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# Report on FAO-EuFMD/EC/OIE Tripartite Meeting on control of FMD and other exotic diseases in the Southern Balkans

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**31<sup>st</sup> August- 1<sup>st</sup> September 2015**  
**Venue: Alexandroupolis, Greece**

A meeting of the FAO-EuFMD/EC/OIE Tripartite on the Control of FMD and other exotic diseases in the Southern Balkans was held in Alexandroupolis, Greece, on 30th August-1st September 2015, with the participation of representatives from the State Veterinary Services of Bulgaria, Greece, Turkey, and from the EuFMD, and OIE

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## Introduction

A meeting of the FAO-EuFMD/EC/OIE Tripartite on the Control of FMD and other exotic diseases in the Southern Balkans was held in Alexandroupolis, Greece, on 30<sup>th</sup> August-1<sup>st</sup> September 2015, with the participation of representatives from the State Veterinary Services of Bulgaria, Greece, Turkey, , and from the EuFMD, and OIE (see **Appendix 1** for Agenda and **Appendix 2** for list of participants).

The **main objectives** of the meeting were:

- To review and discuss surveillance and control activities for Foot and Mouth Disease (FMD) implemented in the three countries.
- To review and discuss the epidemiological situation and the control measures implemented in the three countries for Lumpy Skin Disease (LSD), Sheep and Goat Pox (SGP), Peste des Petits Ruminants (PPR) and other major contagious diseases.
- To agree upon priorities and expected results of the Thrace risk-based surveillance project (Component 1.3 of the EuFMD work programme, 2015-17).

## CONCLUSIONS and RECOMMENDATIONS

### Conclusions

1. The THRACE surveillance programme, implemented as part of the EC funded activities and managed by EuFMD has provided an important level of confidence in the absence of circulating FMD in European part of Turkey and the neighbouring areas of Greece and Bulgaria and has been important for maintenance of surveillance actions needed for early detection of Sheep and Goat Pox SGP), Lumpy Skin Disease (LSD) and Peste des Petits Ruminants (PPR).
2. Given the outbreaks of SGP and LSD in the European part of Turkey in 2015, and the outbreaks of LSD in Greece from august 2015, there is a high risk of continued circulation of these viruses within the common border region and possibility of further extensions into the EU territory.
3. The activities under the THRACE programme, adapted by the management committee decision of the representatives of the 3 countries, and supported by the EC, to include training of veterinary experts from the 3 countries on LSD epidemiology, outbreak investigation and control, were timely and have assisted the preparedness of the countries for outbreaks in Thrace region.
4. The route of introduction of SGP and LSD into European parts of Turkey remains unexplained and it is unclear if several entries of these infections occurred or a continuous circulation after the first introduction. These questions highlight the importance of understanding the routes of entry and persistence of virus circulation for each of the major exotic infections of ruminants, in order to better identify how to reduce entry of FMD and other exotic infections and to prevent circulation and persistence should it occur.
5. The improvement in the control of FMD in Anatolia in 2014-15 is a cause for cautious optimism and the implementation of the strategic plan for FMD control by the Turkish authorities was commended. The need to learn from every outbreak remains essential if the reasons for the co-circulation of three serotypes is to be understood and managed. The

continuation of the THRACE surveillance programme in the period 2015-17 is a necessity given the outbreaks of LSD and SGP in the common border regions in 2015 and the history of recurrence of FMD epidemics in Anatolia as a result of the situation in West Eurasia in the past, most notably in 2010-12.

6. The early detection of exotic diseases in livestock by passive surveillance is highly dependent on farmer reporting and their awareness of signs and the development of better lines of communication with them are important to ensure confidence in this form of surveillance.
7. The effectiveness of vaccines and vaccine programmes for SGP, LSD, PPR and BT needs to be better understood to increase the impact of vaccination upon circulation of this infection in the common risk area.

