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Original: English
March 2006

REPORT OF THE MEETING
OF THE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES
Paris, 8-9 March 2006

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The meeting of the Scientific Commission for Animal Diseases was held at OIE Headquarters, Paris from 8-9 March 2006.

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

1. Opening

Dr Gideon Brückner, Head of the Scientific and Technical Department welcomed the members of the Commission on behalf of Dr Bernard Vallat, Director General of the OIE and outlined the important issues to be discussed by the Commission with specific reference to the reports and recommendations of the *ad hoc* Groups on Epidemiology and evaluation of Country status for foot and mouth disease. He reminded the Commission that during the previous meeting of the Commission in January 2006, the Director General once again confirmed the mandate and terms of reference of the Commission and that the Commission must therefore apply their decision-making process with this in mind when discussing sensitive issues such as evaluating country requests for the allocation of disease freedom.

The Commission was also requested to review the requirements and decision-making process for sequential zoning for disease free zones within a country and to take note of the reports to the OIE Central Bureau by some Member Countries on the recent outbreaks of foot and mouth disease.

The meeting was chaired partly by Professor Vincenzo Caporale, President of the Scientific Commission and Dr Kenichi Sakamoto, Vice-President of the Commission. Dr Federico Stoessel acted as rapporteur.

2. Notification of recent outbreaks of FMD to the OIE Central Bureau

The Commission took note of recent reports of foot and mouth disease occurrence in South America, Turkey and Egypt and endorsed the recommendations of both the *ad hoc* Groups for Epidemiology and Evaluation on Country Status for FMD that clarification should be provided by the Member Countries concerned where country reports to the OIE indicate an uncertainty in the disease condition within a country or region.

3. Report of the meeting of the *ad hoc* Group for the Evaluation of Country Status for foot and mouth disease: 6-7 March 2006 (Appendix III)

The Commission noted and endorsed the report. The Commission discussed in detail the conclusions of the *ad hoc* Group on the potential problems inherent in the process of sequential zoning for freedom of disease within a country and the need for the establishment of bio-security measures and separation by a buffer zone between

zones of different health status within a country. The Commission agreed that, in the event of a disease outbreak in a disease free zone in a country comprising of several zones with similar status and sequentially approved for that country, the disease-free status of all the zones with similar status should be withdrawn pending confirmation from the Official Delegate of that country that sufficient sanitary measures are in operation to protect the entry of virus into the other non-affected zones. It was decided that a Resolution to this effect would be presented for adoption at the 74th General Session of the OIE.

The Commission discussed the need to facilitate and expedite the decision-making process to allocate disease freedom for foot and mouth disease following an outbreak of the disease in a country or zone. It was decided that a Resolution to this effect giving a mandate to the Scientific Commission to propose relevant measures for adoption during 2007, would be presented for adoption at the 74th General Session of the OIE.

4. Report of the meeting of the *ad hoc* Group for Epidemiology: 1-3 March 2006 (Appendix IV)

The Commission noted and endorsed the report. The Commission discussed in detail the request of the *ad hoc* Group on the need to seek clarification from affected Member Countries should the disease outbreak reports to the OIE Central Bureau indicate a possible uncertainty or unstable disease situation for a particular disease in a country or region. Following the discussion it was resolved that the Director General of the OIE will be requested to seek clarity from the Official Delegates of affected Member Countries in South America in respect of the apparent unstable position regarding FMD in that Region.

5. Draft document on the disposal of dead animals

The Commission resolved that the document prepared by the *ad hoc* Group on Carcase Disposal and reviewed by the Terrestrial Animal Health Standards Commission (TAHSC) following comments by Member Countries, should be submitted for adoption by the International Committee of the OIE at the 74th General Session with inclusion of a decision-making appendix to assist Member Countries seeking the optimum cost-effective procedure for disposal of dead animals.

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

The following issues as discussed and reported on by the various *ad hoc* Groups of the Scientific Commission were endorsed and forwarded to the TAHSC for finalisation:

- Draft Chapter on Brucellosis to propose a definition of the concept *herd* as used in the draft Chapter *(*Report of the *ad hoc* Group on Epidemiology).
- Request for amendments to Articles 2.2.10.9, 2.2.10.10, 2.2.2.24 and 2.2.10.29 in the *Code* Chapter for foot and mouth disease (Chapter 2.2.10). (Report of the *ad hoc* Group for the Evaluation of Country Status for foot and mouth disease).
- Working program for the *Code* Chapter and surveillance guidelines for Aujeszky's disease (Report of the *ad hoc* Group on Epidemiology).
- Draft Appendix on the Disposal of Dead Animals.

7. Review on the applications for Member Country status recognition for BSE

During the meeting of the Commission in January 2006, the Commission did not endorse some recommendations of the *ad hoc* Group for the Evaluation of Country status for BSE in respect of 3 Members Countries. To enable a transparent decision-making process and to finalise the recommendations of the Commission to the International Committee of the OIE, it was decided that the *ad hoc* Group would be offered an opportunity to discuss their recommendations with the Commission during the meeting of the Commission in March 2006, taking into consideration additional information supplied by the countries concerned.

All members of the *ad hoc* Group were invited to participate in the meeting of the Scientific Commission. Due to the short notice, only two members were able to attend. The Commission therefore held discussions with two members of the *ad hoc* Group for the Evaluation of Country Status for BSE and an invited expert form an OIE Collaborative Centre in Epidemiology. The President of the Commission thanked the members of the *ad hoc* Group for the thorough manner in which they conducted their evaluation and introduced the discussions by reviewing and explaining the process used by the Commission to evaluate the report of the *ad hoc* Group.

In the review process the Commission consulted complimentary information supplied by the applicant countries and also asked two experts from two OIE Collaborative Centres to express an opinion in view of the additional information submitted. He reiterated that in assessing the report of the *ad hoc* Group, all the relevant *Code* chapters from the 2004 Edition, were consulted including the *Code* Chapter on import risk analysis. He emphasised that is was deemed important to use such a holistic approach and not to look at some *Code* chapters in isolation.

After detailed discussions the Commission resolved to propose to the International Committee of the OIE that New Zealand, Argentina and Uruguay be listed as BSE disease free. The criteria and rationale for the decision-making process is summarised in Appendix V.

8. Other matters

8.1. Discussions on the need for an additional meeting of the Scientific Commission in September each year

The Commission discussed the increased workload that have to be dealt with and the need to synchronise the activities of the Commission more closely with the working program towards each General Session and that of the Terrestrial Animal Health Standards Commission. It was resolved that the Commission should amend its working program to meet during the following times each year:

- June (following the General Session of the OIE) - meeting of the Bureau of the Commission
- September - meeting of the Commission
- February - meeting of the Commission

8.2. Discussions on the involvement of the Scientific Commission in issues and activities of the OIE of a scientific nature

The Commission reiterated its commitment to execute the mandate within the scope of the terms of reference approved by the International Committee of the OIE. In discussing the execution of its mandate, the Commission concluded that the Director General will be requested to ensure that the allocation of responsibilities to the Commission and especially the need for the scientific justification of international standards, are done in accordance with this mandate and terms of reference. This relates especially to the establishment of and allocation of responsibility for *ad hoc* Groups that need to investigate or evaluate issues of scientific nature related to animal diseases.

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…/Appendices

Appendix I

REPORT OF THE MEETING

OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 8-9 March 2006

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Agenda

1. Opening
2. Notification of recent outbreaks of FMD to the OIE central Bureau
3. Report of the meeting of the *ad hoc* Group for the Evaluation of Country Status for foot and mouth disease: 6-7 March 2006
4. Report of the meeting of the *ad hoc* Group on Epidemiology: 1-3 March 2006
5. Draft document on the disposal of dead animals
6. Review of matters referred to the Scientific Commission by the Terrestrial Animal Health Standards Commission (TAHSC)
7. Review on the applications for Member Country status recognition for BSE
8. Other matters
   - 8.1. Discussions on the need for an additional meeting of the Scientific Commission in September each year
   - 8.2. Discussions on the involvement of the Scientific Commission in issues and activities of the OIE of a scientific nature

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Appendix II

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

Paris, 8-9 March 2006

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Appendix III

Original: English
March 2006

REPORT OF THE MEETING OF THE OIE *AD HOC* GROUP FOR THE EVALUATION OF COUNTRY STATUS FOR FOOT AND MOUTH DISEASE

Paris, 6-7 March 2006

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The meeting of the OIE *ad hoc* Group on the Evaluation of Country Status for Foot and mouth disease was held at OIE Headquarters, Paris from 6-7 March 2006.

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

Dr Alejandro Schudel, former Head of the Scientific and Technical Department, introduced Dr Gideon Brückner as the new Head of the Department. Dr Brückner welcomed the members of the Group on behalf of Dr Bernard Vallat, the Director General of the OIE and explained the expectations of the OIE International Committee on the output of the group particularly with respect to the evaluation of the dossiers submitted by two Member Countries for country status recognition.

The Group was also requested to review the requirements and decision-making process for sequential zoning for disease free zones within a country and to take note of the recent reports to the OIE Central Bureau by some Member Countries on the recent outbreaks of foot and mouth disease. Note should also be taken of the report and recommendations of the meeting on 1 to 3 March 2006 of the a*d hoc* on Epidemiology in respect of the current FMD situation in Member Countries.

The meeting was chaired by Professor Vincenzo Caporale, President of the Scientific Commission and Dr Alf-Eckbert Füssel acted as rapporteur.

1. Methodology for evaluating application dossiers of Member Countries

The Group reviewed the methodology of evaluating the application dossiers of Member Countries.

It was noted that the group decided to base its judgment on the information provided by the applicant country in the dossier without on-site assessment and evaluation in the country concerned.

