REPORT

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European Commission for the Control of Foot-and-Mouth Disease

Thirty-first session

Food
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Agriculture
Organization
of
the
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Meeting Report (AGA-701)
AGA:EUFMD

REPORT

of the

THIRTY-FIRST SESSION

of the

EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE

Rome, 5-7 April 1995

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS
Rome 1995

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CONCLUSIONS AND RECOMMENDATIONS

The **conclusions** and **recommendations** of the Session are as follows:

Situation in Greece. The following action points were agreed:

-that the structure of the survey should be reviewed, with particular emphasis on the need to concentrate on young lambs;
-that the Research Group would be asked to reconsider the definition of an outbreak;
-that the Research Group would be asked to look again at the carrier status, particularly in small ruminants;
-to support the World Reference Laboratory's suggestion that more effort be made to interpret the information which had already been collected in the serological survey in Greece. Action should be initiated to determine the costs, and it was possible that Trust Fund money could be utilised; the Executive Committee would take this forward.
-the Research Group will prepare a paper outlining the role of serology in dealing with an epidemic of FMD, particularly one where the main species involved were small ruminants.

Implementation Phase II FMD control in Turkey; Proposals for 1995/1996

The following action points were agreed:

-Thrace should continue to be a non-vaccinating area, and operate as a surveillance zone to indicate incursions of virus;
-Thrace would provide an effective surveillance zone only if proper surveillance procedures were implemented there; the decision to retain it as a non-vaccination zone must be conditional on these measures being taken;
-tight controls on movement from Asiatic Turkey should be imposed to protect the status of Thrace;
-the proposed serum surveillance exercise in Thrace should be deferred until the disease situation becomes clearer, stronger movement control has been enforced, and the Turkish authorities wish to affirm that Thrace is free of infection;
-in the event of an outbreak animals on the infected premises should be destroyed and compensation paid; this action would not preclude the use of ring vaccination with an effective vaccine in certain circumstances;
-the 13 provinces in Anatolia should be retained as the western buffer zone;
-the EC proposal already on the table was supported because it would facilitate the provision of vaccine of known potency;
-movement of animals into the vaccination zone should be controlled, and all animals coming into the zone should be fully vaccinated;
-a formal approach needed to made to the European Community at a high level in order to push financial arrangements forward;
-the Chairman and Secretary should visit Brussels and make representations at as a high a level as possible;
-the control of FMD in Turkey might be raised at the Council of Ministers of EU, and a letter be sent by the Director-General of FAO to Commissioner Fischler.

Report of the Executive Committee on the Commissions's activities during the biennium 1993-1994

-proposals for priority action during the next biennium were agreed as presented;

-the proposal to send a Newsletter to member countries to provide an update on the progress being made in meeting recommendations and on work in progress was considered useful. Contributions from member countries would be welcome.

Report on the activities of the Research Group during the biennium 1993-1994

In the field of FMD research, attention was drawn to the following points:

-increased application of new diagnostic tests and of molecular biological techniques;
-encouraging results obtained for detection of bovine carriers are being developed using saliva or nasal swabs;
-some interesting results had been obtained in the development of a screening test for milk;
-new approaches were needed to improve our ability to detect antibodies in milk, and the work needed to be extended to include buffalo and sheep;
-IgA persistence coincides with virus carriage;
-it would be useful to develop a test which avoids the need to use probangs;
-alternative methods of diagnosis of the carrier state in small ruminants would also be an advantage;
-the work on oil adjuvant vaccines had been principally directed at establishing how early protection could be provided rather than studying longevity;
-antibodies were demonstrable within two weeks of vaccination with oil emulsion vaccines, and remained detectable in pigs for four months, and in cattle for at least six months;
-longevity might not be as long as provided by conventional vaccines, but it was unwise to generalise because oil vaccines can be manufactured for a variety of different purposes;
-there is evidence that animals which had been repeatedly vaccinated remained sero positive for at least three years after the last vaccination;
-the Vladimir Institute in Russia had developed new generation vaccines which produced very high titres and were long lasting, and also that protection was apparent before antibody could be detected in the serum.

Quality assurance in FMD national laboratories - Role of the World Reference Laboratory

The session agreed that:

-the annual contribution of the Commission to the WRL be increased to US$ 20,000;
-the increased funding recognised the additional responsibilities toward National Laboratories which were proposed to the WRL;
-a questionnaire would shortly be circulated to all member countries, following up a recommendation of the Fifty-seventh Session of the Executive Committee, to seek details of national laboratories, their responsibilities, and a list of requirements;
-the WRL would continue to respond to requests, and to provide assistance, but was in no position to impose or enforce standards;
-the ability to carry out mass testing was important, and needed consideration;
-all laboratories which met minimum standards should remain, but some which had better standards should be selected to act as regional laboratories;
-the PHARE programme is a useful source of funds, but relatively little is devoted to FMD;

-it would be necessary to take account of complementary EUFMD activity with EU PHARE programme and ensure coordination between PHARE programme, national programmes and EUFMD quality assurance activities;
-the report prepared by the WRL should list those laboratories which had made an approach and which were cooperating with WRL;
-the question of testing capacity was important and could not be left until the Thirty-second Session for a decision;
-the Executive Committee following consultation with the Research Group who would determine what capacity existed, whether it was sufficient, and of what quality, would then decide on the line of action to be taken if there was a shortage of capacity;
-that a regional laboratory was needed in southeast Europe; the Executive Committee would consider and make a suitable selection.

Availability of vaccines for emergency vaccination in Europe

-the meeting agreed that the problem posed by countries which had no access to a vaccine bank in an emergency needed to be solved;
-the Commission could try to stimulate action but the prime responsibility rested with the country, not with EUFMD;
-the meeting agreed that the Executive Committee and the Secretary will pursue the matter;
-it was also agreed that EUFMD should not hold its own stocks of antigen.

Risk assessment

the paper presented by the Secretary was approved, and the recommendations of the Executive Committee were agreed.

Trading guarantees and certification within Europe

-the Session agreed that the Executive Committee should further consider the issue of certificates and quality assurance. The 12 principles had been drafted with a view to avoiding fraud, but perhaps they needed to look in more detail at procedures. Inconsistencies should be avoided and guidelines were needed to avoid demands being made for impossible certification.

Implementation of FMD contingency plans

-the meeting recommended that plans must be adapted to the circumstances of the particular country, must actually be implemented, and should be updated regularly;
-the different approaches implicit in a stamping out policy (where it was essential to keep ahead of disease) and in an area where infection was endemic and routine prophylactic vaccination practised were noted.

Proposal for new criteria for scale of contributions

The Chairman drew attention to the recommendations of the Executive Committee which were that:

-for the period 1995-97 FAO contributions and converted livestock population should be considered as criteria with equal value to fit new members into the present categories.

-the Committee proposed that after approval by the Thirty-second Session in 1997

i) the number of categories be reduced from five to four, with the largest contributions 10 times as big as the smallest, rather than 20 times, as now;

ii) all member countries be placed in the new system, which will be based on contribution to FAO and converted livestock numbers;

iii) that the category in which a member country is placed be reviewed at intervals of six years.

-the Executive Committee would welcome written views and comments from members who had not contributed to the debate. They would also write to each of the countries in the proposed new Category 4, to seek the views of each.

Amendments to the Constitution

-the Executive Committee at its Fifty-seventh Session had examined the proposals for amendments to the Constitution and agreed that they be submitted for information and discussion to the Thirty-first Session, bearing in mind that in accordance with the Constitution their adoption could not be considered until the Thirty-second Session in 1997;
-the proposed amendments for a greater flexibility in the carrying out of the Commission's activities were agreed by the Thirty-first Session;
-with regard to the adhesion of the European Community to the Commission, the Session took note of the points raised in discussion, and agreed that if there was a formal expression of interest from the EC, the secretariat would prepare the necessary proposals for consideration and, if necessary, draft amendments to the Constitution for submission to the Thirty-second Session;
-FAO's Legal Counsel recommended that the Report of the Session submit the proposals in principle and request the secretariat to prepare the necessary amendments;
-Legal Counsel would circulate the amendments as a separate document at least 120 days before the Thirty-second Session;
-the Session agreed that the proposals for amendments should be put forward for discussion at and adoption by the Thirty-second Session;

Financial Report

-the Financial Report was approved and adopted as presented;
-in view of the present satisfactory financial situation it was agreed that there was no need to increase contributions in 1996;
-the Fifty-seventh Session of the Executive Committee had discussed the level of grading of the Secretary who had been recruited at P4 level in accordance with the recommendations of the Thirtieth Session of the Commission; following a brief discussion the meeting unanimously agreed to reinstate the post of Secretary at its former P5 level as of on 1 June 1995 i.e. on completion of the present Secretary's first year of service.

1. Introduction

1.1 The Thirty-first Session of the European Commission for the Control of Foot-and-Mouth Disease was held in Rome from 5 to 7 April 1995.

1.2 The Chairman, Dr. Meldrum (United Kingdom) welcomed Delegates and observers to the meeting and invited the Assistant Director-General of the Agriculture Department, Dr. A. Sawadogo to address the meeting.

1.3 Dr. Sawadogo, on behalf of the Director-General, welcomed all participants to the Thirty-first Session. He gave a particular welcome to the new members from Lithuania and Croatia who were attending for the first time. The Commission now had a total membership of 31. He also thanked OIE and the European Commission for their continuing interest in the activities of the Organization. Liaison with OIE in the fields of animal health had been strengthened and FAO was grateful for continuing support, including financial, given by the European Commission to the EUFMD Commission, which indicated the continuing importance of FMD. When originally set up, the objective had been to eradicate FMD in Europe and this had been achieved.

1.4 Other regions in the world were less advanced, but regional eradication plans were to be implemented elsewhere, especially in South America. He had been delighted by the European success in achieving eradication and the consequent end of FMD vaccination in Europe in 1992. The need now is for ongoing monitoring to prevent reintroduction. The reduced border controls within the European Union emphasised the importance of preventing the reintroduction of infection which could spread quickly as internal movement controls were relaxed. The risk was tangible and real, as the outbreaks which had occurred in three countries since the Thirtieth Session demonstrated. Efforts must continue for as long as infection remained in nearby countries and he was pleased to welcome observers from some of those countries. He was also particularly pleased to welcome observers from the new countries in eastern Europe. He noted that political change had coincided with increased trade in animals and animal products, and the weakening of some veterinary services. The invitation to hold the next meeting of the Research Group at the Vladimir Institute in the Federation of Russia was particularly welcome. Dr. Sawadogo then declared the meeting open.

1.5 Dr. Fujita, Director, Animal Production and Health Division, then added his own welcome. He expressed his appreciation for the support given to FAO activities in the fields of animal health and production and said that, although having only recently taken up his post, he was well aware of the importance of the European Commission for FMD, which had played a leading role in dealing with an animal disease which in the context of world trade was of paramount importance. That role should continue, with support and encouragement being given to assist control in neighbouring countries.

He wished the Delegates well.

1.6 The Chairman said that much of what he had intended to say had already been said but it was a particular pleasure to welcome Lithuania and Croatia as members and to welcome back the Czech Republic as a full member of the Commission. The Commission had been particularly fortunate in selecting Dr. Leforban as its new Secretary and looked forward to working with him in future.

1.7 The large attendance (Appendix 17) indicated the support which the Commission attracted. Four years ago there had been some reservations about the need for the Commission to continue but events had shown the wisdom of the decision that was taken. The outbreaks in Bulgaria, Greece and in Turkish Thrace merely re-emphasised this. The Chairman concluded by welcoming observers and representatives from the World Reference Laboratory, OIE, the Russian Federation, and the USA, and looked forward to their full participation in the discussions.

2. Adoption of the Agenda

2.1 The Agenda and Timetable for discussions were adopted as presented.

Agenda

1. Adoption of Agenda

2. FMD situation in Europe and other regions

   - Report on Tripartite Meetings
   - Serosurveillance in Thrace (1995)
   - Vaccination and follow-up serosurveillance in the Buffer Zone in Western Anatolia
   - FMD situation in other regions

3. Report of the Executive Committee on the Commission's activities during the biennium 1993-1994

4. Report on the activities of the Research Group during the biennium 1993-1994

5. Quality assurance in the FMD National Laboratories; role of the WRL

6. Availability of vaccines for emergency vaccination in Europe

   - EU vaccine bank
   - Other vaccine and antigen stocks available in Europe (manufacturers and member countries' stocks)
   - Possibility of the Commission funding research on new vaccines

7. (i) Risk assessment
   (ii) Trading guarantees and certification within Europe

8. Implementation of FMD Contingency Plans

9. Discussion paper on criteria for determining scale of contributions

10. Proposal for amendments to the Constitution:

    - EC Membership
    - Observer attendance at Executive Committee/Research Group Sessions
    - Amendment to Article XIII (7) Special Account

11. Financial Report

    - Status of Contributions
    - Accounts/breakdown of expenditure 1993/1994
    - Provisional Budgets 1995/1996

12. Election of Chairman, Vice-Chairmen and members of the Executive Committee - Members of Research Group

13. Any other business:

- Venue for 1995 Session of Research Group (Vladimir)
- Membership

14. Adoption of Report

3. FMD situation in Europe and other regions

3.1 The Secretary introduced the report at Appendix 1, which covers the period since the Thirtieth Session in 1993, concentrating on the outbreaks in Europe, and in particular on the series of 95 outbreaks which had occurred in Greece beginning in August 1994. Disease had first appeared on the Island of Lesbos, from where it spread to the mainland by the movement of animals. Five of the outbreaks may have had a different origin from the remaining 90, occurring in Evros in an area close to the border with Turkish Thrace. The Executive Committee had discussed the situation in Greece in some detail at their Fifty-seventh Session and had

- noted that the situation appeared to be under control but expressed some concern about results of serological surveillance,

- decided to ask the Greek Delegate to make a detailed presentation at the Thirty-first Session, including details of the action taken on premises where seropositive animals had been found; and

- asked the Research Group to prepare a paper outlining the role of serology in dealing with an epidemic of FMD, particularly one where the main species involved were small ruminants.

He then invited the Delegate of Greece to make his presentation.

3.2 The Delegate of Greece presented the paper which forms Appendix 2. All outbreaks except those in Evros and Serres had been caused by virus type 0 but the Evros and Serres outbreaks were identified only by PCR. Eighty two outbreaks had been confirmed in August 1994, 12 in September and one in October. Surveillance was continuing with sheep and goats, but not cattle or pigs, being blood sampled. He identified five subjects which required further discussion:

1. the absence of clinical signs of FMD in susceptible species (cattle, goats, pigs) sharing housing or common grazing,

2. the absence of stillbirths or abortions in seropositive flocks,

3. the very low percentage of seropositive sheep in relation to the nature of FMD virus,

4. the good health status of "sentinels" introduced into seropositive flocks, and

5. the apparent inability of FMDV carrier sheep to transmit infection six or more months after the first confirmed outbreaks.

He cited Dr. Donaldson, Dr. van Bekkum, and Dr. Wittmann in support of the view that any risk from carrier sheep is very slight. Sheep in Greece do not appear to have been a source of infection for long, and he believed this was a subject which the Research Group should consider urgently.

3.3 The Delegate from Turkey expressed doubt about any connection between outbreaks in Evros or in eastern Greece and Turkish Thrace. He accepted that there were problems in the border area but he believed that the movement of animals across the border was impossible.

3.4 The representative of the WRL amplified some of the information given. The virus which caused the 1994 Greek outbreaks was similar to that which caused outbreaks in Bulgaria in 1991 and 1993, but unlike that responsible for the 1993 epidemic in Italy. In this respect there was a mistake on page 2 of the paper at Appendix 2. The viruses causing outbreaks in all four countries were undoubtedly all of middle eastern origin, but the particular country of origin in each case remained open to debate. There had been difficulties in isolating virus from many of the samples which had been received from Greece, indicating the need to take great care when collecting material and selecting a suitable transport media. Some 30,000 sera had already been tested at Pirbright and Lelystad. The information gained from such surveillance was potentially important, and could provide guidance on how to respond to future outbreaks where the main species involved were sheep and goats, in which disease is mild and lesions are easily missed. However, much more work was necessary if full value was to be obtained from the results already to hand. There was often little information provided about flocks which had been sampled, their geographical location, and relationship to one another, and there were also linguistic difficulties. He agreed that examination of paired samples showed little evidence of continuing active infection in Greece, but was cautious about the significance of carriers in sheep. Experimental data indicated that infection could persist in sheep for up to nine months, albeit in a small percentage of animals. In an FMD free area even small numbers of carriers could be important, because the ratio of susceptible animals to carriers, and therefore the risk of spread, is high. At this stage, however, it was not possible to comment on whether carriers had played any part in the Greek epidemic.

3.5 A wide ranging discussion followed. The Delegate of Belgium expressed concern about the delays in diagnosis, and wondered whether control without resort to vaccination was possible in the face of such delays. The Chairman concurred; the Executive Committee had also expressed concern. National laboratories should be in a position to provide quick and accurate diagnosis. The Representative from the World Reference Laboratory said that samples had been received at Pirbright on 30 July 1994 and the results had been reported the following day, so there had been no delay there. Since then the World Reference Laboratory had assisted in the transfer of technology to the Athens laboratory. The Delegate of Greece, said that the Athens laboratory was no longer able to diagnose FMD because it did not meet the required security standards.

3.6 A number of questions were asked about the control policies being implemented in Greece. The Delegate of Greece confirmed that all clinically infected herds and flocks had been destroyed and movement restrictions applied within a 10 km zone of clinical outbreaks. Where the only evidence of infection was positive serology however, movement restrictions were placed only on the flock in which that evidence had been found. Flocks within 10 kms were serologically sampled but not restricted unless seropositive animals were identified. 14 samples were collected from each flock providing 95% confidence of finding a 10% prevalence of seropositive animals. Animals which were identified as seropositive were destroyed, and the entire flock was then blood sampled and tested. The total time from sample collection until the results were received from the laboratory averaged one month, but if no further seropositive animals were identified all restrictions were removed. Seropositive animals had so far been found in about 600 flocks.

3.7 The Observer from the USA asked whether price alone had led to sheep being smuggled into Lesbos or whether subsidy payments also played a part. The Delegate of Greece replied that the traders involved had been arrested and questioned, and it seemed that the only motivation was the cheapness of the sheep (which averaged about US$ 40 each).

3.8 There was some discussion about the definition of an outbreak. The presence of lesions obviously established an outbreak, and the Delegate of Austria considered that seropositivity in cattle should also be considered an outbreak, even if lesions were absent. The same did not necessarily apply in the case of seropositive sheep which had no lesions. The Chairman wondered whether a high serological titre which indicated the need to slaughter an animal should not also be described as an outbreak, but the Delegate of Greece pointed out that if that were so the definition in the Directive 85/511 would need to be reconsidered. It was agreed that the Research Group be asked to consider the definition of outbreak.

3.9 The Delegate of Italy asked about regionalization. It would be helpful to distinguish samples collected from free and infected regions, because this would provide interesting and potentially useful information which would identify differences between regions and would support different action being taken in different regions. The Delegate of Greece responded by saying that the country was already divided by the Axios river. To the west of the river all serological results had been negative. To the east, seropositives had been found and the survey was still in progress. The Representative of the European Community said that the arguments for regionalization had been discussed but the problem was that most food was produced in the infected area. If the country was regionalized there would be difficulties in moving live animals or fresh meat from one part of Greece to another.

3.10 The structure of the survey was discussed in some detail. The Delegate of Belgium stated that a total of 30,000 samples tested was surprisingly small and Dr. Schuller was concerned that the number of samples so far examined was insufficient to indicate whether infection was still circulating in Greece or not. Dr. Terpstra agreed, although he believed that the longer the interval that elapsed since an outbreak the less the risk. Nevertheless, he agreed with Dr. Schuller that serosurveillance in the area needed to continue for some considerable time. He also felt that it would be better to concentrate on testing lambs born in January and February 1995, in which maternal immunity would have waned, since these would give a reliable indication of whether virus was still circulating. The Delegate of Greece said that they were simply following the scheme which had been agreed, which made no provision for testing young lambs. Dr. Schuller however believed that the present policy now provided little useful information, and remained convinced that in future the focus must be on testing young stock. Seropositivity in such animals would certainly indicate that virus was still circulating in the area. The Representative from the European Community said that the same point had recently been suggested by Dr. Terpstra and would be discussed by the European Commission. The Delegate of Greece reminded the meeting that still-births and abortions in lambs and kids had not been observed, even in sero-positive flocks. The Representative from the World Reference Laboratory commented that the present plan had been set up when the outbreaks were still occurring and seropositive animals found in those circumstances were certainly significant because they indicated infection. The situation is now different and there is a need to redefine the objectives and to rethink the strategy.

3.11 Dr. Engvall (Sweden) pointed out that if freedom was to be based on serology it was important that the specificity and sensitivity of the ELISA test be determined. He asked about the sampling plan, the numbers of animals per flock to be sampled and the number of flocks. The Delegate of Belgium asked why the ELISA titre regarded as positive had been increased from 1:40 to 1:100. The Representative of the World Reference Laboratory replied that the level of 1:100 had been set many months ago following widespread discussions. The action titre had been deliberately raised from 1:40 following a field survey, the large number of animals involved, and experience with false positives. In any case an animal was categorised as positive only if the ELISA result was supported by a serum neutralization test. In response to another comment about the time which elapsed between sampling and the receipt of results, he pointed out that in most cases the turn-around was less than the month which had been quoted. One problem was the delay which sometimes

occurred before transit of the samples, but a quick turnaround at the laboratory was provided if urgency was indicated.

3.12 The serological survey was undoubtedly producing much useful information, but much more interpretative work was needed if its full value were to be realised. The Chairman asked whether the meeting supported the World Reference Laboratory's suggestion that more effort be made to interpret the serological information which had already been collected, and whether the European Community had money to support interpretation and the review of data. The Delegate of Germany commented that the problem had to be solved in collaboration with OIE and the European Community.

3.13 The following action points were agreed:

i) that the surveillance data already collected should be subjected to further analysis to extract information about the epidemiology of FMD in sheep which would also be of benefit to other countries. Action should be initiated to determine the costs, and it was possible that Trust Fund money could be utilised. The Executive Committee would take this forward,

ii) that the structure of the survey should be reviewed, with particular emphasis on the need to concentrate on young lambs,

iii) that the Research Group would be asked to reconsider the definition of an outbreak,

iv) that the Research Group would be asked to look again at the carrier status, particularly in small ruminants.

4. Report on the Tripartite Meetings

4.1 The Secretary introduced the report on the Tripartite meeting held in Sofia, Bulgaria, in November 1994 (Appendix 3), drawing particular attention to the proposals and recommendations on page 2 of the Report. The Chairman commented that there had, of course, been a number of other Tripartite meetings held in the two years since the last General Session. Meetings had concentrated on the problems in Bulgaria and Turkey; delegates from those countries had visited the United Kingdom and contingency plans had been prepared. The Delegate of Greece stressed the excellent cooperation which now existed between the countries involved. This pleased the Chairman who commented that such cooperation was essential if problems were to be overcome. He drew particular attention to the second recommendation, concerning the possibility of EC funding for foot-and-mouth disease compensation. The intention had been to explore ways in which the European Community could support Turkish efforts to keep Thrace free of FMD, if necessary by helping to meet the cost of compensation.

4.2 Dr. Smak (Netherlands) asked whether it was the intention that 100 percent compensation would be paid through the Trust Fund, or whether only part of the cost would be reimbursed in this way. The Chairman replied that he understood that compensation was not being paid at the moment but that an Act had been passed by the Turkish Government which allowed compensation to be paid in Thrace. Although passed the Act had not yet been implemented. The Committee had been addressing an issue of principle and trying to identify possible routes by which funding could be directed. Responsibility for further progress now rests with the European Commission. The Delegate of Norway asked whether the EUFMD Commission is involved with other countries in the middle East. The Chairman confirmed that it is, having responsibility under the plan which was agreed in 1993. The Secretary had not yet visited these countries, but was in touch with them. The Secretary

also pointed out that since Turkey is a member of the EUFMD whereas the other countries are not, and is also geographically closer; we have to concentrate our efforts there. The Delegate of Portugal was concerned about the practicality of paying compensation in only a part of Turkey and found it difficult to see how this could work, but the Chairman pointed out that Thrace differed from the rest of Turkey because no routine prophylactic vaccine was carried out there. The Representative of the World Reference Laboratory commented that they had particularly good links with Saudi Arabia, who regularly sent samples to the laboratory. 130 of 680 samples submitted in 1994 had come from that country, and they also received samples from other countries in the area. In addition Israel was represented on the Research Group.

5. Implementation Phase II FMD control in Turkey; Proposals for 1995/1996

5.1 The Secretary presented the paper in Appendix 4. A package of measures to enhance the control of FMD in Turkey under EC funding had been proposed, and the Turkish government had proposed additional measures. The European Commission was reluctant to link its proposals with those from the Turkish government, and an impasse had been reached.

5.2 The Delegate of Turkey, invited to comment about the situation in his country, said that the Secretary's report had been circulated to delegates (Appendix 5). Full details of the measures taken in Thrace had been sent to international organizations. The Secretary then summarized his report. Information had been received by fax on 20 March, but a mission to Thrace had been delayed until 27-29 March. He understood that a clinically affected animal and four others on the infected premises, which were still alive at the time of his visit, had now been slaughtered. He then discussed the recommendations made on pages 2 and 3 of his report. A reply from the Turkish authorities had been received on 31 March saying that all the recommendations had been implemented. He had some doubt whether this could really be so.

5.3 The Delegate of Turkey said that some samples had already been taken from the six villages. There was no contact between the infected village and other villages, the former being self-sufficient and using the milk produced there to manufacture Turkish white cheese, which had to be matured for six months before consumption. He did not think that distances flown by crows were really relevant: what mattered was that there was hardly any contact with surrounding villages. With regard to compensation the ministerial court had not yet drafted the regulations needed to implement the compensation laws which had been agreed by Parliament in 1994. The regulations would specify Thrace as the only area where the policy applied, but they would need financial support to implement it.

5.4 The Representative of the European Community emphasized that there was at present no formal agreement with Turkey about vaccination programmes in Anatolia. The Community was sympathetic but are unable to commit funds at present. The Delegate of France emphasized the need for the European Community to take practical measures and also to consider the need for aid to other eastern European countries.

5.5 The Secretary said that he had made three visits to Turkey and had additional information to impart, some of it from unofficial sources. He understood that vaccination in Thrace had stopped in 1989, although illegal vaccination had certainly continued after that date. The survey carried out in 1992 had disclosed FMD seropositive animals. He had recommended that ring vaccination be carried out in the 10 km zone around the recent outbreak and that the zone should be extended if more outbreaks occurred. He wondered whether illegal vaccination might have occurred in Thrace in 1994 as a result of publicity surrounding the outbreaks in Greece, or even in 1993 as a result of the Bulgarian outbreak. He felt that it was questionable whether Thrace could be accurately described

as a non-vaccinating area.

5.6 In response the Delegate of Turkey said that they had a long border with other Middle eastern countries, all of whom were infected. They also had political problems in the east of the country. Their objective was to eradicate foot-and-mouth disease from the whole of Turkey, which they regarded as having three parts; Thrace, which is FMD free; the western buffer zone in Anatolia, and the rest of the country, in both of which outbreaks continue to occur. Turkey was a large country with a large livestock population, but Thrace was smaller and more manageable. Dr. Cheneau commented that although Turkey might wish to eradicate foot-and-mouth disease the means to do so were not available and the Commission had to decide what stance to adopt. Should we continue as now in Thrace, or change tactics? If the serological results were uninterpretable, was there any point in continuing with the survey? Thrace could be an additional vaccinal buffer zone, but systematic vaccination would hide the introduction of virus. At present we did not even know if the recent outbreak was a primary or not. Perhaps we should be carrying out sero-surveillance on the Greek-Bulgarian borders? Certainly he believed that we should act in Anatolia, where an effective vaccination programme was urgently needed. But why not move the zone as far east as possible? This raised the question of who might fund it. Perhaps we should try to identify and convince fund donors and possible donors of the advantages of such action.

5.7 The Chairman emphasized the importance of funding. It was the key to the problem, without which any solution is improbable. The Delegate of Turkey said they were doing the best they could but were disappointed by the lack of funding support from the European Community. The Chairman reminded the meeting that the Commission of the European Community had written to the Turkish Government to offer support for vaccination in western Anatolia, but the offer had neither been accepted nor rejected. The Turkish authorities had certainly sought more support than had been offered, but nevertheless the lack of any positive response was extremely frustrating. A personal objective of his chairmanship had been to improve dialogue with and between the three countries, and he regretted the lack of progress.

5.8 The representative of the World Reference Laboratory said that the Tripartite Meeting had recommended that a serum survey be carried out in Thrace, but agreed that results would be difficult to interpret and caution was therefore needed. It would be difficult to know what value to place even on totally negative results while illegal movements from Anatolia continued to occur. The delegate of Turkey said that there was no problem in carrying out sero-surveillance in Thrace; the problem would be what to do with the results. If sero-positive animals were found, would they have to be killed? He accepted that at present a serum survey may have little relevance.

