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

Paris, 3–7 February 2020

No chapters to be proposed for adoption in 2020

The COVID-19 pandemic has made it necessary to review the arrangements for Members’ participation in international meetings, and in particular the 88th General Session of the World Assembly of Delegates of the OIE. In this context, the OIE Council held extraordinary meetings in April and May 2020 and decided, in agreement with the Director General, that the OIE 88th General Session for May 2020 would be postponed until 2021 and that alternative procedures to address key institutional and administrative matters had been proposed.

As a consequence, no new or amended chapters in the Aquatic Animal Health Code, the Terrestrial Animal Health Code, the Manual of Diagnostic Tests for Aquatic Animals or the Manual of Diagnostic Tests and Vaccines for Terrestrial Animals will be proposed for adoption in 2020. Chapters that were to be proposed for adoption in 2020 will be proposed for adoption in May 2021.

A meeting of the OIE Scientific Commission for Animal Diseases (the Commission) was held at OIE Headquarters in Paris, France, from 3 to 7 February 2020.

1. Welcome

Dr Matthew Stone, Deputy Director General (International Standards and Science) welcomed the Specialist Commission and thanked the members for taking time from their busy schedules to support the work of the OIE, extending this thanks to their employers and national governments. He provided a briefing on the OIE involvement in the COVID-19 international response led by WHO. Dr Stone noted the draft 7th Strategic Plan had recently been circulated to Delegates, and summarised the revisions to the OIE HQ organogram made in late 2019 as a result of the organisational assessment processes linked to the strategy development. Dr Stone briefed the Commission on initiatives in relation to Good Regulatory Practices, including expectations relating to regulatory stewardship, the completion of the design phase of the OIE Observatory, and the initiation of work on an online commenting system for standards development and review. He noted the intention to produce a clear articulation of the OIE Science System, building on work over recent years to more clearly describe process and performance management expectations of Reference Centres, and committed to ongoing engagement with the Specialist Commissions during this work. Finally, he provided an update on the Specialist Performance Management System, focussing on the evaluation phase to be initiated in the second half of 2020 prior to the next elections for Specialist Commissions in 2021.
Dr Cristóbal Zepeda, president of the Commission, thanked Dr Stone for the information provided and expressed appreciation for the well-structured working documents provided by the Commission’s Secretariat, as these improve the efficiency of the Commission work while maintaining the robustness of the decision-making process.

2. Adoption of the agenda

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


3.1. Member comments received for SCAD consideration

a) Glossary Part A (‘epidemiological unit’) and Animal health surveillance (Article 1.4.3.)

The Commission acknowledged the importance of more explicitly defining ‘epidemiological unit’ in the Glossary, as its use extends beyond surveillance.

The Commission noted that Glossary definitions should be concise, and disagreed with the proposal to add mention to a herd or a flock, as this is implicit in the current definition, which already refers to a ‘group of animals’.

The Commission agreed with a Member proposal to mention that an epidemiological unit could be a single animal.

The opinion of the Commission was forwarded to the Code Commission for consideration.

b) Chapter 1.3. Diseases, infections and infestations listed by the OIE (Article 1.3.1.)

The Commission disagreed with a Member proposal not to list Middle East respiratory syndrome coronavirus (MERS-CoV), as the disease meets the criteria of Chapter 1.2. Nevertheless, the Commission reiterated its opinion expressed in September 2019 that if a disease matches the listing criteria of Chapter 1.2. of the Terrestrial Animal Health Code (Terrestrial Code), it should have a dedicated chapter, which should provide, at least, a clear case definition to support the notification obligation of Members. The Commission acknowledged that the OIE is establishing a methodology and procedure for addressing this issue, and welcomed this initiative.

The Commission noted that a MERS-CoV case definition was developed by the ad hoc Group on Middle East respiratory syndrome coronavirus, endorsed by the Commission and the Biological Standards Commission in February 2019, and is now available on the OIE website so Member can fulfill their obligation to notify as emerging disease2.

The opinion of the Commission was forwarded to the Code Commission for consideration.

c) Chapter 1.4. Animal health surveillance (Article 1.4.3.)

The Commission agreed with a Member that clearly expressing the link between epidemiological unit and sampling unit would be beneficial, and proposed amending the text accordingly.

The Commission, while emphasising that the definition of epidemiological unit in the Glossary should be concise, agreed with a Member proposal to add reference to this usually being a herd or a flock under this Chapter.

The chapter was forwarded to the Code Commission for consideration.

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1 The assessment of MERS-CoV against the listing criteria was conducted by the MERS-CoV ad hoc Group. https://www.oie.int/fileadmin/Home/eng/Internationala_Standard_Setting/docs/pdf/BSC/A_BSC_Feb2019.pdf
d) Chapter 1.6. Procedures for self-declaration and for official recognition by the OIE

The Commission addressed the Member comments received on the amended chapter that was circulated for the fourth time after the Specialist Commission meetings in September 2019.

The rationale for the proposed amendments is attached in Annex 3.

The amended Chapter addressing Member comments was forwarded to the Code Commission for consideration.

e) Chapter 8.8. Infection with foot and mouth disease virus

The Commission reviewed some pending issues regarding the foot and mouth disease (FMD) chapter that were raised since the Commission’s last revision in September 2017. Discussions covered FMD safe commodities, requirements for importation of game meat or small ruminants, and specifications for semen collection and testing. The Commission is interested in looking at the full, close-to-final version of the Chapter after its revision by the Code Commission.

The rationale for the proposed amendments is attached in Annex 4.

The amended Chapter addressing Member comments was forwarded to the Code Commission for consideration.

f) Draft Chapter 8.Y. Infection with animal trypanosomes of African origin

The Commission discussed the Member comments on the amended chapter that was circulated for the first time after the September 2019 Specialist Commission meetings.

The Commission decided to seek ad hoc Group expert opinion to address some of the Member comments, and acknowledged with thanks their continuous support in the drafting of this chapter.

The rationale for the proposed amendments is attached in Annex 5.

The amended Chapter addressing Member comments was forwarded to the Code Commission for consideration.

g) Chapter 8.15. Infection with Rift Valley fever virus (Article 8.15.9.)

The Commission discussed the Member comments on the amended chapter that was circulated for the second time after the September 2019 Specialist Commission meetings.

The Commission noted that the incubation period of RVF for the purpose of the Terrestrial Code is not provided in this Chapter, and recommended adding it, as this would be fundamental for supporting the establishment of appropriate risk mitigation measures. The Commission acknowledged that an incubation period is provided in the RVF disease card. However, it noted that, for the purpose of the Terrestrial Code, the incubation period is defined as the longest period that elapses between the introduction of the pathogenic agent into the animal and the occurrence of the first clinical signs of the disease.

In response to a Member comment, the Commission noted that it is important to assess the health status of animals after semen collection, to ensure the detection of animals that might have been infected on the day of collection. Nevertheless, recognising the human-health risk related to collecting semen in an RVF-infected animal, the Commission recommended that animals also be tested 7 days prior to semen collection, and to amend the text accordingly.

The amended chapter was forwarded to the Code Commission for consideration.
h) Chapter 12.6. Infection with equine influenza virus

The Commission reviewed the comments from Members on Chapter 12.6.

The rationale for the Commission’s proposed amendments is attached in Annex 6.

The amended chapter was forwarded to the Code Commission for consideration.

i) Chapter 14.7. Infection with peste des petits ruminants (PPR) virus (Articles 14.7.3. and Article 14.7.34.)

After the Specialist Commission September 2018 meeting it was agreed that, as it was the most recently adopted chapter, Chapter 14.7 would be used as the model chapter for presenting work undertaken on harmonisation of provisions for the official recognition of disease status, and endorsement of official control programmes and the maintenance of their freedom. Following the revision of the first round of Member comments in February 2019, the Chapter was circulated to Members for the second time after the September 2019 meeting, with the intention that it be proposed for adoption at the next General Session.

The Commission endorsed the changes to Chapter 14.7, proposed by the ad hoc Group on the evaluation of PPR status. The Commission addressed the Member comments received on the articles 14.7.3. and 14.7.34.

The rationale for the proposed amendments is attached in Annex 7.

The amended articles were forwarded to the Code Commission for consideration.

j) Chapter 15.2. Infection with classical swine fever virus

The Commission addressed the Member comments received on the revised chapter that was last circulated in September 2019. The Commission took note of Member comments and addressed its concerns in the specific articles.

The rationale for the Commission’s proposed amendments is attached in Annex 8.

The amended chapter addressing Member comments was forwarded to the Code Commission for consideration.

3.2. Other considerations

a) Revision of chapters on OIE listed diseases of relevance to equids

In February 2018, the OIE Specialist Commissions acknowledged that the Terrestrial Code Chapters on contagious equine metritis (CEM), equine influenza, and equine piroplasmosis needed to be updated, to accommodate specific recommendations for the temporary importation of competition horses.

In February 2019, the OIE Headquarters updated the Code Commission on the work being conducted in consultation with OIE Reference Laboratory experts to review Chapter 12.2. on contagious equine metritis, and Chapter 12.7. on equine piroplasmosis. The Code Commission considered that these chapters were outdated and not aligned with the more recent disease-specific chapters in the Terrestrial Code, and requested OIE Headquarters to evaluate the need for a comprehensive revision of these chapters, not limited to the development of articles for the temporary movement of horses.

Two ad hoc Groups met in July and August 2019 by electronic consultation to amend these chapters. Major revisions to Chapters 12.2. and 12.7. were carried out.
In February 2020, the Commission reviewed the reports of the ad hoc Groups on equine piroplasmosis and contagious equine metritis. These endorsed reports are attached as Annexes 9 and 10, respectively.

The Commission revised the changes in the Terrestrial Code Chapters 12.2. and 12.7. proposed by the ad hoc Group.

The rationale for the Commission’s proposed amendments to these chapters is attached in Annexes 11 and 12 respectively.

The amended chapters were forwarded to the Code Commission for consideration.

4. Ad hoc and Working Groups

4.1. Meeting reports for endorsement

a) Ad hoc Group on revision of BSE status: 25-26 September 2019 (electronic consultation)

The Commission reviewed and endorsed the report of the ad hoc Group on the evaluation of the applications from Members for the recognition of their BSE risk status.

The Commission agreed with the conclusions of the ad hoc Group and recommended that the Assembly recognise Bolivia as having a negligible BSE risk.

The Commission also recommended that the Assembly recognise one zone of the United Kingdom (Jersey, as described by the Delegate of the United Kingdom in a document addressed to the Director General in August 2019) as a zone having a negligible BSE risk.

The Commission encouraged Bolivia and the zone of Jersey to take into consideration the recommendations of the ad hoc Group and to submit documented evidence of their implementation in the annual reconfirmation.

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

b) Ad hoc Group on rabies: 8–10 October 2019

The Commission reviewed the report of the ad hoc group on rabies which (i) drafted a questionnaire to assist Members in the application for the endorsement of official control programmes for dog-mediated rabies; (ii) reviewed the scientific evidence regarding the safety of shipment of dogs, cats and ferrets after one month from date of rabies vaccination, and (iii) reviewed the current situation of rabies oral vaccination for dogs and provided recommendations to the OIE on the way forward. The Commission commended the ad hoc Group for the extensive work undertaken.

The Commission noted that, as previously agreed with the Code Commission, the questionnaire will not be part of the Terrestrial Code, but will be made available on the OIE website. This will facilitate its revision while maintaining the integrity of the process as any revision would be overseen by the Commission. The questionnaire will provide detailed operational guidance in a transparent format for Members to implement the requirements or Article 8.14.11. of the Terrestrial Code, and will support Members in the development of their dossiers for evaluation.

The Commission reviewed the questionnaire and appreciated the inclusion of measurable indicators, such as coverage of vaccination of dogs, number of human cases, and exposures of humans to dog bites, as lack of measurable indicators is often a weak point in disease control strategies. The Commission noted that the questionnaire covered aspects related to governance of the national control programme, and current status and control of dog-mediated rabies, as well as work plan, timelines and budget for its implementation for the five-year period. The Commission recognised that securing funding will be a critical factor. The Commission acknowledged that the endorsement of a Member programme will provide incentive for funding and increase political will, which will also assist sustainability of the programme. The key indicator of success for an official control program for dog-mediated rabies would be a country’s subsequent self-declaration of freedom from dog-mediated rabies.
The endorsed questionnaire for the endorsement of the official control programme for dog-mediated rabies is attached (Annex 14) and will be made available in the OIE’s website concurrently with the release of this report.

A resolution describing the procedure for the endorsement by the OIE of an official control programme for dog-mediated rabies will be presented for adoption at the 2020 OIE General Session.

The Commission reviewed and endorsed the concept paper (Annex 15) that provides scientific evidence on the safety of shipment of dogs from infected countries or zone after one month from date of rabies vaccination, and commended its scientific quality. The Commission also acknowledged that a reduction in the post-title waiting period from the current 3 months may reduce incentives for illegal movement.

The Commission provided its views to the Code Commission for consideration during the next planned amendment of the Chapter.

The Commission examined the discussion paper on the use of oral rabies vaccination (ORV) in dogs. The paper was prepared by all subject-matter experts from the OIE Reference Laboratories in support of the work of the ad hoc Group, in response to the continuing interest of Members in new tools to improve vaccination coverage. The paper described the state of play and strategic challenges for the use of oral vaccination in dogs, and considered several factors that could be impeding the commercial development, registration and use of oral rabies vaccines as a complementary tool to parenteral vaccination, including safety (including for non-target species), licensure process, production capacity, and cost.

The Commission noted the labour-intensive nature of the ORV delivery model (field distribution and retrieval) and the difficulties with maintaining the cold chain, but acknowledged that there is a vital role for ORV as a complementary tool in the global elimination of dog-mediated human rabies deaths, and that there are clear activities that urgently need to be carried out to promote its safe and cost-effective use.

The Commission was informed the discussion paper will be published in a peer-reviewed journal. The abstract of this paper is attached as Annex 16.

The endorsed report of the ad hoc Group is attached as Annex 17.

c) Ad hoc Group on the evaluation of classical swine fever (CSF) status: 22–24 October 2019

The Commission reviewed the report of the ad hoc Group on the evaluation of the applications from Members for the recognition of CSF status.

The Commission agreed with the conclusions of the ad hoc Group and recommended that the Assembly recognises Croatia, Kazakhstan and Malta as having a CSF-free status.

The Commission encouraged Kazakhstan and Malta to take into consideration the recommendations of the ad hoc Group and to submit documented evidence of their implementation in the annual reconfirmation.

The Commission had a physical meeting with a delegation from an applicant Member that provided clarification around some uncertainties with respect to its recognition as a CSF-free country. However, the Commission concluded that the Member did not meet the requirements to be officially recognised as a CSF-free country. The Commission considered that there was not enough evidence demonstrating absence of infection with CSFV in domestic pigs, in accordance with Point 3. of Article 15.2.3. of the Terrestrial Code. The dossier was referred back to the applicant Member with the rationale for the Commission’s position and suggestions on actions to be taken to comply with the requirements of the Terrestrial Code.
The Commission concurred with the conclusions of the *ad hoc* Group on three other applications submitted by Members that did not meet the requirements of the Terrestrial Code. The dossiers were referred to the respective applicant Members. The Commission discussed the application from another Member, and provisionally concluded that it fulfilled the requirements of the Terrestrial Code. However, the Commission recommended to the Director General to mandate a mission to the country, before any final decision be taken, to verify compliance with the provisions of the Terrestrial Code. Pending the outcome of the mission, the tentative decision of the Scientific Commission would be confirmed and the country would be proposed for official recognition at the next General Session.

The endorsed report of the *ad hoc* Group is attached as Annex 18.

d) *Ad hoc* Group on the evaluation of foot and mouth disease (FMD) status: 5–7 November 2019

The Commission reviewed the report of the *ad hoc* Group on the evaluation of applications from Members for the recognition of their FMD status.

- **Evaluation of requests from a Member for the recognition of FMD free country or zone status where vaccination is not practised**

The Commission agreed with the conclusions of the *ad hoc* Group, and recommended that the Assembly recognise a zone of Chinese Taipei consisting of Taiwan, Penghu and Matsu as an FMD-free zone where vaccination is not practised. This zone was previously recognised free from FMD with vaccination.

The Commission also considered the recommendations of the *ad hoc* Group regarding the application from a Member and concluded that it did not meet the requirements to be officially recognised as FMD-free country where vaccination is not practised.

- **Evaluation of requests from Members for the recognition of FMD free zones where vaccination is practised**

The Commission agreed with the conclusions of the *ad hoc* Group that the Assembly approve the merger of two zones of Brazil and recognises the new zone as a zone free from FMD where vaccination is practised.

Furthermore, the Commission endorsed the recommendation of the *ad hoc* Group regarding the application from Colombia for splitting a zone into four new zones as zones free from FMD where vaccination is practised: Zone I Northern Border; Zone II Eastern Border; Zone III Trade; and Zone IV Rest of the Country. The Commission recommended that the Assembly approves the splitting of a zone in Colombia and recognises the four new zones as zones free from FMD where vaccination is practised (please see section 5.3 for more details).

- **Evaluation of a request from a Member for the endorsement of its national official control programme for FMD**

The Commission agreed with the conclusions of the *ad hoc* Group and recommended that the Assembly endorse the official control programme for FMD of Kyrgyzstan. The Commission considered that particular emphasis should be given to the progress on the implementation of the activities included in Kyrgyzstan’s action plan when submitting its annual reconfirmation of the official control programme for FMD.

The endorsed report of the *ad hoc* Group is attached as Annex 19.
e) *Ad hoc Group on the evaluation of contagious bovine pleuropneumonia (CBPP) status: 19–20 November 2019*

The Commission reviewed and endorsed the report of the *ad hoc* Group on the evaluation of the applications from Members for the recognition of their CBPP status.

The Commission agreed with the conclusions of the *ad hoc* Group and recommended that the Assembly recognises Bolivia and Russia as having a CBPP-free status. The Commission encouraged Bolivia and Russia to take into consideration the recommendations of the *ad hoc* Group and to submit documented evidence of their implementation in the annual reconfirmation.

The Commission concurred with the conclusions of the *ad hoc* Group on one application for the official recognition of official CBPP-free status and another application for the endorsement of a national official control programme for CBPP that did not meet the requirements of the *Terrestrial Code*. The dossiers were referred to the respective applicant Members.

The endorsed report of the *ad hoc* Group is attached as Annex 20.

f) *Ad hoc Group on the evaluation of PPR status: 9–11 December 2019*

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

The Commission agreed with the conclusions of the *ad hoc* Group and recommended that the Assembly recognises Lesotho and Russia as having a PPR-free status. The Commission encouraged Lesotho and Russia to take into consideration the recommendations of the *ad hoc* Group and to submit documented evidence of their implementation in the annual reconfirmation.

The Commission considered the recommendations of the *ad hoc* Group on two Members’ applications (on endorsement of an official PPR control programme, and on free status recovery) and concluded that they did not meet the requirements to be officially recognised as free from PPR. The dossiers were referred to the applicant Member along with the rationale for the Commission’s position. Suggestions on actions to be taken to comply with the requirements of the *Terrestrial Code* were provided.

The endorsed report of the *ad hoc* Group is attached as Annex 21.

4.2. Planned *ad hoc* Groups and confirmation of proposed agendas

a) *Ad hoc Group on rinderpest: 24–26 March 2020*

The Commission was informed that this Group is convened to amend the *Terrestrial Code* Chapter 8.16. Infection with rinderpest virus. The amended chapter will be presented to the Commission in September 2020.

b) *Ad hoc Group on ASF compartmentalisation: 3–5 March 2020*

The Commission was updated on the ongoing work of developing guidelines on compartmentalisation for ASF. The OIE commissioned the elaboration of the guidelines to an external consultant who is being supported by the *ad hoc* Group through electronic consultations. A physical meeting of the *ad hoc* Group will take place at the OIE from 3 to 5 March 2020. A member from the Commission and the Code Commission has been invited to be a part of this *ad hoc* Group and represent their Commission.

c) *Wildlife Working Group: 10–13 March 2020*

The Commission reviewed and agreed with the proposed agenda of the Wildlife Working Group.
d) *Ad hoc* Group on BSE (for revision of chapter comments): 16–18 June 2020 (to be confirmed)

e) *Ad hoc* Group on the evaluation of AHS status: 22–24 September 2020 (to be confirmed)

f) *Ad hoc* Group on the evaluation of BSE risk status: 29 September to 1 October 2020 (to be confirmed)

g) *Ad hoc* Group on the evaluation of CBPP status: 6–8 October 2020 (to be confirmed)

h) *Ad hoc* Group on the evaluation of FMD status: 13–15 October 2020 (to be confirmed)

i) *Ad hoc* Group on the evaluation of PPR status: 27–29 October 2020 (to be confirmed)

j) *Ad hoc* Group on the evaluation of the endorsement of dog-mediated rabies control programmes: 17–19 November 2020 (to be confirmed)

k) Working Group on Wildlife: December 2020 (to be confirmed)

l) *Ad hoc* Group on the evaluation of CSF status: 7–9 December 2020 (to be confirmed)

5. **Official disease status**

5.1. **Annual reconfirmations for maintenance of official status**

a) Comprehensive review of annual reconfirmations (for pre-selected status and all OIE endorsed national official control programmes)

The Commission comprehensively reviewed the annual reconfirmations of the Members that were preselected at its last meeting in September 2019. A summary of the Commission discussions and recommendations on this matter can be found in Annex 22.

The Commission emphasised the importance of timely submission (by the end of November of each year) of the annual reconfirmations for maintenance of official status and of endorsement of official control programme. The Commission reiterated that absence of submission or finalisation of the annual reconfirmation by the end of January of the following year could lead to the suspension of the official status or to the withdrawal of the endorsement of an official control programme of Members.

b) Report of the annual reconfirmation assessments by the Status Department

The Commission reviewed and endorsed the report prepared by the OIE Status Department on the remaining annual reconfirmations (those that were not selected for comprehensive review). The Commission also reviewed the annual reconfirmations for which the Status Department required the Commission’s scientific advice.

The Commission concluded that the annual reconfirmations were compliant with the relevant requirements of the relevant chapter of the Terrestrial Code for the maintenance of the officially recognised status and made recommendations to some Members regarding their annual reconfirmations for maintenance of official disease status.

The report of all annual reconfirmations, including those comprehensively reviewed by the Commission and those reviewed by the OIE Status Department and reported to the Commission, is attached as Annex 22.
5.2. Specific update on official disease status

a) Update on situation of countries/zone with suspended or re-instated disease status

- **Myanmar (PPR)**
  
  The Commission took note that the PPR free status of Myanmar had been suspended for more than two years and, according to the requirements of the *Terrestrial Code*, future recovery of PPR status would have to follow the provisions of Article 14.7.3.

- **Thailand (PPR)**
  
  Following a mission in Thailand to monitor compliance with the Terrestrial Code provisions for the maintenance of its PPR-free country status, based on the review of the mission report and electronic consultation of the Commission, the PPR status had been suspended with effect from 25 October 2019.

b) Cessation of vaccination in zones free from FMD with vaccination

- **Bolivia and Brazil (FMD)**
  
  The Commission took note of the official communication from Bolivia and Brazil on the cessation of vaccination against FMD. Bolivia ceased vaccination in the Department of Beni and part of the Department of La Paz in May 2019. Brazil ceased vaccination in the State of Parana in May 2019. Both are part of an FMD-free zone with vaccination in the respective countries.

  The future application for the new zone status should be submitted to the OIE within 24 months of the cessation of vaccination, in accordance with Article 8.8.3. of the Terrestrial Code. The current officially recognised FMD-free zone status with vaccination will be maintained unchanged until compliance with Article 8.8.2. is approved by the OIE.

5.3. Expert missions to Members requested by the Commission

a) Follow-up of past missions: action plans and progress reports

- **Colombia (FMD free status where vaccination is practised)**
  
  Following a submission of an application by Colombia for the recovery of its suspended free status, the Commission recommended an OIE mission to assess Colombia’s compliance with the provisions for recovery of status. While the mission was pending, Colombia submitted an application for the separation of the current zone into four different zones (Annex 23). This application was evaluated by the FMD ad hoc Group in November 2019, and the assessment was communicated to the mission team prior to starting.

  The OIE mission took place in November 2019 and considered the zoning strategy proposed by the country. At its February 2020 meeting, the Commission examined the mission report as well as additional information provided by Colombia on the progress of implementation of the recommendations made by the mission.

  The Scientific Commission appreciated the actions that have been initiated and commended Colombia on the progress made regarding the implementation of the recommendations of the mission team. The Scientific Commission recommended that Colombia strictly apply the provisions of the Terrestrial Code to prevent the entry of FMD virus into the FMD free zone especially through control of movements at the international borders and between zones.

  The Scientific Commission noted the pilot programme on serological monitoring of population immunity performed and strongly recommended that Colombia continue conducting these studies on a regular basis, not only to meet the Terrestrial Code requirements for maintenance, but also to assess the effectiveness of control measures, the vaccination programme, and to take corrective actions to improve vaccination coverage. Colombia should continue registration of farms to have accurate animal census figures.
Although awareness programmes have been conducted with Farmers unions, the Scientific Commission also recommended that Colombia maintain awareness and training activities and include all the stakeholders involved in the FMD programme.

Finally, the Scientific Commission emphasised that any case of FMD in illegally imported animals should be notified to the OIE as soon as possible and in accordance with Chapter 1.1 of the Terrestrial Code. Article 5.6.2 of the Terrestrial Code only relates to the presence of disease or infection in legally imported animals held in a quarantine station as defined in the Glossary of the Terrestrial Code, and is under the control of the Veterinary Authority.

In addition to encouraging Colombia to continue its efforts, the Commission recommended:

- the re-instatement of Colombia’s FMD free zone where vaccination is practised, with effect from 05 February 2020
- that the OIE World Assembly recognise the application for rezoning the country into 4 separate zones in Colombia.

• Other mission

The Commission was updated on the main outcomes of a recent OIE mission that took place in January 2020 to assess a Member’s compliance with the requirements of the Terrestrial Code for maintenance of its CSF-free status. The Commission will make its recommendations via electronic consultation upon receipt of the final mission report.

b) State of play and prioritisation

The Commission reviewed and prioritised the missions for the maintenance of disease status and the endorsement of official control programmes to be undertaken, considering the priority issues identified by the Commission when reviewing the annual reconfirmations submitted in November 2019. The prioritised list of missions will be confirmed following consultation with the Director General of the OIE.

5.4. Standards related to official status recognition

a) Assessment of impact related to the revised BSE standards and list of countries already having an official risk status by the OIE: follow-up on countries with non-negligible BSE exposure assessment

In September 2019, the Commission endorsed an approach to assess the potential impact of the revised BSE provisions on the BSE risk status of Members.

The Status Department identified eighteen Members that were recognised with an official BSE risk status based on a negligible risk of entry despite a non-negligible exposure assessment. Subsequently, the issues that led to the conclusion of a non-negligible exposure assessment at the time of official status recognition were identified, and the issues that have or have not been addressed since then were also identified. The Commission endorsed the work carried out up to date and indicated that, depending on the progress made on the adoption of the revised chapter on BSE, the results of the assessment and all the compiled information would be circulated to an ad hoc Group on BSE for assessment and drafting of recommendations, with a subsequent endorsement from the Commission.

The Commission highlighted the relevance of conducting a comprehensive risk assessment to avoid the disproportionate impact of the new provisions on particular Members. The Commission also highlighted that the purpose of this process is to examine at an early stage any potential impact on the existing BSE risk status of Members and to provide timely support for Members’ maintenance of their BSE risk status should the revised BSE standards be adopted.
6. Global strategies and initiatives

6.1. Foot and mouth disease: Global Control Strategy

The Commission was updated on the activities that have been conducted since its previous meeting in September 2019 in the framework of the Global FMD Control Strategy. An overview of the situation of the Members participating in the FMD Progressive Control Pathway (PCP-FMD) was provided, including the challenges and some regional priorities.

The first Middle East FMD epidemiology and laboratory networks meeting was held in November 2019 in Egypt. The regional epidemiology and laboratory networks were established and developed their respective workplans to support the national and regional objectives for FMD control. The regional epidemiology and laboratory work plans were developed to support the implementation of the control strategies of the regional FMD roadmap. Several regional priorities identified included surveillance, diagnostics, training, diseases transparency, political commitment, and ensuring a coordinated regional approach to control of FMD.

The Commission was also informed of the forthcoming regional roadmap meetings in South Asia, East Africa, and Southern Africa in April, June and October 2020, respectively.

The Commission acknowledged the initiatives to strengthen the governing bodies of the Global Framework for the Progressive Control of Transboundary Animal Diseases (GF-TADs), including the appointment of the OIE GF-TADs Regional Coordinator in recognition of the importance of regional approach to FMD control. While noting the ongoing work by the FMD Working Group to update the PCP-FMD tools, the Commission indicated that there is a need to align the PCP-FMD guiding documents for Stage 3 with the Terrestrial Code, specifically with respect to the required stage at which a Member may request for OIE’s endorsement of their national control programmes.

6.2. Peste des petits ruminants: Global Control and Eradication Strategy

The Commission was updated on the activities that had been conducted since its previous meeting in September 2019 on the framework of the PPR Global Control and Eradication Strategy. In November 2019 the second meeting of the PPR GREN3 took place in Nairobi, Kenya, in collaboration with the AU-IBAR4 and ILRI5. The meeting fostered discussions around PPR epidemiology including socio-economic factors and the domestic-wildlife interface. Research topics to tackle knowledge gaps were also identified in this meeting.

In addition, in December 2019, an ‘epi-zone’ workshop on the epidemiological assessment and vaccination management in the Lake Chad took place in Yaoundé, Cameroon. This was a pilot meeting introducing the ‘epi-zone’ approach for the coordination of disease control and eradication efforts across regions sharing common borders and epidemiologic characteristics.

The Commission was further informed that, following the finalisation of the first eight PVS6 Evaluation missions with a PPR-specific component, the OIE was to start an analysis of the mission reports data. This analysis will focus on lessons learned and problems identified in countries in progressing along the Strategy’s stepwise approach. Its findings will be considered in the in-depth review process of the PPR Monitoring and Assessment Tool (PMAT), an activity that was prioritised by FAO and OIE to be implemented in 2020.

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3 Global Research and Expertise Network
4 African Union-Interafrican Bureau for Animal Resources
5 International Livestock Research Institute
6 Performance of Veterinary Services
6.3. Rabies: The Global Strategic Plan to Prevent Human Deaths from Dog-Transmitted Rabies by 2030. Zero by 30

The Commission was informed of the progress made on the implementation of the Global Strategic Plan (GSP) to end human deaths from dog-mediated rabies by 2030. The United Against Rabies (UAR) Collaboration consists of the OIE, Food and Agriculture Organization of the United Nations (FAO), World Health Organization (WHO) and Global Alliance for Rabies Control (GARC), and its first annual report7 was published September 2019. The report describes the progress made since the launch of the GSP. The UAR Collaboration demonstrated (i) increased access to dog rabies vaccines, (ii) improved medical care for cases of human rabies exposure, and (iii) enhanced rabies awareness in several countries and regions worldwide.

The Commission was also informed that Gavi, the Vaccine Alliance, will include human rabies vaccines in its portfolio in 2021. Increasing the availability of human post-exposure prophylaxis (PEP) linked to countries’ commitment to the elimination of canine rabies (which can be demonstrated with the OIE endorsement of official national control programmes) will be a decisive step towards achieving the ‘Zero by 30’ objective.

The Commission was updated on new opportunities for resource mobilisation and advocacy coming up in 2020 that will be critical for progressing in the implementation of the UAR Operational Plan.

6.4. African swine fever: Global Control Initiative

The Commission was updated on the progress of the GF-TADs Global Initiative for the control of African swine fever (ASF), which has been developed by the OIE and FAO, as mandated by Members at the 87th General Session through Resolution No. 33.

The global initiative provides a structure to tackle the strategic challenges and promote partnerships, strengthen prevention and preparedness measures, and minimise the adverse impacts of ASF. The Commission was informed of the defined objectives under which the operational plan and the various activities will be established.

7. Liaison with other Specialist Commissions

7.1. Terrestrial Animal Health Standard Commission

a) Meeting of the Bureaus of the Code Commission and the Commission

The Bureaus (i.e. the President and two Vice-Presidents) of the Code Commission and the Commission held a meeting chaired by Dr M. Stone. The purpose of the meeting was to provide an occasion where the two Bureaus could be informed about relevant topics of common interest and, where necessary, agree on the process to manage these topics.

b) Protection zone. Chapter 4.4. on Zoning and compartmentalisation

The Commission commended the OIE Secretariat for the paper Removing barriers to effective implementation of Protection Zones for risk management. The paper provides the background and explanation for the revision of the standards relating to protection zones as discussed by the Commission and the Code Commissions over a number of technical meetings to address this issue pending from the last revision of Chapter 4.4. on Zoning and compartmentalisation, adopted in 2018. The paper is attached in Annex 24.

The Commission agreed with amendments proposed to Articles 4.4.6. and 4.4.7. The detailed rationale for the modifications of the two articles can be found in the report8 of the Code Commission meeting of February 2020.

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8 Code Commission meeting of February 2020.
The Commission noted that the same principles would apply for the diseases that are part of the OIE procedure for official recognition. However, the establishment of a protection zone would be subject to submission of an application by the Member and approval by the Commission, in the same way that it is currently done for approval of the establishment of a containment zone and for the recovery of free status. It was also noted that an update of the Commission’s mandate by the General Assembly and development of the SOP would be required for evaluation and approval of protection zones, using similar approaches and rigour to those currently mandated with respect to containment zones.

The implementation of the revised concept for protection zones for the diseases for which the OIE recognises an official status will require the further development of clear criteria, requirements, and procedures. Considering the complexity that this concept could bring to the process of official recognition of animal health status by the OIE, both Commissions agreed that the details would need to be described in the disease-specific chapters. These details may include a maximum time period for such temporary zoning (e.g. 24 months).

c) Revision of BSE standards

The Commission was informed that the revised Chapter 11.4. was circulated for the first time in September 2019 with the draft revised Chapter 1.8. included for information only. As several Member comments were received, the Code Commission will review them and determine the next steps.

8. Conferences, workshops, meetings, missions

The Commission was updated on the main conclusions of the following meetings in which the OIE had been involved since the Commission’s September 2019 meeting:

- 14th meeting of the GF-TAD Standing Group of Experts on African swine fever in Europe, Sofia, Bulgaria, 10–11 September
- 9th meeting of the GF-TAD Standing Group of Experts for LSD, Athens, Greece, 16–17 October
- 1st meeting of the GF-TADS Standing Group of Experts on African Swine Fever for the Americas, Bogota, Colombia, 3–4 December.

9. Disease control specific issues

9.1. Evaluation of diseases against listing criteria

a) Guidance to the application of the criteria for listing terrestrial animal diseases

The Commission was informed of a guidance document, drafted by the Secretariat, intended to be used when undertaking the assessment of a pathogenic agent against the criteria for listing a terrestrial animal disease, infection or infestation as described in Chapter 1.2. of the Terrestrial Code. The aim of this guidance document is to support consistency and objectivity in the interpretation of the criteria.

The Commission noted that Criterion 1 should be considered met if the entry and establishment of the pathogenic agent has been associated with international movement of animals or their products, and not only with trade, as non-commercial movements (e.g. animal migration) could also cause international spread of a disease. The Commission noted that the purpose of listing the disease is to provide information to Members to enable the implementation of science-based actions to prevent spread of diseases via international movement of commodities. The Commission noted that Criterion 1 should be met only if international spread has been proven; the mere possibility of this happening is not a sufficient condition for the criterion to be met.
The Commission emphasised the importance of providing to the experts responsible for the assessments a clear description of the pathogenic agent (e.g. type, subtype, lineage, etc) to be assessed against the listing criteria.

The Commission was informed that, after its validation in September 2020, the document would be made publicly available on the OIE website as part of the SOP for listing.

b) Provide a more concise answer on CWD

The Commission considered the request by the Code Commission for clarification of the rationale provided for not recommending CWD for listing in the February 2019 meeting report. In reviewing the rationale, a text error was identified in the Commission’s report. The correct text should note that the experts did not have a consensus agreement for points 2 and 4b of Article 1.2.2. The Commission clarified that CWD does not fulfil the requirements described in point 2 of Article 1.2.2. of the Terrestrial Code, and therefore, it should not be listed.

The Commission’s amended rationale was provided as clarification to the Code Commission.

9.2. Update on the foot-and-mouth disease reference laboratory network and disease global situation

The Commission was updated by Dr Donald King (the Pirbright Institute, United Kingdom) on the activities of the OIE/FAO FMD Reference Laboratory Network and on significant events related to FMD that occurred globally in recent years, with emphasis on the past 12 months.

The Commission was informed of the activities of the OIE/FMD Laboratory Network on tracking new viral lineages and in providing early warning, contingency planning and laboratory capacity/test harmonisation. The annual meeting of the network was held in the Republic of Korea in December 2019.

The sampling of field outbreaks is critical, as is having an active FMD Reference Laboratory Network to facilitate sample collection from FMD outbreaks in the field and feed real-time laboratory data back to FMD control programmes. These data support the selection and deployment of vaccines.

Dr King highlighted that gathering information on the distribution of the FMD virus lineage in each of the seven ‘pools’ of virus circulation is fundamental for vaccine matching in these regions. Differences were observed in the number of samples received from the different endemic regions, with the gaps highlighting where initiatives should be focused. He noted the need to improve the quality of the samples collected in the field.

The Commission acknowledged the importance of regularly testing the quality of FMD vaccines and welcomed the progress made by the ongoing OIE Twinning project between Pirbright and AU-PANVAC, aimed at establishing an independent FMD vaccine quality control system at AU-PANVAC.

The Commission was informed that the OIE/FAO FMD Reference Laboratory Network is developing antigen panels representative of regional antigenic threats, which will support vaccine matching, and noted the proposal for future addition into the Terrestrial Manual.

A Proficiency Testing Scheme (PTS) targeting endemic countries and international laboratories was planned for the first quarter of 2020. This will follow a similar scheme as the FMD progressive control pathway, using a common panel of samples but requiring different level of the quality and depth of the laboratory analysis depending on the PCP level of the country.

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The Commission commended the network for its active work, for the FMDV lineage-specific mapping, which focuses on the 10 most active transboundary lineages to highlight future risks, and for the draft global FMD network that describes the movement of viruses among pools and countries. The Commission identified the potential and benefits of its use for other diseases.

9.3. Update on the development of guidelines on compartmentalisation for ASF

The Commission was updated on the ongoing work to develop guidelines on compartmentalisation for ASF and provided with a draft outline of the guidelines for its comments.

The Commission noted that the guidelines should support assessment of the level of risk of ASF introduction into the compartment, as well as providing necessary risk mitigation measures. The Commission emphasised that the key component is biosecurity, for which the different risk pathways should be identified and addressed with appropriate measures. These measures should be included in a comprehensive biosecurity plan and subjected to periodic audits.

The Commission provided comments on the structure of the guidelines, which should be practical and concise. It proposed that these begin by first identifying the target audiences, the roles and responsibilities, and should present the risks in order of sequence and importance. The guidelines should also avoid repeating concepts already described in the *Terrestrial Code*. The Commission emphasised the importance of animal movement and having a biosecurity programme as part of risk management.

The Commission considered that, although some integrated pig production systems have diagnostic capacity, for international recognition, the responsibility regarding surveillance and diagnostics belongs with the Veterinary Authority.

