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

Paris, 30 January - 1 February 2007

A meeting of the OIE Scientific Commission for Animal Diseases (Scientific Commission) was held at the OIE Headquarters in Paris, France, from 30 January to 1 February 2007. 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 on the agenda for Member Countries. He referred specifically to the mission conducted by a team under the chairmanship of the President of the Commission to assess the foot and mouth disease situation along the frontier areas of Argentina, Brazil and Paraguay and indicated that the findings and recommendations of the delegation to South America need to be discussed in detail and the report approved by the Commission.

The list of participants and the agenda are presented as Appendices I and II. The Commission noted the inability of the Vice-President of the Commission, Dr Alejandro Schudel, to attend the meeting for medical reasons.

The meeting was chaired by Prof. Vincenzo Caporale, President of the Scientific Commission. Dr P. Willeberg was designated as rapporteur.

The Commission approved the Agenda after provision was made for discussions of the South American FMD mission report with a delegation from the countries concerned.

1. Report of the meeting of the Scientific Commission: 19 – 22 September 2006

The Commission noted the report of the meeting of the Scientific Commission held from 19 to 22 September 2006 at the OIE Headquarters.

2. Report of the *ad hoc* Groups

• ***Ad hoc* Group on Vaccination Strategies for Avian Influenza: 3 – 4 October 2006**

The Commission reviewed the report of the *ad hoc* Group on Vaccination Strategies for Avian Influenza (Appendix III) and took note of the background information given by Dr Christianne Brusckhe of the Scientific and Technical Department explaining the need expressed by Member Countries for general guidelines on vaccination for avian influenza (AI) to assist them in the decision-making process when vaccination for AI need to be considered. A draft copy of the guidelines was distributed to Delegates during the 74th General Session in May 2006. It was emphasised that the draft guidelines will be finalised following the recommendations that might be forthcoming from the OIE/FAO¹/IZSVE² international scientific conference on *Vaccination – a Tool for the Control of Avian Influenza* to be held in Verona, Italy from 20 to 22 March 2007. It is not foreseen that the guidelines will be incorporated as an appendix to the *Terrestrial Animal Health Code (Terrestrial Code)*.

1 FAO: Food and Agriculture Organization of the United Nations

2 IZSVE: Istituto Zooprofilattico Sperimentale delle Venezie

The Commission expressed the need for the guidelines on vaccination to be consistent and congruent with the *Terrestrial Code* chapter on avian influenza and appendices on *General guidelines for animal health surveillance* and *Guidelines for surveillance for avian influenza*, as well as the *Terrestrial Code* chapter on Newcastle disease. The Commission resolved to request the Director General to convene an *ad hoc* Group comprising representatives from the Working Group on Wildlife Diseases, and the *ad hoc* Groups on Newcastle Disease, Avian Influenza and Epidemiology to harmonise the approaches and terminology on closely related and common concepts i.e. surveillance and risk analysis for demonstrating disease freedom *versus* surveillance and risk analysis for vaccination. It was suggested to convene, if possible, a special *ad hoc* Group meeting in Teramo, Italy following the AI vaccination conference in Verona.

- ***Ad hoc* Group on Newcastle disease: 5 – 6 October 2006**

The Commission reviewed and adopted the report of the *ad hoc* Group on Newcastle disease ([Appendix IV](#)) and agreed that the revised *Terrestrial Code* chapter, but not the surveillance guidelines, be circulated to Member Countries by the Terrestrial Animal Health Standards Commission (Code Commission). This is because it would first be necessary to ensure congruency and consistency of the proposed surveillance guidelines for Newcastle disease with the Guidelines for surveillance for avian influenza, as already suggested above in respect for the *ad hoc* Group for Vaccination strategies for avian influenza.

- ***Ad hoc* Group on Tuberculosis: 11 – 13 October 2006**

The Commission reviewed and adopted the report of the *ad hoc* Group on Tuberculosis ([Appendix V](#)) but concluded that the proposed revised Chapter 2.3.3 on Tuberculosis should not be applicable to wildlife species as the Working Group on Wildlife Diseases will be requested to provide general recommendations and guidelines for all disease conditions in which transmission between domestic and wild animals plays a significant role, such as in Classical swine fever, African swine fever, avian influenza and rabies. Therefore, Article 2.3.3.2 (1) and (6) should not be accepted, but changed back to original text and Article 2.3.3.3 should be deleted.

- ***Ad hoc* Group on the evaluation of Country Status for Contagious Bovine Pleuropneumonia (CBPP): 16 – 17 October 2006**

The Commission reviewed and adopted the report of the *ad hoc* Group on Country status evaluation for CBPP ([Appendix VI](#)). The recommendations of the *ad hoc* Group for the allocation of freedom of infection or disease for two Member Countries were reviewed and their recommendation to approve the application of one applicant country was endorsed. The application of the second country, which was referred back to the country for additional information, was reviewed by the Commission after receiving the required information from the Delegate. The application for the allocation of disease freedom to the second applicant country was subsequently approved by the Commission.

Following a discussion on the proposed revised text for Chapter 2.3.15 of the *Terrestrial Code*, the Commission resolved to refer the revision of the text to the *ad hoc* Group on Epidemiology with the incorporation of selected experts on the disease to structure the proposed text to be compatible with other chapters of a similar nature before being forwarded to the Code Commission. The draft questionnaires for CBPP and the surveillance guidelines should similarly be discussed by the *ad hoc* Group on Epidemiology and submitted for adoption at the next meeting of the Scientific Commission.

- **Emergency Meeting of the *ad hoc* Group on Bluetongue: 20 October 2006**

The Commission reviewed and adopted the report of the *ad hoc* Group on Bluetongue ([Appendix VII](#)) except the proposal to change the wording in the relevant Articles of Chapter 2.2.13 from “*Culicoides* vectors likely to be competent BTV vectors.” to “*Culicoides* species that have been demonstrated to transmit BTV”. As is the case with African horse sickness, the Commission resolved that the Code Commission should reconsider the inclusion of the concept of compartmentalisation in the bluetongue chapter as compartments for bluetongue would not always necessary correspond to the *Terrestrial Code* definitions for *quarantine station*.

- **Ad hoc Group on Classical swine fever and African swine fever: 2 – 3 November 2006**

The Commission reviewed and adopted the report of the *ad hoc* Group on Classical swine fever and African swine fever ([Appendix VIII](#)). The Commission requested that the revised chapters and surveillance guidelines for both diseases be circulated by the Code Commission for comment by Member Countries. The Commission noted that a revised version of the Chapter 2.6.7 had already been circulated with the report of the October 2006 meeting of the Code Commission and requested that the version of Chapter 2.6.7 now presented by the Scientific Commission and included with this report, be presented for possible adoption at the 75th General Session of the OIE.

- **Ad hoc Group on African horse sickness: 7 – 9 November 2006**

The Commission reviewed and adopted the report of the *ad hoc* Group on African horse sickness ([Appendix IX](#)). The proposed new chapter 2.5.14 and surveillance guidelines for African horse sickness (AHS) were approved for circulation by the Code Commission for comment by Member Countries. However, the Commission resolved that consideration should be given to including the concept of compartmentalisation for AHS as compartments for AHS would not always necessary correspond to the *Terrestrial Code* definitions for *quarantine station*. The comments of the *ad hoc* Group on the need for inclusion of prescribed tests for international trade in the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Terrestrial Manual)* and international validation of AHSV laboratory assays, will be referred to the Biological Standards Commission for comment.

- **Ad hoc Group on the evaluation of Country Status for Rinderpest: 21 – 22 November 2006**

The Commission reviewed and adopted the report of the *ad hoc* Group on Rinderpest ([Appendix X](#)). The recommendations of the *ad hoc* Group for the allocation of freedom of infection or disease for 11 Member Countries were reviewed and their recommendation to approve the application of five applicant countries and those of another three countries pending the submission of their annual disease reports to the OIE were endorsed while two applications were referred to the applicant countries for additional information. One application was withdrawn by a Member Country.

The proposals by the *ad hoc* Group for changes to Chapter 2.2.12 were approved for circulation by the Code Commission for comments by Member Countries. A noticeable change which the Commission endorsed is the deletion of the concept of *provisional freedom* from the text in the *Terrestrial Code* chapter and surveillance guidelines.

- **Ad hoc Group on the evaluation of Country Status for Bovine Spongiform Encephalopathy (BSE): 14 – 16 November 2006 and 9 – 11 January 2007**

The Commission reviewed the recommendations of the *ad hoc* Group on Country status evaluation for BSE. The *ad hoc* Group had two meetings to first set the guidelines for evaluation to ensure consistency in the evaluation process and finally to use the adopted procedure for evaluation. The applications of 12 Member Countries were evaluated, 11 of which were approved for recommendation to the International Committee and one application was referred back to the Official Delegate of the country.

- **Ad hoc Group on West Nile Fever: 16 – 18 January 2007**

The Commission reviewed and adopted the report of the *ad hoc* Group on West Nile fever ([Appendix XI](#)) and concluded that the proposed new chapter for inclusion in the *Terrestrial Code* be circulated by the Code Commission for comment by Member Countries for supplementary information.

3. Compartmentalisation

The Commission took note of the draft documents on guidelines/checklist for compartmentalisation for avian influenza and Newcastle disease submitted to the International Trade Department by a consultant. The Commission confirmed the decision by the Director General that the *ad hoc* Group on Epidemiology would first develop an Appendix for the *Terrestrial Code* on *General guidelines for compartmentalisation* using the concept paper on compartmentalisation as a reference document. The Commission insisted that the same principle and approach that was used for guidelines on surveillance for animal diseases should be used for compartmentalisation, i.e. by first developing general guidelines for compartmentalisation and then if need be,

specific guidelines for compartmentalisation for selected diseases as was the case with developing specific guidelines for surveillance for diseases such as foot and mouth disease and avian influenza. The Commission therefore request the Director General that in order to avoid confusion with Member Countries on the important concept of compartmentalisation, to support the chronological development of this process as proposed by the Scientific Commission.

The Commission will also seek guidance from the Director General on the feasibility and need for applying the concept of compartmentalisation to diseases such as foot and mouth disease.

4. Network for reference laboratories for bluetongue

Following the recommendations of a meeting of an expert group on bluetongue convened by the Director General at the OIE Headquarters on 20 October 2006 (see Appendix VII), the President of the Commission submitted a proposal to the Commission for the development of such a network. His proposal was adopted by the Commission and it was resolved to request the Director General to invite experts from relevant laboratories to develop the terms of reference and operation of such a network for bluetongue under the auspices of the OIE. It was suggested to convene the first inaugural meeting from 12 to 14 March 2007 at the OIE Reference Laboratory for Bluetongue in Teramo, Italy.

5. Review of matters referred to the Scientific Commission by the Terrestrial Animal Health Standards Commission

The Commission reviewed issues referred by the Code Commission for comments.

- *Definitions for surveillance and monitoring in Chapter 1.1.1 and Appendix 3.8.1 of the Terrestrial Code:* The Code Commission requested the Scientific Commission to ensure consistency between the relevant texts in the *Terrestrial Code*. The Commission resolved that the definition of *surveillance* as it appears in Appendix 3.8.1 should be adopted as the standard definition. The *ad hoc* Group on Epidemiology will be requested to make a recommendation on the standard definition for *monitoring*.
- *The Code Commission requests the Scientific Commission to assess the need for retaining Appendix 3.8.5 in the Terrestrial Code (Factors to consider in conducting a bovine spongiform encephalopathy risk assessment) in view of the BSE questionnaire adopted for country applications already guiding countries in this regard:* The Scientific Commission resolved that the Questionnaire for BSE used by countries to assist them in submitting applications, is not a fixed document and will be changing over time. The Commission is not in favour of deleting the existing Appendix 3.8.5 but indicated that if the Code Commission wish to establish congruency between the *Terrestrial Code* Chapter on BSE and Appendix 3.8.5, the Scientific Commission would be willing to do that.
- *The Code Commission requests the Scientific Commission to assess the feasibility of applying compartmentalisation to foot and mouth disease:* The decision of the Commission on compartmentalisation is outlined in paragraph 3 above.
- *The Code Commission requests the Scientific Commission to consider the time periods that animals could be kept in the free zone to obtain free status for Classical swine fever (CSF):* The Code Commission is requested to consult the revised text for Chapter 2.6.7 and accompanying surveillance guidelines for CSF approved by the Scientific Commission and attached to this report for circulation by the Code Commission for comments by Member Countries as well as the report and recommendations of the *ad hoc* Group on Classical swine fever attached to this report.
- *Small hive beetle:* A draft chapter developed by a Member Country has been received and has already been submitted to experts for comments. The Director General will be requested to convene an *ad hoc* Group to develop a Chapter for the *Terrestrial Code* as soon as all the comments are received.
- *Rinderpest:* The Code Commission was informed on the revised text and surveillance guidelines attached to this report for circulation to Member Countries for comments.

