

ROME, ITALY 22-24 APRIL 2013



# Agenda

## 40<sup>TH</sup> GENERAL SESSION OF THE EUROPEAN COMMISSION FOR THE CONTROL OF FOOT-AND-MOUTH DISEASE (EuFMD)

Italian Ministry of Health  
Via Ribotta, 5  
Rome, Italy



# Day 1

## 22<sup>nd</sup> of April 2013

Time	Item	Presenter
10:30	Registration	
11:00	<b>1 Opening of the Session</b>	
	1.1 Adoption of the Agenda ( <i>for decision</i> )	U. Herzog
	1.2 Introduction to EuFMD (video)	K. Sumption
11:30	<b>2</b> Global Foot and Mouth Disease (FMD) surveillance report ( <i>for information</i> )	J. Hammond
12:00	<b>3 FMD management in the European Neighbourhood</b> -international co-ordination and capacity building after conflict ( <i>for information</i> )	REMESA (TBC)
12:45	<i>Lunch break</i>	
	<b>4 Standing Technical Committee (STC)</b>	
14:00	4.1 Report ( <i>for information</i> )	D. Paton
14:20	4.2 Update to the "Minimum Standards for FMD laboratories" ( <i>for adoption</i> )	B. Haas
	<b>5 Technical items with policy importance for Member States (STC items)</b>	
14:40	5.1 <b>STC 1</b> FMD and wild boar: Implications for FMD management of recent findings ( <i>for information</i> )	S. Khomenko
15:10	5.2 <b>STC 2</b> Socio-economics and decision making on FMD control policies ( <i>for information</i> )	R. Bergevoet
15:40	<i>Coffee break</i>	
16:00	5.3 <b>STC 3</b> The implications of the decline in FMD research funding in Europe ( <i>for information</i> )	D. Paton
16:30	5.4 <b>STC 4</b> The next ten years - a changing environment for FMD epidemic management (future perspectives paper - and panel discussion) ( <i>for information</i> )	C. Bruschke; Panel
17:00	Closure of the plenary Side meeting: T.H.R.A.C.E initiative	GR/BG/TUR/ EuFMD/EC
18:00	Departure for social event  <b>COCKTAIL</b> <b>Villa Malta</b> - Via di Porta Pinciana, 1 <i>Kindly offered by MSD</i>	

# Day 2

## 23<sup>rd</sup> of April 2013

Time	Item	Presenter
9:00	<b>7</b>	<b>Report of the Executive Committee on the actions since the 39<sup>TH</sup> Session</b>
	7.1	EuFMD Chairman's Report and Introduction to the New Strategic Plan U. Herzog
9:20	<b>7-8</b>	<b>Report on Pillar 1 activities</b> E. Ryan
10:00	1	Capacity Building for FMD risk management - position of Australia S. Turner
10:20		Discussion
10:30		<i>Coffee break</i>
	<b>7-8</b>	<b>Pillar 1</b>
11:00	1	Proposed Work programme G. Torres
11:30	2	Vaccine banks Network J. Hammond
11:45		Discussion on the Work programme
	<b>7-8</b>	<b>Pillar 2</b>
12:15	1	Report on activities • West Eurasia • South-East Mediterranean including Lessons learnt for PCP/FMD management M. McIlwain E. Ryan
12:45		Discussion
13:00		<i>Lunch break</i>
14:00	<b>7-8</b>	Statements/Viewpoints on future priorities and actions in Pillar 2: • Turkey • Israel • Azerbaijan • REMESA Representatives
14:45		Proposed Work programme - Pillar 2 K. Sumption
15:15		<i>Coffee break</i>
	<b>6</b>	<b>Global Strategy</b>
15:45	6.1	Follow-up to the launch of the Global Strategy ( <i>for information</i> ) J. Domenech; S. Metwally
	6.2	Global FMD surveillance - laboratory network
	<b>8</b>	<b>Pillar 3</b>
16:15	8.1	Workplan K. Sumption
16:30		Discussion
17:00		Closure of the plenary EU MS Co-ordination
19:00		<b>COCKTAIL</b> Coffee House at <b>Palazzo Colonna</b> - Piazza SS. Apostoli, 66 <i>Kindly offered by MERIAL</i>

# Day 3

## 24<sup>th</sup> of April 2011

Time	Item	Presenter
9:00	<b>9</b>	<b>Report on the status of FMD Antigen and vaccine banks in the European Neighbourhood</b>
	<b>9.1</b>	Vaccine/Antigen Banks D. Dilaveris
	<b>10</b>	<b>Changes in Membership of the Commission</b> <i>(for information)</i>
	<b>11</b>	Financial Report, Budget and membership contributions for the biennium 2014-2015 <i>(for decision)</i> K. Sumption
10:15	Coffee break	
10:45	<b>12</b>	<b>Technical Committees and their functions in the upcoming biennium - Role, Terms of Reference</b> <i>(for decision)</i> K. Sumption
	<b>13</b>	<b>Constitutional and legal matters, agreements for ratification</b> <i>(for decision)</i> • Legal Matters arising • Paper on the Draft Agreement with the OIE • Paper on the Memo of Understanding with FAO Legal office
	<b>14</b>	<b>Election of the Executive Committee</b> <i>(for decision)</i>
13:00	Lunch break	
14:00	<b>15</b>	Any other issues
		Reading of the draft report
15:00		Closure of the meeting

### EXECUTIVE COMMITTEE AS ELECTED AT THE 39<sup>TH</sup> GENERAL SESSION

Position	Elected	Proposed by:	Seconded by:
Chairman	U. Herzog (Austria)	United Kingdom	Estonia
Vice-Chairman	N. Gibbens (UK)	Sweden	Netherlands
Vice-Chairman	L. Denneberg (Sweden)	Germany	Finland
Member	Z. Micovic (Serbia)	Croatia	United Kingdom
Member	N. Pakdil (Turkey)	Austria	Bulgaria
Member	S. Doudonakis (Greece)	Bulgaria	Turkey
Member	R. Chetan (Romania)	Greece	Germany
Member	L. Carbajo Goñi (Spain)	Portugal	Austria

### THE STANDING TECHNICAL COMMITTEE AS ELECTED AT THE 39<sup>TH</sup> GENERAL SESSION

David Paton	United Kingdom
Christianne Bruschke	The Netherlands
Preben Willeberg	Denmark
Matthias Kramer	Germany

## Recent activities (2011-2012) of the EuFMD Commission



*and their relationship to the 3 Pillars of the New Strategic Plan*

The EuFMD programme of activities since the 39<sup>th</sup> Session in 2011 had **9 components**, and this leaflet indicates how these components contribute to improvement in capacity to prevent and control the impact of the disease in European member states through **3 “Pillars”** of support that help maintain the high European FMD health status.



**Pillar 1** activities involve services that directly assist member states to better prepare for FMD emergencies. Activities in **Pillar 2** and **Pillar 3** aim at reducing the risk of FMD incursions, working with and through international partnerships.

*At all times the Commission, working with the EC (DG-SANCO), maintains a continuous availability of expertise and mechanisms for emergency response to a FMD crisis in the European neighbourhood*





## 1.1 Capacity building for FMD outbreak investigations: the Real-time FMD training programme

The **EuFMD** runs **real-time** outbreak investigation courses in Nakuru, Kenya, showing European state vets the key elements of **outbreak investigation** and **disease recognition**, in an area with predominantly European dairy breeds of cattle. In Kenya, FMD is endemic and disease is commonly reported particularly in the Rift Valley province where there are a large number of cattle. Through assistance from the Kenyan Department of Veterinary Services, suitable outbreaks are recruited in the area surrounding Nakuru. After a day of classroom-based teaching, the trainees lead an investigation of a real outbreak of FMD focussing on the clinical and epidemiological aspects required if an exotic incursion were to occur in a member state. This is followed by a survey of the outbreak area where trainees establish local risk factors for spread of infection in order to establish putative control measures. The course culminates in the rapid production and presentation of a relevant situation report, an essential skill for any exotic disease incursion. Each course in 2012 exposed trainees to a **unique outbreak situation** and a range of lesion ages from which relevant epidemiological reports and hypotheses for local spread were generated. This process included being exposed to real-life problems in outbreak investigations such as contact tracing and obtaining accurate farm histories. Attending and investigating real outbreaks in the field offers a unique learning experience for veterinarians many of whom have never seen clinical disease. Through the courses, trainees are also exposed to new developments relevant to FMD. In **diagnosis** they get the opportunity to use newly developed diagnostic tools such as lateral flow devices for NSP antibody detection. In **epidemiology** there is the opportunity to use novel data collection methods through smartphone technology and the “**EpiCollect**” application. It is only by using these tools in the field that trainees get to learn their relative merits in disease investigation and control. **Knowledge transfer** is encouraged to allow broader benefits to member states.

*Over 200 trained since 2009 (38<sup>th</sup> Session) with 9 Courses and > 90 European vets trained since 2011 since 39<sup>th</sup> GS; 5 trainees selected as trainers; Areas covered by course are disease recognition, outbreak investigation, lesion ageing, examination and sampling, diagnostic testing, penside tests, epidemiology, rapid assessment of risk factors for local spread*



## 1.2 Real-time FMD training: partnerships with other FMD free countries

The EuFMD was requested by the Australian Department of Agriculture, Fisheries and Food (DAFF) to provide expertise in real-time training in FMD outbreak investigation using the existing EuFMD real-time training model. An agreement was reached whereby DAFF would provide funds to EuFMD through FAO in return for this service, and through this mechanism, develop training that will help both DAFF and European MS relevant to the problem of delayed recognition and response. The first full-fledged real-time training weeks on FMD in Nepal were held in November-December 2012 and February-March 2013. They included Australian veterinary professionals (private as well as state / government vets), herd health advisors and 5 Nepalese veterinary officials per course. **FMD outbreaks** were identified nearby Kathmandu, thus limiting travelling time to a bare minimum. The outbreaks were ongoing which provided participants with FMD lesions of all sorts, ages, sizes and in different species.

On the second field day, teams went across the fields to investigate farms with and without FMD for possible risk factors for FMD. This offered a very nice opportunity for both Australians and Nepalese to go along together and learn from each other. The funds provided by Australia have contributed to expand EuFMD training services to EuFMD member states, thereby **benefitting** European veterinarians as well as Australians and Nepalese.



80 Australian vets to be trained over 8 courses;  
<http://www.beefcentral.com/news/news-archive/article/2720>;  
 5 local vets trained per course;  
 Funds support improved EuFMD training services to Europeans

### 1.3 Modelling and Decision Support Tools for FMD Contingency Planning

The use of **disease spread models** and decision support tools can make a valuable contribution to FMD contingency planning and preparedness. At the 39<sup>th</sup> General Session, it was recommended that member states consider the use of such tools, and that the secretariat should provide **support** to assist members wishing to engage with this area. A plan for implementing this recommendation was presented to the EuFMD CVOs (including non-EU CVOs) at a meeting in Horsens, Denmark in June 2012. The first FMD modelling training workshop of this program was held in **Vienna** in October 2012, with expert trainers from the USA and UK covering modelling, its application to contingency planning and the use of decision support tools to inform policy; 16 trainees from eight countries attended. There was very **positive feedback**, with enthusiastic suggestions on how to further develop the support program. The regional basis of the workshop (most attending states were neighbours of Austria) facilitated cross-border discussions, including the possible benefits of modelling cross-border disease outbreaks to inform contingency planning. Options for further development of this element of the EuFMD work program are under consideration to maintain this positive momentum. These may include further training workshops for other countries, targeted support for clearly expressed needs, and integration with other elements of training and support.

Vienna workshop  
 attended by 16 trainees;  
 two each from Austria,  
 Serbia, Croatia, Hungary,  
 Slovakia, Slovenia, Czech  
 Republic, Malta.  
 Trainers from USA and UK  
 Model used: North  
 American Animal Disease  
 Spread Model (NAADSM)



### 1.4 Balkan Support: FMD Emergency Preparedness Network Proposal

Supporting the Balkan veterinary authorities to develop their emergency preparedness for FMD is a key priority for EuFMD. A laboratory gap analysis project for the West Balkans and Moldova has been managed by the World Reference Laboratory, Pirbright Institute, to inform plans for FMD diagnostic capacity building; this analysis is almost complete. At a meeting of West Balkan CVOs in Denmark in June 2012, the need for epidemiological support and contingency planning was communicated to the Secretariat. In addition, the EuFMD has been kept informed of other EC-funded activities under IPA to support rabies and classical swine fever capacity building in the West Balkans; this has helped identify complementarities and avoid duplication. These activities have informed EuFMD proposals for coordinating support to the region, under a proposed Balkan FMD Emergency Preparedness Network. This would have an element covering epidemiology, contingency planning and the use of models where needed, and an element covering laboratory capacity building. The proposed network would cover the West Balkans, Moldova, and Greece and Bulgaria as EU-member state network leaders. Further discussions with the veterinary authorities in the proposed network members will be held to identify their needs and priorities and how these may be supported to improve FMD emergency preparedness.



*Emergency response team veterinarians trained in FMD recognition, diagnosis and response (in Real-Time Courses) from all West Balkan territories.*  
*Lab Gap Analysis managed by WRL, Pirbright, covering Croatia, Serbia, Bosnia, Kosovo, Montenegro, FYROM, Albania and Moldova.*  
*Proposed FMD Emergency Preparedness Network: to include above states plus Greece and Bulgaria. IPA rabies/CSF project: EC funded, covers West Balkans; several areas in which their work is similar to EuFMD –potential to avoid duplication, increase efficiency.*

## 1.5 Maintaining confidence in disease freedom in South-East Europe: Development of a risk based surveillance programme for Thrace Region

The region of **Thrace** is a key area for reducing the risk of an FMD incursion into Europe. In order to support the veterinary authorities of Turkey, Greece and Bulgaria in their efforts, the EuFMD has developed a program for **risk-based surveillance** to increase the level of confidence that the region is free from disease. This would augment and strengthen existing surveillance activities. Once fully active, a functioning risk-based surveillance system could also contribute following the eradication of any possible future FMD outbreak in the Thrace region, providing the authorities with a useful tool to quantify the degree of confidence provided by post-outbreak risk-based surveillance. A **workshop** to progress this was held in Istanbul in September 2012, attended by two state veterinarians from Bulgaria, Greece and Turkey. The workshop was facilitated by a consultant who had developed a framework for these activities and a model to estimate the degree of confidence they would provide. A further workshop session on this topic was held during the annual Tripartite Group meeting on 13<sup>th</sup> February 2013, to analyze existing data and identify practical actions to move the project forward, and the CVOS of the three countries agreed on actions to commence in 2013. EuFMD has proposed a surveillance and data management agreement and the program is expected to start from the 40<sup>th</sup> Session in late April.



*Thrace region of Turkey, Greece and Bulgaria key control point for FMD. Early identification of disease essential. Risk-based surveillance can increase the level of confidence in disease freedom.*

## 1.6 Research to address policy issues arising from recent FMD crises - Wild Boar and FMD

Following the 2011 FMD outbreak in Bulgaria which involved wild boar, the EuFMD initiated research projects in the role of **wild boar** in FMD epidemiology. In Turkey, the role of wild boar in FMD spread in Anatolia was investigated, led by the SAP Institute, Ankara. Wild boar were hunted and sampled in Erzurum, Gümüşhane, Kastamonu and Samsun. FMDV was isolated from mouth area tissue from one wild boar hunted and sampled in Gümüşhane. The isolated FMDV was serotyped as **Asia-1**. It indicated that FMDV was transmitted to wild boar population from one of outbreaks which occurred in Gümüşhane since June 2011. **Genetic analysis** data showed clearly that Asia-1 virus detected from this wild boar was closely related to cattle isolates detected in the region. In addition, very high **NSP** antibody positive prevalence and SP antibody seropositivity were detected in all provinces, except from Rize which was define as negative province. High NSP antibody positivity indicated FMD infection in the wild boar population in the region, although it was not clear whether recent or previous infection in domestic population was responsible. In Bulgaria, a project is being conducted to investigate the ecology of wild boar and to develop a method for non-invasive sampling for FMD. Wild boar are captured, sedated and GPS collars are attached to them to track their movements. The utility of a variety of methods of **non-invasive sampling** are evaluated. This will inform planned work in collaboration with the Friedrich Loeffler Institute, Germany, to further develop a method for detecting FMD virus in samples of saliva taken from wild boar by non-invasive means.



*Anatolia: 252 wild boar sampled; 51 (20.2%) positive for FMD antibodies; FMD virus detected in one of the sampled wild boar, related to a virus which caused outbreaks in cattle locally.*  
*Bulgaria: 14 wild boar collared with GPS devices. Good GPS data obtained for 10, including one which entered Romania by crossing Danube, then returning.*  
*Baits for non-invasive sampling evaluated, to be investigated further in FLI, Germany.*

## 1.7 Bringing policy makers and FMD scientists together; the 2012 EuFMD Open Sessions at Jerez, Spain

The **Open Session** of the Standing Technical Committee and Special Committee on Research of the EuFMD was held in Jerez de la Frontera, Spain, in October 2012. The Open Session has become the biggest FMD research meeting in the world, providing a unique and valuable forum for scientists and policy makers to meet and present cutting edge research, with open discussion of the ways in which FMD science can inform policy. Over **220 delegates** attended, with more than 70 oral presentations and over 30 poster presentations covering the state of the art of FMD research today. With **multiple parallel sessions** and side-meetings, researchers and stakeholders had opportunities to interact and take an in-depth approach to issues of particular relevance to them.



*220 participants. Over 70 talks and more than 30 posters. Delegates from Europe, Africa, Asia, North and South America and Australia*





*EuFMD countries have land borders with 11 frequently FMD affected countries in West Eurasia/Middle-East*

## 2.1. Practical Epidemiology for Progressive Control (PeP-C)

Veterinary Services often indicate that epidemiology training for their staff would be useful in order to implement activities to progress along **Progressive Control Pathway (PCP)**. In response, EuFMD has developed a course in **Practical Epidemiology for Progressive Control (PeP-C)**. This four week practical epidemiology training course helped provide state veterinary services with the epidemiology and basic economic skills needed to support activities in the progressive control pathway for FMD. This course is aimed at countries where FMD is endemic, and was first offered in the **West Eurasia region** (in particular Georgia, Armenia, Azerbaijan, Turkey, Iran and Egypt) in late 2012. The **course outline** included:

- **Week 1:** Outbreak investigation (10-14 September 2012); including information on prevalence, incidence, diagnostic tests, risk factors
- **Week 2:** Value chain, socio-economic impact assessment (1-5 October 2012); including information about risk, costs and benefits of FMD control, measuring FMD impact.
- **Week 3:** Surveys: SP, NSP, questionnaires and monitoring vaccination campaign (12-16 November 2012); including sample size, survey design, data entry, analysis of data.
- **Week 4:** Control Strategy development (10-14 December 2012); putting it all together: detailing a component of FMD control strategy for presentation and discussion.

The course was based around the **Progressive Control Pathway (PCP)** and was very **practical** with lecture time minimised and students learning whilst working on problems using case-studies. Field work was included in weeks one and three, and involved an FMD outbreak investigation and implementation of a survey.

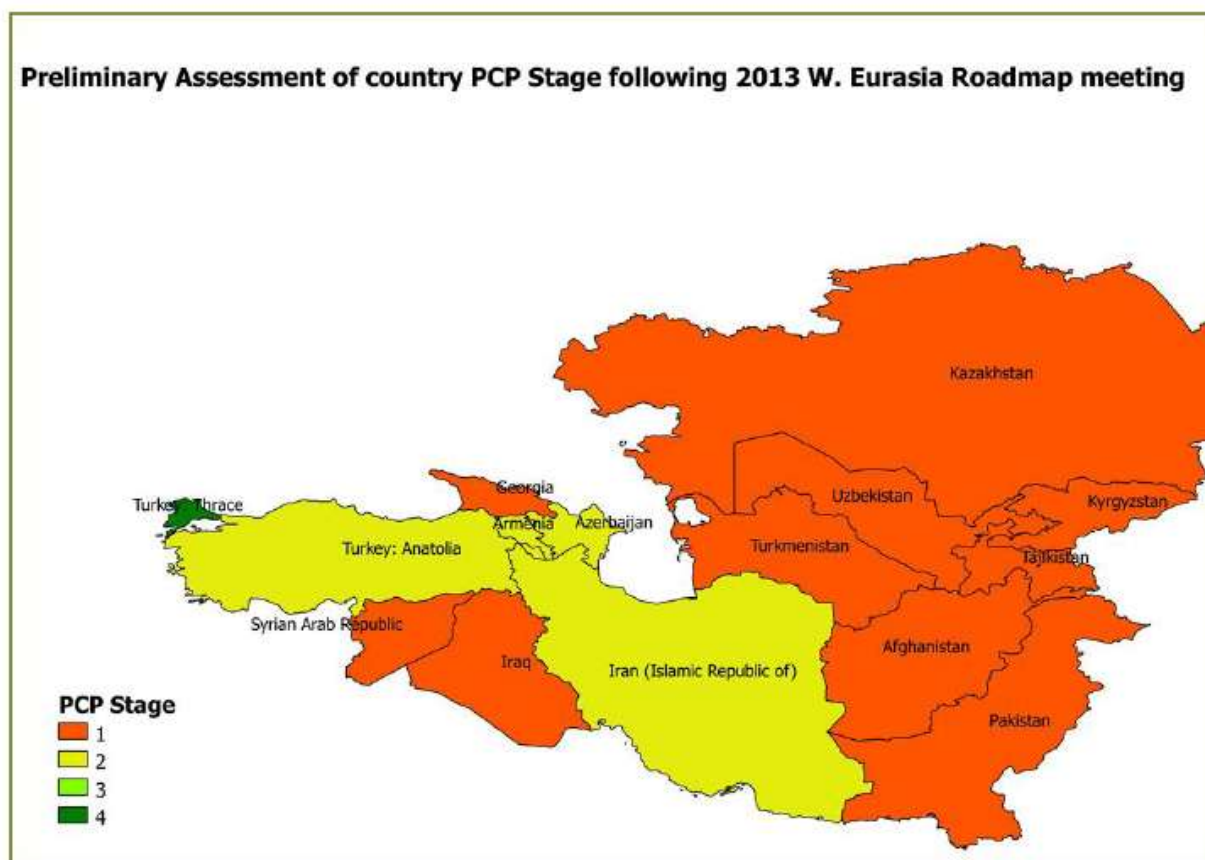
*PeP-C: 4 week course, held in one-week blocks. Participants from Turkey, Iran, Egypt, Armenia, Azerbaijan, Georgia. Establishes a network of epidemiology and laboratory specialists who are familiar with how to use the PCP approach – and who will be the database and other tools to assess risks as the FMDV situation changes*



## 2.2. West Eurasia FMD Roadmap for Progressive Control

The **West Eurasia roadmap for progressive control of FMD** was first established in Shiraz, Iran in 2008, following a series of devastating FMD epidemics that swept across Turkey and which arose in West Eurasian countries such as Pakistan, Afghanistan and Iran. Together with FAO regional projects supporting FMD management in Central Asia, the Roadmap has succeeded to bring the vet services of **14 West Eurasia countries** together on an annual basis and to engage these countries to undertake actions in line with the **Progressive Control Pathway (PCP)** for FMD that have the aim of establishing sustainable national strategies for FMD management. Given the frequency of FMD epidemics sweeping across the region, and the huge investment needed to effectively prevent FMD circulation and spread across borders, regional support services as well as national technical support is needed. The EuFMD support has focused on promoting the PCP and regional co-ordination meetings, and on targeted national support to achieve progress on the PCP towards responsible, sustainable FMD management. EuFMD provides the **secretariat** for the West Eurasia Roadmap meetings, including the 2012 Istanbul meeting and the **2013 Baku** meeting. The roadmap meetings are an opportunity for countries to review their control activities, assess their progress along the PCP, and raise issues for regional co-ordination including better detection of new events, improved effectiveness of vaccination programmes, and progress in animal movement control across international borders. The 4<sup>th</sup> Roadmap Progress Review was held in Baku, Azerbaijan in April 2013 and surveyed vaccination use and animal identification, registration and movement management systems as well as Regional PCP progress.

*Roadmap countries: Turkey, Iran, Iraq, Syria, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Uzbekistan, Turkmenistan, Tajikistan, Pakistan, Afghanistan. Organizations: EuFMD, EC, OIE, FAO, Gf-tads*



## 2.3. Supporting the progressive control of FMD in Iran

**Iran** is a strategically important country for the control of FMD in the European neighbourhood; virus strains from Pakistan and Afghanistan regularly spread to Iran, and from there to Turkey and West Eurasia, posing a risk of incursion into Europe. EuFMD has worked with the Iranian veterinary authorities since 2005 to improve the **national surveillance** for FMD and to develop an improved national FMD management strategy based on a comprehensive analysis of FMD risk and management options. The current Phase has **5 main goals** aimed at strengthening the systems (lab and epidemiological) on which national and subnational management of the risk are based, including design of a movement control and management systems. The EuFMD assistance is financially very small compared to national investment, but significant in terms of potential for optimising national efforts. EuFMD consultants provide **continuing support** for epidemiological analysis of outbreaks, assessment of disease trends, vaccination coverage data and laboratory results reporting. A monthly report on project activities and disease data ensures the flow of information is maintained. In the key province of West Azerbaijan (in North-West Iran), the support has significantly improved **local capacity** (laboratory and disease management) in the area next to Turkey and the Trans-Caucasus. FMD outbreaks can now be confirmed at local level and effect of control measures assessed at Province level, a first. An in depth epidemiology study, the first of its kind in Iran, provided key data on risk factors and intervention which is informing the continued development of FMD control in the area. As part of the laboratory strengthening program, EuFMD consultants have provided training to establish the quality assurance of the new, decentralised system of FMD diagnostic laboratories, with the aim of achieving serotype confirmation within 5 days. National vaccine quality assurance systems are being revised following a mission to collaboratively conduct a joint FMD vaccine potency test, another first. EuFMD also supports the submission of samples from Iran to the World Reference Laboratory as part of the regular project activities, and this is significant for vaccine selection for Turkey, West Eurasia and European vaccine banks.

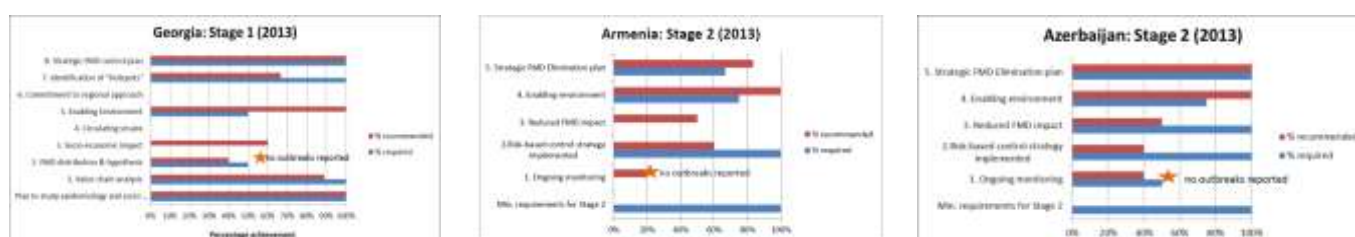
*Iran: strategic importance for FMD spread from Pakistan/Afghanistan to WestEurasia. Key activities: epidemiological support, laboratory support, vaccine quality assessment, study of risk factors for FMD spread*

### W. Azerbaijan province is strategically located



## 2.4. Strengthening FMD Control in the Trans-Caucasus

EuFMD has supported FMD control in the **Trans-Caucasus Countries (TCC)** since 2000. The most recent Phase of support, which aimed at achieving progress in national management capacity, has just come to an end, having started in 2010. The activities conducted under this included: **Improved FMD monitoring and control** (each country to complete their PCP Stage requirements and advance in PCP; **Vaccination campaigns** every 6 months, risk-based (funded by project in 2010 & 2011); **Serosurveys**: NSPs, SP, investigation of NSP clusters; **Simulation exercises** and epidemiology training; **Monthly data** on demographics, vaccination and surveillance provided to EuFMD; Monthly reports to EuFMD). **Enhanced laboratory capacity to support FMD monitoring and surveillance** (NSP, SP and Ag ELISA and PCR capacity developed; **Investigations** of NSP clusters: probangs, swabs, PCR, sequencing; **Field outbreak** investigation training; **Sample management** decision trees & reporting arrangements in place; **Annual serosurveys**; **Participation** in WRL proficiency trial scheme. The most recent activities included: *March 2012*: 150,000 doses of trivalent Merial vaccine supplied by EC to act as regional strategic reserve for TCC (Expires March 2014); *August 2012*: investigation of NSP positive clusters, samples taken with probangs; *November 2012*: Desktop simulation exercise for all three TCC, held in Georgia; *February 2013*: Real-time PCR training course, during which samples from August NSP cluster mission were analyzed.



## 2.5. The changing risk environment: incursions of sub-Saharan African FMD viruses into North Africa

Following the political turmoil in Egypt and Libya in 2011, **movement patterns of livestock** in the border regions between southern Egypt and Libya and sub-Saharan Africa have changed, with border security compromised on the borders of Libya with Chad, Niger and Algeria. Higher meat prices in Libya have facilitated the inward flow of animals and animal products from sub-Saharan Africa, increasing the risk of new diseases being introduced.

