



Disease Emergence at the Animal-Human Interface

Ab Osterhaus DVM PhD

Director Research Center for Emerging Infections and Zoonoses (RIZ)

University of Veterinary Medicine Hannover

Chair One Health Platform



13.02.19

IMED 2018

• Vienna, Austria •

November 9-12, 2018

Stiftung Tierärztliche Hochschule Hannover
University of Veterinary Medicine Hannover, Foundation



A

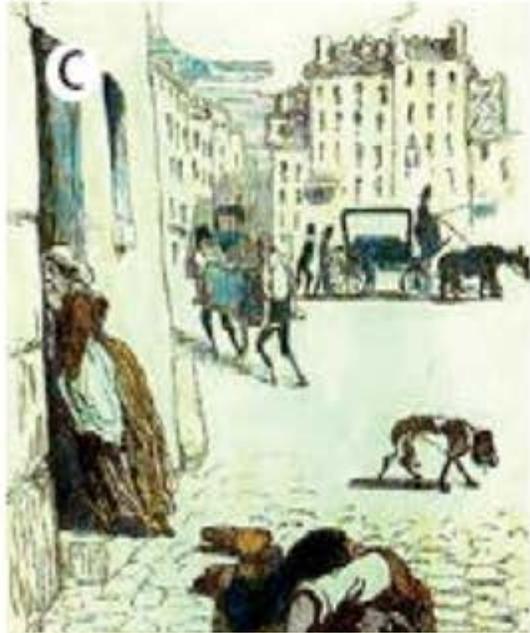
Plague of Athens: 17th century



Human factors at the basis



Black Death
14th century



Cholera 19th century

D

Morens et al.,
Lancet ID 2008

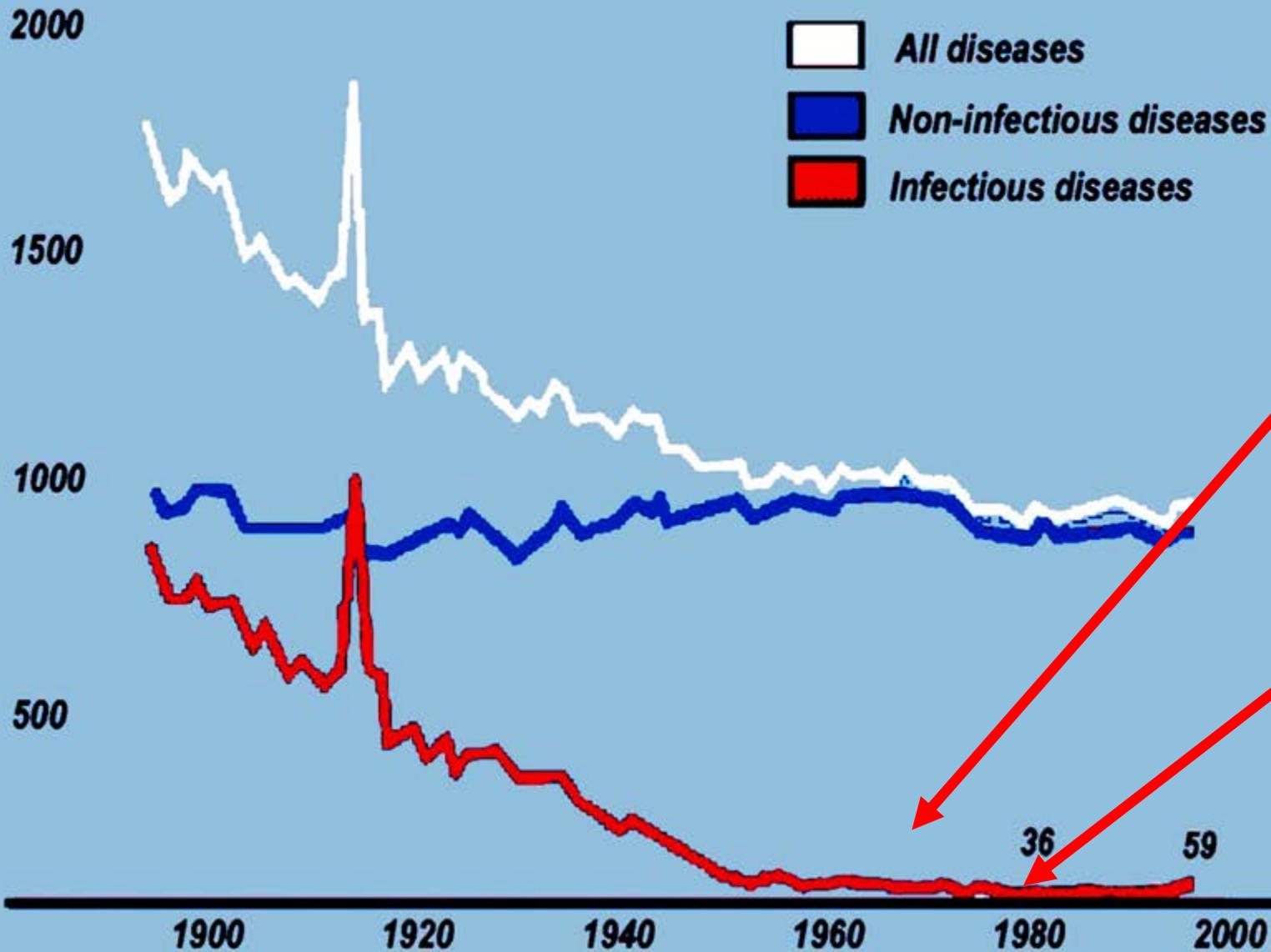


Zoonosis at the basis

Maori monument for the 1918 flu

Trends in infectious disease-related mortality rates in the United States

Deaths per year per 100,000 population



Data: CDC



HIV/AIDS

Ebola-Reston

**Hanta HPS
Hendra**

H5N1

Nipah

**West Nile
SARS**

**Monkeypox
H1N1**

**H3N2v
MERS
H7N9**

**Ebola
ZIKA
Ebola**

1980

1990

2000

2010

Past decades: zoonoses at the origin of major human disease outbreaks

**Lyme
E. Coli O157:H7
BSE**

vCJD

EHEC O104:H4

Reperant LA, Cornaglia G, Osterhaus AD *Curr Top Microbiol Immunol*.2013

The importance of understanding the human-animal interface: from early hominins to global citizens

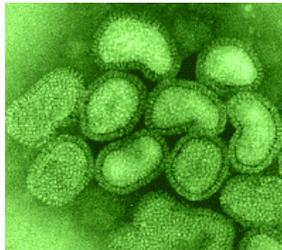
(Re-)emerging infectious diseases facilitated by



The Microbial Agent

Genetic adaptation and change

Polymicrobial diseases



The Human Host

Human susceptibility to infection

Human demographics and behavior

International trade and travel

Intent to harm (bioterrorism)

Occupational exposures

Inappropriate use of antibiotics



The Human Environment

Climate and weather

Changing ecosystems

Urban development and use

Technology and industry

Poverty and social inequality

Lack of public / animal health services

Animal populations

War and famine

Lack of political will



One Health approach to combat at the source

The One Health Concept



- ONE HEALTH RECOGNIZES THAT THE HEALTH OF HUMANS, ANIMALS AND ECOSYSTEMS ARE INTERCONNECTED.
- A COORDINATED, MULTIDISCIPLINARY AND CROSS-SECTORAL APPROACH TO ADDRESS RISKS THAT ORIGINATE AT ANIMAL-HUMAN-ECOSYSTEMS INTERFACES.



One Health Day 2018 Launch Press release

One Health Day 2017 Student Event Competition Awards

The AIDS pandemic: started 30 years ago

>55 million infected, >20 million deaths, 1.8 million infected and about 1 million die annually.



Complex mix of pre-disposing factors



- Animal contacts (bush meat consumption)**
- Behaviour (changing taboos, mores, i.v. drug abuse)**
- Demography (urbanisation...)**
- Mobility (air travel, wars ...)**
- Poverty (vs wealth)**
- Medical practices (iatrogenic transmission)**
- Virus adaptation (mutation, recombination)**

UPDATED 30 AUGUST 2018

Experimental HIV vaccine shows promise in early trial

Scientists have created an experimental HIV vaccine that is able to neutralise HIV in animals.



An experimental [HIV](#) vaccine is safe and triggers strong immune responses in healthy adults and in monkeys, researchers report.

They say it also protected two-thirds of monkeys against an HIV-like virus.

Though results of animal studies are not always the same in humans, researchers are encouraged by this early-stage study, which included nearly 400 healthy people. For their next step, they are launching a new vaccine trial that will include 2 600 women in southern Africa who are at risk of HIV infection.

According to [Statistics South Africa](#), the



South Africa has the biggest HIV epidemic in the world.

Since smallpox eradication: animal poxvirus infections in humans!



Wolfs et al. E.I.D. 2002

Zijlstra et al BMJ 2013



Figure 1. African child with disseminated monkeypox. Note postauricular adenopathy (courtesy of Leo Lanole, Prince Albert Parkland Health Region, Saskatchewan, Canada).



ProMED-mail 9 Jan 2003



Pelkonen et al. E.I.D. 2003; 9:1458-1461

Stittelaar et al., Nature, 2006

Antiviral treatment is more effective than smallpox vaccination upon lethal monkeypox virus infection

Koert J. Stittelaar¹, Johan Neyts³, Lieve Naesens³, Geert van Amerongen^{1,4}, Rob F. van Lavieren⁵, Antonin Holý⁶, Erik De Clercq³, Hubert G. M. Niesters¹, Edwin Fries¹, Chantal Maas¹, Paul G. H. Mulder², Ben A. M. van der Zeijst⁴ & Albert D. M. E. Osterhaus¹

Nature 2006

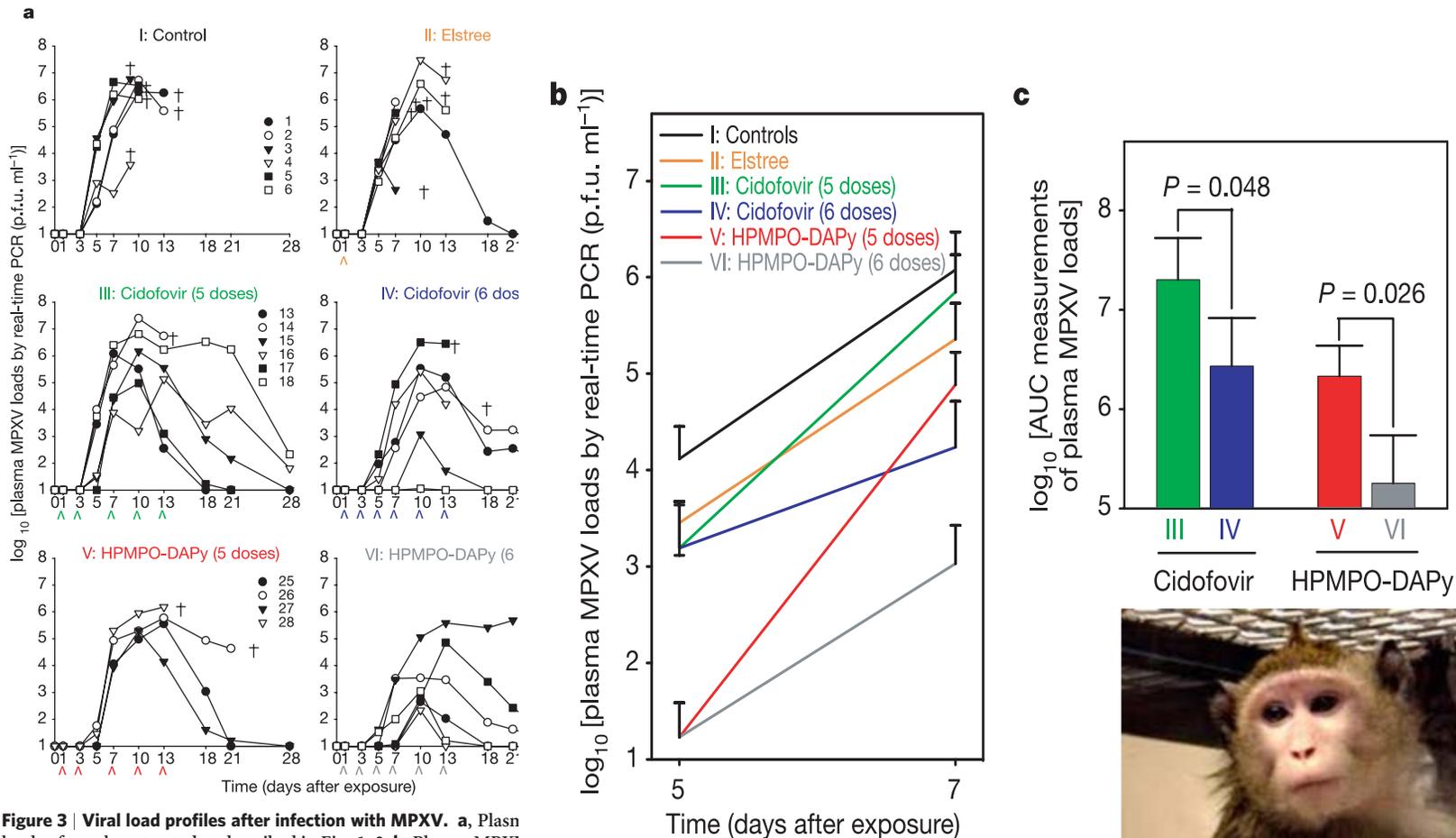


Figure 3 | Viral load profiles after infection with MPXV. **a**, Plasma loads of monkeys treated as described in Figs 1, 2. **b**, Plasma MPXV loads of monkeys (treated as described in Fig. 1) 5 or 7 days after infection. Data show average \pm s.e.m. Statistical analysis of the pairwise comparisons of survival

Vaccine versus antiviral stockpiles for pox outbreak preparedness

Morbilliviruses crossing species barriers A pandemic risk after measles eradication?