Currently, countries send an official letter annually to the OIE regarding the disease situation in the country. However, there are no specific requirements for continued surveillance once a previously infected country has been granted free status. The group resolved that this situation should be reviewed.

It was therefore concluded that for forthcoming assessments the following should apply:

- sufficient attention must be paid to the performance of the veterinary services for the maintenance of the status,
- other sources of information must also be considered, such as mission reports, information from relevant regional organisations, information submitted to the Information Department of the OIE Central Bureau and tracking systems used by the OIE and FAO.
- the evaluation should be primarily based on epidemiological principles and within the standards of the *Terrestrial Code* and *the Terrestrial Manual.*

The Group discussed the definition and understanding of the concept *virus circulation* in the evaluation of dossiers. It was noted that there is no definition of virus circulation in the *Terrestrial Code* and that a common understanding is necessary.

This understanding is required for the estimate of last virus circulation, in particular in relation to demonstrating freedom in vaccinated populations. For example choosing the right age groups for surveillance could support the estimate of last virus circulation.

The Group agreed that demonstration of absence of virus infection or circulation would be impractical and impossible, but that with a statistical certainty absence of infection or circulation could be substantiated.

The Group endorsed the recommendations in the report of the meeting of 1 – 3 March 2006 of the *ad hoc* Group on Epidemiology with reference to their considerations of the FMD situation in certain parts of South America. The Group supported the recommendation of the Epidemiology *ad hoc* Group that clarification of the situation should be obtained.

2. Notification of recent outbreaks of FMD to the OIE

Dr. D. Paton provided information on the FMD viruses circulating currently in Egypt and noted that the A-Eritrea 98 vaccine strain was from a genetic point of view a potential candidate, but no serum is available for the determination of the *r-value*.

The Group had discussions with the Head of Information Department of the OIE on difficulties in obtaining up-to-date information on changes in the epidemiological situation, for example when new strains or subtypes appear in endemically infected countries. The Group took note of the initiatives by various international and regional organisations to support the OIE to address this problem.

3. Application of buffer zones

The Group discussed a draft position paper (included as Appendix III) on the role of a buffer as defined in the *Terrestrial Code* in the context of sequential declaration of disease freedom zone. The Group agreed that the most relevant issue is whether the establishment of a buffer zone should be a mandatory requirement. The Group resolved that the concept of a buffer zone appears to be outdated if for instance related to times of long distance transport, and could be less important than continued surveillance and movement control and should therefore be reviewed.

The Group also concluded that it is desirable that as soon as an outbreak occurs, information should be provided by the adjacent countries or zones of at least equivalent status on the measures taken to prevent virus introduction, including for example the establishment of a buffer zone.

4. Sequential zoning for foot and mouth disease

In further discussion of the draft position paper on this issue (included as Appendix III), the Group concluded that:

- the current system of sequential zoning leads to the merging of these zones and the formation of larger free zones within a country which should be considered as an entity in relation to movement of animals and their products, and in event of an outbreak;

- in case of an outbreak, the withdrawal of free status is often done for all states/provinces within a country established together without due regard to the current epidemiological linkage of these zones;

- contrary to the current *Terrestrial Code* provisions, the approval of the whole entity should be withdrawn, pending re-zoning on epidemiological grounds.

5. Establishment of an infected zone within a free zone

There appears to be a need to have regionalisation whereby a country in the event of a localised disease outbreak, can establish an infected zone within a surrounding buffer zone, or equivalent measures, to contain the virus to ensure the absence of infection or disease in the remaining free zone. The main purpose would be to minimise disruption in trade in the remainder of the country.

The Group resolved that the Scientific Commission should consider the need for possible modifications to the relevant *Terrestrial Code* chapters to accommodate this need.

6. Evaluation of country dossiers requesting foot and mouth disease free status

Two member countries presented application dossiers for the recognition of FMD free status. The dossiers were evaluated and additional information will be requested from the countries concerned. The Group acknowledged with appreciation the adherence to the *Code* provisions on the declaration of the recent outbreaks in Brazil. The Group also concluded in assessing the dossier received from Brazil for recognition of the southern part of the State of Pará as a FMD free zone with vaccination, that the dossier was very complete and also further supplemented by additional information by a delegation from the country. However, final approval of the request will be subject to clarification by the official Delegate of Brazil on the general FMD situation in the country.

7. Request from a Member Country for modifications to the *Terrestrial Code* chapter on FMD

On the request of the Terrestrial Animal Health Code Commission, the *ad hoc* Group reviewed Articles 2.2.10.9 and 2.2.10.10, 2.2.10.24 and 2.2.10.29 of the Chapter 2.2.10 in relation to a request for possible modification.

The Group supported the requested amendments and proposed the changes below for consideration by the Code Commission:

Article 2.2.10.9.

When importing from FMD free countries or *zones* where vaccination is not practised, *Veterinary Administrations* should require:

for FMD susceptible animals

the presentation of an *international veterinary certificate* attesting that the animals:

1. showed no clinical sign of FMD on the day of shipment;

2. were kept in an FMD free country or *zone* where vaccination is not practised since birth or for at least the past 3 months;

3. have not been vaccinated.

Explanation: vaccinated animals may be present in the national herd following gaining or re-gaining free status without vaccination. Detailed testing evaluation as required in Article 2.2.10.10 not necessary

Article 2.2.10.24.

When importing from FMD free countries or *zones* (where vaccination either is or is not practised), *Veterinary Administrations* should require:

for *milk* and *milk products* from FMD susceptible animals

if intended for human consumption or for agricultural or industrial use ~~and for products of animal origin ()~~

the presentation of an *international veterinary certificate* attesting that these products come from animals which have been kept in the country or *zone* since birth, or which have been imported in accordance with Article 2.2.10.9., Article 2.2.10.10. or Article 2.2.10.11.

if intended for use in animal feeding, the products should in addition:

a) originate from herds or flocks which were not suspected of being infected with FMD at the time of milk collection;

b) have been processed to ensure the destruction of the FMD virus in conformity with one of the procedures referred to in Article 3.6.2.6 of Appendix 3.6.2.

Explanation: Too much of a risk in case of animal feed

Article 2.2.10.29.

When importing from FMD free countries or *zones* (where vaccination either is or is not practiced), *Veterinary Administrations* should require:

for skins and trophies derived from FMD susceptible wild animals

the presentation of an *international veterinary certificate* attesting that these products are derived from animals that have been killed ~~kept~~ in such a country or *zone* ~~since birth~~, or which have been imported from a country or *zone* free of FMD (where vaccination either is or is not practiced).

Explanation: wild animals are not kept and consequently this cannot be certified

Appendix I

MEETING OF THE OIE *AD HOC* GROUP FOR EVALUATION OF COUNTRY STATUS FOR FOOT AND MOUTH DISEASE

Paris, 6-7 March 2006

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Agenda

1. Methodology for evaluating application dossiers of Member Countries
2. Notification of recent outbreaks of foot and mouth disease to the OIE
3. Application of buffer zones
4. Sequential zoning for foot and mouth disease
5. Establishment of an infected zone within a free zone
6. Evaluation of country dossiers requesting foot and mouth disease free status
7. Request from a Member Country for modifications to the *Terrestrial Code* Chapter on FMD

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Appendix II

MEETING OF THE OIE *AD HOC* GROUP FOR EVALUATION OF COUNTRY STATUS FOR FOOT AND MOUTH DISEASE

Paris, 6-7 March 2006

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Appendix III

THE POSSIBLE IMPLICATIONS OF SEQUENTIAL ZONING FOR FOOT AND MOUTH DISEASE-FREE STATUS WITHIN A COUNTRY

Chapter 1.3.5 of the *Terrestrial Code* makes provision for the creation of zones to separate subpopulations of different animal health status whilst Chapter 2.2.10 makes provision for the creation of FMD disease-free zones of different health status i.e. zones free from the disease with or without vaccination.

Articles 2.2.10.4 and 2.2.10.5 of the *Terrestrial Code* require that such zones be separated from the rest of the country, *if infected*, and from neighbouring countries, *if infected*, by a *buffer zone* or physical or geographical borders and the implementation of animal measures to effectively prevent the entry of virus.

A buffer zone in the *Terrestrial Code* is defined as:

> 'means a *zone* established to protect the health status of animals in a free country or *free zone*, from those in a country or *zone* of a different *animal health status*, using measures based on the epidemiology of the *disease* under consideration to prevent spread of the causative pathogenic agent into a free country or *free zone*. These measures may include, but are not limited to, vaccination, movement control and an intensified degree of *disease* surveillance'.

The principle of allowing disease-free zones of different health status for FMD to be established within a country has been applied in the evaluation of country requests. Most of these requested related to the intention of a country to sequentially move towards to a uniform disease-free status i.e. from infected to free with vaccination to eventually free without vaccination.

The potential problems arise when outbreaks occur in areas of different status within a country and often adjoining each other and when the 'guarantee' for the maintenance of status was initially dependent on the status of the adjoining area. An example could be where a country applies for a zone to be recognised as disease free with vaccination and this zone is adjacent to a zone already approved as free without vaccination. The motivation for the allocation of the required status for the new zone with vaccination, is often based on the assumption that the new zone is adjacent to an already disease free zone without vaccination and should thus be a 'low risk' for virus introduction. The *Terrestrial Code* further does not explicitly require that the two zones within a country should be separated by a *buffer zone*. The zone without vaccination thus acts as a 'guarantee' for the new zone to be established.

The potential problem arises when an outbreak occurs in either one of the zones when they are not separated by a buffer zone:

- Should the status of both zones be withdrawn or only the status of the zone that became infected?
- Should a buffer zone be created in both zones or only in one zone?

Appendix IV

Original: English
March 2006

MEETING OF THE OIE *AD HOC* GROUP ON EPIDEMIOLOGY

Paris, 1- 3 March 2006

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The meeting of the OIE *ad hoc* Group on Epidemiology of the Scientific Commission for Animal diseases (the Scientific Commission) was held at OIE Headquarters, Paris from 1-3 March 2006.

