



WORLD ORGANISATION FOR ANIMAL HEALTH
Protecting animals, preserving our future

Original: English
February 2014

REPORT OF THE MEETING
OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES
Paris, 10-14 February 2014

A meeting of the OIE Scientific Commission for Animal Diseases (the Commission) was held at the OIE Headquarters in Paris, France from 10 to 14 February 2014.

The Commission was welcomed by Dr Elisabeth Erlacher-Vindel, Acting Head of the OIE Scientific and Technical Department, on behalf of Dr Bernard Vallat, Director General of the OIE. Dr Erlacher-Vindel introduced Dr Gregorio Torres as a new officer of the Scientific and Technical Department who will be entrusted the secretariat of the Commission.

The President of the Commission expressed his appreciation for the work of the Scientific and Technical Department in the preparation of the working documents to be in time for the meeting and also commended the *ad hoc* Groups for the scientific quality of their reports.

The President summarised the main aspects in the proposed agenda and outlined to the Commission the priority issues and the work plan for the week.

In his address to the Commission on Tuesday 11 February, the Director General of the OIE, Dr Bernard Vallat thanked the Commission for its work and briefly provided guidance on the most critical issues to be addressed during the meeting of the Commission. He reiterated that the rationale behind the endorsement of official national control programmes for diseases such as Foot and mouth disease and *Peste des petits ruminants* is to act both as an acknowledgement for projects establishments and actions already taken by a Member Country to control a particular disease as well as an incentive to such a Member Country to proceed progressively on the way towards achieving disease freedom and should thus not be judged in the same manner as allocating a particular official disease status to a Member Country. He requested the Commission to consider the need to continue the publication and updating of the Technical Factsheet on Schmallenberg virus on the OIE website and to provide guidance on how the issue of atypical BSE could be accommodated within the chapter of the *Terrestrial Code*.

1. Adoption of the agenda and appointment of rapporteur

The draft agenda was adopted by the Commission. The meeting was chaired by Dr Gideon Brückner and the OIE secretariat acted as rapporteur. The agenda and list of participants are attached as Annexes 1 and 2, respectively.

2. Issues from the last meeting of the Scientific Commission

2.1. Member Country comments received by January 2014 for consideration of the Commission

a) Chapter 4.6. Collection and processing of bovine, small ruminants and porcine semen

The Commission addressed Member Country comments referred by the Terrestrial Animal Health Standards Commission (Code Commission) related to cross-references between this chapter and Chapter 8.6. on Foot and Mouth Disease (FMD) of the *Terrestrial Animal Health Code (Terrestrial Code)*. The Commission reviewed both chapters to ensure harmonisation, particularly in the provisions referring to semen from ruminants and also indicated that the cross-references aim to establish adherence to the general principles for semen collection and transport rather than specific issues related to FMD.

The Commission forwarded Chapter 4.6. to the Code Commission for further processing.

b) Chapter 6.7. Harmonisation of national antimicrobial resistance surveillance and monitoring programmes

An updated version of this chapter was adopted by the World Assembly of Delegates (hereafter World Assembly) in May 2012. Comments were received in January 2014 on this updated version from six Member Countries.

The Commission decided to forward these comments for evaluation to the *ad hoc* Group on Antimicrobial Resistance either through a physical meeting or through an electronic communication. The Commission concluded to address the recommendations of the *ad hoc* Group at its September 2014 meeting.

c) Chapter 6.10. Risk Assessment for antimicrobial resistance arising from the use of antimicrobials in animals

The draft updated version of this chapter was sent for a second round of comments to Member Countries in October 2013. Comments were received in January 2014 on this updated version from five Member Countries and a regional organisation with which the OIE has an agreement.

The Commission addressed Member Country science-related comments and discussed them electronically with the *ad hoc* Group on Antimicrobial Resistance. However the Commission took note that one proposed change, suggested by one Member Country, would imply major modification of the chapter despite being circulated for its second round of comments. Hence, the Commission decided that this proposed change should be considered in future revisions.

The Commission decided to forward the chapter with proposed amendments to the Code Commission for further processing.

d) Chapter 1.1. Notification of diseases, infection and infestations and epidemiological information

An amended version of the chapter was circulated for Member Country comments in August 2013. The Commission addressed these comments on request of the Code Commission.

It was agreed that the immediate notification of an emerging disease should be submitted within 24 hours, as required for listed diseases. A Member Country's comment requesting weekly follow-up reports was considered too stringent and therefore the Commission maintained the provision of 'periodical' reports to be submitted to the OIE when relevant information becomes available.

The amended chapter addressing Member Country comments was forwarded to the Code Commission for further processing.

e) Chapter 1.2. Criteria for the inclusion of diseases, infections and infestations on the OIE List

An amended version of the chapter was circulated for Member Country comments in August 2013. The Commission addressed these comments on request of the Code Commission.

The Commission discussed Article 1.2.3. (6) in which a specific distinction is made between 'infection with avian influenza virus' and 'infection with influenza A viruses of high pathogenicity in birds other than poultry including wild birds'. The Commission considered that infection with avian influenza virus should be listed as one disease. According to the Commission, the above-mentioned distinction is correctly mentioned in Chapter 10.4. on infection with avian influenza viruses.

The Commission also discussed the proposal of several Member Countries regarding delisting swine vesicular disease and vesicular stomatitis. The Commission reiterated its previous decision to delist these two diseases.

The amended chapter addressing Member Country comments was forwarded to the Code Commission for further processing.

f) Chapter 11.8. Infection with *Mycoplasma mycoides* subsp. *mycoides* SCC. (Contagious Bovine Pleuropneumonia - CBPP)

An amended version of this chapter proposing a new article on the endorsement of official control programmes for CBPP was circulated for a first round of comments in October 2013. Comments were received in January 2014. The Commission considered the scientific Member Country comments on the chapter provided by the Code Commission. The Commission evaluated these comments together with proposals made by the *ad hoc* Group on the evaluation of country status for CBPP.

The Commission agreed with the proposal of the *ad hoc* Group to encourage a regional approach and subsequently introduced this concept in the introductory paragraph of Article 11.8.18.

The Commission disagreed to remove specific reference to lungs when controlling livestock waste (section 7 - Control measures and emergency response of the questionnaire). In countries endemically infected with CBPP, the lungs are the most critical organ to detect presence of the disease on post mortem examination which is not necessarily the case with offal.

The amended chapter addressing Member Country comments was forwarded to the Code Commission for further processing.

g) Chapter 4.X. High Health Status Horses (HHP)

A draft chapter was sent to Member Countries for a first round of comments in October 2013. Comments were received in January 2014.

Member Countries contributed with a significant number of comments, addressing technical aspects and proposing new aspects for future consideration. The majority of the Member Countries welcomed the HHP initiative and the framework for it, as outlined in this chapter. However, there were some Member Countries that requested a more comprehensive approach providing more details on how the concept shall be implemented.

The Commission recalled that the main purpose of this chapter was to set the framework for the HHP concept, which is based on existing OIE principles, with particular reference to Chapter 4.4. on the application of compartmentalisation. This first chapter on HHP would follow the same approach as chosen for the development of the introductory chapters on animal welfare on section 7 of the *Terrestrial Code*, with general provisions and not providing technical details on implementation. The *ad hoc* Group on International Horse Movement is in the process of developing additional chapters and guidelines on all technical and implementation aspects of the HHP concept.

The Commission discussed thoroughly Member Country comments. The Commission agreed that organisations, which have a specific agreement with the OIE, may be officially recognised by the Veterinary Authorities as responsible for contributing to ensure compliance with this chapter.

The Commission concluded to support the adoption of the draft chapter and to further clarify the rationale to Member Countries by referring to Resolution No. 36 of the 81st General Session.

The Commission forwarded the draft chapter to the Code Commission for further processing.

2.2. Member Country comments received by January 2014 for the Scientific Commission information

The Commission reviewed the chapters to assess Member Country comments on science-related issues, as requested by the Code Commission.

a) Chapter 12.1. Infection with African Horse Sickness virus (AHS)

An updated version of the chapter was adopted by the World Assembly in May 2012. This chapter was amended in August 2013, first to harmonise it with the *Terrestrial Code* chapter on bluetongue (BT) and the draft chapter on epizootic haemorrhagic disease (EHD), and then, to address additional comments received from Member Countries. The updated chapter was sent to Member Countries for a first round of comments in October 2013. Comments were received in January 2014.

The Commission renewed its support to the *ad hoc* Group's proposals on the surveillance requirements to substantiate AHS freedom. In addition, the Commission reiterated that those diseases whose status is officially recognised by the OIE, should not be proposed in the *Terrestrial Code* for self-declaration which also includes declaration for seasonal freedom.

The Commission suggested that the new proposals by the *ad hoc* Group should be incorporated, when appropriate, in the three chapters (AHS, BT and EHD), to achieve full harmonisation. In consultation with the Code Commission, the Commission concluded to again assess the relevant issues related to harmonisation during its meeting in September 2014 based on a comparative matrix to be updated by the Scientific and Technical Department on the cross-cutting relevant issues between the three diseases.

The amended chapter with Member Country comments addressed by the Commission was forwarded to the Code Commission for further processing.

b) Chapter 8.12. Rift Valley Fever

An updated version of the chapter, amended in June 2013, was sent to Member Countries for a first round of comments in October 2013. The Commission considered the scientific comments made by Member Countries on the chapter.

The Commission recalled the primary rationale of this chapter is to facilitate trade while controlling and preventing the spread of the disease. The Commission considered relevant to include camelids as susceptible species for the purpose of the chapter and suggested to discuss the historical freedom principles with the Code Commission. The Commission reiterated its decision to consider 14 days as the infective period as already agreed by the Commission during its meeting in September 2013.

The amended chapter with Member Country comments addressed by the Commission was forwarded to the Code Commission for further processing.

c) Chapter 14.8. Infection with Peste des Petits Ruminants Virus (PPR)

An updated version of the chapter was adopted by the World Assembly in May 2013. Some additional comments were received from Member Countries.

The Commission discussed the scientific comments made by Member Countries. The Commission agreed to add a clear provision for the importation of domestic ruminants and their semen, oocytes, or embryos in accordance with Articles 14.8.10., 14.8.13., and 14.8.15. to qualify for inclusion in the list of PPR free countries or zones. However the Commission disagreed to reduce the temperature requirement for the inactivation of PPR virus in casings of sheep and goats, making reference to the EFSA report (*Scientific Opinion on animal health risk mitigation treatments as regards imports of animal casings*, July 2012) which recommendations should be considered for viral diseases such as PPR, FMD, classical swine fever and African swine fever.

The amended chapter with Member Country comments addressed by the Commission was forwarded to the Code Commission for further processing.

3. Ad hoc and Working Groups

3.1. Meeting reports for endorsement

a) Ad hoc Group on Porcine Respiratory and Reproductive Syndrome (PRRS): 9-11 July 2013 and 8-9 October 2013

The Commission reviewed and endorsed both reports of the *ad hoc* Group on PRRS. The draft chapter on PRRS to be included in the *Terrestrial Code* was also reviewed and endorsed with minor changes.

Both reports and the draft chapter with comments by the Commission were forwarded to the Code Commission for further processing.

The endorsed *ad hoc* Group reports are attached as [Annexes 3 and 4](#).

b) Ad hoc Group on Schmallerberg virus: 10-11 October 2013

The Commission reviewed and endorsed the report of the *ad hoc* Group that had to assess if infection with Schmallerberg virus matches with the criteria of Chapter 1.2. of the *Terrestrial Code* to be included as an OIE Listed disease.

The Commission supported the recommendation of the *ad hoc* Group who concluded that if measured against current scientific information and the requirements for disease listing, infection with Schmallerberg virus did not meet the criteria and therefore, should not be included in the OIE List of diseases.

The Commission considered a request by the Director General on the future use of the Technical Factsheet should infection with Schmallerberg virus not be listed. The Commission was reluctant to eliminate the technical information from the OIE website as suggested by some members, at least, until the 2014 vector season is over. After that, if there are no significant changes in the epidemiology of the disease, the Commission would recommend maintaining the information on the OIE website as a specific Technical Disease Card with exclusion of the additional information providing specific recommendations.

The *ad hoc* Group report was forwarded to the Code Commission for further processing and is attached as [Annex 5](#).

c) Ad hoc Group on the evaluation of FMD status of Member Countries: 21-24 October 2013

- [Evaluation of the requests from two Member Countries for the recovery of their FMD free status](#)

In accordance with Resolution 30 adopted at the 81st General Session, the Commission had already considered by electronic correspondence amongst its members, the recommendations of the *ad hoc* Group regarding the requests from two Member Countries for the recovery of their FMD free status. On 1 November 2013, based on the documentation submitted, the Scientific Commission concluded that:

- the two zones of Paraguay fulfilled the requirements of the *Terrestrial Code* to regain their status of 'FMD free zone where vaccination is practised' as recognised by the OIE World Assembly in terms of Resolution XXI of May 2007 and Resolution XIV of May 2011.
- the application of the containment zone of Botswana fulfilled the requirements of the *Terrestrial Code* to be lifted allowing a full recovery of the status of 'FMD free zone where vaccination is not practised' as recognised by the OIE World Assembly of Delegates in terms of Resolution XV of May 2010.
- Evaluation of the request from a Member Country for the recovery of a zone free from FMD where vaccination is not practised

The Commission endorsed the recommendation of the *ad hoc* Group regarding the application of South Africa for the recognition of a new 'free zone where vaccination is not practised'. This recommendation has also been considered in the Terms of Reference of the mission that was conducted in southern Africa to assess the maintenance of the FMD status of Botswana, Namibia, South Africa and Swaziland (Section 4.1.a) of this report.

Further to the mission report, South Africa submitted an addendum to the application, requesting the recovery of the zone recognised in May 2005 and providing details on the measures implemented to rectify the shortcomings observed by the OIE expert mission.

During the decision on the application from South Africa, the member of the Commission from this country excused himself from the meeting.

The Commission considered the analysis of the *ad hoc* Group, the expert mission report and the addendum to the application and concluded that the zone of South Africa, as recognised by the OIE World Assembly of Delegates in terms of Resolution No. XX adopted in May 2005, fulfilled the requirements of the *Terrestrial Code* to regain its status of 'FMD free zone where vaccination is not practised' with effect from 14 February 2014.

However, and in accordance with the Standard Operating Procedures, the Commission requested the Director General to mandate a follow-up expert mission to South Africa to verify the full implementation of the measures described in the addendum.

The endorsed *ad hoc* Group report is attached as Annex 6.

d) *Ad hoc* Group on the evaluation of FMD status of Member Countries: 25-29 November 2013

- Evaluation of the request from a Member Country for the recognition of its FMD free status where vaccination is practised

The Commission reviewed and endorsed the recommendation made by the *ad hoc* Group on evaluation of the request of the Republic of Korea for the recognition of its FMD free status with vaccination. The Commission concluded that the Republic of Korea fulfilled the conditions to be considered FMD free with vaccination in accordance with Article 8.6.3. of the *Terrestrial Code* and recommended its recognition as an FMD free country where vaccination is practised by the OIE World Assembly at the 82nd General Session in May 2014.

- Evaluation of the request from a Member Country for the status recognition of a new FMD free zone where vaccination is not practised

The Commission reviewed and endorsed the recommendation made by the *ad hoc* Group on evaluation of the request of Argentina for the recognition of Patagonia Norte A as a new FMD free zone where vaccination is not practised.

During the decision on the application from Argentina, the member of the Commission from this country excused himself from the meeting.

The Commission concluded that Patagonia Norte A fulfilled the requirements of Article 8.6.4. of the *Terrestrial Code* and recommended its recognition by the OIE World Assembly at the 82nd General Session in May 2014 as an FMD free zone where vaccination is not practised, under the condition that Argentina submits complementary information as described in the *ad hoc* Group report.

- Evaluation of requests from two Member Countries for the status recognition of a new FMD free zone where vaccination is practised

The Commission reviewed and endorsed the recommendation made by the *ad hoc* Group on evaluation of the two requests for the recognition of a new FMD free zone where vaccination is practised.

The Commission agreed that the new zone proposed by Brazil fulfilled the requirements of Article 8.6.5. of the *Terrestrial Code* and recommended its recognition by the OIE World Assembly at the 82nd General Session in May 2014. The Commission noted that this zone would be merged with the two zones that were officially recognised by the OIE as free from FMD in May 2009 and May 2011 respectively.

The Commission evaluated *ad hoc* Group's recommendation on Bolivia and also the addendum presented by this country to the OIE in January 2014 to recognise a new zone as free of FMD where vaccination is practised.

The Commission acknowledged that the last reported case of FMD in Bolivia dated from 2007. However, the Commission noted that there were extensive territories in the zone intended to be recognised as free where vaccination is not practised that were not included in the 2013 serological survey. Therefore, the presence of FMDV transmission in these regions could not be fully excluded.

The Commission had an interview with a delegation from Bolivia who provided the rationale to merge the zones and also provided further clarifications on border control, the follow-up protocol in the case of positive or inconclusive samples and also on the capacity of the Bolivian Veterinary Services to maintain the status if finally recognised.

The Commission provisionally concluded that the zone proposed by Bolivia (consisting of the remaining part of the country not officially recognised by the OIE to date) fulfilled the requirements of Article 8.6.5. of the *Terrestrial Code* and provisionally recommended its recognition by the OIE World Assembly at the 82nd General Session in May 2014. However, the Commission recommended to the Director General to mandate a mission to the country, before any final decision, to verify compliance with the provisions of the *Terrestrial Code* for the control of FMD. Pending the outcome of the mission, the tentative decision of the Scientific Commission would be confirmed, Bolivia would be proposed for official recognition at 82nd General Session in May 2014.

- Evaluation of requests from two Member Countries for the endorsement of official control programme for FMD

The Commission reviewed and endorsed the recommendations of the *ad hoc* Group on the application of two Member Countries for the endorsement of their official control programme for FMD, as well as additional information provided by the applicant Member Countries.

The Commission concluded that the official control programme of Ecuador fulfilled the conditions to be endorsed by the OIE in accordance with Article 8.6.48. of the *Terrestrial Code* and recommended its endorsement by the OIE World Assembly at the 82nd General Session in May 2014.

For one Member Country, the Commission discussed in depth the dossier and concluded after additional electronic consultation that, to enable the Commission to make an informed decision on this application, an OIE expert mission to the country would be the most suitable way forward. Therefore the Commission proposed, in accordance with the provisions of Resolution 30 of the 81st General Session, to request the Director General to mandate an expert mission to the country before next Commission meeting scheduled in September 2014.

The endorsed *ad hoc* Group report is attached as Annex 7.

e) *Ad hoc* Group on Foot and Mouth Disease: 4-6 February 2014

The Commission reviewed and endorsed the report of the *ad hoc* Group on FMD in which the Member Country comments on the amended Chapter 8.6. of the *Terrestrial Code* were addressed, as well as its suggestions related to the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Terrestrial Manual)* that were referred to the Biological Standard Commission.

The Commission acknowledged with appreciation the efforts of the *ad hoc* Group to address all the Member Country comments. The Commission carefully considered and strongly supported, with minor modifications, the amended version of the Chapter 8.6. on FMD proposed by the *ad hoc* Group.

The Commission forwarded the amended chapter with the addressed Member Country comments and the *ad hoc* Group report to the Code Commission for further processing.

At their joint meeting, the Commission and the Code Commission agreed that due to the importance of this chapter to Member Countries and the extensive proposed changes, more time is needed by both Commissions to perform a final review of the comments by Member Countries as well as the minor changes suggested by the Scientific Commission. Both Commissions agreed that it would be more beneficial to share and together discuss the modifications made in the chapter and their scientific rationale along with the Code Commission's input to avoid any misinterpretations. Hence, the *ad hoc* Group's report and the conclusions of the Commission will be included in the report of next Commission meeting in September 2014. It was agreed between the two Commissions that the draft chapter as well as the report of the *ad hoc* Group will only be circulated to Member Countries after the September meetings of both Commissions.

f) *Ad hoc* Group on International horse movement for equestrian sport: 28-30 October 2013

The Commission was updated on the outcome of the October 2013 meeting of the *ad hoc* Group on International Horse Movement when the draft of the 'global HHP health certificate' was discussed.

The certificate has been drafted on the principles for the application of the concepts for the requirement of horses to become member of a HHP subpopulation and would include provisions on traceability, absence of certain diseases, treatments, etc.

The Commission discussed the principles of the certificate and made proposals for consideration in the preparation of the final draft of the certificate.

The Commission reviewed and endorsed the report of the *ad hoc* Group. The Commission recommended to the *ad hoc* Group to identify and address potential gaps that may occur during the implementation of the certificate.

The endorsed *ad hoc* Group report is attached as Annex 8.

g) *Ad hoc* Group on the evaluation of BSE risk status of Member Countries: 12-14 November 2013

The Commission reviewed and endorsed the report of the *ad hoc* Group on the application of 16 Member Countries for the evaluation of their BSE risk status. The Commission also took note of and supported the recommendation by the *ad hoc* Group for the Scientific and Technical Department to contact the authors of the BSurvE model to determine whether a reconstitution of the model to reflect the parameters which comprise the existing epidemiological situation might provide guidance in respect of the current alignment of surveillance credits by subpopulations.

The Commission met a delegation from the People's Republic of China to clarify any questions regarding their application for OIE official BSE risk status.

The Commission agreed to recommend the following Member Countries for adoption as having a negligible risk for BSE by the World Assembly at the 82nd General Session:

- Bulgaria, Croatia, Estonia, Hungary, Latvia, Luxembourg, Malta, Portugal, Romania, Slovakia and Korea.

In addition, the Commission agreed to recommend to the World Assembly that the People's Republic of China (with the exclusion of Hong Kong and Macao) be recognised as a zone having a negligible risk for BSE at the 82nd General Session.

For the remaining Member Countries, the applications were not approved and referred back to the Delegates of the respective countries with suggestions on actions to be taken to comply with the requirements of Chapter 11.5. of the *Terrestrial Code*.

The endorsed *ad hoc* Group report is attached as [Annex 9](#).

h) *Ad hoc* Group on Glanders: 24-28 November 2013

The Commission considered the views expressed by the *ad hoc* Group regarding inclusion of glanders in the group of diseases for official country status recognition. The Commission acknowledged that glanders should be considered for inclusion in the list of diseases for official status recognition only if there was a clear request and full support from industry and stakeholders in this regard. The Commission was not convinced that there were sufficient evidence and support that this was indeed the case. Hence, the Commission advised to postpone the inclusion of glanders in the list of diseases with official status recognition until more substantiating evidence to justify further consideration by the Commission, is provided.

The Commission in reviewing the draft amended chapter, acknowledged the need for confirmatory diagnostic testing in sero-positive animals without any history or signs of disease. The Commission noted that the *ad hoc* Group proposed in detail the tests that can be used to address this need although these tests are not prescribed in the *Terrestrial Manual*. The Commission though recognising the reason for proposing these tests, recommended that the testing regimen should be described in the *Terrestrial Manual* rather than in the *Terrestrial Code*. This concern was referred back to the Biological Standards Commission for its consideration.

The Commission endorsed and forwarded the *ad hoc* Group report and the amended chapter to the Code Commission for further processing.

The endorsed *ad hoc* Group report is attached as [Annex 10](#).

i) *Ad hoc* Group on Brucellosis: 2-4 December 2013

An updated chapter was sent to Member Countries for a first round of comments in February 2013. Extensive comments were received by August 2013 and on request of the Commission, referred to the *ad hoc* Group on Brucellosis for consideration.

The Commission evaluated the recommendations of the *ad hoc* Group, including the amendments suggested to the draft chapter on brucellosis of the *Terrestrial Code*.

The Commission discussed the role of European hares in the epidemiology of the disease and concluded, in support of the recommendations of the *ad hoc* Group, that European hares should be included as a susceptible specie in the chapter as they can play a role in disseminating *Brucella spp.* It was also recommended to maintain the provision of sampling all herds with a within-herd statistical representative sampling strategy to proof freedom of disease.

The revised chapter addressing Member Country comments and the *ad hoc* Group report were endorsed and forwarded to the Code Commission for further processing.

The endorsed *ad hoc* Group report is attached as [Annex 11](#).

j) *Ad hoc* Group on the evaluation of peste petits des ruminants (PPR) status of Member Countries: 17-19 December 2013

The Commission assessed the recommendations of the *ad hoc* Group for Member Country applications for PPR freedom and endorsed the recommendations of the *ad hoc* Group. The Commission noted that all Member Countries had provided the OIE with the requested animal health information. Hence, the Commission agreed to recommend to the World Assembly that the Member Countries listed in the report of the *ad hoc* Group be recognised as historically free from PPR at the 82nd General Session.

The Commission evaluated two applications received by the OIE after the meeting of the *ad hoc* Group and agreed to recommend to the World Assembly that Chile and Myanmar be recognised as free from PPR at the 82nd General Session. The recommendation of Myanmar will be provisional pending on the submission of relevant information by this country.

The Commission in considering the form for the annual reconfirmation of free status endorsed the minor modifications proposed by the *ad hoc* Group.

The endorsed *ad hoc* Group report is attached as [Annex 12](#).

k) *Ad hoc* Group on the evaluation of Contagious Bovine Pleuropneumonia (CBPP) status of Member Countries: 8-9 January 2014

The Commission discussed the report of the *ad hoc* Group and took note of its concern regarding the need for a revision of the chapter. The Commission acknowledged that the chapter should be fully reviewed along with the questionnaire by the *ad hoc* Group at their next meeting to incorporate current scientific knowledge and to harmonise the current chapter with other chapters of *Terrestrial Code* related to diseases for which an official status is recognised by the OIE.

The Commission considered and endorsed the recommendations of the *ad hoc* Group on the applications of three Member Countries. The Commission agreed to recommend to the World Assembly that Argentina, Canada and Singapore be recognised as free from CBPP at the 82nd General Session.

The endorsed *ad hoc* Group report is attached as [Annex 13](#).

l) *Ad hoc* Group to set up a global database on the use of antimicrobial agents in animals: 7-9 January 2014

The Commission considered the report of the Group and noted with appreciation the work of the *ad hoc* Group to set up a global database on the use of antimicrobial agents in animals.

The Group made suggestions to ensure appropriate data collection and reporting by the OIE. It also developed a draft template for data collection of quantities of antimicrobial agents used in animals and elaborated a work plan for 2014.

The next *ad hoc* Group meeting is planned for June 2014.

The endorsed *ad hoc* Group report is attached as [Annex 14](#).

m) *Ad hoc* Group on the evaluation of African horse sickness (AHS) status of Member Countries: 14-16 January 2014

The Commission assessed the recommendations of the *ad hoc* Group on the application of 15 Member Countries for the evaluation of their AHS historically free status. The Commission agreed that 12 out of the 15 Member Countries fulfilled the conditions to be recognised as AHS historically free countries in accordance with Article 12.1.2. of the *Terrestrial Code*. The Commission noted that all the Member Countries but one had provided the OIE with the requested animal health information. The Commission agreed to recommend to the World Assembly that the Member Countries listed in the report of the *ad hoc* Group be recognised as free from AHS at the 82nd General Session, pending the submission of the relevant information from Kyrgyzstan.

The applications for historical freedom of the three remaining Member Countries were not approved and referred back to the applicant Member Countries with suggestions on actions to be taken to comply with the requirements of the *Terrestrial Code*.

In addition, the Commission evaluated two applications received by the OIE after the meeting of the *ad hoc* Group and agreed to recommend to the World Assembly that Iceland and Myanmar be recognised as historically free from AHS at the 82nd General Session, pending the submission of the relevant animal health information for Myanmar.

The application of a Member Country to be recognised as free from AHS was not approved by the Commission and the dossier was referred back to the applicant Member Country with suggestions on actions to be taken to comply with the requirements of the *Terrestrial Code*. The Commission endorsed the report of the *ad hoc* Group attached as [Annex 15](#).

n) Working Group on Wildlife Diseases: 4-8 November 2013

The Commission discussed the report of the Working Group and noted with appreciation the excellent work carried out in support of the objectives of the Commission and the OIE. The Commission agreed with the proposal for a change of the formal name of the Working Group based on the acknowledgement that the Group is not only dealing with wildlife health-related issues. The Commission recommended that the name of the Working Group be changed to 'Working Group on Wildlife'.

The Commission took note of the work in progress by the Working Group on a scientific paper on rabies, its impact on biodiversity and on the role of wildlife in certain high priority diseases. This paper will be presented for publication in the OIE Scientific and Technical Review.

The Commission was informed about the outcomes of a meeting of the CPW (Collaborative Partnership on Sustainable Wildlife Management) which resulted in the planning of an international meeting on African Swine Fever (ASF) and other animal health issues at the wildlife-livestock-human interface which will be jointly hosted in Paris by the OIE and the International Council for Game and Wildlife during the last week of June 2014. Around 100-150 participants from both Veterinary Services and national hunting organisations are expected at this 2-day conference. The meeting will focus on the efforts by hunters and Veterinary Services in Europe to collaborate on and improving surveillance and early detection systems for ASF and other diseases of wildlife.

The Commission also took note of the discussion by the Working Group on animal health issues related to the establishment of Trans-frontier Conservation Areas (TFC's) in Africa and concluded that more work need to be done on this topic by the Group to provide guidance to the Scientific and Code Commissions in standard setting where the livestock-wildlife interface is involved in relation to TFC's.

The Commission also took with appreciation note of the preliminary data provided by the Working Group on the cost of wildlife surveillance and concluded that the Working Group should prioritise this topic to provide a more comprehensive report to guide the Commission in its decision-making process.

The report of the Working Group was endorsed ([81 SG/13 GT](#)).

3.2. Re-convening of *ad hoc* Groups

a) *Ad hoc* Group on tuberculosis. 11-13 March 2014

The Commission reviewed the draft agenda of the *ad hoc* Group on tuberculosis and suggested that the Group in final review of the amended chapter should follow the approach used in Chapter 11.3. on Bovine brucellosis to ensure harmonisation between both chapters.

The Commission agreed with the recommendation of the *ad hoc* Group on tuberculosis at its last meeting in April 2013 to request the collaboration of the *ad hoc* Group on Camelids to evaluate the role of this specie in the epidemiology of the disease.

The Commission suggested requesting the chairman of the *ad hoc* Group on tuberculosis to draft specific questions that could be forwarded for consideration by the *ad hoc* Group on Camelids.

3.3. Programme and priorities

a) *Ad hoc* Group on African swine fever

The Commission acknowledged the request by Member Countries at the 81st General Assembly for the need and importance of a review of Chapter 15.1. on African swine fever in the *Terrestrial Code*. In support of the priorities for the work plan, the Commission requested the Director General to convene an *ad hoc* Group for this purpose in April 2014. The Terms of References for the *ad hoc* Group were discussed and approved by the Commission which will include the revision of Chapter 15.1. and where applicable, harmonisation with Chapter 15.2. on Classical swine fever.

b) Harmonisation of the Terrestrial Code Chapters related to viral diseases of pigs

The Commission discussed the need for the harmonisation of the *Terrestrial Code* chapters related to viral diseases of pigs. Although the importance of such a harmonisation was acknowledged, it will be included in the working plan of the Commission at a later stage.

4. Official disease status

4.1. Expert missions by the Commission to Member Countries

a) Southern African countries: October-November 2013

The Commission was updated on the outcome on the mission conducted in four Member Countries from southern Africa on the maintenance of the FMD free status. The Commission thanked the participant countries for their excellent collaboration and transparency displayed during the mission.

b) Andean countries: April-May 2014

The Commission was informed on the Terms of Reference for the mission scheduled in Member Countries of the Andean region from 26 April to 9 May 2014.

c) South Africa FMD: Follow-up mission

The Commission suggested to the Director General to mandate a follow-up mission to South Africa, in accordance with Resolution No. 30 adopted at the 81st General Session. The main purpose of the mission would be to verify that the measures described in the country's addendum application have been fully implemented. The Commission suggested that the mission could be scheduled for early December 2014.

4.2. Situation of countries/zones with suspended status (FMD)

a) Chinese Taipei (suspended from 18 February 2009)

On request of the OIE, Chinese Taipei has submitted updated information related to the FMD situation in the country. On 18 February 2009, following FMD outbreaks, the previously FMD free status without vaccination was suspended. Considering the length of time since the status was suspended, the Commission agreed that Taipei China would be requested to provide a new dossier as for an initial application rather than a recovery, should it request recognition of its FMD status in the future.

4.3. Annual reconfirmations of official status

a) BSE surveillance points

In accordance with Resolution No. 30 adopted at the 81st General Session, Member Countries having an official BSE risk status should submit annually to the OIE a confirmation of their status. This included the number of surveillance points reached during the past year, in order to consider the compliance with Table 1 of Article 11.5.22.

The Commission considered three Member Countries who surveillance points did not reach the target required in Table 1 for type B surveillance of Article 11.5.22. of *Terrestrial Code*. The Commission requested these three Member Countries to clarify their number of surveillance points by year from the past seven years before the 82nd General Session. Should the information not be satisfactory, their status would be suspended.

4.4. Official control programme in Chapter 8.6. on FMD of the *Terrestrial Code*

The Commission clarified that Articles 8.6.25. and 8.6.28. of Chapter 8.6. of the *Terrestrial Code*, referring to official control programme should not be understood as being limited to OIE endorsed official control programmes but include national control programs not necessarily endorsed by the OIE. The Commission, once again, reiterated the need to define the differences between a national control program and an OIE endorsed control program within the glossary of the *Terrestrial Code*.

4.5. Atypical BSE and official recognition of BSE risk status

The Commission reviewed the scientific rationale of Article 11.5.3. of the *Terrestrial Code* requiring that every indigenous BSE case must be older than 11 years to recognise a country as having a negligible BSE risk. The Commission considered the epidemiological particularities of atypical BSE as spontaneously occurring events, likely to occur in all cattle populations everywhere at a certain low rate. Hence, Member Countries with a robust surveillance system might have more opportunities to identify atypical BSE cases than those countries with less intensive surveillance. The Commission further evaluated this issue jointly with the Code Commission to assess if atypical cases of BSE should be treated differently than classical BSE in the *Terrestrial Code*, as it was the case of atypical scrapie. It was decided that this issue would be discussed by the Commission at its next meeting in September 2014.

5. FMD and PPR control strategies

The Commission was updated by the Scientific and Technical Department on the progress with the global control programs for FMD and PPR.

- A first draft for the global control strategy for PPR is in preparation and will be presented and discussed during an expert consultation workshop in April 2014 in Rome. It is expected that around 40 participants representing key countries and regional organisations as well as specialised experts will attend. One representative of the Commission will be invited. The preparation of this PPR Global strategy will follow a similar pathway as for the global strategy for FMD. A peer review of the second draft plan and presentation of the final version will be done during an international conference in Abidjan, Ivory Coast from 9-11 December 2014. Around 250 participants are expected to participate in this conference mainly from countries affected by PPR. Several accompanying tools are under development such as a Monitoring and Evaluation tool, a Research and Expertise Network (PPR-GREN) and a Post Vaccination Monitoring tool.

- For the global control strategy for FMD it is intended to continue with the West Eurasia and Middle East Road Map Meetings to encourage countries to present and discuss the results of their FMD control programmes. For the first time, the OIE/FAO Global Framework for the progressive control of Transboundary Animal Diseases (GF-TADs) will be responsible for the organisation of the West Eurasia Road map meetings which will take place in Astana, in April 2014. The GF-TADs working group on FMD is also working in a FMD annual global report with the contribution from experts including the Pirbright Laboratory, PANAFTOSA and EUFMD. The Progressive Control Pathway for FMD control (FMD-PCP) guide would be updated and the FMD-PCP assessment tool will be discussed and validated during a dedicated workshop for this purpose in the following months. An OIE/FAO regional Road map meeting on FMD and PPR for the Middle East and North Africa regions will take place in Amman, in March 2014.

6. OIE Collaboration Centres

6.1. Application by the People's Republic of China for an Animal Health and Epidemiology Collaborating Centre

The Commission evaluated the application from China (People's Rep. of) for designation of an OIE Collaborating Centre for Veterinary Epidemiology and Risk Analysis Applications and concluded that the application complied with the scientific and technical expertise requirements for an OIE Collaborating Centre. The Commission noted the existence of an already OIE-approved Collaborating Centre for Veterinary Epidemiology and Public Health in New Zealand for the Asia-Pacific region. The Commission, in support of current OIE policy of having "one OIE Collaborating Centre per topic per region", recommended that the applicant contact the Collaborating Centre in New Zealand with a view to forming a consortium.

7. Liaison with other Commissions

7.1. Terrestrial Animal Health Standards Commission

See report of the joint meeting between the two Commissions attached as [Annex 16](#).

To facilitate communication between the two Commissions on the work in progress, a summary table of the Commission decisions/actions relative to *Terrestrial Code* chapters was included in the Commission's report as [Annex 17](#).

7.2. Biological Standards Commission

a) RT-PCR for African Horse Sickness (AHS): inter-laboratory comparison between the different methods recommended

The Commission was updated on progress on the work of the laboratory expert team working on the validation of a RT-PCR for AHS.

b) Revision of Peste des Petits Ruminants (PPRS) chapter of the *Terrestrial Manual*

The Commission reiterated the need expressed by the *ad hoc* Group for a review in the *Terrestrial Manual* of the prescribed tests for PPRS in the *Terrestrial Manual*.

c) Epizootic haemorrhagic disease (EHD)/Bluetongue (BT): coordination of the OIE Reference Laboratories to validate the Competitive Enzyme-Linked Immunoassay (c-ELISA) for EHD

The Commission was informed on the state of play of the validation of the c-ELISA for EHD and bluetongue and took with appreciation note of the decision not to delete the c-ELISA from the *Terrestrial Manual* as it was initially intended

d) Validation of differentiating infected from vaccinated animals (DIVA) tests

The Commission took note of the need for a DIVA test where vaccination for tuberculosis is applied and requested the *ad hoc* Group on Tuberculosis to advise the Commission accordingly.

8. Conferences, workshops, meetings

8.1. Third Global Conference of OIE Reference Centres, Seoul, Korea 14-16 October 2014 (for information)

The Commission was updated on the next Global Conference of OIE Reference Centres to be hosted by the Republic of Korea.

9. Disease specific issues

9.1. Rinderpest: web-based questionnaire for rinderpest virus (RPV) containing material

The Commission was updated on the progress with the OIE annual report on rinderpest virus containing material for 2013. The results would be presented at the 82nd General Session. A Resolution will be proposed for presentation at the 82nd General Session to make provision for a procedure for the designation of facilities holding RPV containing material to maintain global freedom from Rinderpest. A second proposed Resolution would request the World Assembly of Delegates to adopt facilities that have been successfully evaluated by OIE and FAO experts as 'Approved Rinderpest Holding Facilities'. This Resolution would require the facilities to comply with the mandate of the first resolution.

9.2. Emerging diseases updated: Middle East Respiratory Syndrome (MERS)-Coronavirus

The Commission was briefed on the current situation of MERS, and the joint work with WHO and FAO.

9.3. Foot and mouth disease post vaccination monitoring (PVM)

The Commission was briefed by a representative of the FAO on progress with the OIE-FAO post-vaccination monitoring guidelines.

The guidelines would be structured in 4 chapters covering: vaccine attributes, vaccine delivery and coverage, measuring antibody response to vaccination and effectiveness of vaccination programmes. Challenges, needs and uncertainties of the programme were also discussed with the Commission and possible solutions were proposed.