PDV: European Harbour seals
Nature 1988 / Science 2002



CDV: Baikal seals
Nature 1988



CDV: Caspian seals
EID 2000



DMV:
Fin Whale Denmark
JWD 2016



DMV:
Med. monk seals
Nature 1997



CDV: Serengeti lions
Vaccine 1994



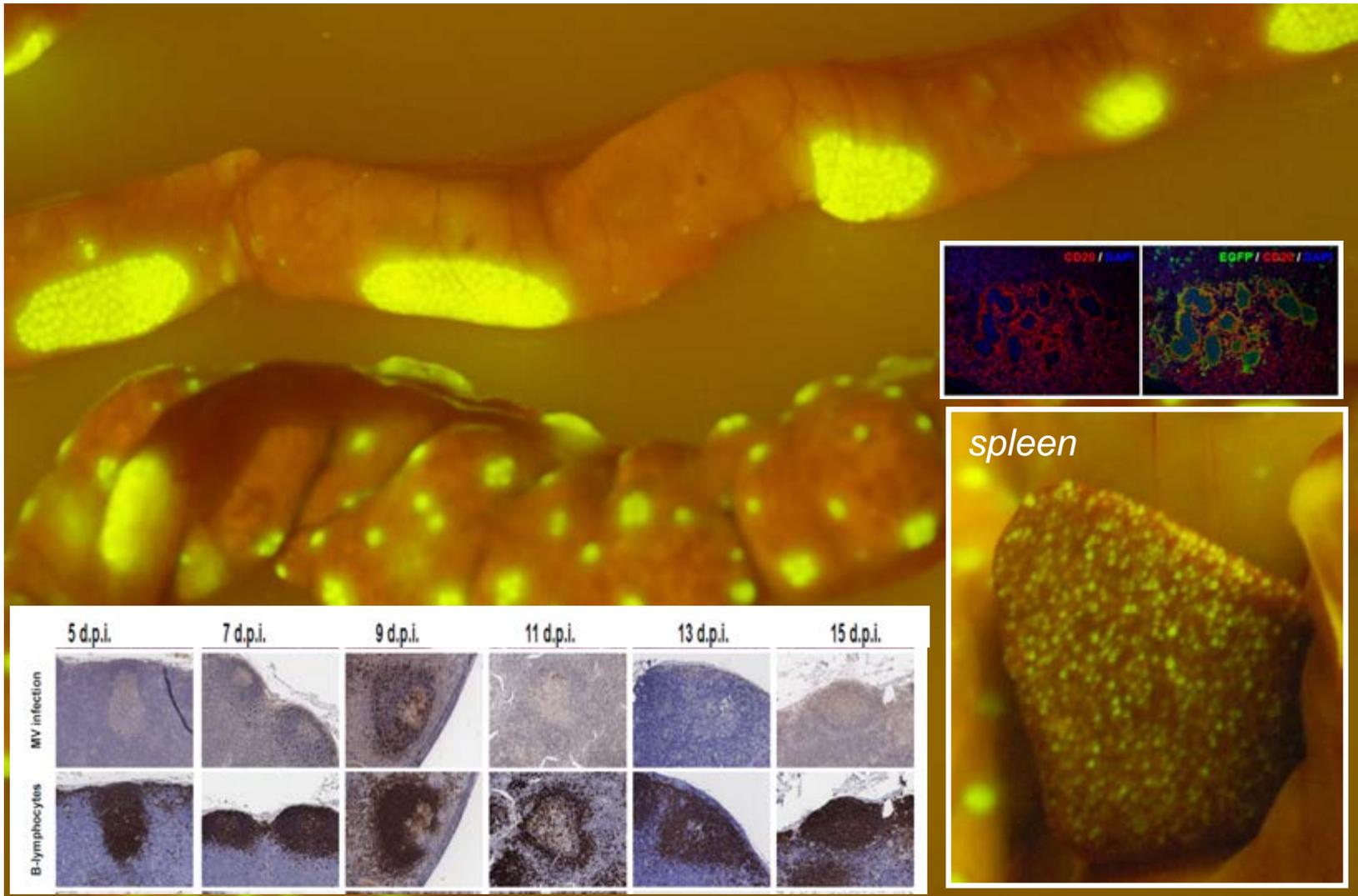
CDV:
Rhesus macaques
China, EID 2011

**Should we continue
measles vaccination for ever?**



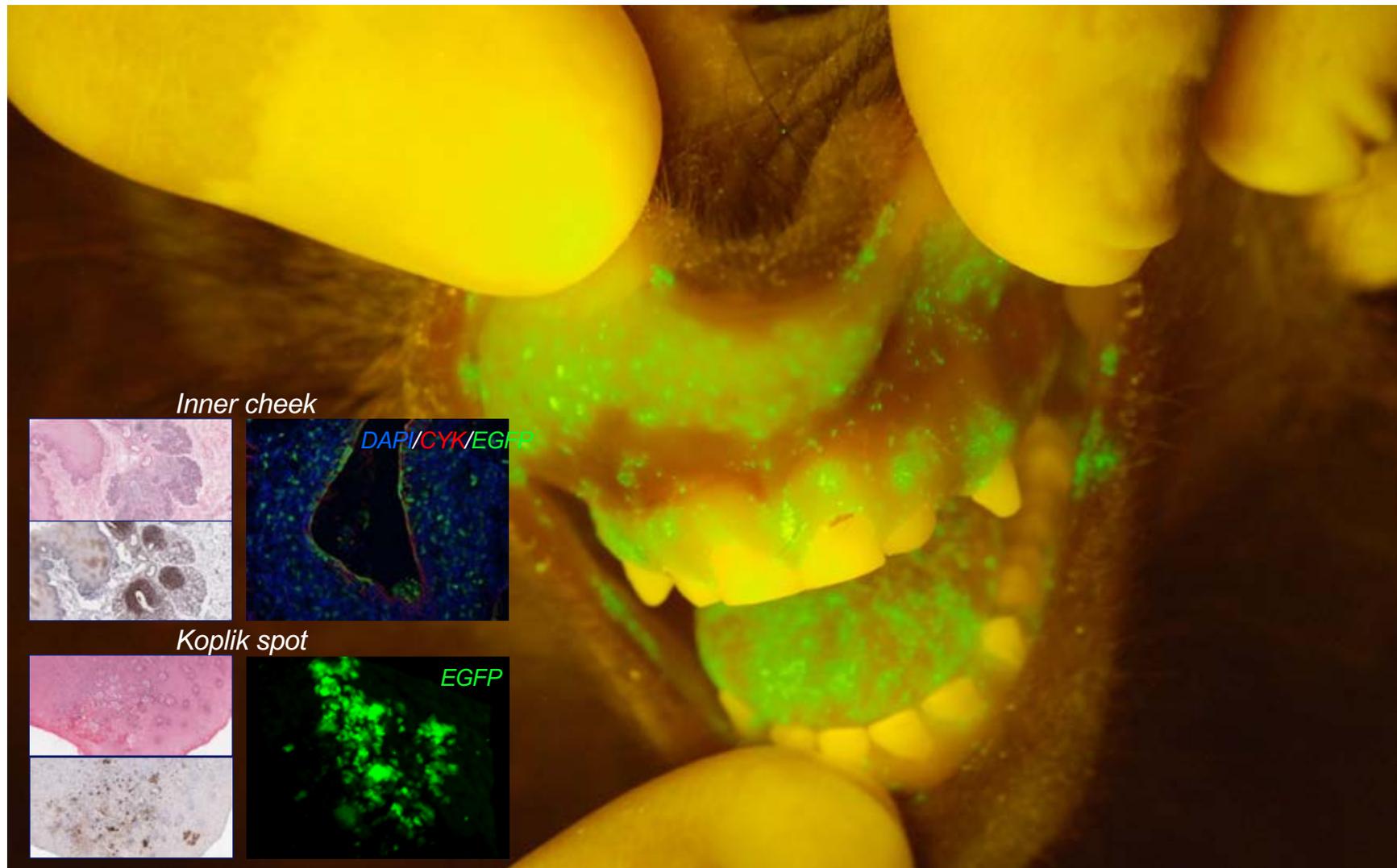
CD150 is the primary morbillivirus entry receptor

de Vries RD, et al., PLoS Pathog. 2012



PVRL4 is the morbillivirus receptor on epithelial cells

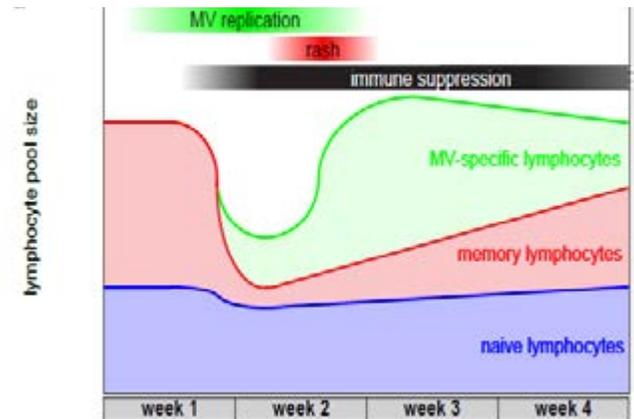
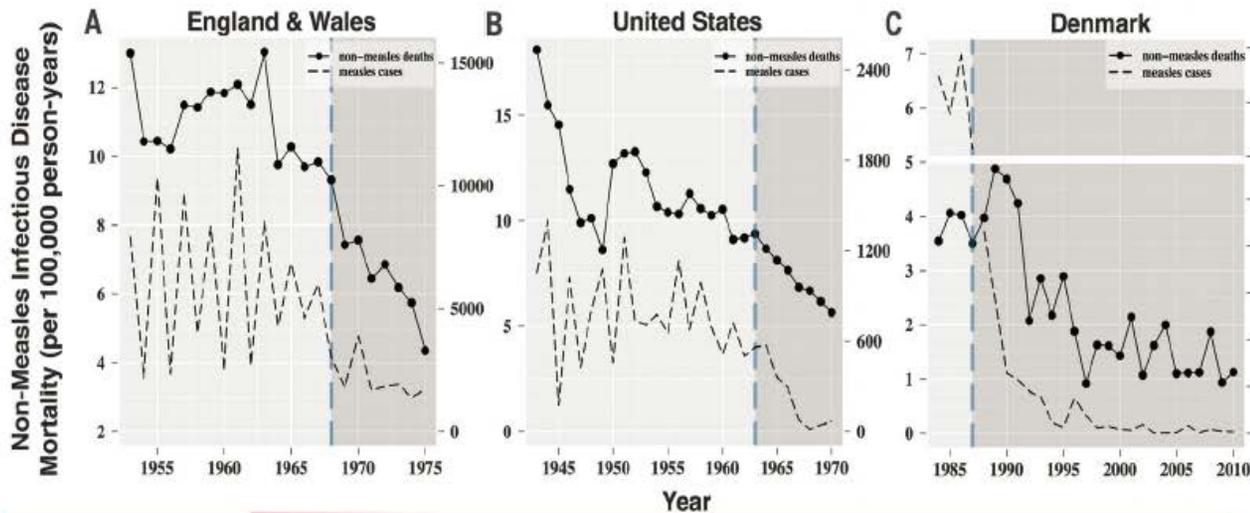
de Vries RD, et al., PLoS Pathog. 2012



VACCINES

Long-term measles-induced immunomodulation increases overall childhood infectious disease mortality

Michael J. Mina,^{1,2*} C. Jessica E. Metcalf,^{1,3} Rik L. de Swart,⁴
A. D. M. E. Osterhaus,⁴ Bryan T. Grenfell^{1,3}



Measles immune suppression; lessons from the macaque model.

de Vries RD, et al., PLoS Pathog. 2012

CD45RA(-) memory T-lymphocytes and follicular B-lymphocytes killed



Trump claims vaccines and autism are linked but his own experts vehemently disagree

The president has tweeted more than 20 times claiming – falsely – there is a link between vaccines and autism

Andrew Buncombe New York | @AndrewBuncombe | Saturday 5 May 2018 13:31 | 70 comments



1118
shares



Click to follow
The Independent US



Outbreaks of Ebola Virus Disease in Central Africa, 1976–2018.*

Year of Onset	Country	Epicenter or Epicenters	No. of Cases (Case Fatality Rate [%])
1976	Zaire (current DRC)	Yambuku	318 (88)
1977	Zaire (current DRC)	Tandala	1 (100)
1994	Gabon	Mékouka, Ogooué-Ivindo Province	52 (60)
1995	Zaire (current DRC)	Kikwit	315 (81)
1996	Gabon	Mayibout, Ogooué-Ivindo Province	37 (57)
1996	Gabon	Booué, Ogooué-Ivindo Province	62 (75)
2001	Gabon and ROC	Mékambo, Ogooué-Ivindo Province (Gabon)	65 (82)
2001	ROC and Gabon	Mbomo, Kéllé, Cuvette Ouest Region (ROC)	59 (73)
2002	ROC	Mbomo, Kéllé, Cuvette Ouest Region	143 (89)
2003	ROC	Mbomo, Cuvette Ouest Region	35 (83)
2007	DRC	Luebo, Kasai Occidental Province	264 (71)
2008	DRC	Mweka and Luebo, Kasai Occidental Province	32 (47)
2014	DRC	Ikanamongo Village, Equateur Province	69 (71)
2017	DRC	Kagbono, Likati, Bas Uélé Province	8 (50)
2018	DRC	Ikoko-Impenge, Bikoro, Equateur Province	54 (61)
2018*	DRC	Mangina and Beni, North Kivu Province	74 (46)

* This outbreak was ongoing as of mid-August. Reported case numbers and case fatality rates are provisional. DRC denotes Democratic Republic of Congo, and ROC Republic of the Congo.

