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## REPORT OF THE MEETING OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 19-22 September 2006

A meeting of the OIE Scientific Commission for Animal Diseases (Scientific Commission) was held at the OIE Headquarters in Paris, France, from 19 to 22 September 2006. Dr. Gideon Brückner, Head of the Scientific and Technical Department welcomed the participants and introduced the agenda of the Meeting. Dr Bernard Vallat, Director General of the OIE opened the meeting and explained the importance of the items in the agenda for Member Countries.

The list of participants and the agenda are presented as Appendices I and II.

The meeting was chaired on 19th September by the Vice-President of the Commission Dr. Alejandro Schudel and on 20–22 September by Prof. Vincenzo Caporale, President of the Scientific Commission. Dr. P. Willeberg was designated as rapporteur.

The Commission approved the Agenda after a request for the evaluation of Member Country comments on the revised *Terrestrial Code* on Brucellosis was added to the agenda.

### 1. Report of the meeting of the Bureau of the Scientific Commission: 3–4 July 2006

The Commission noted the report of the meeting of the Bureau of the Scientific Commission meeting dated 3-4 July 2006.

### 2. Report of the *Ad hoc* Groups

- ***Ad hoc* Group on Epidemiology: 5–8 September 2006**

The Commission reviewed the report of the *Ad hoc* Group on Epidemiology (Appendix III) and endorsed their recommendations for modifications of Chapter 2.2.10 on foot and mouth disease (FMD) of the *Terrestrial Code* to accommodate the request of the International Committee in Resolution XXX adopted at the 74th General Session. The Resolution requested the Scientific Commission to investigate and propose possible changes to the existing requirements in the *Terrestrial Code* with the aim to expedite the procedures for the re-instatement of the FMD free status of a country or zone in the event of a limited outbreak of the disease. The Commission congratulated the *ad hoc* Group for their suggestion to introduce the concept of a “containment zone” in an attempt to address the needs expressed in Resolution XXX but concluded that the proposal of the *Ad hoc* Group could only be feasible if stamping out of the infection is a mandatory prerequisite for the establishment of a “containment zone”. Par c) of the proposed Article 2.2.10.6 should be changed to reflect this mandatory requirement. The Commission recommended that the Terrestrial Animal Health Code Commission discuss the concept at the October 2007 meeting of the Code Commission and to circulate the concept proposal for comments to Member Countries. The Scientific Commission will evaluate these comments for presentation at the 75<sup>th</sup> General Session of the International Committee.

The Commission also endorsed the suggested changes to Chapter 2.2.10 to clearly indicate the information that is required from Member Countries in their annual declarations to the OIE to confirm the maintenance of disease-free status for bovine spongiform encephalopathy (BSE), rinderpest, contagious bovine pleuropneumonia (CBPP) and foot and mouth disease (FMD).

- ***Ad hoc* Group on Emerging Zoonosis, March 2006**

The Commission reviewed the report of the *ad hoc* Group on Emerging Zoonosis ([Appendix IV](#)) and concluded that zoonosis is a priority in particular for the standards that need to be developed on animal diseases related to the prevention of human diseases through the food chain. A clear distinction should also be made between the definition and importance of emerging zoonosis relative to known and existing zoonotic diseases. The Commission expressed concerns on the possible duplication of efforts within existing *ad hoc* and Working Groups in addressing issues related to zoonosis and request that the Director General consider reviewing the terms of reference and mandates of *ad hoc* Groups and Working Groups to avoid or minimise duplication. The Commission did not agree with the recommendation of the *ad hoc* Group that Member Countries should establish national contact points for liaison on emerging zoonosis. The Commission requested that any suggestions for a change in the with and scope of the Terms of Reference of the *ad hoc* Group, should first be submitted to the Commission for consideration.

### **3. Review of matters referred to the Scientific Commission by the Terrestrial Animal Health Standards Commission (TAHSC)**

The Commission reviewed issues referred by the TAHSC for comments. These included but are not limited to the following:

- *Chapter 2.2.10 (foot and mouth disease)*. Comments of the Commission in response to the questions raised by Member Countries were submitted to the Code Commission.
- *Chapter 2.3.1 (bovine brucellosis)*. In reviewing the extensive comments by Member Countries, the Commission had difficulty in understanding the scientific rationale of some of the comments. The Commission recommended that the proposed draft chapter and the comments from Member Countries be referred to the *ad hoc* Group for Brucellosis for evaluation and consideration. A meeting of the *ad hoc* Group of experts is scheduled for 8 to 9 February 2007. The Commission will advise the TAHSC accordingly after consideration of the findings and recommendations of the *ad hoc* Group during its meeting in February 2007.
- *Chapter 2.2.13 (bluetongue)*. The Commission endorsed the comments of the *ad hoc* Group on Epidemiology ([Appendix III](#)). In addition to these comments, the Commission noted that Article 2.2.13.5 related to the import of live animals, semen and embryo/ova, offers an opportunity to importing countries to judge their decision for the importation or transit movements following a risk assessment. This could imply that irrespective of satisfying the requirements for the export of these commodities, the importation could be refused. The Commission concluded that this requirement is unwarranted in the context of the *Terrestrial Code* and not scientifically justified and propose that Article 2.2.13.5 be deleted.
- *Chapter 1.3.5 (zoning and compartmentalization)*. The Commission resolved that the current Chapter as approved by the International Committee, should remain unchanged and that guidelines should be developed on the practical implementation of the Chapter. The Commission recommended that the *ad hoc* Group on Epidemiology be requested to use the concept paper on *Compartmentalisation* as published in the *Bulletin* (2006-2) as a guideline to develop an Appendix on Guidelines for Compartmentalisation for the *Terrestrial Code* to be considered by the Scientific Commission during their meeting in February 2007 and then by the Code Commission..

### **4. Discussion of the working programme of the Working Group on Wildlife Diseases**

Following a decision by the Bureau of the Scientific Commission during their meeting in June 2006, a member of the Working Group on Wildlife Diseases presented the working program and priorities to the Commission. The Commission acknowledged with appreciation the important contribution provided now for several years to Member Countries by the Working Group and recommended that the Working Group continue to work in close partnership with the Scientific Commission and other *ad hoc* Groups to address the technical and scientific issues related to the interface between wildlife diseases animal disease prevention and

control in domesticated animals. The Commission strongly recommended that the Working Group should investigate the possibility of incorporating data on wildlife diseases into the OIE WAHIS system for OIE listed diseases and to provide an interactive update on important zoonosis – particularly avian influenza, rabies, tuberculosis and brucellosis.