The Commission acknowledged with appreciation the progress with the establishment of the guideline and proposed a follow-up meeting supported by the OIE where the final decisions should be taken to finalise the guidelines. The Commission recommended that the guidelines should be published as a joint OIE-FAO publication.

9.4. Update on avian influenza surveillance in wild birds

The Commission was updated on the publication of an article reflecting the progress of the work done by the OIE in collaboration with the Wildlife Working Group on avian influenza surveillance in wild birds.

10. Any other business

10.1. Animal Health Surveillance Guide

The Commission reviewed the latest version of the guide and congratulated the colleagues involved in the finalisation of guide. The Commission endorsed this final version and recommended its publication.

10.2. Guideline for Animal Disease Control –information on OIE website

The Commission took note of the Member Country comments. The Commission endorsed the modifications and recommended to update the web-version accordingly.

10.3. Series of articles for the OIE Scientific Revue on import risk of poultry meat with regard to non OIE listed diseases

The Commission considered and supported the proposal from an author to draft a series of three species-specific review articles on the risk assessment associated with non OIE-Listed diseases for imports of chicken, turkey and duck meat.

10.4. Bio-threat reduction issues

The Commission was updated on and took with appreciation note of the progress with projects related to bio-threat reduction in which the OIE is actively participating with other international organisation and governments.

10.5. Update on the Foot and mouth disease Reference Laboratory network.

The Commission was briefed by Dr Donald King (Pirbright) on the activities of the Foot and Mouth Disease reference laboratory network.

10.6. Working program of the Scientific Commission

The Commission reviewed the working program for the year, identified priority issues and scheduled the dates for the various *ad hoc* Group meetings which can be accessed by Member Countries on the OIE website.

11. Adoption of the report

The Commission agreed to circulate the draft report electronically for comments before adoption.

The next meeting of the Scientific Commission is scheduled for 15-19 September 2014.

.../annexes

MEETING OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 10-14 February 2014

Agenda

- 1. Adoption of the agenda and appointment of rapporteur**
- 2. Issues from the last meeting of the Scientific Commission**
 - 2.1. Member Country comments received by January 2014 for consideration of the Commission**
 - a) Chapter 4.6. Collection and processing of bovine, small ruminants and porcine semen
 - b) Chapter 6.7. Harmonisation of national antimicrobial resistance surveillance and monitoring programmes
 - c) Chapter 6.10. Risk Assessment for antimicrobial resistance arising from the use of antimicrobials in animals
 - d) Chapter 1.1. Notification of diseases, infection and infestations and epidemiological information
 - e) Chapter 1.2. Criteria for the inclusion of diseases, infections and infestations on the OIE list
 - f) Chapter 11.8. Infection with *Mycoplasma mycoides* subsp. *mycoides* SCC. (Contagious Bovine Pleuropneumonia - CBPP)
 - g) Chapter 4.X. High Health Status Horses (HHP)
 - 2.2. Member Country comments received by January 2014 for the Scientific Commission information**
 - a) Chapter 12.1. Infection with African Horse Sickness virus (AHS)
 - b) Chapter 8.12. Rift Valley Fever
 - c) Chapter 14.8. Infection with Peste des Petits Ruminants Virus (PPR)
- 3. Ad hoc and Working Groups**
 - 3.1. Meeting reports for endorsement**
 - a) *Ad hoc* Group on Porcine Respiratory and Reproductive Syndrome (PRRS): 9-11 July 2013 and 8-9 October 2013
 - b) *Ad hoc* Group on Schmallenberg virus: 10-11 October 2013
 - c) *Ad hoc* Group on the evaluation of FMD status of Member Countries: 21-24 October 2013
 - d) *Ad hoc* Group on the evaluation of FMD status of Member Countries: 25-29 November 2013
 - e) *Ad hoc* Group on Foot and Mouth Disease: 4-6 February 2014
 - f) *Ad hoc* Group on International horse movement for equestrian sport: 28-30 October 2013
 - g) *Ad hoc* Group on the evaluation of BSE risk status of Member Countries: 12-14 November 2013
 - h) *Ad hoc* Group on Glanders: 24-28 November 2013
 - i) *Ad hoc* Group on Brucellosis: 2-4 December 2013
 - j) *Ad hoc* Group on the evaluation of peste petits des ruminants (PPR) status of Member Countries: 17-19 December 2013
 - k) *Ad hoc* Group on the evaluation of Contagious Bovine Pleuropneumonia (CBPP) status of Member Countries: 8-9 January 2014
 - l) *Ad hoc* Group to set up a global database on the use of antimicrobial agents in animals: 7-9 January 2014
 - m) *Ad hoc* Group on the evaluation of African horse sickness (AHS) status of Member Countries: 14-16 January 2014
 - n) Working Group on Wildlife Diseases: 4-8 November 2013
 - 3.2. Re-convening of ad hoc Groups**
 - a) *Ad hoc* Group on tuberculosis. 11-13 March 2014
 - 3.3. Programme and priorities**
 - a) *Ad hoc* Group on African swine fever
 - b) Harmonisation of the Terrestrial Code Chapters related to viral diseases of pigs

4. Official disease status

4.1. Expert missions by the Commission to Member Countries

- a) Southern African countries: October-November 2013
- b) Andean countries: April-May 2014
- c) South Africa FMD: Follow-up mission

4.2. Situation of countries/zones with suspended status (FMD)

- a) Chinese Taipei (suspended from 18 February 2009)

4.3. Annual reconfirmations of official status

- a) BSE surveillance points

4.4. Official control programme in Chapter 8.6. on FMD of the *Terrestrial Code*

4.5. Atypical BSE and official recognition of BSE risk status

5. FMD and PPR control strategies

6. OIE Collaboration Centres

6.1. Application by the People's Republic of China for an Animal Health and Epidemiology Collaborating Centre

7. Liaison with other Commissions

7.1. Terrestrial Animal Health Standards Commission

7.2. Biological Standards Commission

- a) RT-PCR for African Horse Sickness (AHS): inter-laboratory comparison between the different methods recommended
- b) Revision of Peste des Petits Ruminants (PPRS) chapter of the *Terrestrial Manual*
- c) Epizootic haemorrhagic disease (EHD)/Bluetongue (BT): coordination of the OIE Reference Laboratories to validate the Competitive Enzyme-Linked Immunosorbent Assay (c-ELISA) for EHD
- d) Validation of differentiating infected from vaccinated animals (DIVA) tests

8. Conferences, workshops, meetings

8.1. Third Global Conference of OIE Reference Centres, Seoul, Korea 14-16 October 2014 (for information)

9. Disease specific issues

- 9.1. Rinderpest: web-based questionnaire for rinderpest virus (RPV) containing material**
- 9.2. Emerging diseases updated: Middle East Respiratory Syndrome (MERS)-Coronavirus**
- 9.3. Foot and mouth disease post vaccination monitoring (PVM)**
- 9.4. Update on avian influenza surveillance in wild birds**

10. Any other business

- 10.1. Animal Health Surveillance Guide**
- 10.2. Guideline for Animal Disease Control –information on OIE website**
- 10.3. Series of articles for the OIE Scientific Revue on import risk of poultry meat with regard to non OIE listed diseases**
- 10.4. Bio-threat reduction issues**
- 10.5. Update on the Foot and mouth disease Reference Laboratory network.**
- 10.6. Working program of the Scientific Commission**

11. Adoption of the report

MEETING OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 10-14 February 2014

List of Participants

MEMBERS

Dr Gideon Brückner (*President*)

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

Dr Kris De Clercq (*Vice-President*)

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

Dr Yong Joo Kim (*Vice-President*)(*Invited but could not attend*)

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

Prof. Hassan Abdel Aziz Aidaros

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

Dr Sergio J. Duffy

Centro de Estudios Cuantitativos en Sanidad
Animal
Facultad de Ciencias Veterinarias
Universidad Nacional de Rosario (UNR)
Arenales 2303 - 5 piso
1124 Ciudad Autónoma de Buenos Aires
ARGENTINA
Tel: (54-11) 4824-7165
sergio.duffy@yahoo.com

Prof. Thomas C. Mettenleiter

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

INVITED EXPERTS

Dr Don King

(*Representative of the FAO/OIE
FMD Reference Laboratory Network*)
The Pirbright Institute
Ash Road
Pirbright, Surrey GU24 0NF
UNITED KINGDOM
Tel: (44-1483) 23.11.31
Fax: (44-1483) 23.74.48
donald.king@pirbright.ac.uk

Dr Samia Metwally

Animal Health Officer (Virologist)
AGAH, AGA Division
Food and Agriculture Organization of UN
Viale delle Terme di Caracalla
00153 Rome
ITALY
Tel: +393463621619
Samia.metwally@fao.org

OIE HEADQUARTERS

Dr Bernard Vallat

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

Dr Elisabeth Erlacher-Vindel

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

Dr Laure Weber-Vintzel

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

Dr Gregorio Torres

Scientific and Technical Department
g.torres@oie.int

**REPORT OF THE OIE AD HOC GROUP ON
PORCINE REPRODUCTIVE AND RESPIRATORY SYNDROME**

Paris, 9–11 July 2013

A meeting of the OIE *ad hoc* Group on Porcine Reproductive and Respiratory Syndrome (hereafter the Group) was held at the OIE Headquarters in Paris from 9 to 11 July 2013.

1. Opening

Dr Gideon Brückner, Acting Head of the Scientific and Technical Department and President of the Scientific Commission of Animal Diseases, welcomed the Group members on behalf of Dr Bernard Vallat, the Director General of the OIE. He explained to the participants the process of chapter development for the OIE *Terrestrial Animal Health Code (Terrestrial Code)*, since the main task of the Group would be to draft a new chapter for Porcine Reproductive and Respiratory Syndrome (PRRS).

Dr Alex Thiermann, President of the Terrestrial Animal Health Standards Commission, suggested the Group to use the chapter on Aujeszky's disease and the recently adopted chapter on classical swine fever (CSF) of the *Terrestrial Code* as templates, but to create and adapt the text to the particularities of PRRS.

2. Adoption of the agenda, appointment of a chairman and rapporteur

Dr Trevor Drew was appointed as chairman and the OIE Secretariat helped with the rapporteur functions.

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

3. Overall considerations

Dr Drew had served as Chairman of the last meeting of an *ad hoc* Group on PRRS that took place in 2008. Dr Drew explained that the Group then felt that a *Terrestrial Code* chapter could not be developed because of a number of reasons that could be responded now. At that time, PRRS had emerged in the Asian continent and the global status of the disease was still uncertain. Since 2008, diagnostic tests have improved and the emergence of virulent isolates has been observed for both type-1 and type-2 PRRS virus (PRRSv) strains. Laboratories would have to face continuous challenges because of the emergence of new isolates in endemic situations. Finally, three countries, namely Chile, South Africa and Sweden, had achieved PRRS eradication and could serve as examples to provide general recommendations, even if a unique approach could not be provided.

The Group followed the *Terrestrial Code* chapters on Aujeszky's disease and CSF as recommended, but realised that the chapter on Aujeszky's disease might need revision of the wording and structure to align it with recently updated chapters.

Similarly, the Group noted that the chapter on PRRS in the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Terrestrial Manual)* also needed a revision to take into account the different types of vaccines available and the latest molecular tests.

4. Development of the draft Terrestrial Code Chapter on PRRS

Article on General provisions

The definition of ‘infection’ and hosts for the purposes of the *Terrestrial Code* were drafted by the Group taking the chapter on CSF as a model taking into account the differences of PRRS as follow;

- PRRSv isolation is complex and not commonly available, but laboratories should be encouraged to improve their capabilities in this respect.
- Vaccination is widely used to control and eliminate PRRS in many countries. The most effective vaccines use modified live virus but there is a risk that PRRS vaccine strains may be transmitted to unvaccinated pigs. The Group argued that a country using modified live vaccines could not be considered free from PRRS. Inactivated vaccines were available but, although safer, the effectiveness of those currently licensed was limited¹. The Group agreed to recommend an update to the *Terrestrial Manual* chapter on PRRS, particularly on the vaccine section, to take account of the different types of vaccines.
- Although both wild and domestic pigs (*Sus scrofa*) are susceptible, the role played by wild pigs in the epidemiology of PRRS is not recognised to be of significance.
- Incubation period: the Group agreed that the time from infection to clinical signs would be between 2-14 days, with an average of one week. For the purposes of the *Terrestrial Code*, this time period was agreed to be set at 14 days.
- Infective period: Variable figures in the literature led the Group to consider the extension of the infective period to range between an average of 3 to 40 days, although in some instances it could last for several months, as in the case of semen from infected boars.

Article on safe commodities

The Group listed those commodities considered safe for trade and identified the need to define casings, skins and trophies in the glossary of the *Terrestrial Code* including the standard processes to which they are subjected.

Articles on status

The Group decided to continue following the chapter on CSF which appeared more updated than Aujeszky’s disease chapter for the development of the article on free status, taking into account the obvious differences especially in relation to official status. For example, the notion of compartment had not been developed when the chapter on Aujeszky’s disease was last reviewed. The management options at the compartment level were taken into account for PRRS in the same article as for country and zone.

The Group drafted the criteria for freedom taking into account the risk posed by circulating vaccine virus that would prevent a country with vaccinated animals from claiming freedom.

Regarding point 4 of Article X.X.3., the Group was keen to highlight the risk posed by circulating vaccine virus and that in the absence of challenge, vaccinated animals would generally no longer have antibodies after 6 months.

To recover the free status after an outbreak, negative test results one month after the last positive was eliminated was considered sufficient for the Group, rather than the three months recommended for CSF, since there were fewer chances of virus persistence in the environment or in pig populations without detection. Emergency vaccination with subsequent removal of vaccinated animals was considered as an option in a modified stamping-out policy.

¹ Scortti M., Prieto C., Alvarez E., Simarro I. & Castro J.M. (2007). Failure of an inactivated vaccine against porcine reproductive and respiratory syndrome to protect gilts against a heterologous challenge with PRRSV. *Veterinary Record*, **161**: 809-813 doi:10.1136/vr.161.24.809

Articles on importation of live pigs

- Even if clinical signs of PRRS were not specific and variable, pigs should be clinically healthy in order to be imported; the Group agreed to retain the standard sentence used for other chapters in the *Terrestrial Code*.
- Breeding boars were considered to pose a higher risk than other pigs, given the high risk posed by PRRSv transmission due to the duration of excretion of virus in semen. The Group therefore felt that boars had to be kept in a free country, zone or compartment for 6 months rather than 3 months.
- A differentiation was made between pigs for breeding/rearing and pigs for slaughter.
- Recommendations for import of wild and feral pigs, whether from infected or free areas, were drafted.
- For both breeding pigs and wild and feral pigs, testing before shipment was included.

Articles on importation of semen

- Recommendations were drafted to specify the testing regime of donor animals from PRRS infected countries or zones before entering the pre-entry isolation facility, in the pre-entry isolation facility, and in the artificial insemination centre.
- Monthly serological testing was recommended in the artificial insemination centre in PRRS infected countries or zones because of the difficulties recognised in maintaining artificial insemination centres continuously free from PRRS using less frequent testing.
- The Group noted that the links in Article 4.6.4. to disease specific chapters needed revision and that circular references should be eliminated. If the new provisions drafted for PRRS were adopted, the correct reference to the PRRS article should also be inserted.
- Testing for viral nucleic acid in every batch of semen was introduced to facilitate trade of semen of sero-negative boars where other conditions could not be met. Sero-positive boars can pose a risk since they may intermittently excrete virus in semen for prolonged periods². The Group recommended that the *Terrestrial Manual* was updated to include these tests.

Articles on importation of embryos

The Group drafted the recommendations regardless of the PRRS status of the country of origin. Trade of pig embryos was considered very uncommon. Transmission of PRRS to the foetus happened if the sow was infected during gestation rather than through embryo transfer anyway.

Articles on importation of fresh meat

It is generally considered that traded fresh meat handled under standard commercial conditions represent a negligible risk of containing sufficient level of infectious virus to establish an infection in a susceptible pig on the assumption that pigs are generally not exposed to unprocessed meat. Such handling would involve exsanguination, chilling and maturation. Virus becomes rapidly inactivated at pH<6 which is reached during the maturation process (pork meat drops to pH 5.5-5.6 within 24 hours, during the maturation process). Recent information regarding some newly emerging highly pathogenic strains has found its distribution to be in alveolar epithelial and vascular endothelial cells³ and meat may pose a risk if the necessary pH to inactivate the virus is not reached. The Group concluded that fresh meat following such handling presents a negligible risk of infection with PRRSv.

² Prieto C. & Castro J.M. (2005). Porcine reproductive and respiratory syndrome virus infection in the boar: a review. *Theriogenology*, **63**(1):1-16.

³ Hu S.P., Zhang Z., Liu Y.G., Tian Z.J., Wu D.L., Cai X.H., He X.J. (2013). Pathogenicity and distribution of highly pathogenic porcine reproductive and respiratory syndrome virus in pigs. *Transbound. Emerg. Dis.*, 2013 Aug; **60**(4): 351-9. doi: 10.1111/j.1865-1682.2012.01354.x. Epub 2012 Jul 5.

Decades of international trade involving millions of tonnes of pork from endemic countries does not seem to have resulted in the introduction of virus or exotic genotypes into new areas. Experimental evidence of oral transmission shows variable results, depending mainly on the degree of maturation and the quantity of infected pork meat fed to susceptible pigs (Appendix III).

Taking the above into account and the approach followed in the recently adopted chapter on PPR, the Group drafted recommendations for the import of meat, regardless of the PRRS status of the country of origin.

Apart from anecdotal illegal movements of wild pig meat had happened in the past, the Group argued that wild boar meat was not very frequently imported. For this reason, risk by wild pig meat import was considered very low and provisions were drafted without testing requirements.

Articles on importation of other products

The Group considered the rest of products to be highly processed material that would pose a negligible risk since they would be submitted to heat treatments (>37°C) that would inactivate PRRSV.

The Group concluded that the risk posed by certain offal due to lack of equivalent maturation may be higher than that posed by meat, and developed recommendations to mitigate this risk.

Finally, no specific recommendations were drafted for import of swill given PRRSV easy inactivation in the environment.

5. PRRS specific surveillance guidelines

The Group listed a number of characteristics unique to PRRS that required drafting specific surveillance Articles and would be finished in a next meeting.

6. Other issues

No other issues.

7. Finalization and adoption of the draft report

The Group reviewed and amended the draft report provided by the rapporteur. The Group agreed that the report would be subject to a period of circulation within the Group for comments. The report was finalised by correspondence.

.../Appendices

Appendix I

**MEETING OF THE
OIE AD HOC GROUP ON PORCINE REPRODUCTIVE AND RESPIRATORY SYNDROME
Paris, 9 – 11 July 2013**

Agenda

1. Opening
 2. Adoption of agenda, appointment of chairman and rapporteur
 3. Overall considerations
 4. Development of the draft *Terrestrial Code* Chapter on PRRS
 5. PRRS specific surveillance guidelines
 6. Other issues
-

Appendix II

**MEETING OF THE
OIE AD HOG GROUP ON PORCINE REPRODUCTIVE AND RESPIRATORY SYNDROME**

Paris, 9- 11 July 2013

List of participants

MEMBERS

Prof. Zygmunt Pejsak
(OIE Reference Laboratory for PRRS)
National Veterinary Research Institute
Partyzantow Str. 57
24-100 Pulawy
POLAND
Tel: +48-81 889 30 30
Fax: +48-81 886 25 95
zpejsak@piwet.pulawy.pl

Dr Trevor Drew
(OIE Reference Laboratory for CSF)
Head of Statutory and Exotic Virus
Programme
Veterinary Laboratories Agency
(Weybridge)
Woodham Lane, New Haw, Addlestone
Surrey KT15 3NB
UNITED KINGDOM
Tel: 44 (0)1932 357 637
Fax: 44 (0)1932 357 239
trevor.drew@ahvla.gsi.gov.uk

Dr Torben Grubbe
Danish Veterinary and Food Administration
Station Parken 31-33
2600 Glostrup
DENMARK
Tel. +45 72 27 65 39
Email: tgr@fvst.dk

Hernán Rojas Olavarría
CERES Consulting
Apoquindo 3401 oficina 21
Providencia Santiago Chile
CHILE
Tel: +56-9-82996315
liolemus@gmail.com

Dr Howard Pharo
Manager Import & Export Analysis
Ministry for Primary Industries
Pastoral House 25 The Terrace
PO Box 2526, Wellington
NEW ZEALAND
Tel: (64) 4 894 05 05
Fax: (64) 4 894 07 31
Howard.Pharo@mpi.govt.nz

Dr Tung Nguyen
Vice Director, National Centre for
Veterinary Diagnostics,
No. 11 - 78th lane - GIAI PHONG st.
Phuong Mai - Dong Da - Hanoi
VIETNAM
Tel: +84 4 3868 6362
Fax: +84 4 3868 6813
Cell: +84 98 252 0606 / 91 2525 012
nguyentungncvd@hotmail.com

Dr Gary Bührmann
Chief State Veterinarian Boland
Directorate Veterinary Services
Western Cape Province
Private Bag X1, Elsenburg 7607.
SOUTH AFRICA
Tel: 021 808 5026
Fax: 021 808 5125
GaryB@elsenburg.com

Dr Scott Allen Dee
(invited but could not attend)
Department of Veterinary Population
Medicine
College of Veterinary Medicine
University of Minnesota
385c Animal Science/Veterinary Medicine
Building
St. Paul, MN 55108
USA
Tel: 612-625-4786
Fax: 612-625-1210
sdee@pipevet.com

SCIENTIFIC AND CODE COMMISSION REPRESENTATIVES

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

Dr Alex Thiermann (President Code Commission)
12 rue de Prony
75017 Paris
FRANCE
a.thiermann@oie.int

OIE HEADQUARTERS

Dr Bernard Vallat
Director-General
12 rue de Prony
75017 Paris
FRANCE
b.vallat@oie.int

Dr Gideon Brückner
Acting Head
Scientific and Technical Department
g.bruckner@oie.int

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

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

Appendix III**The effect of the nature of PRRS virus on the likelihood of transmission in meat**

PRRSv has a delicate lipid envelope which is inactivated by lipid solvents and heat (Fauquet *et al.*, 2005). It persists for 1-6 days at 20-21°C, 3-24 hrs at 37°C and 6-20 minutes at 56°C. Although the virus is very stable when stored at temperatures of -70°C to -20°C, it is considerably less stable when stored at normal refrigeration temperatures; at 4°C about 90% of infectivity is lost within a week. PRRSv is stable at pH 6.5 to 7.5, but infectivity is rapidly lost at pH below 6 and above 7.5 (Zimmerman *et al.*, 2006).

The main target cells for PRRSv are macrophages, particularly those in lungs and lymph nodes. While alveolar macrophages are the most favoured cell for replication, only about 2% of these cells become infected, even at the peak of virus replication in the lungs (EFSA, 2005).

Transmission has been demonstrated by multiple routes of exposure – intranasal, intramuscular, oral, intrauterine and vaginal. Pigs are extremely sensitive to parenteral exposure, and considerably less so by other routes (Zimmerman *et al.*, 2006).

Presence of PRRS virus in meat

Virus isolation has limited sensitivity to detect low titres of virus - the limit to detection in meat was reported by Bloemraad *et al.* (1994) to be about $10^{2.8}$ TCID₅₀ per g while later (Van der Linden *et al.*, 2003) considered it to be somewhat lower at $10^{1.8}$ TCID₅₀ per g. RT-PCR is considerably more sensitive, and its use has led to higher estimates of infectivity in meat (Magar & Larochelle, 2004; Van der Linden *et al.*, 2003). However, since RT-PCR detects viral RNA rather than infectious virus, its use alone appears to result in overestimation of the likelihood of infectivity being present in meat (Baker *et al.*, 2007; Hermann *et al.*, 2007; Jakobs *et al.*, 2010). While feeding trials appear at first sight to be the most objective test of infectivity in meat, they must be carefully designed to avoid horizontal transmission between recipient pigs (Magar & Larochelle, 2004; Van der Linden *et al.*, 2003). Moreover, the high cost of feeding trials mitigates against their wider use in more fully exploring the issue of infectious dose of PRRSv.

As discussed by Farez & Morley (1997), several studies carried out in the 1990s reported the isolation of PRRSv from meat and associated regional lymph nodes of small numbers of pigs. Bloemraad *et al.* (1994) took meat samples from four artificially infected pigs, two of which were slaughtered at 5 days post inoculation (PI), and two at 10 days PI. Virus was present in leg muscle of one pig at 5 days PI – the titre at zero hrs post-mortem was $10^{3.7}$ TCID₅₀ and by 24 hours post-mortem (stored at 4°C) the titre was $10^{2.9}$ TCID₅₀. In another pig slaughtered at 10 days PI the virus was found in diaphragm muscle 24 hours post mortem at titre of $10^{2.8}$ TCID₅₀ – this titre was considered to be the limit of detection by tissue culture. However, by 48 hr post mortem, no virus was detectable in any of the muscle specimens from any of the four pigs held at 4°C. Mengeling *et al.* (1995) isolated PRRSv from meat of only one of six experimentally infected pigs, while Magar *et al.* (1995) were able to isolate virus from muscle and lymph nodes of two pigs at 7 days PI but not at 14 days PI.

Several studies on meat at the point of slaughter were also carried out in the 1990s. Larochelle & Magar (1997) collected meat samples from packages of frozen meat ready for export from four Canadian processing plants in an area where PRRS was endemic. No virus could be isolated from 2,190 individual carcass samples pooled in groups of five prior to testing. Frey *et al.* (1995) sampled fresh pork derived from commercially slaughtered pigs in the USA. Virus was isolated from six sample pools out of a total of 1,049 sample pools taken from 178 lots of fresh pork (40,000 lb per lot). Most positives were obtained only after multiple cell culture passages, and virus titres were so low that confirmation by re-isolation was not always successful and had to be done by RT-PCR. In Taiwan 85% pigs tested at three abattoirs were seropositive for PRRSv, but none of 472 carcass samples of market pigs at slaughter were positive by RT-PCR (Wang, 1999).

These studies collectively demonstrated that the likelihood of isolating virus from meat of pigs at slaughter was low and as a result it was generally considered in the 1990s that meat was unlikely to be a vehicle for transmission of PRRS.

Trials feeding meat to pigs

Feeding trials have demonstrated that it is possible to transmit PRRS virus to susceptible recipients through the consumption of infected meat. However, these studies have had a number of shortcomings and, most significantly, none of these studies have attempted to transmit PRRS using meat that has been subject to normal commercial slaughter & meat handling practices.

Van der Linden *et al.* (2003) took meat samples at slaughter from 24 pigs that had been artificially infected with PRRSv 11 days earlier. At this point 12 of the 24 samples were positive for PRRS by virus isolation. After freezing for 10 days at -23°C, samples were tested by virus isolation and RT-PCR. Although only two out of the 24 samples were positive by virus isolation at this point, all but one sample was RT-PCR positive. After 14 days storage at -23°C, two 500g samples of raw muscle meat from each donor pig were thawed, cut into pieces about 7cm³ and fed over 2 days (250g per day) to two recipient pigs. Thus, each of the 48 recipient pigs consumed 500g of raw meat over 2 days. Recipient pigs had been deprived of food for 2 days, and uptake by these animals was classified as good or moderate, and recipient pigs were observed to chew the meat samples. Three days after feeding, 50% of the recipient pigs (24 of 48) were viraemic. Although by 6 days after feeding all 48 recipient pigs were viraemic, the authors were unable to determine whether they had become infected by eating meat or by horizontal transmission from the other recipient pigs. Nevertheless, four of the recipient pigs that became viraemic by day 3 had been fed meat from which virus could not be detected either before or after freezing, suggesting that there was sufficient infectivity in 500g of raw muscle meat to infect recipient pigs even when the titre was below the detection limit of virus isolation. Although the question of infectious dose was not examined in detail, Van der Linden *et al* (2003) also demonstrated oral transmission of PRRS by feeding 500g meat samples spiked with PRRSv at a titre of 10^{2.8-3.3} TCID₅₀ per g.

Magar and Larochelle (2004) found that 19 of 1027 meat samples (1.85%) randomly collected at two Canadian slaughterhouses were positive to PRRSv by RT-PCR, even though only one sample was positive by virus isolation. When meat from 11 of the RT-PCR positive carcasses was fed to pairs of recipient pigs, in quantities from 1.05 kg to 1.8 kg over 2 days, seven of the 11 pairs (63%) became infected. From this study it may be concluded that approximately 1.2% of pigs *at slaughter* can be expected to have infectious virus in meat, at least under North American conditions, despite the titre of virus being below the threshold of detection by virus isolation.

Both of the above feeding trials exhibited design deficiencies. The large amounts of meat fed to each of the recipient pigs (500g over 2 days in the case of van der Linden *et al* (2003), and a variable amount from 1.05 to 1.8 kg over 2 days in the case of Magar & Larochelle (2004) leave ample room for speculation as to how this result should be interpreted regarding the level of risk posed by scraps of meat that may be incorporated into pig swill. Both of these studies reported that pigs were reluctant to eat the pork pieces, even though in the case of the Van der Linden *et al* (2003) study the meat had been cut into pieces just under 2 cm cubes. Apparently in view of its low palatability, the recipient pigs in both trials were starved for 24 hours prior to the feeding event in order to encourage consumption.

However, Molina *et al* (2009) further investigated the transmissibility of PRRS by ingestion of meat from infected animals, and reported that while 13 of 89 muscle samples (14.6%) were positive for PRRS by RT-PCR at various intervals post infection, in none of these 13 cases did the feeding of 100-200g of meat to individually housed recipient pigs result in infection.

None of the feeding trials described to date have used meat samples that have been subject to normal commercial processing and handling conditions. Post-slaughter bleeding, maturation, refrigeration, and other delays can be expected to have a profound effect on the titre of PRRSv in pig meat before it reaches the point of retail.

References

- Baker R.B., Yu W., Fuentes M., Johnson C.R., Peterson L., Rossow K., Daniels C.S., Daniels A.M., Polson D., & Murtaugh M.P. (2007). - Prairie dog (*Cynomys ludovicianus*) is not a host for porcine reproductive and respiratory syndrome virus. *Journal of Swine Health Production*, **15** (1), 22-29.
- Bloemraad M., de Kluijver E.P., Petersen A., Burkhardt G. & Wensvoort G. (1994). - Porcine reproductive and respiratory syndrome: Temperature and pH stability of Lelystad virus and its survival in tissue specimens from viraemic pigs. *Veterinary Microbiology*, **42** (4), 361-371.
- European Food Safety Authority (2005). - The probability of transmission of Porcine Reproductive and Respiratory Syndrome virus (PRRSv) to naïve pigs via fresh meat. *The EFSA Journal*, **239**, 1-85.
- Farez S. & Morley R.S. (1997). - Potential animal health hazards of pork and pork products. *Rev. sci. tech. Off. Int. Epiz.*, **16** (1), 65-78.
- Fauquet C.M., Mayo M.A., Manioff J., Desselberger U. & Ball L.A. (eds) (2005). - Virus Taxonomy: Classification and Nomenclature of Viruses. Eighth Report of the International Committee on Taxonomy of Viruses. San Diego, Elsevier Academic Press.
- Frey M.L., Landgraf J.G., Schmitt B.J., Eernisse K.A. & Pearson J.E. (1995). - Recovery of the porcine reproductive and respiratory syndrome virus from tissues of slaughter weight pigs. In Proceedings of the Second International Symposium on Porcine Reproductive and Respiratory Syndrome (PRRS). August 9-10, Copenhagen, 28.
- Hermann J.R., Munoz-Zanzi C.A., Roof M.B., Burkhardt K. & Zimmerman J.J. (2005). - Probability of porcine reproductive and respiratory syndrome (PRRS) virus infection as a function of exposure route and dose. *Veterinary Microbiology*, **110** (1-2), 7-16.
- Jacobs A.C., Hermann J.R., Muñoz-Zanzi C., Prickett J.R., Roof M.B., Yoon K.J. & Zimmerman J.J. (2010). - Stability of porcine reproductive and respiratory syndrome virus at ambient temperatures. *Journal of Veterinary Diagnostic Investigation*, **22** (2), 257-260.
- Larochelle R. & Magar R. (1997). - Evaluation of the presence of porcine reproductive and respiratory syndrome virus in packaged pig meat using virus isolation and polymerase chain reaction (PCR) method. *Veterinary Microbiology*, **58** (1), 1-8.
- Magar R., Robinson Y., Dubuc C. & Larochelle R. (1995). - Evaluation of the persistence of porcine reproductive and respiratory virus in pig carcasses. *Veterinary Record*, **137** (22), 559-561.
- Magar R. & Larochelle R. (2004). - Evaluation of the presence of porcine reproductive and respiratory syndrome virus in pig meat and experimental transmission following oral exposure. *Canadian Journal of Veterinary Research*, **68** (4), 259-266.
- Mengeling W.L., Lager K.M. & Vorwald A.C. (1995). - Diagnosis of porcine reproductive and respiratory syndrome. *Journal of Veterinary Diagnosis and Investigation*, **7** (1), 3-16.
- Molina R.M., Nelson E.A., Christopher-Hennings J., Hesse R., Rowland R.R. & Zimmerman J.J. (2009). - Evaluation of the risk of PRRSv transmission via ingestion of muscle from persistently infected pigs. *Transboundary and Emerging Diseases*, **56** (1-2), 1-8.
- Van der Linden I.F.A., van der Linde-Bril E.M., Voermans J.J.M., van Rijn P.A., Pol J.M.A., Martin R. & Steverink P.J.G.M. (2003). - Oral Transmission of Porcine Reproductive and Respiratory Syndrome Virus by Muscle of Experimentally Infected Pigs. *Veterinary Microbiology*, **97** (1-2), 45-54.
- Wang F.I. (1999). - Minimal residues of porcine reproductive and respiratory syndrome virus in pig carcasses and boar semen. *Proceedings of the National Science Council Republic of China (B)*, **23** (4), 167-174.
- Zimmerman J., Benfield D.A., Murtaugh M.P., Osoria F., Stevenson G.W. & Torremorell M. (2006). - Porcine reproductive and respiratory syndrome virus (porcine arterivirus). In Diseases of Swine 9th edition (B.E. Straw, J.J. Zimmerman, S. D'Allaire & D.J. Taylor, eds), Blackwell Publishing, Iowa, 387-417.

**REPORT OF THE OIE AD HOC GROUP ON
PORCINE REPRODUCTIVE AND RESPIRATORY SYNDROME**

Paris, 8–9 October 2013

A meeting of the OIE *ad hoc* Group on Porcine Reproductive and Respiratory Syndrome (hereafter referred to as the Group) was held at the OIE Headquarters in Paris from 8 to 9 October 2013.

1. Opening

Dr Elisabeth Erlacher-Vindel, Acting Head of the Scientific and Technical Department (STD), welcomed the Group members on behalf of Dr Bernard Vallat, Director General of the OIE. Dr Erlacher-Vindel explained to the participants that this time, the Group was tasked with finalising the draft chapter on porcine reproductive and respiratory syndrome (PRRS) that had not been completed at its July 2013 meeting. She introduced Dr Dietrich Rassow, adviser to STD who is charged, amongst others, with supporting the activities of the STD on topics related to swine diseases.

Dr Scott Allen Dee had been invited, but could not attend the meeting. He provided his comments on the draft chapter on PRRS prepared by the Group at its July 2013 meeting.

2. Appointment of a chairman and rapporteur and adoption of the agenda

The meeting was chaired by Dr Trevor Drew, and the OIE STD staff prepared the draft report.

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

3. Finalise a draft *Terrestrial Code* chapter on infection with PRRS virus

Before finalising the draft *Terrestrial Animal Health Code (Terrestrial Code)* chapter on infection with PRRS virus, the Group reviewed and addressed the comments from Dr Dee on the previous draft. This exercise was the starting point for re-discussion and clarification of some articles of the draft chapter.

Article X.X.4. Recovery of free status

Although the rationale was provided in the report of the July 2013 meeting for the 1-month period for recovery of free status, the Group considered that surveillance activities required to regain free status after 1 month were too demanding. Considering the incubation period and infective period, and to be consistent with chapters on other diseases, the Group recommended 3 months as the waiting period before claiming recovery of free status.

Article X.X.5. Importation of live pigs from countries, zones or compartments free from PRRS

The length of the periods of time referred to in Article X.X.5. was revisited. The Group decided to delete the 6-month requirement for breeding boars. It was felt that a 3-month period was sufficient and in line with the requirements for other diseases.

Article X.X.6. Importation of live pigs from countries or zones considered infected with PRRS

The Group considered the comment from the Scientific Commission for Animal Diseases (hereinafter referred to as the Scientific Commission) and accepted the proposal to remove point 3 a) as it was already covered by Article X.X.5.

Article X.X.10. Importation of semen from countries or zones infected with PRRS

In line with the comment from the Scientific Commission, the Group deleted “compartment” from Article X.X.10. as the import requirements for semen from a PRRS free compartment were already covered by Article X.X.9.

Considering point 1 e) of Article X.X.10, the Group discussed the potential advantage of molecular tests over serological tests and whether they may provide for earlier detection of disease introduction, but felt that the advantage was marginal considering the costs of these tests. Similar results could be achieved by increasing the frequency of serological testing.

The requirement that semen should be imported from “an artificial insemination centre where all animals are sero-negative to PRRSV” was added to the last paragraph of this article. The Group acknowledged that there may be a need for countries to import genetically valuable semen from sero-positive animals, but could not propose a solution that was likely to be generally acceptable.

4. Discussion on the need of PRRS specific surveillance guidelines

The Group used the chapter on classical swine fever (CSF) of the *Terrestrial Code* as a template for surveillance articles and tried to make the provisions as precise as possible while not being over prescriptive. As captured in the report of the July 2013 meeting of the Group, wild boar are not considered to be epidemiologically significant.

Article X.X.15. Surveillance introduction for PRRS

The Group decided that the title of the chapter should be “Surveillance: introduction” to align with the CSF chapter and reviewed the specific characteristics of the disease and causative agent that are relevant to PRRS epidemiology. These included specific references to genetic diversity and the varying pathogenicity, as these factors need to be taken into account for the choice of tests.

Article X.X.16. Surveillance: general conditions and methods

The Group identified the groups of pigs that are at higher risk of contracting and spreading the disease, for example those in high pig density areas and farms with poor biosecurity measures. Groups at higher risk of spreading disease may include artificial insemination centres and nucleus herds.

Article X.X.17. Surveillance strategies

The Group identified three key issues that were addressed in the relevant articles, as specific and strategic to PRRS surveillance:

- a) the objective of surveillance: to demonstrate freedom from infection or to detect introduction of PRRSV as soon as possible.
- b) the groups at higher risk of contracting and spreading the disease, as identified in the Article X.X.16.
- c) serology as the cornerstone of PRRS detection, considering that after vaccination in the absence of exposure, antibody levels will decline and, in some animals, may disappear within 6 months.

The Group also thought it was important to point out that cumulative surveillance data increase the level of confidence in any surveillance strategy.

For clinical surveillance, the lack of clinical signs with some strains means that there is a need for greater reliance on targeted surveillance than required for some other diseases.

The Group considered that in some circumstances, virological surveillance could be valuable given that it allows earlier detection than serology. An example was given related to the efficacy of virological surveillance using oral fluid; however the Group thought that the technique was not well enough established to justify specific mention.

The serological samples collected should take account of the type of herd and the age structure of the pigs, with an emphasis on older animals and consideration given to the purpose of the surveillance.

5. Other issues

No other issues.

