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Original: English
January 2000

REPORT OF THE MEETING OF THE OIE FOOT AND MOUTH DISEASE

AND OTHER EPIZOOTICS COMMISSION

Paris, 24-27 January 2000

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A meeting of the OIE Foot and Mouth Disease (FMD) and Other Epizootics Commission was held at the OIE headquarters from 24 to 27 January 2000. The agenda and list of participants are given in Appendices I and II respectively.

The Director General of the OIE, Dr J. Blancou, welcomed members of the Commission and expressed his hopes for a successful meeting. In particular, he emphasised the growing importance of the Commission for the process of recognition of Member Countries as being free from important diseases such as foot and mouth disease, rinderpest, contagious bovine pleuropneumonia (CBPP) and African horse sickness (AHS). He also expressed his appreciation to the FAO[1], World Reference Laboratory for FMD and the FMD Pan-American Centre as partners in the international surveillance and control of animal diseases.

Dr F. Crespo León, seconded to the OIE Central Bureau as a chargé de mission by the Government of Spain, was introduced to the Commission.

1. Future of the Commission

Some discussion was held on the function of the FMD Commission and in particular the desirability of it playing a more proactive role in identifying international trends in epizootic and emerging diseases and proposing actions to limit unfavourable developments as far as possible. It was concluded that this matter should be reconsidered by the next Commission when it meets for the first time in September 2000.

2. Informal review of the world epizootic situation

2.1. Foot and mouth disease

Dr P. Kitching (World Reference Laboratory for FMD) reviewed the international position with respect to FMD in 1999. The cumulative report is given in Tables 1 and 2. Additional information was provided by Drs. Y. Leforban (European FMD Commission), and R. Rodriguez Torres (Pan American FMD Centre).

1 FAO: Food and Agriculture Organization of the United Nations

Table 1

OIE/FAO World Reference Laboratory for Foot and Mouth Disease*

Cumulative report for January - December, 1999

COUNTRY	No. of samples	FMD virus serotypes							SVDV (a)	NVD (b)
		O	A	C	SAT1	SAT2	SAT3	ASIA 1		
AFGHANISTAN	24	-	-	-	-	-	-	-	-	24
ALGERIA	4	4	-	-	-	-	-	-	-	-
BAHRAIN	7	5	-	-	-	-	-	-	-	2
BANGLADESH	5	4	2	-	-	-	-	-	-	-
BOTSWANA	8	-	-	-	-	-	-	-	-	8
BURKINA FASO	5	-	-	-	-	-	-	-	-	5
BURUNDI	7	1	-	-	3	3	-	-	-	-
CAMBODIA	7	7	-	-	-	-	-	-	-	-
COTE D'IVOIRE	28	5	-	-	-	-	-	-	-	23
GAMBIA	14	2	-	-	-	-	-	-	-	12
GUINEA	13	5	-	-	-	-	-	-	-	8
HONG KONG	25	23	-	-	-	-	-	-	-	2
INDIA	15	14	-	-	-	-	-	-	-	1
IRAN	63	45	3	-	-	-	-	3	-	12
IRAQ	29	19	-	-	-	-	-	-	-	10
ISRAEL	5	5	-	-	-	-	-	-	-	-
ITALY	9	-	-	-	-	-	-	-	9	-
JORDAN	5	3	-	-	-	-	-	-	-	2
KENYA	9	3	-	-	-	5	-	-	-	1
KUWAIT	2	-	-	-	-	-	-	-	-	2
MALAYSIA	9	8	-	-	-	-	-	1	-	-
MAURITANIA	23	-	-	-	-	-	-	-	-	23
MOROCCO	12	8	-	-	-	-	-	-	-	4
NEPAL	9	6	-	-	-	-	-	-	-	3
NEW CALEDONIA	5	-	-	-	-	-	-	-	-	5
PHILIPPINES	10	6	-	-	-	-	-	-	-	4
QATAR	3	1	-	-	-	-	-	-	-	2
SAUDI ARABIA	7	5	-	-	-	-	-	-	-	2
SPAIN	5	-	-	-	-	-	-	-	1	4
SUDAN	5	4	-	-	-	-	-	-	-	1
SYRIA	1	1	-	-	-	-	-	-	-	-
TAIPEI CHINA	3	3	-	-	-	-	-	-	-	-
TANZANIA	64	-	-	-	37	1	-	-	-	26
TUNISIA	5	5	-	-	-	-	-	-	-	-
UGANDA	10	-	-	-	2	-	-	-	-	8
UNITED ARAB EMIRATES	9	5	-	-	-	-	-	-	-	4
VIETNAM	30	29	-	-	-	-	-	-	-	1
YEMEN	6	5	-	-	-	-	-	-	-	1
ZAMBIA	2	-	-	-	-	2	-	-	-	-
TOTAL	**512**	**235**	**8**	**-**	**42**	**11**	**-**	**7**	**10**	**200**

* Institute for Animal Health, Pirbright Laboratory, Woking, Surrey GU24 ONF, U.K.