- *Brucellosis*: The *ad hoc* Group for Brucellosis, under the auspices of the Scientific Commission, will have a meeting in February 2007, to revise the current draft chapter in view of extensive comments received from Member Countries.
- *Newcastle disease*: The revised chapter and surveillance guidelines are included with this report for circulation to member Countries for comment.
- *African horse sickness*: The revised chapter and surveillance guidelines are included with this report for circulation to Member Countries for comment.
- *Surveillance guidelines for vectors and vector-borne diseases*: The Scientific Commission would appreciate an opinion from the Code Commission on the need for developing general guidelines for vectors in view of the specific surveillance guidelines that have already been developed for diseases such as bluetongue, African horse sickness and West Nile fever. Should the guidelines that have already been developed prove to be sufficient, the development of additional general guidelines for vector surveillance might be redundant.
- *Ad hoc Group on Salmonellosis/Cysticercosis*: The Scientific Commission noted with concern that although the responsibility for the formation of an *ad hoc* Group and the possible development of a chapter on Salmonellosis for the *Terrestrial Code* has been allocated to the Code Commission, the Scientific Commission would be passed the ad hoc Group's report for opinion. The meeting of the *ad hoc* Group, under the responsibility of the Code Commission, has been scheduled for February 2007.

6. Review of matters referred to the Scientific Commission by the Biological Standards Commission

The Commission took note of the proposed revised text of the *Terrestrial Manual* for bluetongue.

7. OIE/FAO network of foot and mouth disease laboratories

The Commission took note of the report of a meeting convened between OIE and FAO and representatives of OIE FMD laboratories that was held in Florianopolis, Brazil on 4 December 2006 ([Appendix XII](#)). Following a discussion on this issue with the Director General, he indicated that he will request the President of the Commission to conduct an on-site visit to all relevant foot and mouth disease laboratories and to FAO to assess the needs and operation of such a network for foot and mouth disease laboratories and to make recommendations on the future generic policy for operating networks between laboratories.

8. Report of the OIE Mission to South America to assess the control of foot and mouth disease on the frontier areas between Argentina, Brazil, Bolivia and Paraguay

The Commission reviewed in detail the report of the mission that was conducted from 6 to 12 December 2006 by a team appointed by the Director General and chaired by the President of the Scientific Commission. The Commission adopted the report and the recommendations and noted and supported especially the recommendation that it is essential that the countries concerned, address the control of the disease in especially the frontier areas, as a regional problem and investigate alternatives to establish a mutual supportive regional approach to foot and mouth disease control.

Following the adoption of the report by the Commission, a delegation consisting of representatives from Argentina, Brazil, Paraguay, Peru and Chile was given the opportunity to discuss the recommendations of the mission. The delegate of Bolivia submitted an apology for non-attendance due to the outbreak of FMD in Bolivia. The rationale for the recommendations were explained to the delegation including the process that need to be followed by the countries concerned to try and reach an agreement before further assessments on country applications for freedom could be conducted and before the findings of the report could be presented as part of the report of the Scientific Commission to the International Committee. The delegation agreed to again evaluate the recommendations following explanations provided by the Commission and would then submit a response and proposal to the Commission for consideration at the next meeting on 26th February to 2 March 2007. It was agreed that the mission report would be attached as an annex to the report of the next meeting of the Commission to enable the response from the country delegation to be included with the mission report.

9. Schedule of subsequent meetings

The Commission confirmed the schedule of meetings until the General Session in May 2007. The meeting of the Commission for February 2007 has been rescheduled to already commence on the afternoon of 26th February. On a proposal from the Scientific and Technical Department, it was agreed to already schedule meetings of *ad hoc* Groups as from June 2007 to avoid an overloaded program during the months following the summer holidays.

.../Appendices

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

Paris, 30 January – 1 February 2007

Agenda

1. Report of the meeting of the Scientific Commission: 19–22 September 2006
 2. Reports of *ad hoc* Groups:
 - *Ad hoc* Group on Vaccination Strategies for Avian Influenza: 3–4 October 2006
 - *Ad hoc* Group on Newcastle Disease: 5–6 October 2006
 - *Ad hoc* Group on Tuberculosis: 11–13 October 2006
 - *Ad hoc* Group on the Evaluation of Country Status for Contagious Bovine Pleuropneumonia (CBPP): 16–17 October 2006
 - Emergency Meeting of the *ad hoc* Group on Bluetongue: 20 October 2006
 - *Ad hoc* Group on Classical swine fever and African swine fever: 2–3 November 2006
 - *Ad hoc* Group on African horse sickness: 7–9 November 2006
 - *Ad hoc* Group on the Evaluation of Country Status for Rinderpest: 21–22 November 2006
 - *Ad hoc* Group on the Evaluation of Country Status for Bovine spongiform encephalopathy (BSE): 14–16 November 2006 and 9–11 January 2007
 - *Ad hoc* Group on West Nile Fever: 16–18 January 2007
 3. Compartmentalisation
 4. Network of reference laboratories for bluetongue
 5. Review of matters referred to the Scientific Commission by the Terrestrial Animal Health Standards Commission
 6. Review of matters referred to the Scientific Commission by the Biological Standards Commission
 7. OIE/FAO network of foot and mouth disease laboratories
 8. Report of the OIE Mission to South America to assess the control of foot and mouth disease on the frontier areas between Argentina, Brazil, Bolivia and Paraguay
 9. Schedule of subsequent meetings
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MEETING OF THE
OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 30 January - 1 February 2007

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**MEETING OF THE
OIE AD HOC GROUP ON VACCINATION STRATEGIES FOR AVIAN INFLUENZA
Paris, 3 - 4 October 2006**

Dr Vallat welcomed the group and thanked all the participants for their support to the OIE. He explained the terms of reference and emphasized the importance of the expected outcome of this group. The OIE receives many requests from countries to guide them in the implementation of vaccination programs against avian influenza (AI). OIE would like to be able to provide these countries with general guidelines and an overview of the available vaccines. As a result of the March meeting of the group a very valuable information document had been compiled that was presented during the General Session of the OIE in May 2006. This second meeting of the Ad Hoc Group was convened to evaluate the OIE information document on AI vaccination and to use this document as a basis to design a “decision tree” to guide countries with respect to possible implementation of vaccination. The document should also be useful as a basis to establish more detailed guidelines for the application of vaccination strategies, post vaccination monitoring, and related preventive measures such as biosecurity. The result of this group will yield important input into the OIE/ FAO/ IZSVE conference on AI vaccination to be held in Verona in March 2007. Dr Vallat acknowledged the design and creation of a decision tree is a very difficult exercise, but nevertheless urged the group to do its utmost and he wished the group much success.

Professor Mettenleiter acted as chair and Dr Bouma acted as rapporteur. The Agenda and list of participants are presented as Appendices I and II, respectively.

After introduction of the participants the experiences of the participants with vaccination programmes was reviewed.

Although there were no data available on the progress of the vaccination campaign in China and Vietnam, Dr Domenech emphasized his conviction that vaccination resulted in a drastic decrease of outbreaks in these regions. It was stated that e.g. Vietnam, which has been hard hit by human cases in 2005, did not report any new human infection in 2006. Concerning export of poultry or poultry products, a country has to demonstrate that virus is no longer present to be allowed to resume international trade with poultry. This is unlikely to be the case and it may be difficult to establish beyond doubt due to deficiencies in monitoring by the poor infrastructure veterinary services.

Dr Marangon presented the vaccination strategy used in Italy. The HPAI outbreak in 1999 had been controlled without vaccination. Monitoring showed however that there were continuous introductions of low pathogenic AI strains into areas with a high poultry density. In 2002, Italy asked the Commission of the European Union (EU) for permission to use vaccination, first against low pathogenic H7 viruses and then against H7 and H5 using a bivalent vaccine. A LPAI H7 strain, however, re-emerged. After a long discussion, a DIVA approach based on detection of antibodies against neuraminidase subtypes which differed between field virus and vaccine was chosen and a targeted vaccination strategy was applied to turkeys, as well as chicken layers and breeders. The outbreak was successfully controlled. In 2002, a new LPAI strain was introduced, and eradicated by means of vaccination. In 2004 a bivalent vaccine (H5 and H7) was used to control an outbreak of LPAI. The outbreaks with LPAI of various H and N subtypes are assumed to originate from wild water fowl, which is endemically infected. Dr Marangon emphasized that an exit strategy is necessary for each vaccination campaign.

Dr Kanga explained that in Abidjan, the capital of Ivory Coast, big industrial poultry farms are present and the government of Ivory Coast had decided to vaccinate poultry on these farms, with support from FAO. The risk of introduction into backyard poultry was reduced and, although no monitoring program had been implemented, no further infections were seen in the commercial farms. Dr Kanga mentioned that good reporting and identification is very difficult in Ivory Coast and that the risk of introduction of infection in backyard poultry is very high. It is unclear how the virus had been introduced but (illegal) trade with infected neighbouring countries may have played a role. Apparently, there is a sizeable number of vaccine doses still available which the government may use to also vaccinate backyard poultry if infection status of this sector is known to be critical.

Dr Gonzalez explained that in Mexico vaccination has been used since 1995 to contain LPAI and for 2 years to prevent HPAI. About 70% of the flocks has been vaccinated. However, since there is no routine monitoring, it is not clear whether virus is still circulating.

After the introduction of the different participants the information document of the general session 2006 was taken as basis for the first discussion to address under circumstances vaccination may be recommended. Since the decision to vaccinate will depend on more than one factor and since factors like epidemiological situation, poultry structure, or biosecurity are often intricately linked, it was decided after a long discussion that the design of a decision tree was not feasible at this stage. However, to establish a meaningful risk analysis to help in the decision for or against vaccination all these different factors can be used as input. To give guidance to countries to make the risk analysis the list of points to take into consideration were agreed upon and tabulated, and it was recorded whether each separate point would lead to a recommendation to vaccinate or not. Furthermore a checklist was made of factors that have to be taken into account if a vaccination program will be implemented.

.../Appendices

Appendix I

**MEETING OF THE
OIE AD HOC GROUP ON VACCINATION STRATEGIES FOR AVIAN INFLUENZA
Paris, 3 - 4 October 2006**

Agenda

1. Opening of the meeting
 2. Introduction of the participants
 3. Finalisation of Agenda, Terms of Reference and working program
 4. Review of documents distributed.
 5. Preparation of draft document on Guidelines for vaccination against avian influenza according to TOR
 6. Finalisation of report and recommendations of the Ad hoc Group
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**MEETING OF THE
OIE AD HOC GROUP ON VACCINATION STRATEGIES FOR AVIAN INFLUENZA**

Paris, 3 - 4 October 2006

List of Participants

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**MEETING OF THE
OIE AD HOC GROUP ON NEWCASTLE DISEASE SURVEILLANCE
Paris, 5-6 October 2006**

Dr Vallat welcomed the group and thanked all the participants for their continuous support to the OIE. He explained the terms of reference and emphasized the importance of new standards for Newcastle disease and the need for surveillance guidelines for Newcastle disease. The Newcastle disease chapter has not been updated for a long time and there is no surveillance appendix available yet. Dr Vallat stressed the aim of the *Terrestrial Animal Health Code* is primarily to assure sanitary safety of international trade of animals and animal products as well as providing surveillance guidelines to Member Countries. It is necessary to update the Newcastle disease chapter based on the latest scientific information and to develop guidelines for surveillance of the disease. The new standards and surveillance guidelines should be developed in parallel with the avian influenza standards and guidelines and this new chapter and appendix are included in the documents to be used as example and format. Dr Vallat emphasized the expected outcome of this group and wished the group much success with their work.

Dr Jack King acted as chair and Dr Christian Grund acted as rapporteur. The Agenda and list of participants are presented as Appendices I and II, respectively.

