

WITS-USDA-OFFICE OF COMMUNICAT

**Coordinator: RJ Cabrera
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10:00 am CT**

Operator: Good morning and thank you all for standing by. I'd like to inform all participants that you're lines will be on the listen-only mode for the duration of today's presentation. I would also like to inform you today's call is being recorded. If anyone does have any objections you may disconnect at this time. I will now turn the call over to Ms. RJ Cabrera. Thank you. You may begin.

RJ Cabrera: Thank you (Sue). Good morning everyone. Again, I am RJ Cabrera and I'm not sure if we have a quorum yet but we didn't want to wait any longer. This is (unintelligible) a public call.

Welcome everyone to the Secretary's Advisory Committee on Animal Health. This is the second of two teleconferences. The last one was held last month on May 2. Please note again that this call is being recorded. And I really want to remind everyone to mute your phones unless you're speaking. I was picking up a little background noise. Clicking of a computer. If you could just keep your phones muted until, or if, you have something to say.

As always, for record keeping purposes please preface your comments, or questions, or what have you with your name. First name is fine, both is better.

And that's for purposes of, you know, we are recording so we will have a full recording. We will have it in transcripts.

Members and (Aphis) staff, you're encouraged to click on the URL that was sent earlier. It was also attached to the internal agenda. So you can see - you can actually see the recommendations as they're being built. If you are not able - if you're unable to sign in, of course they sent this out 10 weeks ago. Just use your hard copy to follow along. Members will get a final version of this from the Chair and (unintelligible) at some point after they've been worked over. But you actually can see them today with the URL.

So with that let's do roll call. So who's on the phone? We cannot begin unless we have a quorum, so we'll know that shortly. And then I'll hand it over to (Dr. Widestrom). (Michael Blackwell), I heard you sign in.

(Michael Blackwell): Yes. Here.

RJ Cabrera: Thank you. (D. Crawford)?

(D. Crawford): I am here RJ.

RJ Cabrera: Thank you. (Peter Coonio)? (Peter Coonio)? (Brenda Davis)? I heard you.

(Brenda Davis): I'm present.

RJ Cabrera: Thank you. (David Fernandez)? (David Fernandez)?

(David Fernandez): I am here RJ but my phone is breaking up some.

RJ Cabrera: Oh. Hi (David). That's okay. Thanks.

(David Fernandez): I've been calling in a few times.

RJ Cabrera: Okay. (Max Fernandez)? (John Fisher)?

(John Fisher): Right here.

RJ Cabrera: Thank you (John). (Wayne Freeze)?

(Wayne Freeze): I'm here.

RJ Cabrera: Thank you (John). (Wayne), I'm sorry. (Dan Grooms)? I think I heard you in earlier. (Dan Grooms)?

(Steve Smith): This is (Steve) RJ. He just posted in the chat that he'll be back. He just ran away from his computer. He'll be back in a couple minutes.

RJ Cabrera: Okay. Thank you. (Annette Jones)?

(Annette Jones): Here.

RJ Cabrera: Hi (Annette). (Maryann Kanidis)?

(Maryann Kanabel): Good morning.

RJ Cabrera: Did I say your name right?

(Maryann Kanabel): (Kanabel).

RJ Cabrera: (Kanabel). I'm going to get that right one day (Maryann).

(Maryann Kanabel): That's fine.

RJ Cabrera: (Randy McMillan)?

(Randy McMillan): Here.

RJ Cabrera: Great. Glad you can join us today (Randy). (John Mahoney)?

(John Mahoney): I'm on.

RJ Cabrera: Thank you (John). (Judith)? I heard you I think.

(Judith): Yes. I'm on.

RJ Cabrera: (Gary)? (Willy Reed). (Willy Reed)? (Don Ritter)? (Charlie Rogers)? (Dave Smith)?

(Dave Smith): Hi RJ. I'm here.

RJ Cabrera: Hi (Dave). Thank you. (Melinda Thompson)? And (Liz Wagstrom).
(Unintelligible)

(Liz Wagstrom): Yes, I'm here.

RJ Cabrera: Thank you. One, two. And we have a quorum. Let's just go over the list again. One more time. (Peter Coonio)? (Max Fernandez)? (Willy Reed)? (Don Ritter)? (Charley Rogers)? (Melinda Thompson)? Okay. So I'm going to turn this over to (Dr. Wagstrom). And before we get started (Liz), you have an announcement to make?

(Liz Wagstrom): Yes. Actually I was going to turn it back over to you and let you know about some administrative changes that I will have RJ outline. And then we will get to work on the agenda on this call. So RJ, if I can turn it over to you and (Diane) that would be great.

RJ Cabrera: Okay. So you guys have been working with (Chaka) for the last five years or so. And I'm moving on to other things. And we wanted to make that announcement on this call because we are introducing to you Dr. (Diane). Many of you have met Dr. (Sutton). She joined us in the Dallas meeting earlier this year. And she is now your new DFO. And I'll continue working with (Diane) and her team during this transition. So you'll be in good hands. And I of course, will see you in September when you come up to Washington. And now I am officially passing the baton over to Dr. (Diane Sutton). (Diane)?

Dr. (Diane Sutton): Thanks RJ. I really all your support in this transition. In addition to myself we will also have an alternate DFO. This is (Dr. Pat Stock). She's a Poultry Commodities Staff. And we'll also have a Communications Specialist from RJ's staff, (Rosalind Floyd), who will be helping with the administrative aspect of the work. We're all very excited to work with the committee. We see a lot of good things coming down the road as we move into the next session. I'll go ahead and turn it back to (Dr. Wagstrom).

(Liz Wagstrom): Great. Thank you. First of all, I thank - everybody on the committee wants to thank RJ for all your effort, and your keeping us online, and as a productive committee. So you'll be missed but we definitely want to thank you. And we're looking forward to working with (Diane) and the others as we go forward.

RJ Cabrera: Thanks (Liz).

(Liz Wagstrom): You bet. So with that, just to introduce the call, we've all had the agenda but we've - this is the last of the work left over from our meeting in Dallas. The recommendations we made on the last, as well as the ones we had cleaned up, or kind of finished up in Dallas, have been transmitted to the Secretary's office. So now we're down to these two last topics. One on Comprehensive Surveillance and the other on the Emerging Diseases Response Plan.

And as I've looked through what we've done it appears to me that perhaps we're in a little better shape on the recommendations - Comprehensive Surveillance. We're a little better - we're a little tighter and we actually have complete sentences and thoughts. Our kind of rambling bullet points we have under the Emerging Diseases Response Recommendations.

I'd like to open it up to the committee and see if you would - or RJ I'm probably am messing up your PowerPoint, or your - what's on the screen. But I'm wondering if it would be best to just quickly finalize the Comprehensive Surveillance and then spend the majority of the call with the Emerging Diseases Response. So I'd open it up to the committee and see if we have any concerns with that or whether that sounds like a plan.

RJ Cabrera: The only thing (Liz) -- this is RJ. The only thing is, like, you know, because it's a public call, you know, normally we have that kind of discretion. To move things around. But, you know, you never know if people are planning on to jump in on the beginning of the call because of the order of the agenda. And if it's okay, you know, we could. But either way, you know, we'll make it work. If you're really feeling like...

Dr. (Diane Sutton): This is (Diane Sutton). I'd really like to keep it in the current order because (Leanne) is planning to join to be a resource on the first section. And (Cecilia's) planning to join to be a resource on the second section.

(Liz Wagstrom): Okay. That makes sense. Is (Leanne) on the call?

Dr. (Diane Sutton): I just - I told her to get on at 11:15. So she should be joining momentarily.

(Liz Wagstrom): Sounds great. The one thing we did not send out to the committee is the - and it was - we went over it in Dallas and it was handed out to us. But we did not, again, send out to you the proposed framework for Emerging Diseases Response. So part of it - many of the questions and discussions we had in Dallas were around that document.

So I guess one of the things I've done is I've printed it out. If anybody has any questions about what the document actually says, it is available on the (Aphis) Web site. If you can multi-task. It's, you know, we can send you a link if needed. Otherwise we can - hopefully we all have that document in front of us. I apologize for not including it in the documents and links we sent out to you.

(Belinda Thompson): I'm sorry (Liz), what document? This is (Belinda Thompson). I'm on the call.

(Liz Wagstrom): Yes. It's called the Veterinary Services Proposed Framework for Response to Emerging Animal Diseases in the United States.

(Belinda Thompson): Okay.

(Liz Wagstrom): And I can - if - I just Googled and...

RJ Cabrera: (Liz), if you have it I can push - I swore I pushed that out. I did so many things. If you could send it to me I can push it to the committee.

(Liz Wagstrom): Okay. Sounds good. I will just send you the link. It was one of those things I made the mistake of not actually getting real organized until this morning. And I don't even know if I'm still real organized. But I'm better organized now than I was yesterday. So it's coming your way RJ.

But anyway, what I'd like to do is open this up to discussion. The agency had requested that we provide recommendations on several questions. Four questions. The first being, should there be a threshold, or some sort of a definition threshold, of when is a disease - when should a disease be established or considered an emerging disease? And if so, what are those thresholds?

So I think let's go ahead and we've got those -- and RJ, maybe if you could scroll down just a little bit -- we've got those thoughts that we had in Dallas. And we had some questions we had brought up. But I think that maybe the thing to do is just start discussing around that issue. We talked about knowing, or considering, response.

And, you know, something is identified, you know, we talked about the (unintelligible) follow through with all four goals. Which I think we - in the document the goals are; undertaking global awareness, detecting, identifying and characterizing disease events, communicating findings and informing stakeholders and responding quickly to minimize the impact of disease events. So as we talked about four goals, that is what was talked about.

We mentioned confidentiality. We talked about legal guidance. (Foya). And we have several other things that we talked about that are in these recommendations. So I think let's just open it up. Go from maybe top to bottom on these recommendations and see if they're still appropriate, if we need to - how we can tighten them up in maybe (Wordsmith). So with that let's open it up to the first bullet point that says; knowing or considering response.

