WORLD ORGANISATION FOR ANIMAL HEALTH
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June 2016

MEETING OF THE OIE AD HOC GROUP ON FOOT AND MOUTH DISEASE[1]

Paris, 14-16 June 2016

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A meeting of the OIE *ad hoc* Group on Foot and Mouth Disease (FMD) (hereafter the Group) was held at the OIE Headquarters from 14 to 16 June 2016.

1. Opening

On behalf of Dr Monique Eloit, Director General of the OIE, Dr Brian Evans, the Deputy Director General for Animal Health, Veterinary Public Health, International Standards, welcomed and thanked the Group for its commitment and its extensive support towards the OIE in fulfilling the mandates given by Member Countries. He extended his appreciation to the institutions that kindly allowed the experts to participate in the meeting.

Dr Evans highlighted that the OIE 6th Strategic Plan underpinned the importance of maintaining scientific excellence as the foundation of the OIE international standards setting procedure to preserve international credibility. He reminded the link between OIE standards and the World Trade Organization (WTO). He emphasised that until now the procedure and quality of the standards have been reinforced by WTO but that this should not preclude the OIE to continuously adapt its international standards to the new scientific findings.

Dr Evans reminded the experts that they had been selected based on their scientific expertise and were not representing their own countries or institutions. All experts were also asked to identify any potential conflict of interest that could influence their opinion. He clarified that the Group would work under Chatham House rule, hence, the opinion would be attributed to the Group and not to the individual expert. He also indicated that the OIE would continue to append the reports of the *ad hoc* Groups to the Specialist Commission report but would also provide a direct access to ease reference and communication.

Finally Dr Evans announced that a representative of the Scientific Commission for Animal Diseases and of the Terrestrial Animal Health Standards Commission would also participate in the meeting to support the Group discussion and to guide the experts in the completion of the term of references.

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

The Group was chaired by Dr Alf Füssel. Dr Ben Du Plessis acted as rapporteur, with the support of the OIE Secretariat. The Group endorsed the proposed agenda.

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

[1] Note: This *ad hoc* Group report reflects the views of its members and may not necessarily reflect the views of the OIE. This report should be read in conjunction with the September 2016 report of the Scientific Commission for Animal Diseases because this report provides its considerations and comments. It is available at: http://www.oie.int/en/international-standard-setting/specialists-commissions-groups/scientific-commission-reports/meetings-reports/

3. Review of the comments received from Member Countries on Chapter 8.8. on foot and mouth disease of the *Terrestrial Animal Health Code*

The Groups was reminded that Chapter 8.8. had been last adopted after revision in May 2015, with the commitment that the OIE would address the remaining comments. In addition, the draft article offering provisions for FMD free compartment where vaccination is practised (Article 8.8.4. bis) was specifically circulated for Member Countries' comments in February 2016. The Group was tasked to address the scientific comments received.

Article 8.8.1.:

In response to a Member Country's comments on the case definition, the Group acknowledged that other species are also susceptible to FMDV but considered the very low probability that FMDV be isolated from one of those species without or before being identified in one of the species listed in Point 2 of Article 8.8.1. The Group pointed out that in the hypothetical case of finding evidence of FMDV infection in species other than those included in the case definition, it would only be notifiable to the OIE on a voluntary basis. However, that finding should be appropriately investigated to rule out infection in the species included in Point 2 of Article 8.8.1. With reference to the possible epidemiological significance of infection in different species under different circumstances, the Group noted that, unlike the possible rare occurrence of FMD in animals of very low susceptibility, carriers were a common outcome of infection of ruminants and that such animals are kept in close contact with other susceptible animals justifying their different consideration in the chapter.

Article 8.8.4. bis: Compartment free from FMD where vaccination is practised

The Group considered Member Countries' comments on the proposed article 8.8.4.bis which included provisions for surveillance and biosecurity measures to ensure early detection of FMDV incursion or to demonstrate absence of infection in a compartment where vaccination is practised.

The Group pointed out that the concept of allowing vaccination in a compartment followed a similar scientific rationale as the concept of a country or zone free with vaccination. In both cases, the strategy of vaccination was intended to contribute to Member Countries' efforts in controlling the disease whilst minimising the impact on trade.