## **Recommendations**

1. **To publish the reports** of the outbreak investigations conducted into SG cases in Thrace in 2015, to better identify possible reasons for the persistence of SGP cases into 2015 in Greece and Turkish Thrace. A joint report is recommended.
2. **To conduct** studies on effectiveness of LSD vaccination in Turkey, with the technical guidance of experts from Pirbright and other reference centres.
3. **To include LSD surveillance** in the surveillance plans (cycle plans) in Turkish Thrace, with active surveillance for the detection of clinical cases of LSD should they occur in the high risk areas of Istanbul Province and in areas within the range of extension of confirmed clinical cases in Greece or which occurred, or recently occurred in Turkish Thrace.
4. **To develop surveillance plans for “confidence in disease freedom ”** for SGP and PPR, in the Thrace regions of Turkey, Bulgaria and Greece, with the aim of providing supporting evidence for the control of these infections, as part of the THRACE programme 2015-17.
5. **To better understand** the risk of circulation or extension of LSD and SGP outbreaks through studies on the likely vectors involved in the current outbreaks; methods for vector identification should be studied for relevance and potential application in the common border regions and support given for these studies to be conducted quickly.
6. **To support** the process of preparation for non-vaccination against PPR in Turkish Thrace, including the development and testing of contingency plans, and identification of the surveillance needed for early detection, in order to build confidence in maintenance of a disease free status of Turkish Thrace if so recognised in 2018.
7. **That the next Phase of support for the THRACE surveillance programme has the four targets proposed at the Management Meeting**, and to achieve these includes a greater emphasis upon improving passive surveillance, with more active engagement of livestock keepers; strengthens the local co-ordination framework; includes targets of evidence of freedom from FMD, PPR, SG and LSD if the outbreaks have been controlled; and includes activities to build confidence in the capacity to respond effectively to one or more of the priority TADs.

## **Acknowledgements**

The Animal Health, and Animal Welfare Directorates of the Ministry of Agriculture are gratefully acknowledged for their offer of invitation and for hosting the Meeting. The excellent support of all members of the THRACE project team in Greece, and the help throughout of Drs Doudonakis, Dilavaris, Baka and Sotiriou and the Veterinary Service staff from South and North Evros is especially appreciated by all. Their efforts to ensure a successful meeting while dealing with the incursion of LSD will be remembered by all.

## Report of the Tripartite Meeting

### Item 1: Adoption of the agenda

Dr. Spiros Doudonakis, opened the meeting and welcomed the participants, and said how much he and all his team appreciated the opportunity to meet at this time given the many heavy demands posed by the economic as well as epidemiological situation. He thanked Dr Iliev, Bulgaria, and Dr Erol, Turkey, for taking time to attend the Tripartite, and re-iterated the importance of this meeting for Greece.

The Meeting was Chaired by Keith Sumption, Executive Secretary of the EuFMD and Dr Laure Weber-Vintzel, OIE. The agenda was adopted without changes, except that the reports of Bulgaria and Greece on FMD were received together with their reports on the other exotic infections.

The participants agreed to include bluetongue in the discussion regarding the epidemiological situation on exotic animal diseases in the three countries.

### Item 2: Report of the THRACE project Management Meeting held at Alexandroupolis, 31<sup>st</sup> August

A verbal report on the Management Meeting was received on the meeting held in the morning of the 31<sup>st</sup>. The most significant points for attention were that the two year funding of the THRACE project would finish on the 30<sup>th</sup> September and the management group had identified items urgently needed for delivery before project close, and had proposed that remaining funds for travel be used to arrange training on methods for LSD vector identification and ecology. They also requested studies be urgently undertaken on LSD virus inactivation procedures in animal products to provide a base for decisions on processing. For Phase IV, and the next cycle of surveillance (Oct-Dec 2015), the group felt very strongly upon the need to continue the project along its current form, and warned of impacts should cuts be imposed; they referred the decision upon LSD clinical surveillance in Turkish Thrace to the Tripartite Meeting; and agreed the four main targets for the Phase IV, 2015-17 project, for presentation and proposal under Item 6.

### Item 3: Lumpy Skin Disease (LSD)

Reports on the LSD situation in Turkey, Greece and Bulgaria were provided by Dr Naci Bulut, Dr Dimitrios Delaveris and Dr Tsviatko Alexandrov, respectively (**Appendices 3,4 and 5**).