The Biological Standards Commission is requested to consider the necessary assistance for the validation of diagnostic tests for the recognition of wildlife diseases.

The Commission recommended that experts from the Working Group be invited to assist the *ad hoc* Group on Epidemiology to develop surveillance guidelines for wildlife diseases.

#### **5. Request from a Member Country for regaining of country status for foot and mouth disease.**

The Commission evaluated the request of a Member Country to regain foot and mouth disease free status with vaccination following an outbreak of the disease in that country. The information in the dossier received from the Member Country was also supplemented by an oral presentation to the Commission by a delegation from the country. After a detailed consideration of the available information, the Commission requested the delegation to forward additional information to enable an informed consideration of the request as soon as possible.

#### **6. Request for review of the OIE *Terrestrial Animal Health Code* chapter and surveillance guidelines for rinderpest.**

The Commission took note of written requests by the Director of AU-IBAR and the Secretariat of the FAO GREP programme for the revision of the *Terrestrial Code* Chapter on rinderpest and the Appendix on rinderpest surveillance in an attempt to expedite the process for recognition of country freedom from the disease. The Commission acknowledged the progress that has been made in moving towards the global eradication of rinderpest and recognised the importance to consider the absence of clinical manifestation of the disease in susceptible populations, the possible existence of the Lineage II strains in wildlife, and to update on the results on the use of marker vaccines such as PPR vaccine. The Commission recommended that an expert group be established to address issues relating to the use of marker vaccines for the control of rinderpest in cattle and to review the requirements in the *Terrestrial Code* and specifically the OIE pathway for moving towards rinderpest freedom. A meeting of the *ad hoc* Group is scheduled for November 2007.

#### **7. OIE/FAO network on Foot and mouth disease laboratories.**

The Commission took note of a request to the Director General to expand the current network for OIE/FAO Reference Laboratories for foot and mouth disease and expressed concern that the request is not in line with the mandate of OIE Reference Laboratories. The Commission is in support of a meeting with the relevant stakeholders to discuss these concerns and to formulate an acceptable procedure and terms of reference for future collaborative efforts in this regard.

The Commission also suggested that a similar process be initiated as a matter of urgency in collaboration with the Commission to establish a network of reference laboratories for bluetongue following the recent extension of the disease into Europe.

#### **8. OIE Manual on Animal Health Surveillance**

Following a decision of the Bureau of the Commission during its meeting in July 2006, the Commission recommended that the OIE should seek support from the relative Collaborating Centres to initiate a process to commence with the development of a manual on Animal Health Surveillance.

#### **9. Issues for notification/attention from OIE Central Bureau**

*Conferences:* The Commission took note of the schedule of scientific conferences in which the OIE and also members of the Commission will be involved. The details of these conferences are available on the OIE website. The Commission resolved to suggest items and topics to be considered for future conferences of the OIE.

*Letter to OIE delegates on country evaluations:* The Commission took note of a letter from the Director General of the OIE to all Member Countries informing them on the procedures and working program for the consideration of requests by Member Countries for the recognition of country status for animal diseases.

*OIE website:* The Commission noted the changes made to update the OIE website on country evaluations and other matters relevant to the work of the Commission.

*OIE mission on foot and mouth disease to South America:* Following a recommendation of the Commission during its meeting in March 2006, the members were informed that the Director General has approved that a mission under the chairmanship of the President of the Commission, will conduct an evaluation of the foot and mouth disease situation in selected countries in South America during December 2006.

*Development of novel technologies against viral diseases in farm animals:* The Commission took note of a request to the President of the Commission to seek support from the OIE for research on genetic resistance to animal diseases. The Commission recognised the importance to be kept informed on developments in this novel field and recommended that the Director General endorse the support of the OIE and the importance of the OIE being regularly informed of further developments.

## **10. Schedule of subsequent meetings**

The Commission confirmed the schedule of meetings for the Bureau of the Commission from 30 January to 2 February 2007, and the Commission from 27 February to 2 March 2007.

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.../Appendices

**MEETING OF THE  
OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES**

**Paris, 19–22 September 2006**

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**Agenda**

1. Adoption and finalisation of agenda
  2. Report of the meeting of the Bureau of the Scientific Commission: 3 – 4 July 2006
  3. Report of the *Ad hoc* Group on Epidemiology: 5 – 8 September 2006
  4. Review of matters referred to the Scientific Commission by the Terrestrial Animal Health Standards Commission
  5. Discussion of the working programme of the Working Group on Wildlife Diseases
  6. Request from Argentina for the evaluation of country status for foot and mouth disease
  7. Request for review of the OIE *Terrestrial Animal Health Code* chapter and surveillance guidelines for rinderpest
  8. OIE/FAO network on Foot and mouth disease laboratories
  9. OIE Manual on *Animal Health Surveillance*
  10. Issues for notification/attention from OIE Central Bureau
    - a. Conferences
    - b. Letter to OIE delegates on country evaluations
    - c. OIE website
    - d. OIE mission on foot and mouth disease to South America
    - e. Request for support on research of novel technologies in viral diseases.
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MEETING OF THE  
OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 19–22 September 2006

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List of participants

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**MEETING OF THE OIE AD HOC GROUP ON EPIDEMIOLOGY**  
**Paris, 5- 8 September 2006**

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The meeting of the OIE Ad hoc Group on Epidemiology of the Scientific Commission for Animal diseases was held at OIE Headquarters, Paris from 5-8 September 2006.

The Agenda and list of participants are presented as Appendices I and II, respectively.

Dr Bernard Vallat, Director General of the OIE, welcomed the Group to the OIE and emphasised the importance of their task especially in relation to the request of the International Committee that was adopted in Resolution XXX during the 74th General Session of the OIE in May 2006. He outlined the background and need for this Resolution to the Group and requested them to carefully consider the current requirements of the OIE *Terrestrial Animal Health Code* to assess if changes can be suggested to expedite the process for country evaluations for the recognition of free status for foot and mouth disease. He also recommended that during the discussions, the Group could consider the feasibility of applying the concept of compartmentalisation to foot and mouth disease.

Dr Gideon Brückner Head of the Scientific and Technical Department discussed and finalised the provisional agenda for the meeting and also requested the Group to consider the request of the Terrestrial Animal Health Standards Commission to evaluate the comments received from Member Countries on the proposed surveillance guidelines for bluetongue. The meeting was chaired by Professor Vincenzo Caporale, President of the Scientific Commission on 5 and 6 September and Dr Preben Willeberg, Secretary General of the Scientific Commission on 7 and 8 September. Dr Cristobal Zepeda Sein acted as rapporteur.