The opinion of the Commission was forwarded to the *ad hoc* Group for consideration.

9.4. Case definition

The Commission noted that although all OIE-listed terrestrial animal diseases should have a precise case definition (Article 1.2.2., criterion 3), for some diseases, this is unclear or absent in the *Terrestrial Code*. This has resulted in reporting issues from some Members, and it was recognised that case definitions have implications for trade, disease prevention and control measures, which need consideration.

A methodology and procedure to develop or improve the case definitions for all listed terrestrial animal diseases was presented by the OIE Headquarter to the Commissions. The methodology includes the need to establish prioritisation criteria to identify diseases that require urgent action. Science-based case definitions, developed by subject-matter experts from the OIE Reference Laboratories or other relevant sources of expertise, will be presented to the Specialist Commissions for endorsement.

The Commission, taking into account that the standard-setting process for developing a new chapter may be prolonged, proposed to temporarily provide case definitions for emerging and newly listed diseases on the OIE website, until the disease-specific chapter (containing the case definition, and eventually other trade-related provisions) is adopted by the General Assembly. A similar approach has been implemented already for MERS-CoV.

9.5. Prion disease in dromedary camels

The Commission was informed of OIE activities to disseminate information, including an article titled *Camel prion disease (CPD): a possible emerging disease in dromedary camel populations*, which was published in the December 2019 issue of OIE News.

The Commission was also informed that during the 15th Conference of the OIE Regional Commission for the Middle East in November 2019, the CAMENET (Camel Middle East Network) launched a wide-ranging proposal for training, coordinated surveillance, and research on CPD for Middle East countries to promote timely responses to and increase preparedness for this threat. In addition, the Enhancing Research for Africa Network (ERFAN) developed a project aiming to increase coordinated surveillance for CPD in North African countries.

The commission was pleased with the level of involvement by the OIE in monitoring the evolution of CPI, dissemination of information, and commitment to continued assessment of the risks associated with this disease as new scientific evidence becomes available.

9.6. Inactivation of ASF virus in porcine casings

The Commission noted new scientific information on the inactivation of African swine fever (ASF) virus in porcine casings (Jelsma et al., 2019) that supports, by use of intestines of pigs experimentally infected with ASF virus, the previous conclusions obtained from 3D collagen matrix in-vitro model for sausage casings (Wieringa-Jelsma et al., 2011). The Commission did not recommend any modification in the current standards on inactivation of ASF in porcine casings.

9.7. 2019 Novel-CoV outbreak (COVID-19)

The Commission was informed that the OIE has been invited to provide an advisory role at the WHO International Health Regulations (IHR) Emergency Committee meetings, and will also attend a WHO global research and innovation forum on mobilisation of international action in February 2020.

The Commission was also informed that the OIE is in contact with its Regional Representation in Asia and the Pacific, the OIE Delegate for China and the National Veterinary Service, the OIE Wildlife Working Group, as well as FAO and WHO, to gather and share the latest information, and is closely liaising with its network of experts on COVID-1911.

As the detection of COVID-19 virus in animals would meet the criteria for reporting to the OIE through WAHIS as an emerging disease, any detection in an animal (including information about the species, diagnostic tests, and relevant epidemiological information) should be reported to the OIE. Relevant information on COVID-19 is available on the OIE website12.

The Commission noted that COVID-19 virus infections in humans or animals could bring about changes in consumer patterns and wet markets that may have effects on other animal diseases.

10. For the Commission’s information

10.1. Update on rinderpest activities

The Commission was informed about OIE activities related to rinderpest. Further information can be found in the Biological Standards Commission’s February 2020 report13.

10.2. Project update: replacement International Standard Bovine Tuberculin

The Commission was updated on the work of a bovine tuberculosis ad hoc Group that was convened under the Biological Standards Commission. Further information can be found in the Biological Standards Commission’s February 2020 report13.

10.3. Veterinary emergencies and preparedness

The Commission was updated on the activities of the joint OIE-FAO-INTERPOL three year global ‘Building resilience against agro-crime and agro-terrorism’ project funded by Global Affairs Canada. The project aims to build and strengthen multi-sectoral capacity to respond to emergencies resulting from agro-crime and agro-terrorism, whilst aiming to build resilience against all animal health emergencies. The project aims to strengthen cooperation at regional and international levels and foster the engagement of the veterinary and law enforcement sectors. The project is being conducted in three phases: 1) An assessment phase to gather an evidence base to inform training and exercising conducted in the second and third years of the project; 2) A training and exercising phase focused on the implementation of training and regional simulation exercises, with a focus on agro-crime and agro-terrorism, to test the capacity of and linkage

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11 Official name adopted by WHO
13 Biological Standards Commission’s February 2020 report
between law enforcement and Veterinary authorities; 3) A coordination phase involving a large international simulation exercise, project governance and an OIE Global Conference on Emergency Management proposed for second half of 2021.

Recent activities of the project include an OIE Workshop on ‘Approaches to improving sustainable management of animal health emergencies’ held November 26–27 2019 aimed at sharing models and tools that could support emergency management in lower capacity settings, and an ad hoc Group on Veterinary Emergencies convened in July 2019 on guidelines for animal health and welfare simulation exercises.

The OIE and INTERPOL are currently facilitating the planning of pilot emergency management exchanges between partnered countries to build capacity for animal health and welfare emergency management and for veterinary and law enforcement collaboration through the sharing of knowledge, ideas and lessons learned, whilst strengthening cooperation between OIE Member Countries.

The OIE intends to hold an agro-crime workshop on 24–25 June 2020 to describe and contextualize agro-crime, and map out areas of where the law enforcement and veterinary communities can support each other.

The project will hold its first Oversight Committee Meeting on 5 February 2020 to provide strategic oversight and approval of the current and future deliverables of the project.

**10.4. Update on the EBO-SURSY project**

The Commission was updated on the five-year EBO-SURSY project ‘Capacity building and surveillance for Ebola Virus Disease (EVD)’, which was launched in January 2017. In 2019, several major achievements have been realised in collaboration with the OIE implementing partners: the Centre de coopération International en Recherche Agronomique pour le Développement (CIRAD), the Institut de Recherche pour le Développement (IRD), and the Institut Pasteur and its International Network (IP).

A 12 day training on ‘One health approach to improve epidemiological surveillance of haemorrhagic fevers at the human/animal/environment interface’ targeting human, animal and environmental health professionals was organised; three laboratory twinning projects were launched, one of which aims to support the National Veterinary Laboratory of Senegal to acquire the status of OIE Reference Laboratory for Rift Valley Fever; and a workshop targeting OIE Focal Points involved in surveillance systems, to develop protocols of surveillance in wildlife for five Central African countries, was conducted. Scientific investigations, involving a dozen of students and six Research Units, are well advanced and include diagnostic development and improvement, ecological and socio-ecological studies, and risk modelling and mapping. Some of these studies, which aim to fill the current knowledge gaps and improve overall prevention and surveillance, resulted in several scientific publications and to the display of the sampling data on the public interface of the project database.

Finally, a series of sensitisation tools have been produced and distributed to targeted audience (Veterinary and wildlife Services, local communities and other stakeholders) to raise awareness about risks associated with zoonoses and encourage behaviour change to better anticipate future outbreaks.

**10.5. Update on the SIRCAH STAR–IDAZ International Research Consortium**

The Commission was updated on the recent activities performed by the STAR–IDAZ International Research

A workshop dedicated to the validation of research roadmaps for vaccine, diagnostic, and disease control for FMD and to the prioritisation of the research needs was organised as a satellite of the Global FMD Research Alliance (GFRA), and was held in Bangkok, Thailand, in October 2019. Similar validation workshops are planned for the coming months for other diseases (e.g. ASF, brucellosis).
The STAR-IDAZ IRC Executive Committee recently identified antimicrobial resistance (AMR) and the development of innovative alternatives to antimicrobial usage as one of its priorities. A group of experts was established, and held its first meeting back-to-back with the Alternative to Antibiotics (ATA) Symposium in Bangkok, in December 2019. The aim of the workshop was to identify research gaps related to non-antibiotic-based products, and approaches for controlling infections and enhancing livestock productivity while maximising the life of the therapeutics. The outcomes of the meeting will serve as a basis for developing research roadmaps for innovative ATA.

11. Any other issues

None at this meeting.

12. Programme and priorities

12.1. Update and prioritisation of the work plan

The Commission updated its work programme, identified the priorities and scheduled the dates for the various ad hoc Group meetings, which would be accessible to Members on the OIE website.

The updated work programme is attached as Annex 25.

13. Adoption of the report

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

14. Date of next meeting

The next meeting of the Scientific Commission is scheduled for 7–11 September 2020.

15. Meeting review

In the context of the Commission Performance Management Framework, a meeting review was conducted.

Providing a working document summary was useful for the Scientific Commission, and was considered a model that could be useful for other Specialist Commissions.
MEETING OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 3-7 February 2020

Agenda

Opening
1. Welcome
2. Adoption of the agenda

3.1. Members comments received for SCAD consideration
   a) Glossary Part A (‘epidemiological unit’) and Animal health surveillance (Article 1.4.3)
   b) Chapter 1.3. Diseases, infections and infestations listed by the OIE (Article 1.3.1.)
   c) Chapter 1.4. Animal health surveillance (Article 1.4.3.)
   d) Chapter 1.6. Procedures for self-declaration and for official recognition by the OIE
   e) Chapter 8.8. Infection with foot and mouth disease virus
   f) Draft Chapter 8.Y. Infection with animal trypanosomes of African origin
   g) Chapter 8.15. Infection with Rift Valley fever virus (Article 8.15.9)
   h) Chapter 12.6. Infection with Equine Influenza virus
   i) Chapter 14.7. Infection with peste des petits ruminants virus (Articles 14.7.3. & 34.)
   j) Chapter 15.2. Infection with classical swine fever virus

3.2. Other considerations
   a) Revision of chapters on OIE listed diseases of relevance to equids:
      a. Chapter 12.2. Contagious equine metritis
      b. Chapter 12.7. Equine piroplasmosis

4. Ad hoc and Working Groups

4.1. Meeting reports for endorsement
   a) Ad hoc Group on the evaluation of BSE risk status: 25-26 September 2019 (electronic consultation)
   b) Ad hoc Group on rabies: 8-10 October 2019
   c) Ad hoc Group on the evaluation of CSF status: 22-24 October 2019
   d) Ad hoc Group on the evaluation of FMD status: 5-7 November 2019
   e) Ad hoc Group on the evaluation of CBPP status: 19-20 November 2019
   f) Ad hoc Group on the evaluation of PPR status: 9-11 December 2019

4.2. Planned ad hoc Groups and confirmation of proposed agendas
   a) Ad hoc Group on rinderpest (24-26 March 2020)
   b) Ad hoc Group on guidance for ASF compartmentalisation (3-5 March 2020)
   c) Wildlife Working Group (10-13 March 2020)
   d) Ad hoc Group on BSE (for revision of chapter comments): 16-18 June 2020 (to be confirmed)
   e) Ad hoc Group on the evaluation of AHS status: 22-24 September 2020 (to be confirmed)
   f) Ad hoc Group on the evaluation of BSE risk status: 29 September to 1 October 2020 (to be confirmed)
   g) Ad hoc Group on the evaluation of CBPP status: 6-8 October 2020 (to be confirmed)
   h) Ad hoc Group on the evaluation of FMD status: 13-15 October 2020 (to be confirmed)
   i) Ad hoc Group on the evaluation of CSF status: 27-29 October 2020 (to be confirmed)
   j) Ad hoc Group on the evaluation of the endorsement of dog-mediated rabies control programmes: 17-19 November 2020 (to be confirmed)
   k) Working Group on Wildlife: December 2020 (to be confirmed)
   l) Ad hoc Group on the evaluation of PPR status: 7-9 December 2020 (to be confirmed)
5. **Official disease status**

5.1. **Annual reconfirmations for maintenance of official status**
   a) Comprehensive review of annual reconfirmations for pre-selected status and all OIE endorsed national official control programmes
   b) Report of the annual reconfirmation assessments by the Status Department

5.2. **Specific update on official disease status**
   a) Update on situation of countries/zone with suspended or re-instated disease status
      - Thailand (PPR), Myanmar (PPR)
   b) Cessation of vaccination in zones free from FMD with vaccination
      - Bolivia (FMD), Brazil (FMD)

5.3. **Expert missions to Member Countries requested by the Commission**
   a) Follow-up of past missions: action plans and progress reports (Colombia, FMD)
   b) State of play and prioritisation

5.4. **Standards related to official status recognition**
   a) Assessment of impact related to the revised BSE standards and list of countries already having an official risk status by the OIE: follow-up on countries with non-negligible BSE exposure assessment

6. **Global strategies and initiatives**

6.1. **Foot and Mouth Disease. Global Control Strategy**

6.2. **Peste des Petits Ruminants. Global Control and Eradication Strategy**

6.3. **Rabies. Global Strategic Plan to End Human Deaths from Dog-mediated Rabies. Zero by 30**

6.4. **African swine fever. Global control initiative**

7. **Liaison with other Commissions and Departments**

7.1. **Terrestrial Animal Health Standard Commission**
   a) Meeting of Bureaus of the Code Commission and Commission
   b) Protection zone. Chapter 4.4 on Zoning and compartmentalisation
   c) Revision of BSE standards

7.2. **Biological Standards Commission**
   a) n.a.

8. **Conferences, workshops, meetings, missions**
   - 14th meeting of the GF-TAD Standing Group of Experts on African swine fever in Europe, Sofia, Bulgaria, 10-11 September
   - 9th meeting of the GF-TAD Standing Group of Experts for LSD, Athens, Greece, 16-17 October
   - 1st meeting of the GF-TADS Standing Group of Experts on African Swine Fever for the Americas, Bogota, Colombia, 3-4 December
9. Disease control specific issues

9.1. Evaluation of diseases against listing criteria
   a) Guidance to the application of the criteria for listing terrestrial animal diseases
   b) Provide a more concise answer on CWD

9.2. Update on the foot-and-mouth disease reference laboratory network and disease global situation

9.3. Update on the development of guidelines on compartmentalisation for ASF

9.4. Case definition

9.5. Prion disease in camels

9.6. Inactivation of ASF virus in porcine casings

9.7. 2019 novel-CoV outbreak (COVID-19)

10. For the Commission information

10.1. Update on rinderpest activities

10.2. Project update: replacement International Standard Bovine Tuberculin

10.3. Veterinary emergencies and preparedness

10.4. Update on the EBO-SURSY project

10.5. Update on the SIRCAH STAR-IDAZ International Research Consortium

11. Any other issues

12. Programme and priorities

12.1. Update and prioritisation of the work plan

13. Adoption of the report

14. Date of next meeting

15. Meeting review
# List of Participants

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Rationale for the amendments to:

CHAPTER 1.6. PROCEDURES FOR SELF-DECLARATION
AND FOR OFFICIAL RECOGNITION BY THE OIE
provided by the Scientific Commission

Chapter 1.6

The commission discussed a Member comment suggesting adding more detail in Chapter 1.6. on the administrative and technical screening procedures carried out by the OIE Secretariat. The Commission did not agree with this comment, considering that the administrative procedures should be kept outside of the Code as this allows for greater flexibility. The Commission further added that the most appropriate place explaining the objective of the ‘administrative and technical screening’ of self-declaration dossiers would be the SOP, which already reflects this.

Article 1.6.1. Application for official recognition of animal health status and endorsement of an official control programme by the OIE

The Commission discussed a Member proposal to develop an official status procedure for dog-mediated rabies, similarly to what is currently done for six other diseases. The Commission noted that in contrast to these other diseases, dog-mediated rabies does not have significant trade implications. The Commission highlighted the need to consider processes already put in place by the World Health Organisation on the validation of freedom from rabies in the human population, and that the OIE’s self-declaration process focuses on freedom from rabies in the dog population. The endorsement of an official control programme for dog-mediated rabies is an initiative based on a One Health approach to progressively assist members in the control of the disease, and aims to protect human populations. The Commission was of the opinion that the procedures already in place (such as endorsement of the official control programme and the publication of self-declaration) are sufficient to support the dog-mediated rabies initiatives of public health concern led by the OIE, and that the inclusion of an official status for rabies is not necessary.

Article 1.6.3. Publication by the OIE of a self-declaration of an animal health status by a Member Country

Following a query from a Member, the Commission clarified that information on self-declaration of an animal health status is publicly available for Members on the OIE website as per the Standard Operating Procedures (SOPs). Self-declarations of an animal health status and inactivation of a self-declared status (following a notification of an outbreak to the OIE by a Member) are published on the OIE website.
Rationale for the amendments to:

CHAPTER 8.8 – INFECTION WITH FOOT AND MOUTH VIRUS
provided by the Scientific Commission

Safe commodities

The Commission discussed a Member’s request to include an article on safe commodities in the FMD Chapter. The Commission’s view was that, in line with the definition of safe commodity in the Glossary and Chapter 2.2. of the Terrestrial Code, if particular processes are required for inactivation of FMDV in the commodity beyond those routinely used in its production, the commodity should not be listed as safe, and specific provisions for its safe trade should be included in the FMD chapter. To provide scientific support for further decisions about inclusion or exclusion of commodities from ‘safe commodities’ lists in the FMD chapter, the Commission requested that OIE Headquarters research the industrial processes used in preparation of the commodities, describing the processes, their degree of standardisation throughout industry, and the ability of these processes to inactivate FMDV. The Commission suggested that this exercise could be extended to other pathogens and processes, and recommended that both pathogens and processes be prioritised for assessment.

Developing recommendations for the importation of game meat or small ruminants from infected countries or zones

The Commission considered the possibility of developing recommendations applicable to importation of game meat and small ruminants from FMD-infected countries or zones. The Commission pointed out that deboning is a prerequisite for trading meat from infected countries or zones, and boneless meat of game animals has limited market value. The Commission noted that, in contrast to beef, there is lack of information and scientific evidence on the maturation processes for meat of small ruminants and game meat in general, and on the inactivation of FMD virus should it be present in meat from these species. The Commission proposed this additional topic (i.e. inactivation of FMDV in meat of small ruminants and game meat) to be added to the work on safe commodities that will be organised by OIE Headquarters. The Commission suggested that the OIE manages this process so that information can be shared with the Code Commission before their September 2020 meeting.

Upper time limit for testing after semen collection in Articles 8.8.15 and 8.8.16 in response to Member comment

The Commission discussed a Member comment on Article 8.8.15. This Article states that animals need to be tested for FMD antibodies not less than 21 days after semen collection, but does not provide an upper limit for testing. The Commission agreed with the minimum limit of 21 days (to allow seroconversion in case of infection), but also recognised that an upper limit should be provided, as there is variability in the time that susceptible animals maintain FMD antibodies following infection\textsuperscript{14}, so antibodies might not persist for the whole life of the animals. The Commission believed that an upper limit of 60 days would allow some management flexibility in semen collection centres, while ensuring sufficient time (21 days) for seroconversion of infected animals.

Annex 5

Rationale for the amendments to:

DRAFT CHAPTER 8.Y. INFECTION WITH ANIMAL TRYPANOSOMES OF AFRICAN ORIGIN
provided by the Scientific Commission


The Commission agreed with a Member that, although infection with several trypanosome species in the same animal could exist, this might not always be made evident using routine testing methods, and proposed amending the text to clarify it.

Article 8.Y.2. Safe commodities

In response to a Member comment on the safe commodities, the Commission noted Chapter 2.2. of the Terrestrial Code and reaffirmed that if conditions other than standard product processing or treatments need to be applied to a product for ensuring safe trade, it should not be listed as a safe commodity. The Commission took note of the opinion of the ad hoc Group on animal African trypanosomosis of March 2018, which stated that ‘meat products that have undergone standard processing procedures should be considered as safe commodities’. Nevertheless, the Commission considered the diversity of meat products and the different processes that could be applied to produce meat products, not all of which might effectively inactivate the pathogen.

The Commission also noted that the references listed by the ad hoc Group as the basis for considering meat as a risk material referred to another pathogenic agent (T. evansi). In consequence, it requested and received advice from the ad hoc Group on whether there are plausible pathways of infection through fresh meat.

Members of the ad hoc Group were unable to locate publications that demonstrate the ability of any of the animal trypanosomes of African origin included in the Chapter’s case definition to be transmitted in meat, meat products, semen or embryos. In recognising the possibility that this might occur, and given the absence of evidence, members of the ad hoc Group differed in their advice.

For fresh meat, there is evidence that T. brucei, despite being transmitted mostly by vectors, can also be transmitted orally to carnivores (Bruce 1897, Duke et al. 1934, Itard 1977, Moloo et al. 1973). Similar evidence for T. vivax and T. congolense is not directly available. However, high prevalences of T. congolense observed in wild carnivores suggest their frequent per-oral contamination with these species (Itard 1977). Available publications focus on carnivores feeding on carcasses or animals killed when infected, but none considered meat from slaughtered animals in an abattoir. Experts did not find evidence of incursion of T. brucei, T. vivax and T. congolense into previously unaffected areas via the trade of meat and meat products. Furthermore, experts estimated that infectivity of any animal trypanosomes of African origin present in contaminated meat will be eliminated in less than a week.

The Commission considered the risk of transmission of animal trypanosomes of African origin included in the Chapter via the trade of fresh meat to be negligible. Thus, it concluded that fresh meat and meat products should be considered as safe commodities. The Commission recommended deletion of Articles 8.Y.11. and 8.Y.12.

With respect to semen and embryos, studies in animal models of T. brucei infection show that these parasites can circulate in blood and lymph, and are present in the interstitial space of several organs and tissues, including adipose tissue, skin and testis (Trindade et al., 2016; Capwell et al., 2016; Caljon et al., 2016; Claes et al., 2009; Wastling and Welburn, 2011). Recently, it was proposed that the accumulation of T. brucei in the male reproductive organs could protect parasites from the immune system and from drugs (Claes et al., 2009). Research with mice infected in the laboratory with T. gambiense demonstrated the possibility of transmission to females (Biteau et al., 2016). However, no evidence has been located on transmission in the susceptible animals considered by this chapter.
Experts noted that, while the presence of *T. vivax* DNA was demonstrated by Bezerra *et al.* (2018) in semen of experimentally infected goats, the paper does not mention the presence of the actual parasite, and that it gave no indication of its possible infectivity. Further, the risk of transmission through semen has not been documented, even if venereal transmission has been observed for some *Trypanosoma* spp.

Experts noted that the semen production in animal trypanosomes of African origin infected animals is generally very reduced, thus such animals are unlikely to be used as donors for export of semen.

Experts did not find evidence suggesting risks posed by embryos.

The Commission considered the risk of transmission of animal trypanosomes of African origin via semen and embryos to be negligible. Thus, they concluded that semen and embryos should be considered safe commodities. The commission recommended the deletion of Articles 8.Y.7. to 8.Y.10.

**Article 8.Y.4. Compartment free from infection with animal trypanosomes of African origin**

The Commission acknowledged the difficulties of implementing compartmentalisation for vector-borne diseases. It agreed with a Member proposal to delete this article as it does not provide any specific provisions other than those described in Chapter 4.4. and Chapter 4.5. of the *Terrestrial Code*, and that deleting it would improve harmonisation among vector-borne diseases chapters in the Code.

The Commission noted that if Members wish to apply compartmentalisation, they would be able to do so based on Chapters 4.4. and 4.5.

**Article 8.Y.14. General conditions and methods for surveillance**

The Commission agreed with a Member that, with routine diagnostic methods, it may not always be possible to differentiate the species of trypanosomes involved in an infection, but noted that currently the draft reads “For the purposes of the *Terrestrial Code*, infection with animal trypanosomes of African origin is defined as an infection of susceptible animals with one or more Salivarian trypanosomes of the subgenus Duttonella (only *T. vivax*), Nannomonas (only *T. congolense* and *T. simiae*) and Trypanozoon (*T. brucei* spp. excluding *T. evansi* and *T. equiperdum*), hereafter referred to as ‘pathogenic agent’.” Thus, not all species under these three subgenuses are included in the case definition provided for the purpose of the *Terrestrial Code*.

**Article 8.Y.15. Surveillance strategies**

The Commission agreed with a Member proposal to take into account that there are several possible causes for positive laboratory results.

The Commission noted that sampling within 6 months of successful treatment would provide a positive result, but this would not be a false positive as the test would have correctly detected the presence of specific antibodies. Nevertheless, the interpretation of the result in this case should suggest that the infection has been cleared. The Commission disagreed with a Member proposal of adding a specific point concerning persisting antibodies, as this is already covered under point ii) (infection after effective treatment). It also noted that infection, whether active or not, could be a reason for positive test results. The Commission proposed amending the list accordingly.
Rationale for the amendments to:

CHAPTER 12.6. INFECTION WITH EQUINE INFLUENZA VIRUS
provided by the Scientific Commission

Article 12.6.6. Recommendations for the importation of domestic equids for unrestricted movement

The Commission disagreed with a Member proposing that Terrestrial Code amendments should not be considered for adoption without publication (in a peer-reviewed journal) of the scientific evidence on which these amendments are based. The Commission considered that, because this work was commissioned by the OIE and carried out by an OIE Reference Laboratory in 2018 (Irish Equine Centre), the results of this study\textsuperscript{15} are an adequate basis for amendment of the Terrestrial Code.

The Commission disagreed with a proposal to change vaccination timing and the number of required doses preceding shipment because the Chapter provisions are aligned with the scientific results from the study cited above that specifically looked at these issues.

Rationale for the amendments to:

CHAPTER 14.7. INFECTION WITH PESTE DES PETITS RUMINANTS VIRUS
(ARTICLES 14.7.3. & 14.7.34.)
provided by the Scientific Commission

Article 14.7.3. Country or zone free from PPR

The Commission revised the addition to Article 14.7.3. proposed by the PPR ad hoc group. According to this proposal, a country or zone applying for official recognition of PPR free status is required also to provide information on PPR diagnostic and research laboratories, vaccine manufacturing facilities, and other institutions that maintain or manipulate PPRV-containing material. The Commission agreed that collecting such information at this early stage of the implementation of the PPR Global Control and Eradication Strategy would facilitate the sequestration and destruction of the PPR virus once the disease is eradicated. The Commission requested that the Code Commission decide whether this new point should be best placed under the Terrestrial Code, the PPR questionnaire, or both.

In response to a Member comment requesting clarification on the meaning of the words ‘current knowledge’ in point 2 of Article 14.7.3. in the French version of the Chapter, the Commission considered that this was a translation issue from English to French, and requested that the Code Commission consider revising the wording in the French version.

The Commission agreed with a Member comment proposing to specifically refer to ‘PPRV’ rather than ‘the infection’ in Article 14.7.3. point 4 in order to cover all forms of possible introductions of PPRV, including through contaminated commodities and not only infected animals. For consistency, the Commission recommended to harmonise the equivalent requirement in Chapter 15.2.

Further, the Commission considered the opinion provided by the PPR ad hoc group with respect to a Member’s comment seeking clarification on the effect of the importation of animals vaccinated against PPR on an officially recognised PPR free status. The Commission endorsed the ad hoc Group’s opinion that there is no discrepancy between Article 14.7.10 point 3.b. and Article 14.7.3 point 6 (previous point 5), and agreed that these two articles should be read in conjunction (please refer to point 6.b. of the PPR ad hoc Group report (Annex 26) for a rationale on this matter). However, the Commission acknowledged that while the requirement of Article 14.7.10 seems to imply that vaccinated animals could be imported safely into countries or zones of any status, point 6) of Article 14.7.3 states that vaccinated animals cannot be imported into a PPR-free country, which led to confusion for Members. The Scientific Commission requested that Code Commission add clarity to these provisions in order to avoid future misinterpretations.

In response to a Member query, the Commission clarified that in Article 14.7.3, documented evidence should only be provided for points that are likely to change on an annual basis (points 1 to 4). The Commission further discussed a comment by a Member seeking clarification on the level of documented evidence required for reconfirming point 1, and stating that providing documented evidence for point 4 would be burdensome. The Commission stressed that the proposed change is part of the harmonisation process for status recognition. The Commission reiterated that information on point 1 and point 4 is already required for FMD annual reconfirmations; therefore, it should not impose an undue burden for Members.

Article 14.7.34. OIE endorsed official control programme for PPR

In response to a Member comment, the Commission clarified that amendments to the provisions on annual reconfirmation of countries having an endorsed control programme were not proposed. The Commission highlighted that processes for the annual reconfirmation of a status follow the SOP for annual reconfirmation of officially recognised status and endorsed programmes, which is published in the OIE website. In case the Member considers that its comment has not been addressed, the Commission requested the member to provide clarification on its comment.
The commission agreed with a Member suggesting inclusion of an additional point under Article 14.7.34 stating that information on identification of vaccinated animals should be provided by Members applying for endorsement of PPR official control programmes. As specified in Article 4.18.6, such identification can be carried out at individual or at group level.

Finally, the Commission agreed with a comment stating that points 6 and 7 of Article 14.7.34. are redundant. The Commission merged both points to make the article to more concise.

No Member comments were received on Articles 14.7.7. and 14.7.23.
Rationale for the amendments to:

CHAPTER 15.2. INFECTION WITH CLASSICAL SWINE FEVER (CSF) VIRUS
provided by the Scientific Commission

Article 15.2.2. Country or zone free from CSF

The Commission disagreed with a comment proposing to delete point 3 of Article 15.2.2. The Commission considered that having knowledge on the situation of CSF infection in wild and feral pigs is important to inform risk assessment activities and the possible risk mitigation measures.

The Commission noted a Member comment requesting clarification on the meaning of the words ‘current knowledge’ in points 2 and 3 of Article 15.2.2. in the French version of the Terrestrial Code. The Commission considered that this was a translation issue from English to French and requested the code commission to consider a more accurate translation to French of the concept “current knowledge”.

Moreover, the Commission agreed with a Member proposal to redefine point 7 of Article 15.2.2. in order to clarify that separation between populations should only be required when the risk of the spread of the disease from wild to domestic pig populations is justified.

Article 15.2.4. Establishment of a containment zone within a free country or zone previously free from CSF

The Commission disagreed with a Member comment suggesting adding a condition on Article 15.2.2. to clarify that the creation of a containment zone is not obligatory. The text of the article already makes this clear. Whilst the Commission agrees that the establishment of a containment zone is not obligatory it disagreed with the proposed rationale as the country or zone will lose its status until the containment zone is established.

Article 15.2.5. Recovery of free status

The Commission agreed with a Member pointing out that the definition of stamping out already includes the cleansing and disinfection of establishments, and modified the Article wording to reflect this change.

Article 15.2.5ter. Direct transfer of pigs within a country from a containment zone to a free zone for slaughter

The Commission agreed with two Member comments stating that because a containment zone can include an infected zone, the provisions for the direct transfer of animals to a free zone for slaughter should be similar in both articles. The Commission welcomed the suggestion of a Member to incorporate points 2 to 4 from Article 15.2.5bis in Article 15.2.5ter.

Article 15.2.9. Recommendations for importation from countries or zones not free from CSF - For semen of domestic and captive wild pigs

The commission agreed with a member proposal to reduce the necessary time with no CSF occurrence from 12 months to 3 months. This allows harmonisation with Article 15.2.11 – Recovery of CSF free status.
REPORT OF THE ELECTRONIC CONSULTATION OF AN OIE EXPERT GROUP ON EQUINE PIROPLASMOSIS
Paris, July-August 2019

1. Background

In February 2019, the OIE Headquarters updated the Terrestrial Animal Health Standards Commission (Code Commission) on the work being conducted in consultation with OIE Reference Laboratory experts to review or develop provisions for the temporary movement of horses for Chapter 12.2. Contagious equine metritis and Chapter 12.7. Equine piroplasmosis. The Code Commission considered that these chapters were outdated and not aligned with the more recent disease-specific chapters in the Terrestrial Animal Health Code (Chapter 12.2. has not been revised since its first adoption in 1982 and Chapter 12.7. had only a minor amendment made since its adoption in 1982) and requested OIE Headquarters to evaluate the need for a comprehensive review and revision of these chapters, not just limited to the development of articles for the temporary movement of horses.

2. Process of the electronic consultation

Based on the review by the OIE Headquarters of the OIE Standards on equine piroplasmosis in the Terrestrial Animal Health Code (Terrestrial Code) and the Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Terrestrial Manual), and other relevant OIE documents such as the OIE Handbook for the Management of High Health, High-Performance Horses, some critical areas were identified for which experts’ advice was consulted electronically. An expert group (the Group) comprised of four members from OIE Reference Laboratories in which Dr Peter Timoney acted as chair and Dr Alf-Eckbert Füssel acted as rapporteur; a representative of the Code Commission and an observer from the International Horse Sport Confederation (IHSC) participated in the electronic consultation.

The electronic consultation was conducted between July and August 2019. All experts signed the forms for undertaking of confidentiality and declaration of conflicts of interest. The declared interests were reviewed by the OIE and it was agreed that none represented a potential conflict in the revision of the chapter. The list of participants is presented in Appendix I.

The reference to articles in this report are related to the new drafted chapter on Equine Piroplasmosis and not to the current OIE Chapter 12.7.

3. Review of Chapter 12.7. on Equine piroplasmosis of the Terrestrial Code


The Group suggested that the definition of ‘equine piroplasmosis’ should be restricted to indicate clinical diseases caused by one of the tick-borne or iatrogenic transmitted agents in equids, and also supported the OIE in continuing to define infection separately from disease. The definition of equine piroplasmosis should include the infection with Theileria Equi (T. equi), Babesia Caballi (B. caballi), or both.
The Group assessed the different susceptible species to be considered in the chapter and concluded that domestic and wild equids are the species with epidemiological relevance for equine piroplasmosis. Nevertheless, it suggested to mention that old world camels could act as potential reservoirs\(^1\).\(^2\).

With regard to the species of ticks (competent vectors) that act as a source of infection, three tick genera (*Dermacentor*, *Rhipicephalus* and *Hyalomma*) were routinely described in literature. The genus *Amblyomma* was also a tick genus proven competent to transmit *T. equi*, with unequivocal proof that *Amblyomma cajennense* was a natural transmitter of *T. equi* with respect to the spread of equine piroplasmosis.

Concerning the definition of infection with *T. equi* or *B. caballi*, three possible options were proposed in accordance with the identification methods described in the *Terrestrial Manual*. It was agreed that this definition comprises the detection of antigens or genetic material by microscopic examination or by PCR, respectively, as well as the detection of antibodies, in equids with or without clinical signs.

For the purpose of the *Terrestrial Code*, the incubation period was established as 30 days, based on the incubation period of 12 to 19 days for *T. equi* and the incubation period of 10 to 30 days for *B. caballi*, covering the time elapsed for the onset of clinical signs as well as the period for the detection of the agent in the case of subclinical infections. The Group concluded that the infective period was lifelong.

The Group also updated and aligned the definition of temporary importation with Chapter 4.17.

**Article 12.7.2. Safe commodities**

Although unlikely, semen and embryos could pose a threat in transmitting *T. equi* or *B. caballi* if contaminated with blood. Therefore, the Group proposed to make reference to Chapters 4.9. and 4.10. for the collection, storing and processing of embryos. As there was no specific chapter describing the provisions for the collection of semen from stallions in the *Terrestrial Code*, the Group added that semen should be collected in a way that ensures no contamination with blood. Based on the same principle of safety, sterile filtered horse serum was listed as a safe commodity since the red blood cells would have been removed.

**Article 12.7.3. Country or zone free from infection with *T. equi* and *B. caballi***

With reference to the report of an OIE ad hoc Group on Harmonisation of the *Terrestrial Code* chapters on bluetongue, African horse sickness, and epizootic hemorrhagic disease in 2013, the Group agreed that historical freedom would not apply to equine piroplasmosis, as it is a vector-borne infection which is widely distributed and where asymptomatic infections exist. Furthermore, based on the severe impact on trade, the Group concluded that freedom from equine piroplasmosis could only be established through surveillance in accordance with draft article 12.7.9.

The minimum duration of notifiability was established as 10 years as for other vector-borne diseases. Whilst the duration of absence of disease and the surveillance to demonstrate evidence of infection was established at 6 years, based on the number of tick generations that can harbor *B. caballi*, considering the 3-years lifespan of ticks and transovarial transmission. The same time period was established for the timeframe of the surveillance programme for competent vectors.

The Group discussed the feasibility to designate establishments free from disease, but it was concluded that considering the epidemiology of the disease; mainly the presence of asymptomatic carriers; the life cycle in ticks and the worldwide distribution of the competent vectors; if the country is not free an establishment remains permanently at risk and therefore cannot be assured as free in a prospective sense without effective implementation of ongoing controls.

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\(^1\) Qablan, M. A., Sloboda, et al. (2012). Quest for the piroplasms in camels: identification of *Theileria equi* and *Babesia caballi* in Jordanian dromedaries by PCR. *Veterinary parasitology*, 186(3-4), 456-460.


**Article 12.7.4. Recovery of a free status**

The Group suggested not to include specific provisions for recovery of status, same as other chapters on vector-borne disease as well as considering the absence of specific surveillance requirements for recovery of status. Countries should follow the provisions of draft article 12.7.3. to regain free status.

**Article 12.7.5. Recommendations for the importation of equids**

The Group described the diagnostic tests prior to shipment in accordance with Chapter 3.5.8. of the *Terrestrial Manual*. The Group stressed that while a positive identification by microscopic examination would be sufficient to describe a case, a negative result by microscopic examination would not be sufficient to rule out infection. In this regard, agent identification methods by molecular techniques would also be required prior to shipment.

**Article 12.7.6. Recommendations for the temporary importation of equids**

The Group updated this article to include the high health, high status subpopulation horses (HHP) defined in Chapter 4.17. The Group agreed on the inclusion of the iatrogenic risk, and that measures would have to be taken by the importing country and not only by the country that dispatches the infected animals.

The Group suggested that for the purpose of this chapter, the temporary importation of equids should have a limit period of 90 days, to be aligned with high health, high status subpopulation horses (HHP) defined in Chapter 4.17 as well as with the European Union regulations.

**Articles 12.7.7. & 12.7.8. Protecting equids from ticks & Protection facilities and transports from ticks**

Provisions for protecting equids and facilities from ticks were developed similar to those included in Chapter 8.3. on infection with bluetongue virus.

**Article 12.7.9. Surveillance**

The general principles of surveillance were drafted taking into account the provisions of Chapter 1.4. and other vector-borne disease chapters of the *Terrestrial Code* that were more recently adopted, such as Chapters 8.3. on infection with bluetongue virus and 15.1. on infection with African swine fever virus.

**Consideration for the inclusion of a new pathogenic agent in the Chapter**

The Group discussed if a newly discovered species, *Theileria haneyi* should also be added to the chapter. However, in the referenced literature providing the rationale for the inclusion of *Theileria haneyi* as a pathogenic agent for equine piroplasmosis, there was limited pathogenesis data available on the virulence of *T. haneyi* sp.4,5

The Group could not reach a consensus regarding the inclusion of *T. haneyi* in this chapter. The Group agreed to forward this issue for consideration by the OIE Scientific Commission for Animal Diseases to assess the relevance of the inclusion of this new pathogenic agent. In case *T. haneyi* would be added to the Equine Piroplasmosis OIE Code chapter, Chapter 3.5.8. of the *Terrestrial Manual* should be updated accordingly. The chairman, the rapporteur and the expert from OIE reference lab agreed that if there is uncertainty as to whether *T. haneyi* meets the criteria for inclusion on the OIE List, information could be provided first in the OIE Terrestrial Manual chapter to support diagnostic differentiation of this organism from *T. equi* in order to support improved understanding of the distribution and impact of *T. haneyi*.

