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In This Issue

2 The INA-RESPOND Network is going to hold a Mini Symposium next month. Contact us at The Secretariat to find out more about this event and secure your seats. We look forward to seeing you there!

3 The TRIPOD study is going to have its first Interim Analysis meeting this month. For more information and updates on the study, go to the Study Updates section on page 3 or contact us at the INA-RESPOND Secretariat, Jakarta.



Seoul Virus, a “New” Korean Wave Worldwide

In the last decade, Korea has been sending waves after waves of their cultures across the world. An example of this is the Gangnam style dance which became really popular worldwide in 2012. You've probably also heard the name Super Junior (SuJu), Girls' Generation, or Big Bang – the three most famous Korean pop (K-pop) icons. In addition to the dance and artists, Korea has also started to become famous for its Korean dramas, TV shows, fashions, and games.

Among the many positive waves, unfortunately, there is also another, unfavorable wave... the Korean wave of infectious disease caused by the Seoul virus (SEOV), a member of the Hantavirus family of rodent-borne viruses which can cause Hantavirus hemorrhagic fever with renal syndrome. Read more about it on this month's edition.

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Self-Plagiarism – The Scientists' Taboo Word

Most of us probably know what plagiarism is. But, have you heard the term self-plagiarism? How is that possible and how does it work? Find out about it in this edition!

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Save The Date

Important Events & Meetings

10 July INA-RESPOND Meeting on NIHRD Decree @NIHRD, Jakarta

21-22 July TRIPOD Interim Analysis Meeting

2-3 August NSC Meeting & Symposium @JW Marriot



Announcement

The TRIPOD Interim Analysis meeting is coming up real soon. We are currently preparing for this important meeting, where we will analyze the progress, issues, and challenges related to the study. Important decisions will definitely be made in this meeting to make the study go farther.

In addition to this meeting, we are all excited for the upcoming INA-RESPOND Network Steering Committee Meeting and Mini Symposium, which will be held on 2 – 3 August 2017, respectively. We look forward to seeing all invitees in the events.

July Birthday

2 Jul	dr AAA. Yuli Gayatri	INA101 Co-PI Site 520
5 Jul	dr Ida Bagus Supta	INA101 Site PI Site 520
7 Jul	Ms. Sri Rejeki	INA101 Nurse Site 570
11 Jul	Ms. Dwi Sri Winarti	INA102 Lab Tech Site 580
12 Jul	Ms. Evi Hindawati	INA101 Lab Tech Site 540
13 Jul	dr Suratno Lulut Ratnoglik	INA102 RA Site 530
31 Jul	Prof. Dr. Pratiwi Sudarmono	SC Member at Site 530
31 Jul	dr. Yuli Mawarti	INA102 RA Site 580



symposium



INA-RESPOND Study Updates

By:
Ms. Maria Intan Josi

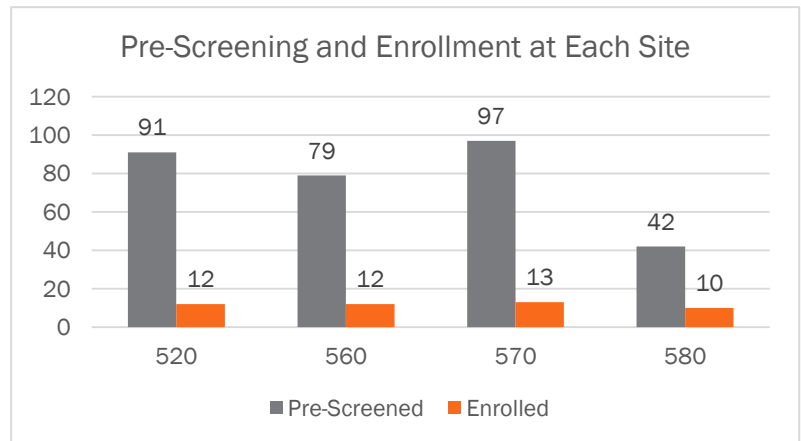
TRIPOD (INA102) Updates

Screening & Enrollment

By the end of June 2017, site teams had enrolled 47 subjects. Site 570 – RSUD dr Soetomo, Surabaya is currently the top recruiter with 13 subjects. Enrollment progress up to 2 July 2017 can be seen in the graphic on the right.