The Group reiterated that the establishment of compartments was not included in the OIE procedure for official status recognition and that a compartment should be considered as a self-declaration that would support bilateral trade agreements and allow access to regional/international markets.

The early detection of FMDV incursion in a compartment with vaccination was considered to be feasible with the surveillance strategies already described in the chapter. The Group noted that several Member Countries proposed to use sentinel animals in the compartment, and pointed out that this possibility was already covered by the *Terrestrial Code*. In addition, the Group highlighted that the diagnostic techniques conducted prior to moving animals out of the compartment, as described in Article 8.8.11., would strengthen surveillance and provide additional assurance that the animals did not harbour FMDV and therefore, were safe for trade.

In addition, the Group recommended extending the scope of all the articles of this chapter referring to importation of animals and animal products from a country or zone free with vaccination, to include provisions for the importation of animals and animal products from a compartment free from FMD where vaccination is practised.

With regard to some Member Countries' comments concerning the requirement of absence of FMD outbreaks within a ten-kilometre distance from the compartment, the Group emphasised that, this distance is the minimum that would be required to minimise the risk of FMDV incursion into the compartment. The Group took into account peer-reviewed literature[2] and concurred that, under certain conditions, the distance may be reduced. However, the Group suggested maintaining the ten-kilometre provision as an appropriate risk mitigation measure to ensure the practicability of its implementation.

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[2] J.W. Wilesmith, M.A. Stevenson, C.B. King, R.S. Morris, (2003). Spatio-temporal epidemiology of foot-and-mouth disease in two counties of Great Britain in 2001, *Preventive Veterinary Medicine*, **61**, 157–170.

The Group agreed with the proposal of one Member Country to clarify that the absence of cases of FMD within a ten-kilometre radius of the compartment not only refers to the first approval of the compartment but also to the reinstatement in case of status suspension. The Group amended the draft article and Article 8.8.4. accordingly.

Article 8.8.7.: Recovery of free status

The Group considered the proposal made by a Member Country to add a third path in the recovery of status for a country or zone previously free with vaccination by proposing a three-month waiting period in the absence of emergency vaccination. The Group pointed out that the six-month waiting period was established to ensure that appropriate surveillance was conducted to detect the presence of virus circulation in a vaccinated population and referred to Section 4.5 of this report where the recovery period was extensively discussed. The Group admitted that a three-month waiting period might be acceptable if all vaccinated ruminants, including those vaccinated during the routine vaccination, were adequately tested. However, the Group concluded that this approach was not practical.

Article 8.8.12.: Recommendations for importation from countries or zones infected with FMDV, where an official control programme exists

The Group disagreed with the proposal of modifying the time and the testing regime for the importation of ruminants and pigs from infected countries or zones where an official control programme exists. Considering the incubation period, the Group pointed out that 14 days after isolation may not be sufficient time for the development of antibodies in those animals isolated at the beginning of an incubation period that can itself be up to 14 days. Considering that the seroconversion measured in NSP tests in vaccinated animals can sometimes be delayed, the Group confirmed that retaining the provision for a 28-day period, associated with virological and serological tests, would ensure that the animals are not infected.

In addition, the Group reminded that a virological test was routinely required to ensure detection of FMDV early infection in animals that have not yet seroconverted. It was also reminded that virological tests are very important if a small group of animals is imported, as the NSP test at animal level may not be sensitive enough to detect infection.

Article 8.8.15. and Article 8.8.19.: Recommendations for importation of frozen semen and embryos from countries or zones free from FMD where vaccination is practised

The Group disagreed with the proposal of reducing the time before sampling the donors for importation of semen and *in vitro* produced embryos of cattle from countries or zones free from FMD where vaccination is practised. The Group emphasised that these animals were coming from a free country or zone and were subjected to increased surveillance. Following the same rationale than above for Article 8.8.12., the Group considered that 21 days (7 days for seroconversion after the end of the incubation period) as the earliest point in time after the collection of the germinal products would allow detection of antibodies to structural proteins (since this option provides for unvaccinated donors) in case of virus circulation.

