DEPARTMENT OF HEALTH & HUMAN SERVICES

National Institutes of Health
Freedom of Information Office
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Via Email: porfanedes@judicialwatch.org

January 21, 2022

Ramona 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 Mr. Orfanedes:

This is the final 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 90 pages of responsive records this month that were from a returned Department of Defense consult (8 pages) and a State Department consult (82 pages). The information being withheld is protected from release pursuant to Exemptions 1, 4, 5, and 6 of the FOIA, 5 U.S.C. § 552 (b)(1), (b)(4), (b)(5) and (b)(6); and sections 5.31 (a), (d), (e) and (f) of the HHS FOIA Regulations, 45 CFR Part 5. State Department withheld 4 pages pursuant to (b)(1) in view of Executive Order 13526 (Classified National Security Information). 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,

for Gorka Garcia-Malene
Freedom of Information Act Officer, NIH

From: Handley, Gray (NIH/NIAID) [E]
Sent: Mon, 26 Feb 2018 03:53:12 +0000
To: NIAID OGR Ops Team;Bernabe, Gayle (NIH/NIAID) [E];Meegan, James (NIH/NIAID) [E];Western, Karl (NIH/NIAID) [C]
Subject: FW: China Health News from Chinese Media through 02/23/2018

From: Chung, Tina (NIH/FIC) [E]
Sent: Friday, February 23, 2018 8:57 AM
To: FIC IC Reps (b) (6); FIC Scientific Staff (b) (6); Bernabe, Gayle (NIH/NIAID) [E] (b) (6)
Subject: FW: China Health News from Chinese Media through 02/23/2018

FYI, health news from US Embassy/Beijing.

Tina Chung, MPH
Program Officer for East Asia and the Pacific
Division of International Relations
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National Institutes of Health
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From: (b) (6)
Sent: Friday, February 23, 2018 3:36 AM
Subject: RE: China Health News from Chinese Media through 02/23/2018

China Health News from Chinese Media
Through February 23, 2018

World Cancer Day February 4
Chinese New Year- February 16

Headlines:

- Chinese scientists find how bats carry viruses without getting sick
- TCM may step in as antibiotics start to fail
- Chinese scientists develop new flu vaccine

- Chinese research advances highlighted in special issue of Human Gene Therapy
- Chinese four-strain flu vaccine to hit market in 2018
- Chinese scientists verify correlation between phages and diabetes
- Official: China's health indicators better than medium-high income countries
- Medicine imports, exports rise as supply-side reform succeeds
- Chinese scientists succeed in world's first stem-cell-regenerated healthy lung tissue
- Elderly care, doctor training among key issues addressed
- Chinese researchers discover new method to end drug addiction
- Targeted therapy fuels China's war on cancer
- National conference on disease prevention and control held in Beijing
- Beijing saved 6.7 billion yuan on medical costs in 2017
- Infectious diseases kill 2,198 in China in December
- Health program lowers smoking rate in pilot areas: commission

Details:

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Chinese scientists find how bats carry viruses without getting sick (Feb 23) Xinhua reports

Chinese scientists have identified the secret of bats that harbor highly pathogenic viruses like Ebola, Marburg and SARS coronavirus but do not show clinical signs of disease. In a paper published on Thursday in the journal Cell Host & Microbe, scientists at the Wuhan Institute of Virology in China find that in bats, an antiviral immune pathway called the STING-interferon pathway is dampened, so bats can maintain just enough defenses against illness without triggering a heightened immune reaction. According to researchers, in humans and other mammals, an immune-based over-response to one of these and other pathogenic viruses can trigger severe illness. By identifying a weakened but not defunct STING pathway in bats, researchers have some new insight into how bats fine-tune antiviral defenses to balance an effective, but not an overt, response against viruses. They hypothesize that this defense strategy evolved as part of three interconnected features of bat biology: they are flying mammals, have a long lifespan, and host a large viral reservoir. These adaptations may have shaped certain antiviral pathways including STING, interferon to make them good viral reservoir hosts and achieve a tolerable balance. Zhou told Xinhua that the study has provided a

possibility that people can learn from bats in combating virus although whether this mechanism can be directly used in humans is still unknown.

TCM may step in as antibiotics start to fail (Feb 23) ECNS reports

China's top experts in traditional Chinese medicine have developed seven treatments that can potentially combat the growing resistance to antibiotics, a global public health threat that could kill 10 million people a year by 2050.The treatments are based on TCM clinical experience and outcomes in curbing antimicrobial resistance, which happens when microorganisms, such as bacteria and viruses, mutate when exposed to antibiotics and antivirals, or AMR. AMR results in medicines becoming ineffective and infections persisting in the body, increasing the risk of spreading to others. To develop the treatments, the China Academy of Chinese Medical Sciences set up a process to screen out antibiotic candidates from a pool of TCM drugs used to combat AMR, according to Zhang Boli, the academy's director. However, he said further large-scale clinical trials are needed before TCM antibiotics can be embraced and promoted globally. The World Health Organization has warned that new forms of resistance to antibiotics are emerging and spreading globally, threatening our ability to treat common infectious diseases and resulting in prolonged illness, disabilities and death. Zhang said TCM is promising in addressing the problem Western medicines are failing to combat. "This year, more efforts will be devoted into evaluating and strengthening the TCM filtering platform to screen out more infection-killing TCM remedies. Previous experiences showed some TCM remedies can be used as a substitute for Western antibiotics in the presence of some viral diseases, or lower the viral load. During the latent period, often at the beginning or near the end of treatments, TCM antibiotics can take effect, he said. Led by the National Health and Family Planning Commission, the institute convened early last year a top-level research team of medical experts searching for TCM solutions to anti-microbial resistance, according to Cao Hongxin, former head of science and technology at the State Administration of TCM. Tu Youyou, China's only Nobel laureate in medicine, was on the team. Tu won the Nobel Prize in 2015 for her discovery of artemisinin, an antimalarial treatment derived from sweet wormwood, a TCM herb. Xiao Yonghong, a professor of infectious diseases at Zhejiang University's School of Medicine, said researchers at home and abroad have been studying traditional medicine, including TCM, hoping to find alternatives to antibiotics to reduce bacterial resistance, but no significant progress has been made. "For the present, the available TCM drugs cannot fight bacteria on their own and cannot treat infectious diseases effectively," he said. "They can play an auxiliary role at best." "With further research and development of TCM drugs in the future, TCM drugs that can fight infections effectively may be developed," he said. But related drug resistance cannot be ruled out for TCM. Even if TCM drugs that can replace antibiotics are available in the future, it will be unknown whether they can cause bacterial resistance as antibiotics do until they are used on patients, he said. Sun Jing, an associate professor of drug safety at the Chinese Academy of Medical Sciences and Peking Union Medical College, appeared more optimistic. "Some TCM drugs produce effects such as anti-inflammation or anti-infection, and can be used as a substitute for antibiotics," she said. "Some drugs, which mix both TCM elements and chemicals in Western medicine, are also used as antibiotics, but it is not clear whether the TCM elements or chemicals have produced the antibiotic effects," she added. More efforts are needed to encourage research on TCM to help bring down the use of synthetic antibiotics in reducing the effects of drug-resistant bacteria, she said. “I cannot see TCM drugs totally replacing antibiotics in the future. Still, we can expect the use of antibiotics to be reduced with scientific research on potential alternatives," she said. As many physicians know, misuse and overuse of antimicrobials is accelerating AMR development, "so regulating the use of antibiotics both in humans and particularly food animals is always the best effort in battling AMR," Xiao of Zhejiang University's School of Medicine stressed. Worldwide, half the total antibiotics used

each year are in China, with 52 percent of that used for food animals, according to the Review on AMR, a global report commissioned by the British government.

Chinese scientists develop new flu vaccine (Feb 18) ECNS reports

A research group from Wuhan Institute of Virology, Chinese Academy of Sciences, announced that they have developed a new type of flu vaccine using nano-technology. The intranasal nano-vaccine can target broad-spectrum flu viruses and induces robust immune responses, said Cui Zongqiang, leader of the research group. "In our study, an intranasal nanovaccine worked well against infections of H1N1 and H9N2 virus in mice," Cui said. "The results suggest that the 3M2e-rHF nanoparticle is a promising, needle-free, intranasal administered, cross-protective influenza vaccine," he said. Across China, measures have been taken contain the winter flu outbreak. Experts said flu infections this winter are 71 percent above the average for the same period in the previous three years, with child cases rising sharply.Flu outbreaks have been also reported worldwide including the United States, Canada, Britain, Italy, North Africa, Japan, and the Republic of Korea since winter last year.

Chinese research advances highlighted in special issue of Human Gene Therapy (Feb 17) ECNS reports

A special issue of peer-reviewed journal Human Gene Therapy was published on Friday, documenting China's progress, opportunities and challenges in its biomedical research. "This special issue, released coincident with the New Year in China, illustrates the tremendous scientific progress that has been made at certain leading institutions in China working in cell and gene therapy," says its editor-in-chief Terence R. Flotte, professor of University of Massachusetts Medical School. The issue has six research articles and 12 special commentaries and review articles covering the world's first gene therapy product for cancer, the rare diseases registry system, and genomic editing and stem-cell therapy advances. Gendicine, developed by a Shenzhen bio-tech company was approved in 2003 by China Food and Drug Administration (CFDA) as a first-in-class gene therapy product to treat head and neck cancer. It is the first-ever approved gene therapy drug in the world. In a review article, drug evaluation scientists from CFDA discuss the principles on which clinical review of cellular therapy, including CAR-T products in China are based. The special issue shows that China is helping to advance gene and cell therapy and genome editing research by creating novel viral and nonviral vectors for gene delivery and innovative applications of CRISPR technology in a broad range of disease areas. "We hope that these particular focused commentaries can provide a roadmap for gene therapy scientists from other parts of the world to identify important achievements and opportunities for future collaboration," Flotte said. The journal is owned by Mary Ann Liebert, Inc. publishers, a New York-based media company known for establishing authoritative peer-reviewed journals in many promising areas of science and biomedical research.

Chinese four-strain flu vaccine to hit market in 2018 (Feb 17) Xinhua reports

A vaccine to protect people against four subtypes of seasonal influenza viruses is expected to be available on the Chinese market in the second half of 2018, a health official said. Gao Fu, director of the Chinese Center for Disease Control and Prevention (China CDC), said the upcoming vaccine would be made in China, though other four-strain vaccines have been made available on the European and American markets. There are four common subtypes of seasonal flu viruses: H1N1 and H3N2 of Influenza A, and Victoria and Yamagata lineages of Influenza B. A four-strain vaccine protects against all four and is more effective. But no vaccine can provide a full guarantee; Gao was quoted as saying by the Health News, a newspaper of

the National Health and Family Planning Commission. However, taking a shot, which costs a few dozen yuan, makes more economic senses than getting sick. The medical bill of a hospitalized elderly flu patient fluctuates around 14,000 yuan (about 2,187 U.S. dollars) on average, the paper said. It quoted China CDC sources as saying that less than 2 percent of the population is vaccinated against the seasonal flu. The World Health Organization says seasonal flu is an acute respiratory infection caused by influenza viruses which circulate in all parts of the world. Annual epidemics of influenza are estimated to result in 3 to 5 million cases of severe illness and 290,000 to 650,000 deaths worldwide. This winter, north China regions have been battling a surge of flu infections. Child cases reportedly rose sharply, leading to crowded hospitals and limited supplies of medicine.

Chinese scientists verify correlation between phages and diabetes (Feb 14) ECNS reports

Chinese scientists have verified the correlation between gut bacteriophage and Type 2 Diabetes (T2D) for the first time, according to a paper recently published in the academic journal Microbiome. As a kind of virus, bacteriophages are common and diverse in the biosphere. They infect and replicate within bacteria, whose relation with the latter is normally seen as like hunter and the hunted. An enormous number and variety of phages exist in the human gut. They play an important role in shaping the structure of the bacterial community in the gut, which is related to many complex human diseases. However, although alterations in the gut bacterial community have long been associated with T2D, the role of gut phages has long been neglected. To fill the gap, scientists from the Center for Synthetic Biology Engineering Research (CSynBER), affiliated with the Shenzhen Institutes of Advanced Technology (SIAT), cataloged gut phages and conducted comparative analysis, based on the genetic sequencing data of fecal samples collected from both T2D patients and normal adults. "Interestingly, we observed a significant increase in the number of gut phages in the T2D group," said Ma Yingfei, researcher with CSynBER and the first author of the paper. "After analyzing the genome sequence of the phages, or phageome in short, we found that phages carry a lot of functional genes, which help bacteria to better adapt to the gut ecosystem," Ma said. "As the first study to identify a T2D-specific gut phageome, it indicates that gut phages to some extent are 'good friends' of bacteria, rather than 'predators' of them, as people normally imagined," Ma said. "Hosts, phages and bacteria affect each other in pairs, which contribute to the alterations in the human body, such as the occurrence of diseases." The study will help researchers synthesize or transform gut phages, which might be used to prevent or treat certain diseases by intervening in gut bacteria in the future.

Official: China's health indicators better than medium-high income countries (Feb 12) NHFPC

CGTN- Chinese people now have longer life expectancy and lower maternal and infant mortality rates. China's top health authority says these indicators are better than what's recorded in medium-high income countries, thanks to the nation's ongoing medical reform. On the State Council's Information Office briefing on February 2, the top health authority says people in China now have more doctors and more hospital beds, and pay less for healthcare, as the result of the reform of public hospitals. Wang Hesheng, director of the medical reform office under the State Council, says "every 1,000 people had over two doctors in 2016, up 28 percent compared with 2010. They have more than five beds, up 50 percent from 2010. The numbers increased last year. Doctors and beds are more efficiently used." China now has slightly fewer public hospitals than private ones, but the public ones receive the majority of patients. Since 2017, all public hospitals stopped making profit through medicine markups, but only rely on service fees

and government funds. Individuals' share among the country's total health spending has dropped to 28.8 percent. Over the last three years, people spent less time waiting to see doctors - a decrease of about 10 minutes, or even one hour in some hospitals. Authorities say China's medical reform has helped increase the level of its healthcare services. “China’s major health indicators are higher than medium-high income countries,” Wang said. People's life expectancy increased to 76.5 years old, from 74.38 in 2010. Maternal mortality dropped from 30 per 100 thousand to 20, while infant mortality dropped to 6.8 per thousand from 13.1 per thousand in 2010. “We spent comparatively less and achieved comparatively better results," said Wang. China's medical reform covers many aspects -- from building a hierarchical medical system, to the management of hospitals and from medical insurance to drug supply and overall supervision. It ultimately aims to provide a medical service that's safe and convenient that people can actually feel.

Medicine imports, exports rise as supply-side reform succeeds (Feb.9) NHFPC

China Daily- Leading Chinese medicine and health products makers are keeping a foothold in developed countries as they foresee sustainable growth momentum in mature markets. Last year, the total value of medicines and health products exported from China reached $60.7 billion, up 9.44 percent year-on-year, according to a report released this week by the China Chamber of Commerce for Import and Export of Medicines and Health Products (CCCMHPIE). The growth rate was the highest in the past five years, reversing the declining trend in 2016. Of the total, exports of Western medicines reached $35.46 billion, jumping 12.62 percent year-on-year. "Supply-side reform is showing results, as underdeveloped enterprises are gradually withdrawing from the market and superior companies are standing out, thanks to their high-quality products," said Meng Dongping, deputy director of CCCMHPIE. In 2017, China exported traditional Chinese medicines valued at $3.64 billion, up 2.07 percent over the previous year. The export of plant extracts reached $2.01 billion, increasing 4.33 percent year-on-year, and the export of Chinese patent medicines reached $250 million, climbing 11.03 percent. The export of Chinese medical services is also steadily increasing. Currently, there are about 2,000 traditional Chinese medicine clinicians working abroad every year, accounting for 60 percent of the country's total expatriate doctors. "More than 60 agencies have launched hospitals, healthcare clinics specializing in traditional Chinese medicine, and Chinese medicine research centers in over 20 countries and regions, driven by an increasingly strengthening demand for a healthy and high-quality life," Meng said. The value of medicines and health products imported to China reached $55.88 billion last year, jumping 16.34 percent year-on-year. Tongrentang, a renowned traditional Chinese medicine pharmaceuticals provider, is accelerating its overseas expansion. By the end of last year, it had 140 outlets in 27 countries, including stores, traditional medicine clinics and healthcare centers. In December, the brand launched its first store in Geneva, Switzerland. "In the future, we plan to continue strengthening our investments abroad, including setting up traditional Chinese medicine centers in Kazakhstan and Australia," said Du Xin, deputy director of external management at Tongrentang. "We also plan to establish local factories and plant traditional Chinese medicine materials locally in countries with suitable conditions, forging a renowned Chinese medicines healthcare group that covers the whole supply chain," she said.

Chinese scientists succeed in world's first stem-cell-regenerated healthy lung tissue (Feb 9) NHFPC

China Daily- Chinese researchers have regenerated human lung tissue in a patient using that patient's own stem cells, the first time that has been achieved worldwide, said Zuo Wei, lead researcher of the team from the School of Medicine of Tongji University in Shanghai. After

obtaining dozens of stem cells by brushing a patient's lungs, researchers let the cells multiply into the tens of millions in a lab, then transplanted them into the damaged part of the patient's lungs. After three to six months, the stem cells formed new lung structures, repairing the damaged tissues. "The research signifies that the revival of human organs has stepped out of the lab and into clinical application," said Zhang Jun, Party chief of the school. A paper about their study was published on the Protein& Cell website, a Beijing-based international journal, on Jan 17. Once lung tissues are damaged and develop fibrosis - excessive growth of connective tissue - the disease often continues and cannot be reversed. Traditional medicines only slow down the process of fibrosis, doctors said. However, stem cells have the ability to regenerate and repair tissue, Zuo said.In lab experiments, the lungs of mice with fibrosis in their organs became "very healthy" three weeks later. More than 80 patients have been involved in the clinical experiments since April 2016, and all of them showed progress in indicators such as lung capacity and walking distance, Zuo said. Not all damaged tissue can be replaced by transplanted stem cells, he said, but improvement is visible for everyone to see. Such transplants are not suitable for all kinds of lung diseases. "It will mainly work for lung diseases caused by damaged tissues, such as bronchiectasis, chronic obstructive pulmonary disease and interstitial lung disease. Lung cancer is not included," Zuo said. Dai Xiaotian, a doctor from the respiration department of the First Hospital affiliated to the Army Medical University in Chongqing, who was responsible for the clinical experiments in the research, said more patients will be recruited this year and the patients will all undergo long-term observation. Research this year will also focus on whether such transplants will work for patients with other diseases, such as of the kidneys and uterus.