(Judith): This is (Judith). And actually picking up with that first bullet point but also even stepping back a bit. When I look back through this -- and I talked to some of my stakeholders about it -- we came back to really the sort of fundamental question of; what does it even mean? Like, I'm still - I feel like I'm still unclear on what does it mean in terms of what USDA is going to do and what is going to happen with producers if we classify something as an emerging disease.

You know. What's the scope of USDA's jurisdiction over an emerging disease? In the four goals that you mentioned, that last goal of -- I can't quote it exactly -- but basically having a quick response to address it. What's involved in that response? You know. What are the scope of actions that could be considered?

And our folks really just sort of kept coming back to that. You know. The question we hinted at in that first bullet point, which is; before we even get into saying "Here's how you should classify an emerging disease. Here's how you should figure out what it is." What does it mean to be an emerging disease in terms of the programs and USDA's response and what it means for a producer?

So I don't know if maybe someone from USDA can go over that? And I know we discussed it at the meeting but I still felt like we left without a clear picture of it.

RJ Cabrera: Can I jump in really quickly? Someone is typing and I would need that person to please stop. Or to put your phone on mute. Thanks. While we're taking a little pause there, I just want to let you know that (Rosalind) is controlling the screens. So if you need the screen moved just reference (Rosalind) please. Thank you.

(Liz Wagstrom): Did (Leanne) join from USDA yet?

(Leanne): Can you hear me (Liz)?

(Liz Wagstrom): Yes.

(Leanne): Okay.

(Liz Wagstrom): So (Leanne), can you address (Judith's) question about actually what does it mean and what sort of potential impacts would identifying and reporting emerging disease may have?

(Leanne): Yes. So really our goal with emerging diseases is to have a system in place where we are able to detect emerging diseases in the United States. But also to monitor the world-wide situation because there's always the possibility that an emerging disease overseas could be imported into the United States. But in the scenario that the emerging disease is in the US it allows us the opportunity to evaluate the situation, to determine such things as; diagnostics that might be valuable, or might need to be valuable.

There's also a component in the analysis of determining what might need to be - rather what is the appropriate response? And that's really the benefit of recording if you will, or having an emerging disease framework. It's having an outline that is valuable to the - both industry and the commodities that explains how the federal government -- or in this case the (unintelligible) -- will approach an emerging disease.

So in and of itself a report of an emerging disease does not immediately require an official response of, oh, control and eradication program. That's not the intent of an emerging disease - or the emerging disease framework. The intent is to be able to have a system where we can detect it. And yes, the National List of Reportable Animal Diseases does play a role there. But then to be able to analyze the situation to communicate issues, concerns, create awareness and then respond as appropriate to the situation.

(Judith): So, just as a follow up. So would there be any steps? And are there any, you know, provisions that would require some intermediate step before we reached, you know, anything such as; whether it's mandatory quarantine, mandatory, you know, depopulation, you know, any of the steps which would be taken to actually control the disease? Are there - is there anything in between identifying it as an emerging disease that USDA has to go through before it reaches those steps? Or is it entirely just within the agency staff discretion?

(Leanne): Well one of the - no. One of the components, its communication, is that certainly - to give an example of your response is that we became aware of an equine disease. Now - let me not use equine. Sometimes - and we don't even have - we have very limited regulations in place for equines. They kind of have - they're a unique commodity. Let's take cattle.

There's a cattle disease that is emerging in the US and it causes significant mortality. And it is spreading quickly from state to state. And significant morbidity and mortality is that it particularly - and it's a new disease. It's not foot and mouth disease. It's not rinderpest. It's something new. Is that - and the process in that situation would need to be very fluid and move quickly. But there would be that detection, analysis, there would be discussions with the industry -- not only with the industry but the states -- before any decision would be made. As you pointed out to quarantine, or to have movement restrictions, or to depopulate.

And the other factor is if you're talking about large scale depopulation chances are we would not have the funding. So we would have to go forward with some sort of funding request. So it is a continuum. But to answer your question; is there an intermediate step? In all the situations there would be a period of analysis.

(Judith): Okay. Thank you for that clarification. I appreciate it.

(Liz Wagstrom): Do other committee members have questions or input around this first bullet on knowing or considering what a response may be, as far as occurring with emerging diseases reporting?

(John Mahoney): This is (John Mahoney). Just as a thought, as the discussion has gone in this situation is that it's so variable based on what the nature of these diseases may be. So it's very tough, I think, to put together a really, truly defined protocol other than include the steps that should be taken in terms of assessing, you know, the urgency of doing something, you know, quickly in terms of a new disease. You know. Certainly that's going to be based on the ideology of the disease, what kind of infectious agent we're talking about, how fast it spreads,

geographic distribution, animal health welfare implications that can have consequences. You know.

What about diagnostics and our capability there. And then again, what available disease intervention strategies do we have? In terms of trade and control prevention. And again, thoughts and (unintelligible) of zoonotic potential. So maybe this is more of a guideline in terms of the things that should be evaluated as they go through and do the analysis, and put together an action plan around these diseases.

(Liz Wagstrom): (John), this is (Liz). There are 13 considerations that are listed in the plan, including; trade, food security, public health, animal health, production, environment, geographic scope, politics, resource intensity, expertise, diagnostic capabilities, authorities, and potential for bioterrorism. Are there other - and that's another question. But I think that those are potentially the things to consider. Are there things - are there - I don't know how to ask you this question. Are there triggers within each of those 13 things that should be considered by (Aphis) as a -- and stakeholders and states -- as they consider a response?

(John Mahoney): I'm not sure I have an answer for that at this point.

(Belinda Thompson): (Liz), this is (Belinda).

(Liz Wagstrom): Yes, go ahead.

(Belinda Thompson): I - there is one more that I would add to the list that I don't think is quite captured by the list. And that is the contagiousness of the agent once the agent is known. And I agree with (John). I think all those should be part of the consideration of the response. I don't think any of those should be the trigger

for actually notification for an emerging disease. I think when an emerging disease is an emerging disease the notification - it should be called that as soon as it's recognized as that. Whatever that is. The sooner people even just talk about something, and recognize it as an emerging disease, the sooner you can bring resources to bear -- even if you decide you don't have to do anything about it -- is better.

So at any point as an emerging disease is recognized -- either because it's newly in the country, it's - has changed in character to be more disease causing or pathogenic, it has jumped species, it's changed its resistance pattern -- anything that would define it as an emerging disease, I think, the sooner that it gets named that the better. So I don't think there needs to be a threshold really.

(Liz Wagstrom): Quick question. This is (Liz) again. (Belinda), for you. Do you believe it needs to be a causative agent to be considered emerging? So if you have those incidental findings when you're doing, you know, (arrays) let's say, and you find something that's some virus, or whatever that we haven't had, that we're not sure is the actually the causative agent for a disease? What do you think of that situation?

(Belinda Thompson): I would say as soon as it's linked with a disease. Or if it's an agent that already of - on people's list as of high concern. I mean many of these things are already on lists as foreign animal diseases and we would be reporting them if we found them at all. Regardless of whether they were identified with a disease or not. Certainly there might be patterns of illness or death where the cause is not even determined. But a lot of domestic things might be ruled out and you might even call it an emerging disease before you even know the agent.

(Annette Jones): This is (Annette). I agree with that because we're terming it a disease not an agent. (Unintelligible)

(Liz Wagstrom): Okay. So now we need to look at how (Rosalind) can help (Wordsmith) here. Going back to that first bullet point where we talked about knowing or considering a response the impact if or when a disease should be considered emerging. Do we - and we have a sub-bullet that says; how to address every report or publication that may identify new microbe? Do we want to change those sub-points to capture what (Belinda) and (Annette) just said as far as that we need to focus on disease, or disease syndromes, and that an agent should be in some way linked with a disease?

(Judith): This is (Judith). Can I - could I propose trying to capture multiple things? And possibly even -- I hate to say -- the brand new bullet point. Maybe just not...

(Liz Wagstrom): Yes. So I agree. Go ahead (Judith).

(Judith): But start with distinguishing that they're two issues. There is identifying something as an emerging disease and what I'm hearing so far with committee members is that should be a pure biological, epidemiological issue. You know. Is there a disease that meets that definition? And if there is then the agency - then the committee supports the agency, you know, labeling it an emerging disease and starting things; such as, monitoring the spread of it, communicating with stakeholders about it, education efforts to, you know, make sure people are watching for it and know how to identify it.

Then there's the second step of what is the response beyond that. And the agency already has 13 factors that they look at. And we also -- much further down, sort of in the middle of our things -- talked about response should be varied by disease. And so, you know, we encourage the agency in, you know,

any response -- beyond monitoring communication and education -- to consider all those factors. And how those factors are involved will depend, really, on the disease. I mean it's almost - I have trouble sort of thinking how to prioritize factors without even knowing what the disease is. So there will be different factors for each disease by definition. That's part of our point. So that's...

(Liz Wagstrom): Yes. Thanks (Judith). So I think for (Rosalind), I think you can keep the first bullet point. On - and (Judith), do we want to help (Wordsmith) here? That says; knowing or considering a response. And bringing in those 13 considerations plus (Belinda's) contagiousness?

(Judith): Sorry I'm trying to think. So in developing or, you know, in developing the response to the emerging disease after identification of it, you know, the committee encourages the USDA to address, you know, to consider all the 13 factors already identified in addition to contagiousness. And were there any others that got left off? I don't have those 13 factors in front of me. Do we have a document with that?

(Liz Wagstrom): Yes. It's in that link we just sent.

(Judith): Okay.

(Liz Wagstrom): They are trade impacts, food security impacts, public health impacts, animal health impacts, production impacts, environmental impacts, geographic scope, politics, resource intensity, available expertise, diagnostic capabilities, authorities and potential for bioterrorism, and the additional one of contagiousness, which was not particularly pointed out under animal health impacts.

(Wayne Freeze): (Liz), this is (Wayne Freeze).

(Liz Wagstrom): Yes.

(Wayne Freeze): Just a - from a field level, I think what's happened and what I hear from practitioners, or people working at the field level, is I think one of the more important things that people want to know right away is; is this truly a foreign animal disease? And then is it reportable?

