city government and the Chinese Academy of Sciences (CAS). Also known as P4 Laboratory, plans for the institute were first drawn up in 2003 after the outbreak of SARS, a viral respiratory disease that caused [at least 5,000 deaths](#) in China.

The lab is part of a [10-year-plan](#) by the Ministry of Science and Technology that proposes to build five to seven BSL-4 laboratories by 2025 as well as one BSL-3 lab in every province. It was built with technology and equipment imported from France, and some of its future research staff [have visited France](#) for BSL-4 training.

Although construction was [finished in 2015](#), the lab has since undergone multiple assessments, Yuan Zhiming, director of the Wuhan branch of CAS, told the Science and Technology Daily. "The lab will become a public platform for Chinese scientists to conduct research into dangerous viruses," Yuan said.

"The opening of a Chinese BSL4 [laboratory] is another step in the excellent growth of the country's research base," Vincent Racaniello, virology professor at the Department of Microbiology & Immunology at Columbia University in New York, told Sixth Tone Wednesday by email.

Official funding for research into infectious diseases used to be low before the SARS strike. For example, the Chinese government invested [only 10,000 to 20,000 yuan](#) (\$1,500 to 3,000) per year into Ebola studies until 2003, but funding has increased in recent years. In comparison, the

U.S. annually spent an average of \$55 million from 1997 to 2015 to fund research into the Ebola and Marburg viruses.

In 2014, a national program [provided 20 million yuan](#) in funding for domestic Ebola studies. Additionally, a private biotechnology company in Tianjin, [CanSino](#), has [invested millions](#) into the construction of facilities for vaccine production, including an Ebola vaccine that the company tested successfully in Phase 2 trials in 2015.

“It’s extremely important to study dangerous pathogens such as the Ebola virus. We need to understand how such pathogens cause disease, how they spread, and how new ones emerge,” said Racaniello. “While there is no ongoing Ebola outbreak, research continues because we still need to learn about the virus and be ready for the next outbreak.”

Editor: Kevin Schoenmakers.

(Header image: Workers are seen inside the P4 laboratory in Wuhan, Hubei province, Feb. 23, 2017. Johannes Eisele/VCG)

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(b) (5)



(b) (5)



From: Chen, Ping (NIH/NIAID) [E]
Sent: Tue, 29 May 2018 17:24:07 +0000
To: Handley, Gray (NIH/NIAID) [E]
Cc: Boyd, Nancy (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]; Meegan, James (NIH/NIAID) [E]
Subject: Re:

(b) (5)

(b) (5)

Please let me know if we still need to have a call.

Ping

Sent from my iPhone

On May 29, 2018, at 8:30 AM, Handley, Gray (NIH/NIAID) [E] wrote:

(b) (6)

(b) (5)

Do others see this differently?

Gray

From: Chen, Ping (NIH/NIAID) [E]
Sent: Monday, May 28, 2018 7:53 PM
To: Handley, Gray (NIH/NIAID) [E]; Boyd, Nancy (NIH/NIAID) [E]
Cc: Bernabe, Gayle (NIH/NIAID) [E]; Meegan, James (NIH/NIAID) [E]
Subject: Re:

Foreign Language

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陈平

Ping Chen, PhD

Director, NIAID China Office

#55 An Jia Lou Road, Beijing 100600

Office: (b) (6)

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US Mobile: (b) (6)

(b) (6)

(b) (6)

From: "Handley, Gray (NIH/NIAID) [E]" <handleygr@niaid.nih.gov>

Date: Monday, May 28, 2018 at 8:43 AM

To: "Boyd, Nancy (NIH/NIAID) [E]" <nboyd@niaid.nih.gov>

Cc: "Chen, Ping (NIH/NIAID) [E]" <chenpi@niaid.nih.gov>, "Bernabe, Gayle (NIH/NIAID) [E]" <gbernabe@niaid.nih.gov>, "Meegan, James (NIH/NIAID) [E]" <james.meegan@nih.gov>

Subject: RE:

Foreign Language

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From: Boyd, Nancy (NIH/NIAID) [E]

Sent: Monday, May 28, 2018 10:12 AM

To: Handley, Gray (NIH/NIAID) [E] (b) (6)

Cc: Chen, Ping (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E] (b) (6)
Subject: Re: Foreign Language

Ping and Gray,

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Nancy and Ping,

(b) (5)
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Nancy, (b) (5)

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From: Chen, Ping (NIH/NIAID) [E]
Sent: Sunday, May 27, 2018 11:36 PM
To: Boyd, Nancy (NIH/NIAID) [E] (b) (6)
Cc: Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E] (b) (6); Handley, Gray (NIH/NIAID) [E] (b) (6)
Subject: FW: Foreign Language

Dear Nancy,

It was good to see you a couple of weeks ago at Fishers Lane.

I am forwarding the announcement sent to me by people at Wuhan Institute of Virology where China's only publicly known P4 lab is hosted. I haven't had time to go through the document as I have been busy
(b) (6)

(b) (5)

(b) (5)

I copied Gayle at OGR and she can forward to programs officers with the P4 pathogen portfolio.

Thank you

Best,

Ping

陈平

Ping Chen, PhD

Director, NIAID China Office

#55 An Jia Lou Road, Beijing 100600

Office: (b) (6)

Mobile: (b) (6)

US Mobile: (b) (6)

(b) (6)

(b) (6)

From: 张晗 <zhanghan@wh.iov.cn>

Date: Wednesday, May 23, 2018 at 5:52 AM

To: "Chen, Ping (NIH/NIAID) [E]" (b) (6)

Subject: Foreign Language

Foreign Language

Foreign Language: http://www.whiovcas.cn/tzgg_105342/201805/t20180518_5013332.html (中文)

http://english.whiov.cas.cn/Notice2016/201805/t20180518_192593.html (英文)

Foreign Language



--

张晗
中国科学院武汉病毒研究所
科研计划处 (b) (6)
手机 : (b) (6)
zhanghan@wh.iov.cn

From: Chen, Ping (NIH/NIAID) [E]
Sent: Fri, 7 Feb 2020 20:31:08 +0000
To: Handley, Gray (NIH/NIAID) [E]
Cc: Bernabe, Gayle (NIH/NIAID) [E]; Dominique, Joyelle (NIH/NIAID) [E]; Rosa, William (NIH/NIAID) [E]; Marston, Hilary (NIH/NIAID) [E]
Subject: RE: POCs for NSFC and CAS
Attachments: AI110964.docx

Gray,
See the attachment I prepared previously.
This grant is on bat (b) (5)

From: Handley, Gray (NIH/NIAID) [E] (b) (6)
Sent: Friday, February 7, 2020 3:03 PM
To: Chen, Ping (NIH/NIAID) [E] (b) (6)
Cc: Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Dominique, Joyelle (NIH/NIAID) [E] (b) (6); Rosa, William (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6)
Subject: RE: POCs for NSFC and CAS

Thanks! Do you recall who the US and Chinese PIs are on that coronavirus vector/reservoir grant are?

From: Chen, Ping (NIH/NIAID) [E] (b) (6)
Sent: Friday, February 7, 2020 2:42 PM
To: Handley, Gray (NIH/NIAID) [E] (b) (6); Marston, Hilary (NIH/NIAID) [E] (b) (6)
Cc: Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Dominique, Joyelle (NIH/NIAID) [E] (b) (6); Rosa, William (NIH/NIAID) [E] (b) (6)
Subject: RE: POCs for NSFC and CAS

Gray,

I did. Matt had given OGA the contacts for NSFC. Neither Matt nor I provided contact for CAS.

I suggested that OGA can ask NSFC for contact in CAS.

In 2018, NSF and NSFC had a joint initiative on Ecology and Evolution of infectious diseases. A workshop was held prior to the initiative (NIH is one of the participants to this initiative. Many participants of the workshop are from CAS institute including WIV scientists.

NIAID grant to EcoHealth is studying coronaviruses in animals including bats. The grant has different countries as collaborators in addition to China.

Ping

From: Handley, Gray (NIH/NIAID) [E] (b) (6)
Sent: Friday, February 7, 2020 2:31 PM
To: Marston, Hilary (NIH/NIAID) [E] (b) (6)
Cc: Chen, Ping (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Dominique, Joyelle (NIH/NIAID) [E] (b) (6); Rosa, William (NIH/NIAID) [E] (b) (6)
Subject: RE: POCs for NSFC and CAS

Did anyone respond to OGA?

From: Marston, Hilary (NIH/NIAID) [E] (b) (6)
Sent: Friday, February 7, 2020 1:58 AM
To: Handley, Gray (NIH/NIAID) [E] (b) (6)
Cc: Chen, Ping (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Dominique, Joyelle (NIH/NIAID) [E] (b) (6); Rosa, William (NIH/NIAID) [E] (b) (6)
Subject: Re: POCs for NSFC and CAS

(b) (5)

On Feb 6, 2020, at 11:55 PM, Handley, Gray (NIH/NIAID) [E] (b) (6) wrote:

(b) (5)

We should give them the contact number they seek. Not sure we have good contact for CAS as we mostly work with CAMS, but I expect that you, Ping, have contacts for all.

Hilary, have you heard about this (b) (5)

We will see the Chinese tomorrow so this may be brought up by Han Koo if she participates.

Gray

From: Chen, Ping (NIH/NIAID) [E] (b) (6)
Sent: Thursday, February 6, 2020 6:33 PM
To: Handley, Gray (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6)
Cc: Dominique, Joyelle (NIH/NIAID) [E] (b) (6); Rosa, William (NIH/NIAID) [E] (b) (6)
Subject: Fwd: POCs for NSFC and CAS

FYI

(b) (5)

I haven't responded

Sent from my iPhone

Begin forwarded message:

From: "Koo, Han (OS/OGA) (CTR)" (b) (6)

Date: February 6, 2020 at 6:14:15 PM EST

To: "Brown, Matthew (NIH/NCI) [E]" (b) (6), "Chen, Ping (NIH/NIAID) [E]"

(b) (6)

Subject: POCs for NSFC and CAS

Hi Matt and Ping,

We need POCs of the National Natural Science Foundation of China (NSFC) and The Chinese Academy of Science (CAS) ASAP. Can you assist?

(b) (5)

Please let me know by COB today if possible. Thank you so much.

Best,
Han

Sent from my iPhone

(b) (5)



From: Chen, Ping (NIH/NIAID) [E]
Sent: Tue, 9 Jan 2018 13:25:30 +0000
To: Handley, Gray (NIH/NIAID) [E]
Subject: FW: Sixth Tone: In Fight Against Diseases, China to Open Top-Safety Biology Lab
Attachments: 20180105 P4 lab Wuhan.docx

Gray,

Forgot the forward you the [REDACTED] (b) (5)

Many Thanks

Ping

陈平

Ping Chen, PhD
Director, NIAID China Office
#55 An Jia Lou Road, Beijing 100600

Office: [REDACTED] (b) (6)

Mobile: [REDACTED] (b) (6)

US Mobile: [REDACTED] (b) (6)

[REDACTED] (b) (6)

[REDACTED] (b) (6)

(b) (5)



(b) (5)



From: Chen, Ping (NIH/NIAID) [E]
Sent: Mon, 18 Jul 2016 01:11:50 -0400
To: Meegan, James (NIH/NIAID) [E]; Handley, Gray (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Cc: Rosa, William (NIH/NIAID) [E]; Chen, Ping (NIH/NIAID) [E]
Subject: China activity update July

Hi,

Since I returned from US-Shanghai-Nanchang trip in late Jun, I haven't provided an update on China activities. Below is a summary what can highlighted during the past 3 weeks or so.

CAMS-NIAID immunology meeting planning has been the main focus. (b) (5)

[REDACTED]

[REDACTED] We have planned this meeting this far and we need to make our best effort to make it happen and successful.

In Shanghai, I attended a consultation meeting organized by GSK to learn about Chinese clinical travel capacity for new antibiotic trials. (b) (5)

[REDACTED], I was invited to attend this meeting. GSK invited several Chinese experts in ID, AMR, and clinical research. It was a very informative meeting. We have learned major issues facing conducting clinical trials for new antibiotics such as recruitment issues with inclusion and exclusion criteria, patient consent forms, lack of experienced clinicians for recruitment, etc. Although many hospitals have established clinical research centers, have certified by the Chinese regulatory agent for conducting clinical trials, and have done GCP training, they still have issues with compliant to GCP and GLP operations. At this meeting and later at the National TB meeting I heard repeated issues on errors during clinical trials due to unfamiliar with (or ignorant) the practical requirement of GCP/GLP, which affect the quality of the studies. When GSK asked for the expert to comment on its proposal for establishing a clinical trial network for AMR, the consultants applauded idea and eager to participate. GSK's Zhi Hong (the head of the GSK anti-infective program and led the GSK center for infectious diseases and public health in Beijing) met with Dr. Fauci on Monday, the 11th, asking for NIAID support for this clinical trial network in China. I know Dennis and Carl attended the meeting with Fauci. I don't know the outcome of the meeting. In Nanchang at the Chinese National TB meeting, I gave a presentation on NIAID's TB programs including the intramural TB project at Henan Chest Hospital, DAIDS TB clinical trial network, DMID's TB portfolio, and NIAID's research resources. Thanks Christine Sizemore, Richard Hafner, and Laura Via for providing me their program information.

After returned to Beijing, I arranged a meeting for GSK Zhi Hong to meet with Ken and CDC people at the embassy. He discussed clinical trial network idea and the newly established GSK center for infectious diseases and public health in Beijing. In addition to move new antibiotic development to China, they are also planning to be involved in public health related activities such as training. They hope to work closely with US, UK, and China on AMR, Clinical research, and public health.

Through my US connection, Eli Lilly company contacted me and wanted to meet to discuss its company's activities in China. I learned from them at this meeting the company has had a long history of supporting MDR TB programs in China because the company had manufactured the second line TB drugs. But they are phasing out the TB program in China and plan to initiate diabetes program in China (Lilly makes diabetes drugs). I included CDC's NCD person and HHS at this meeting so they can give them their prospective.

I met with EcoHealth Alliance, a NY based non-profit organization on health. They have a R01 grant from DMID on identifying SARS-like coronaviruses in China. They partner with Dr. Shi Zhengli at Wuhan Institute of Virology. I visited Dr. Shi over a year ago. She took bat samples in caves in certain regions of China, isolated and identified viruses and found some viruses are similar to SARS by sequencing. Now

(b) (5)

We are talking about close animal-human close contact in densely populated city.

Another meeting was with a group of public health students from North Dakota University. The led professor knew Ray Chen and wanted to take his students to visit US embassy. They met with me and CDC office to learn what we are doing in China and what kind of advice we can give to the students as they are entering this profession.

In addition to NIAID-CAMS meeting, I received a request from CAMS of assisting a visit by two CAMS officials to NIH. They want to spend 4 days at NIH to meet with NIAID and NIH clinical center to learn about project management and operation, and everything for establishing a clinical center. They need to have an invitation letter from NIH so that they can prove to CAMS' management office for the duration of their visit to NIH. Tina Chung at FIC can issue the invitation

(b) (5)

The proposed dates are Aug 15-19. We will need to provide assistance to their NIAID visit. I will work with Gayle on this. I am invited to attend the first meeting organized by the Chinese NIH Alumni and to give a 10 min remark at the opening on Aug. 6. Based on the information I received, about 2-3 years ago Dr. Collins met with a former NCI researcher and now the head of the Peking University Medical College and two talked about establishment of a Chinese NIH Alumni as there are so many Chinese researchers trained and worked at NIH in the past. This is the first such a meeting among ex NIH researchers and trainees, and an opportunity for networking and set up collaborations among them. I think this is also an opportunity to introduce our NIH-NSFC funding and other NIH resources available for them. Gayle will help me prepare for the talk.

Personnel update: (b) (6). The health attache's position is empty now. No idea when the replacement will come. ESTH section has contacted all HHS agencies and other related agencies in the embassy for a meeting with DCM on health related topics. The first meeting is this Thursday. I threw AMR and Clinical research as the possible topics.

William, I need the signed ICASS documents. The deadline for turning them in has passed.

Talk to you tonight.

Ping

Ping Chen, PhD
Director of NIAID Office in China
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(b) (6)

(b) (6)

From: Handley, Gray (NIH/NIAID) [E]
Sent: Mon, 29 Jun 2015 17:43:33 +0000
To: Meegan, James (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Cc: Rosa, William (NIH/NIAID) [E]
Subject: RE: short update

(b) (5)

if we can get a copy.

Gray

From: Chen, Ping (NIH/NIAID) [E]
Sent: Monday, June 29, 2015 4:25 AM
To: Handley, Gray (NIH/NIAID) [E]; Meegan, James (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Cc: Rosa, William (NIH/NIAID) [E]
Subject: short update

Hi everyone,

DMID's Irene Glowinski, Maria Giovanni, and Alison Yao were at China CDC for a workshop to introduce a bioinformatics tool, PATRIC, for AMR projects. PATRIC is supported by a DMID contract to the University of Chicago. I had a brief conversation with Irene on AMR workshop in China. (b) (5)

(b) (5) The workshop was held at the National Institute of Communicable Disease Control and Prevention in China CDC. The institute works on bacterial diseases (exclude viruses). Only since 2012 the institute started working on AMR. According to the former director, AMR has not been the top priority for the institute. (b) (5)

I sent a follow up message to MOST on the AMR workshop this morning.

Had a meeting with Ken, CDC, and FDA colleagues this morning to discuss the preparation for Secretary Burwell's China visit (possible visit) Sept 10-11. The advanced team visit for her trip is scheduled for July 16-17. (b) (5)

(b) (5) I would like to learn any suggestions you may have regarding the activities for the secretary's visit.