Article 8.8.26.: Recommendations for importation from countries infected with FMDV

The Group concurred with a Member Country's suggestion to amend Article 8.8.26. by including a specific provision to ensure that necessary precautions were taken after processing blood-meal and meat-meal from FMD susceptible animals to avoid contact of the products with any potential source of FMDV. The Group amended the text accordingly.

Article 8.8.42.: The use and interpretation of serological tests

The Group reviewed the modification proposed by a Member Country on Article 8.8.42. with regard to the procedure to follow in case of positive test results and emphasised that the animals tested during the follow-up investigations must remain on the farm to ensure that the appropriate measures could be taken in case of confirmation.

The Group also discussed the flow-chart published by Paton et al (2014)[3] which included other factors that can influence the interpretation of the laboratory results such as the size of the outbreaks, sample size, clustering, etc. It recommended the Biological Standard Commission to consider this flow-chart when revising the *Terrestrial Manual* chapter on FMD.

4. Considerations regarding different concepts of *Terrestrial Animal Health Code* Chapter 8.8. on FMD

4.1. Revision of the containment zone concept

Following-up the discussion of another *ad hoc* Group in charge of FMD status recognition engaged at its December 2015 meeting, the Group reviewed the proposal made by some Member Countries to extend the concept of the containment zone. The amended concept would cover circumstances where outbreaks continue to occur within an infected zone as long as a protection zone, in which no outbreaks occurred, is established within and along the perimeters of a larger containment zone. However, the Group referred to the Scientific Commission and the Code Commission the decision to keep both concepts (small containment zone with no outbreaks anymore, and larger containment zone with outbreaks still occurring) included in the article or to modify the current by the proposed one.

The Group drafted the provisions that would be needed to establish a containment zone with outbreaks and emphasised the importance of implementing, on confirmation of the first detected case, control on movements of animals and commodities on a large enough scale to include an area at least as large as the eventual future containment zone.

The provisions described in the amended article should be implemented for at least 28 days to allow that supportive evidence be provided when requesting the OIE to approve the containment zone. Upon approval, the free status of the rest of the country or zone would be reinstated. While outbreaks could still occur in the infected area of the containment zone, should an outbreak occur in the protection zone, the status of the country or zone would be suspended.

The Group discussed the maximum time during which the containment zone should be allowed. While some experts reminded that this period had been fixed to 12 months for the current concept of a containment zone, some others considered that this may not be enough for the new concept of containment zone. The Group decided to harmonise the time limit for both alternatives of the containment zone and, in line with Article 8.8.7., proposed that 24 months since the initial suspension (day of the declaration of the first outbreak) be the maximum period that a containment zone could be in place, otherwise the status of the zone or country would be withdrawn.

The Group emphasised that the revised concept of containment zone would allow a country or zone to regain the status in part of its territory in a shorter period of time and would therefore limit the trade impact.

4.2. Condition for an FMD free country or zone without vaccination to conduct emergency vaccination in response to an increased risk of FMDV

The Group continued the discussion begun in December 2015 on the provisions for an FMD free country or zone without vaccination to conduct emergency vaccination in response to an increased risk of FMDV, based on a zoning approach. The current procedure, timing and consequences were discussed. Based on the current procedure, a country or zone recognised as free from FMD without vaccination would not be able to conduct vaccination, without losing its free status. In addition, dividing the country or zone to have a smaller vaccinated zone would require the submission of a new dossier to the OIE and further adoption by the OIE World Assembly of Delegates. Meanwhile, in case of an outbreak, the whole country or zone would lose its official disease status.

The Group concluded that a new concept of "preventive emergency zoning" should consider dividing an already recognised FMD free country or zone into two or more smaller zones with the aim of

[3] Paton D., Füssel A., Vosloo W., Dekkerd A., De Clercq K., (2014). The use of serosurveys following emergency vaccination, to recover the status of "foot-and-mouth disease free where vaccination is not practised". *Vaccine*, **32**, 7050–7056

implementing enhanced control measures in at least one of them, to protect the status of the rest of the country or zone in response to an increased risk of virus incursion. While the mandate of the Group was specifically to discuss the situation of an FMD free country or zone without vaccination willing to conduct emergency vaccination in response to an increased risk of FMDV, the Group finally agreed that this concept should be extended to FMD free countries or zones, where vaccination is practised and that the enhanced control measures may or may not include vaccination. This strategy may also be applicable to other diseases and not only to FMD.

