

“Smart Surveillance”*



daszak@ecohealthalliance.org

 @PeterDaszak



* Keusch *et al.* (2022) Proc. Natl. Acad. Sci.

Pandemic

- Social distancing
- Travel restrictions
- Non-Pharm. Interventions

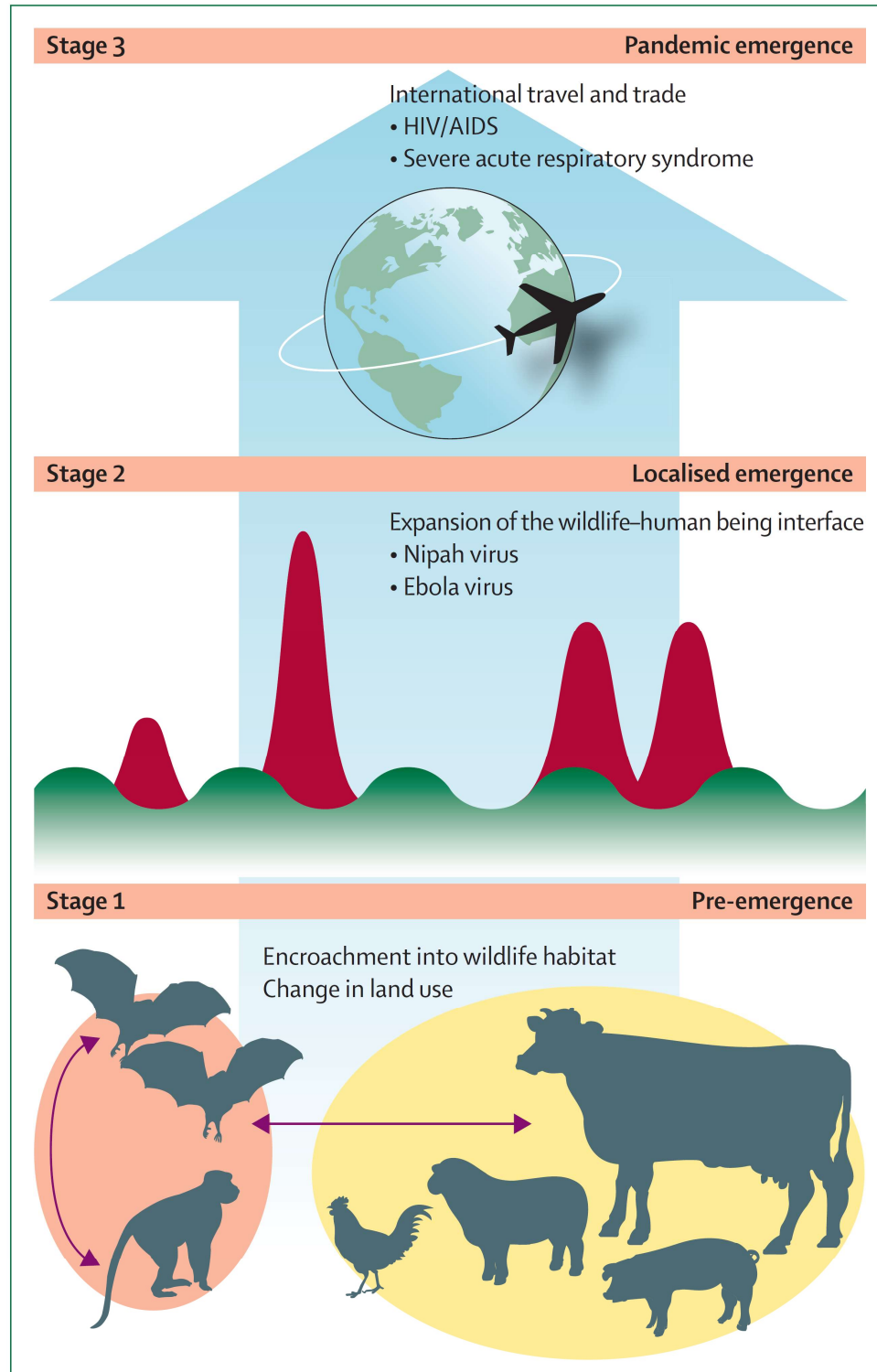
Local → regional outbreak

- Early detection
- National response capacity
- Global Preparedness

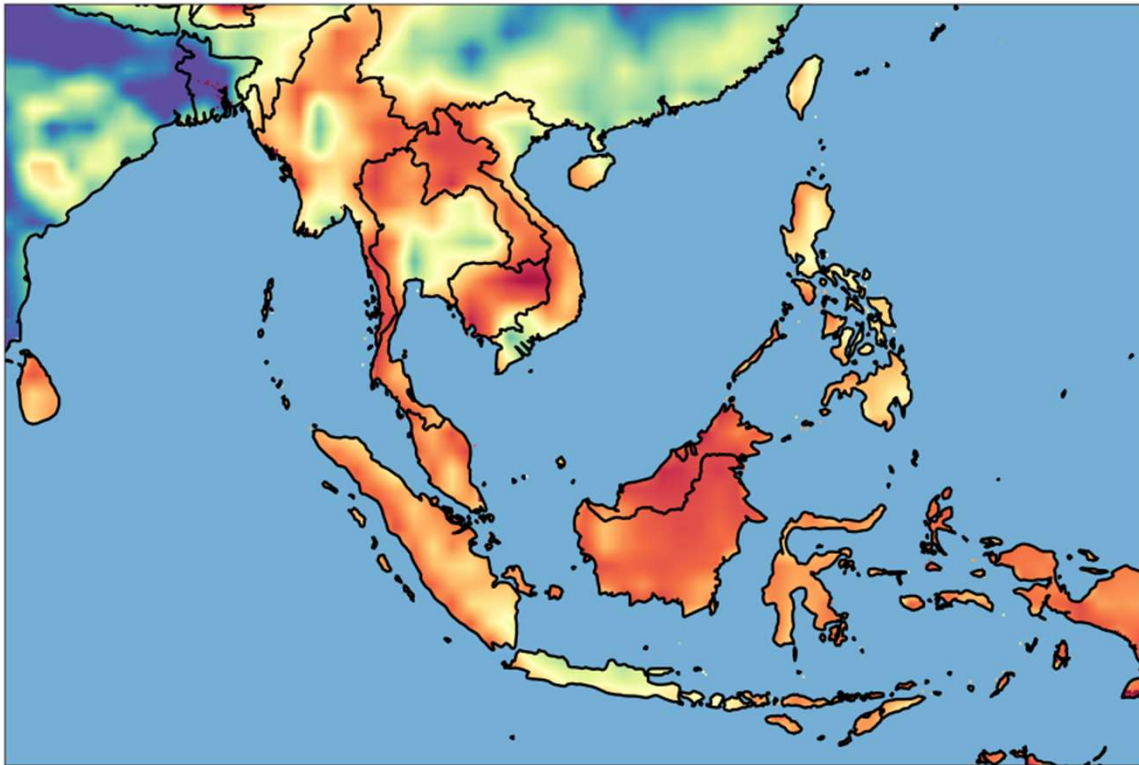
Spillover of Disease X

- Farm biosecurity
- One Health
- Environmental protection

Morse *et al.* (2012) Lancet



Hotspot maps for viral emergence in Southeast Asia



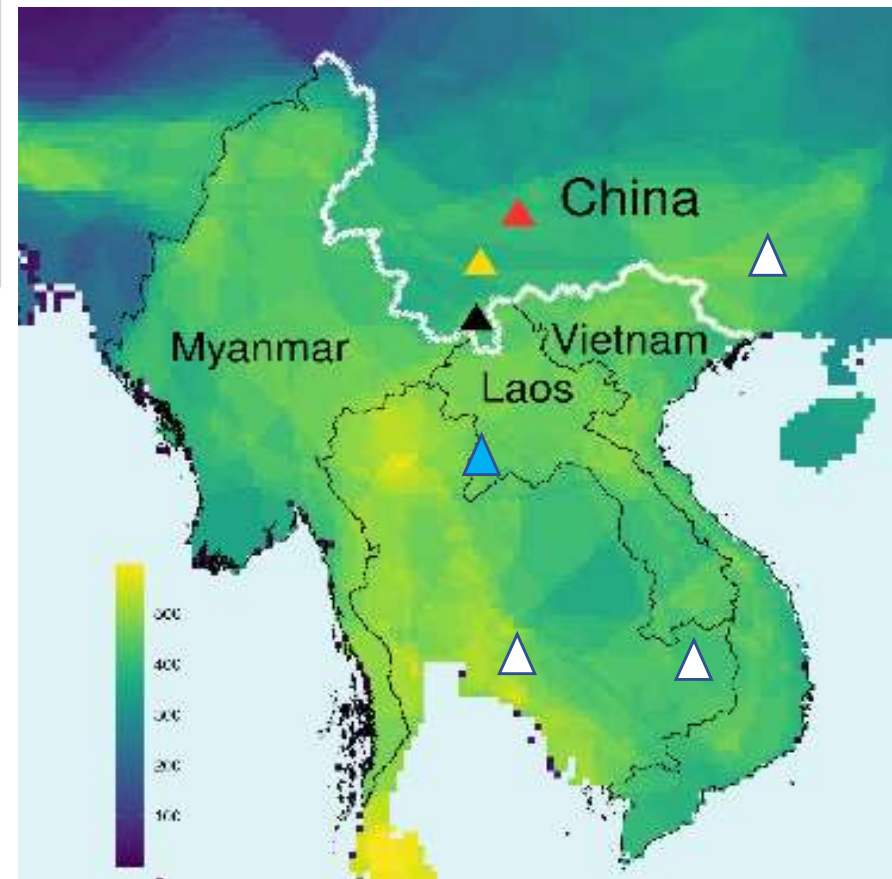
