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In This Issue

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Our network is constantly building its capacity. We had some training on OpenClinica last March. What were covered in the training and how did it go? Find it here.

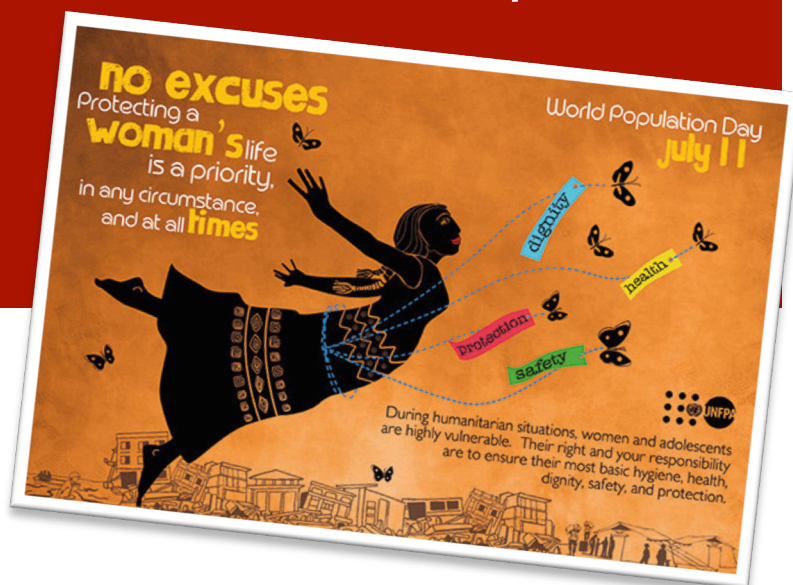
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We are featuring our Steering Committee member from site 580, Dr. Abu Tholib Aman, Msc, PhD. Find out more about him from the interview our Research Assistants had with him.



Newsletter

July 2015



World Population Day 2015: Vulnerable Populations in Emergencies

The world population reached 7 billion people in 2011 (an increase from 2.5 billion in 1950), and with even greater number now, it poses great implications for development, urbanization, and access to health services. World Population Day is a day to focus our attention on the urgency and importance of population issues in the context of overall development plans and programs and the need to find solutions for these issues. The theme of this year's World Population Day is Vulnerable Populations in Emergencies. We are covering an article on how more people and population density may cause easier outbreak of infectious disease. How exactly this phenomena is happening?

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World Hepatitis Day 2015

WHO and World Hepatitis Alliance have announced the theme for this year's Hepatitis Day: the prevention of viral hepatitis. With 400 million people living with hepatitis B and C worldwide, what can we do to prevent the transmission of this virus especially in Indonesia?

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Report: OpenClinica Central User Training

By Ms. Kanti Laras



**“KEEP IMPROVING.
BE BETTER THAN
NOW”**

– Kanti Laras

OpenClinica is an open-source software for electronic data capture and clinical data management. Our network uses the software to manage study data collected from sites.

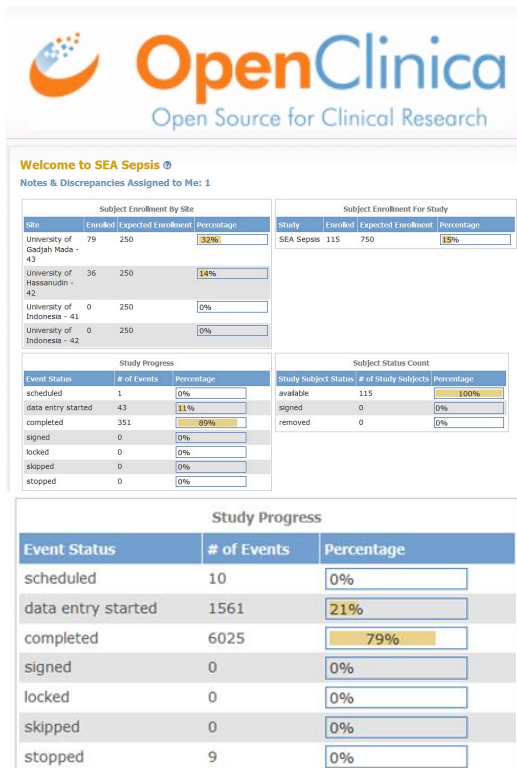
To improve user's proficiency in using OpenClinica, dr. M. Karyana (Chair of INA-RESPOND Steering Committee), Ms. Kanti Laras (Data Manager, INA-RESPOND Secretariat), and dr. Armedy Hasugian (NIHRD researcher) attended the OpenClinica Central User Training on 17-20 March 2015 in Waltham, MA.

