



GLOBAL TASK FORCE ON  
**CHOLERA CONTROL**

**Global Task Force on Cholera Control (GTFCC) Lab Surveillance Working Group Webinar**

<p>22 January, 2021</p> <p>09h00 EST/15h00 CET</p> <p>90 minutes</p>	<ul style="list-style-type: none"><li>I. <b>Introduction</b> David Olson, <i>GTFCC Secretariat cholera team</i></li> <li>II. <b>Brief overview of 2019-20 output</b>, Marie-Laure Quilici, chair of the GTFCC Lab WG<ul style="list-style-type: none"><li>a. Job aids</li><li>b. WHO cholera kit changes</li></ul></li> <li>III. <b>Presentation: Amanda Debes, Assistant Scientist JHU: 20 min</b><ul style="list-style-type: none"><li>a. RDT performance review</li><li>b. Proposed standard performance evaluation protocol: Discussion: Role of RDT in determining likelihood of biologic presence of transmissible toxigenic <i>V. cholerae</i> O1/O139. <i>Interpretation is influenced by test characteristics and context.</i><ul style="list-style-type: none"><li>i. RDT test sensitivity/specificity</li><li>ii. Role of enrichment: must, maybe, or special situations only</li><li>iii. Use for confirmation in contexts where cholera culture results are too slow/unavailable</li></ul></li></ul></li> <li>IV. <b>2021 GTFCC Lab Surveillance Working Group Work Plan</b><ul style="list-style-type: none"><li>a. Proposed 2021-22 Work Plan: topics and calendar: for discussion (as time permits)<ul style="list-style-type: none"><li>i. Minimum country lab standards/capacity:<ul style="list-style-type: none"><li>1. Define minimum essential technical capacity for countries actively engaged in cholera prevention and control (hotspots, capital/intra-country regional)</li><li>2. Questionnaire to survey NCP-engaged countries on needs for minimum technical capacity</li></ul></li><li>ii. Antibiotic sensitivity testing<ul style="list-style-type: none"><li>1. Antibiotic sensitivity testing SOP: anyone want to do it</li><li>2. Monitoring of antibiotic sensitivity patterns over time and place</li><li>3. Adding AMR data to long-term cholera databases</li></ul></li><li>iii. PCR testing<ul style="list-style-type: none"><li>1. Standard protocol: real-time vs conventional</li><li>2. Commercial tests vs in-house approach</li></ul></li></ul></li><li>b. Lab WG articulation with Surveillance WG sub-groups</li></ul></li></ul>
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