

72 SG/12/CS3 D

Original: English  
March 2004

**REPORT OF THE MEETING  
OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES  
Paris, 10-11 March 2004**

-----

A meeting of the OIE Scientific Commission for Animal Diseases (Scientific Commission) was held at the OIE Headquarters in Paris, France, from 10 to 11 March 2004. Dr Alejandro Schudel, Head of the OIE Scientific and Technical Department, welcomed the participants on behalf of the OIE and explained the agenda of the meeting.

The list of participants and the agenda are presented as Appendices I and II.

The meeting was chaired by, Prof. Vincenzo Caporale, President of the Scientific Commission and Dr F. Stoessel was designated as rapporteur.

**1. Report of the Ad hoc Group on Foot and Mouth Disease (FMD)**

The Commission reviewed and endorsed the report of the Ad hoc Group on the evaluation of country status with respect to FMD. It also heard the presentations of two countries in support of their applications. The commission decided to recommend to the International Committee in May 2004 that the zones of Sabah and Sarawak of Malaysia be approved as free from FMD without vaccination in accordance with Article 2.1.1.4. of the OIE *Terrestrial Animal Health Code* (the *Terrestrial Code*). Three other countries that were assessed would be asked to provide additional information to be considered by the Ad hoc Group at its next meeting in October/November 2004. One other applicant country would be asked to re-submit its application after all relevant information becomes available.

The Commission shared the serious concerns expressed by the Ad hoc Group over the difficulties encountered in the evaluation of dossiers from countries where vaccination is practised with respect to freedom from infection as opposed to absence of viral activity. The following are the major difficulties encountered and the Commission strongly recommended that the Code Commission and the International Committee be apprised of these difficulties.

In principle, it is statistically impossible for any country applying vaccination to prove “freedom from infection” in countries/zones in the whole population as required by Chapter 2.1.1. of the *Terrestrial Code*. At face value, this would imply proving that there is no infected animal within the entire susceptible population of the country or zone concerned. The only way to do this would be to sample the whole population with a perfect test. This is likely to be logistically and financially impractical. An apparent contrast exists between the *Terrestrial Code* chapter on FMD (2.1.1.) that requires freedom from infection and the new draft guidelines on FMD surveillance (Appendix 3.8.6.) to be submitted to the *International Committee* for adoption in May 2004. The guidelines appear to equate freedom from infection with absence of virus

circulation. This latter approach is supported by the Scientific Commission. It is therefore proposed that countries using vaccination prove absence of viral circulation in the relevant country/zone by showing that infection occurs at a frequency lower than the between-herd and within-herd prevalence adopted in the particular surveillance design:

- Until such time as possible future changes to the *Terrestrial Code* allowing this approach are approved by the International Committee, the Scientific Commission will have to continue to apply the approach outlined above i.e. to ensure that countries prove the absence of virus circulation. However, this recognition would only become official if changes to the *Terrestrial Code* are adopted by the International Committee in May 2005.
- In addition, countries appear to be uncertain on how to follow up the detection of serologically positive animals in surveillance designed to prove absence from infection. In a number of applications only individual serologically positive animals (rather than the whole sampling unit or herd concerned as is clearly required in Appendix 3.8.6.) were re-sampled following a positive result. The Scientific Commission would like to point out to applicant countries that it is vital to show in follow-up testing that the prevalence of positive serology within a sampling unit is no higher than the prevalence rate adopted in the sampling design and has not increased significantly within the same sampling unit since the previous sampling.

## **2. Report of the Ad hoc Group on Bovine Spongiform Encephalopathy (BSE).**

The Commission reviewed the report of the Ad hoc Group responsible for the evaluation of country status with respect to BSE and endorsed its recommendations. The Commission decided to recommend to the International Committee that Argentina, Iceland, Singapore and Uruguay be approved as provisionally free from BSE in accordance with Article 2.3.13.4. of the *Terrestrial Code*. Two other countries which had applied only for the status of “BSE free” have been recommended for the status of “provisionally free”. The final decision of these countries on this issue is awaited by 23 March 2004.

The Commission noted the concerns of the Ad hoc Group over the difficulties encountered in the categorisation of country status and endorsed the following recommendations of the Group to be forwarded to the relevant Specialist Commissions:

### **a) Issues raised during the September 2003 Ad hoc Group Meeting**

- A reasonable period during which measures specified in Article 2.3.13.4. need to have been in place if a category of ‘provisionally free’ is deemed to be necessary, must be specified: Currently the time period is defined only as less than 7 years and could be interpreted as one day or more.
- How the intensity, quality and practical applications of surveillance could influence the prescribed period for which surveillance is undertaken to meet the *Terrestrial Code*’s requirements are not spelt out..
- Guidance on surveillance required for countries with fewer than 500 000 cattle over 30 months of age needs to be provided.
- Necessity to provide a comparable table or guidance (similar to that provided for cattle displaying clinical signs consistent with BSE) for surveillance of the other sub-populations: this recommendation has been specifically addressed by the Ad hoc Group reviewing the BSE Chapter (in Articles 3.8.4.3. and 3.8.4.4. of the proposed new draft Chapter currently with Member Countries for comment).
- Need to provide guidance on the amount of surveillance that might reasonably be expected of a country with an increased level of risk: this recommendation does not yet seem to have been specifically addressed by the Ad hoc Group reviewing the BSE Chapter or by the relevant Commission(s).

- The International Committee must be duly advised that the categorisation of a country is a reflection of the prescriptive current requirements of the *Terrestrial Code*. It does not reflect the actual absence or potential current or future presence of the BSE agent in a particular country. This situation reflects a potential conflict between meeting the provisions of the current BSE Chapter of the *Terrestrial Code* and the likely expectations of Delegates and the International Committee. This recommendation does not yet seem to have been specifically addressed by the Ad hoc Group reviewing the BSE Chapter or by the relevant Commission(s).