For example -- and I just want to throw this out -- with the Seneca Valley virus we were seeing it around Minnesota. Quite a while. It had all the lesions of a foreign animal disease. That nobody was too shook up about it. But we all wondered is as people in the field should we be? So what I'm saying is, I think people need a broad characterization. And quickly; is this a foreign animal disease? And is this reportable? I'd just like to get some (Wordsmith) to that effect.

(Liz Wagstrom): Man this is hard. I always think I want to take over the keyboard but try to give (Rosalind) input on how to (Wordsmith). I think you can, perhaps, start out with broad categorization of when does an emerging disease become reportable? And that would be - fit into the discussion that we just had earlier on, you know, sooner rather than later is better. And that the agent should be linked. It should focus on a disease, syndrome. And if it's just a finding of an agent that agent should be linked with a disease. So perhaps that starts as a new bullet (Rosalind) that says....

(Rosalind Floyd): So you want - do you want it to be before knowing or considering or after?

(Liz Wagstrom): Let's do after right now.

(Rosalind Floyd): Okay.

(Liz Wagstrom): Let's have its own standalone bullet, not a sub-bullet. Yes. And then the words around that would be something to the effect of; an emerging disease should be reportable at, you know - I'm trying to get the whole FAD - and maybe that's not important because we know that the labs, if they find an FAD, will report them immediately. So an emerging disease should be reportable when the following criteria are met. And then I think you have - your first sub-point would be; when a foreign animal disease has been - when it's been determined it's not a foreign animal disease.

(Rosalind Floyd): Can you repeat that? Foreign animal disease?

(Liz Wagstrom): It has been - oh, (Judith), help with a word here. When it's been...

(Judith): Not sure where you were going.

(Liz Wagstrom): Well, so when you've determined it's not a foreign animal disease. So you know now it's not a FAD. One of the reportable FAD's. SO it's been...

(Judith): Oh. When a formal has been ruled out.

(Liz Wagstrom): Ruled out. Perfect. Thank you. This old age is getting to me.

(Judith): So - but - and maybe - I mean I think we're going to say that we also need then to also bullet point maybe even after -- or before it -- of an emerging should be reportable when, you know, it meets the criteria to become reportable. Which may be a little self-obvious. But I sort of feel...

(Liz Wagstrom): Right.

(Judith):that's part of the issue why folks are worrying about it. Which is...

(Liz Wagstrom): Yes.

((Crosstalk))

(Liz Wagstrom): Yes. That's why I thought we'd spell out the other criteria.

(Judith): Yes.

(Liz Wagstrom): Then the check-in criteria needs to be that it is associated with a disease or a disease syndrome. And that - oops. And that if it is the finding of an agent only, that's not associated with the - or that a finding of an agent only, not associated with a disease, is not reportable. It's a double negative here somewhere. That is not associated with a disease is not reportable. And then we could add the following bullet that is actually part of the definition of an emerging disease that (BF) has in that document.

That it is not known to exist in the United States. It could include a new strain of a known disease occurring in any - a new strain of a known disease. An emerging animal disease was not a potential as third bullet. And then evidence of change in the epidemiology. So those are the four criteria that (BF) lists in their document. So I think we added three more criteria to the four that they list. And then (Roxanne) - or excuse me, (Rosalind). The fourth one was the zoonotic potential.

(Rosalind Floyd): Can you spell that word for me?

(Liz Wagstrom): Zoonotic? Z - zero - Z - O - O - N - O - T - I - C. Zoonotic.

(Rosalind Floyd): Thank you.

(Liz Wagstrom): Yes. So how's the committee feel about that?

(Dave Smith): (Liz), this is (Dave Smith). I wanted to make a comment. It seems like there's two things that are getting intermixed here. One is the definition of an emerging disease. And so we've added some things. Like, well it ought to be associated with a disease. And then there is, if it is an emerging disease what is the appropriate response.

(Liz Wagstrom): Correct. Yes.

(Dave Smith): And so it seems like if we talk about one and then talk about the other maybe it might flow a little easier. And it seems like those are the two things that are really the issues in all of these bullet points.

(Liz Wagstrom): Yes. No, I agree (Dave). And so what I was hoping to do is if we get this; what is a reportable disease put together then we can go back up to that first bullet point and the other bullet points. That actually is what is the response and what happens. So, you know, and I'm cool if we think we want to move this set of bullet points we just did to the top so that we know; this is when it should be reported.

And then do we want - I guess as we're still talking about when - what should be reported and when it should be reported, do we want a bullet point to capture the idea that reporting sooner rather than later is a good thing?

(Judith): Well - so I want to - I still want to back up and sort of look at this and say "Do we really mean with those four bullet points when it should be reportable? Or

are we simply saying when something should be identified as an emerging disease? Because it reads more to me like when something should be identified. You know. Something should be identified as an emerging disease when the following criteria are met – 1, 2, 3, 4. That’s what those read more to me like.

Dr. (Diane Sutton): This is (Diane). One comment. Just a reminder, please state your name before making your comments.

(Judith): Thanks (Diane). Sorry. This is (Judith).

Dr. (Diane Sutton): And also the person typing, if you could mute your phone. It’s very distracting.

(Belinda Thompson): This is (Belinda). I’m having a little bit of a problem with when a farm animal disease has been ruled out because the last one is not known to exist in the United States. And most emerging diseases that we have had here have all been foreign animal diseases.

So there are some foreign animal diseases that we already have program and plans in place for like foot in mouth. And then there are these other miscellaneous ones that can come in at any time and become an emerging disease.

And then there are emerging diseases that could start in the United States by a strain mutation or something like that. So I would, if you’re going to say when a foreign animal disease has been ruled out, you could say when a foreign animal disease with an established FAD control program has been ruled out or something like that.

(Liz Wagstrom): Sure. Great. This is (Liz). Good point. Yes, we got caught up in this with PED where they told us even though it had never been in the United States before, it was a transboundary disease because it didn't meet the classification of foreign animal disease which were basically the program diseases.

So if we, I think that clarification is very appropriate to say when a program foreign animal disease or foreign animal disease with a control program has been ruled out.

((Crosstalk))

(Liz Wagstrom): Control program.

(Annette Jones): This is (Anette) and thank you so much for pointing that out. It was really bothering me also.

(Liz Wagstrom): Yes.

(Liz Wagstrom): Great. (Unintelligible). I think that bullet should read, when a foreign animal disease with a control program. Just control. Not controls (Roslyn)

(Rosalind Floyd): My apologies.

(Liz Wagstrom): Yes, no problem. Sorry. If we're all talking at one time, it's hard to follow. So again, this is (Liz). That gets us back to the idea of is it a definition of an emerging disease? Or is it a definition of when an emerging disease should be reported?

Or are we de facto saying that an emerging disease should be reported and so they're one and the same? The definition would thus mean it needs to be reported so I'd like some input from the committee on that please.

Woman: The question from you is USDA. They're asking us, when should something be an emerging disease? And, I think I'd be more comfortable at this point, you know, in some ways we could even answer all those question but I think we just need to be very clear.

And I think the very first question is, when is something an emerging disease? And we decide that and I think separately we look at the other pieces.

(Steve Smith): This is (Steve). To (Judith)'s point I think if question one, based on the definition of emerging disease, are there thresholds? I'm not sure based on those four descriptions and the proposed framework, the four parts of the emerging, what would be considered an emerging disease.

The threshold would be different I think depending on the case. The first case of a foreign animal disease would be emerging. So one, in the case of unexpected, unexplained increases in morbidity and mortality, there would be a number of animals.

I don't think it, right, at least I'm struggling with how to put a particular threshold number on emerging disease as an entire definition. You'd have to break it down based on each one of those things and I'm not sure that that's reasonable or possible. I think a lot of it's going to be case dependent.

And the threshold would change depending on the incident. Beyond that I think if you look at questions two and three that VS asked, what additional criteria should be considered?

I think the one that had one that I agree with and I still don't know if the right word is contagiousness. I think that's something that they missed in their 13 bullets, I think. That's an additional criteria that should be considered.

What criteria should they focus on when determining response activities? I think someone said earlier it depends on the incident and all of those factors that they listed should be figured in, you know, should be mixed into that recipe.

How do we sort this out? Well it depends. Is it just part of the country or that the species? What is the disease? I'm having an easier time I think when I break them up one question at a time as opposed to trying to answer all of the stuff at once.

And the reportable thing, I'm not, can someone remind me how we got to that point because that, I don't see that anywhere in the list of questions. It's about emerging diseases but I didn't think that there was a reportable component. I think I missed it somewhere and I apologize for that.

(Leann): (Liz), this is (Leann). I might answer that question.

(Liz Wagstrom): Yes please.

(Leann): Okay so at the same time we put out the framework document, we put out a framework document for the national list of reportable animal diseases which that framework is, leads to a proposed rule for comment and then hopefully a final rule.

And in that framework document, there is language that does include making an emerging disease reportable. And there is a definition that was included in the framework document that is also what is listed under (NLRAD). So in the, once we get (NLRAD) a proposed rule finalized, then there will be a regulatory requirement to report emerging diseases.

(Steve Smith): Thanks for that. I had missed that or not paid attention the first time. Thanks (Leann). I appreciate that.

(Glenda Davis): (Liz), this is (Glenda Davis).

(Liz Wagstrom): Yes.

(Glenda Davis): I had a question on whether there is a threshold within our state laboratories to provide them with either an alert or something that causes them to be more aware of a situation that's happening based on testing that's sent to the lab?

(Liz Wagstrom): Can (Belinda) or any of our laboratory people answer that question?

(Belinda Thompson): We call our state vet with anything unusual we find. Anything interesting. I mean we pay, we pay particular attention to their published list of reportable diseases. But if we find something that's unexpected or that's not on their list that maybe nobody thought of that we find in an animal or anything like that, we call.

And we don't always know. We get samples from out of state and we don't always know what other state reportable disease lists are. Sometimes they're hard for us to find. So we report them to our own state vet and our own state vet follows up with the state vests in the state of origin of the animals.

But if there's something that's of high consequence, we will also call the vet in the state where the animal came from. So we try to err on the side of caution. It seems like that's what everybody should do.

(Liz Wagstrom): So this is (Liz). I'm wondering if to follow on with (Steve's) thought process was, is it this emerging disease criteria that we just discussed. If that begins to be the answer to the first question, we drop the reportable and just say an emerging disease should meet the following criteria.

