

WITS-USDA-OFFICE OF COMMUNICAT

Moderator: RJ Cabrera
April 29, 2015
8:00 am CT

Coordinator: Good morning. Welcome to day two of the public meeting of the Secretaries Advisory Committee on Animal Health. At this time all participants are in a listen-only mode until the duration of today's call.

Today's conference is being recorded. If you have any objections please disconnect at this time. Please begin all comments or questions by stating your first name for the written record as well. We will now start the meeting.

RJ Cabrera: Good morning for day 2. We had a good meeting yesterday, I thought. And I'm expect the same for today.

I think we've got a nice line up of speakers. And during the S&D discussion yesterday we talked a little bit - oh first you need to turn off your phones. Yesterday's interference - I'm talking on the phone.

But we got mostly what we needed to do yesterday on the phone. And that will be mentioned in this public record as well. So today we've got a couple of remote speakers.

This morning we have Dr. Beth Lautner who will be with us. And then we go into our next remote speaker. And that's going pretty well.

Everybody okay with - we still have the issue with the air conditioning in the room. As far, what's it uncomfortable? But we're going to keep it as comfortable as we can.

I think that we'll go to a (unintelligible) roll call. And then I was suggesting (Don) if we could, if I have - like a (unintelligible) going on at 5:30 we'll just touch on any administrative issues. And then this afternoon we'll be very successful, especially we want to follow up on.

We may get to it today. It'd may be not as touch and go. But we get caught up. We time it practically new.

We want it to be just at the meeting yesterday. And we have the other issues that, so stuff like that. So actually roll call. (Don) we'll start with you.

(Don Holmick): Sure. (Don Holmick) Belfest Main.

(Don Ritter): All right. Hi I am (Don Ritter) Manor Farms.

(Cindy Wolfe): (Cindy Wolfe) Minnesota.

(Cynthia Evan): (Cynthia Evans) Maryland.

(David Meeker): (David Meeker) National Lenders Association.

(Mary Anne Kaneeble): (Mary Anne Kaneeble) Kansas.

(Gio Stocktad): (Gio Stocktad) Montana.

(John Fisher): (John Fisher) University Georgia.

(Boyd Pharr): (Boyd Pharr) South Carolina.

(David Smith): (David Smith) (Unintelligible) State University.

(Karen Jordan): (Karen Jordan) Siler City, North Carolina

(Dwayne Creese): (Dwayne Creese) Worthington, Minnesota.

RJ Cabrera: And we may have on the line this morning (Susan Gary) did you join this morning? (Annette Jones) are you on this morning? Okay they may join later.

And with that, this meeting is now brought to order. So I'm giving you guys, this is the end of your term. Your terms actually expire on May 8th.

And I'm thinking that we probably didn't need too much in the way of the initial meeting. She put that there are now five. I mean, you know, stop that (unintelligible) the best (unintelligible).

Any thoughts brought up on yesterday's issues. Please send them out to me offline. So if you're (unintelligible).

You know, administrative admins functioning on the committee, on the two things I do have with me today that - this - the sheet (unintelligible) that she passed out. Just (unintelligible) anywhere. You know, what consciences mean.

Most people don't really get that the difference in voting and (unintelligible) kinds of things. And so I have that for you. I'll pass it around after we (unintelligible). Anything else you want to share? Maybe you've experienced this year?

You fill like you were up for another term. We won't know that for another three weeks or so. I think.

It is with Secretary's office. We've gone through a whole period of review from the administrative that the administrator (unintelligible) me up. There is, you know, why not (unintelligible).

A lot of different eyes on and tell them that, so. We'll know about that. And as soon as I know you'll know.

In terms of following up on the recommendations we've come up with. You know, how we have time to flesh out. Fine tune.

That will still take place. Whoever and whatever contingent will be that remains will probably take the lead sharing that forward. Of course we could set up a good phone call maybe next week.

I believe think about that (unintelligible). Maybe you guys want to have one more, I don't know in there. So we'll have a draft.

Push it out. You know, depending on what we come up with today, this afternoon. I hope - here is what I want to take away today are some, you know, tight paragraph of each remeniiton, each area.

Or even specific thoughts and question. One or two lines and that's what essentially we'll (unintelligible). That's the plan. Questions about that?

Man: So RJ what's the date that this - our terms expire?

RJ Cabrera: I believe its May 8th.

Man: May 8th?

RJ Cabrera: Yes.

Woman: Another thing...

Man: Next Friday.

Woman: That's next...

RJ Cabrera: Friday.

Woman: Would you say that is the official - when is the...

RJ Cabrera: Official date (Unintelligible).

Man: So that's pretty quick. How do we - how are we going to handle the report from this committee then? I - you kind of eluded to it. But - exactly...

RJ Cabrera: You're literally (unintelligible) at the (unintelligible) on to the next.

Man: On to the next?

RJ Cabrera: The next slide.

Woman: We didn't hear all the discussion or...

RJ Cabrera: Yes. And that's - I know you guys or whoever the contingent is that will be going into the next term - and there is a contingent that's coming on into the next term will be carrying significantly (unintelligible). The new folks will have access to the former issues. But those recommendations you guys come up with today, they're your recommendation.

They never change, they might expand, they might be clarified. But there are your recommendations. In that regard the new group is not doing - do recommendations.

We recommend whatever you guys come up with. That's always the case. You know, the recommendations you come up with in the meeting, you're transformed usually.

Aside for some, you know, you decide on temporary or format but those recommendations (unintelligible). But - and you may not come up with your own recommendations they may (unintelligible). Whatever you come up with today though that's (unintelligible).

With that in mind we're going to have to factor in. Keep that in mind (unintelligible) with time (unintelligible).

Man: I supposes it's possible that we could quickly come up with a report. I mean last time, you know, we - I think timing was bad there because the summer came on. And a lot of people were away.

And then the sub-committee process dragged on through the fall. But yes we're a little more experienced at that now. And the urgency to me is - I would think if we could try to get something together quickly.

RJ Cabrera: And we - and I'll - I (unintelligible) that prospects for you. So if we lead this thing we have a good solid grasp working (unintelligible). I'll (unintelligible) that through process.

Everybody will lay eyes on it. And its (unintelligible) 12, 13 interviews. Well 14 I think that have a good community discussion.

I would just look through it. Okay. You have this day you can look at it. (Cindy) has this May. You'll just follow the schedule we can do that.

So maybe just to look to see and make sure that (unintelligible) walk or whatever the case may be we can marshal. And then, you know, editing and that stuff. But that's, you know, that can be done.

May 8th is the soft date. It's not, you know...

Man: Yes. That's...

RJ Cabrera: ...but that's the date that you were appointed two years ago. So - but, you know, I'm...

Man: Well if nobody else is appointed by then, then maybe we continue until the next group is

RJ Cabrera: Exactly. Then we can charge (unintelligible). Then (unintelligible) doesn't expire until next year. And that being the case...

Man: Yes. Normally people just continue until the replacements are (unintelligible).

RJ Cabrera: Yes. Then that, you know, again you are (unintelligible). And then (unintelligible).

Man: I have to leave it to those remaining here.

RJ Cabrera: Well I'll reach out to you and one way or the other. And, you know, just to give you the benefit of another we'll see. You know, see what we can come up with. We've worked hard on it.

Man: Do you ever get feedback from the big house as to whether our recommendations are...

RJ Cabrera: Well and I understand is we come on yesterday. Your work is not just an exercise. A lot of people are subject matter experts, (unintelligible) makers.

Now it's kind of, you know, we get information from all sources. I think one year and I just went back and a lot of the example I remember, this committee - the justice that we extend the review period for the proposed (unintelligible) that was proposed at that time. And, you know, it was well written.

It was just one of the three that you could forward. And we know that. We're not moving on that.

Now there were other stakeholders who also made that request. Point is your work is seen by (unintelligible) who (unintelligible). And how that plays out whether or not it's your topic may not (unintelligible) as well.

We did this because the Secretary's Advisory Committee in the end was (unintelligible) for just for the viewing. But be assured that your work is not going unnoticed. (Unintelligible).

And it's just that one instance with the extension of the review time that (unintelligible) plays very informative. And they were noted. And that did (unintelligible) again.

I think yesterday (unintelligible) for the first time we had the (unintelligible) new to us. We had our secretary carry once upon a time a long time ago. And then the China Committee came in unexpectedly and handed it to me.

So, you know, just feel like your work is, you know, I have a (unintelligible) to work here. And it's not, you know, not all (unintelligible). It has to get reviews. And (unintelligible).

Man: Well I think, you know, from what you've said, right, I'm assuming that we can go ahead until somebody tells us we can't.

RJ Cabrera: Okay.

Man: Does that sound good.

RJ Cabrera: Sounds very good.

Man: Because I really feel that this group has worked well for, you know, what a couple of years now? And it would be great if we could get out a final report with this group as opposed people who stay on. And then new members who aren't going to have a clue. Well no...

RJ Cabrera: And then the remaining...

Man: That's not true.

RJ Cabrera: ...members will be your job. And move them along. And (unintelligible) them.

And it's not unusual to have work undone from the prior term. It's like passing the baton. And they pick it up.

And sometimes they revisit. And that has happened before. I do see two of them (unintelligible).

Man: Yes. All right. Well we'll...

RJ Cabrera: Yes.

Man: ...we have ample time this afternoon to have discussion. And maybe we can develop some draft recommendations and then move them forward quickly like we couldn't do last time, so.

RJ Cabrera: Well it's a little early on the list. And let's see if (Annette Jones) have you joined us? (Liz McGary)? (Liz Wagstrum). Okay.

Man: RJ?

RJ Cabrera: Yes.

Man: I have a question. This is more for just a curiosity. My...

RJ Cabrera: Sure.

Man: ...I mean the administration saying when I was in vet practice we used to - ever since you spayed my dog she started biting (unintelligible). Well ever since I've been on this committee I get Christmas cards from the White House. And I make no political contributions to anybody.

And I'm not - is it because I'm on this committee? Do you all get them too?

Man: Yes.

Woman: No.

Man: Okay. So that's where it's coming from. That's what I...

((Crosstalk))

Man: I wasn't sure.

Woman: Well are you better than me?

RJ Cabrera: Ever year...

Man: And I believe...

((Crosstalk))

Man: I must be registered with the wrong party to get...

((Crosstalk))

Man: The year before last was this real nice pop-up thing. Where the 3D.

Man: Dogs. A couple of light houses.

Man: Yes.

Man: Are you sure you didn't...

Man: Not on the list. I never get them.

RJ Cabrera: Is (John) the only one not on the list. Not that related (unintelligible).

(John): (Mary Anne) didn't.

RJ Cabrera: She didn't. We've got one, two, three, four, oh.

(John): Five.

Man: Use of the committee apparently.

RJ Cabrera: I am so sorry. And I don't think the jury's thinking. I don't.

((Crosstalk))

Man: The poultry industry is conservative.

RJ Cabrera: (Unintelligible) gets (unintelligible). Not happening.

(John): So you didn't.

RJ Cabrera: I did not and I'm going to look into that. I'm going to make it my (unintelligible) project. Because that's my right. Thanks a lot for bringing that up.

Man: I know...

Man: (John) you'll (unintelligible) it for the rest of our days.

Man: I - my wife will appreciate it.

RJ Cabrera: Yes.

Man: They're a great conversation...

Woman: Yes.

Man: ...starter, right.

Woman: Good for you.

RJ Cabrera: Well, you know, you guys that are involved in a lot of other things in your work industry. So it could be - connections be there too. Doesn't matter.

I knew they (unintelligible). So I know within the USDA hall those out early in the fall for names from each, you know. I don't know who - I don't get to pick.

But anyway. That's interesting. And thanks for sharing that. Anything else before we get going? Anything?

All well let me mention this with travel the (unintelligible) travel person - actually yes she went to another department. And so we borrowed Mrs. (Mederman) from another group. She's been really good.

You know, she's (unintelligible) struggle in the beginning because of the change to our new system. But you're all in it now. And hopefully you're close out will just (unintelligible).

If you have any issue there just copy me on any part of it. You might have been confirmed (unintelligible) week. Can't do that that's okay. (Unintelligible) not too much longer. Okay.

Man: Okay. Great, so Beth you're ready to roll.

Dr. Beth Lautner: Well I was. I kind of like (unintelligible) disappeared.

RJ Cabrera: Yes. Here's the thing Beth...

Dr. Beth Lautner: I think I have a copy.

RJ Cabrera: So if you want to do it from here from I can (unintelligible) here.

Dr. Beth Lautner: If I need to have...

RJ Cabrera: Come over here?

Dr. Beth Lautner: Nope I'm good.

RJ Cabrera: Now here's the thing - you got to keep moving then. This machine was the extra...

Dr. Beth Lautner: Okay.

RJ Cabrera: ...that we were giving.

Dr. Beth Lautner: Okay.

RJ Cabrera: Because it doesn't do what...

Dr. Beth Lautner: Okay.

RJ Cabrera: ...my machine does.

Dr. Beth Lautner: Okay.

RJ Cabrera: It just cuts off if you're not...

Dr. Beth Lautner: Okay.

RJ Cabrera: ...doing anything. And then I have to come over and put in...

Man: So while they're doing we're - I think everybody knows Dr. Beth Lautner from USDA APHIS Associate Deputy Administrator. And Beth you're the Director of MBSL?

Dr. Beth Lautner: Well...

Man: Or...

Dr. Beth Lautner: ...no.

Man: You can tell us...

Dr. Beth Lautner: Okay. I've actually got a work chart again. Just because...

Man: Oh you are.

Man: Okay.

Dr. Beth Lautner: ...we...

Man: But...

Dr. Beth Lautner: It...

Man: ...I can't keep track of it.

Dr. Beth Lautner: No exactly. And...

Man: Okay.

Dr. Beth Lautner: ...we keep it in front of us too.

Man: Yes. Okay. We're pretty informal here. So I'll let you...

Dr. Beth Lautner: Okay.

Man: ...speak a little bit about you're...

Dr. Beth Lautner: Great.

Man: ...current...

Dr. Beth Lautner: Okay.

Man: ...position.

Dr. Beth Lautner: Okay. And let me just check first (Aaron) and (Stan) are you on the line?
Okay.

You might be muted. (Aaron Scott) and (Stan Brunts) are you on?

(Aaron Scott): Did you hear me Beth?

Dr. Beth Lautner: Yes I can thanks (Aaron).

(Aaron Scott): Okay. Wasn't sure on the mute button.

Dr. Beth Lautner: Okay. And I didn't know if I heard (Stan). Maybe he'll join in a little bit. So appreciate the opportunity to present you.

And really I think we mentioned National List of Reportable Animal Diseases. And the emerging disease framework last time. And we've got an update to provide to you.

On the phone is (Aaron Scott) and then (Stan Brunts) will be joining us. And they work very specifically with the National Lists of Reportable Animal Diseases. So they'll help participate in the discussion as well.

And may have some questions when they get into the discussion piece. So just to start off I don't think for this group we need to say anything about emerging diseases. I think we all know what we've seen and what's come about recently.

Many of us watched the march of West Nile virus. And then we saw SAARS. Bird Flu. We were busy swabbing lots of birds. 4 or 500,000 I think for H5N1.

And while we were busy swabbing and looking for that along came the pandemic H1N1. And luckily because of the preparedness we had in the H5N1 we were ready for the pandemic H1N1. Then Ebola, I think we never saw it.

We would have been trying to address Ebola in this country. Quite likely we weren't looking at companion animal plans, livestock plans, human plans. And that's something we felt was off the shores.

And not something that we really needed to be that engaged in.
(Unintelligible) and (Unintelligible) I think we all know these are, you know, there's many emerging diseases. A lot of discussion over the years.
(Unintelligible) had a key paper in 2000 that really has the circles that you see in almost every presentation where you're talking about emerging diseases.

And the overlap between humans and wildlife and domestic. And what happens when we have those inner sections. Recently again another paper talking about the emerging, reemerging infectious diseases.

You know, we keep hearing that 75% of emerging disease are (unintelligible). I think we're all very familiar - the Ebola probably brought in very clearly the

increasing international travel commerce. And all the reasons that were not - we really are a part of a global community.

And so we need to have maybe the things that we had in the past aren't really going to be sufficient for as we look ahead to the future. So some of this might - you might wonder well how many more viruses are going to be coming at us. And obviously nobody knows.

But scientists like to take a big swipe at it. Take a look at it. So one recent study says there's about 320,000 unknown viruses that infect mammals. So that's going to leave quite a bit for us to keep looking at and prepared for.

A lot of us - (Tony Foxy) who's at NIH is kind of the America to talk through in many ways. Seems like he's NPR many times. Talking about whether his Measles vaccines, or Ebola, or whatever.

He's out in front of it. But he's just recently did a paper that really talked about, you know, we've been successful in Small Pox. And he even acknowledged the Veterinary Disease (Render Pack).

You know, that's been our first and only animal disease that we've eradicated from the planet. But then he talks about the emerging infectious diseases. And how are we going to overcome these.

And it's a continual process. And looking at how we're going to get ahead of the next one. So what is - from the Government and with industry, what's the (unintelligible) to look at emerging diseases initiative in the past as we look to what we're doing now?

And what we need to do in the future. There was a slight futures project. I'll explain a little bit about that.

I actually when I was with Pro Producers was actually involved in that project. And we had initiatives looking at emerging animals issues. An action plan via a strategic class.

The Point Futures project that's what goes back into the late 90's. And it really looked at the fact that it - well we've been busy looking at foreign animal diseases and preparing for them, these emerging animal diseases are something that we needed to be cognoscente and aware of. I think a lot of us, and I know (Wayne) was a big part of this.

The mystery Swine Disease, you know, when that came along. Look at how long it took us to figure out what that was. And you can tell that by all the names that we gave it.

And I remember that we started calling it the plague of '88. Well then we had it in '89. And then it was like well we can't keep calling it like the plague '90.

You know, we decided to come up with another name. So everybody around the world has different names for it. And I think there was a sense then of we just can't have these things come in and not determine what they are.

Now what's very good and very different from those days to these days from a laboratory side, with the sequencing that we can do? And the sequencing from swabs. And being able to take not where you're doing the specific PCR where you had to know what it was you were looking for.

We've got capabilities now. And we saw this with PED and the Delta Corona virus, we have the capability to make the diagnosis if we're looking to do that very quickly. And I think that's what the difference.

Not what's also different, and not to get belabored at this point. What's also different is we're going to find viruses that we don't know the clinical significance of either. That may have been around for a long time we just never looked for them.

And we may find some that are clinical - are of clinical significance. And I think that's going to be one of the challenges. And when I talk about emerging diseases and having diagnostic labs, producers, veterinarians report emerging diseases, that is going to be one of the tough issues of if you find something like a new virus that hasn't been identified in the US before.

But you don't associate clinical disease, what's the significance of it. And those are going to be some - with the tools that we have now, we're going to have those kinds of questions coming up. And I think you're pretty familiar with that (Wayne) from a laboratory stand point.

This is - knowing what's significant of what you find is going to be a challenge. So at this rate - why Futures Projects was not at the end of the '90's and actually there was increased interest in it when the Porcine Epidemic Diarrhea was detected. Because it's like didn't we look at this of what we should be doing on emerging diseases before?

A lot of the questions that came up and this was in the Swine Futures Project and means they're all relevant to today. One of the first things you want to know is this a new agent of a disease. And that gets back to the question has it always been here?

Or did it just recently emerge. And that's where some of the tools that we have are helpful. In the PED Diagnostic laboratories that have a lot of Swine commissions went back into their freezers to look at samples to say, when I had some piglet diarrhea did I actually miss it? You know, months ago or a year ago or things like that.

So we have - laboratories have diagnostic samples that they've saved. We also through the NAHMS the National Animal Health Monitoring System Project, if we develop a test, a serologic test, we've got banked serum that you can go back and take a look. And actually that was done with (PARS).

Went back to look and see when we're positive. Now one of the things in the banked serum you don't want to go do that while you're developing the test. Because it's like liquid gold that serum you have.

So you don't want to - you may have five duplicate samples of the serum. So you don't want someone to take it to develop the test. But once it's developed and you feel comfortable with it, then you can go back retrospectively and try to understand the significance.

And that may become important if you identify something new. And we have big trading partners that ask us how long has this been here. And that does provide stability to go back.

So can link into our non-studies. Public health obviously is its (Pneumatic). You have a lot more partners and different emphasis as you go forward.

If it's transmitted in meat products, does it affect the health of the animals? Is it a primary pathogen to the plant we were talking about? What's the scope?

Is this the first case ever in the US? Or by the time you detected it it's already in many different states. That obviously is going to make a difference in how you approach it.

How can you diagnosis it? Do you have the tools? Do we know what to do about it?

I think that pristine animal health official when they miss and the industry we need to know what you're going to do about it. And how long as I said it's been here. And then what do you have for response options.

No response it could be - well that's interesting. But we want do anything about it. It may be education.

It may be research. It could be investigative studies with government industry teams. You could certify her for an absence and risk factors. Or you could go to some of our more traditional control measures.

If it's a disease outside the US, not detected in the US, but a concern you can monitor it. You can send someone to another country to take a look at it so we develop some expertise. You can start looking for it in the US.

Regards import policy. So one example on this could be (Shmalenburg). So one thing India cell did when that was appearing in Europe was get the diagnostic capability.

And then information was sent out to diagnostic labs with regard to which cases to submit. That might be (Unintelligible) definition for (Shmalenburg).

So that's an example where something that wasn't in this country didn't get into this country.

But we changed some of our surveillance. So the Swine Future's Project had two recommendations. A tablet - that was your system for the rapid detection.

And develop a colligative process to respond. So if you look at the two concept papers that you received, one of those, the (Neal Rag) Deal was the rapid detection and the emerging disease framework paper deals with responding to the emerging animal diseases. So for veterinary services I talked about that this has been something that has been looked at over time in our strategic plan from about three, four years ago.

We did look at enhancing in our ability to reply to animal health issues. When we did our reorganization in 2015, well as we were planning it for 2015 and then implemented it in 2013, we - again as a reminder we divided up into international import, export services to balance preparedness response, and science technology and animal services. And then our program supports services.

And just on that SPRS side, that's headed by (TJ Myers), we organize by commodity centers. And then (John Beck's) group, I think (John) was here yesterday, the National Preparedness and Intent Coordination Center that he runs. Logistics. That's our National Veterinary stock pile.

And then we have a one health coordination center. And then our six districts out in the field. So that's how we organized that allows us to have very much a commodity focus as we move ahead.

So with this, you're not going to be able to see this, but let me just walk through. So the group that I'm responsible for Science, Technology, and Analysis Services has a center for Veterinary Biologics. Something new to report this time from last time, we actually have center directors for all these now.

(Byron Rimsky) is now the Director for the Center for Veterinary Biologics. (Beth Schmidt) who headed up the Diagnostic Virology Lab. And she's now the Director for NBSL.

And then (Bruce Wagner) is now the Director for (CIA). So last year we didn't have those folks in place. But they're in place now.

Beth you might know, she's been very involved - but she kept in - she started this position about - maybe three weeks ago. And - so she's been pretty well consumed by the (Unintelligible) Influenza obviously. But now obviously, but now counting all of them being (unintelligible).

And when we designed the center for epidemiology now about how and reorg we created a new group called Risk Identification Risk Assessment. And I'll talk about what that group is designed to do. But it was looking ahead when we were looking at what did we need to do to reorganizing we needed to be more aware of globally what's going on.

And then how are we going to address and assess risk and (unintelligible). So going forward, to talk about the framework that was developed. And I think - RJ they're going to need the concept papers. They're in the concept papers...

Woman: Okay.

(Beth Wagner): ...and the other - the background there. Yes. Okay. So this - hopefully all of you had seen this or groups that you work with have seen this and responded to it.

We - as we were working through the Porcine Epidemic Diarrhea, the industry very much asked us what is your response. So if we report some new emerging disease, what's the response going to be. And obviously there were concerns back with the Pandemic H1N1 in Canada.

Remember the one - there was one introduction from humans to swine in Canada. And that farm was quarantined by the Government. And then had difficulty marketing their animals while they were sorting through that.

And that was a situation of would there be - if such a situation would arise would there be animatedly? Would there be ways to address that? And the industry very much says we want to see what your plan is for emerging diseases.

Knowing that we need to do more in the future. But we also need to know what you're plan is. So this was discussed with (Unintelligible) the EBOC Lab Directors.

It was put out at the stakeholder registry announcement. And this if you're not signed up for it it'd be good to do that. And encourage others to.

Many times we go out in the Federal register, you know, and put the notices out there. But I think in the future you'll see us continue to use this stakeholder registry announcement at times, rather than Federal Register. So it'd be good to be signed up to make sure you get those notifications.

We had this out there comments we're due January 16th. Frankly when we do a registry announcement we have a little more flexibility. And accepting comments later.

And looking at those. And we did receive some comments after that (unintelligible) that we definitely took into account or are taking into account. And we did have on the last notes are 12,001.

We did have our responses to foreign animal diseases, our policy included looking at emerging animal diseases. But didn't provide much for what would do after we detected it. So that was the purpose of the framework document that you received.

And went out for comments. And I'll just go through that - the aspects in it. There's four goals in the paper.

The first one is really important at looking at what's going on around the world. Let's not wait until it gets here. But let's see what's going around the world.

And if there's anything we need to do differently. It may be let's have the diagnostics. On the PED side that was one that I know I've heard the Swine (unintelligible) groups say that they've had some discussion about it.

And we're seeing it move. And in the future are looking to say are there diagnostics that we can be better prepared for with certain diseases that seem to be on the move. A challenge gets to be deciding which those are - which ones you're going to put the resources in and address.

But I think there's definite interest in what's going on around the world. And what we need to do differently in the US. The preparedness we need to have.

Second goal was detect, identify, and characterize. The third communicate findings. Work with stakeholders.

And the fourth the actual response piece of it. And I want go through all of the detail on these slides. These are - this is pulled exactly from the paper.

But I had pointed out C as risk identification group. And that's the group that's put in charge to really gather up information from a variety of sources. To look at what the deeds are emerging globally.

And there's a lot ways - I want go through all of this. But there's a lot of ways to gather information. We have and obviously and I think we heard this with swine factitioners, many of those are global in their practice.

So they're aware of what's going on all over the world. We've got the veterinary community's very connected. We look at the professional organizations.

They're very connected with their counter points around the world. So making sure that we tap into all these sources of information. Many international groups as well as international context.

International services, we have offices in many countries around the world that provide information. Domestically we have partners around the world. And you might wonder about DOD but we actually, in fact I'm going there tomorrow to review some information.

We have two veterinary service employees. And this has been done for several years that are embedded with DOD. With their national center for medical intelligence.

So they have opportunities to look at classified information. And have the ability to look at - mostly it's human. But on occasion something will come up on the animal side.

Many times it's helping put in context no that's not a new disease. You know, sometimes you're dealing with analysts that are not familiar with the animal help site. So they might think somethings new and different and surprising.

And it's - no that's a pretty normal disease. Not something to worry about. So - but let's give you the opportunity to have some additional information available to you.

In addition to what's in the public domain as well. So this is an area that we're looking to - how we can work even more. One of the things that we're working to develop are these types of things.

These notices that deal with some things that might seem kind of obscure. And maybe were not as interested in. But the Chickungunya, or the Astrovirus or Orthopox Heartland Virus in people.

Some of those the questions come up, well what's the significance for animals. So we - our group - our risk ID group out there is looking to take a look when you hear these reports of things. And do a quick assessment.

Sometimes you want a more in depth. But many times it's just let's look and see what we know. And then let's work to track that issue over time.

So one of the areas is, you know, partnerships are key to really look at all these variety of sources of information with regard to a disease - emerging disease. Department of Homeland Security. And I know they're working with 14 states in private projects across the species with enhanced passage surveillance.

Syndromic case definitions. Where you don't physically have a disease diagnosis. Can you start collecting reports that allow you to determine if something new and different is happening?

It's somewhat like if you knew there were, in the case of PED that you were having multiple laboratories not getting a diagnosis for baby pig diarrhea. Which normally you can get TGE very easily. That should raise an alarm if you're not getting a diagnosis where you normally would expect to get a diagnosis.

So in some of those situations one or two of those might not be significant by themselves. It may be just you were late. Just missed it.

But if you have quite a few of those, then obviously that raises a little bit more concern. That maybe this is something to look into. And please stop me if you have any questions along the way.

We have some questions at the end that were in the background paper for committees discussions. But stop and ask any questions along the way. The National List of Reportable Animals did - if you received the concept paper for that.

And this is really a proposal to have a national list in the US. One of the things that might be surprising is that we actually don't have a defined national list of reportable animal (unintelligible). We have a few of the foreign animal ones that are (unintelligible).

And that are requirements for accredited veterinarians reporting. But not from a broader base. Many of you would have been involved in this over time.

This is again goes back to the 1990's where there were initial discussion about our national list of reportable diseases. And USAH had variety of three kind different resolutions. We had, you know, there's been support for developing a list of reportable diseases.

As you went through the late 2000's the discussion focused on let's provide a list that'd be available to States to adopt at their State list. And then that would be gathered. Be our national list.

As we went through these discussions with PED, a determination was made on the Government side to make this mandatory with regard to reporting of the national list of reportable animals. They said that if you're going to have a comprehensive and efficient system, you need to have a broader base of reporting to make sure you're really capturing what's going on. And having, you know, a finger on the pulse of what's going - happening.

Man: Beth why are we...

Dr. Beth Lautner: Yes.

Man: ...why wouldn't we just use the OIE list?

Dr. Beth Lautner: So the OIE list - so...

Man: Or to have some kind of harmonization with goals...

