



University
of Glasgow



SPEEDIER

Surveillance integrating Phylogenetics and
Epidemiology for Elimination of Disease: Evaluation
of Rabies Control in the Philippines



SPEEDIER aim

- Develop the surveillance systems, tools and capacity to verify and sustain freedom from rabies and use PEP sustainably
 - Implementation of IBCM
 - Trial of rationalized PEP
 - Pilot genomic surveillance support/resources
 - Communication/translation of evidence

Agenda

- Monday – Introductions & planning
 - Theory of Change
 - Work packages
- Tuesday – Protocols & planning
- Wednesday – Ethics, protocols & planning cont'd..
- Thursday – CVR – Genomics & Protocols & planning cont'd..
- Friday - SCENE
 - Dissemination & communications
 - Action plan

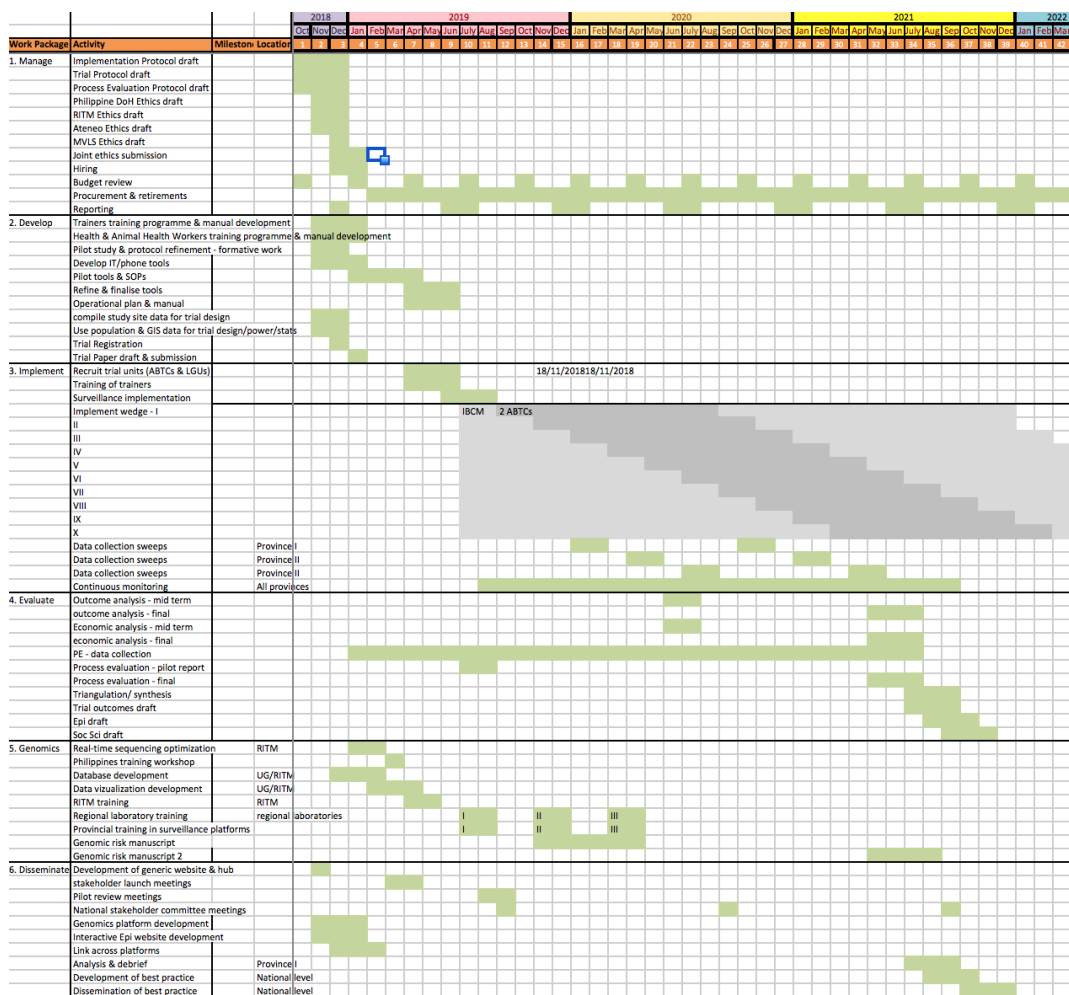
Agenda

- Monday – Introductions & planning
 - Theory of Change
 - Work packages
- Tuesday – Protocols & planning
- Wednesday – Ethics, protocols & planning cont'd..
- Thursday – CVR – Genomics & Protocols & planning cont'd..
- Friday - SCENE
 - Dissemination & communications
 - Action plan