Munster V et al., NEJM 2018

Ebola outbreaks

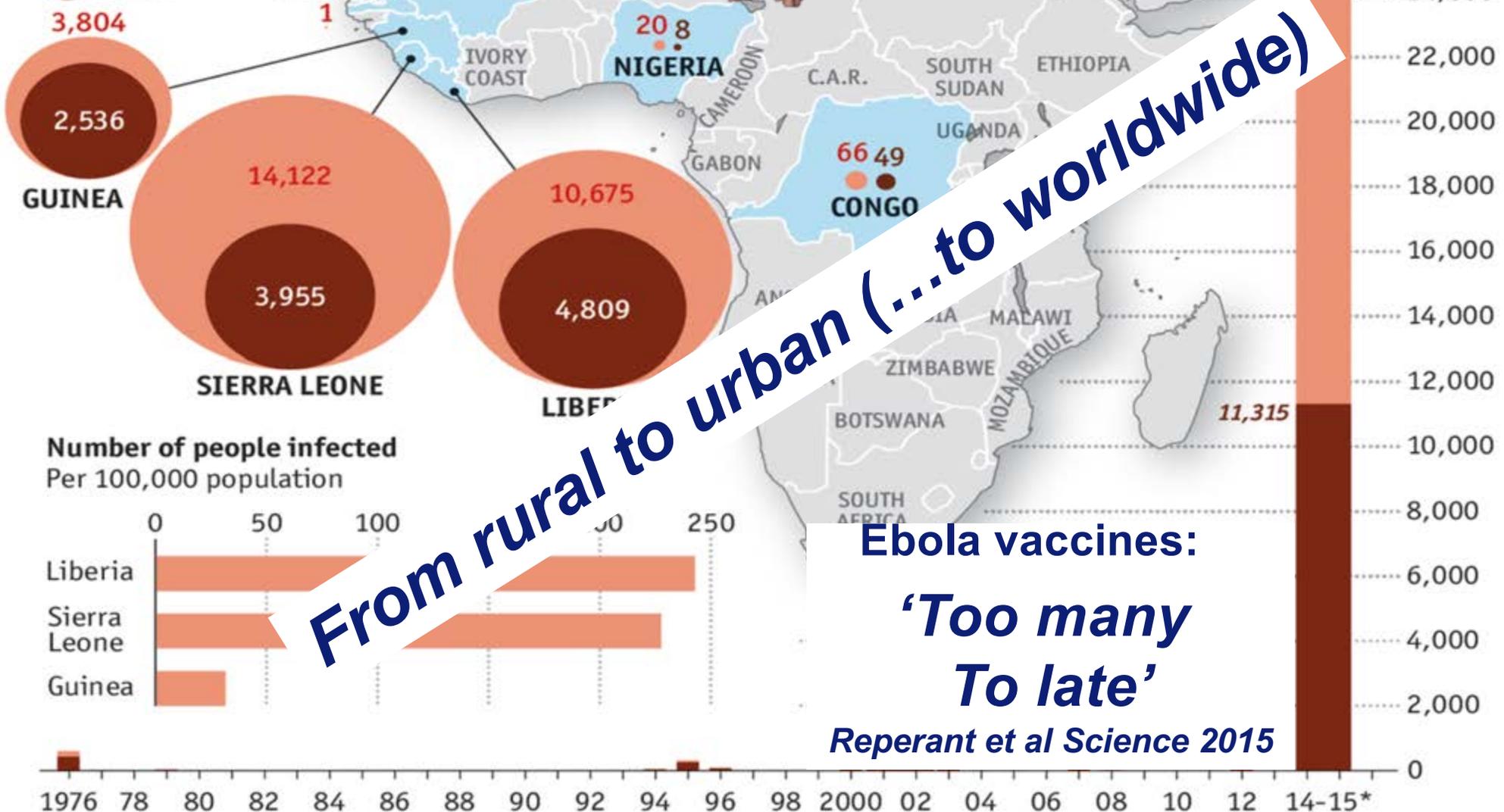
To January 14th 2016

Number of people:

● infected

of whom:

● dead



From rural to urban (...to worldwide)

**Ebola vaccines:
'Too many
To late'
Reperant et al Science 2015**

Sources: WHO; UN; *The Economist*

*Includes cases in Italy, Spain, Britain and the United States. Excludes Congo



CORRESPONDENCE **Open Access**



Role of healthcare workers in early epidemic spread of Ebola: policy implications of prophylactic compared to reactive vaccination policy in outbreak prevention and control

Table 3 Indicative proportion of early outbreak prevented by implementing different vaccination strategies: prospective versus reactive vaccination of healthcare workers

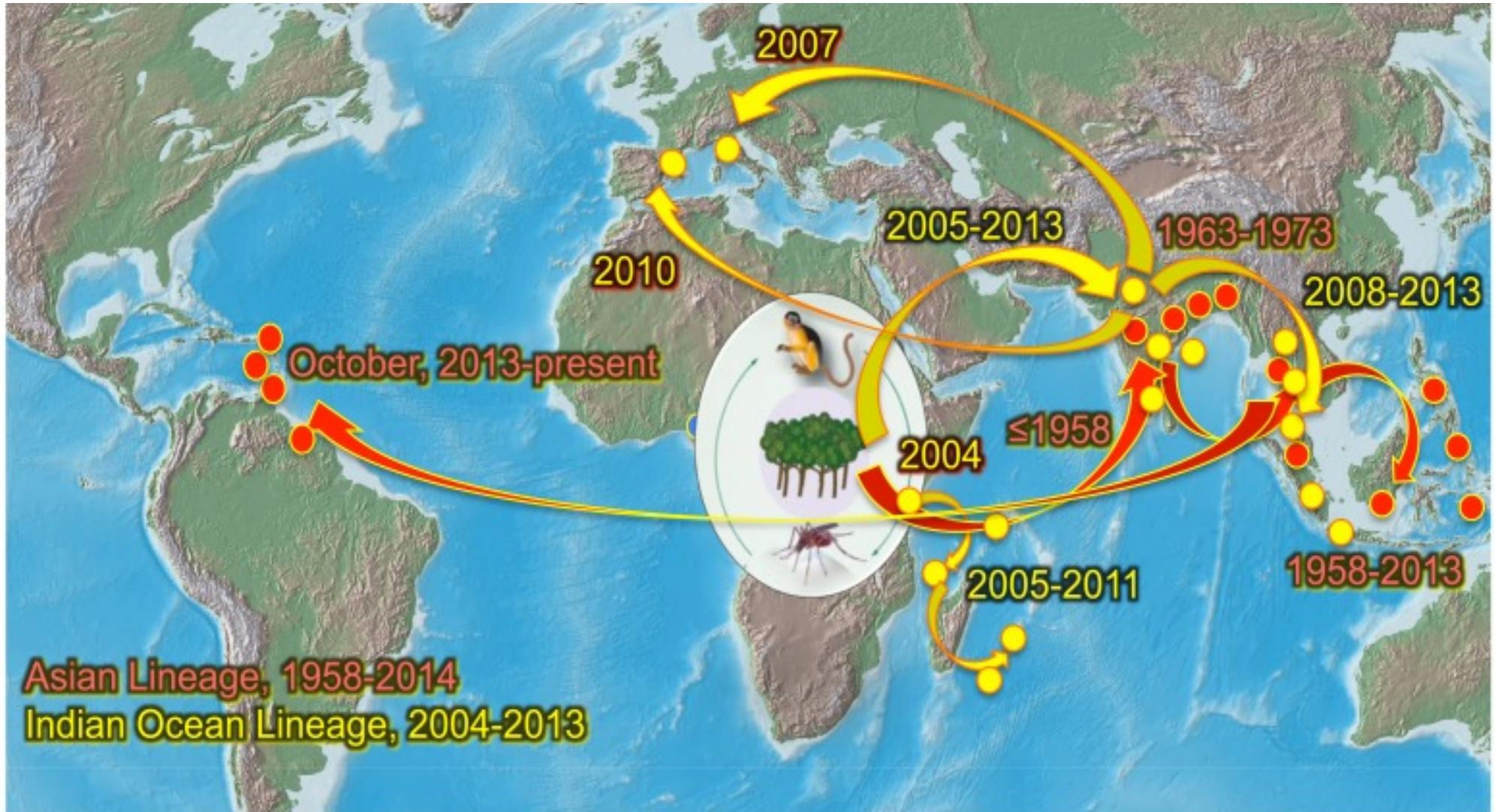
Epidemic	Country	Total number of cases [4]	Total number of deaths [4]	Cases included in epidemic tree	Percentage of initial outbreak prevented by vaccination strategy		
					Strategy 1: Vaccinate prophylactically (100 % coverage)	Strategy 2: Vaccinate prophylactically approx. 75 % of HCWs	Strategy 3: Vaccinate reactively (lag-time 42 days)
2014 West Africa	Guinea [22]	3,792	2,530	71	61 % (43/71)	36.6 % (26/71)	0
	Liberia [24–28]	10,672	4,808	9	67 % (6/9)	11 % (1/9)	0
	Sierra Leone [29–31]	13,683	3,953	NR	NR	NR	0
	Nigeria [23]	20	8	20	80 % (16/20)	50 % (10/20)	0
	Mali [32–34]	8	6	8	38 % (3/8)	13 % (1/8)	0
	USA [35]	4	1	4	75 % (3/4)	50 % (2/4)	0
	UK [36] and Spain [37]	2	0	2	100 % (2/2)	50 % (1/2)	0
	Senegal [38]	1	0	1	0	0	0
	Overall	28,183	11,306	115	63.5 % (73/115)	35.7 % (41/115)	
	(95 % confidence interval)			(0.54–0.72)	(0.27–0.45)		
Historic outbreaks	Kikwit [6, 39–43]	315	250	9	100 % (9/9)	NR	NR
	Mosango [44]	23	18	23	100 % (23/23)	74 % (17/23)	NR
	Yambuku [2]	318	280	45	44 % (20/45)	NR	NR
Total				192	65.1 % (125/192)	42.0 % (58/138)	0.0 % (0/609)
	(95 % confidence interval)				(0.58–0.72)	(0.34–0.51)	