5.9 The Delegate of Denmark, speaking as a past Chairman of the Commission, sympathised with the present Chairman's frustrations. He felt it would be wiser not to vaccinate in Thrace: in the absence of vaccination we will at least know if there is virus circulating in the area. The essential corollary is that there must be a quick reporting and surveillance system, and prompt action if clinical cases arise. In his view a serum survey carried out in the next two years would have little value, but he did not believe that a return to an old vaccination zone was justified at this time. This belief however was dependent on good cooperation and prompt reporting being forthcoming. If it was, the situation should be reconsidered in two years. In response to a query from the Chairman, the Delegate from Denmark said that a non-vaccination policy in Thrace should not preclude the use of ring vaccination around an outbreak. He also confirmed his view that if an outbreak were to occur in Thrace all the animals on the infected premises should be slaughtered. Speed of slaughter is essential, as is the immediate imposition of immediate movement restrictions. He reemphasized his view that a non-vaccination policy was dangerous unless the speed of response and recognition of outbreaks was considerably improved.

It was difficult to foresee the future, and at present one could only make an assessment and

give advice on the situation as it appeared to be. Finally, he asked the Delegate from Turkey to respond positively to the offer from the European Community to support vaccination in Anatolia.

5.10 The Delegate of Turkey said that the western buffer zone formed part of the vaccination plans. There had been problems last year, but they intended to press on. They also had plans to vaccinate the eastern border against Iran and Iraq, and would do this with or without support from the Commission. Dr. Schuller suggested that the Commission might supply vaccine, but the Representative of the European Community said that was exactly what the European Community had already proposed, namely, to fund the provision of appropriate vaccines for use in the western buffer zone, produced either at the SAP Institute or provided by the European Community from elsewhere. In the absence of a positive response from the Turkish Government the EC funding was now under review. He was particularly concerned by the number of breakdowns which were reported to occur in the western buffer zone.

5.11 The Representative of OIE wondered whether vaccination in Thrace would provide any additional security to western Europe. The epidemic in Italy had not been caused by disease in Thrace, nor had most of the Greek outbreaks, nor the Bulgarian outbreak. The delegate of Italy considered the European Commission had made an objective proposal which took account of economic reality. He supported vaccination in Anatolia but emphasized the need for a firm Turkish plan and for security around the vaccination zone, and especially the prevention of movement from the vaccination zone. The Delegate of France commented that some in the meeting favoured vaccination in Thrace whilst other did not, particularly if vaccination in Anatolia was effectively organised. It was difficult to believe that some farmers in Thrace would not vaccinate whatever the rules were, but to be effective vaccination had to be systematic. The Delegate of Hungary considered that Thrace must remain as an unvaccinated surveillance zone. If vaccination were to be carried out there that function would be lost and the surveillance zone would effectively be moved further west and north. He too supported the concept of vaccination in Anatolia to protect the rest of Europe.

5.12 The meeting could not resolve the impasse which existed between the EC proposals and the Turkish response to those proposals. The Delegate of Turkey believed that a clear response had been sent, but those in the European Community who had seen the response disagreed. The Chairman said that he would welcome clear confirmation from the Government of Turkey that the Community proposal had been accepted and the Representative of OIE suggested that it would be extremely helpful if the Turkish position could be clarified in writing.

5.13 The Representative of the World Reference Laboratory, responding to an earlier question from the Chairman, suggested that there should be no regular prophylactic vaccination carried out in Thrace, but this should not preclude the use of vaccination in an emergency. He also suggested that the proposed serological survey should be deferred until tighter control was exercised on the movement of animals from Anatolia. Until then Thrace should continue in its present role as an unvaccinated surveillance area.

5.14 The Chairman after accepting some additional suggestions from the Delegates of Greece, Norway and Belgium, summarized a long and useful discussion as below:

- Dr. Imir had said that Turkey accepted the European Community proposals but wanted additional measures to be taken as well;

- Thrace should continue to be a non-vaccinating area, and operate as a surveillance zone to indicate incursions of virus;

- Thrace would provide an effective surveillance zone only if proper surveillance procedures were implemented there. The decision to retain it as a non-vaccination zone must be conditional on these measures being taken;

- Tight controls on movement from Asiatic Turkey should be imposed to protect the status of Thrace;

- The proposed serum surveillance exercise in Thrace should be deferred until the disease situation becomes clearer, stronger movement control has been enforced, and the Turkish authorities wish to affirm that Thrace is free of infection;

- In the event of an outbreak animals on the infected premises should be destroyed and compensation paid. This action would not preclude the use of ring vaccination with an effective vaccine in certain circumstances;

- The 13 provinces in Anatolia should be retained as the western buffer zone. The EC proposal already on the table was supported because it would facilitate the provision of vaccine of known potency. Movement of animals into the vaccination zone should be controlled, and all animals coming into the zone should be fully vaccinated.

5.15 The Chairman suggested that a formal approach needed to made to the European Community at a high level in order to push financial arrangements forward. Dr. Cheneau suggested that the Chairman and Secretary should visit Brussels and make representations at as a high a level as possible. The Chairman suggested that the matter might be raised at the Council of Ministers, and the Representative of the European Community suggested that a letter be sent by the Director-General of FAO to Commissioner Fischler. The Delegate of the Netherlands agreed, and said that any letter should clearly set out the risks of doing nothing. The Chairman concluded by hoping for a positive response from the Government of Turkey to the offer already made by the European Community, and pledging his commitment to work to make funds available.

6. Report of the Executive Committee on the Commissions's activities during the biennium 1993-1994

6.1 The Secretary presented the report at Appendix 6, concentrating on the 1995/1996 work programme and priority actions. The proposed priority action relating to surveillance in Thrace, had now been set aside, at least temporarily. The workshop on emergency preparedness which will be held in Bulgaria at the end of May 1995 is aimed at members in southeastern Europe, but representatives from former Russian states, and Middle East states would also be welcome to attend. The Newsletter which is being planned was intended to be informal. It would provide an update on the progress being made in meeting recommendations and on work in progress, and contributions from Delegates would be welcome. The Delegate of Hungary welcomed the Newsletter, and also commented how useful the information already being received had proved.

7. Report on the activities of the Research Group during the biennium 1993-1994

7.1 The Representative of the World Reference Laboratory introduced the report at Appendix 7. He said that no meeting had been held in 1993 but a very successful open session had been held in Vienna in 1994, as a joint meeting with the Foot-and-Mouth Disease sub-group of the Scientific Veterinary Committee of the European Community. He drew attention to new diagnostic tests and increased application of molecular biological techniques. In addition, encouraging results for

detection of bovine carriers are being developed using saliva or nasal swabs. More development work was needed but the work was potentially valuable. With regard to development of a screening test for milk, some interesting results had been obtained. New approaches were needed to improve our ability to detect antibodies in milk, and the work needed to be extended to include buffalo and sheep. For the future it was proposed that an open meeting would be held in Israel in 1996. This would be held just before or just after the World Virology Congress. He noted that 1998 would be the centenary of the reported identification of the FMD virus, and hoped that Germany might be willing to celebrate the occasion in a suitable way. The Secretary commented that the report of the Vienna meeting was available, and showed a transparency, taken from the report, of the vaccination areas in Russia; one around Moscow and the Vladimir Institute, the second in the Transcaucasian area; and the third a 30 km deep vaccination zone along the border with China and Mongolia.

7.2 The Delegate of Greece expressed interest in the bovine saliva test. The Representative of the World Reference Laboratory commented that the work was being carried out in cooperation with the Brescia Laboratory. IgA persistence coincides with virus carriage. Tests were complicated and needed a great deal more work, but it would be useful to develop a test which avoided the need to use probangs. Alternative methods of diagnosis of the carrier state in small ruminants would also be an advantage.

7.3 The Delegate of Hungary asked if oil adjuvant vaccines provide antibody titres which last as long as titres derived from other vaccines. The Representative of the World Reference Laboratory emphasized that their work had been principally directed at establishing how early protection could be provided rather than studying longevity. Dr. Doel suspected that longevity might not be as long as provided by conventional vaccines, but it was unwise to generalise because oil vaccines can be manufactured for a variety of different purposes. The Representative of the World Reference Laboratory commented that the Vladimir Institute had developed new generation vaccines which produced very high titres and were long lasting, and also that protection was apparent before antibody could be detected in the serum. Both Dr. Schuller and Dr. Terpstra had evidence that animals which had been repeatedly vaccinated remained sero positive for at least three years after the last vaccination, Dr. Terpstra said that antibody was demonstrable within two weeks of vaccination with oil emulsion vaccines, and remained detectable in pigs for four months, and in cattle for at least six months.

8. Quality assurance in FMD national laboratories - Role of the World Reference Laboratory

8.1 The Secretary introduced the paper at Appendix 8. He pointed out that the suggested contribution to the WRL will be increased from US$25,000 to US$ 40,000 funded equally between the FAO Regular Programme and EUFMD Commission. The increased funding recognised the additional responsibilities which were proposed. A questionnaire would shortly be circulated to all member countries, following up a recommendation of the Fifty-seventh Session of the Executive Committee, to seek details of national laboratories, their responsibilities, and a list of requirements.

8.2 The representative of the World Reference Laboratory accepted the proposals in general, but pointed out the difficulty of imposing conditions on national laboratories. The World Reference Laboratory would continue to respond to requests, and to provide assistance, but was in no position to impose or enforce standards.

8.3 The Delegate of Belgium was concerned by the need for a national laboratory which was overwhelmed by the number of samples submitted to pay for testing carried out at the World Reference Laboratory. He enquired whether the WRL was equipped to cope with large-scale demand, for example, for serology, within a reasonable time scale. If no automatic system for testing was available it should be possible to examine a large number of samples within a short period by mobilising other qualified staff within the laboratory. The representative of the WRL agreed that Pirbright lacked an automated system, and was, therefore, inevitably slower in handling large numbers of serum samples than the laboratory in Belgium. He pointed out, however, that the one month reporting time which had been quoted was an exception; it was usually considerably less and included the transit time. The Secretary commented that laboratories needed to be prepared to deal with emergencies, but the problem posed by large numbers of samples were not the same as the problems of assuring quality. It had been intended that Sliven would be proposed as a regional laboratory for the south east region, but that proposal has been abandoned. The main purpose of his paper, however, was to consider ways of ensuring satisfactory quality, rather than an assurance that large numbers of blood samples could be processed in a short time. The Chairman commented that the ability to carry out mass testing was nevertheless important, and needed consideration.

8.4 The Delegate of France considered that the aim must be to ensure sufficient capacity without prejudicing quality. All countries had national laboratories and these had to be considered in the context of regional laboratories and the World Reference Laboratory. There was no doubt that the World Reference Laboratory was and should be the leader and in that position had to be supported. Some quality standards already existed - ISO 29,000 and EN 45,000. He would like to see a pyramidal structure with the WRL at the top, the national laboratories at the base, and regional laboratories in between. This would avoid vast numbers of serum samples having to be sent to and examined by the WRL; that should be the responsibility of regional laboratories. He had heard criticism of the WRL, but they needed support and assistance. The threat of FMD was real, and we all knew the risk areas. The EUFMD could either authorise laboratories on the basis of other people's standards, or alternatively take on the role of quality assurance itself. The Delegate of Turkey agreed and proposed the Ankara Institute be authorised for FMD diagnosis. This being done, the laboratory would then carry responsibility for day-to-day operations.

8.5 The Delegate of France remained concerned. There were 23 FMD laboratories in Europe, and at present all were free to set their own quality standards. This was a disturbing thought. He would like a system of basic level laboratories responsible for diagnosis, which would then be confirmed by the WRL. The Delegate of Hungary agreed. Laboratories already exist and are theoretically capable of carrying out the tests required, but he feared that in many cases the capacity would be quite inadequate if actually challenged. He supported the French suggestion that all laboratories which met minimum standards should remain, but some which had better standards should be selected to act as regional laboratories. He also commented that the PHARE programme is a useful source of funds, but relatively little is devoted to FMD.

8.6 At the invitation of the Chairman, the representative of the European Community then described the PHARE programme. It operates in three areas

- national
- cross border
- multinational

The national and cross-border projects depend on proposals from the participant countries, but the multinational area is dealt with rather differently. Six million ECU's has been allocated for the multinational projects at present, to deal with

- laboratories
- certification
- animal identification
- border inspection posts

Within this group the Community intended to give priority to laboratories. It had been decided that EC missions would visit laboratories to assess their standards, but they would be concerned with all List A diseases, not just FMD. They hoped to establish a priority list and report to DGI, which was responsible for funding. It would be necessary to ensure coordination with national programmes and also to take account of complementary EUFMD activity.

8.7 Although the target for completing missions was the end of June it was more probable that they would actually be finished by the end of July. The report would then take two months to complete and send to DGI. The information would be reviewed and priorities set. In assessing quality it was possible that techniques such as blind ring testing would be utilised. The EC had decided to carry out its own missions rather than use consultants, partly on grounds of cost but also to enable them to see for themselves what was happening on the ground. The Delegate of Austria supported the proposal to use blind ring testing on a regular basis to control quality. This was much cheaper than simply sending people on untargeted visits, although if a problem was disclosed by the blind test then enquiries on site would have to be made.

8.8 The Secretary considered that it was premature for EUFMD to be speaking of authorization or of approval; before then they needed to consider coordination. WRL were in no position to enforce, but they could request. He recognised that standards had already been set by organizations such as the International Standards Organization (ISO), but considered that they were rather general. In addition, minimum standards for training and expertise needed to be set, as they already had been for safety. The Delegate of the Netherlands also recognised that there were existing quality standards which any competent authority had the responsibility to enforce. Most EUFMD members were also members of the ISO, and he could see little point in developing new standards in place of those which already existed. The WRL should merely advise on test techniques and the utilisation of those techniques.

8.9 The representative of the WRL pointed out that standards involved more than mere test techniques. Quality assurance procedures were currently being discussed by OIE. The second edition of the OIE Manual on FMD diagnosis sets out detailed procedures, and had recently been revised. After some discussion it was concluded that the OIE did not set standards, it merely recommended techniques. The Delegate of France believed that we could not afford to ignore the ISO standards but did need an organized framework. Although OIE only made recommendations, it was a relatively simple job to turn them into standards - you only had to ask ISO. Why not do so?

8.10 At the conclusion of the discussion the meeting adopted Document 95/8 (Appendix 8). The following additional items were also agreed:

- that the report prepared by the WRL should list those laboratories which had made an approach and which were cooperating with WRL,

- that the question of testing capacity was important and could not be left until the Thirty-second Session for a decision. The Executive Committee following consultation with the Research Group who would determine what capacity existed, whether it was sufficient, and of what quality, would then decide on the line of action to be taken if there was a shortage

of capacity.

- that a regional laboratory was needed in southeast Europe. The Executive Committee would consider and make a suitable selection.

9. Availability of vaccines for emergency vaccination in Europe

9.1 The Secretary introduced the Report at Appendix 9, and also drew attention to the three recommendations from the Fifty-seventh Session of the Executive Committee. Commenting on table 2 of his report he remarked that the Netherlands had now responded and the table needed to be corrected. The Delegate of the Netherlands also indicated that the national bank at Lelystad was approved, rather than designated by the EC. The Delegate of Poland said that no vaccine was available in his country and promised to send information about Polish contingency arrangements the following week.

9.2 The Chairman emphasized the importance of the subject. The help given to Bulgaria in 1993 had only been possible because a European manufacturer had O1 Manisa antigen in stock. That may not be the situation in future, and that gave cause for concern. The Delegate of Denmark urged colleagues who had no access to a vaccine bank or arrangement with a commercial company to approach their politicians as a matter of urgency. It was no good sitting back, doing nothing, and hoping for the best. The Delegate of Norway tried to identify the particular reasons for concern: were too few doses available? or was it a lack of access to emergency stocks? The Chairman said that his greatest concern was the lack of access to emergency vaccine stocks by countries which had made no arrangements. He had received three requests for assistance in the last two years. Some had been refused, but even when help was given the arrangements took time as it was necessary to consult quite widely. As Chairman, he could not release antigen from the International Vaccine Bank without the consent of all the bank Commissioners, and in any case, the chief purpose of such a dedicated bank was to serve its own members. The question of a EUFMD bank had been considered in the past but was not considered to be a viable option. It was essential that discussions with unprotected countries should continue.

9.3 The need for speedy access to a vaccine bank led to considerable discussion. The Delegate of France was concerned by possible delays. In the event of an outbreak reaction time was extremely important. He had often asked the same question but rarely received a satisfactory answer. The Delegate of Austria also asked how quickly vaccine would be available from the European Community bank. The Secretary said that the information given in his paper was an average, since it was necessary to protect manufacturers confidentiality. He believed however that most of the necessary quality controls were carried out in advance of manufacture, and that only sterility testing was needed after the vaccine was formulated. He would therefore not expect there to be a long delay. The Chairman pointed out that the International Vaccine Bank would anticipate demand by ensuring that when an outbreak occurred the equipment was sterilized on the assumption that vaccine might have to be produced. The IVB could produce vaccine meeting stated criteria and having a known potency, but not necessarily sterility tested, within 48 hours of receiving a request. Dr. Doel, speaking with a foot in each camp, confirmed the information given about the International Vaccine Bank, and said that Rhône Mérieux would react similarly and try to anticipate a likely request. They could work with antigen as soon as it arrived, for example, from the European Community bank, and the terms of their licence from the Veterinary Medicines Directorate allowed release before potency testing, but after sterility testing - which would take three to four days. The representative of the World Reference Laboratory drew attention to the distinction between the IVB which has its own bottling facilities, and the EC bank where the contract for bottling and distribution had not been either resolved or agreed. The representative of the European Community said that there was informal

agreement with Rhône Mérieux, who had supplied all the antigen at present stored in the EC bank, to reformulate vaccine on demand. He anticipated availability within 24 hours, or 48 hours at most.

9.4 The Delegate of Belgium said that his contract required vaccine to be delivered within four working days, and that production would commence before deciding whether vaccine would be used. The reformulated vaccine had a shelf life, and could always be sold if not used. He then went on to comment on research into new vaccines. He did not agree with the Executive Committee recommendation which, while agreeing on the importance of research on new vaccines, considered it inappropriate to fund research in this field at this time. We had to plan for the future. He had not supported the decision taken in 1990 to stop vaccination, and he did not support it now. In his view we could not afford to abandon research. The Chairman clarified the approach taken by the Executive Committee. They did support research and did not question its importance but considered that the funds available to EUFMD are insignificant in relation to those available to manufacturers. Despite this they did not rule out the possibility of cooperation in appropriate circumstances. The Representative of the World Reference Laboratory recognized the need for alternative strategies. A wide range of collaborative research was in progress on new generation FMD vaccines, including those based on recombinant technology.

9.5 The Chairman again referred to the three recommendations from the Executive Committee. The meeting agreed that the problem posed by countries which had no access to a vaccine bank in an emergency needed to be solved. The Delegate of the Netherlands warned against too much involvement, pointing out that each individual country had to take responsibility for its own affairs. The Commission could try to stimulate action; but the prime responsibility rested with the country, not with EUFMD. The Chairman could write but should make no financial commitment. The Chairman, however, felt that the economic situation in a country could not simply be ignored; Bulgaria was an excellent example of a country which had the ability but lacked the necessary resources. Letters can be written but will achieve little and he believed that more must be done. It was agreed that the Executive Committee and Secretary will pursue the matter. The meeting also agreed that EUFMD should not hold its own stocks of antigen, and the paper was accepted.

10. Risk assessment

10.1 The Secretary introduced the paper at Appendix 10, and invited comments and questions. Dr. Terpstra said that one factor affecting the spread of the virus had been accidentally omitted from the list on page 8. The species of animal affected was important because of the role of the pig in the dissemination of virus, and should be included. The Secretary accepted the comment and modified the text accordingly.

10.2 The Delegate of France expressed appreciation for a magnificent document. He supported the statement that "an exporting country will enhance its credibility if at any moment it can demonstrate perfect consistency between the surveillance carried out and the declarations on animal disease status of the country". He had some reservations however, about the table on page 8 which made no distinction between countries which practised routine prophylactic vaccination and those which did not, since this could explain the disparity in numbers of episodes and outbreaks. The Secretary agreed that the table had been prepared for another purpose, but nevertheless he believed that the cost of the FMD outbreaks in Europe since 1991 was minor compared with the cost of annual vaccination throughout the European Community. The representative of the EC commented that the figure of 95 outbreaks recorded in Greece in 1994 was somewhat misleading. The outbreaks had been clustered in villages, and if considered epidemiologically there were probably fewer than 20 outbreaks. The representative of the USA questioned the information in Table 2 which suggested that Europe import beef and mutton only from three South American countries. It was agreed that this

information was incomplete.

10.3 The paper was accepted, and the recommendation of the Executive Committee that the Secretary participate in the EC Working Group on Risk Assessment and that coordination be established both with the EC and OIE was agreed.

11. Trading guarantees and certification within Europe

11.1 The Secretary presented the paper at Appendix 11. The original 12 principles of certification drafted by the Royal College of Veterinary Surgeons in the UK, which were not included with the paper, were distributed to participants (Appendix 12).

11.2 The delegate of Ireland suggested that paragraph 3 of the report needed correction, since animals which had been imported into the European Community did need further veterinary certification when moving in intra-community trade. Nevertheless he supported the emphasis on the importance of certification, and the need to make clear when veterinary certification was based on owners declarations. The Chairman suggested that paragraph 3 could be amended by substituting the word "additional" for "further" in the third line.

11.3 The delegate of Norway commented on the third principle. Norway had a number of part-time veterinarians who may be responsible for certification from their own farms. Although he supported the principle he could see some practical difficulties in application. The Chairman said that this point had not been discussed by the Executive Committee, although he was aware that some members of the Federation of Veterinarians in Europe (FVE) believed that only veterinarians employed full time by the State should issue export certificates. The aim of the third principle was to disbar a veterinarian from certifying animals or products which were owned by him, not to prevent him certifying in respect of animals or products from farms or premises for which he provided the normal veterinary services. The delegate of Germany asked whether a veterinary surgeon could provide a veterinary certificate of rabies vaccination for a dog owned by a client? The Chairman saw no difficulty unless the veterinarian actually owned the dog himself.

11.4 The delegate of Portugal saw little point in discussing bilateral agreements relating to trade in non-harmonized products. This was a purely temporary situation within the European Community which would cease to exist when full harmonisation was achieved. The EC Commission, not the individual member state, held responsibility in the area of harmonised products.

11.5 The delegate of Sweden recognized the importance of principles, but also emphasised the importance of penalties. He asked what was meant by a "severe" penalty in this context. The Chairman explained the system which pertained in the United Kingdom, where veterinary surgeons were subject not only to the criminal law but also to statutory regulations enforced by the Royal College of Veterinary Surgeons. The latter had the power to suspend a registration or to revoke it; a very severe penalty indeed. The delegate of Sweden said the system in his country was less tough, but agreed that severe penalties were important, and expressed his gratitude for the explanation of the UK measures, which he would consider.

11.6 The delegate of France widened the scope of the discussion by suggesting that although the principles were addressed to veterinarians, we may have to accept that someone other than the veterinarian may sign certificates. The whole system needed detailed consideration. Fraud does occur and blank certificates are known to be in circulation. We need some form of quality assurance system, to ensure that certificates cannot be falsified. The subject needed further thought. In his view certain matters could be perfectly well certified by a farmer; for example, the genetic origin of

animals based on breeding records. A veterinary surgeon could then confirm the information certified by the farmer and also certify in a wider context, for example, area freedom from specified diseases. If necessary a veterinarian at a higher level could apply an official stamp. He believed that the discussion currently taking place about welfare of animals in transport would inevitably lead to the need for transport-related certification, which raised the possibility of locking the two systems together. Why not require co-signature by a veterinarian and a manufacturer or a trader within the framework of a fourth level of certification?

11.7 The Chairman said that many questions had been asked, and suggested that the Executive Committee should further consider the issue of certificates and quality assurance. The 12 principles had been drafted with a view to avoiding fraud, but perhaps they needed to look in more detail at procedures. The delegate of Ireland supported the conclusions in general, but felt that we needed to go back as well as forwards. Inconsistencies should be avoided and guidelines were needed to avoid demands for impossible certification being made. The delegate of the Netherlands was concerned by the staff implications if the principles were to be fully implemented, although he accepted that his comments applied more to the field of food production than animal certification. He was particularly concerned that the principles could be implemented in the European Community by directive. If this happened they would become law, and the courts would interpret what was meant. The Chairman accepted this comment. The delegate of Ireland also considered that the third principle should be extended to exclude indirect, as well as direct financial interest.

11.8 The meeting accepted the paper presented, but recognized the reservations entered by the delegates of the Netherlands in respect of staff implications, and Ireland in respect of indirect financial interest.

12. Implementation of FMD contingency plans

12.1 The Secretary presented the paper at Appendix 13. He noted that Bulgaria had carried out a serological survey in the border areas at the time of the Greek outbreaks, which indicated that their contingency plan was being implemented. Turkey had also submitted a satisfactory contingency plan, but seemed not to have implemented it in Thrace. He emphasized that plans must be adapted to the circumstances of the particular country, must actually be implemented, and should be updated regularly.

12.2 The Chairman drew attention to the recommendations of the Fifty-seventh Session of the Executive Committee and noted the different approaches implicit in a stamping out policy (where it was essential to keep ahead of disease) and in an area where infection was endemic and routine prophylactic vaccination practised.

12.3 The paper was accepted without further discussion.

13. Proposals for new criteria for scale of contributions

13.1 The Secretary made a detailed presentation of the paper at Appendix 14. The proposals, if accepted, would not be implemented until 1 January 1998, and the figures would need recalculation before that date as it was proposed that the latest updated figures of stock population and FAO contributions should be used when assessing categories. The proposed new criteria would result in certain countries being placed in categories different to those they now occupied. He drew attention to the proposal that four categories would replace the existing five categories. The new criteria would apply in the first place only to new members. The new classification of all member states would be applied after 1997 if the proposals were accepted. The Chairman drew attention to the

recommendations of the Executive Committee which were that:

- the Committee recommended that for the period 1995-97 FAO contributions and converted livestock population should be considered as criteria with equal value to fit new members into the present categories,

- the Committee proposed that after approval by the Thirty-second Session in 1997

  i) the number of categories be reduced from five to four, with the largest contributions 10 times as big as the smallest, rather than 20 times, as now;

  ii) all member countries be placed in the new system, which will be based on contribution to FAO and converted livestock numbers;

  iii) that the category in which a member country is placed be reviewed at intervals of six years.

He then invited comments and questions.

13.2 The delegates of Portugal, Denmark, Ireland, Greece, Norway, Cyprus, Turkey, and Malta contributed to the debate which followed. Some minor errors and anomalies in the paper were corrected, and a number of concerns were expressed. Some were against any increase in contributions, others concerned that contributions from the smaller countries might double whilst larger countries escaped unscathed, and some concerned by the effect on their own countries. A number made the point that they had no authority to agree changes which increased contributions, and some anticipated difficulty in getting support for the proposed changes. The use of indicative figures caused some confusion, although it was emphasized that these had been included only as examples: the true figures might well be different. Most recognized the attempt which had been made to provide transparency, but few were convinced that the proposals were simple. Some questioned the need to reduce the number of categories and one believed a percentage allocation according to column "d" in Annex II would be fairer than grouping by categories.

13.3 The Chairman emphasized that other suggestions would be considered and that the Executive Committee had no intention of presenting the meeting with a *fait accompli*. He concluded that further progress at this meeting was not possible and that the subject should be raised again at the Thirty-second Session in 1997. He noted that Turkey, Greece and Cyprus had expressed reservations on matters of principle, and that Norway had reservations about the categorisation as such. He believed that contributions based on the calculated percentages, recalculated every 6 years, would be fairer. Others seemed generally content. All the comments made had been noted and the Executive Committee would welcome written views and comments from members who had not contributed to the debate. They would also write to each of the countries in the proposed new Category 4, to seek the views of each.

14. Amendments to the Constitution

14.1 The Secretary presented the paper at Appendix 15. The Executive Committee at its Fifty-seventh Session had examined the proposals for amendments to the Constitution and agreed that they be submitted for information and discussion to the Thirty-first Session, bearing in mind that in accordance with the Constitution their adoption could not be considered until the Thirty-second Session in 1997. The Secretary informed the meeting that the purpose of the proposed amendments was to permit greater flexibility in the carrying out of the Commission's activities.

14.2 The Chairman then invited the representatives of Legal Counsel to present their views with regard to the purpose and usefulness of the proposed amendments. Legal Counsel referred to the amendments to Resolution 46/57 of the Conference and its Appendix (Section R of the Basic Texts of FA0 as adopted by the Twenty-sixth Session of the Conference of FAO in 1991) which provided for greater flexibility in conventions or agreements under Article XIV of the Constitution. The EUFMD Commission would, however, be limited by the terms of its own Constitution.

14.3 With regard to the **adhesion of the European Community to the Commission,** Legal Counsel informed the meeting that although at one time an intimation of interest had been given, no formal expression of the Community's wish to join the EUFMD has yet been received. The EC itself has to agree that it wishes to join and the Commission of the European Community will have to obtain a mandate from the EC Council of Ministers before they can make formal application. The Community, as a member organization of FA0, has the right to apply to join the EUFMD. **If the Community applies for membership** they could enter in either of two ways (i) through *mixed competence* i.e. together with their member states, with voting rights dependent on areas of competence or, *(ii) exclusive competence* i.e. as a single member replacing all the individual member states. Legal Counsel pointed out there needed to be a formal expression of interest in membership on the part of EC before any action was taken. On receipt of this the necessary steps would be taken to draft amendments to the relevant Article of the Constitution.