**Adoption of the report**

The Group reviewed the draft report provided by the OIE Secretariat and agreed that the report captured the discussions on the electronic consultation.

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# Appendix I

## ELECTRONIC CONSULTATION OF THE OIE EXPERT GROUP ON EQUINE PIROPLASMOSIS

Paris, July-August 2019

### List of Participants

#### DISEASE EXPERTS

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REPORT OF THE ELECTRONIC CONSULTATION OF AN OIE EXPERT GROUP ON
CONTAGIOUS EQUINE METRITIS
July-December 2019

1. Background

In February 2019, the OIE Headquarters updated the Terrestrial Animal Health Standards Commission (Code Commission) on the work being conducted in consultation with OIE Reference Laboratory experts to review or develop provisions for the temporary movement of horses for Chapter 12.2. Contagious equine metritis and Chapter 12.7. Equine piroplasmosis. The Code Commission considered that these chapters were outdated and not aligned with the more recent disease-specific chapters in the Terrestrial Animal Health Code (Chapter 12.2. has not been revised since its first adoption in 1982 and Chapter 12.7. had only a minor amendment made since its adoption in 1982) and requested OIE Headquarters to evaluate the need for a comprehensive review and revision of these chapters, not just limited to the development of articles for the temporary movement of horses.

2. Process of the electronic consultation

Based on the review by the OIE Headquarters of the OIE Standards on Contagious Equine Metritis in the Terrestrial Animal Health Code (Terrestrial Code) and the Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Terrestrial Manual), and other relevant OIE documents such as the OIE Handbook for the Management of High Health, High-Performance Horses, some critical areas were identified for which experts’ advice was consulted electronically. An expert group (the Group) comprised of four members from OIE Reference Laboratories in which Dr Peter Timoney acted as chair and Dr Anthony Kettle acted as rapporteur; a representative of the Code Commission and an observer from the International Horse Sports Confederation (IHSC) participated in the electronic consultation.

The electronic consultation was conducted between July and December 2019. All experts signed the forms for undertaking of confidentiality and declaration of conflicts of interest. The declared interests were reviewed by the OIE and it was agreed that none represented a potential conflict in the revision of the chapter. The list of participants is presented in Appendix I.

Taking into consideration the large extent of the revision on the Chapter, the Group developed a new draft Chapter 12.2 (Annex II). The references to Articles in this report refer to this new draft chapter, rather than those in the existing chapter 12.2 of the Code, unless specifically stated.

3. Review of Chapter 12.2. on Contagious Equine Metritis of the Terrestrial Code


The Group assessed the different susceptible species to be considered in the chapter and concluded that although donkeys have been infected under experimental conditions, all evidence to date suggests that horses appear to be the only natural hosts for *T. equigenitalis*, therefore the disease control focus is usually the valuable horse sector\(^1\).

The Group discussed a proposal to replace “infection with” with “presence of” to allow for the new provisions to apply not only to the clinical or asymptomatic infection of the mare but also to the stallion that does not experience infection *per se* with *Taylorella equigenitalis*. The bacteria does not enter the body of the stallion, remaining throughout its existence as a surface contaminant on the mucous membrane surface of the sites where it colonizes and persists, thus not meeting the definition for “infection” as stated in the glossary of the OIE Terrestrial Code. 

For the pursuit of harmonising this Code Chapter with other disease-specific Chapters, a clarification in the second paragraph was added to make sure that infection with *T. equigenitalis* also includes findings of *T. equigenitalis* on the genital mucous membrane surface of the stallions.

With regard to the case definition of infection with *T. equigenitalis*, three possible options were proposed in accordance with the identification methods described in the OIE Terrestrial Manual. It was agreed that this definition comprises the detection of antigens or genetic material with or without clinical signs. The value of serology to confirm a case of infection with *T. equigenitalis* was questioned by the Group. It was decided not to include serology in the case definition due to the lack of specificity that makes serological tests by themselves not suitable for confirming a case of infection with *T. equigenitalis*. Nevertheless, reference is made to the Complement Fixation Test (CFT) tests in the Terrestrial Manual Chapter on CEM as a useful adjunct to culture for screening for evidence of *T. equigenitalis* infection in mares. Consequently, reference to the use of serological surveillance was included in the surveillance article of the newly drafted Chapter. For the purpose of the Terrestrial Code, the incubation period in mares was established as 14 days, covering the time elapsed for the onset of clinical signs. Due to the long-term persistence of *T. equigenitalis*, the Group concluded that the infective period was lifelong.

The Group also updated and aligned the definition of temporary importation with Chapter 4.17 (High Health-High Status Horses), emphasizing that it excludes importation for breeding purposes.

**Article 12.2.2. Safe commodities**

A new article on safe commodities was drafted by the Group. The main topic of discussion was the inclusion of geldings as safe commodities, but it was finally decided not to include geldings as safe commodities. The arguments of this discussion are better explained in the Article 12.2.5 on “Recommendations for the importation of stallions or mares” (see below).

**Article 12.2.3. Establishment free from infection with *T. equigenitalis***

The conditions to achieve country freedom and establishment freedom were assessed. Due to the epidemiologic characteristics of the disease (stallions as asymptomatic carriers, life-long infective period), it was concluded that a country or zone cannot declare freedom from infection with *T. equigenitalis* unless all horses were tested. Thus, it was agreed to set up provisions only for establishment freedom.

The Group decided that 10 years of notifiability and 2 years of absence of infection demonstration would be appropriate periods according to the experience from the experts and in line with the timeframes for other reproductive diseases in the OIE Terrestrial Code.

The Group discussed the possibility of implementing a stamping out policy or treatment of infected animals and concluded that as treatment is available, stamping out policy would not apply. However, it was emphasized that the recovery of the free status of the establishment should only be considered on the basis of tests with negative results after treatment.

The number and the timeframe for tests to claim an establishment free from CEM were discussed and provisions were included in this Article, in accordance with the Chapter 3.5.2 of the OIE Terrestrial Manual. The testing protocol for horses was proposed based on references provided by Dr Peter Timoney,*. It was emphasized that horses must not have undergone antibiotics treatment before the sampling.

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Provisions for testing stored semen were established as a requisite for establishment freedom.

Specific provisions were also set up for the maintenance and the recovery of free status.

**Article 12.2.4. Recommendations for the importation of stallions or mares**

Provisions for this Article are included in the Articles 12.2.2 and 12.2.3 of the current Chapter on CEM. OIE Secretariat considered that the provisions in the current Chapter were no longer fit for purpose. With the advice of the Group, new provisions were drafted.

The Group considered whether geldings and foals are a risk, based on published literature\(^4\)\(^5\)\(^6\). The Group discussed the potential role that geldings might play in the epidemiology of CEM. Considering that some studies found geldings to be carriers of *T. equigenitalis*, one expert’s opinion was that provisions for the importation of geldings should be included in this article. On the other hand, there were reservations on listing geldings with stallions and mares which have been confirmed as capable of long-term carriage of *T. equigenitalis* and which present a significant risk of transmission of the infection. A concern was expressed that the inclusion of geldings with stallions and mares would imply they represent a significant risk in the epidemiology of CEM, which would undoubtedly have a significant impact on current import requirements. On the other hand, not including geldings in this article or including them in the article on safe commodities could be interpreted as indicating they represent zero risk, when in fact that is not necessarily the case since there is no available evidence on how long this bacterium can persist on the external genitalia of the gelding or the likelihood of transmission from geldings to other horses by natural or iatrogenic means. The Group agreed that it should be left to the importing country or establishment to decide whether it is necessary or not to apply measures for mitigation of the risk associated with importing equids other than mares and stallions, based on the application of the SPS principle of appropriate level of protection from risk, without necessarily encouraging this by stating requirements in this chapter nor disallowing it by noting geldings as a safe commodity.

**Article 12.2.5. Recommendations for the temporary importation of horses**

As presented in the general provisions, for the purposes of this chapter, a temporary importation refers to the introduction of a horse in a country or zone, for competition or cultural events excluding breeding, for a defined period of time during which the risk of transmission of the infection is mitigated through specific measures under the supervision of the Veterinary Authority.

The Group drafted recommendations for the temporary importation of horses based on current provisions of the *Terrestrial Code and Terrestrial Manual*, the recommendations in the OIE Guidelines for the management of HHP horses, and other information available. The Group considered and agreed to recommend measures to be applied before the exportation by the Veterinary Authority of the exporting country, as well as measures to be implemented to mitigate the risk of transmission of the infection during transport and temporary stay.

**Articles 12.2.6. Recommendations for the importation of semen of horses**

The provisions for the importation of semen of horses were drafted using the same approach of the Article 12.9.4 item 5 b (Chapter on Equine viral arteritis). The Group discussed semen testing in lieu of stallion testing. It was concluded that it would be preferable to test the donor stallion rather than its semen, but still recommendations for testing semen prior to importation were drafted taking into consideration that there are circumstances when semen is the only specimen available for testing (e.g. situations where the donor stallion has died and his cryopreserved semen was collected over a period of time prior to his death). For screening semen, it was suggested

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using a combination of culture and PCR. At the same time, it was explained that the need to test two samples of semen is to cover the possibility that the donor stallion may have been exposed to *T. equigenitalis* close to the date of processing its semen in which instance the bacterium may escape detection but semen could still be infective. In such situation, a second semen sample from the stallion 15-30 days after the first collection should provide a positive result.

**Article 12.2.7. Recommendations for the importation of oocytes or embryos of horses**

The Group discussed the relevance of establishing provisions for the importation of oocytes or embryos of horses. In the absence of studies and current evidence on the risk of transmission of the infection through contaminated oocytes and embryos, and even in the presence of antibiotics in the semen extender, the Group concluded that it was important that the appropriate background history and management of oocyte donor mares be stated as laid out in this article. The Group emphasized that the conditions specified are entirely appropriate and need to be included in this draft chapter.

**Article 12.2.8. Surveillance**

The Group also emphasized the importance and relevance of elaborating the provisions and guidance for establishments that would seek to promote their freedom from CEM as well as for countries where the disease is endemic. Following the structure of the article for surveillance in other disease chapters, four (4) points were considered: General principles of surveillance, clinical surveillance, agent surveillance, and serological surveillance. These points emphasize the value of increasing awareness of CEM and the need for ensuring that a country has an appropriate disease investigation and diagnostic testing structure in place to detect this infection, while in particular, clinical surveillance and agent surveillance are crucial to furthering the understanding of how to identify CEM if it occurs in a resident horse population and how to uphold freedom of that population from the disease.

While discussing that the value of including serological surveillance in the diagnostic techniques of this article would have limited practical purpose, the Group noted that serological surveillance is included in the *Terrestrial Manual*. The Group agreed to include this point while mentioning that is not the preferred strategy for detecting the presence of *T. equigenitalis*.

The Group discussed the need to include provisions for agent surveillance in stored semen. The Group discussed the importance of elaborating additional provisions for screening semen as another point for agent surveillance in addition to the recommendations for the importation of semen of horses. The Group suggested that surveillance for CEM in stored semen should be additional to any requirements on imported frozen semen.

**Adoption of the report**

The Group reviewed the draft report provided by the OIE Secretariat and agreed that the report captured the discussions on the electronic consultation.
ELECTRONIC CONSULTATION OF THE OIE EXPERT GROUP ON
CONTAGIOUS EQUINE METRITIS
Paris, July-December 2019

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Rationale for the amendments to:
CHAPTER 12.2. CONTAGIOUS EQUINE METRITIS
provided by the Scientific Commission

Article 12.2.1. General provisions

The absence of provisions for free countries or zones in the Chapter was noted by the Commission. It was reported to the Commission that due to the epidemiologic characteristics of the disease (stallions as asymptomatic carriers, life-long infective period), the ad hoc Group considered that declaring a country or zone free from infection with $T. equigenitalis$ would require testing all horses, which is not practical. Thus, only provisions for compartment freedom were drafted.
Rationale for the amendments to:

CHAPTER 12.7. EQUINE PIROPLASMOSIS
provided by the Scientific Commission

Article 12.7 – General provisions

The Commission discussed a question from the OIE Secretariat that also was addressed to the Biological Standards as well as the Scientific Commissions. This question related to the case definition of piroplasmosis, as the current text does not include provisions for the definition of a case in an asymptomatic equid that is not epidemiologically linked to a case (suspected or confirmed), despite tests in the OIE Manual being recommended for diagnosis of clinical cases and individual animal freedom from infection. The Commission sought advice from the ad hoc Group on the role of carriers for the definition of a case, and amended the text accordingly.

Article 12.7.9. Surveillance Strategies

The Commission revised point 4 of Article 12.7.9. regarding surveillance in high-risk areas to indicate that surveillance should be based on risk assessment, cover all areas at risk, and not focus solely on the border areas. The Commission further stated that the provisions for surveillance during temporary importation of horses were specifically addressed in Article 12.7.6., and therefore are not addressed in this Article.

Furthermore, the Commission was requested to discuss a query from the ad hoc Group on the possibility of listing Theileria haneyi and including it in the current chapter. The Commission considered that the current available information on the epidemiological role of T. haneyi is limited, and noted the ongoing work on Theileria spp. reclassification. In consequence, the Commission considered that additional information (including laboratory detection, distribution, and virulence) is needed before the pathogen is proposed for inclusion in the Terrestrial Code. The Commission stated that it will welcome new evidence when it becomes available in the future to reconsider its decision. Nevertheless, and based on the information that this parasite could produce cross reactions with T. equi, it considered that this matter should be brought to the attention of the Biological Standards Commission to discuss implications on recommendations for diagnosis of Theileria spp..
ELECTRONIC CONSULTATION OF THE OIE AD HOC GROUP
ON BOVINE SPONGIFORM ENCEPHALOPATHY RISK STATUS EVALUATION OF MEMBERS
Paris, 25-26 September 2019

The OIE ad hoc Group on bovine spongiform encephalopathy (BSE) risk status evaluation of Members (hereafter the Group) was consulted electronically on 25 and 26 September 2019.

1. Opening

On behalf of Dr Monique Eloit, Director General of the OIE, Dr Neo Mapitse, Head of the Status Department, welcomed and thanked the Group for its commitment and the extensive support towards the OIE mandates. He acknowledged the amount of work before, during and after the ad hoc Group meeting and the efforts required in reviewing the dossiers and highlighted that the official recognition of disease status was an important activity for the OIE.

Dr Mapitse reminded the Group on the significance and confidentiality of the dossiers received for official recognition and thanked the experts for having signed the forms for undertaking of confidentiality. He underlined the OIE procedures for protecting the confidentiality of information and for declaring potential conflicts of interest (by withdrawing themselves from the discussion/conclusion in case of a potential conflict of interest). No conflicts of interest were declared in this Group.

Dr Mapitse pointed out that whilst the evaluation of the BSE risk status of Members might be a politically sensitive issue, the Group’s assessment should be driven by standards, science and evidence-based, and highlighted that the ongoing revision of the BSE Chapter should not impact the evaluation of the dossiers received by the Group. Dr Mapitse also encouraged the Group to capture the rationale supporting its decisions and recommendations in its meeting report for the consideration of Members.

The Group and the OIE welcomed Drs Juan José Badiola Díez and Mark Stevenson as new members in the Group.

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

Dr Ximena Melón was appointed Chair and Dr Lesley van Helden acted as rapporteur with the support of the OIE Secretariat. The Group endorsed the proposed agenda.

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

3. Evaluation of applications from Members for the official recognition of their negligible BSE risk status

3.1. Bolivia

In accordance with the established procedures, the OIE Headquarter staff from Bolivia supporting the secretariat withdrew from the decision process on Bolivia’s dossier.
a) **Section 1: Risk Assessment — Article 11.4.2. point 1**

- Risk assessment for entry of the BSE agent

The Group took note that BSE was considered an exotic disease by the regional (Andean Community of Nations - CAN) and national legislation. CAN regulation 1587/2013 laid down the prohibitions and sanitary requirements regarding BSE to be applied when CAN members (such as Bolivia) import bovine commodities. The Group acknowledged that prohibition of importation of bovines and ruminant-derived meat-and-bone meal (MBM) or greaves from countries affected by transmissible spongiform encephalopathies (TSEs) was in place since 2001.

With respect to importation of live cattle, the Group noted that imports into Bolivia during the last seven years were from four neighbouring countries with negligible BSE risk status.

With regard to importation of MBM or greaves of ruminant origin, Bolivia in the last 8 years has imported MBM and greaves from countries with negligible BSE risk status to supply raw material to the pet food industry, as well as to other non-ruminant species.

Pertaining to feedstuff containing MBM or greaves of ruminant origin, the Group was informed on the imports of pet food. The country of origin (negligible risk) and the intended use (pet food packaged for direct sale) were considered to have an insignificant risk.

Concerning imports of products of bovine origin, the Group noted that a variety of products of bovine origin for human consumption have been imported either from countries that were initially controlled BSE-risk that were subsequently granted negligible BSE-risk status or negligible BSE-risk countries for the entire period.

After discussion of the entry assessment, the Group concluded that the risk that the BSE agent could have entered Bolivia during the interval covered by the assessment was negligible.

- Risk of recycling and amplification of the BSE agent, and appropriate level of control and audit of the feed ban

The Group noted that since 2005 a list of tissues and organs considered specified risk material (SRM) has been approved by Administrative Resolution of SENASAG. The Group noted that the aforementioned list followed the WHO classification of infectivity, and was not in full agreement with the materials listed in Article 11.4.14 of the Terrestrial Code. Nonetheless, SRM and other materials listed in Article 11.4.14. as well as leftover material not destined for human consumption were subjected to rendering consistent with the parameters stated in Article 11.4.19. of the Terrestrial Code for the reduction of BSE infectivity.

The Group acknowledged that there were six animal rendering plants in Bolivia. Of these, only one produced MBM derived from cattle, whereas the rest produced materials that do not constitute a BSE risk. The Group acknowledged that since 2005 rendered materials have been processed at 133°C for at least 20 minutes with a minimum absolute pressure of 3 bar, according to Resolution No. 027/2005. All six plants were registered and monitored by SENASAG. The Group took note that bone ash was produced in only one plant by heating the bones to not less than 600°C for one hour, with a proven absence of bone fragments, blood and muscle tissues, in accordance with Resolution No. 027/2005. According to the regulation in place, only bovine bone ash was permitted to be fed to ruminants.

The Group noted that there was no collection system for animals found dead on farms. The Group took note that fallen stock in the field were either buried or scavenged by wild animals, whereas fallen stock during transport and in abattoir pens were considered unfit for human consumption and were either buried or incinerated. Materials condemned as not suitable for human consumption were removed from the slaughter line for denaturation and destruction. Regulations regarding these measures have been in place since 2001.
The Group acknowledged that legislation prohibiting the feeding of ruminants with feed of ruminant origin has been in force since 2001.

With regard to feed mills, the Group took note that visual and record inspections have been carried out in the last 8 years and that sampling to check for the absence of prohibited proteins for ruminants were conducted in 2018 and 2019. Direct microscopy was used to monitor for cross-contamination of ruminant feed with bone fragments, blood and muscle. Analytical capabilities have been available in the LIDIVECO laboratory of the city of Cochabamba since 2018.

The Group noted that whereas imported or nationally produced MBM could be used for pet food or other non-ruminant species, such as pigs, poultry and fish, ruminant MBM were prohibited to be incorporated into ruminant feed. The Group took note that feed mills that produced feed for both ruminants and non-ruminants used separate lines to avoid cross-contamination.

Overall, regarding the exposure assessment, the Group concluded that the risk of recycling and amplification of the BSE agent if it was present in Bolivia’s cattle population during the interval covered by the assessment could be considered to be negligible.

b) Surveillance according to Articles 11.4.20. - 11.4.22.

The Group noted that the surveillance undertaken over the seven-year period from 2012 to 2019 met the requirements of type B surveillance according to Article 11.4.22. on surveillance for BSE in the Terrestrial Code. Based on the additional information, 192,640.50 surveillance points were collected, compared to a minimum requirement of 150,000 for an adult cattle population of 5,467,089 over two years of age.

The Group took note that Bolivia’s surveillance programme for BSE targeted at least three of the four surveillance subpopulations every year, except in 2015 and 2016 when only routine slaughter and clinical suspects were sampled. The Group commented on the heavy reliance on the testing of clinical suspects to accumulate surveillance points. The Group emphasised that according to point 1 of Article 11.4.21. of the Terrestrial Code, BSE clinical suspects consist of those cattle affected by illnesses refractory to treatment and displaying progressive behavioural changes such as excitability, persistent kicking when milked, changes in herd hierarchical status, hesitation at doors, gates and barriers, as well as those displaying progressive neurological signs without signs of infectious illness. While the Group acknowledged that BSE had been excluded in the final diagnosis of all clinical suspects that were identified, it was noted that BSE clinical suspects consisted of cattle displaying neurological signs that partially matched the definition in Article 11.4.21. The Group considered that Bolivia’s criteria to assign animals to the rest of the subpopulations (fallen stock and emergency slaughter) was consistent with Chapter 11.4.

c) Other requirements — Article 11.4.2. points 2–4

- Awareness programme

The Group noted that an awareness programme on BSE was initiated in 2005, and that it was reinforced through the implementation of nervous syndromic surveillance by SENASAG. The Group noted that the programme was continuously applied and covered the entire country, although it is acknowledged that the degree of implementation of the programme has been variable in the nine departments of the country, all relevant stakeholders have participated.

From the additional information, the Group acknowledged that a contingency plan approved outlined the preparedness plan should a case of BSE arise. The plan falls under the framework of the SINAEZ (Sistema Nacional de Emergencia Zoosanitaria) since 2006.
· Compulsory notification and investigation

The Group noted that transmissible spongiform encephalopathies were declared to be notifiable throughout the country under relevant legislation in 2001 (Ministerial Resolution No. 017/01). The Group acknowledged that promotion of compulsory notification fell under the responsibility of the awareness programme. The Group noted that penalties related to lack of reporting were not specified. The Group further concluded that the system for compulsory notification and investigation met the requirements of the Terrestrial Code.

· Laboratory examination

The Group noted that within the last seven years BSE diagnosis was conducted at the Veterinary investigation and diagnostics Laboratory of Santa Cruz (LIDIVET), which is the official reference laboratory for BSE in Bolivia. The Group was informed that since the implementation of the surveillance plan in Bolivia in 2005, histopathology alone was used for BSE diagnosis until 2015, when immunohistochemistry was introduced as the primary test. Samples with a positive or inconclusive result would be referred to an OIE Reference Laboratory for confirmation. The Group took note that since 2015 all animals that were rabies negative, have been also examined with both histopathology and immunohistochemistry.

The Group concluded that the laboratory examination for BSE carried out in Bolivia was compliant with the Terrestrial Manual.

d) BSE history in the country

The Group acknowledged that to date, BSE has never been reported in Bolivia.

e) Compliance with the questionnaire in Chapter 1.8.

The Group agreed that the dossier submitted was compliant with the format of the questionnaire of Chapter 1.8 of the Terrestrial Code. Nevertheless, the Group pointed out that a lack of conciseness and data inconsistency for a number of elements resulted in several additional questions being raised. As a consequence, the Group encountered significant challenges in undertaking the evaluation of this application.

f) Conclusion

· Recommended status

Considering the information submitted in the dossier and Bolivia’s answers to the questions raised, the Group concluded that the application was compliant with the requirements of Article 11.4.3. and with the BSE questionnaire in Chapter 1.8 of the Terrestrial Code. The Group therefore recommended that Bolivia be recognised as a ‘negligible BSE risk’ country.

However, the Group advised that Bolivia should:

- Focus the reporting of inspections and infractions at rendering plants and feed mills on activities relevant to BSE-risk and;

- Refine the definition of BSE clinical suspects and the criteria to include them in the nervous syndromic surveillance part of the epidemiological surveillance system (SINAVE) to ensure compliance with Articles 11.4.20. to 11.4.22. of the Terrestrial Code.

3.2. United Kingdom (zonal BSE negligible risk status for Jersey)

In August 2019, the United Kingdom submitted a dossier seeking recognition for Jersey as a zone posing a negligible BSE risk.
The Group requested additional information and received clarification from Jersey. Points specifically discussed by the Group are summarised below:

a) **Section 1: Risk Assessment — Article 11.4.2. point 1**

   - Risk assessment for entry of the BSE agent

   With respect to importations of MBM, greaves and feed containing either, the Group acknowledged that, based on the additional information provided, Jersey had not imported feed for livestock, including poultry and horses, containing MBM since 1996. The vast majority of feed for animals other than cattle had historically been imported from a United Kingdom zone with a controlled BSE risk status, where they were either produced to European Union (EU) standards which are equivalent to the measures described in the Terrestrial Code or underwent EU inspection at a Veterinary Border Inspection Post. Nevertheless, the Group pointed out that Jersey therefore relied entirely on clearance of products in other EU Members and that success of this approach relied on effectiveness of border inspections outside of Jersey.

   Regarding importations of live cattle, the Group acknowledged that these had been prohibited since 1878 to maintain genetic integrity of the population and to prevent disease incursions.

   The Group noted that the vast majority of products of bovine origin were imported into Jersey for human consumption at least since 2015 from other zones of the United Kingdom, and that limited amounts were imported from other countries having controlled or negligible BSE risk status. The Group also noted that products of ruminant origin imported into Jersey would have been produced according to EU standards, which would provide an equivalent level of assurance as the Terrestrial Code, and that neither tallow, MBM and offal were imported.

   Even though the information on volumes of importation was not provided for the relevant period of time, based on the ongoing implementation of measures in accordance with EU Legislation for at least the preceding 8 years, the Group concluded that the risk that the BSE agent could have entered Jersey during the interval covered by the assessment was negligible.

   - Risk of recycling and amplification of the BSE agent, and appropriate level of control and audit of the feed ban

   The Group noted that definition, collection and disposal of specified risk material (SRM) (i.e., brain, spinal cord, vertebral column, eyes, tonsils) followed European Union regulations (EC) No 999/2001 and No 1069/2009. From the additional information provided, the Group acknowledged that legislation regulating waste management had been in force since 2005, and that all on farm casualty slaughtered animals and fallen stock were collected by state-sponsored knackermen. These carcasses, as well as all animal by-products (ABP) from the slaughterhouse, including SRM, were sent to the incinerator to be destroyed as Category 1 and 2 ABP. The ashes were then buried in appropriately lined pits at the government-owned waste plant, which has been regulated under the Waste Management (Jersey) law since 2005.

   The Group acknowledged that there has not been a single rendering facility in Jersey for the last ten years.

   The Group agreed that a ban on feeding MBM or tallow derived from Category 1 and 2 materials, as well as processed animal protein (PAP) derived from Category 3 material, as defined by EU Legislation, from both ruminants and non-ruminants to all farmed animals (‘total feed ban’) has been in place in the EU, including Jersey, since 2001. The Group noted that an on-farm feed sampling programme where feed was tested for the presence of animal protein using microscopy started in the cycle 2018-19. Results covering 76% of dairy farms and 83% of Jersey’s cattle population were provided; all samples were negative.

   Overall, regarding the exposure assessment, the Group concluded that the risk of recycling and amplification of the BSE agent if it was present in Jersey’s cattle population during the interval covered by the assessment had been negligible.
b) **Surveillance according to Articles 11.4.20.-11.4.22.**

The Group noted that the surveillance undertaken over a six-and-a-half-year period from 2012 to 2018 exceeded the minimum requirements of type B surveillance according to Article 11.4.22. on surveillance for BSE in the Terrestrial Code. Based on the information provided in the dossier, 1,431.4 surveillance points were collected, compared to a minimum requirement of 200 for an adult cattle population over two years of age of 2,736 adult cattle.

The Group acknowledged that the age of cattle was determined from records through a passport and an identification database with each individual having a unique identification displayed on two ear tags. Dentition was used for verification of age if necessary.

Even though Jersey’s definition of clinical suspects did not include an age limit, and that from 2013 the age limit for fallen stock and casualty slaughter was fixed at 48 months, the Group considered that Jersey’s definition of surveillance subpopulations was in accordance with Article 11.4.21. point 1 of the Terrestrial Code.

The Group took note that Jersey’s surveillance programme for BSE targeted all four surveillance subpopulations every year until 2013, when sampling of routine slaughter ceased. Only one clinical suspect was reported in Jersey since 2012.

c) **Other requirements — Article 11.4.2, points 2–4**

- **Awareness programme**

  The Group acknowledged that awareness activities for BSE had been in place involving farm animal veterinary practitioners, private and government veterinarians, abattoir workers and those performing on-farm slaughter and fallen stock collection. The Group noted that 79% of dairy farms and more than 40% of cattle farms were visited for BSE awareness related discussions in 2019. The Group took note that private veterinarians received information on BSE through the veterinary literature (e.g. the Veterinary Record), and that government veterinarians have access to government training materials. However, relevant information such as the start year, the continuous application and examples of training materials, such as leaflets or manuals were not provided, although a question on this subject was raised. The Group also noted that a description of the awareness programme’s geographical coverage was implied, but not clearly provided. Nonetheless, the Group considered that considerable awareness amongst stakeholders most likely existed as the result of the more than 150 cases of BSE reported between 1988 and 2001.

  The Group concluded that, based on the information provided, this awareness programme met the requirements of the Terrestrial Code; however, the Group recommended that Jersey keep records detailing when and where the training occurred and the materials used, to demonstrate that courses occur with sufficient frequency.

  The Group acknowledged that practices for dealing with a BSE case were outlined in the EU Legislation (Transmissible spongiform encephalopathy (Jersey) Regulation 2015.

- **Compulsory notification and investigation**

  The Group noted that BSE was declared a notifiable disease under relevant legislation since 1988, and that it was currently notifiable under EU Legislation adopted by Jersey in 2015. The Group acknowledged that compensation was provided to farmers for animals killed as part of a BSE investigation, and that penalties were in place for failure to report BSE cases. The Group therefore concluded that the system for compulsory notification and investigation met the requirements of the Terrestrial Code.
Laboratory examination

The Group took note that there were no laboratories in Jersey and that primary testing for BSE diagnosis was conducted at an APHA-designated laboratory (LGC Risley, now named Eurofins) using BioRad TeSeE rapid testing. Secondary testing of inconclusive or positive samples was done at APHA Weybridge (the UK National Reference Laboratory, which is an EU and OIE Reference Laboratory) with confirmatory western blotting and histology/immunohistochemistry. The Group acknowledged that the protocol described was put in place in 1998 and that no changes had been reported since then.

The Group concluded that the laboratory examination for BSE carried out in Jersey was compliant with the Terrestrial Manual.

d) BSE history in the country

The Group noted that BSE was first reported in 1988 with the last case in 2002. Overall there were 151 cases with the most recently affected birth cohort in 1993. The outbreak in Jersey mirrored the outbreak in the mainland United Kingdom with the same control measures adopted that were progressively enhanced over time. A ruminant to ruminant feed ban was introduced in 1989, extended to a mammalian to ruminant ban in 1994, followed by a mammalian to all farmed animal ban in 1996 and finally a ban on processed animal protein from both ruminants and non-ruminants to all farmed animals (‘total feed ban’) from 2001. Legislation for BSE and associated control measures, surveillance, etc. mirror those implemented within the EU.

e) Compliance with the questionnaire in Chapter 1.8.

The Group agreed that the dossier submitted was compliant with the format of the questionnaire of Chapter 1.8 of the Terrestrial Code.

f) Conclusion

Considering the information submitted in the dossier and Jersey’s answers to follow-up questions raised, the Group concluded that the application was compliant with both the requirements of Article 11.4.3. and the BSE questionnaire of the Terrestrial Code. The Group therefore recommended that Jersey be recognised as a zone of the United Kingdom with a ‘negligible BSE risk status’.

However, the Group advised that Jersey should:

- Keep records of importation for the last seven years.
- Maintain documentary evidence on the implementation of the awareness programme.

4. Finalisation and adoption of the draft report

The Group reviewed and amended the draft report. The Group agreed that the report reflected the discussions.

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…/Appendices
Appendix I

ELECTRONIC CONSULTATION OF THE OIE AD HOC GROUP
ON BOVINE SPONGIFORM ENCEPHALOPATHY RISK STATUS EVALUATION OF MEMBERS
Paris, 25-26 September 2019

Terms of reference

The OIE ad hoc group on bovine spongiform encephalopathy (BSE) risk status of Members (the Group) is expected to evaluate a dossier for the official recognition of a Member’s BSE risk status.

1. Prerequisites

All experts should:

a) Sign off the OIE Undertaking on Confidentiality of information.

b) Complete the Declaration of Interests Form and forward it to the OIE at their earliest convenience, and at least two weeks before the teleconference (i.e., 11 September 2019).

2. Prior to the teleconference

Upon receipt of an application from a Member, the Status Department (SD) conducts a preliminary screening to check the conformity of the dossier (structure of the dossier in accordance with the SOP and with the relevant questionnaire, main sections of the questionnaire, regular notification to the OIE, payment of the fee, PVS report, etc.). If an information gap is identified, the SD requests additional information to the Member. When needed, the SD undertakes translation into English of the dossier or main parts of it.

The SD sends the working documents to the experts of the ad hoc Group (the Group), including the dossiers received from applicants at least 1 month before the Group meeting (i.e., 25 August 2019). Translations may be forwarded later.

The SD suggests the nomination of a chair and rapporteur, for the Group’s consideration. The chair will lead the electronic discussion and the rapporteur will ensure that the report reflects the discussion and captures the detailed assessment of the dossier.

All experts should:

a) Evaluate and study in detail the dossiers provided by the OIE;

b) Take into account any other information available in the public domain that is considered pertinent for the evaluation of the dossiers;

c) Summarise the dossiers according to the Terrestrial Animal Health Code (Terrestrial Code) requirements, using the form provided by SD (Appendix A);

d) Draft the questions, whenever the analysis of the dossiers raises questions which need to be clarified or “completed” by the applicant Members.

e) Send the completed form for each dossier and the possible questions to the SD, 10 days before the teleconference (i.e., 15 September 2019).

f) The SD compiles the forms and the questions to be forwarded to the applicant Members before the teleconference.

The experts can request support from the SD at any time.
The SD will consider the available PVS report and share with the experts any concern. As they are bound by the OIE rules on confidentiality of information, the experts may request the OIE PVS reports if not obsolete or confidential.

3. **During the teleconference**

   The Chair should lead the discussion.

   All experts should:

   a) Mention any potential conflict of interest and if relevant, withdraw him/herself from the discussion;
   b) Contribute to the discussion.

   If the Group decides during the teleconference that additional information should be requested to the applicant Members before an informed conclusion can be drawn, the SD forwards the additional information to the Group at a later date. The Chair is responsible for coordinating the finalisation of the assessment and for ensuring that the views of all Group members are taken into consideration.

   The Group should provide a detailed report to recommend to the Scientific Commission for Animal Diseases the Member should be (or not) recognised with an official BSE risk status, and to indicate any information gaps or specific areas that should be addressed in the future by the Member.

4. **After the teleconference**

   The SD circulates to the Group the draft report no more than seven days after the teleconference (no later than 3 October 2019). The Group finalises the report within the following week (indicative deadline: 10 October 2019).

   After endorsed by the Scientific Commission, the SD circulates to the Group the final version of the report.

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ELECTRONIC CONSULTATION OF THE OIE AD HOC GROUP
ON BOVINE SPONGIFORM ENCEPHALOPATHY RISK STATUS EVALUATION OF MEMBERS
Paris, 25-26 September 2019

Agenda

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

2. Evaluation of applications from Members for official recognition of BSE negligible risk status
   2.1. Bolivia
   2.2. United Kingdom – zone of Jersey

3. Finalisation and adoption of report.
ELECTRONIC CONSULTATION OF THE OIE AD HOC GROUP
ON BOVINE SPONGIFORM ENCEPHALOPATHY RISK STATUS EVALUATION OF MEMBERS
Paris, 25-26 September 2019

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Annex 14

**Application for endorsement by the OIE of an official control programme**  
*for dog-mediated rabies*

The overall objective of an OIE endorsed *official control programme* for dog-mediated rabies is for Member Countries to progressively improve their dog-mediated rabies situation and eventually make a self-declaration in accordance with Chapter 1.6, as a country free from dog-mediated rabies. The *official control programme* should be applicable to the entire country even if certain measures are directed towards defined subpopulations only.

The following information should be provided by OIE Member Countries to support an application for endorsement by the OIE of an *official control programme* for dog-mediated rabies in accordance with Chapter 8.14, of the *Terrestrial Code*.

The dossier provided to the OIE should address concisely all the topics under the headings provided in Sections 1. to 4. below to describe the actual situation in the country and the procedures currently applied, demonstrating the commitment of the Member Country to comply with the requirements of Chapter 8.14, of the *Terrestrial Code*.

In Section 4, the dossier should describe concisely the work plan and timelines of the control programme for the next five years.

The terminology defined in the OIE *Terrestrial Code* and *Terrestrial Manual* should be referred to and used in compiling the dossier.

National legislation, regulations and *Veterinary Authority* directives may be referred to and annexed as appropriate in one of the OIE official languages. Weblinks to supporting documents in one of the official languages of the OIE may also be provided, where they exist.

All annexes should be provided in one of the OIE official languages.

The Delegate of the Member Country applying for endorsement of an *official control programme* should submit documented evidence that the provisions of Article 8.14.11, have been properly implemented and supervised. In addition, the Delegate of the Member Country must submit the national *official control programme* for rabies as detailed below.

The dossier should provide maps, figures and tables wherever possible.

1. **Introduction**
   a. Human demographics. Provide a general description of the population distribution, census, socio-economic and cultural features and rural and urban development of the country that are relevant to the spread of rabies virus in dogs. Provide maps identifying the features above. Specify whether the application includes any non-contiguous territories.
   b. Dog demographics. Describe the composition of dog population in the country and a breakdown in *zones*, if relevant. In particular, provide an estimation of the dog population size including the *stray dog* population in accordance with Chapter 7.7, and human:dog ratio, dog distribution (rural/urban) and ecology. Describe the methodology used for the estimation (e.g. registers of dogs, population estimates, and surveys of dogs, owners, dog shelters, etc.);
   c. If the endorsed plan is implemented in stages to specific *zones* of the country, the boundaries of those *zones* should be clearly defined. Provide a map with the description of the geographical boundaries of the *zones*.
2. **Governance of the national control programme for dog-mediated rabies**
   
a. **Competent Authorities.**
   
   Identify all **Competent Authorities** involved in the supervision, control, enforcement and monitoring of rabies-related activities. Provide a description of the role and responsibilities for the management of the dog-mediated rabies control programme, indicating the role of **Veterinary Services**, human health authorities and other **Competent Authorities** such as municipalities and those responsible for wild and feral animals, other organisations such as non-governmental organisations, kennel clubs and breeders, dog-owners, and other relevant groups in rabies control.

b. **Veterinary Authority.**
   
i. Describe how the **Veterinary Authority** of the country comply with Chapters 1.1., 3.1. and 3.2. of the **Terrestrial Code**. Describe how the **Veterinary Services** supervise, control, enforce and monitor rabies-related activities.
   
ii. Provide information on any OIE PVS evaluation conducted in the country and follow-up steps within the PVS Pathway and highlight the results relevant to the control of dog-mediated rabies.

c. **Human health system.**
   
i. Describe the health care system and services related to human rabies prevention and its links to the **Veterinary Services**.
   
ii. Describe how the human health authorities supervise, control, enforce and monitor rabies-related activities.

d. **Other Competent Authorities.**
   
i. Describe how other **Competent Authorities** supervise, control, enforce and monitor rabies-related activities.

e. **Legal framework**
   
Legislation. Provide a table listing all relevant legislation, regulations and directives in relation to rabies control and a brief description of the relevance of each. What are the mechanisms in place to monitor and ensure compliance with the legislation?

