PREPARE NEWSLETTER

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PREPARE's second annual meeting will take place from March 30th – April 1st, 2015 in San Servolo – Venice

In this issue

Editorial

Herman Goossens, PREPARE Coordinator, University Hospital and University of Antwerp

PREPARE (Platform for European Preparedness Against (Re-)emerging Epidemics) is ONE year old! PREPARE was launched in February 2014 and many activities were rolled out by the lead partners of this unique and exciting project.

A report on ethical, administrative, regulatory, logistical and clinical bottlenecks that prevent rapid clinical research responses in EU Member States was published. The protocols for the "inter-epidemic" large scale observational clinical studies on arboviral infections affecting the central nervous system, undifferentiated fever in infants and acute respiratory infections are in a final stage of development. The two adaptive trials (an intervention in Primary Care sites of antivirals for influenza-like-illness, and an intervention in Intensive Care Units of three arms – antibiotics, steroids and a ventilator strategy) will start very soon. The protocols for the observational and intervention studies were prepared in close collaboration with the pathogenesis, diagnostic and IT workpackages, and training of the sites will be provided with support of the workpackage on Education and Training. Our web-based Ebola survey identified gaps in preparedness in European hospitals to assess and manage the risk of possible spread of Ebola Virus Disease and the results were published in Euro Surveillance.

PREPARE's second annual meeting will take place from March 30th – April 1st, 2015 in San Servolo – Venice. At this meeting, the clinical trial protocols will be finalized, thereby reaching another historic milestone of PREPARE. An enormous amount of energy work to achieve excellent integration between the workpackages has been invested in PREPARE by the partners during this first year, and I expect all workpackages to successfully meet their milestones and deliverables. A remarkable achievement for such a complex network.
I hope you will enjoy reading our Second Newsletter! There is a lot more information on our website (www.prepare-europe.eu), and I would like to invite you to have a look at the PREZI presentation regarding the goals and structure of the PREPARE project, and the infographic summarizing the Ebola publication on preparedness of European hospitals.

PREPARE is funded by the European Commission under grant number 602525

PREPARE PROGRESS

WHERE DO WE STAND TODAY?

By Workpackage Leaders

PREPARE has received 24 million euros of funding from the European Commission's FP7 Programme (grant 602525) and will run from 1 February 2014 to 31 January 2019. The PREPARE Consortium currently consists of 26 partners. The PREPARE project established 5 platforms with 11 Workpackages and is affiliated with 6 clinical networks (1 Primary Care network, GRACE/TRACE; 5 Hospital Care networks, ND4BB COMBACTE, CAPNETZ, ESICM, PENTA and SERGAS). The progress made in the Workpackages in the period September 2014 - January 2015 is summarised on pages 2 and 3.

Alistair Nichol
WP Leader

The EARL Workpackage (WP1) aims to identify bottlenecks and barriers to the rapid set up and conduct of clinical trials in Europe in response to severe infectious disease outbreaks, and provide solutions to overcome these hurdles. The preliminary assessment WP1 of the EARL landscape (Ethical, Administrative, Regulatory and Legislative) issues for the conduct of PREPARE's clinical studies in Europe was completed in the summer of 2014. The report has since been used as an early-stage rapid reference for PREPARE researchers and, in one case, was used to influence and speed up regional policy changes. Read more on page 4.

Alistair Nichol, University College Dublin

Peter Horby
WP Leader

The PRIME Workpackage (WP2) aims to solve key clinical bottlenecks to the rapid conduct of trials. The WP2 team has completed and will disseminate a questionnaire for network leads in order to assess usage and availability of case definitions and clinical management guidelines. Furthermore, a systematic review of European clinical management guidelines for syndromes with epidemic potentials was registered with the PROSPERO international prospective register. Systematic reviews for Clinical Guidelines for acute respiratory infections and central nervous system infections are underway in order to inform future harmonised case definitions.

