REPORT

Prague,
Czech Republic,
30-31 October
1997

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

Sixtieth session of the Executive Committee

Food and Agriculture Organization of the United Nations

AGA: EUFMD/X/97/1

REPORT

of the

SIXTIETH SESSION

of the

EXECUTIVE COMMITTEE

of the

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

held at

Dum zahranicnich sluzeb MSMT CR, Prague, Czech Republic

30 and 31 October 1997

FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS

Rome, 1997

The designations employed and the presentation of material in this publication do not imply the expression of any opinion whatsoever on the part of the Food and Agriculture Organization of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

TABLE OF CONTENTS

	Page
Introduction	1
Item 1 Adoption of the Agenda	2
Item 2 FMD situation in Europe and in other regions in 1977	3
Item 3 Situation and serosurvey in the Balkans	5
Items 4 and 5 -Report of the meetings held in Ankara and Brussels between Turkey, EC and EUFMD	6-8
-Report of the FAO/EC/OIE Tripartite Group meeting held in Sofia, Bulgaria on 15 October 1997	6-8
-Report of the FMD situation and control Programme in Turkey	6-8
-FMD control measures sponsored by EC	6-8
Item 6 Report of the meeting of the Research Group in Brasov, Romania	8
Item 7 Liaison with international organizations: European Pharmacopoeia	10
Item 8 -The present situation concerning the FMD antigen/vaccine bank operated by the EU	10
-Establishment by the Commission of an emergency stock of vaccination equipment	10
Item 9 Report on the notification of Contingency Plans to the Secretariat by the Member Countries	10
Item 10 Implementation of the new scale of contributions in 1998 and membership of the Commission	11
Item 11 Financial report: prov. accounts 1997, proposed budgets 1998 and 1999	11
Item 12 Review of the conclusions and recommendations of the Thirty-second Session: amendments to the Constitution, information on the Internet, APO, lists of experts, workshop in Poland	12
Item 13 Next Sessions: venue and dates	13
Item 14 Any other business	13
Item 15 Adoption of the draft report	13

APPENDICES

Appendix 1 - FMD situation in Europe and in other regions in 1997	14
Appendix 2 - Recommendations of the FAO/EC/OIE Tripartite Meeting	17
Appendix 3 - The FMD status and the strategy to combat FMD in Turkey	18
Appendix 4 - The establishment and operation of the EU FMD vaccine bank	27
Appendix 5 - Summary Report - Session of the Research Group, Romania, 1997	32
Appendix 6 - Preliminary Report on the notification of Contingency Plans	36
Appendix 7 - Implementation of the new scale of contributions	43
Appendix 8 - Financial Report	45

Introduction

The Executive Committee of the European Commission for the Control of Foot-and-Mouth Disease (EUFMD) held its Sixtieth Session at the Dum zahranicnich sluzeb MSMT CR, Prague, Czech Republic, on 30 and 31 October 1997.

Members of the Committee present:

Dr. R. Marabelli, Italy, Chairman
Dr. N. Voetz, Germany, First Vice-Chairman
Dr. L. Celeda, Czech Republic, Second Vice-Chairman
Dr. G. Bakken, Norway
Dr. T. Balint, Hungary
Dr. D. Panagiotatos, Greece
Dr. B. Vallat, France

Observers:

Dr. A. Kozak, Director General, State Veterinary Administration, Czech Republic
Dr. Z. Cermakova, Head of National FMD Laboratory, Czech Republic
Dr. Y. Cheneau, Chief, Animal Health Service, FAO
Dr. K. De Clercq, Belgium, Chairman of the Research Group
Dr. A.I. Donaldson, FAO/OIE World Reference Laboratory, Pirbright, U.K.
Dr. J. Westergaard, DG VI EC Commission, Brussels, Belgium
Dr. M. Aydin, Head, Animal Health Department, General Directorate for Protection and Control, Ministry of Agriculture, Turkey

Secretariat

Dr. Y. Leforban
Secretary, EUFMD
Animal Production and Health Division, FAO

Ms. J. Raftery
Administrative Assistant, EUFMD
Animal Production and Health Division, FAO

Dr. L. Celeda, Section Chief, State Veterinary Administration, Czech Republic, welcomed delegates and observers and stated that he was very pleased that the Sixtieth Session, which could be considered as a jubilee, could be held in Prague. He then introduced Mr. J. Suchman, General Director, Section for Foreign Relations and Trade Policy, Ministry of Agriculture of the Czech Republic and Chairman of the FAO National Committee.

Mr. Suchman expressed his appreciation of the work of the Commission, its Executive Committee of which Dr Celeda was a member, and its Research Group. He was pleased that the Committee was holding its Sixtieth Session in Prague and he hoped that, although not directly involved with the Commission's activities himself, it would be possible for him to follow the proceedings. He underlined the importance of the work of the Commission and stated that it was a pleasure and honour for him to meet such distinguished specialists in the field of Foot-and-Mouth Disease. The Czech Republic was facing very important issues related to its entry into the European Union (EU) and had recently completed Additional Protocol on veterinary and phytosanitary measures

recently. Hosting the Sixtieth Session of the Executive Committee of the EUFMD in Prague was therefore timely and of great importance at national and international level. He wished the Committee success in their deliberations.

Dr. A. Kozak, Director-General, State Veterinary Administration, Czech Republic, addressed the meeting briefly. He informed delegates and participants that he would receive them on the following day on the occasion of their visit to the State Veterinary Institute. He wished the Committee a very successful meeting.

Before presenting the Agenda, the Chairman welcomed the members of the Committee and the observers and he expressed his thanks to Mr. Suchman and Dr. Kozak and to the Czech Government for hosting the Sixtieth Session of the Committee.

He stated that while the FMD situation in Europe had improved greatly over the past year, the threat of its reintroduction still continued. The recurrence and persistence of sheep-pox in countries in the south of Europe was an indication of the persisting risk of the spread of transboundary diseases in the region. The meeting would examine the protective measures which would diminish this risk especially in the countries of southeastern Europe. The situation in Turkey continued to be of great concern to the Commission and since the Thirty-second Session held in Rome in April 1997 a number of important meetings had been held between Turkey, EC and the EUFMD. The recommendations and outcome of these meetings would be discussed by the meeting with a view to deciding on priority measures and on measures to be supported by EC.

He drew attention to certain items on the agenda which were of particular importance and requested the Committee to give them careful attention: the serosurvey in the Balkan countries, the conclusions and recommendations of the meeting of the Research Group held in Brasov, Romania, at the end of September, the assessment of quality assurance and the accreditation of FMD national laboratories, the proposals for amendments to the FMD Monograph of the European Pharmacopoeia, the present situation of the EU antigen bank, and the implementation of the new scale of contributions with effect from 1 January 1998.

Before presenting the agenda he reiterated his appreciation to the Czech authorities for having offered to host the meeting and he wished the participants success in their discussions and an enjoyable stay in Prague.

Item 1 Adoption of the Agenda

The following agenda was proposed to and adopted by the delegates.

Item 1 -	Adoption of the Agenda
Item 2 -	FMD situation in Europe and in other regions in 1997
Item 3 -	Situation and serosurvey in the Balkans
Item 4 -	Report of the meetings held in Ankara and Brussels between Turkey, EC and EUFMD on 11-12 June and on 01-02 October 1997 and follow-up.
-	Report of the FAO/EC/OIE Tripartite Group meeting held in Sofia, Bulgaria on 15 October 1997.
Item 5 -	Report of the FMD situation and control Programme in Turkey
-	FMD control measures sponsored by EC.
Item 6 -	Report of the meeting of the Research Group held in Brasov, Romania, from 23 to 26 September 1997.
Item 7 -	Liaison with international organizations: European Pharmacopoeia.

Item 8 - The present situation concerning the FMD antigen/vaccine banks operated by the EC.
- Establishment by the Commission of an emergency stock of vaccination equipment: needs, appropriate place(s), equipment, quantities, financing, procedure for utilisation.

Item 9 - Report on the notification of Contingency Plans to the Secretariat by the Member countries.

Item 10 - Implementation of the new scale of contributions in 1998 and membership of the Commission.

Item 11 - Financial matters: provisional accounts for 1997 and proposed budgets for 1998 and 1999.

Item 12 - Review of the conclusions and recommendations of the Thirty-second General Session: amendments to the Constitution, information on the Internet, APO, lists of experts, workshop in Poland.

Item 13 - Next Sessions: venue, date and agenda for the Sixty-first and Sixty-second Sessions of the Executive Committee; date and agenda for the Thirty-third Session of the Commission.

Item 14 - Any other business.

Item 15 - Adoption of the draft report.

Item 2 FMD situation in Europe and in other regions in 1997

The situation in Turkey is reviewed under Items 4 and 5. The Secretary presented information on the recent outbreaks in Europe (Appendix 1) stating that no FMD had been reported since 26 October 1996. The situation in **Greece and in Bulgaria** was reviewed at the meeting of the FMD and Other Epizootics Commission of OIE held in Paris in September 1997, and the two countries have regained the status of "FMD free countries without vaccination". He informed the Committee that a serosurvey organized by EC in the Balkan countries was in progress (see Item 3).

The situation of FMD in Transcaucasian countries continues to be of concern. **Georgia** has recently sent a request to FAO for assistance in controlling animal diseases in the region. Another request has been received from UNDP asking for an urgent assessment mission in Gali to investigate the situation in the Georgian-Abkhaz conflict zone where FMD is suspected. This mission is planned for the coming weeks. FMD type O had been reported in **Kirghistan** and FMD had also been clinically diagnosed in **Turkmenistan.**

FMD serotypes O and A are endemic in most of the Middle East, In 1997, **FMD type O has been reported in Iran, Iraq, Turkey, Kuwait, Oman, Palestinian territory, United Arab Emirates, Bahrain and Qatar. Type A exists in Iran, Iraq, Turkey.** Outbreaks in Iran were caused by a variant strain of serotype A, which is not controlled by any existing vaccine strain and is of unknown origin. **FMD serotypes O, A, C and Asia1** are widespread in India. Neighbouring **Pakistan, Nepal, Bhutan and Bangladesh** share many of their strains of FMD virus with India. **Myanmar, Thailand, Laos, Cambodia and Vietnam all have endemic serotypes O, A and Asia1 FMD.** A programme for control involving cooperation between nine countries, namely Laos, Thailand, Malaysia, Vietnam, Singapore, Myanmar, Cambodia, the Philippines and Hong Kong is in progress. **Taiwan**, which has a population of approximately 14 million pigs, an annual export trade to Japan of six million carcasses, and had been free of FMD for decades, experienced a big outbreak of type O involving only pigs. By the time the epidemic was brought under control over 6,000 farms had been affected, over four million pigs had been slaughtered and over 13 million doses of vaccine used. The economic consequences of this epidemic have not been published, but they are likely to last into the next century, as the country tries to reestablish its export markets. **The virus that caused**

the outbreaks was closely related to that seen in Hong Kong and the Philippines.

Outbreaks due to serotypes **SAT1, SAT2, O, A, and C** have been reported in Kenya. Clinical FMD cases have been reported in cattle in **Burkina Faso** and in cattle and goats in **Ghana**. **Type A** has been isolated in Kayes region in **Mali** from cattle, and also in **Senegal** and in **Mauritania**. Type **SAT2 has been isolated in Rwanda**. In August 1997 **an outbreak of SAT2 occurred in Zimbabwe** in a herd of 600 cattle within the vaccination buffer zone.

FMD control programmes in Argentina, Paraguay, Uruguay and the southern states of Brazil. The last outbreak of FMD in Uruguay was in 1990 and the country was given the then unique status of "free from disease with vaccination" (OIE, 1992). Uruguay stopped prophylactic vaccination in 1994 and declared itself FMD free in June 1995. There have been no reported outbreaks of FMD in Paraguay since October 1994, and the two southern states of Brazil, Rio Grande Do Sul, bordering Uruguay, and Santa Catarina have been reported free since January 1994 and December 1993, respectively. Two further states in Brazil, Mato Grosso do Sul and Parana have been FMD free since January 1995 and June 1995 respectively. The support of the farming communities, motivated by the prospect of improved markets for their products, has been a major factor in this success. **In 1997 outbreaks of virus of type O and A have been reported in Bolivia, Colombia, Ecuador and Brazil** but the number of outbreaks is decreasing as compared with previous years and the situation of FMD in South America continued to improve.