Dr. Beth Lautner: Right.

Man: ...(unintelligible).

Dr. Beth Lautner: Right.

Man: So there's (unintelligible) an antibiotic list now.

Dr. Beth Lautner: Right.

Man: They got a list. We got a...

Dr. Beth Lautner: Right.

Man: ...list. Everybody else has list.

Dr. Beth Lautner: Right.

Man: So why can't we get together and have one?

Dr. Beth Lautner: So we do to a point. So we do have the National Animal Health Reporting System has been in place for a number of years. And that was based on the OIE list. You know, back when we had the List A and List B diseases.

(Don): Right.

Dr. Beth Lautner: And the OIE list actually has - it's not a large definition but does recognize emerging diseases. The challenge gets to be each countries definition of what that is. Specifically. But the (NARS) is designed to be that list.

The challenge gets to be disease don't get on it very quick. So we want a standardization of, you know, PED or something new it's not on there. So - and definition for emerging in OIE is if you're seeing something unusual you're expected to report it.

But doesn't have a lot of detail around it. But you're exactly right (Don) NARS is based on that OIE list.

(Don): They're all the OIE disease on this (unintelligible).

Dr. Beth Lautner: Yes.

(Don): Okay. So this is an OIE plus list.

Dr. Beth Lautner: It would be an OIE plus with a definition for emerging especially defined.

(Don): Right. Okay.

Dr. Beth Lautner: Now that's a good question. So we would continue on to the national list of reportable animal diseases. On the right had side it talks about monitored diseases?

And that would be our periodic (NARS) reporting we're doing. Where yes we still have - the monthly is being reported from the State. Yes we still have - (Boyd) probably more familiar with this than I am.

But yes we still have (TGE). Or yes we still have (PURS) better on the OIE list.

(Don): Triple (unintelligible).

Dr. Beth Lautner: Tripe - right. It's - yes it's not a quantitative. It's a yes still have it? Or maybe no we didn't have any this month.

But we're not saying that we haven't had it. It's a very much of yes we're still continuing to see it. With (NARS) on occasion they can ask for more questions with it.

But in general it's really filled out as a yes. I don't know (Boyd) if I'm describing it correctly if...

(Boyd Pharr): Yes. And (Mike Martin) and I have said (unintelligible) reporting.

Dr. Beth Lautner: Yes.

(Boyd Pharr): It gets down into the definition of what diagnosis. But sometimes we think that are interesting to us do not meet the standard to be on (unintelligible).

Dr. Beth Lautner: And that's a good point your raising is the - this national list and then the State list and that is something many States have a pretty broad definition of emerging disease already. And that is something that we'll have to continue to look as we go through it. Because one of the challenges for the diagnostic labs is if you're in Minnesota doing diagnostics for somebody in North Dakota, knowing exactly what the North Dakota State wants reported is a challenge. And the Diagnostic Labs see that as a challenge.

(Boyd Pharr): And I think that is probably a lot of what is behind the US...

Dr. Beth Lautner: Yes.

(Boyd Pharr): ...Health Resolution and the National Assembly Resolution. Is trying to help people lift that because it's a frustration. Because they don't know. Then they don't (unintelligible).

Dr. Beth Lautner: And some States have processes where they could update their lists without going through a regulatory process. But other States would have to go through a regulatory process. So you couldn't update your State list always real quickly.

So then monitor disease would be the periodic reporting like we've doing with (NAR). The notifiable disease, we continue with our foreign animal diseases, high priority immediate reporting, you know, the (unintelligible) all that doesn't change under existence. On the right side, the regulated diseases where we have programs, you know, our (TB) when it involves those kinds would continue with a kind of recording that we currently have.

And in the middle would be the emerging diseases so that would be more of a focus. And this is the current definition of emerging disease that's in the (MILRAD). And any disease not known to exist in the US or a new strain occurring in any species something with that is not (exponential).

And this - the middle bullet deals with maybe you don't have the diagnosis yet. So you've got unexpected, unexplained increase in morbidity, mortality. You have evidence of increase pathogenicity expanded culture (unintelligible) you see there.

Or it doesn't look like what the normal clinical picture said the disease would look like. And then exotic factors as well. But that third bullet unexpected, unexplained increase in morbidity or mentality how you define that, you know, there's where it kind of that challenges with this are. One case of baby pig diarrhea that's not diagnosed is not something...

Man: (Unintelligible).

Dr. Beth Lautner: ...you know, you'd be expecting someone to raise the alarm about. So where is that line? Where is the trigger for that? And that is some of what needs to be worked through.

(Don): Yes, so number one is also similar on a new strain of a known disease. So like your current viruses evolve, change, right?

Dr. Beth Lautner: Right.

(Don): And then poultry right now on the Eastern shore like our bronchitis viruses change to an upper pathogenic strain. We don't have a good vaccine for. Bad time to grow chickens on the shore. With that fall into this?

Dr. Beth Lautner: Well, and I think that's the discussion piece that we need to talk through more. And that's - the plans are - we've got committee plans to put forward. And then discussions with commodity.

And then developing more guidance on that. And then having another opportunity to comment on it. Because I think that's really the correct of the issue in a lot of ways is if it's a couple of amino acids changes, or Nucleic Acid changes is that significant. If it's you're going from a 10% mortality to a 15% mortality.

(Don): That's right.

Dr. Beth Lautner: Is that of significance. And I think we're going to have to have a lot more discussion of that. Because, you know, you can see on the one hand if you could have found the first case of something and deal with it, everybody would like that.

But the reality of having a system that I want to say is so tight or so rigid to do that is hugely burdensome. Exhaustly.

Man: The challenge we found at the State level with these discussions is just from limiting (unintelligible) in South Carolina. This didn't (unintelligible). This - which is (unintelligible) is the useful policy in the state.

And what it takes to help us in South Carolina, you know, these things are reportable. They're not necessarily actionable. It's this - and I think that concept and you - always have attention of making us aware of these things.

And know whether it's confidential or you see a pattern. Versus making an incient report that allows a trading partner to do an unscientifically based action.

Man: Well...

(Boyd Pharr): And that's the tension.

Man: You know, (Boyd) it's like when the (Poldinorhyno) Syndrome effected all the turkeys. North Carolina, maybe South Carolina too. I mean they didn't know what it was.

And (John Barnes) and I did a lot of work. And forgot it was some rodents or (unintelligible) with some gut viruses. But that would be kind of a syndromic thing.

You know, you got a bunch or turkeys with diarrhea. And then eventually they figured out what was going on. But I think that would lend itself to what you're describing.

I think. But when you pull the trigger I guess is a difficult decision. You know, how many or how long...

Man: If you can get in the environment with which (unintelligible) comes. Okay. This is what you're having. We can find out if somebody else is seeing it.

And can we help. As opposed to this is a trade issue disease ratification. And that's a hard balance to struck.

Dr. Beth Lautner: And I think that's exactly the point of why these two papers came out together. You know, if you're going to have reporting you want to know what you're going to do for response. Because you really - to have that comfort level that this is actually going to be helpful to the industry and help overall have a better handle of what's going on.

And being able to take the appropriate steps of action. Which might be reporting let's get better diagnostics. Let's do an investigative study.

Are they're risk factors. If you went out to the farms that are seeing this are the risk factors that are uncommon. Did we do something different?

Did we change something that we're doing across the industry that maybe we want to re-look at? And that information would be helpful.

Man: And I see it, being, you know, from the production angle being useful that we can use this information to go to (Brian Ripkey) and say hey the vaccine candidates got to be fast tracked for this problem was really what we want, right. Things evolve. And starts effecting animals we want to fix it. So we want to fast lane through CVV.

Dr. Beth Lautner: So it would help you with the information that this should be a traditional license. You know, this should be put out as a conditional...

Man: Right. That's right.

Dr. Beth Lautner: ...play.

Man: We want...

Dr. Beth Lautner: It would give you the data to show that the strain is changed. And this is really more prevalent than maybe what was originally approved for that vaccine. You're exactly right.

I mean there's a variety of uses of this information. So those - that's the current definition. And then this has been the definition for quite a period of time as it's worked through (unintelligible) Ethiopia resolutions.

So this again just like the emerging framework document that I had mentioned earlier was provided out in the stakeholder registry document. The emerging framework document is not intended to be a regulatory document. That's - here's how we're going to do things.

That's not going further. The emerging document - what we're doing with that is we're taking each of those four goals and fleshing out more detail on the goals of the emerging document as information and discussion. But it's not a regulation.

This (Mill Rat) would be a regulation. It would go as a proposed rule for - and it would have guidelines for implementation. So the plan for this - and let me just ask (Stan) did you join? You might need...

(Stan): Yes. I've been on.

Dr. Beth Lautner: Okay. Great thanks. Yes. So our next step with the (Mill Rat) are we've identified individuals from the (NA) Coordinating Council.

Which is our national (unintelligible) coordinating council. And the (Mill Red NAR) steering committee. So we're working to form a joint committee.

And we've identified from the comments that we've received, we received over 20 plus comments. And I'll show you some examples of the comments we received. But as we look at that based on the comments and our discussions we're - there's key points that need further work.

Just to (Don's) point. A case definition. So what's - what is a laboratory identification?

When have you now decided that you have - is it suspect? It presumptive? Is it after you confirmed it?

And then what's the trigger? Based on the case definitions what's the trigger for reporting? And the timeline?

So is this, you know, you found at 5 o'clock on Friday. Is it - you're reporting it at 5:01. You know, all those types of things need to have further discussion.

Response and actions obviously as I said more discussion around that. And logistics. In the document it talks about producers, diagnostic, lab veterinarians. And the diagnostic labs would be both the public laboratories and the private laboratories.

So they'd be across the board. Our reporting requirements right now for emerging disease relate to accredited veterinarians not to a broader base. Then there's some big issues in this from laboratory and lawful property right.

So one of the challenges and this is going to be a focus of quite a bit of discussion is if they're required to report, are they required to provide the virus or the sequence of the virus. Or not. We all know with Universities there's a lot less funding to Universities then what there has been in the past.

And they're very much when they identify something new or a private laboratory identifies something new. You know that potentially has scholars attached to it. You know, and if they can work with a company to get a vaccine out there.

And in general that is actually good. Because you want someone to take it forward and move it into a product. If it turns out to be a disease that you need to do something about.

But at the same time what's happened overtime with that is there's not been a discussion or reporting or common knowledge about having a new virus or something. It's been kind of quietly worked on. And not knowing - meanwhile while that's being worked up which is good, that actual disease could be spreading.

So it's a real challenge I think for those of you at universities or private labs, you can see, you know, if you were the ones that founded. So there should be something that comes with that. But at the same time what's the public good piece of that.

Or the better for the industry kind of people that. And this is - and I can tell you this without getting into details. I mean from an (India) self-standpoint we've gone out at items and gotten our own virus to be able to work through things.

And I could site a number of cases where we set our own folks out to get the virus. So that we - because what we like to do is generally like to provide it out there. And we've done that in different situations provide the virus to groups. Then go ahead make vaccines or whatever's needed to get something.

Man: Yes. You're similar issue when you deal with academic institutions and publications and stuff too. I know there is a big problem back in '05 and '06 with HBAI, the H5N1 in Europe.

And some people holding back on providing press releases. Or announcing where the virus has been found until they could publish it in peer review journal. Is that a consideration?

Dr. Beth Lautner: That is a concern. So what should you - if someone's reporting it to you, what should they get to retain? I mean do they need to share the virus.

Do they need to share the sequence? Because the sequence is the key piece of that that really lets you know it's different or unusual. And it is true sometimes the way we've all learned about something new is the publication comes out.

And there's examples of that where someone - it wasn't until the paper came out a year later that we realized we had something different or new. And by that time you've lost the opportunity to go in and see if it's really significant. The incidental (unintelligible) or is it really something significant. So this is a - this point is huge issue because you don't want to discourage the development of product.

Man: Okay. So problem's going to be here forever. So what do you think should be a way to handle it?

Dr. Beth Lautner: Well if I had - the way that the information would be provided because you need it for diagnostics. So that's the key pieces if you're going to develop diagnostics, you need to know that information. That the sequence information, those types of things.

We do right now, we have what we call material transfer agreements. There are Universities or groups that will provide things to us with an agreement attached to it of what we can and cannot do with it. The challenge gets to be (Wayne) is, and this is what we've got to work through some more with Universities.

And I think having some discussions with their foundations is in some ways, in general for the US government we'd like to provide the viruses out there. And then you all go as fast as you can with the technologies you have - you've got a plat format. You've already got a proofing.

You can just insert a new sequence and you're ready to go. In some cases it might you need to look at a different approach. So in some ways we'd like to say let's have it out there.

And then you all look at what you've got competitively. How quick can you be out there? How quick can get your studies done?

Those types of things. But I think we've still got more to work through on this one. I don't - what's from your standpoint?

Man: But...

Dr. Beth Lautner: I mean we would identify viruses at times.

Man: Well I go back to the first thing. I think there's a legal approach to this. And then there's an ethical approach to it.

And you have, I think a lot of the purse was held back for years by one company. I think all of the rights to it. And, you know, we went 15 or 20 years where there could have been a lot more research going on.

But it wasn't going to occur. That frustrates me as an industry person. So I think there should be a framework if anybody has intellectual properties and know where there - and somebody else wants to work on it.

At least they have their financial agreement worked out about (Rick). This thing about going 15, 20 years without ever getting any result is inappropriate.

Woman: And we can't afford it.

Man: Yes.

Dr. Beth Lautner: We...

Man: It just shut done research on purpose. So I think there should be a legalistic thing that could be developed. And it's patterned for - just like a platform. Could be patterned for resolving for these intellectual property issues.

Dr. Beth Lautner: And I can tell you that, you know, there's been times people at Universities that wanted to work with us but, you know, their foundations are quite strong at the Universities. If there's something with a potential intellectual property they are bound to report it. And at that point it actually goes out of their hands.

Man: (Unintelligible).

Dr. Beth Lautner: At the University standpoint. So this - the goal - and the good comment that we had was the listing - B Listing process. So the intent with this is what the proposed rule would say is here who needs to report.

Here's the structure that we're going to have. But the list would not be codified where you had to go back through the Federal Register every time you wanted to change the list. You would develop a process.

And it would be in a BF Guidance document. So the rule would just say, you know, Federal Government gets to have - will have this process to determine what's on the list. That's kept over here on the website.

So rather having to go back to the Federal Register because it takes years to put something on the list. But there's a lot of interest in that process. Because obviously there's a lot of stakeholders interested in how quickly, you know, can you do it quickly. But on the other hand you want it done appropriately.

Man: It's the same way (Jackie) does things. They have the lab standards are changeable. But the - there's something things that are code defied.

Dr. Beth Lautner: And that gives you the legal authority...

Man: Yes.

Dr. Beth Lautner: ...to require that across the board. But gives you the flexibility. And that's the piece that you'll have to sort through.

What's clarified? And what's not. So the intent is to have the group meet. And then the intent would be to present this as (ABDLDUSHA) draft implementation plan that provides that next level of detail. And then be able to go (unintelligible).

And - my - remember what (Rhonda Haven) said at a team of Administrators sometimes going slower is going faster. So in many ways there's people would like us to get out with a proposed rule right away. But I think as you all know if we come out with a proposed ruled that has a lot of discussion around it.

And, you know, diametrically a pros views of what you should do. And then as far as going to a final rule you don't move very fast. And I think you've all seen it put out proposed rules and pull them back. And you don't see them come back out again, so.

(Boyd Pharr): It's also stops you from participating in the discussion publically.

Dr. Beth Lautner: Yes. So what we're trying to do - it's a very good point (Boyd). What we're trying to do is have as much discussion as we can up front. Because I think at the end that'll make things go faster once you're getting into the role making process.

And that there's more input. So this is just back to the emerging framework paper. So I took a further discussion on the (NEL RAD).

And then this is back into the emerging framework paper. This will be a very collaborative process to decide what to do. So let's say we've identified something now.

So we be talking State Animal. Conversations with industry representative determining if we should conduct a field study. I mean some of this could be a report.

And have to go see if it's significant or not. And you've got a lot of things to consider as we've brought up the trade impact. You know, we've did a significant to the industry with regard to who security.

Obviously public health brings these dynamics to it. Animal Health Production impact. Environmental. But just don't politics around it.

What's it going to take for resources, expertise? Do we have capabilities?
Dynastic capabilities? Authorities.

Potential to list it with the monoterrosim type of situation. So a lot of things to consider as you're looking at what's the appropriate response. And as I said, we're looking to create working groups around each of these four goals.

To get more definition around these. I think one thing that you brought up on trade is it is important that we're all speaking with the same level of information. And the same voices.

We're working through these types of things. You know, to make sure everybody's go the same information. And then as we said goal four is responding to it.

And one of the things you'll see in this box is response doesn't necessarily mean depopulation. It can be information dissemination to the full scope of what they're maybe the capabilities to do. But one of the areas that Dr. (Culprit) is committed to is, you know, if there was any - it said determination and concert with faith and industry was to do something more from a control, eradication standpoint. That compensation mechanism needs to be identified.

And that was the issue in Canada where there wasn't really for that swine card. There wasn't really - it didn't fit within their compensation mechanisms. And I believe actually - I think the industry ended up paying for the depopulation there.

But that was a key point of making sure that - if that's what you chose to do and I think, you know, that would not be your first choice in most cases. But you'd want to make sure that compensation, you have a legal authority to do

that. Other things as we said diagnostics, education, control, certification, research. I mean obviously it's going to be important to keep the research priorities. And that's gets into, you know, the comment about who controls the virus and those types of things. So is it a small group that would have access to it, or a larger group?

Now just to finish up, these are some examples of comments that we received. We did get comments - AADLD, SHA, (Nasiho), different commodity groups, ADMA, states. We had quite a few comments from states - from laboratories. So in general I would say the comments were supportive of both the (Nilrad) and the emerging disease framework. I think it was more, you know, kind of as always, the devil is in the details of how you're going to do this.

So these are just examples of comments. NCVA supported it as a core practice for VS. And here's a thing - these next two comments kind of show the, you know, not everyone is going to agree on how you implement this. So from a laboratory side, we got more comments saying, you know, let's make sure we don't have an undue burden on the laboratories. That's kind of a funnel point.

So do we have to report every day when we get endemic diseases from another - from a state? Do we have to report that? And if the vet's supposed to report as we wrote the (Nilrad), the veterinary is supposed to report and the lab's supposed to report and the producer is supposed to report, how do you make sure you're not duplicating reporting? And do we all have to duplicate? If it's coming through a laboratory, do we all have to - can't we combat that as recording?

The middle comment was - supported the reporting requirement of any individual producer, veterinarian, laboratory personnel or others. And if

there's circumstances where you don't need duplicates, make sure that's clarified. And in this case this was a state animal health official that wanted it mandatory to report the results to the state vet because that's been a key issue of not always getting that information.

But in this case they also wanted to get the negative results, which would be a huge - I think a laboratory would see that as a huge burden to report, you know, every negative result they had that came into them to that state or origin.

And this is another comment that said really you ought to confine the reporting to veterinarians with diagnostic labs. Owners aren't likely to be aware of it and wouldn't necessarily know that this is something new or unusual that you should report. So that change owners - for the animal owners. Another group wrote and said well you touched on infectious diseases, but you should have toxicology in that too.

So this isn't going to be - this will be a very participatory interesting process, and probably as usual when you come up with it, probably at the end no one will be happy. And that will probably be about the right spot. But - yes.

(Mary Anne Kaneeble): Well that was my question too. I had that circled on the summary paper, was how am I supposed to, you know, I think that cow has - I mean...

Dr. Beth Lautner: Right.

(Mary Anne Kaneeble): ...realistically, producers shouldn't be reporting, should they?

Dr. Beth Lautner: Well and I think so the case where that might be of interest would be if you're not going to do any diagnostics, you know, if you're not going to work with a

vet or someone and just say - and you could have different sized operations that might choose to do this. But I think...

(Mary Anne Kaneeble): But they can't make a diagnosis.

Dr. Beth Lautner: Right.

Man: But they can report symptoms. It's not necessarily actionable. I would have to say our state (unintelligible). There's a lot of (unintelligible). And so we tried developing a relationship where we're trying to help them get to the bottom of (unintelligible). And then we consult between what test...

((Crosstalk))

(Mary Anne Kaneeble): But they're working with you. You'd be the one to report it, not them.

Man: Well they have to - by law...

((Crosstalk))

(Mary Anne Kaneeble): Well they might call you.

Man: Our state law requires that physicians report any of the symptoms - any (unintelligible). They can't just say it's IBR (unintelligible). I think it's IBR, but the law requires we do determine that that (unintelligible) can be written off (unintelligible).

Man: So realistically how often does that happen where producers...

((Crosstalk))

Man: Oh I'm sure it's well under 50%, but it does happen. And it does establish a dialog. You know we have to emphasize (unintelligible). The concept of establishing the relationship where we say you won't bother us to report a lot of stuff that's not going to matter - that's okay. And then they trust us to not overreact and alarm and quarantine.

Ninety nine percent of what we give is yes, we think that's no problem. Thank you for calling. Make a record of it.

Dr. Beth Lautner: Some of it gets to be if you're using, you know, I think most would look and say if you're using a diagnostic lab and a veterinarian, somewhere the reporting belongs there. I think you're looking at would you ever have a situation where - and to be honest, if a producer wasn't using a veterinarian or a diagnostic lab, they're probably not going to report even if they knew they were supposed to, they're probably not going to report it either.

Man: Most vets, you know, veterinarians will send it in. Those are the gaps that alter you can get sent to the lab where it was just nothing there (unintelligible). So that's the gap they fill - the one - they'll have a vet and they were just going to be around and not send it in.

Man: We have - in Maine our law says any person also must - any person must report. It's not...

Dr. Beth Lautner: Vet specific.

Man: ...specific to - no, any person. And so where that has worked favorably for us over these many years that I was in Maine and involved in regulatory work

with swine farmers, because for many years there was nobody. There were no practitioners who really wanted to do swine, and so all the swine farmers would call me or one of my colleagues. And then we would visit with them. Sometimes we'd engage a private practitioner if they were interested, but usually they weren't. It's changing a little bit now.

So we had great contact with swine farmers throughout the years. And to me that was the - I always thought that that was the highest risk population for introducing some exotic disease into the US because of the character of our swine industry which was kind of small scale, backyard in a lot of cases. Maybe they were feeding garbage, you know, from not cooking it - that kind of thing.

So I always thought that was a good thing. And it wasn't, you know, they weren't actually reporting a specific disease. They were reporting that they lost some pigs. That was really a good thing.

Man: But they would still do that. But you could take - but then you would report it the next step. So those people wouldn't go to the next step.

Man: They wouldn't, but if we found something, then once that national list of - what is it - that (Nars) came in, you know, then we would report that.

Man: Yes.

Man: And there's no preemption (unintelligible). So it's not going to eliminate states requiring it. It's your state laws...

Dr. Beth Lautner: No. There might be in addition.

Man: Yes. But we would like for that to be rare.

Dr. Beth Lautner: So let me just - we'll get to the discussion. So there's some interest support for it. It's looking at a swine health information (unintelligible). One of the things they're looking to do is collect up information and look at surveillance and have, you know, more transparency about what's going on in the industry. And then they're looking at a board that would help try to look at that information as well.

So I think the point - the reason I'm raising this is - and I think it goes into the backyard versus, you know, very integrated industries. We're trying to look at something that will fit across the spectrum, you know, and checking the backyard in some manner - catch the highly integrated industries that already have a very good detection and reporting system. And you're trying to make sure it covers the US.

So I think this is one - two quotes probably apply here - is I think this is going to take a lot of discussion because there's a lot of nuances to it. And then, you know, really at the end of the day what we're trying to do is really have our pulse on the finger of animal health in this country and being able to detect it and respond appropriately. And that's how we all view that, and where that all ends up I think is still - there's quite a bit of discussion.

Turn the lights on.

((Crosstalk))

RJ Cabrera: Thanks Beth.

Dr. Beth Lautner: I was going to present...

RJ Cabrera: So further opportunity for questions for Beth before we get into the deliberations.

((Jonathan)): This is not a question so much as a comment. But it's interesting that we're talking about a national reportable animal disease list. But it was obligatory reporting at the national level. But I know there's been resistance in the US and Canada and New Zealand and Australia on reporting the detection of OIE list diseases in wildlife.

And so there's a little bit of contradiction here (unintelligible) reporting nationally. But USDA doesn't feel it should be reported internationally.

Man: (Unintelligible).

((Jonathan)): Yes.

(Jonathan): I didn't know if you wanted to comment on that Beth. It's just an observation.

Dr. Beth Lautner: Right. And I think (Stan), we did get comments on the reporting of the wildlife piece. And I don't know (Stan) if you want to talk about anything you've had with discussion with the (Nars) or along with our OI reporting with regard to wildlife.

(Stan Bruts): Yes. And there was a lot of discussion. Everybody realizes the importance of wildlife in domestic diseases too, so there's considerations. But a lot of it was based on our original authority being related to agriculture and that, so that was more of our emphasis.

But still on the notifiable diseases, they are serious enough that if they should be found in wildlife diseases, there should be reporting of those diseases.

Dr. Beth Lautner: I think that was one of the areas we could get some comments on (John), that we're going to have work through some more because I think we all know the diseases are going both ways.

(John Fisher): Sure. Thanks, and thank you (Stan). (John Fisher) here.

(Stan Bruts): Hey (John).

((Crosstalk))

(Mary Anne Kaneeble): Well we've got - who's going to define what's serious enough?

Dr. Beth Lautner: And that's the triggers. That's the discussion that has to be. And I think, you know, are we going to get this right and everyone's going to do it exactly the same across the country? When you look at the large number of producers and veterinarians and laboratories - no. We won't get it all the same, and all aren't going to view it. I think we're hopeful that we can do better than what we've been doing. But your point is exactly the challenge with this is.

And I think it's, you know, and you may have different views whether you're the one reporting versus you're going to be the beneficiary of somebody reporting it so that, you know, the diagnostics will be there, the vaccine will be there or you'll know the controls measures - how to keep it out of your farm or ranch.

So that's the challenge of the reporting for the public good type of piece, and the good of the industry. But you as an individual producer reporting it, you

know, are going to wonder what's going to happen for the consequences of it, which goes to Boyd, you know, trying to create the culture that - like what we've done with PED, you know, people are going out, they're investigating. There's no restrictions on folks in a way.

So they're helping to contribute with EPI studies. So, you know, there's been epidemiological studies done to try to understand risk factors and those types of things.

(Boyd Pharr): That culture is a better answer that I gave initially to your question. It's not really us focusing. We're a little unique in that the university regulates our education. It's the culture of the fact that everyone you get - we just won't come to court once and, you know, say hey, the vet called (unintelligible).

When everybody's responsible, then the producers are more likely to encourage the veterinarians - you ought to go ahead and do this as opposed to just (unintelligible). It's the culture of communication and working together. And everything eventually comes down to trust. You've got to assume that trust relationship.

(Mary Anne Kaneeble): I mean I have no problem with reporting it. I just know that - it amazes me how many people don't read anything.

Man: (Unintelligible).

(Mary Anne Kaneeble): And I - so if you think that 50% of the people are going to know they need to do this, isn't going to happen.

Beth: Right.

(Mary Anne Kaneeble): Ten percent will know, and that's about it. And so...

Dr. Beth Lautner: There's a lot with the client. And I think, you know, (Boyd) I think what you said is, you know, one way that approach could be. It's a discussion. The producer says you're reporting, right, or we sent it to the lab so the lab's got that covered.

But it's going to be a lot of education process with the commodity groups and producers, extension - all of that to explain...

((Crosstalk))

(Mary Anne Kaneeble): ...ever hear.

Dr. Beth Lautner: Right.

((Crosstalk))

(Boyd Pharr): You know we as vets like to keep it there and don't like to send it up either. And we have to understand that we solve two things that (unintelligible). But if we send it up in all 50 states all the same two things, then all of a sudden we've got something. We're not at a level that we can see that.

Dr. Beth Lautner: And one comment that we've gotten from some of the industries that have operations in multiple states was this doesn't make sense. You've got this, you know, all different requirements, you know, across those. So why do I have to report it in one state and I don't have to report it in another state?

Man: I had a situation where a partner showed me some slides last fall of some cattle in the feed yard in Nebraska I think it was. And they were sick in their

lesions (unintelligible). There was the chronic lesions all around the mouth. Tongues looked terrible. I looked at their lesions and I said wow, who reported this? And he said well my brother was involved at a state level. And he said two veterinary clinics did not report it. They were working on a diagnosis.

So the producer had a problem. Two veterinary clinics didn't report it. And I said wow, this is like I mean flew in from South America or someplace. And he said I'm telling you, it isn't as good as you think it is out there.

Man: And an example we have, all the education we do on other people - my pet peeve, you know, neurologic symptoms for public health and other reasons. And we constantly get results and VSL submitted from not diagnostic purposes (unintelligible). Some are veterinarians for the horses. Diagnostic and they're running all the neurological diseases. So we always call them. Why are you running these? Do you have in your license the horse that you reported? Because (unintelligible) results in our state. And that's where it would be a burden to labs. But with messaging and electronics, it's not the burden that they say it is.

Dr. Beth Lautner: Well and that's, you know, the IT piece - the backend of this is huge, you know, to say - I mean a lot of what we do now is on spreadsheets. I mean we're looking at the IT that it would take to handle this because unfortunately a lot of our surveillance programs, you know, are upgraded with spreadsheets and other things.

And this obviously, you can't have spreadsheets with this kind of - and it's got to, whether it's (emerge) two or the SDS or something. That's the other piece of the discussion we're having is, you know, it's not going to do any good to have reporting with certain timelines, and then no one's accessing it.

