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REPORT OF THE MEETING

OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 9-13 February 2015

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A meeting of the OIE Scientific Commission for Animal Diseases (the Commission) was held at the OIE Headquarters in Paris, France from 9 to 13 February 2015.

Dr Elisabeth Erlacher-Vindel, Deputy Head of the Scientific and Technical Department welcomed the Commission on behalf of Dr Bernard Vallat, Director General of the OIE. Recognising it was the last meeting of the current Commission elected period, she commended the members of the Commission for their commitment in supporting the OIE activities during the last three years.

Dr Gideon Brückner, 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 reviewed the main achievements of the Commission during the last three years and also identified challenges for the future elected Commission. He commended the OIE and the group of experts for the elaboration and publication of the *Guide to Terrestrial Animal health Surveillance*.

The President emphasised the importance of country missions related to official disease status recognition to reinforce the Commission decisions reflecting the transparency and credibility of the process.

In his address to the Commission on the second day of the meeting, the Director General of the OIE, Dr Bernard Vallat, thanked the Commission for its work during the last three years. He briefly outlined the most critical issues to be addressed during the present meeting of the Commission.

The Director General highlighted the importance that some key Member Countries of crucial epidemiological importance submitted dossiers for the OIE official recognition of their national control programme or their disease status. Their example could encourage other important countries to follow similar paths toward disease eradication. He reminded that it would be the first time that Member Country dossiers for classical swine fever status recognition would be evaluated by the Commission. The high number of applications was a clear indication of the Member Countries commitment to confirm or to improve their status with regard to this disease. The Director General also expressed his concerns on the impact of atypical BSE in disease surveillance notification and status recognition and requested the Commission to continue its work, in coordination with the Terrestrial Animal Health Standard Commission (Code Commission), to address this issue.

Finally, the Director General acknowledged the progress made in the development of the concept of High Health Status horse subpopulation and the success on the implementation of the concept in recent international horse events. He informed the Commission that was also envisaged to implement the concept in future very important international horse event including the Olympics Games. He emphasised the relevance of establishing an effective communication strategy with Member Countries and also with the private sector to ensure the correct understanding of the concept in all member Countries.

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 X.X. Infection with porcine and reproductive and respiratory syndrome virus

Considering the technical aspects of the majority of the Member Country comments, the Commission requested the Director General to re-convene the *ad hoc* Group to address these comments.

b) Chapter 4.16. High health status horse subpopulation

Chapter 4.16. was adopted at the 82nd General Session. The Code Commission considered the comments made by Member Countries during the General Session and circulated an amended chapter for Member Country comments in September 2014. The Commission addressed the relevant comments from the document forwarded by the Code Commission.

The Commission reiterated that this chapter was aimed to introduce a general concept and that other documents were being developed in support of this chapter such as the biosecurity and management guidelines, specific health certificate, etc. Therefore, the Commission did not support the request to include more details in this chapter.

The detailed rationale for the Commission's proposed amendments are attached as Annex 3.

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

c) Model veterinary certificate for the international movement of not more than 90 days of high health-high performance horse for competition or races

The Commission also addressed Member Country comments received on the model certificate for international movement of HHP after its September 2014 meeting.

The Commission acknowledged that the model certificate was developed under the concept of high health status horse subpopulation and intended to be used and adapted to Member Country requirements if supported by an appropriate risk assessment. The Commission agreed that the certificate should be included in the *Terrestrial Code* to provide guidance to Member Countries.

The Commission supported the request from several Member Countries for a short explanatory document, summarising the rationale for the inclusion of the selected diseases and the health guarantees mentioned in the certificate.

The Commission reminded that self-declaration is not accepted for AHS as this disease is part of the OIE procedure for official recognition.

The detailed rationale for the Commission's proposed amendments are attached as Annex 4.

d) Chapter 12.10. Glanders

A revised version of Chapter 12.1. was circulated for first round of comments in September 2014. The Commission addressed Member Country comments and sought external expert opinion to respond to the relevant Member Country comments.

The detailed rationale for the Commission's proposed amendments is attached as Annex 5.

The amended chapter addressing Member Country comments 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 the evaluation of foot and mouth disease (FMD) status of Member Countries: 30 September-3 October, 18-20 November 2014 and 27-28 January 2015

The Commission reviewed the recommendations of the *ad hoc* Group that met three times to evaluate Member Country applications for FMD status recognition, the endorsement of official control programmes and to address the comments received from Member Countries after the last circulation of the amended Chapter 8.7. of the *Terrestrial Code* on foot and mouth disease.

- *Evaluation of a request from a Member Country for the status recognition of an FMD free country where vaccination is not practised*

  The Commission agreed with the conclusion of the *ad hoc* Group and recommended that the OIE World Assembly of Delegates (the Assembly) recognise the Philippines as an FMD free country where vaccination is not practised. The Commission reminded that after the recognition of the entire country as free without vaccination, any outbreak in the country would cause the whole country to lose its status unless the country would apply the principles of a containment zone.

- *Evaluation of a request from a Member Country for the redesignation of its FMD free zone*

  The Commission agreed with the conclusion of the *ad hoc* Group and recommended that the Assembly recognise the four zones (Zone 6b, Zone 4a, Zone 3c Maitengwe and a zone composed of Zones 3c (Dukwi), 4b, 5, 6a, 8, 9, 10, 11, 12 and 13) proposed by Botswana as four separate FMD free zones where vaccination is not practised.

- *Evaluation of requests from Member Countries for the status recognition of FMD free zones where vaccination is or is not practised*

  The Commission agreed with the conclusion of the *ad hoc* Group and recommended that the Assembly recognise the zone of Kazakhstan composed of the provinces of Akmola, Aktobe, Atyrau, West Kazakhstan, Karaganda, Kostanay, Mangystau, Pavlodar and North Kazakhstan as an FMD free zone where vaccination is not practised.

  The Commission agreed with the conclusion of the *ad hoc* Group on the application of Ecuador and recommended that the Assembly recognise the Insular Territory of the Galapagos as an FMD free zone where vaccination is not practised and continental Ecuador as an FMD free zone where vaccination is practised.

  The Commission also agreed with the conclusion of the *ad hoc* Group on the application received from one Member Country requesting the recognition of FMD free zones with and without vaccination and from another one requesting the recognition of an FMD free zone with vaccination. The Commission did not recommend that the Assembly recognise those zones as FMD free. Clear indication of the main aspects that should be improved before resubmitting the dossiers would be sent to the applicant Member Countries.

  The Commission emphasised that it is key for countries having an FMD free zone to maintain the effective separation of the susceptible animal sub-populations resident in each zone and in particular on the movement controls of such animals and their products between the infected zone and the free zone.

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

  The Commission was briefed on the outcome of the expert mission carried out in India to assess the compliance of India's disease control programme with the *Terrestrial Code* provisions. The Commission also considered additional information provided by India further to the mission. The Commission concluded that India complied with the requirements of Chapter 8.7. for an endorsed official control programme. The Commission emphasised that to maintain the endorsement of its control programme, India should demonstrate the progress made in the implementation of their programme by submitting the appropriate information in the annual reconfirmation form. The Commission also recommended that an expert mission should be considered in the future to ensure that the appropriate measures remained in place for the maintenance of endorsement.

  The Commission agreed with the conclusion of the *ad hoc* Group on the applications of Member Countries for the endorsement of their official control programmes for FMD. The Commission recommended that the Assembly endorse the official control programmes for FMD of Namibia, the People's Republic of China, India and Venezuela.

  The Commission also agreed with the conclusions of the *ad hoc* Group on the applications submitted by two other Member Countries which did not meet the requirements of the *Terrestrial Code* for the endorsement of their official control programme. Clear indication of the main aspects that should be improved before resubmitting their dossiers would be sent to these applicant Member Countries.

- *Evaluation of the information provided by two Member Countries with regard to the endorsement of their official control programme for FMD*

  Further to the request of the Commission during its September meeting, Algeria and Morocco provided detailed information on how their endorsed control programmes were implemented and adjusted in response to the latest FMD events in the region.

  The Commission electronically reviewed the conclusions of the *ad hoc* Group prior the meeting and decided not to withdraw the endorsement of the official control programmes but strongly recommended to Algeria and Morocco to implement the adjustments suggested by the *ad hoc* Group founded on the experienced gained during the recent events.

- *Review of Member Country comments on the amended Chapter 8.7 foot and mouth disease*

  The amended Chapter 8.7. on FMD was last circulated for comments in September 2014. The Commission reviewed the *ad hoc* Group recommendations in response to Member Country comments.

  The final draft of the amended chapter and related questionnaire together with the rationale for changes were provided to the Code Commission for further processing.

  The detailed rationale for the Commission's proposed amendments is attached as Annex 6.

  The endorsed reports of the *ad hoc* Group are attached as Annex 7, 8 and 9.

b) *Ad hoc* Group on the evaluation of contagious bovine pleuropneumonia (CBPP) status of Member Countries: October-November 2014

The Commission reviewed and endorsed the report of the *ad hoc* Group on the evaluation of the applications from two Member Countries, one for the recognition of a CBPP free status and one for the endorsement of an official control programme for CBPP.

The Commission agreed with the conclusions of the *ad hoc* Group and recommended that the Assembly recognise France as a CBPP free country.

The Commission also concurred with the conclusions of the *ad hoc* Group on the application sent by Namibia and recommended that the Assembly endorse the official control programme for CBPP of Namibia.

The Commission approved the form for the annual reconfirmation of the endorsement of official control programmes proposed by the *ad hoc* Group.

The Commission reminded that the revision of the chapter on CBPP was already on the working plan and agreed that the revision of the disease status questionnaires should be included in the term of references of the next meeting of the *ad hoc* Group on CBPP.

The endorsed *ad hoc* Group report is attached as Annex 10.

c) *Ad hoc* Group on the evaluation of classical swine fever (CSF) status of Member Countries: 3-5 November 2014

The Commission reviewed and endorsed the report of the *ad hoc* Group on the evaluation of the applications from Member Countries for the recognition of CSF free status.

The Commission commended the *ad hoc* Group and the Scientific and Technical Department of the OIE for their effort in evaluating the high number of dossier submitted for evaluation for the first time.

During its meeting, the Commission met a delegation from Mexico that provided clarification on Mexico's application for the recognition of its CSF free status. The Commission extensively discussed the measures implemented, particularly in the south of the country bordering an infected country, with emphasis on the target surveillance strategies to support an early detection system. The Commission was reminded that no new outbreak was reported in Mexico since 2005. The Commission appreciated the information provided by the delegation on the risk mitigation measures implemented in the high risk areas which included surveillance targeting backyard holdings, movement control and evidence of adequate follow up protocol in case of laboratory positive results.

Considering the information included in the dossier, the detailed assessment and recommendations of the *ad hoc* Group and the clarification provided by the delegation of Mexico, the Commission concluded that the dossier of Mexico was compliant with the provisions of Chapter 15.2.

The Commission emphasised the relevance of maintaining the efforts to ensure the maintenance of the status and that in the event of an outbreak, the whole country would lose its free status. The Commission also recommended that an expert mission could be undertaken in the future to ensure the appropriate measures remained in place to guarantee the maintenance of status.

The Commission agreed to recommend that the Assembly recognise the following Member Countries as countries free from CSF:

Australia, Austria, Belgium, Canada, Chile, Finland, France, Hungary, Ireland, Japan, Liechtenstein, Luxembourg, Mexico, the Netherlands, Norway, Portugal, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom and United States of America.

The Commission also recommended that the Assembly recognise the zone of Brazil composed of the States of Rio Grande do Sul and Santa Catarina as a CSF free zone.

The Commission also considered the recommendation of the *ad hoc* Group regarding the application of another Member Country. In addition, as described in the Standard Operating Procedures for the official recognition of disease status, the Commission considered the information available in the public domain that raised some concerns regarding the compliance of this country with the relevant requirements of the *Terrestrial Code*. The Commission concluded that this

Member Country did not meet the requirements to be recognised as free from CSF. A letter specifying the main aspects that should be improved before resubmitting an application would be sent to the applicant Member Country.

The Commission endorsed the form for the annual reconfirmation of CSF status proposed by the *ad hoc* Group.

The Commission also considered the request made by the *ad hoc* Group to clarify some technical terms in the questionnaire. The Commission concluded that the revision of the questionnaires would be undertaken at the next *ad hoc* Group meeting.

The endorsed *ad hoc* Group report is attached as Annex 11.

d) *Ad hoc* Group on the evaluation of bovine spongiform encephalopathy (BSE) risk status of Member Countries: 25-27 November 2014

The Commission reviewed and endorsed the report of the *ad hoc* Group on the evaluation of the applications from Member Countries for the recognition of BSE risk status of Member Countries. The *ad hoc* Group also amended Chapter 11.4. on bovine spongiform encephalopathy to consider the impact of atypical BSE on the countries' BSE risk status and to clarify that the requirements for risk classification only relates to classical BSE.

The Commission recommended that the Assembly recognise the following Member Countries as having a negligible BSE risk: Cyprus, Czech Republic, France, Ireland, Liechtenstein and Switzerland.

The Commission also agreed with the conclusion of the *ad hoc* Group regarding the non-compliance of the application of a Member Country.

In addition the Commission discussed in depth the application from one Member Country and concurred with the *ad hoc* Group that a mission to the country would be recommended to come to an informed decision.

The Commission agreed with the modifications proposed by the ad hoc Group on Chapter 11.4. on BSE to differentiate atypical from classical BSE and to consider the impact of atypical BSE on BSE risk status and on public health.

The Commission acknowledged with appreciation the work done by the *ad hoc* Group to adapt the surveillance system to the current BSE incidence considering the role of both atypical and classical BSE. However, although scientifically robust, this model gave more weight to the surveillance in older animals and allocated higher surveillance points to those countries that focus their surveillance to aged animals. It appeared not to be appropriate to some of OIE Member Countries already recognised as having a controlled or negligible BSE risk status. The Commission concluded that the proposed modification could not be considered at this stage for inclusion in the *Terrestrial Code*.

The Commission suggested that the Biological Standard Commission consider a revision of the BSE chapter of the *Terrestrial Manual* to include the description of the available tests able to discriminate atypical from classical BSE.

The Commission took note of the recommendation of the *ad hoc* Group regarding terminology and agreed that defining technical terms could be beneficial and that it could be done at the next *ad hoc* Group meeting when the revision of the questionnaire would be on the agenda. However, the Commission did not consider that the proposal to translate some technical terms into more languages other than the OIE official languages was a priority.

The amended chapter and the report of the *ad hoc* Group were provided to the Code Commission for further processing.

The endorsed report of the *ad hoc* Group is attached as Annex 12.

e) *Ad hoc* Group on the evaluation of peste des petits ruminants (PPR) status of Member Countries: 16-17 December 2014

The Commission reviewed and endorsed the report of the *ad hoc* Group on the evaluation of the applications from Member Countries for the recognition of PPR free status.

The Commission recommended that the Assembly recognise the following Member Countries as free from PPR: Czech Republic, Mexico, the Philippines and Swaziland.

The Commission also endorsed the *ad hoc* Group´s conclusion on the evaluation of the Namibia´s application for official recognition of a PPR free zone and recommended that the Assembly recognise the zone of Namibia, south of the Cordon Veterinary Fence as a PPR free zone.

The Commission took note of the *ad hoc* Group initiative to amend Chapter 14.7. Considering the recent adoption of the chapter, the Commission concluded that amendments at this time would not be opportune and that proposals for modification would be considered at a later stage.

The endorsed *ad hoc* Group report is attached as Annex 13.

f) *Ad hoc* Group on the evaluation of African horse sickness (AHS) status of Member Countries: 14-15 January 2015

The Commission reviewed and endorsed the report of the *ad hoc* Group on the evaluation of the application from Member Countries for the recognition of AHS free status.

The Commission recommended that the Assembly recognise Morocco as a country free from AHS.

The Commission also endorsed the conclusion of the *ad hoc* Group on the non-compliance with Chapter 12.1. of the application received from a Member Country for the recognition of a zone free from AHS. A letter with clear indications of the main aspects that should be improved before resubmitting an application would be provided to the applicant Member Country.

The Commission discussed the *ad hoc* Group opinion on AHS infectivity and agreed that there was no new data that would justify modification of the currently set infective period of 40 days. The Commission also clarified that AHS virus does not cause persistent infection. This opinion was provided to the Code Commission for consideration.

The endorsed *ad hoc* Group report is attached as Annex 14.

g) Working Group on Wildlife: 4-6 November 2014

The Commission reviewed and endorsed the report of the Working Group and took with appreciation note of the recommendations made by the Group in respect of the tuberculosis diagnostic test for New World camelids and also the zoonoses transmissible from non-human primates as requested by the Commission at the September 2014 meeting. The Commission supported the opinion of the Working Group on the use of diclofenac in livestock and its negative impact on scavenging wild birds.

The Commission considered the proposed definition for "metapopulation" as introduced in the *Terrestrial Code* chapter for African swine fever (ASF) and amended it to read as follows: *"A metapopulation is a group of spatially separated populations of the same species that interact at some level and may consist of several distinct subpopulations within an area of suitable habitat."*

The definition of metapopulation was forwarded to the Code Commission for further consideration when reviewing the ASF chapter and to consider introducing the concept within the Glossary of the *Terrestrial Code*.

The Commission took note of the definition provided by the Working Group for *bushmeat* and acknowledged that there were inconsistencies in the definitions publically available. The Commission discussed the proposed definition of the Working Group but it was considered not to be completely accurate as not all meat from wildlife should be considered as bushmeat. The Commission could not suggest an appropriate definition and acknowledged that the word *bushmeat per se* would continue to be used in its current context.

The Commission endorsed the draft guidelines for wildlife disease surveillance that was prepared by the Group on request of the Commission. The Commission also recognised the work in progress on the scientific paper on rabies and its impact on biodiversity. The Commission suggested that once finalised they should be made available on the OIE web page dedicated to the Working Group on wildlife together with the publication of the workbook on the training of the OIE wildlife focal points.

At its February 2014 meeting, the Commission requested the Working Group to consider the possible impacts of the establishment of Trans-Frontier Conservation Area (TFCA) on country disease status. Following the recommendations of the Group, the Commission concluded that each case should be individually evaluated as the nature of TFCA's varies across country borders.

The Commission endorsed the modification made by the Working Group on Chapter 7.5. of the *Terrestrial Code* intending to provide recommendation for the humane slaughter of reptiles. The chapter was forwarded to the Code Commission for further processing.

The Commission discussed the proposed modification to Chapter 8.7 on FMD, concerning the susceptible species. The Commission disagreed with the proposal to consider the subfamily "*Bovinae"* as it would exclude small ruminants. The Commission concluded to maintain the term "*Ruminantia"* when defining FMD susceptible species.

The Commission was updated on the state of play of the surveillance of influenza in wild birds and acknowledged the publication of a scientific paper on this subject. The Commission emphasised the need for an internationally coordinated targeted cost-efficient surveillance in wild birds following recent outbreaks of H5N8 and also H5N1. The Commission recommended that its concern for such a surveillance programme should be included in the agenda of the next OFFLU meeting in April 2015 and also proposed that a Member of the Commission participate in discussions on this topic by teleconference.

The Commission was informed on the initiative of developing e-learning material to support the OIE wildlife focal point training. The Commission welcomed the initiative but emphasised that it would be important to continue with the current face-to-face training format to maintain the OIE focal points network.

The Commission commended the OIE on the publication of the *OIE Bulletin* on Bee diseases and conveyed its thanks to Dr Francois Diaz for being the driving force behind this special edition of the *Bulletin*.

The Commission reviewed and endorsed the work programme suggested by the Working Group.

The report of the Working Group was endorsed (83 SG/13 GT).

h) *Ad hoc* Group to develop a global database on the use of antimicrobial agents in animals: 10-12 December 2014

The Commission reviewed and endorsed the report of the *ad hoc* Group dedicated to finalise the template and the guidelines to report to the OIE, data on the use of antimicrobial agents in animals and to review the technical comments received on the adopted version of the OIE List of antimicrobial agents of veterinary importance and the technical comments received from some Member Countries on the adopted versions of the *Terrestrial Code* Chapter 6.7. and Chapter 6.10.

The Commission was informed on the state of play of the template and the instructions for reporting the use of antimicrobial agents in animals. The proposed list of antimicrobial agents of veterinary importance was modified further to the comments received from a toxicologist expert.

The Commission was updated on the OIE activities related to antimicrobial resistance on the human-animal interface. It was considered a priority for the OIE in the framework of the Tripartite activities. The three international organisations (WHO, FAO, OIE) agreed, during the last Tripartite meeting, to present a resolution on antimicrobial resistance to their respective Member Countries. The OIE resolution would aim to respect the standards and to enhance the reporting on the use of antimicrobial agents by Member Countries.

Following the adoption of the resolution by the OIE Member Countries during the next General Session, a pilot questionnaire would be proposed to gather data on the quantities and geographical scope of use of the listed antimicrobial agents. It is envisaged to develop an online database to ease the reporting.

The endorsed amended Chapter 6.7. and Chapter 6.10. together with the rationale for changes were provided to the Code Commission for further processing.

The endorsed *ad hoc* Group report is attached as Annex 15.

i) *Ad hoc* Group on notification of animal diseases and pathogenic agents: 6-8 January 2015

The Commission reviewed and endorsed the report of the *ad hoc* Group tasked with the revision and harmonisation of the inclusion and notification of terrestrial and aquatic diseases, infections and infestations in the OIE list.

The Commission agreed with the *ad hoc* Group's proposal to cease requesting information on non-OIE listed diseases in the annual report to be submitted by Member Countries.

The report of the *ad hoc* Group and the amended Chapters 1.1. and 1.2. were provided to the Code Commission for further processing.

The endorsed *ad hoc* Group report is attached as Annex 16.

3.2. Planned *ad hoc* Groups

The Commission recommended the OIE Director General to convene the following *ad hoc* Groups:

a) *Ad hoc* Group on trypanosomiasis,including Surra,to draft a *Terrestrial Code* chapter

b) *Ad hoc* Group on trypanosomiasis transmitted by tsetse flies and by other vectors *Ad hoc* Group to update Chapter 11.12. on Theileriosis

c) *Ad hoc* Group on Lumpy skin disease (caused by group III virus, type Neethling) to update Chapter 11.11. of the *Terrestrial Code*

d) *Ad hoc* Group on prioritisation of diseases for which vaccines could reduce antimicrobial use in animals: 21-23 April

e) *Ad hoc* Group on Antimicrobial resistance: 25-27 August.

f) *Ad hoc* Group on infection with porcine and reproductive and respiratory syndrome virus to address Member Country comments on drafted Chapter X.X.

g) *Ad hoc* Group on Vaccination.

3.3. Programme and priorities

The Commission reviewed and updated the working plan and priorities of the Commission for 2015/2016.

4. Official disease status

4.1. Expert missions by the Commission to Member Countries

a) South Africa FMD follow-up mission: 30 November - 6 December 2014

The Commission was briefed on the main outcomes of the mission carried out in South Africa with the main purpose of assessing the progress made with the implementation of the recommendations following the October 2013 OIE expert mission. The mission reviewed the steps taken for the maintenance of the integrity of the OIE approved free zone without vaccination and the measures applied for separation of subpopulations of animals of different health status.

During the mission, the experts identified some non-compliance aspects that requested immediate actions to reconfirm the recovery of the status. Based on the expert's recommendations, South Africa timely provided an action plan describing all additional measures intended to resolve the non-compliances.

The Commission reviewed the information provided by South Africa and commended the South African authorities for their commitment and efforts in amending the identified shortages. The Commission suggested requesting a follow-up reports describing the level of implementation of the measures described in the action plan. This report should be available to the Commission before next General Session in May 2015. An additional follow-up report should also be submitted for consideration by the Commission during its meeting in September 2015.

b) India FMD: 11-17 January 2015

The Commission was briefed on the main outcomes of the mission carried out in India to verify the compliance of its FMD official control programme for endorsement. See section 3.1.a) of this report.

c) Bolivia and Venezuela FMD: 2015

The Commission discussed and endorsed the itinerary and objectives of the mission, initially planned in April 2015 but postponed to later during the year.

4.2. Annual reconfirmations of official status and update on the web-based tool for annual reconfirmation

The Commission emphasised that Member Countries who were granted disease status recognition should provide annual evidence of their compliance with the provisions of the *Terrestrial Code* for the maintenance of their status. The Commission also reminded that Member Countries applying for the endorsement or reconfirmation of their official control programmes should state their objectives for progressing toward eradication and identify clear indicators and time-lines to assist evaluating annual reports.

The Commission supported the FMD *ad hoc* Group's suggestion to conduct a comprehensive evaluation of selected Member Countries' annual reconfirmation. The Commission would select the countries to be evaluated based on the risk of incursion or circulation of the pathogens but also following a random selection.

The Commission decided that for future meetings, time should be allocated in the agenda of its February meetings, to assess the annual reconfirmations provided by Member Countries for the maintenance of their disease status and the progress of endorsed official control programmes.

The Commission was updated on the progress of the web-based tool for annual reconfirmation.

4.3. Disease status and control programme recognition process

The Commission recognised that there was a need to revise all the questionnaires related to disease status and suggested including this revision in the terms of reference of the *ad hoc* Groups tasked with the evaluation of Member Country disease status applications during 2015.

The Commission also proposed to modify the wording in the article and in the questionnaire related to the endorsement of official control programmes to clearly indicate that Member Countries should provide information not only on the measures implemented in the country, but also to provide a detailed action plan with timelines for progressing towards disease eradication. This was discussed with the Code Commission.

The Commission discussed the need to allow countries to apply emergency vaccination in the face of a threat of imminent FMD virus incursion without affecting their disease status. The Commission decided to include this point in the agenda of the next Commission meeting.

5. FMD and PPR control strategies

5.1. Peste des Petits Ruminants Global Control Strategy

The Commission was updated on the progress made by the PPR Global Framework for the progressive control of Transboundary Animal Diseases (GF-TADS) working group in charge of the development of the Global Strategy for the Control and Eradication of PPR. International experts, representatives of key countries and regional organisations, as well as the OIE and FAO, participated in an expert meeting in October 2014 to discuss the draft outline of the Global Strategy. The discussions were very productive and the GF-TADs PPR working group obtained valuable comments to be considered in the strategy document. It was finally agreed that the Strategy would have three components: 1) PPR control, 2) Veterinary Services, 3) control of other diseases of small ruminants.

The component on PPR control would proceed in four steps:

- Step 1: infected country investigating the PPR situation and its impact;
- Step 2: country implementing a risk-based control programme;
- Step 3: country implementing a country- or zone-wide eradication programme, with possible application for OIE endorsement of its official control programme;
- Step 4: country preparing a dossier for OIE official recognition of freedom (without vaccination).

The Commission was informed that an International Conference on PPR would take place in Abidjan, Cote d'Ivoire, from 31 March to 2 April 2015. In that conference the Global Strategy for the Control and Eradication of PPR developed by the GF-TADs Working Group will be presented. The objectives of the Conference will be that countries and donors support the Strategy and commit themselves to the PPR Global Strategy.

Before that International Conference, an advocacy document (currently being prepared) is to be circulated to major donors and decision makers, in order to prepare and encourage them to make joint specific statements on their potential roles in the implementation of the Global Strategy.

The Commission was also informed that the FAO and the OIE are planning to set up a specific GF-TADs Secretariat that will take charge of a PPR Global Control and Eradication Programme.

5.2. Foot and Mouth Disease Global Control Strategy. Evaluation of the PVM guidelines

The Commission was updated on the progress with the implementation of the FMD Global Control Strategy including the activities under the GF-TADS.

The Commission was informed that regional roadmap meetings were being organised to evaluate the progress of Member Countries on the progressive control pathway (PCP). These meetings were also a good opportunity for Member Countries to exchange information. The role of the established Regional Advisory Groups has been well recognised and accepted by the participants representing their country at the regional roadmap meetings. The positive impact of the regional roadmap meetings was appreciated by the Member Countries, but it would need further investment to ensure sustainability.

The Commission emphasised that in addition to following the steps of the FMD-PCP, Member Countries should remain sensitised on the requirements of the *Terrestrial Code* when progressing on the pathway and eventually applying for endorsement of their control programmes as this assessment would be checked against the requirements of the *Terrestrial Code*.

The Commission reviewed the Post Vaccination Monitoring guidelines and concluded that the document should be reviewed to also reflect other contributing criteria for post vaccine monitoring – notably the role played by the Veterinary Services and the importance of the PVS to assist Member Countries to be better equipped to conduct monitoring. However, the Commission acknowledged and emphasised the need for this work to be published as a matter of urgency and made available to Member Countries in support of the Global FMD control strategy. The Commission agreed that this document could be published under a GF-TADs label.

6. OIE Collaborating Centres

6.1. OIE Collaborating Centre for Training Veterinary Officials and Diagnosing Infectious Animal Diseases and Zoonosis in Tropical Africa and OIE Reference Laboratory for the Control of Veterinary Medicinal Products in Sub-Saharan Africa, Dakar, Senegal

The Commission noted that the OIE Reference Laboratory for the Control of Veterinary Medicinal Products in Sub-Saharan Africa proposed to join the Collaborating Centre for Training Veterinary Officials and Diagnosing Infectious Animal Diseases and Zoonosis in Tropical Africa. The proposal was to create a Collaborating Centre on Training Veterinary Officials, Diagnosing Infectious Animal Diseases and Zoonosis and the Control of Veterinary Medicinal Products in Tropical Africa.

The Commission evaluated the proposal and requested further information from the applicant Member Country before endorsing the proposal:

1. Verification that the application would not overlap with the mandate of the existing Collaborating Centre for Quality Control of Veterinary Vaccines in Ethiopia.
2. Further details on how the new activities would be integrated into the Collaborating Centre,

6.2. Twinning project proposal: Between the USDA, APHIS, Veterinary Services - Center for Epidemiology and Animal Health (CEAH) and the Department of Agriculture, Forestry and Fisheries (DAFF), South Africa, in partnership with the Epidemiology Unit, Faculty of Veterinary Science, University of Pretoria (UP)

The Commission discussed the project proposal and noticed that the twinning project aimed to as the recognition of a Collaborative Centre. However, the Scientific Commission considered that any intended OIE Collaborating Centre should also attend to the regional needs. No such definite indicators were mentioned in the application. The Commission was also concerned that there were already two OIE approved Collaborating Centres within the country with objectives and mandates very similar to the application and reminded that this was in contradiction to existing OIE policy for the establishment of Collaborating Centres in regions. The Commission did not approve the application and requested that the Scientific and Technical Department obtain further clarity from the applicant Member Country and to enquire if the intended training programme can be incorporated into the mandate of the existing Collaborating Centre for "Surveillance and Control of Animal Diseases in Africa" at the Veterinary Research Institute, South Africa.

7. Liaison with other Commissions

7.1. Terrestrial Animal Health Standards Commission

See the report of the both Commissions joint meeting, in annex 17

7.2. Biological Standards Commission

a) FMD serum provision to calibrate diagnostic test

The Commission was informed that the original proposal was still under consideration and that external experts were being consulted.

b) Zoonosis transmissible from non-human primates

The Commission requested that the Biological Standards Commission be informed on the intention of the Wildlife Working Group plans to consult appropriate experts on non-human primate zoonoses to review the material currently in the *Terrestrial Code* and in the *Terrestrial Manual* (See point 3.1).

7.3. Common issues related to several Specialist Commissions

a) Update on the WAHIS harmonisation task

The Commission was informed on the progress made by the OIE Headquarters taskforce, involving the Animal Health Information Department, the International Trade Department and the Scientific and Technical Department, on the harmonisation of the definitions included in WAHIS to facilitate and improve the accuracy of the reporting obligations of Member Countries. The process included harmonisation of the terminology used in WAHIS with those existing in the Glossaries of the Terrestrial and Aquatic Codes. The taskforce was also developing definitions for the terminology not included in the Glossaries.

8. Conferences, workshops, meetings

The Commission was update and discussed the following conferences:

- Information on outcome of the OIE Reference Laboratories Conference. South Korea 14-16 October 2014
- The Growing Threat of Vector-borne Diseases in Humans & Animals white paper. Geneva October 2014 (IFAH)
- Briefing on the outcome of EuFMD Open Session: Croatia 29-31 October 2014
- Joint OIE/FAO workshop on Swine disease control in Asia. Beijing 18-20 November 2014
- Standing Group of Experts on African swine fever, in the Baltic and Eastern Europe region 1-2 December 2014
- Bluetongue conference, Rome, November 2014
- Workshops disease status recognition: Americas, Europe, Africa (2015)
- International Conference on PPR, Abidjan (31 March-2 April 2015)
- Global conference on bio-threat reduction, Paris, June 2015
- Rabies Global Conference. Geneva, 10-11 December 2015

9. Disease specific issues

9.1. Rinderpest: web-based questionnaire for rinderpest virus material

The Commission was informed that, as it was the case in 2014, Member Countries were requested to provide information on the existence of rinderpest virus material through the web-based questionnaire. At the time of the meeting, the response rate was lower than in 2014. The Scientific and Technical Department would follow-up non responding Member Countries in an attempt to increase the number of answers by the 83rd General Session.

9.2. Rinderpest facilities inspections

The Commission was informed on the state of play on the evaluation of the application of establishments with Rinderpest virus material. Two on-site inspections had been carried out with the full support of the hosting Member Country. The inspections were carried out by the same team of experts to ensure consistency, with FAO and the OIE acting as observers. The reports of the inspections would be considered by the Joint Advisory Committee at its next meeting in May 2015.

9.3. Update technical disease card on Porcine Epidemic Diarrhoea (PED)

The Commission concluded that the current technical factsheet does not require updating at this stage.

9.4. International standardisation of tuberculin

The Commission took note of a concern on the quality of the tuberculin for the diagnosis of bovine tuberculosis and the international initiative to standardise the production of tuberculin. The Commission requested to be updated on progress at its September 2015 meeting.

9.5. Crisis Management Centre (CMC) latest and future missions

The Commission was updated on the recent and future mission of the CMC.

10. Any other business

10.1. Bio-threat reduction issues

The Commission was informed on the progress with the organisation of the OIE global conference on bio-threat reduction. The conference would aim to encourage collaboration between the animal and public health and security sectors. The Conference would be hosted in Paris at the end of June 2015.

10.2. Consideration of subject of biofortification

The Commission was informed and took note of interest of the document provided on the biofortification.

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 7-11 September 2015.

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…/Annexes

Annex 1

MEETING OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 9-13 February 2015

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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 X.X. Infection with porcine and reproductive and respiratory syndrome virus

b) Chapter 4.16. High health status horse subpopulation

c) Model veterinary certificate for the international movement of not more than 90 days of s high health-high performance horse for competition or races

d) Chapter 12.10. Glanders

3. *Ad hoc* and Working Groups

3.1. Meeting reports for endorsement

a) *Ad hoc* Group on the evaluation of foot and mouth disease (FMD) status of Member Countries: 30 September-3 October, 18-20 November 2014 and 27-28 January 2015

b) *Ad hoc* Group on the evaluation of contagious bovine pleuropneumonia (CBPP) status of Member Countries: October-November 2014

c) *Ad hoc* Group on the evaluation of classical swine fever (CSF) status of Member Countries: 3-5 November 2014

d) *Ad hoc* Group on the evaluation of bovine spongiform encephalopathy (BSE) risk status of Member Countries: 25-27 November 2014

e) *Ad hoc* Group on the evaluation of peste des petits ruminants (PPR) status of Member Countries: 16-17 December 2014

f) *Ad hoc* Group on the evaluation of African horse sickness (AHS) status of Member Countries: 14-15 January 2015

g) Working Group on Wildlife: 4-6 November 2014

h) *Ad hoc* Group to develop a global database on the use of antimicrobial agents in animals: 10-12 December 2014

i) *Ad hoc* Group on notification of animal diseases and pathogenic agents: 6-8 January 2015

3.2. Planned *ad hoc* Groups

3.3. Programme and priorities

4. Official disease status

4.1. Expert missions by the Commission to Member Countries

a) South Africa FMD follow-up mission: 30 November - 6 December 2014

b) India FMD: 11-17 January 2015

c) Bolivia and Venezuela FMD: 20015

4.2. Annual reconfirmations of official status and update on the web-based tool for annual reconfirmation

4.3. Disease status recognition process

5. FMD and PPR control strategies

5.1. Peste des Petits Ruminants Global Control Strategy

5.2. Foot and Mouth Disease Global Control Strategy. Evaluation of the PVM guidelines

6. OIE Collaborating Centres

6.1. OIE Collaborating Centre for Training Veterinary Officials and Diagnosing Infectious Animal Diseases and Zoonosis in Tropical Africa and OIE Reference Laboratory for the Control of Veterinary Medicinal Products in Sub-Saharan Africa Dakar, Senegal

6.2. Twinning project proposal: Between the USDA, APHIS, Veterinary Services - Center for Epidemiology and Animal Health (CEAH) and the Department of Agriculture, Forestry and Fisheries (DAFF), South Africa, in partnership with the Epidemiology Unit, Faculty of Veterinary Science, University of Pretoria (UP)

7. Liaison with other Commissions

7.1. Terrestrial Animal Health Standards Commission

7.2. Biological Standards Commission

a) FMD serum provision to calibrate diagnostic test

b) Zoonosis transmissible from non-human primates

7.3. Common issues related to several Specialist Commissions

a) Update on the WAHIS harmonisation task

8. Conferences, workshops, meetings

9. Disease specific issues

9.1. Rinderpest: web-based questionnaire for rinderpest virus material

9.2. Rinderpest facilities inspections

9.3. Update technical disease card on Porcine Epidemic Diarrhoea (PED)

9.4. International standardisation of tuberculin

9.5. Crisis Management Centre (CMC) latest and future missions

10. Any other business

10.1. Bio-threat reduction issues

10.2. Consideration of subject of biofortification

11. Adoption of the report

Annex 2

MEETING OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 7-13 February 2015

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Annex 3

Rationale for the amendments to:

CHAPTER 4.16. HIGH HEALTH STATUS HORSE SUBPOPULATION
provided by the Scientific Commission

General comments

In response to a Member Country comment on the travel period, the Commission reminded that, if it fulfils all criteria, the horse would maintain its HHP status during the 90-day travel period, even if the horse returns to the registered high health subpopulation premises of usual residence.