After introduction of the participants, a discussion ensued of recent scientific information that should provide the basis for any proposed changes to the current standards Chapter 2.7.13. Newcastle Disease in the 2006 *Terrestrial Animal Health Code*. The recently adopted Avian Influenza Chapter 2.7.12 provided a basis for comparison in the discussion and was used as a template by the participants in developing the newly proposed standards. The article numbering in the Avian Influenza template has been retained in the proposed Newcastle disease standards and an explanation of the changes incorporated are as follows:

- The most extensive changes were made in Article 2.7.12.1. The definition of Newcastle disease (ND) from the *Terrestrial Manual* is now incorporated into the *Terrestrial Code*. Terminology was added to provide differentiation of virulent Newcastle disease virus (vNDV), the cause of infections which are notifiable, from low virulent NDV infections which are not notifiable.
- The definition of poultry from the avian influenza chapter was expanded to specifically include backyard chickens and game fowl (fighting cocks). This expansion was made because the group believe that chickens regardless of use are one of the biggest concerns in the spread of ND because of their high susceptibility and when infected they shed large amounts of virus and place many bird compartments at risk. Backyard poultry and/or game fowl were significantly involved in recent ND outbreaks in Italy during 2000 and in the USA during 2002-2003. An additional paragraph was introduced to distinguish between poultry and other birds for example those kept by bird fanciers for shows and racing pigeons particularly when these birds have no epidemiological connection to poultry.
- And finally an interpretation of action to be taken with the occurrence of an infection with a virulent NDV strain in birds other than poultry and the definition of what constitutes an infection with virulent NDV was included. Serology that can be important in the identification of avian influenza virus infections is less

important in the identification of Newcastle disease because of the extensive presence of NDV antibody due to widely used ND vaccination of poultry and the presence of infections with indigenous NDV strains of low virulence. Therefore serology was not included as factor in defining the occurrence of ND.

Article x.x.12.2 specifies the criteria for determining the ND status of a country, zone or compartment. The specifics of how the determination was made should be verified in any certificate of export. Surveillance is a component of that evaluation and the first citation of the surveillance appendix to be completed was included here. Points deleted from the avian influenza chapter template were the risk assessment and the historic perspective and the wording that included assessing the risk posed by birds other than poultry. It was considered sufficient to limit risk assessment to poultry. Reference to the surveillance document to be completed is included in several other Articles.

Article x.x.12.3 of the proposal is a combination of Article x.x.12.3 and Article x.x.12.4 of the avian influenza chapter which identifies two standards of being avian influenza free, NAI and HPNAI, whereas there is a single standard for being free of ND.

In article x.7.12.5 (importation of live poultry from an ND free country) the reference to Article x.x.12.2 was cited to address required surveillance rather than inclusion as a separate point within the Article. Point 4 is an addition adapted from Article 2.7.12.6 of the avian influenza chapter. It was agreed that objects like transport boxes may contribute to the spread of ND. Thus the use of new transport boxes or cleaning and disinfection protocols for reusable boxes are considered an additional factor in reducing the potential for transmission of the etiologies of infectious diseases.

In Article 2.7.12.7, when importing day-old live poultry from an ND free country, zone or compartment as defined in Article x.x.12.2, Veterinary Administrations should require verification that the birds were hatched in a ND free country, zone or compartment. Wording was added to verify the hatchery location.

Article 2.7.12.8 and 2.7.12.10 are new requirements for day-old live birds other than poultry and hatching eggs, respectively, without regard to the ND status of the country, zone or compartment in which they originate. The articles were added to enable trade with rare species, but it was agreed that special precautions should be in place as detailed in those articles.

Article 2.7.12.9. specifies requirements for hatching eggs from poultry in a ND free area to differentiate it from Article 2.7.12.10 which covers requirements for hatching eggs for birds other than poultry in an area without regard for ND status.

Article 2.7.12.11 for poultry eggs for human consumption added the word poultry to eggs for human consumption and combined Article 2.7.12.11 and Article 2.7.12.12 of the avian influenza chapter because there is only one standard for ND free vs the NAI and HPNAI standards for avian influenza.

Article 2.7.12.13 for poultry egg products further defined the egg products by adding the word poultry because only poultry egg products were considered to be eligible for trade. Other bird sources for egg products are poorly defined. Wording was added to define the containers appropriate for egg product transport.

Article 2.7.12.14 is an extension of Article 2.7.12.13 to provide standards for poultry egg products without regard to ND status of origin. It was agreed that NDV can be inactivated in those products but specific data to define the protocols for acceptable treatment may have to be developed.

Articles 2.7.12.15 and 2.7.12.17 addressed trade of semen from poultry as well as for other birds. It was thought necessary to specify that the isolation and clinical examination did include the day of semen collection. Article 2.7.12.17 addresses the issue of semen from rare birds or species at risk. The ND risk associated with this procedure was discussed but no approach to reduce risk beyond the current wording was identified.

In Article 2.7.12.18 wording was added to specify that birds be both kept and slaughtered in an ND free country. This was introduced to exclude to potential contamination of meat with vNDV in the slaughterhouse. Article 2.7.12.20 specifies Article 2.7.12.18 as the source of the meat as well as that it be processed in a ND free area or that the meat be processed to insure destruction of vNDV. It was agreed that NDV can be inactivated in those products but specific data to define the protocols for acceptable treatment may have to be developed. Defining acceptable inactivation protocols are also required in Articles 2.7.12.21 – 22.

In Article 2.7.12.22 the word poultry was deleted to allow import of feathers from other bird species as long as other requirements to insure freedom from vNDV contamination were followed.

The group initiated discussion and drafting of an Appendix of Guidelines for Surveillance of Newcastle Disease to the *Terrestrial Animal Health Code* based on the current Appendix 3.8.9 Guidelines for Surveillance of Avian Influenza. Insufficient time was available to complete that draft. Citations are included in the draft *Code* chapter for surveillance issues to be addressed in the Appendix when completed.

.../Appendices

Appendix I

**MEETING OF THE
OIE AD HOC GROUP ON NEWCASTLE DISEASE SURVEILLANCE
Paris, 5-6 October 2006**

Provisional Agenda

1. Welcome and Introduction of participants
 2. Discussion on terms of reference of the meeting
 3. Review of the *Terrestrial Animal Health Code* Chapter on Newcastle Disease
 4. Development of surveillance guidelines for Newcastle Disease
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Appendix II

**MEETING OF THE
OIE AD HOC GROUP ON NEWCASTLE DISEASE SURVEILLANCE
Paris, 5-6 October 2006**

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List of participants

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**REPORT OF THE MEETING
OF THE OIE AD HOC GROUP ON TUBERCULOSIS**

Paris, 11 - 13 October 2006

A meeting of the OIE *ad hoc* Group on Tuberculosis was held at the OIE Headquarters in Paris, France, from 11 to 13 October 2006. Dr Bernard Vallat, the Director General, welcomed the participants and explained the agenda of the meeting.

The Agenda and the List of participants are presented as Appendices I and II.

The meeting was chaired by Dr Thomas Jemmi and Mr Keith Jahans was designated as rapporteur.

1. Review of Chapter 2.3.3. on Bovine Tuberculosis in the OIE *Terrestrial Animal Health Code*

The *ad hoc* Group reviewed Chapter 2.3.3. of the *Terrestrial Code* and took into account the changes in the light of new scientific concepts and also took into consideration comments received from Member Countries on the Chapter adopted in May 2005.

The amendments proposed have been based on the following conclusions:

- The Chapter has been expanded to include wood bison (*Bison bison* and *Bison bonasus*) and restricted to domestic (permanently captive and owned free-range) bovines as the tuberculin test is validated for those species and the management practices and the control strategies are comparable.
- The *ad hoc* Group had insufficient information on validated tests and associated standardised control strategies for other species. Therefore, no other domestic species has been included. The *ad hoc* Group suggests that when this information is available and there is significant trade, the relevant Chapter could be further expanded.
- The influence of other domestic and wild mammals on the potential transmission of *M. bovis* to domestic bovines has been taken into account using the Chapter 2.6.7. on Classical Swine Fever as an example. Accordingly, the definition of the free status now takes into account the results of adequate surveillance of those species. Moreover the *ad hoc* Group recommends the notification of *M. bovis* infection in all animals.
- The *ad hoc* Group agreed that there is no need for specific surveillance guidelines on bovine tuberculosis in domestic bovines. However, general surveillance guidelines are recommended for wildlife.
- The concept of compartmentalisation and zoning vis-à-vis *M. bovis* infection was reviewed and clarified.
- Meat was considered a safe product for human consumption provided that ante mortem and post mortem inspections are carried out according to Appendix 3.10.1 of the *Code*. The *ad hoc* Group insisted that although ante and post mortem inspections are carried out under the supervision of the *Veterinary Services*, the final decision as to whether the meat is fit for human consumption should be made by veterinarians duly authorised by the *Veterinary Services*.

- The suggestion of the OIE Working Group on Animal Production Food Safety on certification has been rejected as the *ad hoc* Group feels that a certificate can only be issued by an Official Veterinarian. A change of this principle is beyond the scope of this group.
 - The attestation in the international veterinary certificate for milk and milk products of domestic bovines has been clarified taking into account the comments of the Bureau of the Scientific Commission for Animal Diseases. When there is evidence of infection in other species the milk and milk products from these species should be pasteurised or be subjected to a combination of control measures with equivalent performance as described in the Codex Alimentarius Code of Hygienic Practice for Milk and Milk Products. However, as regards *M. bovis* infection in other species, the Group identified the need of a definition for the conditions of safe trade of milk and milk products.
 - The *ad hoc* Group identified the urgent need for the definition of “herd” in the *Code*.
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.../Appendices

Appendix I

OIE AD HOC GROUP ON TUBERCULOSIS

Paris, 11 - 13 October 2006

Agenda

1. Welcome, adoption of the agenda, appointment of the rapporteur
2. Review of Chapter 2.3.3. on Bovine Tuberculosis in the OIE *Terrestrial Animal Health Code* to incorporate also the concept of compartmentalisation and the occurrence and relevance for trade of the disease in other species including wildlife
3. Need for specific surveillance guidelines
4. Any other business
5. Time table: deadlines, dates of next meetings, etc.
6. Finalisation and adoption of the draft report

Appendix II**OIE AD HOC GROUP ON TUBERCULOSIS****Paris, 11 - 13 October 2006**

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**REPORT OF THE MEETING OF OIE AD HOC GROUP FOR EVALUATION OF COUNTRY STATUS
WITH RESPECT TO CONTAGIOUS BOVINE PLEUROPNEUMONIA
Paris, 16-17 October 2006**

The OIE *Ad hoc* Group on Contagious bovine pleuropneumonia (CBPP) met at the OIE Headquarters, Paris on 16 and 17 October 2006.

Dr Gideon Brückner, Head of the OIE Scientific and Technical Department, welcomed members of the Group on behalf of the OIE Director General, Dr Bernard Vallat. He explained that the meeting had been convened to evaluate the dossiers of Member Countries that have applied to the OIE to be recognised as free from CBPP and also to review the Chapter and Appendix on CBPP in the OIE *Terrestrial Animal Health Code* (the *Terrestrial Code*). The Group was further asked to comment on the Alive draft document on CBPP.

Prof. Vincenzo Caporale 16 October, President of the Scientific Commission presided as chairman on 16 October and Prof S. Hammami on 17 October. F. Thiaucourt was designated as Rapporteur.

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

1. Evaluation of country applications for the evaluation of CBPP status

1.1. Evaluation of the USDA dossier

The *ad hoc* Group evaluated the USDA dossier and concluded to recommend to the Scientific Commission that the USA be granted freedom from CBPP on historical grounds in accordance with the requirements of the *Terrestrial Code*.

1.2. Evaluation of supplementary information supplied by India

The Group reviewed additional information provided by India following a request from the Scientific Commission and made the following observations:

- 1) Considering the issues that needed clarification from India as requested in the communiqué of 10 February 2006 by the OIE to the Delegate of India, the Group acknowledged that there is a process in place for the control of animal movement between India and neighbouring countries and also between zones within India. India acknowledged in the supplementary dossier that this control is only partial. As a consequence, the Group concluded that the country is still at risk for the introduction of the disease from neighbouring countries or from neighbouring zones as:
 - a) The controls in place have not been clearly described
 - b) There is no identification system in place that would allow a strict control of animal movements and detection of legal or illegal animal movements.
 - c) There is no evidence of any permit system for movement control.