Dr. Donaldson gave a brief overview of the 1997 epidemic of FMD in Taiwan and pointed to the difficulties faced by the authorities during that episode in controlling FMD in an area of very high pig density and the problems of disposal of animal carcasses. The Taiwan experience highlights the need for countries to have well-rehearsed contingency plans for diagnosing and eradicating FMD. In addition, he described nucleotide sequence results obtained in the WRL with isolates of FMDV received during 1997 from Turkey, Iran, Taiwan, Vietnam and Zimbabwe.

The type O strains isolated in Turkey in 1996 and 1997 are similar to those responsible for the outbreaks in Bulgaria and Greece in 1996. Type A isolates of 1995, 1996 and 1997 are all similar and are different from the Iran strain of 1996 and 1997 (19.6% difference in the nucleotide sequence). The 1997 SAT2 cattle isolate from Zimbabwe is closely related to a buffalo isolate of 1989 (Hwange 1989). This result confirms the probable origin of the outbreak in cattle which may be associated with the transfer of buffaloes from Hwange park to a place next to the cattle farm.

The Committee noted with satisfaction that South America had made important progress in the control of FMD in the many regions of the subcontinent and that the risk for Europe of introducing FMD from this part of the world was now reduced.

The epidemiological situation in the Far East was discussed. The intensive exchanges between China and other countries of the region (as far as Bangkok, Thailand) result in a high incidence of diffusion of the disease in the region. Dr Cheneau in referring to a recent mission of an FAO expert to China indicated that there is now evidence that China wishes to collaborate with other countries in the field of animal disease. This was confirmed by Dr Donaldson who said that China is seeking additional technology in FMD vaccine production. Dr Marabelli felt that the increase in trade and exchanges between Europe and the Far East is bringing these countries closer to Europe, a further reason to pay increasing attention to their epidemiological situation.

Dr. Westergaard informed the meeting that EC was now in favour of having action outside Europe and money could be made available for this purpose through DG-I in 1998.
Funds could come from a Technical Assistance programme adopted for the Transcaucasian countries

and for the year 1998 should relate to a workshop, seminar or conference.

The Committee recommended that

- **the situation in CIS and Middle East countries should continue to be carefully monitored by the Commission.**

- **collaboration between the EUFMD, FAO, OIE, EU, and UNDP should be developed for a common strategy and concerted action in the transcaucasian region and other CIS countries,**

- **collaboration between EUFMD and other FAO programmes involved in FMD surveillance especially in the Middle East and North Africa - RADISCON - be encouraged**

Item 3 Situation and serosurvey in the Balkans

Dr. Westergaard presented the situation of the serosurveillance programme in the Balkan countries following the epidemic of Type A in 1996.

The serosurvey had been organised in application of the EC Decision 97/432 of 2 July 1997. It concerned the three countries which had been involved in the 1996 epidemic, Albania, the FYRO Macedonia (FYROM), and the FR of Yugoslavia (FYR). The main purpose of the serosurvey was to check whether the virus was still in circulation. The plan for the survey and for collection of samples had been decided together with the National Veterinary services and the EU missions which had visited each country in October 1996.

To date, the collection of samples has been completed in the Federal Republic of Yugoslavia and is still in progress in the FYRO Macedonia. Testing of the sera is in progress for both countries at Pirbright, U.K., and Lindholm, Denmark, respectively. Due to the political changes in Albania, samples have not yet been collected.

Dr. Donaldson then presented the preliminary results of the F.R. of Yugoslavia, involving 5,600 animals in Kosovo. Of these 49 (0.9 %) were confirmed positive by VNT with titres between 16 and 128. There was little evidence of clustering of positive animals on particular holdings. Resampling of seropositive animals and of an additional 13 animals for each holding on which seropositive animals were detected was carried out. 602 additional samples were collected of which 29 had neutralizing activity, the larger number of animal retested being negative on examination of the second sample. **In conclusion no evidence has been found to date of present or past infection with FMD virus in the FRY.**

During the discussion Dr. De Clercq expressed his regret that the serosurvey had taken place with considerable delay. He felt that the outcome of the serosurvey performed was nevertheless satisfactory. For him the quality of these unequivocal results is related to the good organisation of the survey and to the possibility of resampling of positive or doubtful animals. The possibility of resampling must be kept in mind at the time of organizing a survey. Dr. Panagiotatos suggested that the opportunity should be taken to strengthen the capability of the national laboratories. Dr. Donaldson replied that this was the case for the FRY and the laboratory in Belgrade which will also test samples in parallel with Pirbright and also for Skopje Laboratory which had staff trained both at Pirbright and Tubingen.

The problems associated with the possibility of detecting seropositive animals in countries without a recent history of FMD were then discussed. Dr. Vallat confirmed that in France, up to 78 % of animals pluri-vaccinated before 1991 still have detectable neutralizing antibodies after 5 years. Such long lasting antibodies in vaccinated animals has also been confirmed in other countries in Europe. Dr. Westergaard suggested that each country should be aware of the background noise and should test randomly a certain number of sera for FMD antibodies each year as is done for CSF. This will give an indication of the importance of this phenomenon. Dr. Bakken supported this proposal and proposed that serum available at the serum bank in Norway could be tested for comparison of results with those of other countries. Dr. Donaldson informed the Committee of the creation of a serum bank at the WRL which can also be used for this purpose. Dr. Marabelli stated that in future, exporting countries should provide evidence of the serosurveys they organise. The results of such serosurveys and the estimation of the background of seropositivity could help in the interpretation of seropositive results should they be found at the time of export.

The Secretary expressed the opinion that the results of serology in FMD free countries should be kept in mind when interpreting those of countries which are subjected to a serosurvey after an epidemic.

Dr. De Clercq expressed the view that we should learn from other diseases such as CSF and SVD and that there are always advantages in combining different tests and taking into account epidemiological data and the field situation when interpreting the results of the tests.

Dr. Westergaard informed the Committee that the EC Decision 93/242 taken after the epidemic in Italy, will be split into 5 Decisions which will be examined by the SVC before the end of 1997.

The Committee recommended that

- **serosurveillance on a limited number of stock and fresh sera should be carried out in member countries to estimate the background of positive results in the absence of history of the disease,**

- **the results of the serosurveillance should be shared between the member countries.**

Items 4 and 5 - Report of the meetings held in Ankara and Brussels between Turkey, EC and EUFMD on 11-12 June and on 01-02 October 1997 and follow-up.

- **Report of the FAO/EC/OIE Tripartite Group meeting held in Sofia, Bulgaria on 15 October 1997 (Appendix 2).**

- **Report of the FMD situation and control Programme in Turkey (Appendix 3).**

- **FMD control measures sponsored by EC.**

The situation in Turkey and the measures for control were reviewed under these two items. Dr. Aydin first presented an update of the situation of FMD in the country. He confirmed that 38 outbreaks had been reported between January and September 1997, 15 of which occurred in Western Anatolia.

The Secretary of the Commission then presented the background information on the meetings held between Turkey, EC and EUFMD over the past year. He explained that within the initial National programme for control of FMD in Turkey a support of 50% of the cost of the programme (i.e 50 million ECU) was requested from EC. The proposal of EC was limited to a maximum of 5 Million ECU over a period of three years. Turkey had been requested to select their priorities within this budget.

Dr. Westergaard presented to the Committee the measures which have finally been proposed by Turkey for support by EC for the first year 1997/1998. These include:

1- Road Inspection Posts (RIPs): rehabilitation of the posts in Sivas and Malatya, construction of new facilities and purchase of mobile equipment for cleaning and disinfection of vehicles.
2- Improvement of Border Inspection Posts (BIPs) in Van and Sirnak Provinces, through the purchase of cleaning and disinfection equipment, and the construction of permanent disinfection facilities for vehicles.
3- Improvement of animal markets in Erzurum, Gaziantep and Edirna; construction of facilities and purchase of cleaning and disinfection equipment for trucks.
4- Animal identification: provision of training (visit of Turkish experts to European countries and organization of a Seminar in Turkey) and expertise.

Dr. Westergaard explained that the Seminar on identification of animals will be organized in Istanbul. The participation of countries with experience in identification, such as Belgium, France, Germany, Hungary, is expected as well as that also of neighbouring countries like Greece and Bulgaria.

In addition it has been agreed by Turkey that control of the FMD vaccines produced in Turkey will also be carried out by EC and that part of the sera collected during the serosurvey in Thrace will be retested in an EU reference laboratory.

Specific measures such as reinforcement of the 2 RIPs and the 2 BIPs are pilot projects the effectiveness of which will be assessed after one year. The continuation or reorientation of the support for the following years will be decided according to the success obtained in the pilot projects.

Dr. Celeda inquired how road check points will work on the highway. Dr. Aydin explained that checking will be organized on a 24 hour basis and with the active support of the Police.

Dr. Bakken suggested that instead of moving live animals, the transport of meat should be encouraged, but Dr. Aydin and other participants were of the opinion that the present practices would be difficult to modify due to economic and social considerations.

Dr. Panagiotatos expressed the satisfaction of his Administration that action is finally being taken for better control of FMD in Turkey. He, however, expressed his concern that measures financed by EC were not oriented to Thrace and that no money had been earmarked for vaccination.

During the ensuing discussion, it was underlined that the support of EC must be looked upon within the framework of the National FMD programme where vaccination is carried out by Turkey in Thrace and in the rest of Anatolia.

Dr. Vallat proposed that some of the funds allocated by the EC to Turkey or other countries, for control and eradication of FMD, should be used to strengthen the work carried out by the EUFMD Commission, in particular activities such as: monitoring of the disease situation and control

measures, training, seminars, meetings and dialogue with the national authorities.

Dr. Voetz raised the question of the risk associated with animal products transported by tourists or workers coming from Turkey. During the discussion it was suggested that awareness campaigns regarding this risk be organized in the country of origin at harbours and airports but also in the country of destination.

The Committee supported the measures proposed by EC in Turkey and recommended that:

- **the links between EUFMD and EC be continued and be reinforced,**
- **part of the funds allocated by the EC to Turkey or other countries for control and eradication of FMD should be used to strengthen the work carried out by the EUFMD, Commission in coordination activities,**
- **together with the control of East to West movements of animals, the controls on the Eastern borders should also be reinforced by the Turkish Government,**
- **guidelines for awareness campaigns on the risk associated with animals products transported by travellers should be prepared by the Secretariat and submitted to the Session for approval.**

Item 6 Report of the meeting of the Research Group in Brasov, Romania

Dr. De Clercq reviewed the main items of the Research Group meeting and presented the conclusions and recommendations of the Group for adoption by the Committee (Appendix 4).

Two of the agenda items of the Research Group were discussed in depth by the Committee : the Persistence of FMD virus in ruminants and Quality Assurance in FMD national laboratories.

Persistence of FMD virus in ruminants

Dr. De Clercq presented the conclusions of the Group:

1. *Small ruminants play an important role in the spread of FMD outbreaks as the infection is often subclinical.*
2. *Only with a very sensitive test can the presence of virus could be confirmed in serologically positive but clinically negative contact sheep.*
3. *Relevant samples (mouth and nose swabs, sera) from several animals have to be taken.*
4. *There was evidence of transmission of FMDV from contact sheep to sentinel animals.*
5. *Further work should be done to compare mouth swabs as an alternative to oesopharyngeal samples for detecting subclinically infected sheep.*

The Executive Committee was informed that the second phase of the collaborative work carried out in 1996 between the National Laboratories in Romania and in Belgium on the persistence and excretion of FMDV in sheep had started. The Secretariat of the Commission had been informed that the transportation of samples from Bucharest to Brussels posed a financial problem. The Committee was requested to authorise an expenditure of US dollars 1,000 to 2,000 under TF904200 for this purpose. This request was confirmed by Dr. De Clercq.

The Committee agreed that a maximum support of US$ 2,000 could be provided to this project, particularly to pay for transport.

Quality assurance in FMD national laboratories

Dr. De Clercq presented the conclusions and recommendations of the Group.

Conclusions:

1. *There is a need for an international organization to disseminate information about programmes for QA and compliance monitoring and to take the lead in developing a system for harmonizing standards between countries.*
2. *The Organization for Economic Co-operation and Development (OECD) has gained the relevant organizational experience.*
3. *The strategy adopted by the IAEA/FAO Joint Division and OECD to formulate proposals for the accreditation and compliance of laboratories in Eastern Europe could be applied in parallel for laboratories in Western Europe.*

Recommendations:

The agreement of the Executive Committee should be sought for the Group to make contact with and representation to the IAEA/OECD through the attendance of its Chairman at a Workshop to be held at IAEA, Vienna, in February 1998.