Man: That's interesting what you say (Boyd), because, you know, in the case of a neurologic horse or a cow let's say, you know, if I'm a practicing veterinarian I may not report that that instant. But if it dies, my first, you know, step is to recommend that it be kept (unintelligible) in our study.

And then it gets into the lab, and I know about it because they've reported it to me. At that point if they, you know, if they euthanize it or it dies, I mean it could - they've got to know. The owner's got to know. So we find - but we don't find out - you might not find out about it until it's euthanized.

(Boyd Pharr): Well and rabies is one of our reasons which is not an emerging. It was the real deal - public health to (unintelligible). It seemed real effective using that feedback mechanism. So we have a form that they can do it. And we say and by the way, has this kind of form we could have provided (unintelligible) and you wouldn't have had to pay for it throughout our Department of Health. We would have paid for it.

Dr. Beth Lautner: And that's another good point here on the funding of this. You know certain laboratories may take it to a certain point. But another laboratory might be able to do some more advanced techniques. So who's going to pay for that, you know, if it's something where someone thinks well this should be further investigated. You know who's going to pay for it? So that's another piece of this as well.

Maybe one thing that would be helpful would be - I think probably would - obviously the state animal health officials have been involved in this through the discussion points. But to your point, for a producer community, obviously the commodity NCBA and others would be very engaged in getting the word

out that this is, you know, it may look, you know, explaining it to producers why this potentially is a good thing for the industry.

But are there ways to reach producers - maybe anyone else for the groups that you represent? I know we've got integrated operations. But then we have the backyard, you know, we have bottle security for the birds and different things.

(Mary Anne Kaneeble): With the changes that are coming with the veterinary feed directives and all of that, it's hard for me to understand how anyone can do best management practices owning any animals, and not have some kind of a relationship - even if it's very minimal. How else are you going to get anything that you need, you know, besides a 22 if your animal is sick and you don't know what to do?

So it's to me some of that's going to change in the next couple of years if this stuff rolls out. And so, you know, that may be a lot smaller part of the population that we'll have to worry about...

Dr. Beth Lautner: Right.

(Mary Anne Kaneeble): ...as we roll through the rest of this stuff as it comes out because it is going to change everything.

Dr. Beth Lautner: That's a good point - that's going to get you access. And as we, you know, with accredited vets we have the modules with continuing education and things. So we've got the potential to reach accredited veterinarians with modules, you know, and companion animal veterinarians if you're (unintelligible).

So we do have the ability to reach those. But that's a really good point with the veterinary feed directive. That relationship at least at some level's got to be developed.

Man: And that was a recommendation that we made last time under antimicrobial resistance to develop an accreditation module on the new antibiotic - antimicrobial resistance in the coming. It really applied too. That's a great point because even very small producers now are probably going to - they're not going to be able to go down the ag-way store anymore...

((Crosstalk))

Man: Or buy a medicated turkey...

Dr. Beth Lautner: Right.

Man: ...placket preventive - I don't think. I haven't figured that out yet.

((Crosstalk))

(Mary Anne Kaneeble): You know those will still be available. But those aren't really...

Man: Right.

(Mary Anne Kaneeble): ...what they're going to need probably if they have a problem.

Man: Right.

Dr. Beth Lautner: That's a really good point.

Man: So Doc, just to say it out loud, I mean to me this is designed to prevent a PEDV from sneaking up on us, okay, or to get out of control. And then all of a sudden it's in 20 states, everybody's complaining and bitching about it, right? Okay.

So if it's for the big stuff, then you've got to draw the line at the big stuff. If you get in the weeds where every pig that gets seen that has diarrhea or scours has to go on a list, you can never manage that system. So you're going to have to - somebody's got to draw a line somewhere, or you've got to have an off list of here's a background list of little stuff. And when it starts to make more noise, then we dig into the backup list. You know what I'm saying?

Dr. Beth Lautner: Well and I think...

((Crosstalk))

Man: I'm kind of saying (andromic) list could be percolating in the background. And then all of a sudden, man like Nebraska's got a lot of respiratory disease going on in cattle now or something. But it's almost like you can't have that in the big list - in the big stuff to me. I don't know. So that's one consideration.

Then the other thing, you asked how to reach stakeholders. On Friday, July 10 at the AVMA, all the turkey vets in the country meet in one room. All the chicken vets meet in one room. And then two hours...

Dr. Beth Lautner: (unintelligible) the industry.

Man: You can address those two industries. If you want to send somebody there, I can get you on our program easy, and give you a half hour or 45 minutes, whatever you need to address the broiler and turkey people.

Dr. Beth Lautner: Well and I think that's the way to look at this. I think one of the things that could be, you know, looked at in this process is if you work with laboratories and as we get the ability to work with folks as laboratory information management systems. So you might not expect producers to report this level. But if you start getting diagnostic labs where I'm getting three or four or five of these - where I should have detected something, you know?

And then you find out there's another laboratory that's got four or five or six of these where you didn't get diagnosed - your increase in undiagnosed cases. We always know like abortions you don't - a lot or 50% or more, you don't get diagnosed. And that's normal. So you don't want to get excited about every abortion case out there.

But if you start having where you're now getting 90% with no diagnosis, you know, you might get interested. Or you're getting those baby pig diarrheas without diagnoses. So if you start linking up with a laboratory - not the producer side, but the laboratory side - that there's increase in your baseline of diagnoses, that's - so knowing what your baseline is is important. You're still going to miss some, but at least like you said, you've got to figure out how do you get rid of the background noise.

Man: Yes, there's a lot of background.

(Boyd Pharr): (Intelligible) too, particularly (unintelligible) what your baseline level is.

Man: Yes.

(Boyd Pharr): It's unusual.

Dr. Beth Lautner: Right, like a mortality event at one farm might be a normal - might be increased for someone, but it might be normal for someone. So studying absolutes is...

Man: You get an epidemic of reporting too now, you know? I mean I've got to meet, you know, I'll meet with my guys and say hey, we're having this kidney thing. Here's what it looks like. Has anybody seen it? Next week they're all reporting a zillion things. You know it's all the over the place. Oh yes, they're squirting doc, they're loose. I say hey, time out. Time out here.

Dr. Beth Lautner: Well and I think you don't want to lose the significant amongst the noise.

Man: Yes.

Dr. Beth Lautner: And that's, you know, the challenge with this. But then you still want it set at a level that you detect it early if there is something you should be looking at.

(Mary Anne Kaneeble): In the documents that were sent to this, is this Appendix A, the US national list of reportable animal diseases. Is that the template of what you're making the...

Dr. Beth Lautner: So, and (Stan) has worked with this. So this was - right. This list was the list that was put out. And (Stan), do you want to maybe comment on the list that's in the appendix? We got a few comments on potential additions or changes a little bit. But (Stan), did you want to comment on how long we've used this monitored list like this?

(Stan Bruts): We've been reporting through the (Nars) for the last couple of years using that list. And you kind of touched on how that list was developed. It is primarily

the OIE listed diseases. There's only probably maybe four or five other diseases that were recommended to be on there.

The list we have - we're going to be looking at it again closely. This was put together probably four or five years ago, and especially some on the aquaculture, a lot has changed on there. The aquaculture group - the listing of what they have there has changed considerably, and it needs to be updated. There's probably one of the industries that had more that were non-OIE listed on there. So it is the draft list that we've been using.

Dr. Beth Lautner: So maybe because I know they've got other topics, but let me - (Aaron) and (Stan), is there anything else that we haven't discussed or touched on or - that you'd like to bring forward, (Aaron) or (Stan)?

(Aaron Scott): Yes, this is (Aaron). There was one point that I'd like to clarify a little bit because I think I heard some confusion. And that's on the question of everyone being required to report. One of the things that we did very intentionally was to put anyone with knowledge is required to report.

So if you're a producer and you have something going on that you're totally unaware of, then you wouldn't have knowledge of it. The reason for requiring everyone to report - this comes from many, many years in private practice - is that as a practicing veterinarian you are required by regulation to do certain things. But the people who pay your paycheck also have other interests.

And so if everyone is required to report, then the people who pay you are also required to report. And you're not in a position where you're - where there's a conflict between regulations and your income. So those two points are I think important to keep in mind when you discuss the issue of the requirement of everyone to report.

Dr. Beth Lautner: And maybe that also goes to (Wayne)'s point on the veterinarians. It's a level playing field for veterinarians then too. You can't, you know, work with this group doesn't report, and this one does. I mean at the end of the day everybody is supposed to report. That levels that playing field.

(Aaron Scott): Exactly.

Dr. Beth Lautner: (Stan), did you have any other comments or points we should make?

(Stan Bruts): Yes, there was just one issue. One of the issues as far as the emerging diseases, one of the reasons for the national list and looking at it was the ability to add a disease in a quicker manner than - rather than going through a federal order and that takes a large amount of time to get done.

If we do identify an emerging disease, we could actually have the requirement fairly quickly after it's went through veterinary services, (Nasaho) and all the other approvals that we need to add this emerging disease. And we could be getting reporting a lot sooner and require the reporting a lot sooner than we could - than we currently can do now.

Dr. Beth Lautner: Okay, thanks. I didn't know if you had anything else.

RJ Cabrera: Well I think what I'd like to do is take a break - been sitting here a long time - then get into some deliberations. You're going to be around?

Dr. Beth Lautner: I'll be here all day.

RJ Cabrera: Okay. And then after the deliberations we'll go into the TB presentation. Sound good?

Dr. Beth Lautner: Yes sir.

RJ Cabrera: So five up.

Dr. Beth Lautner: (Horizon)?

(Horizon): Yes, I'm here.

Dr. Beth Lautner: We're going to take a break until 10:55. I'll come back at that time.

((Crosstalk))

Dr. Beth Lautner: Okay?

(Horizon): Yes.

Dr. Beth Lautner: Thank you very much.

(Horizon): You're welcome.

Dr. Beth Lautner: I'll have lunch.

RJ Cabrera: So let's continue on with the National List of Reported Animal Diseases Committee deliberations. We've had an opportunity to look at the questions, and we've already had some discussion on some of these. But any thoughts on the first question? Any feedback on the strengths, weaknesses, value and feasibility? (Bill)?

(Bill): Some thoughts on it - more general level. If I'm understanding right, what they're asking us is to endorse their desire to initiate rulings.

RJ Cabrera: I would say yes.

(Bill): So what are the downsides? Why would some people oppose this? Just to understand.

(Mary Anne Kaneeble): This is (Mary Ann). To me there's two downsides. I don't personally see them as a downside, but they have been brought up to me as being bad, and that is the - on some diseases there is no identified response. And, you know, when you look at some like foot and mouth disease, there is no true identified response at this point.

Anyway, so the other one is that there will need to be a premise ID for reporting. A lot of people do not have a premise ID.

Man: A lot of people don't want to report because of the fear of financial loss.

Man: Fear of financial loss or fear of even the trading partner deal too would be the unknown piece. Because on the list, you know, I think yes. And then I think - I don't know. To me there seems - there needs to be a - there has to be some harmonization with OIE or something too. I mean I guess they're all covered, but I haven't really seen that.

((Crosstalk))

Man: Yes, should be. I mean I hope it is.

(Mary Anne Kaneeble): At least the list I saw was...

Man: Yes.

((Crosstalk):

Man: I haven't compared them side by side...

(Boyd Pharr): You don't want everything that goes into this (unintelligible).

Man: Right.

(Boyd Pharr): That's a big difference because, you know, we filter out the (unintelligible).

Man: So it's expanding the list of reportable diseases, but we don't want to report them.

(Boyd Pharr): Well it's really, you know, the diagnoses list - I don't have a problem with that matching OIE. It's the emerging and the symptoms that encourages reporting about what we don't know about. That's the big gap in our system..

Man: So seeing there's going to be a codified list, then maybe the syndromic list is not codified or the emerging part is not codified maybe.

(Boyd Pharr): Well it covers to be reported OIE under the government I would think because I was in practice for 26 years, and I dealt with people. Okay, you think that's what it is? I don't want to proceed any further. And so I don't want to get an official diagnosis (unintelligible) of diagnostics. It would reach the threshold of the technician. That was (unintelligible).

Man: So those pictures you were talking about, that's scary stuff out there.

Man: Okay, good.

(Boyd Pharr): And it's largely trade driven I think because of - responses are not always (unintelligible) in the national community. And they're not always (unintelligible) our behalf either.

Man: And then so the OIE list or the big list of diseases, we don't have an issue with. I don't think anybody in this room does. But then how to do the emerging list and where does it go? Is it a codified list? Is it an ancillary list that's dynamic and changes? I think that's what I heard.

(Mary Anne Kaneeble): And who's on the advisory committee to do that?

Man: And the monitoring is a whole separate issue - being able to accumulate this (unintelligible) data shows you a pattern that you would (unintelligible). This is reportable but it's not action. A lot of things that we don't plan to take an action. We just plan to make a note and see if a pattern develops. And that concept we need to have nationally. But if it's tied to it's going to be reported automatically, the (unintelligible) going to be a challenge.

Man: Well an example of that would be pandemic virus - the virus that popped up in Canada a few years ago and (unintelligible). That producer did not have a...

((Crosstalk))

Man: I don't know.

Man: Nobody wanted...

((Crosstalk))

Man: But that was an industry inability to market...

Man: Sure.

Man: ...and not a regulatory one.

Man: Yes.

Man: So that's (unintelligible).

Man: In fact that discussion that we had yesterday about confidentiality. I mean would that be a possible recommendation that they - along with their rulemaking they develop a guideline for confidentiality?

Dr. Beth Lautner: With that maybe going to number three? That would promote acceptance.

(David Smith): So this is (David Smith). As I see it strengths, well we don't have a national list right now as I understand it. There's a lot of confusion (unintelligible). I don't see how this changes the state to state problem. Like it's still our state (unintelligible) even though we have a national list. My understanding is there still are going to be state by state requirements for reporting.

(Boyd Pharr): This is (Boyd). I guess what I would say, you were creating a chance where the opportunity would exist to harmonize the common elements and a methodology reporting to one place with feedback for those that would so agree. These extra ones just face (unintelligible). It's very likely some will. Extra ones would be a much smaller place to deal with. It wouldn't solve the

problem, but it may make it a lot less hard (unintelligible) because the one reported could be distributed nationally.

Man: So you think (unintelligible).

(Boyd Pharr): I think they would start moving in that direction.

Man: Yes, I would think they'd migrate towards that direction. Maybe...

((Crosstalk))

Man: Yes. I would expect then to anyway.

Man: Is that a strength Beth?

Dr. Beth Lautner: Yes, I had that...

Man: Well it's a strength if it goes that way.

Man: (Unintelligible)

Woman: Can you give us an example of where there would be some extra ones?
There's a lot on this list.

Man: Yes. You know at first look, I thought the language is different on some of the ones that I have. Ours is maybe more explicit. But, you know, that one about unusual death, and it doesn't make you have to have a diagnosis - pretty well covers it. So there's really not much (unintelligible).

Man: The other one is toxic substance exposure. You know we had that on - Maine has toxic substance exposure that may threaten animal (unintelligible).

Man: And I think the AVLD asked that be added to the national list in one of their resolutions . I'd have to hear some of that conversation because they felt like they would like - that they should report some of those things. But due to confidentiality, they could not. And if it was included in this requirement, then that would make them able to tell people they thought out to know about it.

Woman: Can we revisit the confidentiality? I think you said that, you know, incorporate a...

Man: Incorporate a guideline...

Woman: Guidelines.

Man: That's the right word? Guideline?

Woman: We're keeping nothing confidential? I forgot what you said. I'm sorry.

Man: Maintaining confidentiality.

Woman: Just a question around that because we went through this with FCCV, and there was a question about FOIA related to SCCB and the data. So can you provide rare granularity? What is it that you want the USDA to be able to protect?

Because once this goes into regulation, it's required information that the government is collecting. And if we are getting information that is required to be a regulation, then it is subject to FOIA. So what information - when you

say develop - how was it phrased - something on confidentiality, what is it that you're trying to protect? The producer's name and address? What's the issue of confidentiality?

Man: Well is it that or is it brand name? Is it, you know, Butterball reporting a zillion of this, or Tyson Foods or Mount Air Farms or whatever? Is that - and you've done just to say it - a side note - you've done a great job keeping brand names out of the AI press somehow. I don't know how that's even been done, but that's been great. So I guess we're looking for that kind of non-company association maybe, you know?

Man: Okay, but you're saying also brand names.

Woman: I think brand protection is a big deal and farm ID is a big deal. So I don't want any media to send you something that tags you.

Man: Tags the business.

Man: But here's the other side of that coin is when would you like to know that as a producer? If I'm the producer, I think I would want to know when - where the farm is that has HPAI. I would want to know where the farm is that has foot and mouth disease.

Dr. Beth Lautner: So you want to know when it's an OIE, highly contagious...

Man: I would as a producer or as a veterinarian. Absolutely.

Man: You'd have to know.

Man: That should - I think that should be public knowledge. That should be up on the web as soon as that happens. With HPAI I'm surprised that it hasn't been because...

Man: Me too.

Man: ...it's so - it's such a mysterious...

Man: Do we care about every farm that has (unintelligible) or diseases that might not be highly transmissible or diseases that are insect borne that we really don't have control over like maybe EEE or I don't know. I mean there's just - you could go through the list.

Woman: But (John), I think the mechanisms are in place for that. I think that those two (unintelligible) that don't get set up right away, so those neighboring farms in all those zones, they know right away.

Man: Yes, you've dealt with it in Minnesota, so you have much more experience than I do.

Man: Isn't there thresholds? If something comes through a laboratory and it's productive something dangerous, there's only one - should be a high level of confidentiality. It's an epidemic - well then it meets a different threshold, a different standard.

Man: So what were you thinking when you raised the issue of confidentiality - protecting what - the submitter, the location of the submitter?

Man: And the name.

Man: The brand name?

Man: Well we were discussing in terms of medical - human medicine and the HIPAA laws. And they're pretty stringent, you know? But I brought up the example, for instance if I had HIV or tuberculosis that, you know, has - the public has a right to know, but under the HIPAA laws they do not.

It's difficult to exactly say what - it's not a black and white issue. But, you know, there is a presumptive right for a farm or for a customer of Butterball turkeys or something to be protected from rumor.

Man: Yes. I think there's always two sides - quite so. We've had a high path (unintelligible) Nobles County, Minnesota - the one I'm in. Well pretty much everybody knows the farm although there is a few more than turkey farms than the one. But the name was not listed and the name of the people were not listed, and then where they were at. But it was listed as Nobles County, Minnesota and it's there.

And then the 3.8 million birds that are just over the line in Iowa 25 miles away, well everybody knows who it is. But again the name and it said Harris, Iowa. That was it. And I think there's a minimum amount of confidentiality that should occur - names and premise numbers and all that.

But at all - if people are interested they'll find out pretty fast. And that's all I think. It keeps the name out of splashing in the paper all the time. That guy walks uptown and it's splashed all over. I mean he's not going to feel good about it. And he does have some rights. My wife called in for an appointment. I said would you check on an appointment with the - a routine physical appointment for me at the (unintelligible), so she did. And she couldn't tell her a thing.

Woman: They wouldn't tell her anything.

Man: They wouldn't tell her a thing.

RJ Cabrera: (Christina)?

(Christina): I think there's actually two issues associated with confidentiality. And (Don) alluded to what we do internally in the (Barstar) communications and our external communications in regards to an emerging disease event or an outbreak situation such as HPAI. You know we provide a minimum level of information that's been alluded to. And that is the county, counted level and the type of facility.

And because we're aware of the sensitivity, we will actually go through - we actually have internal documents that are (unintelligible). There are no names of individuals. There may be companies that are named, but that is not any information that goes beyond...

Man: (Unintelligible).

(Christina): Yes. We don't want producers' names in there. But we do want the minimum level of information that - because we have requests from state vets. We want to know what state has an active HPIA case. So you have an internal communications piece or external communications piece. But then you have the FOIA issue which is different. And that's where you have a couple that come in and requesting information. We want specific information about the situation that we heard about in the newspaper.

Man: So can FOIA come in - so could a FOIA request now get all the names and addresses of all the HPAI cases?

(Christina): They could come in and they could ask us if that was information that had been required -that we were required by regulation to submit - to be submitted.

Man: I'm sure it was.

(Christina): They could ask us for it. To give you an example, we get requests for indemnity all the time. We want a summary of the indemnity payments you have paid to producers for TB. And we have not - and we have been able to not provide that information. So...

((Crosstalk))

Man: What about the cases of HPAI though? If you were asked - and I asked this yesterday - if you were asked, would you have to provide the farm name, location?

(Christina): There are...

Man: Owner.

((Crosstalk))

Woman: FOIA has about nine exemptions that...

- (Christina): And if it's personally identifiable information, for instance related to the FCCD question, we've been - the most recent is that if an owner has his premises - has his home on his premises, that is an exception under the FOIA.
- Man: (Christina), meaning you can protect it.
- (Christina): Yes, we can protect it.
- Woman: Or it's exempt from...
- Man: Exempt from FOIA.
- (Christina): And then but the other thing that clouds the picture here is some of your states have sunshine laws. And so if you have any sort of sunshine laws which is our - to me it's the federal FOIA level is that if you have the sunshine law and you're involved with the situation and you're collecting information and somebody asks you for it, you have to provide it. So it's not just the federal government that you have to be concerned with. You have to be concerned with your state and whether or not you have sunshine laws.
- Man: I've got another question to follow up. Do you collect information - so if you have an outbreak of some important disease, you'll do an investigation (unintelligible) trace backs. And so that's also information that reveals business partners and - is that information that you're forced to share? I mean I think that would be a concern for some businesses, not just that they have the disease, but you're also telling them their business - sharing here are my business partners and how I do business.
- Woman: (Unintelligible) considered business confidential information? There's so many factors involved in this (unintelligible). If it's just 90, you know, explain

that. Each case is taken on its own merit. And there's actually, you know, a group of people who look at the request. And, you know, we always want to be transparent and open, but we are very, very diligent about protecting and keeping confidential information.

Woman: RJ's right. I've worked on FOIA requests (unintelligible). I was trying to think of like what exemptions there are - a lot of exemptions -and then the test that you do.

Woman: Yes, for each one.

Woman: And states also have FOIA. It wouldn't be FOIA. It would be their...

Man: Sunshine.

Woman: Yes, sunshine laws.

Man: So are we in pretty good shape?

Man: I don't think so because what I'm hearing is that, you know the regulatory agency is doing the best they can. And they have sort of internal underpins. But they don't really have a regulation. And if this is rulemaking, well this is an opportunity to set it out because again our technology is changing. I mean we've moved from paper to electronics that I'm assuming there's going to be an electronic reporting format. I mean everything is in flux.

Man: Yes. I think, you know, what you started out saying was developing guidelines for confidentiality. I'm not sure that we can hash all that through right now. But just in looking at the swine notifiable diseases, PED and (unintelligible) virus are on the notifiable disease list.

On my notifiable - the one I used to deal with in Maine, we have swine influenza on our list. That's not on. It may be on a - influenza may be on a multi species list. But anyway do - is that the kind of disease that you would - that the group would want to protect confidentiality of the owner - an endemic disease like that? Currently it is an endemic disease.

I'm just asking the question. I don't want - I don't think I need an answer. But if you move up the list on swine diseases, African swine fever, classical swine fever - those are trans battery diseases that are highly contagious. It's in the producers and the best interest I would think to know where that farm is.

To me, I would, you know, if I was involved in the initial diagnosis of that either as a practicing veterinarian or a state veterinarian, I'd tell the owner - I'd say listen, you're the first case and maybe you're the tenth case. We can't really protect your confidentiality because you have - your farm has been diagnosed with a highly contagious trans battery disease that we haven't had in this country in 40 years. We can't protect it. I think that that type of process or needs to be spelled out in this list so that it's - this is just be speaking - so that it's clear cut that it's protected or it's not protected.

Woman: So instead of incorporating guidelines, you want something more here.

Man: (Unintelligible) maybe, I don't know.

((Crosstalk))

Man: Obviously, you know, we can't work out the details here.

Woman: No, we're just...

Man: We don't even have the expertise. Maybe the recommendation is that they form a task force to develop guidelines.

Woman: Okay.

(Boyd Pharr): I think it is important to cover what (Lynn) said - that probably more information of this nature is reproduced at a state level (unintelligible).

Man: Which is all right.

(Boyd Pharr): That's state by state.

Man: Yes, that's a constitutional right for states to do whatever they do. But that doesn't mean that USDA should not know what to do.

Man: I think this - all this confidential sharing (unintelligible).

Man: Do you already have a task force on this (Leann)?

(Leann): No. We have a FOIA group.

Man: FOIA group.

(Leann): No, but I think this is a good one to make clear what the intentions are with regards to confidentiality. I think it's good for the committee to say this is serious. Now interesting enough, this is not an area that we actually got comments on. But maybe people weren't going there. But that wasn't an area that we actually had comments on. But it is an area that's important.

And we have the executive right of the sunshine law of some states because we had some people come and say how can you release that? And I said we didn't release that actually. So I think maybe incorporating that, you know, to look at the approaches to confidentiality from a federal and state. We're having this discussion with state animal health officials. I think that would be appropriate to have the discussions as well.

And to look at how can you, you know, asking us to look at how we - what tools that we currently have. And I think having more awareness of what tools we have may create an interest in looking at something else that should go along with this.

Man: I would think there has to be a real legalistic pathway that you have to have. And I think that would be good to do that because it's got to be there.

Woman: That goes back to what we talked about yesterday. We were told given a PIN number that no one could get our information tied to our PIN.

Man: What you run into is the same answers we got (unintelligible). You'll have the best opinion, but it will always be following a qualifier. But it hasn't been set. They have their opinions. They take it on a legal basis. But until this court case and there's a ruling there, not a precedent.

((Crosstalk))

Man: I'll give you an example what people get scared about. I called a local banker that I grew up next to when I was a kid. And I weeded through the bank. He's the bank president of this bank. And he was from my hometown. So I called him one day and I said hey Bob, I said do you ever feel awkward when you're

making notes out to farmers - when you're making more money from the government efficiency payments than they are?

And he said what are you talking about? And I said well this year the efficiency payment last year. How did you find that out? I said it's on the computer right in front of me. And I - he's a good friend of mine. And I was - and he just went into like a shock. He had - I mean so that's what people worry about. And I said I'm just kidding. I'm not going to tell anybody, but this is where you go.

Woman: It's 11:30. You want to pick this up this afternoon?

RJ Cabrera: Yes, I think - yes, we will.

((Crosstalk))

RJ Cabrera: We're definitely going to have an opportunity to pick it up again because the plan is - we just talked about this during the break - is that we have several more presentations, a couple on bovine TB. Then we have one from (Larry Grainger) on antimicrobial resistance which we're going to kind of ask him to keep fairly concise because we probably don't need to rehash a lot of that ground for antimicrobial resistance. And they didn't present us with any new talking points or questions, although he might.

But so then we were going to devote about - this afternoon - about 20 minutes to each topic - try to go through, develop maybe some recommendations, thoughts. And then have time to revisit at the end too, so we're not trying to rush through things. But we're trying to keep our discussion focused on these topics, and then figure out how we want to end the day because we have, you know, we have pretty much all afternoon to do this.

But we do want to - we don't want to hold our current speakers right now up too much, and try to stick to the plan. We're going to break lunch for at 12:30. We can come back, finish up TB if we haven't already, and then continue with antimicrobial resistance, and then go into our 20 minute discussions. Does that sound good?

Woman: That captured a lot of what you've just discussed, so we'll be able to pick right up.

RJ Cabrera: Right. So our next speaker is Dr. (Langston Hall).

Woman: No.

RJ Cabrera: No? Okay, who is it?

Woman: Dr. (Julie Rob-Osterman).

RJ Cabrera: Okay. She's going to talk about bovine tuberculosis molecular epidemiology.

Woman: Dr. (Rob-Osterman), are you on?

(Julie Rob-Osterman): Yes. Can you hear me?

Woman: Yes, and I'm going to pull up the document. I'm entering the meeting now. And then you can drive.

(Julie Rob-Osterman): Okay. Just tell me when.

Woman: Okay, I think it's loading up. Okay, we're up.

(Julie Rob-Osterman): Okay, thank you. So I was asked to talk about tuberculosis - bovine tuberculosis molecular epidemiology. But I really think the question that people have when they want to know about molecular epidemiology is not the science itself, but the root question which is really where are our cases of TB coming from?

And so that's really what I'm going to try to focus on. But we'll go through a little bit of molecular epidemiology to get there so that you understand a little bit about the science that we're using.

And so first of all I'd like to just really touch on the historical perspective of the eradication program. Then we're going to need to describe whole genome sequencing and how the USDA is using whole genome sequencing to inform current traces and support epidemiology of current outbreaks.

And then back off a little bit of that and describe the whole genome sequence characteristics of the last 18 years of new herds in the United States, which is 132 herds. And then discuss the importance of a quality database because you just have to have something to compare these sequences to to draw any conclusions. So that's really going to be what the next 20 minutes are going to be about.

So and this is not showing up, which is not really too good. Sometimes all of our testing doesn't go, but basically this is the classic graph that shows the percent of skin test responses with basically about 4 or about 5% at the beginning of the TB program in 1917, and then around 1950s or so we were declared modified accredited free. And today our TB skin test response rate is really right at the fall (depositive) rate, and has been for, you know, a few decades actually.

But we - and this is not showing up, but here was another graph that was going to show you the cases of TB that have occurred throughout the last 30, 40 years or so. And basically we're running around five to ten cases per year. And we're not going to probably have another graph, so I might just have to just break off here and maybe share my screen and do it that way instead because if we can't show much, that's not going to be very good. So let me just try to pull up the actual presentation here.