I would like to ask the committee if you're comfortable ruling or focusing on diseases that are not (FADs) with codified plans. Those are pretty well laid out and I think this and (Leann) correct me if I'm wrong, but I think this emerging diseases response framework is more focused on the diseases that are not the codified (FADs). Was that what you had the questions on from (AFAES') point of view?

(Leann): That's correct (Liz).

(Liz Wagstrom): Okay. So (Roslyn), if we can move that set of bullet points we just, that we just made up to be the first one and then change it to say an emerging disease should meet the following criteria. And then I have a question, you know, I think we're somewhat comfortable around the ones we have listed here.

They're (AFAES) plus the three that we came up with having it associated with a diseases or a disease syndrome. The question, one of the questions I do have for this committee that I think is one we struggle with is that one of the things that is in this document is that there should be, when you have an increase in morbidity and mortality, it should be considered a potential emerging disease.

And I think that was one of the threshold questions we've kicked around but, you know, as I've talked to our stakeholders the question comes into play. It's like well if I have a nursery that goes from 1.5% to 2% mortality.

Is that something that should be considered an emerging disease that should be reportable because it's a, it's a new or it's a change in morbidity or mortality.

So I think those are the kind of threshold questions that, you know, the devil is in the detail. So I would like to open it up to a little discussion on that.

(Belinda Thompson): (Liz), this is (Belinda). It's not necessarily that there's been a change in the morbidity or mortality of a nursery. I would say that there's a change in the morbidity or mortality typically associated with an agent.

So I think what they're getting at is agents can change. They can mutate and become more pathogenic. So you could have an agent that normally causes fever and Pneumonia that most of the animals get over. And now all of a sudden when animals get that particular infection they die.

And so I think that change in morbidity or mortality is as, was typically associated with the agent previously. That would be when you know the agent.

(Steve Smith): This is (Steve). I guess I hadn't thought of it that way (Belinda). I was thinking, as, you know, I was thinking of, you know, we have a cluster of poultry flocks or herds of certain animals that have an unexpected or unexplained increase in morbidity and in mortality.

And the unexpected or unexplained or the words that I guess I was focusing on. So we don't know what the problem is but we have something going on and based on that, it is an emerging disease.

Hopefully we rule it out of that category fairly quickly with some diagnostics and into a category of we can explain it and okay we'll deal with it. Or maybe it stays in emerging disease based on how you've interpreted it.

That, okay we know the agent and it doesn't normally do this so it's still an emerging disease but I had read it a little differently, I guess, that piece of the definition.

(Belinda Thompson): Yes, I agree with you (Steve). There are actually two separate things we're talking about. This is (Belinda).

(Steve Smith): Yes.

(Liz Wagstrom): Do others have input and (Steve) maybe I'm going back and challenge you.

(Steve Smith): Sure.

(Liz Wagstrom): So you have some unexplained morbidity or mortality. How much needs to be, how much of an increase makes it enough to make it emerging?

(Steve Smith): That's an excellent question and when you said that before about the nursery example, I don't know. And I don't know. So it's not black and white. You're exactly right.

If I have ten small poultry flocks that have high, that have 50% of their birds die and they started with 20 that concerns me. But if we have the same 50 birds die in a flock of 50,000 I'm not concerned. So I don't know.

(Wayne Freeze): (Liz), this is (Wayne Bries). I'm not sure you can put a, you can quantify that. I think you can say unusual and alarming mortality. I remember when a case was brought up that it was Holstein Calves, 200 head. And 50 were lost overnight. That's pretty alarming.

So, you know, it's going to be in the minds of the beholder but it should be something, alarming, drastic or whatever. I agree with the last comments too.

(Steve Smith): (Liz) this is (Steve Smith). I sort of think that emerging at least to me implies that it's more than a single operation but it's emerging in the larger industry or, you know, regional area as opposed to a single farmer operation is having an increase into the disease.

(Wayne Freeze): Yes, you know, on this, when you quantify it, anytime you get over 20% mortality or something like that, that's getting to pretty alarming.

(Annette Jones): Yes, this is (Annette) and I would love if we can come up with triggers and I'm sure you would have already if it was (unintelligible) because when you have actual triggers it really helps people to, you know, (unintelligible).

But I agree with what most people commented. I don't think you can. I think it needs to be subjective because that's the whole (thing) of emerging diseases are unique.

(Liz Wagstrom): Okay, how about this. How about we start a new bullet point immediately after the one we just did that talks about triggers. So (Roslyn), if we can start a

new bullet point between, right before where it says knowing or considering response.

(Rosalind Floyd): Yes.

(Liz Wagstrom): So new bullet point here but a separate bullet, like move it over to the left. And then say triggers for calling or triggers and help me here with words anybody – for an emerging disease are situation dependent.

(Wayne Freeze): No, (Liz), this is (Wayne Freeze). It isn't even just mortality. It's what everything looks like and where it's headed.

(Liz Wagstrom): Yes.

(Wayne Freeze): You can get chronicity. It's terrible even though they're alive.

(Liz Wagstrom): Yes, okay. So let's say include, so situation dependent and include, and then the following points. So morbidity or mortality that are alarming and do we want to say in multiple operations? I think I heard somebody say that before.

(Steve Smith): This is (Steve). I like that clarification. But I can, I can also see where limiting it solely to that, we might miss certain things. But I do like that clarification in most cases I think.

(Liz Wagstrom): Sure. Okay.

(Jim Lee): (Jim Lee) here. Maybe we might have had say a, that are alarming especially if in multiple operations?

(Liz Wagstrom): Excellent. Okay, and then the second bullet would be increases in morbidity or mortality in versus expected – help me here (Belinda). This is yours. Changes in morbidity and mortality are the picture of what we would expect from a known disease. Can you help with (toothsmithing) on that?

(Belinda Thompson): Yes, increases in morbidity or mortality over what has been previously defined for a disease causing agent.

(Dan Gomes): (Liz) this is (Dan Gomes) and I've been on for about 15 minutes but could we just say changes in epidemiological patterns which would incorporate morbidity and mortality changes in production rather than just morbidity and mortality.

(Liz Wagstrom): Yes. I think that, obviously I think, you know, if you're looking for a trigger is, you know first one we'd look at is morbidity and mortality but I absolutely agree like as (Wayne) has mentioned to on chronicity.

So maybe a third bullet point would be other epidemiological or production impacts that are unexpected. Or rather it would be, other epidemiological patterns or production impacts. Or maybe it could be and/or production impacts ...

(Belinda Thompson): No, you were right. I mean we didn't need to, okay.

(Liz Wagstrom): ... which are unexpected. How does the committee feel? Does that, does that get to the points we've been making or are we still missing some of that whole idea of what a trigger might be?

(Dave Smith): (Liz), this is (Dave Smith). I can't see what you've got on the board but I think the key feature is unexpected. You know, so unexpected patterns of productivity or epidemiological parameters.

(Liz Wagstrom): Okay. Yes, we got that (Dave).

(Dave Smith): Okay, thank you.

(Liz Wagstrom): Okay, does that cover the first question that (AFAES) had asked was, based on the definition of an emerging disease, are there thresholds that should be established before a disease is considered to an emerging disease. If so, what should those thresholds be?

Are we comfortable that, are we comfortable that those three bullet points capture those thresholds?

(Belinda Thompson): This is (Belinda). I might change the word operations to premises.

(Liz Wagstrom): Okay.

(Belinda Thompson): I don't know, I don't know how other people feel about that. And in the second bullet point, you could change increases in morbidity and mortality to unexpected increases. I like that clarification.

(Liz Wagstrom): Okay. So (Roslyn), just at the very beginning of that second bullet point, just put unexpected increases. So unexpected (unintelligible). Yes. And then on the first bullet point in that, where it says multiple operations, it should be multiple premises.

Excellent. Thank you. And so then we've got our first two sets of bullet points that talk about the criteria an emerging disease should meet and triggers for considering a disease emerging are situation depending, dependent.

(Steve Smith): (Liz), this is (Steve). Can I ask a question about the first bullet before we leave it?

(Liz Wagstrom): Yes.

(Steve Smith): Do we mean when we say, emerging disease should meet the following criteria. And our list with our list. Do we mean in addition to where USDA's already defined it as an emerging disease and their proposed framework document that you sent out a little bit ago? Or do we mean on its own?

(Liz Wagstrom): Great point (Steve). Yes, the first three are additional ones we put in.

(Steve Smith): Okay.

(Liz Wagstrom): And the fourth bullet point that says not known to exist, those, that captures that four that USDA already has.

(Steve Smith): Okay. Got it.

(Liz Wagstrom): Yes. So that gets us through these first two sets of bullets. And then I want to come back to the committee and ask if we want to continue to have something in there about knowing or considering a response impact if or when a disease should be considered emerging.

I know that (Judith)'s stakeholders wanted, you know, had concerns over that as well as the swine industry as I've talked to our industry stakeholders. But I want a committee discussion around that.

So if others would chime in on what you think we should or shouldn't do with that bullet point, I'd appreciate it.

(Dan Gomes): Sorry (Liz) this is (Dan Gomes). Can you just say that one more time so I can digest it?

(Liz Wagstrom): Sure, early on in the discussion I now you had to be a little bit late joining. We talked a lot about, well not a lot but we talked about the concerns over knowing what a potential response would be if a disease were called emerging and perhaps made reportable.

And that there's concerns with various stakeholder's groups about what were the implications of calling something an emerging disease. And so I wanted to open it up for a little more discussion on if or how we should address those concerns.

(Dave Smith): (Liz) this is (Dave Smith). So it seems to me that they really are separate issues. One is, is it an emerging disease or not. And then it's what do you do about it if it is.

But it's kind of circular logic to say well we're not going to call it emerging disease if you're going to do this. So I mean it sort of seems like you know, it could be called an emerging disease and yet the decision is to do nothing or the decision is to watch it and just monitor the circumstances. Or, you know, have some full out immediate response. But that doesn't affect the definition

of whether it was emerging or not. I think it might be useful to keep the two concepts separate.