In Turkey, after the index case in August 2013, the disease had spread widely in east and central Anatolia in 2014, and with further extension, though clustering of locations, in 2015. The total number of outbreaks per month continues to rise but within –herd attack rate is reduced, with lower impact of the disease, attributed to the vaccination policy in which SGP vaccine produced by the Pendik Institute and two private companies is used ; coverage is between 50 and 100% of large ruminants, with median 80% coverage in the 5 provinces of Thrace, and 91% in the affected Province of Edirne. Seven outbreaks have been recorded in Turkish Thrace, 2 in April/May and 5 reported on 20<sup>th</sup> August in Edirne. Culling of clinically affected animals, quarantine and outbreak investigations were applied; for the latter, entry was attributed to vectors as animals had not been imported to the village, and clinical cases had occurred even with vaccination coverage of 91%, with cases among the non-vaccinated group . Given the high vaccination coverage, they assumed risk of further spread to be low. Cases were associated with farms near to paddy field (rice production).

In Greece, training of personnel provided under the THRACE programme had been very important for building capacity for early response; after the initial two outbreaks in Turkish Thrace, a 10km

deep enhanced safeguard zone was established, but LSD cases were not detected at that time. Index cases were confirmed on 18th August, and by the 30th, 6 cases had been confirmed with 15 suspicions under investigation; the protection zone included the whole of the Evros delta surveillance zone was 20 km radius, with extension to holdings considered high risk. Measures of the Commission Implementing Decisions 2015/1423 had been applied and an updated decision was expected, to include measures following the use of emergency vaccination. The key considerations on the later related to the rapid and surprising speed of development of cases within affected holdings, and the likelihood given the biting fly/vector abundance in the delta of further cases, possibly involving most of the cattle population, and the dramatic surge in suspicions suggested this was the case; further, disposal was a problem given the water table in the delta, and the social impact of SGP in 2014-15 was a disincentive to a prolonged campaign of stamping out. The total cattle population was only 19,000 animals and the plan proposed was vaccination of these in 3 Phases, the PZ and SZ to be completed by end of September.

In Bulgaria, the training on LSD under the THRACE was credited as providing essential experience and assisted communication on LSD to farmers and veterinarians; surveillance programme was implemented from 22nd June, and extended on 20th August, with over 21,000 animals examined clinically under the program in 6 Municipalities. No cases of LSD had been detected to date.

## Discussion

GR requested clarification on the vaccination programme and any reactions to live vaccine observed in Turkey. Dr Erol explained that vaccination was working very well, with a double dose of the SGP vaccine applied in cattle with no adverse reactions. He also agreed that immediate notification of outbreaks to the neighbours in GR and BG would be made, in addition to immediate ADNS reporting.

The surveillance plan for LSD in Turkish Thrace was discussed; the proposal put forward as a result of the THRACE project Management Meeting was that

- 1) Immediate active surveillance programme within 10 km of confirmed outbreaks would continue
- 2) From the start of cycle 4 (October –December 2015), clinical surveillance for LSD would occur with all epi units in Turkey under programme in each cycle, in and serological surveillance, we can include examination of LSD in Istanbul province being visited and in the remaining 4 provinces, epi-units would be selected for active clinical surveillance using a random sampling scheme. Given the proximity to Anatolia and animal movements to the Asian side, the Istanbul area was proposed as a high risk area.

GR and BG indicated their agreement and encouragement for this scheme.

Dr Erol indicated that a Workshop was planned in October or mid-November at Pendik Institute, to develop a new plan for LSD control in the country over 3-3.5 days. This may be open to outside experts; GR and BG indicated their interest to attend.

Regarding cross-border co-operation, GR and BG were supportive to the idea of meeting of local VS senior staff to share information on control measures being applied. Dr Erol was not convinced of the value of this.