Predicted diversity of undiscovered likely zoonotic viruses (bats)

- ▲ Jinning (serol. Study)
- ▲ Mojiang (RaTG13)
- ▲ Xishuangbanna (RmYN02)
- ▲ BANAL CoVs (Laos)

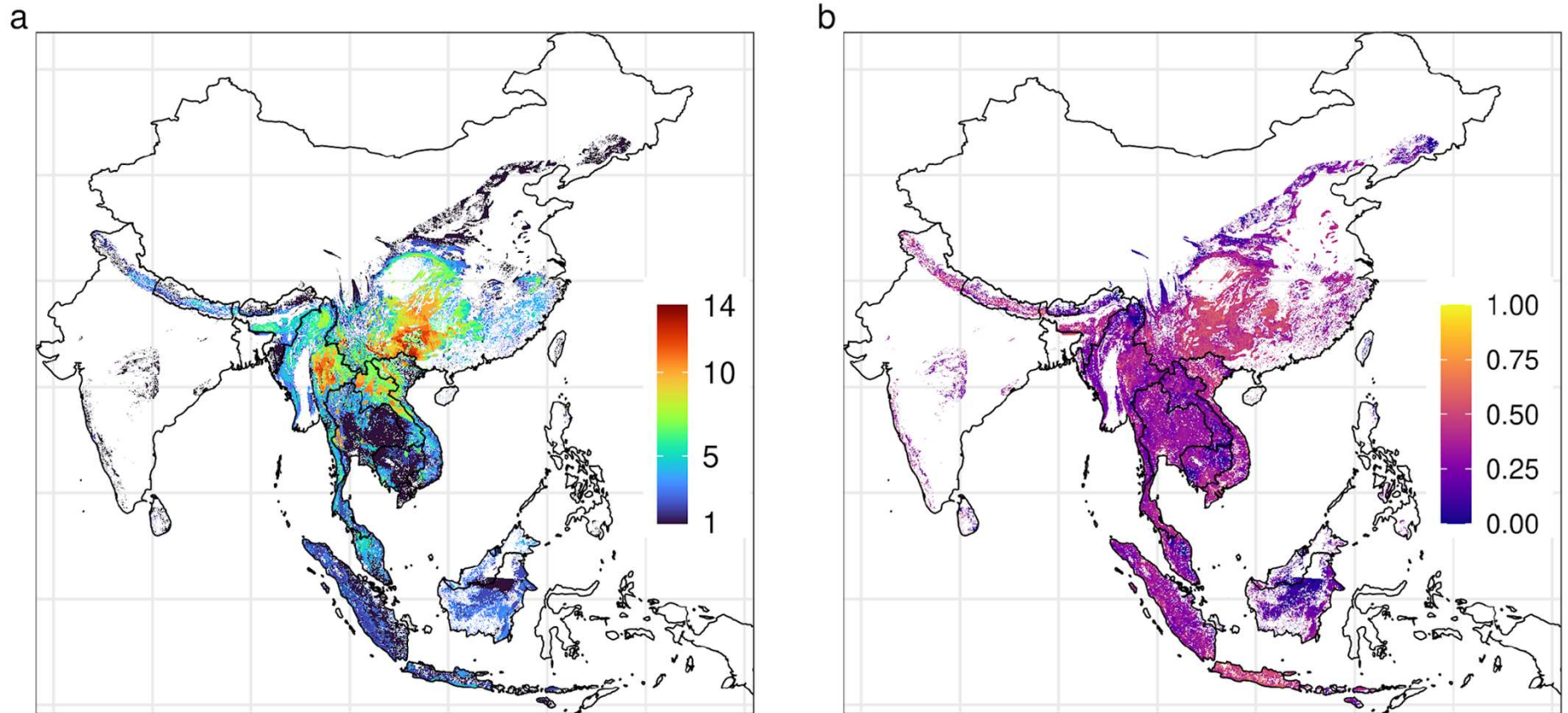
Olival et al. 2018 *Nature*

Emerging disease 'hotspot' risk

Allen et al. 2017 *Nat. Comm*



Bat SARSr-CoV spillover risk analysis



Left: SARSr-CoV bat host species richness

Right: Relative outbreak risk (host species richness * human population)

EID-SEARCH

Emerging Infectious Diseases
South East Asia Research Collaboration Hub

EcoHealth Alliance (Mgmt. & Coord.)

