Report of the Scientific Commission for Animal Diseases

Gideon Brückner
Scientific Commission for Animal Diseases

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Member
Dr Juan Antonio Montaño Hirose

Member
Dr Baptiste Dungu

Member
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Activities of the Scientific Commission (SCAD): 2016/2017

- Two Commission meetings – September 2016 (Doc. 85 SG/12/CS3 A) & February 2017 (Doc. 85 SG/12/CS3 B).
- Total of 13 ad hoc Group meetings and 1 Working Group meeting (Wildlife)
- At each SCAD meeting also had a coordination meeting with the Code Commission
- One meeting between Presidents of Scientific, Code and Biological Standards Commissions
- 30 Applications evaluated for disease status recognition
- Five electronic meetings between members of SCAD
- Expert missions to 5 Member Countries
Important administrative issues related to the Scientific and Code Commissions

- Meet in February and September each year
- Comments on Commission reports August and January and then verbal at GS
- Scientific Commission do not send out draft/amended Code Chapters – only with Code Commission report
- Must read Code Commission report with Scientific Commission report and ad hoc Group reports with rationale for proposed changes to chapters and status evaluations
- Rationale for all proposed amendments to Code chapters by SCAD provided as an annex to SCAD report
- Request for comments by Member Countries on BSE policy (February 2017 SCAD report)
**Ad hoc Group meetings and 1 Working Group meeting**

- Evaluation of FMD status of Members
- Evaluation of BSE risk status of Members
- Evaluation of CBPP status of Members
- Evaluation of the AHS status of Members
- Evaluation of the PPR status of Members
- Evaluation of the CSF status of Members
- Antimicrobial resistance
- Vaccination
- Lumpy skin disease
- Additional meeting on FMD chapter
- Additional meeting on BSE chapter
- Additional meeting on CSF chapter
- Theileriosis chapter
- Equine trypanosomiasis and Surra
- Working Group on Wildlife Diseases
- Combined meetings with the Code Commission
Important issues considered by the SCAD in 2016/2017

- Continued to review Member Country Comments on FMD chapter
- Review of the BSE chapter in view of cases of atypical BSE and application of surveillance for BSE – proposal for policy change
- Final reviewed and update on chapter on Lumpy skin disease
- Finalised review on new chapter for PRRS
- Finalisation of review of draft chapter on vaccination
- Update on technical factsheet on Schmallenbergvirus
- Case definition for MERS-COV
- Review of Member Country comments on *Mycobacterium tuberculosis* complex
Chapters circulated for comment

• Rationale for changes provided as annex to SCAD report
• Important that this be read together with Code Commission introduction to February 2017 report
• Several chapters circulated for comment by 12 July 2017.
• The following chapters were discussed in detail by SCAD and rationale for changes provided:
  – Foot and mouth disease (FMD)
  – Classical swine fever (CSF)
  – Zoning and compartmentalisation
  – Vaccination
• Both Commissions need written inputs from Delegates for discussion at September 2017 meetings.
Lumpy skin disease

• Existing chapter in the *Terrestrial Code* was reviewed *in toto*
• Member Country comments evaluated by the SCAD
• Antibodies alone not enough for case definition – also clinical signs and epidemiological link
• ID of vaccinated animals not deemed necessary
• Currently free status only without vaccination – might change?
Schmallenbergvirus (SBV)

- Request from group of Member Countries that the annex to the current factsheet on OIE website results in unjustified trade restrictions
- SBV not an OIE listed disease
- SCAD evaluated annex and factsheet and requested that updated information be posted on website
- SCAD recommended that updated information on SBV be moved to disease cards and annex deleted

Photos: Prof Thomas Mettenleiter
Middle East Coronavirus (MERS-COV)

- Case definition for MERS-COV proposed by *ad hoc* Group on Camel diseases and experts
- Considered by SCAD at September and February meetings
- Assist in report to OIE under emerging disease provisions
- “A dromedary camel with laboratory confirmation of MERS-COV infection, with or without clinical signs”
- A positive RT-PCR result on at least two specific genomic targets
- To be published on OIE website and factsheet updated
Chronic wasting disease (CWD)

