



WORLD ORGANISATION FOR ANIMAL HEALTH
Protecting animals, preserving our future

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

Paris, 2-6 September 2013

A meeting of the OIE Scientific Commission for Animal Diseases (the Commission) was held at the OIE Headquarters in Paris, France from 2 to 6 September 2013.

The Commission was welcomed by Dr Elisabeth Erlacher-Vindel, Deputy Head and Acting Head of the OIE Scientific and Technical Department (STD), on behalf of Dr Bernard Vallat, Director General of the OIE.

Dr Erlacher-Vindel informed the Commission on the recent staff movements within the Scientific and Technical Department and indicated that the personnel component involved in official disease status evaluation have been increased. A replacement would also be selected for Dr Marta Martinez Aviles, who was leaving the OIE in September 2013.

The President of the Commission thanked Dr Martinez for her contribution to the work of the Commission and also the personnel of the Scientific and Technical Department for the preparation of the working documents for the meeting. He informed the Commission about the departure of Dr Jef Hammond as Head of the World Reference Laboratory for foot and mouth disease (FMD) in Pirbright, United Kingdom, and indicated that his successor, Dr Don King, should be invited to the next meeting of the Commission in February 2014. In outlining the agenda of the meeting, he indicated that there were a number of comments from Member Countries to be addressed, both derived from the General Session as well as from the *Terrestrial Animal Health Code (Terrestrial Code)* chapters that had been circulated for comments with the February 2013 report of the Terrestrial Animal Health Standards Commission (Code Commission). There were also a number of recommendations emanating from *ad hoc* Group meetings held since the last meeting of the Commission in February 2013 that needs to be considered. He also briefly outlined the most important outcomes of the 81st General Session related to the work of the Commission.

The director General met the Commission on Friday 6 September in the morning. He exchanged information and opinion with the Commission in the topics of the handbook surveillance, the “High Health and Performance” horses population, Schmallerberg virus, the definition of emerging diseases, brucellosis, tuberculosis, contagious bovine pleuropneumonia (CBPP), bovine spongiform encephalopathy (BSE) and the release of applications for disease freedom from applicant Member Countries.

Adoption of the agenda and appointment of rapporteur

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

1. Follow-up from the General Session

1.1. Review of *Terrestrial Code* chapters that were circulated to Member Countries for comment

a) Chapter 1.1. Notification of diseases, infections, infestations and epidemiological information

The Commission discussed the report of a meeting of the Presidents of the Scientific, Code and Aquatic Commissions that took place on 8 July 2013 at the OIE Headquarters to discuss a proposed new definition of *emerging diseases* as well as the notification obligations for *emerging diseases*. The Commission concluded that the proposed definition, which was developed in-house at OIE Headquarters, could be subject to different interpretations and that the existing definition of *emerging diseases* as in the 2012 edition of the *Terrestrial Code* should therefore be retained with an additional provision indicating that, for notification purposes of Member Countries to the OIE, the definition excludes listed diseases. The deliberations and recommendation of the Commission were shared with the Head of the OIE Animal Health Information Department who in principle agreed with the Commission but also indicated that he had drafted an alternative text for consideration by the Code Commission.

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

The Commission took note of the comments from Member Countries and forwarded its comments on the following to the Code Commission for consideration:

- On a Member Country request for the listing of Chronic wasting disease (CWD) the Commission recommended that the scientific information provided should be tested against the criteria for disease listing.
- On a Member Country observation that wildlife was ignored in the criteria for the inclusion of a disease in the OIE List related to spread, the Commission argued that wildlife was already included in the definition of *animals* in the glossary of the *Terrestrial Code*.
- The Commission agreed with the proposal of a Member Country that the outbreak of an emerging disease should be deleted as a criterion to be considered for disease listing since the new proposed definition of emerging diseases excluded listed diseases.
- The Commission did not agree with a proposal from a Member Country on removing honey bees from the title of the chapters where they were mentioned since the *Terrestrial Code* chapters related to these diseases were specific to honeybees.

c) Chapter 8.6: Foot and mouth disease

The Commission noted that extensive Member Country comments were received on the draft chapter and concluded that they should best be addressed by the *ad hoc* Group on FMD during a special extended meeting scheduled for that purpose in October 2013 after which the Commission could assess their response on the comments during the next meeting of the Commission in February 2014. This would allow for a second round of comments by Member Countries in 2014 with possible adoption of the amended chapter in 2015. However, it was also decided that to assist the *ad hoc* Group in addressing the comments from Member Countries, the Commission would provide guidance on the most critical issues raised by Member Countries such as the following:

- Reassessment of the definition of infection in line with approaches taken in the recent amended chapters on CSF and PPR.
- Re-consideration of the use of the term virus circulation vs. virus transmission.
- Definition of emergency vaccination (standard vs. high potency vaccine; or limited time use vs. continuous vaccination) and the concept of systematic vaccination.
- Re-consideration of the establishment of a FMD free compartment with vaccination.

- To carefully scrutinise the articles on surveillance for FMD for simplicity and the surveillance requirements when a policy of vaccinate-to-live has been applied.

d) Chapter 8.X: Brucellosis

Extensive Member Country comments were received on the amended chapter, being the first chapter in the *Terrestrial Code* where a pathogen approach had been applied i.e. including all the pathogens related to the disease into one chapter but separating the requirements for disease freedom and risk mitigation per species where appropriate. This approach was accepted by the majority of Delegates with only one Member Country objecting to this approach. This approach was also previously proposed and adopted by both the Scientific and Code Commissions.

The Commission provided further guidance to the *ad hoc* Group on the Member Country comments and concluded that the *ad hoc* Group should carefully consider the Member Country comments at its meeting scheduled for this purpose in December 2013. The Commission was of the opinion that pending the acceptable reformulation of the chapter by the *ad hoc* Group during their meeting in December 2013 and endorsement of these amendments by the Scientific and Code Commissions, the Chapter could, after being circulated for final Member Country Comments, be presented for adoption during the 82nd General Session in May 2014.

e) Chapter 15.2: Classical swine fever (CSF)

This chapter was adopted in its amended format during the 81st General Session. The Member Countries, who made interventions for possible amendments during the General Session, were invited to submit these interventions to the Scientific and Code Commissions for consideration during their meetings in September 2013. The intervention made during the General Session on defining CSF infection was already discussed during the 81st General Session and consequently amended and adopted. It was therefore not again considered by the Scientific Commission.

After the Commission took note of and extensively discussed all the comments by Member Countries, it was concluded that the Commission would consider amendments to the chapter in the *Terrestrial Code* where indicated after the pending revision of the chapter on Classical swine fever in the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* by the Biological Standards Commission was finished, especially as it relates to the application of differentiating diagnostic tests for CSF.

f) Chapter 14.9.: Scrapie

The Commission agreed with the comments received from a Member Country requesting an update of the *Terrestrial Code* chapter on scrapie should the disease remain an OIE listed disease. The Commission suggested that the *ad hoc* Group on BSE status recognition consider this request during its meeting in November 2013 and inform the Commission accordingly for discussion during the next meeting of the Commission in February 2014.

g) Draft chapter X.X: General principles for animal disease control

The Commission considered the comments from Member Countries and concluded not to proceed with the proposed inclusion of the document in the *Terrestrial Code* as a chapter. The guidelines already available on the OIE website would be updated according to the technical comments from Member Countries.

1.2. Review of the User Guide for the *Terrestrial Code* provided for information

The Commission took note of the comments on the document that was circulated to Member Countries but as most of the comments related to consistency in the use of terminology, the Commission did not offer any additional comments as this would be addressed by the Code Commission.

2. Reports of ad hoc and Working Groups

2.1. Meeting reports for endorsement

a) Ad hoc Group on tuberculosis: 9-11 April 2013

The Commission considered the report of the *ad hoc* Group and discussed the proposals for an amended chapter on tuberculosis using the same pathogen approach as was used for the amended chapter on Brucellosis. The Commission proposed several changes to the draft amended chapter and approaches applied in the draft chapter and concluded that the *ad hoc* Group should reconvene to consider the comments of the Commission to enable a draft chapter that can be circulated for Member Country comments. A meeting of the *ad hoc* Group was scheduled for February/March 2014 to enable the Commission to assess the changes to the draft chapter during its meeting in September 2014.

b) Ad hoc Group on international movement of horses for equestrian sport: 24-26 April 2013

The Commission considered the report of the *ad hoc* Group and discussed the proposals for the introduction of the concept of “High Health Performance” (HHP) horses into the *Terrestrial Code*.

The concept of HHP horses was introduced as a Technical Item to Member Countries during the 81st General Session. The primary aim of the concept was to allow for the temporary movement of horses participating in international equestrian events without being subjected to heavy standard in- and export requirements for the international movement of live animals. The Commission was informed that the development of the concept was taking place in close coordination between the OIE the *Fédération équestre internationale* (FEI), who regulates equine sport competitions and the International Federation of Horseracing Authorities (IFHA), who regulates racing events. The Commission took note that the OIE had already entered into discussions with Organisations such as the World Customs Organisation (WCO) as well as the EU to seek their assistance in facilitating the development and acceptance of this concept. A proposal could also be to try to test the concept during the equestrian competition of the Asian Games to be held in the Republic of Korea in 2014 while the biosecurity measures integral to the successful application of the concept would be tested during the World Equestrian Games (WEG) in Normandy, France, in 2014.

The Commission considered the draft chapter that was developed for introduction into the *Terrestrial Code* and proposed some minor amendments. The draft chapter was forwarded to the Code Commission for further processing. It was noted with appreciation that the draft chapter provided an extension of the application of existing standards in the *Terrestrial Code* such as certification, identification and compartmentalisation to enable Member Countries to apply the concept with more confidence without needing to consider new and unfamiliar concepts. This approach was also in support of interventions of Member Countries during the 81st General Session that the OIE in developing this concept should strive to apply as far as possible concepts already in the *Terrestrial Code* and familiar to Member Countries.

A document outlining the proposed principles for the establishment of Equine Disease Free Zones (EDFZ) was also discussed by the Commission. The Commission proposed some amendments especially related to the temporary nature of such EDFZ's and the need to apply the concept within the framework of trade facilitating concepts familiar to Member Countries. The Commission was in favour of the publication of the document on the OIE website with a possibility of introducing it into the *Terrestrial Code* at an appropriate time.

The report of the *ad hoc* Group was endorsed and is attached as Annex 3.

c) Ad hoc Group on Rift Valley fever (RVF): 4-6 June 2013

The Commission considered the report of the *ad hoc* Group and discussed the proposals for amending the existing chapter in the *Terrestrial Code*. It was noted with appreciation that the *ad hoc* Group applied a more trade approach and updated the scientific rationale for proposed changes to the chapter. It was noted that the infective period was decreased from 30 to 14 days while the safety of meat for trade purposes was amended acknowledging the virus inactivation processes taking place post slaughter.

In discussing the requirements for disease freedom from RVF the Commission concluded that taking into consideration the unique nature of the disease for remaining at a low but often undetectable level during inter-epizootic periods, countries that had experienced an epizootic of the disease, irrespective of the time interval between epizootics, could not qualify to claim disease freedom from RVF. Thus, only countries that had never experienced an outbreak of RVF and met the requirements of Article 1.4.6 of the *Terrestrial Code* for historical freedom could self-declare themselves as free from RVF. Changes to this effect were proposed by the Commission to the draft amended chapter.

The Commission also noted that the undefined term “area” and not *zone* was used in describing high risk areas for RVF but acknowledged that the use of this term in the context of disease distribution and outbreaks within a country would better reflect the real situation of disease occurrence rather than *zone*.

The Commission could not agree that fresh meat should be included as a safe commodity for trade and proposed that a specific article for the import of meat from infected countries should be introduced.

The draft amended chapter with amendments by the Commission was forwarded to the Code Commission for further processing.

The report of the *ad hoc* Group was endorsed and is attached as Annex 4.

d) *Ad hoc* Group on Porcine Respiratory and Reproductive Syndrome (PRRS): 9-11 July 2013

The Commission considered the report of the *ad hoc* Group and discussed the proposals for introducing this new chapter into the *Terrestrial Code*. Although the draft chapter on PRRS was not yet finalized, the Commission decided to provide comments to the *ad hoc* Group in finalising this new chapter for the *Terrestrial Code*. The Commission noted with appreciation the work already conducted by the *ad hoc* Group and the approach taken in expressing the possible trade restrictions related to this disease. Finalisation of the chapter on PRRS is scheduled for the meeting of the *ad hoc* Group in October 2013.

e) *Ad hoc* Group on harmonisation of the *Terrestrial Code* chapters on African horse sickness (AHS), bluetongue (BT) and epizootic haemorrhagic disease (EHD): 20-22 August 2013

The Commission considered the report of the *ad hoc* Group and discussed the proposals for harmonising the approach across the three *Terrestrial Code* chapters. It was noted with appreciation that the *ad hoc* Group took into consideration the comments by a Member Country in relation to bluetongue as well as several Member Country comments on the draft new chapter for EHD.

The Commission noted that the *ad hoc* Group succeeded in beginning to establish a harmonised approach for most of the concepts common to all 3 diseases except for issues related to AHS, being the only of these 3 diseases for which the OIE World Assembly of Delegates had adopted a process for the official recognition by the OIE for the disease status of a Member Country. To apply consistency with the other diseases qualifying for official disease status recognition, the policy of not allowing self-declaration by a Member Country for such diseases was maintained. In line with this procedure, self-declaration of seasonal freedom from vector borne diseases like BT and EHD should not apply for AHS. Clarifications were also provided by the Commission related to surveillance for historical freedom and for annual reconfirmation of AHS status.

The Commission noted the request from the Group that the International Embryo Transfer Society (IETS) needed to be consulted on whether embryos and oocytes could be considered as safe commodities for EHD and referred this request to the Code Commission. Similarly, the Commission referred to the Biological Standards Commission the petition of the Group that the OIE Reference Laboratories assessed the performance of cELISA tests for EHD.

The amended chapters were submitted to the Code Commission for further processing with the request that Member Countries should be advised to study all 3 chapters in parallel to fully appreciate and understand the changes made to try to harmonise concepts between the 3 chapters and not to interpret the changes as the introduction of new concepts into the respective chapters.