Elderly care, doctor training among key issues addressed (Feb 6) NHFPC

China Daily- During the past week, a number of ministries, including the Ministry of Civil Affairs and the National Health and Family Planning Commission, have answered concerns from the public and introduced policies on a wide variety of issues. These include training for general practitioners and quality improvement. Elderly care services have seen “notable progress” after a nationwide program in 2017 during which more than 40,000 nursing homes were requested to “make improvements”, the minister of civil affairs said. Huang Shuxian, minister of civil affairs, said at a news conference held by the State Council Information Office on Feb 1 that several moves, including further opening up of the elderly care market to private capital, have also contributed to the progress. He said these moves will be continued to meet the needs and demands from elderly citizens. Statistics from the ministry show the number of private nursing homes in China saw a year-on-year increase of 7.8 percent, and elderly care facilities based in residential communities increased by 41.3 percent. Gao Xiaobing, vice-minister of civil affairs, said inspections in 2017 found and rectified almost 200,000 issues in nursing homes nationwide and the effect was obvious, with accidents dropping by almost a quarter in 2017. To further improve the quality of workers engaged in the industry, Gao called for a pay raise and more respect for the profession. China aims to train 500,000 more general practitioners by 2030, a senior official said on Jan 25. At present, China has 209,000 general practitioners, but aims to enable every 10,000 residents to have access to five general practitioners by 2030, said Zeng Yixin, deputy head of the National Health and Family Planning Commission, at a news conference held by the State Council’s Information Office. According to a regulation released by the State Council on Jan 31, between two and three qualified general practitioners should be available for every 10,000 people in China by 2020, and the number will increase to five by 2030. Zeng said that key reforms would be carried out, including increasing salaries and the social status for general practitioners and making the job a more attractive career. “As general practitioners usually offer services in local communities, villages and towns, they are more familiar with local people’s living habits and health conditions than hospitals in cities,” Zeng said.

"Therefore, general practitioners play a crucial role in local disease prevention and healthcare, and ease the huge workload of big public hospitals." In 2015, there were 189,000 general practitioners in China, accounting for only 6.2 percent of all doctors, with one general practitioner for every 10,000 citizens, according to the commission.

Chinese researchers discover new method to end drug addiction (Feb 6) NHFPC

Global Times- Chinese scientists have recently found a possible new method to limit or end drug addiction. The study was published in BMC Biology after five years of research by a team headed by Professor Zheng Ping from the School of Basic Medical Sciences and Institutes of Brain Science at Shanghai's Fudan University, the China News Service reported on Feb 5. While there are many ways to effectively detoxify drug addicts, when they encounter environmental conditions, their addiction memory is easily activated, which could cause re-addiction, the team said. "More than 95 percent of drug users, after detoxification, would get re-addicted," Xia Yu, a Beijing-based psychologist who specializes in drug rehabilitation, told the Global Times. The re-addiction could be affected by environmental conditions and personal psychology, which work together to trigger re-addiction, Xia said. The research team put morphine-addicted mice in two boxes under different conditions, and would rapidly withdraw the morphine from the mice in one box, so the mice would display withdrawal symptoms, and would therefore link their state of withdrawal to the environment they were in, according to the report on the website of Fudan University. When placing the mice in a certain environment, the environmental conditions could activate their drug withdrawal memory, so the mice would try to "escape" the environment, the report said. The study found a neuromechanism on activating drug withdrawal memory on changing the environment, and interfering with the mechanism could reduce re-addiction caused by environmental factors. "However, the experiments could have a good effect, but there is no guarantee they could work well in the real world, as drug withdrawal is a comprehensive and complex process," Xia said. China has been exploring ways to contain drug addiction in recent years. The Rehabilitation Management Bureau of East China's Zhejiang Province announced that it has tested VR treatment on drug addicts 1,008 times. The bureau said the results have been encouraging, as the VR treatment has been "largely effective" in treating 98.1 percent of the medium-level methamphetamine addicts, and 67.3 percent of severe methamphetamine addicts also showed some improvement, news portal thepaper.cn reported in August 2017. There were about 2.51 million drug users in the country in 2016, an increase of 6.8 percent from the previous year, a report released by the National Narcotics Control Commission in March 2017 said, according to a report from the Xinhua News Agency in March 2017.

Targeted therapy fuels China's war on cancer (Feb 5) NHFPC

Xinhua- Drops of blood, tubes for assay and a few days of waiting: a tailored prescription for cancer is only a genetic test away. As World Cancer Day draws near, targeted cancer therapy is helping with China's war on cancer. "Thanks to targeted therapeutic medicines, the median survival time of Chinese terminal lung cancer patients has been extended from one year to three years," said Zhou Caicun, a leading oncologist at Shanghai Pulmonary Hospital. In targeted therapies, cancer patients are categorized into various gene mutations through testing, and oral medicines targeting each mutation will be prescribed accordingly. "This personalized approach proves much more effective than the previous 'one-size-fits-all' treatment," Zhou said. Chemotherapy, the traditional first line cancer treatment, has been infamous for its adverse effects such as hair loss and nausea. Whereas targeted therapeutic drugs bring onslaught to cancer cells with much less collateral damage to healthy ones and therefore inflict less pain. The hospital where Zhou works received 14,000 cancer patients last year, 40 percent of whom

adopted targeted therapies. Currently, most tertiary referral hospitals in China can offer such services.China has long been mired in the fight against cancer. A report published by the National Cancer Center in 2017 showed that China has nearly 40 percent of the world's cancer population, with 10,000 cancer patients newly added per day. In 2015, Chinese cancer patients' five-year survival rate was only 36.9 percent, about half that of the United States. China's blueprint for health care development "Healthy China 2030" aims to raise the five-year survival rate by 15 percentage points by 2030. Ever since 2005 when targeted therapeutic drugs made the first foray into the Chinese market, the rate for Chinese terminal lung cancer patients alone has been raised from 8 percent to 18 percent. "Despite an early entry, it was only recently that targeted therapies have become widely accepted by Chinese," said Gu Yutong, a pulmonologist in the Xiamen branch of the Zhongshan Hospital affiliated to Fudan University. For some time, this approach was costly. The monthly expense of Iressa, Tarceva and Conmana, three most frequently prescribed drugs for EGFR mutations, ranged from around 2,000 to 3,000 U.S. dollars. "Some desperate patients even turned to online overseas purchase for bargains, but they often were at the mercy of unqualified middlemen and ill-qualified drugs," Gu said. China's national medicare, however, began to cover 16 brands of targeted therapeutic drugs last year and their prices dropped 44 percent on average. Some drugs are even cheaper than chemotherapy. As the market expands, home-grown medical enterprises are keen to make technological breakthroughs. Betta Pharmaceuticals based in the eastern city of Hangzhou has launched a self-developed targeted therapeutic drug, making China the world's third country to possess such a capability. Also, Shenzhen-based BGI, China's top gene-sequencing provider, is developing the core technologies for next-generation gene sequencing, the well-recognized future for genetic testing. Zheng Limou, who spent some 20 years in the United States for biomedical research and business, returned home in 2008 to set up a medical company. Now, the PCR assay for genetic testing his company offers boasts 70 percent of market share in China. "I saw the potential of targeted therapy in China. And more importantly, I believe it is the future for cancer treatment," Zheng said.

National conference on disease prevention and control held in Beijing (Feb. 3) NHFPC

A national conference on disease prevention and control was held in Beijing on Feb 2 and 3. Wang Guoqiang, vice-minister of the National Health and Family Planning Commission and director of the State Administration of Traditional Chinese Medicine, delivered a keynote speech at the conference. It was pointed out at the meeting that since 2017, the prevention and control of major diseases has been remarkably successful, and has made positive contributions to the construction of a healthy China. The conference emphasized that it is necessary to gradually control and eliminate a number of major diseases, and strive to enhance people's well-being. The conference required that the disease control system should be improved in 2018, taking reform and innovation as the driving force. Measures for controlling AIDS, tuberculosis, hepatitis C, schistosomiasis and malaria and other endemic diseases should be implemented. A comprehensive prevention and control strategy for chronic diseases should be carried out. A steady advancement of mental health work and strengthening of monitoring and evaluation of health hazards are also necessary.

Beijing saved 6.7 billion yuan on medical costs in 2017 (Feb 1) NHFPC

The Beijing Municipal Commission of Health and Family Planning said on Jan. 28 that Beijing saved about 6.7 billion yuan ($1.06 billion) on medical expenses since the separation of clinic from pharmacy in April 2017. As hierarchical medical care advances, the outpatient visits in large hospitals have decreased by over 10 percent, and 20 percent less patients are seeking appointments with experts. In the meantime, the outpatient visits have increased by 16 percent in community hospitals. The recent report on the work of the municipal government highlighted

the establishment of hierarchical medical system as this year's primary task. Each district will build a compact medical treatment unit that strengthens primary medical care. Meanwhile, the reservation service will be improved to facilitate patients and crack down on scalpers. The Beijing Municipal government has also announced that, by 2020, it will provide at least three general medical practitioners and five rehabilitation nursing beds for every 10,000 residents, and help to raise the average life expectancy to 82.4 years old. By the end of 2017, a total of 251 community medical centers, or 75 percent of the total, had changed the payment method to paying after diagnosis and treatment, instead of paying upfront. Since April 2017, more than 3,700 hospitals have eliminated the margins in sales on medication, according to the commission. The separation of clinic from pharmacy has propelled the establishment of hierarchical medical care, rendering 12 percent and 3 percent less outpatient/emergency visits to tertiary and secondary hospitals respectively, as well as 16 percent and 25 percent more visits to primary hospitals and community healthcare institutions respectively. The number of outpatient and emergency visits to medical experts has also decreased, making it easier for patients with real needs to make such appointments. From Jan. 1, the city merged urban and rural medical insurance policies to become an integrated insurance policy for both urban and rural residents in Beijing. This expanded the number of medical institutions under insurance coverage to over 3,000. The hospital hierarchy is also helped by the new reimbursement system, which provides higher coverage for primary hospitals and below (55 percent) and lower coverage for secondary hospitals and above (50 percent). In addition, the new system standardized the insured categories of medication, medical service and medical facility for all the urban and rural residents, and expanded the types of medicine under coverage from 2,510 to more than 3,000.

Infectious diseases kill 2,198 in China in December (Jan 29) NHFPC

Xinhua- A total of 2,198 people died as a result of infectious diseases on the Chinese mainland in December 2017, official data showed. According to the National Health and Family Planning Commission, there were 699,850 cases of infectious diseases reported on the mainland in December. One person died from plague while no cases of cholera were reported in December. Plague and cholera are classified as Class A infectious diseases, the most serious classification on China's Law on the Prevention and Treatment of Infectious Diseases.@ A total of 294,397 cases were classified as Class B infectious diseases, resulting in 2,187 deaths. Viral hepatitis, tuberculosis, syphilis, gonorrhoea as well as scarlet fever accounted for 93 percent of these cases. Category C diseases caused 10 deaths in December. Infectious diarrhea, influenza, foot and mouth disease were the most prevalent in this category, accounting for 93 percent of cases.

Health program lowers smoking rate in pilot areas: commission (Jan 25) NHFPC

Xinhua- About 21.69 percent of people age 15 or above smoke in a second group of pilot counties and districts for health promotion in China, lower than the national average, the National Health and Family Planning Commission said on Jan 24. The health literacy rate -- an indicator of citizens' health knowledge, skills, and healthy lifestyles -- is 19.57 percent in these areas, higher than the national average of 11.58 percent, Song Shuli, spokesperson for the commission, said at a press conference. China has set up pilot programs in 399 counties and districts since 2014, divided into three groups. In 2018, the commission will expand the program nationwide, Song said. The pilot program promotes the construction of health venues, health education and spreading health knowledge, such as pre-natal classes and free physical check-ups for students.

From: Handley, Gray (NIH/NIAID) [E]
Sent: Sun, 16 Oct 2016 21:38:07 +0000
To: Chen, Ping (NIH/NIAID) [E];Bernabe, Gayle (NIH/NIAID) [E]
Subject: RE: China JCM - input by COB, if possible

We can help as planning for this proceeds. Your participation will be very short and a few slides might help concentrate what you want to say. Gayle can share some we have done recently. Gray

---

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. I think the request for this topic is from MOST. (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. (b) (5)

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)
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Cell: (b) (6)
U.S. Embassy Beijing
#55 An Jia Lou Road
ChaoYang District, 100600
Beijing, China
(b) (6)
(b) (6)

From: Chung, Tina (NIH/FIC) [E]
Sent: Thursday, October 13, 2016 2:51
To: Brown, Matthew (NIH/NCI) [E]; Chen, Ping (NIH/NIAID) [E]
Cc: Chai, Shuen (OS/OGA)
Subject: FW: China JCM - input by COB, if possible

Please provide any edits and/or comments.

Tina

From: (b) (6)
Sent: Wednesday, October 12, 2016 1:18 PM
To: (b) (6); 'Alroy, Karen' (b) (6); 'Anthony.Gryniewicz' (b) (6)
(b) (6)
(b) (6)
(b) (6); Chai, Shuen (OS/OGA) (b) (6); 'Cohn, Corey'
(b) (6); 'D'Alessandro, Rudy' (b) (6),
(b) (6); 'Diehl, Mike'
(b) (6); 'DiGiulian, Maria' (b) (6)
(b) (6); Elvander, Erika (OS/OGA)
(b) (6)
(b) (6); 'Hemingway, Claire A' (b) (6);
(b) (6)
(b) (6); 'John Mitchell' (b) (6);
(b) (6); 'Koeppe, Matthew T (HQ-TG000)' (b) (6); Koupparis, Kyriacos (ME/TS) (b) (6); 'Li, Sylvana'
(b) (6); 'Lutkenhouse, Matthew' (b) (6)
(b) (6); 'Matthew Andersen' (b) (6)
(b) (6); 'Mees, David' (b) (6)
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(b) (6); 'Nelson, Darcy G -FS' (b) (6)
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(b) (6); 'Rhode, Lauren A VOL OSD OUSD POLICY (US)' (b) (6); 'Schwartzman, Jennifer' (b) (6)
(b) (6)

(b) (6); 'Staci Rijal' (b) (6); 'Steven Kohl' (b) (6); "THOMPSON, A R (DREW) CIV OSD OUSD POLICY (US' (b) (6); Chung, Tina (NIH/FIC) [E] (b) (6); 'Troche, Luis' (b) (6) (b) (6) (b) (6) (b) (6) (b) (6) (b) (6); Chung, Tina (NIH/FIC) [E] (b) (6); Sung, Nancy (b) (6) (b) (6); Zhiliang Zhu (b) (6); 'Traini, Joseph (OST)' (b) (6); Koupparis, Kyriacos (ME/TS) (b) (6); (b) (6); (b) (6)

Cc: Mesfin, Mahlet (b) (6) (b) (6)

Subject: China JCM - input by COB, if possible

Dear Colleagues,

I hope that this email finds you well. Thank you for your continued input into the U.S.-China JCM agenda.

A couple of items:

1. **Regarding the agenda**, per your comments, Mahlet, (b) (6) and I took a stab at revising the agenda and aim to send it to China MOST tonight. Kindly find questions for individual agencies within the attached. Your response by COB, if possible, would greatly be appreciated.

2. **Regarding visas**, MOST requires us to fill out the attached information ("U.S. delegation and Visa Information") for visa invitation letters. Kindly send this information to me soonest. If you prefer to fax it to me, please use the following fax number and let me know that you've faxed it: (b) (6)

3. **Regarding the hotel,** China proposes moving the meeting to a hotel near Yanqi Lake of Yanqing County, north of Beijing. Yanqui Lake is a 1-hour drive from PEK airport, about the same as driving to the Shangri-La in traffic, but in the opposite direction. USG participants could stay in the same hotel where the JCM is held. Once we have the confirmed name of the hotel, we will send you instructions on booking rooms.

Many thanks, and happy to discuss,

(b) (6)
(b) (6)

SBU

This email is UNCLASSIFIED

From: (b) (6)
Sent: Wednesday, October 05, 2016 3:15 PM
To: (b) (6)); 'Alroy, Karen'; 'Anthony.Gryniewicz'; (b) (6) (b) (6); 'Chai, Shuen (OS/OGA)'; 'Cohn, Corey'; 'D'Alessandro, Rudy'; (b) (6); 'Diehl, Mike'; 'DiGiulian, Maria'; (b) (6); 'Erika Elvander'; (b) (6); (b) (6); 'John Mitchell'; (b) (6); 'Koeppe, Matthew T (HQ-TG000)'; Koupparis, Kyriacos (ME/TS); (b) (6) (b) (6); 'Li, Sylvana'; 'Lutkenhouse, Matthew'; (b) (6); 'Matthew Andersen'; (b) (6); 'Mees, David'; (b) (6); 'Mesfin, Mahlet'; 'Navarro, Magdalena'; 'Nelson, Darcy G -FS'; (b) (6); Ngasi, Adrian (PPL/DE); 'Parks, Andy (HQ-TG000)'; (b) (6); 'Rhode, Lauren A VOL OSD OUSD POLICY (US)'; (b) (6); 'Schwartzman, Jennifer'; (b) (6); (b) (6); 'Staci Rijal'; 'Steven Kohl'; (b) (6) (b) (6); "THOMPSON, A R (DREW) CIV OSD OUSD POLICY (US'; Chung, Tina; 'Troche, Luis'; (b) (6) (b) (6) (b) (6); Chung, Tina; Sung, Nancy (b) (6) (b) (6)'Traini, Joseph (OST)'; Koupparis, Kyriacos (ME/TS)
Cc: Mesfin, Mahlet (b) (6)
Subject: 9am ET, 10/6: China JCM - planning call

Dear Colleagues,

We are looking forward to tomorrow's (9:00am ET, 10/6) call to touch base on the U.S.-China S&T Joint Committee Meeting (JCM), particularly your input on China's newly proposed topics.

Domestic: (b) (6)
International: (b) (6)
Access code: (b) (6)

Additionally, based on your responses, Mahlet and I have put together a draft U.S. delegation list. Kindly review and let us know if you have additions/deletions, changes to your title, etc.

Many thanks, and best wishes,
(b) (6)
(b) (6)

<< File: JCM - Proposed thematic topics-MOST feedback160930.doc >> << File: U.S. Delegation (TBC) - China-US JCM.docx >>

-----Original Appointment-----
From: (b) (6)
Subject: China JCM - planning call
When: Thursday, October 06, 2016 9:00 AM-10:00 AM (UTC-05:00) Eastern Time (US & Canada).
Where: call-in: (b) (6), Access code: (b) (6)

Dear Colleagues,

We received the attached feedback from China's MOST on our proposed JCM topics, including numerous newly proposed topics.

Mahlet and I would appreciate your input, and would like to propose a call this **Thursday morning (10/6), 9am ET**, to discuss. Kindly let us know if this works by RSVP'ing to this calendar invitation.

Domestic: (b) (6)
International: (b) (6)
Access code: (b) (6)

Particularly helpful to hear from you on the call (or via email) would be:

- (b) (5)

In the next couple days, we will also share with you a list of bilateral meetings that we understand USG agencies regularly hold with China (for background info purposes), a draft delegation list, and visa information.

