### TABLE OF CONTENTS

| CONCLUSIONS AND RECOMMENDATIONS | iii-viii |
| INTRODUCTION | 1 |
| Address by Louise O. Fresco, Assistant Director-General, AG, FAO | 1 |
| Address by Dr R. Marabelli, Chairman of the European Commission for the Control of Foot-and-Mouth Disease | 2 |
| **Item 1** Agenda | 3 |
| Provisional Agenda | |
| **Item 2. FMD situation in Europe and in other regions** | 4 |
| 2.a Situation Report on the Outbreaks of FMD in the United Kingdom during February and March, as of 20 March 2001 | 4 |
| 2.b Control measures in France: the situation as of 19 March 2001 | 6 |
| 2.c FMD in the Netherlands: the situation as of 21 March 2001 | 7 |
| 2.d FMD in the Republic of Ireland: the situation as of 23 March 2001 | 7 |
| 2.e Report on the outbreaks in Greece in July 2000 | 7 |
| 2.f Report on the FMD situation in Europe and other regions in 1999-2000-2001 | 8 |
| **Item 4. FMD Situation in Turkey** | 11 |
| 4.a Report on the situation in Turkey | 11 |
| 4.b Review of the situation in Turkey | 11 |
| **Item 5. FMD control in the CIS countries** | 12 |
| 5.a Report of ARRIAH Vladimir, Russia, on the situation in CIS | 12 |
| **Item 7. Report of the FAO World Reference Laboratory** | 15 |
| **Item 8. Progress in the implementation of contingency plans and destruction of carcasses** | 16 |
| **Item 9. Availability of emergency vaccines in Europe** | 16 |
| **Item 10. Finance** | 17 |
| **Item 11. Election of Chairman, Vice-Chairmen, Members of the Executive Committee and Members of the Research Group** | 19 |
| **Item 12. Any other business** | 20 |
| **Item 13. Adoption of the draft report** | 22 |
# LIST OF APPENDICES

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Situation Report on the outbreaks of FMD in the United Kingdom during February and March, as of 20 March 2001</td>
<td>23</td>
</tr>
<tr>
<td>2</td>
<td>Report of Dr John Ryan’s work in the UK</td>
<td>30</td>
</tr>
<tr>
<td>3</td>
<td>Control measures in France: the situation as of 22 March 2001</td>
<td>33</td>
</tr>
<tr>
<td>4</td>
<td>Report on the outbreak in Greece in July 2000</td>
<td>38</td>
</tr>
<tr>
<td>5</td>
<td>FMD situation in Europe and in other regions in 1999-2000-2001</td>
<td>45</td>
</tr>
<tr>
<td>7</td>
<td>Report on the situation in Turkey</td>
<td>73</td>
</tr>
<tr>
<td>8</td>
<td>Review of the FMD situation in Turkey by Dr A.J. Garland</td>
<td>80</td>
</tr>
<tr>
<td>9</td>
<td>Conclusions and Recommendations of the Expert Mission to Caucasus</td>
<td>96</td>
</tr>
<tr>
<td>11</td>
<td>FMD laboratories: report of the FAO/OIE World Reference Laboratory for FMD in 1999 and 2000</td>
<td>110</td>
</tr>
<tr>
<td>12</td>
<td>Availability of vaccines for emergency vaccination in Europe</td>
<td>117</td>
</tr>
<tr>
<td>14</td>
<td>Summary of the Implementing Agreement between EUFMD and EC TF911100/MTF/INT/003/EEC (TFEU970089129)</td>
<td>140</td>
</tr>
<tr>
<td>15</td>
<td>List of Participants</td>
<td>147</td>
</tr>
</tbody>
</table>
Conclusions and Recommendations of the Thirty-fourth Session of the European Commission for the Control of Foot-and-Mouth Disease

Item 1 - Agenda

Item 2 - Situation of FMD in Europe and in other regions

Conclusions

1. The risk of FMD has increased significantly in 2000 and 2001 due to many factors. These included: the specific characteristics of certain strains of virus (e.g. PanAsia O strain); increased trade and movements of animals and animal products; increased movements of people (tourists and migrants); the deterioration of national veterinary services in many countries due to under-staffing, poor salaries and cut-backs in resources, and a general neglect of biosecurity issues and their hidden costs when driving forward trade liberalisation measures.

2. The outbreak of FMD in the United Kingdom due to the type O, PanAsia strain was yet another example of the danger posed to livestock by this particular virus in many areas of the world. This danger has been recognised for several years and the propensity for its spread was clear from its involvement in recent outbreaks in areas normally free of FMD, or of this serotype, such as Japan, South Africa and now the UK, Ireland, France and the Netherlands.

3. The likely origin of the UK outbreak in swill-fed pigs again emphasised the severe risks associated with this method of animal husbandry, not only for the introduction of FMD, but also of other serious list A diseases.

4. The problem to detect the early cases was a major reason for the subsequent, wholesale spread of disease and may well demonstrate a lack of awareness on the part of some livestock owners after 32 years of freedom from the disease in the UK.

5. The UK outbreak underlined the danger posed by infected sheep as disseminators of infection, especially in a fully susceptible livestock population, and most particularly when the strain of virus involved causes inapparent clinical disease in this species.

6. The deficiencies in identification of sheep and the recording of their movements make the tracing process extremely difficult and, in some cases, impossible.

7. It is acknowledged that UK took very strong measures after the disease was detected, but there is as yet no sign that the control measures are slowing the progress of the disease. The full extent of the infection has yet to be determined.

8. The spread of virus before the detection of the disease in the UK to Northern Ireland and to the mainland of Europe, including to date France and the Netherlands, has been attributable to the transhipment of live animals, especially sheep, which were either silently diseased or incubating the disease. This is a particularly hazardous trade in respect of the dissemination of FMD and, potentially, of other serious diseases.

9. The outbreaks of FMD in Western Europe had revealed some serious deficiencies in the capability of some national authorities to effect diagnostic testing and serological testing on an adequate scale in the event of an emergency. This was in large part due to limitations in the immediate availability of reagents and kits for the detection and typing of viral antigen and for the detection antibodies.

Recommendations

1. All European countries should now be especially vigilant against the possible introduction of the type O, PanAsia topotype of FMD virus into their susceptible livestock.
2. All countries should bear in mind that the prevalence of strains of FMD other than the type O PanAsia strain are also increasing markedly in different regions. A notable example was seen with the Asia 1 virus, currently prevalent throughout much of the Transcaucasus region and in Iran and Turkey and recently in Greece.

3. All countries recognise the increased risk of FMD and take advantage of the lessons learned by the affected member countries to improve their contingency planning and prevention measures for FMD.

4. State Veterinary Services should be funded, staffed, sized, structured and resourced to a level commensurate with their workload and responsibilities in order to maintain a surveillance of FMD and other epizootic diseases and to deal efficiently with major disease emergencies.

5. Much more specific attention should be given to the biosecurity dangers inherent in the structure of the animal production industry in Europe and internationally. Live animal movements, including both the transit and final destination of such movements, should be traced in relation to the likelihood of disease spreading from the UK, Ireland, France and the Netherlands.

6. Serious consideration should be given to improving the control of the trade in live animals within and between the member countries of the EUFMD Commission.

7. Serious consideration should be given to the comprehensive marking and registration of individual animals, and particularly of sheep and goats, throughout member countries of the EUFMD Commission.

8. Serious consideration should be given to the stricter control, or to the total prohibition of swill feeding throughout the member countries of the EUFMD Commission. In any event, waste food from ports, airports and motorway rest areas should be strictly controlled, collected and totally destroyed.

9. The review of national Contingency Plans should include the urgent consideration of requirements for and the immediate availability of adequate quantities of reagents and kits for the detection and typing of viral antigen and the detection of both neutralising antibodies and antibodies to the non-structural proteins of FMD virus. The National Veterinary Laboratories should evaluate their need and keep the appropriate stock as a reserve.

10. Measures should be investigated with WRL participation to develop possible means for the provision of test reagents/kits to EUFMD member countries in emergency situations.

11. It is essential to establish urgently a bank of reagents to be employed in standardised tests for the diagnosis and serological surveillance of FMD.

12. There is a need for further work on the formal and precise definition by the OIE of the terms “infection”, “case” and “outbreak” in respect of FMD.

13. There is a need for clarification of sampling size and methods to be applied in the investigation of suspicion of FMD, during an outbreak and also for serosurveillance in Europe in collaboration with the OIE.

14. An international OIE/FAO conference should be urgently organised on FMD, aiming in particular at questions related to: the conditions of declaration of disease outbreaks, the use of vaccination - especially the vaccination of endangered species and other zoo animals - and the risks linked to the exchange of animals and products including animals for non-food production.

15. The international community should provide enhanced support for surveillance and control of FMD in countries where the disease is still endemic.
Item 3 - Report on the Commission’s activities during 1999-2000

Item 4 - FMD situation Turkey

Conclusions

1. The existing strategy and tactics which have been developed by Turkey with assistance from international organisations are appropriate for the control of FMD. Notable success has been achieved by Turkey in the protection of Thrace and Europe. However, the disease remains endemic throughout Anatolia due to numerous constraints which have prevented the full implementation of the control programme.

2. Given the existing economic circumstances in Turkey it would be very difficult for the country to implement the existing policies using only national resources. For this reason, the support of international organisations would be of great assistance in moving towards the medium-term objective of control and the longer-term objective of eradication.

3. The severity of the present FMD crisis in some of the western countries of the European Union should not be allowed to obscure the fact that the risk of the introduction of exotic viruses into Europe from Turkey remains as a persistent danger. In addition to the endemic type O virus, Turkey has at least two antigenically distinct type A viruses circulating (A Iran 96 and A Iran 99). Type Asial had also recently become established and had spread into Greece. In addition, A22 like viruses were again known to be present in Iran and threatened the livestock of Turkey and the territories to the East and South of the Bosphorous.