The need to involve OECD as an official organization for coordinating the National Accreditation Programmes of Veterinary Laboratories, including FMD National Laboratories was discussed at length by the Committee. Dr. Vallat was of the opinion that as OIE had a Working Group on Quality Assurance, there was no need to involve another international organization. Dr. Marabelli felt that OECD is an economic organization with little or no veterinary experience and he shared the opinion of Dr. Vallat that this matter should be dealt with by OIE which has the expertise in the veterinary field. Dr. Cheneau expressed the view that the ISO, in cooperation with the FAO/IAEA Joint Division in Vienna - which had the expertise in Quality Assurance in Veterinary Laboratories - should be able to deal with this issue. If an external organization is involved, the risk is that the initial purpose of the accreditation process will be lost and that the new organization involved might take advantage of its leading position to impose its views on the full process. He mentioned the example of a EUFMD country which already uses the services of a private company to undertake accreditation/certification on its behalf for the meat and food product industry without relinquishing its own responsibilities.

Dr. Celeda drew the attention of the Committee to the fact that all members of EUFMD are not members of the OECD and he expressed concern that the governments might lose all responsibility and that external agencies - often private and with narrow experience in the veterinary field - might dictate their decisions and views to national organizations. He would prefer to see the agencies for control staying under the authority of the government. Dr. Marabelli was of the same opinion and he considered that quality in national laboratories should be controlled by the government and not by private organizations.

Dr. Voetz felt that controls regarding security must stay under the authority of the government and that decisions in this respect must not be influenced by OECD.

Dr. Donaldson stated that the Research Group is at the stage of benefitting from the experience gained by other Organizations such as OECD in the field of QA for chemicals and it is not the intention of the Group to submit the National FMD Laboratories to the control of any organization without the agreement of the Commission.

Dr. De Clercq explained that the exchange of data between countries must be based on mutual confidence and the question is do we have confidence in the laboratories in other countries? The answer is very often no. Therefore, there is a need for an international organization, such as OECD, to bring countries together to improve the QA between countries and consequently their confidence in each other. The proposal of the Research Group is to study the best solution to achieve this goal.

Regarding the role of OECD, the Committee

- **confirmed the responsibility of the Research Group in this matter,**
- **gave the Group a mandate to verify the best way to solve the question of accreditation of laboratories,**
- **asked the Group to maintain close contact with OIE in this matter,**
- **agreed that if the Group considers useful the experience of OECD, contact could be established and the Chairman of the Group would report to the Committee on the future possibilities for collaboration.**

The Committee endorsed the other conclusions and recommendations of the Research Group meeting held in Brasov.

Item 7 Liaison with international organizations: European Pharmacopoeia, OIE

Dr. De Clercq presented this item and **the Committee fully supported the proposal of the Research Group that they liaise with the European Pharmacopoeia** to make proposals for amendments to the Monograph on FMD.

Item 8 - **The present situation concerning the FMD antigen/vaccine bank operated by the EU.**

- **Establishment by the Commission of an emergency stock of vaccination equipment: needs, appropriate place(s), equipment, quantities, financing, procedure for utilisation.**

Dr. Westergaard presented a paper (Appendix 5) on the updated situation of the EU bank and circulated a copy of the relevant EC decision. The Committee noted with satisfaction that provision had now been made for reformulation of the vaccine within a delay of not more than 5 to 14 days.

It was also underlined that facilities for reformulation exist in Lyons and in Pirbright and Dr Westergaard indicated that in case of need the antigen could be transported from Brescia to Lyons within 24 hours.

The Secretary informed the Committee on the follow-up of the recommendation of the Thirty-second General Session to examine the possibility of creating a small stock of equipment for emergency situations. **The Committee examined this proposition and recommended that the stock of small equipment should be limited to sampling equipment without disposable material carrying an expiry date.**

Item 9 Report on the notification of Contingency Plans to the Secretariat by the Member Countries

The Secretary reported on the follow-up of the recommendations of the Thirty Second Session to monitor the progress made in the implementation of the Contingency plans (Appendix 6).

20 of the 33 member countries had replied to the questionnaire and the preliminary results were presented. Final results, conclusions, and recommendations will be presented at the 61st Session Of the Executive Committee after all member countries have replied.

Item 10 Implementation of the new scale of contributions in 1998 and membership of the Commission.

The Secretary informed the meeting on the progress made since the Thirty-second Session in the implementation of the new scale of contributions which would become effective on 1 January 1998 (Appendix 7). He explained that a letter had been addressed by the Secretariat to the CVOs of the Member countries concerned regarding modification of their contributions and enquiring whether they anticipated any difficulties in this respect and inviting them to refer to the Secretariat in case of difficulty.

No reaction from any of the 17 countries concerned has been received to date.

The Committee confirmed that

- **the new scale of contributions should become effective as of 1 January 1998**
- **if considered necessary, the situation should be re-examined by the Sixty-first and Sixty-second Sessions of the Executive Committee and by the Thirty-third General Session in 1999.**

Item 11 Financial matters: provisional accounts 1997 and proposed budgets 1998 and 1999.

The Secretary presented the provisional accounts for TF's 904200, 911100 and 909700 as at 30 September 1997, and the proposed budgets for TF 904200 for 1998 and for 1999 (Appendix 8).

The Committee noted with satisfaction that efforts had been made by almost all member countries to meet their financial obligations to the Commission and that arrears are outstanding from just a few countries.

Dr. Voetz drew attention to Statement 2 - Status of Contributions as at 30 September 1997 - and expressed the view that outstanding amounts of less than one dollar should not be included in this statement. The secretariat explained that this matter had been raised at a previous Session of the Executive Committee and that it had been recommended that o/s amounts under US dollars 10 should not be recorded as they are assumed to be differences in exchange rates. This would again be brought to the attention of the FAO Finance Division and would be reflected in the report on the status of contributions as at 31 December 1997.

A discussion followed on the particular situation of the F.R. of Yugoslavia, which had not paid its contribution for a number of years. It was explained by the Secretary that no call for contributions had been sent to Yugoslavia by FAO since 1993, and that this was one of the reasons for such a high amount of arrears. Dr. Panagiotatos was of the opinion that, taking into consideration the interest of the countries in the region and regardless of the political issues involved, the relations between the Commission and the F.R. of Yugoslavia should be maintained and even reinforced. Dr Cheneau, FAO, explained that the Animal Health Service had always kept contact with Yugoslavia on technical matters. The Secretary confirmed to the Committee that the exchange of information had

always been maintained with the FR of Yugoslavia and that he was aware of the wish of the Veterinary authorities in Belgrade to strengthen their collaboration with other member countries in the region and with the Commission. The Secretary stated that the EUFMD Commission had limited influence on the political decisions regarding the status of the FRY vis-a-vis the UN and UN Organizations.

The Committee recommended that:

- **contact should be maintained between the Commission and the FRY.**
- **the Chairman should address a letter to the Director General of FAO asking that the status of FRY should be clarified and that the question of arrears be settled.**

The accounts and budget were approved and accepted by the Committee as presented.

Item 12 Review of the conclusions and recommendations of the Thirty-second Session: amendments to the Constitution, information on the Internet, APO, lists of experts, workshop in Poland.

Constitution: The Secretary informed the Committee that the amended Constitution and revised Financial Rules had now been adopted by the Committee on Constitutional and Legal Matters and were being submitted to the Council of the Organization in accordance with established procedures. The amendments to the Rules of Procedure have been accepted by the Director-General of the Organization.

Internet: The Secretary informed the Committee that the Home Page would be improved and that any suggestions by member countries in this respect would be welcome.

APO: The Secretary informed the meeting that Italy and Spain had proposed candidates for the post of APO but the proposals were pending the availability and approval of funds under the 1998 budget.

List of experts: two lists of experts have been established and circulated to the CVO's, one for private experts and retirees and one for Government staff. The Secretary noted that no particular procedure existed for selection in case of need and he suggested that proposals should be made by the Research Group in this respect. The Committee **agreed** this proposal.

Workshop on Contingency Planning: The Secretary circulated a draft programme for the Workshop to be held jointly with FAO EMPRES programme and EC in Pulawy, Poland, in March 1998. He informed the meeting that US$ 40,000 should be earmarked for this activity under TF904200 (US$20,000) and TF911100 (US$20,000). The Committee **agreed.**

Testing of the vaccine held in stock in FRY The Secretary recalled that the Thirty-second Session had recommended that further work on the stability of the vaccines after reformulation from concentrated antigen was required and that the vaccine left over from that supplied to the Balkan countries in 1996 could provide an opportunity to test such stability. The question was raised at the meeting of the Research Group held in Brasov. The opinion of the Group was that, as data on potency at the time of reformulation was not available, this vaccine was not appropriate for evaluation of stability after reformulation. The Secretary explained to the Committee that a call for tenders for testing the vaccine by serology had been sent out by FAO and the best offer received was for US$7,832. **The Committee discussed whether or not to test this vaccine and it was agreed that it should be kept in Belgrade up to the expiry date. It could be used in case of need in the region or given to another country outside the region free of charge. Therefore, it was**

concluded that there was no need for testing.

Item 13 **Next Sessions: venue, date and agenda for the 61st and 62nd Sessions of the Executive Committee and date and agenda for the 33rd General Session of the Commission.**

- 61st Session of the Executive Committee: 4-5 May 1998, Istanbul,Turkey.
- 62nd Session of the Executive Committee: 26-27 November 1998, Oslo, Norway.
- 33rd General Session: 7-9 April 1999 (Easter 4 April).

Dr. Vallat extended an informal invitation to the Research Group to hold the 1999 Session of the Group in France.

Item 14 **Any other business**

Membership of the Executive Committee: The Chairman informed the Committee that since the Thirty-first Session, Dr. Eker, who was an elected member of the Group, was no longer CVO in Turkey and therefore a vacancy had occurred on the Committee. In accordance with Art X paragraph 3 of the Constitution he suggested that Dr. M. Aydin be appointed a member.
This was **agreed.**

Contract of the Secretary: Dr Cheneau raised the question of the contract of the Secretary which is now limited to one year. For practical reasons he suggested that on expiration of his present contract he be given an extension for a period of two years instead of one and that the same procedure be adopted for future years. The Committee **agreed** to this proposal and recommended that it be taken up with Personnel Division, FAO.

Item 15 **Adoption of the draft report**

The draft report was approved with the inclusion of some minor amendments.

Closing remarks

The Committee expressed their appreciation to the secretariat for the excellent preparation of the meeting and special thanks was extended to the Czech organizers for the excellent facilities and assistance provided.

The Chairman reiterated his thanks to Dr. Celeda for having devoted so much time to the successful outcome of the meeting. He also thanked the secretariat for carrying out all the routine work related to the activities of the EUFMD as well as to the organization of the various meetings.

Dr. Celeda stated that on behalf of himself and his colleagues he wished to say how pleased they were to have the Sixtieth Session of the Committee in Prague and he wished the delegates and observers a safe journey home.

On behalf of the Research Group Dr. De Clercq thanked the Committee for their support.

The Chairman then closed the meeting.

Appendix 1

FMD SITUATION IN EUROPE AND IN OTHER REGIONS IN 1997

Yves Leforban, Secretary EUFMD

Europe

Since the Thirty-second General Session of the Commission held in April 1997, no FMD outbreak has been reported in Europe. 39 outbreaks have been reported in **Turkey** between January and September 1997. 16 of them were located in the strategic vaccination zone of Western Anatolia. 37 outbreaks were due to type O and 2 to type A (in Aksaray and Nigde Provinces).

The situation in **Greece and in Bulgaria** has been reviewed at the meeting of the FMD and Other Epizootics Commission of OIE held in Paris in September 1997, and the two countries have been granted the status of "FMD free countries without vaccination" - see report of the Tripartite Group Meeting held in Sofia, Bulgaria on 15 October 1997.

The serosurvey organized by EC in the three Balkan countries which were infected by A type in 1996 is in progress in two countries namely **FYRO Macedonia and the FR of Yugoslavia** while the unstable political situation in **Albania** did not permit the collection of samples as decided by the EC mission which visited the country in October 1996. - see the EC report.