6. Finalisation and adoption of the draft report

The Group reviewed and amended the draft report provided by the rapporteurs. The Group agreed that the draft report would be circulated within the Group with a deadline for comments of 18 October 2013. The report was finalised by correspondence.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP
ON PORCINE REPRODUCTIVE AND RESPIRATORY SYNDROME
Paris, 8–9 October 2013**

Agenda

1. Appointment of chairman and rapporteur
 2. Adoption of Agenda
 3. Finalise a draft *Terrestrial Code* Chapter on Infection with PRRS virus
 4. Discussion on the need of PRRS specific surveillance guidelines
 5. Other issues
 6. Finalisation and adoption of the draft report
-

Appendix II

MEETING OF THE OIE AD HOG GROUP ON PORCINE REPRODUCTIVE AND RESPIRATORY SYNDROME

Paris, 8–9 October 2013

List of participants

MEMBERS

Prof. Zygmunt Pejsak

National Veterinary Research Institute
Partyzantow Str. 57
24-100 Pulawy
POLAND
Tel: +48-81 889 30 30
Fax: +48-81 886 25 95
zpejsak@piwet.pulawy.pl

Dr Trevor Drew

Head of Statutory and Exotic Virus
Programme
Veterinary Laboratories Agency
(Weybridge)
Woodham Lane, New Haw, Addlestone
Surrey KT15 3NB
UNITED KINGDOM
Tel: 44 (0)1932 357 637
Fax: 44 (0)1932 357 239
trevor.drew@ahvla.gsi.gov.uk

Dr Torben Grubbe

Danish Veterinary and Food Administration
Station Parken 31-33
2600 Glostrup
DENMARK
Tel. +45 72 27 65 39
tgr@fvst.dk

Hernán Rojas Olavarría

CERES Consulting
Apoquindo 3401 oficina 21
Providencia Santiago Chile
CHILE
Tel: +56-9-82996315
liolemus@gmail.com

Dr Howard Pharo

Manager Import & Export Analysis
Ministry for Primary Industries
Pastoral House 25 The Terrace
PO Box 2526, Wellington
NEW ZEALAND
Tel: (64) 4 894 05 05
Fax: (64) 4 894 07 31
Howard.Pharo@mpi.govt.nz

Dr Tung Nguyen

Vice Director, National Centre for
Veterinary Diagnostics,
No. 11 - 78th lane - Giai Phong st.
Phuong Mai - Dong Da - Hanoi
VIETNAM
Tel: +84 4 3868 6362
Fax: +84 4 3868 6813
Cell: +84 98 252 0606 / 91 2525 012
nguyentungncvd@hotmail.com

Dr Gary Bührmann

Chief State Veterinarian Boland
Directorate Veterinary Services
Western Cape Province
Private Bag X1, Elsenburg 7607.
SOUTH AFRICA
Tel: 021 808 5026
Fax: 021 808 5125
GaryB@elsenburg.com

Dr Scott Allen Dee

(Invited but could not attend)
Director of Research
Pipestone Veterinary Clinic
Box 188 Hwy 75 South Pipestone
Pipestone, MN 56164
USA
Tel: (507) 825-4211
sdee@pipevet.com

CODE COMMISSION REPRESENTATIVE

Dr Stuart MacDiarmid *(Vice-President Code Commission)*

(Invited but could not attend)
Principal International Adviser Risk Analysis
International Coordination and Adjunct Professor
in Veterinary Biosecurity (Massey University)
Ministry for Primary Industries
Pastoral House, 25 The Terrace
P.O. Box 2526, Wellington
NEW ZEALAND
Tel.: (64-4) 894.0420
Fax: (64-4) 894.0731
Stuart.MacDiarmid@mpi.govt.nz

OIE HEADQUARTERS

Dr Bernard Vallat

Director-General
12 rue de Prony
75017 Paris
FRANCE
b.vallat@oie.int

Dr Elisabeth Erlacher-Vindel

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

Dr Kiok Hong

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

Dr Dietrich Rassow

Veterinary Counsellor
Scientific and Technical Department
d.rassow@oie.int

Dr Simona Forcella

Chargée de mission
Scientific and Technical Department
s.forcella@oie.int

MEETING OF THE OIE AD HOC GROUP ON SCHMALLEMBERG VIRUS
Paris, 10 – 11 October 2013

A meeting of the OIE *ad hoc* Group on Schmallenberg virus (SBV) (hereafter the Group) was held at the OIE Headquarters from 10 to 11 October 2013

1. Opening

Dr Bernard Vallat, Director General of the OIE, welcomed the participants of the Group as well as Delegations from Russia and Kazakhstan. He reminded that this meeting was an *ad hoc* Group meeting and as such, governed by the OIE Terms of References for *ad hoc* Groups. He emphasised that the members of an *ad hoc* Group should be nominated by the Director General of the OIE according to their internationally recognised expertise and the balance of their geographical origin. Therefore only the experts officially invited to participate to this Group could participate in the meeting. He reminded the members of the Group that they should fill in and sign a confidentiality undertaking and declaration of interest for this specific meeting.

Dr Vallat highlighted that, due to the importance of the meeting, he invited Dr Brückner, President of the Scientific Commission for Animal Diseases (Scientific Commission), from South Africa, to chair the Group and Dr Stuart MacDiarmid, Vice-President of the Terrestrial Animal Health Standards Commission (Code Commission), from New Zealand, to attend the meeting as an observer.

Delegations were invited to take opportunity of the presence of the international experts during the breaks of the Group meeting.

Dr Vallat reiterated the main topics of the agenda, to evaluate infection with SBV against the criteria in Article 1.2.2 of the *Terrestrial Animal Health Code (Terrestrial Code)* for possible inclusion on the OIE List of diseases and to update the OIE Technical Factsheet if necessary.

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

The Group was chaired by Dr Gideon Brückner. The OIE Scientific and Technical Department provided a rapporteur. The Group endorsed the proposed agenda.

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

3. Background and update on vaccine availability and research findings regarding Schmallenberg virus

Dr Martin Beer presented the most recent findings on SBV infection. He highlighted that there was no evidence of introduction or spread of SBV before 2011 and that the wave of spread was very fast. He reiterated that the disease is not zoonotic and that in contrast to sheep, cattle foetuses are not the main target of SBV induced malformation. Results of studies conducted in Belgium and the Netherlands on sheep were expected to be available in the near future.

He emphasised that there is a real difference of the expression of the disease according to the species, notably between cattle and sheep. The wave of abortions and malformations reported in sheep (up to 60 % when the virus infects the herd at the most vulnerable stage of gestation) was never reported in cattle in which species the usual syndrome shows little malformation, even when pregnant cows were experimentally infected with SBV and SBV-RNA could be detected in the foetus.

Experimentally infected cattle could not be re-infected and neither contact nor oronasal infection was possible in naïve calves.

Dr Beer informed the Group that infection had been proven in winter time in an outdoor herd in North-East of Germany when the temperature was above 5 degrees Celsius and that therefore, it would be difficult to argue for a vector-free period in many European countries. According to the information available, *Culicoides* seem to transmit SVB substantially more efficiently than BTV.

Dr Beer highlighted that infectious SBV had been found in semen of some SBV seropositive bulls but that information on the possibility of transmission by artificial insemination was still lacking. PCR analysis also showed that discontinuous and intermittent shedding in semen is possible.

Following the presentation by Dr Beer, Dr Brückner invited comments from the members of the ad hoc Group.

The Group agreed that the question of the infectiousness of semen concerned only free countries. In infected countries, transmission by *Culicoides* is the relevant way.

The timing to obtain validation for the diagnostic tests and vaccines was highlighted. Dr Beer informed the Group that six laboratories in Western Europe were participating in their second ring test. He reminded the Group that the production of SBV vaccine was similar to the production of bluetongue virus vaccines and had helped to save time to produce SBV vaccine. Finally he clarified that the vaccine was not a DIVA one and it was not possible at this stage to distinguish vaccinated from naturally infected animals using serology.

The Group agreed that the literature was cautious on the zoonotic potential but considered that no evidence of human infection was proven despite a quick and widespread transmission of SBV in a highly human populated area. The Group emphasised that many articles that had been written at an early stage of the outbreak had raised questions which had since been answered.

The Group agreed that all viruses from the Simbu serogroup should be considered together, because of their similarity. The Group noted that literature had described some strains of Akabane virus that could have a greater impact than SBV.

According to the current knowledge, the Group agreed that once they become endemic, the impact of viruses of the Simbu serogroup rapidly becomes less significant, even in the case of the introduction of a new virus from this group.

The Group discussed the impact of SBV, the first virus of the Simbu serogroup to be introduced into Western Europe in an area highly populated with naïve ruminants.

4. Assessment of Schmallerberg virus against the criteria provided in Chapter 1.2. of the Terrestrial Animal Health Code

Dr MacDiarmid reminded the Group that only the criteria for inclusion of a disease in the List of the OIE described in Article 1.2.2. of the *Terrestrial Code* should be taken into consideration for listing/delisting any disease. He recalled that these criteria were adopted by the World Assembly of Delegates (World Assembly) in May 2011 and explained the process for their adoption to the Group.

The Group invited Dr Panin to share his thoughts on the proposal that Russia wanted to submit to the World Assembly to revise the criteria of Article 1.2.2.. Dr Panin indicated that one of the most important activities of the OIE is to ensure safe trade and that a consensus between importing and exporting countries was often difficult to reach. He also emphasised the long time that could be required to prove the absence of zoonotic potential. Therefore he proposed to introduce the concept of 'waiting period' in Article 1.2.2, during which an unknown/emerging disease would be listed by default by the OIE. This 'waiting period' for unknown/emerging diseases would give time (at least 5 years) to OIE Reference Centres to conduct studies and draft the disease profile. During the 'waiting period', importing countries could implement risk-based measures to protect themselves from the introduction of pathogen agent.

Dr Khairullin Berik Mukhitovich proposed to include a disease in the OIE List even when only a single criteria was fulfilled.

Dr Brückner took note of both suggestions and stated that once a formal proposal has been submitted by the Member Countries, it would be discussed by the Scientific and Code Commissions. However, he emphasised that for the purpose of this meeting, SBV could only be evaluated against the current version of the *Terrestrial Code* and if changes in the criteria for inclusion on the OIE List of Diseases were to be proposed following the meeting, they could not be taken into account prior to their adoption by the World Assembly. For this meeting, the Group would have to evaluate whether SBV fulfils the criteria to be listed according to the criteria already adopted and described in *Terrestrial Code* Chapter 1.2.

The Group evaluated infection with SBV against the criteria as follows:

1. First criteria: “*International spread of the agent (via live animals or their products, vectors or fomites) has been proven.*”

The Group agreed that international spread of SBV has been proven to almost all countries in Western Europe (WAHID; EFSA, May 2013).

2. Second criteria: “*at least one country has demonstrated freedom or impending freedom from the disease, infection or infestation in populations of susceptible animals, based on the animal health surveillance provisions of the Terrestrial Code, in particular those contained in Chapter 1.4.*”

Dr MacDiarmid emphasised that demonstration of a country’s freedom from a disease may be based on the surveillance criteria in Chapter 1.4. of the *Terrestrial Code* and pathogen specific surveillance may not be required.

On this basis, several countries have claimed freedom from SBV.

3. Third criteria

- 3a) “*Natural transmission to humans has been proven, and human infection is associated with severe consequences*”

The Group recognised that a large number of people (many millions) have been exposed to SBV infected animals, including birth products, and vectors in the infected areas without any evidence of human infection being detected. They considered that this supported the absence of natural transmission to humans (ECDC, RKI and RIVM Joint Risk Assessment, 2012).

- 3b) “*the disease has been shown to cause significant morbidity or mortality in domestic animals at the level of a country or a zone*”

Dr Reviriego provided the Group with extensive data from the first epizootic season of SBV in Europe. He mentioned that up to 99,76 % of ruminants were seropositive but fewer than 4 % of cattle holding and maximum 6,6 % of sheep holdings reported clinical signs during the first epizootic season (EFSA, November 2012; Meroc E. *et al.*, 2013; Veldhuis A.M.B. *et al.*, 2013). The figures for the second season had not yet been published but already it was clear that these data would not contradict the conclusions reached after the first season.

The Group challenged the definition of ‘significant morbidity’ and recognised that some OIE listed diseases could be questionable in terms of significant morbidity (e.g. infectious bovine rhinotracheitis). The Group noted that many non-listed diseases may have a higher morbidity and impact than SBV (e.g. Akabane virus, contagious ecthyma). However, the Group acknowledged that according to the WTO’s SPS agreement, a country free from a non-listed disease may impose sanitary measures to protect itself from the introduction of any disease for which it is free.

Dr MacDiarmid reminded the Group that ‘morbidity’ means the expression of clinical signs, rather than the presence of infection.

The Group could not reach a consensus but a majority considered that infection with SBV had no significant impact. The experts who did not share this position considered that the criteria of Article 1.2.2. should be revised before assessing the inclusion of SBV.

- 3c) *the disease has been shown to, or scientific evidence indicates that it would, cause significant morbidity or mortality in wild animal populations.”)*

The Group agreed that there was no scientific evidence indicating that SBV would have greater impact in wildlife than in domestic ruminants. Indeed, some studies (not published) would suggest that the impact would be rather less.

- 4) *Fourth criteria: “A reliable means of detection and diagnosis exists and a precise case definition is available to clearly identify cases and allow them to be distinguished from other diseases, infections and infestations.”*

The Group agreed that diagnostic tools were available.

- 5) *Fifth criteria: “The disease or infection is an emerging disease with evidence of zoonotic properties, rapid spread, or significant morbidity or mortality and a case definition is available to clearly identify cases and allow them to be distinguished from other diseases or infections.”*

The majority of the group agreed that SBV is an emerging disease but without zoonotic potential.

In conclusion:

According to the scientific information available, the majority of the Group concluded that the infection with SBV did not meet the criteria to be included in the OIE List of disease. The Group agreed that future findings on SBV or changes in the criteria for inclusion in the OIE List of diseases may conduct to the reassessment of SBV.

5. Update of the OIE Technical Factsheet

The Group updated the OIE Technical Factsheet for SBV, which is presented as Appendix III.

6. Discussion with the Director General of the OIE

Dr Vallat referred to the Terms of Reference of the meeting and reminded the Group that the final decision on listing of SBV would be taken by the World Assembly in May 2014. Dr Vallat stated that should SBV not be listed by the World Assembly, the Scientific Commission could consider the removal of the factsheet from the OIE website.

On a question raised by Dr Panin, Dr Vallat highlighted the differences between serological surveys and criteria for listing a disease.

7. Finalisation and adoption of report

The Group reviewed and amended the draft report provided by the rapporteur. The Group agreed that the report captured the discussions.

References

ECDC, Robert Koch Institute (RKI) and National Institute of Public Health and the Environment (RIVM), 8 May 2012. Joint Risk Assessment New Orthobunyavirus isolated from infected cattle and small livestock — potential implications for human health - http://www.rki.de/DE/Content/Forsch/Schmallenberg_Risk_Assessment_ECDCetal.pdf?__blob=publicationFile

EFSA, May 2013. Technical report; "Schmallenberg" virus: analysis of the epidemiological data; - <http://www.efsa.europa.eu/en/supporting/doc/429e.pdf>

EFSA, November 2012. Technical report; "Schmallenberg" virus: analysis of the epidemiological data;

Meroc E. *et al*, 2013. Large-Scale Cross-Sectional Serological Survey of Schmallenberg Virus in Belgian Cattle at the End of the First Vector Season. *Transb. Emerg. Dis.*, **60**: 4-8

Veldhuis A.M.B. *et al*, 2013. Schmallenberg virus epidemic in the Netherlands: Spatiotemporal introduction in 2011 and seroprevalence in ruminants. *Prev. Vet. Med.*, **112**: 35-47

WAHID: www.oie.int/wahid

.../Appendices

Appendix I

MEETING OF THE OIE AD HOC GROUP ON SCHMALLEMBERG VIRUS
Paris, 10 – 11 October 2013

Terms of Reference

1. Assess Schmallenberg virus for possible inclusion in the OIE Listed Diseases against the criteria in the *Terrestrial Animal Health Code*, Chapter 1.2 for Listed Diseases.
 2. Update the OIE Technical Factsheet, including information on potentially vaccine availability and advise if a new *Code* Chapter on that disease is relevant.
-

Agenda

1. Opening
 2. Adoption of the agenda and appointment of chairperson and rapporteur
 3. Background and update of vaccine availability and research findings regarding Schmallenberg virus
 4. Assessment of Schmallenberg virus against the criteria provided in Chapter 1.2. of the *Terrestrial Animal Health Code*
 5. Update the OIE Technical Factsheet
 6. Discussion with the Director General of the OIE
 7. Finalisation and adoption of the draft report
-

Appendix II**MEETING OF THE OIE AD HOC GROUP ON SCHMALLEMBERG VIRUS****Paris, 10 – 11 October 2013****List of participants****MEMBERS**

Dr Gideon Brückner
President OIE Scientific Commission for
Animal Diseases (Chairman)
30 Schoongezicht
1 Scholtz Street
Somerset West 7130
SOUTH AFRICA
Tel: (27) 218 516 444
Moblie: (27) 83 310 2587
gkbruckner@gmail.com

Dr Martin Beer
Friedrich-Loeffler-Institut
Federal Research Institute for Animal
Health
Südufer 10
17493 Greifswald-Insel Riems
GERMANY
Tel: (49) 38351 7 200
Fax: (49) 38351 7 275
martin.beer@fli.bund.de

Dr Ann Brigitte Cay
Head of unit Enzootic and (re)emerging
Viral Diseases
Veterinary and Agrochemical Research
Centre (VAR)
Groeselenberg 99
B-1180 Brussels
BELGIUM
Tel: (32) 2 379 05 63
brigitte.cay@coda-cerva.be

Dr Peter Kirkland
Senior Principal Research Scientist
Officer in Charge, Virology Laboratory
Elizabeth Macarthur Agriculture Institute
PMB 8 - Camden NSW 2570
AUSTRALIA
Tel: (61) 2 4640 6331
Fax: (61) 2-4640 6429
peter.kirkland@dpi.nsw.gov.au

Dr Khairullin Berik Mukhitovich
Deputy of General Director on Innovation-
production activity
Research Institute for Biological Safety
Problems (RIBSP CS ME&S RK)
KAZAKHSTAN
Khirullin@mail.ru

Dr Alexander Panin
FGU The All-Russian State Centre for
Quality and Standardisation of Veterinary
Drugs and Feed (VGNKI)
Ministry of Agriculture and Food
5 Zvenigorodskoye Shosse
123022 Moscow
RUSSIA
vgnki@vgnki.ru

Dr Stéphan Zientara
ANSES/INRA/ENVA
Directeur de l'UMR 1161
23 Avenue du Général de Gaulle
94703 Maisons-Alfort
FRANCE
Tel: (33) 1 43 96 72 80
s.zientara@vet-alfort.fr

OTHER PARTICIPANTS

Dr Francisco Javier Reviriego Gordejo
(Expert from the European Commission)
Health & Consumers - Directorate-General
G2- Animal Health
Froissart 101, F-101-03/72
1040 Brussels
BELGIUM
Tel: (32) 2 2984799
Fax: (32) 2 2953144
Francisco.Reviriego-Gordejo@ec.europa.eu

Dr Stuart MacDiarmid
(Vice-President of the Code Commission)
Principal International Adviser Risk Analysis
International Coordination and Adjunct Professor in Veterinary
Biosecurity (Massey University)
Ministry for Primary Industries
P.O. Box 2526
Pastoral House, 25 The Terrace
Wellington
NEW ZEALAND
Stuart.MacDiarmid@mpi.govt.nz

OIE HEADQUARTERS

Dr Bernard Vallat
Director General
12 rue de Prony
75017 Paris
FRANCE
oie@oie.int

Dr Elisabeth Erlacher-Vindel
Acting Head
Scientific and Technical Department
e.erlacher-vindel@oie.int

Dr Marija Popovic
Chargée de mission
Animal Health Information Department
m.popovic@oie.int

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

Appendix III

OIE TECHNICAL FACTSHEET

SCHMALLERBERG VIRUS

[Aetiology](#) | [Epidemiology](#) | [Diagnosis](#) | [Prevention and Control](#) | [References](#)

Schmallerberg virus was discovered in November 2011 and epidemiological, immunological and virological investigations are on-going in several European countries. The information presented in this technical factsheet reflects the epidemiological observations and research done to date (October 2013), together with data extrapolated from genetically similar viruses of the same genus and serogroup.

AETIOLOGY**Classification of the causative agent**

The “Schmallerberg virus” (SBV) is an enveloped, negative-sense, segmented, single-stranded RNA virus. It belongs to the *Bunyaviridae* family, within the *Orthobunyavirus* genus. The Schmallerberg virus is a member of the Simbu serogroup viruses, which includes Shamonda, Akabane, and Aino viruses. The Simbu viruses which are most related to SBV are Sathuperi and Douglas virus.

Field and laboratory studies indicate a causal relationship between SBV infection and the reported clinical signs. .

Resistance to physical and chemical action

From extrapolation from the California serogroup of Orthobunyaviruses:

Temperature:	Infectivity lost (or significantly reduced) at 50–60°C for at least 30 minutes.
Chemicals/Disinfectants:	Susceptible to common disinfectants (1 % sodium hypochlorite, 2% glutaraldehyde, 70 % ethanol, formaldehyde)
Survival:	Does not survive outside the host or vector for long periods

EPIDEMIOLOGY

According to the epidemiological investigations, reinforced by what is already known about the genetically related Simbu serogroup viruses, SBV infection is mainly reported from ruminants. Serological and epidemiological studies indicate that it is not zoonotic. Transmission in animals is by insect vectors and then vertically *in utero*.

Hosts

- Confirmed by PCR or virus isolation:
 - Cattle, sheep, goats
 - Bison
 - Roe deer
 - Dog (a single case of PCR positive dog)
- Confirmed by serology only:
 - Red deer
 - Alpacas
 - Mouflons
 - Wild boar

Transmission

- Epidemiological investigations indicate insect vector transmission.
- Vectors: SBV genome was detected in several *Culicoides* species. To date, there is no evidence that mosquitoes play a role.
- Vertical transmission across the placenta is proven.
- SBV has been found in bovine semen. However, the potential for transmission by insemination is unknown.
- Direct transmission from animal to animal has been investigated but has not been proven.

Viraemia and incubation period

Experimental infection in cattle and sheep showed no clinical signs or mild symptoms at 3 to 5 days post-inoculation with an incubation period of between 1 and 4 days and viraemia lasting for 1 to 5 days.

Sources of virus

Material found to be positive in virus isolation (up to October 2013):

- Blood from affected adults and brain from infected foetus.

Material found PCR positive (up to October 2013):

- Organs and blood of infected foetus, placenta, amniotic fluid, meconium.
- Following an acute infection, SBV RNA can be detected up to several weeks in different tissues like semen, lymphatic organs, especially in mesenteric lymph nodes, spleen.

Occurrence

Some Orthobunyaviruses had previously been reported in Europe but viruses from the Simbu serogroup had never been isolated in Europe before 2011.

Schmallenberg virus was first detected in November 2011 in Germany from samples collected in summer/autumn 2011 from diseased (fever, reduced milk yield) dairy cattle. Similar clinical signs (including diarrhoea) were detected in dairy cows in the Netherlands where the presence of SBV was also confirmed in December 2011.

Since early December 2011, congenital malformations were reported in newborn lambs in the Netherlands, and SBV was detected in and isolated from the brain tissue. Up to now, The Netherlands, Belgium, Germany, United Kingdom, France, Luxembourg, Spain, Italy, Switzerland, Austria and Ireland have reported stillbirth and congenital malformations with PCR positive results. In addition, further spread of SBV to many other countries was reported.

For detailed information on the occurrence of this disease worldwide, see the *OIE World Animal Health Information Database (WAHID)* interface [\[http://www.oie.int/wahis/public.php?page=home\]](http://www.oie.int/wahis/public.php?page=home).

DIAGNOSIS

Clinical diagnosis

Manifestation of clinical signs varies by species: bovine adults have shown a mild form of acute disease during the vector season, congenital malformations have affected more species of ruminants (to date: cattle, sheep, goat and bison). Some dairy sheep and cow farms have also reported diarrhoea.

- Adults (cattle)
 - Usually inapparent, but non-specific signs including the following:
 - Fever (>40°C)
 - Reduced milk yield
 - Diarrhoea
 - Individuals recover within a few days
 - Abortion
- Malformed animals and stillbirths (calves, lambs, kids)
 - Arthrogryposis/ Hydranencephaly
 - Brachygnathia inferior
 - Ankylosis
 - Torticollis
 - Scoliosis

The incidence of malformation varies depending on the stage of gestation at the time of infection and on the species. In some synchronised sheep flocks, the incidence can be high. However at the country level, the morbidity is not significant.

Lesions

In malformed newborn:

- Hydranencephaly
- Hypoplasia of the central nervous system
- Porencephaly
- Subcutaneous oedema (calves)

The clinical signs can be summarised as arthrogryposis and hydranencephaly syndrome (AG/HE)

Differential diagnosis

For the acute infection of adults:

The clinical signs are not specific. All possible causes of high fever, diarrhoea, milk reduction and abortion should be taken into account.

For the malformation of calves, lambs and kids:

- Other Orthobunyaviruses
- Bluetongue
- Pestiviruses
- Genetic factors
- Toxic substances

Laboratory diagnosis

Samples

Samples should be transported cooled or frozen

From live animals for the detection of acute infection:

- EDTA blood
- Serum
 - At least 2 ml, transported cooled

From stillborns and malformed calves, lambs and kids:

- Virus detection:
 - Tissue samples of brain (cerebrum and brainstem)
 - Amniotic fluid
 - From live newborn:
 - Amniotic fluid and placenta
 - (Meconium)
- Antibody detection:
 - Pericardial fluid
 - Blood(preferably pre-colostral)
- Histopathology:
 - Fixed central nervous system, including spinal cord

Procedures

Identification of the agent

- Real-time RT-PCR (Bilk et al., 2012); commercial PCR kits are available
- Cell culture isolation of the virus: insect cells (KC), hamster cells (BHK), monkey kidney cells (VERO)

Serological tests on serum samples

- ELISA: commercial kits available
- Indirect Immunofluorescence
- Neutralization test

For further information, reference material and advice, refer to Dr Martin Beer (Martin.Beer@fli.bund.de), Institute of Diagnostic Virology, Friedrich-Loeffler-Institut, Federal Research Institute for Animal Health, Greifswald-Insel Riems, Germany.

Interpretation of the tests:

Serological results (ELISA) for index cases should be confirmed by sero-neutralisation tests.

PCR-positive results for index cases should be confirmed by sequencing.

PREVENTION AND CONTROL

There is currently no specific treatment for Schmallenberg virus.

Inactivated vaccines are commercially available in some countries.

Sanitary prophylaxis

Control of potential vectors during the vector-active season may decrease the transmission of virus.

Reschedule of breeding outside the vector season may decrease the number of foetal malformations.

REFERENCES AND OTHER INFORMATION

- Bouwstra RJ, Kooi EA, de Kluijver EP, Verstraten ER, Bongers JH, van Maanen C, Wellenberg GJ, van der Spek AN, van der Poel WH, 2013. Schmallenberg virus outbreak in the Netherlands: routine diagnostics and test results. *Vet Microbiol* Jul 26;165(1-2):102-8. doi: 10.1016/j.vetmic.2013.03.004.
- Beer M, Conraths FJ and Van der Poel WHM, 2013. 'Schmallenberg virus' - a novel orthobunyavirus emerging in Europe. *Epidemiology and Infection*, 141, 1-8. Available from <Go to ISI>://WOS:000312037600001.
- Bilk S, Schulze C, Fischer M, Beer M, Hlinak A, Hoffmann B. 2012. Organ distribution of Schmallenberg virus RNA in malformed newborns. *Vet Microbiol*. 2012 Mar 30. [Epub ahead of print]
- Breard E, Lara E, Comtet L, Viarouge C, Doceul V, Desprat A, Vitour D, Pozzi N, Cay AB, De Regge N, Pourquier P, Schirmmeier H, Hoffmann B, Beer M, Sailleau C, Zientara S, 2013. Validation of a Commercially Available Indirect Elisa Using a Nucleocapside Recombinant Protein for Detection of Schmallenberg Virus Antibodies. *Plos One*, 8, e53446, doi: 10.1371/journal.pone.0053446
- Conraths FJ, Kämer D, Teske K, Hoffmann B, Mettenleiter TC, Beer M, 2013. Reemerging Schmallenberg Virus Infections, Germany, 2012. *Emerging Infectious Diseases* (in press)
- Friedrich-Loeffler-Institut – Update of Information on 'Schmallenberg virus': <http://www.fli.bund.de/de/startseite/aktuelles/tierseuchengeschehen/schmallenberg-virus.html>
- Friedrich-Loeffler-Institut – New Orthobunyavirus detected in cattle in Germany: http://www.fli.bund.de/fileadmin/dam_uploads/press/Schmallenberg-Virus_20111129-en.pdf
- Friedrich-Loeffler-Institut – Schmallenberg virus factsheet: http://www.fli.bund.de/fileadmin/dam_uploads/tierseuchen/Schmallenberg_Virus/Schmallenberg-Virus-Factsheet-20120119-en.pdf
- Goller KV, Hoepfer D, Schirmmeier H, Mettenleiter TC and Beer M, 2012. Schmallenberg virus as possible ancestor of Shamonda virus. *Emerging Infectious Diseases*, 18, 1644-1646. Available from <Go to ISI>://MEDLINE:23017842.
- Hahn K, Habierski A, Herder V, Wohlsein P, Peters M, Hansmann F, Baumgartner W, 2012. Schmallenberg virus in central nervous system of ruminants, *Emerging infectious diseases*, 19, 154-155, doi: 10.3201/eid1901.120764
- Hoffmann B, Schulz C and Beer M, First detection of Schmallenberg virus RNA in bovine semen, Germany, 2012. *Veterinary Microbiology*. Available from <http://www.sciencedirect.com/science/article/pii/S0378113513004392>.
- National institute of public health and the environment – Risk Profile Humaan Schmallenbergvirus: <http://www.rivm.nl/dsresource?objectid=rivmp:60483&type=org&disposition=inline>
- European Centre for Disease Prevention and Control, Risk assessment: New Orthobunyavirus isolated from infected cattle and small livestock – potential implications for human health: http://ecdc.europa.eu/en/publications/Publications/Forms/ECDC_DispForm.aspx?ID=795
- The Center for Food Security and Public Health, Iowa State University - Akabane Disease. September 2009 – Akabane disease card. Available at: <http://www.cfsph.iastate.edu/Factsheets/pdfs/akabane.pdf>
- Public Health Agency of Canada - California serogroup - Material Safety Data Sheets <http://www.phac-aspc.gc.ca/lab-bio/res/psds-ftss/msds27e-eng.php>
- Peaton virus: a new Simbu group arbovirus isolated from cattle and *Culicoides brevitarsis* in Australia - St George T.D., Standfast H.A., Cybinski D.H., Filippich C., Carley J.G., *Aust. J. Biol. Sci.*, 1980, **33** (2), 235–43. http://www.publish.csiro.au/?act=view_file&file_id=BI9800235.pdf
- Hoffmann B, Scheuch M, Höper D, Jungblut R, Holsteg M, Schirmmeier H, et al. Novel orthobunyavirus in cattle, Europe, 2011. *Emerg Infect Dis* 2012 Mar [08/02/2012]. <http://dx.doi.org/10.3201/eid1803.111905>
- ProMed Mail from Published Date: 2013-01-23 19:25:46: Subject: PRO/AH/EDR> Schmallenberg virus - Europe (07): (Germany) virus RNA bov semen ; Archive Number: 20130123.1511878
- Sailleau C, Boogaerts C, Meyrueix A, Laloy E, Bréard E, Viarouge C, et al. Schmallenberg virus infection in dogs, France, 2012 [letter]. *Emerg Infect Dis* [Internet]. 2013 Nov [11/10/2013]. <http://dx.doi.org/10.3201/eid1911.130464> Wernike K, Eschbaumer M, Schirmmeier H, Blohm U., Breithaupt A, Hoffmann B, Beer M, 2013. Oral exposure, reinfection and cellular immunity to Schmallenberg virus in cattle, *Veterinary Microbiology*, accepted 30 January 2013

- Veronesi E, Henstock M, Gubbins S, Batten C, Manley R, Barber J, Hoffmann B, Beer M, Attoui H, Mertens PP, Carpenter S, 2013. Implicating culicoides biting midges as vectors of schmallenberg virus using semi-quantitative rt-PCR, PLoS One, 8(3):e57747. doi: 10.1371/journal.pone.0057747
- Wernike K, Kohn M, Conraths FJ, Werner D, Kameke D, Hechinger S, Kampen H, Beer M, 2013. Transmission of Schmallenberg Virus during Winter, Germany, Emerg Infect Dis, Oct;19(10):1701-3. doi: 10.3201/eid1910.130622.
- Wernike K, Nikolin VM, Hechinger S, Hoffmann B, Beer M, 2013. Inactivated Schmallenberg virus prototype vaccines, Vaccine, Aug 2;31(35):3558-63. doi: 10.1016/j.vaccine.2013.05.062
- Wernike K, Hoffmann B, Bréard E, Bøtner A, Ponsart C, Zientara S, Lohse L, Pozzi N, Viarouge C, Sarradin P, Leroux-Barc C, Riou M, Laloy E, Breithaupt A and Beer M, 2013. Schmallenberg virus experimental infection of sheep. Veterinary Microbiology, 166, 461-466. Available from <http://www.sciencedirect.com/science/article/pii/S0378113513003453>.

The OIE will update this Technical Factsheet when relevant
--

Additional Information

MEAT

Relevant knowledge: Only clinically healthy animals should be slaughtered. The viraemic period is very short. Transmission of the virus is by vectors.

Risk of transmission to humans and animals: Negligible

MILK

Relevant knowledge: Milk should only be collected from clinically healthy animals. The viraemic period is very short. Transmission of the virus is by vectors.

Risk of transmission to humans and animals: Negligible

SEMEN

Relevant knowledge: Despite the very short viraemic period, SBV RNA could be detected in semen batches of SBV-infected bulls (Hoffmann et al, 2013 (a)). Furthermore, subcutaneous inoculation experiments proved the presence of infectious SBV in some of the PCR-positive bovine semen samples (Schulz, 2013 (b) submitted for publication).

Risk of transmission to animals: According to current knowledge, the risk is negligible for:

- semen batches collected before 31st of May 2011
- for semen batches from seronegative animals at least 28 days after semen collection.
- for semen batches tested for SBV-genome by an validated RNA-extraction method and RT-qPCR system.

EMBRYOS

Relevant knowledge: The viraemic period is very short. Embryos should be collected from clinically healthy animals. Akabane virus is classified under the category 4 (diseases or pathogenic agents for which studies have been done or are in progress that indicate that either no conclusions are yet possible with regard to the level of transmission risk; or the risk of transmission via embryo transfer might not be negligible even if the embryos are properly handled between collection and transfer).

Recommendation: Safety measures applicable to Akabane virus should thus be followed.

Risk of transmission: According to the current knowledge, the risk from sero-negative donor animals is negligible. Seropositive and PCR-negative donor animals at the day of insemination should be also considered with negligible risk.

LIVE NON-PREGNANT ANIMALS

Relevant knowledge: The viraemic period is very short. Mild clinical signs might occur. Transmission is by vectors.

Risk of transmission: Negligible for the following animals:

- PCR-negative after 7 days in a vector-free environment or,
- Seropositive and PCR-negative.

LIVE PREGNANT ANIMALS

Relevant knowledge: The virus can persist in the foetus; this may result in the birth of virus positive calves, lambs and kids.

Risk of transmission:

- Negligible for the offspring of animals held in a vector-protected environment tested with seronegative results after at least 28 days),
- Negligible for the offspring of animals seropositive before insemination,
- Undetermined for the offspring of all animals not covered by the previous bullets.

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBER COUNTRIES
Paris, 21 – 24 October 2013**

A meeting of the OIE *ad hoc* Group on the Evaluation of Foot and Mouth Disease (FMD) Status of Member Countries (hereafter the Group) was held at the OIE Headquarters from 21 to 24 October 2013.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Elisabeth Erlacher-Vindel, Acting Head of the Scientific and Technical Department, welcomed the Group. Dr Erlacher-Vindel introduced the two experts who were attending the meeting with the Group for the first time.

Dr Erlacher-Vindel thanked the Group on the important work that they have done to revise Chapter 8.6. on FMD of the *Terrestrial Animal Health Code (Terrestrial Code)*. She informed the Group that several Member Country comments were received and referred to the Group by the Specialist Commissions. She stressed the importance and sensitivity of the three Member Country applications to be discussed at the meeting, and also reminded the Group of the mission that will take place the following week to four Member Countries in the Southern African region to assess their compliance with the requirements of the *Terrestrial Code* for the maintenance of disease status for FMD.

Dr Erlacher-Vindel reminded the experts on the OIE procedures for protecting the confidentiality of information and for declaring potential conflicts of interest.

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

The Group was chaired by Dr Alf-Eckbert Füssel and Dr Wilna Vosloo acted as rapporteur. The Group endorsed the proposed agenda.

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

3. Chapter 8.6. of the *Terrestrial Animal Health Code* on FMD: review of the comments from Member Countries and specialist Commissions

The Group did not have sufficient time to address all the comments from Member Countries referred back by the specialist Commissions. The discussion and rationale related to this topic would be included in the report of the next meeting, scheduled from 25 to 29 November 2013.

4. Opinion on the procedure for FMD virus inactivation in bone chips

Following receipt of a question from a gelatine company, the Group was requested to give an opinion on the procedure for FMD virus inactivation in bone chips. The Group considered the protocol proposed: bones crushed (mesh size +/- 20mm), degreased with hot water for at least 30 minutes at a temperature of 70°C, and followed by drying at not lower than 85°C for 20-60 minutes.

The Group estimated that the risk not to inactivate FMD virus would be very low, but would have taken clearer position if the details of the protocol would have been submitted. It was suggested that the Scientific and Technical Department obtain the detailed protocol for reconsideration by the Group at its meeting in November.

5. Evaluation of the request from Paraguay for recovery of FMD free status where vaccination is practised for its two zones

In September and December 2011 the two zones of Paraguay had their status suspended, following an outbreak in Zone 1. The Group reviewed the dossier submitted by Paraguay for the status recovery of these two suspended FMD zones where vaccination is practiced.

Additional questions were referred to Paraguay and partial clarification was received during the meeting on the following points:

Considering that the outbreaks had not been notified by the owners and that there were irregularities in the registration of animals, the Group required Paraguay to indicate how it improved the situation and whether the veterinary infrastructure was sufficient to maintain the level of surveillance in all parts of the country.

The Group requested Paraguay to provide detailed information on the movements of animals from importation and between the two zones, and to describe the regulations, procedures, examinations, concerning the import and follow-up of animals, genetic material, animal products, and veterinary medicinal products.

The Group requested more information on the design of clinical and serological surveillance. With respect to the sero-surveys, the Group requested information on the seropositive animals to 3ABC ELISA and to EITB. The Group also asked Paraguay to clarify what surveillance was conducted in the proposed free Zone 2 (previous high surveillance zone) to justify that it is free from circulation of FMDV and to explain why the regions of possible origin and of transit were not sampled.