Peter Horby, University of Oxford

Peter Horby
WP Leader

The Workpackage on observational studies - PRACTICE A (WP3) aims to deliver a large-scale prospective observational study of infections with epidemic potential in Europe. The WP3 team surveyed the paediatric PREPARE sites through PENTA-ID with 17 of the 21 centres completing the pilot survey. The team also produced a draft protocol of the pan-European observational study of 4 infectious disease syndromes (acute respiratory infections, central nervous system infections, severe diarrhoea and undifferentiated fever syndrome), entitled "Multi-centre EuRopean study of MAjor Infectious Disease Syndromes (MERMAIDS)". In order to spend budget efficiently focus will be on 3 observational studies for which separate protocols were drafted: 1) Arboviral infections affecting the Central Nervous System; 2) Undifferentiated fever in infants; 3) Pathogenesis of Acute Respiratory Infections.

Peter Horby, University of Oxford

Chris Butler
WP Leader

The Workpackage on primary care interventions studies - PRACTICE B (WP4) aims to design and deliver the largest-ever pragmatic, publically funded randomised trial of antivirals for influenza-like-illness in primary care. The WP4 Practice B team finalised the CTP, CRFs, patient diary and other related documents specifically for adults and 3 age groups of children, integrating comments from networks, advisors and other WPs, and developed and defined conditions for the adaptive randomisation, in close collaboration with Berry Consulting. The ALIC4E launch meeting for representatives of the European primary care networks which will be implementing the antivirals for influenza-like- illness in primary care was organized in Oxford. Read more on page 5 .

Chris Butler, University of Cardiff and University of Oxford

Marc Bonten
WP Leader

The Workpackage on intervention studies in Intensive Care Units - PRACTICE C (WP5) aims to evaluate different treatment options for patients with community acquired pneumonia (CAP), who require invasive mechanical ventilation, and are admitted to the ICU. In the past months, the WP 5 team finalised the action plan for an international adaptive trial. In each ICU a feasibility study will be performed before implementing the adaptive trial and the feasibility studies will start in a staggered approach. Five study sites have been selected to start (UMCU, AMC, Dublin, Paris, UA), with an additional site (Hannover) for the feasibility study. Two interventions (antibiotics and steroids) are incorporated into

the adaptive study protocol. The 3rd intervention (ventilator strategy) is in development. Fine-tuning of the simulation process is ongoing. In addition, the ICU network is being build, using the networks of ESICM, CAPNETZ and COMBACTE. A first short questionnaire was provided to potential participating ICUs and completed by approximately 150 sites.

Marc Bonten, University Medical Centre Utrecht

Menno de Jong
WP Leader

The pathogenesis Workpackage - PATHOS (WP6) has conducted systematic reviews on genetic host susceptibility (University of Split) and on host gene expression profiling during acute respiratory infections (AMC), which provided direction for the design of the MERMAIDS ARI protocol (WP3). An intra- and interassay evaluation of host transcriptome microarray platforms is nearing completion and will be expanded to include next generation RNA sequencing methods (EISBM, AMC). A Knowledge Management Platform on acute respiratory infections, including data and text mining tools, is in development and will be launched shortly (Biomax). In preparation for future prospective studies, a variety of analyses relevant to PREPARE's aims, of data- and sample sets from existing cohorts are planned or in progress. These include (systems medicine) analyses in a Dutch measles outbreak cohort (EMC), a Vietnamese pediatric RSV cohort (EISBM, AMC, UOXF), the UK Mosaic pandemic influenza study (Imperial College), the GRACE primary care cohort and a Dutch general population cohort (AMC), as well as additional work in RSV and rhinovirus challenge studies (Imperial College, AMC).