Recommendations

1. Both Turkey and international authorities should give serious consideration to the evaluation and selective implementation of the detailed recommendations given and the priorities ascribed in the report.

2. Further timely support from the international community, including the EC, FAO, OIE and other organisations would be extremely valuable in the expeditious achievement of the recommended improvements.

3. The new status of Turkey as a candidate for EU membership could provide the opportunity for increased funding from the EU to enable a substantial FMD control programme to be implemented, always provided that Turkey ascribes the required level of priority to the programme.

Item 5 – FMD control in the CIS countries

Recommendations

1) Despite the modest outputs of the project as assessed by the expert mission, the project permitted - through a close co-operation between EUFMD/EC/OIE - a much better understanding of the situation of FMD and therefore should have a follow-up.

2) ARRIAH is encouraged to continue to monitor the situation of FMD in the region.

3) ARRIAH acting as an OIE Reference Laboratory should encourage the countries in the region to report their FMD occurrence to OIE, EC and EUFMD regularly and promptly.

4) There is a need for further discussion about the activities to be carried out in the region for FMD control. The new programme in the region, if decided upon, should take into account the conclusions and recommendations of the expert mission.
Item 6 – Activities of the Research Group 1999/2000

Recommendations

1. The proposed series of recommended actions and strategies aiming to achieve particular control and eradication objectives under different circumstances in which sheep are a major component of the livestock population, should be considered as important guidelines by the Member countries.

2. A full assessment of the risk associated with trade in intestines for sausage casings should be carried out with a view to introducing measures to reduce any significant risks found.

3. Further research is encouraged on the epidemiology of FMD, FMD diagnostics, and reference sera, including sera for NSP ELISA.

4. Risk analysis should be developed further and future elicitations should include experts from the livestock and meat industries and veterinary experts in the control of trade. Another Workshop on NSP ELISA for other Member States should be organised.

5. Serosurveillance is an essential component of FMD control and the NSP test is a highly valuable tool, despite its limitations. The utilisation of the 3 ABC test should be encouraged.

6. Regular active surveillance programmes for FMDV are encouraged in the Balkans and especially in Thrace. The sampling rate should be decided on a statistical basis.

7. It is essential to establish urgently a bank of reagents to be employed in standardised tests for the diagnosis and serological surveillance of FMD.

8. The Session endorsed the proposals for modification of the FMD Monograph of the European Pharmacopoeia (EP) as proposed by the Working Group and encouraged the Chairman of the Research Group to continue and formalise the contacts with the EP and EMEA. OIE should be informed.

9. The Committee recommended that vaccines for emergency use have a potency of at least 6 PD50.

The conclusions and recommendations of the Research Group were endorsed by the Session.

Item 7 – Report from the FAO World Reference Laboratory

Conclusion

The session strongly supported the continuing services provided by the World Reference Laboratory.

Recommendation

The essential requirement was stressed for all countries to send representative samples from outbreaks to the WRL, even when a country had a national diagnostic capability. The number of samples from which no virus could be recovered was also suggestive of the need for the despatch of samples of good quality under adequate conditions of conservation.

Item 8 - Progress in the implementation of Contingency Plans and destruction of carcasses

Conclusions

1. Disposal of carcasses remains a very difficult problem in implementing a successful slaughter policy and can become a significant bottleneck.
2. There is insufficient evidence at the moment of viable alternative options to rendering, burning and burial for large-scale disposal of carcasses, although there are many approaches used for the small-scale disposal of carcasses.

3. Countries should negotiate in advance with the environmental authorities what options are available for use in different areas of the country. The agreed options should be included in the contingency plans.

Recommendation

That the carcass disposal problem be examined co-operatively on a Europe-wide basis and that funds be dedicated for thorough research on this problem.

Item 9 - Availability of Emergency Vaccines for Europe

Conclusions

1. The Commission notes with disquiet that 7 member countries still have no arrangements made for the supply of emergency FMD vaccine.

2. The Commission warns that, in a crisis situation, vaccine from the European Union Vaccine Bank may not be available for non-members, as member countries will be accorded first priority.

3. The Commission notes with satisfaction that the long delayed contract for the testing of FMD vaccines from Turkey has finally been awarded.

4. The Commission notes that there is some uncertainty among member countries on the correct procedures for transport, handling and administration of emergency FMD vaccines.

Recommendations

1. That all member countries should make arrangements for the supply of FMD vaccine in an emergency.

2. That the Commission prepares guidelines on the correct protocols for the transport, handling and administration of Emergency FMD Vaccines.

Item 10 - Finance

Conclusion

The representatives from Finance Division (AFF) present at the meeting undertook to explore ways and means of streamlining the procedure for tracing the annual contribution from member countries.

Recommendations

1. The EC/EUFMD project should cover the period 2001 – 2004.

2. Future reports of the Executive Committee meetings and of the Sessions of EUFMD should be considered by EC as official technical and financial reports.

3. Reimbursement of expenses up to a ceiling of one million Euro is made every year.

4. FAO should inform EC of any contract with third parties.
5. Prior agreement of EC on all expenses is requested, except for routine activities up to a ceiling of US$30,000.

6. The deadline for EC response to the EUFMD should be 30 days.

Item 11 - Election of Chairman, Vice-Chairmen, Members of the Executive Committee – Members of the Research Group

Conclusions

The membership of the Executive Committee for the period 2001 - 2003 was confirmed as:

- Chairman: Dr Ignacio Sánchez Esteban
- First Vice Chairman: Dr Leos Celeda
- Second Vice Chairman: Pf Werner Zwingmann
- Member: Dr Tibor Soós
- Member: Dr Romano Marabelli
- Member: Dr Preben Willeberg
- Member: Dr Dionisis Panagiotatos
- Member: Dr Yanko Ivanov

The following members were elected to the Research Group:

- Dr F. De Simone: Italy
- Dr K. De Clercq: Belgium
- Dr A. Dekker: The Netherlands
- Dr C. Griot: Switzerland
- Dr B. Haas: Germany
- Dr P. Have: Denmark
- Dr F. Moutou: France
- Dr V. Palfi: Hungary
- Dr J. Sanchez-Viscaino: Spain
- Dr N. Unal: Turkey
- Dr H. Yadin: Israel

Representative of the World Reference Laboratory for FMD

Item 12 - Any other business

Item 13 - Adoption of draft report

The draft report was adopted with the reservations that the agreed amendments would be made and that points 12 and 13 would be distributed to the delegates for approval and/or amendment immediately after the Session.
INTRODUCTION

Address by Louise O. Fresco, Assistant Director-General, AG

Excellencies, Ladies and Gentlemen,

It is a great pleasure for me to welcome you on behalf of the Director-General of FAO, Mr Jacques Diouf, to this Thirty-fourth Session of the European Commission for the Control of Foot-and-Mouth Disease.

I should like to greet the Permanent Representatives to FAO, the Delegates and Experts of the Member Countries of the Commission, the Observers of the other Countries and the International Organizations and to thank you for having accepted FAO's invitation to take part in this Thirty-fourth Session.

This Session is particularly important in view of the totally unexpected outbreak of the disease in the United Kingdom about a month ago and its spread to virtually the whole country. The associated threat to the other European countries is a very real one. I know that you are all very worried and I hope that this Session will be an opportunity to take stock of the situation and of the protection measures being taken in different countries. This meeting takes place at a time when the consumers of Europe and further afield are concerned about Genetically Modified Organisms, Bovine Spongiform Encephalopathy and the whole question of food safety. The appearance of Foot-and-Mouth Disease reinforces the feeling of crisis already engendered by BSE and GMO's. The sometimes tumultuous reaction blames the entire agricultural sector and even for certain groups the international order represented by the World Trade Organisation.

The Commission now includes 33 Member States, which means practically all the countries of Europe. I am particularly pleased to welcome the Representative of the Federal Republic of Yugoslavia. Yugoslavia's status with regard to FAO is now being clarified and the Federal Republic of Yugoslavia should soon resume full membership of the Commission. Virtually all the Member Countries are represented today.

Amongst the many observers, I should also like to greet the Representatives of the International Organizations and in particular the Director-General of the Office International des Epizooties and the Delegation of the European Commission. The joint activities of the European Commission for the Control of Foot-and-Mouth Disease, FAO, and your Organizations have been further strengthened in recent years: through the joint organization of training workshops, joint sessions of the Research Group of the Commission and experts on the disease in the countries of the European Union to, very recently, the establishment of a OIE/EUFMD/EC Tripartite Group to help control foot-and-mouth disease in the countries of the Community of Independent States. I am also happy to note the participation of an observer from the Russian Federation. We welcome this increased co-operation among our Organizations as it allows greater effectiveness and better service to the Member Countries in this high risk context.

FAO is also very grateful to the European Union for the assistance that it continues to provide the EUFMD Commission through the jointly managed Trust Fund. We are happy that this confidence will soon find tangible expression in the signing of a four-year co-operation project.

FAO has always paid particular attention to animal health in the entire world. The implementation of the priority EMPRES programme for the prevention and control of transboundary disease is a testament to this. It is impossible to limit oneself to Europe in the case of FMD.

The origin of disease in Europe is often the Middle East and Asia, which is why constant attention needs to be paid to these regions in the economic interest of the countries concerned, but also in that of Europe.

Foot-and-mouth disease caused heavy loss of livestock in Iraq in 1999. The Iraqi Government made an appeal for help from FAO. We continue to intervene very actively in this country.