Work Packages

← 3 years beginning from Jan 2019 →

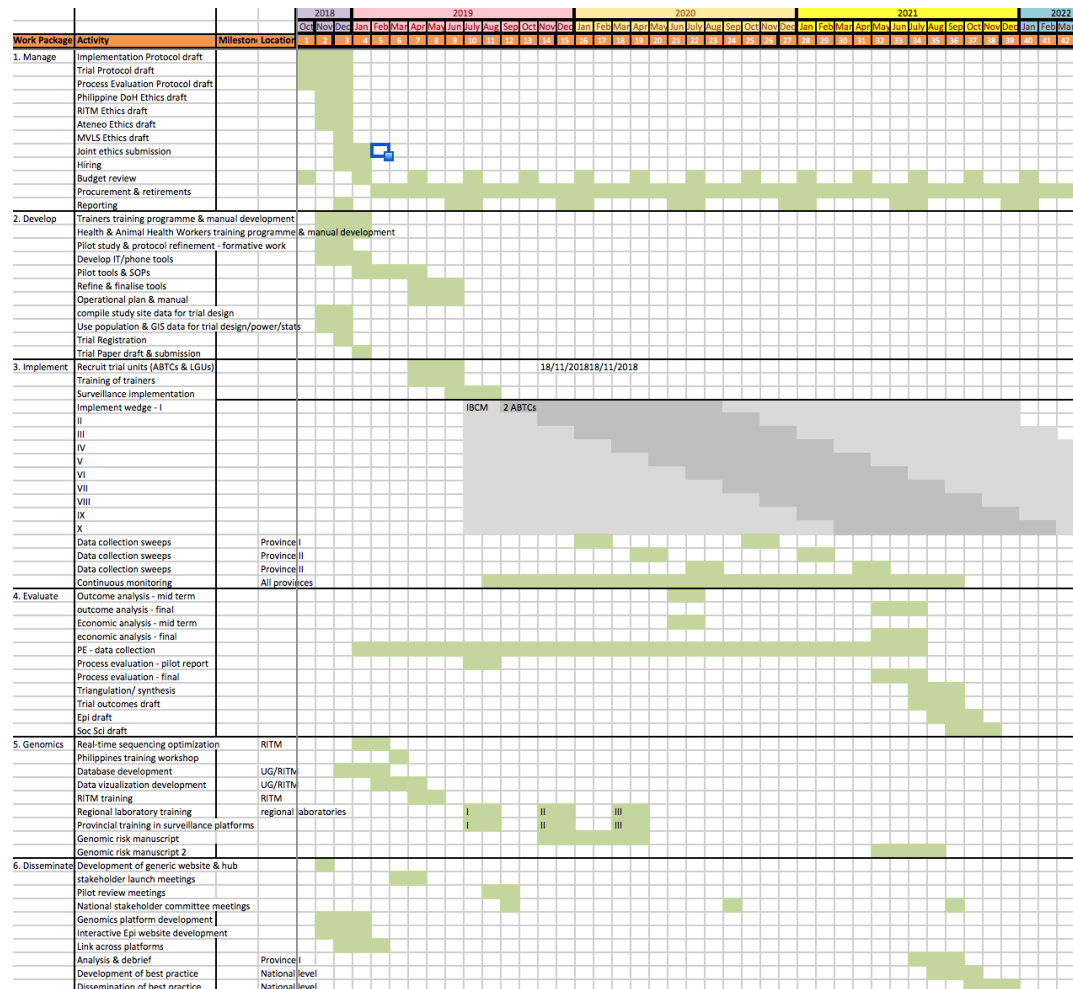
- WP1 – Manage
– Katie & Betsy
- WP2 – Develop
– Peter+
- WP3 – Implement
– Betsy+
- WP4 – Evaluate
– Katie+
- WP5 – Genomics
– Kirstyn & Roman
- WP6 – Disseminate
– Nai & Betsy