3. **Current status and control of dog-mediated rabies**

Submit a concise description of the measures for the current control and eventual elimination of dog-mediated rabies in the country, including:

a. **Epidemiology**
   
i. Describe the spatial and temporal rabies situation of at least the past five years. Provide tables and maps showing the date of detection, the number and location of cases in susceptible animals (by species) and in humans.
   
ii. Describe the general epidemiology in the country highlighting current knowledge (e.g. high-risk areas, socio-cultural factors affecting rabies epidemiology) and gaps in knowledge and the progress over the last five years that has been made in controlling dog-mediated rabies.
   
iii. Provide information on the epidemiological situation of rabies in the surrounding countries.
b. Rabies surveillance

Provide documented evidence that surveillance for rabies in the country complies with provisions in Chapter 1.4, and Article 8.14.12, of the Terrestrial Code, and Chapter 3.1.17, of the Terrestrial Manual. The following information should be included:

i. the notification and reporting procedures (by whom and to whom) within the country, to other Competent Authorities and to the OIE.

ii. how is clinical surveillance conducted? Provide details of the process in place. Which susceptible species are part of the surveillance programme?

iii. the sampling, submission and testing procedures that are used to identify and confirm presence of the rabies virus.

iv. the role of human health and other Competent Authorities in dog-mediated rabies surveillance.

v. the surveillance data management systems, including how data are collected, aggregated, shared with other Competent Authorities (e.g. public health) and transmitted from community to national level.

vi. the system for recording, managing and analysing the diagnostic data and how it is integrated in the animal health surveillance database and how the data are exchanged between human health, other Competent Authorities and Veterinary Services;

Provide a summary table and a map indicating, for at least the past 24 months, the number of suspected cases, the number of samples tested for animal rabies, species, type of sample, testing methods and results.

Provide data and a map on human cases, dog-bite incidents and post exposure prophylaxis in humans for the past 24 months.

Provide details of the methods selected and applied for monitoring the performance of the surveillance programme including indicators.

c. Rabies diagnosis

Provide documented evidence that the relevant provisions of Chapters 1.1.2., 1.1.3, and 3.1.17, of the Terrestrial Manual are applied. The following points should be addressed:

i. Provide an overview of the laboratories performing rabies tests in the country, including the following:

– the logistics for shipment of samples, the biosecurity and biosafety measures applied, the follow-up procedures and the time frame for reporting results;

– details of the tests undertaken for rabies diagnosis and the proficiency testing programme. Provide details of the number of rabies tests performed in the past 24 months in national laboratories and in laboratories in other countries, if relevant;

– if characterisation of virus isolates from human and animal cases is in place, describe it.

– procedures for quality assurance e.g. official accreditation of laboratories, Good Laboratory Practice, ISO, etc. that exist in, or are planned for, the laboratory system;

– details of participation in inter-laboratory comparison tests (ring trials), including the most recent results and, if applicable, the corrective measures applied;

– details of the handling of live rabies virus, including a description of the biosecurity and biosafety measures applied;
Annex 14 (contd)

ii. If rabies laboratory diagnosis is not carried out in the country, provide the names of the laboratories in other countries providing the service as well as the arrangements in place, including logistics for shipment of samples and the time frame for reporting results.

d. Dog-mediated rabies control strategy

Describe the control strategies in the country, including the following:

i. Description of the vaccination programme. Provide information on the vaccination strategies applied, the results of the vaccination campaigns during the last 24 months: frequency of vaccination campaigns, geospatial and temporal description of the campaigns, number of dogs vaccinated per population per campaign, vaccination coverage per year and by regions, etc. Data provided should differentiate emergency vaccination from systematic vaccinations. Provide maps if available. Describe the methods used for estimating vaccination coverage should be clearly stated. Provide data on dog vaccination activities as part of a response to human rabies cases.

ii. Provide a brief summary of the technical specifications of the dog rabies vaccines used and available in the country. Provide a description of the regulatory procedures in place, source of vaccines, cold-chain management, and management of the vaccine stock(s). Provide evidence that the vaccines used comply with Chapter 3.1.17, of the Terrestrial Manual. Provide information on the registration and licensing process for the vaccines used.

iii. Describe the supervision during the vaccination campaigns, post-vaccination monitoring strategy and the results of the vaccination coverage estimation, including in stray dog populations.

iv. Describe how dog populations are managed. Provide documented evidence that the relevant provisions of Chapter 7.7, of the Terrestrial Code are applied and the Competent Authority coordinating and involved in the implementation of stray dog population control.

v. Describe the measures implemented to prevent reintroduction of rabies, the criteria applied to approve importation of susceptible animals, the controls applied to entry of such animals and to their internal movements.

e. Case investigation protocol

Describe the case investigation procedures used by the Veterinary Services for dealing with suspected or confirmed case of rabies in humans and animals. The case investigation protocol should be attached as an annex, if available.

f. National and international collaboration

Describe the existing coordination mechanisms nationally and internationally in support of the decision-making process for the implementation and management of the control programme. In particular, describe:

i. Intersectoral, One Health coordination mechanism (e.g. task forces, IHR-PVS National Bridging Workshops) between the relevant Competent Authorities and other stakeholders.

ii. Cross-border collaboration. Describe the cooperation, if any, with Veterinary Authorities and human health authorities of neighbouring countries in the control of dog-mediated rabies.

iii. Regional collaboration. Describe coordination, collaboration and information-sharing activities with other countries in the region for the control of dog-mediated rabies.
g. Rabies awareness and education programmes

Provide a description of the awareness campaigns, training and education programmes on rabies, responsible dog ownership and dog bite prevention. Describe the targeted audience and collaboration with other Competent Authorities.

Provide details of training programmes for personnel involved in surveillance, dog vaccination campaigns and rabies prevention.

4. Work plan, timelines and budget of the official control programme for dog-mediated rabies for the next five years

Describe the progressive objectives including monitoring and evaluation framework and expected outcome to be achieved for each year for the next five years, for zones (if applicable) and for the whole country including:

a. Performance indicators and timeline. The performance indicators should relate to the most important areas and steps where improvements in the programme are needed to decrease incidence of cases in dogs and humans. These may include, but are not restricted to, strengthening all relevant Competent Authorities, legislation, reporting, availability and quality of vaccines, animal identification systems, vaccination coverage, movement control, disease awareness, etc. Describe how the performance indicators of the official control programme will be monitored, evaluated and reviewed. This should include documented evidence demonstrating that the control programme is implemented and that the first results are favourable.

b. The outcome of the monitoring should be reflected when submitting the annual reconfirmation of your country’s endorsement to the OIE. The primary measurable indicators for success of the programme will be decreased incidence of cases in dogs and in humans in the whole country and selected zones as described in the programme. Additional performance indicators showing evidence of success should include, but not be limited to, vaccination data, number of trace back activities or 10-days observation under veterinary supervision following human or animal exposures, successfully implemented import measures, control of dog movements. This should include documented evidence of the effective implementation of Section 4.a. above.

Describe the funding required for the implementation of the control programme and annual budgets for the next five years. Provide details of budget for any planned vaccination campaign(s), laboratory support, logistical support and awareness campaigns, etc. Indicate for which years funding has been secured and any anticipated gaps in funding the proposed activities.

1 Member Countries can consider tools and resources available for example at: www.caninerabiesblueprint.org.
From: Ryan Wallace, Todd Smith, Anthony Fooks, Susan Moore, Conrad Freuling, Thomas Muller

Date: 12/16/2019

Purpose: To provide expert opinion to the OIE the post-titer importation waiting period for dogs to be imported from infected countries or zones (Code 8.14.7).

Main issue(s): Currently, OIE Terrestrial Code recommends a minimum waiting period of three months after proof of adequate titer before a dog is eligible for importation from countries or zones infected with rabies virus (RABV). The minimum three-month waiting period has been implemented to ensure that antibody detected by a OIE recommended test was a result of successful vaccination rather than evidence of active rabies virus infection (Box 1). Scientific evidence does not support this regulation, and unnecessarily long delays in the importation process likely contribute to poor compliance and increased risk of international movement of rabies-infected dogs. Here, we present scientific and quantitative rationale for reducing the post-titer waiting period from three months to 30 days.

Conclusion: There is a strong scientific basis to affirm the following:

(i) Apparently healthy dogs with neutralizing RABV antibody at levels ≥ 0.5 IU/ml are highly unlikely to succumb to RABV infection 1.

(ii) Type A Risk (that a dog is infected with RABV prior to vaccination, responds to vaccination, but succumbs to rabies) is dependent upon the timing of vaccination and infection. Dogs that succumb to Type A Risk experience a shortened incubation period and display clinical signs of disease ≤ 20 days of vaccination 2,3. Dogs alive > 20 days after vaccination or > 13 days after proof of adequate antibody have not been shown to develop rabies.

(iii) Type B Risk (that an apparently healthy dog would have RABV antibody due to natural infection and then develop rabies) is dependent upon the timing of RABV antibody detection. Dogs that succumb to Type B Risk will display clinical signs of disease within 7 days of antibody detection 4,5.

The scientific and quantitative data supports that a 30-day post-titer waiting period is adequate to effectively eliminate the possibility of an imported rabid dog. The risk of importing a rabid dog under a 30-day waiting period is negligible (1 rabid dog every 138 years) 7. Unnecessarily restrictive regulations can impact compliance and increase the risk for importation of rabid dogs 7. As concluded by Aubert in 1992, international movement of dogs should be based on presence of neutralizing antibody (by a qualified assay), good individual identification, and certification of vaccination history; all principles reflected in OIE Terrestrial Code 8.14.7 6. A 30-day waiting period after these conditions are met adequately address concerns regarding international dog movements.

Reducing the post-titer waiting period to 30 days is not without precedent; in 2018 the rabies-free US state of Hawaii determined that the risk for decreasing the post-titer requirement from three to one month was negligible. No rabies importations have been identified since this change was made.

Recommendation(s):

That the OIE Specialist Commission amend Article 8.14.7 as follow:
Recommendations for importation of dogs, cats and ferrets from countries or zones infected with rabies virus

Veterinary Authorities should require the presentation of an international veterinary certificate complying with the model of Chapter 5.11 attesting that the animals:

1. Showed no clinical sign or rabies the day prior to or on the day of shipment;
2. Were permanently identified and their identification number stated in the certificate;
3. And either:
   a. Were vaccinated or revaccinated in accordance with the recommendations of the manufacturer, with a vaccine that was produced in accordance with the Terrestrial Manual and not less than 3 months and not more than 12 months prior to shipment had serum drawn which was tested by an antibody titration test prescribed in the Terrestrial Manual with a positive result of at least 0.5 IU/ml;
   or
   b. were kept in a quarantine station for six months prior to shipment

*Intervals for Type A and B risk periods were derived from Table 1.
** Survival curves are representative of dogs that were part of rabies virus challenge studies and are not representative of the survival rates of dogs in the general population.
Figure 2: Graphical display of data on periods for dogs experimentally infected with different strains and doses of RABV obtained in 27 studies with individual data (N=217 dogs) and from 5 studies (N=273 dogs) where the incubation period was only provided as range and not individually. The mean is 19 days with a standard deviation (SD) of 9.3 days. The 75% percentile is 21 days, and the 95% percentile is 33 days (b).

<table>
<thead>
<tr>
<th>Animal No.</th>
<th>ELISA/RFFIT titers at x days post-challenge</th>
<th>Day of Death (if died)</th>
</tr>
</thead>
<tbody>
<tr>
<td>M11</td>
<td>1.5 IU/ml</td>
<td>1.9 IU/ml</td>
</tr>
<tr>
<td>M12</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>M13</td>
<td>X</td>
<td>D 46 (18 d since last titer)</td>
</tr>
<tr>
<td>M14</td>
<td>X</td>
<td>D 43 (15 d since last titer)</td>
</tr>
<tr>
<td>M15</td>
<td>X</td>
<td>D 36 (8 d since last titer)</td>
</tr>
<tr>
<td>M16</td>
<td>X</td>
<td>D 32 (4 d since last titer)</td>
</tr>
<tr>
<td>M17</td>
<td>X</td>
<td>D 58 (30 d since last titer)</td>
</tr>
<tr>
<td>M18</td>
<td>1.3 IU/ml</td>
<td>1.9 IU/ml</td>
</tr>
<tr>
<td>M19</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>M20</td>
<td>1.6 IU/ml</td>
<td>1.6 IU/ml</td>
</tr>
<tr>
<td>M21</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>M22</td>
<td>X</td>
<td>D 40 (12 d since last titer)</td>
</tr>
<tr>
<td>F1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>F2</td>
<td>D 14-21 (0-7 d since last titer)</td>
<td></td>
</tr>
<tr>
<td>F3</td>
<td>D 14-21 (0-7 d since last titer)</td>
<td></td>
</tr>
<tr>
<td>F4</td>
<td>D 14-21 (0-7 d since last titer)</td>
<td></td>
</tr>
<tr>
<td>F5</td>
<td>D 14-21 (0-7 d since last titer)</td>
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</tr>
<tr>
<td>C11</td>
<td>1.4 IU/ml</td>
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</tr>
<tr>
<td>C12</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>C13</td>
<td>D 20 (13 d since first Ab detection)</td>
<td></td>
</tr>
<tr>
<td>C14</td>
<td>2.8 IU/ml</td>
<td>2.8 IU/ml</td>
</tr>
<tr>
<td>C15</td>
<td>X</td>
<td></td>
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<tr>
<td>C16</td>
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<td>1.8 IU/ml</td>
</tr>
<tr>
<td>C17</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>C18</td>
<td>X</td>
<td>D 12 (5 d since first Ab detection)</td>
</tr>
<tr>
<td>C19</td>
<td>X</td>
<td>D 12 (5 d since first Ab detection)</td>
</tr>
<tr>
<td>C20</td>
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<td>D 12 (5 d since first Ab detection)</td>
</tr>
<tr>
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<td>X</td>
<td>D 12 (5 d since first Ab detection)</td>
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<td>C22</td>
<td>X</td>
<td>D 12 (5 d since first Ab detection)</td>
</tr>
<tr>
<td>C23</td>
<td>1.9 IU/ml</td>
<td>1.9 IU/ml</td>
</tr>
<tr>
<td>C24</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>C25</td>
<td>D 17 (10 d since first Ab detection)</td>
<td></td>
</tr>
<tr>
<td>C26</td>
<td>1.0 IU/ml</td>
<td>1.0 IU/ml</td>
</tr>
<tr>
<td>C27</td>
<td>1.0 IU/ml</td>
<td>1.0 IU/ml</td>
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<tr>
<td>C28</td>
<td>1.0 IU/ml</td>
<td>1.0 IU/ml</td>
</tr>
<tr>
<td>C29</td>
<td>D 17 (10 d since first Ab detection)</td>
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</tr>
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<td>2.0 IU/ml</td>
</tr>
<tr>
<td>C31</td>
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<td>2.0 IU/ml</td>
</tr>
<tr>
<td>C32</td>
<td>2.0 IU/ml</td>
<td>2.0 IU/ml</td>
</tr>
<tr>
<td>C33</td>
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</tr>
</tbody>
</table>
Annex 15 (contd)

<table>
<thead>
<tr>
<th>Animal No.</th>
<th>ELISA/RFFI titers at x days post-challenge</th>
<th>Day of Death (if died)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cᵢ 34</td>
<td>74 &gt;125 X 14 70 &gt;125 28 90 &gt;125 10</td>
<td>D 14 (7 d since first Ab detection)</td>
</tr>
<tr>
<td>Cᵢ 35</td>
<td>125 70 &gt;125</td>
<td>Survived</td>
</tr>
<tr>
<td>Cᵢ 36</td>
<td>125 X</td>
<td>D 12 (5 d since first Ab detection)</td>
</tr>
<tr>
<td>Cᵢ 37</td>
<td>68 X</td>
<td>D 14 (7 d since first Ab detection)</td>
</tr>
<tr>
<td>Cᵢ 38</td>
<td>84 X</td>
<td>D 15 (8 d since first Ab detection)</td>
</tr>
<tr>
<td>Cᵢ 40</td>
<td>&gt;125 X</td>
<td>D 14 (7 d since first Ab detection)</td>
</tr>
<tr>
<td>Cᵢ 41</td>
<td>&gt;125 X</td>
<td>D 15 (8 d since first Ab detection)</td>
</tr>
<tr>
<td>Cᵢ 42</td>
<td>&gt;125 X</td>
<td>D 14 (7 d since first Ab detection)</td>
</tr>
<tr>
<td>Cᵢ 43</td>
<td>&gt;125 X</td>
<td>D 14 (7 d since first Ab detection)</td>
</tr>
<tr>
<td>Cᵢ 44</td>
<td>70 X</td>
<td>D 12 (5 d since first Ab detection)</td>
</tr>
</tbody>
</table>

M = Data obtained from Manickam et. al. C = Data obtained from Cho & Lawson F = Data obtained from Fekadu n = Vaccine naïve dogs, V = Dog received vaccine after challenge with rabies virus, R = Dog received rabies immune globulin after challenge with rabies virus X = Dog died due to rabies virus infection

Box 1: Quantitative Assessment Comparing Type A Risk under Two Scenarios: 90-day versus 30-day Post-Titer Waiting Period

| STEP 1: Estimate Years Between Entry of Rabid Dog into UK under 90-day and 30-day Waiting Periods |
| PRₚₑᵗ = Probability of Rabies Entry under current PET Scheme (7.79 x 10⁻⁵) |
| YRₚₑᵗ = Years between entry of rabid dogs into United Kingdom |
| PR₉₀ = Probability of Rabies Entry under 90-day Waiting Period (9 x 10⁻⁵) |
| PR₃₀ = Probability of Rabies Entry under 30-day Waiting Period (16 x 10⁻⁵) |
| YR₉₀ = (PRₚₑᵗ * YRₚₑᵗ) / PR₉₀ = 11,738 years between entry of rabid dog into UK |
| YR₃₀ = (PRₚₑᵗ * YRₚₑᵗ) / PR₃₀ = 6,602 years between entry of rabid dog into UK |

| STEP 2: Estimate Number of Dog Entries between Rabid Dog Entries in the UK |
| ENTₚₑᵗ = Number of Dog Entries between Rabid Dogs under PET Scheme (617,028,552 dog entries) |
| ENT₉₀ = (ENTₚₑᵗ / YRₚₑᵗ) * YR₉₀ = 545,692,762 dog entries |
| ENT₃₀ = (ENTₚₑᵗ / YRₚₑᵗ) * YR₃₀ = 306,952,178 dog entries |

| STEP 3: Estimated Time Between Rabid Dog Entries for All Canine Rabies Free Countries |
| Assumption 1: 1,000,000 dog entries into the United States annually (Ref FRN) |
| Assumption 2: 85,000 dog entries into the UK annually (Ref Goddard) |
| Assumption 3: 1,055,000,000 people residing in canine rabies free countries |
| Assumption 4: Average rate of dog entry per capita is consistent across all canine rabies free countries |
| Assumption 5: Origin of dogs entering the UK is representative of dog origins for all canine rabies free countries |
| Average Rate of Dog Entry Per Capita = [(1,000,000 / 350,000,000 US residents) + (85,000 / 65,000,000 UK residents)] / 2 = 2.1 dog entries per year per 1,000 residents |
| Total Annual Global Dog Entries, All Canine Rabies Free Countries = .0021 * 1,055,000,000 = 2,230,328 |
| GLOBAL_YR₉₀ = (ENT₉₀ / 2,230,328) = 245 years between rabid dog entries, canine rabies-free countries (90-day wait period) |
| GLOBAL_YR₃₀ = (ENT₃₀ / 2,230,328) = 138 years between rabid dog entries, canine rabies-free countries (30-day wait period) |
Rationale 1: Serologic Evidence

Serologic studies in dogs which compare antibody production to development of clinical signs after RABV infection are rarely performed. Despite few formal studies, based on available data, “Few [unvaccinated] individuals have measurable neutralizing antibody on presentation with disease, although in many cases this develops as symptoms become more severe.” Evidence from relevant studies is presented here. All dogs represented by these studies would have been accurately assessed under a 30-day post-titer waiting period.

- A 2017 large-scale serological study showed that dogs were unlikely to pass OIE entry requirements when serum was drawn fewer than 7 days post-vaccination, and the highest probability of passing entry requirements occurred when serum was drawn 16 days post-vaccination (Figure 1).

- TYPE A RISK: A 1989 serologic study in which 34 dogs were vaccinated 6-hours after rabies virus challenge found that 16 dogs succumbed to RABV infection despite mounting an adequate immune response. However, these dogs died quickly, with death occurring 15 days after vaccination (range 12 – 20) and 8 days after the first detection of rabies virus antibody (range 5 – 13 days) (Table 1).

- TYPE B RISK: Several studies published serologic results in which 11 of 15 unvaccinated dogs died after RABV challenge. Only one of the 11 dogs that succumbed to challenge developed rabies antibody prior to death; this dog died within 7 days of first antibody production to the challenge virus (Table 1). The four surviving dogs developed a robust antibody response to vaccination, never developed clinical signs of rabies, and were DFA-negative 90-days post infection.

- Figure (2) summarizes data from 203 dogs inoculated with RABV as part of challenge studies. The aggregate data, across 30 studies, shows an average incubation period of 19 days post-challenge. Fewer than 5% of infected, unvaccinated dogs were alive after 30 days after exposure.

Dogs that are currently infected with RABV, apparently healthy, and vaccinated against RABV will have one of two fates: successful vaccination or death. Death among infected, vaccinated dogs has been reported to occur within 20 days post-vaccination and 13 days post-antibody detection, well within the proposed 30-day waiting period (Table 1). RABV salivary shedding in apparently healthy dogs has been reported as a concern for dog importation, however this is unfounded.

While serological studies after natural infection are not commonly performed in dogs, ample data exists from the human sector. Results confirm what has been reported in studies of dogs: RABV antibody due to natural infection are detectable only several days before overt onset of disease symptoms.

Rationale 2: Quantitative Risk Assessment

Several robust quantitative dog-entry risk assessments have been described, which define two types of Dog Entry Risk. Type A risk considers a pet that is incubating rabies at the time of primary vaccination, which then mounts an adequate immune response to vaccination but still develops rabies. Type B risk considers a pet that is incubating rabies at the time of first vaccination, which does not develop an adequate immune response to vaccination, and subsequently succumbs to RABV infection.

For both the current OIE Code and the proposed reduction to a 30-day post-titer waiting period, dogs are required to have proof of adequate titer prior to entry. With a high degree of certainty, dogs will develop a robust antibody response to high-quality rabies vaccine, with most dogs satisfying OIE titer requirements by 8 days post-vaccination. In certain situations, presumed to be late in the incubation period, dogs will succumb to RABV infection despite responding to vaccination. In these situations, dogs have shown to develop clinical signs and succumb to RABV-infection with a shorter incubation period: up to 20 days post-vaccination (up to 13 days post-vaccination for antibody detection). Dogs that develop an adequate titer, but are alive 20 days after vaccination, remain healthy. Therefore, quantitative risk models must consider this abbreviated viral pathogenesis; current models that assume the 38-day average incubation period should be revised, as this is not an accurate value to ascribe to the pathogenesis of the virus in a dog that undergoes vaccination.
Alternatively, when a dog does not respond to a high-quality vaccine (a rare event), and RABV antibodies are detected as a result of natural infection, the dog will develop clinical signs within several days. The Type B risk scenario is incredibly rare, and this risk is largely agreed to be negligible. A comparison of Type A and Type B Risk in relation to vaccination, antibody production, and waiting period prior to entry into a rabies free country are shown in Figure 1, based upon data presented in Table 1.

Previously described modeling methods to quantify potential Type A and Type B risk are robust. These studies considered an average incubation period reflective of unvaccinated dogs: 38 days. However, it is well-established that vaccination of RABV-infected dogs results in a more rapid progression to symptom onset; data presented here shows a maximum 20-day period from vaccination until death of the infected dog. Furthermore, all dogs died within 13 days of first detectable RABV antibody (average 8 days). Future modeling exercises should account for this early death among infected-vaccinated dogs.

Extrapolating the results from Goddard et al. and applying them to dog entry data reflective of all canine rabies-free countries, a single rabid dog would be expected to enter a canine rabies-free country every 138 years (1 rabid dog every 306,952,178 dog entries) under a 30-day waiting period, compared to every 245 years (1 rabid dog every 545,692,726 dog entries) under the current three-month waiting period (FRN and UK paper) (Box 2). Despite an increase in the Type A risk under a 30-day waiting period, the authors note that importations at this centennial scale represent “negligible” risk to rabies free countries.

The revised interpretation of the quantitative risk described here does not consider the impact of pet-owner compliance, which can have a significant influence on Type A risk (see Appendix 3). Goddard et al found that the Type A Risk was 20-fold increased when the Code compliance rate dropped by 10%. While there is no data available, it is highly likely that compliance with a 30-day waiting period would be superior to a three-month waiting period. Regulators should consider evaluating the impact of these revised parameters and compliance considerations, in the context of the full quantitative model.

**Rationale 3: Implications of non-Compliance**

Sociologic factors (i.e. dog owners and importers) must also be considered when determining appropriate dog importation requirements. Over the past 15 years, six rabid dogs have been imported into the United States; in each case falsification of importation documents was either confirmed or highly suspected. Similar findings have been reported from the European Union. Goddard et al reported that just a 10% reduction in regulatory compliance could result in a 20-fold increase in Type A risk. Requirements that make it unnecessarily difficult to import adequately vaccinated dogs are likely to result in decreased compliance, adding unnecessary risk of rabid dog importation into rabies-free countries. A number of reports of falsified documentation (rabies serology reports) have been discovered in recent years (since 2006). The current failures of dog importation requirements in the US and EU have not been attributed to Type A risk, but rather issues of poor compliance among dog importers.

**REFERENCES**


Position Statement on Oral Rabies Vaccination for Dogs

Title: Role of oral rabies vaccines for dogs in the elimination of dog-mediated human rabies deaths

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Abstract: Rabies is a viral zoonoses that causes an estimated 59,000 deaths globally, each year, primarily in low resource settings. The global reservoir for rabies virus responsible for nearly all human rabies deaths is the domestic dog. Numerous control measures have been successfully applied to eliminate dog-mediated human rabies deaths in upper income countries. Techniques to eliminate dog-mediated rabies are focused on population management, high levels of herd immunity through massive parenteral vaccination programs, accessible human rabies post-exposure prophylaxis, and education programs focused on bite prevention and wound treatment. There are numerous challenges to implementing these techniques in resource-poor settings; perhaps the greatest challenge is maintaining adequate herd immunity in free-roaming dog populations. Oral rabies vaccination of wildlife, another free-roaming animal population, has been successfully applied in numerous settings, for numerous species, excluding the domestic dog. Barriers to more standard inclusion of oral rabies vaccination as a tool to control dog-mediated rabies are described. It is the perspective of the World Organisation for Animal Health Rabies Reference Laboratory Directors, World Organisation for Animal Health Expert Committee on Dog Rabies Control, and World Health Organization Collaborating Centers network that there is a vital role for oral vaccines as a complementary tool in the global elimination of dog-mediated human rabies deaths.
A meeting of the OIE ad hoc Group on rabies (hereafter referred to as the Group) was held at the OIE Headquarters in Paris from 8 to 10 October 2019.

1. Opening and adoption of agenda and appointment of a chair and rapporteur

Dr Matthew Stone, Deputy Director General for International Standards and Sciences of the OIE, welcomed the Group. He thanked the experts for their availability and contribution to the work of the OIE and extended his appreciation to their institutes and national governments for allowing their participation in this meeting.

Dr Stone highlighted that one of the important amendments of Chapter 8.14. on Infection with rabies of the Terrestrial Animal Health Code (Terrestrial Code), adopted in May 2019 by the OIE World Assembly was the inclusion of a new article on OIE endorsed official control programme for dog-mediated rabies, and that this Group was tasked to draft a questionnaire for the application for the endorsement by the OIE of an official control programme for dog-mediated rabies.

Dr Stone pointed out that the overall objective of an OIE endorsed official control programme for dog-mediated rabies was internationally recognising Members’ national programmes to progressively assist in the control of the disease. He added that this international recognition would be a great incentive for countries to continue their elimination efforts and for decision makers to invest in rabies elimination. He noted that rabies is not a disease for which the OIE grants an official status, but publication of self-declared freedom from disease was a procedure offered by the OIE to increase transparency and visibility of Members’ self-declared animal health status.

Dr Stone noted the two other tasks of the Group, notably the discussions on oral rabies vaccination of dogs and the provisions for importation of dogs, cats and ferrets, and encouraged the Group to provide its recommendations based on their experience and scientific expertise.

Dr Gregorio Torres, Head of Science Department, also welcomed and thanked the Group for their commitment and introduced the Terms of Reference (ToR) and the draft agenda of the meeting. He reminded the Group of the confidentiality of documents and acknowledged that all experts had signed the forms for undertaking of confidentiality.

The meeting was chaired by Dr Gideon Brückner, and Dr Thomas Müller was appointed as rapporteur. The draft agenda was adopted by the Group.

The declared interests were reviewed by the OIE and the Group and it was agreed that none represented a potential conflict in relation to the ToR of the meeting.

The Agenda and list of participants are presented as Appendices I and II, respectively.
2. **Introduction to the OIE procedures for official recognition of disease status and for the endorsement of national official control programmes**

Dr Marija Popovic of the OIE Status Department gave a presentation on the two different OIE procedures available to OIE Members in terms of rabies: i) procedure for the publication of a self-declaration of a country or a zone; and ii) procedure for the endorsement of national official control programmes.

In relation to the procedure for official endorsement, she made note of Members’ obligation to annually reconfirm their progress made on the OIE endorsed official control programme in accordance with the provisions of the relevant disease chapter of the *Terrestrial Code*. She also highlighted the main roles of the questionnaire as follows: i) to provide guidance to Members on how to collect and compile documented evidence that supports demonstration of compliance with the requirements described in the *Terrestrial Code*; ii) to use as a tool to provide a standardised and transparent format to the submission and evaluation process; and iii) to ensure that information provided by Members adequately describes the animal health situation with regard to a particular disease, when submitting an application for official recognition of disease status or for the endorsement of national official control programmes.

It was highlighted that the questionnaire would be proposed to be published on the OIE website, and not in the OIE Terrestrial Code to allow its re-examination and amendment when necessary to ensure it remains up-to-date and fit for purpose as a tool for compilation and evaluation of applications by Members and experts, without the effort and timelines associated with the adoption process for amendments to texts of the *Terrestrial Code*.

Dr Lea Knopf provided a brief overview on World Health Organization’s (WHO) Generic Framework for the control, elimination and eradication of Neglected Tropical Diseases (NTD). It was developed in 2015 as part of the NTD roadmap which set regional and global targets for these diseases. The framework defines stages of countries from control, elimination of transmission (verification), elimination as a public health problem (validation) to eradication (certification) and formal WHO accreditation procedures associated with achieving elimination or eradication. Rabies is included in the list of NTDs and disease specific guidance for validation and a proposed approach for verification, jointly with OIE, is available in the 3rd WHO Rabies Expert Consultation on rabies. The OIE self-declaration of freedom from dog-mediated rabies would be an important pillar for verification. WHO additionally would need assurance on continued availability of post-exposure prophylaxis and surveillance.

3. **Questionnaire for the application for the endorsement by the OIE of an official control programme for dog-mediated rabies**

A draft questionnaire was prepared by the OIE Secretariat based on the existing questionnaires for the OIE endorsed official control programmes for FMD, CBPP and PPR, annex 14 of the 3rd WHO Rabies Expert Consultation on rabies and Article 8.14.11. of the *Terrestrial Code*.

The Group noted that the inclusion of rabies in the list of diseases for which the OIE endorses the national official control programmes responds to Members’ requests and should support their efforts to eliminate dog-mediated rabies in line with the Global Strategic Plan to End Human Deaths from Dog-mediated Rabies by 2030.

The Group proposed to add an introductory paragraph to the questionnaire stating that the purpose and overall objective of an OIE endorsed official control programme for dog-mediated rabies is an incentive for Members to progressively improve their public health situation related to dog-mediated rabies, and to enable them to eventually make a self-declaration as a country or zone free from dog-mediated rabies.

The Group proposed four sections for the questionnaire:

3.1. **Introduction**

In this section, Members should provide detailed information on the human and dog demographics relevant to the spread of rabies virus in dogs (i.e. population size, distribution, human:dog ratio, etc.).

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1. [https://apps.who.int/iris/bitstream/handle/10665/272364/9789241210218-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/272364/9789241210218-eng.pdf)
3.2. Governance of the national control programme for dog-mediated rabies

Given the zoonotic nature and specificities of rabies, the Group underlined the importance for Members to identify all competent authorities involved in the supervision, control, enforcement and monitoring of rabies-related activities. Evidence should be provided on the involvement, collaboration and commitment of all key authorities (e.g. Veterinary Services, human health authorities and other competent authorities).

The Group discussed the differences in rabies governance structures among Members. Their roles and the responsibilities of all competent authorities should be clearly described in the national control programme. Members should also list the legal framework that supports the rabies control and elimination activities.

3.3. Current status and control of dog mediated rabies

This section should include information on the following:

a) Epidemiology

Members should demonstrate a good understanding of the epidemiology of the disease by describing the spatial and temporal rabies situation of at least the past five years, making references to the existing knowledge and knowledge gaps. Understanding of the epidemiological situation in the surrounding countries should also be provided.

b) Surveillance

Members should provide documented evidence that surveillance for rabies in the country complies with provisions of the Terrestrial Code. In line with the provisions for country or zone free from dog-mediated rabies, Members should provide information on the number of suspected and confirmed animal and human cases and the number tested negative for at least the past 24 months. Members are also encouraged to provide information on the dog-bite incidents and number of people that receive post-exposure prophylaxis.

c) Rabies diagnosis

Members should demonstrate their laboratory capacity to conduct diagnostic tests in line with the recommendations of the Terrestrial Manual. It was also noted that if rabies laboratory tests were not carried out in the country, evidence should be provided to demonstrate prompt access to laboratory testing via facilities in other countries.

d) Dog-mediated rabies control strategy

Members should describe each of the components of the current dog-mediated rabies control strategy.

With regards the vaccination programme, Members should provide information on the vaccination strategies, and on the results of the vaccination campaigns during the last 24 months. The Group highlighted that information on the vaccines used, including the registration and licensing process, and evidence on their compliance with Chapter 3.1.17. of the Terrestrial Manual is essential.

With regard to dog population management, the Group was informed that an OIE ad hoc Group was planned to take place to amend Chapter 7.7. of the Terrestrial Code and it was recommended to ensure harmonisation of the questionnaire and the amended chapter.

The Member’s dossier should also describe the measures implemented to prevent reintroduction of rabies, including the requirements for importing susceptible animals.

e) Case investigation procedures

Members should describe their procedures to investigate suspected or confirmed rabies cases in humans and animals.
f) National and international collaboration

The Group emphasised the importance of intersectoral collaboration following the One Health Approach. Members should describe the existing coordination mechanisms between the relevant competent authorities and the private sector at national and international level. Members should demonstrate their active role in coordination activities with neighbouring countries and other countries within their region.

g) Rabies awareness and education programmes

Members should describe their awareness campaigns, training and education programmes on rabies, responsible dog ownership and dog bite prevention, by highlighting the targeted audience and how the awareness and education programmes are coordinated with other competent authorities.

3.4. Work plan, timelines and budget of the official control programme for dog-mediated rabies for the next five years

The Group emphasised the importance of providing information on the work plan, timelines and budget of the control programme as well as defining performance indicators for the next five years. To assist Members in collating this information, the Group agreed to include a reference to examples of tools and resources available in the public domain\(^2\) for planning. It was also pointed out that Members should provide in their annual reconfirmation sound evidence to demonstrate positive progress along the OIE endorsed official control programme and with favourable results in the established performance indicators.

Throughout the questionnaire, the Group aligned the terminology to ensure consistency with the *Terrestrial Code* and particularly with Chapter 8.14., Chapter 7.7. and the Glossary.

The Group advised Members to provide maps, figures and tables wherever possible to facilitate the evaluation process.

4. Rabies oral vaccination for dogs

The Group considered a discussion paper on dog oral rabies vaccination drafted by two members of the Group prior to the meeting.

The objective of the discussion paper was to review the state of play and strategic challenges that are impeding the use of oral rabies vaccination in the field as a complementary measure to improve the overall rabies vaccination coverage.

The Group noted that the elimination of canine rabies from countries to date, was achieved through parenteral vaccination of dogs and emphasised that parenteral vaccination should remain the foundation of any dog-mediated rabies elimination programme. However, it was also recognised that the methods that were successful in eliminating canine rabies from these countries may not be easily replicated in all countries. In some circumstances, accessing certain dog populations (e.g. stray dogs) may be resource demanding posing a challenge to some countries to reach an appropriate dog population immunity, sufficient to break the cycle of virus transmission.

The Group emphasised the need to understand the role of dog populations with limited accessibility to parenteral vaccination in the epidemiology of rabies. It was agreed that, if those populations play a minor role in the epidemiology of the disease, it is more cost-effective from the disease control point of view, to concentrate efforts on parenteral vaccination in the population strata that play a major role in the epidemiology of the disease.

The confusing landscape of existing guidance documents and perspectives with regard to oral rabies vaccination of dogs was noted. The Group extensively discussed the factors impeding utilisation of oral vaccines in dog vaccination programmes, and how to assuage important uncertainties.

\(^2\) [https://caninerabiesblueprint.org/?lang=en](https://caninerabiesblueprint.org/?lang=en)
4.1. Efficacy and safety of oral rabies vaccines

The Group highlighted the importance of conducting and publishing benchmark immunogenicity studies in dogs to demonstrate efficacy of oral rabies vaccines currently licensed for wildlife.

Considering the similar immunological characteristics of dog populations across countries, the Group emphasised that the results of the immunogenicity studies conducted in one country should be considered valid in other countries.

The Group took note of the existence of technically complex guidelines for regulatory purposes, and the absence of easily readable documents for policy makers and rabies control programme managers. The Group acknowledged the need to provide guidance on how policy makers should interpret safety evaluation studies of already licensed oral rabies vaccines for wildlife.

Despite the current challenges, the Group also acknowledged the existence of several vaccines already licenced for wildlife by regulatory bodies in North America and Europe that could be considered good candidates to conduct field trials in dogs for safety and efficacy.

4.2. Licensure of oral rabies vaccines

Vaccine licensure was identified as one of the major challenges in conducting immunogenicity studies and field trials in dogs. These trials were considered crucial to demonstrate fitness for purpose of oral rabies vaccination as a supplementary tool.

The Group noted that vaccine licensure is not a globally harmonised process and licensure in one country may not be acceptable to another country. Despite the difficulties, the Group acknowledged that some countries in Asia and Africa were making good progress in obtaining a conditional license by national regulatory bodies that may allow proof-of-concept studies and implementation of field trials. The Group encouraged those countries that have done field trials to share the results as soon as they become available.