In March 2012, serotype **SAT2 FMD** was detected in Egypt and, separately, in Libya, and soon after, other African origin FMDV were detected suggesting multiple virus incursions. As animal populations in Egypt and Libya were not vaccinated against SAT2, this new serotype posed a new and alarming risk for further spread within the region and beyond. In coordination with other FAO units (ECTAD, EMPRES, CMC-AH, FAO Cairo and FAO Tunis), EuFMD took a number of actions to address this threat.

- Rapid assessment field missions to Egypt in March.
- Follow-up missions to Egypt in April and May to advise on the development of control strategies.
- Laboratory support mission to Libya in June.
- Provision of laboratory training in FMD diagnosis to affected or at-risk countries through workshops and supply of diagnostic kits.
- Training in surveillance for FMD in high risk border zones provided to affected and at-risk countries.
- Coordination workshop on management and vaccination strategy for affected and at-risk countries.
- Support to the development of FAO regional strategic response policies, including input into a planned support project for Libya.

*Laboratory training in Cairo for Egypt, Libya, PAT (Gaza), PAT (WB), Jordan  
Laboratory training in Paris, hosted by ANSES, coordinated with REMESA, for Algeria, Tunisia, Mauritania, Chad, Niger, Lebanon. Surveillance training in Larnaca for Egypt, Israel, Jordan, PAT (Gaza). Management and vaccination strategy workshop in Rabat for Morocco, Algeria, Tunisia, Libya and Mauritania.*

## 2.6. Neighbourhood FMD risk monitoring through laboratory network support and monthly reporting

Following decisions and recommendations of the regular EuFMD Sessions (Rome, in 2005, 2009, 2011), the EuFMD supports **improved risk monitoring** through submission by affected countries of FMD samples to the WRL, and since 2011, through supporting three laboratory networks in the region neighbouring Europe to maintain the flow of information and laboratory activity on FMD. This contributes to knowledge of FMD risks posed to member states.

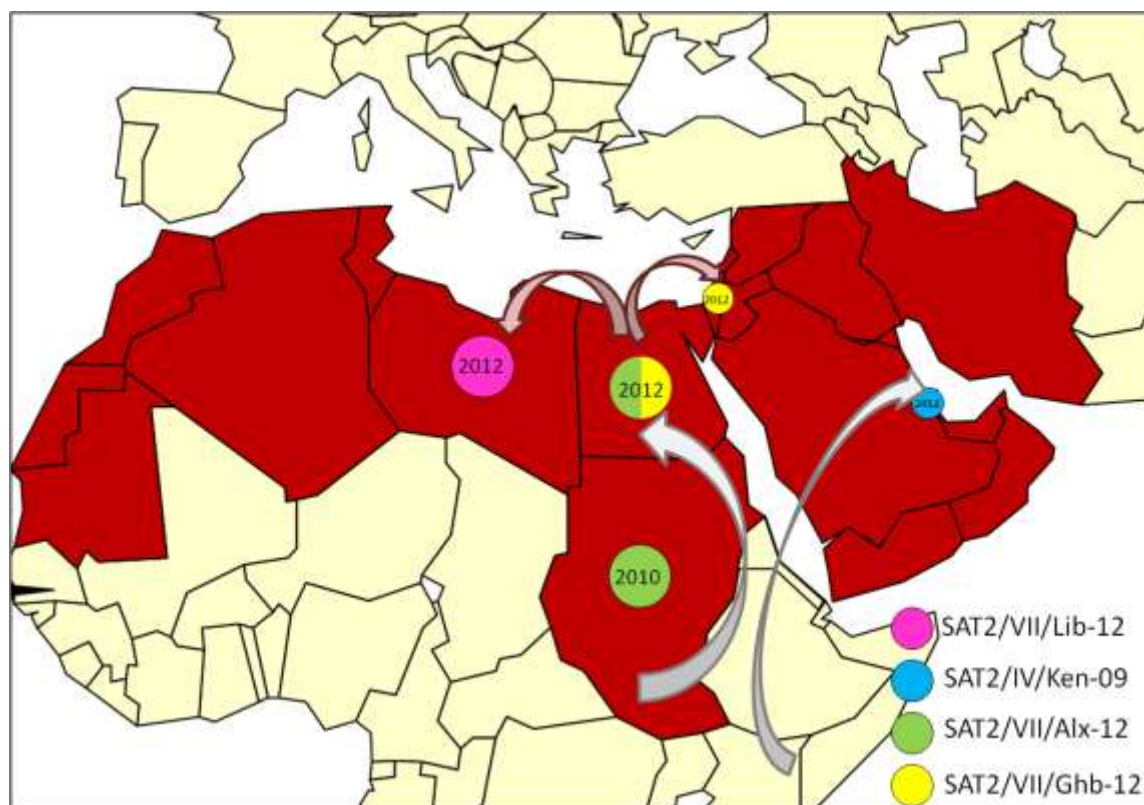
**WELNET** is the West Eurasian Laboratory Network which is part of the West Eurasia roadmap. Information from this area is of key relevance to EuFMD. Most recently, EuFMD funded and coordinated the transport of FMD samples from Iraq to the SAP Institute, Turkey (WELNET leader laboratory), where they were analysed. The molecular epidemiological output demonstrated the trans-border spread of type A FMD between Turkey and Iraq.

**RESOLAB** is the West/Central African laboratory network. EuFMD provides limited support to its FMD sub-network to support the provision of risk information relevant to REMESA countries in North Africa.

**EARLN** is the East African Regional Laboratory Network; EuFMD provides limited support to its FMD sub-network.

The multiple incursions of sub-Saharan FMD strains (including SAT2) into Egypt and Libya in 2012 highlight the ongoing risk posed by these areas, and the clear benefits of engaging with the sub-Saharan laboratory networks. This can inform risk management for EuFMD member states and REMESA states in North Africa. All EuFMD activities in this region are coordinated with FAO EMPRES, in particular the USAID-funded Identify project to support African laboratories.

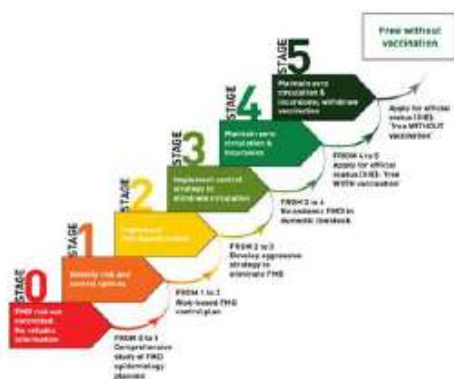
*Monthly report compiled from FMD laboratory contacts in WestEurasia, middle-east, eastern Africa and West/Central Africa to better identify new threats to the vaccination programmes used in the European neighborhood and risk of incursions to Europe. This system enables prioritization of sample shipments to WRL Pirbright (results reported to OIE/FAO). Given the current instabilities in sub-Saharan West Africa, it is important to be able to provide information on virus threats to EuFMD and REMESA countries.*





The **EuFMD** produces a monthly report on the **Global FMD situation**, providing key input in global knowledge of FMD events and global risk management. This report is compiled and managed by a short-term professional (STP) animal health officer, a state veterinarian from an EuFMD member state on a six-month temporary posting in Rome with the Secretariat. The STP assembles the report, circulates to all OIE and FAO international reference Centres (IRCs), FMD laboratory network animators and Leading Laboratories, and compiles their responses into a Monthly report by the 20<sup>th</sup> day of each Month. This is an important tool for **focussing efforts** to improve surveillance and provides a valuable measure of the outcomes associated with supporting countries or NRLs to type and submit samples to IRCs. Although this system started only in January 2012, EuFMD now gets information from most IRCs, including India and China and is also used by IRCs (indicators being the maps in their reports to meetings).

The **PCP-FMD** is a framework for planning and assessment of national activities and was developed by EuFMD, with FAO, in 2008 and has been since 2011 a **Joint Tool** of **EuFMD-FAO-OIE**. In 2011-12 the PCP was used as a tool for in all national assistance activities supported by the EuFMD/EC programme and EuFMD has provided expertise gained in the European neighbourhood to assist other regions to develop Long term Roadmaps for FMD control, as part of meetings organised by FAO and OIE under the Gf-TADS Framework. The EuFMD experts have continued to refine the guidance and associated PCP tools, for use by national experts in endemic countries, and have developed a training programme, the Practical Epidemiology for Progressive Control-Course(**PeP-C**) to train national staff in the application of the **PCP approach**.



The EuFMD, with EC support, has provided a contract of 150,000 USD per year to the **Pirbright laboratory** to provide international reference centre services to assist **typing of FMDV**, to produce an **Annual Global Surveillance** report (for OIE/FAO) and provide **proficiency test services free of charge** to the non-EU NRLs in the European Neighbourhood, complementing the service to the 27 EU NRLs that is supported under the EU CRL-FMD contract.

The aim is that all EuFMD members fulfil their obligation agreed at the 38<sup>th</sup> Session to be able to confirm FMDV within 24 hours of sample receipt, at their own NRL or another with which they have an agreement.

A small map of Europe is shown in the bottom right corner. The United Kingdom is highlighted in green, and a red dot indicates the location of the Pirbright laboratory. Labels 'WRL, Pirbright' and 'Pirbright' are visible on the map.



# **Foot-and-Mouth Disease situation**

## **Food and Agriculture Organization of the United Nations**

### **Monthly Report**

### **February 2013**

#### **INFORMATION SOURCES USED:**

##### Databases:

\*OIE WAHID World Animal Health Information Database\*

\*FAO World Reference Laboratory for FMD (WRLFMD)\*

##### Other sources:

\*FAO/EuFMD supported FMD networks\*

\*FAO/EuFMD projects and field officers\*

#### **ACKNOWLEDGEMENT:**

**Indian Council of Agricultural Research**

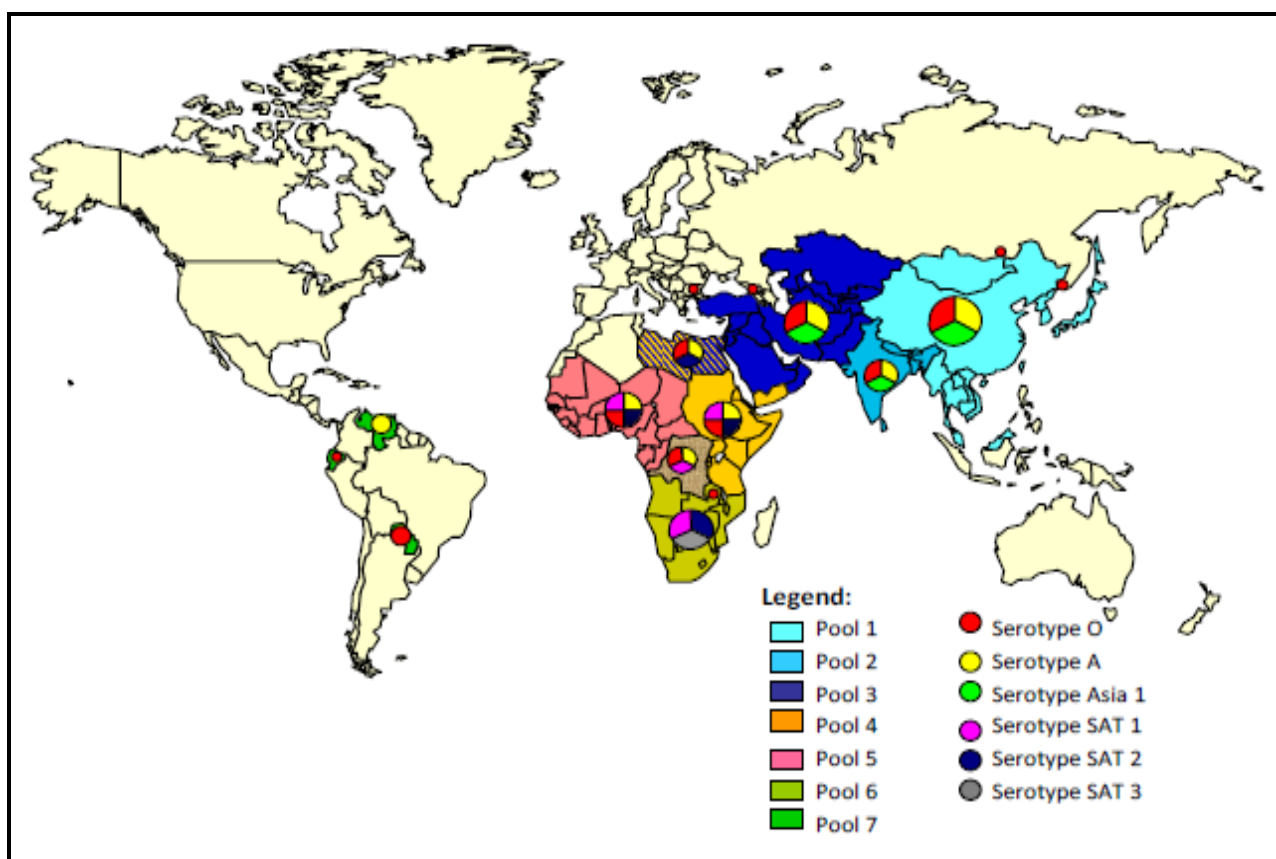
The sources for information are referenced by using superscripts.  
The key to the superscripts is on the last page

*Please, note that the use of information and boundaries of territories should not be considered to be the view of the U.N. Please, always refer to the OIE for official information on reported outbreaks and country status.*

## I. GENERAL OVERVIEW

### ***Foot-and-mouth disease (FMD) distribution by Serotype and the seven virus pools, 2010-2013 (Map 1)***

*Pools represent independently circulating and evolving FMDV genotypes; within the pools, cycles of emergence and spread occur that usually affect multiple countries in the region. In the absence of specific reports, it should be assumed that the serotypes indicated below are continuously circulating in parts of the pool area and would be detected if sufficient surveillance was in place (Table 1).*



Map 1: Foot-and-mouth disease virus pools distribution, 2010-2013

Table 1: List of countries representing each virus pool

POOL	REGION/COUNTRIES	SEROTYPES
1	<b><u>CENTRAL/EAST ASIA</u></b> (Cambodia, China (People's Rep. of), China (Hong Kong, SAR), China (Taiwan Province), Japan, Korea (DPR), Korea (Rep. of), Laos PDR, Malaysia, Mongolia, Myanmar, Russian Federation, Thailand, Viet Nam)	O, A, Asia 1
2	<b><u>SOUTH ASIA</u></b> Bangladesh, Bhutan, India, Nepal, Sri Lanka	O, A, Asia 1
3	<b><u>WEST EURASIA &amp; MIDDLE EAST</u></b> (Afghanistan, Armenia, Azerbaijan, Bahrain, Bulgaria, Egypt, Georgia, Iran, Iraq, Israel, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lebanon, Libya, Oman, Pakistan, Palestine Autonomous Territories, Qatar, Saudi Arabia, Syrian Arab Republic, Tajikistan, Turkey, Turkmenistan, Uzbekistan)	O, A, Asia 1
4	<b><u>EASTERN AFRICA</u></b> (Burundi, Comoros, Congo D. R., Djibouti, Egypt, Eritrea, Ethiopia, Kenya, Libya, Rwanda, Somalia, North Sudan, South Sudan, Tanzania, Uganda, Yemen)	O, A, SAT 1, SAT 2
5	<b><u>WEST/CENTRAL AFRICA</u></b> (Benin, Burkina Faso, Cameroon, Cape Verde, Central Afr. Rep., Chad, Congo D. R., Congo R., Cote d'Ivoire, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea Biss., Guinea, Liberia, Mali, Mauritania, Niger, Nigeria, Sao Tome Principe, Senegal, Sierra Leone, Togo)	O, A, SAT 1, SAT 2
6	<b><u>SOUTHERN AFRICA</u></b> (Angola, Botswana, Congo D. R., Malawi, Mozambique, Namibia, South Africa, Zambia, Zimbabwe)	{O, A}* , SAT 1, SAT 2, SAT 3
7	<b><u>SOUTH AMERICA</u></b> (Ecuador, Paraguay, Venezuela)	O, A

\* ONLY IN NORTH ZAMBIA AS OVERSPILL FROM POOL 4

Egypt and Libya are indicated as being in multiple pools, since they have evidence of FMDV originating from 2 or more pools in the recent past (4 years).

## II. HEADLINE NEWS

### **POOL 1**

**China**<sup>1</sup> – FMD outbreak in cattle, in Deji Village, Qushui, Lasha, TIBET.

**Viet Nam**<sup>9</sup> – 3 FMD outbreaks in January 2013, 2 FMD outbreaks in February 2013 were reported.

**Malaysia**<sup>9</sup> – 1 FMD outbreak was reported in January 2013.

### **POOL 2**

**Nepal**<sup>2</sup> – FMD serotype O outbreaks in Kathmandu districts were reported in all susceptible species.

**India**<sup>15</sup> – 25 outbreaks of FMD were reported in February 2013, caused by FMD virus serotypes O (23), and Asia 1 (2)

### **POOL 3**

**Iran**<sup>2</sup> - During February 2013, 67 FMD outbreaks were reported.

**Turkey**<sup>2</sup> – In Anatolia region, serotypes O, A and Asia 1 are still circulating.

### **POOL 4**

**Tanzania**<sup>2</sup> - FMD outbreak confirmed in Ngara District.

### **POOL 5**

**Democratic Republic of the Congo**<sup>14</sup> – FMD has been continuously reported in Ruzizi plain (South-Kivu).

### **POOL 6**

**South Africa**<sup>17</sup> – the proposed FMD-free zone in South Africa does not fulfill the relevant international requirements as defined in the Terrestrial Animal Health Code of the OIE.

### **POOL 7**

No new events have been reported for this reporting period.

## **COUNTER**

**\*\*\* 14 MONTHS SINCE LAST OUTBREAK IN SOUTH AMERICA HAS BEEN REPORTED**

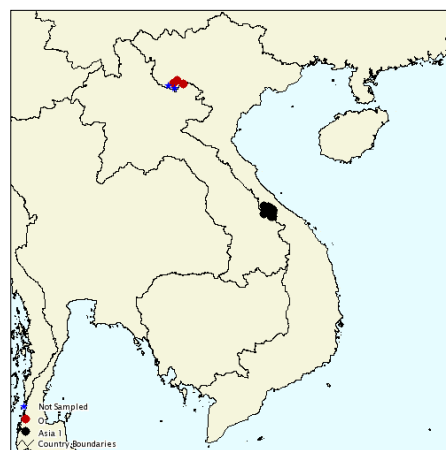
**\*\*\* 101 MONTHS SINCE LAST C SEROTYPE OUTBREAK HAS BEEN REPORTED**

### III. DETAIL POOL ANALYSIS

#### P O O L 1 CENTRAL / EAST ASIA

**China<sup>1</sup>** – Reported FMD outbreak is continuation of the event which started in February 2012 with morbidity rate 35.14%. In response to outbreak, vaccination of susceptible species in several divisions were conducted. FMDV was confirmed by ELISA, RT-PCR and virus isolation at Lanzhou Veterinary Research Institute (National laboratory) (OIE's Reference Laboratory).

**Viet Nam<sup>9</sup>** – 3 FMD outbreaks in January 2013 were caused by serotype O. Samples from outbreaks in February 2013 were not taken and the disease was not confirmed by laboratory tests (Map 2).



Map 2: FMD outbreaks in Viet Nam

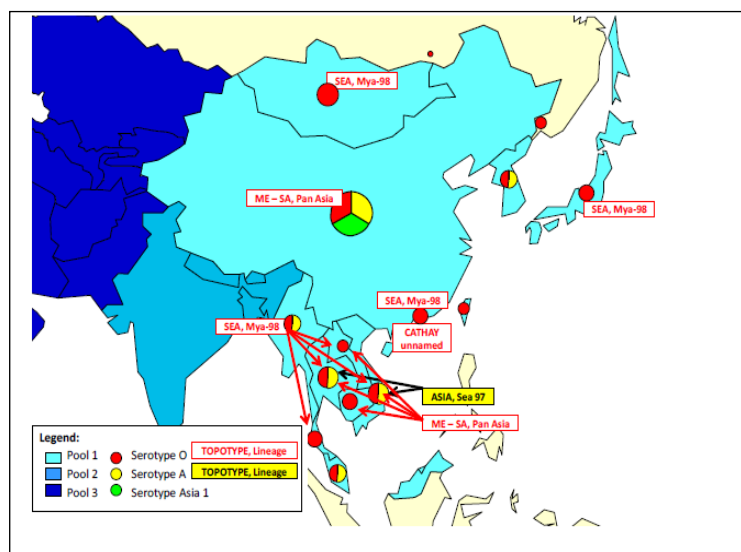
**Malaysia<sup>9</sup>** – 1 FMD outbreak was reported in January 2013 (Map 3). The serotype of involved FMDV was not determined.



Map3: FMD outbreaks in Malaysia

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FMD in most central and eastern Asia countries is endemic (Map 4). Brunei and Japan are the only countries in this region with the free FMD status where vaccination is not practiced.



Map 4: FMD distribution by serotypes 2010 – 2013

There is a zone covering the provinces of Sabah and Sarawak in Malaysia which is designated as FMD free without vaccination. In China, the main threat comes from O/Mya-98 strain and PanAsia strain. The O/Mya-98 strain mainly affects pigs, although cattle and goat/sheep can also show clinical signs in some field cases. However, the type O PanAsia strain mainly affects cattle.

Epidemiological analysis indicates that animal movements associated with trade are the main factors for the spread of the FMD and for transmission between provinces in China. Both Mya-98 and PanAsia strains of FMDV sequences from PR China had a close relationship with those sequences from outbreaks in Southeast Asian nations<sup>6</sup>. FMD history in past 2 years is given in Table 2.

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Table 2: Pool 1 FMD history 2010-2013

COUNTRY/6 MONTHS REPORTING TO OIE	FMD HISTORY (past 2 years)	LAST OUTBREAK REPORTED/TYPE	OIE FMD STATUS
<b>CAMBODIA, 2011</b>	2011, 2012 – NOT TYPED <sup>1</sup>	OCT 2012/NOT TYPED <sup>1</sup>	DISEASE PRESENT
<b>CHINA (PEOPLE'S REP. OF), 2011, ½ 2012</b>	2011, 2012, 2013 – O <sup>1, 16</sup>	FEB 2013/O <sup>1</sup>	DISEASE PRESENT
<b>CHINA (HONG KONG, SAR), 2011</b>	2011 – O <sup>1, 5</sup> 2012 – O <sup>3</sup>	NOV 2012/O <sup>3</sup>	DISEASE PRESENT
<b>CHINA (TAIWAN PROVINCE), NO OIE DATA</b>	2011 – 2011 – O <sup>5</sup> 2012 – O <sup>1</sup>	NOV 2012/O <sup>1</sup>	UNKNOWN
<b>JAPAN, 2011</b>	2011, 2012 - NO REPORTED OUTBREAKS <sup>1</sup>	JULY 2010/O <sup>1, 5</sup>	FREE WITHOUT VACCINATION
<b>KOREA (DPR), 2011</b>	2011 – O <sup>1, 5</sup>	MARCH 2011/O <sup>1</sup>	½ 2011-PRESENT 2/2011 – NOT REPORTED
<b>KOREA (REP. OF), 2011</b>	2011 – O <sup>1, 5</sup>	APR 2011/O <sup>1</sup>	½ 2011-PRESENT 2/2011 – NOT REPORTED
<b>LAOS PDR, NO SUBM. REPORTS</b>	2011, 2012 - O <sup>9</sup>	DEC 2012/O <sup>9</sup>	UNKNOWN
<b>MALAYSIA, 2011, ½ 2012</b>	2011 – O, A <sup>1, 5</sup> 2012 – O, A <sup>1, 5</sup> 2013 – NOT TYPED <sup>9</sup>	JAN 2013/NOT TYPED <sup>9</sup>	FMD FREE ZONE WHERE VACCINATION IS NOT PRACTISED
<b>MONGOLIA, 2011</b>	2012 - O <sup>10</sup>	2012/O <sup>10</sup>	½ 2011 – LIMITED ON ONE OR MORE ZONES, 2/2011 -NOT REPORTED
<b>MYANMAR, 2011</b>	2011 – O <sup>1</sup>	FEB2012/O <sup>9</sup>	DISEASE PRESENT
<b>RUSSIAN FEDERATION, 2011</b>	2011 – O <sup>1</sup> 2012 – O <sup>1</sup>	MAR 2012/O <sup>1</sup>	½ 2011 – NOT REPORTED, 2/2011 - DISEASE PRESENT
<b>THAILAND, 2011, ½ 2012</b>	2011 – O, A <sup>1, 5</sup> 2012 – O, A <sup>1, 5</sup>	OCT 2012/A, O <sup>1</sup>	DISEASE PRESENT
<b>VIET NAM, 2011</b>	2011 – O <sup>1, 5</sup> 2012 – A, O <sup>5</sup>	NOV 2012/O <sup>5</sup>	DISEASE PRESENT

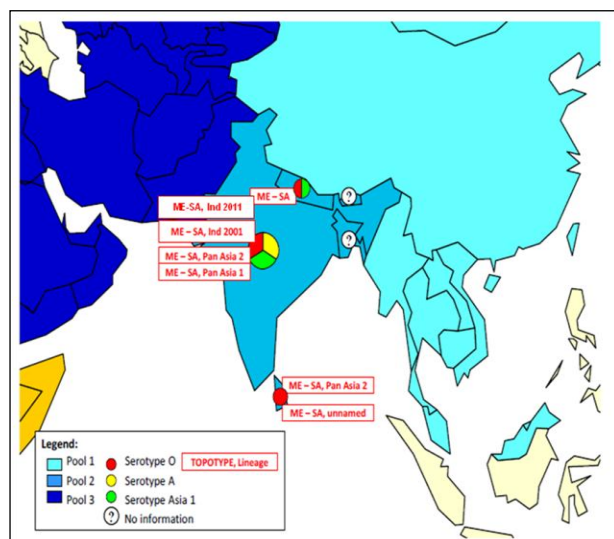
February, 2013

## II POOL 2

### SOUTH ASIA

**Nepal<sup>2</sup>** – FMD outbreaks, causing severe lesions in pigs, have been continuing to appear in Kathmandu district. FMDV serotype O was confirmed by Ag ELISA.

**India<sup>15</sup>** – During February 2013, 25 outbreaks of FMD were reported: in West Bengal (6), Madhya Pradesh (3), Bihar (2), Kerala (1), Odisha (2), Arunachal Pradesh (3), Assam (2), Manipur (1) and Karnataka (5). These outbreaks were caused by serotypes O (23) and Asia 1 (2), FMD virus. The direct economic loss during the period of outbreaks in West Bengal, Madhya Pradesh, Bihar, Kerala, Gujarat, Odisha, Arunachal Pradesh, Assam, Manipur and Karnataka was ~ 200.000,00 USD (loss of milk, mortality, cost of treatment and loss of draught power).



South Asia is known to be an FMD endemic area but very limited data on serotypes is available (Map 5).

The PD-FMD at Mukteswar (FMD Reference laboratory for South Asia) is active in this region and is requested to provide information on FMD circulation that will assist improved understanding of virus circulation.

FMD history in past 2 years is given in Table 3.