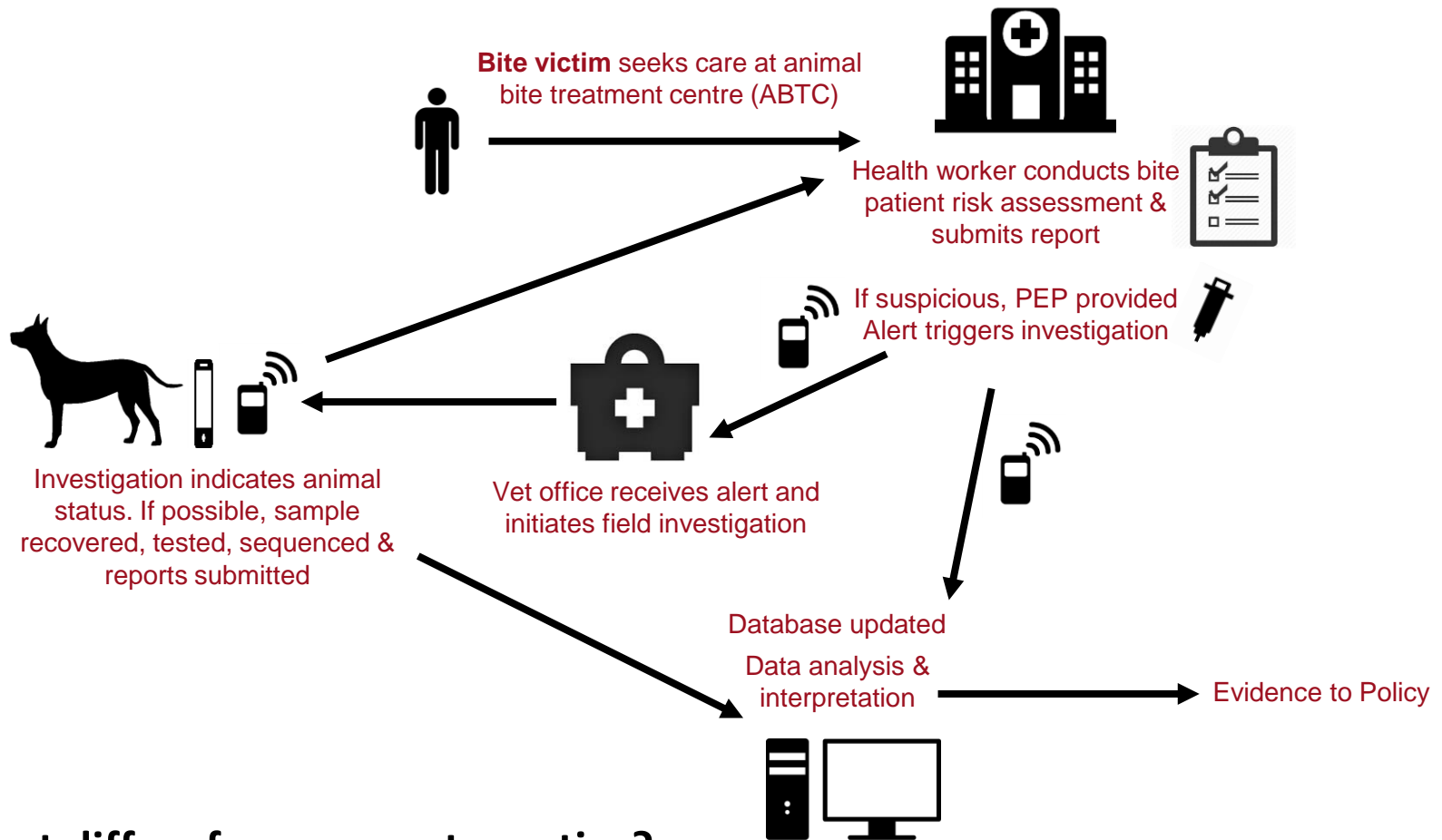
Work Packages

← 3 years beginning from Jan 2019 →

- WP1 – Manage
– Katie & Betsy
- WP2 – Develop
– Peter+
- WP3 – Implement
– Betsy+
- WP4 – Evaluate
– Katie+
- WP5 – Genomics
– Kirstyn & Roman
- WP6 – Disseminate
– Nai & Betsy



Integrated Bite Case Management



- What differs from current practice?
- What is needed to make this work?

Components of IBCM

- Risk assessment SOPs for HWs (ABTCs &/ RHUs)
- Animal investigation SOPs & RDTs for AHWs
- Tool for reporting risk assessments & animal investigations
- Integration with existing health information systems
- Channel for communicating between and across levels of public health & animal health systems
- Training, support, reinforcement for frontline workers

• Rollout plan

**Formative Pilot Stage (6-9 months)
before RCT**

What could go wrong?

- Risk assessments:
 - No referral at RHU
 - Patients from GIDA don't get PEP
 - Dog meat consumption/ exposure
 - No investigation triggered
 - Mistype suspect status?
 - Patients pressurize HWs
 - HWs don't have enough:
 - Time
 - Connectivity
 - Feedback/ support
 - Confidence

Capture & mitigate in ethics (SOPs)

What could go wrong?

- Animal investigations:
 - Investigation unclear – additional follow up?
 - AOs cannot reach patient/ animal (GIDA)
 - AOs exposed
 - AOs find new exposures
 - New exposures refuse care
 - AOs don't report back to HW
 - AOs lack resources/equipment for investigation
 - RDT gives wrong result!?!?
 - How do samples get to lab?!?
 - AOs don't have enough:
 - Time
 - Connectivity
 - Feedback/ support
 - Confidence

Capture & mitigate in ethics (SOPs)

What could go wrong?

- Training , support, reinforcement:
 - Regional/provincial authorities:
 - Not interested
 - Do not provide support
 - Formal mechanisms for communication, sharing,

dissemination

Stakeholder analysis...

- Interpretation difficult (& differs)

Steering committee

Review (& integrate) into existing HIS

Use existing channels that work

After IBCM

- RCT of rationalized PEP
 - Design of RCT
 - SOP for rationalized PEP
- Evaluation (IBCM & RCT):
 - Impact
 - Cost
 - Process

Applications & Communications

Formal data capture & communications

- Phone - cellular data/ GPRS/ Wifi
- Laptop/ Desktop – requires Wifi
- Any other options?

Peer support

- Whatsapp, Hotline, Management group meetings, other?

Applications & Communications

Variety of applications available

- Warwick Eg
- SES
- CDC/ Mission Rabies
- GARC
- OIE/BAI?

No initial preference – but needs to be fit for purpose and acceptable to users!

Now is the time to adapt and tailor systems