- Request to evaluate CWD of cervids against criteria of chapter 1.3 for OIE listed diseases
- Referred to *ad hoc* Group on BSE and Working Group for Wildlife and other CWD experts and also considered EFSA report (January 2017)
- Some countries report occurrences on WAHIS-Wild
- Significant gaps in understanding of epidemiology of the disease
- Should reconsider when more substantial and convincing scientific evidence are available
- Member Countries should report all suspect and confirmed occurrences to OIE
Foot and mouth disease (FMD) – review of chapter 8.8

• Several Member Country comments received after adoption of current chapter
• New concepts considered and introduced that may have an effect on other chapters e.g. zoning and compartmentalisation
• Commission emphasised that not all scenarios for control between zones and countries can be covered in Code – must also apply sound judgement for disease control
• Accepted expert opinion that heat treatment for milk powder and butter sufficient to inactivate FMDV but procedures need to be well described
• Chapter circulated for comment by July 2017
Foot and mouth disease virus – Serotype C

- Discussed by ad hoc Group and SCAD and the OIE-FAO FMD network
- No serotype C since 2004
- Use of serotype C for vaccination and vaccination challenge can result in risk for virus escape
- Should assess relevant risk of use of Serotype C
- Move towards no vaccine challenge and no vaccine production of Serotype C
- Keep safe in antigen bank
- Resolution 30 in support of Resolution 19 (2011) (Global FMD program) and Resolution 15 (2013) (sharing of virus information)
- Seven FMDV serotypes
- Seven endemic pools requiring tailored diagnostics and vaccines
- No serotype C since 2004
Samples tested at WRLFMD (2016)

433 samples:
Samples 2014 - 2016
OIE/FAO Network Partners and Affiliates

- **4526** samples tested
- **37.7 % “no virus detected” - NVD**
  - Continued attempts to improve local sample collection and more reliable methods for shipment
- Initiatives to improve sample collection/testing in **Pool 4** (East Africa) and **Pool 5** (West Africa)
Long-distance “trans-pool” movements

- **O/ME-SA/Ind-2001d**
  - Expanding range of this lineage
  - Data from *in vivo* and field studies regarding suitability of vaccines
- **A/ASIA/G-VII**
  - Emerged in 2015
  - Rapid spread in parts of West EurAsia
  - Current gap in the coverage of vaccines from Merial or MSD

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**Legend**

- **FMD-free (without vaccination)**
- **Sporadic**
- **Endemic**

**Map**

- **Pool 1**
- **Pool 2**
- **Pool 3**
- **Pool 4**
- **Pool 5**
Sequence data indicates that there have been multiple “escapes” from the Indian sub-continent.
O/ME-SA/Ind-2001d:
Onward transmission from **POOL 1**?

**Russian Federation**
- November 2016
- Three outbreaks
- Cattle
- Close to the Chinese border

**Republic of Korea**
- February 2017
- Two outbreaks
- Cattle

Can this lineage be found elsewhere in the region?
New serotype A outbreaks in West EurAsia (A/ASIA/G-VII)

- Initial reports September 2015
- Saudi Arabia, Turkey, Iran, Armenia
- Originating from the Indian sub-continent
- Impact upon vaccination?
A/ASIA/G-VII

Poor *in vitro* match to many commercial vaccines

Recent r-values:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>A-Iran-05</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>A-Tur-20-06</td>
<td>0.03</td>
<td>0.06</td>
<td>0.01</td>
<td>0.15</td>
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<td>A-22</td>
<td>0.11</td>
<td>0.11</td>
<td>0.13</td>
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<tr>
<td>A-Iran-87</td>
<td>0</td>
<td>0.04</td>
<td>nd</td>
<td>nd</td>
<td>nd</td>
</tr>
<tr>
<td>A-Iran-96</td>
<td>0.04</td>
<td>0.06</td>
<td>nd</td>
<td>nd</td>
<td>nd</td>
</tr>
<tr>
<td>A-Iran-99</td>
<td>0.01</td>
<td>0.01</td>
<td>nd</td>
<td>nd</td>
<td>nd</td>
</tr>
<tr>
<td>A-Sau-95*</td>
<td>0.20</td>
<td>0.19</td>
<td>0.26</td>
<td>0.16</td>
<td>nd</td>
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<tr>
<td>A-May-97</td>
<td>0.14</td>
<td>0.23</td>
<td>0.15</td>
<td>0.23</td>
<td>nd</td>
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<tr>
<td>A-Tur-11</td>
<td>0.01</td>
<td>nd</td>
<td>0.10</td>
<td>0.04</td>
<td>nd</td>
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<tr>
<td>A-Tur-14</td>
<td>0</td>
<td>nd</td>
<td>0</td>
<td>0</td>
<td>nd</td>
</tr>
<tr>
<td>A-IND-40-2000*</td>
<td>0.26</td>
<td>nd</td>
<td>0.03</td>
<td>0.24</td>
<td>nd</td>
</tr>
</tbody>
</table>