The Group considered existing concepts to define this new one and specifically considered the protection zone, the containment zone and the recovery of suspended status.

The Group acknowledged that a protection zone could be established at any moment by the country. However, for a free country or if the threat is adjacent to the free zone, the protection zone will have to be included in the country or in the free zone. Therefore, implementing emergency vaccination or having FMDV incursion in the protection zone would lead to the suspension of the status of the whole previously free country or zone.

The Group noted that the current concept of a containment zone could be adapted to the creation of such a 'temporary preventive zone' in an already free country or zone. The Group also considered the current mandate of the Scientific Commission to approve the establishment of a containment zone and the recovery of status of the rest of the country or zone, without further consultation of the World Assembly. However the Group did not agree that the suspension period (of at least two-incubation period) before the establishment of a containment zone should apply to the establishment of a 'temporary preventive zone', as no outbreaks would have occurred.

The Group agreed that, on the condition that the Scientific Commission is given the mandate to evaluate and endorse this procedure, a 'temporary preventive zone' could be established provided that:

- prompt actions have been taken in response to a new risk of FMD introduction into a country or zone.

- the country has provided the OIE with a precise description of the boundaries of the 'temporary preventive zone' with documented evidence to demonstrate the effective separation between the two subpopulations.

- the application also provides a description of the enhanced control measures conducted and to be conducted, the surveillance strategy to substantiate absence of infection or transmission, and when appropriate, a detailed description of the vaccination strategy and of the mechanism in place which allows to take prompt actions on any suspicion of FMD.

While agreeing that the FMD free status of the rest of the country or zone would be maintained, the Group explored the following different scenarios regarding the status of the 'temporary preventive zone':

a) If there is no change in the vaccination status, the 'temporary preventive zone' could retain its previous free status (with or without vaccination).

b) If vaccination is introduced in the 'temporary preventive zone' (that was previously part of a country or zone recognised as free from FMD without vaccination), the 'temporary preventive zone' could be considered as having a free status with vaccination after an appropriate period of suspension covering the time elapsed to develop immunity in the target vaccinated population (to meet the conditions described in point 3(c) and (d) of Article 8.8.3).

c) Alternatively, the status of the 'temporary preventive zone' would be suspended, whether vaccination is practised or not.

In all scenarios, the status of the free country or zone with the exclusion of the temporary preventive zone would be maintained whether outbreaks occurred or not in the temporary preventive zone. However, in the event of FMD occurrence (infection / transmission depending on the previous free status) in the free zone outside the 'temporary preventive zone', the approval of the 'temporary preventive zone' would be withdrawn and the FMD status of the whole country or zone would be suspended.

The ‘temporary preventive zone’ would need to be considered as a temporary measure in all scenarios. Should the country wish to have a permanent zoning, it should follow the usual procedure of zonal status recognition by submitting a dossier based on the provisions of Article 1.6.6. within 12 months of the approval in accordance with either Article 8.8.2 or with Article 8.8.3. Alternatively, the country could also request the OIE to lift the ‘temporary preventive zone’ and merge it back with the rest of the country or zone by providing documented evidence to demonstrate compliance with Point 3 of Article 8.8.7. In this case, the Scientific Commission would evaluate the dossier and, if favourable, the whole country or zone would recover the free status.

The Group extensively discussed the epidemiological grounds and the trade implications of the new concept and whether or not the official status of the ‘temporary preventive zone’ should be maintained or re-granted (Scenarios a) and b) above). Maintaining or re-granting a free status as long as no outbreaks occur in the ‘temporary preventive zone’ would imply allowing trade in accordance with the provisions of an FMD free zone. The Group emphasised that the ‘temporary preventive zone’ may never report outbreaks. However, the Group acknowledged that currently, only the World Assembly had the mandate to recognise official status in countries or zones. The Group also considered the link between official status recognition and the World Trade Organization.

Considering that the Scientific Commission currently has the mandate to approve containment zones, the Group concluded that it should also be given the authority to approve the temporary preventive zone if its status is suspended (scenario c). The Group drafted Article 8.8.X. considering the scenario when the status of the ‘temporary preventive zone’ would be suspended (scenario c).