Interim Analysis Meeting

It has been almost 6 months since the first TRIPOD site, RS Sanglah, Denpasar was activated in February 2017. We have had several interesting findings and issues related to the study and decided it is a good time to hold an interim analysis meeting to give opportunities for site team members to share their findings and experiences, so we can make some decisions to improve our performance and the quality of our TRIPOD study.



*Site Number code:

520 – RSUP Sanglah, Denpasar
560 – RSUP dr Kariadi, Semarang

570 – RSUD dr Soetomo, Surabaya
580 – RSUP dr Sardjito, Yogyakarta

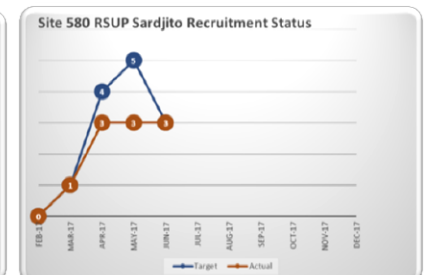
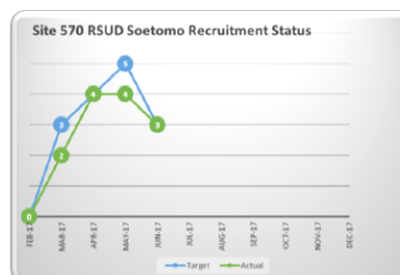
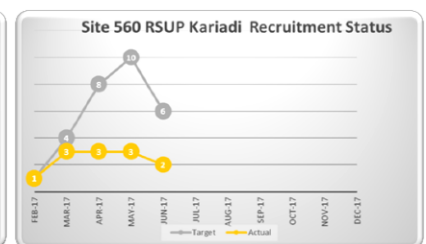
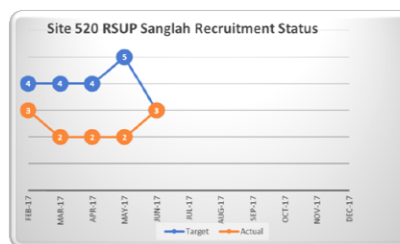
Interim analysis meeting will be held on 21 - 22 July 2017. Protocol PI, Site PIs/Co-PIs, and Research Assistants from all active sites are invited in the meeting. We are all looking forward to this meeting.

Enrolled Patients VS Recruitment Target

Like other studies, our TRIPOD study has enrollment targets, and sites are encouraged to meet this target. However, the first year of a study can be quite challenging as there are some uncalculated factors that may affect the ability of sites to meet the study's enrollment target. This is also true for TRIPOD.

By the end of June, 47 patients had been enrolled out of the 309 pre-screened patients. From the chart on the right, we can see that sites' enrollment number is still below the number of weekly target and need to catch up with the target. Despite of the results, the recruitment activities have been a great lesson for us, and we are sure that we can do better in future.

For further information about this study please go to:
<http://www.ina-respond.net/tripod-study/>



Comic Corner:

Self-Plagiarism – The Scientists' Taboo Word

By:

dr. Aly Diana



This may sound funny or even weird, but we are now living in an era when we can be accused of stealing our own ideas and be punished for it. The term for such thing is self-plagiarism.

Most of us should be familiar with the term of plagiarism as the concept of stealing other people works is easier to grasp. However, most people don't even realize that there's a term called self-plagiarism. This is probably because the concept of self-plagiarism has been long debated between academia as one may argue that stealing our own ideas does not make any sense or whether it is even possible.

Self-plagiarism covers an extended new world and can take several forms. The broad understanding of it is the re-use of text, data, graphics, images, ideas, or other materials from previously published or concurrently submitted research by the same author(s) without citation or acknowledgement of the other work(s). The extended understandings are: 1) "salami slicing" or "data partitioning/data fragmentation" which involves publishing a significant study as smaller studies to increase the number of publications rather than publishing one large study; 2) "meat extender" which involves adding more data to an earlier

article to create another article; and 3) "text recycling" which involves reusing portions of a previously written published or unpublished text by the same author.