* Multiple BVS tested
Other long-distance “trans-pool” movements

- **O/SEA/Mya-98** outbreaks in East Asia
  - Continued FMD cases in Korea
- **A/ASIA/Sea-97**
  - New outbreaks in Mongolia (July 2016)?
- **O/ME-SA/PanAsia** reported in Israel and PAT (Nov/Dec 2015)
  - Sequence data shows close relationship to FMD viruses found in East Asia (Vietnam and China)
Other long-distance “trans-pool” movements

- SAT 2 (topotype VII) emerged into North Africa in 2012
  - Oman (2015), Mauritania (2014)
  - Continued cases in Egypt (2015)

Other recent samples (2015/16) in Egypt...
- A/AFRICA/G-IV (most related to FMD virus from Ethiopia in 2015)
- O/EA-3 (most closely related to FMD virus from Sudan in 2013)
Long-distance “trans-pool” movements

Why now?

– Probably no single factor that underpins these dynamic transboundary patterns;

– although these long distance and rapid movements of FMDV are probably exacerbated by the **escalation of regional political crises**, and **migration of people** in North Africa and the Middle East and **increased demand for animal products** in East Asia.
Does the current level of sampling of field cases provide an accurate picture of the true extent of FMD in the region?
Rinderpest
Rinderpest

• Commission supported request from Joint FAO-OIE Rinderpest Advisory Committee (JAC) and FAO to exclude heat treated sera or sera free from virus by RT-PCR (Article 8.15.2) from definition of rinderpest virus containing material.

• Commission concluded that full rinderpest virus genomic material may pose a risk and should be maintained in the current definition.

• Current knowledge on rinderpest does not yet guarantee to obtain infective rinderpest virus from purified RNA (is feasible for e.g. bluetongue and FMDV).
Country status for rinderpest virus-containing material (1\textsuperscript{st} November 2016)

- 165/180 OIE Members not holding rinderpest material
- 4/180 OIE Members hosting FAO-OIE rinderpest facilities
- 11/180 OIE Members holding rinderpest material
## Annual OIE rinderpest report: to monitor progress in destruction and sequestration of rinderpest virus (RPV)

<table>
<thead>
<tr>
<th>Category</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of <strong>Members</strong> holding RPV-containing material</td>
<td>23</td>
<td>24</td>
<td>18</td>
<td>11*</td>
</tr>
<tr>
<td>Except for countries(^1) with FAO-OIE Rinderpest Holding Facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of <strong>INSTITUTES</strong> holding RPV-containing material</td>
<td>28</td>
<td>27</td>
<td>18</td>
<td>11*</td>
</tr>
<tr>
<td>Except for FAO-OIE Rinderpest Holding Facilities(^2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of <strong>Members</strong> that destroyed some RPV</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>9*</td>
</tr>
<tr>
<td>Number of Members which reported performing some research or manipulation of RPV without OIE-FAO approval</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>OIE Members which participated in the survey</td>
<td>93%</td>
<td>100%</td>
<td>99%</td>
<td>100%</td>
</tr>
</tbody>
</table>

\(^1\) Number of Members hosting FAO-OIE Rinderpest Holding Facilities = 4  
\(^2\) Number of FAO-OIE Rinderpest Holding Facilities = 5  
* Two additional countries were not included because RPV-containing material destruction was performed after November 1\(^{st}\) 2016. This information will be reflected in next year’s report.
Members having destroyed/transferred all RPV-containing materials (RVCM)

<table>
<thead>
<tr>
<th>Destruction of all RVCM</th>
<th>3 Members</th>
<th>Austria, Germany, Israel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Destruction and Transfer of all RVCM to the approved RHF</td>
<td>4 Members</td>
<td>Kenya, Nigeria, Senegal, Sudan (transferred to AU-PANVAC)</td>
</tr>
</tbody>
</table>

NB1) Above data is based in the term between November 2015 and November 2016. Two additional Members were not included because RPV-containing material destruction was performed after November 1st 2016. This information will be reflected in next year’s report.