14.4 A number of Delegates considered that any action was premature at this stage. The Delegate of Portugal stated that discussion of EC membership of the Commission should take place in the Community and not at this meeting. The observer from EC stated that there had been no formal discussion in the Community regarding membership of the EUFMD. However, he said that the support of the Session for this proposal would be welcome and he felt that the "door should be left open" for possible future application on the part of EC.

14.5 The Session took note of the first proposal and the points raised in discussion, and agreed that if there was a formal expression of interest from the EC, the secretariat would prepare the necessary proposals for consideration and, if necessary, draft amendments to the Constitution for submission to the Thirty-second Session.

14.6 The Chairman then referred to the other proposed amendments, the purpose and advantages of which had been explained by the Secretary. There were no objections to the proposals in paragraphs 3 a and b, 4, and 5 of the paper, and all were accepted.

14.7 At the end of the discussion, Legal Counsel recommended that the Report of the Session submit the proposals in principle and request the secretariat to prepare the necessary amendments. Legal Counsel would circulate the amendments as a separate document at least 120 days before the Thirty-second Session.

15. Financial Report

15.1 The Chairman welcomed the representative from Financial Services Division, Ms. L. Elliott, Supervisor, Trust Fund Unit, and requested the Secretary to introduce the Financial Report, Appendix 16.

15.2 Dr. Leforban presented the Report, item by item, highlighting the points of particular interest. With regard to *Statement 2,* "Status of Contributions as at 31 December 1994", he informed the Delegates that the Executive Committee, at its Fifty-seventh Session, had agreed that the outstanding amounts of US$298.08 and US$1,652,80 due from the Governments of the Czech Republic and

Hungary respectively for differences in exchange rates should be considered as uncollectible; the same applied to outstanding bank charges. This decision will be reflected in the Statement on Status of Contributions as at 31 December 1995. In addition, since the preparation of the Financial Report, Bulgaria had met part of its outstanding financial obligations. The Delegate of Hungary expressed his thanks for the understanding of past problems. Payment was now made in hard currency, and he hoped there would be no problem in future. The Delegate of Belgium expressed surprise that the Belgian contribution had not been received, and the Administrative Assistant promised to make enquiries if details of the payment were sent.

15.3 Following presentation of the Financial Report and before requesting its approval by the Delegates, the Chairman asked the Secretary to leave the Session. He then informed the Delegates that the Fifty-seventh Session of the Executive Committee had discussed the level of grading of the Secretary who had been recruited at P4 level in accordance with the recommendations of the Thirtieth Session of the Commission. Dr. Cheneau, Chief, Animal Health Service, outlined the differences between P4 and P5 grade which were essentially related to diplomatic status. After some brief discussion, the Delegates of Denmark, France, Belgium and Italy, stated that they strongly supported this proposal. There being unanimous agreement to reinstate the post of Secretary at its former P5 level, and Delegates having expressed their satisfaction with the work of the Secretary since he took up duty on 1 June 1994, the Chairman stated that this upgrading would become effective on completion of the Secretary's first year of service i.e. on 1 June 1995.

15.4 The Secretary then rejoined the meeting, and the Chairman invited Delegates to approve the Financial Report. In response to the Delegate of Norway, who had queried the absence of evidence of costs related to the meetings of the Executive Committee, the Administrative Assistant explained that expenses of members of the Executive Committee are met by their Governments, the Commission's Trust Fund 9042 meets travel costs for the secretariat and the FAO Regular Programme covers translation and printing costs related to publications.

15.5 Following clarification by the secretariat of a number of other points the **Financial Report was approved and adopted as presented.**

15.6 The Chairman stated that in view of the present satisfactory financial situation he did not anticipate any need to increase contributions in 1996.

16. Election of Chairman, Vice-Chairmen and members of the Executive Committee - Membership of the Research Group

16.1 The Chairman invited Dr. Stougaard, who was standing down from the Executive Committee after a period of eight years, to take the chair whilst the Chairman, Vice-Chairmen, and Members of the Executive Committee were elected. In doing so he paid tribute to Dr. Stougaard's work during his period in office and the wisdom of his advice.

16.2 Dr. Stougaard explained that he had represented Denmark on the Commission for 18 years. There was a tradition of continuity which he considered to be important. An experienced Executive Committee was needed to guide the work of the Commission in the two years between the general Session, and it was essential that the membership represented all parts of Europe. The Executive Committee had considered all these matters, and he would present their proposals to the meeting.

16.3 The following were elected to membership of the Executive Committee:

Chairman	Proposed by	Seconded by
Dr. K.C. Meldrum (United Kingdom)	**Dr. C.L Vella (Malta)**	**Dr. G. Bakken (Norway)**

First Vice-Chairman

Dr. R. Marabelli (Italy)	**Dr. E. Tsaglas (Greece)**	**Dr. J.M. Machado Gouveia (Portugal)**

Second Vice-Chairman

Dr. N. Voetz (Germany)	**Dr. G. Bédès (France)**	**Dr. L. Hallet (Belgium)**

Members of the Executive Committee

Dr. G. Bédès (France)	**Dr. M. Imir (Turkey)**	**Dr. H. Maciolek (Poland)**
Dr. B. Nordblom (Sweden)	**Dr. S. Häsler (Switzerland)**	**Dr. G. Bakken (Norway)**
Dr. L. Celeda (Czech Republic)	**Dr. C. Loizides (Cyprus)**	**Dr. C.C.J.M. van der Meijs (Netherlands)**
Dr. T. Fehérvári (Hungary)	**Dr. E. Tsaglas (Greece)**	**Dr. G. Bakken (Norway)**
Dr. M. Imir (Turkey)	**Dr. E. Tsaglas (Greece)**	**Dr. R. Marabelli (Italy)**

16.4 Having concluded the elections in inimitable style Dr. Stougaard returned chairmanship to Dr. Meldrum, concluding by expressing his thanks for the honour which had been bestowed on him in allowing to serve on the Executive Committee for eight years, of which two years had been spent as Chairman. Dr. Meldrum resumed the chair, repeating his thanks to Dr. Stougaard, and to the meeting for endorsing the nominations put forward by the Executive Committee. He also thanked the meeting for their support, and looked forward to taking the work of the Commission forward over the next two years.

16.5 Dr. Donaldson gave details of the present membership of the Research Group which consisted of a representative of the World Reference Laboratory ex officio and seven other members. He proposed, with the support of the Executive Committee, that the size of the Research Group be increased to 11, thus reversing cuts which had been made for financial reasons some years before. He pointed out that the financial consequences for EUFMD would be limited because meetings were arranged to coincide with meetings of the Foot-and-Mouth Disease sub-group of the EC Scientific Veterinary Committee, as a result of which the European Commission funded the attendance of approximately half the group.

16.6 Before presenting the nominations of the Executive Group Dr. Donaldson paid tribute to the work of Dr. Panina, who had now retired, for his invaluable contributions to the work of the Research Group over many years.

16.7 In addition to Dr. A. Donaldson, World Reference Laboratory, UK, who is an ex-officio

member of the Group, the following were unanimously nominated to be members of the Research Group:

Dr. C. Terpstra (Netherlands)
Dr. R. Ahl (Germany)
Dr. P. Have (Denmark)
Dr. S. Aktas (Turkey)
Dr. W. Schuller (Austria)
Dr. H. Yadin (Israel)
Dr. Y. Ivanov (Bulgaria)
Dr. M. Amadori (Italy)
Dr. M. Danes (Romania)
Dr. K. De Clercq (Belgium)

16.7 The Delegate of France, referring back to proposals for amending the Constitution to allow observers to attend Research Group meetings, asked when the changes would come into force. The Chairman replied that it would be at least two years, since the proposed changes could not be put to the vote until the Thirty-second Session in 1997. Nevertheless observers did already attend meetings by invitation and with the agreement of the Chairman of the Research Group and the Chairman of the EUFMD Commission. It was not intended that this informal arrangement would be discontinued in the interim

17. Any other business

17.1 The Delegate of Denmark commented that the newly elected Executive Committee had much work to do. The recent outbreak of FMD in Thrace had created considerable uncertainty: the origin had not been identified, and there was concern about movement of animals into Thrace from Anatolia. He hoped that it would be possible to resolve the situation, but it was essential that the flow of information was as full and as open as possible. He appealed to the delegate of Turkey, to the Chairman and to the Secretary to do all that they could to achieve a satisfactory resolution.

17.2 The Chairman expressed disappointment that no delegate from Bulgaria had attended the Session. Bulgaria occupied a central position and was at risk of infection and there was a need for continual dialogue. He would be writing to express his concern about their non attendance and hoped that they would be present at the meeting of the Tripartite Group, which would be held later in 1995.

17.3 He also drew attention to the increased burden on the Rapporteur which was a consequence of the decision to hold the Session over three days rather than four as formerly. The delegates of Germany, Norway and Austria all recognized the difficulties inherent in producing a full report in two languages on the last day, but opinion was divided as to whether the better solution would be to use a second rapporteur, which would increase costs or restrict the presentation at the end of the meeting to the agreed conclusions and recommendations. The Chairman believed that many delegates did wish to have a reasonable written record of the meeting, but not necessarily prepared and agreed during the meeting. The Executive Committee would reflect further on the matter.

18. Adoption of the Draft Report of the Thirty-first Session

18.1 The draft report was adopted subject to agreed amendments, and an invitation to delegates to submit further amendments in writing within one week.

19. Closing remarks

19.1 Dr. Cheneau remarked that Europe's capacity to control FMD had been severely tested in the past two years, but there was no doubt that the stamping out policy now followed was cheaper than routine annual prophylactic vaccination. The threat of reintroducing infection would remain, and precise and detailed information about areas of particular risk was difficult to obtain. The

Commission had an excellent relationship with FAO, and he thanked the Chairman and the outgoing Executive Committee for their work. He also complimented the new Secretary for the knowledge and expertise he had already brought to his work, and thanked the Administrative Assistant for her work in maintaining continuity, particularly during the period when no Secretary was in post. He expressed regret that Dr. Stougaard had stood down from the Executive Committee after many years invaluable service in which difficult problems had been faced and overcome: he now looked forward to working equally productively with the new Executive Committee, and to continuing to work with the Chairman with whom it had been a pleasure to work over the past two years.

19.2 Dr. Fujita expressed his regret that other duties had prevented his attendance throughout the Session. He again thanked the Commission for their cooperation with FAO, and looked forward to cooperating closely with them in future.

19.3 The Chairman concluded the Session by thanking those present for the support which he had been given. He had no doubt about the importance of good communication and the need to respond as a team rather than as individuals. He believed that the new Executive Committee was well balanced, and particularly welcomed Dr. Imir's election to serve. He concluded by asking that the Secretary be kept informed and in touch with events, and closed the Session.

20. Date of Thirty-second Session

20.1 The provisional dates for the Thirty-second Session of the Commission are 9 - 11 April 1997. These will be confirmed by the Executive Committee.

Appendix 1

FMD situation in Europe and in other regions

EUROPE

Table 1 shows the number of outbreaks reported in Europe during the biennium.

1993

Two episodes of FMD occurred in Europe during **1993**: (1) an epidemic of 57 outbreaks in Italy from late February until June, and (ii) a single outbreak in Bulgaria in May. Both were caused by type O_1 virus which the WRL showed by nucleotide sequencing were of Middle Eastern origin but different from each other. The Bulgarian strain was very similar to the virus which caused the 1991 outbreak in the same country.

The Italian epidemic followed the introduction of cattle via Prosecco, near Trieste, from Slovenia and through the port of Bari from Greece. They were destined for slaughter-houses in the Basilicata and Campania Regions but some were sold to farmers, mainly in the south, except for one shipment, which after a short time in the south, went to the Roverchiara district of Verona Province in the northeast. The cattle imported from Slovenia numbered 45, 40 of which had originated in the Czech Republic, and after entering Slovenia, were joined by 5 more of unknown origin. When they entered Italy they were accompanied by Croatian animal health certificates which were later shown to be false. The real origin of the imported cattle and how or where they became infected has not been established.

The outbreak in Bulgaria occurred in cattle near the village of Simeonovgrad, Khaskovo Region about 60 km from the border with Turkey. The mechanism of virus entry was not established but the possibility of mechanical transmission on vehicles or people or with contaminated food was suspected since there was a cafe-cum-market at the roadside close to the entrance to the infected premises. The cafe was popular with lorry drivers travelling to and from Turkey and the Middle East.

1994

Greece

Epidemiological situation

Since the beginning of August 1994, 95 outbreaks have been recorded in Lesvos Island and North East of Macedonia: Lesvos island 23, Xanthi Prefecture 49, Rhodopi Prefecture 15, Chalkidiki Prefecture 2, Evros Prefecture 5, Serres Prefecture 1.

The last outbreaks were observed on Lesvos island on 3 September, in Xanthi Prefecture on 14 September, and in Evros on 21 September. With the exception of the 5 outbreaks in Evros, all other outbreaks on the mainland have as a common origin sheep consignments from Lesvos Island where the disease first occurred in July. The disease was most probably introduced in Lesvos through illegal sheep trade from Turkey.

The 5 outbreaks in Evros were considered as having another origin and virus was probably

introduced from Eastern Turkey by Pakistani immigrants. The conclusions of the joint EUFMD/EU mission regarding these outbreaks are:

1-There is no apparent link between the 5 outbreaks in Evros Prefecture and the other 90 FMD outbreaks.
2-There is no apparent link between the outbreak in Sofiko in the north of Evros Prefecture involving goats and the 4 outbreaks in Lutros in the South of the Prefecture involving mainly sheep, although the same clinical disease touched the goats in Sofiko and the sheep in Lutros. Bovines and pigs have not been involved in any of the outbreaks. This could be due to the strict and efficient measures taken to prevent spreading of the disease.
3-The severity of general symptoms and the involvement of respiratory and digestive tracts and the high mortality are uncommon in FMD in sheep and goats. A mixed infection could be at the origin of these symptoms.
4-A serological survey carried out in the protection and surveillance zones provided clear evidence of the circulation of FMD virus type O as 5% of sera were positive for antibody to FMD by ELISA (151 sera with titre > 1:45 out of 3 033 tested).

The outbreak recorded in Serres on 25 October 1994 was notified as a definite case and not as a suspicion although it had not been confirmed by the WRL where sera and epithelium had been found to be negative. It was confirmed at a later stage by PCR at the WRL. It involved a monastery located on a peak at 600 meters. Acute signs with vesicles on tongue and lameness had been observed on 11 of the 13 cows and the herd was immediately stamped out and buried and the EEC Directive 85/511 implemented. The origin could have been a female pilgrim coming from Xanthi with a lamb to offer to the Monastery.

Results of the laboratory examinations carried out at the WRL as of 15 November 1994

Viral isolation and characterization of the strain

19 out of 96 samples tested at Pirbright have been found positive by virus isolation in tissue culture. The positive samples originated from Xanthi (12), Lesvos(2), Rodopi(1), Arnea(1), place of collection not reported(3).

The antigenic characterisation of Greek isolates tested vis-à-vis O BFS, O Manisa, O Dalton and O Lausanne demonstrates a higher 'r' value with O Manisa (range between 0.3 and 0.8).
The nucleotide sequence analysis shows very close similarity of sequence over the region examinated between the 7 Greek isolates tested and O/Turk/3/94, O/Tur/20/91, O/Egypt/1/93, O/Bul/1/93, O/Sau/29/93, O/Sau/35/90.

Serological results

As of 15 November 1994, out of 9,364 sera tested in ELISA, 8,386 have been found negative (with titres < 45), 736 with titre > 45 and < 100, 61 with titres > 100 and < 200 and 181 with titres > 200. These sera have been collected in 463 herds : 216 herds had no positive sera and 68 had at least one animal with a titre higher than 100. The herds with positive sera have been found in the following prefectures: Attiki(2/7), Evros(5/77), Kastoria(6/10), Kavala(5/24), Kilkis(2/12), Lesvos(23/50), Limnos(1/3), Rodopi (2/23), Thessalia (2/2), Xanthi(21/232).

In herds and flocks with high titres initially only animals with high titres had been slaughtered, then it was decided after consultation with the EC Commission that all the herds and flocks in which titre > = 1/400 had been found should be slaughtered as a preventive measure and a new surveillance

zone created. When titres were > 1/100 to 1/400, animals should be retested. This initial serological survey showed low titres in a few flocks all of which had links with the primary outbreak.

As of 30/01/95, approximatively 30 000 sera have been examined of which approximately 20,000 have been tested at IAH Pirbright and 10,000 at the ID-DLO, Lelystad (Details in Tables 1 and 2). Since early November all sera found to be positive in ELISA (i.e. titre > 1:100) by the CRL have been confirmed by VN and the ID-DLO has recently introduced the same policy. The updated results are presented in Tables 1 and 2. Great difficulty has been experienced in trying to relate samples to owners and to the reason for sampling due to the lack of epidemiological information with samples. Therefore, it is impossible for IAH to draw any real conclusion about the meaning of the serology.

EC Decisions

A total ban of animal and animal products had been initially decided on 8 August, Decision no. 94/514/EC . This Decision has been amended by Decision no 94/731/EC . Under this decision which is still in force, Greece is authorized to export milk, milk products and meat products and other non-edible animal products, on condition that they have been subjected to appropriate thermic or chemical treatments. Discussions are in course with Greece to revise the initial EU decisions.

Turkey

In Turkey, Thrace area continues to remain FMD free and a serological survey will be carried out in Spring 1995 with the assistance of the WRL, Pirbright, U.K., to ascertain the FMD status following the cessation of vaccination in that area in 1989. In the previous survey carried out in the spring 1992 animals were found with serum antibody titres against FMD virus types O and A; no clinical cases of suspected FMD were observed and serological results did not indicate active infection. Considering the VIAA results, and divergencies between O and A titres, it was concluded that there were animals in Thrace which may have been infected with FMDV in the past.

In Anatolia, FMD virus type O1 continues to cause outbreaks, including in the strategic vaccination area (buffer zone) in Western Anatolia, 42 outbreaks in 1993 and 21 in 1994. However, the incidence of FMD in Anatolia has decreased between 1991 and 1994, 771 in 1991, 278 in 1992, 220 in 1993 and 153 in 1994 up to November. No outbreaks due to serotype A have been reported since July 1993 (see also Agenda Item 2-B(ii)).

OTHER REGIONS

Russia and former USSR area

A single outbreak of type A22 (type A77) was reported in a bovine in the Vladimir region, western Russia at the end of June 1993. This was attributed to a laboratory escape. A worker from the All-Russian Research Institute, Vladimir, where FMD vaccine is produced, was identified as the origin of the outbreak. No further outbreaks have been reported. Vaccination is carried out on the border areas against O and A in the North Caucasia and against O, A and Asia on the border with Mongolia and China . Vaccination is also carried out in the districts of Vladimir and Moscow. Type O outbreaks have been reported in April 1994 in Tadjikistan where vaccination has been carried out with trivalent O, A, Asia vaccine.

The situation in other Republics is unclear. According to unofficial information from Russia,

Type O virus could be present also in the Republic of Kyrghyze, Ouzbekistan, and in the Caucasia region. Kazakztan appears to be free of disease. The situation in Ukraine and Byelorussia is unknown.

Middle East

Israel

In May 1993 type O caused an outbreak close to the Lebanese border. Since early March 1994, two distinct cycles of FMD O1 have been recognized. The first was on the Lebanese border in fattening calves in four locations. The 01 strain involved was found to be similar to a strain isolated in South Lebanon in March. The second occurred on the west bank next to the Jordan river on the border with Jordan. The disease spread first to sheep and goat flocks causing high mortality in lambs and kids under the age of 6 weeks and later to several flocks in Northern Israel. Between March and May, 14 foci were recorded on the west bank and 11 in Northern Israel (including one in a holding of 36 gazelles and ibexes of which 20 died). The disease did not affect any dairy cattle farm currently vaccinated with Manisa strain. Another outbreak occurred in March 1995 on the Syrian border in the Golan region.

Kuwait, Jordan, Bahrain, Oman, United Arab Emirates :

Kuwait: 35 outbreaks due to type O have been notified in 1994
Type O has been responsible for causing disease in Jordan and Bahrain in 1993 and in 1994.
Oman: 104 outbreaks type O have been reported in 1993 and 54 outbreaks types O and Asia 1 in 1994.United Arab Emirates: 3 outbreaks type O and A have been reported in 1993.

Saudi Arabia:

Types O, A and Asia-1 were identified in samples received from Saudi Arabia by the WRL in 1993 (O 80 isolates, A isolates) and 1994 (O 123 isolates, A 11 isolates, Asia-1 2 isolates) both from unvaccinated indigenous stock and intensive sheep flocks and from vaccinated dairy herds. The characteristics of livestock explain the particular problem of FMD in this country: massive importation of livestock from all continents, large farms with highly productive and susceptible animals (dairy farms of > 20000 friesians, flocks of up to 500 000 sheep), traditional sector with semi nomadic herder which does not participate in FMD control, shortage of readily available vaccine containing the appropriate vaccine strains.

Iran:

458 outbreaks were reported in Iran in 1993. A22 and O1 are present (confirmed by WRL). In 1994 types O (3 isolates) and A (4 isolates) have been received in the WRL. Asia-1 has not been isolated since 1986-1987. Most of the outbreaks occur in fattening beef units which receive animals of different origin; these units are located in different places essentially in the central part of Iran. Ring vaccination is carried out in case of outbreaks; stamping out is exceptional although under the law compensation could be paid. Vaccination is carried out only in intensive dairy farms 2 or even 3 times a year. Trivalent vaccine is used in the East (O, A, and Asia1) and bivalent (O and A) in other areas. Diagnosis is carried out at the Razi Institute and two other regional laboratories are involved in FMD, one for Quality Control and the other for epidemiology and investigation. 7 million bivalent and 3 million trivalent formalin inactivated vaccine doses are produced annually at the Razi Institute. A World Bank project for increasing the capacity of production up to 30 million doses is going to be implemented. Inactivation by Ethylene Imine will replace the formalin inactivation.

Iraq:

An O1 outbreak occurred at the end of 1993 on the border in Kurdistan region; ring vaccination was applied. FAO provided vaccine purchased in Turkey and vaccination was repeated after 1 month. In 1994, 3 isolates of type O were received at the WRL. Due to the differential in the price of livestock vis-à-vis the neighbouring countries, virtually no animals are imported and the tendency is to have only export movement to neighbouring countries namely Turkey and Iran. A big vaccine plant was established in 1983 with a capacity of 36 million monovalent doses . 12 million trivalent doses O1, A22, Asia 1 were produced annually with one part of export to Middle East, Bangladesh, Vietnam and Syria. Due to the restriction measures, this plant is at a standstill since 1991 and all FMD vaccination campaigns have been stopped since 1991.

North African countries

Morocco:

FMD occurred for the first time in 1977 (type A possibly introduced from South America). Since then FMD had been reintroduced twice into the country at intervals of 5 to 6 years: 1983 type A from the Iberian peninsula and 1990 type O from Algeria and Tunisia. Each time Morocco established an effective emergency campaign. The 1990 epidemic lasted longer than the previous ones and was characterized by clinical involvement of small ruminants, particularly sheep. Preventive vaccination of cattle is now carried out on an annual basis. The last outbreak, Type O, was recorded in September 1992.

Algeria and Libya

In Algeria the last outbreaks (type O) were reported in 1992. Type O was confirmed in 1994 in Libya by the WRL.

Tunisia:

Since the epidemic which occurred in December 1989, sheep, goats and camels are annually vaccinated with O1 Vaccine. A trivalent vaccine (O,A,C) is used in cattle. Vaccination is paid by the Government and it is estimated that 55% of the livestock was vaccinated in 1993. 2 outbreaks due to type O1 were confirmed in 1994, the first one in May in the Governorate of Béjà (North). It involved both cattle and small ruminants, and the second in the Governorate of Tataouine (South) in a small flock of ruminants. The strain isolated is antigenically related to O Manissa.

Egypt:

In 1993, 53 outbreaks type O were reported. The positive effect of vaccination, zoo-sanitary and quarantine measures on the incidence of FMD has been observed. The infrastructure built up for Rinderpest campaigns (especially to ensure a cold chain) is proving useful for FMD vaccination. The main problem is the quantity of vaccine. Modern laboratory technology including molecular biology (PCR, nucleic acid probes and synthesis of nucleotide primers) is used at the Abassia National Laboratory. Regional collaboration has been established and it is expected that the new quality control laboratory completed with the support of EU can be utilized to serve the region.

Other African Countries

FMD is widespread in the continent with endemic or sporadic outbreaks of type O, A, SAT1 and

SAT2 recorded in various countries with the exception of Botswana and South Africa. In the rest of Africa due to the lack of information available, an assessment of the epizootiological picture of FMD is difficult. It should be recognized that FMD in most of the African countries which do not export livestock or animal products, is of minor economic importance in comparison with other epidemic diseases.

East Africa

In 1993 Kenya and Ethiopia reported the presence of types O, A, C, and SAT2, Eritrea O,A, and C. Types O and A were reported in Tanzania, type O from Uganda. SAT2 has been confirmed in Rwanda. In 1994 types O and A have been isolated in Ethiopia.

South Africa and South African countries

The areas in southern Africa which export beef to Europe have remain free of FMD during 1993: Botswana continues to retain its free zone status since 1981. In Zimbabwe the last outbreak was in 1991 and the country is enjoying its second longest spell free from the disease, the first period was between 1945 and 1950. The EU gave Zimbabwe a 3,4 million US $ grant to tackle outbreaks of livestock diseases that might jeopardise the country's beef export. In 1993, Zimbabwean beef exports to the EU were worth 92 million US $. In South Africa FMD is limited to an area around Kruger Park. Vaccination is performed only in this area whereas the rest of the country is free of disease and not vaccinated. An outbreak of SAT2 occurred in Impala in a wildlife reserve in 1993 and was limited to the FMD control area. SAT3 type has been isolated in Namibia in October 1994.

West and Central Africa

In 1993 type O was reported from Cameroon and Ghana, type A in Cameroon and SAT2 was confirmed in Senegal. In 1994 type A was isolated in Burkina Faso and type O in Ghana. Clinical cases occurred in Chad and in Ivory Coast between September and December but the virus has not been isolated.

Asia

1993

Indonesia continued to be free of disease, the last outbreak being reported in 1983. In Northern Malaysia type Asia 1 caused disease in January. Subsequently type O caused outbreaks throughout the year. Type O was identified in Bouthan, Hong Kong, Cambodia, Nepal, Asia 1 in Laos, Vietnam, Cambodia and C in Nepal. FMD is endemic in India, Pakistan, Bangladesh, Myanmar, Laos, Vietnam, Sri Lanka and Thailand. Information provided by individual countries indicates that type O and A are circulating in Pakistan, O, A and Asia 1 in Thailand, O in Sri Lanka and Asia 1 in Myanmar. China reported two outbreaks of FMD type O in June 1993.

1994

Types O have been identified in Cambodia, China (Yunan and Hainan provinces), Hong Kong, India, Malaysia, Nepal, Pakistan, Philippines, Sri Lanka and Thailand, type A in India only, type C in Nepal and the Philippines (last outbreak type C in 1992) and Asia 1 in Cambodia, India, Laos, Malaysia and Viet Nam. In Pakistan the disease continues to be epidemic with considerable economic importance and effect on export of livestock and Livestock products. In Nepal the disease is widely spread throughout the country and causes 35% of total losses due to diseases. In Myanmar an

outbreak involving 140,000 cattle occurred in the southern part of the country, the type has not been identified. In Thailand a new regulation requires animals to be vaccinated and quarantined at least 10 days prior to movement and animals at the border areas are ear tagged with different colours according to their location. In Malaysia disease is limited to 2 areas in the North Eastern States.

South America

1993 - see Table 4.

3,810 farms have been affected by vesicular disease: Brazil (1,417), Colombia (1,016) and Bolivia (843) are the countries mainly concerned. Samples for laboratory diagnosis have been taken in 1,525 establishments.

Type O was the most commonly recorded serotype during 1993 (423 isolates), type A (228 isolates) and type C (51 isolates). In Ecuador and Paraguay only type O has been isolated. Types O and A were reported in Bolivia, Colombia, Venezuela, Peru and Argentina. Types O, A, and C were recorded in Argentina and in Brazil. Vesicular Stomatitis has been recorded mainly in Colombia with a few cases in Brazil, Ecuador, Peru and Venezuela. In comparison with 1992, there has been an increase in the number of FMD outbreaks in Brazil, Bolivia and Peru.

1994 - see Table 5.

3,410 farms have been affected by vesicular diseases mainly in Brazil (1,981 herds) and in Colombia (1,216 herds). This represents 89% of the number of cases reported in 1993. Type O was still the most frequently recorded serotype (636 isolates). It has been found in Argentina, Bolivia, Brazil, Columbia, Ecuador, Paraguay and Peru. In Argentina, 15 type O outbreaks occurred in Northern Patagonia close to the city of Bariloche and extended into the non-vaccination zone south of the Rio Negro. Type A (155 isolates) has been found mainly in Brazil, Colombia (23 isolates), Venezuela (4 isolates). In early 1994 type A outbreaks mainly affecting swine, occurred in southern Brazil which had been free for more than 20 months. Type C (12 isolates) occurred in Argentina, Brazil and Bolivia. Argentina recorded a total of 18 outbreaks, no outbreak occurred in the second half of 1994. This represents a decrease compared to previous years. The Mesopotamic Region has had two years without a reported case. A serological survey in the Northern area of Paraguay is being considered in order to establish its disease free status.