CIS countries

During 1997, FMD in Europe has been restricted to the Former Soviet Republics of **Georgia, and Armenia.**

The situation in Georgia continued to be difficult due to the lack of resources of the National Veterinary Services. FMD has been reported in cattle, sheep and swine in 1997 and the Government of Georgia has sent a request for support to FAO in September 1997. Another request has been received through UNDP channels in October 1997 asking for an assessment expert mission to the Gali region to investigate the situation in the Georgian-Abkhaz conflict zone. FAO is preparing this mission and another broader mission should visit the region in March 1998.

FMD type O has also been reported in **Kirghistan** and FMD has also been diagnosed clinically in **Turkmenistan.**

Middle East

FMD serotypes O and A are endemic in most of the Middle East, - with occasional incursions of serotype Asia1, particularly into Saudi Arabia. In 1997, **FMD type O has been reported in Iran, Iraq, Turkey, Kuwait, Oman, Palestinian territory, United Arab Emirates, Bahrain and Qatar. Type A exists in Iran, Iraq, Turkey**. The uncontrollable movement of livestock between countries of the Middle East, in particular the herds and flocks of the nomadic people, has made it impossible for any of the countries in isolation to control FMD effectively . Only **Israel** has been partially successful in controlling outbreaks, using vaccination with European derived vaccine and an efficient veterinary service. FMD control in the other countries of the Middle East has been sporadic and disorganized, and directed mainly towards the dairy herds.

Saudi Arabia imports annually approximately 6.5 million live animals, mainly sheep and goats from Africa, Asia and Australasia. These animals from Africa and Asia bring in their own strains of FMD virus which then spread within the nomadic herds of Saudi Arabia and neighbouring countries.

Iran and Iraq have had major outbreaks of FMD, and there have been recent **outbreaks in Iran caused by a variant strain of serotype A**, which is not controlled by any existing vaccine strain and has an unknown origin. It appears unrelated to any of the strains held in the very large database at the World Reference Laboratory. So far it has not spread to any neighbouring country.

Asia

The control of FMD in **India** has been made difficult by the very large numbers of sheep, goats (164 million) cattle (200 million) and buffalo (80 million) present, the poverty of many of the farmers, the absence of any supporting legislation and religious considerations. **FMD serotypes O, A, C and Asia1** are widespread, and as elsewhere, attempts by individual dairy farmers to control disease in isolation are likely to fail. A national FMD control programme is planned. Neighbouring **Pakistan, Nepal, Bhutan and Bangladesh** share many of their strains of FMD virus with India.

Myanmar, Thailand, Laos, Cambodia and Vietnam all have endemic serotype O, A and Asia1 FMD. Malaysia had been free up to 1990. Since then occasional outbreaks have occurred.

A programme was initiated in 1994 by the OIE Sub-Commission for FMD Control in South East Asia to control the disease in the region. It was originally planned to start in October 1996, and last 12 years, involving cooperation between nine countries, namely Laos, Thailand, Malaysia, Vietnam, Singapore, Myanmar, Cambodia, the Philippines and Hong Kong.

The situation in **China** is not well documented. Pigs entering **Hong Kong** from China have often been reported to be infected with FMD, always in the recent past with **serotype O**, and it is assumed that this serotype, together with A and Asia 1 are endemic in regions of China.

On 20 March 1997 three outbreaks of FMD were reported to OIE by Taiwan. Until then **Taiwan**, which had a population of approximately 14 million pigs and an annual export trade to Japan of six million carcases, had been free of FMD. By the time the epidemic had been brought under control over 6,000 farms had been affected, over four million pigs had been slaughtered and over 13 million doses of vaccine used. The economic consequences of this epidemic have not been published, but they are likely to last into the next century, as the country tries to reestablish its export markets. **The virus that caused the outbreaks was closely related to that seen in Hong Kong and the Philippines**, and was probably introduced by illegal importation of contaminated food which was subsequently fed to pigs, or even illegal importation of live animals.

Africa

Vaccination of cattle continues in **Morocco,** and of cattle and selected sheep flocks in **Tunisia**. Both countries are now considering the possibility to stop preventive vaccination. Serological surveillance suggests that Morocco may now again be free of FMD.

FMD is endemic in most of sub-Saharan Africa, as far south as Tanzania, Malawi, Zaire and Angola. It is absent from Madagascar and the domesticated animal population in Zimbabwe, Botswana, Namibia and Republic of South Africa, but persists in the African buffalo populations in those countries, restricted to the game parks. Occasionally there is spread to the cattle. In August 1997 **an outbreak of SAT2 occurred in Zimbabwe** in a herd of 600 cattle within the vaccination buffer zone between the FMD free zone and a wildlife area. Although specifically constructed fences separated the cattle from the buffalo, in the wildlife area, nucleotide sequencing of the outbreak strain showed it to be very closely related to a SAT2 strain isolated from pharyngeal samples collected from the buffalo. The last reported outbreak in Botswana was in 1980, in Namibia (Caprivi Strip) of serotype SAT3 in 1994, and in the Republic of South Africa in 1993, in impala in the Kruger National Park of serotype SAT2.

The control of FMD in Botswana, Swaziland, Namibia and Zimbabwe has been motivated by the export trade in beef to Europe. The situation in **Kenya** has now deteriorated with the breakdown of all components of the previous control programme, and outbreaks due to serotypes **SAT1, SAT2, O, A, and C** have been reported. No other country has this wide range of FMD serotypes in circulation. Reporting of FMD from the remaining sub-Saharan countries is occasional, reflecting generally poor surveillance and diagnostic facilities, rather than the absence of disease. In 1997 clinical FMD cases have been reported in cattle in **Burkina Faso** and in cattle and goats in **Ghana, type A** has been isolated in Kayes region in **Mali** from cattle, and also in **Senegal** and in **Mauritania**. Type **SAT2 has been isolated from Rwanda**.

South America

Chile, Guyana, Surinam and French Guiana have remained free from FMD during this decade, and in the last eight years there has been a **significant improvement in the effectiveness of the FMD control programmes in Argentina, Paraguay, Uruguay and the southern states of Brazil.** The last outbreak of FMD in Uruguay was in 1990, and the country was given the then unique designation of "free from disease with vaccination" (OIE, 1992). Uruguay stopped prophylactic vaccination in 1994, and declared itself FMD free in June 1995.

Progress in FMD control was also taking place in other members of the Mercasur, the free trade association of Argentina, Uruguay, Paraguay and Brazil. The impetus to open up new markets in the richer, FMD free countries of the world, such as the EU, North America and Japan, had encouraged farmers, particularly in Argentina, to give full cooperation to the national FMD control programmes. Argentina had already eradicated FMD from southern Patagonia, and prophylactic vaccination was illegal south of the 42nd parallel. This non vaccination zone was then moved further north to the boundary defined by the Rio Negro. Since May 1994 there have been no reported outbreaks of FMD anywhere in Argentina.

There have also been no reported outbreaks of FMD in Paraguay since October 1994, and the two southern states of Brazil, Rio Grande Do Sul, bordering Uruguay, and Santa Catarina have been reported free since January 1994 and December 1993, respectively. Two further states in Brazil, Mato Grosso do Sul and Parana have been FMD free since January 1995 and June 1995 respectively.

Although less successful than Argentina and Paraguay, Bolivia, Peru, Colombia, Ecuador and the rest of Brazil have been increasing their efforts to control FMD, with a resulting decrease in the number of recorded outbreaks. **In 1997 outbreaks of virus of type O and A have been reported in Bolivia, Colombia, Ecuador and Brazil**. The collaboration between the countries of South America in the "Hemispheric Program for the Eradication of Foot-and-Mouth Disease", under the leadership of the Pan American Health Organisation and the South American Commission for the Control of Foot-and-Mouth Disease has contributed significantly to this progress; but it has been the support of the farming communities, driven by the prospect of improved markets for their products that has made the big difference.

Acknowledgements

The author is grateful to Dr R.P. Kitching, Head of the FAO/OIE, World Reference Laboratory for FMD, IAH, Pirbright, for providing part of the above information.

Appendix 2

RECOMMENDATIONS OF THE FAO/EC/OIE TRIPARTITE MEETING OF 15 OCTOBER 1997 HELD IN SOFIA, BULGARIA

1)The meeting noted with satisfaction that Bulgaria and Greece had recovered the OIE status of "a country free from FMD without vaccination" and asked that the EC Commission take this into account in their legislation.

2)The control measures in the case of an FMD outbreak in the border area should be harmonized between Bulgaria, Greece and Turkey, and the details of these measures should be included in their national contingency plans.

The Phare project for trans-border cooperation betweeen Bulgaria and Greece in Veterinary issue should be implemented.

3)The Bulgarian and Turkish delegations accepted the proposal from Greece for the exchange of information and the organisation of reciprocal visits between the scientists of the three countries working on FMD and sheep pox diagnosis. This proposal was strongly supported by EC, EUFMD, OIE.

4)Registration and identification of animals in the border zones in the three countries should be given priority in the ongoing national programmes for identification of animals.

5)The prompt exchange of information between the three countries on the situation of animal disease was strongly supported by the meeting. The occurrence of outbreaks of the OIE list A diseases and the new developments of the epidemiological situation should be reported not only to the international authorities but also to neighbouring countries within 24 hours.

6)Particular attention should be given to the cleaning and disinfection of the interior of vehicles which have transported livestock.

The meeting supported the practice of spraying trucks and other vehicles for disinfection at the borders; however, it was recommended that the responsibility for cleaning and disinfection of livestock and animal products carrying vehicles should be taken by the country of origin of the consignments (or livestock and animal product carrying truck) and that evidences of proper cleaning and disinfection should be provided at the border.

This does not preclude the application of additional control and/or disinfection measures at the borders in accordance with the current national legislation and as appropriate to the epidemiological situation in the region.

7) The new security-laboratories in Bulgaria and Greece should be inspected by the EC experts within a short delay.

Appendix 3

THE FMD STATUS AND THE STRATEGY TO COMBAT FOOT-AND-MOUTH-DISEASE IN TURKEY

1. Introductory comments

FMD is one of the most important disease causing significant economical loses. Vaccination, quarantine and control of animal movements are being applied to control the disease. Stamping out policy has been approved to be applied in the planned regions. FMD is endemic in Anatolia (types 0_1 and A_{22}). Thrace has been declared to be disease free in 1991.

According to the Turkish Law 3285 Article.108, the scheduled disease has to be immediately notified to the veterinary authorities which undertake respectively supervise the necessary measures, such as outbreak investigation, taking of specimen for typing at the FMD Institute/Ankara, ordering movement restrictions to prevent further spread, quarantine, taken cordon, disinfection, compensation (destruction and stamping out), ring vaccination etc. Adjacent districts as well as neighbouring provinces are immediately alerted.

Table 1. Livestock population in Turkey in 1994*

Species	Thrace	Western Buffer Zone	Residual Anatolia	Total
Cattle	447,195	1,842,015	9,692,000	11,901,000
Buffaloes	7,230	32,820	365,500	405,550
Sheep	693,820	4,381,110	34,755,000	35,646,000
Goats	157,645	1,263,145	9,447,000	9,564,000

*SIS (State Institute of Statistic) Annual Report,1994

2. Status of the Disease

2.1 The Thrace Region

Thrace was declared as free from FMD in 1991 (OIE Bulletin Vol.1 No.1,4 January 1991). This zone composes the European part of Turkey with the following five provinces: European part of Istanbul, European part of Çanakkale, Tekirdað, Kýrklareli, Edirne. It has about 454,425 cattle and buffaloes as well as about 851,465 sheep and goats.

No vaccination has been carried in Thrace until outbreak occurred in Ulukonak village of Kýrklareli province, was reported 13.03.1995. In March 1995, all susceptible stock in a ten kilometer radius of infected village were vaccinated with bivalent (A+O) FMD vaccine.

Two FMD outbreaks occurred in Kadýköy village of Keþan district and Ortakçý village of Lalapaþa district of Edirne province in Thrace on 27 May 1996 and 7 June

1996 respectively. Those outbreaks came to an end on 27 June 1996 and 5 July 1996 respectively.

All cattle will be vaccinated against types O_1 and A_{22} three times and sheep and goats once a year in this region in 1997. First and second vaccination have been carried out. Third vaccination has been carrying out and will be implemented until 15 December in 1997. Strict measures have been taken and diseases surveillance have been carrying out within the Thrace region continuously. It has not occurred FMD outbreak in Thrace until now in 1997.