*Addendum: the field visit on the 31st, to a holding beside the delta area, did raise the question of whether the extremely high fly abundance (including mosquitoes) for which the delta is famous, may be a particular risk factor for LSD and thus that non-delta areas may be lower risk. The close association with paddy fields in Turkey first cases in Turkey is an interesting observation. The Evros delta has a joint scheme between GR and TR for the control of mosquitoes following autochthonous cases of malaria in the 1990s, and studies on the Anopheles species in the delta reported that they mostly (98%) fed on ruminants.*

## Item 4: surveillance for PPR, SGP and other exotic viruses

Reports on the situation in Turkey, Greece and Bulgaria were provided by Dr Naci Bulut, Dr Dimitrios Dilaveris and Dr Tsviatko Alexandrov, respectively. (Appendices 6, 7, 8, 9)

### Situation in Turkey

SGP: nationally, significant decline compared to 2014 and 2013, but most outbreaks are in the west of Anatolia and 7 outbreaks had occurred in Thrace in 2015 (and 12 in 2014). None of the 2015 outbreaks occurred in Edirne Province and so were not immediately neighbouring to the recent outbreaks in Greece. Animals from Anatolia are not accepted into Thrace and the procedures for import follow OIE Code, 8.5.32. All SR are vaccinated in Thrace, and around outbreaks in Anatolia (3 times in a 2 year period). Vaccination occurs in autumn as the winter is considered a high risk period.

PPR: 20 outbreaks were reported, compared to 43 in the whole of 2014. The situation in the Aegean/Marmara appears better than in 2014. The last outbreak in Thrace was in 2013. All SR are vaccinated in Thrace; ring vaccination is used around outbreaks and new-born/unvaccinated adults are vaccinated in the remaining area. (Vaccination in 2014 was 12.7m animals, in 2015 the planned campaign is 15.4m animals. The long term objective is to gain disease free status in Thrace in 2018 and by 2023 in Anatolia.

BT: the first cases for four years occurred in 2014, of BTV4 in Thrace (Kirkclareli) and Marmara regions. All SR in Thrace and most of the animals in Marmara were vaccinated (NB: live or attenuated vaccine, needs clarification), and all SR in Thrace will be vaccinated again in 2015.

### Situation in Greece

SGP: the last outbreak was in February 2015, in North Evros, after three waves; the first, of 91 outbreaks; a second wave 144 obs, until 27/10/2014, then 5 in 2015. August-September was the peak in 2014, and the effects were socially devastating. Many issues, including the nature of persistence of infection remain to be clarified.

PPR: serology has been conducted in the framework of the THRACE project; diagnostic kits are needed to compete the testing in 2015.

BT: Greece also was affected by the very widespread BTV-4 epidemic in 2014; over 80000 animals were affected with 4.4% mortality. The surveillance programme in 2015 found that over 60% cattle were seropositive and 20% of small ruminants; and as a result, a voluntary vaccination scheme was adopted. No cases of BTV have been confirmed in 2015. It is not possible to say if this is the result of the natural immunity after the 2014 epidemic, lack of overwintering or the additional vaccination (175,000 small ruminants).

### Situation in Bulgaria

SGP, PPR, BT: surveillance for these diseases took place in the framework of the Thrace programme, and by mid-August 2015, 12,5433 animals has been examined in 7 municipalities of BG bordering to Turkey and Greece, with no evidence of SGP or PPR found. Posters and leaflets had been used for media campaigns to raise awareness. The BTV-4 situation was described; an enormous wave of outbreaks had affected the whole country after 4th July 2014, but no outbreaks had occurred in 2015. Almost 87% of cattle and sheep had been vaccinated, and BTV had also not been detected in *Culicoides* pools. The situation for HPAI, CSF and rabies was described, for completeness.

## Discussion

The Bulgarian delegation commended the Greek and Turkish authorities for their control of SGP cases in the common border regions in 2015. The factors behind the outbreaks in 2015 remained unclear and this has implications for duration of control measures in an area that needs to be understood. Regarding BT, Keith Sumption asked if it could have been herd immunity (of over 60% in cattle) that resulted in the apparent lack of circulation in 2015. G indicated they had samples from early 2015, before vaccination and could examine these for evidence of the extent of immunity as a result of the epidemic in 2014, although another reasons for the lack of circulation in 2015 could be a failure to overwinter or the results of vaccination.

Dr Weber-Vintzel, as Chairperson, commended the plan for achieving freedom from PPR in Tukey but reminded the meeting that to achieve freedom, there must be no vaccination for 2 years and therefore to achieve freedom in Thrace in 2018 would require cessation of vaccination in 2016 in Thrace.