Map 5: FMD distribution by serotypes 2010 – 2013

Table 3: Pool 2 FMD history 2010-2013

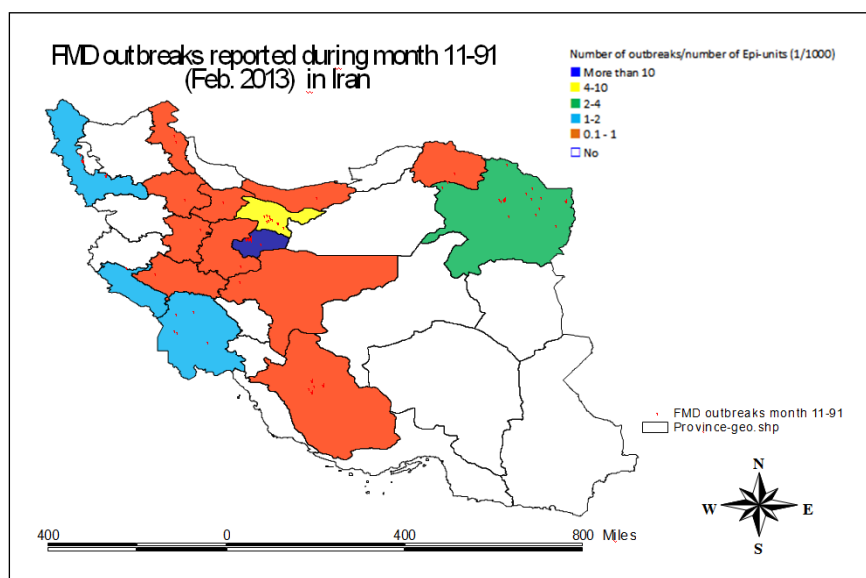
COUNTRY/6 MONTHS REPORTING TO OIE	FMD HISTORY (past 2 years)	LAST OUTBREAK REPORTED/TYPE	OIE FMD STATUS
<b>BANGLADESH, 2011</b>	2011 – O, A, Asia 1 <sup>6</sup>	NOT AVAILABLE	½ 2011 DISEASE PRESENT, 2/2 2011 - LIMITED TO ONE OR MORE ZONES
<b>BHUTAN, 2011</b>	2011, 2012 – O <sup>5</sup>	NOV 2012/O <sup>5</sup>	DISEASE PRESENT
<b>INDIA, 2011</b>	2011, 2012, 2013 – O, A, Asia 1 <sup>1, 15</sup>	FEB 2013/O, Asia 1 <sup>3, 15</sup>	LIMITED TO ONE OR MORE ZONES
<b>NEPAL, 2011</b>	2011 – O, A, Asia 1 <sup>1, 6</sup> 2012 <sup>2</sup>	DEC 2012/O <sup>2</sup>	DISEASE PRESENT
<b>SRI LANKA, 2011</b>	2011, 2012 – O <sup>1, 5</sup>	2012/O <sup>5</sup>	½ 2011 - DISEASE PRESENT 2/2 2011 – NOT REPORTED

February, 2013

### POOL 3

#### WEST EURASIA & MIDDLE EAST

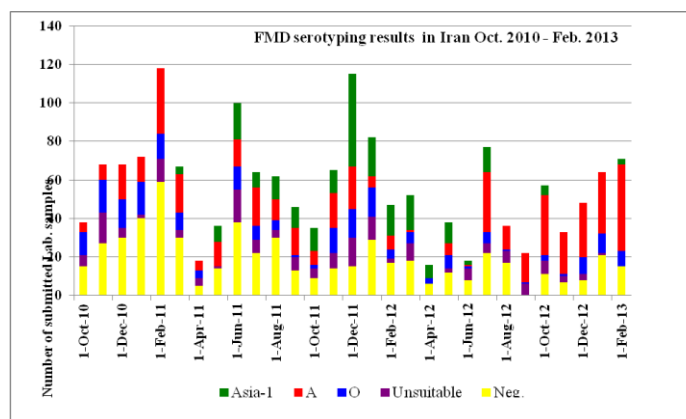
**Iran<sup>2</sup>** - During February 2013, 67 FMD outbreaks were reported (Map 6, Table 4) with evident dominance of serotype A. Serotyping results are shown in graph 1. Qom province is the major hot point area in the country.



Map 6: FMD outbreaks February 2013

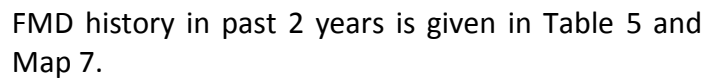
Table 4: FMD outbreaks February 2013

	NO OF SAMPLES	NEGATIVE	UNSUITABLE	POSITIVE			
				TOTAL POSITIVE	A	O	ASIA 1
FEB `13	71	15	0	56	45	8	3



Graph 1: Serotyping results October 2010 – February 2013.

The both, serotype A and O isolates, were less than 2% divergent from viruses isolated from this region in last 2 years.



Map 7: FMD distribution by serotypes 2010 – 2013

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Table 5: Pool 3 FMD history 2010-2013

COUNTRY/6 MONTHS REPORTING TO OIE	FMD HISTORY (past 2 years)	LAST OUTBREAK REPORTED/TYPE	OIE FMD STATUS
AFGHANISTAN, 2011	2011 – O, A, Asia 1 <sup>1,5</sup>	DEC 2011 <sup>1</sup>	DISEASE PRESENT
ARMENIA, 2011 MONTHLY REPORTS REGULARLY SUBMITTED TO EUFMD	2011, 2012 – NO REPORTED OUTBREAKS <sup>1</sup>	NOT AVAILABLE	NOT REPORTED IN THIS PERIOD
AZERBAIJAN, 2011 MONTHLY REPORTS REGULARLY SUBMITTED TO EUFMD	2011, 2012 – NO REPORTED OUTBREAKS <sup>1</sup>	JUN 2001 <sup>1</sup>	NOT REPORTED IN THIS PERIOD
BAHRAIN, 2011	2011 – O, A, Asia 1 <sup>5</sup> 2012 – O <sup>5</sup>	MAR 2012/O <sup>5</sup>	LIMITED TO ONE OR MORE ZONES
BULGARIA, 2011, ½ 2012	2011 – O <sup>1,5</sup>	JUN 2011/O <sup>1</sup>	½ 2011 – DISEASE PRESENT, 2/2011, 2012 - NOT REPORTED IN THIS PERIOD
EGYPT, 2011, ½ 2012	2011 – A, O <sup>1,5</sup> 2012 – O, A, SAT 2 <sup>1,5</sup>	JUN 2012/SAT 2 <sup>1</sup>	2011 – NOT REPORTED, 2012 - DISEASE PRESENT
GEORGIA, 2011 MONTHLY REPORTS REGULARLY SUBMITTED TO EUFMD	2011, 2012 – NO REPORTED OUTBREAKS <sup>1</sup>	2002 <sup>1</sup>	NOT REPORTED IN THIS PERIOD
IRAN, 2011	2011, 2012, 2013 – O, A, Asia 1 <sup>5</sup>	FEB 2013/O <sup>5</sup> , A <sup>2</sup> , Asia 1 <sup>5</sup>	DISEASE PRESENT
IRAQ, 2011	2011 – O, A <sup>1</sup> 2012 – A <sup>5</sup>	2012 <sup>5</sup> /A	DISEASE PRESENT
ISRAEL, 2011	2011 – O <sup>1</sup> 2012 – O <sup>5</sup>	MAR 2012/O <sup>5</sup>	DISEASE PRESENT
JORDAN, 2011	2011, 2012 – NO REPORTED OUTBREAKS <sup>1</sup>	2006 <sup>1</sup>	NOT REPORTED IN THIS PERIOD
KAZAKHSTAN, 2011	2011 – O, A <sup>1</sup> 2012 – O, A <sup>5</sup>	MAY 2012/O <sup>10</sup>	DISEASE PRESENT
KUWAIT, 2011	2011, 2012 – O <sup>5</sup>	FEB 2012/O <sup>5</sup>	DISEASE PRESENT
KYRGYZSTAN, 2011	2011 – O, A <sup>1</sup>	NOV 2011/O, A <sup>1</sup>	LIMITED TO ONE OR MORE ZONES
LEBANON, 2011	2011, 2012 – NO REPORTED OUTBREAKS <sup>1</sup>	03/2010 <sup>1</sup>	NOT REPORTED IN THIS PERIOD
LIBYA, NO SUBM. REPORTS	2011 – O <sup>5</sup> 2012 – O, SAT 2 <sup>5</sup>	APR 2012 <sup>1,5</sup>	DISEASE PRESENT
OMAN, 2011	2011 - NO DATA AVAILABLE	DEC 2011 <sup>1</sup>	DISEASE PRESENT
PAKISTAN, 2011	2011 – Asia 1, O 2012 – O, A, Asia 1 <sup>5,13</sup>	JUN 2012/O, Asia 1, A <sup>5,13</sup>	LIMITED TO ONE OR MORE ZONES
AUTONOMOUS TERRITORIES PALESTINE, 2011	2011 – O, A, Asia 1 <sup>1</sup> 2012 – SAT 2 <sup>1,5</sup>	APR 2012/SAT 2 <sup>5</sup>	LIMITED TO ONE OR MORE ZONES
QATAR, 2011	NO DATA AVAILABLE		½ 2011 – NOT REPORTED, 2/2011 DISEASE PRESENT
SAUDI ARABIA, 2011	2012 – O <sup>5</sup>	JULY 2012/O <sup>5</sup>	DISEASE PRESENT
SYRIAN ARAB REPUBLIC, 2011	2011, 2012 – NO REPORTED OUTBREAKS <sup>1</sup>	03/2002 <sup>1</sup>	NOT REPORTED IN THIS PERIOD

February, 2013

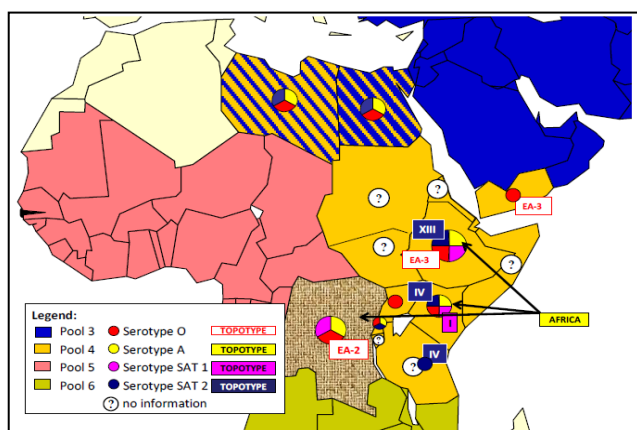
<b>TAJIKISTAN, 2011</b>	2011 – Asia 1 <sup>1</sup>	NOV 2011/Asia 1 <sup>1</sup>	½ 2011 – NOT REPORTED, 2/2011 - DISEASE PRESENT
<b>TURKEY, 2011, ½ 2012</b> <b>MONTHLY REPORTS</b> <b>REGULARLY SUBMITTED</b> <b>TO EUFMD</b>	2011 – Asia 1, A, O <sup>5,1</sup> 2012 – Asia 1, A <sup>5</sup> , O <sup>1</sup>	DEC 2012/O, A <sup>5</sup> , Asia 1 <sup>1</sup>	DISEASE PRESENT
<b>TURKMENISTAN</b> <b>NO SUBM. REPORTS</b>	NO DATA AVAILABLE		UNKNOWN
<b>UZBEKISTAN</b> <b>NO SUBM. REPORTS</b>	NO DATA AVAILABLE		UNKNOWN

February, 2013

## P O O L 4

### EASTERN AFRICA

**Tanzania<sup>2</sup>** - FMD outbreak confirmed in Ngara District. The outbreak in Tanzania followed FMD in neighbouring Districts of Kibungo (Rwanda) and Muyinga (Burundi).



East Africa is known to be FMD endemic area but with limited available data (Map 8).

FMD history in past 2 years is given in Table 6.

Map 8: FMD distribution by serotypes 2010 – 2013

Table 6: Pool 4 FMD history 2010-2013

COUNTRY/6 MONTHS REPORTING TO OIE	FMD HISTORY (past 2 years)	LAST OUTBREAK REPORTED/TYPE	OIE FMD STATUS
<b>BURUNDI, 2011</b>	2011 – O, A, SAT 1, SAT 2 <sup>7</sup>	2011 <sup>7</sup>	UNKNOWN
<b>COMOROS, 2011</b>	2011 - DISEASE SUSPECTED BUT NOT CONFIRMED <sup>1</sup>	2010 <sup>1</sup>	SUSPECTED NOT CONFIRMED
<b>CONGO D. R. , 2011</b>	2011, 2012 O, A, SAT 1 <sup>7</sup>	2011/2012 <sup>7</sup> , NO PRECISE DATA	LIMITED TO ONE OR MORE ZONES
<b>DJIBOUTI, 2011</b>	2011 – ABSENT <sup>1</sup>	NOT AVAILABLE	NOT REPORTED IN THIS PERIOD
<b>EGYPT , 2011, ½ 2012</b>	2011 – A, O <sup>1,5</sup> 2012 – SAT 2 <sup>1,5</sup>	JUN 2012/SAT 2 <sup>1</sup>	2011 – NOT REPORTED, 2012 - DISEASE PRESENT
<b>ERITREA, NO SUBM. REPORTS</b>	2011 – O <sup>5</sup>	DEC 2011/O <sup>5</sup>	UNKNOWN
<b>ETHIOPIA, 2011</b>	2011 – A, SAT 1, O <sup>5,7</sup> 2012 – O <sup>5</sup>	2012/O <sup>5</sup>	DISEASE PRESENT
<b>KENYA, 2011</b>	2011 – O, SAT 1, SAT 2 <sup>1,5</sup> 2012, 2013 – SAT 2, A <sup>7</sup>	JAN 2013/A, SAT2 <sup>7</sup>	DISEASE PRESENT
<b>LIBYA , NO SUBM. REPORTS</b>	2011 – O <sup>5</sup> 2012 – O, SAT 2 <sup>5,7</sup>	APR 2012 <sup>1,5</sup>	DISEASE PRESENT
<b>RWANDA, NO SUBM. REPORTS</b>	2011 – ABSENT <sup>7</sup> 2012 – NOT TYPED <sup>2</sup>	NOV 2012/NOT TYPED <sup>2</sup>	UNKNOWN
<b>SOMALIA, 2011</b>	2011 – NO DATA AVAILABLE	2011 <sup>1</sup>	DISEASE PRESENT
<b>NORTH SUDAN, 2011</b>	2011 – A, O <sup>1</sup>	DEC 2011 <sup>1</sup>	DISEASE PRESENT
<b>SOUTH SUDAN, 2011</b>	2011, 2012 – O, SAT 1, SAT 2, A <sup>7</sup>	2011 <sup>7</sup>	DISEASE PRESENT

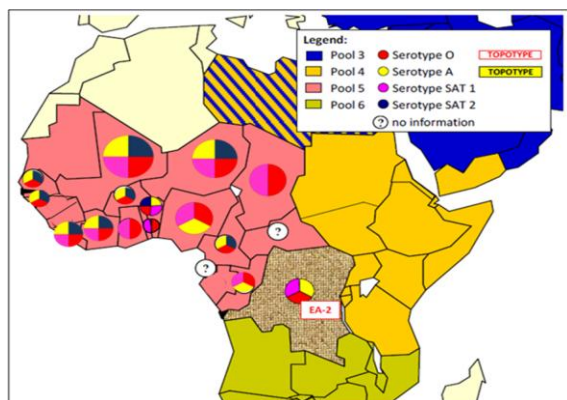
February, 2013

<b>TANZANIA, 2011</b>	2011 – SAT 1(buffalo), SAT 2 (cattle), O <sup>7</sup> , SAT3 <sup>1,5</sup> 2012 – A, O, SAT 1, SAT 2 <sup>5</sup>	MAY-JULY 2012/A, O, SAT 1, SAT 2 <sup>5</sup>	DISEASE PRESENT
<b>UGANDA, 2011</b>	2011 – O, A, SAT 1, SAT 2, SAT3 <sup>7,2,1</sup> 2012 <sup>11</sup>	NOV 2012 <sup>11</sup>	DISEASE PRESENT
<b>YEMEN, NO SUBM. REPORTS</b>	NO AVAILABLE DATA		

## POOL 5

### WEST/CENTRAL AFRICA

**Democratic Republic of the Congo<sup>14</sup>** – The epidemic which started at beginning of November 2012, in Ruzizi plain and around Uvira city, is still continuing. FMD was not confirmed by laboratory tests.



Foot and mouth disease is endemic in West Africa (Map 9). In Gabon, Sierra Leone, Mauritania, Guinea, Guinea Biss. FMD has not been reported at least in the last 3 years.

FMD history in past 2 years is given in Table 7.

Map 9: FMD distribution by serotypes 2010 – 2013

Table 7: Pool 5 FMD history 2010-2013

COUNTRY/6 MONTHS REPORTING TO OIE	FMD HISTORY (past 2 years)	LAST OUTBREAK REPORTED/TYPE	OIE FMD STATUS
<b>BENIN, 2011</b>	2011 – A, O, SAT 1, SAT 2 <sup>4,1</sup>	DEC 2011/O, A, SAT 1, SAT 2 <sup>1</sup>	DISEASE PRESENT
<b>BURKINA FASO, 2011</b>	2011, 2012 – O, A, SAT 2 <sup>4</sup>	NO PRECISE DATA, DEC 2011 <sup>1</sup>	DISEASE PRESENT
<b>CAMEROON, 2011</b>	2011 – O, A, SAT 2 <sup>4,1</sup>	2012 <sup>4</sup>	DISEASE PRESENT
<b>CAPE VERDE , NO SUBM. REPORTS</b>	NO DATA AVAILABLE		
<b>CENTRAL AFR. REP. 2011</b>	NO DATA AVAILABLE		DISEASE PRESENT
<b>CHAD, NO SUBM. REPORTS</b>	2011, 2012 – A, SAT 1 <sup>4</sup>	2011/2012 <sup>4</sup> , NO PRECISE DATA	UNKNOWN
<b>CONGO D. R. , 2011</b>	2011, 2012 O, A, SAT 1 <sup>4</sup>	DEC 2012 <sup>14</sup> /NOT TYPED	LIMITED TO ONE OR MORE ZONES
<b>CONGO R., NO SUBM. REPORTS</b>	NO DATA AVAILABLE		
<b>COTE D'IVOIRE, 2011</b>	2011 – SAT 1, A <sup>1</sup> , O, SAT 2 <sup>4</sup>	2011 <sup>4</sup>	LIMITED TO ONE OR MORE ZONES
<b>EQUATORIAL GUINEA, 2011</b>	NO DATA AVAILABLE		DISEASE SUSPECTED, NOT CONFIRMED
<b>GABON, 2011</b>	2011 – ABSENT <sup>1</sup>	NO IN 2006-2012 PERIOD <sup>1</sup>	NEVER REPORTED
<b>GAMBIA, NO SUBM. REPORTS</b>	2011, 2012 –O, A, SAT 2 <sup>9</sup>	2012 <sup>4</sup> /O	DISEASE PRESENT
<b>GHANA, 2011</b>	2011 – O, A, SAT 1, SAT 2 <sup>4,1</sup>	2012/O <sup>1</sup>	DISEASE PRESENT
<b>GUINEA BISS., 2011, ½ 2012</b>	2011, 2012 – ABSENT <sup>1</sup>	NO IN 2009-2012 PERIOD <sup>1</sup>	NOT REPORTED IN THIS PERIOD

February, 2013

<b>GUINEA, 2011, ½ 2012</b>	2011, 2012 – ABSENT <sup>1</sup>	NO IN 2007-2012 PERIOD <sup>1</sup>	NOT REPORTED IN THIS PERIOD
<b>LIBERIA, NO SUBM. REPORTS</b>	2011, 2012 – A, SAT 2 <sup>4</sup>	2011/2012 <sup>4</sup> , NO PRECISE DATA	UNKNOWN
<b>MALI, 2011</b>	2011/2012 – O, A, SAT 1, SAT 2 <sup>4, 1</sup>	2011/2012 <sup>4</sup> , NO PRECISE DATA	LIMITED TO ONE OR MORE ZONES
<b>MAURITANIA, 2011</b>	2011, 2012 – ABSENT <sup>1</sup>	NO IN 2007-2012 PERIOD <sup>1</sup>	NOT REPORTED IN THIS PERIOD
<b>NIGER, 2011</b>	2011/2012 – O, A, SAT 1, SAT 2 <sup>4, 1</sup>	NO PRECISE DATA, OCT 2011 <sup>1</sup>	LIMITED TO ONE OR MORE ZONES
<b>NIGERIA , 2011, ½ 2012</b>	2011/2012 – O, A <sup>4, 1</sup>	OCT/NOV 2012/A, O, SAT 1, SAT 2 <sup>4</sup>	DISEASE PRESENT
<b>SAO TOME PRINCIPE, NO SUBM. REPORTS</b>	NO DATA AVAILABLE		
<b>SENEGAL, 2011</b>	2011/2012 – O, A, SAT 1, SAT 2 <sup>4, 1</sup>	2012/O, A, SAT 1 <sup>4</sup>	DISEASE PRESENT
<b>SIERRA LEONE, 2011</b>	2011, 2012 – ABSENT <sup>1</sup>	OCT 1958 <sup>1</sup>	NOT REPORTED IN THIS PERIOD
<b>TOGO, 2011</b>	2011, 2012 – O, SAT 1 <sup>1, 4, 1</sup>	2012/O <sup>4</sup>	DISEASE PRESENT

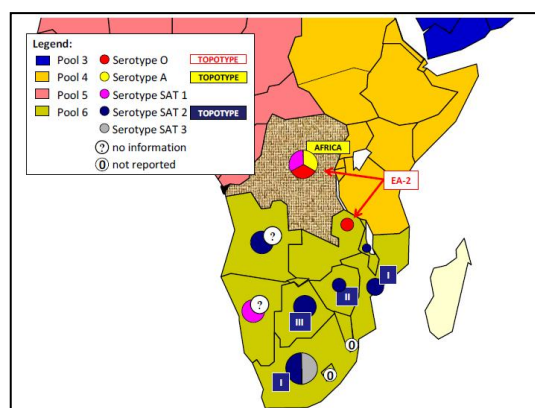
February, 2013

## POOL 6

### SOUTHERN AFRICA

**South Africa<sup>17</sup>** - the Scientific Commission of the OIE concluded that the proposed FMD-free zone in South Africa does not fulfill the relevant international requirements as defined in the Terrestrial Animal Health Code of the OIE.

The main concerns raised by the OIE include aspects of the application including the consistency of the area defined as free, the test used for the surveillance and, the vaccine used in the handling of the outbreak in KwaZulu-Natal.



Swaziland and Lesotho are free from FMD without vaccination. Also, there is a zone in both Botswana and Namibia which is FMD free without, since 2010 and 1997 respectively (Map 10).

FMD history in past 2 years is given in Table 8.

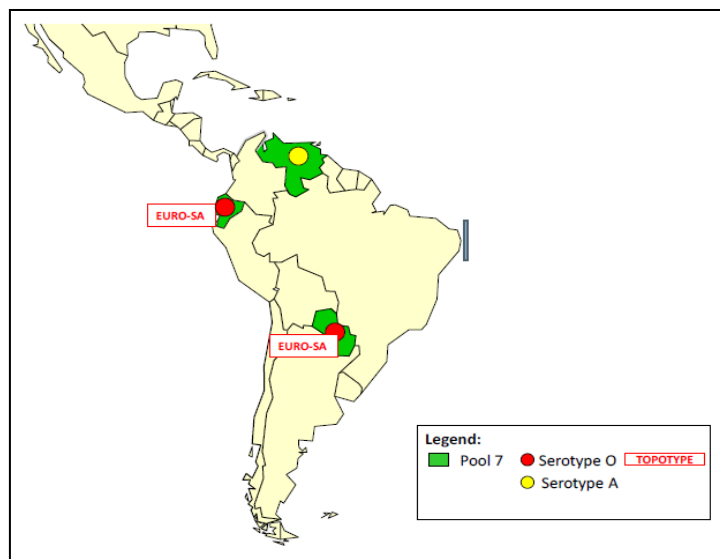
Map 10: FMD distribution by serotypes 2010 – 2013

Table 8: Pool 6 FMD history 2010-2013

COUNTRY/6 MONTHS REPORTING TO OIE	FMD HISTORY (past 2 years)	LAST OUTBREAK REPORTED/TYPE	OIE FMD STATUS
<b>ANGOLA, NO SUBM. REPORTS</b>	NO REPORTED OUTBREAKS	DEC. 2010/ SAT 2 <sup>1</sup>	UNKNOWN
<b>BOTSWANA, 2011</b>	2011 – SAT 2 <sup>5</sup> SAT 2 <sup>1</sup> 2012 – SAT 2 <sup>1</sup>	OCT 2012/ SAT 2 <sup>1</sup>	FMD FREE ZONE WHERE VACCINATION IS NOT PRACTISED
<b>CONGO D. R. , 2011</b>	2011, 2012 O, A, SAT 1 <sup>4</sup>	2011/2012 <sup>9</sup> , NO PRECISE DATA	LIMITED TO ONE OR MORE ZONES
<b>MALAWI, 2011</b>	2011 – SAT 2 <sup>1</sup>	OCT 2011 <sup>1</sup>	DISEASE PRESENT
<b>MOZAMBIQUE, 2011</b>	2011 – SAT 2 <sup>1</sup>	JUN 2011/SAT 2 <sup>1</sup>	DISEASE PRESENT
<b>NAMIBIA, 2011</b>	2011 – SAT 1 <sup>1</sup> 2012 – SAT 1 <sup>1</sup>	JAN 2012/SAT 1 <sup>1</sup>	FMD FREE ZONE WHERE VACCINATION IS NOT PRACTISED
<b>SOUTH AFRICA, 2011</b>	2011 – SAT 1 <sup>1</sup> SAT 2 <sup>1</sup> 2012 – SAT 2 <sup>1</sup>	APR 2012/SAT 2 <sup>1</sup>	DISEASE PRESENT
<b>ZAMBIA, 2011</b>	2012 – SAT 1 <sup>5</sup> , SAT 2 <sup>1</sup>	JUN 2012/SAT 1 <sup>5</sup>	DISEASE PRESENT
<b>ZIMBABWE, 2011</b>	2011 – SAT 2 <sup>1</sup> 2012/NOT TYPED <sup>12</sup>	2012/NOT TYPED <sup>12</sup>	DISEASE PRESENT

## P O O L 7

### SOUTH AMERICA



Most South America countries are FMD free with (Uruguay)/without (Chile, Guyana) vaccination or with free zones with/without vaccination. Small areas of the continent are considered as endemic but clinical cases are rare (Map 11).

FMD history in past 2 years is given in Table 9.

Map 11: FMD distribution by serotypes 2010 – 2013

Table 9: Pool 7 FMD history 2010-2013

COUNTRY/6 MONTHS REPORTING TO OIE	FMD HISTORY (past 2 years)	LAST REPORTED/TYPE	COUNTRY FMD STATUS <sup>1</sup>	CONTROL MEASURES
<b>ECUADOR, 2011, ½ 2012</b>	2011 – O <sup>1,8</sup>	AUG 2011/O <sup>1,8</sup>	2011 – DISEASE PRESENT, 2012 – NOT REPORTED	ROUTINE VACCINATION - CATTLE
<b>PARAGUAY, 2011</b>	2011 – O <sup>1,8</sup>	DEC 2011/O <sup>1,8</sup>	½ 2011 – NOT REPORTED, 2/2011 - LIMITED TO ONE OR MORE ZONES	ROUTINE VACCINATION – CATTLE, BUFFALOES
<b>VENEZUELA, NO SUBM. REPORTS</b>	2011 – O <sup>8</sup> A <sup>8</sup>	2011/O, A <sup>8</sup>	UNKNOWN	

**The key to the superscripts is below:**

1. WAHID Interface – OIE World Animal Health Information Database  
<http://web.oie.int/wahis/public.php?page=home>
2. Reports from FAO/EuFMD projects and field officers
3. Dr. Esther TO: Foot and Mouth Disease Hong Kong Situation, Update; Animal Management Division Agriculture, Fisheries and Conservation Department, 10 August 2012
4. FAO/EuFMD supported FMD networks (RESOLAB-FMD West Africa)
5. World Reference Laboratory for Foot-and-Mouth Disease (WRLFMD), [www.wrlfmd.org](http://www.wrlfmd.org)
6. Conference on Scientific Developments and Technical Challenges in the Progressive Control of FMD in South Asia, New Delhi, India, 13-15 February 2012.
7. FAO/EuFMD supported FMD networks (EARLN-FMD Eastern Africa)
8. SENASA, Argentina
9. SEAFMD
10. Open session of the EuFMD, Jerez de la Frontera, Spain. 29-31 October 2012.
11. Ministry of Agriculture Animal Industry and Fisheries. National Animal Disease Diagnostics and Epidemiology Centre (NADDEC) P.o. BOX 513, Entebbe, Uganda
12. Dr C Njagu (Division of Veterinary Field Services):  
Current status of the livestock sector in Zimbabwe, ACWG MEETING OF 31STMAY 2012
13. Pakistan – FMD Bulletin, Vol 1 (1-2), January-June, 2012
14. Laboratoire veterinaire de Goma, DRC
15. Project Directorate on Foot and Mouth Disease, Indian Council of Agricultural Research, Mukteswar Nainital Uttarakhand, 263138
16. OIE/China national FMD reference laboratory
17. Republic of South Africa, Department of agriculture, Forestry and Fisheries

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## Summary of EuFMD actions implemented under the EC/EuFMD agreement (Reporting period: Sept 2011-April 2013)



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## SUMMARY

This Report is provided to the 40<sup>th</sup> Session of the Commission as a summary of the activities undertaken under the EC funding agreement for the three reporting periods since the 39<sup>th</sup> Session in April 2011. The EuFMD/EC agreement is for 48 months, from September 2009 to September 2013. More detailed reports are provided at each Executive Committee meeting and available online - and directly to the EC to fulfill the contractual agreements.

The EuFMD Commission, at the 38<sup>th</sup> General Session in April 2009, adopted a four year Strategic Plan of activities, involving six components, with priorities for in-country actions being to support FMD control in Southeast Europe through greater management of the FMD risk in countries bordering to Turkey, in West Eurasia. These projects are coordinated with those of other Directorates of the EC and other funding agencies, to promote progressive control in the West Eurasian countries along a long term Roadmap.

Following signature of the financing agreement, specific activities of the EuFMD were initiated following response of the EC to proposals from the Secretariat or decisions of the Executive Committee at which the EC is represented.