Table.2 Vaccinations carried out in the Thrace part of Turkey, 1997

Thrace	Large Ruminant		Vaccination	Small Ruminant		Vaccination
	total	vaccinated	%	total	vaccinated	%
15 Feb.-15 April 1997 First vaccination	454,425	427,168	94	851,465	808,871	95
15 May-15 June 1997 Second vaccination	454,425	408,985	90			
15 Oct.-15 Dec. 1997 Third vaccination	454,425	209,054*	46			

*until 28 October 1997

A contingency plan has been prepared to control the disease to react appropriately in case a FMD outbreak occurs in Thrace. The legal regulations have been prepared for the application of the stamping out policy. We can follow this policy after the vaccination campaigns, if sufficient funds are available.

Identification program for cattle (ear tagging) has been started at the beginning of this year in Turkey, but there are some difficulties such as finaces and other factor.

2.2 The Western Buffer Zone of Anatolia

This area includes 14 Provinces: The Asian side of Istanbul and Çanakkale, Kocaeli, Adapazarý, Bursa, Yalova, Balikesir, Izmir, Manisa, Bilecik, Bolu, Eskiþehir, Kütahya, Uþak. There are about 1,874,835 cattle and buffaloes as well as about 5,644,255 sheep and goats.

All cattle are vaccinated twice and sheep and goats once a year in this region. Seven million about bivalent doses of FMD vaccine against types O_1 and A_{22} is necessary for this region. First vaccination have been carried out and second vaccination is beeing applied, but all animals have not been vaccinated due to some difficulties which are finances etc. 1,691,520 large ruminants and 1,795,229 small ruminant are vaccinated til now (see Table 4).

Outbreaks are dealt with in accordance on law no.3285 including temporary quarantine, transport restriction, ring vaccination, disinfection etc.

There is a strong movement of beef cattle from the east of Turkey to the consumer centers in the west and center of Anatolia. A number of control stations (Giresun-

Centre, Tokat-Re°adiye, Sivas-Center, Malatya-Karakavak, K.Maras-Pazarcik, G.Antep-Nizip) have been set up at a north-west line stretching from Giresun to Gaziantep in order to check livestock transports coming from the east towards the Western Buffer Zone. Some animals , moved from WBZ to Thrace region, must have stayed in WBZ at least six months.

Table 3. Reported outbreaks in the 14 provinces of the Western Buffer Zone 1995-1997

Provinces	1995	1996	1997
Balikesir	2	7	
Bilecik	1	2	2
Bolu			10
Bursa		2	
Yalova			
Çanakkale			
Eski°ehir	4	3	1
Istanbul			
Izmir			
Kocaeli		2	
Kütahya		3	1
Manisa	1	2	
Sakarya			
U°ak		3	
Yalova		4	1
Total	8	28	15

*include 9 months in 1997

2.3. The other provinces of Anatolia

The remaining provinces have a population of about 10,057,500 cattle and buffaloes as well as about 44,202,000 sheep and goats.

In accordance with vaccine availability, vaccinations were carried out in areas along the main east-west livestock transportation routes, in certain project areas, and on private request of farmers 5,855,364 large ruminant and 4,864,577 small ruminant were vaccinated in 1997 (see Table 4). FMD type O is widespread on Anatolia. Ring vaccination, strategic vaccination and quarantine measures are being applied. Due to illegal movements from neighboring countries always under risk of new outbreaks.

It has been planned that all cattle and buffaloes in the country twice a year, all sheep and goats once a year will be vaccinated in 1997 but not successful..

Table 4. FMD vaccinations carried out in Turkey, 1997

Area	Large Ruminant		Vaccination	Small Ruminant		Vaccination
	total	vaccinated	%	total	vaccinated	%
Western Buffer Zone First vaccination	1,874,835	1,345,415	72	5,644,255	1,663,668	29
Second vaccination	1,874,835	346,105	18	5,644,255	131,561	2
Residual Anatolia First vaccination	10,057,500	3,765,188	37	44,202,000	3,644,956	8
Second vaccination	10,057,500	2,090,176	21	44,202,000	1,219,621	3
Thrace*[2]						
15 Feb.-15 April 1997	454,425	427,168	94	851,465	808,871	95
15 May-15 June 1997	454,425	408 985	90			
15 Oct.-15 Dec. 1997*	454,425	209,054	46			

*until 28 October 1997

Table 5. Number of FMD outbreaks in Turkey and their monthly distribution 1995-1997

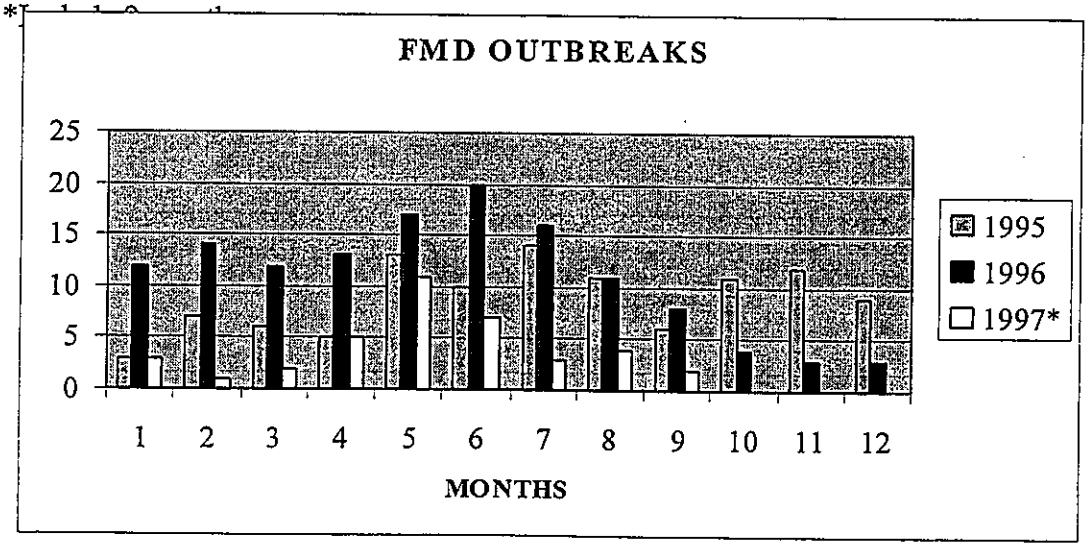
Month	1995	1996	1997*
January	3	12	3
February	7	14	1
March	6	12	2
April	5	13	5
May	13	17	11
June	10	20	7
July	14	16	3
August	11	11	4
September	6	8	2
October	11	4	
November	12	3	
December	9	3	
Total	107	133	38

*include 9 months in 1997

Table 6. Number of FMD outbreaks monthly distribution in Turkey in 1997

No. of outbreaks in month	Virus type	Months	Species	No of animals in outbreaks during the month		
				Susceptible	Cases	Deaths
3	O_1	01	Bov Ovi	1504 1000	66	
1	O_1	02	Bov Ovi	268 750	5	
2	O_1	03	Bov Ovi	620 80	11	
5	O_1	04	Bov Ovi	1688 1355	53	10
11	O_1	05	Bov Ovi	2585 1385	51	3
7	O_1	06	Bov Ovi	2698 2385	49 10	
3 (1+2)	O_1+A_{22}	07	Bov Ovi	977 3000	32	
4	O_1	08	Bov Ovi	788 1000	68	
2	O_1	09	Bov Ovi	938	71	
38 (36+2)	**O_1+A_{22}**		**Bov Ovi**	**12066 10955**	**406 10**	**13**

Graphic 1. Number of FMD outbreaks in Turkey and their monthly distribution 1995-1997



2.4. *Needs for vaccine and vaccination campaigns*

All cattle are vaccinated against types O_1 and A_{22} three times and sheep/goats once a year in Thrace, and all cattle are vaccinated twice a year, and sheep&goats are once a year in the Western Buffer Zone and the other provinces of Anatolia in 1997. All cattle will be vaccinated twice a year, and sheep/goatsonce a year in 1998 and 1999 in Turkey.

Table.7 Requirement vaccine for vaccination campaign in Turkey.

Bivalent cattle doses.

	1997	1998	1999
Thrace	1,703,051	1,249,516	1,249,516
WBZ	6,007,372	6,007,372	6,007,372
Rest of Anatolia	37,795,800	37,795,800	37,795,800
Total	45,506,223	45,052,688	45,052,688

Table. 8 Vaccine sources of supply .

Bivalent cattle doses

	1997	1998	1999
ªap Institute	30,000,000	30,000,000	30,000,000
Vetal Company*	22,000,000	22,000,000	22,000,000
EU bank			
Other			
Total	52,000,000	52,000,000	52,000,000

*maximum capacity

3. Present status of FMD institute and other laboratories

FMD Institute is the only laboratory for vaccine production and diagnosis of FMD. It also carries out epidemiological studies in Turkey. The annual production capacity of the FMD Institute is 30 million bivalent cattle doses.

The authorities have given the permission to produce FMD vaccines to the private company VETAL at ADIYAMAN. Production capacity of Vetal (private) laboratory (5 million doses already produced in 1997) should reach 22 million bivalent cattle doses.

The Ministry of Agriculture and Rural Affairs is planning to establish an independent vaccine control laboratory at Bornova, ÝZMÝR. National Veterinary Virus Vaccine Quality Control Laboratory Project has been preapared on November 1996.

3. Presently applied methodology

The responsible ministry for livestock production and animal health is the General Directorate of Protection and Control (GDPC) in the Ministry of Agriculture and Rural Affairs (see figure 1). Animal health department is established in GDPC.

The transportation of the animals within the country requires a health certificate issued by the State veterinary Officers after the inspection of the animals. If the province of origin is under quarantine, no animals are allowed to leave the province.

In case of a FMD outbreak, where stamping-out measures will be applied, all the measures foreseen in the Turkish Law No. 3285, (Article. 41,108 etc.) are taken.

According to Article 108, when FMD outbreaks occurred, the Animal Health Control Commission will meet as soon as possible, and measures will be taken based on the fourth part of chapter 1 of Law.3285, guide.

The animal markets and stock-exchange places that belong to the Ministry of Agriculture and Rural Affairs and municipalities are under the control of State Veterinary Officers.

The regionalised approach for the country, with vaccination in Thrace, prophylactic mass vaccination in the Western Buffer Zone, and vaccination in the rest of Anatolia has been explained already.

Apart from recording the outbreak situation and procedure on district and province level, the Animal Health Section at the General Directorate of Protection and Control is receiving these information and compiles an annual report.

Animals to be transported are to be vaccinated two weeks prior to their dispatch, and health and vaccination certificate has to accompany the animals. The increased vigilance at transport checkpoints was already mentioned.

Prerequisite of any meaningful disease control is the introduction of permanent identification of livestock because health certificates and other related matters are only controllable by individual identification. This has been put into effect in 1997 by eartagging all large ruminants using a code number indicating the origin of animal.

