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

Paris, 27-31 August 2012

A meeting of the OIE Scientific Commission for Animal Diseases (the Commission) was held at the OIE Headquarters in Paris, France from 27 to 31 August 2012.

The Commission was welcomed by Dr Elisabeth Erlacher-Vindel, Acting Head of the OIE Scientific and Technical Department, on behalf of Dr Bernard Vallat, Director General of the OIE. Dr Erlacher-Vindel congratulated the members for their election or re-election. Members were reminded of the need to sign a confidentiality undertaking if they had not done so before as well as the declaration of interests which had to be submitted by every member after election at the General Session. She also indicated some of the important items that needed joint discussions between the Commission and the Terrestrial Animal Health Standards Commission (Code Commission) and re-iterated the importance of the overlapping of meetings between the two Commissions. As this was not possible for this meeting, arrangements had been made to allow for discussions between the Commission and the President of the Code Commission as well as a meeting on Monday 3 September 2012 between the President of the Commission and the Bureau (President and Vice-presidents) of the Code Commission during which feedback would be given to the Code Commission on the deliberations of the Commission to identify and discuss matters of mutual interest.

In his response, the President of Commission re-iterated the need for overlapping of meetings with the Code Commission and the need to ensure that the Commission meetings be scheduled when the Director General of the OIE will also be in office for at least part of the Commission meeting. The President also indicated to members the important issues that needed to be addressed by the Commission during this meeting and the coming year, of which the most important were the finalisation of the review of the *Terrestrial Code* Chapters on foot and mouth disease (FMD), classical swine fever (CSF), peste des petits ruminants (PPR) and brucellosis. He indicated that there were also several issues raised during the 80th General Assembly of the OIE that also needed to be addressed by the Commission.

1. Adoption of the agenda and appointment of rapporteur

The draft agenda was adopted by the Commission as its agenda. The meeting was chaired by Dr Gideon Brückner, President of the Commission, with Dr Marta Martinez Aviles, OIE Secretariat, serving as rapporteur.

The agenda and the list of participants are attached as Annexes 1 and 2.

2. Follow up from the 80th General Session

The President provided feedback to the members of the Commission on the following, most relevant issues arising from the 80th General Session:

2.1. General feedback and issues of importance

The Commission was informed by the President of the Commission on a meeting that was held with the Director General of the OIE and the President of the Code Commission prior to the General Session to facilitate harmonisation on the presentation to the World Assembly of the issues related to the review of the *Terrestrial Code* chapters on CSF and on brucellosis and the proposed OIE draft policy on the approach to be used for the *Terrestrial Code* on matters related to the livestock-wildlife interface.

It was also agreed during the abovementioned meeting to re-convene an *ad hoc* Group to review the *Terrestrial Code* chapter on PPR to address concerns raised by both Commissions – especially those related to susceptible species, requirements for country or zonal freedom, and safe trade in commodities.

The President of the Commission had expressed, in the meeting prior to the General Session, the satisfaction of the Commission for the finalisation of the revised *Terrestrial Code* Chapter on rabies and the amended *Terrestrial Code* Chapter on African horse sickness (AHS) to make provision for official status recognition. An amendment to the questionnaire for Member Countries applying for endorsement of an official national control programme for FMD was also adopted at the General Session. The President of the Commission indicated that the adoption of Resolution 22 outlining the procedures to be followed by Member Countries for the application and maintenance of official disease status would also greatly assist the Commission to apply a consistent approach in the evaluation of Member Country applications.

Finally, the President of the Commission drew the attention of the Commission members to the importance of displaying transparency in the decisions and recommendations of the Commission as this issue had been raised during the 80th General Session. The Commission was therefore urged to convey all the relevant information, in particular that related to country evaluations, in a transparent and understandable manner to Member Countries.

2.2. Schmallenberg virus (SBV)

The President of the Commission indicated that the presentation of Professor Mettenleiter during the 80th General Session to update Delegates on the current status of Schmallenberg virus (SBV) infections had been well received. Note was also taken of further inputs received by the OIE on SBV from the European Food Safety Authority (EFSA) on this matter.

In his response Professor Mettenleiter indicated that SBV had spread to Switzerland and was circulating in the United Kingdom, France and Germany. No in-depth surveillance had been conducted in other countries of primary infection which mostly resulted in mild symptoms. The first successful trials of prototype vaccines had been reported but none had received market authorization yet. Updates would be provided at the ESVV conference in Madrid (4 – 7 September 2012) and at the 25th Conference of the OIE Regional Commission for Europe (17-21 September 2012). Vector research had confirmed the role of *Culicoides* in the epidemiology of the disease. He indicated that it was still too early to predict how far Schmallenberg virus infections would spread. The impact so far was limited but it could be that an epidemic peak had not been reached. The manifestation of malformations in new-born calves and lambs could be expected later in the year – especially in those regions which had experienced little or no cases in 2011 and exhibited a low seroprevalence. He indicated that there was no urgent need to consider the development of a chapter for the *Terrestrial Code* at this stage but that first time events still needed to be notified to the OIE.

2.3. Follow up of the Technical Item on One Health

The rapporteur of the Technical Item at the 80th General Session informed the Commission on the important aspects for the Commission contained in the recommendations of Resolution 27, adopted by the OIE World Assembly of Delegates. Recommendations 4 (evidence-based guidance to Member Countries); 5 (role of Collaborating Centres) and 10 (using rabies as a model to promote the One Health concept) were of special relevance to the work of the Commission.

The Commission also took note of the outcomes of the 16th meeting of the Inter-American Meeting at Ministerial Level on Health and Agriculture (RIMSA) held in Chile (July 2012), the High-Level Technical Meeting on One Health held in Mexico (November 2011) and the decision taken at the annual OIE/WHO/FAO Tripartite meeting (February 2012) to promote in a united way the application of the concepts of One Health. In its response, the Commission indicated that during the OIE Global Conference on Rabies (Incheon-Seoul, September 2011), there were a number of presentations on how rabies control was already implemented within the One Health approach, and that this information should be used to further promote the ideal of the application of One Health principles for the control of rabies.

3. *Ad hoc* Group meetings

■ *Ad hoc* Group meetings for approval

3.1. *Ad hoc* Group on Epidemiology: 6-8 March 2012

The Commission reviewed the report of the *ad hoc* Group and agreed that the proposed amended definitions on “surveillance” and “pathogen specific surveillance” for inclusion in the Glossary of the *Terrestrial Code* could be forwarded to the Code Commission for consideration but that the proposed definition on “risk-based surveillance” would need further discussion between the two Commissions before it could be considered for inclusion in the Glossary of the *Terrestrial Code*.

The Commission noted with appreciation the work done by the *ad hoc* Group in finalising a Web version on “Principles for Animal Disease Control” as well as a draft chapter on the same topic for consideration for inclusion as a horizontal chapter in Volume I of the *Terrestrial Code*. Both documents were extensively reviewed by the Commission and amendments were made following the discussions on the presented text. The Commission decided to forward the amended draft chapter for consideration by the Code Commission for inclusion in the *Terrestrial Code* while the Web version was also approved for publication on the OIE website at the most appropriate placing¹. In consultation with the Director General and the Code Commission it was recommended that Member Countries were invited to comment on the draft chapter, which can be found attached to this report as [Annex 3](#)².

The Commission was briefed on the progress with the draft text on the *Guide on Terrestrial Animal Health Surveillance*. Although some progress had been made since the report on this matter at the last meeting of the Commission, the Commission re-iterated its previous view that this matter needed to be brought to conclusion soonest possible and decided to recommend to the Director General that an additional meeting of the *ad hoc* Group on Epidemiology be convened to finalise the review of the available text for the Guide. The Scientific and Technical Department was requested to provide the relevant draft text to designated members of the *ad hoc* Group to enable them to be well prepared for discussions during an extra-ordinary meeting of the Group that could be organised later in 2012.

The report of the *ad hoc* Group as endorsed with amendments is attached as [Annex 4](#).

3.2. Expert group on equine movements and diseases: 12-14 March 2012

The Commission was briefed by the Scientific and Technical Department on the outcomes of this meeting. The expert group identified the need to establish a priority list of chapters on equine diseases in the *Terrestrial Code* and corresponding *Terrestrial Manual* chapters relevant to the international movement of competition horses that might be in need of updating on a priority basis. Concepts such as “equine disease free zones”, which had been successfully used for the Beijing Olympics, had also been discussed at the meeting. It was noted that a meeting in preparation for the 2016 Olympics in Rio de Janeiro was scheduled for the second week of December 2012 in Panama.

Although the Commission acknowledged that the concept of “equine disease free zones” and the proposal to make provision for the temporary residence of horses were commendable and would probably require an updating of some of the relevant chapters in the *Terrestrial Code*, and that further inputs would be needed from the stakeholders such as the Fédération Equestre Internationale (FEI). The establishment of an *ad hoc* Group to consider these matters would be necessary once the inputs were

¹ The guidelines were placed on the OIE website on 8 November 2012 <http://www.oie.int/en/our-scientific-expertise/specific-information-and-recommendations/animal-diseases-control/>

² Secretariat’s note: Comments should be sent to the Scientific and Technical Department of the OIE (m.martinez@oie.int) by 18 January 2013, on (i) the desirability of a new *Code* Chapter and (ii) its content.

received and considered. The Commission indicated that the placing of such an envisaged *ad hoc* Group under the auspices of the Commission would in principle be acceptable but that there would be matters related to trade that would also require the inputs from the Code Commission.

The Draft model for a strategic framework to facilitate the safe international movement of competition horses is attached as [Annex 5](#).

3.3. *Ad hoc* Group on Antimicrobial resistance: 2-4 July 2012

The Commission was noted the work of the *ad hoc* Group on Antimicrobial resistance and the comments from Member Countries on the amended Chapters. The Member Country comments on Chapter 6.9 had been reviewed while it was noted that a list of antimicrobials used in veterinary medicine was in the process of being reviewed. Proposals were made for new definitions to be included in the Glossary of the *Terrestrial Code* or in the introduction to the Chapters on antimicrobial resistance in the *Terrestrial Code*.

The *ad hoc* Group had proposed a definition for “Regulatory authority” to make provision for the fact that in many countries the *Veterinary authority* was not necessarily responsible for the control over veterinary medicines. The Commission, however, agreed that the existing definition in the glossary for *Competent authority* could be amended to address this point as the introduction of a definition for “Regulatory authority” could be confusing to Member Countries. The following definition was proposed by the Commission for consideration by the Code Commission:

« *Competent Authority* - means the *Veterinary Authority* or other Governmental Authority of a Member having the responsibility and competence for ensuring or supervising the implementation of animal health and *welfare* measures, international veterinary certification, the marketing authorisation/licencing of *Veterinary Medicinal Products*, and other standards and recommendations in the *Terrestrial Code* and in the *OIE Aquatic Animal Health Code* in the whole territory ».

As a consequence, a definition for “Veterinary Medicinal Products” was also proposed by the Commission for consideration by the Code Commission for inclusion in the glossary. The rest of the terms were endorsed to appear in the introduction of Chapter 6.6.

Antimicrobial resistance had been identified as a priority in the FAO/WHO/OIE Tripartite agreements based on the recommendations of several international conferences and meetings on One Health. The Commission noted the latest activities that the OIE had been carrying out on this topic, including the engagement of collaborating centres and the focal point trainings, which had proved very successful in increasing the response rate of country questionnaires on the same topic and increasing OIE visibility at conferences related to the topic. The OIE had also recently dedicated a volume of the Scientific and Technical Review to antimicrobial resistance and was hosting the Global Conference on the Responsible and Prudent Use of Antimicrobial Agents for Animals in Paris on 13 – 15 March 2013.

The Commission commended the *ad hoc* Group on its good work and endorsed its report, taking into account the proposed amendments.

The report of the *ad hoc* Group is attached as [Annex 6](#).

3.4. *Ad hoc* Group on Diseases of Honey Bees: 10-12 July 2012

The Commission noted the work of the *ad hoc* Group on Diseases of Honey Bees and considered the report of the Group from its meeting of 10 – 12 July 2012. The *ad hoc* Group had finalised Chapters 9.1 to 9.6 of the *Terrestrial Code*, including the harmonisation of terms, the definition of safe commodities in specific articles and the development of a general introduction on honey bee diseases, which was added as an annex to the report. In addition, the *ad hoc* Group had discussed the inclusion or not of all honey bee diseases according to the new criteria in Chapter 1.2 and had decided not to add any new diseases to and not to remove any disease from the list. The Commission endorsed the report and requested that the OIE remained sensitised on honey bee disease issues that could require a future meeting of the *ad hoc* Group, especially in relation to food security and food safety. The Secretariat of the *ad hoc* Group recalled the good relationships established with *Apimondia* and OIE Reference Laboratories on diseases of honey bees and their commitment to inform the OIE on any new developments or needs for action on honey bee diseases.

The report of the *ad hoc* Group is attached as [Annex 7](#).

3.5. *Ad hoc* Group on the Evaluation of Foot and Mouth Disease (FMD) Status of Member Countries: 3- 5 July 2012

The Group had been tasked to review the FMD *Terrestrial Code* Chapter 8.5, simplifying the language to provide more clarity and to ensure compatibility with the questionnaire for applying for the recognition for official disease status. The Group had started the review of the chapter at its meeting in January 2012, and the work completed to date had been submitted in the report of July 2012 for consideration by the Commission.

The Commission was informed by its representative on the *ad hoc* Group that Chapter 8.5 had been thoroughly discussed by the *ad hoc* Group, article by article, and a detailed and very informative report was submitted to the Commission with all the scientific rationale supporting the decisions of the Group. The Group could review the whole Chapter except for the Articles on surveillance. The Commission supported the proposal from the *ad hoc* Group that the remaining Articles on surveillance for FMD be submitted to the *ad hoc* Group on Epidemiology whose meeting was prior to the next meeting of the *ad hoc* Group on FMD. It was also agreed that a member from the *ad hoc* Group on FMD attend the meeting of the *ad hoc* Group on Epidemiology to ensure consistency in the approach for the review of the Chapter. It was also recommended that a member of the Working Group in Wildlife Diseases be invited to attend the meeting of the *ad hoc* Group on Epidemiology to ensure that the wildlife aspects and the wildlife-livestock related aspects in terms of surveillance for FMD were taken on board, or be consulted in case of his inability to attend because of a short notice.

It was also decided by the Commission that the text in the report of the *ad hoc* Group providing the rationale for changes in Chapter 8.5 would be excluded from the current report but would be included in the report of the October meeting of the *ad hoc* Group to coincide with the possible circulation of the text to Member Countries by the Code Commission after its next meeting in February 2013.

A letter had been received from the Quad member nations (Australia, New Zealand, Canada and the United States of America) on a literature review that concluded that the waiting period for the recovery of status in a country or zone previously free without vaccination after vaccinating-to-live could be reduced from 6 to 3 months. The Commission took note and acknowledged this contribution. Their proposals would be discussed by the *ad hoc* Group in the on-going review of the Chapter.