Many thanks for your time, and looking forward to the upcoming JCM,

(b) (6)
(b) (6)
<< File: JCM - Proposed thematic topics-MOST feedback160930.doc >>
This email is UNCLASSIFIED

From: (b) (6)
Sent: Thu, 19 Apr 2018 11:43:31 +0000
Cc: International Cables (HHS/OS)
Subject: China Virus Institute Welcomes More U.S. Cooperation onGlobal Health Security

RAAUZYUW RUEHBJW8609 1090553-UUUU--RUHNHHS.
ZNR UUUUU ZZH
R 190551Z APR 18
FM AMCONSUL WUHAN
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INFO CHINA POSTS COLLECTIVE
ZEN/NCTC WASHINGTON DC
RHMCSII/US CUSTOMS AND BORDER PROTECTION WASHINGTON DC
ZEN/CIA WASHINGTON DC
RUCPDOC/DEPT OF COMMERCE WASHINGTON DC
RHEBAAA/DEPT OF ENERGY WASHINGTON DC
RHMCSII/HQ EPA WASHINGTON DC
RUINFBI/FBI WASHINGTON DC
RUZDFRB/FEDERAL RESERVE BOARD WASHINGTON DC
RUEAUSA/DEPT OF HHS WASHINGTON DC
RHMCSII/DEPT OF HOMELAND SECURITY WASHINGTON DC
RHMCSII/HQ ICE INTEL WASHINGTON DC
RHEHAAA/WHITE HOUSE WASHINGTON DC
ZEN/NGA WASHINGTON DC
RUETIAA/DIRNSA FT GEORGE G MEADE MD
RHMCSII/DEPT OF TRANSPORTATION WASHINGTON DC
RHMCSII/CDR 4THID MSE G2 FT CARSON CO
ZEN/DA AMHS WASHINGTON DC
BT
UNCLAS SBU
QQQQ
18 WUHAN 38

SENSITIVE

E.O. 13526: N/A
TAGS: SHLH, PGOV, CN, PREL, TBIO, KGHI, CDC, EAID, KHIV, IN, JP, TW, TSPL, PINS, SENV
SUBJECT: China Virus Institute Welcomes More U.S. Cooperation on Global Health Security

REF: 18 BEIJING 138
17 BEIJING 2458
11 MUMBAI 630
17 TOKYO 716
13 SEOUL 790

1. (SBU) Summary with Comment: China's Wuhan Institute of Virology, a global leader in virus research, is a key partner for the United States in protecting global health security. Its role as operator of the just-launched Biosafety Level 4 (or "P4") lab -- the first such lab in China -- opens up even more opportunities for expert exchange, especially in light of the lab's shortage of trained staff (Ref A).
(b) (5)

(b) (5)

End Summary with Comment.

2. (U) (b) (6) gave an overview of the lab and current cooperation with the United States to visiting Environment, Science, Technology and Health Counsellor Rick Switzer and Consulate Wuhan Consul General Jamie Fouss in late March. In the last year, the institute has also hosted visits from the National Institutes of Health (NIH), National Science Foundation, and experts from the University of Texas Medical Branch in Galveston. The institute reports to the Chinese Academy of Sciences in Beijing.

P4 Lab is Open and Transparent, Officials Emphasize

3. (SBU) The Wuhan P4 lab, referring to labs with the highest level of safety precautions, became fully operational and began working with live viruses early this year. Institute officials said they believed it is the only operational P4 lab in Asia aside from a U.S. Centers for Disease Control (CDC)-supported facility in Pune, India (Ref C). China plans to stand up a second P4 lab in Harbin. Institute officials said Japan's biosafety labs are "old" and lack cutting-edge equipment, so they consider Japan's labs to be "P3 Plus" (Note: the Japanese government says it has one P4-level lab in the Tokyo suburbs, though its activities are limited, and Japan is building a new P4 lab in Nagasaki, see Ref D. Taiwan operates at least HYPERLINK "https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5404250/"one P4 lab. South Korea was close to HYPERLINK "http://www.koreaherald.com/view.php?ud=20170316000902"opening a P4 lab as of last year, see Ref E. End Note.) Wuhan's lab is located about 20 miles from the city center in Zhengdian district, and the institute plans to gradually consolidate its other training, classroom and lab facilities at that location.

4. (U) Officials described the lab as a "regional node" in the global biosafety system and said it would play an emergency response role in an epidemic or pandemic. The lab's English brochure highlighted a national security role, saying that it "is an effective measure to improve China's availability in safeguarding national bio-safety if [a] possible biological warfare or terrorist attack happens."

5. (SBU) Institute officials said there would be "limited

availability" for international and domestic scientists who had gone through the necessary approval process to do research at the lab. They stressed that the lab aimed to be a "worldwide, open platform" for virology. They said they welcomed U.S. Centers for Disease Control (CDC) experts, noting that the Chinese Academy of Sciences was not strong on human disease expertise, having only focused on it in the last 15 years, after the SARS outbreak. A Wuhan-based French consulate official who works on science and technology cooperation with China also emphasized that the lab, which was initiated in 2004 as a France-China joint project, was meant to be "open and transparent" to the global scientific community. "The intent was to set up a lab to international standards, and open to international research," he said. French experts have provided guidance and biosafety training to the lab, which will continue, the French official said. Institute officials said that France provided the lab's design and much of its technology, but that it is entirely China-funded and has been completely China-run since a "handover" ceremony in 2016.

6. (U) In addition to French assistance, experts from the NIH-supported P4 lab at the University of Texas Medical Branch in Galveston have trained Wuhan lab technicians in lab management and maintenance, institute officials said. The Wuhan institute plans to invite scientists from the Galveston lab to do research in Wuhan's lab. One Wuhan Institute of Virology researcher trained for two years at the Galveston lab, and the institute also sent one scientist to U.S. CDC headquarters in Atlanta for six months' work on influenza.

NIH-Supported Research Revises SARS Origin Story

7. (U) NIH was a major funder, along with the Natural Science Foundation of China (NSFC), of SARS research by the Wuhan Institute of Virology's Shi Zhengli and Cui Jie. The researchers spent five years of investigation and genome sequencing to show that a population of bats in a cave in Yunnan Province harbored a virus with all the "building blocks" of SARS. This lends weight to the theory that SARS originated in bat populations before jumping first to civet cats (likely via bat feces) and then to humans, after people transported the civet cats from Yunnan to Guangdong Province animal markets. The results were published late last year in HYPERLINK "https://www.nature.com/articles/d41586-017-07766-9"Nature and other publications. Shi said that U.S. scientist Peter Daszak, a leading expert on emerging diseases and president of the New York-based EcoHealth Alliance, was a "strong partner." Daszak's team has provided support in statistical modeling to assess the risk of more coronaviruses like SARS crossing over to human populations.

Ready to Help with the Global Virome Project

8. (U) Institute officials expressed strong interest in the Global Virome Project (GVP), and said Chinese funding for the project would likely come from Chinese Academy of Sciences funding already earmarked for One Belt, One Road-related initiatives. The HYPERLINK "http://science.sciencemag.org/content/359/6378/872.full"GVP aims to launch this year as an international collaborative effort to identify within ten years virtually all of the planet's viruses that have pandemic or epidemic potential and the ability to jump to humans. "We hope China will be one of the leading countries to initiate the Global Virome Project," one Wuhan Institute of Virology official said. China attended a GVP unveiling meeting in January in Thailand and is waiting for more details on the initiative. The officials said that the Chinese government funds projects similar to GVP to investigate the background of viruses and bacteria. This essentially constituted China's own Virome Project, officials said, but they noted the program currently has no official name.

9. (SBU) The Wuhan Institute of Virology's Shi Zhengli is the China Country Coordinator for the USAID-funded PREDICT project, which is designed to show "proof of concept" and be a forerunner to the Global Virome Project. Li Hongying, with the EcoHealth Alliance (a New York City-based NGO that is working with the University of California, Davis to manage the PREDICT project), recently planned to visit Wuhan to meet with Shi. Li noted that China has expressed interest in building the GVP database, which would put China in a leadership position. Other countries have confidence in Chinas ability to build such a database, but are skeptical on whether China could remain transparent as a "gatekeeper" for this information, she said. Li expressed frustration with the slow progress so far in launching GVP, noting that the effort lacked funding sources, needed to hire a CEO, and would have to boost its profile at G7, G20 and other high-level international meetings.

U.S.-China Workshop Explores Research Partnerships

10. (U) The Institute also has ongoing collaboration with the U.S. National Science Foundation, including a just-concluded workshop in Shenzhen, involving about 40 scientists from the United States and China, on the topic of the "Ecology and Evolution of Infectious Diseases." Co-sponsored by the Natural Science Foundation of China (NSFC), the Chinese lead for this workshop was the Wuhan Institute of Virology's Hu Zhihong, and the U.S. co-chair was the University of Oklahoma's Xiao Xiangming. The workshop explored opportunities for U.S.-China research cooperation in areas like using "big data" to predict emerging infectious diseases, climate changes effect on

vector-borne diseases, and pathogen transmission between wildlife, domestic animals and humans.

11. (SBU) Some workshop participants also expressed skepticism about the Global Virome Project's (GVP) approach, saying that gaining a predictive understanding of viruses with pandemic potential would require going beyond the GVPs strategy of sample collection, to take an "ecological" approach that considers the virome beyond vertebrate systems to identify mechanisms driving pathogen evolution. A follow-on workshop will be held in June at the University of Berkeley. NSF and NSFC hope to jointly announce a funding call for collaborative projects later this year.
FOUSS
BT
#8609

NNNN

From: Chen, Ping (NIH/NIAID) [E]
Sent: Wed, 12 Oct 2016 22:28:22 -0400
To: Handley, Gray (NIH/NIAID) [E];Bernabe, Gayle (NIH/NIAID) [E];Dixon, Dennis M. (NIH/NIAID) [E]
Subject: FW: China JCM - input by COB, if possible
Attachments: US Proposed Agenda for US-China JCM 10 12 2016 v2 (to USG interagency with comments).docx, U.S. Delegation and Visa Information.docx
Importance: High

Hi Gray, Gayle, and Dennis,
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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. I think the request for this topic is from MOST. (b) (5) What do you think?
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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)
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Cell: (b) (6)
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#55 An Jia Lou Road
ChaoYang District, 100600
Beijing, China
(b) (6)
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From: Chung, Tina (NIH/FIC) [E]
Sent: Thursday, October 13, 2016 2:51

To: Brown, Matthew (NIH/NCI) [E]; Chen, Ping (NIH/NIAID) [E]
Cc: Chai, Shuen (OS/OGA)
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Cc: Mesfin, Mahlet (b) (6)
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(b) (6)

SBU

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(b) (6)

(b) (6); Chung, Tina; Sung, Nancy (b) (6)
(b) (6) 'Traini, Joseph (OST)'; Koupparis, Kyriacos (ME/TS)
Cc: Mesfin, Mahlet (b) (6)
Subject: 9am ET, 10/6: China JCM - planning call

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Many thanks, and best wishes,
(b) (6)

<< File: JCM - Proposed thematic topics-MOST feedback160930.doc >> << File: U.S. Delegation (TBC) - China-US JCM.docx >>

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Subject: China JCM - planning call
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Where: call-in: (b) (6), Access code: (b) (6)

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Mahlet and I would appreciate your input, and would like to propose a call this **Thursday morning (10/6), 9am ET**, to discuss. Kindly let us know if this works by RSVP'ing to this calendar invitation.

Domestic: (b) (6)
International: (b) (6)
Access code: (b) (6)

Particularly helpful to hear from you on the call (or via email) would be:

- (b) (5)

In the next couple days, we will also share with you a list of bilateral meetings that we understand USG agencies regularly hold with China (for background info purposes), a draft delegation list, and visa information.

Many thanks for your time, and looking forward to the upcoming JCM,

(b) (6)

<< File: JCM - Proposed thematic topics-MOST feedback160930.doc >>
This email is UNCLASSIFIED

(b) (5)

[redacted]

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[redacted]

(b) (5)

[redacted]

(b) (5)

[redacted]

** Please fill out. This is for two purposes: 1) to ensure proper titles, etc. for the U.S. delegation list; and 2) for MOST to provide you with a visa invitation letter.

	Full Name	Agency	Title	DOB	Nationality	M/F	Passport No.	Date of First Entry
1								
2								

From: Chung, Tina (NIH/FIC) [E]
Sent: Thursday, October 13, 2016 2:51
To: Brown, Matthew (NIH/NCI) [E]; Chen, Ping (NIH/NIAID) [E]
Cc: Chai, Shuen (OS/OGA)
Subject: FW: China JCM - input by COB, if possible

Please provide any edits and/or comments.

Tina

From: (b) (6)
Sent: Wednesday, October 12, 2016 1:18 PM
To: (b) (6); 'Alroy, Karen' (b) (6); 'Anthony.Gryniewicz' < (b) (6); (b) (6) (b) (6) (b) (6) (b) (6); Chai, Shuen (OS/OGA) (b) (6); 'Cohn, Corey' (b) (6); 'D'Alessandro, Rudy' (b) (6) (b) (6); 'Diehl, Mike' (b) (6); 'DiGiulian, Maria' (b) (6) (b) (6); Elvander, Erika (OS/OGA) (b) (6) (b) (6); 'Hemingway, Claire A' (b) (6); (b) (6) (b) (6); 'John Mitchell' (b) (6); (b) (6)'; 'Koeppe, Matthew T (HQ-TG000)' (b) (6); Koupparis, Kyriacos (ME/TS) (b) (6); 'Li, Sylvana' (b) (6); 'Lutkenhouse, Matthew' (b) (6) (b) (6); 'Matthew Andersen' (b) (6) (b) (6); 'Mees, David' (b) (6) 'Mesfin, Mahlet' (b) (6); 'Navarro, Magdalena' (b) (6); 'Nelson, Darcy G -FS' (b) (6) (b) (6); Ngasi, Adrian (PPL/DE) (b) (6); 'Parks, Andy (HQ-TG000)' (b) (6); (b) (6)>; 'Rhode, Lauren A VOL OSD OUSD POLICY (US)' (b) (6); 'Schwartzman, Jennifer' (b) (6) (b) (6) (b) (6); 'Staci Rijal' (b) (6); 'Steven Kohl' (b) (6) "THOMPSON, A R (DREW) CIV OSD OUSD POLICY (US' (b) (6); Chung, Tina (NIH/FIC) [E] (b) (6); 'Troche, Luis' (b) (6) (b) (6) (b) (6) (b) (6) (b) (6)

(b) (6); Chung, Tina (NIH/FIC) [E] (b) (6); Sung, Nancy (b) (6) (b) (6); Zhiliang Zhu (b) (6); 'Traini, Joseph (OST)' (b) (6); Koupparis, Kyriacos (ME/TS) (b) (6); (b) (6)
Cc: Mesfin, Mahlet (b) (6) (b) (6)
Subject: China JCM - input by COB, if possible

Dear Colleagues,

I hope that this email finds you well. Thank you for your continued input into the U.S.-China JCM agenda.

A couple of items:

1. **Regarding the agenda**, per your comments, Mahlet, (b) (6) and I took a stab at revising the agenda and aim to send it to China MOST tonight. Kindly find questions for individual agencies within the attached. Your response by COB, if possible, would greatly be appreciated.

2. **Regarding visas**, MOST requires us to fill out the attached information ("U.S. delegation and Visa Information") for visa invitation letters. Kindly send this information to me soonest. If you prefer to fax it to me, please use the following fax number and let me know that you've faxed it: (b) (6).

3. **Regarding the hotel,** China proposes moving the meeting to a hotel near Yanqi Lake of Yanqing County, north of Beijing. Yanqui Lake is a 1-hour drive from PEK airport, about the same as driving to the Shangri-La in traffic, but in the opposite direction. USG participants could stay in the same hotel where the JCM is held. Once we have the confirmed name of the hotel, we will send you instructions on booking rooms.

Many thanks, and happy to discuss,

(b) (6)

SBU

This email is UNCLASSIFIED
From: (b) (6)
Sent: Wednesday, October 05, 2016 3:15 PM
To: (b) (6); 'Alroy, Karen'; 'Anthony.Gryniewicz'; (b) (6) (b) (6) 'Chai, Shuen (OS/OGA)'; 'Cohn, Corey'; 'D'Alessandro, Rudy'; (b) (6) 'Diehl, Mike'; 'DiGiulian, Maria'; (b) (6) 'Erika Elvander'; (b) (6) (b) (6) 'John Mitchell'; (b) (6); 'Koeppe, Matthew T (HQ-TG000)'; Koupparis, Kyriacos (ME/TS); (b) (6) (b) (6); 'Li, Sylvana'; 'Lutkenhouse, Matthew'; (b) (6); 'Matthew Andersen'; (b) (6) 'Mees, David'; (b) (6) 'Mesfin, Mahlet'; 'Navarro, Magdalena'; 'Nelson, Darcy

G -FS'; (b) (6); Ngasi, Adrian (PPL/DE); 'Parks, Andy (HQ-TG000)'; (b) (6); 'Rhode, Lauren A VOL OSD OUSD POLICY (US)'; (b) (6) 'Schwartzman, Jennifer'; (b) (6); (b) (6); 'Staci Rijal'; 'Steven Kohl'; (b) (6), (b) (6); "THOMPSON, A R (DREW) CIV OSD OUSD POLICY (US'; Chung, Tina; 'Troche, Luis'; (b) (6) (b) (6) (b) (6); Chung, Tina; Sung, Nancy (b) (6) (b) (6) 'Traini, Joseph (OST)'; Koupparis, Kyriacos (ME/TS)
Cc: Mesfin, Mahlet (b) (6); (b) (6)
Subject: 9am ET, 10/6: China JCM - planning call

Dear Colleagues,

We are looking forward to tomorrow's (9:00am ET, 10/6) call to touch base on the U.S.-China S&T Joint Committee Meeting (JCM), particularly your input on China's newly proposed topics.

Domestic: (b) (6)
International: (b) (6)
Access code: (b) (6)

Additionally, based on your responses, Mahlet and I have put together a draft U.S. delegation list. Kindly review and let us know if you have additions/deletions, changes to your title, etc.

Many thanks, and best wishes,
(b) (6)

<< File: JCM - Proposed thematic topics-MOST feedback160930.doc >> << File: U.S. Delegation (TBC) - China-US JCM.docx >>

-----Original Appointment-----
From: (b) (6)
Subject: China JCM - planning call
When: Thursday, October 06, 2016 9:00 AM-10:00 AM (UTC-05:00) Eastern Time (US & Canada).
Where: call-in: (b) (6), Access code: (b) (6)

Dear Colleagues,

We received the attached feedback from China's MOST on our proposed JCM topics, including numerous newly proposed topics.

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International: (b) (6)
Access code: (b) (6)

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In the next couple days, we will also share with you a list of bilateral meetings that we understand USG agencies regularly hold with China (for background info purposes), a draft delegation list, and visa information.

Many thanks for your time, and looking forward to the upcoming JCM,

(b) (6)
(b) (6)

<< File: JCM - Proposed thematic topics-MOST feedback160930.doc >>
This email is UNCLASSIFIED

From: (b) (6)
Sent: Thu, 21 Dec 2017 02:07:08 +0000
To: Handley, Gray (NIH/NIAID) [E]
Subject: Fw: Draft Cable
Attachments: 20171220 P4 lab Wuhan.docx

Gray,
Attached is the draft cable on China's P4 lab. I gave my report to an (b) (6) turned it into a cable format. (b) (5)

Please review it and provide your edit and comments.
Thank you and Happy Holidays.
(b) (6)

From: (b) (6)
Sent: Wednesday, December 20, 2017 4:13 PM
To: (b) (6)
Subject: RE: Draft Cable

Hi (b) (6)
I incorporated the new changes; also spoke to (b) (6) about it. I wanted to get this to you before I left for the day today. We can work on it more tomorrow or Friday.
(b) (6)

SBU
This email is UNCLASSIFIED.