Turkey and Iran play a key role in the Middle East as they are often the transit countries for viruses that can then threaten Europe, as in the case of the new variants of foot-and-mouth disease type A and of type Asia 1, which were in fact introduced into Greece in the Summer of 2000.
The foot-and-mouth situation continues to be worrying in Turkey despite FAO’s assistance through a regional technical co-operation programme for the control of the disease, jointly undertaken with Iran. I am therefore happy to welcome the Representatives of these countries.

The general foot-and-mouth disease situation in the world deteriorated during the year 2000, with outbreaks in Japan, the Republic of Korea and recently in South Africa, and in certain hitherto unaffected countries of South America. In its recent sessions, the Executive Committee of the Commission had noted an increased threat of introduction of foot-and-mouth disease in Europe. Recent events have unfortunately confirmed this. This shows that the control of foot-and-mouth disease is an ongoing battle, in which the European Commission for the Control of Foot-and-Mouth Disease, which was created 46 years ago, must continue to play a fundamental role. Foot-and-mouth remains a major world disease and Europe’s long-term protection can only be envisaged if control measures are taken in all countries where the disease remains endemic. According to the molecular epidemiology findings, the strain of virus type O recently introduced into Great Britain could have originated from the Indian subcontinent.

FAO is always ready to work towards improving the control of diseases throughout the world and will continue to provide its support to the Commission. The Commission can play a role as an example for other regions.

I should like to thank you all again for the effort you have made to be here today under the somewhat difficult circumstances caused in particular by the strikes. I thank you, and I wish you all a fruitful outcome of this Thirty-fourth Session of your Commission and hope to take advantage of this session to exchange points of view with you in a more informal manner in the days to come.

Address by Romano Marabelli, Chairman of the European Commission

Excellencies, Ladies and Gentlemen, Dear Colleagues,

It is a great pleasure for me to welcome you to this Thirty-fourth Session of the European Commission for the Control of Foot-and-Mouth Disease.

I should like to begin by thanking FAO and Ms Louise Fresco, Assistant Director-General of the Agriculture Department, for having organized this meeting.

I should also like to welcome the Delegates and Experts of the Member Countries of the Commission, the Observers and the Representatives of the International Organizations.

Thank you for having accepted the invitation to attend this Thirty-fourth Session, despite the critical situation in Europe resulting from the introduction of the virus in the United Kingdom, and its associated risk for the other European countries.

We were faced with two choices: to cancel or postpone the meeting, or to hold it as planned. We decided to go ahead as planned, even though the Chief Veterinary Officers of some countries have not been able to participate because of the situation on the ground. This was the case for example with the United Kingdom and we strongly regret the absence of Dr Scudamore, even though we can understand the reason. For the same reason, the World Reference Laboratory of Pirbright is not represented either. Yet, the information they could have given us directly at this Session would have been very useful. But the United Kingdom is not wholly unrepresented since Dr Tony Garland, an expert in foot-and-mouth disease whom most of you already know, has agreed to act as spokesperson for the Ministry of Agriculture of the United Kingdom and to give an official report on the situation. Dr Tony Garland has been involved in efforts to control the disease in recent weeks as an expert at the Laboratory of Pirbright and the MAFF and is fully aware of the situation. Dr Garland had earlier agreed to act as rapporteur for this Session, for which we are extremely grateful. He was also asked, in follow up to the Sixty-fifth Session of the Executive Committee, to prepare a review of the situation and control measures in Turkey in the last 10 years. He will be reporting to us on this work.

In view of the situation the original agenda, that had been planned and distributed to you, could well be modified, with priority in presentations and discussions obviously given to the situation in the United Kingdom, France and the other European countries most directly at risk.
The organization of this meeting was also hampered by the absence of our Secretary who had to undergo an operation following an accident. He made the effort to be here today, and I should like to thank him for that. He was not however inactive during his long period of immobility as he was able to keep in touch with the Secretariat through Internet and the telephone and thus contribute towards the preparations for this Session.

In the meantime, Dr Ryan, Associate Expert with the Secretariat of the Commission, spent two weeks at the Laboratory of Pirbright to help set up a database to deal with the enormous volume of samples arriving from the field. He only returned to Rome at the end of last week. I should like to thank him for having accepted this mission to Pirbright on behalf of the Commission.

I should also like to thank Dr Cheneau, Chief of the Animal Health Service, who replaced the Secretary during his absence, and Ms Raftery, Administrative Assistant, who both worked so hard to ensure that this meeting took place in the best possible conditions. The Secretariat would like however to ask for your understanding over any shortcomings caused by the special circumstances.

The initial agenda envisaged presentations and discussions on the situation in Turkey and the Caucasus, and it is important that these take place, although inevitably more briefly than originally intended. The events in Great Britain should not lead us to forget that the threat of introduction of foot-and-mouth disease through the Balkans, and to a lesser extent from the Caucasus, persists. The episode that occurred in July in Greece with the introduction of virus Asia 1, without doubt from Turkey, is there to remind us of this. I should like to take this opportunity to congratulate our colleagues in the Veterinary Services of Greece for their decisive and effective action which helped to eradicate the disease in a very short time, constricting it to the delta region of the Evros river, with one single external outbreak.

I should also like to thank the Representatives of the International Organizations and in particular the Director-General of the Office International des Epizooties and the Delegation of the European Commission. The joint activities of the European Commission for the Control of Foot-and-Mouth Disease, of FAO, and of your organizations have been further reinforced in recent years and, in view of the present crisis, should be strengthened even more.

The Commission is also grateful to the European Union for its continuing assistance through the jointly managed Trust Fund. A four-year co-operation project should soon be signed for the management of this Trust Fund, amounting to 1.5 million dollars.

Recent events have shown that no single country is sheltered from the virus and that prevention measures need to be reinforced at all levels and in all Member Countries. That will be the focus of our discussions today and tomorrow. The control and prevention of foot-and-mouth disease are ongoing battles, in which the European Commission for the Control of Foot-and-Mouth Disease, established nearly 50 years ago and which some parties wanted to disband in 1993, must continue to play a major role. Foot-and-mouth disease is more than ever one of the world's leading diseases and its spread in recent months is very worrying.

Thank you all again for the efforts you have made to be here today in difficult circumstances.

I sincerely hope that this Session will help provide solutions to the present crisis and I wish you a productive Thirty-fourth Session.

I also wish you a pleasant stay in Rome, although I know that some of you will have to rush home because of the present situation.

**Item 1 - Adoption of Agenda**

**Item 1. Agenda**

Provisional Agenda

**Item 2. FMD situation in Europe and in other regions**
2.a Situation Report on the Outbreaks of FMD in the United Kingdom during February and March, as of 20 March 2001
2.b Control measures in France: the situation as of 19 March 2001
2.c FMD in the Netherlands: the situation as of 21 March 2001
2.d FMD in the Republic of Ireland: the situation as of 23 March 2001
2.e Report on the outbreak in Greece in July 2000
2.f FMD situation in Europe and in other regions in 1999-2000-2001


Item 4. Situation in Turkey
4.a Report on the situation in Turkey
4.b Review of the FMD situation in Turkey

Item 5. FMD control in CIS countries
5.a Report of ARRIAH Vladimir, Russia on the situation in CIS
5.b Conclusions and Recommendations of the Expert Mission to Caucasus

Item 6. Report on the activities of the Research Group

Item 7. Report of the FAO World Reference Laboratory

Item 8. Progress in the implementation of contingency plans and destruction of carcasses

Item 9. Availability of vaccines in Europe

Item 10. Finance
10.b Summary of Implementing Agreement MTF/INT/003/EEC

Item 11. Election of Chairman, Vice-Chairmen, Members of the Executive Committee and Members of the Research Group

Item 12. Any other business

Item 13. Adoption of the draft report

The Agenda was adopted as presented.

Item 2 - Situation of FMD in Europe and in other regions

Item 2.a - Situation Report on the Outbreaks of FMD in the United Kingdom during February and March 2001

Dr A.J.M Garland, representing the United Kingdom, presented a report on the disease situation and the control measures employed in the United Kingdom up to 20 March 2001 (Appendix 1).

The last outbreak of FMD on the British mainland was in 1967/68. The last outbreak anywhere in Britain was on the Isle of Wight in 1981.
Clinical cases of FMD were detected during the ante mortem inspection of pigs at an abattoir in the County of Essex in the south-east of England on the 19 February 2001. The diagnosis was confirmed at the FAO/OIE World Reference Laboratory for FMD at Pirbright in the UK on 20 February. The causal agent was identified as the Type O, PanAsia strain of virus which has been spreading throughout Asia, the Far and the Middle East and which has recently caused outbreaks as far afield as Japan and South Africa.

On the basis of current epidemiological knowledge, the index case has been identified at a swill-feeding pig farm in the county of Tyne and Wear in the north-east of England. The date of the earliest introduction of the virus into the UK is estimated to have been 2 February 2001.

The disease spread locally to livestock surrounding the index case including cattle and principally to sheep. Clinical signs in sheep have to date been extremely mild. The average number of animals showing any lesions within an individual flock has been about 5%. These have mainly been mouth lesions with minimal foot involvement or lameness. The early cases were not detected. Following localised spread, mainly from sheep, the disease causes severe, classical, vesicular disease in pigs and in cattle.

Spread to many areas of the UK subsequently occurred via the movement of infected sheep, and principally of cull ewes destined for slaughter. The movement involved farmers, dealers and livestock markets, including especially the markets at Longtown, Welshpool and Northampton. These, mainly silently infected, sheep seeded the infection to cause new foci, with subsequent local spread to create clusters centred principally on the Counties of Devon in the south-west, Cumbria in the north-west of England and in the Scottish border counties of Dumfries and Galloway. The Counties of Anglesey, Durham, Herefordshire, Shropshire and Worcestershire have also been affected. Confirmed outbreaks have occurred in 29 of the 75 Counties in England, Scotland and Wales. Sheep from the market in Carlisle were transported to Northern Ireland to cause a single outbreak, detected on 1 March, from which there has to date been no extension.