Menno de Jong, Academic Medical Center Amsterdam

Greet Ieven
WP Leader

The diagnostic Workpackage - PREDICT (WP7) has developed and standardised bacterial Whole Genome Mapping protocols for potential outbreak strains Klebsiella pneumoniae, Streptococcus pyogenes, Staphylococcus aureus (MRSA) and Acinetobacter baumannii : results were presented in poster and oral presentations at ICAAC 2014 (September 5-9), Washington DC, USA. In order to make an inventory of available diagnostic capacities in the collaborating diagnostic microbiology laboratories, a web-based questionnaire was prepared and was first piloted for feed back to 11 PREPARE collaborators in 5 hospitals and then sent out to 150 laboratories. Analysis of results is now in progress. An EQA for molecular diagnosis of MERS coronavirus and other human coronavirus infections, conducted by the ENIVD network (European Network for Imported Viral Diseases) was analysed and submitted for publication. Following the Ebola outbreak, a laboratory preparedness survey was prepared, both for virologists, and for the participating organisations in PREPARE and was published in J Clinical Virology. A review was started of diagnostic requests for the laboratories doing reference diagnostics for Arboviruses in The Netherlands (AMC, EMC and RIVM). As several Arboviruses have recently caused outbreaks in parts of Europe, this work will be used in preparation of a targeted prospective study as part of WP3. WP7 also supports the clinical study protocols in WP3 and WP4 with input for laboratory diagnostics.

Greet Ieven, University Hospital and University of Antwerp

Frank Leus
WP Leader

The Clinical Research Information Sharing Workpackage - CRISP (WP8) continued with the creation of a database to track responses and question types send out by PREPARE and COMBACTE and the ongoing implementations of improvements to the data management system RO2 to enable its use for all data collection processes within PREPARE. Furthermore, standardised dedicated procedures and processes were developed for the very rapid implementation and sending out of 'outbreak' surveys on the EDC platform and to track responses and create analyse datasets. WP8 created a harmonised and clean contact list, consisting of all contacts from the various hospital Networks within PREPARE. They also created and/or send out feasibility surveys for WP5, WP7 and WP2. An eCRF and randomisation application which enables the adaptive design randomisation of the clinical studies of WP4 and WP5 will be created. In addition, the upgraded PREPARE portal website was taken into production (www.prepare-europe.eu) and they focused on the hosting of websites, applications and databases in highly secured data centers.

Frank Leus, University Medical Centre Utrecht

Anita Simonds
WP Leader

The Education and Training Workpackage - CREATE (WP9) aims to be an unique on-line open access and face-to-face education and training curriculum that comprehensively addresses the issues relevant to empower or ensure the incorporation of laboratory and clinical research and the results thereof, in the response to emerging epidemics. WP 9 has focused on the outcome of an Educational and Training needs assessment report, and worked

with the different societies, ERS, ESCMID, ESICM and WONCA, to develop their congress content related to PREPARE. Read more on page 5.

Anita Simonds, Royal Brompton & Harefield NHS Foundation Trust; European Respiratory Society

Herman Goosens
WP Leader

The Communication Workpackage - DEAN (WP10) aims to promote and exploit the PREPARE project results and associated European RTD efforts and to make research results available to the external stakeholders of the PREPARE network. The WP10 team has activated the PREPARE Twitter and Facebook accounts to create general awareness for PREPARE and created a PREZI presentation regarding the goals and structure of the PREPARE project. An infographic summarizing the publication "Preparedness for admission of patients with suspected Ebola virus disease in European hospitals: a survey, August-September 2014." by de Jong et al. Euro Surveill. 2014;19(48):pii=20980, was created and disseminated on social media to translate the PREPARE research results to the general public (see figure below). The PREPARE website is updated on a regularly basis with publications, press releases, event information and a Twitter side bar, and will also be linked to the PREPARE Virtual Learning Centre (VLC) where modules, presentations, online courses on statistics, trial design, critical analysis of literature and ethics will be available.