The Commission reiterated as well that the OIE has not the mandate to declare or withdraw compliance of the horses with the HHP concept. It was envisaged that the FEI and IFHA would be responsible for maintaining the HHP database and jointly with the national veterinary authority; they would manage the non-compliance issues.

The Commission reminded that strangles is not included in the OIE List of notifiable diseases but there were specific provision in the *Terrestrial Code* and *Manual* on infection with equid herpesvirus.

With reference to the question related to the risk posed by horses coming from non AHS free countries or zones, the Commission emphasised that the risk mitigation measures included in the certificate for AHS infected countries are based on the provisions of the *Terrestrial Code* (12.1.7).

Article 4.16.1. General provisions

The Commission emphasised that the HHP concept pertained to top level international competitions and all horses participating in such competitions are registered with the respective sport organisations FEI and IFHA. The Commission reiterated that the preventive measures should refer to disease status of the country of usual residence without reference to the region.

Article 4.16.2. Criteria for the inclusion of horses in the high health status subpopulation

The Commission clarified that the references to the health certificate through the chapter referred to the model certificate for HHP horses that were under development and it would be included in the *Terrestrial Code*. Nevertheless the Commission indicated that Member Countries can develop their own certificate considering the provisions of the chapter.

The Commission considered that the provisions of the *Terrestrial Code* should not be too prescriptive and suggested to remove the word ‘continual’ to describe the veterinary supervision whose modalities will be included in the management guidelines. In addition, the Commission accepted another proposal to remove the notion of ‘authorised’ veterinarians.

Article 4.16.3. Recommendations for the Veterinary Authorities

The Commission reminded that the biosecurity plan available were the one developed by the FEI and IFHA.

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Rationale for the amendments to:

Model veterinary certificate for the international movement of not more than 90 days of high health-high performance horse for competition or races

The Commission agreed to add the horse's Unique Equine Life Number in Section II of the certificate, although it was already provided in the horse's passport.

Declaration by certifying official veterinarian

The Commission considered that the precise date of registration and the declaration relating to non-reproduction activities were already provided in section I.5 of the Certificate.

The Commission accepted the proposal to clarify the term "contact" when referring to competition. The Commission was of the opinion that "no contact" implies the separation of HHP from non-HHP horses and details of how this should be implemented in equestrian events were laid down in the Biosecurity guidelines. The Commission proposed a new wording to clarify the provision.

In response to a comment related to premises under official restriction, the Commission indicated that it will be also addressed in the Biosecurity guidelines and the HHP horse will lose its status if its registered premise of residence was put under official restrictions

In response to a Member Country comment related to the 14-day quarantine in a vector protected quarantine station and the training requirements of HHP horses, the Commission reminded that it was the shortest possible time spent in quarantine for AHS (Art 12.1.7). Non-AHS free countries should built a quarantine complex where horses can regularly train, as successfully done in, at least, one African country.

The Commission clarified that the horses should be subjected to indirect fluorescent antibody test OR to competitive ELISA tests for equine piroplasmosis.

The Commission agreed on several proposals from Member Countries that improved the clarity of the text.

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Annex 5

Rationale for the amendments to:

Chapter 12.1 Glanders

The Commission agreed with some Member Countries on the need of expanding Article 1.4.8 on Surveillance to provide guidance to Member Countries on how to conduct surveillance and also on the testing regime to fulfil the respective provisions of in the Chapter.

In response to a Member Country on the addition of a specific requirement for historical freedom, the Commission clarified that Article 1.4.6 by default made provision for historical freedom.

The Commission discussed the time specifications included in several articles in the Chapter. The Commission reminded that there were evidence indicating that the estimated time between the infection and sero-conversion was 21 days.

Article 12.10.1. General provisions

In response to a Member Country comment related to the testing strategy, the Commission reminded that for exporting purposes, serology is requested and not PCR. The diagnostic procedure for animals not showing clinical signs should start with the detection of antibodies by serology. PCR will only be used after a seropositive animal is found.

Article 12.10.2. Country or zone free from *B. mallei*

In response to Member Country comments throughout the chapter on the addition of recommendations on the testing regime to provide freedom following an outbreak, the Commission reminded that Article 12.10.1. follows the structure of all disease-specific chapters of the *Terrestrial Code*. The Commission agreed that it would be necessary to provide guidance on the testing regime in the Article related to surveillance.

With reference to another Member Country's comment on the technical rational supporting the 6-month period, the Commission reminded that it was referring to the incubation period of 6 months which also considered the chronic form of the disease.

Further to a comment requesting the disposal of all infected equids and epidemiological linked contacts, the Commission disagreed with the proposal as the destruction of all epidemiological linked contacts would not be feasible. The Commission acknowledged that a new definition for the term "stamping out" was being proposed by the Code Commission. It was recommended to assess the impact of the newly adopted definition on this article.

Article 12.10.3. Recovery of free status

The Commission agreed with a Member Country comment to include the provision of disease notification to regain freedom.

In response to a request to modify the waiting time for recovery, the Commission reminded that this waiting period was referring to a recovery and not a first recognition of freedom. Other measures are required to ensure that a shorter time is acceptable to recover a suspended status. In case these measures are not correctly implemented, Article 12.10.2. on the recognition of freedom should apply.

The Commission acknowledged that after assigning status of official freedom, testing is no longer required.

Article 12.10.4. Recommendations for importation of equids from countries or zones free from *B. mallei* infection

Further to a Member Country comment, the Commission clarified that, based on the experts' experience, the time between infection and seroconversion is between 7 and 21 days. This time has been extended to 30 days to consider the time needed for the testing and to take in consideration that the test should be carried out as close as possible to the date of export.

Regarding a comment on the control measures to be implemented for a zone, the Commission referred to Chapter 4.3. of the *Terrestrial Code*.

Article 12.10.5. Recommendations for importation of equids from countries or zones considered infected with *B. mallei*

The Commission could not support a Member Country's comment on the mitigation of the risk of importation from an infected country or zone.

The Commission agreed with some Member Countries requesting to harmonise wording and the timing for the sample to be collected before importation. This should occur 10 days prior to shipment.

Article 12.10.6. Recommendations for importation of equine semen and Article 12.10.7. Recommendations for importation of *in vivo* derived equine embryos

The Commission clarified that this article applies to importation from glanders-free countries/zones and from infected countries/zones.

Further to a Member Country's comment, the Commission reminded that in the case of frozen semen, the semen will be processed and stored. If the animal developed antibodies in the following 21 days the semen would be discarded.

The Commission extensively discussed the role of semen in the transmission of *B. mallei* and sought expert opinion in this particular matter. The Commission concluded that even if the bacteria are demonstrated not to be present in the semen, there is a risk of cross contamination during the extraction process. Therefore, the stallion free of glanders should have been kept for a certain time on a glanders free holding.

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Annex 6

Rationale for the amendments to:

CHAPTER 8.7. FOOT AND MOUTH DISEASE provided by the Scientific Commission

To be considered together with the ad hoc Group report (Annex 9)

The Commission discussed the modification of the *Terrestrial Code* concept of containment zone proposed by some Member Countries. The Commission agreed that, under certain conditions, allowing new outbreaks within the containment zone without affecting the status of the rest of the country or zone may be useful in some scenarios. However, the Commission emphasised that it would imply a major modification of the current concept described in the *Terrestrial Code* where a containment zone should only be applied in the event of limited outbreaks. Therefore, it was decided to postpone this discussion for the future.

The Commission concurred with the opinion of the *ad ho*c Group on the modification made on Article 8.7.12. and recommended to clarify the provision by including, when appropriate, that animals were in the establishment since birth.

The Commission evaluated the *ad h*oc Group proposal to amend Article 8.7.22. to consider the risk posed by the presence of African buffalos within the ten-kilometre radius of the establishment. The Commission concurred with the proposal of requesting that, in the presence of African buffalos, the establishment should be a quarantine station.

The Commission discussed the movement of previously vaccinated animals from a free country or zone where vaccination is not practised. The Commission reiterated that only the movement of non-vaccinated animals would be allowed to a free country or zone where vaccination is not practised.

The Commission discussed the procedure for the establishment of a containment zone and clarified that, during the process of establishing the containment zone, the control of movement of commodities, other than animals, should also be in place in the whole country or territory.

The Commission also considered the suggestion made by one Member Country requesting an officially endorsed programme for establishing a FMD free compartment. The Commission reminded that, as defined in the *Glossary* and already clarified in the previous Commission's report, an official control programme does not imply OIE endorsement. In this specific case, the Commission confirmed that the OIE endorsement would not be a requirement.

The Commission discussed the maximum time that the containment zone should be maintained after its establishment. The Commission acknowledged that the establishment of the containment zone was designed as an emergency measure to contain an outbreak in a limited area. Therefore, it was agreed that the containment zone should be in place for a maximum of six months after initial approval.

The Commission also agreed that the recovery procedure should be acceptable only for a limited period of time after the suspension of status. The Commission concluded that if a country, zone or compartment did not apply or recovering within 24 months after suspension, the status will be withdrawn and a new application will be required for recognition of status.

The Commission suggested to the Code Commission that the time limitation proposed for the establishment of containment zone and to the recovery status after suspension may be considered for other diseases with status recognition and could be considered to be included in horizontal chapters.

The Commission agreed with the modification proposed by the *ad hoc* Group on the questionnaire for Member Countries applying for FMD free status where vaccination is not practised.

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Annex 7

Original: English
October 2014

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

Paris, 30 September – 3 October 2014

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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 30 September to 3 October 2014.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Elisabeth Erlacher-Vindel, Deputy Head of the Scientific and Technical Department, welcomed and thanked the Group for its commitment towards the OIE.

Dr Erlacher-Vindel reminded the Group that ten Member Country applications were received for the recognition of FMD free status and endorsement of official control programmes and explained that due to the number of dossiers, an additional meeting was scheduled in November 2014. She stressed the importance and confidentiality of the Member Country applications to be discussed at the meeting.

On Wednesday 1 October, Dr Vallat met the Group and expressed his sincere appreciation of the continuous support provided by the members of the Group on OIE activities. He emphasised the strong efforts made by Member Countries in different regions to control and eradicate FMD and welcomed the dossiers submitted for both the recognition of FMD free status and for the endorsement of official control programmes as a big step towards achieving the ultimate objective of FMD global control. Dr Vallat stressed that the applicant Member Countries should be encouraged to maintain and continue their efforts in FMD prevention and control, and be supported by detailed feedback to further improve their FMD situation. He highlighted the importance of flagship countries with an officially recognised FMD free status in the different regions to motivate neighbouring countries to join forces and collaborate to eradicate FMD.

Finally the Director General reminded the Group to base its evaluation of the applications on its expertise and on the requirements of *Terrestrial Animal Health Code (Terrestrial Code)* to provide the Scientific Commission with recommendations and possible concerns. He also expressed his support to conduct field missions to verify compliance with the requirement of the *Terrestrial Code* and to consider maintenance of previously granted official status, in line with Resolution No. 30 adopted during the 81st General Session.

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

The Group was chaired by Dr Alf-Eckbert Füssel. Dr Wilna Vosloo acted as rapporteur, with the support of the OIE Secretariat. The Group endorsed the proposed agenda.

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

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

- **The Philippines**

The Philippines had progressed towards eradication of FMD through a zoning approach. In 2011, the last three zones of the Philippines were officially recognised as free from FMD without vaccination, in addition to two other zones that received the same status in 2001 and 2002 respectively. Since then, the whole territory of the Philippines had been recognised as free from FMD without vaccination; with the five separate zones covering the whole territory.

In August 2014, the Philippines submitted a dossier seeking official recognition of FMD freedom without vaccination for the whole country.

The Group requested additional information and received clarification from the Philippines.

i. Animal disease reporting

The Group considered that the Philippines had a record of regular and prompt animal disease reporting.

ii. Situation of FMD in the past 12 months

The Group noted that the last outbreak was in 2005 and recalled that the whole territory was covered by the five zones officially free from FMD without vaccination.

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

The Group noted that the last vaccination occurred in 2009. The Group acknowledged that the Philippines had a vaccine bank.

Regarding the entry of animals, the Group noted that the dossier mentioned that the Philippines imports animals only from FMD free countries recognised by the OIE. The Philippines additionally provided the list of exporting countries where live animals and animal products were imported from. The Group concluded that imports to the Philippines were compliant with the *Terrestrial Code*.

iv. Surveillance for FMD and FMDV infection in accordance with Articles 8.7.42. to 8.7.47. and Article 8.7.49.

In addition to provisions for notification, the Philippines had procedures for continuous clinical surveillance although the Group noted that no clinical suspicion requiring laboratory investigation was reported since 2010.

Further to the Group's request, the Philippines provided detailed results of the serological tests to detect antibodies to non-structural proteins (NSP) of FMD virus (FMDV) conducted since 2011, including the number of samples that initially resulted as positive or inconclusive and the diagnostic scheme to rule out FMD. Considering the results, the Group agreed that there was no evidence of FMDV infection.

v. 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 and commended the Philippines on the quality of their emergency plan.

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

Not relevant.

vii. Compliance with the questionnaire in Article 1.6.6.

The Group agreed the submitted dossier was compliant with the questionnaire of Article 1.6.6.

Conclusion

Considering the information submitted in the dossier and the answers from the Philippines to the raised questions, the Group considered that the application was compliant with the requirements of Chapter 8.7. and with the questionnaire in Article 1.6.6. of the *Terrestrial Code*. The Group therefore recommended that the Philippines be recognised as an FMD free country where vaccination is not practiced. The Group noted that an outbreak anywhere in the country would now cause the whole country to lose its status, compared to the situation when they had multiple free zones which, however, were not operated fully independently since 2011.

4. Evaluation of a request from a Member Country for the redesignation of its FMD free zone where vaccination is not practised

- **Botswana**

Botswana currently has a large FMD free zone without vaccination, for which the status was suspended in May 2011 following the incursion of FMDV from a neighbouring country and then reinstated through the establishment of a containment zone in September 2011. The containment zone was lifted in November 2013 and the whole zone regained its previous free status without vaccination. The current zone is composed of the following veterinary zones: 3c, 4a, 4b, 5, 6, 8, 9, 10, 11, 12, and 13.

In August 2014, considering the continuous threat of FMDV incursion, Botswana applied to

- subdivide the large zone into four standalone FMD free zones, so that Zone 3c (Maitengwe), Zone 4a and Zone 6b be three zones separated from a larger zone composed of Zones 3c (Dukwi), 4b, 5, 6a, 8, 9, 10, 11, 12, 13. Zones 6a and 6b would be subdivisions of the current Zone 6;

- apply vaccination in Zone 6b as soon as possible and to seek for an FMD free status with vaccination in that zone.

The dossier also mentioned the establishment of protection zones.

The Group had technical concerns regarding the proposal for vaccination in Zone 6b as soon as possible to protect Botswana from possible incursion of FMD and the current official FMD free status without vaccination of the non-subdivided zone, while agreeing that the proposal was sensible and commendable. The Group noted the absence of specific recommendations in the *Terrestrial Code* for countries or zones free without vaccination wishing to convert to freedom with vaccination. The timeline for approval by the World Assembly was also considered, with respect to the new threat which would have requested an emergency response.

According to Chapter 8.7. of the *Terrestrial Code*, a country or zone wishing to be recognised free with vaccination should provide evidence that effective routine vaccination was in place before the Scientific Commission's assessment. The Group considered that the status of an FMD free country or zone without vaccination would be suspended if vaccination was applied, even if applied only in a small zone in response to an identified threat. Finally the Group was concerned that the sub-division of the large zone would not be effective before adoption by Resolution during the next General Session in May 2015. The Group concluded that the only administrative solution for Botswana would be to first subdivide the large zone free without vaccination into four zones free without vaccination and declare the establishment of the new protection zones. Once the new zoning is officially recognised in May 2015, vaccination in Zone 6b could be applied and then freedom with vaccination for the zone could be sought at the following General Session in May 2016. The Group's interpretation of the *Terrestrial Code* was that vaccination in an FMD free zone without vaccination would cause the suspension of the status of the recognised zone. If this approach was to be chosen, the Group would recommend Botswana to implement the zoning as soon as possible in order to deal with any possible incursion before the next General Session, by emergency vaccination and the establishment of a containment zone. This would be supported by the prior implementation of the declared protection zone.

The Group clarified that it could only evaluate the re-designation of the current free zone without vaccination in four different zones without vaccination, without considering the implementation of vaccination in one of the four zones. Botswana accepted this position and clarified that the vaccination would not be applied in the Zone 6b.

For a detailed analysis, the Group requested additional information and received clarification from Botswana.

i. Animal disease reporting

The Group considered that Botswana had a record of regular and prompt animal disease reporting.

ii. Situation of FMD in the past 12 months

The Group acknowledged that the four proposed free zones were free from FMD infection for the past 12 months and were part of the larger zone which was officially recognised free without vaccination for several years.

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

The Group acknowledged that no vaccination was conducted and no vaccinated animals were introduced into any of the four proposed free zones for the past 12 months.

iv. Surveillance for FMD and FMDV infection in accordance with Articles 8.7.42. to 8.7.47. and Article 8.7.49.

Further to the Group's request, Botswana provided additional information to substantiate the absence of infection. The Group noted the apparent low specificity of the liquid phase blocking ELISA test, and requested further clarification on serological results. The Group considered the protocol to follow-up seropositive results satisfactory.

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

Botswana confirmed that the boundaries of the four separate zones were clearly established and fenced; most of them had been in place for several years but one fence was recently built to separate Zone 6b from Zone 6a. The representative of the Scientific Commission confirmed that the mission conducted in October/November 2013 visited the construction area of the fence and most of it was already built. At the time of the meeting, the dossier indicated that all the borders of the proposed free zones were fenced.

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

The Group noted the proposal to create a contiguous strip of seven protection zones to protect the larger proposed zone free without vaccination from neighbouring countries and zones infected with FMD. Each protection zone is delimited by existing animal fences.

The Group took note that:

- Four protection zones would be established in the infected area: vaccination would be applied to three of these zones as a measure to protect the larger zone.

- Three protection zones would be comprised of territories within the current free zone without vaccination: two proposed free zones without vaccination and Zone 6b currently free without vaccination in which application of vaccination is planned as mentioned above.

Despite the complexity of the proposal, the Group acknowledged it as appropriate considering the epidemiological situation.

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

Implementation of fenced protection zones was indicated as the major action to prevent the entry of the virus. See above.

ix. Compliance with the questionnaire in Article 1.6.6.

The Group agreed that the dossier was not fully compliant with the questionnaire in Article 1.6.6. However, with regard to the fact that no additional area was requested for an official FMD status recognition and the request was to subdivide an existing OIE FMD free zone, the Group considered that this point was not critical.

Conclusion

Despite the complexity of the proposal and the difficulty to implement it in compliance with the *Terrestrial Code*, the Group acknowledged that it was appropriate considering the epidemiological situation.

The Group finally considered that the application was compliant with the requirements of Chapter 8.7. of the *Terrestrial Code* and therefore recommended that the four zones of Botswana be recognised as FMD free zones where vaccination is not practiced.

The Group also took note that more scenarios involving vaccination may need to be considered by the *Terrestrial Code* in future.

5. Evaluation of a request from a Member Country for the status recognition of two FMD free zones where vaccination is or is not practised

a. Ecuador

Ecuador's official control programme for FMD was endorsed by the OIE in May 2014. In August 2014, Ecuador submitted an application to be recognised as a country with two zones: one zone covering the Galapagos Islands to be recognised as free from FMD without vaccination and one zone covering the continental part of Ecuador to be recognised free from FMD with vaccination. These two zones cover the entire territory of Ecuador.

The Group requested additional information and received clarification from Ecuador.

i. Animal disease reporting

The Group considered that Ecuador had 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 occurred in 1997 in the Galapagos Islands, and in 2011 in continental Ecuador.

iii. Vaccination

The Group acknowledged that vaccination had never been used in the Galapagos Islands and that the entry of vaccines for animals had been prohibited since 1999. In addition, the dossier provided enough assurance that vaccinated animals did not enter the Galapagos Islands in the past 12 months. The Group concluded that the Galapagos Islands were compliant with the requirements related to the absence of vaccination of the *Terrestrial Code* for an FMD free zone without vaccination.

Regarding continental Ecuador, the Group considered the number of vaccinated animals and requested clarification on vaccination coverage. It was not clear in the dossier whether or not the young animals received a booster one month after the first vaccination.

Upon the Group's request, Ecuador provided more information on how vaccination immunity was determined. The Group noted that all the animals present on the farm were vaccinated, according to the indicated strategy. Immunity was then evaluated from vaccinated farms. This did not allow the Authorities to check that all of the animals were presented for vaccination or to measure overall population immunity. The Group highlighted the need for Ecuador to improve the system for animal identification and registration.

The Group noted that the vaccine used in the continental Ecuador was an inactivated bivalent vaccine (subtype O1 Campos and A 24 Cruzeiro) and acknowledged that the vaccine used was compliant with the requirements of the *Terrestrial Manual*.

The Group concluded that continental Ecuador complied with the requirements related to vaccination of the *Terrestrial Code* for an FMD free zone with vaccination.

iv. Surveillance for FMD and FMDV infection/circulation in accordance with Articles 8.7.42. to 8.7.47. and Article 8.7.49.

The Group appreciated the follow-up of seropositive animals and the way the results were presented. The Group agreed that the results of the surveillance conducted in continental Ecuador were compliant with the vaccination history of the country and substantiated absence of FMDV circulation. In addition, the Group concluded that the surveillance conducted in the Galapagos Islands substantiated absence of FMDV infection.

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

The Group was uncertain of the Veterinary Authority responsible in the Galapagos Islands, in particular the Authority in charge of notification, surveillance, movement control of animals and action in case of FMDV incursion. The dossier described an Authority placed under the auspices of the Ministry of the Environment but not under those of the Ministry of Agriculture. Ecuador further clarified that the only Sanitary Authority regarding animal and plant health, officially recognised at national and international level in Ecuador (continental and Galapagos Islands), was AGROCALIDAD. Ecuador indicated that the Agency for Regulation and Control Biosecurity and Quarantine for Galapagos (ABG), is the local institution for the Galapagos Islands, under the Ministry of Environment, applying the regulation and control activities according to the technical guidelines issued by AGROCALIDAD for monitoring, mobilisation control and eradication of diseases in terrestrial animals. Ecuador further clarified that the ABG works under the guidance and coordination of AGROCALIDAD.

Ecuador clarified that the provided contingency plan covers continental Ecuador and the Galapagos Islands and further confirmed that the guidelines and rules in case of a health emergency were also applied in the Island Territory of Galapagos.

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

vi. Description of the boundaries of the proposed free zone

The Group agreed that the boundaries of the proposed free zones were geographical barriers: the Pacific Ocean, and national boundaries.

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

Not relevant

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

The dossier provided evidence, which included a copy of the legislation prohibiting the introduction of animals into the Galapagos Islands, and the system for preventing the introduction of the virus. In addition, the import rules described in the dossier were compliant with the *Terrestrial Code*.

ix. Compliance with the questionnaire in Article 1.6.6.

The Group noted with appreciation the clarity and completeness of the dossier and agreed that the dossier was compliant with the questionnaire in Article 1.6.6.

Conclusion

The Group considered that the application was compliant with the requirements of Chapter 8.7. and with the questionnaire in Article 1.6.6. of the *Terrestrial Code*. The Group therefore recommended that the Galapagos Islands be recognised as an FMD free zone where vaccination is not practised and that continental Ecuador be recognised as an FMD free zone where vaccination is practised.

The Group noted that as soon as the whole territory of Ecuador would be recognised as free from FMD, Ecuador would no longer have to submit the annual reconfirmation for the endorsement of its official control programme.

b. Other applications

The Group evaluated the applications received from two Member Countries, both requesting the recognition of free zones with and without vaccination. The Group welcomed the involvement of these two countries with regard to FMD control and eradication.

However, for both countries, the Group concluded that the applications for the proposed FMD free zones with vaccination did not meet the requirements of Article 8.7.5. of the *Terrestrial Code*. The Group postponed its decision for the applications regarding the proposed free zones without vaccination to its next meeting in November 2014.

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

The Group assessed the request of two Member Countries for the endorsement of their official control programme for FMD. The Group requested additional information from the applicant Member Countries for an informed assessment to be finalised at its next meeting in November 2014. The conclusion of these assessments will therefore be presented in the report of next *ad hoc* Group meeting.

7. 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.

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…/Appendices

Appendix I

MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE (FMD) STATUS OF MEMBER COUNTRIES
Paris, 30 September – 3 October 2014

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Draft agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Evaluation of a request from a Member Country for the status recognition of new FMD free country where vaccination is not practised
    - Philippines
4. Evaluation of a request from a Member Country for the redesignation of its FMD free zone where vaccination is not practised
    - Botswana
5. Evaluation of a request from a Member Country for the status recognition of two FMD free zones where vaccination is or is not practised
    - Ecuador
    - Other applications
6. Evaluation of requests from Member Countries for endorsement of official control programme for FMD
7. Adoption of report

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Appendix II

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

Paris, 30 September – 3 October 2014

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Annex 8

Original: English
November 2014

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

Paris, 18-20 November 2014

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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 18 to 20 November 2014.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Brian Evans, the OIE Deputy Director General and Head of Scientific and Technical Department, welcomed and thanked the Group for its commitment towards the OIE and for the huge work done not only during the meeting but also prior to the meeting reviewing all applications from applicant Member Countries.

He introduced Dr Kazutoshi Matsuo who recently joined the Scientific and Technical Department to work on the activities related to official disease status recognition.

Dr Evans highlighted the considerable involvement and commitment of the Scientific Commission for Animal Diseases (hereafter the Scientific Commission) while mentioning the three missions to Member Countries that were planned before the upcoming General Session in order to assist and meet the expectations of Member Countries at the national and regional level. He also emphasised the accountability of the experts in charge of the evaluation of the applications and that the procedures should be consistently applied in a transparent manner and well-grounded with the Resolutions adopted by the World Assembly of Delegates.

Dr Evans informed the Group that a series of workshops would be conducted in the following two years in each of the OIE regions in order to provide training for Member Countries on the key elements to consider when preparing a dossier for official recognition of disease or risk status and on how to structure the dossiers. The intent of these workshops would be to assist Member Countries in the preparation of applications based on the common vulnerabilities and repetitive questions referred back to the applicant Member Countries from the Group. These elements would be considered when preparing the agenda and would serve as an essential technical support of these workshops.

Dr Evans encouraged the Group to continue providing detailed feedback to all countries, but particularly to those countries with a negative output on the identified gaps and points for improvement. He also mentioned the importance of informative feedback and encouragement particularly to those countries applying for an endorsement of national control programmes in continuing eventual achievement of an FMD free status.

On Thursday 20 October, Dr Vallat joined the Group and expressed his appreciation for all the hard work and efforts of the Group with regard to evaluation of Member Countries' dossiers.

Dr Vallat reminded the Group of the importance of the procedure for official recognition of FMD freedom and endorsement of official control programmes for FMD in the framework of the Global Strategy for FMD Control. He mentioned the applications received from the Member Countries and highlighted them as a major step in the progress to control FMD as well as other animal diseases in their regions. He reminded the Group of the three main concepts of endorsement of official control programmes: to help Member Countries to adopt relevant strategies compliant with the OIE Standards, to allow Veterinary Services to be recognised by their government and to obtain recognition, commitment and resources and, for poorest countries, to obtain

resources from donors. He stressed the importance of the Group and the Scientific Commission to provide informative feedback to the applicant Member Countries to encourage their efforts and continuous cooperation in respecting the international standards and procedures set and recognised by the international community.

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

The Group was chaired by Dr Alf-Eckbert Füssel. Dr Wilna Vosloo acted as rapporteur, with the support of the OIE Secretariat. The Group endorsed the proposed agenda.

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

3. Evaluation of requests from Member Countries for the status recognition of several FMD free zones where vaccination is or is not practised

a) Member Country requests

The Group assessed the request of two Member Countries for recognition of FMD free zones where vaccination is not practised and considered that the dossiers did not meet the requirements of the *Terrestrial Animal Health Code (Terrestrial Code)*.

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

a) Namibia

The Group recalled that Namibia has an FMD free zone without vaccination recognised by the OIE since May 1997. The Veterinary Cordon Fence separated the recognised zone free without vaccination in the south and a zone without status in the north.

The Group appreciated the well prepared, clear and concise dossier provided by Namibia. The Group was pleased to work through such a high quality document and to see a well-thought through and considerate approach.

The Group requested additional information and received clarification from Namibia.

i. Capacity of the Veterinary Services to control FMD

The Group noted the substantial resources and the legislation in place to implement the proposed programme.

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

Considering that the zone south of the Cordon Veterinary Fence had been officially FMD free without vaccination since 1997, the official control programme was mainly focused on the remaining part of Namibia where the zoning approach would be further developed as Namibia was planning to propose another FMD free zone without vaccination in the future. However, the dossier provided evidence that the official control programme was considering the whole territory of Namibia.

iii. Animal disease reporting

The Group considered that Namibia had a record of regular and prompt animal disease reporting.

iv. Epidemiology of FMD in the country

The Group agreed that the Namibian Veterinary Services had good knowledge of the epidemiology of FMD in its country. The Group acknowledged the use of cattle as sentinels in quarantine facilities for small ruminants. However, the Group mentioned that goats tend to stay separate from cattle, and if the kraal is large, contact at night would also be limited. In addition, the Group referred to the experience in a neighbouring country showing that transmission from small stock to cattle was rare. The Group therefore recommended Namibia to test some of the small ruminants and to make sure that close contact was achieved between the sentinel cattle and small ruminants.

Namibia further provided the reports of the last serological surveys that were conducted in the protection zone, as well as clarification on the design of the survey and on the tests used.

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

The Group requested more information on the size and depth of Kavango and Kunene rivers at the border with a neighbouring country, and the Group was assured that they could be considered as geographical barriers.

The Group requested additional information on the risk mitigation measures in place considering the large numbers of Namibian cattle grazing in this neighbouring country to ensure the absence of FMDV infection of these cattle returning to Namibia. Namibia clarified that most of the Namibian cattle grazing in this neighbouring country were resident in that country and were only brought back into Namibia for specific reasons: vaccination campaigns (they would be inspected by Official Veterinarian, and participate in the FMD sero-surveys), for home slaughter or during the planting season to provide draught power (the animals were allowed to re-enter through designated points where they would be subject to clinical inspection). Namibia further clarified that Veterinary officials on either side of the border were in constant contact and exchanged information on disease occurrence and that annual bilateral meetings were held between the Veterinary Authorities of the two countries to harmonise surveillance activities. The Group noted that FMD was not detected in the southern part of the neighbouring country for a number of decades.

Acknowledging the important density of population of cattle and pigs north to the Veterinary Cordon Fence in comparison with the density south to the fence, the Group wondered, with reference to Annex 7, whether the Veterinary Cordon Fence would be maintained between the proposed protection zone and the currently recognised FMD free zone, although the restrictions were indicated to be removed in 2019/2020. Namibia further clarified that the Veterinary Cordon Fence would be maintained after 2019 to facilitate the management of any future FMD outbreaks, as it was already done for a series of fences maintained inside the current FMD free zone and used as contingency fences to better control movements.

The Group noted the important investment of Namibia to control and eradicate FMD and CBPP, including the increase of human resources and the capacity building. The Group was of the opinion that the official control programme presented for endorsement could not be sustainable without this investment.

vi. FMD surveillance

The Group had some concerns on the follow-up of NSP seropositive results. The Group was of the opinion that the 2% sero-positive rate in the 886 cattle mentioned in Table 5 (page 38) should not have been discarded, given that the same NSP test had no reactors within an even larger cattle population (1262 samples). The follow-up of NSP positive reactors, to determine the animals as potentially infected or previously infected, should be addressed in the future through further action in the field; especially once Namibia wants to prove freedom from infection for official recognition by the OIE.

In addition, one of the flawed assumptions in the report was that, if the animals in contact gave the same prevalence of reactors as the primary sample, there was no virus circulation. It may show the current absence of virus circulation but could indicate previous virus circulation, which would be important for Namibia to consider when applying for freedom without vaccination in the protection zone.

In terms of the sensitivity and specificity of the Prionics NSP kit, the Group referred to the paper from Brocchi et al, 2006, and encouraged Namibia to use the validated sensitivity and specificity information when designing future surveys. The Group reminded Namibia that the surveys conducted in an FMD free zone without vaccination should aim to demonstrate absence of infection which may require a different design from surveys aiming to demonstrate absence of circulation.

The Group recommended that Namibia develop a standard procedure for follow up of NSP positive results, from the actions taken in the laboratory when the results are positives (such as retesting with a different test), to the follow up actions in the field. This should also include the actions that would be taken if the results indicate virus transmission. This would be essential for the dossier regarding free status. The interpretation of the results, with possible recommendations for follow-up, should be made available to decision makers and a clear way of communication between the lab and decision makers should be a matter of urgency.

vii. Diagnostic capability and procedure

The Group acknowledged that the NSP test used by the laboratory of Namibia was ISO 17025 accredited by the Southern African Development Community Accreditation Service (SADCAS).

The Group appreciated that Namibian laboratory participated to inter-laboratory testing in 2012, 2013 and 2014 and that results were provided.

The Group invited Namibia to consider closer collaboration with the regional laboratories to increase their number of tests and obtain support with the interpretation of results. The Group recalled the definite role for the OIE Reference Laboratories to provide training in the interpretation of results.

viii. Vaccination

The Group acknowledged that Namibia conducted experiments to test the trivalent vaccine. Considering the disappointing result of the experiments, the Group suggested Namibia to discuss the quality of the vaccine with the manufacturer to ensure the vaccine used in the infected zone would perform well and provide the barrier required to protect the status of the rest of the country. The Group encouraged Namibia to continue with the testing of the vaccines and provide feedback on quality to the manufacturers.

Namibia was strongly advised to get the vaccine matching results from the OIE Reference Laboratories as this information would be crucial to decide the vaccines to be used and the ultimate success of their campaign.

ix. Emergency preparedness and response plan

The emergency plan was provided as an annex to the application.

x. Compliance with the questionnaire in Article 1.6.11.

The Group agreed that the dossier was compliant with the questionnaire in Article 1.6.11.

Conclusion

Considering the information submitted in the dossier and Namibia's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 8.7. and with the questionnaire in Article 1.6.11 of the *Terrestrial Animal Health Code (Terrestrial Code)*. The Group therefore recommended that Namibia's official control programme for FMD be proposed for endorsement.

However, the Group recommended Namibia to maintain its effort in terms of investment, increase of human resources and the capacity building, as the control and eradication of FMD would not be feasible without the maintenance of these components.

The Group identified two options to be considered in the programme for future recognition of the protection zone as an FMD free zone without vaccination:

1. Manage the future zone (current protection zone) as a distinct FMD free zone from the already recognised free zone (south of VCF)

Namibia would have two adjacent FMD free zones without vaccination. This would imply the maintenance of some control movements between both zones and movement compliant with the requirements of Article 8.7.12. However, in case of FMD incursion in the current protection zone, the status of the southern zone would not be affected.

2. Merge the future zone to the already recognised free zone (south of the VCF), while considering it as a protection zone

   Namibia would have a single FMD free zone without vaccination, including a protection zone (within the free zone and thus with the same status and trade opportunities). This would imply the maintenance of some controls at the VCF. Of course, in case of FMD incursion in the current protection zone, the status of the whole zone would be affected and suspended, including south of the VCF, but the maintenance of the VCF would avoid the introduction of FMD virus south of the VCF and would ease the recovery of the status, possibly through the implementation of a containment zone.

b) Evaluation of the requests from four other Member Countries for the endorsement of official control programme for FMD

The Group assessed the requests of four other Member Countries for the endorsement of their official control programme for FMD and considered that two of the dossiers did not meet the requirements of the *Terrestrial Code*.

The Group requested additional information from the two other applicant Member Countries for an informed assessment to be finalised at its next meeting in January 2015. The conclusion of these assessments will therefore be presented in the report of next *ad hoc* Group meeting.

5. Evaluation of the information provided by two Member Countries with regard to the endorsement of their official control programme for FMD

a) Algeria

Further to the request of the Scientific Commission, the Group assessed information provided by Algeria with regard to the endorsement of the official control programme and its management of the FMD outbreaks.

The Group acknowledged that Algeria was able to control FMD within less than 3 months but considered that the official control programme endorsed by the OIE in May 2012 could have been better applied.

The Group noted that there was no sero-surveillance performed in 2013. In addition, the Group had concerns about the serological surveillance where results were all negative, despite the large number of samples taken.