NB2) RHF: FAO-OIE approved rinderpest holding facilities
PROGRESS MADE POST-RINDERPEST ERADICATION

- Members have continued to destroy or transfer their holdings of rinderpest virus containing materials.
- Some Members have indicated interest to follow their example. This is an encouraging trend, Members are asked to follow through on their commitments.

- OIE approved research projects are underway at OIE Reference Laboratories for rinderpest, in order to destroy RVCM after collecting full genome sequencing.

- No manipulation (including research) should occur without the approval of OIE and FAO.
REMINDER

OIE Member Countries should:

• Remain vigilant and keep searching for rinderpest virus stocks
• Comply with the obligation to report annually to the OIE on the status of rinderpest virus holdings even if it is a zero report
• The annual OIE rinderpest report is a tool to continually monitor progress on the implementation of the rinderpest destruction and sequestration programme
Progress on the implementation of the Global FMD Control Strategy
FMD Regional Roadmaps Conducted in 2016

- West Eurasia
- SEAC FMD
- SAARC
- West Africa
- PHEFA

Legend:
- Green: Member Countries and zones recognised as free from FMD without vaccination
- Light Green: Member Countries and zones recognised as free from FMD with vaccination
- Grey: Countries and zones without an OIE official status for FMD
Evolution of FMD global situation between May 2012 and January 2017

OIE official FMD-free status, national official control programme for FMD endorsed by the OIE and FMD-PCP stages

- **Member Countries and zones recognised as free from FMD without vaccination**
- **Member Countries and zones recognised as free from FMD with vaccination**
- **Official control programme endorsed by the OIE**
- **Containment zone within a FMD free zone without vaccination**

**PCP stages**
- 0
- 1
- 2
- 3
- 4
- 5

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Challenges at national, regional and global levels

- Disengagement of political will and shortage of resources at national, regional and international levels
- Inadequate stakeholders engagement
- Insufficient risk assessment and risk management skills
- Limited diagnostic capability and supplies
- Cross-border movement control and timely exchange of information between neighbouring countries are not harmonized
- Limited understanding of the socio-economic impact of the disease
Progress Global FMD Control Strategy

• Global FMD control is feasible and can be a driver to improve animal health systems, trade, nutrition and economic growth

• System is established for assessing countries along the PCP

• PCP-FMD approach and reinforcement of veterinary systems are gradually gaining acceptance. Fifty nine countries are engaged and closely monitored with notable evidence of advancement

• Some countries advanced to OIE status
PPR Global Strategy

Photos: credit Adama Diallo
PPR Global Eradication Programme (PPR GEP)

First five-year programme for 2017-2021 to:
- lay foundations for the eradication of PPR by reducing its prevalence in infected countries
- develop capacity for non-infected countries to demonstrate absence of PPRV (to apply for PPR free status by the OIE)
- strengthen national VS
- target other priority small ruminant diseases where appropriate

PPR-GEP Framework: 4 Components
- Promoting an enabling environment and reinforcing veterinary capacities
- Supporting diagnostic and surveillance systems
- Measures supporting PPR Eradication
- Coordinating and Managing the process

Estimated budget for the five years: US$ 996 million

Developed by the FAO/OIE Joint PPR Secretariat with the contribution of several experts
Launched in October 2016
OIE Action Plan in support of the PPR-GEP

- Ensuring continuous notification of the PPR epidemiological situation worldwide and verification of the relevant information provided (review of WAHIS reports)
- Development of methods to optimise the contribution of existing and future PVS reports to PPR GCES
- PPR pilot PVS follow-up missions in Turkey & Afghanistan (PPR specific assessment as part of the mission)
- Deployment of 4 PPR related CMC-AH missions included to Mongolia in response to PPR outbreaks in Saiga antelope
- OIE Reference Laboratories for PPR and two laboratory twinning activities currently in progress (France CIRAD-Morocco Biopharma, UK Pirbright-Tanzania V.L.A.)
- Recognition of PPR free status and endorsement of PPR official control programme
- Vaccine procurement to West Africa countries by OIE PPR Vaccine bank (PRAPS project)
- Identification of priorities/gaps in diagnostic / vaccine standards/vaccine development and relevant update of the OIE Standards (SNTD-link to research)
- Exploring interest from public-private partners to provide funding for PPR GEP (in collaboration with FAO)
Ad hoc Group on antimicrobial resistance