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

Dr Alejandro .Schudel, former Head of the Scientific and Technical Department, introduced Dr Gideon Brückner as the new Head of the Department. Dr Brückner welcomed the members of the Group on behalf of Dr Bernard Vallat, the OIE Director General and explained the expectations of the OIE International Committee on the output of the Group particularly with respect to the questionnaires for rinderpest and CBPP for country status recognition. The Group was also requested to review the requirements for the description of boundaries for disease free zones and the application of vaccines as described in the questionnaire for recognition of country status for foot and mouth disease. The meeting was chaired by Professor Vincenzo Caporale, President of the Scientific Commission and Dr Howard Batho acted as rapporteur.

1. Questionnaire on rinderpest for country status recognition

The Group reviewed and extensively modified the questionnaire on rinderpest country status recognition based on the edited version of the FMD questionnaire discussed at the January 2006 meeting of the *ad hoc* Group and Chapter 2.2.12 and Appendix 3.8.2 of the *Terrestrial Animal Health Code*. The revised questionnaire is in Appendix III.

2. Questionnaire on foot and mouth disease for country status recognition

The Group applied the same approach as with the questionnaire on rinderpest for country status recognition to facilitate consistency in the evaluation process. The requirement in the questionnaire for the description of the boundaries of disease free zones was modified to request that either digital maps should be provided or non-digital maps with a precise description of the boundaries of the zone. Taking into account the importance of the involvement of wildlife in the epidemiology of the disease in some countries, the Group added a requirement in the questionnaire requesting information on the systems in place to prevent contact between susceptible domestic and wildlife species. The requirement for separate descriptions of control measures applied for the import of animal products intended for human consumption and those for animal consumption were amended and combined to only refer to animal products *per se* due to similar risk mitigation requirements for import. The revised questionnaire is in Appendix IV.

3. Questionnaire on contagious bovine pleuropneumonia (CBPP) for country status recognition

The Group reviewed the present guidelines for surveillance for CBPP (Appendix 3.8.3) and Chapter 2.3.15 of the *Terrestrial Code* and concluded that it would be difficult to compile a questionnaire using the current guidelines and that these needed to be reviewed. The Group suggested that the Code Commission review Chapter 2.3.15 and agreed to include the work on the revision of Appendix 3.8.3 in the Group‘s working program for 2006 and to invite experts on CBPP to the next meeting of the Group to assist in the task.

4. Definition of herd

The Group discussed the request to define the concept of herd as it has been incorporated into the new proposed Chapter on Bovine Brucellosis (Chapter 2.3.1) without being defined in the *Terrestrial Code* in Chapter 1.1.1. The definition of an epidemiological unit as defined in Chapter 1.1.1 was taken into consideration and it was concluded that the definition of a herd should be distinguishable from the concept of epidemiological unit and that it should also reflect the common meaning of the word under different geographical and management circumstances. The Group unanimously accepted the following definition of a herd:

*"***Herd** - *means a Group of animals, not necessarily of the same species, managed as a unit by an individual or a community".*

5. Correspondence from Canada on FMD virus infection and virus circulation

The Group discussed the letter from the delegate of Canada concerning in general the concept of infection and circulation of FMD in non-vaccinating and vaccinating countries. The Group discussed the issue and agreed that neither the absence of infection nor the absence of circulation of virus can be demonstrated with absolute certainty irrespective of the vaccination status. However through a combination of approaches an appropriate level of confidence can be reached. The Group suggests that the OIE would seek the advice of Canada's experts to improve this level of confidence further, in particular in response to the follow up of positive serological results.

6. OIE country status recognition

During the above discussion concerning virus infection and circulation the Group reviewed the process for country status recognition (OIE Country listing for BSE, CBPP, FMD and Rinderpest) and its annual maintenance. The Group was of the opinion that where reports to the OIE uncertainty about the disease situation, this needs to be properly addressed as part of the annual maintenance process. In this context, the current FMD situation in South America was highlighted. The Group expressed its concerns on the apparent lack of stability in this Region. The Group concluded that this was an important and sensitive issue and proposed that this situation should be clarified by the Scientific Commission.

7. Surveillance guidelines for vectors capable of transmitting animal diseases

The Group agreed to include this request into the working program for 2006-2007 and that a separate *ad hoc* Group would not be necessary but that the Group would invite entomologists to assist the Group in discussing the issue. It appears it is not possible to arrange such a meeting before the annual general session (AGS). The idea appeared to be to prepare general guidelines for surveillance of vectors involved in vector borne disease. However, the Group felt as this was such a broad field that it was worth seeking clarification on the scope of this request to ensure that the appropriate experts are invited.

8. Aujeszky's disease

The group agreed to review the proposed surveillance guidelines (Appendix 3.8.X) to ensure consistency with the general surveillance guidelines and to include the concept of compartmentalisation. The group agreed to seek advice from Aujeszky's disease experts to assist in this task.

…/Appendices

Appendix I

MEETING OF THE OIE *AD HOC* GROUP ON EPIDEMIOLOGY
Paris, 1 – 3 March 2006

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Agenda

1. Questionnaire on rinderpest for country status recognition.
2. Questionnaire on foot and mouth disease for country status recognition.
3. Questionnaire on contagious bovine pleuropneumonia (CBPP) for country status recognition.
4. Definition of herd
5. Correspondence from Canada on FMD virus infection and virus circulation
6. OIE country status recognition
7. Surveillance guidelines for vectors capable of transmitting animal diseases
8. Aujeszky's disease

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Appendix II

MEETING OF THE OIE *AD HOC* GROUP ON EPIDEMIOLOGY

Paris, 1 - 3 March 2006

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List of participants

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Appendix III

RINDERPEST INFECTION FREE COUNTRY

Report of Country which applies for recognition of status, under Chapter 2.2.12 and Appendix 3.8.2 of the *Terrestrial Animal Health Code*, as a rinderpest infection free country

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

1. Introduction

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

1.2. Livestock industry. Provide a general description of the livestock industry in the country.

2. Veterinary system

2.1. Legislation. Provide a list and summary of all relevant veterinary legislation in relation to rinderpest.

2.2. *Veterinary Services.* Provide documentation on the compliance of the Veterinary Service of the country with the provisions of Chapters 1.3.3. and 1.3.4. of the *Terrestrial Code* and I.1.2 of the *Terrestrial Manual* and describe how the veterinary services supervise and control all rinderpest related activities. Provide maps and tables wherever possible.

2.3. Role of farmers, industry and other relevant groups in rinderpest surveillance and control (include a description of training and awareness programs on rinderpest)

2.4. Role of private veterinary profession in rinderpest surveillance and control

3. Rinderpest eradication

3.1. History. Provide a description of the rinderpest history in the country, date of first detection, origin of infection, date of eradication, lineage(s) present.

3.2. Strategy. Describe how rinderpest was controlled and eradicated (e.g. stamping-out, modified stamping-out, zoning), provide timeframe for eradication

3.3. Vaccines and vaccination. Was rinderpest vaccine ever used? If so, when was the last vaccination carried out? What species were vaccinated? Has heterologous vaccine been used in cattle, buffalo or yak?

3.4. Legislation, organisation and implementation of the rinderpest eradication campaign. Provide a description of the organizational structure at the different levels. Indicate if detailed operational guidelines exist and give a brief summary.

3.5. Animal identification and movement control. Are susceptible animals identified (individually or at a group level)? Provide a description of the methods of animal identification, herd registration and traceability. How are animal movements controlled in the country? Provide evidence on the effectiveness of animal identification and movement controls.

4. Rinderpest diagnosis

Provide documentary evidence that the provisions in Chapters I.1.2 and 2.1.4. of the *Terrestrial Manual* are applied. In particular, the following points should be addressed:

4.1. Is rinderpest laboratory diagnosis carried out in the country? If so, provide a list of approved laboratories. If not, provide the name(s) of and the arrangements with the laboratory(ies) samples are sent to.

4.2. Provide an overview of the rinderpest approved laboratories, in particular to address the following points:

4.2.1. Procedures for the official accreditation of laboratories. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO etc. that exist in, or planned for, the laboratory system.

4.2.2. Give details of participation in inter-laboratory validation tests (ring tests).

4.2.3. Is live virus handled?

4.2.4. Biosecurity measures applied

4.2.5. Details of the type of tests undertaken

5. Rinderpest surveillance

Provide documentary evidence that surveillance for rinderpest in the country complies with the provisions of Appendix 3.8.2. of the *Terrestrial Code* and Chapter 2.1.4 of the *Terrestrial Manual*. In particular, the following points should be addressed:

5.1. Clinical suspicion. What are the criteria for raising a suspicion of rinderpest? What is the procedure to notify (by whom and to whom) and what penalties are involved for failure to report? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for rinderpest virus, species, type of sample, testing method(s) and results (including differential diagnosis). In particular, provide evidence of compliance with the provisions of point 4 c) of Appendix 3.8.2 of the *Terrestrial Code*.

5.2. Serological surveillance. Are serological surveys conducted? If so, provide detailed information on the survey design in accordance with points 3 and 4 of Appendix 3.8.2 of the *Terrestrial Code*, (annual sample sizes shall be sufficient to provide 95% probability of detecting evidence of rinderpest if present at a prevalence of 1% of herds or other sampling units and 5% within herds or other sampling units). How frequently are they conducted? Are wildlife susceptible species included in serological surveys? If not, explain the rationale. Provide a summary table indicating, for the past two years, the number of samples tested for rinderpest virus, species, type of sample, testing method(s) and results (including differential diagnosis). Provide details on follow up actions taken on all suspicious and positive results.