The Group recommended that the OIE continue its efforts to promote the concept of vaccine regulatory convergence to Members to also facilitate the licensure of oral rabies vaccines for public health importance.

4.3. Capacity for oral rabies vaccines and cost

The Group discussed the current absence of oral vaccine baits for use in dogs manufactured at an amount sufficient to supply large scale dog vaccination programmes. A lack of demand from national dog rabies elimination programmes may limit the production capacity and thus keep the cost high. However, the Group noted that the production and cost would probably adapt to the vaccine demand should dog oral rabies vaccines be increasingly used.

4.4. Role of oral rabies vaccine in a vaccination programme

Vaccination programmes should be designed using fit-for-purpose vaccination methodology and should take into consideration the dog population and the capacities of the vaccination teams.

New tools have been developed to aid in the design of cost-effective rabies elimination programmes, with special consideration to the role and cost of alternative vaccination methods like oral rabies vaccination. The Group encouraged countries to make use of the existing tools to define the best vaccination strategy that would ensure adequate vaccination coverage.

The Group agreed to review the draft discussion paper after the meeting and proposed to circulate it among the OIE Reference Laboratories for rabies before presenting it to the Scientific Commission for Animal Diseases at its February 2020 meeting.

The Group also strongly suggested the drafting of an article on oral dog rabies vaccination for publication in the OIE Bulletin.
5. Article 8.14.7. Recommendations for importation of dogs, cats and ferrets from countries considered infected with rabies

The Group was briefed on the divergent views between the Specialist Commissions, the 2017 ad hoc Group on rabies and the comments submitted by some Members during the last revision of the article on the timeframe for vaccination, testing and shipment of dogs prior to importation from infected countries.

The Group was requested to provide its expert opinion on the likelihood of vaccinated animals with positive antibody titres incubating the disease and thus posing a risk to importing countries.

The Group considered the scientific rationale provided by some Members and extensively discussed the existing scientific evidence regarding vaccination, immune response, and risk of introduction of rabies. The Group made reference to the scientific literature cited in its 2017 report 3.

The Group reiterated that there is enough scientific evidence to demonstrate that dogs vaccinated with high quality vaccines and tested one month after vaccination with a positive result of at least 0.5 IU/ml should be considered safe for importation.

It was agreed that the great majority of rabid dogs die before eliciting a measurable immunological response (i.e. antibodies). In the case of apparently healthy dogs infected with rabies virus showing antibodies (which the Group considered as an extremely rare occurrence), they would certainly exhibit clinical signs and die within the proposed 30 days period. Thus, the presence of antibodies in a healthy dog one month after vaccination can only demonstrate that the dog had been vaccinated with a high-quality vaccine.

The Group commented that the current provisions of Article 8.14.7. were more likely based on the results of a model that used theoretical parameters, and therefore was not based on current scientific evidence.

The Group indicated that facilitating safe movement of dogs from infected countries, by reducing the time between vaccination and shipment, may also be an incentive to comply with the provisions of the article.

The Group requested subject-matter expert to conduct a literature review to compile the existing evidence to support its view on the unlikelihood that dogs with positive antibody titres may be incubating the disease.

Finally, the Group noted that since the evidence considered in reviewing the article was specific to dogs, if the Specialist Commissions take forward the recommendation to adjust the time period for vaccination and demonstration of a protective titre prior to importation, specific consideration should be given to whether this change should also apply to the other species currently covered by Article 8.14.7 (i.e. cats and ferrets).

6. Finalisation and adoption of the draft report

The Group reviewed and amended the preliminary draft report provided by the rapporteur. The Group agreed that the report would be subject to a short period of circulation in the Group for comments before the final adoption.

3 Rupprecht et al., 1990; Aubert, 1992; Shimazaki et al., 2003; Muirhead et al., 2008; Brown et al., 2011; Wallace et al., 2017
MEETING OF THE OIE AD HOC GROUP ON RABIES

Paris, 8–10 October 2019

Agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Introduction to the OIE procedures for official recognition of disease status and for the endorsement of national official control programmes
4. Draft the questionnaire for the application for the endorsement by the OIE of an official control programme for dog-mediated rabies
5. Rabies oral vaccination for dogs
6. Importation of dog, cats and ferrets from countries considered infected with rabies
7. Finalisation and adoption of the draft report
# Appendix II

**MEETING OF THE OIE AD HOC GROUP ON RABIES**

*Paris, 8–10 October 2019*

### List of participants

#### MEMBERS

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<tr>
<th>Name</th>
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<td>Gideon Bruckner</td>
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<td>Marco Antonio Natal Vigilato</td>
<td>OIE Collaborating Centre for Veterinary Public Health</td>
<td>EL SALVADOR</td>
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<td>Thomas Müller</td>
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<td>Lea Knopf</td>
<td>Consultant at the Neglected Zoonotic Diseases Department, World Health Organisation</td>
<td>SWITZERLAND</td>
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#### OBSERVERS

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<tr>
<td>Sean Shadomy</td>
<td>Veterinary Epidemiologist, Food and Agriculture Organization of the United Nations - FAO</td>
<td>ITALY</td>
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<tr>
<td>Dr Min Kyung Park</td>
<td>Deputy Head of the Status Department</td>
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<td>Dr Marija Popovic</td>
<td>Chargée de mission, Status Department</td>
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#### SPECIALIST COMMISSION

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<tr>
<td>Baptiste Dungu</td>
<td>CEO - Onderstepoort Biological Products</td>
<td>SOUTH AFRICA</td>
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MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF CLASSICAL SWINE FEVER STATUS OF MEMBERS

Paris, 22 – 24 October 2019

A meeting of the OIE ad hoc Group on the Evaluation of Classical swine fever (CSF) Status of Members (hereafter the Group) was held at the OIE Headquarters from 22 to 24 October 2019.

1. Opening

Dr Matthew Stone, Deputy Director General for International Standards and Sciences of the OIE, welcomed the Group. He thanked the experts for their availability and contribution to the work of the OIE and extended his appreciation to their institutes and national governments for allowing their participation in this meeting. Dr Stone acknowledged the amount of work before, during and after the ad hoc Group meeting in reviewing the dossiers and thanked the Group for its commitment and its support towards the OIE in fulfilling the mandates given by Members.

Dr Stone highlighted the importance of the quality of the report to be scrutinised by Members before adopting the proposed list of countries free from CSF. He also encouraged the Group to continue providing detailed feedback to countries with a negative outcome to support them in identifying the main gaps and points for improvement, as well as providing informative recommendations to those countries with positive outcomes for further improvement in maintenance of their CSF free status.

Dr Stone highlighted the sensitivity and confidentiality of the dossiers received for official recognition and thanked the experts for having signed the forms for undertaking of confidentiality. He also mentioned that if any members of the Group had any conflict of interest in the evaluation of a dossier, the expert(s) should withdraw from the discussions and decision making of the particular application.

Dr Stone mentioned the current animal health situation of African swine fever (ASF) and informed the Group on a global initiative to control the disease launched by the OIE in collaboration with the FAO earlier this year. Whilst ASF and CSF are two different diseases, he pointed out the similarities in terms of the common biosecurity and activities for the prevention and control.

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

The Group was chaired by Dr Vitor Gonçalves. Dr Trevor Drew acted as rapporteur, with the support of the OIE Secretariat. The Group endorsed the proposed agenda.

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

3. Evaluation of requests from Members for official recognition of a CSF free country status

a) Croatia

In August 2019, Croatia submitted a dossier for the official recognition of its CSF free status.

The Group requested additional information and received clarification from Croatia.
i. **Animal diseases reporting**

The Group acknowledged that Croatia had a record of regular and prompt animal disease reporting and that CSF was a notifiable disease in the country as per legislation. The Group appreciated that in 2019 enhanced passive surveillance for CSF was implemented through mandatory reporting and laboratory investigation of all swine deaths and abortions and that penalties were in place for failure to report CSF suspect cases. The Group also noted that regular trainings on early detection of diseases including CSF had been organised at least once a year for private veterinarians. In addition, numerous workshops and meetings on biosecurity measures for CSF prevention were held in the last two years for hunters and pig producer associations, complemented by distribution of relevant leaflets to all pig farmers. The Group acknowledged that the awareness programme appeared to be both comprehensive and broad in scope, covering all relevant sectors, and organisation of such activities was supported by the Croatian Veterinary Statutory Body.

ii. **Veterinary Services**

The Group appreciated the information on demographics and distribution of pig population presented in tables and maps by county, farm density and age category. The Group noted that registration of all pig farms keeping one or more pigs, as well as registration and identification of all pigs at group level by ear tag or tattoo was mandatory in Croatia. All pig movements had to be notified to the Veterinary Services and accompanied by an animal heath certificate issued by an authorised private veterinarian following inspection at farm of origin. Pig movements were registered in the “Central Register of Domestic Animals” database managed by the Croatian Agricultural Agency, which was delegated through contract by the Ministry of Agriculture. The Group appreciated that Croatia transparently described the illegal movements of pigs within and into the country detected in the last 24 months and that appropriate follow-up actions were taken.

Croatia presented estimates on its wild boar population by county, which was based on data derived from hunting. The Group noted that wild boar (*Sus scrofa L.*) were distributed in 974 hunting grounds as game species and 11 designated fenced hunting grounds for breeding purposes. The Group noted good collaboration in place with hunter associations.

An annual report on pig production covering all sectors in Croatia was made available by the country, which provided ancillary evidence of the strong industry engagement.

Overall, the Group considered that the Veterinary Services were well structured and organised, had knowledge and authority over domestic pig herds and 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 acknowledged that the last CSF outbreak in Croatia was recorded in 2008.

iv. **Absence of vaccination in the past 12 months**

The Group acknowledged that vaccination against CSF had ceased in Croatia in 2005 and was prohibited since then as per legislation.

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

The Group noted that in addition to enhanced passive surveillance, a continuous risk based active surveillance programme had been implemented in Croatia since 2009. The surveillance strategies included, among others, serological testing of pigs in high risk areas and virological surveillance of clinical suspect cases and dead animals.
The Group appreciated the detailed description provided by Croatia on how CSF suspicions were followed up to exclude CSF and reach a final differential diagnosis. The Group noted that positive serological findings were treated as CSF suspect cases, even in the absence of clinical signs or epidemiological links and restrictions would apply. Samples with seropositive results are sent to an OIE Reference Laboratory for CSF for further testing. The Group noted that the last seropositive results were detected in wild boar in 2015 and appropriate follow-up actions were taken to rule out CSF by further serological and virological testing.

The Group acknowledged that Croatia had a national reference laboratory accredited to ISO 17025 for CSF diagnosis, which participated annually in inter-laboratory proficiency tests for CSF organised by an OIE Reference Laboratory.

The Group concluded that a comprehensive surveillance system for CSF was in place in Croatia.

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

The Group noted that Croatia imported pigs and pig products from countries not officially recognised as free from CSF by the OIE. The Group acknowledged that such imports were carried out in compliance with the requirements of the Terrestrial Code.

The Group acknowledged that swill feeding was prohibited in Croatia as per legislation in all types of pig farms and that compliance was monitored annually through farm visits for inspection of biosecurity measures in place by authorised veterinarians.

The Group noted that legislation describing strong biosecurity infrastructure and procedures was in place. In the additional information provided, Croatia reported that 63,710 farms had been inspected for this purpose during the last six months and that in 50% of farms keeping 35% of the total pig population, the level of biosecurity measures was found to be low. The Group appreciated that in such farms additional measures were implemented, that included clinical examinations prior to movements and on-farm slaughtering for personal consumption.

The Group noted that two simulation exercises had been organised in 2015 and 2016 by the Ministry of Agriculture and Croatian Veterinary Institute with the participation of veterinarians, veterinary inspectors and laboratory employees. In addition, a contingency plan with regard to detection, control and eradication of CSF was provided by the country. The plan as well as related guidelines and procedures to be followed in case of a CSF suspicion, accompanied by relevant forms, were also available on the official website of the Veterinary Service.

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 serological and virological surveillance was conducted in wild pigs, benefiting from financial incentives for reporting dead wild boar, and the results were presented in graphs. The Group noted that samples of wild boars tested positive to CSF antibodies had been further analysed using RT-PCR and Virus Neutralisation Test (VNT) and were concluded negative for infection with CSF virus. The Group appreciated that additional sampling was also carried out in counties where seropositive wild boars had been hunted.

The Group noted that legislation was in place stipulating biosecurity measures for preventing contact of domestic pigs with wild boars, according to which all pigs had to be kept on registered farms. In case of an outdoor keeping system, farms had to establish a double fence.
viii. Compliance with the questionnaire in Article 1.9.1.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.9.1. and appreciated the comprehensive information presented in the dossier.

Conclusion

Considering the information submitted in the dossier and the answers from Croatia to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2. and the questionnaire in Article 1.9.1. of the Terrestrial Code. The Group therefore recommended that Croatia be recognised as a CSF free country.

b) Kazakhstan

In August 2019, Kazakhstan submitted a dossier for the official recognition of its CSF free status.

The Group requested additional information and received clarification from Kazakhstan.

i. Animal disease reporting

The Group noted that Kazakhstan had a record of regular and prompt animal disease reporting and that CSF was notifiable in the country as per legislation.

The Group noted that there were arrangements in place for training and awareness activities, conducted on infectious pig diseases, attended by veterinarians, pig producers and farmers. Considering the low numbers of the CSF suspect cases reported, the Group recommended that more active training activities should be conducted among veterinarians and pig producers to improve reporting. The Group appreciated that there was a system in place for compensation for pigs slaughtered for official disease control purposes.

ii. Veterinary Services

The Group appreciated the comprehensive information provided on demographics of domestic and wild pig population and noted that pig production was concentrated in the northern and central regions.

The Group took note of the comprehensive animal identification and movement control system in place. An online system was in place since 2013 containing information on animal identification, owners of animals, animal movements and health. Given the complexity of the animal identification and registration system in Kazakhstan, the Group was concerned about its actual level of implementation and enforcement. The Group appreciated sharing of the final report of the OIE PVS follow-up mission conducted in 2018. The Group acknowledged that the movement control of animals was associated with the movement control between foot and mouth disease free zones with different statuses, which provided additional guarantee of the effectiveness of the measures implemented.

iii. Situation of CSF in the past 12 months

The Group acknowledged that CSF had never been reported in the country and that Kazakhstan was, therefore, eligible to claim historical freedom from CSF as described in Article 1.4.6. of the Terrestrial Code.

iv. Absence of vaccination in the past 12 months

From the information in the dossier, the Group was informed that vaccination had been never carried out in Kazakhstan. The Group took note that a vaccine for CSF was registered in Kazakhstan for use in case of an outbreak. Kazakhstan reported that vaccination against CSF was not allowed in the country.
v. **Surveillance for CSF and CSF infection in accordance with Articles 15.2.26. to 15.2.32.**

The Group noted that passive surveillance was in place in Kazakhstan. Kazakhstan provided the number of suspicions reported through passive surveillance and the Group noted that all suspicions were followed up by further investigation including laboratory testing to rule out CSF.

The Group took note of the annual serological survey in place for domestic and wild pigs. The Group noted that all samples were tested using ELISA (antibody and antigen) and RT-PCR. In response to the Group’s request, Kazakhstan provided additional information on the follow up investigations on the farms of origin and their geographical distribution, including the preventive measures taken on the farms with seropositive animals prior to obtaining the results of the confirmatory laboratory tests.

The Group was informed that an annual monitoring programme of shot wild boar was conducted in high-risk areas in collaboration with hunters’ associations. Samples collected through this programme (spleen, lymph nodes, tonsil, kidneys) were investigated using real-time PCR.

Kazakhstan informed that all animals intended for slaughter were clinically examined ante- and post-mortem by veterinary inspectors. The Group noted that sampling would be carried out in slaughterhouses for laboratory testing in case of CSF suspicions. Kazakhstan reported that there were no CSF suspect cases detected at the slaughterhouses.

Whilst all laboratories involved in CSF diagnosis were accredited in accordance with ISO 17025:2007, it was unclear whether the accreditation was specifically for CSF. From the additional information received, the Group was informed that the accreditation of laboratory methods was on-going and would be finalised by the end of 2019.

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

The Group took note of the comprehensive list of legislation relevant to prevention, detection and response to CSF and other diseases.

The list of countries from which Kazakhstan imported pigs and their products included some which were not officially recognised free from CSF by the OIE. The Group acknowledged that the import conditions from such countries were compliant with the relevant articles of Chapter 15.2. of the Terrestrial Code.

Kazakhstan claimed that the entire border with certain neighbouring countries was fenced, thus providing an artificial barrier to reinforce the control of potential illegal movement of animals and migration of wildlife.

The Group noted that the use of food waste for feeding pigs was prohibited as per legislation. From the additional information received from Kazakhstan, it was noted that the veterinarians were conducting regular farm visits to verify the on-farm compliance with the prescribed legislation, but also to increase awareness of farmers on the prohibition of feeding food waste to pigs.

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

The Group noted the arrangements in place with the Committee of Forestry and Hunters, concerning surveillance in wild boar. The Group was informed that a regulation was in place describing the requirements for confinement of domestic pigs, and for keeping captive or semi-free ranging animals. The Group also took note that this legislation recognised keepers as responsible persons in preventing the contact between captive and semi-free ranging domestic animals with wild animals.
Kazakhstan reported that pigs were kept in facilities approved by the Veterinary Services. The Group noted that these facilities were surrounded by a two-metre fence to prevent any uncontrolled movement of people and animals, as well as contact between domestic pigs with wild and feral pig populations.

viii. Compliance with the questionnaire in Article 1.9.1.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.9.1.

Conclusion

Considering the information submitted in the dossier and the answers from Kazakhstan to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 15.2, Article 1.4.6. and with the questionnaire in Article 1.9.1. of the Terrestrial Code. The Group therefore recommended that Kazakhstan be officially recognised as a CSF free country.

The Group recommended that information on the following be submitted to the OIE when Kazakhstan reconfirms its CSF status (also detailed in the relevant sections above):

- Documented evidence on the implementation and enforcement of the animal identification and registration system;
- Documented evidence on awareness campaigns carried out aimed at pig producers and increase in number of reported suspected cases;
- Participation in international ring trials to demonstrate on going competency in diagnosis, and provision of current ISO17025 certification for laboratories involved in the testing and investigation of CSF suspect cases.

c) Malta

In August 2019, Malta submitted a dossier for the official recognition of its CSF free status.

The Group requested additional information and received clarification from Malta.

i. Animal disease reporting

The Group acknowledged that Malta had a record of regular and prompt animal disease reporting and that CSF was a notifiable disease in the country as per legislation since 2002. The Group appreciated that Malta had set up an on-farm emergency service with the aim to provide 24-hours veterinary assistance to farmers responding to notification of disease suspicions or requests for emergency slaughter.

In addition, the Group noted that the training programme on contingency planning for transboundary animal diseases was being updated on an annual basis in the country and that awareness activities (e.g. training on emergency preparedness, production of leaflets and posters) had been conducted in the last two years for transboundary diseases, which included African swine fever but not CSF. The Group recommended Malta to carry out more CSF specific awareness activities aimed at pig producers.

ii. Veterinary Services

The Group noted that registration of all pig farms and pigs was mandatory including those kept as pets. Malta described three types of farms in the country (breeding, breeding and fattening and fattening only) and reported that all farms were considered commercial and no backyard farms were present in the country. The Group acknowledged that Malta was implementing a group traceability system using ear tags or tattoos. Individual pig identification was specifically carried out in animals kept for breeding purposes and as pets. The Group took note that only few cases of unregistered pigs kept as pets had been detected in the last three years and appreciated the follow-up actions taken upon their detection.
The Group noted that all pig movements, including for temporary purposes (e.g. fairs, exhibitions), had to be authorised by the Veterinary Services following the submission of an application for transfer and subsequent issuance of a movement permit. Movements were registered in the National Livestock Database, which was connected to the database maintained in abattoirs to ensure aggregation of information from slaughters.

The Group acknowledged that neither wild boars, feral pigs nor captive wild pigs were present in Malta.

The Group concluded that the Veterinary Services had knowledge and authority over domestic pig herds.

iii. Situation of CSF in the past 12 months

The last CSF outbreak in Malta was recorded in 1967. Therefore, Malta was eligible to claim 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 had not been carried out in Malta at least since 1978 and was prohibited since 1989 as per legislation. In addition, no CSF vaccines were either registered or authorised by Malta’s Veterinary Service.

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

The Group noted that passive surveillance had been conducted through ante- and post-mortem inspections at abattoirs as well as clinical examinations in farms. Whilst pathogen-specific surveillance was not mandatory according to Article 1.4.6. of the Terrestrial Code, the Group acknowledged that active serological surveillance had also been carried out, comprising regular testing of sows slaughtered over a five-month period each year and an intense two-month surveillance period with testing of all pigs slaughtered, aiming to detect a prevalence of at least 1% within the slaughtered population with 95% confidence.

While 93 emergency visits related to pigs were conducted in the framework of the on-farm emergency service the past three years, the Group noted that during this time no CSF suspect cases had been reported. The Group acknowledged the challenges of generating suspicions through surveillance implemented in healthy small populations and encouraged Malta to incorporate CSF in their awareness campaigns to increase the sensitivity of its surveillance system.

The Group noted that CSF antibody ELISA tests were performed in the National Veterinary Laboratory which was formally accredited to ISO 17025. The Group was informed of Malta’s plan to include this test in the 2020 audit for accreditation.

The Group took note of the arrangements in place with another competent laboratory for confirmatory testing in case of positive serological results. Considering that testing for virus as well as antibody is essential for diagnosis of infection at an early stage, the Group encouraged Malta to maintain the arrangements with this laboratory and to directly send any samples from suspect cases for virus detection.

The Group noted that in September 2019 Malta had participated in an inter-laboratory proficiency testing and was planning to participate in another one organised by an OIE Reference Laboratory in November 2019.

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

The Group acknowledged that Malta was part of a regional animal health network and had participated in regular meetings aimed at risk information sharing between the network members.
While the Group noted that a simulation exercise only for FMD had been performed in 2018, it was acknowledged that the exercise had a broader scope covering general aspects of a contingency plan, such as biosecurity, epidemiological investigation, and culling and disposal of animals.

From the additional information provided, the Group noted that Malta implemented the conditions prescribed by the European Union (EU) legislation with regard to importation of pigs and pig products and therefore only pigs and pig products acceptable to EU countries were allowed into the country. The Group concluded that the importation conditions complied with Articles 15.2.8 to 15.2.21. of the Terrestrial Code.

The Group acknowledged that collection, transport and use of food waste for feeding pigs was prohibited as per legislation. Compliance with this legislation was monitored during farm visits through visual inspection of the premises, feeding system and type and quantity of feed purchased, as well as at abattoirs during post-mortem examination through inspection of gastric contents.

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 neither wild boars, feral pigs nor captive wild pigs were present in Malta.

viii. Compliance with the questionnaire in Article 1.9.1.

The Group agreed that the submitted dossier was compliant with the format of the questionnaire in Article 1.9.1. and appreciated the concise presentation of information in the dossier.

Conclusion

Considering the information submitted in the dossier and the answers received from Malta to the questions raised, the Group considered that Malta’s application was compliant with the requirements of Chapter 15.2., Article 1.4.6. and with the questionnaire in Article 1.9.1. of the Terrestrial Code. The Group therefore recommended that Malta be officially recognised as a CSF free country.

The Group assessed requests from two Members for the official recognition of a CSF free status and concluded that the applications did not meet the requirements of the Terrestrial Code. The dossiers were referred back to the respective applicant Members.

4. Evaluation of a request from a Member for official recognition of a CSF free zone status

The Group assessed a request from a Member for the official recognition of a CSF free zone status and concluded that the application did not meet the requirements of the Terrestrial Code. The dossier was referred back to the respective applicant Member.

5. Other matters

Concerning information on the surveillance of wild and feral pig populations, many countries with Suida other than Sus scrofa gave greater focus to the former (non-Sus scrofa Suida) rather than the latter (Sus scrofa). Since other Suida are considered not to play any significant role in the epidemiology of CSF, the Group suggested that this could be clarified in the questionnaire.

The Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Article 1.1.5.2) states that laboratories seeking accreditation of testing, the use of ISO/IEC 17025 or equivalent is essential. Since such accreditation is subject to ongoing assessment and renewal, the Group requested that the Scientific Commission for Animal Diseases consider whether, as part of the annual reconfirmation, countries holding official freedom status for CSF (and other diseases), should provide a current certificate of accreditation for their national laboratory (or other laboratory, if other arrangements are in place), in respect of tests for that disease. This would provide ongoing assurance to trading partners of ongoing accuracy of testing associated with surveillance and investigation.
6. Adoption of report

The *ad hoc* Group reviewed and amended the draft report. 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.

……/Appendices
Appendix I

MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION OF CLASSICAL SWINE FEVER (CSF) STATUS OF MEMBERS
Paris, 22 – 24 October 2019

Terms of Reference

The OIE ad hoc group on classical swine fever (CSF) status of Members (the Group) is expected to evaluate the applications for official recognition of CSF free status received from Members in accordance with the Standard Operating Procedure for official recognition of disease status.

This implies that the experts, members of this Group are expected to:

1. Sign off the OIE Undertaking on Confidentiality of information, if not done before.

2. Complete the Declaration of Interests Form in advance of the meeting of the Group and forward it to the OIE at the earliest convenience and at least two weeks before the meeting.

3. Evaluation of requests from Members for official recognition of a CSF free country status.

   a) Before the meeting:

      • read and study in detail all dossiers provided by the OIE;
      • take into account any other information available in the public domain that is considered pertinent for the evaluation of dossiers;
      • summarise the dossiers according to the Terrestrial Animal Health Code requirements, using the form provided by the OIE;
      • draft the questions whenever the analysis of the dossier raises questions which need to be clarified or completed with additional details by the applicant Member;
      • send the completed form and the possible questions to the OIE, at least one week before the meeting.

   b) During the meeting:

      • contribute to the discussion with their expertise;
      • withdraw from the discussions and decision making when possible conflict of interest;
      • provide a detailed report in order to recommend, to the Scientific Commission for Animal Diseases, the country(ies) or zone(s) to be recognised (or not) as CSF free and to indicate any information gaps or specific areas that should be addressed in the future by the applicant Member.

   c) After the meeting:

      • contribute electronically to the finalisation of the report if not achieved during the meeting.
MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION OF CLASSICAL SWINE FEVER STATUS OF MEMBERS
Paris, 22-24 October 2019

Agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Evaluation of requests from Members for official recognition of a CSF free country status
   • Croatia
   • Kazakhstan
   • Malta
4. Evaluation of a request from a Member for official recognition of a CSF free zone status
5. Other matters
6. Adoption of report
## MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION OF CLASSICAL SWINE FEVER STATUS OF MEMBERS

Paris, 22-24 October 2019

### List of participants

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A meeting of the OIE ad hoc Group on the Evaluation of Foot and Mouth Disease (FMD) Status of Members (hereafter the Group) was held at the OIE Headquarters from 05 to 07 November 2019.

1. Opening

Dr Matthew Stone, Deputy Director General for International Standards and Science of the OIE, welcomed the Group. He thanked the experts for their contribution and support to the OIE activities and extended his appreciation to their institutes and national governments for allowing their participation in this meeting. He acknowledged the amount of work done before, during, and after the ad hoc Group meeting as well as the time and efforts required in reviewing the applications.

Dr Min-Kyung Park, Deputy Head of the Status Department, thanked the experts for having signed the forms for undertaking of confidentiality and declaration on potential conflicts of interest related to the mandate of the Group. She confirmed that the potential conflict of interest in the evaluation of one of the applications declared by an expert would be managed accordingly.

Dr Park introduced Drs Mauro Meske and Aurelio Cabezas, who joined the Status Department to work on the activities related to official disease status recognition and high health high performance horses, and on a project related to suspensions and recoveries of FMD status, respectively.

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

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

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

3. Evaluation of a request from a Member for official recognition of a FMD free status where vaccination is not practised

The Group assessed a request from a Member for the recognition of a FMD free country status where vaccination is not practised. The Group concluded that the application did not meet the requirements of the Terrestrial Code. The dossier was referred back to the applicant Member.

4. Evaluation of a request from a Member for official recognition of a FMD free zone where vaccination is not practised

Chinese Taipei

Chinese Taipei was recognised as having a zone free from FMD where vaccination is practised in May 2017; this zone covered Taiwan, Penghu and Matsu areas, which includes the entire Province of Taiwan and Matsu County. In May 2018, Kinmen County in Chinese Taipei was recognised as a separate zone free from FMD where vaccination is practised, which includes 14 islands, of which only Kinmen Island, Lieyu Island and Wuqiu Township have FMD susceptible animals. As of May 2018, these two zones are covering the entire territory of Chinese Taipei.
In September 2019, Chinese Taipei submitted an application for the recognition of the zone officially recognised in May 2017 as free from FMD where vaccination is not practised.

The Group requested additional information and received clarification from Chinese Taipei. The Group acknowledged the transparency and clarity of the dossier.

i) Animal disease reporting

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

ii) Veterinary Services

The Group acknowledged that the Veterinary Authority had current knowledge of, and authority over, FMD susceptible animals in the proposed zone.

iii) Situation of FMD in the past 12 months

The Group noted that the last outbreak of FMD in the proposed zone was in a pig farm which was resolved in July 2013.

iv) Absence of vaccination and entry of vaccinated animals in the past 12 months

The Group noted that the last vaccination in the proposed zone was carried out in July 2018. In accordance with Article 8.8.3. of the Territorial Animal Health Code (Terrestrial Code), Chinese Taipei informed the OIE in advance about the intended cessation of vaccination in the proposed zone.

The Group acknowledged that vaccination was prohibited by law in the proposed zone according to articles 13-1 and 14 of the “Vaccine Type Required and Management Measures for Eradication of Classical Swine Fever and FMD”, which established the ban on vaccinating cloven-hoofed animals against FMD in the proposed free zone by owners, keepers or practising veterinarians starting from 1 July 2018. In addition, the Group was informed that a specific law was in place prohibiting the transport of cloven-hoofed animals and animal products from Kinmen to the main island and other islands.

Chinese Taipei reported the detection of illegal vaccination in two pig farms during routine serological monitoring. Fines were imposed on the farmers due to the violation of the established law. The Group recommended that based on this experience, an improved system should be in place to ensure retrieval and destruction of all excess vaccines. This would be particularly important should Chinese Taipei wish to expand the areas free from FMD without vaccination in the future.

v) Surveillance in accordance with Articles 8.8.40 to 8.8.42.

Chinese Taipei described its passive surveillance based on reporting of suspicions supported by an awareness programme and compensation policy. Regarding active surveillance, Chinese Taipei described its strategy based on general surveillance, targeted surveillance and surveillance of pig auction markets.

The Group noted that the reference population for general surveillance in the proposed zone was selected based on a two-stage survey design with an adequate between-herd design prevalence of 1%. While the within-herd design prevalence chosen (20%) appeared rather high, in principle, the Group agreed that it was sufficient in a scenario where vaccination had ceased leading to a drop in the herd immunity level related to vaccination.

Regarding targeted surveillance, Chinese Taipei provided a detailed description of the survey design and of the criteria for the inclusion of high-risk farms; 800 high-risk pig farms and over 160 high-risk ruminant farms were sampled each year for virus neutralisation and NSP antibody tests.
The Group noted that pig auction market surveillance, conducted from July 2017 to July 2019, consisted of sampling about 40,000 samples per year with appropriate follow-up and investigations of suspicions, which all were concluded negative to FMD.

Overall, the Group concluded that the combined strategy for surveillance in Chinese Taipei was sufficient to demonstrate the absence of the infection with FMD virus in unvaccinated animals and FMD virus transmission in previously vaccinated animals.

**vi) Regulatory measures for the prevention and early detection of FMD**

The Group noted the risk of swill feeding, particularly with regard to the open pig housing system with low biosecurity. Chinese Taipei described how these farms were under the control of the township veterinarians and the Local Animal Disease Inspection Authority (LADIA). Furthermore, thanks to the national preparedness for African swine fever, the LADIA has completed joint inspection of the swill-fed pig farms nationwide. Swill feeding in pigs could only be carried out in those farms approved by the local environmental protection bureau by using heat treatment of the swill. The Group also acknowledged that the Veterinary Service provides subsidies and technical support to encourage these farms to leave the pig farming business or stop swill feeding, which led to the decrease in the number of farms performing swill feeding. Nevertheless, the Group recommended that if swill feeding was to continue, then it is much safer if the treatment of the swill is always carried out away from pig keeping premises.

Considering the information provided in the dossier as well as the fact that the proposed zone is already officially recognised free from FMD (where vaccination is practised), the Group concluded sufficient regulatory measures were described in the dossier for the early detection, prevention and control of FMD.

**vii) Description of the boundaries of the proposed free zone, if applicable**

The proposed free zone covers Taiwan, Penghu and Matsu areas, which includes the entire Province of Taiwan and Matsu County.

![Fig. 1. Proposed FMD free zone where vaccination is not practised in green [Taiwan, Penghu and Matsu] for potential recognition in May 2020. FMD free zone where vaccination is practised consisting of Kinmen County in blue](image)
viii) **Description of the boundaries and measures of a protection zone, if applicable**

Not applicable.

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

The Group considered the described measures adequate to prevent the entry of FMD virus into the proposed zone, including awareness campaigns, regular simulation exercises and legislation.

x) **Compliance with the questionnaire in Article 1.11.3.**

The Group appreciated the well-structured and good quality dossier provided by Chinses Taipei. The format of Chines Taipei’s dossier was compliant with the questionnaire in Article 1.11.3.

**Conclusion**

Considering the information submitted in the dossier and to the questions raised, the Group agreed that the application was compliant with the requirements of Chapter 8.8. and with the questionnaire in Article 1.11.3. of the Terrestrial Code. The Group therefore recommended that the proposed zone of Chinese Taipei be recognised as a FMD free zone where vaccination is not practised.

5. **Evaluation of requests from Members for the official recognition of FMD free zones where vaccination is practised**

a) **Brazil**

In September 2019, the Delegate of Brazil submitted a note to the OIE to apply for the merging of two officially recognised zones free from FMD where vaccination is practised, namely the extended zone designated by the Delegate of Brazil in a document addressed to the Director General in September 2017 (composed of the States of Amapá, Roraima, Amazonas, Pará, Rondônia, Acre, Espírito Santo, Minas Gerais, Rio de Janeiro, Sergipe, Distrito Federal, Goiás, Mato Grosso, Paraná, São Paulo, Bahia, Tocantins, Alagoas, Ceará, Maranhão, Paraíba, Pernambuco, Piauí, Rio Grande do Norte, and parts of Mato Grosso do Sul) and the zone (former high surveillance zone in State of Mato Grosso do Sul) as designated by the Delegate of Brazil in documents addressed to the Director General in August 2010.

Brazil clarified that based on the current epidemiological situation with regard to FMD in the South American continent and more specifically at the borders that constituted the former high surveillance zone in the State of Mato Grosso do Sul, the maintenance of a separate FMD free zone was no longer necessary.

**Conclusion**

Considering the information provided by Brazil including the rationale for the merging of the two zones already having an official FMD free status by the OIE, the Group recommended the approval of the merging of the two zones of Brazil for official recognition as one zone free from FMD where vaccination is practised.

The Group noted that any introduction of FMD into the newly delineated free zone would now lead to the suspension of the official FMD free status of the entire merged free zone.

b) **Colombia**

The Group assessed a request from Colombia on the separation of a previously recognised FMD free zone where vaccination is practised into different zones. The detailed assessment is in Annex 23 and reference is made on Section 5.3. of SCAD report on *Expert missions to Members requested by the Commission.*
6. Evaluation of a request from a Member for the endorsement of its national official control programme for FMD

Kyrgyzstan

In September 2019, Kyrgyzstan submitted an application to the OIE for the endorsement of its national official control programme for FMD. The Group requested additional information and received clarification from Kyrgyzstan.

i) Animal disease reporting

The Group considered that Kyrgyzstan had a record of regular and prompt animal disease reporting for FMD.

ii) Capacity of the Veterinary Services to control FMD

The Group noted from the dossier that Kyrgyzstan had received a PVS evaluation (2007), a Gap Analysis (2008), two missions on Veterinary Education and Veterinary Legislation in 2015, a PVS follow-up evaluation mission in 2016 and a PVS laboratory mission in 2017. Most recently, a PVS Gap Analysis mission was deployed in 2018. The Group noted a general improvement in the critical competences essential for FMD control while comparing the most recent report of 2018 with the previous mission in 2016. However, there were still areas for further improvement, such as zoning, risk analysis, disease prevention, control and eradication.

The Group commended Kyrgyzstan’s efforts in utilising the different tools offered by the OIE to improve its Veterinary Services and encouraged the country to continue working on the implementation of the recommendations made from these missions.

iii) Applicability of the official control programme for FMD to the entire territory

The dossier provided information that the official control programme was considering the whole territory of Kyrgyzstan while following a zonal approach for FMD control. The main strategy included compulsory mass vaccination of large ruminants.

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

The Group noted three predefined zones (safe zone, buffer zone and intensive control zone) as part of Kyrgyzstan’s progressive approach to eventually achieve a FMD free country status. However, the Group could not find a detailed description of control measures on how Kyrgyzstan plans to separate and control the subpopulations in the three predefined zones. The dossier did not provide information on how this particular zoning demarcation took into account essential existing movement patterns (i.e. movements for grazing, to abattoirs, markets, etc.). Whilst measures to prevent introduction of infection, particularly movement control of animals and their products were provided, there was lack of sufficient evidence of the effectiveness of the measures.

Kyrgyzstan reported that restrictive measures were applied to the movements of animals and animal products between the buffer zone and the safe zone. Despite requests for additional information, Kyrgyzstan did not provide the figures for legal movements of animals between the buffer and safe zone, thus the Group could not determine whether a system for tracking and recording these movements was in place. In contrast, Kyrgyzstan presented relatively high numbers of attempted illegal movements of FMD susceptible animals from the buffer zone to the safe zone. The Group underlined the importance of having clear procedures and measures for the control of movement of animals and animal products in accordance with the zoning provisions of the Terrestrial Code as well as documented evidence of their effectiveness should Kyrgyzstan wish to apply for official recognition of a zone free from FMD.

The Group noted Kyrgyzstan’s plan to achieve official recognition of the safe zone free from FMD with vaccination in 2021 and free without vaccination in 2024.
Epidemiology of FMD in the country

Kyrgyzstan provided the location of the outbreaks of the last 10 years, as well as the potential/possible sources and risk factors for FMD in the country. It described a decrease in the number of FMD outbreaks in 2008-2009 after the implementation of large-scale vaccination in 2008; however, due to mismatch between the vaccine and circulating field strains, an increased number of outbreaks were reported in 2010-2011. The last FMD outbreak in the country was reported in 2014 in the Talas region, situated in the north-west of Kyrgyzstan.

The Group considered that risks were not clearly mapped out and that there was insufficient information about the source and routes of spread for the previous FMD outbreaks in the country. In addition, where NSP positive animals were detected, no clear conclusions were drawn as to whether outbreaks have occurred, even though ring vaccination was applied. This constitutes a serious information gap in attaining a clear understanding the epidemiology of FMD in the country.