Woman: Yes, and if you consider the second question that they asked and this is maybe where we divide it into question two, answer is what additional criteria for response should be considered?

(Dave Smith): Yes, I think that's the question that we're trying to answer now, isn't it. So if it's an emerging disease when do we decide and how do we decide what a response is going to be?

Woman: Exactly.

(Liz Wagstrom): So are we, I guess maybe the question is, are we as a committee comfortable on moving onto answering question two and starting with that bullet on knowing or considering a response. Or what the impact of response may be. (Judith), did you want to, all right, I see you've got a little something in chat. Did you want to have recommendations here?

(Judith): Yes, and I mean to clarify I think I'm okay by the fact that when we did those first two bullet points we're separating out how to decipher an emerging diseases versus the response.

And I think that largely address my folks' concerns at least initially. So I was thinking one possibility on language now to replace this bullet point about knowing or considering the response, would simply be in responding to an emerging disease, the agency should consider all 13 criteria in a process engaging the stakeholders on a case-by-case basis.

I don't know if that's the best language as I type, even as I say it but something that gets to there's not, sorry the USDA dumped this back in your lap but (unintelligible) is not a clear answer. It's really going to depend on what even triggered. Why is this emerging? What's the current situation? What are we dealing with?

((Crosstalk))

(Maryann): This is (Maryann). And if you read through the document that RJ just forwarded it back out again, the veterinary services' proposed framework for response to emerging animal diseases, (Judith), it pretty much says that. That, you know, they're going to work with everyone on what to do. I think maybe we just need to reiterate that fact, that we would expect them to include everyone in that process.

(Liz Wagstrom): So how does the committee feel about having (Roslyn) prior to the bullet point that says knowing or considering a response, start a new section here that says answer to question two or just question two, yes.

(Belinda Thompson): Well we keep leaving that bullet point – this is Belinda – knowing or considering response. We keep leaving that in there and I think what we've said is, we don't need that anymore because ...

Woman: Right.

(Belinda Thompson): ... naming it as an emerging disease is different than deciding what to do about it.

(Liz Wagstrom): Yes. And I totally was getting ready to (unintelligible). So I agree with you but where we, where we might pick up then instead of saying knowing or

considering a response is to use, start with (Judith)'s language that says in responding to an emerging disease the agency should consider, it should be all 14 criteria in a process that engages all of the stakeholders on a, either case-by-case or situational basis.

(Dan Gomes): (Liz), this is (Dan Gomes). Was, did you all discuss earlier before I came onboard other criteria that needed to be considered. I think I heard that there might have been a couple of others that you added to the list?

(Liz Wagstrom): Yes. We briefly discussed it and I think we can surely pick up on more. But the one that we added, that we didn't feel was well captured under the animal health impact was actually the contagiousness of the agent.

(Dan Gomes): Okay. Thank you.

(Liz Wagstrom): Maybe ease of transmission. We have under animal health impact it says apparent modes but it doesn't really talk about the ease of transmission.

(Dan Gomes): Got it. Okay. Thank you.

(Liz Wagstrom): But if there are others, feel free to jump in here. So (Roslyn), we to go back to what you're trying to type, it should say when responding to an emerging disease, the agency should consider the 14 criteria in a process that engages all impacted stakeholders on a case-by-case or situational basis. And then we could delete that sub-bullet underneath. Edits for that bullet?

(Rosalind Floyd): My only question and I don't know if we sort of dealt with this and how we dealt with the first set of bullet points, if I remember (Belinda) has raised contagiousness. I think the agency's list was 13 factors.

(Liz Wagstrom): Yes.

(Rosalind Floyd): And when glancing over that (Belinda) had suggested contagiousness as an additional one.

(Liz Wagstrom): Yes, I believe, actually I believe question four asks ...

(Rosalind Floyd): Goes to that.

(Liz Wagstrom): ... yes asks if there should be or maybe it's on question three.

(Rosalind Floyd): Yes, that might be what criteria, combination of criteria so contagiousness actually goes well with question three.

(Liz Wagstrom): Yes.

(Rosalind Floyd): Cool.

(Liz Wagstrom): So, yes. No, we definitely need to get to that.

Woman: We just assumed they're going to accept our 14th criteria, right?

Dr. (Diane Sutton): Just for clarity you might want to say the 13 criteria plus contagiousness or something similar to that, just for clarity. This is (Diane).

(Liz Wagstrom): Okay.

(Michael Blackwell): (Liz), this is (Michael Blackwell).

(Liz Wagstrom): Yes.

(Michael Blackwell): I am trying to understand that condition on a case-by-case or situational basis. Could you or someone clarify again what are we really trying to get at with that qualifier?

(Judith): It may make sense, this is (Judith) and I think, you know, that was my language initially. It may make sense even to take that out and create a new bullet point that says, you know, the weight given to each of the 13 criteria will vary depending on, you know, the specific situation that the emerging disease presents.

(Liz Wagstrom): I think (Steve), do you want to talk a little bit about, you know, your concerns over being able to put this in a box?

(Steve Smith): I'm sorry. Say again.

(Liz Wagstrom): Well I think you voiced earlier on concerns over that if was going to be hard to put anything, you know, well whether you write it in stone or whatever because things vary so much on a case-to-case basis.

(Steve Smith): They do and I'm not, I guess I'm still struggling with how to capture that. I think (Judith) maybe is getting toward that with adding a second sentence that the particular criteria will bear different weight depending on the circumstances of that case.

You know, whether it's the region of the country, species, industry sector, all those things will be different or the relative weights of them will be different depending on where it is, what it is. But I'll keep trying to turn it over in my head to get the right language but I'm not sure, I'm not sure I'm there yet with how to say it.

(Liz Wagstrom): Okay. (Michael)?

(Michael Blackwell): Yes, it did. I mean I would be comfortable if the sentence ended with stakeholders but I'm assuming that the 13 criteria plus contagiousness would never be considered equally weighted to start with. But for clarity, I'm okay if we added a statement similar to what (Judith) suggested.

(Liz Wagstrom): So (Roslyn), let's do this. Let's end the sentence with stakeholders. And then add a sub-bullet that (Judith), can you help clarify on that, weighting on a situational basis?

(Judith): Yes. So I mean I think, so the weight given to each of the 13 criteria ...

Woman: The language that I like to say, the weight given to each of the 13 criteria and add contagiousness there also?

(Judith): Or do we just want to say to each of the criteria and figure that they ...

(Liz Wagstrom): Okay, each of the criteria.

(Judith): Yes.

Woman: Okay, thank you.

(Judith): To weight given to each of the criteria. You know, we'll necessarily vary depending on the issues posed by the specific emerging disease.

Dr. (Diane Sutton): (Liz), this is (Diane). Just a reminder that we do need to fit in the other topic so we'll need to wrap this one down in about 15 minutes.

(Liz Wagstrom): Okay.

(Michael Blackwell): This is (Michael). I'm good with that sub-bullet.

(Liz Wagstrom): Excellent. So we've got from our Dallas discussion that VS would follow through with all four goals with the stakeholder. Those four goals being global awareness, detect, identify and characterize disease, communicate findings and respond quickly.

Do we want to make that any sort of a sub-bullet that that would be an expected part of the response? Or is that already implicit in the plan and now we don't need to have that listed anymore?

Hearing nobody feels strongly about it, let's go ahead and delete that (Roslyn), that next bullet here that says is something is identified VS would follow through. Confidentiality, do we want to address that?

(Belinda Thompson): This is (Belinda). I think that the confidentiality is already in all of the state animal health reporting and federal ones and is appropriately handled as best as it can be. It's difficult to keep largescale animal deaths secret but they do a pretty good job of following-up on things.

And I think, correct me if I'm wrong, if people think confidentiality has been an issue, either in the PED follow-up or the Avian influenza follow-ups.

(Liz Wagstrom): Anybody feel strongly about us deleting that? Okay, (Roslyn), you want to go ahead and delete that one?

(Rosalind Floyd): Do you want the entire bullet deleted or just the confidentiality statement?

(Liz Wagstrom): The whole bullet.

(Rosalind Floyd): Okay.

(Liz Wagstrom): Then we had a question left over on OIE. Do we want to continue that or actually must we report it? If a disease is considered emerging, must it be reported? Think that gets into the (NLRAD) discussion. And I know we're having a little more discussion about (NLRAD) in our September meeting. Do we want to address that in our September meeting under the (NLRAD) discussion?

(Steve Smith): That seems like a reasonable plan to me. Sorry, this is (Steve). Especially we only have like 15 minutes that seems like a topic that could get fairly broad quickly.

(Liz Wagstrom): Okay. (Foyer) protection goes back to the confidentiality discussion that we just deleted. How are we feeling about having (Foyer) protection?

(Judith): Again this is (Judith). I'm onboard with the it's already addressed.

(Liz Wagstrom): Okay.

(Judith): It needs to be address but I don't know that we have anything to add here.

(Liz Wagstrom): Okay.

(Michael Blackwell): This is (Michael). I just want to stress that I would not be supportive of recommendation to add you would reduce or restrict the ability of the public to learn what's going on.

(Liz Wagstrom): Okay. Yes. I think as I can see, I think deleting those bullets, I think we're in good shape there (Michael). We've already developed a definition for emerging diseases so do we want to go ahead and kind of delete what we just said about using the same (unintelligible) definition as CDC and WHO? I think we're probably closely aligned.

Woman: Does anybody know what those definitions are?

Man: I think there's a spirit or an intent to make sure that is captured or maintained and that is we should have a desire to ensure I don't know if the word is consistency but someone may have the words that will help here. But essentially I think that in my mind there's no reason that the term emerging disease should be starkly different for any of these groups.

And I think there's consistency with the CDC and the WHO's definition, as I recall. And there should be some consistency at least with respect to the principles that lead to something being called an emerging disease.

(Judith): I like the term consistency more than the same definition. Because the definition may vary, you know, the precise words may vary because we're looking from slightly different angles sometimes. But consistency get to the point of there shouldn't be a conflict between them. There should be consistency, the third time.

((Crosstalk))

(Liz Wagstrom): (Belinda) did find the definition that says an emerging disease is one that has appeared in a population for the first time. It may have existed previously and is rapidly increasing in incidence or geographic range.