From: (b) (6)
Sent: Wednesday, December 20, 2017 2:40 PM
To: (b) (6)
Subject: RE: Draft Cable

(b) (6)

I know you are busy with other stuff. I did some editing and marked with comments, added the research portion and the citation at the end. I am sending this back to you for more work.

(b) (6)

Official
UNCLASSIFIED

From: (b) (6)
Sent: Tuesday, December 19, 2017 4:55 PM
To: (b) (6)
Subject: Draft Cable

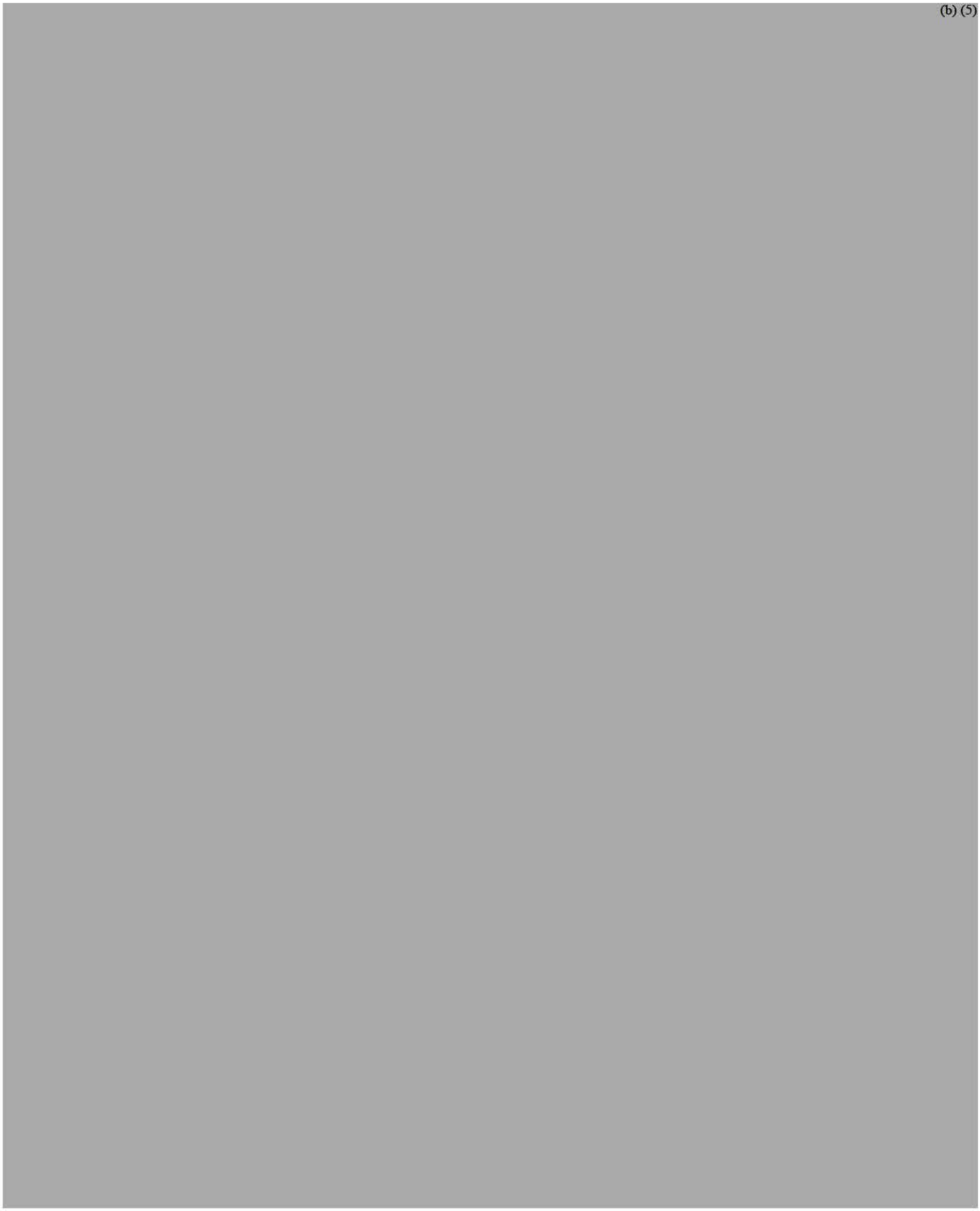
Hi (b) (6)

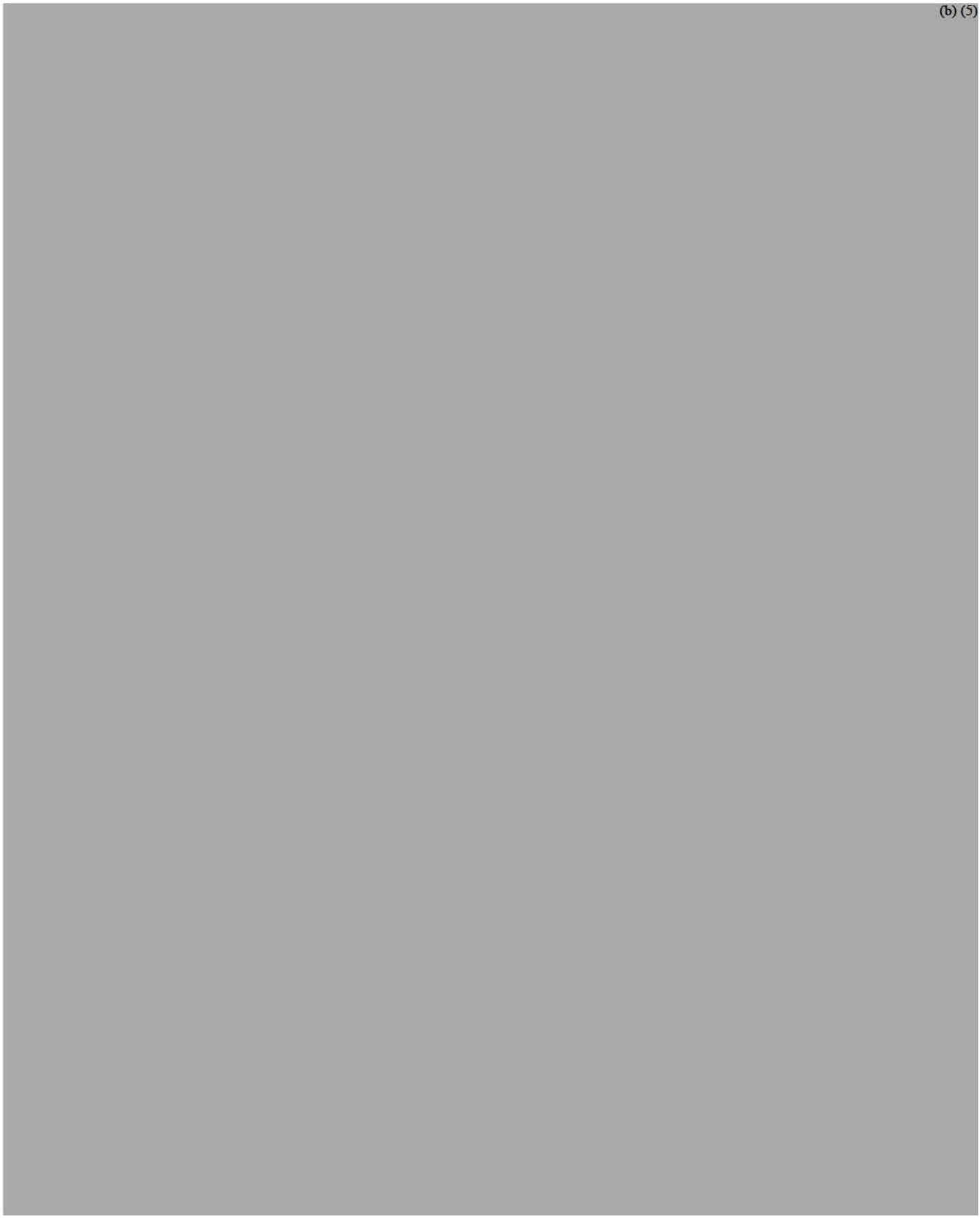
Here's the first draft of the cable. Let me know what you think on how I reworked it. I still need to work on Paragraph 7 but welcome your feedback and any suggestions on how you think the cable should conclude.

Please let me know if you have comments (you can use track changes). I'll be out at meetings most of tomorrow so I can probably get to it late tomorrow afternoon or on Thursday.

(b) (6)

SBU
This email is UNCLASSIFIED.





Scientists close in on origin of SARS (Dec 7) China Daily reports

Researchers believe deadly virus began in bats in Yunnan province. Chinese scientists believe they may have found the origin of the deadly SARS virus in a remote cave in Yunnan province, where they identified a single population of horseshoe bats that harbor virus strains with all the genetic building blocks. The strain could easily have arisen from such bats, according to research published in PLoS Pathogens on Nov 30. Scientists also warned that the ingredients are in place for a similar disease to emerge again. Two scientists, Shi Zhengli and Cui Jie from the Wuhan Institute of Virology in Hubei province, led the research team, sampling thousands of wild horseshoe bats from nine provinces. Most caves are located in remote areas, according to Cui. In one particular cave in Yunnan province, the research team found that the strains of coronavirus looked similar to human versions of SARS. It took five years for researchers to monitor the bats living in the cave. Severe acute respiratory syndrome, or SARS, is a highly fatal viral disease characterized by fever, headache and respiratory symptoms including cough, difficulties breathing and pneumonia. It emerged in South China in 2002 and rapidly led to a global pandemic, killing almost 800 people worldwide. The culprit was identified as a strain of coronavirus, and genetically similar viruses were found in masked palm civets that are sold in animal markets in Guangdong province. Later, a large number of SARS-related coronaviruses were found in horseshoe bats. Scientists believe that the strain probably originated in the bats, and later passed through civets before reaching humans. The report by the Wuhan team shows multiple incongruent associations between the phylogenies of horseshoe bats and their coronavirus. "The result showed that host shifts have occurred in the recent evolutionary history of this group. It may be due to either virus biologic traits or host behavioral traits. This finding has implications for the emergence of SARS and for the potential future emergence of SARS-coronavirus or related viruses," the researchers wrote in the report. Shi told Hubei Daily that wild animals such as bats and rats carry various viruses but spreading across species rarely happens. "There is no need to feel panic about it, but close contact with those wild animals should be prevented," she said. In a recent interview with Nature Magazine, Tu Changchun, a virologist who directs the OIE Reference Laboratory for Rabies in Changchun, Jilin province, said the results are only 99 percent persuasive. He said he would like to see scientists demonstrate in the lab that the human SARS strain can jump from bats to another animal, such as a civet. Also, he questioned how a virus from bats in Yunnan could travel to animals and humans about 1,000 kilometers away in Guangdong, without causing any suspected cases in Yunnan. According to Nature, Cui and Shi also conducted research on other bat populations that could have produced strains capable of infecting humans, and have isolated about 300 bat coronavirus sequences, most not yet published, with which they will continue to monitor the evolution of the virus.

Drafted: (b) (6)

Cleared:

Approved:

From: Chen, Ping (NIH/NIAID) [E]
Sent: Thu, 30 Jan 2020 15:10:32 +0000
To: Handley, Gray (NIH/NIAID) [E];Bernabe, Gayle (NIH/NIAID) [E];Dominique, Joyelle (NIH/NIAID) [E];Rosa, William (NIH/NIAID) [E];Lu, Tami (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E]
Subject: FW: China Coronavirus: Mission China Prepares for Authorized Departure, Holds Town Hall

FYI

From: (b) (6)
Sent: Thursday, January 30, 2020 9:52 AM
To: Chen, Ping (NIH/NIAID) [E] (b) (6); Mason Drew (b) (6)
Subject: Fw: China Coronavirus: Mission China Prepares for Authorized Departure, Holds Town Hall

Sent from my BlackBerry 10 smartphone.

From: (b) (6)
Sent: Thursday, 30 January 2020 17:52
(b) (6)

Subject: China Coronavirus: Mission China Prepares for Authorized Departure, Holds Town Hall

Colleagues,

Latest Mission China cable on 2019-nCoV.

Best regards,

(b) (6)

UNCLASSIFIED
SBU

Action Office:	POL, ECON, MGT, PAS, IMO, RSO, CONS, SCIENCE, MED, CDC
Info Office:	IMO_INFO, EXEC_INFO, DAO_INFO, RSO_INFO, POL_INFO, CONS_INFO, MGT_INFO, SCIENCE_INFO, ECON_INFO

MRN:	20 BEIJING 226
Date/DTG:	Jan 30, 2020 / 300943Z JAN 20
From:	AMEMBASSY BEIJING
Action:	WASHDC, SECSTATE *ROUTINE*
E.O.:	13526
TAGS:	SHLH, CDC, HHS, NIH, CN, PGOV, SENV, PREL, CASC, AMGT, AMED, KPAO, KMDR, ASEC
Captions:	SENSITIVE
Reference:	A) 20 BEIJING 218 B) 20 BEIJING 216 C) 20 BEIJING 214 D) 20 BEIJING 202 E) 20 BEIJING 200 F) 20 BEIJING 198 G) 20 BEIJING 188 H) 20 BEIJING 186 I) 20 BEIJING 174 J) 20 BEIJING 172 K) 20 BEIJING 166 L) 20 BEIJING 164 M) 20 BEIJING 142 N) 20 BEIJING 122 O) 20 BEIJING 108 P) 20 BEIJING 74 Q) 19 WUHAN 112
Subject:	China Coronavirus: Mission China Prepares for Authorized Departure, Holds Town Hall

1. (SBU) **Summary:** Mission China held a Town Hall January 30 led by Ambassador Branstad to discuss authorized departure and posture in response to the novel coronavirus. The PRC coronavirus response group led by Premier Li Keqiang called for the delayed return to work of some Chinese government personnel. Mission China is scheduled to reopen February 3 to focus fully on the response to the outbreak of the novel coronavirus. The Mission China Task Force

will continue to meet daily and report on the 2019-nCoV outbreak. **End Summary.**

Mission China Town Hall

2. (SBU) Embassy Beijing held a Town Hall January 30 led by Ambassador Branstad to discuss Mission China's authorized departure of family members and all non-emergency U.S. government employees, along with Mission posture in response to the coronavirus outbreak. Staff and family member from the Consulates also participated.

Assistance to AmCits and Relief Coordination for Wuhan

3. (SBU) Embassy Beijing continues to coordinate with the Department on assistance to and the possible evacuation of U.S. citizens who remain in Wuhan. The Mission China Wuhan Relief Group is coordinating with the Department to place relief supplies and donations aboard any aircraft that may travel to Wuhan to evacuate U.S. citizens.

Central Government Leaders Call for Delayed Return of Some Government Personnel

4. (SBU) The PRC's Central Leading Group for the 2019-nCoV Response convened a meeting on January 29, chaired by Premier Li Keqiang. The group noted that "the epidemic is still in the phase of spreading" and called on public agencies and entities to allow non-critical personnel traveling from areas with "high rates of infection" to delay their return to work. With the permission of the State Council, Hubei Province and other highly affected areas may delay the reopening of public offices, businesses, and schools, "as appropriate."

Triage Procedures at Beijing Hospitals Observed; No Reported Stresses on Healthcare Systems

5. (SBU) Embassy Beijing received a notice January 29 from the Ministry of Foreign Affairs (MFA) directing diplomatic personnel in Beijing with fevers to go to one of two hospitals: Ditan Hospital and You'an Hospital. [redacted] (b) (6)

6. (SBU) At the hospitals, the [redacted] (b) (6) of: (1) procedures for funneling individuals entering the hospital to one entry point where a triage nurse was set up; (2) screening and triaging patients at the entry point, including through temperature checks, symptom screen, and basic risk assessment (e.g., asking about recent travel history); (3) use of personal protective equipment (PPE) by healthcare workers (HCW) and training on PPE; (4) procedures for isolating individuals with a fever from the general hospital population and directing those with fever to the fever clinic; (5) presence of functioning negative-pressure isolation rooms on site; (6) lab testing capacity for 2019-nCoV on site in the fever clinics; and (7) existing protocols for HCW who may have been exposed. The expert assessed that all three hospitals had adequate capacity and procedures in place, to varying degrees. Among the three, BJU was superior in their triage procedures.

7. (SBU) [redacted] (b) (6) observed that the triage nurse was wearing a face shield, mask, gloves, and a gown. The assigned security personnel escorting patients to the fever clinic were wearing masks and face shields. Adult patients with temperatures above 37.3°C (99.1°F) are escorted to the fever clinic; children are escorted to a pediatric fever clinic, and all accompanying family members are immediately masked (if not already) and screened by staff. A BJU triage nurse said that BJU can test for 2019-nCoV in-house, and that the fever clinic has fully functioning negative-pressure isolation rooms. Patients who test positive for the virus are sent to one of the city's designated treatment hospitals. The triage nurse further indicated that BJU has established protocols for HCW who are exposed and has conducted training with all staff on the proper use of PPE.

8. (SBU) [redacted] (b) (6) was not aware of the MFA notice and told ESTHOff the hospital did not have any special procedures or services for the intake of diplomatic personnel. The administrator suggested that Embassy staff and family just go to the nearest locally designated fever clinic or treatment hospital. [Note: Beijing city government has a published list of 101 fever clinics and 21 designated treatment hospitals in the city. End note.]

9. (SBU) CGs Shanghai and Guangzhou report no visible signs of stress to the local healthcare system. In Shanghai, private hospitals that serve international clients, including the official American community, appear to be operating as normal. In Guangzhou, there have been no reported changes to hospital conditions or wait times since the ConGenOffs' January 28 survey of facilities.

10. (SBU) According to contacts, as of today, Sichuan province has dedicated more than 2,273 beds in hospitals across the region, in addition to 30 backup hospitals, to treat patients infected with the virus. Sichuan currently has 54 quarantine sites, with an additional 249 backup sites. As of yesterday, 2,011 fever clinics at hospitals across Sichuan have screened over 75,000 patients for the virus.

11. (SBU) To ease the pressure on major hospitals in Chengdu, the provincial health commission has installed a new community-based early screening and referral system. Individuals with fever and other possible symptoms are urged to first contact their community health center for primary screenings. Symptomatic patients are then referred to fever clinics or placed under house quarantine for further monitoring. There are 197 hospitals with fever clinics in Chengdu, which are mandated to transfer confirmed cases to 17 designated treatment hospitals. Major hospitals in the city center, including Huaxi Hospital -- Sichuan's main provincial hospital and the primary hospital for CG Chengdu's community -- have not been designated as nCoV treatment hospitals. However, as noted in prior CG Chengdu reporting, Huaxi and other Chengdu hospitals have setup diagnostic and fever tents.