- 2) The Group acknowledged the fact that CBPP at low prevalence would be difficult to detect by clinical inspection, the surveillance system in place should therefore rely on efficient laboratory networks. The additional dossier provided by India describes the capabilities of the referral mycoplasma laboratory of IVRI (Izatnagar). However it does not mention any type of quality management system in place for its laboratory network unlike what is stated in Chapter 1.1.2. of the *OIE Manual*. The *ad hoc* Group concluded that it would be essential to receive assurances from the Delegate that there is quality management control in operation throughout the laboratory network.

The Group concluded to recommend to the Scientific Commission that freedom from CBPP only be granted on assurances from the Delegate on the control of animal movements and systems in place for quality management in the laboratory network involved in the diagnostic procedures for CBPP.

2. **Alive draft document on CBPP**

After a brief background review by Dr F. Thiaucourt on the origin and purpose of the document, the Group reviewed the Alive draft document (version July 2006) and made the following comments:

- a) Some members of the Group raised concerns about the amount of funds required to a project addressing only a single disease
- b) To ensure the realization of project objectives, emphasis should be put on institutional support in relation to CBPP control activities in particular in targeting institutions and laboratories involved in animal disease diagnosis and research.
- c) The project should take into account the need of countries to comply with OIE recognition requirements for CBPP and other transboundary animal diseases to promote trade.
- d) Further description of DIVA technology is needed to clearly show the importance of differentiating infected from vaccinated cattle.
- e) There is a need to strengthen epidemiological networks for CBPP based on previous projects and achievements.
- f) Certain concepts in the document need to further clarified.
- g) The management of the project should be clarified to ensure a successful project implementation (for example through the establishment of a steering committee).
- h) Activities outlined in the project should better reflect demand driven concepts.
- i) Budget allocation should reflect annual activities.

3. **Review of the OIE CBPP chapter in the *Terrestrial Code* (Chapter 2.3.15) and the questionnaire for the evaluation of country status**

- 1) The Group reviewed the CBPP questionnaire to make it consistent with other questionnaires such as that on rinderpest and foot and mouth disease. See [Appendix III](#)
- 2) The Group reviewed chapter 2.3.15 already amended during the last ad hoc Group meeting (10th October 2005), validated the changes made and added some modifications.

- 3) The Group extensively modified Appendix 3.8.3 of the *Terrestrial Code* on CBPP surveillance. The main modifications were the following:
- The Group resolved that there was no technical reason to base application for certification on control strategies applied within countries. Hence all references to vaccination were deleted. Certification should be based solely on compliance with OIE guidelines ensuring that the country is free of disease or infection
 - The Group suggested to remove the step of provisional freedom in the OIE pathway as this status did not provide enough guarantees for trade.
 - The Group revised the various periods required for obtaining status recognition
 - The Group added compartmentalization in addition to zones and countries compliance for freedom.
 - The Group included quality management considerations in CBPP diagnostics as a necessary step for status recognition.
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.../Appendices

Appendix I

**MEETING OF OIE AD HOC GROUP FOR EVALUATION OF COUNTRY STATUS
WITH RESPECT TO CONTAGIOUS BOVINE PLEUROPNEUMONIA
Paris, 16 – 17 October 2006**

Agenda

1. Welcome and administrative arrangements
 2. Adoption of agenda and appointment of rapporteur
 3. Evaluation of the dossier submitted by the United States of America
 4. Evaluation of the dossier with supplementary information submitted by India
 5. Alive draft document on CBPP
 6. Review of the Chapter on CBPP
 7. Finalisation of draft report
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Appendix II

**MEETING OF OIE AD HOC GROUP FOR EVALUATION OF COUNTRY STATUS
WITH RESPECT TO CONTAGIOUS BOVINE PLEUROPNEUMONIA
Paris, 16 – 17 October 2006**

Provisional list of participants

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Appendix III**CONTAGIOUS BOVINE PLEUROPNEUMONIA (CBPP) DISEASE FREE COUNTRY**

Report of Country which applies for recognition of status, under Chapter 2.3.15 and Appendix 3.8.3 of the *Terrestrial Animal Health Code*, as a CBPP disease free country

Please address concisely the following topics. National regulations laws and *Veterinary Administration* directives may be referred to and annexed as appropriate

1. Introduction

- 1.1. Geographical factors. Provide a general description of the country including physical, geographical and other factors that are relevant to CBPP dissemination, countries sharing common borders and other countries that although may not be adjacent share a link for the potential introduction of disease. Provide a map identifying the factors above.
- 1.2. Livestock industry. Provide a general description of the livestock industry in the country.

2. Veterinary system

- 2.1. Legislation. Provide a list and summary of all relevant veterinary legislation in relation to CBPP.
- 2.2. *Veterinary Services*. Provide documentation on the compliance of the Veterinary Service of the country with the provisions of Chapters 1.3.3. and 1.3.4. of the *Terrestrial Code* and I.1.2 of the *Terrestrial Manual* and describe how the veterinary services supervise and control all CBPP related activities. Provide maps and tables wherever possible.
- 2.3. Role of farmers, industry and other relevant groups in CBPP surveillance and control (include a description of training and awareness programs on CBPP)
- 2.4. Role of private veterinary profession in CBPP surveillance and control

3. CBPP eradication

- 3.1. History. Provide a description of the CBPP history in the country, date of first detection, origin of infection, date of eradication.
- 3.2. Strategy. Describe how CBPP was controlled and eradicated (e.g. stamping-out, modified stamping-out, zoning), provide timeframe for eradication.
- 3.3. Vaccines and vaccination. Was CBPP vaccine ever used? If so, when was the last vaccination carried out?
- 3.4. Legislation, organisation and implementation of the CBPP eradication campaign. Provide a description of the organizational structure at the different levels. Indicate if detailed operational guidelines exist and give a brief summary.
- 3.5. Animal identification and movement control. Are susceptible animals identified (individually or at a group level)? Provide a description of the methods of animal identification, herd registration and traceability. How are animal movements controlled in the country? Provide evidence on the effectiveness of animal identification and movement controls.

4. CBPP diagnosis

Provide documentary evidence that the provisions in Chapters I.1.2 and 2.1.6. of the *Terrestrial Manual* are applied. In particular, the following points should be addressed:

- 4.1. Is CBPP laboratory diagnosis carried out in the country? If so, provide a list of approved laboratories. If not, provide the name(s) of and the arrangements with the laboratory(ies) samples are sent to.
- 4.2. Provide an overview of the CBPP approved laboratories, in particular to address the following points:
 - 4.2.1. Procedures for the official accreditation of laboratories. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO etc. that exist in, or planned for, the laboratory system.
 - 4.2.2. Give details of participation in inter-laboratory validation tests (ring tests).
 - 4.2.3. Biosecurity measures applied.
 - 4.2.4. Details of the type of tests undertaken including procedures to identify *M. mycoides* subsp. *mycoides* SC as opposed to *M. mycoides* subsp. *mycoides* LC.

5. CBPP surveillance

Provide documentary evidence that surveillance for CBPP in the country complies with the provisions of Appendix 3.8.3. of the *Terrestrial Code* and Chapter 2.1.6 of the *Terrestrial Manual*. In particular, the following points should be addressed:

- 5.1. Clinical surveillance. What are the criteria for raising a suspicion of CBPP? What is the procedure to notify (by whom and to whom) and what penalties are involved for failure to report? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for CBPP agent, species, type of sample, testing method(s) and results (including differential diagnosis).
- 5.2. Slaughterhouses, slaughter slabs, abattoirs. What are the criteria for raising a suspicion of CBPP lesion? What is the procedure to notify (by whom and to whom)? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for CBPP agent, species, type of sample, testing method(s) and results (including differential diagnosis).
- 5.3. For countries where a significant proportion of animals are not slaughtered in controlled abattoirs, what are the alternative surveillance measures applied to detect CBPP (for example: active clinical surveillance program, serological surveys).
- 5.4. Livestock demographics and economics. What is the susceptible animal population by species and production systems? How many herds, flocks, etc., of each susceptible species are in the country? How are they distributed (e.g., herd density, etc.)? Provide tables and maps as appropriate.
- 5.5. Slaughterhouses and markets. Where are the major livestock marketing or collection centers? What are the patterns of livestock movement within the country? How are the animals transported and handled during these transactions.

6. CBPP prevention

- 6.1. Coordination with neighbouring countries. Are there any relevant factors about the adjacent countries that should be taken into account (e.g., size, distance from adjacent border to affected herds or animals)? Describe coordination, collaboration and information sharing activities with neighboring countries.

6.2. Import control procedures

From what countries or zones does the country authorize the import of susceptible animals or their products? What criteria are applied to approve such countries or zones? What controls are applied on entry of such animals and products, and subsequent internal movement? What import conditions and test procedures are required? Are imported animals of susceptible species required to undergo a quarantine or isolation period? If so, for how long and where? Are import permits and health certificates required? What other procedures are used? Provide summary statistics of imports of susceptible animals and their products for the past two years, specifying country or zone of origin, species and volume.

6.2.1. Provide a map with the number and location of ports, airports and land crossings. Is the official service responsible for import controls part of the official services, or is it an independent body? If it is an independent body, describe its management structure, staffing levels and resources, and its accountability to the central veterinary services. Describe the communication systems between the central authorities and the border inspection posts, and between border inspection posts.

6.2.2. Describe the regulations, procedures, type and frequency of checks at the point of entry into the country and/or their final destination, concerning the import and follow up of the following:

- a) animals
- b) genetic material (semen and embryos)
- c) veterinary medicinal products (i.e. biologics)

6.2.3. Describe the action available under legislation, and actually taken, when an illegal import is detected. Provide information on detected illegal imports.

7. Control measures and contingency planning

7.1. Give details of any written guidelines, including contingency plans, available to the official services for dealing with suspected or confirmed outbreaks of CBPP.

7.2. Is quarantine imposed on premises with suspicious cases, pending final diagnosis? What other procedures are followed regarding suspicious cases?

7.3. In the event of a CBPP outbreak:

7.3.1. indicate the sampling and testing procedures used to identify and confirm presence of the causative agent,

7.3.2. describe the actions taken to control the disease situation in and around any holdings found to be infected with CBPP,

7.3.3. indicate the control and/or eradication procedures (e.g. vaccination, stamping out, partial slaughter/vaccination etc) that would be taken,

7.3.4. describe the procedures used to confirm that an outbreak has been successfully controlled/eradicated, including any restrictions on restocking,

7.3.5. give details of any compensation payments made available to farmers etc when animals are slaughtered for disease control/eradication purposes.

8. Compliance with the *Terrestrial Code*

In addition to the documentary evidence that the provisions of appendix 3.8.3 are properly implemented and supervised, the Delegate of the country must submit a declaration indicating:

- 8.1. no clinical CBPP has been detected for at least 2 years;
- 8.2. no CBPP vaccines have been used for at least 2 years in any susceptible species,
- 8.3. the country operates both clinical surveillance and disease reporting systems for CBPP adequate to detect clinical disease if it were present;
- 8.4. all clinical evidence suggestive of CBPP is investigated by field and laboratory methods (including serological assessment) to refute a possible diagnosis of CBPP;
- 8.5. there are effective measures in force to prevent the re-introduction of the disease.

9. Recovery of status see 3.8.3

Countries applying for recovery of status should comply with the provisions of Article 2.3.15.3 of the *Terrestrial Code* and provide detailed information as specified in sections 3.1, 3.2, 3.3 and 5.2 of this report. Information in relation to other sections need only be supplied if relevant.

CBPP INFECTION FREE COUNTRY

Report of Country which applies for recognition of status, under Chapter 2.3.15 and Appendix 3.8.3 of the *Terrestrial Animal Health Code*, as a CBPP infection free country

Please address concisely the following topics. National regulations laws and *Veterinary Administration* directives may be referred to and annexed as appropriate

1. Introduction

- 1.1. Geographical factors. Provide a general description of the country including physical, geographical and other factors that are relevant to CBPP dissemination, countries sharing common borders and other countries that although may not be adjacent share a link for the potential introduction of disease. Provide a map identifying the factors above.
- 1.2. Livestock industry. Provide a general description of the livestock industry in the country.