So I think we are consistent with that but just to keep that in, you know, as a bullet, we could move that above to the answer question one. So if we just want to take that whole bullet and move it up above where it says answer to question two and move it to question one.

No, no, all the way. There you go. Go ahead and cut it and move it up. Yes. There you go. Excellent. Okay. So I think are we happy with saying answer to question two is this first bullet in responding to emerging disease, agency should consider the 13 criteria plus the contagiousness and then go through the weight.

And then delete the rest of these bullets underneath question two? I think we've addressed that privacy is not, is not a trigger. We've said the trigger needs to be based on disease situation.

(Michael Blackwell): Yes, I'm fine with leaving that (piece).

(Liz Wagstrom): Okay.

(Michael); I think based on what you said.

(Belinda Thompson): Yes. (Belinda). Me too.

(Liz Wagstrom): Okay so let's delete that in all the sub-points. And then we need other wildlife impacts. And we've got a bunch going on here.

Man: I think that this one in I guess I'd lean on (John), if he has an opinion. But I think this wildlife impacts, domestic impacts, gets to question four. What

evidence should be used when it, to consider when it becomes endemic rather than emerging.

I think part of that conversation was around a wildlife reservoir, I don't know. It certainly doesn't say that there but as I recall, that's what some of the background was.

(Liz Wagstrom): Great.

(John): Yes, this is (John) and, you know, that can sometimes be a tough call to make and it would take a while to make that call whether it's become endemic or not.

(Liz Wagstrom): Well let's leave that in place so that we can move it as needed. The trigger needed which is that next set of bullets, I think we've already addressed and that can be deleted.

(Dan Gomes): (Liz), this is (Dan Gomes). Sorry. I didn't get a chance to jump in on the wildlife. I was actually thinking that that might be something to consider as to the response. And what I wrote down is potential. If known for as an emerging disease become established in a wildlife reservoir.

In many cases we may not know that but if we knew say that a, you know, say like if we knew that Porcine Epidemic Virus, we knew about it in China. And if we knew that it could get established in a wildlife reservoir then the response may be completely different. So just something to throw out there. Maybe that's part of the wildlife angle.

(Liz Wagstrom): And I'm wondering if that comes to our question three which is the whole what criteria VS should be focused on when determining response activities?

So I think if we can move that under answer to question three, I think that would fit quite nicely.

(John): That's fine. I think that's fine. Yes, (Liz).

(Liz Wagstrom): That work for you (Roslyn)? I know we're ...

(Rosalind Floyd): Yes, I'm just looking for a location to put answer to question three. I apologize.

(Liz Wagstrom): Well why don't we just, why don't we just make a, I mean a bullet that says answers to number three because I don't think we were very organized putting this all together, so.

(Steve Smith): This is (Steve), (Liz).

(Liz Wagstrom): Yes.

(Steve Smith): Would the sub-bullet under answer to question two about the weighting of each thing, would that be actually better placed as answer to question three than a clarification of question two? Or does it matter? I mean it's in there I guess regardless.

(Liz Wagstrom): I don't know. Should we just go ahead and draft this and send back out to the committee and have this for the committee when we get to September to figure out where it best goes? I'm kind of looking out time here, to figure out how much time we've got.

(Steve Smith): That's fine. I mean it's in there either way. It was just (too much words). I'm fine either way.

(Liz Wagstrom): Okay. Yes. So I think like I said, we can delete the bullet that says trigger. No, keep that (Roslyn) where it was. Delete the next bullet that says trigger needed. How do people feel about deleting this next bullet, we should not complicate the determination based on resources?

(Steve Smith): I would be okay deleting that. I think, I had raised the point that not the definition of emerging disease but the response will need to be based on at least partially on available resources but defining it based on that is not reasonable.

(Liz Wagstrom): Okay. Go ahead and delete that (Roslyn). Okay. I'm feeling the weight of time here going. There's a clock ticking in our background. So the next bullet point on how to find emerging diseases, I'm not exactly sure where we were going with that?

But I think that as you look at our definition where we talked about unexpected changes in a currently known disease that may capture a lot of that. Do people feel comfortable that that's captured?

(Dave Smith): (Liz), this is (Dave Smith). I think we already addressed that issue earlier.

(Liz Wagstrom): Okay so we can go ahead and delete that. And we were all over the place in our discussion in Dallas, weren't we? How to analyze data sets to determine if something is, or how you would identify an emerging disease. Where does that fit? Or does it fit? Anybody remember owning this discussion from Dallas? If not, I'm feeling brutal. I'd offer to delete it.

Woman: I believe that one was mine and at the time when we were in that discussing there were so many things flowing around. It was like, is there some kind of a

decision tree that they would work through to establish all that? Well I think we've kind of moved past it so I think we could get rid of it.

(Liz Wagstrom): Okay. Great. I think the next one where we talked about the tier approach to be put on a watch list and then maybe is elevated to an emerging disease. And how does it fall off from an emerging disease list to become endemic?

I think that's worth, I mean in my mind I think that's worth, that's a valuable thought process. I'm not sure it fits under the answer to question two. But I think we have question four that says, what evidence should be considered to determine when or if the emerging disease is endemic?

I think we could consider moving that down to an answer to question four and at least having it as a placeholder. How do people feel about that?

Man: I'm having a hard time keeping up. Which bullet were you going to move down (Liz)?

(Liz Wagstrom): So we have one that says I can't, (Roslyn's) typing now.

Man: That's fine.

(Liz Wagstrom): It talked about whether there were perhaps multiple classifications. One might be kind of a watch list that maybe something's happening and then the emerging disease. And then a, this tier approach. Is there a watch list and then an emerging disease? And then to become endemic.

Man: Just a process for how to get there. Okay.

(Liz Wagstrom): Yes. And I think we could just put that as a placeholder under question four and then perhaps we were going to, I have a feeling we're going to run out of time before we get through all of this so we may need to revisit in September.

Man: Okay, I'm fine with that.

((Crosstalk))

(Liz Wagstrom): (Unintelligible) thank you. We lost control of this. The next bullet point says consider cooperating and developing emerging disease response stakeholder working group. Could that be a sub-bullet where we, right behind where we say the weight given each criteria will vary because we talk about having a process that engages all impacted stakeholders?

(Belinda Thompson): Yes, this is (Belinda).

((Crosstalk))

(Liz Wagstrom): Go ahead (Belinda). Then I'll get to (Wayne).

(Belinda Thompson): Yes, I think we've already addressed that. I don't think we need that anymore. I mean how do we go about this isn't really an answer. I don't think we need to even discuss this bullet point or the next one.

(Liz Wagstrom): (Wayne) your thoughts, okay?

(Wayne): Same thing.

(Liz Wagstrom): Okay. We can go ahead and delete that then (Roslyn) and the same is true with enhanced (passive) surveyor list. Do you want to delete that?

Woman: That's really more to the second topic we're discussing this afternoon.

(Liz Wagstrom): Okay. Under answer to question three, do we have our wildlife impact? But we also wanted to capture that we felt they needed to add the criteria of considering contagiousness?

So I think one new bullet would be that a new, not a new sub-bullet but a new bullet, yes, would be that a 14th criteria, contagiousness, should be added to the list.

How do we feel about where we're at now with this? We've kind of got this loosey-goosey on wildlife impacts versus domestic livestock. How would we handle if it's wildlife only?

(Judith): Well we could do - since the question is additional criteria -- is ask for if there should be - so the criteria contagiousness should be added to the list. And then the criteria addressing specifically wildlife impacts.

(Liz Wagstrom): Okay.

(Judith): So actually addressing wildlife, both impacts to wildlife and the potential for wildlife reservoirs.

(Liz Wagstrom): Okay. Do you want to Wordsmith with (Rosalind) on that? I'm sorry (John). Did I cut you off there? Was that (John)?

(Steve Crawford): It was (Steve). I'm not opposed to that but I was just looking through the 13 bullet points and wildlife's susceptibility is specifically called out in USDA's

list as a part of environmental impacts. I'm not opposed to including it here for clarity but it is at least referenced in their 13 bullets already too.

(Dan Grooms): (Steve), this is (Dan Grooms). I see it there but I just want to make sure that we capture the potential for wildlife becoming a reservoir.

(Steve Crawford): I'm fine with that. I'm fine. I just didn't know if anybody else had seen that on the list.

(Dan Grooms): Yes.

(Steve Crawford): I'm fine having it here too.

(Liz Wagstrom): Okay. How about we do this; wildlife impacts versus domestic livestock. And then have sub-bullets underneath there that would say how - if there's no impact to domestic livestock how is wildlife handled? And then the second sub-point would be; wildlife as a reservoir for domestic livestock. Right. Okay. And so then (Rosalind) get rid of the toxicological versus infection.

And then the last half of the main bullet that says "If there's no impact to domestic livestock" that becomes a sub-bullet. Yes. Right there. And then I think we get rid of where it says "Ask the group to make a recommendation on this."

(John Fisher) This is (John). On the - on that third bullet point -- the indirect implications for livestock or human element -- do we need to include environmental there as well? Or is that implied?

(Liz Wagstrom): No I think you could absolutely add it. Anybody have any other concerns for that? An environmental health.

(John Fisher): On those indirect implications I'm thinking of things like the - definitely an emerging disease in bass -- the white nose syndrome -- which has killed millions of them. Which may have an impact on vector epidemiology for human and livestock diseases.

(Liz Wagstrom): So put eg. Vector epidemiology.

(John Fisher): It wouldn't need to be - that would be just one example. Yes. For example eg.

(Liz Wagstrom): Yes. Vector. V - E - C - T - O - R. Epidemiology. And then close your parentheses. Excellent.

(John Fisher): Thank you.

(Liz Wagstrom): (Rosalind), just say "Wildlife as a reservoir for disease." Okay. We are closing on time. Can we scroll down (Rosalind)? See if we have anything more on that? I'm thinking we're all done with what we had from Dallas.

(Belinda Thompson): I know we're running short on time. This is (Belinda). But we're talking about wildlife and we're talking about livestock. But we might also want to include companion animals. So for example, we just imported a canine influenza strain from Korea.

(Liz Wagstrom): Yes.