(b) (5)

Embassy will hold its 4th of July celebration this Thursday. We have invited our NSFC, MOST and China CDC colleagues to attend the party. Shall see how many will attend.

I am traveling to Wuhan next week to visit some NIAID funded PIs. Two of the PIs are in the Wuhan Institute of Virology, where the first Chinese BSL4 lab is. We had to cancel the previous trip scheduled to visit the P4 lab. It was suggested to schedule a visit to the institute first, later follow up with a visit to the P4 lab.

Will talk to you tonight.

Thanks

Ping

Ping Chen, PhD
Director of NIAID Office in China
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(b) (6)

(b) (6)

From: Handley, Gray (NIH/NIAID) [E]
Sent: Thu, 30 Oct 2014 14:01:20 +0000
To: Meegan, James (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]; Western, Karl (NIH/NIAID) [E]
Cc: Chen, Ping (NIH/NIAID) [E]
Subject: FW: Wuhan

Your thoughts to Ping also would be welcomed, I am sure. G

From: Chen, Ping (NIH/NIAID) [E]
Sent: Thursday, October 30, 2014 4:33 AM
To: Earhart, Kenneth (OS/OGA)
Cc: Handley, Gray (NIH/NIAID) [E]; [REDACTED] (b) (6)
Subject: Wuhan

Ken,

I had an interesting meeting with a Chinese gentleman who works at an office [a spin off from the Huban (the province where Wuhan locates) Science and Technology (not sure what exactly the office's name but will get his business card in emails soon)]. The primary purpose of this office is similar to what I am doing here seeking, facilitating, and promoting international scientific collaborations for scientists in Wuhan. It also functions as an liason (or lobbyist) representing the local scientists or organizations. He had tried months to meet with me (found me in LinkedIn) and we finally met.

His office has been asked by an academic organization organized by scientific institutions including Wuhan Institute of Virology, which focuses on research on serious/severe infectious diseases, to help the members in the organization increase scientific exchanges between the members and international ID experts. The possible activities would include but not limited to having scientist exchange programs, inviting international ID experts for seminars, exploring potential international collaborations, etc. He invited me to go to Wuhan to give an introduction about NIAID and our ID research programs. I asked him to send me the information about this organization, its members, its mission, what they try to accomplish and its priority areas of ID research.

He also mentioned that his office prepares written reports and submit them to the relevant parties in MOST to voice scientific issues that they think are important and should be included in the next 13/5 mega projects (next year is critical for this. Once a project is included in the 13/5 mega projects, it would get funding from MOST for the next 5 years). [REDACTED] (b) (5)

[REDACTED]

[REDACTED] (b) (5)

He did repeatedly say that they are not paid by the organization to work for them. The office is an entity of the local government dedicated to promote science for the local scientists.

Thanks

Ping

Ping Chen, PhD
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(b) (6)

From: Handley, Gray (NIH/NIAID) [E]
Sent: Fri, 20 Oct 2017 17:46:45 +0000
To: Chen, Ping (NIH/NIAID) [E]
Cc: Meegan, James (NIH/NIAID) [E]; Rosa, William (NIH/NIAID) [E]; Dominique, Joyelle (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Subject: RE: Oct. Update

Please make a very careful and full report on what you learn during this visit. It will be a very important interaction and one that many are interested in. Please share your report with us before it goes into any other reporting.

We will be glad to engage directly or via grantees in whatever will help assure safe operations.

Gray

From: Chen, Ping (NIH/NIAID) [E]
Sent: Friday, October 20, 2017 10:20 AM
To: Handley, Gray (NIH/NIAID) [E] (b) (6)
Cc: Meegan, James (NIH/NIAID) [E] (b) (6); Rosa, William (NIH/NIAID) [E] (b) (6); Dominique, Joyelle (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6)
Subject: Re: Oct. Update

The lab will be operational soon. The visit has been arranged through one of our grantees. I know Jim LeDuc has been worked with WIV and had done some training. (b) (5)
(b) (5). Also, I was told only certain viruses can be worked in this lab. (b) (5)
(b) (5)

Ping

Sent from my iPhone

On Oct 20, 2017, at 9:54 PM, Handley, Gray (NIH/NIAID) [E] (b) (6) wrote:

Thanks, Ping. Interesting note.

Jim, (b) (5)
(b) (5)

Also, can OGR assist with putting together information for her to use for the flu meeting in Thailand? I think Ping also is in direct contact with some of the DMID folks, but she can clarify.

G

From: Meegan, James (NIH/NIAID) [E]
Sent: Friday, October 20, 2017 9:39 AM

To: Chen, Ping (NIH/NIAID) [E] (b) (6)
Cc: Rosa, William (NIH/NIAID) [E] (b) (6); Dominique, Joyelle (NIH/NIAID) [E] (b) (6); Handley, Gray (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E] (b) (6)

Subject: Re: Oct. Update

Jim LeDuc at U Texas Medical Branch, Director of the Galveston BSL4, works closely with them. In 1986 Jim and I spent the year on and off in Wuhan setting up a virology lab and studying Hantavirus infections and treating patients with ribavirin. We trained many, and some later came to the States. I think that helped it on its way to becoming a center for virology.

Is the visit all set, (b) (5)

Sent from my iPhone

On Oct 20, 2017, at 9:09 AM, Chen, Ping (NIH/NIAID) [E] (b) (6) wrote:

Yes

Sent from my iPhone

On Oct 20, 2017, at 8:28 PM, Meegan, James (NIH/NIAID) [E] (b) (6) wrote:

Is the BSL4 in Wuhan?

Sent from my iPhone

On Oct 20, 2017, at 8:23 AM, Chen, Ping (NIH/NIAID) [E] (b) (6) wrote:

Yes. I am available. 9 pm my time

Sent from my iPhone

On Oct 20, 2017, at 8:06 PM, Rosa, William (NIH/NIAID) [E] (b) (6) wrote:

We can have the call on Monday if you are available.

Thanks,

William

From: Chen, Ping (NIH/NIAID) [E]
Sent: Friday, October 20, 2017 5:09 AM
To: Handley, Gray (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E] (b) (6); Rosa, William (NIH/NIAID) [E] (b) (6)
Subject: Oct. Update

Dear all,

I traveled to Zhengzhou for the formal beginning of the Predict TB trial in Henan this week. The week before the Henan site received the approval from China's Human Genetic Resources office. So now the trial can start enroll patients. The Henan official wanted to have another initiation celebration and wanted to have NIAID official to attend. I was invited. The ceremony was postponed from Tuesday to Thursday because of the opening of the 19th national meeting of the Chinese communist party. All officials had to watch to opening and to listen to the president's speech, which I was told lasted for 3.5 hours! On Tuesday we traveled to one of the 4 sites in Henan, Kaifeng City TB institute and witnessed the screen of the first TB patient. The head of the provincial Bureau of Health and others from provincial CDC attended the ceremony. The event was sent on the street in the front of the hospital. They had placed 4 cannons and fired up at the beginning of the ceremony and later with confetti. I gave a 5 mins remark to thanks Henan for long term and successful collaborations, and wishing a successful trail. See the photo attached.

I have been worked with Janette on the logistics of the USJCMSP EID meeting. The first batch of the visa invitation has been sent back. Both hotel and of Shenzhen sponsor have been very responsive. We are making progress.

I am going to visit the only BSL4 level laboratory in China next week. The lab will become operational soon. Once it is hot, it won't be able to accept visitors.

Thank you for the funding cable.

The health team in Beijing suggested to do a public event on AMR at the Beijing American Center this month. I agree to it. But now it looks like that we may not be able to find a time slot for Nov. Will keep you posted when we will do it.

I will need you to help me prepare the information that CDC wants for the H7N9 round table event in Thailand. Gray knows what I need for the meeting.

As for the NIH-CAMS annual symposium on liver diseases, I will need to discuss it with Matt.

(b) (5)

(b) (5)

I will work with Matt till I can hand the majority of responsibility to him.

Are we have the call on Monday? I can take it from Wuhan.

Have a nice weekend.

Ping

Ping Chen, PhD
Director of NIAID Office in China
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(b) (6)

(b) (6)

From: Handley, Gray (NIH/NIAID) [E]
Sent: Tue, 5 Sep 2017 12:35:26 +0000
To: Chen, Ping (NIH/NIAID) [E]
Cc: Meegan, James (NIH/NIAID) [E]; Handley, Gray (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]; Rosa, William (NIH/NIAID) [E]; Dominique, Joyelle (NIH/NIAID) [E]
Subject: Re: End of Aug Update on Activities in China

Thanks. Very interesting. We will assure we take into account for GAO visit. G

Sent from my iPad

On Sep 5, 2017, at 4:04 AM, "Chen, Ping (NIH/NIAID) [E]" (b) (6) wrote:

Hi,

August had come and gone. I had reported on Secretary Price's visit and thanks everyone who had worked on providing briefing documents and background.

I attended the "Belt and Road" High Level Meeting for Health Cooperation: towards a Health Silk Road on Sept. 18. Vice Premier Madam LIU Yuandong outlined the principle and China's commitment to build the Health Silk Road, which is in alliance with China's Belt and Road Initiative by President Xi a few years ago. The new WHO director general Tedros attended the meeting and praised Chinese's global health efforts, and support China's Health Silk Road initiative. A few foreign country health officials gave very short speech supporting and participating the health silk road network. USAID, NIH, CDC attended this meeting and (b) (5). I will share the information later.

Last week USAID, CDC, ESTH and I met with Gates Foundation, initially planned to talk about global Malaria eradication efforts to see if there is any area we can work together. But we ended talking in general Chinese policies and the foundation's current strategies in China-- capacity building to help China raise its national standards and leverage China's resource to help others. One of the examples for raising the national standards is to help China FDA for its reform. Gates foundation has managed to work out a mechanism with China FDA to provide fund to China FDA for placing experienced Chinese-Americans who had worked at US FDA for many years to work in China FDA as senior consultants. These people play a key role for China FDA's reform such as the release of several draft documents on drug regulation reform in May 2017 for public comments (I invited two of them to attend our AMR workshop in Beijing). You have read the cable on Ambassador's meeting with China FDA's director general, Mr. Bi, in which it mentioned (b) (5)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

On the approach for leveraging China's resource to help others, Gates Foundation is working with Chinese government on donations to its neighboring countries and African countries such as anti-malaria medicines, bed net, diagnostics etc. More specifically, it helps Chinese companies to gain pre-qualification on medications so that Chinese company manufactured drugs can be sold outside China, helps the Chinese to establish bilateral collaboration with specific countries in Africa, teaches the Chinese how to do resource mobilization, and helps raise China's voice of governance by placing representatives from China on important international counsels as high level commitment from China. I told them about NIAID's ICEMR program. Another officer from the foundation noticed one of the PIs for our ICEMR also receives the fund from the Foundation. I told them for the second time about the detection method for fake and substandard anti-malarial drugs developed by one of the PIs in ICEMR,

(b) (5)

AMR planning is it final stage of preparation. Now Chinese are working on it and told me repeatedly things will be fine. I had discussion with them on covering Chinese invited speaker's travel. Their reaction is they are normally don't (previous meetings they organized) pay for speaker's travel. They received a request from one invitee from a company and they told him he has to find his own fund to pay for the airfare.

(b) (5)

Another item our Chinese partner brought up today is if we can print a meeting handout including brief bio and abstracts. I will try to ask but unlikely to have the abstract collected on time. I will ask the speakers at least mention their special area of interests and roles in AMR. Still waiting for the final confirmation from Chinese government officials.

Just met with a group from the Global Virome Project (GVP) which is funded partially by USAID. The head of the project, Peter Daszak of EcoHealth Alliance, is an NIAID funded PI. His collaborator at the Wuhan Institute of Virology in China has done excellent work on corona viruses in Chinese bat populations. Just heard the story that because of her research on corona viruses the scientists were able to quickly identify the virus that caused rapid death of thousands of farmed pigs in Guangdong province in China recently. It was one kind of corona viruses that has been identified in bats. George Gao is the lead on GVP in China,

(b) (5)

Mike Kurilla is on the board of GVP (He came to Beijing to attend a GVP meeting in March this year). During George's visit to NIAID in Oct,

(b) (5)

During the meeting embassy staff brought up three high level US-China interactive events: the social and cultural dialogue possibly at the end of Sept and possibly led by Vice Premier LIU Yuandong, who will meet with Secretary Price and GHSA will be on the meeting agenda, thus, . The next GHSA ministerial meeting in Kampala in Oct. Secretary Price will attend--

(b) (5)

The third event is possible Trump's visit to China in Nov.

(b) (5)

(b) (5)

BGI is located in Shenzhen. A site visit to BGI has been suggested by George Gao.

I have a few things to follow for the EID meeting in Shenzhen, waiting for responses from our Chinese co-sponsors.

Very busy time.

Please let me know if you have any questions.

Best,

Ping

Ping Chen, PhD
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From: Handley, Gray (NIH/NIAID) [E]
Sent: Fri, 7 Jul 2017 14:43:43 +0000
To: Chen, Ping (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Cc: Rosa, William (NIH/NIAID) [E]; Dominique, Joyelle (NIH/NIAID) [E]; Meegan, James (NIH/NIAID) [E]
Subject: RE: Jun/Jul update

All good. Too bad about Henan visit. [REDACTED] (b) (5)

[REDACTED]

[REDACTED] (b) (5)

Gray

From: Chen, Ping (NIH/NIAID) [E]
Sent: Friday, July 07, 2017 3:48 AM
To: Handley, Gray (NIH/NIAID) [E] [REDACTED] (b) (6); Bernabe, Gayle (NIH/NIAID) [E]
[REDACTED] (b) (6); Meegan, James (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: Rosa, William (NIH/NIAID) [E] [REDACTED] (b) (6); Dominique, Joyelle (NIH/NIAID) [E]
[REDACTED] (b) (6)
Subject: Jun/Jul update

Hi,

There have been many activities in China during the past 2 weeks since my return.

1. Sec. Price's pre-advanced team visited Beijing from Jun. 20-23. As you already knew the trip to our TB site in Henan was canceled because Henan Health and Family Planning Commission refused to host the team. I went to CAMS with the team only. The latest on the dates for Sec Price trip is Aug. 20-22, prior to the APEC meeting in Vietnam. The activities on the agenda include a proposed meeting with Chinese vice premier Liu Yuandong and Commissioner of NHFPC Li Bin and other NHFPC officials, visit China CDC, visit CAMS Cancer Hospital (NCI project), a forum at WHO Beijing office on One Health, an all-hands meeting in the embassy or somewhere, reception with China MOFCom (ministry of finance) and HCP (US-China Health Cooperation Program under US Trade and Development Agency, Department of Commerce, and HHS)--a FDA/commerce for health care industry event, [REDACTED] (b) (5)

[REDACTED], and an ambassador reception or dinner for the secretary. There is no NIAID activity on the list. I was told by HHS Health Attache's office that HHS wants to include at least one NIAID's activity. It is possible that they may somehow link CAMS to NIAID also since we have HIV and AMR projects with PUMCH.

Learned from our Henan experience, [REDACTED] (b) (5)
[REDACTED] One of the potential sites is the Wuhan Institute of Virology (WIV). RDB has a grant to

EcoHealth which has a Chinese collaborator at WIV working on finding similar SARS viruses in bats population and then look for human exposures to the viruses carried by the bats in the villagers near the caves. USAID funds the same organization and they do more virus seeking projects in China.

If possible, [REDACTED] (b) (5)

Please provide any suggestions you may have and we should look into them in preparing for the next big visit.

2. We finally received signed co-sponsor agreement from our Chinese partners for the US-Japan EID meeting. I have contacted Shenzhen and plan to visit July 18-21.

3. AMR workshop is in two months. I learned last week that CAMS Department of International Cooperation had no idea about this meeting. Evidently our POC at Institute of Materia Medica (IMM) did not inform them (President Cao assigned the director of IMM, Jiandong Jiang to be in charge of our AMR meeting). He did not even sent the co-sponsor agreement to CAMS for signature. I discovered this when I visited CAMS with the pre advance team. Now CAMS has the co-sponsor agreement and the list of people who would need visa invitation. I raised the urgency to them and will follow up next week. Finally today IMM told me the hotel for the meeting. [REDACTED] (b) (5)

[REDACTED] The meeting agenda is almost final. Still missing a few speakers, all in the China side. I will continue working with them to finalize it.

4. New ambassador Branstad arrived in Beijing last week just before the 4th of July celebration event last Friday. The embassy has started a serious briefing meetings with him. On the 18 subject list Health Issues is the last one. Currently Adrienne, the Health Attache for HHS, is out of the office. So it is likely that the brief for the health issue will be later after she is back. We were given 2-3 sentence time at the country team meeting last week to introduce agencies and what we do.

5. [REDACTED] (b) (5)

6. [REDACTED] (b) (5)

6. I owe you the review of a few Chinese documents [REDACTED] (b) (5)

Have a nice weekend and talk to some of you next Monday.

Ping

Ping Chen, PhD
Director of NIAID Office in China

Office of Global Research, NIAID, NIH

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From: Handley, Gray (NIH/NIAID) [E]
Sent: Fri, 30 Mar 2018 02:42:26 +0000
To: Chen, Ping (NIH/NIAID) [E]
Cc: Meegan, James (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Subject: RE: NSFC update

(b) (5)

Gray

From: Chen, Ping (NIH/NIAID) [E]
Sent: Thursday, March 29, 2018 8:23 PM
To: Handley, Gray (NIH/NIAID) [E] (b) (6)
Cc: Meegan, James (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E]
(b) (6)
Subject: Re: NSFC update

I will.