Chile, Guyana, French Guyana, Surinam, the Urabá Chocoano region in Colombia and Argentina's Patagonia, south of parallel 42 remained free of FMD during 1994. Uruguay has remained free with vaccination since 1991; it started its second phase of eradication by ceasing vaccination since June 1994.

During the same period, no outbreaks of FMD were diagnosed in North America, the Caribbean countries, Central American countries, and Mexico. Vesicular Stomatitis has been found in Colombia (199 isolates), in Peru (2 isolates) and in Venezuela (3 isolates).

Table 1

FMD POSITION IN EUROPE 1993- 1994
(By country, number of outbreaks and virus type)

Country		Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Bulgaria	1993	-	-	-	-	1 O_1	-	-	-	-	-	-	-	1 O_1
Italy	1993	-	2 O_1	49 O_1	4 O_1	2 O_1	-	-	-	-	-	-	-	57 O_1
Grece	1994	-	-	-	-	-	-	-	80 O_1	14 O_1	1 O_1	-	-	95 O_1
Turkey	1993	20	20	13	15	20	32	19	18	17	18	11	17	220
	1994	23	59	19	22	6	6	4	4	2	4	4	*	153 O_1A_{22}
Israel	1993	-	-	-	-	1 O_1	-	-	-	-	-	-	-	2 O_1
	1994	-	-	2 O_1	-	-	-	-	-	-	-	-	-	1 O_1
Fed.of Russia	1993	-	-	-	-	-	1 A_{22}	-	-	-	-	-	-	1 A_{22}
Remainder of European countries disease free														

Information provided by National Veterinary Services, WRL and OIE
- = No outbreaks
* = No information

Table 2 : Summary of sera and herds tested by Prefecture

PREFECTURE	Total sera tested	Number of Positive sera*	Total herds tested	Number of Positive herds
Arnea	5	0	1	0
Attiki	494	9	7	5
Chalkidiki	826	17	53	11
Drama	920	41	54	25
Evros	3033	151	258	82
Kastoria	640	50	10	9
Kavala	3797	183	79	43
Kilkis	2283	114	104	24
Komotoni	149	20	11	6
Larissa	6		1	0
Lesvos	942	148	96	53
Limnos	22	2	3	2
No info.	34	1	8	1
Rodopi	8567	350	379	120
Serres	748	36	53	23
Thessalia	29	10	2	2
Xanthi	7850	730	464	224
TOTAL	30345	1862	1583	630

* i.e. ELISA titre > 1:45
n.b. As it is impossible to identify when herds are retested, some herds may have been counted on more than one occasion.

Table 3. Analysis of Greek serology 30 January 1995

TITRE	Attiki	Chalkidiki	Drama	Evros	Kastoria	Kavala	Kilkis	Komotoni	Lesvos	Limnos	No info.	Rodopi	Serres	Thessalia	Xanthi
45<t<100	3	10	24	43	3	31	16	6	22	1	1	79	7		155
100<t<200	1	1	1	19	3	7	5		11	1		21	5	1	32
t>200	1			20	3	5	3		20			20	11	1	37
TOTAL	5	11	25	82	9	43	24	6	53	2	1	120	23	2	224

Table 4 - Herds affected by Vesicular Diseases in 1993 (PANAFTOSA REPORT)

COUNTRY	Affected herds	Foot-and-Mouth Disease			Vesicular Stomatitis	
		O	A	C	New Jersey	Indiana
Argentina	196	78	4	50	0	0
Bolivia	843	10	5	0	0	0
Brazil	1 417	115	182	1	0	3
Colombia	1 016	137	33	0	213	83
Ecuador	63	26	0	0	3	1
Paraguay	14	12	0	0	0	0
Peru	209	44	1	0	2	0
Venezuela	52	1	3	0	3	1
Total	3 810	423	228	51	221	88

Note: Chile, Suriname, Guyana and French Guyana are countries free of vesicular diseases. Uruguay is free of vesicular diseases and FMD with vaccination since 1993.

Table 5 - Herds affected by Vesicular Diseases in 1994 (OIE, January 1995)

COUNTRY	Affected herds	Foot-and-Mouth Disease			Vesicular Stomatitis	
		O	A	C	NJ	IND
Argentina	18	15	0	2	0	0
Bolivia	34	17	0	1	0	0
Brazil	1 981	252	128	9	0	0
Colombia	1 216	324	23	0	165	34
Ecuador	33	10	0	0	0	0
Paraguay	8	7	0	0	0	0
Peru	83	11	0	0	1	1
Uruguay	0	0	0	0	0	0
Venezuela	37	0	4	0	3	0
TOTAL	3 410	636	155	12	169	35

Note: Chile, Suriname, Guyana and French Guyana are free of vesicular diseases.

Appendix 2

The recent FMD epizootic in Greece

Presentation by
Dr. Elias Tsaglas[1]

1. Introduction

The last outbreak of Foot-and-Mouth Disease (FMD) in Greece occurred in 1984 in the prefecture of Evros, within the "buffer zone " where animals susceptible to FMD were grazing along the Evros river (border with Turkey).

The vaccination policy against FMD was practised in this area until 1989 and was discontinued in accordance with Article 13 of the Council Directive 85/511/EEC as last amended with the Directive 90/423/EEC. Due to the fact that Greece is situated at a crossroads where most of the exotic diseases are endemic in Turkey and the Middle East, the Veterinary Services had always adopted stringent measures on imports of live animals and products of animal origin from this region.

Despite the measures taken, the FMD virus invaded Greece in early summer 1994, ten years following the previous outbreak.

2. Review of the outbreaks

On 23 July 1994 a suspect case in a bovine herd was clinically diagnosed as FMD by the local veterinarians. One week later, on 1 August 1994, the World Reference Laboratory (WRL) Pirbright, confirmed that FMDV, type O_1 had been isolated from samples sent from Xanthi Prefecture (village of Pigadia). Since then a total of 95 outbreaks were confirmed to NE Macedonia, W. Thrace and the Island of Lesbos. The outbreaks are classified in chronological order, as follows:

1 August 1994	**Xanthi**	**49**
5 August 1994	**Lesbos**	**23**
10 August 1994	**Rodopi**	**15**
18 August 1994	**Halkidiki**	**2**
29 August 1994	**Evros**	**5**
25 October 1994	**Serres**	**1**
		95

The FMD virus was isolated by using the ELISA in four cases (Xanthi, Lesbos, Rodopi and Halkidiki) and the PCR (Polymerase Chain Reaction) detecting the genome of the virus, a very sensitive and sophisticated technique in two cases (Evros and Serres).

With the exception of the five outbreaks in Evros, the primary source of infection in mainland Greece is a consignment of infected sheep transported by sea from the island of Lesbos to Xanthi and Rodopi. The island of Lesbos is situated just opposite and very close (4 km distance) from the coastal border of Turkey. The epidemiological inquiry revealed that some kind of illegal trade, between Greek and Turkish sheep traders was in progress, due to the very cheap prices of the Turkish sheep.

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[1] Chief, Infectious Diseases Section, Animal Health Directorate, Ministry of Agriculture, Athens, Greece

The source of infection in Evros, may have been direct or indirect contact with animals or persons originating from Eastern Thrace where there are (during summertime) common grazing and watering places along Evros river and illegal crossing of borders, Pakistani, Kurd etc. emigrants who had been arrested at the site of the outbreaks.

The dendrogram prepared by the WRL revealed that exactly the same FMDV, type O_1, had been isolated from the previous FMD epizootics in Bulgaria and Italy (1993). The nucleotide sequencing of the RNA of the isolates showed that it was closely related to strains circulating in the Middle East.

Immediately after the first outbreak in Xanthi, a wide epidemiological survey was carried out in all the prefectures which had received live sheep from Lesbos. The Prefectures of Attiki, Kastoria, Kilkis, and Kavala had received such animals directly from Lesbos and Larissa directly from Rodopi.

Preventive stamping out was implemented in the whole flock in Larissa while serology for further investigation was initiated in the other flocks. Very few samples (sera) gave low titre of FMD antibodies in almost all these prefectures.

The strategy which had been followed was the slaughter of all seropositive sheep and retesting of the whole flock. The retest showed negative results and these Prefectures declared after two months FMD free regions.

3. Measures taken in the infected Prefectures

Without delay, after the official confirmation of FMDV from the WRL, the National Disease Crisis Centre (NDCC) and the respective Local Disease Crisis Centres (LDCC) in accordance with the national Contingency Plan and the Council Directive 85/511/EEC and 90/423/EEC, applied all the appropriate measures, as defined in Articles 4,5, 7 and 9. The measures adopted were:

- notification of the FMD outbreaks to the EEC, OIE, FAO and to neighbouring countries.
- a census was taken of the animals susceptible to FMD
- determination of the protection (3 km) and surveillance (10 km) zones.
- restrictions on all animal movements and products of animal origin.
- stamping out of all animals and contact animals in the infected holdings.
- destruction of carcasses.
- cleaning, cleansing and disinfection of the infected premises.
- introduction of "sentinel animals" for 20 days.
- payment of compensation to the farmers (owners)

The number of animals destroyed during the epizootic is given in Table 1.

Table 1

Animals destroyed during the epizootic

Prefecture	Bovines	Sheep	Goats	Pigs	Deer
Xanthi	782	5,847	3,427	79	-
Rodopi	165	2,833	366	7	
Evros	12	1,655	238	19	
Lesbos	203	1,923	680	34	
Halkidiki	66	-	-	-	
Serres	13	2	27	-	5
TOTAL	1,241	12,450	4,738	139	5

4. The current FMD situation

As a result of the stringent measures taken, the situation improved and following the implementation of the serological survey, we got the feeling that the FMD virus was no longer circulating in Greece.

5. The serosurveillance strategy

Following the epizootic, a serological scheme was carried out which was drafted in close cooperation with the EEC, WRL and Greece.

Priority has been given to serology on the one hand and to clinical examination of all holdings within a 10 km zone around each outbreak on the other hand. Some local animal husbandry parameters have been taken into account, especially those of common housing, grazing in some infected Prefectures and the transhumance pattern where the animals go to the highlands during summer and return to the lowlands just before winter. The objective of this survey is to identify all sheep and goat holdings within a 10 km zone where there has been circulation of FMD virus.

Some 14 samples (sera) randomly selected from each holding. The animals sampled are individually identified. Where the results show a rising titre greater than 1:100 the flock is considered positive and all seropositive animals are stamped out.

At least 28 days following the slaughter of these animals samples shall again be collected from the same positive flock and if in this examination there are still positive animals the whole flock should be stamped out.

The results of the serological survey and actions taken are given in Table 2.

Table 2

Results of serology (available so far)

Prefecture	No. of sera tested	No. of positive	No. of negative
Xanthi	7,850	730	7,120
Rodopi	8,567	350	8,217
Evros	3,033	151	2,882
Kavala	3,797	183	3,614
Serres	748	36	712
Halkidiki	826	17	809
Lesbos	964	150	814
Kilkis	2,283	114	2,169
Kastoria	640	50	590
Attiki	494	9	485
TOTAL	29,202	1,790 (6.1%)	27,412

Actions taken (destruction of seropositives)

All seropositive animals have been slaughtered plus a number of contact animals.

The following transparencies were presented at the Session:

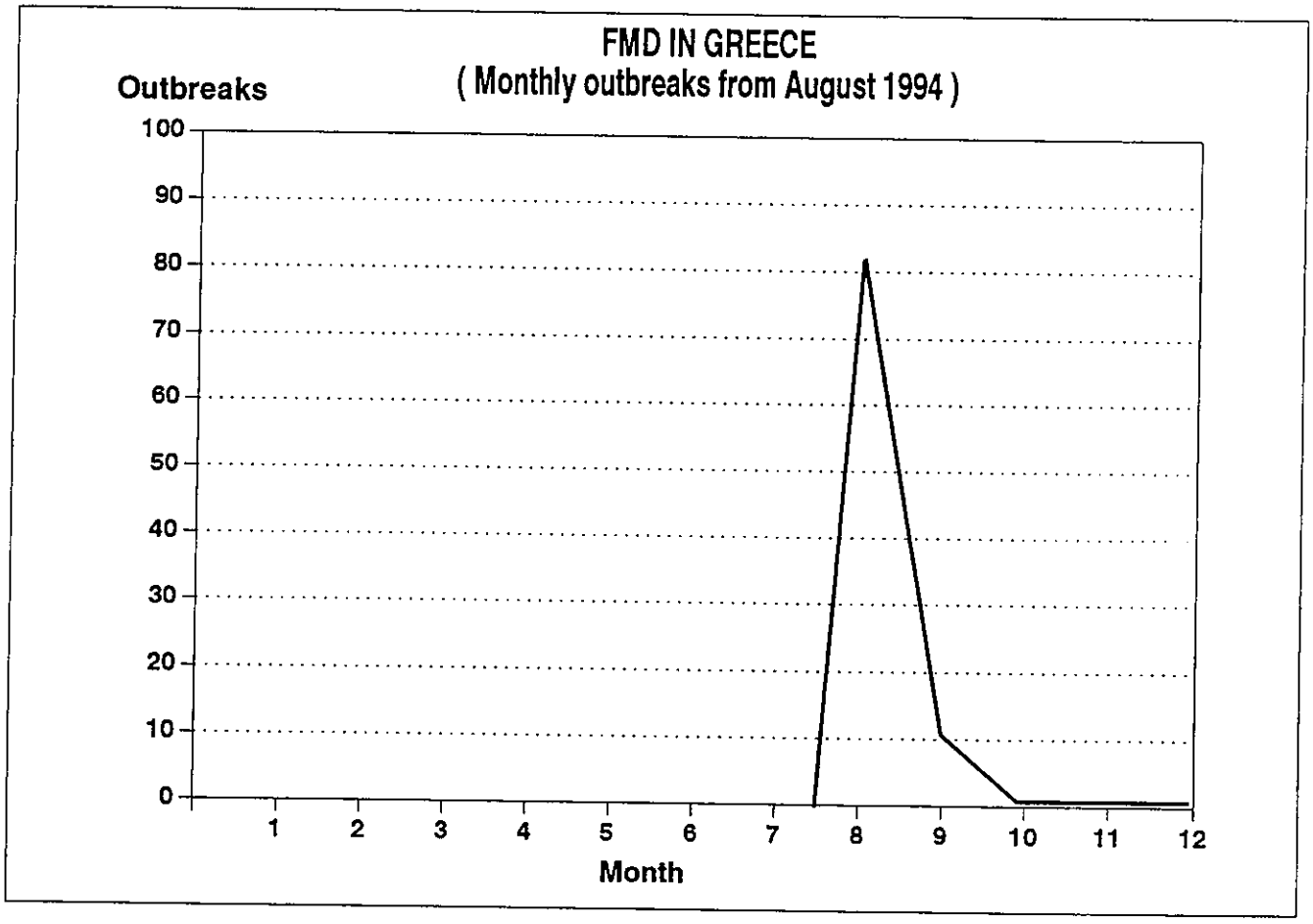
Transparency No 1

FMD Greece 1994

Laboratory Diagnosis, WRL, Pirbright

24.7.94	Suspicion of FMD near Xanthi Town and Pigadia Village
30.7.94	Samples sent to the WRL, Pirbright
31.7.94	FMD type 0 identified. Greek and International Authorities notified.
03.8.94	Nucleotide sequence results sent to Greek and International Authorities
05.8.94	Antigenic characterisation results sent to Greek and International Authorities

Transparency No 2



Transparency No 3

MEASURES TAKEN FOR THE ERADICATION
Based on Council Dir. 85/511/EEC, Dir. 90/423/EEC, Contingency Plan

1. Notification of the disease (EEC, OIE, FAO, neighbouring countries)
2. Census was made of the animals susceptible to FMD
3. Determination of Protection (3km) and Surveillance (10 km) zones
4. Restrictions on animal movements and products
5. Stamping out policy
6. Destruction of carcasses
7. Cleaning, cleansing and disinfection
8. Introduction of "sentinel" animals
9. Payment of compensation (100%) to the owners
10. Restocking (introduction of healthy animals)

Transparency No 4

THE SEROSURVEILLANCE STRATEGY IN GREECE

SEROLOGICAL SURVEY

Within 10 km zone around each outbreak

- Random sampling of 14 sheep/goat sera
- Individual identification of the animals sampled
- Testing at WRL, Lelystad, Tübingen
- If the titre is greater than 1:100 the flock is considered positive
- Slaughter of all seropositive animals and retest the whole flock
- If still positive, the flock should be stamped out

CLINICAL EXAMINATION

- stringent clinical examination of all flocks and herds, within a 10 km zone
- in-suspicion serology will be carried out, as previously

Transparency No 5

Number of flocks tested by Prefecture

Prefecture	Total flocks tested	No. of positives
Xanthi	464	224
Rodopi	390	126
Evros	258	82
Kavala	79	43
Serres	53	23
Halkidiki	54	11
Lesbos	99	53
Kilkis	104	24
Kastoria	10	9
Attiki	7	5
TOTAL	1,518	600 (39,52%)

The number of flocks tested is the result received by 1 February 1995

Transparency No. 6

EPIDEMIOLOGICAL ARGUMENTS
(in relation to serosurveillance)

1. Absence of clinical signs of FMD in common housing (grazing) susceptible species (cattle, goats and pigs)

2. Absence of stillborn lambs and kids in seropositive flocks

3. Very low percentage of seropositive sheep in relation to the nature of FMD virus

4. The good health status of the "sentinels" introduced into seropositive flocks

5. The inability of FMDV carrier sheep to transmit the disease after an elapse of 6 or more months from the time the outbreaks occurred

Appendix 3

Report on Tripartite Meeting (Sofia, Bulgaria, 15 November 1994)

The **Tripartite FAO/EC/OIE FMD Group Meeting** held at Sofia Bulgaria on 15 November 1994 was attended by representatives from Bulgaria, Greece, Turkey, EU, OIE, the WRL, the Chairman of the Commission and the Secretary. The meeting reviewed the **FMD situation in Greece** where a total of 95 outbreaks had been recorded in Lesvos Island and North East of Macedonia. The last outbreak recorded in Serres on 25 October 1994 had been confirmed later on by PCR at the WRL. The Secretary gave additional information on the joint EUFMD/EC mission to Evros Prefecture on the border with Turkey where severe outbreaks in sheep and goats without links with the previous outbreaks had occurred. The WRL Representative reported that of the 96 samples received from Greece for antigen detection, 19 had been found positive. The EC representative informed the meeting that the ban on export of animals and animal products decided on 8 August was still in force and that the following measures had been proposed: no vaccination should be applied; a guideline for a serological survey was to be drawn up; a technical support programme had been established which would include laboratory support of the WRL and permanent presence of experts in the National Disease Control Centre; regionalisation of the measures would be possible when the absence of viral infection was demonstrated by the serosurvey.

The **FMD situation in Turkey** was then examined. As of 30 November 1994, 153 outbreaks, all of type O_1, had been recorded, of which 21 in the Western Buffer Zone (WBZ). Disease had been recorded in 6 of the 13 Provinces of the WBZ despite two rounds of vaccination in spring and autumn. Strategic vaccination is carried out along the eastern borders with Georgia, Armenia and Iran and along the main roads, and ring vaccination around the outbreaks in eastern Anatolia. The WRL Representative informed the meeting that comparison with the other strains of the 8 isolates sent by Turkey to the WRL showed that they belong to the same group as isolates from Bulgaria in 1993 and from Greece in 1994.

The review of the **FMD situation in Bulgaria** revealed that of the preventively vaccinated animals, after the outbreak of 1993, 86% had been slaughtered. Since the occurrence of the recent outbreaks in Greece, measures for surveillance of the disease had been reinforced. Minor corrections and amendments to the Contingency Plan drawn up by the Bulgarian Veterinary Service were proposed, and implementation of the measures included in the Plan were discussed. A special brigade for surveillance of exotic disease on the southern borders had already been created

The **EC Representative** outlined the actions which could be carried out with the support of EC. Inter alia he proposed that a programme of serosurvey be maintained permanently in the 3 countries in order to monitor presence of the disease.

The meeting made the following proposals and recommendations:

1- EC should review trade conditions after vaccination, specifically those related to the request of a probang negative.

2- The Tripartite FAO/EC/OIE FMD Group will support any arrangements made by EC to fund FMD compensation through the EUFMD/FAO Trust Fund (911100).

3- The availability of commercial vaccine for the Balkan countries and specifically for Bulgaria should be investigated without delay with the European manufacturers.

4- Exchange of information should be developed through meetings at regional level between the three countries.

5- In case of an outbreak of FMD in one of the three countries, the same measures should be applied at the borders. The minimum measures should be: animals withdrawn from the borders and hunting prohibited in border areas.

6- The survey in Thrace should be organized by Pirbright laboratory on a random basis. Observers from other countries should be welcome.

7- Sliven Laboratory, Bulgaria, should be proposed as a National Centre for:
-mass testing
-collection of information

8- Requests for assistance for the provision of diagnostic reagents should be considered.

9- The Group expressed its concern regarding FMD seropositive animals coming from Turkish Thrace into Bulgaria.

Appendix 4

Implementation of Phase II of FMD Control in Turkey, proposals for 1995/1996, and Serosurveillance in Turkish Thrace

A. Implementation of Phase II of FMD Control in Turkey and Proposals for 1995/1996

Following the joint EUFMD/EU/WRL mission to Ankara in November 1994, a package of measures for enhancing the control of FMD in Turkey was proposed under EC funding. This package should provide for the implementation of Phase II of FMD control in Turkey. It includes the following actions :

-annual contribution for the purchase and/or supply of FMD vaccine for use in the 13 provinces of Western Anatolia . The vaccine should be of proven quality and safety and accepted by the Community Coordinating Institute for quality control of FMD vaccine (CCI).

-setting up of a cooperation agreement with Pirbright for

i. **epidemiology, including surveys and techniques for the investigation of outbreaks,**
ii. **standardisation of diagnostic techniques for FMD antibody and antigen,**
iii. **molecular studies of FMDV in Turkey,**
iv. **establishment of monoclonal antibody panels,**
v. **training in the above aspects of FMDV**

The Turkish Government in replying proposed that support and funding might also be considered to develop and achieve the following programmes and actions:

i. financing the cost of marking of animals in Thrace and in the 13 provinces of the WBZ,
ii. support and assistance for vaccine production including oil-adjuvanted vaccine, standardisation and control in the Ankara FMD Institute,
iii. support for cost of serological surveys to be conducted in the Western Buffer Zone.

These additional requests were submitted to the Executive Committee for consideration:

1-Marking of animals in Thrace and WBZ

An efficient control of the movement of animals into Thrace and into the WBZ should be made in parallel with the vaccination campaign in WBZ. As part of the controls necessary in the buffer zone, it would be wise to ensure that all vaccinated animals are marked by ear tag or notching of the ear. The permanent identification of cattle in Thrace and in the 13 provinces of the WBZ during vaccination campaigns should be considered as the best way to proceed. In addition, the ear tagging of cattle in Thrace would facilitate the serological surveys and control of animal movement which is essential to preserve the FMD free status in the future. However, before implementing it at the level of the 14 Provinces (Thrace + 13 WBZ provinces) it would be advisable to ensure that the system which will be selected for identification and recording is well adapted to Turkish conditions. The technical assistance of the German (GTZ) Animal Health Information project which is already involved in this field will be very helpful in this respect. It is realistic to propose that only vaccinated cattle should be permanently identified in the first period. To recognise the vaccinated sheep, goats and cattle not permanently identified, the system consisting in notching the ear with a special device should be adopted. The cost of this identification could probably not be met by the Turkish farmers,

however the participation of farmers to meet part of the cost should be sought and the law be modified accordingly to make it progressively compulsory. The estimated cost should include not only ear tagging but the recording system as well. The cattle and buffalo population is estimated to be 350,000 in Thrace and 1,500,000 in WBZ. **A detailed project indicating the different steps to be taken should be proposed by Turkey and submitted to EC and the EUFMD Commission for consideration and evaluation.**

It must be emphasized that while marking of animals is expected to be an important step in the control of animal movement, **the strengthening of the measures for the control of animal movement into Thrace and into the WBZ should be considered as essential for the success of the vaccination campaign in the WBZ.** These measures should be applied independently of the progress made in the marking of animals and parallel with the starting of the new vaccination campaign.

2-Support and assistance for vaccine production

Technical support to the FMD Institute in Ankara in the field of production, control and standardisation of vaccine can not come from the WRL. It is, therefore, necessary to seek support from private manufacturers for production and from CCI for control. **Direct support of EC for production at the SAP Institute is not included in the EC proposal; however, it is proposed that the standardisation and control of the batches to be used in WBZ should be done in CCI.**

As discussed in Ankara, **it is the responsibility of the Ministry of Agriculture of Turkey to liaise with the manufacturers of FMD vaccine to find a solution for funding production.** All possibilities regarding privatisation and/or joint ventures with private firms should be investigated including the conditions under which a BEI (European Bank for Investments) loan could be obtained for investment for FMD vaccine production in Turkey. **The Commission will support all initiatives and arrangements towards privatisation of FMD vaccine production in Turkey.**

3-Serological survey in WBZ

The absence of outbreaks is the best evidence of the effectiveness of the vaccination campaigns. **Serological and probang monitoring should be carried out 1 or 2 years after the last outbreak in the WBZ to determine whether the area is definitively free of FMD.** It could be agreed that the absence of circulation of the virus should be confirmed by a serological survey of unvaccinated animals. If the results were satisfactory, consideration could be given to moving the buffer zone to the east, as long as there are effective movement controls between any new non-vaccination area and a new vaccination buffer zone.

During the 5 year vaccination period, serological monitoring of the FMD vaccination campaign could also be recommended but this should be organized by and under the supervision of the Turkish Veterinary Services itself as has been done for Rinderpest (RP) vaccination campaign monitoring. If vaccination against Rinderpest continues, the serum samples collected could be used for testing both antibodies to RP and antibodies to FMD providing that the animals to be tested have been selected accordingly.

B. Serosurveillance in Thrace

Results and conclusions of the Research Group regarding the 1992 survey:

The survey took place between 27 May and 15 June 1992. 1,822 sera were tested for antibodies against O and A types in a liquid phase blocking ELISA. In addition, the positive samples were

tested against VIAA.

Results:

Type O : 11 cattle and 4 sheep had positive titres against FMDV serotype O1. 3 of these had positive titres against VIAA. 11 of the positive samples were from Kirklareli - 8 from the Central District. Type A : 55 samples had a positive titre against FMDV serotype A22. 31 samples with titres above 1:100 were tested for antibodies against VIAA. All were negative. High titre samples were from Edirne (Ipsala district), Kirklareli (Vize and Central Districts) and Istanbul (Silivri and Buyukcerkemece).

Conclusions:

1.Animals were found in Thrace with serum antibody titres against FMD virus types O and A.
2.No clinical cases of suspected FMD were observed and serological results did not indicate active infection.
3.Considering the VIAA results, and divergencies between O and A titres, it can be concluded that there were animals in Thrace which may have been infected with FMDV in the past.

Preparation of the 1995 survey:

The Tripartite meeting held in Sofia on 15 November 1994 proposed that a new serosurvey be organized in Turkish Thrace in Spring 1995 (May) by the WRL in Pirbright on a random basis. The results and experience acquired during the survey carried out in 1992 would be taken into account in the organisation of the present survey. The vaccination of cattle on the border with Bulgaria in 1993 and possible illegal movement into Thrace of vaccinated animals from Anatolia must also be considered when designing the survey. Preference should be given to samples from sheep and goats which are unlikely to have been vaccinated rather than to samples from cattle.

Observers from other countries should be welcome. It must be emphasized that the outcome of this survey will be of the utmost importance for deciding on the future policy to be adopted in Thrace, and the successful outcome of the survey will depend on the active and open participation of the Turkish Authorities.

Serosurveillance has been carried out in Bulgaria in 1994 in the villages along the border with Turkey and since August 1994 along the border with Greece. The 8,000 sera tested in ELISA have been found negative to virus O type.

Appendix 5

Report of the EUFMD/WRL Mission to Thrace (Turkey) 27-29 March 1995

Purpose of the mission:

The purpose of the mission was to investigate the newly reported FMD outbreak in Turkish Thrace

Background:

The occurrence of an outbreak of FMD in Thrace was officially notified to FAO and OIE by the Turkish Veterinary Authorities on 21 March 1995. The outbreak occurred in the village of Ulukonak in the Province of Kirklareli, Kirklareli district. This village is located at 16 km South East of Kirklareli, at approximatively 40 km from both the Greek and the Bulgarian borders. According to the Turkish Authorities, clinical signs were first observed by the owner on 13 March and reported to the District Veterinary Officer on 14 March. An official inspection was performed on 14 March. Clinical signs were limited to one of a group of five beef cattle which exhibited typical signs of FMD. Samples of epithelium were submitted to the SAP Institute, Ankara where FMD type O was identified by complement fixation. The one affected animal was destroyed and the carcass disposed of by burning and burial on the affected premises. The four animals sharing the same pen were slaughtered at the perimeter of the village. Some meat was consumed locally and the remainder sold outside the village. Also present on the farm were six dairy cattle. Clinical signs were next observed in one of these animals on or about 18 March.