(Belinda Thompson): And we were very lucky that it was not zoonotic to people and it has not become an issue for the other influenza susceptible livestock species.

(Liz Wagstrom): So should we want to say "Wildlife as a reservation - reservoir for disease in domestic and domestic animals"?

(Belinda Thompson): Or just say "Wildlife impacts versus domestic livestock versus companion." Just throw them in the top as something that should be considered.

(Liz Wagstrom): Okay. Perfect. Excellent. Keep scrolling down now (Rosalind) to the next page. I think we still maybe had some stuff. I think we can Wordsmith this. That we got it captured and I can get it back out to the group. That we do need to - these are the other potential criteria that need to be considered. You have contagiousness but we did talk about risk assessment, risk management, risk communication, approach. And anybody object keeping that in there?

Impacts to rare heritage breeds and diversity of genetics? Is that still an appropriate consideration? And then we did prioritize the criteria to be public health, food security, animal health and trade. Is the committee comfortable with keeping that prioritization?

(Judith): This is (Judith). I remember when that came up and we were sort of in a time crunch at the meeting. And I was like "We don't agree with that but we're just getting stuff on paper now so keep moving." I'm not comfortable with it. Our stakeholders aren't comfortable. I think, you know, earlier in the discussion we addressed, you know, how you - which criteria are going to be the most important are going to depend on what's happening with that disease.

(Liz Wagstrom): Okay. Anybody object to removing that prioritization of the criteria? Cool. Let's go ahead and remove that whole bullet point then (Rosalind). And I'll work with (Diane) and (Rosalind). That we can Wordsmith this. Get, you know, make sure everything fits under the right headings and get it out for

further - for you to take a look at if we need to do any further editing. So we'll have it to approve at the September meeting. But I do think if we can - if we're cool with this one and ready to move on to the last 15 or 20 minutes here on Comprehensive Integrated Animal Surveillance. That okay with the committee?

So I think that we had done a - we were a little further along with this at the Dallas meeting. And so we had pretty succinct recommendations here on that we recommended that the USDA prioritize and provide resources to electronically generate a message the full complement of diagnostic test results. Does the committee still feel that needs to be one of our recommendations on Creative Surveillance?

(Steve Crawford): Sorry. This is (Steve). I - just a comment on the - one phrase. Prioritize and provide resources there. And then in number three, prioritize funding for. Working with ASHA and USDA we have frequently heard back that if you tell us to prioritize without telling us relative to what, you leave it open to VS to determine that this is a higher priority than something else that may be as important or more important to the group.

So I'm never comfortable just with the "prioritize". If I'm making a recommendation to somebody I want them to prioritize the way that I want them to as opposed to in their own way. So I don't know that I have better language for us but "prioritize and provide resources" is - leaves it up to them to determine. And again, I don't know that we can fix that, or that I can fix that at this point. But just a comment that I've heard back from them in the past, relative to USHA resolutions.

(Liz Wagstrom): Okay.

(Wayne Freeze): (Liz), this is (Wayne Freeze).

(Liz Wagstrom): Yes.

(Wayne Freeze): What I looked these materials over a couple times this last week what sticks out to me is that I think they have to fund putting a software system in business. We have to do it. It's essential. I think it's lacking here that needs to be done and it needs to be done now. I think it's a priority. Software.

(Liz Wagstrom): So if we go back up to number one and say -- where we have prioritize and fund and provide resources to -- is that a prioritization of existing non-laboratory funding? Is it - because the software's going to be able to allow them to generate - electronically generate a message. Well it will help them and then they'll need - still need the codes to do it. But are we saying that that's the top priority of non-laboratory funding? Or is my non-laboratory diagnostician going to hit the roof here?

(Steve Crawford): That's sort of my -- this is (Steve) again. That was sort of my point. We could - if we want, you know, if we want to avoid doing that you could say "prioritize the acquisition of new resources for the purpose of electronically generating" - I'm - you could talk about prioritize, you know, and however they decide to prioritize - to seek that funding for farm bill through budget next year or something else. But it may solve some of that open-endedness for the word "prioritize". Because (unintelligible) we could use the language you said (Liz); prioritize from current non-funding.

(Liz Wagstrom): So (Belinda), as our (unintelligible) person here, would we prioritize the acquisition of new resources?

(Belinda Thompson): Maybe you can just say; provide additional resources.

(Liz Wagstrom): Okay.

(Dan Grooms): (Liz), this is (Dan Grooms). So when I read through this over the last couple days, and read through what USDA was actually asking us, I think that the collection and integration reporting of data is a high-priority for them. But they just haven't been able to figure out how to fund it. And I mean the first question is are they asking us to - for recommendation on how best to get all the stakeholders on board here.

So what I hear is, you know, how do we get stakeholders to actually help us get the funding to get this done. So I guess I'm taking a little bit different look at this. And maybe I'm missing something huge here. But I read that they're looking for our help on how best to, you know, convince stakeholders that this is important so that they can go to bat with the appropriate agencies or, you know, funders to get this done. Again, I'm - maybe I'm missing something. I'm open to input on that thought.

(Judith): Sure. And I'm sure input on - suggestions on other suggestions I would say from the pork industry. This is our top priority. Is to be able to make sure that they can electronically generate a message, diagnostic test results. That they can message them to both state and federal authorities. That the federal database will actually talk to the state databases. And having watched the progression of having to report things on spreadsheets that have taken weeks to get reported because of the lack of the ability to electronically message. From our stakeholders point of view this is the only thing that we're willing right now to really go to bat on. To try to get new funding for the non-laboratories (unintelligible).

(Liz Wagstrom): For the Comprehensive Surveillance. So I mean that's my little stakeholder piece of the world. So I'm sure there are other groups of stakeholders that have other, you know, priorities for Comprehensive Surveillance. So I think we absolutely need to look at what other things need to be brought on board in this recommendation on how to get people excited about Comprehensive Surveillance.

(John Fisher): This is (John) and I just kind of want to echo what (Steve Crawford) was saying a little while ago. Whenever we ask them to prioritize or provide additional resources, the way things have stood the last several years that has to come out of some other pot. And so we need to be very specific, very explicit about new funding for this type of thing. And being careful about what we might be robbing Peter to pay Paul.

(Annette Jones): This is (Annette) and I also think that the first bullet point might be too specific. In that specific yet not clear. Like I'm not sure, you know, who the third-party web based database. I'm not sure what that means. I obviously understand what HO7 means and that is that (unintelligible) want to use, structure that we'll want to use. But I just wasn't sure if - I think some of the other comments were more general and might have been a better lead-in than the specific. Well (unintelligible) maybe the HO7. Is there anybody - can anyone tell me what the third-party web based database application means?

(Liz Wagstrom): Yes. So there's a project that is going on with UC Davis, Iowa State, (K) State. Trying to look at actually your LIMSS -- your Laboratory Information Management Software Systems -- and having them actually be able to have link codes that are standardized across each of the laboratories. So that, you know, Iowa State would use the same code as Davis, as (K) State, as South Dakota State, and then be able to -- via database, those LIMSS system databases -- be able to message with those standardized codes at an HL7

message structure that will go to - that would be consistent across all the non-labs, would be able to go into (emers) and then furthermore, hopefully be able to go into the state management databases; such as, USA Herds or others.

(Annette Jones): All right. And I -- this is (Annette) again -- I understand that. In fact the (unintelligible) state veterinarians who I represent just passed a resolution yesterday that really details what we're asking USDA to do related to that. But what I don't understand specifically is; what third-party web based database are we talking about? Are we saying that we want them to go to?

(Liz Wagstrom): We're talking about the LIMSS systems I believe in there.

(Annette Jones): No. No. I'm reading number one. It says "Committee recommends that USDA prioritize, you know, diagnostic test results to third-party web based." I'm not sure (unintelligible) without knowing what that third-party web based database is. I'm not sure, you know, I want to put my name on that recommendation.

(Liz Wagstrom): Okay. So if you said test results - delete that. Use the and - until you get to using?

(Annette Jones): Yes.

(Liz Wagstrom): And message the full complement of diagnostic test results. Nope. No. You're deleting too much (Rosalind). Start at where "After test results" and then delete until you get to "using". No, "After test results". Yes. Perfect. Thank you. There's a delay in here. Is that - does that make it more palatable (Annette)?

(Annette Jones): To (Annette) it does. Thank you.

(Liz Wagstrom): And (John), and others, when we get to the additional resources there was significant new money. I can't remember if it was - I believe it was 15 million brought into this years -- the 2016 -- budget. And I guess it's a one-time deal because (Aphis) didn't get it into the 2017 budget -- for the non-laboratories. So that is one potential opportunity to prioritize for that additional resources. So - but that's - like I said, that's the pork industry's one issue.

There's a lot of other bullets we have here that are much more general. I think we've started -- excuse me -- the editing bullet three and didn't get very far on it. Where we talked about priorities and funding. And then we talked about according to USHA resolutions. I'm not sure exactly whether that fit in that bullet. But (Steve), you had started on that. Is there...?

(Steve Crawford): I think actually we - it needs to be clarified it's according to USDA resolutions and I think it was supposed to be USHA resolutions. But I - and I - that may have gotten to that point because I think USHA has gotten better over the years in response to the USDA's comments that most of those resolutions focus, prioritize funding via this means, from this source, as new funding. I think those - if you prioritize funding according to USHA resolutions. I think those give some guidance on exactly how the funding should be sought and so as not to risk -- as (John) said -- robbing from another pot that we don't want money taken from in order to do this. But I will - in number three. Go ahead.

In number three I would change the second USDA to USAHA.

(Judith): This is (Judith). Not - I guess I'm a little uncomfortable just because it's so broadly worded in terms of "We're recommending that you do what USHA - USAHA has, you know, resolutions on these topics." And I know that many members of this committee are part of USAHA, and were part of developing

those topics - or those resolutions, but, you know, I don't even know resolutions we're referring to or what they contain. And so I'm a little - I'm a bit uncomfortable this sort of blanket thing. "Oh yes, committee says go do what they said too."

(Michael Blackwell): This is (Michael). I agree. I agree with (Judith). I have concerns, similar concerns.

