

REPORT

EXECUTIVE COMMITTEE

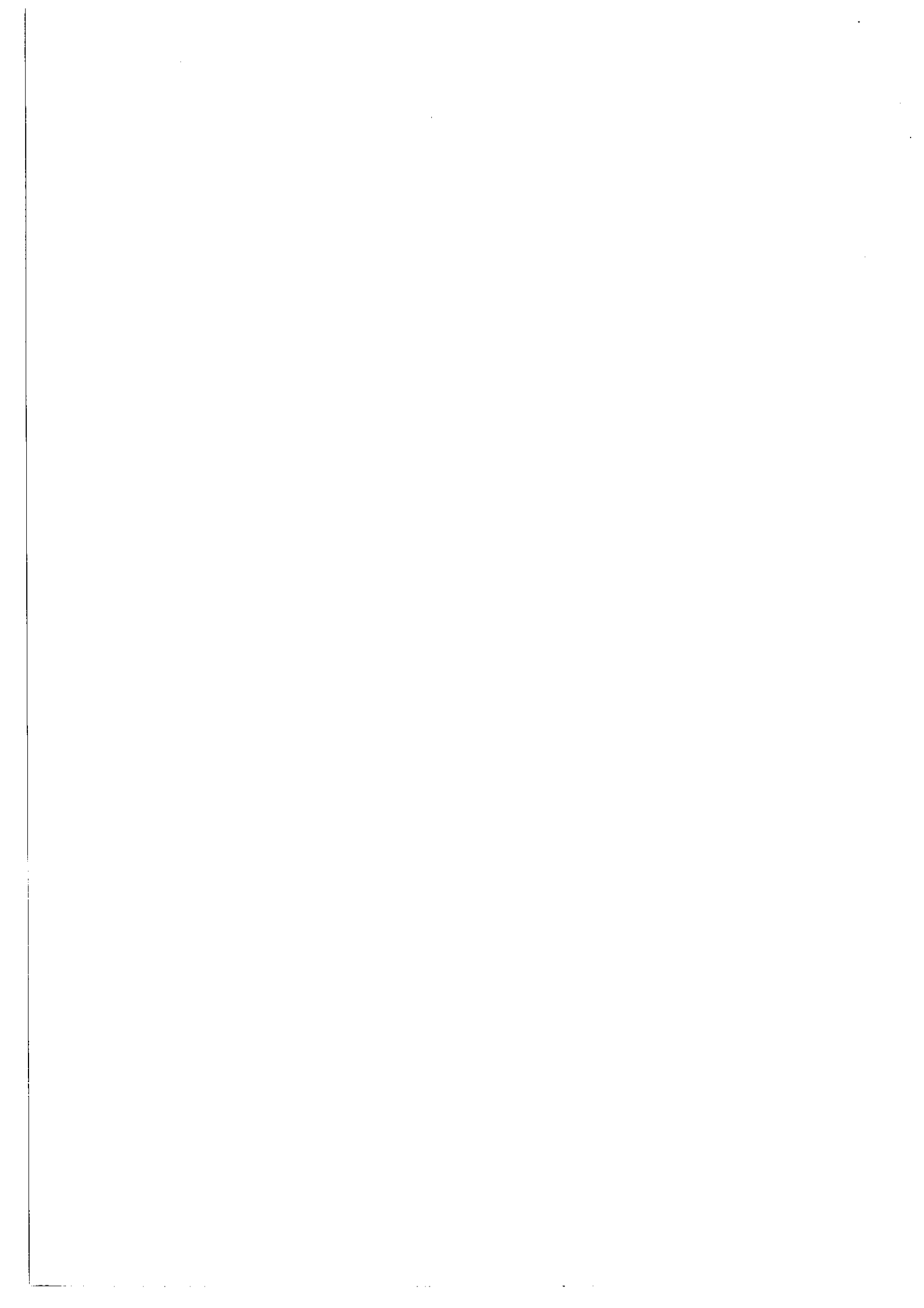
*Vilnius,
Lithuania,
7 & 8 November
2002*

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

Sixty-eighth Session



Food
and
Agriculture
Organization
of
the
United
Nations



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

REPORT

of the

Sixty-eighth Session of the Executive Committee

**Vilnius, Lithuania
7 and 8 November 2002**

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INTRODUCTION

The Executive Committee of the European Commission for the Control of Foot-and-Mouth Disease (EUFMD) held its Sixty-eighth Session in Vilnius, Lithuania on 7 and 8 November 2002.

Members of the Committee present:

Dr Leos Celeda (Chairman)
Dr Dionisis Panagiotatos, Greece (1st Vice-Chairman)
Dr Preben Willeberg, Denmark (2nd Vice-Chairman)
Dr Yanko Ivanov, Bulgaria
Mrs Dr Karin Schwabenbauer, Germany
Dr Tibor Soós, Hungary
Dr Hüseyin Sungur, Turkey

Observers:

Chairman of the Research Group

Dr Kris De Clercq, CODA-CERVA-VAR, Belgium

EC

Dr Alf-Eckbert Füssel, SANCO, E2, EC, Brussels, Belgium

OIE

Represented by Dr Kazimieras Lukauskas, Director, State Food and Veterinary Service (SFVS), Vilnius, Lithuania

WRL

Dr David Paton, Pirbright Laboratory, UK

FAO

Dr Yves Cheneau, Chief, Animal Health Service, AGA, Rome, Italy

Lithuania

Dr Kazimieras Lukauskas, Director, State Food and Veterinary Service, Vilnius
Dr Jonas Milius, Director, National Veterinary Laboratory, Vilnius
Dr Alfredas Puodžiūnas, Audit Department, SFVS, Vilnius
Dr Algis Dranseika, Head, Animal Health Department, SFVS, Vilnius
Dr Ramūnas Freigofas, Deputy Head, Animal Health Department, SFVS
Ms Rūta Bajorūnaitė, Senior Veterinary Officer, Vilnius

Turkey

Dr H. Haluk Askaroglu, Director of Animal Health Services Section, General Directorate of Protection & Control, Ankara

Secretariat

Dr Keith Sumption, Secretary, EUFMD, FAO, Rome
Ms Egiziana Fragiotta, Administrative Clerk, EUFMD, FAO, Rome

Apologies for absence were received from Dr Marabelli.

The meeting was chaired by Dr Leos Celeda, Chairman of the Executive Committee.

On behalf of the Government of the Republic of Lithuania, Dr Kazimieras Lukauskas, Director of the State Food and Veterinary Service opened the 68th Session of the Executive Committee and welcomed all the participants to Vilnius. He presented the apologies and regards of Dr Vallat of the OIE, who was unable to attend due to other pressing engagements. He informed the meeting that he would represent OIE at this Session.

He then stressed the importance of control, surveillance and eradication of contagious animal diseases which are becoming more widespread due to the fast, modern transportation methods. We have a number of recent examples of this where FMD and other contagious diseases have caused enormous losses.

He expressed the appreciation of Lithuania's participation in various international meetings, seminars, training sessions. The opportunity to attend these events and of working together creates the possibility to control and eradicate contagious diseases. This Session is also an example of this and he expressed the desire to continue to work in close collaboration as Lithuania has learned a lot and hopes to learn more from this Session. He hoped that the information provided by the State Food and Veterinary Service to this Session will also be of interest.

He hoped that the facilities provided and the intensive agenda will help keep spirits high and wished all a constructive, successful session and a pleasant stay in Vilnius, even though it was unfortunate that there would not be much time available to visit Lithuania.

He then took the opportunity to present the current structure of the State Food and Veterinary Service (SFVS) of Lithuania which has been functioning since July 2000. He informed the meeting that the SFVS is headed by the Director who is the Chief Veterinary Officer of the Republic of Lithuania. The CVO reports directly to the Prime Minister of Lithuania. The SFVS consists of the main Headquarters which is broken down into six departments. There are 10 county State Food and Veterinary Services, 34 district State Food and Veterinary Services and 4 city State Food and Veterinary Services.

The Director of the SFVS is also assisted by two deputy Directors, who head the Animal Health and Public Health Departments. The staff of the SFVS is made up of a total of 1,380 employees, 67 of which are employed in the main HQs in Vilnius.

The State Food and Veterinary Service carries out food control at all stages of food handling and works on the principle "from stable to table". Animal health, welfare, medical preparations for live animals are the responsibility of the Deputy Director, Head of the Animal Health Department. Food safety and control and consumer protection is covered by the Deputy Director of the Head of the Public Health Department. This department works on the principle "from field to fork".

He then proceeded to brief the meeting on the disease situation in the Republic of Lithuania, which has been free from OIE List A diseases since 1984. The last cases of CSF were recorded in 1993, and of Newcastle disease in 1989. Lithuania is free from Bluetongue,

Enzootic bovine leucosis, the last cases of which were recorded 10 years ago. However, an important problem still present today is the prevalence of rabies. There are still too many cases of rabies and preparations for an eradication programme are underway. This programme was adopted in the EU and the programme has been in operation since July 2002.

He then passed the floor to Dr Ramunas Freigofas, who is the Deputy Head of the Animal Health Department. Dr Freigofas informed the meeting of the FMD situation in Lithuania. Data is available on FMD during the periods 1919-1927 and from 1943 to date. In 1964, 18 districts were affected. The last recorded case of FMD was in 1982 during which 11 districts were affected. In 1984 vaccination was stopped. The first veterinary law was passed in 1926 which included the contingency plan for the eradication of FMD.

The Contagious Diseases Control Centre (CDCC) was established in April 2002 and is subordinated to the Director of the SFVS. The main tasks of the CDCC are to organise contingency plans on the eradication of contagious diseases. Simulation exercises have been carried out in 2000, 2001 and the most recent exercise was carried out in September 2002, during which there were over 40 participants. The overall conclusion of this exercise was that the on-farm introductory session provided an excellent start to the simulation exercise. Continuous monitoring of FMD is carried out at the National Veterinary Laboratory in both wild and domestic animals. He concluded by stating that disease monitoring and prevention is very important and that permanent training of staff has to take place and it is important to have a good contingency plan.

The floor was then given to the Chairman of the Executive Committee, Dr Leos Celeda. He started by thanking the staff of the SFVS for informing the meeting of the structure of the SFVS and the disease situation in Lithuania. He then proceeded to convey gratitude to the Government of the Republic of Lithuania for having offered to host and organise the meeting. Special thanks were conveyed to Dr Ramūnas Freigofas who took care of all the practical arrangements for the organization of the meeting. He welcomed the representatives from the EC, Dr Alf-Eckbert Füssel, Dr David Paton from the WRL, Pirbright, Dr Kris De Clercq, Chairman of the Research Group and all other guests who kindly accepted to participate. There has been a long tradition that the EUFMD meetings are always represented by OIE, and it is appreciated that Dr Lukauskas accepted to represent OIE at this session; this additional task will give him double functions. He introduced Dr Keith Sumption, whom everybody has had occasion to meet over the past few months, adding that this is his first Executive Committee meeting in his capacity as Secretary of the EUFMD.

In addition to the main items on the agenda, Dr Celeda added that there have been some very important events on FMD in the past 6-7 months and they are firstly that the FMD situation in Europe has remained stable; that at the 70th Session of the OIE International Committee some important amendments to the chapter on FMD were adopted; the meeting of the Research Group this year was an open meeting with many international participants and it was held in Izmir in close collaboration with the colleagues from Turkey whom he took the opportunity to thank. In October an expert mission visited Iran with the main aim to assess the feasibility of the creation of an FMD surveillance centre in this country. The Tripartite Group Meeting was held in Athens on 25 October on FMD, Bluetongue and other exotic diseases. Finally, a meeting was organised in Paris in cooperation with OIE on FMD control in the Caucasus region. All of these events presented the common work being carried out in the field of FMD control.

He expressed his appreciation to see that almost all of the members of the Executive Committee were present. He conveyed the apologies of Dr Marabelli who was unable to attend due to other pressing commitments.

He concluded by wishing all a productive session and a pleasant stay in Vilnius.

Item 1 - Adoption of the Agenda

The following agenda was proposed to and adopted by the Executive Committee:

Introduction

Item 1. Adoption of the Agenda

Item 2. FMD situation

- Update of the FMD situation in Europe and in other regions
- Update from the WRL

Item 3. Report on the FMD situation and control Programme in Turkey

- Report of Turkey
- Report of the Tripartite Group Meeting held on 25 October 2002 in Athens

Item 4. Activities towards CIS and Central Asia

- Report of the Meeting of 5 November 2002 in Paris
- Report of the Expert Mission to Iran (5-15 October 2002) and the proposed surveillance centre

Item 5. Report on the activities of the Research Group

- Report of the Session of the Research Group in Izmir, 17-20 September 2002

Item 6. Development of global initiative on FMD control

- Report on the framework for the global plan of action against transboundary animal diseases

Item 7. Financial matters

- Report on the EUFMD accounts as at 30 September 2002

Item 8. Any other business

- Personnel matters
- 69th Session of the Executive Committee of the Commission
- 35th General Session of the Commission

Item 9. Adoption of the draft report

Item 10. Closure of the session

Item 2. FMD situation

Update of the FMD situation in Europe and in other regions

Comprehensive information on the FMD situation in the world was circulated by the Secretary (Appendix 1). He highlighted that care must be taken in the interpretation of the information because monthly reports from countries not considered free of FMD are made or are reported by the OIE several months behind the present time. In future the Secretariat will try to also provide information on the lag period in reporting, to assist EUFMD to obtain information on countries considered of particular risk. He also noted that in the absence of specific information on the level of surveillance activities, and in particular the limited use of active surveillance in most endemic countries, it must be assumed that the true number of cases (and outbreaks as defined by the OIE) are higher than those reported. He highlighted several FMD situations in the world of particular note.

In southern Africa, Zimbabwe reported SAT2 outbreaks at two foci, in April and June, and outbreaks of SAT2 in Manicaland and Masvingo in August, and suspect cases in the same provinces in late September/early October. In Botswana, since the SAT2 outbreak of Foot-and-Mouth disease (FMD) at Rakop 1 on 23 February 2002, no new outbreaks were reported. Botswana declared provisional freedom from FMD as of 20 May 2002. Sequence analysis linked the Zimbabwe and Botswana outbreaks, and the latter had occurred in an export zone which had been free of disease for a very long period and highlighted the importance of surveillance to rapidly detect and eliminate infection.

FMD was reported from almost all of the countries in West and East Africa which are not island states, in 2002 or in 2001. Monthly reports from countries in this region were often well behind the present. Six of the seven types of virus were reported, including type C from Nigeria in the start of 2002. This represents the only report of type C for the year and this is in keeping with the recent sporadic nature of type C outbreaks.

The FMD free status of the Republic of Korea (with the exception of Cheju island) was suspended after FMD (type O1) was reported at two locations on 4 May 2002, at two pig farms. This was the second episode of a type O in just over two years; the country had regained FMD status in September 2001 following earlier type O outbreaks in 2000, after many decades of freedom. The outbreaks were controlled by stamping out, and the last reported outbreak occurred on 23 June; at-risk and protection zones were lifted in August.

In Iran, outbreaks were reported in each of the Provinces which border Turkey, Iraq, and Azerbaijan, and in almost all of the months for which reports were available.

In South America types A and/or O were reported from Ecuador, Bolivia, Colombia and Venezuela in 2002. However, the situation in the southern countries appears much improved after the major resurgence in 2001, and there have been no reports of FMD outbreaks in Brazil in the monthly reports submitted to OIE since August 2001.

Update from the WRL

Dr Paton presented an update from the WRL (Appendix 2). The PanAsia strain of type O continued to predominate, having been isolated from many countries in Asia in 2001 and 2002, but a new lineage had emerged and begun to replace it in some parts of south Asia, and had also been found in some of the Gulf states in 2001. Type O isolates from Iran and Iraq had continued to be of the Pan Asia type, and O Manisa still appeared to be the appropriate vaccine antigen. In south-east Asia four distinct lineages appear to be circulating.

Recent type A virus isolates from Iran were found to fall into two distinct lineages, and it was of concern that recent Iranian and Iraqi isolates had a poor match with available vaccine strains apart from A Iran 87, which is only known to be produced as a vaccine in Iran. To enable continued antigenic comparisons serum and master seed virus had been requested from Iran during the recent expert mission. Recent Asia-1 isolates from Iran fall into a distinct lineage but appear to be covered by Asia-1 Shamir vaccine.

Discussion

Concern was expressed that the situation in Paraguay must be very closely followed since it appeared that the disease reported there may have spread to two farms in the Mato Grosso in Brazil. The infection had not been confirmed but non-official reports gave strong support to the premise that FMD had occurred.

The choice of type A vaccine for Anatolia was also of significant concern since the existing vaccine might not adequately protect against type A strains in Iran and Iraq.

The Asia-1 type in Georgia was also discussed since a report emanating from ARRIAH given at the OIE/EUFMD/FAO/EC meeting in Paris on 5 November 2002 indicated a distinct lineage to other Asia-1 strains. This should be compared to Asia-1 sequences from Iran and Turkey.

Recommendations

1. Surveillance operations in Anatolia, and in particular strain comparison of FMDV from outbreaks, should be intensified in Anatolia, to enable rapid detection and control of type A entry from countries to the east.
2. EUFMD, with WRL and EC, should continue to monitor the situation closely and to keep members informed of any change in the risk of entry of emergent type A viruses.
3. Europe should prepare for potential entry of the emergent type A virus and EUFMD should establish if any of the vaccine manufacturers in Europe hold suitable vaccine strains.
4. Sharing of sequence and antigenic profile information between institutes should be strongly encouraged and in particular, co-operation in this area with ARRIAH should be a part of future EUFMD agreements in relation to work in the Caucasus.

Item 3. Report on the FMD situation and control programme in Turkey

Report of Turkey

Dr Askaroglu presented the report of Turkey (Appendix 3). He highlighted the unique position of the country as a cross-roads between Europe and Asia, and the land boundaries with FMD endemic countries to the east. He reported that Anatolia remains endemic for FMD and that 39 FMD outbreaks had been reported in 2002. Up to October, 22 type O, 15 type A, and 2 Asia-1 outbreaks had occurred. In comparison to the same period in 2001, the situation is much improved, down from 83 outbreaks. No outbreak had been reported in Thrace region since June 2001. Results from the tests on FMDV isolates from 2002 indicated that the existing vaccine antigens should be appropriate for protection. The production and quality of vaccine had been increased, and in addition to safety and potency tests in the laboratory, every vaccine batch has been regularly tested in the field for herd immunity levels. The quantity of vaccine production for 2003 should be sufficient for needs of the spring and autumn campaigns. In the spring 2001 campaign, 97% of large ruminants and 73% of small ruminants in Thrace region were vaccinated and 70% of large ruminants in Anatolia. The autumn campaign had started in September and would be completed in mid-November; vaccine delivered included 230,000 doses of Bayovac FMD and 75,275 doses of Aftovax from the donation by EUFMD/EC.

It was planned to follow the spring 2003 campaign in Thrace with a sero-survey, following guidelines prepared by EUFMD following meetings in Izmir in September. The sero-survey could be completed within 30 days of sample collection if additional equipment could be supplied by EUFMD.

Report of the Meeting held on 25 October 2002 in Athens on the FAO TCP Prevention and Surveillance of FMD and other exotic diseases in Thrace Region and EC/EUFMD funded activities in Thrace

Dr Sumption reported on the Tripartite (EUFMD/OIE/EC) meeting in Athens on 25 October 2002 (Appendix 4). The meeting took note of the improving situation in Turkey and congratulated the Turkish authorities on the progress made. It was considered that the Tripartite meetings had played an important role in FMD control in the region. The meeting strongly supported the use of serology as a routine management tool following vaccination campaigns and encouraged Turkey to make proposals to overcome the constraints in time for the 2003 campaigns in Thrace, and for the wider use of serology in active surveillance. The meeting was, however, concerned that vaccination in 2003 in Thrace should not proceed with vaccine produced in Turkey until results of the tests at Pirbright were known to be satisfactory.

The Secretary also reported on the progress of the joint application to FAO from Bulgaria, Greece and Turkey for a TCP programme in Thrace region. The proposal was considered potentially eligible for funding and the modifications to the proposal for it to proceed should not be major and the Tripartite agreed that changes could be made by the EUFMD Secretariat on behalf of the three applicant countries.

Discussion

Dr Celeda congratulated the Turkish authorities on the progress made, and noted that the planned sero-surveillance should be very important in gaining confidence of the protection of this important region. Dr De Clercq emphasised that the sample number was chosen on the basis of the capacity of the SAP Institute and would enable a good estimate of the protection level in villages but was insufficient for determination of absence of infection with sufficient confidence to meet international requirements. Therefore building capacity for sero-surveillance would be very important for this region.

In clarification of the reports, the areas for strategic vaccination were indicated as most of the Provinces along the Black Sea coast, with the exception of Artvin Province which borders Georgia, and four provinces closest to Istanbul.

The meeting agreed that the interim results of vaccine potency and safety tests on the batch of vaccine intended for use in Thrace in 2003 should be disclosed and discussed. The representative of the EC and Dr Paton agreed. The results indicated that no detectable antibody level had been found in cattle 21 days after immunisation with 5 ml of the vaccine. The reason for the results were discussed at length and possible factors included the duration of transportation of the vaccine to Pirbright. The meeting agreed that the results were not consistent with the reported results from application of vaccine in the field in Turkey, and discussed the options of repeating the potency tests or purchase of vaccine on the open market. The feasibility of the former was immediately investigated and following discussions by concerned parties with their administrations, was agreed by the Session as the preferred option provided that it could be completed in sufficient time to allow flexibility to purchase vaccine if required. The importance of use of vaccine of satisfactory potency in Thrace in 2003 was re-iterated.