**b) Issues raised during the March 2004 Ad hoc Meeting**

- The Group agreed that the simplification of the BSE Chapter of the *Terrestrial Code* proposed for discussion (as currently with Member Countries for comment at the next General Session in May 2004 leading to a text for adoption in May 2005) should, if adopted, help to overcome some of the difficulties that the Ad hoc Group had faced in evaluating country dossiers against the current BSE Chapter of the *Terrestrial Code*.
- The Group supported the proposed nomenclature for the new categories, which provide a more accurate description than that in the current BSE Chapter (e.g. 'negligible risk' is a more accurate descriptor than 'BSE free').
- The Group also supported the approach to have categorisation based on two components - risk assessment and appropriate surveillance programs.
- The Group agreed that a major difficulty faced in evaluating country dossiers against the current BSE Chapter of the *Terrestrial Code* is that the surveillance requirements are in effect uniform and independent of the outcome of the risk assessment. Indeed, the weighting or value given to the outcome of the risk assessment in respect of surveillance requirements is currently less than is merited. Thus at present a country deemed to have a negligible risk of introduction of the BSE agent and/or a negligible risk of recycling and amplification of the BSE agent is faced with meeting the same surveillance requirements as a country that has a higher risk of BSE exposure. The Group agreed that this is fundamentally inequitable. Another issue related to surveillance is that if a country undertakes increased surveillance it should be eligible for recognition as having a 'higher' health status faster than a country that does not undertake additional surveillance. This is a fundamental principle reflected in surveillance guidelines for other diseases but not yet reflected in the surveillance requirements for BSE. The Group recommends that the current Appendix on surveillance be revised to provide clear guidelines on different surveillance requirements for different levels of risk as determined by the risk assessment.

**3. Report of the Ad hoc Group on Rinderpest**

The Commission reviewed the report of the Ad hoc Group on evaluation of country status for rinderpest. It endorsed the recommendations of the Group as regards the evaluation of the country dossiers. In this respect, the Commission decided to recommend to the International Committee that Côte d'Ivoire, Eritrea, Mongolia, a zone in Chad, and the two remaining zones of India, be recognised as free from rinderpest disease in accordance with Appendix 3.8.2. of the *Terrestrial Code*. It also recommended that Thailand be recognised as free from rinderpest infection in accordance with 3.8.2. of the *Terrestrial Code*. The application of two countries, one for country freedom and the other for zone freedom were not approved because of insufficient information being provided.

The Commission noted the observations of the Group regarding proposed amendments to the *Terrestrial Code* Chapter and expressed support for a new definition of rinderpest infection and the two step (as opposed to 3-step) pathway for rinderpest accreditation. However, discussions on the use of vaccines and the concept of zone freedom need to be pursued. In this respect, the Commission recommended that Dr Gavin Thompson be invited to participate in the next meeting of the Ad hoc Group. The proposals of the Group will subsequently be examined by the Scientific Commission and the Terrestrial Animal Health Standards Commission (the Code Commission).

The Commission also reviewed the additional information provided by Mauritania on the results of the sero-surveillance carried out in that country to support absence of rinderpest viral activity and decided to recommend to the International Committee that Mauritania be again recognised as free from rinderpest disease in accordance with Appendix 3.8.2. of the *Terrestrial Code*. Mauritania would be apprised accordingly.

**4. Report of the joint FAO/OIE Technical Advisory Meeting Group Meeting on Accreditation of Freedom from Rinderpest, Beirut, Lebanon**

The Commission noted the recommendations of the meeting especially those related to the proposed changes to be brought to the *Terrestrial Code* Chapter on rinderpest and recognised that these were being taken care of by the Ad hoc Group on rinderpest. It observed that although the changes proposed are only meant to promote trade, countries not yet free from rinderpest face trade difficulties due to the occurrence of other diseases as well. As the trade issue is crucial to countries of the region, OIE Central Bureau will closely monitor developments in that particular field in relation to animal disease control in the region and if necessary, involve the active participation of the Scientific Commission.

**5. Commodity-based Trade**

The Commission discussed a concept paper prepared by a member of the Group. Dr B. Vallat, the OIE Director General was called for further advice and he suggested that a joint meeting be held with the Terrestrial Animal Health Standards Commission (the Code Commission) - as well as the President of the Working Group on food safety - to find ways of making progress on this topic which is extremely important for trade purposes. Dr Vallat proposed that Dr Gavin Thomson participate as a key expert in a seminar where the subject will be discussed in the regional context for Africa and the Middle East to be held soon. He also advised that the inclusion of live animals in the list of commodities would certainly complicate discussions.

**6. Porcine Reproductive and Respiratory Syndrome (PRRS)**

The Commission discussed a concept document written by Dr Ronald Mager on this disease and complimented the author for the very informative paper. It was felt that before referring the paper to the Code Commission certain basic issues dealing with international trade in relation to PRRS should be dealt with. Expert advice on the relevance of the disease to international trade will therefore be sought.

**7. Maedi Visna**

The Commission acknowledged the need to have a basic draft document on the disease and recommended that the matter be referred to the Central Bureau with a request to seek an expert to prepare such a document.

**8. Other matters**

**a) New Resolution for a fast track approach for other diseases**

The Commission noted that it had the authority to adopt the 'fast track approach' to restore the status of a country following an FMD outbreak without going through the International Committee subject to the country providing satisfactory documentary evidence to the Scientific Commission that it can regain its status in accordance with the relevant provisions of the *Terrestrial Code*. The Commission recommended that the International Committee adopt a new Resolution extending that authority under the same conditions to be applied to the other three diseases for which the OIE has the responsibility of assessing country status, namely: rinderpest, BSE and contagious bovine pleuropneumonia (CBPP).

**b) Effective date for country status recognition**

The Commission recognised that official accreditation for disease freedom is mainly awarded annually by the International Committee during the General session in May of every year. Once awarded, the new disease status takes effect as from the day the recommendation is adopted by the International Committee. This tends to penalise countries that submit their applications early to the OIE as some of them may have to wait for almost a year before the new disease status is officially recognised. The Commission will therefore propose in due course a new approach to streamline recognition of country disease status to ensure that all countries are fairly treated.