The EC support is provided through a Trust Fund (TF), MTF/INT/003/EEC, with a total funding of € 8 million for the four year period of the current agreement. Since September 2009, the EC has agreed funding of actions in six of the Strategic Plan components, with by far the largest being for in-country programmes in the Trans-Caucasus and Iran aimed at reducing the risk of new incursions of FMD into Turkey and Eastern Europe. Funding is also provided for training of European veterinarians, for surveillance in the African proximity, for short technical studies, and for surveillance for FMD in Egypt. At the 39<sup>th</sup> Session in April 2011, the EuFMD Commission recommended **three additional components**. These are indicated as Components 7-9 below. For two of these, expenditures or activities had not been committed before April 2012, but actions and expenditure has commenced in the current 6 month period (*i.e.* April-September 2012).

## The nine Components of the Programme

**Note that Components 1 to 6 were agreed at the 38<sup>th</sup> Session; 7-9 added at the 39<sup>th</sup> Session.**

As summarized in the Update Report these are:

1. Risk reduction in South-East Europe through support to FMD control in West Eurasia;
2. Activities to reduce FMD risk in the South and East Mediterranean countries;
3. Field based FMD Training Programme;
4. FMD surveillance in the African proximity;
5. Technical studies;
6. Response to FMD Emergencies;
7. Strengthening FMD laboratories in the Balkan Region;
8. Improved Contingency Planning through use of decision support tools;
9. World Reference Laboratory (WRL) contract – FMD surveillance support activities.

The work under each component was scheduled for completion in 2012, or before the completion of the term Funding Agreement (September 2013).

## Implementation

As per the Agreement with the EC, the activities are implemented directly by the EuFMD Secretariat in FAO. Where field based activities occur, in countries with FAO offices, FAO regional or national office staff are used to establish the working agreements with the veterinary services of the countries concerned and thereafter may be used to assist arrangements on a payment for services basis. Where the field activities are expected to be used repeatedly, a Memorandum of Understanding (MOU) with the Government Service and/or a national project consultant may be hired to assist delivery, such as training courses. Letters of Agreement (LoA) (with not for profit organizations) or contracts (with companies) are used where specific services are more efficiently delivered, for example the LoA with Laboratories for Diagnostic Services, and Contracts with Diagnostics suppliers. The cost of major procurements of diagnostics was reduced by negotiation of a Global FMD Diagnostics Contract, awarded to Pirbright/Prionics and IZSLER, Brescia; it is the first of its kind in FAO and has been used to achieve bulk order savings available to all FAO Offices and the FAO/IAEA Joint Division. All procurement of goods, services including consultants conform to the FAO Administrative Manual. The Executive Secretary of the EuFMD acts as budget holder for the MTF/INT/003/EEC activities and a financial officer (consultant) has been employed since January 2012 to assist.

The full time professional technical services to support the programme are provided by the EuFMD Secretariat (One P5 Officer and one P3 Animal Health Officer) plus the short term professionals (STP) officers seconded by Member States. These services are NOT charged to the EC programme, so the latter pays “on an additional cost basis” for the work with consultants being used as needed, since the EuFMD full time staff are few.

## Communication and Reporting

DETAILED reports are available for each of the six-month reporting periods, as indicated below.

All **field actions** are required to give **Monthly Reports** to EuFMD.

Those resulting in surveillance information are then reported TO MEMBER STATES in the Monthly FMD Global Report.

The field activities usually result in samples sent to FAO/OIE reference centers - and thus fulfill international reporting. Therefore, outputs of EuFMD support to surveillance should be publically available.

Progress on all Components actions is reported every six months to the Executive Committee and after this, online to the Member States.

Information Outputs	Activities supporting	Communication to MS	Notes
<i>Immediate early warning messages</i>		e-mail to MS from Secretary.	Used sparingly. May be joint with FAO as an early warning.
<i>Reports of Technical Studies</i>	#5, Technical Studies	Published Reports and EuFMD and other Open Sessions.	Significance of findings needs extra effort to communicate to policy makers.
<i>Monthly FMD Global Surveillance Report (EuFMD)</i>	Components 1, 2 and 4: <i>National Focal Points and Regional Animators supported under required to give monthly reports to EuFMD.</i>	Monthly reports e-mailed and placed online	FAO/OIE FMD Ref Centers are always asked to review and contribute (by mid-Month).
<i>Progress Reports and situation reviews</i>	All 9 components	Narrative Report every six months to ExCom/EC. <sup>1</sup>  Outputs: E-mail and online	Narrative Reports and financial reports formally sent to EC when funds requested, as per contract.
<i>ANNUAL reporting</i>	Principally #9, WRL Pirbright <i>Components 1, 2 and 4 and 9 generate FMDV intelligence data and FMDV typing:</i>	Online (Pirbright + EuFMD)	Annual Surveillance Report: WRL

## Achievements

The project outputs are designed to contribute to the outcome of improved functioning of national systems for FMD risk management.

Achievements can be summarized for each component as:

### 1. Risk reduction in South-East Europe through support to FMD control in West Eurasia

- Establishment of the West Eurasia Roadmap as a regular platform for regional risk assessment, information sharing, Roadmap progress review, and better co-ordination of assistance and prevention measures, in support of regional and global GfTADS FMD control strategies;
- Progressive Control Pathway (PCP) based national prevention and control measures in place in Georgia, Armenia and Azerbaijan, with full handover to national responsibilities of vaccination programme maintenance in 2013;
- Significant progress in Iran, with a PCP based national FMD control strategy developed, improved management capacity in the borders with Turkey, and full participation in regional efforts through establishing capacity for local FMDV typing for early warning, and progress towards a national animal movement system;

<sup>1</sup> Narrative Reports on the EC funded programme are provided also when any call for installments of funds is made. The six month update reports to the Executive Committee were established after September 2011. Reports are available for periods 9/2009-9/2011; then each 6 months (a total of 4 Reports to 2/2013).

- Establishment of a program in Thrace for surveillance to assure neighbors of confidence in disease freedom (a first).

## **2. Activities to reduce FMD risk in the South and East Mediterranean countries**

- Introduction into Egypt of a PCP based national strategy development process (partially completed PCP Stage 1), with training of staff to complete the Stage; established capacity for rapid diagnosis of exotic FMDV strains;
- Establishing trained and equipped (kits) diagnostic capacity for SAT2 and other serotypes in NRLs in countries bordering to Egypt and Libya in mid-east and North Africa, within two months of SAT2 diagnosis, working through REMESA in North Africa.

## **3. Field based FMD Training Programme**

- Re-establishment of a European cadre of veterinarians with experience of FMD outbreak investigations through training in the real-time field training programme; >200 Europeans trained, from 36 Member States.

## **4. FMD surveillance in the African proximity**

- Establishment of FMD laboratory networks for sharing of FMD laboratory surveillance information and expertise, under the FAO led regional laboratory networks, in Eastern Africa (*EARLN-FMD*) and West/Central Africa (*Resolab-FMD*). These did not exist before 2010 and now receive support for surveillance from others (e.g. US IDENTIFY programme for early detection).

## **5. Technical studies**

- Several supported studies have given immediate benefits;
- The full genome sequencing tools were used in the Bulgarian FMD tracing in 2011;
- The support for African serotype PCR tests gave rise to diagnostic advice to NRLs in the 2012 serotype SAT2 crisis;
- The wild boar studies have contributed to design of surveillance for freedom, and generated new potential tools for surveillance (non-invasive sampling to enable earlier proof of infection or freedom);
- Global FMD research reviews commissioned through GFRA to identify research gaps and overlaps.

## **6. Response to FMD Emergencies**

- Delivery in 2011 of emergency vaccines and supplies to Turkey, and diagnostics for Bulgaria;
- Mission teams on the ground in Turkey, Bulgaria and Egypt within 10 days of each crisis, coordinated with the EC;
- Response to “non political crises” such as the Asia-1 epidemic where no other agency recognized the scale of the problem, and provided technical support to field assessment of vaccination effectiveness;

## **7. Strengthening FMD laboratories in the Balkan Region**

- Trained personnel from each West Balkan country in FMD recognition and sampling in the field.

## **8. Improved Contingency Planning through use of decision support tools**

- Eight countries trained in use of animal disease spread models to assess their contingency plans.

#### 9. **World Reference Laboratory (WRL) contract – FMD surveillance support activities**

- Importance of the Proficiency Test Service (PTS) understood by most non-EU neighborhood OVS. The PTS offered to ALL Member States AND European neighborhood countries in 2009-12, with greater take up in 2012 than in 2008.

**Note:** *National, Official Veterinary Services (OVS) remain responsible for the goal of reduced FMD incidence and the EuFMD/EC project, although contributing to this objective, cannot be held responsible for the outcomes that are under national responsibility. Building better systems does not immediately result in the goal of reduced FMD cases.*

### Evaluation by the Standing Technical Committee, January 2013

The Executive Committee reviewed evaluation arrangements. Taking into account the time taken for formal evaluation by FAO, they asked the Standing Technical Committee to review the programme before the 85<sup>th</sup> Session.

The STC reviewed the programme undertaken in 2011-13 in relation to the **3 Pillars** (New Strategic Goals) for the 2013-17 Programme.

The **3 Pillars** being:

- 1) **Improve** readiness for FMD crisis management in Member States
- 2) **Reduce** risk to Member States from the European neighborhood
- 3) **Promote** the Global Strategy of Progressive Control of FMD.

They reported their conclusions to the 85<sup>th</sup> Session. **Annex 1** provides a summary of their Observations.

### Financing

Financing is provided by the EC through a multi-year agreement (Contract).

Financial Reporting to the EC is undertaken in accordance with the financing agreement and is also provided every six months to the EuFMD Executive Committee. The following is an extract from the report to the 85<sup>th</sup> Session (February 2013).

Expenditure was 7.308 mUSD up to 31/12/2012 against a total budget of 11.510m USD (equivalent to a commitment of 8 m€).

A DG-SANCO **financial verification mission** held in September 2012: the post-mission report was positive, indicating no financial consequences, and received in March 2013.

The expenditure breakdown for eight Components of the programme is given below. The system of establishing "baby projects" to report expenditures by components was not introduced until about two years after the project had started in 2009, so the expenditure in the program category contains the total expenditure plus the expenditures that cannot be broken down to components – such as the Pirbright Contract, the costs of administration and FAO project servicing charge.

Regarding staffing, only one professional (Training and Communications officer) is employed, plus one Clerk, on a full time basis. The human resources needed to deliver the specific components is provided by consultants and temporary clerks, according to work flow. The shift taken by the Executive, away from field projects towards training programmes created a great increase in the need for consultants and temporary Clerks, associated with the increased work in managing travel and training.

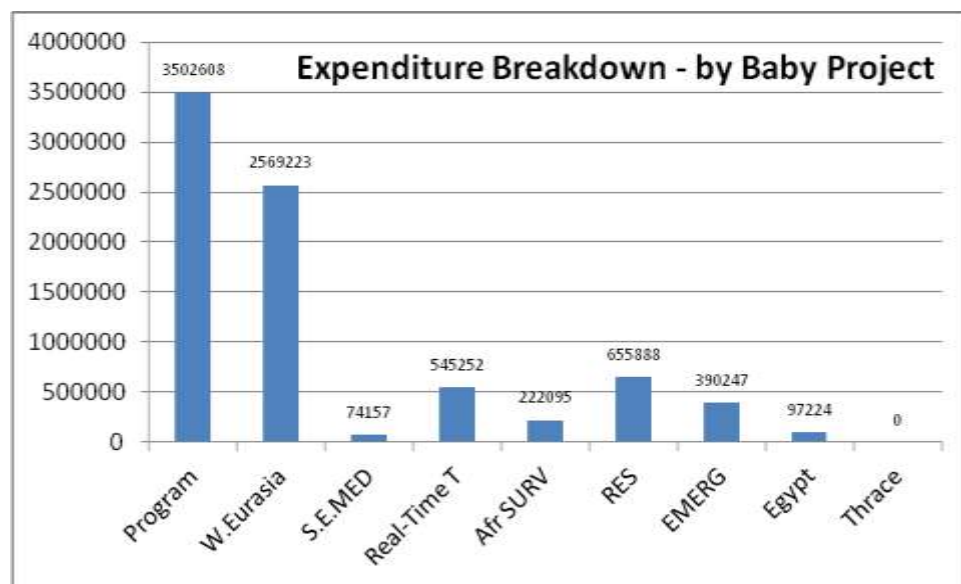
#### Key to figures

Budgeting and expenditure is followed through the use of CHILD (Programme) and baby projects (Components) that correspond closely with the components in the EuFMD Activity Plan.

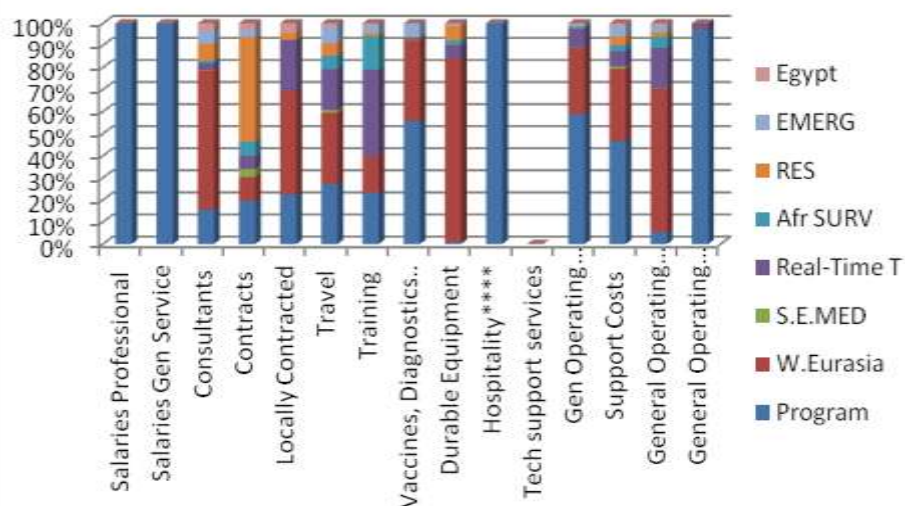
**CHILD level** are expenses that are **general to the programme**, and include those which occurred before the Baby project accounting system was operationally set up for the EC project.

The eight **baby project numbers** are given below.

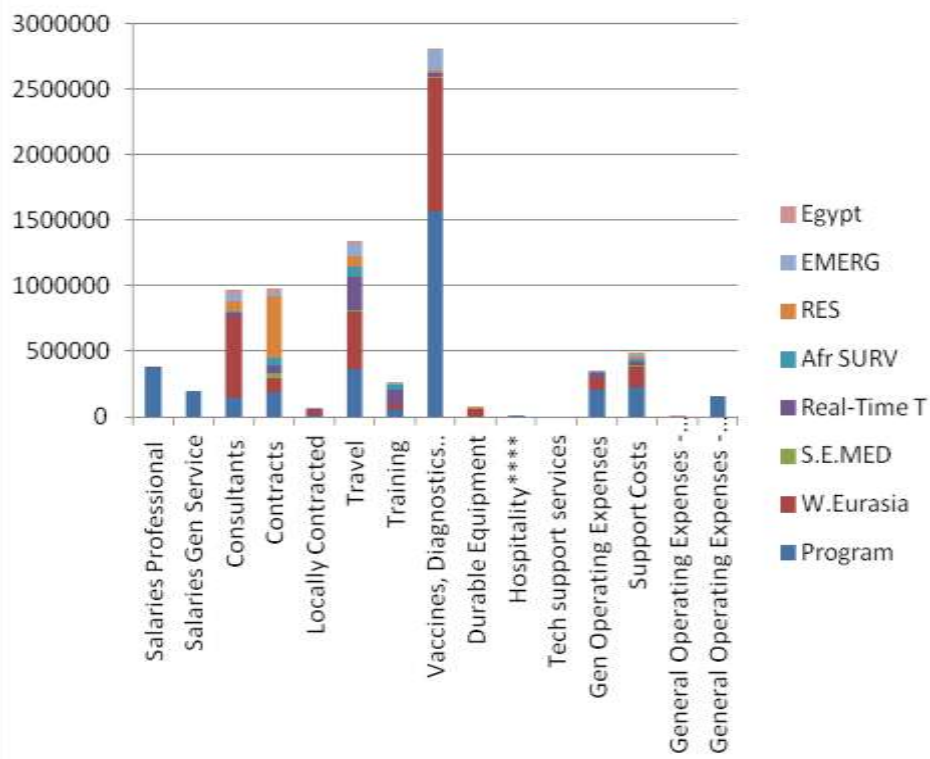
BABY01	BABY02	BABY03	BABY04	BABY05	BABY06	BABY07	BABY08
W.Eurasia	S.E.MED	Real-Time T	Afr SURV	RES	EMERG	Egypt	Thrace



**Expenditure as a proportion of each budget line**



**Total Expenditure by Budget Line and Baby Project**



## OVERVIEW OF THE MAJOR COMPONENTS OF THE FOUR YEAR PROGRAMME - SINCE SEPTEMBER 2009

Component	Subcomponent	Year 1 09/2009-08/2010	Year 2 09/2010-09/2011	Year 3 October 2011 to Sept 2012	ACTIVITIES– October 2012 to February 2013	STATUS April 2013
1. Risk reduction in South-East Europe through support to FMD control in West Eurasia	West Eurasia Roadmap – Secretariat  Collaboration with: FAO, OIE	1 <sup>st</sup> Roadmap Regional Progress Review  (10/09)	2 <sup>nd</sup> Roadmap Review  (11/2010)	3 <sup>rd</sup> Review  (2/2012)	4 <sup>th</sup> Review  (4/13)	Roadmap Platform established.  Integration with GfTADS workplans agreed.
	West Eurasia – Risk assessment  Collaboration with: EMPRES-i	Monthly and 6 monthly	Monthly and 6 monthly	Monthly Surveillance Report (Output)	Monthly Surveillance Report (Output)	Functioning, in use with four countries.
	West Eurasia- training in progressive control				PeP-C Course 1 : 6 countries	Epi-Network established, 6 countries trained.
	WELNET –lab network	Supported +++	Supported ++	Annual Meeting	Consultation only	Needs support.
	Thrace – improved surveillance for early detection of FMD		Yes (outbreaks in BG)	Yes (Design)	Yes (on programme)	Operational from April 2013.
	Trans-Caucasus project	TCC Multi-Country Programme	TCC Multi-Country Programme	TCC Multi-Country Programme	END: 2/2013	Completed. PCP Stage 2 strategies need formal acceptance.
	Iran project	Phase II Project (END)	Phase III Project	Phase III Project	Phase III Project	To be completed Sept 2013. PCP Stage 2 strategy needs formal acceptance.
2. Activities to reduce FMD risk in the South and East Mediterranean countries	Egypt		Project (150 k USD)	Project end Feb 2012.  Emergency programme (to 09/2012)	None except Training (PeP-C)	Activities completed.  Further PCP progress at risk.

Component	Subcomponent	Year 1 09/2009-08/2010	Year 2 09/2010-09/2011	Year 3 October 2011 to Sept 2012	ACTIVITIES– October 2012 to February 2013	STATUS April 2013
	Co-ordination in FMD response and progressive control programme development			TAIEX Meetings	FAO Regional Strategy Meetings	At risk. Needs programme agreed and supported.
3. Field based FMD Training Programme	Real-Time Training programme (NTC)	Yes (in Turkey)	Yes (Turkey +Kenya)	Yes (Kenya)	Yes (Kenya)	Cycle of training completed (EC program).
4. FMD surveillance in the African proximity		Yes (shipments)	ExCoM decision to support Lab Networking.	Yes (EARLN-FMD, RESOLAB-FMD )	Support Co-ordination only	Established networks and information sharing.  At risk.
5. Technical studies	Projects funded through Concept Note Review Process	YES	YES	YES	YES	Several ongoing for completion by September.
6. Response to FMD Emergencies			YES - Bulgaria	YES- SAT2 multicountry response		Response activities completed.
7. Strengthening FMD laboratories in the Balkan Region				Tender	Gap analysis	Reported. Decision on follow-up needed.
8. Improved Contingency Planning through use of decision support tools			Consultation, survey – identify need and scope	Europe-wide Workshop (Denmark) Workshop in Turkey (endemic regions)	Training Workshop (8 countries, Vienna)	Reported.  At risk some countries will not use. Future support on demand (Menu of training options).
9. WRL contract +PTS		YES- Annual (EUFMD TF)	YES- Annual (EUFMD TF)	YES- Annual (EU TF)	YES- Annual (EU TF)	Extension to cover 2013 agreed.

## SUMMARY : MAIN ACTIONS UNDERTAKEN BETWEEN SEPTEMBER 2011 AND APRIL 2013

Three six-month reporting periods are shown corresponding to the reporting to the Executive Committee Sessions.

Component	Subcomponent	ACTIVITIES– October 2011 to March 2012	Reports (1)	ACTIVITIES– April 2012- to Sept 2012	Reports (2)	ACTIVITIES– October 2012 to February 2013	Reports (3)	STATUS  April 2013
10. Risk reduction in South-East Europe through support to FMD control in West Eurasia	<b>West Eurasia Roadmap – Secretariat</b>  <b>Collaboration with: FAO, OIE</b>	3 <sup>rd</sup> Roadmap progress review meeting held in Istanbul, March 2012	Draft recommendations (at meeting).  Provisional Roadmap completed.  Report being drafted	3 <sup>rd</sup> Roadmap progress review meeting held in Istanbul, March 2012  Planning for 4 <sup>th</sup> Roadmap meeting initiated: possible to be held in Baku	Report circulated and online	Planning and preparation for the <b>4<sup>th</sup> Roadmap Meeting</b> , to be held in Baku 2-4 April 2013.  Procedure followed for GfTADS labeling of the event; GfTADS Management Committee agreement reached (Jan 2013) that event will be labeled as GfTADS.  Draft agenda prepared and circulated to GfTADS Regional SC Europe and Mid-East.		4 <sup>th</sup> Roadmap Review completed.
	<b>West Eurasia – Risk assessment</b>  <b>Collaboration with: EMPRES-i</b>			FMD database : transition to EMPRES-i  GEO, ARM, AZER, TURKEY participate in data sharing (monthly)	Monthly reports (TCC)	<b>West Eurasia FMD Database:</b> Consultation with FMD National consultants (TCC, TUR, Iran) (Istanbul, Dec 2012) on data access. EMPRES-i system software components configured for automated reporting and restricted data access <b>Turkey:</b> fully participates in data sharing. Mission to resolve GIS mapping of all epi-units and animal demographics.	<i>Monthly FMD vaccination reports (TCC)</i>  <i>Monthly FMD surveillance and vaccination report (Turkey)</i>  <i>Monthly FMD surveillance and vaccination report (Iran).</i>	Database established, 4 countries participate and utilize.  Regional interest, further uptake /country participation expected

Component	Subcomponent	ACTIVITIES– October 2011 to March 2012	Reports (1)	ACTIVITIES– April 2012- to Sept 2012	Reports (2)	ACTIVITIES– October 2012 to February 2013	Reports (3)	STATUS  April 2013
	West Eurasia- training in progressive control			Practical epidemiology for progressive control (PeP-C) Training course developed and initiated	PeP-C Week 1 completed (12 participants), Sept 2012	1 <sup>st</sup> course (4 weeks over 4 months) delivered, involving 16 trainees from 6 countries (ARM, AZB, GEO, TUR, EGY, IRN)  Ongoing communication with trainees through Wikispace	<i>Reports available from each training week, plus overall report (McLaws BTORs)</i>  <i>Training material on PeP- C Wikispace</i>  <i>Presentation (Prezi) describing course</i>	Training Completed, Network of Trainees established.  Outlook:  2 <sup>nd</sup> Course proposed. Russian version needed.
	WELNET –lab network			Agreement Iraq- Turkey on sample submission to SAP Institute		Activities promoted at no cost to EuFMD/EC:  <b>1.</b> FMDV samples from Iraq transported in RNA later by land route to Turkey, sequenced and analyzed in SAP Institute; results show trans- boundary circulation of A/Iran-05/SIS-10 strain. <b>2.</b> FMDV sequences shared between Iran and Pirbright. <b>3.</b> Collaboration with: USAID funded FAO project (Pakistan), on improving capacity for molecular analysis in Pakistan through collaboration with European institutes .		Status  Awaits decision on actions/funding.  Outlook:  WELNET is vital.  Funding needed.
	Thrace – improved surveillance for early detection of FMD			Support letter from SANCO received. Workshop held September 18-21 <sup>st</sup> in Istanbul (TUR, GRE, BUL)	Draft report received. Report to ExCom	Surveillance model finalized (AusVet Consil). Invitations issued for <b>Tripartite</b> (TUR,GRE, BG) meeting to finalize surveillance programme for 2013 on 13 <sup>th</sup> Feb	<i>Report on workshop and surveillance model received. Report to ExCom</i>	Status: initiated only in 4/2013. Outlook: Good – country commitment.

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	<b>Trans-Caucasus project</b>	<p>Autumn vaccination completed.</p> <p>Co-ordination meeting held for Spring 2012 campaigns.</p> <p>EC agreed to provide 500,000 doses of vaccine to fulfill project commitment to provide vaccine in spring 2012.</p>	<p>Co-ordination Meeting report.</p> <p>Monthly reports (to February- March 2012).</p>	<p>Vaccine use assessment mission completed (Krnjaic/Ryan) following EC provision of 500,000 doses of vaccine.</p> <p>Protocol governing authorization of release of EC-supplied vaccine reserve written.</p> <p>Project activities on track.</p> <p>Mission Potzsch (July to GEO, ARM) and project co-ordination mission (Tbilisi).</p> <p>Final phase activities planned (lab training, Simulation Exercise (lead Consultant: Robert Paul).</p> <p><b>Coordination with:</b> USDA &amp; US DTRA activities in Georgia.</p>	<p>Co-ordination meeting report.</p> <p>Monthly reports (to August 2012).</p> <p>Report of vaccine assessment mission circulated to EC.</p>	<p><b>Activities funded from EC TF:</b></p> <p><b>1.</b>Desktop simulation exercise for <b>Georgia, Armenia and Azerbaijan</b> held in Signaghi, Georgia, 6-7 November. Leaders: C.Potzsch, R. Paul, T. Alexandrov. Observer: C. Danielsson, Swedish Board of Agriculture.</p> <p><b>2.</b>Laboratory training course in the use of <b>real-time PCR</b> to detect FMDV held in Tbilisi, 4-8 February, with trainees from all three countries. Trainers: Thomas Bruun Rasmussen, Vesna Milicevic. <b>3.</b> Transfer of data to <b>EMPRES-i</b> discussed in further detail at PeP-C week 4, Istanbul, with TCC national consultants.</p>	<p><i>Co-ordination meeting report.</i></p> <p><i>Monthly reports (to December 2012).</i></p> <p><i>Report of vaccine assessment mission circulated to EC.</i></p> <p><i>Reports of the Simulation Exercise, 11/2012 from leaders and from the observer.</i></p>	<p>Status:</p> <p>3 year Programme 2010-12 completed.</p> <p>Outlook:</p> <p>No new TCC programme or No further delivery of vaccine.</p> <p>Need for continued technical support to promote FMD management, under the West Eurasia programme.</p>

Component	Subcomponent	ACTIVITIES– October 2011 to March 2012	Reports (1)	ACTIVITIES– April 2012- to Sept 2012	Reports (2)	ACTIVITIES– October 2012 to February 2013	Reports (3)	STATUS April 2013
	Iran project	Major activities on track. Supervision mission completed 12/2011.  Project timetable and delivery reviewed in march 2012 at co-ordination meeting in Istanbul.	Monthly Disease information reports.  6 monthly progress report – April 2012.	Major activities on track. Supervision and training mission completed June 2012.  Animal identification and registration study tour to Montenegro completed in June 2012.  Activity plan to 12/2012	Monthly Disease information reports, Mission Reports.  Proficiency test Results for Central Lab (WRL-PTS)	<b>Activities supported under EC TF, Iran project Agreement:</b> <b>1.</b> 4 trainees from Iran attended 4 weeks of PeP-C training course; <b>2.</b> Project meeting – Istanbul Dec 2012, including activity planning through early 2013; <b>3.</b> L. Bakkali mission 16-22 Nov 2012: progress in the QA system for the subnational FMD laboratory network; <b>4.</b> Questionnaire survey of animal markets completed Dec 2012 (data entry ongoing); <b>5.</b> K. van Maanen missions to train staff in cattle challenge (full vaccine potency tests) at Razi Institute in a series of missions in Feb-Mar 2013; <b>6.</b> Market Swab sampling: initial feasibility study completed, protocol for further work developed.	<i>Monthly Disease information reports, Mission Reports.</i>  <i>Proficiency test Results for Central Lab (WRL-PTS)</i>	Status: Three year Programme will conclude by Sept 2013.  Outlook:  National commitment high, but progress has been good. Diagnostics and vaccines are major challenge given sanctions. Need for continued technical guidance to promote FMD management, under the West Eurasia programme.
<b>11. Activities to reduce FMD risk in the South and East Mediterranean countries</b>	Egypt	Technical missions; lab and epi-support. National Sero-survey for PCP Stage 1 completed. EuFMD Project Phase 1, Final Workshop 29 <sup>th</sup> February 2012.	Final Workshop report -29 <sup>th</sup> March. National sero-survey completed and analyzed. Risk report (29 <sup>th</sup> Feb) provided to EC/Executive.	<b>1.</b> FMD mgt Emergency missions to Egypt (April, May). <b>2.</b> National FMD mgt. workshop, Cairo 2-3 <sup>rd</sup> May. <b>3.</b> Surveillance Programme proposal developed and submitted to EC-SANCO in August for support	Mission reports.    Waiting for EC response	Funded under <b>EuFMD/EC programme:</b> <b>1.</b> Diagnostic kits and training for SAT2 diagnosis had been supplied in previous 6 months. <b>2.</b> Surveillance reports (Egypt): not received as request to EC for surveillance support in previous 6 months had received no answer and FAO/EuFMD national consultants contracts	<i>Action plan developed for surveillance support (Bartels, EuFMD).</i>  <b>Requires ExCom decision.</b>  <i>Mission reports.</i>  <i>Cairo FMD Workshop Report (FAO).</i>	Status:  Specific support actions completed.  No EC or Executive response to proposals made in 2012.