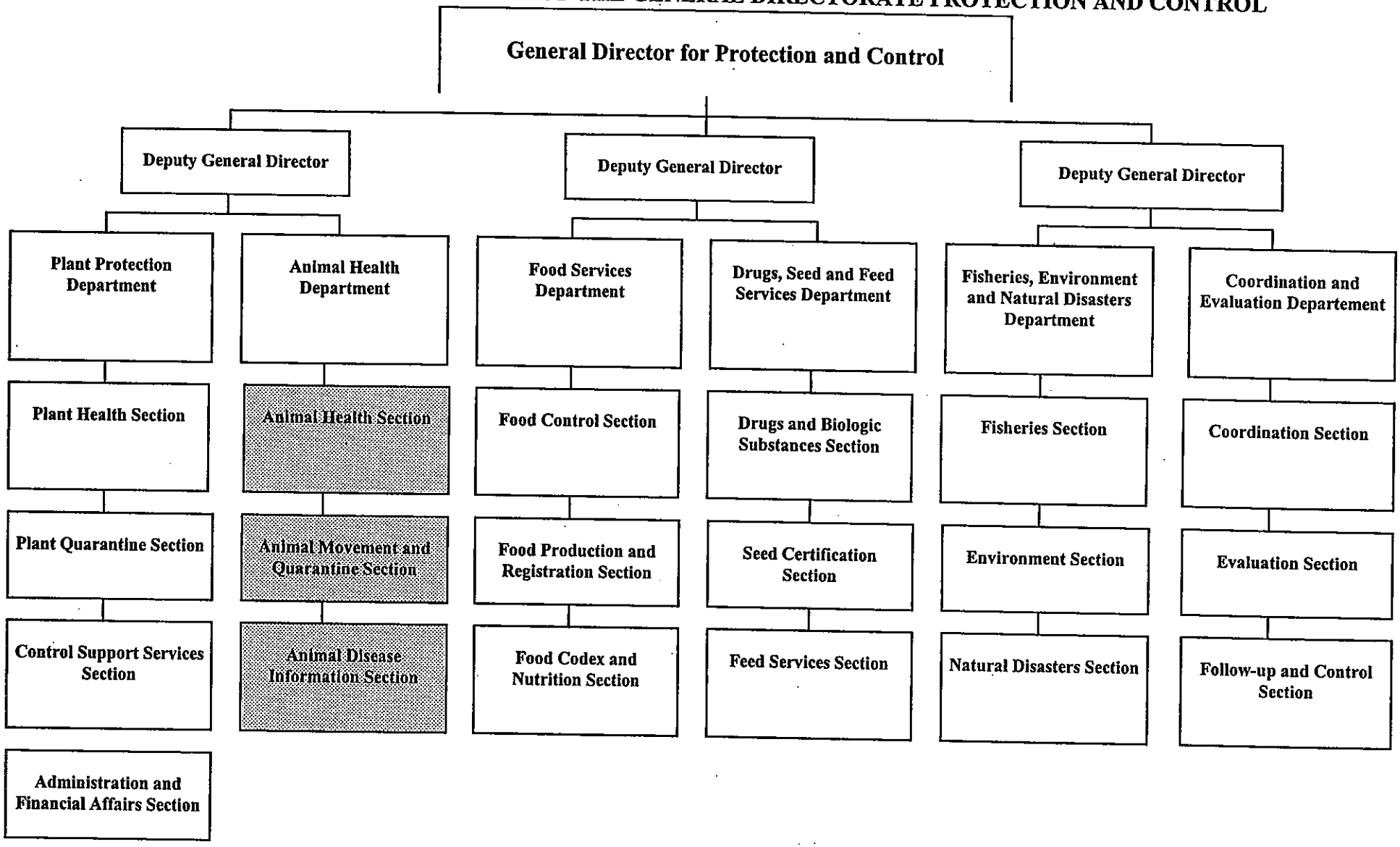
5. Major Constraints & Problems

1. The animal health situation and other problems in some neighbouring countries.
2. The difficulties of animal movement control.
3. Restriction of resources available to the Animal Health Services.
4. The main animal production areas in Turkey are different from the main areas of consumption.
5. Recent initiatives for co-operation with donor agencies.

- Application for a FMD project (EU)
- Application for the upgrading of the Bornova Control Laboratory to a Quality Control Laboratory for Viral Vaccines (EU)
- Application for experts to assess the feasibility of setting is revolving fund to compensate farmers' losses due to official combat measures against certain epizooties.

Prepared by M.T, Animal Diseases Information Section, Animal Health Department, October 1997

Figure 1.ORGANIZATION STRUCTURE OF THE GENERAL DIRECTORATE PROTECTION AND CONTROL



Appendix 4

THE ESTABLISHMENT AND OPERATION OF THE EU FOOT-AND-MOUTH DISEASE VACCINE BANK

J.M. Westergaard
Veterinary and zootechnical unit, European Commission, Belgium

INTRODUCTION

Before the Single Market had been established the use of vaccines to control certain viral diseases, in particular Foot-and-Mouth disease, Classical Swine Fever and Newcastle disease, were very controversial and different strategies were adopted by Member States. Steps to harmonise the applied national programmes were discussed on several occasions in the early and mid-1980's, but great difficulties were encountered in obtaining a common approach to the use or non-use of vaccines even on a scientific level. With the adoption of the Single European Act in 1987 it became clear that a Single Market from 1993 with free movement of animals and animal products could not be successful unless a uniform vaccination strategy was defined for diseases of major importance in international trade.

The Single Act of 1987 restated the long held Community objective of a high status for animal health and public health and took the concept of removing obstacles to trade a step further. Within this objective the scope of veterinary legislation was extended and led to a comprehensive set of legislation covering animal health, public health, zootechnical requirements, animal welfare requirements and veterinary vaccines. The legislation governing the control of Foot-and-Mouth Disease (FMD) contains provisions for stamping-out infected herds, establishment of movement control and certain other measures including emergency vaccination. With the objective to be prepared for emergency situations the EU has some FMD vaccine or antigen reserves. The purpose of this paper is to provide information on legal, technical and financial aspects related to the existing FMD vaccine/antigen reserves kept by the EU.

1. LEGISLATION

The provisions of the EU legislation relevant to the FMD vaccine bank are given in

- Council Directive 85/511/EEC introducing Community measures to control foot-and-mouth disease[1]
- Council Decision 91/666/EEC establishing Community reserves of foot-and-mouth disease vaccines[2]
- Council Decision 90/424/EC on expenditure in the veterinary field[3]

---

1 OJ No L 315, 26.11.1985, p. 11.

2 OJ No L 368, 31.12.1991, p. 21.

3 OJ No L 224, 18.8.1990, p. 19.

In accordance with the provisions of the said legislation:

(a) EU reserves of FMD vaccine shall be established, based on stocks of concentrated inactivated antigen capable of being quickly converted into vaccine for emergency use

(b) The antigen banks shall be established at different geographical sites and carry out specified functions and duties

(c) the antigen to be held in the antigen bank shall originate from potent, well-tested vaccine strains corresponding to O_1 European strain, O_2 Middle East strain, A_5 European strain, A_{24} South American strain, A Middle East strain, C_1 European strain, $ASIA_1$, SAT_2, SAT_1
The listed strains shall be kept in quantities sufficient to provide at least five million doses of each sub-type. Each dose should have an observed potency of 6 PD50 in cattle, when tested according to the European Pharmacopoeia.

(d) Antigen purchased for storage in the bank shall comply with specified technical requirements stipulated in the legislation

(e) The Commission shall issue call for tenders in relation to purchase of antigen and to formulation, production and bottling of vaccine.

Based on the legislation referred to above it must be emphasised that the EU has a FMD antigen bank and not a vaccine bank.

2. ESTABLISHMENT OF ANTIGEN BANK

Antigens for the present EU bank have been purchased on two occasions. The procedures related to these purchases are described below:

(1) Call for tender
The European Commission made in 1993 and in 1996 a call for tender for inactivated, concentrated antigens of the foot-and-mouth disease virus; the call for tender made in 1996[4] included also formulation, production, bottling and distribution of vaccines against FMD. A call for tender is published in the Official Journal of the European Communities and it provides information on: the awarding authority, the service required, contract duration, time table and selection criteria. The call for tender in 1996 referred to 2 million doses of A_{22} Iraq antigens, 5 million doses of C_1 and 5 million doses of $ASIA_1$ to be delivered to the existing bank. Three commercial firms responded to the call and provided offers which took into account the technical requirements listed in the legislation and some additional requirements specified by the Commission.

4 OJ No C 346, 16.11.1996, p. 27.

(2) Evaluation of offers

All offers received are subject to an in-dept technical and financial evaluation by the units responsible for the call for tender. Following this evaluation the results are presented to a Consultative Commission for Public Procurement (CCPP) and the Standing Veterinary Committee (SVC). Subject to a favourable opinion by the CCPP and SVC the Commission will adopt a Decision, which contains the provisions for purchase of the required antigens.

(3) Contract for supply of antigens

In accordance with the provisions of the relevant Commission Decision a contract will be drawn up between the European Union and the firm chosen to supply the required antigen. The contract will list all the technical requirements for the antigens to be purchased and the general terms and conditions applicable to contracts awarded by the Commission

(4) Delivery and storage of antigen

The concentrated inactivated antigen is delivered by the manufacturer for storage at establishments listed by Commission Decision 93/590/EEC.
The establishments are:

- The Institute for Animal Health, Pirbright, United Kingdom.
- the Laboratoire de Pathologie Bovine du Centre National d'Études Vétérinaires et Alimentaires, Lyon, France.
- the Istituto Zooprofilactico Sperimentale di Brescia, Italy.

3. OPERATION OF THE ANTIGEN BANK

The EU FMD antigen stocks consist of about 30 million antigen equivalent vaccine doses based on 6 different virus strains. Information on type and amount of antigens kept at different storage sites is given in table 1.

Table 1. Availability of FMD antigen and storage sites

Virus type and subtype	Quantity (Antigen equivalent doses)	Storage site
O_1 Manisa	2,500,000	Lyon
O_1 Manisa	2,500,000	Brescia
O_1 BFS	2,500,000	Pirbright
O_1 BFS	2,500,000	Lyon
A_{24} Cruzeiro	2,500,000	Lyon
A_{24} Cruzeiro	2,500,000	Pirbright
A_{22} Iraq	3,900,000	Lyon
A_{22} Iraq	2,500,000	Brescia
C_1	2,500,000	Brescia
C_1	2,500,000	Pirbright
$ASIA_1$	2,500,000	Brescia
$ASIA_1$	2,500,000	Pirbright

The maintenance of the antigen banks on the sites in France, Italy and the UK is secured by contracts established between the owners of the sites and the European Commission. The contracts are renewed annually.

Should the need arise to convert antigen into vaccine, a contract has been established between a private firm and the European Commission about formulation, production, bottling, labelling, packaging and distribution of vaccine. In this contract it is taken into account that an extreme emergency can occur and vaccine can, when requested, be delivered after 5 days notice.

Since the cease of vaccination against FMD in 1991 none of the EU Member States have reported emergency situations and the need for use of vaccine from the bank. The bank, however, was in use in 1996 when the Commission adopted Decisions for delivering of vaccine to:

- Albania: 600,000 doses
- Former Yugoslav Republic of Macedonia (FYROM): 250,000 doses
- Federal Republic of Yugoslavia (FRY): 1,700,000 doses.

4. FINANCIAL ASPECTS

Information on financial aspects related to the establishment and operation of the EU antigen/vaccine bank is available in Decisions adopted by the European Commission and published in the Official Journal of the European Communities. A review of these decisions provides the following information:

Commission Decision	Activity	Budget, ECU
93/590/EEC	Antigen purchase	4,065,000
97/348/EC[5]	Antigen purchase	2,400,000
97/348/EC	Formulation of vaccine	3,000,000
96/535/EC	Holding of antigen, UK	60,000
96/352/EC	Holding of antigen, France	70,000
95/476/EC	Holding of antigen, Italy	70,000
96/368/EC	Vaccine to Albania	600,000
96/439/EC	Vaccine to FYROM	80,000
96/489/EC	Vaccine to FRY	270,000

EPILOGUE

The adoption of the FMD control measures and vaccination strategy within the EU was based on careful studies within the area of biology, economy and trade patterns. With the objective to ensure a high health status of the livestock population susceptible to FMD and free trade it was decided to apply the non-vaccination policy. The main reason for requiring ready access to FMD vaccines are the continuing presence of FMD close to the EU; the potential risk of infection in an area of high livestock density; the threat to the gene pool, especially of rare or specific breeds/herds of genetic merit and the possibility that vaccine producers will reduce or cease production in the EU as their main markets are outside the EU.

---

5 OJ No L 148, 6.6.1997, p. 27

Appendix 5

Summary Report of the Session of the Research Group held jointly with the FMD Sub-group of the Scientific Veterinary Committee of the Commission of the European Communities at Poiana-Brasov, Romania 23-27 September 1997

Item 1- Agenda

Item 2 - Items referred to the Group by the Executive Committee: proposals for better interaction between the Research Group and the Members of the European Pharmacopoeia

The Group concluded that:

there is an urgent need for the Research Group, through the executif committee, to re-establish contact with the European Pharmacopea Committee so that it can have input to its deliberations and bring to the attention of the committee the deficiencies in the current edition of the FMD monograph

Item 3 - Potency testing of FMD vaccine, alternative tests to cattle challenge

Conclusions

1. The Group concluded that there is now sufficient data available that cattle potency tests could in most cases be replaced by serological tests.
2. The Group recognised that with the procedure currently prescribed for potency testing (reduced dose application) the vaccine must contain at least 6 PD50 per dose for cattle.