**c) Report of the meeting of the Ad hoc Group on terrestrial animal disease/ pathogenic agent notification.**

The Commission noted the report of the Ad hoc Group on disease/agent notification which is presented for information at Appendix III and endorsed it. The report will also be submitted to the Code Commission during its next meeting.

**d) Web site**

The Commission approved the design of the Web site for the Commission suggested by the Central Bureau and advised that the Bureau include the relevant information as soon as possible.

---

.../Appendices



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

**Paris, 10-11 March 2004**

---

**Agenda**

1. Report of the Ad hoc Group on Foot and Mouth Disease (FMD)
  2. Report of the Ad hoc Group on Bovine Spongiform Encephalopathy (BSE).
  3. Report of the Ad hoc Group on Rinderpest
  4. Report of the joint FAO/OIE Technical Advisory Meeting Group Meeting on Accreditation of Freedom from Rinderpest, Beirut, Lebanon
  5. Commodity-based Trade
  6. Porcine Reproductive and Respiratory Syndrome (PRRS)
  7. Maedi Visna
  8. Other matters
-





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

**Paris, 10-11 March 2004**

-----  
**List of participants**

**MEMBERS**

---

**Prof. Vincenzo Caporale** (*President*)  
Director  
Istituto Zooprofilattico Sperimentale  
dell'Abruzzo e del Molise 'G. Caporale'  
Via Campo Boario  
64100 Teramo  
ITALY  
Tel: (39.0861) 33 22 33  
Fax: (39.0861) 33 22 51  
E-mail: caporale@izs.it

**Dr Kenichi Sakamoto** (*Vice-President*)  
Chief of Diagnostic Laboratory  
Department of Exotic Diseases Research  
National Institute of Animal Health  
6-20-1 Josui-honcho, Kodaira  
Tokyo, 187-0022  
JAPAN  
Tel: (81-423) 21 14 41  
Fax : (81-423) 25 51 22  
E-mail: skenichi@affrc.go.jp

**Dr Federico Stoessel** (*Secretary General*)  
Section agricole  
Ambassade d'Argentine  
225 avenue Louise  
B.P. 8  
B-1050 Brussels  
BELGIUM  
Tel: (32.2) 640 33 33  
Fax: (32.2) 640 00 08  
E-mail: fstoessel@agricola-ue.org

**Dr Gavin R. Thomson**  
AU-IBAR  
P.O. Box 30786  
Nairobi  
KENYA  
Tel: (254-2) 31 80 85  
Fax: (254-2) 22 65 65  
E-mail: gavin.thomson@oau-ibar.org

**Dr Gideon Brückner**  
Director Veterinary Services  
Agriculture Western Cape  
Private Bag X1  
Elsenburg 7607  
SOUTH AFRICA  
Tel: (27 21) 808 5001  
Fax: (27 21) 808 5000  
E-mail: GideonB@elsenburg.com

**OIE CENTRAL BUREAU**

---

**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  
E-mail: oie@oie.int

**Dr Alejandro Schudel**  
Head, Scientific and Technical Department  
E-mail: a.schudel@oie.int

**Dr Dewan Sibartie**  
Deputy Head, Scientific and Technical Department  
E-mail: d.sibartie@oie.int



**REPORT OF THE MEETING OF THE OIE AD HOC GROUP  
ON TERRESTRIAL ANIMAL DISEASE / PATHOGENIC AGENT NOTIFICATION**

**Paris 18-20 February 2004**

-----

The OIE *ad hoc* Group on terrestrial animal disease/ pathogenic agent notification (“The *ad hoc* Group”) met for the second time at the OIE Headquarters from 18-20 February 2004.

The members of the *ad hoc* Group and other participants are listed in Appendix 1. The terms of reference are given in Appendix 2.

Dr Bernard Vallat, Director-General of the OIE, welcomed the participants and reminded them that their main task was to perfect the criteria for disease listing in time for approval at the General Session in May 2004. The proposals put forward by the Group after its last meeting had been approved by the Scientific Commission and converted into draft OIE *Terrestrial Code* by the Code Commission.

The completion of a final disease list was not the present task of the Group. This would only need to be accepted by the General Session in May 2005. Another task facing the group was responding to Member Country comments on the proposed new *Terrestrial Code* Sections mentioned above; perhaps the Group might then propose further modifications to the *Terrestrial Code*. After this, the Group would be required to tackle any necessary modifications of the OIE reporting and information system.

The meeting agenda (Appendix 3) consisted of three main items:

- Review and answer on Member Country Comments;
- Review and adaptation of reporting forms;
- Proposal of time frequency for reporting.

## **1. Comments by Delegates of Member Countries**

The *ad hoc* Group first reviewed the comments by member countries. A summary of the Group’s discussion outcomes are found in Appendix 4.

In responding to these comments, the Group made some alterations to its original proposals for reporting criteria, and modified the proposed definition of Emerging Diseases. In further considering Members’ concerns, the Group noted the need to re-emphasise to member countries the fact that the new system is based on reporting of disease events or phenomena, rather than on lists of disease names. The fundamental change is a shift to the immediate notification of epidemiological events, including listed diseases, emerging diseases and previously unrecognized diseases.

## **2. Definition of Emerging Diseases**

### *Emerging Disease*

means a new infection resulting from the evolution of an existing pathogen or parasite resulting in a change of host range, vector, pathogenicity or strain; or the occurrence of a previously unrecognized infection or disease.