Dr. Daszak
Dr. Olival



University of North Carolina at Chapel Hill

Dr. Baric
Dr. Sheahan



THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

Conservation Medicine, Malaysia

Tom Hughes
Mei Ho Lee



Chulalongkorn University, Thailand

Dr. Opass
Dr. Wacharapluesadee



Duke-NUS Medical School, Singapore

Dr. Wang
Dr. Tan



Uniformed Services University

Dr. Broder
Dr. Laing

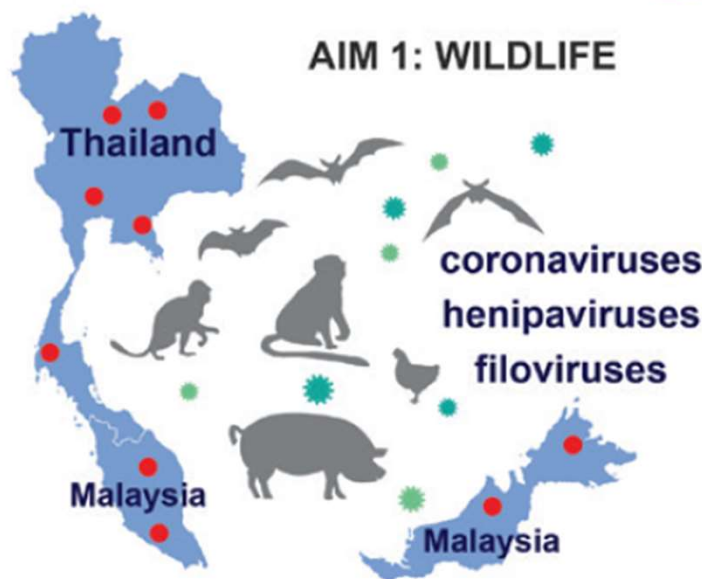


National Emerging Infectious Diseases Laboratories

Dr. Keusch
Dr. Corley



Targeted Surveillance



AIM 2: COMMUNITY

risk exposure

serological evidence
molecular evidence
clinical history
animal contact history
occupational exposure
environmental risk factors

syndrome

AIM 3: CLINIC

Assay Development



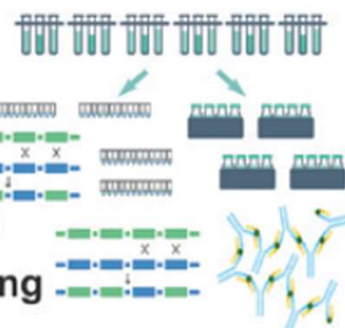
AIM 1&2

PCR diagnostics

serology

piloting diagnostics

in-country lab training



Virus Characterization

AIM 1&3



receptor binding characterization

in vitro characterization



mouse models

genetic sequencing

Modelling & Program Management



EcoHealth Alliance



data management

clinical management

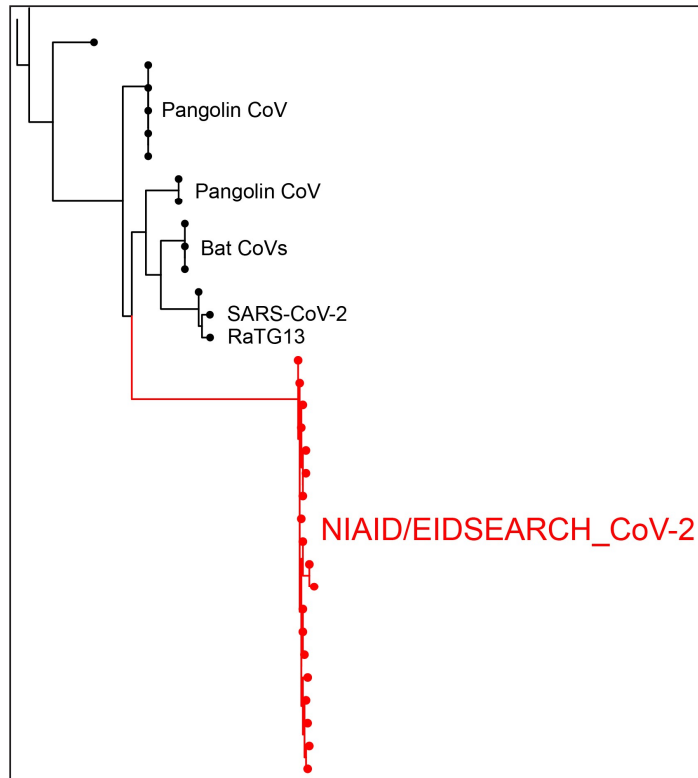


spillover risk characterization

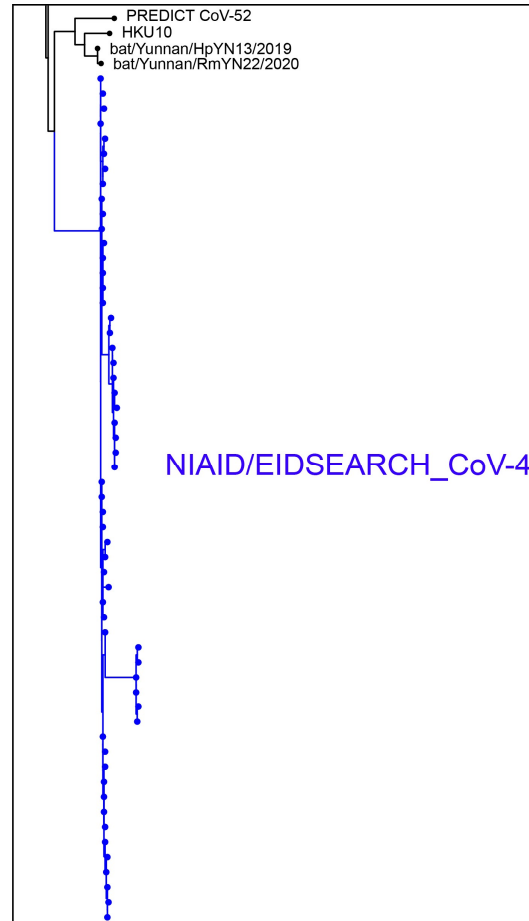
host-pathogen, spatial, predictive models

Bat coronavirus discovery

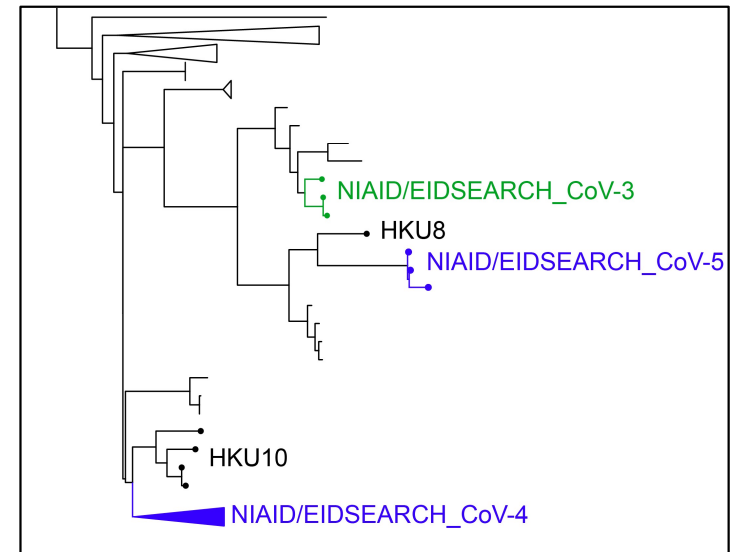
Level 1: Related to viruses with known zoonotic potential