2. Veterinary system

- 2.1. Legislation. Provide a list and summary of all relevant veterinary legislation in relation to CBPP.
- 2.2. *Veterinary Services*. Provide documentation on the compliance of the Veterinary Service of the country with the provisions of Chapters 1.3.3. and 1.3.4. of the *Terrestrial Code* and I.1.2 of the *Terrestrial Manual* and describe how the veterinary services supervise and control all CBPP related activities. Provide maps and tables wherever possible.
- 2.3. Role of farmers, industry and other relevant groups in CBPP surveillance and control (include a description of training and awareness programs on CBPP)
- 2.4. Role of private veterinary profession in CBPP surveillance and control

3. CBPP eradication

- 3.1. History. Provide a description of the CBPP history in the country, date of first detection, origin of infection, date of eradication, date of CBPP disease free status recognition.
- 3.2. Strategy. Describe how CBPP was controlled and eradicated (e.g. stamping-out, modified stamping-out, zoning), provide timeframe for eradication
- 3.3. Vaccines and vaccination. Was CBPP vaccine ever used? If so, when was the last vaccination carried out?
- 3.4. Legislation, organisation and implementation of the CBPP eradication campaign. Provide a description of the organizational structure at the different levels. Indicate if detailed operational guidelines exist and give a brief summary.
- 3.5. Animal identification and movement control. Are susceptible animals identified (individually or at a group level)? Provide a description of the methods of animal identification, herd registration and traceability. How are animal movements controlled in the country? Provide evidence on the effectiveness of animal identification and movement controls.

4. CBPP diagnosis

Provide documentary evidence that the provisions in Chapters I.1.2 and 2.1.6. of the *Terrestrial Manual* are applied. In particular, the following points should be addressed:

- 4.1. Is CBPP laboratory diagnosis carried out in the country? If so, provide a list of approved laboratories. If not, provide the name(s) of and the arrangements with the laboratory(ies) samples are sent to.
- 4.2. Provide an overview of the CBPP approved laboratories, in particular to address the following points:
 - 4.2.1. Procedures for the official accreditation of laboratories. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO etc. that exist in, or planned for, the laboratory system
 - 4.2.2. Give details of participation in inter-laboratory validation tests (ring tests).
 - 4.2.3. Biosecurity measures applied
 - 4.2.4. Details of the type of tests undertaken including procedures to identify *M. mycoides* subsp. *mycoides* SC as opposed to *M. mycoides* subsp. *mycoides* LC

5. CBPP surveillance

Provide documentary evidence that surveillance for CBPP in the country complies with the provisions of Appendix 3.8.3. of the *Terrestrial Code* and Chapter 2.1.6 of the *Terrestrial Manual*. In particular, the following points should be addressed:

- 5.1. Clinical surveillance. What are the criteria for raising a suspicion of CBPP? What is the procedure to notify (by whom and to whom) and what penalties are involved for failure to report? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for CBPP agent, species, type of sample, testing method(s) and results (including differential diagnosis).
- 5.2. Slaughterhouses, slaughter slabs, abattoirs. What are the criteria for raising a suspicion of CBPP lesion? What is the procedure to notify (by whom and to whom)? Provide a summary table indicating, for the past three years, the number of suspect cases, the number of samples tested for CBPP agent, species, type of sample, testing method(s) and results (including differential diagnosis).
- 5.3. For countries where a significant proportion of animals are not slaughtered in controlled abattoirs, what are the alternative surveillance measures applied to detect CBPP (for example: active clinical surveillance program, serological surveys)
- 5.4. Livestock demographics and economics. What is the susceptible animal population by species and production systems? How many herds, flocks, etc., of each susceptible species are in the country? How are they distributed (e.g., herd density, etc.)? Provide tables and maps as appropriate.
- 5.5. Slaughterhouses and markets. Where are the major livestock marketing or collection centers? What are the patterns of livestock movement within the country? How are the animals transported and handled during these transactions.
- 5.6. Provide a description of the means employed during the year preceding this application to rule out the presence of any MmmSC strain in the susceptible population.

6. CBPP prevention

6.1. Coordination with neighbouring countries. Are there any relevant factors about the adjacent countries that should be taken into account (e.g., size, distance from adjacent border to affected herds or animals)? Describe coordination, collaboration and information sharing activities with neighboring countries.

6.2. Import control procedures

From what countries or zones does the country authorize the import of susceptible animals or their products? What criteria are applied to approve such countries or zones? What controls are applied on entry of such animals and products, and subsequent internal movement? What import conditions and test procedures are required? Are imported animals of susceptible species required to undergo a quarantine or isolation period? If so, for how long and where? Are import permits and health certificates required? What other procedures are used? Provide summary statistics of imports of susceptible animals and their products for the past two years, specifying country or zone of origin, species and volume.

6.2.1. Provide a map with the number and location of ports, airports and land crossings. Is the official service responsible for import controls part of the official services, or is it an independent body? If it is an independent body, describe its management structure, staffing levels and resources, and its accountability to the central veterinary services. Describe the communication systems between the central authorities and the border inspection posts, and between border inspection posts.

6.2.2. Describe the regulations, procedures, type and frequency of checks at the point of entry into the country and/or their final destination, concerning the import and follow up of the following:

- a) animals
- b) genetic material (semen and embryos)
- c) veterinary medicinal products (i.e. biologics)

6.2.3. Describe the action available under legislation, and actually taken, when an illegal import is detected. Provide information on detected illegal imports.

7. Control measures and contingency planning

7.1. Give details of any written guidelines, including contingency plans, available to the official services for dealing with suspected or confirmed outbreaks of CBPP.

7.2. Is quarantine imposed on premises with suspicious cases, pending final diagnosis? What other procedures are followed regarding suspicious cases?

7.3. In the event of a CBPP outbreak:

7.3.1. indicate the sampling and testing procedures used to identify and confirm presence of the causative agent.

7.3.2. describe the actions taken to control the disease situation in and around any holdings found to be infected with CBPP,

7.3.3. indicate the control and/or eradication procedures (e.g. vaccination, stamping out, partial slaughter/vaccination etc) that would be taken,

7.3.4. describe the procedures used to confirm that an outbreak has been successfully controlled/eradicated, including any restrictions on restocking,

7.3.5. give details of any compensation payments made available to farmers etc when animals are slaughtered for disease control/eradication purposes.

8. Compliance with the *Terrestrial Code*

In addition to the documentary evidence that the provisions of appendix 3.8.3 are properly implemented and supervised, the Delegate of the country must submit a declaration indicating:

- 8.1. no clinical CBPP has been detected for at least 3 years;
- 8.2. no CBPP vaccines have been used for at least 3 years in any susceptible species,
- 8.3. the country operates both clinical surveillance and disease reporting systems for CBPP adequate to detect clinical disease if it were present;
- 8.4. all clinical evidence suggestive of CBPP is investigated by field and laboratory methods (including serological assessment) to refute a possible diagnosis of CBPP;
- 8.5. there are effective measures in force to prevent the re-introduction of the disease.

9. Recovery of status see 3.8.3

Countries applying for recovery of status should comply with the provisions of Article 2.3.15.3 of the *Terrestrial Code* and provide detailed information as specified in sections 3.1, 3.2, 3.3 and 5.2 of this report. Information in relation to other sections need only be supplied if relevant.

CBPP DISEASE FREE ZONE

Report of a Country which applies for recognition of status, under Chapter 2.3.15.3 and Appendix 3.8.3 of the *Terrestrial Animal Health Code*, for a CBPP disease free zone

Please address concisely the following topics. National regulations laws and *Veterinary Administration* directives may be referred to and annexed as appropriate

1. Introduction

- 1.1. Geographical factors. Provide a general description of the country including physical, geographical and other factors that are relevant to CBPP dissemination, countries sharing common borders and other countries that although may not be adjacent share a link for the potential introduction of disease. Provide a map identifying the factors above. The boundaries of the zone must be clearly defined, including a surveillance zone if applied. Provide either a digitalised map or a non-digitalised map with a precise description of the geographical boundaries of the zone.
- 1.2. Livestock industry. Provide a general description of the livestock industry in the country.

2. Veterinary system

- 2.1. Legislation. Provide a list and summary of all relevant veterinary legislation in relation to CBPP.
- 2.2. *Veterinary Services*. Provide documentation on the compliance of the Veterinary Service of the country with the provisions of Chapters 1.3.3. and 1.3.4. of the *Terrestrial Code* and I.1.2 of the *Terrestrial Manual* and describe how the veterinary services supervise and control all CBPP related activities. Provide maps and tables wherever possible.
- 2.3. Role of farmers, industry and other relevant groups in CBPP surveillance and control (include a description of training and awareness programs on CBPP)
- 2.4. Role of private veterinary profession in CBPP surveillance and control

3. CBPP eradication

- 3.1. History. Provide a description of the CBPP history in the country, date of first detection, origin of infection, date of eradication.
- 3.2. Strategy. Describe how CBPP was controlled and eradicated in the zone (e.g. stamping-out, modified stamping-out, zoning), provide timeframe for eradication
- 3.3. Vaccines and vaccination. Was CBPP vaccine ever used? If so, when was the last vaccination carried out?
- 3.4. Legislation, organisation and implementation of the CBPP eradication campaign. Provide a description of the organizational structure at the different levels. Indicate if detailed operational guidelines exist and give a brief summary.
- 3.5. Animal identification and movement control. Are susceptible animals identified (individually or at a group level)? Provide a description of the methods of animal identification, herd registration and traceability. How are animal movements controlled in the zone? Provide evidence on the effectiveness of animal identification and movement controls.

4. CBPP diagnosis

Provide documentary evidence that the provisions in Chapters I.1.2 and 2.1.6. of the *Terrestrial Manual* are applied. In particular, the following points should be addressed:

- 4.1. Is CBPP laboratory diagnosis carried out in the country? If so, provide a list of approved laboratories. If not, provide the name(s) of and the arrangements with the laboratory(ies) samples are sent to.
- 4.2. Provide an overview of the CBPP approved laboratories, in particular to address the following points:
 - 4.2.1. Procedures for the official accreditation of laboratories. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO etc. that exist in, or planned for, the laboratory system
 - 4.2.2. Give details of participation in inter-laboratory validation tests (ring tests).
 - 4.2.3. Biosecurity measures applied
 - 4.2.4. Details of the type of tests undertaken including procedures to identify *M. mycoides* subsp. *mycoides* SC as opposed to *M. mycoides* subsp. *mycoides* LC

5. CBPP surveillance

Provide documentary evidence that surveillance for CBPP in the country complies with the provisions of Appendix 3.8.3. of the *Terrestrial Code* and Chapter 2.1.6 of the *Terrestrial Manual*. In particular, the following points should be addressed:

- 5.1. Clinical surveillance. What are the criteria for raising a suspicion of CBPP? What is the procedure to notify (by whom and to whom) and what penalties are involved for failure to report? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for CBPP agent, species, type of sample, testing method(s) and results (including differential diagnosis).
- 5.2. Slaughterhouses, slaughter slabs, abattoirs. What are the criteria for raising a suspicion of CBPP lesion? What is the procedure to notify (by whom and to whom)? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for CBPP agent, species, type of sample, testing method(s) and results (including differential diagnosis).
- 5.3. For countries where a significant proportion of animals in the zone are not slaughtered in controlled abattoirs, what are the alternative surveillance measures applied to detect CBPP (for example: active clinical surveillance program, serological surveys)
- 5.4. Livestock demographics and economics. What is the susceptible animal population by species and production systems? How many herds, flocks, etc., of each susceptible species are in the zone? How are they distributed (e.g., herd density, etc.)? Provide tables and maps as appropriate.
- 5.5. Slaughterhouses and markets. Where are the major livestock marketing or collection centers? What are the patterns of livestock movement within the country and the zone? How are the animals transported and handled during these transactions.

6. CBPP prevention

6.1. Coordination with neighbouring countries and zones. Are there any relevant factors about the adjacent countries and zones that should be taken into account (e.g., size, distance from adjacent border to affected herds or animals)? Describe coordination, collaboration and information sharing activities with neighboring countries and zones. If the CBPP disease free zone is situated in a CBPP infected country or borders an infected country or zone it must be separated by a surveillance zone or physical or geographical barrier. The applicant country must provide detailed description of the measures applied to preserve the health status of the disease free zone.

6.2. Import control procedures

From what countries or zones does the country authorize the import of susceptible animals or their products? What criteria are applied to approve such countries or zones? What controls are applied on entry of such animals and products, and subsequent internal movement? What import conditions and test procedures are required? Are imported animals of susceptible species required to undergo a quarantine or isolation period? If so, for how long and where? Are import permits and health certificates required? What other procedures are used? Provide summary statistics of imports of susceptible animals and their products for the past two years, specifying country or zone of origin, species and volume.

6.2.1. Provide a map with the number and location of ports, airports and land crossings. Is the official service responsible for import controls part of the official services, or is it an independent body? If it is an independent body, describe its management structure, staffing levels and resources, and its accountability to the central veterinary services. Describe the communication systems between the central authorities and the border inspection posts, and between border inspection posts.