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				<b>Collaboration with:</b> FAO ECTAD, FAO RNE, EMPRES		terminated. <b>3.</b> Action plan developed for surveillance support to Egypt in first 6 months of 2013. <b>Requires ExCom decision.</b>		
	<b>Co-ordination in FMD response and progressive control programme development</b>  <b>Coordination with: FAO-CMC, TAIEX, OIE, FAO Tunis, REMESA</b>			Participation in TAIEX workshop in Cyprus, Sept 2012, covering FMD regional threats; EuFMD chaired session on vaccination strategies.	Report on TAIEX website due soon; report to ExCom.	Activities funded by <b>FAO:</b> Workshop on Regional Coordination of Foot and Mouth Disease Surveillance, Diagnosis and Control in the Near East and North Africa, Cairo, Egypt, 4-5/12/12.  <i>Keith Sumption and Dimitrios Dilaveris participated with FAO support, assisting in PCP self-assessment and Roadmap construction.</i>  Funded by <b>OIE:</b> Five country meeting (EGY-IRQ-JOR-LEB-SYR) on FMD held in Beirut, 18 <sup>th</sup> /12. EuFMD not invited. FAO participated (M Tibbo).		Outlook:  Future actions under Pillar 2 , and agreed with GFTADS
<b>1. Field based FMD Training Programme</b>	<b>Real-Time Training programme (NTC)</b>	<b>Four</b> real-time Training Courses held in period.	Each Course reported (Training wikispace).	<b>One</b> real-time Training Course held in period (September 2012)  New Real-Time training approach	Each Course reported (Training wikispace).  Very positive feedback-	<b>Funded under EC-TF:</b>  <b>Three</b> real –time training courses held from December to January NTC11- 12-13) training a total of <b>35</b> MS vets plus 9 local vets. <i>[Note: in addition one FAO staff member (H. Ormel, NL)</i>	<i>Each Course reported (Training wikispace).</i>  <i>Very positive feedback- trainees</i>	Status:  8 courses completed since 9/2011.  Outlook:  Proposed continuation under

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				<p>piloted (Sept 2012).</p> <p>Use of smart-phone apps for rapid epidemiological investigations and local risk factor investigations, with knowledge transfer to trainees</p>	trainees	<p>and one West African lab expert from RESOLAB FMD network, funded by NL Government and FAO Identify projects at no cost to EuFMD]</p> <p>-Smart-Phone based <b>epi-data collection</b> implemented in each course for rapid assessment of FMD spread.</p> <p>Implementation of new exercise-centered training approach.</p> <p>-Use of <b>questionnaires</b> to evaluate training experiences (both a standard evaluation form and a survey monkey one), including evaluation of a proposed e-learning module.</p> <p>-Training manual revised.</p> <p>-Photo and Video library expanded.</p> <p>-Collaboration: Improvement to operations through FAO Kenya by greater involvement of FAO Animal health Team (ECTAD) in Kenya.</p>		new programme 2013-15
<b>2. FMD surveillance in the African proximity</b>		Annual FMD surveillance network meetings held and workplans generated.	<p>Monthly FMD report of the EuFMD includes input from the Network coordinators.</p> <p>Regional</p>		<b>Monthly FMD report</b> of the EuFMD includes input from the Network coordinators.	<p><b>Complementary</b>, no cost (to EuFMD/EC) activities:</p> <p><b>1.</b> Delivery of FMD diagnostics to East and West African labs: funded by IDENTIFY project</p>	<p><i>Monthly FMD report of the EuFMD includes input from the Network coordinators.</i></p> <p><i>Regional surveillance report - Annual Meeting.</i></p>	<p>Status:</p> <p>Positive evaluation by STC.</p> <p>No current support (2013).</p>

Component	Subcomponent	ACTIVITIES– October 2011 to March 2012	Reports (1)	ACTIVITIES– April 2012- to Sept 2012	Reports (2)	ACTIVITIES– October 2012 to February 2013	Reports (3)	STATUS  April 2013
		West/Central Africa: RESOLAB-FMD (Bamako, 12/2011)  Eastern Africa : EARLN-FMD (Nairobi, March 2102).	surveillance report - Annual Meeting.		Regional surveillance report - Annual Meeting.	(FAO/USAID). 2.EARLN- FMD: publication on East African Lab functions and capacity published (no cost to EuFMD; Uganda/DVI project Lead )		Outlook:  Workplans for 2013 proposed for support by FAO field offices.  Very low cost, high need for continuation.  GfTADS issues.
	<b>West/Central Africa: via RESOLAB-FMD</b>  <b>North Africa – via REMESA Lab Network</b>  <b>Collaboration with: USAID IDENTIFY, EMPRES, FAO ECTAD, FAO RAF, RESOLAB</b>			FMD-SAT2 laboratory diagnosis course held in ANSES, Paris (May 2012) with North African and Sahelian zone countries. Surveillance plans developed with each country.  <b>Collaboration with:</b> ANSES, FAO Tunis  FMD diagnostic course held in Accra, Ghana (funded by USAID IDENTIFY project , EuFMD provided lab trainers and planning).  Nine counties have a new capacity and kits for FMD	Surveillance plan for North Africa: report to ExCom  Surveillance plan for West Africa: being drafted.	Supported by <b>EC TF</b> :  <b>1.</b> EuFMD consultant (L. Bakkali-Kassimi) supported to attend annual RESOLAB meeting in Dakar in December, for coord/planning 2013 RESOLAB activities.	<i>Monthly FMD report of the EuFMD includes input from the Network coordinators</i>	See above

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				serotyping, with mainly US funding. Follow up actions identified, to be funded by USAID with technical input from EuFMD.				
	Eastern Africa: EARLN-FMD			Sample shipment Eritrea, Ethiopia and Sudan to WRL  <b>Collaboration with: EMPRES Shipping Service</b>  FMD Manual developed by network.  Vaccine matching capacity – technical advice to establish provided (van Maanen mission).	<b>Monthly FMD reports to EuFMD</b>	2. EuFMD consultant provided backstopping for vaccine matching, in Kenya ( at the only lab that conducts vaccine potency and quality tests in East Africa, in Kenya).3. East and West Africa network animators provide Monthly Update reports to EuFMD on outbreaks and lab findings	<i>Monthly FMD report of the EuFMD includes input from the Network coordinators</i>	As above
3. Technical studies		Implemented: Anatolia wild boar surveillance project (CN approved 10/2011) 2. Wild boar tracking project  Submitted to STC:  CN for non-invasive	Final report awaited from the Anatolia Wild Boar project.  Initiated 3/2012  STC report, 3 <sup>rd</sup> Feb.	Completed: Anatolia wild boar surveillance project  Implemented: Wild boar tracking and non-invasive sampling project • Contracts with IAH and DTU for PCR-typing of African serotypes and methods of transporting samples cheaply	Final report awaited from the Anatolia Wild Boar project.  Progress reports	<b>1. Closed Meeting</b> of the Research Group held, identified priorities for further work (October 2012). <b>2. Technical study</b> funded to apply smart-phone app on data collection to FMD outbreak investigation and risk factor determination; this study is now partially completed, and an interim report is due at the end of February. <b>3. Wild Boar tracking study:</b> ongoing.	<i>Papers presented at Jerez on studies commissioned in 2011-12.</i>	Status:  All current projects to be completed by September 2013.  Outlook:  Research Fund to be established under new programme.

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		sampling		<ul style="list-style-type: none"> <li>• Vaccine effectiveness studies (in Turkey)</li> <li>• Contract to develop an “FMD surveillance design and analysis model “</li> </ul>	First of the serotyping PCRs used for SAT2 in Egypt; to be reported at Open Session	<b>4. Wild Boar non-invasive diagnosis study;</b> agreements with FLI and Serbian national laboratory developed for <i>in vivo</i> and in vitro testing. <b>5. FMD Surveillance model</b> finalized and published/ online (Ausvet). <b>6. Project to develop serotyping PCRs for African FMDV:</b> ongoing.		
<b>4. Response to FMD Emergencies</b>		<ul style="list-style-type: none"> <li>• Egypt- emergency mission</li> <li>• SAT2 diagnostic assays ordered.</li> <li>• Asia-1 vaccine effectiveness study, Turkey</li> <li>• Trans-Caucasus; negotiation with EC, provision by EC of 500,000 doses of TV vaccine in place of EuFMD project procurement.</li> </ul>	<p>Reported March 2012.</p> <p>Reported Feb 2012.</p> <p>Delivered March 2012.</p>	<ul style="list-style-type: none"> <li>• Egypt- emergency missions in April- June</li> <li>• SAT2 diagnostic ELISA kits provided to at risk Mediterranean fringe countries.</li> <li>• Surveillance in high risk border zones: workshop Cyprus June 2012 (Israel, PAT, Egypt, Jordan, Cyprus).</li> <li>• Surveillance and FMD management regional workshop, Rabat (under UMA/ REMESA), funded by EC through EuFMD</li> <li>• Asia-1 vaccine effectiveness study, Turkey</li> </ul>	<p>Reported.</p> <p>Reported Feb 2012.</p> <p>Delivered March 2012.</p> <p>Report</p> <p>Report</p>	<p>No emergency responses in period.</p> <p>Funded by <b>FAO</b> or <b>national</b> (Libya) funds:</p> <p><b>1.</b> EuFMD participated in Cairo workshop in December to evaluate regional PCP progress and control strategies. <b>2.</b> EuFMD participated in two meetings (Rome and Brescia) on a proposed Italian-funded, REMESA-supported project on FMD control in Libya, in coordination with FAO EMPRES and IZSLER. <b>3.</b> Two Libyan trainees attended EuFMD Kenyan real-time training courses in January. This was fully funded by Libya, and will assist them in developing their outbreak investigation abilities.</p>		<p>Status:</p> <p>Israel/Palestinian Territories mission 4/2103.</p> <p>Other recent emergency actions closed.</p> <p>Outlook:</p> <p>To retain technical capacity in team to respond, and financial and operational mechanisms agreed with EC (and FAO).</p>

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5. Strengthening FMD laboratories in the Balkan Region		Tender launched 12/2011. Referred to the EuFMD Executive, 83 <sup>rd</sup> Session.		Gap analysis missions undertaken by IAH for EuFMD, Aug-September.  Meeting held with representative of EC IPA project on rabies & CSF in West Balkans to coordinate epidemiological and laboratory support <b>Coordination with: EC IPA project</b>		Funded under EC TF:  <b>1.</b> Gap analysis missions by IAH for EuFMD, October 2012 – February 2013 (Bosnia and Herzegovina, Kosovo, Montenegro, Albania, FYROM, Moldova). <b>2.</b> Participation (Eoin Ryan) in IPA Laboratory Networking Workshop held in Belgrade in order to coordinate activities with CSF/rabies Project	<i>NRL assessments(summary tables) available from each mission provided by IAH consultant, Dr J Bashiruddin. Final report and recommendations by IAH expected at ExCom</i>  <i>Report expected at ExCom</i>	Status:  Gap analysis missions complete.  Outlook:  To widen to emergency management issues under Pillar 1 of the new programme
6. Improved Contingency Planning through use of decision support tools		Series of Workshops planned, with 1 <sup>st</sup> CVO Workshop in Denmark, June 2012. Decision on support after WS 1 referred to 83 <sup>rd</sup> Session.		First Workshop held at the CVO Meeting in Denmark, June 2012. Second workshop planned for Vienna, October. Secretary and Chairman of the STC participated in RAPIDD policy/modeling for FMD workshop, September (RAPIDD funded)	<b>Report to ExCom</b>	Funded under EC TF, <b>Component 8:</b>  <b>1.</b> Workshop on the use of modeling and decision support tools held in Vienna in October. 16 trainees from 8 countries (Austria, Serbia, Croatia, Hungary, Slovakia, Slovenia, Czech Republic, Malta). Very positive feedback. <b>2.</b> Follow-up plans for further actions discussed with Standing Technical Committee.	<b>Report to ExCom</b>	Status:  Workshops completed.  Outlook:  Menu of training in this field proposed under the Pillar 1 Training Initiative
7. WRL contract		Funding agreement received from EC.	Outputs are services to countries and diagnostic reports to FAO; reports online;	Contract (150,000 per annum US\$) developed with IAH covering	<b>As before</b>	Funded under EC TF, <b>Component 9:</b>  <b>Letter of Agreement (LoA)</b>	<i>As before</i>  <i>Signed and implemented. First payment made on</i>	Status:  LoA to be extended to include additional

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		Contract under development with WRL covering surveillance activities 2011-12.	reported every 6 months to ExCM and annually (Global Surveillance)	surveillance activities 2011-12.		for services in 2011-12.  Discussions on coordination of <b>EuFMD/WRL activities</b> with overall proposed FAO/WRL global contract held with FAO FMD unit.  Discussion on improved coordination of management of <b>PTS</b> for EuFMD-supported labs held with WRL colleague.	21 Dec (USD 91,000).  <i>Proposal by FAO developed for discussion at ExCom.</i>  .	years of support (2013).  Outlook:  Pillar 3 action supporting the Global Strategy, decision on support to be taken in late 2013 for years 2014-15.

## ANNEX 1. EVALUATION BY THE STANDING TECHNICAL COMMITTEE, JANUARY 2013

The Executive Committee reviewed evaluation arrangements. Taking into account the time taken for formal evaluation by FAO, they asked the Standing Technical Committee to review the programme before the 85<sup>th</sup> Session.

The STC reviewed the programme undertaken in 2011-13 in relation to the 3 Pillars (New Strategic Goals) for the 2013-17 Programme.

### **The 3 Pillars being:**

1. To Improve readiness for FMD crisis management by Members;
2. To Reduce risk to Members from the FMD situation in the European neighbourhood (progressive control in neighbouring regions);
3. To Promote the global strategy of progressive control of FMD;

They reported their conclusions to the 85<sup>th</sup> Session. This provides a summary of their Observations.

Several components they identified as important under **Pillars 1 to 3** for European countries were not represented directly in the components of the 2009-13 programme. Regarding each component, of note is their conclusion on #4, African surveillance networks:

"The studies were very successful and represented excellent value for money thanks to the approach of collaborating with local networks and third party funding agencies".

**Summary of STC Observations on EuFMD Work Programme (from Report of the 85<sup>th</sup> Session, Feb 2013)**

<i>Component of the 2009-13 Programme</i>	<i>Pillar</i>	<i>Activity</i>	<i>Comment</i>
	1	Overall	This is the <b>main priority</b> and should be adequately funded.
	1	Horizon scanning	Very important, for example to take account of changes in the industry (e.g. different incentives for livestock keepers) and in technology (e.g. modeling to assist in contingency planning). Therefore need broad mix of expertise within Special Committee on Research and Programme Development.
3	1	Training	Very successful programme. Good plan to increase reach by e-learning but need to understand the model for growth and sustainability.
	1	Expertise	Need to strengthen expertise in Epidemiology, Economics and Outbreak Management within the Special Committee on Research and Programme Development.
9	1	Laboratories	Agree value of maintaining proficiency testing to non-EC MS (e.g. Balkans). Need to ensure that findings are followed up to secure improvements where needed. Should representatives from these labs be funded by EuFMD to attend annual meetings of the EC National FMD Reference Laboratories?
5	1	Vaccines	Still need to develop position paper to set out current process and possible short-comings in relation to how the public-private partnership works to make available new vaccine strains.
	1	Expert Groups	The Special Committee on Research and Programme Development is in many ways a EuFMD version of what is required within individual MS. Worthwhile to review practices in different MS at same time as changing EuFMD model.

5	1	Biosecurity	Need to ensure that there is a lead on this within the Special Committee on Research and Programme Development (Bernd Haas) and that this person is empowered to review processes.
1	2	PCP support	Needs to be integrated into wider FAO plans. Doubts over credibility of timetables and concern over lack of critical review process.
2	2	Middle East	Good idea to better coordinate EuFMD consultancy support to the region. EuFMD investment/effort should be as a partnership and linked to local commitment to disease control.
6	2	Emergency response	Egypt model of getting in fast to provide immediate advice, but then leaving larger scale (and more expensive) follow-up/programme development to others seems a good one.
4	3	Wider surveillance	EuFMD activities need to be integrated into wider FAO plans for Lab Networks

# Recent activities (2011-2012) of the EuFMD Commission



*and their relationship to the 3 Pillars of the New Strategic Plan*

The EuFMD programme of activities since the 39<sup>th</sup> Session in 2011 had **9 components**, and this leaflet indicates how these components contribute to improvement in capacity to prevent and control the impact of the disease in European member states through **3 “Pillars”** of support that help maintain the high European FMD health status.



**Pillar 1** activities involve services that directly assist member states to better prepare for FMD emergencies. Activities in **Pillar 2** and **Pillar 3** aim at reducing the risk of FMD incursions, working with and through international partnerships.

*At all times the Commission, working with the EC (DG-SANCO), maintains a continuous availability of expertise and mechanisms for emergency response to a FMD crisis in the European neighbourhood*





## 1.1 Capacity building for FMD outbreak investigations: the Real-time FMD training programme

The **EuFMD** runs **real-time** outbreak investigation courses in Nakuru, Kenya, showing European state vets the key elements of **outbreak investigation** and **disease recognition**, in an area with predominantly European dairy breeds of cattle. In Kenya, FMD is endemic and disease is commonly reported particularly in the Rift Valley province where there are a large number of cattle. Through assistance from the Kenyan Department of Veterinary Services, suitable outbreaks are recruited in the area surrounding Nakuru. After a day of classroom-based teaching, the trainees lead an investigation of a real outbreak of FMD focussing on the clinical and epidemiological aspects required if an exotic incursion were to occur in a member state. This is followed by a survey of the outbreak area where trainees establish local risk factors for spread of infection in order to establish putative control measures. The course culminates in the rapid production and presentation of a relevant situation report, an essential skill for any exotic disease incursion. Each course in 2012 exposed trainees to a **unique outbreak situation** and a range of lesion ages from which relevant epidemiological reports and hypotheses for local spread were generated. This process included being exposed to real-life problems in outbreak investigations such as contact tracing and obtaining accurate farm histories. Attending and investigating real outbreaks in the field offers a unique learning experience for veterinarians many of whom have never seen clinical disease. Through the courses, trainees are also exposed to new developments relevant to FMD. In **diagnosis** they get the opportunity to use newly developed diagnostic tools such as lateral flow devices for NSP antibody detection. In **epidemiology** there is the opportunity to use novel data collection methods through smartphone technology and the “**EpiCollect**” application. It is only by using these tools in the field that trainees get to learn their relative merits in disease investigation and control. **Knowledge transfer** is encouraged to allow broader benefits to member states.

*Over 200 trained since 2009 (38<sup>th</sup> Session) with 9 Courses and > 90 European vets trained since 2011 since 39<sup>th</sup> GS; 5 trainees selected as trainers; Areas covered by course are disease recognition, outbreak investigation, lesion ageing, examination and sampling, diagnostic testing, penside tests, epidemiology, rapid assessment of risk factors for local spread*



## 1.2 Real-time FMD training: partnerships with other FMD free countries

The EuFMD was requested by the Australian Department of Agriculture, Fisheries and Food (DAFF) to provide expertise in real-time training in FMD outbreak investigation using the existing EuFMD real-time training model. An agreement was reached whereby DAFF would provide funds to EuFMD through FAO in return for this service, and through this mechanism, develop training that will help both DAFF and European MS relevant to the problem of delayed recognition and response. The first full-fledged real-time training weeks on FMD in Nepal were held in November-December 2012 and February-March 2013. They included Australian veterinary professionals (private as well as state / government vets), herd health advisors and 5 Nepalese veterinary officials per course. **FMD outbreaks** were identified nearby Kathmandu, thus limiting travelling time to a bare minimum. The outbreaks were ongoing which provided participants with FMD lesions of all sorts, ages, sizes and in different species.

On the second field day, teams went across the fields to investigate farms with and without FMD for possible risk factors for FMD. This offered a very nice opportunity for both Australians and Nepalese to go along together and learn from each other. The funds provided by Australia have contributed to expand EuFMD training services to EuFMD member states, thereby **benefitting** European veterinarians as well as Australians and Nepalese.



80 Australian vets to be trained over 8 courses;  
<http://www.beefcentral.com/news/news-archive/article/2720>;  
 5 local vets trained per course;  
 Funds support improved EuFMD training services to Europeans

### 1.3 Modelling and Decision Support Tools for FMD Contingency Planning

The use of **disease spread models** and decision support tools can make a valuable contribution to FMD contingency planning and preparedness. At the 39<sup>th</sup> General Session, it was recommended that member states consider the use of such tools, and that the secretariat should provide **support** to assist members wishing to engage with this area. A plan for implementing this recommendation was presented to the EuFMD CVOs (including non-EU CVOs) at a meeting in Horsens, Denmark in June 2012. The first FMD modelling training workshop of this program was held in **Vienna** in October 2012, with expert trainers from the USA and UK covering modelling, its application to contingency planning and the use of decision support tools to inform policy; 16 trainees from eight countries attended. There was very **positive feedback**, with enthusiastic suggestions on how to further develop the support program. The regional basis of the workshop (most attending states were neighbours of Austria) facilitated cross-border discussions, including the possible benefits of modelling cross-border disease outbreaks to inform contingency planning. Options for further development of this element of the EuFMD work program are under consideration to maintain this positive momentum. These may include further training workshops for other countries, targeted support for clearly expressed needs, and integration with other elements of training and support.

Vienna workshop  
 attended by 16 trainees;  
 two each from Austria,  
 Serbia, Croatia, Hungary,  
 Slovakia, Slovenia, Czech  
 Republic, Malta.  
 Trainers from USA and UK  
 Model used: North  
 American Animal Disease  
 Spread Model (NAADSM)



### 1.4 Balkan Support: FMD Emergency Preparedness Network Proposal

Supporting the Balkan veterinary authorities to develop their emergency preparedness for FMD is a key priority for EuFMD. A laboratory gap analysis project for the West Balkans and Moldova has been managed by the World Reference Laboratory, Pirbright Institute, to inform plans for FMD diagnostic capacity building; this analysis is almost complete. At a meeting of West Balkan CVOs in Denmark in June 2012, the need for epidemiological support and contingency planning was communicated to the Secretariat. In addition, the EuFMD has been kept informed of other EC-funded activities under IPA to support rabies and classical swine fever capacity building in the West Balkans; this has helped identify complementarities and avoid duplication. These activities have informed EuFMD proposals for coordinating support to the region, under a proposed Balkan FMD Emergency Preparedness Network. This would have an element covering epidemiology, contingency planning and the use of models where needed, and an element covering laboratory capacity building. The proposed network would cover the West Balkans, Moldova, and Greece and Bulgaria as EU-member state network leaders. Further discussions with the veterinary authorities in the proposed network members will be held to identify their needs and priorities and how these may be supported to improve FMD emergency preparedness.



*Emergency response team veterinarians trained in FMD recognition, diagnosis and response (in Real-Time Courses) from all West Balkan territories.*  
*Lab Gap Analysis managed by WRL, Pirbright, covering Croatia, Serbia, Bosnia, Kosovo, Montenegro, FYROM, Albania and Moldova.*  
*Proposed FMD Emergency Preparedness Network: to include above states plus Greece and Bulgaria. IPA rabies/CSF project: EC funded, covers West Balkans; several areas in which their work is similar to EuFMD –potential to avoid duplication, increase efficiency.*

## 1.5 Maintaining confidence in disease freedom in South-East Europe: Development of a risk based surveillance programme for Thrace Region

The region of **Thrace** is a key area for reducing the risk of an FMD incursion into Europe. In order to support the veterinary authorities of Turkey, Greece and Bulgaria in their efforts, the EuFMD has developed a program for **risk-based surveillance** to increase the level of confidence that the region is free from disease. This would augment and strengthen existing surveillance activities. Once fully active, a functioning risk-based surveillance system could also contribute following the eradication of any possible future FMD outbreak in the Thrace region, providing the authorities with a useful tool to quantify the degree of confidence provided by post-outbreak risk-based surveillance. A **workshop** to progress this was held in Istanbul in September 2012, attended by two state veterinarians from Bulgaria, Greece and Turkey. The workshop was facilitated by a consultant who had developed a framework for these activities and a model to estimate the degree of confidence they would provide. A further workshop session on this topic was held during the annual Tripartite Group meeting on 13<sup>th</sup> February 2013, to analyze existing data and identify practical actions to move the project forward, and the CVOS of the three countries agreed on actions to commence in 2013. EuFMD has proposed a surveillance and data management agreement and the program is expected to start from the 40<sup>th</sup> Session in late April.



*Thrace region of Turkey, Greece and Bulgaria key control point for FMD. Early identification of disease essential. Risk-based surveillance can increase the level of confidence in disease freedom.*

## 1.6 Research to address policy issues arising from recent FMD crises - Wild Boar and FMD

Following the 2011 FMD outbreak in Bulgaria which involved wild boar, the EuFMD initiated research projects in the role of **wild boar** in FMD epidemiology. In Turkey, the role of wild boar in FMD spread in Anatolia was investigated, led by the SAP Institute, Ankara. Wild boar were hunted and sampled in Erzurum, Gümüşhane, Kastamonu and Samsun. FMDV was isolated from mouth area tissue from one wild boar hunted and sampled in Gümüşhane. The isolated FMDV was serotyped as **Asia-1**. It indicated that FMDV was transmitted to wild boar population from one of outbreaks which occurred in Gümüşhane since June 2011. **Genetic analysis** data showed clearly that Asia-1 virus detected from this wild boar was closely related to cattle isolates detected in the region. In addition, very high **NSP** antibody positive prevalence and SP antibody seropositivity were detected in all provinces, except from Rize which was define as negative province. High NSP antibody positivity indicated FMD infection in the wild boar population in the region, although it was not clear whether recent or previous infection in domestic population was responsible. In Bulgaria, a project is being conducted to investigate the ecology of wild boar and to develop a method for non-invasive sampling for FMD. Wild boar are captured, sedated and GPS collars are attached to them to track their movements. The utility of a variety of methods of **non-invasive sampling** are evaluated. This will inform planned work in collaboration with the Friedrich Loeffler Institute, Germany, to further develop a method for detecting FMD virus in samples of saliva taken from wild boar by non-invasive means.



*Anatolia: 252 wild boar sampled; 51 (20.2%) positive for FMD antibodies; FMD virus detected in one of the sampled wild boar, related to a virus which caused outbreaks in cattle locally.*  
*Bulgaria: 14 wild boar collared with GPS devices. Good GPS data obtained for 10, including one which entered Romania by crossing Danube, then returning.*  
*Baits for non-invasive sampling evaluated, to be investigated further in FLI, Germany.*

## 1.7 Bringing policy makers and FMD scientists together; the 2012 EuFMD Open Sessions at Jerez, Spain

The **Open Session** of the Standing Technical Committee and Special Committee on Research of the EuFMD was held in Jerez de la Frontera, Spain, in October 2012. The Open Session has become the biggest FMD research meeting in the world, providing a unique and valuable forum for scientists and policy makers to meet and present cutting edge research, with open discussion of the ways in which FMD science can inform policy. Over **220 delegates** attended, with more than 70 oral presentations and over 30 poster presentations covering the state of the art of FMD research today. With **multiple parallel sessions** and side-meetings, researchers and stakeholders had opportunities to interact and take an in-depth approach to issues of particular relevance to them.



*220 participants. Over 70 talks and more than 30 posters. Delegates from Europe, Africa, Asia, North and South America and Australia*





*EuFMD countries have land borders with 11 frequently FMD affected countries in West Eurasia/Middle-East*

## 2.1. Practical Epidemiology for Progressive Control (PeP-C)

Veterinary Services often indicate that epidemiology training for their staff would be useful in order to implement activities to progress along **Progressive Control Pathway (PCP)**. In response, EuFMD has developed a course in **Practical Epidemiology for Progressive Control (PeP-C)**. This four week practical epidemiology training course helped provide state veterinary services with the epidemiology and basic economic skills needed to support activities in the progressive control pathway for FMD. This course is aimed at countries where FMD is endemic, and was first offered in the **West Eurasia region** (in particular Georgia, Armenia, Azerbaijan, Turkey, Iran and Egypt) in late 2012. The **course outline** included:

- **Week 1:** Outbreak investigation (10-14 September 2012); including information on prevalence, incidence, diagnostic tests, risk factors
- **Week 2:** Value chain, socio-economic impact assessment (1-5 October 2012); including information about risk, costs and benefits of FMD control, measuring FMD impact.
- **Week 3:** Surveys: SP, NSP, questionnaires and monitoring vaccination campaign (12-16 November 2012); including sample size, survey design, data entry, analysis of data.
- **Week 4:** Control Strategy development (10-14 December 2012); putting it all together: detailing a component of FMD control strategy for presentation and discussion.