### 3. Amended criteria for reporting of disease events

The altered criteria are given below:

#### CHAPTER 1.1.3.

#### **NOTIFICATION AND EPIDEMIOLOGICAL INFORMATION**

##### Article 1.1.3.3.

- 1 *notification* from the Delegate of the country by telegram, fax or e-mail, within 24 hours, of any of the following events:
  - a) first occurrence of a listed disease and/or infection in a country or zone/compartiment.
  - b) re-occurrence of a listed disease and/or infection in a country or zone/compartiment following a report by the delegate of the country declaring the outbreak closed.
  - c) first occurrence of a new strain of a pathogen in a country or zone/compartiment.
  - d) a sudden and unexpected increase in the distribution, incidence, morbidity or mortality of a ~~an existing~~ disease prevalent within a country or zone/compartiment.
  - e) *Emerging diseases* with significant morbidity/mortality or zoonotic potential.
  - f) evidence of change in the epidemiology of a listed disease (including host range, pathogenicity, strain) in particular if there is a zoonotic impact.

### 4. Decision-making model for Disease Listing.

After much discussion, the ad hoc Group reaffirmed their previous proposal for a decision-making model for inclusion of diseases in the new unified List.

With respect to the reporting system, it was realized that the present system will continue throughout 2004 and the annual questionnaire for 2004 will still be compiled according to this system. Reporting during 2005 will be according to the new system, if possible. The advent of a new list and the reviewed criteria for disease notification will necessitate a redesign of the existing information system. The unified new List is still to be created according to the newly proposed criteria.

### 5. Reporting Frequency

The flow diagram put forward at the previous meeting detailing how emergency reporting would either close or 'flow' into periodic reporting was affirmed. A system of emergency reporting, periodic reporting and annual reporting was proposed.

As far as possible, reporting would be web-based, and the ad hoc Group felt that the OIE Animal Health Information Department should be mandated to deal with the details of this within the design of the new information system.

A new information system should take full advantage of all the possibilities offered by current information technology. No changes should be implemented until the new system is in place.

## 6. Urgent Reporting of new disease events

Emergency reports (to be called “Urgent Notification of disease or event”) should have the minimum data on disease/event suspected, the location of occurrence, specifying for each location at least the 1st subnational administrative level and ideally also geographic co-ordinates and actions taken. (That is, items 1-16 +24 of present emergency report).

Follow-up reports would contain more data (items 1-24 of the present report) and would be submitted weekly.

Follow-up reports will be submitted weekly until the Delegate notifies the OIE in a final report that:

- (a) the outbreak/disease event is ended, OR
- (b) the situation has become stable in terms of incidence and geographic distribution. Thereafter, updates will be provided in the six monthly report of the OIE listed diseases.

## 7. Periodic Reporting

Periodic reporting was seen to be of two types: six-monthly and annual.

With respect to six-monthly reporting, it was suggested that data should be broken down by month. This would include all diseases on the new List and new disease phenomena. Data should be quantitative if possible (outbreaks & cases per species, etc) for at least each those diseases which are notifiable according to the reporting country’s veterinary legislation. For certain diseases (e.g. FMD, Avian Influenza) – the information is needed by serotype or strain; there is need to distinguish routine controls from disease control responses.

The report would also include control measures applied for each disease, irrespective of its presence during the reporting period.

It was felt that the actual design of the questionnaires and reporting forms could not be dealt with by the ad hoc Group, as this would depend on the final structure of the information system and the outputs that it would be able to produce.

## 8. Annual Reporting

Sending delegates a ‘partially complete’ annual report questionnaire based generated from data already submitted for six-monthly reports will help to reduce errors of transcription and calculation. In a computer-based system, the six-monthly reports would become the template for annual reports.

Data are collected at a high level of geographic detail in emergency and periodic reports. These data will remain in the database for web publication/map generation, but the annual printed report will remain a summary of aggregated data as it is at present.

The changes envisaged to the reporting system give rise to the need to discuss with FAO and WHO the contents of the traditional annual joint questionnaire.

---

**OIE AD HOC GROUP ON  
TERRESTRIAL ANIMAL DISEASE / PATHOGENIC AGENTS NOTIFICATION**

**Paris, 18 – 20 February 2004**

**List of Participants**

**MEMBERS**

**Dr O. Cosivi**

Department of Communicable Disease  
Surveillance and Response  
World Health Organization  
20 Avenue Appia  
CH-1211 Geneva 27  
SWITZERLAND  
Tel : 41- (22) 791 2531/791 3976  
Fax : 41 – (22) 791 4893  
E-mail : cosivio@who.int

**Dr John Edwards**

OIE SEAFMD Project Coordinator  
c/o Faculty of Veterinary Medicine  
Kasetsart University, Chatuchak  
Bangkok 10 900  
THAILAND  
Tel : 66 –(2) 653 4864 / 653 4444 ext.  
1115 / 1722  
Fax : 66 - (2) 653 4904  
E-mail : edwards@seafmd.org

**Dr Pascal Hendriks**

Veterinarian  
Direction Départementale des Services  
Vétérinaires  
1120 route de St-Gilles  
BP 78215  
30942 Nîmes Cedex 9  
FRANCE  
Tel : 33 - (0) 4 66 04 47 21  
Fax :33 - (0) 4 66 04 47 20  
E-mail : pascal.hendriks@agriculture.gouv.fr

**Dr Roger Paskin**

Manager, International Trade Meat Board  
of Namibia  
P.O. Box 38  
Windhoek  
NAMIBIA  
Tel : (264-61) 27 58 42  
Fax : (264-61) 22 83 10  
E-mail : rdpaskin @nammic.com.na

**Prof. Arnon Shimshony**

Former CVO- ProMED Animal Health Moderator  
ProMED  
P.O.B. 31127  
Tel Aviv 61132  
ISRAEL  
Tel : (972-3) 648 15 15  
E-mail : ashimsh@agri.huji.ac.il

**Dr Cristóbal Zepeda Sein**

Coordinator of International Activities  
Centers for Epidemiology & Animal Health, OIE  
Collaborating Centre  
2150 Centre Ave, Building B  
Fort Collins, CO 80526-8117  
UNITED STATES OF AMERICA  
Tel : (1-970) 490 7975  
Fax : (1-970) 494 7294  
E-mail : cristobal.zepeda@aphis.usda.gov