6.2.2. Describe the regulations, procedures, type and frequency of checks at the point of entry into the zone and/or their final destination, concerning the import and follow up of the following:

- a) animals
- b) genetic material (semen and embryos)
- c) veterinary medicinal products (i.e. biologics)

6.2.3. Describe the action available under legislation, and actually taken, when an illegal import is detected. Provide information on detected illegal imports.

7. Control measures and contingency planning

7.1. Give details of any written guidelines, including contingency plans, available to the official services for dealing with suspected or confirmed outbreaks of CBPP.

7.2. Is quarantine imposed on premises with suspicious cases, pending final diagnosis? What other procedures are followed regarding suspicious cases?

7.3. In the event of a CBPP outbreak:

7.3.1. indicate the sampling and testing procedures used to identify and confirm presence of the causative agent.

7.3.2. describe the actions taken to control the disease situation in and around any holdings found to be infected with CBPP,

7.3.3. indicate the control and/or eradication procedures (e.g. vaccination, stamping out, partial slaughter/vaccination etc) that would be taken,

- 7.3.4. describe the procedures used to confirm that an outbreak has been successfully controlled/eradicated, including any restrictions on restocking,
- 7.3.5. give details of any compensation payments made available to farmers etc when animals are slaughtered for disease control/eradication purposes.

8. Compliance with the *Terrestrial Code*

In addition to the documentary evidence that the provisions of appendix 3.8.3 are properly implemented and supervised, the Delegate of the country must submit a declaration indicating that in the zone:

- 8.1. no clinical CBPP has been detected for at least 2 years;
- 8.2. no CBPP vaccines have been used for at least 2 years in any susceptible species,
- 8.3. the country operates both clinical surveillance and disease reporting systems for CBPP adequate to detect clinical disease if it were present in the zone;
- 8.4. all clinical evidence suggestive of CBPP is investigated by field and laboratory methods (including serological assessment) to refute a possible diagnosis of CBPP;
- 8.5. there are effective measures in force to prevent the re-introduction of the disease.

9. Recovery of status see 3.8.3

Countries applying for recovery of status should comply with the provisions of Article 2.3.15.3 of the *Terrestrial Code* and provide detailed information as specified in sections 3.1, 3.2, 3.3 and 5.2 of this report. Information in relation to other sections need only be supplied if relevant.

REPORT OF THE EMERGENCY MEETING OF THE OIE *AD HOC* GROUP ON BLUETONGUE

Paris, 20 October 2006

1. Purpose of the meeting

An emergency *ad hoc* Group met at the OIE Headquarters on 20 October 2006. The purpose of the meeting was to discuss the current provisions of the OIE *Terrestrial Animal Health Code* and *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* in view of the outbreaks of bluetongue in Europe.

Dr Bernard Vallat, Director General of the OIE, opened the meeting and thanked the experts for coming to Paris to discuss this important matter. He explained that when outbreaks of animal diseases indicate that the OIE should react on possible new epidemiological information related to such an outbreak, experts Groups like this are convened as an emergency and immediate response reaction to give guidelines to Member Countries on how to respond and to apply the requirements in the *Codes* and *Manuals* for that disease. He invited the expert Group to consider especially the spread of the bluetongue virus (BTV) into new regions; the surveillance and reporting obligations of Member Countries and a scientific approach to the use of vaccines for bluetongue virus (BT).

The agenda and list of participants are presented at Appendices I and II, respectively. The meeting was chaired by Professor Vincenzo Caporale, and Ms Sara Linnane acted as rapporteur.

2. Overview of the current situation in Europe

Dr K. Ben Jebara, Head of the Animal Health Information Department of the OIE, presented a brief overview on the current distribution of BT in Europe, noting that the Netherlands, Belgium, Germany and northern France have all reported cases of infection due to BT serotype 8. He noted that different serotypes were responsible for current outbreaks in Algeria (serotype 1) and southern Europe (BT2 and BT4); Dr Gordejo reported on the latest information provided to the Animal Disease Notification System (ADNS) of the European Commission. There are some differences in the protocols used for surveillance and reporting of BT related findings amongst these countries. EU Member States are working towards harmonisation, as has effectively occurred in southern Europe. He mentioned that serosurveillance in northern Europe has been conducted on a retrospective basis indicating that BTV was probably not present in northern Europe before the present outbreak.

Findings on the clinical picture in BT-affected cattle were discussed with reference to findings elsewhere (South Africa) with serotype 8. In light of retrospective information it appears that disease due to BTV was first seen around 28 June 2006.

Dr Rudy Meiswinkel, Consultant Entomologist at the OIE Reference Laboratory for Bluetongue in Teramo, Italy, provided an update on findings relative to BT vectors in Europe. *Culicoides dewulfi* has been reported in 70% of 104 light traps across the Netherlands. This species has no relationship with the *C. obsoletus* complex. It is a monophyletic dung breeder as is *C. bolitinos*, the vector of African horse sickness in Africa. *C. dewulfi* is found across from Ireland to the Palaearctic region and south to Romania. It is not known to occur in North America and appears to be native to Northern Europe and can be incriminated as the vector responsible for the recent bluetongue outbreaks that have occurred in northern France, Belgium and the Netherlands. Previously all bluetongue outbreaks in Europe were linked to the African vector (*Culicoides imicola*). As *C. dewulfi* is a European species, bluetongue could become endemic in this region with the risk of more cases occurring in spring and summer when the vector activity is very high.

The experts agreed that apart from their locations, the recent European outbreaks of bluetongue virus serotype 8 are not atypical of bluetongue viral infections and do not present changes to basic bluetongue biology. The new ecosystem does have unusual elements such as disease in cattle, the involvement of a lesser known serotype of virus and the implication of a new identified species of *Culicoides* as the vector. The preliminary observations in respect of the vector are of particular epidemiological significance. In documenting the outbreak it was also regarded as important to make a clear distinction between cases of disease and seropositive animals detected only by serosurveillance. The movement history of seropositive animals should always be established.

3. OIE Terrestrial Animal Health Code chapter on bluetongue (draft revision)

Following introductory remarks by Dr Alex Thiermann, President of the Terrestrial Animal Health Standards Commission on the current *Terrestrial Code* requirements and proposed new guidelines (Appendix on surveillance) on bluetongue (BT), the Group discussed the draft chapter on bluetongue for the *Terrestrial Code* and made the following suggested changes:

In a number of Articles in the draft chapter, a waiting period of 60 days is recommended before vaccinated ruminants and other susceptible herbivores can be shipped to a bluetongue virus free country or zone. The Scientific Commission for Animal Diseases had sought the advice of the Biological Standards Commission on this 60-day waiting period. Following consultation with an expert, the Biological Standards Commission recommended modifying the text such that it is clear that the 60-day waiting period applies only to live vaccines; in the case of vaccination using inactivated vaccine, there is no need for a waiting period of 60 days. The President of the Scientific Commission indicated that this issue was also discussed during the International Conference on Bluetongue in Taormina, Italy in October 2003. He indicated that the period of 60 days was chosen mainly because of the possibility that an animal could harbour the wild virus and also to allow for the presence of the live vaccine strain. He indicated that it would be acceptable to differentiate between the waiting periods relative to the use of attenuated and inactivated vaccines and that a period of 30 days after completion of the vaccination process could be cited when the animals were injected with an inactivated vaccine before the intended movement. He however requested that the waiting period of 60 days for attenuated vaccines should be retained.

The Code Commission accepted the proposal of the Scientific Commission to delete Article 2.2.13.5 requiring a risk assessment. The Group supported the deletion of this Article in the *Terrestrial Code* chapter.

In Article 2.2.13.2 paragraph 1a, a country or zone can be declared free of bluetongue virus if it lies north of 50° or south of 34°. In view of the recent European outbreaks, the Group agreed that the northern limit should be changed to 53°. The *Terrestrial Code* is a 'work in progress' guided by actual events.

It was agreed that the wording "*Culicoides* likely to be competent BTV vectors" should be changed to "*Culicoides* species that has been demonstrated to transmit BTV".

4. Draft surveillance guidelines for bluetongue

The Group discussed the draft guidelines for the surveillance of bluetongue for the *Terrestrial Code* and made the following suggested changes:

The Group agreed that the words “potentially infected country” should be changed to “country not having free status” (this wording is taken from the *Terrestrial Code* chapter).

The Group also agreed that the words “sentinel herds” should be changed to “sentinel animals”. The term “herds” is not defined in the *Terrestrial Code*.

In the section on sentinel herds, the words “timing of infections” should be replaced with “dynamic of infections”.

The guidelines should stress the importance of virus isolation rather than focusing solely on polymerase chain reaction (PCR). There is a need to isolate and characterise the virus when a new virus appears. PCR and enzyme-linked immunosorbent assay (ELISA) are the methods of choice in an ongoing outbreak. In the first few days of infection, ELISA might give negative results while the PCR gives positive results.

The concept of compartmentalisation has been incorporated into the surveillance guidelines. The experts who had drafted the *Terrestrial Code* chapter should be informed of this so that it can be included in the chapter.

5. Trade implications of the application of existing international standards for bluetongue

The OIE Standards for bluetongue (*Terrestrial Code* chapter and surveillance guidelines) have been updated in line with the scientific information presented at the Third OIE International Symposium on Bluetongue, held in Taormina, Sicily in October 2003. The texts are therefore as up to date as possible given the OIE procedure for adopting International Standards. The Group, furthermore, noticed that no new scientific evidence warrants changes in the existing *Terrestrial Code* bluetongue chapter. At present, outbreaks of bluetongue in northern Europe are being used by certain countries to block trade in live animals. The Group believed, that if trade is being blocked, besides what is required by the relevant *Terrestrial Code*, standards this could be due to reasons other than the wording and the scientific basis of the *Terrestrial Code*.

6. Vaccination policy for bluetongue relative to trade

Bluetongue vaccines were developed initially to protect animals against the disease. As more countries reported the occurrence of bluetongue, the problem became not the disease itself but the costs incurred by restrictions on animal movements. The purpose of vaccination therefore is to make animals ‘safe’ to move and to reassure importing countries that there is a tool available should an outbreak occur. Also, as the kinetics of infection are no different in naturally infected animals and vaccinated animals, there is little point in trying to distinguish between them; animal identification systems should assure traceability of vaccinated animals in bluetongue-free countries. Vaccination with a live attenuated vaccine could for practical purposes be regarded as a “controlled infection” with the disease. The *Terrestrial Code* already recommends a 60-day waiting period before vaccinated ruminants and other susceptible herbivores can be shipped to a bluetongue virus free country or zone. There is therefore, no need to modify the text of the *Terrestrial Code* chapter. The Group agreed that vaccination is a useful tool for facilitating trade but that there is a need to develop safe inactivated or biotechnology-derived vaccines for use in the event of an outbreak.

7. OIE Reference Laboratory Network for bluetongue

Prof. Caporale presented the internet-based database of information on bluetongue, including its mapping facility, that had been developed by the Reference Laboratory in Teramo as a networking tool with other bluetongue laboratories. Prof. Caporale believes that all OIE Reference Laboratories and Collaborating Centres should develop similar systems as part of their remit. He pointed out that pooling resources is worth the effort required and that the benefits are manifold. The Group responded very favourably to the demonstration, noting that the database was comprehensive, and extremely useful. In view of the present bluetongue situation, European laboratories would be advised to use internet-based web services to mount systems that can interact with Asia and Africa ones as well as with other continents.

8. Recommendations

The Group agreed that the recent outbreaks of bluetongue resulting in a new ecological focus in Europe do not represent changes in the basic biology of the disease and that the only significant change that needs to be made to the *Terrestrial Code* as a result of these outbreaks is to take account of the northern limit of the disease: 53°N latitude.

There is a need for safer and better vaccines and vaccine manufacturers are urged to act on this necessity.

The chapter on bluetongue in the OIE *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* needs to include more information on vaccines. The author, a member of the *ad hoc* Group, will draft the required text that will also be submitted to the Scientific Commission for discussion.

9. Press release by OIE

A Press Release detailing the discussions and outcome of this meeting was prepared and made available on the OIE web site. The OIE had reacted to the new epidemiological event by convening this emergency *ad hoc* Group. Although aspects of the epidemiology remain to be characterised, the recommendations of the *Terrestrial Code* are sound and do not require much adjusting. The experts believe that better use of vaccination could prevent unjustified trade restrictions. The OIE is willing to support a world-wide network of bluetongue laboratories to improve information and transparency on the disease.