• Publication of the 2015 OIE Annual report on the use of AMR in animals
• The SCAD considered the updated definitions for therapeutic use and preventative use (chapter 6.8) – proposed amendments
• Need to focus on responsibility of veterinarian to prescribe antimicrobials – see also recommendations of Technical Theme I of GS 85
• Recommended that OIE list of antimicrobials should also consider classes of antimicrobials according to their intended use in animals
Draft Code chapter on vaccination

• Drafting of chapter commenced in 2015 – several Member Country comments received
• Main purpose to successfully apply vaccination programs in support of disease control
• Apply for both OIE listed and non-listed diseases and for official and non-official vaccination programs
• Cannot list every scenario in chapter
• Use of vaccine should not negatively affect disease or be a trade barrier – unless otherwise stated in Code
• OIE Vaccination Conference – Buenos Aires
BSE – Reconsideration of current approach/policy
BSE - reconsideration of provisions in current chapter of the Terrestrial Code

• Applications for status recognition as well as maintenance of status exposed several difficulties in respect of surveillance and risk assessment
• Scientific and technical document drafted by SCAD for consideration and comments by Member Countries
• Surveillance models need revision but will have impact on countries already with a recognised risk status
• Comments will be discussed by both Commissions before any changes to current chapter are considered
• Need written inputs from Member Countries as requested in February 2017 SCAD report
Official recognition of BSE risk status by the OIE

**HISTORIC**

End of 80s: BSE emergence

Significant animal and public health concerns

1992: Adoption of a BSE Code Chapter

From 2004: Official recognition of BSE risk status

**CURRENT SITUATION**

Effectiveness of control measures

BSE epidemic tail

Extremely low prevalence

Global sanitary impact low

Associated public health risk low

Relevance of the current *Terrestrial Code* chapter and of the continuation of the official recognition of BSE risk status by the OIE?
**Terrestrial Code provisions for the recognition of BSE risk status (Chapter 11.4)**

Examples of provisions:

- **Stringent active surveillance**
  - Surveillance requirements (i.e. number of points) based on an outdated model
  - Surveillance to be maintained over time even after the risk of exposure has been negligible for over an incubation period (7 years)
  - Costly
  - Difficult to achieve for countries with a small cattle population

- **Youngest case to be born more than 11 years ago (negligible risk status)**

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**But...**

- Instances of withdrawal of the negligible risk status due to the occurrence of a single case (even in the presence of appropriate measures mitigating the risk of exposure)
- Some countries with a negligible risk of exposure have to wait for years for their negligible status to be recognised
BSE – summary of some concerns

- Active surveillance to be continued after exposure mitigated for (not proportionate to the risk)
- Costs of surveillance high for some countries (trade barrier)
- Countries with a small cattle population (trade barrier)
- Outdated statistical model (no longer scientifically based)
- BSE classical case born less than 11 years ago -> withdrawal of negligible risk (not proportionate to the risk)
- Wait for 11 years for official recognition even if demonstrate a negligible risk of exposure of the BSE agent (trade barrier)
Terrestrial Code provisions for the recognition of BSE risk status (Chapter 11.4)

Regardless of the continuation (or not) of the official recognition of BSE risk status, there is a need for a substantial revision of these provisions:

• For better equalizing the risk
• Not to constitute an unjustified trade barrier
Country evaluations for disease status
Expert missions to Member countries to assess the maintenance of disease-free status

- Resolution #15 of the 83rd General Session provides mandate to SCAD and approval by DG to visit applicant countries and verify maintenance of status
- Need to assess maintenance of free status as reflected in annual confirmations – OIE credibility
- Colombia (CSF); Romania (CSF); Madagascar (FMD); Kazakhstan (FMD) and Venezuela (FMD) visited during 2016 and 2017
- Members of SCAD do not participate in missions to maintain objectivity and transparency in decision-making
- Establishing core group of experts to conduct missions
- To enhance transparency, the rationale of ad hoc Group findings and Commission decisions on country evaluations, are detailed in meeting reports provided to Member Countries
Annual confirmation of status

- Need to be done each year in November by all Member Countries having an official disease status recognition by OIE

- *Terrestrial Code* chapters for each disease prescribes what criteria for maintenance of status need to be confirmed each year