One thought I have is (b) (5)

What do you think?

Thanks

Ping

Sent from my iPhone

On Mar 30, 2018, at 6:21 AM, Handley, Gray (NIH/NIAID) [E] (b) (6) wrote:

(b) (5)


Please continue to keep your ear to the ground.

Gray

From: Chen, Ping (NIH/NIAID) [E]
Sent: Thursday, March 29, 2018 4:57 AM
To: Handley, Gray (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E]
(b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6)
Subject: NSFC update

Hi,

Nancy Sung of NSF went to NSFC to meet with Director Li. Just before their meeting, Li was called to meet with MOST at the Great Hall of the People right away. So Nancy rode in his car and they talked in the car. (b) (5)



(b) (5)

Will keep you posted on the development of the merge.

Best,

Ping

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From: Handley, Gray (NIH/NIAID) [E]
Sent: Mon, 23 Jan 2017 22:01:26 +0000
To: Chen, Ping (NIH/NIAID) [E]
Cc: (b) (6); Meegan, James (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]; Rosa, William (NIH/NIAID) [E]; Eng, Janette (NIH/NIAID) [E]
Subject: RE: Jan Update

Very helpful report, Ping. Looks like you are pretty busy.

I have copied Janette Eng who can help with your EID registration.

See you soon.

Gray

From: Chen, Ping (NIH/NIAID) [E]
Sent: Friday, January 20, 2017 2:41 AM
To: Meegan, James (NIH/NIAID) [E] (b) (6); Handley, Gray (NIH/NIAID) [E]
(b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Rosa, William (NIH/NIAID) [E] (b) (6)
Cc: (b) (6)
Subject: Jan Update

Hi All,

Here are the few things I am working on.

1. The intramural TB lab will launch its clinical trial--Predict Trial--in Henan in March. It is an international multi-site clinical trial in China and South Africa to shorten the standard treatment for drug-sensitive TB from 6 months to 4 months by using the imaging technology to predict the prognosis of patients in response to the standard TB therapy. Three sites in Henan are selected. The investigator initiation meeting will be held on Saturday, March 11 at Zhengzhou. In conjunction with this event Henan Provincial Bureau of Health is organizing a conference on TB for the China's Central Region on March 10. Some internationally renowned TB researchers (several from South Africa attending both events) will be invited to attend conference. (b) (5)

(b) (5)

2. (b) (5)

3. I finally received the revised draft meeting outline (without agenda) for the NIAID-CAMS AMR workshop from DMID and shared it with CAMS. The workshop is scheduled for the week of Sept 18

(There is an AMR meeting in Seoul Sept 14-16. Some of the DMID people can come for both meetings). The POC from CAMS for this meeting is Dr. Jiandong Jiang, who is the director of CAMS' Institute of Materia Medica. Gray, we met him during our visit to the institute. He has responded and agreed to the proposed contents of the workshop. I am going to meet him on Feb. 16 to discuss the details. The revised outline is attached for your reference. (b) (5)

[REDACTED]

4. Two days ago I received the notice that ARLG issued selection decision letters to the hospitals we visited in Dec. 5 hospitals are selected: 2 in Beijing, one in Shanghai and 2 in Hangzhou (for your information Dr. Lanjuan Li's hospital, Shulan is on the selected list). GSK has provided assistance and will continue to provide help on training and trial monitoring. (b) (5)

[REDACTED]

5. One MOST-sponsored TB treatment clinical trial has started using some CTCTC hospitals (CTCTC is TB clinical trial network DAIDS has provided technical and training supports). One of the CTCTC sites in Wuhan has been chosen to implement our RePort system.

6. DEA will hold a NIAID post award policy and management event in Beijing. Its Beijing host is Dr. Yiming Shao, who should not be a stranger to you (he accompanied Dr. Li to visit NIAID) and our grantee on HIV vaccine. Paula asked me if I can facilitate the issue of invitation letter by Shao. I offered to send invitation letter to her and other help she may need in Beijing.

7. I plan to attend the US-Japan EID meeting in Seoul. However, the link for registration sent by Gayle does not work. I have the hotel reservation already. I will need help to register if the link continuously gives me the error message.

8. A group called Global Virome Project will be visiting Beijing to discuss the scope of the project, which is sponsored by USAID and other organizations. They plan to have US and China be the leaders of the project. The China host is China CDC and our dear friend George Gao is China POC for this project. The purpose of the project is to identify viruses present in the wild life with potential crossing over to humans, causing human infection and disease. Following the identification of the viruses is the development of vaccines to protect human population. China has huge capacity for vaccine development (I think it has 7 national owned vaccine manufacturing facility and over 30 private vaccine making companies). (b) (5) One of the partners in this project is EcoHealth Alliance. Peter Daszak from EcoHealth Alliance is one of the leaders for the GVP project and he has NIAID grant from RDB looking at the coronaviruses in Bat populations in China in collaboration with Wuhan Institute of Virology. He came to visit me once in the Embassy. This grant has direct connection with the purpose of GVP. The meeting is scheduled for Feb. 6-7 in Beijing and it is conflict with our Japan EID meeting.

Thank you and have a nice weekend.

Ping

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[REDACTED] (b) (6)

[REDACTED] (b) (6)

From: Handley, Gray (NIH/NIAID) [E]
Sent: Wed, 6 Nov 2013 16:35:41 +0000
To: Antoine, Ashley (NIH/NIAID) [E]; Arcuri, Guy (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]; Chen, Ping (NIH/NIAID) [E]; Chopra, Nandita (NIH/NIAID) [E]; Coury, Martha Jane (NIH/NIAID) [E]; Dillard, Elizabeth (NIH/NIAID) [C]; Dominique, Joyelle (NIH/NIAID) [E]; Eng, Janette (NIH/NIAID) [C]; Georgiev, Vassil (NIH/NIAID) [E]; Greenfield, David (NIH/NIAID) [C]; Gupta, Ranjan (NIH/NIAID) [E]; Handley, Gray (NIH/NIAID) [E]; Meegan, James (NIH/NIAID) [E]; Namuyinga, Ruth (NIH/NIAID) [C]; Niang, Mame (NIH/NIAID) [E]; O'Donnell, Chris (NIH/NIAID) [F]; Ossorio Goldman, Margarita (NIH/NIAID) [E]; Petruso, Cindy (NIH/NIAID) [E]; Rosa, William (NIH/NIAID) [E]; Shifa, Abdulmelik (NIH/NIAID) [C]; Sow, Ydrissa (NIH/NIAID) [E]; Touchette, Nancy (NIH/NIAID) [E]; Western, Karl (NIH/NIAID) [E]
Subject: FW: HHS Global Health Updates, November 5, 2013
Attachments: Global Health Collaboration UPDATES for Nov 5.docx, CDC NCEZID Detail Opportunity.docx, China Weekly Health News Briefing from Chinese Media, Oct 28 - Nov 1, 2013.docx, Detail in the Asia Pacific Office_Nov2013.docx, SAMHSA Viet October 2013 monthly report.pdf, Vietnam Weekly Health News 10-31-2013.doc

fyi

From: Spangler, John (HHS/OS/OGA) (CTR)
Sent: Tuesday, November 05, 2013 8:08 PM
To: Spangler, John (HHS/OS/OGA) (CTR)
Subject: HHS Global Health Updates, November 5, 2013

Good Evening,

Today's HHS Global Health Collaboration Updates and relevant documents are attached.

As a reminder, should you like to subscribe or unsubscribe to the listserv, click [here](#).


Thank you,

John Spangler
Management Analyst, Agency Liaison Office
Office of Global Affairs –*International Health Action for a Healthier US*
U.S. Department of Health & Human Services

P: (b) (6)

M: (b) (6)

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Global Health Collaboration Updates

November 5, 2013

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Global Health Collaboration Updates

November 5, 2013

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Global Health Collaboration Updates

November 5, 2013

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Global Health Collaboration Updates

November 5, 2013

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Global Health Collaboration Updates

November 5, 2013

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Global Health Collaboration Updates

November 5, 2013

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Detail Opportunity
National Center for Emerging Zoonotic and Infectious Diseases (NCEZID) Division of
Healthcare Quality Promotion (DHQP)
Office of Antimicrobial Resistance

Series and Grade: GS-601 & 685-12/13

Duty Location: Atlanta, GA

The National Center for Emerging Zoonotic and Infectious Diseases (NCEZID), Division of Healthcare Quality Promotion (DHQP), Office of Antimicrobial Resistance (OAR) is seeking qualified applicants in the above series to serve as a member of the OAR leadership team for 120 days, beginning on or about November 24, 2013. The incumbent will report to the Director of OAR and be involved in all aspects of OAR's work on matters related to the strategic direction for the prevention, intervention and control of antimicrobial resistance infections. Contractors are not eligible to apply.

The incumbent (1) serves as the Executive Secretary and coordinates activities of the U.S. Interagency Task Force on Antimicrobial Resistance (ITFAR) and the Transatlantic Taskforce on Antimicrobial Resistance (TATFAR) involving national and international plans, policy, practices and progress on issues related to antimicrobial resistance and public health; (2) coordinates initiatives with CDC branch, division, and center leadership, management and agency officials and subject matter experts; provides leadership and advice on the status and impact of program and management issues, policies or potential policies (such as legislation or administration directives) likely to influence the strategic direction of CDC's AR activities; (3) is responsible for the development of visible and influential communications regarding program policies, goals, and direction and ensuring that messages are consistent with the missions and long and short-term goals of the CDC CIOs, DHHS, and key CDC partners and constituents both in the U.S. and globally.

MAJOR DUTIES AND RESPONSIBILITIES

As a public health professional, perform independent public health program and policy assessment and evaluation to further CDC's initiatives to address the problem of antimicrobial resistance.

- Maintain a high level of knowledge related to domestic and international public health programs, policies and activities associated with antimicrobial resistance; conduct extensive program and policy assessment and develop reports and presentations to inform and facilitate consensus building in the development of public health policies. Establish ongoing, productive working relationships with CDC and HHS leadership and senior management/administration officials, high level government Congressional staff, recognized subject matter experts, medical organizations, international ministries of health, and the public. Serve as Executive Secretary for the U.S. Interagency Task Force on Antimicrobial Resistance (ITFAR) and the Transatlantic Taskforce on Antimicrobial Resistance (TATFAR):

1. Cultivate new and maintain ongoing relationships with U.S. government agencies and departments, international ministries of health and constituencies with interest in the prevention, intervention and control of antimicrobial resistance
2. Develop and maintain familiarity and expert knowledge of Task Force structures, issues, policies, and activities
3. Synthesize different perspectives to drive toward consensus based on the need and mission of each agency and ministry
4. Where possible, negotiate and resolve disparate policies and recommendations for the development of reports and presentations
5. Provide reports and presentations for Task Force Chairs and members, decisions makers, AR constituencies, and the public
6. Gather data, update and revise Task Force documentation for share drives and websites: specifically, the annual progress report of the ITFAR Action Plan; TATFAR reports and recommendations for future collaboration between the U.S. and the European Union ; meeting minutes and documentation for clearance processes
7. Using standardize style manual, oversee content for all documents, papers, websites and share drives
8. Coordinate meeting management, including preparation of agendas, meeting materials, notifications and communications.
9. Facilitate communication and coordination among all relevant parties
10. Work directly with CDC and DHHS communication teams to ensure responses and messages are consistent with the organization's mission and goals, clearance procedures, and style requirements

APPLICATION PROCEDURES

Applicants wishing to be considered for this position should gain supervisory approval and submit a résumé and brief statement of interest to Marsha Jones (maj4@cdc.gov) by close of business November 8, 2013.

Please insert: Detail – DHQP/ Office of Antimicrobial Resistance in the subject line of the e-mail. Questions regarding this detail should be directed to Marsha Jones (maj4@cdc.gov); Telephone: 404-639-4111).

This message is intended for personnel in job series 601 and 685 who are at the GS-12/13 grade level and Commissioned Corps grade. Equivalent MA, MS or MPH degree or above is desired.

China Weekly Health News Briefing from Chinese Media Oct 28 - Nov 1, 2013

Headlines

1. Food and drug safety

- 1) 5 pharmacies begin to sell baby formula in Beijing
- 2) The Legislative Affairs Office of the State Council is soliciting opinions on a draft amendment to the food safety law
- 3) Promoting baby formula is prohibited in hospitals

2. Infectious diseases

- 1) Chinese researchers successfully developed H7N9 flu vaccine
- 2) Study confirms Chinese bats are the source of SARS

3. Health and medical services

- 1) Study shows PM1 air pollution is most harmful
- 2) The National Health and Family Planning Commission issued a plan to monitor smog's impact on health
- 3) Five ministries jointly issued rural doctors training plan for 2011-2020
- 4) Medical workers protest against violence
- 5) First China vaccine gets WHO approval for global use

In detail

1. Food and drug safety

- 1) 5 pharmacies begin to sell baby formula in Beijing

[Xinhua](#) reports, "Five pharmacies in Beijing started using vending machines equipped with tracking systems to sell baby formula on Saturday, but sales on the first day did not go as well as expected. Five pharmacies from four medicine chain retailers - Jinxiang, Yong'antang, Cachet and Quanxin - became the first in the country to participate in the baby formula trial system. The International Brand Management Center, an organization under the Ministry of Commerce, encouraged more pharmacies to sell milk powder. With the exception of products for babies younger than 6 months, the infant formula sold at the five stores cost 10 percent less than the same items sold at supermarkets - a move to attract more consumers. The products were all transported from dairy companies directly to the drugstores, and are kept in cabinets that can hold up to 30 cans each."

- 2) The Legislative Affairs Office of the State Council is soliciting opinions on a draft amendment to the food safety law

[The Legislative Affairs Office of the State Council](#) began to solicit opinions on a draft amendment to the food safety law on Tuesday, which will impose harsher punishment on violators. The draft amendment has additional stipulations that highlight the liability of food companies and local governments, offer innovative supervision methods and strengthen the role of the public in ensuring food safety. Concerning infant formula, the draft stipulates that manufacturers should report the raw materials, ingredients and labels of their products to food safety administrations, and they are not allowed to contract the production to other people or repackage original products. According to the

draft, fines for severe food safety violations such as use of illegal additives are 15 to 30 times the amount involved in the misconduct, up from the current five to 10 times. The draft is open to public feedback until November 29.

3) Promoting baby formula is prohibited in hospitals

[The China Food and Drug Administration](#), the National Health and Family Planning Commission and the State Administration for Industry and Commerce jointly made a statement that companies producing baby formula are prohibited from promoting their products in hospitals. Hospitals are also banned from accepting gifts, sponsorship or kickbacks from baby formula companies. Hospitals and their members of staff are banned from promoting baby formula to families of newborn babies.

[China Daily](#) reports, "The move came more than a month after the National Health and Family Planning Commission issued a similar statement in response to a scandal in which Danone was discovered to have bribed medical workers in hospitals in Tianjin to give babies its infant formula products under the brand of Dumex. On October 14, the Tianjin government said that Dumex China paid 116 workers in 85 hospitals in the city to promote their infant formula by handing out pamphlets and giving lectures to parents. The government said it has confiscated the money these medical workers received and 13 were penalized."

2. Infectious diseases

1) Chinese researchers successfully developed H7N9 flu vaccine

[Xinhua](#) reports, "Chinese researchers announced Saturday they had successfully developed the vaccine for the H7N9 bird flu virus. Shu Yuelong, Director of the Chinese National Influenza Center, said that this is the first influenza vaccine ever developed by Chinese scientists. The vaccine has provided important technical support to battle the new flu strain, making contribution to the H7N9 flu virus epidemic control all over the world. The vaccine was jointly developed by the First Affiliated Hospital under the School of Medicine of the Zhejiang University, Hong Kong University, Chinese Center for Disease Control and Prevention, National Institute for Food and Drug Control, and the Chinese Academy of Medical Sciences."

2) Study confirms Chinese bats are the source of SARS

[Xinhua](#) reports, "Species of Chinese bat has been confirmed as the source of the deadly SARS virus that broke out in 2002. An international study group, led by Chinese researcher Shi Zhengli, has isolated a SARS-like coronavirus from the horseshoe bat, a species widespread in China and Southeast Asia, the Chinese Academy of Sciences revealed on Thursday. Shi is a researcher with the Wuhan Institute of Virology under the Chinese Academy of Sciences. The latest study results in the October 30 online issue of the journal Nature, confirm a 2005 research that says bat species are natural hosts of coronaviruses closely related to SARS."

3. Health and medical services

1) Study shows PM1 air pollution is most harmful

[China Daily](#) reports, "A recent study led by Chinese scientists shows a strong link between smaller air pollution particles and a range of serious health conditions. Scientists said the smaller the airborne particles, the more likely they are to cause illness, suggesting the need for monitoring of particulate matter of 1 micron or less in diameter - a category of pollution rarely monitored. In recent years, many locations across the country have been blanketed with heavy air pollution, raising

concerns for public health. Among the main categories of pollutant measured is PM2.5, which can enter the respiratory system and contribute to a range of illnesses, including cardiovascular disease. Now, in a new study published in the public health journal *Environmental Health Perspectives*, researchers from the School of Public Health at Fudan University in Shanghai have demonstrated correlations between PM2.5 pollution and the incidence of particular illnesses. Researchers spent about two years collecting data in a medium-sized city in northern China, measuring the levels of particulate matter in 23 size categories ranging from 0.25 microns to 10 microns. They then plotted the health conditions of residents in the city against the concentrations of particles of different sizes found in their locations. Among the key findings was that those areas with larger concentrations of smaller particles showed higher incidences of particular illness.”