The Commission expressed its appreciation to the Group for an excellent report and the work done so far. The final inputs of the *ad hoc* Group would be considered at the meeting of the Commission in February 2013, after which the document would be forwarded to the Code Commission for further processing.

Application from Bulgaria for the reinstatement of its status as a country free from FMD without vaccination

The Commission discussed the evaluation and recommendations of the *ad hoc* Group on the application of Bulgaria for the re-instatement as a “FMD free country where vaccination is not practised”, following the successful containment of FMD after the Bulgaria FMD status had been suspended on 7 January 2011 as a consequence of a FMD outbreak in the village of Kosti (Burgas Province).

The Commission supported the recommendation for the recovery of status and decided to reinstate the status of Bulgaria as Member Country free from FMD where vaccination is not practised in accordance with the mandate given to the Commission in Resolution 25 of the 80th General Session of the OIE. A letter to this effect to the Delegate was subsequently drafted to inform him of the decision of the Commission and to request that the Commission was kept informed on any further change in the epidemiology of FMD in Bulgaria, especially as it related to the livestock-wildlife interface. Similarly, a notice would be published on the OIE website.

The amended report of the *ad hoc* Group is attached as Annex 8.

■ Planned *ad hoc* Group meetings: review of draft agendas and dates

The Commission discussed and reviewed the priorities and agendas for the following *ad hoc* Group meetings planned for 2012/2013:

3.6. *Ad hoc* Group on evaluation of Bovine Spongiform Encephalopathy risk status of Member Countries: 11-13 September 2012 and 27-30 November 2012

The Commission requested that the *ad hoc* Group on BSE met in September 2012, in addition to its November meeting, to consider the application of the BSurvE surveillance model as it related to the situation of Member Countries with small cattle populations. An opinion had been provided by the authors on the BSurvE model to facilitate the discussion of the Group. The Commission also invited the Group to consider the review of the surveillance articles in *Terrestrial Code* Chapter 11.5 to account for small cattle populations.

A request from a Member Country on the need to review the significance of atypical BSE cases in relation of official country status was added to the agenda of the Group for the meeting in September 2012.

Three country applications for evaluation had been received so far, and given the discussions on thoroughness of evaluation and to avoid an overload of work of the *ad hoc* group at its November meeting, the Commission recommended to extend the November meeting by one day, and to distribute the dossiers to all of the members of the *ad hoc* Group in advance for preliminary reading. These dossiers would be evaluated in full detail at the November meeting of the *ad hoc* Group.

3.7. *Ad hoc* Group on Epidemiology: 2-4 October 2012

The draft terms of reference and draft agenda were discussed. The Commission agreed that the main emphasis of the Group for the meeting in October 2012 would be to review the surveillance articles of Chapter 8.5 (FMD) of the *Terrestrial Code* (see item 3.5 for more details). The next priority would be to finalise the *Guide on Terrestrial Animal Health Surveillance* (see item 3.1 for more details).

3.8. *Ad hoc* Group on evaluation of FMD status of Member Countries: 9-12 October 2012

The Commission took note that several applications from Member Countries had already been received by the OIE Headquarters for the official recognition of FMD status and endorsement of national control programmes for FMD. As the same *ad hoc* Group had to finalise the review of Chapter 8.5, it was decided that the Director General would be requested to convene an additional meeting of the Group in December 2012 to complete the review of applications for disease status recognition by Member Countries.

3.9. Working Group on Wildlife Diseases: 12-15 November 2012

The Commission considered the proposals for the draft agenda submitted by the Chairman of the Group. Priority issues identified by the Commission for discussion by the Working Group were the integration of wildlife-related issues into the PVS model and the consideration of the draft text for wildlife surveillance that could be shared with the *ad hoc* Group on Epidemiology if available.

Further items might be added to the agenda, following a meeting of the International Union for Conservation of Nature (IUCN) in the Republic of Korea in September 2012.

3.10. *Ad hoc* Group on Antimicrobial resistance: 8-10 January 2013

Member Country comments on Chapter 6.10 needed to be addressed and the update of the list of veterinary important antimicrobial agents finalised. With regard to Member Countries comment to better take into account pathogens relevant for animal health in Chapter 6.7 of the *Terrestrial Code*, adopted in May 2012, the Commission recommended that a member of the *ad hoc* Group on Epidemiology be involved when this issue would be discussed.

3.11. *Ad hoc* Group on evaluation of Contagious bovine pleuropneumonia (CBPP) disease status of Member Countries: 9-10 January 2013

The last application for status recognition was received almost 2 years ago. If only one or two applications were received this year, the Commission recommended that the *ad hoc* Group could evaluate them electronically and there would be no need to physically convene this *ad hoc* Group.

3.12. *Ad hoc* Group on evaluation of African horse sickness (AHS) disease status of Member Countries: 15-17 January 2013

The Commission requested that the *ad hoc* Group consider the Member Country comments raised during the 80th General Session and any applications received for the recognition of official status for AHS.

Considering the need to establish a first-time base list for Member Countries qualifying to be *historically free* from AHS, the Commission recommended that the Scientific and Technical Department prepare a letter for signature by the Director General to invite Member Countries, wishing to do so, to apply for the recognition of historical freedom based on the requirements of Article 1.4.6 of Chapter 1.4 of the *Terrestrial Code*. These applications could be based on a similar letter to Delegates that was used to establish a list of Member Countries *historically free* from rinderpest. Applications to the OIE should be submitted well in advance of the meeting of the *ad hoc* Group to enable the Group to compile a base list of *historically free* Member Countries for AHS for consideration by the Commission and endorsement by the OIE World Assembly of Delegates at the 81st General Session.

3.13. *Ad hoc* Group on Brucellosis: 9-11 January 2013

The main priority of the *ad hoc* Group should be to consider the request of Member Countries to provide separate chapters for the *Terrestrial Code* on Brucellosis in respect of the relevant species. A member each from the Scientific and Code Commissions would attend the meeting to provide guidance to the Group. The Commission suggested that a member of the Working Group on Wildlife Diseases be also invited to attend the meeting of the *ad hoc* Group.

3.14. *Ad hoc* Group on Peste des Petits Ruminants (PPR): 27-29 November 2012

The finalisation of a review of this Chapter of the *Terrestrial Code* was identified as a priority by the Commission, especially as it related to future development of this disease for possible official disease status recognition and a global eradication programme. The main priority of the *ad hoc* Group should be to consider the comments from both the Scientific and Code Commissions to review the susceptible species proposed in the first draft amended *Terrestrial Code* chapter as well as aspects related to safe trade in commodities and surveillance for PPR. Representatives of both Commissions would attend the meeting of the *ad hoc* Group to provide guidance to members of the Group.

3.15. *Ad hoc* Group on official disease status recognition of Classical Swine Fever: 16-18 October 2012

At the discussion between the Presidents of the Scientific and Code Commissions and the Director General in May 2012, it was decided that the draft amended chapter proposed by the *ad hoc* Group be reconsidered and that the current chapter in the *Terrestrial Code* be used as the base text and be complemented with a questionnaire and specific surveillance guidelines to provide for Member Country applications for official disease status recognition. The Commission suggested that a member of the Working Group on Wildlife Diseases be invited to attend the meeting of the *ad hoc* Group. The meeting would be attended by representatives of the Scientific and the Code Commissions to provide guidance to the *ad hoc* Group.

■ Proposed *ad hoc* Groups: prioritisation of work and draft terms of reference

The following potential *ad hoc* Groups were identified for future consideration within the work programme of the Commission:

3.16. *Ad hoc* Group on Glanders: after the Commission meeting in February 2013

The Commission agreed that the objective of this Group would be to review the current chapter in the *Terrestrial Code* and to consider the possibility of official disease status recognition. However, the Commission also took note of the recommendations of the Regional Conference on Glanders held in Dubai on 23-25 April 2012 and of the absence of a request in the recommendations for the OIE official status recognition for Glanders.

3.17. *Ad hoc* Group on Rift Valley fever: January-February 2013

The Commission recognised the need to review the current Chapter in view of new scientific information.

3.18. *Ad hoc* Group on Equine Diseases

The formulation of an *ad hoc* Group would be proposed to the Director General by the Commission pending further inputs following the meeting of experts on the international movement of horses.

3.19. *Ad hoc* Group on Swine vesicular diseases

This disease had been proposed for delisting by the *ad hoc* Group on Disease notification. Further consideration would be given to this chapter by the Commission pending a decision by Member Countries at the 81st General Session.

3.20. *Ad hoc* Group on Harmonisation of bluetongue, African horse sickness and epizootic haemorrhagic disease chapters of the *Terrestrial Code*

The Commission identified this work for possible inclusion in its work programme after its February 2013 meeting.

3.21. *Ad hoc* Group on Tuberculosis

A review of the current Chapter in the *Terrestrial Code* had been identified as a priority in 2011 at a joint meeting of the Scientific and Code Commissions. An *ad hoc* Group to start working on this chapter could take place just after the Commission meeting in February 2013. The Commission also took note of an application that was received for the evaluation of DIVA³ tests for tuberculosis vaccination. As vaccination of cattle against tuberculosis was not officially endorsed by the OIE, the Commission recommended that this issue be discussed in detail by the experts who would be asked to review the chapters on tuberculosis in the *Terrestrial Code*.

3.22. *Ad hoc* Group on Porcine respiratory and reproductive syndrome (PRRS)

There had been several Member Country requests to develop a Chapter on PRRS. With the recently adopted criteria for listing diseases, the *ad hoc* Group on Disease notification had decided to keep PRRS as notifiable to the OIE. The Commission agreed to this decision and reviewed the report of the *ad hoc* Group on PRRS which had last met in June 2008. At that time, the Group had given the following reasons for not developing a *Terrestrial Code* chapter on PRRS:

1. The disease was widespread globally;
2. The lack of a diagnostic marker to accurately predict the virulence of an isolate;
3. The variation in the diagnostic laboratory capabilities/resources across and within countries;
4. A lack of a standardized approach/history of successful PRRS eradication for endemic countries.

The Commission decided to request the chairman of the 2008 *ad hoc* Group to consult with the other members of the Group, and also ask an OIE expert on import risk analysis on PRRS, to provide an opinion whether the rationale provided previously by the Group was still valid. Once the response of the experts was received, the Commission would consider the requests of the Member Countries.

3.23. *Ad hoc* Group on Q fever

Following the request of a Member Country for the development of a Chapter for the *Terrestrial Code* on Q-fever, the Commission considered to discuss this in more detail at the next meeting of the Commission in February 2013.

3.24. *Ad hoc* Group on Post vaccination monitoring (PVM) for FMD

Following discussions on this issue (see item 8.4), the Commission decided to request the Director General to constitute an *ad hoc* Group to address this issue. The Group should meet in January or February 2013.

³ DIVA : Differentiating Infected from Vaccinated Animals

4. Matters of interest referred to the Commission for consideration

4.1. Joint FAO/OIE Advisory Committee on Rinderpest

The Commission noted that an FAO/OIE Joint Advisory Committee (JAC) on post-eradication of rinderpest had been established by a joint decision of the OIE and FAO, and that the JAC met for the first time in June 2012 in Rome. The Commission reviewed the report of the JAC and took note of its future action plans. Note was also taken of Resolution 33 adopted at the 80th General Session urging the OIE to expedite the process through its Specialist Commissions for adoption of the revised *Terrestrial Code* chapter on rinderpest .

The Commission took note of the actions taken by the JAC on virus sequestration and noted that 40 to 50 laboratories had already confirmed that they had rinderpest virus or samples that could contain it. However, this number could be higher.

The Commission reviewed and commented on the inputs of experts from the JAC on the draft chapter for rinderpest as well as the questionnaire that would be circulated to all Member Countries to determine the actions taken for viral sequestration. The comments of the Commission were forwarded to the Code Commission for further processing of the *Terrestrial Code* chapter. The Commission also requested that the questionnaire be submitted to the Biological Standards Commission for comments.

The Commission concluded that although there was not yet an international contingency plan for rinderpest available, the draft chapter could nevertheless be circulated to Member Countries for comments to set the process in motion for the eventual adoption of the chapter as requested in Resolution 33.

4.2. Ad hoc Group on Notification of animal diseases and pathogenic agents

The Commission took note of the outcome of the meeting of the *ad hoc* Group and noted with appreciation the work conducted by the Group to portray the application of the new standards for disease listing in a user-friendly schematic working format, to review the existing list of OIE notifiable diseases and to present the rationale for deletion of some diseases from the list. While the Commission was generally in agreement with the recommendations of the *ad hoc* Group, it had concerns over the proposed delisting of the following diseases:

- *Crimean Congo Haemorrhagic Fever (CCHF)*: It was indicated that serological tests for CCHF in animals were currently under study for this important zoonotic disease and that this should be taken into consideration. There was also a PCR test available for the diagnosis of CCHF.
- *Nipah virus infection*: Due to the severe zoonotic impact of the disease, the Commission requested that the *ad hoc* Group reconsider its decision on the delisting.

4.3. Animal health risk mitigation treatments in imports of animal casing

The Commission took note of a communication from EFSA on this issue and noted that the recommendations of EFSA had been already incorporated in the relevant articles of Chapter 8.5 during the review of the FMD chapter.

4.4. Opinion on risk of introduction of PRRS into a free country (small vs. negligible)

The Commission took note of the discrepancy in the use of terms “small” and “negligible” that appeared in different texts that referred to the risk analysis of the introduction of PRRS into a free country, and indicated that, to maintain consistency, the terminology for qualitative import risk analysis for expressing risk should, as far as possible, follow the OIE Handbook on Import Risk Analysis (Volume 1).

4.5. Claims for introducing new bluetongue virus serotypes

The Commission took note of information that was provided that the International Committee on Taxonomy of Viruses (ICTV) was not responsible for classification and nomenclature of virus taxa below the rank of species. As specified in the ICTV website “the classification and naming of serotypes, genotypes, strains, variants and isolates of virus species is the responsibility of acknowledged international specialists groups”. The Commission considered the publication claiming the detection of a new BTV-26 and, following the advice of an expert, agreed that more substantiating serological evidence was needed before adding new serotypes to the existing range of known bluetongue viruses.

4.6. Baseline surveillance on influenza

The Commission noted the suggestion for global wild bird surveillance and the proposal from the Working Group on Wildlife Diseases to bring together people that were working on wild bird surveillance to create a network for surveillance activities. Funding would however be needed for annual meetings. The Commission agreed that it was not advisable to establish such a surveillance network outside the existing OFFLU initiatives and that such a proposed surveillance Group could function in a similar manner as the existing group on the surveillance of swine influenza. It was further recommended that the issue be discussed in more detail within the Steering Committee of OFFLU.

4.7. Twinning initiative of the OIE for Veterinary laboratories

The Commission noted with appreciation the progress with this initiative and the number of twinning projects completed as well as those laboratories that were successful partners in a twinning process and that would now attempt to apply for OIE reference laboratory status.

5. Collaborating Centres

The Commission received a revised application from the Delegate of Cuba for the designation of a Collaborating Centre following a request made at the meeting of the Commission in February 2012 that more clarity be provided from the applicant country for the Commission to be able to evaluate the application, and that the Member Country should propose an appropriate name for the intended Collaborating Centre to avoid duplication in mandates within the Region in question.

After considering the additional information provided by the Member Country, the Commission agreed that the name proposed did not reflect in all aspects the work currently conducted at the Centre. The Commission proposed that the Delegate consider to change the name to “Collaborating Centre for the mitigation of animal health disasters in the Caribbean” to truly reflect the activities of the Centre. To enable the Commission to make a more informed assessment of the application, it was further requested that in addition to the proposed name change, more information be provided on the aims and objectives of the intended Collaborating Centre. This information could then be evaluated at the meeting of the Commission in February 2013 for recommendation to the Council of the OIE.

6. Liaison with other Commissions

■ Terrestrial Animal Health Standards Commission (Code Commission)

6.1. Matters referred to the Commission by the Code Commission

- a) *Member Country comments on the Code Chapter on bluetongue:* The Commission reviewed the comments and forwarded the chapter with its comments included in the text on the chapter to the Code Commission for further consideration.
- b) *Request from a Member Country to introduce a new chapter on PRRS in the Terrestrial Code:* See 3.22 above. The response of the experts would be shared with the Code Commission to assess the need for a new Chapter in the Code.
- c) *Member Country comment on compartmentalisation for Aujeszky's disease:* The Commission considered the request of the Member Country and agreed that the requirements in the current chapter of the *Terrestrial Code* already fulfilled the needs of the question posed by the Delegate.

- d) Member Country comment on zoning for rabies: The Commission considered the request and agreed that in the case of the Member Country requesting zoning, it related to zoning of islands which were not part of the mainland. In such a case, zoning would not pose major problems provided that there was no wildlife involved and that pet movements to the island could be sufficiently controlled. However, applying zoning for rabies on the mainland would not be that simple as it would involve movement control of pets, livestock, and also wildlife which was not controllable under all circumstances. Following the opinion of the experts tasked with the development of the amended chapter adopted at the 80th General Session, the Commission found no scientific justification to amend the current text of the *Terrestrial Code* so as to include provision for zoning for rabies that could be equally applied in all Member Countries.
- e) Member Country comments on testing requirements for rabies certification: The request of the Member Country would be forwarded by the OIE Scientific and Technical Department to an OIE Reference Laboratory for rabies for an expert opinion.
- f) Member Country comments on the Terrestrial Code chapter on African horse sickness: The Commission considered the comment of a Member Country that a more flexible requirement for AHS be considered to apply for historical freedom. The Commission agreed that the requirements as described in Article 1.4.6 of the *Terrestrial Code* were applicable to all diseases qualifying for historical freedom and did not place an additional burden for AHS. The request of a Member Country to consider the provision of temporary residence of horses used for international competitions for equines would be forwarded to the *ad hoc* Group on AHS for consideration at its meeting in January 2013.
- g) Member Country comments on the Terrestrial Code chapter on Equine viral arteritis (EVA): The request of a Member Country would be forwarded by the Scientific and Technical Department to an OIE Reference Laboratory for EVA, after which a decision would be taken on the possible revision of the text in the chapter in the *Terrestrial Code* in respect of the testing of colts for EVA and transmission of the virus via embryos.
- h) Report of the ad hoc Group on Zoonotic parasites: The Commission took note of the revised *Terrestrial Code* chapter on Trichinellosis and expressed its appreciation for a new and more user-friendly approach adopted in the revised version of the proposed chapter.
- i) Member Country comments on Scrapie: This disease had been proposed for delisting by the *ad hoc* Group on Disease notification, therefore the Commission decided not to consider the Member Country comments until a decision be taken at the 81st General Session.
- j) Member Country comments on revised Terrestrial Code chapters on Antimicrobial resistance: See 3.10 above.

6.2. Discussions between the Commission and the President of the Code Commission

The Commission held fruitful discussions with Dr Alex Thiermann, President of the Code Commission. Dr Thiermann was informed on the discussions and decisions of the Commission on issues reflected in this report. Issues related to the comments and the process to be followed in forwarding documents for the attention of the Code Commission was also clarified. To facilitate communication between the two Commissions on the work in progress, a summary table of the Commission decisions/actions relative to *Terrestrial Code* chapters was being included in the Commission's report as an annex (see [Annex 9](#)).

■ Biological Standards Commission

6.3. Matters referred by the Biological Standards Commission to the Commission

Tuberculosis: opinion on using DIVA strategy for bovine tuberculosis: See 3.21 above.

7. Missions to Member Countries conducted by the Commission

7.1 Mission to Venezuela

The President of the Commission debriefed the members on the mission to Venezuela that took place from 30 April to 4 May 2012. It was indicated that the mission could be regarded as a success in establishing the need for regional cooperation and sensitising the Member Country on the requirements to eventually move towards zonal and country freedom from FMD. The findings of the expert mission were also shared with the participants of the South American Commission for the Fight Against Foot-and-Mouth Disease (COSALFA) meeting held in Asuncion, Paraguay, on 6 – 11 May 2012. On the day prior to the 80th General Session, the findings of the visits of the expert missions of the Commission to the Andean region were also shared during a meeting with Delegates from South America. It was hoped that an agreement similar to the successful agreement for the regional control of FMD in the Mercosur region would be established to enhance regional cooperation within the Andean region on FMD control and eradication.

7.2. Mission to assess the application of control measures to prevent the introduction of FMD virus

The President of the Commission presented a report on a mission conducted from 20 to 24 August 2012 by an expert group to a Member Country in accordance with the mandate provided in Resolution 22 of the 76th General Session to verify the application and implementation of FMD control measures to prevent the introduction of virus into a proposed disease free zone. The findings of the mission would be conveyed to the Delegate in a letter from the Director General of the OIE.

7.3. Proposed mission to monitor compliance with the requirements of the Terrestrial Code for the maintenance of an official free status for FMD

Following previous decisions by the Commission, it was agreed to propose to the Director General of the OIE to conduct a visit to selected Member Countries within the Southern African region having an official free status from the OIE, to assess the application of control measures to ensure the maintenance of their disease free status. The mission would take place during the first quarter of 2013.

8. Conferences, workshops and meetings

The Commission took note of the outcome of the following meetings:

■ FMD

8.1. Global FMD Research Alliance (Kruger National Park, South Africa, 17-19 April 2012)

No comment.

8.2. Eu-FMD and GF-TADs meetings

The Commission recommended that an expert from the OIE Scientific and Technical Department attended meetings of the EuFMD for further feedback to the Commission as well as meetings related to post vaccination monitoring (PVM) for FMD as issues related to the work and mandate of the Commission were often discussed at these meetings without further communication to either the Scientific and Technical Department or the Commission.

8.3. OIE/FAO Global Conference on FMD (Bangkok, Thailand, 26 – 28 June 2012)

The Commission took note of the outcomes and recommendations of this successful conference in Bangkok, Thailand from 26 – 28 June 2012 to deliberate the future actions related to the OIE/FAO global strategy for the control of FMD.

8.4. FMD post vaccination monitoring (PVM)

The Commission was informed of further progress of this initiative under the OIE/FAO FMD Reference Laboratory network. Feedback on a visit of FAO and OIE staff to South America to assess the application of PVM was also provided to the Commission. It was re-iterated that PVM was an essential tool in controlling FMD and that the OIE should follow up on initiatives in this regard. The Commission decided to request the Director General to convene an *ad hoc* Group on PVM to formulate guidelines for PVM, with the objective of assisting in the process of producing these Guidelines. The constitution of the Group should include a representative of FAO as well as a member from the *ad hoc* Group on Epidemiology and a member of the Biological Standards Commission.

■ Glanders

8.5. Regional Conference on Glanders (Dubai, United Arab Emirates, 23 – 25 April 2012)

The Commission took note of the report and recommendations of this Conference. See 3.16 above.

9. General matters for discussion

9.1. Opinion on distributing the Commission meeting reports in Word format for Delegates

The Commission discussed the request transmitted through the OIE Headquarters. While the Commission regarded the matter as an internal administrative management issue, it was indicated that the distribution of documents in PDF format was regarded as more secure. However, the Commission did not oppose the need for some Member Countries to receive an unofficial version of reports in Word format for internal use if requested.

9.2. Work plan of the Commission

The Commission compiled an updated work plan and priorities for the 2012/2013 period. In view of the growing workload of the Commission, the possible need for organising either a third meeting of the Commission during the year or extending the duration of the meeting of the Commission in February each year was discussed. The members, however, agreed that the need for a third or extended meeting was not an immediate one, and that the issue would be discussed should the need arise. It was suggested and approved by the Commission that the Bureau of the Commission should convene a short planning meeting if possible during the General Session each year.

9.3. Dates of the next meetings of the Commission

The tentative dates, subject to confirmation, of the meetings for 2012/2013 would be:

4– 8 February 2013 and 2 - 6 September 2013.

.../Annexes

MEETING OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 27 – 31 August 2012

Agenda

1. Adoption of the agenda and appointment of Rapporteur

2. Follow-up from the 80th General Session

- 2.1. General feedback and issues of importance
- 2.2. Schmallenberg virus (information)
- 2.3. Follow up of the Technical Item on One Health

3. *Ad hoc* Groups:

Past *ad hoc* Group meeting reports for endorsement

- 3.1. *Ad hoc* Group on Epidemiology: 6-8 March 2012
- 3.2. Expert group on Equine movements and diseases: 12-14 March 2012
- 3.3. *Ad hoc* Group on Antimicrobial resistance: 2-4 July 2012
- 3.4. *Ad hoc* Group on Diseases of Honey Bees: 10-12 July 2012
- 3.5. *Ad hoc* Group on the Evaluation of Foot and Mouth Disease (FMD) Status of Member Countries: 3- 5 July 2012

Planned *ad hoc* and Working Group meetings: review of draft agendas and dates

- 3.6. *Ad hoc* Group on evaluation of Bovine Spongiform Encephalopathy risk status of Member Countries: 11-13 September and 27-30 November 2012
- 3.7. *Ad hoc* Group on Epidemiology: 2-4 October 2012
- 3.8. *Ad hoc* Group on evaluation of Foot and Mouth disease status of Member Countries: 9-12 October 2012
- 3.9. Working Group on Wildlife Diseases: 12-15 November 2012
- 3.10. *Ad hoc* Group on Antimicrobial resistance: 8-10 January 2013
- 3.11. *Ad hoc* Group on evaluation of Contagious bovine pleuropneumonia disease status of Member Countries: 9-10 January 2013
- 3.12. *Ad hoc* Group on evaluation of African horse sickness disease status of Member Countries: 15-17 January 2013
- 3.13. *Ad hoc* Group on Brucellosis: 9-11 January 2013
- 3.14. *Ad hoc* Group on Peste des Petits Ruminants: 27 – 29 November 2012
- 3.15. *Ad hoc* Group on official disease status recognition of Classical Swine Fever: 16-18 October 2012

Proposed *ad hoc* Groups: prioritisation of work and draft ToRs

- 3.16. *Ad hoc* Group on Glanders
- 3.17. *Ad hoc* Group on Rift Valley fever
- 3.18. *Ad hoc* Group on Equine diseases
- 3.19. *Ad hoc* Group on Swine vesicular diseases
- 3.20. *Ad hoc* Group on Harmonisation of bluetongue, African horse sickness, and Epizootic haemorrhagic disease chapters of the *Terrestrial Code*
- 3.21. *Ad hoc* Group on Tuberculosis
- 3.22. *Ad hoc* Group on Porcine respiratory and reproductive syndrome (PRRS)
- 3.23. *Ad hoc* Group on Q fever
- 3.24. *Ad hoc* Group on Post-vaccination monitoring for FMD

4. Matters of Interest for Consideration

- 4.1. Joint FAO/OIE Advisory Committee on Rinderpest
- 4.2. *Ad hoc* Group on Notification of animal diseases and pathogenic agents
- 4.3. Animal health risk mitigation treatments in imports of animal casing
- 4.4. Opinion on risk of introduction of PRSS into a free country (small vs. negligible)
- 4.5. Claims for introducing new bluetongue virus serotypes
- 4.6. OFFLU baseline surveillance on influenza
- 4.7. Twinning initiative of the OIE for Veterinary laboratories

5. OIE Collaboration Centres

6. Liaison with other Commissions

Terrestrial Animal Health Standards Commission

- 6.1. Matters referred to the Commission by the Code Commission
- 6.2. Discussions between the Commission and the President of the Code Commission

Biological Standards Commission

- 6.3. Matters referred to Commission from the Biological Standards Commission

7. Missions of the Commission

- 7.1. Mission to Venezuela
- 7.2. Mission to assess the application of control measures to prevent the introduction of FMD virus
- 7.3. Proposed mission to monitor compliance with the requirements of the Terrestrial Code for the maintenance of an allocated free status for FMD

8. Conferences, workshops, meetings

FMD

- 8.1. Global FMD Research Alliance: South Africa, 17-19 April 2012
- 8.2. EU-FMD and GF-TADs meetings
- 8.3. FAO/OIE 2nd FMD Global Conference: Bangkok, Thailand, 26-28 June 2012
- 8.4. FMD post-vaccination monitoring

Glanders

- 8.5. Regional Conference: Dubai, 23- 25 April 2012

9. General matters for discussion

- 9.1. Opinion on distributing the Commission meeting report in Word format for Delegates
- 9.2. Workplan of the Commission
- 9.3. Dates of the next Commission meeting

10. Adoption of the report

MEETING OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES
Paris, 27 – 31 August 2012

List of Participants

MEMBERS

Dr Gideon Brückner (*President*)

30 Schoongezicht
1 Scholtz Street
Somerset West 7130
SOUTH AFRICA
Tel: (27) 218 516 444
Mobile : (27) 83 310 2587
gkbruckner@gmail.com

Dr Kris De Clercq (*Vice-President*)

Centre d'Etudes et de Recherches
Vétérinaires et Agrochimiques
Department of Virology
Section Epizootic Diseases
CODA-CERVA-VAR
Groeselenberg 99
B-1180 Ukkel
BELGIUM
Tel.: (32-2) 379 0400
Kris.De.Clercq@coda-cerva.be

Dr Yong Joo Kim (*Vice-President*)

Senior Researcher
Animal, Plant and Fisheries Quarantine and
Inspection Agency
175 Anyang-ro, Manan-gu
Anyang-si, Gyeonggi-do
KOREA (REP. OF)
Tel: (82 10) 32 75 50 10
kyjvet@korea.kr

Prof. Hassan Abdel Aziz Aidaros

Professor of Hygiene and Preventive
Medicine – Faculty of Veterinary Medicine
Banha University
5 Mossadak Street
12311 Dokki-Cairo
EGYPT
Tel: (2012) 22 18 51 66
haidaros@netscape.net

Dr Sergio J. Duffy

Centro de Estudios Cuantitativos en Sanidad
Animal
Facultad de Ciencias Veterinarias
Universidad Nacional de Rosario
Arenales 2303 - 5°
C1124AAK. Ciudad Autónoma de Buenos
Aires
ARGENTINA
Tel: (54-11) 4824-7165
sergio.duffy@yahoo.com

Prof. Thomas C. Mettenleiter

Friedrich-Loeffler-Institute
Federal Research Institute for Animal Health
Stüdeufer 10
17493 Greifswald
Insel Riems
GERMANY
Tel.: (49-38) 351 71 02
thomas.mettenleiter@fli.bund.de

OIE HEADQUARTERS

Dr Elisabeth Erlacher-Vindel

Deputy Head
Scientific and Technical Department
e.erlacher-vindel@oie.int

Dr Marta Martínez Avilés

Veterinary epidemiologist
Scientific and Technical Department
m.martinez@oie.int

Dr Alessandro Ripani

Chargé de mission
Scientific and Technical Department
a.ripani@oie.int

Dr Kiok Hong

Chargé de mission
Scientific and Technical Department
k.hong@oie.int

Dr Bernardo Todeschini

Chargé de mission
Scientific and Technical Department
b.todeschini@oie.int

Dr Laure Weber-Vintzel

Officer in charge of the recognition of
countries' animal disease status
Scientific and Technical Department
l.weber-vintzel@oie.int

General Principles for Animal Disease Control

Article 4.x.1

Introduction and objectives

This Chapter is intended to help Member Countries identify priorities, objectives and the desired goal of disease control programs in endemic or outbreak/emergency situations. Disease control programs are often established with the aim of eventual eradication of agents at a country, zone or compartment level. While this approach is desirable, the needs of stakeholders may require a broader range of outcomes. For some diseases, eradication may not be economically or practically feasible and options for sustained mitigation of disease impacts may be needed. It is important to clearly describe the program goals and these may range from simple mitigation of disease impacts to progressive control or eradication of the disease. The Chapter highlights the importance of disease intervention options in the design of programs taking into consideration effectiveness, feasibility of implementation, as well as costs and benefits. The purpose is to provide a conceptual framework that can be adapted to a particular national and epidemiological context.

It is assumed that the country should have determined its disease control priorities and this chapter should help Member Countries in the development and implementation of a specific animal health program that includes objectives, policies and strategies adapted to the full range of national needs. Specific outputs of this process will include the rationale for establishing a disease control program, strategic goal and objectives, a control program plan and implementation.

The general recommendations in this chapter may be refined by the approaches described in the specific *disease* chapters. Where specific information on an *official control program* is not available, suitable approaches should be based on the recommendations in this chapter.

Article 4.x.2

Rationale for establishing a disease control program

The country should clearly state the rationale for establishing a disease control program. In addition to animal health, consideration should be given to public health, food safety, food security, biodiversity and socioeconomic aspects.

The justification for the disease control program should include a summary of the current knowledge about the epidemiological situation within the country, providing for example detailed information on:

1. Description of the disease situation
2. Description of disease impacts (animal and public health, food safety, food security and socioeconomic impact) and how these are distributed among stakeholders
3. Identification, level of interest and involvement of stakeholders

Article 4.x.3

Control program goal and objectives

The desired goal of a control program should be defined from the outset. Although eradication has traditionally been the goal for many disease control programs it may not always be achievable within a reasonable timeframe or at an acceptable cost. The epidemiology of the disease along with the availability of technical tools as well as social, environmental and economic considerations should dictate if eradication is achievable or if control at a certain prevalence level is the desired endpoint. For some diseases, or in certain situations, the emphasis of a program should be on reducing the health and economic impact of the disease. In other cases it may be concluded that a program is not feasible or cost-beneficial. Specific objectives and indicators leading to achievement of the program goal should be established.

Some of the factors to define the goal of disease control programs are listed (Table 1). An assessment of these factors should guide in the strategic planning and program implementation.

<p>Biological factors</p> <ul style="list-style-type: none"> - Species affected - Genetic stability and diversity of the agent - Density of susceptible species - Wildlife reservoir - Vector transmission - Transmissibility - Current extent of disease - Survival in the environment - Carrier state - Ease of clinical recognition 	<p>Availability of technical tools</p> <ul style="list-style-type: none"> - Diagnostic tests - Vaccines - Treatment - Disinfectants and insecticides - Disposal facilities
<p>Control measures</p> <ul style="list-style-type: none"> - Movement control - Stamping-out/slaughter/pre-emptive slaughter - Import/export restrictions - Zoning/compartmentalization - Herd accreditation - Isolation and quarantine - Cleaning and disinfection - Vector and reservoir control - Treatment of products and by-products - Vaccination 	<p>Socioeconomic considerations</p> <ul style="list-style-type: none"> - Cost and benefits of intervention - Availability of resources - Structure of livestock production systems - Public health implications - Logistics and ease of implementation, - Stakeholder engagement - Environmental impact - Political will - Incentives and compensation - Acceptance of the public (e.g. Animal welfare implications, culling of animals, destruction of food...) - Safe commodities for trade

Table 1 –Factors to consider in setting achievable goals for disease control programs

Article 4.x.4

Program planning

The *Veterinary Authority* in collaboration with stakeholders should develop a plan based on the goal of the program. Intervention options should be based on biological effectiveness, ease and cost of implementation, as well as the benefits that are expected by reaching the objectives of the program. Tools such as value chain analysis may be used to help understand the role of different players within the production system, identify critical control points to target measures and provide an indication on the incentives for and feasibility of implementation of the program. The decision on the most appropriate intervention options should take into account cost-benefit considerations, in conjunction with the likelihood of success of a particular set of disease control measures.

Institutional analysis examines the organisations involved in delivering services and the processes that govern their interaction. This type of analysis would be helpful to inform the strategic planning process and identify areas where a change would enable better program implementation and facilitate effective collaboration.

The program should include a continued review process to assess the effectiveness of the interventions that are being applied, identify gaps in knowledge and adapt the goals, objectives and methods or actions as required.

The program should take into consideration the distribution of costs and benefits among different stakeholders and understand the factors limiting stakeholder participation in program activities. These factors can affect the optimal selection of interventions. Program policies need to include incentives for engagement including, additional services for the producer, appropriate compensation schemes, adding value to the final product and protecting public health. In addition, it may be necessary to include measures to raise awareness and ensure compliance

including movement restrictions and fines. Disease control programs should take into consideration non-financial factors (social, cultural, religious, etc.) affecting the livelihoods and well-being of animal owners such as pastoralists, indigenous communities or small-scale backyard producers. These factors can be important incentives for participation or non-compliance and ultimately impact the success of the program.

Article 4.x.5

Implementation plan

A disease control program should be based on an efficient and effective *veterinary services* and producer participation. Countries are encouraged to follow the provisions of Chapter 3.1 of the *Terrestrial Animal Health Code (Terrestrial Code)*, as well as to undergo a Performance of Veterinary Services (PVS) evaluation and address the gaps that may be identified. In addition, the program should have political support, and sustainable sources of funding including government and private stakeholder contributions.

The implementation plan should address the following:

1. Regulatory framework

The disease control program should be supported by effective legislation at the primary and secondary levels. Countries are encouraged to follow the OIE standards on Veterinary Legislation (Chapter 3.4). The disease should be notifiable throughout the country. The regulatory framework for the disease control program should be adapted to evolving program needs.

2. Program management

Disease control measures to be applied in the program can be implemented by the *Veterinary Authority*, or private or community entities or a combination of all. In any event, the overall responsibility for oversight of the program remains with the *Veterinary Authority*.

The management of the application of disease control measures should follow standard operating procedures including:

- Implementation, maintenance, monitoring of the measures
- Application of corrective actions
- Verification of the process
- Record keeping including information systems and data management

3. Epidemiological situation

The implementation of the program needs to take into consideration:

- Distribution and density of susceptible species including wildlife if applicable
- Knowledge of animal production and marketing systems
- Spatial and temporal distribution of disease
- Zoonotic potential
- Risk factors and critical control points
- Vectors
- Carriers
- Reservoirs
- Impact of disease control measures
- Specific disease situation in neighbouring country (ies), if applicable
- Evaluation of appropriateness of establishing disease zones or compartments

4. Disease surveillance

The underpinning of the disease control program activities is an effective surveillance system that provides guidance on priorities and targets for the application of interventions. The surveillance system should consist of general surveillance activities reinforced by pathogen specific activities. A clear case definition and outbreak investigation and response procedures are required. The provisions of Chapters 1.1 on notification of disease and epidemiological information, Chapter 1.4 on animal health surveillance and Chapter 1.5 on surveillance for arthropod vectors of animal diseases of the *Terrestrial Code* should be referred to and specific surveillance guidelines where applicable for particular diseases.

5. Diagnostic capability

The program should be supported by diagnostic facilities with adequate capability and capacity. Samples for diagnosis should be collected and shipped in accordance with Chapter 1.1.1 of the *OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals*. The choice of diagnostic tests should ensure detection and confirmation of the disease. The tests should follow the specific requirements in Chapter 1.1.5 on Principles of Validation of Diagnostic Assays for Infectious Diseases and the disease specific recommendations in the *OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals*. Diagnostic facilities, either official or accredited, should be under a quality assurance scheme coordinated by the designated national reference laboratory. The latter should establish communication with an OIE reference laboratory for the particular disease. National and sub-national laboratories need to ensure that diagnostic results are communicated to the *veterinary* as appropriate to the situation. National laboratories are also needed to provide independent and impartial quality control of vaccines. When appropriate, national laboratories are encouraged to submit samples to OIE reference laboratories for confirmation of findings and more detailed analysis.

6. Vaccination and other control measures

Vaccination is one of the essential tools in the control of many diseases, if an efficacious and suitable vaccine is available. However, vaccination on its own will not usually achieve the desired results unless the vaccination program is part of an integrated control strategy utilising a combination of control measures as outlined in Table 1. If vaccination is applied the following points should be considered:

a) Role of vaccination

Depending on the epidemiological situation, the pattern of animal movements, population density and production systems within the country, the occurrence of wildlife reservoirs, targeted vaccination may be more effective than systematic mass vaccination. Vaccination campaigns should be serologically monitored for their effectiveness to ensure that immunity objectives are being met. When a validated strategy to differentiate infected and vaccinated animals (DIVA) is available, its use should be considered.

b) Vaccine quality

A vaccine quality assurance program ensures the purity, safety, potency of vaccines as well as measures their efficacy in relation to the circulating strains. Vaccines used within control programs should be licensed under the authority of the official veterinary services in accordance to the provisions of the *OIE Manual of diagnostic tests and vaccines for terrestrial animals* and preferably tested by an independent authority for safety and potency.

c) Vaccine delivery

Effective delivery of vaccine, including preservation of the cold chain requirements and proper administration, is essential for reaching an adequate level of population immunity. This could require the implementation of governmental and/or private schemes that include quality assurance controls of vaccine distribution.

d) Vaccine and antigen banks

Vaccine and antigen banks could be useful to ensure that sufficient stocks are available. Vaccine and antigen banks may be held at national or regional levels and should comply with the provisions of Chapter 1.1.10 on Guidelines for international standards for vaccines banks of the OIE *Manual of diagnostic tests and vaccines for terrestrial animals*.

e) Other measures

Regardless of whether vaccination is used or not, a disease control program should utilise a mix of control measures and tools. Several measures frequently applicable in a disease control program are listed in Table 1.

7. Traceability

An effective traceability system facilitates the identification of affected individual animals, herds or flocks. The design of the traceability system should follow the provisions of the *Terrestrial Code* in particular, Chapters 4.1 on General Principles on Identification and Traceability of Live Animals and Chapter 4.2 on Design and Implementation of Identification Systems to Achieve Animal Traceability.

8. Regional integration

Many diseases are considered transboundary animal diseases and require a regional approach to disease control. Regional and inter-sectorial agreements, including the *Veterinary Authority* in each country and representatives from international and other relevant regional organizations should be established to ensure proper coordination. Where possible, Member Countries should cooperate on a regional basis to harmonise disease control programs.

9. Social participation

Communication, awareness programs and program ownership need to be in place. Stakeholders should be involved in the development, planning, implementation, management and revision of the program. This should be an on-going process.

10. Role of research in support of disease control programs

During the strategic planning and assessment of programs certain areas needing further research may be identified. Communication with national and international research institutions should be established to address program needs.

11. Training and capacity building

Institutional capacity building is important in the development of systems and infrastructure. The personnel in charge of implementing the measures within the program need to be adequately trained and updated on the current knowledge of the disease. Veterinary accreditation schemes of private veterinarians and veterinary para-professionals can be a useful tool to increase the veterinary presence in the field, however training and supervision coordinated by the *Veterinary authority* is required.

Article 4.x.6

Outbreak investigation

An outbreak investigation is a systematic procedure to help identify cause and source of cases of infection with a view to control and prevent possible future occurrence. Outbreak investigation is an important responsibility of the Veterinary Services to ensure that preventive and control measures are applied. Investigations also help recognize intervention strategy failures and successes, identify changes in the agent, environment or events that may be beyond the scope of a disease control program. It is important to maintain records of outbreak investigations including those which were not confirmed as this will help demonstrate the effectiveness of the surveillance system.

The main steps of outbreak investigation include:

- preparation for field work
- establishment of the validity of the report triggering the investigation
- confirmation of diagnosis
- intensive follow-up and tracing
- collection and analysis of data including the characterisation of the event describing the animals involved and the spatial and temporal distribution
- implementation of control and preventive measures
- documentation and reporting

A field investigation often entails doing several of these steps simultaneously. Two pathways are possible after the clinical investigation. If in the context of the disease control program, clinical and epidemiological information may be sufficient to take action and no further laboratory investigation may be required. On the other hand, if the information is inconclusive, further laboratory and epidemiological investigation are needed. Control measures are usually implemented from the beginning of the investigation and modified as appropriate during the process. Laboratory characterisation of the agent may be important to the long term management of the program.

Article 4.x.7

Emergency preparedness and contingency planning

- a) Member Countries should develop emergency preparedness and contingency plans for immediate action for diseases fulfilling the provisions of Article 1.1.3.1. of the *Terrestrial Code*. Emergency response plans should be up to date, tested for example in a simulation exercise and embedded in the legal framework. Emergency funds should be available to cover operational costs and indemnities. The chain of command and coordination with all key players and relevant support services, when necessary, should be well established to ensure control efforts are executed rapidly and with success.
- b) A contingency plan is a set of activities, including immediate actions and longer term measures, for responding to an animal health emergency such as disease outbreaks. The process in developing a contingency plan is of significant importance to ensure successful implementation when an emergency occurs. It involves organizing a team representing relevant authorities and stakeholders, identifying critical resources and functions, and establishing a plan for recovery. The plan should be simple and implementable. It should be documented, tested and updated regularly.

The plan should be put together by the *veterinary authority*, involving representatives from the local governments, different relevant agencies and private sector representatives. Key components in a contingency plan include:

- established chain of command
 - systems for rapid detection and confirmation
 - outbreak investigation procedures
 - rapid containment measures (e.g. movement control, disinfection, vaccination, culling)
 - communication strategy
- c) Information on disease confirmation should be immediately sent to other appropriate ministries, trading partners, stakeholders and should generally be made available to the general public. In addition, notification to the OIE should follow the provisions of Chapter 1.1 of the *Terrestrial Animal Health Code*.

- d) Following the official confirmation of an outbreak, control areas may be established around the affected premises. The extent of these areas depends on a number of factors, in particular, the epidemiology of the disease in question. The measures imposed in these control areas will often include movement restrictions, intensified surveillance as well as specific measures applied to affected premises. In addition, for ease of management and for trade purposes, a larger area surrounding the control areas may be designated corresponding to administrative boundaries, geographical or other appropriate features.
- e) Disease control measures usually have a significant economic impact; therefore, appropriate compensation mechanisms are needed to ensure cooperation by farmers. Lack of compensation could result in non-compliance. Partnerships between government and the private sector have proven effective to develop sustainable contingency funds in several parts of the world.
- f) It is important that this plan is coordinated on a regional level, particularly for transboundary animal diseases. Where possible, Member Countries should act on a regional basis to ensure that funds and resources are available in an emergency and to protect the region from disease incursion and spread.

Detailed guidance and examples of contingency plans are available on the OIE web site:

<http://www.oie.int/en/animal-health-in-the-world/the-world-animal-health-information-system/national-disease-contingency-plans>).

Article 4.x.8

Monitoring, evaluation and review

The program should include a continued review process to assess the effectiveness of the interventions that are being applied, identify gaps in knowledge and adapt the goals, objectives and methods or actions as required. This process should begin with the establishment of baseline data on the epidemiological, economic and social impact of the disease. The program should collect data on process and impact indicators. This enables measurement of the effectiveness of interventions on epidemiological indicators such as incidence and prevalence, and identify areas needing strengthening.

MEETING OF THE OIE *AD HOC* GROUP ON EPIDEMIOLOGY

OIE, Paris, 6-8 March 2012

The meeting of the OIE *ad hoc* Group on Epidemiology (hereafter the Group) was held at the OIE Headquarters in Paris. On behalf of the Director General of the OIE, Dr Kazuaki Miyagishima welcomed the participants and also thanked the OIE Collaborating Centre for Animal Health Surveillance, Risk Analysis and Modelling, in Fort Collins, Colorado (United States of America) for having hosted the meeting held in September 2011, which was very successful and fruitful. He introduced new OIE staff members to the Group. He informed the Group on the new OIE policy on confidentiality and conflict of interest as it applied to the OIE *ad hoc* Groups.

1. Adoption of the agenda and appointment of a rapporteur

The meeting was chaired by Dr Cristóbal Zepeda and Dr Howard Batho was designated as rapporteur. The adopted agenda and list of participants are attached as Appendices I and II, respectively.

2. Feedback from the Scientific Commission meeting 29 August - 02 September 2011

Dr Alessandro Ripani gave an overview of the main topics on the agenda based on the discussions relevant for the Group which had taken place at the meeting of the Scientific Commission for Animal Diseases (Scientific Commission) in February 2012.

3. Progress on the draft text “Guide for Terrestrial Animal Health Surveillance”

The Group was briefed by Dr Susanne Münstermann, who was assisting in the development of the document within the Scientific and Technical Department of the OIE, on the progress of the draft text “Guide for Terrestrial Animal Health Surveillance”. Dr Münstermann highlighted the pending issues and conveyed to the Group the concern of the Scientific Commission that the Guide was not sufficiently targeted to field personnel as it was originally intended. The Group agreed with the Scientific Commission but also noted that the target audience should be professionals within the Veterinary Services who are responsible for surveillance systems rather than field technicians. The Group discussed whether the level of emphasis on modelling was appropriate given the relatively recent publication on modelling in Volume 30 (3) of the *OIE Scientific and Technical Review*, which appeared in 2011. A chapter on chemical residue surveillance was provided last year and was incorporated in the Guide. The draft Guide was sent to the Centre de Coopération Internationale en Recherche Agronomique pour le Développement (CIRAD) in 2011 to consolidate the scientific basis in the document and add some practical examples.

The Group was not requested to read through the whole document but to address several issues identified and help guide the OIE to finalise the document.

The Group felt that the Guide would need more cross-references in particular to the OIE documents or other freely available texts to help shorten the document; one such document was an OIE publication “Epidemiological Surveillance in Animal Health”, published in 2009.

The Group discussed the benefits of CIRAD’s proposed introduction of tabular presentation of content versus the original elaborate texts. It was agreed to maintain the more precise and short contents of the CIRAD tables, but to turn them back into text format.

In addition, the Group agreed that the modelling part should be shortened and reference made to the OIE publication and that the heading for Chapter 5 of the Guide should be amended to read “Tools and Applications”. The Group also noted that in the introduction, a rationale for the structure of the handbook needed to be added.

The Group thanked the experts in CIRAD for their excellent work and decided that from now onwards selected members of the Group in collaboration with the OIE Scientific and Technical Department would further edit the document to shorten it and avoid some repetition taking into account the points noted above. A deadline of 31 March 2012 was agreed on for the intermediate editing steps, while the final overview was expected by May 2012.

4. Review of the draft document on “General Principles for Disease Control” (web version)

The Group reviewed the draft web version of the document on “General principles for Disease Control”, in light of the comments received from the Scientific Commission. The comments were discussed and in most cases addressed accordingly. Where the Group did not agree with the comment, a rationale was provided.

In the section relating to vaccination, a reference to other control measures was added and the title of the section was amended accordingly. It was not felt necessary to expand in detail the requirements for other control measures.

The Group agreed that when a DIVA strategy was available (differentiating infected from vaccinated animals) its use should be considered and it was clarified that sero-monitoring should not be just limited to the herd but should ensure that there has been adequate vaccination coverage in the country or zone. In parallel, the Group agreed that a DIVA strategy was not always necessary to assess the immunity at the herd or national level.

The Group had been asked by the Scientific Commission to develop and include a section on contingency planning in the document. The Group discussed this issue and felt that contingency planning had been extensively covered in the existing documentation from many national and international organisations. A number of links were posted on the OIE website relating to contingency plans with the aim to encourage OIE Member Countries to share their experiences in developing these plans.

In light of this, only a short additional text was included in the document to improve clarity and consistency and, in parallel, a reference to the OIE web page linking to contingency planning was added.

There was a discussion on the differences between “emergency preparedness”, “emergency response” and “contingency plan”. The Group felt that “emergency preparedness” was a concept broader than “contingency plan” as it covered legislation and compensation amongst others; “emergency response” was considered redundant as a concept, as this was covered by “contingency plan”. The text of the document was adjusted accordingly.

There was a lengthy discussion on outbreak investigation and the merits of the related flow chart in the document. The Group agreed to add text to clarify the flow chart and to amend the chart accordingly. Discussion focused on the problem of whether a disease could just be confirmed on clinical inspection. In many developing countries or in situations where there were already many outbreaks it would not be useful or possible to carry out lab confirmation in all secondary and epidemiologically linked cases.

5. Review of the draft text of the proposed *Terrestrial Code* Chapter on “General Principles for Disease Control”

The Group used, for consistency, the web-based version of the document (see Agenda Item 4) as a basis for the proposed text for the *Terrestrial Code* chapter. The figures were removed and some minor changes were made as necessary and the document was formatted as required for a *Code* chapter.

6. Review of the surveillance-related definitions previously proposed by the *Ad hoc* Group

The Group was requested to test the proposed new definitions (risk-based surveillance and syndromic surveillance) against existing text in the chapters in the *Terrestrial Code* to justify any proposed changes to the Glossary. The Group reviewed and discussed the proposed new definitions to verify whether or not the new definitions would provide more clarity in the current chapters of the *Terrestrial Code*.

The Group noted that the proposed new definition of ‘risk-based surveillance’ could replace, throughout the *Terrestrial Code*, the term “targeted surveillance”, which was undefined, by bringing it in line with the accepted terminology in epidemiology, as well as clarifying and better explaining the meaning in the relevant contexts. Some examples for replacement are given below:

- Chapter 1.4. as to Risk-based surveillance in Articles 1.4.3.1 b (ii) and 1.4.5.1.c
- Chapter 8.5. as to Article 8.5.8 and Article 8.5.8.44 on surveillance strategy.

Conversely, the Group agreed that the proposed new definition of ‘syndromic surveillance’ should not be included in the Glossary as this concept was not used at the moment in the *Terrestrial Code*. The Group noted that while the concept of syndromic surveillance was mentioned in the draft Guide for Terrestrial Animal Health Surveillance, the term was used in many countries in different meanings.

In addition, the Group agreed that the current definition of ‘surveillance’ should be simplified to read “means the systematic on-going collection, collation and analysis of information related to animal health and the timely dissemination of information”.

The *Terrestrial Code* already included a definition for specific surveillance focused on a specific disease or infection. In this regard, the Group agreed to rename the current term ‘specific surveillance’ as ‘pathogen-specific surveillance’. ‘Pathogen-specific surveillance’ was used in the *Terrestrial Code* and could therefore directly replace the term ‘specific surveillance’ throughout the *Terrestrial Code*.

7. Discussion with the OFFLU Secretariat on the proposal to develop guidelines for targeted sustainable cost-efficient baseline surveillance for influenza in wild birds

Dr Keith Hamilton, representing the OFFLU Secretariat, informed the Group of a proposal, initially put forward by the OIE Working Group on Wildlife Diseases and endorsed by the Scientific Commission, for conducting a risk-based wild bird surveillance sustainable at minimum cost and requested the Group’s advice on a way forward.

The Group noted that this proposal needed to be further elaborated to define the rationale and objectives for carrying out wild bird surveillance. Furthermore, the Group advised that the work should not duplicate efforts by other relevant groups such as the National Institute of Health Centres of Excellence in Influenza Research and Surveillance (CEIRS) and the Emerging Pandemic Threat Program, both funded by the United States of America.

The Group agreed to look at a proposal when it had taken a concrete shape.

8. OIE Emerging Pandemic Threats Program activities

Due to lack of sufficient time, the Group agreed to discuss this matter at its next meeting.

9. Other matters.

None

10. Next meeting of the *ad hoc* Group on Epidemiology.

The Group tentatively agreed on the dates of 2 to 4 October 2012 for its next meeting.

11. Adoption of the draft report

The *ad hoc* Group reviewed and adopted a draft report provided by the rapporteur. The Group agreed to circulate the report to the entire Group for final comments.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP ON EPIDEMIOLOGY
Paris, 6 – 8 March 2012**

Agenda

1. Adoption of the agenda and appointment of a rapporteur.
 2. Feedback from the Scientific Commission meeting of 13-17 February 2012.
 3. Progress on the draft text “Guide for Terrestrial Animal Health Surveillance”.
 4. Review of the draft document on “General Principles for Disease Control” (web version)
 5. Review of the draft text of the proposed *Terrestrial Code* Chapter on “General Principles for Disease Control”
 6. Review of the surveillance-related definitions previously proposed by the *ad hoc* Group
 7. Discussion with OFFLU Secretariat on the proposal to develop guidelines for targeted sustainable cost efficient baseline surveillance for influenza in wild birds.
 8. OIE Emerging Pandemic Threats Program activities
 9. Other matters.
 10. Next meeting of the *ad hoc* Group on Epidemiology.
 11. Adoption of the report
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Appendix II

MEETING OF THE OIE AD HOC GROUP ON EPIDEMIOLOGY
Paris, 6 – 8 March 2012

List of participants

MEMBERS**Dr Cristóbal Zepeda Sein**

Coordinator of International Activities,
Centers for Epidemiology and Animal Health
OIE Collaborating Center for Animal Disease,
Surveillance Systems and Risk Analysis
USDA-APHIS-VS-CEAH
2150 Centre Ave, Building B
Fort Collins, CO 80526-8117
UNITED STATES OF AMERICA
Tel.: +1-970 217 85 87
Fax: +1-970 472.26 68
cristobal.zepeda@aphis.usda.gov

Dr Howard Batho

Honnekinberg 9
1950 Kraainem
BELGIUM
Tel +32 2 725 9632
bathoho@gmail.com

Dr Jeffrey Mariner

Senior Epidemiologist
International Livestock Research Institute
PO Box 30709
Nairobi 00100
KENYA
Tel: +254 20 422 3432
Fax: +254 20 422 3001
j.mariner@cgiar.org

Dr Vitor S. Picao Gonçalves

Laboratório de Epidemiologia
Veterinária - EpiPLan
FAV - Universidade de Brasília,
Campus Darcy Ribeiro, Asa Norte
ICC Sul - CP. 4508,
Brasília - DF - 70.910-970
BRAZIL
Tel: +55 61-92090666;
Fax:+55 61-3307.2431
vitorspg@unb.br

Dr Armando Giovannini

Istituto Zooprofilattico Sperimentale dell'Abruzzo e
del Molise "G. Caporale", Via Campo Boario, 64100
Teramo
ITALY
Tel: +39 0861 33 24 27
Fax +39 0861 33 22 51
a.giovannini@izs.it

Dr Mary Elizabeth Gutierrez Miranda

113 Champaca Street
Santa Rosa Village
Santa. Rosa
Laguna, 4026
PHILLIPINES
Tel: +63 9189137405
betsygmiranda@gmail.com

Dr Pascal Hendriks

Direction scientifique des laboratoires
Chargé de mission surveillance épidémiologique
Anses Lyon
31 avenue Tony Garnier
69364 Lyon Cedex 07
FRANCE
Tel: +33 4 78 69 65 61
Fax: +33 4 78 61 91 45
pascal.hendriks@anses.fr

OIE HEADQUARTERS**Dr Bernard Vallat**

Director General
12 rue de Prony
75017 Paris
FRANCE
Tel: (33) 1 44 15 18 88
Fax: (33) 1 42 67 09 87
oie@oie.int

Dr Kazuaki Miyagishima

Deputy Director General,
Head of the Scientific and Technical Dept
k.miyagishima@oie.int

Dr Marta Martinez

Scientific and Technical Department
m.martinez@oie.int

Dr Kiok Hong

Chargé de mission
Scientific and Technical Department
k.hong@oie.int

Dr Alessandro Ripani

Chargé de mission
Scientific and Technical Department
a.ripani@oie.int

Extract of the Report of Brainstorming Group on Safe International Movement of competition horses
13-17 March 2012

**DRAFT MODEL FOR A STRATEGIC FRAMEWORK
TO FACILITATE THE SAFE INTERNATIONAL MOVEMENT OF COMPETITION HORSES**

Introduction

At a brainstorming meeting on facilitating the safe international movement of horses for the purpose of participating in equestrian events held from 12-14 March, 2012 at the OIE Headquarters in Paris, invited experts identified a number of constraints to international horse movements and made several recommendations to the Director General for his consideration.

One recommendation was that, given the increasing socio-economic importance of the equestrian industries, there would be value in developing a strategic framework to help guide improvements to international horse movements while minimizing the risks of disease transmission.

These recommendations target the sub population of competition horses that are the subject of intensive management systems, including veterinary care and traceability, and for which specific biosecurity measures can be implemented as appropriate to the management system. The experts suggest this sub population be defined as all FEI registered horses intended for FEI internationally supervised events; and registered racehorses intended for international group/graded and listed races.

The meeting briefly considered a possible framework, which is described below, noting that other approaches could also be taken. This sets out 6 strategic components with brief comments on each, except in the case of the resources and governance component which would need to be developed further in light of any decision on these recommendations.

The draft framework should be read in conjunction with the report of the brainstorming group; it is not a final document, and will require further work, including detailing roles and responsibilities, partnership arrangements, resource needs and timelines to develop it into a sound management tool.

Vision

Safe international movement of competition horses without unjustified restrictions

Goal

Within the context of the OIE standards, establish a strategic framework for countries and regions to harmonise their approach to sanitary conditions for the international movement of competition horses.

Objectives

1. Maintain the high health status of competition horses and minimize the risk of transboundary disease transmission while removing unjustified health restrictions;
2. Ensure animal welfare during transportation;
3. Educate governments, industry and stakeholders on OIE Standards and biosecurity requirements relating to the international movement of competition horses.

The Framework and Components



Notes on the components of the Framework

OIE Standards

OIE Terrestrial Code:

- Establish a sub-list of the OIE listed diseases that are important for the temporary admission of international competition horses
- Develop a priority list of chapters that need to be updated
- Review and, where necessary, update the Model Passport for competition horses, also taking into account the different identification needs of race horses

OIE Terrestrial Manual:

- Develop a priority list of chapters that need to be updated
- Develop prescribed tests where they do not exist for equine diseases, with first priority being equine influenza
- Update recommendations on vaccines, with first priority being equine influenza

Guidelines on international movement

Proposed scope of the Guidelines

1. Equine Sub-population of interest

All FEI registered horses intended for FEI supervised international events; registered racehorses intended for international Group / Graded and listed races

2. Planning and execution of international events

From the commencement to the completion of the journey, including safe return or onward journey of the horses. This will include aspects regarding veterinary drugs; welfare of animals during transport; IATA regulations; animal feed; equipment; accompanying people.

3. Biosecurity measures for events.

Biosecurity systems/EDFZ

Biosecurity systems

Biosecurity measures for events

- Define the principles for temporary and permanent import and for re-entry after temporary movement
- Define key terms, including quarantine, isolation and separation; and identify appropriate management tools
- Systems for establishing and declaring national disease status
- Biosecurity in holding facilities
- Biosecurity during transport; in aircraft and airports; on arrival
- Transfer between facilities: provisions to harmonise approaches to pre-testing prior to combining animals in consignments
- Provisions to harmonise approaches to pre-export and post-arrival quarantine measures

Equine Disease Free Zones (EDFZ)

- Describe EDFZs and explain how this approach can be used as a management tool to enhance biosecurity arrangements where a number of diseases can pose varying degrees of risk
- Provide examples of the successful use of EDFZs at major international events

Laboratory Issues

Laboratory issues

- OIE Reference Laboratories
 - to support country surveillance and report results
 - to improve coordination and collaboration with the EU Reference Laboratory network in view of harmonization of tests and quality assurance (Proficiency testing)
- OIE to urgently address the updating of the Manual as regards prescribed tests for the sub-list of OIE listed priority diseases (see point under OIE standards & VS)
- Using the concept of public private partnerships, explore methods of supporting the development and validation of tests

Laboratory Issues

Training and communication

1. Target groups

- Key government officials, notably in Veterinary Services
- FEI officials

2. Training content

- Infectious and emerging diseases
- Principles of biosecurity
- Nature of the industry, including movement patterns, value-chain developments, veterinary care etc.
- OIE standards
- The PVS Tool.

3. Other options

- Raise awareness of OIE Delegates on the equine industry, its valuable economic contribution and its needs
- Address training in a joint approach (industry together with OIE Delegates & Government senior officials, Reference Labs...)
- Strengthen dialogue between government agencies, including Veterinary Services and Customs) and industry
- Publish a dedicated an edition of the OIE Scientific and Technical Review dedicated to the international competition horse industry.

**REPORT OF THE MEETING OF THE OIE *AD HOC* GROUP
ON ANTIMICROBIAL RESISTANCE
Paris, 2–4 July 2012**

1. Opening

The OIE *ad hoc* Group on Antimicrobial Resistance met for the fourth time from 2 to 4 July 2012 at the OIE Headquarters in Paris, France. Dr Elisabeth Erlacher-Vindel, Deputy Head of the Scientific and Technical Department, updated the Group on relevant activities including an international symposium on Alternatives to Antibiotics, Challenges and Solutions in Animal Production which will be hosted by the OIE, in Paris (France) from 25 to 28 September 2012 and the OIE Global Conference on the Responsible and Prudent Use of Antimicrobial Agents for Animals, which will be held in Paris (France), from 13 to 15 March 2013. The OIE Director General, Dr Bernard Vallat, welcomed the participants. Dr Vallat informed the Group that antimicrobial resistance was an important and current issue that was therefore strategic for the OIE. He highlighted the need to have updated OIE standards and guidelines related to this topic and to work in collaboration with the World Health Organization (WHO) to fight against antimicrobial resistance. He also pointed out that there were currently several controversies on this topic, in particular on the responsible and prudent use of antimicrobial agents (use of antimicrobial agents as growth promoters) and the question of the potential conflict of interest of veterinarians who prescribe and sell veterinary medicinal products. He stated that the OIE would need to take a clear position on these issues. He mentioned as an example that the OIE would support all national institutions promoting the responsible and prudent use of antimicrobial agents in their countries. Regarding the potential conflict of interest of veterinarians, he also stated that without the income from selling veterinary medicinal products, the network and distribution of veterinarians in the territory of a large majority of OIE Member Countries would be threatened, which in turn would have consequences on the early detection and control of animal diseases and on the use of antimicrobial agents by people without any appropriate training in areas without a network of veterinarians. He highlighted the major role that the veterinary statutory bodies had to play to provide clear rules and exercise control, and the need for standards and guidelines from the OIE to support them and to provide them with solutions on how to manage this issue. Finally he pointed out the importance of the OIE list of antimicrobial agents of veterinary importance. He mentioned the need to update this list and to have a clear and simple document that could be used by all countries.

The main objectives of this Group's meeting were to finalise the review of the technical comments received from OIE Member Countries on the proposed updated version of Chapter 6.9. Responsible and prudent use of antimicrobial agents in veterinary medicine of the OIE *Terrestrial Animal Health Code (Terrestrial Code)* and to review and update the OIE list of antimicrobials of veterinary importance.

Presentations were given by Dr Gérard Moulin of the French Agency for Medicinal Products and by Dr David White of the US Food and Drug Administration who reviewed potential uses of the OIE list of antimicrobials of veterinary importance and similar national lists that have been developed in some Member Countries or Regions.

2. Appointment of chairperson and rapporteur

The meeting was chaired by Dr Herbert Schneider and Mr Christopher Teale acted as rapporteur.

3. Adoption of the Agenda

The adopted Agenda and the List of Participants are presented in Appendices I and II of this report, respectively.

4. Review of the remaining technical comments received from OIE Member Countries on the proposed updated version of Chapter 6.9 of the *Terrestrial Animal Health Code* on Responsible and prudent use of antimicrobial agents in veterinary medicine.

The Group reviewed the additional technical comments received from OIE Member Countries relating to Chapter 6.9 of the *Terrestrial Code* on Responsible and prudent use of antimicrobial agents in veterinary medicine. The Chapter was revised accordingly.

Many Member Countries sent comments proposing addition or deletion of text. The Group accepted these proposals when they added clarity to the text and were in line with the focus of the chapter.

In light of some of the comments received on this chapter, the Group proposed an update to Chapter 6.6. on Introduction to the recommendations for controlling antimicrobial resistance of the *Terrestrial Code*.

A summary of the Group's review is given below:

The Group pointed out that the chapter would cover all animals, but had a focus on food-producing animals. Chapter 6.6. was updated to highlight this point, which is applicable to all the related chapters of the *Terrestrial Code*.

The Group used the term Veterinary Medicinal Products (VMP) containing antimicrobial agent(s) throughout the document and where relevant. A definition of VMP was proposed for inclusion in the *Terrestrial Code* (see item 5 of this report).

The Group made, where applicable and appropriate, references to the Codex Alimentarius (Chapter 6.6. was also updated to mention this reference as all the related chapters of the *Terrestrial Code* should be read in conjunction with the principles, guidelines and codes of practice on antimicrobial resistance [AMR] developed by the Codex Alimentarius) and VICH¹ guidelines specifying that OIE was an observer in both organisations.

The Group specified in the all chapters that Veterinary Medicinal Products containing antimicrobial agent(s) should be prescribed by "a veterinarian or other suitably trained person authorised to prescribe VMP containing antimicrobial agent(s) in accordance with the national legislation and under the supervision of a veterinarian".

In reply to a comment requesting the following wording in the title: Responsible and Prudent Use of Veterinary Medicinal Products Containing Antimicrobial Agents instead of Responsible and Prudent Use of Antimicrobial Agents in Veterinary Medicine, the Group was of opinion to keep the current title as it was broader.

In reply to a comment requesting to add footnotes, the Group specified that footnotes were not allowed in the *Terrestrial Code* chapters.

For consistency, the Group moved in Article 6.9.3. a paragraph from 4 c) to 1.

In Article 6.9.3., point 14, the Group added, based on a proposal from a Member Country, d) appropriate storage condition, proper disposal of unused or expired VMP and e) record keeping.

¹ VICH: International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products

In Article 6.9.5., point 2, the Group added, based on a proposal from a Member Country, “h) copy of prescription” as a detailed record that should be kept by the retail distributors.

In Article 6.9.6., point 1 a), the Group was of the opinion of keeping the reference to the OIE list of antimicrobial agents of veterinary importance as the list, which was revised at this meeting was a practical tool that can be used by veterinarians and should therefore be mentioned in this chapter. The Group did not include a reference to the WHO list as the most relevant information would be reflected in the updated OIE list.

In Article 6.9.6., point 1, the Group added “c) provide a detailed treatment protocol, including precautions and withdrawal times, especially when prescribing extra-label/off-label use”.

In Article 6.9.6., point 2, the Group added “ii) diagnostic laboratory information (pathogen isolation, identification and antibiogram)”.

In Article 6.9.6., point 3, the Group added the following paragraph:

“The use of compounded VMP containing antimicrobial agent(s) and extra-label or off-label use of registered VMP containing antimicrobial agent(s) should be limited to circumstances where an appropriate registered product is not available.”

In reply to a comment requesting to use “Veterinary Statutory Bodies” instead of “Veterinary professional organisations”, the Group was of the opinion to keep the latter as the meaning of this expression was broader.

The Group agreed to add an article (Article 6.9.8.) on Responsibilities of Animal Feed Manufacturers.

5. Discussion of the need for definitions identified at the second meeting of the Group and draft proposals to be included in the glossary of the *Terrestrial Animal Health Code*

The definitions of terms used in the OIE *Terrestrial Code* were considered. At a previous meeting, the Group identified the need to clarify and define certain terms used in chapters 6.7 to 6.9 of the *Terrestrial Code*. Following a brief discussion, definitions for therapeutic and non-therapeutic use were proposed.

Therapeutic use: administration of an antimicrobial agent to animals to either prevent, control or treat infection or disease.

Non-therapeutic use: any usage of an antimicrobial agent in animals that is not linked to disease or infection.

The Group also agreed on the inclusion of the following definitions for “regulatory authority” “good manufacturing practices” and “veterinary medicinal product”, used by VICH:

Regulatory Authority: the national or regional authority which, according to the legislation, is responsible for the issuing, adaptation or withdrawal of marketing authorisations/licences of Veterinary Medicinal Products and for pharmacovigilance activities.

Good manufacturing practices: Is part of a quality system covering the manufacture and testing of veterinary medicinal products. Good manufacturing practices are guidelines that outline the aspects of production and testing that can impact the quality of a product standard assuring the quality of production processes and the production environment during the production of a veterinary medicinal product.

Veterinary medicinal products: any medicinal product with approved claim(s) to having a protective therapeutic or diagnostic effect or to alter physiological functions when administered or applied to an animal. The term applies to therapeutics, biological diagnostics and modifiers of physiological function.

The Group proposed to add these definitions either to Chapter 6.6. on Introduction to the recommendations for controlling antimicrobial resistance or to the Glossary of the *Terrestrial Code*.

6. Review of the OIE list of antimicrobials of veterinary importance

The Group reviewed the OIE list of antimicrobials of veterinary importance, taking into account the recent article in the OIE Scientific and Technical Review (31 (1), 15–21, 2012) entitled “Antimicrobial resistance in animal and public health: introduction and classification of antimicrobial agents”. The Group took also into account the top three of the critically important antimicrobials of the WHO list of critically important antimicrobials for human medicine. The Group did not believe it appropriate at this stage to send a further questionnaire to Member Countries. The main changes considered in relation to the list were:

- Sub-division of the classes of cephalosporins and quinolones.
- Addition of new antimicrobial agents including gamithromycin and tildipirosin. It was decided not to include kirromycin and bambermycin as Member Countries did not report any therapeutic use of these compounds.
- Clarifying amendments to the introductory text accompanying the list.
- Preparation of an introduction to the list and recommendations for its use.

7. Other matters

The Group identified a definite need to strengthen co-ordination between the terrestrial and aquatic sectors, including co-ordination between the relevant *ad hoc* Groups on specific issues.

Proposed dates of the next meeting: 4–6 December 2012 at the OIE Headquarters, Paris, France.

8. Adoption of the report

The Group adopted the report.

.../Appendices

Appendix I

MEETING OF THE OIE AD HOC GROUP ON ANTIMICROBIAL RESISTANCE
Paris, 2–4 July 2012

Agenda

1. Opening
2. Appointment of chairperson and rapporteur
3. Adoption of the Agenda
4. Review of the remaining technical comments received from OIE Member Countries on the proposed updated version of Chapter 6.9. of the *Terrestrial Animal Health Code* on Responsible and prudent use of antimicrobial agents in veterinary medicine
5. Discussion on the need for definitions identified at the second meeting of the *ad hoc* Group and draft proposals to be included in the glossary of the *Terrestrial Animal Health Code*
6. Review of the OIE list of antimicrobials of veterinary importance
7. Other matters
8. Adoption of report

Appendix II**MEETING OF THE OIE AD HOC GROUP ON ANTIMICROBIAL RESISTANCE**

Paris, 2–4 July 2012

List of Participants**MEMBERS****Dr Tetsuo Asai**

Senior Researcher, National Veterinary
Assay Laboratory, Ministry of Agriculture,
Forestry and Fisheries
National Veterinary Assay Laboratory
1-15-1, Tokura, Kokubunji
Tokyo 185 8511
JAPAN
Tel: (+81) 42 321 1940
Fax: (+81) 42 321 1769
asai-t@nval.maff.go.jp

Prof. Jorge Errecalde

Professor, Pharmacology, Faculty of
Medicine, National University of La Plata
Calle 60 esq 120
(1900) La Plata
ARGENTINA
Tel: (+54) 221 423 6711
Fax: (+54) 221 424 1596
jerreca@fcv.unlp.edu.ar

Dr Gérard Moulin

ANSES - Fougères
Agence Nationale du Médicament
Vétérinaire
B.P. 90203
La Haute Marche, Javené
35302 Fougères Cedex
FRANCE
Tel: +33 – (0) 2 99 94 78 78
Fax: +33 – (0) 2 99 94 78 99
gerard.moulin@anses.fr

Dr Herbert Schneider (Chairman)

Agrivet International Consultants
P.O. Box 178
Windhoek
NAMIBIA
Tel: (+264) 61 22 89 09
Fax: (+264) 61 23 06 19
agrivet@mweb.com.na

Dr Christopher Teale

VLA Weybridge
New Haw
Addlestone, Surrey KT15 3NB
UNITED KINGDOM
Tel: (+44-1743) 46 76 21
Fax: (+44-1743) 44 10 60
c.teale@vla.defra.gsi.gov.uk

Dr David White

Director, Office of Research
Center for Veterinary Medicine
U.S. Food and Drug Administration
8401 Muirkirk Rd.
Laurel, MD 20708
USA
Tel: (+1) 301 210 4187
Fax: (+1) 301 210 4685
david.white@fda.hhs.gov

OTHER PARTICIPANTS**Prof. Jacques Acar**

OIE Senior Expert
22 rue Emeriau
75015 Paris
FRANCE
Tel: +33 - (0) 1 40 59 42 41
jfacar7@wanadoo.fr

Dr Barbara Freischem

Executive Director
International Federation for Animal Health
(IFAH) - 1 rue Defacqz
B-1000 Bruxelles - BELGIUM
Tel: (+32) 2 541 0111
Fax: (+32) 2 541 0119
bfreischem@ifahsec.org

Dr Awa Aidara Kane

Senior Scientist (Microbiologist)
Department of Food Safety and Zoonoses,
World Health Organisation,
20 avenue Appia
1211 Geneva 27
SWITZERLAND
Tel: (+41) 22 791 34 45
Fax: (+41) 22 791 48 07
aidarakanea@who.int

Dr Patrick Otto

(Invited but could not attend)
Animal Production and Health Division
Food and Agriculture Organization of the
United Nations
Viale delle Terme di Caracalla
00153 Rome - ITALY
Tel: (+39) 06 570 53088
patrick.otto@fao.org

Dr David Mackay

(Consulted by phone)
Head of Veterinary Medicines and Product
Data Management
Office 8/824
European Medicines Agency
7 Westferry Circus
Canary Wharf
London E14 4HB
UNITED KINGDOM
David.Mackay@ema.europa.eu

SCAD REPRESENTATIVE**Dr Sergio J. Duffy**

Centro de Estudios Cuantitativos en Sanidad Animal, Facultad de Ciencias Veterinarias, Universidad Nacional de Rosario
Arenales 2303 – 5, C1124AAK. Ciudad Autónoma de Buenos Aires, ARGENTINA
Tel: (+54-11) 4824-7165 - sergio.duffy@yahoo.com

OIE HEADQUARTERS**Dr Bernard Vallat**

Director General
12 rue de Prony, 75017 Paris
FRANCE
Tel: +33 - (0)1 44 15 18 88
Fax: +33 - (0)1 42 67 09 87
oie@oie.int

Dr Elisabeth Erlacher-Vindel

Deputy Head
Scientific and Technical Department
e.erlacher-vindel@oie.int

Dr François Diaz

Chargé de mission
Scientific and Technical Department
f.diaz@oie.int

REPORT OF THE MEETING OF THE OIE AD HOC GROUP ON DISEASES OF HONEY BEES
Paris, 10–12 July 2012

1. Opening and purpose of the meeting

The OIE *ad hoc* Group on Diseases of Honey Bees met from 10 to 12 July 2012 at the OIE Headquarters in Paris, France. The participants were welcomed by Dr Kate Glynn, Chargée de mission, Scientific and Technical Department, on behalf of Dr Bernard Vallat, Director General of the OIE. Dr Glynn presented the objectives of this meeting to the Group.

2. Designation of chairperson and rapporteur

The meeting was chaired by Dr Wolfgang Ritter and Dr Howard Pharo acted as rapporteur.

3. Adoption of the Agenda

The adopted Agenda and the List of Participants are presented in Appendices I and II of this report, respectively.

4. Finalisation of the chapters of the *Terrestrial Code* on diseases of bees based on the comments received from the OIE Member Countries

The Group finalised the chapters of the *Terrestrial Animal Health Code (Terrestrial Code)* on diseases of bees based on comments from OIE Member Countries.

For consistency, the Group harmonised the terms used for commodities and proposed a definition of these commodities.

For clarity, the Group removed some commodities from the list of safe commodities in specific chapters, in cases where only some forms of the commodity were safe, and developed instead specific articles for these commodities including recommendations for importation.

The Group also clarified in the different chapters the basis for country free status (whether disease or pathogen free).

Chapter 9.2 on American foulbrood of honey bees and Chapter 9.3 on European foulbrood of honey bees

After considerable debate, the Group concluded that the content of these chapters must refer to a clinical disease syndrome in honey bee colonies rather than to infection of honey bees with specific pathogens. This is because the causative organisms are almost ubiquitous in honey bee colonies, whereas clinical signs are apparent only under certain circumstances, including beehive management by beekeepers and environmental conditions.

In light of this conclusion, the Group removed the reference to incubation periods, as most honey bee colonies will harbour the causative organism in countries that are not free, and therefore there is no maximum period of time that would need to elapse between the introduction of the pathogen into the colony and the occurrence of the first clinical signs of the disease.

5. Finalisation of a general introductory text with the aim of providing background information for the chapters of the *Terrestrial Code* on diseases of bees

The Group finalised the general introductory text, which consists of three parts: Introduction; Bee species and bee diseases considered by the *Terrestrial Code*; and Commodities related to honey bees and international trade. The Group considered that the purpose of the text was to highlight the unique nature of honey bee diseases and their control in contrast to other domestic animals. The Group included, in this general introductory text, definitions for the commodities described in the *Terrestrial Code* chapters on bee diseases, but was of the opinion that these definitions might fit better into the *Terrestrial Code* Glossary.

6. Review of the OIE listed diseases of bees based on the new criteria adopted at the 80th General Session

The new criteria adopted at the 80th General Session to include or exclude a disease from the OIE list were presented to the Group. Based on these, the Group reviewed the bee diseases currently listed by the OIE.

The Group was of the opinion that American foulbrood of honey bees, European foulbrood of honey bees, Small hive beetle infestation (*Aethina tumida*) and *Tropilaelaps* infestation of honey bees fulfilled the criteria for listing (international spread has been proven; at least one country has demonstrated freedom or impending freedom; the disease has been shown to cause significant morbidity or mortality in domestic animals; and a reliable means of detection and diagnosis exists and a precise case definition is available).

With regards to Acarapisosis of honey bees and Varroosis of honey bees, the Group debated, as follows, before agreeing that the diseases should remain on the OIE list:

Acarapisosis of honey bees:

1. International spread has been proven;
2. At least two countries are free (Australia, New Zealand);
3. While there is little literature on the effects of this organism on bee colonies (and most of the existing information is more than 30 years old), the available information does not support a conclusion that there would be insignificant impacts if it were introduced into a naïve population;
4. Reliable means of detection and diagnosis exist and a precise case definition is available to clearly identify cases and allow them to be distinguished from other diseases, infections or infestations (see relevant chapter of the *Terrestrial Manual*).

Varroosis of honey bees:

1. International spread has been proven;
2. At least one country remains free (Australia);
3. Although there is little evidence to suggest that *Varroa* spp. mites cause colony morbidity and mortality on their own, *Varroa destructor* is the primary vector of a number of bee viruses and Varroosis (as defined in the revised chapter) is the disease syndrome resulting from infection with viruses vectored by *Varroa* spp. mites;
4. Reliable means of detection and diagnosis exists and a precise case definition is available to clearly identify cases and allow them to be distinguished from other diseases, infections or infestations (see relevant chapter of the *Terrestrial Manual*).

The Group discussed diseases that could be added to the list. It identified Nosemosis of honey bees (*Nosema ceranae*) and some viral diseases. However after considering the listing criteria, the Group concluded that, for the time being it would not propose any diseases to be included in the OIE list. The rationale for this conclusion was as follows:

Nosemosis of honey bees (*Nosema ceranae*): the organism is widely spread; however there is insufficient evidence that any countries are free from the organism; there is also insufficient data to support the conclusion that infection with *N. ceranae* alone results in significantly increased morbidity and mortality in colonies.

Viral diseases: a number of viruses of honey bee colonies have been identified; however there is no evidence that any countries are free from these viruses; there is currently insufficient data to demonstrate high colony mortality or morbidity caused by any specific virus in the absence of *Varroa* spp. mites.

7. Adoption of the report

The Group adopted the report.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP ON DISEASES OF HONEY BEES
Paris, 10–12 July 2012**

Agenda

1. Opening
 2. Appointment of chairperson and rapporteur
 3. Adoption of the agenda
 4. Finalisation of the chapters of the *Terrestrial Code* on diseases of bees based on the comments received from the OIE Member Countries
 5. Finalisation of a general introductory text with the aim of providing background information for the chapters of the *Terrestrial Code* on diseases of bees
 6. Review of the OIE listed diseases of bees based on the new criteria adopted at the 80th General Session
 7. Adoption of the report
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Appendix II

MEETING OF THE OIE AD HOC GROUP ON DISEASES OF HONEY BEES

Paris, 10–12 July 2012

List of Participants

MEMBERS

Dr Mike Allsopp

Researcher & Head of Section, Honeybee Section
Plant Protection Research Institute
Agricultural Research Council
Private Bag X5017 - Stellenbosch 7599
SOUTH AFRICA
AllsoppM@arc.agric.za

Dr Mariano Bacci

Médico Veterinario
Dirección de Luchas Sanitarias - DNSA
Servicio Nacional de Sanidad y Calidad
Agroalimentaria (SENASA)
Av. Paseo Colón 367 4° (A1063ACD)
Ciudad Autónoma de Buenos Aires
ARGENTINA
Tel: +54 11 4121 5408
Fax: +54 11 4121 5430
mbacci@senasa.gov.ar

Dr Pierangelo Bernorio

European Commission
DG SANCO D1
F101 03/82
B - 1049 Brussels
BELGIUM
Tel: +(32) 2 2984882
Pierangelo.BERNORIO@ec.europa.eu

Dr Rafael Calderon

Coordinador del Laboratorio de Patología Apícola (Bee Pathology Lab.)
Centro de Investigaciones Apícolas Tropicales (Tropical Beekeeping Research Center)
Universidad Nacional
P.O. Box: 475-3000
Heredia
COSTA RICA
Tel: (506) 2238-1868
Fax: (506) 2237-7043
rafcalderon@yahoo.com

Dr Marie-Pierre Chauzat

ANSES Sophia Antipolis
Unité Pathologie de l'Abeille
Laboratoire de Pathologie des Petits Ruminants et des Abeilles
105 route des Chappes - B.P. 111
06902 Sophia Antipolis
FRANCE
Tel: 33 (0)4 92 94 37 00
Fax: 33 (0)4 92 94 37 01
marie-pierre.chauzat@anses.fr

Dr Jeffery S. Pettis

Research Leader
USDA-ARS Bee Research Laboratory
Bldg. 306 BARC-E
Beltsville, MD 20705
UNITED STATES OF AMERICA
Tel: +1 301 504-7299
Fax: +1 301 504-8736
Jeff.Pettis@ars.usda.gov

Dr Howard Pharo

Ministry of Agriculture and Forestry
Pastoral House, 25 The Terrace
Wellington 6011
PO Box 2526, Wellington 6140
NEW ZEALAND
Tel: + 64 (4) 894 0505
Mob: + 64 (0)29 894 0505
Fax: + 64 (4) 894 0731
Howard.Pharo@maf.govt.nz

Dr Wolfgang Ritter (Chairman)

Chemisches und
Veterinäruntersuchungsamt Freiburg
P.O.B. 100462
79123 Freiburg
GERMANY
Tel: +(49-761) 150 21 75
Fax +(49-761) 150 22 99
wolfgang.ritter@cvafr.bwl.de

OIE HEADQUARTERS

Dr Bernard Vallat

Director General
12 rue de Prony, 75017 Paris
FRANCE
Tel: 33 - (0)1 44 15 18 88
Fax: 33 - (0)1 42 67 09 87
oie@oie.int

Dr Kate Glynn

Chargée de mission
Scientific and Technical Department
k.glynn@oie.int

Dr François Diaz

Chargé de mission
Scientific and Technical Department
f.diaz@oie.int

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBER COUNTRIES
Paris, 3 – 5 July 2012**

1. Opening

A meeting of the OIE *ad hoc* Group on the Evaluation of Foot and Mouth Disease (FMD) Status of Member Countries (hereafter the Group) was held at the OIE Headquarters, Paris, from 3 – 5 July 2012. The participants, including Group members and an observer, were welcomed by Dr Elisabeth Erlacher-Vindel, Deputy Head of the Scientific and Technical Department, on behalf of Dr Bernard Vallat, Director General of the OIE. She reminded the Group that observers can contribute to the discussion without taking part in decision making and that observers are bound by the same confidentiality rules as the other members of the Group. Regarding country status discussions, only the members of the Group were allowed to participate.

The Group was informed that the main objective of the meeting was to continue with the revision of Chapter 8.5. in the OIE *Terrestrial Animal Health Code (Terrestrial Code)* that was started during the previous meeting of the Group in January 2012. The main emphasis would be to simplify the language whilst keeping the meaning of the text consistent with the previous version.

The Group revised Chapter 8.5. in the *Terrestrial Code* and also evaluated one dossier submitted by a Member Country for regaining its previous status. The Group was informed that the revised Standard Operating Procedures for official recognition of disease status contained a requirement to provide a Member Country with the rationale for any decisions taken by the Group in order to assist them in their future applications.

2. Adoption of the agenda and appointment of chairperson and rapporteur

The Group was chaired by Dr Alf-Eckbert Füessel, and Dr Wilna Vosloo acted as rapporteur. The Group endorsed the proposed agenda, with some additions such as the information on the draft recommendations of the Second Global Conference on FMD Control and a letter from a Member Country. It also noted the presence of Dr Dorothy Geale, who, as an observer, made a presentation on behalf of the QUAD (Australia, Canada, New Zealand and the United States of America) countries which was considered to be relevant for the revision of the Chapter.

The Agenda and list of participants are presented as [Appendices I](#) and [II](#), respectively.

3. Continuation of the review of Chapter 8.5. to improve consistency in line with comments received from Member Countries

The Group addressed all the comments on Chapter 8.5. received from Members Countries and revised Articles in the Chapter one by one. Due to limited time, the revision could not be fully completed and it was decided that the remaining articles related to surveillance would be submitted to the *ad hoc* Group on Epidemiology for their comments. It was also proposed that one member of the *ad hoc* Group attend the meeting of the *ad hoc* Group on Epidemiology to ensure consistency in the approach for reviewing the remaining articles of the Chapter. The work completed thus far would nevertheless be submitted to the Scientific Commission for their preliminary review in August 2012 to expedite the final review during the next meeting of the Group in October 2012. During the meeting of the Group in October the inputs from both the *ad hoc* Group on Epidemiology as well as those from the Scientific Commission would be available to the Group. It was foreseen that the final review could be completed during the meeting of the Scientific Commission in February 2013.

The rationale for changes to the relevant articles of Chapter 8.5 will be reflected in the report of the meeting of the Group in October 2012.

4. Evaluation of a request from a Member Country for recovery of FMD free status without vaccination:

It was clarified that Dr Cristóbal Zepeda was an ‘observer’ and not a permanent member of the *ad hoc* Group. As a member of the *ad hoc* Group on Epidemiology, Dr Zepeda’s expertise and inputs into the epidemiological aspects of the dossiers such as design of surveillance strategies and other related aspects were highly appreciated. However, although his opinion would be considered, he would not be part of the final Group decision.

Bulgaria

The outbreak in the very south-east corner of Bulgaria next to the border with Turkey had demonstrated the role wildlife could play in the disease. The index case was observed in a wild boar shot in this oak tree rich biotope shared between Bulgaria and Turkey. Unlike in Western Europe, the area was also inhabited by large predators that might have had a selective impact on clinically affected wildlife.

As soon as the first case was reported, five regions along the border were immediately sealed off from the rest of the country, a measure that was reinforced by a European Commission Decision. Because of the remoteness and the extensive way of keeping animals, the monitoring for clinical disease was insufficient and indeed most of the outbreaks in livestock were detected as a result of active surveillance carried out by the Veterinary Services. Stamping out was applied and emergency vaccination was not implemented in Bulgaria. Within the restricted area all villages underwent regular veterinary inspections and sampling at 21 days intervals, and only when the extent of the outbreak was known and surveillance results supported that the disease was contained, the restriction area was reduced. After 31 August 2011, the restriction area established by the European Commission Decision was continued by a wildlife surveillance area, in which surveillance for FMD in wildlife was increased (hunting and trapping) and in parallel restrictions on the movement of livestock and their products were being continued until present.

The last of the 11 outbreaks were all congregated in the same area, and were reported on 7 April 2011. The entire territory of Bulgaria had remained free of FMD since that date, despite movements of animals (separate from each other in the rest of the country and in the restriction area/ wildlife surveillance area), birth of young animals, the production of Eastern Balkan pigs in extensive conditions just north of the previously restricted area, as well as the keeping of livestock in the restriction area/ wildlife surveillance area in open field (absence of housing and fodder reserves).

Additional measures were also taken on both sides of the border, such as emergency vaccination in Turkey as well as surveillance in livestock and in wild boar that shared the same habitat. Therefore, there was a regional rather than a country solution, both in the Bulgarian and in the Turkish sides of Thrace. Turkey had contributed with an exceptional effort to look for FMD in Thrace by additional vaccination in the area at risk.

More than one year after the outbreak no further outbreaks had occurred in Bulgaria and no virus circulation had been detected in domestic susceptible animals in Thrace.

An opinion was published by the European Food Safety Authority (EFSA) on the potential role of wild boar in maintaining FMD in Thrace. EFSA had found it challenging to reach a conclusion on the wildlife issue with the quality of the data provided, notably the seasonal character of the sampling, but concluded that it was unlikely that the wild boar population would maintain the infection. With the decrease of infection in domestic animals, the infection would have most likely disappeared from wild boar.

Even though information on surveillance activity outside the control zone (rest of the country) was not provided, movement control was sufficient to prevent major movement out of the control zone and enhanced surveillance was performed in the cordon sanitaire.

Only one wild boar had been clinically infected (the index case), all the other positive wild animals were identified by serology. It was not possible to determine the time the animals were infected using serology. With juveniles it was difficult to know whether the antibodies were due to infection or maternal antibodies and it was also not possible to assume the mothers were infected. If the piglets were infected after maternal antibodies had vanished then the infection may have been around in wildlife after the last outbreaks in livestock were detected. The fact that no FMD had been detected in domestic animals kept extensively, provided assurance that there was no more virus circulation.

The dossier reached the conclusion that the prevalence of sero-conversion decreased towards the end of the sampling period, although it was also stated that the difference was not statistically significant. Only an extremely limited number of wild ruminants were included in the survey of which one roe deer tested serologically positive and all other species remained sero-negative. It could not be reasonably expected that wild boar became carrier animals as this was not described in domestic pigs. However, a perpetuating infection within families of wild boar until no more transmission would take place within such group could not be entirely ruled out for a certain period of time. The role of infected males in rut should not be underestimated in possible spread of disease.

The wild boar that were shot in the rest of the country were only investigated clinically which was a drawback. Since no clinical disease was observed in the sero-positive animals in the outbreak area, it indicated that the clinical observations were not reliable as an indication of infection.

The Group noted that only the final results of the serology results were provided in the dossier but the diagnostic process indicating retesting, resampling and follow-up procedures on the farm were not. The Group recognised that the inclusion of information on the diagnostic process and related follow-up procedures in the dossier would have been useful to provide a fuller picture. This was the first dossier that the Group had to evaluate where wildlife was involved outside of the African continent. It had indicated the importance of keeping a good level of surveillance and set a precedent for other Member Country applications for the recognition of new disease status or the reinstatement of the status after an outbreak when wildlife was involved. The Group accepted that it would not be possible for all countries to provide good surveillance data on wildlife. Each application would, however, still have to be evaluated on a case-by-case basis depending on each particular epidemiological situation.

Bulgaria had sampled a large number of domestic animals, with numerous follow-up visits to at risk regions. Although the information provided was not complete the Group decided to recommend the reinstatement of Bulgaria's status as country free from FMD where vaccination was not practised. The decision was supported by the fact there had been no more outbreaks since April 2011.

The Group also recommended Turkey be invited to submit their dossier for the Thrace region as soon as possible so as to determine whether the status of the Thrace region could be reinstated as both countries shared the same risk area.

Surveillance both in livestock and in wildlife needed to be continued in collaboration between the neighbouring countries of the Thrace region. Because of the apparent high risk of incursion into the European Union (EU) from this area, the EU would plan to install a surveillance system in Thrace in the framework of which Turkey, Greece and Bulgaria would jointly enhance surveillance of FMD incursions with improved communication and collaboration. A collaborative surveillance in that area was of particular importance as trespassing of animals from Turkey into Bulgaria had been observed during the outbreak and had been reported before.

5. Adoption of report

The *ad hoc* Group reviewed and amended the draft report provided by the rapporteur. The Group agreed that the report captured the discussions but should be circulated to the entire Group for final comments.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBER COUNTRIES**

Paris, 3 – 5 July 2012

Agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Continuation of the review of Chapter 8.5. with the objective of improving internal consistency further to the comments received from Member Countries (including a letter received in June)
4. Evaluation of a request from a Member Country for recovery of FMD free status without vaccination:
 - Bulgaria
5. Adoption of report

Appendix II

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBER COUNTRIES**

Paris, 3 – 5 July 2012

List of participants

MEMBERS

Dr Alf-Eckbert Füessel
Deputy Head of Unit, DG SANCO/D1
Rue Froissart 101-3/67
B-1040 Brussels
BELGIUM
Tel: (32) 2 295 08 70
Fax: (32) 2 295 3144
alf-eckbert.fuessel@ec.europa.eu

Prof David Paton
Director of Science - Institute for Animal
Health - Pirbright Laboratory
Ash Road, Woking - Surrey GU24 0NF
UNITED KINGDOM
Tel: (44-1483) 231012
Fax: (44-1483) 232621
david.paton@iah.ac.uk

Dr Wilna Vosloo
Research Team Leader
CSIRO Livestock Industries
Australian Animal Health Laboratory
Private Bag 24
Geelong, VIC 3220
AUSTRALIA
Tel: (61) 3 5227 5015
Fax: (61) 3 5227 5555
wilna.vosloo@csiro.au

Dr Moetapele Letshwenyo
Epidemiologist
Ministry of Agriculture
Private Bag 0032
Gaborone, BOTSWANA
Tel.: (267) 395 06 33
Fax: (267) 390 37 44
mletshwenyo@gov.bw

Dr José Naranjo
FMD Center/PAHO-WHO
Centro Panamericano de Fiebre Aftosa
Caixa Postal 589 - 20001-970
Rio de Janeiro
BRAZIL
Tel: (55-21) 3661 9000
Fax: (55-21) 3661 9001
jnaranjo@panaftosa.ops-oms.org

Representative SCAD

Dr Kris de Clercq
CODA/CERVA/VAR
Centre d'Etudes et de Recherches
Vétérinaires et Agrochimiques -
Department of Virology
Section Epizootic Diseases -
Groeselenberg 99 - B-1180 Ukkel
BELGIUM
Tel.: (32-2) 379.05.12
Fax: (32-2) 379.06.66
kris.de.clercq@coda-cerva.be

Observer

Dorothy W. Geale
Senior Staff Veterinarian, Foreign Animal
Disease
Terrestrial Animal Health Division
Canadian Food Inspection Agency
185 King Street, Unit 203
Peterborough, Ontario
K9J 2R8
CANADA
dorothy.geale@inspection.gc.ca

Representative AHG on Epidemiology

Dr Cristóbal Zepeda Sein
Coordinator of International Activities,
Centers for Epidemiology and Animal
Health, OIE Collaborating Center for
Animal Disease, Surveillance Systems
and Risk Analysis, USDA-APHIS-VS-
CEAH, 2150 Centre Ave, Building B,
Fort Collins, CO 80526-8117
UNITED STATES OF AMERICA
Tel.: +1-970 494 72 94
Fax: +1-970 472 26 68
cristobal.zepeda@aphis.usda.gov

OIE HEADQUARTERS

Dr Bernard Vallat
Director General
12 rue de Prony
75017 Paris
FRANCE
Tel: (33) 1 44 15 18 88
Fax: (33) 1 42 67 09 87
oie@oie.int

Dr Elisabeth Erlacher-Vindel
Deputy Head of the Scientific and
Technical Dept
e.erlacher-vindel@oie.int

Dr Marta Martínez Avilés
Veterinary epidemiologist
Scientific and Technical Department
m.martinez@oie.int

Dr Kiok Hong
Chargé de mission
Scientific and Technical Department
k.hong@oie.int

Dr Alessandro Ripani
Chargé de mission
Scientific and Technical Department
a.ripani@oie.int

Dr Bernardo Todeschini
Chargé de mission
Scientific and Technical Department
b.todeschini@oie.int

Dr Victor Saraiva
Chargé de mission
Scientific and Technical Department
v.saraiva@oie.int

Summary of Decisions/Actions on Terrestrial Code Chapters by the Scientific Commission

Code Chapter(s)	Topic	Scientific Commission Decision/Action (August 2012)
Glossary	Surveillance terms	Forwarded to the Code Commission.
6.9.	Responsible and prudent use of antimicrobial agents in veterinary medicine	Member country comments addressed by the <i>ad hoc</i> Group endorsed and forwarded to the Code Commission. Proposal for definition to be added in glossary forwarded to the Code Commission.
6.10	Risk assessment for antimicrobial resistance arising from the use of antimicrobials in animals	Forwarded to the <i>ad hoc</i> Group on Antimicrobial resistance
8.3.	Bluetongue	Member country comments replied and forwarded to the Code Commission
8.3, 12.1	Harmonisation of Chapters on Bluetongue, African horse sickness, Epizootic haemorrhagic disease	Added to the Scientific Commission work programme February 2013
8.5.	Foot and mouth disease	Preliminary assessment of work done by the <i>ad hoc</i> Group on FMD; expected to be forwarded to the Code Commission in February 2013
8.10	Rabies	Rabies certification question to be referred to an OIE Reference Laboratory; reply to be discussed by the Commission in February 2013
8.11	Rift Valley Fever	<i>Ad hoc</i> Group to work on it (second half January 2013)
8.12	Rinderpest	Comments of the Scientific Commission forwarded to the Code Commission; questionnaire comments on the questionnaire forwarded to the Biological Standards Commission for comment
8.15	Vesicular stomatitis	Delisting proposed – pending final decision by Member Countries
9.1-9.6.	Diseases of bees	Member Country comments addressed by the <i>ad hoc</i> Group endorsed and forwarded to the Code Commission
11.3, 14.1, 15.3	Brucellosis	Discussion between the Code and Scientific Commissions on how to finalise the chapter. <i>Ad hoc</i> Group to work on it
11.6, 11.7	Tuberculosis	Added to the Scientific Commission agenda February 2013
12.1	African horse sickness	Member Country comments reviewed and forwarded to the <i>ad hoc</i> Group on AHS to be held in January 2013
12.9	Equine viral arteritis	Forward question to OIE Reference Laboratory; reply to be discussed by the Commission in February 2013
12.10	Glanders	Added to the Scientific Commission agenda February 2013
Multiple	Equine diseases	Waiting for inputs from FEI for further action. Added to the Scientific Commission agenda Feb 2013
14.8	Peste des Petits Ruminants	Reconvene an <i>ad hoc</i> Group on PPR to consider Specialist Commissions' comments
14.9	Scrapie	Delisting proposed – pending final decision by Member Countries
15.2	Classical swine fever	Discussion between the Code and Scientific Commissions on how to finalise the chapter. <i>Ad hoc</i> Group to work on it
15.4	Swine vesicular disease	Delisting proposed – pending final decision by Member Countries

Code Chapter(s)	Topic	Scientific Commission Decision/Action (August 2012)
X.X.	New Chapter on Porcine reproductive and respiratory syndrome	Added to the Scientific Commission agenda February 2013
X.X.	New Chapter on Q fever	Added to the Scientific Commission agenda February 2013
X.X.	New Chapter on Disease Control	New chapter forwarded to the Code Commission for circulation for Member Country comments. Web version to be uploaded to the OIE website.

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