The Group also noted that several different vaccines and vaccine strains were used in the last three years of which the quality and purity of some were unknown. The Group recalled that the purity of the vaccine could have an impact on NSP test results. The Group was generally concerned about the vaccination strategy, including vaccine quality and the low vaccination rate of animals. Due to the steady high risk of incursion from neighboring countries, the vaccination strategy may be adjusted and, depending on the availability of vaccines, may focus on the higher risk area close to the border of neighboring countries.

The Group recommended the Scientific Commission not to withdraw the endorsement of the official control programme of Algeria, but strongly recommended that the endorsed control programme be adjusted, taking into consideration the experience gained with the recent event and the following recommendations:

- Contingency plan should be revised to be better prepared for occurrence of outbreaks. Clear instructions on the measures to be taken should be indicated for each situation, as well as the protocol to be immediately implemented, particularly with regard to the markets.

- Clinical surveillance should be conducted continuously and not only when the threat of FMD virus incursion is higher.

- Algeria should define a clear vaccination strategy, depending on FMD risk and on vaccine supply. The Group insisted that vaccination coverage of 45% was clearly insufficient. The Group also considered that post-vaccination monitoring would be difficult when difference vaccine strains are used as homologous reagents would be needed to determine titres.

- Assurance in sufficient supply of vaccines in case of a future outbreak.

- Serological surveillance should be better planned, with a clear objective of the procedure to follow-up the results. Algeria should perform regular serological surveys.

- Increase control of animal movements, enforced through adoption of law if possible.

- Continuation of the permanent exchanges of information with the OIE sub-regional Representation and the REMESA (Mediterranean Animal Health Network) and the OIE Headquarters.

- Timelines and possible indicators mentioned in the official control programme that was originally provided to the OIE should be reconsidered in order to progress in the achievement of an FMD free status with vaccination to be officially recognised by the World Assembly.

b) Morocco

Further to the Scientific Commission's request, the Group assessed information provided by Morocco with regard to the endorsement of its official control programme and its management of the increased risk of FMD incursion following its occurrence in neighbouring countries.

The Group noted that the official control programme submitted to the OIE in November 2011 indicated that serological surveillance would be performed annually. However from the information submitted, it appeared that no sero-surveillance was performed in 2013. However, the Group noted that the document mentioned serological surveillance in progress, and therefore recommended that Morocco submit the results of this serological surveillance to the OIE as soon as it becomes available.

The Group acknowledged that Morocco took all the necessary emergency measures, and to date have prevented the entry of FMD virus in the country. Therefore, the Group recommended the Scientific Commission not to withdraw the endorsement of the official control programme of Morocco. However, the Group noted that an adjustment to the endorsed control programme would be needed based on the experience the recent event and made the following recommendations:

- Achievement of good vaccination coverage and continuous clinical and serological surveillance with appropriate follow-up of all positive results.

- In order to progress in the achievement of an FMD free status with vaccination, timelines and indicators mentioned in the official control programme that was originally provided to the OIE should be reconsidered.

6. General comments to future applicant Member Countries

Upon request from the OIE, the Group agreed to share its experience in the evaluation of dossiers with future applicant Member Countries, by listing some points that have often needed clarification during the past years. This list is not exhaustive and will be updated in the future.

Applicant Member Countries should make sure that the basic rules such as the absence of outbreaks during the relevant periods are applied.

All dossiers should have clear declarations on the dates of the last outbreak, last time vaccination was used, last time vaccinated animals were imported, etc. as relevant.

The Group would recommend applicant Member Countries to have their dossier peer reviewed, if relevant, and corrected by an English, Spanish or French speaking expert (depending on the chosen language of the dossier to be submitted to the OIE) prior to submission, in order to avoid major discrepancies that subsequently require clarification and potential delays.

Applicant Member Countries should rely more on clearly defined maps to describe the location of previous outbreaks, where samples were collected during surveys, where positive and doubtful results occurred, as well as details of animal density, movement patterns, market locations, and etc. Information related to locations is better understood when presented as a map.

The interpretation of serological surveys is an area that would need more investment. The Group would strongly invite the applicant Member Countries to request the support and training from the OIE Reference Laboratories to interpret the serological surveys and the results.

The Group recommended that future applications describe the different scenarios and protocols to be followed in each case where there is a clinical suspect, a doubtful or a positive serological result to confirm or rule out FMD. The laboratory and field investigations to rule out or confirm these results are important information. The Group also emphasised that all diagnostic assays have imperfect sensitivity and specificity and when it is are presented with results that clearly conflict with these test conditions, it casts doubts on the accuracy of the results. Scenarios and protocol should also be clearly described in case of FMD virus introduction.

The Group recommended instituting the use of the NSP ELISA test for surveillance, especially in the zones where vaccination is practised.

Countries wishing to submit a control plan to be endorsed should ensure that they have reached the required level of control and standards before doing so. The Group would appreciate that applicant Member Countries request the assistance and inputs from relevant OIE Regional and Sub-Regional Representations before they submit their plans.

Specific recommendations for zoning approach:

The boundaries of the zones should be defined very clearly while using the terminology (i.e. free from FMD without vaccination) prescribed in the *Terrestrial Code*. This should include explanation on the rationale for the establishment of such borders. The control measures applied in each zone, including the use of vaccination should be described. The Group emphasised that the measures to control animal movements between the zones should be described in detail.

The data requested in the questionnaire of Chapter 1.6., such as animal numbers, surveillance findings, capacity of Veterinary Services, and movements should be presented for each proposed free zone.

It is key for countries applying for multiple zones to give evidence of the effective separation of the susceptible animal sub-populations resident in each zone and in particular on the controls on movements of such animals and their products between the zones. This would require evidence on the effectiveness of the animal identification and traceability system and the description of the practical implementation of movement controls, including statistics showing the numbers and categories of animals moving between the zones for each of the last two years.

7. Other matters

Annual reconfirmation

Whilst informed of the endorsed project of an on-line system for annual reconfirmation, the Group suggested a system of verification of a subset of Member Countries' status and endorsed control programme in the annual reconfirmation process. The Group proposed that some countries be selected by the *ad hoc* Group, the Scientific Commission or the OIE for detailed verification of their annual reconfirmation. This selection would target countries presenting an increased epidemiological risk or to which complementary information had specifically been requested. The verification system could be extended to some other countries, randomly selected. All concerned countries would be requested to provide documented evidence of implemented measures as declared in the annual reconfirmation.

8. 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.

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…/Appendices

Appendix I

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

Paris, 18-20 November 2014

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Draft agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Finalisation of the evaluation of requests from Member Countries for the official recognition of new FMD free zones (depending on the advancement of the meeting of September-November 2014)
4. Evaluation of requests from Member Countries for endorsement of official control programme for FMD
    - Namibia
5. Evaluation of the information provided by two Member Countries with regard to the endorsement of their official control programme for FMD
    - Algeria
    - Morocco
6. Other matters
7. Adoption of report

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Appendix II

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

Paris, 18-20 November 2014

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List of participants

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Annex 9

Original: English
January 2015

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

Paris, 27-28 January 2015

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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 27 to 28 January 2015.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Laure Weber-Vintzel, the officer in charge of the recognition of countries' animal disease status, welcomed and thanked the Group for its commitment and hard work reviewing all applications from applicant Member Countries as well as the *Terrestrial Animal Health Code* (*Terrestrial Code*) chapter on FMD.

This meeting was initially convened for the Group to address the scientific comments submitted by the Member Countries further to the second circulation of the revised FMD chapter of the *Terrestrial Code*. However, Dr Weber-Vintzel informed the Group that Member Countries provided very few comments that required scientific justification and that as a consequence, the agenda and the length of the meeting had been adapted.

Dr Weber-Vintzel reminded the Group of the importance of the procedure for the endorsement of official control programmes for FMD in the framework of the Global Strategy for FMD Control and of the difference to the granting of an officially recognised status in terms of trade impact. She further reminded the Group of the three main objectives of endorsement of official control programmes: to help Member Countries to adopt relevant strategies compliant with the OIE Standards, to allow Veterinary Services to be recognised by their government and to further obtain the commitment and resources and, to obtain resources from donors.

Finally, Dr Weber-Vintzel provided a brief summary of each of the FMD dossiers of three Member Countries for which assessments had begun at previous meetings and needed to be finalised considering the the submission of additional information.

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

The Group was chaired by Dr Alf-Eckbert Füssel. Dr Wilna Vosloo acted as rapporteur, with the support of the OIE Secretariat. The Group endorsed the proposed agenda.

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

3. Evaluation of a request from a Member Country for the recognition of an FMD free zone without vaccination

■ Kazakhstan

In accordance with the established procedures, the participating expert from the United Kingdom expressed a possible conflict of interest and withdrew from the discussions on Kazakhstan's dossier by the Group.

i. Animal disease reporting

The Group considered that Kazakhstan had a record of regular and prompt animal disease reporting

ii. Situation of FMD in the past 12 months

The Group acknowledged that the last outbreak in the proposed free zone without vaccination was in June 2011.

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

The Group acknowledged the official declaration of no vaccination being carried out since 2011 was sufficient in complying with the requirements of the *Terrestrial Code*. Further to the Group's request, Kazakhstan also provided the exact date when vaccination was ceased and the underlying legislation.

Regarding the entry of vaccinated animals into the proposed free zone, the Group requested evidence of when the import of vaccinated animals into the zone was banned and whether this was backed by legislation. Kazakhstan provided the requested feedback and clarified the conditions that had been applied when sheep were introduced into the proposed zone free without vaccination in 2013 from East Kazakhstan. The Group concluded no vaccinated animals were introduced into the proposed free zone without vaccination for the past 12 months.

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 the importance of clinical surveillance and sampling (page 34 of the elimination section of the original dossier). In addition, Kazakhstan further provided information on the procedure which was followed during the clinical and serological surveillance and detailed the measures that were taken to follow up inconclusive or positive results.

The Group noted that 1.8% of the animals were seropositive in North Kazakhstan (page 34 of diagnostic section of the original dossier). This result on its own could not demonstrate absence of FMDV infection since it did not provide information on possible clustering (with reference to Article 8.7.43. of the *Terrestrial Code*). Further to the Group's request, Kazakhstan clarified why 1.8% of the animals were seropositive in North Kazakhstan in the absence of FMDV infection and specified that there was no clustering. Further to the Group's request, Kazakhstan explained the apparent discrepancies between the information provided in the initial dossier and the information provided in the updated dossier.

In addition, Kazakhstan further described the procedure to follow up the 30 NSP positive results.

The Group concluded that the surveillance in place in Kazakhstan substantiated the absence of FMDV infection, but would recommend Kazakhstan to extend the clinical and FMD NSP sero-surveillance to the sheep and goat populations.

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

The Group acknowledged the existence of regulatory measures for the early detection, prevention and control of FMD which were provided as Annex 9 in the dossier.

vi. Description of the boundaries of the proposed free zones

The Group recognised that the description of the proposed free zone without vaccination was clear, and Kazakhstan further provided the legal back-up to support the design of the proposed zones.

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

While acknowledging that the dossier did not mention a possible protection zone (as defined in Chapter 4.3. of the *Terrestrial Code*) between the two zones of different health and vaccination status, the Group agreed that if Kazakhstan continues control movement and surveillance in the proposed free zone with vaccination, it would serve as a protection zone of the proposed free zone without vaccination.

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

With reference to Page 34 and to Appendix 13 of Kazakhstan's adjusted application, the Group took note that no products were to be dispatched from the risk zone (zone where vaccination is practised) into the proposed free zone, with the exception of fish, other aquatic organisms and their products, poultry and poultry products, bees and bee products. However, the Group noted that the risk zone was defined as Almaty, Zhambyl, Kyzylorda and South Kazakhstan, without including East Kazakhstan. Further to the Group's request, Kazakhstan clarified the situation and the Group acknowledged that animals and products from animals susceptible to FMD were not introduced into the proposed free zone without vaccination.

ix. Compliance with the questionnaire in Article 1.6.6.

While acknowledging the significant improvement of the revised dossier, the Group reiterated that the format of a dossier should follow the questionnaire of Chapter 1.6., answering each question concisely. According to the Standard Operating Procedures, the total dossier should be limited to 50 pages; tables, pictures and pages should be clearly numbered; and cross references should be accurate.

Conclusion

Considering the information submitted in the dossier and Kazakhstan's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 8.7. and with the questionnaire in Article 1.6.6. of the *Terrestrial Code*. The Group therefore recommended the Scientific Commission that Kazakhstan be recognised as having an FMD free zone without vaccination.

The Group recalled that it is key for countries having an FMD free zone to maintain the effective separation of the susceptible animal sub-populations resident in each zone and in particular on the movement controls of such animals and their products between the infected zone and the free zone.

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

a) People's Republic of China

The Group requested additional information and received clarification from the People's Republic of China (China).

i. Capacity of the Veterinary Services to control FMD

The Group noted the substantial resources and the legislation in place to implement the proposed programme.

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

The submitted dossier, describing the official control programme, applies to China with the exclusion of Hong Kong and Macao.

iii. Animal disease reporting

Further to the Group's request, China provided additional information on the current procedure for disease notification in the entire territory. The Group agreed that this procedure was in line with the requirements of the OIE *Terrestrial Code*. However, the Group highlighted the difference in the definition of an outbreak defined as the occurrence of one or more cases in an epidemiological unit in the *Terrestrial Code* and defined by China as the "scenario of sudden happening and rapid spreading of animal epidemic with high incidence and high mortality, causing serious threats and hazards to animal production safety and causing hazard to the public health and human life". The Group emphasised that

this difference in the definition of an outbreak may affect how animal diseases are notified to the OIE. While China provided reassurance that all FMD cases are notified to the OIE, the Group would recommend China to consider aligning its definitions related with notification (i.e. case, outbreak, epidemiological unit, etc.) to the OIE definitions prescribed in the Glossary of the *Terrestrial Code*.

The Group considered that China had a record of regular and prompt animal disease reporting. The Group encouraged China to continue its reporting efforts.

iv. Epidemiology of FMD in the country

The dossier provided information on the FMD epidemiology in the country. China additionally clarified the geographic distribution of FMD outbreaks by affected species and serotypes involved over the last years. Further to the Group's request, China also sent information on the epidemiological investigations carried out to trace the pathway of the virus to the affected premises and further spread, as well as the results and implications for the control measures. The Group appreciated the transparent and critical analysis identifying the areas of for improvement of the current FMD control measures.

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

The Group noted the different approach followed by China to control FMD by serotype, following a different strategy for each. Serotype O is endemic in China and could warrant a different approach. However, the Group was concerned that it could be complex to achieve.

Regarding the zoning approach proposed by China, the Group obtained further information on the reasoning behind selection of the regions proposed as "FMD free demonstration areas", as well as on the current and past FMD situation in the "FMD free demonstration areas" and on the planned control measures to be applied.

The Group acknowledged the precise timeline and details provided on the objectives of the official control programme. While the dossier contained information indicating which control measures should be improved, the Group would have appreciated a clear section compiling the different performance indicators to show how these control measures would be strengthened year by year to achieve the desired outcomes.

Considering the distribution and density of animal populations, and the distribution of slaughterhouses described in the dossier, the Group acknowledged that China had recognised that improving movement control is a key priority to further progress on FMD control and to eventually follow a zoning approach to eradicate FMD.

The Group took note that China had adequate laws to control animal movement, but agreed that, as also acknowledged by China, these measures were difficult to implement. The Group reiterated the necessity to control animal movements to first allow the control of FMD and then to prevent the entry of FMD virus into the free areas. Considering animal movement control as a possible weakness of the official control programme for FMD, the Group would recommend China to consider the establishment of an animal identification and traceability system and the implementation of movement controls (number and location of control posts) as possible performance indicators for the programme.

vi. FMD surveillance

With respect to the presentation of information in the dossier, the Group regretted that the protective immunity percentage was not included in Table 4.1. and that the information was not compiled separately for each of the zones as this would have facilitated the evaluation of the post-vaccination situation.

Further to the Group's request, China provided additional information on the annual FMD surveillance plan, based on a combination of active and passive surveillance.

China also clarified the establishment and management (including long-term strategy) of animal disease surveillance, reporting stations and vaccination isolation belts, which would be based on a risk assessment.

vii. Diagnostic capability and procedure

The Group acknowledged that China's National Reference Laboratory for FMD is an OIE Reference Laboratory for FMD and noted that the dossier mentioned participation in external proficiency tests in 2006. China informed the Group that the laboratory prepared the importation of blind samples for comparison and that participation in the 2014 proficiency testing wasorganised by the World Reference Laboratory of Pirbright.

From the information provided by China, the Group understood that 31 provincial laboratories had the capacity to conduct serological and virological tests for FMD diagnosis and that all suspect samples were sent to the National Reference Laboratory for confirmation.

viii. Vaccination

The Group acknowledged that the vaccination coverage and the vaccine immunity were estimated respectively at 90%, and 87%. China further indicated the protocols for these evaluations.

Further to the Group's request, China provided details on the vaccine producers and on the quality of the vaccines used in China as well as the vaccine matching results. During 2010 to 2014, the quality and validity of 30 batches of vaccine products from seven FMD vaccine production manufacturers were sampled and tested which were conformed to the criteria. China provided the results of testing vaccines against circulating field isolates with effective protection against circulating field isolates.

ix. Emergency preparedness and response plan

The emergency plan was provided as an annex to the application.

x. Compliance with the questionnaire in Article 1.6.11.

The Group agreed that the dossier was compliant with the questionnaire in Article 1.6.11. by means of all the information provided in the core dossier and its numerous appendices.

Conclusion

Considering the information submitted in the dossier and China's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 8.7. and with the questionnaire in Article 1.6.11 of the *Terrestrial Code*.

However, the Group recommended that China's official control programme be proposed for endorsement under the condition that a document, compiling the performance indicators for strengthening control measures and the estimated timeline, be submitted to the OIE by the end of April 2015 for follow-up on the progress made in the implementation of the official control programme.

In addition, and in accordance with the Standard Operating Procedure and with Resolution No. 30 adopted at the 81st General Session, the Group would further recommend that the maintenance of the endorsement be considered every year, by evaluating the progress made in the implementation of the control programme. In particular:

- China should provide feedback on the identified performance indicators, including (but not limited to) the progress made on the implementation of new definitions aligned to the OIE definitions in terms of FMD notification and on animal movement control;

- Any extension of the "FMD free demonstration areas" should be detailed.

Finally, the Group would suggest the Scientific Commission propose a mission within the next two years to evaluate the progress on China's endorsed official control programme in accordance with the timeline and performance indicators.

b) Venezuela

The Group requested additional information and received clarification from Venezuela.

i. Capacity of the Veterinary Services to control FMD

The Group noted the legislation in place and the commitment to implement the proposed programme.

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

The Group acknowledged that the official control programme was applicable to the whole territory of Venezuela.

iii. Animal disease reporting

The Group considered that Venezuela had a record of regular and prompt animal disease reporting.

iv. Epidemiology of FMD in the country

The last outbreak in Venezuela was in October 2011. The Group noted from the dossier that the improvement in vaccination in small-scale farms significantly reduced the number of outbreaks.

Further to the Group's request, Venezuela provided a summary of the outbreaks that occurred between 2008 and 2011.

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

The Group noted that Venezuela aims to reach freedom from FMD with vaccination throughout the territory by 2020, through zoning, epidemiological surveillance, prevention, vaccination and control of movements, and also listed specific objectives to reach this goal of the national control programme. The Group appreciated the detailed annual calendar with performance indicators in the dossier. The Group would recommend that Venezuela provide information on its progress made on the implementation of the endorsed official control programme in accordance with Table 19 in its annual reconfirmation to the OIE.

vi. FMD surveillance

The Group acknowledged that transhumance of cattle was gradually disappearing after having been a common activity on the Plains in the early decades of the last century. Venezuela described two mobilisation cases that persists during the periods of rain and drought between the Arismendi municipality, Barinas, and the Camaguán municipality, Guárico and between the southern municipalities of the state Monagas (Libertador, Sotillo, Uracoa) and the Casacoima municipality of Delta Amacuro, and clarified that a plan to control these movements was in place, particularly in areas where transhumance is practised to only allow animals to move if they were properly vaccinated during the last 30 days.

The Group also noted that a two-stage survey for monitoring virus circulation was planned.

vii. Diagnostic capability and procedure

The Group noted that a laboratory comparative test was performed in 2009. In addition, Venezuela indicated its plan to participate in a proficiency testing with regional laboratories under the supervision of PANAFTOSA in 2015.

The dossier stated that no live virus was handled in the laboratory, however, the Group highlighted that diagnostic samples may contain live virus, and that measures should be taken to ensure that the virus would not accidentally escape from the laboratory. The Group took note of Venezuela's plan to raise the biosecurity level in the National Reference Laboratory to BSL3 by 2016.

viii. Vaccination

The Group noted the numbers of vaccinated cattle in the dossier. With reference to Annex 30 Graphics 11 and 12, the Group welcomed the increase in the number of registered vaccinations and vaccination coverage in cattle in the 2nd semester of 2013. Further to the Group's request, Venezuela provided census information on the other species (i.e. sheep, goats, and pigs) routinely vaccinated in the different sub-regions in the country.

Further to the Group's request, Venezuela provided the details of the manufacturers, country of origin and purity of the imported vaccines.

The Group appreciated that serological surveillance for post-vaccination monitoring was under development and planned in 2015 with technical support from the region (PANAFTOSA).

The Group looked forward to receive information annually, through the reconfirmations submitted to the OIE for maintenance of the endorsed programme, on the progress with post-vaccination monitoring for infection and vaccination immunity levels.

ix. Emergency preparedness and response plan

Further to the Group's request, Venezuela clarified that, in case of an outbreak, the infected animals would be destined for slaughter.

The Group took note that the emergency plan was provided as an annex to the application.

x. Compliance with the questionnaire in Article 1.6.11.

The Group agreed that the dossier was compliant with the questionnaire in Article 1.6.11.

Conclusion

Considering the information submitted in the dossier and Venezuela's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 8.7. and with the questionnaire in Article 1.6.11 of the *Terrestrial Code*. The Group therefore recommended that Venezuela's official control programme for FMD be proposed for endorsement.

The Group noted a foreseen mission in Venezuela that would take place in April 2015 and suggested that the mission team take the opportunity to verify the level of control of Veterinary Services on large scale farms and to get more detailed information on the fate of infected animals in case of outbreaks

5. Review of the comments from Member Countries and specialist Commissions on Chapter 8.7. of the *Terrestrial Animal Health Code* on FMD

Dr Alex Thiermann, the president of the Terrestrial Animal Health Standards Commission (Code Commission), joined the Group. Dr Thiermann and Dr Kris De Clercq (Vice-President of the Scientific Commission) expressed the great appreciation of both Commissions for all the hard work and efforts of the Group on providing explicit rationale to Member Countries' comments with regard to the FMD chapter.

Whilst Member Countries' had contradicting comments regarding some topics in the chapter, Dr Thiermann mentioned that a majority of Member Countries have acknowledged the rationale provided by the Group and the Commissions.

The representatives of both Commissions highlighted the fact that the revised version of the FMD chapter was greatly improved compared to the current chapter (version 2014, 23rd edition of the *Terrestrial Code*), and that the Commissions would be in favour of proposing the chapter for adoption at the 83rd General Session in May 2015. While there were very few scientific issues raised by Member Countries, the Group was tasked to have an overall review of the revised version of the chapter and Member Countries' comments.

With regard to MC comments:

Article 8.7.1.

The Group agreed to a Member Country comment that the specifications of FMDV serotype would not be necessary to fulfil the intent of defining occurrence of FMDV infection.

Article 8.7.2. FMD free country or zone where vaccination is not practised

The Group highlighted that the prohibition of entry of vaccinated animals in a country or zone free without vaccination was still requested but was moved to point 4) e) of this Article to emphasise the need for details and documented evidence that this measure has been implemented and supervised.

Article 8.7.3. FMD free country or zone where vaccination is practised

With regard to a Member Country comment considering the transitioning period from an FMD free status with vaccination to an FMD free status without vaccination, the Group reiterated that 24 months was considering the time for transition and application; this period could be less than 24 months but not more. The Group also explained with reference to the *ad hoc* Group report from February 2014, that this proposal was to avoid officially recognised FMD free country(ies)/zone(s) with vaccination wishing to transition to FMD free country(ies)/zone(s) without vaccination finding itself during this period in a position of not complying with either the status of "free with vaccination" or "free without vaccination".

Article 8.7.4. FMD free compartment

The Group did not support one of the Member Countries' comments relating to the introduction of vaccinated animals (Point 2 d) and suggested to maintain consistency with Article 8.7.2.

Article 8.7.6. Establishment of a containment zone within a FMD free country or zone

The Group disagreed with a comment on inclusion of other effective control strategies aimed at disease eradication as an alternative option to replace stamping-out in order to establish a containment zone, even if in line with Article 4.3.3. Point 3 of the *Terrestrial Code*, as stamping-out would be the surest way to control FMD spread quickly. The Group mentioned for FMD, that any other control measures would prolong the recovery of the containment zone to 12 months (after the cessation of the vaccination).

The Group discussed in depth four Member Countries' proposal regarding the concept of a containment zone which would modify the concept of a containment zone as currently defined in Chapter 4.3. of the *Terrestrial Code*. The rationale for this concept is to provide an officially recognised means for countries to cordon off a large infected area within which FMD outbreaks were continuing. The Group considered this a valid and promising concept but requested the advice of the Specialist Commissions as to whether or not it should be considered at this stage of the revision. The Group considered the following two alternatives:

- Maintaining the current concept of a containment zone that could be established after two incubation periods without any cases and in which the occurrence of a new case would lead to the withdrawal of the containment zone and the loss of status for the rest of the country or zone.

- Adapting the proposed concept to allow the establishment in a shorter time of a larger containment zone which contains within and along its perimeters a surrounding protection zone. While outbreaks may still occur within the central parts of the containment zone, only the occurrence of such outbreaks within the protection zone would lead to the withdrawal of the containment zone and the loss of status for the rest of the country or zone.

Article 8.7.7. Recovery of free status

With regard to a Member Country comment quoting a study on the use of higher potency vaccines, the Group reiterated that the study indicated a vaccine with a potency that was (1) higher than the requirements of the OIE *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* (3 PD_{50}) and (2) not defined (could be 6 PD_{50} or as high as 32 PD_{50}). The study did not provide enough scientific evidence that the surveillance could be reduced to allow a three month waiting period for recovery.

Article 8.7.12. Recommendations for importation from FMD infected countries or zones

The Group noted that the Article had the wrong reference and was lacking clarity. The Group suggested reverting back to the version provided in February 2014.

In addition, the Group did not support a Member Country's suggestion to require the absence of vaccination in the exporting country (or zone), as it is infected.

Finally, considering a request to maintain a requirement related to the absence of FMD outbreak in a ten kilometre radius of the establishment of origin, the Group estimated that there was no need to have this extra requirement and that the most important was to ensure that there has been no outbreak within a ten-kilometre radius of the establishment where that animal is isolated.

Article 8.7.15. Recommendations for importation from FMD free countries or zones where vaccination is practised - For frozen semen of domestic ruminants and pigs (and other Articles)

In response to a Member Country comment on protective immunity, suggesting to remove the part "unless protective immunity has been proven for more than six months" in section 1) c) i) as no vaccine has been demonstrated to have immunity for more than 6 months, the Group indicated that it could be possible once the animals have received multiple vaccination. The Group further highlighted that the proposed rules were stricter than the current version and noted that the current chapter requests 12 months.

Article 8.7.22. Recommendations for importation from FMD infected countries or zones, where an official control programme exists

The Group supported a proposal to have a scientifically valid alternative for those countries concerned by the threat posed by infected African buffalo and amended the suggested text. The Group agreed that, where the presence of infected African buffaloes could not be excluded, exported animals should be kept in a quarantine station rather than in an establishment for 30 days and that FMD should not have occurred in livestock within a ten-kilometre radius of the quarantine station during that period. However, considering the late stage in the revision of the FMD chapter, the Group referred to the Commissions the decision to consider this point.

Article 8.7.31. Procedures for the inactivation of FMDV in meat and meat products

The Group agreed to a comment by a Member Country to maintain the minimum of 30 minutes heat treatment at a core temperature of 70°C for thorough cooking of meat and meat products.

Article 8.7.38. Procedures for the inactivation of FMDV in casings of ruminants and pigs

The Group agreed that the temperature requirement for inactivation of FMD virus in casings should be greater than 20°C and recalled the rationale of the Scientific Commission during its meeting in February 2014, which made reference to the EFSA report (Scientific Opinion on animal health risk mitigation treatments as regards imports of animal casings, July 2012).

Article 8.7.40. General principles of surveillance

The Group reiterated that when applying for the endorsement of its official control programme a Member Country should be aware of the epidemiological situation in the region and not only in its country.

Article 8.7.41. Methods of surveillance

In response to a Member Country's comment, the Group reiterated that clinical examination and diagnostic testing should be applied to clarify the status of suspected cases.

Article 8.7.42. The use and interpretation of serological tests (see Figure 3)

The Group disagreed to reduce the time before sampling to check seroconversion from 30 days to 21 days as proposed by a Member Country mentioning an EU Directive. Indeed the Group clarified that Article 56 related to vaccinated area of the mentioned Directive[1], requires a 30-day period. The Group considered that the scientific reason to maintain 30 days was related to the two incubations periods.

The Group finally proposed to correct Figures 1 and 2 provided at the end of Chapter 8.7.

Questionnaire Article 1.6.6.

The Group considered a Member Country's comment regarding question 3.c related to vaccines and vaccination for Member Countries and zones applying for an FMD free status without vaccination. The Group agreed to provide more details in the question to guide the applicant Member Countries, especially when vaccination was conducted during the two years preceding the submission of an application and clarified that for countries and zones without vaccination, the date when vaccination was formally prohibited should be provided. With regard to the questionnaire for recognition of zones free without vaccination, the Group differentiated the questions related to the proposed free zone without vaccination in which vaccination may have occurred in the past with the rest of the country in which vaccination may still be performed.

6. 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.

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…/Appendices

[1] Council Directive 2003/85/EC of 29 September 2003 on Community measures for the control of foot-and-mouth disease

Appendix I

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

Paris, 27-28 January 2015

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Agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Evaluation of a request from a Member Country for the recognition of an FMD free zone without vaccination
    - Kazakhstan
4. Evaluation of requests from Member Countries for the endorsement of official control programme for FMD
    a) China
    b) Venezuela
5. Review of the comments from Member Countries and specialist Commissions on Chapter 8.7. of the *Terrestrial Animal Health Code* on FMD
6. Adoption of report

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Appendix II

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

Paris, 27-28 January 2015

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Annex 10

Original: English
December 2014

REPORT OF THE MEETING OF THE OIE *AD HOC* GROUP ON THE EVALUATION OF CONTAGIOUS BOVINE PLEUROPNEUMONIA STATUS OF MEMBER COUNTRIES

Consultation by electronic correspondence between 1 November 2014 - 9 December 2014

The *ad hoc* Group on the Evaluation of Contagious Bovine Pleuropneumonia (CBPP) Status of Member Countries (hereafter the Group) evaluated the requests from two Member Countries, one for the recognition of CBPP free status and one for the endorsement of an official control programme for CBPP. The Scientific Commission for Animal Diseases (Scientific Commission) agreed that this evaluation could be conducted by correspondence between the experts of the Group. The OIE secretariat facilitated the communication amongst the experts, which took place via electronic means. A teleconference was organised on 9 December 2014 to finalise the discussions and the report.

Preliminary analyses were conducted for the dossiers by the members of the Group prior to the teleconference. The experts presented their key findings to the other participants of the Group initially by electronic means and then during the teleconference. The Group had an in-depth discussion on Member Countries' compliance with the provisions of the *Terrestrial Animal Health Code* (*Terrestrial Code*) on CBPP free status and on official control programme for CBPP.

Prior to the teleconference the Group requested additional information to the applicant member Countries and received clarification from both countries.

1. Adoption of the agenda and appointment of Chairman and rapporteur

The meeting was chaired by Dr William Amanfu and the OIE Secretariat acted as rapporteur. The agenda and the list of participants are presented as Appendix I and II respectively.

2. Evaluation of a request from a Member Country for CBPP free status

- **France**

In September 2014, France submitted a dossier seeking CBPP free country status.

In accordance with the established procedures, the participating expert from France withdrew from the discussions on France's dossier by the Group.

The Group agreed that the submission 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 appreciated the good quality of the report.

a) Animal disease reporting

The Group considered that France had a record of regular and prompt animal disease reporting having regularly submitted the requested reports to the OIE. The Group acknowledged that CBPP was a notifiable disease in the country since 1982, as demonstrated by the quoted legal references provided in the dossier.

b) Situation of CBPP in the past 24 months

The Group acknowledged that the last cases of CBPP were reported in France in 1984. This represented the last of three episodes which occurred in 1967, 1982 and 1984 in migratory cattle herds moving along the border of an infected neighbouring country. The Group concluded that the dossier substantiated the absence of CBPP infection in the past 24 months.

c) Vaccination

Vaccination against CBPP has never been carried out in France. Importation of cattle complies with the requirements of the *Terrestrial Code* and the introduction of CBPP vaccines into France is prohibited.

d) Surveillance

The Group agreed that France complied with the requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier was adequate and appropriate, given the epidemiological situation.

e) Regulatory measures for the early detection, prevention and control

The Group determined that in France, regulatory measures for the early detection, prevention and control of CBPP has been implemented.

The Group noted that France has a 'ruminant mycoplasmoses epidemiological surveillance network' (VIGIMYC) with the aim to detect any re-emergence of contagious bovine pleuropneumonia (CBPP). The Group acknowledged that all ruminant Mycoplasma isolated in France were identified through this network and that the presence *Mycoplasma mycoides* subsp. *Mycoides* small colony variant (*Mmm*SC) was systematically ruled out between 2003 and 2014. The Group considered that general surveillance for CBPP has been implemented.

f) Compliance with the questionnaire in Article 1.6.7.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.**7**.

Conclusion

Considering the information submitted in the dossier, the Group concluded that the application was compliant with the requirements of Chapter 11.7. and with the questionnaire in Article 1.6.7. of the *Terrestrial Code*. The Group therefore recommended that France be recognised as a CBPP free country.

3. Evaluation of a request from a Member Country for the endorsement of its official control programme for CBPP

- **Namibia**

In September 2014, Namibia submitted a dossier seeking the endorsement of its official control programme for CBPP. In accordance with the established procedures, the participating expert from Namibia withdrew from the discussions on Namibia's dossier by the Group.

The Group agreed that the submission conformed to the guidelines circulated for Member Countries wishing to make a formal evaluation of their official control programme according to the requirements of the *Terrestrial Code.*

a) Animal disease reporting

The Group considered that Namibia had a record of regular and prompt animal disease reporting to the OIE having regularly submitted the requested reports to the OIE. The Group acknowledged that CBPP was a notifiable disease in the country, as demonstrated by the quoted legal reference provided in the annexes 5 and 6 of Namibia's application.

b) Capacity of the Veterinary Services to control CBPP

The Group acknowledged that OIE evaluations of the Performance of Veterinary Services (PVS) followed by a PVS Gap Analysis were conducted in Namibia in 2008 and 2010, respectively. Taking into account the information provided in the dossier the Group concluded that the Veterinary Services had the capability to control CBPP in the entire country.

c) Applicability of the official control programme for CBPP to the entire territory

The Group noted that the proposed official control programme, presented in annexes 7 and 8, was applicable to the whole country.

d) The detailed plan of the programme to control and eventually eradicate CBPP in the country or zone

The Group noted that the dossier would have been easier to assess if the control programme for CBPP would have been separated from that of foot and mouth disease (FMD), but the Group acknowledged the reasons provided by Namibia in terms of implementation and budget. The Group recognised that prevention and control actions could be complementary for these two diseases, as detailed in the Namibia's Strategy and Implementation plans (annex 7 of Namibian's dossier).

The Group noted that this strategy had as final objective the eradication of CBPP from most of the Northern Communal Areas (NCA) of Namibia where the disease was still reported. The zone would be protected by biosecurity measures along the border with a neighbouring country, which includes erecting a double stock-proof fence along the land border.

e) Epidemiology of CBPP in the country

The Group noted that CBPP was eradicated in 1919 from the currently recognised FMD free zone, south to the Veterinary Cordon Fence (VCF) but that it was still endemic in the NCA which is targeted for eradication. The annual vaccinations carried out throughout the NCA have resulted in a significant reduction in the incidence of the disease. However, the threat from cattle coming in from a neighbouring infected country remained a challenge due to cattle movement into and from Namibia for grazing and marketing. The Group appreciated that Namibia was considering applying risk mitigation measures such as the construction of a fence along the border with the above mentioned infected neighbouring country, the further strengthening of veterinary services in the NCA and harmonisation of control measures with a neighbouring country.