The Secretary of the EUFMD Commission was informed of the outbreak on 20 March in the late afternoon by fax received from the General Director of Protection and Control, Ministry of Agriculture of Turkey. On 21 March the Secretary contacted the Turkish Ministry through the FAO representation in Ankara to propose that a fact-finding mission to Thrace be immediately organized jointly with the WRL. Due to the fact that no English-speaking high ranking official veterinarian was available during the week 20-24 March, the Turkish Ministry of Agriculture requested that the mission take place from 27 March.

Participants in the Mission:

Yves Leforban, Secretary, EUFMD Commission,
David Mackay, World Reference Laboratory, Pirbright, U.K.

Date of the Mission: 27 - 29 March

Origin of the outbreak

The epidemiological investigation carried out by the Veterinary Service did not identify the origin of infection with certainty. An animal trader operating in this village is strongly suspected to have introduced the virus from an illegal market held in Istanbul but this has not been definitely established. Investigations carried out at this market did not reveal any evidence of FMD.

Visit to the field

The mission visited successively the Kirklareli animal market, the Kirklareli slaughter house, the village of Dokuzhoyük - located 1.5 km from the infected village -, and Olukonak village where the outbreak occurred.

Visit to Olukonak - infected village -

Ulukonak is an isolated village with a total stock of 870 cattle and 730 sheep. There are about 300 stockholders in the village with herd sizes ranging between 3 and 20. Sheep are communally grazed. Cattle tend to be permanently housed on the owner's property.
At the time of our mission, there were no road barriers and no system of disinfection at the entrance/exit to/from the village of Ulukonak. There were no signs to indicate that the village was an infected area. No protection and surveillance zones had been established.

Visit of the infected farm

Five dairy cattle of varying ages were present in the stable at the time of our visit. One three year old in-calf cow was clinically affected. According to the farmer, disease **started in this cow 14 days earlier** and this was confirmed by the examination of the mouth which showed that the condition of the lingual epithelium was evidence of an infection of approximatively two weeks. The cow had not been slaughtered due to the fact that no compensation was available and the farmer did not want to have it slaughtered before calving. A piece of tongue epithelium sample had been collected to be tested for virus isolation at the Pirbright laboratory. The other four cows, ranging in ages from 3 to 6 years were unexpectedly not clinically affected despite the fact that they were unvaccinated.

According to the farmer, no movement of stock on to or off the infected premises (other than the movement for slaughter mentioned above) was reported to have taken place for several months. At one point, during the mission the team was informed that the beef animals which first exhibited disease had been purchased from an illegal market in Istanbul one week before the onset of clinical signs of the disease. The owner later stated that the animals had been born on the farm and that the likely source of infection was his father who had been in contact with a local trader.
The exact origin of the infection is therefore unknown.

Recommendations

Discussions in depth with the Veterinary authorities and in particular with the Deputy Director General of Protection and Control took place. The Mission observed the weakness of the measures taken and regretted that the Contingency plan had not been implemented. A list of recommendations was proposed, for more efficient control of the disease in order to prevent its spread. This list was given to the Turkish Authorities.

It has been recommended that the following measures be taken immediately

1. Immediate destruction of all susceptible stock on the affected premises.
2. Serological survey in the surrounding area to determine if FMD virus is circulating undetected.
3. Disinfection procedures and movement controls need to be strengthened
4. Immediate vaccination of all susceptible animals in a radius of 10 km circle and revaccination after one month

Conclusions of the Mission

1- One FMD outbreak type O occurred in the village of Ulukonak in the province of Kiklareli in March. The exact date of introduction of the disease is unknown.

2- The origin of the outbreak is not precisely known but is most probably associated with animal movements from Anatolia through a trader.

3- The disease was notified to the Veterinary Service on 13 March and confirmed by Ankara FMD laboratory. The EUFMD Commission and OIE has been informed by the General Direction of Protection and Control on 20 March.

4- Due to unpreparedness, lack of financial resorces, and other internal difficulties, a limited number of the measures included in the Turkish Contingency plan for Thrace have been implemented.

5- Funds for compensation were not available and therefore the enforcement of the stamping out policy has not been implemented. Only diseased animals have been - or will be - destroyed and animals in direct contact slaughtered on the farm.

6- Measures taken for the control of animal movements and disinfection have been considered as largely insufficient to prevent the propagation of the disease.

Follow up of the Mission

On 31 March, the General Director of Protection and Control addressed a fax to the Secretariat of the EUFMD Commission, to inform on the measures implemented for the control of the disease.

Among the 21 listed measures the following are included:

- Elimination of the infected and contaminated animals. In the infected premises a total of six cattle were destroyed and five cattle were slaughtered .

- Reinforcement of the measures for disinfection and quarantine into and around the outbreak.

- Vaccination with the SAP bivalent O,A vaccine of all susceptible animals in the 10 km zone i.e. 5 000 cattle and 5 500 small ruminants in six villages including the infected one. Revaccination is planned after one month.

- Collection of serum samples (14 by village) from the small ruminants prior to vaccination to control the circulation of the virus.

- Disinfection of all vehicles leaving Turkey for Bulgaria or Greece at the border posts and prohibition of hunting within the border regions.

- Closure of all animal markets within the district for a period of at least 28 days after final disinfection of infected premises.

- Stock of 30 000 bivalent doses of FMD vaccine kept in the Pendik Institute in Istanbul, for emergency situations.

The EUFMD Secretary

1- noted with satisfaction that the measures listed by the Turkish Authorities are similar to those proposed by the Mission but thinks that it is unlikely that all measures have been implemented since the time of the Mission to Thrace,

2- encourages the implementation of the measures in the briefest possible delay,

3- would appreciate being kept informed of the development of the situation and particularly of the results of the ongoing clinical and serological survey in the 10 km zone.

Appendix 6

Report of the Executive Committee on the Commission's activities during the biennium 1993-1994

General

Despite the occurrence of FMD outbreaks in 3 member countries, namely Italy (1993), Bulgaria (1993) and Greece (1994), the present disease situation can be considered favourable. The new policy based on non vaccination and stamping out measures applied by the European Community countries and non-EC countries in Europe has been effective and the occasional introduction of the virus did not result in widespread infection in the countries concerned. The control of the disease was achieved without vaccination in two countries and ring vaccination has been carried out in one case.

These three episodes of FMD in three different countries contributed to testing and to improving the emergency systems. The importance of rapid diagnosis of the disease both in the field and in the laboratory, and the immediate implementation of the Contingency Plan measures has been demonstrated. It should be noted that in future, preventive ring vaccination should be applied in particular situations only as it has been observed that the consequences on trade can be very serious for the countries concerned. In this respect it must be emphasised that the control of FMD outbreaks without vaccination requires a still more rapid response than control with ring vaccination. In this new context the preparation and implementation of Contingency Plans is essential.

Special activities

1- The member countries of the Commission have followed the recommendations made by the by the Thirtieth Session held in Rome from 27 to 30 April 1993, and by the Sessions of the Executive Committee; all recommendations have been made in conformity with the Commission's Constitution.

The Executive Committee held two regular sessions; the Fifty-sixth in Lyons (France) on 16-17 March 1993 and the Fifth-seventh in Tübingen (Germany) on 01-02 March 1995.

The Research Group of the Standing Committee of the Commission held an open Session in Vienna (Austria) on 19-22 September 1994.

The report of the Fifty-sixth Session of the Executive Committee has been distributed to all member countries of the Commission, and the Report of the Session of the Research Group held in 1994 will be distributed as soon as it is published.

2- The Secretary maintained close contacts with the member countries of the Commission and with the countries in the areas of interest to the Commission in order to be constantly informed on the evolution of FMD and the measures adopted for its control and eradication. The FMD situation for 1993-1994 in member countries, in neighbouring countries and throughout the world was kept under constant review through information received from the countries concerned, OIE, and the WRL, Pirbright, U.K.. See Cumulative Reports for 1993 and 1994 attached hereto. Regarding the situation in the neighbouring countries, discussions on the FMD situation have taken place with CVO's or officials of the following countries: Iran, Iraq, and Morocco. Exchange of information has been established with Tunisia, Latvia, and the Federation of Russia.

3- The present political disturbances and the consequent disorganisation of the Veterinary Services in some areas within Europe, and in areas surrounding Europe, are of great concern to the Commission.

4- The Commission continues to place great importance on the disease free situation in southeastern Europe and a serological survey will be carried out in May 1995 in Thrace with the support of the WRL .

5- The maintenance and strengthening of the strategic vaccination area in Western Anatolia, Turkey, are constantly monitored and the general policy for the control of FMD in Turkey was discussed in depth with the Ministry of Agriculture in Ankara, on 11 to 14 October and subsequently reviewed by the Tripartite FAO/OIE/EC FMD Group meeting held in Sofia on 16 November 1994.

6- The Research Group activities during the biennium and the recommendations made on the items referred to the Group by the Commission are provided in the Report of the Session held in 1994. A summary of the conclusions and recommendations is provided under Agenda Item 4.

7- The Commission participated in all FAO activities related to FMD control and vaccine production in different parts of the world; recently particular attention was given to Bolivia and Thailand. The Secretariat of the Commission works in liaison with the new programme "Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases" (EMPRES), Animal Health Service, FAO, and through this new programme intends to be more actively involved in the FMD eradication programmes throughout the world. Any activities in which the Secretary is involved under this new programme will be undertaken in conformity with the Constitution of the Commission.

8 The Commission maintained close contact and collaboration with OIE, EC, and through the Panaftosa Center, with COSALFA Commission in South America, as well as with other organisations in matters related to FMD.

Missions

9- During the period under review, the following missions have been undertaken in relation to the activities of the Commission. The costs were met from the Commission's Trust Funds.

1993

- Tripartite Group for FMD Control in South East Europe Brussels , Belgium, 8 January
- Discussions regarding the organisation of the Community Coordinating Institute (CCI) for quality control of FMD vaccines, Lelystad, Netherlands, 11 January
- Meeting of the OIE FMD and other Epizootics Commission, Paris, France, 17-21 January
- Fifty-fifth Session of the Executive Committee, Toledo, Spain, 16-18 February
- Review and discussion of the position of the FMD Institute, the national FMD policy and vaccine production, Sofia, Bulgaria, 12-17 March
- Special OIE meeting on FMD in Italy, Paris, France, 19 March
- Review of the FMD situation and discussions on the implementation of the vaccination programme, Rabat, Morocco 9-16 May
- FAO/EC/OIE FMD Tripartite Group, Brussels, Belgium, 9 July
- FAO/EC/OIE FMD Tripartite Group, Brussels, Belgium, 12 November

1994

- Fifty-sixth Session of the Executive Committee, Lyons, France, 16-17 March
- Discussions with the WRL, Pirbright, UK, on research programmes and cooperation between the EUFMD and WRL, 20-21 June
- Discussions with EC staff in respect of cooperation between EUFMD and EC in the field of FMD, Brussels, Belgium, 22-23 June
- XVIth Conference of OIE Regional Commission for Europe, Stockholm, Sweden, 28 June-1 July

- Assist and advise the Greek Veterinary Services following the FMD outbreaks, Xanthi Prefecture, Greece, 2-5 August
- Follow-up on FMD situation in Greece, discussions with Ministry of Agriculture, Athens, 16-17 August
- Participation in the second follow-up coordination meeting on FMD situation in Greece, Brussels, Belgium, 05-06 September
- Visit to Edirne Prefecture and to Ankara to discuss FMD situation in Western Turkey, 10-14 September
- Conduct Session of the Research Group Vienna, Austria, 19-22 September
- Investigate FMD outbreaks in Evros Prefecture, Greece, 3-5 October
- EUFMD/EC/WRL mission to discuss the FMD control programme with the Turkish Authorities, Ankara, Turkey, 11-14 October
- Participation in the Sixth National Congress of Romanian Veterinary Association in Sinai, visit to the National FMD Institute, Bucharest, Romania, 25-28 October
- Tripartite FAO/EC/OIE FMD Group meeting, Sofia, to discuss FMD control in Bulgaria, visit to Sliven Institute, Bulgaria, 14-17 November
- Participation in EU Workshop on Animal Health in densely populated livestock areas of the EU, Brussels, Belgium, 22-23 November

10- Membership

Romania became a member on 04 February 1993, **Lithuania** on 19 May 1993 and **Croatia** on 17 January 1994. Legal Counsel, FAO, has instructed that in accordance with Multilateral Treaties deposited with the Director-General of the Organization, the **Czech Republic** as a successor State to the Czech and Slovak Federal Republic considers itself bound by these Treaties with effect from 1 January 1993; as a consequence the Czech Republic is a member of the EUFMD Commission since 01/01/1993 the date on which it assumed responsibility for the Multilateral Treaties referred to above.

Contacts were made with and information provided to the following European countries encouraging them to apply for membership of the Commission : Armenia, Bosnia-Herzegovinia, Estonia, Latvia, Former Yugoslav Republic of Macedonia, Slovenia.

11- Outbreaks of FMD in Europe in 1993 and 1994

Italy

The epidemic in Italy was discussed in depth at the Thirtieth Session and subsequently the secretariat monitored the situation through maintaining close contact with the Italian Veterinary Services.

Bulgaria

On 24 May 1993, the Director of Veterinary Services, Bulgaria, reported a primary outbreak of FMD - assistance was not requested. The action taken by the Chairman and the secretariat is described hereunder.

All member countries were immediately informed of the outbreak by fax.

6/9 June - EC two-man mission visited Bulgaria to investigate outbreak - one expert sent by UK on behalf of the EUFMD at no cost to the EUFMD (mission costs covered by EC). 10 June - Bulgaria requested emergency assistance from EUFMD in the form of 20,000 doses of FMD vaccine to supplement action already being taken by national authorities. The Chairman, EUFMD, in consultation with World Reference Laboratory, who advised on virus type, requested EC to authorise

use of funds from TF 911100 for supply of vaccine (in 1993, no funds available under Special Account of TF904200). Secretariat of EUFMD requested Chief, AFSP, to waive bids (i) because of urgency and (ii) because Rhône Mérieux, Pirbright, was the only Company having a readily available stock of antigen of the type required, and (iii) the delivery was required immediately. Order placed through AFSP with Rhône Mérieux, UK. 18 June - Vaccine delivered to Bulgaria. 09 July - FAO/EC/OIE FMD Tripartite Group held an extraordinary meeting in Brussels to discuss FMD situation in Bulgaria and decide on emergency action to be taken in the case of further outbreaks. The Secretary a.i. was represented by Dr. M.M. Rweyemamu, Animal Health Officer (Infectious Diseases/Vaccine Control), Animal Health Service. A further meeting of the Tripartite FMD Group was held on 12 November 1993. The secretariat was represented by Dr. M.M. Rweyemamu.

Greece

A series of 95 outbreaks of FMD type O were reported from August to October 1994. The responsible strain was antigenically and genomically closely related to O/Bulgaria/1993, O/Turkey/91 and O/Saudi Arabia/90. The introduction of infection was attributed to illegal importation of sheep from Turkey to Lesvos Island and then to the transportation of infected sheep from Lesvos Island to the mainland.

Member countries were kept informed on the evolution of the outbreaks in Greece through nine Information Bulletins despatched by the Secretary at regular intervals. During this period he undertook three missions to Greece (in August, September and November) to assist with and advise on the FMD situation . The epidemic in Greece was discussed in depth at the Tripartite meeting held in Sofia in November 1994 (see Agenda Item 2-B(i)).

Turkey

Thrace area continues to remain FMD free and a serological survey will be carried out in spring 1995 with the assistance of the Pirbright Laboratory U.K. to ascertain the FMD status following the cessation of vaccination in that area in 1989. In the previous survey carried out in the Spring of 1992 animals were found with serum antibody titres against FMD virus types O and A, no clinical cases of suspected FMD were seen and serological results did not indicate active infection. Considering the VIAA results, and divergencies between O and A titres, it was concluded that there were animals in Thrace which may have been infected with FMDV in the past.

In Anatolia, FMD virus type O1 continues to cause outbreaks, including in the strategic vaccination area (buffer zone) in Western Anatolia, 42 outbreaks in 1993 and 21 up to September in 1994. However, the incidence of FMD in Anatolia has decreased between 1991 and 1994: 771 cases in 1991, 278 in 1992, 220 in 1993 and 153 up to November 1994. No outbreak due to serotype A has been reported since July 1993.

The Secretary carried out a mission to Ankara and Edirne on 14-16 September 1994 to advise on the FMD situation. A EUFMD/EU/WRL mission to Turkey was organized on 14-16 October to prepare Phase II of the FMD control programme with the Ministry of Agriculture (see Agenda Item 2-B(ii)).

12- Highlights

The European Commission for the Control of FMD, which was established in 1954, with the task of controlling and eradicating FMD from Europe has achieved its initial objective. The task of the Commission is now to prevent the reintroduction of FMD in Europe and should the necessity arise

to assist countries in taking appropriate measures for prompt eradication.

Future action must, however, take account of three factors:

1.The changing political situation in Europe, especially in Eastern Europe, and the limited financial resources of many of the newly emerging countries concerned.

2.The predominant role of the European Union in Europe. It should be mentioned that the support and technical participation of the European Commission, Brussels, will continue to be crucial for the control of the disease all over Europe.

3.The permanent threat of the reintroduction of FMD from the surrounding areas and the necessity to reduce this risk by taking adequate measures especially to protect the more exposed European countries. Support for upstream action in neighbouring countries should be encouraged.

In this context, and as agreed by the Thirtieth Session in April 1993

1-The **future aims** of the Commission should be :

a-to monitor the FMD situation in the surrounding area and world wide and to disseminate the information obtained,
b-to promote appropriate areas of research,
c-to provide a forum to coordinate the prevention and control of FMD in member countries.

2-The **new objectives** of the Commission would be:

a-to establish effective surveillance and monitoring of the FMD situation in collaboration with surrounding countries,

b-to encourage the development and implementation of policies and strategies to ensure prompt and effective response to outbreaks of FMD in these countries. Any action proposed outside the territories of the member countries would have to be separately funded.

The Commission should ensure that at the level of each member country all efforts are made to:

- have a contingency plan and provide for its implementation,
- ensure exclusion of virus introduction to the region by proper quarantine measures,
- prevent virus escape from laboratories,
- have the capacity to respond quickly and effectively to any suspicion of the disease,
- have an early, rapid and accurate clinical and laboratory diagnosis of first cases,
- take the measures for rapid and effective stamping out and elimination of virus from the environment.

13 Proposed work programme and priority actions for the Commission in 1995-1996

1- General work programme:

a-assist all the veterinary authorities of the member countries to establish Contingency Plans and disease preparedness programmes,

b-strengthen links between the EUFMD and the European Commission, Brussels, in order to optimize

inputs,

c-ensure speedy dissemination of disease information regarding neighbouring countries which are not members of the Commission as the Commission is also the link through FAO between European countries and non-European countries,

d-in addition to its coordinating activity for Europe, the EUFMD Commission will follow up the development of the epidemiology and control programmes in the Middle East, North Africa and ex CIS countries.

2-Priority actions:

a- Following up the implementation of Phase II of FMD control programme in Turkey; liaise with the WRL, UK, and the Ministry of Agriculture of Turkey for organizing the serological survey to be carried out in Thrace in April/May 1995 (see Agenda Item 2-B(iii)).

b- Organise the EUFMD/EMPRES Workshop on Emergency preparedness to be held in Bulgaria 28 May-3 June 1995.

c- Contingency planning: support and advice should be given to all member countries which do not as yet have a Contingency Plan to develop and implement a plan to ensure a prompt and effective response to FMD outbreaks. Sponsoring of visit of the CVO's concerned to other member countries.

d- Setting up a data base on vaccine and antigen availability especially for those countries which are not members of a bank (see Agenda Item 6).

e- Developing a quality assurance programme in National FMD Laboratories under the supervision of the WRL in liaison with EU Phare programme (see Agenda Item 5).

f- Encourage ex CIS, ex Yugoslavian and other European countries not yet members, to apply for membership of the Commission,

g- Prepare a Newsletter on FMD and FMD related activities in Europe and throughout the world. The first issue could be prepared for September/October 1995.

Appendix 7

Report on the activities of the Research Group during the biennium 1993-1994

During the period under review, the Research Group of the Standing Technical Committee held one Session at the Federal Institute for the Control of Viral Diseases in Livestock, Vienna, Austria, from 19 to 22 September 1994. Following the recommendation of the Thirtieth Session of the EUFMD held in Rome in April 1993, this Session of the Research Group was held jointly with the FMD Sub-group of the Scientific Veterinary Committee of the Commission of the European Union. The Session was chaired by Dr. A.I. Donaldson, Pirbright Laboratory, UK and was attended by all members of the Group. Observers attended from the CCI (Community Coordinating Institute for FMD Vaccines), the Netherlands, CEC, FAO, IAEA, the World Reference Laboratory - U.K., Austria, Belgium, Bulgaria, Croatia, Czech Republic, Egypt, Federation of Russia, Finland, France, Germany, Israel, Italy, Lithuania, Morocco, Poland, Romania, Republic of South Africa, Slovenia, Switzerland, Tunisia and from the following private firms: Bayer AG, Intervet, Rhône-Mérieux, and Vallée S.A.

The local organization and support for the meeting were excellent. The participation of so many observers (45) especially scientists from the All-Russian Research Institute for Animal Health (ARRIAH), Vladimir, Russia, who presented five papers and took a very active part in the discussions, enhanced the high scientific level of the meeting. The EUFMD countries are keen to establish closer links with the Russian Federation in the field of FMD research, especially in epidemiology, molecular biology and vaccine production. The observers from the Federation of Russia extended an informal invitation to the Group to hold their next meeting at the ARRIAH, Vladimir. This would be a Closed Session. On his return to Headquarters after the meeting, the Secretary took the necessary steps to request FAO approval to hold a Session of the Research Group in a non-Member Nation. On 7 February 1995, the Deputy Director-General of the Organization approved the Russian Federation as host country for the next Session of the Research Group.

From the scientific papers presented at the meeting in Vienna, the following interesting points emerged:

-Saliva samples can be used for the detection of antibodies to FMDV as a screening test for the detection of carriers.

-Nucleotide sequencing and PCR are now routinely used for molecular epidemiology in many laboratories and national authorities should be encouraged to submit a greater number of field isolates of FMD virus strains to the WRL for comparison with reference strains.

-A proposal for the establishment of a bank of monoclonal antibodies was made jointly by the Pirbright and Lelystad Laboratories.

-Very promising results were presented demonstrating that highly potent oil adjuvanted vaccines can provide protection as early as 2-5 days post vaccination. Such vaccines would be well suited for emergency "ring" vaccination programmes.

-A representative from the ARRIAH, Vladimir, Russia, described the epidemiological situation in his country and the strategy which has been adopted for control of the disease by vaccination. Russia is currently free from the disease, the last outbreak (A22) having occurred next to the Vladimir Institute in June 1993. Regarding the situation in the Transcaucassian area, type O has been identified in Kazakhstan, Ouzbekystan and Tajikistan. The situations in the Ukraine and Byelorussia are not known. Prophylactic control in Russia consists of vaccination in the Transcaucassian region and along the southern borders of the Federation and also around Moscow and the FMD institutes (ARRIAH and Roknov, near Moscow).

-*The representative of Bulgaria* described the measures used to eradicate FMD following the outbreak in Bulgaria in 1993. These comprised stamping out, movement control and ring vaccination.

-*Results of the FAO/OIE Collaborative Study on ELISA Phase XIII* were presented. These included laboratories supported in the project by the CEC in the former Eastern Block and ex-USSR. The results were discussed and methods for further standardization agreed for Phase XIV indicate that there is a need for the production and distribution of standardised reagents in large quantities to the participating laboratories and particularly of low titre positive control sera so that all laboratories should score positive whatever method they use. The alternative approach of a complete standardisation of the reagents and of the procedure of the Pirbright ELISA test, is under evaluation by IAEA in Asia and South America and the results will be included in the Collaborative Laboratory Study Phase XIV.

-The conclusion of the Phase XIII Collaborative Study was that it is possible to standardise results between some of the participating laboratories and that the supply of standardised antigens did improve agreement of results. However, there is still a need to harmonise the sensitivity of the assays used by the different laboratories.

-Nasal swabs may replace oesophageal-pharyngeal samples when testing by PCR as well as by virus isolation. This could provide a simple method to detect infected animals before they show lesions as well as for surveillance for carriers following outbreaks.

Items referred to the Group by the Executive Committee

1.**Development of a screening test for milk:** The possibility of developing a test to detect antibodies to FMDV with the objective of screening herds in order to identify those which had been vaccinated or previously infected. The test would be particularly useful if it could also be used on sheep and buffalo milk.

It was agreed to set-up a Study Group to be coordinated by the WRL and to involve the national FMD laboratories in Israel, Turkey and possibly Italy.

2.**Virus strains for FMD Vaccine Banks:** The strains of FMDV likely to pose a threat due to their presence in areas close to Europe or in regions trading animals or animal products with Europe, were considered. A list of vaccine strains was drawn up with a recommendation for their inclusion in the European Community Vaccine Bank.

3.**FMD outbreaks in Greece:** The current FMD situation in Greece was discussed, this included reports by Drs. Leforban, Marchant and Kitching.

Agenda and venue for next meeting

The following agenda was proposed for the next Session of the Group:

1) Matters referred to the Research Group by the Executive Committee
2) Emergency vaccines and their application
3) Milk testing for surveys
4) Diagnostic aspects of trade
5) Epidemiology of FMD in Russia and ex-USSR countries
6) Disease control strategy in Russia and ex-USSR countries

This meeting would be held at Vladimir from 20 to 22 September 1995.

Appendix 8

Quality Assurance in the FMD National Laboratories Role of the World Reference Laboratory

Introduction

In one of its recommendations, the Sixteenth Conference of OIE Regional Commission for Europe held in Stockholm 28 June-1 July 1994, proposed that the OIE International Animal Health Code and Standards Commission should consider using standards of the series EN 45000 to evaluate international Veterinary Certification and testing Laboratories.

The last meeting of the Research Group of the EUFMD Commission held in Vienna from 19 to 22 September 1994 proposed that FAO make a recommendation to the WRL concerning their responsibility to Regional and National FMD institutes to maintain competence in the use of FMD diagnostic tests. The Research Group made inter alia the following recommendations regarding diagnosis of FMD:

1- FMD laboratories in Eastern Europe would be further supported with training in the use of ELISA and the supply of reagents.
2- An international bank of diagnostic reagents should be established, coordinated by the WRL.

Based on these recommendations, quality assurance programmes should be developed in all FMD diagnostic laboratories in Europe. The support and expertise of the WRL and/or other leading European Laboratories, to the less advanced European Laboratories is desirable in this respect.

The following proposal has been prepared to be used as a guideline for the support of the WRL to the Regional and National Laboratories in order to develop and implement quality assurance programmes in the laboratories in charge of FMD diagnosis. Other National Laboratories in Europe could also provide expertise in the quality assurance programmes to other laboratories based on bilateral agreement but the actual proposal concerns only the role of the WRL vis-à-vis the Regional and National Laboratories.

Operations of the Pirbright World Reference Laboratory as FAO Reference Laboratory.

Background

Four regional Laboratories and one vaccine testing centre have been recognised by international Organizations:

Rio de Janeiro-Brazil, Gaborone-Botswana, Pachong-Thailand, EU Reference Laboratory Pirbright-UK and Community Coordinating Institute for FMD vaccines-Lelystad, the Netherlands. Their functions and relation towards the WRL have been set out by OIE at the General Session in May 1989. Besides these regional Laboratories, many countries, especially in Europe have their own National Laboratory for the diagnosis of FMD on their national territory.

The annual contract which exists at present between FAO and the Institute for Animal Health (I.A.H) Pirbright covers - *"Perform tests on specimens sent by member governments of FAO and the*

European Commission for the Control of Foot-and-Mouth Disease for the presence of FMD virus, identification of its type, if present, and/or strain and antigenic properties of isolated virus/es if deemed necessary."

The purpose of this paper is :

1- to propose a guideline for quality assurance and quality control of the National Laboratories.
2- to specify the role of the World Reference Laboratory of Pirbright toward the National Laboratories.

A-General activities of the WRL

The WRL should continue its present tasks consisting of:

-receiving specimens for diagnosis of FMD from member countries of FAO,
-isolating, typing and storing strains,
-characterizing virus isolates by the most up-to-date methods available to allow greater understanding of the epizootiology of FMD,
-having trained personnel available for emergency situations.