The investigation of outbreaks in 2011-2012 failed to identify the origin and the vaccination status of the animals involved as well as the source and timing of the introduction of infection. The Group asked Paraguay which steps were taken to improve the investigations to ensure the maximum is learnt about possible origins of the outbreaks. The Group also asked Paraguay if the full genome sequences of the virus isolated in each outbreak had been compared to help confirm the linkage between the outbreaks and the likelihood for undisclosed intermediate outbreaks.

The Group requested Paraguay to give a description of all the vaccine campaigns in the period from 2011 to present, including the steps taken to ensure sufficient vaccination coverage and population immunity, as well as evidence that the vaccine used complies with the standards of the *Terrestrial Manual* including vaccine quality and purity. They also asked Paraguay to explain why more young animals in the perifocal area tested positive for NSP compared to the rest of the country.

The Group was not entirely satisfied with the answers as not all issues were addressed sufficiently.

- The dossier presented the two zones as if they were one and most of the information was about Zone 1, while information on Zone 2 largely relied on historical evidence of freedom for the High Surveillance Zone (now Zone 2).
- Valuable information on the origin of the outbreaks was missing because of the poor outbreak investigation.
- The Group noted that there was not sufficient documentation to follow the chronology of the outbreak, follow up actions, and animal movements between the two zones, especially in Zone 2. The Group also suggested improvements to be made for any future submissions from Paraguay to the OIE.
- The Group regretted that the higher percentage of animals positive to NSP in the perifocal area during the 2012 survey (0,92%) compared to the rest of the country (0,14 to 0,21%) was explained by the additional vaccination in the perifocal area, despite the fact that the vaccines were controlled to certify non-induction of NSP response.

Nevertheless, considering that two years have elapsed since the occurrence of the outbreaks, without any further outbreaks, the Group agreed that judged against the requirements of the Code, there were not sufficient grounds to reject the application for recovery of the two zones in Paraguay and therefore recommended to the Scientific Commission to re-instate the FMD free status of the two zones as FMD free zones where vaccination is practiced.. The Group had the following remarks for consideration by the Scientific Commission:

- The Group requested Paraguay to carefully reconsider the maintenance of the two zones which requires strict control measure on identification and movement of animals between the two zones in accordance with Chapter 4.3. of the *Terrestrial Code*.
- The Group recommended Paraguay to ensure that the vaccination programme is robust enough to avoid the transmission of FMDV and to report all details of vaccination campaigns to the OIE
- Despite the lack of evidence of continuing virus transmission, further effort is needed to ensure there is no reservoir of virus within the country. Activities for that purpose should be reported to the OIE.

6. Evaluation of the request from South Africa for the status recognition of a new FMD free zone where vaccination is not practised

In accordance with the established procedures, the participating expert from South Africa withdrew from the meeting during the final discussions on South Africa's dossier by the Group.

On 25 February 2011, the zone of South Africa officially recognised as FMD free without vaccination lost its official status. In October 2012 South Africa submitted a dossier seeking the official recognition of a new FMD free zone without vaccination. The application was rejected by the Scientific Commission. In October 2013, South Africa submitted an updated dossier.

The Group discussed in detail the new dossier submitted by South Africa to apply for the status recognition of a new FMD free zone where vaccination is not practiced, and following the review of the dossier, the Group requested and received additional information from South Africa, as follows:

The Group needed to clarify the way the follow-up of the seropositive animals had been conducted and the localisation of these animals. The Group also requested South Africa to explain how surveillance has been adapted to detect infection in the absence of observed clinical signs as occurred in the outbreak of 2011.

Finally the Group asked for evidence that the control of movements into the proposed free zone from the protection zone as outlined in Annex G follows the requirements of the OIE *Terrestrial Code*, 2013 (Articles 8.6.10 and 8.6.14).

During the review of the answers received from South Africa, the Group emphasised that the protection zone (outside the proposed free zone) should be considered as an infected zone, and consequently was not in compliance with Articles 8.6.10 and 8.6.14 of the *Terrestrial Code*. The measures regulating movement between the zones were not clearly described in the dossier. Therefore, the Group was not confident that the animal movements from the infected and protection zone into the proposed free zone comply with the requirements of the *Terrestrial Code*. Additional information was supplied on the number of animals that were moved into the free zone. Those not going directly for slaughter came from the non-vaccinated area of the protection zone.

Despite the poor choice of tests for the survey and the failure to carry out confirmatory testing, the Group accepted the explanation that the test reactors are most likely non-specific findings. Furthermore, the Group considered the time elapsed since the last outbreak as a major argument in favour of the South African dossier.

The Group recommended to the Scientific Commission that the mission to South Africa should verify the control on movements of animals from the infected zone (including the protection zone with and without vaccination) into the proposed free zone to ensure their compliance with the requirements of Article 8.6.14. before a final decision is made on the application of South Africa for the establishment of an amended free zone for FMD where vaccination is not practiced.

The Group emphasised the need to adapt the surveillance towards detecting infection in the absence of observed clinical signs, as occurred in the outbreaks of 2011. The Group did not agree with the reasoning of South Africa that NSP-tests are not validated for SAT serotypes.

7. Evaluation of a request from Botswana for full recovery of FMD free zone status where vaccination is not practised (lifting the containment zone)

In accordance with the established procedures, the participating expert from Botswana withdrew from the meeting during the final discussions on Botswana's dossier by the Group.

On 11 May 2011, the zone of Botswana as designated by the Delegate of Botswana in documents sent to the Director General of the OIE in January and November 2009 lost its official FMD-free status without vaccination. On 28 September 2011, it recovered its status with the exclusion of a containment zone. In October 2013, Botswana submitted a dossier seeking the lifting of the containment zone with full recovery of the FMD free status where vaccination is not practised of the above-mentioned zone. Additional questions were referred to Botswana for clarification on the results from serological testing in sentinel small ruminants and the follow up.

The Group was satisfied with the additional information submitted by Botswana. Given that all the cattle and vaccinated small ruminants have been removed, and the current population density is very low and has been repeatedly sampled and tested, the Group agreed to recommend to the Scientific Commission the lifting of the containment zone with full recovery of the FMD free zone status where vaccination is not practiced.

8. Other matters

The Group expressed the need to extend the meeting planned in November 2013 by two days for the finalisation of the *Terrestrial Code* Chapter and the assessment of the Member Country applications.

9. Adoption of report

The *ad hoc* Group reviewed and amended the draft report provided by the rapporteur. The Group agreed that the report captured the discussions.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBER COUNTRIES
Paris, 21-24 October 2013**

Agenda

1. Opening
 2. Adoption of the agenda and appointment of chairperson and rapporteur
 3. Chapter 8.6. of the *Terrestrial Animal Health Code* on FMD: review of the comments from Member Countries and specialist Commissions
 4. Opinion on the procedure for FMD virus inactivation in bone chips
 5. Evaluation of a request from Paraguay for recovery of FMD free status where vaccination is practised for its two zones
 6. Evaluation of a request from South Africa for the status recognition of a new FMD free zone where vaccination is not practised
 7. Evaluation of a request from Botswana for full recovery of FMD free zone status where vaccination is not practised (lifting the containment zone)
 8. Other matters
 9. Adoption of report
-

Appendix II

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBER COUNTRIES
Paris, 21-24 October 2013**

List of participants

MEMBERS

Dr Mehdi El Harrak
(Invited but could not attend)
Chef Département Virologie, BP 4569,
Avenue Hassan II, km2, Rabat-Akkari
MOROCCO
Tel.: (212-37) 69.04.54
Fax: (212-37) 69.36.32
elharrah_m@hotmail.com

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

Dr Ricardo Maresca
Calle Saenz Peña 1488
Ayacucho (C.P 7150)
Provincia de Buenos Aires
ARGENTINA
rmaresca@senasa.gov.ar

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

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

Dr Kobedi Segale
Epidemiologist
Ministry of Agriculture
Private Bag 0032
Gaborone, BOTSWANA
Tel: (267) 744 04187
Tel: (267) 231 90158
ksegale@gov.bw

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

SCIENTIFIC COMMISSION REPRESENTATIVE

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

OIE HEADQUARTERS

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

Dr Elisabeth Erlacher-Vindel
Acting Head
Scientific and Technical Department
e.erlacher-vindel@oie.int

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

Dr Min Kyung Park
Chargé de mission
Scientific and Technical Department
m.park@oie.int

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBER COUNTRIES
Paris, 25 – 29 November 2013**

A meeting of the OIE *ad hoc* Group on the Evaluation of Foot and Mouth Disease (FMD) Status of Member Countries (hereafter the Group) was held at the OIE Headquarters from 25 to 29 November 2013.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Elisabeth Erlacher-Vindel, Acting Head of the Scientific and Technical Department, welcomed and thanked the Group for agreeing to the extension of the current meeting to the whole week.

Dr Erlacher-Vindel expressed her gratitude to the experts of the Group on the important work that they have done so far to revise Chapter 8.6. on FMD of the *Terrestrial Animal Health Code (Terrestrial Code)*. To help the Group in the process of reviewing Member Country comments referred by the Specialist Commissions, she mentioned that the Terrestrial Animal Health Code Commission proposed that the Group only provide the scientific rationale to decisions rather than focus on specific wording.

Dr Erlacher-Vindel reminded the Group of the six Member Country applications received for FMD free status and endorsement of control programmes, and suggested the use of the summary template provided by the OIE and validated by the Scientific Commission for Animal Diseases (hereafter the Scientific Commission) to assist with the evaluation of the dossiers.

Finally, Dr Erlacher-Vindel appreciated the expertise provided by the Group to prepare the mission to Member Countries in the southern African region that was conducted in October 2013 to assess their compliance with the requirements of the *Terrestrial Code* for the maintenance of disease status for FMD. Dr Kris de Clercq, Representative of the Scientific Commission, briefly presented to the Group an update on the mission.

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

The Group was chaired by Dr David Paton and Dr Wilna Vosloo acted as rapporteur. The Group endorsed the proposed agenda.

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

3. Chapter 8.6. of the *Terrestrial Animal Health Code* on FMD: review of the comments from Member Countries and Specialist Commissions

The Group did not have sufficient time to address all the comments from Member Countries referred back by the Specialist Commissions. The discussion and rationale related to this topic would be included in the report of the next meeting, scheduled from 4 to 6 February 2014.

4. Evaluation of a request from a Member Country for the status recognition of a new FMD free country where vaccination is practised

The Group followed the new template proposed by the OIE Secretariat to present the outcome of the evaluation of the 6 dossiers, as presented below.

a) Republic of Korea (Korea)

In May 1996, Korea was first recognised as a FMD free country where vaccination is not practised. However, due to several outbreaks, its status was suspended four times since 2000, the last one since 29 November 2010.

In September 2013, Korea applied for its recognition as an FMD free country where vaccination is applied.

i. *Animal disease reporting*

The Group considered that Korea has a record of regular and prompt animal disease reporting.

ii. *Situation of FMD in the past 2 years*

The Group noted that more than two years without any further outbreaks have elapsed since April 2011 and supportive evidence was submitted on the absence of virus circulation.

iii. *Surveillance for FMD and FMDV circulation in accordance with Articles 8.6.42. to 8.6.47. and Article 8.6.49.*

The Group appreciated the extensive data on the non-structural proteins (NSP) survey (both random and targeted) and the efficient follow-up of the positive animals. However, the survey design was based on published literature rather than on data on the actual level of infection found during the outbreaks in vaccinated animals in Korea. In addition, the very high sensitivity and specificity figures quoted for the NSP ELISA were not supported by evidence.

With regard to surveillance for FMD, the Group noted that the dossier described general provisions but not much detail on clinical surveillance on farms and veterinary inspection at slaughter houses.

iv. *Regulatory measures for the early detection, prevention and control of FMD*

The Group agreed that the regulatory measures for early detection, prevention and control of FMD were in place. However, the contingency plan seemed to focus more on the control measures to be implemented in the absence of vaccination rather than on the current situation in which vaccination is practised. The system of compensation and penalties was appreciated.

v. *Routine vaccination and vaccines*

The Group took note of the high vaccination coverage and population immunity reported for the last two years but regretted that the threshold of immunity for protection was not given. In the dossier it was indicated that high potency vaccines (more than 6 PD₅₀) were used but supporting evidence from the manufacturer was not supplied.

vi. *Description of the boundaries and measures of a protection zone, if applicable*

The details of the boundaries and measures of a protection zone were not required due to the tightly controlled border to the neighbouring country.

vii. *Compliance with the questionnaire in Article 1.6.5.*

The Group acknowledged that the submitted dossier was clear, detailed and well structured. The Group nevertheless noted that the measures taken for control on swill feeding may still leave residual risks.

Conclusion

The Group considered that the application was fully compliant with the requirements of Chapter 8.6 and with the questionnaire in Article 1.6.5. of the *Terrestrial Code*. The Group agreed to recommend that Korea be recognised as FMD free where vaccination is practiced.

The Group appreciated and was impressed with the information presented in the dossier, and highly recommended Korea to publish the material to be shared with the international veterinary community.

5. Evaluation of requests from Member Countries for the status recognition of a new FMD free zone where vaccination is practised

a) Brazil

The Group recalled that Brazil had six FMD free zones already recognised by the OIE: an FMD free zone without vaccination (State of Santa Catarina, Zone 1 in the dossier) and five FMD free zones with vaccination (Zones 2 to 6 in the dossier, covering the States of Rio Grande do Sul, Rondônia, Acre, Espírito Santo, Minas Gerais, Rio de Janeiro, Sergipe, Distrito Federal, Goiás, Mato Grosso, Paraná, São Paulo, Bahia, Tocantins, and Mato Grosso do Sul, as well as an extension into the territory of State of Amazonas, and the middle southern part of State of Pará).

The Group reviewed the dossier submitted by Brazil for the recognition of a new FMD free zone with vaccination to be merged with the adjacent zones (referred as Zones 3 and 6 in the dossier and recognised in May 2009 and May 2011 respectively). The dossier also mentioned the establishment of two protection zones that were not included in the proposed free zone.

The Group requested additional information and received clarification from Brazil.

i. Animal disease reporting

The Group considered that Brazil has a record of regular and prompt animal disease reporting

ii. Situation of FMD in the past 2 years

The Group noted that the last FMD outbreak in the new proposed zone occurred in 2004, and the last outbreak in Brazil was in 2006.

iii. Surveillance for FMD and FMDV circulation in accordance with Articles 8.6.42. to 8.6.47. and Article 8.6.49.

The Group acknowledged that the sero-survey was described in detail and agreed that no FMDV circulation was detected during the past year. However, the Group regretted that the sensitivity figures for the NSP tests were overestimated, even after re-adjustment, and noted that this overestimation could have an impact on the accuracy of the sero-survey.

The Group noted that the proficiency testing was performed.

iv. Regulatory measures for the early detection, prevention and control of FMD

The Group considered that the regulatory measures for early detection, prevention and control of FMD were in place.

v. *Routine vaccination and vaccines*

The Group was satisfied with the information provided on the quality of vaccine and agreed that it complies with the OIE *Terrestrial Manual*. However, the vaccination coverage was estimated through the number of vaccine doses distributed rather than evaluated through the number of vaccinations performed. Data on population immunity were not provided, making the dossier weaker compared to previous dossiers submitted by Brazil.

vi. *Description of the boundaries of the proposed free zone*

Brazil confirmed the boundaries between the new proposed zone and the two protection zones outside the FMD free zone proposed, and that this new enlarged zone (merged with Zones 3 and 6) would be kept separate from the neighbouring zones of the same status (Zones 4 and 5) as well as the FMD free zone where vaccination is not practised (Zone 1).

vii. *Description of the boundaries and measures of a protection zone*

The Group noted the sparse livestock and activities within the protection zones, and appreciated the types of action and measures taken in the protection zones to preserve the health status of the animals in the proposed free zone with vaccination.

viii. *Description of the system for preventing the entry of the virus (into the proposed FMD free zone)*

Brazil indicated that animal and animal product movements were almost exclusively from the free zone with vaccination to the non FMD free zone, and figures were given to support the control of all animal movements between the zones.

ix. *Compliance with the questionnaire in Article 1.6.5.*

The Group agreed that the dossier was compliant with the questionnaire in Article 1.6.5.

Conclusion

The Group considered that the application was compliant with the requirements of Chapter 8.6. and with the questionnaire in Article 1.6.5. of the *Terrestrial Code*. The Group agreed to recommend the Scientific Commission the recognition of the proposed area as FMD free with vaccination, in order to compose a single zone with the adjacent zones (referred as Zones 3 and 6 in the dossier and recognised in May 2009 and May 2011 respectively).

b) Bolivia

The Group recalled that Bolivia had four FMD free zones already recognised by the OIE: an FMD free zone without vaccination (in the Altiplano recognised in May 2012) and three FMD free zones with vaccination (Chiquitania recognised in 2003, the former High Surveillance Zone recognised in 2010 and Chaco and part of Valles recognised in 2013).

The Group noted that Bolivia had submitted a dossier for the recognition of a new FMD free zone where vaccination is practised, comprised of the rest of the country currently without an officially recognised FMD free status. The Group took note that this new zone would be merged with the adjacent zone of Chiquitania, recognised in 2003.

The Group requested and assessed the additional information received from Bolivia.

i. *Animal disease reporting*

The Group considered that Bolivia has a record of regular and prompt animal disease reporting.

ii. *Situation of FMD in the past 12 months*

The Group noted that the last FMD outbreak in the new proposed zone occurred in 2007.

iii. *Surveillance for FMD and FMDV circulation in accordance with Articles 8.6.42. to 8.6.47. and Article 8.6.49.*

The Group noted that proficiency testing was performed, but there was no indication on the participation frequency or the results.

The Group acknowledged that the corrected figures provided by Bolivia were more coherent but agreed that such a change between the core dossier and the information additionally provided upon the Group's request did not give confidence to the way the data were managed.

The Group requested clarification on the NSP positive animals (Map 4 of revised Annex 9) located in an area without sampling but was not satisfied with the answer provided.

The Group also asked how the clinical suspects were followed-up and how FMD was ruled out, including the detailed figures of the animals that were PCR tested for the differential diagnosis of vesicular diseases.

iv. *Regulatory measures for the early detection, prevention and control of FMD*

The Group considered that the regulatory measures for early detection, prevention and control of FMD were in place.

v. *Routine vaccination and vaccines*

The Group was missing a clear justification for the use of vaccination in only a part of the cattle population in the newly proposed zone. While such an approach was not strictly excluded by OIE recommendations and comprehensible from a point of view to effectively use the available resources, the Group noted the risks to the unvaccinated herds in the zones considered free with vaccination, notably in the absence of specific vaccination requirements for animals moved from the vaccinated areas into susceptible herds. This risk is particularly prominent for the animals close to urban centres in the neighbourhood of the Altiplano, an OIE recognised zone free without vaccination. The risk to animals moving out of areas without vaccination seemed to be mitigated by the fact that most movements are unlikely to be in this direction.

The Group questioned the value of "low level" vaccination in some areas (e.g. vaccination only once per year) and noted that Bolivia had not provided recent post-vaccination immunity studies to verify the effectiveness of the targeted approach to vaccination. However, the Group acknowledged the efforts needed to carry out such studies, as foreseen in the application. In the absence of the latter, the Group would have appreciated receiving assurances that the latest vaccination campaigns have been carried out under circumstances that would not impair their effectiveness. Furthermore, this could have been substantiated by follow-up of the surveys for immunity that were carried out in 2009 and 2010 for the purpose of the endorsement of the control programme, and could also confirm that the outcome of the previous immunity studies reflect the present situation. The Group agreed that should a revised application be needed, it should describe the Bolivian approach with greater precision.

vi. *Description of the boundaries of the proposed free zone of the system for preventing the entry of the virus (into the proposed FMD free zone)*

Bolivia has opted for a complex zoning of its territory as regards various vaccination schemes, non-vaccination areas and establishment and merging of zones of official OIE FMD status. This results in subpopulations of cattle with and without vaccination in the same zone whilst adjacent regions of equivalent vaccination status, both with and without vaccination, are treated as separate zones. The provision of more informative explanatory maps would have substantially eased the evaluation of the dossier. As an example, the existence of an area without vaccination, but within a previously

recognised FMD free with vaccination zone (Chaco and part of Valles, recognized in 2013), only became apparent to the Group at this meeting. The Group concluded that the application was not fully compliant with the requirements of Article 8.6.5. point 4 a) and c) of the *Terrestrial Code*.

vii. *Compliance with the questionnaire in Article 1.6.5.*

The Group was concerned whether the logistics and budgetary and human resources were available within Bolivia to implement and maintain efficient movement controls on animals required by complex zoning arrangements. The Group could not conclude that the application was fully compliant with the requirements of Article 1.6.5. point 2 of the relevant questionnaire of the *Terrestrial Code*.

Conclusion

The Group concluded that the application was not fully compliant with the requirements of Chapter 8.6. and with the questionnaire in Article 1.6.5. of the *Terrestrial Code*.

The Group recommended to the Scientific Commission that the mission to the Andean region should verify the effectiveness of the vaccination programmes (population immunity in the proposed zone) and the capacity of the Veterinary Services to manage the complex arrangement within and between zones to ensure the compliance of the application with the requirements of Article 8.6.5. before a final decision is made on the application of Bolivia for the establishment of a new free zone for FMD where vaccination is practised.

6. Evaluation of request from a Member Country for the status recognition of a new FMD free zone where vaccination is not practised

a) Argentina

The Group recalled that Argentina had four FMD free zones already recognised by the OIE: two FMD free zones without vaccination (the Patagonia and the summer pasture zone in the Province of San Juan recognised in May 2007 and 2013, respectively) and two FMD free zones with vaccination (located in the northern part of Argentina recognised in 2008 and 2011, respectively).

The Group assessed the dossier submitted by Argentina for official recognition of a new FMD free zone where vaccination is not practised. The Group noted that the proposed zone of Patagonia Norte A is part of the currently recognised FMD free zone where vaccination is practised, adjacent to the zone already recognised as FMD free without vaccination. The Group understood that Argentina wished to keep the newly proposed zone separate from the already recognised FMD free zone without vaccination at its southern boundary (Patagonia).

The delegation from Argentina had a physical meeting with the Group and provided clarification on the information requested.

i. *Animal disease reporting*

The Group considered that Argentina has a record of regular and prompt animal disease reporting

ii. *Situation of FMD in the past 12 months*

The Group noted that the last FMD outbreak in the new proposed zone occurred in 2001.

iii. *Absence of vaccination and entry of vaccinated animals in the past 12 months*

Argentina provided clarification on the exact timeline of events, such as the exact date of the last vaccination campaign and the date when vaccination and entry of vaccinated animals were banned. Mass vaccination was last performed in December 2012, but due to the control measures in place until Resolution 82/2013 officially banned vaccination on 1 March 2013, young animals that were moved during the period December 2012 to end of February 2013 were revaccinated prior to movement.

- iv. *Surveillance for FMD and FMDV infection in accordance with Articles 8.6.42. to 8.6.47. and Article 8.6.49.*

The Group noted that the sampling for the NSP serological surveillance took place in July-August 2013. The Group also took note of the continuation of the NSP survey for gradual extension of the free zones without vaccination to the rest of the country. In addition, a national NSP survey was planned to take place approximately a year after the last one (July-August 2014, after the General Session 2014 when the status would be granted) and it was intended to include the proposed free zone in this survey.

The Argentinian delegation requested the Group to give an opinion whether an additional NSP survey would be requested at the end of the 12 month period after cessation of vaccination. The Group did not provide any opinion during the meeting but, after lengthy discussions, concluded that it would not be necessary. The discussions were based on the report of the meeting in December 2012 where it stated: *"If a country or zone that had already been recognised as free with vaccination was to change its status to FMD free without vaccination, it was required to have ceased vaccination at least 12 months before, and shown evidence that there was no infection during the past 12 months in accordance with Article 8.5.2. The Group discussed whether a country/zone should demonstrate the absence of infection since the beginning or at the end of the transitional period. The Group decided the Terrestrial Code should not be too prescriptive. The Group preferred that surveillance data be gathered at the end of the transitional period (that could then include the unvaccinated animals), just before the compilation of the dossier, with the understanding that dossiers would be evaluated according to the reasoning used by the applicant country/zone"*.

- v. *Regulatory measures for the early detection, prevention and control of FMD*

The Group considered that the regulatory measures for early detection, prevention and control of FMD were in place.

- vi. *Description of the boundaries of the proposed free zone*

The Group noted that as soon as bilateral agreements with trading partners have been agreed, Argentina aimed to merge the newly proposed Patagonia Norte A zone to the already recognised FMD free zone without vaccination to the south (Patagonia). Until then, Argentina intended to keep the zone separate due to trading reasons and not due to sanitary reasons.

Argentina was reminded that proof of animal movement across the different zones would be needed until the zones are merged.

- vii. *Description of the system for preventing the entry of the virus (into the proposed FMD free zone)*

The Group noted the additional information on animal identification and control movements between the proposed free zone and the southern zone already recognised as free without vaccination. The proposed zone has been kept separate with the control measure in place for animal movements from the zones to and from both, the north and south, since 2001 and will continue until the completion of bilateral trade discussions and the merge with the southern zone takes place. However, no evidence was given whether the control of movements was in place from Patagonia to Patagonia Norte A, and in line with Resolution No. 30 adopted at the 81st General Session, and Point 6 of Article 4.3.3. of the *Terrestrial Code*.

- viii. *Compliance with the questionnaire in Article 1.6.5.*

The Group agreed that the dossier was compliant with the questionnaire in Article 1.6.5.

Conclusion

The Group took into consideration the requirements in Article 8.6.5. of the *Terrestrial Code* which stated that when a FMD free country or zone where vaccination is practised wishes to change its status to FMD free country or zone where vaccination is not practised, the status of this country must remain unchanged for a period of at least 12 months after vaccination has ceased. Therefore, the Group considered that the application would be fully compliant with the requirements of Chapter 8.6. and with the questionnaire in Article 1.6.5. of the *Terrestrial Code* under the condition that Argentina submits updated information on the following in the Patagonia Norte A up to March 2014:

- Confirmation that there has been no outbreaks;
- Confirmation that vaccination has not been conducted and no vaccinated animals were introduced;
- The planned and implemented procedures to provide assurance of the continuing freedom from infection;
- Confirmation that the animal movements were controlled between the proposed FMD free zone without vaccination and the zone with the equivalent status to the south.

If the requirements above mentioned are met, the Group agreed to recommend that the proposed free zone of Patagonia Norte A be recognised as FMD free where vaccination is not practised.

7. Evaluation of requests from Member Countries for the endorsement of official control programme for FMD

a) Ecuador

The Group assessed Ecuador's dossier for the endorsement of the official control programme, as well as the requested clarification received from Ecuador.

i. Capacity of the Veterinary Services to control FMD

The Group was concerned whether the capacity of the Veterinary Services was sufficient to control FMD in the entire country, considering the limited number of permanent contracts, but agreed that this concern was not sufficient to judge the dossier as non-compliant.

ii. Applicability of the official control programme for FMD to the entire territory

The Group noted that the proposed official control programme applicable to the whole country was presented in different annexes (Annexes 18 and 35).

iii. Animal disease reporting

The Group considered that Ecuador has a record of regular and prompt animal disease reporting.

iv. Epidemiology of FMD in the country

The dossier presented the country in different zones such as "primary endemic zone, secondary endemic zone, and sporadic low and high risk zones." The Group noted the gaps identified among these regions and one of the objectives of the programme to apply specific measures to each zone.

There was low risk of virus introduction from the neighbouring countries, as the territories of the adjacent countries are already declared free with or without vaccination. The control of borders was described in Annex 23.

- v. *The detailed plan of the programme to control and eventually eradicate FMD in the country or zone*

The main dossier lacked information on the eradication programme to be implemented for the endorsement of the official OIE control programme for FMD. However, the Group agreed that the FMD eradication project, including the timeline and indicators, was presented in the Appendices without being adequately summarised or cross-referenced in the main dossier. It appeared that there was misunderstanding of the *Terrestrial Code* terminology with regard to zoning, as Ecuador indicated in its dossier that they plan to achieve recognition as FMD free country by means of zoning. The plan would use the system in place with the hope to achieve freedom by 2015.

- vi. *FMD surveillance*

Active and passive surveillance programmes, including community sensors and monitoring of virus transmission in a targeted population, were described. The Group wondered what tools were used to evaluate that the surveillance control measures in place were helping to progress towards eradication of FMD.

- vii. *Diagnostic capability and procedure*

The method of monitoring (NSP survey protocols) was not described. According to the additional information submitted by Ecuador, the number of samples for NSP appeared to be increasing (approximately 7,000 in 2013).

The Group noted that there was no participation in external proficiency tests.

- viii. *Vaccination*

The Group noted that the vaccination strategy was biannual and compulsory in all the country for the bovine population, with interphase vaccinations. The Group requested additional information on the methodology used in order to evaluate the vaccination coverage as well as to evaluate the protective immunity post-vaccination campaigns. The Group also noted that more details, including the characteristics, availability, supplier, and the protocol to control the quality on the imported bivalent vaccine were needed.

Additional information was received from Ecuador on serological surveillance of immunity and infection since 2011. Surveys in 2012 and 2013 targeted frontier regions in the north and south of the country. Less than 400 samples were collected each year for estimation of population immunity but no results were yet available even from 2012. The calculation of vaccine coverage was dependent on incomplete livestock statistics but there was a plan to improve the census system in 2014. No recent population immunity figures were available. Ten million doses of vaccines were procured annually from Colombia. Taking this information into consideration, the figures of 95 to 98 % coverage in the dossier seemed very optimistic.

- ix. *Emergency preparedness and response plan*

The emergency plan was provided in Annex 34.

- x. *Compliance with the questionnaire in Article 1.6.5.*

The Group agreed that the dossier was compliant with the questionnaire in Article 1.6.5. by means of all the information provided in the core dossier and its numerous appendices.

Conclusion

In general, the dossier as a whole appeared to include all critical information for evaluation. However, the information was scattered and not well organised with insufficient cross-referencing in the core document, which resulted in difficulties during the evaluation process of the dossier.

The Group considered that the application, taken in its entirety, was compliant with the requirements of Chapter 8.6. of the *Terrestrial Code*. However, the Group recommended approval of the endorsement subject to revision of the dossier to include all the key elements of the control programme within the main document and better cross-referencing to details in the appendices.

b) Other Member Country request

The Group assessed the request of another Member Country for endorsement of its official control programme for FMD which did not meet the requirements of Article 8.6.48. of the *Terrestrial Code*. The Group greatly appreciated the progress made but concluded that the requirements for endorsement were not yet met; the dossier was referred back to the corresponding Member Country.

8. Other matters

The Group considered two new applications for OIE endorsed FMD control programmes. As with previous submissions, there was still the impression that the submitting Member Countries did not fully understand what information was required or the best way to present it coherently. In particular, the dossiers did not provide a sufficient critical review of existing control programmes and/or detailed information about implementation of future measures. The Group noted a possible risk of not being able to distinguish between problems in dossier preparation and actual problems of the control programme during an evaluation.

Dr Joseph Domenech, from the Scientific and Technical Department of the OIE, joined the Group to update and remind the Group of the key aspects of the FMD Progressive Control Pathway (PCP). The use of the PCP should be a tool for countries to evaluate themselves before applying for the OIE endorsed official control programme for FMD. He informed the Group that the GF-TADs working group on FMD was drafting a template to help Member Countries to prepare their national control programme. This template would not be compulsory but could be considered as an additional resource. The Group understood that the main source of advice for Member Countries engaged in PCP activities and wishing to apply for OIE endorsed control programme would come from regional road map meetings through discussions with other national delegates and advisors. In particular, the GF-TADs steering committees would not provide such advice. Consequently, the Group concluded that there was not yet working procedure to help countries improve the quality and relevance of their dossiers and thus avoid frustration due to difficulties in evaluating the true state of their progress.

The Group recommended the following:

1. The questionnaire of Article 1.6.10 of the *Terrestrial Code* should be reviewed again taking into consideration the concerns identified by the Group.
2. OIE regional representatives their teams and accredited experts should become more involved in the process. This could include provision of training or workshops as well as feedback on draft dossiers.

The Group also discussed the difficulty of designing meaningful NSP sero-surveys for countries wishing to substantiate absence of virus circulation in large vaccinated populations. It was recognised that random surveys with tests of imperfect sensitivity and specificity can only provide a limited assurance. In other words, in large cattle populations, virus could still be circulating at a low level. Therefore, risk-based sampling could be justified if risks can be correctly identified. This discussion will be reflected in the revision of the FMD Chapter of the *Terrestrial Code*.

Finally, while assessing an application for an official recognition of FMD free status, the Group noted with interest the use of sentinels as a follow-up of NSP positive herds. The Group would appreciate the opinion of the *ad hoc* Group on Epidemiology or of FMD Reference Laboratories on the usefulness of this measure and which parameters should be considered (e.g. number of animals, intensity and duration of contact with the herd).

9. Adoption of report

The *ad hoc* Group reviewed and amended the draft report provided by the rapporteur. The Group agreed that the report captured the discussions.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBER COUNTRIES
Paris, 25-29 November 2013**

Agenda

1. Opening
 2. Adoption of the agenda and appointment of chairperson and rapporteur
 3. Chapter 8.6. of the *Terrestrial Animal Health Code* on FMD: review of the comments from Member Countries and Specialist Commissions
 4. Evaluation of a request from a Member Country for the status recognition of a new FMD free country where vaccination is practised:
 - Republic of Korea
 5. Evaluation of requests from Member Countries for the status recognition of a new FMD free zone where vaccination is practised:
 - Brazil, Bolivia
 6. Evaluation of a request from a Member Country for the status recognition of a new FMD free zone where vaccination is not practised
 - Argentina
 7. Evaluation of requests from Member Countries for the endorsement of official control programme for FMD
 - Ecuador
 8. Other matters
 9. Adoption of report
-

Appendix II

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBER COUNTRIES
Paris, 25-29 November 2013**

List of participants

MEMBERS

Dr Mehdi El Harrak
Chef Département Virologie, BP 4569,
Avenue Hassan II, km2, Rabat-Akkari
MOROCCO
Tel.: (212-37) 69.04.54
Fax: (212-37) 69.36.32
elharrak_m@hotmail.com

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

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

Prof David Paton
Director of Reference Laboratories - The
Pirbright Institute
Ash Road, Woking - Surrey GU24 0NF
UNITED KINGDOM
Tel: (44-1483) 231012
Fax: (44-1483) 232621
david.paton@iah.ac.uk
david.paton@pirbright.ac.uk

Dr Kobedi Segale
Epidemiologist
Ministry of Agriculture
Private Bag 0032
Gaborone, BOTSWANA
Tel: (267) 744 04187
Tel: (267) 231 90158
ksegale@gov.bw

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

SCIENTIFIC COMMISSION REPRESENTATIVE

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

OIE HEADQUARTERS

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

Dr Elisabeth Erlacher-Vindel
Acting Head
Scientific and Technical Department
e.erlacher-vindel@oie.int

Dr Min Kyung Park
Chargée de mission
Scientific and Technical Department
m.park@oie.int

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

**MEETING OF THE OIE AD HOC GROUP ON INTERNATIONAL HORSE MOVEMENT
FOR EQUESTRIAN SPORT**

Paris, 28-30 October 2013

1. Welcome by the Chair and Introductions

Dr Murray welcomed participants to the meeting and introduced Dr Monique Eloit, Deputy Director General of the OIE. Dr Eloit, on behalf of the Director General, welcomed all participants to this third meeting of the *ad hoc* Group (AHG). She noted the importance of this area of work, reflected by the OIE Cooperation Agreement with the Fédération équestre internationale (FEI), and informed the AHG that the OIE had signed a Memorandum of Understanding with the International Federation of Horseracing Authorities (IFHA) in July 2013. Dr Eloit commended members of the AHG for the work they had completed to date and noted that this meeting is important to turn the concept into practice.

Dr John McEwan informed the AHG that the FEI and IFHA are about to sign a Federation Agreement, which underlines the commitment of both organisations to cooperate, with the objective of promoting equine health and continued growth of the international equestrian sector globally.

At Dr Murray's request, all participants briefly introduced themselves.

2. Acceptance of the Agenda

The adopted agenda for the meeting is at [Appendix I](#) and the list of participants at [Appendix II](#).

3. Record of the first and second meeting

The minutes of the first two meetings were approved.

4. Review of actions arising and achievements

Dr Münstermann presented an overview of the work completed since the last meetings. As foreshadowed, OIE HQ had provided updates to the participants of the AHG, following the OIE General Session in May and following the autumn meetings of the Scientific Commission for Animal Diseases (SCAD) and the Terrestrial Animal Health Standards Commission (Code Commission).

Dr Münstermann indicated that many actions arising from the first meeting will be followed up at this 3rd meeting and reported only on those activities that were not covered by this meeting:

- (i) On the Biosecurity Guidelines, Dr Münstermann met with the French Ministry of Agriculture on 21 October. The 'field testing' of the Guidelines at the FEI 7th World Equestrian Games, to be held in Normandy, France in 2014 will be an important input to the finalisation of the Guidelines.
- (ii) The text written on the EDFZ was not covered in the draft *Code* chapter but will be published on the OIE website.
- (iii) An *ad hoc* Group on Glanders will be held at the end of November 2013.

- (iv) The HHP concept has been presented in several key fora, including the OIE Regional Conference for the Middle East and North Africa; an OIE focal point seminar in Seoul, and the OIE Regional Representatives annual meeting in Paris (October 2013).
- (v) OIE input into FEI Veterinary trainings did not take place as planned.
- (vi) The OIE has contacted the World Customs Organization (WCO), with which it has an official cooperation agreement since 2008. The WCO expressed interest in the HHP concept in view of integrating it into its Coordinated Border Management System project. The OIE is invited to attend the WCO General Assembly on 7 November.
- (vii) Dr Münstermann raised the possibility of pilot testing of the HHP concept at FEI equestrian events in 2014 in the Asia Games to be held in Korea. Asian horses are usually required to travel via Europe to satisfy the health requirements of importing countries. Use of the HHP concept could help to improve this situation by allowing direct movement (i.e. from Asia to the country in which the event is being held).
- (viii) The OIE will attend the FEI General Assembly on 4-6 November.
- (ix) Dr Münstermann noted that she and Dr Cooke had attended the World Equine Veterinarian Association Congress (WEVA) and had made a joint presentation on the OIE/FEI/IFHA initiative. She saw a need for further outreach to the private veterinary sector as there is limited understanding. Dr McEwan agreed with Dr Münstermann. He pointed out that several veterinary associations, including the British Equine Veterinary Association (BEVA), have good avenues for communication with private veterinarians and that these can be used for both awareness-raising and training.

Prof. Timoney commented that national equine health plans are being developed by some countries and that biosecurity plans, disease response plans and related information are increasingly available to equine veterinarians and participants in equestrian events.

Dr Cooke considered that awareness-raising activities should continue and that, once the Biosecurity Guidelines have been finalised, training materials would need to be developed and be made available via the FEI website.

- (x) Dr Füssel commented on the OIE programme for recognition of official freedom from African horse sickness. Many countries are free but have not applied for recognition to the OIE. This situation may create problems in future, as the official status of such countries will not reflect the biological situation.