**OTHER PARTICIPANTS**

**Prof Vincenzo Caporale**

*(President of the OIE Scientific  
Commission for Animal diseases)*  
Istituto Zooprofilattico Sperimentale  
dell'Abruzzo e del Molise 'G. Caporale'  
Via Campo Boario  
64100 Teramo  
ITALY  
Tel : (39-0861) 33 22 33  
Fax : (39-0861) 33 22 51  
E-mail : caporale@izs.it

**Dr Barry J. Hill**

*(Vice-President of the OIE Aquatic  
Animal Health Standards Commission)*  
The Centre for Environment, Fisheries and  
Aquaculture Science  
Weymouth Laboratory  
Barrack Road, The Nothe  
Weymouth, Dorset, DT4 8 UB  
UNITED KINGDOM  
Tel : (44-1305) 20.66.26  
Fax : (44-1305) 20.66.27  
E-mail : b.j.hill@cefas.co.uk

**Dr Wolf Arno Valder**

*(Vice-President of the OIE Terrestrial  
Animal Health Standards Commission)*  
Rue Lens 40  
B-1050 Bruxelles  
BELGIUM  
E-mail : wolf-arno.valder@cec.eu.int

**OIE CENTRAL BUREAU**

**Dr Karim Ben Jebara**

Head, Animal Health Information Department  
12 rue de Prony  
75017 Paris  
FRANCE  
Tel : 33 - (0)1 44 15 18 88  
Fax : 33 - (0)1 42 67 09 87  
E-mail : k.benjebara@oie.int

**Dr Daniel Chaisemartin**

Chargé de mission Information Systems  
E-mail : d.chaisemartin@oie.int

**Dr Guillaume Kondolas**

Veterinarian, trainee in the  
Animal Health Information Department  
14 rue de la Merci – Appt. 66  
34000 Montpellier  
FRANCE  
E-mail : gkondolas\_oualybangah@yahoo.fr

**Dr Julio Pinto**

Deputy Head, Animal Health Information Department  
E-mail : j.pinto@oie.int

**Dr David Wilson**

Head, International Trade Department  
E-mail : d.wilson@oie.int

**TERMS OF REFERENCE OF THE AD HOC GROUP ON  
TERRESTRIAL ANIMAL DISEASE / PATHOGENIC AGENTS NOTIFICATION**

**Paris, 18 - 20 February 2004**

---

**Objectives of the Ad hoc Group**

The Ad Hoc Group is kindly requested to help the OIE Central Bureau in developing proposals following Resolutions of the International Committee on a new OIE disease information system. The main expected outputs are the following:

**1. Criteria for notification of diseases or pathogenic agents**

Establish new criteria for notification terrestrial animal diseases or pathogenic agents by Member Countries. The criteria should be scientifically based taking into account the following suggested factors:

- a) The potential for international spread, and
  - b) The significant “socio-economic” implications internationally and /or within a country,
    - The significant impact in international trade irrespective of impact within a country, or
    - The significant impact on animal production (morbidity/mortality) or the environment, within a country or a group of countries; or
  - c) The zoonotic potential (including pathogens which may not always show clinical signs in animals) ; or
  - d) An emerging disease with insufficient information available to address the above criteria but of potentially significant international concern; and
  - e) Freedom or impending freedom from the disease or pathogenic agent is recognised for several countries.
- 2. Based on these criteria, establish a list of new OIE notifiable diseases/ pathogenic agents, to be considered for publication in the *Terrestrial Code***
- 3. New OIE Information System**

***a. Immediate disease or pathogenic agent notification (basis for the OIE future early warning system)***

- Describe criteria for disease/pathogens or epidemiological events to be notified on immediate basis that take into account specific epidemiological situations to be defined. Here below are few examples of suggested criteria:
  - a) The potential for fast and widespread dissemination, irrespective of national borders, either directly or through vectors; and
  - b) The first occurrence of a listed disease / pathogenic agent in a country or zone, or re-occurrence in a country or zone considered free (interval of time to be defined); or

- c) The occurrence of emerging disease / pathogenic agent listed under 1 d); or
  - d) The expected difficulty in diagnosing/controlling/eradicating occurrence of the disease/pathogenic agent; or
  - e) Any new findings which are of exceptional epidemiological significance to other countries or are of veterinary public health concern.
- Following these criteria, determine diseases /pathogens and/or epidemiological events that should be reported on immediate basis and eventually describe criteria for each disease/group of diseases that necessitate such urgent notification.

***b. Regular disease or pathogenic agent notification (basis for the future OIE monitoring system)***

Propose a new system for regular disease or pathogenic agent notification to the OIE that complements A. and define a time frame for such regular notification.

**4. Review and adapt the current OIE reporting forms of Member Countries used for A. and B. above.**

---



**AGENDA OF THE SECOND MEETING OF THE AD HOC GROUP ON  
TERRESTRIAL ANIMAL DISEASE / PATHOGENIC AGENTS NOTIFICATION**

**Paris, 18 - 20 February 2004**

-----

- Review, answer and eventually incorporate comments made by OIE Member Countries on the proposed criteria for the listing of diseases in the OIE list
- Review and adapt the current reporting forms for urgent as well as regular notification to the OIE
- Propose a time frame for diseases or pathogenic agents notification (frequency of periodic reporting), as basis for the future OIE monitoring system

-----

### SUMMARY REPORT OF GROUP DISCUSSION OUTCOMES

1. DG elaborated Group's mandate: emphasis on finalizing listing criteria as first priority.
2. The Group then tackled the issue of country responses and compiled wording, which may be used in addressing concerns expressed by the Delegates. In answering these concerns, the Group noted the need to re-emphasise to member countries the fact that the new system is based on reporting of disease events or phenomena, rather than on lists of names. The fundamental change is a shift to the immediate notification of epidemiological events, including both Listed diseases and new infections possibly unknown prior to the report.
3. The present system continues throughout 2004 and the annual questionnaire for 2004 will still be compiled according to the old system. Reporting during 2005 will be according to the new system, if possible. The advent of a new list and the reviewed criteria for disease notification will necessitate a redesign of the existing information system. The revised unified List is still to be created according to the newly proposed criteria.
4. The comments sent in by the Delegates prompted the Group to revisit a number of issues: the *Terrestrial Code* chapter relating to disease event notification; and the definition of an Emerging Disease.