International Schools

12. (SBU) The PRC Ministry of Education January 27 suspended all classes at schools until

further instructions from local authorities. International schools in Beijing said January 29 the Beijing Municipal Education Commission (BMEC) announced that the reopening of schools shall now be determined by BMEC. The Western Academy of Beijing (WAB), International School of Beijing (ISB), and the British School of Beijing (BSB) said they will implement online learning starting February 3. American International School of Guangzhou (AISG), where all ConGen children study, still plans to re-open February 17 and sent instructions for on-line classes beginning February 3. Shanghai international schools attended by Consulate EFMs continue to plan on reopening February 17.

Beijing

13. (SBU) In Beijing, there are no reports of road closures or traffic restrictions from Beijing's transport authority and city police. Public buses and subway lines within the city continue to operate as normal. Grocery stores appear well-stocked. The DiDi ride-hailing app (similar to Uber) was functioning again on January 30. [Note: Didi announced January 29 that it was suspending most services by private drivers in Beijing "in response to local authorities' requirement." There was no announced reason why the service had resumed. End note.]

14. (SBU) China's Ministry of Transport (MOT) issued a notice on January 30 forbidding local transport authorities from closing highways or inter-province roadways in response to 2019-nCoV (link). MOT also published a notice on January 30 that vehicles carrying emergency supplies should receive free passage across provinces and would be exempt from any tolls or fees (link).

15. (SBU) (b) (6) that their procedure following any guests identified with a fever is to call the police/ambulance to take the guest to a hospital. Hilton staff said they would ensure the guest had a mask on and was set aside until the police arrived.

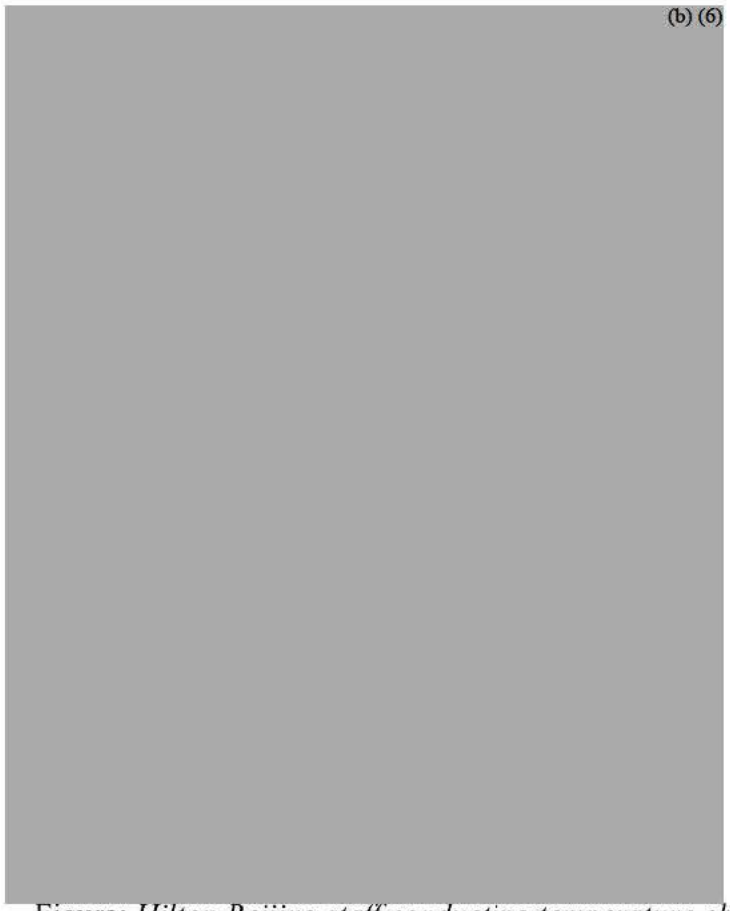


Figure: *Hilton Beijing staff conducting temperature checks of hotel guests*

Chengdu

16. (SBU) As of January 30, Sichuan province reported 142 cases of individuals infected with the nCoV virus. On January 30 Chengdu reported its first death, an 86-year-old woman with a history of prior illness. In Western Sichuan's remote Ganzi Tibetan Autonomous Prefecture, local authorities announced that two individuals were confirmed as having the virus, bringing the total number of cases in Ganzi to five. Another 29 individualsi n Ganzi suspected of suffering from the virus remain under quarantine. One contact speculated that these individuals may have been tourists from Wuhan who had chosen to spend their New Year sightseeing in the area. (b) (6) speculated that the number of individuals infected with the virus in Western Sichuan might be higher, with one Tibetan telling us he was forced to depart Chengdu in a hurry to take care of his parents after "several" individuals in their village fell ill.

17. (SBU) As of January 30, China's ride sharing application, DiDi, pushed a message to its English-speaking users, indicating the company would no longer provide "inter-city services" between Chengdu and other cities. Post confirmed all travel within Chengdu and to the local international airport remains available.

18. (SBU) United Airlines, Hainan Airlines, and other international airlines continue to operate flights out of Chengdu. Consulate employees transiting Chengdu's Shuangliu International Airport have reported inconsistent levels of arrival and departure health checks. Upon departure

or arrival, all travelers are required to undergo a "health check" which entails filling out a form indicating recent travel and any potential symptoms.

19. (SBU) Controls on movement within Chengdu extend to the lowest levels of governance, contacts say. One contact reports local police in residential areas of Chengdu checking the home registration (戶口) for all individuals entering a given neighborhood, saying that authorities have been turning away anyone whose registration shows that they do not reside in that neighborhood, even if they are registered elsewhere in Chengdu. In rural areas of the province, contacts report authorities are searching all vehicles to ascertain if any passengers have recently arrived from Wuhan, while in city areas, police are stopping all cars with license plates from Hubei, of which Wuhan is the provincial capital. According to contacts, Sichuan has designated hotels to quarantine individuals with recent travel to Hubei, while some private hotels are refusing to admit any person with registration there.

20. (SBU) Despite February 17 being the official start date for schools, some universities have begun to hedge on when students and faculty should return, with the Southwest Minorities University in Chengdu publishing a notice that "all individuals should wait until further instructions at a later date before planning their return."

21. (SBU) (b) (6) believe the next 5-8 days will be crucial for the municipality to contain the virus. On January 28, the first confirmed coronavirus case was reported in the municipality's Yuzhong district, where many of the foreign consulates are located. This appears to have triggered a more stringent set of public health measures, with mandatory temperature checks observed at residential compounds, gas stations, malls, and car routes. (b) (6) there remains a lot of concern, locally that Chongqing could become another epicentre for coronavirus infection based on the significant flow of people between Chongqing and Wuhan. On January 28, the Deputy Director of Chongqing's Center for Disease Control and Prevention was quoted as saying that some 210,000 people had 'recently' travelled from Wuhan to Chongqing prior to movement controls being implemented in Hubei Province. This has triggered a widespread grid search campaign by authorities to identify people in Chongqing coming from Wuhan and those with whom they have been in contact.

22. (SBU) (b) (6) Chongqing has ordered non-essential businesses to stay closed until February 9th. Schools are to remain closed until February 17. As of January 28, Chongqing's one international hospital, Raffles Medical, still offers fever screening and blood test and directs patients to a designated public hospital if they test positive for the virus. English service at Raffles Hospital is reportedly inconsistent, and our diplomatic contacts said they have been unable to assess the availability/quality of foreign language services at the two hospitals designated for foreigners suspected of coronavirus infection.

23. (SBU) On January 28, Chongqing municipal government held a press conference, stating it had implemented containment measures, including setting up checkpoints at airports, train stations, highway exits, and piers to identify vehicles and passengers coming from Hubei Province. Starting on the morning of January 26, Chongqing's municipal metro system began operating on a reduced schedule. Chongqing has also stopped all interprovincial bus services.

Our contacts reported no indication that flights and trains have or would be disrupted. In addition, Chongqing FAO has suspended all activities with foreign countries until the end of February and has requested the city's consulates general do the same.

24. (SBU) (b) (6) also reported that masks remain difficult to procure locally. Chongqing FAO has circulated an updated list of supplies that the government needs for its response, which mainly consist of personal protective equipment. Authorities are asking foreign company contacts that are cleared to sell these supplies in China to increase their imports of such products. Chongqing is also willing to accept donations from private organizations and sub-national governments.

Guangzhou

25. (SBU) USDH and EFMs participated in Mission China's townhall January 30, followed by a ConGen Guangzhou Q&A session on authorized departure. CG Guangzhou will conduct an EAC January 30.

26. (SBU) Guangdong's provincial FAO, health commission, and information bureau held a briefing January 30 for the consular corps. The officials sought to calm anxiety in the consulate community by reiterating the province's pledge not to resort to lock down measures, to maintain normal transportation, and to quickly resolve supply shortages of face masks. Guangdong FAO officials told the consular corps there was "no need to withdraw" foreign nationals from Guangdong.

27. (SBU) (b) (6) guidance for responding to mandatory temperature checks, instructing USDH and EFMs to contact RSO if at any point they encounter forcible attempts to bring personnel to a fever hospital for further testing. At the (b) (6) told the consular corps the protocol for foreign diplomats would be at-home quarantine.

28. (SBU) As of January 30, all regularly scheduled flights to the United States from Guangzhou and Shenzhen are operating normally. According to the FAO, the main carrier out of Guangzhou, China Southern (code share Delta, AA), has not cancelled any international routes.

29. (SBU) In Guangdong, provincial and municipal governments resumed normal operations as of January 30. Banks are scheduled to re-open February 3.

30. (SBU) CG Guangzhou reported that as of COB January 29, the New Zealand Consulate is working with minimal staff and LES working from home if needed. Some Consulate staff, including New Zealand Police, have voluntarily left China, although a Consulate contact reported Foreign Affairs had not yet decided to repatriate non-essential staff and their dependents. The UK Consulate is running with minimal staff and has offered voluntary departure to its staff. The Canadian Consulate has drawn down to minimal staff through at least February 3 and is offering essential consular services only. The Canadian Consulate has set up a screening station outside the Consulate entrance. Canadian Consulate leadership is actively

discussing evacuating dependents from Guangzhou.

31. (SBU) As of January 30, grocery stores surveyed by (b) (6) were well stocked and appeared to be increasing the availability of meat and produce. Water deliveries to Consulate personnel remain available through the Consulate's supplier, though delivery times were constrained through the extended holiday.

32. (SBU) Guangzhou public transportation remains open. (b) (6) metro and bus ridership seemed to be up compared to previous days. Checkpoints have been stood-up at key freeway junctures to screen all inter-provincial inbound car traffic.

33. (SBU) High speed rail link suspension for mainland trains to Hong Kong went into effect at 12:00 AM January 30. (b) (6) that as many as one-third of overall rail frequencies in an out of the city are cancelled the evening of January 29, while no cancellations were evident at a second station.

34. (SBU) Foot traffic is light at inter-city bus terminals and plenty of tickets available to most mid-range destinations, according to (b) (6) bus service to Hong Kong Airport was suspended.

Shanghai

35. (SBU) CG Shanghai reported January 30 Shanghai has not yet seen signs of significant disruption to local transportation, food distribution, or medical services. The Shanghai consular district accounts for about 11 percent of total confirmed cases, with approximately half of those in Zhejiang Province. Confirmed cases in Shanghai – currently around 100 - remain low both in absolute terms and relative to the size of the population. (b) (6) continue to find grocery stores accessible and well stocked, though supplies of some products – especially fresh vegetables and pork – are in short supply in some stores some of time. The Shanghai municipal government has acknowledged that demand for these items is higher than normal, attributing the increase in demand to decreased travel outside of the city and more residents cooking at home rather than eating out. While many restaurants remain closed, meal and grocery delivery services are operating as normal.

36. (SBU) The Shanghai subway network and the Didi ride hailing service continue to operate as normal. The ride-hailing app Didi is requiring all passengers and drivers to wear protective masks. The airport and high-speed rail service continue to operate, although a number of airlines have reduced or discontinued service to Shanghai from overseas. Some of these airlines have explicitly cited public health reasons as the main factor in their decision while others have pointed to reduced demand as the main driver.

37. (SBU) Calls into CG Shanghai ACS regarding the crisis have risen steeply in the last 24 hours. The Consulate's public mailbox had over 300 inquiries with questions about evacuations and guidance on the coronavirus. More than 700 U.S. citizens have enrolled in the STEP program since Friday.

38. (SBU) (b) (6) said the company had merely delayed post-holiday reopening by a week to comply with a request from local authorities. Google offices will reopen and function normally from February 10.

39. (SBU) Health inspection sites on highways between Shanghai and other cities remain in place. (b) (6) observed four health inspection sites on the highway between Shanghai and Kunshan. Despite light traffic on the highway, long queues were present at inspection sites, where temperatures of all drivers and passengers were being checked.

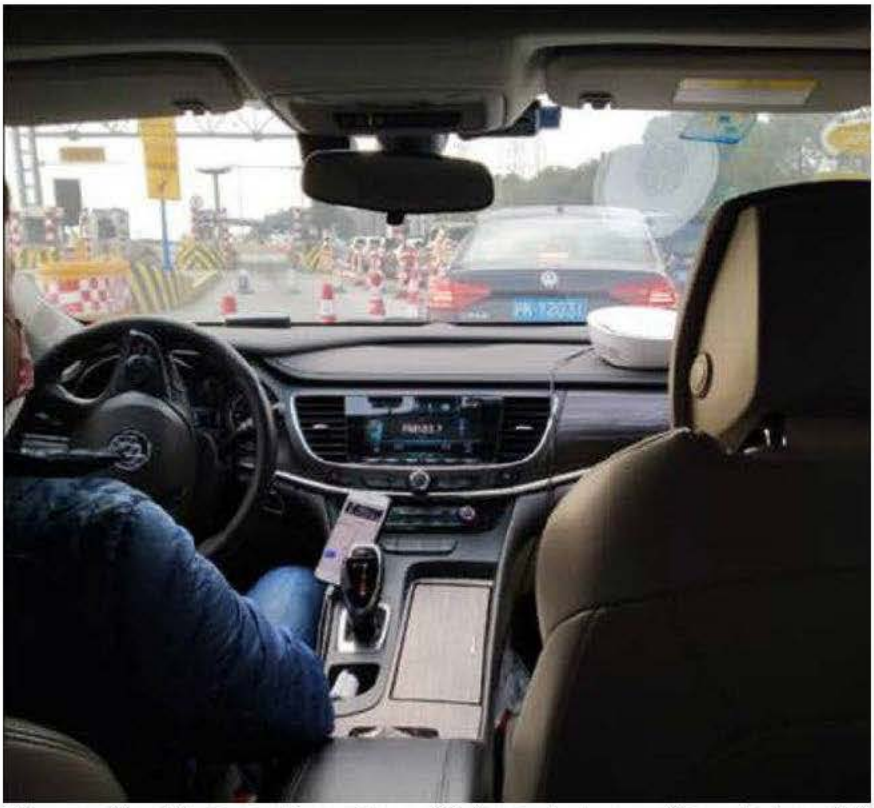


Figure: *Health inspection site on highway between Shanghai and Kunshan.*

Shenyang

40. (SBU) CG Shenyang reported January 30 that the situation remains stable with increased monitoring measures. Shenyang city is quiet with most residents heeding the government's call to stay home. Public transportation is operating, albeit on a reduced schedule. Taxis are available. There have been no significant changes to transportation within Shenyang since our last update. Transportation service between cities has been reduced. As reported in previous updates, intercity bus service was suspended in Liaoning province and some high-speed trains will skip Shenyang. While transportation is available, individual districts within the city have begun announcing measures to isolate neighborhoods and track residents down to the city block level. For example, Tiexi district, a district within Shenyang city, announced "isolation management" measures on January 29 that require people entering Tiexi district to have their

temperatures checked. Only residents in Tiexi can enter and leave freely while visitors will need to register so that the local officials can maintain accountability of them. While Tiexi was the first district to announce these "isolation measures" publicly, consulate staff report that these procedures are being expanded to cover all districts in Shenyang. (b) (6) residents of his neighborhood who traveled out of town for the Lunar New Year holiday were contacted and told they could not return home once the neighborhood went into "isolation management." Within NE China, Chinese media have reported that some cities have enacted stringent measures to prevent cases of coronavirus from entering the city limits. For example, Yanji city, near the North Korean border, has reported no cases of coronavirus. The city has suspended all public transportation within the city as well long-distance transportation. Hotels in Yanji cannot accept outsiders.

41. (SBU) Shenyang Airport is operating normally with temperature check stations for passengers in vehicles leaving and arriving at the airport. China Southern's direct flight from Shenyang to Los Angeles operates three times a week and remains in operation, according to contacts at the Shenyang Airport. Data shared by CG Shenyang contacts show that outbound flights to Los Angeles are at almost full capacity. Tuesday's flight from Shenyang to Los Angeles had 20 empty seats and Thursday's flight has 10 empty seats out of a maximum capacity of 286 seats. In comparison, contacts noted that the inbound flight from Los Angeles to Shenyang has fewer passengers but is still within an acceptable range. Thursday's flight from Los Angeles to Shenyang had 170 passengers out of 286 seats. Contacts noted that both inbound and outbound flights are normally at full capacity during the Lunar New Year because of students studying in the United States. The China Southern flight is NE China's only direct international flight to the United States.

42. (SBU) Consulate Shenyang held an EAC meeting and joined the Ambassador's town hall meeting for AMCIT employees and family members on January 30. Shenyang will also hold an LE staff town hall meeting on the first workday after the extended holiday on February 3. Over the last 24 hours, the total number of patients with confirmed coronavirus in NE China increased by 16. Chinese media reported that two patients in Jilin and Liaoning province has recovered from the coronavirus and were released. These are the first reported cases of patients being fully cured and released from quarantine in NE China.

Media/Social Media

43. (U) People's Daily continued to publish new stories about how China will "definitely win the battle against the epidemic." People's Daily cited statements by international personages in support of China's efforts against the epidemic, including the tweet by U.S. President Trump which appreciated China for its efforts in preventing and controlling pneumonia caused by the new coronavirus. As well as Alex Azar, U.S. Secretary of Health and Human Services appreciated China's prior disclosure of gene sequence information of new coronavirus, and emphasized that this is helpful for the development of virus diagnosis methods. Xinhua and widely amplified by all media including CCTV prime time is an order from Xi Jinping to the Chinese military to "keep its mission firmly in mind and shoulder responsibility to make contributions to winning the battle against the novel coronavirus epidemic." The military resolutely implemented the decisions and arrangements of the CPC Central Committee after the

novel coronavirus outbreak in Wuhan of Hubei Province, Xi said, adding that the armed forces rapidly initiated the joint prevention and control mechanism and sent elite medical teams to combat the epidemic at the frontline. Xi said the epidemic prevention and control "remained grim and complex and demanded the armed forces shoulder their responsibility, fight the hard battle and actively assist local authorities in fighting the epidemic." Xinhua and CCTV also featured Li Keqiang and officials emphasizing the treatment of patients and the supply of medical resources. The piece said that prevention and control efforts are in full swing and have been intensified, but the epidemic keeps spreading, with a rapid rising trend in some regions. The meeting also stressed efforts of epidemic prevention and control amid the return trips of people after the Lunar New Year holiday, adding that proper postponement of return should be allowed. Delays in business operation and school opening should be applied. Chinese outlets also report over 7,700 confirmed cases of coronavirus in China, 170 deaths, and 128 recovered patients. Xinhua amplified a health official in Beijing that "early reporting, isolation, diagnosis is the best way to contain coronavirus." Xinhua and other outlets also covered work by the Wuhan Institute of Virology to screen new coronavirus drugs that can inhibit coronavirus. Another article in Global Times praised Wuhan residents for "whistle-blowing" on virus outbreak. A top epidemiologist at the Chinese Center for Disease Control and Prevention (CCDC) on Wednesday commended eight residents, who were detained in early January for spreading "rumors" about the outbreak of the novel coronavirus. Zeng Guang, Chief epidemiologist at the CCDC, said those eight residents should be highly regarded as they turned out to be correct about the viral outbreak, even though the information they spread "lacked scientific evidence." Zeng's comment followed an article from the Supreme People's Court of China (SPC) on Tuesday, in which the top court said that the eight Wuhan residents should be "tolerated" and their act of spreading the information, if taken seriously, would have done much good to the public. China Daily reports on efforts to guarantee key supply items and featured promises by various businesses including Wumart and Alibaba.