The course was based around the **Progressive Control Pathway (PCP)** and was very **practical** with lecture time minimised and students learning whilst working on problems using case-studies. Field work was included in weeks one and three, and involved an FMD outbreak investigation and implementation of a survey.

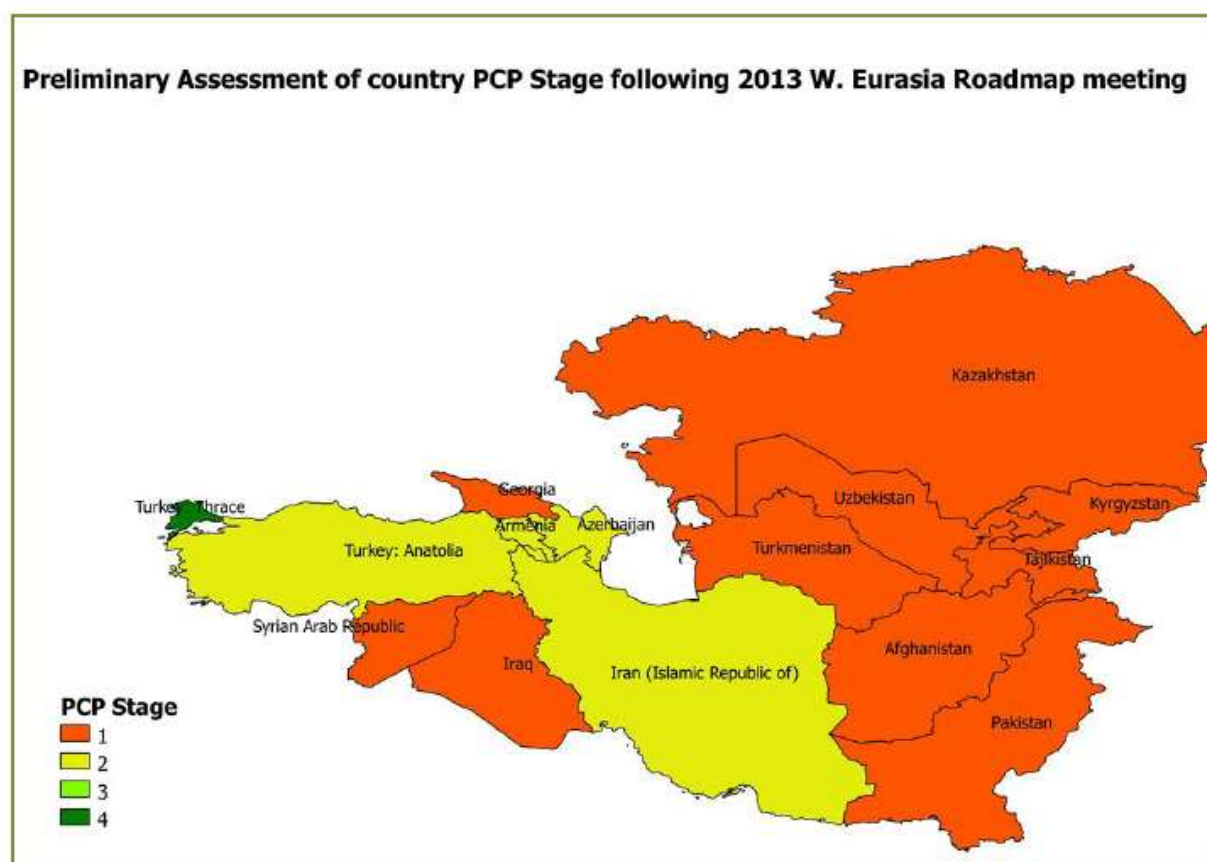
*PeP-C: 4 week course, held in one-week blocks. Participants from Turkey, Iran, Egypt, Armenia, Azerbaijan, Georgia. Establishes a network of epidemiology and laboratory specialists who are familiar with how to use the PCP approach – and who will be the database and other tools to assess risks as the FMDV situation changes*



## 2.2. West Eurasia FMD Roadmap for Progressive Control

The **West Eurasia roadmap for progressive control of FMD** was first established in Shiraz, Iran in 2008, following a series of devastating FMD epidemics that swept across Turkey and which arose in West Eurasian countries such as Pakistan, Afghanistan and Iran. Together with FAO regional projects supporting FMD management in Central Asia, the Roadmap has succeeded to bring the vet services of **14 West Eurasia countries** together on an annual basis and to engage these countries to undertake actions in line with the **Progressive Control Pathway (PCP)** for FMD that have the aim of establishing sustainable national strategies for FMD management. Given the frequency of FMD epidemics sweeping across the region, and the huge investment needed to effectively prevent FMD circulation and spread across borders, regional support services as well as national technical support is needed. The EuFMD support has focused on promoting the PCP and regional co-ordination meetings, and on targeted national support to achieve progress on the PCP towards responsible, sustainable FMD management. EuFMD provides the **secretariat** for the West Eurasia Roadmap meetings, including the 2012 Istanbul meeting and the **2013 Baku** meeting. The roadmap meetings are an opportunity for countries to review their control activities, assess their progress along the PCP, and raise issues for regional co-ordination including better detection of new events, improved effectiveness of vaccination programmes, and progress in animal movement control across international borders. The 4<sup>th</sup> Roadmap Progress Review was held in Baku, Azerbaijan in April 2013 and surveyed vaccination use and animal identification, registration and movement management systems as well as Regional PCP progress.

*Roadmap countries: Turkey, Iran, Iraq, Syria, Armenia, Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Uzbekistan, Turkmenistan, Tajikistan, Pakistan, Afghanistan. Organizations: EuFMD, EC, OIE, FAO, Gf-tads*

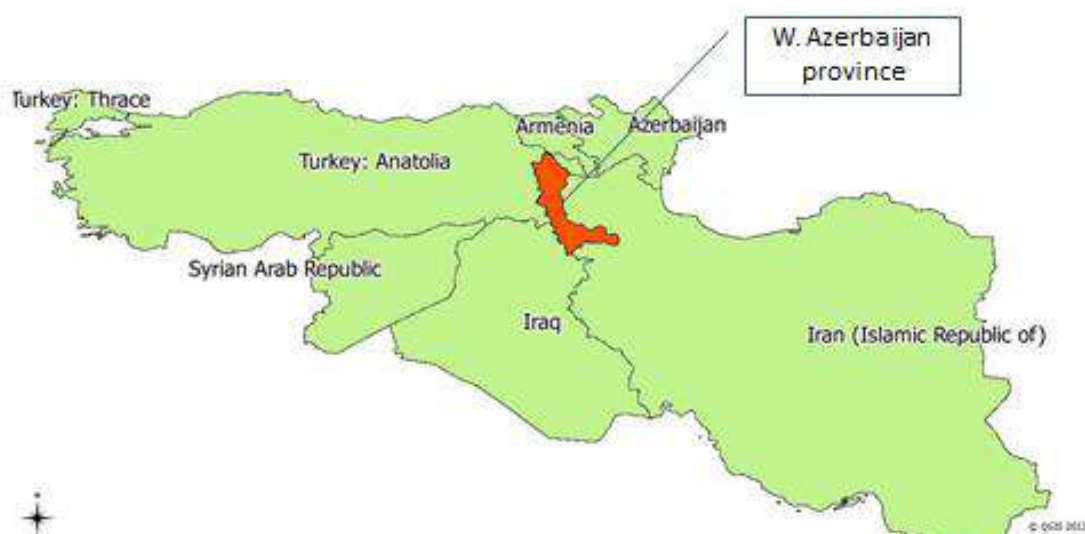


## 2.3. Supporting the progressive control of FMD in Iran

**Iran** is a strategically important country for the control of FMD in the European neighbourhood; virus strains from Pakistan and Afghanistan regularly spread to Iran, and from there to Turkey and West Eurasia, posing a risk of incursion into Europe. EuFMD has worked with the Iranian veterinary authorities since 2005 to improve the **national surveillance** for FMD and to develop an improved national FMD management strategy based on a comprehensive analysis of FMD risk and management options. The current Phase has **5 main goals** aimed at strengthening the systems (lab and epidemiological) on which national and subnational management of the risk are based, including design of a movement control and management systems. The EuFMD assistance is financially very small compared to national investment, but significant in terms of potential for optimising national efforts. EuFMD consultants provide **continuing support** for epidemiological analysis of outbreaks, assessment of disease trends, vaccination coverage data and laboratory results reporting. A monthly report on project activities and disease data ensures the flow of information is maintained. In the key province of West Azerbaijan (in North-West Iran), the support has significantly improved **local capacity** (laboratory and disease management) in the area next to Turkey and the Trans-Caucasus. FMD outbreaks can now be confirmed at local level and effect of control measures assessed at Province level, a first. An in depth epidemiology study, the first of its kind in Iran, provided key data on risk factors and intervention which is informing the continued development of FMD control in the area. As part of the laboratory strengthening program, EuFMD consultants have provided training to establish the quality assurance of the new, decentralised system of FMD diagnostic laboratories, with the aim of achieving serotype confirmation within 5 days. National vaccine quality assurance systems are being revised following a mission to collaboratively conduct a joint FMD vaccine potency test, another first. EuFMD also supports the submission of samples from Iran to the World Reference Laboratory as part of the regular project activities, and this is significant for vaccine selection for Turkey, West Eurasia and European vaccine banks.

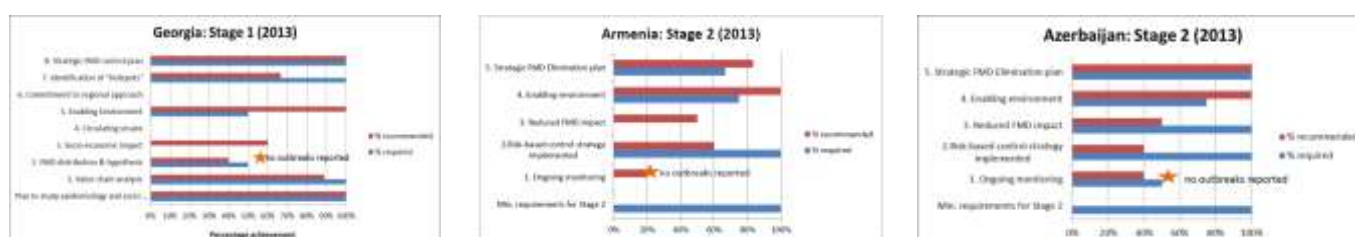
*Iran: strategic importance for FMD spread from Pakistan/Afghanistan to WestEurasia. Key activities: epidemiological support, laboratory support, vaccine quality assessment, study of risk factors for FMD spread*

### W. Azerbaijan province is strategically located



## 2.4. Strengthening FMD Control in the Trans-Caucasus

EuFMD has supported FMD control in the **Trans-Caucasus Countries (TCC)** since 2000. The most recent Phase of support, which aimed at achieving progress in national management capacity, has just come to an end, having started in 2010. The activities conducted under this included: **Improved FMD monitoring and control** (each country to complete their PCP Stage requirements and advance in PCP; **Vaccination campaigns** every 6 months, risk-based (funded by project in 2010 & 2011); **Serosurveys**: NSPs, SP, investigation of NSP clusters; **Simulation exercises** and epidemiology training; **Monthly data** on demographics, vaccination and surveillance provided to EuFMD; Monthly reports to EuFMD). **Enhanced laboratory capacity to support FMD monitoring and surveillance** (NSP, SP and Ag ELISA and PCR capacity developed; **Investigations** of NSP clusters: probangs, swabs, PCR, sequencing; **Field outbreak** investigation training; **Sample management** decision trees & reporting arrangements in place; **Annual serosurveys**; **Participation** in WRL proficiency trial scheme. The most recent activities included: *March 2012*: 150,000 doses of trivalent Merial vaccine supplied by EC to act as regional strategic reserve for TCC (Expires March 2014); *August 2012*: investigation of NSP positive clusters, samples taken with probangs; *November 2012*: Desktop simulation exercise for all three TCC, held in Georgia; *February 2013*: Real-time PCR training course, during which samples from August NSP cluster mission were analyzed.



## 2.5. The changing risk environment: incursions of sub-Saharan African FMD viruses into North Africa

Following the political turmoil in Egypt and Libya in 2011, **movement patterns of livestock** in the border regions between southern Egypt and Libya and sub-Saharan Africa have changed, with border security compromised on the borders of Libya with Chad, Niger and Algeria. Higher meat prices in Libya have facilitated the inward flow of animals and animal products from sub-Saharan Africa, increasing the risk of new diseases being introduced.

In March 2012, serotype **SAT2 FMD** was detected in Egypt and, separately, in Libya, and soon after, other African origin FMDV were detected suggesting multiple virus incursions. As animal populations in Egypt and Libya were not vaccinated against SAT2, this new serotype posed a new and alarming risk for further spread within the region and beyond. In coordination with other FAO units (ECTAD, EMPRES, CMC-AH, FAO Cairo and FAO Tunis), EuFMD took a number of actions to address this threat.

- Rapid assessment field missions to Egypt in March.
- Follow-up missions to Egypt in April and May to advise on the development of control strategies.
- Laboratory support mission to Libya in June.
- Provision of laboratory training in FMD diagnosis to affected or at-risk countries through workshops and supply of diagnostic kits.
- Training in surveillance for FMD in high risk border zones provided to affected and at-risk countries.
- Coordination workshop on management and vaccination strategy for affected and at-risk countries.
- Support to the development of FAO regional strategic response policies, including input into a planned support project for Libya.

*Laboratory training in Cairo for Egypt, Libya, PAT (Gaza), PAT (WB), Jordan  
Laboratory training in Paris, hosted by ANSES, coordinated with REMESA, for Algeria, Tunisia, Mauritania, Chad, Niger, Lebanon. Surveillance training in Larnaca for Egypt, Israel, Jordan, PAT (Gaza).  
Management and vaccination strategy workshop in Rabat for Morocco, Algeria, Tunisia, Libya and Mauritania.*

## 2.6. Neighbourhood FMD risk monitoring through laboratory network support and monthly reporting

Following decisions and recommendations of the regular EuFMD Sessions (Rome, in 2005, 2009, 2011), the EuFMD supports **improved risk monitoring** through submission by affected countries of FMD samples to the WRL, and since 2011, through supporting three laboratory networks in the region neighbouring Europe to maintain the flow of information and laboratory activity on FMD. This contributes to knowledge of FMD risks posed to member states.

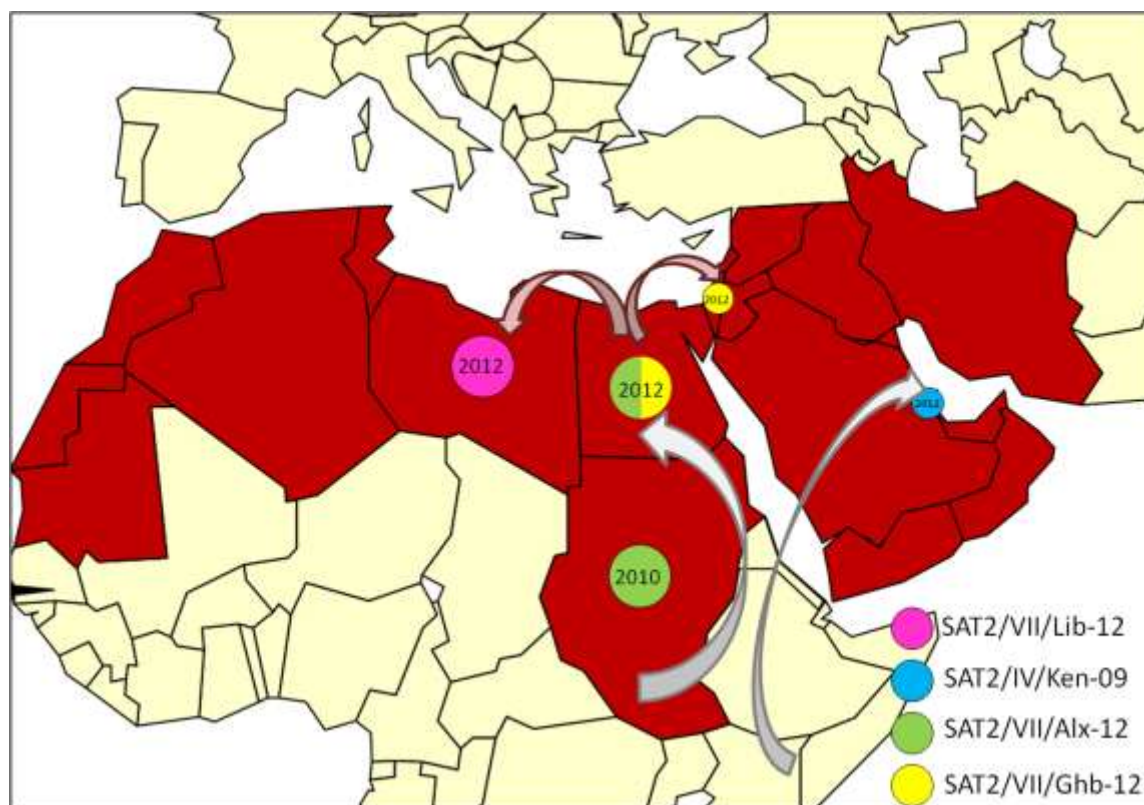
**WELNET** is the West Eurasian Laboratory Network which is part of the West Eurasia roadmap. Information from this area is of key relevance to EuFMD. Most recently, EuFMD funded and coordinated the transport of FMD samples from Iraq to the SAP Institute, Turkey (WELNET leader laboratory), where they were analysed. The molecular epidemiological output demonstrated the trans-border spread of type A FMD between Turkey and Iraq.

**RESOLAB** is the West/Central African laboratory network. EuFMD provides limited support to its FMD sub-network to support the provision of risk information relevant to REMESA countries in North Africa.

**EARLN** is the East African Regional Laboratory Network; EuFMD provides limited support to its FMD sub-network.

The multiple incursions of sub-Saharan FMD strains (including SAT2) into Egypt and Libya in 2012 highlight the ongoing risk posed by these areas, and the clear benefits of engaging with the sub-Saharan laboratory networks. This can inform risk management for EuFMD member states and REMESA states in North Africa. All EuFMD activities in this region are coordinated with FAO EMPRES, in particular the USAID-funded Identify project to support African laboratories.

*Monthly report compiled from FMD laboratory contacts in WestEurasia, middle-east, eastern Africa and West/Central Africa to better identify new threats to the vaccination programmes used in the European neighborhood and risk of incursions to Europe. This system enables prioritization of sample shipments to WRL Pirbright (results reported to OIE/FAO). Given the current instabilities in sub-Saharan West Africa, it is important to be able to provide information on virus threats to EuFMD and REMESA countries.*



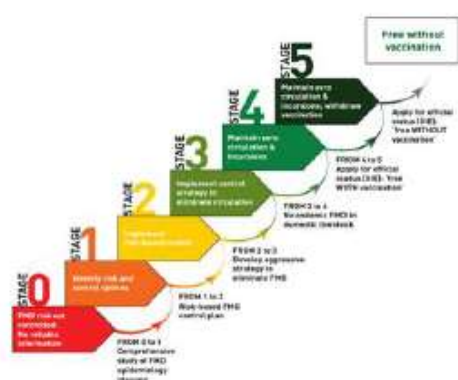


### 3.1 Monthly Report on the International FMDV circulation

The EuFMD produces a monthly report on the **Global FMD situation**, providing key input in global knowledge of FMD events and global risk management. This report is compiled and managed by a short-term professional (STP) animal health officer, a state veterinarian from an EuFMD member state on a six-month temporary posting in Rome with the Secretariat. The STP assembles the report, circulates to all OIE and FAO international reference Centres (IRCs), FMD laboratory network animators and Leading Laboratories, and compiles their responses into a Monthly report by the 20<sup>th</sup> day of each Month. This is an important tool for **focussing efforts** to improve surveillance and provides a valuable measure of the outcomes associated with supporting countries or NRLs to type and submit samples to IRCs. Although this system started only in January 2012, EuFMD now gets information from most IRCs, including India and China and is also used by IRCs (indicators being the maps in their reports to meetings).

### 3.2 Progressive Control Pathway for FMD (PCP-FMD)

The **PCP-FMD** is a framework for planning and assessment of national activities and was developed by EuFMD, with FAO, in 2008 and has been since 2011 a **Joint Tool** of **EuFMD-FAO-OIE**. In 2011-12 the PCP was used as a tool for in all national assistance activities supported by the EuFMD/EC programme and EuFMD has provided expertise gained in the European neighbourhood to assist other regions to develop Long term Roadmaps for FMD control, as part of meetings organised by FAO and OIE under the Gf-TADS Framework. The EuFMD experts have continued to refine the guidance and associated PCP tools, for use by national experts in endemic countries, and have developed a training programme, the Practical Epidemiology for Progressive Control-Course (**PeP-C**) to train national staff in the application of the **PCP approach**.



### 3.3 Supporting the FMD reference laboratory services needed in Europe, and for global surveillance

The EuFMD, with EC support, has provided a contract of 150,000 USD per year to the **Pirbright laboratory** to provide international reference centre services to assist **typing of FMDV**, to produce an **Annual Global Surveillance** report (for OIE/FAO) and provide **proficiency test services free of charge** to the non-EU NRLs in the European Neighbourhood, complementing the service to the 27 EU NRLs that is supported under the EU CRL-FMD contract.

The aim is that all EuFMD members fulfil their obligation agreed at the 38<sup>th</sup> Session to be able to confirm FMDV within 24 hours of sample receipt, at their own NRL or another with which they have an agreement.



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

**STRATEGIC PLAN FOR 2013-2017****OVERALL OBJECTIVES**

The overall objectives consist of **three strategic goals** as follows:

1. To Improve readiness for FMD crisis management by Members;
2. To Reduce risk to Members from the FMD situation in the European neighbourhood (progressive control in neighbouring regions);
3. To Promote the global strategy of progressive control of FMD;

The operational objective of maintaining a mechanism for emergency response to an FMD crisis in the European neighbourhood will underpin the first two objectives.

**BENEFICIARIES**

In general, beneficiaries will be the 36 countries which are members of the European Commission for the Control of Foot-and-Mouth Disease (EuFMD)<sup>1</sup>, hereinafter called "Members", and other neighbouring countries where the situation of foot-and-mouth disease (FMD) creates a direct or indirect threat of introduction of the disease into one or more of the member countries of EuFMD.

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<sup>1</sup> Albania, Austria, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Israel, Italy, Latvia, Lithuania, Luxembourg, Malta, Norway, Poland, Portugal, Romania, Serbia, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, The former Yugoslav Republic of Macedonia, The Netherlands, Turkey, the United Kingdom.

## **STRATEGIC GOAL 1 -IMPROVE READINESS FOR FMD CRISIS MANAGEMENT BY MEMBERS**

Progress towards the Strategic Goal may also be assisted by joint activities with non-member states of EuFMD where there is a mutual advantage recognised by the EuFMD Executive Committee.

### *Outputs and Activities*

1.1. Develop a cadre of European experts in FMD crisis management - recognition and response training.

This includes conducting training on clinical disease recognition, sampling for diagnosis, local area epidemiological investigations, risk factor analysis, practical application of biosecurity principles, and other aspects of FMD crisis management.

1.2. Support contingency planning of Members and at European level – Developing decision support tools for managers.

This includes conducting training and providing support for Members to use disease simulation models and decision support tools to assist contingency planning, and engaging with researchers on FMD modelling to facilitate technology transfer of appropriately developed tools to assist Members.

1.3. Thrace region: programme for early warning surveillance in Greece/Bulgaria/Turkey.

This includes collation and analysis of existing surveillance data, development of risk-based surveillance methods, tripartite coordination of activities, integration of decision support tools and risk analysis into policy evaluation and development, and management of support to surveillance activities.

1.4. Improved emergency management capacity for FMD in the Balkan region

A programme of support to MS in the Balkan region to improve the quality of contingency planning, to improve awareness of FMD risks and the economic consequences of emergencies, and give attention to the issues affecting national reference laboratory capacity for FMD confirmation and surveillance.

1.5. Research activities relevant to resolve policy issues.

This includes support for research projects which have been endorsed by the standing technical committee of the EuFMD as being of benefit to EuFMD objectives; activities to translate research into tools, actions or activities which are of benefit to EuFMD activities; and actions to integrate research outcomes with policy.

1.6. Support provided to member states through emergency technical response to FMD outbreaks in the member state or the European neighbourhood.

This includes the maintenance of a capacity to provide advice, technical support and assistance to EuFMD member states and countries in the European neighbourhood in the event of an FMD outbreak, including laboratory and epidemiological support. This baseline activity is also serviced by several of the activities listed above, as these will also act to maintain a degree of organisational readiness to respond to an FMD crisis. This also includes assisting and supporting Members with vaccine procurement and supply, through the provision of technical input, advice on selection of vaccine strains, risk based evaluation of vaccination strategies and other related activities.

## **STRATEGIC GOAL 2: REDUCE RISK TO MEMBERS FROM THE EUROPEAN NEIGHBOURHOOD<sup>2</sup> (PROGRESSIVE CONTROL IN NEIGHBOURING REGIONS)**

### *Outputs and Activities*

#### **2.1 South-East Europe: promote better management in Turkey and neighbours.**

This includes supporting the collation, analysis and application of epidemiological data, including spatial data, from the area; providing training in the practical application of epidemiology to control FMD and advance along the FAO/OIE progressive control pathway (PCP); engaging with national veterinary services to support them in the detection, management, and control of FMD; and identification of circulating viruses. This also includes secretarial and coordination support for the West Eurasia roadmap for progressive control of FMD, in coordination with other stakeholder bodies, as regards the European neighbourhood.

This component also includes developing specific country projects in line with the PCP designed to improve national capacity to manage and control FMD and assist progress in cooperation with regionally coordinated GF-TADs programs and roadmaps.

#### **2.2 South-East Mediterranean: support better management in the neighbourhood of Cyprus and Israel.**

This includes holding workshops and training sessions for neighbour countries of Cyprus and Israel to support laboratory diagnosis, contingency planning, and vaccination strategy development; support to develop laboratory capacity in those countries; regional coordination of FMD control strategies.

This component also includes developing specific country projects in line with the PCP designed to improve national capacity to manage and control FMD and assist progress in cooperation with regionally coordinated GF-TADs programs and roadmaps.

#### **2.3 North Africa: technical support to REMESA<sup>3</sup> actions.**

This includes, at the request of those Members participating in REMESA, actions to support activities carried out by France, Spain, Italy and Portugal aiming at strengthening and regionally coordinating laboratory diagnosis, contingency planning, vaccination strategy development, risk based surveillance and other associated actions in Mediterranean countries of North Africa which pose a risk of FMD virus incursion into the REMESA area.

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<sup>2</sup> The neighbourhood of the current 36 Members is here defined as follows:

- i. European Member Countries of the World Organisation for Animal Health (OIE) and member of the OIE Regional Commission for Europe which are eligible for membership in EuFMD;
- ii. the countries and territories adjacent to Members.
- iii. The countries in North Africa cooperating with Members in the framework of REMESA

<sup>3</sup> REseau MEditerranéen de Santé Animale – REMESA: <http://www.remesanetwork.org/>

2.4 Supporting surveillance networks to provide information needed by risk managers in the European neighbourhood.

This includes support for existing FAO or joint FAO/OIE surveillance networks (RESOLAB in West Africa, EARLN in East Africa, WELNET in West Eurasia, and those under REMESA), where such actions provide information to support analysis of the risk of FMD incursions into the European neighbourhood. The modes of support may include assisting with regional coordination or network meetings, actions to identify circulating virus strains, and actions to characterise the risk of FMD incursions due to factors which may be changing or subject to temporal or spatial dynamics. These actions may be taken in coordination with other stakeholder bodies.

### **STRATEGIC GOAL 3 - PROMOTE THE GLOBAL STRATEGY OF PROGRESSIVE CONTROL OF FMD**

#### *Outputs and Activities*

3.1 Support FAO FMD Unit in collating information for review of progress of regional programmes on FMD control.

This includes collation, analysis and dissemination of relevant information on regional FMD control programmes worldwide; support for workshops to coordinate this process; and other associated actions.

3.2 Technical support to develop the OIE/FAO FMD progressive control pathway (PCP) methods and guidelines.

This includes engaging with the on-going development of the PCP, providing training in the application of the PCP at national level, regional level, and to international agencies; supporting the development of associated tools and activities to integrate relevant fields with PCP applications; and support for the development of regional PCP roadmaps.

3.3 Support the global system for improved FMD reference lab services (World Reference Laboratory Contract, supporting FAO/OIE Strategy and Gf-TADs).

This includes supporting the FAO FMD World Reference Laboratory to provide services to the European neighbourhood and globally, including diagnostic service, vaccine matching, molecular epidemiological analysis of worldwide and regional FMD patterns, and provision of laboratory proficiency test (PTS) ring trials to FMD laboratories in non-EU states<sup>4</sup> and internationally.