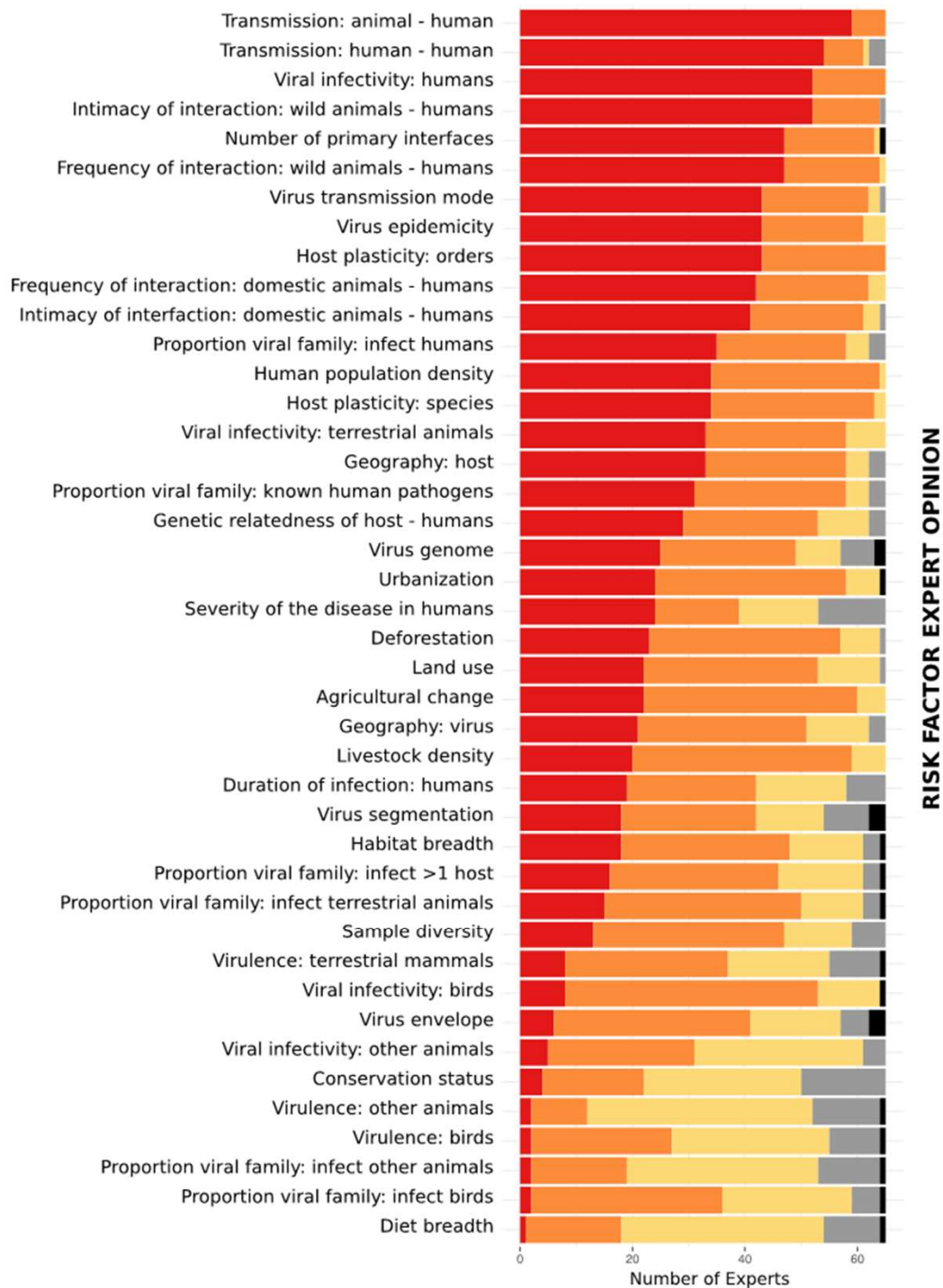


Level 2: Highly prevalent or in multiple taxa

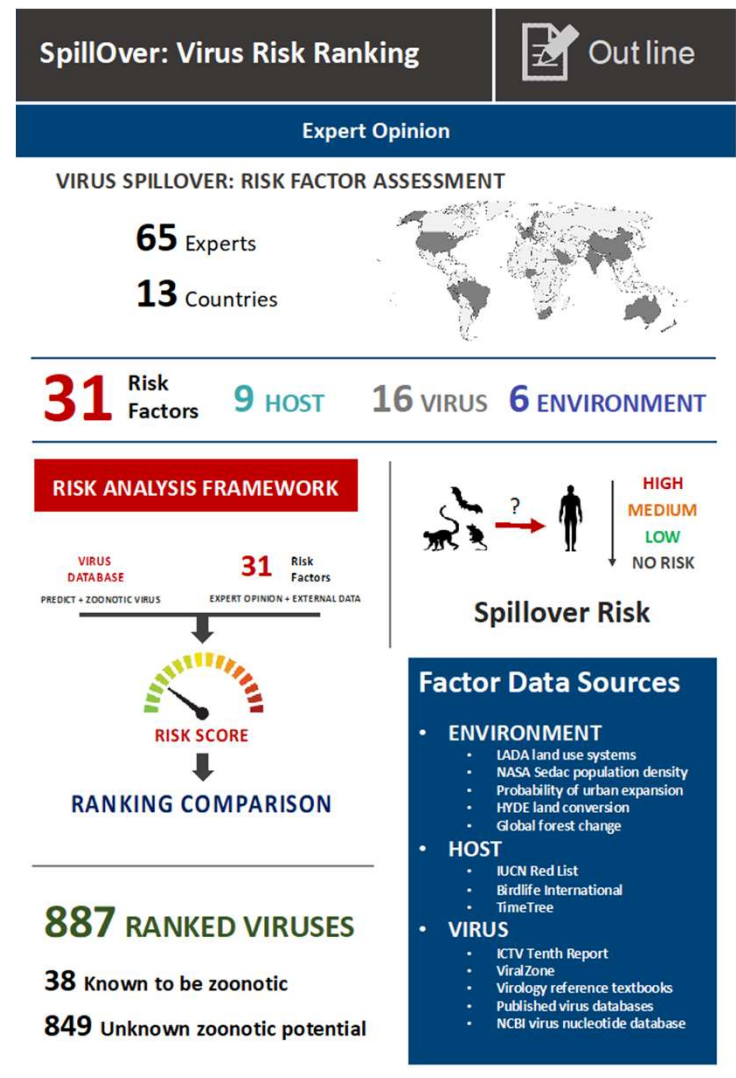


Level 3: Restricted to a single host or at low prevalence





LEVEL OF RISK High Medium Low Not relevant No answer



WEBSITE Users



- Policy Makers
- Scientists
- General Public

SPILLOVER

VIRAL RISK RANKING

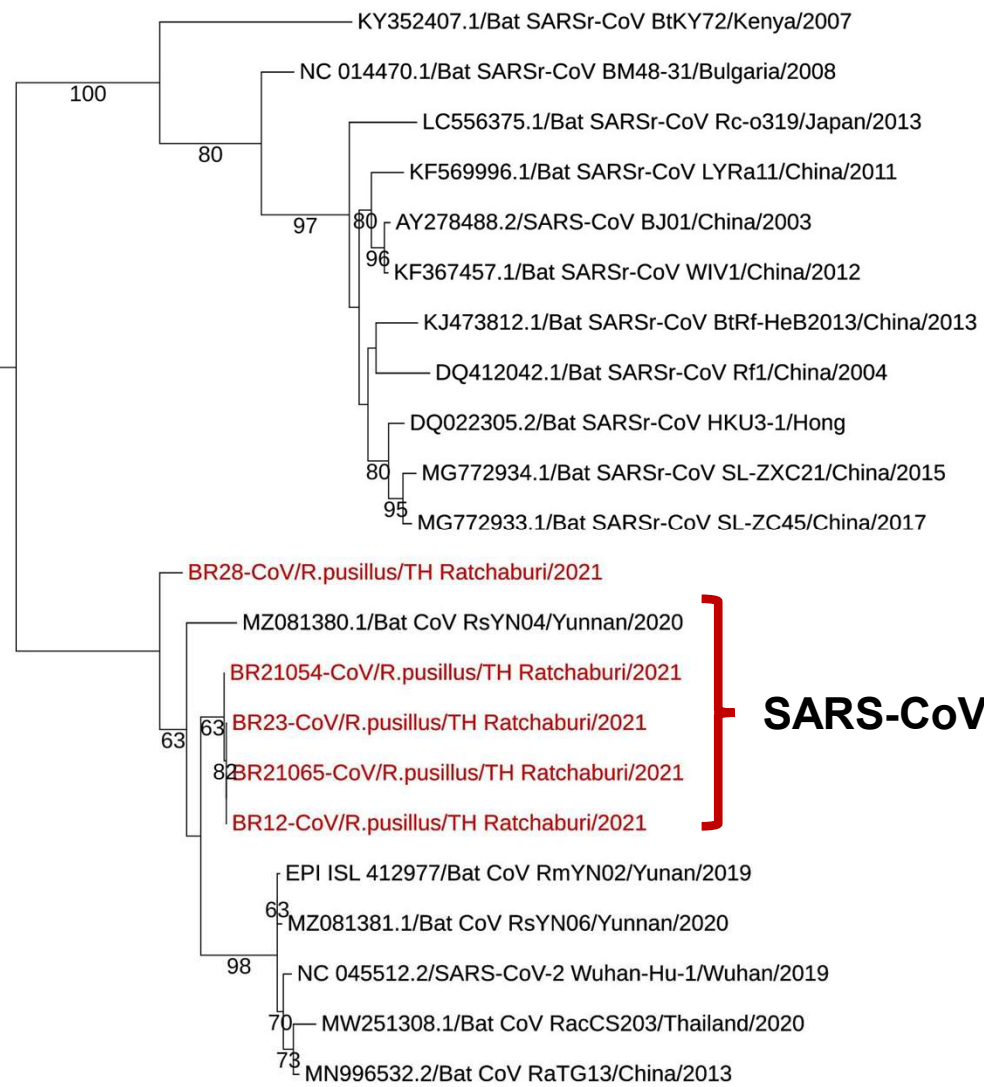
www.spillover.global



Wild Animal Surveillance Thailand Year 1

- 1,848 bats and non-human primates sampled with >13,000 specimens collected