5. Report of Group 1 – Code chapter and EDFZ paper

Dr Thiermann informed the AHG that good progress had been achieved with the drafting of a new *Code* chapter on the High Health High Performance (HHP) horse sub-population. The draft text had been considered by the SCAD and by the Terrestrial Code Commission at the meetings held in September. The draft chapter will be posted on the OIE Delegates' website soon. The draft text is short and consistent with other *Code* chapters. It establishes principles and concepts but does not enter into details. It can be seen as the practical application of the compartmentalisation concept, which was adopted by the OIE some years ago and has not generally been put into practice. Dr Thiermann recalled that the OIE had followed a similar approach when it started to develop animal welfare standards – that is, guiding principles were adopted first, and then served as a basis for the elaboration of more specific standards. He explained that the report of the Code Commission (with the HHP chapter as annex) will be sent to Member Countries soon. Their comments will be considered by the Code Commission meeting in February and sent back to members, in view of submitting it to the OIE General Assembly in May 2014. He encouraged the industry to also send their comments.

Dr Thiermann reminded the AHG that, complementary to the work on the HHP *Code* chapter, there was an urgent need to update various chapters in the OIE *Manual of Diagnostic Tests and Vaccines*. He recommended a comprehensive review and an “umbrella” chapter to the relevant *Code* and the *Manual* chapters rather than to revise relevant chapters individually.

6. Report of Group 3 – Biosecurity Guidelines

Dr Kahn gave an outline of the modifications that have been made to the Biosecurity Guidelines since they were reviewed by the AHG in April 2013. She indicated that most of the modifications are not very significant but that some questions of substance should be discussed and resolved by the AHG before embarking on further modifications to the Biosecurity Guidelines.

Dr Kahn recommended that the AHG decide the following outstanding points during this meeting:

1. How should veterinary supervision be referenced in the Guidelines? What is envisaged? During an equestrian event, veterinary supervision can be considered to be continuous but the term ‘under veterinary supervision’ may be more appropriate when referring to the place of usual residence.
2. What approach should be taken to the enforcement of implementation of the Guidelines, including auditing?
3. What is meant by ‘keeping separate’ i.e. the separation of HHP horses from horses that are not HHP? How do we expect this to be managed at a horse’s home stables?
4. Is the equine passport issued for life or renewed periodically?
5. Will the term ‘should’ or ‘shall’ be used in the Guidelines? How prescriptive should the Guidelines be? (e.g. with respect to specification of the tests and treatments applied to horses in the pre-export qualifying period).
6. Should the Guidelines address only the OIE listed diseases? Should it take account of unlisted diseases that are of concern to industry (e.g. strangles).

7. Report of Group 4c – Quarantine provisions

Dr Kettle made a presentation to explain the meaning of the terms ‘isolation’ and ‘quarantine’ in the context of the definition of the HHP horse sub-population and of the Biosecurity Guidelines. Dr Kettle explained the main difference between quarantine and isolation as follows:

- (i) Quarantine: means an establishment under the control of the Veterinary Authority where animals are maintained in isolation with no direct or indirect contact with other
- (ii) Isolation: under the control of the event management team; monitored by the Veterinary Authority; permits horses to mix for competition; Some groups of horses may be permitted to mix for training; separation determined by diseases of risk
- (iii) Dr Kettle recommended that when horses of a particular isolation group are introduced to an equestrian event, they should be held in isolation from other horses of that group for a prescribed period to allow an evaluation of their health status following travel

8. Discussion of the way forward to improve and finalise the Biosecurity Guidelines

8.1. Veterinary supervision

On the topic of veterinary supervision Dr Füssel commented on the problems that the EU had encountered with the legal requirement for constant veterinary supervision of artificial breeding centres. Dr Kettle indicated that a nominated veterinarian should be responsible for isolation premises and should be available but not necessarily onsite during the isolation period. He recommended that the term ‘veterinary supervision’ be defined in the Guidelines. Dr Thiermann reminded members of the AHG of

the approach taken in the *Terrestrial Code*, where the VA is responsible for auditing but private veterinarians are responsible for carrying out the routine health checks and inspections. Prof. Cullinane stated that different approaches to veterinary supervision at home stables and equestrian events would be needed.

It was agreed that the term 'under veterinary supervision' would be used except when a specific official function is being performed, when the term 'official veterinary supervision' would be used.

With respect to home stables, the AHG agreed that it would be useful to explore, in future, the possibility of national Veterinary Authorities accrediting private veterinarians for the supervision of biosecurity at the home stable of HHP horses.

8.2. Implementation of the Guidelines

The AHG discussed the issue of how to ensure that horses in the HHP sub population are maintained under conditions that comply, at all times, with the Guidelines. Dr Lam explained the system that applies in Hong Kong, where standard operational procedures (SOPs) are employed by the Thoroughbred racing industry. Compliance with the SOPs may be audited by any government or racing authority. Dr Füssel indicated that official services (the VA) could not be expected to supervise industry programmes; rather the VA role is limited to auditing industry arrangements. This conceptual shift was first introduced in the *Code*, in the recommendations on compartmentalisation. Dr Kahn suggested that the AHG define which organisations are responsible for the implementation of the Biosecurity Guidelines, in the event that the VA of an importing or exporting country wants to conduct an audit of the procedures that 'guarantee' the health status of the HHP horse sub-population. Dr Murray commented that the private sector recognises both internal and external audits as a means to check compliance with SOPs.

8.3. The concept of separation of horses of different health status

The AHG agreed to discuss this point on the second day of the meeting.

8.4. Issuance of the equine passport

Dr Kettle confirmed that the passport of a Thoroughbred racehorse is issued for life. Dr Cooke commented that FEI passports are issued for a renewable 4 year period (however, the horse is registered as a passport-holder for life). Dr Newton indicated that the Tripartite countries (United Kingdom, France and the Republic of Ireland) are considering this matter at present.

It is normal practice for Thoroughbred horses to have a visa in the passport to authorise international travel. In the same way, the AHG anticipates that an additional identification would be used to confirm membership of the HHP sub-population.

8.5. The use of 'should' or 'shall' in the Guidelines

Given that the *Code*, by convention, uses the term 'should', it was agreed that the same terminology would be used in the Guidelines.

8.6. Definition of the diseases of interest.

To be discussed on the second day of the meeting.

9. Report of Group 6 – Research

- (i) Prof. Cullinane made a presentation on her research proposal. She outlined current recommendations on EI vaccination and advised that the most significant difference is that many racing authorities require annual vaccination while the FEI requires booster vaccination within six months before participating in an event. There is need to harmonise different vaccination protocols and to establish duration of immunity for the different regimens.

The study would assess 1000 horses and, for FEI horses, it would be necessary for the FEI to grant derogation to some of the participants in the study from the current vaccination requirements to enable them to continue competing during the study. The study would take about 2 years to conduct.

Dr Füssel asked Prof. Cullinane whether vaccine manufacturers consider vaccination to protect against virus shedding as well as clinical disease. Prof. Cullinane indicated that the main focus is on the prevention of clinical signs. In addition, manufacturers' claims largely concern the primary vaccination of horses whereas the proposed study relates to horses that have been vaccinated several times. Dr McEwan questioned the relationship between antibody levels and protection against infection. Prof. Cullinane indicated that for conventional (as opposed to one attenuated vaccine available in the USA) vaccines, there is an excellent correlation between antibody levels and protection. Nonetheless, up to 20% of horses that have been correctly vaccinated will not have good levels of protection early in their vaccination career. In the absence of serological monitoring, it has been considered safer by FEI to give a 6-monthly boosters to ensure good protection. However, annual vaccination of older horses with several years' history of vaccination may be adequate as durability of immune responses increases with serial vaccination. Dr Kettle asked about the specific vaccines that should be used. Prof. Cullinane indicated that the study will not address specific vaccines but that, in practice, about 4-6 products are most commonly used and many horses are vaccinated with various vaccines during their lives. Professor Timoney asked how the study will differentiate between the effects purely from vaccination from those resulting from one or more exposures to field infection or a combination of both.

- (ii) Prof. Guthrie on behalf of Dr Zientara, presented a research proposal by the EU Reference Laboratory ANSES, which aims to develop a multiplex assay for the rapid detection of equine viral diseases, specifically EI, EHV and EVA. Professor Timoney asked whether this study could be used to look for equine viral diseases that are underreported or not detected, rather than the suggested diseases for which satisfactory nucleic based assays are already available. Dr Newton asked about the speed of diagnosis in this system, as he saw a need for rapid screening tests that can be used before moving horses. Prof. Cullinane commented that this technology is well developed for use in humans. The issue is not speed but rather the capacity to screen for multiple diseases (and for both antigen and antibody) at the same time.
- iii) Prof. Guthrie on behalf of Dr Zientara, presented a research proposal by ANSES for the development of a highly sensitive and specific ELISA for *Burkholderia mallei*. The commonly used complement fixation test (CFT) faces the problem of false negative results. As a second part of the project, the laboratory is studying the genetic diversity and evolution of the bacterium. The project will cost approximately 135,000 euros and the timeframe for development of the ELISA is two years. Prof. Guthrie noted that glanders is a re-emerging disease and has the potential for use in bioterrorism, so there is much interest in this topic. Dr Kettle noted that new antigens are under development and these may help to overcome problems with the CFT. Dr Gomes da Silva indicated that Brazil is developing a Westernblot and that this is a promising alternative to CFT. Dr Newton noted the importance of glanders as an equine disease affecting international trade and urged the AHG to involve the OIE Reference laboratories for glanders in this discussion. Prof. Guthrie noted that a revised *Manual* chapter on glanders was adopted by the OIE in May 2013. Three diagnostic tests are mentioned in the chapter and the choice of test depends on the activity (e.g. eradication programme versus testing of individual horses for export).

The three proposals were discussed by the AHG:

- Prof. Guthrie commented that the multiplex proposal is attractive in light of the paucity of diagnostic tests approved by the OIE, however, each of the individuals tests would need to be validated according to OIE validation criteria. The establishment of OIE prescribed diagnostic methods must be a top priority. Prof. Cullinane noted that the four OIE Reference Laboratories for EI are intending to collaborate in the validation of a diagnostic test for EI that can be prescribed by the OIE.

- Prof. Timoney commented that the glanders project will need sera from several different countries. Lacking background information on these sera, Prof. Timoney asked how the project would validate the ELISA. Dr Zientara replied that the project will collaborate with the OIE Reference Laboratories in Germany and in Dubai, which have a collection of validated horse sera. At this time, there is no proposal to conduct experimental infection of horses.
- Prof. Guthrie commented on an AHS project of the Onderstepoort Veterinary Institute, which is at the stage of validating a new assay. For this purpose, the Institute needs to send material containing live virus to other laboratories. This will be possible for the 3 European laboratories, but for laboratories in Singapore and Australia the samples will need to be irradiated. Future studies on EI (e.g. an IFHA funded study of the use of PCR) will need to include both infectious and inactivated virus.

Dr Murray proposed that the Research Group make a definitive assessment of the proposed projects in light of this discussion. He asked the members of the Research Group to give further consideration to the three proposals, and to produce a short (1-page) document setting out the specific objectives, costs, benefits and prospects of success.

10. Literature review

Ms Ines de Guindos presented the preliminary findings of a literature review on equine infectious disease outbreaks since 1995 with respect to the temporary or permanent movement of horses internationally. Ms de Guindos indicated that there had been 26 outbreaks, involving 9 diseases, during 18 years. The members of the AHG raised several questions about the findings and agreed that the project had merit. Prof. Cullinane suggested including information on the economic impact of the reported disease outbreaks and Dr Cooke recommended including information on the volume of international horse movements.

Dr Murray concluded that this was a useful project. He asked members of the AHG to send their comments to Ms de Guindos, who will complete her report by December 2013. It was agreed that additional and more detailed information might be included in the report next year.

11. Report of Group 7 – PVS Indicators

Dr Münstermann summarised the actions agreed at the previous meeting of the AHG and presented an update on the current state of play. The 47 critical competencies (CCs) in the OIE PVS Tool were analysed with reference to the equine competition sector. For twelve CCs, the indicators and sources of verification are sufficiently comprehensive and broad and allow for the compilation of information relevant to the competition horse sector. For twenty CC's, some new, specific indicators/sources of information have been developed.

Dr Münstermann informed the AHG that a new chapter on “horse movement” will be included in the 2013 revised PVS Manual for assessors. An introductory text will need to be produced by mid-November.

Dr Kahn added some comments on the process of PVS evaluation. She informed the AHG that many PVS experts have little experience with the equine sector and even less with international competition horses. It will be important to provide information in the *Manual* to ensure that experts are confident to include the equine competition sector in the PVS evaluation. Dr Füssel encouraged the OIE to consider the entire equine sector rather than a narrow focus on the competition horse sector.

12. Report of Group 4a – Vaccination

Prof. Cullinane summarised the recommendations as follows:

1. Horses moving from countries and zones that are AHS infected (or not recognised as free) should be vaccinated, tested, quarantined and protected from AHS vectors, as recommended in the *Terrestrial Code*. Horses from AHS free areas should not be moved to AHS endemic areas with reliance on vaccination using the currently available vaccines. The attenuated polyvalent vaccines used in South Africa pose a risk if used outside AHS endemic areas. The current AHS-free status of many countries should be very carefully preserved.

2. Vaccination against EI is mandatory as this virus has the potential to cause severe disruption to equestrian events. There is a need for an evidence based vaccination regime to ensure that protection from immunisation is sustained for as long as possible without over-vaccination.
3. Venezuelan Equine Encephalitis virus is an important human and equine pathogen. Vaccination against VEE for horses is recommended for horses residing in endemic countries and travelling to such areas.
4. Horses are a dead end host for WEE, EEE, WNF and JE. Vaccination is at the discretion of the horse owner and should be considered when HHP horses travel to events in endemic areas.
5. Vaccination against tetanus is at the discretion of the owner of a HHP horse.
6. As there is no DIVA test available, vaccination against EVA is problematic in most countries, including those that are endemic for the disease. EVA can cause disease outbreaks in situations where horses are in close contact with each other, although the evidence suggests that this is a rare event. Owners of HHP horses may wish to vaccinate seronegative stallions and colts as a risk management measure, i.e. to avoid the establishment of the carrier state.
7. The decision to vaccinate against EHV1 should be left to the owner and their veterinary advisor as there is currently a dearth of evidence that EHV-1 vaccines are efficacious in preventing and controlling neurological EHV-1.
8. Strangles is not an OIE listed disease but it is important and owners may wish to vaccinate HHP horses.
9. Vaccination for anthrax is not necessary.
10. Vaccination against rabies is at the discretion of the horse owner and should be considered for horses resident in endemic countries and for those visiting such countries.
11. No recommendations on vaccination against Hendra virus or Potomac horse fever can be made at this time.

13. Report of Group 4d – Laboratory testing

Dr Zientara presented the conclusions of Group 4d. The group developed a list of diseases for which pre-export testing should be carried out when importing horses from countries endemic for the respective diseases, as follows: AHS, VEE, VS, glanders, EI (to monitor the effectiveness of vaccination), EIA (to be tested six-monthly), equine piroplasmiasis (to be tested six-monthly) and surra.

14. Report of Group 4b – Health Certification

Dr Füssel reported the conclusions of Group 4b on health certification. He informed the AHG that many countries require health certification for diseases that are not listed by the OIE and in some cases for diseases that are present in the importing country and not subject to official control or eradication programmes. This is contrary to the recommendations in the *Code*. Dr Füssel also commented that the diseases transmitted by the venereal route should not be the subject of health certification in the context of temporary importation for competition.

Diseases that should be the subject of attestation on health certificates (as appropriate to the health status of the exporting and importing country) are: AHS, VEE, VS, glanders, EI and equine piroplasmiasis.

15. Summary of all inputs (4a, 4c, 4b)

The AHG discussed the recommendations on testing, vaccination and certification. Dr Kettle and Dr McEwan commented that the primary function of the AHG is to define the HHP horse sub-population with respect to the minimum health measures needed to protect the high health status of the sub-population. They questioned why it is necessary to specify risk management measures for diseases that are not listed by the OIE and for diseases that are transmitted by the venereal route, when the HHP horse is only travelling for the purpose of competition. Prof. Timoney stated that many countries continue to apply a zero risk approach. The real risk presented by the temporary importation of HHP horses is very low but countries do not take this into

consideration. Dr Kahn encouraged the AHG to work on a model health certificate, which could be proposed for inclusion in the *Code*. Dr Gomes da Silva commented that it is very difficult to bring about change, and noted that the rules applied at the national level are also influenced by laws at the regional level (for Brazil, MERCOSUR). Dr Kettle commented that industry has an important role in assuring biosecurity and in lobbying governments to implement the OIE standards and related guidelines.

Dr Murray stated that countries are unlikely to change their import protocols as a direct consequence of OIE recommendations. Nonetheless, the updating of the OIE standards can help to move countries towards the adoption of more scientifically-based import policies. Dr Murray emphasised that the effective management of risk is the key success factor. In this context, vector-borne diseases present a particular challenge to risk management.

The AHG concluded to remove from the list of diseases to be covered in the health certificate all diseases that are not listed by the OIE, and those for which vaccination may be performed purely for protection of the individual horse. Dr Füssel noted that the finding of a horse infected with strangles would, in any case, reflect a failure of biosecurity and disqualify a horse from membership of the HHP sub-population. In the definition of the HHP horse sub-population Dr Münstermann proposed to remove: surra, screwworm, tetanus and strangles

With respect to the diseases for which the horse is a dead-end host – i.e. EEE, WEE, JE and WNF, the AHG agreed that there was no scientific basis for testing horses, nor for including these diseases in the health certificate, as the occurrence of infection in a horse does not present a risk for other horses.

In relation to rabies and anthrax, the horse may be vaccinated for the purpose of protecting it against exposure to the infection. The health certificate could carry an attestation as to the absence of both rabies and anthrax from the premises where the horse has been during a defined period. However, the status of the horse for these two diseases should not be part of the definition of the HHP sub-population because these horses are under tight biosecurity and the finding of rabies or anthrax would indicate a breach of biosecurity, which would disqualify them from membership of the sub-population.

The AHG discussed piroplasmosis, an OIE listed disease that is widespread in the world and the subject of strict disease control measures in countries of the EU. Some experts consider that it is necessary to ascertain the piroplasmosis status of horses in the HHP sub-population and that testing should be carried out regularly (6-monthly or 12-monthly). It was suggested that EIA be approached in the same way as piroplasmosis, that is, periodic testing. Dr Füssel pointed out that for the purposes of pre-export testing, horses must be tested for EIA within the 90 day period preceding export. Dr Münstermann summed up the discussion by indicating that the pre-export test should be done for both piroplasmosis and EIA 30 days before export, using the same blood sample.

The AHG deleted **VS** and **EVA** from further consideration in the definition or certification of the HHP horse.

On **EHV1**, up to 60% of horses can be carriers and the virus is virtually ubiquitous in the world. Prof. Timoney commented that effective tests are available (SNT, CFT and RT-PCR) but specialised tests are needed to differentiate neuropathogenic (mutant) strains. The virus can be isolated from clinically normal horses and the presence of a neuropathogenic strain is not necessarily associated with clinical signs. All members of the AHG agreed that HHP horses should not be subjected to pre-movement testing for EHV1. A decision to vaccinate for EHV1 is a commercial matter. An outbreak of EHV1 would result in suspension of the status of all HHP horses in the stable. This suspension would continue until 21 days after the outbreak ends.

Since 2012, **African horse sickness** has been included on the lists of diseases for which the OIE grants official recognition of national or zone freedom. To date, relatively few countries have obtained official recognition of their AHS status. Dr Newton proposed that HHP horses from free countries or zones only be permitted to compete in an AHS endemic country if the international event was held in an Equine Disease Free Zone (EDFZ). Dr Murray advised that many countries will not be in a position to immediately apply for, and obtain, OIE recognition of their AHS status. Therefore, the situation with EDFZs is likely to remain as it is stands, for some time. Countries may establish an EDFZ in a zone that is not officially recognised as AHS free (knowing that the zone may or may not be free but does not in either case have official OIE recognition). Although the OIE may provide advice on the establishment of an EDFZ, it does not provide official approval of EDFZs. The acceptance of an EDFZ for the purpose of international movement of horses is a matter for bilateral negotiation between countries.

For VEE, Prof. Timoney pointed out the incubation periods are very short and infected horses can develop serious clinical illness.. He considered that these horses did not present a risk of disease transmission and he questioned the value of pre-export testing. With respect to vaccination, Dr Füssel commented that the *Code* provides two options for the importation of horses from countries considered to be infected with VEE. For vaccinated horses, the vaccination must be done no less than 60 days before export. The *Code* also contains provisions for the export of unvaccinated horses. The AHG agreed that the *Code* provisions were appropriate.

With respect to **glanders**, Dr Füssel recommended the certification of premises of origin as glanders-free, based on surveillance and regular testing. He considered that statements of country freedom have little value in the absence of specific surveillance. Dr Newton considered that it was necessary for the AHG to consider new information on glanders diagnostic tests. Dr Gomes da Silva felt that strict application of biosecurity should be sufficient to prevent the spread of glanders. He doubted that regular testing of horses was necessary. The CFT is not prone to produce false negatives, which makes this a good method for establishing the freedom of a group of animals held under biosecure conditions. Dr Kettle commented that the lack of an OIE approved confirmatory test for trade purposes means that any false positive result could cause major problems for trade and recommended that the upcoming glanders AHG should discuss this further.

It was generally agreed that the *Code* provisions on glanders were appropriate.

For **EI**, Prof. Cullinane recommended that HHP horses be vaccinated. Serological testing of HHP horses by SRH is useful to monitor the effectiveness of vaccination and could be done by industry (e.g. using the blood sample collected for EIA) but is not recommended as a regulatory requirement. Horses should be tested by RT-PCR before export to EI-free countries. Movement of HHP horses between EI endemic countries should not be subject to an EI test. Dr Füssel commented that the *Code* has provisions for the movement of horses into EI free countries and that these are appropriate.

Dr Münstermann concluded that only six diseases (**AHS, VEE, glanders, EI, EIA and piroplasmosis**) would be addressed in the definition of the HHP horse sub-population and in export health certification relating to these horses.

16. Group 2 – Revision of equine disease chapters in *Code* and *Manual*

Prof. Guthrie reported on the conclusions of Group 2. Based on the identification of six diseases of interest to the HHP horse sub-population, it is proposed to incorporate the relevant provisions for all six diseases in a single *Code* chapter on the HHP compartment. Dr Thiermann supported this approach.

On VEE, Dr Füssel recommended that the *Code* be modified to reflect that the subtypes 1AB and 1C are the subtypes of epidemic importance. Prof. Timoney noted that significant outbreaks of clinical disease in horses had been associated with VEE subtype 1E in Mexico, although this subtype is normally associated with sporadic cases of disease in humans.

With respect to the *Manual*, Prof. Guthrie advised that some chapters relevant to the six diseases have not been updated and recommended that this be done as a priority.

Prof. Guthrie recommended liaison between this AHG and the Expert Surveillance Panel (ESP) on Equine influenza on the topic of EI vaccination. Manufacturers of EI vaccine should follow the recommendations of the ESP which are published by the OIE. This has been recommended several times before but vaccine manufacturers have not taken much notice. An European Medicine Agency (EMA) consultation process on this issue is under way (ends 31 October 2013).

17. Proposal for Guidelines for the implementation of the concept (SOP) for FEI horses

Dr Münstermann presented a proposal for consideration by the AHG.

17a. Proposal for the implementation of the concept for racehorses

Dr Kettle outlined a proposal for consideration by the AHG.

Discussion of items 17 and 17a

The AHG discussed these two items at length. Some key principles emerged from the discussion:

- The health rules for HHP horses should not be less strict than the standards in the OIE *Code*
- Some horses that qualify as HHP horses will not eventually do much international travel because they fail to meet the performance criteria (e.g. they qualify for a race but do not win and then fall back to the non-HHP group). However, these horses are cohorts of horses that go on to operate as HHP horses for a period of time.
- There will effectively be three populations of horses: HHP, non-HHP and horses in transition from non-HHP to HHP. Definition of the transition period is important and potentially difficult.
- Industry 'buy-in' to the HHP concept is an essential factor. To this effect, the benefits (and potential benefits) must clearly justify the cost and effort that is needed to implement the concept.

It was agreed that the FEI and IFHA would review the proposal for operationalization of the HHP concept that had been tabled and provide feedback to Dr Münstermann. The definition of the HHP is the key element not yet included in the Biosecurity Guidelines and this must be addressed in order to finalise the Guidelines.

18. Global health certificate for HHP horses

Dr Münstermann presented the draft global health certificate and the AHG discussed it in detail. In conclusion, Dr Murray proposed that a special Working Group should develop the Certificate further, taking into account the comments of AHG members, and present a revised version to the AHG for endorsement at its next meeting.

19. Presentation of the proposed FEI database for HHP horses

Dr Cooke presented the FEI database project. Dr Kahn suggested that the FEI check the proposal against the recommendations in the *Code* (Chapter 4.2). Dr Münstermann noted that the WCO is interested in integrating any electronic identification of HHP horses in their “coordinated border management system” Dr Murray confirmed that the current FEI proposal is in line with the draft *Code* chapter.

20. Group 5 – Performance criteria – FEI / IFHA

Dr Cooke and Dr Kettle presented the conclusions of Group 5.

The key recommendation from Group 5 is that the industry groups need to be satisfied on the performance criteria for the HHP but there is no need to include all these details in the definition of the HHP sub-population that is contained in the Biosecurity Guidelines and other documents. For Veterinary Authorities, it is sufficient to know that the horses are considered by the FEI/IFHA to meet the defined performance criteria and are therefore included in the relevant database for HHP horses, without entering into the details of how the criteria are applied.

21. Update on OIE issues of relevance arising from the 81st General Assembly (2013)

Dr Thiermann provided an update on the status of the draft *Code* chapter on the HHP horse sub-population.

22. Governance and modus operandi of the *ad hoc* Group

Dr Murray urged members to respect deadlines and to advise OIE HQ if these cannot be met.

23. Workplan of the *ad hoc* Group (including gaps and matters to be addressed)

Dr Münstermann presented the 3-year workplan of the project and pointed out the amendments needed for year 2 in light of the discussions that were held during this meeting. Dr Murray concluded that 3 Working Groups need to be formed to address:

1. the operationalization of the HHP concept;
2. drafting a new chapter in the *Code* on the six priority diseases;
3. health certification;

Dr Münstermann will develop Terms of Reference for these Working Groups asap and send them to the members (to be proposed by OIE). Dr Murray identified the IHFA International Movement of Horses Committee (IMHC) meeting in Hong Kong (December 2013) as an opportunity to have a first Working Group 1 meeting with FEI and IFHA to discuss the operationalization model.

Prof. Guthrie suggested to organise meetings of Working Groups 2 and 3 around the AHS AHG which meets on 14 – 16 January 2014.

24. Meeting with the Director General

Dr Vallat, Director General, joined the AHG for a brief discussion of the work completed to date. Dr Murray summarised the state of play as follows:

- Guidelines on the establishment of a biosecurity programme are available as a well-advanced draft document. The AHG is in a position to finish this fairly quickly once the missing parts, such as the operationalisation of the concept, are described. For this purpose, a small working group was formed. The

AHG has established a list of key diseases relevant to the definition of the HHP horse sub-population. The next step is to draft a single chapter covering these six diseases, with a proposal to include the new chapter in the *Terrestrial Code*. As part of the consideration of the key diseases, the Secretariat should inform the OIE Biological Standards Commission of the need to update relevant chapters in the *Manual*.

- With respect to the OIE PVS Pathway, a series of indicators and sources of verification have been proposed for inclusion in the PVS Tool. The next step is to provide a short explanation of the HHP concept and the relationship between the Veterinary Services and the competition horse sector, for inclusion in the PVS Manual for Experts, to assist the PVS experts in future PVS evaluations. Dr Murray noted that it may be difficult to meet the 14 November deadline for writing the text to be included in the PVS Manual.
- Dr Murray noted with regard to research, that the sub-group that had worked on this topic has submitted a proposal on Equine Influenza immune response (duration of immunity) to establish improved vaccination schedules. Furthermore, a research proposal on EI test validation, initially submitted for funding to IFHA directly, shall be redirected to come under the OIE project.
- Dr Murray informed Dr Vallat that the AHG has started considering the issue of health certification. This is a complex issue but the AHG hopes to develop a model certificate for HHP horses for consideration of the Terrestrial Code Commission at its September 2014 meeting.
- Furthermore he emphasised that throughout the AHG kept in mind that effective risk management, formal accreditation processes, compliance, accountability with particular attention given to high risk areas such as vector transmission of diseases would be essential to ensure the legitimacy of the concept.
- Finally, Dr Murray indicated that the FEI has developed a conceptual framework for a database identifying and tracing the HHP sub-population. In summary, he pointed out that the AHG had addressed all requirements in its Terms of Reference and that the work was on schedule as stipulated in the 3-year workplan.

Dr Vallat expressed his satisfaction with the progress achieved to date and the proposed next steps outlined by Dr Murray. He reminded the AHG that OIE Member countries are supportive of this initiative and acknowledged the financial support of the FEI, which has greatly helped to advance this work. Members are requesting recognition of equine disease free zones and also asking the OIE to do more work in the field of vaccine quality. The adoption of recommendations in the *Code* is an important step as these standards have legal force under the WTO SPS Agreement. Apart from the *Code*, the OIE provides guidance and recommendations via publication on its internet website.

Dr Vallat was pleased to hear that the IFHA and FEI are discussing a Federation Agreement. He concluded his remarks by thanking members of the AHG for their ongoing support.

25. Communication

Dr Murray outlined current developments in the field of communication, including some attractive new OIE publications. Dr Münstermann referred to a draft webpage on the HHP project, to be posted on the OIE website soon. Members of the AHG welcomed the possibility of receiving copies of 'standard presentations' to assist in presenting the HHP concept and related matters.

26. Any other business

Dr Murray asked members of the AHG for their views on the possible need to nominate a contact point or Liaison Officer for the equine competition sector within national governments. This was also one outcome of the regional Conference on international horse movement in Panama in December 2012. While OIE's capacity to manage another OIE Focal Point might be exhausted, alternative ways to nominate such a Liaison Officer should be explored by the OIE. The members of the AHG fully supported this idea.

To come up with a more concrete proposal, it was agreed that the topic would be discussed at the Hong Kong IMHC meeting, in order to bring Racing also on board with this proposal.

27. Next meeting

It is proposed that the full meeting of the AHG should only take place once a year, in order to allow for more face-to-face meetings of specific expert sub- groups, as indicated in the ToRs for the AHG. Therefore the next meeting of the AHG shall take place in July or August 2014 in view of submitting new texts to the Code Commission before their September meeting. In the intervening period, the expert sub-groups are encouraged to hold meetings and telephone calls, and to exchange documents when they can.

.../Appendices

Appendix I

**OIE AD HOC GROUP ON INTERNATIONAL HORSE MOVEMENT
FOR EQUESTRIAN SPORT
Paris, 28-30 October 2013**

Agenda

Day 1 10.00 – 13.00 and 14.00 to 17.00

Setting the Scene

Welcome by the Chair, objectives of the meeting, apologies and introductions - GM

1. Acceptance of the Agenda - GM
2. Record of the first and second meeting - GM
3. Review of actions arising and achievements - SM

Report by sub-groups

4. Group 1 – *Code* Chapter and EDFZ paper – Alex Thiermann
5. Group 3 – Biosecurity Guidelines, final version – what changed? – Sarah Kahn
6. Group 4 c – Quarantine provision – Tony Kettle
7. Discussion on the way forward to improve and finalise the Biosecurity Guidelines
8. Group 6 – Research proposals – Alan Guthrie
9. Literature study – Ines de Guindos
10. Group 7 – PVS Indicators – SM

Day 2 9.00 – 12.30 and 14.00 – 18.00

11. Group 4 a – Diseases for vaccination – Ann Cullinane
12. Group 4 d – Diseases for laboratory testing – Stephane Zientara
13. Group 4 b – Diseases for health certification – Alf Fuessel
14. Summary of all inputs (4a, 4c, 4b) - SM
15. Group 2 – Revision of equine disease chapters in *Code* and *Manual* – Alan Guthrie
16. Proposal for Guidelines for the implementation of the concept (SOP) for FEI horses - SM
17. 17 a. Proposal for the implementation of the concept for racehorses
18. Global health certificate for HHP horses - SM
19. Presentation on the proposed database for HHP – Graeme Cooke
20. Group 5 – Performance criteria – Graeme Cooke and Anthony Kettle

Day 3 9.00 – 12.30

21. Update on OIE issues of relevance arising from OIE GA 2013 – Alex Thiermann

Governance and Capacity Building.

22. AHG Governance and modus operandi - GM

Workplan

23. Workplan, progress, refinement. Capacity building - SM
24. Identification of gaps/matters that need to be addressed - GM
25. Communication...GM
26. Any other business.....GN
27. Conclusions, recommendations and next steps - GM
28. Next Meeting - SM

Note: GM – Gardner Murray, Chair; SM – Susanne Munstermann, Scientific Department; SK – Sarah Kahn, OIE Consultant

Appendix II

**OIE AD HOC GROUP ON INTERNATIONAL HORSE MOVEMENT
FOR EQUESTRIAN SPORT
Paris, 28-30 October 2013**

List of participants

MEMBERS

Prof. Ann Cullinane

Head of the Virology Unit
Irish Equine Centre
Johnstown
Naas - Co. Kildare
IRELAND
Tel: +353-45 86.62.66
Fax: +353-45 86. 62.73
acullinane@equine-centre.ie

Dr Richard Newton

Head of Epidemiology and Disease
Surveillance
Animal Health Trust, Lanwades Park,
Kentford
Newmarket, Suffolk CB8 7UU
UNITED KINGDOM
Tel: +01638 751000 ext 1266
richard.newton@aht.org.uk

Dr Alberto Gomes da Silva

Responsible for Equine Movement Control
and Equine Health
Coordination for Animal Quarantine and
Movement Control
Ministério da Agricultura,
Pecuária e Abastecimento
Esplanada dos ministérios
Bloco-d, Anexo A, Sala 305
70043-900 Brasília, DF
BRAZIL
Tel.: + 61 2182735
Fax: + 61 2244180
alberto.gomes@agricultura.gov.br

Prof. Peter Timoney
Maxwell H. Gluck Equine Research Center
Department of Veterinary Science
University of Kentucky
108 Gluck Equine Research Center
Lexington, Kentucky 40546-0099
United States of America
ptimoney@uky.edu

Prof. Alan J. Guthrie

Equine Research Centre
Private Bag X04
Onderstepoort 0110
SOUTH AFRICA
Tel: (27-12) 529-8068
Fax: (27-12) 529-8301
alan.guthrie@up.ac.za

Dr Alf-Eckbert Füßel

Head of Sector
DG SANCO/D1
Rue Froissart 101-3/67
B-1040 Brussels
BELGIUM
Tel: +32-2 295 08 70
Fax: +32-2 295 31 44
alf-eckbert.fuessel@ec.europa.eu

Dr Stéphan Zientara

ANSES/INRA/ENVA
Directeur de l'UMR 1161
23 Avenue du Général de Gaulle
94703 Maisons-Alfort
FRANCE
Tel: + 33 - (0)1 43 96 72 80
s.zientara@vet-alfort.fr

Dr Graeme Cooke

Director of Veterinary Department
Fédération Equestre Internationale
HM King Hussein I Building
Chemin des Délices 9
1006 Lausanne
SWITZERLAND
graeme.cooke@fei.org.jp

Dr John McEwan

FEI first vice president and chair of the FEI
veterinary committee
Fédération Equestre Internationale
HM King Hussein I Building
Chemin des Délices 9
1006 Lausanne
SWITZERLAND
johnmcewen@theglyn.fsnet.co.uk johnmcewen1@me.com

Dr Anthony Kettle

BVSc BSc DipSc MSc MBA MRCVS
MACVSc
Head of Veterinary Department
Dubai Racing Club
Tel: (971) 4 336 1626
Fax: (971) 4 336 1579
Mob: (971) 50 459 4348
anthony.kettle@dubairacingclub.com

Dr Kenneth Lam

Veterinary Consultant
Hong Kong Jockey Club
Department of Veterinary Regulation and
International Liaison
Sha Tin Racecourse, Sha Tin, NT
HONG KONG
Mobile: +852- 9497 1303
kenvet@usa.net

Dr Gardner Murray

OIE Special Adviser
4, Weingarth Street, Holder
Canberra, ACT 2611
AUSTRALIA
gardner.murray@grapevine.com.au

OIE REPRESENTATIVES

Dr Monique Eloit

Deputy Director General
12 rue de Prony
75017 Paris
France
m.eloit@oie.int

Dr Susanne Münstermann

OIE Scientific and Technical Department
s.munstermann@oie.int

Dr Sarah Kahn

OIE Consultant
Argentina
s.kahn@oie.int

Dr Luis Osvaldo Barcos

OIE Representative for the Americas
Argentina
l.barcos@oie.int

Dr Alex Thiermann

President
Terrestrial Animal Health
Standards Commission
a.thiermann@oie.int

**REPORT OF THE MEETING OF THE OIE AD HOC GROUP
ON BOVINE SPONGIFORM ENCEPHALOPATHY RISK STATUS EVALUATION
OF MEMBER COUNTRIES
Paris, 12–14 November 2013**

A meeting of the *ad hoc* Group on bovine spongiform encephalopathy (BSE) risk status evaluation of Member Countries (hereafter the Group) was held at the OIE Headquarters from 12 to 14 November 2013.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Dietrich Rassow, from the Scientific and Technical Department, welcomed the Group. Dr Rassow acknowledged the busy agenda prepared for this meeting with the evaluation of 16 dossiers for the recognition of BSE risk status of Member Countries. He thanked the experts for the work they already accomplished in pre-evaluating these applications.

Dr Rassow reminded the Group that the dossiers have to be evaluated according to the provisions of the 2013 *Terrestrial Animal Health Code (Terrestrial Code)*, considering consistency with the dossiers that had been evaluated in the past. He also informed the Group that despite his physical absence, Dr John Kellar had analysed several dossiers and would be available for teleconference, if needed.

Dr Bernard Vallat met the Group and acknowledged with thanks its important independent contribution to the OIE's work.

Dr Vallat recalled that, according to the Standard Operating Procedures governing official recognition of disease status, any country applying for official recognition of a disease status or BSE risk status can request to physically meet with the *ad hoc* Group and/or the Scientific Commission for Animal Diseases (hereafter the Scientific Commission).

Dr Vallat reiterated that *ad hoc* Groups on the evaluation of disease status or BSE risk status need to base their assessments on a science-based judgement and to provide their recommendations to the Scientific Commission. When applications are not recommended for endorsement, *ad hoc* Groups should provide the Scientific Commission with scientific rationale and also provide advice to support the Delegate concerned in implementing appropriate improvements. He mentioned that the Group could also suggest to the Scientific Commission and the OIE that a field mission be conducted in the applicant countries.

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

The Group adopted its agenda for the meeting. Dr Armando Giovannini was appointed Chair and Dr Martial Plantady acted as rapporteur.

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

3. Evaluation of requests from Member Countries for the evaluation of BSE risk status

Preliminary analyses were conducted by two members of the Group for each dossier (as allocated by the OIE Headquarters) prior to the meeting. The experts presented their key findings to the plenary, which proceeded with in-depth discussion, dossier by dossier, on the applicant Member Countries' compliance with the provisions on BSE risk status in the *Terrestrial Code*. Where necessary, messages were sent electronically to the applicants requesting missing information. All Member Countries contacted provided the requested information to the Group on time.

Dr Kellar participated in parts of the discussion via teleconference on 13 and 14 November 2013.