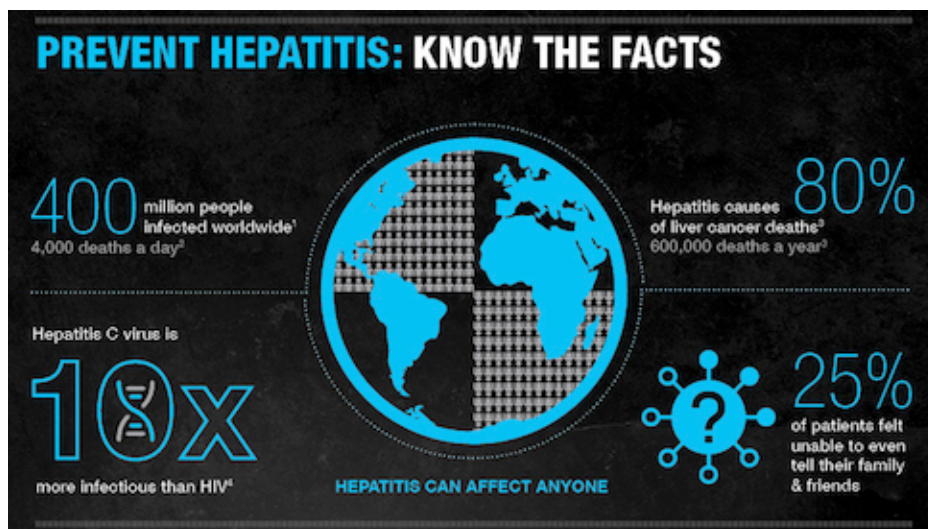
The training is intended for all users who do not work for a site, such as data managers, project managers, CRAs, and biostatisticians. Topics covered in the training include setting up studies, creating eCRFs, data entry/ import, data extraction, query management, and best practices related to advanced eCRF layouts, rules, and validations. The training also gave an excellent opportunity to learn directly from the developers of OpenClinica and to share experience and ideas with other users.

A week after the training, Ms. Kanti and dr. Armedy met the Social and Scientific Systems, Inc.'s Data Management team members (Ms. Dana Dooley, Ms. Christina Harris, Mr. Trent Wallace, and Mr. Mark Ziegler), who are currently supporting INA-RESPOND Data Management activities from remote, at Silver Spring, Maryland.

The focus of the meeting is on OpenClinica hands-on training and discussion. The topics covered include Quality Assurance for database lock, Standard of Procedures, Medical Coding, and Trial Master File structure guidance.

Applying what have been learnt during these trainings, it is hoped that INA RESPOND's data management department can better support PIs and INA-RESPOND researchers by providing comprehensive assistance in terms of preparing efficient and user-friendly CRF, collecting data from sites, and analyzing data for publication. Hopefully, INA-RESPOND will have a robust and independent data management system in the future.





Hepatitis Day as a Catalyst to Enhance Hepatitis Control in Indonesia

By
Dr. Armaji

Hepatitis day, celebrated on 28 July, is one of the four official disease-specific world health days. This event is established in 2010 by the World Health Organization to remind people across the globe that hepatitis can be prevented. We can prevent thousands of deaths every year by involving in preventive actions.