### **RESPONSIBILITIES FOR IMPLEMENTATION**

The Secretariat of the European Commission for the Control of Foot-and-Mouth Disease hosted by the Agriculture Department of the Food and Agriculture Organization of the United Nations is responsible for the implementation of the Project.

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<sup>4</sup> EU Member States are included in the PTS funded under the EU-CRL activities.

**40<sup>th</sup> Session**

**DRAFT**

**Outline of the**

## **24 MONTH WORKPLAN**

**EUFMD COMMISSION**

A draft Work plan has been developed on the basis of the budget provision that is equal to the previous funding agreement with the EC and all activities to be covered by the EC Financing Agreement or from EuFMD Administrative Funds, with the exception of those indicated ( the pre-agreed , Joint Activities conducted on full costs recovery basis with DAFF, Australia. The activities with the latter are shown under the relevant Strategic Objective (Pillar), for completeness.

Additional activities to be added to the Work plan support these Strategic Goals will be decided upon by the Executive Committee after preparation by the Secretariat and proposals from MS and financing partners.

**The Draft Work plan is prepared for the 40<sup>th</sup> General Session for approval.**

The activities are considered to be in line with the relevant GfTADS Regional and Global Strategies. After review by FAO Once adopted by the 40<sup>th</sup> Session , the Work plan for Pillar 2-3 sent through the FAO/OIE mechanisms for entry into the appropriate Regional or Global GfTADS Calendar.

### Strategic Goal (Pillar) I :: Table of activities 2013-2015

People moved by the EuFMD in each activity

*	< 15 participants
**	< 30 participants
***	30-50 participants
****	50-100 participants
*****	100 participants (Open Session >200)

The below Gantt table shows when the activities will take place, but NOT the time used to implement /prepare the activities

I PILLAR				2013																2014												2015			
				M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24								
				MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR								
		total	total																																
	TRAINING	RealTime training-Kenya	10	KEN			**					**				**			**																
	TRAINING	E-learning (online platform)	1	ONLINE		****	****	****	****	****	****	****	****	****	****	****	****	****	****	****	****	****	****	****	****										
	TRAINING	Decision Support (wkshop/training)	6	TBD					*		*					*			*		*														
	TRAINING	Epi. Exp. Con Pomts (meeting)	1	TBD						***									***																
	TRAINING	Tailored courses - training	6	TBD					*				*			*			*		*		*		*										
	DAFF	KTC - (Australian funds)	9	NEP		***			***			*																							
	DAFF	Feasibility study - (Australian funds)	9	TBD								*																							
	THRACE	Surveillance activities	1	THR										*																					
	THRACE	Training + Contract (wkshop/training)	4	THR					*				*					*					*												
	THRACE	Coordination activities	8	EU	*				*	*			*					*	*	*			*												
	BALKAN	CVO meeting	2	BLK	**																		**												
	BALKAN	LAB TRAINING	2	BLK							**						**																		
	BALKAN	PTS	2	BLK					*				*						*																
	BALKAN	REAGENTS/EQUIPMENT	2	BLK					*									*																	
	BALKAN	PEPc (epi, modeling, cont....)	1	BLK	**			**			**					*		**		**															
	BALKAN	SIMULATION EXERCISE	1	BLK									**																						
	RESEARCH	Identify priorities	0	NA	*	*						*			*							*													
	RESEARCH	Invite proposals	0	NA								*			*					*		*													
	RESEARCH	Evaluate/select	0	NA					*		*		*		*		*		*		*		*	*	*										
	RESEARCH	Implement	0	NA					*		*		*		*		*		*		*		*	*	*										
	RESEARCH	Issue contracts	0	NA					*		*		*		*		*		*		*		*	*	*										
	RESEARCH	Collate progress, M&E	0	NA					*		*		*		*		*		*		*		*	*	*										
	RESEARCH	Closed SC meeting	0	EU						**								**																	
	RESEARCH	Open STC and SC meeting	0	EU														****																	
	RESEARCH	STC Res Fund meeting	0	EU					**				**					**						**											
	EMERGENCIES	Emergencies		NA																															
	L Proficiency Test Serv	IAH CONTRACT 150K	0	EU	*																														

## Strategic Goal (Pillar) II :: Table of activities 2013-2015

People moved by the EuFMD in each activity

	< 15 participants
**	< 30 participants
***	30-50 participants
****	50-100 participants
*****	100 participants (Open Session >200)

The below Gantt table shows when the activities will take place, but NOT the time used to implement /prepare the activities

II PILAR				YEAR 1								YEAR 2								YEAR 3								
				2013								2014								2015								
				M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24	
				MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	
total																												
II	WEURASIA	COORDINATION OF ALL THE ACTIVITIES	NA																									
II	WEURASIA	Value chain (Kick off)	1	WEA																								
II	WEURASIA	Roadmap meetings	2	WEA											**													**
II	WEURASIA	VACCINE strategy workshop	2	WEA																								
II	WEURASIA	Contingency planning workshop	1	WEA												*												
II	WEURASIA	WELNET network meeting	2	WEA							**								**									
II	WEURASIA	Workshop (tbd)	4	WEA																		*						
II	WEURASIA	Participatory epidemiology	2	WEA																								
II	WEURASIA	PEP-c 2	4	WEA									*	*	*	*												
II	WEURASIA	Mission OTHER	6	WEA													*								*	*	*	*
II	WEURASIA	Mission TURKEY	6	TUR												*	*	*	*	*	*	*	*	*	*	*	*	*
II	WEURASIA	Mission TCC	6	TCC											*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	SE Med CYP ISR	Annual Co-ordination Meeting (Cyprus)	2	CYP							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	SE Med CYP ISR	PEPc Course - develop (arabic)	3	NA				*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	SE Med CYP ISR	PEPc Course - deliver course	6	CYP																								
II	SE Med CYP ISR	Real-Time Training - (in Turkey)	1	TUR																								
II	SE Med CYP ISR	FreeSurv workshop	1	CYP																								
II	SE Med CYP ISR	Free Surv follow-up support, for lab testing	15	CYP									*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	SE Med CYP ISR	Free Surv progress review/WS	1	CYP																								
II	SE Med CYP ISR	Egypt - National PCP progress	0	EGY																								
II	SE Med CYP ISR	Egypt - identification of support needed	1	NA			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	SE Med CYP ISR	Egypt -missions	6	EGY			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	SE Med CYP ISR	FMDV intelligence gathering	24	CYP																								
II	SE Med CYP ISR	EARLN-FMD support (request from FAO) meeting	2	TBD							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	NAfrica: REMESA	RealTime training course	5	NAFR			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	NAfrica: REMESA	RBS - Risk based surveillance	2	NAFR																					*	*	*	*
II	NAfrica: REMESA	Epi network	2	NAFR																								
II	NAfrica: REMESA	Lab network	2	NAFR							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	NAfrica: REMESA	Surveillance NC	2	NAFR															*	*	*	*	*	*	*	*	*	*
II	NAfrica: REMESA	PEPc	1	NAFR																								
II	NAfrica: REMESA	Free-surveillance training	1	NAFR							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	NAfrica: REMESA	Procesing lab sample	1	NAFR		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	NAfrica: REMESA	Contingency	1	NAFR																					*	*	*	*
II	NAfrica: REMESA	E-learning	24	ONLINE	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
II	FAO-GTADS FMD	port sample submisison from neighbourhood risk regit	0	TBD	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

## Strategic Goal (Pillar) III :: Table of activities 2013-2015

People moved by the EuFMD in each activity

*	< 15 participants
**	< 30 participants
***	30-50 participants
****	50-100 participants
*****	100 participants (Open Session >200)

The below Gantt table shows when the activities will take place, but NOT the time used to implement /prepare the activities

III PILAR				2013												2014												2015			
				M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	M13	M14	M15	M16	M17	M18	M19	M20	M21	M22	M23	M24				
				MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR				
III	SUPPORT FAO	STP and FMD WG SUPPORT	9	EU	*		*		*			*			*			*			*			*			*				
III	SUPPORT FAO	WORKSHOPS	2	EU					*												*										
III	support PCP	PCP expert consultation meetings	1	EU		*																									
III	support PCP	Training	1	TBD		*																									
III	support WRLC	CONTRACT IAH	1	TBD					*	*						*					*										
III	support WRLC	Meetings	4	TBD	*				*							*					*										

Enc: Annex 1 : Financial Statements for Year Ending 12/2012.

**PAPER ON THE FINANCIAL POSITION AND BUDGET FOR TRUST FUND  
No. 904200 - MTF/INT/011/MUL FOR BIENNIUM 2014-15**

**2014 and 2015 budgets (US\$) for approval by the 40<sup>th</sup> Session**

**For decision**

1. On the proposal for the budget contributions by the member states to remain unchanged in the biennium 2014-15.
2. If new member states could be exempted from requests for contributions in their first calendar year of member ship, which given the delays in the processing of acceptance, which is *de facto* already the case.
3. If the Session wishes to recommend a review by the Executive of the categories for contributions, and an increase in the overall total of contributions at the 41<sup>st</sup> Session in 2015.
4. If the Executive should be encouraged to seek other funding sources for cost-sharing of activities, while ensuring at all time the aim of maintaining and increasing the value of the services to the member states.
5. Following the FAO Finance Committee review of Article XIV bodies, if the Commission should seek recognition by FAO as an Article XIV body eligible for greater autonomy in the administration of its programme while remaining in the framework of FAO.

***From the Executive Committee***

***Conclusions (36-42) of the 85<sup>th</sup> Session of the Executive Committee, held 14-15<sup>th</sup> February 2013:***

36. No change will be proposed in the budget contributions of member states for 2014 and 2015; but an agreement in principle reached at the 40th Session to propose an increase at the 41st Session.
37. The expenditure in 2013 and subsequent years should achieve savings, including immediate action relating to the full time General Service staff position from the budget of MTF/INT/011/MUL.
38. The Commission should look into further possibilities for cost-sharing, for example where services are provided to FAO or countries, such as training.
39. The Secretariat should proceed with the STP scheme in 2013 which has provided training to mid-level officers from the MS and additional professional expertise to the Commission, but keep the number supported under review.
40. Approval was not given to the appointment to the vacant G4 Clerk position, and it was considered that the procedure of FAO in this case was unacceptable.
41. Given the budgetary situation with MTF/INT/011/MUL, the G4 Clerk position should be abolished and immediate savings achieved.
42. The Secretariat should begin discussions with the FAO Corporate services on developing a procedure for independent recruitment, as suggested for article XIV bodies to solve similar issues that have arisen for other Commissions, by the CCLM (Committee on Constitutional and Legal Matters to the FAO Council).

## Background

1. The funding of the administrative activities of the Secretariat of the EuFMD Commission, and of the mandated activities required under the Constitution and for which no other sources of funding are available, is derived from the annual contributions of member countries to Trust Fund MTF/INT/011/MUL.
2. The administration of the Commission is wholly supported from the members contributions from MTF/INT/011/MUL. FAO provides office space, lighting and heating, which in the past were a contribution to the Commission but are now charged to the Commission budget.
3. In addition, under a separate financial agreement between FAO and the EC, activities on FMD control are financially supported through an 8 m€ agreement (current agreement for 48 months from September 2005) which is handled through Trust Fund MTF/INT/003/EEC. A third TF, for additional contributions by member states for specific actions, is maintained and has been used in 2012 for the funding of training programme contribution from Australia. This TF could be useful should MS or non-members wish to support certain actions, parallel to the situation of activities supported by the EC.
4. The 39<sup>th</sup> General Session in April 2011:
  - Agreed the annual budget for MTF/INT/011/MUL in 2012 and 2013 to be **US\$ 547,352**, including the expected contribution from Bosnia, a new member state.
  - Keep the level of contributions unchanged from that agreed at the 38<sup>th</sup> Session in 2009, and therefore unchanged for the 4 year period 2010-2014.
5. The balance in the TF, at 31/12/2012, was **USD 528,732**, with an expenditure in 2012 of **USD 549,233**. The balance was circa USD 90,000 higher than predicted at the 39<sup>th</sup> Session, reflecting the enforced savings made during the time to recruit the P3 Officer and by the block on recruitment of administrative staff imposed by the FAO DG in January 2012.
6. The budget of the Commission for the forthcoming biennium is prepared by the outgoing Executive Committee. It was therefore the responsibility of the 85th Session of the Executive Committee, meeting in February 2013, to review the financial position and agree the budget to be proposed for approval by the 40th Session.
7. The 85<sup>th</sup> Session took into consideration the scenarios presented by the Secretariat for the administrative budget, with different staffing levels, the continuation of the Short Term Professional officers programme, the extent to which professional and administrative services provides to the EC programme are charged to that programme rather than being carried from the Commission budget, and the level of balance (reserve) in the TF throughout the biennium to offset possible increases in costs associated with exchange rate variations (USD/national currency) and exigencies; and the core staffing level required to maintain the administration of the Commission.
8. After review of 4 scenarios of expenditure, relating to different levels of staffing of the Secretariat, they concluded that only scenario 4 would involve break-even and this would require rather drastic reduction in core staff and short term professional (STP) officer positions, and Scenario 3 was the “least worst” and would result in a end of year balance in 2015 that was sufficient to avoid risk of adverse exchange rate fluctuations and would retain the STP positions. The first (current) and scenario 2 options would deplete the cash reserve over the biennium and run the risk of a substantial overdraft.

## Financial situation at 31/12/2012

The Financial Position is given in Statements provided by the FAO.

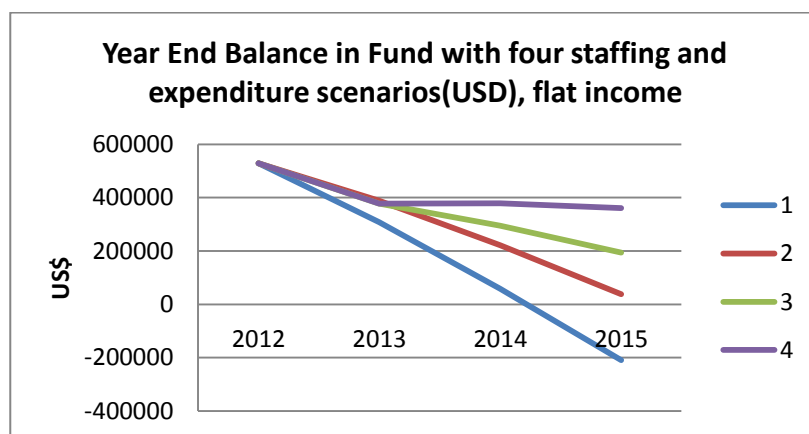
The balance in the TF, at 31/12/2012, was USD 528,732, with an expenditure in 2012 of **USD 549,233**.

### Financial Outlook - Issues and scenarios for consideration by the Executive

1. The 85<sup>th</sup> Executive considered the staffing position and other expenditures. In 2012, a second animal health officer (P3 level) was recruited in March, following the agreement of the 39<sup>th</sup> Session. The Clerk position remained unfilled until November, enabling savings of 10 months. This brought staff level to 3.5 positions (one P5, one P3, half P2 and one Clerk).
2. In 2013, therefore, with 3.5 positions plus the 2 short term professional officers (whose living allowances are paid from the TRAVEL budget line) which had previously agreed at the 39<sup>th</sup> Session, the expenditure will rise to circa USD 770,000 against the target amount as agreed at the 39<sup>th</sup> Session of USD592,000. If contributions do not rise, this level of expenditure would lead to a deficit of USD 200,000 by the end of 2015 (Table 1).

**Table 1**

Staff	Scenario	Year End Balance (USD)(actual 2012 and predicted)			
		2012 (actual)	2013	2014	2015
3.5 positions/2 STPs	1	528732	307910	58888	-209262
3 positions, 2 STPs	2	528732	387910	221168	37669.2
2.5 positions, 2 STPs	3	528732	377910	295088	194466
2.5 positions/zero STPs	4	528732	377910	378432	361154



3. The Executive considered the Short Term professional officers programme has been of good value, the calibre of applicants is high and there appears significant value to the member states of their work and experience. It is therefore proposed to retain this modality.
4. Therefore, unless income rises, the scenario #3 appears financially viable but to be achieved, would require reduction in the number of positions or cost-sharing with the EC (or other funds) in order to move USD 150,000 staff costs per year from the TF.
5. Under #3, the reduction in salaries between 2013 and 2014, to USD 445,000 would be achieved by abolition of the G4 Clerk position, with effect before June (after the 40<sup>th</sup> Session).

6. Regarding non-salaries expenditure, the major item is Travel Costs. For 2013-2015, the amount indicated would allow for the travel of the STC and Special Committee members to their meetings, for 6 experts to each executive, and the travel of the Secretariat for meetings with the Chairpersons or on non-EC programme purposes. The STP allowances are from this line, since STPs are provided only allowances to live in Rome (they remain salaried from their employers).
7. Scenario 3 (Table 2), if approved, would have implications for the actions on posts in 2013, since it would mean that these would need to be included in the proposed agreement with the EC.
8. Given the complexity of administration of the EC programme, and recommendations from FAO Corporate Services, the Executive agreed that a higher grade (G5 or above) Clerk is needed as senior Clerk/Office supervisor, and proposed that a full or part time G5 position is funded from the EC programme, or if the situation with that programme financing necessitates, a cost-sharing arrangement.

**Table 2.** Proposed Budget for 2013-15 based following the review by the 85<sup>th</sup> Session.

This is Scenario #3 for the Administrative Budget discussed at the Session, and based on the Actual 2012 expenditure and year-end balance. To proposed to the 40<sup>th</sup> Session.

	3			
	Actual (2012) and proposed (2013) budgets for MTF/INT/011/MUL			
	2012	2013	2014	2015
	Actual	Proposed	Proposed	Proposed
Salaries <sup>1</sup>	421,824	523,000	445,000	462,800
Consultant	19,455	25,000	35,000	35,000
Contracts	204	1,000	1,000	1,000
Travel (inc STPs)	85,553	125,344	125,344	125,344
Training	9,024	10,000	10,000	10,000
Gen Op Expenses	12,018	12,000	12,000	12,000
Expendable equipment	1,136	1,000	1,000	1,000
Durable Equipment	19	5,000	5,000	5,000
<b>Total</b>	<b>549,233</b>	<b>702,344</b>	<b>634,344</b>	<b>652,144</b>
	-	-	-	-
Income	551,522	551,522	551,522	551,522
<i>Year END Balance</i>	<i>528,732</i>	<i>377,910</i>	<i>295,088</i>	<i>194,466</i>

1 In 2013 assumes the G4 Clerk position would be abolished with effect soon after the 40<sup>th</sup> Session; if not, a further US\$57,000 should be added. Assumes one P5, one P3 and half time P2 in 2014.

**Table 3.** Annual contributions (in US\$) of member countries to the administrative budget of the EuFMD Commission (MTF INT/011/MTF), agreed with Sessions since the 36th (in 2005), and proposal for 2014 and 2015.

	MEMBER COUNTRY	LEVEL	ANNUAL CONTR- 2006-2007	CONTR- 2008-9	CONTR - 2010-11	CONTR - 2012-13	CONTR - 2014-15 (40 <sup>TH</sup> GS)
			36 <sup>TH</sup> GS	37 <sup>TH</sup> GS	38 <sup>TH</sup> GS	39 <sup>TH</sup> GS	PROPOSED
1	ALBANIA	4	3,900	4060	4170	4170	4170
2	AUSTRIA	3	11,960	12450	12,786	12,786	12,786
3	BELGIUM	2	19,890	20700	21,260	21,260	21,260
4	BOSNIA-H <sup>2</sup>					4170	4170
5	BULGARIA	3	11,960	12450	12,786	12,786	12,786
6	CYPRUS	4	3,900	4060	4170	4170	4170
7	CROATIA	4	3,900	4060	4170	4170	4170
8	CZECH REPUBLIC	3	11,960	12450	12,786	12,786	12,786
9	DENMARK	2	19,890	20700	21,260	21,260	21,260
10	ESTONIA	4			4170	4170	4170
11	FINLAND	3	11,960	12450	12,786	12,786	12,786
12	FRANCE	1	39,650	41260	42,374	42,374	42,374
13	GERMANY	1	39,650	41260	42,374	42,374	42,374
14	GREECE	3	11,960	12450	12,786	12,786	12,786
15	HUNGARY	3	11,960	12450	12,786	12,786	12,786
16	IRELAND	3	11,960	12450	12,786	12,786	12,786
	ICELAND	4	3,900	4060	4170 <sup>3</sup>		
17	ISRAEL	4	3,900	4060	4170	4170	4170
18	ITALY	1	39,650	41260	42,374	42,374	42,374
19	LATVIA	4		4060	4170	4170	4170
20	LITHUANIA	4	3,900	4060	4170	4170	4170
21	LUXEMBOURG	4	3,900	4060	4170	4170	4170
22	FYROM	4	3,900	4060	4170	4170	4170
23	MALTA	4	3,900	4060	4170	4170	4170
24	NETHER.	2	19,890	20700	21,260	21,260	21,260
25	NORWAY	3	11,960	12450	12,786	12,786	12,786
26	POLAND	2	19,890	20700	21,260	21,260	21,260
27	PORTUGAL	3	11,960	12450	12,786	12,786	12,786
28	ROMANIA	2	19,890	20700	21,260	21,260	21,260
29	SERBIA	3	11,960	12450	12,786	12,786	12,786
30	SLOVAK R.	3	11,960	12450	12,786	12,786	12,786
31	SLOVENIA	4	3,900	4060	4170	4170	4170
32	SPAIN	2	19,890	20700	21,260	21,260	21,260
33	SWEDEN	2	19,890	20700	21,260	21,260	21,260
34	SWITZ.	2	19,890	20700	21,260	21,260	21,260
35	TURKEY	2	19,890	20700	21,260	21,260	21,260
36	U.K	1	39,650	41260	42,374	42,374	42,374
	<b>TOTALs as agreed by Session</b>		<b>496,210.00</b>	<b>528,890</b>	<b>547,352<sup>4</sup></b>	<b>543, 182 (547,352 with BiH)</b>	<b>551,522</b>

<sup>3</sup> Withdrew from Membership.

<sup>4</sup> Estonia joined in 2010 and so their contribution was not part of the planned budget (38<sup>th</sup> Session in 2009).



ACTE CONSTITUTIF, REGLEMENT INTERIEUR ET REGLEMENT FINANCIER  
DE LA COMMISSION EUROPEENNE DE LUTTE  
CONTRE LA FIEVRE APHTEUSE

tel qu'amendé par la Commission lors de sa vingt-deuxième session (29 mars - 1er avril 1977) et approuvé par le Conseil de la FAO lors de sa soixante-douzième session (8-10 novembre 1977).

tel qu'amendé par la Commission lors de sa vingt-huitième session (9-12 mai 1989) et approuvé par le Conseil de la FAO lors de sa quatre-vingt-seizième session (6-10 novembre 1989).

tel qu'amendé par la Commission lors de sa trente - deuxième session (2-4 avril 1997) et approuvé par le Conseil de la FAO lors de sa cent trentième seizième session (4-6 novembre 1997).

PREAMBULE

Les Etats contractants considérant la nécessité pressante d'empêcher que l'agriculture européenne subisse à nouveau les lourdes pertes entraînées par les épidémies répétées de fièvre aphteuse, créent par les présentes, dans le cadre de l'Organisation des Nations Unies pour l'alimentation et l'agriculture, une Commission désignée sous le nom de Commission européenne de lutte contre la fièvre aphteuse, dont l'objet est de stimuler sur le plan national et international les mesures de prévention de la fièvre aphteuse en Europe et de lutte contre cette maladie.

ARTICLE PREMIER

Membres

1. Peuvent devenir membres de la Commission européenne de lutte contre la fièvre aphteuse (désignée ci-après sous le nom de la "Commission") les Etats européens membres de l'Organisation des Nations Unies pour l'alimentation et l'agriculture, les Etats participant en qualité de membres à la Conférence régionale pour l'Europe de l'Organisation des Nations Unies pour l'alimentation et l'agriculture et desservis par le Bureau régional pour l'Europe de l'Organisation des Nations Unies pour l'alimentation et l'agriculture, et les Etats européens membres de l'Office international des épizooties faisant partie de l'Organisation des Nations Unies, qui adhèrent au présent Acte constitutif, conformément aux dispositions de l'article XV. La Commission peut, à la majorité des deux tiers de ses membres, admettre à la qualité de membre de la Commission, tout autre Etat européen faisant partie de l'Organisation des Nations unies, de l'une quelconque des institutions spécialisées ou de l'Agence internationale de l'énergie atomique, et qui a déposé une demande d'admission accompagnée d'un instrument officiel par lequel il accepte les obligations s'écoulant de l'Acte constitutif en vigueur au moment de son admission.

2. L'Organisation des Nations Unies pour l'alimentation et l'agriculture (désignée ci-après sous le nom de "l'Organisation"), l'Office international des épizooties (désigné ci-après sous le nom de "l'Office"), la Communauté européenne et l'Organisation de coopération et de développement économiques ont le droit de se faire représenter à toutes les sessions de la Commission et de ses Comités mais leurs représentants n'ont pas le droit de vote.

ARTICLE II

Obligations des membres en matière de politiques nationales et de coopération internationale concernant la lutte contre la fièvre aphteuse.

1. Les membres s'engagent à lutter contre la fièvre aphteuse et à s'efforcer de la supprimer en adoptant des mesures sanitaires et des règlements de quarantaine efficaces et en appliquant une ou plusieurs des méthodes ci-après:

1. politique d'abattage;

2. politique combinée d'abattage et de vaccination;
3. immunisation totale du cheptel bovin par vaccination; d'autres animaux sensibles peuvent être vaccinés.
4. vaccination du cheptel dans un certain périmètre autour des foyers de fièvre aphteuse.

Les méthodes adoptées seront rigoureusement appliquées.

2. Les membres adoptant la deuxième ou la quatrième méthode s'engagent à se procurer une quantité de vaccin ou d'antigènes pour la production de vaccin suffisante pour assurer la protection du cheptel si la propagation de la maladie ne peut pas être stoppée exclusivement par des mesures sanitaires. Chaque membre apportera aux autres membres collaboration et assistance pour tout ce qui concerne une action concertée contre la fièvre aphteuse, notamment pour la fourniture de vaccin ou d'antigènes pour la production de vaccin le cas échéant. Les quantités d'antigènes et de vaccin à mettre en réserve pour l'usage national et international seront fixées par les membres, à la lumière des conclusions de la Commission et des avis émis par l'Office.

3. Les membres prendront des mesures pour que soit identifié immédiatement le virus recueilli lors d'une épidémie de fièvre aphteuse et communiqueront aussitôt les résultats de l'identification à la Commission et à l'Office.

4. Les membres prendront des mesures pour assurer l'envoi rapide des nouveaux isolats au Laboratoire mondial de référence désigné de la FAO en vue de leur caractérisation ultérieure.

5. Les membres s'engagent à fournir à la Commission tous renseignements dont elle peut avoir besoin pour s'acquitter de ses fonctions. En particulier, ils signaleront sans délai à la Commission et à l'Office toute nouvelle épidémie et son étendue; ils fourniront à ce sujet tout rapport détaillé qui pourrait être utile à la Commission.

### ARTICLE III

#### Siège

1. Le siège de la Commission et son secrétariat sont à Rome, au siège de l'Organisation.
2. La Commission se réunit au siège, sauf s'il en a été décidé autrement par elle lors d'une session antérieure ou, dans des circonstances exceptionnelles, par son Comité exécutif.

### ARTICLE IV

#### Fonctions générales

Les fonctions générales de la Commission sont les suivantes:

1. Conclure avec l'Office, par l'intermédiaire du directeur général de l'Organisation et dans le cadre de tout accord existant entre l'Organisation et l'Office, des ententes propres à garantir que:
  - 1.1 tous les membres recevront des avis techniques sur tout problème ayant trait à la lutte contre la fièvre aphteuse;
  - 1.2 des renseignements complets sur les épidémies de fièvre aphteuse et l'identification des virus seront recueillis et diffusés dans les moindres délais;
  - 1.3 les travaux spéciaux de recherche qu'exige la fièvre aphteuse seront effectués.
2. Recueillir des renseignements relatifs aux programmes nationaux de lutte et de recherche concernant la fièvre

aphteuse.