3.1. Bulgaria

The Group recalled that in 2012 the OIE received a dossier from Bulgaria to evaluate the BSE risk status of its cattle population in accordance with the *Terrestrial Code*. The recommendation of the Group at that time was that Bulgaria should be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as 'controlled BSE risk'. The Group had also considered that Bulgaria could have requested to be evaluated for 'negligible BSE risk'.

In June 2013, Bulgaria submitted a dossier seeking a negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

Points specifically noted by the Group were summarised in the following discussion.

a) *Section 1: Risk Assessment — Article 11.5.2. point 1*

▪ *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Bulgaria during the interval covered by the assessment was not negligible.

▪ *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that there was a negligible risk of recycling and amplification of the BSE agent if it were present in Bulgaria's cattle population during the interval covered by the assessment.

b) *Surveillance according to Articles 11.5.20.-11.5.22.*

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 67,071 surveillance points were collected, compared to a minimal requirement of 35,750 for an adult cattle population of 363,315 over two years of age.

c) *Other requirements — Article 11.5.2. points 2–4*

▪ *Awareness programme*

The Group noted that the awareness programme started in 2001 and met the requirements of the *Terrestrial Code*.

▪ *Compulsory notification and investigation*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 1998 and determined that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

▪ *Laboratory examination*

The Group determined that the arrangements for laboratory examination met the requirements of the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Terrestrial Manual)*.

- *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) *BSE history in the country*

No BSE case had been recorded in Bulgaria.

e) *Compliance with conditions for ‘negligible BSE risk’ status - Article 11.5.3.*

Based on the information provided, the Group recommended that Bulgaria be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘negligible BSE risk’.

f) *Conclusions*

- *Recommended status: ‘Negligible BSE risk’.*

3.2. People’s Republic of China (PR China)

In September 2013 PR China submitted a dossier seeking a ‘negligible’ BSE risk status and a revised dossier in October 2013. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

The delegation from PR China had a physical meeting with the Group and provided clarification on the information requested. PR China was also requested to submit written documentation on this information and provided it after the meeting.

Points specifically noted by the Group were summarised in the following discussion.

The Group noted that only the mainland of PR China was included in this application, with the exclusion of Hong Kong and Macao.

a) *Section 1: Risk Assessment — Article 11.5.2. point 1*

- *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered PR China during the interval covered by the assessment was negligible.

- *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that the risk of recycling and amplification of the BSE agent if it were present in PR China’s cattle population during the interval covered by the assessment was not negligible but commensurate with the risk of entry assessed in the entry assessment.

b) *Surveillance according to Articles 11.5.20.-11.5.22.*

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 435,452 surveillance points were collected, compared to a minimal requirement of 150,000 for an adult cattle population of 50,000,000 over two years of age.

c) *Other requirements — Article 11.5.2. points 2–4*

- *Awareness programme*

The Group determined that the awareness programme began in 2001 and met the requirements of the *Terrestrial Code*.

- *Compulsory notification and investigation*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 1992 and determined that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

- *Laboratory examination*

The Group determined that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

- *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) *BSE history in the country*

No BSE case had been recorded in PR China.

e) *Compliance with conditions for ‘negligible BSE risk’ status - Article 11.5.3.*

Based on the information provided, the Group recommended that PR China be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘negligible BSE risk’.

f) *Conclusions*

- *Recommended status: ‘Negligible BSE risk’.*

3.3. Croatia

The Group recalled that in 2011 the OIE received a dossier from Croatia to evaluate the BSE risk status of its cattle population in accordance with the *Terrestrial Code*. The recommendation of the Group at that time was that Croatia should be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘controlled BSE risk’.

In September 2013, Croatia submitted a dossier seeking a negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

Points specifically noted by the Group were summarised in the following discussion.

a) *Section 1: Risk Assessment — Articles 11.5.2. point 1*

- *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Croatia during the interval covered by the assessment was not negligible.

- *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that there was a negligible risk of recycling and amplification of the BSE agent if it were present in Croatia’s cattle population during the interval covered by the assessment.

b) *Surveillance according to Articles 11.5.20.-11.5.22.*

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 65,435 surveillance points were collected, compared to a minimal requirement of 23,850 for an adult cattle population of 206,602 over two years of age.

c) Other requirements — Article 11.5.2. points 2–4

- *Awareness programme*

The Group determined that the awareness programme met the requirements of the *Terrestrial Code*.

- *Compulsory notification and investigation*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 1997 and determined that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

- *Laboratory examination*

The Group determined that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

- *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) BSE history in the country

BSE had never been recorded in Croatia.

e) Compliance with conditions for ‘negligible BSE risk’ status - Article 11.5.3.

Based on the information provided, the Group recommended that Croatia be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘negligible BSE risk’.

f) Conclusions

- *Recommended status: ‘Negligible BSE risk’.*

3.4. Estonia

The Group recalled that in 2007 the OIE received a dossier from Estonia to evaluate the BSE risk status of its cattle population in accordance with the *Terrestrial Code*. The recommendation of the Group at that time was that Estonia should be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘controlled BSE risk’.

In September 2013, Estonia submitted a dossier seeking a negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

Points specifically noted by the Group were summarised in the following discussion.

a) Section 1: Risk Assessment — Article 11.5.2. point 1

- *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Estonia during the interval covered by the assessment was not negligible.

- *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that there was a negligible risk of recycling and amplification of the BSE agent if it were present in Estonia’s cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.5.20 . - 11.5.22.

The Group noted that the surveillance undertaken met the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 44,994 surveillance points were collected, compared to a minimal requirement of 11,500 for an adult cattle population of 130,929 over two years of age.

c) Other requirements — Article 11.5.2. points 2–4

- *Awareness programme*

The Group determined that the awareness programme met the requirements of the *Terrestrial Code*.

- *Compulsory notification and investigation*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 2000 and determined that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

- *Laboratory examination*

The Group determined that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

- *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) BSE history in the country

BSE had never been recorded in Estonia.

e) Compliance with conditions for ‘negligible BSE risk’ Status - Article 11.5.3.

Based on the information provided, the Group recommended that Estonia be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘Negligible BSE risk’.

f) Conclusions

- *Recommended status: ‘Negligible BSE risk’.*

3.5. Hungary

The Group recalled that in 2007 the OIE received a dossier from Hungary to evaluate the BSE risk status of its cattle population in accordance with the *Terrestrial Code*. The recommendation of the Group at that time was that Hungary should be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘controlled BSE risk’.

In September 2013, Hungary submitted a dossier seeking a negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

Points specifically noted by the Group were summarised in the following discussion.

a) Section 1: Risk Assessment — Article 11.5.2. point 1

- *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Hungary during the interval covered by the assessment was not negligible.

- *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that there was a negligible risk of recycling and amplification of the BSE agent if it were present in Hungary's cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.5.20 . - 11.5.22.

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 133,639 surveillance points were collected, compared to a minimal requirement of 47,700 for an adult cattle population of 409,787 over two years of age.

c) Other requirements — Article 11.5.2. points 2–4

- *Awareness programme*

The Group determined that the awareness programme met the requirements of the *Terrestrial Code*.

- *Compulsory notification and investigation*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 1991 and determined that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

- *Laboratory examination*

The Group determined that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

- *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) BSE history in the Country

No indigenous BSE case had been recorded in Hungary. There was a single BSE case found in cattle imported for immediate slaughter in 2007. Therefore, Hungary had met the provisions of Article 11.5.3. point 3 a).

e) Compliance with conditions for 'negligible BSE risk' Status - Article 11.5.3.

Based on the information provided, the Group recommended that Hungary be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as 'negligible BSE risk'.

f) Conclusions

- *Recommended status: 'Negligible BSE risk'.*

3.6. Republic of Korea (Korea)

The Group recalled that in 2010 the OIE received a dossier from Korea to evaluate the BSE risk status of its cattle population in accordance with the *Terrestrial Code*. The recommendation of the Group at that time was that Korea should be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as 'controlled BSE risk'.

In September 2013, Korea submitted a dossier seeking a negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

The delegation from Korea had a physical meeting with the Group and provided clarification on the information requested.

Points specifically noted by the Group were summarised in the following discussion.

a) Section 1: Risk Assessment — Article 11.5.2. point 1

▪ *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Korea during the interval covered by the assessment was not negligible.

▪ *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that there was a negligible risk of recycling and amplification of the BSE agent if it were present in Korea's cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.5.20. - 11.5.22.

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 414,643 surveillance points were collected, compared to a minimal requirement of 150,000 for an adult cattle population of 1,518,977 over two years of age.

c) Other requirements — Article 11.5.2. points 2–4

▪ *Awareness programme*

The Group determined that the awareness programme met the requirements of the *Terrestrial Code*.

▪ *Compulsory notification and investigation*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 1997 and determined that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

▪ *Laboratory examination*

The Group determined that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

▪ *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) BSE history in the country

BSE had not been recorded in Korea.

e) Compliance with conditions for 'negligible BSE risk' status - Article 11.5.3.

Based on the information provided, the Group recommended that Korea be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as 'negligible BSE risk'.

f) Conclusions

▪ *Recommended status: 'Negligible BSE Risk'.*

3.7. Latvia

The Group recalled that in 2007 the OIE received a dossier from Latvia to evaluate the BSE risk status of its cattle population in accordance with the *Terrestrial Code*. The recommendation of the Group at that time was that Latvia should be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as 'controlled BSE risk'.

In September 2013, Latvia submitted a dossier seeking a negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

Points specifically noted by the Group were summarised in the following discussion.

a) Section 1: Risk Assessment — Articles 11.5.2. point 1

▪ *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Latvia during the interval covered by the assessment was not negligible.

▪ *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that there was a negligible risk of recycling and amplification of the BSE agent if it were present in Latvia's cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.5.20.-11.5.22.

The Group noted that the surveillance undertaken met the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 44,301 surveillance points were collected, compared to a minimal requirement of 23,850 for an adult cattle population of 218,106 over two years of age.

c) Other requirements — Article 11.5.2. points 2–4

▪ *Awareness programme*

The Group concluded that the awareness programme met the requirements of the *Terrestrial Code*.

▪ *Compulsory notification and identification*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 1992 and concluded that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

▪ *Laboratory examination*

The Group determined that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

▪ *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) BSE history in the Country

No BSE case had been detected in Latvia.

e) Compliance with conditions for 'negligible BSE risk' Status - Article 11.5.3.

Based on the information provided, the Group recommended that Latvia be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as 'negligible BSE risk'.

f) Conclusions

▪ *Recommended status: 'Negligible BSE risk'.*

3.8. Luxembourg

The Group recalled that in 2007 the OIE received a dossier from Luxembourg to evaluate the BSE risk status of its cattle population in accordance with the *Terrestrial Code*. The recommendation of the Group at that time was that Luxembourg should be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘controlled BSE risk’.

In September 2013, Luxembourg submitted a dossier seeking a negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

Points specifically noted by the Group were summarised in the following discussion.

a) **Section 1: Risk Assessment — Articles 11.5.2. point 1**

- *Risk assessment for entry of the BSE agent.*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Luxembourg during the interval covered by the assessment was not negligible.

- *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that the risk of recycling and amplification of the BSE agent if it were present in the country’s cattle population is negligible.

b) **Surveillance according to Articles 11.5.20.-11.5.22.**

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 23,571 surveillance points were collected, compared to a minimal requirement of 9,950 for an adult cattle population of 99,000 over two years of age.

c) **Other requirements — Article 11.5.2 points 2–4**

- *Awareness programme*

The Group noted that the awareness programme met the requirements of the *Terrestrial Code*.

- *Compulsory notification and identification*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 1990 and concluded that the system for compulsory notification and identification met the requirements of the *Terrestrial Code*.

- *Laboratory examination*

The Group concluded that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

- *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) **BSE history in the country**

The Group noted that Luxembourg had diagnosed three cases of BSE. The youngest birth cohort reported as affected by BSE was born in 2001, meaning that all indigenous cases were born more than 11 years preceding the submission of the dossier. Therefore, Luxembourg had met the provisions of Article 11.5.3. point 3 b). All cattle which were reared with the BSE cases during their first year of life, and which investigation showed consumed the same potentially contaminated feed during that period, if alive in the country, were completely destroyed.

e) Compliance with conditions for ‘negligible BSE risk’ Status - Article 11.5.3.

Based on the information provided, the Group recommended that Luxembourg be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘negligible BSE risk’.

f) Conclusions

- *Recommended status:* ‘Negligible BSE risk’.

3.9. Malta

The Group recalled that in 2007 the OIE received a dossier from Malta to evaluate the BSE risk status of its cattle population in accordance with the *Terrestrial Code*. The recommendation of the Group at that time was that Malta should be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘controlled BSE risk’.

In September 2013, Malta submitted a dossier seeking a negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

Points specifically noted by the Group were summarised in the following discussion.

a) Section 1: Risk Assessment — Article 11.5.2. point 1

- *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Malta during the interval covered by the assessment was not negligible.

- *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that there was a negligible risk of recycling and amplification of the BSE agent if it were present in Malta’s cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.5.20. - 11.5.22.

The Group noted that the surveillance undertaken met the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 3,772 surveillance points were collected, compared to a minimal requirement of 600 for an adult cattle population of 6,850 over two years of age.

c) Other requirements — Article 11.5.2. points 2–4

- *Awareness programme*

The Group determined that the awareness programme met the requirements of the *Terrestrial Code*.

- *Compulsory notification and investigation*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 2004 and determined that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

- *Laboratory examination*

The Group determined that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

- *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) BSE history in the country

No BSE case had been reported in Malta.

e) Compliance with conditions for ‘negligible BSE risk’ Status - Article 11.5.3.

Based on the information provided, the Group recommended that Malta be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘negligible BSE risk’.

f) Conclusions

- *Recommended status: ‘Negligible BSE risk’.*

3.10. Portugal

The Group recalled that in 2007 the OIE received a dossier from Portugal to evaluate the BSE risk status of its cattle population in accordance with the *Terrestrial Code*. The recommendation of the Group at that time was that Portugal should be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘controlled BSE risk’.

In September 2013, Portugal submitted a dossier seeking a negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

Points specifically noted by the Group were summarised in the following discussion.

a) Section 1: Risk Assessment — Article 11.5.2. point 1

- *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Portugal during the interval covered by the assessment was not negligible.

- *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that there was a negligible risk of recycling and amplification of the BSE agent if it were present in Portugal’s cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.5.20 . - 11.5.22.

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 172,868 surveillance points were collected, compared to a minimal requirement of 95,350 for an adult cattle population of 841,000 over two years of age.

c) Other requirements — Article 11.5.2. points 2–4

- *Awareness programme*

The Group determined that the awareness programme met the requirements of the *Terrestrial Code*.

- *Compulsory notification and investigation*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 1990 and determined that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

- *Laboratory examination*

The Group determined that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

- *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) *BSE history in the country*

The Group noted that Portugal had diagnosed 1,090 cases of BSE. The youngest birth cohort reported as affected by BSE was born in October 2002, meaning that all indigenous cases were born more than 11 years preceding the submission of the dossier. Therefore, Portugal had met the provisions of Article 11.5.3. point 3 b). All cattle which were reared with the BSE cases during their first year of life, and which investigation showed consumed the same potentially contaminated feed during that period, if alive in the country, were completely destroyed.

e) *Compliance with conditions for ‘negligible BSE risk’ Status - Article 11.5.3.*

Based on the information provided, the Group recommended that Portugal be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘negligible BSE risk’.

f) *Conclusions*

- *Recommended status: ‘Negligible BSE risk’*

- The Group noted that despite the small number of rendering plants and feed mills in Portugal, they were not all inspected and sampled annually. Portugal should enhance surveillance for cross-contamination in feed mills and inspect all rendering plants annually.
- The Group noted that the number of cattle tested annually as fallen stock has consistently declined since 2005 without explanation. Portugal should maintain an appropriate level of BSE surveillance in fallen stock, taking into account that BSE cases are progressively declining globally and that the European Union’s legislation is changing so that fallen stock will become the crucial surveillance subpopulation for BSE.

3.11. Romania

In September 2013, Romania submitted a dossier seeking a controlled or negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

Points specifically noted by the Group were summarised in the following discussion.

a) *Section 1: Risk Assessment — Article 11.5.2. point 1*

- *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Romania during the interval covered by the assessment was not negligible.

- *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that there was a negligible risk of recycling and amplification of the BSE agent if it were present in Romania’s cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.5.20 . - 11.5.22.

The Group noted that the surveillance undertaken met the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 263,188 surveillance points were collected, compared to a minimal requirement of 150,000 for an adult cattle population of 1,627,036 over two years of age.

c) Other requirements — Article 11.5.2. points 2–4

- *Awareness programme*

The Group determined that the awareness programme began in 1993 and met the requirements of the *Terrestrial Code*.

- *Compulsory notification and investigation*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 1999 and concluded that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

- *Laboratory examination*

The Group concluded that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

- *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) BSE history in the country

No case of BSE had been recorded in Romania.

e) Compliance with conditions for ‘controlled BSE risk’ Status - Article 11.5.4. or ‘negligible BSE risk’ Status - Article 11.5.3.

Based on the information provided, the Group recommended that Romania be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘negligible BSE risk’.

f) Conclusions

- *Recommended status: ‘Negligible BSE risk’.*

3.12. Slovakia

The Group recalled that in 2007 the OIE received a dossier from Slovakia to evaluate the BSE risk status of its cattle population in accordance with the *Terrestrial Code*. The recommendation of the Group at that time was that Slovakia should be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as ‘controlled BSE risk’.

In September 2013, Slovakia submitted a dossier seeking a negligible BSE risk status. The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their BSE risk status according to the requirements of the *Terrestrial Code*.

Points specifically noted by the Group were summarised in the following discussion.

a) Section 1: Risk Assessment — Article 11.5.2. point 1

- *Risk assessment for entry of the BSE agent*

The Group considered that the conclusion of the entry assessment was that the risk that the BSE agent could have entered Slovakia during the interval covered by the assessment was not negligible.

- *Risk of recycling and amplification of the BSE agent*

The Group considered that the conclusion of the exposure assessment was that there was a negligible risk of recycling and amplification of the BSE agent if it were present in Slovakia's cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.5.20.-11.5.22.

The Group noted that the surveillance undertaken met the minimum requirements of type B surveillance according to Article 11.5.22. on surveillance for BSE in the *Terrestrial Code*. 76,475 surveillance points were collected, compared to a minimal requirement of 47,700 for an adult cattle population of 484,332 over two years of age.

c) Other requirements — Article 11.5.2. points 2–4

- *Awareness programme*

The Group determined that the awareness programme met the requirements of the *Terrestrial Code*.

- *Compulsory notification and investigation*

The Group noted that BSE was declared a notifiable disease under relevant legislation since 1993 in Slovakia and concluded that the system for compulsory notification and investigation met the requirements of the *Terrestrial Code*.

- *Laboratory examination*

The Group determined that the arrangements for laboratory examination met the requirements of the *Terrestrial Manual*.

- *Appropriate level of control and audit of the feed ban*

The Group noted that the appropriate legislation, control and audit of the proper implementation of the feed ban had been in force for at least eight years.

d) BSE history in the country

The Group noted that Slovakia had diagnosed 27 cases of BSE. The youngest birth cohort reported as affected by BSE was born in 2002 (7 November), meaning that all indigenous cases were born more than 11 years preceding the evaluation of the dossier. Therefore, Slovakia had met the provisions of Article 11.5.3. point 3 b). All cattle which were reared with the BSE cases during their first year of life, and which investigation showed consumed the same potentially contaminated feed during that period, if alive in the country, were completely destroyed.

e) Compliance with conditions for 'negligible BSE risk' Status - Article 11.5.3.

Based on the information provided, the Group recommended that Slovakia be regarded as having met the requirements for recognition as complying with the BSE Chapter of the *Terrestrial Code* as 'negligible BSE risk'.

f) Conclusions

- *Recommended status: 'Negligible BSE risk'.*

3.14. Other Member Country requests

The Group assessed four additional requests from Member Countries for the recognition of their BSE risk status which did not meet the requirements of the *Terrestrial Code*; the dossiers were referred back to the corresponding Member Countries.

4. Discussion on whether Chapter 14.9. of the *Terrestrial Code* on scrapie should be revised

The Group considered the comments sent by a group of Member Countries regarding recommendations for a revision of Chapter 14.9. of the *Terrestrial Code* on scrapie and agreed as follows:

- Chapter 14.9. on scrapie should be more consistent with Chapter 11.5. on BSE, as the diseases share epidemiological characteristics (long incubation period and potential for sporadic occurrence). The Group noted in particular the merit of replacing the concept of scrapie freedom with that of negligible scrapie risk. The Group noted that the current *Terrestrial Code* differentiates atypical from classical scrapie. The Group considered that the question of differentiating atypical from classical BSE would be raised when harmonising the two chapters;
- Chapter 14.9. would require a revision considering the most recent scientific findings. For this purpose, the Group suggested careful consideration of the ensuing (expected April 2014) opinion of the European Food Safety Agency (EFSA) on the scrapie situation in the European Union after 10 years of monitoring and control in sheep and goats.

The Group contributed the following specific points:

- a scientific review would be necessary in order to validate a transition from the current seven-year time period required to allot an establishment a scrapie free status. The ensuing EFSA opinion could provide guidance in this respect.
- a scientific review would be necessary in order to evaluate, for the purpose of importation, if animals fattened for a limited period of time before slaughtering could be exempted from the provisions applicable to breeding or rearing animals. Input from countries employing this particular production system would be instructive.
- organisations differ in their interpretations regarding the scrapie risk related to semen and embryos. The Group would consider this diversity of opinion upon revising the chapter.
- several countries have successfully developed breeding programmes for increasing classical scrapie resistance through genetic selection. The Group advocated that this alternative tool for controlling scrapie be considered when revising the Chapter.

5. Other matters

The Group requested that previous versions of the *Terrestrial Manual* and the *Terrestrial Code* be archived and publicly accessible.

Further to the evolution in the numerical, temporal and geographic distribution of BSE cases and the increase in the mean age of BSE cases detected, the Group recommended that the OIE contact the authors of the BSurvE model to determine whether a reconstitution of the model to reflect the parameters which comprise the existing epidemiological situation - (demographic shift in the age of expression or detection and probability of appearance by clinical suspects) - might provide guidance in respect of the current alignment of surveillance credits by subpopulations.

6. Finalisation and adoption of the draft report

The Group reviewed and amended the draft report provided by the rapporteur. The Group agreed that the report would be subject to a period of circulation to the Group for comments and adoption. The report was finalised by correspondence.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP
ON BOVINE SPONGIFORM ENCEPHALOPATHY (BSE) RISK STATUS EVALUATION
OF MEMBER COUNTRIES**

Paris, 12 – 14 November 2013

Agenda

1. Opening
 2. Adoption of the agenda and appointment of chairperson and rapporteur
 3. Evaluation of requests from Member Countries for the evaluation of BSE risk status
 4. Discussion on whether Chapter 14.9. on scrapie of the *Terrestrial Animal Health Code* should be revised
 5. Other matters
 6. Finalisation and adoption of the draft report
-

Appendix II

**MEETING OF THE OIE AD HOC GROUP
ON BOVINE SPONGIFORM ENCEPHALOPATHY (BSE) RISK STATUS EVALUATION
OF MEMBER COUNTRIES**

Paris, 12 – 14 November 2013

List of participants

MEMBERS

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

Dr Concepción Gómez Tejedor Ortiz
(Invited but could not attend)
Directora, Laboratorio Central de Veterinaria
Ctra de /algete Km 8
28110 Algete, Madrid
SPAIN
Tel: (34 913) 47 92 77
Fax: (34 916) 29 05 98
cgomez@magrama.es

Dr Dagmar Heim
(Invited but could not attend)
Vollzugsunterstützung, Lebensmittelhygiene
Swiss Federal Veterinary Office
Schwarzenburgstrasse 161, PO box
3003 Bern
SWITZERLAND
Tel: (41-31) 324 99 93
Fax: (41-31) 323 85 94
dagmar.heim@bvet.admin.ch

Dr John A. Kellar
(Invited but could not attend)
TSE Policy Coordinator
Animal Products Directorate
Canadian Food Inspection Agency
3851 Fallowfield Road
Room C305
Ottawa K2H 8P9
CANADA

Tel: (1.613) 228 66 90 (54 07)
Fax: (1.613) 228 66 75
john.kellar@inspection.gc.ca

Dr Martial Plantady
Legislative officer
European Commission
Health & Consumers
Unit G4: food, alert system and training
B232 03/22
B-1049 Brussels/Belgium
+32 2 298 66 70
martial.plantady@ec.europa.eu

Dr Rodolfo C. Rivero
National Coordinator TSE
Ministry of Livestock, Agriculture and
Fisheries
Director Norwest Regional Laboratory
Veterinary Laboratories Directorate "Miguel
C. Rubino"
C.C. 57037
C.P. 6000 Paysandú
URUGUAY
Tel (598) 72 25229 or 27871
Fax (598) 72 27614
rivero@mgap.gub.uy

Dr Shigeki Yamamoto
Professor,
Tokai University,
School of Marine Science and Technology,
Department of Fisheries, Course of Food
Science, 3-20-1, Orido, Shimizu-ku,
Shizuoka-city, Shizuoka, 424-8610, Japan
Tel: 81 54 334 0411
Fax: 81 54 337 0239
syamamoto@tokai-u.jp

Representative SCAD

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

OIE HEADQUARTERS

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

Dr Dietrich Rassow
Veterinary Counsellor
Scientific and Technical Department
d.rassow@oie.int

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

Dr Laure Weber-Vintzel
Officer in charge of the recognition of
disease status
Scientific and Technical Department
l.weber-vintzel@oie.int

REPORT OF THE MEETING OF THE OIE AD HOC GROUP ON GLANDERS

Paris, 26-28 November 2013

A meeting of the *ad hoc* group on Glanders took place at OIE headquarters in Paris from 26 to 28 November 2013.

1. Opening

The meeting was opened by Dr Elizabeth Erlacher-Vindel, Deputy Head of the Scientific and Technical Department who welcomed the Group and explained the background to the formation of the Group. There were two major tasks for the Group:

- (i) to make a recommendation as to whether or not glanders could be made a disease for official country status and
- (ii) to review the existing *Terrestrial Animal Health Code (Terrestrial Code)* chapter. The differences between official country status and self-declaration were explained.

Dr Erlacher-Vindel also explained the process for getting a disease adopted for official country status.

Dr Alex Thiermann of the Terrestrial Animal Health Standard Commission gave guidance on what was needed for an official country status and outlined the process for the adoption of the recommendations that the *ad hoc* group would take. He particularly stressed the need for a good case definition and the necessity for the scientific tools to be able to confidently declare a country as free of disease.

2. Adoption of the Agenda, appointment of Chair and Rapporteur

The Group adopted the provisional Agenda and appointed Dr Heinrich Neubauer as Chairman and Dr Anthony Kettle as rapporteur.

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

3. Discussion on including glanders into the group of diseases with official country status

Dr Neubauer opened the discussion on whether glanders could be included as a disease for official country status by giving an overview of the current knowledge on glanders. He explained that the disease appeared to have 3 states which he described as acute, chronic and latent. The latent state was particularly interesting as the agent, *Burkholderia mallei* (*B. mallei*), is capable of entering a dormant state within the reservoir host, generally thought to be the horse, during which it appeared that current diagnostic methods were unable to detect the pathogen.

The Group felt that the benefits of listing glanders as a disease with official country status included:

1. a free country status would improve transparency regarding health status of horses globally;
2. a country which is in the process of eradicating the disease could have a good set of data that would help identify problem areas;

3. it can be expected that with a view to the OIE verification procedures the country status dossiers provide a higher quality of data than in case of self-declaration and hence contribute to make the global glanders situation more transparent;
4. an official status would allow for
 - a. safer movement of and trade in equids
 - b. improved consumer protection / food safety
 - c. more effective controlling of an important zoonosis

The group felt that potential hazards of listing glanders as a disease with official country status include:

1. Bilaterally agreed glanders testing currently used for equids imported from free countries could be challenged under the SPS agreement if the official recognition of status would be introduced for glanders;
2. Questionable economic benefits of the huge investment required to carry out the surveillance necessary to substantiate a free status compared to the current self-declaration combined with a pre-export quarantine and testing regime, with
3. Uncertainties on the possibility and scientific guarantees of a declaration of historical freedom given the potential lifelong infection of the hosts.
4. Latent cases cannot be readily identified and the risk of underreporting cannot be underestimated.

A final decision on the recommendation was deferred until the conclusion of the meeting at which point two of the members were no longer available. The Group was divided on their opinion and a consensus could not be reached, although a narrow majority supported the recommendation that the disease be listed for official freedom status.

4. Revision of the *Terrestrial Code* chapter.

Chapter title: in line with the pathogen based approach in the new *Terrestrial Code* chapters the title of the glanders chapter should be changed to “Infection with *Burkholderia mallei* (Glanders)”.

Article 12.10.1

General Provisions: “Glanders” is defined as “infection with *B mallei*” in an equid. It is recognised that in some cases *B mallei* cannot be isolated from the infected animal and that infection with *B mallei* may occur in non-equids.

In some equids the use of the CFT is not as reliable and in these animals is it recommended to use other tests. For mules and donkeys a CFT based serology case definition is not reliable; however, in case of clinical signs in these species, it would be indicated to verify clinical signs or pathological findings by laboratory analysis using the confirmatory tests.

The selection of antigens used for the CFT needs to be standardised. Currently the CFT frequently uses a mixture of antigens from different historical sero-groups (although the distinction between the different historical sero-groups does not appear to be very clear currently). *B mallei* appears to have changed over the last 30 years with infrequent human infections being reported and more latent cases that only become apparent after stress and with intermittent shedding.

The infective period for infection with *B mallei* in horses is lifelong due to the potential for the agent to enter a dormant state within the host. The incubation period remains highly variable but is thought to be less than 6 months.

Article 12.10.2

Glanders free country or zone (country or zone free of infection with *B mallei*)

There was extensive discussion on the use of surveillance programs in countries in which the agent had never been identified. It was generally thought that a country which had never reported a case would not need surveillance while a country in which *B mallei* had been identified might need a surveillance program. The surveillance program might change over time if there were no further reported cases. More stringent conditions were necessary due to the presence of latent carriers and the potential lifelong nature of infection.

Where a zone was used there needed to be in place a registration and traceability system to ensure the zone accurately reflected the equid sub-population within the free zone.

Article 12.10.3

Establishment of a containment zone within a country or zone free of infection with *B.m.*

A containment zone could be used to isolate a limited outbreak in a free country or zone.

In 12.10.3.1b the Group questioned the use of the term animals and agreed that movement controls would apply to susceptible animals only.

In 12.10.3.1f it was recommended not to require all cases to be epidemiologically linked as this may not be possible due to the potential for *B mallei* to be dormant for so long and sometimes it was not possible to isolate organism.

In 12.10.3.1f the Group questioned the use of 2 incubations periods for a containment zone when one incubation period with surveillance can release restrictions on country or zone. Hence the recommendation to use 2 tests at least 21 days apart with the 21 day provision to allow for the development of antibodies to infection. However, one expert did not agree and thought this would be difficult to do practically.

Article 12.10.4

Recovery of free status

The Group estimated that a modified stamping out policy is more appropriate and that it is not thought necessary to kill all in contact animals due to the nature of infection. The use of a modified stamping out policy was discussed and it was recommended that in glanders modified stamping out means that under the authority of the Veterinary Authority, on confirmation of an infection with *B. mallei*, the animals which are infected are killed, and their carcasses destroyed by burning or burial, or by any other method which will eliminate the spread of *B. mallei* through the carcasses or products of the animals killed.

This policy should be accompanied by the cleansing and disinfection procedures defined in the *Terrestrial Code*.

Article 12 10.5

Recommendations for importation from glanders free countries or zones (countries or zones free from infection with *B. mallei*)

For the importation of equids without testing, a residence period of six months was required but for those equids with less than six months residency, this residency period could be replaced with a testing option, as it could be shown the equid was free of infection with *B mallei* at the time of import. For the testing to be meaningful, 21 days were necessary to show that there were no antibodies to *B mallei*. There is no need for isolation of the equid as it is deemed free of infection in a free country or zone.

*Article 12.10.6***Recommendations for importation of equids from countries considered infected with *B. mallei* glanders**

The group agreed to continue with the CFT as a test requirement for movement of horses as this was a highly sensitive test that had been shown to be reliable even with the current problems in standardizing the antigens used.

Difficulties with the timing of tests through the submission of samples to a testing laboratory resulted in the group recommending that the seven days earlier recommended be changed to ten days to allow for this delay. The isolation period was accordingly raised to 30 days from 28 to reflect this change.

The Group recommended that horses be tested individually and that the *Terrestrial Code* chapter makes it clear that individual tests are required.

*Article 12.10.7***Recommendations for the importation of an equid for restricted movement**

There was discussion on use of term “restricted” as opposed to “temporary”, and it was generally felt that restricted was a better term as the intention is that this category of equids is held separate from the general population of horses.

Also for this category of import it could be conceived that equids could be held in a separate population and not for a time period so that “restricted” was a more appropriate term under these circumstances and the different health status applied to infection with *B mallei*. Such separate populations might include circus or event horses.

Concerns were raised about the introduction of a new term and that it should be clear that this term replaced “isolation” used in other chapters.

Other concerns with the biosecurity measures were raised in the sense that the plan must cover people, animals and waste. It was agreed that the phrasing here should use general terms and not try to offer a prescription to cover all situations.

There was a lengthy discussion on the residency period which was thought to be too restrictive by one expert, as competition horses frequently move to competitions which are generally planned without regard to movement protocols. It is to be noted that there was no general agreement on this residency period.

For any export it is important that both the establishment from which the equid originates and the equid be free of infection with *B mallei*.

*Article 12.10.8***Recommendations for the importation of semen from an equid**

There was no consensus on whether there should be an article on the importation of semen in the *Terrestrial Code* Chapter at this stage as it is not currently known whether semen can be infected with *B mallei*.

A recently published glanders review¹ stated that a large percentage of necropsies of *B mallei* infected equids were found with orchitis which suggests that it is possible for the semen to be affected. Currently diagnostic tests are very limited for *B mallei* in semen and it cannot be stated with any certainty that semen cannot transmit *B mallei* infection.

¹ Khan *et al.*, Glanders in Animals: A review on epidemiology, clinical presentation, diagnosis, and countermeasures. *Transboundary and Emerging Disease*, **60** (3): 204-220

It is also possible that the reproductive tract could be a site in which *B mallei* becomes dormant and cannot be detected serologically in that equid.

Eventually the group decided to add this article, considering commodities originating from equids may be regarded as safe when the same conditions in Art. 12.10.5 and 12.10.6 are.

Article 12.10.9

Recommendations for the importation of *in vivo* derived equine embryos, fertilized oocytes or oocytes

The same comments for embryos and oocytes as regards their safety apply as for semen.

Article 12.10.10

Surveillance: introduction

Provision should be made for surveillance in case it is decided to proceed with the process to include glanders as an official country status disease and that the surveillance program should include all susceptible animals.

Article 12.10.11

Surveillance strategies

The surveillance program should also include clinical, pathological and serological surveillance strategies.

Meat as a traded commodity

All commodities from infected animals are expected to be infectious. All parts of an infected carcass should be destroyed.

Any meat derived from an equid should come from an equid that has met, as a minimum, all the requirements in the chapter to ensure it is not infected with *B mallei*.

5. Finalisation and adoption of the draft report

The report was circulated within the Group for a period of time for comments. The report was finalised through correspondence.

.../Appendices

Appendix I

MEETING OF THE OIE AD HOC GROUP ON GLANDERS
Paris, 26 – 28 November 2013

Agenda

1. Opening
2. Adoption of agenda, appointment of chair and rapporteurs
3. Discussion on including Glanders into group of diseases with Country status
4. Revision of the *Terrestrial Code* chapter
5. Finalisation and adoption of the draft report

Appendix II

MEETING OF THE OIE AD HOC GROUP ON GLANDERS

Paris, 26 – 28 November 2013

List of participants

MEMBERS

Dr Heinrich Neubauer
Federal Research Centre for Virus Diseases
of Animals (BFAV)
Friedrich-Loeffler Institute
Institute of Bacterial Infections and
Zoonoses
Naumburger Str. 96a
07743 Jena
GERMANY
Tel: +49-3641 80 42 00
Fax: +49-3641 80 42 28
heinrich.neubauer@fli.bund.de

Dr Anthony Kettle
Head of Veterinary Department
Dubai Racing Club
P.O.Box 9305
Meydan Racecourse, Al Meydan Road, Nad
Al Shiba, Dubai,
UNITED ARAB EMIRATES
Tel: (971) 4 336 1626
Fax: (971) 4 336 1579
Mob: (971) 50 459 4348
anthony.kettle@dubairacingclub.com

Dr Alf-Eckbert Füssel
European Commission
Head of Sector, DG SANCO/D1
Rue Froissart 101-3/67
B-1040 Brussels
BELGIUM
Tel: +32-2 295 08 70
Fax: +32-2 295 31 44
alf-eckbert.fuessel@ec.europa.eu

Dr Renate Wernery
Replaces Dr Ulrich wernery
Virologist & PR Manager
Central Veterinary Research Laboratory
PO Box 597? Dubai
UNITED ARAB EMIRATES
Tel. +971 4 3375 165
Fax +971 4 3368638
wernery@cvtl.ae

Dr Karine Laroucau
Laboratory for Animal health
23 avenue du General de Gaulle
94706 Maisons-Alfort Cedex
FRANCE
Tel: +33 (0) 1 49 77 13 50
karine.laroucau@anses.fr

Dr Andre Bompert
Fiscal Federal Agropecuário
Divisão de Sanidade dos Equinos,
Caprinos, Ovinos e Abelhas.
DSECOA / CGCD / DSA / SDA
Ministério da Agricultura, Pecuária e
Abastecimento
Departamento de Salud Animal
Esplanada dos Ministerios
Bloco 'D', Anexo, 3o. andar
CEP 70043-900, Brasília, DF
BRASIL
Tel. (61)3218-2659
Fax: (61) 3226-3515
andre.bompert@agricultura.gov.br

Dr Praveen Malik
National Research Centre on Equines
Sirsa Road
Hisar-125001
INDIA
malikphisar@hotmail.com

SCIENTIFIC COMMISSION REPRESENTATIVE

Dr Sergio J. Duffy
Centro de Estudios Cuantitativos en Sanidad Animal
Facultad de Ciencias Veterinarias
Universidad Nacional de Rosario (UNR)
Arenales 2303 - 5 piso
1124 Ciudad Autónoma de Buenos Aires
ARGENTINA
Tel: +54-11 4621 0443
Fax: +54 11 4824-7165
sergio.duffy@yahoo.com

CODE COMMISSION REPRESENTATIVE

Dr Alex Thiermann
President of the Code Commission
12 rue de Prony
75017 Paris
FRANCE
Tel: 33 - (0)1 44 15 18 69
Fax: 33 - (0)1 42 67 09 87
a.thiermann@oie.int

OIE HEADQUARTERS

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

Dr Elisabeth Erlacher-Vindel
Acting Head
Scientific and Technical Department
e.erlacher-vindel@oie.int

Dr Suzanne Münstermann
Scientific and Technical Department
s.munstermann@oie.int
Ms Inés de Guindos Talavera
i.guindos@oie.int

REPORT OF THE MEETING OF THE OIE AD HOC GROUP ON BRUCELLOSIS

Paris, 2-4 December 2013

A meeting of the *ad hoc* Group on brucellosis (hereafter the Group) was held at the OIE Headquarters from 2 to 4 December 2013.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Laure Weber-Vintzel, Officer in charge of the recognition of countries' animal disease status of the Scientific and Technical Department of the OIE, welcomed the Group and thanked the Group for the work done so far. She underlined that the principle to keep *Brucella abortus*, *B. melitensis* and *B. suis* together in one chapter was accepted by Member Countries, by the Scientific Commission for Animal Diseases (Scientific Commission) and by the Terrestrial Animal Health Standards Commission (Code Commission). She explained to the participants that this time, the Group was tasked with finalising the draft chapter on Brucellosis.