The Group acknowledged that the Veterinary Services had good knowledge of the information on the epidemiology of CBPP in the whole country.

f) CBPP surveillance

The Group determined that the surveillance conducted in Namibia complied with the provisions of the *Terrestrial Code* and was appropriate to the epidemiological situation of the different areas.

g) CBPP Diagnostic capability and procedure

The Group noted the Central Veterinary Laboratory (CVL) of Namibia, in charge of the diagnosis of CBPP, was applying modified procedures compared to those described in the OIE *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Terrestrial Manual)*, in particular for the use of the complement fixation test (CFT). The Group also noted that positive reactions were not followed-up to confirm or rule out CBPP. Given the assessed specificity of the CFT test, the Group recommended Namibia to use confirmatory tests to rule out false positive results. The Group highlighted that the closer Namibia would be from CBPP eradication, the more the positive predictive value would decrease. The Group appreciated that CVL participated in external proficiency tests. The Group finally acknowledged that arrangement for diagnostic capability and laboratory examination met the requirements of the *Terrestrial Manual*.

h) CBPP vaccination

The Group determined that vaccination against CBPP has been carried out since 1997 in the NCA and complied with the *Terrestrial Cod*e. The Group acknowledged that vaccination costs against CBPP were covered by the Namibian Government and that the vaccine was administered by the veterinary staff. The Group noted that a strategy for the cessation of vaccination was provided in the Namibian 'FMD & CBPP Freedom Strategy Implementation Plans (annexes 6 and 7)'.

i) Emergency preparedness and response plan

The contingency plan for CBPP was provided in annex 15 and was considered satisfactory by the Group.

j) Compliance with the questionnaire in Article 1.6.13.

The Group agreed that the dossier was compliant with the questionnaire in Article 1.6.13. by means of all the information provided in the core dossier and its numerous appendices

Conclusion

Considering the information submitted in the dossier and Namibia's answers to the questions raised, the Group considered that the application was compliant with the requirements of Article 11.7.18. and with the questionnaire in Article 1.6.13 of the *Terrestrial Code*. The Group therefore recommended that Namibia's official control programme for CBPP be proposed for endorsement.

4. Review of the template form for the annual reconfirmation of the endorsement of the official control programme for CBPP

The Group reviewed and agreed on the draft form for annual reconfirmation of the endorsement of the official control programme for CBPP prepared by the Scientific and Technical Department. This form is available in Appendix III.

5. Other matters

The Group agreed that the revision of the *Terrestrial Code* chapter on CBPP should be performed during a physical meeting to facilitate and strengthen the discussions among the Group members. The Group requested also the possibility to revise, during the same meeting, the questionnaires for CBPP status and for CBPP official control programme.

6. Finalisation and adoption of draft report

The Group reviewed and amended the draft report provided by the OIE secretariat. The Group agreed that the report captured the scope of discussions.

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…Appendices

Appendix I

MEETING OF THE OIE *AD HOC* GROUP ON THE EVALUATION OF CONTAGIOUS BOVINE PLEUROPNEUMONIA STATUS OF MEMBER COUNTRIES

Consultation by electronic correspondence, 1 November 2014 - 9 December 2014

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Agenda

1. Adoption of the agenda and appointment of chairperson and rapporteur
2. Evaluation of applications from Member Countries for CBPP free status
   a. France
3. Evaluation of applications from Member Countries for endorsement of official control programme for CBPP
   a. Namibia
4. Review of the template form for annual reconfirmation of the endorsement of the official control programme for CBPP
5. Other matters
6. Finalisation and adoption of the report

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Appendix II

MEETING OF THE OIE *AD HOC* GROUP ON THE EVALUATION OF CONTAGIOUS BOVINE PLEUROPNEUMONIA STATUS OF MEMBER COUNTRIES

Consultation by electronic correspondence, 1 November 2014 - 9 December 2014

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Appendix III

Form for the annual reconfirmation of the endorsement of the official control programme for contagious bovine pleuropneumonia (CBPP) of OIE Member Countries (to be submitted during the month of November each year)

To be filled in, dated, signed by the Delegate and sent back to disease.status@oie.int

YEAR _____	COUNTRY_____

Countries with an endorsed official control programme for CBPP

In accordance with Resolution No. 30 adopted at the 81st General Session and other relevant Resolutions previously adopted, Member Countries having an endorsement of their official control programme should update on the progress of the programme every year, during the month of November.

QUESTION	YES	NO
1. Is your country currently on the List of Member Countries with an official control programme for CBPP endorsed by the OIE? (please submit this form only if yes)		
2. Have there been any changes in the record of regular and prompt animal disease reporting according to the requirements of Chapter 1.1.?		
3. Have there been any significant changes affecting the performance of Veterinary Services in your country during the past 12 months?		
4. Have the timelines and performance indicators outlined in the endorsed official control programme been met?		
5. Is the endorsed programme applicable to the whole country?		
6. Have there been any changes to the measures implemented to prevent or control CBPP?		
7. Have surveillance activities been carried out taking into account provisions of Chapter 1.4. and Chapter 11.7.?		
8. Have there been any changes to the diagnostic capability and procedures?		
9. Have samples been regularly submitted to a laboratory for CBPP confirmation?		
10. If vaccination is part of the control programme, have there been any changes on the compulsory vaccination?		
11. Have there been any changes to the emergency preparedness and contingency response plan to be implemented in case of CBPP outbreak(s)?		
12. Have any changes in the epidemiological situation, increase of incidence of CBPP or other significant events regarding the official control programme for CBPP occurred during the past 12 months?		
I certify that the above are correct. Date: Signature of Delegate :		

[Reference to the relevant article in the CBPP chapter of the *Terrestrial Animal Health Code* (2014)]

Article 11.7.18.

OIE endorsed official control programme for CBPP

The overall objective of an OIE endorsed *official control programme* for CBPP is for Member Countries to progressively improve their situation and eventually attain CBPP free status. The *official control programme* should be applicable to the entire country even if certain measures are directed towards defined subpopulations.

Member Countries may, on a voluntary basis, apply for endorsement of their *official control programme* for CBPP when they have implemented measures in accordance with this article.

For an *official control programme* for CBPP to be endorsed by the OIE, the Member Country should:

1. have a record of regular and prompt animal *disease* reporting according to the requirements in Chapter 1.1.;
2. submit documented evidence of the capacity of *Veterinary Services* to control CBPP; this evidence can be provided by countries following the OIE PVS Pathway;
3. submit a detailed plan of the programme to control and eventually eradicate CBPP in the country or *zone* including:
    a. the timeline;
    b. the performance indicators for assessing the efficacy of the control measures to be implemented;
    c. submit documentation indicating that the *official control programme* for CBPP has been implemented and is applicable to the entire territory;
4. submit a dossier on the epidemiology of CBPP in the country describing the following:
    a. the general epidemiology in the country highlighting the current knowledge and gaps;
    b. the measures to prevent introduction of *infection*, the rapid detection of, and response to, all CBPP *outbreaks* in order to reduce the incidence of CBPP *outbreaks* and to eliminate CBPP in at least one *zone* in the country;
    c. the main livestock production systems and movement patterns of CBPP susceptible *animals* and their products within and into the country;
5. submit evidence that CBPP *surveillance* is in place,
    a. taking into account provisions in Chapter 1.4. and the provisions on *surveillance* of this chapter;
    b. have diagnostic capability and procedures, including regular submission of samples to a *laboratory* that carries out diagnosis and further characterisation of strains in accordance with the *Terrestrial Manual* including procedures to isolate and identify *M. mycoides* subsp. *mycoides* SC as opposed to *M. mycoides* subsp. *mycoides* LC;
6. where *vaccination* is practised as a part of the *official control programme* for CBPP, provide:
    a. evidence (such as copies of legislation) that *vaccination* of selected populations is compulsory;
    b. detailed information on *vaccination* campaigns, in particular on:
        i) target populations for *vaccination*;
        ii) monitoring of *vaccination* coverage;
        iii) technical specification of the vaccines used and description of the licensing procedures in place;
        iv) the proposed timeline and strategy for the cessation of *vaccination*;
7. provide an emergency preparedness and contingency response plan to be implemented in case of CBPP *outbreaks*.

The Member Country's *official control programme* for CBPP 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 CBPP that cannot be addressed by the programme.

Annex 11

Original: English
November 2014

MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION OF CLASSICAL SWINE FEVER STATUS OF MEMBER COUNTRIES

Paris, 3 – 6 November 2014

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A meeting of the OIE *ad hoc* Group on the Evaluation of Classical Swine Fever (CSF) Status of Member Countries (hereafter the Group) was held at the OIE Headquarters from 3 to 6 November 2014.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Brian Evans, Deputy Director General and Head of Scientific and Technical Department, welcomed the Group. He highlighted that this meeting was the first cycle of evaluation of the applications of Member Countries for the official recognition of their CSF free status. He thanked the Group for dedicating time and efforts, particularly considering the large numbers of dossiers received.

Dr Evans informed the Group that a series of workshops would be conducted in the two following years in each of the OIE Regions in order to provide training for Member Countries on the key elements to consider when preparing a dossier for official recognition of disease or risk status. The experience gained through and the output of this meeting would be when preparing the agenda and the essential technical support. He presented Dr Dietrich Rassow, who was in charge of the development of these workshops with the support of the team in charge of official status recognition.

Dr Evans thanked Dr Gideon Brückner, President of the Scientific Commission for Animal Diseases (hereafter the Commission), for his availability to participate in the meeting and his technical guidance.

Dr Evans highlighted the sensitivity and confidentiality of the dossiers received for official recognition and thanked the experts for having signed the confidentiality undertakings. He emphasised that submitted dossiers are considered the property of the applicant Member Country and the dossiers are never shared outside the OIE. If a country wishes to share its dossier with another country, it could be done directly through bilateral negotiation between both countries. He also noted that most of the experts of the Group were originally from a country that applied for official recognition of CSF free status at this cycle of evaluation. He suggested that, to avoid any conflict of interest, the expert withdraws themselves from the discussion related to their own country.

Dr Evans reminded the Group that applicant countries have nominated technical contact points that should be available this week to answer any questions raised during the meeting. He encouraged the experts to contact them through the OIE Secretariat to seek clarification or to request any additional information that could help the Group to make an informative recommendation to the Commission.

Finally, Dr Evans acknowledged that the level of expectations of applicant Member Countries may be high for recognition of their CSF free status. Despite the expectations, the Group was encouraged to set consistent and maintainable standards to evaluate the dossiers while providing detailed feedback to all countries, but particularly to those countries with a negative output on the identified gaps and points for improvement.

Dr Brückner thanked the Scientific and Technical Department for the huge work done in preparing the meeting and pre-screening all dossiers.

Dr Brückner reminded that two participating experts had been part of the *ad hoc* Group that drafted the CSF Chapter of the *Terrestrial Animal Health Code (Terrestrial Code)* and suggested that Dr Trevor Drew, chair of the above-mentioned *ad hoc* Group, chairs this meeting as well. The Group agreed.

Dr Brückner emphasised that the Group should evaluate the dossiers and base its rationale and position on the requirements of the current edition of the *Terrestrial Code* and provide clear recommendations to the Commission.

Dr Drew highlighted the differences between self-declaration and official recognition of disease freedom. He reminded that the purpose of the official recognition procedure is to facilitate safe trade, and not to create unreasonable barriers to such. The CSF Chapter does not request a country to demonstrate CSF freedom in wild and feral pigs but to conduct appropriate surveillance to evaluate and mitigate the risk of wild and feral pigs to their domestic population.

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

The Group was chaired by Dr Trevor Drew. Dr Maria Celia Antognoli acted as rapporteur, with the support of the OIE Secretariat. The Group endorsed the proposed agenda to evaluate the 25 dossiers following a regional approach, beginning with the regions that recently eradicated CSF and neighbouring infected countries. However, this report lists the countries by alphabetical order.

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

3. Evaluation of a request from Member Countries for the status recognition of a CSF free status

1) Australia

The Group requested additional information and received clarification from Australia.

i. Animal disease reporting

The Group considered that Australia had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak was recorded in domestic pigs in 1961. Therefore, Australia was eligible for historical freedom from CSF with regard to Article 1.4.6. of the *Terrestrial Code*.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination was prohibited and had never been conducted to eradicate previous outbreaks.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group understood that Australia based its surveillance on the requirements of Article 1.4.6. of the *Terrestrial Code* for historical freedom.

The Group acknowledged that, as a result of clinical surveillance, three suspect cases were tested and found negative for CSF infection in 2013-2014. However, the Group requested additional information as the number of samples appeared to be inadequate for a CSF investigation.

Australia subsequently provided data on the number of investigations carried out since 2000, including the number of samples received and the tests used, as well as a test algorithm detailing the tests carried out. Australia also provided comprehensive data on carcase inspections at abattoirs. The Group noted that, since 2012, four suspect cases had been investigated, but these only involved a total of nine samples and no serology had been carried out. The Group recognised that it was not always necessary or possible to carry out comprehensive investigations involving tests for antibody and virus in all cases of suspected disease. However, the lack of samples tested was neither in line with the recommendations of the OIE *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* (*Terrestrial Manual*) nor in the testing algorithm within the AusVetPlan, which advises a range of samples be tested, including testing the serum for CSF antibody.

As a consequence, there remained some concerns among the Group that delays in diagnosis might occur if such a lack of sampling/testing became the norm.

However, given the long time elapsed since the last introduction of the virus, the geographical conditions (no borders with other countries) and the mitigations in place for import of live animals and animal products, the risk of CSF virus introduction was considered low.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group acknowledged the requirements for imports of pigs and products and the traceability system in place in Australia.

The Group was concerned that lack of specific information provided on CSF awareness and lack of comprehensive investigation to rule out CSF could lead to delays in detection and response. This should include a standard diagnostic testing algorithm applied to investigation of suspect cases and confirmation that this approach was being applied consistently.

Upon the request of additional information on this matter, Australia provided comprehensive information on the diagnostic testing algorithm including the samples taken and tested, abattoir surveillance, and the results of the investigations from 2000 to 2014. Australia also provided further information on the numbers of previous investigations of suspect cases to substantiate its passive surveillance efforts for early detection of CSF.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

It appeared from the dossier that serological surveillance was conducted in wild pigs from a northern area. 293 samples from 7 surveys were tested with negative result in 2013.

The majority of pig farms were certified by producers' quality assurance program (APIQ) and included a requirement for high biosecurity. Whilst there was little information on the biosecurity measures of non-APIQ-certified piggeries, since the disease was absent in feral population, the importance of this was considered minimal.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Australia's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Australia be recognised as a CSF free country.

2) Austria

The Group noted that Austria is part of the European Union and as such subject to its legislation.

The Group requested additional information and received clarification from Austria.

i. Animal disease reporting

The Group considered that Austria had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier provided confidence that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge, based on hunting statistics, about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak was in 1996 in domestic animals and in 1995 in wild boars.

iv. Absence of vaccination in the past 12 months

The Group understood from the dossier that vaccination had never been used in Austria.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group acknowledged that a centralised herd identification system that would enable traceability in case of a CSF outbreak was in place for domestic animals and agreed that documentation on active and passive surveillance were compliant with the requirements of Chapter 15.2. of the *Terrestrial Code*.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group noted that the information related to the methods used for disposal of waste from international traffic (ship, train or plane) was not included in the dossier. Austria further provided the required documentation giving assurance that the measures were in line with the *Terrestrial Code*.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

Further to the Group's request, Austria clarified that the national Ordinance on biosecurity in pig holdings was pending official approval. However, Austria informed the Group that due to the higher risk in areas with wild boar populations, pig holdings were only allowed in areas where no disease in wild boar had been notified and where increased security measures were in place.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Austria's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Austria be recognised as a CSF free country.

3) Belgium

The Group noted that Belgium is part of the European Union and as such subject to its legislation.

i. Animal disease reporting

The Group considered that Belgium had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in domestic pigs was in 1997, and CSF virus was confirmed in November 2002 in a wild boar shot at 500 m from the German border, without virus circulation in the Belgian territory.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination was prohibited since 1988.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group noted that domestic pigs were subject to passive surveillance and that no suspect cases were reported in 2014.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group acknowledged that there was a herd identification system that would enable traceability in case of CSF outbreak.

Import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and with the requirements of the *Terrestrial Code*. Comprehensive documents covering importation were provided. The Group agreed that the import measures were sufficient to mitigate against CSF.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group noted that the distribution of wild boar was described and that Veterinary Services had an engagement with hunters. Serological monitoring was organised every year during the hunting season in the provinces where the main boar populations roam.

In addition, it was noted that pig farmers had the obligation to ensure that any direct contact between farmed pigs and wild pigs was avoided by accommodating the pigs in constructed buildings and erecting a double fence and making sure that all equipment and feed used in the pig farm was protected from any contact by wild pigs.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Belgium be recognised as a CSF free country.

4) Canada

i. Animal disease reporting

The Group considered that Canada had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

The Group appreciated that one herd was detected in 2013 as presenting CSF clinical signs and proper follow-up was conducted to rule out CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Canada was in 1963. Therefore, Canada was eligible for historical freedom from CSF as described in Article 1.4.6. of the *Terrestrial Code*.

iv. Absence of vaccination in the past 12 months

The Group noted that CSF vaccination was prohibited and had never been conducted in Canada.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group agreed that Canada complied with the requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier was adequate and appropriate, given the epidemiological situation.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group acknowledged that swill feeding was forbidden in Canada. Comprehensive documents covering import control procedures for animals, animal products and veterinary medicinal products were provided and substantiated compliance with the requirements of the *Terrestrial Code*.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group thought that results of serological surveillance conducted would have further substantiated the absence of CSF in the wild population. However, the Group acknowledged that the wild boar population was limited to some areas properly identified by the Canadian Authorities and would have an insignificant role in the introduction of CSF virus into the country. Given the exclusively indoor production systems and the stringent biosecurity measures applied to all types of farming, the Group concluded that the overall risk was negligible.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Canada be recognised as a CSF free country.

5) Chile

As part of the evaluation, the Group had a short face-to-face meeting with a delegation from Chile. The Group received additional information and clarification to the questions raised, which were further provided in written form.

i. Animal disease reporting

The Group considered that Chile had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations. The delegation further confirmed this point and clarified that samples were sent for confirmatory tests to an OIE Reference Laboratory. The Group agreed that an on-going awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Chile was in 1996 and that the dossier substantiated absence of CSF infection in the past 12 months.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination had been prohibited as per law since 1997.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group considered that the antibody ELISA test was not optimal for detection of acute disease, and the test used for virus isolation, direct immunofluorescence assay on cryostat sections, had low sensitivity and was often subject to misinterpretation. This could lead to misdiagnosis and delays in detection of an outbreak of CSF. The delegation confirmed that PCR detection system was also in use in the investigation of suspect cases, that a partnership agreement was in place with the laboratory at the University of Minnesota on capacity building, and that samples from suspect cases were also sent to an OIE Reference Laboratory.

Two kinds of slaughterhouses were described in the dossier: commercial and small abattoirs in which Veterinary Services perform surveillance for trichinellosis as prioritised by the Ministry of Health.

vi. Regulatory measures for the early detection, prevention and control of CSF

The delegation clarified the regulation in place and the procedure for safe disposal of waste from international traffic. It also indicated that the entire process was under the responsibility of the Veterinary Services. In a follow-up communication, Chile provided details on entry and movement requirements and confirmed adequacy and compliance concerning treatment of airport and port waste. The Group concluded that the described methods were appropriate.

The Group also concluded that the Veterinary Authority in Chile had strong systems in place to detect and prevent CSF and other pig diseases at an early stage.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group understood from the delegation that there were only one group of feral pigs, but also free-ranging pigs farmed extensively in Tierra del Fuego.

The dossier from Chile mentioned that geographical factors largely prevented contact between the domestic and wild populations. The details of these wild populations were provided and the Group was satisfied that there was low risk for contact between the two populations.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier, answers in oral and written form from Chile to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Chile be recognised as a CSF free country.

6) Finland

The Group noted that Finland is part of the European Union and as such subject to its legislation.

The Group requested additional information and received clarification from Finland.

i. Animal disease reporting

The Group considered that Finland had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Finland was in 1917. Therefore, Finland was eligible for historical freedom from CSF as described in Article 1.4.6. of the *Terrestrial Code*.

iv. Absence of vaccination in the past 12 months

The Group took note that CSF vaccines have never been used in Finland and that vaccinating against CSF was forbidden.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group agreed that Finland complied with the requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier was adequate to the epidemiological situation.

In addition, over 2000 domestic pigs (healthy slaughtered sows, boars from artificial insemination centres, imported animals) were tested with negative results within the 12 months of 2013-2014.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group noted that Finland only imported from Denmark, Norway, Sweden and Germany and that swill feeding in any type of form was not allowed in Finland.

Further to the Group's request, Finland confirmed that its arrangements concerning disposal of waste from ports and airports fully complied with EU regulations, including incineration, deep burial and protection from wild animals. The Group agreed that these were compliant with the requirements of the *Terrestrial Code*.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

From the dossier, 500 wild boars were estimated to live in Finland and the density of this population was highest in the area close to the Russian border. Wild boars were subject to serological and virological surveillance.

The Group agreed that CSF risk from wild boar could be considered as low because of the sparse wild boar population. While 60% of farms had access to outdoors, many of them had double fences.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Finland's answer to the question raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Finland be recognised as a CSF free country.

7) France

The Group noted that France is part of the European Union and as such subject to its legislation.

The Group acknowledged that the French application covered mainland France, including Corsica, as well as overseas departments (Martinique, Guadeloupe, French Guiana, Reunion and Mayotte).

The Group requested additional information and received clarification from France.

i. Animal disease reporting

The Group considered that France had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

In response to a specific question from the Group concerning French Guiana, the French authorities demonstrated that they had a clear understanding of the pig industry in that territory. The stated use of the National Reference Laboratory in France for investigation of all suspect cases in its territories provided sufficient level of assurance that the required systems were in place.

iii. Situation of CSF in the past 12 months

The Group noted that no outbreaks were observed since 2007 in French mainland. For overseas departments, the last outbreaks were in 1978 in Martinique, 1985 in Guadeloupe and 1996 in Reunion. CSF was never reported in French Guiana and in Mayotte.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination had been prohibited since 2010.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group noted the existence of 16 accredited laboratories, including one in Reunion. Considering that the dossier indicated that the diagnostic of CSF was performed in France, the Group requested confirmation that any suspect cases of CSF would be sent to an accredited laboratory. France confirmed that all testing of samples from CSF suspect cases would be carried out by the National Reference Laboratory in mainland France.

For French Guiana, whilst acknowledging the lack of any evidence of past infection, the relatively small number of pigs and no export market, the Group expressed significant reservations concerning the surveillance and mitigations in place in that territory. The Group would therefore recommend that France urgently consider these elements for French Guiana.

vi. Regulatory measures for the early detection, prevention and control of CSF

Import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and the requirements of the *Terrestrial Code*. Comprehensive and detailed record of countries from which pigs and products imported, also inspection centres were provided. The contingency plan, including a sampling design in case of CSF occurrence, was also provided.

The Group noted the presence of seropositive wild boars close to the boundary with a neighbouring country but agreed with the interpretation of France that it was associated with the vaccination campaign in the area which had ceased in 2012.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group noted that a statutory measure was applied to free-range farms, including electric fences at least 1.3 meters high creating a barrier between captive and wild pigs.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and France's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that France and all listed overseas territories be recognised as a CSF free country.

8) Hungary

The Group noted that Hungary is part of the European Union and as such subject to its legislation.

The Group requested additional information and received clarification from Hungary.

i. Animal disease reporting

The Group considered that Hungary had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Hungary was in 2009 in wild boars and in 1993 in domestic pigs.

The Group was aware that there had been an infected area at the border between Hungary and Slovakia in 2008/2009, affecting wild population in Hungary and wild and domestic populations in Slovakia and discussed in depth the information provided in the dossier on wild and feral pigs.

The Group concluded that the information provided in the dossier substantiated the absence of CSF virus infection in the past 12 months.

iv. Absence of vaccination in the past 12 months

The Group noted that vaccination was not conducted in Hungary and CSF was eradicated in 1993. Upon reintroduction of CSF in 2007 in wild boar, it was eradicated without vaccination in 2009.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

Further to the Group's request, Hungary clarified that all pig farms, including small scale famers were registered.

Given the assessed specificity of the test, the Group requested Hungary to confirm that they had performed follow-up on any positive ELISA results. The response from Hungary indicated that seropositive results were followed up with a virus neutralisation test and the results presented in the dossier contained the final outcomes substantiating absence of CSF virus infection.

vi. Regulatory measures for the early detection, prevention and control of CSF

Import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and with the requirements of the *Terrestrial Code*. Comprehensive and detailed record of countries from which pigs and products imported, and inspection centres were provided.

In case of CSF introduction, while the eradication policy of Hungary was stamping out without vaccination, the dossier highlighted that the European Commission legislation would allow performing emergency vaccination depending on the epidemiological situation.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group requested additional information on captive wild pigs, their production system and surveillance applied for this population. Hungary confirmed that most of its captive wild boar breeding was for hunting purposes and that its CSF surveillance programme covered these establishments.

Hungary also confirmed that a Ministry Decree specifically compelled pig owners to ensure pig enclosures prevented contact of their pigs with wild boar. Regular campaigns to sensitise farmers of the risks were conducted and had been further reinforced recently, including for hunters, as part of a campaign to address the risk posed by African swine fever. In support of the efficacy of this approach, the Hungarian authorities also highlighted that, even when CSF was detected in wild boars during 2007-2009, no case occurred in domestic pigs.

The Group noted that virology was compulsory for seropositive wild boars, but invited Hungary to consider the use of virological tests on carcasses presenting CSF clinical signs, in accordance with Article 15.2.31. Point 3).

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Hungary's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Hungary be recognised as a CSF free country.

9) Ireland

In accordance with the established procedures, the participating expert from the United Kingdom expressed a possible conflict of interest and withdrew from the discussions on Ireland's dossier by the Group.

The Group noted that Ireland is part of the European Union and as such subject to its legislation.

i. Animal disease reporting

The Group considered that Ireland had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Ireland was in 1958. Therefore, Ireland was eligible for historical freedom from CSF as described in Article 1.4.6. of the *Terrestrial Code*.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination was prohibited and had never been used in Ireland.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

It appeared from the dossier that passive surveillance was carried out through ante- and post-mortem inspections in nine slaughter plants. In addition, routine monitoring of boars in semen collection centres was carried out. In 2014, one of the 1120 samples was seropositive and after investigations, the animal was finally concluded as negative for CSF.

The Group agreed that Ireland complies with the requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier was adequate to the epidemiological situation.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group noted that criteria for CSF suspicion were clearly established and that import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and with the requirements of the *Terrestrial Code*.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

Ireland reported no wild boar or feral pig populations. The Group noted that small number of pigs have been seen and removed from a small number of locations in Ireland. These pigs have been found to be escapees from pig premises.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Ireland be recognised as a CSF free country.

10) Japan

In accordance with the established procedures, the participating expert from Japan withdrew from the discussions on Japan's dossier by the Group.

The Group requested additional information and received clarification from Japan.

i. Animal disease reporting

The Group considered that Japan had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations. The Group noted that although the dossier did not provide much information on ongoing awareness programmes that would incentivise reporting of suspect cases at producer level, continuous awareness programmes for animal health professionals, not specific to CSF, but to most exotic swine diseases were in place.

ii. Veterinary Services

The responsibilities of the Veterinary Services were clearly described and the Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the dossier indicated that the last outbreak in Japan was in 1992. The Group considered the confirmed CSF cases in five farms in Kagoshima Prefecture (south-western Japan) in 2004. This event was apparently the consequence of the use of illegally introduced "medicine" (*A review of recent unexpected animal disease events in Japan and Korea and the follow-up action taken*. Ozawa *et al*, *Rev Sci Tech Off Int Epiz.*, **25**(1), 125-135, 2006). The Group considered very unlikely that the event had been caused by a recognised CSF vaccine strain, as this would not have caused spread among pigs and to other farms. The Group came to the conclusion that this event should have been regarded as a CSF outbreak. The Group acknowledged that the dossier substantiated absence of CSF infection in the past 12 months.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that the vaccination was prohibited in April 2006.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

Complete passive and active surveillance and adequate testing protocols for detection of both virus and antibodies were described in detail in the dossier. However, given the assessed specificity of the test, the Group wondered whether Japan had to perform follow-up on any positive ELISA results. Japan provided explanation on the procedure to follow-up the positive ELISA results by using neutralising peroxidase-linked assay and to finally rule out CSF.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group noted that imports were restricted to pig and products depending upon the health status of the country of origin. The dossier provided evidence supporting the safety of the imports.

The dossier clarified that, in case of CSF introduction, a vaccine bank was in place and emergency vaccination would possibly be conducted.

Further to Japan's clarification, the Group agreed that the identification system would ensure traceability in case of outbreaks.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group agreed that geographical isolation of the country, strict import restrictions, mitigation measures in place, and adequate surveillance suggested absence of circulating CSF virus in wild and feral pigs in Japan. In addition, the dossier highlighted that domestic and captive pigs had to be kept separated from wildlife by law, through the use of fences and that most of the pig farms were kept indoors.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Japan's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Japan be recognised as a CSF free country.

11) Liechtenstein

The Group requested additional information and received clarification from Liechtenstein.

i. Animal disease reporting

The Group considered that Liechtenstein had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier provided confidence that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group acknowledged that Liechtenstein's Veterinary Services were fully integrated into Switzerland's Veterinary Services. The Group agreed that the Veterinary Services were compliant with the requirements of Chapter 15.2.

iii. Situation of CSF in the past 12 months

The Group noted that no outbreaks were reported in the territory of Liechtenstein since the establishment of a state veterinary office as an independent administrative unit within the Liechtenstein state administration. The last case in domestic was reported in 1993 and in wild boar in 1999 when also taking Switzerland into account.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination was prohibited since 1980.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

For the purposes of surveillance, Liechtenstein operates as a canton of Switzerland and applies the same systems which were compliant with the requirements of the *Terrestrial Code*.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group noted that all regulatory measures operated as for Switzerland and complied with the requirements of the *Terrestrial Code*.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group questioned whether the carcasses of the thousands of hunted wild boar in the territory every year, with reference to Figure 8 (page 30) of the dossier, were subjected to official inspection and to provide the numbers of them. Lichtenstein clarified that there were no resident wild boar – these figures were for Switzerland. Furthermore, the terrain and altitude of Liechtenstein was not suitable for wild boar hunting and, as a consequence, was not a major hunting species.

The Group acknowledged that, in such case, specific surveillance of wild boar did not seem to provide any benefits; given the small numbers and that they were resident in Switzerland, where surveillance was being carried out.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Liechtenstein's answer to the question raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Liechtenstein be recognised as a CSF free country.

12) Luxembourg

The Group noted that Luxembourg is part of the European Union and as such subject to its legislation.

The Group requested additional information and received clarification from Luxembourg.

i. Animal disease reporting

The Group considered that Luxembourg had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Luxembourg was in 2003 for both domestic pigs and wild boar.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that the last vaccination campaign started in 2004 in wild boar.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The dossier stated that the CODA-CERVA-VAR in Belgium performed confirmatory diagnosis. The Group requested and received the formal contract in place with the Belgium laboratory and the details on the testing and service provided as well as turnaround times.

Further to the Group's request, Luxembourg provided information on investigation of suspect cases of CSF that complied with the requirements of the OIE *Terrestrial Manual*.

The dossier described surveillance in domestic pigs as being based on passive surveillance, and serological (140 samples) and virological surveys were carried out annually.

vi. Regulatory measures for the early detection, prevention and control of CSF

Import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and with the requirements of the *Terrestrial Code*.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

As part of the routine surveillance for Trichinella, an 11% fraction of wild boars underwent serological examination for CSF antibodies.

It appeared from the dossier that Luxembourg had no open range pig farming and that farmers had built fences voluntarily.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Luxembourg's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Luxembourg be recognised as a CSF free country.

13) Mexico

The Group requested additional information and received clarification from Mexico.

i. Animal disease reporting

The Group considered that Mexico had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group was concerned that the Veterinary Authority of Mexico did not have current knowledge of, and authority over, all domestic and captive wild pig herds in the country particularly the backyard and "semi-technified" pig sector. The Group was also concerned that the herd registration and movement record was voluntary and was managed by the pork producer association (as indicated in the additional information provided by Mexico). This raised doubts about the quality and consistency of such records and the consequent ability of the Veterinary Authority to follow-up or controls an outbreak.

iii. Situation of CSF in the past 12 months

The Group noted that the previous outbreak was in 2005, and that the last reported case in Mexico was in 2009: it was a PCR-positive case where virus could not be isolated. The Group would have appreciated more information on this case, including its reporting and the follow-up investigation. However, the Group concluded that the dossier substantiated the absence of CSF virus infection in the past 12 months.

iv. Absence of vaccination in the past 12 months

According to the dossier, vaccination had not been practiced since 2006.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group requested additional information on the identification and registration policy applicable to the pig population in the country in relation to the surveillance programme to ensure sufficient assurance of traceability, and that the effective tracing of animals could be achieved. Mexico clarified that there was no official individual identification system in place for pigs, however, each production unit had a system in place. In response to the question regarding the movement of pigs in different production sectors and how suspect cases could be traced back, Mexico provided comprehensive details on the health certificate mobilization required and the scheme in place for any movement of pigs and the regulated goods within the country.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group acknowledged that swill feeding was forbidden in Mexico.

The Group requested more details on the steps to reduce the risk of incursions of CSF, particularly from neighbouring countries. The Group noted the very large number of backyard farms located in the southern region of Mexico adjoining Guatemala. There was insufficient evidence in the dossier to ensure adequate surveillance activity in this sector. Mexico further provided information on additional measures in place, including three highway review points and four operational internal checkpoints located at strategic sites in the south of the country. However, the Group was still unclear about how effective these were in mitigating the acknowledged risk posed by illegal movements of animals and products.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

Further to the Group's request, Mexico provided information on the definition of a "semi-technified" production system mentioned in its dossier and the mitigation measures applied to these operations. Concerning these semi-commercial production systems, the adequacy of biosecurity measures and oversight by the Veterinary Authority was unclear.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Mexico's answers to the questions raised, the Group considered that the application was not fully compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group felt that it was not in a position to make a final decision and recommended a mission to the country focusing on: semi-commercial production and backyard production system; movement control; biosecurity measures; authority of the Veterinary Services; and field and laboratory investigation of suspect cases in all sectors of production.

14) The Netherlands

The Group noted that the Netherlands are part of the European Union and as such subject to its legislation.

i. Animal disease reporting

The Group considered that the Netherlands had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

The Group appreciated the details provided on the six animals that were detected in 2013/2014 by passive surveillance, and that were further investigated and tested negative for CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge, through an engagement with hunters, about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in the Netherlands was in 1998.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that no vaccination had been applied since 1986.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group acknowledged the extensive surveillance programme which included targeted testing.

vi. Regulatory measures for the early detection, prevention and control of CSF

Import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and with the requirements of the *Terrestrial Code*.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group noted that the wild and feral population was small with two groups existing: one isolated in a fenced area, and one small population on border with Germany. The wild boars were to be shot if ever found in other areas.

An extensive sampling was carried out in 2013/2014 (approximately 100 virological examinations and 550 serological examinations of wild boars) but all samples resulted negative.

The dossier admitted that there may be occasional contact between organic/outdoor pigs and roaming wild boars though none had been recorded. However, the Group noted that the contingency plan requested all pigs to be housed in the event of an outbreak.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that the Netherlands be recognised as a CSF free country.

15) Norway

i. Animal disease reporting

The Group considered that Norway had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Norway was in 1963. Therefore, Norway was eligible for historical freedom from CSF as described in Article 1.4.6. of the *Terrestrial Code*.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination against CSF was never practised in Norway.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group acknowledged that, from the clinical surveillance conducted, two suspect cases were tested and resulted negative for CSF from August 2013 to August 2014.

The Group agreed that Norway complied with the requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier was adequate to the epidemiological situation.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group noted the establishment of an administrative contingency plan that outlines the chain of command, the organisation of staff/crisis centres, the early warning systems, and the system of communication covering all areas under the responsibility of Veterinary Authority of Norway.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group acknowledged that the wild boar population was approximately 100 animals located in a small geographical area in the southeast area of Norway.

Considering that approximately 99.7% of domestic pigs are kept indoors, that outdoor farms were enforced to prevent contact with wild animals by regulations, and that wild boar population was small and in a limited area, the Group agreed that biosecurity measures in place to avoid contact of domestic and captive wild from wild and feral pigs were adequate considering the epidemiological situation.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Norway be recognised as a CSF free country.

16) Portugal

The Group noted that Portugal is part of the European Union and as such subject to its legislation.

The Group acknowledged that the Portuguese application covered mainland Portugal, territories of Azores and Madeira.

The Group requested additional information and received clarification from Portugal.

i. Animal disease reporting

The Group considered that Portugal had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF. In response to questions from the Group, Portugal clarified that the Regional Directorates of the Portuguese Veterinary Authority were responsible for Azores and Madeira, with the Portuguese National Reference Laboratory carrying out all laboratory tests.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country. Following a request for clarification concerning numbers and location of wild pigs on Madeira and the Azores, Portugal asserted that there were no wild pigs.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Portugal was in 1985. Therefore, Portugal was eligible for historical freedom from CSF as described in Article 1.4.6. of the *Terrestrial Code*.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination against CSF was prohibited in 1989.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The dossier described the passive surveillance conducted in slaughterhouses. The Group agreed that Portugal complied with the requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier was appropriate for the risk and for the epidemiological situation.

vi. Regulatory measures for the early detection, prevention and control of CSF

Import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and with the requirements of the *Terrestrial Code*. Comprehensive documents covering importation were provided.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group acknowledged that passive surveillance was conducted in wild boars. Some counties of the eastern part of Portugal also conducted active surveillance coupled with surveillance for tuberculosis during hunting seasons.