B-Specific activities toward the National Laboratories

The specific functions and duties of the I.A.H. Pirbright as FAO Reference Laboratory shall be:

1-**To provide** to the National FMD laboratories **the assistance** that they need to increase their ability and reliability specially related to the viral diagnosis of FMD (virus isolation and/or ELISA). The assistance of the WRL, Pirbright to FMDNLs will consist of:

-storing and supplying reagents for use in diagnosis,
-supplying standardized serums, and other reference reagents to the FMDNLs in order to standardize the tests and reagents employed in the FMDNLs,
-organising workshops and training and refresher courses for laboratory staff of the FMDNLs. It is recommended that at least one scientist from all laboratories should have been trained in the WRL or in another Regional or National Laboratory accepted by the WRL. According to the countries and the priorities, the cost of perdiem and travel of the participants in this training would be supported either by the National Authorities or by the FAO and EUFMD Commission or by EC,
-visiting and evaluating the FMDNLs at the request of National Authorities or/and FAO and EUFMD Reference Laboratory,
-characterizing the first isolates from the new outbreaks and a certain percentage of isolates from the countries where FMD is endemic. The FMDNLs are requested to send the appropriate samples or isolates,
-comparing vaccinal strains and testing post vaccinal sera toward the new isolates in order to recommend the most appropriate vaccine for new outbreaks. Vaccine manufacturers are requested to collaborate in this field by providing the WRL with the appropriate material,
-retesting randomly selected samples sent from the FMDNLs,
-providing the National Laboratories with inactivated viral samples for comparative tests.

2-**To coordinate,** in consultation with FAO and the EUFMD Commission, **the methods employed** by the National Laboratories for diagnosing FMD . These methods should be those described in

"Manual of Recommended Diagnostic Techniques and Requirements for Biological Products for List A and B diseases" Volume II, 1990, OIE, Paris. National authorities should designate their own National laboratory and should be encouraged to request the assistance of the WRL to verify the capability of the National Laboratory to perform accurate diagnosis of FMD. One of the first steps of this coordination exercise should be to establish minimum criteria regarding security, training and technical skill for giving official recognition to the National Laboratories. This recognition should be given by international organisations (OIE/FAO) upon the proposal of the WRL. The procedure for evaluating FMD diagnosis capability should be carried out independently but in conformity with the evaluation procedure for testing laboratories based on the standards of the series EN 45000 as recommended in Stockholm by the OIE Regional Commission for Europe. The standards of the series 45000 concern general procedures and premises, and therefore there is no duplication of these specific requirements for FMD with EN 45000 standards.

3-The WRL should **provide an annual report to FAO and to the EUFMD Commission** on the work carried out toward harmonisation of the activities of the FMDRLs and FMDNLs. This report should include the following information:

-training : number of scientists and technicians trained, duration and subject of training.

-workshops on diagnosis of FMD : number of workshops organised and/or in which the WRL has participated.

-expertise/visit: list of the laboratories visited and duration of the visit.

-supplying of reagents : quantity of each basic reagent delivered and to which laboratory.

The annual contribution of FAO/EUFMD US$30,000 (FAO Regular Programme US$10,000 and EUFMD US$20,000) to the IAH Pirbright will cover the following:

-receiving specimens for diagnosis of FMD from member countries of FAO.
-isolating, typing and storing strains.
-characterizing virus isolates by the most up-to-date methods available to allow greater understanding of the epizootiology of FMD.
-retesting samples from the FMDNLs
-the establishment and coordination of a bank of diagnostic reagents.
-providing the National Laboratories with inactivated viral samples for comparative tests
-organising collaborative studies in the field of FMD diagnosis and providing the appropriate set of reagents to the FMDNLs.

A Letter of Agreement should be signed between the IAH Pirbright and FAO to cover the additional tasks requested by FAO and the EUFMD Commission and especially for the support to be provided to the National FMD laboratories in southeastern Europe.

The other costs such as reagent supplying (including those provided for collaborative studies), training, expertise, and testing of sera for serosurvey will be covered directly by the National Authorities. Support of the EUFMD Commission, FAO, EC and other organisations could be provided following agreement between the WRL, the National Authorities and the funding organisation. **Funding of these activities by the EUFMD Commission should get the approval of the Executive Committee.**

Appendix 9

Availability of vaccines for emergency vaccination in Europe

Background

The Fifty-sixth Session of the Executive Committee held in Lyons on 16 and 17 February 1994 requested the secretariat to determine:

- whether the member countries outside the EU could call upon the Community's vaccine bank,
- with all European manufacturers whether they hold stocks of antigen and/or vaccines and if so would they be readily available for use in an emergency in Europe,
- what antigen and vaccine stocks were held by member countries and under whose authority.

European Union Antigen Bank

According to Decision 91/666/EEC, the EC has decided to have its own antigen bank as a strategic reserve for member countries with 5 million antigen doses of 10 different subtypes. The antigen is purchased by tender from private European manufacturers and controlled by the CCI Lelystad, the minimal requirement for potency being 6 PD50. Each subtype is kept in at least two of the four selected centres for stock keeping: Pirbright (U.K.), Lyons (France), Köln (Germany), and Brescia (Italy). The subtypes to be kept in the bank are listed in Annex I of the 91/666/EEC Decision. A list of the new strains recommended to be included in European vaccine banks has been proposed by the Research Group meeting held in September 1994 in Vienna (see Agenda Item 6).
There are at least 3 National Laboratories or Institutes in EC which have the facilities for the aluminium hydroxide or oil adjuvant vaccines preparation from stocked antigens. In case of emergency, the stock antigen needed is provided by the bank to the institute designated in advance for preparing the vaccine, bottling and delivering. Controls of all the constituents of the vaccine are made in advance in order to have the control limited to sterility tests on the final product, prior delivery. The current state of the antigen stock in EU banks as of January 1995 is:

Table 1 Availability of antigen within the EU vaccine banks

Subtype	Quantity (doses)	Location
O1 Manisa	2 500 000	Lyon
O1 Manisa	2 500 000	Brescia
O1 BFS	2 500 000	Pirbright
O1 BFS	2 500 000	Koln
A24 Cruzeiro	2 500 000	Koln
A24 Cruzeiro	2 500 000	Pirbright
A22 Iraq	1 359 000	Lyon
A22 Iraq	2 500 000	Brescia

Access of non-European Union countries to the Union's FMDV antigen reserves

This question has been raised by several countries and the EUFMD Commission has asked the EU Commission in Brussels to clarify its position in this respect. The following reply has been given to the EUFMD Commission by Dr Janssen, Head of the Veterinary and Zootechnical Legislation Unit, on 16 December 1994:

There is no legal provision for non-Member States to "join ' the EU banks, although there is a provision for vaccine to be made available to neighbouring countries, either from the bank or by financial assistance for purchase, when there is a threat to the Union.
The first option risks depletion of EU stocks at a time when vaccine could be needed by EU itself and therefore the second option should be preferred as long as it is possible to buy vaccine on the open market. Trust Fund 911100 could be used to buy vaccine for the southeastern Europe buffer zone if needed.

International vaccine bank

The International Vaccine Bank was established in 1985 by an agreement between 7 FMD free countries : Australia, Finland, Ireland, Norway, New Zealand, Sweden and UK.. 500 000 doses of 6 antigens (O1 Manisa, 01 Lausanne, C1 Oberbayern, A22 Iraq, A24 Cruzeiro, Asia 1, India 8/79) are kept at the Institute for Animal Health Pirbright, UK . The bank has the facilities for producing aluminium hydroxide and oil adjuvant vaccines at very short notice. The Executive Body is the Committee of the 7 CVO's, and the British MAFF supplies the secretariat. Associate members may be accepted without the possibility of vote. Each country has a withdrawal right from 100 000 to 500 000 doses and must replace the antigen that it has used. Vaccine can be made available within 4 days.

Availability of FMD emergency vaccine in member countries

A questionnaire on the availability of FMD vaccine has been sent to all member countries to evaluate the stock kept under national authorities. 23 of the member countries replied: 12 member countries do not hold either antigen or vaccine stock, 3 hold a national stock of vaccine, 1 a national stock of antigen, and 5 both antigen and vaccine stock. All national stocks are held under the authority of the National Veterinary Services. Storage is at the National FMD Institute in 5 countries and at the premises of private manufacturers for the other 3 countries (see Table 2).

Table 2

STRATEGIC RESERVES OF FMD VACCINE AND ANTIGEN HELD BY COUNTRIES IN EUROPE AS ON 01.03.1995

Country	Strategic reserve of vaccine and antigen (national banks)
Albania*	no information
Austria	50,000 doses FMD vaccine O1,A5,C1 stored at Federal Institute, Vienna. Further purchase of 50 000 cattle doses for 1995 .
Belgium	1.2 million doses FMD vaccine 01,A5,C1 stored at the Ministry of Agriculture. 1.2 million doses FMD antigen O1 Manisa,A22 Iraq,C1 Noville,Asia 1 Israel stored in Rhône Mérieux Lyons.
Bulgaria*	Vaccine banks under discussion with European vaccine producers
Croatia	No vaccine, no antigen stock
Cyprus	No vaccine,no antigen stock.
Czech Republic	2 million doses FMD antigen O1, A5, C stored at Dyntec Terezín**

Country	Strategic reserve of vaccine and antigen (national banks)
Denmark	National bank of concentrated, frozen antigen, approximately 800,000 doses of each of the European types 0, A and C. Stored at the State Veterinary Institute for Virus Research.
Finland	Member of the International Bank, Pirbright, UK.
France	EU bank in Lyon. In addition a stock of 300,000 doses of O1, 100 000 doses of A22 and 100 000 doses of Asia ready for use vaccines are stored at Laboratoire Pathologie Bovine, Lyon.
Germany	National FMD vaccine bank set up and stored with Bayer AG in Cologne and kept under the authority of the federal state of Northrhine-Westphalia Virus types 0_1 Kaufbeuren,O_1 Manisa, A_5 Bernbeuren, A_{24} Cruzeiro, A_{87} Argentina, A 22 Iraq, C_1 Oberbayern, ASIA 1 Shamir, SAT 1 Zimbabwe and SAT 2 Zimbabwe(of each type and subtype 100,000 doses respectively of vaccine ready for use and 1 to 1.4 million doses of virus concentrate.
Greece	no antigen or vaccine stock
Hungary	Stock of 100 000 doses of O1,A5,C1 vaccine for cattle and 350 000 doses of O1,C vaccine for swine (expiry date 31.03.1995) stored at the State Institute for the Control of Veterinary Biologicals,Drugs and Feeds under the authority of the Ministry of Agriculture. Advanced negotiation with a private firm to replace the ready to use vaccine stock by antigen stock, strains O1 Manisa, A22 Iraq, C Noville, Asia 1 Shamir.
Iceland	no antigen or vaccine bank
Ireland	Member of the International Bank for FMD, Pirbright, UK.
Israel*	Trivalent vaccine imported; costs more than US$ 600,000 annually
Italy	No national vaccine or antigen stock. FMD vaccine bank is held at the Brescia FMD Institute designated as vaccine storage Centre for FMD vaccine for the European Union. 2.5 million doses of antigen O Manissa and A22 Iraq are stored.
Lithuania	No antigen or vaccine stock
Luxembourg*	25,000 doses of $0_1/A_5/C_2$ trivalent vaccine
Malta	No stock of antigen or vaccine. Becoming an associate member of the International Bank Pirbright, UK.
Netherlands	Stock of antigen: OBFS 2.4 million, A_{10} 730,000, A_5 2,430,000, C Detmold 3.2 million doses Stock of vaccine: 0BFS 600,000, A_{10} 5 million, C Detmold 1.2 million doses

Country	Strategic reserve of vaccine and antigen (national banks)
	Member of Int. Vaccine Bank, Pirbright, U.K.
Poland	No national vaccine or antigen stock held
Portugal	Stock of 100,000 trivalent O Manisa, A22, C Noville doses of vaccine
Romania*	Stock of A/O/C vaccine at the National Institute ready for use
Spain	No national vaccine or antigen stock held.
Sweden	No national vaccine or antigen stock held. Member of the International Vaccine Bank, Pirbright, UK
Switzerland	Stockage of concentrated antigen for 300,000 doses of vaccine types A5,C1,01 and ASIA-1 at Rhône-Mérieux.
Turkey	4 million doses bivalent 0 Manissa, A22 vaccine produced at the SAP Institute, Ankara, ready for use
United Kingdom	Member of the International FMD Vaccine Bank, Pirbright and the EEC FMD Bank
Yugoslavia* (last information received in 1991)	No information

*No information received since 1993

** The Slovak Republic has informed the Commission that they also have a contract with the Dyntec Company, Terezín, for production of vaccine from inactivated virus for emergencies.

Availability of FMD emergency vaccine with manufacturers in Europe

A questionnaire on the availability of FMD vaccine has been sent to the 3 FMD vaccine manufacturers operating in Europe. The 3 manufacturers have kindly replied and the data provided have been put together in order to evaluate the global stock for Europe. In addition, this globalisation of the data preserves the confidentiality of the information provided by each firm. In accordance with the confidential character of these data, the present statement on the availability of the vaccine has been submitted for the approval of the 3 manufacturers before release. Approval has been obtained.

The availability of vaccine is presented in Table 3.

In this Table, the number of doses of vaccine or antigen **available** for a particular strain is the sum of doses of vaccine or antigen produced against the reference strain or closely related strains minus the number of doses of vaccine or antigen held by companies as national vaccine/antigen bank' stocks. It must be emphasized that **stocks are rolling** and the present availability is not a guarantee for the future.

The annual production capacity of the three European manufacturers is 125 million doses and 11 million doses can be produced each month.

The efficacy, evaluated by the number of PD 50 as prescribed by the European Pharmacopea ranges from 4 to 44.

The delay in the production of the vaccine from the inactivated antigen is approximatively one week. The delay for delivery depends upon the controls to which it must be submitted.
The delay for production of a vaccine from a strain not stored as inactivated antigen varies from 1 to 4 months according to the strain.

In addition to the strains mentioned in the table the following antigen is routinely manufactured in Europe: O1 Hong Kong, C3 Philippines, A Saudi Arabia.

Possibility of the Commission funding research on new vaccines

An EU Workshop on "Animal Health and related problems in densely populated livestock areas of the Community" was organized in November 1994. Inter alia one of the recommendations of the Workshop has been that the present method of stamping out major epidemics is not ideally adapted in densely populated livestock areas. Killing of large numbers of in-contact animals is being increasingly perceived as an unacceptable method of control and **alternative methods such as emergency vaccination** should be pursued.

The use of emergency vaccination strategy depends upon :

-availability of effective new vaccines that do not interfere with diagnostic tests for detecting infected animals and do not give rise to carrier animals,

-the development of these vaccines for major notifiable epidemic diseases will require a major and possibly long-term research effort and it has to be recognized that emergency vaccination is unlikely to provide a major market for commercial vaccine producers. Therefore the possibility of public funding to support research should be investigated,

-the development of epidemiological research into emergency vaccination strategy,

-international agreement that ensures that emergency vaccination does not have undue repercussions on international trade.

The EUFMD Commission is concerned by this new development in the vaccination policy for two reasons :

a) should modification of the EC policy regarding ring vaccination in densely populated livestock areas occur, it will greatly influence the general policy in all European countries as the EC Directives are followed not only by EC countries but by the other countries having trade with European Union countries i.e most of the member countries of the Commission,

b) the funding of research for the development of a new generation of FMD vaccines for emergency ring vaccination is a matter which concerns the EUFMD Commission. However, the direct funding of research in the field by the Commission is questionable.

TABLE N° 3

STOCKS OF FMD VACCINE AND ANTIGEN HELD BY MANUFACTURERS IN EUROPE
(AS ON 31/12/1994)

REFERENCE STRAIN	TOTAL NUMBER OF VACCINE DOSES	VACCINE DOSES FOR NATIONAL BANKS	NUMBER OF VACCINE DOSES AVAILABLE	TOTAL NUMBER OF ANTIGEN DOSES	ANTIGEN DOSES FOR NATIONAL BANKS	NUMBER OF ANTIGEN DOSES AVAILABLE
O1 BFS	2,000,000	1,300,000	700,000	5,600,000	5,600,000	0
O1 MANISA	100,000	100,000	0	12,700,000	2,200,000	10,500,000
A22 IRAQ	100,000	100,000	0	2,700,000	2,200,000	500,000
A87 ARGENTINA	100,000	100,000	0	1,200,000	1,200,000	0
A VOSGES	1,300,000	1,300,000	0	1,700,000	1,700,000	0
A24 CRUZEIRO	5,100,000	100,000	5,000,000	5,400,000	4,000,000	1,400,000
C NOVILLE	1,650,000	1,300,000	350,000	6,800,000	5,500,000	1,300,000
ASIA1 SHAMIR	100,000	100,000	0	3,200,000	2,700,000	500,000
SAT1 SOUTH AFR	100,000	100,000	0	1,400,000	1,400,000	0
SAT2 ZIMBABWE	100,000	100,000	0	1,300,000	1,300,000	0

Appendix 10

Risk Assessment

Background:

When trading animals it is difficult to avoid the transmission of disease. Minimizing the danger of importing epizootic and zoonotic disease is in the interest of livestock producers, the livestock industry and national economies as a whole.

Due to the changed geopolitical situation since the early nineties, social, political, and economic pressures for freer trade throughout the World, and especially in Europe, have emerged and many countries seek access to markets which were previously denied to them for political or other reasons. In this context, the necessity to develop updated rules for the evaluation of the risk of disease, and especially FMD, becomes more urgent.

The concept of risk assessment has been in use for many years in the field of environmental protection related to chemicals and radiation and is not altogether new in the field of animal health. Animal health officials have always carried out risk analysis in deciding on the importation of animals and animal products and despite the extent of the traffic in animals and animal products, very few exotic disease agents have moved internationally. That means that for the most part the decisions taken have been valid. However, trade has often been based on the concept of "zero" risk to the importing country and as this is not a biological reality, the only option for years in many countries has been the prohibition of import with the exception of imports from a few "safe" countries or areas.

International Animal Health Code of OIE/Consequences of the GATT Agreement on the application of sanitary measures:

The essential aim of the International Animal Health Code is to facilitate international trade in animals and animal products with adequate guarantees to avoid the risk of spreading animal diseases.

On 15 April 1994, 125 States signed the "Final act embodying the results of the Uruguay Round of Multilateral Trade Negotiations" concluded under the aegis of GATT (General Agreement on Tariffs and Trade). The final act contains a text of the utmost importance, namely the "Agreement on the application of Sanitary and Phytosanitary Measures" (SPS agreement) which came into force on 01 January 1995 with the setting up of the World Trade Organisation (WTO) which replaces GATT. As a direct result of the adoption of the Final Act, the OIE code and manual will play an increasing role as a guideline for trade.

Obviously, the SPS Agreement does not call into question the sovereignty of States in this respect but aims to reduce to a minimum the negative effect of health barriers on international trade. It imposes on countries the obligation not to introduce or maintain measures which result in a higher level of protection than that advocated by international standards, guidelines or recommendations except where they are able to justify scientifically or after a risk analysis exercise, the need for such measures to prevent the spread of animal disease.

Therefore, for any given importation each country should in compliance with this general framework and through the risk analysis method, endeavour to adopt the appropriate solution to **guarantee an acceptable level of risk and minimal restrictions on international trade.**

Risk assessment and FMD control strategy in European countries:

Due to its potential for rapid spread beyond national borders, FMD is the more important of list A diseases in trade.

All EU countries have adopted a common policy based on slaughter of infected or contaminated herds (termed "stamping out ") whenever outbreaks occur. All other FMD control measures - including import controls, standards for trade in animals and animal products, surveillance of susceptible animals, provision of diagnostic facilities, contingency plans and controls of the movement of livestock in the event of an outbreak- have been adopted by all EU countries. Based on the EUFMD Commission proposal, the same measures have been adopted in most of the non-EU countries in order to be in a position to trade with the EU.

Since the ban on vaccination in many countries, the risk of spreading FMD when introduced is higher. In addition, by the end of 1992, physical, technical and fiscal barriers to the trade of animals had been removed within the EU. Preventing the introduction of the virus is, therefore, of capital importance. The quality of health information from a given country clearly depends to a large extent on the surveillance system set up by its Veterinary Services.

Implementation of Risk Analysis for FMD through import:

In implementing a risk analysis procedure for the import of animals and animal products, the following complementary and interdependent components should be considered: the commodity to be imported, the official status of the exporting country regarding FMD, the efficiency and credibility of the Veterinary Services in the exporting country.

1-The commodity to be imported

The first step is to identify the characteristics of the animal or animal products to be imported:

The list of possible sources of FMD virus is shown in Table 1:
In each case, the risk of introduction of FMDV varies greatly:

- with the geographical origin
- with type of import (legal or smuggled, false certification),
- with the manufacturing process and/or treatment to which the product has been submitted,

Each commodity should be given a mark from 1 (zero risk) to 10 (high risk). This estimation of risk has been made recently by New Zealand and the results are presented in Table 1 (as an example of a risk analysis exercise).

Table 1: Source of FMD virus and estimation of possible ways in which FMD virus could enter New Zealand using a scale 1 (no risk) to 10 (very high risk). ([1])

Type of Commodity	legally imported (score)	rank	smuggled (score)	rank
Animal untanned skin and skin products	1.4	16	3.0	9
Biological products of animal origin	1.6	13	4.3	5
Embryo and semen	1.7	12	4.6	2
Live animals	1.6	13	2.7	10
Milk and milk products	1.2	17	4.4	3
Meat and meat products	2.0	11	4.9	1
Travellers	3.5	8	4.1	6
Vehicles and equipment	1.5	15	-	-
Waste disposal from sea and air transport	3.8	7	-	-
Terrorist or criminal intent	-	-	4.4	3

This Table shows that in New Zealand the highest estimated risk of introduction of FMD virus concerns meat, meat products, embryo and semen illegally imported and also terrorist and criminal intent. The same classification of the risk should be established for all European countries and priority action should be taken to reduce the highest identified risk.

2- Estimation of the probability that a commodity could carry or contain FMDV.

This probability for a given commodity is mainly related to the status of FMD in the country of origin.

Each country could theoretically be given a mark or classified within one of 3 categories according to its FMD status:

Category 1: country currently or recently infected.
Category 2: non infected country with medium or high risk of becoming infected.
Category 3: non infected country with low risk of becoming infected.

Consideration of all available methods to reduce the estimated risk to an acceptable level is essential for all import operations. The measures for reducing the risk include quarantine, inspection of the commodities, laboratory tests. These measures should be strengthened for commodities with higher risks previously identified.

[1] R.N. Forbes, R.L. Sanson and R.S. Morris, *Application of subjective methods to the determination of the likelihood and consequences of the entry of foot-and-mouth disease into New Zealand* - New Zealand Veterinary Journal June, 1994, 81-88.

3-The efficiency and credibility of the Veterinary Service in the exporting country

Data on animal diseases and the level of confidence in the reported level of disease are vital to conducting risk assessments. Therefore the assessments of the Veterinary Service and the surveillance and animal health monitoring programme are of the greatest importance in this respect.

A guideline has been drawn up by the OIE for the evaluation of Veterinary Services (Scientific and Technical review 1993 Vol.12 (4), 1291-1313). In the evaluation of Veterinary Services - regarding Animal Health Surveillance - the following item must be considered:

1- Organisation and structure of the Services
- National Veterinary services,
- Sub-national Veterinary Services,
- Other providers of Veterinary Services.

2- Human resources
- Quantitative data,
- Technical skill, qualification.

3- Material resources
- Financial,
- Administrative,
    * premises,
    * communication systems,
    * transport systems.
- Technical,
    * cold chain for laboratory samples,
    * diagnostic laboratories,
    * research laboratories.
- Functional capability and legislative support
    * animal health,
    * export/import inspection,
    * documentation and certification control.

5- Animal health controls
- Animal health status,
- Animal health control
- National Animal Disease Reporting system.

6- Reports,
- Annual reports,
- Reports of government review bodies,
- Publication,
- Participation in OIE activities

7- Training,
- In training and developement programme for staff,
- Formal linkage with source of independent scientific expertise.

8- Trade performance history; integrity in trade dealings.

Emphasisis should be given in this evaluation to the health risks that the importing country wishes to avoid (i.e. system for the surveillance of FMD in this case). The greatest attention should be paid

to the surveillance programmes implemented and the quality of the information obtained. **The exporting country will enhance its credibility if at any moment it can demonstrate perfect consistency between the surveillance carried out and the declarations on animal disease status of the country.** The number of suspicions of vesicular disease reported to the Veterinary Service in a country currently free from FMD could be proposed as an indicator of the FMD surveillance in the country. A country in which no suspicion of vesicular disease has been reported for several years is most probably a country without any active surveillance of FMD.

General Risk assessment for FMD:

Should a country decide to evaluate the risk of introduction of FMD, the three following factors must be considered separately:

(1) entry of the virus
(2) spreading of the virus
(3) establishment of the disease as endemic

1- entry of the virus:

depends upon
-geographical location of the country
-epidemiological situation in neighbouring countries
-efficiency of control on the borders
-importance of animal movement and animal trade
-importance of the transit traffic of vehicles coming from hight risk countries
-risk of escape of FMD virus from laboratory
-probability of exposure of cloven hoofed animals of the importing country to the source of virus - very high with the importation of infected breeding animals in one herd or one flock, lower with the importation of infected animals to be immediately slaughtered and still lower with infected products (meat or milk) as the probability of contact of this product with receptive animals is unlikely.

The study carried out in 1991 by OIE is an example of the retrospectively identified causes of FMD primary outbreaks. This study was based on the determination of the origin of the 86 FMD primary outbreaks which occurred in Europe and North Africa between 1968 and 1990: transboundary animal movement was responsible for 19 outbreaks (22%), import of meat for 15 (17 %), escape of virus from laboratory or not completely inactivated vaccine for 18 (21 %), airborne transmission for 2 (2.3 %), through humans 1 (1.2%), and unknown origin 31 (36 %).

What are the actual risks for introduction of FMDV in Europe?

An analysis of the most likely source of virus can be made for each FMD free country in Europe.

What are the possible sources for introduction of FMDV from outside Europe?

-through official imports: Minimum conditions for the importation into Europe of live animals, fresh meat and offal were adopted by the Commission at its Thirtieth Session held in Rome in 1993. If these conditions, OIE rules and/or EU directives are observed, the risk is minimal. The risk associated with meat import has been greatly reduced in Europe since the regulations were amended, i.e. importation of meat on the bone is no longer allowed from high risk areas such as Africa and South America (see in table 2 the figures of meat imports to European countries in 1993).

-through unofficial imports: this is the major risk as demonstrated by the outbreaks of FMD recorded since 1992.

-cross frontier contacts: this is the most likely origin of the outbreaks in Bulgaria in 1991 and in 1993 and is very often associated with the unofficial importation of live animals or meat.

-criminal origin: this risk has been classified as high for New Zealand. In Europe it must not be underestimated. The strict application of the Recommendations adopted by the Commission in 1993 for safety measures to be applied in FMD laboratories all over the world is of the greatest importance for reducing this risk. It is also anticipated that the quality assurance programme proposed for the FMD National Laboratories should contribute to reducing this risk.

What are the possible sources of introduction of FMD virus from countries in Europe.

-through official imports: the official livestock trade figures - import and export - are presented in table 3 and those for meat in table 4. The first question in this respect is to determine whether there is a possibility of unnotified cases of FMD in certain countries in Europe. This seems unlikely, however it has been observed in the past that a rather long period even up to one month could elapse between the time of introduction of the virus and recognition of the disease and its notification. This represents a period of high risk for countries which continue to have trade with the infected country. The implementation of the Contingency Plans in each country would reduce this delay.

The main trend for animal trade in Europe goes from Central and Eastern to Western countries. The rules for trade in pigs are more related to Classical Swine Fever distribution than to the FMD situation. Therefore, the highest consideration has to be given to trade in cattle, sheep and goats. Italy is the main importing country of cattle sheep and goats in the European Union.

-laboratory origin: the escape of virus from a laboratory in Europe is still possible but has greatly declined since the cessation of vaccination and the giving up of vaccine production in most of the Institutes in Europe. The three private firms which continue to produce vaccine apply very strict security measures and the risk of virus escape is reduced.
The national laboratories which carry out diagnosis should strictly adhere to the recommendations on security measures and with the support of the WRL and other leader FMD laboratories, a quality assurance programme should be set up in all laboratories.
As proposed at the 16th Conference of OIE Regional Commission for Europe held in Stockholm, an accreditation system based on the norm EN 45000 should be applied in the future for the international recognition of laboratories (including FMD laboratories).

-infected areas: at present only Greece is subject to restrictions with regard to the export of animals and animal products in Europe. As regards the other member countries, Turkey remains infected and the new vaccination programme in the Western Buffer Zone should contribute to reducing the risk of introduction of the virus into other member countries.
Outside of Europe other infected areas can be classified in high and medium risk categories as far as the potential risk of introduction of virus into Europe is concerned. This classification takes into account geographical location and existing trade links with European countries.

High risk areas:

-Middle East/ Arabic peninsula
-ex-USSR Republics of transcaucassian area
-North Africa

Medium risk areas:

-other ex-USSR Republics
-South America (through meat imports)
-South African countries (through meat imports)

Since 1990 most, if not all, FMD episodes in Europe have been related to the illegal introduction of infected animals or infected products (Bulgaria 1991 and 1993, Greece 1994) or to false certification (Italy 1993). All actions and measures which could help to minimize this risk should be taken by European countries. Regarding the protection of European countries against FMD, it may be suggested that it should be in the interest of Europe that a surveillance network system should be set up in surrounding countries so that the actual situation with certain European countries acting as a "buffer zone" for the rest of the continent could cease.