However, the Group requested the OIE to explore the possibility to expand the Scientific Commission’s mandate to further recognise the free status of the ‘temporary preventive zone’ (scenarios a and b) and its legal implications for the dispute settlement mechanism of the WTO.

The Group finally discussed whether one or more ‘temporary preventive zones’ could be established and recognised that a large country may face different threats that would justify the establishment of ‘several temporary preventive zones’.

4.3. Condition for an FMD free country or zone without vaccination to conduct routine vaccination and revert to a status free with vaccination

The Group discussed the epidemiological implications of initiating vaccination in a country or zone free without vaccination. The Group agreed that this should be a possibility but the status should be reverted only when approved by the OIE. The Group emphasised that should the vaccination start before approval of the new status, the status would be suspended and could be regained in accordance with Point 2 of Article 8.8.7.

The Group considered that a Member Country willing to request the modification of its status should provide a plan following the structure of the Questionnaire of Chapter 1.6. for freedom with vaccination, for assessment by the Scientific Commission and official recognition by the World Assembly.

After official recognition, vaccination could begin in the country or zone and the country would be given 6 months to prove that the country or zone fully complies with Article 8.8.3. (this would coincide with the time by which the annual reconfirmation of official status is due). If the country or zone would not comply with those requirements, the status would be withdrawn.

The Group amended Article 8.8.3. accordingly.

4.4. Risk of introducing vaccinated animals into a FMD free country or zone without vaccination, including for direct slaughter

The Group acknowledged that movement of vaccinated animals was a request frequently made by Member Countries having zones with different status as regards the use of vaccines to allow movement within the country. Those requests have partly be motivated by the accepted presence of a large number of vaccinated animals in case a country or zone makes the transition from a vaccination regime to the status of free without vaccination.

The Group agreed that the risk of FMDV transmission through vaccinated animals from a free zone or country with vaccination was very low and could be mitigated by appropriate provisions. However, the Group also considered that having a vaccinated population in a free country without vaccination would influence the surveillance strategy to be conducted to substantiate absence of disease.

Recognising the low risk of FMDV transmission of vaccinated animals, the Group amended Article 8.8.2. to allow the importation of vaccinated animals to a free country or zone where vaccination is not practised without jeopardising their disease status provided that these imports are compliant with the revised provisions of the chapter, as follows:

- Article 8.8.11 was amended to include recommendations for importing vaccinated animals from an FMD free country or zone where vaccination is practised to FMD free countries where vaccination is not practised. The Group concluded that including provisions for isolation, testing and identification of vaccinated animals would guarantee that subclinically infected animals would not be imported. In addition, identification of vaccinated animals would ease future FMD surveillance.

- The Group also acknowledged the need of drafting provisions for international trade in vaccinated animals for direct slaughter into a free country or zone. Article 8.8.9.bis and Article 8.8.9.ter were drafted, including the requirements for producing an international veterinary certificate and the fate of the heads, pharynxes, tongues and associated lymph nodes of vaccinated ruminants. The Group was unsure of the structure and denomination to be used in these two new articles, and whether they should follow the template of Article 8.8.8. or of Article 8.8.10. The Group suggested that, when revising the chapter, the Code Commission consider this question taking into account that the concept was to allow international trade, as well as national movement between zones of different status,

4.5. Conditions for the movement of vaccinated animals for slaughter into a country or zone free without vaccination

See Section 4.4. of this report

4.6. Recovery of a previously recognised FMD free status without vaccination, after 3 months, using vaccination-to-live as eradication strategy

The Group discussed the difficulties of establishing a specific waiting period for recovery that fits all scenarios and in particular when vaccination-to-live was used as part of the eradication strategy.

The Group highlighted the challenges to demonstrate absence of subclinical infection in a vaccinated population, even when adequate high potency vaccines were used. The 6-month waiting period had been established to increase the sensitivity of the surveillance system to detect the presence of subclinical infection or carriers.

Ensuring safe trade of already vaccinated animals was considered even more relevant after the proposal to modify Article 8.8.2. to allow the introduction of vaccinated animals into a free country or zone without vaccination.

The Group amended point 1 c) of Article 8.8.7. accordingly.