This year's world hepatitis day can serve as a catalyst to enhance hepatitis control in Indonesia. The Ministry of Health of Republic Indonesia plays a central role in preventing hepatitis in Indonesia. The role comprises wide area of responsibilities from making policy guidelines to providing evaluation and monitoring. Furthermore, other responsibilities include providing the stock and distributing them to the area in need, disseminating information to the relevant agencies at central and local levels, building networks, and conducting studies regarding hepatitis control.

Provincial department of health is responsible in the implementation of hepatitis control in provincial level. This department disseminates information, builds networks, and recapitulates the records and reports in the province. This department also oversees the logistic management and hepatitis control in districts that are affiliated with it.

District department of health is the implementer of the hepatitis control in district area. It also coaches health service unit under its affiliation to promote the performance in controlling hepatitis. It also ensures the provision, storage, and distribution of hepatitis logistic in its region.

(continued)

TAKE ACTION:

GET VACCINATED

Hepatitis B is vaccine preventable

GET TESTED

Testing is quick, simple, and painless

GET TREATED

New hepatitis C treatments cure 90 – 95% of patients

Hepatitis B cannot be cured, but it can be treated





Globally, up to 40% of injections are still being given with re-used injecting equipment. Always demand safe practice and sterile equipment – don't risk getting needlessly exposed.

Health services unit that consists of *puskesmas*/ health care units, hospitals, and private clinics follows the regulation made by the government. In controlling hepatitis, *puskesmas* as a primary unit of health services contributes in promotive, preventive, and curative role. It has a program of delivering knowledge to people in its region, empowering the community, giving hepatitis B immunization to infant, providing outpatient service, referring to hospital if necessary, and reporting the controlling program to the government.

Hospitals are the referral health service units equipped with proper laboratory to diagnose hepatitis. Hospitals in the provincial region are expected to diagnose, treat, rehabilitate, and support hepatitis patients. Generally, private clinics have the same concept as *puskesmas*. They are able to refer patients and specimens to the nearest *puskesmas* or hospital which has sufficient facility.

Related organization of profession is expected to be involved in the whole process of hepatitis control. This process starts from risk factor control, epidemiologic surveillance, patients finding and management, promotion of immunization and communication, information and education especially in study which can be implemented in hepatitis control.

Independent society organizations and other community organizations which are committed to hepatitis control are expected to be involved in socializing and empowering the community to care and take a role in supporting hepatitis control effort.

Universities and academic institutions are expected to support the hepatitis control program by doing research and scientific seminars to improve the knowledge of health officers and communities so that they can actively participate in hepatitis control.

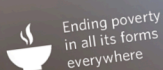
Effective collaboration of all stakeholders is a must, and maximum efforts is needed. On 28 July, Indonesia will commemorate the fifth hepatitis day. The Ministry of Health along with all stakeholders will work even harder to promote Indonesia health status.

Source:

<http://worldhepatitisday.org/>

Buku Pedoman Pengendalian Hepatitis Virus, MoH RI, 2013

Young people are central to the next generation of sustainable development goals, but especially those aimed at:



Ending poverty in all its forms everywhere



Ensuring healthy lives and promoting well-being for all



Realizing inclusive, equitable and quality primary and secondary education



Achieving inclusive and sustainable economic growth, full and productive employment and decent work for all



World Population Growth and Infectious Disease Number

11 July is acknowledged as the World Population Day. This is the day when people in the world observe the issues concerning global population, including gender equality, family planning, poverty, human rights, and diseases. We are going to focus on the last part, mainly on infectious disease.

It seems the idiom "the more the merrier" cannot be used in terms of population and infectious disease. In general, more people and population density may cause easier outspread of infectious disease. How exactly this phenomena is happening?

1. Zoonotic era

The agriculture was the one that started the disease chain. Why is that? When human started to grow their own food, they dwell and form communities. Infectious diseases were able to spread and grow in stable human populations. Then come the zoonotic era, people raised livestock and kept pets around them. Starting from this era until the last 25 to 35 years, this condition set a new world which 75% of

major infectious diseases were zoonotic.

This is a perfect microbial storm. The winners here are the ecological gymnasts: the microbes that change, move, and cross species lines and acquire resistance.