## Item 5: Foot-and-Mouth Disease (FMD)

Dr Bulut reported on the FMD situation in Turkey (Appendix 10) and the control measures in place to prevent entry into Turkish Thrace.

The situation in 2015 shows a major improvement, with only 73 outbreaks record and none reported in August; in comparison to 228 in 2014 and 1189 in 2013. However, all 3 serotypes are circulating, which is unusual, with continuation of the Asia-1 (Sindh-08) and predominance in 2015 of type A (A Iran 05). Also of note is the central-west location of most outbreaks, with none recorded in the former hot spots of Erzurum. Several changes may account for the improvement; the application of the national risk based control plan, with use of a higher potency vaccine, of booster vaccination and strict controls via the passport system to prevent movement of non-vaccinated animals from province to province. In Thrace region, the control of animal movements from Anatolia is rigorously enforced, and additional measures applied relating to kurban festival movements. Vaccination is twice per year for cattle, with booster applied to primo vaccinates; and once per year for SR. Surveillance is conducted under the frame of the THRACE project, with a four cycles of a risk based surveillance programme, in which Istanbul Provinces are considered high risk ((clinical and serological surveillance applied) and random selection of villages for active clinical surveillance in the other 4 provinces. In addition an annual sero-surveillance is conducted to substantiate freedom from FMD, for the OIE.

The control of FMD in Anatolia and the allied monitoring system was summarised; campaign vaccination is used, twice per year, and has achieved a coverage of >90% of the target (with 14 million doses achieved per campaign). Booster vaccination is now applied routinely, and for SR, vaccination is applied in East and South-East Turkey following risk assessment, for example those identified as hotspots for transmission and seasonal movements across Provincial borders. The more limited numbers of outbreaks also allows each outbreak to be investigated more thoroughly (a summary of results would be informative). The planned training programme, supported under the EuFMD programme from October 2015, should assist to build the skills needed in the epidemiology teams of the GDPC.

Regarding Greece and Bulgaria, the surveillance for FMD follows the framework of the cycle surveillance plans under the THRACE programme. The surveillance programme in Bulgaria (sero - surveillance in SR and clinical examination schedule), the wild boar serology/virology testing (415 animals in the border regions, 3711 across the country) and abattoir inspections together provide a very high level of confidence in early detection and the absence of virus circulation.

The emergency management (simulation) plans have been tested in the simulation exercises held in January and June 2015.

## Discussion

The delegations of Greece and Bulgaria commended Turkey for the progress made to reduce the incidence of outbreaks significantly from 2013 to 2015. Dr Erol indicated the longer term plan is to achieve freedom in the Marmara, Aegean and Black Sea regions in the next Phase, and maintain Thrace region as free from FMD without vaccination.

Keith Sumption reminded the meeting of the history of FMD cycles in the West Eurasia region, with the severe epidemic situation in 2010 following a series of increasingly good years which at that time had been attributed to the unprecedented level of vaccination and the quality of vaccine being used. The end of 2010 saw the entry of infection to Bulgaria. He mentioned that the risk based strategic plan developed in Turkey was a big step forward and the introduction of a passport based control on movement of non-vaccinated animals was an important factor in reducing the risk associated with movements of infection between Provinces. This type of control might have little effect without a quality vaccine being used, so the important new development was the coupling of movement control with adequate vaccination, including the booster dose. For these changes he thought he applauded the progress made by the GDPC in 2013-15.

## Item 6: Phase IV of the EuFMD /EC agreement - workplan for the THRACE component

Sotiria – Eleni Antoniou (Appendix 11) gave a presentation outlining the importance of greater, more active approach to involvement of livestock keepers in the reporting of exotic disease suspicions, and how this could be integrated into the THRACE programme in future in the Evros prefectures. This was positively received and the lessons of this approach could be valuable for the improvement of passive reporting in the three countries and elsewhere. The cost implications for the Phase IV workplan were unclear but at first sight it appeared the system would be managed without external support.