Nevertheless, despite our personal opinions, the majority of science world has acknowledged self-plagiarism as unethical, especially because the presumed motive for most self-plagiarism is the attempt to generate a greater number of publications from substantially the same work. Although having no bad intention, researchers may suffer because of unawareness, inattention or lack of understanding of potential impact of self-plagiarism.

By understanding the nature of what is called as self-plagiarism, we expect to avoid such action, especially because the consequences may be unpleasant. Although legal sanctions (which involved a copyright infringement) are limited, most journals tend to reject article, which considered as a product of self-plagiarism and then followed by putting the author(s) and the team in blacklist. If the news spread among academicians, it will surely have an impact on our good track record.

Here are some tips to avoid accusation of self-plagiarism: 1) follow the

guidelines, including citing our own work(s) (publication manual). The widely used manual is the one from American Psychological Association (2010); 2) Be honest – authors who submit a manuscript for publication containing materials that have already been disseminated previously (e.g., published as an article in another journal, presented at a conference, or posted on the internet) must notify the editors and readers; and 3) use plagiarism-detection software (some are available online for free) as preventive measures before submission, which can help to detect potential self-plagiarism.

Although sometimes repeating our ideas or duplicating our own works is inevitable (for example in the method section), following the tips above will likely prevent us from committing a crime. Good luck!

Reference:

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Bretag, T. and Mahmud, S. Self-Plagiarism or Appropriate Textual Re-use? *J. Acad Ethics* 12(2009) 7:193-205



Latest News: Seoul Virus, a “New” Korean Wave Worldwide

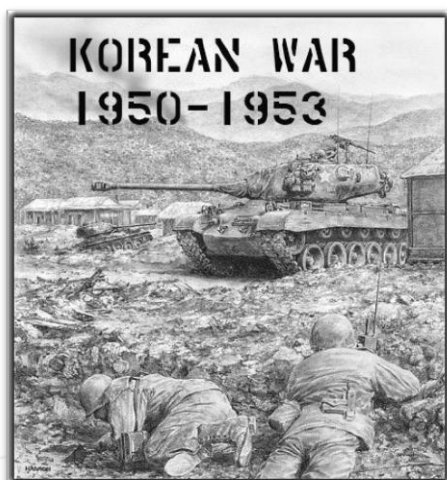
By:
dr. Venty Muliana Sari

Talking about Korea, who doesn't know Super Junior, Girls Generation, or Big Bang –The three most-famous Korean pop (K-pop) icons.

Since early 2000s, South Korea has become a massive exporter of popular culture and tourism, or what is known as “Korean Wave.” The release of the phenomenal Gangnam Style's dance in 2012 launched K-pop into the global culture communities, starting from Asia, Europe, America, and the rest of the world. After the massive success of K-pop, we are showered by K-dramas, K-fashions, Korean games, and popular Korean reality TV shows.

Though there are a lot of good “waves”, there is this one wave that is not wanted mostly because of its nature... the Korean wave on infectious diseases.

Precisely after the Korean War in 1950s, 3,200 United Nation soldiers experienced hemorrhagic fever with renal syndrome (HFRS), which later



referred as Korean Hemorrhagic Fever (KHF). They had various symptoms such as fever, conjunctival injection, thrombocytopenia, proteinuria, as well as symptoms of renal impairment. Until 1970s, 100 to 800 KHF patients were hospitalized each year in the south of Korean peninsula, where most of them worked as farmers and labors in rural areas.

In 1976, Dr. Ho Wang Lee and colleagues from Korea University isolated the responsible virus for KHF and named it after Hantaan River in Korea. *Hantaan* virus (HTNV) is a member of the *Hantavirus* genus in the *Bunyaviridae* family. This virus was specifically transmitted by the wild rats called *Apodemus agrarius* found in rural areas near the battle fields.

A year later, similar but milder cases of HTNV infection were reported in several urban areas in Seoul. All patients reported that they saw rats in their house or office before becoming sick. Dr. Lee and his team investigated rodents around the patients' houses and the surrounding cities but they did not find any *A. agrarius* rats, transmitter of HTNV. Instead, they found 524 urban rats from the species of *Rattus norvegicus* and *R. rattus*. They brought the rats to laboratory and immunofluorescent assay (IFA) revealed that about 90% of *Rattus* rats had infections that resembled to what was previously described for *A. agrarius*

infection. Unfortunately, they failed to detect antibody formation in *A. agrarius* rats that was previously exposed to antigen from infected *Rattus* rats. They suspected that the infection in urban rats might be caused by a Hantaan virus-like agent, which is antigenically distinctive from HTNV. After several further investigations, Dr. Lee succeeded to identify this virus in 1982 and since then, it has been called as Seoul virus (SEOV), also a member of the *Hantavirus* genus.