2. Population trends and the food revolution

Did you know that every 2 seconds a baby is born? This is a prime mover behind the need of food and proper monitoring of its production. The demand to feed nearly 7 billion people is shifting the production of food from industrialized countries to developing countries. It may impose a bit much of a burden in terms of infrastructure to counter zoonotic and foodborne

disease especially in developing countries. The shift from rural farming to urban farming is also a concern as people move livestock to the edge or even to the middle of urban areas. As a consequence, infectious

Monday, 6th July 2015, 12:00:00 ICT, Jakarta, Indonesia.

Current World Population

7,326,609,725

[view all people on 1 page >](#)

TODAY	THIS YEAR
Births today 190,591	Births this year 71,036,949
Deaths today 78,640	Deaths this year 29,310,698
Population Growth today 111,951	Population Growth this year 41,726,252

TOP 20 LARGEST COUNTRIES BY POPULATION (LIVE)		
1	China	1,402,157,187
2	India	1,283,051,355
3	United States	325,168,504
4	Indonesia	255,832,432
5	Brazil	203,741,277
6	Pakistan	188,212,023
7	Nigeria	183,623,013
8	Bangladesh	160,478,944
9	Russia	142,097,831
10	Japan	126,854,343
11	Mexico	125,302,952
12	Philippines	101,851,512
13	Ethiopia	99,005,130
14	Vietnam	93,435,808
15	Egypt	84,756,313
16	Germany	82,576,992
17	Iran	79,520,299
18	Turkey	76,764,236
19	Congo	71,281,951
20	Thailand	67,438,880



Figure 1 Originally a 6m x 2m commission by the Wellcome Collection as a companion piece to the London exhibition: 'Death: A Self-Portrait – The Richard Harris Collection' (Nov 2012). Source: WHO Mortality Report and app, WHO Global Burden of Disease, ORCD mortality stats, BMJ.

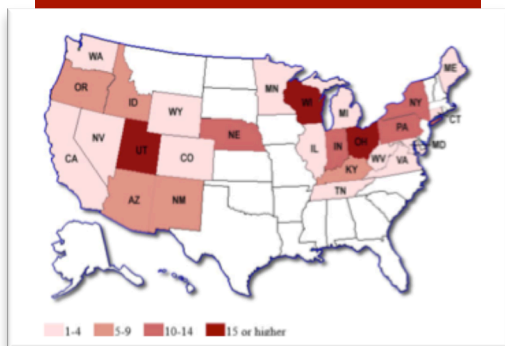


Figure 2 Multistate Outbreak of E. coli O157:H7 Infections Linked to Fresh Spinach on 2006. Source: cdc.gov

and zoonotic disease will be harder to control.

When the population grows, the increased demand to produce more food, especially demand for animal protein, will be massive. A current prediction is that there will be a 50% increase globally for animal protein by the year 2020.

Understanding how societal changes and the changes in animal and how their environment effects microbes is important for initiating measures for safe food supplies. The impact of mega agricultural production on populations must also be considered. A small error in a large scale can mean big problems. In 2006, an apparent outbreak of E.coli O157:H7 linked to the consumption of bagged spinach proved this. The investigators were able to match environmental samples of E.coli O157:H7 from one field to the strain that had caused the outbreak. Potential environmental risk factors for E.coli O157:H7 contamination at or near the field included the presence of wild pigs, the proximity of irrigation wells used to grow produce for ready-to-eat packaging, and surface waterways exposed to feces from cattle and wildlife.

3. Technology

With advance technology and industry, microbes can spread to populations in less time. A Boeing 747 airplane is just like giant Petri dish with 500 people in it. Over 8.8 million international and domestic arrivals [data.worldbank.com] occurred in airports in Indonesia alone, which mean a chance for microbes to go worldwide. Of course, only microbes that are changing, adapting, and acquiring resistance can survive and multiply.