Maps were displayed showing the location of the FMD outbreaks.

Local movement restrictions were immediately imposed around the initial outbreak in Essex on 19 February. The EU, OIE, EUFMD and national governments were informed of the confirmation of disease on 20 February. All the control measures specified in the EC Directive 85/511/EEC were activated as from the same date. On the 21 February the EEC Decision 2001/145 was enacted, prohibiting the export from the whole of the UK of live animals, germlasm, fresh meat, meat products, milk and milk products, and hides and skins of FMD susceptible species. This was later replaced by Decisions 2001/172 and 2001/190 on the 1 and 9 March respectively.

On 23 February UK legislation (Order 2001) was enacted making England and Wales a controlled area for the purposes of FMD control and prohibiting the movement of all susceptible animals and their carcasses except under licence and banning the holding of fairs, markets, shows or other gatherings of animals. This order was replaced on 2 March by Order 2002, which contained the same provisions but permitted the movement of live animals of any species direct to abattoirs for slaughter.

Restriction notices have been served on 1,548 farms, of which 296 were subsequently confirmed as positive for FMD, 899 were negative and the restrictions lifted, while 133 awaited results.

The control measures deployed have included: movement controls and the establishment of Protection and Surveillance Zones of at least 3.0 and 10 km radii respectively around infected premises, with extension as necessary to take account of prevailing wind conditions during the time between the introduction of infection and the first detection of disease. By 18 March infection had been confirmed on 296 holdings with a further 236 considered to be at risk of infection through contacts. A total of 209,123 animals (45,761 cattle, 160,301 sheep, 28 goats and 3,033 pigs) had been slaughtered and a further 73,547 (11,154 cattle, 52,569 sheep, 24 goats and 9,800 pigs) were awaiting slaughter on the in-contact premises. It is expected that the number of cases will increase for some time. Disposal has been by burning in the open and by the transport of carcasses in sealed lorries for rendering. Disinfection has been applied throughout the procedure.

Some 2,074 field samples had been received at Pirbright and laboratory confirmation was showing a turnaround time averaging 4.1 days for all samples with one day or less for positive samples and seven days for negative samples. Twenty-four-hour shifts had been organised, with assistance provided by staff from other laboratories.
Predictive computer modelling was being used to investigate likely areas of spread. In particular, every outbreak involving pigs was immediately analysed in this way. To date no such outbreaks had been detected with any prediction of long range spread. UK specialists were being assisted by an epidemiological team from New Zealand, by the British and Danish Meteorological Offices and by a logistics team from the British Army.

The UK Contingency Plan includes emergency vaccination and this option has been kept under continuous review.

Efforts were being concentrated on five current objectives as follows:

- to keep free those areas of the country still free of disease
- to halt the deteriorating situation in Devon
- to halt the spread of disease in the North of England and in the South of Scotland
- to minimise the spread of disease which had occurred via livestock markets
- to eliminate infection in flocks that have passed through dealers known to have handled infected animals.

Details were described for each of these objectives.

The Ministry of Agriculture greatly appreciated the assistance which was being provided by volunteers from both the UK and overseas, and from the international organisations, including the EUFMD Commission.

[Note: by 21 March, during the EUFMD General Session, the number of confirmed outbreaks in the UK had risen to 421, mainly by the extension of existing Foci]

Discussion

Speaking on behalf of the European Union, the delegate from Sweden expressed solidarity with the British authorities in their approach to the control of the outbreak once the disease had been detected. The speed of spread and the extent of the disease had been unprecedented in recent times in Europe. He wished to encourage the British State Veterinary Service in their arduous task of bringing the outbreaks to an end. Dr Nordblom also stated that Sweden would offer to send veterinary personnel to the United Kingdom to assist in the control of the crisis.

Note: The report of Dr John Ryan’s work in the UK is in Appendix 2.

Item 2.b - Control measures in France as of 19 March 2001

France reported on the measures taken to prevent the spread of the disease after the import of sheep from UK (Appendix 3). All establishments having imported sheep or other susceptible animals between 15 January up to 21 February have been traced. They were first sequestered up to 27 February when it was decided to slaughter them. All imported animals (approximately 20 000 live sheep from which 10 000 were already slaughtered) and 30 000 contacts have been destroyed. Before slaughter and destruction animals were clinically examined - no clinical sign of FMD was found - and serum samples were collected from 10% of the animals. For all establishments with seropositive animals a 3 km protection zone was set around the holdings as a preventive measure. Some 47 000 animals (mainly sheep) have been destroyed (31 000 imported from UK, some through the Netherlands and 20 000 contacts).

A total of 4973 sera have been collected of which 28 have been confirmed as positive in 13 Departments by Neutralisation tests (NT) and ELISA tests. Six farms are still kept under a protection perimeter.

On 13 March FMD was clinically suspected on 2 animals in a 114 head cattle herd located in the Commune of Baroche Gondoin (Department of Mayenne very close to the Department of Orne). The farm was located at 500 m from an establishment which had received sheep from UK. The farm of origin was then confirmed as an FMD outbreak (No 11). The herd was slaughtered immediately after the suspicion together with two surrounding
An alert system has been activated in the entire territory which led to the report of clinical suspicion of FMD in 54 of 31 Departments. 53 of these proved to be negative and one was confirmed (see above).

France reported that they face difficulties in obtaining reagents from the WRL for ELISA which has obliged them to carry out NT instead of ELISA. They eventually received an ELISA kit on 10 March.

Interpretation of the serology is complicated by false positives in the NT. These had occurred in up to 4.6% of the results from sera collected in 1997 from the population of sheep in France.

**Item 2.c - Foot-and-Mouth Disease in the Netherlands**

In addition to the report given by the delegate of the Netherlands during the Session, the following communiqué was provided:

21 March 2001 - In the Netherlands, on a farm in Olst, province of Overijssel, foot-and-mouth disease has been confirmed in four cows. The FMD emergency scenario has immediately been put into effect by Mr Brinkhorst, Minister of Agriculture, Nature Management and Fisheries. This implies that as of now temporary restrictions have been imposed on the movements of cattle, poultry, transport vehicles for cattle and poultry, semen, ova and embryos of ungulates, which apply to the entire country, i.e. also outside the surveillance zones. Additional restrictions apply to visitors of livestock farms.

It should be noted that in the whole territory of the Netherlands an additional movement ban applies to milk and animal products. All animals on the affected farm in Olst, 60 cows and 20 sheep, are being culled today. The farm has not bought or sold animals this year. The animals on the six farms within a one-kilometre radius of the infected holding will also be culled. All farms within a radius of three kilometres of the affected farm will be inspected for signs of FMD.

The affected farm lies within the 10-km zone imposed around the farm in Oene, in the province of Gelderland, which was suspected of FMD. This has confirmed that the farm in Oene is also affected by FMD. All farms within a one-kilometre radius of the farm in Oene will also be slaughtered, as will the animals on the suspected contact farm in Oosterwolde. This also applies to the animals on the farms within a one-kilometre radius of this farm and of the contact farm in Maren Kessel. If the culling cannot be carried out immediately the animals might be vaccinated to prevent the virus from spreading.

Vaccination has not yet started in the Netherlands. The proposed decision will be reviewed by the Permanent Veterinary Committee on Friday, 23 March 2001.

**Item 2.d - FMD in the Republic of Ireland: the situation as of 23 March 2001**

A report giving details of the control measures put in place after the outbreak in Northern Ireland and a report notifying the confirmation of a single outbreak in sheep in North County Louth, near the border with Northern Ireland, was given by the delegate of the Republic of Ireland during the Session.

**Item 2.e - Report on the outbreaks in Greece in July 2000**

The delegate of Greece presented a paper on the outbreaks of FMD Asia 1 in Greece in the Summer of 2000 (Appendix 4). He reported that foot-and-mouth disease (FMD) had occurred 3 times in Greece in the last 7 years. The last episode which took place in the Prefecture of Evros in September 1996 was due to serotype O. FMDV type Asia 1 was last recorded in Greece in 1961, also in Evros Prefecture. He reported that FMD was suspected on 10 July, and confirmed on 11 July 2000, in the Evros Delta on the Greek -Turkish border. The estimated date of primary infection is 2 July ± 1 day.
He reported that the nucleotide sequencing data from the WRL demonstrated that the FMDV strain isolated in Greece was very similar to the FMDV type Asia 1 strains isolated in Asiatic Turkey in 1999 and 2000 and that he considered Turkey to be the origin of the disease.

In total, approximately 5,400 bovines, 2,300 sheep/goats and 300 pigs were killed and destroyed either in the outbreaks or in contact holdings.

According to the assessment of the Greek Authorities, there were three primary incursions of FMD along a 60-km front of the Evros river. In all cases the working hypothesis for transmission was direct or indirect contact of animals across the border. Spreading of FMD to Xanthi was due to the "human factor", as a result of either criminal negligence or premeditated action.