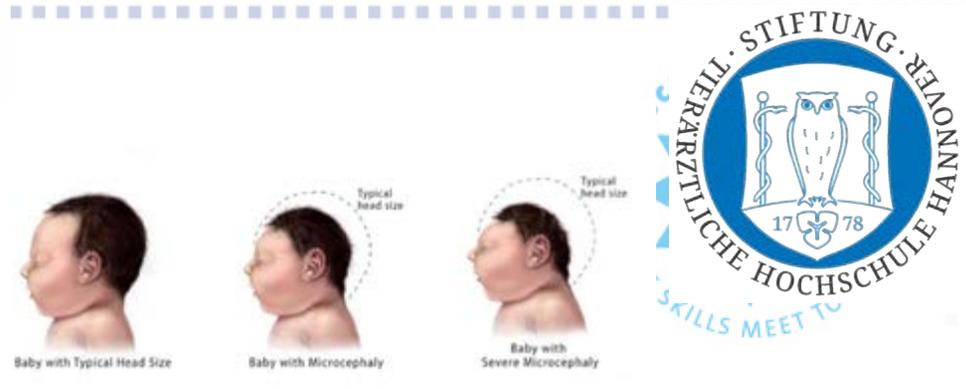
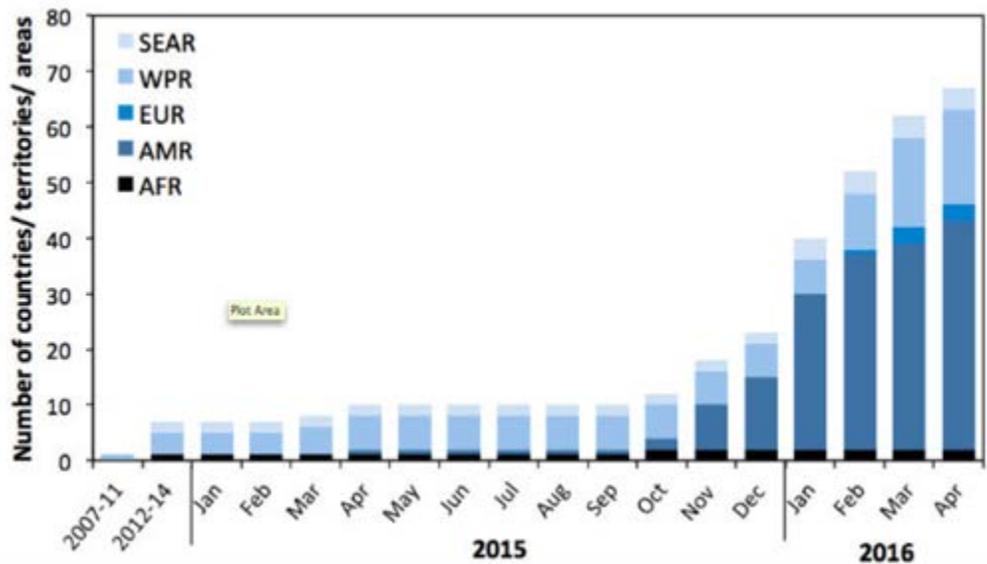
Cases numbers accurate as of 06/09/2015
 NR, Not reported



Chikungunya virus

Past years





ZIKA: Out of Africa

Arbovirus vaccines: most are still lacking

	Preclinical	Phase 1	Phase 2	Phase 3	Approved ex US	Approved US
Dengue	█	█	█	█		
Japanese enc	█	█	█	█		
West Nile	█	█	█			
Chikungunya	█	█				
Yellow fever	█	█	█	█		
Ross River	█	█	█	█		
VEE	█	█	█			
Rift Valley	█	█	█			
TBE	█	█	█	█		
Zika	█	█				
Sindbis						

ARBOVIRUSES: PREVENT ARTHROPOD BITES

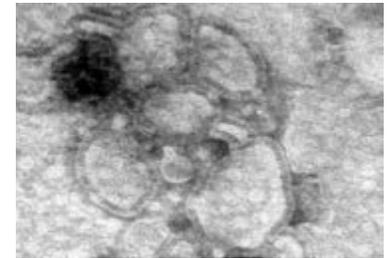
Identification of viral pathogens

ErasmusMC / RIZ TiHo



1995	CDV as the cause of mass mortality in Serengeti lions	
1996	γ -herpesvirus in seals (phocid herpesvirus-2)	
1997	monk seal morbilliviruses (MSMV-WA/G)	
1997	influenza A (H5N1) virus in humans	
1998	lentivirus from Talapoin monkeys (SIVtal)	
1999	influenza B virus in seals	
2000	human metapneumovirus (hMPV)	
2002	re-emerging PDV in Europe	
2003	SARS CoV cause of SARS in humans (Koch`s postulates)	
2003	influenza A (H7N7) virus in humans	
2004	fourth human coronavirus (CoV NL)	
2005	H16 influenza A viruses (new HA!) in black headed gulls	
2008	dolphin herpesvirus	
2009	deer astrovirus	
2010	human astrovirus, human picobirnavirus	
2011	ferret coronavirus, ferret HEV, porcine picobirnavirus, stone marten anellovirus. influenza A (H1N1) virus in dogs	
2012	human calicivirus, MERS CoV, boa arenaviruses	
2013	seal parvovirus, seal anelloviruses, deer papillomavirus, fox hepevirus, fox parvovirus, turtle herpesvirus	
2014	canine bocavirus, porcine bocavirus, python nidovirus, camel circovirus, phocid herpes virus-7	
2015	influenza A (H10N7) virus seals	
2017...	morbillivirus fin whale, hepadnavirus Tinamou, rec.canine circovirus, rec.canine bocavirus, herpesvirus sperm whale, Batai virus seal, avian metapneumovirus, novel pestivirus...	

novel molecular techniques

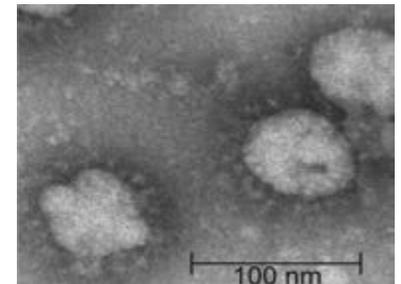


Funding:

**EU: EMPERIE; ANTIGONE;
PREPARE; COMPARE...**

NL: VIRGO-FES...

DFG: N-RENNT

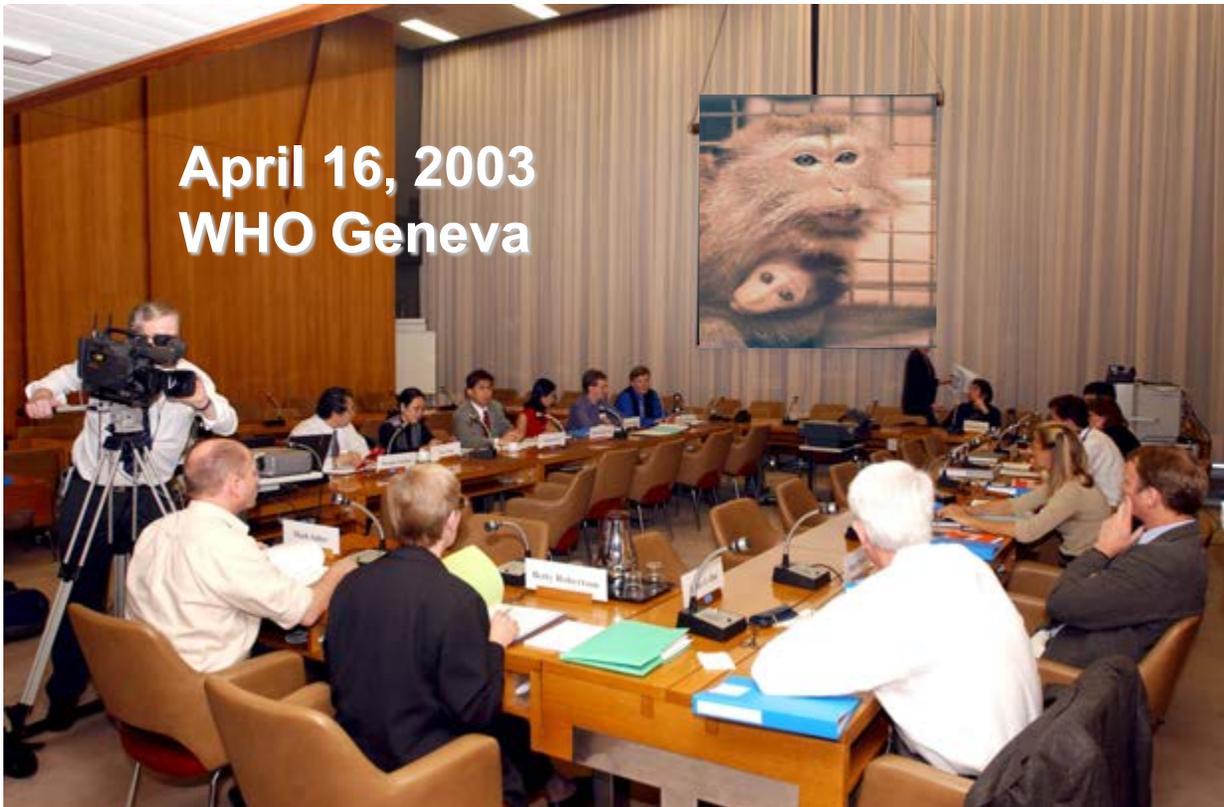


Fouchier et al., Nature 2003
Kuiken et al., Lancet 2004



Press conference of
SARS etiology
network

Official declaration of
SARS-CoV as the
etiologic agent

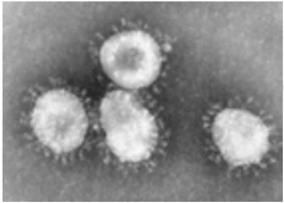
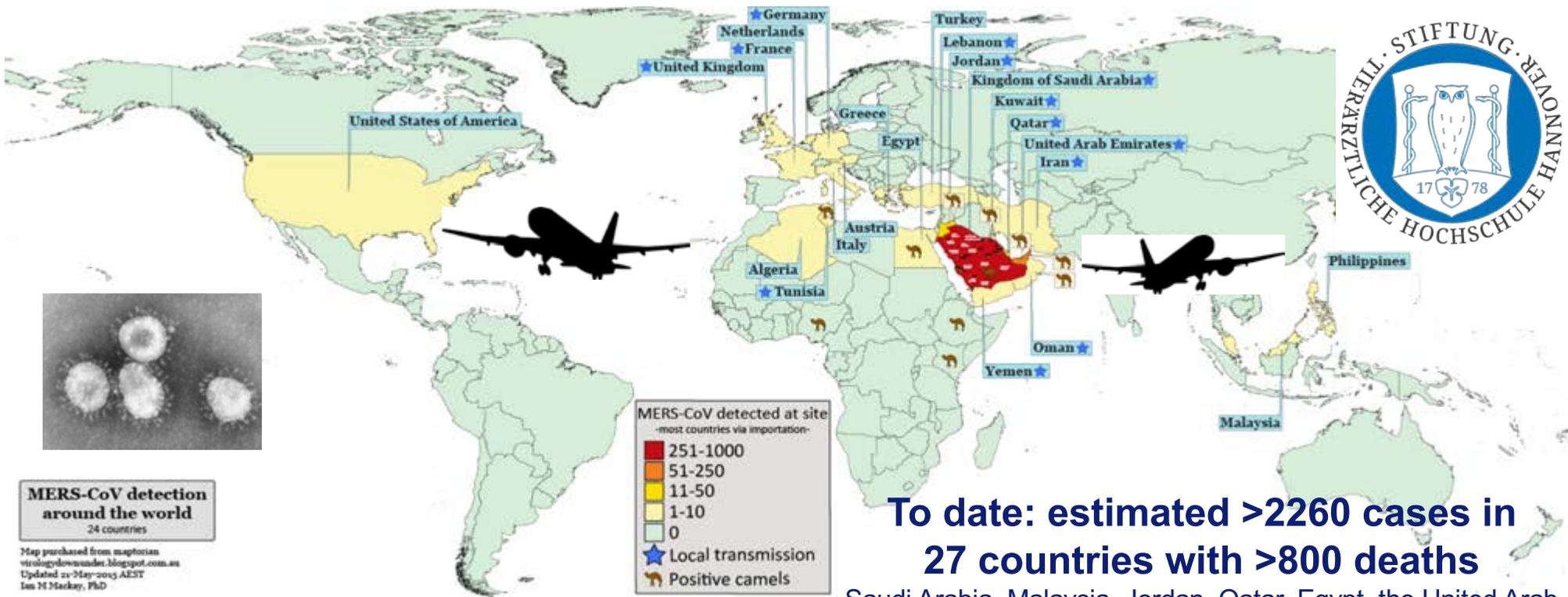


April 16, 2003
WHO Geneva

Short- and mid-term objectives:

- clarification of transmission routes and natural history
- establishment and evaluation of diagnostic tools





MERS-CoV detection around the world
 24 countries

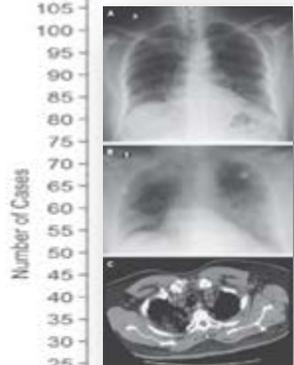
Map purchased from mapsofan virologynewsunder.blogspot.com.au
 Updated 21-May-2015 AEST
 Ian H Mackay, PhD