- Characterization of newly-discovered CoVs beginning now
- Further testing underway

Tree scale: 0.1



SARS-CoV-2 related virus

SARS-CoV-2 related coronaviruses in *Rhinolophus pusillus*, Ratchaburi province, Thailand

4/99 rectal swabs PCR positive for SARS-CoV-2 related
(collected in March 2021)

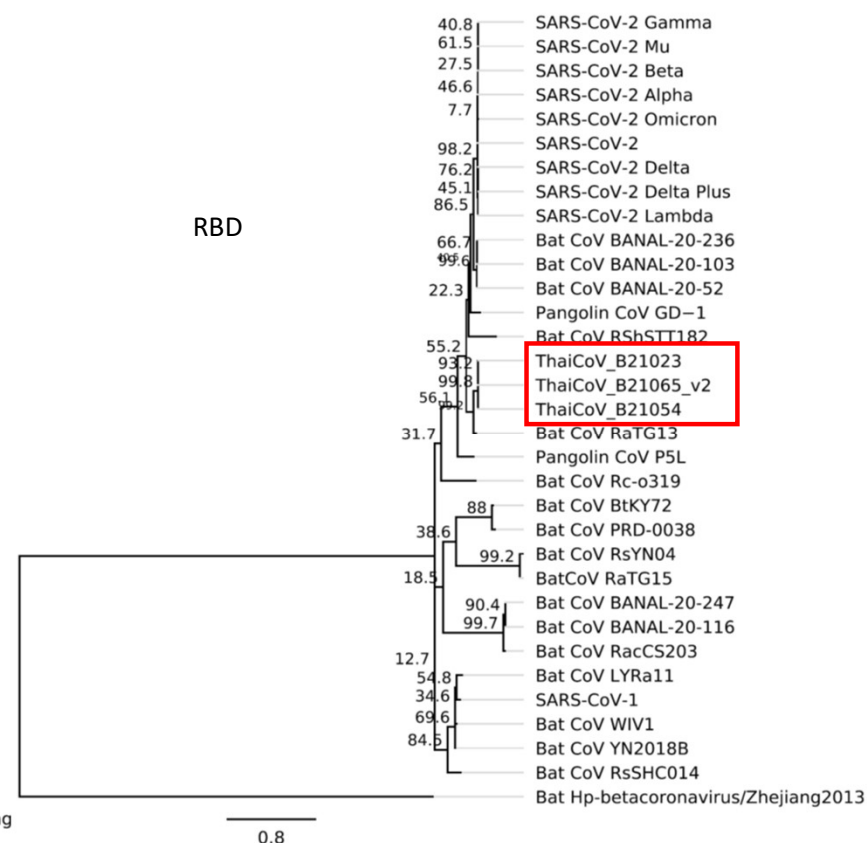
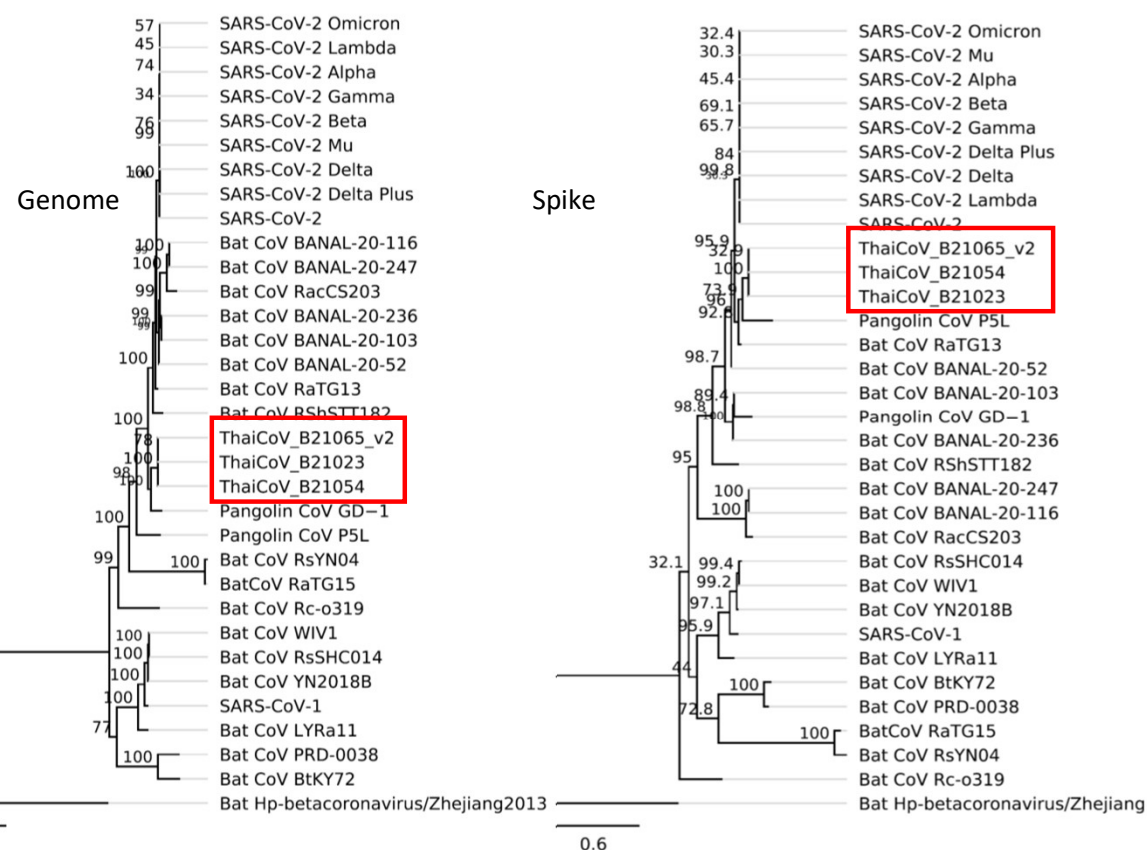
WGS results	Mapping Reads	Genome Completeness %	Length
B21023	13844	87	29829
B21054	218827	85.6	29970
B21065	2202757	100	29845