- The SCAD commenced to review annual confirmations of a selected number of countries for each of the 6 official disease status categories

- Selected countries are informed prior to and after the assessment of the outcome

- Reviewed assessment process by OIE Status Department of all other Member Countries

- Review of questionnaires for disease status application have been completed

- Harmonization of requirements for annual status confirmation in *Terrestrial Code* in progress
Evaluations of country applications for OIE disease status recognition

- **FMD:** 12 Applications (1 for country status, 11 for zonal status)
- **CBPP:** 3 Applications (3 for country freedom)
- **AHS:** 3 Applications (3 country freedom)
- **BSE:** 4 Applications for risk status allocation (1 country status, 2 zonal status, and 1 reinstatement)
- **PPR:** 2 Applications (2 for country freedom)
- **CSF:** 6 Applications (5 for country freedom; 1 for zonal freedom)

30: The total number of applications evaluated:
Foot and mouth disease

MEMBER STATUS EVALUATIONS
Botswana one additional FMD free zone without vaccination: as proposed for adoption at the 85th General Session, May 2017

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- **Green**: Member Countries and zones recognised as free from FMD without vaccination
- **Red**: Zone proposed for recognition at the 85th General Session, May 2017
- **Dark Grey**: Parts of Botswana without an OIE official status for FMD
- **Light Grey**: Countries and zones without an OIE official status for FMD
Chinese Taipei FMD free zone with vaccination: as proposed for adoption at the 85th General Session, May 2017

Zone composed of Taiwan, Penghu and Matsu areas

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- **Member Countries recognised as free from FMD without vaccination**
- **Zone proposed for recognition at the 85th General Session, May 2017**
- **Kinmen County - part of Chinese Taipei without an OIE official status for FMD**
- **Countries without an OIE official status for FMD**
Kazakhstan five additional FMD free zones with vaccination:
as proposed for adoption at the 85th General Session, May 2017

Last update May 2017

Zone 1
Almaty

Zone 2
East Kazakhstan

Zone 3
part of Kyzylorda
northern part of South Kazakhstan and
northern and central parts of Zhambyl

Zone 4
southern part of Kyzylorda
and the south-western part of South Kazakhstan

Zone 5
south-eastern part of South Kazakhstan
and the southern part of Zhambyl

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Member Countries and zones recognised as free from FMD without vaccination

Member Countries and zone without an OIE official status for FMD

Zones proposed for recognition as free with vaccination at the 85th General Session, May 2017
Paraguay free from FMD with vaccination:
as proposed for adoption at the 85th General Session, May 2017

Member Countries and zones recognised as FMD free without vaccination
Member Countries and zones recognised as FMD free with vaccination
Member country proposed for recognition at the 85th General Session, May 2017
Countries and zones without an OIE official status for FMD

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FMD – applications for adoption

Resolution No. 22

- **FMD free country with vaccination:**
  - Paraguay
- **FMD free zone without vaccination**
  - Botswana
- **FMD free zones with vaccination**
  - Kazakhstan, Chinese Taipei

Resolution No. 23

- **Endorsement of existing list of FMD Control programs for FMD:**
CBPP

MEMBER STATUS EVALUATIONS
Brazil free from CBPP:
as proposed for adoption at the 85th General Session, May 2017

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- **Green**: Member Country recognised as free from CBPP
- **Gray**: Countries with no OIE official status for CBPP
- **Green (darker)**: Member Country proposed for recognition at the 85th General Session, May 2017

Last update May 2017
OIE Member Countries' official CBPP status map
as proposed for adoption at the 85th General Session, May 2017

Last update May 2017

- **Green**: Member Countries and zone recognised as free from CBPP
- **Light grey**: Countries with no OIE official status for CBPP
- **Red**: Member Countries proposed for recognition at the 85th General Session, May 2017

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CBPP – applications for adoption

Resolution No. 24

Country free from CBPP

• Brazil, South Africa

Resolution No. 25

Endorsement of existing OIE list of Member Countries with an official control program
MEMBER STATUS EVALUATIONS
European OIE Member Countries and zones' BSE risk status as proposed for adoption at the 85th General Session, May 2017

Member Countries recognised as having a negligible BSE risk status
Member Countries and zones recognised as having a controlled BSE risk status
Countries without OIE recognised BSE risk
Member County and zones proposed for official recognition at the 85th General Session, May 2017