Conclusions and Recommendations

1. The proposal for sero-surveillance in Thrace following vaccination, and the further development of capacity for sero-surveillance at the SAP Institute was supported.
2. EUFMD should continue to play a role in the design of sero-surveillance for FMD after vaccination and the sero-surveillance in Thrace region provides an important situation in the world which should assist rationalisation of future guidelines on surveillance in vaccination zones.
3. EUFMD expertise in the area of sero-surveillance should be consulted and play a role in the development of guidelines by international bodies, especially the OIE.
4. Potency tests on the vaccine from Turkey should be urgently repeated, and EUFMD Secretariat should take action to request funding from the EC to ensure these tests can be repeated in the next 2 to 3 months.
5. The repeat tests should use vaccine that is considered to be in satisfactory condition on arrival and has a record of transportation from the SAP Institute in a manner that should not reduce its efficacy on arrival at the testing station.
6. Further tests on the supplied vaccine were encouraged that would provide indicators of the level of antigens and of antigen degradations, to provide

further information that would assist in identifying the reasons for the lack of immunogenicity.

Item 4. Activities towards CIS and Central Asia

Report of the meeting held on 5 November 2002 in Paris

The Secretary presented a report of the meeting at the OIE on 5 November 2002 at which the short and long term activities in the Caucasus were discussed. The meeting had been organised following the recommendations of the Tripartite Meeting of February 2002, and was attended by representatives of the 3 countries most directly concerned, and also from Russia, from OIE from the Central Bureau and the Regional Commission, from FAO. EUFMD was represented by the Secretary and four members of the Executive Committee. The country representatives from Georgia, Armenia and Azerbaijan reported that FMD had not been reported in 2002 in their countries and that the situation for disease control was extremely difficult because of the very low budget available for epizootic control, and the problem of transboundary animal movement. The representative of Russia suggested that actions of EUFMD or OIE towards FMD control in Iran should be linked in some way to those in the Caucasus. A longer term programme for the three countries was presented by Dr Schudel of the OIE at the meeting, which involved strengthening of the veterinary services over 5 years, mass vaccination of ruminant species with oil-adjuvanted vaccines, and improvement of surveillance. The proposal envisaged funding by the EC and implementation by the EUFMD under management by the Tripartite (EUFMD/OIE/EC) group. No discussion of a technical nature on the long term programme occurred at the 5th November meeting.

Reservations were expressed by FAO and EC representatives that clear progress in the short term activities and in co-operation with international bodies should occur and be seen to occur before major investments be agreed for FMD control.

Dr Sumption presented the preparations for the implementation of the EUFMD actions in the first half of 2003, and gave a report on this to the Executive Committee. Two experts had been identified to go the Caucasus in March-May 2003, Prof. Tekirlikov from Bulgaria, and Dr Celeda, Chairman of the EUFMD; terms of reference had been drafted, the tender for vaccine had been prepared under the guidance of the previous Secretary and the Chairman of the Research Group, and a draft letter of agreement with Vladimir prepared.

Report of the Expert Mission to Iran (5-15 October 2002) and the proposed surveillance centre

Dr Sumption reported on the EC funded expert mission to Iran (Appendix 5) which was implemented through EUFMD and took place between 5 and 11 October 2002, with participation of three from FAO, two from France, and one each representing EC, OIE, Turkey and WRL. The Secretary had acted as mission leader and the preliminary findings from the mission were presented, together with an outline of the project proposal.

The team considered that the Iranian Veterinary Organisation (IVO) had considerable strengths in organisation and infrastructure but that for FMD further strengthening in surveillance was very important in order that Turkey and other countries in the region receive early warning of FMD circulation, epidemiology and risk of spread. The team also considered that strengthening of surveillance at the national and provincial level in Iran should strongly assist Iran to control FMD, mainly through identifying sources and risks of transmission. The team considered that Iran and Turkey should be the principal partners in the first phase of developments, with targetting of the high risk areas in these countries for support. A second phase would be the involvement of other countries in the region, with Iran and/or Turkey acting as leaders in strengthening the training and diagnostic support required. An indicative budget had been prepared of circa 0,8 million USD, not including the support required at the WRL.

Discussion

The meeting was cautiously optimistic that under the proposed short term programme in 2003, more success would be achieved than under previous operations, particularly because of the experience of the two experts selected. Dr Ivanov stressed the importance of adequate planning and of the management of the vaccination programme. The role of the authorities in each country needed to be clarified, in order that the arrangements are in place to ensure rapid deployment of vaccination in the spring. It was noted that in the previous campaigns there was no evidence of misuse of vaccine or indication of problems with the cold chain. Dr Panagiotatos strongly endorsed the role of EUFMD in implementation of programmes of FMD control together with authorities in the countries concerned and that EUFMD should drive to ensure the authorities work to clear action plans with explicit procedures and in a transparent manner, and that interim evaluation of progress should occur in any major project. Dr Panagiotatos proposed that actions of EUFMD should be in response to magnitudes of risk and on the past performance of the beneficiaries.

The transparency of information from Iran was noted by the Session and the importance of the work in this country in which over 1000 outbreaks had been reported in 2001.

The criteria used to determine the level of effort and funding for FMD control measures was further discussed during the adoption of the report and it was agreed that a new assessment of the risk of introduction of FMD into Europe from the Caucasus should be conducted following the short term activities in this region in 2003. It was also agreed at this time that the subject and strategy towards "Europe free of FMD" should be proposed as an Agenda item for discussion at the EUFMD General Session in April, following the use of this phrase in the meeting at the OIE on 5 November. Further discussion was also agreed on the issues for FMD control raised by proposals for a "Mediterranean free trade area".

Conclusions and recommendations

1. Precise Terms of Reference are needed for the parties involved in the field implementation of the actions in the Caucasus.

2. Longer term support to the Caucasus should only be considered after review of the progress of the short term activities in the first half of 2003, and following adequate technical consultations, which should involve EUFMD experts with experience in the region.
3. A new risk assessment should be conducted following the short term FMD control and surveillance activities in the Caucasus in 2003.
4. The outline project proposal for improving surveillance in Iran and Turkey should proceed to the development of a full project proposal for submission to the European Commission.
5. The subject and strategy towards "Europe free of FMD" should be proposed as an Agenda item for discussion at the EUFMD General Session.
6. The issues for FMD control of proposals for a "mediterranean free trade area" should be identified and discussed at future EUFMD meetings.

Item 5. Report on the activities of the Research Group

Report of the Session of the Research Group held in Izmir, 17-20 September 2002

The Chairman of the Research Group, Dr De Clercq, presented the report (Appendix 6) of the Session of the Standing Technical Committee of the Research Group of the EUFMD, which took place in Çesme, Izmir, Turkey, in September 2002. He thanked the Turkish authorities for the excellent arrangements and effort to host the meeting which strongly contributed to the success. The meeting was attended by 95 people, with representation from outside of Europe, which indicates the continued importance of the Session. The main aim of the meeting, he explained, was to try to answer the technical questions raised by the Executive Committee. A number of these questions were addressed during the Closed Meeting. He noted that a significant portion of the meeting was devoted to presentations and discussion on the use of tests for detection of antibodies to NSPs, and that the competitive NSP-ELISA developed in Denmark has a very high sensitivity and needs to be further developed into a commercially available assay. The meeting concluded that performance of other NSP tests can be improved through modifications, particularly to the cut-off value used. The role of the EUFMD Research Group in development of further standard sera was strongly supported by the members of the Research Group and the proposal that the Chairman prepare a proposal with the Head of the WRL on this was supported, as was the proposal that the objectives of Phases XVII and XVIII activities be jointly developed.

The Research Group stressed that new field isolates should be characterized antigenically and the r values against existing vaccine strains should be determined.

The Closed Meeting proposed that EUFMD produce, as a regular function, a report on submissions to FMD reference laboratories and on the level of activities required during the crisis of March 2001. The RG also agreed to review the risk associated with current time-temperature requirements for heat treatment of meat and milk products, and Dr Dekker was prepared to undertake this task. The Closed Meeting also recommended that EUFMD develop risk analysis and disease information tools that would enable better estimation of the FMD risk on a regional or global basis. The meeting also proposed that the EUFMD website be developed but recognised the resource implications of the current funding for central EUFMD activities. The

meeting also recognised the enormous amount of work required to prepare reviews to answer the technical enquiries of the Executive Committee and EUFMD should explore ways and means to prepare such reviews.

Dr Celeda thanked the Research Group for their excellent work and Dr De Clercq, in particular, for his very significant contribution to the success of the Group.

Conclusions and recommendations

1. The meeting recognised that the effort required to answer the technical queries of the Executive Committee was very large and that additional support to the Secretariat of the EUFMD was required.
2. The Executive Committee endorsed the recommendations made by the Chairman of the Research Group, following the Session which occurred at Izmir in September 2002.

Item 6. Development of global initiative on FMD control

Report on the framework for the global plan of action against transboundary animal diseases

Dr Cheneau presented an outline document (Appendix 7) on the initiative of FAO with OIE to develop proposals which would provide a base for considering control of FMD and other transboundary animal diseases at the global level. He indicated that the two organisations would lead in normative activities, and that actions are envisaged as occurring through national bodies with a strong role for regional organisations.

Conclusions and recommendations

It was agreed that the initiative was a highly interesting development in which EUFMD should play an important role, and the meeting strongly supported continued development of the initiative.

Item 7. Financial matters

Dr Keith Sumption presented the accounts of the Commission in two parts. The first part covered the period up to 30 September 2002 and the second was the proposed revised budget for the period 2004/2005 which will also be presented to the 35th General Session to be held in April 2003.

Accounts as at 30 September 2002 (Appendix 8)

The financial report of TF 904200 MTF/INT/011/MUL made up of the contributions from member countries should reach a total amount of US\$325,000. This amount was approved for the period starting in 1998 and the Commission has been working annually on this expected amount. The Commission has received a total of US\$215,750 up to September 2002. However, since preparation of Statement 2 payments have been received from both Croatia and Ireland.

He briefly explained the expenditures itemized in Statement 1. He drew attention to the rapid increase in costs covering duty travel. He also drew attention to the fact that the balance has been reduced because expenditure is greater than the current to-date level of received contributions, although there are large outstanding contributions.

Statement 3 on TF 909700, the emergency aid programme MTF/INT/004/MUL has essentially remained untouched during the period under review. Statement 4 on TF 911100, MTF/INT/003/EEC has a balance of US\$258,465, and indicates that up to the period in question no payment has been made to replenish the account. Payment has been requested and is expected soon. He briefly explained the expenses incurred for each item.

The Executive Committee had no further questions and approved the financial statement presented.

Proposed budget for biennium 2004-2005 (Appendix 9)

He then presented the second part of this item on the proposed budget for 2004-2005. He drew attention to the fact that the budget for 2002-2003 was approved at the last General Session and is based on a total annual contribution of US\$325,000 from all member countries. There is a need to note the unallocated expenditure if all contributions are received as expected. Considerable costs are associated to the need for temporary assistance and interpretation for the forthcoming General Session. Travel costs associated with the scheduled meetings and activities of the EUFMD are increasing and the Commission is now facing the situation that the budget of US\$325,000 approved in 1997 is now precarious. He also pointed out that contributions until now have been in US Dollars, however, there is provision in the Constitution of the Commission for contributions to be made in other currencies. Attention was also drawn to the fact of the exchange rate between the Euro and the Dollar. The Commission's budget is based on contributions in Dollars and the rise of the Euro against the Dollar has resulted in a considerable increase in cost for the Commission since almost all activities are conducted in the Euro-zone. Some further strengthening of the Euro against the Dollar is predicted and this creates a potential risk to the work of the Commission if contributions are not raised.

The Secretary tabled a proposal to the Executive Committee to increase the budget in order to meet the anticipated increase in cost of the Commission for the period 2004 to 2005. He also indicated that additional demands on the Secretariat, particularly at the time of Missions and in preparation for and reporting of EUFMD meetings, could not be met without use of temporary clerical assistance, and he proposed an increase in the budget for this item. In addition the present response by the Research Group to technical requests made by the Executive Committee was by the members on a voluntary basis and are often constrained by the heavy commitments of these individuals. The Secretary proposed that the budget for contracts be increased to allow the Research Group, on behalf of the Executive Committee, to commission work to enable a timely and satisfactory response in areas of great importance for the Commission activities. This would include commissioning of reviews on technical matters, and where required, to improve services offered to EUFMD members such as the further development of the web-site information service.

Taking all the matters mentioned above into consideration, the Secretary proposed a budget of \$381,700 per year, giving a two year balance of \$12,126; the latter represents only a 1.6% surplus for contingencies. In working out the increased contribution per member country, the Secretary used the scale of 4 levels of contributions, keeping in line with the usual procedures in use since 1998.

Dr Celeda added that the scale was adjusted years ago. He pointed out that the contributions have been at a fixed amount for many years now and that most other organizations adjust their contribution rates every year. He suggested that the proposal be discussed a little further and that the Secretariat should be prepared to circulate the necessary information before the next General Session. He then opened the proposal for discussion.

Dr Karin Schwabenbauer informed that whilst understanding the need to increase the budget, she was unable to express full agreement to the proposal as the matter will have to be discussed with the German Authorities who may require further details on the expenditures in order to justify the increase.

Dr Sumption informed the meeting that he would be in a position to provide a more detailed budget revision if needed.

Conclusions

1. The budget statements for the period to the end of September 2002 were approved by the Session.
2. The need for an increase in the budget for 2004 and 2005 was supported in principle, but further justification of the proposed budget should be circulated for consideration by Member States before the General Session.

Item 8. Any other business

Personnel matters

Associate Professional Officer (APO)

Dr Cheneau took the opportunity to inform the meeting that he had received confirmation that Ireland has offered to provide an Associate Professional Officer (APO) to the Commission. Dr Sumption has been kindly invited to Dublin to contribute to the selection of the candidate together with the Irish Authorities. The Commission will therefore benefit from the additional expertise.

69th Session of the Executive Committee

The Chairman suggested that the dates and venue of the 69th Session of the Executive Committee should be decided upon after the 35th General Session to be held in April 2003 during which elections of members of the Research Group and Executive Committee will take place. It was agreed to await the outcome of these elections.

35th General Session of the Commission

Elections of the Executive Committee and Research Group in April 2003

The Secretary drew attention to the dates of the 35th Session of the EUFMD which will take place in Rome from 9 to 11 April 2003. Further information will be sent to members shortly. Dr Celeda stressed the importance of having ideas on the future candidates for the Executive Committee.

Dr Cheneau drew attention to a very important matter which concerns the election of the Executive Committee members which is carried out every two years during the General Session. FAO requests member countries to vote for the next Executive Committee members, plus the Chairman. The Executive Committee members elected at the last General Session held in March 2001 underwent some changes during the course of the 2-year term. Not only were there changes in the Chairmanship of the Committee but the last Executive Committee meeting held in Budapest in April 2002, was faced with the serious problem of not reaching a quorum of 6 members due to the absence of two members plus the stepping down from the Committee of two members due to changes in their tasks. The quorum was essential to the functioning of the Executive Committee in decision making on the tasks and activities of the Commission, including, at that meeting, the selection of the new Secretary of the EUFMD. The Session would have been cancelled but this was avoided thanks to the initiative taken by the remaining members, which was to replace the two members who had left. In respect and in full accordance with the Constitution of the Commission, two new members were invited to join, and the Executive Committee thereby reverted to 8 members.

Dr Cheneau used this example in order to make a plea to all member countries to elect persons who will really be able to devote time to this Committee. Participation is a serious matter and the presence and contributions of each member should be effective, if not, this could endanger the structure of the Commission. He pointed out that when considering their delegate, countries should select persons who would be able to attend at least two meetings per year.

In addition, Dr Cheneau explained how during the last decade a balance was reached in the Executive Committee between EU and non-EU countries, and between countries in northern and southern areas exposed to different risks of introduction of FMD, and drew attention to the change in EU membership expected in 2004 when 25 members will be from the EU. It will be the decision of the member countries to vote for candidates but he assured the Executive Committee that FAO will be very vigilant that clear, transparent procedures for the election will continue to take place.

Dr Cheneau also informed that at the same time the Research Group members will be elected. The responsibility of contacting the intended new members lies with the present chairman, Dr Kris De Clercq.

Dr Kris De Clercq also agreed that the elected members should have sufficient time to cover the tasks assigned to them during the two-year term. He stated that he too has encountered minor problems in this respect and will discuss the matter further with

the Chairman and the Secretariat. He wishes to make a proposal and would need the support of the Executive Committee.

Membership of the Commission

The subject of membership of EUFMD by The Republic of Latvia and the Republic of Estonia was discussed, in the context that these are accession countries to the European Union but not members of EUFMD. The Session agreed that these countries would participate in the benefits of the work of the EUFMD and should be invited to contribute to the activities through membership of the Commission. The Representative of the EU fully supported the proposal. The case of Slovakia was also discussed. The Secretariat had already approached the country in 1998 but no reply has been received to date. It was proposed that the Secretariat repeat the invitation to accede to the EUFMD.

Simulation exercises

The issue of simulation exercises to assist in contingency planning, and on the diagnostic requirements and preparedness of FMD free countries in Europe was discussed. The Chairman delivered a short report on the simulation exercises conducted in 2002 in the accession countries; the first exercise had taken place a year ago and each had proven of value. A further step would be the organisation of a simulation exercise between neighbouring countries. Dr Füssel mentioned the development of the new Directive on FMD control in the EU which should be available for study after 22 November 2002. Subsequent steps will occur under the Greek presidency of the EU in the first part of 2003.

Diagnostic facilities

Dr Ivanov raised the issue of support between laboratories in FMD diagnosis and proposed that a global database of laboratories be established by EUFMD. The issue of centralisation or networking of FMD diagnostic facilities had been raised at the previous Executive Committee meeting, and further discussed at the Research Group meeting in Izmir. The Secretary indicated that as a result, a survey of FMD diagnostic capacity would be conducted by EUFMD, and that the routine collection of diagnostic activity data from the diagnostic laboratories could be made by the Secretariat. He also indicated that the capacity requirements must be put in the context not only of FMD submissions but also of sero-diagnostic capacity requirements following control of the acute situation. This capacity would depend on the international policy on FMD surveillance, and the requirements of the new EU Directive, and therefore that a review of capacity requirements would need to take these into consideration.

The Session agreed that contractual relationships between laboratories could be problematic and that the arrangements for a network of laboratories required more consideration. The Secretary indicated that EUFMD could assist in the development of strategy in this area. The Chairman proposed that this subject be placed on the provisional agenda for the 35th General Session.

Conclusions and recommendations

1. The offer of an Associate Professional Officer (APO) by the Government of Ireland was greatly welcomed and the Executive Committee wished to record its deep appreciation for the past support in this area.
2. Representatives of Member States should carefully consider the nomination of Members for the Executive Committee to be elected at the 35th General Session selection in the context of the responsibilities and commitment involved.
3. The EUFMD Secretariat should enter into communication with the Republics of Latvia and of Estonia, and should approach Slovakia again, with a view to their becoming members of EUFMD.
4. The FMD diagnostic capacity in Europe, and the arrangements in the case of a crisis, should be further discussed at the 35th General Session.

Item 9. Adoption of the Draft report

The draft report was adopted, subject to the agreed modifications made by the meeting.

Item 10. Closure of the Session

On closing the Session, Dr Celeda took the opportunity to thank, on behalf of the Executive Committee, the State Food and Veterinary Service (SFVS) and all of its staff for their efforts in arranging the meeting so well and for their kind hospitality. The services offered by the SFVS were excellent and the meeting was perfectly organized. He expressed satisfaction on the outcome of the Session which was also a good opportunity to see the new facilities of the SFVS. He congratulated the staff for the excellent work being carried out and for the progress made in their work. It was pleasing to see such young and enthusiastic staff.

Dr Freigofas, Deputy Head of the Animal Health Department and Liaison Officer, told the meeting that it was a pleasure to organize the meeting and to host such distinguished guests, as such an event is a rather rare opportunity.

He wished all a safe journey back to their home countries and extended a welcome back to Lithuania again some time in the future. On behalf of Dr Lukauskas, Director of the SFVS, he thanked all for coming.

Dr Sumption thanked everyone who had contributed to the success of the meeting. He especially wanted to thank Dr Yves Leforban, his predecessor, for his exceptional efforts to ensure a smooth hand-over of responsibilities.

UPDATE ON THE FMD SITUATION IN 2002

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The following brief summary is mainly based on official reports to the OIE, including their Regional representation for Asia and the Pacific and the SEAFMD Commission, but also on other information sources, including SADC and PAHO, and as a result of FAO & EUFMD activities. In the absence of specific information on the level of surveillance activities, and in particular the limited use of active surveillance in most endemic countries, it must be assumed that the true number of cases (and outbreaks as defined by the OIE) are higher than those reported.

Europe

In Turkey in 2002, up to the end of September, three serotypes were considered to be circulating¹ although outbreaks caused by type Asia-1 had not been recorded since April 2002. There had been 34 outbreaks in this period, of which 19 were due to type O, 13 due to type A and 2 due to type Asia-1. At the time of the report five outbreaks were considered active, in five Provinces. Three of these are in Eastern Anatolia (in Erzurum, Kars, and Siirt provinces), and two in Central Anatolia (Nevşehir and Nigde Provinces). No outbreak has been reported in Thrace region since June 2001. All of the FMDV isolates antigenically characterised which originated from outbreaks in 2002 were found to have a good antigenic relationship to vaccine strains used in Turkey. Fourteen virus isolates from 2002 had been characterised at the genetic level; type A viruses were closely related to A/Iran/96 group, and type O viruses were related to O Manisa, as previously found.

There are no reports of FMD in the monthly reports of Armenia (period to end of June), or Azerbaijan (reports to end of August). No monthly reports for 2002 for Georgia are given by OIE, as of 30/10/02. Unconfirmed reports of FMD in Armenia were received in September by EUFMD.

Africa

1. *Mediterranean littoral*: no reports of FMD occurrence in 2002 (to July) from the following countries, date of last report in brackets; Egypt (06/2000), Libya (1994), Tunisia (03/99), Algeria (04/99) or Morocco (04/99).