FMD surveillance

The Group acknowledged the information provided by Kyrgyzstan on FMD surveillance but found it difficult to follow as it was not well structured and not comprehensive; in particular, the procedures of follow-ups of suspicions. The definition of a case of FMD provided by Kyrgyzstan was mainly based on presence of clinical signs or of virus and was not in line with the provisions under Article 8.8.1. of the Terrestrial Code. The Group would recommend Kyrgyzstan to consider aligning its definitions with the OIE definitions of the Terrestrial Code.

Although Kyrgyzstan provided some information on the sampling design, essential details to understand the epidemiological study design and the results were lacking such as the definition of the sampling areas, total number of epidemiological units to be sampled, information on the within-herd prevalence assumed to estimate the number of animals to be sampled according to the size of the epidemiological unit. The Group would have also appreciated to receive a breakdown of the results by age group, geographical distribution of the sampled and positive animals.

Kyrgyzstan was requested to provide detailed information on the interpretation of the results of the NSP sero-surveys conducted from 2017 to 2019 to evaluate FMD virus transmission. After analysing the additional information, the Group still had difficulty understanding the significance of the results of the NSP sero-surveys. The Group expressed concern on the lack of serological follow-up and field investigations conducted to rule out FMD in the suspected cases, clinically and serologically (i.e. NSP positive samples). The Group emphasised that, in addition to clinical inspection, the follow-up should include supplementary testing of the animals that tested positive and the in-contact animals, the use of confirmatory tests and paired serology as well as epidemiological investigation in accordance with Article 8.8.42. of the Terrestrial Code.

The Group also emphasised the importance of FMD surveillance in small ruminants; the risk of undisclosed infection in small ruminants should not be overlooked given the large numbers of goats and sheep present in the country and the fact that subclinical FMD infection in these species is common.

Diagnostic capability and procedure

The dossier explained that laboratory diagnosis of FMD was conducted in two national laboratories: Republican Center for Veterinary Diagnostics and Expertise laboratory in Bishkek, where samples from all northern regions (Naryn, Talas, Issyk-Kul, Chui regions and Toktogul district) were tested and Osh Zonal Center for Veterinary Diagnostics, where samples from all southern regions (Osh, Jalalabad, Batken regions) were tested. The relevant technical units of the two diagnostic laboratories for FMD were accredited under international standard ISO / IEC 17025.
The Group acknowledged the cooperation with other laboratories, such as the OIE Reference Laboratory for FMD in Russia as well as other regional laboratories, which were capable of performing additional diagnostics for FMD. The infrastructure, capacities, quality assurance of the laboratory and its involvement in the proficiency testing were also acknowledged.

The Group encouraged Kyrgyzstan to continue its participation in interlaboratory proficiency testing schemes (ring trials) for FMD tests.

viii) Vaccination

The dossier presented a progressive control approach where zoning and vaccination were applied. Upon the Group’s request, Kyrgyzstan provided information on vaccine purity and vaccination coverage presented by species and by region, as well as on population immunity surveys.

The Group acknowledged the large scale of vaccines purchased which was reaching closer to the quantities needed for the vaccination strategy. From the information supplied, vaccination coverage appears to be calculated as the ratio between the amount of vaccine required and purchased. The Group suggested that better estimates could be provided by using the data from the System of Identification and Traceability of Animals (SITA) to calculate the vaccination coverage by vaccination campaign, regions, herd size and ages of animals.

ix) Emergency preparedness and response plan

The Group noted that a description of the emergency plan with the chain of command was provided in the dossier; the control and eradication procedure in the event of a FMD outbreak was also explained. However, despite request from the Group, the criteria for emergency vaccination was not provided and the Group recommended that the contingency plan for FMD should include this information.

x) Compliance with the questionnaire in Article 1.11.5.

The Group agreed that the format of the dossier follows the structure of questionnaire in Article 1.11.5.

Conclusion

Considering the information submitted in the dossier and Kyrgyzstan’s answers to the questions raised, the Group considered that the application was generally compliant with the requirements of Chapter 8.8. and the questionnaire in Article 1.11.5. of the Terrestrial Code. The Group therefore recommended that Kyrgyzstan’s official control programme for FMD be proposed for endorsement.

8. Adoption of report

The Group reviewed the draft report and agreed to circulate it electronically for comments before the final adoption. Upon circulation, the Group agreed that the report captured the discussions.

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…/Appendices
Appendix 1

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

Paris, 05 – 07 November 2019

Terms of Reference

The OIE ad hoc group on foot and mouth disease (FMD) status of Members (the Group) is expected to evaluate the applications for official recognition of FMD free status and for endorsement of their official control programme of FMD received from Members in accordance with the Standard Operating Procedure for official recognition of disease status and for the endorsement of national official control programmes.

This implies that the experts, members of this Group are expected to:

1. Sign off the OIE Undertaking on Confidentiality of information, if not done before.
2. Complete the Declaration of Interests Form in advance of the meeting of the Group and forward it to the OIE at the earliest convenience and at least two weeks before the meeting.
3. Evaluate the applications from Members for official recognition of FMD free status and for endorsement of their official control programmes for FMD.

   a) Before the meeting:
      • read and study in detail all dossiers provided by the OIE;
      • take into account any other information available in the public domain that is considered pertinent for the evaluation of dossiers;
      • summarise the dossiers according to the Terrestrial Animal Health Code requirements, using the form provided by the OIE;
      • draft the questions whenever the analysis of the dossier raises questions which need to be clarified or completed with additional details by the applicant Member;
      • send the completed form and the possible questions to the OIE, at least one week before the meeting.

   b) During the meeting:
      • contribute to the discussion with their expertise;
      • withdraw from the discussions and decision making when possible conflict of interest;
      • provide a detailed report in order to recommend, to the Scientific Commission for Animal Diseases, i) the country(ies) or zone(s) to be recognised (or not) as FMD free ii) country(ies) to have (or not) the OIE endorsement of national official control programme for FMD, and to indicate any information gaps or specific areas that should be addressed in the future by the applicant Member.

   c) After the meeting:
4. contribute electronically to the finalisation of the report if not achieved during the meeting.
MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBERS
Paris, 05 – 07 November 2019

_______

Agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Evaluation of a request from a Member for official recognition of a FMD free status where vaccination is not practised
4. Evaluation of a request from a Member for the official recognition of a FMD free zone where vaccination is not practised
   • Chinese Taipei
5. Evaluation of requests from Members for the official recognition of FMD free zones where vaccination is practised
   • Brazil
   • Colombia
6. Evaluation of a request from a Member for the endorsement of official control programme for FMD
   • Kyrgyzstan
7. Adoption of report
MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF FOOT AND MOUTH DISEASE STATUS OF MEMBERS
Paris, 05 – 07 November 2019

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MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION OF CONTAGIOUS BOVINE PLEUROPNEUMONIA STATUS OF MEMBERS
Paris, 19 – 20 November 2019

A meeting of the OIE ad hoc Group on the Evaluation of Contagious bovine pleuropneumonia (CBPP) Status of Members (hereafter the Group) was held at the OIE Headquarters from 19 to 20 November 2019.

1. Opening

Dr Matthew Stone, Deputy Director General for International Standards and Sciences of the OIE, welcomed the Group. He thanked the experts for their availability and contribution to the work of the OIE and extended his appreciation to their institutes and national governments for allowing their participation in this meeting. He also thanked the Group for its commitment and its support towards the OIE in fulfilling the mandates given by Members. He acknowledged the amount of work before, during and after the ad hoc Group meeting in reviewing the dossiers and documenting the Group’s assessment in the report.

Dr Stone highlighted the importance of the quality of the report to be scrutinised by Members before adopting the proposed list of countries free from CBPP. He also encouraged the Group to continue providing detailed feedback to countries with a negative outcome to support them in identifying the main gaps and points for improvement, as well as providing informative recommendations to those countries with positive outcomes for further improvement in maintenance of their CBPP free status.

Dr Stone introduced Dr Zengren Zheng who represented the Scientific Commission for Animal Diseases (SCAD) in the meeting.

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

The Group was chaired by Dr François Thiaucourt and Dr Flavio Sacchini acted as rapporteur, with the support of the OIE Secretariat. The Group endorsed the proposed agenda.

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

3. Evaluation of requests from Members for the status recognition of CBPP free countries

a) Bolivia

In September 2019, Bolivia submitted a dossier for the official recognition of its CBPP free status based on historical grounds.

The Group requested additional information and received clarifications from Bolivia.

i) Animal disease reporting

The Group acknowledged that Bolivia had a record of regular and prompt animal disease reporting and that CBPP has been a notifiable disease during the past 10 years in accordance with Article 1.4.6. of the OIE Terrestrial Animal Health Code (Terrestrial Code).
ii) Veterinary Services

The Group noted that the relevant legislation was in place. The Group acknowledged that the Veterinary Services were structured with three official animal health bodies, namely (1) the National Service of Agricultural Health and Food Safety, (2) agricultural services at departments level and (3) veterinarians at municipalities level. In addition, the Veterinary Services had a network of private veterinarians acting as sentinel veterinarians that were involved in the disease notification system and sampling campaigns all over the country.

The Group noted that the animal identification was mandatory in Bolivia. The Group also noted that there was a national farms’ registry. This register comprised the data on producers and animals kept on the farm and it was updated upon any visit by the veterinary authorities (e.g. during vaccination campaigns, investigations of suspect cases, routine on-farm control, etc.). The Group took note of management of illegal movements that were detected and acknowledged that there was a traceability system in place.

The Group was informed that four PVS missions (Evaluation, Follow-up, Gap Analysis and Veterinary Legislation) were conducted in Bolivia between 2008 and 2016 and appreciated Bolivia’s sharing of the mission reports. The Group encouraged Bolivia to continue with its efforts of continuous improvement of national Veterinary Services by following the recommendations made during the aforementioned missions.

The Group appreciated the comprehensive information provided on demographics of livestock and susceptible wildlife species. The Group agreed that the Veterinary Services had current knowledge of and authority over the livestock and susceptible wildlife population in the country.

iii) Situation of CBPP in the past 24 months

The Group acknowledged that CBPP has never been reported in the country and therefore, Bolivia was eligible for historical freedom from CBPP as described in Article 1.4.6. of the Terrestrial Code.

iv) Absence of vaccination in the past 24 months

The Group noted that the importation of CBPP vaccine was prohibited and vaccination against CBPP had never been carried out in Bolivia.

v) Surveillance in accordance with Articles 11.5.13. to 11.5.17.

The Group acknowledged that passive surveillance was in place. Passive surveillance in Bolivia was based on clinical surveillance and ante- and post-mortem inspection. The Group noted that while there were 117 reports due to the respiratory syndrome, follow up investigations were undertaken and no CBPP suspected cases had been reported.

Whilst there was no active surveillance in place, the Group acknowledged that pathogen-specific surveillance was not mandatory according to Article 1.4.6. of the Terrestrial Code.

Bolivia reported that the epidemiological surveillance was supported by an information system modelled on a data collection. On a weekly basis, newsletters are produced on the occurrence of diseases for that reporting period. The Group noted that the training and awareness activities had been conducted for the quarantine diseases and veterinary epidemiology, and not specifically for CBPP. These activities were attended by veterinarians.

The Group noted that there was no laboratory in the country that could carry out CBPP laboratory diagnosis. From the additional information provided by Bolivia, the Group was informed that there were no formal agreements with an OIE Reference Laboratories for CBPP or other regional laboratories. Therefore, the Group recommended that Bolivia develop a written protocol indicating clearly the responsibilities, tasks, sampling procedures, sample management, storage, shipping and timelines as well as to organise specific trainings for all laboratories supporting the Veterinary Service to ensure awareness of the protocol to be followed in case of CBPP suspicions. Moreover, the Group recommended to Bolivia to establish an agreement with an OIE reference laboratory for CBPP or regional laboratory for CBPP confirmation.
The Group acknowledged that there was a veterinarian responsible for each slaughterhouse where ante- and post-mortem inspection were conducted. Any suspicious clinical sign or pathological lesion detected would be immediately reported to the Veterinary Services and sampled for laboratory testing. Whilst details were not given on the number of lung samples taken specifically for laboratory testing for mycoplasma isolation or for other differentials for pneumonia in cattle, the Group acknowledged that the risk of introduction was negligible and that the described measures in place were sufficient. The Group was of opinion that organisation of more frequent training and awareness activities focusing on exotic diseases, including CBPP, could improve the reporting of suspect cases.

**vi) Regulatory measures for the prevention and early detection of CBPP**

The Group was of the opinion that regulatory measures to prevent and control foreign animal diseases in general, including CBPP were in place. The Group took note of Bolivia’s membership in the Andean Community of Nations that had common regulations in relation to importation, movement and transit of domestic cattle and their products, including genetic material.

The Group noted that Bolivia imported susceptible animals from countries not officially recognised free from CBPP by the OIE. Bolivia considered that the risk from neighbouring countries was low as none of them had ever reported CBPP. Nevertheless, the Group underlined that the import conditions should comply with the recommendations of Chapter 11.5. of the *Terrestrial Code*.

The Group took note of the general measures to be applied in case of CBPP outbreak. However, the Group noted that there was no specific emergency plan for CBPP and recommended to develop one with clear instructions and indications of management of a CBPP outbreak. The Group pointed out that there were examples of contingency plans and guidelines specific for CBPP available in the public domain1 that could be considered by Bolivia.

The Group had some concerns about the lack of a sustainable system for compensation for disease control purposes and that this could have a possible negative impact on CBPP notification by owners. However, Bolivia reported that there was a possibility to occasionally create an animal health emergency fund in case of the occurrence of an outbreak.

**vii) Compliance with the questionnaire in Article 1.10.1.**

The Group found that the content of Bolivia’s dossier was compliant with the questionnaire in Article 1.10.1.

**Conclusion**

The Group commended Bolivia for the well-structured dossier and comprehensive information addressing clearly the questions. Considering the information submitted in the dossier and the answers received from Bolivia to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 11.5., Article 1.4.6. and with the questionnaire in Article 1.10.1. of the *Terrestrial Code*. The Group therefore recommended that Bolivia be recognised as a country free from CBPP.

The Group recommended that information on the following be submitted to the OIE when Bolivia reconfirms its CBPP status (also detailed in the relevant sections above):

- Adjusted contingency plan including the chain of actions specifically targeted to CBPP, from the point of detection of a clinical suspicion, immediate diagnosis for agent isolation and confirmation using molecular techniques (e.g. PCR), to the point of implementation of control measures;
- Protocol on sampling and shipment of the samples to a competent laboratory;
- Evidence of awareness programmes and trainings including CBPP and their effectiveness.

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b) Russia

In September 2019, Russia submitted a dossier for the official recognition of its CBPP free status based on historical grounds.

The Group requested additional information and received clarifications from Russia.

i) Animal disease reporting

The Group acknowledged that Russia had a record of regular and prompt animal disease reporting and that CBPP has been a notifiable disease for at least 10 years in accordance with Article 1.4.6. of the Terrestrial Code.

ii) Veterinary Services

The Group noted that the CBPP related activities were implemented through several federal agencies that were responsible for the surveillance and control of CBPP as well as for other areas such as veterinary regulatory system, national protection, security and defence. In response to a question raised by the Group, Russia provided information on geographical distribution and number of veterinarians by subjects/oblasts in the country. The Group took note that the private veterinarians had a role in passive surveillance activities.

The Group acknowledged that the registration of all farms was mandatory as well as the identification and registration of livestock at individual or group level by ear tag, tattoo or microchip. All animal movements have to be notified to the Veterinary Services and accompanied by the relevant documents issued through the federal information system.

From the information provided in the dossier, the Group was informed that susceptible wildlife species comprised yaks (*P. grunniens*) and that they were present in the wildlife sanctuaries and natural parks. The Group noted that the several procedures such as obligatory quarantine during the translocation of wild animals, control points dedicated to feed and treat wild animals, and compulsory reporting of dead animals were in place to prevent contact and potential spread of diseases between domestic and susceptible wildlife populations.

iii) Situation of CBPP in the past 24 months

The Group acknowledged that the last CBPP outbreak was recorded in 1928. Therefore, Russia was eligible to claim historical freedom from CBPP as described in Article 1.4.6. of the Terrestrial Code.

iv) Absence of vaccination in the past 24 months

From the information provided in the dossier, the Group was informed that the vaccination was legally prohibited in Russia by the Ministry of Agriculture. In the additional information provided, Russia reported that vaccination against CBPP has never been carried out in the country. In addition, the Group sought further clarifications on CBPP vaccine production based on the information available in public domain. Upon receipt of the clarification, the Group noted that this vaccine was not used as it had not been registered in the country.

v) Surveillance in accordance with Articles 11.5.13. to 11.5.17.

The Group noted that a passive surveillance was in place.

Whilst pathogen-specific surveillance was not mandatory in accordance with Article 1.4.6. of the Terrestrial Code, the Group commended efforts made through a serological survey conducted for two consecutive years to demonstrate that CBPP was not prevalent in Russia. The Group noted that only serology was used for CBPP diagnosis. The Group suggested to Russia to adopt risk-based serological surveillance to increase its sensitivity and to include other testing methods (e.g. PCR) for CBPP diagnosis.

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The Group acknowledged the information provided in the Sampling guide as well as in the additional information provided and recommended to Russia to revise the document as certain points in relation to sampling and treating sera were not adequately addressed. In addition, the Group recommended to Russia to strengthen its surveillance by establishing the isolation and characterisation of *Mmm* in its national laboratory system as prescribed in Article 11.5.15. point 5. of the *Terrestrial Code*.

The Group acknowledged that surveillance was in place at the slaughterhouses. Nevertheless, the Group was of opinion that focusing on *ante-mortem* inspection was not specific enough to raise CBPP suspicion as respiratory signs could lead to many other diseases with the similar clinical signs. The Group recommended to adjust the surveillance protocol at the slaughterhouses in particular with regard to *post-mortem* inspection targeting more chronic lesions suggestive of CBPP.

The Group noted that there were annual arrangements in place since 2016 for training and awareness activities on diseases of cloven-hoofed mammals. These activities targeted veterinarians and veterinary paraprofessionals. In addition, the veterinarians, producers and farmers were sensitised through the posters and leaflets on CBPP distributed to the regional disease control stations, slaughterhouses, farmers’ markets, medium- and large-scale farms.

The Group noted that further investigation of suspect cases was performed by using ELISA and PCR diagnostic methods. The national laboratory in charge of CBPP diagnosis has a quality management system certified in accordance with the International Standard GOST ISO/IEC 17025-2009 and the scope of this certification included CBPP. The Group recommended to Russia to upgrade the quality management system to the new version of the aforementioned standard. However, the absence of any arrangement to use isolation and identification of *Mmm* had raised some concerns.

The Group acknowledged that Russia was in process of making arrangements for conducting a proficiency test with an OIE Reference Laboratory and recommended to Russia to participate systematically in this testing.

**vi) Regulatory measures for the prevention and early detection of CBPP**

The list of countries from which Russia imported susceptible animals and their products included some which were not officially recognised free from CBPP by the OIE. From the additional information provided, the Group noted that the importation conditions from such countries were compliant with the provisions stipulated in Articles 11.5.7 to 11.5.12. of the *Terrestrial Code*.

The Group acknowledged that Russia was part of the sub-regional commission with regard to prevention, diagnosis and eradication of animal diseases.

A contingency plan with regard to detection, control and eradication of CBPP was provided by the country. The Group noted that certain parts were not addressed in the presented contingency plan. Therefore, the Group recommended to Russia to adjust the contingency plan for CBPP and highlighted that there were examples of contingency plans and guidelines specific for CBPP available in the public domain\(^3\) that could be considered by Russia.

The Group took note of compensation system in place for disease control or eradication purposes.

**vii) Compliance with the questionnaire in Article 1.10.1.**

The Group agreed that Russia’s dossier was compliant with the questionnaire in Article 1.10.1.

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Conclusion

Considering the information submitted in the dossier and the answers received from Russia to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 11.5., Article 1.4.6. and with the questionnaire in Article 1.10.1. of the Terrestrial Code. The Group therefore recommended that Russia be recognised as a country free from CBPP.

c) Other request

The Group assessed one additional request from a Member for the official recognition of CBPP free country status. The Group concluded that the application did not meet the requirements of the Terrestrial Code and the dossier was referred back to the applicant Member.

4. Evaluation of an application from a Member for the endorsement of national official control programme for CBPP

The Group assessed a request from a Member for the endorsement of its national official control programme for CBPP and concluded that the application did not meet the requirements of the Terrestrial Code. The dossier was referred back to the applicant Member.

5. Adoption of report

The Group reviewed the draft report and agreed to circulate it electronically for comments before the final adoption. Upon circulation, the Group agreed that the report captured the discussions.
MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF CONTAGIOUS BOVINE PLUEROPNEUMONIA STATUS OF MEMBERS
Paris, 19 – 20 November 2019

Terms of Reference

The OIE ad hoc group on contagious bovine pleuropneumonia (CBPP) status of Members (the Group) is expected to evaluate the applications for official recognition of CBPP free status and for endorsement of their official control programme of CBPP received from Members in accordance with the Standard Operating Procedure for official recognition of disease status and for the endorsement of national official control programmes.

This implies that the experts, members of this Group are expected to:

1. Sign off the OIE Undertaking on Confidentiality of information, if not done before.
2. Complete the Declaration of Interests Form in advance of the meeting of the Group and forward it to the OIE at the earliest convenience and at least two weeks before the meeting.
3. Evaluate the applications from Members for official recognition of CBPP free status and for endorsement of their official control programmes for CBPP.

   a) Before the meeting:
      • read and study in detail all dossiers provided by the OIE;
      • take into account any other information available in the public domain that is considered pertinent for the evaluation of dossiers;
      • summarise the dossiers according to the Terrestrial Animal Health Code requirements, using the form provided by the OIE;
      • draft the questions whenever the analysis of the dossier raises questions which need to be clarified or completed with additional details by the applicant Member;
      • send the completed form and the possible questions to the OIE, at least one week before the meeting.

   b) During the meeting:
      • contribute to the discussion with their expertise;
      • withdraw from the discussions and decision making in case of a possible conflict of interest;
      • provide a detailed report in order to recommend, to the Scientific Commission for Animal Diseases, i) the country(ies) or zone(s) to be recognised (or not) as CBPP free ii) country(ies) to have (or not) the OIE endorsement of national official control programme for CBPP, and to indicate any information gaps or specific areas that should be addressed in the future by the applicant Member.

   c) After the meeting:
      • contribute electronically to the finalisation of the report if not achieved during the meeting.
Appendix II

MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF CONTAGIOUS BOVINE PLUEROPNEUMONIA STATUS OF MEMBERS

Paris, 19 – 20 November 2019

Agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Evaluation of applications from Members for official recognition of contagious bovine pleuropneumonia (CBPP) free status
   - Bolivia
   - Russia
4. Evaluation of an application from a Member for the endorsement of national official control programme for CBPP
5. Adoption of report
MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF CONTAGIOUS BOVINE PLUEROPNEUMONIA STATUS OF MEMBERS
Paris, 19 – 20 November 2019

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A meeting of the OIE ad hoc Group on the Evaluation of peste des petits ruminants (PPR) Status of Members (hereafter the Group) was held at the OIE Headquarters from 09 to 11 December 2019.

1. Opening

Dr Matthew Stone, Deputy Director General for International Standards and Sciences of the OIE, welcomed the Group. He thanked the experts for their availability and contribution to the work of the OIE and extended his appreciation to their institutes and national governments for allowing their participation in the meeting. Dr Stone acknowledged the amount of work before, during and after the ad hoc Group meeting in reviewing the dossiers and documenting the Group’s assessment in the report.

Dr Stone highlighted the sensitivity and confidentiality of the dossiers received for official recognition and thanked the experts for having signed the forms for undertaking of confidentiality. He also mentioned that if any members of the Group had any conflict of interest in the evaluation of a dossier, the expert(s) should withdraw from the discussions and decision making of the particular application.

Dr Stone highlighted the importance of the quality of the report to be scrutinised by Members before adopting the proposed list of countries free from PPR. He also encouraged the Group to continue providing detailed feedback to countries with a negative outcome to support them in identifying the main gaps and points for improvement, as well as providing informative recommendations to those countries with positive outcomes for further improvement in maintenance of their PPR free status.

Dr Stone mentioned the progress on the implementation of the OIE/FAO PPR Global Control and Eradication Strategy (PPR GCES) and stressed that it continued being a priority for the OIE. He informed the Group that one of the major concerns identified was the implementation of ineffective vaccination in some countries, which was not based on epidemiological assessment. Dr Stone encouraged the Group to consider this issue, especially when evaluating applications for endorsement of official PPR programmes, and make recommendations to the countries, if relevant.

Dr Neo Mapitse, Head of Status Department, introduced Dr Eliana Lima, who joined the Status Department recently to work on the activities related to official disease status recognition.

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

The Group was chaired by Dr Giancarlo Ferrari and Dr Ahmed Al Idrissi acted as rapporteur, with the support of the OIE Secretariat. The Group endorsed the proposed agenda.

The terms of reference, agenda and list of participants are presented as Appendices I, II and III, respectively.
3. Evaluation of requests from Members for the status recognition of PPR free countries

a) Lesotho

In July 2019, Lesotho submitted a dossier for the official recognition of its PPR free status based on historical grounds.

In accordance with the established procedures, the participating expert working for the African Union-Interafrican Bureau for Animal Resources (AU-IBAR), which supported Lesotho in developing its national PPR strategy, expressed a possible conflict of interest and withdrew from the decision making on Lesotho’s dossier.

The Group requested additional information and received clarifications from Lesotho.

i) Animal disease reporting

The Group acknowledged that Lesotho had a record of regular and prompt animal disease reporting to the OIE.

The Group noted that PPR was included in the list of notifiable diseases in Lesotho in the Animal Production, Health and Welfare Draft Bill of 2016, which was validated in November 2019 and subsequently forwarded to the parliament for enactment. The Group further noted that penalties were in place for failure to report suspect cases of notifiable diseases.

The Group appreciated that Lesotho had identified the gaps on the system for the early detection of PPR three years ago and started working to address them by aligning its policy with the PPR GCES. In addition to the inclusion of PPR in the list of notifiable diseases, Lesotho initiated awareness campaigns for PPR in 2016 and PPR training workshops targeting official and private veterinarians, as well as livestock field officers. The latter were interacting with farmers on a daily basis at the dip-tank and woolshed level and would refer any disease incident reported by them to the District Veterinary Officer.

Moreover, awareness activities dedicated to farmers were conducted annually at district level and communication tools, such as radio, television, newspapers, magazines, flyers, as well as social media were used for the dissemination of information related to animal diseases. However, it was not clear if these activities were specific to PPR. The Group, therefore, recommended to Lesotho to organise PPR specific trainings for farmers and mohair workers.

The Group concluded that Lesotho had a functional and adequate early warning system in place for PPR that was established less than 10 years ago. Therefore, the Group agreed that Lesotho was not eligible to claim historical freedom from PPR, as described in Article 1.4.6. of the OIE Animal Health Terrestrial Code (Terrestrial Code), even though PPR had never been reported in the country.

ii) Veterinary Services

The Group noted that the veterinary competent authority of Lesotho was represented by the Directorate of Livestock Services which had the direct responsibility on the Animal Production and the Veterinary Services divisions. The Group further noted that the Veterinary Services division was structured with five sections, namely Veterinary Public Health, Poultry Diseases, Animal Disease Diagnostic Laboratory, Epidemiology and Data Management, and Theriogenology. The Group considered that Veterinary Services of Lesotho had the mandate to conduct the surveillance, diagnosis and control for animal diseases.

The Group noted that Lesotho had a significant number of technical staff dispatched into 10 veterinary districts, aligned with the 10 administrative districts. Each district was technically supervised by a District Veterinary Officer. The Group further noted that Lesotho had built woolsheds and dip tanks in more than 300 strategic locations across the country, with the regular presence of livestock health technicians.
The Group took note that Lesotho implemented since 2006 a system for registering and marking, allowing to identify animals at group level. The Group noted that movements of animals and their products within the country were regulated through a two permits system, a first permit to be issued for administrative procedure and then a veterinary movement permit to be issued by veterinary authority after undergoing the clinical examination of animals.

The Group concluded that the Veterinary Services had current knowledge of and authority over the livestock population in the country.

iii) Situation of PPR in the past 24 months

The Group acknowledged that PPR had never been reported in the country. In addition, the Group considered the fact that Lesotho is enclaved within the border of a country officially recognised by the OIE as having a PPR free status.

iv) Absence of vaccination in the past 24 months and no entry of vaccinated animals

 Whilst there was no specific regulation in place prohibiting vaccination against PPR in Lesotho, the Group noted that importation of PPR vaccines was not allowed into the country.

In response to a question raised by the Group, Lesotho indicated that prohibition of vaccination against PPR would be included in supplementary regulations once the country’s status was determined. The Group recommended that Lesotho proceed with establishing the legal basis for prohibiting vaccination against PPR as soon as possible.

The Group acknowledged that vaccination against PPR had never been carried out and no vaccinated animals had entered Lesotho.

v) Importation of domestic ruminants and their semen, oocytes or embryos is carried out in accordance with relevant articles of Chapter 14.7.

The Group noted that importation of small ruminants and their products had only been carried out from a country officially recognised as PPR free by the OIE. Moreover, all imported animals would undergo a quarantine or isolation period at their farms and inspection by a District Veterinary Officer upon their arrival.

The Group further noted that Lesotho did not import genetic material from small ruminants.

The Group concluded that import requirements in Lesotho were in accordance with the provisions of Chapter 14.7. of 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 acknowledged that passive surveillance for PPR was in place in Lesotho and that farmers played an important role in disease surveillance, reporting and control. The Group also took note of the chain of command and protocol to be followed, in case of a PPR clinical suspicion.

In addition, sheep and goats were presented at least three times per year at dip tanks and woolsheds, allowing a regular clinical examination of the small ruminant population. The Group acknowledged that the early warning system implemented though the network of the dip tanks and woolsheds would be able to detect PPR clinical suspect cases in a naïve small ruminant population such as Lesotho’s.

The Group noted that serological surveillance for PPR had been conducted in 2018 and 2019 countrywide. In 2018, a total of 3192 samples from sheep and goats were collected and sent to an OIE Reference Laboratory for testing for PPR by competitive ELISA (c-ELISA). The Group noted that samples with positive and doubtful results were further analysed using virus neutralisation test (VNT) and were concluded negative for infection with PPR virus. The Group appreciated that clinical examination had been conducted in all animals with positive and doubtful serological results.
While in 2019 Lesotho adopted the same sampling size as in 2018, only 1000 samples were finally sent to an OIE Collaborating Centre, due to a delay in the shipping procedures, and results were pending. However, the Group acknowledged that Lesotho tested the same samples in the country’s Central Veterinary Laboratory (CVL) in the frame of their collaboration with international partners, including an internationally recognised laboratory and the results were negative.

With regard to PPR susceptible wild species, the Group noted that only few numbers of them were present in Lesotho, enclosed in Game Parks and Game Lodges and therefore not considered in the serological surveillance.

The Group noted that Lesotho had arrangements in place with an OIE reference laboratory for PPR diagnosis. The Group appreciated that, in addition to these arrangements, Lesotho had started building laboratory capacity for diagnosis of PPR in the CVL, where serological (c-ELISA) and molecular (nucleic acid detection) PPR diagnostics methods were performed. To this end, laboratory staff received training on c-ELISA, conventional and real-time PCR as well as on handling and transportation of potentially infected PPR samples. The trainings were conducted in an OIE Reference laboratory and in a laboratory that had benefited from an OIE twinning project for PPR.

From the additional information provided, the Group noted that the CVL participated in 2019 in proficiency tests on diagnosis of PPR by serological and molecular methods, organised by an international recognised laboratory, and the results were satisfactory. In addition, 10% of the samples collected in the frame of the annual serological surveillance would be sent yearly (as of 2019) to an OIE reference laboratory for proficiency testing.

The Group concluded that the surveillance system in Lesotho was in accordance with the requirements of the Terrestrial Code. However, the Group highlighted that delays in shipping of samples and consequently in laboratory confirmation could compromise the effectiveness of the early warning system. Therefore, the Group recommended that Lesotho develop robust procedures to accelerate the process for obtaining laboratory results from laboratories outside the country. The Group also requested that Lesotho submit to the OIE the final results from the samples sent to the OIE Collaborating Center as soon as they are available.

vii) Regulatory measures for the early detection, prevention and control of PPR

The Group acknowledged that a memorandum of understanding had been signed between Lesotho and its neighbouring country for coordination on issues related to disease control, movements of livestock and livestock products and general sanitary measures.

The Group noted that activities to be carried out in the event of a PPR outbreak were outlined in the PPR Control and Eradication Strategy of Lesotho, which was validated in November 2019. From the additional information provided, the Group further noted that Lesotho was planning, as a next step, to develop a contingency plan specific for PPR and distribute it to all districts of the country. The Group recommended that, as a matter of urgency, Lesotho finalise the contingency plan for PPR, with detailed description of the structures, roles, responsibilities and processes that should be activated in the event of a PPR outbreak at strategic, tactical and operation level, and share it with the OIE when reconfirming its status in November 2020. Once the contingency plan is finalised, Lesotho should organise regular simulation exercise to test its effectiveness.

The Group appreciated that the existing legislation in Lesotho was reviewed in the frame of a national project funded by a regional partner and that financial compensation, in case stamping out was implemented for disease control purposes, had been included in the Draft Bill of 2016.

Overall, the Group agreed that the necessary regulatory measures for early detection, prevention and control of PPR were in place and compliant with the requirement of the Terrestrial Code.

viii) Compliance with the questionnaire in Article 1.12.1.

The Group agreed that the Lesotho’s dossier was compliant with the questionnaire in Article 1.12.1.
Conclusion

Considering the information submitted in the dossier and the answers received from Lesotho to the questions raised, the Group concluded that the application was compliant with the requirements of Chapter 14.7., Article 1.4.6. and with the questionnaire in Article 1.12.1. of the Terrestrial Code. The Group therefore recommended that Lesotho be recognised as a country free from PPR.

The Group recommended that Lesotho maintain the active clinical and/or serological surveillance for PPR in place and submit to the OIE the final results from the samples sent to the OIE Collaborating centre as soon as they are available. In addition, information on the following should be submitted to the OIE when Lesotho reconfirms its PPR status:

- evidence of the enactment by the parliament of the Animal Production, Health and Welfare Draft Bill of 2016, which includes PPR in the list of notifiable diseases in Lesotho;
- evidence of awareness programmes and trainings on PPR for farmers and mohair workers;
- evidence of a legal basis to prohibit vaccination against PPR;
- evidence on measures taken to accelerate shipment of samples to a laboratory outside the country;
- a copy of the contingency plan specific for PPR.

b) Russia

In October 2019, Russia submitted a dossier for the official recognition of its PPR free status based on historical grounds. The Group requested additional information and received clarifications from Russia.

i) Animal disease reporting

The Group acknowledged that Russia had a record of regular and prompt animal disease reporting and that PPR was a notifiable disease in the country as per legislation since 2008. The Group noted that sanctions were envisaged for failure to report PPR cases.

The Group further noted that an on-going awareness programme, that included PPR, was in place for veterinary professionals and paraprofessionals, and for the general public. Workshops, webinars and advanced training courses on highly contagious animal diseases were organised regularly for the official and private veterinarians and PPR-related communication material was disseminated in livestock markets, farms and slaughterhouses. While the Group acknowledged that there was information on PPR-related issues in the Veterinary Services website, it was recommended that PPR specific training targeting farmers, slaughterhouse workers and other stakeholders should be developed and implemented.

ii) Veterinary Services

The Group took note of the presence of the Veterinary Services at national, Federal district and regional (Oblast) levels and of the diffuse network of official and private veterinarians as well as veterinary paraprofessionals in place.

The Group appreciated the information on demographics and distribution of the small ruminants population presented in tables and maps by Federal district, farm density and type of farm. Russia described three types of farms in the country, namely commercial, family-operated and backyard. Data on estimations and the geographical distribution of PPR susceptible wild animals were also provided.

The Group noted that all domestic animals in Russia were subject either to individual or group identification through ear-tags, brands or tattoos. An annual livestock census of livestock holdings was carried out at the end of each calendar year, during which all farm animals were recorded under the Federal State Veterinary Communication System.
The Group further noted that a Governmental Information System of the Russian Federation in the Veterinary Field (GIS VetIS ecosystem) was in place for the surveillance and control of commodity marketing and relevant restrictions imposed, that was comprised of 15 integrated tools (e.g., ARGUS, MERCURY, CERBERUS subsystems, etc.). Among them, the automated sub-system MERCURY, regulated by the State Veterinary Surveillance Authority, was used for the electronic certification and traceability of movements of animals and their products. Only animals and their products accompanied by an electronic veterinary document issued through this system could move within the country. The Group appreciated the statistical information on such movements provided in a table.

The Group commended Russia for the comprehensive system in place for animal identification and movement control and acknowledged that the Russian 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 acknowledged that PPR had never been reported in the country. Therefore, Russia was eligible to claim historical freedom from PPR as described in Article 1.4.6. of the Terrestrial Code.

iv) Absence of vaccination in the past 24 months and no entry of vaccinated animals

The Group acknowledged that vaccination against PPR had not been carried out in Russia for more than 25 years and was prohibited since 2017 as per legislation. The Group noted that the Federal State Financed Institution “Federal Centre for Animal Health” (FGBI “ARRIAH”) maintained a stock of PPR vaccine for emergency vaccination in case of a PPR outbreak.

v) Importation of domestic ruminants and their semen, oocytes or embryos is carried out in accordance with relevant articles of Chapter 14.7.

From the information provided in the dossier and Russia’s response to requests for additional information, the Group noted that, during the past 24 months, live small ruminants and their semen, oocytes or embryos had been imported into Russia only from countries with an official PPR free status.

However, the Group further noted that Russia, as part of a regional economic union, could allow imports from the union’s members, none of which was officially recognised by the OIE as free from PPR. In response to a relevant question, Russia clarified that imports of clinically healthy small ruminants from such countries could be allowed only if the imported animals originated from zones where PPR was absent during the past 36 months. In addition, in such cases, the imported animals would be subjected to quarantine, during which clinical examinations would be conducted, as well as diagnostic testing for notifiable diseases for which the importing country implements prevention or eradication programmes.

The Group highlighted that, should Russia import small ruminants from any countries without an officially recognised PPR free status by the OIE, the requirements of Article 14.7.10. should be followed, according to which animals should be submitted to a diagnostic test for PPRV infection with negative result no more than 21 days prior to shipment.

The Group appreciated that Russia transparently described the illegal movements of small ruminants within and into the country detected in the last 24 months and agreed that the corrective measures applied were satisfactory.

The Group concluded that the import requirements were in line with the provisions of Chapter 14.7 of 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 acknowledged that passive surveillance for PPR had been in place for at least ten years. The Group appreciated the concise information provided on PPR suspicions detected during the past two years, which was indicative of the effectiveness of the early warning system in place. The Group acknowledged that PPR suspect cases were appropriately followed-up, including by laboratory testing using PCR, ELISA and virus neutralisation tests to rule out infection with PPRV and reach a final diagnosis.
The Group further noted that, in addition to passive surveillance, intense serological surveillance had been performed since 2017 in PPR susceptible animals in high-risk areas of Russia, bordering PPR infected countries. The Group acknowledged that wildlife samples from PPR susceptible wild species were also included in the surveillance. While pathogen-specific surveillance was not mandatory according to Article 1.4.6. of the Terrestrial Code, the Group appreciated that Russia had identified high-risk areas and commended the country for the serological surveillance in place in these areas. The Group encouraged the Veterinary Services to maintain such vigilance, considering the risk of PPR virus introduction from neighbouring infected countries.

The Group appreciated the information provided on the implementation of the serological surveillance, including its design, diagnostic tests used, results and follow-up of inconclusive results. However, the Group noted the absence of samples with false positive or doubtful status falling within the percentage level expected for the ELISA kit used. It was noted that the specificity claimed (100%) of the test performed was not consistent with the widely available data on the use of such test (99.7%). Considering the large number of samples tested, a proportion of false positives around 0.3% would have been expected. Such a high specificity could indicate use of a cut-off that would affect the diagnostic sensitivity of the test. The Group recommended Russia ensure that the early detection of true positive cases not be compromised by interpretations unduly affecting sensitivity and specificity.

The Group noted that laboratory diagnosis of PPR using commercial and validated diagnostic methods (ELISA, VNT and PCR) was carried out at the FGBI ARRIAH. The Group noted that FGBI ARRIAH was officially accredited according to GOST ISO/IEC 17025 2009 requirements and participated in inter-laboratory comparison tests organised by an OIE Reference Laboratory in 2017 and 2019.

vii) Regulatory measures for the early detection, prevention and control of PPR

The Group noted that simulation exercises for highly contagious animal diseases were organised by the Russian Veterinary Services on a routine basis, to practice their interaction with the Emergency Control Ministry, the Ministry of Internal Affairs and other services for the control, prevention of disease spread and eradication in the event of an outbreak.

The Group acknowledged that a national PPR contingency plan as well as national PPR Surveillance programme were in place. Under these documents, comprehensive national action plans had been developed for the prevention of PPR occurrence and its spread in the regions.

The Group further noted that Russia, as part of a regional economic union, was following the regional rules for interaction of the union’s Members in the field of prevention, diagnosis, containment and eradication of highly contagious animal diseases.

The Group acknowledged the presence of extensive veterinary legislation and sufficient regulatory instruments compliant with the requirements of the Terrestrial Code, empowering the Russian Veterinary Services to implement all the necessary activities for the prevention, early detection and control of PPR.

viii) Compliance with the questionnaire in Article 1.12.1.

The Group agreed that Russia’s dossier was compliant with the questionnaire in Article 1.12.1.

Conclusion

Considering the information submitted in the dossier and the answers received from Russia to the questions raised, the Group considered that the application was compliant with the requirements of Chapter 14.7., Article 1.4.6. and with the questionnaire in Article 1.12.1. of the Terrestrial Code. The Group therefore recommended that Russia be recognised as a country free from PPR.
Recommendations to Russia:

The Group recommended that Russia (also detailed in the relevant sections above):

- develop and implement PPR specific training targeting farmers, slaughterhouse workers and other stakeholders;
- maintain vigilance in the areas bordering infected countries representing a risk of PPR virus introduction;
- follow the requirements of Article 14.7.10, in case of importation of small ruminants from any countries without an officially recognised PPR free status by the OIE.

4. Evaluation of an application from a Member for the endorsement of official control programme for PPR

The Group assessed a request of a Member for the endorsement of its national official control programme for PPR and concluded that the application did not meet the requirements of the Terrestrial Code. The dossier was referred back to the applicant Member.

5. Evaluation of an application from a Member for the recovery of its suspended PPR free status

The Group assessed a request of an OIE Member for the recovery of its suspended PPR free status and considered that the application did not meet the requirements of the Terrestrial Code. The dossier was referred back to the applicant Member.

6. Amendments to Chapter 14.7 and questionnaires under Chapter 1.12. of the OIE Terrestrial Animal Health Code

a) Link between PPR virus holding facilities and the procedure for PPR official status recognition

In response to a request from the Commission, the Group considered a discussion paper proposing to link the documentation of facilities holding PPR virus containing materials (PVCM) with the OIE procedure for official recognition with regard to PPR by including a relevant requirement in Chapter 14.7 and in the questionnaires under Chapter 1.12. of the Terrestrial Code.

The Group welcomed the proposal to request information from Members on PVCM holding facilities as part of their application for official recognition of PPR free status. Developing an inventory of such facilities would facilitate the sequestration and destruction of the PPR virus once the disease was eradicated. However, the Group stressed that, at this early stage of the implementation of the PPR GCES, neither the maintenance of PVCM by countries that have eradicated PPR nor the level of biosecurity measures currently in place should impact the official recognition of PPR free status by OIE.

The Group agreed that the biosecurity criteria to define adequate PVCM facilities should be defined at a later stage.

The Group drafted the definition of PVCM under Article 14.7.1. and the provisions in Article 14.7.3.; submission of this information by Members would be required for the official recognition and maintenance of their PPR free status. In this regard, relevant questions were drafted as part of the questionnaires under Articles 1.12.1. and 1.12.2.

b) Impact of importing vaccinated animals into a PPR free country or zone

Article 14.7.10. describes the provisions for importation of animals from infected countries including vaccinated animals. However, in accordance with Article 14.7.3., for a country or zone having an official PPR free status, there should be no vaccinated domestic sheep and goats imported since the cessation of vaccination. Following a Member’s comment raising this potential discrepancy, the OIE Terrestrial Animal Health Standards Commission requested the Group to provide its opinion on the impact of the importation of animals vaccinated against PPR on an officially recognised PPR free status.
The Group discussed the aforementioned issue and noted that the definition of PPRV infection under Article 14.7.1. excluded the isolation of PPR vaccine strains from sheep and goats. The Group agreed that there is no scientific evidence that small ruminants vaccinated against PPR pose a risk to a PPR naïve population. Therefore, the Group concluded that the importation of such animals would not represent a risk to officially recognised PPR free countries.

However, the Group highlighted that should such imports occur, the importing country should have a thorough knowledge of the population of these animals as well as good records of their vaccination. Small ruminants vaccinated against PPR should be distinctly identified and their movements should be constantly monitored. In addition, a vaccine and a test that would differentiate vaccinated animals from PPR infected animals (DIVA) should be available to account for any weaknesses in the systems for traceability, and this is not yet the case.

Finally, the Group recalled that PPR had been included in the list of diseases for which the OIE grants an official status, following the decision of the OIE and FAO to embark upon the control of PPR on a global scale and develop a PPR GCES. The Group considered that the introduction of animals vaccinated against PPR into a PPR free country could affect efficient progress towards global eradication of the disease, through potential interference with surveillance activities in the importing countries.

In light of the above, particularly in the absence of a DIVA test and marker vaccines against PPR, as well as the demanding level of surveillance that would be required to ensure the traceability of all vaccinated small ruminants if imported in anything other than low numbers, the Group was of the opinion that the prohibition of imports of sheep and goats vaccinated against PPR by a country or zone having an official PPR free status should be maintained. This position should be reviewed if appropriate vaccine and diagnostic technologies become available.

In Article 14.7.10, the option of applying a vaccination requirement for imports of sheep and goats from countries considered infected with PPR remains relevant, but as a result of Article 14.7.3 should only be used by importing countries that have not received official recognition of freedom, or do not expect to seek such recognition for at least two years.

In summary, there is no discrepancy between these two articles, but their interaction should be fully appreciated, in particular by countries that have achieved or will soon seek official recognition of freedom from PPR.

7. Adoption of report

The Group reviewed and amended the draft report. 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 PESTE DES PETITS RUMINANTS STATUS OF MEMBERS
Paris, 9 – 11 December 2019

Terms of Reference

The OIE ad hoc group on peste des petits ruminants (PPR) status of Members (the Group) is expected to evaluate the applications for official recognition of PPR free status and for endorsement of official control programme of PPR received from Members in accordance with the Standard Operating Procedure for official recognition of disease status. This implies that the experts, members of this Group are expected to:

1. Sign off the OIE Undertaking on Confidentiality of information, if not done before.

2. Complete the Declaration of Interests Form in advance of the meeting of the Group and forward it to the OIE at the earliest convenience and at least two weeks before the meeting.

3. Evaluate the applications from Members for official recognition of PPR free status and for endorsement of official control programmes for PPR.
   a) Before the meeting:
   - read and study in detail all dossiers provided by the OIE;
   - take into account any other information available in the public domain that is considered pertinent for the evaluation of dossiers;
   - summarise the dossiers according to the Terrestrial Animal Health Code (Terrestrial Code) requirements, using the form provided by the OIE;
   - draft the questions whenever the analysis of the dossier raises questions which need to be clarified or completed with additional details by the applicant Member;
   - send the completed form and the possible questions to the OIE, at least one week before the meeting.
   b) During the meeting:
   - contribute to the discussion with their expertise;
   - withdraw from the discussions and decision making in case of possible conflict of interest;
   - provide a detailed report in order to recommend, to the Scientific Commission for Animal Diseases, i) the country(ies) or zone(s) to be recognised (or not) as PPR free ii) country(ies) to have (or not) the OIE endorsement of national official control programme for PPR, and to indicate any information gaps or specific areas that should be addressed in the future by the applicant Member.

4. Consider and propose amendments to Chapter 14.7 and the questionnaires under Chapter 1.12. of the OIE Terrestrial Animal Health Code. In particular:
   a) consider the discussion paper proposing to link the documentation of holdings of PPR virus containing materials (PCVM) with the OIE procedure for official recognition with regard to PPR;
   b) define PCVM in Chapter 14.7.;
   c) draft provisions in Articles 14.7.3. and 14.7.34. to request information from Members on PPR virus containing material holding facilities as part of their application for official recognition of PPR free status;
   d) describe the appropriate level of biosecurity in these facilities;
   e) draft the relevant questions in the PPR questionnaires under Chapter 1.12;
   f) With reference to point 2.iv. of Article 14.7.3. and point 3.b. of Article 14.7.10. consider the impact of importation of vaccinated animals on official recognition as a country or zone free from PPR.

5. After the meeting, contribute electronically to the finalisation of the report if not achieved during the meeting.
Appendix II

MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION
OF PESTE DES PETITS RUMINANTS STATUS OF MEMBERS
Paris, 9 – 11 December 2019

Agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Evaluation of applications from Members for official recognition of peste des petits ruminants (PPR) free status
   - Lesotho
   - Russia
4. Evaluation of an application from a Member for the endorsement of official control programme for PPR
5. Evaluation of an application from a Member for the recovery of its suspended PPR free status
6. Amendments to Chapter 14.7 and questionnaires under Chapter 1.12. of the OIE Terrestrial Animal Health Code
7. Adoption of report
## List of Participants

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<th>Organization</th>
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The Scientific Commission for Animal Disease (the Commission) dedicated time during its February 2020 meeting to comprehensively review all annual reconfirmations provided by Members having an OIE endorsed national official control programme on the progress made, as well as a selection (approximately 10%) of the annual reconfirmations for officially recognised status. The Commission pre-selected these annual reconfirmations at its September 2019 meeting based on the list of technical and administrative considerations according to the Standard Operating Procedures (SOP) on reconfirmations:


A letter of reminder was sent in October 2019 by the OIE Director General to the Delegates of Members having at least one officially recognised disease status or an endorsed national official control programme. The pre-selected Members were also informed of their official status selected for a comprehensive review.

In accordance with the Standard Operating Procedures governing the official recognition of disease status, all annual reconfirmations were screened by the OIE Status Department, and when necessary, additional information was requested in accordance with the relevant provisions of the Terrestrial Animal Health Code. The annual reconfirmations that had not been selected for this comprehensive review by the Commission were further assessed by the OIE Status Department and a report was prepared and provided for the Commission’s consideration and endorsement as presented below.

1. Maintenance of the AHS free status

1.1. Annual reconfirmations comprehensively reviewed by the Commission:

The annual reconfirmations for AHS free status of Algeria, Azerbaijan, Estonia, Kazakhstan, Kuwait, Turkey and United Arab Emirates were selected for comprehensive review by the Commission. Specific comments made by the Commission were:

**Algeria**: The Commission acknowledged the entomological survey conducted by Algeria and recommended Algeria to consider vector surveillance in accordance with Point 5 of Article 12.1.13. of the Terrestrial Code. The Commission underlined the importance of continuation of AHS awareness activities targeting all relevant stakeholders for the maintenance of a sensitive early detection system for AHS.

**Azerbaijan**: Whilst the Commission noted that no AHS suspicions were reported, it underlined the importance of continuation training programs and awareness activities for AHS for the maintenance of a sensitive early detection system.

**Estonia**: The Commission strongly encouraged Estonia to implement awareness activities for AHS to enhance the sensitivity of an early detection system.

**Kazakhstan**: The Commission acknowledged the information provided by Kazakhstan regarding the changes in sanitary measures based on the updated legislation in April 2019. The Commission encouraged Kazakhstan to continue its efforts in the full implementation of the updated legislation at field level for successful maintenance of its animal health status.

**Kuwait**: The Commission underlined the importance and strongly encouraged Kuwait to continue AHS awareness activities for maintenance of a sensitive early detection system.
**Turkey:** The Commission appreciated the detailed information provided by Turkey regarding the general awareness campaigns targeted to different stakeholders involved in equine activities and on the sero-surveillance programme. The Commission took note of the preliminary negative test results of the ongoing sero-surveillance programme and requested Turkey to provide its final results by the end of April 2020.

**United Arab Emirates:** The Commission appreciated the information provided regarding controls requirements on importation of equids. The Commission strongly encouraged UAE to ensure that the importation of equids complies with the provisions of Article 12.1.7. of the *Terrestrial Code* and requested UAE to provide legislation that supports the import requirements of equids.

**Conclusion:** The Commission concluded that the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 12.1. of the *Terrestrial Code* for the maintenance of the officially recognised AHS free status.

## 1.2. Annual reconfirmations screened by the OIE Status Department

The OIE Status Department reviewed the rest of the annual reconfirmations for AHS free status and reported the outcome of its analysis to the Commission as follows:

The annual reconfirmations for the following Members were reviewed:

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<th>Andorra</th>
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<td>Argentina</td>
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<td>Belgium</td>
<td>Finland²</td>
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<td>Bolivia</td>
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<td>Bulgaria</td>
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<td>Chile</td>
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<td>China (People’s Rep. of)⁵</td>
<td>Italy</td>
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<td>Chinese Taipei</td>
<td>Japan</td>
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<td>United Kingdom⁶</td>
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<td>Colombia</td>
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The Commission concluded that the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 12.1. of the *Terrestrial Code* for the maintenance of the officially recognised AHS free status.

## 2. Maintenance of BSE risk status

Eleven of the fifty-nine annual reconfirmations have been identified by the Status Department as not fully compliant with Point 4 of Article 11.4.22. of the *Terrestrial Code*: Members should sample at least three of the four subpopulations (routine slaughter, fallen stock, casualty slaughter, and clinical suspects). Nevertheless, these identified Members still reached the BSE surveillance target points. Considering that the OIE standards on BSE are under revision, including the surveillance provisions applicable for maintenance of controlled and negligible BSE risk status, the Commission concluded to maintain the BSE risk status of these Members.

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¹ Including Azores and Madeira.
² Including Åland Islands.
³ Including French Guiana, Guadeloupe, Martinique, Mayotte, Réunion, Saint Barthélemy, Saint Martin, Saint Pierre and Miquelon.
⁴ Including Balearic Islands and Canary Islands.
⁵ Including Hong Kong and Macau.
⁶ Including Cayman Islands, Falkland Islands, Guernsey (incl. Alderney and Sark), Isle of Man, Jersey and Saint Helena.
⁷ Including American Samoa, Guam, Northern Mariana Islands, Puerto Rico and US Virgin Islands.
2.1. Maintenance of the controlled BSE risk status

2.1.1. Annual reconfirmation comprehensively reviewed by the Commission:

The annual reconfirmation of Ecuador for its controlled BSE risk status was reviewed by the Commission. The Commission commended Ecuador for its efforts to include samples from the Galapagos Islands in the surveillance programme and to have participated in an external proficiency testing for the Western Blot used for the diagnosis of BSE, as recommended by the ad hoc Group on evaluation of Members’ BSE risk status. The Commission recommended that information on sampling at the Galapagos Islands and the results of the external proficiency testing programme be provided by Ecuador when confirming its BSE risk status in November 2020.

Conclusion: The Commission concluded that the annual reconfirmation of Ecuador was compliant with the relevant requirements of Chapter 11.4. of the Terrestrial Code for the maintenance of the officially recognised BSE risk status.

2.1.2. Annual reconfirmations screened by the OIE Status Department

The OIE Status Department reviewed all annual reconfirmations for controlled BSE risk status and reported the outcome of its analysis to the Commission as follows:

The annual reconfirmations for the following Members were reviewed:

- Canada
- Greek Taipei
- France
- United Kingdom
- Greece
- Ireland
- United Kingdom

The Commission concluded that the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 11.4. of the Terrestrial Code for the maintenance of the officially recognised controlled BSE risk status.

2.2. Maintenance of the negligible BSE risk status

2.2.1. Annual reconfirmations comprehensively reviewed by the Commission:

The annual reconfirmations of Chile, Colombia, India, Peru and Serbia were comprehensively reviewed by the Commission. Specific comments made by the Commission were as follows:

Chile: The Commission commended Chile for its efforts to inspect and sample all feed mills producing feed for ruminants (both those producing only for ruminants, as well as for ruminants and other species) since 2014 in support of the monitoring of the integrity of the ruminant-to-ruminant feed ban. The Commission took note of Chile’s efforts to maintain compliance with the surveillance provisions by reinforcing the awareness system for the detection of animals with a nervous syndrome. Nonetheless, the Commission noted the heavy reliance on testing of clinical suspects to accumulate surveillance points and emphasised that according to point 1 of Article 11.4.21. of the Terrestrial Code, BSE clinical suspects consist of those cattle affected by illnesses refractory to treatment, and displaying progressive behavioural changes and progressive neurological signs without signs of infectious illness. The Commission recommended Chile to improve its active surveillance and to refine the definition of BSE clinical suspects and the criteria to include them in the BSE surveillance system in Chile.

Colombia: The Commission noted from the information submitted by Colombia that histopathology alone was no longer used for BSE diagnosis and confirmed that the testing protocol used in 2019 (i.e., all samples reported in the BSE surveillance programme tested with immunohistochemistry as well as histopathology) was in accordance with Chapter 3.4.5. of the Terrestrial Manual. In this regard, the Commission kindly requested Colombia to only report those samples tested with immunohistochemistry (or with histopathology as well as immunohistochemistry) in the surveillance table in future submission of BSE reconfirmations.

8 United Kingdom: two zones consisting of England and Wales, and Scotland as designated by the Delegate of the United Kingdom in documents addressed to the Director General in September and October 2016, and in December 2018.
India: The Commission noted from the information submitted by India that histopathology was no longer used as primary test and that a rapid test was no longer used as confirmatory test, and confirmed that the testing protocol used in 2019 (i.e., rapid test as primary test and Western Immunoblot or Immunohistochemistry (IHC) tests as confirmatory tests) was in accordance with Chapter 3.4.5. of the Terrestrial Manual. In this regard, the Commission requested India to only report those samples tested with a rapid test in the surveillance table in future submissions of BSE reconfirmations.

Peru: The Commission noted with appreciation the clarifications provided by Peru regarding the details of their expanded audit programme to monitor enforcement of the ruminant-to-ruminant feed ban. Considering the specificities of Peru’s audit programme, the Commission recommended that Peru provides information on audit activities, including inspection and sampling at depots, farms, mills and feed mills each year when reconfirming its BSE risk status.

Serbia\textsuperscript{9}: The Commission took note of the extensive information provided in support of Serbia’s BSE annual reconfirmation. The Commission commended Serbia for its efforts to address the recommendations of the ad hoc Group on evaluation of Members’ BSE risk status. In particular, the Commission noted that a series of awareness activities had been launched countrywide for various stakeholders, such as staff of veterinary institutes, veterinary inspectors and farmers. In addition, the Commission acknowledged that for inconclusive or positive primary laboratory results, Western blot or Immunohistochemistry (IHC) was carried out and histopathology was used only as a method to complement IHC, in accordance with the provisions of the Terrestrial Manual.

The Commission noted that Serbia did not reach the BSE surveillance target points, but acknowledged that Serbia had miscalculated the target points to be reached for 2019 and appreciated the corrective actions planned for 2020 to improve BSE surveillance. The Commission concluded to maintain the negligible BSE risk status of Serbia and requested Serbia to provide information on the progress made in November 2020 annual reconfirmation.

Conclusion: The Commission concluded that the annual reconfirmations of the above-listed Members were, in general, compliant with the relevant requirements of Chapter 11.4. of the Terrestrial Code for the maintenance of the officially recognised negligible BSE risk status.

2.2.2. Annual reconfirmations screened by the OIE Status Department

The OIE Status Department reviewed the rest of the annual reconfirmations for negligible BSE risk status and reported the outcome of its analysis to the Commission as follows:

<table>
<thead>
<tr>
<th>Argentina</th>
<th>Iceland</th>
<th>Panama</th>
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<tr>
<td>Australia</td>
<td>Israel</td>
<td>Paraguay</td>
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<tr>
<td>Austria</td>
<td>Italy</td>
<td>Poland</td>
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<tr>
<td>Belgium</td>
<td>Japan</td>
<td>Portugal\textsuperscript{10}</td>
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<tr>
<td>Brazil*</td>
<td>Korea (Rep. of)</td>
<td>Romania</td>
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<tr>
<td>Bulgaria</td>
<td>Latvia</td>
<td>Singapore</td>
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<tr>
<td>China (People’s Rep. of)\textsuperscript{11}</td>
<td>Liechtenstein</td>
<td>Slovakia</td>
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<tr>
<td>Costa Rica</td>
<td>Lithuania</td>
<td>Slovenia</td>
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<td>Croatia</td>
<td>Luxembourg</td>
<td>Spain\textsuperscript{12}</td>
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<tr>
<td>Cyprus</td>
<td>Malta</td>
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<tr>
<td>Czech Republic</td>
<td>Mexico</td>
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<tr>
<td>Denmark</td>
<td>Namibia</td>
<td>The Netherlands</td>
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<tr>
<td>Estonia</td>
<td>New Zealand*</td>
<td>United Kingdom\textsuperscript{13}</td>
</tr>
</tbody>
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\textsuperscript{9} Excluding Kosovo administered by the United Nations

\textsuperscript{10} Including Azores and Madeira.

\textsuperscript{11} China (People’s Rep. of): a zone designated by the Delegate of China in a document addressed to the Director General in November 2013, consisting of the People’s Republic of China with the exclusion of Hong Kong and Macau.

\textsuperscript{12} Including Balearic Islands and Canary Islands.

\textsuperscript{13} United Kingdom: One zone consisting of Northern Ireland as designated by the Delegate of the United Kingdom in a document addressed to the Director General in September 2016.
The OIE Status Department informed the Commission that the annual reconfirmations that were received and assessed were compliant with the relevant provisions of Chapter 11.4. of the Terrestrial Code for the maintenance of officially recognised negligible BSE risk status. However, the OIE Status Department raised the attention of the Commission to the Member marked with an asterisk (*). The corresponding annual reconfirmation was discussed during the Commission’s meeting as follows:

**Brazil:** The Commission appreciated the clear description provided by Brazil about the mitigation measures in place to monitor the effective implementation of the ban on feeding ruminants to ruminants. The Commission commended Brazil for its transparency in reporting the occurrence and the nature of the infractions in feed mills due to the defective bone ash in feed for ruminants. The Commission took note that the modification of sterilisation procedures (mandatory) during rendering announced in 2017 was still under discussion in Brazil, and that no amendments had been done to the legislation. The Commission encouraged Brazil to provide in future annual reconfirmations, as appropriate, a follow-up on these amendments, and on the results of the scientific assessment comparing the efficacy of conventional cooking versus the application of high temperature and pressure.

**New Zealand:** The Commission noted in the annual reconfirmation submitted by New Zealand in 2018 that the diagnostic methods for BSE were not in accordance with the recommended methods as defined in Chapter 3.4.5. of the Terrestrial Manual (i.e., histopathology alone was the primary test, and confirmation of positive and inconclusive results was done with a rapid test). The Commission noted from the information submitted by New Zealand that the BSE testing protocol has been revised and confirmed that the testing protocol used in 2019 (i.e., all samples had been tested using a rapid test as primary test and confirmatory testing for positive or inconclusive results would be performed at an OIE Reference Laboratory) was in accordance with Chapter 3.4.5. of the Terrestrial Manual.

The Commission concluded that the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 11.4. of the Terrestrial Code for the maintenance of the officially recognised negligible BSE risk status.

3. **Maintenance of the CBPP free status**

   3.1. **Annual reconfirmations comprehensively reviewed by the Commission:**

   The annual reconfirmations for CBPP free status of **Botswana** and **Peru** were comprehensively reviewed by the Commission. Specific comments made by the Commission were as follows:

   **Botswana:** The Commission took note of the progress made regarding the revision of the veterinary legislation and recommended Botswana to provide the draft legislation, in particular the regulations on the prohibition of CBPP vaccination, when submitting the annual reconfirmation in November 2020.

   **Peru:** The Commission appreciated the information on the actions taken with regard to the recommendations of the ad hoc Group. The Commission encouraged Peru to continue its progress and activities to ensure successful maintenance of the official CBPP free status.

   **Conclusion:** The Commission concluded that the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 11.5. of the Terrestrial Code for the maintenance of the officially recognised CBPP free status.

3.2. **Annual reconfirmations screened by the OIE Status Department**

   The OIE Status Department screened the rest of the annual reconfirmations for CBPP free status and reported the outcome of its analysis to the Commission as follows:

   14 Including Åland Islands.
The annual reconfirmations for the following Members were reviewed:

- Argentina
- France15
- Singapore
- Australia
- India
- South Africa
- Brazil
- Mexico
- Switzerland
- Canada
- Namibia16
- United States of America
- China (People’s Rep. of)
- New Caledonia
- Uruguay
- Eswatini
- Portugal17

The Commission concluded that the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 11.5. of the Terrestrial Code for the maintenance of the officially recognised CBPP free status.

4. Maintenance of the endorsement of the official control programme for CBPP

The Commission reviewed the information provided by Namibia in support of the reconfirmation of its endorsed official control programme for CBPP. The Commission took note of the delay of the implementation of infrastructural developments and activities, and recommended Namibia to document the progress made on this regard in the annual reconfirmation in November 2020. The Commission noted that the Central Veterinary Laboratory participated in the ring trial for CBPP and FMD organised by the Pirbright Institute, but the results were still pending. Therefore, the Commission invited Namibia to provide the results while submitting its annual reconfirmations in November 2020. The Commission reiterated its recommendation and strongly encouraged Namibia to provide a clear and concise update on the main achievements and progress made and focusing on the reporting period to facilitate the review of the information provided.

5. Maintenance of the CSF free status

5.1. Annual reconfirmations comprehensively reviewed by the Commission:

The annual reconfirmations for CSF free status of Costa Rica, Ecuador (zone), Latvia and Luxembourg were comprehensively reviewed by the Commission. Specific comments made by the Commission were as follows:

- **Costa Rica**: The Commission appreciated the continuous progress made by Costa Rica to address the recommendations of the ad hoc Group. The Commission encouraged Costa Rica to continue its progress and activities to ensure successful maintenance of the official CSF free status.

- **Ecuador** (one zone consisting of the insular territory of the Galápagos, as designated by the Delegate of Ecuador in a document addressed to the Director General in October 2018): The Commission examined the information provided by Ecuador and appreciated the actions that had been initiated and the progress made to address the recommendations of the ad hoc Group. Nevertheless, based on the information reported by Ecuador, the Commission recommended that Ecuador’s 2020 annual reconfirmation for CSF be included for comprehensive review to follow up on the progress made on the implementation of the recommendations of the ad hoc Group, particularly on the design and results of the active serosurveillance planned to be conducted in 2020, the results of the interlaboratory proficiency testing and an update on the status of the resolution describing the protocol to be followed for inactivation of CSFV in swill.

- **Latvia**: The Commission appreciated the information on the actions taken with regard to the recommendations of the ad hoc Group. The Commission encouraged Latvia to continue its progress and activities to ensure successful maintenance of the official CSF free status.

- **Luxembourg**: The Commission expressed concerns on the delay in the submission of Luxembourg’s annual reconfirmations in the past years. The Commission stressed that such a delay in submission could lead to suspension of the official status according to the OIE Standard Operating Procedure on the reconfirmation of officially recognised disease status.

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15 Including French Guiana, Guadeloupe, Martinique, Mayotte and Réunion.
16 Namibia: One zone located south to the Veterinary Cordon Fence, designated by the Delegate of Namibia in a document addressed to the Director General in October 2015.
17 Including Azores and Madeira.
Conclusion: The Commission concluded that the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 15.2. of the Terrestrial Code for the maintenance of the officially recognised CSF free status.

5.2. Annual reconfirmations screened by the OIE Status Department

The OIE Status Department reviewed the rest of the annual reconfirmations for CSF free status and reported the outcome of its analysis to the Commission as follows:

The annual reconfirmations for the following Members were reviewed:

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<tr>
<th>Argentina</th>
<th>France(^{18})</th>
<th>Poland</th>
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<tr>
<td>Australia</td>
<td>Germany</td>
<td>Portugal(^{19})</td>
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<td>Austria</td>
<td>Hungary</td>
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<td>Belgium</td>
<td>Ireland</td>
<td>Slovenia</td>
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<tr>
<td>Brazil (zone) (^{20})</td>
<td>Italy</td>
<td>Spain(^{21})</td>
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<tr>
<td>Bulgaria</td>
<td>Liechtenstein</td>
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<tr>
<td>Canada</td>
<td>Mexico</td>
<td>Switzerland</td>
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<tr>
<td>Chile</td>
<td>New Caledonia</td>
<td>The Netherlands</td>
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<tr>
<td>Colombia (zone) (^{22})</td>
<td>New Zealand</td>
<td>United Kingdom(^{23})</td>
</tr>
<tr>
<td>Czech Republic</td>
<td>Norway</td>
<td>United States of America(^{24})</td>
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<tr>
<td>Denmark</td>
<td>Paraguay</td>
<td>Uruguay</td>
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<tr>
<td>Finland</td>
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The Commission concluded that the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 15.2. of the Terrestrial Code for the maintenance of the officially recognised CSF free status.

6. Maintenance of the FMD free status

6.1. Annual reconfirmation comprehensively reviewed by the Commission

The annual reconfirmations for FMD free status of Belarus, one zone of Botswana (zone 7), Brunei, one zone of Chinese Taipei, Eswatini, Indonesia, Kazakhstan, Madagascar, one zone of Malaysia, one zone of Namibia and Suriname were selected for comprehensive review by the Commission. Specific comments made by the Commission were as below. Additionally, the Commission noted that Members having multiple zones of the same status should develop a surveillance programme that takes in consideration the risk assessment that supported the separation of the zones.

**Belarus**: The Commission appreciated the detailed information provided by Belarus addressing all questions raised by the Commission in its feedback to Belarus’ 2018 reconfirmation.

**Botswana FMD free zone without vaccination** (consisting of zone 7 designated by the Delegate of Botswana in a document addressed to the Director General in August 2018): The Commission appreciated the information on the actions taken with regard to the recommendations of the ad hoc Group. The Commission encouraged Botswana to participate in inter-laboratory proficiency testing for FMD and the outcomes be submitted in the annual reconfirmation in November 2020.

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\(^{18}\) Including French Guiana, Guadeloupe, Martinique, Mayotte and Réunion.

\(^{19}\) Including Azores and Madeira.

\(^{20}\) Brazil: one zone composed of the States of Rio Grande do Sul and Santa Catarina as designated by the Delegate of Brazil in a document addressed to the Director General in September 2014: one zone covering the States of Acre, Bahia, Espírito Santo, Goias, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Paraná, Rio de Janeiro, Rondônia, São Paulo, Sergipe and Tocantins, Distrito Federal, and the municipalities of Guajará, Boca do Acre, South of the municipality of Canutama and Southwest of the municipality of Lábrea, in the State of Amazonas as designated by the Delegate of Brazil in a document addressed to the Director General in September 2015.

\(^{21}\) Including Balearic Islands and Canary Islands.

\(^{22}\) Colombia: one zone designated by the Delegate of Colombia in a document addressed to the Director General in September 2015.

\(^{23}\) Including Guernsey (incl. Alderney and Sark), Isle of Man and Jersey.

\(^{24}\) Including Guam, Puerto Rico and US Virgin Islands.

\(^{25}\) Including Åland Islands.
**Brunei:** The Commission acknowledged the information provided by Brunei regarding the FMD surveillance system and the procedure in place to follow-up suspected cases; Brunei reported no FMD suspicion in 2019. The Commission commended Brunei for performing serosurveillance in goats as it is more difficult to clinically diagnose FMD in small ruminants. The Commission strongly encouraged Brunei to continue its efforts in strengthening FMD surveillance by implementing awareness campaigns targeting farmers and those who have daily contact with FMD susceptible animals.

**Chinese Taipei zone with vaccination** (consisting of Kinmen County as designated by the Delegate of Chinese Taipei in a document addressed to the OIE Director General in September 2017): The Commission appreciated the detailed information provided by Chinese Taipei demonstrating strict control of movements of FMD susceptible animals and their products between the two separate zones officially recognized by the OIE.

**Eswatini:** In September 2017, three buffaloes were imported without import permits or health certificates from a country which is not free from FMD. The Commission emphasised that Eswatini should continue keeping these buffaloes in isolation and test them for FMD annually for at least one more year and requested an update in this regard when Eswatini submits its reconfirmation in November 2020. The Commission commended Eswatini for the quality of the information provided.

**Indonesia:** The Commission acknowledged the comprehensive information provided by Indonesia regarding the serological tests performed as part of the active surveillance activities and the investigation of the suspected outbreaks. Given that RT-PCR assay to test FMDV genetic materials can only work effectively within 14 days after the onset of clinical signs, the Commission recommended Indonesia to also apply serological testing (e.g. NSP ELISA) when investigating suspected FMD cases to substantiate absence of FMD infection. The Commission recommended a field mission to be conducted to assess compliance with the relevant requirements of Chapter 8.8. of the *Terrestrial Code* for the maintenance of FMD free status.

**Kazakhstan (5 zones with vaccination and 5 zones without vaccination):** The Commission acknowledged the information provided by Kazakhstan on animal identification and movement control between the ten zones. The Commission noted that a survey was implemented annually in Kazakhstan. The Commission took note that the sampling design was developed through an overarching protocol stratified by zone using previously defined risk-based criteria, but no information was provided on the within-herd and between-herd design prevalence used and therefore, it was not clear how the sample size was calculated. The Commission recommended that, for any future design of serological surveys in demonstrating absence of infection, a specific design should be considered for the different type of zones (with vs without vaccination). In addition, the Commission recommended that, within vaccinated populations, serological surveys should target animals that are less likely to show vaccine-derived antibodies to non-structural proteins, such as young animals vaccinated a limited number of times, or unvaccinated animals to demonstrate absence of FMDV transmission. The Commission therefore requested a progress report with follow up on these points, when Kazakhstan submits its reconfirmation in November 2020.

**Madagascar:** The Commission commended Madagascar for the efforts made to implement the recommendations of the Commission. However, the Commission strongly encouraged Madagascar to finalise the regulatory framework on the identification and traceability of livestock and implement subsequent actions and measures for the control of movements.

**Malaysia free zone without vaccination:** (consisting of the provinces of Sabah and Sarawak as designated by the Delegate of Malaysia in a document addressed to the Director General in December 2003). The Commission took note of the serological surveillance activities carried out in 2019 in the FMD free zone of Malaysia. The Commission noted that the design prevalence used for serological surveillance was relatively high considering the FMD-free context of the zone. Furthermore, the actual number of samples tested were much fewer than the pre-defined numbers following the sampling design. The Commission also recommended Malaysia to follow a harmonised surveillance strategy for the two provinces as they are part of a single zone, unless there is a clear justification for maintaining different surveillance strategies in the zone. Furthermore, the Commission recommended to ensure that imports of animals and animal products from countries without status are in full compliance with the *Terrestrial Code*. The Commission recommended a field mission to be conducted to assess compliance with the relevant requirements of Chapter 8.8. of the *Terrestrial Code* for the maintenance of FMD free status.
Namibia free zone without vaccination: (one zone designated by the Delegate of Namibia in a document addressed to the Director General in February 1997): The Commission appreciated the satisfactory information provided by Namibia addressing the recommendation of the Commission showing evidence of compliance with Articles 8.8.22. to 8.8.24. of the Terrestrial Code on importation of commodities.

Suriname: The Commission appreciated the good quality of information provided and commended Suriname for its efforts to consolidate the implementation of the recommendations of the FMD ad hoc Group and the Commission since 2018. The Commission requested an update on the progress when Suriname submits its reconfirmation in November 2020.

Conclusion: The Commission concluded that the annual reconfirmations of the above-listed Members and zones were compliant with the relevant requirements of Chapter 8.8. of the Terrestrial Code for the maintenance of the officially recognised FMD free status.

6.2. Annual reconfirmations screened by the OIE Status Department

The OIE Status Department reviewed the rest of the annual reconfirmations for FMD free status and reported the outcome of its analysis to the Commission as follows:

The annual reconfirmations for the following Members were reviewed:

- Albania
- Australia
- Austria
- Belgium
- Belize
- Bosnia and Herzegovina
- Bulgaria
- Canada
- Chile
- Costa Rica
- Croatia
- Cuba
- Cyprus
- Czech Republic
- Denmark
- El Salvador
- Dominican Republic
- Estonia
- Finland
- France
- Germany
- Greece
- Guatemala
- Guyana
- Haiti
- Honduras
- Hungary
- Iceland
- Ireland
- Italy
- Japan
- Latvia
- Lithuania
- Luxembourg
- Malta
- Mexico
- Montenegro
- New Caledonia
- New Zealand
- Nicaragua
- North Macedonia
- Norway
- Panama
- Paraguay
- Peru
- Philippines*
- Poland
- Portugal
- San Marino
- Romania
- Serbia
- Singapore
- Slovakia
- Slovenia
- Spain
- Sweden
- Switzerland
- The Netherlands
- Ukraine
- United Kingdom
- United States of America
- Vanuatu
- Yugoslavia

Argentina: Three zones without vaccination

- one zone designated by the Delegate of Argentina in a document addressed to the Director General in January 2007;
- the summer pasture zone in the Province of San Juan as designated by the Delegate of Argentina in a document addressed to the Director General in April 2011;
- Patagonia Norte A as designated by the Delegate of Argentina in a document addressed to the Director General in October 2013;

Two zones with vaccination designated by the Delegate of Argentina in documents addressed to the Director General in March 2007 and October 2013, and in August 2010 and February 2014;

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26 Excluding Kosovo administered by the United Nations.
27 Including Åland Islands.
28 Including French Guiana, Guadeloupe, Martinique, Réunion, Saint Pierre and Miquelon.
29 Including Balearic Islands and Canary Islands.
30 Including Falkland Islands, Guernsey (incl. Alderney and Sark), Isle of Man and Jersey.
31 Including American Samoa, Guam, Northern Mariana Islands, Puerto Rico and US Virgin Islands.
32 Including Faroe Islands and Greenland.
33 Including Azores and Madeira.
Bolivia:  **Two zones without vaccination** consisting of:
- one zone in the Macro-region of the Altiplano designated by the Delegate of Bolivia in documents addressed to the Director General in November 2011;
- one zone consisting of the Department of Pando as designated by the Delegate of Bolivia in a document addressed to the Director General in August 2018;

**One zone with vaccination** covering the regions of Chaco, Valles and parts of Amazonas and Altiplano as designated by the Delegate of Bolivia in documents addressed to the Director General in October 2013, February 2014 and August 2018;

Botswana:  **Four zones without vaccination** designated by the Delegate of Botswana in documents addressed to the Director General in August and November 2014 as follows:
- one zone consisting of Zones 3c (Dukwi), 4b, 5, 6a, 8, 9, 10, 11, 12 and 13;
- one zone consisting of Zone 3c (Maitengwe);
- one zone covering Zone 4a;
- one zone covering Zone 6b;
and one zone covering Zone 3b designated by the Delegate of Botswana in a document addressed to the Director General in August 2016.