Eradication of FMD was achieved by applying a stamping out/non vaccination policy and verified by a serological investigation. In the light of experience gained during combating FMD, the following relevant actions have been undertaken by the Greek Authorities:

- The judicial principle of co-liability has been introduced
- Increased requirements for supporting documentation for payment of compensation
- Financial sanctions to beneficiaries have been introduced, in proportion to their established co-liability in spreading disease
- The entire legal framework of compensation procedures and conditions is being reviewed and suitable amendments are being planned for the year 2001
- The National Contingency Plan for combating FMD has been reviewed and enhanced
- The Athens Institute of FMD has been reinforced to increase the speed and reliability of diagnosis
- A new risk assessment study is being carried out
- A multi-disciplinary Seminar was organized with the various Services involved in combating exotic diseases to introduce the new Contingency Plan


The Commission notes with alarm the deteriorating FMD situation worldwide in 2000 and 2001 (Appendix 5). The PanAsia O strain has demonstrated a remarkable ability to jump out of traditionally endemic areas to infect countries that had been free of the disease for many years, such as Japan, Republic of Korea, Mongolia, South Africa, the United Kingdom, France, the Netherlands and Ireland. There were other noteworthy excursions of serotypes beyond their traditional endemic areas; type Asia 1 spread rapidly from South Asia to Iran, to Turkey, to Georgia and finally to Greece in 2000; and type SAT 2 was discovered for the first time outside Africa causing disease in Saudi Arabia and Kuwait.

We also witnessed a rapid deterioration in the FMD situation in South America, reversing some of the great gains made by the continent in the 1990's.

Argentina had its FMD free status suspended due to recent changes in FMD control policy following the declaration of outbreaks due to type A FMDV in five provinces namely: Buenos Aires, La Pampa, Cordoba, Santa Fe and San Luis, in March 2001. Strategic ring vaccination has been applied around the outbreaks and also generalised vaccination in the province of Formosa and in the centre of the country.

One occurrence of FMD was reported in Uruguay in the Department of Artigas in October 2000. Uruguay regained its FMD free status without vaccination as from 25 January 2001.

The Brazilian state of Rio Grande do Sul also had 4 outbreaks of FMD (serotype O) in August 2000 after freedom from disease since December 1993. The FMD vaccination ban has been maintained in the States of Rio Grande do Sul and Santa Catarina, as has the ban on the entry of vaccinated animals into these States.

Conclusions

1. The risk of FMD has increased significantly in 2000 and 2001 due to many factors. These included: the specific characteristics of certain strains of virus (e.g. PanAsia O strain); increased trade and movements of animals and animal products; increased movements of people (tourists and migrants); the deterioration of
national veterinary services in many countries due to under-staffing, poor salaries and cut-backs in resources; and a general neglect of biosecurity issues and their hidden costs when driving forward trade liberalisation measures.

2. The outbreak of FMD in the United Kingdom due to the type O PanAsia strain was yet another example of the danger posed to livestock by this particular virus in many areas of the world. This danger has been recognised for several years and the propensity for its spread was clear from its involvement in recent outbreaks in areas normally free of FMD, or of this serotype, such as Japan, South Africa and now the UK, Ireland, France and the Netherlands.

3. The likely origin of the UK outbreak in swill-fed pigs again emphasised the severe risks associated with this method of animal husbandry, not only for the introduction of FMD, but also of other serious list A diseases.

4. The problem to detect the early cases was a major reason for the subsequent, wholesale spread of disease and may well demonstrate a lack of awareness on the part of some livestock owners after 32 years of freedom from the disease in the UK.

5. The UK outbreak underlined the danger posed by infected sheep as disseminators of infection, especially in a fully susceptible livestock population, and most particularly when the strain of virus involved causes inapparent clinical disease in this species.

6. The deficiencies in identification of sheep and the recording of their movements make the tracing process extremely difficult and, in some cases, impossible.

7. It is acknowledged that UK took very strong measures after the disease was detected, but there is as yet no sign that the control measures are slowing the progress of the disease. The full extent of the infection has yet to be determined.

8. The spread of virus before the detection of the disease in the UK to Northern Ireland and to the mainland of Europe, including to date France and the Netherlands, has been attributable to the transhipment of live animals, especially sheep, which were either silently diseased or incubating the disease. This is a particularly hazardous trade in respect of the dissemination of FMD and, potentially, of other serious diseases.

9. The outbreaks of FMD in Western Europe had revealed some serious deficiencies in the capability of some national authorities to effect diagnostic testing and serological testing on an adequate scale in the event of an emergency. This was in large part due to limitations in the immediate availability of reagents and kits for the detection and typing of viral antigen and for the detection antibodies.

Recommendations

1. All European countries should now be especially vigilant against the possible introduction of the type O PanAsia topotype of FMD virus into their susceptible livestock.

2. All countries should bear in mind that the prevalence of strains of FMD other than the type O PanAsia strain are also increasing markedly in different regions. A notable example was seen with the Asia 1 virus, currently prevalent throughout much of the Transcaucasus region and in Iran and Turkey and recently in Greece.

3. All countries recognise the increased risk of FMD and take advantage of the lessons learned by the affected member countries to improve their contingency planning and prevention measures for FMD.

4. State Veterinary Services should be funded, staffed, sized, structured and resourced to a level commensurate with their workload and responsibilities in order to maintain a surveillance of FMD and other epizootic diseases and to deal efficiently with major disease emergencies.

5. Much more specific attention should be given to the biosecurity dangers inherent in the structure of the animal production industry in Europe and internationally. Live animal movements, including both the transit and final destination of such movements, should be traced in relation to the likelihood of disease spreading from the UK, Ireland, France and the Netherlands.
6. Serious consideration should be given to improving the control of the trade in live animals within and between the member countries of the EUFMD Commission.

7. Serious consideration should be given to the comprehensive marking and registration of individual animals, and particularly of sheep and goats, throughout member countries of the EUFMD Commission.

8. Serious consideration should be given to the stricter control, or to the total prohibition of swill feeding throughout the member countries of the EUFMD Commission. In any event, waste food from ports, airports and motorway rest areas should be strictly controlled, collected and totally destroyed.

9. The review of national Contingency Plans should include the urgent consideration of requirements for and the immediate availability of adequate quantities of reagents and kits for the detection and typing of viral antigen and the detection of both neutralising antibodies and antibodies to the non-structural proteins of FMD virus. The National Veterinary Laboratories should evaluate their need and keep the appropriate stock as a reserve.

10. Measures should be investigated with WRL participation to develop possible means for the provision of test reagents/kits to EUFMD member countries in emergency situations.

11. It is essential to establish urgently a bank of reagents to be employed in standardised tests for the diagnosis and serological surveillance of FMD.

12. There is a need for further work on the formal and precise definition by the OIE of the terms “infection”, “case” and “outbreak” in respect of FMD.

13. There is a need for clarification of sampling size and methods to be applied in the investigation of suspicion of FMD, during an outbreak and also for serosurveillance in Europe in collaboration with the OIE.

14. An international OIE/FAO conference on FMD should be urgently organised aiming in particular at questions related to: the conditions of declaration of disease outbreaks, the use of vaccination - especially the vaccination of endangered species and other zoo animals - and the risks linked to the exchange of animals and products including animals for non-food production.

15. The international community should provide enhanced support for surveillance and control of FMD in countries where the disease is still endemic.

Item 3 - Report on the Commission’s activities during 1999-2000

The Secretary presented his report for the period (Appendix 6). Europe had been free of FMD since October 1996 up to the occurrence of the Asia 1 outbreak in Greece in July 2000. The Commission's activities had focused on Turkey (see item 4) and the CIS (see item 5). The FMD situation in both regions deteriorated in the last two years.

Considering the outbreak due to Asia 1 in Greece: Thrace was vaccinated in summer 2000 with a trivalent vaccine including the O, A, and Asia 1 strain donated by the EC from the EUVB. An FAO expert visited both I.R. of Iran and Turkey in the framework of an FAO Technical Co-operation Programme (TCP) to advise on the control of FMD. This FAO TCP is currently under implementation with the technical support of the EUFMD Secretariat.

The Executive Committee met on three and the Research Group on two occasions. Reports were circulated from all these meetings and these are also available online on the EUFMD Web site. The Secretariat participated in numerous other meetings, seminars and training courses.

The Tripartite FAO-EUFMD/EC/OIE Group for the Balkan countries met on two occasions and the new OIE/FAO-EUFMD/EC Tripartite Group established in 1998 for the CIS countries decided to establish a buffer
zone in the southern border of the Transcaucasian countries. A joint EUFMD/OIE/EC expert mission was organised by EUFMD to Russia (ARRIAH) and to the Caucasian countries of Armenia, Azerbaijan and Georgia in 1999. A second expert mission visited the Caucasus in Summer 2000 to assess the situation and the impact of the buffer zone project on FMD control (see item 5).

The Secretariat kept contact with member countries and supplied reagents to certain national laboratories. Close relations have been maintained with OIE and EC through joint meetings and workshops.

Extensive co-operation continued between the EUFMD and the WRL, including financial support, and also with national laboratories in Italy and other countries. Phase XVI of the collaborative laboratory standardisation exercise was completed with the participation of 23 laboratories. Standard sera have been defined for types O1 Manisa, A 22 Iraq and C1. These standard sera have been proposed as primary reference reagents to OIE. Phase XVII is being commissioned under a new Letter of Agreement between the Institute of Animal Health's WRL and the EUFMD-FAO. This will involve the preparation and distribution by Pirbright of reference sera for serotypes O PanAsia, A Iran 96 and Asia 1 for use as primary standard reagents in participating laboratories.

The Research Group has established a working group in charge of preparing proposals for modification of the FMD monograph of the European Pharmacopoeia (EP). These have been submitted to the EP Secretariat.

EUFMD organised jointly with EC a workshop on NSP ELISA for the Balkan countries at the IZSLE of Brescia with the participation of experts of the WRL Pirbright. Another workshop on the risk of introduction of FMD in Europe based on expert opinion elicitation has been organised in Bulgaria in September 2000, in conjunction with the Research Group meeting.

A workshop on FMD simulation exercises is being organised jointly by EUFMD and EC in June 2001.

A new EUFMD Web site has been prepared by the EUFMD Secretariat, which is updated on a regular basis. Information on FMD outbreaks is reported online on the Web site.