In terms of biosecurity measures, pig farms should have a sanitary barrier as per law, including external fence, loading dock, warehouses for feed, quarantine, morgue for dead animals, sanitary filter and wheel bath or disinfection ring.

Although the Group felt that the possibility of wild pigs did exist, at least on Madeira (*Mammals of the Macaronesian islands (the Azores, Madeira, the Canary and Cape Verde islands): redefinition for the ecological equilibrium*. M. Masseti. Mammalia (74), 3-34, 2010), they constituted little risk; given that CSF had never been reported, and Portugal stated that all pigs on Madeira and the Azores would be killed on these islands and consumed locally.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Portugal's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Portugal be recognised as a CSF free country.

17) Slovakia

The Group noted that Slovakia is part of the European Union and as such subject to its legislation.

i. Animal disease reporting

The Group considered that Slovakia had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Slovakia was in 2008 in wild boar and that the dossier substantiated the absence of CSF virus infection in the past 12 months.

iv. Absence of vaccination in the past 12 months

The Group noted that vaccination was ceased on 31 December 2000.

However, oral vaccination of wild boars was conducted from February 2005 in response to sporadic CSF outbreaks in domestic pigs in areas where there were infected wild boar populations. This vaccination was completed in November 2009.

The Group concluded that there had been no vaccination in the past 12 months.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group appreciated the risk-based approach applied for surveillance and noted that the higher risk area was located close to the border with a neighbouring country.

The Group commended the competent Authority of Slovakia on the intensive level of surveillance conducted both in domestic pigs and wild boar. Although the Group pointed out that the description of the sampling described in Section 5b does not seem to accord with the total number of samples tested as described later in that section, surveillance measure in place were considered satisfactory and therefore this discrepancy was not considered of consequence.

The Group noted the important border with another neighbouring country and suggested that, if not already done, surveillance be reinforced close to the borders to prevent the entry of CSF virus and other pathogens.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group acknowledged that specific control measures were applied in the region identified as presenting a higher risk. However, the Group suggested that in the future the measures be coordinated with the neighbouring countries.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group noted that adequate monitoring in wild boars was performed in 2013/2014 in defined risk areas in the country.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Slovakia be recognised as a CSF free country.

18) Slovenia

The Group noted that Slovenia is part of the European Union and as such subject to its legislation.

i. Animal disease reporting

The Group considered that Slovenia had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Slovenia was in May 1996 and that the dossier substantiated the absence of CSF virus infection in the past 12 months.

iv. Absence of vaccination in the past 12 months

The Group noted that vaccination was ceased at the end of October 2000.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

It appeared from the dossier that passive surveillance was conducted in pig populations of the country and that a monitoring programme was in place.

vi. Regulatory measures for the early detection, prevention and control of CSF

Import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and with the requirements of the *Terrestrial Code*. Comprehensive documents covering importation were provided.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

Samples were collected from hunting areas with regard to the hunted wild boar per km^2. The grazing of domestic pigs was not a common way of pig production in Slovenia. The Group took note that the domestic pigs were usually reared in closed facilities, so contacts between domestic pigs and wild pigs were unlikely to happen.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Slovenia be recognised as a CSF free country.

19) Spain

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

The Group noted that Spain is part of the European Union and as such subject to its legislation.

The Group acknowledged that the Spanish application covers mainland Spain, Balearics Islands, Canaries Islands and Territories in North Africa (Chafarinas Island, Velez de Gomera, Alhucemas Islands, Alboran, Ceuta and Melilla).

The Group requested additional information and received clarification from Spain.

i. Animal disease reporting

The Group considered that Spain had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Spain was in 2002.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination was ceased in the 1980s. Outbreaks in 2001-2002 were controlled by stamping out, biosecurity measures and movement restrictions, without the use of vaccination.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group acknowledged the active and passive surveillance in place, including surveillance at slaughterhouses.

The Group discussed the inclusion of territories in North Africa in the application from Spain. Considering that there were no domestic pigs and no export of pigs and pig products from these territories, and considering the double fence separating Ceuta and Melilla from Morocco; the Group agreed to include the North African territories of Spain.

The Group requested additional information on surveillance conducted in small family production systems of less than 10 sows; the answer provided by Spain demonstrated that the surveillance was adequate to the epidemiological situation.

vi. Regulatory measures for the early detection, prevention and control of CSF

Import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and with the requirements of the *Terrestrial Code*. Comprehensive documents covering importation were provided.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group noted the intense active and passive surveillance in domestic pigs. Surveillance was conducted in wild boars through hunters, based on geographic representation of samples collected and animals hunted. The Group noted that minimum biosecurity requirements were mandated by law for both extensive and commercial production systems.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Spain's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Spain be recognised as a CSF free country.

20) Sweden

The Group noted that Sweden is part of the European Union and as such subject to its legislation.

The Group requested additional information and received clarification from Sweden.

i. Animal disease reporting

The Group considered that Sweden had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in Sweden was in 1944. Therefore, Sweden was eligible for historical freedom from CSF as described in Article 1.4.6. of the *Terrestrial Code*.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination had never been practised in Sweden.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group agreed that Sweden complied with the requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier was adequate to the epidemiological situation.

vi. Regulatory measures for the early detection, prevention and control of CSF

From the dossier, it appeared that there were limited imports from Norway and Finland and no import for direct slaughter.

The Group noted that Category I waste, as defined by EU legislation, from airports and harbours may go directly for burial in authorised landfills without any prior treatment. Sweden further clarified the measures being taken to prevent the access to landfills by the increasing numbers of wild boar in the country.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group took note that domestic pigs in conventional production were kept indoors. 22 of the 29 organic producers, who were keeping their pigs outdoors, had joined the voluntary salmonella control programme which requires them to provide special non-escape fencing of the fields.

The Group agreed that biosecurity measures to avoid contact of domestic and captive wild from wild and feral pigs were adequate considering the epidemiological situation.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Sweden's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Sweden be recognised as a CSF free country.

21) Switzerland

The Group requested additional information and received clarification from Switzerland.

i. Animal disease reporting

The Group considered that Switzerland had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last case in Switzerland was reported in 1993 in domestic pigs, and in 1999 in wild boar. No clinical signs or virological evidence were observed since then.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination ceased in 1980 as per law.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

Further to the Group's request, Switzerland clarified that backyard pig producers had the same obligations as the large scale producers.

vi. Regulatory measures for the early detection, prevention and control of CSF

Import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and with the requirements of the *Terrestrial Code*.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

From the dossier, it seemed that there was no active surveillance programme for wild pigs. Considering the important number of wild boar hunted every year, Switzerland clarified that carcasses were subjected to inspection by a hunter or an authorized person, who had followed a specific course to perform the control and was obliged to notify any suspicious lesions. In addition, every wild boar that was brought to a large processing establishment was subjected to routine meat inspection by an official veterinarian.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Switzerland's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that Switzerland be recognised as a CSF free country.

22) United Kingdom (UK)

In accordance with the established procedures, the participating expert from the UK withdrew from the discussions on the UK's dossier by the Group.

The Group noted that the UK is part of the European Union and as such subject to its legislation.

The Group acknowledged that the UK application covered mainland UK (Great Britain and Northern Ireland), as well as the Bailiwick of Guernsey, the Bailiwick of Jersey and the Isle of Man.

i. Animal disease reporting

The Group considered that the UK had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

The Group appreciated that two suspect cases were identified in 2013 and five in 2014 through passive surveillance and that CSF was properly ruled out.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in the UK was in 2000. It is worth noting that CSF had never been reported in Guernsey, and that last outbreaks in Jersey and Isle of Man were in 1963 and 1956, respectively.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination was ceased in August 1964.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The dossier described that passive surveillance was performed in the domestic pig population, with regular detection of suspect cases that were ruled out appropriately. The UK also conducted risk-based surveillance that led to serological or virological sampling.

The Group agreed that the Bailiwick of Guernsey, the Bailiwick of Jersey and the Isle of Man complied with the requirements of a historically free zone as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier for these islands was adequate to their epidemiological situation.

vi. Regulatory measures for the early detection, prevention and control of CSF

As an island nation, the UK focussed its efforts on preventing incursion of CSF with strong controls on imports.

Import control procedures for animals, animal products and veterinary medicinal products were in accordance with EU legislation and with the requirements of the *Terrestrial Code*.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group acknowledged that the population of wild and feral pigs was very low (850 animals) and limited in four distinct areas within England and one in Scotland. Still, one project for wildlife existed and was conducting surveillance. The dossier indicated that there were no wild and feral pigs in the Northern Ireland, Guernsey, Jersey and the Isle of Man.

Given the absence of CSF virus on the islands and the distribution of wild and feral pigs, the Group recognised that wild and feral pigs represented a very low or negligible risk of introduction of disease. The Group also noted that farmers of domestic pigs were required to take appropriate measures to keep their pigs from escaping, and that landowners had the power to kill feral pigs if found on their land.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that the UK be recognised as a CSF free country.

23) United States of America (USA)

In accordance with the established procedures, the participating expert from the USA withdrew from the discussions on the USA's dossier by the Group.

The Group acknowledged that the application included the US states, including Alaska and Hawaii, as well as Puerto Rico, US Virgin Islands and Guam.

The Group requested additional information and received clarification from the USA.

i. Animal disease reporting

The Group considered that the USA had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subject to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak in the USA was in 1976. Therefore, USA was eligible for historical freedom from CSF as described in Article 1.4.6. of the *Terrestrial Code*.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that after having been used in the early steps of the eradication programme, vaccination was prohibited since May 1969.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

The Group agreed that the USA complied with the requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier was adequate to the epidemiological situation.

The Group identified lack of information on Guam and the Virgin Islands which were included in the application from the USA. The USA further clarified the surveillance and results obtained in both territories, and the Group concluded that they were compliant with the requirements of Chapter 15.2.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group acknowledged the requirements for imports of pigs and products and the traceability system in place in the USA.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group took note that the feral swine control included various forms of exclusion fencing and cage traps, ground shooting, trained hunting dogs and aerial hunting. In addition, to minimise threats posed by wild pigs to domestic swine operations, farmers adopted strict biosecurity measures that included fencing and blood testing new animals before adding them to the herd.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and the answers received from the USA to the questioned raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that the USA be recognised as a CSF free country.

4. Evaluation of a request from a Member Country for the recognition of a CSF free zone

1) Brazil – zonal status

The Group acknowledged that Brazil was the only country applying for official recognition of a CSF free zone.

The Group acknowledged that the proposed free zone was composed of both states of Santa Catarina and Rio Grande do Sul, which represented 43,5% of the pork production of Brazil (in 2013) as mentioned in Brazil's dossier.

The Group requested additional information and received clarification from Brazil.

i. Animal disease reporting

The Group considered that Brazil had a record of regular and prompt animal disease reporting and acknowledged that CSF was a notifiable disease in the country. The dossier confirmed that all pigs showing clinical signs suggestive of CSF were subjected to appropriate investigations and that an ongoing awareness programme was in place to encourage reporting of all cases suggestive of CSF.

ii. Veterinary Services

The Group agreed that the Veterinary Authority had current knowledge of, and authority over, all domestic and captive wild pig herds in the country and had current knowledge about the population and habitat of wild and feral pigs in the country.

iii. Situation of CSF in the past 12 months

The Group noted that the last outbreak was in 1991 in the proposed free zone.

iv. Absence of vaccination in the past 12 months

The Group acknowledged that vaccination was prohibited as per law since 1998 in Brazil. The vaccination was ceased in the proposed free zone in 1992.

v. Surveillance for CSF and CSFV infection in accordance with Articles 15.2.26. to 15.2.32.

Upon request from the Group, Brazil provided additional information on the ELISA test and on the method used for serological surveillance. The Group noted the comprehensive information provided by Brazil on the follow-up and epidemiological investigations performed on the ELISA-positive results.

The Group appreciated that the surveillance included monitoring piglet mortality.

vi. Regulatory measures for the early detection, prevention and control of CSF

The Group was concerned about the proposal by Brazil to allow movement of pigs into the proposed free zone from areas which it classified as free but were not part of the CSF free zone proposed to the OIE for official recognition. However, this national zone having no OIE official status should be considered as infected in accordance with Chapter 15.2. and the Group therefore requested confirmation that the conditions of Article 15.2.8. were complied with, concerning such pig movements. Brazil provided further details which explained that these animals were moved from accredited herds free of CSF, the management of which was claimed to be of higher stringency than those of Article 15.2.8. of the *Terrestrial Code*. The Group noted that animals were only kept within these accredited premises for two months rather than three months prior to movement, as prescribed in Article 15.2.8. However, concerning all the mitigation measures in place on the accredited herds, the absence of CSF throughout the national free zone and the additional surveillance carried out, the Group considered that risk of introduction of CSF to the proposed zone was negligible.

Further to the Group's request, Brazil provided information on the contingency plan and response measures in place concerning pigs in subsistence holdings in the event of CSF being detected either in these pigs or in wild and feral pigs in the zone.

vii. Consideration of wild and feral pigs, if present, in the surveillance programme and biosecurity measure of domestic and captive wild herds.

The Group acknowledged that direct and indirect surveillance were conducted in wild and feral populations and that biosecurity conditions on the holdings inside the areas identified as presenting a higher risk of contact between wild and domestic swine populations were evaluated. The Group appreciated that the dossier included a map displaying the distribution of wild pigs and the delimitation of the areas at risk for contact with domestic pigs.

viii. Compliance with the questionnaire in Article 1.6.10.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.6.10.

Conclusion

Considering the information submitted in the dossier and Brazil's answers to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and with the questionnaire in Article 1.6.10. of the *Terrestrial Code*. The Group therefore recommended that the proposed zone of Brazil be recognised as free from CSF.

5. General Comments and recommendations to Member Countries

The Group drew attention to the existence of CSF virus strains that only produce mild or non-specific clinical signs in adults, and mentioned that all countries, including historically free countries, should be alerted and adjust their surveillance accordingly to be able to detect such CSF strains. Member Countries should not only rely on the clinical signs of CSF as a primary mean of early detection. In some cases, the only overt sign may be increased mortality in piglets and abortion.

Considering the non-specific clinical signs and potential for delayed diagnosis by use of serological testing, countries should be encouraged to employ RT-PCR as a valuable tool in case of suspicion and for early detection.

The Group recommended that in Member Countries officially recognised to be free, live virus should preferably be handled in a Biosecurity Level (BSL) 3 laboratory. Alternatively, samples should be sent to an OIE Reference Laboratory.

Given the assessed specificity of the serological test, Member Countries should expect false positive ELISA results. The Group would therefore recommend applicant Member Countries to provide raw data of the serological tests, including inconclusive and positive results, as well as the procedure for follow-up investigation to either confirm or rule out CSF.

The Group recommended Member Countries wishing to apply for their mainland, as well as for non-contiguous territories that the information provided in the application should cover all territories.

For those Member Countries that have no robust separation between the domestic and wild and feral pig populations in accordance with Point 7 of Article 15.2.2., particularly for the small scale production sector; there may be a significant risk of introduction of CSF into the domestic population in case of presence or suspicion of CSF virus in the wild population, which would lead to the subsequent loss of the CSF free status. Member Countries were therefore urged to review their arrangements concerning protection of domestic pigs, from exposure to wild populations.

Member Countries are also encouraged to develop official agreements with forest guard and hunter associations in order to improve early detection of possible infection in wild or feral animals.

The Competent Authorities were reminded of their obligation to ensure that all movement records are kept by producers. This would include, but would not be limited to, movement of pigs for slaughter, between regions, and within units of a single production chain.

6. Review of the template form of annual reconfirmation for CSF

The Group reviewed and endorsed with minor changes the draft form for annual reconfirmation of CSF free status prepared by the Scientific and Technical Department. This form is available in Appendix III.

7. Other matters

From this first cycle for Member Countries to submit applications by following the questionnaire of Article 1.6.10. of the *Terrestrial Code*, and for the expert's to evaluate their dossiers, the Group noted some confusion in the interpretation of the questionnaire and suggested that the relevant specialist Commissions consider revising the following terms:

- geographical distribution
- wild and feral pigs

8. Adoption of report

The *ad hoc* Group reviewed and amended the draft report provided by the rapporteur. The Group agreed that the report would be subject to a short period of circulation to the Group for comments and adoption. Upon circulation, the Group agreed that the report captured the discussions.

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…/Appendices

Appendix I

MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION OF CLASSICAL SWINE FEVER (CSF) STATUS OF MEMBER COUNTRIES

Paris, 3 – 6 November 2014

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Agenda

1. Opening

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

3. Evaluation of applications from Member Countries for recognition of CSF free status

   a. Australia
   b. Austria
   c. Belgium
   d. Canada
   e. Chile
   f. Finland
   g. France
   h. Hungary
   i. Ireland
   j. Japan
   k. Liechtenstein
   l. Luxembourg
   m. Mexico
   n. The Netherlands
   o. Norway
   p. Portugal
   q. Slovakia
   r. Slovenia
   s. Spain
   t. Sweden
   u. Switzerland
   v. United Kingdom
   w. United States of America

4. Evaluation of a request from a Member Country for the recognition of a CSF free zone

   a. Brazil

5. General Comments and recommendations to Member Countries

6. Review of the template form of annual confirmation for CSF

7. Other matters

8. Adoption of report

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Appendix II

MEETING OF THE OIE *AD HOC* GROUP ON THE EVALUATION OF CLASSICAL SWINE FEVER STATUS OF MEMBER COUNTRIES

Paris, 3-6 November 2014

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List of Participants

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Appendix III

Form for the annual reconfirmation of the classical swine fever (CSF) status of OIE Member Countries

(submit during the month of November each year)

To be filled in, dated, signed by the Delegate and sent back to disease.status@oie.int

YEAR _____	COUNTRY_____

CSF free country

In accordance with Resolution No. 30 adopted at the 81st General Session and other relevant Resolutions previously adopted, Member Countries having an officially recognised disease status or BSE risk status should reconfirm every year, during the month of November that their status has remained unchanged.

QUESTION	YES	NO
1. Is your country currently on the List of Member Countries officially recognised as free from CSF by the OIE? (please submit this form only if yes)		
2. Has there been any outbreak of CSF in domestic and captive wild pigs during the past 12 months?		
3. Has any evidence of CSF virus infection been found in domestic and captive wild pigs during the past 12 months?		
4. Has any vaccination against CSF been carried out in domestic and captive wild pigs during the past 12 months? If yes, please answer to question 5.		
5. If vaccination against CSF has been carried out, are the vaccines used and their means in compliance with Chapter 2.8.3. of the *Terrestrial Manual*, to distinguish between vaccinated and infected pigs?		
6. If pigs and pig commodities are imported, are they imported in accordance with requirements at least as strict as those in Chapter 15.2.?		
7. Is surveillance in operation in accordance with Articles 15.2.26. to 15.2.32.?		
8. Have any changes in the epidemiological situation or other significant events regarding CSF either in domestic and captive wild pigs or wild and feral pigs occurred during the past 12 months?		

I certify that the above are correct.

Date: Signature of Delegate :

[Reference to the relevant article in the CSF chapter of the *Terrestrial Animal Health Code* (2014)]

Article 15.2.3.

CSF free country or zone

A country or *zone* may be considered free from CSF when Article 15.2.2. is complied with, and when:

1. *surveillance* in accordance with Articles 15.2.26. to 15.2.32. has been in place for at least 12 months;
2. there has been no *outbreak* of CSF in domestic and *captive wild* pigs during the past 12 months;
3. no evidence of *infection* with CSFV has been found in domestic and *captive wild* pigs during the past 12 months;
4. no *vaccination* against CSF has been carried out in domestic and *captive wild* pigs during the past 12 months unless there are means, validated according to Chapter 2.8.3. of the *Terrestrial Manual*, of distinguishing between vaccinated and infected pigs;
5. imported pigs and pig *commodities* comply with the requirements in Articles 15.2.7. to 15.2.14.

The country or the proposed free *zone* will be included in the list of CSF free countries or *zones* only after the submitted evidence, based on the provisions of Article 1.6.10., has been accepted by the OIE.

Retention on the list requires that the information in points 1 to 5 above be re-submitted annually and changes in the epidemiological situation or other significant events should be reported to the OIE according to the requirements in Chapter 1.1.

Form for the annual reconfirmation of the classical swine fever (CSF) status of OIE Member Countries (submit during the month of November each year)

To be filled in, dated, signed by the Delegate and sent back to disease.status@oie.int

YEAR _____	COUNTRY_____	ZONE_____

CSF free zone

In accordance with Resolution No. 30 adopted at the 81st General Session and other relevant Resolutions previously adopted, Member Countries having an officially recognised disease status or BSE risk status should reconfirm every year, during the month of November that their status has remained unchanged.

QUESTION	YES	NO
1. Is the zone currently on the List of zones officially recognised as free from CSF by the OIE? (please submit this form only if yes)		
2. Has there been any outbreak of CSF in domestic and captive wild pigs during the past 12 months?		
3. Has any evidence of CSF virus infection been found in domestic and captive wild pigs during the past 12 months?		
4. Has any vaccination against CSF been carried out in domestic and captive wild pigs during the past 12 months? If yes, please answer to question 5.		
5. If vaccination against CSF has been carried out, are the vaccines used and their means in compliance with Chapter 2.8.3. of the *Terrestrial Manual*, to distinguish between vaccinated and infected pigs?		
6. If pigs and pig commodities are imported, are they imported in accordance with requirements at least as strict as those in Chapter 15.2.?		
7. Is surveillance in operation in accordance with Articles 15.2.26. to 15.2.32.?		
8. Have any changes in the epidemiological situation or other significant events regarding CSF either in domestic and captive wild pigs or wild and feral pigs occurred during the past 12 months?		

I certify that the above are correct.

Date: Signature of Delegate :

[Reference to the relevant article in the CSF chapter of the *Terrestrial Animal Health Code* (2014)]

Article 15.2.3.

CSF free country or zone

A country or *zone* may be considered free from CSF when Article 15.2.2. is complied with, and when:

1. *surveillance* in accordance with Articles 15.2.26. to 15.2.32. has been in place for at least 12 months;
2. there has been no *outbreak* of CSF in domestic and *captive wild* pigs during the past 12 months;
3. no evidence of *infection* with CSFV has been found in domestic and *captive wild* pigs during the past 12 months;
4. no *vaccination* against CSF has been carried out in domestic and *captive wild* pigs during the past 12 months unless there are means, validated according to Chapter 2.8.3. of the *Terrestrial Manual*, of distinguishing between vaccinated and infected pigs;
5. imported pigs and pig *commodities* comply with the requirements in Articles 15.2.7. to 15.2.14.

The country or the proposed free *zone* will be included in the list of CSF free countries or *zones* only after the submitted evidence, based on the provisions of Article 1.6.10., has been accepted by the OIE.

Retention on the list requires that the information in points 1 to 5 above be re-submitted annually and changes in the epidemiological situation or other significant events should be reported to the OIE according to the requirements in Chapter 1.1.

Annex 12

Original: English
November 2014

REPORT OF THE MEETING OF THE OIE *AD HOC* GROUP ON BOVINE SPONGIFORM ENCEPHALOPATHY RISK STATUS EVALUATION OF MEMBER COUNTRIES

Paris, 25-27 November 2014

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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 25 to 27 November 2014.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Brian Evans, the OIE Deputy Director General and Head of Scientific and Technical Department, welcomed and thanked the experts for their commitment towards the OIE and for personal and professional time invested to evaluate the dossiers.

Dr Evans ensured the Group that the challenges met to assess the applications were fully recognised and that, to increasingly take on board the difficulty of the assessment, the OIE Director General supported the Scientific Commission for Animal Diseases proposing that more in-country missions be conducted to verify the information provided in the written dossiers.

He mentioned that three missions to Member Countries would be planned before the upcoming General Session, reflecting the considerable involvement of the Scientific Commission at the national and regional level to assist and meet the expectations of Member Countries. He also emphasised the importance of accountability and that the procedures should be consistently applied in a transparent manner and well-grounded with the Resolutions adopted by the World Assembly of Delegates.

Dr Evans informed the Group that a series of workshops would be conducted in the next two years in each of the OIE regions in order to provide training for Member Countries on the key elements to consider when preparing a dossier for official recognition of disease or risk status. The Group was informed that the pilot workshop would be conducted in the Americas focussing on BSE and classical swine fever. Therefore, the support and advice of the Group in the identification of problematic areas in the dossiers was requested.

Dr Evans noted that the Group would have to consider the global decline of BSE, the relative higher importance of atypical BSE, the human health impact and the cost of surveillance when revising the current BSE chapter of the *Terrestrial Animal Health Code* (*Terrestrial Code*).

He finally introduced Dr Kazutoshi Matsuo, who recently joined the Scientific and Technical Department. He would be engaged in the activities related to official status recognition.

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

Dr Dagmar Heim was appointed Chair and Dr Martial Plantady acted as rapporteur with the support of the OIE Secretariat. The Group endorsed the proposed agenda.

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 additional information. All Member Countries contacted provided the requested information to the Group on time.

Dr John Kellar could not attend the meeting but provided his feed-back on the dossiers and on the other topics of the agenda, before and during the meeting, through electronic correspondence. Furthermore, he participated in parts of the discussion via teleconference on 26 November 2014.

3.1. Cyprus

The Group recalled that in July 2007 the OIE received a dossier from Cyprus 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 Cyprus 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 2014, Cyprus 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 11.4.2. 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 Cyprus during the interval covered by the assessment, although very low, 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 Cyprus's cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.4.20.-11.4.22.

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.4.22. on surveillance for BSE in the *Terrestrial Code*. 8,715 surveillance points were collected, compared to a minimal requirement of 3,300 for an adult cattle population of 31,918 over two years of age.

c) Other requirements — Article 11.4.2. points 2–4

- *Awareness programme*

  The Group noted that the awareness programme started in 1991 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 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 *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 Cyprus.

e) Compliance with conditions for 'negligible BSE risk' status - Article 11.4.3.

Based on the information provided, the Group recommended that Cyprus 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. Czech Republic

The Group recalled that in July 2007 the OIE received a dossier from Czech Republic 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 the Czech Republic 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 2014, the Czech Republic 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 Group requested additional information and received clarification from the Czech Republic. Points specifically noted by the Group were summarised in the following discussion.

a) Section 1: Risk Assessment — Article 11.4.2. 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 the Czech Republic during the interval covered by the assessment, although very low, 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 Czech Republic's cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.4.20.-11.4.22.

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.4.22. on surveillance for BSE in the *Terrestrial Code*. 207,356 surveillance points were collected, compared to a minimal requirement of 71,500 for an adult cattle population of 663,423 over two years of age.

c) Other requirements — Article 11.4.2. points 2–4

- *Awareness programme*

  The Group determined that the awareness programme began in 1991 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 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 the Czech Republic had reported 30 cases of BSE. The youngest BSE case was born on 8 May 2004, meaning that all indigenous cases would have been born more than 11 years preceding the World Assembly in May 2015. Therefore, the Czech Republic had met the provisions of Article 11.4.3. 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 11.4.3.

Based on the information provided, the Group recommended that the Czech Republic 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. France

In accordance with the established procedures, the participating expert from France withdrew from the discussions on France's dossier by the Group.

The Group recalled that in July 2007 the OIE received a dossier from France 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 France 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 2014, France 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 Group requested additional information and received clarification from France. Points specifically noted by the Group were summarised in the following discussion.

a) Section 1: Risk Assessment — Article 11.4.2. 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 France during the interval covered by the assessment, although very low, 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 France's cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.4.20.-11.4.22.

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.4.22. on surveillance for BSE in the *Terrestrial Code*. 2,236,881 surveillance points were collected, compared to a minimal requirement of 150,000 for an adult cattle population of 10,269,158 over two years of age.

c) Other requirements — Article 11.4.2. points 2–4

- *Awareness programme*

  The Group determined that the awareness programme began in the early 1990's 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 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 France had reported 985 cases of BSE. The youngest BSE case was born in April 2004, meaning that all indigenous cases would have been born more than 11 years preceding the World Assembly in May 2015. Therefore, France had met the provisions of Article 11.4.3. 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 11.4.3.

Based on the information provided, the Group recommended that France 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. Ireland

The Group recalled that in July 2007 the OIE received a dossier from Ireland 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 Ireland 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 2014, Ireland 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 Group requested additional information and received clarification from Ireland. Points specifically noted by the Group were summarised in the following discussion.

a) Section 1: Risk Assessment — Article 11.4.2. 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 Ireland during the interval covered by the assessment, although very low, 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 Ireland's cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.4.20.-11.4.22.

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.4.22. on surveillance for BSE in the *Terrestrial Code*. 584,475 surveillance points were collected, compared to a minimal requirement of 150,000 for an adult cattle population of 3,123,200 over two years of age.

c) Other requirements — Article 11.4.2. points 2–4

- *Awareness programme*

  The Group determined that the awareness programme began in 1996 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 1989 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 Ireland had reported 1659 cases of BSE. The youngest BSE case was born in April 2004, meaning that all indigenous cases would have been born more than 11 years preceding the World Assembly in May 2015. Therefore, Ireland had met the provisions of Article 11.4.3. 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 11.4.3.

Based on the information provided, the Group recommended that Ireland 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. Liechtenstein

In accordance with the established procedures, the participating expert from Switzerland, expressing a possible conflict of interest, withdrew from the discussions on Liechtenstein's dossier by the Group.

The Group recalled that in January 2008 the OIE received a dossier from Liechtenstein 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 Liechtenstein 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 2014, Liechtenstein 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 11.4.2. 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 Liechtenstein during the interval covered by the assessment, although very low, 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 Liechtenstein's cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.4.20.-11.4.22.

The Group noted that the surveillance undertaken met the minimum requirements of type B surveillance according to Article 11.4.22. on surveillance for BSE in the *Terrestrial Code*. 399 surveillance points were collected, compared to a minimal requirement of 300 for an adult cattle population of 3.500 over two years of age. The Group also acknowledged the close interrelationship between Liechtenstein's and Switzerland's Veterinary Services.

c) Other requirements — Article 11.4.2. points 2–4

- *Awareness programme*

  The Group determined that the awareness programme began in 1989 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 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 Liechtenstein had reported two cases of BSE. The youngest birth cohort reported as affected by BSE was born in 1993, meaning that all indigenous cases were born more than 11 years preceding the submission of the dossier. Therefore, Liechtenstein had met the provisions of Article 11.4.3. point 3 b). All cattle which were reared with the indigenous 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 11.4.3.

Based on the information provided, the Group recommended that Liechtenstein 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. Switzerland

In accordance with the established procedures, the participating expert from Switzerland withdrew from the discussions on Switzerland's dossier by the Group.

The Group recalled that in January 2007 the OIE received a dossier from Switzerland 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 Switzerland 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 2014, Switzerland 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 11.4.2. 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 Switzerland during the interval covered by the assessment, although very low, 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 Switzerland's cattle population during the interval covered by the assessment.

b) Surveillance according to Articles 11.4.20.-11.4.22.

The Group noted that the surveillance undertaken exceeded the minimum requirements of type B surveillance according to Article 11.4.22. on surveillance for BSE in the *Terrestrial Code*. 104,961 surveillance points were collected, compared to a minimal requirement of 95,350 for an adult cattle population of 830,000 over two years of age.

c) Other requirements — Article 11.4.2. points 2–4

- *Awareness programme*

  The Group determined that the awareness programme began in 1989 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 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 Switzerland had reported 467 cases of BSE. The youngest birth cohort reported as affected by BSE was born in 2003, meaning that all indigenous cases were born more than 11 years preceding the submission of the dossier. The Group acknowledged that the last BSE-case diagnosed as atypical BSE in Switzerland in 2012 and born in 2005, was imported from Germany at the age of 17 months. Therefore, Switzerland had met the provisions of Article 11.4.3. point 3 b). All cattle which were reared with the indigenous 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 11.4.3.

Based on the information provided, the Group recommended that Switzerland 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. Other Member Country requests

The Group assessed two additional requests from Member Countries for the recognition of their BSE risk status. One did not meet the requirements of the *Terrestrial Code* and the dossier was referred back to the corresponding Member Country. For the second, the Group recommended that a mission be conducted to the corresponding Member Country to verify compliance with Chapter 11.4. of the *Terrestrial Code*.

4. Revision of Chapter 11.4. of the *Terrestrial Animal Health Code* on BSE to consider atypical BSE

The Group summarised current scientific knowledge on several key questions to examine whether and how atypical BSE should be considered in Chapter 11.4. of the *Terrestrial Code* on BSE. The Group referred to its discussion of atypical BSE two years before, available in the report of its November 2012 meeting and invited the Scientific Commission and Member Countries to reflect on its content.

As the outcome of its discussion, the Group agreed that atypical BSE should be differentiated from classical BSE in Chapter 11.4. of the *Terrestrial Code* on BSE including its impact on BSE risk status recognition, maintenance and associated surveillance.

With regard to Article 11.4.25. the Group agreed that import of ruminants other than cattle is not considered to be a risk and therefore proposed to replace ruminant by cattle or bovine in the entire chapter, except in reference to the ruminant-to-ruminant feed ban. The suggested change is consistent with the chapter's evolution of focus from ruminants to cattle in preceding iterations.

The chapter was modified as follows:

Article 11.4.1.: General provisions and safe commodities

The Group clarified that the recommendations of the chapter cover both atypical and classical BSE.

Article 11.4.2.: The BSE risk status of the cattle population of a country, zone or compartment

The Group agreed that atypical BSE has to be considered to occur at the same rare background prevalence in any given cattle population. Therefore, the Group specified that the risk assessment should consider the potential factors for classical BSE occurrence.

Entry assessment: the presence or absence of classical BSE agent should be carefully considered. The Group therefore proposed to slightly change Point 1 a i).

Exposure assessment: considering the probable rare background prevalence of atypical BSE in every indigenous bovine population, the Group emphasised that the exposure assessment be performed in every case, irrespective of the entry assessment.

Surveillance: in light of the implications for surveillance forthcoming from the declining tail of the classical BSE epidemic and the resulting, growing relative importance of atypical BSE, the Group acknowledged that the surveillance system should be revised in depth, including the potential reinstatement of a single surveillance goal per mature cattle population size.

The Group acknowledged that the current version of the *Terrestrial Manual* did not provide information on the suitable tests to be used to discriminate atypical from classical BSE. The Group recommended that Member Countries substantiate their findings with the support of the OIE Reference Laboratories for BSE.

Therefore the Group suggested the Scientific Commission to discuss with the Biological Standard Commission whether a revision of the BSE chapter of the *Terrestrial Manual* would be needed to consider tests able to discriminate atypical from classical BSE.

Article 11.4.3.: Negligible BSE risk

The Group agreed that the occurrence of atypical BSE cases (irrespective of age or birth year) should not influence official risk status, as long as the criteria of Article 11.4.2. have been complied with and an appropriate level of control gives evidence that the ruminant-to-ruminant feed ban has been efficient for the last eight years. The Group clarified that the follow-up of the cohorts of BSE cases was not applicable to atypical BSE cases since atypical BSE is not linked to feed practices.

Article 11.4.4.: Controlled BSE risk

The Group proposed changes similar to those proposed in Article 11.4.3.

Article 11.4.7.: Recommendations for the importation of cattle from a country, zone or compartment posing a negligible BSE risk but where there has been an indigenous case

In accordance with the above changes, the Group clarified that these recommendations would be valid for a country, zone or compartment having a negligible BSE risk but only where there has been an indigenous case of classical BSE.

Article 11.4.9.: Recommendations for the importation of cattle from a country, zone or compartment posing an undetermined BSE risk

The Group proposed changes in line with those proposed in Article 11.4.3.

Article 11.4.10.: Recommendations for the importation of meat and meat products from a country, zone or compartment posing a negligible BSE risk

The Group clarified that the requirement in point 3 applies to countries with negligible BSE risk and one or more indigenous cases of classical BSE.

The Group also considered the risk posed by atypical BSE and proposed a recommendation ensuring that the products were not contaminated with tissues listed in the newly proposed point 4 of Article 11.4.14. (brain, eye, spinal cord and skull from cattle aged more than 96 months).

Article 11.4.13.: Recommendations on ruminant-derived meat-and-bone meal or greaves

The Group discussed the risk of trading of ruminant MBM, acknowledging that atypical BSE was likely to exist in every domestic cattle population. Considering that the feed ban is the most important mitigating measure to avoid recycling, the Group proposed for countries with recognised negligible risk status for BSE, with or without reported cases, consideration that trade of ruminant MBM be restricted to cattle born after the effective enforcement of the ruminant-to-ruminant feed ban.

Article 11.4.14.: Recommendations on commodities that should not be traded

Considering that atypical BSE was likely to exist in any bovine population and the age distribution of atypical BSE cases, the Group recommended that brain, eye, spinal cord and skull not be traded if originated from cattle over 96 months (eight years) from negligible BSE risk countries and added a paragraph to this article.

Article 11.4.16.: Recommendations for the importation of tallow (other than as defined in Article 11.4.1.) intended for food, feed, fertilisers, cosmetics, pharmaceuticals including biologicals, or medical devices and Article 11.4.18.: Recommendations for the importation of tallow derivatives (other than those made from tallow as defined in Article 11.4.1.) intended for food, feed, fertilisers, cosmetics, pharmaceuticals including biologicals, or medical devices

The changes in these two articles were proposed to reflect the proposal of Article 11.4.14.

Article 11.4.20.: Surveillance: introduction

The Group considered that the article was valid for both classical and atypical BSE.