Last update May 2017

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OIE Member Countries' official BSE risk status map as proposed for adoption at the 85th General Session, May 2017

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- Green: Member Countries or zone recognised as having a negligible BSE risk status
- Light Green: Member Countries and zones recognised as having a controlled BSE risk status
- White: Countries without OIE recognised BSE risk
- Orange: Member Country and zones proposed for official recognition at the 85th General Session, May 2017
Countries proposed for adoption for BSE risk status
Resolution No 26

• **Countries with negligible risk:**
  – Poland

• **Zones with negligible risk:**
  – Northern Ireland, Scotland

• **Re-instatement:**
  – France (controlled risk)
AHS

MEMBER STATUS EVALUATIONS
OIE Member Countries' official AHS status map as proposed for adoption at 85th General Session, May 2017

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- Green: Member Countries recognised as free from AHS
- Grey: Countries without an OIE official status for AHS
Confirmation of existing list of Member Countries with an AHS free status

Resolution No 27
Peste des petits ruminants (PPR)

MEMBER STATUS EVALUATIONS
Botswana free from PPR:
as proposed for adoption at the 85th General Session, May 2017

Last update May 2017

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- **Member Countries and zone recognised as free from PPR**
- **Countries without an OIE official status for PPR**
- **Member Country proposed for recognition at the 85th General Session, May 2017**
OIE Member Countries' official PPR status map as proposed for adoption at the 85th General Session, May 2017

- **Green**: Member Countries and zone recognised as free from PPR
- **Light Grey**: Countries without an OIE official status for PPR
- **Red**: Member Country proposed for recognition at the 85th General Session, May 2017

Last update May 2017

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PPR – applications for adoption
Resolution No. 28

Country freedom:

• Botswana
CSF

MEMBER STATUS EVALUATIONS
CSF evaluations

- Following review of ASF chapter and when doing CSF evaluations – identified the need to establish consistency between ASF and CSF chapters and review questionnaire and chapters

- Ad hoc Group met in July 2016 to commence the review of the current chapter
Colombia one CSF free zone: as proposed for adoption at the 85th General Session, May 2017

Zone composed of the departments of Antioquia (with the exception of the Magdalena Medio, Uraba and Lower Cauca), Caldas (with the exception of the Magdalena Medio), Quindío, Risaralda, Valle del Cauca, northern zone of the Cauca, Chocó and the municipality of Cajamarca in the Tolima.

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Paraguay free from CSF:
as proposed for adoption at the 85th General Session, May 2017

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- Green: Member Countries and zone recognised as free from CSF
- Light grey: Countries without an OIE official status for CSF
- Red: Member Country proposed for recognition at the 85th General Session, May 2017
Romania free from CSF:
as proposed for adoption at the 85th General Session, May 2017

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- **Green**: Member Countries recognised as free from CSF
- **Light Grey**: Countries without an OIE official status for CSF
- **Dark Red**: Member Country proposed for recognition at the 85th General Session, May 2017
Countries and zones proposed for adoption for CSF free status

Resolution No 29

Country freedom:
1. Paraguay
2. Romania

Zonal freedom:
1. Colombia
Work programme for the Scientific Commission for 2017/2018

Review and development of chapters for the *Terrestrial Code* on:

- Theileriosis
- Rabies
- Animal health surveillance
- FMD
- Zoning and compartmentalisation
- BSE
Tentative dates for SCAD meetings and AHG meetings for Member Country status evaluations and deadline for submissions to OIE: 2017/2018

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Draft resolutions presented for adoption

• No. 22 Recognition of the Foot and Mouth Disease Status of Member Countries
• No. 23 Endorsement of Official Control Programmes for Foot and Mouth Disease of Member Countries
• No. 24 Recognition of the Contagious Bovine Pleuropneumonia Status of Member Countries
• No. 25 Endorsement of Official Control Programmes for Contagious Bovine Pleuropneumonia of Member Countries
• No. 26 Recognition of the Bovine Spongiform Encephalopathy Risk Status of Member Countries
• No. 27 Recognition of the African Horse Sickness Status of Member Countries
• No. 28 Recognition of the Peste des Petits Ruminants Status of Member Countries
• No. 29 Recognition of the Classical Swine Fever Status of Member Countries
• No. 30 Foot and mouth disease – Serotype C
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