Closely related to bat and pangolin clade 2 sarbecovirus (RaTG13, GD-1, P5L), at some positions closest to SARS-CoV-2

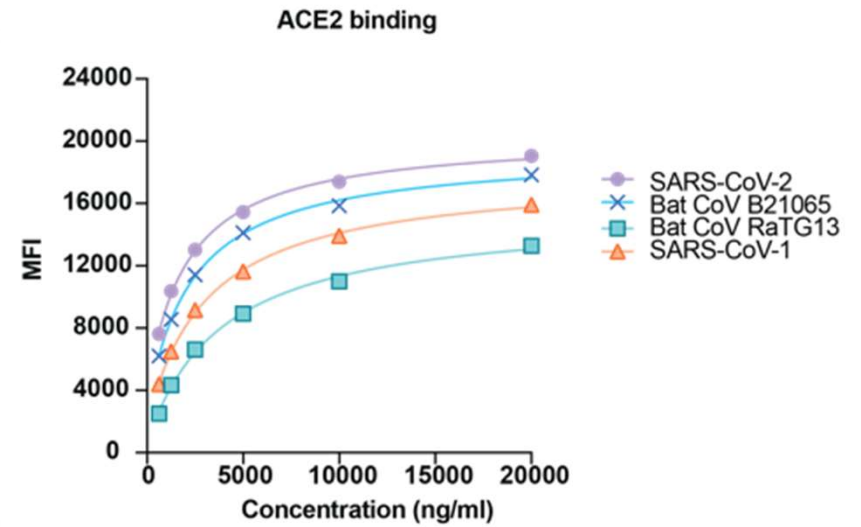
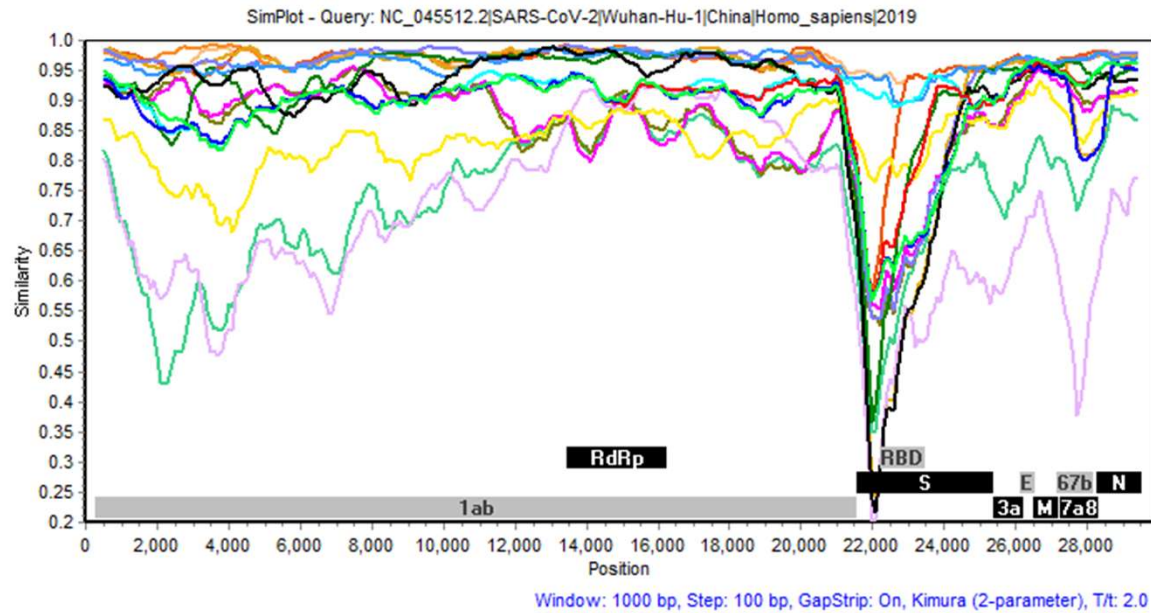
4 amino acid differences in from RaTG13 in RBD region

Full genome identity of B21065

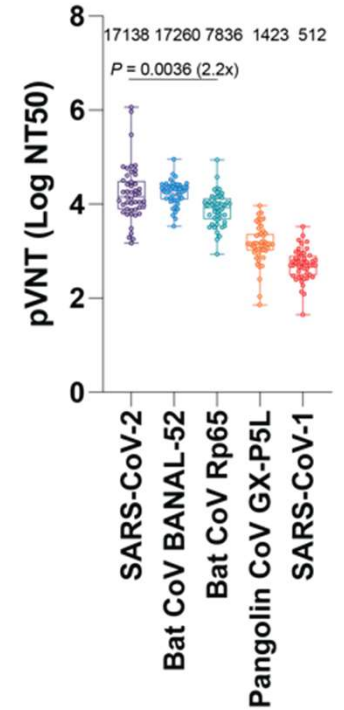
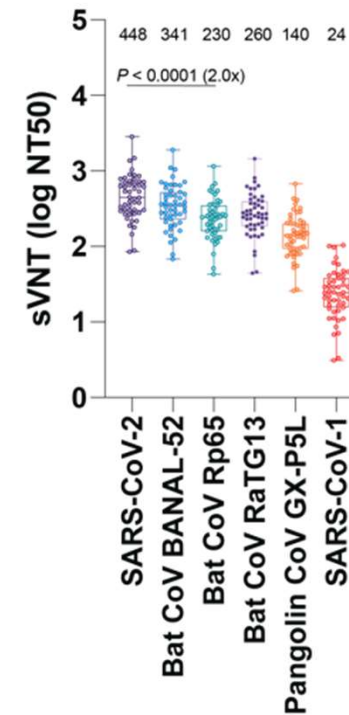
Length	Pangolin GD-1	RaTG13	SARS-CoV-2
29845	91.99%	91.91%	91.72%



