

TropNetEurop Workshop Imported Infections

Munich, June, 30th – July, 1st, 2000

Minutes of the Meeting

Friday, June, 30th, 2000

T. Löscher : Introduction

Welcome all participants, almost all sights participating, important to establish network.

Aims of workshop:

Steering committee, improvement of organisation, collaborating research projects, looking back

First works started about one year ago

Short introduction of all participants

T. Jelinek: organizing things, acknowledgments for sponsoring, presenting of agenda, flashback:

- Mission and goals, current objectives
- Membership and reporting: currently 32 sites, gap between member sites and reporting sites should be closed
- Comments on reported diseases
- Comments on standardized questionnaire
- Comments on clinical trials
- Monthly reports: using data for education and internal discussions, presentation of network on congresses(Venice, Munich- price for best poster)
- Future presentations: Atlanta, Oxford, Houston
- Publication in print: outbreak in Dominican Republic
- Presentation of material in preparation
- Special reports: isolation units in Europe, malaria from Dominican Republic (18 cases reported): fast reaction possible- outbreak was stopped (TropNet- ProMed- CDC)

Lively discussion:

- Whom to contact at WHO? Francesco Castelli will do so.
- Objectives: possibly more precise, more focused? Do we need to be that broad?
- Clinical sites: collect data on high quality , data about symptoms, not notifiable diseases, data which public health agencies cannot collect, contact EuroSurveillance, national surveillance centre
- Potential of the network can be to provide more specific data than a lot of national institutions
- Major aim should be construction of clinical trials surveillance
- Focus on data base for research projects, no concurrence with national surveillance
- Network has shown that sentinel surveillance within the network can work, see micro-epidemic in Dominican Republic
- Character of sentinel surveillance must be kept, see trends, sites should be stable
- Clinical trials as future aim.
- Questionable whether collecting data isn't necessary in that way for clinical studies network, more specific data necessary

- Surveillance with possibility of detection of outbreak is effective
- Data collected by TropNet important because of denominator problem, presenting data as skeleton of this network
- Continuously reporting binds network together, surveillance can be performed very effectively, on european level no real organisation can provide this data
- Data collection must be specified, recent data not representative for the different sites
- Same problem in GeoSentinel, collected data as good base for research
- Data on specific questions should be collected, study must be designed before collecting data
- Minimal data base necessary- no other deliveration of data existing

T. Jelinek: Proposed structure of the network:

Membership:

Lively discussion:

- Clinical network: precised inclusion criteria? Number of patients? Structure of sites?
- Proposal: each country should have the oppurtinity to be part of the network;
- Collecting clinical and laboratory data could be useful - first begin broad, than data could be excluded;
- Some inclusion criteria should be defined to obtain the possibility to create sentinel surveillance;
- Proposal: two kinds of memberships: full operating member, associate member;
- Pproblem of two memberships: who will have full access to the data;
- Only reporting sites should have access on whole data;
- Voluntary site should have only limited inclusion criteria;
- Create a stable network, collecting few precise data recent collecting way to much work without knowing what will happen to the data;
- Basic data needed to create clinical studies, collect data for two or three more years to then create more precise data collecting;

Decisions by majority vote:

1. Membership only by clinical sites, no minimal number of patients
2. Exclusion criteria for members need to be defined, steering committee also decides on inclusion
3. management structure: every site has one site manager and one vote (only when submitting data!)
4. Steering committee: five members including one network coordinator(elected for two years)
5. Regular meeting of membership every year necessary
6. All members decide on fundamental issues regarding the network
7. Members should decide on steering committee work at annual meetings: steering committee submits questions, proposals to all members, reviews research proposals
8. Election of network coordinator: Tomas Jelinek
9. Election of other members of steering committee:
 - Alberto Matteelli
 - Manuel Corachan
 - Ron Behrens
 - Anders Björkmann
10. Data are owned by all reporting members
11. Publication of results: all site managers of reporting sites are named as co-authors (in order of number of reported patients). TropNetEurop should always be mentioned. All publications go through review by steering committee.

12. Ownership of funds: though network infrastructure should be financed, funds will be managed by members that applied for them
13. Future content and structure of questionnaire shall be discussed by steering committee
14. Reporting of further diagnoses will be discussed by steering committee

C. Schulte: Electronic communication:

- Material on CD-Rom
- Webpage presentation
- Presentation of the electronic questionnaire: problem of double reporting, addition: confirmed by, especially for Dengue fever!

T. Jelinek, R. Behrens, A. Matteelli: Financing opportunities:

- Though recent support has been obtained, network coordinator is still spending more money than gained
- Rejected proposals, EC verdict on 1999 proposal- need of education site- contact with TropEd
- Planned proposals, Biomed5: TropNet as network for clinical trials

R. Behrens:

- Wellcome Trust: number of funding opportunities; Joint infrastructure funds, international funding: collaborative research, travelling fellowship, local research capacity, biomedical research collaboration; 4 centres of Tropical medicine in UK yet supported- funding through one of this centres maybe possible; population studies: health and environment
- Do not pay overheads
- MRC: cooperative group grants
- Department of health: Service Delivery and Organisation
- All very competitive and difficult to reach foundation
- Funding outside the hospital difficult to gain