2- spreading of the virus :

The number of outbreaks for one episode depends upon:

-the virulence and transmissibility of the strain,
-the geographical and meteorological conditions (seasons),
-agriculture and veterinary infrastructure in the country,
-delay of recognition of the primary outbreak,
-importance of the contacts before recognition of the disease,
-concentration of susceptible animals around the primary outbreak,
-breeding systems,
-emergency preparedness,
-effectiveness of the Contingency Plan.
-species involved (pigs are more at risk than ruminants)

In the study carried out in 1989 by the Commission of the European Community before deciding which policy should be chosen by EU for the control of FMD, it had been anticipated that as a medium scenario for calculation of the costs of outbreaks for the period 1993-2003, the number of episodes of FMD in EU with a non-vaccination policy would be 13 and the average number outbreaks for each would be 20. The predicted annual number of episodes in the European Union would be 1.3 corresponding to 26 outbreaks.

Number of episodes (numerator) and outbreaks (denominator) in Europe during the period 1991-1994.

Country\Year	1991	1993	1994
Bulgaria	1:1	1:1	
Italy		1:57	
Greece			1:95

The analysis of FMD episodes in Europe for the period 1991-1994 shows a number of outbreaks by episode from 1 in Bulgaria to 57 in Italy and 95 in Greece.

The total number of episodes is 4; the ratio outbreaks/episodes 154/4 = approximately 38 which is higher than the 1989 estimates for EU countries which was 20. The 4 episodes within a period of 4 years makes an annual incidence of 1 episode which is under the predicted annual number in EU (1.3) for the period 1993-2003.

The implementation of Contingency Plans is the key factor for reducing the number of both episodes and outbreaks in Europe.

3-establishment of the disease as endemic

This particular situation should never occur if adequate measures for control are applied
The factors which could contribute to this situation are:

-the absence of cooperation by the farmer
-existence of potential carriers
-appearance of the disease in densely populated areas with high concentration of pig farms,
-wild and game animals
-vaccination with vaccine which has not been completely inactivated (very unlikely)

Conclusion

key factors in maintenance of freedom from FMD:

Based on the identified risk factors and the history of the outbreaks in Europe since 1991 the action should be taken regarding the following fields in order to minimize the risk of FMD in Europe :

1-Reliability of certification
2-Reliability of sanitary information and information exchange
3-Contingency and response capability
4-Import control
5-Vigilance and surveillance
6-Public awareness
7-Diagnostic capability

risk assessment implementation in Europe:

Risk assessment is becoming a major issue in Disease Surveillance Programmes. It is already implemented for making decisions regarding import in certain countries like New Zealand.

Member countries of the Commission, and especially those which export, should be encouraged to develop and implement risk assessment systems in order to be in a better position to assess their sanitary status vis-à-vis the importing countries outside Europe.
Under the SPS agreement, it will be the task of OIE to establish the new rules for world trade of animal and animal products; it is of the the utmost importance for European countries to be fully involved in the establishement of these new regulations.

Table N° 2

IMPORT OF BEEF MEAT AND MUTTON IN EUFMD COUNTRIES
FROM SOUTH AMERICA (m.t.) IN 1993

(source: report 1993 Pan American Foot and Mouth Disease Center)

COUNTRY	BEEF		MUTTON	
from	PARAGUAY	URUGUAY	CHILE	URUGUAY
to				
BELGIUM	20			
FRANCE	73.4	975.7	153	496.1
GERMANY		4307.3	98	1561.6
ITALY	32.1	1092.8		11
LUXEMBOURG	10			66.8
NETHERLANDS	472.7		153	
PORTUGAL	166.8		32	
SPAIN	665.6	847.4	312	
SWITZERLAND	20.4			
U.K.	68.7	7848.2		105.8
ISRAEL	945	17367.6		150.9
TOTAL	2454.3	32439	748	2392.2

Table N°3 LIVESTOCK IMPORTS AND EXPORTS IN THE EUFMD MEMBER COUNTRIES IN 1992
(source FAO trade Yearbook)

COUNTRY	Conv.Livestok imported	% of imported livestock	Conv.Livestok exported	% of exported livestock	Total mp+export	% of imp+export
ALBANIA	0	0.00	400	0.00	400	**0.00**
AUSTRIA	901	0.01	113,347	0.91	114,248	**0.50**
BELGIUM+LUXEMB	1,238,431	12.05	783,525	6.32	2,021,956	**8.92**
BULGARIA	113	0.00	485,411	3.91	485,524	**2.14**
CROATIA	*1,000*	0.01	*24,716*	0.20	*25,716*	**0.11**
CYPRUS	58	0.00	0	0.00	58	**0.00**
CZECH REP	12,215	0.12	278,950	2.25	291,165	**1.28**
DENMARK	411	0.00	183,580	1.48	183,991	**0.81**
FINLAND	167	0.00	217	0.00	384	**0.00**
FRANCE	1,356,217	13.20	2,100,902	16.94	3,457,119	**15.24**
GERMANY	1,520,074	14.79	1,473,602	11.88	2,993,676	**13.20**
GREECE	138,442	1.35	308	0.00	138,750	**0.61**
HUNGARIA	14,500	0.14	480,000	3.87	494,500	**2.18**
IRELAND	183,413	1.78	329,533	2.66	512,946	**2.26**
ICELAND	9,325	0.09	0	0.00	9,325	**0.04**
ISRAEL	1,000	0.01	0	0.00	1,000	**0.00**
ITALY	3,283,536	31.95	14,990	0.12	3,298,526	**14.55**
LITHUANIA		0.00	131,000	1.06	131,000	**0.58**
MALTA	264	0.00	0	0.00	264	**0.00**
NETHERLANDS	868,021	8.45	2,967,245	23.93	3,835,266	**16.91**
NORWAY	153	0.00	79	0.00	232	**0.00**
POLAND	79,170	0.77	560,750	4.52	639,920	**2.82**
PORTUGAL	45,628	0.44	31,951	0.26	77,579	**0.34**
ROMANIA	3,000	0.03	495,000	3.99	498,000	**2.20**
SPAIN	1,045,500	10.17	737,200	5.94	1,782,700	**7.86**
SWEDEN	178	0.00	279	0.00	457	**0.00**
SWITZERLAND	4,515	0.04	13,755	0.11	18,270	**0.08**
TURKEY	182,068	1.77	181,028	1.46	363,096	**1.60**
UK	182,555	1.78	917,817	7.40	1,100,372	**4.85**
YUGOSLAVIA	106,000	1.03	95,450	0.77	201,450	**0.89**
TOTAL	10,276,855	100.00	12,401,035	100.00	22,677,890	**100.00**

Table N° 4 MEAT IMPORTS AND EXPORTS IN THE EUFMD MEMBER COUNTRIES IN 1992
(source FAO trade Yearbook)

COUNTRY	meat imported	% of imported meat	meat exported	% of exported meat	Total mp+export	% of imp+export
ALBANIA	16,160	0.25	10	0.00	16,160	**0.12**
AUSTRIA	22,980	0.35	50,750	0.70	73,730	**0.55**
BELGIUM+LUXEMBO	237,820	3.67	704,370	9.77	942,190	**7.00**
BULGARIA	900	0.01	33,140	0.46	34,040	**0.25**
CROATIA	*14,680*	*0.23*	*40*	0.00	*14,720*	**0.11**
CYPRUS	0	0.00		0.00	0	**0.00**
CZECH REP	7,450	0.11	21,520	0.30	28,970	**0.22**
DENMARK	69,430	1.07	883,050	12.25	952,480	**7.07**
FINLAND	940	0.01	23,210	0.32	24,150	**0.18**
FRANCE	1,057,950	16.32	1,322,770	18.35	2,380,720	**17.68**
GERMANY	1,667,590	25.73	806,850	11.19	2,474,440	**18.37**
GREECE	264,910	4.09	3,610	0.05	268,520	**1.99**
HUNGARIA	12,400	0.19	199,800	2.77	212,200	**1.58**
IRELAND	30,900	0.48	529,510	7.35	560,410	**4.16**
ICELAND	0	0.00	1,990	0.03	1,990	**0.01**
ISRAEL	37,500	0.58	3,630	0.05	41,130	**0.31**
ITALY	1,165,680	17.98	216,170	3.00	1,381,850	**10.26**
LITHUANIA	0	0.00	4,460	0.06	4,460	**0.03**
MALTA	4,980	0.08		0.00	4,980	**0.04**
NETHERLANDS	305,310	4.71	1,632,830	22.65	1,938,140	**14.39**
NORWAY	4,170	0.06	11,540	0.16	15,710	**0.12**
POLAND	125,300	1.93	54,890	0.76	180,190	**1.34**
PORTUGAL	107,830	1.66	13,680	0.19	121,510	**0.90**
ROMANIA	84,280	1.30	103,750	1.44	188,030	**1.40**
SPAIN	235,870	3.64	128,210	1.78	364,080	**2.70**
SWEDEN	35,210	0.54	16,200	0.22	51,410	**0.38**
SWITZERLAND	64,130	0.99	860	0.01	64,990	**0.48**
TURKEY	33,050	0.51	6,820	0.09	39,870	**0.30**
U.K.	592,380	9.14	434,030	6.02	1,026,410	**7.62**
YUGOSLAVIA	60,080	0.93		0.00	60,080	**0.45**
TOTAL	6,259,880	100.00	7,207,680	100.00	13,467,560	**100.00**

Appendix 11

Trading Guarantees and Certification within Europe

Even if there is nothing new in placing great importance on Veterinary Certification, which has always been a basis for international trade, it must be emphasized that with the onset of the single Market in EU and the increasing importance of the volume of exchange of animals and animal products in Europe, veterinary certification has become an essential measure in the prevention of the spread of infectious diseases. **Reliable certification remains, therefore, the basis for disease control in Europe.**

Under the arrangements now operating, animals and animal products are traded between countries within the European Union on the strength of veterinary certificates issued **at the point of departure.** Except in exceptional circumstances, the country receiving the animals is not allowed to inspect them at the frontier, so the health of one nation's livestock is crucially dependent on the standards of inspection and certification in another.

When animals and animal products are imported into EU countries from countries outside the EU, they are inspected and certified **at the point of entry into the Union.** Once the certificate has been issued, they can circulate to any other EU country without further certification.

The regulations for trading animals and animal products between countries outside EU are based on bilateral agreements. Due to the predominant role of EU in trade, its regulations are usually accepted as the basis for trading between non-EU countries as well.

To increase the reliability of certification within Europe, there is a need for comparably high standards in all countries in Europe. Standards of Certification reflect standards of inspection, and these, in turn, depend on adequate manpower and training (See Recommendations of the 16th Conference of OIE Regional Commission for Europe held in Stockholm 28 June-1 July 1994 in Annex II).

No official Veterinarian should be obliged to sign an international certificate unless he or she has personally carried out or directly controlled what is to be attested, or unless he has access to supporting documents signed by a person suitably qualified to corroborate the information given. The latter may occur in the case of the results of laboratory tests or certificates relating to animals examined by different veterinarians at their respective places of origin. Standards of the series EN 45000 should be used to evaluate international veterinary Certification and testing laboratories.

The false certification in recent years concerned the origin of imported cattle and/or the presence of antibodies to FMD in the sera of cattle with certificates attesting that they are free of antibodies (recorded in Belgium and in UK). The risk related to illegal trade and transportation is of the utmost importance in Europe. The penalties to be applied vis-à-vis the smugglers must be severe in order to be dissuasive. It must be assumed clearly that today the principal problem is the existence of strong economical interests related to illegal trade and transport of animals and animal products. Draconian measures including the immediate withdrawal of trade and transport licences must be applied.

The "Nine principles of Certification" proposed by the Federation of Veterinarians of the European Community in 1979 have been reviewed by the MAFF, UK, and proposed to become the

" Twelve principles of Certification". These principles or alternatively a similar set of guidelines could be proposed and when adopted and implemented will contribute to creating a climate of reciprocal confidence between the commercial partners.(see Appendix 11). The veterinarians found responsible for evident false certification should face "severe penalties" imposed by their veterinary bodies or if necessary by the court.

The most important step regarding international certification of animals relates to the establishment of foolproof methods for identifying livestock and keeping track of their movement. It can be assumed that veterinary certification will be reasonably reliable only when such methods for identification have been implemented in each country. It is also recommended that a computererized system should be established in each country which would permit keeping track of and tracing imported animals if needed.

Appendix 12

The Twelve Principles of Certification

1. A veterinarian should be asked to certify only those matters which are within his own knowledge, can be ascertained by him personally or are the subject of a supporting certificate from another veterinarian who does have personal knowledge of the matters in question and is authorised to provide such a supporting document. Matters not within the knowledge of a veterinarian, and not the subject of such a supporting certificate, but known to other persons, e.g. the farmer, the breeder or the truck driver, should be the subject of a declaration by those persons only.

2. Neither a veterinarian nor any person described in 1 above should be requested or required to sign anything relating to matters which cannot be verified by the signatory.

3. Veterinarians should not issue a certificate which might raise questions of a possible conflict of interest e.g. in relation to their own animals.

4. All certificates should be written in terms which are as simple and easy to understand as possible.

5. Certificates should not use words or phrases which are capable of more than one interpretation.

6. Certificates should be:-

   (a) produced on one sheet of paper or, where more than one page is required, in such a form that any two or more pages are part of an integrated whole and indivisible;

   (b) given a unique number, with records being retained by the issuing authority of persons to whom certificates bearing particular numbers were supplied.

7. Certificates should be written in the language of the veterinarian signing them, and accompanied by an official translation of the certificate into a language of the country of ultimate destination.

8. Certificates should identify animals individually except in cases where this is impractical e.g. day old chicks.

9. Certificates should not require a veterinarian to certify that there has been compliance with the law of the Community or a third country unless the provisions of the law are set out clearly on the certificate or have been provided to him by the issuing authority.

10. Where appropriate, notes for guidance should be provided to the certifying veterinarian by the issuing authority indicating the extent of the enquiries he is expected to make, the examinations he is required to carry out, or to clarify any details of the certificate which may require further interpretation.

11. Certificates should always be issued and presented in the original. Photocopies are not acceptable.

Provided that:-

(a) a copy of the certificate (clearly marked "COPY") should always be provided to the authority by whom the certificates were issued - see 6 above; and

(b) where, for any good and sufficient reason (such as damage in transit) a duplicate certificate is authorised and supplied by the issuing authority; this must be clearly marked "duplicate" before issue.

12. When signing a certificate, a veterinarian should ensure that:-

(a) he signs and completes any manuscript portions in a colour of ink which does not readily photocopy i.e. a colour other than black.

(b) the certificate contains no deletions or alterations, other than those which are indicated on the face of the certificate to be permissible, and subject to such changes being initialled and stamped by a veterinarian.

(c) the certificate bears not only his signature but also, in clear lettering, his name, qualifications and address and (where appropriate) his official or practice stamps.

(d) the certificate bears the date on which the certificate was signed and issued and (where appropriate) the time for which the certificate will remain valid.

Appendix 13

Implementation of FMD Contingency Plans

Contingency Plan for Bulgaria

Following the information visit of Drs Yanko Ivanov and Pavel Tekerlikov to the MAAF, U.K., in January 1994, a draft Contingency Plan was drawn up by the Ministry of Agriculture of Bulgaria, and submitted to the Chairman of the Commission for review. Minor amendments were proposed . The implementation of the measures included in the Plan were discussed at the Tripartite meeting held in Sofia in November 1994. On this occasion the Chairman and the Secretary visited the **FMD Institute in Sliven**. FMD vaccine production has been stopped since 1993 but other vaccines are still being produced. The Bulgarian proposal to make Sliven Institute a Regional Centre for the surveillance and diagnosis of FMD in the Balkan region could not be accepted by the Tripartite meeting as the prerequisite for this was the agreement of the other two countries i.e. Turkey and Greece.

On the occasion of the Fifty-seventh Session of the Executive Committee of the EUFMD held in Tübingen on 1 and 2 March 1995, the Chief Veterinary Officer of Bulgaria informed the Committee that all the activities regarding FMD diagnosis and control in Bulgaria would be carried out at the Central Veterinary Research Institute, Sofia, and the activities of the Sliven Institute in the field of FMD would be discontinued. The premises of the Central Veterinary Research Institute will need to be renovated and equipped to meet the security standards for FMD laboratories adopted by the Thirtieth Session. The other procedures of the Contingency Plan are under implementation: possibility to pay compensation is provided for by law and a special brigade for surveillance of exotic disease on the southern borders and international roads has been set up.

Contingency Plan for Turkey (Thrace)

The draft plan has been submitted to the Commission for advice after the information visit of Dr Mustafa Imir, Deputy General Director to the MAAF, U.K., in February 1994. It is a very good plan as far as it can be implemented. A few minor amendments have been proposed by the Commission but the new draft has not yet been received from Turkey. All the points requested by the Commission have been included in the Plan.

It must be emphasised in particular that the Turkish law has been modified to provide for payment of compensation to farmers in Thrace in the case of outbreaks. However, due to financial problems, the Turkish Government is not actually in a position to pay such compensation. The possibility for EC through EUFMD to partly support such compensation through EC Trust Fund 911100 **under very strict conditions** has been discussed during the Tripartite Meeting held in Sofia.

The Contingency Plan of Turkey includes all the procedures for rapid control of FMD outbreaks in Thrace. However, it is clear that due to local difficulties and to the lack of money, all the listed measures cannot be applied immediately. In this context, the proposed Contingency Plan should be considered as a guideline for implementing step by step, the new procedures for the control of the disease by stamping out in Thrace. The Turkish Veterinary Authorities have been requested to implement without delay all the measures which do not involve additional expense.

Contingency plans in other countries

On the occasion of his visit to Romania in October 1994, the Secretary of the EUFMD gave all necessary information and background documentation for the preparation of Contingency Plans for Romania to the National FMD Laboratory in Bucharest and to the Staff of the Veterinary Service.

No information on Contingency Plans has been received from the following countries: Albania, Iceland, Lithuania, Poland, Yugoslavia . No Contingency Plans existed in these countries in 1992. Support from the EUFMD, including sponsoring a visit of CVOs or senior officers from certain of these countries to other member countries to help them in drafting their Plans is recommended as has been the case for Turkey and Bulgaria in 1994. Provision for funding such travel has been proposed in the budget for 1995 under Trust Fund 904200.

It must be underlined that:

(1) contingency plans must be **adapted** to the particular situation of each country while broadly following the lines of the U.K. model or other models.

(2) drafting the plan is the first preliminary step but it is of course essential that the different chapters of the Plan be **implemented.**

(3) **frequent updating** of the plan is also essential in order to take into account the change in persons responsible and improvements in the procedures.

Appendix 14

Proposals for New Criteria for Scale of Contributions

1. Background

In 1954, when the Commission was established, three criteria were taken into account for the calculation of the scale of contributions:

1- national income of each country as expressed in the scale of contributions to the Organization,
2- cattle population.
3- risk factor (relative position of each country in regard to possible infection with FMD),

The question of changing the criteria for the scale of contributions was raised at the Twenty-fourth Session of the Commission in Rome in 1981, and at the Forty-fourth and Forty-fifth Sessions of the Executive Committee held in Portugal in 1982 and in Bulgaria in 1983 respectively.

At the Twenty-fifth Session of the Commission held in 1983, the first category of membership was abolished and UK and France entered the second category with the then Federal Republic of Germany and Italy. Therefore, member countries are now classified within five categories i.e. from II to VI. The contributions due from member countries in 1995 vary from a minimum of US$1,300 to a maximum of US$26,000 (see Tables 1 and 2).

The Executive Committee at its Fifty-sixth Session held in Lyons in March 1994, following brief discussion of this subject requested the secretariat:

1- to prepare a list of potential new members and propose a scale of contributions for them;
2- to prepare proposals for the modification of the present criteria taking into consideration:

a. a reduction in the number of categories,
b. trade factors related to animal movement,
c. stock conversion factors,
d. the possibility of discarding the risk factor .

2. Potential new member countries

The potential new members are : **Armenia, Bosnia & Herzegovina, Estonia, Latvia, Slovakia, Slovenia, the Former Yugoslav Republic of Macedonia.** A proposal to join the Commission has been addressed to the potential new members together with a questionnaire on their livestock population and FMD situation. The information received will be used for the determination of the scale of contributions to be proposed for new member countries. The figures of their livestock population (FAO Yearbook 1993) and 1994-1995 contribution to FAO is shown in Table 3. Figures for the Czech Republic and the Federal Republic of Yugoslavia already members are also included in this Table for comparative purposes.

Croatia applied for membership of the Commission on 17 January 1995. Latvia returned the questionnaire duly completed. No reply has been received so far from the other countries. In the case of new countries it is proposed to use the same criteria for the level of contributions as those proposed for other member countries i.e. contribution to FAO, livestock population (see Table 3). Details of the basis for these proposals are provided below. **Under these conditions it is proposed that Croatia**

be included under Category VI (Table 2) and for the future in new Category IV (Table 6).

3. Stock Conversion Factors

In Europe where vaccination has been stopped, all cloven hoofed animals might be considered equally at risk for FMD infection. Therefore, **the pig, sheep, and goat population in addition to the cattle population, should be considered in the calculation of contributions to the Commission.**

The stock conversion factors used for zootechnical and economic purposes could be retained for calculation of losses associated with diseases after stamping out. But for the risk factor, each species should be considered according to:

- the risk it has to get the disease when in contact with a certain amount of virus = **risk of infection**

- the quantity of virus excreted and consequently dissemination of the virus = **risk of spreading**

All cloven-hoofed animals are equally sensitive to FMDV despite the fact that some strains are suspected to be more virulent for some species (type C for pigs). Pigs excrete a much larger quantity of virus than cattle when they become infected and, therefore, must be considered at high risk.

In order to have a practical appraisal it is proposed:

- to take into account the entire domestic animal population
- to apply a conversion factor to each species:

1 for bovines
0.5 for pigs
0.2 for sheep and goats

The figures of livestock and converted livestock populations in Europe are presented in Annexe I

4. Factors related to animal movement

Two FMD free countries with the same livestock population are not at equal risk of FMD infection. The risk factor related to animal movement might take into account the following:

- geographical location of the country
- export and import of live animals (risk of exporting FMD virus, reliability of the health certificate)
- export and import of meat products
- transit risk
- efficiency of veterinary service (subjective)
- reliability of the animal identification system (subjective)

4.1-Geographical location:

The member countries could be classified into three Categories with regard to geographical

location:

-1: a country having no border with another infected country or with a country which experienced FMD outbreak during the past year.

-2: a country having a border with another infected country or with a country which experienced FMD outbreak during the past year.

-3: an infected country or country which experienced an FMD outbreak during the past year.

Due to the possibility of airborne infection, the sea borders must also be taken into account. It must be clear, however, that a particular country is not responsible for the FMD situation in a neighbouring country.

4.2-Import and export of live animals and animal products:

Basically, an importing country will have more risk to become infected than an exporting country, but this risk will greatly depend upon the quantity and type of commodity to be imported and the country of origin. The higher risk is related to live animals imports, but that related to animal products must not be underestimated. The risk applies to the importation of semen and embryo as well.The history of the outbreaks which occurred in the past years in Europe demonstrated that importation of live animals is the main source of introduction of FMD. Certification is an important issue in this respect. The real destination of animals is not always clear as animals for slaughter can be kept for few weeks or months before slaughtering and sometimes even kept for breeding. The risk related to such practices is very high. **Illegal movement of animals and false certification are major concerns for FMD risk.** In the recent past illegal movement and false certification of live animals have been the sources of introduction of the disease (Italy 1993, Bulgaria 1993 and Greece 1994).

4.3-Transit

This risk is difficult to estimate. The greatest risk is associated with the transit of live animals, but the contribution of the transit countries should not be increased because of this risk. The increase should be supported by the exporting and importing countries.

Associated with the risk related to transit, the illegal import of animal products for personal consumption must also be considered. Special reference could be made to the unofficial exchange of meat products in transit, and lorry drivers bringing food for their own consumption, and the Commission could recommend to pay special attention in this regard to the member countries.

Even if considered as essential regarding the FMD risks, the factors related to animal movement are two difficult to evaluate on objective bases and therefore will not be introduced as new criteria for calculation of contribution.

5. Reduction in the number of the Categories

There would seem to be two possibilities:

i) to keep the five Categories and reconsider the number of units of the two lowest categories

in order to bring their contribution into line with the actual costs the Commission incurs for these countries. (Table 4).

ii) to reduce the number of Categories to four (Tables 5 and 6) by combining actual Categories IV and V.

6. Proposals for new criteria

Based on the actual situation, the proposal of the Fifty-sixth Session of the Executive Committee, and on the difficulties related to the evaluation of risks related to geographical situation and animal movements, the following two criteria have been proposed for consideration by the Fifty - Seventh Session of the Executive Committee (see Annexe II):

6.1-the contribution of the Member countries to the FAO Regular Programme

The 1994-1995 FAO scales of contribution have been decided by the FAO Conference on 24 November 1993. It is deriveted directly from the United Nations scale of asseessment in force during 1993.

6.2-number of susceptible animals exposed to the disease

The cattle, sheep, goat and pig population is presented in Annexe I. The livestock figures are those of 1993 FAO Yearbook with the exception of Belgium and Luxembourg for which FAO figures were common for the two countries and therefore Eurostat figures have been considered. The percentage of converted livestock population calculated as indicated in paragraph 3 has been included (Annexe I).

Based on these two criteria and **taking the same coefficient of 0.5 for both,** a new evaluation for the percentage of contribution of each country has been made (Annexe II, Column d).

According to the second proposal for the reduction of the number of Categories (Table 5), Categories IV and V could be combined. The proposed new limits of the Categories as indicated in column d and g of Annexe II, should be:

0 - 0.50%	Category 4
0.50 - 2%	Category 3
2.0 - 8%	Category 2
>8%	Category 1

The new proposals for classification of the countries taking into account a) the reduction of the number of Categories from 5 to 4, and b) the new criteria, are summarized in Tables 6 and 7. The levels of contribution proposed for Categories III and IV are: US$ 7,800 for Category III and US$ 2,600 for Category IV. Contributions for categories I and II are not modified : US$ 26,000 for Category I, US$ 13,000 for Category II (See Table 6). Annual contributions with present membership would therefore amount to US$ 330,200.

The two following points must be underlined:

1- The new proposals if accepted by the Thirty-first Session could be implemented only after the Thirty-second session in 1997 i.e. for the contribution of 1998.

2- The updated figures of FAO contributions and livestock populations will be applied in 1997 for the new calculation of contribution. The countries which have had a drop in livestock population since 1993 could possibly be classified in lower category than that indicated in Annexe II.

7.Proposals for the future - possibility of discarding the risk factors

The following statements and proposals are made **for future consideration.**

One particular country might apply measures to limit the risk of FMD introduction into its territory and usually these measures would apply for limiting the risk for the other countries as well.

However, one particular country might apply more strict measures for importation and for transit than those applied for export to another country. In this respect, which is mainly related to certification the risk of FMD introduction into another country could increase. The implementation of the measures for maintenance of FMD freedom are under the responsibility of the Veterinary Service and the level of implementation of the measures related to each risk factor could be used for the evaluation of the efficiency of the Veterinary Service in the field of FMD surveillance.

7.1 Risk factors to be reduced:

- The geographical situation of a country vis-à-vis an FMD infected country.
The risk associated with the geographical situation cannot be discarded, however it can be greatly reduced by taking the appropriate measures at the borders and implementing an efficient surveillance system in the critical zones.

- The current situation of the country regarding FMD (see risk factors - Item 7)

Category 1: country currently or recently infected.
Category 2: non-infected country with medium or high risk of becoming infected.
Category 3; non-infected country with low risk of becoming infected.

- Level of implementation of Contingency Plan

Certain of the identified risks can be reduced or eliminated by taking the appropriate measures. Firstly the existence of a Contingency Plan could be considered and secondly the level of its implementation.

- Level of implementation of identification and recording system for animal movement

- The implementation level of the 12 principles of Certification.

7.2 Proposed indicators

The measures taken by individual countries for decreasing the risk factor must be estimated by using measurable and pertinent indicators.

The proposed indicators to estimate the effectiveness of the measures which should be taken by one particular country to prevent the introduction and the diffusion of the disease and limit the risk of spreading to another country if introduced could be:

- The number of suspected cases of Vesicular disease reported to the Veterinary Services
This indicator will indicate the level of vigilance of veterinarians regarding FMD in one particular country. A country in which the Veterinary Service did not record any suspicion over a long period, most probably has no surveillance system for FMD.

- The number of FMD outbreak simulation exercises organised

- The annual number of samples submitted to the National FMD laboratory or to the WRL for suspicion of vesicular disease by an FMD free country.

- The number of episodes and outbreaks of FMD reported since 1991.
This is mainly related to the geographical situation and to trade.
Meanwhile, it must be assumed that the experience of an FMD outbreak in a country makes the Veterinary Service of this country more aware of and efficient in preventing new outbreaks.

The general objective of taking into account the indicators would be to encourage member countries to apply the proper measures to prevent the introduction of the disease on its territory and also to take all the measures to avoid exposing other member countries to the disease (reliability of certification).