2. *Southern Africa Development Community (SADC) member states*

Three countries reported FMD for the period April to June 2002, to the SADC Epidemiology and Informatics Coordinating Unit in Namibia (Report of April to June 2002). **Tanzania** at two foci (35 cases) in May, and 3 (138 cases) in June; virus type information was not supplied. **Zimbabwe** reported SAT2 outbreaks at two foci, in April and June, and outbreaks of SAT2 in Manicaland and Masvingo in August, and suspect cases in the same provinces in late September/early October. Zambia reported to the OIE suspected disease at one focus (30 cases) in the Mbala district. In **Botswana**, since the SAT2 outbreak of foot-and-mouth disease

¹ Report of the Tripartite Meeting in Athens, 25 October 2002, EUFMD, FAO, Rome

(FMD) at Rakop 1 on 23 February 2002, no new outbreaks were reported. Botswana declared provisional freedom from FMD as of 20 May 2002. Control through vaccination, movement restriction and slaughter of all 12,197 cattle and 131 pigs in the infected zone, had brought the outbreaks under control; sero-surveillance in 7500 sheep and goats suggested the area was now free of circulating virus. The report stated that exports to the EU were permitted following this from the Francistown abattoir. Surveillance in wildlife had also been conducted in impala and kudu, and serum and probang samples collected.

The SADC report indicates that South Africa regained its FMD free zone status with the boundaries before the outbreaks of 2000 and 2001, during this period.

3. *West and East Africa*

FMD was reported from almost all of the countries in this region which are not island states, in 2002 or in 2001. Six of the seven types of virus were reported, including type C from Nigeria in the start of 2002. Information reported on the *Handistatus II database* of the OIE at 28 October 2002 is summarised below.

Note on the tables: It should be noted that in the tables where no FMD outbreaks are reported in the month on *Handistatus II* this is to be distinguished from a lack of information (shown by an empty cell). Figures in second column are outbreaks per month, with months separated by a comma; absence of a report indicated by a dash.

Country	No. new outbreaks (Jan-on).	Diagnosis/Serotype (No.)	Comment	Outbreaks in 2001 or status
Benin	9 to end June 02		Cattle only, 3 locations	+
Burkina Faso	5,3,2,2,2,1,11 (=26 to end July)		Cattle only, 7 locations	12
Burundi				10
Cameroon				2
Congo, Rep. of	No FMD in reports of 2,3,4 th months			
Cote d'Ivoire	No reported FMD to end July			
Eritrea	No reported FMD to end July			3
Ethiopia	8 outbreaks to end of June		Cattle only, 6 locations	88
Gabon	No reported FMD to end July			-
Ghana	1,0,1,0,0,2 (=4 to end June)		Cattle only	3
Guinea	No reported FMD to end July			10
Kenya	0,5,2,1,2,2,9 (21 to end July)	SAT1&2 (Feb), O & SAT2 (Mar), O (Apr & May), O, SAT1&2 (July)	Dispersed locations	54
Mali	0,0,1,+...1,0,0,0 (>2 outbreaks)		Cattle only; 2 locations	18
Mauritania				+
Niger	15,0,3,11,3 (=32, to end May)		Cattle; 3 or more locations	22
Nigeria	1,1 (=2 to end Feb)	Type C	Type C	30
Senegal	2 in April (reports to end July)	Type O	Cattle	19
Sudan	No reported FMD to end August			(1990)
Togo	3,9,5,1,6,3 (=27 to end Jun)		Cattle	+
Uganda	2,0,1,2,0,2 (=7 to end June)	Types A (Jan), O, SATs 1,2,3 (Mar)	Four types from one outbreak? (Mar)	38

Asia

Three of the seven types of virus were reported in 2000. FMD was reported from almost all of the countries in this region which are not island states, in 2002 or in 2001, and (as of 28 October 2002) only the island of Cheju, Republic of Korea, was recognised by the OIE as FMD free, of all the countries whose territories have land borders on the Asian continental landmass. The FMD free status of the Republic of Korea (with the exception of Cheju Island) was suspended after FMD (type O1) was reported at two locations on 4 May 2002, at two pig farms. This was the second episode of a type O in just over two years; the country had regained FMD status in September 2001 following earlier type O outbreaks in 2000, after many decades of freedom. The outbreaks were controlled by stamping out, and the last reported outbreak occurred on 23 June; at-risk and protection zones were lifted on 7 August 2002, on the basis of results from serological and/or virological testing conducted in the zones.

The FMD situation in the P.R. of China remains a source of speculation since information was not available through the OIE in 2002, and was last officially reported in 1999. The Official Veterinary Bulletin of the P.R of China for July 2002 indicates no FMD or SVD outbreaks were reported. The outbreaks in South Korea in 2002 can only add to the speculation.

OIE approved FMD Free zones are present in part of the Philippines. The latter country has an active FMD campaign and is reported to have made significant progress in dealing with the pig adapted strain that spread to that country in 1995. At the time of writing the disease was considered to be present only in Luzon Island; the target for final eradication is 2004.

East (i.e. non-peninsula) Malaysia has no history of FMD and SEAFMD reports that they are planning to do additional surveillance and put a case for FMD Freedom to OIE within the next year. For many years the southern part of Peninsular Malaysia has been free of FMD with occasional outbreaks; the northern states have a long standing problem with re-infection mainly due to movements of animals from southern Thailand.

The I.R of Iran reported FMD outbreaks, on a monthly basis to OIE (with the exception of April when no report appears); information is summarised below. Types A, Asia-1 and O are involved in each month. Of interest in the table for West Asia is the predominance of cases in goats in Oman. In the northern regions of Iraq, through FAO co-ordination, FMD samples were collected from outbreaks in Erbil and Dohuk Governates and sent to Pirbright. Type A viruses were isolated and two isolates sequenced formed a unique, as yet, lineage within the Iran-96 topotype, distinct from those previously recognised in the region or elsewhere.

Information on countries in west Asia reported on the *Handistatus II* database of the OIE at 28 October 2002 is summarised below:

Country	No. new outbreaks (Jan-)	Total no. of outbreaks (Jan-)	Diagnosis/Serotype (No.)	Comment
Afghanistan	No monthly reports in 2002			
Iran	96,46,31,-,80,61	145,60,34,-,97,89	A, Asia-1 & O in each month	Cattle, SR each month; wide distribution
Iraq	+..; Months 1,2,5,7		Type A	In cattle
Israel	Not reported in 2002 to 8.02			
Kazakhstan	Not reported to 06/02			
Kyrgyzstan	Not reported in months 2,3,4,6			
Lebanon	+.. in month 7		Type O	Cattle
Oman	23,25,28,17,9,8 (Jan-June)	same	Not given	GOAT cases predominate
Palestinian Auton. Territories	2 in July	2 in July	Type O	SR, Ramallah
Qatar	None to 08/02			
Saudi Arabia	+.. in months 2,3		Type O in months 2,3	Cattle
Tajikistan	None to Jun 02			
Turkmenistan	None to June 02			
Yemen	2 (Apr), 1 (May)	same	Not given	Cattle

SR, small ruminants

FMD outbreaks in Iran, 2002; data re-formatted by EUFMD from that given in OIE *Handistatus II*, 28/10/02. Provinces which border, or are in relatively close proximity to Turkey and the Caucasus are given in bold.

Iran, 2002	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02
Country TOTAL	96	46	31		80	61
Province						
Ardabil	2	2	6		6	1
Boushehr		1			2	
Chaharmahal & Bakhtiyari		1				
East Azerbaijan	9	2	1		9	12
Esfahan	3	3	0			1
Fars	21	6	4		14	2
Gilan	3	0			1	2
Golestan						1
Hamedan		1			3	1
Hormozgan	2					1
Ilam						
Kerman	3		1			2
Kermanshah						
Khorasan	19	6	3		2	6
Khouzestan	4	3			2	
Kohkilouye & Boyerahmad						
Kordestan	2	5	2		24	11
Lorestan		1	2			
Markazi	7	2	8		0	4
Mazandaran	2					
Qazvin	3		1		1	2
Qom	7	5			2	1
Semnan	2	1				
Sistan & Balouchestan		1			2	1
Tehran	2	4	2		2	3
West Azerbayejan	4	2	1		8	10
Yazd						
Zanjan	1				2	

Information on FMD in East Asia, April onwards 2002, from information collated by the OIE regional representation for Asia and the Pacific (Source: www.oie-jp.org, 29/10/02)

Country	No. new outbreaks (Apr,May,Jun, July)	Total no. of outbreaks (Apr,May,Jun,Jul)	Diagnosis/Serotype (No.)	Comment
Hong Kong	2,,2,0,0,	2,2,0,0,	Type O (2)	Pigs only
Korea, rep. of	4 (June)		Type O	Mainly in pigs
Mongolia	21 in July*		Type O	Mainly cattle, also SR
Taipei China	None reported (to end of August)			

*OIE Handistatus 28/10/02; 13 in Bayan-Oigil, 8 in Khovd. No new outbreaks have been reported to OIE since 28th July.

Information on FMD situation in South Asia in 2002, from information collated by the OIE regional representation for Asia and the Pacific (Source: www.oie-jp.org, 29/10/02)

Country	No. new outbreaks (Apr,May,Jun, July, Aug)	Total no. of outbreaks (Apr,May,Jun,Jul, Aug)	Diagnosis/Serotype (No.)	Comment
Bangladesh	Status ""Sporadic""			
India	No report/information*			
Pakistan	+.. in months 1, 3,6 ²		Asia-1 (Jan), O (Mar), A (Jun)	more reports from buffalo
Nepal	33,41,37,29,36	33,41,37,29,36	Type O (1), Apr, Type A (3), Asia-1 (2) in June	Cattle.buffaloes
Sri Lanka	2,8,6,7,1	7,10,9,6,3	Type O	Cattle.buffaloes

*also no data for 2002 on OIE Handistatus 2, 28/10/02

²handistatus II, 28/10/02

FMD in South-East Asia, April-June 2002 (Source: www.oie-jp.org, 29/10/02)

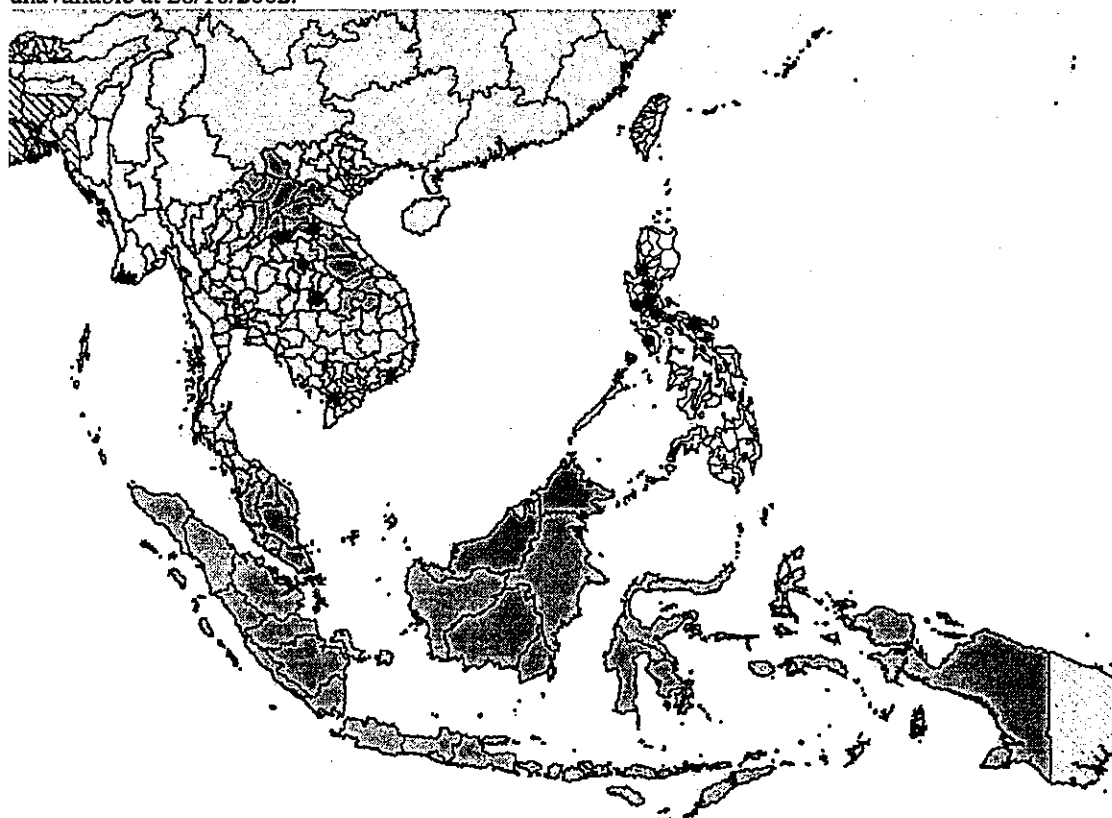
Country	No. new outbreaks (Apr,May,Jun)	Total no. of outbreaks (Apr,May,Jun)	Diagnosis/Serotype (No.)	Comment
Cambodi a	4,2,1	5,2,7	CD(5), CD(2), -	Pigs also affected
Laos	2,-,	2,3,	CD only	Pigs involve in April
Myanmar	.,2,6	5,2,6	CD or type O	Cattle only
Philippin es	7,13,39	7,13,39	Type O or CD	Pigs only
Thailand	3,6,9	18,19,15	Type O (10), A (28)	Cattle/buffaloes
Vietnam	3,4,0	5,7,4	CD or type O (1)	cattle/buffaloes
Malaysia	2,0,1	5,10,3	CD or type O (2)	Cattle only
Indonesia	Free			
Singapore	Free			

FMD in South-East Asia, July-Sept 2002 (Source: SEAFMD 28/10/02)

Country	No. new outbreaks	Total no. of outbreaks	Serotype	Comment
Cambodi a	17	23	CD (18)	3412 cases (92%) in cattle
Laos	None reported August-Sept			
Myanmar	17	20	o (7), CD (5)	10,296 cases (100%) in cattle
Philippin es	118	118	O(14), TP(4), CD(96), INF (8)	2445 cases (100%) in pigs
Thailand	11	28	A (14), TP (5), CD (8)	741 (70%) of cases in cattle
Vietnam	5	8	O (5)	97 (100%) cases in cattle
Malaysia				
Indonesia	Free			
Singapore	Free			

TN = Laboratory test negative, ND = Details Not Supplied, CD = Clinical diagnosis only / no specimen tested, TP = Laboratory results pending, INF = Informed by farmer, owner, trader or other unofficial source

FMD outbreaks reported to SEAFMD, Feb 2002; solid dots are confirmed/typed outbreaks, stars are not sampled (source: <http://www.seafmd-rcu.oie.int/mapindex.htm>); later maps unavailable at 28/10/2002.



South America

Types A and/or O were reported from Bolivia, Colombia and Venezuela in 2002. There appear to have been no reports of FMD outbreaks in the monthly reports submitted to OIE since August 2001, to OIE (Handistatus II, accessed 28/10/02). FMD outbreaks were not reported in the *Informe mensual de doencas vesiculares, produced by the Brazilian Ministry of Agriculture*, October-December 2001; last received by FAO on 22 May 2002. Information on FMD outbreaks in 2002 supplied by PAHO, for period January to September is also given below and there is some discrepancy with the information available via the OIE, with fewer outbreaks reported in Bolivia and Columbia, and more in Ecuador. Further clarification has been requested from PAHO. In 2001 Brazil reported 37 outbreaks of type A. Thirty of these occurred in Rio Grande del Sul, bordering Uruguay and Argentina. Five outbreaks occurred in Amazonas province between February and April, one in Roraima in June, one in Maranhao in August. Clarification of the situation in Peru and Venezuela is needed.

Disease free zones are recognised by the OIE in parts of Brazil, Argentina and Colombia; the zone situated south of the 42° parallel in Argentina is recognised as FMD free without vaccination, and in Brazil, the States of Bahia, Espírito Santo, Goiás, Mato Grosso, Mato Grosso do Sul, Minas Gerais, Paraná, Rio de Janeiro, São Paulo, Sergipe, Tocantins and the Federal District are recognised as FMD free with vaccination. In Colombia both a zone free with vaccination, and a zone free without vaccination are recognised, in addition to zones not considered free.

FMD in South America - information from OIE Handistatus II, 28/10/02

Country	No. new outbreaks (Jan-on)	Total no. of outbreaks (Apr,May,Jun,Jul, Aug)	Diagnosis/Serotype (No.)	Comment
Bolivia	2,0,1,8,2,0,0 (=13)	2,0,1,8,4,0,0	Type O (report of May 02)	Four Provinces, mainly cattle
Brazil	None reported to OIE in monthly reports			
Colombia	0,0,3,0,1,0 (=4)	0,0,3,0,1,0	Type O (March and May)	Cattle cases
Ecuador	2,6,4,4,13,25,15 (=69)	2,6,4,4,13,25,15 (=69)	A,O (Jan), O (Feb), A,O (Mar), O (Apr), AO (May), O (Jun), O (Jul)	Cases almost all in cattle; 9 locations/provinces involved in June 2002
Peru	No recorded FMD in monthly reports to OIE (to Aug)			
Venezuela	No recorded FMD in monthly reports to OIE (to Aug)			

Outbreak information for 2002 supplied by Panaftosa, PAHO, 31/10/02; ND indicates outbreaks "confirmed" on clinico-epidemiological grounds only

	2002 Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	TOTAL	
Argentina	1									1	Type A
Bolivia			1		1					2	Type O
Colombia			2					3	1	6	Type O
Ecuador	8	8	16	8	37	83	11	7	6	184	73 type O, 3 type A, 108 ND
<i>Ecuador:</i>											
Type O	1	6	3	5	12	22	11	7	6	73	
Type A	1	0	1	0	1	0	0	0	0	3	
ND	6	2	12	3	24	61	0	0	0	108	

GLOBAL FMD SITUATION DURING 2002

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The cumulative data for samples submitted to the OIE/FAO World reference Laboratory for FMD during the first nine months of 2002 is shown in Table 1. FMD remains endemic in many parts of Asia, Africa and South America. A series of maps show the known and presumed distribution of FMD globally in 2001 and 2002. The known distribution is an under-representation of the true situation, being based on official reports to OIE (including updates from the monthly reports of the OIE SEAFMD Regional Co-ordination Unit), OIE records, and on the basis of samples received at the FAO/OIE World Reference Laboratory for FMD. There have been no reports of outbreaks due to serotype C since the mid 1990s and no outbreaks of serotype SAT 3 affecting domestic species since 1999.

Middle East

In Turkey, there is a large programme of vaccination, particularly concentrated on Thrace and using vaccines combining serotypes A, O and Asia 1. There have been no FMD outbreaks in Thrace since June 2001, but serotypes O, A and Asia 1 have been isolated in other regions. In 2002, the WRLFMD received type O viruses from Saudi Arabia and Iran, type A isolates from Iraq and an Asia 1 virus from Iran. In 2002 the WRLFMD received serotype O viruses from outbreaks in Lebanon and the Palestinian Autonomous Territories.

Asia

In May and June 2002, 16 outbreaks of FMD virus serotype O occurred in pigs in South Korea. In July 2002, 21 outbreaks of FMD virus serotype O occurred in Western Mongolia, affecting cattle, sheep and goats. Samples were received at the WRLFMD from S Korea, but not from Mongolia. Additionally, the WRLFMD received samples collected in 2002 from the following countries: Bhutan (types O and Asia 1), Hong Kong (type O), Malaysia (types O and A), Pakistan (types O, A and Asia 1), Thailand (type A) and Vietnam (type O).

Africa

FMD viruses isolated from samples collected in Botswana in February 2002 were serotyped as SAT 2 and a virus from this group was found to be closely related to one obtained from Zimbabwe in 2001 (see Fig 8). The same virus showed a close antigenic relationship (r_1 value) to the Zimbabwe 11/89 vaccine virus. In May 2002, an outbreak of FMD virus was reported in cattle in Zambia (Mbala district), but the serotype is not known. In June and August 2002, SAT 2 viruses were recovered from cattle in different provinces of Zimbabwe.

In September 2002, a serotype O virus was received at the WRLFMD from an outbreak affecting cattle in Burkina Faso.

South America

There were no reports of FMD outbreaks in the southern cone of South America and no information was received by the WRLFMD concerning the FMD situation in the north-westerly Andean region where FMD is believed to be endemic.

Serotype O

The PanAsia strain continues to predominate, having been isolated during 2001 and 2002 from many countries throughout Asia. However, a new lineage, related to it has evolved, probably in India, and begun to replace it (Hemadri et al., 2002). This strain has also been found in some of the Gulf States (Oman, United Arab Emirates, Bahrain and Saudi Arabia) in 2001 and Bhutan in 2002 (Fig 1).

New outbreaks in the Republic of Korea were also due to the PanAsia strain, but the viruses appear to be distinct from previous lineages present in that country in 2000 (Fig. 1). Analyses of two South Korean 2000 isolates suggests that there may have been two slightly different PanAsia lineages introduced in that year (Fig. 1), however, further sequencing of South Korean isolates from that epizootic would be required to determine if this was the case. All of the type O virus isolates that have examined from Iran and Iraq appear to belong to the PanAsia strain, although there is some sequence variation (Fig. 2). Further sequencing of viruses from Iran is in progress.

O PanAsia viruses so far analysed seem to be serologically related to existing vaccine strains, such as O Manisa.

In south-east Asia four distinct lineages appear to be co-circulating, i) the PanAsia strain (ME-SA topotype); ii) the Cam-94 strain (SEA topotype); iii) the Mya-98 strain (SEA topotype); and iv) the May-94 strain (SEA topotype) (Fig. 3). The PanAsia and Cam-94 strains occur throughout SE Asia, however, the other two appear to have more restricted distributions with the Mya-98 strain occurring in Myanmar, Thailand and Malaysia and the May-94 strain occurring in Malaysia and Thailand. Interestingly, the May-94 strain has not been detected since 1996.

The Cathay topotype continues to be isolated from pigs in Hong Kong (Fig. 3), which has, so far, remained free of the PanAsia strain (although more isolates remain to be examined).