The report of the *ad hoc* Group was endorsed and is attached as [Annex 5](#).

f) *Ad hoc* Group on antimicrobial resistance (Ch.6.9 and 6.10): 27-29 August 2013

The Commission considered the report of the *ad hoc* Group and discussed the proposals for addressing Member Country comments and amendments to the respective chapters. The report also contained comments raised during previous General Sessions regarding *Terrestrial Code* Chapters 6.6., 6.7., 6.9., and the OIE List of antimicrobial agents of veterinary importance. Furthermore, the Commission took note and supported the initiative of harmonized quantitative data collection from OIE Member Countries on the use of antimicrobial agents in animals. The Commission commended the extensive work done by the *ad hoc* Group.

The Commission forwarded the amended chapters to the Code Commission for further processing.

The endorsed report is attached as [Annex 6](#).

2.2. Additional *ad hoc* Group meetings planned for 2013/2014

The following three additional *ad hoc* Group meetings were planned for 2013/2014:

- a) *Ad hoc* Group on Schmallenberg virus to discuss possible listing of the disease: 10-11 October 2013. Terms of reference, agenda and list of participants supported.
- b) *Ad hoc* Group on Glanders to discuss the review of the chapter and possible official status recognition: 26-28 November 2013. Terms of reference, agenda and list of participants supported.
- c) *Ad hoc* Group on African swine fever to update the existing chapter in 2014.

2.3. Working Group on Wildlife Diseases (WGWD)

The draft agenda of the WGWD for its meeting in November 2013 was shared with the Commission. The Commission once again discussed the priority issues the WGWD need to address in support of the activities of the Commission and the OIE. A representative of the Commission also attends the meeting of the Group to provide feedback on the meetings of the Commission and to give guidance to the Group on priority issues. The Commission took note that a representative of the WGWD was invited to the *ad hoc* Group meetings for tuberculosis and brucellosis and recommended that a member of the Group should also be invited to attend the intended *ad hoc* Group meeting on African swine fever.

The Commission was informed that during the meeting of the WGWD in November, one day of the meeting could be dedicated to liaison with relevant stakeholders in wildlife disciplines to share common goals and to elicit support for activities of the OIE related to the wildlife-livestock-human interface.

The Commission reiterated its request to the WGWD to consider issues related to the establishment of Trans-frontier Conservation areas and what effect these activities might have on disease status recognition of Member Countries - especially as it relates to foot and mouth disease - and to provide recommendations to the Commission on this important issue.

The Commission requested that the WGWD consider the role of hunters in disease surveillance for OIE listed diseases taking into account aspects related to the cost of wildlife surveillance. The WGWD should also consider methodologies applied in similar surveillance programs already in operation such as for example surveillance conducted in wild pigs for CSF and FMD.

A draft agenda for the meeting of the WGWD was subsequently endorsed by the Commission.

3. Official disease status recognition

3.1. Missions of the Scientific Commission

The Commission was briefed on the outcome of an expert mission to a Member Country in June 2013 to assess compliance with the requirements of the *Terrestrial Code* for an application received for the recognition of disease status for FMD. The Commission noted with appreciation the assistance provided by the Member Country to the experts and the transparency demonstrated in giving the experts access to all the relevant information during discussions and visits to disease related sites.

The Commission supported the recommendations of the experts and provided the necessary inputs for a communication by the Director General of the OIE to the Delegate of this country.

The Commission was also briefed on the planned expert mission to 4 Member Countries in the Southern African region during October 2013 to assess compliance of these Member Countries with the requirements of the *Terrestrial Code* for the maintenance of disease status for FMD. Two members of the Commission and an expert consultant will participate in the mission with support by the OIE sub-Regional Representative office for Africa.

During the period 23 March to 4 April 2014 a second mission will be conducted in the Andean region of South America, following previous missions of the Commission to the Andean region. The aim of the mission will also be to assess compliance with the requirements of the *Terrestrial Code* for disease status recognition for FMD and particularly to assess the implementation of the Agreement between the OIE and the Andean countries to favour progress with the control of FMD in the region. Two members of the Commission and an expert consultant will participate in the mission with support by the OIE Regional Representative office for the Americas.

3.2. Country applications for disease status recognition

The Commission took note that 2 Member Countries that were previously classified as having a controlled risk for BSE, have requested a re-evaluation of their status. The Commission concluded that these applications be assessed by the *ad hoc* Group on BSE status recognition during the meeting of the Group in November 2013.

Following a decision by the Commission during its previous meeting in February 2013 to request additional information and assurances from Brazil that had experienced a single case of atypical BSE, the Commission assessed the report provided to the OIE. The Commission was satisfied with the evidence submitted, considered it sufficient and concluded that Brazil should, for further final reassurances, be requested to submit the results of the proficiency tests conducted for 2013 to the OIE as soon as they became available.

The Commission considered with appreciation the updated information sent by Botswana to keep the OIE informed on the FMD situation in the containment zone.

3.3. Applications by Member Countries for historical freedom from Peste des petits ruminants (PPR)

The Commission considered and endorsed the format proposed by the OIE Scientific and Technical Department that should be used by Member Countries applying for historical freedom from PPR. The Commission agreed that the short process for application of historical freedom from PPR by Member Countries would be valid for one year only.

3.4. CBPP: OIE endorsed official control program

The Commission considered the addition of a new article (Article 11.8.18) to the *Terrestrial Code* to make provision for the endorsement by the OIE of an official control program for CBPP as is already done for FMD and PPR. The Commission regarded this initiative as a support and an incentive by the OIE for Member Countries wishing to progress with the control of CBPP. The questionnaire to assist Member Countries in their applications for the endorsement of official control programs for CBPP was also discussed and endorsed.

The Commission acknowledged that endorsement of the official control program can be done when a Member Country is still in the process of phasing out vaccination for the disease. The program should however already be in implementation with definite timelines indicated for termination of vaccination.

The text of the proposed draft Article and accompanying questionnaire was adopted and forwarded to the Code Commission for further processing.

3.5. Procedures for country evaluations for disease status

The Commission took with appreciation note of the standard operating procedures that were developed by the Scientific and Technical Department as a guideline for *ad hoc* Groups when assessing Member Country applications. The Department was also commended for the maps that would be available on the OIE website as a hyperlink to the lists of Member Countries that have received zonal disease free status to enable Member Countries to visually assess the respective disease free zones. It would initially be available for FMD but would later be extended for other diseases.

3.6. Public access to applications submitted by Member Countries for disease status evaluation

Following an informal request from a Member Country to have access to dossiers already evaluated by the Commission, the Commission discussed this request in detail - especially as it relates to the application of transparency by the OIE. The Commission concluded that dossiers should remain confidential as a Member Country applying for status recognition, has not been informed prior to submission of the dossier, that the document will become public after a decision has been taken by the Commission and the decision adopted by the OIE World Assembly. It was also accepted that should a Member Country need more information in respect of an application by another Member Country, the Delegates of the respective Member Countries could liaise directly with each other without intervention by the Commission or the OIE Headquarters.

4. Foot and mouth disease and Peste des petits ruminants Global control strategies

The Commission was briefed on the progress with the global control strategies for both PPR and FMD and noted with appreciation that for PPR the positive results of the pilot project for PPR control in two African countries and other on-going activities are expected to be synchronized with the launch of the research platform on PPR, which is planned to be coordinated by FAO and OIE. PPR is one of the priority diseases identified in the GF-TADs regions of Middle East, Asia and Africa. It was noted that recent staff changes in FAO and global networks could delay the implementation of the global strategies and organisation of a global conference on PPR control until 2015. As was the case for the launching of the global control program for FMD, a Resolution on the global control strategy of PPR should be presented to the OIE World Assembly of Delegates for adoption at the most appropriate time pending on progress with the on-going activities.

Following the recommendations of the Global Conference on FMD Global Control in Bangkok in 2012, the approach was that countries should continue with advocacy to their governments and propose projects to potential donors, rather than organising further global conferences as a follow-up. Help from the GF-TADs working group in the presentation of harmonised project proposals within each region was the preferred option by a number of countries. PVS missions also helped countries but must be separated from the PCP evaluation process. It was proposed that a letter of agreement be considered with EUFMD to facilitate good coordination with FAO activities so that they are not overlapping but working in collaboration.

The Commission was also briefed on the progress with the post vaccination monitoring project for FMD (PVM). An OIE/FAO/EUFMD working group on PVM met at FAO Headquarters from 26 to 28 July 2013. A structure for the PVM-guidelines was defined and chapters drafted on vaccine delivery and coverage and on the methodology to determine the population immunity. There were still on-going discussions on the need for elaborated chapters on vaccine quality and vaccination outcome and on the best option on how to combine the chapter on methodology with a section on practical examples based on the country's OIE FMD status and PCP stage. A one day follow-up meeting was proposed on 29 November 2013 at the OIE Headquarters with a core group to discuss these issues.

5. OIE Collaborating Centres

5.1. Brazil (PANAFTOSA)

The Scientific Commission discussed and endorsed the application by the Delegate of Brazil for the Pan American Centre for Foot and Mouth Disease (PANAFTOSA/Pan American Health Organization (PAHO), in Brazil, to be an OIE Collaborating Centre for Veterinary Public Health.

5.2. USA (FAZD)

The Commission evaluated and endorsed the application by the Delegate of the United States of America for the National Center for Foreign Animal and Zoonotic Diseases Defense (FAZD) in the USA to become an OIE Collaborating Centre for Biological Threat Reduction.

6. Liaison with other Commissions

6.1. Report of the Meeting of the Presidents of the Scientific, Code and Aquatic Commissions: 8 July 2013

This point of the agenda is covered in paragraph 1.1 above.

6.2. Discussions with the President of the Code Commission

The Commission during its regular meeting with the President of the Code Commission and representatives of the International Trade Department updated them on the main priority issues dealt with during the meeting, the decisions taken and the documentation that will be forwarded to the Code Commission for further processing. A summarised report of the joint meeting is included as [Annex 7](#).

7. Disease specific issues

7.1. Rinderpest

The Commission was briefed on the progress with data capture procedures for the compulsory reporting of Member Countries on rinderpest virus containing material (RPVM). Following the adoption of the Member Country questionnaire during the 81st General Session, an internet-based application has now been developed to enable Member Countries to complete the annual questionnaire on line. The application will be secured through a password system for access by the Delegate and authorised personnel. The system is in the final stages of testing and will be made available to Member Countries during the last quarter of 2013. It was envisaged that the annual questionnaire may also contribute to identify Member Countries who would need advice for the destruction of RPVM and to facilitate collaboration with the OIE Reference Laboratory for Rinderpest in Pirbright, UK to conduct gene sequencing of the RPV before destruction on site.

The Commission was informed that as there are not yet any OIE/FAO approved RPVM holding facilities and this issue will be dealt with as a matter of urgency by the OIE/FAO Joint Advisory Committee.

The Scientific Commission reviewed this questionnaire in detail and proposed some amendments.

7.2. Emerging diseases update: Middle East Respiratory Syndrome- Corona virus (MERS-CoV)

Feedback was given to the Commission on expert missions the OIE already participated in, related to MERS-CoV as well as intended missions, to assist in investigating the possible source of the virus - especially to establish if there are any indications of a human-animal interface in the origin or distribution of the infection. To date no convincing data to this effect are available thus emphasising the need to carefully evaluate the public health epidemiological data to establish if there is a human-animal interface.

7.3. Avian influenza

The Commission considered and endorsed the expert advice on the provisions for the inactivation of avian influenza virus. This document was referred to the Code Commission for further processing regarding Articles 10.4.21.,10.4.22., and 10.4.23.

8. Working program of the Scientific Commission

The Commission considered and updated its working program for 2013/2014 in relation to priorities identified during the 81st General Session and following requests from Member Countries and discussions with the Code Commission.

The next meeting of the Scientific Commission will be from **10 to 14 February 2014.**

9. Adoption of the report

The Commission briefly reviewed the main decisions taken during the week to make sure that they were appropriately recorded in the report. The Commission agreed to circulate the draft report electronically for comments before adoption.

.../Annexes

MEETING OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 2 – 6 September 2013

Agenda

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Adoption of the agenda and appointment of rapporteur

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 - a) Chapter 1.1. Notification of diseases, infections, infestations and epidemiological information
 - b) Chapter 1.2. Criteria for the inclusion of diseases, infections and infestations on the OIE list
 - c) Chapter 8.6: Foot and mouth disease
 - d) Chapter 8.X: Brucellosis
 - e) Chapter 15.2: Classical swine fever (CSF)
 - f) Chapter 14.9.: Scrapie
 - g) Draft chapter X.X: General principles for animal disease control
- 1.2. Review of the User Guide for the *Terrestrial Code* provided for information

2. Ad hoc and Working Groups:

- 2.1. Meeting reports for endorsement
 - a) *Ad hoc* Group on tuberculosis: 9-11 April 2013
 - b) *Ad hoc* Group on international horse movement for equestrian sport: 24-26 April 2013
 - c) *Ad hoc* Group on Rift Valley fever: 4-6 June 2013
 - d) *Ad hoc* Group on Porcine Respiratory and Reproductive Syndrome (PRRS): 9-11 July 2013
 - e) *Ad hoc* Group on harmonisation of African horse sickness, bluetongue and epizootic haemorrhagic disease: 20-22 August 2013
 - f) *Ad hoc* Group on antimicrobial resistance (Ch.6.9 and 6.10): 27-29 August 2013
- 2.2. New planned ad hoc Groups
 - a) *Ad hoc* Group on Schmallenberg
 - b) *Ad hoc* Group on Glanders
 - c) *Ad hoc* Group on African swine fever
- 2.3. Working Group on Wildlife Diseases (WGWD)

3. Official disease status recognition

- 3.1. Missions of the Scientific Commission
- 3.2. Country applications for disease status recognition
- 3.3. Applications by Member Countries for historical freedom for Peste des petits ruminants (PPR)
- 3.4. CBPP: OIE endorsed official control program
- 3.5. Procedures for country evaluations for disease status
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4. Foot and mouth disease and Peste des petits ruminants Global control strategies

5. OIE Collaborating Centres

- 5.1. Brazil (PANAFTOSA)
- 5.2. USA (FAZD)

6. Liaison with other Commissions

- 6.1. Report of the Meeting of the Presidents of the Scientific, Code and Aquatic Commissions
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7. Disease specific issues

- 7.1. Rinderpest
- 7.2. Emerging diseases update: Middle East Respiratory Syndrome- Corona virus (MERS-CoV)
- 7.3. Avian influenza

8. Working program of the Scientific Commission

9. Adoption of the report

MEETING OF THE OIE SCIENTIFIC COMMISSION FOR ANIMAL DISEASES

Paris, 2 – 6 September 2013

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**MEETING OF THE OIE AD HOC GROUP ON INTERNATIONAL HORSE MOVEMENT
FOR EQUESTRIAN SPORT
Paris, 24-26 April 2013**

1. Welcome by the Chair and Introductions

Dr Murray welcomed participants to the meeting and asked each participant to introduce himself/herself. Dr Münstermann informed the Group that Dr André Pereira Bompet from Brazil and Dr Peter Timoney from Gluck Equine Research Center in Kentucky had been unable to attend the meeting.