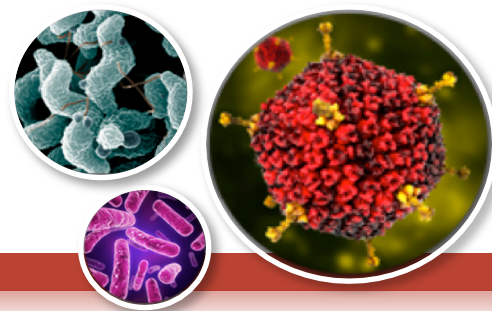
Source:

Ellis, KH. Population growth drives infectious disease rate upward.

www.healio.com.

Infectious Disease News, August 2007.

Latest News: A Glance of Research Progress in the World



A Single Sample is Enough to Detect 11 Pathogens for Infectious Gastroenteritis Cases

Tests such as the xTAG GPP that can detect viruses, bacteria, and parasites from one sample at the same time can help clinicians identify and treat what is causing gastroenteritis more quickly. The U.S. Food and Drug Administration allowed marketing for the xTAG Gastrointestinal Pathogen Panel (GPP), the first test manufactured by Luminex that can simultaneously detect 11 pathogens of infectious gastroenteritis from a single patient's sample. ^h

The xTAG Gastrointestinal Pathogen Panel (GPP), a multiplexed nucleic acid test, detects the following causes of gastroenteritis:

Bacteria: *Campylobacter*, *Clostridium difficile* (C. difficile) toxin A/B, *Escherichia coli* (E. coli) O157, Enterotoxigenic *Escherichia coli* (ETEC) LT/ST, *Salmonella*, *Shigella*, and Shiga-like Toxin producing E. coli (STEC) stx 1/stx 2

Virus: Norovirus and Rotavirus A

Parasite: *Cryptosporidium* and *Giardia*

The approval was based on a result of incorporating data of 1407 adult patients, 313 pediatric patients with suspected infectious gastroenteritis, and 203 patients with confirmed gastroenteritis. The xTAG GPP performed comparably to individual tests, but additional testing is necessary for all positive results.

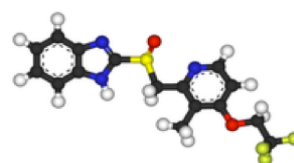
The test could also be useful in the time when outbreak

occurs. Clinicians and public health professionals are able to identify and investigate more quickly the potential causes of the gastroenteritis outbreak.

Source: www.fda.gov

Might A Drug in Your Medicine Chest Treat TB and MDR-TB?

If you have a chronic gastric problem, then you must be familiar with lansoprazole (LPZ), a proton pump inhibitor that is faster and



Lansoprazole

more effective than omeprazole to relieve heart burn symptoms. This drug, which you may have in your medicine chest, surprisingly is also effective against *M. tuberculosis*.

LPZ was first identified as a candidate treatment against *Mycobacterium tuberculosis* by an automated drug discovery platform. This finding was followed by ex vivo experiment of LPZ in cultured lung cells infected with *M. tuberculosis*. The cytoplasm in human cells converts LPZ to LPZ sulfide. This metabolite targets a particular enzyme (cytochrome bc1 complex) of TB and MDR-TB that is crucial for the bacterium to produce energy, thereby killing it off. Further, researchers also found that LPZ is highly selective for *M. tuberculosis*.

Although clinical trials must be conducted to prove what researchers found, ex vivo shows similar responses in vivo. This finding is a breakthrough not only because LPZ is both safe and easily available around the world but also *Mycobacterium tuberculosis* causes approximately 1.5 million deaths and almost nine million new infections every year.

Further reading: Richter, JE, 2001, *Journal of Gastroenterology*. Rybníček, 2015:

<http://www.nature.com/ncomms/2015/150709/ncomms8659/full/ncomms8659.html>

xTAG GPP, Simultaneously detect and identify multiple bacterial, viral, and parasitic pathogens... in a single test

INA-RESPOND

Study Updates

By dr. Anandika Pawitri,
dr. Nurhayati



AFIRE Study (INA101) Updates

AFIRE (INA101) study has been going for 2 years and will recruit a total of 1,600 subjects from 8 sites. Up to 5 July 2015, we had had 3,567 screened patients and 1,069 of them were enrolled (609 adults and 460 children). Two sites (560 and 510) have enrolled more than 200 subjects. We are currently 67% from the expected 1,600 subjects. Sites need to enroll 531 more subjects to complete the study.