Article 11.4.21.: Surveillance: description of cattle subpopulations

The Group estimated that the differentiation of classical and atypical BSE should be mentioned in the definition of the cattle sub-population.

Point 1: cattle over 30 months of age displaying behavioural or clinical signs consistent with BSE (clinical suspects).

The Group agreed that this should be limited to classical BSE as atypical cases do not show classical signs of BSE.

Article 11.4.22.: Surveillance activities

The Group agreed that the statistical model should be revised in depth to consider the evolution of classical BSE epidemiology, as well as the specificities of atypical surveillance.

The Group highlighted the following points to be taken into account in the potential revision of the statistical BSE model:

- Recalculation of the relative risk of positive BSE test by age and population stream
- Retention of current target populations
- Appropriateness of current target prevalence and merits of one type of surveillance ;
- Confidence level retention at 95%;

- Design prevalence of at least one case per 100,000 in the adult population (current type A surveillance);
- Re-weighting of focus in favour of older animals
- Retention of sampling in younger animals;
- European Commission and OIE databases of all tested animals, including positives and their ages.

The Group agreed to revise the model for BSE surveillance in the weeks following the meeting and proposed a new model based on an estimation of the BSE incidence. Unfortunately the BSE surveillance point values of the proposed model were not applicable to all OIE Member Countries already having a BSE risk status.

The Group acknowledged that the seven years of surveillance was referring to the 95th percentile of the incubation period of classical BSE. However, considering the need of continuous surveillance, the Group agreed to maintain the possibility to accumulate points over the years. The proposal of seven years was kept with relation to classical BSE. However, the Group agreed that this may need to be revised once the incubation period of atypical BSE is known.

Article 11.4.23: BSE risk assessment: introduction

Changes were proposed to reflect the proposal of Article 11.4.2. and to clarify the wording.

Article 11.4.24.: The potential for the entry of the BSE agent through the importation of meat-and-bone meal or greaves

The Group adjusted the text in line with the proposed changes of previous articles.

Article 11.4.25.: The potential for the entry of the BSE agent through the importation of live animals potentially infected with BSE

The Group updated the article by clarifying that import of ruminants other than cattle is not considered to be a risk, and that import of cattle could present a risk of entry of the classical BSE agent when coming from countries with classical BSE.

The Group deleted the reference to hypothetical maternal transmission as its epidemiological significance has been downplayed.

Article 11.4.26.: The potential for the entry of the BSE agent through the importation of products of animal origin potentially infected with BSE

In addition to the changes already proposed in previous article, the Group proposed to delete the reference to feeding practices in dairy cows due to the imposed feed ban.

The Group also removed the reference to the length of time the animals lived in a country as this article is related to import of products and not of live animals. However, the Group clarified that these products should not encompass tissues known to contain BSE infectivity.

Article 11.4.27.: The potential for the exposure of cattle to the BSE agent through consumption of meat-and-bone meal or greaves of ruminant origin

Safe commodities being specifically listed in Article 11.4.1., the Group considered it inadequate to keep reference only to milk and blood in this article.

Article 11.4.28.: The origin of animal waste, the parameters of the rendering processes and the methods of animal feed production

The Group agreed to delete the first four bullet points that were not relevant for the purpose of this article.

The Group considered that reticulo-endothelial tissues could not be included in the list of tissues where BSE agent is present at much higher titres and removed it to consider as specified risk material (SRM) only the central nervous system.

Article 11.4.29.: Conclusions of the risk assessment

The Group clarified the risk linked to classical BSE and to atypical BSE.

5. Consideration of the information provided by authors of the BSurvE model with regards to its update

The Group acknowledged that the authors of the BSurvE model could not update the model despite the need to consider the global evolution of BSE.

6. General considerations and advice to be provided to future applicant Member Countries

On a structural aspect, the Group strongly recommended that applicant Member Countries adhere to the questionnaire of Article 1.6.5. of the *Terrestrial Code*, answering all questions clearly and concisely. While acknowledging the importance of some appendices, the Group recalled that the central points should be covered in the core document. Appendices should be clearly cross-referenced in the dossier and their titles should provide the key words of their contents. The Group would appreciate the presentation of a short summary/conclusion at the end of each section.

The Group clarified that full regulatory texts are not needed in the dossier but that a summary of the important regulatory texts should be provided to help the experts to understand the national situation.

The Group would expect that Member Countries, conducting visual inspection in feed mills and renderers, would identify apparent infractions, and would include explanations on the follow-up procedure applied to rule cross-contamination out.

The Group noted that the measures to mitigate the exposure assessment (feed ban, SRM removal, cross-contamination controls) were often not sufficiently detailed in the dossiers.

The Group was requested to provide advice on relevant points that should be covered in the workshop on the OIE procedure for the official recognition of country status, with reference to BSE. The Group identified the following as points of the questionnaire that would need explanations from the trainers:

- The definition and difference between feed mills and rendering plants
- The tables of the questionnaire related to the feed ban
- The surveillance point system
- The collection of the data and diagnostic protocols

The Group suggested that the trainers put the participants in the role of reviewers. A possibility could be to present blind extracts from several dossiers and request their opinions.

The Group also mentioned the potential merit in revisiting the entire cycle of BSE infectivity concurrently identifying where the risks are and where associated inspections are needed.

7. Other matters

The Group recommended that the Scientific Commission schedules the revision of the questionnaire (Article 1.6.5. of the *Terrestrial Code*). The Group suggested that such revision considers:

- Weighting of the exposure assessment with relation to the global evolution of BSE epidemiology;

- Definition of technical words such as rendering plants, feed mills, cohort;
- Inclusion of questions related to the capability of the Veterinary Services and disease notification.

Considering the difficulties faced in the evaluation of some dossiers as a result of translation issues, the Group suggested that some technical terms (such as those of the Glossary) be translated into more languages than the OIE official languages such as Russian, Arabic, Chinese, Portuguese and Japanese.

8. 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 reflected the discussions.

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…/Appendices

Appendix I

MEETING OF THE OIE *AD HOC* GROUP ON BOVINE SPONGIFORM ENCEPHALOPATHY (BSE) RISK STATUS EVALUATION OF MEMBER COUNTRIES

Paris, 25-27 November 2014

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Agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Evaluation of applications from Member Countries for official recognition of BSE risk status

    - Cyprus
    - Czech Republic
    - France
    - Ireland
    - Liechtenstein
    - Switzerland

4. Revision of Chapter 11.4. of the *Terrestrial Animal Health Code* on BSE to consider atypical BSE
5. Consideration of the information provided by authors of the BSurvE model with regards to its update
6. General considerations and advices to be provided to future applicant Member Countries
7. Other matters
8. Finalisation and adoption of the draft report

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Appendix II

MEETING OF THE OIE *AD HOC* GROUP
ON BOVINE SPONGIFORM ENCEPHALOPATHY (BSE) RISK STATUS EVALUATION
OF MEMBER COUNTRIES

Paris, 25-27 November 2014

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List of participants

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Annex 13

Original: English
December 2014

MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION OF PESTE DES PETITS RUMINANTS STATUS OF MEMBER COUNTRIES

Paris, 16-17 December 2014

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 16 to17 December 2014.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Elisabeth Erlacher-Vindel, Deputy Head of the Scientific and Technical Department, welcomed and thanked the Group for its commitment towards the OIE and for the hard work done not only during the meeting but also prior to the meeting reviewing all dossiers from applicant Member Countries.

Dr Erlacher-Vindel informed the Group that five Member Country applications were received, four for the recognition of historical PPR free status for the whole country and one for the historically PPR free status of a defined zone. She stressed the importance of confidentiality of the Member Country applications to be discussed at the meeting and the importance 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.

The Group was reminded that the short procedure for historical freedom was approved only for one year but that requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Animal Health Code* (*Terrestrial Code*) would still apply and should be considered for countries that could demonstrate historical freedom from PPR.

Dr Erlacher-Vindel announced that during the meeting, Dr Joseph Domenech, Advisor from the Scientific and Technical Department, would provide an update on the PPR Global Control/Eradication Strategy.

Finally she thanked Prof. Hassan Abdel Aziz Aidaros, representative of the Scientific Commission, for his availability to ensure a strong and important link with the Scientific Commission.

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 endorsed the proposed agenda and suggested the addition of an item to discuss and attempt to clarify the chapter on PPR in the *Terrestrial Code*.

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

3. Evaluation of applications from Member Countries for official recognition of PPR free status

a) Czech Republic

In October 2014 the Czech Republic submitted a dossier seeking PPR free country status, on historical grounds.

The Group agreed that the submission 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.*

i) Animal disease reporting

The Group considered that the Czech Republic had a record of regular and prompt animal disease reporting having regularly submitted the requested reports to the OIE. The Group acknowledged that PPR was notifiable in the country.

The Group noted that there was general ongoing awareness programme in place for contagious animal disease and zoonoses, but there was no specific programme for PPR. The Group would recommend the Czech Republic to organise awareness programmes specific to PPR including all stakeholders.

ii) Veterinary Authority

The Group acknowledged that the Veterinary Authority had current knowledge of, and authority over, all domestic sheep and goats in the country.

The Group appreciated that premises were registered and animals identified, which would allow traceability in case of PPR introduction.

iii) Situation of PPR in the past 24 months

The Group noted that PPR has never been reported in the Czech Republic.

iv) Absence of vaccination in the past 24 months and no entry of vaccinated animals

The Group acknowledged that vaccination has never been carried out in the Czech Republic and that the entry of vaccinated animals was not allowed.

v) Importation of domestic ruminants and their semen, oocytes or embryos is carried out in accordance with this chapter

Import control procedures for animals and animal products were in accordance with European Union (EU) legislation and the requirements of the *Terrestrial Code*. No small ruminants or their products were imported from countries outside the EU.

vi) Surveillance for PPR and PPRV infection in accordance with Articles 14.7.27. to 14.7.33. and with Chapter 1.4.

The Group agreed that the Czech Republic complied with the requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier was appropriate to the epidemiological situation. Due to the historical absence of PPR in the country, specific serological diagnostic tests had not been performed, but clinical surveillance was performed indirectly through monitoring for livestock diseases in general.

vii) Regulatory measures for the early detection, prevention and control of PPR

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

viii) Compliance with the questionnaire in Article 1.6.9.

The Group noted that the Czech Republic could have provided more details and better explanation to some of the questions in Article 1.6.9., in particular on the livestock production system. However the Group ageed that the submitted dossier was globally compliant with the questionnaire.

Conclusion

Considering the information submitted in the dossier, the Group concluded that the application was compliant with the requirements of Chapter 14.7. and with the questionnaire in Article 1.6.9. of the *Terrestrial Code*. The Group therefore recommended that the Czech Republic be recognised as a PPR free country.

b) Mexico

In November 2014 Mexico submitted a dossier seeking PPR free country status, on historical grounds.

The Group agreed that the submission 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*.

i) Animal disease reporting

The Group considered that Mexico had a record of regular and prompt animal disease reporting having regularly submitted the requested reports to the OIE. The Group acknowledged that exotic animal diseases were notifiable in the country and that a contingency plan existed for these diseases.

The Group acknowledged the existence of an awareness-building programme in place for declaring exotic diseases, including lectures, training courses, updates and roundtables in forums.

ii) Veterinary Authority

The Group concluded that the Veterinary Authority had current knowledge of, and authority over, all domestic sheep and goats in the country.

iii) Situation of PPR in the past 24 months

The Group noted that PPR has never been reported in Mexico.

iv) Absence of vaccination in the past 24 months and no entry of vaccinated animals

The Group acknowledged that vaccination has never been carried out in Mexico and that the entry of vaccinated animals was not allowed.

v) Importation of domestic ruminants and their semen, oocytes or embryos is carried out in accordance with this chapter

The Group agreed that, according to the dossier, importation of domestic ruminants and their products was carried out in accordance with the *Terrestrial Code*.

vi) Surveillance for PPR and PPRV infection in accordance with Articles 14.7.27. to 14.7.33. and with Chapter 1.4.

The Group agreed that Mexico complied with the requirements of a historically PPR free country as defined in Article 1.4.6. of the *Terrestrial Code* and concluded that the surveillance described in the dossier was appropriate to the epidemiological situation. Due to the historical absence of PPR in the country, serological surveillance had not been performed, but clinical surveillance was performed indirectly through monitoring for livestock diseases in general.

The Group acknowledged that large scale surveillance for animal diseases was supporting Mexico's livestock export trade.

The Group noted the existence of a High Security Laboratory having the diagnostic capacity for 16 exotic diseases for Mexico and their differential diagnoses, although the laboratory which carried out this function was not explicitly identified, nor whether it is a state or private laboratory.

vii) Regulatory measures for the early detection, prevention and control of PPR

The Group agreed that the regulatory measures for early detection, prevention and control of PPR were in place and emphasised that the Americas were historically free from the disease.

viii) Compliance with the questionnaire in Article 1.6.9.

The Group agreed that the submitted dossier was compliant with the questionnaire of Article 1.6.9.

Conclusion

Considering the information submitted in the dossier, the Group concluded that the application was compliant with the requirements of Chapter 14.7. and with the questionnaire in Article 1.6.9. of the *Terrestrial Code*. The Group therefore recommended that Mexico be recognised as a PPR free country.

c) The Philippines

In September 2014, the Philippines submitted a dossier seeking PPR free country status, on historical grounds.

The Group agreed that the submission 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.*

i) Animal disease reporting

The Group considered that the Philippines had a record of regular and prompt animal disease reporting having regularly submitted the requested reports to the OIE. The Group acknowledged that PPR was notifiable in the country.

The Group noted that a training process had been initiated for sensitisation to PPR. However, the Group had concerns that currently the awareness of the clinical signs indicative of PPR may not be high. The Group would recommend the Philippines to increase PPR priority in the awareness programme, to take into consideration the spread of PPR in many parts of Asia.

ii) Veterinary Authority

The Group acknowledged that the Veterinary Authority had current knowledge of, and authority over, all domestic sheep and goats in the country.

iii) Situation of PPR in the past 24 months

The Group noted that PPR has never been reported in the Philippines.

iv) Absence of vaccination in the past 24 months and no entry of vaccinated animals

The Group acknowledged that vaccination has never been carried out in the Philippines and that the entry of vaccinated animals was not allowed.

v) Importation of domestic ruminants and their semen, oocytes or embryos is carried out in accordance with Chapter

The Group agreed that legal imports of animals and their products were compliant with the *Terrestrial Code*.

vi) Surveillance for PPR and PPRV infection in accordance with Articles 14.7.27. to 14.7.33. and with Chapter 1.4.

While noting that the Philippines has never reported PPR, the Group was concerned whether an effective early detection system for exotic diseases of small ruminants had been in place for the past ten years.

The Group considered the information provided in the dossier and its appendices, and expressed a recommendation to enhance passive surveillance for PPR to ensure early detection and response should there be an incursion of PPR virus.

The Group would expect a passive surveillance programme to detect suspect clinical signs requiring further investigations to rule out PPR. The Group would recommend the Philippines to provide relevant data in the annual reconfirmations of the free status.

vii) Regulatory measures for the early detection, prevention and control of PPR

The Group agreed that the regulatory measures for early detection, prevention and control of PPR were in place, but noted that no information was provided in the dossier about a generic or PPR-specific contingency plan.

viii) Compliance with the questionnaire in Article 1.6.9.

The Group agreed that the submitted dossier was compliant with the questionnaire of Article 1.6.9.

Conclusion

Considering the information submitted in the dossier, the Group concluded that the application was compliant with the requirements of Chapter 14.7. and with the questionnaire in Article 1.6.9. of the *Terrestrial Code*. The Group therefore recommended that the Philippines be recognised as a PPR free country.

d) Swaziland

In September 2014, Swaziland submitted a dossier seeking PPR free status, based on historical grounds.

The Group agreed that the submission 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 requested and received clarification from Swaziland.

i) Animal disease reporting

The Group considered that the country had a record of regular and prompt animal disease reporting having regularly submitted the requested reports to the OIE. The Group acknowledged that PPR was a notifiable disease in the country since 2007. Swaziland further provided legal references indicating that PPR was notifiable in Swaziland.

According to the dossier, an ongoing awareness programme was in place to encourage reporting of all cases suggestive of PPR.

ii) Veterinary Authority

The Group acknowledged that the Veterinary Authority had current knowledge of, and authority over, all domestic sheep and goats in the country.

The Group appreciated that a disease prioritisation exercise had been carried out by the National Veterinary Services in 2014 which determined that PPR was the fourth most important animal disease for potential action. As such the country had increased surveillance for the disease, accompanied by public awareness creation and strict import controls.

The Group noted that small ruminants were permanently identified (branded) at flock level.

iii) Situation of PPR in the past 24 months

The Group noted that PPR has never been reported in Swaziland or in any of its immediate neighbouring countries.

iv) Absence of vaccination in the past 24 months and no entry of vaccinated animals

The Group acknowledged that vaccination has never been carried out in Swaziland and that import of live animals from countries conducting vaccination against PPR was not allowed.

v) Importation of domestic ruminants and their semen, oocytes or embryos is carried out in accordance with this chapter

The Group noted that Swaziland had a strict regulation against importation of live ruminants from PPR virus infected countries.

vi) Surveillance for PPR and PPRV infection in accordance with Articles 14.7.27. to 14.7.33. and with Chapter 1.4.

The Group agreed that Swaziland complied with the requirements of a historically free country as defined in Article 1.4.6. of the *Terrestrial Code.*

The Group noted that clinical surveillance, based on inspections at diptanks, was detecting some suspect cases (e.g. pneumonia) but the dossier was not clear on the investigations carried out on these suspect cases. Swaziland further provided additional information on the procedure followed to rule out PPR when suspect cases are identified.

The Group concluded that the surveillance described was appropriate to the epidemiological situation.

vii) Regulatory measures for the early detection, prevention and control of PPR

The Group agreed that the regulatory measures for early detection, prevention and control of PPR were in place and acknowledged that Swaziland has maintained double cordon fences in the frontier lines with Mozambique and South Africa.

viii) Compliance with the questionnaire in Article 1.6.9.

The Group agreed that the submitted dossier was compliant with the questionnaire of Article 1.6.9.

Conclusion

Considering the information submitted in the dossier, the Group concluded that the application was compliant with the requirements of Chapter 14.7. and with the questionnaire in Article 1.6.9. of the *Terrestrial Code*. The Group therefore recommended that Swaziland be recognised as a PPR free country.

4. Evaluation of an application from a Member Country for official recognition of a PPR free zone

- **Namibia**

In November 2014 Namibia submitted a dossier seeking PPR free zone status. The proposed PPR free zone is separated from the remaining part of the country by the Veterinary Cordon Fence, also used for foot and mouth disease (FMD) and contagious bovine pleuropneumonia (CBPP) control, and from the infected neighbouring country by a protection zone. The Group was informed that the proposed PPR free zone was already recognised by the OIE as an FMD free zone.

The Group agreed that the submission 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 requested and received clarification from Namibia.

i) Animal disease reporting

The Group considered that the country had a record of regular and prompt animal disease reporting having regularly submitted the requested reports to the OIE. The Group acknowledged that PPR was a notifiable disease in the country, as demonstrated by the quoted legal references provided in the dossier.

Given the lack of reported suspect cases, the Group encouraged Namibia to document the reporting and response to all cases suggestive of PPR in order to strengthen the evidence for the effectiveness of the existing awareness programme.

ii) Veterinary Authority

The Group acknowledged that the Veterinary Authority had current knowledge of, and authority over, all domestic sheep and goats in the zone and has the capability to maintain an FMD free status in the proposed PPR free zone.

The Namibia Livestock Identification and Traceability System (NamLITS) appeared to be well set up, allowing sheep and goats identification with flock brands. All animals introduced from the northern communal areas (NCA) were individually identified.

iii) Situation of PPR in the past 24 months

The Group noted that PPR has never been reported in Namibia.

iv) Absence of vaccination in the past 24 months and no entry of vaccinated animals

The Group acknowledged that vaccination has never been carried out in Namibia and that the entry of vaccinated animals was not allowed into Namibia, including the proposed free zone.

v) Importation of domestic ruminants and their semen, oocytes or embryos is carried out in accordance with Chapter 14.7.

The Group noted that strict procedures were applied for the importation of live animals and products of animal origin. According to the information provided in the dossier, animals could only be imported from free zones or countries recognised by the OIE and from zones or countries where PPR vaccination is not practiced. Furthermore sheep and goats introduced in the proposed free zone from the FMD protection zone were individually identified. The Group acknowledged that importation of domestic ruminants and their semen, oocytes or embryos was carried out in accordance with Chapter 14.7.

vi) Surveillance for PPR and PPRV infection in accordance with Articles 14.7.27. to 14.7.33. and with Chapter 1.4.

The Group agreed that Namibia complied with the requirements of a historically free zone as defined in Article 1.4.6. of the *Terrestrial Code*.

The Group acknowledged that a serological test for PPR virus-specific antibodies was available in the country and was aware that Namibia was participating in a proficiency test organised by the International Atomic Energy Agency (IAEA) for the PPR serological test. The Group acknowledged that a risk-based sero-surveillance had been conducted in the NCA, not included in the proposed free zone, in the current year. The Group requested and received satisfactory clarification from Namibia on the base for the risk estimation made before conducting the serosurveillance that was reported in the application dossier.

According to the dossier, Namibia has no PPR susceptible wildlife. The Group noted that gemsbok, present in Namibia, have been reported to be susceptible to PPR, and recommended to Namibia that numbers and movement of this species should be included in any risk-based surveillance.

vii) Regulatory measures for the early detection, prevention and control of PPR

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

viii) Description of the boundaries and measures of the proposed free zone

The Group acknowledged that, for the purpose of FMD control, the livestock population of the NCA of Namibia was separated from the rest of Namibia by a double livestock and game proof fenced barrier, the veterinary cordon fence (VCF). South of this fence was identified as OIE officially recognised FMD free zone that corresponded to the proposed PPR free zone. Namibia specified in the dossier that the zone above the VCF was considered as a protection zone for the proposed PPR free zone.

The Group noted that appropriate control measures were implemented for sheep and goats being moved from the NCA to the proposed PPR free zone, such as quarantine for 21 days with monitoring for the presence of disease and the individual identification of such animals.

ix) Compliance with the questionnaire in Article 1.6.9.

The Group agreed that the submitted dossier was compliant with the questionnaire of Article 1.6.9.

Conclusion

Considering the information submitted in the dossier, the Group concluded that the application was compliant with the requirements of Chapter 14.7. and with the questionnaire in Article 1.6.9. of the *Terrestrial Code*. The Group therefore recommended that the proposed zone of Namibia be recognised as a PPR free zone.

Considering that Namibia shares borders with an infected country, the Group appreciated that Namibia excluded the zone neighbouring the infected country from the application.

5. Information on the Global Strategy for the Control and Eradication of PPR

The Group was updated on the progress made by the GF-TADs PPR working group in charge of the development of the Global Strategy for the Control and Eradication of PPR. International experts, representatives of key countries and regional organisations, as well as OIE and FAO, participated in an expert meeting in October 2014 to discuss the draft outline of the Global Strategy. The discussions were very productive and the GF-TADs PPR working group obtained valuable comments to be considered in the strategy document. It was finally agreed that the Strategy would have three components: 1) PPR control, 2) Veterinary Services, 3) control of other diseases of small ruminants.

There was discussion in that meeting on whether the Strategy should focus only on PPR eradication or not, but the GF-TADs PPR Working Group's previous suggestion, to proceed in four steps, was finally accepted:

Step 1: infected country investigating the PPR situation and its impact;

Step 2: country implementing a risk-based control programme;

Step 3: country implementing a country- or zone-wide eradication programme, with possible application for OIE endorsement of its official control programme;

Step 4: country preparing a dossier for OIE official recognition of freedom (without vaccination).

The Group was informed that an International Conference on PPR is planned to take place in Abidjan, Cote d'Ivoire, from 19 to 21 March 2015. In that conference the Global Strategy for the Control and Eradication of PPR developed by the GF-TADs Working Group will be presented.. The objectives of the Conference will be that countries and donors support the Strategy and commit themselves to the PPR Global Strategy.

Before that International Conference, an advocacy document (currently being prepared) is to be circulated to major donors and decision makers, in order to prepare and encourage them to make specific statements on their potential roles in the implementation of the Global Strategy.

The Group was also informed that the FAO and the OIE are planning to set up a specific GF-TADs Secretariat that will take charge of a PPR Global Control and Eradication Programme.

6. Other matters

6.1. General Recommendations for Members Countries

Applicant Member Countries should provide documented evidence of all statements made in the dossier, in particular the effectiveness of the national disease reporting system and a clear legal reference indicating the inclusion of PPR in the country's list of notifiable animal diseases.

The Group drew attention to the existence of PPR virus infections that may produce only mild clinical signs or inapparent infection. Member Countries, including historically free countries, should not rely only on high morbidity or high mortality but should always investigate even individual suspect clinical cases or individual positive serological test results.

6.2. Revision of Chapter 14.7., Article 14.7.1.

The Group discussed the epidemiological role of other susceptible animals in PPR and agreed that there was currently no evidence as to whether or not they are playing a significant epidemiological role in the introduction, maintenance and spread of PPR virus. The Group proposed a change in the sentence related to this statement in the *Terrestrial Code*, to take account of current knowledge. In addition, the Group proposed the removal of the reference to the role of sentinels in Article 14.7.1. as this point was already adequately covered in Article 14.7.30.

Further to difficulties encountered when assessing the applications for official status of PPR freedom, the Group discussed in depth the definition of PPR and strongly recommended that it should not be limited to infection in domestic sheep and goats but should include other susceptible animals. The Group was of the opinion that PPR virus found in other susceptible animals is a PPR case and should be reported to the OIE. PPR spill-over from infected domestic sheep and goats was observed in wild artiodactyls kept in fenced enclosures in the Middle East (Furley et al, 1987[1]), and infection with clinical signs has been reported in free-ranging wildlife, notably in bharals (*Pseudois nayaur*) in Tibet (Bao et al., 2011[2] & 2012[3]), Sindh Ibex (*Capra aegagrus blythi*) in Pakistan (Abubakar et al., 2011[4]& 2012), and wild goats (*Capra aegagrus)* in Kurdistan (Hoffmann et al., 2012[5]). All these outbreaks in wild species were

1 Furley C.W., Taylor W.P. & Obi T.U., 1987: An outbreak of peste des petits ruminants in a zoological collection. *Vet. Rec.*, **121**, 443–447.

2 Bao, J., Z. Wang, L. Li, X. Wu, P. Sang, G. Wu, G. Ding, L. Suo, C. Liu, J. Wang, W. Zhao, J. Li, and L. Qi. 2011. Detection and genetic characterization of peste des petits ruminants virus in free-living bharals (Pseudois nayaur) in Tibet, China. *Res. Vet. Sci.*, **90**:238‑240.

3 Bao, J., Q. Wang, S. Parida, C. Liu, L. Zhang, W. Zhao, and Z. Wang. 2012. Complete genome sequence of a peste des petits ruminants virus recovered from wild bharal in Tibet, China. *J. Virol.*, **86**:10885‑10886.

4 Abubakar, M., Z.I. Rajput, M.J. Arshed, G. Sarwar, and Q. Ali. 2011. Evidence of peste des petits ruminants virus (PPRV) infection in Sindh Ibex (Capra aegagrus blythi) in Pakistan as confirmed by detection of antigen and antibody. *Trop. Anim. Health Prod.*, **43**:745‑747.

5 Hoffmann, B., H. Wiesner, J. Maltzan, R. Mustefa, M. Eschbaumer, F.A. Arif, and M. Beer. 2012. Fatalities in wild goats in Kurdistan associated with peste des petits ruminants virus. *Transboundary Emerging Dis.*, **59**:173‑176.

associated with PPR virus-infected livestock. Therefore PPR virus infection in other susceptible animals should be considered as an indication of the presence of PPR virus in the domestic sheep and goat populations in contact with these cases and should be reported and investigated accordingly. The Group proposed changes to the article to reflect these considerations.

The Group emphasised that these changes should not have an impact on recognition of status and trade as long as surveillance in accordance with the PPR chapter has demonstrated absence of infection in domestic sheep and goats, and accordingly proposed changes to Articles 14.7.1. , 14.7.3. and 14.7.4. to reflect this.

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.

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…/appendices

Appendix I

MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION OF PESTE DES PETITS RUMINANTS (PPR) STATUS OF MEMBER COUNTRIES

Paris, 16-17 December 2014

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Draft agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Evaluation of applications from Member Countries for official recognition of PPR free status
    - Czech Republic
    - Mexico
    - The Philippines
    - Swaziland
4. Evaluation of an application from a Member Country for official recognition of a PPR free zone
    - Namibia
5. Information on the PPR Global Strategy
6. Other matters
7. Finalisation and adoption of the report

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Appendix II

MEETING OF THE OIE *AD HOC* GROUP ON PESTE DES PETITS RUMINANTS (PPR)

Paris, 16-17 December 2014

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Annex 14

Original: English
January 2015

MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION OF AFRICAN HORSE SICKNESS STATUS OF MEMBER COUNTRIES

Paris, 14 – 15 January 2015

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 2015.

1. Opening

On behalf of Dr Bernard Vallat, Director General of the OIE, Dr Elisabeth Erlacher-Vindel, Deputy Head of the Scientific and Technical Department, welcomed and thanked the Group for all its efforts in evaluating the applications from Member Countries for official recognition of AHS status.

Dr Erlacher-Vindel introduced Dr Kazutoshi Matsuo who recently joined the Scientific and Technical Department to work on the activities related to official disease status recognition.

Dr Erlacher-Vindel informed the Group that a series of workshops would be conducted in the two following years in each of the OIE Regions in order to provide training for Member Countries on the key elements to consider when preparing a dossier for official recognition of disease or risk status or for the endorsement of official control programmes. The experience gained through and the output of this meeting would be taken into account when preparing the agenda and the essential training.

Finally, Dr Erlacher-Vindel 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. She mentioned that in order to avoid any conflict of interest, the experts should withdraw themselves from the discussion related to their own country.

In the afternoon of the first day of the meeting, Dr Vallat joined the Group and conveyed his appreciation for all the support and efforts of the Group on the evaluation of AHS status of Member Countries. Dr Vallat mentioned that the inclusion of AHS in the procedure for official recognition of disease freedom by the OIE had been welcomed by other international organisations such as the International Equestrian Federation (FEI) and International Federation of Horseracing Authorities (IFHA) working in partnership with the OIE. He highlighted that AHS was one of the diseases considered in the concept of high health status horse subpopulations used to ease horse movements for international equestrian competitions.

Dr Vallat also stressed not only the importance of achieving an officially recognised disease or risk status but also the maintenance of a granted status by submitting the annual reconfirmation each year to the OIE in accordance with the corresponding articles in the OIE *Terrestrial Animal Health Code* (*Terrestrial Code*).

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

The Group was chaired by Dr Stéphan Zientara 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 status of the harmonisation of the chapters on African horse sickness, bluetongue and epizootic haemorrhagic disease of the *Terrestrial Animal Health Code (Terrestrial Code)*. Further the harmonisation of these chapters proposed by an *ad hoc* Group in August 2013, the Terrestrial Animal Health Standards Commission (Code Commission) and the Scientific Commission requested the OIE to prepare a detailed comparison of the three chapters in order to facilitate justifications for the changes proposed. This work was accomplished by the OIE Headquarters and will be further discussed by the relevant Commissions.

In the meantime, a revised version of the AHS chapter was adopted at the 82nd General Session in May 2014 and the Group was reminded that the assessment of the dossiers presented at this meeting for AHS freedom should be assessed only on this basis.

4. Chapter 12.1. of the *Terrestrial Animal Health Code* on AHS: Review of the comments from Member Countries and Specialist Commissions

Further the adoption of the revised AHS chapter, the Code Commission, in September 2014, forwarded additional comments received from two Member Countries on the AHS chapter to the Scientific Commission for its consideration. The Group was tasked by the Scientific Commission to consider these comments in its meeting. The Group considered the two divergent Member Countries' comments. In response to one of the comments, the Group clarified that AHS virus does not cause persistent infection.

The Group understood that the comments were related to the apparent extended duration of PCR positive status in vaccinated horses naturally infected by AHS demonstrated in a recent study (African horse sickness in naturally infected, immunised horses, C.T. Weyer *et al.* (2013), *Equine Veterinary Journal*, **45**, 117-119). The Group emphasised that in this study, no virus was isolated from blood samples of the PCR positive horses at any time.

The Group discussed in depth the current knowledge on AHS infectivity and concluded that there was no new data that would justify modification of the currently set infective period of 40 days. The Group proposed to keep the 40-day infective period, however it was recognised that equids that survive infection may remain PCR positive for longer than this period and therefore that PCR was a conservative test when used for international trade purposes.

Given the extended duration of PCR positivity in mildly or subclinically infected equids, laboratory testing by PCR of equids may be indicated during export/import quarantine.

5. Evaluation of a request from a Member Country for recognition of AHS free status

Morocco

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

As part of the evaluation, the Group had a face-to-face meeting with the Delegate from Morocco. The Group received additional information and clarification to the questions raised, which were further provided in written form.

i. Animal disease reporting

The Group considered that Morocco had a record of regular and prompt animal disease reporting.

ii. Prohibition of systematic vaccination

The Group noted that the final vaccination was carried out in June 1994, and since then vaccination was prohibited.

iii. Importation of equids and their semen, oocytes or embryos in accordance with Chapter 12.1.

The Group took note of the regulations in place for importation of equids and their products and agreed that they were in compliance with Chapter 12.1.

iv. Situation of AHS

The Group observed that the last outbreak was reported in October 1991. Supportive evidence was submitted which demonstrated no evidence of AHSV within the country at least for the last two years.

v. Surveillance if adjacent to an AHS infected country or zone if relevant

The Group noted that Morocco shares borders with two countries, one being officially recognised as free from AHS and another currently not recognised as free from AHS by the OIE.

The Group took note that around 9,900 equids were present in the southern provinces of Morocco which was 0.6% of the entire equid population of Morocco. Furthermore, the number of equids in the area at the border with a neighbouring country was indicated as 239 which represented a very small percentage (0.02%) of the Moroccan population. The dossier stated that no wild equids were in the southern provinces of Morocco.

Further to the Group's request, the Delegate of Morocco clarified that a physical wall was in place with a military controlled area along the border between the southern provinces of Morocco and the neighbouring country that would prevent illegal entry of animals and humans. A single land border post in the south-west of Morocco was in place that allowed for entry of humans and goods excluding live animals into the country from the neighbouring country without an officially recognised AHS status.

The Delegate of Morocco clarified that although a defined surveillance zone was not in place, a national surveillance programme was in place with enhanced surveillance in areas determined as having higher risk. The Delegate further provided the Group with the official document with the protocol of the serological surveys and further submitted the detailed data of the results also including the stratified information by species (i.e. horses, donkeys and mules).

vi. Surveillance in accordance with Articles 12.1.13. to 12.1.15.

The Group acknowledged that all testing for AHS was centralised in Casablanca and in Biopharma (Rabat) laboratories. Further to the Group's request, Morocco clarified that inter-laboratory proficiency testing was performed at the national level to ensure the quality of the testing in seven laboratories mentioned in the dossier. It was confirmed that the regional laboratories were could also provide testing in case of suspicion of AHS, but all samples were sent to the Casablanca or Biopharma (Rabat) laboratories for confirmation.

The Group noted in the dossier an on-going study on vector surveillance in the southern provinces and expressed its interest in the results.

vii. Regulatory measures for the early detection, prevention and control of AHS Animal disease reporting

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

viii. Compliance with the questionnaire in Article 1.6.8.

The Group agreed that the structure of the dossier was compliant with Article 1.6.8.

Conclusion

Considering the information submitted in the dossier, answers in oral and written form from Morocco to the questions raised, the Group concluded that the application was compliant with the requirements of Chapter 12.1. and with the questionnaire in Article 1.6.8. of the *Terrestrial Code*. The Group therefore recommended that Morocco be included in the List of Member Countries officially recognised free from AHS by the OIE.

6. Evaluation of a request from a Member Country for recognition of an AHS free zone

The Group assessed the request of a Member Country for recognition of an AHS free zone and considered that the dossier did not meet the requirements of the *Terrestrial Code*.

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.

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…/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 2015

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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. Chapter 12.1. of the *Terrestrial Animal Health Code* on AHS: Review of the comments from Member Countries and Specialist Commissions

5. Evaluation of a request from a Member Country for recognition of AHS free status

   Morocco

6. Evaluation of a request from a Member Country for recognition of an AHS free zone

7. Adoption of report

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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 2015

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Annex 15

Original: English
December 2014

REPORT OF THE MEETING OF THE OIE *AD HOC* GROUP ON ANTIMICROBIAL RESISTANCE

Paris, 10 – 12 December 2014

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1. Opening

The OIE *ad hoc* Group on Antimicrobial Resistance met from 10 to 12 December 2014 at the OIE Headquarters in Paris, France. Dr Elisabeth Erlacher-Vindel, Deputy Head of the Scientific and Technical Department, welcomed the participants on behalf of the Director General of the OIE, Dr Bernard Vallat.

This meeting was organised in two parts. The first part was dedicated to finalise the template and instructions developed for the OIE Member Countries to report to the OIE data on the use of antimicrobial agents in animals. The second part was dedicated to review the technical comments received on the adopted version of the OIE List of antimicrobial agents of veterinary importance and the technical comments received from OIE Member Countries on the adopted version of the *Terrestrial Animal Health Code* (*Terrestrial Code*) chapters related to antimicrobial resistance and the use of antimicrobial agents.