**1. Rapport of the meeting of the Bureau of the Scientific Commission for Animal Diseases of 3 – 4 July 2006**

The Group noted the report of the meeting of the Commission of 3 – 4 July 2006.

**2. Resolution XXX of the 74<sup>th</sup> General Session of the OIE (Appendix III)**

**2.1. Expedited recovery of country status in the event of a foot and mouth disease (FMD) outbreak**

As requested in Resolution XXX, the Group considered the need to establish a procedure to expedite the recovery of status in the event of an outbreak in a previously FMD free country or zone. Some Member Countries have expressed the need for the continuation or early resumption of trade in animals and animal products in the event of an outbreak of foot and mouth disease and after appropriate measures have been taken to control the disease. The procedure established in Article 2.2.10.7 requires a minimum period of three months after the stamping-out of the last case before the country can submit an application for the recovery of status to the OIE.

The Group agreed that in order to expedite the process for the regaining of freedom from disease and resumption of trade, the outbreak would have to be limited (i.e. stable in terms of incidence and geographical distribution) and effectively stamped-out within a clearly defined containment zone. The remainder of the disease-free country or zone could resume trade if it has been demonstrated that the outbreak has been controlled. The process for re-qualification as a disease free zone with or without vaccination could be addressed through the Scientific Commission without having to be adopted by the International Committee.

The Group suggested changes to Chapter 2.2.10 to make provision for this concept. The Group proposed a set of criteria to define what is meant by limited outbreak, considering the definitions provided in Chapter 1.1.1 of the *Terrestrial Code*. The current definitions do not fully satisfy the criteria to define this concept. The Group felt the need to include in the *Terrestrial Code* the concept of a *containment zone* as a measure for disease management and control. The following definition is proposed for inclusion in Chapter 1.1.1.:

“*Containment zone* – means a defined zone around and including suspected or infected *establishments*, taking into account the epidemiological factors and results of investigations, where control measures to prevent the spread of the infection are applied”.

The Group noted that the *Terrestrial Code* does not have guidelines for emergency management to control and eradicate diseases and suggests that the Scientific Commission considers developing such guidelines.

## **2.2. Sanitary measures to protect the free status of non-affected zones in the event of an outbreak of FMD**

As requested in Resolution XXX, the Group proceeded to review the current provisions of relevant chapters and appendices in the *Terrestrial Code* to ensure that where several free zones for foot and mouth disease, with or without vaccination, are present in the same country, sufficient sanitary measures are provided to protect the free status of non-affected zones in the event of an outbreak of FMD in one or more of the free zones.

This review included consideration of the proposed changes to Chapter 1.3.5 on Zoning and Compartmentalization. The Group agreed that the burden of proof rests more heavily on the disease-free zone or compartment. By defining a disease free zone or compartment, infected zones or compartments are defined by default. Chapter 2.2.10 requires the establishment of buffer zones or physical or geographical barriers for FMD-free zones but not for FMD-free countries. The Group thought that this is contradictory and that the measures applied between zones of different status should be the same as those between countries of different status.

The Group further discussed if buffer zones should be also a requirement for borders between countries. According to the definitions in Chapter 1.1.1., a surveillance zone is located within a free zone but the location of buffer zones is not clearly specified but is normally perceived to be outside of the free zone. This definition makes it difficult to have buffer zones between countries. The definition of buffer zone should therefore indicate clearly its location in relation to the free zone.

In order to protect the free status of non-affected zones in the event of an outbreak of FMD, the Group concluded that three types of measures can be applied:

- a) measures aimed to prevent the introduction of the agent
- b) measures aimed at early detection of disease introduction
- c) measures aimed at minimizing the spread of disease

A buffer zone should be able to absorb the shock of disease introduction which can be achieved by vaccination or reduction of the density of susceptible populations. In any event, the border between zones or countries of different animal health status should have measures to avoid the introduction of the agent and surveillance targeted at high risk populations based on the recommendations of Appendix 3.8.1 and Appendix 3.8.7.

The Group concluded that the most important factor in ensuring the effective separation between countries or zones of different status is the application of sanitary measures to prevent the introduction of infection. The effect of a buffer zone is to limit the spread of the infection if introduced, but in itself is not a safeguard against the introduction of infection. Further, physical and geographical barriers by themselves are not sufficient to guarantee the separation between zones or countries of different status. Should a country adopt appropriate measures to prevent the introduction of the virus, such as animal movement control, animal identification and increased surveillance (targeted surveillance), the buffer zone requirement could be an optional risk management tool.

The Group recommended that the buffer zone requirement in Articles 2.2.10.4 and 2.2.10.5 should be made optional. However, the separation of populations of different status should be documented both for countries and zones.

### **3. Notification of country status**

The Group discussed the requirements for annual inclusion in the FMD free list of countries and zones and proposed changes to the relevant articles in Chapter 2.2.10.

Chapter 2.2.10 requires that countries should annually provide results of ongoing surveillance according to Appendix 3.8.7. The Group has been informed that most countries only send a declaration of unchanged status to the OIE. The Group recommended that the Central Bureau exhorts Member Countries to comply in full with the recommendations of the *Terrestrial Code* and that the information provided be made available on the OIE website.

### **4. Questionnaire to assess the applications of Member Countries for recognition of country status for foot and mouth disease**

The Group proposed to include the FMD questionnaire in the *Terrestrial Code* as an Appendix. This would improve transparency, and allow countries to comment and improve the questionnaire. This would also avoid repetition of concepts in the FMD *Terrestrial Code* Chapter. The Group recommended that should this proposal be accepted, it should also apply to the questionnaires for the recognition of BSE, rinderpest and CBPP country status once the questionnaire has been finalised and accepted by the International Committee.

### **5. Bluetongue**

The Group reviewed and evaluated the comments from Member Countries on the proposed changes to the Bluetongue Chapter and the surveillance guidelines for bluetongue. In addition to the comments by the Group it was also recommended that the bluetongue case definition currently included in the surveillance guidelines should be moved to the Chapter itself.

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.../Appendices

**MEETING OF THE OIE AD HOC GROUP ON EPIDEMIOLOGY**  
**Paris, 5 – 8 September 2006**

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**Agenda**

1. Review of the rapport of the meeting of the Bureau of the Scientific Commission: 3 – 4 July 2006
2. Resolution XXX of the 74th General Session of the OIE
3. Review of the requirements for the annual confirmation of country status
4. Review of the comments of Member Countries on the *Terrestrial Code* chapter for bluetongue and surveillance guidelines for bluetongue.