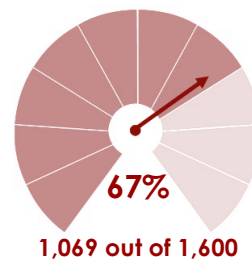
Detailed screening and enrollment progress is available in portal folder: Studies\INA101\Screening progress.pdf or go to the following link:

<https://ina-respond.s-3.com/EdmFile/getfile/797233>

For further information about this study please go to:

<http://www.ina-respond.net/afire-study/>

Site Number/ City*	Screened Patients	Enrolled Subject		
		Adult	Child	Total
510 – Jakarta	329	114	96	210
520 – Denpasar	1,017	118	46	164
530 – Jakarta	142	17	10	27
540 – Jakarta	115	10	26	36
550 – Makassar	289	98	32	130
560 – Semarang	513	108	103	211
570 – Surabaya	487	92	75	167
580 – Yogyakarta	675	53	71	124



*510 – RSUP dr Hasan Sadikin
520 – RSUP Sanglah
530 – RSUPN dr Cipto Mangunkusumo
540 – RSPI Prof Dr Sulianti Saroso
550 – RSUP dr Wahidin Sudirohusodo
560 – RSUP dr Kariadi

Screening and Enrollment Progress up to 5 July 2015

Sepsis Study (SEA050) Updates

Site 41/RS Cipto Mangunkusumo, Jakarta – We have obtained the ethical clearance for Site 41, and we have also conducted the Site Preparation Visit (SPV). Currently, we are waiting for the Hospital Permission Letter from the Hospital Director. Hopefully, the site can start screening in the next 2 weeks.

Adjustment is made to enrollment target for Indonesia's sites. Site 41, 42, and 43 will enroll 30, 50, and 50 subjects respectively. Site 41 is enrolling fewer subjects (30 subjects: 15 adults and 15 pediatric patients) because it is activated last. This enrollment target is not binding. Sites are welcome to enroll more than what they are expected before the end of the enrollment period, the end of December 2015, when sites from Indonesia, Thailand, and Viet Nam have to terminate the screening and enrollment process. Let's hope for the best!

Screening and Enrollment Progress up to 5 July 2015

	Site 42 – RS dr. Wahidin Sudirohusodo		Site 43 – RS Sardjito	
Number of Screened Patients	Adult : 23	Pediatric : 23	Adult : 23	Pediatric : 23
	Total : 46		Total : 46	
Number of Screened Patients	Adult : 23	Pediatric : 23	Adult : 23	Pediatric : 23
	Total : 46		Total : 46	
Number of Screened Patients	Adult : 23	Pediatric : 23	Adult : 23	Pediatric : 23
	Total : 46		Total : 46	
Number of days after enrollment up to 8 July 2015	133 days (activation date: 26 February 2015)		77 days (activation date: 23 April 2015)	

Profile:

Insight to The Network's Steering Committee Members

By dr. Yuli Marwati, dr Yan Mardian

Yogyakarta – This month, we have the chance to know better our network Steering Committee (SC) member from Yogyakarta, Dr Abu Tholib Aman, MSc, PhD.

Dr. Tholib is a Medical Doctor and a former Vice Dean for Post Graduate and Research. He got his Medical degree from Faculty of Medicine, *Universitas Gadjah Mada (UGM)*, his MSc from the University of Ottawa, Ontario, Canada, and his PhD from University of Bristol, United Kingdom with a scholarship from International Institute of Biotechnology.

He has been interested in microbiology and infectious diseases since he was a medical student. Soon after returning from UK, he got a scholarship to study Clinical Microbiology at University of Innsbruck, Innsbruck, Austria. Not long after returning from Austria, he was awarded a specialist in Clinical Microbiology by the Colleges of the Indonesian Society for Clinical Microbiology in 2002. He also received some scholarships to study the implementation of clinical microbiology for the patient's management at University Hospital in Rotterdam,

the Netherlands and the University Medical Center Göttingen, Germany.