44. (U) In commentary Xinhua said China's virus battle unites people and protects the world. Xinhua said, accusations that the massive city lockdown in Wuhan is a violation of human rights emerged, but the citizens of Wuhan disagree. Since the lockdown was put in place, they have been staying indoors and practicing quarantine measures with the utmost respect for the government's guidance and their hallmark perseverance and optimism. They have a sober understanding that while inconveniences may emerge, the historic quarantine serves their health, safety and overall interests. Social cohesion binds the people of Wuhan at this critical moment. Xinhua concludes, time will prove that China has made wise decisions and will emerge even stronger after coming through the epidemic. Messages to CPC members continued to "stand up in time of crisis--resolutely winning the battle of prevention and control of epidemic." Global Times comments that Provincial Governor Wang Xiaodong himself made a mistake in that press conference about the annual production capacity of masks in Hubei Province, which attracted fierce criticism from the public. But after that, the leading cadres in Hubei province did not shrink back, and Wang Xiaodong attended the press conference for the second time to communicate with the media and the public. At last night's press conference, Governor Wang Xiaodong first expressed "understanding and appreciation" for the public's supervision and criticism of the work of Hubei Province since the outbreak. He praised and bowed to medical staffs as a tribute at the press conference. Many people who watched last night's press conference felt that the governor's behavior was very sincere, says Global Times.

45. (U) Social media continued to track and monitor the virus. One of the most popular related topics is the first case confirmed in Tibet. The top story on Weibo is a 100 second video that went viral with Zhang Wenhong, the infectious disease expert tasked with managing Shanghai's response to the novel coronavirus. In the video, Mr. Zhang said he asked all CCP members of his hospital, to replace those who already has been combating the coronavirus for a long time. "You cannot bully obedient people " said Mr. Zhang. Other popular topics include the live streaming of the construction of the two field hospitals in Wuhan - every vehicle and machine has been nicknamed by netizens. Top three hashtags have received 76 million views: 1. Hubei governor responded to criticism of netizens; 2. The epidemic is still in spreading process; 3. Pets need to be isolated if they touch virus. Other popular posts showed factory production of masks and protective gear, profiles of doctors and medical providers working to protect others, and other stories on numbers of cases.

All 31 Provincial-Level Territories at Highest Level of Alert

46. (SBU) The Tibet Autonomous Region (TAR) decided to raise its public health alert to Level 1 on January 29, the highest level. All 31 provincial-level territories have now declared Level-1 emergencies (*People's Daily*).

Nationwide Cases: All 31 Provincial-Level Territories with Confirmed Cases

47. (SBU) China's National Health Commission (NHC) reported 1,737 newly confirmed cases on January 29 as of 24:00, as total confirmed cases rose to 7,711, including 1,370 cases in serious or critical condition (link). Among the new cases is the first confirmed case in the TAR. NHC further reported 38 new deaths on January 29, including 37 in Hubei and one in Sichuan. The number of patients treated and released rose to 124. A total of 12,167 cases are currently suspected, with 81,947 close contacts in isolation under medical observation.

Table: Confirmed Cases in Mainland China as of January 29

Province/City/Region	Total confirmed cases to date	New confirmed cases	Total deaths to date	New deaths reported
Anhui	200	48	--	--
Beijing	111	20	1	--
Chongqing	165	18	--	--
Fujian	101	17	--	--
Gansu	26	2	--	--
Guangdong	311	70	--	--
Guangxi	78	20	--	--
Guizhou	12	3	--	--
Hainan	46	3	1	--

Hebei	65	17	1	--
Heilongjiang	43	6	1	--
Henan	278	72	2	--
Hubei	4,586	1,032	162	37
Hunan	277	56	--	--
Inner Mongolia	18	2	--	--
Jiangsu	129	30	--	--
Jiangxi	162	53	--	--
Jilin	14	5	--	--
Liaoning	39	1	--	--
Ningxia	17	5	--	--
Qinghai	6	--	--	--
Shaanxi	56	10	--	--
Shandong	145	24	--	--
Shanghai	101	21	1	--
Shanxi	35	8	--	--
Sichuan	142	34	1	1
Tianjin	27	3	--	--
Tibet	1	1	--	--
Xinjiang	14	1	--	--
Yunnan	70	19	--	--
Zhejiang	428	132	--	--
TOTAL (NHC Reported)	7,711	1,737	170	38
TOTAL (From Provinces)	7,703	1,733	170	38

-- zero cases. Source: NHC, provincial health commissions, and state media.

Table: Confirmed Cases in Other Countries and Regions as of Mid-Day January 30

Country/Region	Total Cases	New Confirmed Cases
Thailand	14	--
Hong Kong	10	2
Singapore	10	5
Japan	10	3
Taiwan	8	--
Macau	7	--

Australia	7	2
Malaysia	7	4
United States	5	--
France	5	1
South Korea	4	--
Germany	4	--
Canada	3	2
Vietnam	2	--
Nepal	1	--
Cambodia	1	--
Sri Lanka	1	--
United Arab Emirates	1	1
Finland	1	1
Total	101	21

Notes: As of 10:30 AM on January 30. Source: Ding Xiang Yuan, http://www.dxy.cn/

More Confirmed Cases of Third-Country Nationals in China, But No Amcits

48. (SBU) Guangdong authorities confirmed January 29 in a press conference that one Pakistani and two Australians had contracted the virus, the first cases involving foreigners in the province. According CG Guangzhou contacts, the Australians were students in Wuhan and have recovered. Health authorities reiterated to the Guangzhou consular corps January 30 there have been no fatalities in Guangdong and the preponderance of cases had a direct tie to Hubei, or a very close contact with someone with Hubei travel. No cases of Amcits currently in China have been confirmed and reported by PRC authorities.

Evacuation of Third-Country Nationals

49. (SBU) Nine of the 210 Japanese citizens evacuated from Wuhan to Tokyo on a second chartered aircraft on January 30 are reportedly symptomatic, with cough or fever. Two other Japanese passengers with fever or cough had been stopped from boarding at a pre-flight health screening in Wuhan (CCTV). Earlier, three of the 206 Japanese citizens that were evacuated from Wuhan to Tokyo on January 29 on the first chartered aircraft were diagnosed with 2019-nCoV (CCTV). Five of the passengers on the January 29 flight reportedly had fevers before they arrived in Tokyo.

Public Spending on 2019-nCoV Response

50. (SBU) China's national and local governments have reportedly spent RMB 27.3 billion (US$ 3.9 billion) in public funds on the 2019-nCoV response as of 1700 on January 29 (CCTV). The Organization Department of the Communist Party announced on January 30 that it would release RMB 108 billion from CCP member dues to assist local governments (*The Paper*).

Mask Shortages – Daily Production in China Currently at 40-Percent Capacity

51. (SBU) Officials from China's Ministry of Industry and Information Technology (MIIT) have estimated the country's maximum daily production capacity for masks at around 20 million per day, about half the global total (link). According to the officials, current production is at around 8 million masks per day due to the holiday. MIIT has called on enterprises to increase shifts and resume their normal production levels, though officials noted difficulties faced by producers. As one official said, "Most workers have returned home, supplies of raw materials have stopped, and logistics are at a halt." Officials also noted disruptions in inter-province rail service and trucking routes as a factor. Guangdong authorities told the consular corps January 30 that 27 of the 29 manufacturers in the province have resumed operation and estimated local shortages should ease within days.

SENSITIVE BUT UNCLASSIFIED

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RSO: (b) (6)
CONS: (b) (6)
POL: (b) (6)
MGT/MED: (b) (6)
(b) (6)
POL-ECON: (b) (6)
HHS/CDC/CGH: (b) (6)
PD: (b) (6)
ECON: (b) (6)
HHS/CDC/IRD: (b) (6)
INFO: (b) (6)
INFO: (b) (6)
INFO: (b) (6)

Approved By: CDA: (b) (6)

Released By: BEIJING: (b) (6)

Info: SEOUL, AMEMBASSY *ROUTINE*; TAIPEI, AIT *ROUTINE*; HANOI, AMEMBASSY *ROUTINE*; SINGAPORE, AMEMBASSY *ROUTINE*; ULAANBAATAR, AMEMBASSY *ROUTINE*; PHNOM PENH,

	AMEMBASSY *ROUTINE*; BANGKOK, AMEMBASSY *ROUTINE*; HONG KONG, AMCONSUL *ROUTINE*; MANILA, AMEMBASSY *ROUTINE*; PARIS, AMEMBASSY *ROUTINE*; VLADIVOSTOK, AMCONSUL *ROUTINE*; NATIONAL SECURITY COUNCIL WASHINGTON DC *ROUTINE*; ATLANTA GA, CDC *ROUTINE*; DIA WASHINGTON DC *ROUTINE*; CIA WASHINGTON DC *ROUTINE*; PACOM IDHS HONOLULU HI *ROUTINE*; CHINA POSTS COLLECTIVE *ROUTINE*; ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE *ROUTINE*
XMT:	CARACAS, AMEMBASSY; ST PETERSBURG, AMCONSUL

Action Post:	NONE
Dissemination Rule:	POL, ECON, MGT_ACTION, IMO_INFO, PAS, IMO, POL_INFO, RSO, CONS_ACTION, SCIENCE, DAO_INFO, RSO_INFO, CONS_INFO, SCIENCE_INFO, MED, CDC

UNCLASSIFIED
SBU

From: Chen, Ping (NIH/NIAID) [E]
Sent: Wed, 8 Jan 2020 01:28:38 +0000
To: Handley, Gray (NIH/NIAID) [E];Stemmy, Erik (NIH/NIAID) [E];Graham, Barney (NIH/VRC) [E];Bernabe, Gayle (NIH/NIAID) [E]
Subject: Fwd: PRC Response to Pneumonia Cases Shows Increased Transparency Over Past Outbreaks, but Gaps in Epidemiological Data Remain
Attachments: StateSeal.gif

hi, here is the cable from US Embassy Beijing reporting on the pneumonia outbreak in Wuhan, China. It has ruled out SARS, MERS, and flu. (b) (6) confirmed it is viral infection. (b) (5)
The cable contains SBU information. So please don't distribute it widely.

Ping

Sent from my iPhone

Begin forwarded message:

From: (b) (6)
Date: January 7, 2020 at 6:59:30 PM EST
To: "Chen, Ping (NIH/NIAID) [E]" (b) (6)
Subject: FW: PRC Response to Pneumonia Cases Shows Increased Transparency Over Past Outbreaks, but Gaps in Epidemiological Data Remain

SENSITIVE BUT UNCLASSIFIED

From: (b) (6)
Sent: Tuesday, January 7, 2020 6:56 PM
To: (b) (6)
(b) (6)

(b) (6)

Subject: FW: PRC Response to Pneumonia Cases Shows Increased Transparency Over Past Outbreaks, but Gaps in Epidemiological Data Remain

Colleagues,

Cable sent. Best regards,

(b) (6)

SENSITIVE BUT UNCLASSIFIED

From: (b) (6)
Sent: Tuesday, January 7, 2020 6:36 PM
To: (b) (6)
Subject: PRC Response to Pneumonia Cases Shows Increased Transparency Over Past Outbreaks, but Gaps in Epidemiological Data Remain

UNCLASSIFIED
SBU

Action Office:	ECON, RSO, PAS, POL, MGT, IMO, SCIENCE, CDC
Info Office:	EXEC_INFO, IMO_INFO, RSO_INFO, DAO_INFO, MED_INFO, MGT_INFO, SCIENCE_INFO, ECON_INFO, POL_INFO

MRN: 20 BEIJING 74

Date/DTG:	Jan 07, 2020 / 071033Z JAN 20
From:	AMEMBASSY BEIJING
Action:	WASHDC, SECSTATE *ROUTINE*
E.O.:	13526
TAGS:	SHLH, KPAO, KMDR, CDC, HHS, NIH, CN, PGOV, SENV, PREL
Captions:	SENSITIVE
Subject:	PRC Response to Pneumonia Cases Shows Increased Transparency Over Past Outbreaks, but Gaps in Epidemiological Data Remain

1. (SBU) **Summary and Comment:** China's response to an outbreak of pneumonia cases of unknown origin in Central China's Wuhan city has been marked by increased transparency compared to past outbreaks, such as the 2003 SARS epidemic. While PRC health officials have released timely and open general information about the outbreak, a lack of epidemiologic data – including an "epi curve" (a summary of dates of onset of the illness), characteristics of infected individuals, and other basic epidemiologic information – hinders better risk assessment and response by public health officials. Authorities have also not released information on how they are defining a "case". Given these gaps in detailed information to-date, and lack of a final confirmed pathogen, the risk to the United States and global health is difficult to assess at this time. However, U.S. CDC and Mission China maintain close contact with PRC health authorities and with the World Health Organization (WHO). Mission China will continue to report on the Wuhan pneumonia outbreak as it develops and additional information becomes available. **End Summary and Comment.**

59 Cases of Pneumonia of Unknown Cause Reported in Wuhan

2. (SBU) As of January 7, the Wuhan Health Commission has reported 59 local cases of pneumonia with unknown cause. (Note: Wuhan, a city of approximately 11 million people, is the capital of Central China's Hubei Province. End note.) According to the Health Commission, some patients are vendors who work in the Huanan Seafood Market, which also sells live exotic animals, including beaver, snakes, porcupines, and deer. The market, which has been sanitized and closed since January 1, 2020, is approximately one square mile in size and located near the Hankou train station, which serves as a transportation hub at the center of China's domestic train routes.

3. (SBU) Patients began showing symptoms between December 12 and 29. Seven patients remain hospitalized in serious condition; the remainder have stable vital signs and there have been no deaths. 163 contacts are under medical observation with no symptoms. Health officials state there has been no confirmed human-to-human transmission of the disease, and no cases among health workers. Laboratory investigations have ruled out influenza, avian influenza, SARS, MERS, and other common respiratory pathogens, and are awaiting final pathogen results. Continued investigation using nucleic acid testing, virus isolation, and culture is under way. Symptoms include fever, difficulty breathing and chest x-rays showing bilateral lung infiltrates. During an interview with a reporter for the Yanjiang Daily on January 6, the

Director of the Wuhan Center for Disease Control and Prevention said they are conducting active and retrospective case finding in medical institutions throughout Wuhan. It is believed that that active case finding and retrospective investigation since the outbreak was reported on December 31 is the primary reason for the increase in the reported cases over the last week from 27 to 59.

4. (SBU) Suspected cases identified in Hong Kong and Singapore involved patients who had been in Wuhan and exhibited symptoms but did not have exposure to the Huanan Seafood Market. Of the suspected cases from Hong Kong with lab results, most tested positive for influenza or other common viruses, with other results pending.

5. (SBU) The U.S. CDC issued a Level 1 Travel Health Notice (link) on January 6, and is in the process of setting up an incident management structure. A level 1 Notice shares health information with travelers to ensure they are informed and able to travel in the safest way possible. WHO issued a statement on January 5 that it does not recommend any specific measures for travelers, or any travel or trade restrictions.

PRC's Response in Line with WHO International Health Regulations; Additional Epidemiological Information Would be Useful

6. (SBU) PRC officials on December 31, 2019 alerted WHO to the pneumonia outbreak. WHO contacts told Embassy officials that PRC health departments continue to provide information about the outbreak in accordance with WHO's International Health Regulations (IHR). While China has been forthcoming with standard information, WHO contacts note they have not received more detailed and potentially useful information, such as "epi curves" or other epidemiological data. The flow of official PRC information on this outbreak is limited to that coming from the Wuhan Health Commission and National Health Commission. China CDC is referring queries to the three official notices issued to-date by the Wuhan Health Commission.

7. (SBU) The PRC's release of information during the early stages of the outbreak has been regular and stands in contrast to past outbreaks, such as the 2003 SARS epidemic, where officials publicly denied the epidemic despite mounting infections and deaths. In the seven days since the notification to WHO of the current outbreak, the Wuhan Health Commission has issued three official notices, and the interview with the Wuhan CDC Director is publicly available. Additionally, an editor of the China CDC Weekly (launched in November 2019 and modeled after the U.S. CDC's Morbidity and Mortality Weekly Report) informed a U.S. CDC officer that an investigator has been assigned to write a report on the outbreak. Such a report could provide additional epidemiologic data that will be useful for global public health officials to understand the cluster of cases.

8. (SBU) In response to the outbreak, U.S. CDC Director Robert Redfield called China CDC Director George Gao. Director Redfield offered U.S. CDC technical support; however, China CDC has not yet responded to the offer. WHO's China office told us they have daily calls with WHO Geneva and the WHO Western Pacific Regional office to share information on the outbreak. WHO is also preparing to provide technical support to the PRC if requested.

9. (SBU) [redacted] (b) (6) have indicated they have been instructed not

to discuss the outbreak, beyond normal government information control, and have expressed frustration regarding the lack of internal communication among the medical community. According to a local virologist, authorities will not be permitted to talk about the outbreak and have to rely on international media.

Wuhan On-the-Ground

10. (SBU) [redacted] (b) (6) observing that among the approximately 100 police guards surrounding the large market, most in the area were not wearing masks. [redacted] (b) (6) also visited the city's main infectious disease treatment facility, [redacted] (b) (6) were observed wearing surgical masks, gloves, gowns, and caps. Guards outside the building were wearing surgical masks. A special reception desk was set up for patients exhibiting pneumonia symptoms. Otherwise, the hospital appeared to be operating normally.

11. (SBU) [redacted] (b) (6) that patients in Wuhan are usually diagnosed in clinics, and if they show matching symptoms, are then sent to Jinyintan Hospital. [redacted] (b) (6) have a general questionnaire that includes whether patients have been to the Huanan market or have had contact with sick people from the market. If a patient has fever, a full blood work is done.

12. (SBU) [redacted] (b) (6) observed no additional medical screening at metro, train stations, or airports. Aside from the closed market, all observations and reports are that the city is operating normally.