Dr Bernard Vallat, Director General of the OIE, addressed the Group on the second day of the meeting. He thanked the Group for its support to the OIE activities related to antimicrobial resistance and the use of antimicrobial agents. He informed the Group that OIE was communicating on these activities to its 180 Member Countries in particular through regional workshops organised for the OIE National Focal Points for Veterinary Products. The aim was to develop a global network and to encourage the development of regulation and legislation related to antimicrobial resistance and the use of antimicrobial agents in the different OIE Member Countries. He recognised the importance of the development of the OIE global database on the use of antimicrobial agents in animals. He reminded participants that many Member Countries have limited capacities and that the OIE system of collection of data needed to be usable for a majority of countries. He recognised that the system could further be refined over time. Finally he highlighted that in many Member Countries the capacity to develop or implement veterinary legislation was limited and therefore emphasised the need for a system of data collection usable by the majority of the OIE Member Countries. He also informed the Group that OIE had been engaged in this field together with the World Health Organization (WHO) and the Food and Agriculture Organization of the United Nations (FAO) through the tripartite agreement. He confirmed that OIE would continue to support the WHO Global Action Plan on Antimicrobial Resistance.

2. Appointment of chairperson and rapporteur, and adoption of the agenda

The meeting was chaired by Dr Herbert Schneider; Dr Carolee Carson acted as rapporteur for the discussions to set up a global database on the use of antimicrobial agents in animals and Dr Chris Teale acted as rapporteur for the discussions on the comments received on the OIE List of antimicrobial agents of veterinary importance and on the *Terrestrial Code* chapters.

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

3. Presentation and finalisation of the template and instructions developed for the OIE Member Countries to report to the OIE data on the use of antimicrobial agents in animals

The Group reviewed the draft template and instructions developed for the OIE Member Countries to report to the OIE data on the sales of antimicrobial agents in animals as revised in line with the discussions at the recent seminars for the OIE Focal Points for Veterinary Products held in Ottawa, Canada, for the Americas region, in Ohrid, Macedonia, for the Europe region and in Tokyo, Japan, for the Asia-Pacific region. The suggested changes to the titles of the individual sheets in the Excel template were approved as follows:

- Sheet 1: Baseline information (previous title: Administrative information)
- Sheet 2: Reporting option 1 (previous title: Reporting Level 1)
- Sheet 3: Reporting option 2 (previous title: Reporting Level 2)
- Sheet 4: Reporting option 3 (previous title: Reporting Level 3)

The Group further supported the suggestion from these seminars that after finalisation and before starting the pilot run of data collection from all OIE Member Countries, the template and instructions should be tested for serviceability with a limited number of countries from all OIE regions and different regulatory and resource backgrounds.

The Group agreed that in principle there should be sufficient guidance integrated in the template itself to enable the provision of the information sought, but more detailed explanations were needed in the instructions for the completion of the template. However, a need to provide definitions of some terms used in the template and instructions was identified. The Group noted that the basis for setting up national systems for data collection is contained in the Chapter 6.8 of the *Terrestrial Code* and does not need to be restated in the template instructions.

The following modifications to the template and the instructions were accepted by the Group with the aim of increasing clarity and ease of use.

- **Sheet 'Baseline information'**

Contact point and data provider:

The Group discussed that there might be multiple data providers and considered the option of having a 'data manager' who would be the point of contact for questions arising. The Group acknowledged that ultimately the data will be submitted by the OIE Delegate, and therefore decided that the section 'data provider' was less relevant for the OIE project than for national data collection systems. The Group agreed to remove the 'data provider' section and to add a new field to the section for the 'Contact point' to indicate the relation of the person completing the template with the OIE (Delegate, Focal Point or Other).

Definition of Growth Promotion:

The Group discussed the current guidance text and decided to use the first sentence of the definition used by Codex Alimentarius (CAC/RCP 61-2005) instead. The full Codex definition would replace the current text in the instruction document.

Year of data collection:

The Group noted that the current guidance referred to '2012'. Noting that a three-year lag of data was realistic in some countries, this year was considered appropriate for a pilot run of data collection in 2015. The year 2012 was considered appropriate for the initial pilot run and would need to be updated in subsequent years.

'Please select the appropriate data source'

For clarity, the Group changed the guidance text in the template to indicate 'the data sources applied'. The reference to mapping out distribution systems and to the need to avoid duplicate reporting of quantities was removed from the original guidance text in the template, but maintained in the instructions document.

Extrapolation

The Group discussed concerns with extrapolation from non-representative data. The Group decided to add a definition for clarity in the instructions. The purpose of the definition is to make Members Countries aware of the potential for bias and to request a description of the approach used for any extrapolation.

Animals in your country and considered 'food producing'

The Group discussed the purpose of these data and concluded that they might be useful to understand information provided by Member Countries. When information comes back from the pilot run, the Group will re-consider the need to maintain the field in the light of the information received. The Group further agreed to specifically list the different species of poultry, such chicken, turkey, ducks and geese, and have another category titled 'other birds'. In this section the species name, *Gallus gallus*, for chickens would be included for clarity. 'Elephants' was deleted from the list as it would be reported under 'Other'; also 'Companion animals' need to be removed from this list as the title of this data field was edited to 'food producing species covered by the data'.

National report available on the web

For clarity the text for this field was revised to read: "National reports on the sales of antimicrobials for use in animals available on the web"

- **Sheet 'Reporting option 1'**

  The Group agreed to maintain the ability to report qualitative data and concluded that a decision on the utility of such information would be made in the light of the experience gained through the pilot run.

  The Group revised the headings of columns C and D of the template for clarity.

- **Sheet 'Reporting option 2'**

  The Group made appropriate changes to cells which are identical to Reporting Option 1 (e.g., column headings). In the Focal Point seminars, participants requested to have specific information on companion animals included. The Group discussed the opportunity to have a specific column for companion animals at this stage and decided to re-discuss inclusion of companion animal data in the light of the experience gained during the pilot run.

- **Sheet 'Reporting option 3'**

  The Group made appropriate changes to cells which are identical to Reporting Option 1 (e.g., column headings) and changed the title to 'all animal species allowing differentiation by route of administration and whenever possible by animal groups'.

- **Review of the Instructions for the completion of the OIE template**

  The Group noted the changes made to the document taking into account feedback received from the Focal Point seminars. The Group considered the utility of changing the document into a Question and Answer document, but decided that complete and detailed instructions as proposed were more appropriate. Additional Questions and Answers could be developed at a later point in time.

  The Group agreed that the changes discussed for the Excel template would also need to be implemented in the Instructions; these changes would be made by the OIE Headquarter.

Introduction

With respect to ionophores, the Group deleted 'and are not thought to contribute to antimicrobial resistance development relevant for humans'.

There was also discussion of language on 'amounts sold for use in animals' as this was not quite accurate. The decision was to use 'antimicrobial agents used in animals' and a footnote would be included to explain that 'sales data' could include import data.

"Introducing the individual sheets of the OIE data collection template"

The Group decided to harmonise the titles in the template with how they are referred to in the guidance as follows:

- Reporting Option 1. Overall amount sold for/used in animals by antimicrobial class; with possibility to separate **by type of use**

- Reporting Option 2. Overall amount sold for/used in animals by antimicrobial class; with possibility to separate by type of use **and species group**.

- Reporting Option 3. Overall amount sold for/used in animals by antimicrobial class; with possibility to separate by type of use, species group **and route of administration**.

Guidance notes on the data to be provided in the OIE Template

In respect to 'Antimicrobial classes for use in animals', the Group deleted the sentence 'Examples for possible alternative categories include classification as growth promoter, feed additive, or stock remedy' for clarity and revised the last part of the text in this section to start with 'With the exception of ionophores, which are mostly used for parasite control, all uses of these substances should be reported, whether the antimicrobial agents are …".

In respect to 'Growth promotion' the full Codex Alimentarius definition was inserted.

In respect to 'Therapeutic use …' the Group agreed to maintain the original wording and remove 'for disease control'.

The Group agreed that additional definitions such as Extrapolation, Food-producing animals, Quantitative data versus qualitative data, and Sales of antimicrobial agent(s) for use in animals versus use data would be useful.

Regarding 'Data source' the Group ensured that guidance regarding duplicate reporting and the mapping of distribution systems was included in this section and agreed to include a reference to *Chapter 6.8* of the *Terrestrial Code*, where data sources are listed.

Regarding the 'Explanation of estimated coverage and extrapolation carried out', the Group agreed that there could be several reasons as to why there might not be 100% coverage (i.e., not 100% of the antimicrobial use data reported or available to be reported) such as: variations within a country or between regions, animal species coverage, rural/urban coverage, market segment coverage, production systems not covered (extensive and intensive system), importation practices not covered, statistical sampling, illegal use, extra-label use of human drugs, and not having representative wholesalers (many countries get data from wholesalers). The goal is to get the Member Countries to provide ultimately enough information to interpret the submitted data. The Group provided additional guidance to this effect in the instructions.

Regarding 'Aggregated Class Data' the Group revised the text to use the abbreviation 'AGG' to indicate situations where quantitative data is available but reported within the Aggregated Class Data.

Regarding the 'Classes of Antimicrobials' the Group acknowledged that the class 'Phenicols' was referred to as 'Amphenicols' by WHO, and agreed to align the template and instruction in line with the decision to be made when revising the OIE List of antimicrobial agents of veterinary importance.

4. Discussion and agreement on reporting of data to the OIE on the use of antimicrobial agents in animals including recommendations on a suitable denominator

To advance the development of suitable denominators and reporting formats for the OIE global database on the use of antimicrobial agents in animals, analysts from Canada and the United States of America performed a comparison between these two countries' data from 2010 through 2012. Specifically, the analysis focused on 1) a comparison between animal numbers and weights from various international and national data, including impact on calculated "biomass" correction factor; 2) alternative correction factors (denominators) that could be used to normalise antimicrobial sales data; and 3) ideas for different report formats that could be used to represent data from the global database, including both uncorrected and corrected sales data.

The Group concluded that there is a need for further discussions focused specifically on the denominator and that the animal population data source would be the OIE data. The Group decided to move ahead with the development of the denominator and parallel development of reporting options.

The Group acknowledged the value of collecting information from a wide range of countries, and recognised there will be a need to develop approaches to ensure production of scientifically robust information from the global data base.

The specific needs regarding data on animals with lives or production cycles shorter than one year will be communicated to the World Animal Health Information and Analysis Department of the OIE. The Department is currently revising the World Animal Health Information System (WAHIS) Notification procedures for 2015 for use by Member Countries. The plan is to complete the process by February 2015. The Group suggested including in the revised guidance the following points:

- for terrestrial animals whose lifecycle is under a year (e.g. broilers or fattening pigs), either including the tonnage slaughtered or the number of animals produced throughout the whole calendar year;

- for terrestrial animals whose lifecycle is over a year (e.g. dairy cows), including the number of animals present in the country at a relevant point in time;

- for farmed aquatic animals, including the weight of animals harvested (aquaculture) throughout the whole calendar year.

In a second step, the additional needs for stratification of information would be communicated to the OIE Animal Health Information and Analysis Department. For example "Birds" could be further specified as chickens, turkeys, duck, geese, other birds. It was acknowledged that such changes potentially required changes in the WAHID structure and their implementation might take time.

In order to address future concerns raised in the Focal Point seminars and to provide further information on elements to be contained in reports derived from the global database, the Group reiterated the need for a cover letter to be sent with the request for data and expressed its availability to contribute to the drafting. The cover letter could utilise the previously identified guiding principles for reporting and data confidentiality to ensure successful reporting of information from the global database such as listed in the report of the July 2014 meeting of the Group.

Next steps:

The Group recommended that after a final check of the revised template and instructions by electronic means, the template undergo validation with a small group of selected countries in order to have the template and instructions ready for the OIE General Session in May 2015.

In June 2015 the database template would be sent to all Member Countries, accompanied by a cover letter.

The OIE Member Countries would be requested to return the completed template in November 2015.

Data would be collated by the OIE and preliminary findings would then be communicated to the Group early 2016.

The Group could meet in mid-2015 to further develop the denominator and reporting formats and any other issues.

5. Review of the technical comments received on the adopted version of the OIE List of antimicrobial agents of veterinary importance and from OIE Member Countries on the adopted version of the *Terrestrial Animal Health Code* chapters related to antimicrobial resistance and the use of antimicrobial agents

During the General Session in May 2012, the World Assembly of Delegates adopted the updated version of the *Terrestrial Code* Chapter 6.7. on "Harmonisation of national antimicrobial resistance surveillance and monitoring programmes".

During the General Session in May 2013, the World Assembly of Delegates adopted the updated version of the OIE List of antimicrobial agents of veterinary importance.

Finally, during the General Session in May 2014, the World Assembly of Delegates adopted the updated version of the *Terrestrial Code* Chapter 6.10. on "Risk analysis for antimicrobial resistance arising from the use of antimicrobial agents in animals".

Additional comments regarding the OIE List and these chapters were received subsequently and reviewed by the Group.

OIE List of antimicrobial agents of veterinary importance

The Group reviewed comments received on the OIE List.

The Group did not support use of the ATCvet system[1] for description of the antimicrobial agents described in the OIE List as suggested in the received comments, because this system was set up for a different purpose and would complicate the OIE List, making it cumbersome to use. The ATCvet system can also be amended from year to year, which would mean that the OIE List would consequently need frequent updating.

1 ATCvet system: Anatomical Therapeutic Chemical classification system for veterinary medicinal products maintained by the World Health Organization Collaborating Centre for Drug Statistics Methodology (WHOCC), Norwegian Institute of Public Health, Oslo, Norway

A number of comments were applicable to one or very few countries. The Group considered that comments relevant to licence restrictions in individual countries should not be added to the OIE List. In the same way, comments related to specific uses of antimicrobial agents in certain animal species groups were considered not relevant for inclusion in the OIE List; the OIE List indicates animal species for which substances are authorised, but not specific production groups or use restrictions. The Group considered that the OIE List is intended to demonstrate what is used; it does not provide guidance on treatment or describe indications.

The following comments were incorporated by the Group:

- Spectinomycin is used in human medicine and the OIE List was amended accordingly.
- Fusidic acid, as class designation, was retained for consistency with the WHO List on *Critically important antimicrobials for human medicine*, rather than adopting the proposed term "steroid antibacterial".
- A comment mentioned that the antimicrobial agent Benethamine penicillin was used in bovines. The OIE List was amended accordingly.
- Penethamate (hydroiodide) is currently only used in animals (Bovine). The Group agreed with a comment that penethamate was an antimicrobial agents only used in animals. The OIE List was amended accordingly.
- The class "phenicols" was amended to "amphenicols" for consistency with the WHO List.

The Group disagreed that the substance enramycin was only used as a growth promoter pointing out that this antimicrobial was also used therapeutically in some countries.

The Group did not accept a suggestion to include sarafloxacin for treatment of poultry as this does not appear to be currently used in poultry. The Group noted that orbifloxacin is authorised for use in food producing species in certain countries and therefore retained it in the OIE List.

The Group reiterated that further comments would be welcomed.

The revised OIE List is presented in Appendix III of this report.

Chapter 6.7.

The Group was aware that discussions on surveillance of veterinary pathogens were taking place in Europe. Several requests have been made by Member Countries for inclusion of more information on veterinary pathogens. Revision of the Chapter to incorporate more information on veterinary pathogens is envisaged by the Group in 2015 and any revisions would take note of the work already done in Europe.

General comments were received in relation to expanding the methods and scope of the surveillance described in Chapter 6.7. Countries tended to have different views on the level of detail and different methods of surveillance which should be included, as well as the degree of emphasis which should be given to these different approaches. The Group would encourage detailed suggestions and proposals on additional methods of surveillance with the aim of taking a consensus view on what was most appropriate for all OIE Member Countries.

Comments were received that suggested expanding the term bacteria to micro-organisms in Chapter 6.7. Although future OIE initiatives are likely to cover other micro-organisms, the focus of this Chapter remains antimicrobial resistance in bacteria and inclusion of other organisms is currently not envisaged. The Group considered that surveillance for resistance in these other micro-organisms is usually regarded as a separate topic from antimicrobial resistance in bacteria and should be dealt with separately.

The Group agreed that the environment of animals is an important area for the investigation of the epidemiology of resistance and in particular to study antimicrobial resistance transfer pathways. However, standardised protocols for examination of the environment are currently not well-developed and the Group at this stage felt that general advice was most appropriate.

The Group considered the suggestion to include other types of surveillance beyond surveillance for prevalence estimation. However the Group determined that more specific proposals need to be developed before expanding the chapter. Further, the Group noted that risk-based surveillance is a subset of targeted surveillance and therefore no change to the text was needed.

Member Counties had differing views on the value of the Table 1 provided in Chapter 6.7. on the sample size required to estimate prevalence at different levels of confidence. The Group considered that this statistical table was valuable for countries seeking guidance on the numbers of samples to test to generate sufficient bacterial isolates for subsequent susceptibility testing. The table was slightly amended to avoid possible confusion as the prevalence of the target organism needs to be taken into account when determining the numbers of samples which should be collected.

The Group considered that the addition of Shiga toxin producing *E. coli* was not appropriate because human cases of infection with this organism are not usually treated with antimicrobial agents; susceptibility testing would also require specific bacterial containment facilities in laboratories, which might not be available in all Member Countries.

Chapter 6.10.

A general and a specific comment were received on the point 1 of the article 6.10.1. on the sentence under study. The Group considered the comment and proposed for consistency with the Codex Alimentarius Guidelines CAC/GL 77-2011 revision of the text under study to the following sentence "Problems related to AMR are inherently related to antimicrobial use in any environment, including human and non-human uses." This wording is taken directly from the introduction of these Codex Alimentarius Guidelines.

6. Other matters

The Group proposed to meet from 25 to 27 August 2015 and from 19 to 21 January 2016.

7. Adoption of report

The Group adopted the report.

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…/Appendices

Appendix I

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

Paris, 10 – 12 December 2014

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Agenda

1. Opening
2. Appointment of chairperson and rapporteur, and adoption of the agenda
3. Presentation and finalisation of the template and instructions developed for the OIE Member Countries to report to the OIE data on the use of antimicrobial agents in animals
4. Discussion and agreement on reporting of data to the OIE on the use of antimicrobial agents in animals including recommendations on a suitable denominator
5. Review of the technical comments received on the adopted version of the OIE List of antimicrobial agents of veterinary importance and from OIE Member Countries on the adopted version of the *Terrestrial Animal Health Code* chapters related to antimicrobial resistance and the use of antimicrobial agents
6. Other matters
7. Adoption of report

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Appendix II

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

Paris, 10 – 12 December 2014

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Appendix III

OIE LIST OF ANTIMICROBIAL AGENTS OF VETERINARY IMPORTANCE

The OIE International Committee unanimously adopted the List of Antimicrobial Agents of Veterinary Importance at its 75th General Session in May 2007 (Resolution No. XXVIII).

Background

Antimicrobial agents are essential drugs for human and animal health and welfare. Antimicrobial resistance is a global public and animal health concern that is influenced by both human and non-human antimicrobial usage. The human, animal and plant sectors have a shared responsibility to prevent or minimise antimicrobial resistance selection pressures on both human and non-human pathogens.

The FAO[2]/OIE/WHO[3] Expert Workshop on Non-Human Antimicrobial Usage and Antimicrobial Resistance held in Geneva, Switzerland, in December 2003 (Scientific Assessment) and in Oslo, Norway, in March 2004 (Management Options) recommended that the OIE should develop a list of critically important antimicrobial agents in veterinary medicine and that WHO should also develop such a list of critically important antimicrobial agents in human medicine.

Conclusion No. 5 of the Oslo Workshop is as follows:

5. The concept of "critically important" classes of antimicrobials for humans should be pursued by WHO. The Workshop concluded that antimicrobials that are critically important in veterinary medicine should be identified, to complement the identification of such antimicrobials used in human medicine. Criteria for identification of these antimicrobials of critical importance in animals should be established and listed by OIE. The overlap of critical lists for human and veterinary medicine can provide further information, allowing an appropriate balance to be struck between animal health needs and public health considerations.

Responding to this recommendation, the OIE decided to address this task through its existing *ad hoc* Group on antimicrobial resistance. The terms of reference, aim of the list and methodology were discussed by the *ad hoc* Group since November 2004 and were subsequently endorsed by the Biological Standards Commission in its January 2005 meeting and adopted by the International Committee in May 2005. Thus, the work was officially undertaken by the OIE.

Preparation of the draft list

The Director General of the OIE sent a questionnaire prepared by the *ad hoc* Group accompanied by a letter explaining the importance of the task to OIE Delegates of all Member Countries and international organisations having signed a Co-operation Agreement with the OIE in August 2005.

Sixty-six replies were received. This response rate highlights the importance given by OIE Member Countries from all regions to this issue. These replies were analysed first by the OIE Collaborating Centre for Veterinary Dugs, then discussed by the *ad hoc* Group at its meeting in February 2006. A list of proposed antimicrobial agents of veterinary importance was compiled together with an executive summary. This list was endorsed by the Biological Standards Commission and circulated among Member Countries aiming for adoption by the OIE International Committee during the General Session in May 2006.

Discussion at the 74th International Committee in May 2006

The list was submitted to the 74th International Committee where active discussion was made among Member Countries. Concerns raised by Member Countries include: 1) the list includes substances that are banned in some countries; 2) some of the substances on the list are not considered "critical"; 3) nature of the list – is this mandatory for Member Countries?; and 4) the use of antimicrobial agents as growth promotor is included. While many Member Countries appreciated the work, it was considered appropriate to continue refinement of the list. The list was adopted as a preliminary list by Resolution No. XXXIII.

2 FAO: Food and Agriculture Organization of the United Nations
3 WHO: World Health Organization

Refinement of the list

The *ad hoc* Group was convened in September 2006 to review the comments made at the 74th General Session of the OIE International Committee, and Resolution No. XXXIII adopted at the 74th General Session. Based on the further analysis provided by the OIE Collaborating Centre for Veterinary Medicinal Products, the *ad hoc* Group prepared its final recommendations of the list of antimicrobial agents of veterinary importance together with an executive summary. Once again, this was examined and endorsed by the Biological Standards Commission in its January 2007 meeting and circulated among Member Countries.

Adoption of List of antimicrobial agents of Veterinary Importance

The refined list was submitted to the 75th International Committee during the General Session in May 2007 and adopted unanimously by Resolution No. XXVIII.

This list was further updated and adopted in May 2013 and May 2015 by the World Assembly of OIE Delegates.

CRITERIA USED FOR CATEGORISATION OF VETERINARY IMPORTANT ANTIMICROBIAL AGENTS

In developing the list, the *ad hoc* Group agreed that any antimicrobial agent authorised for use in veterinary medicine according to the criteria of quality, safety and efficacy as defined in the *Terrestrial Animal Health Code* (Chapter 6.9. Responsible and prudent use of antimicrobial agents in veterinary medicine) is important. Therefore, based on OIE Member Country contributions, the Group decided to address all antimicrobial agents used in food-producing animals to provide a comprehensive list, divided into critically important, highly important and important antimicrobial agents.

In selecting the criteria to define veterinary important antimicrobial agents, one significant difference between the use of antimicrobial agents in humans and animals has to be accounted for: the many different species that have to be treated in veterinary medicine.

The following criteria were selected to determine the degree of importance for classes of veterinary antimicrobial agents.

Criterion 1. Response rate to the questionnaire regarding Veterinary Important Antimicrobial Agents

This criterion was met when a majority of the respondents (more than 50%) identified the importance of the antimicrobial class in their response to the questionnaire.

Criterion 2. Treatment of serious animal disease and availability of alternative antimicrobial agents

This criterion was met when compounds within the class were identified as essential against specific infections and there was a lack of sufficient therapeutic alternatives.

On the basis of these criteria, the following categories were established:

- Veterinary **Critically Important Antimicrobial Agents (VCIA)**: are those that meet **BOTH** criteria 1 **AND** 2
- Veterinary **Highly Important Antimicrobial Agents (VHIA)**: are those that meet criteria 1 **OR** 2
- Veterinary **Important Antimicrobial Agents (VIA)**: are those that meet **NEITHER** criteria 1 **OR** 2

Revision of the list of antimicrobial agents of Veterinary Importance (July 2012)

The Joint FAO/WHO/OIE Expert Meeting on Critically Important Antimicrobials held in Rome, Italy, in November 2007, recommended that the list of antimicrobial agents of Veterinary Importance should be revised on a regular basis and that the OIE further refine the categorisation of antimicrobial agents with respect to their importance in the treatment of specific animal diseases.

The OIE *ad hoc* Group on Antimicrobial Resistance met in July 2012 to review and update the OIE List of antimicrobial agents of veterinary importance (OIE List) taking into account the top three critically important antimicrobial agents of the WHO list of Critically Important Antimicrobials for Human Medicine.

The Group made recommendations for the use of the updated OIE List.

Recommendations

Any use of antimicrobial agents in animals should be in accordance with the OIE Standards on the responsible and prudent use laid down in the Chapter 6.9. of the *Terrestrial Animal Health Code* and in the Chapter 6.3. of the *Aquatic Animal Health Code.*

According to the criteria detailed above, antimicrobial agents in the OIE List are classified according to three categories, Veterinary Critically Important Antimicrobial Agents (VCIA), Veterinary Highly Important Antimicrobial Agents (VHIA) and Veterinary Important Antimicrobial Agents (VIA).

However, a specific antimicrobial/class or subclass may be considered as critically important for the treatment of a specific disease in a specific species (See specific comments in the following table of categorisation of veterinary important antimicrobial agents for food-producing animals).

For a number of antimicrobial agents, there are no or few alternatives for the treatment of some specified disease in identified target species as it is indicated in the specific comments in the OIE List. In this context, particular attention should be paid to the use of VCIA and of specific VHIA.

Among the VCIA in the OIE List, some are considered to be critically important both for human and animal health; this is currently the case for Fluoroquinolones and for the third and fourth generation of Cephalosporins. Therefore these two classes should be used according to the following recommendations:

- Not to be used as preventive treatment applied by feed or water in the absence of clinical signs in the animal(s) to be treated.
- Not to be used as a first line treatment unless justified, when used as a second line treatment, it should ideally be based on the results of bacteriological tests.
- Extra-label/off label use should be limited and reserved for instances where no alternatives are available. Such use should be in agreement with the national legislation in force.

The OIE List of antimicrobial agents of veterinary importance is based on expert scientific opinion and will be regularly updated when new information becomes available.

Antimicrobial classes / sub classes used only in human medicine are not included in this OIE List. Recognising the need to preserve the effectiveness of the antimicrobial agents in human medicine, careful consideration should be given regarding their potential use (including extra-label/off-label use) / authorisation in animals.

Abbreviations:

Animal species in which these antimicrobial agents are used are abbreviated as follows:

AVI:	avian	EQU:	Equine
API:	bee	LEP:	Rabbit
BOV:	bovine	OVI:	Ovine
CAP:	caprine	PIS:	Fish
CAM:	camel	SUI:	Swine

VCIA: Veterinary Critically Important Antimicrobial Agents
VHIA: Veterinary Highly Important Antimicrobial Agents
VIA: Veterinary Important Antimicrobial Agents

CATEGORISATION OF VETERINARY IMPORTANT ANTIMICROBIAL AGENTS FOR FOOD-PRODUCING ANIMALS

ANTIMICROBIAL AGENTS (CLASS, SUB-CLASS, SUBSTANCE)	SPECIES	Specific comments	VCIA	VHIA	VIA
AMINOCOUMARIN		Novobiocin is used in the local treatment of mastitis and in septicaemias in fish			X
Novobiocin	BOV, CAP, OVI, PIS				
AMINOGLYCOSIDES		The wide range of applications and the nature of the diseases treated make aminoglycosides extremely important for veterinary medicine. Aminoglycosides are of importance in septicaemias; digestive, respiratory and urinary diseases. **Gentamicin is indicated for *Pseudomonas aeruginosa* infections with few alternatives.** **Apramycin and Fortimycin are currently only used in animals.** Few economic alternatives are available.	X		
AMINOCYCLITOL					
Spectinomycin	AVI, BOV, CAP, EQU, LEP, OVI, PIS, SUI				
Streptomycin	API, AVI, BOV, CAP, EQU, LEP, OVI, PIS, SUI				
Dihydrostreptomycin	AVI, BOV, CAP, EQU, LEP, OVI, SUI				
AMINOGLYCOSIDES + 2 DEOXYSTREPTAMINE					
Kanamycin	AVI, BOV, EQU, PIS, SUI				
Neomycin	API, AVI, BOV, CAP, EQU, LEP, OVI, SUI				
Framycetin	BOV, CAP, OVI				
Paromomycin	AVI, BOV, CAP, OVI, LEP, SUI				
Apramycin	AVI, BOV, LEP, OVI, SUI				
Fortimycin	AVI, BOV, LEP, OVI, SUI				
Gentamicin	AVI, BOV, CAM, CAP, EQU, LEP,OVI, SUI				
Tobramycin	EQU				
Amikacin	EQU				
AMPHENICOLS		The wide range of applications and the nature of the diseases treated make phenicols extremely important for veterinary medicine. **This class is of particular importance in treating some fish diseases, in which there are currently no or very few treatment alternatives.** This class also represents a useful alternative in respiratory infections of cattle, swine and poultry. This class, in particular florfenicol, is used to treat pasteurellosis in cattle and pigs.	X		
Florphenicol	AVI, BOV, CAP, EQU, LEP, OVI, PIS, SUI				
Thiamphenicol	AVI, BOV, CAP, OVI, PIS, SUI				
ANSAMYCIN – RIFAMYCINS		This antimicrobial class is authorised only in a few countries and with a very limited number of indications (mastitis) and few alternatives. **Rifampicin is essential in the treatment of *Rhodococcus equi* infections in foals. However it is only available in a few countries, resulting in an overall classification of VHIA.**		X	
Rifampicin	EQU				
Rifaximin	BOV, CAP, EQU, LEP, OVI, SUI				
ARSENICAL		Arsenicals are used to control intestinal parasitic coccidiosis. (*Eimeria* spp.).			X
Roxarsone	AVI, SUI				
Nitarsone	AVI, SUI				
BICYCLOMYCIN		Bicyclomycin is listed for digestive and respiratory diseases in cattle and septicaemias in fish.			X
Bicozamycin	AVI, BOV, PIS, SUI				

ANTIMICROBIAL AGENTS (CLASS, SUB-CLASS, SUBSTANCE)	SPECIES	Specific comments	VCIA	VHIA	VIA
CEPHALOSPORINS		Cephalosporins are used in the treatment of septicemias, respiratory infections, and mastitis.		X	
CEPHALOSPORINS FIRST GENERATION					
Cefacetrile	BOV				
Cefalexin	BOV, CAP, EQU, OVI, SUI				
Cefalotin	EQU				
Cefapyrin	BOV				
Cefazolin	BOV, CAP, OVI				
Cefalonium	BOV, CAP, OVI				
CEPHALOSPORINS SECOND GENERATION					
Cefuroxime	BOV				
CEPHALOSPORINS THIRD GENERATION		The wide range of applications and the nature of the diseases treated make cephalosporin third and fourth generation extremely important for veterinary medicine. Cephalosporins are used in the treatment of septicemias, respiratory infections, and mastitis. Alternatives are limited in efficacy through either inadequate spectrum or presence of antimicrobial resistance.	X		
Cefoperazone	BOV, CAP, OVI				
Ceftiofur	AVI, BOV, CAP, EQU, LEP, OVI, SUI				
Ceftriaxone	AVI, BOV, OVI, SUI				
CEPHALOSPORINS FOURTH GENERATION					
Cefquinome	BOV, CAP, EQU, LEP, OVI, SUI				
FUSIDIC ACID		Fusidic acid is used in the treatment of ophthalmic diseases in cattle and horses.			X
Fusidic acid	BOV, EQU				
IONOPHORES		Ionophores are essential for animal health because they are used to control intestinal parasitic coccidiosis (*Eimeria* spp.) where there are few or no alternatives available. **Ionophores are critically important in poultry.** **<u>This class is currently only used in animals.</u>**		X	
Lasalocid	AVI, BOV, LEP, OVI				
Maduramycin	AVI				
Monensin	API, AVI, BOV, CAP				
Narasin	AVI, BOV				
Salinomycin	AVI, LEP, BOV, SUI				
Semduramicin	AVI				
LINCOSAMIDES		Lincosamides are essential in the treatment of Mycoplasmal pneumonia, infectious arthritis and hemorrhagic enteritis of pigs.		X	
Pirlimycin	BOV, SUI, AVI				
Lincomycin	API, AVI, BOV, CAP, OVI, PIS, SUI				
MACROLIDES (C refers to the chemical structure)		The wide range of applications and the nature of the diseases treated make macrolides extremely important for veterinary medicine. **Macrolides are used to treat Mycoplasma infections in pigs and poultry, haemorrhagic digestive disease in pigs (*Lawsonia intracellularis*) and liver abscesses (*Fusobacterium necrophorum*) in cattle, where they have very few alternatives**. This class is also used for respiratory infections in cattle	X		
MACROLIDES C14					
Erythromycin	API, AVI, BOV,CAP, EQU, LEP, OVI, PIS, SUI				
Oleandomycin	BOV				
MACROLIDES C15					
Gamithromycin	BOV				
Tulathromycin	BOV, SUI				
MACROLIDES C16					
Carbomycin	AVI				
Josamycin	AVI, PIS, SUI				
Kitasamycin	AVI, SUI, PIS				
Spiramycin	AVI, BOV, CAP, EQU, LEP, OVI, PIS, SUI				
Tilmicosin	AVI, BOV, CAP, LEP, OVI, SUI				
Tylosin	API, AVI, BOV, CAP, LEP, OVI, SUI				

ANTIMICROBIAL AGENTS (CLASS, SUB-CLASS, SUBSTANCE)	SPECIES	Specific comments	VCIA	VHIA	VIA
Mirosamycin	API, AVI, SUI, PIS				
Terdecamycin	AVI, SUI				
Tildipirosin	BOV, SUI				
Tylvalosin	AVI, SUI				
MACROLIDES C17					
Sedecamycin	SUI				
ORTHOSOMYCINS		Avilamycin is used for enteric diseases of poultry and rabbit.			
Avilamycin	AVI, LEP	**This class is currently only used in animals.**			X
PENICILLINS					
NATURAL PENICILLINS (including esters and salts)					
Benethamine penicillin	BOV				
Benzylpenicillin	AVI, BOV, CAM, CAP, EQU, LEP, OVI, SUI				
Penethamate (hydroiodide)	BOV~~, SUI, AVI, OVI~~	**Penethamate (hydroiodide) is currently only used in animals**			
Benzylpenicillin procaine / Benzathine penicillin	BOV, CAM, CAP, EQU, OVI, SUI				
AMDINOPENICILLINS					
Mecillinam	BOV, SUI				
AMINOPENICILLINS					
Amoxicillin	AVI, BOV, CAP, EQU, OVI, PIS, SUI				
Ampicillin	AVI, BOV, CAP, EQU, OVI, PIS, SUI				
Hetacillin	BOV				
AMINOPENICILLIN + BETALACTAMASE INHIBITOR		The wide range of applications and the nature of the diseases treated make penicillins extremely important for veterinary medicine.	X		
Amoxicillin + Clavulanic Acid	AVI, BOV, CAP, EQU, OVI, SUI	This class is used in the treatment of septicaemias, respiratory and urinary tract infections.			
Ampicillin + Sulbactam	AVI, BOV, SUI				
CARBOXYPENICILLINS		This class is very important in the treatment of many diseases in a broad range of animal species.			
Ticarcillin	EQU				
Tobicillin	PIS				
UREIDOPENICILLIN		Few economical alternatives are available.			
Aspoxicillin	BOV, SUI				
PHENOXYPENICILLINS					
Phenoxymethylpenicillin	AVI, SUI				
Phenethicillin	EQU				
ANTISTAPHYLOCOCCAL PENICILLINS					
Cloxacillin	BOV, CAP, EQU, OVI, SUI				
Dicloxacillin	BOV, CAP, OVI, AVI, SUI				
Nafcillin	BOV, CAP, OVI				
Oxacillin	BOV, CAP, EQU, OVI, AVI, SUI				