(a) Swine vesicular disease virus

(b) No foot and mouth disease, swine vesicular disease or vesicular stomatitis viruses detected. One sample from Bangladesh contained a mixture of foot and mouth disease virus types O and A211. Out of 270 positive samples tested 210 (78%) were typed by enzyme linked immunosorbent assay on the original tissue and the remainder (22%) were typed following isolation in cell culture

Table 2

The following samples were additionally received by the OIE/FAO World Reference Laboratory for Foot and Mouth Disease in 1999

COUNTRY	Sample year	No. of samples	FMD virus serotypes							SVDV (a)	NVD (b)
			O	A	C	SAT1	SAT2	SAT3	ASIA 1		
BHUTAN	1998	4	4	-	-	-	-	-	-	-	-
CAMBODIA	1998	1	-	-	-	-	-	-	-	-	1
HONG KONG	1998	7	6	-	-	-	-	-	-	-	1
INDIA	1998	4	-	-	-	-	-	-	-	-	4
ITALY	1998	8	-	-	-	-	-	-	-	8	-
JORDAN	1998	3	1	-	-	-	-	-	-	-	2
KENYA	1998	23	8	2	-	2	5	-	-	-	10
LAO PDR	1998	1	1	-	-	-	-	-	-	-	-
MYANMAR	1998	2	2		-			-		-	-
NEPAL	1998	3	1	-	-	-	-	-	-	-	2
PHILIPPINES	1998	16	7	-	-	-	-	-	-	-	9
SAUDI ARABIA	1998	8	-	-	-	-	-	-	-	-	8
SYRIA	1998	1	1	-	-	-	-	-	-	-	-
VIETNAM	1998	1	-	-	-	-	-	-	-	-	1
TOTAL		**83**	**31**	**2**	**-**	**2**	**5**	**-**	**1**	**8**	**38**

(a) Swine vesicular disease virus

(b) No foot-and-mouth disease, swine vesicular disease or vesicular stomatitis viruses detected. Four samples from Kenya contained foot-and-mouth disease virus of more than one serotype - three contained a mixture of types O and SAT2 and one a mixture of types A and SAT234. Out of 36 samples tested 34 (94%) were typed by ELISA on the original tissue and the remainder (6%) were typed in cell culture

Europe

The European Union (EU), Central and Eastern Europe have remained free of FMD during 1999. Outbreaks of FMD in surrounding regions namely the Caucasus, Turkey and North Africa have been assessed as potential threats to the disease free status of Europe.

Africa

Type O FMD virus spread into Algeria from West Africa in February, probably by illegally imported cattle, and was further carried into Tunisia and Morocco. It was brought under control by mid-April, after 165 reported outbreaks in Algeria, 11 in Morocco and 2 in Tunisia.

Foot-and-mouth disease is endemic in West, Central and East Africa. Samples containing serotype O have been received from Burundi, the Côte d'Ivoire, Gambia, Guinea, Kenya and Sudan. Serotype A samples were received only from Kenya. A large outbreak of FMD due to SAT 1 affected Burundi, Kenya and Tanzania; the same area, but also including northern Zambia, had outbreaks due to SAT 2 virus. An outbreak of SAT 3 was reported in Zimbabwe within the FMD control (vaccination) zone.

South America

Outbreaks due to serotype O were reported from Bolivia, Brazil, Colombia and Ecuador, and due to serotype A from Colombia, Peru and Venezuela. Argentina, southern Brazil, Chile, Guyana, French Guyana, Paraguay and Suriname have remained free of FMD.

Asia

Regular nucleotide sequencing of isolates of serotype O virus from Asia has shown that over a 10 year period, a single strain (variation of sequence less than 5%) has spread across Asia between Taipei China and Turkey. It has been isolated from samples from the Arabian Peninsular, Iran, Iraq, Israel, Jordan, Lebanon and Syria and was responsible for the outbreaks in Bulgaria and Greece in 1996. In West Asia, it has replaced all other strains of serotype O. The virus has also spread within India, from where it was first isolated in 1990, Bhutan, Malaysia, Nepal, Thailand, Vietnam and, this year, Taipei China. In East Asia the strain co-existed with other strains of serotype O, particularly the pig adapted strain which is still causing outbreaks in Hong Kong, the Philippines and Vietnam. In September it spread onto the previously FMD free island of Panay (Philippines). It is not clear why this pandemic strain of serotype O has been so successful; clinically it has caused very high mortality in lambs in Iraq, but has also been associated with subclinical infection in cattle in Taipei China.

Samples containing serotype A and serotype O were received from Iran and Turkey. Following the appearance of an antigenically new type A strain in 1996 (Iran '96), another antigenically novel type A (Iran '99) has now appeared and is co-circulating with the Iran '96 in both countries. In addition serotype Asia 1 was isolated from samples, initially from Iran, and then from Turkey. Sequencing results suggest that it had spread from Pakistan. Neither Iran nor Turkey routinely vaccinate against Asia 1. Serotype A was also reported present in Georgia, and serotype O in Kazakhstan, Kyrgyzstan and Turkmenistan. Outbreaks due to serotype O and serotype Asia 1 continued this year in Peninsular Malaysia.