Serotype A

The type A viruses which caused extensive outbreaks in Argentina, Uruguay and southern Brazil during 2001 were closely related to each other and part of a larger group of viruses which have been isolated in Argentina and Paraguay since the late 1970's (Fig. 4). The 2001 outbreak viruses were distinct from the type A virus, which caused a number of cases in Argentina in 2000 (Fig. 4).

Recent type A virus isolates from Iran fall into two distinct genetic lineages. Six isolates from 2000 fall within the Middle East-South Asia toptotype (which also contains the classical A22 subtype viruses) (Fig. 5). Two isolates form a group which is not closely related to any other type A group so far examined (Fig. 5). Type A virus isolates recently received from Pakistan are currently being sequenced to ascertain their relationship with the Iranian viruses. Recent Iranian and Iraqi field isolates show a poor match with most available vaccine strains apart from A Iran 87, which is locally produced in Iran.

Tosh et al. (2002) recently reported the complete VP1 sequences of 83 viruses isolated in India between 1977 and 2002. They were able to divide these viruses into four major genotypes, but none were closely related to the new virus from Iran (data not shown).

A single type A isolate received from Malaysia in 2002 is related to viruses which have occurred in both Malaysia and Thailand since the mid-1990's (Fig. 6).

Serotype Asia 1

Two type Asia 1 virus isolates received from Iran during 2001 were examined. They were closely related to each other but were completely distinct from all other Asia 1 sequences residing in our database (Fig. 7). Sequencing of a third isolate from Iran and another from Pakistan is in progress.

Asia 1 viruses so far analysed seem to be serologically related to existing vaccine strains, such as Asia 1 Shamir.

Serotype SAT 2

An isolate from the SAT 2 outbreak in Botswana was found to be closely related to one of the Zimbabwe isolates from August 2001 (ZIM/1/2001) isolated from an outbreak near Bulawayo, but it was dissimilar to another virus (ZIM/13/2001) isolated in September 2001 from the Lupane Area, Jotholo North Diptank (near the Hwange National Park) (Fig. 8).

Many other virus isolates remain to be sequenced and it is intended that future results will be made more accessible via the WRLFMD website:

www.iah.bbsrc.ac.uk/virus/picornaviridae/apthovirus .

Acknowledgements

We would like to thank Dr. Sinan Aktas (Ankara, Turkey) for providing sequence data on recent type O and type A viruses from Turkey, Dr. Wilna Vosloo (Onderstepoort, South Africa) for the Zimbabwe 2001 sequences and Drs. Jorge Lopez (Panaftosa, Brazil) and Maria Elisa Piccone (INTA, Argentina) for South American sequence data.

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- Hemadri, D., Tosh, C., Sanyal, A. and Venkataramanan, R. (2002). Emergence of a new strain of type O foot-and-mouth disease virus: its phylogenetic and evolutionary relationship with the PanAsia pandemic strain. *Virus Genes* 25: 23-34.
- Tosh, C., Sanyal, A., Hemadri, D., and Venkataramanan, R. (2002). Phylogenetic analysis of serotype A foot-and-mouth disease virus isolated in India between 1977 and 2000. *Archives of Virology* 147: 493-513.

Table 1. OIE/FAO World Reference Laboratory for Foot and Mouth Disease, Cumulative Report for January - September, 2002

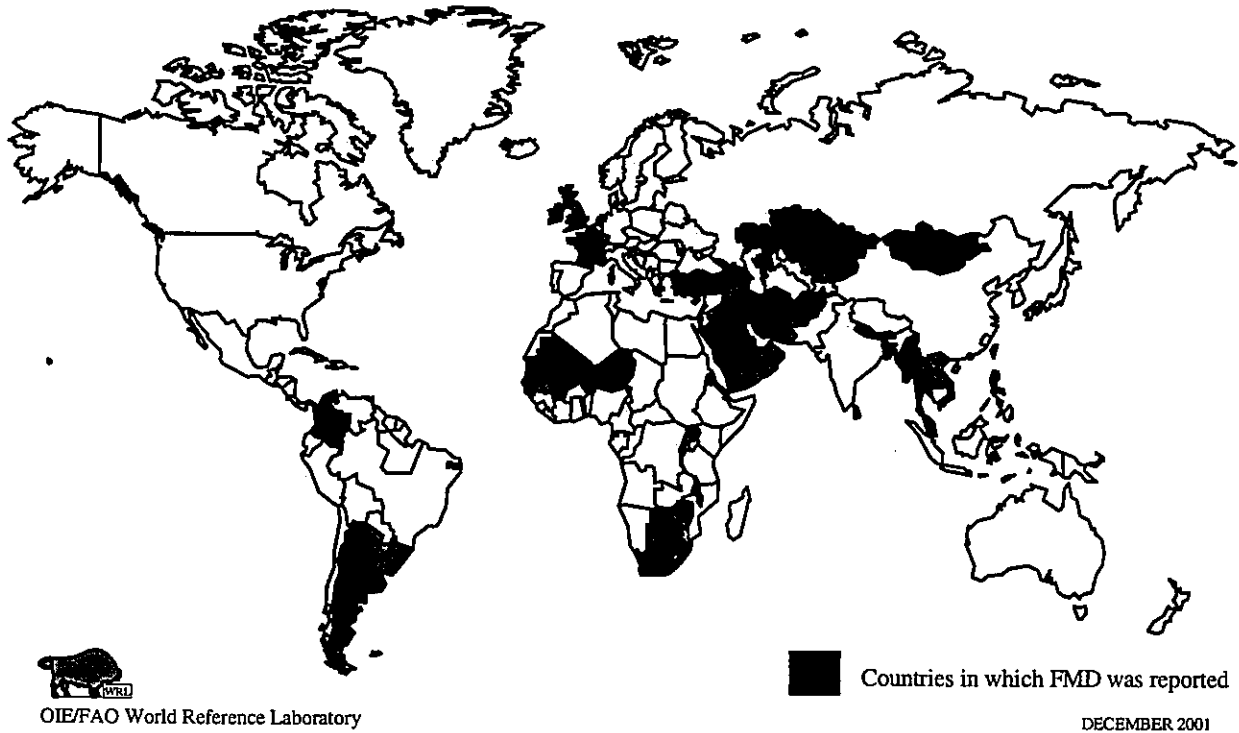
COUNTRY	No. of samples	FMD virus serotypes							SVDV (a)	NVD (b)
		O	A	C	SAT 1	SAT 2	SAT 3	Asia 1		
BHUTAN	39	20						4		15
BOTSWANA	28					5				23
HONG KONG (PRC)	14	6								8
IRAN	14	9						1		4
IRAQ	98		11							87
PALESTINIAN AUTONOMOUS TERRITORY	2	1								1
KUWAIT	2	2								
LAOS	9	7								2
LEBANON	2	1								1
MALAYSIA	3	2	1							
PAKISTAN	17*	4	3					2		9
SAUDI ARABIA	37	2								35
SINGAPORE	9									9
SOUTH KOREA	2	2								
THAILAND	10	1	9							
UNITED KINGDOM	228									228
VIETNAM	13	12								1
TOTAL	527	69	23			5		6		423

* One sample from Pakistan contained a mixture of FMD virus types O and Asia 1

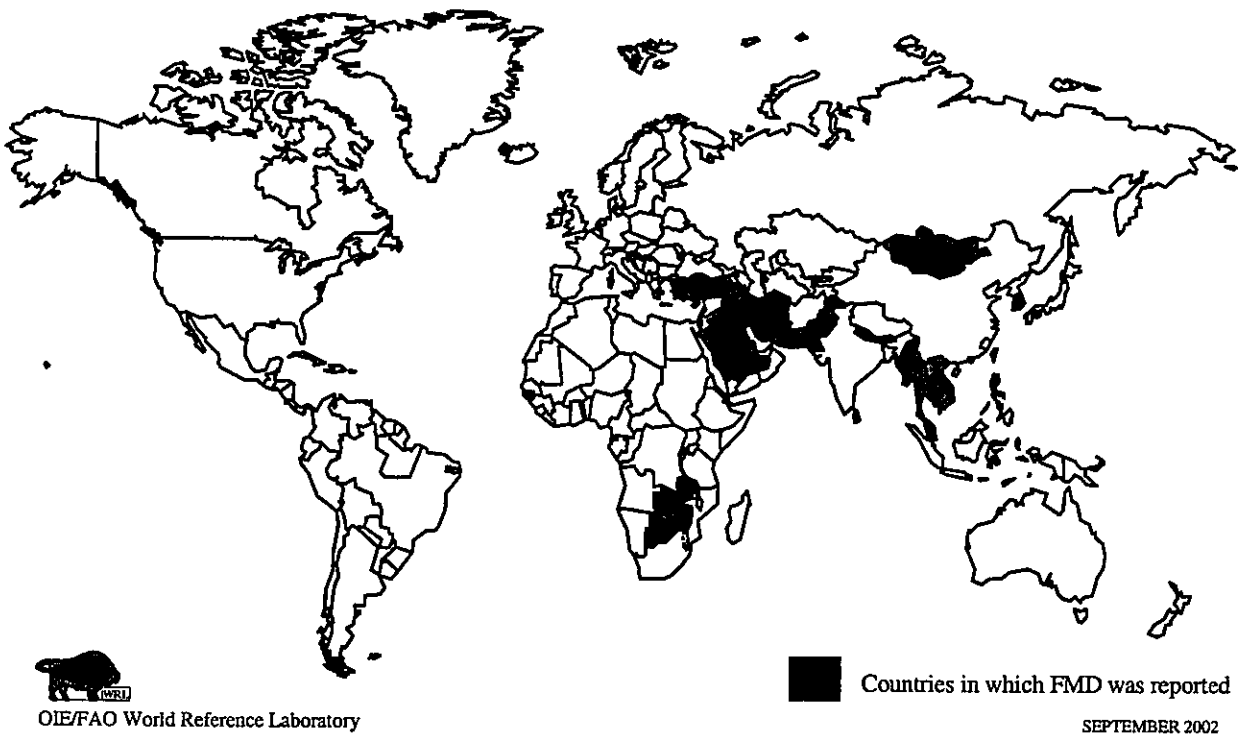
(a) swine vesicular disease virus

(b) no foot-and-mouth disease, swine vesicular disease or vesicular stomatitis virus detected

Countries in which FMD was reported, 2001




Countries in which FMD was reported, 2002



Conjectured Status of FMD 2001




OIE/FAO World Reference Laboratory

SEPTEMBER 2001

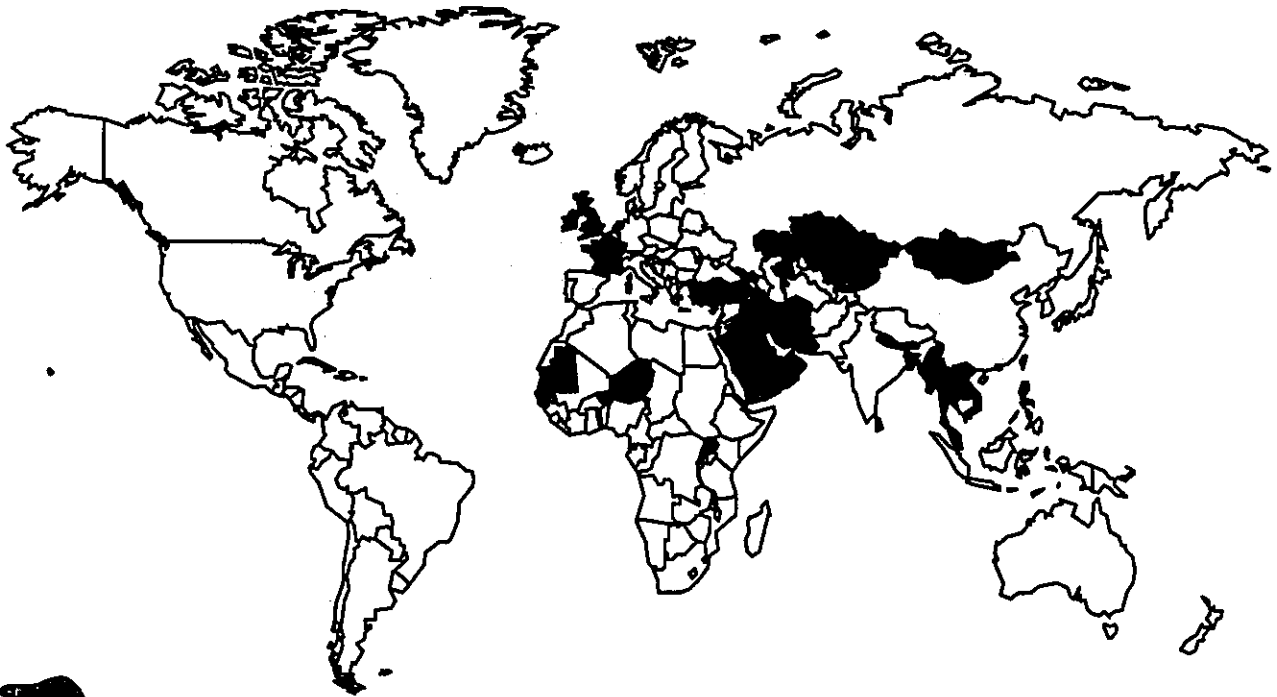
Conjectured Status of FMD 2002




OIE/FAO World Reference Laboratory

JUNE 2002

Distribution of FMD type O 2001



OIE/FAO World Reference Laboratory



Countries in which FMD was reported
DECEMBER 2001

Distribution of FMD type O 2002



OIE/FAO World Reference Laboratory



Countries in which FMD was reported
SEPTEMBER 2002

Distribution of FMD type A 2001



OIE/FAO World Reference Laboratory



Countries in which FMD was reported
DECEMBER 2001

Distribution of FMD type A 2002



OIE/FAO World Reference Laboratory



Countries in which FMD was reported
SEPTEMBER 2002

Distribution of FMD type Asia 1 2001



OIE/FAO World Reference Laboratory



Countries in which FMD was reported
DECEMBER 2001

Distribution of FMD type Asia 1 2002



OIE/FAO World Reference Laboratory



Countries in which FMD was reported
SEPTEMBER 2002

Distribution of FMD type SAT 2 2001



OIE/FAO World Reference Laboratory



Countries in which FMD was reported
DECEMBER 2001

Distribution of FMD type SAT 2 2002



OIE/FAO World Reference Laboratory



Countries in which FMD was reported
SEPTEMBER 2002

Distribution of FMD type SAT 1 2001



OIE/FAO World Reference Laboratory



Countries in which FMD was reported
SEPTEMBER 2001

Note from Editors: The countries highlighted are Zimbabwe and Malawi (the latter reported SAT1 in 2/2001).

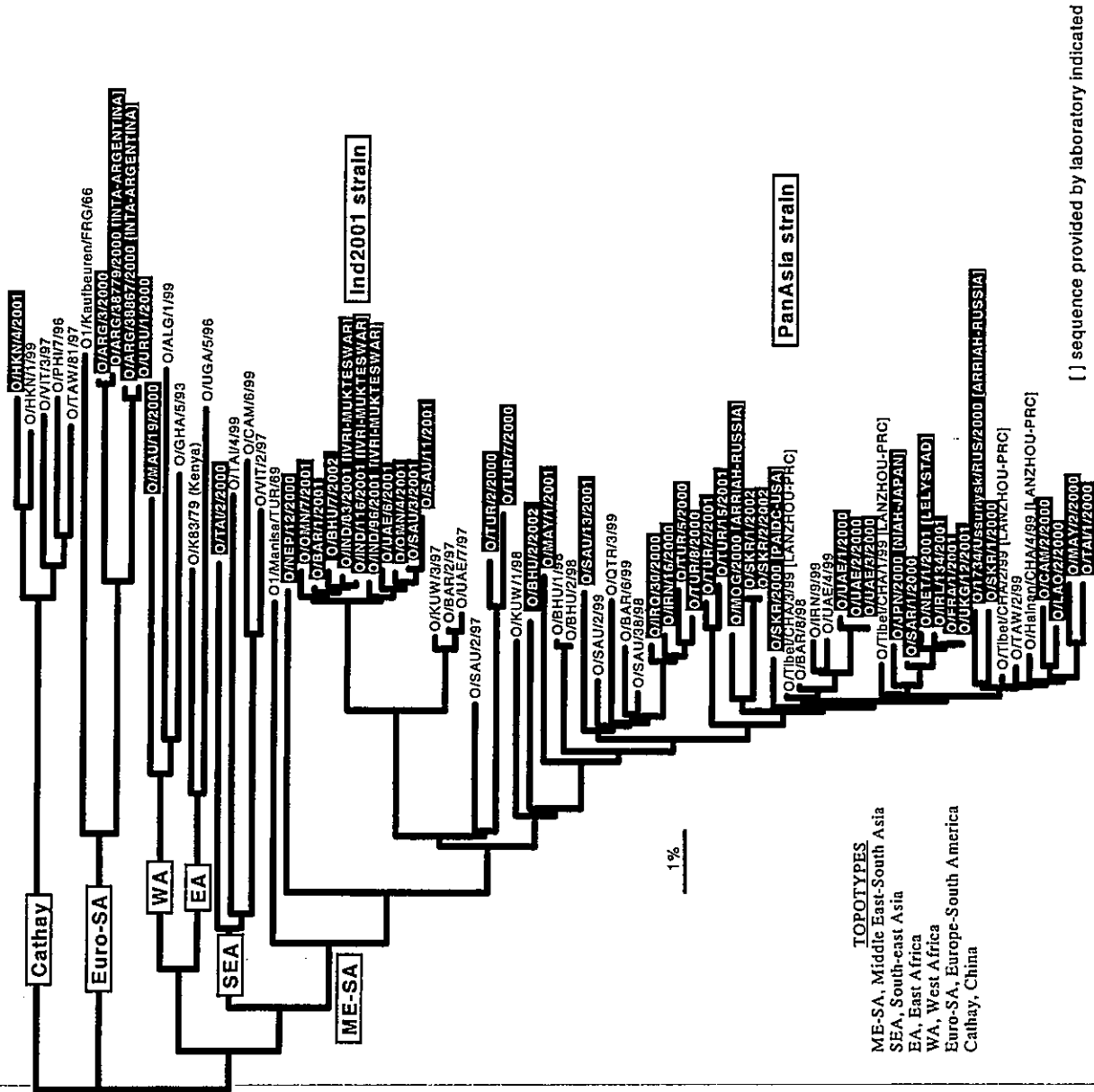


Fig. 1. Genetic relationships between recent FMDV type O viruses and reference strains. The tree was based on a comparison of complete VP1-coding sequences.

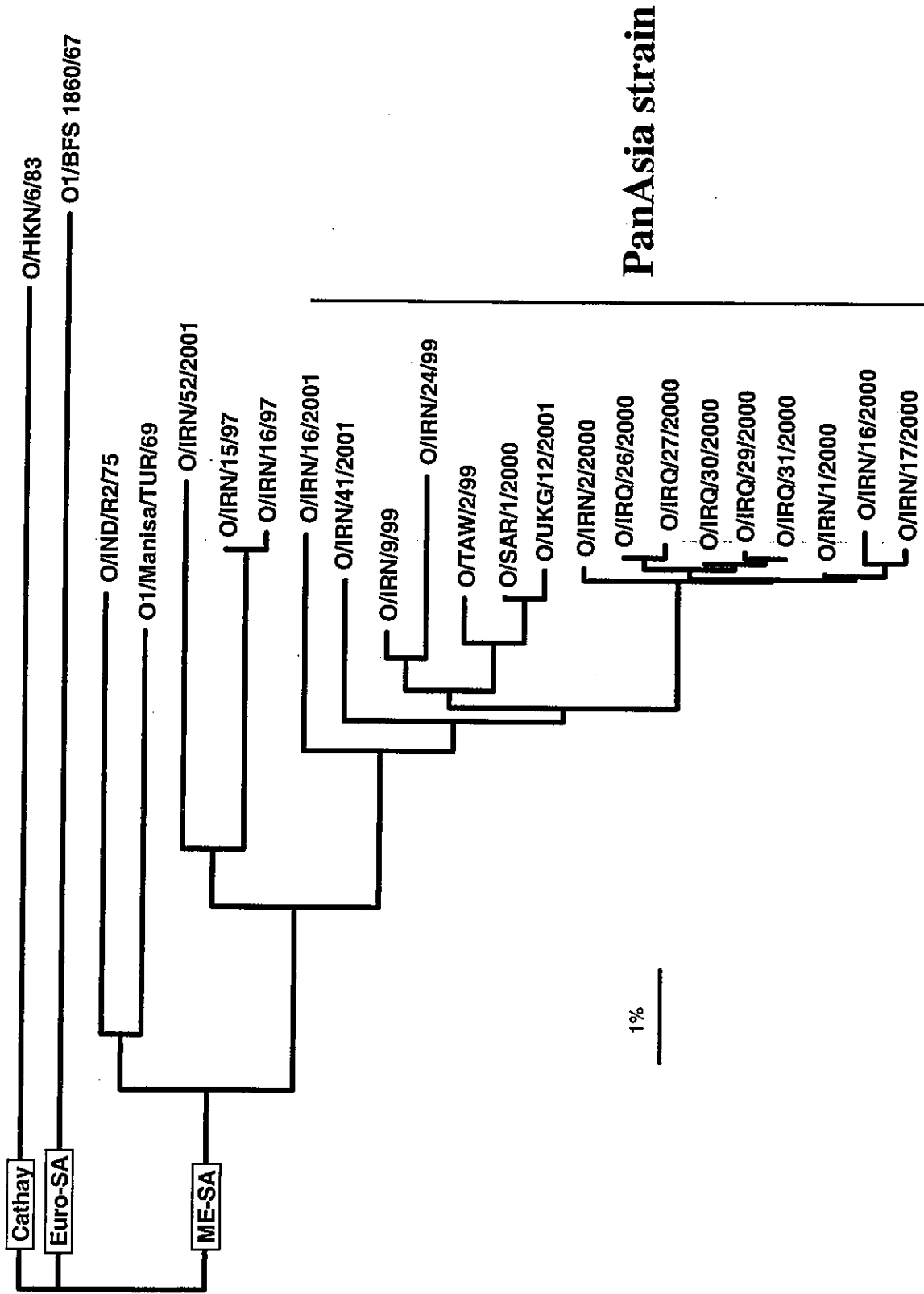


Fig. 2. Genetic relationships between recent FMD type O viruses from Iran and Iraq and reference viruses. The tree was based on a comparison of complete or nearly complete VP1-coding sequences.