Recommendations

1. Discussion is initiated with the objective of replacing cattle potency tests by serological tests for the assessment of conventional (prophylactic and emergency) FMD vaccines.
2. A new independent FMD vaccine control laboratory should be established in Turkey. This should be supported by international organizations (EU, FAO).

Item 4 - Persistence of FMD virus in ruminants

Conclusions

1. Small ruminants play an important role in the spread of FMD outbreaks as the infection is often subclinical.
2. Only with a very sensitive test the presence of virus could be confirmed in serologically positive but clinically negative contact sheep.

3. Relevant samples (mouth and nose swabs, sera) from several animals have to be taken.

4. There was evidence of transmission of FMDV from contact sheep to sentinel animals.
5. Further work should be done to compare mouth swabs as an alternative to OP samples for detecting subclinically infected sheep.

Item 5 - Differentiation of antibodies induced by vaccination and by infection

Assays which measure antibody to non-structural proteins should be used to :

- assist risk assessment in animals found seropositive for antibody to structural proteins
- be combined with other assays to identify the infectious state of an animal

Item 6 - Species adaptation of different strains of FMDV: field and experimental findings

The TAW 9/97 isolate is highly adapted to pigs but not to cattle.

The episode highlights the necessity for countries to establish National Contingency Plans for FMD and to test and evaluate them periodically.

FMD diagnostic laboratories should employ tissue culture systems originating from different species for the attempted isolation of virus from clinical specimens suspected to contain FMD virus.

Item 7 - Stability of FMD concentrated antigen during long-lasting storage

Vaccines prepared from the European Vaccine Bank antigen stocks can be used at least until 3 months after their preparation and, therefore, they are stabile enough for emergency purposes.

However clarification about the test system for vaccine potency assessment is needed.

Item 8 - Development of test using milk from sheep

The Isotype Specific Assay (ISA) was able to identify specific FMD virus antibody in milk following vaccination or infection.

The group recommended

1. Further development of the test using samples collected in countries with endemic FMD.
2. Use of the test to assess FMD immunity levels in vaccinated populations.

Item 9 - Serosurveillance

The Group recommended that

More relevant strains should be used for serology especially for import testing. A22 and O1 Middle East should replace A5 and O Europe.

An international standardised surveillance system for FMD in the Balkan countries is needed to reduce to a minimum the risk from spread of FMD.

Item 10 - Quality assurance in FMD national laboratories

Conclusions:

1. There is a need for an international organization to disseminate information about programmes for QA and compliance monitoring and to take the lead in developing a system for harmonising standards between countries.
2. The Organization for Economic Co-operation and Development (OECD) has gained the relevant organizational experience.
3. The strategy adopted by the IAEA/FAO Joint Division and OECD to formulate proposals for the accreditation and compliance of laboratories Eastern Europe could be applied in parallel for laboratories in Western Europe.

The Group recommended that:
The agreement of the Executive Committee should be sought for the Group to make contact and representation to the IAEA/OECD through the attendance of its Chairman at a workshop to be held at IAEA, Vienna in February 1998.

Item 11 - Emergency vaccination policy in Europe

The Group concluded that:

1. Emergency vaccination is an important and valuable adjunct to the policy of stamping out.
2. It is a prerequisite that the principle of regionalisation be accepted at the international level.
3. The future application of improved diagnostic methods will provide opportunities for reducing, both in extent and time, the restrictions which are applied to emergency vaccination zones.
4. There is a need to further refine decision support systems. This will need to take account of different animal husbandry systems, animal densities, virus strain characteristics, etc.

The Group recommended:
That the zoo-sanitary rules relating to emergency vaccination should be clearly established.

Item 12 - Any other business

Proposals for the Agenda of the 1998 Session

1. Proposals for amendments of the FMD monograph of the European Pharmacopoeia and report on the interaction between the Group and the EP Committee
2. Developments in diagnostic techniques
3. Comparison of "in vitro" and "in vivo" safety testing
4. Persistence of FMD virus in ruminants
5. Differentiation of antibodies induced by vaccination and by infection and other methods for detection of infected animals
6. Species adaptation of different strains of FMDV - field and experimental findings
7. Stability of FMD concentrated antigen during long-lasting storage
8. Potency requirements for emergency vaccines
9. Serosurveillance
10. Biosecurity and quality assurance in FMD national laboratories
11. Report on FAO Collaborative Laboratory Study, Phase XV: standardisation of FMD antibody detection
12. Persistence of antibody induced by vaccination.
13. Inactivation of FMD virus in the environment

Venue for next Session

September 1998 : Pirbright

Appendix 6

PRELIMINARY REPORT ON THE NOTIFICATION OF CONTINGENCY PLANS TO THE SECRETARIAT BY MEMBER COUNTRIES

INTRODUCTION

The Thirty-second Session of the Commission held in Rome, Italy, 2+4 April 1997, proposed that the Secretariat of the Commission be officially informed of the status of the Contingency Plans in member countries and that a follow-up of the situation be carried out by the Executive Committee.

The Session agreed on the importance of having official notification of the completion of the plans addressed to the Secretariat by Member Countries with a copy of the plan, drawn up in accordance with the outline in the working document on Contingency Planning included in the Report of the Thirtieth Session of the EUFMD, or at least a summary, in one of the official languages of the Commission.

In line with the recommendations of the Thirty-second Session, a questionnaire in English/French, aimed at assessing progress in the implementation of Contingency Plans, was addressed to member countries on 20 August. CVO's were requested to reply by 15 September 1997.

The purpose of this questionnaire was:

1. to monitor the progress of Contingency Plans in individual member countries,
2. to identify constraints to and the kind of support needed by certain countries for completing their Plans and making them operational,
3. to encourage the exchange of information and collaboration between member countries in preparing Contingency Plans,
4. to prepare the agenda of the forthcoming Workshop on Contingency Planning and Emergency Planning - to be held in 1998 in Pulawy, Poland - in accordance with the needs of the participating countries,
5. to identify the specific role that the EUFMD Commission can play in improving emergency preparedness in Europe.

CVOs were also requested to attach a copy of the Plan, and/or a summary, in one of the official languages of the Commission.

A follow-up letter was addressed by fax on 10 October to the 13 countries which had not replied.

Analysis of the replies received as of 15 October 1997 to the Questionnaire on progress in the implementation of FMD Contingency Plans in Member Countries

On 15 October, 20 of the 33 member countries of the Commission had replied and the answers have been analyzed by the Secretariat. Considering the low number of replies to the questionnaire, it is suggested that

i) a final analysis of all replies should be presented at the Sixty-first Session of the Executive Committee, and
ii) the conclusions and recommendations be included in the final document.

Therefore, the present paper reports only on the replies received to date.

13 of the 20 member countries enclosed a copy of their Plan or a summary in English together with the answers to the questionnaire.

1. Legal powers

18 member countries of the 20 member countries which replied to the questionnaire have by law a policy of compulsory slaughter and destruction of infected and contact animals. The whole or part of the territory of the two countries which do not apply this slaughter policy lies outside of Europe; preventive vaccination is practised and ring vaccination is carried out to control the disease in the two countries.

By law the above-mentioned 18 European countries also have provision for the destruction of infected and contact animal carcasses as well as the possibility of utilising emergency vaccination.

Restrictions on animal movements are imposed by law in all 20 member countries.

Provision for providing compensation to the farmers following slaughter of their animals exists in all countries but two. In one of these two countries the legal power exists but lack of funds makes this measure inapplicable.

In all countries, in the case of FMD outbreaks, the support of the police and other authorities for control of the disease is foreseen by law.

The constraints related to the legal aspects of the CP are the shortage of finance to implement the law in one country, and the difficulty to define the control zones in another.

2. Financial provisions

Funds available for the control of animal diseases in member countries range from 1,000 to 400 million US$. When compared

to the livestock population it represents from a few cents to US$18 per head of converted livestock (see Report of the 32nd Session of the Commission for the criteria for calculation of the contributions).

For the majority of the member countries, the budget varies from 6 million to 33 million US$, and per head of livestock from US$0,35 to US$19.

Under this general budget special funds for emergency situations are permanently available in 7 countries whereas in 6 countries the availability of the funds is dependant on the approval of Parliament and/or the Government.

In three countries a special budget for payment of compensation is available but in the others the exact utilisation of funds is not specified. Information on the cost of maintaining the a national emergency vaccine/antigen stock was given by two countries for which figures are US$580,000 and US$ 9 million corresponding to $0.21 and $0.32 per head of susceptible livestock. The financial constraints noticed by three member countries are related to the shortage of funds and the legal difficulties for payment of full compensation to the farmers in 2 countries.

3. Chain of command and national disease control centres (NDCC)

A National Disease Control Center exists or should be established in case of emergency in 18 of 20 countries. The headquarters of the NDCC is usually located in the HQ of the National Veterinary Service. One country is separated into two zones with two different Disease Control Centers. A direct chain of command exists in 19 of the 20 countries; The head of the NDCC is the CVO or a person responsible for an equivalent function in 11 member countries, the Deputy CVO or the head of the Animal Health Department in 5 countries, the head of the Institute in one country and the Minister of Agriculture in one country. In one country representatives of the 5 Ministries involved in emergency situations have representatives at the NDCC.The organisation of the NDCC varies greatly between countries. The number of staff within the Center varies from 3 to 12. Under question 34, the equipment listed exists in 15 of the 20 countries.

4. Regional and Local disease control centres (RDCC and LDCC)

The number of RDCC and LDCC varies greatly from country to country ranging from 0 to 500. The number of centers is related to the administrative organization of the countries. Usually centers are headed by the regional or local Directors of Veterinary Services, in one country by the Head of the Regional Laboratory and in two countries by the highest Administrative Authority (Prefect or equivalent).The number of staff also varies greatly as well as the responsibility of these Centers vis-à-vis the NDCC.

5. Expert teams

One or several teams of experts exist in 17 of the 20 countries. In 4 countries there are several teams who can operate at the same time(up to 6). Each team consists of 3 to 6 experts (virologist, epidemiologist, meteorologist, specialist in communication, economist etc.). In two countries the teams meet regularly during periods of absence from the disease and they provide advice related to FMD surveillance to the CVO.

6. Resources required for disease emergencies: personnel

The persons who are involved in the control of FMD outbreaks are primarily the Veterinary Officers and other staff of the Veterinary Service. Depending on the country, the number goes from 40 to 3,000. The private veterinarians and practitioners i.e all vets can also be involved in 6 of the 20 countries. Personnel is designated and organised at the national level in 10 countries.

Constraints related to personnel include budgetary restrictions, the involvement of private vets, the lack of any practical experience of FMD amongst the great majority of personnel. In the 'worst case scenario', 15 countries stated that they have no problem related to personnel. It is estimated in one country that they have sufficient staff to provide for the control of 30 outbreaks.

7. Resources required for disease emergencies: material, equipment and facilities

Equipment for communication exists in all countries at the national (NDCC)and regional levels (RDCC, LDCC). Fax facilities are present in most of the centers and 12 NDCC are equipped with mobile phones. It can be stated that communication is no longer a major problem in member countries.

Three countries are equipped with special vehicles for humane killing of pigs. 7 countries have special electric devices for killing animals. Captive bolt guns are available in 12 countries. 7 countries have no special equipment for the killing and destruction of animals. In 13 countries the slaughtermen are involved in the destruction of animals and use their own equipment.

Protective clothes are also available in 19 countries, however in a limited number in 12 countries (i.e. for the equipment of expert teams or for the staff of the DCCS only).

10 countries have equipment for disinfection. Stocks of chemical products or disinfectants exist in 15 countries and three have special contracts with private manufacturers to get the disinfectants.

11 counties indicated that all or additional equipment for cleansing , disinfection and for burying animals (excavators) can be obtained by leasing. Advance arrangements are made in only very few countries.

The two main problems related to equipment are the scarcity of money for one country and the lack of a standing arrangement for sanitation in another.

8.Instructions for dealing with FMD outbreaks

Standing instructions for dealing with FMD outbreaks exist in 15 of the 20 countries. In 9 countries the instructions have been updated in 1997, and in four others they will be updated in 1998.

9.Diagnostic laboratories

Equipment for collection of samples is available in the 20 countries

The equipment is stored at the National Laboratory in 20 countries, at the regional labs in 5 countries, and by the RVO or the DVO in 8 countries. The collection of samples is carried out by the National Laboratory or Expert team in 4 countries, by the RVO or DVO in 8 countries, and by field veterinarians in 5 countries. In 7 countries different categories of veterinarians are qualified to collect samples.