To date: estimated >2260 cases in 27 countries with >800 deaths

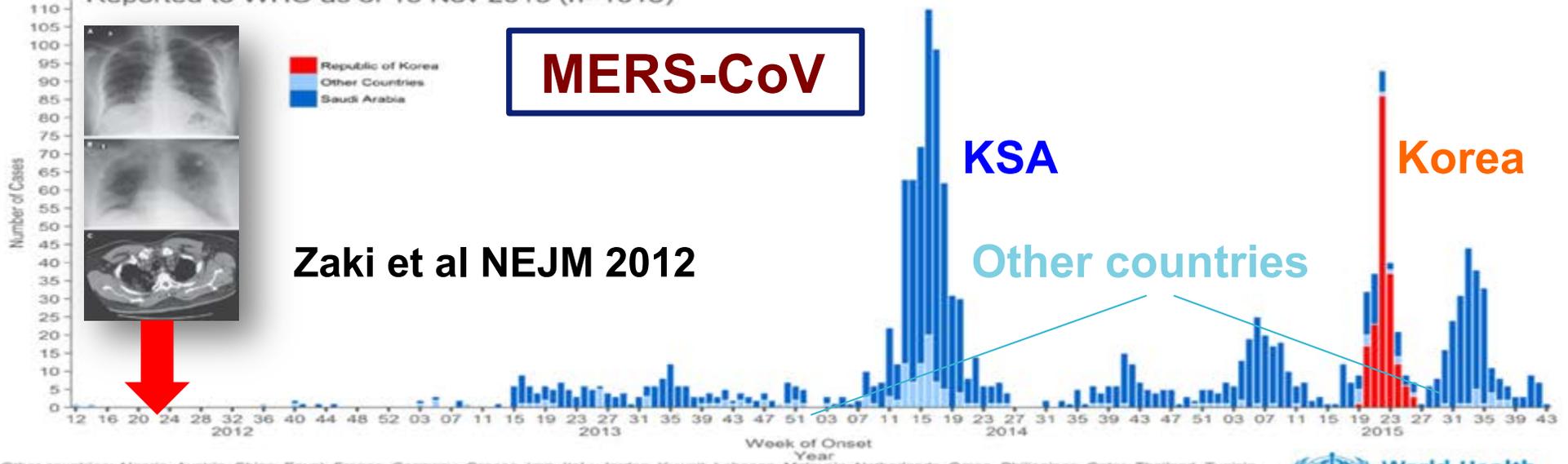
Saudi Arabia, Malaysia, Jordan, Qatar, Egypt, the United Arab Emirates, Kuwait, Oman, Algeria, Bangladesh, the Philippines, Indonesia (none confirmed), UK, and USA

Reported to WHO as of 13 Nov 2015 (n=1618)

MERS-CoV



Zaki et al NEJM 2012



Other countries: Algeria, Austria, China, Egypt, France, Germany, Greece, Iran, Italy, Jordan, Kuwait, Lebanon, Malaysia, Netherlands, Oman, Philippines, Qatar, Thailand, Tunisia, Turkey, United Arab Emirates, United Kingdom, United States of America, Yemen
 Please note that the underlying data is subject to change as the investigations around cases are ongoing. Onset date estimated if not available.

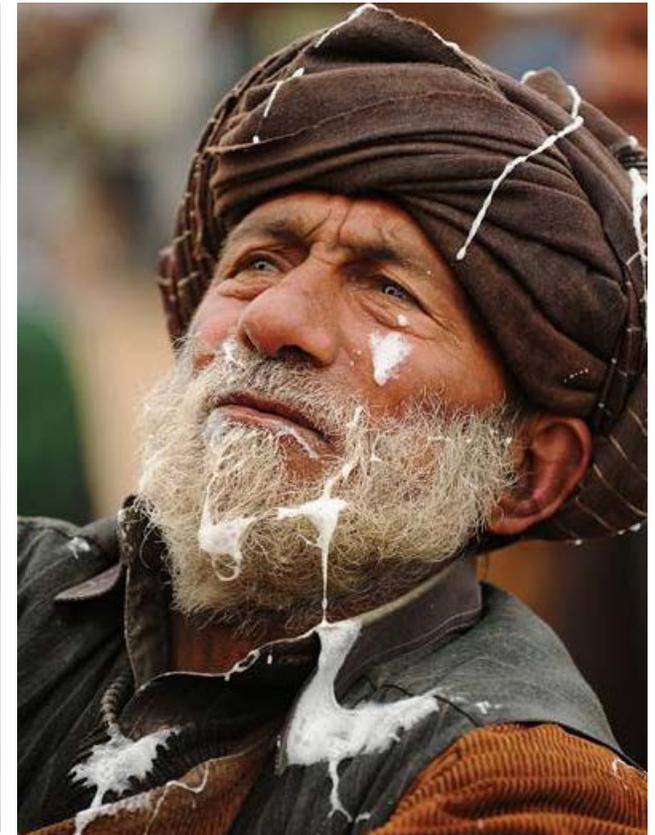
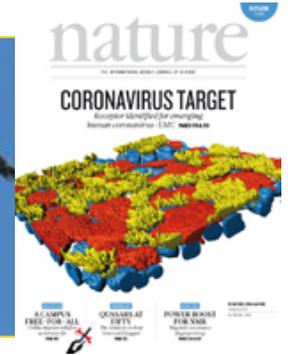


Antibodies in dromedary camels

(Reusken et al Lancet ID 2013)

Dromedary camels: carriers of MERS-CoV

(Haagmans et al., Lancet ID 2013)



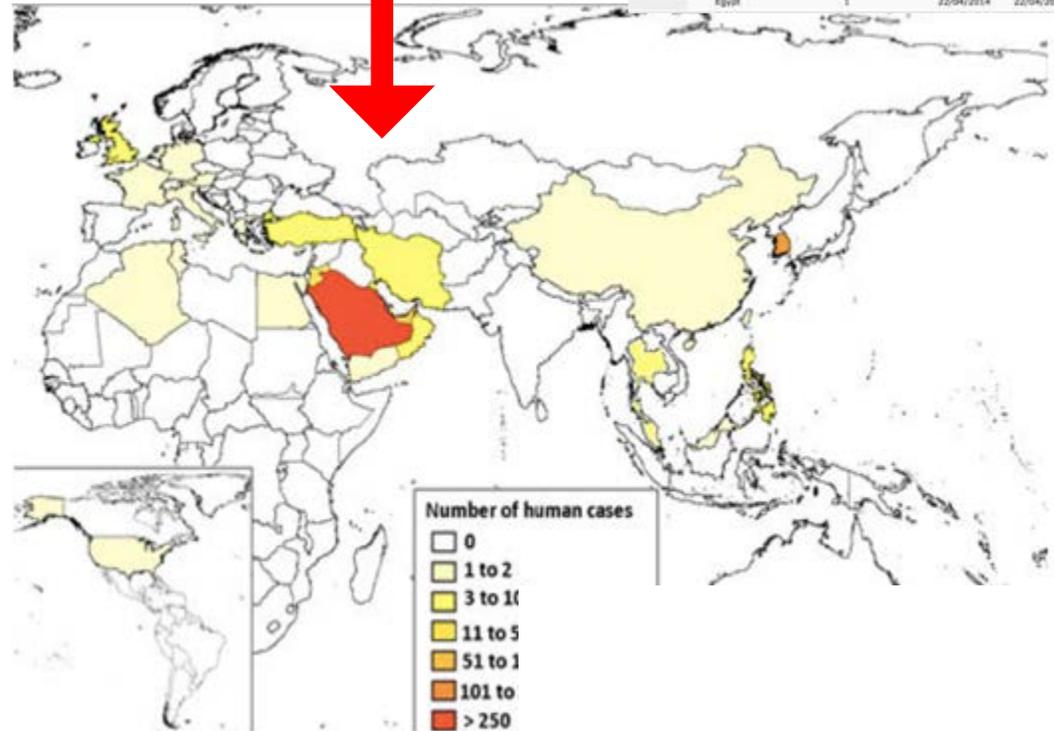
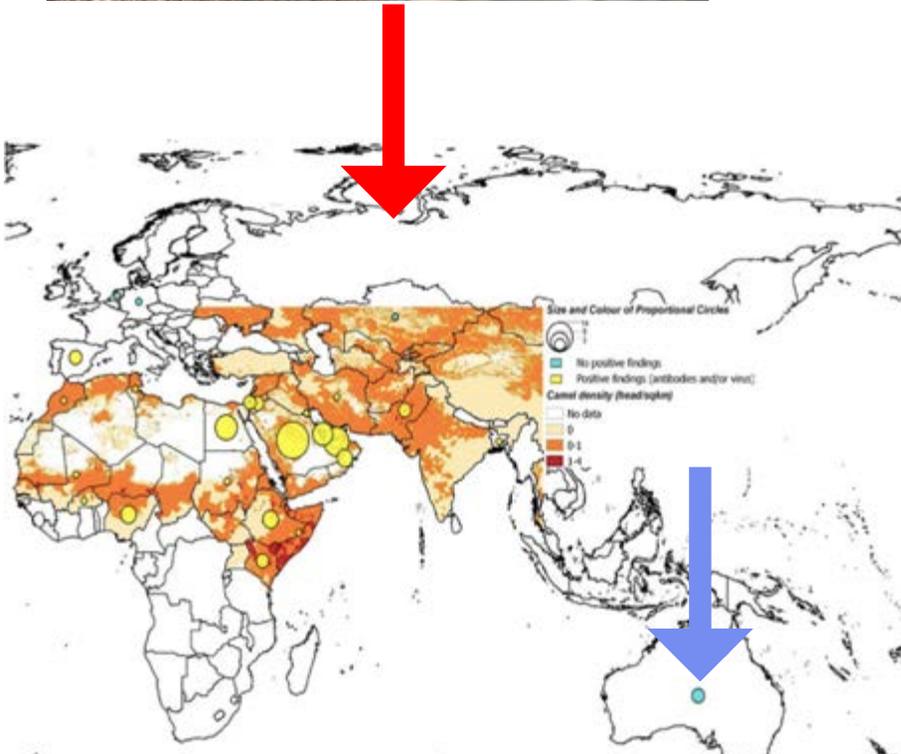
Identification of the CD 26 MERS-CoV receptor

(Raj et al., Nature 2013)



Table 1. MERS-CoV cases in humans by country and dates of first and most recent observations

	Country	Cumulative number of confirmed MERS-CoV human cases	First Observation	Last Observation
Middle East	Saudi Arabia	1,886	13/06/2012	18/10/2018
	United Arab Emirates	88	18/03/2013	04/05/2018
	Jordan	26	02/04/2012	26/09/2015
	Qatar	19	15/08/2013	14/05/2017
	Oman	11	26/10/2013	23/02/2018
	Yan (Islamic Republic of)	6	11/05/2014	18/03/2015
	Kuwait	4	30/10/2013	08/09/2015
	Lebanon	2	23/04/2014	08/06/2017
	Yemen	1	17/03/2014	17/03/2014
	Bahrain (The Kingdom of)	1	04/04/2016	04/04/2016
Europe	United Kingdom	5	03/08/2012	16/08/2018
	Germany	2	05/10/2012	07/03/2015
	Netherlands	2	01/05/2014	05/05/2014
	France	2	23/04/2013	23/04/2013
	Austria	2	22/08/2014	08/09/2016
	Turkey	1	25/08/2014	25/09/2014
	Italy	1	25/05/2013	25/05/2013
	Greece	1	08/04/2014	08/04/2014
Asia	Republic of Korea	188	11/05/2015	28/08/2018
	Philippines	3	18/04/2014	30/06/2015
	Thailand	3	16/06/2015	25/07/2016
	China	1	21/05/2015	21/05/2015
	Malaysia	2	08/04/2014	24/12/2017
	Americas	United States of America	2	14/04/2014
Tunisia		3	01/05/2013	17/04/2013
Africa	Algeria	2	23/05/2014	23/05/2014
	Egypt	1	22/04/2014	22/04/2014



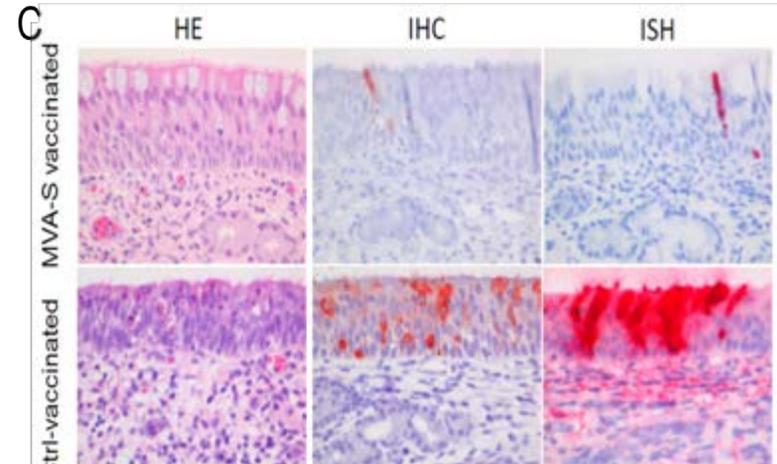
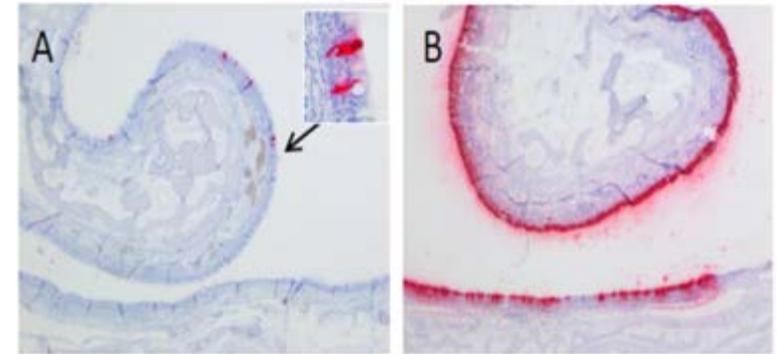
MERS-CoV livestock field surveys. Circles indicate countries in which field surveys have occurred. Size is proportional to the number of studies in each country. Yellow circles indicate positive findings in livestock (antibodies or antigen), while tan circles represent the lack of positive findings. Please note that the circle in Spain indicates positive findings from the Canary Islands. The density map includes domestic and bactrian camel distribution, and is an unpublished model based on the methodology described in Robinson et al. (2014) (<http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0150424>)

MVA expressing the MERS-CoV
spike protein:
PREVENTION AT THE SOURCE?