These modifications are given below:

#### Emerging Disease

means a new infection resulting from the evolution of an existing pathogen or parasite resulting in a change of host range, vector, pathogenicity or strain; or the occurrence of a previously unrecognized infection or disease.

#### CHAPTER 1.1.3.

### NOTIFICATION AND EPIDEMIOLOGICAL INFORMATION

#### Article 1.1.3.3.

- 1 *notification* from the Delegate of the country by telegram, fax or e-mail, within 24 hours, of any of the following events:
  - a) first occurrence of a listed disease and/or infection in a country or zone/compartment.
  - b) re-occurrence of a listed disease and/or infection in a country or zone/compartment following a report by the delegate of the country declaring the outbreak closed.
  - c) first occurrence of a new strain of a pathogen in a country or zone/compartment.
  - d) a sudden and unexpected increase in the distribution, incidence, morbidity or mortality of a ~~an existing~~ disease prevalent within a country or zone/compartment.
  - e) Emerging diseases with significant morbidity/mortality or zoonotic potential.
  - f) evidence of change in the epidemiology of a listed disease (including host range, pathogenicity, strain) in particular if there is a zoonotic impact.
5. The Group affirmed that the decision-making model proposed for the inclusion of diseases on the list was correct.

Appendix 4 (contd)

**6.** The Group then moved to the issue of reporting frequency.

The flow diagram put forward at the previous meeting detailing how emergency reporting would either close or 'flow' into periodic reporting was affirmed. A system of emergency reporting, periodic reporting and annual reporting was proposed.

As far as possible, reporting would be web-based, and the Group felt that the OIE Information Department should be mandated to deal with the details of this within the design of the new information system.

Emergency reports ["Urgent Notification of disease or event"] should have the minimum data on disease/event suspected, the location of occurrence, specifying for each location at least the 1<sup>st</sup> subnational administrative level and ideally also geographic co-ordinates and actions taken. (Items 1-16 +24 of present report).

Follow-up reports would contain more data (items 1-24 of the present report) and would be submitted weekly.

Follow-up reports will be submitted weekly until the Delegate notifies the OIE in a final report that:

- a) the outbreak/disease event is ended, OR
- b) the situation has become stable in terms of incidence and geographic distribution. Thereafter, updates will be provided in the six monthly report of the OIE listed diseases.

Periodic reporting would be on a six-monthly basis. Data should be broken down by month. Info should be quantitative if possible (outbreaks & cases per species, etc) for at least each country's notifiable diseases.

A new information system should take full advantage of all the possibilities offered by current information technology. No changes should be implemented until the new system is in place.

**7.** The Group reviewed the contents of the present Annual Report.

List A diseases – need quantitative info by serotype; need to distinguish routine controls from disease control responses. Need to add symptomatic Rx as a control option.

Sending delegates a 'partially complete' annual report questionnaire based on data already submitted will help to reduce errors of transcription and calculation.

Data are collected at a high level of geographic detail in emergency and periodic reports. These data will remain in the database for web publication/map generation.

The annual report will remain a summary of aggregated data as it is at present.

The changes envisaged to the reporting system give rise to the need to discuss with FAO and WHO the contents of the annual joint questionnaire.

---

**REPORT OF THE FIRST MEETING**  
**Paris 10-12 September 2003**

---

The OIE *ad hoc* Group on terrestrial animal disease/ pathogenic agent notification (“The *ad hoc* Group”) met at the OIE Headquarters from 10-12 September 2003.

Dr Vallat, Director-General of the OIE, welcomed the participants and thanked them for accepting his invitation to be members of the group. He explained that resolutions adopted by the Regional Commissions and by the International Committee instructed the OIE Central Bureau to work on establishing a single list of animal diseases after proposing criteria for inclusion or exclusion of a disease from the list. He asked the Group to propose some modifications to the *Terrestrial Code* Chapter on animal disease notification and epidemiological information.

The *ad hoc Group* considered that there were two main tasks at hand for its first meeting:

- Firstly, the defining of list of specific criteria according to which terrestrial animal diseases would be classified as ‘specific hazards’ in line with WTO SPS terminology and entered in the OIE disease list; and
- Secondly, the definition of a set of criteria according to which the ‘urgency’ of reporting of diseases on the list would be applied. In tandem with this, there would also need to be some re-design of the current reporting system to accommodate the new criteria – this would be handled at a later meeting.

The *ad hoc Group* decided to begin with the first task, i.e. that of defining the properties of diseases/pathogens for inclusion in the list and that urgency of reporting would be dealt with separately.

The *ad hoc Group* drew on existing proposals submitted by member countries and on the work of the Aquatic Diseases Group in determining the criteria. It was decided to avoid the use of “scoring” as this was too subjective and thus open to controversy.

## **1. Criteria**

Criteria were kept to a minimum of easily definable factors. It was reasoned that in considering criteria such as significant spread and zoonotic potential, economic and social issues were being adequately addressed, while the overriding concern would be the potential of a disease for international spread.

The economic impact of a disease is linked directly to its morbidity and mortality. While various economic tools are available for the evaluation of disease impact, these have not been widely enough applied for accurate comparisons to be made between diseases. Mortality and morbidity have, however, been well measured over time.

In terms of the social importance of diseases, their zoonotic effects were considered to be of prime importance. Where diseases disrupt social norms this is once again due to morbidity and mortality.

Further economic effects, such as trade restrictions and the imposition of control measures, are a function of various epidemiologic parameters, such as spread, morbidity, mortality and zoonotic potential.