A. Matteelli:

- Ministry of foreign affairs- no money for europe
- Ministry of health- no money for network activities, only specific research projects
- Financing possible through national funds for specific projects
- Funding for the whole network best chances at the EC cluster programs

Discussion:

- Swiss government pays for swiss groups in european networks if proposal is accepted by the EC
- Surveillance centre in Paris funded by DGV- now creation of new structure in France (CDCLike)- only cooperation may help getting money from French government
- Position of TropNetEurop in between national and european organisation remains unclear
- It needs to be clarified who will benefit and therefore give money for the network
- Travel industrie as possible sponsor? Show them the opportunities and benfits for them
- Important: prove the different organisation that TropNet can provide interesting and helpful information
- Political pre-work in Brussels may be helpful

T. Jelinek, F. von Sonnenburg: Modes of interaction:

- European network of imported viral diseases (ENIVD): collaborating in research programs, funded by EC
- TropEdEurop

F. von Sonnenburg: GeoSentinel

- Aims to be world-wide denominator based sentinel system for imported diseases of travelers and migrants
- Some problems in the beginning with fixing objectives
- Still many problems: all cases reported; standardised reporting form needed; data bases get very complex; assign disease to right country in cases of multi-country travellers; no possibility to report back by deleting all patient ID-data; long gap between reporting and first benefits
- Set up of requirement of standard handling of migrants
- Coordinating and facilitating work of local sites: standardized diagnosis and differential diagnosis

Saturday, July, 1st, 2000

Jelinek: Introduction

- TropNet as network of clinical research projects- Biomed5
- Participation in 1999 cluster proposal
- Presentation of ideas for new proposals

Kollaritsch: evaluation of immunization side effects of travel vaccines**Discussion:**

- Why no focus on special vaccines?
- Revise study design, control group
- Create case-control-study to detect rare side-effects
- No risk data available- what to do with rare side effects
- Restrict study on alert system- more partners necessary
- Malaria part?- not valid, more confusing
- Alert system combined with specific questions- Japanese encephalitis, no real follow up existing, side effects in last-minute-travellers(control study)
- Most EC projects limited on 3 years- no long time study possible
- Support of local industries

Cobelens: Leptospirosis**Discussion:**

- Number of cases expected- screening number must be much higher
- A lot of cases occur still abroad- a lot of cases will be missed
- Any details about numbers of cases in Holland existing? About 30 per year
- Missing cases of Leptospirosis with untypical symptoms could be detected
- FUO to unspecific- travellers with fresh-water-contact would be more precious
- Evaluation of dipstick test – more practical use
- Integrate more diseases out of group of FUO
- Extend study population- include domestic cases
- Clinical trials- effectiveness of chinolons
- Only concentrate on case-control-study- more effective, PCR-evaluation also possible

Clerinx: Fever in returning traveler**Discussion:**

- Can anything been done with collected data?
- Create tools for further studies, asymptomatic malaria, streamline case definition
- Serology useful for case-definition
- Quality assurance
- Can different sites be compared?
- Second- and third-line examinations on all patients?

Kotlowski: Amoebiasis**Discussion:**

- PCR: which material?:stool, as sensitive as microscopy? Yes
- Zymodemes: culture in every site necessary
- Add external controlled validation of PCR
- Clinical substudies: invasive amoebiasis; what to do with asymptomatic infections, cost effectiveness, potential health threat – better chances for EC funding
- Changing emphasis to clinical questions
- PCR for diagnosis difficult: too expensive, contamination
- Patient potential might be too small

M. Corachan: Dengue fever**Discussion:**

- Control groups necessary
- Expansion on other diseases
- Rickettsial aspect
- Requirements of seroconversion
- Geographical diversity
- Chronic fatigue syndrom? Depressive disorders caused by long reconvalescence
- Asymptomatic Dengue
- Encephalitis-like cases
- Include aspect of costeffectiveness of Dengue diagnosis
- Case definition to specific – a lot of cases could be missed
- Study on individual coagulation factors
- Chronic problems in Dengue- patients should be invited to come back
- Mechanism of haemorrhagic fever – prevention of severe Dengue

Matteelli: Immunity to malaria in semi-immune immigrants**Discussion:**

- Which is the marker for protective immunity? Could be detected in case-control-study
- Heterogenity of study population- different states of immunity – homogenous group planned
- What antigen used?- crossreactivity possible?
- Cellular immunity needs lot of material- multicentre study might be better?
- CMI might be of no value at all

A: Björkmann/M. Grobusch: Therapy of uncomplicated malaria**Discussion:**

- Have to hospitalise all patient for at least 3 days.- a lot of countries admit their patient regularly
- Only non-immune patients? Both groups included, won't make a difference
- Blinded/ unblinded? Unblinded randomised
- Sample size- will there be significant differences in efficiency and side effects
- Exclusion/ inclusion criteria?

T. Jelinek: Malaria drug resistance**Discussion:**

- Focus on one or two main objects- may make it more attractive
- Mefloquine resistance? Are there are any cases?
- Travellers also can have multiple clones
- Repository of samples should be started right in the way because it's very interesting and little work

T. Löscher:summary of proceedings and closure:

- Network got organized structure
- Good chances for gaining funding
- Good input, new ideas through discussions