## MEETING OF THE OIE AD HOC GROUP ON EPIDEMIOLOGY

Paris, 5 - 8 September 2006

## Provisional list of participants

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## RESOLUTION No. XXX

**Study of the Procedure to Expedite the Process for the Recognition of a Foot and Mouth Disease Free Zone during an Outbreak of FMD in a Member Country**

## CONSIDERING THAT

1. The International Committee has adopted a procedure for establishing a list of Member Countries and zones within their territories recognised as free of FMD according to the provisions of chapter 2.2.10. of the *Terrestrial Animal Health Code* (the *Terrestrial Code*),
2. New Member Countries and zones recognised as FMD free are added to the list annually by resolution at the General Session of the International Committee after a period of consultation with the interested Member Country, the Scientific Commission for Animal Diseases, other Member Countries and the final decision of the International Committee,
3. Recognition of FMD free status is suspended upon declaration by a Member Country of an outbreak in a previously disease free national territory or zone,
4. The list of FMD free countries and zones recognised as FMD free is important to some Member Countries for the purpose of trade in animals and animal products. These countries could sustain huge economic losses through lost trade for a period of time exceeding that required in the *Terrestrial Code* to regain FMD free status following eradication of an outbreak,
5. Chapter 2.2.10. of the *Terrestrial Code* describes criteria by which under certain circumstances a recognised FMD free country or zone that has had an FMD outbreak can regain its disease free status in less than a year,
6. During the 70th General Session, the International Committee adopted Resolution No. XVIII asking Member Countries applying for evaluation for freedom from FMD to meet part of the costs sustained by the OIE Central Bureau in the evaluation process,
7. During the 65th General Session, the International Committee adopted Resolution No. XVII delegating to the Scientific Commission for Animal Diseases the authority to recognise, without further International Committee consultation, that a Member Country or zone within its territory has regained its previously recognised FMD free status following outbreaks that are eradicated in accordance with the relevant provisions of chapter 2.2.10. of the *Terrestrial Code*,
8. During the 71st General Session, the International Committee adopted Resolution No. XXI delegating to the Scientific Commission for Animal Diseases the authority to recognise, without further International Committee consultation, an FMD free zone created following outbreaks within a Member Country or its territory in accordance with the relevant provisions of chapters 1.3.5. and 2.2.10. of the *Terrestrial Code*,
9. The suspension of the free status of a country or a zone within a country as result of an outbreak of FMD in the country or zone, could have a severe impact on the international trade in animals and animal products for the affected Member Country irrespective of the extent of the outbreak,
10. The provisions contained in chapters 1.3.5. and 2.2.10. and appendix 3.8.7. of the *Terrestrial Code* provide guidelines to Member Countries to effectively identify and separate infected from non-infected zones within a country,
11. The provisions contained in chapters 1.3.5 and 2.2.10 and appendix 3.8.7 of the *Terrestrial Code* allows Member Countries to establish several zones of freedom from FMD either with or without vaccination, within a country,

Appendix III (contd)

12. Articles 2.2.10.4 and 2.2.10.5 of Chapter 2.2.10 of the *Terrestrial Code*, do not specifically require that free zones of different or similar FMD status within a country be separated from each other by a buffer zone or geographical or physical borders.
13. Some Member Countries have expressed the need for the continuation or early resumption of trade in animals and animal products in the event of an outbreak of foot and mouth disease and after appropriate measures have been taken to control the disease.

THE COMMITTEE

RESOLVES THAT

1. The Scientific Commission for Animal Diseases reconsider the current provisions of relevant chapters and appendices in the *Terrestrial Code* in view of the need of Member Countries to continue with the trade in animals and animal products in the event of an outbreak of foot and mouth disease within a country or zone and after appropriate measures have been taken in accordance with the provisions of the *Terrestrial Code*.
2. The Scientific Commission for Animal Diseases reconsider the current provisions of relevant chapters and appendices in the *Terrestrial Code* to ensure that where several free zones for foot and mouth disease, with or without vaccination, are present in the same country, sufficient sanitary measures are provided to protect the free status of non-affected zones in the event of an outbreak of FMD in one or more of the free zones.
3. The Scientific Commission for Animal Diseases consider the need for possible changes to the relevant chapters and appendices in the *Terrestrial Code* to expedite the process for the regaining of freedom from disease and resumption of trade following the suspension of the disease free status of a country or zone.
4. The OIE presents its recommendations for consideration by the International Committee during the 75th General Session of the OIE.

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(Adopted by the International Committee of the OIE on 23 May 2006)

**REPORT OF THE MEETING  
OF THE OIE AD HOC GROUP ON EMERGING ZOOSES  
Marriott Marquis Hotel, Atlanta, 21 - 22 March 2006**

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**1. Introduction**

The *Ad hoc* Group on Emerging Zoonoses met at the Marriott Marquis Hotel, Atlanta, from 21 to 22 March 2006. Details of the members of the Group and other participants in the meeting are listed in Appendix I. Dr Vallat, Dr Domenech, Prof. Caporale, Dr Marano and Dr Angulo participated in various parts of the meeting. Dr Mike Nunn acted as rapporteur.

Dr Lonnie King, as chair of the Group, welcomed members and other participants. Dr Bernard Vallat, Director-General of the OIE, thanked Dr King and Dr Nina Marano, of the Centers for Disease Control and Prevention (CDC), for the opportunity for the Group to meet in Atlanta immediately before the International Symposium on Emerging Zoonoses (ISEZ), which was being held in conjunction with the CDC's fifth International Conference on Emerging Infectious Diseases (ICEID). Dr Vallat also thanked members of the Group for their input and support, noting that its work was significant in terms of managing emerging risks through providing input to other *Ad hoc* Groups and Working Groups (such on as those working on wildlife diseases and on food safety) and the OIE Commissions. He noted that avian influenza demonstrated the need for more investment in veterinary services to control zoonoses at source and that investments made to control this disease should also help to improve the capacity of veterinary services to prepare for and respond to other disease risks. Dr Vallat also noted that the creation of an *ad hoc* Group would allow the OIE to progress work on the development of guidelines for the on-farm control of *Salmonella* that would complement existing standards of the Codex Alimentarius Commission for this important group of zoonoses.

Dr King reminded participants of the background to the formation of the Group and outlined the main discussions and recommendations from its inaugural meeting at the OIE headquarters, Paris, in March 2005. He introduced the provisional agenda (provided in Appendix II), which was accepted by participants. He noted that the meeting, although short, gave the opportunity for the Group to take stock of its work. Dr King commented that this was timely in the light of significant developments that had occurred since the Group's inaugural meeting, particularly in relation to the enhanced awareness of zoonoses associated with the interdisciplinary collaboration and capacity-building occurring globally in response to the spread of H5N1 highly pathogenic avian influenza (HPAI).