The Group agreed that, under certain circumstances, with a robust surveillance system including a serological survey (in all vaccinated herds and all vaccinated ruminants and their non-vaccinated offspring, and a representative number of animals of other species), as well as adequate follow up of NSP-positive animals demonstrating effective vaccination, a shorter waiting period to recover the FMD free status without vaccination would be scientifically justified.

The Group recognised that the waiting period proposed on Article 8.8.7. would not fit to all scenarios and could probably be reduced in some specific situations where other tools such as risk-based surveillance, or other methodologies to quantify the probability of freedom may justify a shorter waiting-period. The Group suggested that the OIE convene a specific *ad hoc* Group to explore and develop those tools that may allow introducing flexibility in the waiting period for recovery.

4.7. Provisions for imports of fresh pig meat from infected countries or zones

The Group pointed out that pigs do not act as carriers and subclinical infection in pigs was not epidemiologically relevant. However, fresh meat from viraemic pigs or from pigs in the incubation period may pose a risk for FMDV transmission. Therefore, fresh pig meat should not be considered a safe commodity.

The Group also pointed out that the risk mitigation measures of maturation, deboning and removal of the lymph nodes in beef was not applicable to pork.

However, the Group agreed that meat from pigs that would comply with Article 8.8.12. (import of live pigs from an infected country or zone) would be safe for trade provided specific transport and slaughter conditions have been respected. The Group listed the specific sanitary conditions for the slaughter in previously approved slaughterhouses. The carcasses from those pigs would be considered safe for trade after a sufficient waiting period has elapsed to allow the Veterinary Authority to confirm that FMD was not incubating when the animals were moved out of the establishment of origin. The waiting period would not be necessary for pigs kept in a quarantine station.

The Group drafted Article 8.8.22.bis accordingly to provide recommendations for importation of fresh meat of pigs from countries or zones infected with FMD, where official control programme exists.

4.8. The wildlife-livestock interface (e.g. impact of finding infected buffalo in an FMD free country/zone with no transmission to domestic animals)

The Group considered other diseases for which, in compliance with the *Terrestrial Code*, the occurrence of outbreaks in wildlife would not affect the free status of the country. The Group clarified that this approach would not be appropriate for FMD, considering the airborne virus transmission, the difficulties to maintain effective separation between wildlife and domestic populations and the range of susceptible population that is farmed outdoors.

However, the Group discussed the specific role of African buffaloes in the epidemiology of FMD. Despite the low risk of virus transmission posed by a carrier African buffalo, according Article 8.8.1., the isolation of FMDV in an African buffalo should be considered as a case.

The Group did not feel that free countries or zones neighbouring areas with infected African buffaloes should be penalised in case of escape of a small group of potentially infected African buffaloes that would not readily transmit FMD to domestic population, provided that the Veterinary Authority takes appropriate measures to prevent the spread of the disease and provides documented evidence that a comprehensive investigation was conducted to rule out virus transmission.

The Group amended Articles 8.8.2. and 8.8.3. to include the conditions that a Member Country should maintain its FMD free status when detecting a small group of potentially infected wild African buffaloes in a free country or zone.

The Group recommended the revision of the structure/numbering of the last section of Articles 8.8.2. and 8.8.3. for ease of reference to the specific provisions.

5. Discussion about the differences in terminology of zones (zone/region, containment zone, free zone and infected zone) between the Glossary and its application for FMD zonal status (zones differentiating sub-populations of distinct health status)

Noting the term “distinct” health status in the Glossary definition of a zone, the Scientific Commission had asked this Group to consider whether this wording could be adapted to better fit with the practical application of the zoning concept.

The Group agreed on the fact that two distinct zones could have similar health status but they should have, at least, functional separation of the subpopulations between the zones. Similar reasoning should be applied to a compartment. The Group proposed a modification of the draft definition of zone and compartment.

The Group also amended the definition of a protection zone to clarify that a protection zone could be established within or outside a free zone or within a free country.

The Group suggested that Chapter 4.3. be revised to ensure alignment with the proposed definitions.