Dr Vallat, Director General of the OIE, welcomed all participants and briefly outlined the history of the OIE and explained the OIE - FEI collaboration. He reminded the Group that its recommendations would be submitted to the specialised elected Commissions following OIE procedures for the adoption of standards, i.e. the Scientific Commission for Animal Diseases (SCAD), the Terrestrial Animal Health Standards Commission (the Code Commission) and the Biological Standards Commission (the Laboratory Commission). With the endorsement of the relevant Commissions, proposals are sent to the OIE Member countries for consideration. There is a single route for adoption of OIE standards - this occurs at the OIE General Session, in May of each year.

Dr Vallat commented on the need for recommendations on a specific sub-population of horses that is transported internationally for participation in equestrian events, with a specific identification and health status and a level of biosecurity that is assured using a public-private partnership approach. He encouraged the Group to work in several areas, including the proposal of new OIE standards for adoption by OIE Member Countries.

Dr Vallat noted that several existing standards are relevant to the work of this Group, including animal identification (general principles), disease surveillance, international veterinary health certification and compartmentalisation, animal welfare, “vertical” disease chapters, official recognition for some diseases, diagnostic tests and quality of vaccines and he encouraged the Group to consider the need to schedule additional sub-groups to make recommendations on specific issues, such as horse identification.

In addition to facilitating the safe international movement of horses to competitions, Dr Vallat reminded the Group that it should address a second problem – how to ensure that these horses can return safely from an international competition to the country of origin? Dr Vallat identified a need for general principles to assure this aspect.

Dr Vallat commented on the relevance of other items on the OIE work programme, including the good governance and competence of Veterinary Services (VS) and the quality of vaccines and diagnostic tests. He also mentioned that the OIE has put of a framework for official recognition of African horse sickness (AHS) in place in 2012 and might consider other equine diseases for the same procedure.

2. Acceptance of the Agenda

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

3. Terms of reference of the *ad hoc* Group

Dr Münstermann presented the Terms of Reference of the *ad hoc* Group (see [Appendix III](#)).

Dr Murray opened a discussion on the Terms of Reference. The proposed work plan will take place over a three year period and there is a need to establish key tasks and deadlines, to ensure a coherent planning process that leads to concrete results. Dr Murray recognised a need to achieve some early results, as well as to establish a framework for the achievement of results in the longer term. With respect to the Equine Disease Free Zone (EDFZ), it may be possible to develop a new standard relatively early in the work programme, as the concept is well known and has already been used successfully in practice. Dr Murray encouraged the Group to identify expert sub-groups to address specific points, providing that there is a clear need for the establishment of such groups.

Dr Brückner commented that the SCAD may convene *ad hoc* Groups on relevant topics, such as the Group on the harmonisation of standards in the *Code* on AHS, Members of the present Group may be invited to relevant *ad hoc* Group meetings to provide recommendations to the SCAD.

It was agreed that OIE HQ should report on achievements and next steps with regular update to the participants of the AHG.

4. Introduction to racing grading systems

Dr Kettle made a presentation on the system for grading races and racehorses. From a low rating (low handicap), horses gradually ascend a pyramid depending on ability to finally compete, at the top level, in 'group races' (Europe and Asia) and 'graded races' (in the Americas). The two systems are relatively independent, as the policies of the regions on the use of veterinary drugs are different.

The International Federation of Horseracing Authorities (IFHA) is the body charged with global oversight of the horse racing industry. It has two subsidiary bodies, the International Grading and Race Planning Advisory Committee and the World Ranking Supervisory Committee for ensuring the application of consistent standards worldwide to the grading of international races. The goal is to achieve uniform standards, through the International Agreement on Breeding, Wagering and Racing governing the racing sector.

Group/Graded races and Listed races are listed in the International Cataloguing Standards Book put out by the Jockey Club Information Systems and IFHA. They are designated in descending order as Group/Grade 1 (G1), Group/Grade 2 (G2), Group/Grade 3 (G3), and then Listed races (L or LR). Granting of the status of the races is determined by the quality of the runners in the race. For example for a Group 1 race the first 4 finishers must have an average handicap rating of 115 or higher.

Horses that achieve a first 3 place finish in an International Group/Graded or Listed race will be shown in "black type" in a sales catalogue and also carry the respective designation of the race (e.g. G1).

Group/Graded races can be found at both the National and International level but national Group/Graded or Listed races do not have international recognition. Only about 2000 horses take part in International Group/Graded or Listed races.

International races are graded by the International Race Planning and Advisory Committee which can both upgrade or downgrade races depending on the quality of the runners in the race. Every year the races are evaluated and assessed to international standards.

The international movement of racehorses is determined by the rules of the National Veterinary Authorities although in some cases there have been concessions granted for international racehorses. The IFHA also produces a guideline to help facilitate the international movement. Each thoroughbred racehorse is identified by a passport issued by one of the 66 recognized Stud books of the International Studbook Committee. In addition to the markings the identification may be aided by reference to microchips, brands and tattoos.

5. Overview of activities under the FEI-OIE MoU during 2011-2012: actions, achievements and issues arising

Dr Münstermann outlined the progress achieved since the FEI-OIE Conference on International Horse Movement, which took place in Guadalajara, Mexico in October 2011.

Dr Barcos commented on the fact that the national Veterinary Services (VS) often do not have a good knowledge of the equine competition sector, nor do they consider it to be important, hence the need to raise VS' awareness to help address fears about the risks presented by international movements of horses of high health status. Dr Barcos raised the problem associated with the use of competition horses for breeding, contrary to the established rules. Dr Kettle commented that this type of problem should be dealt with by stronger enforcement of the legislation.

Prof. Guthrie also identified the problem whereby horses imported temporarily for competition are sold with the intention of permanent importation.

6. Draft Definition of a 'sub-population' - meeting the criteria and recognition

Dr Münstermann presented a proposed approach to the definition of a High Health / High Performance (HHP) equine sub-population. The Group discussed the proposal in detail.

6.1. Provisions relating to performance

Dr Barcos did not support the references to performance and considered that the definition should focus on health and biosecurity. Dr Gomes da Silva questioned the inclusion of performance standards and also the proposed approach to vaccination. Dr Kahn explained that the references to performance were an attempt to target only the horses that regularly move internationally to compete, as the provisions may be too restrictive for application to the general population of horses used in equestrian events.

6.2. Biosecurity and identification provisions

Prof. Cullinane questioned how the biosecurity provisions could be audited and certified at times when HHP horses were not attending an equestrian event. Dr McEwan commented that the FEI Veterinary Regulations provide for all horses to meet the specified biosecurity requirements.

6.3. Provisions relating to identification and certification

Dr Gomes da Silva saw a need for ongoing veterinary supervision as a key part of the definition and perhaps for periodic veterinary health checks and certification of HHP horses. He also considered that the definition should apply to HHP horses traveling to attend a single equestrian event, to avoid problems that could arise if the horse moved within the country after entry. Dr Kettle commented that the issue of identification is one of the least contentious issues and that this could be presented to OIE Member Countries.

6.4. Vaccination provisions

Dr Newton asked why HHP horses should be vaccinated for diseases such as tetanus and west Nile virus (WNV) infection, which do not represent a risk of disease transmission to other populations. He acknowledged that horses may be vaccinated to protect them against the risk of disease at destination and to facilitate their return to the country of residence. Prof. Guthrie commented that the goal is to characterise a 'low risk population' and this is the principle behind the vaccination regime. Prof. Cullinane considered that the proposed approach to vaccination at least in part relates to protection of the individual horse not the risk of disease transmission. Similarly, Dr Zientara considered that the proposal to for WNV vaccination was primarily to protect horses at destination.

Prof. Cullinane questioned the proposed approach to equine viral arteritis (EVA) as stallions transmit EVA via semen but, if breeding is not allowed, transmission by the respiratory route is the main risk pathway. With this in mind, all horses, not only stallions, should be vaccinated against EVA. Dr Newton

supported the comments of Prof. Cullinane and suggested that the real issue is freedom from infection, not freedom from disease. He recommended that veterinary surveillance be directed at determining the absence of infection and noted that vaccination was not useful in this context. Dr Lam recommended that a risk assessment approach be used. He has never seen airborne EVA and questioned the need for certification of EVA freedom. He recommended that the emphasis be on horses competing in equestrian events and that the breeding aspect not be considered as the key factor.

Dr Kettle expressed the view that the proposed 'core vaccination' model would make it more difficult to move horses internationally. He noted the need to separate HHP horses from horses of lower health status. Once these horses have competed, how can they return to their home stable? He saw a need for flexibility in the application of the HHP concept and also recommended replacing vaccination with testing and certification.

6.5. Summary of the discussion

It is recognised that the HHP sub-population presents a very low risk of disease transmission. The safe international movement of these horses can be facilitated using reduced health requirements, commensurate with the risk. National authorities are responsible to protect the domestic horse population against risks presented by incoming horses and HHP horses must be protected against risks that are presented by the national equine population, which contains horses of lower health status.

It is proposed that 4 pillars support the definition of the HHP sub-population. Vaccination against specific diseases may not need to be specified. Instead, we could articulate a set of principles for health testing, surveillance and certification. With respect to the 'performance criteria', Dr Murray explained that this represents an attempt to define the type of horse and the type of event that is included in the sub-population. The most practical way to do this is by identifying a level of performance. The competition horse is the focus of the exercise; the issue of reproduction and permanent movement does not need to be addressed.

Dr Brückner reminded the Group of the need for the sub-population concept to fit with the *Code* provisions, specifically on compartmentalisation. Prof. Guthrie agreed with Dr Brückner and added the need to add the equine disease free zone (EDFZ) to the OIE standards.

Dr Murray recommended that the Group prepare a set of principles in a short document (2 pages) that could be considered by the World Assembly in 2014. There was general support for this idea. The draft text should identify the concept of the HHP sub-population and it should be submitted first to SCAD and the Code Commission at their meetings in September 2013, with a view to proposing a new chapter on general principles for inclusion in the *Terrestrial Code*. It was agreed that this text could be developed by an expert sub-group and then discussed via electronic exchange.

7. Draft Biosecurity Guidelines, including guidelines for the organization of international equestrian events.

Dr Kahn explained the thinking behind the Biosecurity Guidelines and informed the Group that the current draft had been produced in collaboration between Drs Kahn, Lam, Timoney, Münstermann and Cooke. Dr Kahn considered stakeholders (FEI and IFHA) should be encouraged to look carefully at the Guidelines to make sure that all practical aspects have been considered.

It was agreed that members of the Group would send their written comments to the OIE for review. The Group discussed the following general issues:

- What is envisaged with respect to ensuring implementation, including the auditing of compliance?
- What is envisaged with respect to veterinary supervision? During an equestrian event, veterinary supervision can be considered to be continuous but it was agreed that the term 'under veterinary supervision' may be more appropriate when referring to other situations.

- What is meant by ‘kept separate’ from horses of lesser health status? This may be difficult to implement at the home stables.
- Is the equine passport issued for life or renewed periodically?
- There is a need for a decision on the use of ‘should’ or ‘shall’ as well as clarification on how prescriptive the Guidelines should be.
- There is a need to define the diseases of interest. Is this confined to the OIE listed diseases? Should it take account of unlisted diseases that concern industry (e.g. strangles).
- What is the rationale for proposing the qualification period of 3 months?
- The recommendations on contingency planning should be considered in more detail, including: expand the reference to laboratory capacity (this must be available for the entire duration of the event and there should be capacity for rapid agent detection – either in the laboratory itself or by agreement with another institute); and add a provision for access to an international expert in infectious diseases of horses.

It was agreed that Drs Kahn and Münstermann would consider all points raised above and the written comments, and make a proposal as to how these could be incorporated in the Guidelines.

8. Equine disease free zones (EDFZ)

Dr Kahn outlined the background to the EDFZ concept, which has been used with success for international equestrian events, and explained how the concept is addressed in the Biosecurity Guidelines. Dr Füssel raised a concern about the certification of national disease freedom in the context of EDFZ. Would this follow the recommendations in the *Terrestrial Code*? Dr Cooke asked about the process for the approval of an EDFZ. Dr Murray replied that the adoption of an OIE chapter on EDFZ does not necessarily mean that the OIE would approve individual EDFZs. Dr Brückner indicated that the OIE probably would not necessarily formally approve EDFZs as is the case with diseases listed for official recognition but that it might be managed in a similar way as provided for the acceptance of compartments between trade partners. The provision of recommendations and expert advice is a more appropriate model for the OIE, leaving the final decision on a particular EDFZ to the Member country. Dr Brückner also commented on the need for the OIE Member Countries to discuss the concept of zones that are free from multiple diseases, as this raises issues that need careful consideration. He also indicated that the long term maintenance of health status in a zone was a challenge for countries and that this would be even more difficult if the zone had been established for multiple diseases.

It was agreed that the EDFZ concept would be included in the proposed new text on general principles for the *Code*.

9. Introduction to the issue of standard setting

Dr Münstermann introduced the OIE standard setting procedure and briefly commented on the existing standards in the *Terrestrial Code* and in the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* (the *Manual*) that are relevant to horses.