**2. Open discussion and breaking topics**

Dr King noted the recommendations of the inaugural meeting of the Group encompassed five main areas:

- awareness and communications between the Veterinary Services of Member Countries and their Public Health and Environment counterparts;
- training and capacity-building of Member Countries and veterinary and medical academic institutions on emerging zoonotic diseases;

- surveillance and reporting of emerging zoonotic diseases;
- prevention and control strategies for emerging zoonotic diseases; and
- contributing to a proposed symposium on emerging diseases in conjunction with the CDC's fifth ICEID2006 in March 2006.

The Group noted that the terms 'emerging zoonotic diseases' and 'emerging zoonoses', as used by both OIE and WHO, included re-emerging zoonoses. The Group agreed that it would adopt similar usage and interpret its scope as including both newly emerging zoonoses and established zoonoses that were re-emerging in terms of changing traits such as expanding their geographical range, increasing their pathogenicity, or extending their host range by adapting to infect different species.

Participants recognised the need to involve other disciplines in considering emerging zoonoses, noting for example the potential role of ornithologists and wildlife carers in contributing to the understanding of avian influenza. Dr Woodford commented that groups such as the IUCN, Wetlands International and the Wildlife Conservancy had national and international networks that could provide valuable information relevant to avian influenza. The Group agreed that such groups should be encouraged to report information on zoonoses to Member countries' Veterinary Administrations.

### **3. Critical issues arising from avian influenza**

Dr King asked participants to comment on lessons learned from recent experience with avian influenza. Comments included:

- Most developing and in-transition Member Countries' Veterinary Services did not have adequate capacity for the prevention, preparedness, response and recovery tasks associated with this disease.
- Regional laboratory and surveillance networks were proving to be useful (e.g. in South-East Asia).
- Improvements made specifically for avian influenza (e.g. in links across government departments or in surveillance systems) could have a more general benefit in increasing capacity and capability for emerging zoonoses generally.
- OFFLU had proven to be a successful network across FAO, OIE, WHO and Member countries.
- There had been a considerable amount of misinformation circulating, particularly in the media.
- The strong media focus on avian influenza provided opportunities for raising the profile of emerging diseases generally (and thus the potential for increasing resources to combat them).
- Media, public and political interest in the disease was heightened by its zoonotic potential (and particularly the potential of a pandemic of influenza in humans).
- Information on wildlife was available through a range of organizations (e.g. the World Association of Wildlife Veterinarians, the Wildlife Diseases Association) but was not always tapped into by Member countries' Veterinary Administrations.
- Donor funding was slow to be provided and the capacity to absorb such funding was limited in many countries (reflecting long-term under-resourcing of their veterinary services).
- Social factors (e.g. the practice of cock-fighting in some countries) were critical in human infection.

- The delays inherent in scientific peer review and formal publication (e.g. on vaccination efficacy) had hampered the timely sharing of information that Veterinary Administrations in infected countries needed to make appropriate decisions about priorities and resource allocation.
- The lack of clear agreement and advice on vaccination of poultry (and associated concerns re its potential effect on trade) had been detrimental to the control of the disease and the prevention human cases in some countries.
- In some larger countries, the capacity of veterinary services varied markedly across sub-national administrative regions.

In summary, Dr King noted that there was a need for innovative veterinary services to face the challenges of the 21st Century and for improved interdisciplinary communications that were more inclusive than in the past. *The Group agreed that it would be useful to produce a discussion paper on the lessons arising from avian influenza.*

#### **4. National Academy of Sciences study: *Veterinary Medicine at the Crossroads***

Dr King gave a presentation to the Group on the main recommendations of the 2005 National Academy of Sciences (NAS) review of the United States' national animal health framework: *Veterinary Medicine at the Crossroads: preventing, detecting and diagnosing animal diseases* (National Academies Press, Washington, 2005). He explained that this review was the first of three, with the other two to cover (i) monitoring and surveillance, and (ii) response and recovery. He noted that although the review focused on the United States, a number of its major recommendations were generic and applicable to other countries, particularly in relation to the coordination of professionals working on emerging zoonoses in the Veterinary Services of Member Countries and their Public Health and Environment counterparts.

In particular, Dr King highlighted that the NAS review's first recommendation was on the need for high level, authoritative and accountable coordination mechanism or focal point to engage and enhance partnerships at local, sub-national, and national levels that include both the public and private sectors. He noted that other recommendations on the need for improved diagnostic capability, risk analysis, and awareness were consistent with the recommendations that the Group made at its inaugural meeting. The Group noted this and the recommendations in the NAS review on the need for international leadership and increased emphasis on training in a range of disciplines that underpin disease diagnosis, surveillance and response were consistent with recommendations made by the Group at its inaugural meeting. The Group also noted and welcomed the emphasis in the NAS report on coordination that included involving the private sector as partners in preparedness for and response to disease threats, including emerging zoonoses.

The Group noted that it was apparent that if the United States, with its large resource base, had gaps as described in the NAS review other countries would have similar or larger gaps, albeit not always well documented or acknowledged. The Group agreed that there was a clear need for long-term capacity-building of Veterinary Services of Member Countries and their Public Health and Environment counterparts to prepare and train a new cadre of professionals with the knowledge and expertise needed for successfully confronting and managing emerging zoonoses. *The Group agreed that it could also usefully examine the recommendations of the next two proposed NAS reviews — covering (i) monitoring and surveillance, and (ii) response and recovery, respectively — when these are available.*

#### **5. Linkage of public health with academic veterinary medicine: models and best practices**

Dr Marano gave a presentation to the Group on the role of CDC in emerging zoonoses that highlighted the broad range of issues, agents and diseases addressed in this work. She noted that CDC was re-structuring its programs from a focus on agents and an organisational structure based on taxonomical groups to a program structure that was more integrated and an organisational structure that would include a new national zoonotic diseases centre within CDC. Dr King commented that the changes in total across CDC meant a shift in focus from some 250 agents and diseases to an integrated focus on 21 broad public health goals.

Dr Marano outlined the CDC's veterinary students' day, in which some 260 students from veterinary colleges across North America were sponsored to visit and participate in a range of activities at CDC as a means of promoting future careers in veterinary public health and related specialist disciplines.