Item 4. - FMD situation in Turkey

Item 4.a - Report on the situation in Turkey

The delegates from Ministry of Agriculture and Rural Affairs (MARA) were unable to attend the Session and therefore the country report was not presented. It is included in this report as Appendix 7.

Item 4.b - Review of the situation in Turkey

Dr A.J.M. Garland presented a review of the Foot-and-Mouth Disease Situation in Turkey during the last decade, including a critical assessment of past national and international control programmes, and with recommendations for future control (Appendix 8).

The paper was prepared in accordance with the decision taken at the 65th Session of the Executive Committee of the European Commission for the Control of Foot-and-Mouth Disease in November 2000.

Despite the national efforts of Turkey and the technical and financial assistance provided by international organisations, the attempts made to control foot-and-mouth Disease (FMD) in Turkey over many years have met with only limited success. Notable freedom has been achieved for significant periods in the geographically isolated region of Thrace, but elsewhere throughout the Anatolian Peninsula the disease remains endemic and new types and strains of virus continue to gain access, principally from the East. The disease has serious economic effects for Turkey and also constitutes a persistent danger of infection to the entirely susceptible livestock population of the European Union. The movement toward Turkish membership of the European Union gives increased emphasis to the need for more effective control of the disease in the region.
Conclusions

1. The existing strategy and tactics which have been developed by Turkey with assistance from international organisations are appropriate for the control of FMD. Notable success has been achieved by Turkey in the protection of Thrace and Europe. However, the disease remains endemic throughout Anatolia, due to numerous constraints which have prevented the full implementation of the control programme.

2. Given the existing economic circumstances in Turkey it would be very difficult for the country to implement the existing policies using only national resources. For this reason, the support of international organisations would be of great assistance in moving towards the medium-term objective of control and the longer-term objective of eradication.

3. The severity of the present FMD crisis in some of the western countries of the European Union should not be allowed to obscure the fact that the risk of the introduction of exotic viruses into Europe from Turkey remains as a persistent danger. In addition to the endemic type O virus, Turkey has at least two antigenically distinct type A viruses circulating (A Iran 96 and A Iran 99). Type Asia1 had also recently become established and had spread into Greece. In addition, A22 like viruses were again known to be present in Iran and threatened the livestock of Turkey and the territories to the East and South of the Bosphorous.

Recommendations

1. Both Turkey and international authorities should give serious consideration to the evaluation and selective implementation of the detailed recommendations and the priorities ascribed in the report.

2. Further timely support from the international community, including the EC, FAO, OIE and other organisations would be extremely valuable in the expeditious achievement of the recommended improvements.

3. The new status of Turkey as a candidate for EU membership could provide the opportunity for increased funding from the EU to enable a substantial FMD control programme to be progressed, always provided that Turkey ascribes the required level of priority to the programme.

Item 5 – FMD control in the CIS countries

Item 5.a - Report of ARRIAH Vladimir, Russia on the situation in CIS

The representative of Russia presented the situation in Caucasus and other CIS countries. One FMD outbreak occurred on Russian territory at the border with China involving only pigs. It was due to the PanAsia type O strain. This outbreak was controlled by stamping out.

He stressed that the situation had deteriorated in CIS in the last years with type O outbreaks in Kyrgyzstan, Kazakhstan and Tajikistan, which directly threatened Russia.

The situation in Transcaucasian countries had also deteriorated as type O and Asia 1 are now endemic in several regions of Armenia and Georgia. Due to the low vaccination covering since 1999, the situation in Azerbaijan is also at high risk despite the absence of any report of FMD.

He suggested that the slaughter policy with a large ring vaccination (60 km) should be applied to control the disease in the region.

The Buffer zone in the Northern Caucasus on the Russian territory has been reinforced and 12 million animals have been vaccinated.

The Secretary presented the report of the European mission which visited the Transcaucassian countries from 24 June to 9 July 2000. The mission was organised by EUFMD and sponsored jointly by EUFMD and EC. One expert from ARRIAH, Vladimir, Russia, also participated in the mission. The mission visited successively: Azerbaijan (mainly Nakhichevan), Armenia and Georgia.

The terms of reference of the mission included the assessment of the current situation of FMD in the region and of the activities carried out by ARRIAH in the region in 1999 and 2000 under the Letters of Agreement (LOAs) with FAO. At the end of the mission, a final meeting was organised in Tbilissi, Georgia, where the conclusions and recommendations of the mission were presented and discussed between the experts and the CVOs of two of the three countries. These conclusions and recommendations were then endorsed by the meeting of CIS CVOs held in Minsk in November 2000 (Appendix 9).

The mission concluded that FMD is rarely reported in the three countries but there are indications that FMD is endemic in the region. This had been confirmed by the serosurvey carried out by ARRIAH (using the 3ABC ELISA). FMD virus circulates in the region, types O and A have been identified respectively in Georgia (in May 2000) and in Armenia (in July 1998) and type Asia 1 was identified from a sample collected in Georgia by the mission team. Animal epizootic diseases including FMD are controlled according to the former USSR regulations in the three countries. The current FMD measures include quarantine, control of movement, ring vaccination with bi or trivalent vaccine. However, due to a lack of resources these measures are not properly implemented. National plans for yearly preventive vaccination are prepared in the three countries but the plans are not implemented and not controlled by the National Veterinary Services. In principle vaccination campaigns are carried out in Spring and Autumn but in fact the vaccination continues from October to April, depending on vaccine availability. The mission also noticed an anarchic utilisation of different vaccines from ARRIAH, Shalkovo, and locally produced lapinised vaccine.

ARRIAH supplied 1 million doses of bivalent vaccines (against types O and A) to the countries in the region in accordance with the Letter of Agreement signed in 1999 and in 2000 with FAO. ARRIAH organised a serosurvey in 1999 and another in 2000. While this supply of vaccine has been useful in helping the countries to get FMD vaccine, and the serosurvey provided evidence of circulation of FMDV, the mission considered that the objective of establishing a buffer zone at the southern border has not been reached.

Under the LOAs, ARRIAH should have also reinforced the diagnostic capabilities in the region and provided training to the staff in laboratories. Referring to the findings of the mission, this part of the project has only been partially implemented. FMD diagnostic capabilities are still very weak and none of the FMD laboratories in the region carry out serology. Virulent material is rarely sent to the laboratories (only one sample had been received within two years in the Tbilissi laboratory, no sample had been received in Baku). Progress should also be made in reporting to OIE and international organisations.

At the end of the presentation the Secretary stated that the question was, under which form should the project be continued? Considering the findings of the mission it was recommended by the mission team that, if the project should be pursued, it should have more realistic objectives, such as:-

- introduction of basic measures for surveillance and control of FMD
- re-examination of the input of ARRIAH in the surveillance
- examination of the possibility of establishing a vaccine bank for the region.

Recommendations

1. Despite the modest outputs of the project as assessed by the mission, the project permitted - through a close co-operation between EUFMD/EC/OIE - a much better understanding of the situation of FMD and therefore should have a follow-up.

2. ARRIAH is encouraged to continue to monitor the situation of FMD in the region.
ARRIAH acting as an OIE Reference Laboratory should encourage the countries in the region to report their FMD occurrence to OIE, EC and EUFMD.

There is a need for further discussion about the activities to be carried out in the region for FMD control. The new programme in the region, if decided upon, should take into account the conclusions.

---

Item 6 – Activities of the Research Group 1999/2000

Dr. Kris De Clercq, Chairman of the Research Group, presented his report (Appendix 10).

**Recommendations**

1. The proposed series of recommended actions and strategies aiming to achieve particular control and eradication objectives under different circumstances in which sheep are a major component of the livestock population, should be considered as important guidelines by the Member countries.

2. A full assessment of the risk associated with trade in intestines for sausage casings should be carried out with a view to introducing measures to reduce any significant risks found.

3. Further research is encouraged on the epidemiology of FMD, FMD diagnostics and reference sera, including sera for NSP ELISA.

4. Risk analysis should be developed further and future elicitations should include experts from the livestock and meat industries and veterinary experts in the control of trade. Another Workshop on NSP ELISA for other Member States should be organised.

5. Serosurveillance is an essential component of FMD Control and the NSP test is a highly valuable tool, despite its limitations. The utilisation of the 3 ABC test should be encouraged.

6. Regular active surveillance programmes for FMDV are encouraged in the Balkans and especially in Thrace. The sampling rate should be decided on a statistical basis.

7. It is essential to establish urgently a bank of reagents to be employed in standardised tests for the diagnosis and serological surveillance of FMD.

8. The Session endorsed the proposals for modification of the FMD Monograph of the European Pharmacopoeia (EP) as proposed by the Working Group, and encouraged the Chairman of the Research Group to continue and formalise the contacts with the EP and EMEA. OIE should be informed.

9. The Committee recommended that vaccines for emergency use have a potency of at least 6 PD50.

The conclusions and recommendations of the Research Group were endorsed by the Session.

The Chairman thanked the Research Group warmly for their contribution and noted the great importance of having this independent, expert body to advise the Commission.
Item 7 – Report of the FAO World Reference Laboratory

The UK representative presented a summary of the report on behalf of the FAO/OIE World Reference Laboratory (WRL) for FMD at Pirbright in the United Kingdom for the period 1999 – 2000 (Appendix 11).

In Europe, nucleotide sequencing of virus isolates from outbreaks in Iran, Turkey and Greece had shown them to be very similar.

In Africa the Maghreb countries remained free of FMD after the outbreaks of 1999. Type SAT 1 was widespread in southern African countries. The first ever outbreak of type O virus due to the Pan Asia topotype was reported from the Republic of South Africa in 1999, where infected waste food from a visiting ship was believed to have infected swill-fed pigs and then spread to cattle.

