RAPPORT

COMITÉ EXÉCUTIF

Vilnius,
Lituanie,
7 et 8 novembre
2002

de la Commission Européenne de Lutte contre la Fièvre Aphteuse

Soixante-huitième Session

Organisation des Nations Unies pour l'alimentation et l'agriculture

AGA : EUFMD/X/02/2

COMMISSION EUROPÉENNE DE LUTTE CONTRE LA FIÈVRE APHTEUSE

RAPPORT

de la

Soixante-huitième Session du Comité Exécutif

Vilnius, Lituanie
7 et 8 novembre 2002

ORGANISATION DES NATIONS UNIES POUR L'ALIMENTATION ET L'AGRICULTURE
Rome, 2002

TABLE DES MATIERES

Annexes : Les Annexes (Appendices) ne sont disponibles qu'en anglais

Appendices

INTRODUCTION

Le Comité Exécutif de la Commission Européenne de Lutte contre la Fièvre Aphteuse (EUFMD) a tenu sa soixante-huitième Session à Vilnius, Lituanie les 7 et 8 novembre 2002.

Membres du Comité présents :

Dr Leos Celeda (Président)
Dr Dionisis Panagiotatos, Grèce (1st Vice-Président)
Dr Preben Willeberg, Danemark (2nd Vice-Président)
Dr Yanko Ivanov, Bulgarie
Dr Tibor Soós, Hongrie
Mme le Dr Karin Schwabenbauer, Allemagne
Dr Huseyin Sungur, Turquie

Observateurs :

Président du Groupe de Recherche
Dr Kris De Clercq, CODA-CERVA-VAR, Ukkel, Belgique

CE
Dr Alf-Eckbert Füssel, SANCO, Food Safety, CE, Bruxelles, Belgique

OIE
Représenté par le Dr Kazimieras Lukauskas, Directeur, State Food and Veterinary Service (SFVS), Vilnius, Lituanie

LMR
Dr David Paton, Pirbright Laboratory, RU

FAO
Dr Yves Cheneau, Chef du Service de Santé Animale, AGA, Rome, Italie

Lituanie
Dr Kazimieras Lukauskas, Directeur, State Food and Veterinary Service (SFVS), Vilnius
Dr Jonas Milius, Directeur, National Veterinary Laboratory, Vilnius
Dr Alfredas Puodžiūnas, Département Audit, SFVS, Vilnius
Dr Algis Dranseika, Chef du Département Santé Animale, SFVS, Vilnius
Dr Ramūnas Freigofas, Chef Adjoint du Département Santé Animale, SFVS
Ms Rūta Bajorūnaité, Senior Veterinary Officer, Vilnius

Turquie
Dr H. Haluk Askaroglu, Directeur, Animal Health Service Section, General Directorate of Protection & Control, Ankara

Secrétariat
Dr Keith Sumption, Secrétaire, EUFMD, FAO, Rome
Ms Egiziana Fragiotta, Assistante Administrative, EUFMD, FAO, Rome

Le Dr Marabelli dans l'incapacité d'assister avait adressé ses excuses.

La réunion a été présidée par le Dr Léos Celeda, président du Comité Exécutif.

Au nom du gouvernement de la République de Lituanie, le Dr Kazimerias Lukauskas, Directeur du State Food and Veterinary Service a ouvert la 68ème session du comité exécutif et a accueilli les participants à Vilnius. Il a présenté les salutations et les excuses du Dr Vallat de l'OIE qui n'a pas été en mesure de participer en raison d'autres engagements pressants. Il a informé la réunion qu'il représenterait l'OIE à la présente session.

Il a souligné l'importance de la lutte, de la surveillance et de l'éradication des maladies contagieuses des animaux qui se répandent du fait des modes de transport modernes et rapides. Ainsi, il existe de nombreux exemples récents où la fièvre aphteuse (FA) et les autres maladies contagieuses ont causé d'énormes pertes.

Il a exprimé l'importance qu'attache la Lituanie à sa participation à toutes les réunions internationales, séminaires et sessions de formation. L'opportunité d'assister à ces événements et de travailler ensemble crée les conditions rendant possibles le contrôle et l'éradication des maladies contagieuses. Cette session en est un exemple et il a exprimé le désir de continuer à travailler en étroite collaboration car la Lituanie a beaucoup appris et espère en apprendre encore plus au cours de cette session. Il a espéré que les informations fournies par la State Food and Veterinary Service de Lituanie lors de cette session seront aussi intéressantes pour les participants.

Il a espéré que les conditions fournies pour la session et l'ordre du jour chargé contribueront à entretenir un bonne ambiance de travail et il a souhaité à tous une session constructive et couronnée de succès ainsi qu'un agréable séjour à Vilnius, bien qu'il soit peu probable qu'il reste beaucoup de temps disponible pour visiter la Lituanie.

Il a saisi l'occasion de cette réunion pour présenter la structure actuelle du State Food and Veterinary Service (SFVS) de Lituanie qui a été mise en place depuis juillet 2000. Il a informé la réunion que le SFVS est dirigé par le directeur qui est aussi le Chief Veterinary Officer (CVO) de la République de Lituanie. Le CVO rapporte directement au Premier Ministre. Le SFVS comprend l'administration centrale qui est divisée en six départements. Il y a dix bureaux du SFVS au niveau des Comtés, 34 au niveau des districts et 4 dans des cités.

Le directeur du SFVS est assisté par les directeurs adjoints qui dirigent les départements de santé animale et de santé publique. Le personnel du SFVS comprend un total de 1380 agents, 67 étant employés à la direction centrale de Vilnius.

Le State Food and Veterinary Services effectue des contrôles des produits alimentaires à tous les stades de production et travaille selon le principe « de l'étable à la table ». La santé animale, le bien-être animal et les médicaments pour les animaux sont sous la responsabilité du directeur adjoint, chef du département de santé animale. La sécurité alimentaire, le contrôle ainsi que la protection des consommateurs sont sous la responsabilité du directeur adjoint du département de santé publique. Ce département travaille selon le principe « du champ à la fourchette ».

Il a ensuite continué en présentant la situation sanitaire de la République de Lituanie qui est indemne des maladies de la liste A de l' OIE depuis 1984. Le dernier cas de peste porcine a

été enregistré en 1993 et celui de maladie de Newcastle en 1989. La Lituanie est indemne de Bluetongue et de leucose bovine enzootique, le dernier cas ayant été enregistré il y a dix ans. Cependant un problème important est constitué aujourd'hui par la prévalence de la rage. Il y a encore trop de cas et les préparatifs pour un programme d'éradication sont en cours. Ce programme a été adopté par l'Union Européenne et il est opérationnel depuis juillet 2002.

Il a alors donné la parole au Dr Ramunas Freigofas, qui est le chef adjoint du département santé animale. Le Dr Ramunas Freigofas a informé la réunion de la situation de la fièvre aphteuse en Lituanie. Des données sur la fièvre aphteuse sont disponibles pour la période 1919 - 1927 et de 1943 à aujourd'hui. En 1964, 18 districts ont été touchés. Le dernier cas de fièvre aphteuse a été enregistré en 1982 au cours duquel 11 districts ont été touchés. En 1984 la vaccination a été arrêtée. La première loi vétérinaire votée en 1926 inclut les plans d'urgence pour l'éradication de la fièvre aphteuse.

Le Centre de Contrôle des Maladies Contagieuses (CDCC) a été établi en avril 2002 sous la direction du directeur de la SFVS. La principale tâche du CDCC est d'organiser les plans d'urgence pour l'éradication des maladies contagieuses. Des exercices de simulation ont été effectués en 2000, 2001 et l'exercice le plus récent s'est tenu en septembre 2002, avec plus de 40 participants. La conclusion générale de cet exercice était que la session introductive sur la ferme constitue un excellent début pour l'exercice de simulation. La surveillance continue de la fièvre aphteuse est effectuée par le laboratoire vétérinaire national à la fois pour les animaux domestiques et sauvages. Il a conclu en disant que la surveillance de la maladie et sa prévention sont très importantes et qu'une formation permanente du personnel a été mise en place et qu'il est essentiel de disposer d'un bon plan d'intervention.

On a alors donné la parole au président du comité exécutif, le Dr Léos Celeda. Il a commencé par remercier le personnel du SFVS pour l'information fournie au comité sur les Services Vétérinaires et sur la situation de la maladie en Lituanie. Il a ensuite poursuivi en remerciant le gouvernement de la République de Lituanie pour avoir offert d'héberger et d'organiser cette réunion. Il a spécialement remercié le Dr Ramunas Freigofas qui s'est chargé de tous les aspects pratiques de l'organisation de la Session. Il a souhaité la bienvenue aux représentants de la Commission européenne (CE), le Dr Alf Eckbert Füssel, au Dr David Paton du Laboratoire Mondial de Référence (LMR), Pirbright, au Dr Kris de Clercq, président du groupe de recherche et aux autres invités qui ont aimablement accepté de participer. Il existe une longue tradition qu'un représentant de l'OIE assiste aux réunions de l'EUFMD et le comité apprécie que le Dr Lukauskas ait accepté de représenter l'OIE à cette session; cette tâche additionnelle lui confère ainsi une double fonction. Il a présenté le Dr Keith Sumption, que chacun a eu l'occasion de rencontrer au cours des derniers mois ajoutant que c'était sa première session du comité exécutif en tant que secrétaire de l'EUFMD.

En plus des points principaux de l'ordre du jour, le Dr Celeda a ajouté qu'il y avait eu des événements importants concernant la fièvre aphteuse au cours des six - sept derniers mois et que notamment la situation de la fièvre aphteuse en Europe était restée stable. Certains amendements importants au chapitre sur la fièvre aphteuse du Code de l'OIE ont été adoptés par la 70e session du comité international de l'OIE. Le groupe de recherche a tenu cette année une session ouverte avec de nombreux participants étrangers. Elle s'est tenue à Izmir et a été organisée en étroite collaboration avec nos collègues de Turquie qu'il a remerciés. En octobre une mission d'experts a visité l'Iran dans le but principal d'évaluer la faisabilité de l'établissement d'un centre de surveillance de la fièvre aphteuse dans ce pays. La réunion du groupe tripartite s'est tenue à Athènes le 25 octobre, elle a porté sur la fièvre aphteuse, la

Bluetongue et les autres maladies exotiques. Finalement une réunion a été organisée à Paris en coopérations avec l'OIE sur la lutte contre la fièvre aphteuse dans la région du Caucase. Tous ces événements représentent le travail qui a été effectué en commun dans le domaine de la lutte contre la fièvre aphteuse.

Il a exprimé sa satisfaction de voir que presque tous les membres du comité exécutif étaient présents. Il a transmis les excuses du Dr Marabelli qui n'a pas été en mesure d'assister du fait d'autres engagements pressants.

Il a conclu en souhaitant une Session fructueuse et un agréable séjour à Vilnius.

Point 1. Adoption de l'Ordre du Jour

L'ordre du jour suivant a été proposé et adopté par le Comité Exécutif.

Introduction

Point 1. Adoption de l'Ordre du Jour

Point 2. Situation de la fièvre aphteuse
- Situation de la fièvre aphteuse en Europe et dans les autres régions
- Mise à jour par le Laboratoire Mondial de Référence

Point 3. Rapport sur la situation de la fièvre aphteuse et le programme de lutte en Turquie
- Rapport de la Turquie
- Rapport de la Réunion du Groupe Tripartite du 25 octobre 2002 à Athènes

Point 4. Activités vers les pays de la CEI et de l'Asie Centrale
- Rapport de la réunion du 5 novembre 2002 à Paris
- Rapport de la mission d'experts en Iran (5-15 octobre 2002) et proposition pour un centre de surveillance

Point 5. Rapport sur les activités du Groupe de Recherche
- Rapport de la Session du Groupe de Recherche à Izmir, 17-20 septembre 2002

Point 6. Développement d'une initiative globale de lutte contre la fièvre aphteuse
- Rapport sur le plan global d'action contre les maladies animales transfrontières

Point 7. Finance
- Etats des comptes de l'EUFMD au 30 septembre 2002
- Proposition de budget pour le biennium 2004-2005

Point 8. Autres sujets

- Questions de personnel
- 69ième Session du Comité Exécutif de la Commission
- 35ième Session Générale de la Commission

Point 9. Adoption du rapport provisoire

Point 10. Clôture de la Session

Point 2 - La situation de la fièvre aphteuse

Mise à jour sur la situation de la fièvre aphteuse en Europe et dans les autres régions

Une information complète sur la situation de la fièvre aphteuse dans le monde à été fournie par le secrétaire (Appendix 1). Il a souligné qu'on doit faire attention à l'interprétation des informations car les rapports mensuels des pays non considérés comme indemnes de fièvre aphteuse sont souvent fournis à l'OIE plusieurs mois après les événements. Le secrétariat essaiera à l'avenir de fournir les informations concernant la période manquante des rapports de manière à aider les pays membres de l'EUFMD à obtenir des informations sur les pays considérés à haut risque. Il a aussi noté qu'en raison de l'absence d'informations spécifiques sur le niveau des activités de surveillance, et en particulier l'utilisation limitée de la surveillance active dans la plupart des pays où la maladie est endémique, il doit en être déduit que le nombre réel de cas (et de foyers comme définis par l'OIE) est plus élevé que ceux rapportés. Il a présenté la situation de la fièvre aphteuse dans les différentes régions du monde.

En Afrique australe, le Zimbabwe a rapporté des foyers de type SAT 2 à deux endroits, en avril et en juin et dans le Manicaland et le Masvongo en août ainsi que des cas suspects dans les mêmes provinces à la fin septembre/début octobre. Au Botswana, aucun nouveau foyer n'a été rapporté depuis les foyers de type SAT 2 à Rakop du 23 février 2002. Le Botswana s'est déclaré indemne de fièvre aphteuse depuis la fin mai 2002. L'analyse des événements montre un lien entre les foyers du Zimbabwe et du Botswana. Le foyer est apparu dans ce dernier pays dans une zone d'exportation qui était indemne de maladie depuis une longue période. Cela souligne l'importance de la surveillance pour rapidement détecter et éliminer l'infection.

Au cours de 2001 et de 2002, la fièvre aphteuse a été rapportée dans presque tous les pays d'Afrique de l'ouest et de l'est à l'exception des îles. Les rapports mensuels des pays de cette région étaient très souvent en retard par rapport à la situation réelle. Six des sept types de virus ont été rapportés y compris le type C au Nigeria au début de 2002. Ceci représente le seul rapport de type C au cours de l'année et confirme la nature sporadique des foyers de type C.

Le statut indemne de fièvre aphteuse de la République de Corée (à l'exception de l'île de Cheju) a été suspendu après que deux foyers de fièvre aphteuse (type O1) aient été rapportés dans des fermes porcines à deux endroits le 4 mai 2002. Il s'agit du second épisode de type O au cours des deux dernières années après plusieurs décades sans maladie; le pays avait regagné son statut indemne en septembre 2001 à la suite de l'épisode de type O de 2000. En 2002, les foyers ont été contrôlés par abattage, et les derniers cas sont apparus le 23 juin; les

zones de protection et les zones à risque ont été levées en août.

En Iran, des foyers ont été rapportés dans toutes les provinces à la frontière de la Turquie de l'Irak et de l'Azerbaïdjan et au cours de presque tous les mois pour lesquels les rapports étaient disponibles.

En Amérique du Sud les types O et/ou A ont été rapportés en Équateur, Bolivie, Colombie et Venezuela en 2002. Cependant, la situation dans les pays du sud semble s'être beaucoup améliorée après l'épisode majeur en 2001 et il n'y a pas eu de rapport de fièvre aphteuse soumis à l'OIE par le Brésil depuis août 2001.

Mise à jour par le Laboratoire Mondial de Référence

Le Dr Paton a présenté les informations du Laboratoire Mondial de Référence (LMR) (Appendix 2). La souche Panasia de type O a continué de prédominer et a été isolée dans plusieurs pays d'Asie en 2001 et 2002, mais un nouveau variant a émergé et commence à la remplacer dans certaines zones d'Asie du sud, et il a aussi été trouvé dans quelques Etats du Golfe en 2001. Les isolats de type O d'Iran et d'Irak appartenaient au type Panasia et la souche O Manisa apparaît encore être appropriée comme antigène vaccinal. En Asie du Sud-Est quatre variants distincts semblent circuler.

Les récents isolats de type A d'Iran semblent appartenir à deux variants différents, et il est apparu préoccupant que les récents isolats iranien et iraquien ne croisent que faiblement avec les souches vaccinales disponibles sauf pour la souche A Iran 87, qui est utilisée pour produire du vaccin seulement en Iran. Pour pouvoir être en mesure de continuer la comparaison antigénique des sérums et des souches vaccinales de virus, ceux-ci ont été demandés à l'Iran au cours de la récente mission d'experts. Les isolats récents de type Asia 1 d'Iran appartiennent à deux variants différents mais semblent être couverts par le vaccin Asia 1 Shamir.

Discussions

La Session s'est dite préoccupée par la situation au Paraguay qui doit faire l'objet d'un suivi particulier car il est apparu que la maladie rapportée là bas pouvait avoir diffusé à deux fermes dans le Mato Grosso au Brésil. L'infection n'a pas été confirmée mais des rapports non officiels apportent une forte présomption que la FA soit apparue.

Le choix du vaccin de type A pour l'Anatolie constitue aussi une préoccupation car les vaccins existants peuvent ne pas protéger de manière adéquate contre les souches de type A circulant en Iran et en Iraq.

Le type Asia 1 de Georgie a aussi été discuté car un rapport émanant de l'ARRIAH présenté à la réunion OIE/EUFMD/FAO/EC du 5 novembre 2002 à Paris indique un variant distinct des autres souches Asia 1. Il devra être comparé aux séquences des virus Asia 1 d'Iran et de Turquie.

Recommandations

1. Les opérations de surveillance en Anatolie et en particulier la comparaison des souches responsables des foyers, doivent être intensifiées en Anatolie, de manière à rapidement détecter et contrôler l'entrée des types A des pays situées à l'est.
2. L' EUFMD, avec le LMR et la CE, doivent continuer de suivre soigneusement la situation et de garder les pays membres informés de tout changement sur le risque d'introduction de virus émergents de type A.
3. L'Europe doit se préparer à l'entrée potentielle de virus émergent de type A et l' EUFMD doit déterminer si les fabricants européens de vaccin détiennent les souches vaccinales adaptées.
4. Le partage de l'information sur les séquences et les profils antigéniques entre les instituts est fortement encouragé. La coopération dans ce domaine avec l'ARRIAH devrait faire partie du futur accord avec l'EUFMD en relation avec les activités dans le Caucase.

Point 3 - Rapports sur la situation de la fièvre aphteuse et le programme de lutte en Turquie

Rapport de la Turquie

Le Dr Askaroglu a présenté la situation de la fièvre aphteuse en Turquie en 2001 (Appendix 3). Il a souligné la position unique de son pays au croisement entre l'Europe et l'Asie avec une frontière terrestre avec des pays infectés de fièvre aphteuse. Il a rapporté que la fièvre aphteuse reste endémique en Anatolie. 39 foyers ont été rapportés en 2002. Jusqu'au mois d'octobre, 22 foyers de type O, 15 foyers de type A, et 2 foyers de type Asia 1 sont apparus. Par comparaison avec la même période 2001, la situation s'est beaucoup améliorée, puisqu'il y avait eu pour cette période 83 foyers. Aucun foyer n'a été rapporté dans la région de Thrace depuis juin 2000. Les résultats de la caractérisation des isolats de virus fièvre aphteuse pour 2002 indiquent que les antigènes vaccinaux existants devraient être appropriés pour la protection. La production et la qualité du vaccin ont été améliorées, et en plus des tests de puissance et d'innocuité au laboratoire chaque lot de vaccin est régulièrement testé sur le terrain pour ce qui concerne le niveau de l'immunité conférée. La quantité de vaccin produit pour 2003 devrait être suffisante pour les campagnes du printemps et de l'automne. Lors de la campagne de printemps 2001, 97 % des grands ruminants et 73 % des petits ruminants ont été vaccinés en Thrace et 70 % des grands ruminants en Anatolie. La campagne d'automne a commencé en septembre et devrait être terminée à la mi-novembre; le vaccin fourni comprend le 230 000 doses de Bayovac et les 72 275 doses d'Aftovax données par l' EUFMD/CE.

Il est prévu que la campagne de printemps 2003 en Thrace soit suivie d'une séro-surveillance, qui respectera les lignes directrices préparées par l'EUFMD à la suite de la réunion d'Izmir en septembre. La séro-surveillance pourrait être terminée dans un délai de 30 jours après la récolte des échantillons si des équipements supplémentaires étaient fournis par l'EUFMD.

Rapport sur la réunion d'Athènes du 25 octobre 2002 sur le Projet de Coopération Technique (TCP) de la FAO - Prévention et surveillance de la fièvre aphteuse et des autres maladies exotiques dans la région de Thrace et activités de la CE/EUFMD en Thrace

Le Dr Sumption a fait rapport de la réunion tripartite (EUFMD/OIE/CE) tenue à Athènes le 25 octobre 2002 (Appendix 4). La réunion a pris note de l'amélioration de la situation en

Turquie et a félicité les autorités turques pour les progrès réalisés. Il a été considéré que les réunions tripartites jouaient un rôle important dans la lutte contre la fièvre aphteuse dans la région. La réunion a fortement recommandé l'utilisation de la sérologie comme outil de routine pour le suivi des campagnes de vaccination et a encouragé la Turquie à faire des propositions pour résoudre en temps voulu les difficultés rencontrées pour réaliser la campagne de 2003 en Thrace et pour l'utilisation plus large de la sérologie dans la surveillance active. La réunion a cependant fait part de sa préoccupation concernant la vaccination en Thrace en 2003 qui ne devrait pas se faire avec le vaccin produit en Turquie avant que les résultats des tests effectués à Pirbright ne montrent que la qualité du vaccin est satisfaisante.

Le secrétaire a aussi fait rapport de la demande conjointe de la Bulgarie, de la Grèce et de la Turquie pour un Programme de Coopération Technique (TCP) dans la région de Thrace. La proposition a été considérée comme potentiellement éligible pour un financement FAO. Les modifications à apporter à la proposition pour être éligible sont minimes et le groupe tripartite a accepté que ces changements soient faits par le secrétariat de l'EUFMD au nom des trois pays demandeurs.

Discussion

Le Dr Celeda a félicité les autorités turques pour les progrès réalisés et a noté que la séro-surveillance prévue sera très importante pour assurer la confiance dans le niveau de protection de cette importante région. Le Dr De Clercq a souligné que le nombre de prélèvements avait été choisi sur la base de la capacité de l'Institut SAP et devrait fournir une bonne estimation du niveau de protection dans les villages mais ce nombre est insuffisant pour déterminer l'absence d'infection avec un niveau de confiance suffisant par rapport aux critères internationaux.

Les zones de vaccination stratégiques ont été précisées pour clarifier les information fournies dans le rapport; elles correspondent aux provinces le long de la mer Noire, à l'exception de la Province d'Artvin qui borde la Géorgie et des quatre Provinces les plus proches d'Istanbul.

La réunion a souhaité que les résultats intermédiaires des tests sur le lot de vaccin devant être utilisé en Thrace soient diffusés et discutés. Le représentant de la CE et le Dr Paton étaient d'accord. Les résultats indiquent qu'aucun anticorps détectable n'a été trouvé sur les bovins 21 jours après l'immunisation avec 5 ml de vaccin. La raison de ce résultat a été longuement discutée et les facteurs possibles incluent la durée du transport du vaccin à Pirbright. La réunion a convenu que les résultats n'étaient pas concordants avec ceux rapportés après l'utilisation du vaccin sur le terrain en Turquie. La possibilité de refaire le test de puissance et d'acheter du vaccin commercial a été discutée. La faisabilité de cette option a été immédiatement envisagée et suite aux discussions des parties concernées avec leurs administrations, cette option a été considérée comme préférable par la session à condition qu'elle puisse être réalisée en temps voulu pour permettre l'achat du vaccin si nécessaire. L'importance d'utiliser du vaccin de puissance satisfaisante en Thrace a été réitérée.

Conclusions et recommandations

1. La proposition pour la séro-surveillance en Thrace après vaccination et la poursuite du renforcement de la capacité du Sap Institut pour la séro-surveillance ont été soutenues par le Comité.

2. L'EUFMD devra continuer à jouer un rôle dans la définition du programme de séro-surveillance après la vaccination FA en Thrace. La séro-surveillance dans cette région est importante car elle pourrait aider à la rationalisation des nouvelles lignes directrices pour la surveillance dans les zones vaccinées.
3. L'expertise de l'EUFMD dans le domaine de la séro-surveillance devrait être consultée et jouer un rôle dans la définition des lignes directrices par les organisations internationales et spécialement par l'OIE.
4. Le test de puissance sur le vaccin de Turquie doit être refait de manière urgente et le Secrétariat de l'EUFMD doit prendre les mesures pour demander le financement par la CE et s'assurer que ces tests peuvent être refaits dans un délai de 2 à 3 mois.
5. Le deuxième test devra utiliser un vaccin considéré comme satisfaisant à son arrivée. Ce vaccin devra avoir été soumis à un enregistrement des conditions de transport depuis le Sap Institut de manière à ce que ces conditions de transport ne réduisent pas son efficacité avant son arrivée au laboratoire où il doit être testé.
6. Des tests additionnels sur le vaccin fourni sont encouragés. Ils pourraient donner des indications sur la charge antigènique et sur sa dégradation, de manière à fournir des informations complémentaires qui pourraient aider à identifier les raisons du manque d'immunogénicité.

Point 4 - Activités vers les pays de la CEI et de l'Asie centrale

Rapport de la réunion tenue le 5 novembre 2002 à Paris

Le secrétaire a présenté un rapport de la réunion tenue à l'OIE le 5 novembre 2002 au cours de laquelle ont été discutées les activités à court terme et à long terme dans le Caucase. Cette réunion avait été organisée suite aux recommandations de la réunion tripartite de février 2002. Des représentants des trois pays les plus directement concernés et aussi de la Russie ont participé ainsi que des représentants du bureau central de l'OIE et de sa commission régionale, et de la FAO. L'EUFMD était représentée par le secrétaire et quatre membres du comité exécutif. Les représentants de Géorgie, d'Arménie et d'Azerbaïdjan ont indiqué que la fièvre aphteuse n'avait pas été rapportée en 2002 dans leurs pays mais que la situation concernant la lutte contre la maladie était extrêmement difficile à cause des faibles budgets disponibles pour la lutte contre les Epizooties et à cause du problème des mouvements transfrontaliers d'animaux. Le représentant de la Russie a suggéré que les actions de l'EUFMD et de l'OIE pour le contrôle de la maladie en Iran soient reliées aux activités dans le Caucase. Un programme à long terme pour les trois pays a été présenté par le Dr Schudel de l'OIE. Il comprend le renforcement des services vétérinaires au cours des cinq prochaines années, une vaccination de masse de tous les ruminants avec des vaccins huileux et une amélioration de la surveillance. La proposition envisage un financement par la CE et une mise en œuvre par l'EUFMD sous l'autorité du groupe tripartite (EUFMD/OIE/CE). Aucune discussion de nature technique sur le programme à long terme n'a eu lieu au cours de la réunion du 5 novembre.

Des réserves ont été exprimées par les représentants de la FAO et de la CE qui ont souhaité qu'il y ait des progrès significatifs visibles dans les activités à court terme et dans la coopération avec les organismes internationaux avant que des investissements majeurs puissent être acceptés pour la lutte contre la FA.

Le Dr Sumption a présenté les progrès réalisés dans la mise en œuvre des activités de l'EUFMD au cours du premier semestre 2003 et il a fourni un rapport sur ce sujet au comité

exécutif. Deux experts ont été sélectionnés pour aller dans le Caucase en mars-mai 2003, le Pf. Tekerlekov de Bulgarie et le Dr Celeda, Président de l' EUFMD. Les termes de référence ont été rédigés, les appels d'offre pour le vaccin préparés avec l'aide de l'ancien Secrétaire et du Président du groupe de Recherche, et un brouillon de la lettre d'accord avec Vladimir a aussi été préparé.

Rapport de la Mission d'experts en Iran (5-15 octobre 2002) et proposition pour un centre de surveillance

Le Dr Sumption a fait rapport de la mission d'experts en Iran financée par la CE et organisée par l' EUFMD (Appendix 5). Elle s'est déroulée entre le 5 et le 15 octobre 2002 avec la participation de 3 experts de la FAO, 2 de France, et des experts représentant la CE, l'OIE, la Turquie et le LMR. Le Secrétaire a joué le rôle de chef de mission et les résultats préliminaires de la mission ont été présentés, ainsi qu'un résumé de la proposition de projet.

L'équipe considère que l'Organisation Vétérinaire Iranienne (IVO) a des possibilités importantes en matière d'organisation et d'infrastructure mais qu'un renforcement de la surveillance de la FA est très important pour que la Turquie et les autres pays de la région reçoivent une notification rapide sur la circulation du virus, l'épidémiologie et les risques de propagation. L'équipe considère aussi que le renforcement de la surveillance au niveau national et au niveau provincial en Iran aiderait beaucoup l'Iran lui-même dans sa lutte contre la maladie principalement par l'identification des sources de virus et des risques de transmission. L'équipe considère que l'Iran et la Turquie devraient être les principaux partenaires dans la première phase de développement du centre avec une concentration sur une aide dans les zones à risque des deux pays. Une deuxième phase verrait l'implication des autres pays de la région avec l'Iran et/ou la Turquie agissant comme leaders pour le renforcement de la formation et l'aide au diagnostic. Un budget indicatif d'environ 0,8 millions de dollars EU a été préparé sans compter l'aide requise pour le LMR.

Discussions

Le Comité était raisonnablement optimiste pour espérer davantage de succès dans le cadre du programme à court terme de 2003 dans le Caucase que lors des précédentes opérations, particulièrement du fait de l'expérience des 2 experts sélectionnés. Le Dr Ivanov a insisté sur l'importance d'une bonne planification et de la supervision du programme de vaccination. Le rôle des autorités dans chaque pays a besoin d'être clarifié pour que les préparatifs soient en place de manière à assurer un déploiement rapide de la campagne de vaccination du printemps. Il a été noté que lors des précédentes campagnes il n'a pas été observé de problème de mauvaise utilisation du vaccin ou de problème de chaîne du froid. Le Dr Panagiotatos a fortement soutenu le rôle de l' EUFMD dans la mise en œuvre avec les autorités des pays concernés du programme de lutte contre la FA et il a souhaité que l'EUFMD puisse s'assurer que les autorités travaillent dans le cadre de plans clairs avec des procédures explicites et de manière transparente et que, pour tous les projets importants, des évaluations intermédiaires des progrès accomplis puissent être réalisées. Le Dr Panagiotatos propose que les réponses de l'EUFMD se fassent en fonction de l'importance du risque et des performances passées des bénéficiaires.

La transparence de l'information d'Iran a été notée par la session de même que l'ampleur du travail à réaliser dans ce pays dans lequel plus de 1000 foyers ont été rapportés en 2001.

Les critères utilisés pour déterminer le niveau de l'effort et du financement pour les mesures de lutte contre la FA ont de nouveau été discutés au cours de l'adoption du rapport et il a été admis qu'une nouvelle évaluation du risque d'introduction de la FA en Europe à partir du Caucase sera faite après les activités à court terme dans la région en 2003. Il a aussi été convenu que le thème et la stratégie pour « une Europe indemne de FA » seront proposés comme point de l'ordre du jour à discuter par la Session Générale de l' EUFMD en avril, suite à l'utilisation de ce concept lors de la réunion de l'OIE le 5 novembre. Il a aussi été convenu que des discussions plus approfondies aient lieu sur la question de la lutte contre la FA liée à la proposition de « zone méditerranéenne de libre échange ».

Conclusions et recommandations

1. Des termes de référence précis sont nécessaires pour les parties impliquées dans la mise en œuvre des actions dans le Caucase.
2. Une aide à plus long terme pour le Caucase devra seulement être envisagée après analyse des progrès réalisés à travers les activités à court terme du premier semestre 2003, et suite aux consultations techniques adéquates, qui devront impliquer des experts de l'EUFMD qui ont une expérience dans la région.
3. Une nouvelle évaluation du risque devra être conduite dans le Caucase après le programme à court terme de lutte et de surveillance de la FA de 2003.
4. La proposition de projet pour l'amélioration de la surveillance en Iran et en Turquie devrait conduire à la préparation d'un projet complet à soumettre à la Commission Européenne.
5. Le thème et la stratégie pour « une Europe indemne de FA » seront proposés comme point de l'ordre du jour pour discussion par la Session Générale de l'EUFMD.
6. La question de la lutte contre la FA dans le cadre de la proposition de « zone méditerranéenne de libre échange » devra être définie et discutée par les futures réunions de l'EUFMD.

Point 5 - Rapport des activités du groupe de recherche

Rapport de la Session du Groupe de Recherche tenue à Izmir du 17 au 20 septembre 2002

Le Président du Groupe de Recherche, le Dr De Clercq a présenté le rapport (Appendix 6) du Comité Technique Permanent du Groupe de Recherche de l'EUFMD, qui s'est tenu à Cesme, Izmir, en Turquie en septembre 2002. Il a remercié les autorités turques pour les excellentes conditions et les efforts fournis pour accueillir la réunion ce qui a largement contribué à son succès. Quatre-vingt-quinze participants y ont assisté avec des représentations de scientifiques extra européens, ce qui indique l'importance continue de cette session. Le but principal de la réunion, a-t-il expliqué, était de répondre aux questions techniques soulevées par le comité exécutif. Plusieurs de ces questions ont été soumises à la session restreinte du groupe de recherche. Il a noté qu'une partie importante de la session avait été consacrée aux présentations et discussions sur l'utilisation du test de détection des anticorps contre les protéines non structurales et que le test NSP-ELISA développé au Danemark avait une très haute sensibilité et qu'il était nécessaire qu'il soit développé sous forme d'un test disponible

commercialement. La réunion a conclu que les performances des autres test ELISA NSP pouvaient être améliorées par des modifications, particulièrement en modifiant le seuil utilisé. Les membres du Groupe ont souhaité que le rôle du Groupe soit renforcé pour ce qui concerne le développement d'autres sérums de référence. Le groupe a fortement soutenu la proposition que le président prépare une proposition avec le chef du LMR et aussi la proposition pour que les objectifs des activités des phases XVII et XVIII soient menées conjointement.

Le groupe de recherche a insisté sur la nécessité que les nouveaux isolats de terrain soient caractérisés antigéniquement et que soit déterminé leur valeur r vis-à-vis des souches vaccinales existantes.

La Session restreinte a proposé que l'EUFMD produise un rapport régulier sur les prélèvements reçus dans les laboratoires de référence fièvre aphteuse et sur le niveau d'activité qui aurait été nécessaire au cours de la crise de mars 2001. Le groupe de recherche s'est aussi mis d'accord pour ré-évaluer le risque associé aux exigences actuelles des valeurs temps-température pour le traitement thermique de la viande et des produits laitiers; le Dr Dekker a confirmé qu'il était prêt à entreprendre ce travail. La Session restreinte a aussi recommandé que l'EUFMD développe des outils pour l'analyse du risque et l'information sur la maladie qui permettraient une meilleure estimation du risque de fièvre aphteuse sur une base régionale ou globale. La réunion a aussi proposé que le site Web de l'EUFMD soit développé mais il a reconnu le besoin de ressources supplémentaires et de financement pour les activités centrale de l'EUFMD. La réunion a aussi reconnu l'énorme quantité de travail nécessaire pour préparer les revues pour répondre aux questions techniques du comité exécutif et l'EUFMD devrait explorer les voies et les moyens nécessaires pour préparer de telles revues.

Le Dr Celeda a remercié le groupe de recherche pour son excellent travail et en particulier le Dr De Clercq pour sa contribution très significative au succès du groupe.

Conclusions et recommandations

1. La réunion a reconnu que les efforts requis pour répondre aux questions techniques du comité exécutif étaient très importants et qu'une aide additionnelle au secrétariat de l'EUFMD était nécessaire.

2. Le comité exécutif a soutenu les recommandations faites par le président du groupe de recherche suite à la session tenue à Izmir en septembre 2002.

Point 6 - Développement d'une initiative globale de lutte contre la FA

Rapport sur le plan global d'action contre les maladies animales transfrontières

Le Dr Cheneau a présenté un document résumé (Appendix 7) sur l'initiative prise par la FAO avec l'OIE pour développer des propositions servant de base pour envisager au niveau global la lutte contre la FA et les autres maladies animales transfrontières. Il a indiqué que les deux organisations se chargeraient des activités normatives et que les actions seraient décidées au niveau national avec une forte implication des organisations régionales.

Conclusions et recommandations

Il a été convenu que l'initiative constituait une démarche très intéressante dans laquelle l'EUFMD devrait jouer un rôle important et la réunion a fortement soutenu la poursuite de cette démarche.

Point 7 - Finances

Le Dr Keith Sumption a présenté les comptes de la Commission en deux parties. La première partie couvrait la période jusqu'au 30 septembre 2002 et la seconde était une proposition de budget modifié pour la période 2004/2005 qui sera aussi présentée à la 35ième session générale qui se tiendra en avril 2003.

Compte au 30 septembre 2002 (Appendix 8)

Le rapport financier du TF 904200 MTF/INT/011/MUL correspondant aux contributions des pays membres devrait atteindre un total de 325,000$ EU. Ce montant a été approuvé pour la période commençant en 1998 et la Commission travaille annuellement sur la base de ce budget prévisionnel. Jusqu'en septembre 2002, la Commission a reçu un total de 215,750$ EU. Cependant depuis la préparation de l'état 2 des paiements ont été reçus de Croatie et d'Irlande.

Il a brièvement expliqué le détail des dépenses figurant à l'état 1. Il a attiré l'attention sur l'augmentation rapide des coûts des voyages officiels. Il a aussi attiré l'attention sur le fait que le solde avait diminué car les dépenses étaient plus importantes que les contributions reçues à ce jour et qu'il y avait d'importantes contributions impayées.

L'état 3 du TF 909700, correspondant au programme d'urgence MTF/INT/004/MUL est pratiquement resté inchangé au cours de la période examinée. L'état 4 sur le TF 911100, MTF/INT/003/EEC montre un solde positif 258,465$ EU, et indique que pendant la période en question aucun paiement n'a été effectué pour ré abonder le fonds. Le paiement a été demandé et est attendu prochainement. Il a brièvement expliqué les dépenses détaillées pour chaque ligne.

Le Comité Exécutif n'a pas posé d'autres questions et a approuvé les états financiers présentés.

Budget proposé pour le biennium 2004-2005 (Appendix 9)

Il a ensuite présenté la deuxième partie de ce point de l'ordre du jour concernant le budget proposé pour 2004-2005. Il a attiré l'attention sur le fait que le budget pour 2002-2003 qui avait été approuvé par la dernière Session Générale était basé sur un total de contributions annuelles des pays membres de 325,000$ EU. Il y a lieu de noter les dépenses supplémentaires possibles si toutes les contributions étaient reçues comme attendues. Des coûts importants sont associés aux besoins en assistance temporaire et à l'interprétation pour la prochaine session générale. Les coûts des voyages relatifs aux réunions prévues et aux activités de l' EUFMD augmentent et la Commission se trouve devant la situation où le budget de 325,000$ EU approuvé en 1997 est maintenant insuffisant. Il a aussi souligné que les contributions jusqu'à maintenant étaient en dollars EU, bien qu'il existe dans la

Constitution de la Commission une possibilité pour que les contributions soient versées dans d'autres devises. Il a aussi attiré l'attention sur la question du taux de change entre l'Euro et le Dollar. Le budget de la Commission est basé sur des contributions calculées en dollars et l'augmentation de l'Euro par rapport au dollar a entraîné une augmentation considérable des coûts pour la Commission puisque presque toutes les activités sont menées dans la zone Euro. Un renforcement supplémentaire de l'Euro par rapport au dollar est prévu et cela crée un risque potentiel pour le travail de la Commission si les contributions ne sont pas réévaluées.

Le Secrétaire a présenté au Comité Exécutif un tableau avec une augmentation budgétaire permettant de faire face aux augmentations prévisibles des coûts de la commission pour la période 2004-2005. Il a aussi indiqué que les sollicitations additionnelles du Secrétariat, particulièrement au moment des Missions et pour la préparation des réunions de l'EUFMD et la rédaction des rapports, ne pouvaient être menées à bien sans avoir recours à une aide temporaire en matière de secrétariat et il a proposé une augmentation de ce chapitre du budget. De plus le travail du Groupe de Recherche pour répondre aux questions techniques du Comité Exécutif qui se faisait jusque là par les membres du groupe sur une base volontaire est souvent limité par l'important engagement de ces personnes. Le Secrétaire propose que le budget pour les contrats soit augmenté pour permettre au Groupe de Recherche de sous traiter le travail au nom du Comité Exécutif de manière à obtenir les réponses satisfaisantes et en temps voulu dans les domaines d'extrême importance pour les activités de la Commission. Cela pourrait inclure la rédaction de revues sur des sujets techniques et l'amélioration des services fournis aux états membres en cas de besoin, de même que le développement des activités concernant l'information fournie à travers le site Web.

En prenant en compte tous les besoins mentionnés ci dessus, le Secrétaire propose un budget de 381,700$ EU par an conduisant à un solde au bout de deux ans de 12,126 $ EU; cela représente seulement un excédent de 1,6 % pour les urgences. En travaillant sur les augmentations de contributions par pays, le Secrétaire a utilisé 4 niveaux de contributions, gardant les principes qui avaient été retenus en 1998.

Le Dr Celeda a ajouté que l'échelle des contributions avait été ajustée il y a plusieurs années Il a ajouté que les contributions étaient inchangées depuis, alors que la plupart des autres organisations ajustent leurs contributions chaque année. Il suggère que la proposition soit discutée plus avant et que le Secrétaire prépare et fasse circuler les informations nécessaires avant la prochaine Session Générale. Il a ensuite ouvert le débat.

Le Dr Karin Schwabenbauer a indiqué que bien que comprenant la nécessité d'une augmentation du budget, elle n'était pas en mesure de donner un accord complet sur la proposition car ce sujet doit être discuté avec les autorités allemandes qui peuvent demander davantage de détails sur les dépenses de manière à justifier l'augmentation.

Le Dr Sumption a informé la réunion qu'il pourra fournir un budget révisé plus détaillé si nécessaire.

Conclusions

1. Les états budgétaires pour la période allant jusqu'à fin septembre 2002 ont été approuvés par la Session.

2. La nécessité d'une augmentation du budget pour 2004 et 2005 a été acceptée sur le principe mais des justifications supplémentaires sur le budget proposé devront être fournies aux pays membres et examinées par la Session Générale.

Point 8 - Autres sujets

Questions de personnel

Expert Associé (APO)

Le Dr Cheneau a saisi cette opportunité pour informer la réunion qu'il avait reçu confirmation que l'Irlande avait offert de fournir un Expert Associé (APO) à la Commission. Le Dr Sumption a aimablement été invité à Dublin pour participer à la sélection du candidat avec les autorités irlandaises. La Commission bénéficiera ainsi de cette expertise supplémentaire.

69ieme Session du Comité Exécutif

Le Président a proposé que les dates et le lieu de la 69ième Session du Comité Exécutif soient décidés à l'issue de la 35ième Session Générale qui doit se tenir en avril 2003 et au cours de laquelle aura lieu l'élection des membres du Groupe de recherche et du Comité Exécutif. Il a été décidé d'attendre le résultat de ces élections.

35ième Session Générale de la Commission

Elections du Comité Exécutif et du Groupe de Recherche en avril 2003

Le Secrétaire a attiré l'attention sur les dates de la 35ième Session de l'EUFMD qui aura lieu à Rome du 9 au 11 avril 2003. Des informations complémentaires seront fournies aux pays membres prochainement. Le Dr Celeda a souligné l'importance d'avoir des idées sur les futurs candidats au Comité Exécutif.

Le Dr Cheneau a attiré l'attention sur un point très important qui concerne l'élection des membres du Comité Exécutif qui est effectuée tous les deux ans au cours de la Session Générale. La FAO demande aux pays membres de voter pour désigner les membres du Comité et pour le Président. Le Comité élu à la Session générale de mars 2001 a subi quelques changements au cours de la période de 2 ans. Il n'y a pas seulement eu un changement de Président mais le dernier Comité Exécutif tenu à Budapest en avril 2002, a du faire face à un sérieux problème en n'atteignant pas le quorum de 6 membres du fait de l'absence de 2 membres et du retrait de 2 autres membres qui avaient changé de fonction. Le quorum est essentiel pour que le Comité Exécutif puisse prendre des décisions concernant les tâches et les activités de la Commission qui comprenaient à cette réunion la sélection du nouveau Secrétaire de l'EUFMD. La Session aurait pu être annulée mais ceci a été évité grâce à l'initiative prise par les membres participants de remplacer les deux membres qui avaient quitté le Comité. En application et en respectant complètement la Constitution de la Commission, deux nouveaux membres ont été invités à joindre le Comité dont le nombre de membre a ainsi de nouveau été porté à 8.

Le Dr Cheneau a utilisé cette exemple dans le but de demander aux pays membres d'élire des représentants qui sont réellement capables de consacrer du temps à ce Comité. Cette participation est une question sérieuse et la présence et la contribution de chaque membre doit être effective. Si ce n'est pas le cas, cela met en danger la structure de la Commission. Il a souligné que, quand ils désignent leurs délégués, les pays membres doivent choisir des personnes capables d'assister à au moins deux réunions par an.

Le Dr Cheneau a aussi expliqué comment au cours de la dernière décade un équilibre avait été respecté dans le Comité Exécutif entre pays membres de l'UE et pays non membres et entre les pays du nord et du sud de l'Europe exposés à des risques différents. Il a attiré l'attention sur les changements dans l'UE attendu pour 2004 qui fera que 25 pays deviendront membres de l'UE. Il appartient aux pays membre de voter pour les candidats de leur choix mais il a assuré le Comité Exécutif que la FAO sera très vigilante pour que la procédure claire et transparente continue d'être appliquée pour les élections.

Le Dr Cheneau a aussi informé le Comité que les membres du groupe de recherche seraient aussi élus par la 35ième Session. La responsabilité de contacter les nouveaux membres pressentis incombe à l'actuel Président, le Dr Kris De Clercq.

Le Dr Kris De Clercq a aussi insisté pour que les membres du groupe qui seront élus disposent de suffisamment de temps pour effectuer les tâches qui leur seront assignées au cours de cette période de deux ans. Il a aussi mentionné que lui aussi avait rencontré quelques problèmes à ce sujet et qu'il en discutera avec le Président et le Secrétaire. Il souhaitait faire une proposition et avait besoin du soutien du Comité Exécutif.

Pays membre de la Commission

Le sujet de l'adhésion à l'EUFMD de la République de Lettonie et de la République d'Estonie a été discuté, prenant en compte le fait qu'il s'agit de pays qui vont être membres de l'UE mais qui ne sont pas encore membres de l' EUFMD. La Session était d'accord pour que ces pays puissent bénéficier du travail de l'EUFMD et qu'ils devraient être invités à contribuer à ses activités à travers leur adhésion à la Commission. Le Représentant de la CE a pleinement approuvé cette proposition. Le cas de la Slovaquie a aussi été discuté. Le Secrétariat avait déjà pris contact avec le pays en 1998 mais aucune réponse n'a été reçu à ce jour. Il a été proposé que le Secrétariat renouvelle son invitation à la Slovaquie pour devenir membre de l'EUFMD.

Exercices de simulation

La question des exercices de simulation pour valider les plans d'intervention et celle des exigences en matière de diagnostic et de préparation des pays indemnes de FA en Europe ont été discutées. Le Président a présenté un court rapport sur les exercices de simulation conduits en 2002 dans les pays en voie d'accession; le premier exercice a eu lieu il y a un an et tous ont été très utiles. Une prochaine étape sera l'organisation d'un exercice de simulation entre pays voisins. Le Dr Füssel a fait mention de la nouvelle Directive sur la lutte contre la FA dans la CE qui sera disponible pour examen après le 22 novembre 2002. Les étapes suivantes auront lieu sous Présidence grecque de l'EU au premier semestre 2003.

Moyens de diagnostic

Le Dr Ivanov a soulevé la question de l'aide entre laboratoires de diagnostic FA et a proposé la création par l'EUFMD d'une base de données globale sur les laboratoires des pays membres. La question de la centralisation ou au contraire de l'établissement d'un réseau des unités de diagnostic de la FA avait été soulevée par les précédentes réunions du Comité Exécutif et a de nouveau été discutée par le groupe de Recherche à Izmir. Le Secrétaire a indiqué que suite à ces discussions, une enquête sur les capacités des laboratoires de diagnostic FA serait conduite par l'EUFMD, et que la collecte des données sur le diagnostic de routine des laboratoires de diagnostic sera réalisée par le Secrétariat. Il a aussi indiqué que les capacités requises doivent être re-situées pas seulement dans le contexte des prélèvements effectués pour le diagnostic FA de routine mais aussi de celui des besoins requis pour le sero-diagnostic suite à une situation de crise. Cette capacité dépendra de la politique internationale en matière de surveillance FA et des exigences de la nouvelle Directive de l'UE, et c'est pourquoi une telle revue de l'inventaire des besoins doit prendre tous ces éléments en compte.

La Session a convenu que les relations contractuelles entre laboratoires pourraient être problématiques et que les décisions concernant les réseaux de laboratoires devraient être examinées plus avant. Le Secrétaire a indiqué que l'EUFMD pourra aider à la définition d'une stratégie dans ce domaine. Le président a proposé que ce sujet soit mis à l'ordre du jour de la 35^{ième} Session Générale.

Conclusions et recommandations

1. La proposition du Gouvernement d'Irlande de mettre un expert associé (APO) à disposition de l'EUFMD a été très bien accueillie et le Comité Exécutif a rappelé sa grande gratitude à l'Irlande pour l'aide précédemment apportée à la Commission dans ce domaine.
2. Les représentants des pays membres doivent prendre le plus grand soin pour désigner les membres du Comité Exécutif qui seront élus lors de la 35ième Session Générale en tenant compte de la responsabilité et de l'engagement que cela suppose.
3. Le Secrétariat de l'EUFMD devra contacter les républiques de Lettonie et d'Estonie et approcher de nouveau la Slovaquie dans le but de leur proposer de devenir membres de l'EUFMD.
4. La capacité de diagnostic FA en Europe, et les arrangements pour les situations de crise, devront être discutés plus avant par la 35ième Session générale.

Point 9 - Adoption du rapport provisoire

Le rapport a été adopté sujet aux modifications acceptées par le Comité.

Point 10 - Remarque de clôture

Le Dr Celeda a saisi l'opportunité en clôturant la Session, de remercier au nom du Comité Exécutif le State Food and Veterinary Service (SFVS) et tout son personnel pour leurs efforts pour la parfaite organisation de la réunion et pour leur aimable hospitalité. Les services offerts par le SFVS ont été excellents et la réunion a été parfaitement organisée. Il a exprimé sa satisfaction sur les résultats de la Session qui a constitué aussi une bonne opportunité de découvrir les nouvelles facilités du SFVS. Il a félicité le personnel pour l'excellent travail

effectué et pour le progrès réalisé dans leur travail. Il était particulièrement satisfait de voir un personnel si jeune et si enthousiaste.

Le Dr Freigofas, Chef adjoint du département de santé animale et en même temps Officier de liaison, a déclaré que cela avait été un plaisir d'organiser cette réunion et d'accueillir des hôtes si distingués car un tel évènement constitue une opportunité plutôt rare.

Il a souhaité aux participants un bon retour chez eux dans leurs pays en les invitant à revenir en Lituanie. Au nom du Dr Lukauskas, Directeur du SFVS, il a remercié les participants pour leur visite.

Le Dr Sumption a remercié tous ceux qui avaient contribué au succès de la réunion. Il a spécialement voulu remercier le Dr Yves Leforban, son prédécesseur, pour ses efforts exceptionnels en vue d'assurer un transfert harmonieux des responsabilités.

Appendix 1

UPDATE ON THE FMD SITUATION IN 2002

K.J Sumption, Secretary of the EUFMD
Animal Health Service, FAO

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 circulating[1] 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 2,3,4th 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
[2]handistatus II, 28/10/02

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

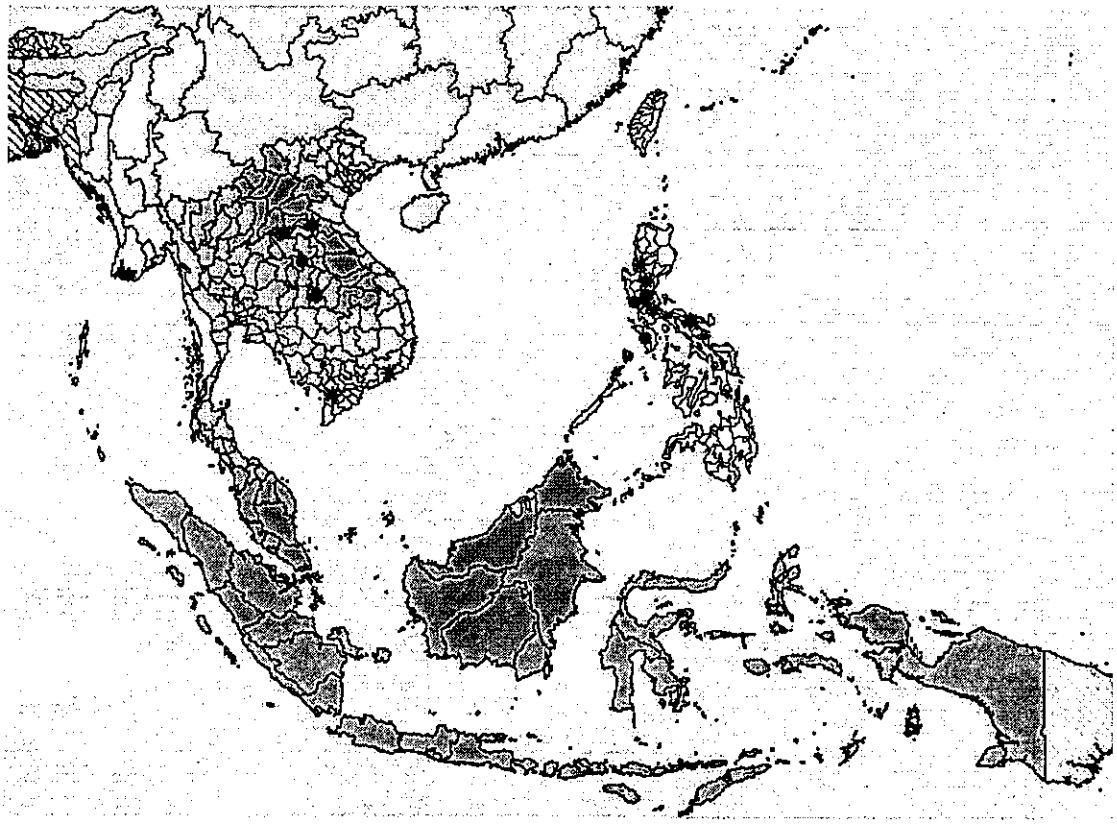
Country	No. new outbreaks (Apr,May,Jun)	Total no. of outbreaks (Apr,May,Jun)	Diagnosis/Serotype (No.)	Comment
Cambodia	4,2,1	5,2,7	CD(5), CD(2), -	Pigs also affected
Laos	2,-,	2,3,	CD only	Pigs involve in April
Myanmar	.,2,6	5,2,6	CD or type O	Cattle only
Philippines	7,13,39	7,13,39	Type O or CD	Pigs 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
Cambodia	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
Philippines	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 mensal 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
Ecuador:											
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	

Appendix 2

GLOBAL FMD SITUATION DURING 2002

D J Paton, N P Ferris and N J Knowles

FAO/OIE World Reference Laboratory for FMD, Institute for Animal Health, Ash Road, Pirbright, Woking, Surrey GU24 ONF, United Kingdom

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 topotype (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/aphthovirus .

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.

References

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

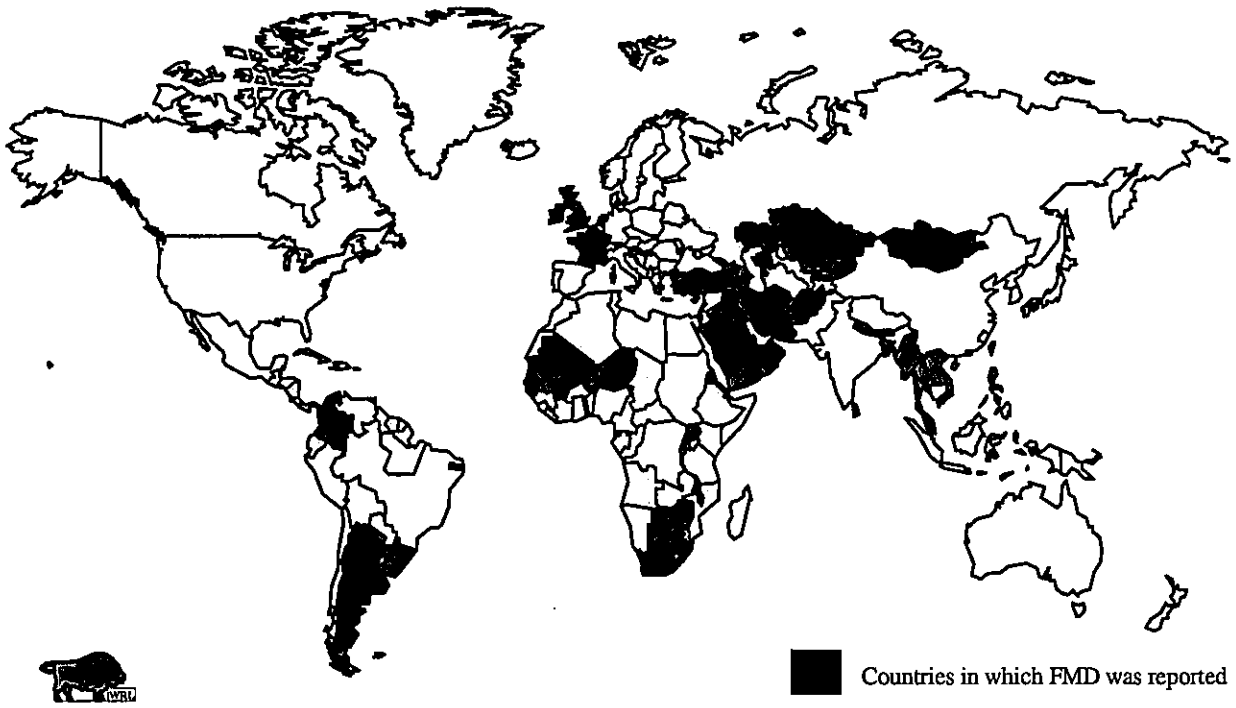
COUNTRY	No. of samples	FMD virus serotypes							SVDV (a)	NVD (b)
		O	A	C	SAT 1	SAT 2	SAT 3	Asia 1		
BHUTAN	39	20						4		15
BOTSWANA	28					5				23
HONG KONG (PRC)	14	6								8
IRAN	14	9						1		4
IRAQ	98		11							87
PALESTINIAN AUTONOMOUS TERRITORY	2	1								1
KUWAIT	2	2								
LAOS	9	7								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

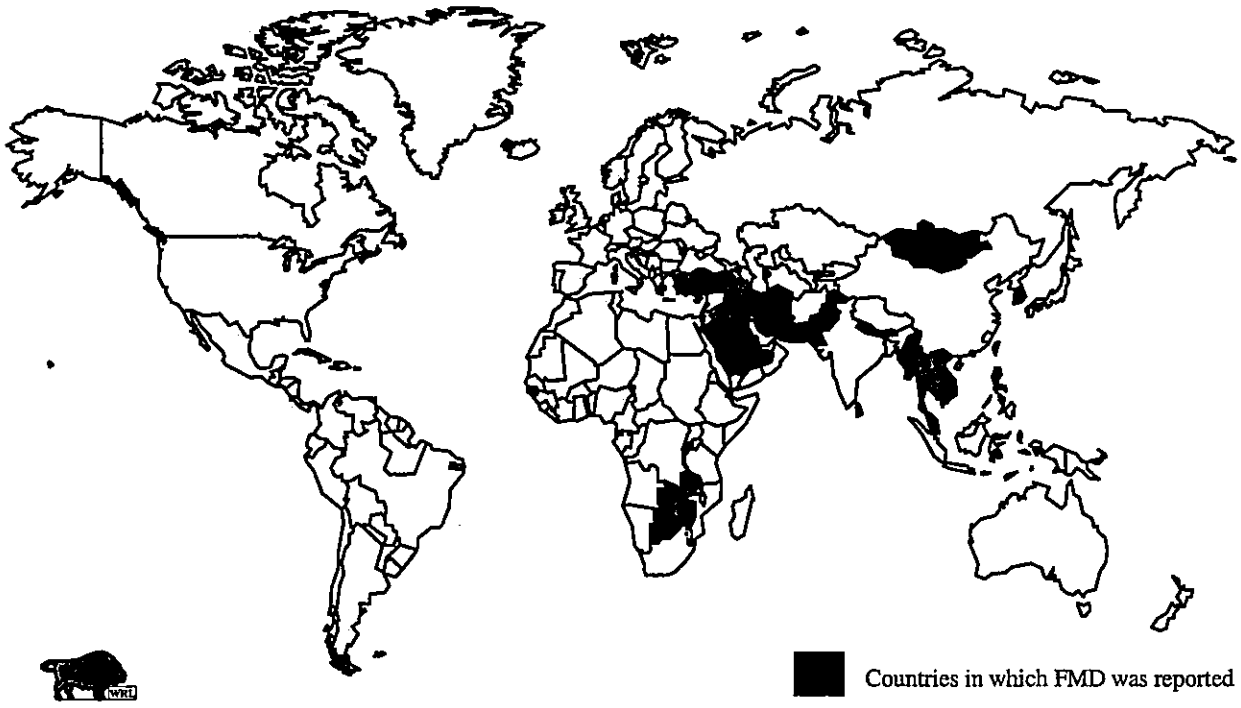


Countries in which FMD was reported

OIE/FAO World Reference Laboratory

DECEMBER 2001

Countries in which FMD was reported, 2002



Countries in which FMD was reported

OIE/FAO World Reference Laboratory

SEPTEMBER 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

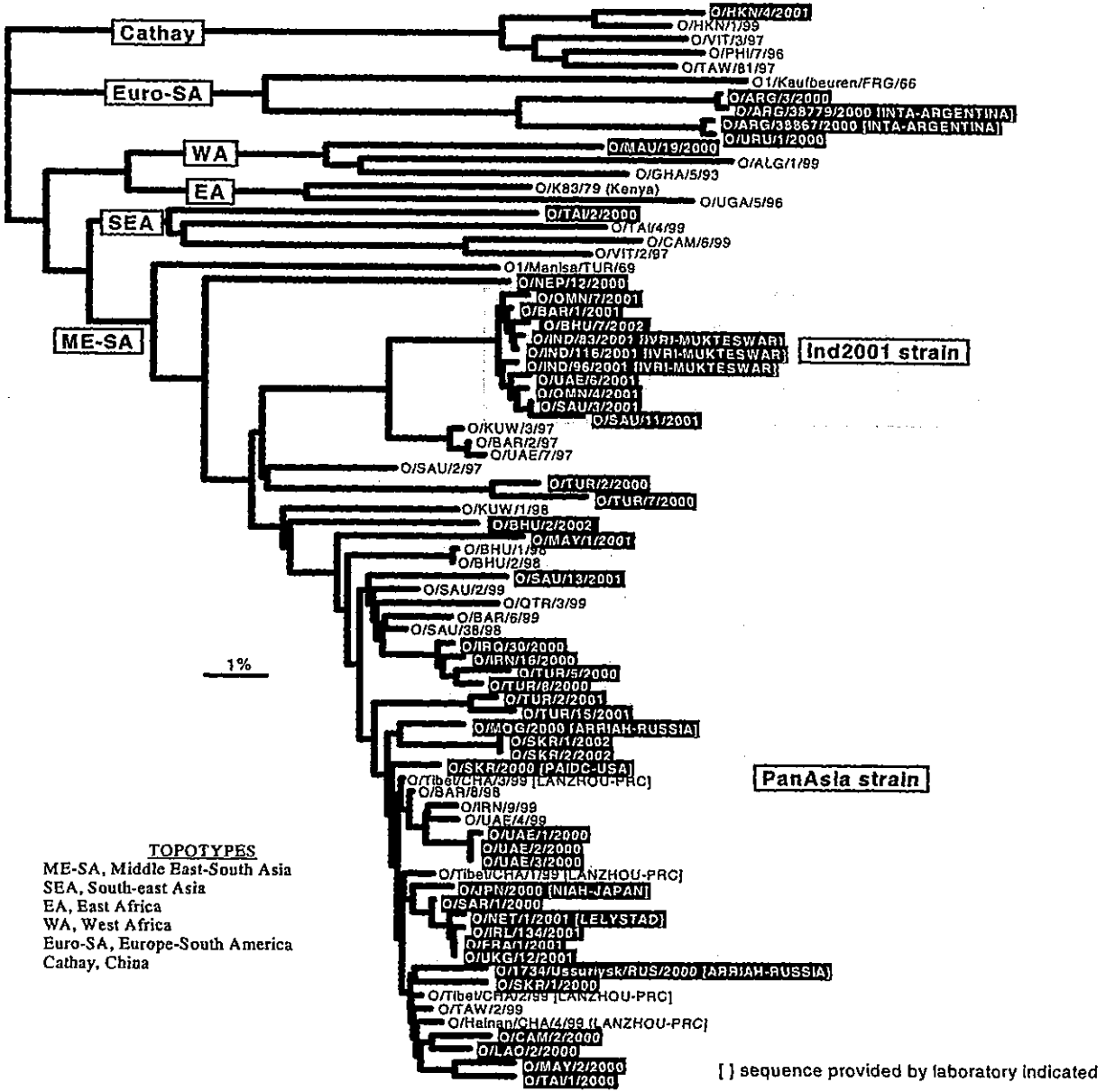


Fig. 1. Genetic relationships between recent FMD type O viruses and reference strains. The tree was based on a comparison of complete VP1-coding sequences.

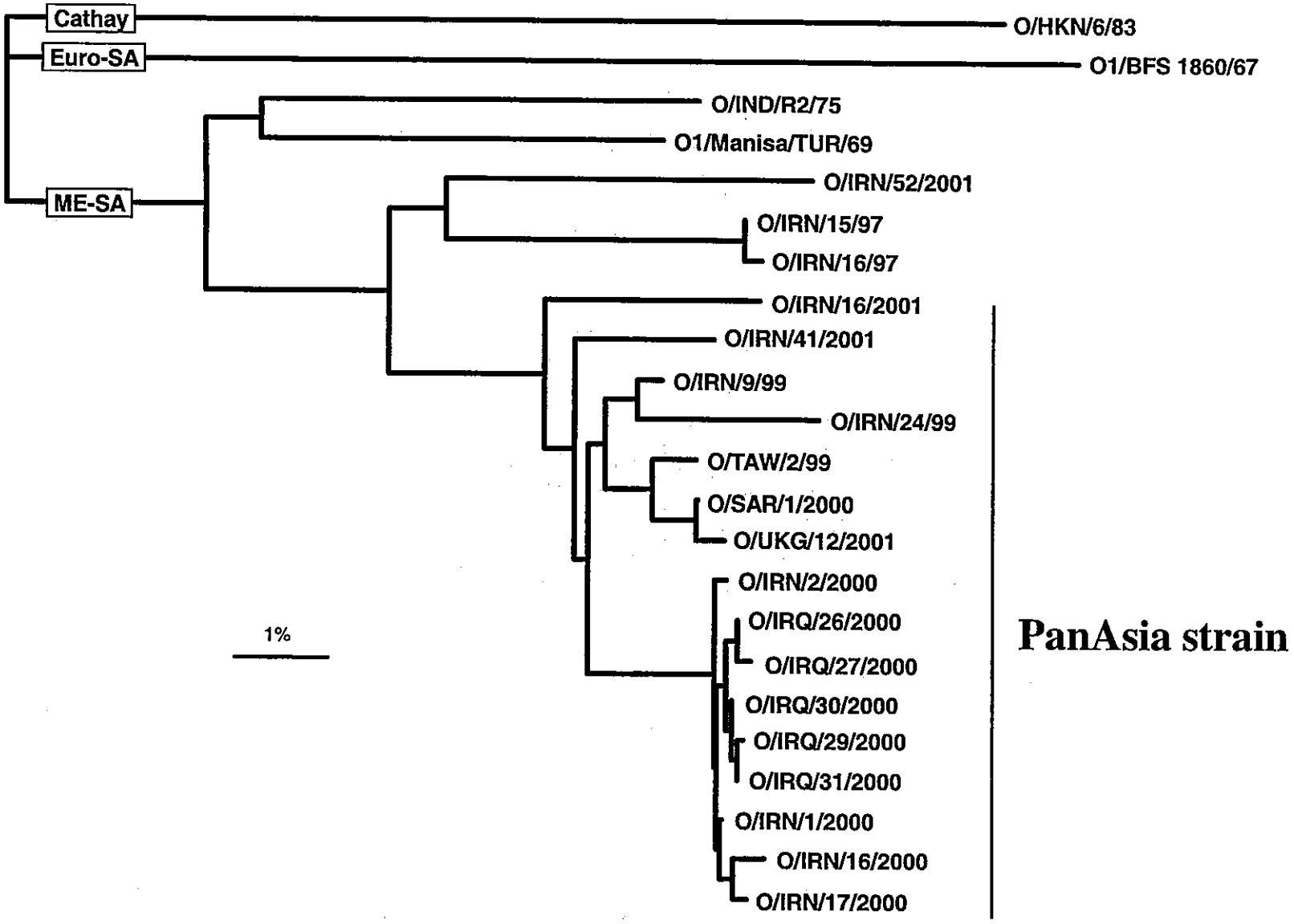


Fig. 2. Genetic relationships between recent FMD type O viruses from Iran and Iraq and reference viruses. The tree was based on a comparison of complete or nearly complete VP1-coding sequences.

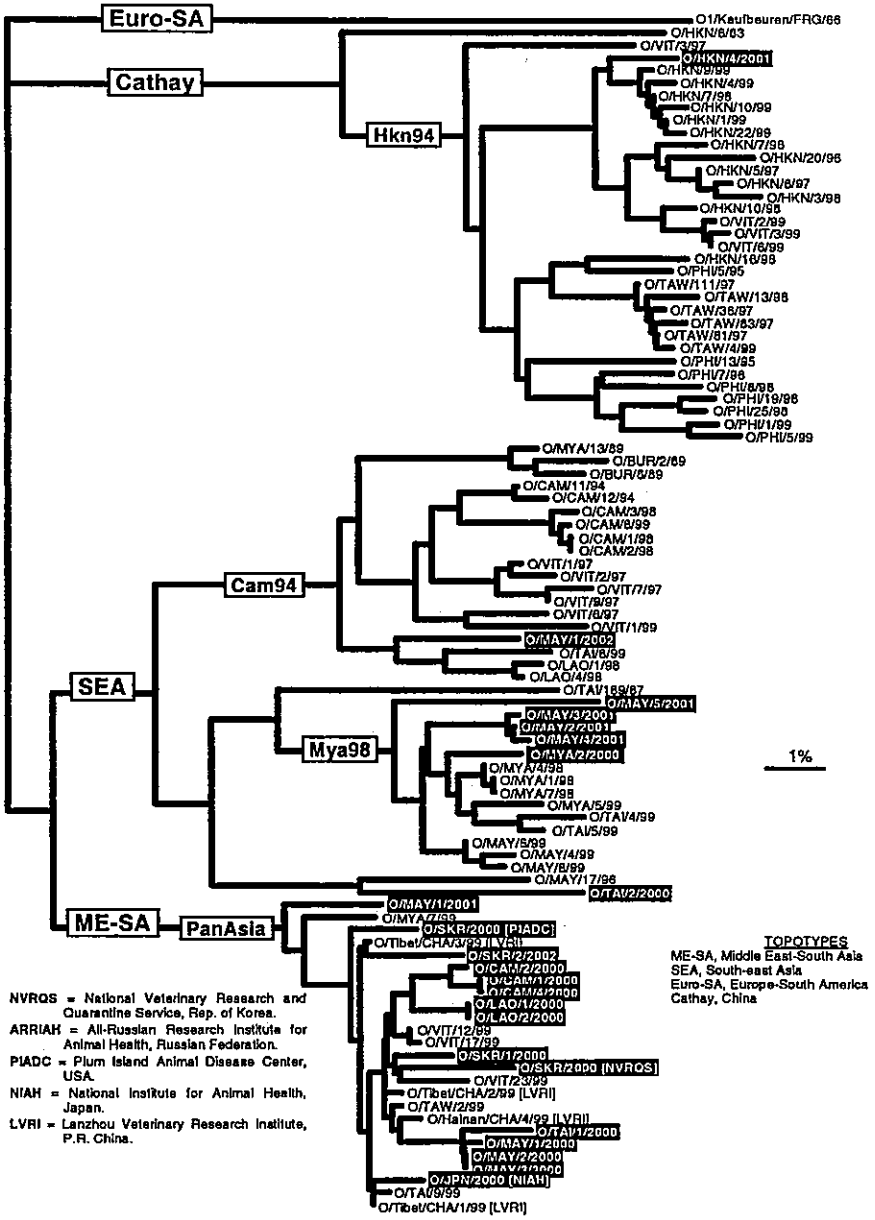


Fig. 3. Genetic relationships between recent FMD type O viruses and reference strains. The tree was based on a comparison of partial VP1-coding sequences (nt 301-639).

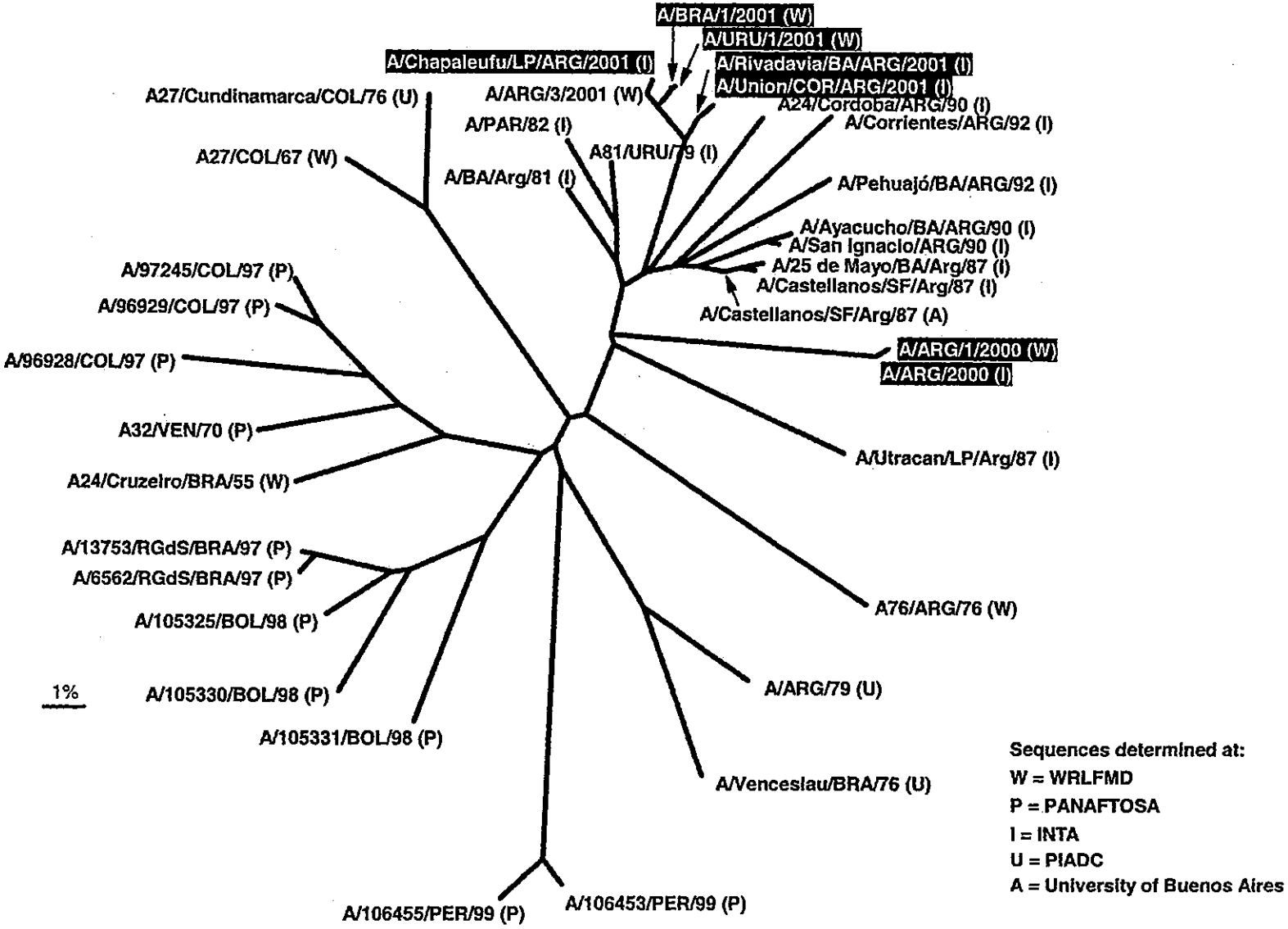


Fig. 4. Genetic relationships between recent FMD type A viruses from South America and reference viruses. The tree was based on a comparison of complete or nearly complete VP1-coding sequences.

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).

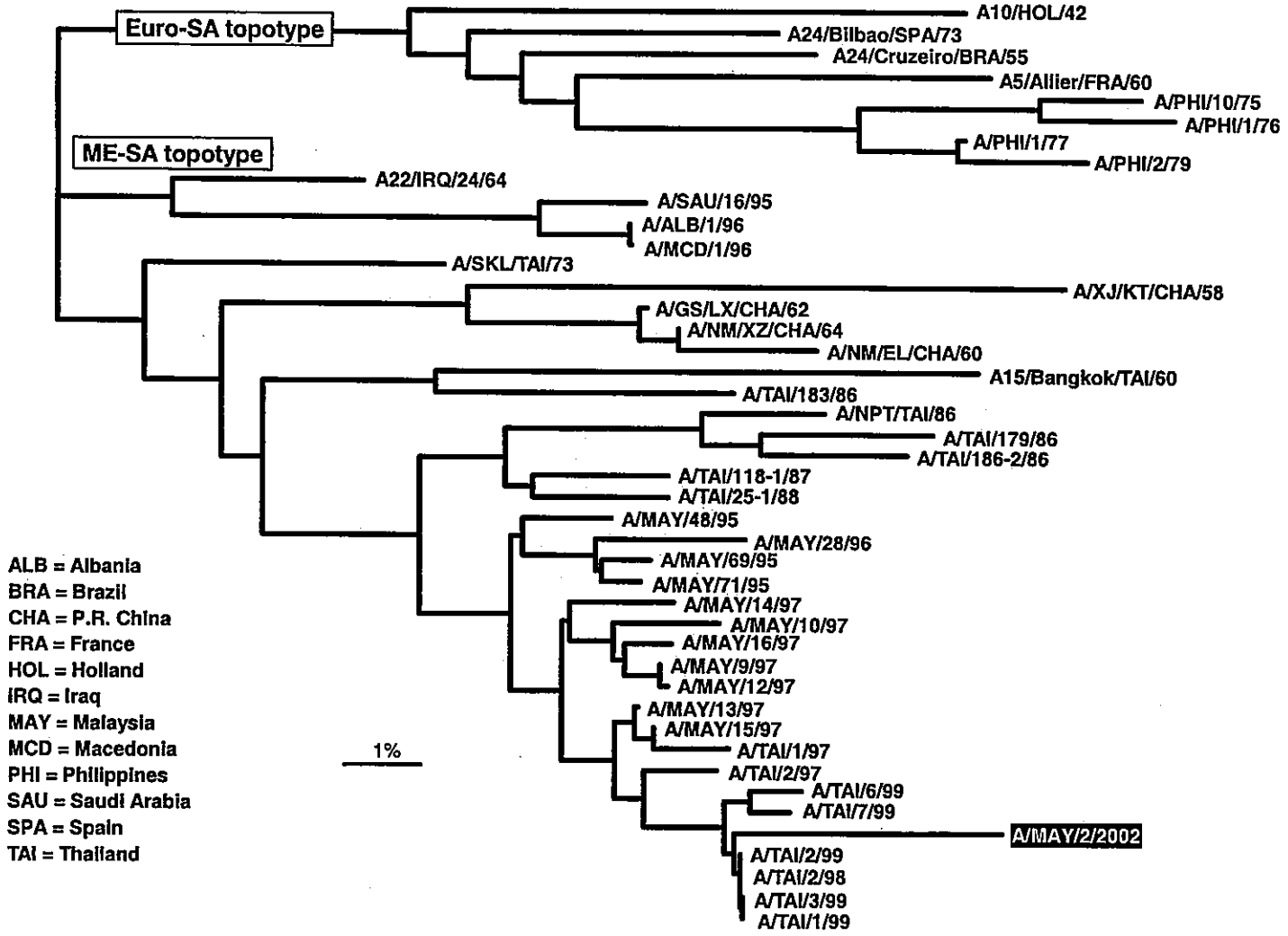


Fig. 6. Genetic relationships between recent FMD type A viruses from Malaysia and Thailand and reference viruses. The tree was based on a comparison of partial VP1-coding sequences (nt 469-639).

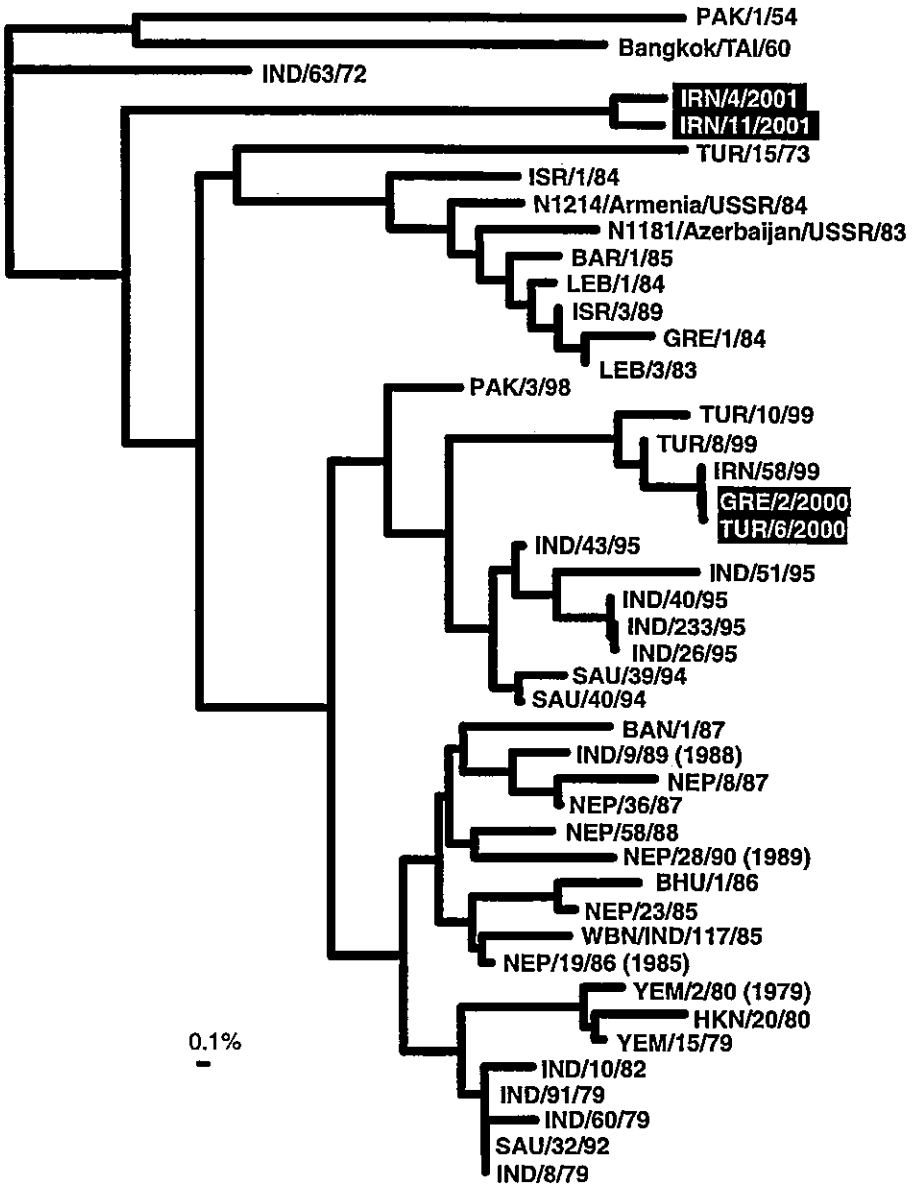


Fig. 7. Genetic relationships between recent FMD type Asia 1 viruses from Iran and reference viruses. The tree was based on a comparison of partial VP1-coding sequences (nt 469-633).

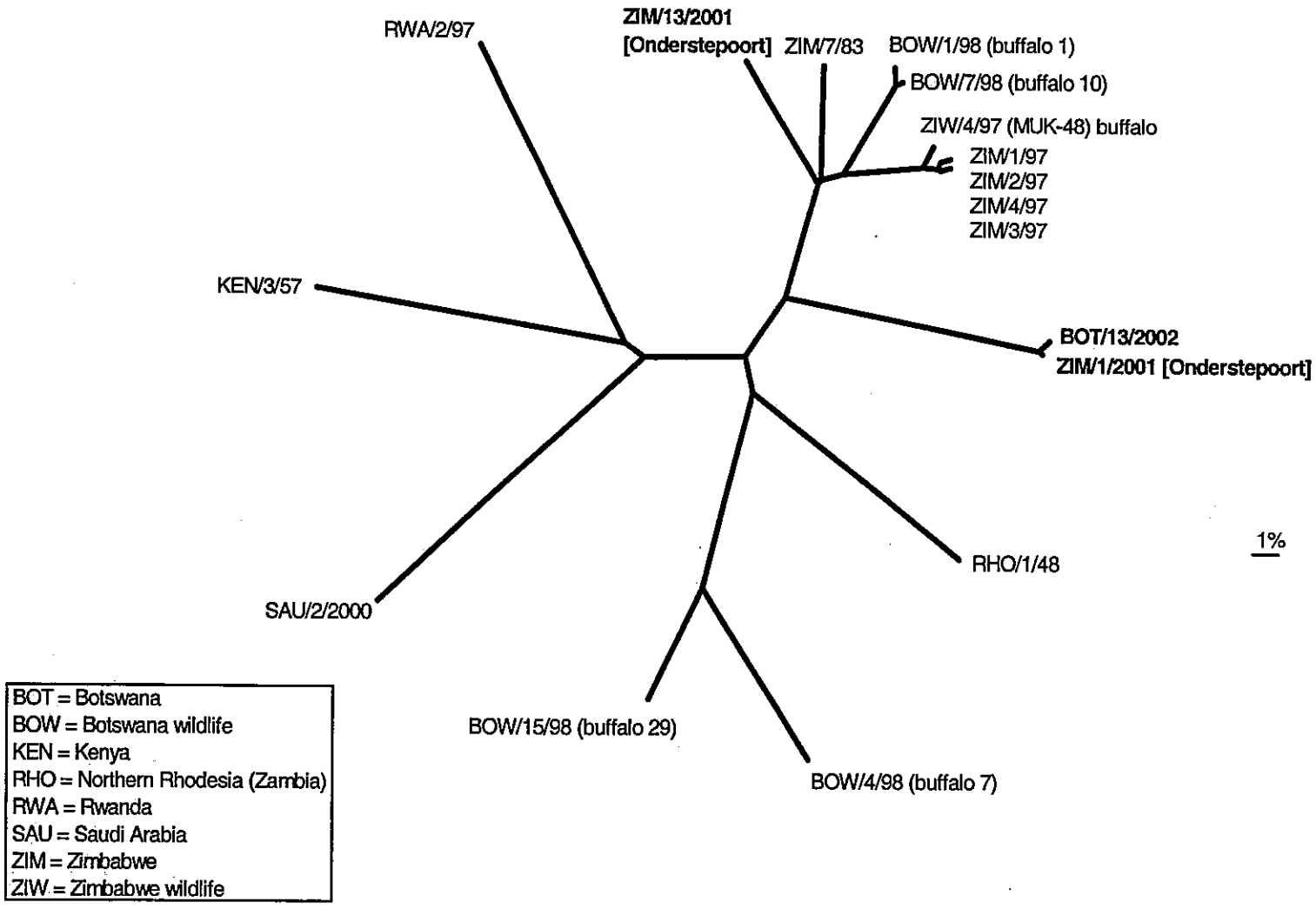


Fig. 8. Genetic relationships between recent FMD type SAT 2 viruses from Botswana and Zimbabwe and reference viruses. The tree was based on a comparison of partial VP1-coding sequences .

Appendix 3

REPORT ON THE FMD SITUATION AND CONTROL PROGRAMME IN TURKEY

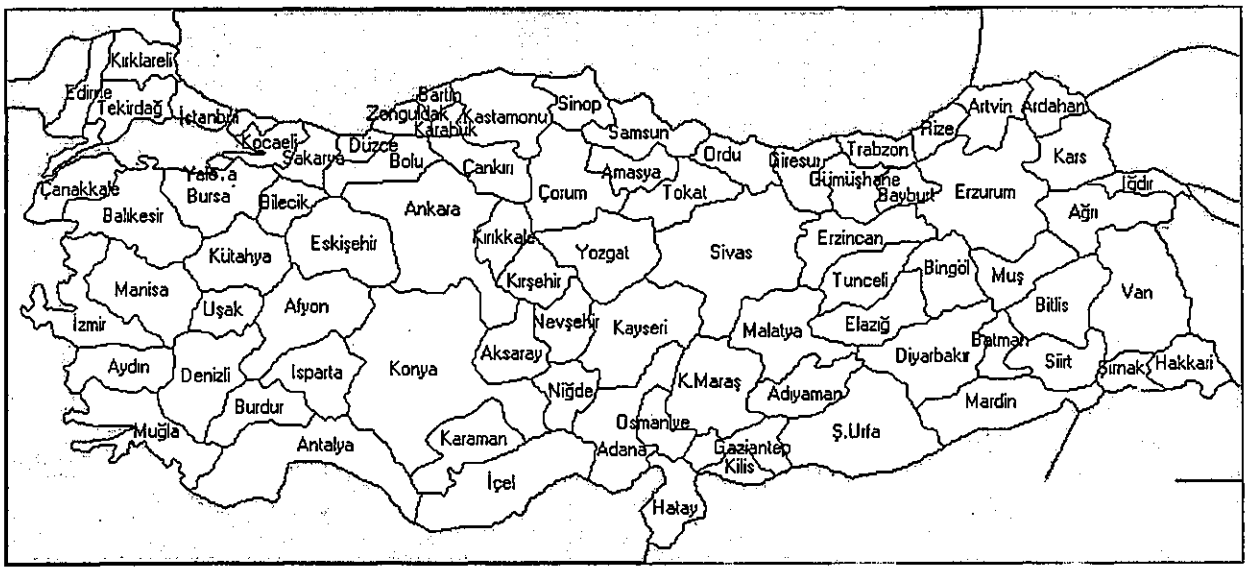
REPUBLIC OF TURKEY
MINISTRY OF AGRICULTURE AND RURAL AFFAIRS
General Directorate of Protection and Control

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 (Merial) 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.**
EDIRNE	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 Sirnak 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, Bartin 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.

Annex 1

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	*Turkey*
Vaccination in Turkey	*Turkey*
Vaccination programme in Thrace	*Turkey*
Sero-surveillance in Thrace	*Turkey/EUFMD*

Item 2

FMD surveillance in Greece	*Greece*

Item 3

FMD surveillance in Bulgaria	*Bulgaria*

Item 4

Strategy and support for FMD control in the Region	*EUFMD*

Item 5

TCP programmes in the region:

TCP/RER/0066; Emergency Control of Trans-boundary Diseases of Livestock in Southern and Eastern Europe	*Bulgaria/Turkey*
Progress of TCP application (Bulgaria/Greece/Turkey)	*EUFMD*

Item 6

Report of the Bulgaria workshop on FMD and Bluetongue, 18-22 March 2002	*EUFMD*

Item 7

Report on the Expert Mission to Iran, 5-15th October	*EUFMD*

Item 8

Report on the Research group meeting in Cesme, Turkey	*EUFMD*

PART II: Bluetongue and other exotic diseases

Item 1

Information on the current epizootiological situation, surveillance and control of BT
Bulgaria, Greece, Turkey

Item 2

Situation of other exotic diseases in the region
Bulgaria, Greece, Turkey

Annex 2

LIST OF PARTICIPANTS

Bulgaria
Dr Yanko Ivanov
Director General
National Veterinary Services
15 P Slaveikov Services
Sofia
Tel/fax: 359-2-9441514 / 359-2-9549593
e-mail: yankonvs@mobikom.com

Greece
Dr Dionisis Panagiotatos
Head of Department of Infectious Diseases
Ministry of Agriculture
7 Thessalonikis St.
15562 Athens
Tel/fax: 30-10-2125719 / 30-10-2125719
e-mail: vetserv@ath.forthnet.gr

Dr Helen Hondrokonki
FMD Institute of Athens
Neapoleos 25
Ag. Paraskevi
Athens 15310
Tel/fax: 30-10-6007016 / 30-10-6082085

Turkey

Dr Hüseyin Sungur
Director General
MARA, General Directorate of Protection & Control
Ministry of Agriculture & Rural Affairs
Esat cad. 3, Bakanliklar
06100 Ankara
Tel/fax: 90-312-425 7789 / 90-312-418 6318
e-mail: vet_service@kkgm.gov.tr

Dr Musa Arik
Head of Animal Health Department
General Directorate of Protection and Control
Ministry of Agriculture & Rural Affairs
Akay Cad. No. 3
Bakanliklar, Ankara
Turkey
Tel/fax : 90-312-4182436 / 90-312-4178209
e-mail : musaa@kkgm.gov.tr

Dr Huseyin Zengin
Director of SAP Institute
PK 714
06044 Ankara
Tel/fax: 90-312-2873600 / 90-312-2873606
e-mail:

OIE
Dr. Vasilios Stylas
Head, Animal Health Directorate
Ministry of Agriculture
2, odos Acharnon
101-76 Athina
Tel/fax: 30-10-2125715 / 30-10-8252614
e-mail: vetserv@ath.forthnet.gr

EUFMD
Dr Leos Celeda (Chairman, EUFMD)
Section Chief State Veterinary Administration
Ministry of Agriculture
Tesnov 17
11705 (Praha 1)
Czech Republic
Tel: 420-2-22318252 Fax: 420-2-21812546
e-mail: l.celeda@svs.aquasoft.cz

Dr Keith Sumption
Secretary, EUFMD
Animal Health Service
Food and Agriculture Organization of the
United Nations
Viale delle Terme di Caracalla
00100 Rome
Italy
Tel/fax: 39-065705-5528 / 39-065705-5749
e-mail: keith.sumption@fao.org

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, or 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 2002[1]

Kris De Clercq[2]

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 topotype. 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 A_{22} Mahmatli and O_1 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 Western Blot as 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 lead to the incorporation of two new field strains of type A in the O_1Campos–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.

Appendix 7

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:fyl), 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.

Appendix 8
STATEMENT 1

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$
Balance as at 1 January 2002		249,037
Interest received	2,469	
Contribution from member countries (As per statement 2)	215,750	218,219
Expenditure		
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		-253,304
Balance as at 30 September 2002		**213,952**

STATEMENT 2

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

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 DESEASE - EMERGENCY AID PROGRAMME

Financial Report as at 30 September 2002

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

STATEMENT 4

MTF/INT/003/EEC - TF number 911100

FOOT AND MOUTH DISEASE

Financial Report as at 30 September 2002

	US$	US$
Balance as at 1 January 2002		281,411
Interest received	3,585	
Contribution received	0	
		3,585
Expenditure		
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 equipment)	50	
Less: Total Expenditure		26,531
Balance as at 30 September 2002		258,465

Appendix 9

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**

[1]2002 budget approved by the 65th Executive Committee
[2]2003 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
		0	
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)

[1]Additional 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

[2]Workshops 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

Appendix 10

LIST OF PARTICIPANTS

Executive Committee

Czech Republic/Tchèque (Rép.)
Dr Leos Celeda (Chairman, EUFMD)
Section Chief State Veterinary Administration
Ministry of Agriculture
Tesnov 17
11705 (Praha 1)
Tel: 420-2-22318252
Fax: 420-2-21812546
e-mail: l.celeda@svs.aquasoft.cz

Bulgaria/Bulgarie
Dr Yanko Ivanov
Director General
National Veterinary Service
15 P Slaveikov Blvd
Sofia
Tel: 359-2-9521345
Fax: 359-2-9549593
e-mail: yankonvs@mobikom.com
HQ_mgmt@nvms.government.bg

Denmark/Danemark
Dr Preben Willeberg
CVO, Danish Veterinary and Food Administration
Morkhoj Bygade 19, DK-2860 Soborg
Tel: 45-33956115
Fax: 45-39675248
e-mail: pw@fdir.dk

Germany/Allemagne
Mrs Dr Karin Schwabenbauer
Chief Veterinary Officer
Federal Ministry for Consumer Protection, Food & Agriculture
Rochusstrasse 1
D-53123 Bonn
Tel: 49-228-5294157
Fax: 49-228-5293553
e-mail: UAL32@bmvel.bund.de

Greece/Grèce
Dr Dionisis Panagiotatos
Head of Department of Infectious Diseases
Ministry of Agriculture
2 Acharnon Street
10176 Athens
Tel: 30-10- 2125719
Fax: 30-10-2125719
e-mail: vetserv@ath.forthnet.gr

Hungary/Hongrie
Dr Tibor Soós
Director of Institute for Veterinary Medicinal Products
Ministry of Agriculture & Rural Development
H-1475 Budapest 10, PO Box 318
Tel: 36-1-2629579
Fax: 36-1-2622839
e-mail: soost@oai.hu

Turkey/Turquie
Dr Hüseyin Sungur
Director General
General Directorate of Protection & Control
Ministry of Agriculture & Rural Affairs
Esat cad. 3, Bakanliklar, 06100 Ankara
Tel : 90-312-4257789
Fax: 90-312-4186318
e-mail: vet_service@kkgm.gov.tr

Observers

Belgium/Belgique
Dr Kris De Clercq, Chairman,
Research Group, EUFMD
Department of Virology
Section Epizootic Diseases
CODA-CERVA-VAR
Groeselenberg 99
B-1180 Ukkel
Tel: 32-2-379 04 00
Fax: 32-2-379 04 01
e-mail: kris.de.clercq@var.fgov.be

Lithuania/Lituanie
Dr Kazimieras Lukauskas
Director
State Food and Veterinary Service
Siesiku g. 19
LT-2010 Vilnius
Tel : 370-2-404361
Fax : 370-2-404362
e-mail : vvt@vet.lt

Dr Jonas Milius
Director
National Veterinary Laboratory
J. Kairiuscio, 10
LT-2021 Vilnius
Tel : 370-2-729070
Fax : 370-2-729073
e-mail : jmilius@vet.lt

Dr Alfredas Puodžiūnas
Audit Department
State Food and Veterinary Service
Siesiku g. 19
LT-2010 Vilnius
Tel : 370-2-404361
Fax : 370-2-404362
e-mail : vvt@vet.lt

Dr Algis Dranseika
Head, Animal Health Department
State Food and Veterinary Service
Siesiku g. 19
LT-2010 Vilnius
Tel : 370-2-404361
Fax : 370-2-404362
e-mail : vvt@vet.lt

Dr Ramūnas Freigofas
Deputy Head, Animal Health Department
State Food and Veterinary Service
Siesiku g. 19
LT-2010 Vilnius
Tel : 370-2-404361
Fax : 370-2-404362
e-mail : rfreigofas@vet.lt

Ms Rūta Bajorūnaité
Vilnius County, Senior Veterinary Officer
Vilnius

Turkey/Turquie
Dr H. Haluk Askaroglu
Director of Disease Combat Section
General Directorate of Protection & Control
Ministry of Agriculture & Rural Affairs
Esat cad. 3, Bakanliklar, 06100
Ankara
Tel : 90-312-4257789
Fax: 90-312-4186318
e-mail: haluka@kkgm.gov.tr

European Commission/Commission européenne

Dr Alf-Eckbert Füssel
DG SANCO/E2, Animal Health, Welfare and Zootechnics
Rue Froissart, 101, 3/64
B-1049 Brussels, **Belgium**
Tel: 32-2-2950870
Fax: 32-2-2953144
e-mail: Alf-Eckbert.Fuessel@cec.eu.int

OIE

Represented by :
Dr Kazimieras Lukauskas, Director
State Food and Veterinary Service,
Vilnius

WRL

Dr David Paton
Pirbright Laboratory
Institute for Animal Health
Ash Road
Pirbright, Surrey GU24 ONF
UK
Tel: 44-1483-231012
Fax: 44-1483-232621
e-mail: david.paton@bbsrc.ac.uk

FAO

Dr Yves Cheneau
Chief, Animal Health Service
Animal Production and Health Division
Viale delle Terme di Caracalla
00100 Rome, **Italy**
Tel: 39-06570-53531
Fax: 39-06570-55749
yves.cheneau@fao.org

Secretariat/Secrétariat

Dr Keith Sumption
Secretary, EUFMD
Tel: 39-06570-55528
Fax: 39-06570-55 749
Keith.sumption@fao.org

Ms Egiziana Fragiotta
Administrative Clerk, EUFMD
Tel: 39-06570-52637
Fax: 39-06570-55749
egiziana.fragiotta@fao.org