(Judith): And I was going to say that might could be addressed. I mean folks have specific resolutions from USAHA that they think are really particularly valuable. You know. Something could be circulated to the committee and we could just at least, you know, do our due diligence in looking over them and making sure that's something we want to echo.

(Liz Wagstrom): Okay. So this is (Liz). You know, we actually just added the USAHA resolutions as (Steve) started talking. Because we had said that - (Rosalind) started adding it because he'd said, you know, in USHA resolutions we've heard that we shouldn't just say prioritize funding. So at the beginning of this discussion the bullet point read - or point three read that "The committee recommends that USDA prioritize funding for diagnostic testing, for surveillance of emerging diseases, foreign animal diseases and program diseases."

So I think the question is; do we want USDA to say "Top priority should be surveillance of emerging diseases. Second priority is foreign animal diseases. And third is program diseases"? Which is the way I would read what that bullet read to start with.

(Annette Jones): This is (Annette). I definitely do not want that because we have issues with program diseases. We don't need to say it's a low priority.

(Judith): (Steve)'s point about we keep telling them to prioritize funding and actually what I flip to is, like, how much we kept telling them they need to prioritize funding for Foot and Mouth Disease. You know. At some point when do they, you know, it's fair for USDA to come back and say, "Yes. And?" There's a pot. What do you want us to do about it? So if there is some good material out there where we could draw from I'm not opposed it. I just think we need to know what we're recommending first. And so I guess the question is do we even want to say this is our priorities? I mean does the committee still feel strongly that that bullet is even necessary to have in there?

(Michael Blackwell): Well - this is (Michael). I think if there's any statement regarding prioritization it should be driven by risk assessment. A risk assessment process. And that can vary even within a given agent of concern depending on what's going on at the time. So I also agree that ordering -- such as, the draft shows where it's first emerging disease followed by the others -- that's problematic as well because a certain program disease may be presented - or presenting in a way that really demands top priority. So - but at the end of the day it seems that risk assessment should be the driver, or the basis, for these positions.

((Crosstalk))

(Annette Jones): I agree. That's exactly how you prioritize something based on this.

(Liz Wagstrom): So should we instead of saying "Prioritize funding" is it - I mean we're talking about Comprehensive Integrated Surveillance. So are we prioritizing CIS activities according to a risk assessment process? Is that?

(Michael Blackwell): We could say - yes. That's what I'm trying to say. But it may be risk assessment, risk management as well to be clear.

(Liz Wagstrom): So (Rosalind), let's try this. We're going to go back to where it says Prioritize. Right there. And say "Comprehensive Integrated Surveillance activities based on a risk assessment, risk management process." And that way we're not telling them how to spend their money. We're telling them how to prioritize their activities.

(Michael Blackwell): This is (Michael). Can we change "Based on" to "Using"?

(Liz Wagstrom): Okay. I'm fine. How's the rest of the committee feel? Sorry.

(Judith): Yes.

(John Fisher): That's fine.

(Liz Wagstrom): And then just end the sentence at - after "process".

(Judith): And then delete that last (unintelligible).

(Liz Wagstrom): Yes.

(Steve Crawford): You're missing one word in there (Liz). "Comprehensive Integrated Surveillance Activities."

(Liz Wagstrom): Yes.

(Steve Crawford): Okay.

(Liz Wagstrom): Okay. Point four; we recommend that that National List of Reportable Diseases be tied to the Comprehensive Integrated Surveillance and the reports may - be made available.

(Judith): But somewhere...

(Annette Jones): And then explain what that means to me. Like what's...

(Liz Wagstrom): Yes. I was going to say I don't know exactly what we're getting at. I'm believing -- if I recall what we discussed -- that if reports - if diseases are being reported under the NLRAD that the Comprehensive Integrated Surveillance system is aware of those reports and can somehow utilize them in developing a picture of - a surveillance picture of a specific disease. But I don't know if - how to clarify that. Does anybody remember - else remember this discussion in Dallas?

(Belinda Thompson): This is (Belinda). I think it means even more than that. Because in the questions from - that we were asked to answer there's specifically a question on - to provide suggestions on the needs of external customers and stakeholders for animal health information. So right now you can go on the USDA Web site and you can find data for a ton of stuff that the USDA has to almost put together manually and with spreadsheets. You can find data on how often there's salmonella in ground beef, or (unintelligible) in chicken carcasses or whatever.

And on the human side the CDC has its National Reportable Disease List. And you can go on the CDC Web site and you can find weekly reports on how often those things have been reported. So I think if - it's like you should be able to go - stakeholders should be able to go, open this list, push a button and get the report for X Disease that's reportable. That's on the NLRAD.

(Liz Wagstrom): Okay. Do you have any suggested verbiage to make this bullet point say what it should say then (Belinda)?

(Belinda Thompson): Something about providing - meeting the needs of external customers and stakeholders for animal health information by making the information of CIS including the NLRAD reporting available. Or available to external customers and stakeholders. Because that's a specific answer to a question that they asked. And this is (Belinda) again. If I can say that those reports are key to helping gain funding to address animal health needs. You need to be able to quote those - that kind of data, and changes over time, and stuff if you're going to get funding to try to do research on control, or treatment, or management, or anything else.

Operator: We have approximately 10 minutes left on the call.

(Liz Wagstrom): Okay. Why don't we do this - I think we kind of have captured what (Belinda) wants and we can - or (Belinda's) clarification. I think that we can Wordsmith a little bit and make sure that it is - that when we do the final approval in September of this that it captures that. As I'm looking this, one of the things I might suggest is to take our first bullet point that was very specific and make it a sub-bullet point under bullet point two. That we talk about having the capability to message and share data. And that would, you know, that's - you've got the general message and share data. And then you have that specific point underneath it that would help them achieve that.

(Judith): Yes. I like -- this is (Judith) -- I like that. And that goes to something I wanted to say. I think it was (Steve) who earlier brought up that one of the questions you - that they asked was how to bring stakeholders to understand this. Which went to a concern that, you know, my stakeholders raised to me. Which is

we're using a lot of acronyms, a lot of references, a lot of technical language in here. And there's concern trying to understand what the scope of what all of this is. Like literally deserve understanding what it is we're doing here?

And I think this may be something that could be done as just prefatory language that doesn't need to be a recommendation per se. But clarification that what we're talking about really with all of these recommendations is -- my understanding of what we're talking about certainly -- is we're talking about how USDA, the non-labs, the other labs, the state labs, you know, how every - all of these labs and the agencies are dealing with their data, dealing with their communications and such.

Not an issue of things that would be required, or new burdens, or new issues or requirements imposed on producers or private veterinarians. And I think we'll, you know -- from my stakeholders there will be a great deal more support for; what can we do to make those systems more efficient. Because we all see that need.

(Liz Wagstrom): Is the committee okay with assigning (Judith) to write a few sentences of introduction that we could take a look at when we get to the meeting in September?

(Steve Crawford): Sure.

RJ Cabrera: Yes.

(Liz Wagstrom): Perfect.

(Michael Blackwell): Good with me.

(Liz Wagstrom): And then the final point -- and then we'll get in under our time limit hopefully -- is that we did recommend that USDA institute the changes necessary that -- for the reporting systems to report across and talk with each other. So as an example, the reported (emers) that -- which is the federal system -- would notify those officials that would require knowledge from state, federal, tribal or -- I've got to say, what is PAIDC? I don't know that acronym.

(Steve Crawford): (Unintelligible) I think.

(Liz Wagstrom): (Unintelligible) yes. Yes. Okay. And I think probably the non-laboratories as well to be knowing - or to get that knowledge as well. But we can, again, make sure that we've got all - everybody captured in those list of officials. But is the intent of this bullet point still what the committee had intended?

(Annette Jones): Yes. This is (Annette). Since I wasn't in person in that meeting I missed some of the, you know, the intent behind that. So I'm sorry. Can you go over number five again? I'm still not understanding it. Because it seems like it's saying two different things. You want the systems, the different data systems, to communicate? Or do you want the different data systems to communicate with people?

(Liz Wagstrom): That's a great question and I think we want everything from the discussion. I mean there was discussion about how as an example, USA herds and (emers) may not communicate with each other. So that's the systems not communicating with each other. And then the other discussion was, you know, if something's in (emers) USDA vet have to go in and query (emers) rather than (emers) issuing a message or report back to the State Animal Health official that says "Hey, something in your state was reported to (emers)." So those were the two examples we kind of discussed.

(Annette Jones): So maybe something more like "Improve the usability of, you know, intersystem communication and notification of" and then give a couple examples. Is that what you're saying?

(Liz Wagstrom): Yes. So why don't we do this because I can see that minute hand ticking. Can I get you to put some language together and we will bring it back to the committee for that bullet point when we have our September meeting?

(Annette Jones): Yes. Again, this is (Annette). And if it's okay with the group, I'll draw some - the Western states resolution in a little bit. Because they've already got a lot of work missing on that (unintelligible). But in that you just look at.

(Liz Wagstrom): Okay. Excellent. With that (Diane), are we pretty much out of time?

Dr. (Diane Sutton): Yes. We're pretty close to our time. I think we have about three minutes.

(Liz Wagstrom): Okay.

Dr. (Diane Sutton): I just want to remind everyone - just let everybody know we did not have many requests for public comment and that is why we're not having public comment at the end here. Because we had no requests for it.

(Liz Wagstrom): Great. Thank you. Do I need to call -- and I should know this -- do I need to call for a motion to adjourn this conference call? Or are we okay just adjourning the call and saying that we will - we'll clean these up and have them ready for the committee to approve or, you know, make further minor edits on it at the September meeting?

Dr. (Diane Sutton): I can adjourn the meeting if everyone is satisfied that we're ready to close.
Does anybody else have one last minute addition? So unless somebody has something additional to say I'll go ahead and close.

(Liz Wagstrom): Great. Thank you so much for everybody for hanging in there. We got a lot of work done today and I know it's frustrating to do it over the telephone but I think we made great progress and we'll look forward to see you all in September.

(Steve Crawford): Thanks (Liz).

(Michael Blackwell): Thank you.

(Annette Jones): Thank you.

Dr. (Diane Sutton): This meeting is now adjourned.

END