5.3. Livestock demographics and economics. What is the susceptible animal population by species and production systems? How many herds, flocks, etc., of each susceptible species are in the country? How are they distributed (e.g., herd density, etc.)? Provide tables and maps as appropriate.

5.4. Wildlife demographics. What susceptible species are present in the country? Provide estimates of population sizes and geographic distribution. What are the measures in place to prevent contact between domestic and wildlife susceptible species?

5.5. Slaughterhouses and markets. Where are the major livestock marketing or collection centers? What are the patterns of livestock movement within the country? How are the animals transported and handled during these transactions.

6. Rinderpest prevention

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

6.2. Import control procedures

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

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

6.2.2. Provide a description on the methods used for the safe disposal of waste from international traffic, who is responsible and provide a summary, for the past two years, of the quantity disposed of.

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

a) animals

b) genetic material (semen and embryos)

c) animal products

d) veterinary medicinal products (i.e. biologics)

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

7. Control measures and contingency planning

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

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

7.3. In the event of a rinderpest outbreak:

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

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

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

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

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

8. Compliance with the *Terrestrial Code*

8.1. In addition to the documentary evidence that the provisions of Article 2.2.12.2 are properly implemented and supervised, the Delegate of the country must submit a declaration indicating:

8.1.1. for the past 10 years there has been no vaccination against rinderpest and no evidence of rinderpest disease or infection and both throughout that period and currently maintains an adequate disease reporting system.

OR

8.1.2. For countries which have either vaccinated against rinderpest within the last 10 years or have had clinical evidence of rinderpest:

8.1.2.1. the country has been declared free from rinderpest disease at least one year earlier, and continues to meet the requirements for this status;

8.1.2.2. there is an effective serosurveillance system in operation in accordance with appendix 3.8.2. for a period of at least 2 years, and the findings are consistent with freedom from *infection*.

9. Recovery of status

Countries applying for recovery of status should comply with the provisions of Article 2.2.12.2 of the *Terrestrial Code* and provide detailed information as specified in sections 3.1, 3.2, 3.3 and 5.2 of this report. Information in relation to other sections need only be supplied if relevant.

RINDERPEST DISEASE FREE COUNTRY

Report of Country which applies for recognition of status, under Chapter 2.2.12 and Appendix 3.8.2 of the *Terrestrial Animal Health Code*, as a rinderpest disease free country

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

1. Introduction

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

1.2. Livestock industry. Provide a general description of the livestock industry in the country.

2. Veterinary system

2.1. Legislation. Provide a list and summary of all relevant veterinary legislation in relation to rinderpest.

2.2. *Veterinary Services.* Provide documentation on the compliance of the Veterinary Service of the country with the provisions of Chapters 1.3.3. and 1.3.4. of the *Terrestrial Code* and I.1.2 of the *Terrestrial Manual* and describe how the veterinary services supervise and control all rinderpest related activities. Provide maps and tables wherever possible.

2.3. Role of farmers, industry and other relevant groups in rinderpest surveillance and control (include a description of training and awareness programs on rinderpest)

2.4. Role of private veterinary profession in rinderpest surveillance and control

3. Rinderpest eradication

3.1. History. Provide a description of the rinderpest history in the country, date of first detection, origin of infection, date of eradication, lineage(s) present.

3.2. Strategy. Describe how rinderpest was controlled and eradicated (e.g. stamping-out, modified stamping-out, zoning), provide timeframe for eradication

3.3. Vaccines and vaccination. Was rinderpest vaccine ever used? If so, when was the last vaccination carried out? What species were vaccinated? Has heterologous vaccine been used in cattle, buffalo or yak?

3.4. Legislation, organisation and implementation of the rinderpest eradication campaign. Provide a description of the organizational structure at the different levels. Indicate if detailed operational guidelines exist and give a brief summary.

3.5. Animal identification and movement control. Are susceptible animals identified (individually or at a group level)? Provide a description of the methods of animal identification, herd registration and traceability. How are animal movements controlled in the country? Provide evidence on the effectiveness of animal identification and movement controls.

4. Rinderpest diagnosis

Provide documentary evidence that the provisions in Chapters I.1.2 and 2.1.4. of the *Terrestrial Manual* are applied. In particular, the following points should be addressed:

4.1. Is rinderpest laboratory diagnosis carried out in the country? If so, provide a list of approved laboratories. If not, provide the name(s) of and the arrangements with the laboratory(ies) samples are sent to.

4.2. Provide an overview of the rinderpest approved laboratories, in particular to address the following points:

4.2.1. Procedures for the official accreditation of laboratories. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO etc. that exist in, or planned for, the laboratory system.

4.2.2. Give details of participation in inter-laboratory validation tests (ring tests).

4.2.3. Is live virus handled?

4.2.4. Biosecurity measures applied

4.2.5. Details of the type of tests undertaken

5. Rinderpest surveillance

Provide documentary evidence that surveillance for rinderpest in the country complies with the provisions of Appendix 3.8.2. of the *Terrestrial Code* and Chapter 2.1.4 of the *Terrestrial Manual*. In particular, the following points should be addressed:

5.1. Clinical suspicion. What are the criteria for raising a suspicion of rinderpest? What is the procedure to notify (by whom and to whom) and what penalties are involved for failure to report? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for rinderpest virus, species, type of sample, testing method(s) and results (including differential diagnosis). In particular, provide evidence of compliance with the provisions of point 4 c) of Appendix 3.8.2 of the *Terrestrial Code*.

5.2. Clinical surveillance. Are clinical surveys conducted? If so, provide detailed information on the survey design in accordance with points 3 and 4 of Appendix 3.8.2 of the *Terrestrial Code*, (annual sample sizes shall be sufficient to provide 95% probability of detecting evidence of rinderpest if present at a prevalence of 1% of herds). How frequently are they conducted? Are wildlife susceptible species included in clinical surveillance? If not, explain the rationale. Provide a summary table indicating, for the past two years, the number of samples tested for rinderpest virus, species, type of sample, testing method(s) and results (including differential diagnosis). Provide details on follow up actions taken on all suspicious and positive results.

5.3. Livestock demographics and economics. What is the susceptible animal population by species and production systems? How many herds, flocks, etc., of each susceptible species are in the country? How are they distributed (e.g., herd density, etc.)? Provide tables and maps as appropriate.

5.4. Wildlife demographics. What susceptible species are present in the country? Provide estimates of population sizes and geographic distribution. What are the measures in place to prevent contact between domestic and wildlife susceptible species?

5.5. Slaughterhouses and markets. Where are the major livestock marketing or collection centers? What are the patterns of livestock movement within the country? How are the animals transported and handled during these transactions.

6. Rinderpest prevention

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

6.2. Import control procedures

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

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

6.2.2. Provide a description on the methods used for the safe disposal of waste from international traffic, who is responsible and provide a summary, for the past two years, of the quantity disposed of.

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

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

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

7. Control measures and contingency planning

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

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

7.3. In the event of a rinderpest outbreak:

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

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

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

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

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

8. Compliance with the *Terrestrial Code*

8.1. In addition to the documentary evidence that the provisions of Article 2.2.12.2 are properly implemented and supervised, the Delegate of the country must submit a declaration indicating:

8.1.1. That for the past 5 years, there has been no vaccination against rinderpest and no evidence of rinderpest disease and both throughout that period and currently maintains an adequate disease reporting system

OR

8.1.2. For countries which have declared themselves as *provisionally free:*

8.1.2.1. no clinical rinderpest has been detected for at least five years;

8.1.2.2. no rinderpest vaccines have been used for at least 3 years in any susceptible species, and no heterologous vaccines against rinderpest have been used for at least 3 years in cattle, buffaloes or yaks;

8.1.2.3. the country operates both clinical surveillance and disease reporting systems for rinderpest adequate to detect clinical disease if it were present;

8.1.2.4. all clinical evidence suggestive of rinderpest is investigated by field and laboratory methods (including serological assessment) to refute a possible diagnosis of rinderpest;

8.1.2.5. there are effective measures in force to prevent the re-introduction of the disease.

9. Recovery of status

Countries applying for recovery of status should comply with the provisions of Article 2.2.12.3 of the *Terrestrial Code* and provide detailed information as specified in sections 3.1, 3.2, 3.3 and 5.2 of this report. Information in relation to other sections need only be supplied if relevant.

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RINDERPEST DISEASE FREE ZONE

Report of a Country which applies for recognition of status, under Chapter 2.2.12.3 and Appendix 3.8.2 of the *Terrestrial Animal Health Code*, for a rinderpest disease free zone

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

1. Introduction

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

1.2. Livestock industry. Provide a general description of the livestock industry in the country and the zone.

2. Veterinary system

2.1. Legislation. Provide a list and summary of all relevant veterinary legislation in relation to rinderpest.

2.2. *Veterinary Services.* Provide documentation on the compliance of the Veterinary Service of the country with the provisions of Chapters 1.3.3. and 1.3.4. of the *Terrestrial Code* and I.1.2 of the *Terrestrial Manual* and describe how the veterinary services supervise and control all rinderpest related activities in the country and the zone. Provide maps and tables wherever possible.

2.3. Role of farmers, industry and other relevant groups in rinderpest surveillance and control (include a description of training and awareness programs on rinderpest)

2.4. Role of private veterinary profession in rinderpest surveillance and control

3. Rinderpest eradication

3.1. History. Provide a description of the rinderpest history in the country and zone, date of first detection, origin of infection, date of eradication in the zone, lineage(s) present.

3.2. Strategy. Describe how rinderpest was controlled and eradicated in the zone (e.g. stamping-out, modified stamping-out, zoning), provide timeframe for eradication

3.3. Vaccines and vaccination. Was rinderpest vaccine ever used in the country and the zone? If so, when was the last vaccination carried out in the zone? What species were vaccinated? Has heterologous vaccine been used in cattle, buffalo or yak?

3.4. Legislation, organisation and implementation of the rinderpest eradication campaign. Provide a description of the organizational structure at the different levels. Indicate if detailed operational guidelines exist and give a brief summary.

3.5. Animal identification and movement control. Are susceptible animals identified (individually or at a group level)? Provide a description of the methods of animal identification, herd registration and traceability. How are animal movements controlled in or between zones of the same or different status? Provide evidence on the effectiveness of animal identification and movement controls.

4. Rinderpest diagnosis

Provide documentary evidence that the provisions in Chapters I.1.2 and 2.1.4. of the *Terrestrial Manual* are applied. In particular, the following points should be addressed:

4.1. Is rinderpest laboratory diagnosis carried out in the country? If so, provide a list of approved laboratories. If not, provide the name(s) of and the arrangements with the laboratory(ies) samples are sent to. Indicate the laboratorie(s) where samples originating from the zone are diagnosed.

4.2. Provide an overview of the rinderpest approved laboratories, in particular to address the following points:

4.2.1. Procedures for the official accreditation of laboratories. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO etc. that exist in, or planned for, the laboratory system.

4.2.2. Give details of participation in inter-laboratory validation tests (ring tests).

4.2.3. Is live virus handled?

4.2.4. Biosecurity measures applied

4.2.5. Details of the type of tests undertaken

5. Rinderpest surveillance

Provide documentary evidence that surveillance for rinderpest in the zone complies with the provisions of Appendix 3.8.2. of the *Terrestrial Code* and Chapter 2.1.4 of the *Terrestrial Manual*. In particular, the following points should be addressed:

5.1. Clinical suspicion. What are the criteria for raising a suspicion of rinderpest? What is the procedure to notify (by whom and to whom) and what penalties are involved for failure to report? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for rinderpest virus, species, type of sample, testing method(s) and results (including differential diagnosis). In particular, provide evidence of compliance with the provisions of point 4 c) of Appendix 3.8.2 of the *Terrestrial Code*.

5.2. Clinical surveillance. Are clinical surveys conducted? If so, provide detailed information on the survey design in accordance with points 3 and 4 of Appendix 3.8.2 of the *Terrestrial Code*, (annual sample sizes shall be sufficient to provide 95% probability of detecting evidence of rinderpest if present at a prevalence of 1% of herds). How frequently are they conducted? Are wildlife susceptible species included in clinical surveillance? If not, explain the rationale. Provide a summary table indicating, for the past two years, the number of samples tested for rinderpest virus, species, type of sample, testing method(s) and results (including differential diagnosis). Provide details on follow up actions taken on all suspicious and positive results.

5.3. Livestock demographics and economics. What is the susceptible animal population by species and production systems? How many herds, flocks, etc., of each susceptible species are in the country and zone? How are they distributed (e.g., herd density, etc.)? Provide tables and maps as appropriate.

5.4. Wildlife demographics. What susceptible species are present in the country and zone? Provide estimates of population sizes and geographic distribution. What are the measures in place to prevent contact between domestic and wildlife susceptible species?

5.5. Slaughterhouses and markets. Where are the major livestock marketing or collection centers? What are the patterns of livestock movement within the country? How are the animals transported and handled during these transactions.

6. Rinderpest prevention

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

6.2. Import control procedures

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

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

6.2.2. Provide a description on the methods used for the safe disposal of waste from international traffic, who is responsible and provide a summary, for the past two years, of the quantity disposed of.

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

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

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

7. Control measures and contingency planning

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

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

7.3. In the event of a rinderpest outbreak:

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

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

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

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

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

8. Compliance with the *Terrestrial Code*

8.1. In addition to the documentary evidence that the provisions of Article 2.2.12.2 are properly implemented and supervised, the Delegate of the country must submit a declaration indicating:

8.1.1. no clinical rinderpest has been detected within the zone for at least 5 years;

8.1.2. no rinderpest vaccines have been used for at least 3 years in any susceptible species, and no heterologous vaccines against rinderpest have been used for at least 3 years in cattle, buffaloes or yaks;

8.1.3. the country operates within the zone both clinical surveillance and disease reporting systems for rinderpest, adequate to detect clinical disease if it were present;

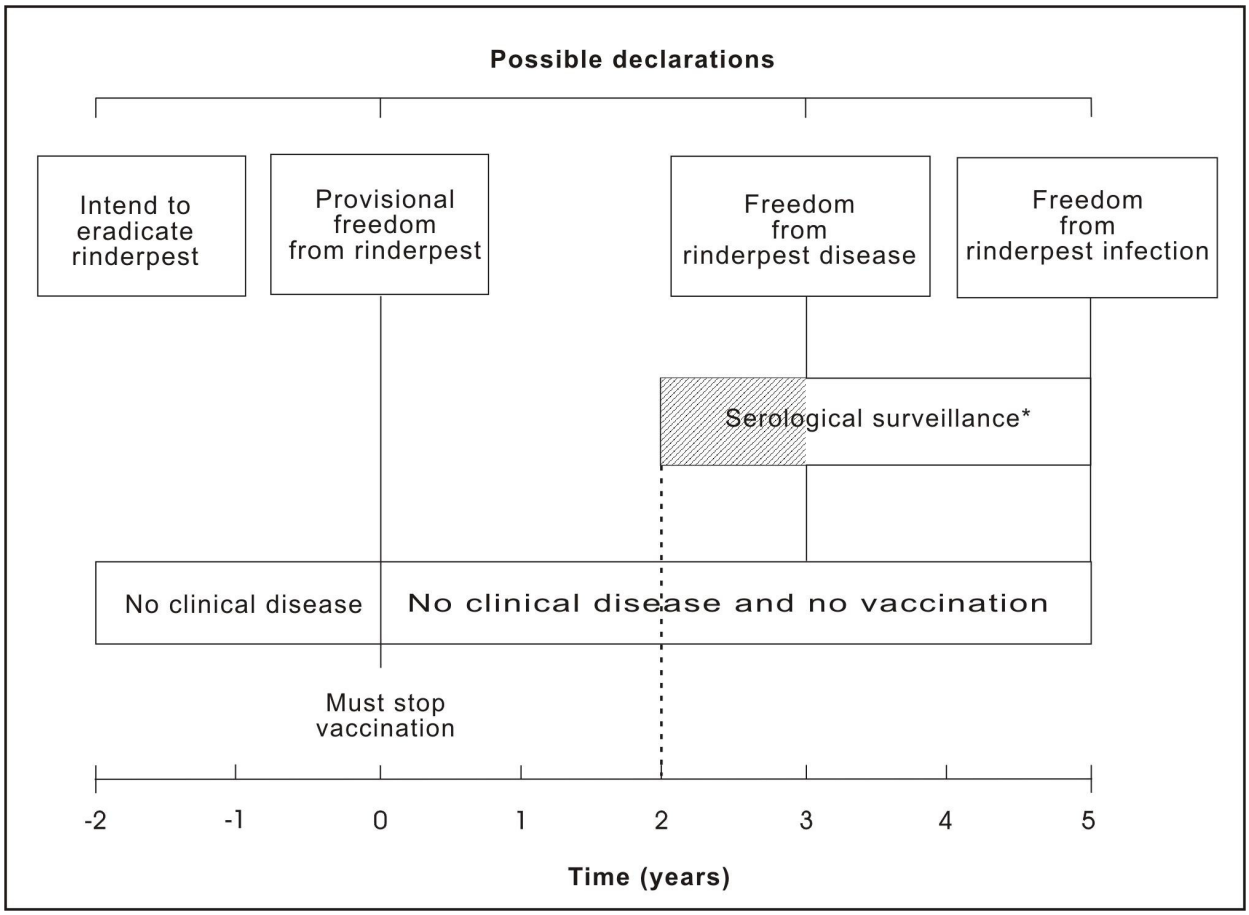
8.1.4. all clinical evidence suggestive of rinderpest within the zone is investigated by field and laboratory methods (including serological assessment) to refute a possible diagnosis of rinderpest;

8.1.5. there are effective measures in force to prevent the re-introduction of the disease into the zone from the remainder of the country and from other countries.

9. Recovery of status

Countries applying for recovery of status for the zone should comply with the provisions of Article 2.2.12.3 of the *Terrestrial Code* and provide detailed information as specified in sections 3.1, 3.2, 3.3 and 5.2 of this report. Information in relation to other sections need only be supplied if relevant.

Steps taken to declare a country free from Rinderpest



* If a country wants to be declared free from rinderpest infection at the end of year 4, serological surveillance of unvaccinated animals must be in operation at the end of year 2, in order to prove that there has been no seropositive case in the country for at least 2 years

Appendix IV

FMD FREE COUNTRY WHERE VACCINATION IS NOT PRACTISED

Report of Country which applies for recognition of status, under Chapter 2.2.10.2
of the *Terrestrial Animal Health Code*, as a FMD free country not practising vaccination

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

1. Introduction

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

1.2. Livestock industry. Provide a general description of the livestock industry in the country.

2. Veterinary system

2.1. Legislation. Provide a list and summary of all relevant veterinary legislation in relation to FMD.

2.2. *Veterinary Services.* Provide documentation on the compliance of the Veterinary Service of the country with the provisions of Chapters 1.3.3. and 1.3.4. of the *Terrestrial Code* and I.1.2 of the *Terrestrial Manual* and describe how the veterinary services supervise and control all FMD related activities. Provide maps and tables wherever possible.

2.3. Role of farmers, industry and other relevant groups in FMD surveillance and control (include a description of training and awareness programs on FMD)

2.4. Role of private veterinary profession in FMD surveillance and control

3. FMD eradication

3.1. History. Provide a description of the FMD history in the country, date of first detection, origin of infection, date of eradication, types and subtypes present.

3.2. Strategy. Describe how FMD was controlled and eradicated (e.g. stamping-out, modified stamping-out, zoning), provide timeframe for eradication

3.3. Vaccines and vaccination. Was FMD vaccine ever used? If so, when was the last vaccination carried out? What species were vaccinated?

3.4. Legislation, organisation and implementation of the FMD eradication campaign. Provide a description of the organizational structure at the different levels. Indicate if detailed operational guidelines exist and give a brief summary.

3.5. Animal identification and movement control. Are susceptible animals identified (individually or at a group level)? Provide a description of the methods of animal identification, herd registration and traceability. How are animal movements controlled in the country? Provide evidence on the effectiveness of animal identification and movement controls.

4. FMD diagnosis

Provide documentary evidence that the provisions in Chapters I.1.2, I.1.6.1 and 2.1.1. of the *Terrestrial Manual* are applied. In particular, the following points should be addressed:

4.1. Is FMD laboratory diagnosis carried out in the country? If so, provide a list of approved laboratories. If not, provide the name(s) of and the arrangements with the laboratory(ies) samples are sent to.

4.2. Provide an overview of the FMD approved laboratories, in particular to address the following points:

4.2.1. Procedures for the official accreditation of laboratories. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO etc. that exist in, or planned for, the laboratory system.

4.2.2. Give details of participation in inter-laboratory validation tests (ring tests).

4.2.3. Is live virus handled?

4.2.4. Biosecurity measures applied

4.2.5. Details of the type of tests undertaken

5. FMD surveillance

Provide documentary evidence that surveillance for FMD in the country complies with the provisions of Appendix 3.8.7. of the *Terrestrial Code* and Chapter 2.1.1 of the *Terrestrial Manual*. In particular, the following points should be addressed:

5.1. Clinical suspicion. What are the criteria for raising a suspicion of FMD? What is the procedure to notify (by whom and to whom) and what penalties are involved for failure to report? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for FMDV, species, type of sample, testing method(s) and results (including differential diagnosis).

5.2. Serological surveillance. Are serological surveys conducted? If so, provide detailed information on the survey design (confidence level, sample size, stratification) How frequently are they conducted? Are wildlife susceptible species included in serological surveys? Provide a summary table indicating, for the past two years, the number of samples tested for FMDV, species, type of sample, testing method(s) and results (including differential diagnosis). Provide details on follow up actions taken on all suspicious and positive results.

5.3. Livestock demographics and economics. What is the susceptible animal population by species and production systems? How many herds, flocks, etc., of each susceptible species are in the country? How are they distributed (e.g., herd density, etc.)? Provide tables and maps as appropriate.

5.4. Wildlife demographics. What susceptible species are present in the country? Provide estimates of population sizes and geographic distribution. What are the measures in place to prevent contact between domestic and wildlife susceptible species?

5.5. Slaughterhouses and markets. Where are the major livestock marketing or collection centers? What are the patterns of livestock movement within the country? How are the animals transported and handled during these transactions.

6. FMD prevention

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

6.2. Import control procedures

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

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

6.2.2. Provide a description on the methods used for the safe disposal of waste from international traffic, who is responsible and provide a summary, for the past two years, of the quantity disposed of.

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

a) Animals
b) genetic material (semen and embryos
c) animal products
d) veterinary medicinal products (i.e. biologics)

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

7. Control measures and contingency planning

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

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

7.3. In the event of an FMD outbreak:

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

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

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

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

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

8. Compliance with the *Terrestrial Code*

8.1 In addition to the documentary evidence that the provisions of Article 2.2.10.2 are properly implemented and supervised, the Delegate of the country must submit a declaration indicating:

8.1.1. there has been no *outbreak* of FMD during the past 12 months;

8.1.2. no evidence of FMDV infection has been found during the past 12 months;

8.1.3. no vaccination against FMD has been carried out during the past 12 months,

8.2. and should confirm that since the cessation of vaccination no animals vaccinated against FMD have been imported.

9. Recovery of status

Countries applying for recovery of status should comply with the provisions of Article 2.2.10.7 of the *Terrestrial Code* and provide detailed information as specified in sections 3.1, 3.2, 3.3 and 5.2 of this report. Information in relation to other sections need only be supplied if relevant.

FMD FREE COUNTRY WHERE VACCINATION IS PRACTISED

Report of Country which applies for recognition of status, under Chapter 2.2.10.3
of the *Terrestrial Animal Health Code*, as a FMD free country practising vaccination

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

1. Introduction

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

1.2. Livestock industry. Provide a general description of the livestock industry in the country.

2. Veterinary system

2.1. Legislation. Provide a list and summary of all relevant veterinary legislation in relation to FMD.

2.2. *Veterinary Services.* Provide documentation on the compliance of the Veterinary Service of the country with the provisions of Chapters 1.3.3. and 1.3.4. of the *Terrestrial Code* and I.1.2 of the *Terrestrial Manual* and describe how the veterinary services supervise and control all FMD related activities. Provide maps and tables wherever possible.

2.3. Role of farmers, industry and other relevant groups in FMD surveillance and control (include a description of training and awareness programs on FMD)

2.4. Role of private veterinary profession in FMD surveillance and control

3. FMD eradication

3.1. History. Provide a description of the FMD history in the country, date of first detection, origin of infection, date of eradication, types and subtypes present.

3.2. Strategy. Describe how FMD was controlled and eradicated (e.g. stamping-out, modified stamping-out, zoning), provide timeframe for eradication

3.3. Vaccines and vaccination. What type of vaccine is used? What species are vaccinated? Provide evidence that the vaccine used complies with Chapter 2.1.1 of the OIE *Terrestrial Manual*. Describe the vaccination program, including records kept, and provide evidence to show its effectiveness (e.g. vaccination coverage, serosurveillance, etc.).

3.4. Legislation, organisation and implementation of the FMD eradication campaign. Provide a description of the organizational structure at the different levels. Indicate if detailed operational guidelines exist and give a brief summary.

3.5. Animal identification and movement control. Are susceptible animals identified (individually or at a group level)? Provide a description of the methods of animal identification, herd registration and traceability, including vaccination data. How are animal movements controlled in the country? Provide evidence on the effectiveness of animal identification and movement controls.

4. FMD diagnosis

Provide documentary evidence that the provisions in Chapters I.1.2, I.1.6.1 and 2.1.1. of the *Manual* are applied. In particular, the following points should be addressed:

4.1. Is FMD laboratory diagnosis carried out in the country? If so, provide a list of approved laboratories. If not, provide the name(s) of and the arrangements with the laboratory (ies) samples are sent to.

4.2. Provide an overview of the FMD approved laboratories, in particular to address the following points:

4.2.1. Procedures for the official accreditation of laboratories. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO etc. that exist in, or planned for, the laboratory system.

4.2.2. Give details of participation in inter-laboratory validation tests (ring tests).

4.2.3. Is live virus handled?

4.2.4. Biosecurity measures applied

4.2.5. Details of the type of tests undertaken

5. FMD surveillance

Provide documentary evidence that surveillance for FMD in the country complies with the provisions of Appendix 3.8.7. of the *Terrestrial Code* and Chapter 2.1.1 of the *Terrestrial Manual*. In particular, the following points should be addressed:

5.1. Clinical suspicion. What are the criteria for raising a suspicion of FMD? What is the procedure to notify (by whom and to whom) and what penalties are involved for failure to report? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for FMDV, species, type of sample, testing method(s) and results (including differential diagnosis).

5.2. Surveillance. Are serological and virological surveys conducted, in particular applying the provisions of Article 3.8.7.5? If so, provide detailed information on the survey design (confidence level, sample size, stratification). How frequently are they conducted? Are wildlife susceptible species included in serological surveys? Provide a summary table indicating, for the past two years, the number of samples tested for FMD and FMDV, species, type of sample, testing method(s) and results (including differential diagnosis). Provide details on follow up actions taken on all suspicious and positive results.

5.3. Livestock demographics and economics. What is the susceptible animal population by species and production systems? How many herds, flocks, etc., of each susceptible species are in the country? How are they distributed (e.g., herd density, etc.)? Provide tables and maps as appropriate.

5.4. Wildlife demographics. What susceptible species are present in the country? Provide estimates of population sizes and geographic distribution. What are the measures in place to prevent contact between domestic and wildlife susceptible species?

5.5. Slaughterhouses and markets. Where are the major livestock marketing or collection centers? What are the patterns of livestock movement within the country? How are the animals transported and handled during these transactions.

6. FMD prevention

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

6.2. Import control procedures

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

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

6.2.2. Provide a description on the methods used for the safe disposal of waste from international traffic, who is responsible and provide a summary, for the past two years, of the quantity disposed of.

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

a) animals

b) genetic material (semen and embryos)

c) animal products

d) veterinary medicinal products (i.e. biologics)

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

7. Control measures and contingency planning

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

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

7.3. In the event of an FMD outbreak:

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

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

7.3.3. indicate the control and/or eradication procedures (eg. vaccination, stamping out, partial slaughter/vaccination etc) that would be taken. Include details on antigen and vaccine banks.

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

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

8. Compliance with the *Terrestrial Code*

8.1. In addition to the documentary evidence that the provisions of Article 2.2.10.2 are properly implemented and supervised, the Delegate of the country must submit a declaration indicating.

8.2. That there has been no *outbreak* of FMD for the past 2 years and no evidence of FMDV circulation for the past 12 months, with documented evidence that:

8.2.1. surveillance for FMD and FMDV circulation in accordance with Appendix 3.8.7. is in operation, and that regulatory measures for the prevention and control of FMD have been implemented;

8.2.2. routine vaccination is carried out for the purpose of the prevention of FMD;

8.2.3. the vaccine used complies with the standards described in the *Terrestrial Manual*.

9. Recovery of status

Countries applying for recovery of status should comply with the provisions of Article 2.2.10.7 of the *Terrestrial Code* and provide detailed information as specified in sections 3.1, 3.2, 3.3 and 5.2 of this report. Information in relation to other sections need only be supplied if relevant.

FMD FREE ZONE WHERE VACCINATION IS NOT PRACTISED

Report of Country which applies for recognition of status, under Chapter 2.2.10.4 of the *Terrestrial Animal Health Code*, for a FMD free zone not practising vaccination

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

1. Introduction

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

1.2. Livestock industry. Provide a general description of the livestock industry in the country and the zone.

2. Veterinary system

2.1. Legislation. Provide a list and summary of all relevant veterinary legislation in relation to FMD.

2.2. *Veterinary Services.* Provide documentation on the compliance of the Veterinary Service of the country with the provisions of Chapters 1.3.3. and 1.3.4. of the *Terrestrial Code* and I.1.2 of the *Terrestrial Manual* and describe how the veterinary services supervise and control all FMD related activities in the country and in the zone. Provide maps and tables wherever possible.

2.3. Role of farmers, industry and other relevant groups in FMD surveillance and control (include a description of training and awareness programs on FMD)

2.4. Role of private veterinary profession in FMD surveillance and control

3. FMD eradication

3.1. History. Provide a description of the FMD history in the country and zone, provide date of first detection, origin of infection, date of eradication in the zone, types and subtypes present.

3.2. Strategy. Describe how FMD was controlled and eradicated in the zone (e.g. stamping-out, modified stamping-out), provide timeframe for eradication

3.3. Vaccines and vaccination. What type of vaccine is used in the rest of the country? What species are vaccinated? Provide evidence that the vaccine used complies with Chapter 2.1.1 of the OIE *Terrestrial Manual*. Describe the vaccination program, including records kept, and provide evidence to show its effectiveness (e.g. vaccination coverage, serosurveillance, etc.).

3.4. Legislation, organisation and implementation of the FMD eradication campaign. Provide a description of the organizational structure at the different levels. Indicate if detailed operational guidelines exist and give a brief summary.

3.5. Animal identification and movement control. Are susceptible animals identified (individually or at a group level)? Provide a description of the methods of animal identification, herd registration and traceability. How are animal movements controlled in and between zones of the same or different status, in particular if the provisions of the *Terrestrial Code* in 2.2.10.8 are applied? Provide evidence on the effectiveness of animal identification and movement controls.

4. FMD diagnosis

Provide documentary evidence that the provisions in Chapters I.1.2, I.1.6.1 and 2.1.1. of the *Terrestrial Manual* are applied. In particular, the following points should be addressed:

4.1. Is FMD laboratory diagnosis carried out in the country? If so, provide a list of approved laboratories. If not, provide the name(s) of and the arrangements with the laboratory (ies) samples are sent to. Indicate the laboratory (ies) where samples originating from the zone are diagnosed.

4.2. Provide an overview of the FMD approved laboratories, in particular to address the following points:

4.2.1. Procedures for the official accreditation of laboratories. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO etc. that exist in, or planned for, the laboratory system.

4.2.2. Give details of participation in inter-laboratory validation tests (ring tests).

4.2.3. Is live virus handled?

4.2.4. Biosecurity measures applied

4.2.5. Details of the type of tests undertaken

5. FMD surveillance

Provide documentary evidence that surveillance for FMD in the zone complies with the provisions of Appendix 3.8.7. of the *Terrestrial Code* and Chapter 2.1.1 of the *Terrestrial Manual*. In particular, the following points should be addressed:

5.1. Clinical suspicion. What are the criteria for raising a suspicion of FMD? What is the procedure to notify (by whom and to whom) and what penalties are involved for failure to report? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for FMDV, species, type of sample, testing method(s) and results (including differential diagnosis).

5.2. Serological surveillance. Are serological surveys conducted? If so, provide detailed information on the survey design (confidence level, sample size, stratification). How frequently are they conducted? Are wildlife susceptible species included in serological surveys? Provide a summary table indicating, for the past two years, the number of samples tested for FMDV, species, type of sample, testing method(s) and results (including differential diagnosis). Provide details on follow up actions taken on all suspicious and positive results.

5.3. Livestock demographics and economics. What is the susceptible animal population by species and production systems in the country and the zone? How many herds, flocks, etc., of each susceptible species are in the country? How are they distributed (e.g., herd density, etc.)? Provide tables and maps as appropriate.

5.4. Wildlife demographics. What susceptible species are present in the country and the zone? Provide estimates of population sizes and geographic distribution. What are the measures in place to prevent contact between domestic and wildlife susceptible species?

5.5. Slaughterhouses and markets. Where are the major livestock marketing or collection centers? What are the patterns of livestock movement within the country? How are the animals transported and handled during these transactions.

6. FMD prevention

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

If the FMD free zone without vaccination is situated in an FMD infected country or borders and infected country or zone it must be separated by a buffer zone or a physical or geographical barrier. The applicant country must provide a detailed description of the measures applied to preserve the health status of the free zone according to Article 2.2.10.4.

6.2. Import control procedures

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

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

6.2.2. Provide a description on the methods used for the safe disposal of waste from international traffic, who is responsible and provide a summary, for the past two years, of the quantity disposed of.

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

a) animals

b) genetic material (semen and embryos)

c) animal products

d) veterinary medicinal products (i.e. biologics)

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

7. Control measures and contingency planning

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

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

7.3. In the event of an FMD outbreak:

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

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

7.3.3. indicate the control and/or eradication procedures (eg. vaccination, stamping out, partial slaughter/vaccination etc) that would be taken. Include details on antigen and vaccine banks.

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

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

8. Compliance with the *Terrestrial Code*

8.1. In addition to the documentary evidence that the provisions of Article 2.2.10.4 are properly implemented and supervised, the Delegate of the country must submit a declaration indicating:

8.1.1. there has been no *outbreak* of FMD during the past 12 months;

8.1.2. no evidence of FMDV infection has been found during the past 12 months;

8.1.3. no vaccination against FMD has been carried out during the past 12 months;

8.1.4. no vaccinated animal has been introduced into the zone since the cessation of vaccination, except in accordance with Article 2.2.10.8.,

9. Recovery of status

Countries applying for recovery of status should comply with the provisions of Article 2.2.10.7 of the *Terrestrial Code* and provide detailed information as specified in sections 3.1, 3.2, 3.3 and 5.2 of this report. Information in relation to other sections need only be supplied if relevant.

FMD FREE ZONE WHERE VACCINATION IS PRACTISED

Report of Country which applies for recognition of status, under Chapter 2.2.10.5 of the *Terrestrial Animal Health Code*, for a FMD free zone practising vaccination

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

1. Introduction

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

1.2. Livestock industry. Provide a general description of the livestock industry in the country and the zone.

2. Veterinary system

2.1. Legislation. Provide a list and summary of all relevant veterinary legislation in relation to FMD.

2.2. *Veterinary Services.* Provide documentation on the compliance of the Veterinary Service of the country with the provisions of Chapters 1.3.3. and 1.3.4. of the *Terrestrial Code* and I.1.2 of the *Terrestrial Manual* and describe how the veterinary services supervise and control all FMD related activities in the country and in the zone. Provide maps and tables wherever possible.

2.3. Role of farmers, industry and other relevant groups in FMD surveillance and control (include a description of training and awareness programs on FMD)

2.4. Role of private veterinary profession in FMD surveillance and control

3. FMD eradication

3.1. History. Provide a description of the FMD history in the country and zone, provide date of first detection, origin of infection, date of eradication in the zone, types and subtypes present.

3.2. Strategy. Describe how FMD was controlled and eradicated in the zone (e.g. stamping-out, modified stamping-out), provide timeframe for eradication

3.3. Vaccines and vaccination. What type of vaccine is used? What species are vaccinated? Provide evidence that the vaccine used complies with Chapter 2.1.1 of the OIE *Terrestrial Manual*. Describe the vaccination program in the country and in the zone, including records kept, and provide evidence to show its effectiveness (e.g. vaccination coverage, serosurveillance, etc.).

3.4. Legislation, organisation and implementation of the FMD eradication campaign. Provide a description of the organizational structure at the different levels. Indicate if detailed operational guidelines exist and give a brief summary.

3.5. Animal identification and movement control. Are susceptible animals identified (individually or at a group level)? Provide a description of the methods of animal identification, herd registration and traceability. How are animal movements controlled in and between zones of the same or different status, in particular if the provisions of the *Terrestrial Code* in 2.2.10.8 are applied? Provide evidence on the effectiveness of animal identification and movement controls.

4. FMD diagnosis

Provide documentary evidence that the provisions in Chapters I.1.2, I.1.6.1 and 2.1.1. of the *Terrestrial Manual* are applied. In particular, the following points should be addressed:

4.1. Is FMD laboratory diagnosis carried out in the country? If so, provide a list of approved laboratories. If not, provide the name(s) of and the arrangements with the laboratory (ies) samples are sent to. Indicate the laboratory (ies) where samples originating from the zone are diagnosed.

4.2. Provide an overview of the FMD approved laboratories, in particular to address the following points:

4.2.1. Procedures for the official accreditation of laboratories. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO etc. that exist in, or planned for, the laboratory system.

4.2.2. Give details of participation in inter-laboratory validation tests (ring tests).

4.2.3. Is live virus handled?

4.2.4. Biosecurity measures applied

4.2.5. Details of the type of tests undertaken

5. FMD surveillance

Provide documentary evidence that surveillance for FMD in the zone complies with the provisions of Appendix 3.8.7. of the *Terrestrial Code* and Chapter 2.1.1 of the *Terrestrial Manual*. In particular, the following points should be addressed:

5.1 Clinical suspicion. What are the criteria for raising a suspicion of FMD? What is the procedure to notify (by whom and to whom) and what penalties are involved for failure to report? Provide a summary table indicating, for the past two years, the number of suspect cases, the number of samples tested for FMDV, species, type of sample, testing method(s) and results (including differential diagnosis).

5.2 Surveillance. Are serological and virological surveys conducted, in particular applying the provisions of Article 3.8.7.5? If so, provide detailed information on the survey design (confidence level, sample size, stratification). How frequently are they conducted? Are wildlife susceptible species included in serological surveys? Provide a summary table indicating, for the past two years, the number of samples tested for FMD and FMDV, species, type of sample, testing method(s) and results (including differential diagnosis). Provide details on follow up actions taken on all suspicious and positive results.

5.3 Livestock demographics and economics. What is the susceptible animal population by species and production systems in the country and the zone? How many herds, flocks, etc., of each susceptible species are in the country? How are they distributed (e.g., herd density, etc.)? Provide tables and maps as appropriate.

5.4 Wildlife demographics. What susceptible species are present in the country and in the zone? Provide estimates of population sizes and geographic distribution. What are the measures in place to prevent contact between domestic and wildlife susceptible species?

5.5 Slaughterhouses and markets. Where are the major livestock marketing or collection centers? What are the patterns of livestock movement within the country? How are the animals transported and handled during these transactions.

6. FMD prevention

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

If the FMD free zone with vaccination is situated in an FMD infected country or borders and infected country or zone it must be separated by a buffer zone or a physical or geographical barrier. The applicant country must provide a detailed description of the measures applied to preserve the health status of the free zone according to Article 2.2.10.5.

6.2. Import control procedures

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

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

6.2.2. Provide a description on the methods used for the safe disposal of waste from international traffic, who is responsible and provide a summary, for the past two years, of the quantity disposed of.

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

a) animals

b) genetic material (semen and embryos)

c) animal products

d) veterinary medicinal products (i.e. biologics)

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

7. Control measures and contingency planning

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

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

7.3. In the event of an FMD outbreak:

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

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

7.3.3. indicate the control and/or eradication procedures (e.g. vaccination, stamping-out, partial slaughter/vaccination etc) that would be taken. Include details on antigen and vaccine banks.

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

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

8. Compliance with the *Terrestrial Code*

8.1. In addition to the documentary evidence that the provisions of Article 2.2.10.5 are properly implemented and supervised, the Delegate of the country must submit a declaration indicating:

8.1.1. that there has been no *outbreak* of FMD for the past 2 years,

8.1.2. no evidence of FMDV circulation for the past 12 months,

8.1.3. surveillance for FMD and FMDV circulation in accordance with Appendix 3.8.7. is in operation.

9. Recovery of status

Countries applying for recovery of status should comply with the provisions of Article 2.2.10.7 of the *Terrestrial Code* and provide detailed information as specified in sections 3.1, 3.2, 3.3 and 5.2 of this report. Information in relation to other sections need only be supplied if relevant.

REVIEW OF THE REPORT OF THE *AD HOC* GROUP ON COUNTRY COMPLIANCE WITH REQUIREMENTS FOR BSE FREEDOM OR PROVISIONAL FREEDOM BY THE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Members of the Commission were of the opinion that the *ad hoc* Group had approached the assessment of the 6 applicant countries with demonstrable thoroughness and expertise.

In addition of reviewing the report of the *ad hoc* Group, the Commission reviewed additional information that was provided by representatives of four of the Countries. This information was obtained by meetings with delegations of two of the aforementioned countries and a teleconference with the CVO and other representatives of a third country.

On this basis the Commission decided to support the conclusions of the *ad hoc* Group in respect of Australia (freedom), Chile (provisional freedom) and Paraguay (provisional freedom) and will be recommended to the International Committee at the next General Session. For the other three countries, *viz.* Argentina, New Zealand and Uruguay, the Commission could not support the conclusions reached by the *ad hoc* Group for two basic reasons. Firstly, for these 3 countries the *ad hoc* Group adjudged that the number and sub-populations of animals examined did not meet the minimum requirements of Appendix 3.8.4 of the *Terrestrial Animal Health Code*. This was apparently based on strict application of the provisions of the 2004 *Code*. However, the Commission felt that there were circumstances for each of these three countries that are supportive of their compliance with "the spirit, if not the letter, of the law". The details are provided below for each country.

Secondly, Argentina, New Zealand and Uruguay were considered by the *ad hoc* Group to have insufficiently effective feed bans. The Commission felt that in each of these cases the feed ban was likely to be sufficiently effective in view of the fact that for all 3 countries there was a negligible risk of the BSE agent having been introduced into the country. It must be remembered that Chapter 2.3.13 of the *Code* calls for a risk assessment to be conducted in accordance to section 1.3 of the *Code*. The *ad hoc* Group acknowledged that the release assessments (i.e. the probability of introduction of the BSE agent) were "negligible". However, they considered that there was a risk of recycling and amplification of the agent (exposure assessment). According to Chapter 1.3.2 of the *Code* on risk analysis "*If the release assessment demonstrates no significant risk, the risk assessment concludes*". This is due to the fact that regardless of the probability of exposure, the joint probability of release and exposure would be equal or less than the probability of release.

ARGENTINA

Argentina has an estimated cattle population of 30 months or older of around 30 million animals; therefore the level of sampling to comply with Appendix 3.8.4 requires testing 425 animals per year. Appendix 3.8.4 allows, in countries where surveillance is unable to generate the required number of samples from animals with clinical signs consistent with BSE, testing larger numbers of cattle in other risk groups and normal cattle over 30 months of age. The numbers required are not stipulated.

While it is true that Argentina did not meet the target number of samples in the sub-population described in Article 3.8.4.2, for every year in the period 1999-2005 (seven years), it sampled animals in the sub-populations described in Articles 3.8.4.3 and 3.8.4.4 in numbers greatly exceeding 425. As already indicated, Appendix 3.8.4 does not specify the number of samples that should be tested from these two sub-populations.

Argentina has had a feed ban in place since 1996 and performed tests to verify the effectiveness of the feed ban and detected samples positive for animal proteins. It would seem that, given the surveillance performed and the results of the risk assessment, Argentina meets the requirements to be classified as BSE free under the provisions of Article 2.3.13.3§1 and 2.3.13.3.2 a) i).

NEW ZEALAND

New Zealand has an estimated cattle population of 30 months or older of around 5 million animals. Therefore, the level of sampling to comply with Appendix 3.8.4 requires testing of 300 samples per year. Appendix 3.8.4 allows, in countries where surveillance is unable to generate the required number of samples, enhanced surveillance through testing larger numbers of cattle in other risk groups and normal cattle over 30 months of age.

While it is true that New Zealand has not met the target number of samples in the sub-population described in Article 3.8.4.2, it has, for 1998 and every year in the period 2000-2005, sampled animals in the sub-populations described in Articles 3.8.4.3 and 3.8.4.4 in numbers greatly exceeding the required 300 samples. Appendix 3.8.4 does not specify the number of samples that should be tested from these two sub-populations. The only year in this eight-year period that the required number of samples was not met was 1999. The average number of animals tested during this period was above 1000.

The number of animals tested in any one year only reflects a fraction of the number of animals in a birth cohort that would be expected to manifest the disease if infected. The majority (95%) of infected animals in a birth cohort would manifest the disease over a period of five years (2-7 years of age). Therefore, the animals tested during the period 1998-2003, and not only those tested in 1999, reflect 95% of the birth cohorts born over the period 1994-1997. The significance of a gap in surveillance in one year is therefore questionable and should not disqualify the entire surveillance effort given that the average number of animals tested each year is more than three times the required number of tests. In addition, New Zealand initiated an incentive scheme for farmers and private veterinarians to have the brain samples collected on the farm before carcases are transported to the abattoir for further processing with a resultant increase in the number of brain samples examined.

New Zealand had a voluntary feed ban in place from 1996 and a mandatory feed ban since 2000. In light of the arguments provided above on the overall surveillance performed and the risk assessment results, New Zealand meets the requirements to be classified as BSE free under the provisions of Article 2.3.13.3§1 and 2.3.13.3§2 a) i).

URUGUAY

Because Uruguay has an estimated cattle population of 30 months or older of around 6.5 million animals, the level of sampling to comply with Appendix 3.8.4 requires testing of 312 samples per year. Appendix 3.8.4 allows, in countries where surveillance is unable to generate the required number of samples, enhanced surveillance by testing larger numbers of cattle in other risk groups and normal cattle over 30 months of age.

While it is true that Uruguay has not met the target number of samples in the sub-population described in Article 3.8.4.2, it has, for the periods 1998-1999 and 2002-2004, sampled 321-679 animals per year in the sub-populations described in Articles 3.8.4.3 and 3.8.4.4. In the period January-September 2005 Uruguay tested 265 animals. Appendix 3.8.4 does not specify the number of samples that should be tested from these two sub-populations. In the years 2000-2001 the required number of samples was not met. However, the average number of animals tested during the entire relevant period was 376.

The number of animals tested in any one year only reflects a fraction of the number of animals in a birth cohort that would be expected to manifest the disease if infected. The majority (95%) of infected animals in a birth cohort would manifest the disease over a period of five years (2-7 years of age). Therefore, the animals tested during the period 1999-2005, and not only those tested in 2000 and 2001, reflect 95% of the birth cohorts over the period between 1995 and1999. The significance of a two-year surveillance gap is therefore limited and should not disqualify the entire surveillance effort given that the average number of animals tested each year is more than the required number of tests.

Uruguay has had a feed ban in place since 1996 and performed tests to verify the effectiveness of the feed ban and detected samples positive for animal proteins. It would seem that in light of the arguments provided above on the overall surveillance performed and the risk assessment results, Uruguay meets the requirements to be classified as BSE free under the provisions of Article 2.3.13.3.1 and 2.3.13.3.2 a) i).