In Asia, types O, A (of at least two antigenically different strains) and Asia 1 are circulating, although the distribution of the A viruses is not well defined. Outbreaks of type O have been widespread throughout Western Asia and, for the first time, type SAT 2 was reported from Saudi Arabia, probably originating from North East Africa, where genetically similar viruses have been circulating during 1999.

The type O PanAsia topotype remains endemic throughout much of Central Asia and has caused large epidemics in Turkmenistan, Kazakhstan and Kyrgyzstan. FMD was also abundant in South East Asia, including types O, A and Asia 1. The pig adapted type O strain persisted in the Philippines and in Taiwan, but in the latter a new introduction has caused disease in cattle and goats.

In March 2001 there were outbreaks of type O due to the Pan Asia topotype in both Japan and the Republic of South Korea, the first in these countries since 1908 and 1934 respectively. Soon after there was an outbreak of type O in a pig farm close to Vladivostock in Russia and also in South-East Mongolia in cattle, sheep, goats and camels. These outbreaks were all due to the PanAsia strain, which probably originated in China.

In South America, FMD was again recorded after years of freedom in Argentina, Southern Brazil and Uruguay. The type A 24 virus recovered in Argentina was closely related to a vaccine strain, whereas in Brazil and Uruguay, type O was involved.

For the fourth year running the WRL received no samples containing type C virus.

In 1999 the WRL received 512 samples collected in that year from a total of 40 countries. Of these 235 were due to type O; 8 to type A; none to type C; 42 to type SAT 1; 11 to SAT2; none to type SAT 3; 7 to ASIA1; and 10 to Swine Vesicular Disease; while no virus could be recovered from 200 samples.

In 2000 the WRL received 338 samples collected in that year from a total of 26 countries. Of these 75 were due to type O; 21 to type A; none to type C; 2 to type SAT 1; 16 to SAT2; none to type SAT 3; 17 to ASIA 1, and 3 to Swine Vesicular Disease, while no virus could be recovered from 199 samples.

In addition to these samples from 2000, the WRL received 96 samples collected between 1997 and 1999 from a total of 11 countries. Of these 47 were due to type O; 6 to type A; none to type C; 3 to type SAT 1; none to SAT 2; 3 to type SAT 3; 4 to ASIA 1, and 7 to Swine Vesicular Disease, while no virus could be recovered from 26 samples.

The laboratory received 13 visitors during the period for training and scientific discussions. Reagents were supplied to 35 countries for purposes of diagnosis, research or vaccine production. WRL staff visited 12 countries either to run or assist in training courses, or to provide advice on the epidemiology, diagnosis and control of FMD.

Conclusion

The delegate from Norway expressed the appreciation of the delegates for the work done by the WRL.

Recommendation

The essential requirement was stressed for all countries to send representative samples from outbreaks to the WRL, even when a country had a national diagnostic capability. The number of samples from which
no virus could be recovered was also suggestive of the need for the despatch of samples of good quality under adequate conditions of conservation.

Item 8 - Progress in the implementation of Contingency Plans and destruction of carcasses

Due to the outbreak in the UK, the Secretariat regretted that it did not have time to complete the analysis of questionnaires on Contingency Planning and Carcass Disposal. John Ryan outlined the findings of his literature review on the subject.

In summary there are still only 3 practical options for the disposal of large numbers of carcasses in an FMD emergency. Namely, burying, burning, and rendering. Due to environmental legislation in certain member countries the on-farm options of burying or burning are not allowed. However, these methods are preferable to transporting and rendering carcasses off-farm, because they reduce the risk of virus dissemination by transporting infected carcasses and they do not pose restrictive constraints.

The importance of negotiating with environmental agencies in advance of an emergency was emphasised to keep as many of the on-farm options open as possible. Countries could conduct a geological survey in advance of an outbreak, highlighting areas where it was safe to bury carcasses. The absence of good scientific evidence on the environmental risks of the different disposal options makes comprehensive analysis difficult.

Conclusions

Disposal of carcasses remains a very difficult problem in implementing a successful slaughter policy and can become a significant bottleneck.

There is insufficient evidence at the moment of viable alternative options to rendering, burning and burial for large scale disposal of carcasses, although there are many approaches used for the small scale disposal of carcasses.

Countries should negotiate in advance with the environmental authorities what options are available for use in different areas of the country. The agreed options should be included in the contingency plans.

Recommendation

That the carcass disposal problem be examined co-operatively on a Europe-wide basis and that funds be dedicated for thorough research on this problem.

Item 9 - Availability of Emergency Vaccines in Europe

John Ryan reported the preliminary results of a questionnaire circulated by the Secretariat of the Commission on the availability of emergency vaccine in member countries (Appendix 12). He reported that 7 countries have made no arrangements, 17 countries have made one arrangement and 9 countries have made more than one arrangement for the supply of emergency FMD vaccine.

Five countries have changed their position since the previous report in 1999. All four changes were in the arrangements for the national vaccine bank. There was one new contract with a commercial manufacturer to hold inactivated antigen. The other 3 changes were in the amounts and strain composition of the National FMD Vaccine Banks. In general, the changes reflected a trend towards including more A strains, particularly the "new" Middle-Eastern A strains of A/Iran/96 and A/Iran/99.

The International Vaccine Bank holds antigen equivalent to 3.5 M doses of formulated vaccine of seven serotypes and is accessible to 6 Commission members. The EUVB antigen stocks are equivalent to 31.2 M doses of seven serotypes and are accessible to the 15 EU member countries (and possibly other countries on a case by case basis). National vaccine banks in member countries currently hold antigens and formulated vaccine
equivalent to 35.375 M doses of formulated vaccine and cover 6 serotypes. Thus there are antigen stocks and formulated vaccine equivalent to 70.075 M doses in member countries.

The EC representative reported that the contract had recently been signed for the long delayed safety and potency testing of vaccines produced in Turkey. The WRL for FMD in Pirbright, UK will carry out the testing in the near future.

Dr. Leforban warned of the dangers of not having an arrangement for the supply of emergency vaccine and encouraged the 7 member countries in this position to rectify the situation. He continued by stressing that it was not safe to assume that the EUVB would supply vaccine in an emergency, as the EU may decide to restrict their vaccine to their own members.

The EC representative, indicated that the EUVB had not purchased 50 million doses of vaccine (5 million doses of 10 strains) as planned in the original decision authorising the EUVB, because it was subsequently deemed unnecessary to have such large quantities of strains very unlikely to infect Europe e.g. SAT strains.

On the question of whether there were guidelines and procedures for transport, handling and administering emergency FMD vaccines: it was explained that the protocols were well established for the transport of vaccine and the monitoring of the cold chain for FMD vaccines, but that they were not available currently as guidelines for distribution to member countries. In addition, information of this type is available in the data sheet that accompanies commercial vaccines. It would be useful to enquire whether emergency vaccines from vaccine banks would also carry similar data sheets.

Conclusions

The Commission notes with disquiet that 7 member countries still have no arrangements made for the supply of emergency FMD vaccine.

The Commission warns that, in a crisis situation, vaccine from the European Union Vaccine Bank may not be available for non-members, as member countries will be accorded first priority.

The Commission notes with satisfaction that the long delayed contract for the testing of FMD vaccine from Turkey has finally been awarded.

The Commission notes that there is some uncertainty among member countries on the correct procedures for transport, handling and administration of emergency FMD vaccines.

Recommendations

1. That all member countries should make arrangements for the supply of FMD vaccine in an emergency.

2. That the Commission prepare guidelines on the correct protocols for the transport, handling and administration of Emergency FMD Vaccines.

Item 10. - Finance

Item 10.a - Financial report

Ms Joan Raftery presented the financial reports (Appendix 13) which had been prepared by the FAO Finance Division and by the Secretariat.

She tabled detailed statements for the Commission’s three Trust Funds, numbers TF904200 (European Commission for the Control of FMD); TF909700 (non-EC Trust Fund for FMD Emergency Aid Programmes) and TF911100 (EC Trust Fund for FMD prevention in south-eastern Europe). These were showing balances of US$ 195,665; US$ 43,168 and US$ 218,878 respectively as of 31 December 2000.
The Finance Division statement number 1 showed that the balance of funds held by FAO on behalf of the EUFMD Commission Trust Fund TF904200 as of 31 December 2000 was US$195,665. Contributions from member countries for 2000 amounted to US$322,225, including annual subscriptions, arrears and an advance contribution from Norway. Details were also provided of individual members' contributions. Of the 33 members, all but 5 were up-to-date in their payments for 2000. The account had earned interest at US$9,855, while administrative costs amounted to US$310,707. Accommodation and facilities, provided without charge by FAO, have been estimated at US$50,000.

Details of the EUFMD Commission budgets for 2001 were also tabled, together with proposed budgets for 2002 and 2003. The annual contribution of the Commission to the WRL amounts to US$ 35,000. The contribution for phase XVII of the FAO collaborative study covering the years 2001 and 2002 amounted to US$22,400.

The representatives from Finance Division (AFF) present at the meeting undertook to explore ways and means of streamlining the procedure for tracing the annual contribution from member countries.

Item 10.b - Report on the EC/FAO Agreement on the utilisation of Trust Fund 911100
MTF/INT/003/EEC (TFEU970089129)

The Secretary presented the agreement between EC and FAO/EUFMD for establishing a new framework for the utilisation of the EC/EUFMD Trust Fund (Appendix 14). Following the meeting held in Rome on 25 February 2000, it was proposed that the Trust Fund should be managed jointly by the EC and the EUFMD under the form of a project with a specific budget. The implementing agreement is being finalised by the two organisations and the details of the agreement were presented. The purpose of this agreement is to establish financial rules for the EC Funded Permanent Activities carried out by the FAO European Commission for the Control of Foot-and-Mouth Disease. The two organisations have agreed on a 4 year project with a total cost of 1.5 million US$ paid by EC. The balance of the existing TF (US$226, 404 as at 30 September 2000) is included in the project and it is proposed that a first payment to replenish the fund up to US$ one million should be made by the EC.