Dr Sergio J. Duffy, representative of the Scientific Commission, thanked the Group for drafting the chapter on Brucellosis and commented that the Scientific Commission supported the approach to have only one chapter on Brucellosis. He explained that some comments made by Member Countries needed substantial discussion and that the Scientific Commission requested the Group to address them. Dr Etienne Bonbon, representative of the Code Commission, asked the Group to concentrate on the comments that were not addressed by the Specialist Commissions.

2. Adoption of the agenda, appointment of a chair and rapporteurs

The Group adopted the proposed agenda for the meeting. The Group was chaired by Dr Bruno Garin-Bastuji. Drs John Fischer and Ana Maria Nicola acted as rapporteurs.

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

3. Review and address comments from Member Countries as referred by the Scientific and Code Commissions on the amended draft *Terrestrial Code* chapter on Brucellosis

Article 8.x.1.: General provisions

The Group agreed to use the term 'infection with *Brucella*' to replace the previously used term '*Brucella* infection' throughout the chapter as relevant, to keep in line with the chapter heading.

One Member Country proposed to delete European hare from the list of epidemiologically significant animal species for Brucellosis because it was mentioned only in this article and no specific sanitary measures were recommended in the chapter. With reference to this proposal, although, at the previous meeting the Group had provided a rationale to remove the provisions related to the trade of European hares and to keep them only for notification purposes, the Group decided to undelete and revise these provisions (Article 8.x.15.bis: Recommendations for the importation of captive European hares for restocking) by addressing specification to define animals free from infection with *Brucella*. The rationale behind this decision was that European hares could be a reservoir of, and spread species and biovars of *Brucella* that are not present in some Member Countries.

Article 8.X.2.bis: Country or zone historically free from infection with *Brucella* in specified species

The Group was informed that the Scientific Commission had primarily not supported a Member Country's proposal to add a new article on historical freedom because Article 1.4.6. of the *Terrestrial Animal Health Code (Terrestrial Code)* applies by default.

Dr Bonbon explained that such an article had been afterwards proposed by the Code Commission to make clear that historical freedom from infection with *Brucella* could be applied to certain specified animal categories including pigs, in accordance with Article 1.4.6.

The Group agreed with the proposal of the Code Commission and suggested changing the article by replacing the term 'species' with 'animal categories' to be in line with the rest of the chapter.

Article 8.X.3.: Country or zone free from infection with *Brucella* in bovids without vaccination

The Group agreed with the comment of a Member Country on re-ordering the points in this article and proposed to apply this new order to other similar articles.

With reference to a proposal of a Member Country to specify *Brucella* species for each animal category, the Group suggested to keep 'infection with *Brucella*' because in some regions of the world, *B. melitensis* and *B. suis* cause *Brucella* infection in bovids, and this approach was already accepted by most Member Countries and Specialists Commissions.

To address the comment of a Member Country related to point 1 c) (ex. 1 f)) of Article 8.X.3., the Group discussed the possibility to perform statistically valid surveillance and suggested to keep the current approach already given in the article. *Brucella* infection could be present in a country at an extremely low prevalence. This makes the testing of all herds necessary in order to detect all infected herds, in particular those with latently infected animals, to guarantee freedom from *Brucella* infection. However, at herd level, a statistical sampling of animals within a herd could be possible to determine the status of the herd. The Group also thought it was important to point out that the reference to the three-year period was related to a level of freedom that should be kept the same during the entire period.

The Group suggested to remove the term 'periodic' from the chapter given that the term 'regular' already includes the concept of testing on a given continuous frequency.

Considering point 1 d) (ex. point 1 b)), the Group considered that the compulsory testing of samples from abortion cases is among the most efficient measures for the early detection of re-emergence or re-introduction of *Brucella* infection in a country or zone free from *Brucella* infection and therefore this control measure should be kept for early warning purpose at the whole country level.

Considering point 1 e) (ex. point 1 c)), the Group considered that this provision was developed in order to prevent the introduction of recently vaccinated animals but that three years are enough to reduce the risk of shedding vaccine strains to a negligible level. Moreover, in a receiving country free from *Brucella* infection without vaccination, there could be a part of the animal population that had been vaccinated against *Brucella* infection more than three years ago.

Article 8.X.4.: Country or zone free from infection with *Brucella* in bovids with vaccination

The Group suggested reformulating point 4) for reasons of clarity and simplification.

Article 8.X.9.: Herd or flock free from infection with *Brucella* in bovids, sheep and goats, camelids or cervids without vaccination

At point 1) c) iv), the Group agreed with the comment of a Member Country to put back the words 'with negative results' when referring to results of diagnostic tests, for consistency with other similar points.

The Group considered it inappropriate, as suggested by a Member Country, to include a parturition season between the two tests, because there were some animal species and countries for which a parturition season does not exist, particularly for dairy cattle. Moreover, some countries have eradicated *Brucella* infection without taking into account the parturition season for the testing scheme.

The Group revised point 1) c) vi) with the following ‘two tests have been performed with negative results on all sexually mature animals present in the herd at the time of testing, the first test being performed not before three months after slaughter of the last case and the second test at an interval of more than six and less than 12 months’. This was suggested in order to make clear that it is not needed to test the sexually mature animals twice but that the animals that are sexually mature at the time of the test should be tested.

With regards to the request of a Member Country to undelete point 2) c) as requirements to maintain the free status in a herd or flock, the Group noted that point 2) a) clearly states that point 1) c) v), the same condition as point 2) c), should be met in order to maintain the free status.

The Group reminded that for the purpose of this chapter, the term ‘animals’ included only those species listed under the general provisions, Article 8.X.1.

Article 8.X.10.: Herd or flock free from infection with *Brucella* in bovids, sheep and goats with vaccination

The Group accepted a Member Country’s proposal to delete the term ‘relevant category’ from point 1) b) iv) because this apply to all.

With regards to the comment of a Member Country that proposed to replace ‘epidemiological unit’ with ‘premises’, the Group suggested to replace with ‘establishment’, which is defined in the Glossary of *Terrestrial Code*. In addition ‘establishment’ would be preferred to ‘epidemiological unit’ at point 1) b) v) because it is possible to have more than one epidemiological unit with different risk status in an ‘establishment’. This was applied to other relevant articles of the chapter.

The Group considered that if the vaccination age and the age at which serological tests are made in sexually mature animals are respected, this would allow not to find positive animals due to vaccination and to prove the free status with vaccination using the test described in the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals*.

Article 8.X.12.: Recovery of the infection with *Brucella* free status in a country or a zone

The Group suggested the revision of point 2) in order to clarify that the recovery of the free status in a shorter time would be possible only in the case of a limited number of epidemiologically linked outbreaks.

With regards to the comment of a Member Country, the Group suggested addition of the phrase ‘whole herd/flock’ before the term ‘depopulation’ in order to clarify the provisions of point 3) to distinguish it from the case where not all animals are culled.

With regards to point 3) b), the Group reiterated the need to follow a strict and enhanced protocol using a sufficient number of checks in order to prove evidence of recovery of freedom.

With regards to the comment concerning the requirements for pig herds to recover the free status in less than three years including the use of serological tests, the Group determined that it was neither possible nor necessary to add a new paragraph to this article. The Group considered that if whole herd depopulation is not implemented in an index herd, it would not be possible to demonstrate freedom in the remaining pig herd using serological tests due to the low reliability in particular the lack of sensitivity of serological tests in pigs. Furthermore, although it might be possible to regain the free status for a pig herd in a shorter time if whole herd depopulation is implemented, the Group considered this impractical.

In regard to the comment concerning country or zone free from infection with *Brucella* in pigs, as stated in the last report of the Group, the Group considered that serological testing is not suitable for country or zone status for *Brucella* infection in pigs, both because of lack of reliability of the diagnostic tests in pigs and because of the epidemiological differences in pig production. However, the use of diagnostic tests remains necessary, although not sufficiently reliable, for trade of pigs when the herd of origin is not free from *Brucella* infection. The Group noted that Article 8.X.2.bis could apply also to pigs.

Articles 8.X.13. and 8.X.14.

The Group suggested to revise point 2) c) ii) of Article 8.X.13. and point 2) c) of Article 8.X.14. in order to make clear that all the animals isolated prior to shipment should be tested with negative results.

Article 8.X.15.: Recommendations for the importation of animals for slaughter

The Group found appropriate the suggestion of a Member Country to use the term ‘culled’ instead of ‘eliminated’ and considered that it has a broader meaning than ‘slaughtered’.

With reference to the comment of a Member Country, the Group considered that there is no additional value for risk mitigation in testing young animals. The test in young animals has a very low accuracy and the slaughter of young animals presents a very low risk to human health.

Article 8.X.21.: Procedures for the inactivation of *Brucella* in casings of bovids, sheep and goats, and pigs

The Group suggested deleting this article because the digestive tract is a safe commodity in terms of *Brucella* infection and is already covered by Article 8.X.2.

4. Finalisation and adoption of the draft report

The Group reviewed and amended the draft report provided by the rapporteurs. The Group agreed that the report would be subject to a period of circulation within the Group for comments. The report was finalised by correspondence.

.../Appendices

Appendix I

MEETING OF THE OIE AD HOC GROUP ON BRUCELLOSIS
Paris, 2–4 December 2013

Agenda

1. Opening
 2. Adoption of agenda, appointment of a chair and a rapporteur
 3. Review and address comments from Member Countries as referred by Scientific and Code Commissions on the amended draft *Terrestrial Code* Chapter on Brucellosis
 4. Finalisation and adoption of the draft report
-

Appendix II**MEETING OF THE OIE AD HOC GROUP ON BRUCELLOSIS****Paris, 2-4 December 2013**

List of participants**MEMBERS**

Dr Bruno Garin-Bastuji
Agence Nationale de Sécurité de
l'Alimentation, de l'Environnement et du
Travail (ANSES) - Laboratoire de Santé
animale - Unité Zoonoses Bactériennes
23 avenue du Général de Gaulle
94706 Maisons-Alfort Cedex
FRANCE
Tel: (33) 1 49.77.13.00
Fax: (33) 1 49.77.13.44
bruno.garin-bastuji@anses.fr

Dr Ana Maria Nicola
Gerencia de Laboratorios (GELAB)
Servicio Nacional de Sanidad y Calidad
Agroalimentaria (SENASA)
Av. Alexander Fleming, 1653
1640 Martínez - Pcia de Buenos Aires
ARGENTINA
Tel: (54.11) 48.36.19.92
Fax: (54.11) 48.36.19.92
anicola@senasa.gov.ar

Dr Sewellyn Watson
PO Box 443
Malmesbury 7299
SOUTH AFRICA
sewellynd@gmail.com

Dr Francisco Javier Reviriego Gordejo
Head of Sector
Health & Consumers Directorate-General
DG SANCO/D1
European Commission
Rue Froissart 101-3/72
1040 Brussels
BELGIUM
Tel: +32 2 298 47 99
Fax: +32 2 295 31 44
Francisco.Reviriego-Gordejo@ec.europa.eu

Dr Suk-Chan Jung
Bacteriology Division
Animal and Plant Quarantine Agency
Ministry of Agriculture, Food and Rural
Affairs (MAFRA)
480 Anyang 6-dong
Manan-gu, Anyang-si, Kyunggi-do
KOREA (REP. OF)
Tel: +82 31 467 1765
Fax: +82 31 467 1778
brujung@korea.kr

Dr Joldoshbek Kasymbekov
Kyrgyz-Swiss Research partnership on
livestock and human Brucellosis
(project on Molecular studying Brucellosis in
Kyrgyzstan) - NCCR North-South
#138-138 A Toktogul Str.
Bishkek 720001
KYRGYZSTAN
Tel: +996 312 910 838 / 910839
Fax: +996 312 910 838
joldoshbek.kasymbekov@gmail.com

SPECIALIST COMMISSIONS REPRESENTATIVES

Dr Sergio J. Duffy
Scientific Commission Representative
Centro de Estudios Cuantitativos en Sanidad Animal
Facultad de Ciencias Veterinarias
Universidad Nacional de Rosario (UNR)
Arenales 2303 - 5 piso
1124 Ciudad Autónoma de Buenos Aires
ARGENTINA
Tel: (54-11) 4824-7165
sergio.duffy@yahoo.com

Dr Etienne Bonbon
Terrestrial Code Commission Representative
OIE
12 rue de Prony
75017 Paris
FRANCE
e.bonbon@oie.int

WORKING GROUP ON WILDLIFE DISEASES REPRESENTATIVE

Dr John Fisher
Southeastern Cooperative Wildlife Disease Study, College of Veterinary Medicine,
University of Georgia, Athens - GA 30602 - USA
Tel: (1-706) 542 1741 - Fax: (1-706) 542 5865
jfisher@uga.edu

OIE HEADQUARTERS

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

Dr Elisabeth Erlacher-Vindel
Acting Head
Scientific and Technical Department
e.erlacher-vindel@oie.int

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

Dr Simona Forcella
Chargée de mission
Scientific and Technical Department
s.forcella@oie.int

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF PESTE DES PETITS RUMINANTS STATUS OF MEMBER COUNTRIES
Paris, 17-18 December 2013**

A meeting of the OIE *ad hoc* Group on the Evaluation of the Peste des petits ruminants (PPR) Status of Member Countries (hereafter the Group) was held at the OIE Headquarters from 17-18 December 2013.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Joseph Domenech, Advisor from the Scientific and Technical Department, welcomed the Group. He emphasized that this was an epoch-making meeting in that applications of Member Countries for official recognition of PPR free status would be evaluated for the first time.

Dr Laure Weber-Vintzel, Officer in charge of the recognition of countries' animal disease status of the Scientific and Technical Department, informed the Group about the OIE process for granting official recognition of disease status and emphasised the importance of the work carried out by the *ad hoc* Groups in charge of evaluating dossiers for official recognition of disease status. In accordance with the OIE Standard Operating Procedures (SOPs) governing official recognition of disease status, she recommended the Group to produce a detailed report in order to give clear understanding to the Scientific Commission for Animal Diseases (Scientific Commission) and to the applicant Member Countries on possible information gaps and/or specific areas that should be addressed in the future.

Dr Weber-Vintzel advised the Group to actively communicate with the applicant Member Countries during the meeting whenever clarification is needed for the assessment of the application. She also informed the Group that, following a proposal from the Scientific Commission, the OIE Director General can request an expert mission to be deployed to Member Countries as part of the evaluation of the dossier in order to check *in situ* if the applicants comply with the requirements of the *Terrestrial Animal Health Code (Terrestrial Code)*.

Finally, Dr Weber-Vintzel explained the standing OIE policy concerning declaration of interest and confidentiality of information and invited the members of the Group and Felix Njeumi, who exceptionally joined the Group for the first day of the meeting, to sign the forms provided by the OIE secretariat.

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

The Group was chaired by Dr Diallo and Dr Baron acted as rapporteur. The Group adopted the proposed agenda.

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

3. Chapter 14.8. of the *Terrestrial Animal Health Code* on PPR as circulated by the Code Commission to Member Countries in September 2013

Dr Domenech informed the Group of the changes to Article 14.8.3 on PPR of the *Terrestrial Code* proposed by the Terrestrial Animal Health Standard Commission and circulated for Member Country comments. The Group acknowledged the changes in the Chapter and noted that, until their adoption, the last adopted version of the chapter should be used to assess the applications for the official recognition of PPR status.

4. Evaluation of the request from a Member Country for recognition of freedom from PPR

The Group assessed Austria's dossier for recognition of freedom from PPR. The Group acknowledged that the submitted dossier was clear, well structured and agreed that the format of the application conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their PPR status according to the requirements of the *Terrestrial Code*. However the Group noted that Austria could have applied through the short procedure developed to facilitate the application of historically free countries.

The Group requested Austria to provide additional information on

- the role of farmers, industry, other relevant groups and private veterinary profession in PPR surveillance and control;
- the methods in place in Austria to guarantee an effective passive surveillance, in particular the government awareness programme in order for livestock keepers and private veterinarians to be able to clinically recognise the disease;
- the control measures in place over the last ten years to ensure that Austria complies with Article 1.4.6. Point 1a) and requested the information reported in Handistatus and WAHIS to be updated;
- the legislation in place to ensure that provisions of Articles 14.8.3. or 1.4.6. Point 1a) have been properly implemented.

The Group assessed the answers received from Austria and concluded that Austria's application was compliant with Chapter 14.8. on PPR and Article 1.4.6. 1a) on the surveillance to substantiate historical freedom. The Group agreed to recommend the Scientific Commission the recognition of Austria as a PPR free country based on historical ground.

5. Evaluation of requests from Member Countries for recognition of historical freedom and establishment of a base list of historically free Member Countries for PPR

The OIE secretariat provided a list of applicant Member Countries by OIE region and a map displaying applicants, in advance to the meeting. The OIE secretariat has performed an extensive verification of the statements made by the applicants in their dossiers against the information previously reported to the OIE through Handistatus and the World Animal Health Information System (WAHIS-WAHID), in particular relating to the history of disease reporting and the control measures reported for the past ten years. The Group was informed of the situation for each country.

The Group considered the requirement of disease reporting according to the *Terrestrial Code* and agreed that it was important that the information reported to the OIE through WAHIS be coherent with the historical freedom from PPR.

The approval of the applications with a favourable assessment would be recommended if full and satisfactory data were present in WAHIS/WAHID. For a number of countries, the information requested by the OIE Scientific and Technical Department had not been received at the time of this meeting. The Group agreed that those applications would only be recommended for approval if the requisite information was supplied to the OIE.

The Group proceeded with evaluation of individual country applications, in the light of the additional information when it was supplied during the meeting, as follows:

5.1. The Americas

Eight Member Country applications for recognition of historical freedom had been received by the OIE from the Americas.

The Group noted that these applicant countries had no history of PPR outbreaks.

The Group agreed to recommend that Argentina, Bolivia, Brazil, Canada, Colombia, Ecuador, Paraguay and the United States of America be included in the List of Member Countries officially recognised free of PPR by the OIE.

At the same time, the Group noted that:

- American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands were included in the USA's application;
- San Andres and Providencia Islands were included in Colombia's application.

5.2. Asia and the Pacific

Seven Member Country applications for recognition of historical freedom had been received by the OIE from the Asia and the Pacific.

The Group discussed the PPR extension in Asia and considered the situation of applicant Member Countries. The Group noted that the applicant countries had no history of PPR outbreaks.

The Group agreed to recommend that Australia, Chinese Taipei, Korea (Rep. of), New Caledonia, New Zealand, Thailand and Singapore be included in the List of Member Countries officially recognised free of PPR by the OIE.

At the same time, the Group noted that Taiwan, Penghu County, Kinmen County and Lienchiang County were included in Chinese Taipei's application.

5.3. Europe

28 Member Country applications for recognition of historical freedom had been received by the OIE from Europe.

The Group noted that these applicant countries had no history of PPR outbreaks.

The Group agreed to recommend that Belgium, Bosnia and Herzegovina, Cyprus, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, the Netherlands and the United Kingdom be included in the List of Member Countries officially recognised free of PPR by the OIE.

At the same time, the Group noted that:

- The Bailiwick of Jersey, the Bailiwick of Guernsey and its dependencies, the Isle of Man, Bermuda, the British Virgin Islands, the Cayman Islands, the Falkland Islands, the Island of St Helena and the Turks and Caicos Islands were included in the United Kingdom's application;
- The autonomous cities of Ceuta and Melilla and the archipelago composed of the Autonomous Community of Balears and Canaries were included in Spain's application;
- The archipelago of Svalbard and the island of Jan Mayen were included in Norway's application;
- The French departments of Corsica, Guadeloupe, Martinique, French Guyana, Réunion and Mayotte, as well as French collectivities of Saint Martin, Saint Barthélemy and Saint Pierre and Miquelon were included in France's application;
- The autonomous regions of Madeira and Acores were included in Portugal's application.

5.4. Africa

Two Member Country applications for recognition of historical freedom had been received by the OIE from Africa.

The Group noted that these applicant countries had no history of PPR outbreaks.

The Group agreed to recommend that Mauritius and South Africa be included in the List of Member Countries officially recognised free of PPR by the OIE.

At the same time, the Group noted that all islands under South African jurisdiction were included in South Africa's application.

All the Member Countries to which the Group recommended the granting of PPR free status are summarised in Appendix III.

6. Drafting of the forms for the annual reconfirmation of PPR free status and endorsed official control programme

The Group prepared a draft form for annual reconfirmation of PPR free status (Appendix IV) and revised the form for annual reconfirmation of an endorsed control programme for PPR, drafted at the previous meeting, after further consideration of the relevant parts of the *Terrestrial Code* (Appendix V).

7. Other matters

The Group suggested that, in the future, a possible revision of the *Terrestrial Code* Chapter could be considered to take into account the experience gained with the assessment of the dossiers, in order to clarify or emphasise some requirements. For example, the Group emphasised the importance of having a contingency plan for official recognition of status and that the quality of the vaccine used for an endorsed official control programme should comply with the requirement of the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals*.

8. Adoption of the report

The Group reviewed and amended the draft report provided by the rapporteur. The Group agreed that the report captured the discussions.

.../appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF PESTE DES PETITS RUMINANTS STATUS OF MEMBER COUNTRIES**

Paris, 17-18 December 2013

Agenda

1. Opening
 2. Adoption of the agenda and appointment of chairperson and rapporteur
 3. Chapter 14.8. of the *Terrestrial Animal Health Code* on PPR as circulated by the Code Commission to Member Countries in September 2013 (For information).
 4. Evaluation of a request from a Member Country for recognition of freedom from PPR
 5. Evaluation of the requests from Member Countries for recognition of historical freedom and establishment of a base list of historically free Member Countries for PPR
 6. Drafting of the form for the annual reconfirmation of PPR free status and endorsed official control programme
 7. Other matters
 8. Adoption of the report
-

Appendix II**MEETING OF THE OIE AD HOC GROUP ON PESTE DES PETITS RUMINANTS (PPR)****Paris, 17-18 December 2013**

List of Participants**MEMBERS**

Dr Michael Baron

The Pirbright Institute
Ash Road, Pirbright
Woking, Surrey, GU24 0NF
UNITED KINGDOM
Tel: +44-1483 23.24.41
Fax: +44-1483 23.24.48
michael.baron@pirbright.ac.uk

Dr Emmanuel Couacy-Hymann

Virologist - Epidemiologist
Laboratoire Central de
Pathologie Animale
LANADA
BP 206
Bingerville
CÔTE D'IVOIRE
Tel: + 225 22 403 136 / 138
Fax: + 225 22 403 644
e.couacy-hymann@lanada.ci
chymann@hotmail.com

Dr Adama Diallo

FAO/IAEA Agriculture and
Biotechnology Laboratory
International Atomic Energy Agency
A-2444 Seibersdorf
AUSTRIA
Tel: (43-1) 2600.28355
Fax: (43-1) 2600.28221
adama.diallo@iaea.org

Dr Giancarlo Ferrari

(invited but could not attend)
Animal Health Officer
Viale delle Terme di Caracalla
00153 Roma
ITALY
Tel: +39 06 570 54288
Giancarlo.ferrari@fao.org

Dr Madhusudan Hosamani

Indian Veterinary Research Institute
Hebbal, Bellary Road, Bangalore-
560024
INDIA
Tel: +91-80-23410729
Fax: +91-80-23412509
madhu.hosa@gmail.com

Dr Geneviève Libeau

CIRAD-Département Systèmes
Biologiques UPR «Contrôle des
maladies animales exotiques et
emergentes »
TA A-15/G Campus international de
Baillarguet
34398 Montpellier Cedex 5
FRANCE
Tel: 33 (0)4 67 59 38 50 or 37 24
Fax: 33 (0)4 67 59 37 98
genevieve.libeau@cirad.fr

Dr Henry Wamwayi

AU-IBAR
P.O. Box 30786 – 00100
Nairobi,
KENYA
Tel: +254-20 3674 000
Fax: +254-20 3674 341
henry.wamwayi@au-ibar.org
henry.wamwayi@yahoo.com

REPRESENTATIVE OF THE SCIENTIFIC COMMISSION

Prof. Hassan Abdel Aziz Aidaros

Professor of Hygiene and Preventive Medicine
OIE Representative for EGYPT
Chairman of the OIE Scientific committee for ME region
Director of the Middle East Veterinary Center (MEVETC)
FAO/ OIE/ WB Consultant - 5, Mossadak st.
12311 Dokki Cairo - EGYPT
Tel : (2012) 218 5166
haidaros@netscape.net or mevetc@yahoo.com

OIE HEADQUARTERS

Dr Bernard Vallat

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

Dr Joseph Domenech

Advisor
Scientific and Technical Department
j.domenech@oie.int

Dr Simona Forcella

Chargée de mission
Scientific and Technical Department
s.forcella@oie.int

Dr Laure Weber-Vintzel

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

Appendix III

List of Member Countries for which the Group recommended to grant PPR free status

OIE Region			
Europe	Americas	Asia and the Pacific	Africa
Austria	Argentina	Australia	Mauritius
Belgium	Bolivia	Korea (Rep. Of)	South Africa
Bosnia and Herzegovina	Brazil	New Caledonia	2
Cyprus	Canada	New Zealand	
Denmark	Colombia	Singapore	
Estonia	Ecuador	Taipei China	
Finland	Paraguay	Thailand	
France	USA	7	
Germany	8		
Greece			
Hungary			
Iceland			
Ireland			
Italy			
Liechtenstein			
Lithuania			
Luxembourg			
Malta			
Norway			
Poland			
Portugal			
Romania			
Slovak republic			
Slovenia			
Spain			
Sweden			
Switzerland			
The Netherlands			
United Kingdom			

29

Appendix IV

**Form for the annual reconfirmation of the PPR status
of OIE Member Countries
(to be submitted during the month of November each year)**

PPR free country

Name of Country		Year:	
QUESTION		YES	NO
1.	Is your country or <i>zone(s)</i> currently on the list of OIE officially recognised PPR free countries or <i>zones</i> ?		
2.	Was your country or <i>zone(s)</i> recognised on the basis of historical freedom for PPR as stated in Article 1.4.6. of the <i>Terrestrial Code</i> ?		
3.	Is there an effective PPR surveillance scheme in place?		
4.	Has there been any outbreak of PPR or evidence of PPR infection been found during the past 12 months?		
5.	Has any vaccination against PPR been carried out during the past 12 months?		
6.	Have there been any changes in the epidemiological situation or other significant events regarding PPR during the past 12 months? If yes, please attach a brief report.		
If your country or zone(s) was not recognised on the basis of historical freedom for PPR as stated in Article 1.4.6. of the <i>Terrestrial Code</i>, please submit documented evidence that: • surveillance for PPR in accordance with Articles 14.8.27. to 14.8.33. is in operation; • regulatory measures for the early detection, prevention and control of PPR are still implemented; • no animals vaccinated against PPR have been imported since the cessation of vaccination.			
Date: Signature of Delegate :			

[Reference to the relevant article in the PPR chapter of the *Terrestrial Animal Health Code* (2014)]**Article 14.8.3.****PPR free country or zone**

- 1) The PPR status of a country or *zone* can only be determined after considering the following criteria, as applicable:
 - a) PPR should be notifiable in the whole territory, and all clinical signs suggestive of PPR should be subjected to appropriate field or laboratory investigations;
 - b) an on-going awareness programme should be in place to encourage reporting of all cases suggestive of PPR;
 - ~~c)~~ systematic vaccination against PPR is prohibited, and importation of domestic ruminants and their semen, oocytes or embryos are carried out in accordance with this chapter;
 - ~~ed)~~ the Veterinary Authority should have current knowledge of, and authority over, all domestic sheep and goats in the country or zone;
 - ~~ee)~~ appropriate surveillance, capable of detecting the presence of infection even in the absence of clinical signs, is in place; this may be achieved through a surveillance programme in accordance with Articles 14.8.27. to 14.8.33.
- 2) To qualify for inclusion in the list of PPR free countries or *zones*, a Member Country should either:
 - a) ~~declare~~ apply for recognition of historical freedom as described in point 1 of Article 1.4.6.; or
 - b) apply for recognition of freedom and submit to the OIE:
 - i) a record of regular and prompt animal disease reporting;
 - ii) a declaration stating that:
 - there has been no outbreak of PPR during the past 24 months;
 - no evidence of PPRV infection has been found during the past 24 months;
 - no vaccination against PPR has been carried out during the past 24 months;
 - iii) supply documented evidence that surveillance in accordance with Chapter 1.4. is in operation and that regulatory measures for the prevention and control of PPR have been implemented;
 - iv) evidence that no animals vaccinated against PPR have been imported since the cessation of vaccination.

The Member Country will be included in the list only after the application and submitted evidence has been accepted by the OIE. Changes in the epidemiological situation or other significant events should be reported to the OIE according to the requirements in Chapter 1.1. Retention on the list requires annual reconfirmation of point 2 above ~~that the information in points b)i) to b)iv) above be re-submitted annually.~~

Appendix V

**Form for the annual reconfirmation of the endorsement of an official control programme
for PPR of an OIE Member Country**

(to be submitted during the month of November each year)

Countries with an endorsed official control programme for PPR

Name of the country :	Year:	
QUESTION	YES	NO
1. Does the endorsed programme cover the whole country? If not, please provide a description of any changes to the zones covered by the programme in the past year		
2. Has an OIE PVS evaluation been carried out in your country during the last 12 months?		
3. Have there been any changes affecting the performance of Veterinary Services in your country over the last 12 months? If yes please provide a brief report.		
4. Have any changes occurred in the epidemiological situation, or other significant events regarding PPR, during the past 12 months? If yes, please attach a brief report.		
5. Have there been any changes to the identity, capability or status of the laboratory/laboratories carrying out PPR diagnosis as part of the programme? If yes, please attach a brief report on the changes.		
6. Is vaccination part of your control programme? If yes, please provide a brief report of vaccination monitoring activities for the last 12 months and confirm that the vaccine used is quality certified.		
7. Have the timelines and performance indicators outlined in the endorsed official control programme been met? Please provide a brief report.		
Please attach a brief report of PPR surveillance activities carried out over the past year, including sampling strategy, numbers of samples tested, and tests applied.		
Date: Signature of Delegate :		

[Reference to the relevant article in the PPR chapter of the *Terrestrial Animal Health Code*]

Article 14.8.34.

OIE endorsed official control programme for PPR

The objective of an OIE endorsed *official control programme* for PPR is for Member Countries to progressively improve the situation in their territories and eventually attain free status for PPR.

Member Countries may, on a voluntary basis, apply for endorsement of their *official control programme* for PPR when they have implemented measures in accordance with this article.

For a Member Country's *official control programme* for PPR to be endorsed by the OIE, the Member Country should:

- 1) submit documented evidence on the capacity of its *Veterinary Services* to control PPR; this evidence can be provided by countries following the OIE PVS Pathway;
- 2) submit documentation indicating that the *official control programme* for PPR is applicable to the entire territory (even if it is on a zonal basis);
- 3) have a record of regular and prompt animal *disease* reporting according to the requirements in Chapter 1.1.;
- 4) submit a dossier on the status of PPR in the country describing the following:
 - a) the general epidemiology of PPR in the country highlighting the current knowledge and gaps;
 - b) the measures implemented to prevent introduction of *infection*, the rapid detection of, and response to, all PPR *outbreaks* in order to reduce the incidence of *outbreaks* and to eliminate virus circulation in domestic sheep and goats in at least one *zone* in the country;
 - c) the main livestock production systems and movement patterns of sheep and goats and their products within and into the country and, where applicable, the specific *zone(s)*;
- 5) submit a detailed plan of the programme to control and eventually eradicate PPR in the country or *zone* including:
 - a) the timeline for the programme;
 - b) the performance indicators that will be used to assess the efficacy of the control measures;
- 6) submit evidence that PPR *surveillance* is in place, taking into account the provisions in Chapter 1.4. and the provisions on *surveillance* in this chapter;
- 7) have diagnostic capability and procedures in place, including regular submission of samples to a *laboratory*;
- 8) where *vaccination* is practised as a part of the *official control programme* for PPR, provide evidence (such as copies of legislation) that *vaccination* of sheep and goats in the country or *zone* is compulsory;
- 9) if applicable, provide detailed information on *vaccination* campaigns, in particular on:
 - a) the strategy that is adopted for the *vaccination* campaign;
 - b) monitoring of *vaccination* coverage, including serological monitoring of population immunity;
 - c) serosurveillance in other susceptible species, including *wildlife* to serve as sentinels for PPRV circulation in the country;
 - d) *disease surveillance* in sheep and goat populations;
 - e) the proposed timeline for the transition to the cessation of the use of *vaccination* in order to enable demonstration of absence of virus circulation;
- 10) provide an emergency preparedness and contingency response plan to be implemented in case of PPR *outbreak(s)*.

The Member Country's *official control programme* for PPR will be included in the list of programmes endorsed by the OIE only after the submitted evidence has been accepted by the OIE. Retention on the list requires an annual update on the progress of the *official control programme* and information on significant changes concerning the points above. Changes in the epidemiological situation and other significant events should be reported to the OIE according to the requirements in Chapter 1.1.

The OIE may withdraw the endorsement of the *official control programme* if there is evidence of:

- non-compliance with the timelines or performance indicators of the programme; or
- significant problems with the performance of the *Veterinary Services*; or
- an increase in the incidence of PPR that cannot be addressed by the programme.

**REPORT OF THE MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF CONTAGIOUS BOVINE PLEUROPNEUMONIA STATUS OF MEMBER COUNTRIES**

Paris, 8-9 January 2014

A meeting of the *ad hoc* Group on the evaluation of contagious bovine pleuropneumonia (CBPP) status of Member Countries (hereafter the Group) was held at the OIE Headquarters from 8 to 9 January 2014.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Elisabeth Erlacher-Vindel, Acting Head of the Scientific and Technical Department, welcomed the Group. She welcomed the fact that this year, a physical meeting was held as requested by the Group itself and endorsed by the Director General. She informed the Group about the OIE process for granting official disease status and emphasised the importance of the work carried out by the *ad hoc* Groups in charge of evaluating dossiers for official recognition of disease status. She reminded the Group that when applications are not recommended for approval, the Group should produce a detailed report in order to give clear understanding to the Scientific Commission for Animal Diseases (Scientific Commission) and to the applicant Member Countries on possible information gaps or specific areas that should be addressed in the future.

Finally, Dr Erlacher-Vindel explained the standing OIE policy concerning declaration of interest and confidentiality of information and invited the Group to sign the forms provided by the OIE secretariat.

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

The Group adopted the agenda for the meeting. Dr François Thiaucourt was appointed Chair of the meeting and the OIE secretariat acted as rapporteur.

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

3. Evaluation of requests from Member Countries for CBPP free status

The OIE secretariat had performed a verification of the statements made by the applicants in their dossiers against the information previously reported to the OIE through Handistatus and the World Animal Health Information System (WAHIS-WAHID), especially relating to the history of disease reporting and the control measures reported at least for the past ten years. The Group was informed of the situation for each country.

The Group considered the requirement of disease reporting according to the *Terrestrial Animal Health Code (Terrestrial Code)* and agreed that it was important that the information reported to the OIE through WAHIS-WAHID be coherent with the historical freedom from CBPP.

The approval of those applications with a favourable assessment would be recommended if full and satisfactory data were present in WAHIS-WAHID.

The Group was informed that despite his physical absence, Dr Armando Giovannini had analysed the dossiers and provided his comments. Those comments were taken into account by the Group.

3.1. Argentina

In November 2013, Argentina submitted a dossier seeking CBPP free country status based on historical grounds. The Group agreed that the submission basically conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their disease status according to the requirements of the *Terrestrial Code*.

a) *Animal disease reporting*

The Group noted that CBPP was declared a notifiable disease in Argentina under relevant legislation since 1906 and considered that Argentina had a record of regular and prompt animal disease reporting to the OIE.

b) *Absence of outbreak and surveillance*

CBPP has never been recorded in Argentina and general surveillance for CBPP has been implemented.

c) *Vaccination*

Vaccination against CBPP has never been carried out in Argentina.

d) *Regulatory measures for the early detection, prevention and control*

The Group determined that in Argentina, regulatory measures for the early detection, prevention and control of CBPP has been implemented.

e) *Compliance with conditions for CBPP free country - Article 11.8.3.*

Based on the information provided, the Group recommended that Argentina be regarded as having met the requirements for recognition as complying with the CBPP chapter of the *Terrestrial Code* as a 'CBPP free country'.

f) *Conclusions*

- *Recommended status:* 'CBPP free country'

The Group recommended that Argentina provide more information on the compliance with Article 1.6.6. (point 4 a) of the questionnaire on CBPP) when submitting the next annual reconfirmation request. In particular, Argentina should provide evidence that it has an agreement with one or more laboratories in Argentina or any other country where OIE prescribed tests for the diagnosis of CBPP are carried out. These laboratories should follow a recognised quality management system. The Group suggested that Argentina also provide evidence of the existence of an expert contact point for CBPP disease diagnosis in the country.

3.2. Canada

In November 2013, Canada submitted a dossier seeking CBPP free country status based on historical grounds. The Group agreed that the submission basically conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their disease status according to the requirements of the *Terrestrial Code*. The Group recognised the work done by Canada in preparing the dossier and the good quality of the report.

a) *Animal disease reporting*

The Group noted that CBPP was declared a notifiable disease in Canada under relevant legislation for at least the past ten years and considered that Canada had a record of regular and prompt animal disease reporting to the OIE.

b) Absence of outbreak and surveillance

CBPP has been eradicated in Canada since 1876 and general surveillance for CBPP has been implemented.

c) Vaccination

Vaccination against CBPP has never been carried out in Canada.

d) Regulatory measures for the early detection, prevention and control

The Group determined that in Canada, regulatory measures for the early detection, prevention and control of CBPP has been implemented.

e) Compliance with conditions for CBPP free country - Article 11.8.3.

Based on the information provided, the Group recommended that Canada be regarded as having met the requirements for recognition as complying with the CBPP Chapter of the *Terrestrial Code* as a 'CBPP free country'.

f) Conclusions

- *Recommended status:* 'CBPP free country'

The Group requested Canada to provide precise information on ISO 17025 accreditation which is mentioned in the dossier when submitting the next annual reconfirmation request.

3.3. Singapore

In November 2013, Singapore submitted a dossier seeking CBPP free country status based on historical grounds. The Group agreed that the submission basically conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their disease status according to the requirements of the *Terrestrial Code*.

a) Animal disease reporting

The Group noted that CBPP was declared a notifiable disease in Singapore under relevant legislation for at least the past ten years and considered that Singapore had a record of regular and prompt animal disease reporting to the OIE.

b) Absence of outbreak and surveillance

CBPP has never been recorded in Singapore and general surveillance for CBPP has been implemented.

c) Vaccination

Vaccination against CBPP has never been carried out in Singapore.

d) Regulatory measures for the early detection, prevention and control

The Group determined that in Singapore, regulatory measures for the early detection, prevention and control of CBPP has been implemented.

e) Compliance with conditions for CBPP free country - Article 11.8.3.