Fei Song et al. JV 2013

A ONE HEALTH APPROACH



Haagmans et al., Science 2016

MVA expressing the MERS-CoV
spike protein:

PREVENTION AT THE SOURCE?

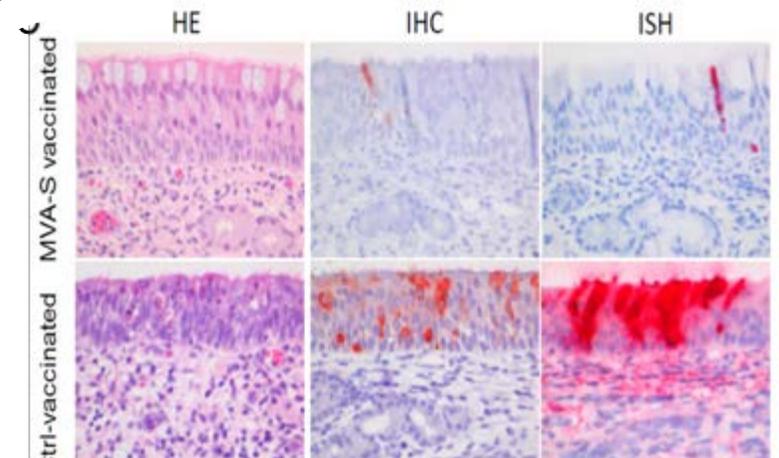


Fei Song et al. JV 2013

A ONE HEALTH APPROACH



**MVA MERS-S vaccine now in human trials
(HCW's, camel handlers, immune-compromised)**



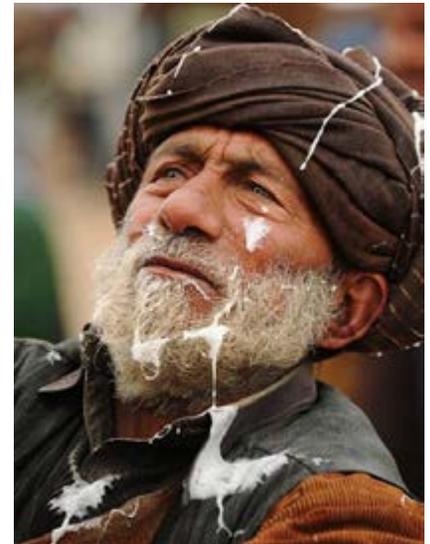
Haagmans et al., Science 2016

MERS-CoV vaccine candidates

preclinical development and phase 1 trials



- *Plasmid DNA vaccine (Innovio/GeneOne)*
- *Plasmid DNA vaccine (NIAID, VRC)*
- *Virus like particles (Novavax)*
- ***MVA vaccine (Sutter / Jenner Institute)***
- *Adenovirus based vectors (Jenner institute)*
- *RBD vaccine (Jiang)*



**MVA expressing the MERS-CoV
spike protein:**

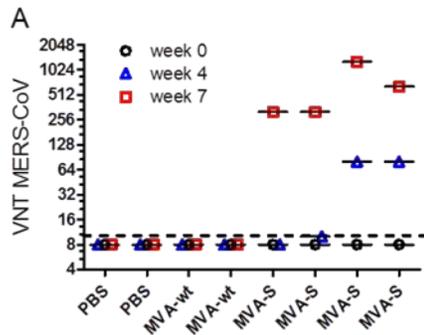
PREVENTION AT THE SOURCE

A ONE HEALTH APPROACH

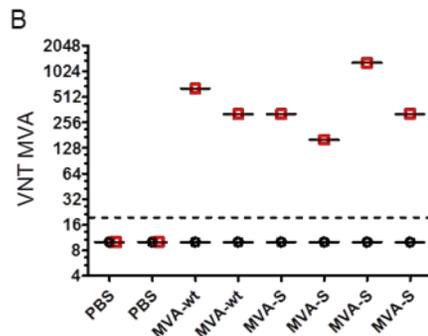
MERS-CoV MVA vaccination: 'one stone - two birds' approach



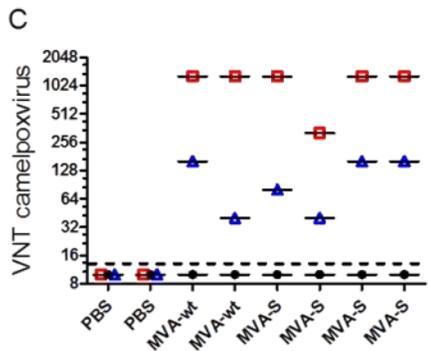
Induction of antibodies that neutralize MVA but also camel pox virus



PRNT90 MERS-CoV virus neutralization titers



MVA neutralization



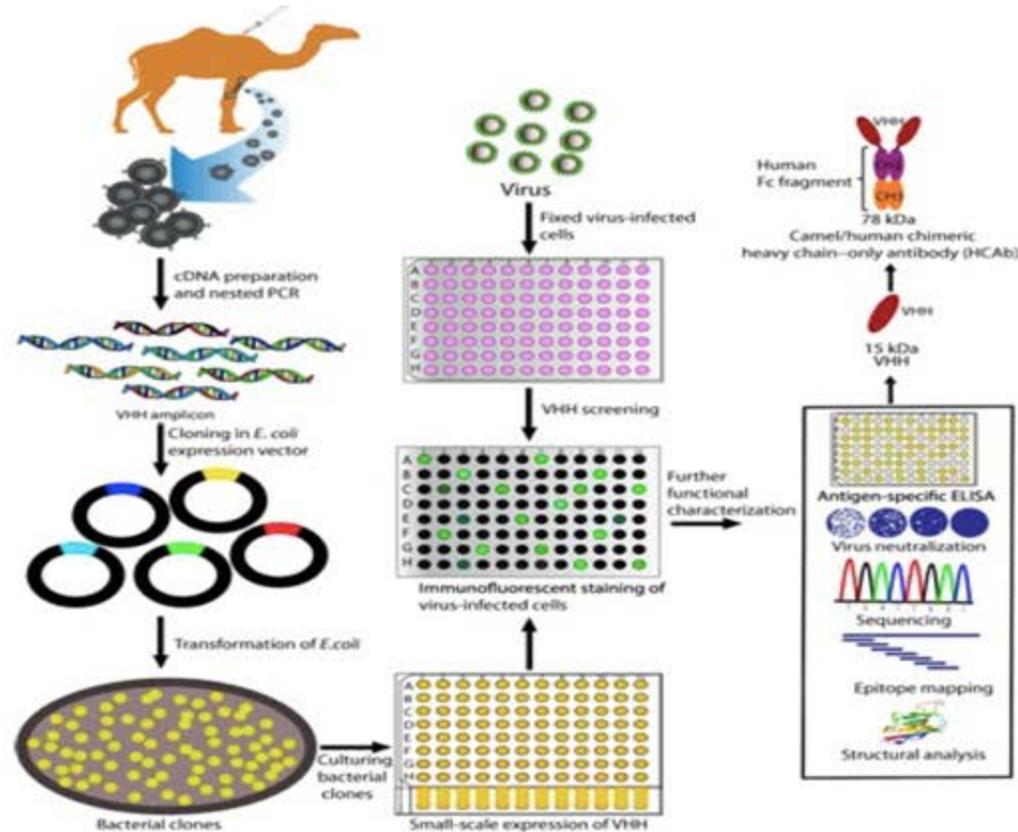
Camel pox virus neutralization

Haagmans *et al.*, Science 2016



Chimeric camel/human heavy-chain antibodies protect against MERS-CoV infection

V. Stalin Raj,^{1,*†‡} Nisreen M. A. Okba,^{1,*} Javier Gutierrez-Alvarez,² Dubravka Drabek,³ Brenda van Dieren,⁴ W. Widagdo,¹ Mart M. Lamers,¹ Ivy Widjaja,⁴ Raul Fernandez-Delgado,² Isabel Sola,² Albert Bensaid,⁵ Marion P. Koopmans,¹ Joaquim Segalés,^{6,7} Albert D. M. E. Osterhaus,^{8,9} Berend Jan Bosch,⁴ Luis Enjuanes,² and Bart L. Haagmans^{1,‡}



IMI-ZAPI



Schematic overview of VHH identification by direct cloning using bone marrow from immunized dromedary camels.

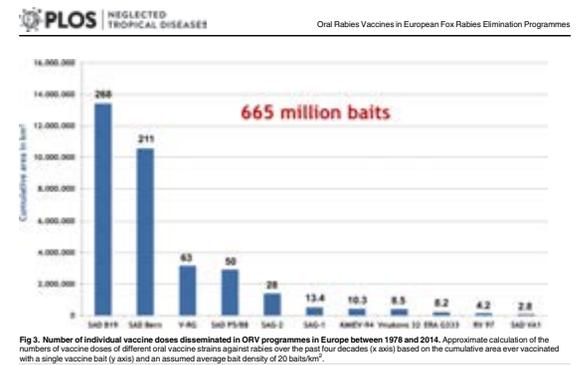
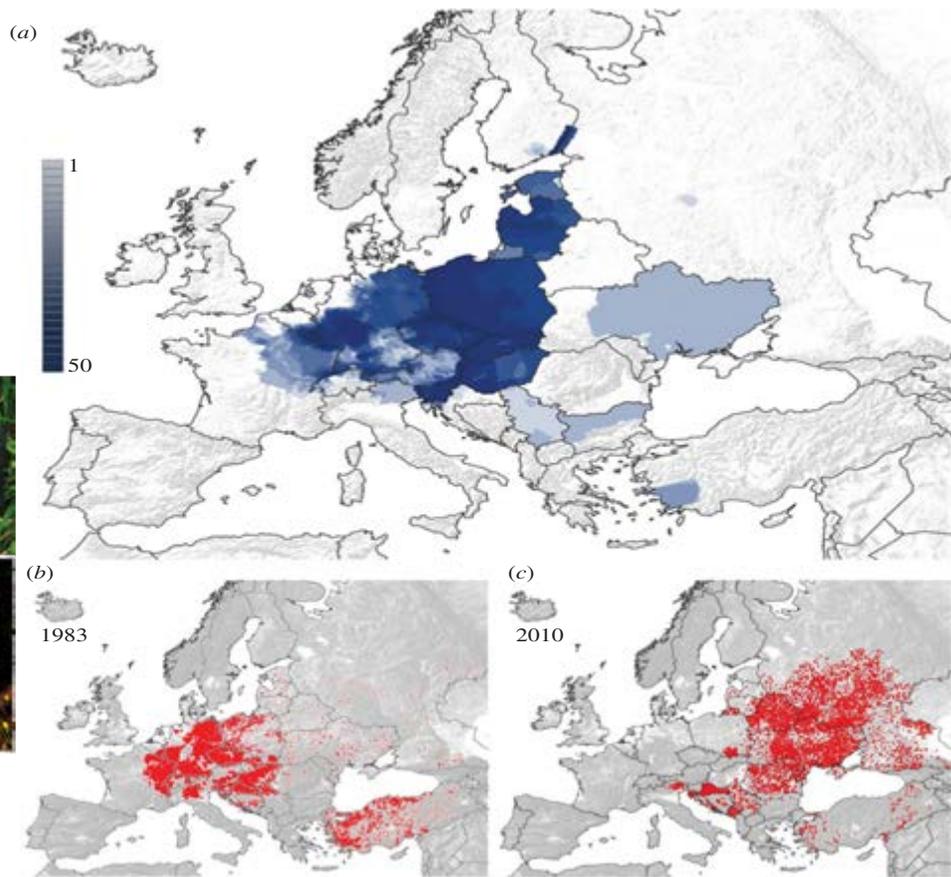


Figure 2. ORV effort and rabies cases. (a) Spatial extent of ORV area and the total number of ORV campaigns conducted in each country between 1978 and 2010. Reported rabies cases in (b) 1983 and (c) 2010.