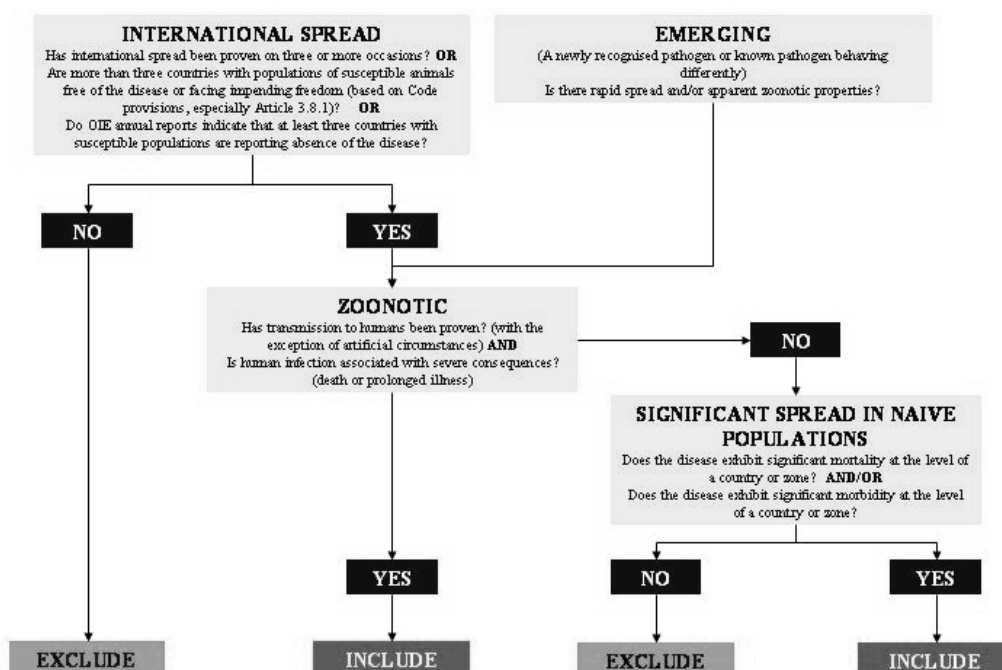
One or more parameters were connected to each criterion; if a disease was in agreement with at least one of the given parameters, then the criterion was considered to be fulfilled. In cases where the ability of a disease to meet a criterion was considered dependent on a variety of circumstances not always directly connected to the properties of the pathogen, the “worst case” scenario was used.

## Appendix 5 (contd)

The criteria proposed are tabulated below.

<b>Basic Criteria</b> (always considering “worst case” scenario)	<b>Parameters</b> (at least one “yes” answer means that the criterion has been met)
<b>International Spread</b>	Has international spread been proven on three or more occasions? <b>OR</b> Are more than three countries with populations of susceptible animals free of the disease or facing impending freedom (based on <i>Terrestrial Code</i> provisions, especially Article 3.8.1)? <b>OR</b> Do OIE annual reports indicate that a significant number of countries with susceptible populations have reported absence of the disease for several consecutive years?
<b>Significant Spread within Naïve Populations</b>	Does the disease exhibit significant mortality at the level of a country or compartment? <b>AND/OR</b> Does the disease exhibit significant morbidity at the level of a country or compartment?
<b>Zoonotic Potential</b>	Has transmission to humans been proven? (with the exception of artificial circumstances) <b>AND</b> Is human infection associated with severe consequences? (death or prolonged illness)
<b>Emerging Diseases</b> (A newly recognised pathogen or known pathogen behaving differently)	Is there rapid spread with morbidity/mortality and/or apparent zoonotic properties?

These criteria are plotted on a “decision tree” as shown below. A disease fulfilling each of the criteria in order from top downward on the tree is included in the list; a disease that does not meet certain key criteria is excluded.



Following the setting of the criteria for the establishment of a new list of OIE diseases, the *ad hoc Group* gave some thought (see tables below) to examples of diseases that may be included. The drawing-up of a final list awaits review by OIE member countries of the abovementioned criteria.

### Testing the Criteria for List Inclusion


A number of diseases were tested against the proposed criteria and their parameters, following the decision tree. Examples are as follows (shaded cells indicate diseases that would qualify for listing on the basis of their international spread and zoonotic potential alone):

#### Current List A Diseases







Criterion	Parameter	FMD	RVF	NCD	VS	SVD
International spread	Proven spread or	+	+	+		+
	3 countries free / impending free or	+	+	+	+	+
	3 countries with disease absence in OIE reports	+	+	+	+	+
Zoonotic potential	Proven transmission to humans and severe consequences		+		-	
Significant spread in naive populations	Significant mortality or	-		+		
	significant morbidity	+		+	+	+
Outcome		Listed	Listed	Listed	Listed	Listed

Criterion	Parameter	Rinderpest	PRP	CBPP	LSD	Bluetongue
International spread	Proven spread or	+	+	+	+	+
	3 countries free / impending free or	+	+	+	+	+
	3 countries with disease absence in OIE reports	+	+	+	+	+
Zoonotic potential	Proven transmission to humans and severe consequences	-	-	-	-	-
Significant spread in naive populations	Significant mortality or	+	+	+	-	+
	significant morbidity	+	+	+	+	+
Outcome		Listed	Listed	Listed	Listed	Listed

## Appendix 5 (contd)

Criterion	Parameter	Sheep + goat pox	AHS	ASF	CSF	HPAI
International spread	Proven spread or	+	+	+	+	+
	3 countries free /impending free or	+	+	+	+	+
	3 countries with disease absence in OIE reports	+	+	+	+	+
Zoonotic potential	Proven transmission to humans and severe consequences	-	-	-	-	+
Significant spread in naive populations	Significant mortality or	+	+	+	+	
	significant morbidity	+	+	+	+	
Outcome		Listed	Listed	Listed	Listed	Listed