Man: How many on the line who (unintelligible)?

Woman: I don't know.

(Julie Rob-Osterman): And I don't know if you've got it and it's easier to follow along if you actually have it printed out but I suspect you don't so let me...

Man: We're working on it on this end.

(Julie Rob-Osterman): Okay. We're going to just (unintelligible) share my screen and see if this works. Can you all see a cow?

Group: Yes.

(Julie Rob-Osterman): Okay so we are in good shape. Alright so this is the classic thing but I wanted to really focus a little bit more on the affected cattle and survey herds from 1987 to 2014 and this is really basically where we are because despite still having a really low response rate - almost eradicating the disease - we're still having these sporadic cases of (unintelligible) that are occurring in the United States and averaging somewhere around five to ten herds per year.

We do import roughly about a million head of Mexican cattle and the TB rate in those Mexican cattle is about one case per 100,000 and so it's - it's continuing to go down and this only goes to 2013 and I think in 2014 and 2015 we will continue to see that downward trend. So that's really where we are as far as Mexican cattle and that's really all of the background information on the TB program.

And (Langston) will give some more information on the Mexican TB and I'm just really going to focus on this new technology that we've incorporated and that usually holds, you know, the sequencing. And really this wasn't even possible for diagnostic laboratories until 2011 when a company first produced the bench top next generation sequencer and NDSO and many others recognized that this was really a game changer.

And so we started the pilot for particularly TB and brucella in 2011 and the technology was so good and far surpassed anything we've been capable in the past that by December 2012 we just pulled out the net and just dove right in and have been releasing our whole genome or releasing our genotyping reports using whole genome sequencing ever since.

So and this is one of the reasons why I'd just like to go through a couple of scenarios about - about how this impacts the field and it certainly can. So for our first case we tried it on actually was a case in September of 2012 where we had a heiferette that had no identification that was slaughtered in Arizona and it was traced to a dealer in California which ended up being an assembled lot of 122 animals from 78 different herds - some of those very large - and it was just a huge daunting task.

We tried some genotyping of the animal and we were able to determine that it was a Holstein likely bull bred but that reduced the herd that could have

contributed to this lot by just a fraction. So we still had well over 60 herds that were a potential and some of them were very large.

We did our traditional genotyping and it matched several Mexican isolates. It also matched the 2002 herd from California but it was only one locust from being different from hundreds of isolates and we just didn't have any confidence. So we basically said yes to view these results with skepticism and it certainly wasn't enough for California to do any kind of changing to their work on the ground.

While we were able to get the sequencing results out to them in time and it was fairly stunning. I was actually shocked when I saw this. And so this is a - this is a file and genetic tree and time is going this way and so all of these isolates are sharing the same common ancestor until we hit this center right here where they diverge off to Mexican isolates and then it continues down here to diverge off to the 2002 dairy and you can see that this new case came right off the 2002 dairy.

And so as soon as we were able to say that with confidence, California was able to take that information and reprioritize their investigation and found the herd immediately and so it saved a significant amount of time testing these herds that were not going to be the source and the stress of having somebody knock on your door and say, you know, you contributed an animal to a lot that has TB is not something that any producer wants to hear. So...

(Cindy): (Julie)?

(Julie Rob-Osterman): Yes.

(Cindy): This is (Cindy). Hi. Can you just help me? I'm being a little daft here. So that took it back to that 2002 dairy herd and then what were the next steps or was that the - was that where that heiferette originated from?

(Julie Rob-Osterman): Well so that was a comment that one of the people in California said that's impossible because that herd was depopulated and so what the state did and there might be somebody in California who can better explain this that actually could comment but they went back to their records - their 2002 records - and looked at is there any herd that actually contributed animals to that lot that were tested or part of the investigation and they found at least one herd.

That herd that we ended up being positive contributed only one animal to that lot of 172 and so that's how they found it because that herd - in fact the herd only contributed one animal. It was down on the list to be tested because they were testing with the dairy that had submitted the largest number of animals to that lot first if that makes sense.

(Annette Jones): Yes, this is (Annette Jones) in California. That's correct. You captured that adequately - accurately.

(Julie Rob-Osterman): So this is what we can do for our state partners is to give them some information that can then provide action in the field and our old methodologies - just we're not able to do that and we didn't have enough confidence and now with this it's precise enough and it gives us enough detail that the epidemiologists in the field can clearly evaluate it and decide whether there is enough information to have an actionable event that they would do. So, okay?

(Cindy): Thank you.

(Julie Rob-Osterman): So I'd also like to move on and describe another case that we dealt with and really talk about the trade issue because bovine TB is a big trade deal and in 2013 we had a dairy herd in Michigan that was detected out of the modified accredited zone.

And this was a very big deal because, you know, to have any animals move or to have - to not be able to contain this disease was an issue and so we weren't able to provide this information immediately because we didn't have an adequate database but once we started partnering with the Michigan Department of Natural Resources we were able to actually - with this epidemiology - support the producer's claim that he hadn't purchased any cows and this after, you know, the late 1990's. And those late 1990 cows came from the modified accredited zone prior to movement restrictions in place.

And so we were able to support that with the whole genome sequencing and so it really wasn't a breakdown in Michigan's cattle movements that allowed this dairy to get infected. It was a residual infection prior to those movements and that's important - it's important for everybody to know.

But this herd wasn't relatively complicated because they had also sold animals that weren't properly identified and about a year later we detected a steer and the problem with the steer is that it had an RFID tag that traced to a completely different herd that had no links to the 2013 dairy so everybody was relatively concerned about that.

When we did genetic testing between the ear tag and the lesion tissue they did not match but then that ends up in a quandary of where did that animal come from. Well this is kind of one of the graphs we did and we were able to

withhold genome sequencing to actually confirm that this isolate did indeed come from that affected dairy and it's based on we've got these - we've got snips or we've got these isolates all the way down here.

You can see these two snips right here developed actually within the dairy. So we have animals here that don't have it and animals here that do and here's the steer isolate right here and it just is a perfect match, lands in and actually tells us that it's just not possible that this animal got infected from anything other than an isolate from this dairy.

So that's kind of how we're able to use it now in the system and I'd like to back up and really go - talk more broadly about where our USA bovine TB cases currently are coming from or have been historically. And so we debate this and have some really great conversations. Are we seeing low level circulation or residual infection from our previous endemic status that's occurring within the USA national herd or are these new introductions?

And so we - we really went to work and started trying to sequence all the isolates we could get ahold of and out of those 132 herds, we were able to sequence about 96% of them. The ones we were not able to sequence were all older Michigan herds so I think we got a pretty good perspective.

We also went back and sequenced the fed cattle in the United States and this included both imported and domestic cattle since 2001 and of those 385 we managed to recover close to 90% of them. With the vast majority of those actually determined to be of Mexican origin, we had 68 we weren't able to classify and most of the time those 68 were due to they were with mixed lots of mixed Mexican and USA origin cattle and then we had nine that we knew were USA origin and two that were Canada origin.

We've also been collaborating with Mexico. We've got our Isolate database up to about 175 Mexican cattle that were killed in Mexico and they're mostly dairy cattle and we have 77 human isolates. And so with this broad database we can talk a little bit more about where our TB cases have come from and basically we can knock this down into 35 strain types or outbreaks or sources of - or sources of, you know, clonal sources and then it could continue to spread - for example Michigan.

Although it's now spread into a variety of different genotypes, it really is only one source and so that's one strain type. So we have three of these strain types that account for 58% of the herds or 75 and it should - it's 130 but it really should be 132 - and that have been documented is - that these strains we know have been circulating at least since 1991 and I think all of them have been in the United States longer than that and so and they're servit strains from farm servits and then the Michigan outbreak and so those are endemic ones that we really have evidence that they've been here for a long time.

So there were three - 32 strain types that really remain unexplained and those are the ones that we wanted to be able to use whole genome sequencing to investigate a little bit more. Are they unknown residual infections still or are they new introductions and here's the results.

You see the three that we know we're just going to claim as USA origin. We have nine that we are not able to determine so they remain unknown and then 23 that we can anchor back to Mexico. And so that's 36% of the herds or 48 of them that we can comfortably anchor back to Mexico and that those strains originated and let me show you how we do that.

So this is an example of a 2012 South Dakota affected herd and it's circled here. Now again let me start from the beginning. Time is moving this way so

this is time and here's this case. The most closely related case is an unknown Arizona fed cattle that shares a common ancestor right here but we go back in time a little bit and we have a common ancestor right here. This common ancestor has to exist and that's one of the beautiful things about whole genome sequencing. We know that common ancestor exists and we know that it had to have lived somewhere.

And so if you look back and you can see that these all independently arrived from the same common ancestry and we've got isolates from Chihuahua, Tamaulipas, Durango, Sahiwal and so with that variety I think we can pretty much comfortably say that this isolate was really in Mexico.

Now if we want even more assurance we can go back in time some even more, find another common ancestor, look at where those isolates originated and you can see all of these isolates are broadly disseminated throughout Northern Mexico. So that's how we can say that in isolates from Mexico and I want to make one thing clear and that is that we can't say how this arrived. This is too far distant for us to understand how it got from Mexico to the United States or how long it's been in the United States. We don't know that with this data.

So back to - back to talking about where the USA bovine TB cases are coming from with that - with the 23 in Mexico. Trying to ask how they are coming into the United States is much more difficult and one of the things that we've attempted to do is look at how important have imported fed cattle been to the ice - or the outbreaks that have occurred within our national herd.

So one way to attempt to answer that is look at those isolates from imported cattle and see how closely related those isolates happen to be to our national herd. And the stunning thing is is that we really didn't find any matches.

We've got one herd that is a roping animal that was identified Mississippi that we found an associated herd and it was based on an investigation of finding this animal. We all think it probably came from Chihuahua - the classic corintio beef steer.

But other than that we don't have any links from our national herd cases to the strains that we've identified in these fed cattle and I was - I have to say I was really surprised about that. That does not mean that imported cattle have not been responsible for some of our outbreaks. It's just that we haven't been able to use this method to determine that and so one of the things is maybe our method of surveillance is poor and could we be missing cases in our spotter surveillance program.

For the most part with biology of this disease if they're transmissible, they should have a visible lesion upon slaughter but not all animals get slaughtered and we, you know, through the surveillance chain they could die on farm and we also don't have a gradual submission standards yet for fed cattle I don't think.

So we have to ask is there another potential source and that's where now my data gets relatively weak and what I'd like to do is just give you a hyper quick anecdotal stories about what we've kind of found and what isolates are related for and too this is actually the second case we used whole genome sequencing on. The Washington dairy animal - we couldn't confirm it in the herd or Washington wasn't able to confirm it in the herd. They did a thorough investigation, was very comfortable that this - that they were in the right herd.

There were no other affected animals and no risk factors except that they had a neighbor that was a rodeo contractor and I can't speak for anybody else in VS but I was kind of thinking wow, that's where they got it from. When we

did whole genome sequencing, it wasn't particularly helpful actually. The only thing we were able to say is that the most closely related isolate was a cheese sample that was confiscated at the border down by San Diego. That wasn't close enough to make any - any close epidemiological relationship so it wasn't particularly helpful at the time.

However we have now been collaborating with Mexico and our information has changed and so now what we see and you don't have to actually read these slides. I can tell you by the color what's going on.

The Washington dairy animal is in red and the cheese is in - is also in red. The blue cases are Baja, California cattle that were killed in Tijuana at a slaughter plant. The green isolates are human isolates that were recovered from people fatally infected with bovine tuberculosis in Mexico and they died in Mexico.

So we can now see the most closely related isolates to this Washington dairy animal actually originated from humans which still, you know, these people obviously didn't have any role to play in this dairy at all but the thing that we can say is that this strain appears to be fairly localized to Baja, California. We know that it actually has infected some humans.

The other thing is that cattle are not allowed to come in from Baja, California so it really raises the suspicion that this might have been a human origin case and it's not like we can ever prove it now and it's more of we have - if we could have provided this information at the time of the investigation, it would have probably altered the investigation and we could have had a nice collaborative meeting with Washington and maybe change a little bit of how this was investigated.

But, you know, blaming imported cattle for this may not have been the accurate thought. I'm running out of time so I just want to really quick go through another case that's very similar. We have two South Dakota untraceable cows - one in 2006, one in 2009.

We were able to link them by whole genome sequencing. We know they're from the same outbreak and the question that was really concerning - they were three years apart. We didn't identify a herd. Do we have a problem in South Dakota? Again with the help of Mexico we were able to collaborate. They sent us dairy cattle isolates and those dairy cattle isolates share a common ancestor with the - with the South Dakota isolates right to the point where that one of the South Dakota cattle is the common ancestor which means that South Dakota cow had the strain that's in Mexico.

These isolates - these Mexican isolates came from beef down here in the greater Mexico City area and the red is where there's not - cattle are not - it's not legal to import cattle into the United States. So again the question that we have to ask is how did this isolate get to the prairie of South Dakota.

We have some additional collaborations with public health and here's a little - this a little bit of a different form. Here are the two Mexican dairy cattle. Here are the two South Dakota beef animals and farther distant down into the relationship they share a common ancestor with a human that was part of the 2005 cheese related outbreak in New Jersey, New York. So again we've got evidence that this strain is coming into humans but it does not say that's how it got to South Dakota but one of the things that this suggests is this was not a strain that we've ever detected in fed cattle coming across the border.

And here's another example of cattle for 2009 California dairy and I know they did extensive tracing and here we have two isolates from Mexican Baja,

California dairy cows and their most closely related isolate is a human case that was recovered in San Diego and shared by public health of San Diego.

Most of the time - here's the 2013 California beef herds. Most of the time we don't have close enough isolates to really infer anything but even in this 2013 beef dairy herds that in California that were just singleton animals, the most closely related isolates again are Mexican dairy cattle.

Finally assisting public health, CDC has notified California of an outbreak that they were concerned was human to human transmission and with the collaborations that we have had with California, it was actually California state animal health people that brought the two of us together and they asked us for our help.

So we sequenced human isolates and I'd like to point out three isolates. The cattle isolates were - are not sourced. We don't know where they're from and I was worried at the time we would because we could basically probably trace herd of origins based on this if we knew that actually where in Mexico - what farms in Mexico these animals came from in about three different places in this outbreak. So it's a big deal we can now use this to actually trace back and provide feedback to public health as well as maybe to Mexico and they can identify those high risk herds that are potentially infecting a large number of people with their dairy products and do something about it.

So apologize for going over but just really quick, whole genome sequencing really does allow us to turn through cases more effectively than we ever have before. It's a lot of fun and it stimulated a lot of good conversation that hasn't happened.

It's important to keep in mind that still over half of the USA affected herds really are endemic in the US but 36% can be linked to Mexico. We haven't been able to link these cases back to Mexican fed cattle except there's that one roping steer that we also suspect was from Chihuahua.

And then a surprising number of US affected herds share a most recent common ancestor with Mexican dairy cattle or human isolates which while we can't rule out and I think we certainly do have some cases that are associated with imported cattle, it's just surprising to me and it's changed my paradigm how many of these really do share a most recent common ancestor with humans and dairy cattle that aren't allowed to come into the United States.

The database of sequence sites list we have is still very small and limited in scope and this technology relies on a powerful database and if we had every herd in Mexico sequenced, we could trace every herd back to the point source of origin or every case. That's a tremendous task and building up in the same way we can use it in Michigan. So it's going to require a great deal of collaboration and it's not going to be cheap although it's amazingly cost effective to do sequencing nowadays.

It's really critical to work with Mexico to improve the resolution of the database and that's really a key and but these kinds of results may also facilitate a collaboration between animal and public health and if we do have this cycle of cattle infecting humans and then humans coming back and infecting cattle and impacting our herds in the United States, maybe this collaboration will help address this issue. So with all of that I thank you very much for your attention.

Woman: Thank you doctor. We're going to slide right into Dr. (Hall)'s presentation - about seven or eight slides. As it happens he has to go to a bilateral between

US and Mexico right now so Dr. (Hall) if you can come up. And if you hold on Dr. (Ross) we'll be right back with you.

Dr. (Langston Hall): I'll just start really quick with my presentation coming up. Good afternoon. My name is (Langston Hall). I work in national import export services at USDA in Riverdale. My background - I'm a proud LSU Tiger (unintelligible).

Woman: Go Razorbacks.

((Crosstalk))

Dr. (Langston Hall): I did my deviant and my PHD as well at LSU. So I'm going to speak briefly about the US Mexico strategy plan. So we're trying to get some TB and as was mentioned, we're actually in a bilateral with Mexico right now which I apologize. I'll have to step out and get back. And we're going to present our progress report with Mexico this afternoon.

Okay. So the strategic plan was signed by both CVO's in January 2014 so I was part of a working group that actually drafted the strategic plan. There had been a few iterations before but they really weren't signed so our goal this time was to actually draft a plan that would be signed by both CVO's and that would actually be followed up on. So it's a five year plan but hopefully we will carry it forward after that point.

So the plan basically consists of two goals - the first to decrease the risk of TB sites that are exposed to animals most in trade. Obviously this is a really important goal. Since the inception of our eradication program around I think 1917 or so we've gone from a prevalence of 5% down to about 0.001 or thereabouts.

The better areas in Mexico - their A zones are about 0.5% prevalence for TB and some of their B zones which are primarily their dairy areas range anywhere from 0.1 anywhere upwards to actually around 15% prevalence. It's extremely high and as we sort of pointed out, this is where you get kind of (unintelligible) you know, there have been reports of some of the workers in their dairies actually having TB so it's just kind of an epidemiologic and etiologic interest I guess primarily (unintelligible) even outside of academia as to which direction the TB is actually flowing in those dairies so it's a pretty high prevalence.

We bring in over a million cattle from our closest trading partners - Mexico and Canada - obviously with the exception of Manitoba where they are still having some issues but actually moving toward Freedom Hall. The rest of the providences in Canada we officially recognize as being TB free. Mexico is kind of the opposite of that and so goal number two kind of feeds into that - providing a collaborative framework.

Obviously we do a lot of trade with them. We bring in a lot of feeder cattle. There are also rodeo cattle. The US rodeo industry really favors the corintio for roping, etcetera which means they're moving around the rodeo circuit and hopefully not comingling with any US origin animals so there's a large opportunity there for transmission of TB. So we want to work with Mexico to insure safe trade and to assist them in decreasing the prevalence of bovine tuberculosis there and this just kind of highlights Mexico.

Obviously we don't get cattle or we haven't previously from other countries obviously due to expense and because of the BSE regs but with the publication of the BSE comp rule now, we're starting to look at opening new markets, you know, possibly with the EU bringing in live cattle, etcetera and

there are some areas in the EU that we'll actually have to assess as to their TB status so but this degree focuses on Mexico.

And again we kind of meet routinely at asset meetings and financial meetings which the bi-national is coming up in Veracruz in May so you kind of get progress updates and we posted the strategic plans themselves as well as any progress that we made on those plans on both of our respective websites.

The proposed rule for TB and brucellosis is currently in clearance. It should be published at some point this calendar year.

Coordinator: Please stand by. It looks like there's some technical difficulty on your speaker's part. Please stand by. You will hear music until they rejoin. You may proceed. The attendees now can hear you, ma'am.

(Sue Lee): Okay, thank you.

Hello. This is (Sue Lee). It seems like we had some technical difficulties.

(Annette Jones): This is (Annette).

(Sue Lee): Okay. It doesn't seem like we're connected.

Coordinator: Excuse me. Your attendees are on a listen-only. They cannot reply to you.

(Sue Lee): Oh well no. We're missed - we need to be connected to the conference.

Coordinator: Hello, this is the conference operator. Please continue to stand by. Your conference will resume momentarily. We do apologize for any inconvenience that you're experiencing. Please continue to stand by at this time. You will

hear music until your conference resumes. Thank you. You may begin, ma'am.

(Sue Lee): Do you have any questions?

Man: Yes any - any questions for (Sue Lee)?

(Cindy): (Sue Lee) this is (Cindy) again. So where do you see the whole genome sequencing going as far as changes in the TB control program?

(Sue Lee): Well I'm not sure that it will - it will change any regulations. The information I think is most useful to local people who are investigating the case. So we really want to get those results of these new cases out to the field for decision making as soon as possible and then it - I see it's also useful in just reassuring people or just adding that layer of transparency of this is what happened and we see the genomes. Everybody can see them and yes, that perfectly fits with what the story.

So that's really primarily how I see it but there might be people in the actual program who use that policy that could maybe comment better.

Man: Other questions? (Joe).

(Joe): Yes (unintelligible). Is there a screening test - a better screening test under development? Is there any possibility of that?

Man: Did you hear that?

(Sue Lee): Yes, about better screening tests. Yes, there's a lot of work that's being put in and a great deal of effort in improving the screening tests and, you know,

we've made some advances on the servit side by getting the DPP out there for the servit producers to use.

We're looking at improvements in again interferon assay as well as the skin test. We've done a trial with some new skin tests synthetic production procedures that may help so there might be some hope but the bottom line is that the backbone of our program is the slaughter surveillance chain and that needs to be robust and that helps us detect new cases.

Because TB is so very rare in the United States that doing any surveillance testing that the producer would do on his cow herd probably is not going to make a lot of sense. So we just need to make sure that we detect these cases as accurately and as soon as possible and that really I think relies on a robust quality slaughter surveillance program at our level of prevalence.

(Joe): What about the Mexican cattle coming in?

(Sue Lee): That's I think important and there's been quite a bit of strides in Mexico we've made in the short period of time that they've actually invested money and had a surveillance program and that needs to continue and we're piloting some serial-logical testing pre-entry but no diagnostic test is perfect and the best answer on importing tuberculosis-free cattle is to have the population that they come from lower and so that's the whole emphasis on the strategic plan and just getting the overall prevalence of TB lower and when we do that then the problems will reduce obviously on our side.

(Joe): What about the funding from the Mexican side then? It can't be free.

(Sue Lee): Yes, that's almost a better comment from (Langston) and what he would do I really can't comment. They, you know, from a laboratory standpoint and

we're working with - they have put quite a bit of resources in improving their laboratory infrastructure and that's really what I'm most familiar with and I'm very impressed with how they've been trying to incorporate this new technology because we really have changed fast in the United States and there's not any other countries that are quite doing whole genome sequencing yet so for Mexico to even be considering it is very impressive.

(Boyd Pharr): (Unintelligible) to (Lisa) first let me say I really appreciate this presentation. It's very impressive work and it's really some interesting potential there and conclusion to be drawn. I just had one minor question. In your presentation you state somewhat and I want to know how much of the human connection and the fact that dairy animals were not allowed to move out of that area so they could not have come from there which totally is the accurate thing.

Is there a verification that those animals weren't illegally moved out of that area to another area and then came into the US or is that from your genomic testing something that - and I'm not saying that happened. I'm just knowing that I'm going to have people tell me this has happened. So I thought I'd ask you.

(Sue Lee): I think since Dr. (Jones) is on here and really intimately familiar with cattle movement in that area, I'll let her answer that I think.

Dr. (Jones): Can you repeat that question (Boyd)?

(Boyd Pharr): Well it's, you know, some of those conclusions on the human - of the human association was based on the fact that the dairy cattle from that area that was identified cannot move to the US. My question was and hopefully you've got the answer. How can we be sure they did not illegally move from that area to another area and then be legally imported to the US?

Dr. (Jones): Yes, most likely the reason would be that we don't, you know, import heifer cattle so and we don't import any dairy cattle from Mexico so typically it could be the remote chance that a steer or a - I guess - I guess they could wonder across the border in some places but usually not, you know, Holstein cattle and that's what we've been dealing with are Holstein - pure bred Holstein cattle which I mean I guess there could be some - I guess (Boyd) I would say that there is a possibility of that but it would be so circumstantial and quite remote, you know, it would have to be contact to contact and that is possible.

And we do look at - whenever there's an outbreak we look very closely at all of the animals in the vicinity including some of these crazy (unintelligible) that are on, you know, properties near dairies, you know, for TB and we just haven't seen it there. We've only seen it in the Holstein.

And then we know that there's similar TB in dairy cattle in Mexico and in fact we know that the prevalence is very high. So you couldn't say as a scientist, you know, we never say anything definitively like that is an impossibility but I think that the science and the likelihood would be very low. It would be much more likely that it came in on a person and we're kind of - the data's kind of starting to support that. And since I have the line that one of - most of our stakeholders that have expressed more of this genotyping so that we can answer those questions that (Boyd) posed better.

So if we have a deeper database, we'll be able to have more definitive information and in particular they'd like to see increased efforts in collaboration in other countries between human health and animal health like USDA has been extending their support to our human health counterparts here in this country. They'd like to see other states doing that more as well because

the only way we could have a more definitive answer is to have more data and we have some huge holes right now.

(Boyd Pharr): It certainly is very impressive and it does answer most questions and I'm here by amateur status so looking at this - your conclusion - and I'm interpreting you saying very negligible because you can never say never. Thank you.

(Sue Lee): And to keep in mind that the CDC statistics report that they diagnosed between 100 and 150 cases of bovine TB in humans in the United States annually and we're diagnosing, you know, in all of that including the Mexican animals generally less than 20 a year.

Man: This one's a dumb question but how does a human give a cow TB?

Woman: It's in a trough.

Man: It's in a trough?

Woman: It's in a big trough.

(Sue Lee): Well we do actually have real-time epidemiological evidence that was in the North Dakota case and I don't know if you heard about that but there was a 2013 dairy that was identified and it was due to public health officials in North Dakota actually approaching the state veterinarian and saying we've just diagnosed clinical tuberculosis in a dairy worker on a farm and so they followed up and tested the cow herd and found the strain and we genotyped them both and they matched perfectly. So it certainly has happened and where we actually have that real-time evidence that to say that it does.

(Mary Anne Kaneeble): This is (Mary Anne Kaneeble). Do you know - are the Mexican event cattle required to be tested annually for TB?

(Sue Lee): Yes I - as a lab person I'm sorry I can't say that but there may be other people in the room who have that information.

Man: (Leann) can take that one.

(Leann): In another life - in case you were wondering - I did work in a health program that was extensively involved with Mexico. So the caveat - I have not been doing that for several years - but I wanted to clarify your question. Do you mean after they get to the United States?

(Mary Anne Kaneeble): After they get to the United States.

(Leann): Okay.

(Mary Anne Kaneeble): The normal feeder cattle I'm not worried about. They're dead within a year. It's the event cattle that stick around for a long time that could become symptomatic. Are they required to have a yearly test?

(Leann): Right now, no. After they actually return to the US, they're (unintelligible) so there's no federal regulations for that retesting however amongst the (unintelligible) professionals (unintelligible) rodeo or bull riders. I can't think of the acronym. I apologize. But anyway within the organization - the three organizations do require testing of their animals when they're on the circuit.

And additionally I only (unintelligible) that regulations for when those animals enter their states - (Boyd) you're shaking your head yes - is that they will require testing. Again there is no mandated federal regulation for these

animals and we think they actually clear US regulations when they're here in the US.

(Mary Anne Kaneeble): So unless they - if they don't cross state lines they're probably never tested.

(Boyd Pharr): Well other than that association and that's a very good thing the industry's taking the initiative themselves to address the problem and I'm pretty sure that the recommendation I think is (unintelligible) was to allow the states to initiate. Some have. Some haven't but those I think do. And that association responding to (unintelligible).

Woman: And I think it's the professional providers association (unintelligible).

Man: Okay, other questions on TB?

Woman: (Annette) are you still on?

(Annette Jones): Yes.

Woman: I'm just wondering if you've looked at the set of questions that we have on this topic and if you - I know you're busy but I'm just wondering if you'd give us your feedback if that's already done on those questions or...

Man: Yes, I think we're at a point where we need to break and so we're going to break for lunch but definitely we can come back to this after lunch.

Woman: Yes, we can pick up with the questions, liberations and then I suspect we'll probably be getting out by one.

Man: Yes, yes so well...

Woman: Well no, no, no - two.

Man: Two, yes. So (Annett) hold that thought and I know it's morning now where you are but it's lunchtime here so we're going to break for lunch and come back at 1:30 and startup again.

(Annette Jones): Okay, I'll be ready.

Man: Alright, thanks.

Woman: Thank you.

((Crosstalk))

Coordinator: The conference is now resuming.

Woman: (Sue Lee) are you still on the phone?

(Sue Lee): Yes, I am.

Woman: Okay, great. We're going to - I think we're going to pick up with our TB discussion if you wouldn't mind just staying on in case there's any last lingering questions.

(Sue Lee): Sounds good. I'm happy to.

Woman: Thank you so much.

Man: Alright so we will get going again with three deliberations.

Woman: I think we ended with (Cindy Willis)'s question to (unintelligible) no.

Man: (Annette) are you still on?

(Annette Jones): I am.

Man: Great. Do you remember (Cindy)'s question?

(Annette Jones): Oh, you mean was I listening? Yes, I do. Do we want to go back to the committee deliberations - I mean the questions?

Man: Yes.

(Annette Jones): Okay. So the questions were actually kind of similar to the feedback that I got from the constituency that I represent - the western state best - but so the answers for - we probably need more discussion within this group to try and develop the answers better but basically the first thing mentioned was that from my feedback to USDA on the implementation of whole genome sequencing for (unintelligible) or disease tracking and potential improvements that can be made.

The state veterinarians that have been dealing with (unintelligible) were whole heartedly supportive of continuing investment in using whole genome sequencing and building the database but there's a few recommendations on how but exactly how - I mean in there lies the rub. But there's full support to continue to use this as a critical tool for understanding tuberculosis and how it spreads and what the threats are to our cattle herds.