Media and Social Media Reaction in China

13. (SBU) The viral pneumonia cases in Wuhan are widely covered by Chinese media. Reports are factual in nature and cover the three statements released by the Wuhan Municipal Health Commission between December 31 and January 5. A report from Xinhua on January 1 cautioned that false information about the illness was circulating online and warned that spreading rumors and disrupting social order would not be tolerated. The article also stated that eight people were being investigated by public security for spreading rumors.

14. (SBU) On Chinese social media, viral pneumonia in Wuhan has been a hot topic for the past week, with the hashtag #武汉发现不明原因肺炎# (Wuhan reported mysterious pneumonia) receiving 870 million views with 77,000 discussions to date. However, it's also a heavily censored topic and has not been listed in any trending topics lists on Sina Weibo. Before SARS was ruled out as a cause of the mystery pneumonia by the Chinese government, many netizens commented that it reminded them of the SARS epidemic of 2003. Most netizen comments express concern and hope that the Chinese government can disclose information whenever possible. Some comments express confidence in the Chinese government's ability to handle the problem.

Embassy Awareness Raising and Preparedness

15. (SBU) In coordination with U.S. CDC, Mission China issued a MASCOT message to the general public on January 7. This message mirrored CDC Watch Level 1 guidance on prevention and actions to take if someone has symptoms and/or has been in direct contact with an infected person. Post has sent a management notice to Mission China mirroring the ACS Mascot message. The MASCOT message also appears on the Mission website. There have been no reports of affected U.S. citizens.

16. (SBU) The Beijing Health Unit has disseminated information on the cases to Mission China regional RMOs/MPs and will have new PCR-based respiratory disease screening capabilities starting January 10. The Health Unit is also preparing for clinical management for any Mission personnel in Wuhan that develop respiratory symptoms and for those that return from Wuhan with respiratory symptoms.

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USDA/APHIS: (b) (6)
CONS/AG: (b) (6)
HHS/CDC/CGH: (b) (6)
HHS/OGA: (b) (6)
PD: (b) (6)
MGT: (b) (6)

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Released By: BEIJING: (b) (6)

Info: NATIONAL SECURITY COUNCIL WASHINGTON DC *ROUTINE*; CIA WASHINGTON DC *ROUTINE*; PACOM IDHS HONOLULU HI *ROUTINE*; ATLANTA GA, CDC *ROUTINE*; CHINA POSTS COLLECTIVE *ROUTINE*; ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE *ROUTINE*

XMT: CARACAS, AMEMBASSY; ST PETERSBURG, AMCONSUL

Action Post: NONE

Dissemination Rule: ECON, RSO, PAS, POL, MGT_ACTION, IMO, POL_INFO, SCIENCE, IMO_INFO, RSO_INFO, DAO_INFO, MED_INFO, CDC, SCIENCE_INFO

From: Handley, Gray (NIH/NIAID) [E]
Sent: Mon, 2 Oct 2017 14:40:54 +0000
To: Bernabe, Gayle (NIH/NIAID) [E];Chen, Ping (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Kurilla, Michael (NIH/NIAID) [E];Giovanni, Maria (NIH/NIAID) [E]
Cc: Meegan, James (NIH/NIAID) [E];Western, Karl (NIH/NIAID) [C];Auchincloss, Hugh (NIH/NIAID) [E]
Subject: FW: China's Interest in the Global Virome Project Presents an Opportunity for Global Health Cooperation

More of what we had heard but a well drafted overview cable.

Not sure if I may have sent this to some of you before but wanted to assure all had seen.

Gray

From: (b) (6)
Sent: Monday, October 2, 2017 9:28 AM
To: Trimble, Ted (NIH/NCI) [E] (b) (6); Stevens, Lisa (NIH/NCI) [E] (b) (6); Brown, Matthew (NIH/NCI) [E] (b) (6); Handley, Gray (NIH/NIAID) [E] (b) (6)
Subject: FW: China's Interest in the Global Virome Project Presents an Opportunity for Global Health Cooperation

Official
UNCLASSIFIED

From: (b) (6)
Sent: Thursday, September 28, 2017 10:21 AM
To: (b) (6); Peter Schmeissner (HHS/OGA); 'Kerr, Lawrence (HHS/OS/OGA)'; Collin (OS/OGA) Weinberger (CTR)
Subject: Fw: China's Interest in the Global Virome Project Presents an Opportunity for Global Health Cooperation

FYI, this seems relevant to biobanking, IP, pandemic flu, and a bunch of other issue areas.

(b) (6)
(b) (6)

Sent from my BlackBerry 10 smartphone.

From: (b) (6)
Sent: Thursday, September 28, 2017 08:56
To: (b) (6)
(b) (6)

(b) (6)

Reply To: SMART Core
Cc: (b) (6)
(b) (6)
Subject: China's Interest in the Global Virome Project Presents an Opportunity for Global Health Cooperation

UNCLASSIFIED
SBU

Action Office:	ESA, AID, RMA, PSA, EXEC, FAS
Info Office:	PAS, LA

MRN:	17 BEIJING 2458
Date/DTG:	Sep 28, 2017 / 280753Z SEP 17
From:	AMEMBASSY BEIJING
Action:	WASHDC, SECSTATE *ROUTINE*
E.O.:	13526
TAGS:	PREL, SHLH, TBIO, KGHI, CDC, AID, CN
Captions:	SENSITIVE
Subject:	China's Interest in the Global Virome Project Presents an Opportunity for Global Health Cooperation

1. (SBU) **Summary and Comment:** The proposed Global Virome Project (GVP), an international non-governmental organization built on a decade-long prototype initiated by the U.S. Agency for International Development (USAID), seeks to address vulnerability from emerging diseases by creating a global database of viruses of animal origin and identifying those pathogens with greatest potential to jump to humans through sequencing their genomes, understanding the ecology involved in transmission, and assessing risk to humans. This knowledge could then be used to devise treatments and countermeasures. In the months leading up to the planned January 2018 launch of the Global Virome Project to codify this "proof of concept" into an international organization, China has expressed considerable interest in becoming a leader of this nascent global effort by contributing to collaborative academic papers, hosting symposia, participating in international activities, and by proposing its own associated China Virome Project. While the GVP will have to navigate complex issues concerning sharing of specimens and data across national borders, China's interest in the Global Virome Project, represents a positive indication that health cooperation, safeguarding global health security, and advancing innovation in science remain priorities for China and presents new ground for potential U.S.-China collaboration. Absent U.S. government leadership in GVP agenda-setting,

governance, and funding the Chinese government could likely take a leading position in this potentially path breaking endeavor undermining years of USG leadership and considerable investment in this critical field of public health.

2. (SBU) By continuing to work with other nations, including China, and playing a leading role in the Global Virome Project, the United States would benefit from the advances in health science, intellectual property, and commerce that will come from it. U.S.-China collaboration on the Global Virome Project is an opportunity to lead innovation in science, collaborate with China, and potentially contribute to scientific breakthroughs. **End Summary and Comment.**

Health Security is a Global Agenda

3. (SBU) The Global Virome Project as proposed could be an important scientific contribution to the Global Health Security Agenda (GHSA). Launched in February 2014, the GHSA is a multi-sectoral effort aiming to accelerate implementation of the World Health Organization's International Health Regulations (IHR) in order to make the world safe and secure from infectious disease threats, whatever their source. Under the Global Health Security Agenda, the United States assists 31 countries and the Caribbean Community, including $1 billion for 17 at-risk countries to strengthen global health security through a whole-of-government effort to prevent, detect, and respond to disease outbreaks at the local, subnational and national levels.

Pandemic Disease is a Global Threat

4. (SBU) A component to the overall Global Health Security Agenda is reducing the threat of pandemic disease, which is a widespread epidemic of naturally emerging deadly infectious pathogens. According to "The Global Virome Project," a collaborative paper written by several of the foremost experts on pandemic health issues, viruses of animal origin have caused significant outbreaks, such as SARS, influenza, MERS, Ebola, HIV, and Zika. Outbreaks such as these have had major economic and geopolitical impact and have threatened global security. There are an estimated 1.6 million such viruses worldwide. Scientists have estimated that only 1% of the potential viral threats have been identified and hundreds of thousands of unknown viruses in wildlife have the potential to infect people. However, less than 0.1% of all viruses with the potential to pose a threat to global health are estimated to have spilled over from animals to humans. With growing populations, reduced animal habitats and increasing international travel and trade, these types of emerging infectious diseases pose increasing risks of a global nature.

The Global Virome Project's Beginnings as a U.S. Investment

5. (SBU) GVP grew out of the PREDICT project of USAID, which has, over its seven year history, received $130 million in U.S. funding and has thus far sampled over 56,000 wild animals and identified about 1000 new viruses. PREDICT hosts the GVP Secretariat at University of California-Davis. The GVP concept was validated at a gathering of international stakeholders in 2016, which included scientists and public health practitioners from the public and private sectors. Its first follow-up meeting was held in Beijing in early 2017, including a half-day session to initiate the associated China National Virome Project (CNVP). GVP expects

to be incorporated as an international not-for-profit organization prior to its official launch, which is planned for January 30, 2018 in Thailand at the Prince Mahidol Awards Conference.

The Global Virome Project's Audacious Agenda

6. (SBU) The Global Virome Project is, by the project leadership's own admission, ambitious. Over the course of ten years and at an estimated cost of $1 billion ($100 million a year for ten years), the Global Virome Project aims to sample 63% of global mammalian diversity to find 71% of mammalian viromes. The projected costs cover sample collection and laboratory analysis, with phases including countries with the highest diversity of mammalian species. Phase One includes 10 countries and 1562 mammals, Phase Two, 16 countries and 970 mammals, Phase Three with 23 countries and 447 mammals. GVP also expects to collect samples from 740 waterfowl species.

7. (SBU) GVP's core principles include embracing an international scope while fostering local ownership, promoting equitable access to data and benefits, instilling transparency, building national capabilities for prevention, detection, and response for emerging viral threats, and encouraging global ownership through an international alliance. If successful, this initiative will provide a wealth of publicly accessible unbiased data, which should enable innovative research on the mechanisms and ecology of disease transmission, and informatics focusing on virus families as opposed to individual viruses. Such research could accelerate the development of new diagnostics, vaccine technologies, and risk mitigation strategies against whole families of emerging viral diseases.

Like all Risky Endeavors Failure is a Possibility

8. (SBU) GVP looks to the Human Genome Project as a model, in which a comprehensive, ambitious approach led to the development of new technologies and a vast data resource now available to all. Unlike the Human Genome Project, GVP is by design not 'owned' by an institution or specific country, because of its international sampling scope. Its infrastructure will also be distributed globally. Thus GVP faces significant challenges as it transitions from a start-up to an independently operating foundation: Who will own the samples that are collected from many countries? Where will they be analyzed? Will all GVP data be freely available to the public? GVP expects to grapple with these legal and ethical issues very early, but it will take time for policies to be proposed and approved by the many countries that will be either allowing sample collection or storing specimens and data.

GVP Enjoys Strong Chinese Government Support in Principle and in Kind

9. (SBU) The Chinese government has shown strong interest in the Global Virome Project and is not shy about expressing interest in funding projects where Chinese scientists will take a lead. The new Director of China Center for Disease Control and Prevention (China CDC), Dr. George Gao, a distinguished virologist, told EmbOffs that the Global Virome Project is a priority project that China CDC must push hard on to get stakeholders involved and organize funding. He stated that China's involvement in this project is a good follow-up to the August 21 World Health Organization dialogue meeting at which Health and Human Services Secretary

Price and US Ambassador Branstad where both sides agreed on the need for increased U.S.-China collaboration against growing health threats at the intersection of animal and human health. In February 2017, Gao led a symposium proposing a China virome project, however the specific details of how the two will integrate was left undefined.

10. (SBU) The Beijing Genomics Institute (BGI), now based in Shenzhen, made a blanket offer to conduct 30% of the sequencing for GVP, but did not provide details on how that sequencing would take place or where the subsequent data would be housed. Its current leader, Yang Huanming, was instrumental in China's involvement in the Human Genome Project in the 1990s, and is a proponent of sharing data. BGI's commitment (as opposed to Yang's commitment) to GVP's values of open, free access to data has not yet been officially stated however. [Note: The BGI group has enjoyed significant funding from the Chinese government. BGI Genomics became a publically-traded company in July 2017.]

11. (SBU) The GVP expects to raise its $1 billion ten-year budget from a variety of sources, both public and private. Roughly $5 million per year will cover operations of the non-governmental organization, to include working groups, sample and data standardization and management, and technical assistance to participating country field operations. However, specifics on funding commitments have not been publicly announced.

Both the U.S. and China Strongly Support GVP-related Collaborative Research

12. (SBU) Beyond creating the database of viral sequences which carries the $1 billion price tag, GVP recognizes the importance of research on the mechanisms and ecology of infectious disease transmission. This type of research already enjoys strong support in both China and the United States, and scientists are increasingly collaborating with each other.

13. (SBU) Shi Zhengli, a senior scientist at the Wuhan Institute of Virology, Chinese Academy of Sciences (CAS) who studied mechanisms of transmission of SARS between species, stated that CAS has already allocated funding for GVP-related research. Wang Zhengwu, Department of International Affairs at CAS, stated that CAS is working on a process and mechanism to support Chinese scientists with backing from the Ministry of Sciences and Technology and The National Natural Science Foundation of China (NSFC) for Global Virome Project type research. He noted that CAS encourages Chinese scientists to take part in or lead international research projects and that CAS has a budget for seed funding to incubate research projects, workshops, and collaboration that can be used for the Global Virome Project. Significant USG support for GVP-related research already exists, including the Ecology and Evolution of Infectious Diseases (EEID) program, which is jointly supported by NIH, USDA, and NSF, is actively seeking collaboration in China, and plans to host a joint workshop supported by NSFC and CAS in early 2017.

Global Virome Project Provides China a Platform for International Collaboration

14. (SBU) It is encouraging that China, along with other countries, is ready to take what started as a U.S.-led initiative and proof of concept to a global scale. The GVP still awaits a commitment of funding for its viral sampling and processing infrastructure. It is likely that the

Chinese government will engage both with funding and with in-kind support, which will likely give China a large voice in GVP governance and data-sharing policies. While U.S.-based NGOs and academics are likely to provide some leadership for the GVP, it will be important for the USG to remain engaged in significant ways with the GVP, to ensure that U.S. interests are adequately reflected in this effort, which will facilitate the development of countermeasures against future threats (pandemic preparedness), and enable rapid detection of viral threats and increase the capacity to handle them.

Signature:	(b) (6)
Drafted By:	BEIJING: (b) (6)
Cleared By:	USAID: (b) (6)
	HHS/OGA: (b) (6)
	CDC: (b) (6)
	NSF: (b) (6)
Approved By:	ESTH: (b) (6)
Released By:	BEIJING: (b) (6)
Info:	TOKYO, AMEMBASSY *ROUTINE*; SEOUL, AMEMBASSY *ROUTINE*; ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE *ROUTINE*
Action Post:	NONE
Dissemination Rule:	ESA, RMA, AID, PSA, EXEC, FAS

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SBU

From: (b) (6)
Sent: Wed, 15 Apr 2020 14:44:50 +0000
To: Handley, Gray (NIH/NIAID) [E]
Subject: Re: WIV Cables

Yes. I will call as soon as the class breaks for lunch.

Thanks

(b)

From: "Handley, Gray (NIH/NIAID) [E]" (b) (6)
Date: Wednesday, April 15, 2020 at 10:43 AM
To: (b) (6)
Subject: RE: WIV Cables

Will Noon work for you? If so, please call (b) (6)

Thanks. Gray

From: (b) (6)
Sent: Wednesday, April 15, 2020 10:41 AM
To: Handley, Gray (NIH/NIAID) [E] (b) (6)
Subject: Re: WIV Cables

I am in COR training. Only have time at lunch break.

From: "Handley, Gray (NIH/NIAID) [E]" (b) (6)
Date: Wednesday, April 15, 2020 at 10:30 AM
To: ' (b) (6)
Subject: RE: WIV Cables

Very glad to hear from you. Can you call me in an hour? (b) (6). Thanks. Gray

---

From: (b) (6)
Sent: Wednesday, April 15, 2020 10:19 AM
To: Handley, Gray (NIH/NIAID) [E] (b) (6)
Subject: FW: WIV Cables

Gray,

Hope you are doing well.

Just want to give you ahead up. I am sure you read the article yesterday in Washington Post about the State Department Cable. (b) (5)

(b) (5)

Any advice?

Thanks

(b)

From: (b) (6)
Date: Wednesday, April 15, 2020 at 9:32 AM
To: (b) (6) (b) (6)
Cc: (b) (6), (b) (6) (b) (6)
Subject: WIV Cables

Hi (b) (6),

As I am sure you are quite aware at this point the cables ESTH wrote on the WIV lab and the concerns we had about the findings of the papers on bat coronavirus research have become big news lately. (b) (5) . Do you all have time to discuss this with me. I have a very good memory of most of drafting aspects, but I have no visibility on how they were received outside of State.

It seems we are all back in the States now so perhaps we could do phone call?

(b) (6)

From: (b) (6)
Sent: Thursday, April 12, 2018 4:43 AM
To: (b) (6)
Cc: (b) (6); (b) (6) (b) (6); (b) (6) (b) (6); (b) (6); Toder, Miles F. (China/DIR) (b) (6) (b) (6); (U) Sung, Nancy S (Beijing | NSF) (b) (6); (b) (6); Moolenaar, Ronald L. (CDC/CGH/DGHP) (b) (6)
Subject: Re: For your review -- Cable on Wuhan Institute of Virology visit

Thanks (b) (6) for the chance to review the cable. I have no comment added. I am at the EEID meeting. Dr. Zhi Hong Hu told me she was very impressed for the scientific knowledge that the US visitors have.
(b) (6)

Sent from my iPhone

On Apr 12, 2018, at 3:48 PM, (b) (6) wrote:

Hi (b) (6)
Thanks for the opportunity to review. Added in two suggested comments.
(b) (6)

SBU
This email is UNCLASSIFIED.

From: (b) (6)
Sent: Thursday, April 12, 2018 2:59 PM
To: (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); (b) (6); Toder, Miles F. (China/DIR); (b) (6); (b) (6); (U) Sung, Nancy S (Beijing | NSF); Moolenaar, Ronald L (Beijing); (b) (6); (b) (6)
Subject: For your review -- Cable on Wuhan Institute of Virology visit

All – here's a cable on this institute from (b) (6) visit a couple weeks ago. (b) (6) thanks for your introduction to the institute, and thanks all as well for the help with the briefing paper – I hope we answered at least some of your questions in the meeting!

Please let me know if you have any corrections or comments, feel free to track changes on the attached if you'd prefer.

(b) (6)

China Virus Institute Welcomes More U.S. Cooperation on Global Health Security

REFS:

A. 18 BEIJING 138
B. 17 BEIJING 2458
C. 11 MUMBAI 630
D. 17 TOKYO 716

E. 13 SEOUL 790

1. (SBU) **Summary and Comment:** China's Wuhan Institute of Virology, a global leader in virus research, is a key partner for the United States in protecting global health security. Its role as operator of the just-launched "P4" lab -- the first such lab in China -- opens up even more opportunities for expert exchange, especially in light of the lab's shortage of trained staff (Ref A). (b) (5) (b) (5)

End Summary and Comment.