10. Review of Code and Manual chapters: approach and criteria

Dr Münstermann gave an overview of all equine disease chapters in the *Code* and the *Manual* and the year they were last updated. She suggested that these disease chapters should be reviewed in view of making provision for temporary importation of HHP horses and associated test/quarantine/residency requirements.

Within the planned OIE/FEI work programme, there is also a proposal for official status to be considered for additional equine diseases, such as glanders or EIA or dourine, and for new chapters to be written on (1) biosecurity provisions for HHP horses and (2) the temporary importation of horses for the purpose of competition.

Dr Brückner supported Dr Münstermann's proposal for the development of a new chapter on the temporary importation of horses. He considered that this was essential for cross-referencing before proceeding to modify the disease chapters.

Dr Füssel commented on the list of notifiable diseases of horses. He advised that this list includes some diseases for which horses are dead end hosts and there is no risk of introduction of these diseases via an infected horse. In the definition of the HHP, the reference to the full list of OIE listed diseases needs to be carefully considered.

Dr Gomes da Silva saw a need for a clear definition of 'temporary importation', as this varies from country to country and effectively determines the requirements for testing, certification and quarantine, for travel to and from the international event. The use of the term 'movement' or 'importation' was discussed.

11. Official recognition of country status for equine diseases

Noting that African horse sickness is the latest disease to be the subject of official recognition by the OIE, Dr Brückner asked the Group to advise on priorities for other equine diseases. He advised that, in addition to the peste des petits ruminants and classical swine fever, the OIE is currently considering a proposal to develop procedures for the official recognition of glanders-free status. Dourine and EIA have also been proposed as possible targets for official recognition in future.

Dr Brückner informed the Group that an *ad hoc* Group will be convened to consider glanders and that work will start later in 2013 and results could not be expected before 2015.

Drs Füssel and Zientara expressed reservations about the feasibility of working with glanders, in light of the difficulties associated with diagnosis and surveillance. Dr Kettle recommended that the OIE recommendations on the incubation period and the case definition be reviewed.

Prof. Cullinane noted that the diagnosis of EIA presents challenges due to sub-clinical infection and that the OIE recommendations should be updated. Dr Füssel suggested that diagnostic problems can be overcome but noted that few countries have an official control programme for EIA.

Dr Newton commented that dourine is not relevant to temporary movement, being a disease that is transmitted by the venereal route, and Dr Kettle noted the need to clarify the relationship between dourine and surra.

The Group recommended a comprehensive review of the relevant *Terrestrial Code* and *Manual* Chapters.

On the priority diseases for official recognition of status, the Group did not support consideration of glanders or dourine and instead recommended that the glanders *ad hoc* Group make a proposal on whether glanders is a candidate for consideration for official recognition of status. The Group also recommended the development of criteria (based on cost/benefit) for deciding which diseases should be the subject of official recognition of status.

12. The 3-year activity plan and priorities

12.1. Role and selection of sub-groups to support activities

Dr Münstermann made a presentation on the workplan of the FEI project. She identified four outputs, as follows: 1: Standards and guidelines; 2: Training and capacity building; 3: Research; 4: Communication, supported by Coordination and meeting activities.

Dr Münstermann outlined the proposed process of updating the work programme, which would include regular exchange of information between OIE Headquarters and the *ad hoc* Group.

Dr Münstermann invited the Group to discuss future activities.

Dr Barcos recommended involvement of the OIE Regional Representations and Sub Regional Representations in raising awareness and providing information on the OIE/FEI initiative. Prof. Cullinane recommended the provision of scientific and technical information relevant to equine diseases at the OIE seminars for Laboratory Focal Points. Some members called for more emphasis on equine disease surveillance and it was also noted that surveillance is essential to the establishment and maintenance of an EDFZ.

Dr Münstermann commented that the industry training programmes are of critical importance to the development of the OIE/FEI collaboration. The proposal to develop a 'train the trainer' module on the OIE for industry use was supported by the FEI and IFHA. Likewise, a module would be developed on the Biosecurity Guidelines once finalised. Dr Kahn commented on the importance of raising awareness of OIE national Delegates on the HHP sub-population initiative, particularly with a view to achieving the adoption of new standards in future.

With respect to output 3 (Research), it was agreed that there is a need for prescribed and alternative test(s) in the *Code* and *Manual* for all of the listed diseases of horses. Dr Murray indicated that OIE recommendations on prescribed tests for EI are urgently needed.

Dr Füßel raised the topic of accreditation of national laboratories and indicated that variability in laboratory quality causes problems in international trade.

Prof. Cullinane indicated that several of the commercially available vaccines need to be improved as efficacy is quite variable. Dr Newton considered that the improvement of vaccines for the OIE listed diseases should be the first priority, given the need to avoid international transfer of these diseases. Dr Cooke called for work to be done to harmonise the administration schedules of key vaccines, as there is great and inexplicable variation between countries and sectors. Dr Kettle commented that there are many reasons for variation in the efficacy of vaccines, some relating to quality and others intrinsic to the type of vaccine. In addition, complexity in measuring immune response contributes to difficulty in establishing the efficacy of vaccines.

It was decided to form an expert sub-group on this topic and to provide advice to the *ad hoc* Group. Dr Murray also confirmed that the development of a prescribed test for EI is a top priority and asked the OIE to refer this request to the Biological Standards Commission as soon as possible.

12.2. OIE PVS critical competencies to support equine health

Dr Caya, Head of the Regional Activities Department, made a presentation on the OIE PVS Pathway.

To date, developing countries have been the main participants in the PVS Pathway. Dr Caya noted that some of these countries are seeking advice from the OIE on how to facilitate participation of their competition horses in international equestrian events. He gave the example of Turkmenistan where a PVS mission had just been completed and a great interest in hosting equestrian events had been expressed. Dr Caya explained that the OIE did not see a need for new critical competencies that are specific to the competition horse sector. Rather, he encouraged the Group to make recommendations on indicators that could be used to evaluate the capacities of Veterinary Services to deal with the equine sector.

Dr Murray indicated that an expert sub-group would be established to develop recommendations.

12.3. Proposal for a new Code chapter on general principles with respect to the temporary movement of competition horses

Drs Kahn and Münstermann presented a working document for consideration of the Group. The following comments were received:

General: the chapter should be written in line with *Code* chapter outlines, i.e. in articles, rather than with headings.

Introduction: Dr Brückner commented that the principles of risk management should be included in the draft text as the temporary movement of horses is in essence a risk-based exercise – both for moving into a country and returning to the country of origin. Dr Barcos recommended that the context of the recommendations be explained – i.e. that in view of the greatly increased number of international equestrian events and their high value and political importance, Member Countries have requested guidance from the OIE to help facilitate the safe international movement of competition horses. Clear purposes and objectives should be added.

Definition of the HHP: The Group considered that the biosecurity conditions should be auditable.

Management of HHP: roles and responsibilities of competent authorities (VS) should be clearly stated. The issue of welfare during transport should be mentioned here.

EDFZ: See comments under Agenda item 8.

Temporary movement: The Group noted that ‘importation’ is used in the *Code* rather than ‘movement’ – e.g. Article 12.7.3: ‘Recommendations for the importation of competition horses on a temporary basis’. Consideration should be given to the choice of term.

The industry bodies agreed to propose a definition for the term ‘international equestrian event’.

Conclusions: Dr Brückner recommended that this be moved to the Introduction, consistent with established practice in the *Code*.

Dr Murray identified a need for the OIE to engage with the World Customs Organisation (WCO) to raise awareness on the part of import authorities other than the Veterinary Services. He noted that delays with Customs authorities could cause significant problems with horse welfare. Dr Kahn suggested that the OIE enter into contact with both the International Air Transport Association (IATA) and the WCO to inform these partner organisations of this work and to explore possibilities for collaboration with them.

13. Conclusions, recommendations and next steps

In order to progress the work as efficiently as possible, the AHG agreed to form the expert sub-groups listed below. The OIE will provide all sub-groups with Terms of Reference. Group leaders are encouraged to liaise informally by mail/telephone with other group leaders. OIE will occasionally convene telephone conferences to facilitate collaboration and clarify any issues that might arise.

Group 1: Prepare a ‘Chapter on general principles relating to the HHP sub-population’ based on the outline presented at the meeting.

Members: Drs Kahn, Münstermann, Füssel and Gomez da Silva (lead Dr Kahn)

Timeline: 1st draft by end of June for submission to SCAD end of August

Group 2: Comprehensive revision of ALL equine disease chapters in *Code* and *Manual*.

Members: Drs Guthrie, Zientara, Newton, Cullinane, Lam, Füssel and Timoney (lead: Guthrie)

Timeline: 1st draft (a priority list) by mid-May; end of June: recommendations circulated to AHG with feedback due at the end of August, for finalisation/discussion by AHG in October

Group 3: Revision of the Biosecurity Guidelines

AHG members to send their comments in the next 2 weeks (for those that have not yet submitted comments).

Drs Kahn and Münstermann to review all comments (including those made at this meeting).

Timeline: revision by end of May. Send to AHG in June. 'Testing by industry' from July, with feedback to be provided by September. AHG to review in October.

Group 4: Definition of the HHP sub-population

4.1. Health

4.1.1 Vaccination: Drs Cullinane, Newton, Zientara and Timoney (lead: Cullinane)

4.1.2 Disease for health certification: Drs Barcos, Füssel, Gomez, Timoney and Newton (lead: Füssel) Note: consider *surveillance* here!

4.1.3 Quarantine: Drs Lam, Kettle and Cooke (lead: Kettle)

4.1.4 Laboratory testing: Drs Zientara, Guthrie and Cullinane (lead: Zientara)

4.2. Performance

Drs Cooke, Kettle, Munsterman and Füssel (lead: Cooke)

Timeline for all groups: 1st draft end of July, circulate in August, for revision by AHG in October

Group 5: Research (lab tests and vaccines)

Members: Drs Guthrie, Zientara, Newton and Cullinane (lead: Guthrie)

Timeline: 1st draft on approaches/ideas for EI, AHS end of May; include ideas on vaccine development; proficiency testing

Group 6: Formulation of PVS indicators

Members: Drs Kahn, Münstermann and Leboucq

Timeline: 1st draft in June for submission to PVS group

14. Next meeting

Dr Münstermann proposed that the Group meet again on 28-30 October 2013.

.../Appendices

Appendix I

**AD HOC GROUP ON INTERNATIONAL HORSE MOVEMENT
FOR EQUESTRIAN SPORT
Paris, 24-26 April 2013**

Agenda

- 1. Welcome by the Chair and Introductions**
 - 2. Acceptance of the Agenda**
 - 3. Terms of reference of the *ad hoc* Group**
 - 4. Introduction to racing grading systems**
 - 5. Overview of activities under the FEI-OIE MoU during 2011-2012: actions, achievements and issues arising**
 - 6. Draft Definition of a ‘sub-population’ - meeting the criteria and recognition**
 - 6.1. Provisions relating to performance
 - 6.2. Biosecurity and identification provisions
 - 6.3. Provisions relating to identification and certification
 - 6.4. Vaccination provisions
 - 6.5. Summary of the discussion
 - 7. Draft Biosecurity Guidelines, including guidelines for the organization of international equestrian events.**
 - 8. Equine disease free zones (EDFZ)**
 - 9. Introduction to the issue of standard setting**
 - 10. Review of Code and Manual chapters: approach and criteria**
 - 11. Official recognition of country status for equine diseases**
 - 12. The 3-year activity plan and priorities**
 - 12.1. Role and selection of sub-groups to support activities
 - 12.2. OIE PVS critical competencies to support equine health
 - 12.3. Proposal for a new Code chapter on general principles with respect to the temporary movement of competition horses
 - 13. Conclusions, recommendations and next steps**
 - 14. Next meeting**
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Appendix II

**AD HOC GROUP ON INTERNATIONAL HORSE MOVEMENT
FOR EQUESTRIAN SPORT
Paris, 24-26 April 2013**

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Appendix III

**AD HOC GROUP ON INTERNATIONAL HORSE MOVEMENT
FOR EQUESTRIAN SPORT
Paris, 24-26 April 2013**

Terms of Reference

Objective of this AHG: Minimize the risk of disease transmission by international temporary horse movement by devising biosecurity and disease control requirements that lead to facilitated international movement of “high health high performance” sport horses

Proposed Terms of Reference:

- **Contribute to and finalise the “Biosecurity Guidelines for high health, high performance competition horses”, which include the definition of “temporary” importation, the sub-population and the EDFZ concept**
- **Define and apply criteria for the prioritization of equine diseases of importance for temporary movement of sport horses**
- Initiate and participate in the revision of *Terrestrial Manual* and *Code* Chapters for those diseases, where deemed necessary
 - In the *Manual* Chapter revision, assure that “prescribed tests” are included (with priority given to Equine Influenza) and that Part C (Vaccine quality) is revised
 - In the *Code* Chapter revision, assure that differences between “temporary” and “permanent” importation are considered
- Respond to queries from SCAD and BSC regarding Equine Diseases and biosecurity matters
- Work on suggestions for Public-Private Partnership (PPP) with the industry (FEI and IFHA) to support research and development, e.g. on new laboratory tests and vaccines
- Suggest “sub-groups” to be formed to support the work of this AHG and supervise their work (in cooperation with Trade Department)
- Devise a “biosecurity code” for horses, the establishments where they are kept, and the location of competition
- Work on the concept of a “sub-population” of sport horses
 - That participate in registered international competitions and should ultimately travel under easier conditions than other horses (e.g. the principle of “FEI registered horse” or “EU registered horse”)
- Work on official disease status for selected equine diseases (revise *Code* chapters accordingly)
- Work on the concept of EDFZs
 - On the basis of experience from events such as Beijing, Sidney, London Olympics, Kentucky World Equestrian Games, devise the “standard elements” necessary for an EDFZ
 - Work towards making EDFZ a *Code* Chapter, starting with specific Guidelines
 - Support, upon request, setting up of temporary EDFZs for major equestrian events (e.g. Olympic Games in Rio)

REPORT OF THE MEETING OF THE OIE AD HOC GROUP ON RIFT VALLEY FEVER

Paris, 4-6 June 2013

A meeting of the *ad hoc Group* on Rift Valley Fever (hereafter the Group) was held at the OIE Headquarters from 4 to 6 June 2013.