*Some Examples of Current List B Diseases*

Criterion	Parameter	Aujesky's	Anthrax	BSE	Pullorum	Campylobact.	Hydatidosis	Horse mange	CEM	Varroasis	Scrapie
International spread	Proven spread or	+	+	+	+	+		+	+	+	+
	3 countries free /impending free or	+	-	+	+	+	+		+	+	+
	3 countries with disease absence in OIE reports	+	+	+	+	+	+	+	+	+	+
Zoonotic potential	Proven transmission to humans and severe consequences	-	+	+	-	-	+	-	-	-	-
Significant Spread in naive populations	Significant mortality or	+			+	-		-	-	+	+
	significant morbidity	+			+	+		+	+	+	+
Outcome		Listed	Listed	Listed	Listed	Listed	Listed	Listed	Listed	Listed	Listed

Some Currently unlisted Diseases

Criterion	Parameter	Hendra/ Nipah	West Nile	BVD	Strangles	Small beehive beetle	Footrot	Listeriosis
International spread	Proven spread or	-	+	+	-	+	-	+
	3 countries free/impending free or	+	+	-	-	+	-	
	3 countries with disease absence in OIE reports	+	+	+	-	+	+	
Zoonotic potential	Proven transmission to humans and severe consequences	+	+	-	-	-	-	+
Significant Spread in naive populations	Significant mortality or			-	-	+	-	
	significant morbidity			+	-	+	-	
Outcome		Listed	Listed	Listed	Not Listed	Listed	Not Listed	Listed

Other pathogens, in particular food borne, will be taken into consideration after consultation with other Working Groups within the OIE.

The *Ad Hoc* Group then proceeded to consider the basic requirements for emergency reporting.

## 2. Emergency Reporting

All events regarded as having an epidemiological significance must be notified immediately to the OIE as laid down in Article 1.1.3.3.1. of the *Terrestrial Code*. The Group proposed six alternative scenarios for an event with epidemiological significance.

These are:

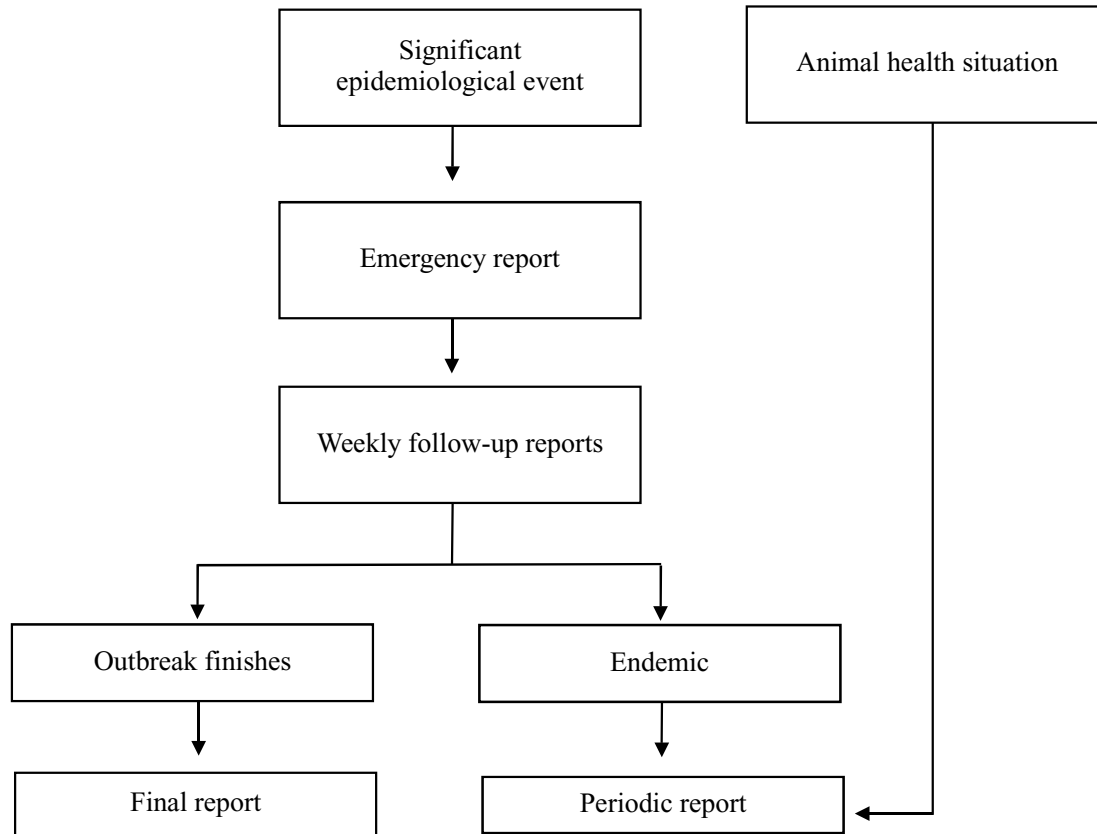
1. First occurrence of a listed disease and/or infection in a country or compartment.
2. Re-occurrence of a listed disease and/or infection in a country or compartment following a report by the delegate of the country declaring the outbreak closed.
3. First occurrence of a new strain of a pathogen in a country or compartment.
4. A sudden and unexpected increase in the morbidity or mortality caused by an existing disease.
5. Emerging diseases with significant morbidity/mortality or zoonotic potential.
6. Evidence of change in the epidemiology of a listed disease (including host range, pathogenicity, strain of causative pathogen) in particular if there is a zoonotic impact.

## 3. Periodic Reporting

Periodic reports are to include information on the situation with respect to all listed diseases, (including events of epidemiological significance as notified in emergency reports) in the relevant country. A flow chart of the disease notification, including both emergency and periodic reports, is presented in page 7. The Group will give further consideration to the frequency of periodic reports at its next meeting.



**DISEASE NOTIFICATION TO THE OIE**





---

© **Office International des Epizooties (OIE), 2004**

This document has been prepared by specialists convened by the OIE. Pending adoption by the International Committee of the OIE, the views expressed herein can only be construed as those of these specialists.

All OIE (World Organisation for Animal Health) 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.