Brazil:  **One zone without vaccination** – State of Santa Catarina designated by the Delegate of Brazil in a document addressed to the Director General in February 2007;

**Three separate zones with vaccination** designated by the Delegate of Brazil in documents addressed to the Director General as follows:
- one zone covering the territory of State of Rio Grande do Sul (documentation of September 1997);
- one zone in State of Mato Grosso do Sul as designated by the Delegate of Brazil in documents addressed to the Director General in August 2010;
- one extended zone designated by the Delegate of Brazil in a document addressed to the Director General in September 2017, composed of the States of Amapá, Roraima, Amazonas, Pará, Rondônia, Acre, Espírito Santo, Minas Gerais, Rio de Janeiro, Sergipe, Distrito Federal, Goiás, Mato Grosso, Paraná, São Paulo, Bahia, Tocantins, Alagoas, Ceará, Maranhão, Paraíba, Pernambuco, Piauí, Rio Grande do Norte, and parts of Mato Grosso do Sul;

Chinese Taipei:  **One zone with vaccination**:
- one zone covering Taiwan, Penghu and Matsu areas, as designated by the Delegate of Chinese Taipei in a document addressed to the Director General in August 2016;

Colombia:  **Two zones without vaccination**:
- one zone designated by the Delegate of Colombia in documents addressed to the Director General in November 1995 and in April 1996 (Area I - Northwest region of Chocó Department);
- one zone designated by the Delegate of Colombia in documents addressed to the Director General in January 2008 (Archipelago de San Andrés and Providencia);

Ecuador:  **One zone without vaccination** consisting of the insular territory of the Galapagos, as designated by the Delegate of Ecuador in a document addressed to the Director General in August 2014;

**One zone with vaccination** consisting of the continental Ecuador, as designated by the Delegate of Ecuador in a document addressed to the Director General in August 2014;

Moldova:  **One zone without vaccination** designated by the Delegate of Moldova in a document addressed to the Director General in July 2008;

Russia*:  **One free zone without vaccination** designated by the Delegate of Russia in documents addressed to the Director General in August 2015 and March 2016)
Turkey*: One zone with vaccination designated by the Delegate of Turkey in a document addressed to the Director General in November 2009

The OIE Status Department informed the Commission that the annual reconfirmations that were received and assessed were compliant with the relevant provisions of Chapter 8.8. of the Terrestrial Code. However, the OIE Status Department raised the attention of the Commission to the Members marked with an asterisk (*). These annual reconfirmations were discussed during the Commission’s meeting as follows:

Russia FMD free zone without vaccination (one zone designated by the Delegate of Russia in documents addressed to the Director General in August 2015 and March 2016): The Commission noted the detection of positive results on the presence of antibodies to FMDV structural proteins in cattle during the sero-monitoring carried out. Russia informed that these were associated with the illegal movement of vaccinated cattle from the zone not having an official status. The Commission acknowledged the detailed description of the investigation conducted, and the follow-up actions taken by Russia, which included killing of all the animals detected with positive results. The Commission noted, however, that it would have been advisable to test such animals with NSP ELISA. The Commission recommended that Russia enhance awareness among farmers on the prohibition of introduction of vaccinated animals into the officially recognised FMD-free zone where vaccination is not practiced.

Turkey FMD free zone with vaccination (one zone as designated by the Delegate of Turkey in a document addressed to the Director General in November 2009): Whilst the Commission noted that strict measures are implemented during the religious ceremony (Kurban Festival) by Turkey to control movement of live animals from FMD-infected zone into the FMD-free zone where vaccination is practiced, the Commission underlined the importance of continuing to strengthen the system of inspection and its strict supervision by the Veterinary Authority to prevent the risk of FMD virus introduction into the FMD free zone with vaccination.

Philippines: The Commission noted that a surveillance design focused on demonstration of freedom rather than on herd immunity assessment would be appropriate, considering Philippines FMD free status without vaccination. The Commission commended Philippines for the pilot FMD risk assessment study that identified the risk factors on the incursion of FMD, the level of risk for each of the 12 risk factors and the recommendations made on risk management. The Commission agreed that the study should be extended to the rest of the provinces and emphasised that Philippines should ensure that its early detection system and clinical surveillance is further strengthened for appropriate detection and follow-up of FMD suspicions in accordance with Articles 8.8.40. to 8.8.42. of the Terrestrial Code. This is of high importance as the Philippines now plans to gradually stop active serosurveillance. The Commission requested that the Philippines report on its progress transitioning to a risk-based surveillance and to clearly state the objectives of the serosurveillance when submitting its reconfirmation for 2020, and recommended that the Philippines’ reconfirmation be selected for comprehensive review next year.

The Commission concluded that, in general, the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 8.8. of the Terrestrial Code for the maintenance of the officially recognised FMD free status.

7. Maintenance of the endorsement of the official control programme for FMD

The annual reconfirmations of China (People’s Rep. of), India, Mongolia, Morocco, Namibia and Thailand were comprehensively reviewed by the Commission. Specific comments made by the Commission were as follows:

China (People’s Rep. of): The Commission acknowledged the information provided by China on its progress made and planned activities in relation to the recommendations made by the OIE mission that took place in July 2018. After reviewing the report, the Commission strongly suggested that China continue its efforts in implementing and advancing on the recommendations of the mission and requested a detailed update on each point be provided when submitting the reconfirmation in November 2020. Furthermore, the Commission took note that the China’s FMD control programme was planned for revision in 2020 and requested its submission as soon as it becomes available; this is compulsory in order for the Commission to monitor and assess China’s progress along its programme for maintenance of OIE endorsement.
India: The Commission acknowledged the information provided by India on its progress made and planned activities in relation to the recommendations made by the OIE mission that took place in June 2018. The Commission welcomed the initiative of India on the implementation of a new identification system as part of the National Animal Disease Control Programme for FMD and Brucellosis, and took note of the different activities to commence during 2020. The Commission requested that a similar progress report on the OIE mission recommendations is provided when India submits its annual reconfirmation in November 2020. Information on the purity of the vaccines used should also be indicated in the annual reconfirmation. Furthermore, the Commission recommended the implementation of a harmonized vaccine quality testing by an independent body. While reiterating its feedback provided in response to India’s 2018 reconfirmation, the Commission highlighted the importance of implementing a clear and comprehensive procedure on systematic follow-up investigations on positive reactors to NSP tests in accordance with Articles 8.8.40 to 8.8.42. of the Terrestrial Code.

Mongolia: The Commission acknowledged the continuing efforts of Mongolia on serosurveillance and vaccination activities. With regard to the serosurveillance, the Commission suggested using a lower within-herd prevalence design for sampling in the eastern area and parts of the central region, taking into consideration the immunity coverage reported. Mongolia is encouraged to implement FMD awareness and training activities to strengthen the early detection and passive surveillance systems, particularly in the areas where vaccination is not performed. The Commission recommended Mongolia to provide an update on the implemented activities and progress made when submitting its reconfirmation in November 2020. A detailed plan of activities to be implemented in 2021 should also be provided.

Morocco: The Commission recommended the results of the serological survey and the immunity studies of vaccinated populations performed in 2019, including vaccine matching information, to be provided as soon as they are available and ensure coordination with the OIE Sub-Regional Representation for North Africa.

Namibia: The Commission acknowledged the information provided by Namibia in support of the reconfirmation of its endorsed official control programme for FMD. The Commission expressed its concern on the significant delay to conduct the investigations on the low antibody response to SAT3 component of the vaccine as observed from the post-vaccination sero-monitoring survey conducted in 2017. The Commission requested Namibia to consider this as a priority and to submit the outcomes of the investigations, including any corrective actions when submitting its annual reconfirmation in November 2020.

The Commission noted the difficulty in reaching the target vaccination coverage against FMD due to the severe drought conditions and encouraged Namibia to continue its efforts in reaching the target vaccination coverage in 2020. The Commission took note of the delay of the implementation of infrastructural developments and activities and recommended Namibia to provide information on progress made in the annual reconfirmation in November 2020.

The Commission commended Namibia for participating in inter-laboratory comparison tests with Botswana on FMD and noted that the Central Veterinary Laboratory also participated in ring trials for CBPP and FMD organised by the Pirbright Institute, but the results were still pending. The Commission invited Namibia to provide the results while submitting its annual reconfirmations in November 2020.

The Commission reiterated its recommendation and strongly encouraged Namibia to provide a clear and concise update on the main achievements and progress made and focusing on the official control programme for FMD for the reporting period to facilitate the review of the information provided.

Thailand: The Commission expressed some concerns over the slow rate of progress made on Thailand’s endorsed control programme and on the implementations of the recommendations of the 2019 OIE mission. Considering the above, in order to maintain the endorsement of the official FMD control programme, the Commission deemed necessary that appropriate adjustments be made to the official control programme particularly on the frequency for conducting serosurveillance, the activities timeline and performance indicators, according to the current situation and incorporating the recommendations of the OIE mission. The Commission requested that this updated information be submitted to the OIE, at least two months before meeting of the ad hoc Group on the evaluation of the FMD status of Members, in accordance with the SOP, for its assessment. The Commission also requested Thailand to provide information on follow-up procedures of NSP positive animals and information on the vaccine characteristics (type, stability, potency and purity). Additionally, the Commission requested Thailand to provide an update to the programme timeline, including vaccination activities, and the transition to the use of vaccines fully compliant with the Terrestrial Manual.
The Commission considered that the annual reconfirmations of the above-listed Members were compliant with the relevant provisions of Chapter 8.8. of the Terrestrial Code for an endorsed official control programme for FMD.

8. Maintenance of the PPR free status

8.1. Annual reconfirmations comprehensively reviewed by the Commission:

The annual reconfirmations for PPR free status of Croatia, Madagascar, Mauritius, Namibia, Philippines and Romania were comprehensively reviewed by the Commission. Specific comments made by the Commission were as follows:

Croatia: The Commission appreciated the information on the actions taken by Croatia with regard to the recommendations of the ad hoc Group. The Commission encouraged Croatia to follow-up on the awareness activities and simulation exercise and provide information in the annual reconfirmation to be submitted in November 2020.

Madagascar: The Commission strongly encouraged Madagascar to develop the legal framework to support the prohibition of vaccination against PPR and on identification and traceability, and to fully comply with the recommendation of the ad hoc Group report. The Commission also encouraged Madagascar to operationalise PPR molecular diagnostics.

Mauritius: The Commission examined the information provided by Mauritius regarding clinical/passive and active surveillance and the protocol for the follow-up and investigation of PPR suspicions including information on awareness campaigns. The Commission expressed that the information provided was overall satisfactory. The Commission however strongly encouraged Mauritius to put in place written official PPR protocols and procedures including updating import requirements in accordance with the Terrestrial Code and submit the information during its annual reconfirmation in November 2020. In addition, the Commission recommended that awareness campaigns should also include farmers and not be limited to Veterinary Officers and extension workers.

Namibia free zone (one zone located south to the Veterinary Cordon Fence, designated by the Delegate of Namibia in a document addressed to the Director General in November 2014): The Commission appreciated the information provided regarding the serological survey and noted that the sampling of the two Kavango Regions will be included in the 2020 survey. The Commission encouraged Namibia to provide the results of the 2020 serological survey for the 8 targeted Regions in the annual reconfirmation to be submitted in November 2020.

Philippines: The Commission appreciated the explanations provided by the Philippines on the activities to substantiate the effectiveness of the early detection system for PPR. Whilst noting that training for relevant animal health stakeholders was conducted for disease recognition including PPR, the Commission strongly recommended the Philippines to undertake activities that would confirm the operational readiness of the contingency plan in case of a PPR outbreak, including early detection, chain of command or reporting, sampling, laboratory diagnosis and confirmation and implementation of relevant control measures.

Romania: Whilst the Commission noted that no PPR suspicions were reported, it underlined the importance of continuation to strengthen the system of inspections and its supervision for early detection of possible suspicions of PPR.

The Commission concluded that the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 14.7. of the Terrestrial Code for the maintenance of the officially recognised PPR free status.
8.2. Annual reconfirmations screened by the OIE Status Department

The OIE Status Department reviewed the rest of the annual reconfirmations for PPR free status and reported the outcome of its analysis to the Commission as follows:

The annual reconfirmations for the following Members were reviewed:

<table>
<thead>
<tr>
<th>Argentina</th>
<th>Eswatini</th>
<th>New Zealand</th>
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<tbody>
<tr>
<td>Australia</td>
<td>Finland*</td>
<td>Norway</td>
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<tr>
<td>Austria</td>
<td>France*</td>
<td>Paraguay</td>
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<td>Belgium</td>
<td>Germany</td>
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<td>Bolivia</td>
<td>Greece</td>
<td>Poland</td>
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<td>Bosnia and Herzegovina</td>
<td>Hungary</td>
<td>Portugal*</td>
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<td>Botswana</td>
<td>Iceland</td>
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<td>Brazil</td>
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<td>Italy</td>
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<td>Chile</td>
<td>Korea (Rep. of)</td>
<td>South Africa</td>
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<td>Chinese Taipei</td>
<td>Latvia</td>
<td>Spain*</td>
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<td>Colombia</td>
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<td>Denmark</td>
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<td>United Kingdom*</td>
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<td>Ecuador</td>
<td>Mexico</td>
<td>United States of America*</td>
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<tr>
<td>Estonia</td>
<td>New Caledonia</td>
<td>Uruguay</td>
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</table>

The OIE Status Department informed the Commission that the annual reconfirmations were compliant with the relevant provisions of Chapter 14.7. of the Terrestrial Code.

The Commission concluded that the annual reconfirmations of the above-listed Members were compliant with the relevant requirements of Chapter 14.7. of the Terrestrial Code for the maintenance of the officially recognised PPR free status.

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* Including Åland Islands.
* Including Azores and Madeira.
* Including Balearic Islands and Canary Islands.
* Including Cayman Islands, Falkland Islands, Guernsey (incl. Alderney and Sark), Isle of Man, Jersey, and Saint Helena.
* Including American Samoa, Guam, Northern Mariana Islands, Puerto Rico and US Virgin Islands.
MEETING OF THE OIE AD HOC GROUP ON THE EVALUATION OF FOOT AND MOUTH DISEASE STATUS OF MEMBERS

Paris, 5 – 7 November 2019

a) Colombia

In September 2019, Colombia submitted an application for the separation of the previously recognised zone free from FMD where vaccination is practised (currently suspended) into four zones.

In accordance with the established procedures, the participating expert from Pan-American Centre for Foot-and-Mouth Disease (PANAFTOSA) expressed a possible conflict of interest and withdrew from the decision making on Colombia’s dossier.

The Group requested additional information and received clarification from Colombia.

i) Animal disease reporting

The Group considered that generally Colombia had a record of regular and prompt animal disease reporting. However, some concerns were noted on the time that was taken to confirm cases by the laboratory in 2018, which were longer than expected. Furthermore, the Group questioned the non-reporting of the detection of an illegal introduction of animals in December 2018, where the animals were unloaded and developed FMD. The Group was of the opinion that this would fit the definition of an outbreak and should have been notified to the OIE.

ii) Veterinary Services

The Group was informed that Colombia had received a PVS follow-up evaluation mission in 2015. The PVS report provided additional support that the Veterinary Services were compliant with the requirements for a country having officially recognised FMD free zones.

Colombia reported that in order to address the illegal entry of animals and agricultural products into Colombia and considering the outbreaks of FMD in 2017 and 2018, as of October 2018, an Integrated Centre (CIIP) was created, consisting of the Colombian Institute for the Agricultural and Livestock sector (ICA), the National Institute for Medicine and Food Surveillance (INVIMA), the Fiscal and Customs Police (POLFA) and the National Tax and Customs Office (DIAN). The CIIP functions 24-hours a day and through the collaborative capacities of the agencies, the CIIP Integrated Centre aims to counteract smuggling of goods by using the information systems available to detect irregularities in the movement of livestock.

iii) Situation of FMD in the past 2 years

The last FMD outbreaks in each of the proposed FMD free zone were as follows: October 2018 in Zone I (Northern), June 2017 in Zone II (Eastern), 2000 in Zone III (Trade) and September 2018 in Zone IV (Rest of the country).
iv) Routine vaccination and vaccines

According to the dossier, cattle and buffalo are vaccinated against FMD twice a year. The Group noted a plan to implement an additional round of vaccination in the young stock (cattle and buffaloes under 24 months of age) in Zones I and II, during the months of July and August. However, the Group was unsure whether this plan also applied to the protection zone and High Surveillance Zone (HSZ) bordering a country of undetermined FMD status.

The Group noted that the characteristics of the vaccine and the standards for its production are laid down by ICA, following the provisions of the OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals (Terrestrial Manual). The vaccine authorised for use in Colombia is an inactivated, bivalent vaccine containing viral strains A24 Cruzeiro and O1 Campos. These vaccine strains were selected to provide suitable immunological correspondence with field strains prevalent in South America on the basis of analyses performed by PANAFTOSA. Most recently, an assessment had been made of the suitability of O1 Campos for use against the serotype O viruses obtained from Colombia in 2017; an expected protection value of 76% was obtained, which was above the 75%-threshold for acceptance.

The Group acknowledged that the Colombian Livestock Federation (Federación Colombiana de Ganaderos, FEDEGAN), organises the logistical activities in all territories where vaccination is implemented. The territory to be vaccinated, which corresponds to the four proposed zones along with the protection zone and HSZ, is divided up into locally organised vaccination projects managed by the dedicated authorised organisation (Organización Ejecutora Ganadera Autorizada, OEGA). The Unique Vaccination Registry (RUV) is the official document issued at the end of the vaccination process for each farm.

With regard to the effectiveness of the FMD vaccination programme, the Group was informed on the coverage of vaccinated farms and animals for each zone, obtaining levels over 90% for all the proposed zones. Colombia also provided results of herd immunity at herd level for serotypes O and A in three zones (central zone, northern zone, and rest of the country) which were different from the four proposed zones but based on the FMD epidemiological situation and covering the territories of the four proposed zones. The results showed a pattern of increasing immunity level by age category, and where low immunity was detected there was no indication of clustering.

v) Surveillance for FMD and FMDV transmission in accordance with Articles 8.8.40. to 8.8.42.

The Group was given details of the active and passive surveillance that were in place. For example, the number of suspect vesicular cases which were investigated in the last two years was provided in the dossier and additional information provided by Colombia. The Group acknowledged appropriate follow-up procedures were performed on suspected cases. However, the Group made a comment that one probang sample is not sufficient to confirm a negative FMD result.

Whilst the Group requested the results of the active follow-up surveillance performed on the outbreaks of 2018, the request was misunderstood, and information was only provided with regard to passive surveillance.

The Group expressed concerns on outbreak No. 4 in the Department of Boyacá, for which Colombia concluded that the source of the outbreak was virus circulation in the previous containment zone as no other epidemiological link could be made to new introductions of FMD virus. Colombia explained its rationale for reaching this conclusion and the corrective measures taken.

With regard to the surveillance in the protection zone and HSZ, it appeared that there was no additional intensified surveillance implemented in these areas compared to the proposed FMD free zones.

The Group recommended that the random NSP and immunity surveys be supplemented by risk-based targeted surveillance.
Overall, the Group felt that the surveillance activities and results presented by Colombia supported no FMD virus circulation in the four proposed zones.

vi) Regulatory measures for the early detection, prevention and control of FMD

Colombia described its network of epidemiological sensors made up by professionals (i.e. veterinarians, veterinary zootechnicians with certified graduate or postgraduate degrees) and para-professionals (i.e. people who have completed one or two years of technical courses in livestock-related studies) in support of the early warning system. The sensors receive annual training provided by ICA on all diseases of national importance including FMD and Colombia reported that there are 5,299 sensors in the country at the time of submission.

The Group noted sufficient regulatory measures in place described in the dossier for the early detection, prevention and control of FMD, as implemented in other zones already officially recognised as free from FMD. However, the Group noted that there were movement of animals leaving Zones I, II, protection zone and HSZ to other zones in the country which could be a considerable risk that should be taken into account by Colombia, particularly the movements from the HSZ destined for farms and markets.

From the additional information received by Colombia, the Group recognised that there were limited movements of live animals from the protection zone to the proposed zones and the requirements were in accordance with the provisions of Article 8.8.12. of the Terrestrial Code. However, regarding the movements from the HSZ to the proposed zones, the Group did not find supportive evidence demonstrating full compliance with the provisions of Chapter 8.8. of the Terrestrial Code.

Colombia stated that individual identification of cattle and buffalo was mandatory in the HSZ since 2010 by resolution and will become mandatory in Zones I and II as part of the legislation on implementation of border control and control posts that was to be issued on 13 November 2019. For the protection zone, individual identification is required only for animals to be moved to the proposed free zones. For the other zones, FMD susceptible animals have group identification by branding. Whilst the Group noted that individual identification is not a mandatory requirement, the Group had concerns that the brand identification system currently in place in the country may not be sufficient to rapidly identify the origin of individual animals.

vii) Description of the boundaries of the proposed free zone

Zone 1. Located in the north of Colombia, this zone comprises the Departments of La Guajira and Cesar, and includes the municipalities of Abrego, Cachira, Convencion, El Carmen, Hacari, La Esperanza, La Playa, Ocaña, San Calixto, Teorama and Villacaro of the Department of Norte de Santander (Figure 1). This zone shares borders with Venezuela. There is a mountain range that acts as a natural barrier separating the Departments of La Guajira and Cesar from Venezuela.

Zone II. The zone II is constituted by the departments of Arauca and Vichada and the municipality of Cubará of the department of Boyacá, with the exception of the HSZ located along a 15 km wide strip inside the country along the border with Venezuela.

Zone III. This zone is separated from the free zone where vaccination is practised as it is the main zone for the country's export activities in livestock products. It is formed by the Departments of Atlántico, Córdoba, Sucre, Magdalena and some municipalities of the Departments of Antioquia, Bolivar and Choco.

In Zones II and IV, where it directly borders Venezuela, Colombia informed that the forest and the Orinoco River basin act as natural barriers.
Zone IV. This zone includes the Departments of Amazonas, all municipalities of Departments of Antioquia and Bolívar (excluding those located within the Zone III), of Boyacá (excluding the municipality of Cubará), Caldas, Caquetá, Cauca, Casanare, Chocó (all municipalities excluding those located in Zone III and those part of the zone free from FMD where vaccination is not practised), Cundinamarca, Guainía, Guaviare, Huila, Meta, Nariño, Quindío, Putumayo, Risaralda, Santander, Tolima, Valle del Cauca and Vaupés.

Figure 2. Proposed FMD free zones [4] where vaccination is practised in Colombia for potential recognition in May 2020.

In order to control the movement of FMD susceptible animals in the national territory and according to the differentiated strategy in the four zones, two resolutions were issued by ICA: the first one that dictates the provisions that must be complied with in the Zones I and II and the second, which establishes the conditions for Zones III and IV.

viii) Description of the boundaries and measures of a protection zone, if applicable

Colombia confirmed its maintenance of the previously established protection zone bordering a neighbouring country without an official FMD free status and between Zones I and II, as well as the HSZ formed by a 15-km wide strip between Zone II and the border with Venezuela. The protection zone and HSZ are not included as part of any of the proposed free zones.

ix) Description of the system for preventing the entry of the virus

The Group noted the strategy implemented to address the illegal entry of animals and agricultural products into Colombia (cf Section ii) of this report) where Colombia’s Veterinary Service is part the CIIP.
The dossier described the distribution of ICA inspection posts at the boundaries and inside the proposed zones, as well as the locations of the CIIP. However, the Group noted that not all inspection posts were in place, with some planned. Colombia reported that the legislation on implementation of border control and control posts was to be issued on 13 November 2019 and all control posts would be implemented by June 2020. The Group underlined that all measures should be implemented, and documented evidence should be provided on the effectiveness prior to application for official recognition by the OIE.

Figure 3. Control posts – existing (blue) and planned (red).

Regarding imports, there were no entries of FMD susceptible animals into the proposed FMD free zones. The Group acknowledged that imports of animal products were only from countries or zones recognised by the OIE as free from FMD.

x) Compliance with the questionnaire in Article 1.11.4.

The Group agreed that the format of the dossier was compliant with the questionnaire in Article 1.11.4.

Conclusion

While the Group noted comprehensive information and supportive data on preventive and surveillance activities carried out by Colombia, the Group was concerned about the control of movements between the proposed zones as well as about the illegal movements and the feasibility of the maintenance of a FMD free status particularly in Zones I and II bordering a neighbouring country with an undetermined FMD status risk. The Group felt that it was not in a position to make a final decision and while noting that a mission was planned to be deployed at the end of November 2019, the Group raised some points for the mission to verify (in addition to the ones mentioned within the sections above):

- System for prompt detection, reporting and follow-up of FMD suspicions.

- Documented evidence substantiating proper movement control of all FMD susceptible animals and their products into the proposed zones and between them despite incomplete implementation of certain measures (e.g. operational control posts, legislation pending approval and enforcement, individual animal identification, etc.)
- Clear procedures and immediate actions (e.g. destruction and disposal) to be taken upon detection of any illegal movements of FMD susceptible animals and their products.

- Whether the use of protection zone and HSZ in Colombia is in accordance with Article 4.4.6. of the Terrestrial Code.

- Whether the more frequent vaccination planned in Zones I and II would also apply to the protection zone and HSZ.
Removing barriers to effective implementation of Protection Zones for risk management

1. Objective

The aim of this paper is to provide the background and explanation for the revision of OIE standards relating to Protection Zone proposed in the February 2020 report of the Terrestrial Animal Health Standards Commission (TAHSC).

2. Background

During the last revision of Chapter 4.4 on Zoning and compartmentalisation, adopted in 2018, some Members requested clarification on the proposal to include new text on the concept of ‘temporary protection zone’ in Article 4.4.6. Members’ concerns were discussed by the Scientific Commission for Animal Diseases (SCAD) and the TAHSC, and it was agreed not to include them at that time, but to further discuss how to manage, clarify and incorporate this concept into the Terrestrial Animal Health Code (Terrestrial Code). This concept was later discussed by both Commissions over a number of dedicated meetings and agreement was reached on critical aspects of its implementation and implications on animal health status. Consequently, draft amendments to Chapter 4.4 will be proposed for its inclusion in the Terrestrial Code.

3. The Protection Zone concept and proposed revision

Chapter 4.4 of the Terrestrial Code provides recommendations on the principles of zoning and compartmentalisation to Members wishing to establish and maintain different subpopulations with specific health status within their territory. These principles should be applied in accordance with other relevant chapters of the Terrestrial Code, including the disease specific chapters. This chapter also outlines a process by which trading partners may recognise such subpopulations.

The current concept of Protection Zone is dealt with specifically in Article 4.4.6. According to this article, a Protection Zone may be established to preserve the animal health status of an animal population in a free country or a free zone by preventing the introduction of a pathogenic agent of a specific infection or infestation from neighbouring countries or zones of different animal health status to that animal population. It also states that a Protection Zone can be established within or outside a free zone or within a free country. The current article does not make any reference to the temporality of its implementation.

The proposed revision aims at improving the practical function of the Protection Zone as a risk management strategy to minimise the impact that a disease introduction would have on the entire country or zone in cases where the increased risk is considered to be temporary. While still consistent with the current concept of a Protection Zone, changes are proposed in article 4.4.6 to allow its implementation in such cases. Introducing greater specificity around Protection Zones within Chapter 4.4 should assist Members in applying the concept in specific situations. The TAHSC and SCAD agreed to adapt general provisions of Protection Zones described in Article 4.4.6 of the Terrestrial Code, to have clear provisions that could apply for all diseases. If further specific provisions are required concerning a specific infection or infestation, they would be addressed in the disease-specific chapters.

In addition, if the provisions for Protection Zone are modified as presented in this paper, the current use of the term in the context of Article 4.4.7 on Containment zones (namely point 4(b)) would not be appropriate. Thus, Article 4.4.7. has been revised in this regard.

4. Implementation of the revised Protection Zone concept and resulting implications

Following the proposed revision, the implementation of a Protection Zone implies clear demarcation of a specific zone and, when relevant for official recognition or self-declaration of animal health status, the provision of documented evidence demonstrating that:

- The risk of introduction has been assessed properly;
- Effective separation between the susceptible population within and outside of the zone including the control of movements of live animals and their products is in place;
- Enhanced control measures that may include but not limit to biosecurity, surveillance, vaccination, etc. are implemented in the Protection Zone, as well as enhanced surveillance for early disease detection outside of the Protection Zone.
The revised concept of Protection Zone can still be established, temporarily or permanently, within or outside a free zone or within a free country. More than one Protection Zone could be established in the same country or zone if justified by the results of the risk assessment.

It is worth noting that both Commissions concurred that unless otherwise specified for a given disease when the animal health status of a Protection Zone changes due to occurrence of a case or implementation of vaccination, the status of the rest of the country or zone will be preserved.

The implementation of the revised concept for Protection Zone for the diseases for which the OIE recognises an official status will require further development of clear criteria, requirements, and procedures.

5. Case study

The examples below illustrate the implementation of the revised concept, the consequences to animal health status in case of vaccination or disease incursion, as well as the procedure for recovery of free status if the protection zone is lifted when the risk of disease incursion is no longer a concern.

**Scenario:** Outbreak is confirmed 50-km from the border of the country. The documented risk assessment indicated that the risk of incursion is very high. The country decides to implement a new Protection Zone at the border with the country having an outbreak in order to reinforce the prevention of the introduction of the pathogenic agent, and safeguard, the rest of the country outside of the Protection Zone in the case of an incursion.

![Diagram of Protection Zone implementation](image)

*Impact of vaccination will depend on the provisions of the disease-specific Chapter (whether a country or zone can be considered free with or without vaccination). For example, in the case of Lumpy skin disease, free status cannot be maintained in the PZ if vaccination is implemented in the PZ.*

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**Fig 1:** Implementation of Protection Zone (PZ) and transition to Containment Zone (CTZ)
Consequences on animal health status in the event of an outbreak in the Protection Zone:

- Rest of the country outside of the Protection Zone: Remains free from the disease. However, commodities from susceptible animals for international trade should be identified as to their origin from outside of the Protection Zone.

- The Protection Zone will lose its free status noting that:
  - If vaccination was not implemented, the country might consider the implementation of a Containment Zone following the provisions of Article 4.4.7. The area outside of the Containment Zone but within the Protection zone could recover the free status following the provisions of Article 4.4.7 and the disease-specific chapter.
  - Unless otherwise specified in the disease specific chapter, if vaccination was implemented, the zone would be considered infected.

Recovery of disease status in the Protection Zone

When a case occurs in the Protection Zone or if its free status had been lost due to the implementation of emergency vaccination, the recovery would follow the relevant provisions of the article on ‘Recovery of free status’ in the disease-specific chapter.
### WORK PROGRAMME FOR

THE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES (FEB 2020)

<table>
<thead>
<tr>
<th>Issue and priority order</th>
<th>Status and action</th>
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<tbody>
<tr>
<td><strong>Update of OIE standards</strong></td>
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<tr>
<td>1 Glossary</td>
<td>Proposed amendments and sent to TAHSC.</td>
</tr>
<tr>
<td>2 Ch. 1.3. Diseases, Infections and Infestations listed by the OIE</td>
<td>Proposed amendments and sent to TAHSC.</td>
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<tr>
<td>2 Ch. 1.4. Animal Health Surveillance</td>
<td>Proposed amendments and sent to TAHSC.</td>
</tr>
<tr>
<td>1 Ch. 1.6. Procedures for self-declaration and official recognition by the OIE</td>
<td>Proposed amendments and sent to TAHSC.</td>
</tr>
<tr>
<td>2 Ch. 4.4. Zoning and compartmentalisation</td>
<td>See section on liaison with other Specialist Commissions.</td>
</tr>
<tr>
<td>3 Ch 4.Y. Official control of listed and emerging diseases</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>1 Ch.8.8. Infection with foot and mouth disease</td>
<td>Proposed amendments and sent to TAHSC. Discussion on safe commodities, and proposal for HQ to perform expert elicitation.</td>
</tr>
<tr>
<td>2 Chapter 8.11. Infection with <em>Mycobacterium tuberculosis</em> complex</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>1 Ch. 8.14. Infection with rabies virus</td>
<td>Endorsed questionnaire for application for the endorsement of official control programmes for dog-mediated rabies. Review expert opinion on the recommendation for exportation of dogs from infected countries -Expert opinion forward to TAHSC</td>
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<tr>
<td>3 Chapter 8.15. Infection with Rift Valley Fever virus</td>
<td>Proposed amendments and sent to TAHSC.</td>
</tr>
<tr>
<td>3 Ch. 8.16. Infection with rinderpest virus</td>
<td>Revised ToR of the ad hoc Group that will revise the chapter.</td>
</tr>
<tr>
<td>3 Ch 8.X. <em>Trypanosoma evansi</em> (not equine surra)</td>
<td>Not applicable</td>
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<tr>
<td>1 Ch. 8.Y. Animal African Trypanosomoses</td>
<td>Discussion and consultation with experts on safe commodities. Proposed amendments and sent to TAHSC</td>
</tr>
<tr>
<td>1 Ch.10.4. Infection with avian influenza virus</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>1 Ch. 11.4. Bovine spongiform encephalopathy</td>
<td>Not applicable.</td>
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<tr>
<td>3 Ch. 11.9. Infection with lumpy skin disease virus</td>
<td>Not applicable.</td>
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<tr>
<td>3 Ch. 11.12. infection with <em>T. anulata</em>, <em>T. orientalis</em>, <em>T. parva</em></td>
<td>Not applicable.</td>
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<tr>
<td>3 Ch. 12.3. Infections with Trypanozoon in equids</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>3 Ch. 12.2. Contagious equine metritis</td>
<td>Considered ad hoc Group report. Proposed amendments and sent to TAHSC.</td>
</tr>
<tr>
<td>2 Ch. 12.6. Infection with equine influenza virus</td>
<td>Addressed Member comments and proposed amendments to the Chapter. Sent to TAHSC.</td>
</tr>
<tr>
<td>3 Ch. 12.7. Equine piroplasmosis</td>
<td>Considered ad hoc Group report. Proposed amendments and sent to TAHSC.</td>
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### Work programme for the Scientific Commission (February 2020)

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<tr>
<th>1</th>
<th>Chapter 14.7. Infection with PPR virus - Harmonisation of the requirements in the <em>Terrestrial Code</em> Chapters for official disease freedom</th>
<th>Considered ad hoc Group report and its opinion (Article 14.7.1, 14.7.3 and 14.7.10). Reviewed comments from Members, proposed amendments and sent to TAHSC.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ch 15.2. Classical Swine Fever</td>
<td>Reviewed comments from Members, proposed amendments and sent to TAHSC.</td>
</tr>
<tr>
<td>3</td>
<td>Ch. 14.X. infection with <em>T. lestoquardi</em>, <em>T. luwenshuni</em>, <em>T. uilenbergi</em></td>
<td>Not applicable.</td>
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</tbody>
</table>

### Official disease status recognition

| 1 | Evaluation of Member dossiers | [Each February meeting] SCAD considered the ad hoc Groups’ reports for evaluation of Members’ status, analysis of the dossiers and other findings and recommended the final outcome for adoption by the World Assembly in May 2020. |
| 2 | Experts missions to Member Countries | [Continuous process] SCAD prioritised in-country missions to be deployed to monitor continuous compliance with the *Terrestrial Code* requirements for maintenance of official status. Follow-up on action plan(s) submitted by Members on the implementation of recommendations of the expert mission. |
| 2 | Follow up of Member Countries with official disease status or with suspended status | [Continuous process] Situation in the listed countries reviewed and follow-up on recommendation of SCAD for certain countries; on-going process. |
| 1 | Review of annual reconfirmations | [Each February meeting] SCAD evaluated the annual reconfirmations of selected countries’ disease status and endorsed official control programmes |
| 1 | Harmonisation of the requirements in the *Terrestrial Code* Chapters for official disease freedom | - Chapter 1.6.: Proposed amendments and sent to TAHSC.  
- Chapter 14.7. (PPR): Proposed amendments and sent to TAHSC.  
- Chapter 15.2.(CSF): Proposed amendments and sent to TAHSC. |
| 1 | Impact of revisions of BSE standards on Members BSE risk status | - Received an update from OIE HQ on the assessment of the potential impact of the revised BSE provisions on already recognised BSE risk status of Members |

### Disease control issues

| 2 | Advise on Global strategies and initiatives (FMD, PPR, rabies, ASF and AMR) | - Update on the progress made. |
| 1 | Assess and endorse non-disease-Status and non-standard-setting ad hoc Groups reports falling into the SCAD remit | - Not applicable. |
| 1 | Assess recent developments in the practical problems of control and eradication of infectious diseases and the impact of these developments | Consideration and proposed recommendations on the following:  
- Prion disease in dromedary camels;  
- Development of guidelines on compartmentalisation for ASF;  
- Use of oral vaccination for rabies in dogs;  
- Covid-19 outbreak  
- Update on the SIRCAH STAR-IDAZ International Research Consortium;  
- Update on the project on replacement of International Standard Bovine Tuberculin  
- Update on EBO-SURSY project  
- Update on Rinderpest  
- New scientific information on inactivation of ASF in porcine casing |
| 1 | Define a procedure for the evaluation of diseases against the listing criteria of Chapter 1.2 | Review the guidance document for the application and criteria for listing terrestrial animal diseases. |
| 1 | Define and implement procedure for updating case definition in the Code | Review of the concept note on case definition |
### Liaison with other Specialist Commissions

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<thead>
<tr>
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<tbody>
<tr>
<td>1</td>
<td>Terrestrial Animal Health Commission</td>
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<tr>
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<td>Meeting of the two bureaus to discuss topic of common interest</td>
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<tr>
<td>1</td>
<td>Biological Standards Commission</td>
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<td></td>
<td>Not applicable.</td>
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### Working Groups

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<tbody>
<tr>
<td>1</td>
<td>Antimicrobial resistance Working Group</td>
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<td></td>
<td>Not applicable.</td>
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<tr>
<td>1</td>
<td>Wildlife Working Group</td>
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<td>Advise on the activities. Agenda for the next meeting reviewed.</td>
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</tbody>
</table>

### Other activities that could impact SCAD work programme

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<tbody>
<tr>
<td>1</td>
<td>Evaluation of applications for OIE Collaborating Centre status</td>
</tr>
<tr>
<td></td>
<td>Not applicable.</td>
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<td>3</td>
<td>Update on the main conclusion/recommendations of meetings relevant for the work of the Commission</td>
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<td>The Commission was updated on the outcomes of the most relevant meetings organised since September 2019.</td>
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<td>Any other business</td>
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<td></td>
<td>Not applicable.</td>
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