It is proposed that:

- The project should cover the period 2001 – 2004.
- Future reports of the Executive Committee meetings and of the Sessions of EUFMD be considered by EC as official technical and financial reports.
- Reimbursement of expenses up to a ceiling of one million Euro is made every year.
- FAO should inform EC of any contract with third parties.
- Prior agreement of EC on all expenses is requested except for routine activities up to a ceiling of US$30,000.
- The deadline for the EC response to EUFMD should be 30 days.

Item 11 - Election of Chairman, Vice-Chairmen, Members of the Executive Committee – Members of the Research Group

Dr. Y. Cheneau, Chief, Animal Health Service, FAO, reminded delegates of the constitutional requirements and of the accepted practice which has evolved towards achieving a balanced representation of the different regions of EU, non-EU countries in the membership of the EUFMD Executive Committee. Dr Cheneau then reviewed the membership of the Executive Committee elected in 1999.

Dr. Marabelli confirmed that he would be standing down from the Chairmanship of the Executive Committee.
The Commission was then requested to vote for the designation of one Chairman, two vice-Chairmen and five members of the Committee.

<table>
<thead>
<tr>
<th>Position</th>
<th>Proposed by</th>
<th>Seconded by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairman</td>
<td>Dr Ignacio Sánchez Esteban (Spain)</td>
<td>Cyprus</td>
</tr>
<tr>
<td>First Vice-Chairman</td>
<td>Dr Leos Celeda (Czech Republic)</td>
<td>Hungary</td>
</tr>
<tr>
<td>Second Vice-Chairman</td>
<td>Prof. Werner Zwingmann (Germany)</td>
<td>Sweden</td>
</tr>
</tbody>
</table>

Dr. Ignacio Sánchez Esteban was unanimously elected to the position of Chairman.

Dr. L. Celeda was elected as first Vice-Chairman and Prof. W. Zwingmann as second Vice-Chairman, both unanimously.

For the election of members of the Executive Committee the following persons were proposed and seconded and a ballot had to be held since there were seven candidates for the five vacancies on the Committee:

<table>
<thead>
<tr>
<th>Position</th>
<th>Proposed by</th>
<th>Seconded by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Members</td>
<td>Dr Dionisis Panagiotatos (Greece)</td>
<td>Cyprus</td>
</tr>
<tr>
<td></td>
<td>Dr Romano Marabelli (Italy)</td>
<td>Malta</td>
</tr>
<tr>
<td></td>
<td>Dr Preben Willeberg (Denmark)</td>
<td>Iceland</td>
</tr>
<tr>
<td></td>
<td>Dr Tibor Soós (Hungary)</td>
<td>Czech Republic</td>
</tr>
<tr>
<td></td>
<td>Dr Yanko Ivanov (Bulgaria)</td>
<td>Former Yugoslav Republic of Macedonia</td>
</tr>
<tr>
<td></td>
<td>Dr Musa Arik (Turkey)</td>
<td>Cyprus</td>
</tr>
<tr>
<td></td>
<td>Dr Pavlos Economides (Cyprus)</td>
<td>Malta</td>
</tr>
</tbody>
</table>
The membership of the Executive Committee for the period 2001 - 2003 was confirmed as:

Chairman: Dr Ignacio Sánchez Esteban
First Vice-Chairman: Dr Leos Celeda
Second Vice-Chairman: Prof Werner Zwingmann
Member: Dr Tibor Soós
Member: Dr Romano Marabelli
Member: Dr Preben Willeberg
Member: Dr Dionisis Panagiotatos
Member: Dr Yanko Ivanov

Dr Sánchez Esteban thanked the delegates for their confidence in electing him as Chairman and pledged that the Committee would do everything possible to assist in the control of FMD during the present crisis and to work towards the prevention of future incursions of disease.

Dr Kris De Clercq, Chairman of the Group, explained the current composition of the Research Group and its rationale. He then proposed a list of members which was unanimously accepted by the Session.

The following members were elected to the Research Group:

Dr F. De Simone Italy
Dr K. De Clercq Belgium
Dr A. Dekker The Netherlands
Dr C. Griot Switzerland
Dr B. Haas Germany
Dr P. Have Denmark
Dr F. Moutou France
Dr V. Palfi Hungary
Dr J. Sanchez-Viscaino Spain
Dr N. Unal Turkey
Dr H. Yadin Israel
Representative of the World Reference Laboratory for FMD

The Research Group subsequently elects its own Chairman.

Dr Marabelli thanked the Research Group for the excellent support that they had provided, and Dr De Clercq who had given outstanding service as Chairman. He stated that he was sure that the exemplary collaboration between the Committee and the Research Group would continue.

**Item 12 - Any other business**

**Update of the disease situation in Europe as of 23 March 2001**

- **UK**
  - the number of confirmed outbreaks totalled 479, but the new cases were all within existing infected areas and no new areas of the country had so far been infected.

- **France**
  - the situation was unchanged, with one outbreak in the Mayenne department.

- **The Netherlands**
  - the situation remained as before with 3 confirmed outbreaks and 5 possible contacts under investigation.

- **Republic of Ireland**
  - the situation was unchanged, with a single outbreak in North County Louth.
The delegate from Bulgaria proposed that, when suspicion of FMD arises, the restrictions on the movements of animals should be enforced as soon as possible throughout the entire country, rather than just locally.

On behalf of countries currently free of FMD, Dr Celeda, Czech Republic, expressed his solidarity with the infected countries and asked that all the lessons learned from the current situation should be applied in all countries.

The Secretary requested that member countries should regularly and promptly report their FMD situation, including preventive measures, to the EUFMD Secretariat so that the information can be circulated to all member countries.

**Personnel of the EUFMD Secretariat**

The Secretary informed the Commission that the former (and first) Administrative Assistant of the Commission, Ms Doris Guarino (Italy) had died in November 1999. Her service to the Commission during its early years had been outstanding and of unestimable value.

The Secretary then informed the meeting that the present Administrative Assistant, Joan Raftery, following 24 years service with the EUFMD, had handed in her resignation and would be leaving the Organization at the end of June. She had very much enjoyed her work with the Commission and wished to thank all those she had met over the years for their support and friendship. To the newly appointed Executive Committee and Research Group she extended warmest wishes for success in their work. She extended best wishes also to the laboratories she had had close connection with over the years, in particular the WRL, the Brescia Institute, and the Lindholm and Lelystad Institutes. She extended special thanks to the Chairmen with whom she had worked, particularly to Professor Andreas Nabholz (Switzerland) Chairman of her first EUFMD meeting held in Norway in 1976, and to Dr. Romano Marabelli (Italy); she extended best wishes to all the Chairmen of the Research Group she had met during her years of service, in particular Professor J.G. Van Bekkum (Netherlands), and Dr Kris De Clercq (Belgium). Finally, she extended best wishes to her first supervisor with the EUFMD, Dr Mario Boldrini (Italy) and to the present Secretary of the Commission, Dr Yves Leforban (France).

**Associate Professional Officer (APO)**

The Secretary announced that Dr J. Ryan was leaving the Commission at the end of October 2001 after two and half years of excellent service as an APO. Requests had been made to member countries participating in the FAO APO program to consider his replacement. So far no official responses have been received. He asked that urgent consideration should be given to his replacement as this is essential to the efficiency of the Commission.

Dr Ryan had made a very valuable contribution to the work of the EUFMD, including the development and updating of the EUFMD website, mapping, risk analysis, participation in workshops, follow-up of the TCP project in Turkey and Iran and other activities of the Commission. Dr Marabelli also expressed the appreciation of the Commission for Dr Ryan’s contribution. Dr Ryan replied that he had found his work very interesting, useful and enjoyable. He thanked the Commission for all the support he had received.

**OIE/FAO meeting on FMD**

The Director General of OIE announced that a joint meeting of FMD experts of OIE and FAO would be held at OIE HQ in Paris on 17-18 April 2001 (see the recommendation under Item 2).

**The 66th Session of the Executive Committee in 2001**

The delegate of the Netherlands extended an invitation to hold the next session of the Executive Committee of EUFMD in her country.

**Membership of the Federal Republic of Yugoslavia**

The observer from FR of Yugoslavia expressed his appreciation for the invitation to attend the Session and indicated that his country would like to join the EUFMD as soon as possible.
Item 13 - Adoption of the draft report

The draft report was adopted with the reservations that the agreed amendments would be made and that points 12 and 13 would be distributed to the delegates for approval and/or amendment immediately after the session.

Closure of the Session

The Chairman thanked the delegates for their contributions to the meeting, which, despite the very difficult disease situation in Europe, had been very successful. There had been a valuable exchange of information even though the circumstances did not permit the planned discussion on strategy. He thanked the Secretariat for the excellent work carried out during the last two years, including the meetings of the Executive Committee and of the Research Group, the various workshops, country visits and the Tripartite Group meetings. He thanked all who had worked for the success of the Session, including the interpreters. He gave a special note of appreciation for the rapporteur who under very difficult circumstances had not only efficiently reported the proceedings of the Session, but had also acted as the Representative of the UK and of the WRL.

Dr Marabelli especially welcomed Dr Sánchez Esteban as the new Chairman of the EUFMD and wished him every success.

Dr Sánchez Esteban thanked all the delegates for their confidence in electing him as the new Chairman and expressed his intention to give his best endeavours to the work of the EUFMD.

Finally Dr Marabelli wished all participants a safe journey home.

------000000------