Last four pandemics



Credit: US National Museum of Health and Medicine

1918

“Spanish Flu”

>40 million deaths

A(H1N1)

1957

“Asian Flu”

1-4 million deaths

A(H2N2)

1968

“Hong Kong Flu”

1-4million deaths

A(H3N2)

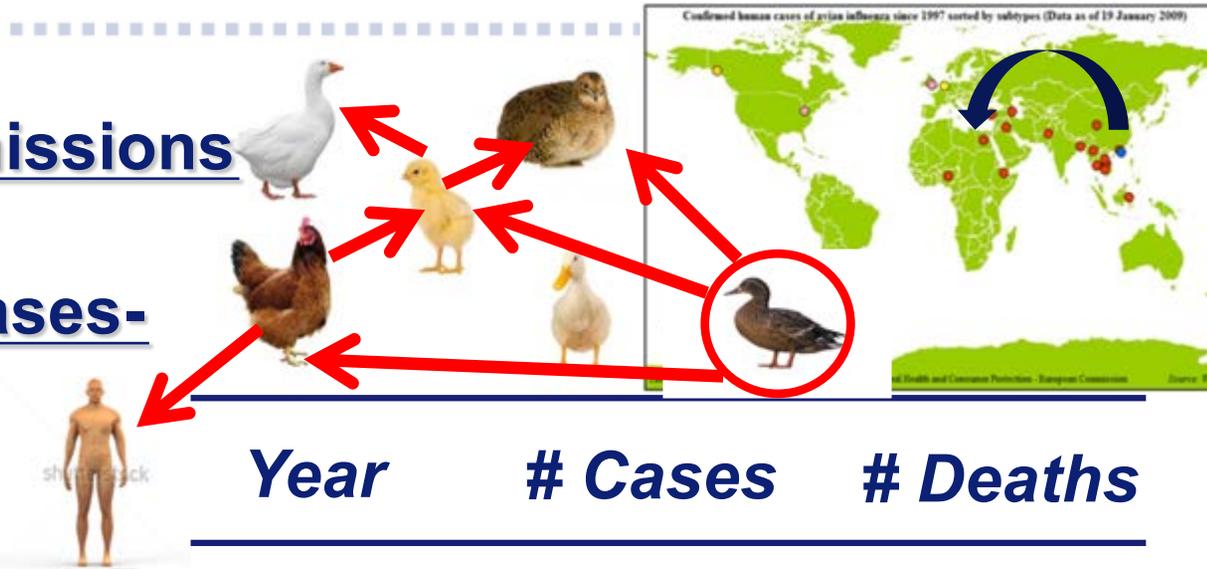
2009

“Mexican flu”

0.2-0.3 million deaths

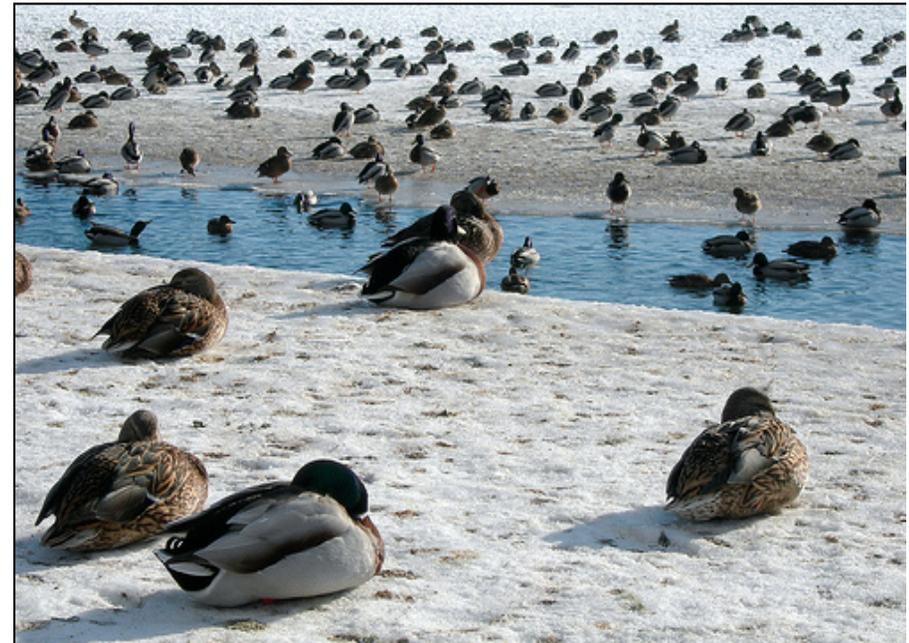
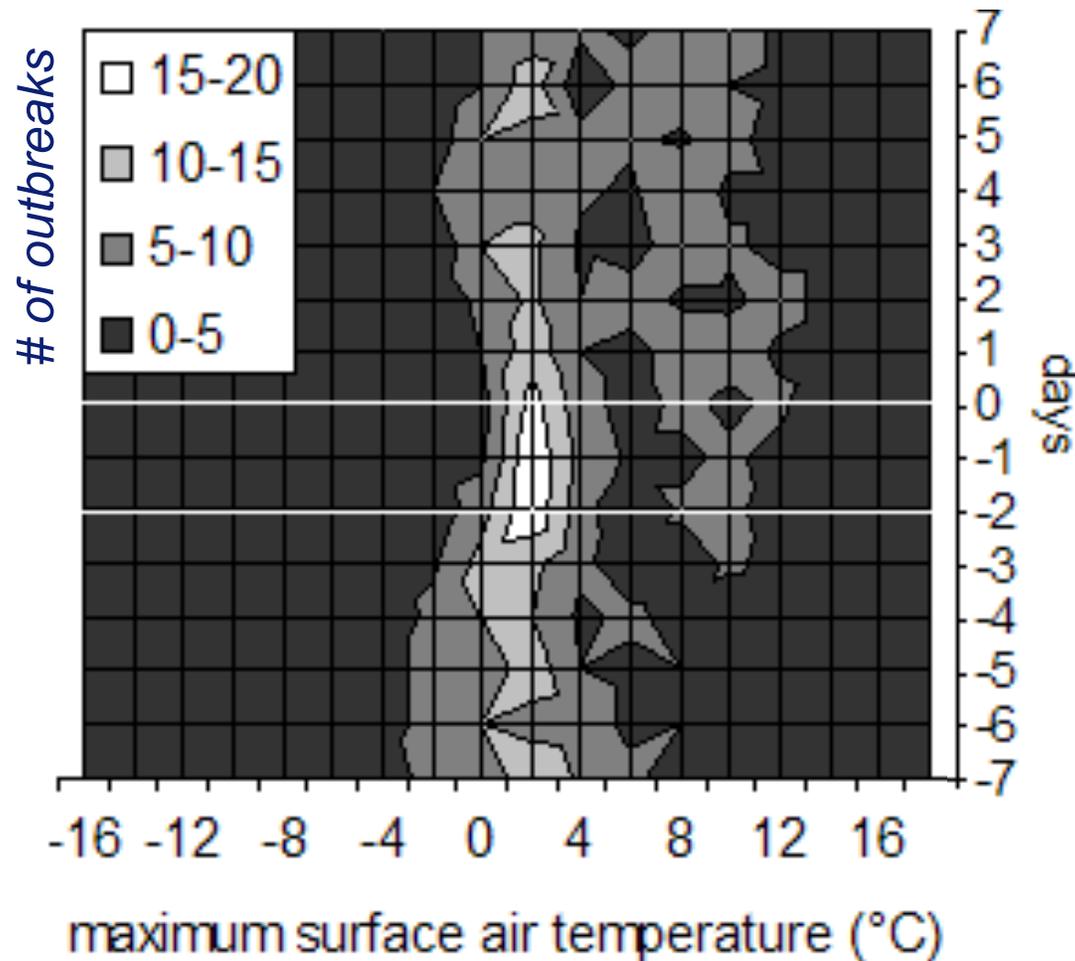
A(H1N1)

**Recent zoonotic transmissions
from birds
-confirmed human cases-**



<i>Subtype</i>	<i>Country</i>	<i>Year</i>	<i># Cases</i>	<i># Deaths</i>
<i>H7N7</i>	<i>UK</i>	<i>1996</i>	<i>1</i>	<i>0</i>
<i>H5N1</i>	<i>Hong Kong</i>	<i>1997</i>	<i>18</i>	<i>6</i>
<i>H9N2</i>	<i>SE-Asia</i>	<i>1999</i>	<i>>2</i>	<i>0</i>
<i>H5N1</i>	<i>Hong Kong</i>	<i>2003</i>	<i>2?</i>	<i>1</i>
<i>H7N7</i>	<i>Netherlands</i>	<i>2003</i>	<i>89</i>	<i>1</i>
<i>H7N2</i>	<i>USA</i>	<i>2003</i>	<i>1</i>	<i>0</i>
<i>H7N3</i>	<i>Canada</i>	<i>2004</i>	<i>2</i>	<i>0</i>
<i>H5N1</i>	<i>SE-Asia/M-East/ Europe/W-Africa</i>	<i>2003-18*</i>	<i>>840</i>	<i>>450</i>
			<i>*CFR ~ 55% (increasing)</i>	
<i>H7N9</i>	<i>PR China</i>	<i>2013-18</i>	<i>>1500</i>	<i>>600</i>
<i>H9, H10, H6..</i>	<i>Asia...</i>	<i>ongoing</i>	<i><5</i>	<i><5</i>

Most H5N1 outbreaks in European wild birds occurred where surface temperatures were just above freezing

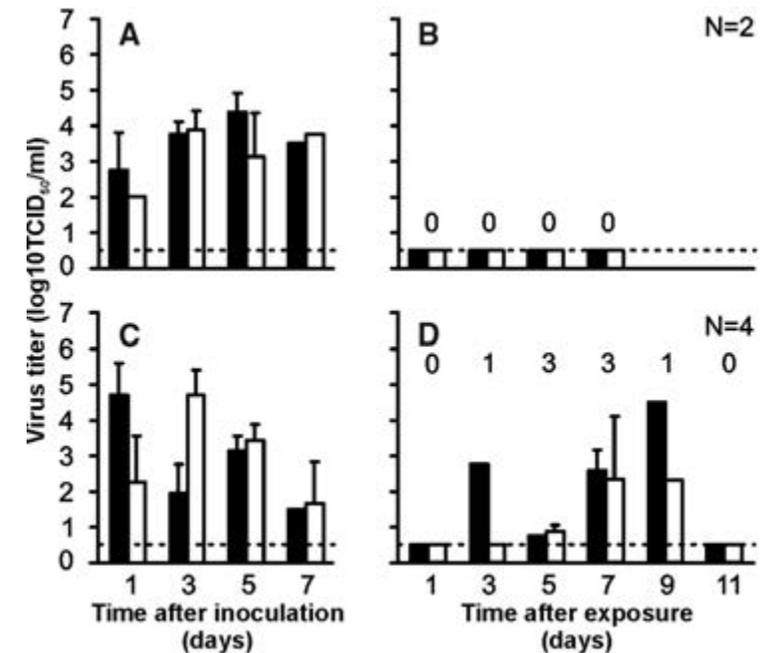
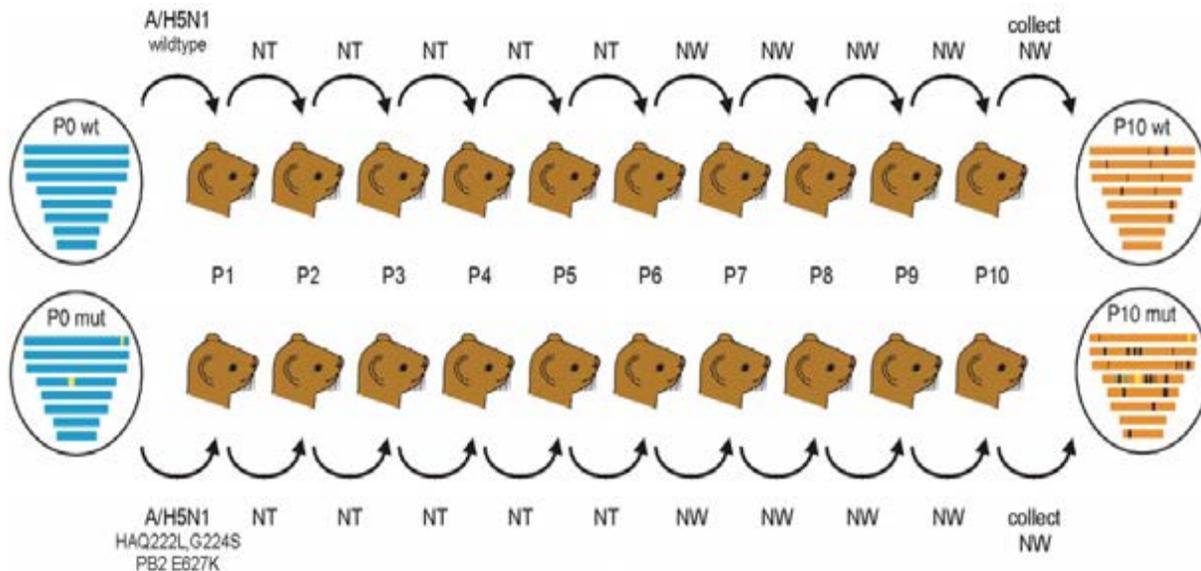


Reperant et al. 2010 PLoS Path.