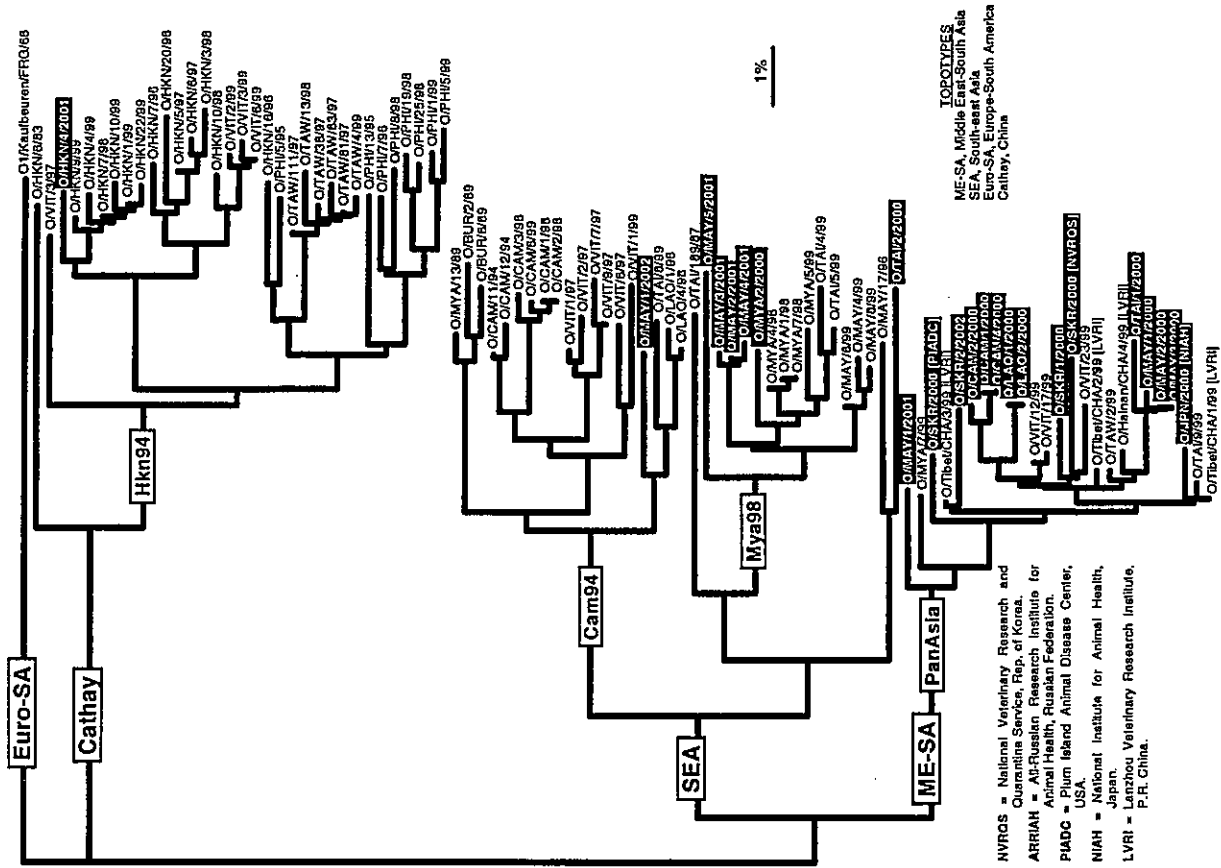


Fig. 3. Genetic relationships between recent FMD type O viruses and reference strains. The tree was based on a comparison of partial VP1-coding sequences (nt 301-639).

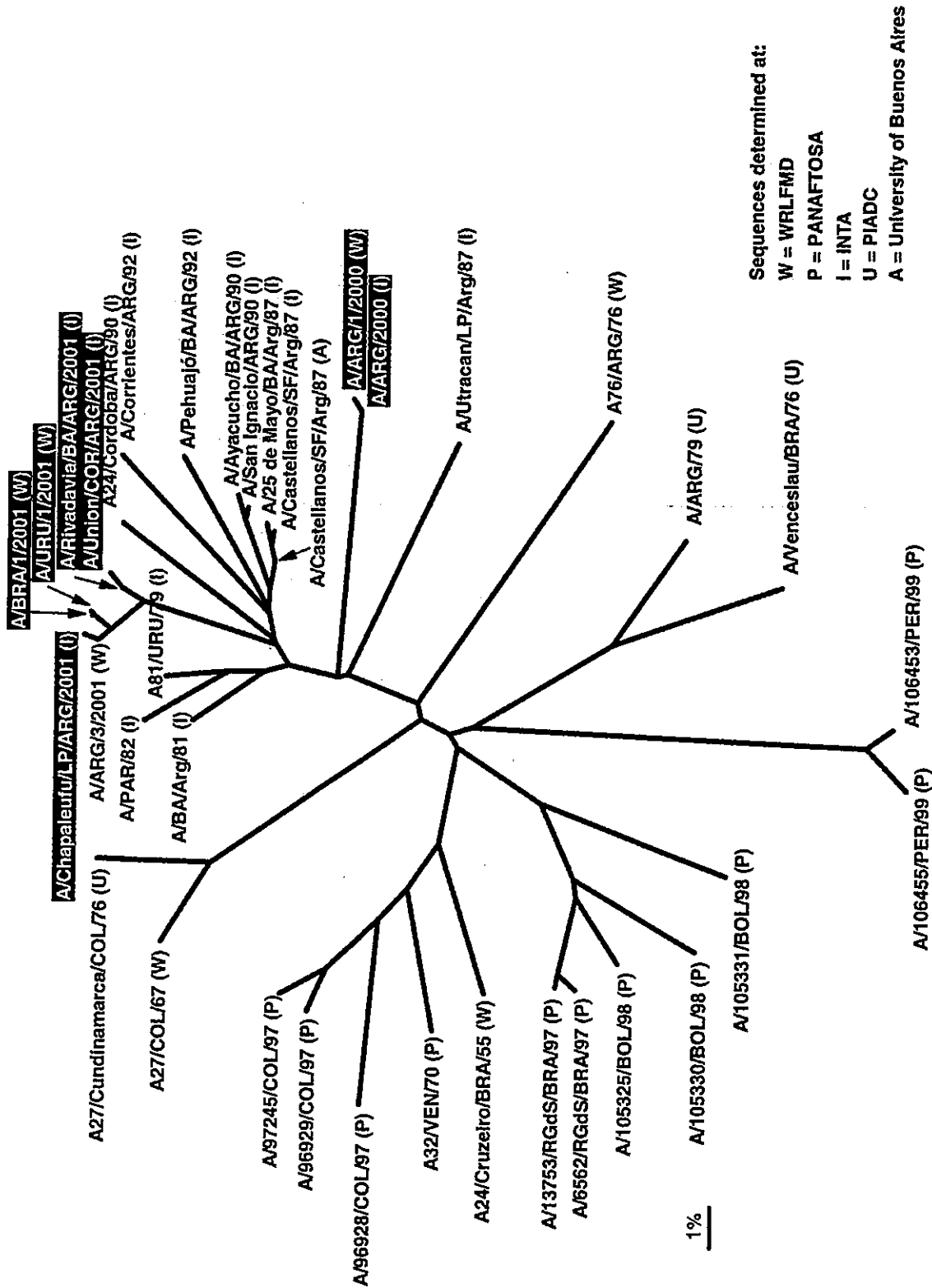


Fig. 4. Genetic relationships between recent FMD type A viruses from South America and reference viruses. The tree was based on a comparison of complete or nearly complete VP1-coding sequences.

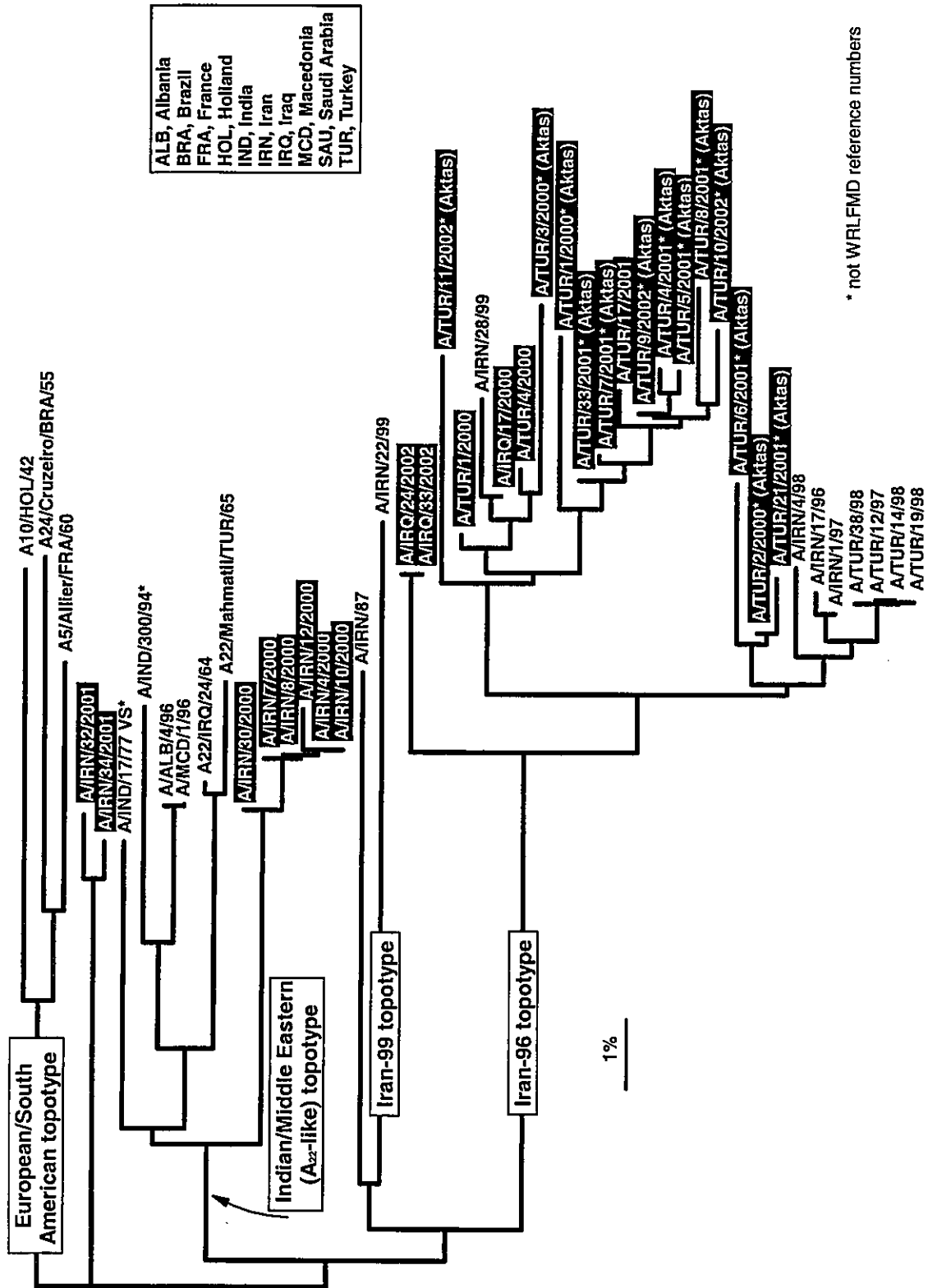


Fig. 5. Genetic relationships between recent FMD type A viruses from Iran, Iraq and Turkey and reference viruses. The tree was based on a comparison of partial VP1-coding sequences (nt 469-639).

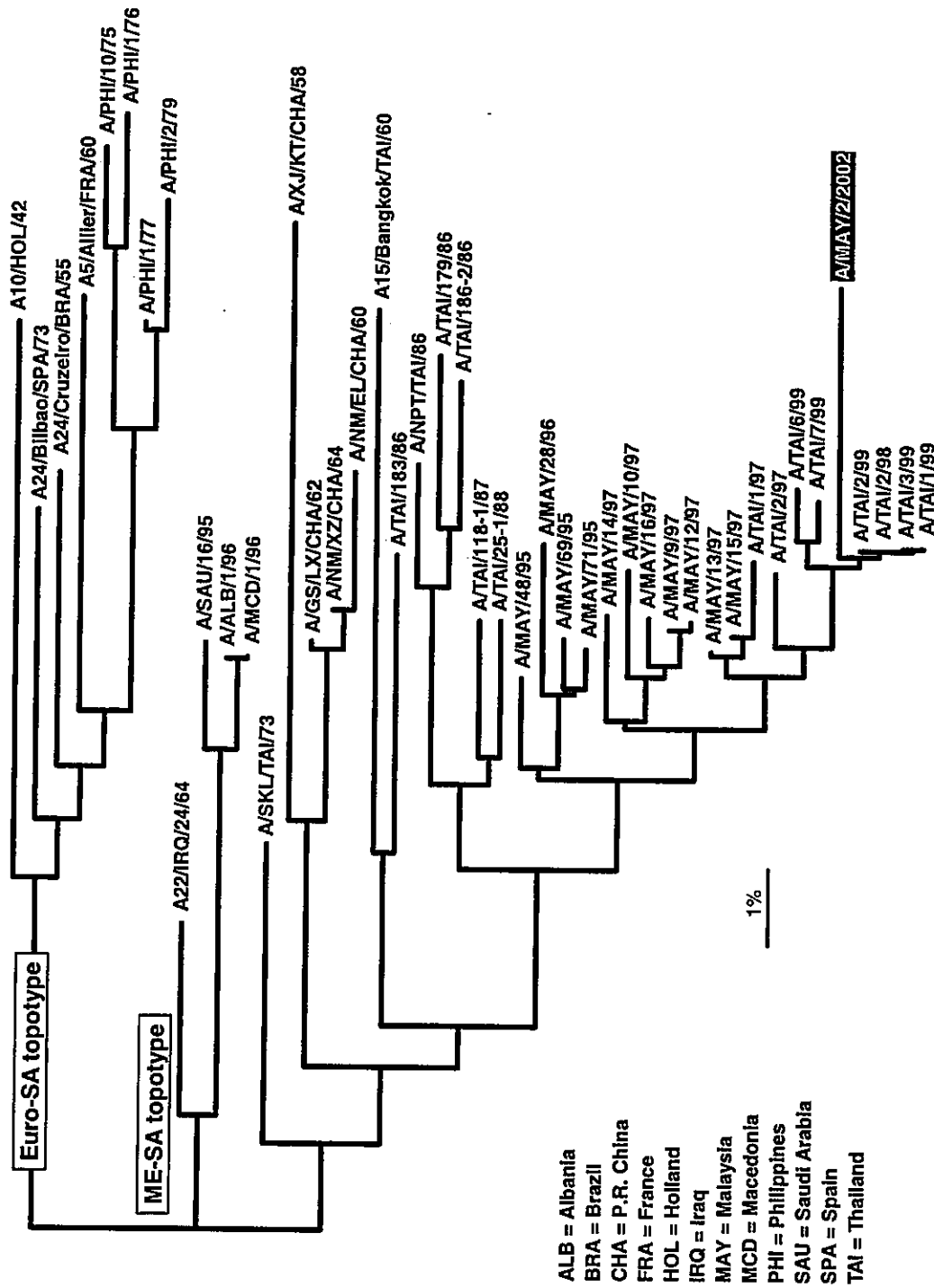


Fig. 6. Genetic relationships between recent FMD type A viruses from Malaysia and Thailand and reference viruses. The tree was based on a comparison of partial VP1-coding sequences (nt 469-639).

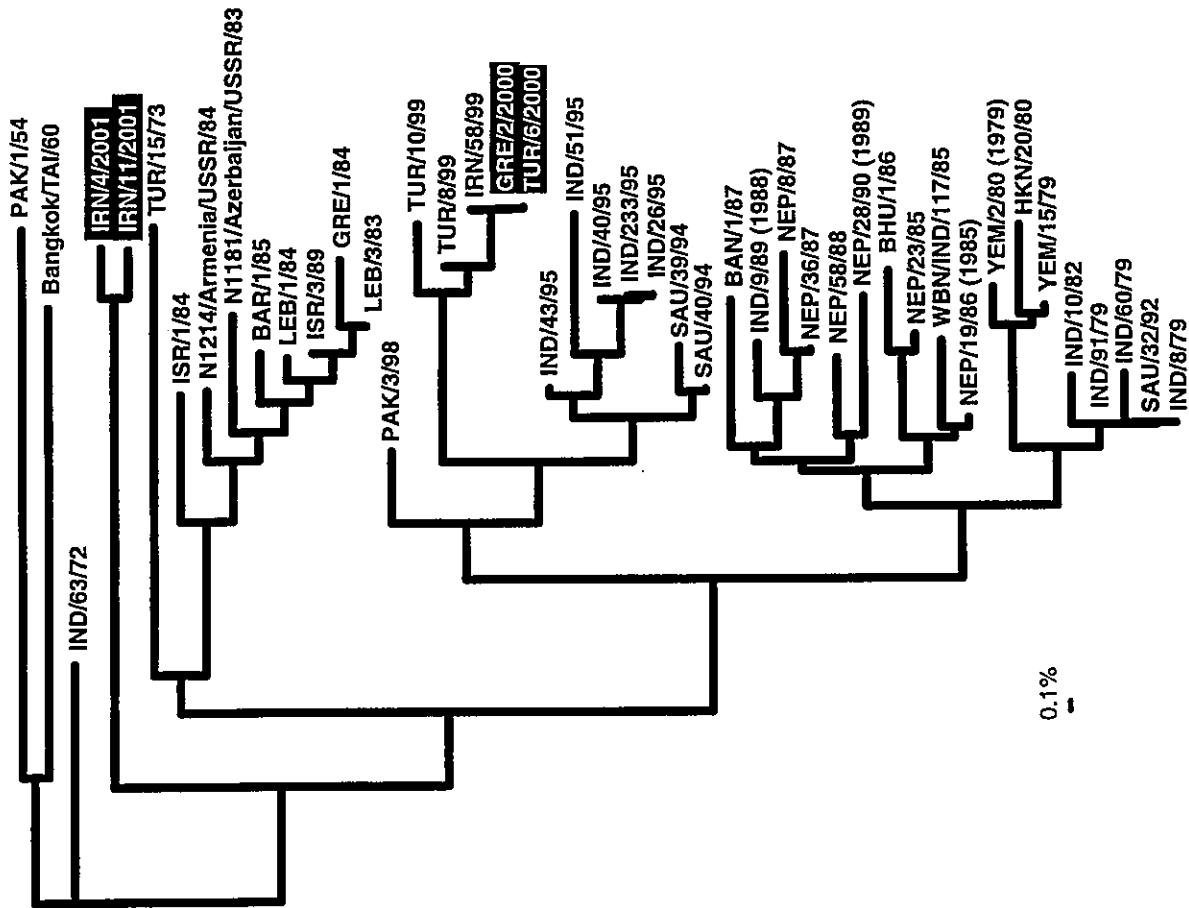


Fig. 7. Genetic relationships between recent FMD type Asia 1 viruses from Iran and reference viruses. The tree was based on a comparison of partial VP1-coding sequences (nt 469-633).

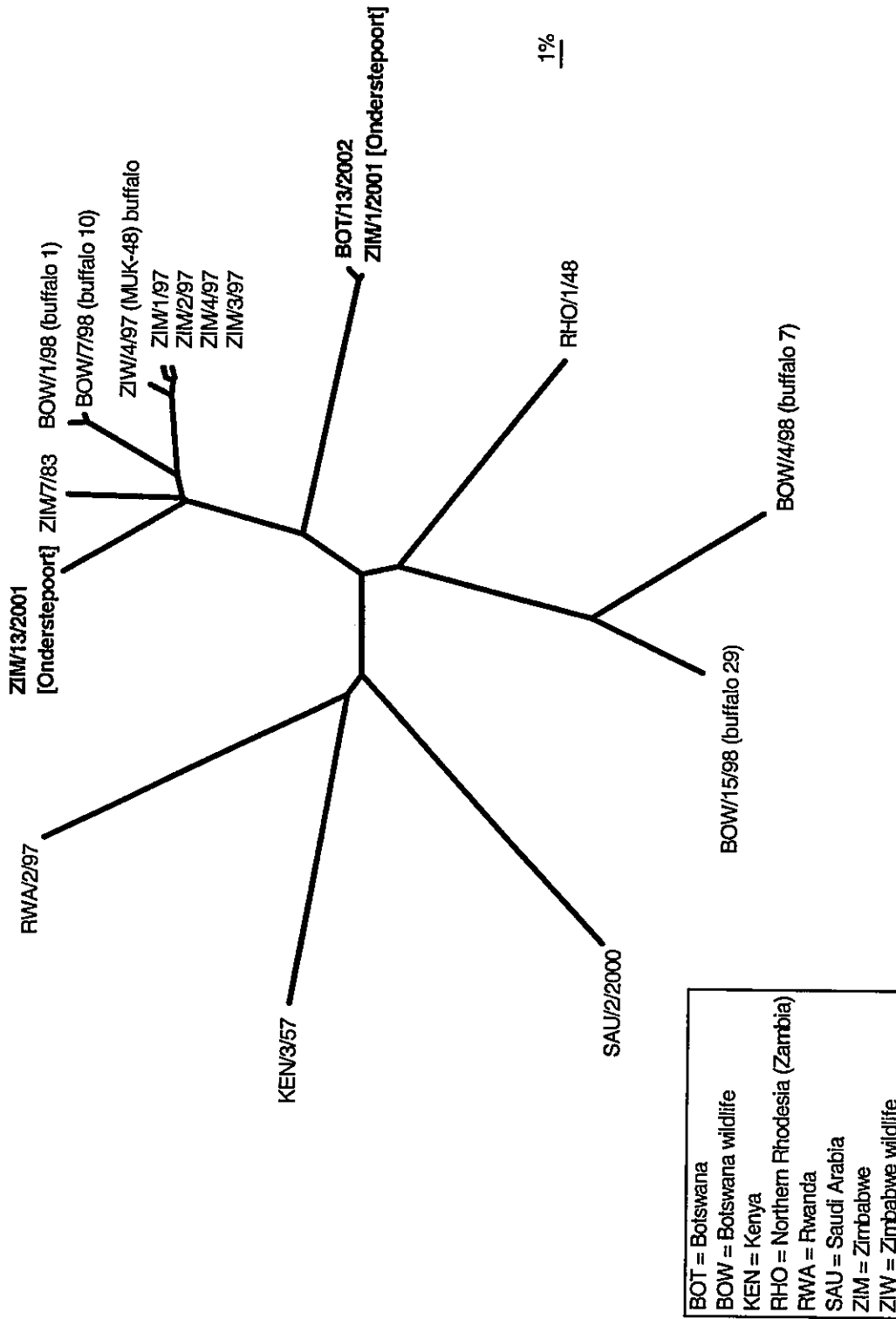


Fig. 8. Genetic relationships between recent FMD type SAT 2 viruses from Botswana and Zimbabwe and reference viruses. The tree was based on a comparison of partial VP1-coding sequences .