Based on the information provided, the Group recommended that Singapore be regarded as having met the requirements for recognition as complying with the CBPP Chapter of the *Terrestrial Code* as a 'CBPP free country'.

f) Conclusions

- *Recommended status: 'CBPP free country'*

The Group recommended that Singapore provide more information on the compliance with Article 1.6.6. (point 4 a) of the questionnaire on CBPP) when submitting the next annual reconfirmation request. In particular, Singapore should provide evidence that it has an agreement with one or more laboratories in Singapore or any other country where OIE prescribed tests for the diagnosis of CBPP are carried out. These laboratories should follow a recognised quality management system. The Group suggested that Singapore also provide evidence of the existence of an expert contact point for CBPP disease diagnosis in the country.

4. Information from the Scientific Commission

The Group was informed that the Scientific Commission proposed, at its September 2013 meeting, the addition of a new article to the *Terrestrial Code* to make provision for the endorsement by the OIE of an official control programme for CBPP as had already been done for FMD and PPR, and that those proposals had already been circulated for Member Countries' comments.

The Group welcomed the concept of endorsement of a control programme for CBPP but believed that several sections of this new article may need revision in some areas and that the chapter on CBPP itself may be revised on some points.

5. Other matters

With regards to the 'Summary form for CBPP status evaluation' which was provided to the Group by the OIE Headquarters for summarising the evaluation of the dossiers, the Group suggested that in the future, point 3 be split into two points to separate the consideration on the surveillance activities from the consideration on the regulatory measures.

6. Finalisation and adoption of draft report

The Group reviewed and amended the draft report provided by the rapporteur. The Group agreed that the report captured the scope of discussions.

...Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF CONTAGIOUS BOVINE PLEUROPNEUMONIA STATUS OF MEMBER COUNTRIES
Paris, 8–9 January 2014**

Agenda

1. Opening
 2. Adoption of the agenda and appointment of chairperson and rapporteur
 3. Evaluation of requests from Member Countries for CBPP free status
 4. Information from the Scientific Commission – September 2013: (Control programme for CBPP)
 5. Other matters
 6. Finalisation and adoption of the draft report
-

Appendix II

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF CONTAGIOUS BOVINE PLEUROPNEUMONIA STATUS OF MEMBER COUNTRIES
Paris, 8–9 January 2014**

List of participants

MEMBERS

Dr Armando Giovannini
(Invited but could not attend)
Istituto Zooprofilattico Sperimentale
dell'Abruzzo e del Molise "G. Caporale"
Via Campo Boario, 64100 Teramo
ITALY
Tel: (39 0861) 33 24 27
Fax (39 0861) 33 22 51
a.giovannini@izs.it

Dr François Thiaucourt
UMR15 CIRAD-INRA
Control of exotic and emerging animal diseases
Campus International de Baillarguet, TA A-15/G
34398 Montpellier cedex 5
FRANCE
Tel: (33) 4 67.59.37.24
Fax: (33) 4 67.59.37.98
francois.thiaucourt@cirad.fr

Dr Herbert Schneider
PO Box 178
Windhoek
NAMIBIA
Tel: (264) 61 22 89 09
Fax: (264) 61 23 06 19
agrivet@mweb.com.na
agrivet@africaonline.com.na

Dr William Amanfu
P. O. Box AC 201
Arts Center
Accra
GHANA
Tel : (233)-243983060
willamanfu74@yahoo.com
Herbert@farmhabis.com

OIE HEADQUARTERS

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

Dr Elisabeth Erlacher-Vindel
Acting Head
Scientific and Technical Department
e.erlacher-vindel@oie.int

Dr Simona Forcella
Chargée de mission
Scientific and Technical Department
s.forcella@oie.int

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

**REPORT OF THE MEETING OF THE OIE AD HOC GROUP TO SET UP A GLOBAL DATABASE
ON THE USE OF ANTIMICROBIAL AGENTS IN ANIMALS
Paris, 6 - 8 January 2014**

1. Opening

The OIE *ad hoc* Group to set up a global database on the use of antimicrobial agents in animals met from 6 to 8 January 2014 at the OIE Headquarters in Paris, France. Dr Elisabeth Erlacher-Vindel, Acting Head of the Scientific and Technical Department, welcomed the participants on behalf of the Director General of the OIE, Dr Bernard Vallat.

Dr Erlacher-Vindel stated that the Group was convened following the adoption of the recommendation n°7 by the participants at the end of the OIE Global Conference on the Responsible and Prudent Use of Antimicrobial Agents for Animals, recommending to the OIE to collect harmonised quantitative data on the use of antimicrobial agents in animals with the view to establish a global database. She mentioned that the objective of this Group was to provide expertise and guidance to the OIE and that the results of the questionnaire on monitoring of the quantities of antimicrobial agents used in animals, presented at the OIE Global Conference, would provide useful background information.

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

The adopted Agenda, List of Participants, and agreed Terms of Reference are presented in Appendices I, II and III of this report, respectively.

The Group reviewed the provisional agenda and proposed to change discussion point n°4 to read as follows: “Discussion on the establishment of the OIE global database on the use of antimicrobial agents in animals and elaboration of a work plan and a timetable” instead of “Discussion on the implementation of the OIE global database on the use of antimicrobial agents in animals and elaboration of a work plan” to better reflect the sequence of the work.

The Group also reviewed the draft Terms of Reference to make them more precise in respect of the actions of data collection and reporting vis-à-vis the establishment of a database than the original proposal.

The meeting participants selected Dr Herbert Schneider as chair and Mr Christopher Teale as rapporteur.

3. Presentations of regional or national experience regarding collection of data on the use of antimicrobial agents in animals

To inform the meeting participants on the operation of systems at the national and regional level, presentations were given on the current procedures for data collection and reporting currently in place in Canada, France, Japan, USA, United Kingdom and European Union.

In addition the OIE presented the results of the survey conducted in 2012 on the implementation by Member Countries of the Chapter 6.8., of the *Terrestrial Animal Health Code (Terrestrial Code)*, on Monitoring of the quantities and usage patterns of antimicrobial agents used in food-producing animals.

4. Discussion on the establishment of the OIE global database on the use of antimicrobial agents in animals

General discussion

The Group began with a discussion on general considerations for establishing a global database. The Group noted that the database is a tool for the collection and reporting of harmonised data on the use of antimicrobial agents as described in the chapters 6.8. of the *Terrestrial Code* and 6.4. of the *Aquatic Animal Health Code* (*Aquatic Code*).

The Group noted that currently the legislative framework is variable among OIE Member Countries with respect to the collection of antimicrobial use data, often with no legal obligation to supply such information.

The Group also noted that the system to be developed by the OIE should be appropriate to all OIE Member Countries, whatever their stage of economic or systems development.

Therefore the Group considered that the OIE should initially collect information relating to the amount of antimicrobial agents sold within each Member Country or imported and the numbers of animals (denominator) in each country as a proxy for the animal population that could potentially be treated with antimicrobial agents. Sales data may be considered to be the easiest for Member Countries to collect and Member Countries already provide data on numbers of animals to the OIE, which will not need to be re-submitted. The Group considered that data on animal population (e.g. animal number, animals slaughtered and weight) are important considerations for reporting and interpreting antimicrobial use data. Sub-division of antimicrobial sales data by animal species, route of administration and indications for use might be considered in the future, as might be additional data sources, such as on-farm data.

The Group agreed that commercial confidentiality is a potential issue where data on a limited number of products are available for some antimicrobial agents. Publishing such data could reveal information which is commercially sensitive for pharmaceutical companies. It was noted that some Member Countries have legislative measures in place which prohibit publication of information which might be commercially sensitive.

The Group agreed that the focus of the work should be primarily on food-producing animals; other categories of animals such as companion animals could be included as part of further development. The animal species contributing to food production differs in some Member Countries and major food-producing animals should be included in the monitoring. The Group noted that data collection for some countries/regions, including some with existing data collection systems, may not allow differentiation between antimicrobial agents intended for food-producing and those intended for companion animals, and an OIE data collection system would need to accommodate this.

The Group considered that antimicrobial use data should include antimicrobial agents administered for therapeutic purposes as well as for growth promotion. Where possible, the quantities used for different purposes should be reported separately. Clear instructions will be provided on how to derive the information required and to provide standardised conversion factors (for example, to convert international units to kg). It is essential to standardise antimicrobial nomenclature for contributing Member Countries and to provide standardised field values for data collection. Standardisation will be based on the OIE List of antimicrobial agents of veterinary importance and in addition antimicrobial agents used as growth promoters will be included in the data collection. Maintenance of ongoing co-operation between the international organisations involved in this area is also important to ensure continuing harmonisation in accordance with the One Health concept.

Reports of antimicrobial use data are important for interpreting antimicrobial resistance surveillance data and can assist in responding to problems of antimicrobial resistance in a precise and targeted way. The continued collection of this basic information would help to give an indication of trends in the use of antimicrobial agents in animals over time and potential associations with antimicrobial resistance in animals. This

information may also assist in risk management to evaluate the effectiveness of efforts to ensure responsible and prudent use and mitigation strategies (for example, by identifying changes in veterinary prescribing practices) and to indicate where change of antimicrobial usage practices might be appropriate. The publication of these data is important to facilitate transparency and to allow all interested parties to assess trends, to support risk assessments and for risk communication purposes.

The Group discussed that the OIE should facilitate the collection and reporting of international data on the use of antimicrobial agents in animals. However further analysis should be left to Member Countries.

The Group considered that this initiative had the additional benefit of stimulating interest and maintaining awareness in this area as well as supporting the implementation of Chapter 6.8. of the *Terrestrial Code* and Chapter 6.4. of the *Aquatic Code*. This was the first step in attempting to collect data and it would be a long term project on an important, priority issue for many countries. The quality of the data collected and outputs should be assured by including appropriate checks in the system. The system would initially collect data at a basic (but nonetheless useful) level. Further significant developments or major changes in emphasis in relation to this initiative should be discussed with Member Countries.

It was evident that several terms needed to be defined for the purposes of standardisation in relation to the data collected and that clear guidance was necessary to ensure that data were comparable between submitting Member Countries. There are different production systems in place in different Member Countries and data on production type (e.g. for cattle whether they are used for milk or meat production or both) might also need to be collected. For the purpose of the data collection, the Group identified the need to describe specific terms such as “therapeutic”, “growth promoter”, “use”, “sales”, etc.

The Group considered the following additional points as important to ensure successful data collection and reporting by the OIE:

- Global effort on this initiative should focus primarily on terrestrial and aquatic food-producing animals.
- Data collection efforts should focus on antimicrobial sales and/or import data, but may in the future include other data, such as farm level data.
- OIE Member Countries should be asked to submit annually and on a voluntary basis antimicrobial use data collected as part of their national efforts to a global database maintained and updated by the OIE.
- Data may be submitted as part of Member Countries annual animal health status report.
- Member Countries should refer to the data collection template instructions to provide standardised and harmonised data. This will facilitate comparability between Member Countries.
- Member Countries should allow publication of national level data.
- The OIE may publish summaries of the antimicrobial use data as part of the annual World Animal Health report.
- Information reported would include quantities of antimicrobial agents used (as represented by quantities sold or imported) along with information on the animal population.
- The format of the summaries would be determined at a future time based on recommendations of the Group.
- For confidentiality and other reasons, summary reports will be published rather than providing access to the underlying data submitted by the OIE Member Countries.
- Reporting should ensure confidentiality of data. Member Countries submitting their report to the OIE are responsible to ensure the confidentiality of any commercial data.
- Member Countries should be encouraged to submit differentiated data in accordance with the OIE data input form developed by the Group and to be further refined in the future to the greatest extent possible.

- Member Countries should evolve and/or develop their national antimicrobial agent use surveillance programmes in accordance with Chapters 6.8. of the *Terrestrial Code* and 6.4. of the *Aquatic Code* quoted above and further guidance provided by the OIE on the data collection.
- To identify the best data sources that would provide accurate information on the total annual sales/import for submission to the OIE, Member Countries are encouraged to develop a profile of antimicrobial agent distribution channels in their country.
- The OIE National Focal Points for Veterinary Products are considered critical for the collection of antimicrobial use data in Member Countries.

Data collection template

The Group developed a draft template for data collection of quantities of antimicrobial agents used in animals. This was arranged so that Member Countries could contribute data including all animals (companion, terrestrial and aquatic), data on all food-producing animals (terrestrial and aquatic) or separate data on aquatic and terrestrial food-producing animals.

The OIE List of antimicrobial agents of veterinary importance was taken into consideration when developing the draft template.

Development of instructions on how to complete the form and further training material as necessary would be developed by the Group.

Elaboration of a work plan and a timetable

The Group proposed the following work plan and timetable:

- To develop draft instructions for filling the data collection template (by the end of January 2014);
- To finalise the data collection template and instructions (by mid-February 2014);
- To forward for consideration the meeting report of the Group to the February meeting of the Scientific Commission for Animal Diseases;
- To test the data collection template and instructions within the Group using 2012 data (by the end of March 2014);
- To analyse the test data and to update if necessary the data collection template and instructions based on the results of the test (by the end of June 2014)
- To make recommendations for the reporting of the harmonised data including to develop and to agree on an appropriate denominator (by the end of June 2014);
- To have a meeting end of June to finalise the instructions and data collection template;
- To test the instructions and data collection template in the training seminars for the OIE National Focal Points for Veterinary Products (August, November and December 2014);
- To forward the finalised instructions and data collection template to the September meeting of the Scientific Commission for Animal Diseases;
- To eventually start a pilot study involving all interested OIE Member Countries in January 2015.

5. Adoption of report and next meeting

The Group adopted the report.

The Group proposed the following dates for a second meeting: from 26 to 27 June 2014 at the OIE Headquarters, Paris, France.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP TO SET UP A GLOBAL DATABASE
ON THE USE OF ANTIMICROBIAL AGENTS IN ANIMALS
Paris, 6 - 8 January 2014**

Agenda

1. Opening
2. Adoption of agenda and appointment of chairperson and rapporteur
3. Presentations of regional or national experience regarding collection of data on the use of antimicrobial agents in animals
4. Discussion on the establishment of the OIE global database on the use of antimicrobial agents in animals, and elaboration of a work plan and a timetable
5. Adoption of report and next meeting

Appendix II

**MEETING OF THE OIE AD HOC GROUP TO SET UP A GLOBAL DATABASE
ON THE USE OF ANTIMICROBIAL AGENTS IN ANIMALS**

Paris, 6 - 8 January 2014

List of Participants

MEMBERS**Dr Carolee Carson**

Veterinary Epidemiologist / Risk Assessor
Canadian Integrated Program for Antimicrobial Resistance Surveillance Surveillance Division,
Laboratory for Foodborne Zoonoses, Public Health Agency of Canada
Guelph, Ontario N1G 5B2
CANADA
Tel: (519) 826-2346
carolee.carson@phac-aspc.gc.ca

Prof. Kari Grave

Coordinator European Surveillance of Veterinary Antimicrobial Consumption (ESVAC) project
European Medicines Agency
7 Westferry Circus, Canary Wharf
London E14 4HB
UNITED KINGDOM
Tel: (44 207) 523 7721
Fax: (44 207) 418 8447
Kari.Grave@ema.europa.eu

Dr Gérard Moulin

ANSES - Agence Nationale du Médicament Vétérinaire
8 rue Claude Bourgelat - Parc d'Activités de la Grande Marche - Javené CS 70611 - 35306 Fougères
FRANCE
Tel: +33 2 99 17 27 76
gerard.moulin@anses.fr

Dr Donald Prater

Deputy Director, FDA Europe Office
Rue Zinner 13
1000 Brussels
BELGIUM
Tel: +322 811 5733
Donald.Prater@fda.hhs.gov

Dr Masumi Sato

Head, Epidemiological Information Section
Center for Animal Disease Control and Prevention
National Institute of Animal Health
3-1-5 Kannondai Tsukuba, Ibaraki
305-0856 - JAPAN
Tel: (81) 29 838 7804
masumi@affrc.go.jp

Dr Herbert Schneider

Agrivet International Consultants
P.O. Box 178
Windhoek - NAMIBIA
Tel: (264) 61 22 89 09
Fax: (264) 61 23 06 19
herbert@farmhabis.com

Dr Chris Teale

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

OTHER PARTICIPANTS**Dr Awa Aidara Kane**

(Invited but could not attend)
Coordinator, Foodborne and Zoonotic Diseases, Department of Food Safety and Zoonoses, WHO – World Health Organization, 20 avenue Appia
1211 Geneva 27 - SWITZERLAND
Tel: +41 22 791 34 45
Fax: +41 22 791 48 07
aidarakanea@who.int

Dr Patrick Otto

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

Dr Olivier Espeisse

International Federation for Animal Health (IFAH) - 1 rue Defacqz
B-1000 Bruxelles - BELGIUM
Tel: +32-2-541-0111
Fax: +32-2-541-0119
espeisse_olivier@elanco.com

SCAD REPRESENTATIVE**Dr Sergio J. Duffy**

Centro de Estudios Cuantitativos en Sanidad Animal, Facultad de Ciencias Veterinarias, Universidad Nacional de Rosario
Arenales 2303 – 5 piso, 1124 Ciudad Autónoma de Buenos Aires, ARGENTINA
Tel: (54-11) 4824-7165 - sergio.duffy@yahoo.com

OIE HEADQUARTERS**Dr Bernard Vallat**

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

Dr Elisabeth Erlacher-Vindel

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

Dr Karim Ben Jebara

Head of Animal Health Information Department
k.benjebara@oie.int

Dr François Diaz

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

Dr Barbara Freischem

Chargée de mission
Scientific and Technical Department
b.freischem@oie.int

Appendix III

**MEETING OF THE OIE AD HOC GROUP TO SET UP A GLOBAL DATABASE
ON THE USE OF ANTIMICROBIAL AGENTS IN ANIMALS
Paris, 6 - 8 January 2014**

Terms of Reference

- To establish an overall approach to collect and report standardised quantitative data on antimicrobial agents used in animals supporting implementation of Chapter 6.8 of the *Terrestrial Animal Health Code* and 6.4 of the *Aquatic Animal Health Code*.
 - To address recommendation no 7 of the OIE Global Conference on the Responsible and Prudent Use of Antimicrobial Agents for Animals requesting the OIE: “to collect harmonised quantitative data on the use of antimicrobial agents in animals with a view to establish a global database”.
-

**MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF AFRICAN HORSE SICKNESS STATUS OF MEMBER COUNTRIES
Paris, 14 – 15 January 2014**

A meeting of the OIE *ad hoc* Group on the Evaluation of the African Horse Sickness (AHS) Status of Member Countries (hereafter the Group) was held at the OIE Headquarters from 14 to 15 January 2014.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Dietrich Rassow, adviser to the Scientific and Technical Department (STD), welcomed the Group to the second year for the evaluation of AHS status of Member Countries.

Dr Rassow reminded the Group that it was announced at the previous General Session in May 2013 that the deadline for applications by Member Countries for historical freedom from AHS through the short procedure had been extended for another year, expiring at the end of 2013, to allow more time to secure funds and complete the application dossiers.

Dr Rassow mentioned the sixteen Member Country applications received for AHS free status, fifteen of which through the short procedure for historical freedom. He informed the Group that in order to highlight the importance of consistent and thorough disease reporting to the OIE, the OIE took into careful consideration, the data provided to the OIE World Animal Health Information System (WAHIS) and Handistatus, to ensure that there were no discrepancies between the statements of the declaration of AHS historical freedom and those in the OIE database.

Finally, Dr Rassow reminded the Group of the standing OIE policy concerning declaration of interest and confidentiality of information and invited experts to sign the forms provided by the OIE secretariat.

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

The Group was chaired by Dr James MacLachlan and Dr Alf-Eckbert Füssel acted as rapporteur. The Group adopted the proposed agenda.

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

3. Feedback from the Specialist Commissions on the harmonisation of the *Terrestrial Animal Health Code* chapters on African horse sickness, bluetongue and epizootic haemorrhagic disease

The Group was informed on the state of play of the harmonisation of the chapters on African horse sickness, bluetongue and epizootic haemorrhagic disease of the *Terrestrial Animal Health Code (Terrestrial Code)* and on the decision of the Terrestrial Animal Health Standards Commission to send the revised AHS chapter for Member Countries comments and to seek its adoption at the 82nd General Session in May 2014. The Group was invited to read the version of the AHS chapter sent to Member Countries but was reminded that the assessment of the dossiers presented at this meeting for AHS freedom should be assessed only on the basis of the current version of the chapter.

4. Evaluation of requests from Member Countries for recognition of historical freedom from AHS

The Group used the same criteria for evaluating Member Countries for recognition of AHS free status as those used the previous year (2013).

The OIE secretariat had provided a list of applicant Member Countries by OIE region and a map displaying the applicant countries, in advance of the meeting. The OIE secretariat has performed an extensive verification of the statements made by the applicants in their dossiers against the information previously reported to the OIE through Handistatus and the World Animal Health Information System (WAHIS-WAHID), in particular relating to the history of disease reporting and the control measures reported for the past ten years. The Group was informed of the situation for each country.

The Group considered the requirement of disease reporting according to the *Terrestrial Code* and agreed that it was important that the information reported to the OIE through WAHIS be consistent with the historical freedom from AHS.

The approval of the applications with a favourable assessment would be recommended if full and satisfactory data were present in WAHIS/WAHID. For a number of countries, the information requested by the OIE Scientific and Technical Department had not been received at the time of this meeting. The Group agreed that those applications would only be recommended for approval if the requisite information was adequately supplied to the OIE before the next meeting of the Scientific Commission in February 2014.

The Group then proceeded with the evaluation of individual country applications, in the light of the additional information supplied during the meeting, as follows:

4.1. The Americas

One Member Country application for recognition of historical freedom was received by the OIE from the Americas.

The Group noted that Ecuador had no history of AHS outbreaks.

The Group agreed to recommend that Ecuador be included in the List of Member Countries officially recognised free from AHS by the OIE.

4.2. Asia and Pacific

Five Member Country applications for recognition of historical freedom were received by the OIE from Asia and the Pacific.

The Group noted that People's Republic of China (China), Japan, Republic of Korea (Korea) and Thailand had no record of AHS outbreaks. The last outbreak in India was more than 25 years ago, in 1963.

The Group also noted that, according to the most recent information submitted to the OIE, the disease was notifiable in China for the past ten years.

At the same time, the Group acknowledged that Hong Kong and Macau were included in the scope of the application for AHS freedom submitted by China.

The Group agreed to recommend that China, Japan, Korea, India and Thailand be included in the List of Member Countries officially recognised free from AHS by OIE.

4.3. Europe

Five Member Country applications for recognition of historical freedom were received by the OIE from Europe.

The Group noted that these applicant countries had no history of AHS outbreaks.

The Group agreed to recommend that Andorra, Estonia, Greece, Kyrgyzstan and Latvia be included in the List of Member Countries officially recognised free from AHS by the OIE.

4.4. Africa

Two Member Country applications for recognition of historical freedom were received by the OIE from Africa.

The Group assessed the request of these two Member Countries which did not meet the requirements of Article 1.4.6. Point 1a) of the *Terrestrial Code*. The dossiers were referred back to the corresponding Member Countries.

4.5. Middle East

Two Member Country applications for recognition of historical freedom were received by the OIE from the Middle East.

The Group recommended that United Arab Emirates be included into the List of Member Countries officially recognised free from AHS by the OIE on the basis of its declaration for historical freedom.

The Group agreed that the application from the other country did not meet the requirements of Article 1.4.6. Point 1a) of the *Terrestrial Code*. The dossier was referred back to the corresponding Member Country.

All the Member Countries to which the Group recommended to grant an AHS free status are summarised in Appendix III.

5. Evaluation of a request from a Member Country for recognition of AHS free status (other than historical freedom)

The Group assessed the request of a Member Country which did not meet the requirements of Chapter 12.1. of the *Terrestrial Code*. The dossier was referred back to the corresponding Member Country.

6. Other matters

Dr Montserrat Agüero updated the Group with the project of inter-laboratory test as the first step towards an internationally agreed upon and validated polymerase chain reaction (PCR) method for African horse sickness virus (AHSV). The group acknowledged that the process was on-going.

7. Adoption of the report

The Group reviewed and amended the draft report provided by the rapporteur. The Group agreed that the report captured the discussions.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP ON EVALUATION OF
AFRICAN HORSE SICKNESS (AHS) DISEASE STATUS OF MEMBER COUNTRIES
Paris, 14 – 15 January 2014**

Agenda

1. Opening
 2. Adoption of the agenda and appointment of chairperson and rapporteur
 3. Feedback from the Specialist Commissions on the harmonisation of the *Terrestrial Code* chapters on African horse sickness, bluetongue and epizootic haemorrhagic disease
 4. Evaluation of requests from Member Countries for recognition of historical freedom from AHS
 5. Evaluation of a request from a Member Country for recognition of free status
 6. Other matters
 7. Adoption of report
-

Appendix II

**MEETING OF THE OIE AD HOC GROUP ON EVALUATION OF
AFRICAN HORSE SICKNESS (AHS) DISEASE STATUS OF MEMBER COUNTRIES**

Paris, 14 – 15 January 2014

List of participants

MEMBERS

Dr Montserrat Agüero

Ministerio de Agricultura,
Alimentación y Medio Ambiente
S.G. Sanidad e Higiene Animal y
Trazabilidad
LCV-Algete, Ctra. Algete Km 8
28110 Algete (Madrid)
ESPAÑA
Tel: (34 913) 47 92 77
Fax: (34 916) 29 05 98
maguerog@magrama.es

Dr Mehdi El Harrak

Chef Département Virologie, BP
4569,
Avenue Hassan II, km2, Rabat-
Akkari
MOROCCO
Tel.: (212-37) 69.04.54
Fax: (212-37) 69.36.32
elharrak_m@hotmail.com

Dr Alf-Eckbert Füssel

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

Prof. Alan J. Guthrie

Equine Research Centre
Faculty of Veterinary Services
University of Pretoria
Private Bag X04
Onderstepoort 0110
SOUTH AFRICA
Tel: (27-12) 529-8068
Fax: (27-12) 529-8301
alan.guthrie@up.ac.za

Dr James MacLachlan

Department of Pathology,
Microbiology and Immunology
School of Veterinary Medicine
University of California
Davis, California 95616-8739
USA
Tel: (1.530) 754 8125
Fax: (1.530) 752 3349
njmaclachlan@ucdavis.edu

Dr Stéphane Zientara

ANSES/INRA/ENVA
Directeur de l'UMR 1161
23 Avenue du Général de Gaulle
94703 Maisons-Alfort
FRANCE
Tel: (33) 1 43 96 72 80
s.zientara@vet-alfort.fr

SCAD representative

Dr Yong Joo Kim

Senior Researcher
Animal, Plant and Fisheries Quarantine and Inspection Agency
175 Anyang-ro, Manan-gu, Anyang-si, Gyeonggi-do
KOREA (REP. OF)
Tel: (82) 31 463 4554
Fax: (82) 31 463 4565
kyjvet@korea.kr

OIE HEADQUARTERS

Dr Bernard Vallat

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

Dr Elisabeth Erlacher-Vindel

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

Dr Min Kyung Park

Chargée de mission
Scientific and Technical Department
m.park@oie.int

Dr Gregorio José Torres Penalver

Chargé de mission
Scientific and Technical Department
g.torres@oie.int

Dr Laure Weber-Vintzel

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

Appendix III**List of Member Countries for which the Group recommended to grant an AHS free status**

Region	Country
Asia	China (People's Rep. of)
	India
	Japan
	Korea (Rep. of)
	Thailand
Americas	Ecuador
Europe	Andorra
	Estonia
	Greece
	Kyrgyzstan
	Latvia
Middle-East	United Arab Emirates

**JOINT MEETING BETWEEN THE SCIENTIFIC COMMISSION
AND THE CODE COMMISSION
Paris, 14 February 2014**

The Scientific Commission for Animal Diseases (the Scientific Commission) and the Terrestrial Animal Health Standards Commission (the Code Commission) convened a joint meeting chaired by the OIE Director General on Friday 14 February 2014.

The Director General welcomed and thanked both Commissions for their important work in setting OIE standards. He reiterated that close collaboration between the two Commissions is essential for setting science-based quality standards and thus the joint meeting of the two Commissions is very important.

The key issues discussed during the joint meeting are as follows:

1. Proposed inclusion of ‘risk-based surveillance’ as a definition in the Glossary

The President of the Scientific Commission explained that the Scientific Commission and the *ad hoc* Group on Epidemiology had noted that the term is commonly used outside the OIE and decided to seek the Code Commission’s advice on its use in the *Terrestrial Animal Health Code (Terrestrial Code)*. He added that the inclusion of this term in the *Terrestrial Code* might imply several changes to various chapters but it should nevertheless be discussed.

A Code Commission member replied that while the term does not appear in the *Terrestrial Code*, its concept has already been introduced. He suggested that the Code Commission undertakes to consider the use of the term in the course of regular updates of the *Terrestrial Code* chapters and introduce it, if deemed appropriate. The President of the Code Commission stressed that since the concept of surveillance strategies based on risk, or ‘risk-based surveillance’ was already been applied in the *Terrestrial Code*, it is important to give sufficient justification to Member Countries when current text in the *Terrestrial Code* would be replaced by this term, where relevant.

The Scientific Commission supported this approach. The Director General noted that additional definitions, such as ‘passive surveillance’ and ‘active surveillance’ were also needed on surveillance in the *Terrestrial Code*. He also recalled that the OIE guidelines on surveillance, to be published soon, include the concept of ‘risk-based surveillance’ and that these guidelines in the handbook should be used as a basis for both terrestrial and aquatic animal health surveillance.

2. Historical freedom

The President of the Scientific Commission sought clarification from the Code Commission on whether the provisions in Chapter 1.4. with respect to historical freedom would supersede the provisions in disease specific chapters or not, in view of the OIE official status recognition for classical swine fever and African horse sickness.

The Code Commission responded that Article 1.4.6., in particular Article 1.4.6. point 1a, as well as all the horizontal chapters of the *Terrestrial Code* apply unless otherwise specified in disease-specific chapters. The Code Commission agreed to closely check the text for consistency between Chapter 1.4 and disease-specific chapters in this respect.

3. Draft chapter on High health status horses subpopulation

Considering the significant number of comments from Member Countries on this draft chapter, the President of the Scientific Commission suggested that the purpose of this draft chapter be clarified in both Commissions reports. He recalled that the objective was to first agree on the concept of high health status horses by adopting the proposed generic draft chapter, and then to develop subsequent documents, more detailed and specific.

As regards the draft veterinary certificate for high health status horses subpopulation, the Scientific Commission had raised several questions to be addressed by the *ad hoc* Group before circulating it for Member Country comments.

The President of the Code Commission agreed with the Scientific Commission's approach as the decision to first present a concept is similar to the one used for animal welfare (Chapter 7.1.). He also agreed not to circulate the draft certificate, which has not been reviewed by the Code Commission, for Member Country comments at this stage.

The Director General agreed with both Commissions noting that it is important to invite OIE Delegates to discuss the basic concept of the subpopulation at the forthcoming General Session to get green light from the OIE Delegates to adopt the concept and continue with the development of complementary texts.

4. Procedure for reviewing chapters in the *Terrestrial Code*

To expedite the review and adoption of *Terrestrial Code* chapters, the Code Commission proposed that the Scientific and Trade Departments share *ad hoc* Group reports and any relevant documents as soon as available and prior to the Scientific and Code Commission meetings. While retaining that *ad hoc* Group reports should remain confidential and for internal use only until the relevant Commission's review and endorsement, both Commissions agreed to share those reports informally. The Director General suggested that the new Deputy Director General be charged to establish clear procedures for coordination among departments. All *ad hoc* Group and Working Group reports endorsed by the relevant Specialist Commissions must be annexed to the reports of the relevant Specialist Commissions.

The Director General further emphasised that, whenever needed, the specialised Commissions could invite any OIE staff to ease communication and understanding on specific topics. The Code Commission also pointed out that there is a growing demand from Member Countries with respect to justification for decisions made by Commissions and *ad hoc* Groups from transparency point of view. It was emphasised that to be fully accountable, each Commission and *ad hoc* Group should enrich their meeting reports by providing clear and detailed explanation on the rationale for decisions.

5. Foot and mouth disease

The Scientific Commission viewed that Member Country comments referred to the *ad hoc* Group had been addressed. The Code Commission did not see it possible to devote sufficient time for careful review of this chapter, due to the length of the document and the fact that the Code Commission received the revised chapter only after its current meeting had started. It was agreed that the Code Commission would complete the review of the revised chapter at its September 2014 meeting and circulate the revised chapter for Member Countries with a view to adopting it at the General Session in May 2015. To facilitate this review, it was proposed to invite a member of the Scientific Commission to the September meeting of the Code Commission. To ease Member Countries understanding and avoid any confusion, it was also agreed that the Scientific Commission would circulate the report of the FMD *ad hoc* Group as an appendix to its report of the next September 2014 meeting. The draft chapter, after being revised by both Commissions, would be circulated for Member Country comments as part of the report of the September 2014 Code Commission meeting with a view to being proposed for adoption in May 2015.

6. Brucellosis

A member of the Scientific Commission who had attended the *ad hoc* Group meeting explained that the Group had successfully addressed outstanding technical issues in the revised chapter including ones related to surveillance for demonstrating freedom of herds. The Code Commission agreed to undertake the review of the revised chapter in the course of its meeting.

7. Classical swine fever

The Scientific Commission was of the view that the current chapter should remain as it is in view of the first round of official status recognition taking place in 2014/2015 and of further development on the revision of the *Terrestrial Manual* with respect to DIVA vaccine. The Code Commission agreed to review the draft chapter once the pending issues had been addressed by the Scientific and the Biological Standards Commissions.

8. Harmonisation of three vector-borne diseases chapters (African horse sickness, bluetongue and epizootic hemorrhagic disease)

The Scientific Commission recalled that the *ad hoc* Group had reviewed these three chapters with a view to harmonise them but that the degree of harmonisation would depend on specific characteristics of each disease, as indicated in the report of the *ad hoc* Group annexed to the Scientific Commission report in September 2013. The Scientific Commission proposed that the two departments (Scientific and Technical Department and International Trade Department) jointly prepare a detailed comparison among the three chapters in order to facilitate justifications for the changes to be developed by both Commissions in September 2014. The Code Commission agreed with this approach emphasising that the key is to provide Member Countries with clear justification for the decision on the harmonisation of these chapters.

9. Glanders

While endorsing the update of the current chapter in general, the Scientific Commission did not feel comfortable that a decision on the OIE official status recognition has the support from Member Countries and wider stakeholders. It was also noted that the use of diagnostic tests proposed by the *ad hoc* Group should be urgently reviewed by the Biological Standards Commission.

The Code Commission undertook to review the revised chapter depending on time availability since it had received the revised chapter and the report of the *ad hoc* Group after the Commission meeting started.

10. Schmallenberg virus infection

Based on the *ad hoc* Group report, the Scientific Commission concluded that Schmallenberg virus infection does not meet the criteria for being listed. The Code Commission agreed on this conclusion. The Scientific Commission suggested that the OIE consider, at an appropriate timing, replacing the fact sheet currently on the OIE website with the inclusion in the technical disease cards.

The Director General recalled that listing a disease was not only a trade consideration as animal health, public health and wildlife should also be considered.

11. Atypical bovine spongiform encephalopathy

Both Commissions agreed to discuss how to consider atypical bovine spongiform encephalopathy during their joint meeting in September 2014.

12. Ad hoc Groups to be convened

The Scientific Commission explained that meetings of *ad hoc* Groups on tuberculosis and African swine fever (ASF) were scheduled to revise or finalise the revision of the *Terrestrial Code* chapters. The Director General indicated that there was a potential request for official status recognition from ASF by some Member Countries. A Code Commission member stressed the need of updating the ASF chapter given the recent spread of the disease and its trade implications. The Scientific Commission re-iterated that the revision of the chapter has already been scheduled on the programme of the Commission some time ago pending the adoption of the amended chapter on classical swine fever.

Summary of Commission Decisions on *Terrestrial Code* Chapters

Chapter	Status before SCAD meeting	Commission decision
Chapter 1.1. Notification of diseases, infection and infestations	1st round of comments on the revised chapter	Amendments proposed and forwarded to TAHSC Circulation for adoption
Chapter 1.2. Disease Inclusion Criteria	1st round of comments on the revised chapter	Amendments proposed and forwarded to TAHSC Circulation for adoption
Chapter 4.6. Collection and processing of bovine, small ruminants and porcine semen	Comments received on cross references with chapter 8.6	Amendments proposed and forwarded to TAHSC
Chapter 4.X. High Health Status Horses	1st round of comments on the draft chapter	Amendments proposed and forwarded to TAHSC Circulation for adoption
Chapter 6.7. Harmonisation of national antimicrobial resistance surveillance	Additional Member Country comments after adoption in May 2012	Some comments referred to the AHG in the future
Chapter 6.10. Risk Assessment for antimicrobial resistance	2nd round of comments on the revised chapter	Amendments proposed and forwarded to TAHSC Circulation for adoption
Chapter 8.6. Foot And Mouth Disease	1st round of comments on the revised chapter Addressed by AHG	Amendments proposed and forwarded to TAHSC, as well as the AHG report. Included to next SCAD and TAHSC meeting reports
Chapter 8.12. Rift Valley Fever	1st round of comments on the revised chapter	Amendments proposed and forwarded to TAHSC Circulation for adoption
Chapter 8.X. Brucellosis	1st round of comments on the revised chapter Addressed by AHG	Forwarded to TAHSC, as well as the AHG report Circulation for adoption
Chapter 11.8. Contagious Bovine Pleuropneumonia	1st round of comments on the new article on official control programme.	Amendments proposed and forwarded to TAHSC Circulation for adoption
Chapter 12.1. Infection with African Horse Sickness Virus	Adopted in May 12, amended Aug 13 for harmonisation. First round of comments after harmonisation	Amendments proposed and forwarded to TAHSC Circulation for adoption
Chapter 12.10. Glanders	Revised by AHG	Amendments proposed and forwarded to TAHSC and BSC, as well as the AHG report
Chapter 14.8. Peste des Petits Ruminants	Comments received after adoption in 2013	Amendments proposed and forwarded to TAHSC Circulation for adoption
Draft Chapter 15.X. Porcine respiratory and reproductive syndrome (PRRS)	Draft chapter	Amendments proposed and forwarded to TAHSC, as well as both reports of the AHG Circulation for first round of comments
Schmallenberg virus	Request to evaluate the disease for inclusion or not in the OIE List	Report of the AHG and SCAD decision forwarded to TAHSC

AHG = *Ad hoc* Group

SCAD = Scientific Commission for Animal Diseases

TAHSC = Terrestrial Animal Health Standards Commission

BSC = Biological Standard Commission

© **World Organisation for Animal Health (OIE), 2014**

This document has been prepared by specialists convened by the OIE. Pending adoption by the World Assembly of Delegates of the OIE, the views expressed herein can only be construed as those of these specialists.

All OIE publications are protected by international copyright law. Extracts may be copied, reproduced, translated, adapted or published in journals, documents, books, electronic media and any other medium destined for the public, for information, educational or commercial purposes, provided prior written permission has been granted by the OIE.

The designations and denominations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the OIE concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries.

The views expressed in signed articles are solely the responsibility of the authors. The mention of specific companies or products of manufacturers, whether or not these have been patented, does not imply that these have been endorsed or recommended by the OIE in preference to others of a similar nature that are not mentioned.