His involvement in multi-center research started soon after he got his PhD. In 2002-2005, he was responsible for laboratory detection of rotavirus from patient with diarrhea and also for determining the serotype of the rotavirus isolates in the Asian Rotavirus Surveillance Network. The surveillance involved many countries in Asia and was supported, among others, by the U.S.A and Bill Gate foundation. Since rotavirus serotyping had never been conducted in Indonesia, he was sent to CDC in Atlanta, Georgia to conduct the first serotyping using molecular method (genotyping by RT-PCR).

“All roads to success have to pass through hard work boulevard at some point”

Afterward, he continued his involvement in rotavirus research, especially in the Indonesia Rotavirus Surveillance Network, and now he is a consultant for the current clinical trial of rotavirus vaccine in Indonesia.

Dr Tholib is also involved in a number of research projects. One of them is the development of vaccine for tuberculosis. Faculty of Medicine UGM is one of members of tuberculosis vaccine Consortium with the main purpose of developing vaccine against tuberculosis; hence he is the PI for Yogyakarta site.

Dr. Tholib's numerous experiences in managing research delivered him to be the Head of Research and Community Services unit at the Faculty of Medicine, UGM from 2005 to 2009. He was also the Head of the Microbiology Department for two periods (2003-2009). He was appointed as the Vice Dean for Research, Postgraduate and Collaboration, Faculty of Medicine in 2008.





**Dr. Tholib Aman at
SEAICRN Executive
Committee meeting with
Prof. Dr. Jeremy Farrar and
Prof. Dr. Pratiwi**

Between his tight schedules, he is able to allocate some of his time for several organizations. He served as the Head of Indonesian Society for microbiology (*PERMI*), Yogyakarta Chapter for two periods (2002-2005 and 2005-2008), and a member of the Executive Committee of *PERMI* (2005-2008). His involvement in organizations expand to the Indonesia Society for Clinical Microbiology (*PAMKI*), where he serves as the Chair of Yogyakarta Chapter and as a member of the Executive Committee of *PAMKI* (2009-Now), responsible for foreign collaboration.

Dr. Tholib was really excited and enthusiastic when INA-RESPOND was established. He joined INA-RESPOND when he was the Vice Dean of Gadjah Mada University, and his commitment for the network continues unabated. He is fully aware that INA-RESPOND as a research network will provide a lot of capacity building opportunities to improve the quality of research (facilities as well as the human resource) and increase the number of research conducted at the Faculty of Medicine UGM- Sardjito Hospital in Yogyakarta and other hospitals throughout Indonesia.

AFIRE study, which started around two years ago as the first INA-RESPOND research, involves several clinical specialists, ranging from Internists and Pediatricians to Clinical Microbiologists and Clinical Pathologists. This setup poses

some challenges in management and coordination. In respect of the implementation of new values, the quality of research being conducted now is supervised in a slightly different way from other multicenter, multi-country study that he has had before, making management and coordination especially good communication a crucial factor in making a study successful. Moreover, since the emphasis is more on clinic, the involvement of Institutional Review Board (IRB) is very important.

The experience in managing AFIRE study is invaluable for Sardjito hospital and the Faculty of Medicine, UGM, as well as for Dr. Tholib as a researcher. Dr. Tholib realizes that INA-RESPOND will give benefits not only to science itself but also to every party involved. That is why he is really committed to making the network and all its studies a success.

It is Dr. Tholib's hope that all INA-RESPOND's current studies conducted at sites will run smoothly, and that in the future, more and more studies will be conducted at RS Sardjito, Yogyakarta. He emphasizes that there are vast potential resources for clinical research in Yogyakarta as well as in other part of Indonesia.