REPORT ON THE FMD SITUATION AND CONTROL PROGRAMME IN TURKEY

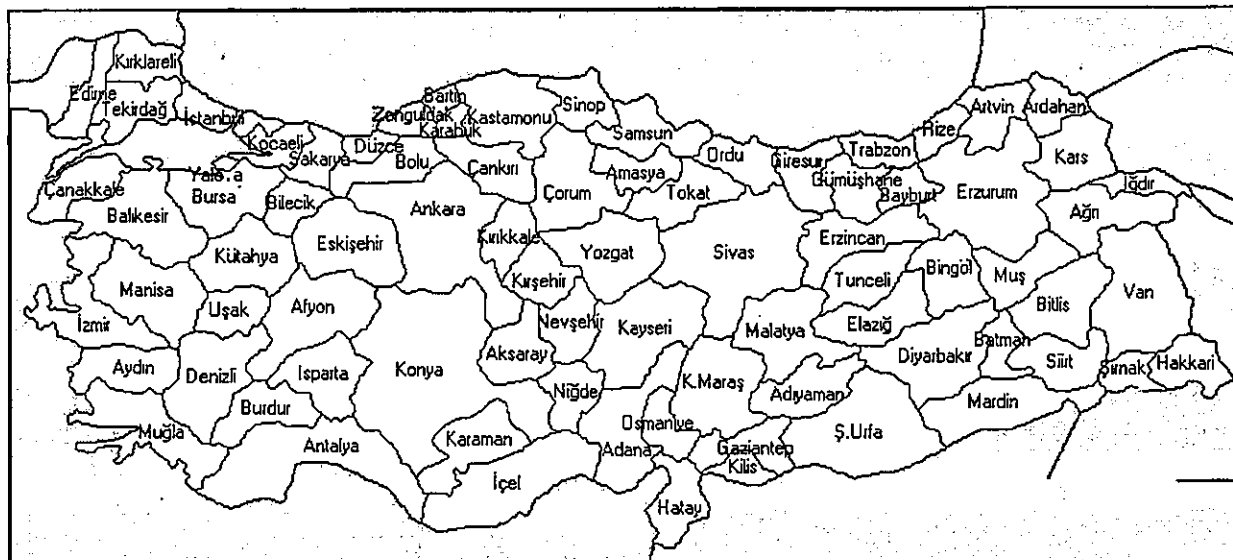
REPUBLIC OF TURKEY
MINISTRY OF AGRICULTURE AND RURAL AFFAIRS
General Directorate of Protection and Control

1. Introduction

Turkey occupies a unique geographical, cultural and economical position at the cross-roads between Europe and Asia. It is bounded by the Black Sea in the north, the Mediterranean Sea in the south, and the Aegean Sea in the west (**Map 1**) It shares land boundaries with Greece and Bulgaria in the Northwest, Georgia, Armenia and Azerbaijan in the Northeast, Iran in the East and Iraq and Syria in the Southeast.

The geographical situation of Turkey is always a risk factor for the dissemination of the contagious diseases mainly from the eastern and south-eastern neighbours.

Map 1. Geographical location of Turkey



Conditions in Turkey are favourable for raising of livestock, but total numbers have been slowly declining for the last decade. In spite of the generally decreasing numbers, total animal production figures have remained constant, indicating an improved productivity per animal. There were still, over 27 million sheep, nearly 11 million cattle, almost 7 million goats and 217 million poultry in the country in 2001.

Table 1: Livestock Population

	000 head			
	1984	1990	1995	2001
Cattle	12.410	11.337	11.789	10.548
Sheep	40.391	40.533	33.791	26.972
Goats	13.100	10.977	9.111	7.022
Buffaloes	554	371	255	138
Poultry	63.760	102.265	135.251	217.575

Source: State Institute of Statistics, 1999.

2. Disease situation

Foot-and-mouth disease is endemic in Anatolia (types O1, Asia 1 and A Iran 96). So that FMD is one of the most important diseases causing significant economical losses in Turkey.

Vaccination, quarantine, control of animal movements, surveillance and monitoring are being applied to control the disease. Stamping out policy has been approved to be applied in the planned regions.

In 2002, up to October, a total of 34 FMD outbreaks have been reported, 19 due to type O; 13 due to type A and 2 due to type Asia-1 (Table.1). Although these three serotypes (O, A and Asia1) have been circulating in Turkey, outbreaks due to type Asia 1 have not been reported since April 2002. Currently there are five active outbreaks in Erzurum, Kars and Siirt provinces located in Eastern Anatolia, Nevşehir and Nigde provinces located Central Anatolia.

If we compare the occurred outbreaks in the first nine months of 2001 and 2002 the number of outbreaks decreased from 81 to 34 outbreaks. National veterinary services are spending great efforts to control the disease in recent years. The list of outbreaks, broken down by months, is given for 2002 in Table 2 below.

No FMD outbreak has been reported in Thrace Region since June 2001.

Table 2. Detail figures of FMD outbreaks in 2001 and 2002.

MONTH	OUTBREAKS							
	Type						Total	
	O		A		Asia1			
	2001	2002	2001	2002	2001	2002	2001	2002
January	6	0	0	1	3	0	9	1
February	4	0	1	0	3	1	8	1
March	17	2	1	1	8	0	26	3
April	2	2	0	0	2	1	4	3
May	5	3	0	1	6	0	11	4
June	9	4	0	2	9	0	18	6
July	3	4	0	4	0	0	3	8
August	0	1	0	2	0	0	0	3
September	1	3	0	2	1	0	2	5
TOTAL	47	19	2	13	32	2	81	34

3. Vaccine Production and Diagnosis

Sap (FMD) Institute located in Ankara is the only Government laboratory for vaccine production and diagnosis of FMD in Turkey. It also carries out the epidemiological studies relating to FMD such as outbreaks investigation, surveillance, sero-surveillance in the country.

3.1 Vaccine Production

The quality and the quantity of FMD vaccine have considerably been increased in FMD Institute for the last two years. The vaccination dose was reduced from 5 mls to 3 mls for large ruminants and from 2 mls to 1 ml for small ruminants, purification of FMD viruses destined for vaccine production was improved by addition of cartridge filters, contaminated and clean areas of the production building were completely separated from each other, new 60 ml PET bottles (20 cattle doses) were recently introduced for Autumn 2002 campaign. In addition to the safety and potency tests in the laboratory, every vaccine batch has been regularly tested in the field for herd immunity levels.

The construction of a clean room for the vaccine bottling unit is underway and will be completed by the end of this year. The situation for FMD vaccine production in FMD Institute is favourable and the quantity of vaccine produced is sufficient to cover the needs for spring and autumn campaign. A total of 22.000.000 monovalent cattle doses of FMD vaccine has been produced so far in 2002.

Vaccine production figures in 2001 and 2002 are given in Table 2.

Table 3. Vaccine production in 2001 and 2002

Vaccine strain	Amount of vaccine produced (cattle doses)	
	2001	2002(First nine months)
O Manisa 69	8.450.000	6.800.000
A Aydın 98 (homologue Iran 96)	9.500.000	6.000.000
Asia 1 74	6.800.000	9.200.000
Total	24.750.000	22.000.000

On the other hand, 230.00 doses (Bayer) trivalent FMD vaccines from 2001 are stocked at the Pendik Veterinary Control and Research Institute. 200.000 doses (Meril) trivalent FMD vaccines remain from last year will be delivered to Turkey. These vaccines will be used for autumn vaccination campaign in 2002 in Turkey.

Table 4. Delivering of vaccines in Trace for autumn campaign

Provinces	Bayovac FMD	Aftovax	
	Delivered	Delivered	Stock in Pendik Inst.
EDİRNE	93550	0	
KIRKLARELI	44600	0	
TEKIRDAG	87650	0	
CANAKKALE	4200	33175	
ISTANBUL	0	42000	
Total	230000	75175	124825

3.2 Diagnosis

All FMD suspected samples have been investigated by FMD Institute. These samples have been tested by ELISA, all negative samples have been inoculated to cell cultures for virus isolation and retested by ELISA, PCR also applied for some samples.

Some samples isolated from different regions of Turkey have been tested by strain characterisation ELISA to determine the antigenic relationship between field isolates and vaccine strains.

All samples tested so far in 2002 were found to be antigenically related to our vaccine strains. We have also sequenced 14 virus samples for genetical and epidemiological purposes. Sequencing results showed that type A viruses were closely related to A/Iran/96 group and type O viruses still remains related to O Manisa. 10 positive samples were sent to Pirbright Institute for characterisation of these viruses and confirmation of our results.

4. Control programme

Active surveillance and monitoring, vaccination, quarantine, restrictions on animal and animal product movements are being applied for the control of the disease. Stamping out policy has been approved to be implemented in the planned regions. The goal aim is to reach at least 80 % of vaccination coverage in target population.

4.1 Surveillance and monitoring programme

Surveillance and outbreak investigations in the field have regularly been carried out by General Directorate and Protection and Control, FMD Institute and by Regional Veterinary Control and Research Institutes.

Active surveillance and monitoring programme has been carried out in the field especially in surveillance zone (Kars, Ardahan, Igdir, Agri, Van, Hakkari and Sirmak Provinces) for detection and control of FMD.

4.2 Vaccination

Mass vaccination policy is main element of control programme.

4.2.1. Vaccination policy

Biannual mass vaccination programmes (spring and autumn) are planned as follows:

- Large Ruminant:
 - Application of routine mass vaccination twice a year using trivalent vaccine to at least 80% of all large ruminants in the country;
 - Application of strategic vaccination using trivalent vaccine to large ruminants in the selected region at the Black Sea Region (Trabzon, Rize, Artvin, Giresun, Ordu, Bartın provinces and Abana, Bozkurt, Cide, Catalzeytin, Doganyurt, Inebolu districts of Kastamonu).

- Small Ruminant:
 - Application of routine mass vaccination once a year using trivalent vaccine to at least 80% all ruminants in the Thrace and Marmara regions. (Edirne, Tekirdag, Kirklareli, Istanbul and Canakkale, Balikesir, Bursa, Yalova, Kocaeli, Sakarya, Bilecik, Bolu, Duzce).
- Application of ring vaccination around the outbreaks.

Spring vaccination campaign:

Spring vaccination campaign was carried out between March and April 2002.

97 % of large ruminants and 73% of small ruminants were vaccinated in Thrace Region and 70% of large ruminants in Anatolia were vaccinated.

Autumn vaccination campaign:

Autumn vaccination campaign was started in September and will be completed in the middle of November.

Vaccination figures have been reported by monthly reports in Anatolia and by weekly reports in Thrace.

1.6 million large ruminants and 800.000 small ruminants were vaccinated by the end of September.

4.2.2. Vaccination programme in Thrace

- Application of mass vaccination campaign twice a year, spring and autumn, for large ruminants.
- Application of mass vaccination campaign once a year, spring, for small ruminants in Thrace and Marmara region.
- Trivalent vaccine donated by EUFMD/EC is being used in Thrace Region.

Table 5. Detailed figures of spring vaccination campaign in Trace Region in 2002

Provinces	Programme		Vaccination		Percentage %		Total Vaccine			
	Large Rum.	Small Rum.	Large Rum.	Small Rum.	Large Rum.	Small Rum.	Received	Used	Loss	Remain
EDIRNE	94,692	172,000	100,856	97,506	107	57	161,650	142,978	7,512	11,160
KIRKLARELI	66,320	157,850	64,937	130,059	98	82	128,800	121,474	566	6,760
TEKIRDAG	88,500	120,100	86,682	92,114	98	77	131,700	128,580	270	2,850
CANAKKALE	81,378	348,720	74,366	275,746	91	79	262,500	212,332	6,268	44,000
ISTANBUL	64,080	66,200	55,426	38,475	86	58	91,300	67,848	1,472	22,480
TOTAL	394,970	864,870	382,267	633,900	97	73	775,950	673,212	16,088	87,250

Table 6. Detailed figures of autumn vaccination campaign in Trace Region in 2002 (14.10.2002)

Provinces	Programme	Vaccinated	Percentage	Used	Lost	Remain
	Large Rum.	Large Rum.				
EDIRNE	94,692	87,578	92	92,210	4,632	0
KIRKLARELI	66,320	50,022	75			0
TEKIRDAG	88,500	71,020	80	71,020	0	17,480
CANAKKALE	81,379	52,040	64	52,040	1,576	13,400
ISTANBUL	64,080	49,394	77	49,394	1,566	8,017
Total	394,971	310,054	79	264,664	7,774	38,897

5. Animal movement and Animal Identification

Illegal animal movement through the borders to Turkey has been minimised in recent years by changing the relevant Articles of the Law of 3285 in 2001. With these changes, the penalties for illegal animal movements and smugglers have been increased.

Strict control measures are performed at the borders working with the coordination of the relevant authority. (Ministry of Agriculture and Rural Affairs, Ministry of Internal Affairs, Army, Custom etc.)

Efficient control of the animal movement within the country is also improved.

Implementation of identification of all bovine animals in Turkey was started in September 2001. Within this framework, a computerised database system was established at General Directorate of Protection and Control.

All 81 provincial Directorates and most District Directorates have internet connections and e-mail addresses at present. Within the existing system, about 7 million cattle out of over 10 million bovine animals have been tagged and registered. About 4.4 million cattle and approximately 830,000 bovine animal holdings have been recorded into the computerized database.

**Report of the
FAO-EUFMD/EC/OIE Tripartite Group Meeting on the Balkans
held in Athens, Greece on Friday, 25 October 2002**

*Keith Sumption, Secretary EUFMD
Animal Health Service, FAO*

Introduction

The Chairman of the EUFMD, Dr. Leos Celeda, welcomed the participants (see Annex 1) representing the countries involved in the Tripartite, Greece, Bulgaria, Turkey, and the international organisations. He thanked Dr Stylas, Director General of the Veterinary Services of Greece, for representing the OIE at the meeting, and Dr Alf Füssel for representing the European Commission. He emphasised that the Tripartite gives a good opportunity for discussion of important technical items and the exchange of information was very valuable for disease control in the region. He reminded the participants of the importance of FMD to the region and the continuous threat that it poses to Europe, and that for this reason FMD would again form the main part of the meeting. He then handed the floor to Dr Stylas, who welcomed the participants to Athens on behalf of the Veterinary Services of Greece. He indicated that the Tripartite had become an institution in the region and that it was a matter of great pride and pleasure to record the progress made through the Tripartite, and again to meet with the heads of the Veterinary Services from the region to exchange information in such an open and friendly manner. He reminded the participants of the impact of the 2001 FMD epidemic in Europe in terms of economic and social impact, and that vigilance should be maintained to guard against such a recurrence. In the light of recent history, international organisations should support efforts at the regional level for prompt control of FMD and the other major epizootics. He welcomed the new Secretary of the EUFMD, Dr Keith Sumption, to the meeting and wished him well with the tasks involved in undertaking the important work required over the months and years ahead. He recorded that he had been requested by OIE to represent them at the meeting, and that Dr D Panagiotatos would represent Greece.

The Chairman of the EUFMD, Dr. Leos Celeda, thanked the Ministry of Agriculture, Greece, for having accepted to organise and host the meeting. He then presented the provisional agenda (Annex 2) which was adopted. The meeting included two parts, the first on FMD and the second on Bluetongue and other epizootic diseases.

PART I: REPORT ON FMD

Item 1: FMD situation and control in Turkey

The country report for Turkey was presented by Dr Musa Arik. In 2002, up to the end of September, three serotypes were considered to be circulating although outbreaks caused by type Asia-1 had not been recorded since April 2002. There had been 34 outbreaks in this period, of which 19 were due to type O, 13 due to type A and 2 due to type Asia-1 (Table 1). At the time of the report five outbreaks were considered active, in five Provinces. Three of these are in Eastern Anatolia (in Erzurum, Kars, and Siirt provinces), and two in Central Anatolia (Nevşehir and Nigde Provinces). No outbreak has been reported in Thrace region since June 2001.

All of the FMDV isolates antigenically characterised which originated from outbreaks in 2002 were found to have a good antigenic relationship to vaccine strains used in Turkey. Fourteen virus isolates had been characterised at the genetic level; type A viruses were closely related to A/Iran/96 group, and type O viruses were related to O Manisa, as previously found. Ten positive samples had been sent to Pirbright for characterisation.

Table 1. FMD outbreaks in Turkey in 2002

Month	Type O	Type A	Type Asia-1	TOTAL
January		1		1
February			1	1
March	2	1		3
April	2		1	3
May	3	1		4
June	4	2		6
July	4	4		8
August	1	2		3
September	3	2		5
Total	19	13	2	34

The control of illegal animal movement had been improved in recent years through increase in the penalties for those involved in illegal animal movements. These include a 3 month removal of the vehicle license in the case of those found to be carrying animals without the correct licenses. The changes associated with Law 3285 have had a high public profile and this has been beneficial for control. A high amount of effort had been required in public relations when the law was introduced and enforced. Strict control measures are performed at the borders working with the co-ordination of the relevant authorities.

Identification of all bovine animals in Turkey was started in September 2001, and all 81 provincial directorates and most district directorates have internet connections and e-mail addresses to enable connection to the central database. About 7 million cattle out of the 10 million bovines in the country had been tagged and registered. About 4.4 million cattle and approximately 830,000 bovine animal holdings have been recorded into the database.

The quality and quantity of FMD vaccine has improved in the last two years through changes in the vaccine production unit of the SAP institute, and in the testing of every batch of vaccine in the field for herd immunity levels. The quantity of vaccine produced was reported as sufficient to cover the needs of the spring and autumn campaign. A total of 21,950,000 monovalent doses of FMD vaccine had been produced so far in 2002. The vaccination programme in 2002 aimed at vaccination of at least 80% of all large ruminants, with trivalent FMD vaccine (O1 Manisa, A Aydin 98 (Iran 96), and Asia-1) produced by the SAP Institute Ankara, and mass vaccination twice per year for large ruminants over the country, and once per year for small ruminants in Thrace and Marmara region. Ring vaccination would be used around outbreaks, and strategic vaccination in the Black Sea region. The spring vaccination was carried out in March and April 2002, and 97% of cattle (range 86% to 107% of estimated cattle population) and 73% of small ruminants (range 58% to 82%) were vaccinated in Thrace region, and 70% of cattle in Anatolia. The spring campaign in Thrace used vaccine produced in Turkey. The autumn campaign would draw from the 683,000 doses of trivalent vaccine

donated by the EC through EUFMD which were surplus to the requirements in 2001, as reported in the 67th Session of the EUFMD executive committee meeting in April. The autumn campaign in Thrace would require about 394,971 doses of vaccine from the residual 683,000 doses of trivalent vaccine supplied by EC/EUFMD.

The meeting debated the usage over several campaigns of the supply of 1.3 million doses of vaccine by EC/EUFMD which had been intended for a limited vaccination campaign. One reason was that the twice yearly vaccination of small ruminants had been discontinued after difficulties with farmer compliance, over the issue of vaccination of pregnant animals. The meeting agreed that achieving a vaccination cover of 97% in cattle in Thrace was a major achievement. The proposed plan of Turkey to vaccinate small ruminants in the spring campaigns was supported and a view was expressed that a very high vaccination coverage once per year would be more important than a lower level achieved in twice yearly campaigns. However the outstanding role of small ruminants in transmission must be kept in mind and the issue of vaccination of small ruminants needs clarification. The meeting considered the major improvements made over the past 7 years to be of great importance in FMD control and that this represented a successful role for the Tripartite group.

In relation to the country needs, the Turkish representative considered vaccine supply was adequate for the country needs in 2003, including in Thrace, but if in future national small ruminant vaccination was required, more vaccine would be required. Although FMD vaccine produced by Bayer was available and could be used, it was more expensive and therefore not the vaccine of choice to the veterinarians; in 2003 supply of vaccine from the SAP Institute should meet all the predicted programme needs. The FMD vaccine produced by Vetal was not currently allowed to be used, and could not be allowed until authorised by the Turkish authorities. The issue of QC of the batch of FMD vaccine intended for use in 2003 was discussed; a batch had been submitted to Pirbright six months before the meeting and the results of QC tests should be available by the end of January 2003. If unsatisfactory, purchase of vaccine on the open market may be required, but the time period to arrange supply and delivery would be short. The meeting requested that results from the testing be made available as soon as possible to ensure decisions on vaccine use could be made in sufficient time. The meeting agreed that vaccine QC remained an extremely important issue and that it hoped that an important milestone in FMD control in the region would soon be reached through independent QC at the Bornova facility.

The proposal of Turkey was welcomed by the meeting to determine levels of immunity in cattle and small ruminants in Thrace after vaccination in the spring campaign 2003, and following the plan prepared by Michael Thrusfield of Edinburgh University after meetings with EUFMD and Turkish representatives in Izmir in September. Dr Sumption proposed that the programme to be used should be, in principle, followed after every vaccination in Thrace as a management tool to determine the level of immunity in the population after vaccination. This was strongly supported by the representative of the EC who indicated that he wished to see routine use of vaccination followed by routine use of serology, and the Tripartite should be kept informed of the results of each round of vaccination upon level of herd immunity. The meeting agreed that to be of use to the authorities in Turkey and elsewhere, results from each vaccination campaign would be needed within a short time of that campaign having been conducted. The proposal of Turkey to collect 5,000 sera to determine herd immunity in Thrace, and also to test for antibodies to NSPs would require at least 20,000 tests, and would require strengthening of capacity to ensure timely reporting of results and to undertake other serology, for example in future in other parts of Turkey. The importance of strengthening

sero-diagnostic capacity was strongly supported by the meeting. The cost of equipment required would be identified by Turkey and submitted to EUFMD. Dr Füssel strongly supported further work with NSP ELISA tests which would clarify their applicability and use and that Thrace could be considered a good situation in which to evaluate their use.

Item 2: FMD surveillance in Greece

The country report was given by Dr Panagiotatos who explained that in late 2000 Greece implemented a new and comprehensive Contingency Plan for combating FMD which, among other things, enhanced disease awareness in the field and provided clear instructions on procedures to be followed for confirming or refuting suspicions of FMD. Between 1 January and 23 October 2002, 12 clinical suspicions were reported in 8 different Prefectures, which were widely dispersed in the country; 10 were in cattle and 2 in sheep and goats. The spatial distribution indicated uniformly high awareness across the country. All samples returned negative test results.

In 2002 tests for antibodies to type O1 were conducted on 170 cattle, 130 small ruminants and 267 pigs, respectively on animals imported through Border Inspections Posts from third countries, on a random, infrequent and non-discriminatory basis. All returned negative results. Furthermore tests on 257 cattle, 150 small ruminants and 297 pigs which were imported from EU member states returned negative results.

He reported with regret that in 2002 Greece had had to suspend the active surveillance ("Evros") programme in areas at risk, and as a substitute, introduced a pre-movement testing regime for animals moving off areas exposed to higher risk. The new regime involves clinical inspection and serological tests for detection of antibodies against types A22, O1, Asia-1 and SAT, on a random sample of all outgoing consignments. A total of 11,941 samples were collected to 23/10/2002, and all tests conducted returned negative results.

In discussion it was reported that less than 1% of samples give titres in the "suspicious" category, and in this case the animals are re-sampled and tested. The LPBE was used and it was not considered a problem to use the A22 antigen in testing for antibodies which would be expected to be induced by vaccination/circulation of virus related to A Aydin98(Iran96). Despite the additional work, testing for antibodies to structural proteins was seen as potentially more informative than for NSPs since it would assist detection of entry of vaccinated animals.

Item 3: FMD surveillance in Bulgaria

Dr Ivanov presented the country report for Bulgaria. In 2002 an FMD surveillance programme was implemented that involved the following; a clinical inspection service for cattle in the 10 km area bordering Turkey; control of movement and slaughter of animals from this 10 km zone; control of grazing and watering of animals in the 10 km strip in regions of Burgas, Yambol, Haskovo alongside the border with Turkey; monthly serologic surveillance of small ruminants bred in and around the border settlements in the border zones previously detailed, and in Kardgali administrative region; control on populations of wild ruminants. Tests for antibodies to NSP (Intervet-Bomelli kit) were conducted collected through the active surveillance programme and none returned positive results. The results for 660 small ruminant tests were presented; six tests per serum were used and no positive results were found. Tests for NSP antibodies were used since small ruminants are ear-tagged in this region and therefore illegally imported animals could be identified. As animals were

repeatedly sampled the scheme operated as a “sentinel” scheme rather than a random survey. A request was made for assistance in the supply of ELISA test kits for surveillance for the next year, and in the case of any outbreak supplies of vaccine would be required. Dr Sumption suggested that the basis of the sampling strategy should factor in the test performance of the NSP kits. It was agreed that Bulgaria should make a proposal to EUFMD which outlined its requirements for support for surveillance.

Item 4: Strategy and support for FMD control in the Region

Dr Sumption presented a draft of the framework paper he had written for the south-eastern Europe region for the control of FMD, for incorporation into the FAO/OIE Framework for a Global Plan of Action (GpoA) on the Control of Trans-boundary Animal Diseases. It was agreed that comments on the paper should be supplied to EUFMD by 31 October since meetings on the way ahead for the GpoA are scheduled for 4-6 November at the OIE in Paris.

Item 5: TCP programmes in the region

Turkey reported on their involvement in FAO TCP/RER/0066, Emergency Control of Trans-boundary animal diseases of livestock in Southern and Eastern Europe. Turkey and Bulgaria were involved, as well as Albania, Bosnia-Herzegovina, Croatia, Macedonia, Moldova, and Romania. The TCP had involved three workshops, two of which were held in Turkey, and a final national co-ordinators meeting in Skopje, Macedonia. The TCP was discussed in relation to the proposed TCP involving Bulgaria, Greece and Turkey on Control and Prevention of FMD and other exotic diseases in Thrace region. The proposal had been evaluated in FAO and was considered potentially eligible for funding provided that the possible overlap in objectives with the overlap with TCP/RER/0066 were addressed. The three countries represented at the meeting considered that the proposed activities of the TCP were still very necessary and should not be changed, and the technical gaps to be addressed were not addressed under TCP/RER/0066. Dr Sumption agreed to make minor changes to the formulation of the proposal on behalf of the three countries concerned, and would work on this with urgency.

Item 6: Report of the Bulgaria workshop on FMD and Bluetongue, 18-22 March 2002

Dr Celeda reported on this item. The report of the Workshop presented at the 67th Session of the Executive Committee was circulated in advance and the need for future workshops discussed. The meeting agreed that workshops on accreditation procedures, and routine in-house quality control of FMD diagnostic test performance would be useful, not simply for the three countries but also in other countries in the region. The Secretary agreed to carry this forward through discussions with the Chairman of the Research Group of the EUFMD.

Item 7: Report on the Expert Mission to Iran, 5-15 October 2002

Dr Sumption circulated the preliminary findings of the mission, and presented a brief report on the item, for information. The mission was of relevance to the Tripartite in that surveillance in Iran presented an important opportunity to identify emergent serotypes or types of FMDV before entry into Turkey. The future assistance and involvement of Turkey in developing surveillance capacity in the region was considered important by the Mission team.

Item 8: Report on the Research group meeting in Çesme, Izmir, Turkey

Dr Sumption presented a short report and recorded his appreciation to the Turkish Government for the excellent organisation of the Session of the EUFMD Research Group. The main item of relevance had already been raised under Item 6, namely the suggestion from the Closed Meeting of the Session that workshops on new approaches to management of

routine test performance in FMD diagnostic laboratories, and no further discussion was needed.

PART II: BLUETONGUE AND OTHER DISEASES

Item 1: Information on the current epizootiological situation, surveillance and control of Bluetongue

Bulgaria reported on the surveillance programme implemented in 2002. This involves testing for antibodies to BT of 10 cattle and 10 goats sampled once per month in each of the selected settlements alongside the southern border of Bulgaria, and along the western border. Sentinel sites along the western border are located 40 km inside the border. Serologic positives were detected using the VRMD ELISA kit, on 26th August 2002, among animals in settlements located close to the border with Greece. No clinical signs were detected. Emergency measures were taken including enhanced serologic testing and designation of new indicator animals in settlements 35-40 km inland. There was no evidence of presence of *Culicoides imicola* associated with the locations where the sero-conversions were observed.

Greece presented a report on the surveillance for BT in 2002 following outbreaks associated with 4 serotypes (4,9,16) in 2001; type 1 had been detected on serologic grounds only. Sampling of fifty sentinels, placed in five groups, in each of the affected areas in 2001, was undertaken on a routine basis, and 2486 samples had been tested with negative results. There had been no evidence for BT anywhere in Greece in 2002. The severe winter weather in early 2002 may have contributed to the control of infection through reducing the risk of overwintering. The main old world vector, *C. imicola*, is found in Greece to 40°30' north, along the Aegean coast. By the end of the year if no disease or evidence of infection had been detected Greece would be in a position to claim freedom from disease after one and half years of absence of BT.

In their presentation Turkey reported that BT cases had not been reported since August 2000, at Izmir; types identified as involved in outbreaks up to and including 2000 were 4, 9 and 16. There were currently 620,000 doses of type 4 vaccine in the national vaccine stock, and 290,000 sheep were vaccinated to the end of September 2002.

Item 2: Other exotic diseases

In 2002 Bulgaria carried out mass serological screening for African Horse Sickness in equidae bred in settlements located near national borders. Test results, using the Ingenasa Co ELISA on samples collected from the 1,543 animals were negative.

In Greece two suspensions of PPR in sheep had been investigated and samples tested, and 54 suspicions of Sheep and Goat Pox (SGP); all samples had returned negative results. Twelve thousand and thirty one ovine samples had been tested for antibodies to PPRV, and 8389 for SGP, again with negative results, from sampling in areas considered high risk. From horses 4500 samples were tested for antibodies to AHS with negative results.

In Turkey in 2002 six outbreaks of PPR were reported, with 110 deaths in 253 clinical cases; two outbreaks were considered active in south-eastern Anatolia at the time of report. Since May 2002, production of a homologous PPR vaccine had occurred; 300,000 doses had been produced and 215,000 animals vaccinated until the end of September 2002. Vaccination in Thrace might occur if there was demand from veterinarians and the meeting considered it

very important that Turkey should use of PPR vaccination is controlled and the authorities should know the exact locations and flocks in which it is used. Sheep and goat pox was reported as endemic in Anatolia in 2002, with 16 outbreaks to end of the September 2002, with 51 deaths in 1091 cases. One and half million doses of SGP vaccine were applied in 2002, produced by the Pendik Institute, but a higher level of vaccination is actually the case since one a SGP vaccine is also supplied by a private company. Tests conducted for sero-surveillance for rinderpest, in animals born following the end of vaccination, were negative.

In discussion, Greece indicated it was conducting active surveillance in horses for West Nile virus (WNV) and positives were occasionally detected. Dr Ivanov considered the disease to be an emerging one and Bulgaria had an outbreak in 1998, and that the Tripartite group should monitor the situation.

Any other business

Turkey offered to host the next meeting of the Tripartite at the SAP Institute and the offer was received with gratitude by the meeting. The Chairman then closed the meeting, and thanked all the participants for their contributions and considered it had been a most useful meeting and conducted in a very open and constructive manner. Dr Sumption proposed a vote of thanks for the hosts for the exemplary hospitality, and in particular to Dr Panagiotatos for the practical arrangements and for selection of an excellent choice of venue.

FAO-EUFMD/EC/OIE Tripartite Group Meeting on the Balkans held in Athens, Greece, on Friday 25th October 2002

Venue: Hotel Armonia

Provisional Agenda

Italics indicate Country/Institution requested to make a presentation

Part I: FMD

Item 1

FMD situation in Turkey	<i>Turkey</i>
Vaccination in Turkey	<i>Turkey</i>
Vaccination programme in Thrace	<i>Turkey</i>
Sero-surveillance in Thrace	<i>Turkey/EUFMD</i>

Item 2

FMD surveillance in Greece	<i>Greece</i>
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Item 3

FMD surveillance in Bulgaria	<i>Bulgaria</i>
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Item 4

Strategy and support for FMD control in the Region	<i>EUFMD</i>
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Item 5

TCP programmes in the region:	
TCP/RER/0066; Emergency Control of Trans-boundary Diseases of Livestock in Southern and Eastern Europe	<i>Bulgaria/Turkey</i>
Progress of TCP application (Bulgaria/Greece/Turkey)	<i>EUFMD</i>

Item 6

Report of the Bulgaria workshop on FMD and Bluetongue, 18-22 March 2002	<i>EUFMD</i>
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Item 7

Report on the Expert Mission to Iran, 5-15 th October	<i>EUFMD</i>
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Item 8

Report on the Research group meeting in Cesme, Turkey	<i>EUFMD</i>
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PART II: Bluetongue and other exotic diseases

Item 1

Information on the current epizootiological situation, surveillance and control of BT	
<i>Bulgaria, Greece, Turkey</i>	

Item 2

Situation of other exotic diseases in the region	
<i>Bulgaria, Greece, Turkey</i>	

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EXPERT MISSION TO IRAN TO ASSESS THE FEASIBILITY OF A PROJECT FOR THE CREATION OF A CENTRAL ASIA REGIONAL SURVEILLANCE CENTRE FOR FMD IN TEHRAN

*Keith Sumption, Secretary EUFMD
Animal Health Service, FAO*

Preliminary findings of the mission (presented to IVO Tehran, 14 October 2002)

Under the Terms of Reference (ToR) of the mission, the experts considered that it was of primary importance to make an assessment of the current activities and co-ordination of FMD surveillance in Iran in order to better identify the potential and role of the Surveillance Centre in the analysis of collected data, and the need for additional or co-ordinated surveillance for virus strains circulating in the country. Considering the previous TCP activities in the region, it is suggested that surveillance for FMD in Iran and Turkey, could act as a model for the ECO members and other neighbouring countries to Iran (Caucasus and Iraq). Consequently the experts concluded that in addition to the above, the ToR should also include the following:

1. To identify areas of strength and weakness in the FMD surveillance activities in Iran that would affect the function, performance and value in the international context of a Centre for Regional Surveillance
2. To identify critical points in the activities and co-ordination of surveillance for FMD in Iran that could be strengthened through a potential project, in the context of the information needs for early response and control of FMD of Iran and international partners

Modus Operandi

The mission team comprised nine experts, from FAO (3), OIE (1), EC (1), France (2), the FAO/WRL World Reference Laboratory for FMD (WRL-Pirbright; 1) and Turkey (1). The local co-ordinator was Dr Ebrahim Molayemi. The team is very grateful for the very great effort made by Dr Molayemi and the staff of the IVO to ensure the smooth functioning of the mission. The team divided the responsibilities for reporting between 3 groups, in the areas of the reporting system and information management, the laboratory aspects of FMD surveillance, and international co-operation. The team spent a total of 10 days in Iran, of which 5.5 days were in Tehran, 2 at the start and 2 and a half at the end, and 4.5 days in the field, with about 2 days each in Khorazon and West Azerbaijan Provinces.

Mission report summary

1. The I.R of Iran has considerable strengths in structure and organisation of the veterinary services. Specific support to address weaknesses in FMD surveillance should be of significant national and international benefit, and are strongly encouraged.
2. The team was concerned that the relatively low, or zero reported cases of FMD in some provinces (in the information supplied by CVL) may reflect deficiencies in the passive reporting system, and underestimates the true incidence and risk posed by animal trade involving these regions.

3. The critical area to be addressed was considered to be in disease information management, at the provincial and national level. **At the national level**, it is important that surveillance activities are proportionate to the risk of entry, transmission and impact of the infection in each province.
4. Considering that the collated information resulting from submissions to the CVL and Razi Institute were not available for the Mission team during the visit, it is important that IVO collates information from submissions to the CVL and to the Razi Institute and provides the a collated report to both institutes.
5. Strengthening of passive surveillance, and active surveillance methods, will be required to ensure that outbreaks are rapidly detected, and the effort should reflect the level of risk. In the context of TADs, risk from, and to neighbouring countries should be considered.
6. **At the national level**, there is a need for a dedicated FMD surveillance unit to develop and manage the strategy of surveillance according to risk, to manage information flow, and to co-ordinate the further typing of virus isolates according to their risk (ie where breakthrough of the vaccine is suspected).
7. **At the national level**, there is a need to introduce serological methods appropriate for active surveillance for infection FMDV in both vaccinated and unvaccinated populations.
8. **At the provincial, or other sub-national level**, laboratories which currently conduct ELISA methods might in future play a role in active surveillance, and/or in tests for herd immunity following vaccination. if this was to occur, the activities should be part of a national concerted programme under the technical control of the CVL.
9. **At the provincial level**, the team considers that **specific personnel should be identified with special responsibilities in FMD surveillance**, and should be trained in post-outbreak FMD surveillance, and active surveillance for infection in inter-epidemic periods.
10. **At the provincial level**, it is important that outbreaks are followed by efforts to trace the possible origin of the outbreak and to collect information that would assist risk factors for entry of infection into the unit, or province, to be identified.
11. There is a need to ensure that the private sector is enabled to play an active role in surveillance, for FMD and other notifiable diseases.

Project summary

12. The team considered that the focus of initial activities should be in strengthening the surveillance for FMD in I.R. Iran, and considered that the very high level of interest in FMD control among the IVO staff, private veterinarians and livestock owners met by mission team, together with the high level of technical discussion with staff at national and provincial level provides a good base on which to build
13. The team considered that co-operation with Turkey in FMD surveillance should be an essential component of a future project, particularly to assist the development of serological techniques, and in the exchange of passive and active surveillance information from neighbouring provinces along the Iran-Turkey border. Co-operation in animal identification programmes (e.g. following the lead of Turkey) is strongly encouraged.
14. The team considered that a Regional Surveillance Centre will require a good system for information exchange based on passive and active surveillance for FMD. This will be greatly enhanced by the demonstration of ability by I.R. Iran in FMD surveillance and the ability to demonstrate to neighbouring countries a national and sub-national surveillance system that could act as a pilot scheme for surveillance in the region, adaptable for the structure of their veterinary services and livestock systems.

15. The team was unable, with the time, or from the information provided, to define the most important locations for sub-national FMD units within Iran, but considers that Urumiyeh and Mashhad are located in strategically highly important locations for spread of infection and both regions have important local livestock sectors which require protection.
16. It will be important the ECO secretariat is informed of the development of projects in this region. The involvement of ECO as members of a multi-partite steering group (FAO/OIE/EC/ECO) could be one arrangement.

**REPORT OF THE SESSION OF THE RESEARCH GROUP OF THE
STANDING TECHNICAL COMMITTEE OF THE FAO-EUFMD HELD
AT IZMIR, TURKEY 17–20 SEPTEMBER 2002¹**

Kris De Clercq²

Item 1: Information on current FMD situation in the world and reports on Outbreaks

In the last few years, a succession of different type A viruses has been recorded in Iran and Iraq. A group of Iranian viruses from 2001 fall in a unique phylogenetic cluster. Two Iraqi isolates from 2002 form a new lineage within the Iran96 toptotype. For these groups, as well as A22-like Iranian viruses from 2000, there appear to be few suitable vaccine strains.

The UK 2001 FMD outbreak revealed that laboratory-based methods to confirm clinical diagnoses for secondary cases were too slow, particularly for diagnosing the disease in sheep.

A description, and some provisional analyses, of the epidemic in South West Scotland, was given. The estimated dissemination rate dropped below the desired value of one before pre-emptive culling began. Three smaller peaks in the epidemic curve, but were caused by “sparks” some distance from the initial focus. This highlights the dangers of interpreting simple summary parameters, such as the estimated dissemination rate, outside their geographical context.

- Contingency plans should be developed so that testing capacity can be scaled up immediately.
- Vaccine manufacturers and the WRL should collaborate closely to ensure that antigenic characterisation of field viruses includes comparisons with all available vaccine strains.

Item 2a: FMD control: epidemiology, surveillance, control measures: focus on endemic zones

- Due to the lack of clinical signs, the laboratory diagnosis of SVD is based on examining faeces samples instead of epithelial tissues. The VI test is affected by the possible loss of virus infectivity and the presence of entero-viruses other than SVDV that may grow more quickly than SVDV. The Immune PCR assay developed at the Brescia Reference Centre circumvents these difficulties.
- Serosurveillance in Thrace indicated that for the future a more potent FMD vaccine should be applied with a longer protection period. A booster vaccination is required at least 3 times the first year and twice a year thereafter.
- The test used for the detection of NSP antibodies revealed that the probability of active virus circulation in Thrace is very low. The incursion however of individual in the past-infected animals is still possible. A training programme for the organisation and execution of a serosurvey should be organised to improve future serosurveys.
- FMD viruses circulating in Turkey seem to be covered by current vaccine strains.
- The policy of FMD control in an endemic area should consist of strict surveillance and

¹ Manuscript based on the Report of the meetings made by all members and the secretariat

² Chairman of the Research Group of the Standing Technical Committee of the European Commission for the Control of FMD.

vaccination, including vaccine control and sero-surveillance. In case of an outbreak, quarantine and emergency vaccination is carried out.

Item 2b: FMD control: epidemiology, surveillance and control measures: focus on epidemic incursions

The history of the development of models in the field of biology was reviewed. Models can be used for retrospective or present-time analysis or for future prediction. Clearly, the value of models is dependent on the accuracy of the input data. The difficulty of modelling the evolution of the epidemic is due to the complexity of farm management systems and differences between livestock species in respect to their susceptibility and amplification of virus. Another presentation described the different models, which have been used to help decision-making during FMD epidemics.

Two papers were presented on the procedures for managing outbreaks, including biosecurity and vaccination. Not everybody agreed that surveillance could be employed as effectively in a vaccinating country as in an FMD-free non-vaccinating country even when supported by testing for antibodies against non-structural proteins. However, the present possibilities to use protective vaccination or suppressive vaccination must be kept open.

- It is recommended to investigate whether principles applied in the high-containment laboratory can also be applied on suspicious and outbreak farms. The development of a completely closed system for transporting carcasses, which, on arrival at rendering plants enter air locks, should be investigated.

Item 3: Pathogenicity and transmission

The purpose of most of the studies presented was to provide quantitative disease parameters of virus excretion and transmission that could improve models predicting the spread of FMD virus.

- Efficiency and speed of transmission of FMDV is variable and highly dependant on direct or indirect contact intensity and on housing conditions. Transmission of FMDV between calves may be limited when separated physically. More studies under varying conditions and using several different strains of virus will provide a better understanding of the epidemiology of FMD.
- More research aimed at understanding the mechanisms of the carrier state should be encouraged.

Item 4: Virus characterisation

Nucleotide sequence analysis provided confirmation of the close relationship between the viruses responsible for South African and UK outbreaks.

A paper was presented on the characterisation of five monoclonal antibodies against FMDV vaccine strain C1 Oberbayern. A much larger panel of well-characterised MAbs are needed to eventually replace the current characterisation based on establishment of r values using polyclonal antisera.

A panel of 24 MAbs raised against FMDV type Asia 1 was described. Carefully selected MAbs proved to have high potential as diagnostic reagents.

- Sequence data are useful for establishing genetic relationships in epidemiological studies.
- New field isolates should continuously be characterised antigenically (ELISA and VNT) for the determination of r values against existing vaccine strains.
- The importance of standardised determination of r-values and the limited supply of post-vaccine sera was stressed. In this respect close cooperation between FMD laboratories and vaccine manufacturers is important.
- One or more Institutes should be designated to coordinate information on MABs produced in various laboratories. Common panels of MABs must be established that can be used for the antigenic characterisation of field isolates in addition to the determination of r values.

Item 5: Diagnostics - virus detection

- Once fully validated, real-time, automated RT-PCR could support the ELISA tests for the detection of FMDV in epithelial suspensions and largely remove the necessity for virus isolation in cell culture for the confirmation of secondary cases. The system should be optimised for the testing of probangs and milk.
- A latex agglutination test (LAT) was described for the detection of A₂₂ Mahmatli and O₁ Manisa FMD antigens. The simplicity and sensitivity of the makes it a good candidate for a pen-side test in endemically infected areas. The specificity of the LAT kit should be more thoroughly evaluated.

Item 6: Diagnostics - antibody detection

- EUFMD-RG and DG Sanco should finalise plans for an EU project for the production of FMD reference sera. Laboratories are encouraged to develop a consortium to undertake the EU FMD reference serum project.
- New candidate reference sera have been assessed under phase XVII but some strengthening of weak positive and cut-off sera are required.
- The development of enzymatic sensors for FMD diagnosis is at an early state of development but deserves further investigation in particular with regard to NSP.
- The commercially available test kit "Ceditest@FMD" for the detection of antibodies against O₁ FMDV is promising and should also be developed for other serotypes and strains.
- The CHEKIT-3ABC-ELISA may be used with increased sensitivity in ruminants when read with modified cut-off. Further work is necessary for the validation. More data on sensitivity in all target species, including sheep and pigs, are needed from animals vaccinated and subsequently challenged.
- Based on European data, the competitive NSP-ELISA developed in Denmark has a very high sensitivity. The transfer into commercial production of the Danish in-house SNP test is strongly encouraged.
- The peptide-based ELISA (UBI) has sufficient specificity but has incompletely characterised sensitivity.
- Future FAO serology standardisation should look closely at the standardisation and internal quality control practiced within participating laboratories. The development of secondary standards by each laboratory is essential.
- Laboratories are encouraged to implement the charting methods for day-by-day performance check.

Item 7: FMD vaccines and vaccination

- Non-structural proteins can be sufficiently removed during processing from antigenic preparations so that there is only a minimal risk that NSP have an antigenic potential in vaccinated animals. A simple procedure such as Western Blot should be developed to detect low levels of residual NSP in antigen preparations.
- In view of the limited capacities in the FMD institutes or laboratories it is recommended that the results of vaccine potency tests which include heterologous challenge be reported, where possible, to EUFMD and further be distributed to other FMD vaccine laboratories.
- Newly emerged virus strains of type A were characterised in Argentina. This led to the incorporation of two new field strains of type A in the O₁Campos–A24 Cruzeiro vaccine. Vaccines applied in the field which contain antigens of recent field strains have a higher potential to be effective than heterologous antigens of type A after single vaccination.
- A synthetic peptide vaccine developed in Turkey, adjuvanted with synthetic polymer is capable of inducing an immune response in laboratory animals and to protect against homologous challenge. However, so far, it has not induced sufficient specific antibodies in cattle. The result of the UBI synthetic peptide vaccine looks promising.
- A report was presented of the progress made by the Committee for Veterinary Medicinal Products (CVMP) *ad hoc* group, a working group comprised of members of the Immunological Working Party of the CVMP, of the Research Group of the EUFMD, OIE, Pharm.Eur., EU and at a later stage the FMD vaccine manufacturers tasked with preparing guidelines on the requirements for FMD vaccines. The guidelines currently being prepared propose possible solutions to many of the technical challenges presented by FMD vaccines. The Research Group stressed that these guidelines will be a major step forward in supporting FMD disease control not only in the EU but worldwide.

Item 8: Closed Session

1. Information on recent and future activities relating to the Caucasus, Turkey, Greece and Bulgaria was given by the Secretary
2. Matters arising from the 67th Executive Committee meeting, 25-26 April 2002

2.1 Capacity of FMD Reference laboratories during crisis situations

Dr Donaldson reported that reviews were ongoing in the UK of requirements for diagnostic capacity during FMD crises. It was suggested that Dr Garland would be invited to the Executive Committee meeting to report on this matter. The secretariat will check OIE reports or similar information.

It was recommended that the Secretariat should establish a system for recording and reporting the level of submissions to the FMD laboratories on a yearly basis. It was also agreed that information should be collated on the number of submissions received during March and April 2001 as an indicator of the possible workload of laboratories during a crisis.

2.2 Review of "The minimum requirements for importation into Europe of live animals, fresh meat and offal of the bovine species".

It was noted that in 2001 there was disparity between the export restrictions faced by the FMD affected countries in the EU compared to those in South America. The basis for the time-temperature requirements for heat treatment of meat, and milk products, was discussed and it was agreed that current recommendations should be critically reviewed, since the validity of

some of the published findings was questioned. Dr Dekker will review the risk associated with current heat inactivation methods for meat and milk.

2.3 Development of Reference Sera

2.4 Objectives of Phase XVII

2.5 Guidance on the use of r values

The problem of obtaining sufficient supply of suitable antiserum to seed vaccine virus strains was re-iterated; this is a limiting factor and affects methodology and range of vaccine strains for which r values can be determined.

The group recommends to the Executive Committee that any tender for vaccines should include the supply of standard reagents to enable accurate prediction of the suitability for the vaccine.

2.6 Design of surveillance schemes, in particular through use of tests for antibodies to NSPs

The use of a sampling scheme to detect a 1% prevalence rate might be extremely difficult to undertake and this would influence decisions on the use of emergency vaccination.

The group recommended that freedom from infection be recognised after evaluation of the surveillance data generated and not be time-bound. For small outbreaks where vaccination was limited this would accelerate the return to pre-outbreak disease status.

The risk of circulating virus following epidemics is related to the risk of failure to detect infected or previously –exposed holdings or animals in the post-outbreak surveillance and that more attention be given to quantifying this risk.

2.7 Risk analysis tools

EUFMD RG supported the future development of risk analysis tools to assist EUFMD members, through the development of an expert system for analysis or epidemiological studies on FMD that makes use of recent developments in FAO of databases on predicted livestock distribution across the globe, on trade patterns and livestock price data.

3. Matters raised by the Secretariat or members

3.1 Procedures for writing reviews for EUFMD

The research group will consider the issue of best practice in commissioning and writing reviews, through the guidance of those with expertise in systematic medical reviews.

3.2 The EUFMD website and Distribution of information are considered very important but extra manpower is needed.

4. Next meeting

2003 Gerzensee, Switzerland.

2004 The Group was interested to hear of the informal offer to hold the event in Canada.

FRAMEWORK FOR THE GLOBAL PLAN OF ACTION AGAINST TRANSBOUNDARY ANIMAL DISEASES (TADS)¹

Yves Cheneau
Chief, Animal Health Service, FAO

Recent world-wide incidence of foot-and-mouth disease (1997-2001), classical swine fever in the Caribbean and Europe (1996 - 2002), rinderpest extension in the Somali plains (2001), or Rift Valley fever into the Arabian Peninsula (2000) show the huge economic and social impact of transboundary animal diseases. These costs should be viewed both in terms of efforts to bring under control and the consequent loss of livelihoods.

The World Food Summit, November 1996, recognised the pivotal, constraining role of transboundary animal diseases on food security, sustained animal agriculture and trade. This led the Heads of State and Governments to include a pledge, under their Commitment No. 3: *«Seek to ensure effective prevention and progressive control of plant and animal pests and diseases, including especially those which are of transboundary nature, such as rinderpest, cattle tick, foot and mouth disease and desert locust,..... »*. Similarly, the OIE International Committee, through Resolution XIII of its 69th General Session, called on the OIE and the FAO to pursue an international concerted action against a certain number of diseases having significant effects on food security, poverty alleviation, food safety, public health and access to formal markets. Furthermore, the 31st Session of the FAO Conference recognized the widespread and increasing impact of epidemic animal diseases, like Foot-and-Mouth Disease, on agricultural development, trade and food security and, accordingly, stressed the need to continue the work at the national, regional and international level (both by FAO and OIE) to combat the Foot-and-Mouth Disease, involving all relevant stakeholders. Ultimately the World food Summit: five years later (WFS:fy), June 2002, has reiterated the 1996 commitment and called for specific action and voluntary financial contribution to the FAO Global Trust Fund to facilitate programmes for food security and for fighting against transboundary animal diseases.

Several studies have concluded that the risk of spread of transboundary animal diseases will increase unless a concerted international action is put into place to implement the WFS call for effective prevention and progressive control of TADs. This conclusion is based on predictions of an unprecedented demand driven growth of the livestock sector and consumption of livestock products especially in developing countries, changes in farming practices towards large units, increased livestock farming in the tropical/sub-tropical zones, where currently TADs are endemic and the increasing globalised movement of livestock and livestock products through formal and informal trade as well as through changes in farming systems.

The GPoA being presented by FAO and OIE is a result of extensive consultations with regional organisations, regional commissions and offices of FAO and OIE and development partners. It has the goal of improving the protein food security and incomes of developing

¹ Transboundary animal diseases are defined as: those that are of significant economic, trade and/or food security importance for a considerable number of countries; which can easily spread to other countries and reach epidemic proportions; and where control/management, including exclusion, requires cooperation between several countries. They are generally included in the OIE List A diseases.

countries and safeguard the world livestock industry (of developed as well as developing countries) from repeat shocks of infectious disease epidemics, thereby promoting safe and globalised (local, regional and international) trade in livestock and animal products. It addresses transboundary animal diseases at regional and international levels.

The overall objective of the programme is the Global Plan of Action for the effective prevention and progressive control of major transboundary animal diseases.

The immediate objectives for Phase I (2003 -2008) of the GPoA will be:

- 1.1. To secure a global status of internationally verified freedom from rinderpest.
- 1.2. To establish a robust FAO-OIE-WHO Global Early Warning System for Transboundary Animal Diseases and regional versions for each of the major regions of FAO and OIE
- 1.3. To define primary endemic areas for FMD and the other selected TADs and designed epidemiologically determined disease control strategies for FAO/OIE member countries co-ordinated through relevant regional organisations.
- 1.4. To establish an international early response capacity for prompt and authoritative disease diagnosis and for targeted local disease control in order to limit the spread of new or unusual outbreaks of TADs
- 1.5. To facilitate the standards setting programme of the OIE in order to enable it to accelerate the adoption of new standards influenced by the rapidly evolving scientific progress and to enable it promote risk-analysed regional and international trade.
- 1.6. To promote a targeted international enabling research programme through the CGIAR and ARI networks and a follow-up technology transfer to NARS

The theatre of primary action for the GPoA will be the developing countries, targeting the poor livestock dependent communities. The GPoA programme will be developed along three main thrusts, namely (a) completion of global rinderpest eradication, (b) the global strategy using the FMD model, (c) regional strategies. The regional strategy will include a major component of capacity building in order to enable national authorities, through the attention on key TADs, to streamline national veterinary services such that they are structured, organised and resourced in order to be able to fulfil their primary regulatory, co-ordination and public good mandate.

It is expected that the GPoA will be a long-term programme (about 20 to 25 years) funded and operated in periodic cycles. The goals and objectives of the GPoA will be incorporated, to the extent possible, in the medium term plans and strategic framework of both FAO and OIE. It is expected that the same trend would be reflected in the medium term planning of participating regional organisations.

The co-ordination and management of the GPoA will include the following elements:

- A central secretariat at FAO with defined sub-contracted activities to the OIE and to the IAEA
- Regional co-ordination units based, to the extent possible, within systems of regional organisations and building on current structures and regional programmes.
- An inter-agency steering committee to co-ordinate strategies and mobilisation of resources for regional/national actions.

MTF/INT/011/MUL - TF number 904200

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

Financial Report as at 30 September 2002

	US\$	US\$
<u>Balance as at 1 January 2002</u>		249,037
Interest received	2,469	
Contribution from member countries (As per statement 2)	<u>215,750</u>	218,219
<u>Expenditure</u>		
Commission Secretary	107,634	
Consultant	2,000	
Admin. Support Personnel	42,486	
Contracts	59,200	
Duty Travel	41,836	
General Operating Expenses	148	
Expendable Equipment	0	
Non-Expendable Equipment	0	
Total Expenditure		<u>-253,304</u>
Balance as at 30 September 2002		<u>213,952</u>

STATEMENT 2

TRUST FUND No. 9042.00 - MTF/INT/011/MUL Inter-Regional - European Commission for the Control of Foot-and-Mouth Disease
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Status of Contributions as at 30 September 2002
(expressed in US\$)

Member Governments	Outstanding 31/12/2001	Contribution due for 2002	Received up to 30/09/2002	Outstanding 30/09/2002
ALBANIA	25.00	2,600.00	2,582.42	42.58
AUSTRIA	0.00	7,800.00	0.00	7,800.00
BELGIUM	0.00	13,000.00	12,992.48	7.52
BULGARIA	0.00	7,800.00	7,800.00	0.00
CYPRUS	0.00	2,600.00	2,600.00	0.00
CROATIA	2,609.00	2,600.00	0.00	5,209.00
CZECH REPUBLIC	0.00	7,800.00	7,800.00	0.00
DENMARK	0.00	13,000.00	13,000.00	0.00
FINLAND	0.00	7,800.00	7,792.47	7.53
FRANCE	0.00	26,000.00	26,000.00	0.00
GERMANY	0.00	26,000.00	26,000.00	0.00
GREECE	0.00	7,800.00	7,800.00	0.00
HUNGARY	0.00	7,800.00	7,800.00	0.00
ICELAND	2,600.00	2,600.00	5,192.48	7.52
IRELAND	20.00	7,800.00	0.00	7,820.00
ISRAEL	0.00	2,600.00	2,600.00	0.00
ITALY	10,478.13	26,000.00	0.00	36,478.13
LITHUANIA	0.00	2,600.00	0.00	2,600.00
LUXEMBOURG	0.00	2,600.00	2,600.00	0.00
MACEDONIA, The Former Yugoslav Rep. of	5,215.00	2,600.00	0.00	7,815.00
MALTA	4.78	2,600.00	2,604.78	0.00
NETHERLANDS	0.00	13,000.00	13,000.00	0.00
NORWAY	0.00	7,800.00	0.00	7,800.00
POLAND	0.00	13,000.00	13,000.00	0.00
PORTUGAL	0.00	7,800.00	0.00	7,800.00
ROMANIA	0.00	13,000.00	0.00	13,000.00
SLOVENIA	0.00	2,600.00	2,600.00	0.00
SPAIN	0.00	13,000.00	13,000.00	0.00
SWEDEN	0.00	13,000.00	12,985.00	15.00
SWITZERLAND	0.00	13,000.00	13,000.00	0.00
TURKEY	0.00	13,000.00	13,000.00	0.00
UNITED KINGDOM	0.00	26,000.00	0.00	26,000.00
YUGOSLAVIA, Fed. Rep. of	83,461.30	7,800.00	0.00	91,261.30
TOTALS	104,413.21	325,000.00	215,749.63	213,663.58

STATEMENT 3

MTF/INT/004/MUL - TF number 909700

FOOT AND MOUTH DISEASE - EMERGENCY AID PROGRAMME

Financial Report as at 30 September 2002

	US\$	US\$
<u>Balance as at 1 January 2002</u>		39,831
Interest received		370
<u>Expenditure</u>		
Consultancy	0	
Duty travel	0	
Expendable Procurement	0	
Support Costs	0	
Total expenditure	<u>0</u>	0
Balance as at 30 September 2002		<u>40,201</u>

STATEMENT 4

MTF/INT/003/EEC - TF number 911100

FOOT AND MOUTH DISEASE

Financial Report as at 30 September 2002

	US\$	US\$
<u>Balance as at 1 January 2002</u>		281,411
Interest received	3,585	
Contribution received	0	
		3,585
<u>Expenditure</u>		
Consultancy	1,500	
Duty Travel	20,824	
Contracts	0	
General Operating Expenses	6	
Expendable Equipment	4,151	
Non-Expendable Equipment	-	
Support Costs 6% (on all items except expendable equipmen	<u>50</u>	
Less: Total Expenditure		<u>26,531</u>
Balance as at 30 September 2002		<u>258,465</u>

PROPOSAL FOR REVISED BUDGET FOR TRUST FUND
No. 904200 - MTF/INT/011/MUL
FOR BIENNIUM 2004-2005

(If approved to be submitted to 35th Session in 2003)

1. Projected balance for biennium 2004-2005 if no change to levels of contributions (income)

The budget of US\$ 325,000 was agreed for the biennium 1998-99 and endorsed by subsequent sessions.

	2002 ¹	2003 ²	2004	2005
Secretary	129394	132629	135864	139099
Adm. Assist.	70923	72696	74469	76242
Temp Assist.	7800	7800	7800	7800
Interpreter		15000		15000
Contracts	35000	35000	35000	35000
Collab. study	11200	11200	11200	11200
Workshop		10000		10000
Travel	32448	36027	39606	43185
Exp equip				
Non-exp equip				
Hospitality		1000		1000
Chargebacks	800	800	800	800
Subtotal	287565	322152	304739	339326
Unallocated	37435	2848	20261	-14326
TOTAL	325000	325000	325000	325000
			Balance 2004-2005	5935

¹2002 budget approved by the 65th Executive Committee

²2003 budget approved by the 34th Session, 21-23 March 2001

2. Proposed budget for 2004-2005

	Proposed budget		Justification for increase
	2004	2005	
Secretary	135864	139099	
Adm. Assist.	74469	76242	
Temp Assist.	11000	15000	Increasing need for assistance during periods of high activity – Sessions, Missions, additional workshops, reporting, website publishing
Interpreter		20000	
Contracts	65000	65000	Facility for EUFMD Exec Cmttee or Research Group to award additional or higher level of contracts ¹
Collab study	13000	13000	
Workshop	10000	15000	Additional workshop(s) in year 2004 ² , 2005
Travel	46000	50000	Additional travel – extra workshops, APO
Exp equip		0	
Non-exp equip		0	
Hosp		1000	
Chargebacks	800	800	
Subtotal	356133	395141	
Unallocated	25567	-13441	
TOTAL	381700	381700	
	2 yr balance	12126	(=1.6% contingency)

¹Additional funds would enable EUFMD to issue contracts to:

- a. Enable response to technical requests to research group by the Executive Committee –for example authors contracts to produce reviews, prepare guidelines for surveillance operations.
- b. Improve information and other services to members, for example recommendations of the Executive Committee (e.g. Recommendation of 2.6 of 67th Session), and development of web-site service.
- c. Other contracts: for example the reagent bank as discussed under Item 2 of 67th Session

²Workshops as recommended by Research Group or Executive Committee, for example as recommended by the 67th Session, and the Research group at the Izmir session.

**2. Country contributions 1998-2003, and proposed contributions
2004-2005**

Member Country	\$ Contributions due for 2002	Proposed Contributions 2004-2005
ALBANIA	2,600.00	3,000.00
AUSTRIA	7,800.00	9,200.00
BELGIUM	13,000.00	15,300.00
BULGARIA	7,800.00	9,200.00
CYPRUS	2,600.00	3,000.00
CROATIA	2,600.00	3,000.00
CZECH REPUBLIC	7,800.00	9,200.00
DENMARK	13,000.00	15,300.00
FINLAND	7,800.00	9,200.00
FRANCE	26,000.00	30,500.00
GERMANY	26,000.00	30,500.00
GREECE	7,800.00	9,200.00
HUNGARY	7,800.00	9,200.00
ICELAND	2,600.00	3,000.00
IRELAND	7,800.00	9,200.00
ISRAEL	2,600.00	3,000.00
ITALY	26,000.00	30,500.00
LITHUANIA	2,600.00	3,000.00
LUXEMBOURG	2,600.00	3,000.00
MACEDONIA, The Former Yugoslav Rep. Of	2,600.00	3,000.00
MALTA	2,600.00	3,000.00
NETHERLANDS	13,000.00	15,300.00
NORWAY	7,800.00	9,200.00
POLAND	13,000.00	15,300.00
PORTUGAL	7,800.00	9,200.00
ROMANIA	13,000.00	15,300.00
SLOVENIA	2,600.00	3,000.00
SPAIN	13,000.00	15,300.00
SWEDEN	13,000.00	15,300.00
SWITZERLAND	13,000.00	15,300.00
TURKEY	13,000.00	15,300.00
UNITED KINGDOM	26,000.00	30,500.00
YUGOSLAVIA, Fed. Rep. Of	7,800.00	9,200.00
TOTAL	325,000.00	381,700.00

3. Proposed revision to levels of country contributions

	1998-2003	2004-2005
Category IV	2600	3000
Category III	7800	9200
Category II	13000	15300
Category I	26000	30500

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