Spillover risk assessment of a novel bat SARS-CoV-2-related CoV



	Genome	RdRp	Spike	RBD
THAB21065	91.76	92.31 (99.25)	90.57 (97.56)	86.40 (91.48)
THAB21105	90.34	92.42 (99.25)	80.65 (86.25)	72.94 (75.78)
THAB21140	88.96	92.63 (99.25)	75.31 (80.05)	66.22 (66.37)
THAB21146	89.60	92.56 (99.36)	75.28 (79.89)	66.37 (66.37)



High risk community – bat guano collectors

- 7/56 tested positive for PMV
- 4/56 tested positive for FV
- 34/56 tested positive for CoV



Cryptic spillover among local communities #1

Presence of antibodies reactive to henipavirus or
filovirus envelope glycoproteins using MMIA (n = 237)

	# positive	Seroprevalence
Henipavirus seropositive	64	27.00
<i>Single reactive</i>	50	21.10
Ced	2	0.84
HeV	1	0.42
NiV	1	0.42
MojV	45	18.99
GhV	1	0.42
<i>Cross reactive</i>	14	5.91
Filovirus seropositive	45	18.99
<i>Single reactive</i>	30	12.66
EBOV	20	8.44
BDBV	6	2.53
RESTV	1	0.42
MLAV	1	0.42
RAVV	2	0.84
<i>Cross reactive</i>	15	6.33

Cryptic spillover among local communities #2



Factors associated with Mojiang-related virus and Filovirus seropositivity among surveyed population (n = 237)

	Henipavirus serological results					Filoviruses serological results				
	+/total (% of positive)	Bivariant		Multivariable		+/total (% of positive)	Bivariant		Multivariable	
		OR	P value	OR	P value		OR	P value	OR	P value
Non-animal business										
No	42/165 (35%)	1.20	0.664	0.99	0.986	26/165 (16%)	1.65	0.208	5.82	0.029
Yes	21/72 (29%)					17/72 (24%)				
Bat guano collection										
No	45/165 (27%)	0.89	0.838	1.97	0.210	28/165 (17%)	1.29	0.599	8.84	0.007
Yes	18/72 (25%)					15/72 (21%)				
Forestry station worker										
No	57/217 (26%)	1.20	0.923	1.82	0.454	40/217 (18%)	0.78	1*	10.55	0.029
Yes	6/20 (30%)					3/20 (15%)				
Raised animals										
No	26/75 (35%)	0.56	0.079	0.34	0.036*	13/75 (17%)	0.97	1.084	0.43	0.137
Yes	37/162 (23%)					30/162(19%)				
Raised dogs										
No	28/113 (25%)	1.19	0.651	2.16	0.072	16/113 (14%)	1.68	0.177	2.59	0.037
Yes	35/124 (28%)					27/124 (22%)				
Slaughtered animal										
No	62/219 (28%)	0.15	0.048	0.19	0.127	40/219 (18%)	0.90	1*	1.50	0.612
Yes	1/18 (6%)					3/18 (17%)				
Rodent contact										
No	53/206 (26%)	1.37	0.582	1.46	0.420	37/206 (18%)	1.10	1	1.55	0.421
Yes	10/31 (32%)					6/31 (19%)				
Bat contact										
No	54/176 (31%)	0.39	0.024	0.32	0.035	37/176 (21%)	0.41	0.078	0.27	0.052
Yes	9/61 (15%)					6/61 (10%)				

Live Bird Market (Phnom Penh, Cambodia)



Surfaces

Cages

Wash
water

Feathers

Air



Environmental samples: pro and cons

Advantages:

- Cost effective, Rapid
- Convenient, Flexible
- Wider net at high-risk interfaces
- Biosafety, biosecurity
- Animal welfare

Disadvantages:

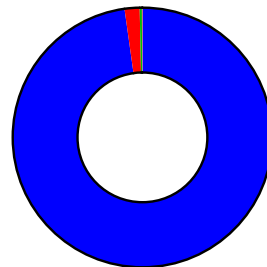
- Sensitivity
- Sample types
- No individual level (meta/epi)data
- Bioinformatics
- PCR inhibition, sample degradation
- SOP

Live bird swabbing vs. air sampling; qPCR vs. metagenomics

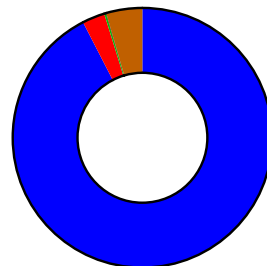
Swabbing live birds

Duck (throat)

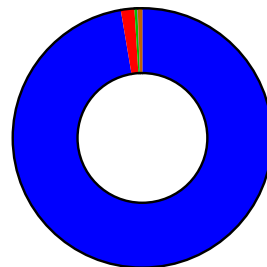
qPCR: A/H5N1



- 97.79% Influenza A virus
- 1.88% Duck hepatitis B virus
- 0.26% Avian coronavirus
- 0.04% Rotavirus G
- 0.03% Traversvirus P27



- 92.43% Influenza A virus (H5N1)
- 2.81% Sheldgoose hepatitis B virus
- 0.19% Infectious bronchitis virus
- 0.05% Muscovy duck circovirus
- 4.51% Anseriform dependoparvovirus 1

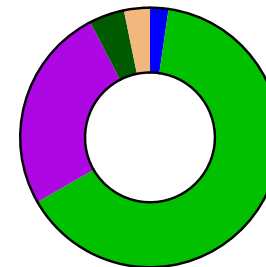


- 97.33% Influenza A virus
- 1.68% Duck hepatitis B virus
- 0.35% Avian coronavirus
- 0.06% Rotavirus G
- 0.58% Anseriform dependoparvovirus 1

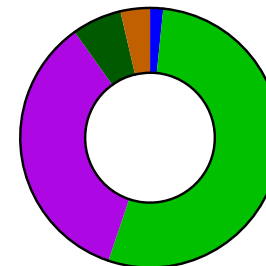
Air sampling bird market

Air (slaughter area)

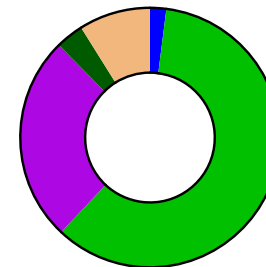
qPCR: A/H9N2, A/H5N1



- 2.28% Influenza A virus
- 25.69% Rotavirus G
- 4.37% Rotavirus D
- 64.43% Avian coronavirus
- 3.23% Rotavirus A



- 1.65% Influenza A virus (H9N2)
- 34.95% Rotavirus G
- 6.18% Rotavirus D
- 53.55% Avian coronavirus
- 3.67% Avian leukosis virus



- 2.02% Influenza A virus
- 25.64% Rotavirus G
- 3.44% Rotavirus D
- 59.98% Avian coronavirus
- 8.92% Rotavirus A



Influenza A Virus

Conclusion and future plans

Environmental sampling

- Similar/better resolution in detection
- Easy, less risks for humans and animals