Dr King asked if members of the Group knew of examples of other models for raising awareness of careers in veterinary public health and related specialist disciplines. Dr Nunn noted that four to six week extra-mural rotations in public practice (with government agencies, including laboratories) were included in the final year of undergraduate training in Australasian veterinary schools. He commented that there was growing interest in postgraduate training courses in Australia and New Zealand in veterinary public health and related specialist disciplines (e.g. the Master of Veterinary Public Health management program offered by the University of Sydney, the Master of Applied Epidemiology program offered by the Australian National University, and the Master of Veterinary Epidemiology program offered by Massey University). He noted that interest was particularly strong in courses offered substantially or wholly online so that students could undertake further training on a part-time basis by distance learning, and that this was attracting students from a range of countries, particularly in Asia. Similar approaches have been developed by universities in other countries (e.g. the Royal Veterinary College in England). Dr Nunn noted that awareness of ecosystem health among veterinary epidemiologists would be raised through a workshop (on 'The Role veterinary epidemiologists in Ecosystem Health') being organised by the Australian Biosecurity Cooperative Research Centre for Emerging Diseases (AB CRC) in conjunction with the 11th conference of the International Society for Veterinary Epidemiology and Economics (ISVEE) in Cairns in August 2006.

Professor Aidaros commented that in Egypt the undergraduate veterinary syllabus needed updating to improve coverage of areas such as public health, epidemiology and wildlife diseases, and noted that as in countries such as those in North America and Europe most veterinary students now were women and most primarily entered veterinary courses with a view to a future career in small animal practice. Dr King noted that at a foresight planning meeting of the deans of North American veterinary colleges this week the convergence of animal and human health was identified as the major driver for change in veterinary education over the next decade. He noted that academic institutions can respond quickly to change, particularly in postgraduate education, citing the example that the number of veterinary colleges in North America offering masters programs in public health had grown from two to 17 over the past three years.

The Group acknowledged the need to attract more veterinarians into careers in veterinary public health and related specialist disciplines worldwide — whether in Veterinary Services of Member Countries, their Public Health and Environment counterparts, or in academic or private sector positions — as an important means of successfully confronting and managing emerging zoonoses.

## **6. Models of global surveillance for zoonoses: the Global Salmonella Surveillance System**

Dr Fred Angulo of CDC gave a presentation to the Group on the WHO Global Salmonella Surveillance Program (Global Salm-Surv) highlighting its progress (for the period from 2000 to 2005) and its Strategic Plan for 2006 to 2010 (as developed at a meeting in Winnipeg in September 2005).

The Group noted the work of Global Salm-Surv, agreed that it provided a useful model for improving surveillance for other zoonoses (particularly other foodborne zoonoses), and welcomed the proposed expansion of Global Salm-Surv to include other diseases.

## **7. Assessment of veterinary services with regard to infrastructure and public health capacity**

Dr Alejandro Thiermann outlined the development of the OIE Performance Vision and Strategy (PVS) instrument for assessment of Veterinary Services. He explained that PVS instrument had been developed in collaboration with the Inter-American Institute for Cooperation on Agriculture (IICA) to assist national Veterinary Services to establish their current level of performance, form a shared vision with the private sector, establish priorities, and facilitate strategic planning. He noted that the PVS instrument could be used by a country for self-assessment, by two countries bilaterally, or by an independent third party assessor. Dr Thiermann stressed that the greatest value in using the instrument in normal circumstances was in the insight, understanding, negotiation and ultimately partnership and shared responsibilities that could be developed by having all stakeholders — including governments (national and sub-national), producers (across all animal industries), processors, traders, retailers, and academics — meet and jointly apply the instrument to assess their current level of performance and develop strategies to address any gaps or deficiencies identified. He

added that in certain circumstances such as when a country faced a significant epidemic (whether limited to animals or zoonotic), Member Countries' Veterinary Services could apply the PVS instrument to help identify gaps or deficiencies for which external donor support might be sought. Such a situation applied currently with respect to H5N1 HPAI, for which the VPS instrument provides a broad assessment tool that donors such as the World Bank have agreed would be useful in helping to determine where investment could best be put and what return and outcomes such investment could realise. Dr Thiermann acknowledged that to be useful in this way the PVS instrument would need to be supplemented by more detailed questions on the specific disease of concern, and commented that these might best be included as questions under those of each relevant variable in the instrument in a handbook or guide for facilitators when applying the instrument.

Dr Vallat suggested that the Group could usefully provide comment on the PVS instrument, particularly in terms of improving its focus on assessing arrangements in place between Member countries' Veterinary Services and other agencies to prepare for and respond to zoonoses. He noted that the PVS instrument was a potential tool that could be used to help drive improvements in Member countries' capacity for successfully confronting and managing emerging zoonoses. Dr Vallat stated that to achieve this objective it would be important for potential donors to request that countries seeking external support to prepare for or respond to HPAI or other zoonoses use the PVS instrument to identify gaps and deficiencies when applying for donor support, and indicated that the World Bank had agreed to use the PVS instrument in this way.

Dr Karim Ben Jebara commented that to make the PVS instrument more relevant to assessing countries' capacity to prepare for and respond to zoonoses it needed to include a focus on in-country links between authorities responsible for human health, animal health, environment and wildlife health. He agreed that this might best be achieved by including some more specific guidelines or standard operating procedures in the handbook or guide for facilitators using the VPS instrument. Dr Slingenbergh commented that the PVS instrument could be amended to cover emerging zoonoses in this way but that it might need further work to customise it to be more useful in assessing countries' capacity for successfully confronting and managing a specific emerging zoonosis such as HPAI.

The Group welcomed the development of the PVS instrument and agreed it had potential application in helping drive improvements in Member countries' capacity for successfully confronting and managing emerging zoonoses. *The Group resolved that it would review the PVS instrument before its next meeting to provide specific suggestions to OIE on how to improve its potential utility for assessing Member countries' capacity for successfully confronting and managing emerging zoonoses.*

## **8. Progress in public health in international organizations**

Dr King invited representatives of OIE, FAO and WHO to brief the Group on recent developments in their respective organizations that were relevant to emerging zoonoses.