2. (SBU) Wuhan Institute of Virology researchers and staff gave an overview of the lab and current cooperation with the United States to visiting Environment, Science, Technology and Health Counsellor Rick Switzer and Consulate Wuhan Consul General Jamie Fouss in late March. In the last year, the institute has also hosted visits from the National Institutes of Health (NIH), National Science Foundation, and experts from the University of Texas Medical Center in Galveston. The institute reports to the Chinese Academy of Sciences in Beijing.

P4 Lab is Open and Transparent, Officials Emphasize

3. (SBU) The Wuhan P4 or biosafety level (BSL) 4 lab, referring to labs with the highest level of safety precautions, became fully operational and began working with live viruses early this year. Institute officials said they believed it is the only operational P4 lab in Asia aside from a U.S. Center for Disease Control (CDC)-supported facility in Pune, India (Ref C). China plans to stand up a second P4 lab in Harbin. Institute officials said Japan's biosafety labs are "old" and lack cutting-edge equipment, so they consider Japan's labs to be "P3 Plus" (*Note*: the Japanese government says it has one P4-level lab in the Tokyo suburbs, though its activities are limited, and Japan is building a new P4 lab in Nagasaki, see Ref D. Taiwan operates at least one P4 lab. South Korea was close to opening a P4 lab as of last year, see Ref E. *End Note*.) Wuhan's lab is located about 20 miles from the city center in Zhengdian district, and the institute plans to gradually consolidated its other training, classroom and lab facilities at that location.

4. (SBU) Officials described the lab as a "regional node" in the global biosafety system and said it would play an emergency response role in an epidemic or pandemic. The lab's English brochure highlighted a national security role, saying that it "is an effective measure to improve China's availability in safeguarding national bio-safety if [a] possible biological warfare or terrorist attack happens."

5. (SBU) Institute officials said there would be "limited availability" for international and domestic scientists for research who had gone through the necessary vetting and approval process, and stressed that the lab aimed to be a "worldwide, open platform" for virology. They said they welcomed U.S. Centers for Disease Control (CDC) experts, noting that the Chinese Academy of Sciences was not strong on human disease expertise, having only focused on it in the last 15 years, after the SARS outbreak. An Wuhan-based French consulate official who works on science and technology cooperation with China also emphasized that the lab, which

was initiated in 2004 as a France-China joint project, was intended to be "open and transparent" to the global scientific community. "The intent was to set up a lab to international standards, and open to international research," he said. French experts have provided guidance and biosafety training to the lab, which will continue, the French official said. Institute officials said that France provided the lab's design and much of its technology, but that it is entirely China-funded and has been completely China-run since a "handover" ceremony in 2016.

6. (SBU) In addition to French assistance, experts from the NIH-supported P4 lab at the University of Texas Medical Branch in Galveston have trained Wuhan lab technicians in lab management and maintenance, institute officials said. The Wuhan institute plans to invite scientists from the Galveston lab to do research in Wuhan's lab. One Wuhan Institute of Virology researcher trained for two years at the Galveston lab, and the institute also sent one scientist to U.S. CDC headquarters in Atlanta for six months' work on influenza.

NIH-Supported Research Revises SARS Origin Story

7. (SBU) NIH was a major funder, along with China's National Science Foundation, of SARS research by the Wuhan Institute of Virology's (b) (6) This lends weight to the theory that SARS originated in bat populations before jumping first to civet cats (likely via bat feces) and then to humans, (b) (6) team has provided support in statistical modeling to assess the risk of more coronaviruses like SARS crossing over to human populations.

Ready to Help with the Global Virome Project

8. (SBU) Institute officials expressed strong interest in the Global Virome Project (GVP), and said Chinese funding for the project would likely come from Chinese Academy of Sciences funding already earmarked for One Belt, One Road-related initiatives. The GVP aims to launch this year as an international collaborative effort to identify within ten years virtually all of the planet's viruses that have pandemic or epidemic potential and the ability to jump to humans. "We hope China will be one of the leading countries to initiate the Global Virome Project," one Wuhan Institute of Virology official said. China attended the GVP meeting in January in Thailand and is waiting for more details on the initiative. The officials said that the Chinese government funds projects similar to GVP to investigate the background of viruses and bacteria. The effort falls under the 973 Program, or National Basic Research Program, which aims to help China advance in key scientific fields. This essentially constituted China's own Virome Project, officials said, but they noted the program currently has no official name.

9. (SBU) The Wuhan Institute of Virology's (b) (6) is the (b) (6) (b) (6), which is designed to show "proof of concept" and be a forerunner to the Global Virome Project. (b) (6), with the EcoHealth Alliance (a New

York City-based NGO that is working with the University of California, Davis to manage the (b) (6), recently planned to visit Wuhan to meet with Shi.

U.S.-China Workshop Explores Research Partnerships

(b) (5)

CLEARED : (b) (6), ESTH
(b) (6), HHS ()
(b) (6) NIH/NIAID ()
(b) (6) USAID ()
(b) (6), National Science Foundation ()
(b) (6), CDC ()
(b) (6), ESTH

APPROVED: (b) (6) ()

SBU
This email is UNCLASSIFIED.

<Wuhan Institute of Virology.BJesth.docx>

From: Handley, Gray (NIH/NIAID) [E]
Sent: Fri, 29 Sep 2017 14:17:53 +0000
To: Bernabe, Gayle (NIH/NIAID) [E];Marston, Hilary (NIH/NIAID) [E];Auchincloss, Hugh (NIH/NIAID) [E];Giovanni, Maria (NIH/NIAID) [E];Kurilla, Michael (NIH/NIAID) [E]
Cc: Meegan, James (NIH/NIAID) [E]
Subject: FW: China's Interest in the Global Virome Project Presents anOpportunity for Global Health Cooperation

FYI - recent report from China. (b) (5)
(b) (5)

Gray

-----Original Message-----
From: (b) (6)
Sent: Thursday, September 28, 2017 3:58 AM
Cc: International Cables (HHS/OS) (b) (6)
Subject: China's Interest in the Global Virome Project Presents anOpportunity for Global Health Cooperation

RAAUZYUW RUEHBJA3516 2710757-UUUU--RUHNHHS.
ZNR UUUUU ZZH
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INFO ZEN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE ZEN/AMEMBASSY TOKYO ZEN/AMEMBASSY SEOUL ZEN/NCTC WASHINGTON DC ZEN/CIA WASHINGTON DC RUEABND/DRUG ENFORCEMENT ADMIN HQ WASHINGTON DC RHMCSII/SECDEF WASHINGTON DC RHMCSII/JOINT STAFF WASHINGTON DC RHEBAAA/DEPT OF ENERGY WASHINGTON DC RHMCSII/HQ EPA WASHINGTON DC RUZDFBI/FBI WASHINGTON DC RUEAUSA/DEPT OF HHS WASHINGTON DC RHMCSII/DEPT OF HOMELAND SECURITY WASHINGTON DC RHMCSII/HQ ICE INTEL WASHINGTON DC ZEN/NGA WASHINGTON DC RUETIAA/DIRNSA FT GEORGE G MEADE MD RHMCSII/DEPT OF TRANSPORTATION WASHINGTON DC RHMCSII/CDR 4THID MSE G2 FT CARSON CO RUEPWDC/DA AMHS WASHINGTON DC BT UNCLAS SBU QQQQ
17 BEIJING 2458

SENSITIVE

E.O. 13526: N/A
TAGS: PREL, SHLH, TBIO, KGHI, CDC, AID, CN
SUBJECT: China's Interest in the Global Virome Project Presents an Opportunity for Global Health Cooperation

1. (SBU) Summary and Comment: The proposed Global Virome Project (GVP), an international non-governmental organization built on a decade-long prototype initiated by the U.S. Agency for International Development (USAID), seeks to address vulnerability from emerging diseases by creating a global database of viruses of animal origin and identifying those pathogens with greatest potential to jump to humans through sequencing their genomes, understanding the ecology involved in transmission, and assessing risk to humans. This knowledge could then be used to devise treatments and countermeasures. In the months leading up to the planned January 2018 launch of the Global Virome Project to codify this proof of concept into an international organization, China has expressed considerable interest in becoming a leader of this nascent global effort by contributing to collaborative academic papers, hosting symposia, participating in international activities, and by proposing its own associated China Virome Project. While the GVP will have to navigate complex issues concerning sharing of specimens and data across national borders, Chinas interest in the Global Virome Project, represents a positive indication that

health cooperation, safeguarding global health security, and advancing innovation in science remain priorities for China and presents new ground for potential U.S.-China collaboration. Absent U.S. government leadership in GVP agenda-setting, governance, and funding the Chinese government could likely take a leading position in this potentially path breaking endeavor undermining years of USG leadership and considerable investment in this critical field of public health.

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The Global Virome Projects Audacious Agenda

6. (SBU) The Global Virome Project is, by the project leaderships own admission, ambitious. Over the course of ten years and at an estimated cost of $1 billion ($100 million a year for ten years), the Global Virome Project aims to sample 63% of global mammalian diversity to find 71% of mammalian viromes. The projected costs cover sample collection and laboratory analysis, with phases including countries with the highest diversity of mammalian species. Phase One includes 10 countries and 1562 mammals, Phase Two, 16 countries and 970 mammals, Phase Three with 23 countries and 447 mammals. GVP also expects to collect samples from 740 waterfowl species.

7. (SBU) GVPs core principles include embracing an international scope while fostering local ownership, promoting equitable access to data and benefits, instilling transparency, building national capabilities for prevention, detection, and response for emerging viral threats, and encouraging global ownership through an international alliance. If successful, this initiative will provide a wealth of publicly accessible unbiased data, which should enable innovative research on the mechanisms and ecology of disease transmission, and informatics focusing on virus families as opposed to individual viruses. Such research could accelerate the development of new diagnostics, vaccine technologies, and risk mitigation strategies against whole families of emerging viral diseases.

Like all Risky Endeavors Failure is a Possibility

8. (SBU) GVP looks to the Human Genome Project as a model, in which a comprehensive, ambitious approach led to the development of new technologies and a vast data resource now available to all. Unlike the Human Genome Project, GVP is by design not owned by an institution or specific country, because of its international sampling scope. Its infrastructure will also be distributed globally.
Thus GVP faces significant challenges as it transitions from a start-up to an independently operating foundation: Who will own the samples that are collected from many countries? Where will they be analyzed? Will all GVP data be freely available to the public? GVP expects to grapple with these legal and ethical issues very early, but it will take time for policies to be proposed and approved by the many countries that will be either allowing sample collection or storing specimens and data.

GVP Enjoys Strong Chinese Government Support in Principle and in Kind

9. (SBU) The Chinese government has shown strong interest in the Global Virome Project and is not shy about expressing interest in funding projects where Chinese scientists will take a lead. The new Director of China Center for Disease Control and Prevention (China CDC), Dr. George Gao, a distinguished virologist, told EmbOffs that the Global Virome Project is a priority project that China CDC must push hard on to get stakeholders involved and organize funding. He stated that Chinas involvement in this project is a good follow-up to the August 21 World

Health Organization dialogue meeting at which Health and Human Services Secretary Price and US Ambassador Branstad where both sides agreed on the need for increased U.S.-China collaboration against growing health threats at the intersection of animal and human health. In February 2017, Gao led a symposium proposing a China virome project, however the specific details of how the two will integrate was left undefined.

10. (SBU) The Beijing Genomics Institute (BGI), now based in Shenzhen, made a blanket offer to conduct 30% of the sequencing for GVP, but did not provide details on how that sequencing would take place or where the subsequent data would be housed. Its current leader, Yang Huanming, was instrumental in Chinas involvement in the Human Genome Project in the 1990s, and is a proponent of sharing data. BGIs commitment (as opposed to Yangs commitment) to GVPs values of open, free access to data has not yet been officially stated however. [Note: The BGI group has enjoyed significant funding from the Chinese government. BGI Genomics became a publically-traded company in July 2017.]

11. (SBU) The GVP expects to raise its $1 billion ten-year budget from a variety of sources, both public and private. Roughly $5 million per year will cover operations of the non-governmental organization, to include working groups, sample and data standardization and management, and technical assistance to participating country field operations. However, specifics on funding commitments have not been publicly announced.

Both the U.S. and China Strongly Support GVP-related Collaborative Research

12. (SBU) Beyond creating the database of viral sequences which carries the $1 billion price tag, GVP recognizes the importance of research on the mechanisms and ecology of infectious disease transmission. This type of research already enjoys strong support in both China and the United States, and scientists are increasingly collaborating with each other.

13. (SBU) Shi Zhengli, a senior scientist at the Wuhan Institute of Virology, Chinese Academy of Sciences (CAS) who studied mechanisms of transmission of SARS between species, stated that CAS has already allocated funding for GVP-related research. Wang Zhengwu, Department of International Affairs at CAS, stated that CAS is working on a process and mechanism to support Chinese scientists with backing from the Ministry of Sciences and Technology and The National Natural Science Foundation of China (NSFC) for Global Virome Project type research. He noted that CAS encourages Chinese scientists to take
part in or lead international research projects and that CAS has a budget for seed funding to incubate research projects, workshops, and collaboration that can be used for the Global Virome Project.
Significant USG support for GVP-related research already exists, including the Ecology and Evolution of Infectious Diseases (EEID) program, which is jointly supported by NIH, USDA, and NSF, is actively seeking collaboration in China, and plans to host a joint workshop supported by NSFC and CAS in early 2017.

Global Virome Project Provides China a Platform for International Collaboration

14. (SBU) It is encouraging that China, along with other countries, is ready to take what started as a U.S.-led initiative and proof of concept to a global scale. The GVP still awaits a commitment of funding for its viral sampling and processing infrastructure. It is likely that the Chinese government will engage both with funding and

with in-kind support, which will likely give China a large voice in GVP governance and data-sharing policies. While U.S.-based NGOs and academics are likely to provide some leadership for the GVP, it will be important for the USG to remain engaged in significant ways with the GVP, to ensure that U.S. interests are adequately reflected in this effort, which will facilitate the development of countermeasures against future threats (pandemic preparedness), and enable rapid detection of viral threats and increase the capacity to handle them.

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From: (b) (6)
Sent: Thu, 19 Apr 2018 16:24:49 +0000
Cc: International Cables (HHS/OS)
Subject: Guinea: Inactivation and Destruction of 18,000 Ebola Samples

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RUEAUSA/DEPT OF HHS WASHINGTON DC
RHMCSII/DEPT OF HOMELAND SECURITY WASHINGTON DC
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E.O. 13526: N/A
TAGS: PARM, PREL, SHLH, PGOV, TBIO, KGHI, GN
SUBJECT: Guinea: Inactivation and Destruction of 18,000 Ebola Samples

1. (SBU) Summary: The 2014 Ebola outbreak resulted in the accumulation of tens of thousands of infectious Ebola samples in laboratories across West Africa, many of which were stored in unsafe or unsecure conditions. In 2016, the USG decided to persuade the GOG to retain no live Ebola samples in the country, and that the USG should help Guinea to facilitate the inventory and inactivation or destruction of Guinean Ebola samples. Inactivating Ebola samples would render them unable to cause disease while retaining some of their research potential. Based on this review and per a November 2016 request for assistance from Guineas Minister of Health, a U.S. interagency team of biosecurity experts traveled to Guinea to evaluate Guineas Ebola laboratories. In March 2017, Ambassador Hankins signed a Memorandum of Understanding (MOU) with Guineas Minister of Health to permit U.S. scientists to safely inventory Guineas Ebola samples, inactivate all positive samples, and destroy the remaining negative, damaged, or unknown samples. In November 2017, Guineas Ebola samples were inactivated and/or destroyed, thereby averting any potential accidental or intentional misuse of

these dangerous materials. Live samples retained in-country by a French research institute remain a source of concern. At the request of Embassy Conakry, the Bureau of International Security and Nonproliferations Office of Cooperative Threat Reduction (ISN/CTR) prepared this cable. End summary.

2. (SBU) Ebola Sample Inventory: To determine the disposition of the Ebola samples, ISN/CTR collaborated with the Department of Energys Sandia National Laboratories (DOE/SNL) and Centers for Disease Control and Prevention (CDC)-Conakry to train Guinean laboratory technicians to safely and securely handle, package, and decontaminate material that comes in contact with especially dangerous pathogens, such as Ebola. Guinean partners used this training to inventory, re-package, and secure the nearly 18,000 Ebola samples stored at the Viral Hemorrhagic Fever (VHF) laboratory in Conakry under supervision from DOE/SNL experts. The sample inventory allowed CDC and Guinean partners to match the samples that were positive (nearly 1,400) or negative (over 16,000) for the Ebola virus, and make accurate and informed decisions on the samples selected for inactivation or destruction. Importantly, the training and inventory methods are relevant across a spectrum of diseases, and their transfer to Guineans practitioners will contribute to Guineas ability to safely handle and manage numerous pathogens that routinely afflict its people.

3. (SBU) Ebola Sample Destruction and Transport to the CDC in Atlanta: Per the terms of the MOU, the Ebola-positive samples were transferred to CDC-Atlanta for inactivation, and the negative samples were destroyed by incineration in Guinea. In September 2017, DOE/SNL trained Guinean laboratory technicians on the International Air Transport Association (IATA) protocols for safe and secure handling, packaging, and shipping of infectious substances. The IATA-certified Guineans worked with the DOE/SNL experts to safely and securely package the positive samples for transport out of Guinea. They also packaged and destroyed over 16,000 negative, damaged, and unknown samples by incineration on the VHF laboratory grounds, after receiving approval from the VHF Laboratory Director. ISN/CTR collaborated closely with Embassy Conakry and CDC-Conakry to ensure the safe and secure ground transport of the 1,400 positive Ebola samples from the VHF lab to the Conakry airport for transport to CDC-Atlanta using a specially outfitted airplane in collaboration with MED. The samples were escorted to the United States by ISN/CTR, DOE/SNL, States Office of Medical Services (MED), CDC, and a Guinean Ministry of Health official.

4. (SBU) Return of Inactivated Samples to Guinea: In October 2017, the CDC in Atlanta finished inactivating the approximately 1,400 Ebola-positive samples using gamma irradiation. This process eliminated the possibility that the samples could cause disease in the future while maintaining some of their research value. In

November 2017, ISN/CTR escorted the inactivated samples back to the VHF lab in Guinea, and met with Guinean Ministry of Health officials to report on successful completion of the U.S.-Guinea collaboration and discuss all phases of activity.

5. (SBU) Comment: A separate collection of live Ebola samples that remain in country under French authority is a cause for concern; we remain in contact with ISN/CTR on addressing the concerned institutions. This collaborative effort involving ISN/CTR, MED, DOE/SNL, the CDC in Guinea and Atlanta, and Embassy Conakry is an example of science diplomacy, biorisk mitigation, and health capacity building at its best. The unsecure and unsafe conditions in which these dangerous Ebola samples were stored greatly increased the risk of their being accidentally or intentionally misused, and the collective effort to neutralize them was a significant contribution to global threat reduction. End comment.

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