A special Contingency Plan for the National Laboratory exists in 14 National Laboratories which are operational 24 hours a day in case of suspicion .

Standing arrangements for sending suspected material to the WRL exist in 10 countries; however, preprint export permit and arrangements with air companies exist only in one country.

Samples related to suspicion of vesicular diseases have been collected and addressed to the National Laboratory in 12 countries during the period 1995-1997. For those where suspicion was reported, the number of samples collected per year varies greatly between 1 for 3 years to 50 per year. The number in Turkey is higher due to the situation in Anatolia.

208 suspicions occurred during the last three years on the European territory (in the 20 countries). This makes an average of approximately 70 suspicions with collection of material per annum. It must be noted that the number of suspicions reported to the Veterinary authorities is higher but some of them are discarded on a clinical basis by the experts without laboratory examination.

16 countries have not modified the activities of their laboratories and 6 have either built a new laboratory or developed new activities in the existing laboratory since 1995.

10.Contingency plans for vaccination

In the 18 countries in Europe, the decision to vaccinate in case of emergency would be taken by the National Disease Control Center in one country, the Central Commission for Contagious diseases in 2 countries, the CVO in 5 countries, the Minister in 5 countries, and the Federal Government in one country.

A Contingency Plan for vaccination exists in 12 countries.

The equipment for vaccination at least in small quantities is permanently available in 16 countries; in the other 4 countries it can be made available within a few hours.

11.Training

Workshop and training courses have been organised in 17 countries. The number of training courses per year varies between 1 to 20 and they cover either the national or regional level.

Simulation exercises took place in 12 countries at national or regional level. In 3 countries they were organised jointly with the training.

Material for training in the national language has been prepared in 15 countries. Books on FMD have been edited in two countries, videos are used regularly in 3 countries and brochures and leaflets in 5 countries.

A few constraints regarding training are mentioned in 5 countries: the increase in the official task of veterinary officers, the lack of training material, the cost, the lack of personnel, the lack of experience in simulation exercises.

12.Publicity and disease awareness

Disease awareness campaigns are organised in 16 countries, in four countries the campaigns are organised only during the period of threat due to the presence of FMD in other European countries as was the case in 1996. The support for general public campaigns is mainly TV and press. Farmers and industry are targeted through professional magazines and journals in 12 countries. Information on FMD is circulated through sanitary bulletins in 4 countries and this information is also available through the Internet in one country. In one country a special awareness campaign is organised for airline companies serving infected countries.

The absence of disease for several decades in most of the countries makes these campaigns difficult.

13 Major constraints/ Role of the EUFMD Commission / Sharing of the information

Constraints

The practical application of the Contingency Plan in the field poses difficulties in relation to:

- shortage of funds
- disposal of cadavers while respecting environmental protection
- access to vaccine bank
- involvement of authorities, associations, police, industry
- limited number of experts and staff with experience in FMD
- difficulty giving priority to this area among other tasks of the veterinary service
- no experience of FMD by the vets after several decades without FMD

The role of the EUFMD Commission

- to inform neighbouring countries and coordinate control of the disease with them
- to disseminate information about the FMD situation in Europe
- to assist with access to the vaccine banks
- to advise on the preparation of Contingency Plans
- to coordinate emergency measures
- to organise meetings and training courses
- to prepare guidelines on Contingency Plans which should outline critical factors in emergency situations

The particular aspects of CP where the support of EUFMD is expected by member countries are

-technical advice and coordination,
-training and simulation exercises,
-publicity and disease awareness
-support for information network,
-grant for Nat Diag Lab,
-team of experts from the Commission to assist in case of outbreak of FMD

Stock of small equipment

Out of the 15 countries which replied to this question, 7 are in favour and 8 against the proposal that the EUFMD keep a stock of small equipment for emergency action (disposable protective clothing, sampling equipment, vaccination equipment, identification tags etc).

Dissemination of information provided

The 20 countries agreed that their Contingency Plans and other information could be circulated to other member countries. All countries also agreed to share their experience and provide support to other member countries in the preparation of their plans.

Appendix 7

IMPLEMENTATION OF THE NEW SCALE OF CONTRIBUTIONS IN 1998 AND MEMBERSHIP OF THE COMMISSION

Thirty-second Session, 2-4 April 1997

A calculation of the new scale of contributions was presented to the Session. It is based on:

i) the 1996 livestock population figures as published in the FAO-OIE-WHO Animal Health Yearbook

ii) the 1996-1997 contribution of member countries to the FAO Regular Programme as adopted by the FAO Conference on 31 October 1995.

The five following points were adopted by the Session:

1- the new classification should be based on contributions to the FAO Regular Programme and livestock population;

2- the countries will be classified in four categories instead of 5;

3- the category in which a member country is placed will be reviewed at intervals of six years;

4- to accept the new categorization of the countries as presented (see the table attached).

5- to accept the new range of contributions from US$ 2,600 to US$ 26,000.

Action taken since the Thirty-second Session

- A letter has been addressed to the CVOs of the member countries for which the level of contribution will be modified as at 01 January 1998. A copy of the letter and the list of the countries concerned is attached.

- No answer or comment has been received from the CVOs concerned up to now.

Conclusion

It is proposed that the new scale of contributions becomes effective as of January 1998 and that, if considered necessary, the situation be reexamined by the Thirty-third Session in 1999.

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

New Scale of Contributions as at 01 January 1998
(expressed in US$)

Member Governments	Contribution due for 1997	Contribution due for 1998
ALBANIA	*1,300.00*	*2,600.00*
AUSTRIA	7,800.00	7,800.00
BELGIUM	13,000.00	13,000.00
BULGARIA	*3,900.00*	*7,800.00*
CYPRUS	*1,300.00*	*2,600.00*
CROATIA	*1,300.00*	*2,600.00*
CZECH REPUBLIC	7,800.00	7,800.00
DENMARK	13,000.00	13,000.00
FINLAND	7,800.00	7,800.00
FRANCE	26,000.00	26,000.00
GERMANY	26,000.00	26,000.00
GREECE	*3,900.00*	*7,800.00*
HUNGARY	7,800.00	7,800.00
ICELAND	*1,300.00*	*2,600.00*
IRELAND	*3,900.00*	*7,800.00*
ISRAEL	*3,900.00*	*2,600.00*
ITALY	26,000.00	26,000.00
LITHUANIA	*3,900.00*	*2,600.00*
LUXEMBOURG	*1,300.00*	*2,600.00*
MALTA	*1,300.00*	*2,600.00*
NETHERLANDS	13,000.00	13,000.00
NORWAY	*3,900.00*	*7,800.00*
POLAND	13,000.00	13,000.00
PORTUGAL	*3,900.00*	*7,800.00*
ROMANIA	*7,800.00*	*13,000.00*
SLOVENIA	*1,300.00*	*2,600.00*
SPAIN	13,000.00	13,000.00
SWEDEN	13,000.00	13,000.00
SWITZERLAND	13,000.00	13,000.00
THE F. Y. R . OF MACEDONIA	*1,300.00*	*2,600.00*
TURKEY	*7,800.00*	*13,000.00*
UNITED KINGDOM	26,000.00	26,000.00
FED. REP. OF YUGOSLAVIA	7,800.00	7,800.00
TOTALS	287,300.00	325,000.00

The countries which have their contributions modified are in italic

Appendix 8

MTF/INT/011/MUL - TF number 904200 Statement 1

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

Financial Report as at 30 September 1997

	US$	US$
Balance as at 1 January 1997		150,481
Interest received (first semester rate 6	5,780	
Contribution from member countries (As per statement 2)	249,646	255,426
Expenditure		
Commission Secretary	93,977	
Consultant	2,500	
Admin. Support Personnel	69,797	
Duty Travel	5,264	
General Operating Expenses	13,010	
Expendable Equipment	3,990	
Non-Expendable Equipment	(2,500)	
Total Expenditure		(186,038)
Balance as at 30 September 1997		**219,869**

STATEMENT 2

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

Status of Contributions as at 30 September 1997
(expressed in U

Member Governments	Outstanding 31/12/1996	Contribution due for 1997	eceived up to 30/09/19	Outstanding 30/09/1997
ALBANIA	1,322.86	1,300.01	2,601.87	21.00
AUSTRIA	0.00	7,800.71	7,800.71	0.00
BELGIUM	0.00	13,000.40	0.00	13,000.40
BULGARIA	15,264.90	3,900.09	0.00	19,164.99
CYPRUS	0.00	1,300.01	1,300.01	0.00
CROATIA	1,300.01	1,300.01	1,300.01	1,300.01
CZECH REPUBLIC	(7,799.29)	7,800.71	0.00	1.42
DENMARK	0.00	13,000.40	13,000.00	0.40
FINLAND	0.00	7,800.71	7,800.71	0.00
RYROM	0.00	1,301.01	0.00	1,301.01
FRANCE	0.00	26,000.83	26,000.83	0.00
GERMANY	0.00	26,000.83	26,000.00	0.83
GREECE	36.24	3,900.09	3,936.33	0.00
HUNGARY	0.00	7,800.71	7,800.71	0.00
ICELAND	0.00	1,300.01	1,300.01	0.00
IRELAND	0.00	3,900.09	3,900.09	0.00
ISRAEL	0.00	3,900.09	3,900.09	0.00
ITALY	0.00	26,000.83	26,000.83	0.00
LITHUANIA	0.00	3,900.09	3,900.09	0.00
LUXEMBOURG	0.00	1,300.01	1,300.01	0.00
MALTA	0.00	1,300.01	1,300.01	0.00
NETHERLANDS	0.00	13,000.40	13,000.40	0.00
NORWAY	0.00	3,900.09	3,900.09	0.00
POLAND	0.00	13,000.40	13,000.40	0.00
PORTUGAL	0.00	3,900.09	0.00	3,900.09
ROMANIA	0.00	7,800.71	7,800.00	0.71
SLOVENIA	0.00	1,300.01	0.00	1,300.01
SPAIN	0.00	13,000.40	13,000.40	0.00
SWEDEN	0.00	13,000.40	13,000.40	0.00
SWITZERLAND	0.00	13,000.40	13,000.40	0.00
TURKEY	0.00	7,800.71	7,800.71	0.00
UNITED KINGDO	0.00	26,000.83	26,000.83	0.00
FED. REP. OF YU	44,460.59	7,800.71	0.00	52,261.30 /1
	54,585.31	287,312.80	249,645.94	92,252.17

/1 o/s amount not to be called

STATEMENT 3

Received in arrears for earlier Years

	US $
Albania	1301.86

STATEMENT 4

MTF/INT/004/MUL - TF number 909700

FOOT AND MOUTH DESEASE - EMERGENCY AID PROGRAMME

Financial Report as at 30 September 1997

	US$	US$
Balance as at 1		59,776
Interest received (first semester rate		1,481
Balance as at 30 September 1997		**61,257**

STATEMENT 5

MTF/INT/003/EEC - TF number 911100

FOOT AND MOUTH DISEASE

Financial Report as at 30 September 1997

	US$	US$
Balance as at 1		1,077,653
Interest receive	26,533	
Contribution rec	160,055	186,588
Expenditure		
Consultancy	9,746	
Duty Travel	15,908	
General Operati	(8,575)	
Expendable Equi	3,358	
Non-Expendable	2,500	
Support Costs	1,175	
Total Expenditur		(24,112)
Balance as at 30 September 1997		**1,240,129**

TF 904200 MTF/INT/011/MUL - European Commission for the Control of FMD

Budgets for 1998 & 1999

Pledges 1998-1999

1998	US $	325,000
1999	US $	325,000

Budget components	Budget 1998	Budget 1999
1101 Secretary	142,943	152,949
1300 Administrative Assistant	79,814	82,208
Overtime	2,500	1,500
33rd Session (interpreters and support staff)	-	15,000
Sub total Personal Services	225,257	251,657
2000 Duty travel Secretariat and non staff travel	30,000	35,000
3000 Contracts:		
Annual contract - WRL	30,000	30,000
Collaborative laboratory study	9,000	6,343
Workshop, Pulawy	20,000	-
4000 GOE , including hospitality	500	500
5000 Expendable Equipment	1,000	750
6000 Non Expendable Equipment	3,500	750
Sub Total	94,000	73,343
reserve, unallocated balance	5,743	-
TOTAL	**325,000**	**325,000**

As approved by the Sixtieth Session of the Executive Committee