Dr Domenech provided an update on FAO activities in relation to zoonoses, and focused on activities related to avian influenza, which had dominated the work of his team over recent months, putting considerable pressure on his core team despite some expansion of its numbers and the use of a number of short-term consultants to help address this important problem. He noted that it had taken nearly two years to get understanding, by international agencies and governments, and clear pledges by donors of support to tackle this disease at its source. He commented that avian influenza provided a potent demonstration of the need for close interaction between veterinary services and human health agencies to prevent and control zoonoses. Dr Domenech said that the disease would be a long-term problem and require long-term investment to reinforce veterinary services in many countries and to build and maintain diagnostic and surveillance networks nationally, regionally and globally. He stressed that avian influenza also provided a model for addressing other emerging zoonoses, noting that others will emerge in the future and require coordinated national and international action. In assessing the current situation, he noted that in many countries control of avian influenza had improved but that the recent extension of the disease into west Africa was a particular concern as the capacity of veterinary services in a number of countries in this region was significantly less than that of most countries in Asia, raising concerns that control in west Africa might take considerably longer than it has in Asia. Dr Slingenbergh noted that there had been good cooperation between FAO and WHO on avian influenza in several countries, particularly most recently in Africa. He noted that there was a risk that the

potential role of cats in the spread of avian influenza might fall outside the remit and focus of both FAO and WHO, stressing that there was a need for sound epidemiological investigations and laboratory studies to assess the potential role of cats in maintaining and spreading infection, particularly to people. Dr Slingenbergh also noted that a report in February 2006 by a non-government organisation (GRAIN) was very critical of FAO and the international response to avian influenza, especially what it argued was too great a focus on the role of smallholder farmers rather than large multinational companies in the maintenance and spread of the disease. He noted that FAO was producing a report on all aspects of the disease and that it was difficult to respond to groups that focused only on selected aspects.

Dr Meslin commented that the time taken for WHO to agree on the priority of focusing on the control of avian influenza at source reflected issues related to communications and understanding of the issues between the different international organisations. Dr Thiermann suggested that in part this also reflected differences in the cultures of animal health and human health, noting that the two areas had not always worked well together in the past and that there was a greater need than ever to demonstrate positive cooperation at national, regional and global levels to combat emerging zoonoses. Professor Aidaros commented that as well as communications and capacity there was a need to have the political will to work together in a positive and constructive way. Dr Domenech agreed, noting that some countries had demonstrated strong and sustained political will to control the disease but that in other countries such strong support had not been forthcoming, leading to continuing outbreaks in poultry and further cases in humans. Dr Ben Jebara commented that the input of expert ornithologists and ecologists was needed to help to improve understanding of the role of wild birds in the spread of avian influenza, particularly in Africa.

Dr Meslin provided an update on WHO activities in relation to zoonoses, noting that the report would soon be available on a meeting in Geneva in September 2005 on the control of zoonoses as a route to poverty alleviation (the 'Consultation on the Control of Zoonotic Diseases: a route to poverty alleviation', co-sponsored by WHO and United Kingdom's Department for International Development). He commented that this meeting focused on 'neglected' zoonoses that although important did not gain the attention of diseases such as avian influenza. He advised that WHO had published a series of reports on influenza, the most recent being on the containment of pandemic influenza, and had progressed consultations on the production of human vaccines against influenza, including means of scaling up production in the event of an outbreak of pandemic influenza. Dr Meslin noted that staff of WHO and FAO were working together in a number of countries infected with avian influenza, but that in some cases there still appeared to be only minimal interaction.

Dr Ben Jebara agreed that the focus on avian influenza had led to both better links between animal and human health authorities and to increased resources, and asked how resources could be increased for 'neglected' zoonoses such as rabies and brucellosis. Dr Meslin suggested that the report of the September 2005 meeting he mentioned would help to increase the focus on such diseases and commented that if well planned the resources provided for avian influenza should improve capacity for other zoonoses as well. Dr Marano commented that experience in the United States was similar, with the 'disease of the moment' attracting resources that could also strengthen capacity for other diseases, and noted that counter-terrorism funding provided specifically to improve capacity against anthrax had helped to improve capacity against other zoonoses as well. Dr King agreed and noted that the establishment of centres of excellence for zoonoses, as has occurred in a number of countries, would also help to maintain a focus on all zoonoses and not just the particular one that was receiving attention at any one time.

Dr Schudel provided an update on OIE activities in relation to zoonoses, adding to the remarks made by Dr Vallat at the start of the meeting. He highlighted the development of updated *Code* chapters on some zoonoses (e.g. brucellosis, tuberculosis), a conference in Kiev on rabies, the positive response to OFFLU, and ongoing work on avian influenza.

## **9. Review of last meeting and follow-up actions**

The Group reviewed the recommendations of its inaugural meeting (shown *in italics* below) and explored progress in their implementation and associated follow-up actions.

*The Group recommended that CVOs designate an officer, at the highest level possible, as the national contact point for liaison on emerging zoonoses, and that the OIE support these officers by providing them with materials and training that will help them undertake their role.* The Group noted that most CVOs of Member countries had not yet designated a specific contact person for liaison on emerging zoonoses, and reiterated the need for this to be done as an important part of the strategy proposed for successfully confronting and managing emerging zoonoses.

*The Group recommended that the OIE facilitate, in collaboration with FAO and WHO and associated collaborating centres, the development of foundation training modules for Member countries to use in educating their Veterinary Services, and their Public Health and Environment counterparts, in emerging zoonoses.* The Group noted that some material was now available on avian influenza and reiterated the need to develop further training modules on other emerging zoonoses.

*The Group recommended that CVOs actively promote and consider developing expertise in their Veterinary Services through the mutual exchange of professionals with their respective Public Health and Environment agencies, and collaborate with research institutes and universities that undertake research and offer veterinary medicine and public health courses, to develop further training opportunities in emerging zoonoses.* The Group noted that some exchanges were occurring in a number of countries but that more CVOs needed to promote such activities, and that this could usefully be promoted through discussion and reporting of progress at meetings of OIE's Regional Commissions.

*The Group recommended that the OIE's Regional Commissions conduct education sessions on emerging and re-emerging zoonoses in conjunction with their regular meetings, and that CVOs invite their counterparts in Public Health and Environment agencies to participate in these sessions.* The Group reiterated the need for this to be done as an important part of the strategy proposed for successfully confronting and managing emerging zoonoses. Dr Schudel suggested that relevant Collaborating Centres could play a useful role in providing education sessions on emerging zoonoses at Regional Commission meetings.

*The Group recommended that GLEWS be fully developed, adequately funded, and implemented.* The Group endorsed the continuing collaborative efforts of the OIE, FAO and WHO to develop the Global Early Warning and Response System (GLEWS) for major animal diseases (including zoonoses), which is designed to help combine and coordinate the different event surveillance, verification, assessment, alert and response mechanisms of these three organizations. It noted that a formal agreement on GLEWS was scheduled to be signed by the three organizations in early May 2006.