.../Appendices

Appendix I

EMERGENCY MEETING OF THE OIE AD HOC GROUP ON BLUETONGUE

Paris, 20 October 2006

Agenda

1. Welcome
 2. Introduction on purpose of meeting
 3. Overview of the current situation in Europe
 4. OIE *Terrestrial Animal Health Code* chapter on bluetongue (draft revision)
 5. Draft surveillance guidelines for bluetongue
 6. Trade implications of the application of existing international standards for bluetongue
 7. Vaccination policy for bluetongue relative to trade
 8. OIE Reference Laboratory Network for bluetongue
 9. Recommendations
 10. Press release by OIE
-

Appendix II**EMERGENCY MEETING OF THE OIE AD HOC GROUP ON BLUETONGUE****Paris, 20 October 2006****List of participants****MEMBERS****Prof. Vincenzo Caporale**

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**REPORT OF THE MEETING OF THE
OIE AD HOC GROUP ON CLASSICAL SWINE FEVER AND AFRICAN SWINE FEVER
Paris, 2 - 3 November 2006**

The meeting of the OIE *ad hoc* Group on classical swine fever (CSF) and African swine fever was held at OIE Headquarters, Paris, from 2 to 3 November 2006. Dr Gideon Brückner, Head of the Scientific and Technical Department welcomed the participants and outlined the importance of the meeting to try and establish parity in the *Terrestrial Animal Health Code* between the chapters and surveillance guidelines for classical and African swine fever.

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

The meeting was chaired by Professor Vincenzo Caporale, President of the Scientific Commission. Dr Cristobal Zepeda Sein acted as rapporteur. The members accepted the Terms of Reference (ToRs).

1. Review of Chapter 2.6.7. (Classical swine fever)

After a brief perusal of the surveillance guidelines for classical swine fever (Appendix 3.8.8), the Group concluded that it was not possible to review the surveillance guidelines for classical swine fever without first ensuring that the *Terrestrial Code* chapter for the disease would be in support of the surveillance guidelines. This related especially to historical freedom that would not be applicable to compartments and also agreement of the Group that the status of wildlife is irrelevant to compartments.

In reviewing the chapter, the following rationale and approach was adopted in making the relevant changes:

All references to conducting a risk assessment should be removed, as the nature of the disease and the clinical surveillance proposed render a risk analysis redundant.

- a) The approach used in the *Terrestrial Code* chapter on foot and mouth disease (Chapter 2.2.10.) for the declaration of freedom and recovery of status should be used to ensure consistency within the Code.
- b) The concept of “freedom with vaccination” should not be applied to CSF, as the effectiveness of market vaccines is not established.
- c) Article 2.6.7.4 was deleted as in the presence of a wild pig population presumed to be infected, country freedom could not be achieved - only zonal or compartmental freedom as the control in wild pigs is not relevant to a compartment.
- d) The completion of slaughter of animals after emergency vaccination need not be a requirement provided that it would be possible to distinguish between vaccinated and infected animals.
- e) Articles 2.6.7.8., 2.6.7.12., 2.6.7.15., and 2.6.7.18. were deleted, as their content is covered by the preceding Articles 2.6.7.7., 2.6.7.11., 2.6.7.14., and 2.6.7.17.

- f) The reference to swill feeding was deleted as the Group concluded that it is possible to impose a ban but monitoring its implementation is less feasible, and even with effective monitoring, it remains the prerogative of the Member Country to apply a restriction.

2. Review of the surveillance guidelines for classical swine fever (Appendix 3.8.8)

The Group took note of the decision of the Scientific Commission to develop specific surveillance guidelines for diseases in wildlife and vector-borne diseases.

Appendix 3.8.8. was revised to include the principles of compartmentalisation and the changes suggested in Chapter 2.6.7.

3. Review of Chapter 2.6.6 (African swine fever)

As the existing Chapter 2.6.6. in the *Terrestrial Code* was regarded as outdated, it was decided to delete the entire Chapter and develop a new Chapter 2.6.6. using the approach used for the chapter on classical swine fever as a template.

The Group concluded that it could be considered to amend the surveillance guidelines for classical swine fever to also cover the needs for specific surveillance for African swine fever as the approach in the two relevant *Terrestrial Code* chapters for these two diseases are very similar. This will be addressed at the next meeting of the *ad hoc* Group.

.../Appendices

Appendix I

**REPORT OF THE MEETING OF THE
OIE AD HOC GROUP ON CLASSICAL SWINE FEVER
AND AFRICAN SWINE FEVER**

Paris, 2 - 3 November 2006

Agenda

1. Review of Chapter 2.6.7. (Classical swine fever)
2. Review of the surveillance guidelines for classical swine fever (Appendix 3.8.8)
3. Review of Chapter 2.6.6 (African swine fever)

Appendix II

**REPORT OF THE MEETING OF THE
OIE AD HOC GROUP ON CLASSICAL SWINE FEVER
AND AFRICAN SWINE FEVER
Paris, 2 - 3 November 2006**

List of participants

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**REPORT OF THE MEETING OF THE OIE AD HOC GROUP
ON AFRICAN HORSE SICKNESS
Paris, 7 – 9 November 2006**

The meeting of the OIE *Ad hoc* Group on African Horse Sickness was held at OIE Headquarters, Paris from 6-7 March 2006.

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

1. Opening

Dr Elisabeth Erlacher-Vindel welcomed the members of the Group on behalf of Dr Bernard Vallat, the Director General of the OIE and explained the expectations of the OIE Scientific Commission on the output of the group.

The meeting was chaired by Professor James MacLachlan and Prof Alan Guthrie acted as rapporteur.

2. Adoption of draft Terms of Reference of the *ad hoc* Group

The Group draft terms of reference were accepted by the Group.

3. Review of the proposed draft Chapter for African horse sickness (AHS) for the *Terrestrial Animal Health Code*

The AHS *Terrestrial Code* Chapter was comprehensively revised by the Group in light of current understanding of the disease.

Issues that were specifically addressed include the movement of all species of Equidae. This included provisions for the movement of wild equids and their germplasm from infected areas using a combination of quarantine and laboratory testing.

The issue of Compartmentalisation was discussed and it was decided not to include it in the *Terrestrial Code* Chapter at this time.

4. Development of Surveillance Guidelines for African horse sickness

An Appendix on Surveillance of AHSV has been prepared.

5. Recommendations

Laboratory testing is central to the implementation of the proposed chapter and surveillance guidelines for AHS, but there is a lack of necessary prescribed tests in the current *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Terrestrial Manual)*. There is a considerable need for international validation and harmonisation of AHSV Laboratory assays, and for the uniform use of diagnostic tests of proven high sensitivity and specificity. Thus, there will be a need for ongoing modification of the *Terrestrial Manual* to reflect appropriate diagnostic strategies.

The Group did not specifically address the issue of vaccination noting only that current modified live virus vaccines are important for disease mitigation in endemic regions. Furthermore, these current vaccines potentially complicate surveillance programmes in regions where they are used. The Group also noted the urgent need for improved vaccine strategies to control outbreaks should they occur in regions that are currently free of AHS.

Appendix I

MEETING OF THE OIE AD HOC GROUP FOR AFRICAN HORSE SICKNESS
Paris, 7 – 9 November 2006

Agenda

1. Adoption of agenda and appointment of rapporteur
 2. Adoption of draft Terms of Reference of the *ad hoc* Group
 3. Review of the proposed draft Chapter for African horse sickness for the *Terrestrial Animal Health Code*
 4. Development of Surveillance Guidelines for African horse sickness
 5. Finalisation of draft report
-

Appendix II**MEETING OF THE OIE AD HOC GROUP ON AFRICAN HORSE SICKNESS****Paris, 7 – 9 November 2006**

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**REPORT OF THE OIE *AD HOC* GROUP ON COUNTRY STATUS EVALUATION
FOR FREEDOM FROM RINDERPEST**

Paris, 21-22 November 2006

A meeting of the *Ad hoc* Group on rinderpest was held at the OIE headquarters from 21 to 22 November 2006. The members of the Group were welcomed by the Director-General who stressed the importance he ascribes to reviewing the Rinderpest Chapter. The meeting was chaired by Prof. Vincenzo Caporale with Dr Peter Roeder as rapporteur.

It was decided to amend the provisional agenda of the meeting to undertake first the assessments of country status before proceeding to review Chapter 2.2.12 of the OIE Terrestrial Animal Health Code and the related Appendix 3.8.2 on Surveillance Systems for Rinderpest.

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

1. Evaluation of country status for rinderpest disease

The Group stressed the importance of compliance with the regular 6-monthly and annual reporting to the OIE, at least the reports of the year 2005 should be provided as soon as possible as a prerequisite for acceptance of the recommendations below. For 2005 no reports at all are available for Central African Republic and The Gambia.

a) Cameroon

Acceptance recommended. The dossier presented a convincing case for freedom from rinderpest disease based on the results of a well-established epidemiosurveillance system.

b) Central African Republic

Acceptance recommended, see conditions above.

c) The Gambia

Acceptance recommended, see conditions above. While there is no requirement to present the results of randomised serosurveillance to be recognised as free from rinderpest disease, the serological results of tests performed in the Gambia demonstrate a seropositivity rate which requires further analysis taking into account the retest results from the Reference Laboratory in Senegal. The tests employed in the two laboratories need to be described more fully and the results of epidemiological analysis presented when applying for the status of freedom from rinderpest infection.

2. Evaluation of country status for rinderpest infection

The Group stressed the importance of compliance with the regular 6-monthly and annual reporting to OIE, at least the reports of the year 2005 should be provided as soon as possible as a prerequisite for acceptance of the recommendations below. For 2005 no reports at all are available for Pakistan and Gabon.

a) Côte d'Ivoire

Acceptance recommended. Côte d'Ivoire has presented a convincing case that its veterinary service, including surveillance system, extends to cover the whole country and that rinderpest is not present.

b) Gabon

Application rejected with advice to reapply for entry directly onto baseline list of free countries (historical freedom). An application for freedom from rinderpest infection requires support from serological surveillance and this information was not made available in the dossier. Therefore the application is not acceptable. However, Gabon has never experienced rinderpest and should therefore be eligible for entry into the baseline list of countries historically free from rinderpest. The national veterinary authority should consider applying to OIE for recognition in this manner.

c) Ghana

Acceptance recommended. The dossier presents a convincing case that rinderpest has ceased to circulate in Ghana consistent with the knowledge that the last clinical case occurred in 1988.

d) Ethiopia

Acceptance recommended. Reliably free from rinderpest since 1995, Ethiopia has a well documented history of freedom from rinderpest disease and infection extending over more than a decade. Because of the importance of resolving any residual uncertainty over the possible persistence of rinderpest in the Somali Ecosystem, Ethiopia is requested to continue high level surveillance to document continuing freedom. In order to maintain a rinderpest infection free status the Ethiopian authorities will need to demonstrate that they are engaged fully and actively in the IBAR-coordinated rinderpest surveillance programme.

e) Mauritania

Acceptance recommended. Mauritania has assembled a convincing body of surveillance data testifying to rinderpest freedom.

f) Niger

Application rejected. There remains some concern over interpretation of the serosurveillance data and lack of a convincing explanation for the apparent clustering of seropositivity in semi-transhumant cattle populations especially in Zinder. The group recommends that the Niger authorities should conduct a definitive risk-focussed serosurvey in cattle, employing safeguards such as dental ageing of cattle, and an investigation of the epidemiological determinants of seropositivity in Zinder before resubmission.

g) Pakistan

Acceptance recommended. The Pakistan authorities are to be highly commended on producing an exemplary dossier compiling overwhelming evidence of freedom from rinderpest infection through a comprehensive and innovative surveillance programme. The country becomes eligible for accreditation for freedom from infection in January 2007 and the authorities are requested to communicate at that time with OIE to confirm that the status remains unchanged.

h) Tanzania

Acceptance recommended. The Tanzanian authorities are complimented on producing an excellent dossier in proof of freedom from rinderpest infection.