Avian Influenza: Asia



HPAI H5N1 virus passaging in ferrets - toward transmissibility -



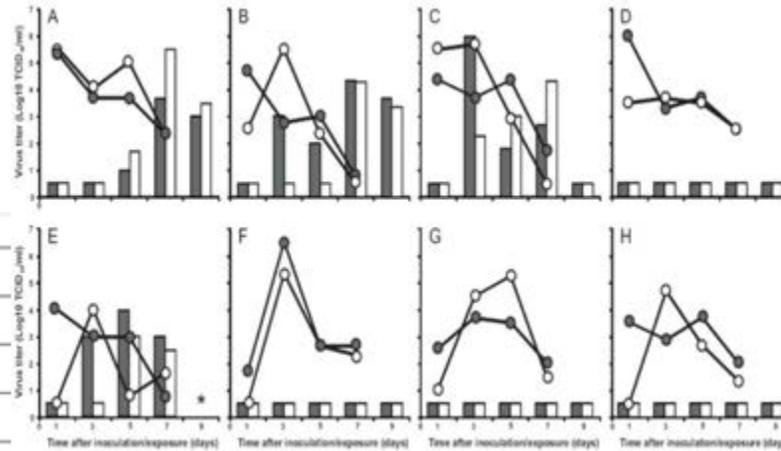
Five substitutions are sufficient for airborne transmission between ferrets



Munster et al., Science 2009
Herfst et al., Science 2012
Russel et al., Science 2012
Linster et al., Cell 2014

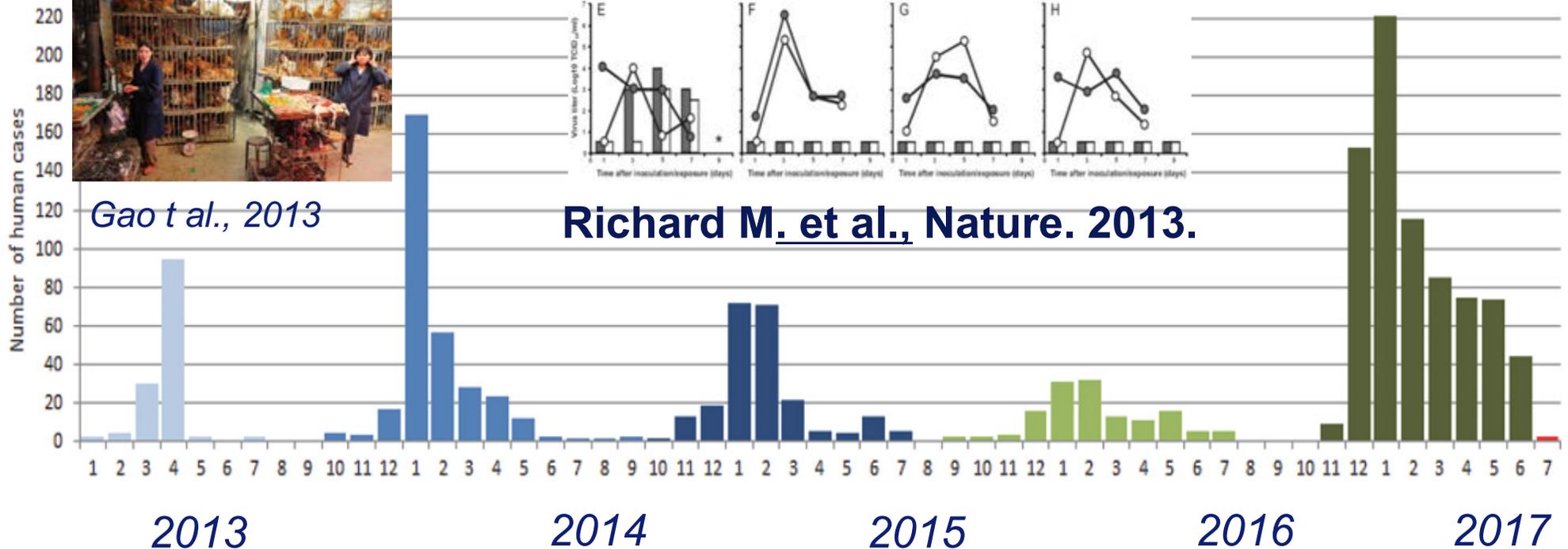
Low and highly pathogenic avian influenza A viruses H7N9

Laboratory confirmed: 1584
 Deaths: 612
 Recoveries: 972



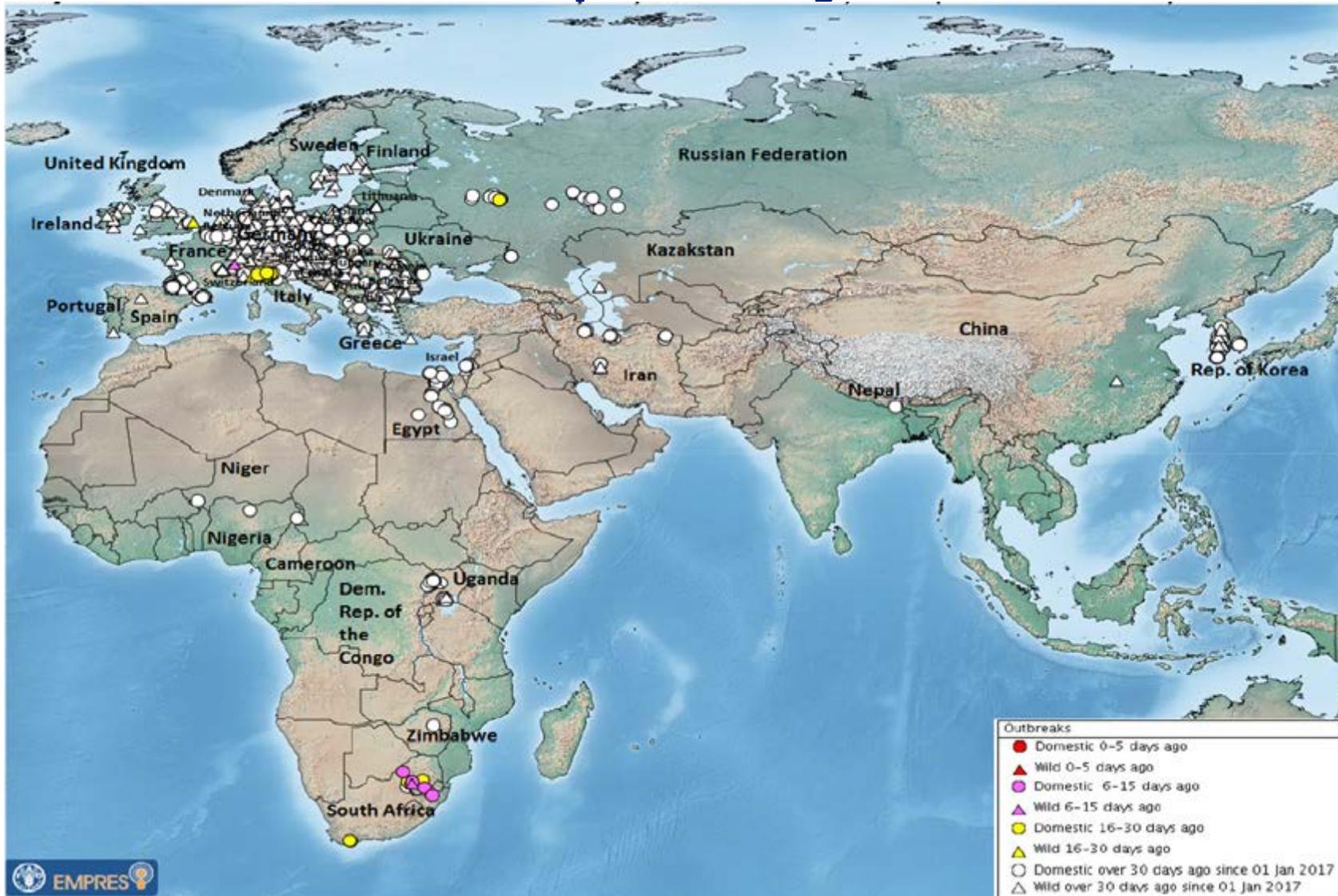
Gao *et al.*, 2013

Richard M. *et al.*, Nature. 2013.



Source: FAO, as of 23 Aug. 2017

Highly pathogenic avian influenza A virus in poultry/wild birds



H5N1
H5N2
H5N5
H5N6
H5N8
H7N3
H7N9

Source: FAO, as of 24 Aug. 2017

Crucial 'peace time' preparedness elements



Syndrome surveillance in humans & animals

Pathogen discovery / identification platforms for humans & animals

Diagnostics development and distribution platforms

Mathematical modeling capacity

Animal models capacity (BSL3/4)

Pathogenesis study platforms for new infections (transmission...!)

Preventive intervention platforms (societal, vaccination, antiviral)

Therapeutics discovery platforms (antivirals, antibiotics, BRM's...)

Communication strategies



International collaboration and coordination

- ❖ using all available technology (classical and novel!!!)
- ❖ are of key importance for their future control !!!

Crucial 'peace time' preparedness elements



Syndrome surveillance in humans & animals

Pathogen discovery / identification platforms for human

Diagnostics development and distribution plat

Mathematical modeling capacity

Animal models capacity (B

Pathogenesis studies (transmission...!)

Prevention strategies (societal, vaccination, antiviral)

Therapeutic interventions platforms (antivirals, antibiotics, BRM's...)

Communication strategies

Combatting emerging infections at the source in a One Health Approach



International collaboration and coordination

- ❖ using all available technology (classical and novel!!!)
- ❖ are of key importance for their future control !!!

Acknowledgements

Respiratory Viruses Erasmus MC and TiHo

R. Fouchier / M.Ludlow

Mol.Virology

W.Baumgärtner

Pathology

M. Koopmans

Epidemiology

C. Boucher / E. vd Vries

Antiviral research

A vd Eijk / P.Fraaij / Prof. E van Gorp

Clinical / Pediatrics

G. Rimmelzwaan / G.Verjans

Viro-Immunology

B. Haagmans

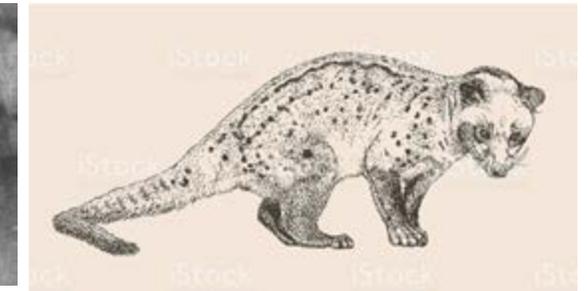
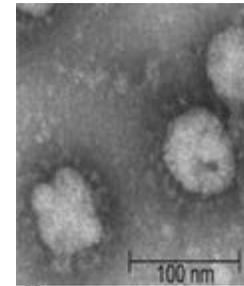
Virology

G. Rimmelzwaan

Vaccinology

K.Stittelaar / R.Bodewes / E vd Vries

Animal / discovery studies



SARS collaborations

Drosten C.

Bonn University Germany

Lim W

QM Hospital Hongkong

Peiris M

University of Hongkong

Guan Y

University of Hongkong

Tam JS

Hongkong Polytech. University

Rottier PJ

Utrecht University Netherlands

Rota PA

CDC Atlanta

Stöhr K

WHO Geneva

Tashiro M

NIC Tokyo

v.d. Werf S

Pasteur Paris

Zambon MC

PHE London



MERS and Flu collaborations

Drosten C.

Bonn University Germany

Farag E

Supreme Health Council Qatar

Bosch BJ

Utrecht University Netherlands

Sutter G

Max. Univ. München Germany

Segalis Q

CRESA Barcelona Spain

Zambon MC

PHE London

Neubert A

IDT



Acknowledgements



EU

NOVAFLU
NEWFLUBIRD

EMPERIE
ANTIGONE
FLUNIVAC
PREPARE
COMPARE
ERC FLUPAN
ADITEC
FLUPIG
ARCAS
IMI-ZAPI

NIH-NIAID

CEIRS



National (NL/DE)

Ministerie LNV / ELI
NWO: VIRGO* / FES* / COMEIN
DFG: N-RENNT / VECTORS
VolkswagenStiftung: FLAPchips
BMBF: TBENAGER
von Humboldtstiftung



6th world
ne
health
CONGRESS

See you
in *Edinburgh*,
Scotland, UK!

www.worldonehealthcongress.com #WOHC2020

SAVE THE DATE

14-18 June 2020



Edinburgh