*The Group recommended that the OIE, in conjunction with FAO and WHO (including the Codex Alimentarius Commission), consider a more proactive approach to explore the development of guidelines, standards and codes of practice for animal production to help reduce the risk of occurrence of emerging foodborne zoonoses.* The Group noted that the WHO Global Salmonella Surveillance Program (Global Salm-Surv) provides a model of good practice in this area of activity and welcomed the expansion of this initiative to cover other pathogens (as discussed earlier in the meeting). Dr Schudel commented that the OIE Working Group on food safety was also progressing the development of guidelines, standards and codes of practice for on-farm food safety and that these would help reduce the risk of occurrence of emerging foodborne zoonoses.

*The Group recommended that OIE distribute a review of key lessons learned from recent outbreaks of zoonoses through designated country liaison officers on emerging to Veterinary Services and their Public Health and Environment counterparts.* Dr King suggested that it would be useful and appropriate for the Group to develop a concept paper on lessons learned from H5N1 HPAI as a first step in implementing this recommendation, and suggested that he and Dr Nunn prepare a draft of such a paper for comment, amendment and endorsement by the Group before its next meeting. The Group agreed to prepare a concept paper on lessons learned from H5N1 HPAI for consideration by FAO, OIE and WHO.

*The Group recommended that designated country liaison officers on emerging facilitate the establishment of links between Veterinary Services and their Public Health and Environment counterparts with their country's disaster and emergency response services, and that regular desktop exercises should be conducted to test contingency plans and inter-agency links for zoonotic diseases.* The Group noted that, as most CVOs of Member countries had not yet designated a specific contact person for liaison on emerging zoonoses, this task remained to be completed. However, it noted that such links had been established, contingency plans developed, and exercises conducted in a number of countries, particularly with respect to H5N1 HPAI. The Group reiterated the need for this to be done and for such exercises to be conducted on a regular basis as an important part of the strategy proposed for successfully confronting and managing emerging zoonoses.

*The Group recommended that the OIE, in collaboration with FAO and WHO, support the concept of collaborative interdisciplinary projects on emerging diseases within designated centres to provide training, education and research to help clarify risk factors and surveillance needs that should ultimately improve the understanding of and improve responses to incidents caused by emerging and re-emerging zoonoses.* The Group reiterated the need for this to be done and noted that relevant OIE Collaborating Centres should have a role in such training, education and research.

*The Group recommended that the OIE take an active role with the CDC in planning, promoting and participating in a symposium on emerging diseases in conjunction with the ICEID in Atlanta in March 2006, and in identifying opportunities for similar involvement in other relevant international scientific conferences.* The Group noted that this had eventuated as had OIE joined other key sponsors in planning, promoting and participating in the current International Symposium on Emerging Zoonoses (ISEZ), which was being held in conjunction with CDC's fifth ICEID. Dr King noted that there was potential for enhanced collaboration between CDC and OIE.

The Group also reviewed progress in several areas (shown *in italics* below) identified for further consideration at its inaugural meeting and explored progress in implementation and associated follow-up actions.

*Wildlife issues, particularly surveillance of wildlife diseases and validation of laboratory tests for diseases in wildlife, which are both being addressed currently by the OIE Working Group on Wildlife Diseases.* Dr Woodford commented that the OIE Working Group on Wildlife Diseases is progressing these issues.

*The role of serum banks in improving knowledge of the emergence and potential host range of emerging and re-emerging zoonoses, particularly in terms of considering compiling some case studies on their use.* The Group acknowledged that this task still needed to be undertaken.

*Consideration of how the work of the Group might be linked to broader developments (e.g. the Millennium Development Goals) that might facilitate increased focus on issues related to the management of emerging and re-emerging zoonoses.* The Group agreed that this task could be addressed by ensuring that the proposed concept paper that the Group had agreed to prepare included reference to such broader developments, particularly the Millennium Development Goal that refers to diseases and health.

*Involvement of representatives of other disciplines, particularly the social sciences (e.g. specialist in risk communication and in the socioeconomic effects of zoonoses) in the work of the Group to help identify risk factors and change behaviour to reduce risks (e.g. in developing a review of case studies in the promotion of awareness and communications on emerging and re-emerging zoonoses to identify lessons that could be adapted and applied to such efforts worldwide).* Dr Schudel confirmed that the Group could invite, as participants with observer status, representatives of other disciplines or organisations (including NGOs and the private sector) to any of its meetings, and commented that this would be preferable to enlarging the number of formal members of the Group. He advised that such invitations would best be considered on a case-by-case basis depending on the specific agenda items to be covered at each meeting. The Group thanked Dr Schudel

for this advice and noted that it was likely that representation and input from NGOs (e.g. the World Conservation Union — the International Union for the Conservation of Nature, IUCN), the private sector, and some disciplines (e.g. social sciences and the medical profession) would be valuable in some future meetings of the Group.

Dr Slingenbergh noted that there is a possibility to use some FAO funding related to avian influenza to support tasks of the Group such as commissioning reviews (e.g. a paper on the role of serum banks).

## **10. Conclusion**

Dr King noted that Dr Schudel would be retiring soon and, on behalf of the Group, thanked him for his energetic support and his helpful and constructive advice on the work of the Group.

The Group noted that its report would be considered by the Scientific Commission at its next meeting and then by the International Committee in May. Participants agreed it would be useful for the Group to meet again at the OIE Headquarters, Paris, in the last quarter of 2006.

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.../Appendices

**REPORT OF THE MEETING  
OF THE OIE AD HOC GROUP ON EMERGING ZOOSES  
Marriott Marquis Hotel, Atlanta, 21 - 22 March 2006**

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**REPORT OF THE MEETING  
OF THE OIE AD HOC GROUP ON EMERGING ZOOSES  
Marriott Marquis Hotel, Atlanta, 21 - 22 March 2006**

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**Agenda**

1. Introduction
2. Review of last meeting and follow-up actions
3. Discussion of the merits and potential for further collaborations between OIE and PH/CDC
4. Discussion of critical issues of avian influenza and *Ad hoc* Group: key recommendations
5. Veterinary medicine at the crossroads: review of National Academy of Sciences study and recommendations pertaining to veterinary public health
6. Guidelines and assessment of veterinary services with regard to infrastructure and public health capacity of OIE member countries
7. Linkage of public health with academic veterinary medicine: models and best practices, including briefing on CDC Veterinary Student Symposium as an international model
8. Models of global surveillance for zoonoses: the Global Salmonella Surveillance System
9. Progress and advances of international organizations in public health: short summaries by OIE, FAO and WHO
10. Open discussion and breaking topics
11. Conclusion and final recommendations



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