This is the third year in which the World Reference Laboratory (WRL) has not received samples containing serotype C FMD virus. This does not indicate the absence of serotype C from the world. All members of OIE and FAO are requested to submit samples from suspect or confirmed cases of FMD to the WRL in order to contribute to the maintenance of the global surveillance system.

Report of the European Foot and Mouth Disease Commission

Foot and mouth disease caused by type A FMD was reported in Georgia in 1999 on the border with Turkey. An FAO/EC2/OIE programme for improving vaccination coverage and surveillance of FMD in the Transcaucasian region (Armenia, Azerbaijan, Georgia) is in progress with the technical cooperation of the OIE Regional Reference Laboratory at Vladimir, Russia. A belt of vaccination (using bivalent vaccine against types O and A) has already been established on the southern borders of the countries in the region. Serosurveys are also being conducted in the three countries to monitor vaccination and circulation of the virus (using the liquid-phase blocking (LPBE) and 3ABC ELISAs).

Dr Leforban informed the meeting that an FAO Technical Cooperation Project (TCP) for improving FMD surveillance and laboratory diagnosis capability is under progress in Algeria. A coordination meeting to harmonise control programmes for FMD and sheep pox is being held in mid February between Chief veterinary officers in North Africa.

A regional workshop on 3ABC ELISA for the countries in the Balkans (Bulgaria, Greece, Turkey) was held at the National FMD Laboratory, Brescia (Italy) in January 2000. The two tests developed by Brescia and the WRL Pirbright were demonstrated and compared. Both tests gave identical results on sera provided by the two Institutes and on field sera brought by the participants. The intention is now to use the 3ABC test in association with the LPBE (OIE prescribed test) to detect possible sub-clinically infected or carrier animals in the region and especially in the countries which vaccinate, such as Turkey.

Report of the Pan-American Foot and Mouth Disease Centre

North and Central America as well as the Caribbean maintained their FMD-free status.

In South America, Guyana, French Guyana and Suriname, the north-west region of the Choo in Colombia, Chile and Uruguay also remained free of FMD. Argentina applied the last vaccination against FMD in April 1999 and Paraguay in July.

2 EC: European Commission

Brazil reported 192 outbreaks of vesicular disease; Bolivia reported 77 outbreaks, two due to type O virus and 17 caused by type A. Colombia experienced 699 outbreaks, 53 of them due type O FMD virus and 369 caused by vesicular stomatitis virus (New Jersey). Ecuador reported 41 outbreaks, 11 caused by types O and A and 13 by vesicular stomatitis (New Jersey and Indiana). Peru, after 27 month without FMD, reported that the disease had been introduced across the north border causing 60 outbreaks extending as far as the area of Lima. Type A virus was diagnosed in 15 herds and vesicular stomatitis in 41 herds. Venezuela had 135 outbreaks, 4 caused by type A FMD virus, 22 New Jersey VS and 65 by Indiana VS.

Type C FMD virus has not been detected since 1995.

2.2. Other Epizootic Diseases

Brief contributions on bluetongue in Bulgaria, Greece, Tunisia and Turkey; pathogenic avian influenza in Italy; Newcastle disease in Australia and African swine fever in sub-Saharan Africa were made by various members of the Commission.

3. Review of country submissions for recognition of freedom from foot and mouth disease, rinderpest and contagious bovine pleuropneumonia

Argentina

An application from Argentina for recognition as a country free of FMD without vaccination was reviewed. The Commission agreed unanimously that the application would be recommended to the International Committee for consideration at the next General Session.

Brazil

The request of Brazil for recognition of a region in the central-west of the country to be recognised as free of FMD with vaccination in addition to the region in the south already recognised as free with vaccination, was considered by the Commission. The submission was accepted and will be recommended to the International Committee at the General Session in May 2000.

Swaziland

Swaziland's application for recognition as a country free from FMD without vaccination was considered. The application was accepted and will be recommended to the International Committee in May 2000.

Botswana

The application from Botswana for recognition of its freedom from CBPP was accepted and will be recommended to the International Committee in May 2000.

Rinderpest

An application from a Member Country for recognition of freedom from rinderpest infection was rejected because the country concerned could not fulfil all the requirements stipulated in the *International Animal Health Code*.

4. Surveillance standards for foot and mouth disease

A draft document on surveillance standards provided by Dr Kitching was reviewed. It was agreed that the document requires some modification to address the various FMD statuses available to Member Countries and the requirements for submissions addressing those categories specifically. This will be provided for the next Commission meeting in September 2000.

5. List of countries historically free of rinderpest

Satisfactory assurances to the three questions posed in connection with the OIE's proposal to include a list of Member Countries as being historically free from rinderpest were received from most of the countries concerned. It was agreed that a reminder would be sent to the few countries that have not so far replied setting a new deadline of 20 February. Thereafter, the list will be circulated with Member Countries having the standard 60 days prior to the General Session to consider the list.

6. Rinderpest status of Member Countries

The proposed questionnaires for applications for recognition of freedom from rinderpest of countries that will not be considered as historically free were reviewed. These were finalised and the proposal will be submitted to the International Committee as a recommendation in May 2000 (see Appendix III).

7. Bovine spongiform encephalopathy: form and format of the questionnaire to be recommended to the International Committee

A document drafted by Dr Sterritt was reviewed and finalised for submission to the International Committee in May 2000 (see Appendix IV).

8. Ad hoc group on Newcastle disease chapter

The Commission will nominate a member of the Commission to serve on the Ad hoc group depending on the timing of the meeting and availability of Commission members.

9. Stamping out in case of epizootic diseases in Africa

The OIE Regional Commission for Africa recommended that the OIE and the FAO cooperate to prepare a technical document specifying practical indications for stamping out within the framework of the control of animal diseases. Two FAO documents entitled, "*Manual on the preparation of national disease emergency preparedness plans*" and "*Manual on the preparation of rinderpest contingency plans*" were reviewed and the Commission considered that these go a long way towards addressing the issue. Furthermore, the FAO is in the process of developing guidelines for African swine fever eradication programmes.

10. Technical item for the International Committee: May 2000

Dr L. Barcos (Argentina) has sent a draft of his presentation to Dr Sterritt. The latter will work closely with Dr Barcos on developing a presentation appropriate for the International Committee.

11. Web page

There is a proposal that the reports of the various OIE Commissions should appear on the new OIE web page that will be developed within the next 6 months. This proposal was noted without objection.

12. Annual reconfirmation of the list of countries free from foot and mouth disease

Most countries have provided this certification. Those that have so far not provided this assurance will be reminded of their obligation and requested to provide the certificate by 20 February 2000.

13. South-East Asia Foot and Mouth Disease Campaign

Dr L. Gleeson, Senior Regional Coordinator of the Regional Coordination Unit of the South-East Asia Foot and Mouth Disease Programme (SEAFMD), was unable to attend the meeting. Dr Pearson reported on the recent review of the campaign and Dr Gleeson provided the Commission a report on the situation of FMD in South-East Asia (Appendix V).

14. Other matter

The Commission noted the impending retirements of the President of the Commission, Dr Sterritt and the Observer from the Pan American Foot and Mouth Disease Centre, Dr Rodriguez Torres and wish them well in their future endeavours.

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…/Appendices

Appendix I

REPORT OF THE MEETING OF THE OIE FOOT AND MOUTH DISEASE

AND OTHER EPIZOOTICS COMMISSION

Paris, 24-27 January 2000

Agenda

1. Future of the Commission
2. Informal review of the world epizootic situation
3. Review of country submissions for recognition of freedom from foot and mouth disease, rinderpest and contagious bovine pleuropneumonia
4 Surveillance standards for foot and mouth disease
5 List of countries historically free of rinderpest
6 Rinderpest status of Member Countries
7. Bovine spongiform encephalopathy: form and format of the questionnaire to be recommended to the International Committee
8. Ad hoc group on Newcastle disease chapter
9. Stamping out in case of epizootic diseases in Africa
10. Technical item for the International Committee: May 2000
11. Web page
12. Annual reconfirmation of the list of countries free from FMD
13. South-East Asia Foot and Mouth Disease Campaign
14. Other matter

REPORT OF THE MEETING OF THE OIE FOOT AND MOUTH DISEASE AND OTHER EPIZOOTICS COMMISSION

Paris, 24-27 January 2000

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RINDERPEST INFECTION FREE COUNTRY

I. RESUME OF REPORT

Résumé of Report of Country which applies for status, under Chapter 2.1.4 of the *International Animal Health Code*, as a rinderpest infection free country

1. Regular and prompt animal disease reporting system
(Describe here the national system (including data collection, storage and analysis) and to whom you provide international disease reporting)

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.....

2. No rinderpest outbreak in the country during the past seven years
(State date of last outbreak and refer to rinderpest eradication section)

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3. No rinderpest vaccination in the country during the past 5 years
(State here whether vaccination in the country is prohibited, since what date, and briefly describe how this is enforced)

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4. Date of declaration of freedom from rinderpest disease

.....
.....

5. Surveillance and regulatory measures

A. Surveillance
Briefly describe system, refer to recommended standards for epidemiological surveillance for rinderpest (Appendix 4.5.1.1 of the *International Animal Health Code)* and include:

i) system of husbandry of susceptible livestock species;
ii) sampling units;
iii) stratification of host population;
iv) sample size
v) wildlife surveillance

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B. Regulatory measures
Briefly describe measures, (refer to section on measures to prevent introduction of rinderpest in chapter 2.1.4 of the *International Animal Health Code*, 1999), including:

i) National Animal Disease legislation;
ii) National Rinderpest Contingency Plan;
iii) Emergency funding provisions

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Enclosed: Report contents

II. REPORT CONTENTS

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

Foreword

1. Introduction

1.1. Regional framework with special emphasis on co-ordination of surveillance and disease control
1.2. Livestock industry, including farming systems, marketing etc

2. Veterinary system

2.1. Legislation
2.2. Official Veterinary Service
2.3. Role of society, farmers, industry

3. Rinderpest eradication

3.1. History (epidemiological description of events)
3.2. Strategy adopted
3.3. Vaccines and vaccination
3.4. Organization of vaccination, surveillance and freedom verification
3.5. Execution of vaccination, surveillance and freedom verification
3.6. Animal identification – movement
3.7. Official Veterinary Service supervision

4. Rinderpest surveillance

4.1. Diagnosis

4.1.1. Clinical (notification and investigation procedures, recent numbers of suspected cases/outbreaks)
4.1.2. Laboratory (differential diagnostic procedures, numbers with results of submissions)

4.2. Clinical surveillance

Describe plan used to give a 95% probability of detecting rinderpest disease if clinical signs were present in 1% of herds (or other sampling units) in a stratum

4.3. Serological surveillance

Describe plan used to provide a 95% probability of detecting rinderpest infection (through antibody) in 5% of the animals in the eligible age-group in the sampled stratum (i.e. within herd antibody prevalence).

4.3.1 Method of sample selection including stratification of host population, sampling units

4.4.. Serological survey of small ruminants, especially in areas at risk from rinderpest re-introduction
4.5. Livestock demographics and economics
4.6. Slaughterhouse and markets
4.7. Wildlife demography
4.8. Rinderpest surveillance measures in wildlife
4.9. Official Veterinary Service supervision

5. Rinderpest prevention

5.1. Regional co-ordination

5.2. Import control

5.2.1. Policy and risk assessment

5.2.2. Animals and products

- ports/frontiers
- animals
- genetic material (semen and embryos)
- meats and other animal products (milk, meat products)
- biologics

5.3. Biological security

5.4. Official Veterinary Service supervision

6. Response to outbreak

6.1. Policy (emergency, plans, funds)

6.2. Epidemiological studies (origin, diffusion)

7. Conclusion

RINDERPEST DISEASE FREE COUNTRY

I. RESUME OF REPORT

Résumé of Report of Country which applies for status, under Chapter 2.1.4 of the *International Animal Health Code*, as a rinderpest disease free country.

1. Regular and prompt animal disease reporting system

Describe here the national system (including data collection, storage and analysis) and to whom you provide international disease reporting

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.....
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2. No rinderpest outbreak in country in past 5 years

(State date of last outbreak and refer to rinderpest eradication section)

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3. No vaccination in country in past 3 or 5 years (whichever is applicable – see Appendix 4.5.1.1 of the *International Animal Health Code*)

(State here whether vaccination in the country is prohibited, since what date, and briefly describe how this is enforced)

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4. Date of declaration of provisional freedom from rinderpest (where applicable – see Appendix 4.5.1.1 of the *International Animal Health Code*)

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.....

5. Surveillance and regulatory measures

A. Surveillance

Briefly describe system, refer to recommended standards for epidemiological surveillance for rinderpest (Appendix 4.5.1.1 of the *International Animal Health Code)* and include:

i) system of husbandry of susceptible livestock species;
ii) sampling units;
iii) stratification of host population;
iv) sample size

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B. Regulatory measures

Briefly describe measures, (refer to section on measures to prevent introduction of rinderpest in chapter 2.1.4 of the *International Animal Health Code*, 1999) , including:

i) National Animal Disease legislation;
ii) National Rinderpest Contingency Plan;
iii) Emergency funding provisions

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II. REPORT CONTENTS

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

Foreword

1. Introduction

1.1. Regional framework with special emphasis on co-ordination of surveillance and disease control

1.2. Livestock industry, including farming systems, marketing etc

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2.2. Official Veterinary Service

2.3. Role of society, farmers, industry

3. Rinderpest eradication

3.1. History (epidemiological description of events)

3.2. Strategy adopted

3.3. Vaccines and vaccination

3.4. Organization of vaccination, surveillance and freedom verification

3.5. Execution of vaccination, surveillance and freedom verification

3.6. Animal identification – movement

3.7. Official Veterinary Service supervision

4. Rinderpest surveillance

4.1. Diagnosis

4.1.1. Clinical (notification and investigation procedures, recent numbers of suspected cases/outbreaks)

4.1.2 Laboratory (differential diagnostic procedures, numbers with results of submissions)

4.2. Clinical surveillance

Describe plan used to give a 95% probability of detecting rinderpest disease if clinical signs were present in 1% of herds (or other sampling units) in a stratum

4.3. Serological surveillance

- optional

4.4. Livestock demographics and economics

4.5. *Slaughterhouse and markets*

4.6. Official Veterinary Service supervision

5. Rinderpest prevention

5.1. Regional co-ordination

5.2. Import control

5.2.1. Policy and risk assessment

5.2.2. Animals and products

- ports/frontiers
- animals
- genetic material (semen and embryos)
- meats and other animal products (milk, meat products)
- biologics

5.3. Biological security

5.4. Official Veterinary Service supervision

6. Response to outbreak

6.1. Policy (emergency, plans, funds)

6.2. Epidemiological studies (origin, diffusion)

7. Conclusion

RINDERPEST DISEASE FREE ZONE

I. RESUME OF REPORT

Résumé of Report of Country which applies for zonal freedom from disease status, under Appendix 4.5.1.1 of the *International Animal Health Code*

1. Regular and prompt animal disease reporting system

Describe here the national system - including data collection, storage and analysis and to whom you provide international disease reporting)

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2. No rinderpest outbreak in the zone during the past 5 years

(State date of last outbreak and refer to rinderpest eradication section)

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3. No vaccination in the zone during the past 3 or 5 years - whichever is applicable, see Appendix 4.5.1.1 of the *International Animal Health Code*

(State here whether vaccination in the country is prohibited, since what date, and briefly describe how this is enforced)

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4. Date of declaration of provisional freedom from rinderpest - where applicable, see Appendix 4.5.1.1 of the *International Animal Health Code*

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5. Surveillance and regulatory measures

Briefly describe method of delineation of free and surveillance zones, including borders, physical and geographical barriers, legal and illegal trade/movement routes and zoo-sanitary measures.

A. Surveillance

Briefly describe system, refer to recommended standards for epidemiological surveillance for rinderpest (Appendix 4.5.1.1 of the *International Animal Health Code)* and include:

i) system of husbandry of susceptible livestock species;
ii) sampling unit;
iii) stratification of host population;
iv) sample size

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B. Regulatory measures

Briefly describe measures, (refer to section on measures to prevent introduction of rinderpest in chapter 2.1.4 of *the International Animal Health Code*, 1999) , including:

i) National Animal Disease legislation;
ii) National Rinderpest Contingency Plan;
iii) Emergency funding provisions

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II. REPORT CONTENTS

II.1. SECTION RINDERPEST PREVENTION

A. RINDERPEST FREE ZONE

Describe here in summary form rinderpest prevention measures in the infection-free zone. National regulations, laws and Veterinary Service directives may be referred to and annexed as appropriate. Please address concisely the following topics.

A.1 National and international (if applicable) co-ordination

A.2. Import control (into the zone from other countries or rest of country)

A.2.1. Policy and risk assessment

A.2.2. Animals and products

- ports/frontiers
- animals
- genetic material (semen and embryos)
- biologics
- meats and other animal products (milk, meat products)

A.3. Official Veterinary Service supervision

B. SURVEILLANCE ZONE

Describe here in summary form rinderpest prevention measures in the surveillance zone. National regulations, laws and Veterinary Service directives may be referred to and annexed as appropriate. Please address concisely the following topics.

B.1. National and international (if applicable) co-ordination

B.2. Import control (into the zone from other countries or rest of country)

B.2.1. Policy and risk assessment

B.2.2 Animals and products

- ports/frontiers
- animals
- genetic material (semen and embryos)
- biologics
- meats and other animal products (milk, meat products)

B.2.3. Biological security

B.3. Official Veterinary Service supervision

B.4. Use of rinderpest vaccines

B.4.1. Vaccine employment
B.4.2. Vaccine production
B.4.3. Vaccine quality control

II.2. SECTION RINDERPEST SURVEILLANCE

A. RINDERPEST FREE ZONE

Describe here in summary form rinderpest surveillance in the rinderpest free zone. National regulations, laws and Veterinary Service directives may be referred to and annexed as appropriate. Please address concisely the following topics.

A.1. Diagnosis

A.1.1. Clinical (notification and investigation procedures, recent numbers of suspected cases/outbreaks)

A.1.2. Laboratory (differential diagnostic procedures, numbers with results of submissions)

A.2. Clinical surveillance

Describe plan used to give a 95% probability of detecting rinderpest disease if clinical signs were present in 1% of herds (or other sampling units) in a stratum

A.3 Serological surveillance

- optional

A.4. Livestock demographics and economics

A.5. Slaughterhouses and markets

A6. Official Veterinary Service supervision

B. SURVEILLANCE ZONE

Describe here in summary form rinderpest surveillance measures in the surveillance zone. National regulations, laws and Veterinary Service directives may be referred to and annexed as appropriate. Please address concisely the following topics.

B.1. Diagnosis

B.1.1 Clinical (notification and investigation procedures, recent numbers of suspected cases/outbreaks)

B.1.2. Laboratory (differential diagnostic procedures, numbers with results of submissions)

B.2. Clinical surveillance

Describe plan used to give a 95% probability of detecting rinderpest disease if clinical signs were present in 1% of herds (or other sampling units) in a stratum

B3. Serological surveillance

- optional

B.4. Livestock demographics and economics

B.5. Slaughterhouses and markets

B.6. Official Veterinary Service supervision

II.3. SECTION RINDERPEST ERADICATION

Describe here in a summary of approximately one page how rinderpest was eliminated from the rinderpest free zone. National regulations, laws and Veterinary Service directives may be referred to and annexed as appropriate.

Please address concisely the following topics.

1. History (epidemiological description of events)

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2. Strategy of eradication

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3. Use of vaccines and vaccination (employment and vaccine quality control)

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4. Organisation of vaccination, surveillance and freedom verification

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5. Execution of vaccination, surveillance and freedom verification

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6. Animal identification – movement control

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II.4. SECTION ON LIVESTOCK INDUSTRY AND THE VETERINARY SYSTEM

Please address concisely the following topics. Annexes may be enclosed and referred to as applicable.

1. Veterinary Service response to rinderpest outbreaks

Policy (emergency, plans, funds)
Epidemiological studies (origin, diffusion)

2. Veterinary System

Legislation
Official Veterinary Service
Role of society, farmers, industry in programme
Veterinary profession role in programme

3. Livestock industry

4. Regional program framework

5. Other international rinderpest status reports

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BOVINE SPONGIFORM ENCEPHALOPATHY QUESTIONNAIRE

This questionnaire is designed to enable the Foot and Mouth Disease and Other Epizootics Commission to evaluate declarations of country or zone freedom from BSE, according to the *International Animal Health Code* Articles 3.2.13.1 and 3.2.13.2. Countries wishing to have the OIE evaluate such a declaration should complete this questionnaire fully and provide all requested supporting documentation.

Member Countries are reminded that participation in this process is entirely voluntary.

1. Risk Assessment

Responses and supporting documentation provided for the following section will be used to evaluate the quality of the risk assessment as described by Article 3.2.13.1(1).

1 (a) Consumption by cattle of meat-and-bone meal (MBM) or greaves of ruminant origin

Has meat-and-bone meal or greaves of ruminant origin been fed to cattle in the last 8 years?

If the response to this question is **NO**

Please provide the following evidence to support this declaration

- certification by the Chief Veterinary Officer to this effect
- information describing the husbandry practices employed in cattle rearing which demonstrate that neither meat-and-bone meal nor greaves play any role in cattle production
- supply other evidence which demonstrates that MBM and greaves are not fed to cattle

If the response to this question is **YES**

Please provide the following to indicate that any risk has been satisfactorily mitigated

- information on the country or countries of origin of MBM or greaves consumed by cattle
- evidence that the production process used meets OIE recommended standards for the destruction of the agent.
- certification of the date upon which the feeding of such material was banned and copies of the statutes imposing such a ban
- evidence of the species, origin and composition of the MBM or greaves
- the amount of MBM or greaves fed during the past 8 years
- evidence that the MBM or greaves fed could not have contained the causative agent of BSE
- list all the species to which the MBM or greaves were fed.

1(b) Importation of MBM or greaves

i) Has MBM, greaves or feedstuffs containing either been imported during the past 8 years?

If the response to this question is **NO**

- provide certification by the CVO to this effect

If the response to this question is **YES**

- provide evidence which demonstrates the time of the importation(s) and the origin of the material imported
- provide evidence which demonstrates the composition of the imported material
- provide information which shows the disposition of the imported material

1(c) Importation of animals /embryos potentially infected with a TSE

Have animals or embryos been imported from countries which have reported cases of TSEs?

If the response to this question is **NO**

- provide certification by the CVO to this effect

If the response to this question is **YES**

- describe the species imported, their origins, the timing of the importations, the volume and end-use
- describe the numbers of animals, embryos and ova imported and their fate
- describe when imported embryos were implanted or ova fertilised

1(d) Epidemiological situation concerning all animal TSE in the country or zone

Have other animal TSEs been identified in the country?

- describe how such information might have been ascertained (surveillance systems employed, laws requiring reporting, etc.)
- if so, provide information on the annual prevalence of TSEs, the species affected, information concerning the epidemiology of each and the means employed to dispose of the carcasses of cases.

1(e) The population structure of cattle, sheep and goats in the country

i) What is the size of the sheep and goat populations and what proportion of each is dairy animals?

ii) What is the size of the cattle population and what proportion is dairy?

iii) Describe the numbers and structure of each of these populations

iv) Describe how these population numbers are obtained

1(f) The origin of animal waste, the parameters of the rendering processes used and the methods of animal feed production

Describe the procedures employed to ensure that animal waste does not enter the food chain

2. Ongoing education programme

Please provide evidence which demonstrates the structure of the programme, the length of time it has been in place, and how often and to whom this programme is given.

3. Compulsory notification and investigation

Please provide copies of statutes which establish the mandatory notification and investigation of all cattle showing clinical signs compatible with BSE. Please provide records of the number of suspect cases investigated and the outcome of these investigations. Provide details concerning the disposition of carcasses of these cases.

4. Surveillance and Monitoring

Records demonstrating compliance with Appendix 4.5.1.3 are required. Please also provide a description of the surveillance and monitoring system employed and a quantitative summary of the investigations conducted and the laboratory results obtained.

5. Approved Laboratories

Please provide a statement of certification that laboratories used for the diagnosis of suspect TSEs comply with the definition of 'laboratory' in Section 1.1 of the *International Animal Health Code*. Please also provide the protocols which indicate that these laboratories conduct those tests for BSE listed in the OIE *Manual of Standards for Diagnositic Tests and Vaccines* as official tests.

Article 3.2.13.2

In addition to meeting the requirements above, countries must provide the following according to which of the three alternatives in this Article is chosen.

1. If a country asserts there has been no cases of BSE, it must either:

1.1 Provide certification by the CVO that the criteria in paragraphs 2) to 5) of Article 3.2.13.1 have been complied with for at least 7 years

OR

1.2 Provide certification by the CVO that the criteria in paragraph 3) of Article 3.2.13.1 have been complied with for at least 7 years, and that it has been proven that for at least 8 years no meat-and-bone meal or greaves have been fed to ruminants.

2. If a country asserts that all cases of BSE have been clearly demonstrated to originate directly from the importation of live cattle or bovine embryos/ova, it must:

2.1 Provide certification by the CVO that the affected cattle as well as progeny born within two years prior to, or after the clinical onset of disease, if alive, have been slaughtered and completely destroyed

AND EITHER

2.2.1 That the criteria in paragraph 2) - 5) of Article 3.2.13.1 have been complied with for at least 7 years

OR

2.2.2 That the criteria in paragraph 3) of Article 3.2.13.1 have been complied with for at least 7 years and it has been proven that for at least 8 years no meat-and-bone meal or greaves have been fed to ruminants

3. If a country asserts that the last indigenous case of BSE was reported more than 7 years ago, it must:

3.1 Provide certification by the CVO that the criteria in paragraphs 2) - 5) have been complied with for at least 7 years and the feeding of ruminants with meat-and-bone meal or greaves derived from ruminants has been banned and the ban effectively enforced for at least 8 years.

FMD Situation in South-East Asia – 1999

In the past 12 months there have been both losses and gains in the overall FMD situation in South-East Asia. The 1998 outbreak of FMD in Malaysia caused by a newly emerged type A strain appears to have been eradicated, and the number of outbreaks in Thailand due to this variant has decreased considerably. One other outbreak of type A strain in the region has been reported from Myanmar close to the Thai border, but no further information is available about this virus outbreak.

In recent times there has been an outbreak of FMD in the north of Vietnam caused by a type O virus that is different from the two most recently identified strains. This type O has been demonstrated by the World Reference Laboratory to be related to the predominant field strain in the sub-continent, and the Middle East, the so-called South Asia topotype. The Department of Animal Health in Vietnam has reported that this virus has entered the country from the PRC and has resulted in the first significant outbreak of FMD in the Red River Delta since about 1956. This type O strain has caused significant morbidity in pigs, cattle, and buffalo.

Approximately two months ago an outbreak of FMD commenced in Laos on the border with Vietnam, and this outbreak has spread extensively in the province of Savannakhet, one of the principal cattle- raising provinces in the country. Village pigs are also severely affected, which is unusual and suggests that the new strain has entered from Vietnam. Specimens will be submitted to WRL Pirbright for gene sequence analysis. At the beginning of 1999 there was an outbreak of type O in the southern most provinces of Laos that was most likely the result of traders moving animals from Cambodia to Laos.

Recently, an outbreak of type O FMD occurred in a 'quarantine' holding facility in the north of Thailand. This virus was also shown to be related to the South Asia topotype identified in Vietnam. While the traders supplying the buffalo were based in Laos, it is probable that the animals moved down the Mekong River from Yunnan in PRC.

The endemic focus of FMD in the Philippines is still confined to the area around Manila and rare excursions of the disease into other provinces are quickly controlled. A few cases of this pig- adapted strain have been reported in carabao (buffalo). The Bureau of Animal Industry submitted a case to OIE for provisional FMD freedom for the Central Visayas Islands and Mindanao. FMD has not been reported from Mindanao in particular, or the Central Visayas Islands for many years. However in September an outbreak of FMD was reported from one province (Iloilo) on Panay Island. This outbreak was quickly controlled and the last case was seen on 7 October 1999.

Construction by the Government of Thailand of the bio-containment facility to serve as a regional reference laboratory has been completed. at the FMD Centre Pak Chong, Thailand. Commissioning this laboratory is now a priority and assistance is required from an external source to develop this facility as a fully functional service operating to international standards.

Progress with FMD control at both national and regional level is dependent on improving disease surveillance networks and the management of animal movements. One of the keys to both of these strategic elements is developing public awareness of the disease from the political level to the farming communities. Involvement of the different stakeholders in the disease control process cannot be achieved without a significant level of public awareness activity. The ASEAN Free Trade Agreement will progressively remove tariff barriers to the trade in animals and animal products, and so the propensity of FMD to circulate rapidly will be enhanced. Therefore education of policy makers is imperative to ensure that key animal health and production issues are not ignored in the push for economic development. SEAFMD needs expert support on this matter in this early stage of the programme. It is the view of the Regional Co-ordination Unit that public awareness development is likely to be a very cost effective component of FMD control in this region.

In the view of the RCU there is also a need to undertake a regional analysis of the requirements of the local markets for beef and to develop policy and strategy to support the potential for development of meat production systems based on small holder enterprises. Such a long-term vision is required to parallel strengthening the animal health systems in the region, as FMD control is not to be regarded as a technical programme in isolation from other development issues within the livestock sector. It should be regarded as a key component to livestock

sector development and an entry point to general improvement of the animal health system.