Summary Table

Country	Application considered for:	Outcome
Cameroon	Freedom from disease	Recommended
Central African Republic	Freedom from disease	Recommended ¹
Gambia	Freedom from disease	Recommended ¹
Côte d'Ivoire	Freedom from infection	Recommended
Gabon	Freedom from infection	Not recommended
Ghana	Freedom from infection	Recommended
Ethiopia	Freedom from infection	Recommended
Mauritania	Freedom from infection	Recommended
Niger	Freedom from infection	Not recommended
Pakistan	Freedom from infection	Recommended
Tanzania	Freedom from infection	Recommended

¹ If the country provides the 2005 reports to the OIE

3. Chapter 2.2.12 of the OIE *Terrestrial Animal Health Code*

In view of the achievements in the global rinderpest eradication, the chapter was revised abolishing the 'provisionally free' and 'disease free' status and harmonizing with the FMD chapter. The Appendix 3.8.2 on Surveillance Systems for Rinderpest will be revised during the meeting in February 2007.

.../Appendices

**MEETING OF THE OIE AD HOC GROUP FOR EVALUATION OF COUNTRY STATUS
WITH RESPECT TO RINDERPEST**

Paris, 21- 22 November 2006

Agenda

- 1. Review of Chapter 2.2.12. on rinderpest from the OIE *Terrestrial Animal Health Code***
 - 2. Review of Appendix 3.8.2. on Surveillance Systems for rinderpest from the OIE *Terrestrial Animal Health Code***
 - 3. Evaluation of country status for rinderpest disease**
 - Cameroon
 - Central African Rep.
 - Gambia
 - 4. Evaluation of country status for rinderpest infection**
 - Côte d'Ivoire
 - Gabon
 - Ghana (revised version)
 - Ethiopia
 - Mauritania
 - Niger (revised)
 - Pakistan
 - Tanzania
-

Appendix II

**MEETING OF THE OIE AD HOC GROUP FOR EVALUATION OF COUNTRY STATUS
WITH RESPECT TO RINDERPEST**

Paris, 21- 22 November 2006

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**REPORT OF THE MEETING OF THE OIE AD HOC GROUP
ON WEST NILE VIRUS DISEASE
(DRAFTING OF A NEW CODE CHAPTER)
Paris, 16-18 January 2007**

The meeting of the OIE *ad hoc* Group on West Nile Virus Disease was held at OIE Headquarters, Paris from 16-18 January 2007.

The Agenda, the list of participants and the draft Chapter are presented as Appendices I, II, and III respectively.

1. Opening

Dr Alex Thiermann, President of the Code Commission welcomed the members of the *ad hoc* Group on behalf of Dr Bernard Vallat, the Director General of the OIE. Dr Thiermann explained the general guidelines for *ad hoc* Groups to consider when developing a new chapter for the *Terrestrial Animal Health Code*. Major implications on trade with animals and commodities were discussed, particularly with respect to West Nile Virus Disease being a zoonotic and a vector borne disease.

The meeting was chaired by Professor Vincenzo Caporale, President of the Scientific Commission and Dr Lyle P. Petersen kindly acted as rapporteur. Dr. Malkins from Israel was unable to be present in Paris and therefore participated in the *ad hoc* Group by email contact and exchange.

The *ad hoc* Group on West Nile Virus Disease (WNVD) considered the *Code* Chapter on Rift Valley Fever as a starting template and included sections or aspects of the *Code* Chapters on Bluetongue and Foot and Mouth disease, as well as sections of the Chapter on West Nile Encephalitis of the *Terrestrial Manual* to draft this new Chapter on WNVD. It was decided to draft the WNVD specific surveillance guidelines during the next meeting to be scheduled.

2. Overall considerations

The group discussed several overall considerations relevant for West Nile virus (WNV) and the OIE *Terrestrial Animal Health Code*. These included

- Endemic or epizootic transmission of West Nile virus has been reported sporadically throughout much of the world, with the exception of far northern America and Eurasia, Greenland, most islands in the Pacific, and portions of Eastern Asia, and South America. In the latter, the distribution is recently expanding. It is notable that only North America has experienced sustained epizootic activity over many seasons in the same region.
- Many species of birds may serve as amplifying hosts and *Culex* species mosquitoes are the primary vectors responsible for maintaining the enzootic transmission cycle. Many other mosquito species may become infected and possibly serve as bridge vectors to mammals or other animals.

- Birds usually have unapparent infection, with the exception of notable mortality in geese in Israel and multiple species in North America. Nearly identical WNV strains have been circulating in these two locations. Avian mortality varies by WNV strain and by species.
- Surveillance is insensitive for low levels of endemic WNV transmission, which may be geographically localized and transient. Thus, WNV may be present continuously or sporadically in many parts of the world and it will be difficult, if not impossible, to detect the presence of the virus in the absence of noticeable epizootics or human outbreaks. Thus, it is very difficult to declare a region WNV free with a high degree of certainty.
- Humans and horses may become infected, although viremia is low and not capable of infecting mosquitoes. An experimental study showed that mosquitoes fed on viremic horses failed to become infected. Many other animals may become infected; levels of viremia and rates of illness vary by species.
- The presence of IgM, IgG, or neutralizing antibody indicates the animal is no longer infectious. The one gray area is when an animal is IgM antibody positive and has demonstrable viremia by PCR. However, this period is extremely short and studies of human blood donors indicate that when IgM antibody is present, the donor's blood is no longer infectious.

3. Overall scope

- It was decided the *Code* would consider two potential risks as a result of animal importation:
 - Importation of WNV into an area without recent enzootic transmission and starting or restarting an enzootic transmission cycle which subsequently poses a risk to human or animal health.
 - Transportation of infected animals during their incubation period who later may become sick in transit.
- Considering these two risks, the group deliberated over the relevance of several categories of animal species in light of the two risks above:
 - Equids: danger of becoming sick in route if they are infected, but miniscule risk of infecting mosquitoes.
 - Poultry: Some species of ducks (under study), geese, and very young chickens have been shown to develop sufficient viremia to infect mosquitoes. Turkeys and older chickens develop low viremia insufficient to infect mosquitoes and have very low mortality rates. Day-old chickens would have minimal chance of mosquito exposure and thus would not have a high risk of infection. Viremia has not been studied experimentally for most other poultry species, although mortality has been noted for several species from natural infection.
 - Birds other than poultry: Many domestic and wild avian species may become infected with WNV; viremia varies by species and infecting strain. High WNV viremia levels have been noted in many of the species studied and thus a wide variety of captive and wild species may be considered to have a very high risk for infecting mosquitoes.
 - Other animals: Most species studied do not develop sufficient viremia to infect mosquitoes and do not exhibit significant morbidity. Although some exceptions where viremia may approach levels sufficient to infect mosquitoes, levels of virus do not approach those in birds and viremia is transient.
- The trade in animal meat was not considered to be a risk. Animal meat cannot infect mosquitoes. Experimental infection to highly susceptible animals that ate highly viremic, uncooked animals has been demonstrated under laboratory conditions. However, there is no epidemiological evidence that infection to humans has occurred from food.

- There has been no evidence of sexual transmission of WNV in animals or man. No experimental evidence exists regarding the transmission risk from ova or embryos; however, viremias in relevant animals are low and transmissions have not been reported. There are no experimental data on WNV in eggs; however, transmissions via this route have not been reported. It was noted that chickens and turkeys develop low-level viremias. The group considered the importation of ova, semen, embryos, or eggs to pose an inconsequential hazard.

4. Other considerations

- In considering exporting areas, the group recognized that surveillance, no matter how intensive, would have low sensitivity for detecting very low levels of enzootic transmission in the bird-mosquito cycle. It was also recognized that very low levels of transmission would pose inconsequential risk to domestic animals. Thus, the group focused on identifying areas where sufficient enzootic amplification was occurring that presented an infection risk to exported domestic animals as evidenced by the finding of naturally infected, ill animals, or by infections in man. One exception to this rationale is importation of wild birds (including domestic, non-poultry birds). These birds may present an extra risk because they may develop high-level viremia and could participate in a primary low-level enzootic transmission cycle not detectable by surveillance methods mentioned above.
- If naturally infected ill animals or humans were identified, a heightened surveillance effort would be initiated to define the duration of elevated risk. A period of two years was chosen to encompass the current and subsequent transmission season. The *Code* will be accompanied by a WNV surveillance appendix.
- The incubation period for WNV was considered. A period of 30 days, or twice the incubation period, was used to provide a margin of safety when considering viremia and infectiousness of animals.

5. Suggested changes to the *Terrestrial Manual*

- The statement about outcome of infection is inaccurate. Change to indicate that most species of birds can become infected, although the clinical outcome is variable.
 - Need to specify the prescribed tests for international trade.
 - Need to change the information on geographic range.
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.../Appendices

Appendix I

MEETING OF THE AD HOC GROUP ON WEST NILE FEVER
Paris, 16 – 18 January 2007

Agenda

1. Outline of purpose of meeting and adoption of Terms of Reference
 2. Designation of rapporteur of the meeting
 3. Overview of and guidelines for drafting chapters for the OIE *Terrestrial Animal Health Code*
 4. Consideration of issues to be included in the draft chapter
 5. Drafting of chapter on West Nile Fever
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Appendix II**MEETING OF THE OIE AD HOC GROUP ON WEST NILE FEVER****Paris, 16 - 18 January 2007**

List of Participants**MEMBERS**

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**FMD Reference Laboratories Network Steering Committee Meeting,
Florianopolis, 10:00 – 11:30, Monday 4 December**

Report

Present:

Bernard Vallat, Gideon Bruckner (chairman) Vincenzo Caporale Karim Ben-Jebara Juan Lubroth	OIE, Paris, France Animal Health Service, FAO, Rome, Italy
David Paton, John Bashiruddin (Rapporteur)	Institute for Animal Health, FAO/OIE Reference Laboratory for FMD and Network Secretariat, Pirbright, UK
Miguel Genovese, Ingrid Bergmann	Centro Panamericano de Fiebre Aftosa (PANAFTOSA) OPS/OMS and OIE Reference Laboratory, Rio de Janeiro, Brasil
Lindani Mozola, Gaobatlhe Thobokwe	Regional Reference Laboratory for the Sub- Saharan continent and OIE Reference Laboratory Gabarone, Botswana
Vladimir Borisov, Alexey Scherbakov, (Ekaterina Akminskaya – interpreter)	FGI-All Russia Research Institute for Animal Health and OIE Reference Laboratory, Vladimir, Russia
Luis Barcos	OIE Regional Representative for the Americas, Buenos Aires

GB welcomed all present and everyone introduced themselves.

DP gave a brief outline of progress with the development of the Network, including the preparation of the first annual report, the signing of the Memorandum of Understanding (MOU) by most of the participants, and the development of the Network website for displaying laboratory information.

IB elaborated some of the difficulties experienced by PANAFTOSA-OPS/OMS in reaching agreement from its constituent members to the signing of the MOU. She pointed out that it would be easier to reach agreement on harmonisation of laboratory methods rather than on exchange of viruses, sequences and result data.

VC suggested that the Network should be focused on harmonisation of laboratory methods and that a web-site was not needed, as this information should be handled by the Central bureau and by WAHIS.

DP explained that the scope of the MOU which had been agreed by OIE and FAO made clear that a principal objective of the Network was to share strain characterisation information to decide on vaccine needs in compliance with the conclusions of the OIE Ad Hoc Group on FMD Vaccines. Also, he considered that the Network of Reference Laboratories needs a laboratory information management system to handle and share detailed laboratory information that will feed into WAHIS, but that WAHIS itself is not designed to store and process all of this data.

VC considered that the Network was borne out of the OIE Ad Hoc Group and should be an OIE network governed by OIE and not an OIE/FAO Network with joint OIE/FAO governance. OIE rejected the idea that the Network Secretariat should be in FAO, preferring that one of the Network Laboratories should perform this role.

JL emphasised the role of FAO in information gathering and the shared OIE/FAO vision of GF-TADS about to be implemented in GLEWS for which FAO is the Secretariat. He therefore felt it was essential to also include FAO Laboratories/Centres within the Network and to include FAO in the Steering Committee.

There was a discussion of the vision for broadening the membership of the Network. There was agreement on the value of enrolling reference laboratories to give a broader geographic representation, with priority to engage labs that can contribute isolates and data on outbreaks in so far unrepresented regions. The value of including other National Reference Labs and Collaborating Centres with complementary expertise was also recognised.

GB agreed to review the MOU in conjunction with FAO and the Network Secretariat so that the scope and the governance of the Network could be clarified and agreed.

KB-J and JL agreed to consider the interaction of the FMD Network web-site with those of the OIE (WAHIS) and FAO/OIE/WHO (GLEWS).

John Bashiruddin

07 December 2006

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