Herman Goossens, University Hospital and University of Antwerp

Herman Goosens
WP Leader

The Coordination Workpackage - COCO (WP11) is engaged in the planning and follow-up of periodic TC meetings with all WP (Co-)Leaders and Network leads to ensure continuous support and follow-up. Furthermore a face-to-face meeting was organized on 15 December 2014. A first SAB meeting was held by teleconference on 22 September 2014 and a second SAB meeting will take place adjacent to the second annual PREPARE meeting in San Servolo, Venice, March 30 – 1st of April 2015.

Herman Goossens, University Hospital and University of Antwerp

PREPARE PUBLICATIONS

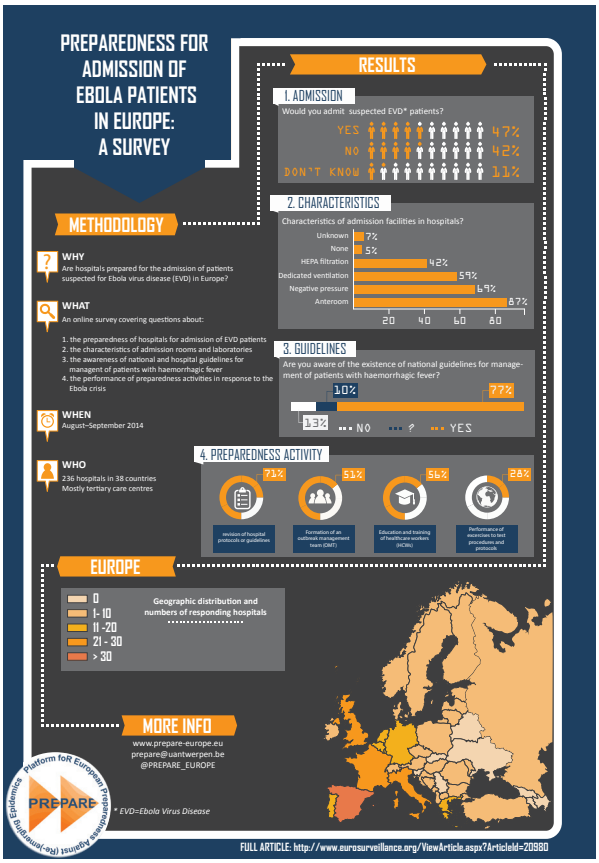
The following PREPARE acknowledged papers have been published:

1. de Jong et al. Preparedness for admission of patients with suspected Ebola virus disease in European hospitals: a survey, August - September 2014. Euro Surveill. 2014; 19(48): pii=20980.
and a response to correspondence concerning this article was published in Euro Surveill. 2014; 19(50): pii=20990.

2. Sabirova et al. Whole genome mapping as a fast-track tool to assess genomic stability of sequenced Staphylococcus aureus strains. BMC Research Notes 2014; 7:704.

3. Sabirova et al. Complete genome sequences of two prolific biofilm-forming Staphylococcus aureus isolates belonging to USA300 and EMRSA-15 clonal lineages. Genome Announc. 2014; 2(3). Pii:e00610-14.

4. Xavier et al. Employing whole genome mapping for optimal de novo assembly of bacterial genomes. BMC Research Notes 2014; 7:484.



An infographic summarizing the publication "Preparedness for admission of patients with suspected Ebola virus disease in European hospitals: a survey, August-September 2014." by de Jong et al. Euro Surveill. 2014;19(48):pii=20980.

UPDATE FROM THE EARL TEAM

The WP1 EARL team

The preliminary assessment Work package 1 of the EARL landscape (Ethical, Administrative, Regulatory and Legislative) issues for the conduct of PREPARE's clinical studies in Europe was completed in the summer of 2014. The report has since been used as an early-stage rapid reference for PREPARE researchers and, in one case, was used to influence and speed up regional policy changes.

The report is designed as a live document and so will be updated to ensure the resource is as comprehensive as possible with new information on regulatory processes (summarised at European country level), to include an extended analysis based upon additional interviews and other EARL research activity around the areas of consent models and the newly proposed data protection regulations. EARL continues to move forward with the overall aims of the Work package (1) to identify barriers and find possible solutions to the many bottlenecks concerned with advancing clinical research in pandemics on three fronts, namely a rapid review of literature on consent models.