3. Déterminer, de concert avec les membres intéressés, la nature et l'ampleur de l'assistance dont les membres ont besoin pour exécuter leurs programmes.
4. Susciter et organiser, chaque fois qu'une telle action sera nécessaire, une action concertée pour surmonter les difficultés que rencontre l'exécution des programmes de prévention et de lutte, et à cet effet prendre des mesures permettant de disposer des ressources nécessaires pour la production et le stockage des vaccins, par exemple au moyen d'accords conclus entre les membres.
5. Prévoir les moyens matériels nécessaires à l'identification et à la caractérisation des virus.
6. Assurer la disponibilité d'un laboratoire international (Laboratoire mondial de référence) doté de moyens propres à permettre la caractérisation rapide des virus par des méthodes appropriées.
7. Etablir et tenir à jour des informations sur les disponibilités de d'antigènes et de vaccins dans les pays membres et autres pays.
8. Fournir aux autres organisations des avis concernant l'affectation de tous fonds disponibles pour la lutte contre la fièvre aphteuse en Europe et la prévention de cette maladie.
9. Conclure, par l'intermédiaire du directeur général de l'Organisation, avec d'autres organisations, groupes régionaux ou Etats qui ne sont pas membres de la Commission, des ententes en vue de leur participation aux travaux de la Commission ou de ses comités, ainsi que des ententes d'assistance mutuelle relatives aux problèmes de lutte contre la fièvre aphteuse. Ces ententes pourront comporter la création de comités mixtes ou la participation aux travaux de tels comités.
10. Examiner et approuver, pour transmission au Comité financier de l'Organisation, le rapport du Comité exécutif sur les activités de la Commission, les comptes de l'exercice écoulé, ainsi que le programme de travail et le budget de la période biennale.

## ARTICLE V

### Fonctions spéciales

Les fonctions spéciales de la Commission sont les suivantes:

1. Concourir, de toutes manières que la Commission et les membres intéressés jugent utile, à la lutte contre les épidémies de fièvre aphteuse à caractère critique et à la prévention de celles ci. A cet effet, la Commission, ou son Comité exécutif agissant en vertu des dispositions du paragraphe 5 de l'article XI, peut utiliser tout solde non engagé du budget administratif, dont il est question au paragraphe 7 de l'article XIII, ainsi que toute contribution supplémentaire versée au titre de mesures d'urgence conformément aux dispositions du paragraphe 4 dudit article.
2. Prendre les mesures voulues dans les domaines suivants:
  - 2.1 Stockage par la Commission ou pour son compte, d'antigènes et de vaccins à distribuer aux membres en cas de besoin;
  - 2.2 Encouragement de l'établissement par les membres, en cas de besoin, de cordons sanitaires en vue de circonscrire l'épizootie.
3. Exécuter tout nouveau projet déterminé qui pourrait être proposé par les membres ou par le Comité exécutif et approuvé par la Commission en vue d'atteindre les objectifs de la Commission, tels que définis dans le présent acte.
4. Le solde créditeur du budget administratif peut être utilisé pour les fins décrites aux paragraphes 2 et 3 du présent article, sous réserve que cette décision soit approuvée par la Commission à la majorité des deux tiers des

suffrages exprimés, cette majorité devant être supérieure à la moitié du nombre des membres de la Commission.

## ARTICLE VI

### Sessions

1. Chaque membre est représenté aux sessions de la Commission par un seul délégué qui peut être accompagné d'un suppléant, d'experts et de conseillers. Les suppléants, les experts et les conseillers peuvent prendre part aux débats de la Commission, mais ils n'ont pas le droit de vote, sauf dans le cas d'un suppléant dûment autorisé à remplacer le délégué.
2. Chaque membre dispose d'une voix. Les décisions de la Commission sont prises à la majorité des suffrages exprimés, excepté dans le cas où le présent acte en dispose autrement. La majorité des membres de la Commission constitue le quorum.
3. La Commission élit, à la fin de chaque session ordinaire, un président et deux vice-présidents choisis parmi les délégués. Le président et les vice-présidents restent en fonction jusqu'à la fin de la session ordinaire suivante. Ils sont rééligibles. La Commission nomme également les membres du comité spécial ou du comité permanent.
4. Le directeur général de l'Organisation, d'accord avec le président de la Commission, convoque la Commission en session ordinaire au moins une fois tous les deux ans. Il peut convoquer la Commission en session extraordinaire, soit avec l'accord du président de la Commission, soit à la demande de la Commission exprimée au cours d'une session ordinaire, ou sur requête d'un tiers au moins des membres de la Commission formulée dans l'intervalle des sessions ordinaires.

## ARTICLE VII

### Comités

1. La Commission peut créer des comités temporaires spéciaux ou permanents, chargés de faire des études et des rapports sur des questions de la compétence de la Commission, sous réserve que le budget approuvé de la Commission mette à sa disposition les fonds nécessaires.
2. Ces comités sont convoqués par le directeur général de l'Organisation, d'accord avec le président de la Commission et avec le Président du comité spécial ou du comité permanent concerné, aux lieux et dates qui conviennent au but pour lequel ils ont été créés.
3. Peuvent faire partie de ces comités tous les membres de la Commission, certains de ses membres ou des personnes nommées à titre personnel en raison de leur compétence particulière dans des questions techniques, suivant la décision de la Commission. Sur proposition du Président, des observateurs peuvent être invités à participer aux réunions du comité spécial et du comité permanent.
4. Les membres des comités sont nommés à la session ordinaire de la Commission et chaque comité élit son président.
5. Sur proposition du président, les observateurs peuvent être invités à participer aux réunions du Comité spécial et du Comité permanent.

## ARTICLE VIII

### Règlement intérieur et Règlement financier

Sous réserve des dispositions du présent acte, la Commission peut, à la majorité des deux tiers de ses membres, adopter et amender ses propres règlements intérieur et financier, qui se conforment au Règlement intérieur adopté par la Conférence et au Règlement financier de l'Organisation. Le Règlement intérieur de la Commission et tous amendements qui pourraient y être apportés entreront en vigueur une fois qu'ils auront été approuvés par le directeur général de

l'Organisation; le Règlement financier, et les amendements qui pourraient y être apportés, entreront en vigueur après approbation par le directeur général sous réserve de ratification par le Conseil de l'Organisation.

## ARTICLE IX

### Observateurs

1. Tout Etat membre de l'Organisation qui ne fait pas partie de la Commission ou tout membre associé peut, sur sa demande, se faire représenter par un observateur aux sessions de la Commission. Il peut présenter des mémorandums et participer aux débats sans droit de vote.
2. Les Etats qui, ne faisant pas partie de la Commission et n'étant pas membres ou membres associés de l'Organisation, sont membres de l'Organisation des Nations Unies, de l'une quelconque des institutions spécialisées ou de l'Agence internationale de l'énergie atomique, peuvent, sur leur demande avec l'assentiment de la Commission donné par l'entremise de son président et sous réserve des dispositions adoptées par la Conférence de l'Organisation relativement à l'octroi du statut d'observateur aux nations, être invités à suivre en qualité d'observateur les sessions de la Commission.
3. La participation des organisations internationales aux travaux de la Commission et les relations entre la Commission et ces organisations sont régies par les dispositions pertinentes de l'Acte constitutif et du Règlement général de l'Organisation, ainsi que par les règles adoptées par la Conférence ou le Conseil de l'Organisation concernant les relations avec les organisations internationales. Ces relations sont assurées par l'entremise du directeur général de l'Organisation. Les relations entre l'Organisation et l'Office sont régies par les accords en vigueur entre l'Organisation et l'Office.

## ARTICLE X

### Comité exécutif

1. La Commission constitue un Comité exécutif composé du président et des deux vice-présidents de la Commission et des délégués de cinq membres choisis par la Commission à la fin de chacune de ses sessions ordinaires. Le président de la Commission est président du Comité exécutif.
2. Les membres du Comité exécutif restent en fonction jusqu'à la fin de la prochaine session ordinaire de la Commission. Ils sont rééligibles.
3. Lorsqu'une vacance se produit au Comité exécutif, le Comité peut demander à un membre de la Commission de nommer un représentant qui occupera jusqu'à l'expiration du mandat le siège devenu vacant.
4. Le Comité exécutif se réunit au moins deux fois dans l'intervalle de deux sessions ordinaires de la Commission.
5. Le secrétaire de la Commission assure les fonctions de secrétaire du Comité exécutif.

## ARTICLE XI

### Fonctions du Comité exécutif

Le Comité exécutif:

1. présente à la Commission des propositions concernant l'orientation générale des activités et le programme de travail;
2. met en oeuvre les politiques et les programmes approuvés par la Commission;
3. soumet à la Commission les projets de programme et de budget administratif et les comptes de la période

biennale écoulée;

4. prépare le rapport sur les activités de la Commission durant la période biennale écoulée pour approbation par la Commission et transmission au directeur général de l'Organisation;
5. se charge de toutes autres fonctions que la Commission lui délègue, notamment celles prévues au paragraphe 1 de l'article V en ce qui concerne les cas d'urgence.

## ARTICLE XII

### Administration

1. Les membres du secrétariat de la Commission sont nommés par le directeur général avec l'approbation du président du Comité exécutif et sont responsables administrativement devant le directeur général. Leur statut et leurs conditions d'emploi sont les mêmes que ceux du personnel de l'Organisation.
2. Les dépenses de la Commission sont couvertes par le budget administratif, à l'exception de celles qui sont afférentes au personnel, aux services et aux locaux que l'Organisation peut mettre à sa disposition. Les dépenses à la charge de l'Organisation sont fixées et payées par l'Organisation dans le cadre du budget biennal préparé par le directeur général et approuvé par la Conférence de l'Organisation, conformément aux dispositions du Règlement général et du Règlement financier de l'Organisation.
3. Les frais afférents à la participation des délégués, de leurs suppléants, experts et conseillers aux sessions de la Commission et de ses comités en qualité de représentants gouvernementaux, de même que les frais afférents à la participation des observateurs aux sessions, sont payés par leurs gouvernements et organisations respectifs. Les frais des experts invités par la Commission ou ses Comités à assister aux réunions à titre personnel sont à la charge du budget de la Commission.
4. Lorsque des frais de voyage sont engagés par la Commission, conformément aux dispositions de l'Article XII.3, les experts invités par la Commission à assister aux réunions de celle-ci ou de ses comités à titre personnel peuvent soit recevoir le billet de la Commission, soit l'acheter directement. Dans ce cas, l'expert se voit rembourser les coûts effectivement engagés qui ne doivent pas dépasser le montant que la Commission aurait déboursé si elle avait acheté le billet. Cette disposition est également applicable à tous les déplacements que la Commission s'engage à prendre à sa charge.

## ARTICLE XIII

### Finances

1. Chaque membre s'engage à verser une contribution annuelle au budget administratif, conformément à un barème que la Commission adopte à la majorité des deux tiers de ses membres, conformément aux dispositions de son Règlement financier.
2. La contribution des membres de la Commission admis à cette qualité dans l'intervalle de deux sessions ordinaires de la Commission est fixée par le Comité exécutif conformément aux dispositions du Règlement financier de la Commission; à cette fin, il est tenu compte de tels critères qui peuvent être énoncés dans ledit règlement. Les décisions du Comité exécutif en la matière sont soumises pour confirmation à la Commission lors de sa session ordinaire suivante.
3. Les contributions annuelles prévues aux paragraphes 1 et 2 ci-dessus sont exigibles avant l'expiration du premier mois de l'année pour laquelle elles sont dues.
4. Des contributions supplémentaires peuvent être acceptées d'un ou plusieurs membres, d'organisations ou de personnes privées, en vue de financer des mesures d'urgence ou la mise en oeuvre de projets spéciaux ou campagnes de lutte que la Commission ou le Comité exécutif peuvent adopter ou recommander en application des dispositions de l'article V.

5. Toutes les contributions des membres sont payables dans des monnaies déterminées par la Commission d'accord avec chacun des intéressés.
6. Toute contribution reçue est versée à un compte de fonds fiduciaire géré par le directeur général de l'Organisation conformément aux dispositions du Règlement financier de l'Organisation.
7. A la clôture de chaque exercice financier, tout solde non engagé du budget administratif restera dans le fonds fiduciaire et sera mis à disposition pour les financements des budgets des années suivantes.

## ARTICLE XIV

### Amendements

1. Le présent acte constitutif peut être amendé par une décision prise par la Commission à la majorité des deux tiers de ses membres.
2. Des propositions d'amendement au présent acte peuvent être présentées par tout membre de la Commission dans une communication adressée au président de la Commission et au directeur général de l'Organisation. Le directeur général avise immédiatement tous les membres de la Commission de toute proposition d'amendement.
3. Aucune proposition d'amendement au présent acte ne peut être inscrite à l'ordre du jour d'une session si le directeur général de l'Organisation n'en a été avisé 120 jours au moins avant l'ouverture de la session.
4. Les amendements n'entrent en vigueur qu'une fois approuvés par le Conseil de l'Organisation.
5. Un amendement n'entraînant pas pour les membres de nouvelles obligations prend effet à dater du jour où le Conseil s'est prononcé.
6. Un amendement qui, de l'avis de la Commission, entraîne pour les membres des obligations supplémentaires, entre en vigueur, après approbation du Conseil, pour ceux des membres de la Commission qui l'acceptent à compter du jour où le nombre des membres qui l'auront ainsi accepté atteint les deux tiers des membres de la Commission; postérieurement à cette date, il prend effet pour chaque autre membre de la Commission à compter du jour où le directeur général reçoit du membre intéressé l'instrument d'acceptation de cet amendement.
7. Les instruments d'acceptation des amendements entraînant des obligations supplémentaires sont déposés auprès du directeur général de l'Organisation qui informe tous les membres de la Commission de la réception de ces instruments.
8. Les droits et obligations de tout membre de la Commission qui n'a pas accepté un amendement entraînant des obligations supplémentaires continuent, pendant une période ne dépassant pas deux ans à dater de l'entrée en vigueur de l'amendement, à être régis par les dispositions de l'Acte constitutif en vigueur avant la date à laquelle ledit amendement a pris effet. A l'expiration de cette période, tout membre de la Commission qui n'aurait pas accepté cet amendement sera soumis aux dispositions de l'Acte constitutif ainsi amendé.
9. Le directeur général informe tous les membres de la commission de l'entrée en vigueur de tout amendement.

## ARTICLE XV

### Adhésion

1. L'adhésion au présent acte constitutif s'effectue par le dépôt d'un instrument d'adhésion entre les mains du directeur général de l'Organisation; elle prend effet pour les membres de l'Organisation ou de l'Office dès réception dudit instrument par le directeur général qui en informe aussitôt chacun des membres de la Commission.

2. L'admission à la qualité de membre de la Commission en ce qui concerne les Etats satisfaisant aux conditions énoncées à l'article premier mais qui ne font pas partie de l'Organisation ou de l'Office, prend effet à compter de la date à laquelle la Commission approuve la demande d'admission conformément aux dispositions de l'article premier. Le directeur général informe chacun des membres de la Commission de l'approbation de toute demande d'admission.

3. L'adhésion au présent acte constitutif peut être soumise à des réserves. Le directeur général notifie immédiatement à chacun des membres de la Commission la réception de toute demande d'admission ou d'instrument d'adhésion au présent acte qui contient une réserve. Une réserve ne prend effet qu'après approbation unanime des membres de la Commission. Les membres de la Commission qui n'auraient pas répondu dans un délai de trois mois à partir de la date de notification seront considérés comme ayant accepté la réserve. Si une réserve n'est pas approuvée à l'unanimité par les membres de la Commission, l'Etat qui a fait cette réserve ne devient pas partie au présent Acte constitutif.

## ARTICLE XVI

### Retrait

1. Tout membre peut se retirer de la Commission après l'expiration d'un délai d'un an compté à partir de la plus récente des deux dates suivantes: date d'entrée en vigueur du présent acte ou date à laquelle l'adhésion de ce membre a pris effet. A cette fin, il notifie par écrit son retrait au directeur général de l'Organisation qui en informe sans délai tous les membres de la Commission. Le retrait devient effectif un an après la date de réception de l'avis de retrait.

2. Tout membre n'ayant pas acquitté ses contributions afférentes à deux années consécutives sera considéré comme s'étant retiré de la Commission.

3. Tout membre de la Commission qui, à la suite de son retrait de l'Organisation ou de l'Office n'est plus membre d'aucune de ces deux institutions sera considéré comme s'étant retiré simultanément de la Commission.

## ARTICLE XVII

### Règlement des différends

1. En cas de contestation sur l'interprétation ou l'application du présent acte, le ou les membres intéressés peuvent demander au directeur général de l'Organisation de désigner un comité chargé d'examiner le différend.

2. Le directeur général, après avoir pris l'avis des membres intéressés, désigne un comité d'experts comprenant des représentants desdits membres. Ce comité examine le différend à la lumière de tous documents et éléments probatoires présentés par les membres intéressés. Le comité soumet un rapport au directeur général de l'Organisation qui le communique aux membres intéressés et aux autres membres de la Commission.

3. Bien que ne reconnaissant pas aux recommandations de ce comité un caractère obligatoire, les membres conviennent qu'elles serviront de base à un nouvel examen par les membres intéressés de la question en litige.

4. Les membres intéressés supportent une part égale des frais résultant du recours au comité d'experts.

## ARTICLE XVIII

### Liquidation

1. Le présent acte sera abrogé, à la suite d'une décision de la Commission prise à la majorité des trois quarts du nombre total des membres de la Commission. Il sera automatiquement abrogé dans le cas où le nombre des membres de la Commission, à la suite de retraits, deviendrait inférieur à six.

2. Lorsque le présent acte sera abrogé, le directeur général de l'Organisation liquidera l'actif de la Commission et, après règlement du passif, en distribuera proportionnellement le solde aux membres, sur la base du barème des

contributions en vigueur à la date de la liquidation. Les Etats qui, n'ayant pas acquitté leurs contributions afférentes à deux années consécutives, sont considérés de ce fait comme s'étant retirés de la Commission en vertu des dispositions du paragraphe 2 de l'article XVI, n'auront pas droit à une quote-part du solde.

## ARTICLE XIX

### Entrée en vigueur

1. Le présent acte constitutif entrera en vigueur dès que le directeur général aura reçu les avis d'acceptation de six Etats Membres de l'Organisation ou de l'Office, sous réserve que la contribution globale desdits Etats représente au moins 30 pour cent du montant du budget administratif fixé au paragraphe 1 de l'article XIII.
2. Les Etats ayant déposé des instruments d'adhésion seront avisés par le directeur général de la date à laquelle le présent acte entrera en vigueur.
3. Le texte du présent acte, rédigé dans les langues anglaise, française et espagnole qui font également foi, a été approuvé par la Conférence de l'Organisation, le onze décembre 1953.
4. Deux exemplaires du texte du présent acte seront authentifiés par apposition des signatures du président de la conférence et du directeur général de l'Organisation; un exemplaire sera déposé auprès du secrétaire général des Nations Unies et l'autre aux archives de l'Organisation. Des copies certifiées conformes par le directeur général seront adressées à tous les membres de la Commission avec indication de la date à laquelle le présent acte constitutif est entré en vigueur.

## COMMISSION EUROPEENNE DE LUTTE CONTRE LA FIEVRE APHTEUSE

### REGLEMENT INTERIEUR

#### Article 1 - Sessions de la Commission

Le directeur général avise de la réunion de toute session les Etats membres de la Commission, les Etats non membres de la commission et les organisations internationales qui peuvent se faire représenter à la Commission en application des dispositions de l'article IX de l'acte constitutif. Les avis de convocation sont expédiés au moins 50 jours avant l'ouverture d'une session ordinaire et au moins 20 jours avant l'ouverture d'une session extraordinaire. Les Etats non membres et les organisations internationales en question sont désignés ci-après par les expressions "Etats participants" et "Organisations internationales participantes".

#### Article II - Ordre du jour

1. L'ordre du jour provisoire de chaque session ordinaire de la Commission est établi par le directeur général et transmis aux membres, aux Etats participants et aux organisations internationales participantes 50 jours au moins avant la date fixée pour l'ouverture de la session.

2. L'ordre du jour provisoire de chaque session ordinaire comprend :

- a) Toutes les questions dont l'inscription a été décidée par la Commission lors d'une session antérieure.
- b) L'élection du président et des vice-présidents de la Commission (article VI de l'Acte constitutif).
- c) Les demandes éventuelles d'admission à la qualité de membre de la Commission (article I de l'Acte constitutif).
- d) Les projets de programme et de budget administratif (article IV et XI de l'Acte constitutif).
- e) Le rapport du Comité exécutif sur les activités de la Commission durant la période biennale écoulée (articles IV et XI de l'Acte constitutif).
- f) Les rapports des comités établis en vertu de l'article VII de l'Acte constitutif.
- g) Les propositions du comité exécutif relatives à l'orientation générale des activités (article XI de l'Acte constitutif).
- h) Toutes modifications au barème des contributions, y compris la confirmation du montant auquel a été fixée la contribution de tout membre de la Commission admis à cette qualité depuis la dernière session ordinaire (article XIII de l'Acte constitutif).
- i) Les comptes vérifiés de l'exercice financier précédent et le budget et le programme pour le biennium suivant (articles IV et XI de l'Acte constitutif).
- j) Les amendements éventuels à l'Acte constitutif (article XIV de l'Acte constitutif).
- k) Toute question dont l'inscription a été demandée par un membre de la Commission en vertu du paragraphe V du présent article.
- l) Toute question que la conférence, le Conseil ou le directeur général de l'Organisation soumet à la Commission.
- m) Toute autre question découlant des fonctions de la Commission.

3. L'ordre du jour provisoire de chaque session extraordinaire de la Commission est établi par le directeur général et transmis aux membres, aux Etats participants et aux organisations internationales participantes 20 jours au moins avant la date fixée pour l'ouverture de la session.

4. L'ordre du jour provisoire de chaque session extraordinaire de la Commission comprend:

- a) Toute question dont l'inscription à l'ordre du jour de ladite session a été décidée par la Commission lors d'une session antérieure.
- b) Les demandes éventuelles d'admission à la qualité de membre de la Commission (article I de l'Acte constitutif).
- c) Les amendements éventuels à l'Acte constitutif (article XIV de l'Acte constitutif).
- d) Toute question dont l'examen a été proposé par la Commission ou par un tiers des membres dans leur demande de convocation de la session extraordinaire.

5. Tout membre peut, 30 jours au moins avant la date fixée pour l'ouverture d'une session, demander au directeur général

l'inscription à l'ordre du jour de questions particulières. Ces questions sont inscrites sur une liste supplémentaire qui est transmise aux membres, aux Etats participants et aux organisations internationales participantes, 20 jours au moins avant la date fixée pour l'ouverture de la session.

6. Au cours de l'une quelconque de ses sessions, la Commission peut, à la majorité des deux tiers des suffrages exprimés, ajouter à l'ordre du jour toute question proposée par un membre.

7. Lors de chaque session, l'ordre du jour provisoire ainsi que les propositions éventuelles d'addition ou de suppression de questions sont soumis à l'approbation de la Commission aussitôt que possible après l'ouverture de la session et sur l'approbation de la Commission. Il devient l'ordre du jour de la Commission dès qu'il a été approuvé par elle, avec ou sans modifications.

8. Le directeur général transmet aux membres, aux Etats participants et aux organisations internationales participantes, en même temps qu'il leur communique les questions de l'ordre du jour d'une session quelconque de la Commission ou aussitôt que possible après cette communication, copie de tous rapports et autres documents ayant trait aux questions de l'ordre du jour et devant être soumis à la Commission au cours de la session dont il s'agit.

9. La Commission ne peut en aucun cas commencer la discussion d'une question figurant à l'ordre du jour avant l'expiration d'un délai de 24 heures à compter du moment où les documents visés au paragraphe 7 ont été communiqués aux délégations des membres.

### Article III - Délégations et pouvoirs

1. Aux fins du présent règlement, le terme "délégation" s'entend de toutes les personnes nommées par un membre pour assister à une session de la Commission, à savoir le délégué et son suppléant, les experts et les conseillers.

2. Les pouvoirs des délégués et des suppléants et les noms d'autres personnes faisant partie de leur délégation ainsi que ceux des observateurs des Etats participants et des organisations internationales participantes doivent, dans toute la mesure du possible, être communiqués au secrétariat de la Commission avant le jour de l'ouverture de chaque session de la Commission. Le secrétaire examine les pouvoirs et fait rapport à la Commission.

### Article IV - Secrétariat

Les membres du secrétariat de la Commission sont nommés conformément aux dispositions de l'article XII de l'Acte constitutif, auxquelles ils sont soumis. Le secrétariat est chargé de recevoir, de traduire dans les langues de travail de la Commission, et de distribuer les documents, rapports et résolutions de la Commission et de ses comités, de préparer les procès-verbaux des débats et d'exécuter tout autre travail que demandent la Commission et les comités créés par elle.

### Article V - Admission aux séances plénières de la Commission

1. Les séances plénières de la commission sont ouvertes à toutes les délégations, aux observateurs des Etats participants et des organisations internationales participantes et aux membres du personnel de l'Organisation désignés par le directeur général. Ces séances sont publiques sauf décision contraire de la Commission.

2. Sous réserve des décisions de la Commission, le secrétaire prend les dispositions nécessaires pour l'admission aux séances plénières de la Commission, du public et des représentants de la presse et des autres organes d'information.

### Article VI - Pouvoirs et fonctions du président et des vice-présidents de la Commission

1. Outre les pouvoirs qui lui sont conférés par d'autres articles du présent règlement, le président prononce l'ouverture et la clôture de chaque séance plénière de la session. Il dirige les débats au cours des séances plénières et assure l'application du présent règlement ; il donne la parole, met aux voix les propositions et annonce les décisions. Il statue sur les motions d'ordre et, sous réserve des dispositions du présent règlement, exerce un contrôle absolu sur les délibérations au cours des séances. Il peut proposer à la Commission, au cours de la discussion d'une question, la

limitation du temps de parole, la limitation du nombre d'intervention de chaque délégation, la clôture de la liste des orateurs, la suspension ou l'ajournement de la séance, ou l'ajournement ou la clôture du débat sur la question en discussion.

2. Si le président est obligé de s'absenter pendant une séance plénière ou une partie de celle-ci, l'un des vice-présidents le remplace. Le vice-président agissant en qualité de président a les mêmes pouvoirs et les mêmes fonctions que le président.

3. Le président ou le vice-président agissant en qualité de président n'a pas le droit de vote, mais il peut charger un suppléant ou un conseiller de sa délégation de voter à sa place.

4. Le président, dans l'exercice de ses fonctions, demeure sous l'autorité de la Commission.

#### Article VII - Comité exécutif

Conformément aux dispositions de l'article X de l'Acte constitutif, le Comité exécutif est présidé par le président de la Commission qui exerce, en ce qui concerne les réunions du Comité exécutif, les mêmes pouvoirs et les mêmes fonctions qu'il exerce en ce qui concerne les séances de la Commission. Si le président est obligé de s'absenter pendant une séance du Comité exécutif, ou une partie de celle-ci, l'un des vice-présidents de la Commission le remplace. Le vice-président, agissant en qualité de président, a les mêmes pouvoirs et les mêmes fonctions que le président. Le quorum est constitué par la majorité des membres du Comité. Le Comité décide à la majorité des suffrages exprimés. Chaque membre du Comité dispose d'une voix. Les séances du Comité sont ouvertes à des observateurs quand jugé nécessaire. Le Président a le pouvoir d'inviter les observateurs sujet à confirmation par le Comité.

#### Article VIII - Propositions et amendements au cours des séances plénières

1. Les propositions et amendements à examiner en séance plénière sont remis par écrit au président de la Commission qui en communique le texte aux délégations. A moins que la Commission n'en décide autrement dans un cas particulier, aucune proposition n'est discutée ni mise aux voix en séance plénière si le texte n'en a pas été communiqué à toutes les délégations au plus tard la veille de la séance. Le président de la Commission peut cependant autoriser la discussion et l'examen d'amendements ou de motions de procédure, même si ces amendements et motions n'ont pas été communiqués ou l'ont seulement été le même jour.

2. L'auteur d'une proposition peut toujours la retirer avant qu'elle ait été mise en voix, à condition qu'elle n'ait pas fait l'objet d'un amendement. Une proposition qui est ainsi retirée peut être représentée par tout délégué.

#### Article IX - Conduite des débats et dispositions relatives aux votes au cours des séances plénières

Le Règlement général de l'Organisation est applicable en ce qui concerne la conduite des débats, les questions de vote et autres questions analogues qui ne font pas l'objet de dispositions express de l'Acte constitutif ou du présent règlement.

#### Article X - Comités de la Commission

1. Outre les comités prévus à l'article VII de l'Acte constitutif, la Commission peut constituer à chaque session et pour la durée de la session les comités qui lui paraîtront désirables, et répartir les diverses questions de l'ordre du jour entre ces comités.

2. Chacun de ces comités élit un président et un vice-président.

3. Chaque délégué a le droit de siéger à chacun de ces comités ou d'y être représenté par un autre membre de sa

délégation; il peut être accompagné aux séances par un ou deux membres de sa délégation qui sont admis à prendre la parole, sans droit de vote.

4. Le président de chaque comité exerce, en ce qui concerne les séances de son comité, les mêmes pouvoirs et les mêmes fonctions que le président de la Commission en ce qui concerne les séances plénières. En l'absence du président, le vice-président du comité le remplace; il a alors les mêmes pouvoirs et les mêmes fonctions que le président.

5. La procédure applicable en comité sera, dans toute la mesure du possible, celle qui est prévue par les dispositions de l'article X. Le quorum est constitué par la majorité des membres du comité.

6. Tous les comités créés par la Commission transmettent leurs conclusions et recommandations à la Commission.

#### Article XI - Rapporteurs

Tout comité désigné dans un des articles précédents peut nommer parmi ses membres, et sur la proposition de son président, un ou plusieurs rapporteurs, selon les besoins.

#### