

**REPORT OF THE MEETING OF THE OIE FOOT AND MOUTH DISEASE
AND OTHER EPIZOOTICS COMMISSION
Paris, 23 –26 January 2001**

A meeting of the OIE Foot and Mouth Disease (FMD) and Other Epizootics Commission was held at the OIE headquarters from 23 to 26 January 2001. The Agenda and List of Participants are given at Appendices I and II, respectively.

Dr J. Pearson, Head of the Scientific & Technical Department, welcomed the participants on behalf of Dr B. Vallat, Director General of the OIE, who was attending the 14th OIE Regional Conference for Africa. The meeting was chaired by the President of the Commission, Dr G.R. Thomson.

1. Informal review of the world epizootic situation

1.1. Foot and mouth disease

Dr P. Kitching (World Reference Laboratory [WRL] for FMD) reviewed the international position with respect to FMD in 2000. Additional information was provided by Drs. Y. Leforban (European FMD Commission), M.M. Rweyemamu (FAO¹), V. Saraiva (Pan American FMD Centre) and L. Gleeson (South-East Asia Subcommission for FMD).

Europe

FMD (type Asia 1) entered Greece in July 2000, possibly by infected animals moving across the Evros River from neighbouring Turkey. However, there were no reports of FMD in European Turkey (Turkish Thrace). A total of 14 outbreaks were reported in the Prefectures of Evros and Xanthi, three of them primary. The nucleotide sequences of the viruses recovered were similar to those of isolates from Iran and Turkey received in 1999 and 2000.

Africa

No outbreaks of FMD were reported from Tunisia, Morocco or Algeria during 2000, following the successful eradication of the disease in 1999. FMD type O is still present in Egypt.

1 Food and Agriculture Organization of the United Nations

Outbreaks of type SAT1 occurred in Namibia, Swaziland, Zambia, Malawi and South Africa. Those in South Africa and Swaziland were linked epidemiologically.

The first recorded intercontinental spread of the pan-Asian topotype of type O virus was reported from South Africa in September in a pig herd that was fed swill obtained from the port of Durban. The virus spread to cattle and pigs on an adjoining farm and also into cattle on two near-by properties. All animals on the properties involved were stamped out and monovalent type O vaccine applied round the outbreaks to contain possible spread.

Type O isolates were also received from Uganda.

South America

The countries in North and Central America, the Antilles, the Guyanas, Chile, and the northwestern region of the Chocó in Colombia, remained free from FMD without vaccination although reporting from some Central American countries was unsatisfactory.

In Bolivia, 78 herds were diagnosed with vesicular disease with two herds confirmed as being infected with type O and 11 with type A viruses. Outbreaks caused by type O also occurred in the north of South America.

Argentina, Brazil, Colombia and Uruguay reported epidemiological events during the reporting period. The virus recovered in Argentina was an A₂₄ strain, closely related to the vaccine strain, while the outbreaks in Rio Grande do Sol and Uruguay were caused by type O. Paraguay reported the existence of animals with lesions that were apparently healing and antibodies to nonstructural proteins (EITB² test positive) although FMD virus (FMDV) was not isolated from the animals concerned.

Argentina – On 22 July 2000, there was an illegal introduction of 10 animals into community-owned farmland at Clorinda, Formosa, from a neighbouring country. The herd was identified on 2 August, and the animals concerned destroyed. There were no clinical signs in the animals concerned, but serology and oesophageo-pharyngeal (O/P) samples taken from these animals showed that four had been infected with FMDV. The isolation of a type A virus was achieved from one of these animals and the virus was later shown by biomolecular characterisation to belong to the A₂₄ subtype. Animals in contact with those that had been illegally introduced became seropositive. A total of 1300 animals were slaughtered on the premises involved. Thirteen shipments of animals from neighbouring herds had been transported into Mercedes, Corrientes and Concepción del Uruguay, Entre Rios. To prevent possible spread as a result of these movements a total of 1608 bovines on the recipient farm in Mercedes, and 700 on the farm in Concepción, were also slaughtered. Initially animal movement control was implemented throughout the country but later only in affected/suspected areas supported by serological examination of every animal transported. The total number of tests performed during and subsequent to the outbreak comprised 180,000 ELISAs³, 12,500 EITB and 131,000 VIA⁴ tests. This was done with the support of Panaftosa.⁵

Brazil – On 1 August 2000, there was a suspicion of FMD-like disease in Jóia, Rio Grande do Sul. Samples were sent for diagnosis to the official Brazilian laboratory. On 11 August, three other farms were also identified as being infected. Initially the laboratory was unable to identify the agent, but nevertheless, stringent animal transport controls were imposed. FMDV type O1 was identified on the 23 August, and a total of 22 outbreaks in three municipalities (Jóia, São Miguel, Eugenio de Castro and Augusto Pestana) were recorded during the outbreak. Eradication measures encompassed the slaughter of 11,086 animals (8193 bovine, 2106 swine, 783 sheep and 4 goats) on 597 farms in affected and risk areas. Distribution of sentinel animals and extensive serology (17,629 sera) was conducted with the support of Panaftosa.

2 Enzyme-linked immunoelectrotransfer blot
3 Enzyme-linked immunsorbent assay
4 Virus infection-associated antigen
5 Centre Panamericano de Fiebre Aftosa

Uruguay – On 23 October 2000, the official Veterinary Services of the country issued a report on a suspect outbreak in the Artigas Department, on the border with the State of Rio Grande do Sul, in Brazil. Samples were sent to Panaftosa and diagnosed as FMDV type O, later classified as O₁. On the 24 October, the National Animal Emergency System began the destruction of 20,406 animals. Extensive serology (sera from 10,433 cattle, sheep and other species) and positioning of sentinels was performed, but no further occurrence of infection was detected.

Colombia – On 27 August 2000, the official veterinary service – ICA – received a report of a vesicular disease in Necoclí Department where vaccination had not been performed for several years. This area served as a protection zone to the FMD free zone of Colombia. The disease affected a group of 64 animals in a total of 601 on one farm. The infection was later confirmed as being caused by type O virus. The affected animals and four in-contact swine were slaughtered, but the remaining animals near to the outbreak focus were deemed not to constitute a risk because their exposure was thought to be limited by natural barriers. Ensuing serology on the farm identified three further positive animals, all of which were destroyed. A thorough serological study supported technically by Panaftosa involved the testing of 75,000 sera in the municipality. The few animals that provided positive results are being subject to further study.

Panaftosa is working on the biomolecular characterisation of the viruses identified in the outbreaks described above. However, the slow delivery of these results was a concern to the Commission.

Asia

Outbreaks of type A, Asia 1 and O were reported from Turkey and Iran, although their distribution, particularly the Iran/96 and Iran/99 topotypes of type A, is not well defined. These serotypes have also spread into the Caucasus. A strain of A Iran/96 was isolated from samples from Iraq.

Outbreaks due to type O have been widespread throughout West Asia, but this year, for the first time, there have been outbreaks due to SAT 2 in Saudi Arabia and on the border with Kuwait. SAT 2 vaccine was used in the large dairy herds to help control the outbreaks, and will be included in the routine vaccination programme in future. The SAT 2 was probably imported with live animals from north-east Africa, where strains with a similar nucleotide sequences were circulating in 1999.

FMD remains endemic in Pakistan, Afghanistan, India, Nepal, Bhutan, Myanmar and Bangladesh, outbreaks being predominantly due to type O. Type O has also caused large outbreaks in Turkmenistan, Kazakhstan and Kyrgystan.

In South-East Asia outbreaks, predominantly caused by type O, were reported from Thailand, Laos, Vietnam and Cambodia with occasional reports of Asia 1 and A serotypes. The Philippines had outbreaks of type O restricted to Luzon island, affecting pigs only. Two biotypes of type O occurred in Taipei China, the 1997 pig-adapted biotype was also present in Hong Kong, and a newer (1999) introduction that caused outbreaks in cattle and goats.

The reported distribution of FMD serotypes in the region suggests that Thailand is the focus of serotype A. The large epidemic caused by type A in Thailand 2 years ago has subsided but there were still sporadic outbreaks reported during 2000. For a number of years type A outbreaks have not been reported east of the Mekong River, although the lack of typing data from Cambodia in 2000 renders this conclusion questionable.

One of the concerns emerging in the region is the potential impact of the ASEAN (Association of Southeast Asian Nations) Free Trade Area (AFTA) on the dissemination of animal diseases. The formal tariffs and taxes on many goods including livestock and livestock products will be phased out over the next 5 years.

In March, there were outbreaks of FMD type O in Japan and the Republic of South Korea, the first since 1908 and 1934, respectively. Japan reported four outbreaks, and was able to contain the disease by slaughter and appropriate zoosanitary measures, while in the Republic of South Korea vaccination was also employed. Soon after, in April, there was an outbreak of type O reported on a pig farm close to

Vladivostok in Russia, and in south-east Mongolia in cattle, sheep, goats and camels. All these outbreaks were caused by related viruses and probably originated from the People's Republic of China. This pan-Asian topotype appeared in Taipei China in 1999 and has been found throughout West and East Asia since. It was also responsible for an outbreak in South African (see above).

This is the fourth year in which the WRL has not received samples containing type C FMD virus.

1.2. Other epizootic diseases

Bluetongue

Bluetongue has recently occurred in various localities of the Mediterranean littoral, and in 2000 affected a number of northern Mediterranean countries including Greece, mainland Italy, Sardinia, Corsica and the Balearic Islands. It is not clear whether changes in climate, vector competence or viral factors have enabled bluetongue to increase its geographical distribution. The expectation is that further outbreaks will occur in northern Mediterranean countries during 2001 (see Agenda item 13.1.).

Classical swine fever

Delayed recognition of an outbreak of classical swine fever in the United Kingdom was possibly due to confusion with a new pig disease complex, porcine dermatitis and nephropathy syndrome and post-weaning multisystemic wasting syndrome, which can be clinically similar to classical swine fever. These syndromes are associated with porcine circovirus 2 infection. Different manifestations of this complex are associated with different age groups of pigs.

Peste des petits ruminants

There has been a report that peste des petits ruminants (PPR) has been diagnosed close to Istanbul, Turkey, indicating that PPR now presents a distinct threat to Europe.

Rinderpest in Pakistan

Pakistan was the only country in the world that reported the occurrence of rinderpest during 2000. After an apparent absence of 2–3 years, rinderpest was diagnosed in the Sindh Province – three localised outbreaks on dairy farms near Karachi. They were originally diagnosed by a pen-side diagnostic test and confirmed by the antigen-capture ELISA.

Rift Valley fever situation in Saudi Arabia and Yemen

The apparently recent introduction of Rift Valley fever (RVF) into the Arabian Peninsula and the resultant trading restrictions imposed on livestock exports from the Great Horn of Africa to the Middle East is a cause of concern. Ways of minimising the zoonotic threat of this disease in that region and better understanding of the circumstances leading to this apparent spread of infection need to be addressed urgently (see Agenda item 13.2.).

In September 2000, RVF was diagnosed in Saudi Arabia and Yemen. This was the first report of RVF outside Africa. The disease was characterised by abortions in sheep, goats, cattle and camels (up to 90% of pregnant animals in some herds), and deaths in young animals.

Nucleotide sequencing data indicated the causal virus strain to be related to that isolated during the 1997–1998 epidemic in the Great Horn of Africa.

Disease in humans

There were 70 deaths from RVF in the Jizan Province of Saudi Arabia and about 400 cases were confirmed by ELISA (IgM).

In Yemen, 1087 suspect case-patients were identified, including 121 (11%) persons who died. The clinical spectrum of the disease was typical of that associated with RVF and included haemorrhagic disease, encephalitis, retinitis and uncomplicated 'flu-like symptoms. Most patients reported prior exposure to sick animals, e.g. slaughtering animals or handling an abortus, about a week before the onset of illness.

African swine fever in West Africa

The Gambia - In March 2000 the Department of Livestock Services reported outbreaks of African swine fever (ASF) in Greater Banjul area and Western Division. The epidemic spread to North Bank in April/May and by June 2000, ASF outbreaks were being reported in Lower and Upper River Divisions.

Ghana - ASF was recorded for the first time in Ghana in September 1999. The outbreaks occurred in the Greater Accra Region and parts of the Volta Region. Stamping-out measures were instituted and no new cases have been identified since February 2000. Following repeat negative serological testing of sentinel pigs, quarantine restrictions on movement of pigs and restocking were lifted in October 2000. The Veterinary Services are currently engaged in rigorous surveillance activities accompanying the restocking programme.

Despite the fact that there have been no new recognised outbreaks of ASF in West Africa in the recent past, the situation there remains serious. Developments resulting in improved molecular epidemiological methods for determining the relationships between outbreak viruses provide the opportunity for better understanding the behaviour of this disease in West Africa.

2. Review of country or zone submissions for recognition of freedom from foot and mouth disease

Seven submissions from Member Countries for recognition of freedom from FMD, either for the country as a whole or for a defined zone, were considered by the Commission. With the exception of two where more information was requested, the submissions were found to be in accord with the requirements of the *International Animal Health Code* (the *Code*). Three of these are requests for new zones and will be submitted to Member Countries for comment. If there are no objections, these zones will be recommended to the International Committee in May 2001.

The Commission considered the application from Uruguay and Greece to restore their FMD free status. Both countries supplied the Commission with a complete review of the outbreak, their stamping-out programme and the results of their monitoring and surveillance programme. Based on the information supplied, the Commission returned Uruguay and Greece to the list of FMD free countries.

The Commission was joined by a delegation from Paraguay which included the OIE Delegate, Prof. Vicente Luls Acuna C., the Vice Minister Dr Jose Luis Laneri M. and Mr Ramiro F. Maluff. The delegation described the current FMD situation in Paraguay. They explained the new vaccination policy that has been initiated and the surveillance programme that is being carried out. They assured the Commission that Paraguay was still FMD free with vaccination.

The Commission was concerned about the number of recent outbreaks of FMD in South America. They recommended that Panafosa develop a detailed epidemiological study, including serological surveys, aimed at identifying risk areas and preparing proposals to assist the countries in preventing these emergencies from occurring.

3. Freedom from rinderpest

Submissions from one country for recognition of freedom from rinderpest infection was found to comply with the requirements of the *Code* and will be recommended to the International Committee in May 2001 if there are no objections from Member Countries. The Commission considered the application from Thailand to be declared rinderpest disease free; Thailand was not requesting to be declared free from infection as vaccine had been within the past 10 years. Based on the material submitted, the Commission concluded that Thailand was free from rinderpest disease.

The Commission noted that there was no method for countries that had been declared free of rinderpest infection by the OIE to report their current status. The Commission asked the Central Bureau to develop a resolution for the General Session requiring rinderpest free countries to report their current status. It could be similar to the requirement for reporting FMD status.

4. Surveillance standards for foot and mouth disease

It was decided to delay further development of these guidelines for the time being pending the completion of the overall guidelines on monitoring and surveillance that will be prepared under the co-ordination of Prof. V. Caporale. The Commission believes that there is a need to rationalise and harmonise all guidelines on surveillance standards within the OIE and that once the generic guidelines relating to disease monitoring and surveillance are adopted, attention will be given to complementary guidelines relating to specific diseases. The intention is to eliminate duplication and lack of congruence in the guidelines provided on monitoring and surveillance to Member Countries.

5. Change in foot and mouth disease chapter in the *International Animal Health Code*

Proposed amendments to the present *Code* chapter on FMD prepared by Dr Kitching were considered. In essence the replacement of reference to 'disease' with 'infection' in the chapter was approved with slight modification. The proposed changes are shown in [Appendix III](#) and will be presented to the International Committee at the General Session this May.

6. Bovine spongiform encephalopathy questionnaire

The questionnaire to be provided to Member Countries as a guideline for future submissions for recognition of freedom from bovine spongiform encephalopathy (BSE), that should be adopted by the International Committee, was finalised and is shown in [Appendix IV](#).

On recommendations received from the Ad hoc Group on BSE it was decided that the questionnaire should avoid requesting information from countries relating to matters for which there is no direct scientific evidence of their influence on the possible occurrence of BSE in a country. So, for example, questions on spongiform encephalopathies other than BSE have been omitted.

7. Joint meeting with the International Animal Health Code Commission

The minutes relating to the proceedings of this meeting are contained in the report of the January 2001 meeting of the International Animal Health Code Commission.

8. South-East Asia Foot and Mouth Disease Campaign⁶

Dr. L. Gleeson gave a complete report of the activities of this program for the last two years (see [Appendix V](#)). The funding from the Swiss government will end 1 July. Other sources of funding are being explored.

9. Formation of Ad hoc Group to evaluate disease free proposals as specified in the Third Strategic Plan

The idea in the OIE Third Strategic Plan to refer requests from Member Countries for recognition of freedom from FMD, rinderpest and contagious bovine pleuropneumonia (CBPP) to an Ad hoc Group reporting to the FMD & Other Epizootics Commission, rather than to the Commission itself, was discussed. The Commission did not consider that the number of submissions for these diseases justify an Ad hoc Group and believed that it could continue to review these submissions during its current 3 or 4 day meetings. It considered that the Ad hoc Group would add an additional unnecessary layer of bureaucracy and expense. However, if the questionnaire for BSE freedom is approved by the International Committee, an Ad hoc Group would probably be needed to review applications for BSE freedom. This Ad hoc Group would report its recommendations to the Commission.

6 SEAFMD: South-East Asia Foot and Mouth Disease Campaign

10. Integration of regional approaches to controlling epizootic diseases with pathways of the OIE

There is an increasing need to approach the control of epizootic – sometimes also called transboundary – diseases on a regional basis. A particular problem at present relates to the objective of eradication of rinderpest from the world by 2010. This is the objective and primary task of the Global Rinderpest Eradication Programme (GREP) guided by the FAO. To facilitate the regional approach to rinderpest eradication, GREP has developed an approach that concentrates on eco-agricultural regions rather than individual countries. It is contended by GREP that its approach is complementary to the OIE's rinderpest pathway. However, precisely how the two approaches can be integrated has not been examined in detail. To ensure that conflicts of approach do not arise in future Drs Rweyemamu and Thomson were requested to provide a document to the next Commission meeting that examines ways to ensure the harmonisation of the two approaches to rinderpest eradication.

11. Formulation of plan to integrate the duties of the Working Group on Epidemiology and Informatics into the Commission

The logic behind the proposal in the strategic plan of the OIE to incorporate the epidemiological component of the Informatics and Epidemiology Working Group into the FMD and Other Epizootics Commission was supported. This accords with the vision that the FMD & Other Epizootics Commission reverts to its historic role of providing scientific reference for disease control and surveillance methodology. In this regard it was decided that there is a need to define more clearly what the future activities of the FMD Commission will be. When this is decided, the Commission will need to determine what technical skills they will need to have at their disposal.

It was therefore decided to propose that, either in May or September 2001, a day be set aside at which the FMD Commission members, the Director General and other relevant members of the Bureau, representatives of other technical Commissions as well as selected experts, deliberate on these matters and make concrete proposals to the International Committee for ratification.

12. Other matters

12.1. Third International Conference on Diseases caused by Orbiviruses

The Commission suggested that the OIE support the organisation of this conference to share information about these diseases. It has been 10 years since the last international conference on this topic. The primary emphasis of the conference should be on diagnosis and control of bluetongue. This disease has taken on new significance due to the recent outbreaks in Europe and North Africa (see 1.2.).

12.2. Conference on emerging zoonotic arboviruses

There has been a great deal of concern raised about these diseases due to recent outbreaks of West Nile fever and Rift Valley fever. The Commission suggested that the OIE encourage the organisation of a meeting to discuss the latest information on diagnosis, epidemiology, and control of these diseases (see 1.2.).

.../Appendices

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Agenda

1. Informal review of the world epizootic situation
 2. Review of country or zone submissions for recognition of freedom from foot and mouth disease
 3. Freedom from Rinderpest
 4. Surveillance standards for foot and mouth disease
 5. Change in foot and mouth disease chapter in the *International Animal Health Code*
 6. Bovine spongiform encephalopathy questionnaire
 7. Joint meeting with the International Animal Health Code Commission
 8. South-East Asia foot and mouth disease campaign
 9. Formation of Ad hoc Group to evaluate disease free proposals as specified in the Third Strategic Plan
 10. Integration of regional approaches to controlling epizootic diseases with pathways of the OIE
 11. Formulation of plan to integrate the duties of the Working Group on Epidemiology and Informatics into the Commission
 12. Other matters
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CHAPTER 2.1.1.

FOOT AND MOUTH DISEASE

Article 2.1.1.1.

For the purposes of this *Code*, the *incubation period* for foot and mouth disease (FMD) shall be 14 days.

For the purpose of international trade, this chapter deals not only with the occurrence of clinical signs caused by FMD virus (FMDV), but also with the presence of infection with FMDV in the absence of clinical signs. The following defines the occurrence of FMD infection:

1. FMDV has been isolated and identified as such from an animal (free-living or domestic), a product derived from that animal or its environment;

or

2. Viral antigen or viral RNA specific to one or more of the serotypes of FMDV has been identified in material derived from one or more animals (free-living or domestic); and antibody to either structural or non-structural proteins of FMDV, that is not a consequence of vaccination, has been identified in those animals.

Standards for diagnostic tests and vaccines are described in the *Manual*.

Article 2.1.1.2.

FMD infection free country where vaccination is not practised

To qualify for inclusion in the list of FMD infection free countries where vaccination is not practised, a country should:

- 1) have a record of regular and prompt animal disease reporting;
- 2) [send a declaration to the OIE that there has been no *outbreak* of FMD and no vaccination has been carried out for at least 12 months, with documented evidence that an effective system of surveillance is in operation and that all regulatory measures for the prevention and control of FMD have been implemented;]

send a declaration to the OIE stating that:

- a) there has been no occurrence of FMD during the past 2 years,
- b) no evidence of FMDV infection has been found during the past 12 months,
- c) no vaccination against FMD has been carried out during the past 12 months,

and supply documentary evidence that an effective system of surveillance for both FMD and FMDV infection is in operation and that all regulatory measures for the prevention and control of FMD have been implemented;

- 3) not have imported since the cessation of vaccination any animals vaccinated against FMD.

The country will be included in the list only after the submitted evidence has been accepted by the OIE.

Article 2.1.1.3.

FMD infection free country where vaccination is practised

To qualify for inclusion in the list of FMD infection free countries where vaccination is practised, a country should:

- 1) have a record of regular and prompt animal disease reporting;
- 2) send a declaration to the OIE that there has been no occurrence of FMD during the past 2 years, with documentary evidence that:
 - a) an effective system of disease surveillance is in operation and that all regulatory measures for the prevention and control of FMD infection have been implemented, and
 - b) routine vaccination is carried out for the purpose of the prevention of FMD, and that the vaccine used complies with the standards described in the *Manual*, and
- 3) have a system of intensive and frequent surveillance [for detection] that has shown the absence of [activity] infection with FMDV.

The country will be included in the list only after the submitted evidence has been accepted by the OIE.

If an FMD infection free country where vaccination is practised wishes to change its status to FMD infection free country where vaccination is not practised, a waiting period of 12 months after vaccination has ceased is required. If FMD infection occurs during this waiting period, the status cannot be changed until a period of 2 years has elapsed since the occurrence of the last case.

Article 2.1.1.4.

FMD infection free zone where vaccination is not practised

An FMD infection free zone where vaccination is not practised can be established in either an FMD infection free country where vaccination is practised or in a country that is infected. The FMD infection free zone must be separated from the rest of the country and, if relevant, from neighbouring infected countries by a surveillance zone, or physical or geographical barriers, and animal health measures that effectively prevent the entry of the virus must be implemented. A country in which an FMD infection free zone where vaccination is not practised is to be established should:

- 1) have a record of regular and prompt animal disease reporting;
- 2) [send a declaration to the OIE that it wishes to establish an FMD free zone where vaccination is not practised, where there has been no *outbreak* of FMD for the past 2 years, where no vaccination has been carried out for the past 12 months, and that no vaccinated animal has been introduced into the zone since the cessation of vaccination;]

send a declaration to the OIE stating that it wishes to establish an FMD infection free zone where vaccination is not practised and that:

- a) there has been no occurrence of FMD during the past 2 years;
- b) no evidence of FMDV infection has been found during the past 12 months;
- c) no vaccination against FMD has been carried out during the past 12 months;

- d) no vaccinated animal has been introduced into the zone since the cessation of vaccination;
- 3) supply documentary evidence that an effective system of surveillance both FMD and FMDV infection is in operation in the FMD infection free zone where vaccination is not practised, as well as in the surveillance zone if applicable;
- 4) describe in detail:
- a) the boundaries of the FMD infection free zone, and the surveillance zone, where vaccination is not practised,
 - b) the system for preventing the entry of the virus into the FMD infection free zone,
- and supply evidence that these are properly supervised, and that all regulatory measures for the prevention and control of FMD infection have been implemented.

The name of the free zone will be included in the list of FMD infection free zones where vaccination is not practised only after the submitted evidence has been accepted by the OIE.

Article 2.1.1.5.

FMD infection free zone where vaccination is practised

An FMD infection free zone where vaccination is practised can be established in either a country with an FMD infection free zone where vaccination is not practised or in a country that is infected. The FMD infection free zone where vaccination is practised must be separated from the rest of the country and, if relevant, from neighbouring infected countries by a buffer zone, or physical or geographical barriers, and animal health measures that effectively prevent the entry of the virus must be implemented. A country in which an FMD infection free zone where vaccination is practised is to be established should:

- 1) have a record of regular and prompt animal disease reporting;
- 2) send a declaration to the OIE stating that it wishes to establish an FMD infection free zone where vaccination is practised, where there has been no occurrence of FMD for the past 2 years;
- 3) supply documentary evidence that an effective system of surveillance for both FMD and FMDV infection is in operation in the FMD infection free zone where vaccination is practised as well as the buffer zone if applicable, that routine vaccination is carried out for the purpose of the prevention of FMD, and that the vaccine used complies with the standards described in the *Manual*;
- 4) describe in detail:
 - a) the boundaries of the FMD infection free zone where vaccination is practised and the buffer zone if applicable,
 - b) the system for preventing the entry of the virus into the FMD infection free zone,

and supply evidence that these are properly supervised, and that all regulatory measures for the prevention and control of FMD infection have been implemented;
- 5) have a system of intensive and frequent surveillance [for detection] that has shown the absence of [activity] infection with FMDV in the FMD infection free zone where vaccination is practised.

The name of the free zone will be included in the list of FMD infection free zones where vaccination is practised only after the submitted evidence has been accepted by the OIE.

If a country that has an FMD infection free zone where vaccination is practised wishes to change the status of the zone to FMD infection free zone where vaccination is not practised, a waiting period of 12 months after vaccination has ceased is required. If FMD infection occurs during this waiting period, the status cannot be changed until a period of 2 years has elapsed since the occurrence of the last case.

Article 2.1.1.6.

FMD infected country

An FMD infected country is a country that does not fulfil the requirements for being considered as an FMD free country.

When FMD infection occurs in an FMD infection free country or zone where vaccination is not practised, the following waiting periods are required to regain the [disease free status] status of FMD infection free country where vaccination is not practised:

- a) 3 months after the last *case*, where stamping out and serological surveillance are applied; or
- b) 3 months after the slaughter of the last vaccinated animal where stamping-out, serological surveillance and emergency vaccination are applied; or
- c) 2 years after the last case and at least 12 months after vaccination was last carried out where stamping-out, serological surveillance and emergency vaccination are applied but the vaccinated animals are not subsequently slaughtered.

When FMD infection occurs in an FMD infection free country or zone where vaccination is practised, the following waiting periods are required to regain the [disease free status] status of FMD infection free country where vaccination is practised:

- a) 12 months after the last *case* where a stamping-out policy is in force,
- b) 2 years after the last *case* where a stamping-out policy is not in force,

provided that effective surveillance for FMD and FMDV infection have been carried out.

Article 2.1.1.7.

FMD infected zone

An FMD infected zone is a zone where the infection is present in a country with an FMD infection free zone where vaccination either is or is not practised. The FMD infected zone should be separated from the FMD infection free zone either by a surveillance zone or a buffer zone, or by physical or geographical barriers, and animal health measures that effectively prevent the escape of the virus must be implemented.

Live animals from FMD susceptible species may leave the infected zone only if they are moved by mechanical transport to the nearest designated abattoir located in the buffer zone or surveillance zone for immediate slaughter. In the absence of an abattoir in the buffer zone or surveillance zone, live animals susceptible to FMD may be transported to the nearest abattoir in an FMD infection free zone for immediate slaughter but only under the following conditions:

- 1) no animal in the *establishment* of origin has shown clinical signs of FMD for at least 30 days prior to movement;
- 2) the animals were kept in the *establishment* of origin for at least 3 months prior to movement;
- 3) FMD has not occurred within a 10-km radius of the *establishment* of origin for at least 3 months prior to movement;

- 4) the animals must be transported under the supervision of the *Veterinary Authority* in a *vehicle*, which was cleaned and disinfected before loading, directly from the *establishment* of origin to the abattoir without coming into contact with other susceptible animals;
- 5) the abattoir is not export approved;
- 6) all products obtained from the animals must be considered infected and treated in such a way as to destroy any residual virus; in particular, *meat* must be processed in accordance with one of the procedures referred to in Article 3.6.2.1.;
- 7) *vehicles* and the abattoir must be thoroughly cleaned and disinfected immediately after use.

Animals moved into an FMD infection free zone for other purposes must be taken to a *quarantine station* under the supervision of the *Veterinary Authority*. Freedom from infection of these animals must be established by appropriate tests.

Article 2.1.1.8.

Veterinary Administrations of countries shall consider whether there is a risk with regard to FMD infection in accepting importation, or transit through their territory from other countries, of the following *commodities*:

- 1) domestic and wild ruminants and pigs;
- 2) semen of ruminants and pigs;
- 3) embryos/ova of ruminants and pigs;
- 4) *fresh meat* of domestic and wild ruminants and pigs;
- 5) *meat products* of domestic and wild ruminants and pigs that have not been processed to ensure the destruction of the FMDV in accordance with one of the procedures referred to in Article 3.6.2.1.;
- 6) *products of animal origin intended for human consumption, for use in animal feeding or for agricultural or industrial use*;
- 7) *products of animal origin intended for pharmaceutical or surgical use*;
- 8) non-sterile *biological products*.

Other commodities should be considered as not having the potential to spread FMD infection when they are the subject of international trade.

For the purposes of this Chapter, ruminants include animals of the family of Camelidae.

Article 2.1.1.9.

When importing from FMD infection 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 infection free country or zone since birth or for at least the past 3 months.

Article 2.1.1.10.

When importing from FMD infection free countries or zones where vaccination is practised, *Veterinary Administrations* should require:

for domestic ruminants and pigs

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 infection free country since birth or for at least the past 3 months; and
- 3) have not been vaccinated and showed a negative response to tests for antibodies against FMDV, when destined for an FMD infection free country or zone where vaccination is not practised.

FMD infection free countries where vaccination is not practised may require additional guarantees.

Article 2.1.1.11.

When importing from FMD infected countries or zones, *Veterinary Administrations* should require:

for domestic ruminants and pigs

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 the *establishment* of origin since birth or
 - a) for 30 days prior to shipment, if a *stamping-out policy* is in force in the *exporting country*, or
 - b) for 3 months prior to shipment, if a *stamping-out policy* is not in force in the *exporting country*,and that FMD did not occur within a 10-km radius of the *establishment* of origin for the relevant period as defined in points a) and b) above;
- 3) were isolated for the 30 days prior to quarantine in an *establishment*, were subjected to diagnostic tests (probang and serology) for evidence of FMD infection or vaccination with negative results at the end of that period, and that FMD did not occur within a 10-km radius of the *establishment* during that period;
- 4) were kept in a *quarantine station* for the 30 days prior to shipment, were subjected to diagnostic tests (probang and serology) for evidence of FMD infection or vaccination with negative results at the end of that period, and that FMD did not occur within a 10-km radius of the *quarantine station* during that period;
- 5) were not exposed to any source of infection during their transportation from the *quarantine station* to the *place of shipment*.

Article 2.1.1.12.

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

for fresh semen of domestic ruminants and pigs

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

- 1) the donor animals:
 - a) showed no clinical sign of FMD on the day of collection of the semen;
 - b) were kept in an FMD infection free country or zone where vaccination is not practised for at least 3 months prior to collection;
- 2) the semen was collected, processed and stored in conformity with the provisions of either Appendix 3.2.1. or Appendix 3.2.3.

Article 2.1.1.13.

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

for frozen semen of domestic ruminants and pigs

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

- 1) the donor animals:
 - a) showed no clinical sign of FMD on the day of collection of the semen and for the following 30 days;
 - b) were kept in an FMD infection free country or zone where vaccination is not practised for at least 3 months prior to collection;
- 2) the semen was collected, processed and stored in accordance with the provisions of either Appendix 3.2.1. or Appendix 3.2.3.

Article 2.1.1.14.

When importing from FMD infection free countries or zones where vaccination is practised, *Veterinary Administrations* should require:

for semen of domestic ruminants and pigs

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

- 1) the donor animals:
 - a) showed no clinical sign of FMD on the day of collection of the semen and for the following 30 days;
 - b) were kept in an FMD infection free country or zone for at least 3 months prior to collection;
 - c) if destined for an FMD infection free country or zone where vaccination is not practised:
 - i) have not been vaccinated and gave a negative response to tests for antibodies against FMDV; or
 - ii) have been vaccinated at least twice, with the last vaccination not more than 12 months and not less than 1 month prior to collection;
- 2) no other animal present in the *artificial insemination centre* was vaccinated within the month prior to collection;

Appendix III (contd)

- 3) the semen:
 - a) was collected, processed and stored in accordance with the provisions of either Appendix 3.2.1. or Appendix 3.2.3.;
 - b) was stored in an FMD infection free country for a period of at least one month before export, and during this period no animal in the *establishment* where the donor animals were kept showed any sign of FMD.

Article 2.1.1.15.

When importing from FMD infected countries or zones, *Veterinary Administrations* should require:

for semen of domestic ruminants and pigs

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

- 1) the donor animals:
 - a) showed no clinical sign of FMD on the day of collection of the semen;
 - b) were kept in an *establishment* to which no animal had been added in the 30 days prior to collection, and that FMD did not occur within a 10-km radius of the *establishment* during the 30 days before and the 30 days after collection;
 - c) have not been vaccinated and gave a negative response to tests for antibodies against FMDV; or
 - d) have been vaccinated at least twice, with the last vaccination not more than 12 and not less than 1 month prior to collection;
- 2) no other animal present in the *artificial insemination centre* was vaccinated within the month prior to collection;
- 3) the semen:
 - a) was collected, processed and stored in accordance with the provisions of either Appendix 3.2.1. or Appendix 3.2.3.;
 - b) was subjected, with negative results, to a virus isolation test if the donor animal was vaccinated within the 12 months prior to collection;
 - c) was stored for a period of at least one month between collection and export, and during this period no animal in the *establishment* where the donor animals were kept showed any sign of FMD.

Article 2.1.1.16.

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

for in vivo derived embryos of cattle

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

- 1) the donor females:
 - a) showed no clinical sign of FMD at the time of collection of the embryos;

- b) were kept in an *establishment* located in an FMD infection free country or zone at the time of collection;
- 2) the embryos were collected, processed and stored in accordance with the provisions of Appendix 3.3.1. or Appendix 3.3.9., as relevant.

Article 2.1.1.17.

When importing from FMD infected countries or zones, *Veterinary Administrations* should require:

for *in vivo* derived embryos of cattle

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

- 1) the donor females:
 - a) showed no clinical sign of FMD at the time of collection of the embryos;
 - b) were kept in an *establishment* to which no animal had been added in the 30 days prior to collection, and that FMD did not occur within a 10-km radius of the *establishment* during the 30 days before and the 30 days after collection;
- 2) the embryos were collected, processed and stored in accordance with the provisions of Appendix 3.3.1. or Appendix 3.3.9., as relevant.

Article 2.1.1.18.

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

for *fresh meat* of FMD susceptible animals

the presentation of an *international veterinary certificate* attesting that the entire consignment of meat comes from animals that:

- 1) have been kept in the FMD infection free country or zone since birth, or that have been imported from a country or zone free from FMD infection;
- 2) have been slaughtered in an *approved abattoir* and have been subjected to ante-mortem and post-mortem inspections for FMD with favourable results.

Article 2.1.1.19.

When importing from FMD infection free countries or zones where vaccination is practised, *Veterinary Administrations* should require:

for *fresh meat* of bovines (excluding feet, head and viscera)

the presentation of an *international veterinary certificate* attesting that the entire consignment of meat:

- 1) comes from animals that:
 - a) have remained in the exporting FMD infection free country or zone for at least the 3 months prior to slaughter;
 - b) have been slaughtered in an *approved abattoir* (located in the FMD infection free zone, when the animals originate from such a zone) and have been subjected to ante-mortem and post-mortem inspections for FMD with favourable results;

Appendix III (contd)

- 2) comes from deboned carcasses:
 - a) from which the major lymphatic glands have been removed;
 - b) which, prior to deboning, have been submitted to maturation at a temperature above +2°C for a minimum period of 24 hours following slaughter, and during which the pH value of the meat was below 6.0 when tested in the middle of both the longissimus dorsi.

If the meat is to be imported into a country or a zone of equivalent FMD status or into an infected country in which the virus types used in the vaccines are the same, the maturation and deboning processes may not be required.

Article 2.1.1.20.

When importing from FMD infection free countries or zones where vaccination is practised, *Veterinary Administrations* should require:

for fresh meat or meat products of pigs and ruminants other than bovines

the presentation of an *international veterinary certificate* attesting that the entire consignment of meat comes from animals that:

- 1) have been kept in the FMD infection free country or zone since birth, or have been imported from a country or zone free from FMD infection (where vaccination either is or is not practised);
- 2) have not been vaccinated;
- 3) have been slaughtered in an *approved abattoir* (located in the FMD infection free zone, when the animals originate from such a zone) and have been subjected to ante-mortem and post-mortem inspections for FMD with favourable results.

Article 2.1.1.21.

When importing from FMD infected countries or zones with an official control programme involving compulsory systematic vaccination of cattle, *Veterinary Administrations* should require:

for fresh meat of bovines (excluding feet, head and viscera)

the presentation of an *international veterinary certificate* attesting that the entire consignment of meat:

- 1) comes from animals that:
 - a) have remained in the *exporting country* for at least 3 months prior to slaughter;
 - b) have remained, during this period, in a part of the country where cattle are regularly vaccinated against FMD and where official controls are in operation;
 - c) have been vaccinated at least twice, with the last vaccination not more than 12 months and not less than 1 month prior to slaughter;
 - d) have been kept for the 30 days prior to slaughter in an *establishment*, and that FMD has not occurred within a 10-km radius of the *establishment* during that period;
 - e) have been transported, in a *vehicle* that was cleaned and disinfected before the cattle were loaded, directly from the *establishment* of origin to the *approved abattoir* without coming into contact with other animals that do not fulfil the required conditions for export;

- f) have been slaughtered in an *approved abattoir*:
 - i) that is officially designated for export;
 - ii) in which no FMD has been detected during the period between the last *disinfection* carried out before slaughter and the shipment for export being dispatched;
 - g) have been subjected to ante-mortem and post-mortem inspections for FMD within 24 hours before and after slaughter; with favourable results
- 2) comes from deboned carcasses:
- a) from which the major lymphatic glands have been removed;
 - b) which, prior to deboning, have been submitted to maturation at a temperature above +2°C for a minimum period of 24 hours following slaughter, and during which the pH value was below 6.0 when tested in the middle of both the longissimus dorsi.

[Note: Article 2.1.1.21. should also apply when meat is to be imported from an infected country into another infected country, in order to prevent the introduction of new strains of FMDV.]

Article 2.1.1.22.

When importing from FMD infected countries or zones, *Veterinary Administrations* should require:

for meat products of domestic ruminants and pigs

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

- 1) the entire consignment of *meat* comes from animals that have been slaughtered in an *approved abattoir* and have been subjected to ante-mortem and post-mortem inspections for FMD with favourable results;
- 2) the *meat* has been processed to ensure the destruction of the FMDV in accordance with one of the procedures referred to in Article 3.6.2.1.;
- 3) the necessary precautions were taken after processing to avoid contact of the *meat products* with any potential source of FMDV.

Article 2.1.1.23.

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

for milk and milk products intended for human consumption and for products of animal origin (from FMD susceptible animals) intended for use in animal feeding or for agricultural or industrial use

the presentation of an *international veterinary certificate* attesting that these products come from animals that have been kept in the country or zone since birth, or which have been imported from an FMD infection free country or zone (where vaccination either is or is not practised).

Article 2.1.1.24.

When importing from FMD infected countries or zones, *Veterinary Administrations* should require:

for milk and cream

Appendix III (contd)

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

- 1) these products:
 - a) originate from herds or flocks that were not subjected to any restrictions due to FMD at the time of milk collection; and
 - b) have been processed to ensure the destruction of the FMDV in conformity with one of the procedures referred to in Article 3.6.2.5. and in Article 3.6.2.6.;
- 2) the necessary precautions were taken after processing to avoid contact of the products with any potential source of FMDV.

Article 2.1.1.25.

When importing from FMD infected countries or zones, *Veterinary Administrations* should require:

for milk powder and milk products

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

- 1) these products are derived from milk complying with the above requirements;
- 2) the necessary precautions were taken after processing to avoid contact of the milk powder or the milk products with any potential source of FMDV.

Article 2.1.1.26.

When importing from FMD infected countries, *Veterinary Administrations* should require:

for blood and meat-meals (from domestic or wild ruminants and pigs)

the presentation of an *international veterinary certificate* attesting that the manufacturing method for these products included heating to a minimum internal temperature of 70°C for at least 30 minutes.

Article 2.1.1.27.

When importing from FMD infected countries, *Veterinary Administrations* should require:

for wool, hair, bristles, raw hides and skins (from domestic or wild ruminants and pigs)

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

- 1) these products have been processed to ensure the destruction of the FMDV in accordance with one of the procedures referred to in Articles 3.6.2.2., 3.6.2.3. and 3.6.2.4.;
- 2) the necessary precautions were taken after collection or processing to avoid contact of the products with any potential source of FMDV.

Veterinary Administrations can authorise, without restriction, the import or transit through their territory of semi-processed hides and skins (limed hides, pickled pelts, and semi-processed leather - e.g. wet blue and crust leather), provided that these products have been submitted to the usual chemical and mechanical processes in use in the tanning industry.

Article 2.1.1.28.

When importing from FMD infected countries or zones, *Veterinary Administrations* should require:

for straw and forage

the presentation of an *international veterinary certificate* attesting that these *commodities*:

- 1) are free of grossly identifiable contamination with material of animal origin;
- 2) have been subjected to one of the following treatments, which, in the case of material sent in bales, has been shown to penetrate to the centre of the bale:
 - a) either to the action of steam in a closed chamber for at least 10 minutes and at a minimum temperature of 80°C,
 - b) or to the action of formalin fumes (formaldehyde gas) produced by its commercial solution at 35-40% in a chamber kept closed for at least 8 hours and at a minimum temperature of 19°C;

OR

- 3) have been kept in bond for at least 3 months (under study) before being released for export.

Article 2.1.1.29.

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

for skins and trophies derived from wild animals susceptible to FMD

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

Article 2.1.1.30.

When importing from FMD infected countries or zones, *Veterinary Administrations* should require:

for skins and trophies derived from wild animals susceptible to FMD

the presentation of an *international veterinary certificate* attesting that these products have been processed to ensure the destruction of the FMDV in conformity with the procedures referred to in Article 3.6.2.7.

[Note: International veterinary certificates for animal products coming from infected countries or zones may not be required if the products are transported in an approved manner to premises controlled and approved by the Veterinary Administration of the importing country for processing to ensure the destruction of the FMDV in conformity with the procedures referred to in Articles 3.6.2.2., 3.6.2.3. and 3.6.2.4.]

BOVINE SPONGIFORM ENCEPHALOPATHY QUESTIONNAIRE

This questionnaire is designed to enable the Foot and Mouth Disease and Other Epizootics Commission to review declarations of countries or zones pertaining to recognition of freedom from bovine spongiform encephalopathy (BSE), according to the *International Animal Health Code* Articles 2.3.13.1 and 2.3.13.2. Countries wishing the OIE to review such a declaration should complete this questionnaire fully and provide all requested supporting documentation.

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

1. Risk Assessment

Responses and supporting documentation provided for the following section will be used to review the quality of the risk assessment as described by Article 2.3.13.1 paragraph 1.

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

Has MBM or greaves of ruminant origin been fed to cattle in the last 8 years?

If the response to this question is **NO**, please provide the following evidence to support this declaration:

- certification by the Chief Veterinary Officer (CVO) to this effect, and
- information describing the husbandry practices employed in cattle rearing for dairy and non-dairy purposes which demonstrates that neither MBM nor greaves play any role in cattle production, and
- supply other evidence that demonstrates that MBM and greaves are not fed to cattle (e.g. details of any bans or species covered by the bans), and
- describe how the feed ban(s) has(have) been enforced (measures to avoid cross-contamination at feed mills, during transport and on farms, measures to avoid cross-consumption by cattle of feed intended for other species, analytical methods to detect MBM in feed, sampling strategy and results of testing conducted).

If the response to this question is **YES**, please provide the following to indicate that any risk has been satisfactorily mitigated:

- evidence of the species, origin and composition of the MBM or greaves, and
- the quantities of MBM or greaves fed to cattle over the last 8 years, and
- evidence that the production process used meets OIE recommended standards for the destruction of the agent, or
- certification of the date on which the feeding of such material was banned, the species prohibited from being used as the source of such material, the species to which this material may not be fed, and copies of the statutes imposing such a ban, and
- describe how any feed ban(s) within the last 8 years has(have) been enforced (measures to avoid cross-contamination at feed mills, during transport and on farms, measures to avoid cross-consumption by cattle of feed intended for other species, analytical methods to detect MBM in feed, sampling strategy and results of testing conducted).

1b. Importation of MBM or greaves

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

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

- provide certification by the CVO and the national agency controlling customs to this effect.

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

- provide evidence that demonstrates the time-periods of the importation(s), the quantities imported and the origin of the material imported, and
- provide evidence that demonstrates the composition of the imported material, and
- provide information that indicates the disposition of the imported material.

1c. Importation of animals potentially infected with BSE

Have cattle been imported in the past 8 years from countries that have reported cases of BSE?

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

- provide documentation certified by the CVO to this effect.

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

- name the country(ies) of origin, the time of the imports and the numbers and age categories of cattle imported and fate of the animals imported.

1d. The population structure of cattle in the country

- What is the size of the cattle population and what proportion is dairy? What proportion of animals is over 24 months of age?
- Describe how cattle are identified and how an animal can be traced correctly back from the slaughterhouse to the farm of origin.

1e. The fate of fallen/emergency slaughter livestock

Describe what happens to fallen livestock/emergency slaughter livestock and how the tissues from such animals are excluded from the ruminant food-chain.

2. Ongoing education programme (Article 2.3.13.1 paragraph 2)

Provide evidence that demonstrates the structure of the programme, the length of time it has been in place, and how often and to whom this programme is directed.

3. Compulsory notification and investigation

Provide copies of statutes or any other documentation that establishes the mandatory notification and investigation of all cattle showing clinical signs compatible with BSE. Provide records of the number of suspect cases investigated and the outcome of these investigations. Provide details concerning the disposition of carcasses of these cases.

4. Surveillance and monitoring

Records demonstrating compliance with Appendix 3.8.3 of the *International Animal Health Code* are required. Also provide a description of the surveillance and monitoring system employed and a quantitative summary of the investigations conducted and the laboratory results obtained.

The summary should cover at least the last 7 years and include details of numbers of animals examined annually, their ages and reasons for examination.

5. Approved laboratories

Provide a statement of certification that laboratories used for the diagnosis of suspect cases of BSE comply with the definition of 'laboratory' in Section 1.1 of the *International Animal Health Code*. Please also provide the protocols that indicate that these laboratories conduct those tests for BSE listed in the *OIE Manual of Standards for Diagnostic Tests and Vaccines* as official tests. Describe how long each of these methods has been used in the country.

Article 2.3.13.2 of the *International Animal Health Code*

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

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

1.1 Provide certification by the CVO that the criteria in paragraphs 2 to 5 of Article 2.3.13.1 have been complied with for at least 7 years

OR

1.2 Provide certification by the CVO that the criteria in paragraph 3 of Article 2.3.13.1 have been complied with for at least 7 years, and that it has been demonstrated that for at least 8 years no MBM or greaves have been fed to ruminants.

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

2.1 Provide certification by the CVO that the affected cattle have been slaughtered and completely destroyed

AND

EITHER

2.2.1 That the criteria in paragraphs 2 to 5 of Article 2.3.13.1 have been complied with for at least 7 years

OR

2.2.2 That the criteria in paragraph 3 of Article 2.3.13.1 have been complied with for at least 7 years and it has been demonstrated that for at least 8 years no MBM or greaves have been fed to ruminants

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

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

REPORT OF THE SOUTH-EAST-ASIA FOOT AND MOUTH DISEASE CAMPAIGN

In 1999 the most important development was the incursion into the region of the South Asia topotype of serotype O. By comparison 2000 has been a less dramatic year. Significant events in the regional FMD picture over the last year have been the expansion of the epidemic of type O in Laos, and the appearance of the South Asia topotype of serotype O in Malaysia. In general the reporting of the Member Countries has improved, although there is still considerable scope for increasing the quality of disease surveillance information.

Type O continued to be the dominant serotype during 2000, although further submissions to the WRL are required to determine the genotype of the O strains in circulation. Information on the viruses from Myanmar will be available in the near future, but further submissions from Thailand are required to clarify the situation there. There is no epidemiological evidence to suggest that the pig-adapted strain has come into Thailand, but closer monitoring of field viruses is required to rule out this possibility. The epidemic in Laos has spread from the southern provinces along the cattle movement route northward to the market in Vientiane, and then to cattle in local villages. There has also been an outbreak in the north-west near Thailand that was attributed to buffalo trade from the People's Republic of China. Outbreaks of FMD type O are still reported from the northern provinces of Vietnam along the border with the Peoples Republic of China. The DAH⁷ Vietnam attributes these outbreaks to continued incursions, but it is also probable that FMD has now become endemic in the north.

The reported distribution of FMD serotypes in the region suggests that Thailand is the focus of serotype A. The large epidemic of type A in Thailand of 2 years ago has subsided but there were still sporadic outbreaks reported during 2000. For a number of years type A outbreaks have not been reported east of the Mekong, although the lack of typing data from Cambodia in 2000 makes this contention less rigorous. However it would seem that any vaccination programme in Vietnam, Cambodia and Laos at this time needs to concentrate on controlling type O outbreaks and not be concerned about inclusion of serotype A in expensive trivalent vaccines. The observation that serotype A does not move eastwards is probably a reflection of the predominant movement of cattle in the region. However if type A was to enter the pig population of Thailand, it may be spread further in the region because pigs for breeding stock move against the domestic meat market price gradient. During last week Cambodia placed a ban on the importation of live pigs from Thailand because of an unspecified disease problem.

It is clear that FMD is not endemic in Malaysia, but the risk for outbreaks is highest in the months of January to March. This coincides with the influx of cattle required for the festive period at the end of Ramadan. In February last year there was an outbreak of South Asia topotype O shortly after Chinese New Year that started in a piggery feeding swill. Malaysia was allowing legal imports of sucking pigs from Vietnam at the time. Anecdotal evidence from Laos indicated that there was a major unreported problem with FMD in commercial pigs in Vietnam, as the sucking pig trade was stopped in March 2000 because of the problem with FMD.

From March to July there were outbreaks of type O in the south of Thailand, but these did not spread over the border into Malaysia. Recently the market price of cattle in Thailand has been higher than Malaysia, which has stemmed the flow of animals and (in all likelihood) FMD to the south. It therefore seems that the conditions are favourable to attempt to develop a disease control zone on the Malay Peninsula. A workshop will be held in May involving representatives from Malaysia, Myanmar and Thailand to discuss the feasibility of developing an FMD control zone on the peninsula.

During 2000 Asia 1 has been reported from outbreaks in Myanmar. It was last reported in January 1998 from Cambodia and before September 1997 from Vietnam. There were reports in January and October 1998 from Laos and from Thailand in November 1998. This virus is probably in the inter-epidemic period and its distribution is probably determined the trading patterns within the region.

⁷ Department of Animal Health

In March 2000 the Regional Coordination Unit (RCU) engaged Dr B. Perry of ILRI⁸ to study the impact of the outbreak of FMD in Savannakhet Province in Laos. This mission showed that the sucking pig trade route from Vietnam to Thailand was important for the introduction of FMD to the highly susceptible local cattle population. It is proposed that a workshop be conducted to determine if there is any feasible solution to this problem. It is probable that FMD is not endemic in Laos and is introduced from time to time as a result of animal movement.

In the middle of the year (July) the RCU introduced a new monthly reporting format (attached) to improve the quality of the information received about outbreaks. This is still being bedded down, but it has been relatively successful to date. The data collected are reported on a regular basis to the participating countries and are now being entered into a database for upload and display on the SEAFMD Web site. The SEAFMD Web site is operating but there are some minor problems with presentation of the data. One of the limitations is that at present most of the countries are reporting locations by name and not giving coordinates. Digitised maps down to the district level are not available for all countries, so data is are to the central point of the outbreak province. If there is more than one outbreak in the province then only one point can be shown. During the next year we will train the national epidemiologists to give the coordinates of the district office reporting the outbreak.

The Regional Reference Laboratory has yet to be commissioned. There were problems with the design of the air-handling system and the final configuration was not suitable for a containment facility. OIE sent a mission to evaluate the laboratory, and more recently IAEA⁹ engaged a consultant to propose a design that might be able to salvage the building. Modifications have been suggested and two companies are preparing estimates to undertake the scope of work required. The cost will be in the range US\$170,000 to \$200,000. The question is how quickly the Department of Livestock Development will be able to raise the necessary funds to undertake the work but it has been suggested that some of the trust funds can be used to supply special equipment required to commission the facility.

Considerable progress has been made is with developing frameworks for the FMD control plans in Vietnam, Cambodia and Myanmar. However the principal issue for these three countries and Laos is the severe lack of funds for animal health services in general. There are European Union funded veterinary services projects in Laos and Vietnam, and Cambodia has a project funded by IFAD¹⁰. Indonesia requested admission to the Sub-Commission at the last meeting in Hanoi, Vietnam, and must now set out to develop a contingency plan to deal with FMD incursions. There is apparently considerable smuggling of meat into Indonesia, most of which originates from India, and apparently increased pressure at the political level to approve importations from India. The Indonesian animal health services have grave concerns about their ability to control FMD if it is re-introduced.

During 2000 the RCU prepared a strategic plan for 2001–2004 in collaboration with the two Vice-Presidents of the Sub-Commission and an officer from the Central Veterinary Office (CVO) of Australia. This plan has eight components and a copy has been provided for your information. It should be approved by the SEAFMD Sub-Commission at the annual meeting at the end of February 2000. This plan was used to guide the development of a proposal to the Australian government for a further 3 years funding for the SEAFMD programme. The findings of the review conducted in December 1999 were also used to guide the formulation of the proposal. This proposal was drafted by the RCU and after editing by OIE was submitted through the Office of the CVO Australia to AusAID¹¹ for consideration. One of the key points in the strategy and the submission is that ASEAN¹² should take over the co-ordination of this programme after a further 3 years of management by OIE.

One of the concerns emerging in the region is the potential impact of the ASEAN Free Trade Area (AFTA) on the dissemination of animal diseases. The formal tariffs and taxes on many goods including livestock and livestock products will be phased out over the next five years. Restricting animal movements may be difficult if the issue is politicised. At present Ministries of Trade hold more sway in determining outcomes than do animal health services. In Thailand and Malaysia there are close links between business and politics, and the international cattle trade is a big business. Smuggling from low priced sources is important because it also keeps the domestic price of beef down.

8 International Livestock Research Institute

9 International Atomic Energy Agency

10 International Fund for Agricultural Development

11 Australian Agency for International Development

12 Association of Southeast Asian Nations

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