The rapid review is near to completion and, an academic paper is in progress; secondly, draft protocols and methodological tools are being developed to gain data on the public understanding of pandemics and consent issues. These are progressing well after detailed discussions between Dublin and Cardiff who have considered various strategies to find the most appropriate methods that are both practicable and affordable via focus groups and an on-line survey; thirdly, a data collection survey tool has been developed to track the ethical application process in real time. This has been reviewed and is under final revision. The latter two tasks will begin to roll out during the coming year in line with the original time plan.

Finally, EARL has begun to disseminate our findings thus far at carefully targeted interested audiences. For example, members of the team were represented at the recent European Federation of Good Clinical Practice (EFGCP) annual conference in Brussels in late January 2015 'How do we Improve Health without Betraying Confidentiality within Current and Upcoming EU Regulations?' The team facilitated a workshop 'Confidentiality and the proposed Data Protection Regulations in pandemic research: challenges and issues' and reported to the conference plenary. Our attendance allowed dissemination of EARL/ PREPARE findings, further increased our knowledge of stakeholder issues related to the proposed data regulations and offered an opportunity to include our workshop findings in the EFGCP conference proceeding (and the EARL WP1 concerns regarding it effect on pandemic research) which will be used to influence policy.

We have also disseminated our research findings via a number of academic presentations and more are in the pipeline as below.

Prasanth Sukumar: "Ethics, Clinical Trials and Epidemics: European Preparedness against Re-emerging Epidemics Some Sociological issues" at the UCD Sociology Graduate student conference on 14 October 2014.

An abstract has been submitted for a poster and breakout session is in planning for the European Society for Paediatric Infectious disease (ESPID, May 2015).

An abstract has been accepted for a forth coming paper at UCD School of Sociology seminar series: Ronnie Moore et al. 'The Role and Place of Sociology in Medicine: Findings from the PREPARE Study in Medicine.'

An abstract has been submitted to SAPC: Society for Academic Primary Care, 8-10 July 2015, University of Oxford.' Key stakeholder views of consent for research participation during acute or emergency treatment: a rapid review'. Nina Gobat et al.

GloPID-R Initiative Takes Off

Building a Platform for Global Research Organizations and Funders

Hubert Endtz, Fondation Mérieux
Fabien Quintard , Operational Director of the GloPID Secretariat

The latest Ebola outbreak has shown once again that the world is not ready to mount a rapid, coordinated response to a disease threat. It has exposed weaknesses in the areas of surveillance systems and screening and the need for new diagnostics, vaccines and therapeutics. Put simply: people die before innovative solutions can be brought in. The vital role of research, however, has been obscured in global preparedness and there is no platform for scientists and research funders to determine what needs to be done, identify the best solutions and channel the necessary funds efficiently.

The GloPID-R initiative (Global Research Collaboration for Infectious Disease Preparedness initiative) is the only initiative of its kind to bring together scientific and funding organizations on a global scale. It aims to establish global preparedness for a coordinated and effective response within 48 hours of any severe infectious disease outbreak.

The idea launched in 2013, took form in October of 2014 when a dozen major organizations agreed to join forces and sign the GloPID-R charter. These founding members are the European Commission's DG Research, the Canadian Institute of Health and Research, Instituto Butantan, Instituto Fiocruz, Instituto de Salud Carlos III, the South African Medical Research Council, Inserm, the National Research Foundation of South Korea, Institut Pasteur Korea, the Thailand National Institute of Health, the Australian National Health and Medical Research Council and the U.S. Department of Health and Human Services.