Table 1 - Actual Categories of the member countries

Categories				
II	III	IV	V	VI
France	Belgium	Austria	Bulgaria	Albania
Germany	Denmark	Finland	Greece	Cyprus
Italy	Netherlands	Hungary	Ireland	Iceland
U.K.	Poland	Romania	Israel	Luxembourg
	Spain	Turkey	Lithuania	Malta
	Sweden	Yugoslavia	Norway	*Croatia**
	Switzerland	Czech Rep.	Portugal	

* *new member country*

Table 2 - Actual Contribution by Category

Categories Contributions 1995 in US$	II 26,000	III 13,000	IV 7,800	V 3,900	VI 1,300
Number of Units	20	10	6	3	1
% of the total budget of each country of the Category	9.5	4.7	2.8	1.4	0.5
Member countries by Category	4	7	7	7	5
% of the total budget of all countries of the Category	38	33	20	10	2,5

Table 3 - 1994-1995 CONTRIBUTION TO FAO AND LIVESTOCK POPULATION IN POTENTIAL NEW MEMBER COUNTRIES

(1993 FAO Production Yearbook)

Country	Cont.to FAO (%)	Cattle	Buffalo	Sheep	Goats	Pigs	% of converted livestock***
Czech Rep	0.48	2,512,000		254,000	45,000	4,599,000	2.00
Slovak Rep	0.15	1,203,000		467,000	11,000*	2,281,000	0.98
Bosnia	0.05	685,000*	1,000*	1,080,000*		550,000*	0.47
FYR Macedonia	0.02	285,000	1,000*	2,351,000		173,000	0.34
Croatia	0.15	590,000		524,000	114,000	1,262,000	0.55
Slovenia	0.10	504,000		21,000	8,000	602000	0.33
Yugoslavia FR	0.18	1,991,000**	19,000	2 752 000		4092000**	1.89
Estonia	0.08	661,000**		144 000**		772000**	0.43
Armenia	0.15	549,000		850 000*	18 000*	243000*	0.34
Latvia	0.15	1,144,000		165 000	5 000	867000	0.65

* FAO estimate

** Unofficial figures

*** Refers to the Livestock Population in Europe, see Annexe I

Table 4 - First proposal for modification of the number of units for Categories V and VI

Categories	Proposed number of units	Actual number of units
II	20	20
III	10	10
IV	6	6
V	4	3
VI	2	1

Table 5 - Second proposal for the reduction of the number of Categories

Actual categories	New categories	Proposed number of units
II	I	20
III	II	10
IV -V	III	6
VI	IV	2

Table 6 - New Proposed Contribution by Category

Categories **Contributions 1995 in US$**	I 26,000	II 13,000	III 7,800	IV 2,600
Number of Units	20	10	6	2
Actual member countries by Category	4	9	11	7
Contribution to annual budget (US$325,000)	104,000	117,000	85,800	18,200
% of the total contribution	32	36	26.4	5.6
% of contribution of each country	7.9	3.93	2.36	0.79

Table 7 - New Categories of the member countries and potential new members

Categories			
I	II	III	IV
France	Belgium	Austria Bulgaria	Albania Croatia
Germany	Denmark	Finland Greece	Cyprus
Italy	Netherlands Turkey	Hungary Lithuania	Iceland Israel Malta
U.K.	Poland Romania	Norway Portugal	Luxembourg
	Spain Sweden Switzerland	Czech Rep. Ireland	*Slovenia** *Bosnia** *Macedonia**
		Yugoslavia	*Armenia**
		*Slovak Rep**	*Estonia** *Latvia**

**proposed category for countries which are not yet members (based on livestock population and contribution to FAO)*

ANNEXE I

LIVESTOCK POPULATION IN EUROPE (1993 FAO Yearbook)

COUNTRY	CATTLE	SHEEP	GOAT	PIG	TOTAL LIVESTOCK	PERCENTAGE OF LIVESTOCK	CONVERTED STOCK	% of CONVERTED STOCK
ALBANIA	452,000	1,200,000	750,000	140,000	2,802,000	0.52	912,000	**0.36**
AUSTRIA	2,401,000	312,000	39,000	3,720,000	7,337,000	1.35	4,331,200	**1.71**
BELGIUM	3,127,000	125,000	8,000	7,069,000	11,184,000	2.06	6,688,100	**2.64**
BULGARIA	996,000	4,814,000	611,000	2,680,000	9,675,000	1.78	3,421,000	**1.35**
CYPRUS	56,000	295,000	205,000	297,000	853,000	0.16	304,500	**0.12**
CROATIA	590,000	524,000	114,000	1,262,000	2,490,000	0.46	1,348,600	**0.53**
CZECH-REP	2,512,000	254,000	45,000	4,599,000	7,410,000	1.36	4,871,300	**1.92**
DENMARK	2,115,000	93,000		10,870,000	13,825,000	2.54	7,568,600	**2.99**
FINLAND	1,232,000	62,000	5,000	1,309,000	3,049,000	0.56	1,899,900	**0.75**
FRANCE	20,328,000	10,380,000	1,040,000	12,564,000	49,583,000	9.12	28,894,000	**11.41**
GERMANY	16,200,000	2,298,000	86,000	26,466,000	51,066,000	9.39	29,909,800	**11.81**
GREECE	632,000	9,659,000	5,830,000	1,040,000	17,468,000	3.21	4,249,800	**1.68**
HUNGARIA	1,159,000	1,752,000	25,000	5,364,000	8,818,000	1.62	4,196,400	**1.66**
IRELAND	6,265,000	6,125,000	9,000	1,423,000	15,209,000	2.80	8,203,300	**3.24**
ICELAND	76,000	500,000		21,000	629,000	0.12	186,500	**0.07**
ISRAEL	357,000	330,000	100,000	100,000	996,000	0.18	493,000	**0.19**
ITALY	7,783,000	10,403,000	1,321,000	8,307,000	30,695,000	5.65	14,281,300	**5.64**
LITHUANIA	1,701,000	52,000	9,000	1,360,000	3,122,000	0.57	2,393,200	**0.95**
LUXEMBOURG	205,000	7,000	1,000	72,000	285,000	0.05	242,600	**0.10**
MALTA	24,000	6,000	5,000	109,000	150,000	0.03	80,700	**0.03**
NETHERLANDS	4,794,000	2,000,000	36,000	13,709,000	22,360,000	4.11	12,055,700	**4.76**
NORWAY	976,000	2,316,000	89,000	745,000	4,465,000	0.82	1,829,500	**0.72**
POLAND	7,643,000	1,268,000		18,860,000	32,320,000	5.95	17,326,600	**6.84**
PORTUGAL	1,345,000	5,601,000	858,000	2,547,000	10,755,000	1.98	3,910,300	**1.54**
ROMANIA	3,853,000	12,079,000	805,000	9,852,000	28,487,000	5.24	11,355,800	**4.48**
SPAIN	4,800,000	24,800,000	2,800,000	18,000,000	51,916,000	9.55	19,320,000	**7.63**
SWEDEN	1,773,000	448,000		2,390,000	5,139,000	0.95	3,057,600	**1.21**
SWITZERLAND	1,745,000	424,000	57,000	1,692,000	4,698,000	0.86	2,687,200	**1.06**
TURKEY	12,303,000	39,416,000	10,458,000	12,000	68,308,000	12.57	22,283,800	**8.80**
UK	11,708,000	29,333,000		7,869,000	51,700,000	9.51	21,509,100	**8.49**
YUGOSLAVIA	1,991,000	2,752,000		4,092,000	11,180,000	*2.06*	4,587,400	**1.81**
*SLOVAK REP**	*1,203,000*	*467,000*	*11,000*	*2,281,000*	*3,962,000*	*0.73*	*2,439,100*	***0.96***
BOSNIA	*686,000*	*1,080,000*		*550,000*	*2,316,000*	*0.43*	*1,177,000*	***0.46***
MACEDONIA	*286,000*	*2,351,000*		*173,000*	*2,810,000*	*0.52*	*842,700*	***0.33***
SLOVENIA	*504,000*	*21,000*	*8,000*	*602,000*	*1,135,000*	*0.21*	*810,800*	***0.32***
ESTONIA	*661,000*	*144,000*		*772,000*	*1,577,000*	*0.29*	*1,075,800*	***0.42***
ARMENIA	*549,000*	*850,000*	*18,000*	*243,000*	*1,660,000*	*0.31*	*844,100*	***0.33***
LATVIA	*1,144,000*	*165,000*	*5,000*	*867,000*	*2,181,000*	*0.40*	*1,611,500*	***0.64***
TOTAL	126,175,000	174,706,000	25,348,000	174,028,000	543,615,000	100.00	253,199,800	**100.00**

** non member countries in italic*

ANNEXE II

PROPOSED NEW BASES FOR CALCULATION OF CONTRIBUTIONS TO EUFMD COMMISSION
(countries classified according to the new percentage of contribution calculated in column d)

a	b	c	d*	e	f	g
Country	**% converted Stock**	**% FAO Contribution**	**new % of Contribution**	**Actual Category**	**Proposed Category for new members**	**Proposed new classification in 4 categories**
MALTA	0.03	0.02	**0.03**	6		4
ICELAND	0.07	0.07	**0.07**	6		4
CYPRUS	0.12	0.05	**0.08**	6		4
LUXEMBOURG	0.10	0.16	**0.13**	6		4
*MACEDONIA***	*0.33*	*0.05*	***0.19***		*6*	4
ALBANIA	0.36	0.02	**0.19**	6		4
SLOVENIA	*0.32*	*0.23*	***0.28***		*6*	4
BOSNIA	*0.46*	*0.12*	***0.29***		*6*	4
ESTONIA	*0.42*	*0.19*	***0.31***		*6*	4
ARMENIA	*0.33*	*0.35*	***0.34***		*6*	4
ISRAEL	0.19	0.61	**0.40**	*5*		4
CROATIA	*0.53*	*0.35*	***0.44***		*6*	4
LATVIA	*0.64*	*0.35*	***0.49***		*6*	4
SLOVAK REP	*0.96*	*0.35*	***0.66***		*5*	*3*
LITHUANIA	0.95	0.40	**0.67**	*5*		*3*
BULGARIA	1.35	0.35	**0.85**	*5*		*3*
PORTUGAL	1.54	0.54	**1.04**	*5*		*3*
HUNGARIA	1.66	0.49	**1.07**	4		*3*
NORWAY	0.72	1.47	**1.10**	*5*		*3*
YUGOSLAVIA	1.81	0.42	**1.12**	4		*3*
FINLAND	0.75	1.52	**1.14**	4		*3*
GREECE	1.68	0.94	**1.31**	*5*		*3*
CZECH-REP	1.92	1.12	**1.52**	4		*3*
AUSTRIA	1.71	2.01	**1.86**	4		*3*
IRELAND	3.24	0.49	**1.87**	*5*		*3*
SWITZERLAND	1.06	3.11	**2.09**	3		2
SWEDEN	1.21	2.97	**2.09**	3		2
DENMARK	2.99	1.73	**2.36**	3		2
ROMANIA	4.48	0.47	**2.48**	4		2
BELGIUM	2.64	2.83	**2.74**	3		2
POLAND	6.84	1.26	**4.05**	3		2
NETHERLANDS	4.76	4.03	**4.39**	3		2
TURKEY	8.80	0.73	**4.76**	3		2
SPAIN	7.63	5.29	**6.46**	3		2
ITALY	5.64	11.49	**8.57**	2		1
U.K.	8.49	13.44	**10.97**	2		1
FRANCE	11.41	16.06	**13.73**	2		1
GERMANY	11.81	23.90	**17.86**	2		1
TOTAL	100.00	100.00	**100.00**			

* d=b/2+c/2

** countries which are not yet members are in italic.

Appendix 15

Proposals for amendments to the Constitution

The purpose of these proposals is 1) to allow greater flexibility in the performance of the Commission's activities and, 2) to take into consideration the admission of the European Community to membership of FAO.

The Secretariat consulted the FAO Legal Office in the preparation of these proposals in order to ensure compliance with the Commission's Constitution, Rules of Procedure and Financial Regulations:

1 - Status of Conventions or agreements concluded under Article XIV of the Constitution of FAO

There are two points to consider:

(1) The purpose of the amendments to Resolution 46/57 of the Conference and its Appendix (Section R of the Basic Texts of FAO) as adopted by the Twenty-sixth Session of the Conference of FAO in 1991 was to allow greater flexibility in conventions or agreements under Article XIV of the Constitution of FAO, and, if required, greater responsibility for bodies established under these conventions or agreements. These amendments are not compulsory with respect to the conventions, agreements or bodies so established, each of the latter being free to decide whether or not to introduce amendments to modify these conventions or agreements.

(2) The Constitution of the Commission itself: the autonomy of the Commission is limited by its Constitution, of which paragraph 1 of Article XIV stipulates that "*This Constitution may be amended by the Commission by a two-thirds majority of the membership of the Commission". Paragraph 3 of Article XIV spells out the amendment procedure "No proposal for the amendment of the Constitutions shall be included in the agenda of any session unless notice thereof has been received by the Director-General of the Organization at least 120 days before the opening of the session."*

The following proposals are submitted for review and agreement by the Thirty-first Session to ensure that the amendments to the Constitution may be submitted to the Commission for approval at its Thirty-second Session in 1997.

2 - Adhesion of the European Community to the Commission

The EC is presently invited to attend the meetings of the Commission only in an observer capacity. This is paradoxical considering the support granted by the EC to the Commission. It would therefore be desirable to introduce amendments allowing a regional economic integration organization to become a member of the Commission. **Participation of the European Community would imply prior amendment of Article I of the Constitution of the Commission stipulating that membership in the Commission is only open to States. The amendment will no doubt imply further amendments.**

3 - Invitation of observers to Sessions a) of the Executive Committee and b) of the Research Group

a) Executive Committee

Rule VII of the Rules of Procedure of the Executive Committee of the Commission provides that:

"In accordance with Article X of the Constitution, the Chairman of the Commission shall be the Chairman of the Executive Committee. He shall have, in relation to meetings of the Executive Committee, the same powers and duties as he has in relation to the meetings of the Commission"..... "Meetings of the Committee shall be held in private unless otherwise determined by the Commission."

It would be advisable to amend the Rules of Procedure so as to specify that observers may be invited to sessions of the Executive Committee as moved by the Chairman of the Committee, subject to confirmation by the Committee.

b) Research Group

Neither the Constitution of the Commission nor its Rules of Procedure anticipate the participation of observers in bodies established by the Commission.

It is proposed to amend the Rules of Procedure to specify that observers may be invited to meetings of bodies established by the Commission, (such as the Research Group), and that such observers may be invited as moved by the Chairman of the body (the Research Group), and agreed by the Chairman of the Executive Committee subject to confirmation by the body (the Research Group).

4 - Closing of the special account (considered neither useful nor adapted to the present accouting system).

Article XIII.7: The proposed modification concerning the utilization of the "special account" implies the amendment of said paragraph, and, if required, paragraph 6 of Article XIII as well.

"Article XIII Finance

.....

6. All contributions received shall be placed in a trust fund administered by the Director-General of the Organization in conformity with the Financial Regulations of the Organization.

7. At the end of each financial period, any uncommitted balance of the Administrative Budget shall be placed in a special account to be available for the purposes outlined in Articles IV and V."

5 - Reimbursement of travel costs for members of the Executive Committee and of the Research Group

Under the current system, tickets for travel undertaken in the context of the Commission's activities must be issued by the official FAO Travel Agent, which may entail problems for members of committees and bodies and higher costs than had the tickets been purchased by the traveller or by the traveller's administration. Greater flexibility for the Commission is desired.

It is proposed to make it possible to pre-finance or reimburse the travel costs of members of the Executive Committee or Research Groups, or experts invited in their personal capacity by the Commission to attend its meetings or meetings of its committees or bodies.

This would imply an amendment to paragraph 3 of Article XII of the Constitution of the Commission.

"Article XII Administration

.....

3. Expenses incurred by delegates, their alternates, experts and advisers when attending sessions of the Commission and its committees as government representatives, as well as the expenses incurred by observers at sessions, shall be borne by the respective governments or organizations. The expenses of experts invited by the Commission or its committees in their individual capacity shall be borne by the budget of the Commission."

6 - Timetable and procedures

Delegates to the Thirty-first Session are requested to review the above proposals for amendments to the Constitution so that, after review by the FAO Legal Office, they may be submitted for adoption to the Thirty-second Session in 1997.

In accordance with Article XIV of the Constitution, one (or several) Member State(s) of the Commission should give notice of any proposals for amendments through the Executive Committee or the Commission itself to the Director-General of FAO at least 120 days before the opening of the session.

In this specific case, if the above proposals are approved by the Commission they will be included in the Report of the Thirty-first Session for submission to the Director-General and officially communicated by him to the Member States in view of their adoption by the Commission at its Thirty-second Session.

Appendix 16

FOOD AND AGRICULTURE ORGANIZATION

OF THE UNITED NATIONS

EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE

FINANCIAL REPORT AND STATEMENTS 1994

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE

The European Commission for the Control of Foot-and-Mouth Disease is a body established under Article XIV of the Organization's Constitution for the purpose of promoting and coordinating national and international action for the control of foot-and-mouth disease in Europe and its final eradication. Its funds are handled as a Trust Fund under Financial Regulation 6.7.

FUNDS

The Organization does not maintain separate bank accounts for each Trust Fund, but instead manages and invests Trust Fund monies combined in pooled bank accounts. The balance of funds held by the Organization on behalf of the European Commission for the Control of Foot-and-Mouth Disease as at 31 December 1994 amounted to US$114,479.

INCOME AND EXPENDITURE

Contributions to the Commission's Trust Funds amounting to US$251,219 were received from Member countries of the Commission in 1994. Contributions for 1994 amounted to US$240,494, and contributions received in arrears for earlier years amounted to US$10,725. The Commission's Trust Fund was credited with interest earned during 1994 amounting to US$6,391. Administrative costs for 1994 amounted to US$206,318.

SERVICES PROVIDED BY THE ORGANIZATION

During 1994 the Organization made available without charge the use of accommodation and facilities, to a total estimated value of $50,000.

D.C. McLean
Chief, Accounting and Financial Service
Financial Services Division

21 February 1995

STATEMENT 1

MTF/INT/011/MUL – TF number 904200

EUROPEAN COMMISSION FOR THE CONTROL OF FOOT–AND–MOUTH DISEASE

Financial Report as at 31 December 1994 (Final)

	US$	US$
INCOME AND EXPENDITURE STATEMENT		
Balance as at 1 January 1994		63,187
Income		
Interest received	6,391	
Contribution from member countries (As per statement 2)	251,219	257,610
Expenditure		
Commission Secretary (7 months salary)	99,900	
Admin. Support Personnel	65,531	
Duty Travel	17,772	
Contracts	23,000	
General Operating Expenses	115	
Total Expenditure		(206,318)
Balance as at 31 December 1994 (Final)		**114,479**

TRUST FUND No. 9042.00 – MTF/INT/011/MUL –
Inter–Regional – Euopean Commission for the Control of Foot–and–Mouth Disease

Status of Contribution due as at 31 December 1994 – (Final)
(expressed in US$)

Member Governments	Outstanding 31/12/1993	Contribution due for 1994	Received up to 31/12/1994	Outstanding 31/12/1994
ALBANIA	3,513.39	1,300.01		4,813.40
AUSTRIA	0.00	7,800.71	7,800.71	0.00
BELGIUM	0.00	13,000.40		13,000.40
BULGARIA	7,444.63	3,900.09		11,344.72
CYPRUS	0.00	1,300.01	1,300.01	0.00
CZECH REPUBLIC	298.08	0.00		0.00 a/
DENMARK	0.00	13,000.40	13,000.40	0.00
FINLAND	0.00	7,800.71	7,800.71	0.00
FRANCE	0.00	26,000.83	26,000.83	0.00
GERMANY	0.00	26,000.83	26,000.83	0.00
GREECE	30.00	3,900.09	3,900.09	30.00
HUNGARY	1,652.80	7,800.71	7,800.71	1,652.80 a/
ICELAND	0.00	1,300.01		1,300.01
IRELAND	0.00	3,900.09	3,900.09	0.00
ISRAEL	0.00	3,900.09	3,900.09	0.00
ITALY	0.00	26,000.83	26,000.83	0.00
LITHUANIA	2,925.00	3,900.09	6,825.09	0.00
LUXEMBOURG	0.00	1,300.01	1,300.01	0.00
MALTA	0.00	1,300.01	1,300.01	0.00
NETHERLANDS	15.00	13,000.40	13,000.40	15.00 b/
NORWAY	0.00	3,900.09	3,900.09	0.00
POLAND	0.00	13,000.40	13,000.40	0.00
PORTUGAL	0.00	3,900.09	3,900.09	0.00
ROMANIA	7,800.71	7,800.71	7,800.00	7,801.42
SPAIN	0.00	13,000.40	13,000.40	0.00
SWEDEN	0.00	13,000.40	12,985.40	15.00 b/
SWITZERLAND	0.00	13,000.40	13,000.40	0.00
TURKEY	0.00	7,800.71	7,800.71	0.00
UNITED KINGDOM	0.00	26,000.83	26,000.83	0.00
YUGOSLAVIA	21,058.46	7,800.71		28,859.17 c/
TOTALS	44,738.07	275,611.06	251,219.13	68,831.92

a/ $298.08 and $1,652.80 to be considered as uncollectible (57th Session Executive Committee 1–2 March 1995)
b/ o/s amount due to bank charges, not to be called
c/ o/s amount not to be called

STATEMENT 3

Summary of Contribution Received in Arrears in 1994

Received in Arrears for earlier Years	US$
Romania	7,800
Lithuania	2,925
	10,725

European Commission for the Control of Foot-and-Mouth Disease

Trust Fund 904200 MTF/INT/011/MUL

Revised Annual Administrative Budget for 1995

Source of Funds: Contributions from Member countries

Pledged income 1995 -	**US$275,611**
(See Projected Balance Sheet 1995)	
TOTAL	**US$ 275,611**
Balance as at 31 December 1994 (see Statement 1)	**US$ 114,479**
TOTAL	**US$ 114,479**

Application of Resources in 1995:

Component 1101	
-Outstanding transfer personal effects entitlement (1993)	**US$ 8,750**
-P-4 An. Health Off. x 6 months; P-5 x 6 months[1]	**US$ 106,123**
-Education grant 1994/1995	**US$ 19,000**
Component 1300	
-G-6 Admin. Assistant x 12 months	**US$ 69,000**
-Temp. staff (interpreters/support staff 31st Session)	**US$ 15,000**
-Overtime for support staff during Session	**US$ 1,000**
Sub-total Personal Services	**US$ 218,873**
Component 2000	
- Duty travel secretariat	**US$ 20,000**
Component 3000	
- Contracts: WRL EUFMD US$20,000 p.a. & Coll. Lab Study and other Contractual Services[2]	**US$ 35,338**
Component 4000	
- Gen. Operating Expenses (Hospitality/Misc.)	**US$ 1,400**
Sub-total	**US$ 56,738**
TOTAL	**US$ 275,611**

SPECIAL ACCOUNT

Component 2000	
- Travel Research Group	US$ 20,000
- Travel & related FMD Contingency Planning	US$ 15,000
Component 3000	
- Milk testing	US$ 10,000
Unallocated Balance	US$ 69,479
TOTAL	**US$ 114,479**

[1] 7% over previous year's actual expenditure to allow for inflation - FAO standard practice. Proposal to reinstate post of Secretary at P5 level as of 1 June 1995 approved by Thirty-first Session representing an increase of approximately US$2,900 over the figure indicated above.

[2] Proposal to increase annual contribution of EUFMD to WRL from US$15,000 to US$20,000 effective from 1995 agreed by Thirty-first Session, US$8,900 outstanding from 1994 and other Contractual Services

TF 9042 - Projected Balance Sheet 1995

Pledged income 1995		**US$ 275,611.06**
-does not include **Albania** and **Yugoslavia** -does include **Czech Republic** -does include **Croatia** (member as of January 1995) level of contribution (US$1,300.01) agreed by 57th Session of Executive Committee -assumes present contribution level unchanged		
Balance as at 31 December 1994 (Final) **(see Statement 1 and Budget for Special Account)**[1]		**US$ 114,479.00**
Prior years' pledges not yet collected (see Statement 2):	US$68,831.92	
Less uncollectible pledges:[2]	(US$35,325.37)	
		US$ 33,506.55
Less forecast expenditure 1995 under Annual Administrative Budget[3]		(US$275,611.06)
Less forecast expenditure 1995 under SPECIAL ACCOUNT		(US$45,000.00)
Balance expected 31 December 1995		**US$102,985.55**

[1] Regulation IV, 4.4 - the balance at the end of the 12-month period shall be transferred to the Special Account Article XIII.7 of the Constitution/see Special Functions Art.V.

[2] Prior year's pledges of US$35,325.37 covering contribution due for 1991/1992/1993/1994, for Albania (US$ 4,813.40) and Yugoslavia (US$28,859.17), will probably not be collected and so are not included in income above. The Fifty-seventh Session of the Executive Committee which met in Tübingen, Germany, on 1 and 2 March 1995, agreed that the amount of US$1,652.80 representing exchange rate difference for Hungary should be regarded as uncollectible and so is not included in income above.

[3] Proposal to reinstate post of Secretary at P5 level as of 1 June 1995 approved by Thirty-first Session; this respresents an increase of approximately US$2,900 over indicated forecasted expenditure for 1995.

European Commission for the Control of Foot-and-Mouth Disease

Trust Fund 904200 MTF/INT/011/MUL

Provisional Annual Administrative Budget for 1996

Source of Funds: Contributions from Member countries		Application of Resources in 1996:	
Pledged income 1996	**US$275,611**		
		Component 1101	
		-P-5 Animal Health Officer x 12 months[1]	**US$ 119,840**
		-Education grant 1995/1996	**US$ 19,000**
		Component 1300	
		-G-6 Admin. Assistant x 12 months	**US$ 71,500**
		Sub-total Personal Services	**US$ 210,340**
		Component 2000	
		- Duty travel secretariat/Research Group	**US$ 25,000**
		Component 3000	
		- Contracts: WRL EUFMD US$20,000 p.a. & Coll. Lab Study and other Contractual Services	**US$ 39,871**
		Component 4000	
		- Gen. Operating Expenses (Hospitality/Misc.)	**US$ 400**
		Sub-total	**US$ 65,271**
TOTAL	**US$ 275,611**	**TOTAL**	**US$ 275,611**

(Budget for SPECIAL ACCOUNT to be proposed when provisional accounts for 1995 available)

[1] 7% increase to allow for inflation - FAO standard practice.

TRUST FUND 911100 MTF/INT/003/EEC Income/expenditure 1993 and 1994 - approved budget 1995					
Component	Budget 1993[1]	Exp. 1993	Budget 1994	Exp. 1994	Budget 1995
1151-Consultants - Laboratories Southeastern Europe - Training for Contingency Planning	US$ 40,000	US$ 172	US$ 30,000	-	US$ 10,000 10,000
2000-Duty travel - Tripartite FMD Group/Session Research Group, Vladimir, 1995	16,000	25,804	20,000	23,391	33,000
3000-Contracts- serological surveys	40,000	169	30,000	10,000[2]	-
4000-General Operating Expenses	-	-	-	6	2,500
5000-Expendable equipment - vaccine for emergency outbreaks	100,000	7,330	100,000	-	100,000[3]
9100-Support costs (6%) on all items except vaccine	3,360	1,569	4,800	2,004	3,330
TOTAL	199,360	35,044	184,800	35,401	158,830

Cash balance 1 January 1993	US$1,215,637
Interest 1993	US$ 30,422
Less expenditure 1993	*US$ (35,044)*
Cash balance 1 January 1994	**US$1,211,015**
Interest 1994 (Fin. Statement 17)	US$ 42,920
Less expenditure 1994 (Fin. Statement 17)	US$ (35,401)
Cash balance 01.01.95	US$1,218,534

[1] 1993 Budget approved by Executive Committee

[2] Contribution towards joint EUFMD/EMPRES Workshop to be held in Bulgaria from 29 May to 02 June 1995

[3] For use in non-EU countries in special emergency situations

TRUST FUND 909700 MTF/INT/004/MUL Income/expenditure 1993 and 1994 - approved budget 1995					
Component	Budget 1993[1]	Expenditure 1993	Budget 1994	Expenditure 1994	Budget 1995
	US$	US$	US$	US$	US$
2000-Duty travel	8,000	3,580	8,000		5,000
3000-Contracts	-	-	-	8,752[2]	-
5000-Expendable equipment - vaccine for emergency outbreaks	50,000	-	50,000	-	50,000[3]
9100-Support costs (6%) on all items except vaccine	480	215	480	525	300
TOTAL	58,480	3,795	58,480	9,277	55,300

Cash balance 1 January 1993	**US$105,328**
Interest 1993	**US$ 2,653**
Less expenditure 1993	***US$ (3,795)***
Cash balance 31 December 1993	**US$104,186**

Interest 1994 (Fin. Statement 17)	**US$ 3,714**
Less expenditure 1994 **(Fin.Statement 17)**	**(US$ 9,277))**
Cash balance 01.01.95	**US$98,623**

[1] 1993 Budget approved by Executive Committee

[2] Contribution towards joint EUFMD/EMPRES Workshop to be held in Bulgaria from 29 May to 02 June 1995; actual amount US$10,000 - difference in expenditure due to refund to TF9097 of US$1,247.

[3] For use in non-EU countries in special emergency situations

Appendix 17

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