6. Current situation of FMDV serotype C, role of the OIE

The Group discussed the report[4] of the last meeting of the network of FAO/OIE Reference Laboratories for FMD and its conclusion related to FMDV serotype C, as well as Resolution III[5] of the 43rd Ordinary Meeting of the South American Commission for FMD Control (Comisión Sudamericana para la Lucha contra la Fiebre Aftosa - COSALFA).

The Group acknowledged the following:

- FMDV serotype C was last isolated in Kenya and Brazil in 2004. In Kenya, the strain was closely related (99.84%; 1 nt difference) to the Kenyan vaccine strain [6, 7];
- vaccination against serotype C is still ongoing in many countries;
- vaccine manufacturers and laboratories still have live FMDV serotype C;
- vaccine challenges, and other experiments, are often conducted with serotype C;
- some OIE Member Countries still report regularly the occurrence of serotype C in their countries to the OIE[8] but samples are not sent to an OIE/FAO Reference Laboratory for FMD for confirmation.

The Group noted that the network of FAO/OIE Reference Laboratories for FMD considered that the use of serotype C for vaccination and vaccine challenge represents a risk of virus escape and that recommendations should be made for these practices to be progressively stopped.

In addition, the Group encouraged the OIE to invite all Member Countries reporting the presence of serotype C to send their samples to an FAO/OIE Reference Laboratory for confirmation, which should make the relevant information available to the OIE/FAO FMD Reference Laboratory Network and possibly to the public. It was highlighted that budget should be found to support this initiative. The Group also mentioned the current twinning between the World Reference Laboratory for FMD (Pirbright, UK) and The National Animal Health Diagnostic and Investigation Center (NAHDIC) in Ethiopia that has been established to improve surveillance in East Africa.

7. Adoption of report

The Group reviewed the draft report provided by the rapporteur and agreed to circulate the draft report electronically for comments before the final adoption.

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…/Appendices

4 Summary report from the 10th OIE/FAO FMD Laboratory Network Meeting , Brussels, Belgium: 24th – 26th November 2015.

5 Resolución III DE LA 43ª Reunión Ordinaria de la Comisión Sudamericana para la Lucha contra la Fiebre Aftosa, Punta del Este, Uruguay, 7 y 8 de abril de 2016, Virus de Fiebre Aftosa serotipo "C".

6 Phylogenetic tree available at http://www.wrlfmd.org/fmd_genotyping/2005/WRLFMD-2005-00004-Kenya-C.pdf consulted on 16/06/2016

7 Report on the phylogenetic origins of FMDV isolates received by the FAO WRLFMD from Kenya in February 2005, Jean-Francois Valarcher, Nick Knowles, Nigel Ferris and David Paton, FAO World Reference Laboratory for FMD, IAH Pirbright, Woking, GU24 0NF, Surrey, UK.

8 World animal Health Information Database, WAHID, http://www.oie.int/wahis_2/public/wahid.php/Wahidhome/Home

Appendix I

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

Paris, 14-16 June 2016

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Agenda

1. Opening
2. Adoption of the agenda and appointment of chairperson and rapporteur
3. Review of the comments received from Member Countries on Chapter 8.8. on foot and mouth disease of the *Terrestrial Animal Health Code*
4. Considerations regarding different concepts of *Terrestrial Animal Health Code* Chapter 8.8. on FMD
   a. possible revision of the containment zone concept
   b. condition for an FMD free country or zone without vaccination to conduct emergency vaccination in response to an increased risk of FMDV,
   c. condition for an FMD free country or zone without vaccination to conduct routine vaccination and revert to a status free with vaccination
   d. risk of introducing vaccinated animals in an FMD free country or zone without vaccination, including for direct slaughter
   e. recovery of a previously recognised FMD free status without vaccination, after 3 months, using vaccination-to-live as eradication strategy
   f. provisions for imports of pig meat from infected countries or zones
   g. the wildlife-livestock interface (e.g. impact of finding infected buffalo in an FMD free country/zone with no transmission to domestic animals)
5. Discussion about the differences in terminology of of zones (*zone/region*, *containment zone*, *free zone and infected zone*) between the Glossary and its application for FMD zonal status (zones differentiating sub-population of different health status)
6. Current situation of FMDV serotype C, role of the OIE
7. Adoption of report

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Appendix II

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

Paris, 14-16 June 2016

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List of participants

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