As of January 2015, a Secretariat to support the initiative is being led by the University of Oxford (for the Isaric network) and Fondation Mérieux (for the Aviesan network). Funded by the European Union under Horizon 2020, it will provide support to the GloPID-R members, focusing on:

- mapping the obstacles and challenges to a rapid and coordinated response to an epidemic,
- establishing a strategic agenda and a readiness plan to address them,
- connecting research networks.

Among the first activities underway, a "mapping" exercise will provide an understanding of the existing capacities and concrete obstacles to an effective response. Based on these findings, the process of developing a strategic agenda and a readiness plan will begin, consulting with stakeholders and experts on all aspects of global research preparedness, such as early warning systems, research capacities and infrastructures, funding mechanisms, ethical and regulatory requirements, pre-approved protocols and patenting.

An efficient response will require the active participation of the global research community, encompassing researchers from diverse disciplines, focused on different pathogens, spanning basic science to applied research, in both the public and private sectors. The Secretariat will work to connect this heterogeneous research community and the networks that are already in place. By engaging scientists and forging close interactions in the inter-epidemic period, GloPID-R will ensure that whatever scientific tools needed during the next outbreak can be rapidly identified and funded.

South Africa will be hosting the GloPID-R members for their next meeting in May 2015, which will focus on lessons learned from the Ebola epidemic and related research needs.

WP4 kick-off meeting

The WP4 ALICE team

Work Package 4 started 2015 with a launch meeting for the Network Leads and Facilitators of the primary care GRACE/ TRACE Network, which will be implementing the antivirals for influenza like illness in primary care (ALIC4E) trial across many European countries.

There were representatives from the 20 networks, many of which had participated in the landmark GRACE suite of studies, as well as some new networks. It was wonderful to cement old partnerships while developing new ones! We are now working for the first time with networks in Romania and Hungary and we warmly welcome them into the ALIC4E Team.

The launch of the primary care platform was held at Mansfield College, Oxford, with a day of interactive talks that gave an overview of the research gap that ALIC4E will fill. The networks were also introduced to the exciting platform, adaptive and open trial design. Focus then shifted to study procedures.

Alike van der Velden and Theo Verheij have both been nominated for Oscars for their role-play of a recruitment consultation! There was lively discussion on ILI management that highlighted crucial differences between countries, and many great suggestions were made for effective implementation, recruitment and management of the trial. A launch banquet, complete with some of Mansfield College's finest wine, left everyone with a good feeling about setting out together on this slightly daunting, but scientifically stimulating and clinically crucial journey.

After receiving further detailed feedback from the networks, the trail protocol has now been finalised, documents and case report forms enhanced, and everything has been safely submitted for UK ethics review. The meeting is scheduled for 10th March- we hope to hear soon after that.

Contracts are now beginning to be put in place, training is being developed, and Clinical Trials Authorisation approvals are being sought, so it's full steam ahead to be ready for recruitment to begin from October 2015. It's a white-knuckle ride! But it could hardly be more exhilarating or important to the discipline of primary care and for the aims of PREPARE!