Metagenomics

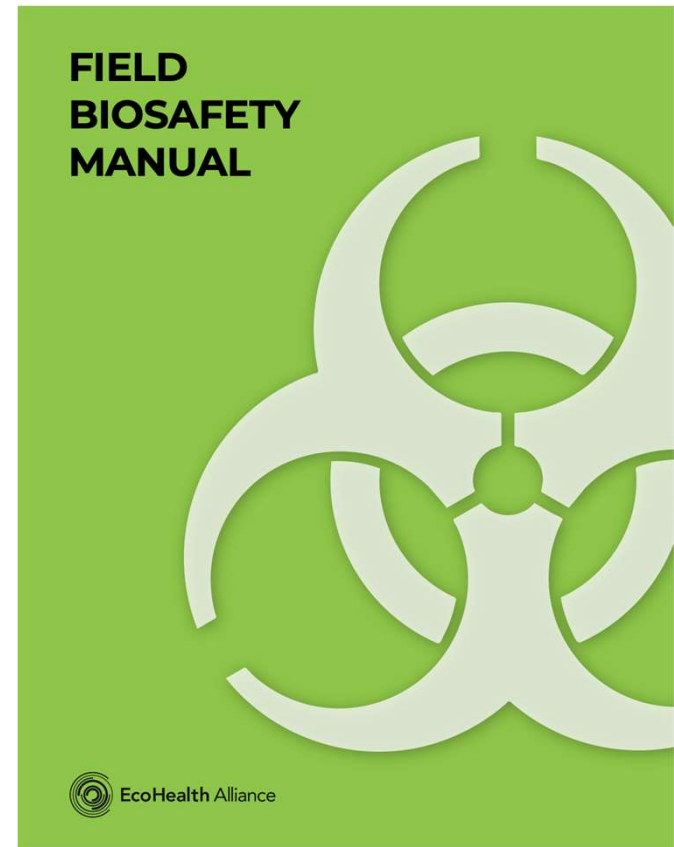
- Bigger = better: reference database
- Less sensitive to primer mismatch
- Metagenomic bycatch
- Whole genomes (phylogenetics)

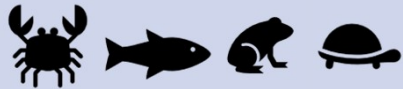
Improve/expand metagenomic data analysis

- Benchmark analysis pipelines with “Golden standard”
- Develop custom/standardized thresholds
- Visualize complex metagenomics data, α/β diversity
- Feedback to OneCodex, GenomeDetective, CZID, EHA

Coming soon: Field biosafety manual

-
1. Introduction
 2. Hazard Identification
 3. Risk Assessment
 4. Field Biosafety Levels
 5. Risk Mitigation Protocols
 6. Emergency Response & Exposure
 7. Appendices



RISK GROUP	ANIMAL SPECIES	ENVIRONMENT	FBSL
1		Not known to be ideal for agents greater than WHO/NIH RG 1 	1
2		Not known to be ideal for agents greater than WHO/NIH RG 2 	2
3		Not known to be ideal for agents greater than WHO/NIH RG 3 	3
4	Any RG species population known/suspected to harbor a WHO/NIH RG 4 agent	Any risk group areas or a transient conditions known or suspected to be ideal for a WHO/NIH RG 4 agent	4

FIELD BIOSAFETY LEVELS 1-4

FIT-TEST KITS USED MUST MEET OSHA PERFORMANCE CRITERIA FOR FIT-TESTING RESPIRATORS

WHEN TO CONDUCT RESPIRATOR (FFR) FIT-TESTING



All new personnel

Each new FFR type

Annually

Change to facial structure

- Weight fluctuation
- Trauma and/ or surgical correction
- Dental change
- Facial scars

WHEN TO REPLACE FFRs

Broken seal

Soiled

Wet from fluids/ sweat

Increasingly difficult to breathe through

Continuous use for 8 hours

Personal Protective Equipment (PPE) – Disposable FFR Fit Testing

For FFRs to function as intended, the product must be “fit-tested” to each individual to ensure a complete facial seal prevents any air leakage. Incomplete seals allow for potential pathogens to evade filtration. To ensure an FFR is tightly fit, a fit-test must be conducted (if first time) or a pressure seal check (each time it is placed on).

All field participants that need to wear an FFR must be fit-tested for the mask intended for use. While wearing a specialized hood and the selected FFR, an examiner puts the user through a series of exercises that mimic how a user would wear the FFR regularly. A safe flavor chemical is circulated through the hood that can only be detected by the user if there is an incomplete seal.

ENSURING RESPIRATORS (FFRs) ARE TIGHTLY FIT TO USERS FACE

1
KEEP FACE FREE OF FACIAL HAIR FOR A COMPLETE SKIN SURFACE CONTACT



2
WEAR APPROPRIATELY – DO NOT CROSS STRAPS



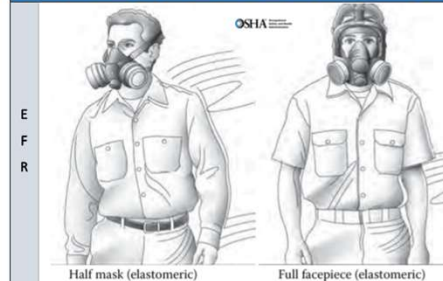
3
CONDUCT A PRESSURE SEAL CHECK (IF ALREADY FIT-TESTED)



Personal Protective Equipment (PPE) – Elastomeric Facepiece Respirator (EFR) & Power Air-Purifying Respirators (PAPR)

Alternatives to disposable filtering facepiece respirators (FFRs) are the reusable elastomeric facepiece respirators (EFR) and power air-purifying respirators (PAPR). These respirators should be considered if an individual fails the fit-test or has an aversion to any of the supplied NIOSH approved FFRs. Follow model instructions for fit-testing and use.

ELASTOMERIC FACEPIECE & POWER AIR-PURIFYING RESPIRATORS



- Tight fitting respirator
- Fit-testing required, must be NIOSH-approved
- Reusable/ Can be disinfected
- Filtration level dependent upon replaceable filters
- BUT has exhalation valve – consider reverse zoonoses
- COST: Usually ~ \$15 to \$30, but can be up to \$500



- Loose fitting respirator, battery powered
- Fit-testing NOT required, but must be NIOSH approved
- Reusable/ Can be disinfected
- Typically exceeds N95 level filtration
- Units that filter exhaled air are preferred
- COST: Usually ~ \$800 +

OPTIONS FOR WHEN FIT-TESTS FAIL OR WHEN USE OF A NIOSH-APPROVED DISPOSABLE RESPIRATOR (FFR) IS NOT POSSIBLE

TRY AN ALTERNATE NIOSH - APPROVED FFR SIZE/ MODEL

CONSIDER AN ELASTOMERIC RESPIRATOR

CONSIDER A POWER AIR-PURIFYING RESPIRATOR

CONSIDER AN UNDER-RESPIRATOR BEARD COVER

UNDER-RESPIRATOR BEARD COVER SINGH-THATTA TECHNIQUE

A final alternative for beard presence when PAPRs are not an option is the application of a beard cover. Use of a synthetic elastic cover to contain the beard and to make complete contact with skin and the respirator (FFR or EFR) may be attempted but still requires fit-testing.



[https://www.journalofhospitalinfection.com/article/S0195-6568\(20\)30459-X/fulltext](https://www.journalofhospitalinfection.com/article/S0195-6568(20)30459-X/fulltext)

Collaborators

- 100+ partners in 30+ countries
- NIAID CREID Center Grant partners: USU, UNC, Duke-NUS, Thai Red Cross EIDCC, Chulalongkorn Univ, Conservation Medicine Malaysia, BU NEIDL
- Dr. Wacharapluesadee, Dr. Opass
- Wuhan Inst. Virology (Zhengli Shi, Peng Zhou)
- Duke-NUS Singapore (Linfa Wang , Chee-Wah Tan)
- Pasteur Inst. Cambodge (Erik Karlsson; Jurre Siegers)