ANTIMICROBIAL AGENTS (CLASS, SUB-CLASS, SUBSTANCE)	SPECIES	Specific comments	VCIA	VHIA	VIA
~~**PHENICOLS**~~	-	~~The wide range of applications and the nature of the diseases treated make phenicols extremely important for veterinary medicine.~~ ~~**This class is of particular importance in treating some fish diseases, in which there are currently no or very few treatment alternatives.**~~ ~~This class also represents a useful alternative in respiratory infections of cattle, swine and poultry.~~ ~~This class, in particular florfenicol, is used to treat pasteurellosis in cattle and pigs.~~	~~X~~		
~~Florphenicol~~	~~AVI, BOV, CAP, EQU, LEP, OVI, PIS, SUI~~				
~~Thiamphenicol~~	~~AVI, BOV, CAP, OVI, PIS, SUI~~				
PHOSPHONIC ACID		**Fosfomycin is essential for the treatment of some fish infections with few alternatives however it is only available in a few countries, resulting in an overall classification of VHIA.**		X	
Fosfomycin	AVI, BOV, PIS, SUI				
PLEUROMUTILINS		**The class of pleuromutilins is essential against respiratory infections in pigs and poultry.** **This class is also essential against swine dysentery (*Brachyspira hyodysenteriae*) however it is only available in a few countries, resulting in an overall classification of VHIA.**		X	
Tiamulin	AVI, CAP, LEP, OVI, SUI				
Valnemulin	AVI, SUI				
POLYPEPTIDES		Bacitracin is used in the treatment of necrotic enteritis in poultry. This class is used in the treatment of septicaemias, colibacillosis, salmonellosis, and urinary infections. Cyclic polypeptides are widely used against Gram negative enteric infections.		X	
Enramycin	AVI, SUI				
Gramicidin	EQU				
Bacitracin	AVI, BOV, LEP, SUI, OVI				
POLYPEPTIDES CYCLIC					
Colistin	AVI, BOV, CAP, EQU, LEP, OVI, SUI				
Polymixin	BOV, CAP, EQU, LEP, OVI, AVI				
QUINOLONES					
QUINOLONES FIRST GENERATION		Quinolones of the 1st generations are used in the treatment of septicaemias and infections such as colibacillosis.		X	
Flumequin	AVI, BOV, CAP, EQU, LEP, OVI, PIS, SUI				
Miloxacin	PIS				
Nalidixic acid	BOV				
Oxolinic acid	AVI, BOV, LEP, PIS, SUI, OVI				
QUINOLONES SECOND GENERATION (FLUOROQUINOLONES)		The wide range of applications and the nature of the diseases treated make fluoroquinolones extremely important for veterinary medicine. Fluoroquinolones are critically important in the treatment of septicaemias, respiratory and enteric diseases.	X		
Ciprofloxacin	AVI, BOV, SUI				
Danofloxacin	AVI, BOV, CAP, LEP, OVI, SUI				
Difloxacin	AVI, BOV, LEP, SUI				
Enrofloxacin	AVI, BOV, CAP, EQU, LEP, OVI, PIS, SUI				
Marbofloxacin	AVI, BOV, EQU, LEP, SUI				
Norfloxacin	AVI, BOV, CAP, LEP, OVI, SUI				
Ofloxacin	AVI, SUI				
Orbifloxacin	BOV, SUI				
Sarafloxacin	PIS				

ANTIMICROBIAL AGENTS (CLASS, SUB-CLASS, SUBSTANCE)	SPECIES	Specific comments	VCIA	VHIA	VIA
QUINOXALINES		Quinoxalines (carbadox) is used for digestive disease of pigs (e.g. swine dysentery). **This class is currently only used in animals.**			X
Carbadox	SUI				
Olaquindox	SUI				
SULFONAMIDES		The wide range of applications and the nature of the diseases treated make sulfonamides extremely important for veterinary medicine. **These classes alone or in combination are critically important in the treatment of a wide range of diseases (bacterial, coccidial and protozoal infections) in a wide range of animal species.**	X		
Sulfachlorpyridazine	AVI, BOV, SUI				
Sulfadiazine	AVI, BOV, CAP, OVI, SUI				
Sulfadimethoxine	AVI, BOV, CAP, EQU, LEP, OVI, PIS, SUI				
Sulfadimidine (Sulfamethazine, Sulfadimerazin)	AVI, BOV, CAP, EQU, LEP, OVI, SUI				
Sulfadoxine	BOV, EQU, OVI, SUI				
Sulfafurazole	BOV, PIS				
Sulfaguanidine	AVI, CAP, OVI				
Sulfamerazine	AVI, BOV, CAP, EQU, LEP, OVI, PIS, SUI				
Sulfadimethoxazole	AVI, BOV, SUI				
Sulfamethoxine	AVI, PIS, SUI				
Sulfamonomethoxine	AVI, PIS, SUI				
Sulfanilamide	AVI, BOV, CAP, OVI				
Sulfapyridine	BOV, SUI				
Phthalylsulfathiazole	SUI				
Sulfaquinoxaline	AVI, BOV, CAP, LEP, OVI				
SULFONAMIDES+ DIAMINOPYRIMIDINES					
Sulfamethoxypyridazine	AVI, BOV, EQU, SUI				
Ormetoprim+ Sulfadimethoxine	PIS				
Trimethoprim+ Sulfonamide	AVI, BOV, CAP, EQU, LEP, OVI, PIS, SUI				
DIAMINOPYRIMIDINES					
Baquiloprim	BOV, SUI				
Trimethoprim	AVI, BOV, CAP, EQU, LEP, OVI, SUI				
Ormetoprim	AVI				
STREPTOGRAMINS		Virginiamycin is an important antimicrobial in the prevention of necrotic enteritis (*Clostridium perfringens*)			X
Virginiamycin	AVI, BOV, OVI, SUI				
TETRACYCLINES		The wide range of applications and the nature of the diseases treated make tetracyclines extremely important for veterinary medicine This class is critically important in the treatment of many bacterial and chlamydial diseases in a wide range of animal species. **This class is also critically important in the treatment of animals against heartwater (*Ehrlichia ruminantium*) and anaplasmosis (*Anaplasma marginale*) due to the lack of antimicrobial alternatives.**	X		
Chlortetracycline	AVI, BOV, CAP, EQU, LEP, OVI, SUI				
Doxycycline	AVI, BOV, CAM, CAP, EQU, LEP, OVI, PIS, SUI				
Oxytetracycline	API, AVI, BOV, CAM, CAP, EQU, LEP, OVI, PIS, SUI				
Tetracycline	API, AVI, BOV, CAM, CAP, EQU, LEP, OVI, PIS, SUI				
THIOSTREPTON		This class is currently used in the treatment of some dermatological conditions.			X
Nosiheptide	AVI, SUI				

Annex 16

Original: English
January 2015

REPORT OF THE MEETING OF THE OIE *AD HOC* GROUP ON NOTIFICATION OF ANIMAL DISEASES AND PATHOGENIC AGENTS

Paris, 6-8 January 2015

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The OIE *ad hoc* Group on Notification of Animal Diseases and Pathogenic Agents met at the OIE Headquarters from 6 to 8 January 2015.

The members of the Group and other participants are listed in Appendix I. The meeting was chaired by Dr Toni Tana and Dr Allan Sheridan acted as rapporteur.

Dr Alex Thiermann, Advisor of the Director General and President of the Terrestrial Animal Health Code Commission, welcomed the participants on behalf of the Director General, Dr Bernard Vallat, and thanked them for having accepted the OIE's invitation. He reminded the participants of the importance of this Group in the OIE's work, gathering together many experts coming from different regions. He reiterated that this Group has a unique and critical mandate. The aim is to review disease listing criteria bearing in mind all diseases, not just specific ones considered important at particular times. He also reminded the Group that a listed disease was not more important than other diseases, but the criteria define it as a disease, based on its epidemiologic characteristics, that requires rapid dissemination of information to facilitate control efforts by the veterinary services. The Group was also asked to consider providing more clarity and discipline on how to report on emerging diseases and when reporting ceases to be necessary. The conclusions of this Group should also help the OIE to find a way to encourage Member Countries to improve the level and quality of disease notification and events reporting.

Dr Paula Cáceres, Head of World Animal Health Information and Analysis Department, presented the objectives of the meeting: to examine and evaluate the disease listing criteria in both the *Terrestrial* and *Aquatic Codes* for inclusion of diseases, infections and infestations in the OIE List. The Group was requested to assess the need for further definition of disease notification obligations of Member Countries for emerging diseases. The Group was also asked to assist the OIE considering deleting the reporting of non OIE-listed diseases in the annual report and, based on the amended Chapter 1.1 adopted by the OIE World Assembly of May 2014, replacing it by the information on emerging diseases declared endemic. Dr Cáceres also spoke with the Group on day two and clarified the description of the role and responsibilities of expert members that was presented by Dr Thiermann. The aim of an expert member of an *ad hoc* Group appointed by the OIE is to work to further the OIE's mission, bringing their unique regional experiences and awareness to the task at hand without advocating a position at odds with that of the OIE.

The Group reviewed and agreed to its terms of reference; they are listed in Appendix I.

The Group endorsed the proposed agenda presented in Appendix I.

Dr Vallat, the Director General, joined the meeting on day two to support the activities of the Group. He reminded the Group that the OIE organises such Groups periodically to review existing standards and improve them on the basis on new scientific information. He highlighted that one of the main missions of the OIE is to promote the transparency of the animal health situation worldwide using appropriate standards and reporting mechanisms. He explained that the system for disease notification was built and modernised over years, with increasing requirements for data collection and reporting. He also stated that the OIE's capacity building work with Member Countries through the network of focal points aims to facilitate disease reporting and improve the quality of information. He emphasised the importance of recent changes in the definition and obligations of emerging diseases due to increasing numbers and importance of these diseases.

He reminded the Group that one of the main objectives should be to simplify the criteria for the listing of diseases for the benefit of Members. Dr Vallat emphasised that the OIE continued to work on modernising the WAHIS reporting system aiming to improve the mapping system, official status displaying, data mining and analysis of the information collected, as well as to include the information on genotype collected from the network of reference laboratories and the information related to antimicrobial resistance. He added also that three departments, namely the Scientific and Technical Department, the International Trade Department and the World Animal Health Information and Analysis Department, worked on the harmonisation of definitions between the *Terrestrial* and *Aquatic Codes* and WAHIS guidelines.

The desire is to have this report discussed by the three Specialist Commissions concerned during their February 2015 meetings. Observers from the three Commissions whose work is directly linked to this *ad hoc* Group are listed in Appendix III as other participants who attended this meeting.

The Group appointed a Chair and rapporteur and briefly discussed their role and responsibilities. The Group agreed that it was critically important to remember that the criteria for listing of diseases could not be looked at in isolation from each other or other elements of Chapters 1.1 and 1.2 in each of the OIE *Terrestrial Animal Health Code* (*Terrestrial Code*) and *Aquatic Animal Health Code* (*Aquatic Code*). In addition the Group noted that the purpose of listing and reporting on diseases was subordinate to the OIE's overall mandate for animal health.

Following the meeting the proposed changes to the chapters were compiled and will be presented by the relevant Terrestrial and Aquatic Code Commissions during the General Session in May 2015.

Chapter 1.3 of the *Aquatic Code* is equivalent to Article 1.2.3. of the *Terrestrial Code*. It consists of the *Aquatic Code*'s listed diseases.

1. Examine and evaluate the disease listing criteria in the Terrestrial and Aquatic Codes

Chapter 1.2

The Group discussed the need to clearly define for Members the purposes for listing diseases contained in Chapter 1.2. of the *Terrestrial Code* and Chapter 1.3 of the *Aquatic Code* .

The Group reviewed each article in the chapters related to the listing criteria for including terrestrial and aquatic animal diseases. The Group noted that there were some differences between the Chapters in the two Codes; however, and as per earlier requests by some Member Countries, the Group looked for ways to better harmonise the criteria for listing of terrestrial and aquatic diseases where it was feasible.

The Group noted that the titles of the two chapters and the first line of the introduction were different but conveyed the same information. For that reason the Group requested the Code Commissions to assess whether these aspects of the Chapters could be harmonised.

The Group also discussed the need for specificity when an *ad hoc* Group is appointed to consider whether a disease, infection or infestation is proposed for listing under these criteria. The Group advised the Code Commission representative that the criteria can be applied to either a disease or to a specified strain of a disease. The Group agreed it was essential that *ad hoc* groups are provided with clarity as to whether they are to consider a disease or a specified strain of a disease in their terms of reference.

Terrestrial Code: Article 1.2.1

The Group agreed that the aim of listing was to facilitate notification by and to the Member Countries to allow them to take appropriate and (where possible) co-ordinated action to prevent the spread of diseases as far as possible through control exercised by the veterinary authorities over animals and animal products. The Group agreed that this should be clear in the first paragraph of this article and recommended also insertion of the term 'timely' to highlight the importance of providing information soon enough so other Members can take effective action.

The Group agreed that the role of the *Terrestrial Code* in providing standards for disease control and safe trade in animals and animal products was important and should be mentioned. This had already been done in the *Aquatic Code* and insertion of that form of wording in the second paragraph of the introduction was recommended by the Group.

The Group agreed that details on the mechanisms for notification are provided in Chapter 1.1 and there was no benefit gained by restating them.

The Group further agreed that it would assist Members to have reference in this section to the principles for selection of an appropriate diagnostic test. This was discussed when considering point C. 8 of Article 1.2.2. of the *Aquatic Code*.

Aquatic Code: Article 1.2.1

The same rationale for amending the article in the *Terrestrial Code* was seen as appropriate in this instance.

Terrestrial Code: Article 1.2.2

Point 1. The Group was advised that two aspects of this article elicited Member comments – 'international spread' and 'proven'. After discussion the Group agreed that the term 'international spread' was clear and in need of no further elaboration. The Group also agreed that the term 'proven' had a clear scientific meaning in the context of the *Terrestrial Code* and that it was not to be considered as a legal term.

Point 2. The Group was advised by the Code Commission and agreed that the term 'demonstrated freedom' would incorporate historical disease freedom as per the provisions of Article 1.4.6. of the *Terrestrial Code*. The Code Commission further advised and the Group agreed that 'impending freedom' would be applicable to countries with control programmes with eradication as the end point in an advanced stage. In addition the Group was advised by the Code Commission and agreed that the 'negligible risk' categorisation of certain countries in respect of BSE would be equivalent to 'freedom' for this Article. The Group recommended to simplify the wording related to surveillance provisions in the *Terrestrial Code*, as has been done in the *Aquatic Code*.

Point 3. a. The Group agreed to maintain this criterion as written.

Point 3.b. The Group was advised of comments by Members indicating a lack of consistent understanding of the terms 'significant morbidity and mortality'. Some members wished for quantification of incidence and some requested a specific definition for the term 'morbidity' as it applies to the *Terrestrial Code*. The Group discussed whether a definition of the term or further elaboration of its meaning within the article was the best way to improve clarity. After extensive discussion and review of a draft definition the Group agreed that simplification of the higher level statement and specification of the criteria that should be used within the article would be more useful. The use of the term 'significant impact on health' is now proposed to be accompanied by a mechanism by which it can be evaluated.

The Group also discussed the significance of positive serological results in relation to the listing criteria. A positive serological result, or titre, in an animal is evidence of prior exposure to an agent (micro-organism, protein, etc.) leading to an immunological response. However, exposure to an infectious agent may, or may not, result in illness in an individual. The Group agreed that positive serological results in the absence of clinical signs are not considered to be signs of disease or morbidity and are not to be considered as evidence of 'a significant impact on health'.

During these discussions the Group also considered whether additional criteria were necessary. One suggestion was to allow for relisting of a disease that has been delisted but for which control measures remain in place in a number of countries. The Group discussed this proposal and did not support the suggestion. Countries are allowed to implement animal health-based measures under WTO rules for non-listed diseases if they provide a risk assessment and the measures are the least-trade-restrictive that are necessary to protect that country's status. Delisting decisions are agreed at General Session when a disease does not meet the listing criteria. However, delisted diseases could be proposed for relisting if their behaviour changed in such a way that they subsequently met the listing criteria, so the Group did not see any benefit to include this proposal.

The Code Commission advised that use of the term '*zone*' in this article would include *containment zones* established to control disease.

Point 3.c. The Group aligned the wording of this point with that of point 3.b. In addition the Group agreed to change the term 'wild animal populations' to '*wildlife*'. '*Wildlife*' is defined in the *Terrestrial Code* and includes other wildlife categories of economic value previously excluded, in particular *captive wild animals*. The Group further considered this aspect in relation to the equivalent requirement in the *Aquatic Code* (point A.2. of Article 1.2.2) and agreed that addition of the term 'ecological threats' was of significant value here as well.

Point 4. The Group agreed to maintain this criterion as written.

Re-ordering of the Article 1.2.2: The Group considered it easier for Members to apply the criteria if the only 'or' options were at the end of the section. Reordering to suit the suggestion was performed by moving the previous point 4 of Article 1.2.2. to point 3 of Article 1.2.2.

Aquatic Code: Article 1.2.2

The Group reviewed the reason for having explanatory notes in light of recent proposed changes to the *Aquatic Code*, and agreed to incorporate relevant information into the assessment criteria**.** In addition it was noted that removal of the explanatory notes means that the table format is no longer required and the Group recommended to the Code Commission alignment of the format of this Article with the corresponding Article 1.2.2. of the *Terrestrial Code*.

The Group further agreed that the second paragraph of Article 1.2.2. that describes in detail how to apply the criteria was unnecessary and that alignment of the first sentence of the article with that in the equivalent section of the Terrestrial Code was appropriate.

No. A.1. This article corresponds to point 3.b. of Article 1.2.2. of the *Terrestrial Code*. The Group agreed that the new article in the *Terrestrial Code* was broader and should be proposed for use in this article of the *Aquatic Code*. The Group also agreed that the explanatory note referring to morbidity was liable to create confusion and was no longer required.

No. A.2. This article corresponds to point 3.c. of Article 1.2.2. of the *Terrestrial Code*. The Group aligned the wording of this clause with that in point A.1 of Article 1.2.2. The Group decided following review of the explanatory notes that consideration of ecological aspects of the disease impact was of significant value given the broad mandate of the OIE. As the term 'ecological' also incorporates consideration of environmental factors the Group did not feel it was appropriate to add 'environmental' as was previously in the explanatory note. The explanatory note was no longer seen as necessary given these changes to the article.

No. A.3. This article corresponds to point 3.a. of Article 1.2.2. of the *Terrestrial Code*. The Group noted that this article did not incorporate the concept of severity of consequences, which the Group agreed was important. The Group reviewed use of the corresponding article in the *Terrestrial Code* and agreed to recommend that the same wording be used in the *Aquatic Code*.

No. B.4. This article corresponds to no article in the *Terrestrial Code*. The Group agreed this article was no longer necessary as the glossary definition of 'disease' in the *Aquatic Code* specifies an infectious aetiology.

No. B.5. This article corresponds to no article in the *Terrestrial Code*. The Group agreed this Article was not appropriate as a disease with a suspected infectious aetiology would be reported as an emerging disease (as defined in the glossary to the *Aquatic Code*).

No. B.6. This article corresponds to point 1 of Article 1.2.2. of the *Terrestrial Code*. The Group noted when discussing this point that, in light of removal by the Code Commission of the article on emerging diseases from this chapter, the current wording was no longer appropriate. The Group agreed that use of the same wording as in the *Terrestrial Code* would be appropriate and that the information in the guidance note was not needed.

No. B.7. This article corresponds to point 2 of Article 1.2.2. of the *Terrestrial Code*. The use of the term '*zone*' in this context was explained as covering bodies of water within a country as well as those that may be shared by a number of countries. The Group agreed that the competent authority of at least one country would need to propose 'freedom' as the term 'several countries' is undefined and if a single country is free then this status is worth protecting. The Group also discussed that the minimum requirement in the *Terrestrial Code* was the important feature. If one country could be free, others could take action to gain that same status and may be encouraged to do so. For these reasons the Group agreed to harmonise the text with that used in point 2 of Article 1.2.2. of the *Terrestrial Code* and remove the explanatory text.

No. C.8. This article corresponds to point 4 of Article 1.2.2. of the *Terrestrial Code*. The Group discussed the terms 'repeatable and robust' in relation to diagnostic testing. The single term 'reliable' is often used in relation to test performance and the Group agreed that this term could be used here together with some information on the criteria that can be applied when selecting a test for use. The Group reviewed the explanatory notes for this article and agreed that the appropriate chapter of the *Aquatic Manual*, Chapter 1.1.2, should provide that information for application by Members. It was further agreed that this would be best placed in the Introduction, under Article 1.2.1. Following these changes it was seen that the wording of the equivalent article in the *Terrestrial Code*, that includes specification of the need for case definition in the explanatory note, would be appropriate for the *Aquatic Code* as well. The explanatory note was then removed.

Re-ordering of points of the Article 1.2.2 of the *Aquatic Code*: For the same reason that reordering of these points was performed in the *Terrestrial Code*, and for harmonisation, reordering of the revised Article 1.2.2 was performed too including the suggested changes.

Terrestrial Code: Article 1.2.3

While no changes to the text were made, the Group agreed that it was worthwhile asking the Code Commission to consider splitting Article 1.2.3. of the *Terrestrial Code*, which includes all diseases currently listed in the *Terrestrial Code*, into a separate chapter. This has been done in the *Aquatic Code*, where Chapter 1.3 is the disease list. The Group considered there could be advantages in that approach as a change suggested to the *Terrestrial Code*'s disease list would then purely affect the list and not open the criteria for review without reason.

2. Assessment of the need for further definition of disease notification obligations of Member Countries for emerging diseases

The Group sought clarification of what the OIE was seeking by raising this agenda item. Dr Caceres presented the current situation related to the *notification* of *emerging diseases* and a flow chart describing the World Animal Health Information System (WAHIS). The Group was informed that, once an *emerging disease* has been declared as endemic or stable, a country is no longer required to provide the OIE with further information concerning the disease. Is there a need to change point 1.1.4 in the *Terrestrial Code* to facilitate on-going reporting of information on these diseases?

The Group discussed the provisions of Article 1.1.4 of the *Terrestrial Code* regarding *notification* of *emerging diseases*. The Group agreed that the phrase in point 2 of Article 1.1.4. 'as described under point 1' was unnecessary and poorly referenced. The Group proposed it be deleted.

A suggestion was made that point 2 of Article 1.1.4. might benefit from having a time period specified during which countries would be required to continue submitting reports. That would be cut short if listing was proposed or the disease became sufficiently stable. The Group discussed this point in relation to whether a net benefit would be gained from the additional reporting that may occur. The Group agreed that the existing criteria for reporting ensure that the situation on a country is well described for other Members. In addition, the existing criteria allow for a return to reporting of the disease under appropriate circumstances so there is no net benefit by mandating a time period. The discussion did include however that there needs to be reliability of reporting up to the time a disease was sufficiently stable, or eradicated. The Group agreed to incorporate the phrase 'sufficient time to have reasonable certainty that' in the first sentence of point 2 of Article 1.1.4. for that reason and amend the punctuation of sub points a., b. and c. to clarify that reporting should continue until either the disease has been eradicated or becomes sufficiently stable within the country, or until it has been assessed for listing. The Group agreed that determining whether a disease was emerging and whether it had met either of the first two of those criteria for ceasing reporting was the responsibility of the Member Country's Delegate.

The Group considered whether the WAHIS/WAHID system facilitates reporting in line with the *Terrestrial Code* requirements of 1.1.3 and 1.1.6. After discussion it was agreed the existing system does not support countries to supply the data mandated in point 4 of Article 1.1.3. In addition, the level of detail requested in WAHIS is not reflected in the mandatory reporting requirements of Article 1.1.3.

The Group recommended that the OIE consider appointing an *ad hoc* Group to refine WAHIS and Article 1.1.3. of the *Terrestrial Code* in order to define clearly for Members the level of compulsory data that is expected in reports. The Group agreed that this *ad hoc* Group should also consider changes to the WAHIS system to facilitate the agreed reporting in an appropriate manner. This should include facilitation of reporting of non-listed diseases (including those previously delisted) under Article 1.1.6 that Members consider would be of use to other Members and should also be consistent with Member's obligations under Article 1.1.4.

3. In case of significant proposed changes in criteria, analyse and comment on the results of recent *ad hoc* Groups on some emerging diseases (e.g. PED, MERS, Schmallenberg)

The Group analysed the newly proposed criteria for the listing of diseases and agreed that the changes it recommended were to clarify already existing criteria. As there were no major modifications proposed the Group was not requested, under its Terms of Reference, to review the reports on emerging diseases such as PED, MERS and Schmallenberg.

4. Analyse new emerging diseases such as Ebola and the consequences for disease information reporting.

Dr Marija Popovic, chargée de mission at the World Animal Health Information and Analysis Department, gave a brief background on the evolution on the voluntary reporting of non OIE listed wildlife diseases using the spread sheet questionnaire and lately by the *WAHIS –Wild* platform. She stated that Ebola virus disease is classified under the disease "infection with filovirus" and that this include Marburg virus. The reporting was developed to provide Member Countries with an early warning system as the diseases involved had an impact on livestock health, human health, wildlife conservation, biodiversity and environmental integrity.

Dr Popovic advised that no quantitative data has been received so far from any Member Country on Ebola. The OIE followed up unofficial information in the last quarter of 2014 regarding domestic pigs affected by Ebola disease but the respective Member Country advised the information was incorrect.

The Group critically assessed the consequences of reporting on new emerging diseases by Members. Regarding Ebola, as specified by the Terms of Reference, the Group agreed it was not competent to assess Ebola disease (infection with filovirus). The Group then considered whether listing would be of value to Members if Ebola could be seen to meet the amended listing criteria.

The Group acknowledged that Ebola is an important disease due to its potential impact on human health. However, it needs to be considered in the framework of Article 1.2.1 with the purpose of listing in mind. If listing and consequent mandatory reporting of information on a given disease facilitates the taking of appropriate action by Members to prevent transboundary spread of that disease then listing is consistent with the mission of the OIE. The Group agreed that, for Ebola, it was difficult to see how listing would achieve that outcome. The Group discussed that this situation illustrated how important it was, not to apply the listing criteria to a disease without considering the broader context of the OIE's mission in terms of official notification, particularly as captured in the revised Article 1.2.1. Members with Ebola can nevertheless provide reports as it could be considered an emerging disease or voluntary reporting may be considered under Article 1.1.6 as an important animal health event. The Group agreed in relation to Ebola that Members should be encouraged to report.

5. Consider the deletion of reporting non-OIE-listed diseases in the annual report (Article 1.1.3 point 4) and consider replacing it by the information on emerging diseases declared endemic (Article 1.1.4).

The Group reviewed point 4 of Article 1.1.3. of the *Terrestrial Code* regarding the *notification* of diseases, *infections* and *infestations*, and provision of epidemiological information particularly related to the annual report.

Dr Cáceres briefly informed the Group about the current content of the annual report.

The Group discussed the content of the annual report on the non OIE-Listed diseases. The Group agreed that the information requested in the annual report on non-listed diseases is not supported by point 4 of Article 1.1.3. The discussion included consideration of how useful this information is for Members on the basis of advice from the OIE advisers present that the reports are rarely if ever interrogated by Members. The Group agreed that it was no longer appropriate to include these diseases in WAHIS and suggested that the WAHIS form be changed to reflect this.

The Group agreed that the WAHIS system for gathering disease information should be flexible, facilitating the input of information on the reporting form that Members consider may be of use for other Members, and reiterated that this was not the case at present. The Group agreed that allowing provision of free text in an 'other comments' box could also be considered to encourage the Member Countries to provide information as per Article 1.1.6. The Group considered a suggestion that OIE should encourage Members to provide data on emerging diseases and that this be done by providing a specific area on the OIE website where emerging diseases are listed. While not covered by the Terms of Reference, the Group discussed this point and considered that its usefulness could be assessed by the suggested *ad hoc* Group for the WAHIS system if appointed by OIE.

The Group agreed that the official data collection should be focused on the OIE-Listed and *emerging diseases*. Previous recommendations by the group on appointing an *ad hoc* Group to review the WAHIS and WAHID systems were reiterated.

6. Other business

The Group discussed the definitions of *emerging disease* in the *Terrestrial* and *Aquatic Codes*. The Group agreed that, while it would be better for Members if the definitions were consistent, it did not have sufficient background information to consider whether there were necessary reasons for the differences in the definitions. The Group suggested both Code Commissions to work together to assess whether and how it would be possible to more closely harmonise the definitions of 'emerging disease' in both Codes.

7. Finalisation and adoption of the draft report

The Group finalised and adopted the draft report.

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…/Appendices

Appendix I

AD HOC GROUP ON NOTIFICATION OF ANIMAL DISEASES AND PATHOGENIC AGENTS

Paris, 6-8 January 2015

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Terms of reference

The *ad hoc* Group is kindly requested to:

a) On the basis of Chapter 1.2 of the OIE *Terrestrial Animal Health Code* and *Aquatic Animal Health Code*, assist the OIE in addressing the following points:

   1. Examine and evaluate the disease listing criteria for inclusion of diseases, infections and infestations in the OIE List.

   2. Assess the need for further definition of disease notification obligations of Member Countries for emerging diseases and modification of the reporting obligations when an emerging disease becomes endemic.

   3. In case of significant proposed changes in criteria, analyse and comment on the results of recent *ad hoc* Groups on some emerging diseases (e.g. PED, MERS, Schmallenberg).

   4. Analyse new emerging diseases such as Ebola and the consequences for disease information reporting.

b) On the basis of the adopted amended Chapter 1.1 during the OIE World Assembly of May 2014, assist the OIE in addressing the following point:

   1. Consider the deletion of reporting non-OIE-listed diseases in the annual report (Article 1.1.3 point 4) and consider replacing it by the information on emerging diseases declared endemic (Article 1.1.4).

c) Any other business

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Appendix II

AD HOC GROUP ON NOTIFICATION OF ANIMAL DISEASES AND PATHOGENIC AGENTS

Paris, 6-8 January 2015

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Agenda

1. Opening

2. Appointment of chairperson and rapporteur

3. Terms of reference for the *ad hoc* Group meeting

   3.1. Examine and evaluate the disease listing criteria for inclusion of diseases, infections and infestations in the OIE List.

   3.2. Assess the need for further definition of disease notification obligations of Member Countries for emerging diseases and modification of the reporting obligations when an emerging disease becomes endemic.

   3.3. In case of significant proposed changes in criteria, analyse and comment on the results of recent *ad hoc* Groups on some emerging diseases (e.g. PED, MERS, Schmallenberg).

   3.4. Analyse new emerging diseases such as Ebola and the consequences for disease information reporting.

   3.5. Consider the deletion of reporting non-OIE-listed diseases in the annual report (Article 1.1.3 point 4) and consider replacing it by the information on emerging diseases declared endemic (Article 1.1.4).

4. Any other business

5. Finalisation and adoption of the draft report

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Appendix III

AD HOC GROUP ON NOTIFICATION OF ANIMAL DISEASES AND PATHOGENIC AGENTS

Paris, 6-8 January 2015

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List of participants

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Annex 17

JOINT MEETING BETWEEN THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES AND THE OIE TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

Paris, 12 February 2015

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The OIE Scientific Commission for Animal Diseases (the Scientific Commission) and the OIE Terrestrial Animal Health Standards Commission (the Code Commission) held a joint meeting on Thursday 12 February 2015 to discuss issues of mutual interest. All members of Commissions as well as the Director General, Deputy Director General, and supporting staff of the Scientific and Technical Department and the International Trade Department of the OIE participated in the meeting.

Dr Bernard Vallat, the Director General of the OIE, reiterated the importance of the OIE international standards and appreciated both the quality work of the achieved by the two Commissions as well as their increased collaboration in the development of science-based OIE standards adopted by Member Countries. He also thanked all Commission members on behalf of the Member Countries for their full commitment during the three-year period of their mandate. With elections of the Specialist Commissions scheduled for May he wished those standing for re-election good luck and advised those not standing for re-election that their expertise will continue to be sought on ad hoc groups and working groups.

The main discussion points were as follows:

1. Better documentation of the reasons for decisions made by the Commissions

The two Commissions discussed the recent significant improvement in providing rationale when addressing Member Countries' comments. The two Commissions reminded and encouraged Member Countries to review all relevant reports on the subject matter, including Code Commission report, Scientific Commission report and their annexes which include the *ad hoc* Group reports. Both Commissions would continue making clear references to the relevant documents in their reports.

The Deputy Director General suggested taking the opportunity of the training for new Delegates and focal points to ensure that Member Countries understand how to use relevant reports and annexes for reviewing revised chapters.

2. Coordination of the working programmes of both Commissions

The Commissions identified as a number of priorities including drafting a chapter on trypanosomosis, updating the existing chapter on theileriosis and amending the chapter on BSE to consider the impact of atypical BSE in risk status recognition. Both Commissions agreed that their working programmes would be followed up by the OIE Headquarters. The Deputy Director General proposed that once the new members of Specialist Commissions are elected at the forthcoming General Session, the four Presidents would meet with him and the Heads of the OIE Departments to ensure horizontal coordination and clarification of operating procedures. He also mentioned the potential new work under an OIE initiative for developing standards covering the animal health, food safety and welfare of reptiles, particularly with respect to humane slaughter.

3. Glossary

The two Commissions discussed the need for defining the term 'OIE standard' recognising that the meaning of this term has been repeatedly sought in the WTO SPS Committee. Considering the legal implication of the definition, both Commissions recognised that the term 'OIE standard' should be defined within the OIE context regardless of whatever definition is used in other contexts, such as the WTO SPS Agreement. It was reiterated that in the OIE context, the standard should refer to any text drafted by one of the Specialist Commissions and formally adopted by the World Assembly of Delegates. The Deputy Director General

pointed out that special consideration should then be given to those texts endorsed by Delegates without formal adoption. Both Commissions agreed that the Code Commission would work on a draft that would be discussed between all Commissions before being sent for Member Countries' comment.

The two Commissions also discussed a proposal from an industry organisation requesting a definition of 'biofortified animal product'. While recognising that biofortified animal products might fall under the mandate of the OIE, both Commissions considered that the impact of this issue on Member Countries and on the OIE workload should be cautiously evaluated. They agreed to closely monitor the discussion of the Codex Committee on this issue and establishing a coordination procedure with the Committee when appropriate.

4. Notification of animal diseases and disease listing of pathogenic agents

The two Commissions commended the report of the *ad hoc* Group and appreciated the clarifications provided to the criteria for listing the diseases. The Code Commission informed of its intention to create a specific chapter with the list of the diseases currently included in Article 1.2.3., as is currently the case in the *Aquatic Animal Health Code* where the listing criteria and the list of diseases are separate.

5. High health status subpopulation and model certificate for high health high performance (HHP) horses

Both Commissions noted that Member Countries and stakeholders must clearly understand the intention of the chapter, which is to provide the general principles that define a specific horse subpopulation or compartment for the purpose of temporary international movements for competition purposes. The general principles would be supported by detailed guidance in separate documents. The President of the Scientific Commission informed that the detailed guidance would be available shortly and that a modified chapter will be proposed for adoption.

Regarding the model certificate for HHP horses, it was noted that the model was considered to be finalised from the scientific point of view, thanks to the support of the *ad hoc* Group. Further elaboration of this draft prior to submission for adoption by Member Countries would be handled by the Code Commission. Thus, it would not be necessary to request the help of the *ad hoc* Group to address Member Countries' comments.

Both Commissions agreed that the model certificate needed to be circulated for comments by Member Countries. If adopted, it would be included in Section 5 of the *Terrestrial Code*. To this point in time, the draft model certificate has only been presented to Member Countries as part of the *ad hoc* Group report, not as part of the Code Commission report. The Deputy Director General reminded that the certificate was intended to act as a model for Member Countries and, therefore, not having an adopted model certificate would not preclude the implementation of the HHP concept. Member Countries are entitled to adapt model certificates to their own needs.

6. Horizontal chapter on vaccination

During the review of Member Countries' comments on the revised FMD chapter, both Commissions considered that it was an appropriate time to further develop guidance in the *Terrestrial Code* on disease control. It was noted that clear guidance on vaccination programmes (e.g. demonstration of 'effectiveness of vaccination', vaccination procedures, etc.) should be included in the *Terrestrial Code*, while standards on 'vaccines' were already provided in the *Terrestrial Manual*. The two Commissions suggested that the Director General convene an *ad hoc* Group to draft a horizontal chapter on vaccination. To this end, the two Commissions requested the OIE Headquarters to undertake a brainstorming session to develop appropriate Terms of Reference for the *ad hoc* Group in collaboration with the two Commissions and the Biological Standards Commission and Aquatic Animal Health Standards Commission.

7. Foot and mouth disease

The two Commissions extensively discussed the revised foot and mouth disease Chapter and considered that Member Country comments received had been addressed and the chapter could be presented for adoption by the Word Assembly at the 83rd General Session in May 2015. Both Commissions agreed to give detailed explanations on the rationale when addressing Member Countries' comments in the reports of both Commissions.

8. Porcine reproductive and respiratory syndrome

Considering the technical aspects of the majority of the Member Countries' comments, the Commissions agreed that the Director General should be asked to re-convene an *ad hoc* Group to address these comments.

9. Antimicrobial resistance

The two Commissions were informed of the state of play of the OIE activities related to AMR which are mainly focused on amending the current *Terrestrial Code* Chapter and also on developing a database for collecting data on the use of antimicrobial agents.

The Commissions acknowledged with appreciation the coordination effort that the OIE was carrying out in the framework of the Tripartite (FAO/OIE/WHO).

10. Bovine spongiform encephalopathy

Both Commissions noted the urgent need to address the issue of 'atypical' bovine spongiform encephalopathy (BSE), given the possible suspension of 'negligible risk status' due to a single case of 'atypical' BSE, despite the fact that the disease is considered to be a spontaneously occurring condition, likely to occur in any cattle subpopulation at a low rate regardless of the control measures against 'classical' BSE.

They noted the revision of Chapter 11.4., differentiating atypical from BSE when referring to status recognition, proposed by the ad hoc Group on BSE. The Commissions agreed that the revision of Chapter 11.4. on BSE should follow sequential steps with regards to surveillance and specified risk materials, the first focusing on minimising the impact of atypical BSE on disease status.

11. Dates of next meeting

The two Commissions agreed on the dates of their next meetings to ensure an overlapping period and good coordination with other Specialist Commissions. The dates are given in their respective reports.

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