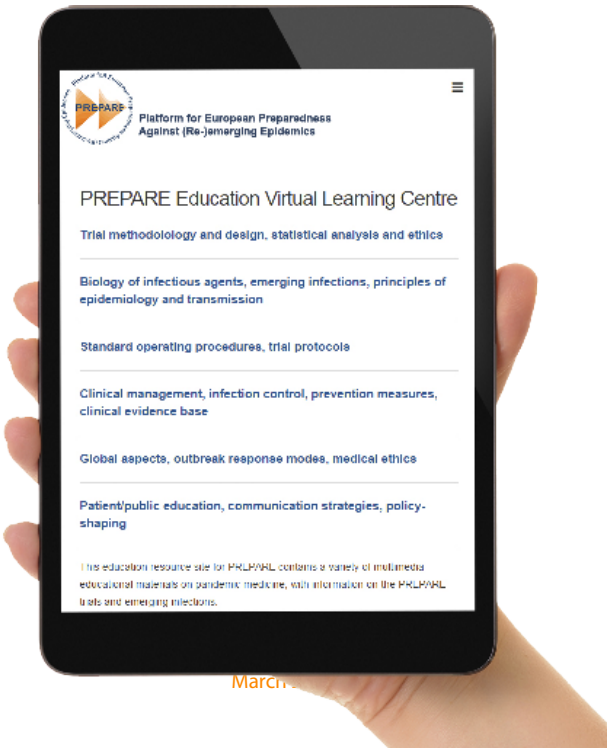
WP9 CREATE

Anita Simonds, PREPARE WP9 leader, European Respiratory Society

Following an Education and Training Needs assessment, our main initiatives have been to work with the societies to develop their congress content related to PREPARE. Activities planned so far are:

- ERS Congress Amsterdam Sept 2015: Postgraduate course and Hot Topic symposium
- WONCA Europe congress Oct 2015 Istanbul -Postgrad course
- ESCMID Post grad Course and symposium ECCMID 2016
- ESICM Video content and presentations from 2015 congress
- ESWI preparing video from Riga congress

We are also working closely with the trial groups to support their needs.
Our second major deliverable is an educational website for the project to support both internal and external stakeholders. In conjunction with ERS colleagues Pascal Kurosinski and Amy Farr we have created the ***PREPARE Virtual Learning Centre (VLC)*** and are beginning to load content. On the right you can find an example of the mobile VLC app.



Interview with Scott Berry

Scott Berry, Berry Consultants

Scott Berry is President and a Senior Statistical Scientist at Berry Consultants, LLC, and adjunct faculty in Biostatistics at the University of Kansas Medical Center. He earned his MS and PhD in statistics from Carnegie Mellon University and was an Assistant Professor at Texas A&M University before co-founding Berry Consultants in 2000. He has led Berry Consultants to be widely regarded as the premier Bayesian consulting company in the world. Since 2000, he has been involved in the design of hundreds of Bayesian adaptive clinical trials of pharmaceuticals and medical devices and has become an opinion leader in the field of Bayesian adaptive clinical trials. He is an expert in clinical trial simulation and a co-developer of the FACTS simulation software.

Could you introduce us to Berry Consultants?

Berry Consultants is a statistical consulting company with offices in the UK and United States. We specialize in designing clinical trials using highly innovative approaches, usually adaptive trials, meaning trials that automatically adjust themselves in response to accumulating data, and we typically utilize a Bayesian approach. We work in a wide variety of therapeutic areas, from infectious disease, neurology, emergency medicine, oncology, genetic disease, and the intensive care setting. The more difficult, the more challenging, and the more impactful the design problem, the more we are interested in working with our clinical and scientific colleagues to find a solution. We also believe these are the settings in which the medical community is most ready for change.

In the last few years there has been a huge interest in adaptive platform trials. These are clinical trials with multiple therapies being investigated simultaneously, under a common protocol. The ability to learn about multiple treatments, simultaneously, within a platform designed to evolve, has huge efficiencies in terms of scientific conclusions, use of resources, and improved treatment of patients within the trial and beyond. We have become experts in the design and conduct of adaptive platform trials.

Why is PREPARE important?

PREPARE has the potential to truly change the way we think about clinical learning, the scientific process, and global readiness. Current learning about medical therapies is limited to very small, isolated clinical experiments or large uncontrolled registries. The experiments, or trials, are focused on single questions within a narrow set of patients. They frequently answer single questions that by the time the trial is over have lost relevance. Large registries are uncontrolled, observational trials that lack scientific rigor. PREPARE has designed, or is designing, two large scale randomized clinical experiments, with multiple treatment regimens, that continuously adapt to the information arising within the trial. Patients are treated based on what is effective and safe for patients like them. Typically the scientific community enrolls far less than 1% of patients in scientific trials – imagine if this could be 50% -- drawing conclusions with full scientific rigor! The PREPARE trials are built to evolve – as new therapies are developed they can be brought in seamlessly to the experiments. These trials are fusing clinical care, good science, and evolving development into a single study. These experiments can then evolve immediately should (or when) a pandemic strikes. In the current scientific atmosphere it takes at least a year to create a trial – meaning our ability to react to a pandemic is minimal at best. PREPARE has the ability to completely change this so we are always ready.