Keith Sumption summarised the discussions held at the Management Meeting on the objectives and targets for the next Phase of the THRACE project, after 1st October 2015. The overall outcome expected from the project (Component 1.3 of the EuFMD/EC workplan) was proposed as:

Improved surveillance and management of FMD and other exotic diseases in the Thrace region of Greece, Bulgaria

The four expected results (targets) to be achieved through project activities supporting the veterinary services of Greece, Bulgaria and Turkey, were proposed as:

- 1.3.1 Improved Co-ordination Framework for **maintenance of FMD freedom in Thrace region, and confidence at all times in this status** on the basis of co-ordinated surveillance
- *He indicated this could be adapted to include the local co-ordination indicated as desired in the Management Meeting.*

- 1.3.2 Maintain and improve a system for real-time data entry to support management of national surveillance activities aimed at maintain DF confidence;
- *This to include improving the database for ease of use but might also be adapted to include the greater emphasis /ease of entry of the livestock keeper passive surveillance discussed at the Management Meeting.*
- 1.3.3.Achieving four years of risk based surveillance results through activities implemented in each country for FMD (and other diseases as decided by Coordination Framework); **in 2015-17 with the expected result of providing evidence for freedom from FMD, PPR and LSD in European Turkey and the neighbouring countries**
- 1.3.4 **Improved capacity to respond to exotic disease incursions** in to the common border region, through participation in joint exercises and development of harmonised levels of contingency planning.

Given that the 3 countries will be invited to participate in Component 1.4, contingency planning for Balkan countries, it should be considered that the THRACE programme may address other emergency planning issues of particular regional difference, such as preparation for cessation of PPR vaccination, or FMD in the vaccinated population of Thrace region of Turkey.

#### **List of Appendices:**

Appendix 1: Agenda

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Appendix 3: Presentation: Epidemiological situation for S&GP, PPR and BT - Lumpy Skin Disease (LSD) Situation in Turkish Thrace

Appendix 4: Presentation: 1st occurrence of Lumpy Skin disease in Greece (Evros)

Appendix 5: Presentation: Control of FMD and other exotic diseases in Bulgaria - Lumpy skin disease

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Appendix 9: Presentation: Control of FMD and other exotic diseases in Bulgaria

Appendix 10: Presentation: FMD situation in turkey

Appendix 11: Presentation: Surveillance programme for the farmers - Greece



## Appendix 1: Agenda

Time	Agenda item	Presentations or Lead for item	CHAIR
14.30	<b>Item 1:</b> Welcome by the Host; and Adoption of Agenda		<i>EuFMD</i>
	<b>Item 2:</b> Report of the THRACE project Management Meeting held at Alexandroupolis, 31 <sup>st</sup> August	Rapporteur	<i>EuFMD</i>
15.30	<b>Item 3 :</b> <u>Lumpy Skin Disease (LSD)</u> <u>LSD</u> situation, surveillance and control activities in Turkish Thrace, epidemiological trends	Turkey	<i>FAO</i>
16.00	<u>Bulgaria and Greece:</u> Report on LSD surveillance and recommendations of the Bilateral meeting held in Bulgaria, June 2015!	BG, GR	
16.30	Discussion on LSD – the way ahead		
17.00	Continue with Items – or possible evening excursion		
<b>Day 2</b>			
08.30	<b>Item 3:</b> surveillance for PPR, SGP and other exotic viruses		<i>OIE</i>
	Report of Greece, Bulgaria and Turkey on 1) national situation, 2) surveillance in Thrace region and close to common borders and 3) control measures undertaken in 2015	BG, GR, TUR	
09.30	General discussion on the surveillance programme in Thrace and its further development in 2015-16 for exotic TADS		
10.00	Break		
10.30	<b>Item 4:</b> Foot-and-Mouth Disease (FMD)		<i>EuFMD</i>
	Report of Turkey on 1) national situation, 2) surveillance in Thrace region and close to common borders and 3) control measures undertaken in autumn 2015 and planned for 2016	TUR	
11.30	Reports of BG and GR on surveillance for FMD	GR, BG	
11.45	Phase IV of the EuFMD /EC agreement - draft workplan for the THRACE component	EuFMD	
12.15	Conclusions of the Tripartite Meeting	EuFMD	
12.30	Close		

## Appendix 2

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