A Farewell Letter

Dear All,

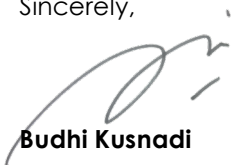
I write this letter with mixed emotions, as this has been one of the most difficult decisions I've made. After seventeen months, at the end of this month I will say goodbye to all of you, the Secretariat and all site team members, and move to Surabaya to pursue my passion. I have always received support and encouragement from you, and always learnt something.

I will always cherish this phase of my career as a Finance and Procurement Specialist, as I have gained lot of knowledge from it and the work experience with all of you has been very satisfying. I pray that the team remains solid and everyone keeps strong when going through some of the rough patches.

I have shared a special bond with all of you and have beautiful memories of the time spent together. I would be more than happy if I can be of help to you or if you wish to visit me in Surabaya or my hometown, Malang.

You can contact me at my old mobile number. I wish all of you the very best in both your personal and professional endeavors.

Sincerely,



Budhi Kusnadi



INA-RESPOND Secretariat @2015

They say employees are the real assets of a company. We never truly realized the meaning behind the phrase until the day you let us know about your resignation.

The Secretariat is going to be handicapped without you, who were always willing to extend your helping hand. Working with you was a bliss to all of us. You may have been lucky to get your new job, but we think your company is much luckier to get you as a new employee. May you find success with your new job. Best of luck to you!

M. Karyana

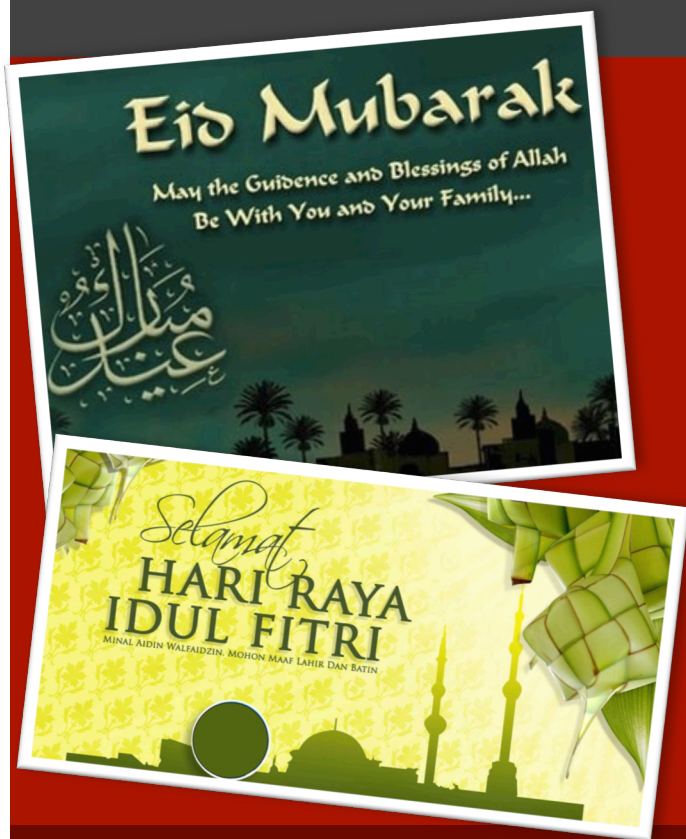


You've been great. Working with you was a pleasure. We will miss you. Wish you achieved whatever you have set out to do. Good luck and Godspeed! All the very best for your new venture! Farewell.

Meity Siahaan &
Yayu Nuzulurrahmah



Finance & Admin Team 2014 – 2015



SELAMAT HARI RAYA IDUL FITRI

In every shared smiles and laughter
 In every prayer answered
 In every opportunity that comes your way
 May Allah bless you greatly and keep your
 heart and home happy and joyous!

Minal Aidin Walfaidzin
 Mohon Maaf Lahir Batin

INA-RESPOND Newsletter

Advisors
 Art & Language
 Columnists

Thanks to
 Disclaimer

: dr. M. Karyana, dr. Herman Kosasih
 : Dedy Hidayat S, S.Kom
 : dr. Anandika Pawitri, dr. Armaji, Ms. Kanti Laras,
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