What can Berry Consultants offer to PREPARE?

Designing platforms that can treat large numbers of patients, have an evolving set of therapies, and have the ability to adapt immediately to the learning within the trial is a complex task. We work iteratively with the PREPARE team to create strong analytical modeling to allow this learning to occur in a formal and rigorous way. When designing such platforms it is important to understand whether the platform works well, if the design is good, and whether it can be improved. We help understand the strengths and weaknesses of the design by creating complex clinical trial simulations. We design software that allows the real-time simulation of these platform trials. This allows altering design parameters and structure to optimize the design for learning and the treatment of patients. This design and testing "in silico" is a critical tool to ensure the design is strong.

These in silico programs are then migrated to the real trial, where the algorithms and models dictate the adaptive aspects of the real trial. We help the investigators and PREPARE scientists – akin to engineers designing flight simulators for airline manufacturers and pilots. Statistical design is moving from pencil and paper to modeling, analytics, and simulation.

What can PREPARE offer Berry Consultants?

PREPARE provides a perfect scenario to change the world of medical investigation, learning, and treatment. PREPARE provides the infrastructure across Europe to run trials in an innovative and rigorous way, with investigators motivated by quality and change. The cooperation of all of PREPARE, with the funding and readiness of the European Union, provides the unique opportunity to improve the care for patients and to improve learning in the process. These critical aspects, tied to the motivation to be ready for the pandemics of tomorrow, are very powerful.

Where do you expect to be at the end of PREPARE?

Ideally PREPARE can become a perpetual learning process always at the ready. The current trials within PREPARE are being designed as perpetual trials, where the therapies will changes, perhaps combinations of therapies will continue to evolve, but the platforms will continue on for as long as needed. Meanwhile patients will be treated as effectively as possible. The hope is that the work within PREPARE also has wide-reaching effects on many different countries and therapeutic areas. The way the world studies medical treatments and is prepared for the future unknowns will have changed dramatically because of PREPARE.

PREPARE NEWS

African voice and leadership meeting

Peter Horby presented PREPARE as an invited speaker at the AFRICAN VOICE AND LEADERSHIP MEETING TO ACCELERATE THE EVALUATION OF POTENTIAL TREATMENTS AND VACCINES FOR EBOLA IN WEST AFRICA, Dakar, Senegal, January 19-20, 2015

PREPARE in Canada

Menno de Jong presented PREPARE at a meeting (29 Jan-1 Feb 15) in Lake Louise, Canada, organized by InFACT, ISARIC and the Canadian Critical Care Trials Group (CCCTG) where opportunities for Canadian/North American PREPARE-like activities were discussed.

'How To Get The Flu' at the Natural History Museum

The British Society for Immunology recently teamed up with Imperial College London and our own Peter Openshaw to present 'How To Catch The Flu' at the National History Museum, as part of the Science Uncovered event. Watch the movie: http://www1.imperial.ac.uk/mosaic/howtocatchflu/

2015 Award for Excellence in Clinical Microbiology and Infectious Diseases for Marc Bonten

ESCMID recognises Marc J.M. Bonten for his contributions in Clinical Microbiology, Infectious Diseases and Infection Control. We are proud that Marc Bonten is a member of the PREPARE family. Congratulations Marc!

Connect

Look for more information about PREPARE's projects on our website or the different social media platforms.

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CLINICAL NETWORKS

GRACE - Genomics to combat resistance against antibiotics in community acquired LRTI in Europe

TRACE - Translational Research on Antimicrobial resistance and Community-acquired infections in Europe

COMBACTE - Combatting Bacterial Resistance in Europe

Fondazione PENTA
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