The second comment and then maybe we can talk about it all as a group because these are actually kind of tied together was recommend any additional steps USDA could do to improve database building and international collaborations.

One person mentioned the bi-national committee which is a subcommittee. I think it actually originally came from the land stuff but a subcommittee of our committee composed of state veterinarians along the border of both Mexico and the US - well animal health officials - and industry partners and it focuses on cattle.

So there was one comment to continue to use that committee since it does have industry engagement on both sides of the border to try and promote information sharing and database building. And then another thought was - so the state - so CDC - because there was support for trying to look at in bovine whole genome sequencing in both humans and cattle to try and build a deeper picture.

In the human isolates they're usually controlled by the state departments of health so they do provide that information to CDC but usually the entity that controls whether it's released or not is the state. So there was some thought that maybe suggested USDA to work through state veterinarians or the - I can't remember what it's called - the Association of Public Health Officials or something like that but working through state veterinarians to try and encourage their state counterparts to look more into releasing culture information on when they suspect in bovine.

There was also a comment about doing more outreach with our human health counterparts on culturing or especially in more remote areas for culturing tuberculosis from humans to insure that the culture technique is appropriate to

grow both in bovine and MTB not just MTB to see if we can start coming up with some more culture positives which would help then with the whole genome sequencing and fill in those gaps.

Let's see - convey - the third question was how could USDA best communicate these results to industry and other stakeholders including public health.

So some thoughts that came up were association of - like I mentioned - and I can't remember. I'd have to look up the title but I think it's something like the Association of Public Health Officials.

Man: Yes, probably the National Association of State Public Health Veterinarians.

(Annette Jones): Yes.

Man: Yes.

(Annette Jones): Or yes but also that's not going to quite get - we do want the state - that's what I was thinking of, what you just named.

Man: Yes.

(Annette Jones): But also we really want the physicians so, you know, in the head of the public health department which may or may not - usually it's not veterinarians although sometimes it is.

Man: What would be the - what did you say (John) - the Association of State and Public - State and Territorial Public Health Officials?

((John Fisher): Yes.

(Annette Jones): Yes so that's more like it - trying to reach more and do more presentations with that group so that they can take that home to their departments and collaborate in the fields.

And then the other suggestion was the USHA TB Committee which does happen already but to continue pushing information through there and then just other avenues. So those - that's the information I gathered and some brief thoughts but I think all of these points we probably should talk about more as a group.

Man: Thanks. Does anybody have any more thoughts on that - on those questions? What about the strategic plan for collaboration on bovine TB that Dr. (Hunt) will...

Woman: Dr. (Cole).

Man: Dr. (Cole) went over.

Man: One segue to (unintelligible) what about the funding in Mexico? Is there money coming from Mexican sources, our sources, World Bank?

Woman: I think that Dr. (Rob Oster) is commenting on that briefly. She couldn't get specifics but said she knew that they were investing resources on their end.

((Crosstalk))

Man: It's nice to have a plan but if there's no money going to this (unintelligible) it's not funding this program.

(Mary Anne Kaneeble): This is (Mary Anne). I was telling some at lunch (Chuck Massengail) who's actually from Missouri and has been on this committee before is on the bi-national committee and so I called him before I came and asked him for an assessment of everything and he's very pleased with the progress that they've made with Mexico. I didn't ask him your question specifically but it was - it was my understanding that they are upping their game quite a bit and by doing it, they're having a little problem in Mexico getting switched over to the regionalization versus the states which is how it used to be but they're getting there.

And the main thing he said was what I think (Annett) said that the bi-national committee is the most important thing to make sure that they're involved with this whole process because that brings stakeholders and vets that are involved in the, you know, in the trenches to have input into everything that's going on. And so that was the one thing that we really thought we should consider proposing is the importance of making sure that that bi-national committee is still very much a part of the decision making.

Man: So that's good feedback for question one. How about question two - how USDA could further fortify the plan and thus insure greater probability of effectiveness and success? More money?

Man: That's always a good thing.

Man: No thoughts on that?

Man: So I mean well it's pretty obvious that, you know, more animals are coming in from Mexico, right so some kind of trace back border - something - intervention - something's going on. So they've got 22 out of 23 cases with no

trace-outs. That makes sense. We don't fingerprint Mexico so - and recent ones do recently - bacteria. I don't know how that goes into a recommendation. I mean that's kind of a - kind of a sense thing, right?

Man: Well (Sue Lee) are you still there?

(Sue Lee): Yes.

Man: So Dr. (Holmes) mentioned a million animals coming into the US and I think he said between Canada and Mexico but didn't you say that there are 100,000 coming in - feeder steers coming in every year from Mexico? Is that what it was?

(Sue Lee): No, that's the rate - the rate of TB that we find in Mexican cattle is one case per 100,000 imports.

Man: How many steers are imported every year from...

(Sue Lee): It really averages about a million. That graph that I showed - there is variation between about, you know, 0.8 million or 0.8 million to about 1.5 million throughout the years it looks like.

Man: But none of those are Holsteins, right?

(Sue Lee): Right.

Man: Yes but almost...

((Crosstalk))

Man: All of the positive animals are Holsteins.

(Sue Lee): Right and one of the things that we have been doing is genetically testing the animals that we do detect with TB and we have never detected Holstein in the affected cattle but that's only been very recently that we started doing that.

Woman: So as just a clarification I think (unintelligible) five animals that have come across the border. The agreement with Mexico was (unintelligible). There are no Holstein. There's no dairy. Do they look dairy? (Unintelligible) they cannot come across the border.

Man: Okay.

Woman: This one actually (unintelligible).

Man: So then how (unintelligible). You are saying they are coming in contact with those steers from Mexico?

((Crosstalk))

(Annette Jones): Now this is (Annette) and in there lies the question is how are these hosting herds or Jersey herds getting infected with these ones cases with TB as unique strands? And it is either people or illegal movement of animals.

Man: Right is what I am saying. It is one or the other.

Man: We know that people that cross the border. So with more likely.

Man: Right people.

Man: Dairy workers.

Man: Because of dairy workers that are coming either above border or under border or whatever but positive workers ending up on dairy farms.

(Annette Jones): Enough speculative. There is a lot of - this is (Annette) again. There is a lot of evidence that support speculative. The difficulty is that (unintelligible) chronic disease that you rarely have an actively infected person on a farm at the same time you detect TB on the farm.

So we mentioned that one case in North Dakota where that was the apparent situation but rarely they are linked in time because of the (quanicity) of the disease.

So it is a challenge to...

Man: So how far is the introduction of the agent and when you pick them up?

(Sue Lee): Well with the two cases and this is (Sue Lee) again. With the two cases examples that I gave you that we actually have a pretty good idea. The dairy herd in California it was 2002 and it was detected in 2012. So 10 years.

The dairy herd in Michigan again, late 1990s detected in 2013. So we are looking at 15 roughly years there. So you know it can be a long time and I don't think most dairy workers will stay in one place that long frankly.

(Annette Jones): Especially if they are sick.

(Sue Lee): Yes.

Man: Then they are not going to have records that far back either. Who was here and where they came from so that is a dead end. You are not going to find that.

Man: This is then the key hole (unintelligible) issue of the workers in the dairy.

(Annette Jones): And actually maybe it is the TB in Mexican dairy cattle.

Man: I couldn't hear that.

Woman: Repeat that (Annette).

(Annette Jones): I said maybe the real hole is the TB prevalent in Mexican dairy cattle. That is really the problem. Because these workers are getting it from somewhere.

Man: Yes but realistically how quickly could they reduce the incidence of TB in Mexico?

(Annette Jones): (Unintelligible) speak to this. But what they have shared with me in the past is that the prevalence in some areas is so high that it would be difficult to impossible to rapidly reduce the prevalence because they wouldn't be able to supply - they wouldn't be able to supply replacement cattle fast enough to feed their people.

So it is a long term problem. So short of that then maybe it is just continuing to ensure that our TB agreements are enforced on imported cattle. Make sure that we are doing adequate reviews and that maybe both state and federal people are participating in the reviews south of the border for TB.

And then providing outreach in collaboration with public health officials to workers, you know, like don't, you know, if you have a cough don't go to the dairy and to dairy owners.

Man: Should we test workers that go to dairy farms?

(Annette Jones): That has been brought up before I dominate - does anyone else want to talk about that?

So that has been brought up and some dairies have done that and still do that. The problem is a lot of people in Mexico are vaccinated for tuberculosis so you could get some - from what I have been told you can get some false positives which is challenging.

And then also what do you do with a positive worker? You don't want to be discriminatory. You don't want to get in trouble with or whatever the rules are regarding confidentiality on medical.

(Sue Lee) I think you have been in many conversations on that. You want to jump in there also on that?

(Sue Lee): Yes I think that there are some - we need to work with public health. And I think one of the challenges that we have constantly stumbled upon is that *M. bovis* is so rare and we have got regular TB which is such a problem it is just not a priority.

But there might be ways to address it in the long term by identifying the strains that are infecting people giving that information to Mexico. And that maybe would help them prioritize or identify the herds that actually have a historical problem of transmitting it.

And then having them institute pasteurization or something to break that cycle if we can't immediately reduce the prevalence in the milk or even look at some direct PCR detection in milk and find infected bulk tanks. And identify those before they go and get into the food chain.

And we have been working a little bit with Mexico on developing that technology so that might get it.

But it is really challenging to identify workers. These workers they come from Mexico. They are highly motivate to work and if they have experience on dairy cattle they are very valuable and the prevalence.

So the risk of getting people that actually do have a latent infection appears to be pretty high. So it would just seem like it would be a good idea to work with public health to come up with a plan. But right now I just don't know how high it is up on the priority chain of public health to deal with this with us.

Man: What could we recommend to you that would help you in your discussions with public health?

(Sue Lee): Well I mean I am not - I would just, you know, try to recommend that they encourage the sharing of isolates and if they are going to do whole genome sequences ensure the sequences.

Ultimately I think that if we can show that this database that we are developing is also valuable to them if they diagnose a case of *M. bovis*. Because if we could say that look, this not only comes from Mexico but it comes from Baja, California. They can actually tell that to the person who is

infected and maybe impact that case locally and have an impact that we can't really measure.

So I guess that is kind of one of the things we just need to somehow break loose this and get a database that is valuable enough that public health sees that it is worth their while to use it and then we can also coop that data to provide back.

And also monitor the strains that are coming across the border from humans. Because we basically true are thinking the same way. If it is coming from the infected cattle we should find related strains in our national cow herd which is coming from infected people. We should find related strains from people.

And with what very little work we have done we are seeing a lot of people strains that are fairly closely related.

Man: And if public health during research was the same genomic sequencing also?

(Sue Lee): That is - they are only a whole genome sequencing special cases. And I don't think that they are doing any M. bovis work.

And it is a lot of work to develop the database and develop a pipeline and right now I think that if they ask for whole genome sequencing of M. bovis I suspect CDC would collaborate with us to put them through our pipeline which is good and fine.

And I think that, you know, that is one of the things. We build up that database. Then if public health starts asking for it I think it will solve its own problem. Right now they are just not doing that.

(Annette Jones): I will speak for California Public Health. They very much value USDA's (unintelligible) whole genome sequence.

Woman: (Annette) can you speak up? A little louder we can barely hear you.

(Annette Jones): Okay on a good speaker today. There is no feedback right?

Woman: No feedback.

(Annette Jones): Good. In California State Public Health has experienced exactly what (Sue Lee) has described and that they shared isolates and then we able to get (unintelligible) back (unintelligible) help them with disease control efforts and outreach and prevention.

So they are very well into isolates now. So I think maybe encouraging more of that would be useful.

Man: That is a good recommendation.

Recommend any other identified (boardifications) to the plan?

Hearing none. I (unintelligible) we can revisit this when we do everything okay?

Why don't we cut the deliberations off here and move onto Dr. Granger who may be on already?

Woman: Thank you Dr. (Rhodes).

Man: Yes.

Woman: Thank you.

Woman: Dr. Granger are you on?

Larry Granger: I am.

Woman: You are ready to go.

Larry Granger: Okay I am not sure how the slide presentation appears to you.

Woman: (Unintelligible).

Larry Granger: Okay you can see the title slide and...

Woman: We can.

Larry Granger: Okay. Well I made my first mistake of the year when I wrote the Secretary's Advisory Councilman Animal Health and discovered that it was actually the committee.

And more properly maybe I should have put (unintelligible) (SDL) because I think that is what you are here for. And I am happy to be able to present some of the activities that the Department of Agriculture is proposing to do to address this issue of antibiotic resistance.

And I thought what I might do is start right out because I don't know how familiar all of the folks on the committee are with the issue. And give a little bit of background but I would like to move through slides fairly quickly. And I am going to try right now to see if it goes.

(Don Ritter): Larry this is (Don).

Larry Granger: Hi.

(Don Ritter): How are you doing?

Larry Granger: Good.

(Don Ritter): Yes you can probably I would say skim over the background because I think we were briefed at our last meeting on this either by you or somebody in June. So I think we are pretty familiar with the issue and we also made some recommendations from our last meeting on it.

Larry Granger: I knew that and I had those but I wasn't sure that all of the committee members are the same.

(Don Ritter): We are.

Larry Granger: Okay good enough.

(Don Ritter): We are all the same yes. Same committee that you spoke to in June.

Larry Granger: All right less of me. But are you seeing the national strategy on combatting antibiotic resistance bacteria Slide 2?

(Don Ritter): Yes.

Larry Granger: Okay well then you are familiar with these and certainly these five are the areas of emphasis from the U.S. government in total.

One thing that I would say about this is that in the last year there has been a huge ramp up of international activity related to the World Health Assembly and the Global Health Security agenda, the 11 action plans that are called for.

One of them is actually for countries to combat with and antibiotic resistant bacteria plans. And we have developed that national plan. It was posted in late February this year. It was a national action plan that all of the departments in federal government worked on.

Prior to that, the USDA had published an action plan and the USDA national action plan was posted on the APHIS Web site in December.

And so as sort of an overview of that national action plan it was based on gaps that were identified by stakeholders at a meeting way back in 2012. And I will talk just briefly about that.

And the golden objectives of the USDA activities that are outlined in that national action plan. Then we can talk some about your recommendations to us that you gave us the last time we met and what we have done to address those and then a little bit about the budget going forward.

I will pause after each one of these slides just briefly. And (Don) why don't you jump in if anybody has questions. But that is what we are planning to do. Does that sound right?

(Don Ritter): Sounds good.

Larry Granger: Okay. Then just real briefly as stakeholders came to this workshop in 2012 these were the things that we talked about that we needed to do.

And certainly the NARMS, the National Antimicrobial Resistance Monitoring System is one area that has been active over several years now. Actually starting back in 1996.

The NARMS monitoring system I think most of you are familiar with that resides here in Fort Collins at (unintelligible) and has been active for 20 years. And actually has gathered antimicrobial use data over that period of time.

But not because the commodity studies were focused on that as an issue just as sort of a need to gather that data that was evident over those 20 years that commodity studies were being done.

And then this group asked for research to be conducted via long term plan rather than looking year to year. And certainly ARS does a good job of looking three to five years out with extramural funding that they make available. And of course the outreach and education that would be necessary.

One of the questions that continually comes back to us is about NASS surveys the National Animal Statistics Service. And you all know that they do a hogs and pigs quarterly report.

And basically that is a timed release report that comes about as a result of essentially a low tech data gathering effort that takes place with industry. And a spreadsheet is filled out and then that is aggregated and returned to industry in terms of the numbers of pigs sitting in a particular category.

Well that sort of report comes out for other commodity groups too. And it is kind of useful. The reason I mention that is it useful to think about that model

in terms of the value of information that we can bring about as a result of some of the efforts I am going to talk about.

Being able to provide that information to stakeholders in a way that they find it useful and actionable is one of our goals.

Okay so these are the goals that we have to address antibiotic resistance to obtain and disseminate that science based quantitative antibiotic drug use information.

We want to be able to take that information and look at how resistance develops in food animals and then relate that back to livestock management practices.

And see if there are ways that we can suggest that the industry might adopt a particular technology or a particular management to be able to address this issue either through less use of antibiotics or more effective use of antibiotics.

We hear buzz terms all the time. Stewardship, antibiotic stewardship, judicious use, medically imported are some of those. And the definition of what those terms mean really is definition that under review and constantly those terms are constantly being redefined.

So one of the things we want to do is be able to address these knowledge gaps and bring these practical mitigation strategies to the attention of industry through information sharing.

And some of the novel strategic approaches are use of vaccines, use of particular breed characteristics that genetically promote resistance to

infection. Nutritional needs that might be satisfied in other ways that might contribute currently to infection that promotes the use of antibiotics.

And if we could make substitutions in those as it regards those factors then maybe we could reduce infectious disease and reduce the need for antibiotic use.

So all of the USDA agencies, APHIS, Agriculture Research Service, the National Institute for Food and Agriculture which is our extramural funding agency in the USDA.

Certainly the Center for Veterinary Biologics and what they do to license vaccines and diagnostic test kits. All of us are working together according to these goals, these general goals to be able to address this issue.

Some of the USDA national action plan objectives that are laid out and this is what as I mentioned was released in December 2014 are here. And modeling these patterns, purposes and impacts of use in food animals is really of intense interest to FDA.

Because one of the things that we are attempting to do through gathering this information and interpreting the data is to be able to advise FDA about the effectiveness of their regulations and their policies.

And right now we are in the best position to do that in APHIS Veterinary services because of our relationship with veterinarian's relationship with the industry and direct relationship on farm producers and the experience that we had with a non-human in doing that. And I will talk a little bit more about that.

And necessarily then in the next few slides I will focus a little bit more on veterinary services than perhaps the research part or the food safety inspection service and the work that they do with NARMS. But certainly those are equally as important.

So objective two is that antibiotics drugs susceptibilities and bacterial organisms and then again in objective three the management practices there that we talked about previously.

So that plan, that national action plan does talk about surveillance but it is important to understand that this isn't active survey in the sense that we are out looking for case - it is not a case finding activity like we were talking about with tuberculosis.

It is more passive and it is an enhanced survey in the sense that we are going to - we are planning to provide encouragement for data to be submitted.

But also it is important to understand that APHIS Veterinary services has no regulatory authority to be able to go out and require for instance that reporting actually take place.

And so we are relying on survey questionnaires and have actually been lurking very hard in the NARMS unit here at (unintelligible) to develop a longitudinal study plan that would go back to farms that have been volunteering to participate in the initial study.

And look at those over periods of time which is sort of a new approach for the NARMS unit here. Because they have never had the luxury of being able to do that due to funding constraints. And as you all know, the NARMS commodity study takes place every three to five years.

So while they have been a good way to benchmark say for instance where the industry is at any given time. It is very difficult to look at small incremental changes if you think of them in terms of one year to the next.

The primary emphasis really comes back again and I am going to say this probably over and over again throughout this presentation. To be able to measure that antimicrobial drug use.

And in fact another reason why that is so important and it is so important to industry is because, you know, we continually hear about the amount of antibiotic in terms of the active ingredients sold as a threat to human health because of the emergence and maintenance of resistant pathogens.

And that grand total of antibiotic is not any further defined in terms of how much of it or which classes are used in which species of livestock or what elements of production.

(Unintelligible), by age, by disease indication. All of that information is lacking and part of that is what we are going after.

So this is a little bit more about the NARMS on farm prospective longitudinal monitoring studies and the types of things that we would ask about in terms of determining that use therapeutic indications.

You know how much of antibiotic is being used for prevention for preventative purposes now that growth promotion is gone? You know benchmark those measures in order to inform the FDA about how effective their policy and regulations have been.

And then estimate those quantities of drugs that are being used according to species production type agent and those other sort of categorical inclusions.

And then the evaluation of the resistance patterns that go along with that, those longitudinal studies I talked about. And one of the big challenges for us and I will mention this a little bit later on when we talk about the food safety inspection service in the NARMS program is this investigative follow up.

And when we find something out of the ordinary in a food product being able to go back to the farm and investigate why that particular pathogen showed up in a food product is a challenge for us.

Again we have no regulatory authority to do that unless it is a pathogen that affects animal health. And the concern here is that because it is a food product that it might affect human health.

And so we look for voluntary participation from producers when it is indicated that they may be the source and with that voluntary participation some data gathering according to follow up and question that is always asked is what happens now?

You know what will this mean to me and to my market and what can I do about this if I participate in your investigation? And what mitigations are available to me in order to regain my market.

Those sorts of questions are important for us to be able to answer and without the background data of information it is very difficult to answer.

Woman: (Unintelligible).

Larry Granger: Is much different.

((Crosstalk))

Larry Granger: Yes.

Woman: Let me make sure I heard this correctly what you just said. When you were talking about investigative follow up.

Larry Granger: Yes.

Woman: That if you find a tissue violation you want to trace that back to the farm to find out information about what happened? Is that what you just said?

Larry Granger: Is that the question?

Woman: No is that what you just said? Because then you were saying you are going to go back to these voluntary operations to find...

Larry Granger: Well this happens already. So in other words...

Woman: No I realize that happens already but your voluntary operations are probably not going to be making those kind of tissue residue violation. Are you saying you are going to try to go back and do more follow up tissue residues to trace them back than what you are doing now?

Larry Granger: Well we don't do that. We are invited by those organizations, those agencies that have regulatory responsibilities to participate sometimes. And what we would like to be able to do is go onto the farm and gather important

information from those farming operations that would help to inform us. That is purely voluntary.

We can't force an individual producer to participate in investigative effort like that with us because we don't have the regulatory authority to do that. Does that make sense?

Woman: No.

Larry Granger: So this happens already. So a salmonella for instance is found and we know that it came from a particular egg producer. We can participate in the investigative follow up and do the epidemiology if the producer is willing to work with us. We can go on farm and do that work. But APHIS VS doesn't have a regulatory role in that picture.

Man: Right so you have invited in to do that work.

Larry Granger: Or not.

Man: Or you are excluded.

Larry Granger: Right.

Man: I got you.

Larry Granger: But those are important information gathering efforts because that type of information is invaluable in sort of case control studies if you will when a particular sector of the industry or a particular operation has the issue that they face and others don't.

What is the difference? That type of thing is what we would do this investigative follow up for and to be able to then give that information back to industry. Follow me? I can't see so it is very difficult to know whether it is making sense.

Man: Yes.

Larry Granger: Okay and then of course investigative studies in terms of scientific inquiry are the same sort of thing but not knowing or not following up on a detection necessarily in looking at how the profiles line up on particular farms. See the difference there?

Woman: Yes.

Larry Granger: Okay. And then to go on then. The other point of emphasis for us in terms of how we would invest our resources would be with the National Veterinary Services Laboratory and the National Animal Health Laboratory Network which includes of course the state labs that are part of that network and other labs too.

And so again in terms of the National Animal Health Laboratory Network and the collection of data there it passes surveillance. It is opportunistic samples that come into the laboratory and we are looking at ways that we can standardize the testing across the board for samples that come from animals sick and companion animals too down the road.

And be able to take that information and then report it to information gathering databases like Med-Vet-Net and PulseN and looking at the genetic profiles.

Using some sample testing methodologies and standardization and techniques that not just standardizes in this country for the NARM laboratory network but for the laboratory response network within the CDC and also internationally with OIE reporting and the work that the FAO is doing.

One of the challenges for us right now is to identify which pathogens of interest would be of interest to industry for us to monitor for resistance that are actually animal health concerns. Because I think that is a big part of how we can provide value back to industry.

And Guidance 152 in Appendix A talks a little bit about that medically important drug link to pathogens of interest. But I think that there is work yet to be done that is going to be important work that we need to engage stakeholders to help us with in terms of what actual monitoring we do and how we gather the data around those interests on the part of industry.

(Stacy): Dr. Granger this is (Stacy). I have got a question.

Larry Granger: Yes.

(Stacy): So when do you expect the I guess information about companion animals to be in that genome?

Larry Granger: I couldn't hear. I know you were asking about companion animals but I couldn't hear the question.

(Stacy): Yes so when do you expect the information about companion animals to be available in the (unintelligible)?

Larry Granger: Well that is a hard question to answer and the reason is and I will get to that a little bit later is because we don't know what resources we will have available to us to be able to build the sort of data capture mechanism that would be necessary and to structure the reporting in a way that it could be meaningful.

So that is just down the roads something that we see on the horizon that the National Animal Health Laboratory Network could contribute toward.

(Stacy): Okay thank you.

Larry Granger: And then the National Veterinary Accreditation Program is certainly an area that with NIFA and with other parts of USDA, NIFA being the old CS (unintelligible) that was extension, cooperative extension. Some of the remnants still exist and we still have existing expansion agents in certain states.

And certainly our USDA APHIS Veterinary Services National Veterinary Accreditation program is important part of outreach. And we already have developed as part of that program a training module on judicious use. We are anticipating that we will work with FDA to develop veterinary fee directive training module.

At some point down the road that could represent a data screen for us. However there are no plans in place right yet to turn it into that. There have just been suggestions from certain sectors that that might be important.

And then the NARMS reports with the reports that we generate from these studies that we talked about we can expand the stages of knowledge and the influence that they might have.

Previously we have published the reports, we have given notice and then people seek them out. I think that is going to be important as we gather the information about this issue.

To be able to return that in a meaningful way of veterinarians that are in private practice in a way that they can use the information when they are on the farm and treating animals and writing the veterinary fee directives.

So that information can be transmitted to practicing veterinarians through the accreditation program as well.

And then the One Health Coordinating Center has suggested that they might - and One Health Coordinating Center is part of veterinary services that they might assume some responsibility for Get Smart on the Farm.

This is a CDC effort. A few years ago I think they abandoned that altogether. They had asked USDA to get over at the time and we didn't like the name, Get Smart on the Farm for one thing.

But the other thing was that they didn't anticipate sending us any funding to do that. And so we didn't assume that responsibility but there is some interest in looking again at that to see if we might be able to rename it and reinvigorate it as a mechanism of education.

Then in terms of proposed research we have already listed these and just to say that a large part of the budget that we anticipate would be for research and that it would go to NIFA and ARS in USDA.

And that they would administer those funds and tackle these looming problems for us that would make sense for us to be able to provide that type of information back to industry as well.

And then these are some of the sort of smaller, not smaller in the sense of their importance but in terms of the funding that would be required to support them. You know the economic analysis, what the impact of the policy changes on (unintelligible)? What is the impact in terms of animal health, the data sharing that is required of us?

And you can see that when you read the national strategy that we are expected to be able to contribute information through a shared database. Be able to identify research needs (unintelligible) and being able to make those statements of need and reach out three to five years and fund those projects like we talked about earlier.

And then communications which is really not the same thing as education and outreach but continually maintaining communications in a way that keep people up to date about what it is that we are doing. And then really emphasizing the value to industry and other stakeholders about that.

I should mention that there is a broad international effort ongoing with data sharing and all of these other areas as well. And, you know, there is a lot of work being done with the Global Health Security agenda.

And the precautionary principle looms large for us as well as some of the other turns that I mentioned earlier like medically important that are not accepted in the international arena.

And so as we move forward in this global effort it is going to be important for us to communicate how our national program is different but how it might achieve the same needs.

And perhaps do that better in this country than to be able to always adapt everything that works in smaller European countries for instance or in certain world developing countries. And that is going to be a big part of what we need to be able to do.

So along with that is our reporting responsibility that I had mentioned, you know, Med-Vet-Net and PulseNet, NARMS information the right hand side.

But perhaps even more importantly because of this effort needing the funding that it does is our administrative accountability that the Office of Management and Budget to global health security agenda to OIE to our own veterinary services deputy's office (unintelligible) administrator to the office of the secretary.

And GAO and OIG all of these are people that will want to know what it is that we are doing in the USDA and how we are spending the money that Congress appropriates to be able to achieve those goals and objectives that were there earlier. And that requires an infrastructure to be able to gather that information in a way that it can be reported in one organizational change.

So we talked earlier about the secretary's advisory committee and your recommendation. Certainly we are engaging industry representatives to develop the survey questionnaire currently. There has been a lot of interest in that.

Things change week to week. That second bullet there I had mentioned that AVMA was convening a data task force and that it really was focused on the industry commodity groups and the groups that represent the industry.

As of last week there is some question about whether the AVMA will do that or not. AAVMC is quite active and we are still planning to have another meeting like the May meeting in 2012 but to talk specifically about the data needs that we envision will be necessary to answer questions for FDA.

And so necessarily the FDA is a joint sponsor for that meeting and we are looking towards sometime this summer, early fall to be able to hold that meeting.

Part of the delay in pulling that meeting together has been the development of the national action plan and the release from the White House. And another public meeting that they anticipate will bring stakeholders together.

Again the objective is collectively report more accurate antibiotic usage data like we talked about earlier. And you had emphasized that in some of your recommendations from last year.

The other thing that you talked about is in terms of stakeholder input the USDA should work with FDA and AVMA and we have certainly been doing that as much as we could.

But you also had asked about publishing the antimicrobial resistance plan and providing an opportunity for stakeholder comments. It isn't part of the regulatory process and the plan has been published and we certainly are interested in stakeholder comments.

I doubt that the USDA action plan will change much strategically because it is so much in harmony, you know, with the national action plan and the national strategy. So much of it has been done in response to an executive order.

However, how we go about collecting the data and how we use that data and interpret the data and then provide value back is really the critical questions that we need to take a look at.

So I am going to summarize and maybe hang out a little bit of our dirty laundry and ask for the secretary and advisory committee to think about these things as you ponder the questions at the end here.

As I mentioned, USDA does not plan to require reporting. We are not doing active surveillance. We are not requiring laboratory submissions and we currently don't have access to that sort of data stream other than what we do with NARMS and with our cooperative program with ARS and FSIS and the regulatory testing that FSIS does.