1. Opening

Dr Vallat, Director General of the OIE, welcomed the Group and stressed the importance of Rift Valley Fever (RVF) for trade particularly between Africa and the Middle East, but also for animal and human health. He acknowledged the complexity of the disease due to the nature of its transmission through vectors.

Dr Susanne Munstermann of the Scientific and Technical Department, further explained the objectives of the meeting that was to update the *Terrestrial Animal Health Code (Terrestrial Code)* Chapter. The revision should be sufficiently risk averse to prevent the further spread of this disease, yet be science-based and clearly guide importing and exporting countries on how to conduct safe trade in livestock and livestock products. Finally, the *Terrestrial Code* should be written in the current OIE format reflecting pathogen-specific Chapters with scientific accuracy and a risk-based approach.

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

The Group adopted the proposed agenda for the meeting. The meeting was chaired by Prof Stuart MacDiarmid and Dr Chip Stem acted as rapporteur.

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

3. Process for Terrestrial Code Revision

Dr Munsterman outlined the process of the revision of a *Terrestrial Code* chapter, the time frames attached to this process and the Specialised Commissions involved.

4. Aim of the Chapter on Rift Valley Fever

The aim of the Chapter is to minimise the risks posed by RVF to animal and human health and to prevent its international spread. Prof MacDiarmid pointed out that though the risk to humans is secondary in the objectives of the Chapter, it needs to be considered. The Chapter takes into account the duration of infection to determine the quarantine period or movement restrictions of animals, and advises on safety of commodities.

The revision was undertaken with the intent of being less prescriptive than the previous Chapter on RVF, given the current understanding of the complexities of the disease and the variable duration and intensity of the epizootic and interepizootic periods, while giving the Competent Authorities and their bilateral trading partners a range of tools to consider in facilitating trade while keeping the risks of introduction of infected animals to acceptable minimum levels.

In view of the variable duration of epizootics and, the dynamic nature of predisposing factors, the Group considered it appropriate not to prescribe exactly the specific periods for resumption of trade following an epizootic but to leave such a determination to the Veterinary Authorities of the importing and exporting countries. The Group determined that it is best to describe the appropriate tools and approaches that the Veterinary Authorities may use, including science-based surveillance methods to determine the disease status and the transition between epizootic and interepizootic periods. The Group also recognised that trade is ultimately bilateral between two countries hence the desire to encourage dialogue and transparent risk assessment by the parties involved so that safe trade is facilitated.

5. Changes to “periods of time” in the existing Chapter

Several time periods mentioned in the existing Chapter have either been modified or deleted as follows:

Infective period: Existing Chapter: 30 days. Proposed amended Chapter: 14 days. The Group could not find any justification for 30 days in the literature or in their combined experiences of pathogenesis of RVF virus. From what the Group could determine this 30 day period includes a large safety factor which is considered to be excessive and impractical. Furthermore the period of 30 days poses a problem for quarantine stations due to excessive costs. Literature demonstrates that viraemia rarely lasts more than 7 days and neutralising antibodies appear as early as 5 days and attain peak levels from 14 days post-infection. The Group concluded that 14 days is a safe infective period.

Quarantine period: Existing Chapter: 30 days. Proposed amended Chapter: 14 days. RVF demonstrates a relatively short incubation period of 12 – 24 hours in susceptible young ruminants and up to 96 hours in older ruminants. Incubation periods longer than 4 days have not been reported. The Group concluded that 14 days quarantine period is sufficiently long for livestock infected on day zero of the quarantine period or before to be detectable. Additionally, since quarantine stations should ideally be established in areas of low vector activity (Article 8.11.5bis), the Group assumed that risks of transmission are minimal when animals are kept in quarantine. The Group concluded that 14 days of quarantine is a sufficient period of time to detect infected animals and to take appropriate action.

Period of time required for animals to remain in an infection-free country or zone from which meat and meat products are derived: Existing Chapter 30 days. Proposed amended Chapter: Meat which is derived from animals passing ante- and post mortem inspection is a safe commodity. The Group could not find any evidence in the literature that RVFV can survive the pH changes that occur during the maturing and chilling period. In support of this the Group was aware of at least three risk analyses that concluded that trade in meat from RVFV infected countries poses no risk^{1,2,3}.

Time to resumption of trade following an epizootic: Existing Chapter: 6 months. Proposed amended Chapter: No time frame given. The Group could not find any reference that would justify a 6 months duration. The Group opted not to provide a time frame for which it is safe to resume trading following an epizootic since factors leading to cessation of an epizootic are variable and onset of the interepizootic period when risk to trade is considered insignificant be determined by the Veterinary Authorities based on the results of surveillance as described in Chapter 1.4 of the *Terrestrial Code* (Article 8.11.5bis).

Country or zone free from RVFV infection: The existing Chapter provides for a period where there is no evidence of RVFV infection in humans, animals, or mosquitoes in the country or zone for 4 years following an RVF epidemic. Proposed amended Chapter: The Group opted not to provide a time frame for this. The Group could not find any reference that would justify this 4 year period and concluded that this decision was best left to the Veterinary Authority within the affected country to be determine through surveillance as described in Chapter 1.4 of the *Terrestrial Code* (Article 8.11.5bis).

¹ Chambers, P.G. & Swanepoel, R., 1980. Rift Valley fever in abattoir workers. *Centr Afr J Med*, **26**: 122-126

² Australian Quarantine and Inspection Service (AQIS) 1999. Importation of sausage casings into Australia, Import Risk Analysis, December 1999, AQIS, Canberra.

³ MacDiarmid, SC. Thompson E.v. (1997). The potential risks to animal health from imported sheep and goat meat. *Rev. Sci.tech. Off.Int.Epiz.*, **16** (i): 45 - 56

All reference to surveillance for RVFV in mosquitos was deleted because the Group concluded that examination of mosquitos for virus is insensitive, expensive and unwarranted. Further, references to “mosquitos” were changed to “vectors”.

Period from vaccination to shipment: Existing Chapter: 21 days. Proposed amended Chapter: 14 days. The Group considered that neutralising antibodies following vaccination mimic the establishment of neutralising antibodies following a natural infection, thus 14 days is sufficient. The literature supports this assumption^{4,5}.

6. Revision of the *Terrestrial Code* Rift Valley fever Chapter

Chapter Title: Changed from Rift Valley fever to **Infection with Rift Valley fever virus**

This was done to reflect the new pathogen-based format for the *Terrestrial Code* Chapters.

Article 8.11.1 General Provisions

Definition of RVF and important susceptible species: For the purposes of the *Terrestrial Code*, the Group defined RVF as an infection of ruminants with RVFV. Humans deserved special mention, as RVF is a zoonotic disease, and also in past epizootics (see definition for the purposes of this Chapter) the disease was often recognised in humans before detection in livestock, even though it clearly occurred in livestock first. Many other species are susceptible.

Infective Period: The Group considered 14 days to be a sufficient infective period based on the observation that viraemia is of short duration of less than 7 days and a strong neutralizing antibody response is mounted by infected animals between 5 to 14 days.

Epizootic: defined for purposes of this Chapter.

Interepizootic period: defined for purposes of this Chapter.

The Group chose to use the terms epizootic and interepizootic period when referring to RVF status of a country or area⁶, since the disease appears in significant outbreaks which are usually of sudden onset and with a large number of cases in susceptible animals, either locally or regionally, depending on a set of defined and predictable pre-existing conditions.

The terms also refer to often rather long periods of quiescence in which it is difficult to detect disease, though there is sporadic and occasional limited viral circulation.

These terms also encompass the fact that it is generally recognised that once the disease is established in an ecosystem it is virtually impossible to eradicate it since the *Aedes spp* vectors act as a reservoir of RVFV in infected eggs that can persist dry conditions for extended periods during the interepizootic period.

Historical distribution of RVFV:

The existing Chapter mentions the sub-Saharan African continent, Madagascar, and the Arabian Peninsula. The Group changed this to be “parts of the African continent, Madagascar, some Indian Ocean islands, and south-western Arabian Peninsula”. This is to recognise the presence of RVFV in Egypt as well as the fact that much of Africa remains without ever having reported an epizootic. Further, the presence of RVFV in the Arabian Peninsula is currently restricted to the south-western Arabian Peninsula.⁷

⁴ Easterday, B.C., McGavran, M.H., Rooney, J.R and Murphy, L.C (1962a). The pathogenesis of Rift Valley fever in lambs. *American Journal of Veterinary Research*, **23**, 470-479.

⁵ Easterday, B.C., Murphy, L.C., and Bernnett, D. G. Jr (1962b). Experimental Rift Valley fever in lambs and sheep. (1962b). *American Journal of Veterinary Research*, **23**, 1231 - 1240.

⁶ *Area* was used to describe that part of a country that experiences the epizootic or interepizootic period, which does not fall into the category of “Zone” as defined in the *Terrestrial Code*.

⁷ Al-Afaleq, A., Hussein, M.F., Al-Naeem, A.A., Housawi, F., Kabati, A.G. (2012). Sero-epidemiological study of Rift Valley fever (RVF) in animals in Saudi Arabia. *Trop Anim Health Prod.*, **44**: 1535 - 1538

Since RVF can be seen as a disease with the potential for changing its distribution, the Group mentioned the importance of predisposing factors including vectors, environmental and climatic factors, land use dynamics, and animal movements which can modify the temporal and spatial distribution of the infection and of the occurrence of epizootics.

Article 8.11.2. Safe commodities:

Hides, skins, wool and fibre were retained. Meat from animals which have passed ante- and post-mortem inspection was added as a safe commodity.

There was extensive discussion on whether to place meat under this Article or in Article 8.11.13 (recommendations for importation from RVFV infected countries or zones) below. The Group decided to include meat under this Article since all meat trade internationally is derived from animals which have passed ante- and post mortem inspection and undergoes maturation that would inactivate RVFV should it be present.

Article 8.11.3. Country or zone free from RVFV infection

This Article addressed countries historically free from infection according to Article 1.4.6 or free based on pathogen specific surveillance.

Importation of animals which are seropositive (vaccinated or as a result of a natural infection) will not affect a country's free status provided such animals are permanently identified or destined for immediate slaughter. This takes into consideration the fact that both vaccination and natural infection is said to confer lifelong immunity. It was noted that when animals are destined for immediate slaughter, there is no requirement that they be permanently identified. However, the importing country could be at risk of losing its status as free from RVFV infection if one or more not permanently identified animals are not slaughtered and enter the national herd only to be later discovered as having antibodies.

Article 8.11.4. Country or zone infected with RVFV during the interepizootic period

This Article explains the situation when the virus is present in a Country or zone and could be circulating at low levels. The disease, if it is occurring, is doing so at such low incidence that it is not noticeable and goes unrecorded. Thus the risk to trade is considered to be negligible.

This article refers mainly to the many countries in Africa where a RVF epizootic has never occurred but which, upon examination, demonstrate serological evidence of intermittent or occasional virus circulation and thus pose negligible risk to trade by the fact that, although infected, they remain in an extended interepizootic period.

Article 8.11.5. Country or zone infected with RVFV during an epizootic

During an epizootic of RVF in a country or zone the disease is evident among livestock and usually humans and occurs where predisposing conditions have enabled the disease to develop. Trade poses a high risk. Import of livestock without vaccination or quarantine would present a significant risk to the importing country.

Article 8.11.5bis Surveillance

The Group removed surveillance from "General Provisions" and created a new Article.

Surveillance is critical to understanding the end of an epizootic, the boundaries of an epizootic, and the status of countries adjacent to a country or zone not having a free status. Reference is made to Chapter 1.4 on surveillance.

In addition, for the location and proper risk averse management of quarantine stations, the vector status must be ascertained to ensure that the vector activity is sufficiently low as to preclude infection with RVFV during quarantine. Reference is made to Chapter 1.5 on vector surveillance for arthropod vectors.

Article 8.11.6. Recommendations for importation from countries or zones free from RVFV infection

Due to the importance of sea transport for the export of ruminants and the presence of landlocked countries or zones that might be free from RVFV, yet be forced to transport or export their livestock through infected countries, clauses 1.b, and c of this Article were developed to ensure that these animals that would be presumed to be highly susceptible would be able to travel safely through a country or zone that is not free from RVFV infection. Vaccination protects animals from RVF^{8, 9}, and for animals which are not vaccinated, appropriate protection from vector attacks must be provided. The list of measures to protect livestock from vectors has been expanded from those in the previous Chapter to include measures in addition to netting or screening.

Article 8.11.8. Recommendations for importation from countries or zones infected with RVFV during the interepizootic period

Since vaccination confers lifelong immunity and is highly effective, vaccinated animals should be able to be shipped from an infected country without quarantine periods during interepizootic periods. Since neutralising antibodies are measurable as early as 5 days and are well established by 14 days, a period of 14 days provides sufficient safety.

The Group also considered that should an animal enter the facility with viraemia, the risk of transmission to other animals in the quarantine would be low since vector activity is very low and contact transmission amongst livestock does not occur.

RVFV does not cause persistent infection (carrier state)¹⁰.

Article 8.11.9. was deleted because meat became a “safe commodity” (Article 8.11.2.)**Article 8.11.10. Importation from countries or zones infected with RVFV during an epizootic**

Since RVF epizootics occur in areas¹¹ of an infected country with predisposing conditions, including high levels of vector densities, low levels of livestock population immunity to RVFV, and generally a history of RVFV infection, the Group recognised that a country of sufficient size might have an epizootic in one area while one or more other areas remain in an interepizootic period posing no significant risk to the importing country. However, during transit, livestock from the area experiencing an interepizootic period should not pass through the area that is experiencing an epizootic.

To ensure that the importing country is not placed at risk should these animals be exported, the Group suggested multiple layers of assurance including a 14 day quarantine, vaccination, and ensuring that the livestock bound for export do not pass through the epizootic area.

Article 8.11.11. was deleted because meat became a “safe commodity” (Article 8.11.2)**Article 8.11.12 Recommendations for importation of *in vivo* derived embryos of ruminants from countries or zones not free from infection with RVFV**

This article was modified to accommodate the science-based 14 day period for an infected animal to become immune. In addition, since vaccinated, as well as naturally infected animals have neutralising antibodies within 14 days, a 14 day period was used for cases of embryo transfer.

⁸ Smithburn, K.C. (1948). Rift Valley fever; the neurotropic adaptation of the virus and the experimental use of this modified virus as a vaccine. *The British Journal of Experimental Pathology*. **30** (1); 1-16.

⁹ Hubbard, K.A., Baskerville, A., Stephenson, J.R. (1991). Ability of mutagenized virus variant to protect young lambs from Rift Valley fever. *American Journal of Veterinary Research*. **52**: 50-55.

¹⁰ EFSA report (2005). The risk of a Rift Valley fever incursion and its persistence within the Community.

¹¹ Area see footnote 6

Article 8.11.12.bis Recommendations for importation of semen

A new article on importation of semen was developed as the previous Chapter lacked such provisions.

Article 8.11.13. Recommendations for importation of milk and milk products from countries or zones not free from infection with RVFV

Pasteurisation or a combination of control measures that have an equivalent performance as described in the Codex Alimentarius Code of Hygienic Practice for milk and milk products are sufficient to make milk and milk products safe for export and free from RVFV.

7. Finalisation and adoption of the draft report

The Group reviewed and amended the draft report provided by the rapporteur. The report was circulated within the Group for a period -of time -for comments. The report was finalised through correspondence.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP ON RIFT VALLEY FEVER
Paris, 4-6 June 2013**

Agenda

1. Opening
2. Adoption of agenda, appointment of chair and rapporteurs
3. Process for *Terrestrial Code* Revision
4. Aim of the Chapter on Rift Valley Fever
5. Changes to “periods of time” in the existing Chapter
6. Revision of the *Terrestrial Code* Rift Valley fever Chapter
7. Finalisation and adoption of the draft report

Appendix II

**MEETING OF THE OIE AD HOC GROUP ON RIFT VALLEY FEVER
Paris, 4-6 June 2013**

List of participants

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**REPORT OF THE MEETING OF THE OIE *AD HOC* GROUP ON THE HARMONISATION
OF THREE *TERRESTRIAL ANIMAL HEALTH CODE* CHAPTERS ON BLUETONGUE,
AFRICAN HORSE SICKNESS AND EPIZOOTIC HAEMORRHAGIC DISEASE**

Paris, 20-22 August 2013

The meeting of the *ad hoc* Group on Harmonisation of the *Terrestrial Animal Health Code* Chapters on Bluetongue (BT), African horse sickness (AHS) and Epizootic Haemorrhagic Disease (EHD) (hereafter the Group) was held at the OIE Headquarters from 20 to 22 August 2013.

1. Opening

On behalf of Dr Bernard Vallat, the Director General of the OIE, Dr Elisabeth Erlacher-Vindel, Acting Head of the Scientific and Technical Department of the OIE, welcomed the Group and indicated that the BT and AHS Chapters were adopted in 2010 and 2012, respectively, and that the EHD Chapter had been drafted and circulated to Member Countries for the first round of comments in 2013. She reported that, for the sake of consistency of the OIE *Terrestrial Animal Health Code* (hereafter the *Terrestrial Code*), Member Countries had requested a harmonisation of the three chapters on BT, AHS and EHD, taking into account the specific characteristics of each infection. She informed the Group of the numerous comments sent by Member Countries on the draft chapter on EHD. She also gave an overview on the procedure for revising and harmonising chapters of the *Terrestrial Code*.

The Group was reminded that the BT Chapter had been extensively revised following the 2003 OIE Bluetongue International Symposium, in *Taormina*, Italy. Since the last adoption of the chapter at the General Session in 2010, new scientific findings have completed the understanding of Orbivirus infections.

2. Appointment of chairman and rapporteur and adoption of agenda

The meeting was chaired by Dr Peter Daniels and Dr Alf-Eckbert Füssel was designated as rapporteur. The agenda was adopted without modifications. The agenda and list of participants are attached as Appendices I and II, respectively.

3. Harmonisation of the *Terrestrial Code* Chapters on African Horse Sickness, Bluetongue and Epizootic Haemorrhagic Disease

The Group discussed different approaches on how to proceed with the revision and harmonisation of the *Terrestrial Code* chapters on BT and AHS as well as with the comments on the new draft chapter on EHD received from Member Countries. The Group agreed to revise these three chapters in parallel, both from an editorial and from a scientific point of view while considering Member Countries' comments. In the process of harmonisation, the Group subsequently recorded the arguments to further justify differences that were maintained on purpose among the chapters to reflect the specificity of the respective disease.

The Group first highlighted the specificities of the AHS Chapter, mainly linked to the procedure for the official recognition of AHSV freedom and to the severe consequences of this disease for the affected species. Taking into account the recent amendment and adoption of this chapter, the Group tried to minimise the changes to the AHS Chapter.

The Group also acknowledged that the EHD Chapter was less detailed than the BT or the AHS Chapters, both because of the relative lack of scientific knowledge on this disease and also because the Group considered that EHD has less impact on animal health. The Group recognised that whether EHD remained a listed disease was a consideration for the OIE, and that the task of the Group was to suggest an approach to harmonise the EHD draft Chapter with the BT and AHS Chapters.

A number of editorial adjustments without changing the content were made to all three chapters that are not described in this report (e.g. the harmonisation or editorial amendments of the titles of the chapters).

Throughout the chapters, the word “circulation” was replaced by “transmission”.

The references to the *Manual of Diagnostic Tests and Vaccines for Terrestrial Animals* (hereafter the *Terrestrial Manual*) were deleted, with the exception of the first one in the introduction, to avoid repetition.

3.1. Articles 8.3.1., 12.1.1. and X.X.1. (general considerations):

In the introductory sentence, the list of principal hosts was reviewed for each disease and the Group concluded that in the case of BT it should read “ruminants and camelids” instead of “animals” while for the other two diseases no changes were proposed.

The Group clarified that the BT chapter dealt only with those BT virus (BTV) serotypes that are transmitted by *Culicoides*. Other viruses, which were included under BTV species in recently published literature primarily based on their genetic sequence, but which have different pathogenesis and epidemiological characteristics (e.g. Toggenburg virus), were considered beyond the scope of this *Terrestrial Code* Chapter.

The Group noted that there was little published information on the competence of all possible vectors for the transmission of EHD virus (EHDV), but the evidence in a number of countries indicated that EHDV was transmitted by *Culicoides* and it was not distributed in patterns that would suggest other vectors. Therefore, the Group recommended that the *Terrestrial Code* Chapter on EHD continue to be drafted on the basis that EHDV is a *Culicoides* transmitted infection.

a) Case definition

The Group extensively discussed and concluded that the case definition for all three chapters should describe the occurrence of an active infection. The Group considered the statement in the BT Chapter on the difference between a case and an infection for trade purposes. Article 1.1.2 of the *Terrestrial Code*, the definition of a case is stated as, the detection of the aetiological agent of a listed disease in an animal even in the absence of clinical signs. The Group rationalised that differentiating this definition from an active infection, in which transmission and links to epidemiological circumstances are implied, seemed confusing.

Considering that Orbivirus infections can be asymptomatic, and scientific publications demonstrated that PCR tests can detect Orbiviruses’ nucleic acid for several months after infection or vaccination, the Group emphasised that detection of nucleic acid or antibody was insufficient to define a case, but should be associated with clinical signs or within the epidemiological context. However, the Group questioned whether disease specific chapters overrule horizontal chapters in terms of requirements for disease reporting. This question was referred to the Scientific Commission for Animal Diseases (hereafter the Scientific Commission) for its consideration.

The Group intensively discussed and finally concluded that the difference between “seroconversion” referred in Article 12.1.1. (3) of the AHS Chapter, and “antibodies” referred in the Chapters on BT (revised chapter 8.3.1.(3)) and EHD (x.x.1(3)) was justified by the fact that only systematic vaccination was prohibited in a AHSV-free country and should therefore remain.

The Group considered the proposals from a Member Country’s for the EHD case definition and did not support the need of characterisation of the EHDV as a standard requirement in the definition of the infection as it would have been too restrictive. The Group agreed that although the determinants for virulence have not been determined, virulence was not function of serotype.

In reply to a comment requesting to limit EHDV infection to cervids only, the Group disagreed as EHDV infection has been reported to cause disease in cattle in certain countries. In 2006, North Africa experienced an outbreak of EHD in cattle which caused much concern. Conversely, it was noted that EHDV infection caused seroconversions in a French territory without clinical signs in cattle. Although there are not recent publications, previous Ibaraki (an EHDV serogroup virus) outbreaks in Japan and Korea have been reported to cause high mortality in cattle.

In response to another Member Country’s comment, the Group proposed to retain reference to vaccination for EHD in Article X.X.1 (3) since an EHD chapter including a section on vaccines was drafted for the *Terrestrial Manual*.

b) Infective period:

The Group reconfirmed the 60-day infectious period for BTV as consistent with published information. For AHSV, the 40-day infectious period in horses was reconfirmed although PCR tests may remain positive for more than 60 days. A 60-day infectious period was recommended for EHDV consistent with the recommendation for BTV. No published reports were available to suggest a longer period of viraemia for either of these two viruses.

c) Vaccination:

Experimental tests and field observations have shown that animals vaccinated with a live attenuated Orbivirus vaccine can be infectious to vector insects, and that transmission of the vaccine strain may occur for a period of time after the administration of the attenuated vaccine.

The Group agreed that there was a need to clarify in the BT Chapter that live attenuated vaccine viruses may show properties of field viruses including vector transmission, pathogenesis resulting in clinical signs, vertical transmission and re-assortment of gene segments with other viruses of the same species being transmitted simultaneously.

d) Surveillance:

The Group agreed to keep the paragraph on the use of surveillance to determine the status for BTV and EHDV since infections with BTV and EHDV frequently occur without clinical signs. However, in the case of EHDV it should not read “countries should know their status”, suggesting an obligation to implement surveillance, but it should say that the “status can best be determined” through surveillance. The Group agreed that the procedure for the official recognition of AHSV status justified the difference of this article in the AHS Chapter.

The Group suggested revising the paragraph related to surveillance to be conducted on the borders to infected adjacent countries and moving it to the articles on surveillance.

3.2. Articles 8.3.2. and X.X.2. (safe commodities)

The Group revised these articles, where appropriate, with editorial improvements and scientific information available to date.

For EHD, the Group hesitated to extrapolate safe commodities to embryos and oocytes, considering the lack of scientific information, and suggested the Scientific Commission to consult with the International Embryo Transfer Society (IETS).

The Group endorsed a Member Country's comment reminding that safe commodities are considered safe regardless of the status of the area of origin. Therefore, the Group concluded that there was no need to specify that safe commodities were exported from a specific zone within a country.

The Group did not agree to the addition of an article on safe commodities for AHSV, since trade of commodities such as meat, milk or hides and skins, appeared to be insignificant.

3.3. Article 8.3.3, X.X.3 and 12.1.2. (free country or zone)

a) Historical freedom:

The Group agreed that there should be no provisions on historical freedom for BTV and EHDV in consideration of the wide distribution of these viruses, and that the status of a country could only be determined by surveillance in the absence of clinical signs. In contrast, the occurrence of AHS was geographically limited and caused severe clinical signs in horses.

b) Evidence of absence of *Culicoides*:

The Group extensively discussed the feasibility to prove absence of competent *Culicoides* and the possibility to base freedom from any of the three vector-borne diseases on the absence of competent *Culicoides* vectors. Established from earlier studies, only New Zealand and Hawaii have been reported to be free of any *Culicoides*¹. In fact, the presence of some *Culicoides spp* is likely in most countries. Therefore criteria based on presence or absence of any *Culicoides spp*, rather than on specific *Culicoides spp* scientifically known to be vectors, was not likely to be helpful in differentiating between infected from non-infected areas. The Group emphasised that surveillance to differentiate infected from non-infected areas should be primarily animal-based. Nevertheless, information on whether *Culicoides spp* vectors are present and to what extent, could provide supportive epidemiological information.

c) Specificities of EHD, Article X.X.3.:

The Group discussed that EHDV infection was not notifiable in all countries and that there was little effort to detect EHDV infection. The Group reflected this situation in the introduction of Article X.X.3 by addressing those countries that would want to determine their status regarding EHDV infection by indicating that EHDV infection must be a notifiable disease with appropriate surveillance measures.

¹ Mellor *et al.*, *Culicoides* biting midges: their role as arbovirus vectors. *Ann. Rev. Entomol.*, 2000. **45**:307–340.

d) Specificities of AHS, Article 12.1.2.:

Upon request of certain Member Countries, the Group discussed the need to include surveillance as a requirement for retention on the list of AHS-free Member Countries. A surveillance strategy to gain and maintain a status based on historical freedom should be considered in accordance with Article 1.4.6. which indicates that implementation of continuous surveillance to prove historical freedom may not require agent specific surveillance. This difference should be clarified in Article 12.1.11. The Group referred this question to the Scientific Commission due to the specific issue related to official status recognition.

3.4. Article 8.3.4, and 12.1.3. and X.X.4. (seasonal freedom)

The Group was reminded that seasonal freedom was proposed for deletion in the AHS Chapter due to recent introduction of the official disease recognition procedure by the OIE for AHSV-free status of Member Countries or zones. This issue was put on hold at the last General Session for feedback from the current Group and to be considered for BTV and EHDV.

The Group considered that the concept of seasonal freedom and defining freedom following a 2-year absence of transmission were both based on proving absence of transmission and should be considered in parallel. The Group also noted that absence of adult *Culicoides per se* was not sufficient to prove seasonal freedom and added the qualification of “known to be competent vectors”. The Group agreed to the need of better standards on how to carryout surveillance for *Culicoides* and their competence as vectors. The Group also emphasised the role of on-going animal based surveillance for proving absence of virus transmission.

In line with the majority of Member Country comments, there was consensus to confirm deletion of the concept of seasonal freedom for AHSV but to retain it for BTV and EHDV. The Group noted that the key parameters to determine seasonal freedom from EHDV infection were equivalent with BTV infection, and therefore concluded that the criteria should be considered as the same.

3.5. Articles 8.3.5., X.X.5. and 12.1.4 (definition of infected country or zone)

The Group harmonised the definition of a BTV- or EHDV-infected country in line with the AHS Chapter as a country not meeting the criteria for a free country.

3.6. Articles 12.1.4. and 12.1.5. (related to the procedure for official recognition of AHSV status)

Articles on the establishment of a containment zone and the recovery of status did not apply to BT and EHD.

3.7. Article 8.3.6, X.X.6. and 12.1.7 (imports from free countries or zones)

The Group appreciated the work of the Biological Standards Commission related to a new section on vaccines in the EHD draft Chapter of the *Terrestrial Manual*.

The Group considered the whole chapter and the periods of time given for each requirement. With regards to the detection of BTV in animals (point 3), the Group took a conservative approach and set this period of time at 14 days instead of 7 days because of the characteristic of the diagnostic tests. On the contrary, at point 4, the 7-day residence period was kept, because this period did not relate to the potential variability of test performance relating to possible time of infection, but set an incentive for the importing country to import animals only in accordance with the *Terrestrial Code*.

The Group did not support a Member Country's comment to forbid EHDV seropositive cattle into free areas but to only allow seropositive deer, since the entire chapter was generated with an understanding that the risk of infection was the same in both cattle and deer.

3.8. Article 8.3.9. and 8.3.10 (merged), X.X.9. and X.X.10. (merged) and 12.1.8. (Imports of semen, oocytes and embryos from free countries or zones and from seasonally free zones)

Because of the similarity of the paired articles, the Group proposed to merge the articles related to the importation of germinal products from a free country or zone and from a seasonally free zone in both BT and EHD Chapters.

The Group agreed that the conservative requirements described in the BT Chapter could be translated into the EHD Chapter, since there is yet limited evidence specifically related to EHDV in semen. These requirements were directed to detect virus in animals, as EHDV would not be present in the semen of an EHDV-free animal.

The Group was concerned that the use of live attenuated vaccines in semen donors could pose a risk and considered that they should not be used in semen donors in BTV free countries or zones. Indeed, the live attenuated vaccine viruses can be transmitted to and by vectors, and there is a higher likelihood of virus shedding in semen in the case of vaccine viruses compared to true field viruses².

In point 1b of Article 8.3.9., the Group considered the published performance characteristics of the available diagnostic tests (AGID) and agreed that the time interval for testing be changed from 21 to 28 days in the BT Chapter to increase the sensitivity of the protocol and to adapt the EHD Chapter accordingly. The Group reminded that such change was suggested because AGID test, which is often not sufficiently sensitive to detect infection, was not prescribed for trade.

The Group agreed to a Member Country's requesting testing of paired samples wherever serological tests were required. The Group noted that in active surveillance the repeat sampling was built in, such as in monitoring of sentinel animals, or in testing procedures of semen collection centres.

The Group recommended to the Scientific Commission that OIE Reference Laboratories and other experienced national facilities should coordinate activities to compare the performance of cELISA tests for EHD, using as an example what was done for the BTV cELISAs several years ago.

3.9. Articles 8.3.13, X.X.11 and 12.1.10 (Protection of animals from *Culicoides* attack)

In request to a Member Country's comment proposing "inversed-pressure" rooms at entries and exits of vector-protected establishments and facilities, the Group did not agree to impose such a substantial change to the operation of existing facilities as its efficacy has not been scientifically established.

An additional clarification on air transport requirements was made in the AHS Chapter to require insecticide spraying only after the aircraft is ready to move, to be coordinated with the WHO advisory material.

² Kirkland *et al.*, Excretion of bluetongue virus in cattle semen: a feature of laboratory-adapted virus. *Vet. Ital.*, 2004, **40**, 497-501,

3.10. Articles 8.3.14 to 8.3.16, X.X.12. and 12.1.11 to 12.1.13. (surveillance)

The Group rearranged the order of paragraphs in the BT article introducing surveillance and agreed to keep a single surveillance article for EHDV while cross referencing the corresponding BT and AHS Chapters to avoid repetition, considering that there is no scientific information available to indicate that surveillance for EHDV should follow different principles or procedures.

The Group agreed to the Member Country's comment on active and passive surveillance which should be on-going "as epidemiologically appropriate" for BTV and EHDV infections.

The Group discussed the appropriateness of a 100-km surveillance zone in a free country or zone adjacent to an infected country or zone and recommended that this requirement be retained for BT and AHS because it provides a measurable parameter and is not scientifically inappropriate. However, the Group also recommended in the case such a surveillance zone could not be implemented, the country should have the opportunity to justify an alternative approach to provide confidence in the integrity of the free zone.

3.11 Article on the use and interpretation of the diagnostic tests, in the BT Chapter

This article was proposed for deletion to avoid repetition with the *Terrestrial Manual*.

.../Appendices

Appendix I

**MEETING OF THE OIE AD HOC GROUP ON HARMONISATION OF AFRICAN HORSE SICKNESS,
BLUETONGUE AND EPIZOOTIC HAEMORRHAGIC DISEASE**

Paris, 20 - 22 August 2013

Terms of Reference

1. Harmonise the *Terrestrial Animal Health Code* Chapter 12.1 on African Horse Sickness with Chapter 8.3 on Bluetongue, and with the draft *Terrestrial Code* chapter on Epizootic Haemorrhagic Disease taking into account Chapter 1.5 on vector surveillance.
 2. Address comments by Member Countries, Scientific Commission and Code Commission
-

Agenda

1. Opening
 2. Appointment of chairman and rapporteur and adoption of Agenda
 3. Harmonisation of the *Terrestrial Code* Chapters on African Horse Sickness, Bluetongue and Epizootic Haemorrhagic Disease
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Appendix II**MEETING OF THE OIE AD HOC GROUP ON HARMONISATION OF AFRICAN HORSE SICKNESS,
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REPORT OF THE MEETING OF THE OIE AD HOC GROUP ON ANTIMICROBIAL RESISTANCE
Paris, 27 – 29 August 2013

1. Opening

The OIE *ad hoc* Group on Antimicrobial Resistance met for the sixth time from 27 to 29 August 2013 at the OIE Headquarters in Paris, France. Dr Elisabeth Erlacher-Vindel, Acting Head of the Scientific and Technical Department, welcomed the participants on behalf of the Director General of the OIE, Dr Bernard Vallat, and in particular new participants from the European Commission, FAO¹, WHO² and the OIE Collaborating Centre for Veterinary Drug Regulatory Programmes (USA). She updated the Group on the recent OIE activities related to antimicrobial resistance and the use of antimicrobial agents, and she thanked the Group for its support of these activities, that greatly contributed to the successful outcome of the OIE Global Conference on the Responsible and Prudent Use of Antimicrobial Agents for Animals, which was held in Paris (France), from 13 to 15 March 2013. She also emphasised the importance of working in collaboration with the Aquatic Animal Health Standards Commission for harmonisation of relevant *Code* Chapters and other activities associated with the use of antimicrobial agents and antimicrobial resistance.

The main objective of this meeting was to review the second round of technical comments received from OIE Member Countries on the proposed updated version of Chapter 6.10. (Risk assessment for antimicrobial resistance arising from the use of antimicrobial agents in animals) of the OIE *Terrestrial Animal Health Code* (*Terrestrial Code*), this chapter should be proposed for adoption at the next General Session in May 2014. Other items on the agenda included the review of the comments received on the chapters 6.6., 6.7., and 6.9. of the *Terrestrial Code* following the adoption of their updated version by the World Assembly of Delegates during the OIE General Session, in 2012 for the first two chapters and 2013 for 6.9.; the review of some technical comments received on the updated version of the OIE List of antimicrobial agents of veterinary importance adopted at the OIE General Session in May 2013; and finally a discussion on the follow-up activities from the recommendations of the OIE Global Conference on the Prudent use of Antimicrobial Agents for Animals.

2. Appointment of chairperson and rapporteur, and adoption of the Agenda

The meeting was chaired by Dr Herbert Schneider and Mr Christopher Teale acted as rapporteur. The adopted Agenda and List of Participants are presented in Appendices I and II of this report, respectively.

3. Review of the second round of the technical comments received from OIE Member Countries on the proposed updated version of Chapter 6.10.: “Risk assessment for antimicrobial resistance arising from the use of antimicrobials in animals” of the *Terrestrial Animal Health Code*

The Group reviewed the technical comments received from OIE Member Countries relating to chapter 6.10. of the *Terrestrial Code* on risk assessment for antimicrobial resistance arising from the use of antimicrobial agents in animals.

1 FAO: Food and Agriculture Organization of the United Nations

2 WHO: World Health Organization

The Group discussed in detail all the comments and accepted, where appropriate, amendments proposed by Member Countries. Some of the suggested amendments were unsuitable for incorporation into the text because they would add too many details; however, they usefully highlighted areas where the text could be clarified. Taking into account the advanced stage of review of chapter 6.10., the Group based the priority of amendments on provision of clarification and consistency in the use of terminology.

The Group stressed that chapter 6.10. was intended to be read in conjunction with Chapter 2.1. (Import Risk Analysis) of the *Terrestrial Code* as well as the relevant Codex Guidelines on risk analysis, and should not be considered in isolation. The Group used terms and definitions from the Codex Guideline CAC/GL77-2011, where appropriate.

In reply to a comment, the Group pointed out that antimicrobial resistance is also influenced by the general use of antimicrobial agents and not only by the inappropriate use of antimicrobial agents.

Regarding a comment suggesting the integration of articles 6.10.2. and 6.10.3. into one article, the Group did not agree as it was considered more appropriate to keep the structure in line with the Codex Guidelines. In addition, in some cases, a risk analysis might be performed for purely animal health purposes. The Group considered that integration between the two risk analyses should be done, if relevant, at a subsequent stage of the risk analysis process. Wherever possible, appropriate and corresponding text was used in the articles relating to the analysis of risks to animal and human health to ensure a consistent approach.

For consistency and harmonisation in use of terminology, the Group agreed to use, where appropriate, the term “selection” instead of “emergence” and “dissemination” instead of “spread” throughout chapter 6.10.

Some Member Countries requested inclusion of further specific examples relating to animals other than food-producing animals, in particular companion animals. The Group stressed that the chapter covers all animal species, including, for example, food-producing, companion, sport (or competition) and zoo animals. This was clarified in specifying that the category of animal should be considered during the risk assessment. In relation to the text, the examples given were for illustrative purposes only and were not intended to be exhaustive.

Mitigating actions, for example decreasing microbial contamination of food, were considered necessary for inclusion and consideration in the risk assessments.

In reply to a comment requesting addition of the term “resistance determinant” in some paragraphs, the Group discussed and added this term when it was used in the context of horizontal transfer. When reference was made to the identification or measurement of “resistance determinant,” the Group disagreed to the addition of the term as resistance determinants are not commonly measured.

4. Outcome of the last OIE General Sessions

During the General Session in May 2012, the World Assembly of Delegates adopted the updated version of the *Terrestrial Code* Chapters 6.6. on “Introduction to the recommendations for controlling antimicrobial resistance” and 6.7. on “Harmonisation of national antimicrobial resistance surveillance and monitoring programmes”.

During the General Session in May 2013, the World Assembly of Delegates adopted the updated version of the *Terrestrial Code* Chapter 6.9. on “Responsible and prudent use of antimicrobial agents in veterinary medicine” and of the OIE List of antimicrobial agents of veterinary importance.

Additional comments regarding these chapters and the OIE List were received subsequently and reviewed by the Group.

Chapter 6.9.

In reply to some comments on the role of veterinarians in the responsible and prudent use of antimicrobial agents, the Group noted that the situation differs among the OIE Member Countries and that the current wording in the chapter promotes the key role of veterinarians and also takes into consideration the different situations worldwide.

In reply to a comment on the status of the VICH³ guidelines, the Group pointed out that these guidelines were not compulsory for the OIE Member Countries except those that are VICH members (member states of the European Union, Japan, USA) (“*Member Countries are encouraged to apply*”, article 6.9.3.1.). The inclusion of this paragraph in the article was aimed at highlighting the existence of international guidelines where the OIE is involved in their development. Indeed the OIE has the status of observer in this programme and is working to open the programme to all the OIE Member Countries (VICH Outreach Forum).

A comment was received requesting a revision in the article 6.9.8. relating to medicated feed. However, this is an area where different parts of the world have very different approaches and revision to accommodate the practices current in one region would not necessarily be in agreement with those in other regions. As the document has been recently adopted, major revision was not considered appropriate at this stage, but will have to await the next round of updating.

Chapter 6.7.

In relation to chapter 6.7., environmental sampling was mentioned as part of surveillance, but the development of globally standardised or harmonised surveillance programmes covering such sampling is currently in its infancy.

The examples of bacteria species cited in the chapter were not considered to be comprehensive but illustrative and therefore further examples requested by Member Countries were not included.

The Group did not include a reference to the WHO List of Critically Important Antimicrobials in article 6.7.3. point 8 as the most relevant information is reflected in the updated OIE List.

A comment was received requesting a list of specific veterinary pathogens of interest for surveillance. The Group was informed that several Member Countries were working on this subject and a suggested way forward was to base the results of any further development on the outcome of the work. The Group considered it would be necessary to gather and collect certain existing approaches to enable the optimal way forward to be developed at the global level.

Chapter 6.6.

Although it was considered that the concept of cross-sectoral collaboration was already contained in paragraph 4 of this chapter, the Group forwarded the request for an explicit reference to the term “one-health” in the Chapter to the Scientific Commission for Animal Diseases and the Terrestrial Animal Health Standards Commission.

OIE List of antimicrobial agents of veterinary importance

During the General Session in May 2013, the World Assembly of Delegates adopted the OIE List of antimicrobial agents of veterinary importance. Some technical comments on the classification of the antimicrobial agents were subsequently received by the OIE and the Group decided that they would be addressed through an electronic communication between some of the Group experts.

5. Follow-up of the recommendations of the OIE Global Conference on the Prudent Use of Antimicrobial Agents for Animals, Paris (France), which was held from 13 to 15 March 2013

Dr Erlacher-Vindel updated the Group on the follow-up of the recommendations of this OIE Global Conference.

Regarding the recommendation No. 7 to the OIE, she informed the Group that a new *ad hoc* Group would be formed with the objective of providing guidance to the OIE to collect harmonised quantitative data from the OIE Member Countries on the use of antimicrobial agents in animals with the view to establishing a global database. The results of the questionnaire for OIE Delegates on monitoring of the quantities of antimicrobial agents used in animals presented at the OIE Global Conference will be a good starting point. Representatives from FAO, WHO, the European Union and Collaborating Centres will be invited in addition to experts.

3 VICH: International Cooperation on Harmonisation of Technical Requirements for Registration of Veterinary Medicinal Products

Dr Karim Ben Jebara, Head of the OIE Animal Health Information Department, joined the discussion for this specific issue. He gave an overview of OIE activities relating to the collection of information on animal diseases from OIE Member Countries and reminded that the purpose of collecting data needed to be well defined.

The Group strongly supported this initiative, which would include terrestrial and aquatic animals, and pointed out that one of the challenges would be to harmonise the data collected in the different OIE Member Countries.

6. Adoption of report

The Group adopted the report.

.../Appendices

Appendix I

MEETING OF THE OIE AD HOC GROUP ON ANTIMICROBIAL RESISTANCE

Paris, 27 – 29 August 2013

Agenda

1. Opening
 2. Appointment of chairperson and rapporteur, and adoption of agenda
 3. Review of the second round of the technical comments received from OIE Member Countries on the proposed updated version of Chapter 6.10.: “Risk assessment for antimicrobial resistance arising from the use of antimicrobials in animals” of the *Terrestrial Animal Health Code*
 4. Outcome of the last OIE General Sessions
 5. Follow-up of the recommendations of the OIE Global Conference on the Prudent Use of Antimicrobial Agents for Animals, Paris (France), which was held from 13 to 15 March 2013
 6. Adoption of report
-

Appendix II**MEETING OF THE OIE AD HOC GROUP ON ANTIMICROBIAL RESISTANCE****Paris, 27 – 29 August 2013****List of Participants****MEMBERS****Dr Tetsuo Asai***(invited but could not attend)*

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Summary of Commission Decisions on *Terrestrial Code* Chapters

Chapter	Status before SCAD meeting	Commission Decision	Transferred to Code Commission after SCAD September 2013 meeting-continue process?
Glossary (risk-based surveillance)	Wait until jointly discussed with Code Commission	Same decision stood- to be discussed in September 2014, since in February 2014 the agenda was quite full, in a joint meeting between both Commissions	N/A
Glossary: Emerging diseases	Discussion with Code Commission and Aquatic Commission Presidents	Preferred the original definition already contained in the Glossary, but with the exclusion of listed diseases.	YES
Chapter 1.1	MC comments and OIE proposal	Agreed with the 3 presidents' proposal	YES
Chapter 1.2.	MC comments (GS)	An AHG should assess the scientific information presented by MC. Agreed with EU to delete emerging diseases as a criterion to be listed, but disagreed to delete "honeybees" from the title of the concerned chapters.	YES
Article 1.1.2	Discussion at AHG	Discussed jointly with Code Commission, who would establish the criteria for which horizontal items applied to	N/A
Article 1.4.6	Raised at GS (AHS chapter not adopted)	Discussed jointly with Code Commission, who would establish the criteria for which horizontal items applied to. Pending discussion between both Commissions	N/A
6.6, 6.7, 6.9 and 6.10 on AMR	AHG review of comments	MC comments considered and shared with Code Commission	YES
8.x. Brucellosis	MC Comments	MC comments to be addressed by an <i>ad hoc</i> Group before Feb 2014 (envisaged to be planned in Dec13)	NO
8.3 Bluetongue (BT)	AHG review of comments + harmonisation	Changes endorsed and send to the Code Commission with the note that this chapter should be revised together with AHS and EHD since the changes proposed are done on the purpose of harmonisation	YES
8.6 Foot and Mouth Disease (FMD)	1 st round MC comments	SCAD decided that the chapter with comments goes to the AHG for their review. Adoption of this chapter is not envisaged before May 2015.	NO
8.11. Rift Valley Fever	Revised by AHG	SCAD commented the chapter and discussed it with the Code Commission who would continue processing the chapter	YES
11.8. 18. and 1.6. CBPP official control programme and questionnaire	First draft after MC request	Agreed with proposed draft with amendment (no DIVA test; control programme already implemented). Passed to Code Commission for their review.	YES
11.6-11.7. Tuberculosis	Revised by AHG	To go back to the AHG (envisaged to be planned for Feb/March14)	NO

12.1 African Horse Sickness (AHS)	AHG review of comments (GS) + harmonisation	Changes endorsed and send to the Code Commission with the note that this chapter should be revised together with BT and EHD since the changes proposed are done on the purpose of harmonisation	YES
Glanders	MC request	New AHG to be convened in Nov 13	N/A
14.8. Peste des petits ruminants (PPR)	MC comments (GS)	MC comments considered and shared with Code Commission	YES
15.8. Classical Swine Fever (CSF)	MC comments received after the adoption of the chapter	Most MC comments were reviewed. Discussed with the Code Commission: provisions for the importation of live pigs from infected countries had to originate in a free compartment (provisions for importation from free compartment already existed); provisions for importation of wild pig meat irrespective of their status could be justified if the amount of wild pigs to be tested remained low. Conclusion: pending further discussion with Code Commission. Did not accept any of the comments. The Code chapter could be again revised once the revised Manual chapter is adopted (will be presented for adoption in May 2014)	YES
X.X. New Chapter on Epizootic Haemorrhagic Disease (EHD)	AHG review of comments + harmonisation	Changes and Member Country comments endorsed and send to the Code Commission with the note that this chapter should be revised together with BT and AHS since the changes proposed are done on the purpose of harmonisation	YES
X.X. New Chapter on International horse movement for equestrian sport	Drafted by AHG	Reviewed by SCAD. Draft with SCAD edits incorporated (without marks) to be passed to Code Commission before the AHG would meet again on the last week of October 2013 to keep working on it.	YES (but not to be circulated for comments yet: AHG meets in Oct 2013)
Equine Disease Free Zones guidelines	Drafted by AHG	Reviewed by SCAD. Agreed to post it as guidelines on the website	YES
X.X. New Chapter on Disease Control	MC comments (2 nd round)	Agreed that it is left on the website and a leaflet is produced for distribution to Delegates	NO

AHG = *Ad hoc* Group

MC = Member Country

SCAD = Scientific Commission for Animal Diseases

Code Commission = Terrestrial Animal Health Standards Commission

N/A= Not applicable

REPORT OF THE JOINT MEETING BETWEEN THE SCIENTIFIC AND CODE COMMISSIONS

Paris, 5 September 2013

1. Glossary: definition of risk-based surveillance.

The Scientific Commission and the President of Code Commission agreed that this issue will be discussed at the next full joint meeting of the two Commissions.

2. Glossary: definition of emerging disease

The Scientific Commission informed the President of the Code Commission of its decision to support the current definition of emerging diseases in the glossary and to add that for the purpose of notification, the definition excludes listed diseases. The President of the Scientific Commission noted that Dr Karim Ben Jebara, Head of the Animal Health Information Department, had supported the view of the Scientific Commission. The President of the Code Commission agreed with the proposal.

3. Horizontal chapters:

- a) Chapter 1.1: The Scientific Commission agreed to the proposed amendments on notification for emerging diseases.
- b) Criteria and listing (Chapter 1.2.): The Scientific Commission agreed to remove the reference to emerging diseases from the criteria for listing and maintained its position that swine vesicular disease and vesicular stomatitis should be delisted.
- c) Article 1.4.6, points a) and b): Amendment proposed by the Scientific Commission in February in respect of presence of disease in wildlife vs. compliance for historical freedom. It was agreed that the entire Article 1.4.6 needs to be reviewed and the President of the Code Commission indicated that they will undertake this task.
- d) The Scientific Commission sought clarification on the general principle on how horizontal chapters would apply to individual disease specific chapters (Do horizontal chapters apply to all disease chapters unless otherwise defined in disease specific chapter?)
 - Historical freedom
 - Freedom and situation in wildlife
 - 'Case' definition in the chapter related to notification (Detection of aetiological agent in animal) and definition of an infection in disease specific chapter
- e) General disease control (Chapter 4.X.): The Scientific Commission response to Member Country comments – the Scientific Commission concluded not to proceed with the request to have the draft chapter published in the *Terrestrial Code* following Member Country comments in this respect but to maintain and update the web version following Member Country comments.

4. Disease-specific chapters:

- a) CSF (Chapter 15.2.): The Scientific Commission presented the main points of discussion which was on the recommendations for the importation of meat of domestic, wild and feral pigs. There was a provision to allow import of wild and feral pigs irrespective of the status of the country but there was no specific article on the importation of domestic pig meat from infected countries which was also the case in the version in the *Terrestrial Code* prior to the adoption of the new Chapter in May 2013. Wild pig meat should in accordance with the *Terrestrial Code* be tested but it was considered that testing all domestic pig meat would be logistically unfeasible while wild pig meat was sold in small quantities and can thus be logistically managed. There also was the uncertainty of the origin of free roaming pigs even in a free country as they could have migrated from an infected area prior to be hunted. The Scientific Commission proposed combining articles of live pig importation from free and from infected countries, since from infected countries the only way allowed was originating from a free compartment, which was already included in the provisions that allow import of live pigs from a free country, zone or compartment. Since for live pigs the only way allowed from an infected country was that it originated from a free compartment, the Scientific Commission argued whether it should be specified that wild pig meat from an infected countries should only originate from a free compartment. The President of the Code Commission agreed to share these concerns with the rest of the Code Commission and would reply accordingly. With regards to historical freedom for CSF, the President of the Code Commission agreed to reconsider the horizontal chapters in Article 1.4.6, and provide the criteria for which these horizontal issues could apply.
- b) Brucellosis: The Scientific Commission informed that the report was not endorsed and that the chapter was referred back to the *ad hoc* Group for a final review taking into consideration the concerns of the Scientific Commission. The aim was to circulate the chapter for a second round of comments after the February 2014 meeting of the Scientific Commission.
- c) Tuberculosis: The Scientific Commission informed that the report was not endorsed and chapter was referred back to the *ad hoc* Group, for a final review taking into consideration the comments of the Scientific Commission. The aim was to circulate the chapter for a first round of comments after September 2014.
- d) CBPP: The Scientific Commission discussed and endorsed the addition of an article to provide for an OIE endorsed official control programme for addition to the existing chapter. A questionnaire to assist Member Countries to apply for an OIE official control program for CBPP was also evaluated and approved for further processing by the Code Commission.
- e) FMD (Chapter 8.6.): The Scientific Commission commented on the most critical Member Country comments to assist the *ad hoc* Group in the review of the Member Country comments during their meeting in October 2013. The Scientific Commission suggested that the *ad hoc* Group also consider requirements for the inactivation of FMD virus in bone chips as well as the introduction of an article to provide for the movement of susceptible wild animal species from infected areas. The Code Commission was requested to consider developing a definition for the Glossary on an OIE endorsed official control program as it was obvious that Member Countries are confused between the current definition in the Glossary and an OIE endorsed control programme.
- f) AI (Chapter 10.4.) (inactivation in feather and down): The Scientific Commission endorsed the scientific justification provided and concluded that the information be provided to the Code Commission for review of the relevant article in the Chapter

5. FROM Scientific Commission to Code Commission

- a) Provision for the temporary international movement of horses: Report and draft chapter were discussed by the Scientific Commission and forwarded to the Code Commission. The document of Equine Disease Free Zones will be posted on the OIE website.

- b) RVF: the report and amended Chapter was endorsed by the Scientific Commission who shared its concern on the situation related to surveillance of free countries that were neighbouring infected countries. The Scientific Commission concluded that only 3 situations on the status for RVF are possible: Historical freedom, an epizootic status and an inter-epizootic status since a country that already had an outbreak or epizootic, cannot qualify for disease freedom.
- c) Harmonisation of the *Terrestrial Code* Chapters on vector borne diseases (African horse sickness (AHS), Bluetongue (BT), Epizootic Haemorrhagic Disease (EHD)): Dr Thomas Mettenleiter gave an overview over the main issues discussed by the *ad hoc* Group such as the existence of subclinical infection for BT and EHD, which had a consequence for not being able to declare historical freedom; that the seasonally free period was accepted for BT and EHD but not AHS; and that attenuated vaccine virus could circulate and thus the infection definition considered the concept of infectiousness rather than the detection of the aetiological agent itself. The *ad hoc* Group succeeded in harmonising the aspects between the 3 chapters which were discussed and approved by the Scientific Commission and submitted to the Code Commission.
- d) AMR: Dr Elisabeth Erlacher-Vindel, Acting Head of the Scientific and Technical Department, gave an overview over the main discussion points of the *ad hoc* Group on AMR. It was agreed that the Scientific Commission would forward the revised AMR chapters which had been endorsed by the Scientific Commission.

6. Issues shared for information of the Code Commission:

- a) User's guide – The Scientific Commission already submitted comments on the draft text.
- b) AHG on PRRS → a second AHG meeting will finalise the draft chapter expected to be forwarded to the Code Commission in February 2014.
- c) AHG on Glanders will be convened at the end of November 2013 to update *Terrestrial Code* chapter and discuss the possibility of official disease status recognition.
- d) AHG on Schmallenberg virus (SBV) to be convened in October 2013 to reconsider possible OIE listing of SBV.
- e) AHG on ASF will be convened after the Scientific Commission meeting in February 2014 to review current chapter in support of a decision taken at the 81st General Session.
- f) Comments on atypical scrapie: the Commission suggested that *ad hoc* Group on BSE consider the request for a review of the current chapter for further consideration by the Scientific Commission.

7. Other issues

Sharing the dossiers for official status evaluation:

The President of the Scientific Commission informed the President of Code Commission that the Scientific Commission had concluded that the dossiers of Member Countries should remain confidential and should not be made available to other Member Countries by the OIE. Member Countries could however, request the Delegate of another Member Country to make its dossier available if he/her accept to do so. He also noted that information on decisions by the Scientific Commission on country status applications is available on the OIE website for public scrutiny. The President of Code Commission supported the Scientific Commission's approach.

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