- 2) The National Health and Family Planning Commission issued a plan to monitor smog's impact on health

[The National Health and Family Planning Commission](#) issued a work plan to monitor smog's impact on health on Monday. According to the Plan, a national monitoring network would be set up to monitor the impact of air pollution on human health within the coming three to five years. According to the Plan, the network will gather data on the compositions of PM2.5, airborne particles measuring less than 2.5 microns in diameter, in different regions and the density changes of main air pollutants, which will provide data support for the analysis and evaluation of their impact on health. The Plan also noted that the absence of a long-term, systematic monitoring system has prevented the country from uncovering the link between air pollution and human health. Based on the Plan, the network will first cover a number of cities in 16 provinces and municipalities where smog is frequent as well as certain villages and towns in rural areas in six provincial-level regions by the year end. The evaluation will be based on the integrated and long-term analysis of PM2.5 data, weather information and cases of local residents' diseases and deaths.

- 3) Five ministries jointly issued rural doctors training plan for 2011-2020

[The National Health and Family Planning Commission](#), together with the National Development and Reform Commission, the Ministry of Education, the Ministry of Finance and the State Administration for Traditional Chinese Medicine, jointly issued the National Education Plan for Rural Doctors for 2011-2020. According to the Plan, the number of rural health workers in China reached 1.2 million by the end of 2010, marking an 18.1 percent jump in comparison with the number in 2000. A strict training mechanism for rural doctors will be created in order to improve their education level. 60 percent of rural doctors should hold degrees from secondary technical schools or above by 2015. And all rural doctors are expected to be qualified as medical practitioners by 2020.

- 4) Medical workers protest against violence

[Global Times](#) reports, “Hundreds of medical workers in Wenling, Zhejiang Province, took to the streets on Monday to mourn a doctor who was stabbed to death by a patient in an incident that also injured another two doctors. They also protested against the dangerous situation faced by doctors that has resulted in a series of violent attacks. They held banners and posters saying that violence should be rejected and the safety of medical workers should be guaranteed. Wang Yunjie, a chief physician with the ear-nose-throat department of the No.1 People's Hospital of Wenling was stabbed to death during treatment by a 33-year-old patient on Friday. The patient named Lian Enqing, who was unsatisfied with surgery by the hospital, stabbed him several times as well as another two doctors, before he was stopped by a security guard at the hospital. The protest against the violence amid a series of violent cases has drawn significant attention online, with many medical workers calling for zero tolerance toward violence.”

According to [the National Health and Family Planning Commission](#), Minister Li Bin asked for severe punishment of the criminals and better protection of the safety and interests of the medical workers.

5) First China vaccine gets WHO approval for global use

[China Daily](#) reports, "Children in South Asia at risk from deadly Japanese encephalitis will be protected by China's first vaccine approved for global use by the World Health Organization. The vaccine, manufactured by the Chengdu Institute of Biological Products, has received WHO prequalification, which means it meets international standards for quality, safety and efficacy. WHO Director-General Margaret Chan said that this is a welcome development, both in the fight to protect children in developing countries from the virus and in the future availability of vaccines more generally, as China is now producing vaccines up to WHO standards."

Detail Opportunity – 120 days

International Health Analyst

Grade GS12/13

Washington D.C.

Position: International Health Analyst (Public Health Advisor- 685)

Duty location: Washington D.C.

Start Date: Mid-November 2013

The Office of Global Affairs (OGA) supports and helps guide the United States Department of Health and Human Services (HHS) in international matters. OGA supports the Secretary and HHS leadership by providing direction across the Department's three strategic goals in global health: protecting and promoting the health of Americans; providing leadership and technical expertise; and advancing U.S. interests in diplomacy, development and security. Within HHS we coordinate international health and human services policy, research, and global health diplomacy for the benefit of Americans. OGA cooperates with other U.S. Government agencies on global health and human services issues, identifies and analyzes HHS global health and human services initiatives, and makes recommendations to the Secretary on these issues. OGA represents the Department to international health organizations, agencies, and representatives of foreign governments. It has a staff of public health professionals and support staff within its immediate office and on detail to other U.S. or international agencies, including U.S. Embassies and Missions overseas.

Duties and Responsibilities:

The individual will be responsible for developing, coordinating and implementing policy and coordination projects related to international health in the Asia Pacific region across HHS's divisions (e.g., National Institutes of Health, Food and Drug Administration, Centers for Disease Control and Prevention). This detail will be focus on our bilateral relationships with India, Thailand, Bangladesh, S. Korea, Japan, Philippines, and India.

Specific Responsibilities include:

- Preparing issue papers, memoranda, analyses, briefing documents, program proposals, position papers and other high-quality documents on issues and opportunities within the Asia Pacific region;
- Establishing and maintaining effective working relationships within HHS, USG interagency, U.S. Embassies and other relevant organizations to promote HHS's mission and objectives;

- Representing OGA and HHS effectively in forums and meetings that impact the United States and international regions;
- Providing administrative and technical assistance to the Director on issues that impact the United States, Asia and the Pacific; and
- Monitoring and analyzing new legislation, policies, program initiatives, regulations and requirements and make recommendations to issue new policies and instructions to fulfill requirements.

Experience:

We are looking for motivated individuals who have experience in policy and detail oriented activities. Candidates should have strong writing, oral, and analytical skills and be comfortable working in a fast-paced, high-visibility setting.

Application Procedure:

Supervisory approval for this detail is required before an applicant will be considered for the position. Interested persons should send a resume via e-mail to Jessica Stewart at Jessica.Stewart@hhs.gov and Erika Elvander at Erika.Elvander@hhs.gov.

SAMHSA Vietnam - Monthly report

OCTOBER, 2013



SAMHSA Vietnam - October 2013 report

Technical collaboration

- Dr. Hoang Vu accompanied Dr. Gavin Bart to provide TA to HCMC PAC and Go Vap site on Oct 2-4. This is also the first potential site that will offer Buprenorphine. However the focus was on clinical MMT for doctors and other staff.
- Dr Gavin Bart, MD PhD, the Director, Division of Addiction Medicine Department of Medicine Hennepin County Medical Center, University of Minnesota has worked in Vietnam from Sep 23 to November 6. In this TA trip he continues to provide assistance to the Vietnam MMT program. His focus this time has two folds. First is the training course (Oct 8-11) for the future selected trainees from medical university. This is the joint course supported by World Bank/Global Fund/VAAC. Secondly, he helped adapt the treatment improvement protocol (TIP43) to be used as the text book in Vietnam. He has submitted 14 chapters on October 25. Dr Tam of the VAAC/MOH reviewed and is happy to have this product translated into Vietnamese as soon as possible. Besides these two activities, Dr Bart has helped mentoring for VHATTC/HMU and National Mental Health Institute on Clinical Methadone. He also spends time discussing with VAAC (Dr Tam) and visiting ART clinics where he may implement his future research (SBIRT and Buprenorphine). He will meet with Dr Bruce Trigg who is the consultant of the HAARP project funded by AUSAID to recommend on the expansion of its MMT clinics.
- We continue to review reports provided by PEPFAR implementing partners (SCMS) on Methadone sites supported by Global Fund (Two provinces: Hung Yen and Nam Dinh in this month).



The Ambassador, the DCM, Dr. Hoang and LESA board

In this issue:

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Training

- Dr. Kevin Mulvey gave a training session on counseling for MMT training on October 7.
- Dr. Kevin Mulvey gave lecture on Drug prevention and treatment to staff of SAMHSA, Hanoi Medical University and Hanoi PAC on October 8, 10, 15 & 17.
- SAMHSA team had meeting with Dr. Thomas Freese, Ms. Grace Kim - UCLA and Dr. John Eyres and Ms. Trang Le - USAID to discuss on preparing MI training and TA support for HCMC People AIDS Center (PAC) and Can Tho PAC on October 18.

SAMHSA Vietnam - Monthly report

Advocacy and Networking

- SAMHSA team worked with Asia Pacific Certification Board (APCB) and FHI to develop mechanism and structure to support Vietnamese counselors attend APCB exam. The purchase request was approved by the Embassy. APCB, Vietnam Association of Psychology, FHI and SAMHSA will work together to set up the exam date and organize exam the counselors in November.
- Dr. Kevin and Dr. Hoang participated ANRS/ESTHER/NCHADS/VAAC Scientific Symposium on HIV and viral hepatitis in Cambodia & Vietnam on Sep 30 - Oct 2, 2013. Dr. Kevin was the co-chair for session Substance use disorders and HIV infection
- Dr. Kevin and Dr. Hoang attended Hanoi Medical University's Symposium on October 10. This is the partnership between Columbia University and Hanoi Medical University and other local institutions on social science research and training on HIV and health issues (STAR). Funding for this is from the US National Institutes of Health (NIH).
- Dr. Kevin and Dr. Hoang attended meeting with World Bank's mission members of Implementation Completion & Results (ICR) mission from Washington and Vietnam discuss the Project, its approach, services and impact - from needle-syringe programs and condom social marketing, to Methadone and management structures of HIV/AIDS program on October 23.
- SAMHSA VN will be coordinator for all Vietnamese participants to attend conference AATOD 2013 in Philadelphia, PA on November 9 – 13. The team coordinated with AATOD and all participated and prepared arrangements for their travel in November.
- SAMHSA VN prepared and supported arrangements for partners to participate International Society of Addiction Medicine (*ISAM*) Annual Meeting in Kuala Lumpur on Nov 21-23.
- Dr. Kevin had meeting with HAARP Evaluation team on Oct 28
- SAMHSA VN team had meeting with Dr. Le Van Thanh – new Director of Department of Social VICES Prevention, Ministry of Labour, Invalids and Social Affairs to introduce about SAMHSA's activities in Vietnam on October 28.
- Dr Vu Hoang led a working lunch with the Chief of Mission and Deputy Chief of Mission to discuss the work of the Locally Employed Staff Association (LESA) with his 12 members. The contribution to the overall mission's success from the association is highly appreciated by the Embassy leaders.

Other activities

- Preparation for Pre-COP submission to Program Coordination Office of PEPFAR
- SAMHSA –VN staff participated in VHATTC monthly management call.
- Participated and presented in all relevant regular PEPFAR meetings: Steering Committee, Management Team Meeting, PIAT meeting, Prevention TWG meeting, HHS TWG and MMT meeting.
- Reviewed September bills and total expenditure and cable balance/carryover of FY 13
- Processed travel authorization, travel voucher preparation, transport arrangement, hotel and flight booking were prepared in due time for staff's all provincial trips.
- Payment requests to service providers, visitors and travelers were made in due time.

SAMHSA Vietnam - Monthly report

Plan for November

SAMHSA VN

- Dr. Hoang Vu will participate AATOD conference in Philadelphia, PA, US on Nov 9-13. Vietnam will have three major activities at this conference: The Vietnam Panel; A remark at the International Luncheon; and a Prison visit.
- Dr. Kevin will participate ISAM annual meeting in Kuala Lumpur, Malaysia on Nov 21-23.
- Dr. Kevin will participate in Health Forum in Papua New Guinea Nov 30th to Dec 7th

VHATTC:

- ATS workshop
- VHATTC Advisory Board meeting
- Methadone practicum for VHATTC trainers
- Mentoring for VHATTC trainers
- Implementation of the VAAC study of different MMT-ART integration models
- Website updates (ongoing)
- Follow-up official approval of VNIMH MMT clinic from Hanoi Department of Health

Vietnam Weekly Health News –10/31/2013

Disclaimer: Sources of information are from the Vietnamese press, are for informational purposes only, and are provided without warranty as to the accuracy of content. Item selection does not imply US Embassy authentication or endorsement.

Summary:

- ***70 cases of reactions after Quinvaxem vaccination***
- ***Child obesity on the increase***
- ***Cancer claims 75,000 Vietnamese lives annually***
- ***Diabetes on the rise in Vietnam***

PUBLIC HEALTH

Probe into post-vaccination deaths ongoing, police say

Police in the north-central province of Quang Tri Friday said they have yet to conclude investigations into the headline-grabbing deaths of three local newborns after they received Hepatitis B (HepB) vaccine shots on July 20. The statement came after some newspapers quoted sources as saying that the authorities have "initially concluded" that the babies died at Huong Hoa General Hospital after receiving oxytocin, which helps stimulate uterine contractions for a baby delivery, rather than the HepB vaccine. According to the reports, a power cut at the hospital forced the vaccination staff to use their cell phone light to look for the HepB vaccine, which was preserved in the same place as oxytocin, leading to the fatal mistake. However, Huong Hoa General Hospital leaders have said the investigators have not told them that wrong medication led to the babies' deaths. Nguyen Van Thien, the hospital's deputy director, confirmed to *Thanh Nien* Friday that there was a power cut, but rejected the information that the two types of medications were preserved in the same place. Thien said HepB vaccine is always put in the refrigerator set at 2-8 degrees Centigrade, but oxytocin is not. He said HepB vaccine is contained in vials with rubber stoppers, while oxytocin is in a glass tubes, adding that the different forms of containers would not allow his hospital staff to make such serious mistakes. Asked about the potential risk that the babies could have faced if they had received oxytocin, he said he could not give the answer as it is an unprecedented case and no research has been done into this question. Colonel Le Quang Cong, head of Quang Tri Police Department's social crimes investigation division, said Friday he could not confirm the news reports, as the investigation is still ongoing. "I don't know where they [the newspapers] got the information from," he said, adding that the provincial police department will provide the information to the media as soon as they have reached official conclusions. Major-General Le Cong Dung, director, and Colonel Tran Duc Viet, deputy director of the Quang Tri Police Department, gave similar responses the same day. Tran Van Thanh, director of Quang Tri Health Department, said that day he has not received the conclusions reported in the media. Nguyen Dac Phu, deputy head of the General Department of Preventive Medicine, also said he only knew of the conclusion on the babies' deaths via the newspapers, not the investigators. He said there has been several cases of vaccination with wrong medications, not vaccine, like Yemen in 1997

when 21 babies were killed by insulin injections. In Vietnam, the accident, if confirmed, would be the first-ever one in the country. Tran Thi Ha, of Huong Hoa's Khe Sanh Town, one of the three mothers who lost their babies, said: "Whatever the reason really is, I hope that the case will be tried and those involved will be punished so that no one else will suffer such similar tragedy." The babies born at Huong Hoa General Hospital died less than one hour after receiving their first HepB shots, which came from two vaccine batches containing 600,000 shots distributed nationwide. Standard protocol in Vietnam is to give newborns their first in a series of HepB shots within 24 hours of birth to prevent the virus from being transmitted to them from infected mothers. A total of four HepB shots are currently administered to each Vietnamese baby for free under the National Extended Program on Immunization, with three additional shots administered when the baby is two, three and four months old. The deaths provoked concerns among parents and experts about the local-made HepB vaccine and the practice of administering the vaccination 24 hours after birth, but both the health ministry and the World Health Organization in Vietnam have maintained that the first HepB shot be given to all newborns within 24 hours. The health agencies believe the three babies went into reactive shock after receiving the HepB shots, and came up with three potential scenarios which would account for the babies' deaths: undiagnosed congenital diseases; defective vaccinations; or the way the vaccinations were preserved or administered by the hospital. The first one was soon excluded as they said the babies were born healthy. *Thanh Nien online, October 26, 2013*

70 cases of reactions after Quinvaxem vaccination

VietNamNet Bridge - Along with the southern province of Tien Giang, Hai Phong, Thai Nguyen and Kien Giang, provinces have reported dozens of cases of adverse reactions after Quinvaxem vaccine was re-used in the national extended vaccination. After two days (October 25 and 26) of using Quinvaxem again, Tien Giang province decided to suspend the use of the vaccine in Cai Lay district because over 20 infants suffered from side effects after vaccination. The move made many parents worried because the Ministry of Health has just allowed the use of this vaccine again after 5 months. There are 12 provinces in Vietnam have reused Quinvaxem vaccine. Besides Tien Giang, Hai Phong, Kien Giang and Thai Nguyen provinces have also reported reactions after vaccination with a total of 50 cases. Most of the cases were with mild reactions. Dr. Tran Dac Phu, Director of Preventive Health Department says that according to reports by Tien Giang province, the majority of children hospitalized with fever, swelling of the injection site. This is just a reaction to the pertussis component of the vaccine. Phu adds that the dozens of children that were hospitalized after vaccination is most likely because of psychological affects. Children after injection with Quinvaxem usually had fever and swelling at injection site. Perhaps the parents were so anxious so they took their children to hospital. "This act is very ordinary, prudent for the health of children. However, this can make mass reaction, when a mother brought her son to the hospital, others were also anxious and follow her," Phu says. In late September, the Ministry of Health decided to re-use the 5 in 1 vaccine Quinvaxem after 5-month suspension. The decision was very carefully considered by the Ministry after receiving investigation results of the vaccine quality from institutions at home and abroad. All institutions confirmed that this vaccine is safe. According to the Preventive Medicine Agency, each month 380,000 babies in

Vietnam need Quivaxem vaccination. Therefore, the number of kids for Quivaxem vaccination this October will be huge after five months. In preparation, the Ministry of Health has prepared 1.5 million doses of Quinvaxem vaccine. Quinvaxem vaccine has been used in the expanded immunization program in Vietnam from June 2010 as aid. Since then there have been 43 cases of severe reactions after vaccination. According to the World Health Organization's independent investigation, of these cases, 27 deaths were not related to vaccination. There were nine cases are considered related to vaccination but they all recovered. The remaining cases were not related to immunization and vaccine quality. In May, the Ministry of Health decided to stop using Quinvaxem vaccine in the expanded immunization program after five children died after vaccination; four of which were confirmed to not be related to the vaccine. After that, the World Health Organization announced that the Quinvaxem vaccine batches of Vietnam were checked and confirmed safe. Quinvaxem vaccine simultaneously works against five diseases, including diphtheria, pertussis, tetanus, Hib and hepatitis, which is pre-tested for quality by the World Health Organization. When it is imported into Vietnam, this vaccine is once again tested by National Institute for Vaccines and Biologicals. The vaccine has been used in more than 90 countries with a total of over 400 million doses. *Vietnam Net, October 29, 2013*

Health Minister speaks out over child vaccines

VietNamNet Bridge – Minister of Health Nguyen Thi Kim Tien on Sunday, Oct 27, publicly sent her condolences and deepest sympathy towards the families of three infants who died after being vaccinated against hepatitis B in central Quang Tri Province in July. Official investigation into the case confirmed that the deaths were caused by irresponsibility of staff as they failed to follow the standard procedures in vaccination. Tien said, however, that this was a very serious but rare case that had never occurred in the field of vaccination in Viet Nam before. She added that she hoped parents would still continue to have their children vaccinated for their future health. Tien warned health staff throughout the country that deaths and serious complications might occur as a result of the seemingly smallest mistakes, thus the staff must make the safety of children their highest priority and work with the highest responsibility. In response to the National Assembly deputies' concerns over hospitals' preferences towards patients without health insurance cards over those with cards (which receive discounted hospital fees), Tien said this was unacceptable. She said any patient, with or without a health insurance card, should be treated with the highest quality possible. Tien said, however, that the general achievements of the health industry in offering health insurance should not be overlooked due to a few exceptional cases. She cited the fact that 121 million people enjoyed medical treatment with the support of health insurance in 2012, which means that health insurance coverage throughout the country reached 68 per cent. She said thanks to health insurance, patients received basic treatment to complex treatment, such as surgery and hemodialysis, at affordable prices. The minister added that currently, the Government offered 100 percent financial support to buy health insurance for those registered as "poor citizens" and 70 per cent support for those registered as "near-poor citizens." In response to public concerns over the overload of patients at hospitals, Tien acknowledged that the ratio of hospital beds per 10,000 people was currently very low, with only 2.5 beds per 10,000, while the minimum standard requires 39 per 10,000. The only solution to the problem, as

Tien pointed out, was to increase the number of hospital beds and open more hospitals, which is what the Government is currently trying to do by opening additional hospitals in remote and poor areas and some hospital in urban areas. The most recent policy cited by Tien was the Government's decision to earmark about VND20 trillion (over US\$952 million) for the construction of additional units for hospitals in Ha Noi and HCM City and construction of new hospitals with the ability to accommodate at least 1,000 beds. The Ministry of Health has also piloted a project of at-home treatment which brought doctors closer to patients, easing the burden for patients by not having them come to hospital. She said, however, that all this work on progress would take at least three years and that it would take time to see the results.

Vaccine use to continue despite hospitalization of babies

Tran Dac Phu, Head of the Preventive Health Department under the Ministry of Health, said the made-in-Korea Quinvaxem vaccine will continue to be used, as the children showing post-vaccination reaction are now stable. Recently 32 children in the Mekong Delta Province of Tien Giang were vaccinated with the vaccine that had been suspended for last five months, and suffered a negative reaction and were then hospitalized. According to Tran Dac Phu the children were now stable after treatment at hospital. Accordingly, the vaccine will be available for use next month in other provinces. Children in Hanoi and Ho Chi Minh City will be injected with the vaccine in November under the National Extended Vaccination Program (NEVP), said Phu. Nguyen Tran Hien, Head of the National Institute of Hygiene and Epidemiology and Chairman of NEVP, said health authorities in Tien Giang Province had reported hospitalization of 32 children who had shown a negative response to the vaccine last week. The epidemiological experts who studied the case said most of the children had normal immunization reaction such as slight fever from 38-38.5 degree celsius and local swelling, redness and pain at the injected area. Hien said this kind of reaction is very normal. Moreover, the rate of children with post-vaccination reaction was acceptable by the World Health Organization (WHO), Hien said. According to the World Health Organization, the rate of slight immunization reaction is 10 percent, even upto 50 percent, for chickenpox injection. In addition, there are a very small percentage of children who turn blue and experience convulsion fits. Quinvaxem is used for preventing five potentially fatal childhood diseases, namely, diphtheria (D), tetanus (T), pertussis (P, whooping cough), hepatitis B (HepB), and Haemophilus influenza Type B (Hib). *Sai Gon Giai Phong, October 29, 2013*

DISEASES

Cancer claims 75,000 Vietnamese lives annually

(VOV) - As many as 150,000 Vietnamese people are diagnosed with cancer annually, a disease that claims 75,000 Vietnamese lives every year. The sobering statistics were released at the seventh national scientific tumor seminar in Can Tho City on October 25. Themed "Female Cancer Prevention", it attracted more than 300 professors and doctors from oncology hospitals and centres throughout the country. Doctors used the seminar to share cancer prevention and control experiences and update themselves with the latest information about cancer analysis, detection, and treatment, and the current state of

national cancer prevention and control programmes. The seminar summarized recent research and treatment achievements that will help raise the rates of treatment success via earlier diagnoses. According to the World Health Organization (WHO), worldwide cancer sufferers totaled 22.4 million in 2010 and could climb to 300 million in the next 25 years. As many as 200 million patients may die from the disease, mostly in developing countries. Vietnam's anti-cancer efforts suffer from dire qualified doctor and medical infrastructure shortages, causing cancer hospital overload. The biennial seminar was created to collect cancer prevention experience and collate the shared knowledge in a manner that can improve the effectiveness of future national anti-cancer programmes.
VOV, October 25, 2013

Diabetes on the rise in Vietnam

According to the International Diabetes Federation (IDF), as many as 3.16 million people in Vietnam, or 5.29 percent of the population, were suffering from diabetes in 2012. This figure was released at a convention on prevention of Diabetes in 2013, held by the Ministry of Health, the Diabetes Endocrinology Metabolism Association and Novo Nordisk in response to World Diabetes Day on November 14. The convention aims at raising people's awareness of diabetes, which is on the increase in the country. According to IDF Diabetes Atlas, the above 3.16 million diabetics are in the age group from 20 to 79. *Sai Gon Giai Phong, October 27, 2013*

Raising awareness of stroke in Vietnam

(VOV) - Professor Stephen Davis, President of the World Stroke Organisation (WSO), is joining world leading stroke experts at a conference in Hanoi on October 29 to raise public awareness of the disease and preventive measures. Professor Michael Chopp, Scientific Director for the Neuroscience Institute at Henry Ford Hospital in Detroit of the US, participated in the event. The conference was also attended by Vietnamese Deputy Minister of Health Nguyen Thi Xuyen, leading Vietnamese professors of neurology, cardio-vascular disease, geriatrics, and psychology, and nearly 1,000 doctors from Hanoi and northern provinces. Participants listened to reports, examined ways to prevent stroke, give early treatment and post-stroke rehabilitation to patients, and discussed major advances in stroke treatment and prevention.

Stroke – a dangerous disease with adverse effects

Stroke, known as a cerebrovascular accident (CVA), is the third leading cause of death and disability, after cancer and heart attack. WSO President Stephen Davis says stroke affects 16 million people worldwide and kills approximately 6 million people annually. More than 80% of the incidence is reported in low- and middle-income economies like Vietnam. Recent medical advances have helped to reduce the mortality rate caused by stroke, yet the number of patients with stroke-related disability has increased considerably over the years. Damage levels depend on when and how symptoms are discovered, diagnosed and treated. In Vietnam most hospitals lack modern equipment to treat the disease due to limited financial capacity, preventing the diagnosis, treatment and management of stroke patients. People are poorly equipped with knowledge of CVA, therefore, many stroke patients are not hospitalised as soon as they show symptoms of the disease. In addition, stroke patients often suffer a relapse, presenting with more severe symptoms than previously. Consequently, up to 90% of the patients suffer from after-

effects, according to PhD Professor Le Van Thinh. Although there have been no studies on treatment costs in Vietnam, stroke sufferers shoulder a financial burden on the family and society as a whole. Society loses a worker if there is a stroke patient with an average disability level. The family even needs a person to take care of a severely disabled patient. However, primary prevention and proper treatment can reduce the long term effects of the disease.

Better public awareness of stroke

To fight the disease effectively, it is essential to raise people's awareness of stroke and train medical staff in diagnosis and treatment. Stroke is a preventable disease if people lead a healthy lifestyle, i.e. a balanced diet and daily physical exercises. People should also be aware of stroke symptoms to receive timely treatment. In addition, medical staff should keep abreast of scientific and technological advances in stroke treatment and care. The Vietnam Ministry of Health and the World Stroke Organisation jointly carried out a clinical stroke treatment project between 2008 and 2011. The project, funded by Austria's Ever Neuro Pharma, was undertaken in 58 provinces and cities across the country with the participation of renowned professors from the WSO and Vietnam. A total of 8,596 doctors had benefitted from training and received certification from the WSO and the Ministry of Public Health of Vietnam. The success of the Vietnam project is considered an exemplary role model for other regional countries to follow. PhD. Professor Colonel Nguyen Van Thong, former director of the Stroke Institute of Hanoi-based Central Military Hospital 108, says, "There is no stroke training in Vietnam and most gain first-hand experience from clinical and practical treatment. Grassroots-level clinics are inexperienced in diagnosing and treating stroke. This basic training course was very useful for combating this disease." *VOV, October 29, 2013*

HIV/AIDS

Methadone clinic opens in Lao Cai

Nhan Dan Online- Vietnam's second co-pay methadone clinic opened today in the northern mountainous province of Lao Cai, with support from the US Agency for International Development (USAID). It is modelled on the success of the first clinic, opened two years ago in Hai Phong city. The co-pay model allows opioid drug users to obtain quality treatment services for a minimal cost. Under this system, the cost for methadone treatment is shared by the Government and the patient. USAID is providing technical assistance to the clinic, as well as additional funding for medication. "The opening of the co-pay methadone maintenance treatment (MMT) clinic in Lao Cai underscores the strong commitment by the leadership in Lao Cai to effectively respond to the drug epidemic and the threat of HIV in this area. MMT helps drug users return to a normal life, lowers the risk of HIV transmission and brings hope to families," said Christopher Detwiler, co-ordinator of the President's Emergency Plan for AIDS Relief (PEPFAR), at the ribbon cutting. Vietnam is seeking new financing methods for critical preventative programmes such as methadone treatment. This model of cost sharing between the local health department, USAID and patients will pave a way forward for sustainable, community-led drug treatment options. "The socialisation of methadone treatment is an appropriate solution given the current economic situation in Lao Cai. It

will ensure the sustainability of the program,” said Ha Thu Nga, vice chairperson of the Lao Cai provincial People’s Committee. The new MMT clinic in Lao Cai, where an estimated 40% of injecting drug users are HIV positive, is equipped to serve 300 patients. It also provides addiction counselling and referrals for HIV/AIDS care and treatment services. There are currently 72 MMT clinics in 27 provinces/cities around Vietnam, providing services for nearly 15,000 intravenous drug users. USAID’s PEPFAR initiative has actively supported MMT programmes in Vietnam since 2008, making a sustained commitment to the reduction of HIV and other diseases among drug users, alleviating drug dependence and supporting reintegration into the community. Since 2004, PEPFAR has provided more than US\$575 million to support Vietnam's efforts to prevent, control, and treat HIV/AIDS. *Nhan Dan online, October 30, 2013*

MATERNAL AND CHILD HEALTH

Child obesity on the increase

HCM CITY () — Poor dietary habits and physical inactivity have led to an increase in the number of obese and overweight children, according to the HCM City Nutrition Centre. Between 2000 and 2010, the rate rose ninefold, said Do Thi Ngoc Diep, director of the centre. The rate stood at 11 per cent among children under five and reached 38.5 per cent among primary school students, Diep said at a meeting held recently in HCM City. It will likely increase in the next few years if there is no change in dietary habits and physical activities in the community, she said. The malnutrition rate in children under five dropped to 7.6 per cent in 2012 from 11.3 per cent in 2000, while the underweight rate in that age group fell to 5.3 per cent in 2012 from 14.5 per cent in 2000. More than 1.2 million children across the country are underweight and more than 2 million suffer from malnutrition 2000. — *VNS, October 30, 2013*

From: Handley, Gray (NIH/NIAID) [E]
Sent: Tue, 7 Jan 2020 19:26:06 +0000
To: Chen, Ping (NIH/NIAID) [E]; Dominique, Joyelle (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Subject: RE: Wuhan Pneumonia

Thanks. I will check.

From: Chen, Ping (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, January 7, 2020 12:36 PM
To: Handley, Gray (NIH/NIAID) [E] (b) (6); Dominique, Joyelle (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6)
Subject: RE: Wuhan Pneumonia

See the agenda at this link. <http://www.cvent.com/events/back-to-basics-research-to-address-bunyavirales-emergence/custom-19-34c289793af9409eb0eeb6c381ce6426.aspx>

George is on the agenda, speaking in Session 2 on the first day of the meeting, at 12:45 pm, on bunyavirus entry. (b) (5)

Ping

From: Handley, Gray (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, January 7, 2020 10:46 AM
To: Dominique, Joyelle (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6)
Cc: Chen, Ping (NIH/NIAID) [E] (b) (6)
Subject: FW: Wuhan Pneumonia

Can we get the agenda for the meeting from DMID? Thanks. G

From: Chen, Ping (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, January 7, 2020 9:53 AM
To: Handley, Gray (NIH/NIAID) [E] (b) (6)
Subject: RE: Wuhan Pneumonia

The outbreak was about 2-3 weeks ago. (b) (5)
I don't have the agenda for the meeting. Do we know if George is speaking?

From: Handley, Gray (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, January 7, 2020 9:43 AM
To: Chen, Ping (NIH/NIAID) [E] (b) (6)
Subject: RE: Wuhan Pneumonia

Are you sure George is still coming given the outbreak?

From: Chen, Ping (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, January 7, 2020 9:43 AM
To: Stemmy, Erik (NIH/NIAID) [E] (b) (6)
Cc: Handley, Gray (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6)
Subject: RE: Wuhan Pneumonia

No replacement for now. 😊

From: Stemmy, Erik (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, January 7, 2020 9:41 AM
To: Chen, Ping (NIH/NIAID) [E] (b) (6)
Cc: Handley, Gray (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6)
Subject: RE: Wuhan Pneumonia

Thanks Ping! I think I forgot that you were back in Fishers lane. Welcome back!

Thanks for the info. (b) (5). Do you know if there is a replacement for you in the embassy in Beijing? If so I'd love to connect with them.

Erik

From: Chen, Ping (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, January 7, 2020 9:38 AM
To: Stemmy, Erik (NIH/NIAID) [E] (b) (6)
Cc: Handley, Gray (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6)
Subject: RE: Wuhan Pneumonia

Hi Erik,

Happy New Year!

Do you know that I am back at OGR now? My 6 years in Beijing ended three weeks ago and had to come back.

Yes, I have been following the news. Here is what I know so far, (b) (5)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

(b) (5)

Ping

From: Stemmy, Erik (NIH/NIAID) [E] (b) (6)
Sent: Tuesday, January 7, 2020 7:53 AM
To: Chen, Ping (NIH/NIAID) [E] (b) (6)
Subject: Wuhan Pneumonia

Hi Ping,
Happy New Year! I'm sure you've been following the news of the viral pneumonia outbreak in Wuhan. I was wondering if you have any information to share beyond what's already been reported in the news?

(b) (5)

Thanks for your help!
Erik

Erik J. Stemmy, Ph.D.
Program Officer
Respiratory Diseases Branch
Division of Microbiology and Infectious Diseases NIAID/NIH/HHS
5601 Fishers Lane, Room 8E18
Bethesda, MD 20892-9825
Phone: (b) (6)
Email: (b) (6)

Getting ready to publish? Share the good news with your program officer asap! NIAID may be able to help publicize your article. And, remember to list your NIAID grant or contract number in the publication.

NOTE: This material is intended for the individual or entity to which it is addressed. It may contain privileged, confidential information that is protected from disclosure under applicable laws. If you are not the addressee, or a person authorized to deliver the document to the addressee, please note that you are strictly prohibited from reviewing, copying, disclosing, disseminating or distributing this material or any other action based on the contents of this material. If you have received this communication in error, please permanently delete this from your system immediately. Thank you.

From: Handley, Gray (NIH/NIAID) [E]
Sent: Mon, 27 Nov 2017 06:30:37 +0000
To: Chen, Ping (NIH/NIAID) [E]
Cc: Bernabe, Gayle (NIH/NIAID) [E]; Meegan, James (NIH/NIAID) [E]; Rosa, William (NIH/NIAID) [E]
Subject: RE: trip report

P.S. There is enough good information in your report that it needs to be shared in some form or another. Gray

From: Chen, Ping (NIH/NIAID) [E]
Sent: Wednesday, November 22, 2017 2:03 AM
To: Handley, Gray (NIH/NIAID) [E] (b) (6)
Cc: Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E]
(b) (6); Rosa, William (NIH/NIAID) [E] (b) (6)
Subject: Re: trip report

I drafted the following report for my visit to the P4 lab as you requested. ESTH has been working with the health group in the embassy for cables. (b) (5)

[REDACTED]

Anyway I want to get it out before the holiday starts now in the embassy (early release).

Have a nice Thanksgiving! I won't eat any turkeys but will try to find chicken in Gulangyu Island.

Ping

Ping Chen, PhD
Director of NIAID Office in China
Office of Global Research, NIAID, NIH
Bethesda Office: (b) (6)
BB: (b) (6)
Beijing Office: (b) (6)
Cell: (b) (6)
U.S. Cell: (b) (6)
U.S. Embassy Beijing
#55 An Jia Lou Road

ChaoYang District, 100600
Beijing, China

(b) (6)

(b) (6)

From: Chen, Ping (NIH/NIAID) [E]
Sent: Monday, November 6, 2017 21:24
To: Handley, Gray (NIH/NIAID) [E]
Cc: Bernabe, Gayle (NIH/NIAID) [E]; Meegan, James (NIH/NIAID) [E]; Rosa, William (NIH/NIAID) [E]
Subject: Re: trip report

OK.

Sent from my iPhone

On Nov 6, 2017, at 9:21 PM, Handley, Gray (NIH/NIAID) [E] (b) (6) wrote:

Please send us by e-mail your full report on the visit and then we can decide what to do with that information. Gray

From: Chen, Ping (NIH/NIAID) [E]
Sent: Thursday, October 26, 2017 11:28 PM
To: Handley, Gray (NIH/NIAID) [E] (b) (6)
Cc: Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E]
(b) (6); Rosa, William (NIH/NIAID) [E] (b) (6)
Subject: Re: trip report

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(b) (5)

Let me know what you would like me to do.

Ping

Ping Chen, PhD
Director of NIAID Office in China
Office of Global Research, NIAID, NIH
Bethesda Office: (b) (6)
BB: (b) (6)
Beijing Office: (b) (6)
Cell: (b) (6)
U.S. Cell: (b) (6)
U.S. Embassy Beijing
#55 An Jia Lou Road
ChaoYang District, 100600
Beijing, China

(b) (6)

(b) (6)

From: Handley, Gray (NIH/NIAID) [E]
Sent: Friday, October 27, 2017 1:40:04 AM
To: Chen, Ping (NIH/NIAID) [E]
Cc: Bernabe, Gayle (NIH/NIAID) [E]; Meegan, James (NIH/NIAID) [E]; Rosa, William (NIH/NIAID) [E]
Subject: RE: trip report

Thanks for this report, Ping.

(b) (5)

interest to others.

This is a sensitive subject and will be of

It is good they welcomed your visit and will be good to keep in touch so we are aware of what they are doing in the future.

(b) (5)

Gray

From: Chen, Ping (NIH/NIAID) [E]

Sent: Thursday, October 26, 2017 5:01 AM

To: Handley, Gray (NIH/NIAID) [E] (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6); Meegan, James (NIH/NIAID) [E]

(b) (6); Rosa, William (NIH/NIAID) [E] (b) (6).

Subject: trip report

Hi,

This week I went to Wuhan to visit the Bio safety lab 4 in Wuhan Institute of Virology (WIV), an institute under the Chinese Academy of Sciences (CAS). My contact who helped arrange the visit is Dr. Zhengli Shi, who is a Chinese collaborator on a NIAID grant to EcoHealth for SARS like corona virus project.

The P4 lab is located in a new developing zone about one hour car ride from the current institute location in central Wuhan city. The location will be the new campus for the entire institute in the near future (a lot of construction is going on right now). Since we are not allowed to take photos so only the photo from the outside is attached.

(b) (5)

(b) (5)



I am getting a lot of detailed questions from Janette on the EID planning. We are getting good responses from our contacts.

I am working with CAMS for a couple of follow ups following the AMR meeting.

Please let me know if you have any questions.

Thanks

Ping

Ping Chen, PhD

Director of NIAID Office in China

Office of Global Research, NIAID, NIH

Bethesda Office: (b) (6)

BB: (b) (6)

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#55 An Jia Lou Road

ChaoYang District, 100600

Beijing, China

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(b) (6)

Appears blank in original document

Obtained via FOIA by Judicial Watch, Inc.

From: Handley, Gray (NIH/NIAID) [E]
Sent: Wed, 8 Jan 2020 21:52:25 +0000
To: Dominique, Joyelle (NIH/NIAID) [E]; Chen, Ping (NIH/NIAID) [E]; Bernabe, Gayle (NIH/NIAID) [E]
Cc: Lu, Tami (NIH/NIAID) [E]; Rosa, William (NIH/NIAID) [E]
Subject: FW: coronavirus countermeasures
Attachments: Current Wuhan Pneumonia Update 1-8-2020.docx

Very good summary. Good to keep. Gray

From: Rojas, Cynthia (NIH/NIAID) [E] (b) (6)
Sent: Wednesday, January 8, 2020 4:37 PM
To: Marston, Hilary (NIH/NIAID) [E] (b) (6)
Cc: Embry, Alan (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6); Eisinger, Robert (NIH/NIAID) [E] (b) (6); Handley, Gray (NIH/NIAID) [E] (b) (6); Bushar, Nicholas (NIH/NIAID) [E] (b) (6); NIAID BUGS (b) (6)
Subject: RE: coronavirus countermeasures

Good Afternoon Hilary,

The updated summary is attached. We were also able to confirm that the information from the landscape document can be shared publicly. Please let us know if you have any questions or if you need any more information.

Thank you,

Cynthia Rojas

Cynthia M. Rojas, MPH
Communications Health Specialist
Office of Scientific Coordination and Program Operations
Division of Microbiology and Infectious Diseases
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5601 Fishers Lane, Room 7G74
Rockville, MD 20892
Phone: (b) (6)
Email: (b) (6)

From: Marston, Hilary (NIH/NIAID) [E] (b) (6)
Sent: Wednesday, January 8, 2020 10:15 AM
To: Rojas, Cynthia (NIH/NIAID) [E] (b) (6)
Cc: Embry, Alan (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6); Eisinger, Robert

(NIH/NIAID) [E] (b) (6); Handley, Gray (NIH/NIAID) [E] (b) (6);
Bushar, Nicholas (NIH/NIAID) [E] (b) (6); NIAID BUGS (b) (6)
Subject: Re: coronavirus countermeasures

Thanks so much! We'll review and noted about NIAID only.

On Jan 8, 2020, at 9:58 AM, Rojas, Cynthia (NIH/NIAID) [E] (b) (6) wrote:

Good Morning Hilary,

The attached document is a landscape analysis for MERS and CEPI produced for us under a TO with OBRTR. It's a good summary of the current status of the MERS field, including animal models. It can be shared within NIAID, but we have not yet verified if it can be shared publicly, we will circle back once we know whether or not it can be shared.

We are working on gathering additional information for you and will send it to you ASAP.

Thank you,

Cynthia Rojas

Cynthia M. Rojas, MPH
Communications Health Specialist
Office of Scientific Coordination and Program Operations
Division of Microbiology and Infectious Diseases
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5601 Fishers Lane, Room 7G74
Rockville, MD 20892
Phone: (b) (6)
Email: (b) (6)

From: Rojas, Cynthia (NIH/NIAID) [E] (b) (6)
Sent: Monday, January 6, 2020 4:26 PM
To: Marston, Hilary (NIH/NIAID) [E] (b) (6); NIAID BUGS (b) (6)
Cc: Embry, Alan (NIH/NIAID) [E] (b) (6); Folkers, Greg (NIH/NIAID) [E] (b) (6); Lerner, Andrea (NIH/NIAID) [E] (b) (6); Eisinger, Robert (NIH/NIAID) [E] (b) (6); Handley, Gray (NIH/NIAID) [E] (b) (6); Bushar, Nicholas (NIH/NIAID) [E] (b) (6)
Subject: Re: coronavirus countermeasures

Good Afternoon Hilary,

We will look into this for you and will do our best to meet the requested deadline.

Thank you,

Cynthia M. Rojas, MPH
Communications Health Specialist
Office of Scientific Coordination and Program Operations
Division of Microbiology and Infectious Diseases
National Institute of Allergy and Infectious Diseases
National Institutes of Health
5601 Fishers Lane, Room 7G74
Rockville, MD 20892
Phone: (b) (6)
Email: (b) (6)

From: "Marston, Hilary (NIH/NIAID) [E]" (b) (6)
Date: Monday, January 6, 2020 at 3:58 PM
To: NIAID BUGS (b) (6)
Cc: "Embry, Alan (NIH/NIAID) [E]" (b) (6), "Folkers, Greg (NIH/NIAID) [E]" (b) (6), "Lerner, Andrea (NIH/NIAID) [E]" (b) (6), "Eisinger, Robert (NIH/NIAID) [E]" (b) (6), "Handley, Gray (NIH/NIAID) [E]" (b) (6), "Bushar, Nicholas (NIH/NIAID) [E]" (b) (6)
Subject: coronavirus countermeasures

With the caveat that the China pneumonia syndrome etiology is still unreported/unknown to us, ASF is starting to field questions about coronavirus research, esp countermeasures. Would you be able to assemble a summary of diagnostics, therapeutics and vaccine efforts for the viral family, particularly therapeutics? It would also be helpful to know what animal models we have available if needed for testing (should a viral isolate become available).

If it is possible to put something together by the end of the week, we would appreciate it.

Thanks so much,

Hilary

Hilary D. Marston, MD, MPH
Medical Officer and Policy Advisor for Global Health
Immediate Office of the Director
National Institute of Allergy and Infectious Diseases
Cell: (b) (6)
Email: (b) (6)

<MERS-CoV Landscape Analysis_HHSN272201800010I_75N93019F00131_Final 10172019.pdf>

Updated 1/8/2020

Information listed as “pers comm” reflects personal comments from investigators, and may not be verified from public health authorities.

Wuhan Pneumonia Update

Background

- In December 2019 the Wuhan Municipal Health Committee identified an outbreak of viral pneumonia cases of unknown cause.
- On December 31st the WHO China Country Office was notified of 44 patients with pneumonia of unknown etiology, 11 of which were severely ill.
- As of January 5th, 2020 there are 59 patients with a diagnosis of unknown viral pneumonia in Wuhan, 7 of which are severely ill. At least one patient is on ECMO (Peiris, pers comm 1/6/2020). The earliest case was reported December 12th, and the latest onset was December 29th. All patients are isolated and receiving treatment in Wuhan medical institutions. 163 close contacts have been identified for ongoing medical observation.
- Case-patients in the outbreak are reported to have fever, difficulty breathing, and bilateral lung infiltrates on chest radiography (CDC, <http://bit.ly/36GxY3y>).
- Hong Kong has added Wuhan Pneumonia to the list of notifiable diseases. As of January 7th, 2020 the Hong Kong Center for Health Protection has reports of 30 cases under enhanced surveillance with recent travel history to Wuhan.
https://www.chp.gov.hk/files/pdf/enhanced_sur_pneumonia_wuhan_eng.pdf
- Epidemiological investigation showed that some patients operated businesses in the Wuhan South China Seafood City. As of January 1st, 2020 the market has been closed for environmental sanitation and disinfection.
- There is currently no clear evidence of human-to-human transmission, however one family cluster has been identified. No nosocomial transmission has been seen (Peiris, pers comm 1/6/2020).
- Fragments of coronavirus RNA with an 86% homology to SARS has been found in one patient (Peiris, pers comm 1/6/2020).
- News reports on 1/8/2020 the virus is a novel coronavirus, sequenced in one patient and identified in others.

Related Coronavirus Basic Research

- M51C CoV portfolio has 20 grants (13 basic, 2 Tx, 5 Vx).
- Peter Daszak (R01AI110964-06) is funded for work to understand how coronaviruses evolve and jump to human populations, with an emphasis on bat CoVs and high-risk populations at the human-animal interface. Main foreign sites are in China (including co-investigators at the Wuhan Institute of Virology). Main aims of the award are to characterize the diverse SARS-related CoVs in bat populations, conduct surveillance in human populations, and to characterize the spillover risk of novel CoVs.
 - Work under previous award has identified over 50 SARS-related CoVs, some of which can infect human cells and cause disease in humanized mouse models.
 - This group identified the Swine Acute Diarrheal Syndrome CoV (SADS-CoV), an alpha CoV that caused the death of >20,000 pigs in China.

Updated 1/8/2020

Information listed as “pers comm” reflects personal comments from investigators, and may not be verified from public health authorities.

- Fang Li (R01AIAI089728-09) is funded to investigate the receptor recognition and cell entry in coronaviruses using structural approaches using spike proteins in complex with receptors. This award found the first evidence of a MERS-related CoV that uses the human receptor and provides evidence of a natural recombination event between bat CoVs.
- Stanley Perlman (P01AIO60699-11) leads a team of investigators using mouse models of SARS and MERS to investigate CoV pathogenesis and develop vaccines and therapeutics. Projects focus on age-dependent differences in CoV pathogenesis, cell entry pathways as targets for antiviral strategies, and viral pathogenesis and lung disease.
- Animal Model development:
 - NIAID has directly supported several animal models of MERS-CoV, including adenovirus vector, transgenic human receptor knock-in, humanized mouse, and NHP.
 - Small animal models of MERS-CoV are widely used to understand viral pathogenesis and to test medical countermeasures. Mouse models are most common, particularly Crispr-Cas9 humanized and transgenic strains. Mouse models of MERS-CoV may also require use of a mouse-passaged strain to observe severe disease. Ongoing work by NIAID grantees continues to refine mouse models of MERS-CoV, including expanding to collaborative cross mice.
 - Three NHP species have been used as models of MERS-CoV: the rhesus macaque, common marmoset, and African Green Monkey. Generally, MERS-CoV infection results in viral replication and mild disease, and severity can vary by route of administration. The most severe disease is seen in marmosets.
 - NIAID has an IAA in place with USAMRIID for further development of the African Green Monkey model.
- CEIRS MERS Basic Research Projects:
 - MERS Surveillance (Egypt, Lebanon, Jordan, Tunisia, Algeria, Ethiopia). Ghazi Kayali & Richard Webby (St. Jude Children's Research Hospital); Mohamed Ali (National Research Centre, Egypt). Ongoing surveillance and genomic sequencing of virus from camels in 5 Middle Eastern countries including, Egypt, Tunisia, Algeria, Jordan, and Lebanon; as well as surveillance and sequencing of virus from bats in Lebanon and Ethiopia.
 - Development of methods and their application for the investigation of the animal sources of human infection with MERS CoV. Malik Peiris (University of Hong Kong); Richard Webby (St. Jude Children's Research Hospital). Longitudinal seroepidemiology studies of humans and animals in the Middle East and North Africa will investigate seasonality, routes of transmission, and geographic distribution of MERS-CoV.

Related Coronavirus Diagnostics:

- MERS diagnostics focus on serological evidence of infection and PCR sequencing of samples from patients.
- Developing advanced MERS diagnostics is a portfolio gap, and there is a need to focus on developing rapid, sensitive point-of-care diagnostics (PMCID: PMC6361340).

Related Coronavirus Medical Countermeasures:

Updated 1/8/2020

Information listed as “pers comm” reflects personal comments from investigators, and may not be verified from public health authorities.

- NIAID continues to support the preclinical and clinical development of MERS-CoV vaccines and therapeutics through both grant and contract mechanisms.
- NIAID has developed mouse models of MERS-CoV via both grant and contract mechanisms that can be used for efficacy studies of MERS-CoV MCMs.
- NIAID preclinical services can provide *in vitro* and *in vivo* screening of vaccines and therapeutics for MERS and SARS.

Vaccines. Work on vaccines has identified several candidates that produce a robust neutralizing antibody response. One vaccine candidate has completed a Phase I trial and three others are beginning Phase I or II trials.

- Vaccine candidates in Phase I trials: ChAdOx1 (NCT04170829, NCT03399578, Oxford Univ), MVA-MERS-S (NCT04119440, IDT), BVR5-GamVac (NCT04128059, Russian MoH).
- Vaccine Candidates in Phase II trials: GLS-5300 (Inovio), BVR5-GamVac (NCT04130594, Russian MoH).
- CEPI is supporting MERS vaccine development with candidates from Inovio (DNA Spike), Themis (measles vector), IDT (MVA vector), and Oxford University (ChAd vector).
- A Phase I clinical trial of a MERS DNA vaccine (Inovio) was conducted at WRAIR finding the vaccine was safe and well-tolerated.
- The VRC and collaborators have stabilized the MERS-CoV spike protein in its prefusion conformation. The stabilized spike protein is potentially immunogenic and elicits protective antibodies to the receptor binding domain, n-terminal domain and other surfaces of the spike protein. The stabilized coronavirus spike protein, and mRNA expressing the spike protein through collaboration with Moderna Therapeutics, is currently being evaluated in the humanized DPP4 mouse model at UNC.
- Extramural grantees are developing MERS vaccine candidates including recombinant spike receptor binding domain protein (Lanying Du, NY Blood Center; Hotez, Baylor; Jason McLellan UT Austin), vaccine/adjuvant combinations (Ralph Baric, UNC), viral-like particles and live-attenuated MERS-CoV vaccines (Gallagher, Enjuanes; P01 to University of Iowa), Rabies virus vectored (Schnell, Frieman; Jefferson U, UMD)

Therapeutics. Currently no therapeutics approved. Overall candidates are in early stages along the drug development pipeline, however two antibody therapeutics have been tested in Phase I clinical trials.

- NIAID grants and contracts have supported efforts to develop a monoclonal antibody therapeutics for MERS-CoV (REGN3048 and REGN3051; PMC4507189). Efficacy studies were supported via DMID TO and NHP studies performed at RML (PMID: 29885377). A Phase I clinical trial was conducted at NIAID’s Phase I Clinical Trial Units, and was completed in 2019 (NCT03301090).
- NIAID supported GLP toxicology and tissue cross reactivity studies for an IND for a human polyclonal antibody produced in transchromosomal cows (SAB 301). A Phase I trial was conducted at DCR (PMCID: PMC5871563). NIAID will hold the US IND for a Phase II/III trial to be conducted in the Kingdom of Saudi Arabia. Currently the protocol is under development and the trial is anticipated to start in Q3/Q4 2020.

Updated 1/8/2020

Information listed as “pers comm” reflects personal comments from investigators, and may not be verified from public health authorities.

- A number of other therapeutic strategies have been tested (convalescent plasma, lopinavir/ritonavir, ribavirin, interferon), however small case numbers have made it difficult to assess their impact on morbidity and mortality in infected patients (PMID: 3023653).

Updated 1/8/2020

Information listed as “pers comm” reflects personal comments from investigators, and may not be verified from public health authorities.

Appendix 1: Currently funded M51C CoV Grants

PI Name	Title	Grant	Proj Start	Proj End	Abs	Objective
SIMS, AMY C	How MERS-CoV Regulates Innate Immunity in Primary Human Lung Cells	1 R21 AI146872-01	2019/06/05	2021/05/31	Abs	Basic
KIRCHDOERFER, ROBERT NICHOLAS	Structural Studies of the Coronavirus Life Cycle	4 R00 AI123498-03	2019/12/18	2021/11/30	Abs	Basic
GRAEPEL, KEVIN WHITTLE	Roles of replication fidelity in viral RNA synthesis, population diversity, and overall fitness of coronaviruses	5 F30 AI129229-03	2017/01/13	2020/10/12	Abs	Basic
FEHR, ANTHONY R	Investigating How ADP-ribosylation Impacts Innate Immunity During Coronavirus Infection	5 K22 AI134993-02	2018/12/07	2020/11/30	Abs	Basic
BAKER, SUSAN C	Mechanisms of viral proteases in coronavirus replication and pathogenesis	5 R01 AI085089-10	2010/07/01	2020/06/30	Abs	Basic
LI, FANG	Receptor recognition and cell entry of coronaviruses	5 R01 AI089728-09	2016/06/07	2021/05/31	Abs	Basic
BARIC, RALPH S	Determinants of Coronavirus Fidelity in Replication and Pathogenesis	5 R01 AI108197-07	2013/08/01	2023/02/28	Abs	Basic
BARIC, RALPH S	Mechanisms of MERS-CoV Entry, Cross-species Transmission and Pathogenesis	5 R01 AI110700-05	2015/04/20	2020/03/31	Abs	Basic
MAKINO, SHINJI	New Paradigm for Host and Viral Gene Regulation by MERS Coronavirus nsp1	5 R01 AI114657-05	2015/05/01	2020/04/30	Abs	Basic
PERLMAN, STANLEY	Role of eicosanoids in pathogenic human CoV infections	5 R01 AI129269-04	2016/09/23	2021/08/31	Abs	Basic
DANIEL, SUSAN	Structural and functional analysis of the coronavirus spike protein fusion peptide	5 R01 AI135270-02	2018/08/09	2022/07/31	Abs	Basic
WEISS, SUSAN R	MERS coronavirus: antagonism of double-stranded RNA induced host response by accessory proteins	5 R01 AI140442-02	2018/05/24	2023/04/30	Abs	Basic

Updated 1/8/2020

Information listed as “pers comm” reflects personal comments from investigators, and may not be verified from public health authorities.

PERLMAN, STANLEY	PPG: SARS-CoV-host cell interactions and vaccine development	5 P01 AI060699-13	2004/07/01	2022/07/31	Abs	Basic/Vx
CHANG, KYEONG-OK	Small Molecule Protease Inhibitors against MERS-CoV	5 R01 AI130092-02	2018/05/15	2023/04/30	Abs	Tx
BARIC, RALPH S	Broad-spectrum antiviral GS-5734 to treat MERS-CoV and related emerging CoV	5 R01 AI132178-03	2017/08/09	2022/07/31	Abs	Tx
BARIC, RALPH S	Respiratory Virus Vaccine and Adjuvant Exploration	1 U01 AI149644-01	2019/04/19	2024/03/31	Abs	Vx
MCLELLAN, JASON SCOTT	Structure, Function and Antigenicity of Coronavirus Spike Proteins	5 R01 AI127521-03	2017/02/09	2022/01/31	Abs	Vx
DU, LANYING	Rational design and evaluation of novel mRNA vaccines against MERS-CoV	5 R01 AI137472-02	2018/02/13	2023/01/31	Abs	Vx
DU, LANYING	Structure-based design of coronavirus subunit vaccines	5 R01 AI139092-02	2018/05/21	2023/04/30	Abs	Vx
WHITTAKER, GARY R	Development of a subunit vaccine for MERS-CoV and other emerging coronaviruses	5 R21 AI135373-02	2018/06/06	2020/05/31	Abs	Vx

From: Handley, Gray (NIH/NIAID) [E]
Sent: Fri, 24 Jan 2020 04:35:41 +0000
To: Cassetti, Cristina (NIH/NIAID) [E]; Bryant, Paula (NIH/NIAID) [E]
Cc: Mulach, Barbara (NIH/NIAID) [E]; Embry, Alan (NIH/NIAID) [E]
Subject: RE: Urgent for Dr. Fauci: China's lab for studying SARS and Ebola is in Wuhan, the outbreak's center

[REDACTED] (b) (5)
[REDACTED] Let me know what is needed. Gray

-----Original Message-----

From: Cassetti, Cristina (NIH/NIAID) [E] [REDACTED] (b) (6)
Sent: Thursday, January 23, 2020 10:45 PM
To: Bryant, Paula (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: Mulach, Barbara (NIH/NIAID) [E] [REDACTED] (b) (6); Embry, Alan (NIH/NIAID) [E]
[REDACTED] (b) (6); Handley, Gray (NIH/NIAID) [E] [REDACTED] (b) (6)
Subject: FW: Urgent for Dr. Fauci: China's lab for studying SARS and Ebola is in Wuhan, the outbreak's center

Hi Paula,

See email below. [REDACTED] (b) (5)

Thank you,
Cristina

-----Original Message-----

From: Chen, Ping (NIH/NIAID) [E] [REDACTED] (b) (6)
Sent: Thursday, January 23, 2020 10:17 PM
To: Mulach, Barbara (NIH/NIAID) [E] [REDACTED] (b) (6)
Cc: Dominique, Joyelle (NIH/NIAID) [E] [REDACTED] (b) (6); NIAID BUGS [REDACTED] (b) (6);
Bernabe, Gayle (NIH/NIAID) [E] [REDACTED] (b) (6); Rosa, William (NIH/NIAID) [E]
[REDACTED] (b) (6); Lu, Tami (NIH/NIAID) [E] [REDACTED] (b) (6); Handley, Gray (NIH/NIAID) [E]
[REDACTED] (b) (6)
Subject: Re: Urgent for Dr. Fauci: China's lab for studying SARS and Ebola is in Wuhan, the outbreak's center

Barbara,

You can ask Erik Stemmy for the grant awarded to the Ecohealth in NYC who collaborates with Dr. Shi, Zhengli in Wuhan Institute of Virology (WIV), who has been doing coronavirus research in cave bats in China. Erik would know what exactly NIH funding supports.

I visited her and others at the Wuhan Ins Virology in 2018 and visited its BSL4 lab. [REDACTED] (b) (5)

[REDACTED] (b) (5)

(b) (5)

Also in 1983 NIH and CAS (WIV is one of the research institutes under CAS) signed a MOU and it included sharing research materials. I know this is a long time ago. (b) (5)

I have a copy of the MOU but it is with all other files being sent by classified route. I don't have it with me. FIC has the copy (I got from Tina).

Maybe more information than you need.

Thanks

Ping

Sent from my iPhone

> On Jan 23, 2020, at 8:55 PM, Mulach, Barbara (NIH/NIAID) [E] (b) (6) wrote:

>

> Great, thanks! Karen found the Wuhan University award and we were just trying to figure out if the two institutions were connected. Any information Ping or others could provide would be appreciated.

>

> -----Original Message-----

> From: Dominique, Joyelle (NIH/NIAID) [E] (b) (6)

> Sent: Thursday, January 23, 2020 8:52 PM

> To: Mulach, Barbara (NIH/NIAID) [E] (b) (6)

> Cc: NIAID BUGS (b) (6); Chen, Ping (NIH/NIAID) [E]

> (b) (6); Bernabe, Gayle (NIH/NIAID) [E]

> (b) (6); Rosa, William (NIH/NIAID) [E]

> (b) (6); Lu, Tami (NIH/NIAID) [E] (b) (6)

> Subject: RE: Urgent for Dr. Fauci: China's lab for studying SARS and

> Ebola is in Wuhan, the outbreak's center

>

> Sorry, this is the correct excel sheet. The other was missing the Parent PIs.

>

> Joyelle Kalei Dominique, MS, MBA

> Acting Director

>

> Office of Global Research

> Office of Science Management and Operations National Institute of

> Allergy and Infectious Diseases

> 5601 Fishers Lane, Room 1E42, MSC 9802 Bethesda, MD 20892-9802

> (b) (6)

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>

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>

> -----Original Message-----

> From: Dominique, Joyelle (NIH/NIAID) [E]

> Sent: Thursday, January 23, 2020 8:50 PM

> To: Mulach, Barbara (NIH/NIAID) [E] (b) (6)

> Cc: NIAID BUGS (b) (6); Chen, Ping (NIH/NIAID) [E]

> (b) (6); Bernabe, Gayle (NIH/NIAID) [E]
> (b) (6); Rosa, William (NIH/NIAID) [E]
> (b) (6); Lu, Tami (NIH/NIAID) [E] (b) (6)
> Subject: RE: Urgent for Dr. Fauci: China's lab for studying SARS and
> Ebola is in Wuhan, the outbreak's center
>
> Hi Barbara,
>
> All I could find in GRADS is one grant with Wuhan Institute of Virology. I believe this is where the BSL-4 is
located. We also have one direct award to Wuhan University. I am not sure if the two are connected, so I have
copied Ping to provide any additional background.
>
> The GRADS data is attached.
> Best,
> Joyelle
>
> Joyelle Kalei Dominique, MS, MBA
> Acting Director
>
> Office of Global Research
> Office of Science Management and Operations National Institute of
> Allergy and Infectious Diseases
> 5601 Fishers Lane, Room 1E42, MSC 9802 Bethesda, MD 20892-9802
> (b) (6)
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>
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>
> -----Original Message-----
> From: Mulach, Barbara (NIH/NIAID) [E] (b) (6)
> Sent: Thursday, January 23, 2020 8:31 PM
> To: Dominique, Joyelle (NIH/NIAID) [E] (b) (6)
> Cc: NIAID BUGS (b) (6)
> Subject: FW: Urgent for Dr. Fauci: China's lab for studying SARS and
> Ebola is in Wuhan, the outbreak's center
>
> HI Joyelle,
>
> See urgent request below from OCGR. Can GRADS help to identify any subcontracts or connections with this
laboratory? I admit I haven't used GRADS directly, so I'm hoping you or someone in OGR might be able to help.
>
> Thanks!
> Barbara
>
> -----Original Message-----
> From: Haskins, Melinda (NIH/NIAID) [E] (b) (6)
> Sent: Thursday, January 23, 2020 8:18 PM
> To: NIAID BUGS (b) (6); Handley, Gray (NIH/NIAID) [E]
> (b) (6); Erbeling, Emily (NIH/NIAID) [E]
> (b) (6)
> Cc: NIAID OCGR Leg (b) (6)

> Subject: Urgent for Dr. Fauci: China's lab for studying SARS and Ebola
> is in Wuhan, the outbreak's center
>
>
> [https://www.dailymail.co.uk/health/article-7922379/Chinas-lab-studying](https://www.dailymail.co.uk/health/article-7922379/Chinas-lab-studying-SARS-Ebola-Wuhan-outbreaks-center.html)
> -SARS-Ebola-Wuhan-outbreaks-center.html
>
>
> Colleagues,
>
> Dr. Fauci will be brief multiple Senators tomorrow morning on our novel coronavirus response at the request of Senator Lamar Alexander, who has an interest in public health matters and China. Would you please confirm the exact nature of our support to the Wuhan Institute of Virology/Biosafety Lab. You'll want to read the Daily Mail article above.
>
> Thanks for the quick response!
>
> Melinda
>
>
> Sent from my iPhone

From: Handley, Gray (NIH/NIAID) [E]
Sent: Wed, 10 Jan 2018 10:01:51 +0000
To: Chen, Ping (NIH/NIAID) [E]
Subject: 20180105 P4 lab Wuhan (002)
Attachments: 20180105 P4 lab Wuhan (002).docx

Ping, [REDACTED] (b) (5)

[REDACTED] (b) (5)

We can discuss any questions you may have.

[REDACTED] (b) (5)

Gray

(b) (5)



(b) (5)



(b) (5)



(b) (5)



From: Handley, Gray (NIH/NIAID) [E]
Sent: Wed, 10 Jan 2018 08:37:07 +0000
To: Handley, Gray (NIH/NIAID) [E]
Subject: 20180105 P4 lab Wuhan (002)
Attachments: 20180105 P4 lab Wuhan (002).docx

In process

(b) (5)



(b) (5)



(b) (5)



(b) (5)



From: Handley, Gray (NIH/NIAID) [E]
Sent: Fri, 12 Jan 2018 11:00:10 +0000
To: Chen, Ping (NIH/NIAID) [E]
Subject: RE: (b) (5)

As we discussed. (b) (5)

Thanks. G

F. Gray Handley
Associate Director for International Research Affairs
National Institute of Allergy and Infectious Diseases
National Institute of Health
U.S. Department of Health and Human Services

Tel: (b) (6) 5601 Fishers Lane, Room 1E50
Fax: 301 480 2954 Bethesda, MD 20892-9802
(b) (6)

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From: Chen, Ping (NIH/NIAID) [E]
Sent: Wednesday, January 10, 2018 10:04 AM
To: Handley, Gray (NIH/NIAID) [E] (b) (6)
Subject: (b) (5)

Thanks Gray.

(b) (5)

(b) (5)

I I can

try to find more info. Or not include this

I lost your message after

(b) (5)

Thank you

Ping

陈平

Ping Chen, PhD

Director, NIAID China Office

#55 An Jia Lou Road, Beijing 100600

Office: (b) (6)

Mobile: (b) (6)

US Mobile: (b) (6)

(b) (6)

(b) (6)

From: Folkers, Greg (NIH/NIAID) [E]
Sent: Wed, 4 Mar 2020 13:42:37 +0000
To: NIAID OD AM; NIAID OCGR Leg; NIAID COGCORE
Subject: DAVID --- National Science Review: On the origin and continuing evolution of SARS-CoV-2 <http://bit.ly/2uW6rxG>
Attachments: Daily Mail: TWO strains of the killer coronavirus are spreading around the world – and 70% of infected patients have caught the more aggressive and contagious type, study claims

David, this may come up in ASF's 10:00 hearing. What do you make of this paper and the attendant press coverage?

On the origin and continuing evolution of SARS-CoV-2

[Xiaolu Tang](#), [Changcheng Wu](#), [Xiang Li](#), [Yuhe Song](#), [Xinmin Yao](#), [Xinkai Wu](#), [Yuange Duan](#), [Hong Zhang](#), [Yirong Wang](#), [Zhaohui Qian](#) ... [Show more](#)

[Author Notes](#)

National Science Review, nwaa036, <https://doi.org/10.1093/nsr/nwaa036>

Published:

03 March 2020

- [PDF](#)

ABSTRACT

The SARS-CoV-2 epidemic started in late December 2019 in Wuhan, China, and has since impacted a large portion of China and raised major global concern. Herein, we investigated the extent of molecular divergence between SARS-CoV-2 and other related coronaviruses. Although we found only 4% variability in genomic nucleotides between SARS-CoV-2 and a bat SARS-related coronavirus (SARSr-CoV; RaTG13), the difference at neutral sites was 17%, suggesting the divergence between the two viruses is much larger than previously estimated. Our results suggest that the development of new variations in functional sites in the receptor-binding domain (RBD) of the spike seen in SARS-CoV-2 and viruses from pangolin SARSr-CoVs are likely caused by mutations and natural selection besides recombination. Population genetic analyses of 103 SARS-CoV-2 genomes indicated that these viruses evolved into two major types (designated L and S), that are well defined by two different SNPs that show nearly complete linkage across the viral strains sequenced to date. Although the L type (~70%) is more prevalent than the S type (~30%), the S type was found to be the ancestral version. Whereas the L type was more prevalent in the early stages of the outbreak in Wuhan, the frequency of the L type decreased after early January 2020. Human intervention may have placed more severe selective pressure on the L type, which might be more aggressive and spread more quickly. On the other hand, the S type, which is evolutionarily older and less aggressive, might have increased in relative frequency due to relatively weaker selective pressure. These findings strongly support an urgent need for further immediate, comprehensive studies that combine genomic data, epidemiological data, and chart records of the clinical symptoms of patients with coronavirus disease 2019 (COVID-19).

[SARS-CoV-2](#), [virus](#), [molecular evolution](#), [population genetics](#)

Issue Section:

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From: Folkers, Greg (NIH/NIAID) [E]
Sent: Wed, 4 Mar 2020 13:34:12 +0000
To: Undisclosed recipients:
Subject: Daily Mail: TWO strains of the killer coronavirus are spreading around the world – and 70% of infected patients have caught the more aggressive and contagious type, study claims

Advertisement

TWO strains of the killer coronavirus are spreading around the world – and 70% of infected patients have caught the more aggressive and contagious type, study claims

- Researchers from Beijing and Shanghai studied 103 samples of the coronavirus
- They found two strains of it, named them L and S and found L was most common
- L is also the most aggressive, but it has become less common since early January
- A virus which is too aggressive may burn itself out by landing patients in hospital
- More than 94,000 people have now caught the coronavirus and 3,200 have died

By [Sam Blanchard Senior Health Reporter For Mailonline](#)

Published: 05:54 EST, 4 March 2020 | Updated: 08:09 EST, 4 March 2020

The [coronavirus](#) has mutated into at least two separate strains since the outbreak began in December, according to Chinese scientists.

Researchers say there are now two types of the same coronavirus infecting people – and most people seem to have caught the most aggressive form of it.

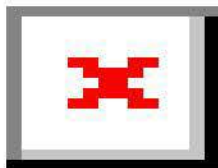
At least 94,000 people have been infected around the world and almost 3,200 have died, while 50,000 have recovered from the disease.

The team of experts from Beijing and Shanghai said 70 per cent of people have caught the most aggressive strain of the virus but that this causes such bad illness that it has struggled to spread since early January.

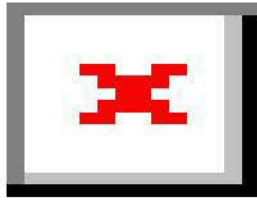
Now an older, milder strain seems to be becoming more common.

Knowing that the virus can mutate may make it harder to keep track of or to treat, and raises the prospect that recovered patients could become reinfected.

The experts cautioned that the study that discovered the mutation only used a tiny amount of data – 103 samples – so more research is needed.



Scientists in Beijing and Shanghai said 'human intervention measures' may have forced the most aggressive strain of the coronavirus into submission (Pictured: Medical workers at the Botkin Infectious Diseases Hospital in St. Petersburg, Russia)



More than 93,000 people have caught the coronavirus worldwide and at least 3,204 have died, according to today's figures

The research was done by experts at Peking University in Beijing, Shanghai University and the Chinese Academy of Sciences.

In their study of genes in 103 samples of the coronavirus, which is named SARS-CoV-2 and causes a disease called COVID-19, they revealed they had discovered two distinct versions of it, which they named L and S.

They claimed that around 70 per cent of patients have caught the L strain, which is more aggressive and faster-spreading than S.

But L has become less common as the outbreak has gone on, with it apparently struggling to spread since early January, while S has become more common.

S is less aggressive but is thought to be the first strain of the virus which made the jump into humans and is continuing to infect new patients.

This could be because the disease it causes is less severe, meaning people carry it for longer before ending up in hospital, increasing the risk of them passing it on.

In the paper the researchers, led by Professor Jian Lu and Dr Jie Cui, said: 'Whereas the L type was more prevalent in the early stages of the outbreak

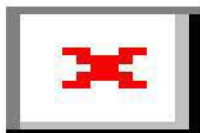
in Wuhan, the frequency of the L type decreased after early January 2020.

'Human intervention may have placed more severe selective pressure on the L type, which might be more aggressive and spread more quickly.

'On the other hand, the S type, which is evolutionarily older and less aggressive, might have increased in relative frequency due to relatively weaker selective pressure.'

The scientists' explanation suggests that, because the L strain surged at the beginning of the outbreak and made people so ill, those who caught it were quickly diagnosed and isolated, meaning it had less opportunity to spread widely.

This 'human intervention' is thought to be the hospitalisation of people with the virus and the lockdown of areas where it was spreading fast.



Human interventions like isolating and disinfecting areas where the virus was spreading fast may have largely stopped the most aggressive form of the virus (Pictured: South Korean military personnel disinfect streets in the city of Gyengang-dong)

Coronaviruses are so named because their structure has jagged edges which look like a royal crown – corona is crown in Latin (Pictured, an illustration of the 2019-nCoV released by the US Centers for Disease Control and Prevention)

If people with a certain strain of the virus are taken into hospital faster than those with another strain, this limits the number of other people that strain can infect.

A virus must make people ill enough that they spread it through coughing or sneezing, for example, but not so ill that they quickly become bed-bound or die, which would keep them away from other potential victims.

If the virus is prevented from infecting a lot of people, that strain may die off and evolution – via survival of the fittest – will allow another strain which can infect more people to become the dominant one.

The S strain may be winning because it causes milder symptoms so patients take longer to realise they're sick, increasing the risk of them passing it on.

Professor Jian and Dr Jie added: 'These findings strongly support an urgent need for further immediate, comprehensive studies that combine genomic data, epidemiological data, and chart records of the clinical symptoms of patients with coronavirus disease 2019 (COVID-19).'

[The study was published](#) in the scientific journal National Science Review, which is managed by the Chinese Academy of Sciences.

WHAT DO WE KNOW ABOUT THE CORONAVIRUS?

Someone who is infected with the coronavirus can spread it with just a simple cough or a sneeze, scientists say.

More than 3,200 people with the virus are now confirmed to have died and over 94,000 have been infected. Here's what we know so far:

What is the coronavirus?

A coronavirus is a type of virus which can cause illness in animals and people. Viruses break into cells inside their host and use them to reproduce itself and disrupt the body's normal functions.

Coronaviruses are named after the Latin word 'corona', which means crown, because they are encased by a spiked shell which resembles a royal crown.

The coronavirus from Wuhan is one which has never been seen before this outbreak. It has been named SARS-CoV-2 by the International Committee on Taxonomy of Viruses. The name stands for Severe Acute Respiratory Syndrome coronavirus 2.

Experts say the bug, which has killed around one in 50 patients since the outbreak began in December, is a 'sister' of the SARS illness which hit China in 2002, so has been named after it.

The disease that the virus causes has been named COVID-19, which stands for coronavirus disease 2019.

Dr Helena Maier, from the Pirbright Institute, said: 'Coronaviruses are a family of viruses that infect a wide range of different species including humans, cattle, pigs, chickens, dogs, cats and wild animals.

'Until this new coronavirus was identified, there were only six different coronaviruses known to infect humans. Four of these cause a mild common cold-type illness, but since 2002 there has been the emergence of two new coronaviruses that can infect humans and result in more severe disease (Severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) coronaviruses).

'Coronaviruses are known to be able to occasionally jump from one species to another and that is what happened in the case of SARS, MERS and the new coronavirus. The animal origin of the new coronavirus is not yet known.'

The first human cases were publicly reported from the Chinese city of Wuhan, where approximately 11million people live, after medics first started publicly reporting infections on December 31.

By January 8, 59 suspected cases had been reported and seven people were in critical condition. Tests were developed for the new virus and recorded cases started to surge.

The first person died that week and, by January 16, two were dead and 41 cases were confirmed. The next day, scientists predicted that 1,700 people had become infected, possibly up to 7,000. Just a week after that, there had been more than 800 confirmed cases and those same scientists estimated that some 4,000 – possibly 9,700 – were infected in Wuhan alone. By that point, 26 people had died.

By January 27, more than 2,800 people were confirmed to have been infected, 81 had died, and estimates of the total number of cases ranged from 100,000 to 350,000 in Wuhan alone.

By January 29, the number of deaths had risen to 132 and cases were in excess of 6,000.

By February 5, there were more than 24,000 cases and 492 deaths.

By February 11, this had risen to more than 43,000 cases and 1,000 deaths.

A change in the way cases are confirmed on February 13 – doctors decided to start using lung scans as a formal diagnosis, as well as laboratory tests – caused a spike in the number of cases, to more than 60,000 and to 1,369 deaths.

By February 25, around 80,000 people had been infected and some 2,700 had died. February 25 was the first day in the outbreak when fewer cases were diagnosed within China than in the rest of the world.

Where does the virus come from?

According to scientists, the virus almost certainly came from bats. Coronaviruses in general tend to originate in animals – the similar SARS and MERS viruses are believed to have originated in civet cats and camels, respectively.

The first cases of COVID-19 came from people visiting or working in a live animal market in Wuhan, which has since been closed down for investigation.

Although the market is officially a seafood market, other dead and living animals were being sold there, including wolf cubs, salamanders, snakes, peacocks, porcupines and camel meat.

A study by the Wuhan Institute of Virology, published in February 2020 in the scientific journal Nature, found that the genetic make-up virus samples found in patients in China is 96 per cent identical to a coronavirus they found in bats.

However, there were not many bats at the market so scientists say it was likely there was an animal which acted as a middle-man, contracting it from a bat before then transmitting it to a human. It has not yet been confirmed what type of animal this was.

Dr Michael Skinner, a virologist at Imperial College London, was not involved with the research but said: 'The discovery definitely places the origin of nCoV in bats in China.

'We still do not know whether another species served as an intermediate host to amplify the virus, and possibly even to bring it to the market, nor what species that host might have been.'

So far the fatalities are quite low. Why are health experts so worried about it?

Experts say the international community is concerned about the virus because so little is known about it and it appears to be spreading quickly.

It is similar to SARS, which infected 8,000 people and killed nearly 800 in an outbreak in Asia in 2003, in that it is a type of coronavirus which infects humans' lungs. It is less deadly than SARS, however, which killed around one in 10 people, compared to approximately one in 50 for COVID-19.

Another reason for concern is that nobody has any immunity to the virus because they've never encountered it before. This means it may be able to cause more damage than viruses we come across often, like the flu or common cold.

Speaking at a briefing in January, Oxford University professor, Dr Peter Horby, said: 'Novel viruses can spread much faster through the population than viruses which circulate all the time because we have no immunity to them.

'Most seasonal flu viruses have a case fatality rate of less than one in 1,000 people. Here we're talking about a virus where we don't understand fully the severity spectrum but it's possible the case fatality rate could be as high as two per cent.'

If the death rate is truly two per cent, that means two out of every 100 patients who get it will die. 'My feeling is it's lower,' Dr Horby added. 'We're probably missing this iceberg of milder cases. But that's the current circumstance we're in.'

'Two per cent case fatality rate is comparable to the Spanish Flu pandemic in 1918 so it is a significant concern globally.'

How does the virus spread?

The illness can spread between people just through coughs and sneezes, making it an extremely contagious infection. And it may also spread even before someone has symptoms.

It is believed to travel in the saliva and even through water in the eyes, therefore close contact, kissing, and sharing cutlery or utensils are all risky.

Originally, people were thought to be catching it from a live animal market in Wuhan city. But cases soon began to emerge in people who had never been there, which forced medics to realise it was spreading from person to person.

There is now evidence that it can spread third hand – to someone from a person who caught it from another person.

What does the virus do to you? What are the symptoms?

Once someone has caught the COVID-19 virus it may take between two and 14 days, or even longer, for them to show any symptoms – but they may still be contagious during this time.

If and when they do become ill, typical signs include a runny nose, a cough, sore throat and a fever (high temperature). The vast majority of patients will recover from these without any issues, and many will need no medical help at all.

In a small group of patients, who seem mainly to be the elderly or those with long-term illnesses, it can lead to pneumonia. Pneumonia is an infection in which the insides of the lungs swell up and fill with fluid. It makes it increasingly difficult to breathe and, if left untreated, can be fatal and suffocate people. Figures are showing that young children do not seem to be particularly badly affected by the virus, which they say is peculiar considering their susceptibility to flu, but it is not clear why.

What have genetic tests revealed about the virus?

Scientists in China have recorded the genetic sequences of around 19 strains of the virus and released them to experts working around the world.

This allows others to study them, develop tests and potentially look into treating the illness they cause. Examinations have revealed the coronavirus did not change much – changing is known as mutating – much during the early stages of its spread.

However, the director-general of China's Center for Disease Control and Prevention, Gao Fu, said the virus was mutating and adapting as it spread through people.

This means efforts to study the virus and to potentially control it may be made extra difficult because the virus might look different every time scientists analyse it.

More study may be able to reveal whether the virus first infected a small number of people then change and spread from them, or whether there were various versions of the virus coming from animals which have developed separately.

How dangerous is the virus?

The virus has a death rate of around two per cent. This is a similar death rate to the Spanish Flu outbreak which, in 1918, went on to kill around 50million people.

Experts have been conflicted since the beginning of the outbreak about whether the true number of people who are infected is significantly higher than the official numbers of recorded cases. Some people are expected to have such mild symptoms that they never even realise they are ill unless they're tested, so only the more serious cases get discovered, making the death toll seem higher than it really is.

However, an investigation into government surveillance in China said it had found no reason to believe this was true.

Dr Bruce Aylward, a World Health Organization official who went on a mission to China, said there was no evidence that figures were only showing the tip of the iceberg, and said recording appeared to be accurate, [Stat News](#) reported.

Can the virus be cured?

The COVID-19 virus cannot be cured and it is proving difficult to contain.

Antibiotics do not work against viruses, so they are out of the question. Antiviral drugs can work, but the process of understanding a virus then developing and producing drugs to treat it would take years and huge amounts of money.

No vaccine exists for the coronavirus yet and it's not likely one will be developed in time to be of any use in this outbreak, for similar reasons to the above.

The National Institutes of Health in the US, and Baylor University in Waco, Texas, say they are working on a vaccine based on what they know about coronaviruses in general, using information from the SARS outbreak. But this may take a year or more to develop, according to [Pharmaceutical Technology](#).

Currently, governments and health authorities are working to contain the virus and to care for patients who are sick and stop them infecting other people.

People who catch the illness are being quarantined in hospitals, where their symptoms can be treated and they will be away from the uninfected public.

And airports around the world are putting in place screening measures such as having doctors on-site, taking people's temperatures to check for fevers and using thermal screening to spot those who might be ill (infection causes a raised temperature).

However, it can take weeks for symptoms to appear, so there is only a small likelihood that patients will be spotted up in an airport.

Is this outbreak an epidemic or a pandemic?

The outbreak is an epidemic, which is when a disease takes hold of one community such as a country or region.

Although it has spread to dozens of countries, the outbreak is not yet classed as a pandemic, which is defined by the World Health Organization as the 'worldwide spread of a new disease'.

The head of WHO's global infectious hazard preparedness, Dr Sylvie Briand, said: 'Currently we are not in a pandemic. We are at the phase where it is an epidemic with multiple foci, and we try to extinguish the transmission in each of these foci,' the Guardian reported.

She said that most cases outside of Hubei had been 'spillover' from the epicentre, so the disease wasn't actually spreading actively around the world.

Advertisement

Read more:

- [On the origin and continuing evolution of SARS-CoV-2 | National Science Review | Oxford Academic](#)

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From: Morens, David (NIH/NIAID) [E]
Sent: Wed, 4 Mar 2020 14:51:07 +0000
To: Folkers, Greg (NIH/NIAID) [E]
Cc: NIAID OD AM;NIAID OCGR Leg;NIAID COGCORE
Subject: Re: DAVID --- National Science Review: On the origin and continuing evolution of SARS-CoV-2 <http://bit.ly/2uW6rxG>
Attachments: image001.png, ATT00001.htm, image001.png, ATT00002.htm, Daily Mail TWO strains of the killer coronavirus are spreading around the world – and 70% of infected patients have caught the more aggressive and contagious type, study claims.eml, ATT00003.htm

(b) (5)

Sent from my iPhone
David M Morens
OD, NIAID, NIH

On Mar 4, 2020, at 09:48, Morens, David (NIH/NIAID) [E] (b) (6) wrote:

Greg, i just saw this and haven't had a chance to read carefully so here is a quick impression.

(b) (5)

Sent from my iPhone
David M Morens
OD, NIAID, NIH

On Mar 4, 2020, at 08:42, Folkers, Greg (NIH/NIAID) [E] (b) (6) wrote:

David, this may come up in ASF's 10:00 hearing. What do you make of this paper and the attendant press coverage?

On the origin and continuing evolution of SARS-CoV-2

Xiaolu Tang, Changcheng Wu, Xiang Li, Yuhe Song, Xinmin Yao, Xinkai Wu, Yuange Duan, Hong Zhang, Yirong Wang, Zhaohui Qian ... [Show more](#)

Author Notes

National Science Review, nwaa036, <https://doi.org/10.1093/nsr/nwaa036>

Published:

03 March 2020

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ABSTRACT

The SARS-CoV-2 epidemic started in late December 2019 in Wuhan, China, and has since impacted a large portion of China and raised major global concern. Herein, we investigated the extent of molecular divergence between SARS-CoV-2 and other related coronaviruses. Although we found only 4% variability in genomic nucleotides between SARS-CoV-2 and a bat SARS-related coronavirus (SARSr-CoV; RaTG13), the difference at neutral sites was 17%, suggesting the divergence between the two viruses is much larger than previously estimated. Our results suggest that the development of new variations in functional sites in the receptor-binding domain (RBD) of the spike seen in SARS-CoV-2 and viruses from pangolin SARSr-CoVs are likely caused by mutations and natural selection besides recombination. Population genetic analyses of 103 SARS-CoV-2 genomes indicated that these viruses evolved into two major types (designated L and S), that are well defined by two different SNPs that show nearly complete linkage across the viral strains sequenced to date. Although the L type (~70%) is more prevalent than the S type (~30%), the S type was found to be the ancestral version. Whereas the L type was more prevalent in the early stages of the outbreak in Wuhan, the frequency of the L type decreased after early January 2020. Human intervention may have placed more severe selective pressure on the L type, which might be more aggressive and spread more quickly. On the other hand, the S type, which is evolutionarily older and less aggressive, might have increased in relative frequency due to relatively weaker selective pressure. These findings strongly support an urgent need for further immediate, comprehensive studies that combine genomic data, epidemiological data, and chart records of the clinical symptoms of patients with coronavirus disease 2019 (COVID-19).

[SARS-CoV-2, virus, molecular evolution, population genetics](#)

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