Another thing that we have done in recent years is we have been able to become program unit under the confidential information protection and statistical efficiencies (unintelligible) in terms of the acronym in that second bullet.

And one of the things that we have emphasized is that gives us the ability to securely hold away from (unintelligible) private sector data that may be provided to us. But it has to be done the right way.

We can't just take the data we have to be able to bring that into our secure lab in a way that is consistent with the guidelines of (unintelligible).

And what that emphasizes is that we really do need to think about chief data quality officer that would be primarily engaged with that function of confidentiality in addition to the quality of the data and being able to validate and verify that data. And I will mention why that is really, really important a little bit later.

There is probably a considerable - I think that there is no doubt that there is a considerable amount of data that industry has in every commodity area.

Over the past 20 years there has been a concern about this issue and until now USDA and APHIS in particular have done a little bit of work around this issue but we are really jumping into it now.

And one of the things that this group here at (CIA) and in NARMS is really embraced is the advocacy role for industry and being able to verify and validate the data that comes from third parties and use that and analyze that with a scientific expertise that is here.

And provide valuable information to other stakeholders that support industry is important to us being the Department of Agriculture.

The other thing is that I think that there is a good possibility that the burden that would be necessary for us to collect information of value as we conduct these surveys could be reduced substantially if we knew what was available already.

Because industry has determined that it was important to collect a certain data set and that they were willing to share with us. We might be able to take a questionnaire that is 10 pages long and reduce it to 2 and provide less of a burden to industry that way.

Remember that there is no regulatory authority that VS can exercise to achieve these goals but that one example where there is not to is with the approvals of diagnostics and vaccines.

And another is that (unintelligible) regulatory in nature there are severe penalties if we were to share that information in a way that wasn't appropriate under the Confidential Information Protection and Security, Statistical Efficiency Act. So remember those two aspects.

VS does have, you know, much of the infrastructure in place. We have got the laboratory capability. We have got the laboratory network. We know how to conduct surveys. We can do epidemiologic investigations. We can provide support for others that are doing investigative studies. We have done that before.

But all of this is going to require a lot of financial and human resources that we don't have. In addition to that we need to collaborate and develop the criteria for reporting even if it is voluntary.

And that has to be harmonized globally with FAO and OIE and WHO and those regional surveillance programs. Otherwise the U.S. is going to stand out as an area where little is known and a lot of antibiotic is used in antibiotic agriculture and that is of concern to us.

The other thing I will say, you know, backing up a little bit is, you know, I am just going to share with you that I had read a book about Thinking, Fast and Slow. It is by Daniel Kahneman and in that book he talks about what you see is all there is.

And I think that it is an important concept for us to understand that if other people were saying that there is a lot of antibiotic used inappropriately in agriculture animal food production.

That it is important for us to have information to provide that might indicate otherwise especially in terms of the appropriate and judicious use guidelines and otherwise what you see is all there is. And that is what people are seeing right now.

So this is the 2016 budget and I should have probably put in here 2016 budget request because that is really what it is. And the base of \$20 million was the 2015 request which is the 2016 budget. And so I have got these years a little bit behind in terms of what they actually indicated on this slide.

But this slide was actually provided to me, you know, from the Office of Secretary. And so what it indicates here is how much of this is actually going to be for research and how much for surveillance.

And as I mentioned there is a substantial amount of money that we anticipate would come to us if the budget is approved.

Now one of the challenges and really it applies across the board because FDA has said that they will have some \$5 million for us to work with them to bring about these surveillance and monitoring programs that we talked about.

But one of the challenges there is that it takes about nine months to get OMV approval to conduct a survey because of the Paperwork Reduction Act.

And when you get your budget finalized after January you miss the opportunity to spend that money in the current fiscal year because of the

length of time it takes for us to be able to bring about actually implementing a survey.

So that is something to keep in mind. And while we might work on the types of questions and the amount of data that we would want to gather and we are doing that.

It still means that we need to put forward that package to OMV and while we might be able to fast track that it is going to be a challenge depending on when the budget is approved by Congress.

And that is basically what I have now I just put a slide up there that shows where you can find some of these things that I have talked about. The workshop, the USDA national action plan, the executive order and the national strategy document and the (unintelligible) report are all available on the White House Web site which you probably already seen those. These were posted last September.

And all of this has occurred in the last year since you met. The questions that I ask at the end of the briefing paper that I gave to you are similar to last year's questions but I think you can see maybe from this presentation some distinctions.

In Question number 1 we are talking about areas of investment in infrastructure. I told you, you know, the kinds of things that we can do.

But the fact of the matter is that we are limited in terms of what we can do because we don't have enough human resources or financial wherewithal to be able to do it even though we do it routinely in laboratories and with the surveys and so forth.

And with Question number 2 we are talking about how we might take private sector interest in gathering data and whether those data sets might come to us under (unintelligible) protection and how we could collaborate with industry to validate and verify these data. So that when we do our analysis the information is useful and accurate.

And then I didn't mention much about this but I actually did spend some time with Dr. (Jones) in California and there are lots of questions yet amongst stakeholders about what their role will be.

And with our role being limited in terms of our regulatory activity and states having some authority if you will to define a veterinary client patient relationship type of thing with veterinary (unintelligible) looming large.

There are questions about how those fit together and what role we might play in terms of coordinating across government what emerges in different areas and regions around the country to make that more consistent.

And so those are kind of the three areas that I outlined that I think right now are things that we could use your help and advisement with. And with that, (Don) I will let this go back to you.

(Don Ritter): Thanks Larry. Questions for Dr. Granger?

We got a couple.

(Stacy Evans): This is (Stacy Evans). So a stakeholder of mine is concerned about the ability to reduce the need to use antimicrobial drugs (unintelligible) everything.

And they have concerns that the management practice could be contributing to the need for it. So I know that the - this can be basically a recommendation, you know, USDA (unintelligible) information about that so it can design animal husbandry management practices that would reduce the need to use antimicrobials.

So I am just wondering if what your thoughts are on that recommendation?
Any action?

Larry Granger: Well these are consistent themes across the board that have emerged from discussions around the globe and they really are sometimes mirror images of what is promoted for human health and in particular in health care settings.

And they are not totally dissimilar but I think that there is a lack of appreciation in the human health sector for what agriculture already does do and the fact of all in and all out management facilities cleaning and disinfection.

You know the kinds of technology if you will in terms of facilities management and management of populations of animals using vaccines and so forth that goes unappreciated.

Part of that is our fault because we don't look at it in a way that allows us to communicate very effectively with those groups what it is we actually do.

So when we look at things like license vaccines for instance and we do efficacy studies and safety studies on these small numbers of animal (unintelligible) product.

You know industry does feel in clinical trials in their own production settings to determine which vaccines work well, which are solid investment and protection for animal health.

But that is sort of proprietary information within a production unit that is useful to that production but that isn't necessarily shared with us as a licensing and regulatory agency that is information that could be useful to us.

Because while the balance is between safety and efficacy the small studies that we do in order to license those products are not targeted, are not broad enough to be able to indicate this in the same way how that balance is achieved as what industry can do thousands upon thousands of animals that they vaccinate.

So, you know, it is that kind of thing. And I think that the more information like that that can be shared whether it is related to use of vaccine or whether it is nutritional or a particular gene in an animal that is important for us to be able to say something about.

And important information for us to share then I think the better off we will be to answer those kinds of questions when they are on an international and national agenda like this.

(Stacy Evans): Thank you. Your quote earlier, "What you see is what there is" exactly some of those that seen it. I have stakeholders who, you know, they are veterinarians or they are scientists and they understand the complexity of anti-microbial resistance.

And I have others who they will read information and then they are saying, oh it is an animal husbandry practices just representing their views and - there the

opinion that well maybe the pig had more room to move around in or cleaner than, you know, there would be no need to use antimicrobials.

Larry Granger: Yes and I think that there is the overall sense in some of these stakeholder groups that are not very well informed that large production enterprises equate to insanitary conditions.

When in fact that is probably not true and the opposite. Because it is the (unintelligible) management of facilities for instance that creates sanitary conditions where the economies of scale can be realized and that is why we were able to grow so big.

(Stacy Evans): Thank you.

(Don Ritter): (Mary Anne).

(Mary Anne Kaneeble): Hi this is (Mary Anne). You mentioned about using NARMS as the primary deal which I really appreciate. I think most of us - I am a producer don't mind working with NARMS because we know that they are while they are trustworthy I guess we are used to dealing with them.

More importantly, there are some protection there from data security and confidentiality. But I know that you have mentioned and I know that NARMS goes like on a five year cycle. So are they going to be able to maybe carve out the AMR portion of what NARMS would do and put that on a yearly cycle?

Larry Granger: Yes.

(Mary Anne Kaneeble): So you could data like you wanted? Or are they going to be able to do that you think?

Larry Granger: Yes that is exactly what we are planning to do.

(Mary Anne Kaneeble): Okay.

Larry Granger: Yes. The question still looms large. How many of the commodities we can engage because of budget limitations and because of challenges gaining voluntary participation over the long term?

And, you know, I think that those are the two biggest challenges that we face. We had \$10 million there in that 2016 projection for surveillance. Some of that is probably going to have to go to other parts of USDA.

But I think that it is a good start and again, talking about the data that industry has already gathered if that could be made available. It means that we would spend less effort duplicating what industry has already done and use the money that we have available to us more appropriately and effectively.

(Mary Anne Kaneeble): I know one of the things that we actually I think talked about in our last recommendations was the importance of having the questions routed well. Because I have taken many of those surveys but the questions were just ridiculous and ambiguous and the data would have meant nothing.

Making sure that the questions are crafted properly to really get some good information out of them.

Larry Granger: That's right.

(Mary Anne Kaneeble): (Unintelligible).

Larry Granger: That's right. And remember we are focusing in on use but not just to identify where the antibiotic is used but how it is used so that we can help to further define what is appropriate, judicious and what stewardship means.

(David Meeker): Great. Larry this is (David Meeker). I think you have done a really good job on a tough subject matter. And criticism is not level (unintelligible) answer or your presentation. But we heard yesterday about FMD and how this nation is most likely unprepared for a vaccination strategy. Unprepared for a major outbreak.

And the department is asking for no increase in budget that I could see whatsoever. And you are working on the question is largely created by media and uninformed critics and you are going to get a \$57 million increase. It makes no sense to me.

(Don Ritter): I think everybody at the table is nodding their heads at that Larry just to let you know.

Larry Granger: Well you know that is probably a better discussion to have over a beer and a brat. But in all seriousness it is kind of the way the world works.

And the challenge for us as administrators, well I used to be an administrator. Now I am a senior leader and I will tell you what? It is a pure pleasure some days to not have the burden of supervision and human resources and budget.

But and to be more of a subject matter expert. But having been an administrator, the challenge for us is when we get the funding to then invest it in organizational infrastructure in a way that say for instance, the information technology need for gathering data related to antimicrobial resistance are the

same mechanistically as what we would need for gathering epi information around foot and mouth disease and an outbreak.

And so what we need to do is become crafty and innovative and use the money to satisfy to achieve the goals and objectives that Congress lays out for us when they appropriate the certainly.

But to do that in a way that when we make an investment in our own organization it serves some of those other needs like the preparedness for foot and mouth disease.

And I certainly think that we are in a better place today having reorganized the veterinary services to do that sort of thing that maybe we have been in the past.

So all of those things that I mentioned with the epi-investigation relates to emerging diseases as well. And the information that you would want to gather about an emerging disease like (unintelligible). And the laboratory activity in terms of diagnostics.

Being able to return information to industry. All of those things are important with an FMD outbreak as well. So build that organization infrastructure. Make the investment appropriately. Partner with the people that are important to the industry.

And when the time comes even if the money was appropriated for antimicrobial resistance you will be better prepared for foot and mouth disease.

(Don Ritter): So Larry this is (Don) to follow up on (David's) question. Is this new money that the secretary is requesting in the budget or is this just a shifting of priorities?

Larry Granger: Well my understanding is that it is a new money request but we don't have that budget.

(Don Ritter): We don't have the budget.

Larry Granger: Yes I mean yes. So you don't know how it is going to turn out.

(Don Ritter): All right.

Woman: (Unintelligible).

(Don Ritter): Okay so it is a new request. Okay that is interesting to know.

(Wayne Freeze): (Larry) this is (Wayne Freeze). Do you think that you're going to go be able to go out in the country and find people that want to participate very easily?

(Larry): I don't know how to answer that question. You're probably closer to - and by the way hello. I haven't seen you in a long time but you're probably closer to that than I am. And my guess is it's going to be a difficult thing for us to do.

I think that it may be easier with beef cattle than it will be with swine production and even harder with poultry.

And that's because of the nature of those industries and the degree to which they have become sophisticated in solving their own problems using data-gathering and data access and analysis of data within production units.

Some of that has to do with the, you know, the vertical integration and the horizontal integration that has occurred across those industries.

The other one that I've talked with the NOMs unit about that I think would be an interesting one is the turkey production is in the country right now because I don't think that they may be do that quite as much as the broilers.

And to be able to, you know, our challenge is going to be if we get producers to participate that we do it right the first time.

And if we can't do it without leaving gaps and it turns out to be a disaster I don't think we'll get another chance. So it's really, really important that we're working with these commodity groups to be able to structure that the right way.

And then we're going to need their support to get individual producers to encourage to participate.

(Karen Jordan): This is (Karen Jordan). I have a question I'm not 100% sure I'm following this but like right this second if industry came to you and said we want to collect the data, do you have - what data do we collect in what form and how the - how do we do this?

(Larry): Yes and no. They've done that already. And, you know, the swine industry has been public about it. The beef industry has come to us and suggested a way that that might work for them.

And no not yet do we have the questionnaire fully developed and flushed out that we would actually use.

And again some of that's dependent on that interaction with industry groups and some of its dependent on how much of that data they might already be able to provide to us because the shorter the survey instrument is and the more direct and to the point and simple the better data you're going to get.

And so there's still work to be done in all of those areas.

(Joe Stockton): (Joe) - this is (Joe Stockton). I - looking at the paper that you gave us this summary...

(Larry): Yes?

(Joe Stockton): ...and there are six points that kind of roughly describe the kinds of research that you're looking at doing.

(Larry): Yes on the third page?

(Joe Stockton): Yes, on the third page.

(Larry): Yes.

(Joe Stockton): It looks to me like that dances around the central question which is is there or is there not a link between resistance and animal in human beings? Is that on purpose?

(Larry): No. It's because it's a very difficult question to answer and in fact I'm not sure that it's anything but equivocal at this point in time.

And I think that there has been links that have been demonstrated in other words, you know, I know there had been.

There's times when the same organisms that are resistant to antibiotics infect people associated with animal agriculture.

And then there on the broader scale is very few times I think that you could find any sort of direct link with what's occurring in animal agriculture as it constitutes a threat in the broader sense to animal (unintelligible) to human health with the level of risk. And so those are really two different questions.

And just because you might find a resistant organism that infects a person and a pig on the same farm doesn't mean that that represents a broad human health risk in the bigger sense of the globe say for instance.

And so I think that there's a lot of work still that needs to be done to answer that question. And what the relationship is is pretty ill-defined.

That's why the US has resisted precautionary principle being brought into some of the international documents with FAO and OIE working with WHO and the Global Health Security agenda.

But there's a huge, huge sort of critical mass in other countries particularly in Europe pushing the opposite direction.

And again going back to a comment I made earlier the more data we can gather to demonstrate that the precautionary principles isn't necessary to reduce the risk to human health and that antibiotics can be used and animal production judiciously and appropriately the better off we'll be.

(Don Ritter): Yes thanks. Other questions? (Cindy)?

(Cindy Wolfe): Hi (Larry). This is (Cindy Wolfe). I am wondering on Page 2 there's a special bullet we talk about detailed questions aimed at commercial producers of certain livestock species on production practices including antibiotic drug use.

So for about two decades I've sat in an outer rooms and we've invited the physicians and the public health officials to various veterinary meetings. And I watched them the first judicious antibiotic documents be drafted out of the commodity groups in the AVMA.

And so I guess I just have to say that I feel like the train has left the station and that the data will be interesting. But I am not sure we're ever going to convince the public of anything different than what they believe today.

And so imagine someone has said that to you and that market forces are going to continue to drive this train.

So with that as my belief unfortunately for you why doesn't NOMs just go ahead and start doing something now?

They have a regular cycles so sheep were on a 10 year cycle, beef I think is on a five year cycle why can't some of the question asking just be reallocated and started now with the existing budget?

(Larry): Well first let me say that I agree with you that the train has left the station. And that's clearly evident when you read any of the documents that I've mentioned, you know, especially the international work but also our national strategy and the executive order.

And the answer to the second part of your question is that it has started. And they have - the NOMs unit has traditionally asked those sorts of questions and they've been refined in terms of the national studies, the commodity-based national studies.

So we're talking about something different going forward which is a year to year longitudinal type study design that never existed before.

But the other studies that you're familiar with that you're mentioning they have been redesigned to ask more direct questions related to this issue.

And I think that the reason that we haven't done more of that is strictly because of resource limitations. We used to do commodity-based studies every one to three years. Then it went two to four and now it's three to five and that's all related to the resource issues.

(Don Ritter): So (Larry) so (Don) here, (Don Ritter). So what do you need from us or what from us?

(Larry): Well are we on track? I mean that's the fundamental sort of simple way to ask. And the areas that I wrote the deliberation questions about, you know, I talked about where we were planning to invest our resources NOMs number one and certainly the support that's going to be necessarily from the NOM related to that and then the National Veterinarian Accreditation Program.

And those are VS sort of investments. And I think that in terms of the relationship that USDA has with FDA related to use and the impact of their particular regulations and policies that's probably the most important and relevant work in my opinion that the Secretary's Advisory Committee needs to be aware of aside from all of the research that needs to be done.

And we're not engaged in veterinary services in that part of it. So I may be - not maybe, I think I probably underestimated or underrepresented, you know, that effort because certainly NIFA and ARF at \$50 million are very, very, very much involved in seeking the same sort of answers but from a different perspective in terms of the research that they do. And support for that's going to be important as well.

And then how does USDA get - drive a sector interest in participating in these surveys? As (Wayne) pointed out it's going to be a challenge for us to find, you know, producers that want to engage with us in the long term and continually answer our questions.

So again we need to make it as short and direct and to the point as possible.

And then, you know, taking a look at state and other federal industry stakeholders. Is there a way that is there anything that you could suggest that USDA could do to promote that acceptance and support?

Can we get states to participate with us when we do a non-survey and we go out on the farm and collect that data?

Can we get accredited veterinarians that would be willing to share that with the permission of their producers, you know, those sorts of questions?

Not just strategic but sort of operational in nature because that's what we're moving into if we get funded next year.

Woman: Can you tell us what is going to be your definition for success? I mean is the only definition I have for success the reduction in the total volume of antimicrobial drugs?

I think some of that information is what me as a producer is what I need to know before I'm going to answer a lot of questions is will my answers in getting people to understand exactly why we use and when we use and the fact that we're not out there running willy-nilly with a syringe which is what the obvious thing people are thinking, you know, I'd be willing to give a lot more information and I think others would be also if we know that this data is going to fall on ears that are going to listen.

(Larry): Yes. That's right. And yes I think that when we talk about antibiotic use it isn't enough to talk about quantity of antibiotics sold by manufacturers.

It isn't enough to communicate that information to the general public and put it in perspective by comparing the total amount that humans use when you know that there are more chickens than humans and that they only take six weeks to grow from start to finish and, you know, with the number that are treated over a year's period of time that had a level that indicated for that age or that bodyweight is not overused.

So what is appropriate and what is judicious and in terms of writing a veterinary feed directive how is stewardship defined? Those are the kinds of questions that I think would be better measures of how successful we are, not just...

Woman: Well what is the President's expectation of success?

(Don Ritter): Well I'm not sure I can answer that. I think that they just want to see in terms of what's in the Executive Order us participating in a way that's described there. And that's what the national action plan does.

So it's meeting those objectives and goals that I laid out in the slide show earlier. But those are quite general as you can see. See if I can find it.

(Don Ritter): Yes. So to follow-up on that -- this is (Don) again -- is the objective to definitely link, you know, food animal drug usage to human illness with AMR or is it just to reduce use in animals because it's a good idea?

Man: I think that there's probably people across the board at each end of the spectrum on that question.

Certainly we don't approach it that way. You know, we're looking at whether there is really any definitive link or not.

And if it is linked does that mean that it's linked because there's inappropriate use or does that mean that it's unavoidable and the risk is so minimal that the risk of not using the antibiotic is greater? In some cases I think that could be the case.

(Don Ritter): We have a question from one of our guests.

Gary Sherman: (Unintelligible) Gary Sherman from USDA NIFA. We're one of the recipients of \$33 million of this proposed new money for antimicrobial resistance.

And hi (Larry). How you doing?

(Don Ritter): Good thanks. I'm glad you're there.

Gary Sherman: Having been on some of these writing teams for both the action plan for USDA and for national teams there are fallible metrics.

We struggled long and hard across the full interagency from NIH, to CDC, to USDA for all the objectives so as the - while there are some who point the finger right at agriculture we try to educate those folks when (unintelligible) us.

There are significant efforts that don't have anything to do with agriculture on the human side because there's an understanding that there's insufficient use of antimicrobials in the human side and there are very specific objectives about how and when to use antibiotics and the reduction of antibiotics for conditions where it shouldn't (unintelligible) be prescribed in the first place.

For us for NIFA I had to go along with (Sara Gay) over here. We had to come up with metrics that said two years out, three years out, five years out six - you know, we started to have this - some money available what we would be doing.

So for alternatives to traditional antimicrobials we had to project. We will have three candidate alternative (unintelligible) microbials maybe that are food animal specific versus human specific and there would be no competition or alternatives to traditional antimicrobials having to do with probiotics or (phage) methodology or vaccines which can help reduce these antimicrobials. And so there are metrics of all sorts.

And on the research front getting back to your question about what are - dancing around the issue of, you know, is there really a connection?

Well on the research side, the \$33 million we would get we're talking about a systems approach from farm to (port) looking at the actual underlying mechanisms which we feel we don't really understand all that well.

There are some antimicrobials that have been around for 30 years and there has not been hardly any change in the antimicrobial resistance.

Then there are others that seem to be more responsible as first principles that if you have antibiotics it's going to give you an increase in antibiotics that don't apply to - doesn't seem to - so we have to find out why? There's a whole lot we don't know.

And so the systems approach or the epidemiologist risk analyses could be part of what we do ultimately can be very important as we try to identify what the pathway, what the real mechanisms are of the first emergence and then the spread of antimicrobial resistant elements.

And if we can do then our responsibility to USDA is the farm side, NIH is responsible for the human side. And we try to talk a lot about this but we have to work in our respective camps.

If we can define what that message is and ultimately I think many people that the relative risk of what's happening on the human side where there are lots of smoking guns for the production of antimicrobial resistance like (unintelligible) in (unintelligible) hospitals and killing people. In fact it happened right here on the United campus, several people died. You might have seen that special.

That same smoking gun doesn't exist on the US on the animal side. So but we should quantify. We should do it scientifically. We should find out what that relative risk.

And then we can lineup, you know - by the way NIH got a whole lot more than \$77 million for this so they're doing research.

And, you know, you've got to hope that science leads us to where we need to go. And if we do due diligence on the animal side and figure out how this is really happening and what those connections are and then that interface between humans we have the one health sort of understanding now between NIH and USDA so I think work done there.

And with the human side figuring out what their contributions are that will eventually get an understanding of whether USDA - or not USDA but agricultural animal health is really a large problem or a drop in the bucket compared to what might be happening on the human side.

Woman: Thank you.

(Don Ritter): So, yes thanks Gary. We're on limited time here.

Gary Sherman: Okay.

(Don Ritter): No, it's fine but I think I'm going to - we need to draw this discussion to a close because we need to get back to our recommendations. We have about an hour 45 minutes to do that.

What we could do is continue this current discussion for another few minutes and decide whether we have recommendations and count that as our time for

antimicrobial resistance. And then move on to the other topics. And we want to want do that since we're...

Woman: Why don't we just finished this one?

(Don Ritter): Finish this one okay.

Woman: So we - we put together a plan for each topic we expect recommendations on we set aside 20 minutes.

(Don Ritter): Yes.

Woman: So...

(Don Ritter): So do you want to start the clock ticking now on the 20 minutes...

Woman: Yes.

(Don Ritter): ...for this topic and just roll right into it? Okay. It makes sense. I just...

Woman: Hey.

(Don Ritter): ...think I needed to just stop the question and answer let's get down to yes, (Wayne).

(Wayne Freeze): Can we go make comments?

(Don Ritter): Yes.

(Wayne Freeze): I think what's confusing a little bit here is, you know, in agriculture particularly swine agriculture, it's all about performance testing and mitigating (unintelligible) and all this.

But I think you're looking at a whole different thing here. You're looking at sampling and then continued laboratory work but I don't know that.

So I think what you've got to do is define what you're going to do a little bit more for people to come out. And I'd be very, very curious to know what's going on on our different fronts. So I think we truly have that going on.

But I think you've got to entice me with learning something from it rather than trying to prove something.

And so what you do, how you explain it, how you present it and it can't be terribly labor some. What kind of sampling techniques, where you going to send stuff, how you going to do it is kind of important.

Man: So I'm trying to but is there a recommendation there? I mean where we...

(Don Ritter): So (Wayne) how to engage stakeholders then is what you're talking about?

(Wayne Freeze): Yes right. Yes. And same with you I guess you were going to go there but yes, you got to go through the commodity groups to get to the big commodities.

Now to get to the, you know, I don't know the goat industry's small and you still have a commodity group right?

Woman: Yes, but...

(Don Ritter): Okay?

((Crosstalk))

Woman: ...(unintelligible) the majority.

(Wayne Freeze): Yes. Are the recent majority if they went through the, you know, National Chicken Council, National Turkey Federation the Pork Board...

Man: Yes.

(Wayne Freeze): ...maybe American Cattle Association - whatever the, you know, but you're going to have to go through those to get and you have to tell a good story and sell it.

You're going to have to sell it to us because we're not united in this area of looking under the carpet.

(Larry): Right. And the other thing that I heard Dr. (Freeze) say there is a tell us specifically what you're going to ask us and what your information you want and then how you're going to use that and analyze that and provide, you know, something back to us that encourages us to participate. And I think that's a good message.

(Don Ritter): Let me just read you...

(Wayne Freeze): (Unintelligible).

((Crosstalk))

(Don Ritter): ...our first recommendation from our last report just because that's what we're talking about. I mean I think we're going over ground that we've gone over before. I hate to be a...

(Wayne Freeze): That's fine.

(Don Ritter): ...but...

(Wayne Freeze): Save us time.

(Don Ritter): ...number one, stakeholder advisory group on surveillance of antimicrobial use and resistance should be convened a set of objectives designed surveillance methods, identify cooperatives and build trust between the industries and agencies. I mean...

((Crosstalk))

(Wayne Freeze): That's what you said.

(Don Ritter): ...we recommended that right?

Woman: So now we're - to me we're to, you know, we've come a little bit - so we've got a more specific kind of...

(Don Ritter): Okay.

((Crosstalk))

Woman: ...(unintelligible). I mean to me this whole thing speaks to demonstration farms but you go to each commodity group and you say you put out (Larry Grander) goes out and puts a request a national note...

((Crosstalk))

Woman: ...we have some sites that we could collect this data whatever.

(Larry): Yes. And (Don) just to jump in a little bit and I don't know whether you want me to or not at this stage but that recommendation has not been done.

And what this said to me was a stakeholder advisory group that is, you know, across all livestock industries and we've not done this.

And it's because of the national action plan and so forth. So more specific to the commodities I think is where we're coming from now.

Let's develop the questionnaire and sell it to me is what I heard.

(Don Ritter): So following on (Karen) is that a more specific recommendation that you were saying to go forward with the USDA to the secretary?

Man: Yes.

(Don Ritter): ...with the stakeholder groups and tell them that we would like advisor group - demonstration farms?

Woman: Demonstration...

Woman: Yes.

Woman: And farms demonstration farms.

Woman: Yes, yes. Thank you.

(Don Ritter): Okay.

Woman: So this reminds me of a past that traceability was on for a while. And so we had a very ticklish topic and we as an agency (unintelligible) the mot stellar job selling it to the commodity groups and other producers.

And this going back to what (Wayne) said we have to show the industry what we're doing for them so they aren't scared to death to not cooperate.

And that stakeholder advisory group would already kind of get you some buy-in. Without that group I think it's going to be one wall after another with a few little gaps in-between.

Woman: I guess I see the urgency of this. Because I think the Wal-Mart's and the McDonald's of the world are going to...

(Wayne Freeze): Yes the marketplace is...

Woman: The marketplace is what drives this. I mean if we can hurry up...

(Wayne Freeze): (Unintelligible) study it at all.

Woman: Yes. Or at least if we with the demo farms if we could at least get how do we collect the data, how do we...

Man: Yes.

Woman: ...prove that we're only using 1-1/2 per million pounds of milk produced coming off this farm?

Man: If we do all that you think McDonald's going to reverse their position?

Woman: No.

Man: So why do it?

Woman: Well we do move to market pressures.

Man: Well this...

Woman: To me - sorry it becomes - I can almost see this thing as it's going to become competitive. We will pick up milk from people that only have 1 milligram ampicillin per thousands millions of gallons of milk produced versus if you're using three, you know, I mean where do you run - what's going to be - because a lot of times you worry about the data you do collect but yet right this second I have nothing, I don't have a benchmark to see how good my performance is or how bad my performance is.

((Crosstalk))

(David Smith): So I think that was a comment that I was going to make. This is (David Smith). What to get out of this if you design the research correctly you'll get some information that might be beneficial to the industry.

So you learn that there are these practices that are associated with less antibiotic use and increased performance (unintelligible) so on.

So it doesn't have to be all the bad news questions. There can be so let's measure some outcomes and make some relationships and find what really works and what doesn't work.

(Don Ritter): Well you know you have some of this data already. The FDA residue survey that just came out on milk that it took them forever to publish was really good news.

I mean that was I think people were expecting that was going to be a disaster right?

Woman: No.

Woman: We knew we were a great industry.

Man: Some people didn't really know.

((Crosstalk))

Man: We knew we were testing for beta-lactamase but we weren't testing for anything else. But I was expecting - I was holding my breath on that.

Man: Okay.

Man: Because I know what happened in 1889 when the New York Times published the article on store-bought milk with (selfamacitine).

And so when that came out I thought wow that's good. We also test a lot of milk in this country. Some of that data is (unintelligible).

I mean you don't need a demonstration. I'm not disagreeing with the demonstration farm. I'm just saying you don't need the demonstration farm to tell you that milk is the most tested, inspected, detected product food product in this country.

Woman: But that's - maybe that's not the question. I don't want to be guilty of causing any human health hazard (unintelligible). I don't want to go there. I don't want thinking of our industry I want to be contributing to the problem.

Think of us (unintelligible) sit in and listened that are ag related antibiotics are changing the bacterial plasmas or, you know, there's some in there that can change real quick.

I don't understand that stuff but my - in the end of the day it comes to me is if you're using antibiotics you've got a potential to cause an issue.

We don't know what this whole thing's about. We don't know. We don't know.

(Don Ritter): So...

(Judith): This is (Judith). I'm sorry I'm trying to do this in the side sort of Texas lab so excuse the background noise.

I - to follow-up on what someone else was saying I mean I think there's a lot of potential good that could come out of this study in terms of the USDA mentioned looking at alternative antibiotics and specifically looked at -

mentioned diagnostic tests and vaccines which I agree with researching those as alternatives.

But there could also simply be a best management process as angle of this and looking for questions for instance about the density of animal operations, not necessarily size.

It's not a large good, small bad or, you know, a small good, large bad or vice versa but literally a density and how does that affect or does it affect antibiotic usage, the use of probiotics, the use of different nutritional and dietary, you know, aspects?

You know, engage those questions so that first of all the industry will get back the information about here are your ways you can reduce antibiotic usage without reducing, you know, your profit margin to be blunt.

And also be able to present that to FDA and other concerned agencies as to, you know, here's what we're seeing as the connection between antibiotic usage and management practices and how, you know, we can address the public's concern about antibiotic usage with existing operations or existing management techniques.

(Don Ritter): We also mentioned that in our report recommends ARS should prioritize resources for AMR research the following areas are considered important alternatives to antimicrobial including probiotics, pre-biotics, bacteria (unintelligible) enzymes, essential oils and (unintelligible) vaccine.

So I - I'm trying to get some new...

((Crosstalk))

(Wayne Freeze): We should copy and paste and then we'll get done (unintelligible).

Man: That's right.

(Don Ritter): I'm just trying to get some new some...

Woman: Right.

(Wayne Freeze): And more specific.

(Don Ritter): Yes.

Woman: Yes they mentioned public meetings and which are going to be important and they need to be held where the producers actually live.

Our meeting in DC is not going to be very beneficial. So if you're going to hold public meetings to try to roll this out you need to have all these ducks in a row already that we're talking about about what you're actually defining as success, what you're actually going to do with the data.

Because those are the questions people are going to have at your public meeting. And if you can't answer them at that point you've already caused some ill will.

So that kind of stuff has to be done before you do a public meeting.

(JR): This is (JR). There's another aspect of this. You're talking about public meetings with producers for them to affect to participate.

There's a lot of us who write a lot of letters or meet with other consumer (groups), right? And we don't have the like myself I don't have the understandable background to answer their fears.

Now this is from the veterinary side of this. This is not being couched in any kind of layman's language. There's a public relations issue here.

We feel, you know, the majority of feeling here among this group of scientists is that the question of antimicrobial resistance in human beings from animals is way overblown.

But how is it overblown? What could I say to my sister-in-law, lack of data? Where's the data?

(Wayne Freeze): Well people have tried to connect the dots but they maybe haven't had the right information is what (Larry)'s saying.

But, you know, (Larry) there is a, you know, it makes sense that we should use less shared class drugs in food animals.

(Larry): Yes, yes.

(Wayne Freeze): And I think the marketplace is starting to do that right like that's what McDonald says and then Tyson jumped on the bandwagon and...

(Larry): Yes.

(Wayne Freeze): But we also have to preserve animal health and we've got to be able to treat sick animals. Some of these market specs don't allow for treatment of sick

animals so you're really getting into some other unintended consequences in the marketplace game.

(Larry): Yes. I think that's exactly right. And that's the whole point of Guidance 152 from FDA in determining what drugs are medically important and, you know, should only be given under a veterinary feed directive. And that's the premise there.

I didn't say it before but, you know, a classic example is ionophores and never been demonstrated to lead to a resistance problem and are not used in human medicine.

And yet lumped into the same class in terms of there being an antibiotic as tetracycline in terms of, you know, the total amount of antibiotic being sold in the country today.

So, you know, there's all kinds of nuances. And, you know, on the ionophore forefront if I were to design, you know, an antibiotic that could be used in animal production agriculture that didn't lead to resistance and cause problems in human health it would be that one and yet it's still tallied as an antibiotic sold. So it doesn't make sense sometimes.

(Don Ritter): That was another one of our recommendations, interface with US - interface with FDA on a process to revise Guideline 152 because it hasn't been revised in...

(Wayne Freeze): Eleven...

(Don Ritter): ...a long...

(Wayne Freeze): ...years now.

(Don Ritter): ...a long time.

(Wayne Freeze): Yes. Yes the list needs to be updated the 152 list. And we - and I know that's not your shop (Larry). We're just, you know, preaching to the choir here.

(Larry): Yes. And remember that list doesn't list ionophores as medically important either. I mean, I didn't mean to say that but, it's just a point in - of a case in point, you know, type of thing.

(Wayne Freeze): (David) you were going to jump in.

(David Smith): You brought up the point about the welfare of the animals. And so hopefully as they're asking these questions one of the considerations is not just about volume of antibiotics used but was the health status of the animals, right, so that we don't inadvertently pull the drugs away and cause more harm than good.

(Wayne Freeze): Well it gets back to her question too. (Stacy)'s question is that I mean because I can tell you now in the chicken business the people that have the highest mortality and the highest combinations in the country are the companies that don't use any antibiotics.

So they have the sickest chickens in the business but that's what they want. You know, the people who are buying them. They want the healthy ones.

And then they say well yeah, but it's because you crowd them in the houses. That's why they're sick because you're not doing the husbandry right?

And then we get hit with that slap, you know. So we can't win either way is, you know, and so it's kind of a conundrum really.

(David Smith): Well just to be fair there are things in the system of livestock production that do lead to the need to use antibiotic. We're - you know, in any industry there are...

(Wayne Freeze): Sure.

(David Smith): ...things that all right we have this problem over and over and over again at this stage of their lives.

(Wayne Freeze): That's right.

(David Smith): In the beef cattle industry it's got to be cattle leaving the farm and going into a stocker operation or into a feedlot.

Left that farm as a healthy calf but by the time they make it to the feedlot they're - we expect them to get sick and we use mass medication to fix that.

Well all right there's a system where maybe we could do a better job right. Maybe there's some way...

((Crosstalk))

Man: That's right.

((Crosstalk))

Man: I agree I think.

(David Smith): (Unintelligible) and get finished and not - not end up be likely to get sick in the process.

Man: Yes.

(David Smith): So there - I mean hopefully there are some good things that can come out of - or not what...

(Wayne Freeze): Yes.

Man: ...(unintelligible).

(Wayne Freeze): Yes.

Woman: Yes I think so. I think if you maybe even clear out some views that people have in everything about animal production and (unintelligible). So I think we can't create a win-win situation of healthy animals but more, you know, healthy (unintelligible) cell and, you know, so and less problems and less money, treat the sick animals.

So it can be - I think it can be a (unintelligible).

Man: Well we hope so.

Woman: Yes.

(Don Ritter): How does the committee feel about the budget increase for this particular topic in the USDA's budget?

Man: I think it's (unintelligible).

Man: I'll never argue against research but I think it's a good example that the answer we got yesterday that's a zero sum game we can ask for money is not the right answer.

(Don Ritter): Right.

Man: Is just an example in the other categories say we need some new money to accomplish the task.

Man: Yes.

Woman: I think with the proposed requests given the politics especially with the administration antimicrobial is a hot issue. I think it's a reasonable complaint.

And I think it's a little different than the request for FMD, you know, so...

Woman: I think it should be a smaller request because...

Man: Yes.

Woman: ...I think this is such a difficult area to research that it should start out as a small project with a significant focus and so I'm just going to pick up on your example here a minute.

But let's say we find that all cattle should go from the farm or ranch right to feedlot for - and within two days.

Then we get into a whole complicated issue of how you raise cattle in the southeast where I'm told - I'm sorry (Boyd)'s not in here but it's difficult to do some (pre-leaving) vaccinations because they don't have a handling facility.

And then while the feedlots are going to be - and it's a small group so they need to be gathered to a larger group and so it may take them a few more than two days.

Then what do we do with, you know, the whole dilemma that I still have a right to raise cattle in the southeast but there is a study, a national survey study comes out and says well the only cattle that should go in the feedlot should come off of a big ranch and get there very quickly and have all these preconditioning vaccinations.

So sorry I just I'm using it as an example of like how things should go and make hardship for...

(David Smith): Well so let me respond to that.

Woman: Sure.

(David Smith): Coming - understand I'm coming from Mississippi.

Woman: Yes that's right.

(David Smith): And so it's a significant concern of mine. Maybe there is a way in the system what - for example we got a large stocker industry.

Right now the stocker industry kind of works on gathering up all these high risk calves and getting them fixed and marketing them and that can be enhanced right?

Maybe what we need to do is help them stockers understand how they can receive this (unintelligible) in a system or maybe they're less likely to get sick.

Maybe we have some incentives or some producers do a little bit more on their end and that stocker industry on the other side is producing - putting a calf that's ready to go in the feed lot and be healthy and productive.

So find a place in the system where you can make some modifications.

Woman: And that...

(David Smith): And I'm hoping that that's the result of some of this millions of dollars of research that...

(Don Ritter): I guess what I'm trying to get to is this the \$57 million is this worth \$57 million increase? Is a committee in favor of spending an extra \$57 million in the USDA budget for antimicrobial resistance?

I know where I stand on that but I'm just wondering, you know, where the committee is on that because that's to me is the crux of the matter.

Man: I'm all for it if we can also add it (unintelligible).

Woman: I'd support it.

Man: I would supported too. I think that...

(Wayne Freeze): I do support it to because it needs to be done right.

Woman: Yes.

(Wayne Freeze): Because it hasn't been done right otherwise we'd already know the answer.

So if we're going to do it right then let's fund it and do it right.

(Annette Jones): This is (Annette) in California. I support it.

Man: That's great. I'm a very small minority. How many people online just - that's why I'm a little testy on this issue but that's okay because I'm willing to be a minority on this.

Man: Well the problem is that that money, you know, well, you know, we want to ship that money over to foot and mouth disease.

((Crosstalk))

Man: And that's not the way it's going to work.

Man: That's right.

((Crosstalk))

Man: So trying to get it here doesn't mean that it's...

Man: Right.

Man: ...going to go where you like.

((Crosstalk))

(Wayne Freeze): Is that \$57 million over eight years or is it over three years?

Man: Till (2016).

(Wayne Freeze): Then one year is not - yes, (Larry) do think it's likely to be to recur in '17?

(Larry): Yes. I think that the comment that has been made are on target. And especially that, you know, to suggest that don't do this do that wouldn't work very well because this is a huge priority, you know, for this administration internationally.

And is just as I said earlier the challenge that we face as administrators is to do something constructive for agriculture in terms of our organizational infrastructure that helps us with all our programs. And we know how to do that I think.

It's just sometimes hard to take when you have to be able to do that and report to the executive office and OMB that you've use the money appropriately because it's incumbent on us to do that.

And I think in this case it's such a broad issue that supports so much of what we need in information technology, infrastructure, laboratory diagnostics, surveillance. All the elements are there and it's not going to be hard to do with this.

(Annette Jones): So what you're saying -- (Larry) this is (Annette) - that the investments made to try and address the risk of antibiotic resistance is an investment that would be further leveraged potentially some parts of it for all, you know, for other missionaries as well although it's going to be a specifically for antibiotic resistance but that same infrastructure could be shifted in emergencies to other work?

(Larry): Absolutely. Yes it has all the elements.

(Annette Jones): The other thing this is that I would add is what I'm seeing happening, you know, nationally and here in our state is that it agriculture isn't proactive and doesn't support funding efforts to investigate further into antibiotic use in resistance in contributions it's going to be done from those who are less informed.

So I think it behooves us to be very proactive on the issue and do a good job do it right as someone said that have it meaningful.

(Don Ritter): I don't - I wasn't - thank you. You know, I wasn't thinking a break. I think we need to wind this discussion up because we've gone about 23 minutes.

(Wayne Freeze): (Unintelligible).

(Don Ritter): So I, you know, I'm willing to be a team player and go along with the group. I mean I just think I can go along with, you know, the...

(Wayne Freeze): You know, I mean how much money is enough or how much is okay but this 50 is not okay? I mean it really doesn't matter where the line is. You know, we're going to spend money on this we might as well do it right.

Man: Yes. Keep in mind that the budget on the human hillside is \$900 million.

Man: That's one help for you.

(Wayne Freeze): We have the answers or we would be sitting here. So we need to get some answers, some more answers, good answers. Yes, I mean good answers.

Man: Accurate answers.

(Wayne Freeze): (Unintelligible) good or bad for industry.

(Don Ritter): Well you know (Larry) maybe the - maybe it's good that they're getting \$900 million because there are 2 million illnesses and 23,000 deaths in the US every year because of antimicrobial resistance.

(Larry): Yes. And there are far more than that due to influenza.

(Don Ritter): Yes. And 50,000 antibiotics are not needed or not optimally effective as prescribed and that's in the CDC's report.

So maybe they do need a lot more money. So I'm - I support the plan. So that can be a recommendation.

Man: Yes? Okay.

Man: Yes.

(Don Ritter): So what do we want to move into - does anybody need - want a break because we're...

Woman: Well let's - let's (SMD) next. And I just want to confirm that (Judith) and (Annette) will be on the line one or both of you because we need to maintain quorum?

I wasn't aware of that before (unintelligible) left (unintelligible). So I need one or both of you to maintain throughout. Please let me know.

(Don Ritter): What's a quorum?

Woman: 11.

(Don Ritter): Oh.

(Wayne Freeze): How many we got?

Woman: Okay. So let's take a break for...

Man: We are.

Woman: for I guess five minutes?

(Wayne Freeze): Let's take five.

(Don Ritter): All right.

Woman: Take five.

(Wayne Freeze): Final break.

(Don Ritter): Okay 5 minutes.

Woman: Yes 5 minutes.

(Don Ritter): Good.

(Larry): Thanks everybody. I enjoyed it.

Man: Thanks (Larry).

Woman: Thank you (Larry).

(Larry): I'll see - I'm going for my run now.

Man: I bet you're glad you didn't have to come to DC?

(Larry): Well then I could've run with you.

Man: Yes.

(Larry): All right. See you later.

Woman: Verizon we're to take a five-minute break and we will be right back.

Coordinator: Okay.

Woman: Thank you.

Coordinator: The conference is now resuming.

(Don Ritter): (Judith) you and (Annette) still with us?

(Judith): Yes, I'm. (Judith)'s (unintelligible) I'm here.

(Don Ritter): That was two yeses, hopefully? Okay all right so we're going to be - we figured out the order I think that we're going to go in is FMD swine and (Teracorona) disease, emerging diseases national lists TB and then last (unintelligible). We weren't asked for recommendations on AI but we can always give them if we want. Sound good?

Woman: Yes.

(Don Ritter): So FMD and where (Ann) has already kind of started to frame a couple of recommendations these are based on the questions that were submitted to us so (unintelligible) anyway.

The board does not support the procurement of a fully functional FMD vaccine?

Woman: (Unintelligible) support the procurement of a fully functional vaccine.

(Don Ritter): You move that? Any seconds? (Unintelligible) Discussion?

Woman: Hearing none.

((Crosstalk))

Man: I see a chair in your future.

((Crosstalk))

Woman: Could someone actually - I'm sorry I'm having trouble hearing but so could someone repeat the actual motion?

(Don Ritter): Yes. Sure. (Karen).

(Karen Jordan): Committed to support the procurement of a fully functional FMD vaccine bank.

Woman: Thank you. Yes. Don't know that I'd say anything else.

(Don Ritter): Yes how would we...

Woman: Vaccine bank.

((Crosstalk))

(Don Ritter): Yes.

Woman: We had it in the - we had the right words in the (unintelligible).

(Don Ritter): Good.

Woman: Yes.

(Don Ritter): Previous...

Woman: The fully functional FMD antigen vaccine bank.

Man: Period.

((Crosstalk))

Woman: Yes that's what I was confused about.

Woman: At CMD.

((Crosstalk))

Woman: You just said that about five times, sorry.

(Don Ritter): (Unintelligible) support the funding the procurement I guess is fine. I don't want to tweak it too much but...

Man: That wasn't one of the questions.

Woman: So?

((Crosstalk))

(Don Ritter): The question is is your industry.

Woman: What willing to purchase FMD...

((Crosstalk))

Woman: ...vaccine to build the fully functional antigen bank.

Man: Support procurement but it's is your industry willing to pay for it? So they said...

Woman: All right, do we need - all I need to (unintelligible) a motion.

((Crosstalk))

(Don Ritter): We can just.

Woman: (Unintelligible).

(Don Ritter): Yes were supposed to be Robert's Rule are we Robert's Rules?

Woman: I think we're drafting...

(Don Ritter): No it doesn't have to be.

Woman: So I saw the consensus sheets...

((Crosstalk))

(Don Ritter): Yes but go ahead.

Woman: This is not producer money. This is support the procurement of what list...

Woman: (Unintelligible).

Woman: I don't know what the words are.

Woman: Congressional...

Man: Federal...

Woman: ...appropriations...

((Crosstalk))

(Don Ritter): You know, federal money.

Woman: Federal money.

(Don Ritter): Yes.

((Crosstalk))

Woman: Is that the word you're after?

Woman: Yes.

(Don Ritter): (Unintelligible).

((Crosstalk))

Woman: This is not a cost share.

Woman: Using federal money.

Woman: With no producer cost share.

((Crosstalk))

Man: So if you leave the question you've already said you've already acknowledge we made the recommendation within the committee 2014 recommendations (unintelligible).

Woman: Well I - we strengthen it that we're not going to make it.

Man: Well you know one of our recommendations was - we like. I'm just reading through the old recommendations because we recommended standing committee and stakeholder working group recommending preapproved (unintelligible) these vaccines used in Europe.

They were exercised but we recommended funding the NOM at \$25 million. We could recommend funding the fully functional FMD vaccine bank at \$150 million a year for five years which is what...

Woman: Might as well.

Man: ...exactly what (Jim Roth). I mean that is specific. It's...

Woman: I think the more specific we can be can be the better.

Man: ...for the 17 high - the 17 highest risk FMD strains.

((Crosstalk))

Man: (Unintelligible).

Woman: Yes.

Man: I don't - I don't see anywhere where we said to do that in the last report.

Man: Well it's right there adequately fund the national (unintelligible).

Man: That's a veterinary stockpile is that...

Woman: I think it was in the very first words (unintelligible).

(Don Ritter): It - actually funding the veterinary stockpile is much lower than that I think.
It's...

Man: Because it wasn't just vaccine. It was (unintelligible). It was disinfect
(unintelligible).

(Don Ritter): Yes. So is that - do we have consensus on that?

Woman: Yes.

(Don Ritter): Yes okay. So we have consensus on that recommendation. We don't need to
tweak it now good?

Man: Good.

(Don Ritter): I volunteer to work on that group. And that we may ask for volunteers to work
on some of these at the end of the day okay? So all right.

Woman: Do you want to specifically mention something about the cost share since that
was asked.

Woman: We do not support it...

((Crosstalk))

Woman: (Unintelligible) not share.

(Don Ritter): All right, good question. This group is really starting to work together well. They're going to disband next...

((Crosstalk))

Man: On email (Judith) can hear us and had a thought that one way to fund it was through a fee on exports...

(Judith): Actually since I'm on I'll go ahead and pipe up. Sorry I'm just having trouble sometimes following the conversation.

I had two comments on cost share as especially partly stuff that I talked about with my stakeholders before the meeting and then that came out of the presentation yesterday.

The first one which was I talked to my stakeholders ahead of the meeting was, you know, our folks are willing to contribute financially and support financially the vaccine bank. It's very important to them.

The caveat to that was there was some sort of expectation of if we're (unintelligible) the vaccine then we should have some access to it. And there's a lot of concern of producers having to contribute, you know, funds for building a vaccine bank and then being told that either the vaccine vaccination isn't happening or that it was a vaccination to kill policy.

And frankly being unable this particularly came from folks trying to maintain breeding stock, you know, of that - of being able to protect their breeding stock even if the vaccine is available because of the policies that are put in place as to how the vaccine will be distributed or used.

So I don't know, you know, I think we wouldn't be able to support a recommendation that simply said producers will support financially the building of a vaccine bank until and unless there's some more discussions about how the vaccine would be used which I know this group can't answer because the answers aren't there yet.

As I was looking through yesterday's presentation and listening to the presentation, you know, there was the possibility of user fees for exports.

I was not able to run that by my stakeholders since I hadn't seen that proposal before yesterday. But from general comments that my - and the general approach I think my folks would support that.

Woman: Actually (John Clifford), (Judith) did say yesterday that should it be a privately cost shared whatever funded vaccine bank when it came down to an FMD outbreak it would be totally under government control and we would have no say in any of it. That is exactly what he said.

(Judith): Thanks. I missed - I was having trouble following everything on the phone. So thank you.

Woman: Right. So your people that would want to maintain some control and input into how the vaccine was used isn't going to happen.

(Don Ritter): Well one thing that we could do that (Ann) and I talked about at the break was we could make a statement at the beginning that we reiterate the recommendations we made in our report from the last meeting.

And what - and a couple of those early recommendations talk about the Standing Advisory Committee which would include production agriculture heritage and rare breed small-scale production whose purpose is to provide recommendations on the optimal use of vaccine.

And we also talked about convening a stakeholder working group to determine stakeholder needs during an outbreak, conduct an assessment with current state of preparedness.

So I think we've got some of that stuff covered in our last recommendation.

The thing that's new to me here is that, you know, we have heard several times twice now about what it would cost to fully fund the vaccine antigen (unintelligible) bank and now we're saying do it in addition to everything else we said last time which includes a lot of some of that stuff that (Judith) that you were just mentioning.

Man: I have a problem with user fee proposal because well my stakeholders have a problem with user fees across the board when it's to fund the public good.

And I think this is as much public good as it is private and I don't think user fees are appropriate.

(Don Ritter): Did you hear that (Judith)?

(Judith): Yes sorry. I need to switch on and off mute because of where I'm sitting.

I heard - I do not - I do want to clarify it's not that we are I would say that we would push or strongly advocate for an export.

It was looking at the options that were listed in the presentation yesterday. My folks would favor that if, you know, if it wasn't something that we developed or want to push.

(Don Ritter): Okay. So you're not - you're okay if we don't put user fee in that recommendation?

(Judith): I am fine with that.

(Don Ritter): Okay good.

Man: Now by not addressing the issue of user fees we run the risk that USDA will just simply ignore this and not push...

(Don Ritter): Per that risk every time we make a recommendation.

Woman: Yes.

((Crosstalk))

(Wayne Freeze): You know, this answer that we got yesterday it's a zero-sum game and we can't ask for money. It's already been distributed by their own request as...

((Crosstalk))

(Wayne Freeze): ...as previously discussed.

So I mean I'm just not accepting that. And I think with the responsibility back on them to ask for the money.

And then some of them have lobbying arms of our organizations. The responsibility is ours to go to Congress and say Congress do your job.

It's not zero for everything. You have to make priorities and fund things.

(Don Ritter): (Ann)?

(Ann): I - not that I'm a member of committee but I think, is that in response to that is actually use constituents and public stakeholders can have a you and (unintelligible) as the best opportunity to get the money to do this.

And I'll give you an example is that with our CWD program we had an issue associated with the indemnity. And we did not have funding for indemnity.

They were able and for FY '15 to get \$3 million to (unintelligible). Now the bad part of that is that some of that wasn't processed so it wasn't a total \$3 million. But the only reason that that happened was because they went to the (Hill) and got the money for it.

((Crosstalk))

(Ann): So...

Man: (Unintelligible).

(Ann): ...but sort of in descript They went and they lobbied and they got it. So...

Woman: Did you already have somewhere in a document or somewhere on a desk that we need this money to be able to...

(Ann): No, it was the industry because they were facing CWD outbreaks. We told them we don't have the money.

It certainly happened on AI in 2004 as we went - the labor markets were all hot with flu and, you know, low path flu and we had some (unintelligible) commercial birds (unintelligible). And we met with Biden at the time. He said how much do you need? We said \$25 million to get started. He said that's easy. We can get that. Okay.

He got it and so that's how it all started. That's how the labor market clean up started program started and all this AI programs and SBIP and the whole deal.

And we did a lot of wild bird surveillance when the H5N1 in Asia was strong and spent a lot of money up in Alaska and all of that kind of jazz to learn a whole lot - well I guess (unintelligible) wasn't there which is a good thing.

And then we stopped all that. Now we've got AI raining on us from the wild bird...

Man: We'll go back into...

(Don Ritter): Yeah, we're going to back and get that money back. So, it is an ebb and flow, you know, an ebb and flow. You know, AMR's a hot topic now, I'm sure flu's a hot topic now in duckies, you know, we got to study the wild birds and the pollutants (unintelligible) and that's the way it kind of goes.

The industry, okay, like I think last year, (Jack Shears) said they can't go and ask for one dollar, right. So industry has to go and ask and, you know, and unfortunately I guess, it was mentioned at least in the hall, but when you know, the National Cattlemen's Association backs a certain presidential candidate, who then lost, you know, when they go ask for money they're not as likely to get it as they used to be.

So you know, I don't know if net enters into it or that's water under the bridge now, or whatever but, you know, same guys got together and the service people got together, and that's what you got, the Congress to get your money.

(Don Ritter): So, we've got about five more minutes here.

Woman: One little comment. From my stakeholders' viewpoint, this is one going to be the most important recommendations we have.

Woman: Same here.

(Don Ritter): Yeah, I think this is a really important recommendation too, but yeah, (David).

(David): So let me make a comment. I don't represent any (unintelligible) groups, I understand the viewpoints of those of you who do, but I think if you say, (unintelligible) you know, Congress you should appropriate more money to do this, oh no, we're not willing to spend a dime, right, so (unintelligible) I think it would be useful to explain why you think private funds should not be used here for...

(Ann): ...the national catastrophe

(David): Yeah, well whatever justification, but I think it comes off a little bit selfish sounding, right,

(Don Ritter): Yeah. I agree, (unintelligible) \$260 billion of the economy. That's not just farming economy.

(Crosstalk)

(Ann): I had a question on number two up there, the request. Should the government consider privatizing (unintelligible) Well, I was pretty sure he said privatizing the storage and that was built into that \$150 million cost, was that, that's what I wrote down when he went over that. That was...

Man: We were wondering about the wording of that question.

(Ann): Right.

Man: Right.

(Ann): But that...

Man: But the comment doesn't make a lot of sense.

(Ann): Right, and so...

Man: Private industry doing (unintelligible)

(Ann): Right, because they turn it over, and you don't have outdated vaccines. But that's what I was trying to get and I thought that's what he said, was you privatize the storage, and that was built into his \$150 million cost, that's what

(Ross) said. Is that what you understood, too? So I think, I would propose that we would be in favor of them privatizing the procurement because of the fact that you get the rolling of that inventory and that's already built into that cost.

Man: I agree. Maybe the word privatizing should be contracting.

Man: There you go.

Woman: Yeah. It's not really privatizing, yeah. Because it looks like...

(Judith): I was curious, if that rolling wouldn't happen if it wasn't privatized or contracted out.

Woman: Can you repeat that?

Man: Go ahead, (Judith).

(Judith): Hi, I said I was curious, what I'm hearing is you know, there's support for privatization or contract, private contractors on it because of the advantages of being able to roll the inventory, why wouldn't that happen if it wasn't privatized out?

(Don Ritter): I think it would be, my impression is it wouldn't happen because the way the antigen concentrate is currently stored is by the government (unintelligible) and when it, I think when it goes out of date, it probably is just discarded, whereas if it was held in private hands and there is a ten-year shelf life to it, then the private companies would maybe in five years start marketing it, because they're in the business of marketing FMD vaccine. I think that's what was either discussed yesterday or offline. Correct...

(Beth Watner): When you store it, if it's one that's used commercially, generally there's a five-year storage, so they would look at the storage of it and near the end of that time (unintelligible) then they would see that's one that's currently circulating in the world and that they have a market for, then they give you a partial credit for that (unintelligible) but in general the ones that are circulating (unintelligible) in general they would not take it back (unintelligible)

Woman: (Unintelligible).

(Don Ritter): That was (Beth Watner), for those on the phone.

Woman: Whoever was just speaking, you're one of the folks that keeps breaking up really badly.

(Don Ritter): She's moving in closer now.

Man: You're too far away.

(Judith): I think the fact, the justification or the impetus for privatizing, let's include that in the recommendation, I mean if we're going to go for recommendations to support, you know, contract supplies for this, let's be specific about what we're looking for from the contract supply, or the advantages of that, and you know, the reasons, you know, (unintelligible) going to have, privatization is a hot-button issue, and so if there's, you know, maybe we need to provide, we need to be specific about here's why, here's the advantage and what we're looking for out of it.

(Don Ritter): Yeah, that makes sense. Okay, so everybody supports that recommendation? Okay. Are we, yes? Okay, so are we good on FMV? Okay. We're going to move on to FECPD. All right. So...

Woman: So what's on the screen right now (unintelligible) yesterday. By no means your recommendation, it's just something to work from.

Woman: What's the topic? I'm sorry.

(Don Ritter): ...disease.

Woman: And again, just to make sure we get through all the topics, we have not...just something to consider.

(John Fisher): So what's number five mean? I wasn't here for this discussion, so I apologize for that. So (unintelligible) was to continue high-level testing, and current testing that allows, okay, such as saying it's a good thing, it allows us to prove a negative, high-level...

Woman: Maybe not worth it.

(Don Ritter): There's a lot of extra tests paid for by that extra appropriation.

(John Fisher): So I would say, when we talk about that one, I think what I took out of it was that there's huge support for taking the funding, the testing. (unintelligible) To continue high levels of testing.

Man: (Unintelligible).

(Don Ritter): We are still, right?

(David): No, my question is, how long?

(Don Ritter): Yeah, well, I don't know whether that's in the budget or not, but last summer the secretary announced, up to 3.7 to research, which was disappointingly low, it's \$11 million for disinfectant stuff to be used on farms, and producers (unintelligible) we can buy our own disinfectant, please accept our diagnostics, so that's why they, all the extra tests.

Woman: So if they (unintelligible) two to three years, which they need to determine whether it should be (unintelligible) consider it an emergency, classified as an emergency. Is that the breaking point at which you say...tests are required, or...

(David): That's the point that I was getting at is that, right, so there's some point where you decide, look, it's just been an endemic pathogen...there's no reason to change...

Man: Yeah, that's number four?

Man: We're covering testing, that's number five right now.

Man: (unintelligible) number four

Man: (unintelligible) wouldn't need that certificate.

Man: Maybe there's just a recommendation that says, there's some point where you need to define that, an end point.

Woman: Remember that task force or whatever they're called. Starts next week, the week after, something like that?

Man: Yeah.

Woman: So they'll have (unintelligible)

Man: Yeah, I had notes to continue the task force to discuss the issues.

(Ann): It needs more standardization of the testing, is what they are doing, what I put down here.

Woman: Support for recommendations for the task force, that's kind of what I heard yesterday, was that there was some amount of space put into what the task force was going to support. They were to...

Man: (Unintelligible).

Man: ...recommendation or support the continuation of the testing.

Man: Those are two different things.

Man: Yeah.

Man: What are we saying, both? Continuation and recommendations?

Man: And maybe something like encouraging the task force to consider (unintelligible) recommendations to them, because they know better.

Woman: One thing I forgot of the testing part was that the communication is out there on the specifics of the test, so they may all be the same tests, but because there's no communication of the detail, no one seemed to know what to table, anyway. I don't know that, we don't know if we need standardized tests because we don't know that...

(Judith): That's what Liz was saying. There was no way to differentiate.

(Crosstalk)

Man: ...and the task force should complete the endpoint. Is that what you said, (Don)?

(Don Ritter): No, that was some other...

Man: That was my recommendation.

(Don Ritter): Yeah, I mean to David's point, I think if the intent is to prove a negative then you got to go on testing. If it becomes a, if we have it at a certain level all the time, but...

(David): Kind of what they were really saying yesterday is what we have is, fear is widespread and not likely to be eradicated, so going out to check your game, the goal is to, we can get rid of this, we can eradicate it, well then they go for it, but if you don't think so there's some point where you just say this is like TGE or the other viral disease...

Man: But just the testing that they've done this past year has informed them, not just on eradication but on management.

Woman: (unintelligible) funding for the I guess, high-level (unintelligible) task force makes the determination of that.

Man: Or until the task force recommends otherwise.

(David): Remember there's also a report so that (unintelligible) so if it's like TGV and rotovirus and other things, well then you can drop that reporting requirement (unintelligible)

(John Fisher): Yeah, the problem is (unintelligible) game plan to get rid of it, and it's supposed to be looked over by a health officer, and then it just goes into never-never land, (unintelligible) So what's your, if it's reportable you're in this gray zone all the time. At some point, you've got to come out of the gray zone and just (unintelligible)

(Don Ritter): So is this (unintelligible)

Man: Hey (Don), can I...

Man: One of the questions that was put to us was how should we control the (unintelligible) task force, but we did discuss considerations (unintelligible)

Woman: ...recommendation.

(John Fisher): The recommendation is that consideration should be given to (unintelligible) as a potential reservoir as future control efforts are determined.

(Crosstalk)

Woman: (Unintelligible).

Man: Yeah, you're lucky (unintelligible) you only have

Woman: They didn't allow.

Man: All right, how about others here?

(Crosstalk)

Woman: On recommendation two, is it develop processes, aren't they already developed, they just need to be further adopted? More labs (unintelligible)

Man: Go for it, yeah.

(Ann): Yeah, you might just write it as encourage continued adoption.

(Crosstalk)

Woman: One and three are still...

(Don Ritter): One and three (unintelligible) Let's go with one, let's just focus on one, okay? Just until we get, improve the reporting mechanisms including clarify federal reporting requirements.

Man: (Unintelligible). So maybe it sounds fine instead of this...

(Don Ritter): All right, so what about three?

(Ann): Yeah, I wasn't here yesterday to see what concerns (unintelligible)

- (Leann): I think part of some of it was too, that if you didn't have some of the data submitted at the time that it came, you know some of the particulars of where it came from and who it was and all that, so there was no standardization on those forms, and then trying and go back and find some of that information out later was hard. So trying to have some kind of standardization to have all the (unintelligible) or check boxes or something.
- (Don Ritter): I had written down there was an issue of standardization of tests between all the labs.
- (Ann): Is it not, there is standardization on the sequencing (unintelligible) that there's (unintelligible) they're not necessarily requiring the same CPR. I would actually (unintelligible) I thought (unintelligible) but, so I'm not sure what (Liz) was (unintelligible) I'm not sure. I know the sequencing was standardized but at the beginning there wasn't, there were people (unintelligible) but whether, and really there's (unintelligible) So it's not like in 20 (unintelligible) I'm not sure what the issue...
- Man: So.
- (Ann): (Unintelligible).
- (Don Ritter): I'm not sure how to phrase it, so I guess all I had, the only note I had on it, was there was an issue. Who is A.J.? Is there an A.J.? Just wrote down initials, that was really dumb. Like who commented?
- Woman: For folks on the phone, we're going to...
- (Don Ritter): (Annette Jones). Still there (Annette)? Guess not.

(Judith): I am still here.

Man: (Judith)'s still here, (Annette)'s not. Okay.

(Don Ritter): We got somebody on the phone.

Man: Yeah, we have 11.

Woman: We have 11.

Man: We do have 11? I thought we had ten.

Woman: I thought we had ten, too.

Man: Yeah, we're good.

Woman: Take your shoes off when you can.

(Crosstalk)

(Don Ritter): Let's table that and move on to the next topic. We good? All right. Emerging disease, national risk. Get out your notes. Are you, you didn't have anything up there, right?

Woman: I just had one. Assemble a task force to develop guidelines and/or criteria for maintaining confidentiality.

(Don Ritter): Yeah, that's the only one.

(Judith): I couldn't hear that at all...

(Don Ritter): It was assemble a task force to develop guidelines on confidentiality.

(Crosstalk)

(Don Ritter): We're recommending that they move forward with...

Man: ...notes on this, like (unintelligible) the other things.

RJ Cabrera: I thought what she (unintelligible) I do think the (unintelligible)

(Judith): I'll add one thing, clarify one thing. My folks I think would be fine with, having task force just on confidentiality but not if there's an implied recommendation within that, or an explicit one, that they actually move ahead with rulemaking to develop, you know, a reportable list. There was definitely concerns raised, and I'm sorry for missing this morning's presentation, but in pre-discussions, pre-meeting discussions with my folks there was definitely concerns raised, so, I could go with the recommendation for confidentiality to be addressed, but or for confidentiality to be looked at, but not to move ahead.

(Don Ritter): Were there any, okay, so that's good. Were there any strengths, or, I think what I wrote down was, that's the OIB list, that was probably a positive.

(John Fisher): ...state lists ..

(Don Ritter): Yeah, harmonized.

(John Fisher): Rate harmonization on state lists.

(Don Ritter): Right. Under weaknesses, I think that they had already identified those, you know, weaknesses which were the lack of peer response strategy, trade implications, differences between state lists, traders, timeline, I mean those are all things that are, I don't know if we need to point them out again, right?

Although we could, I mean we could just say that these are also our concerns that, we're concerned that what are the consequences of reporting. Is it actionable or is it not actionable? I mean, sometimes we had some reportable diseases in our state that, for example, strangles in horses, which were just reported, but we didn't quarantine, we didn't take any action. Other states did quarantine for strangle.

So it varies. To me there was always a good question, from a producer standpoint, of what's going to happen if I report? Are you going to quarantine me?

You know, don't take my animals, right. So I think that's really, you know, the consequences of detection, response strategy, whatever you want to call that. I would think that that would be a good thing to point out, for us to reiterate, for any list.

(John Fisher): Are you taking a response strategy per disease?

(Don Ritter): Possibly, yeah. I mean...

Man: It is going to be a disease-by-disease basis. It would have to.

(Don Ritter): Yeah. It would also depend on the state. I mean, there are certain diseases that USDA and the states take very seriously, and then state by state they may treat it differently. Like, you know, (unintelligible) some states wouldn't. Some

states would quarantine for strangles, we wouldn't. So I mean, it varies, it's all over the place.

Man: That won't change, will it?

(Don Ritter): No.

(John Fisher): It's still going to be up to the state.

(Don Ritter): It is. But still, people are going to want to know, I think if you have a national reportable disease list...

RJ Cabrera: What are the implications of that?

(Don Ritter): Yeah, and then the other big issue was, who reports.

(John Fisher): One thing (Jonathan Zeck) mentioned yesterday that would pertain to this is, when you're talking about response (unintelligible) planning document (unintelligible) that you mentioned in the past (unintelligible) decisions will be made by these local (unintelligible)

(Don Ritter): So this would probably be good to point out again in our recommendation we are concerned about these issues.

(David): So isn't it true, just for my clarification, that even with hoof and mouth, which is already a nationally reportable thing, right, but the state problem (unintelligible) federal funds...

RJ Cabrera: emergency to get the money and an extraordinary emergency for the authorities to (unintelligible)

(David): So the point of this all is isn't it always the state's prerogative how they're going to deal with it until the federal government steps in (unintelligible)

RJ Cabrera: (unintelligible) right, and quarantine (unintelligible) state authority, how to get federal support. May make, under state authority...

(Don Ritter): Yeah, right, and what a situation like that it's always, you know, responsibilities at the lowest level, and then it goes up to the next level, next level, and (unintelligible) immediately go to the next level.

(David): So where we're going with this is that USDA, maybe not in the middle but (unintelligible) what's going to happen, when...

RJ Cabrera: ...working on a new novel situation, they're called (unintelligible) state veterinarians (unintelligible) or the other piece that happens is (unintelligible) so what happens is, if states start (unintelligible) each other, then that's what their trading partners do, so there is a little bit of peer pressure, quite frankly, you know, it's good, you want to protect the industry in your state, but when you get it, we don't want the other states, (unintelligible) so now that the AI, there's permitting and there's ways to have the (unintelligible) not everyone probably is totally comfortable with that, or not everyone is totally on board, but you recognize that in your state, your industry (unintelligible) you're not able to do, you know, under control (unintelligible) appropriate testing.

So there's, you can't make all the (unintelligible) and response (unintelligible) there's peer pressure. And (unintelligible) the other. I've never been on those, but (unintelligible)

(Don Ritter): Yeah, no, there are. And different states take different approaches, but a lot of times the peer pressure does work, and sometimes the way it works is you don't embargo chickens from South Dakota because they've got AI, or something, you say that a state has to be (unintelligible) chickens come from (unintelligible) a control zone, or something like that. So then that kind of reassures your own producers that (unintelligible) come from an area that's not currently uncontrolled. Sometimes that works better than, you know, we ban all chickens from South Dakota. Then everybody starts...

Woman: (Unintelligible).

Man: So anything else on...

Woman: There is a positive for having lists, an example is we had forest fires in our state earlier this year. And so (unintelligible) good job once they were running the horse farmers all around the state, so people (unintelligible) and vaccinate and (unintelligible) So, and that (unintelligible) has numerous examples, I'm sure other states do too, of using (unintelligible) producers (unintelligible) okay, this is out there now, here's some steps we can take. You know...

(Don Ritter): So do we have kind of the plan, wording of the recommendation on strengths and weaknesses, maybe.

RJ Cabrera: Is it a recommendation, or is it...

(Don Ritter): They had feedback on strengths, weaknesses...So some of the weaknesses were what some of us mentioned, which were, you know, triggers, timelines, consequences of detection, response plan.

Woman: (Unintelligible).

Woman: Yeah.

Woman: It would be helpful to know if maybe (unintelligible)

(Don Ritter): The committee, is there consensus that the committee is in favor of this process going forward?

Man: Yeah.

Woman: Yeah.

Man: Okay, so that's the basis of (unintelligible) And then...

Woman: I'm sorry, there is support for this moving forward, however, not that sort of the, (unintelligible) these items have been considered.

(Don Ritter): Yeah, and I think that was one thing you mentioned this morning, that it's, you know, small is better or whatever you said, you know, that sometimes it's good not to (unintelligible) and get some of these issues sorted out, and then go out to (unintelligible)

RJ Cabrera: This is something a lot of people would like to have (unintelligible)

Woman: Do you also need to have something as far as when something comes off of the list and goes (unintelligible)

(Don Ritter): Yeah, and (unintelligible) and B list. Yeah, that's...

Woman: Yeah.

(Don Ritter): Okay. Other concerns on that? I think the only other thing we might not have addressed is recommended actions the USDA can take to promote acceptance and support among stakeholders. I mean, they've been doing that somewhat, right, I mean.

Woman: (Unintelligible).

(Don Ritter): Yeah, you mentioned has been involved with...

Woman: in our state we have industry representatives...

(Don Ritter): Do you go out, do you know if anyone goes out to like the world dairy expo or the MTBA meeting or places like that to talk about this?

Woman: Not now, I think years ago people went out to the meetings, but no, not since (unintelligible) I think what we were looking to do is get more (unintelligible) talk about it and people want details. And that's the goal of giving that (unintelligible) put out there again (unintelligible) registry (unintelligible) 60-day comment period on that before (unintelligible)

(David): So there's a second question that was asked was about, seems like who should report to and when, and seems like that's still a quandary, isn't it? I mean, I remember that the (unintelligible) basically everything's reportable, which almost means that nothing is reportable (unintelligible) So again, there's a question about who does this (unintelligible)

(Don Ritter): Yeah.

(David): wonder why it wouldn't be the same (unintelligible)

(John Fisher): The labs would have a big role in this, I would think.

(David): Well so somehow the reporting maybe we can ask the people who report to the state (unintelligible) but seems like (unintelligible) tabulate this stuff and send it on up.

(Don Ritter): We do already, NARS is the system. (unintelligible) So the states that go on NARS and report. So whatever's been reported to them, it coincides with that list, goes on NARS.

(David): But it's not clear from I think what we were discussing whether individual producer or veterinarian, do they all, everybody has to report? (unintelligible)

RJ Cabrera: And right now, the way the paper was written is they can, (unintelligible) accredited veterinarian is an (unintelligible) if everything functions like you like it to function, it would be an ore.

(Don Ritter): Say that again, the sentence again...

RJ Cabrera: at this point. And...

(Don Ritter): Veterinarian, and...

RJ Cabrera: State and federal, versus state or federal is what I see.

(Don Ritter): As reported to the state and reported to the federal.

RJ Cabrera: ...at this point (unintelligible) accredited veterinarian. At this point.

(Don Ritter): In the...recommendation there, if you put in after confidentiality, and (unintelligible)

(David): So, clarify that again, that's the, accredited vets are required to report what to the federal government?

RJ Cabrera: The accredited vets are like the (unintelligible) and there's a little, any disease on the (unintelligible)

(David): USDA?

RJ Cabrera: They're supposed to do both. State and federal.

(David): I think that's a real, very inconsistent, because I think probably every veterinarian that I ever dealt with in Maine only reported state. I doubt whether one of them reported to USDA.

Woman: So what we...

Man: Do you?

Woman: (Unintelligible).

Man: Yeah.

RJ Cabrera: Exactly, but who's the person USDA (unintelligible) it works fine because people communicate with each other. But there are instances, I mean we have (unintelligible) both ways. Some of the investigations come in through the state, some of them come in through the federal, it's kind of where people have a relationship or how they have, they know somebody, and generally

they're supposed to all communicate with each other, so it doesn't matter where it comes in. The good point that you made that it should be one way or the other or it needs to be understood wherever the strengths and weaknesses of that.

We do have some places where (unintelligible) location if you would like, kind of take it both ways, too.

(Don Ritter): That's a really good thing to put in there to clarify. You're right, I mean it's possible that the producers in our state, and I can think of (unintelligible) and so they're calling (unintelligible) or a veterinarian might call them, but generally the veterinarians know that they have to report state veterinarian. I don't think a lot of them know that they're also supposed to...

(David): My point is, it ought to be clearer, and really the ideal system would be report it to one place or the other and the communication...

(Don Ritter): I think from a state perspective they need to report to the state. State needs to report to the federal.

Woman: (unintelligible) is that all 50 states end up, you know, with a click.

Man: So identify that as an issue, okay.

((Crosstalk))

(Judith): I just want to, this is Judith, I mean I have to side with (Don) on, I think, you know, there should be single reporting, you report to the state and then, you know, it goes to the fed. I think if we're even considering or looking at a dual

reporting system, there needs to be something on the list of concerns about the cost and any logistical barriers must be addressed.

Because, you know, there are a lot of vets that don't have, especially there are general vets in certain areas, it's not like they've got a big staff back at their offices handling things. We're going to create dual reporting requirements, or support dual reporting requirements, we need to make sure it's done in a way that addresses cost and logistical concerns.

(Don Ritter): Okay, so next topic, or do we have more on this? Okay, let's go to TP.

Woman: I can't answer...

(John Fisher): Just one other comment, I hope you just scroll away from it, just if they can't maintain some kind of confidentiality, does this committee recommend moving forward, or is that a deal breaker? It's unclear on what we're recommending. We're saying that we look into confidentiality options. But we're not saying that that's a deal-breaker, we're just saying it's a wish list, I would think.

Woman: Absolutely.

Man: The way I see it...

Man: Let's just look into it.

Man: ...in the process, if they don't deal with confidentiality, then the rule making in an adequate way, the producers are not going to support.

(John Fisher): So you think the comments would come out negative for the rule, then an avalanche.

Man: ...go under the radar.

(Judith): Guys, let's go, and I can't see the way we're wordsmithing this, but there needs, I'd say let's try to wordsmith it of, you know, to the extent that USDA is looking at establishing this list, here are concerns that need to be addressed. Which actually takes us to some extent out of the question of, are we saying they should have released it, which of these might be deal-breakers. We're just saying, USDA, you've indicated you're looking at this, here's what we think you need to be looking at, at the same time.

(John Fisher): Yeah, I think that's why I think it should be stated, I guess it kind of is, it's kind of ambiguous to me what we're saying. Should clean that up.

(Don Ritter): Okay. I'm going to kind of count on subgroup leaders to clear that up. That's what I'm going to ask for at the end, is (Anne) and (RJ) put together kind of a rough outline of what we discussed over the past hour and a half, two hours or so, send it out to folks, and everybody can view it, but I'll ask you know, three or four people to act as point on it to clean it up, and then get it back to us. Okay?

RJ Cabrera: I thought we might have a conference call next week, and then divide...

(Don Ritter): I'm good with that.

Woman: Well, you know, we can do the subgroups...

Man: (John), are we done now?

Man: No, we've got one more, we've got two more...

Woman: Well, are we going to AI...

Man: That's my question...

Man: Great questions, but...

Man: ...hot topic, but I wonder if we could move on to recommendations.

(Don Ritter): Well, I have one recommendation near and dear to my heart, but and it's just Mayner, sort out Mayner.

(John Fisher): ...research and also funding for surveillance...

Man: Yeah, I mean we can, so let's, I mean we have, do we have to end at five?

RJ Cabrera: We really should.

Woman: We could. We could certainly take the AI (unintelligible).

(Crosstalk)

(Don Ritter): So who goes for, let's consider one more topic, who wants to do AI and who wants to do TB?

Woman: We had a bunch of stuff on TB.

(Crosstalk)

Woman: ...my interpretation of your discussion...

Man: Right, but let's...

Woman: Here's a draft anyway.

(Don Ritter): All right, let's go to TB. Sorry, (John).

(Crosstalk)

Man: Okay.

Woman: So again, these are my notes based on your discussion, so these are just to clarify.

Man: Yep.

Man: I don't know if there's any more we can talk about.

Woman: First one is (unintelligible) support for binational...

Woman: ...binational committee, I'm not seeing this.

Man: I think that's where that is. Joint strategic plan.

Man: Yeah, but I think we need to mention it's a binational committee, right, that was someplace.

Man: (Unintelligible).

Woman: They are the same thing, sorry.

Man: I think they are.

RJ Cabrera: I don't know that it's funding support, it's inclusion of the United States binational committee in all of the processes. Processes, is that, in all procedures, in all meetings, they need to be involved.

(Ann): They already are involved, by definition of DMC. DMC is a group that consists of industry segments that (unintelligible) but it does include...

RJ Cabrera: And that's the important part, just want to make sure that they continue to include all of them, binational committee.

(Ann): That was what stakeholders brought forward to me that that needs to be very much emphasized, that the binational committee needs to be in the process. So. I just want to make sure that's (unintelligible) You say they are, that's great, I still want to say it.

Woman: I'm not disagreeing, I just, it's perhaps that continued support of the binational committee that, the state, the fed, and industry, is critical, or something to that. By definition DMC, you're supporting DMC.

Man: Yep.

Woman: Okay.

Woman: (Unintelligible).

Woman: On number two, they also wanted to include the human side.

Woman: I had (unintelligible) humans here, I didn't know if they were.

Woman: Okay, okay.

(John Fisher): (Unintelligible).

(David): State wants early on then (unintelligible) first time you use it, right?
(unintelligible) in italics or something like that, yeah. Yeah, yeah. Yeah. So...

(Ann): You mean the recommendation of the, the thing that (Annette) said.

Man: Yeah.

Woman: Somehow the Association of Public Health, Veterinarians Public Health
Department...

(Annette Jones): I'm back on the line now.

Man: ...territorial epidemiologist.

(John Fisher): Association of State and Territorial Health Officials.

Man: Health officials.

Man: Yeah.

Woman: And so it's, just the inclusion.

- Woman: Yeah, this information is...Somehow we've got to get the public health committee, public health, the human people really involved in this.
- (Don Ritter): Yeah, and they need an association with a national association of state public health (unintelligible) So there's always an opportunity for somebody to go and talk (unintelligible) They're pretty open, a lot of them, veterinarians to public health (unintelligible)
- Woman: The other comment was that (unintelligible) I guess you culture TB from humans, you got to culture it differently, and it's going to be (unintelligible) that you're trying to grow. Culture TB from humans to make sure it's done to grow the (unintelligible)
- (Ann): Cultures do both. (unintelligible)
- Woman: Yeah, because if they're not cultured on the right media, I don't think...
- Woman: Then they won't find it. Right.
- (Ann): I guess that's part of it. Educate them on what they need to do.
- (Don Ritter): So you want to include the veterinarian public health organizations, right?
- Man: Or,
- (Ann): Just public health.
- (Don Ritter): We're saying that collaboratively with association of state and territorial officials, there's also that...

(David): And the national, the NASPHB, the National Association of State Public Health...

Woman: I've got, we need to work with public health to identify the strains of TB and come up with a plan.

Man: (Unintelligible).

Woman: It's too late in the day, I'm actually going to (unintelligible) We'll get back to it.

(Don Ritter): Everybody all on board with D? Is that a yes? Is that a no?

Woman: We'll have (Annette) look at that.

Man: Yeah, it's...but that's okay.

(Annette Jones): This is (Annette), can you hear me?

Man: Yep.

(Annette Jones): Yeah, I stepped out for a minute, well I was dragged out for a minute.

(Don Ritter): Okay, so we got some recommendations but we're on a short time frame so we won't read them all to you, but we used your input.

(Annette Jones): Yeah, I heard you. Sounds good. Thank you.

(Don Ritter): All right, so are we good with this one? Okay, let's move on to AI.

Man: Well (unintelligible) got an emergency.

(Don Ritter):: So it's continued financial support as needed for the emergency response.

(John Fisher): The emergency response was search and the epidemiology (unintelligible) surveillance of wild birds?

(Don Ritter): Yeah, that's right. Yeah. One of the three pieces.

Man: And my recommendation would be sort out any issues with respect to the national animal health emergency response corps.

(John Fisher): Yeah, yeah.

Man: Which can be phrased a little bit better, but...

Woman: This is an update one to what, three more later slots in Iowa, or four...

(Ann): Oh, shut up. We're up to (unintelligible) commercial involvement in that county, we all know had a mallard from Alaska.

(John Fisher): ...not dead?

(Ann): It's not in a report that I had, so I can't, I would suspect it's the other finding.

Man: Yeah.

Man: The Alaska...

Woman: Okay. (Unintelligible).

RJ Cabrera: No, there's like seven turkey flocks, one (unintelligible) and then three or four (unintelligible)

(Don Ritter): So can we take five minutes and just, (RJ)? Okay. So we got AI. Yeah. Can we just do the workgroups of the people here?

(John Fisher): ...epidemiological research, (unintelligible) disease transmission, epidemiology, research...

(Don Ritter): Great. Okay. Starting with, all right, start with FMD. Okay. (Karen). I'll do that also.

Woman: (Unintelligible).

Man: Yeah, (Karen)? (Don)?

Woman: What are we doing?

Man: Well, you're all going to be on (unintelligible) so (Wayne), (Mary Ann),

Woman: (David)?

Man: (David). Great. (David Meeker). Okay. So (unintelligible) (Wayne), (Liz), I'm volunteering. Other. Yeah, for sure, yeah. Okay, national list. (Boyd). I'm volunteering. (Annette), we're looking for volunteers for work groups here.

Man: (Unintelligible).

Woman: Did you sign me up? What do you need?

Man: You want, what do you want?

Woman: TB or FMD or AI.

Man: Okay.

Woman: Antibiotics.

Man: We got you on TB, FMD, (Annette), okay.

Woman: (Unintelligible).

Man: Yeah.

Woman: Actually I was hoping you'd forget I was here on the phone.

Man: Yeah. AI. (John), (Cindy), (John Ritter). Yeah, I'll put (Judith) on that. Yeah.
I only have one on TB so far, (Karen) you want to do that?

Man: Put me on the national emergency...

Man: Oh, great. National list? Yeah. (David).

Woman: I've got (Boyd), (David)...

Man: I'm on the, the FMD.

Man: You put me on AI so far, but I'll do either, I want to do (unintelligible) or also
I'll do national emergency list also if you want me to.

Man: Great. Naitonal list, (Don Ritter). I only have one on AMR.

Woman: I'll do it.

Man: Put (Liz) on AMR.

Man: (Annette), right. (Annette), (Liz), okay.

Man: Put (Judith) on that.

Man: I don't have you on anything yet. What do you want? AMR. And emerging?

Woman: We need a...

Man: We have one. (John), (Cindy), (Don Ritter), who else?

Man: I'll go on that.

Man: Okay, (David Meeker).

Woman: My question was, did we need one. I thought we came up with, okay.

Man: The group wants...

(Crosstalk)

Man: Chairman (Don), You're on FMD, yes.

Man: Yeah, I can be on...

Man: You're on with (Don R) or (Don H) or somebody.

Man: I'll be on, put me on the actual emerging, too. Okay, so the next thing is I need somebody to volunteer to push the group for each one, I need a leader.

Man: (Unintelligible)

Man: Okay, so we'll put (Liz) for one. I can do FMD, unless somebody else wants to do it.

Woman: I'll do TB.

Man: Great. National list.

Man: I'll do AI, if I can.

Man: AI is (Don Ritter). Okay. AMR. Who wants to, she's already...

Woman: I think she's the only one on there.

Man: (Stacy), you want to delete...

(Crosstalk)

Man: You'll do it? All right, (Mary Ann) will do it. (Mary Ann) will do it.

Woman: (Unintelligible).

Man: Yeah. Yeah, so the last one is national list, I have (Boyd), (David Smith), (Don Ritter), (Don H) and (Jill). Do we assign this to (Boyd)?

(Crosstalk)

Man: Okay, (Boyd) you got that?

(Crosstalk)

Man: All right, good.

Woman: I'm going to, thanks to all and we need to adjourn this moment.

Man: Great, thank you, all of you for your work.

END