In the past 20 years, researchers have identified other members of *Hantavirus*. These include Dobrava-Belgrade virus, Saaremaa virus, and Puumala virus (PUUV) – all have been found to cause HFRS in Asia and Europe; whereas Sin Nombre virus, Andes virus, and other related viruses are the etiological agents of hemorrhagic pulmonary syndrome (HPS) in North and South Americas. Among cases of *Hantaviruses* infection, SEOV infection is milder and shows consistent liver involvement in almost all patients. Moreover, *Rattus* rats as the transmitter of SEOV are the only *Hantavirus* reservoirs found around the world. It is why from late 1970's, there have been some reports of rodents and human SEOV infection's evidence in Asia (South Korea, Japan, China, Vietnam Singapore), Europe (France, Belgium, Netherland), United Kingdom and several states in America continent.

Transmission of SEOV among rodents

and from rodents to humans generally occurs through inhalation of aerosolized excreta. SEOV infections have occurred among people during close contact with infected rodents in disease-endemic areas. It also occurred among technicians and researchers after handling laboratory rodents. The Brown Norway rats, a reservoir for SEOV, have been widely used as laboratory experimental rodents. Contact with hantavirus-infected laboratory rats caused an HFRS outbreak among 13 doctors and 1 veterinarian at medical research institutions in Japan in 1979. Since then, several outbreaks report of SEOV Infection related to laboratory research were reported. In 2006, Immunoglobulin (Ig) M or IgG antibodies against SEOV were detected in the serum samples of all 8 students in Shenyang Pharmaceutical University after contact with laboratory rats during their scientific research. Phylogenetic analysis showed that partial small segment sequences recovered from humans, laboratory rats, and local wild rats belonged to SEOV.

In 2004, France discovered SEOV in commensal brown rats in Lyon city; and eight years later, SEOV infection in a

pregnant woman was reported. This marked the first detection of SEOV in humans in Europe. Patient lived about 60 km from Lyon and suffered from pregnancy-induced liver pathologies and severe renal failure. The genetic sequence was identical to those of SEOV strains found in the United Kingdom, Vietnam, South Korea, and China; and also to the partial S coding domain sequence obtained from the SEOV strain detected in rodents in Lyon.

Between January-April 2017, WHO and CDC announced a multi-state outbreak of SEOV infection in United States of America and Canada. CDC started investigation in those states in January 2017. They have been working with state health authorities to locate the rats and people who may have been exposed in these states and to test both people and rats for SEOV.

In Indonesia, *Rattus* rats live and are found in many islands. In 1996, a seroepidemiological survey of wild rats was conducted in 7 port areas in Indonesia. The virus was serologically identified in rodents in two ports area and since then, there are several studies in human and rodents for SEOV infection in Indonesia.

During 2013-2016, rodent studies in Thousand Island, Jakarta and Semarang, East Java revealed that the virus in Indonesia is genetically identical to SEOV strains from Vietnam, Korea, France and Singapore. In 2002, 2004, and 2011, researchers confirmed the evidence of human hantavirus infection in some cities in Java island, Indonesia; but the findings were serologically limited and not specific to SEOV infection. Interestingly, INA-RESPOND study on acute fever which was conducted on 1,486 hospitalized patients in 8 top-referral hospitals in Indonesia revealed two cases of SEOV infection in two cities (Surabaya and Jakarta). The infection was serologically and molecularly confirmed. The multiple detections of SEOV in wild rats in the Indonesia, which have similar strain with other strain worldwide and the reveal of positive SEOV infection in human, suggest the emergence of SEOV infection in Indonesia. Under-reporting and difficulties in identifying the human SEOV infection may mask public health impact of SEOV in Indonesia.

INA-RESPOND Newsletter

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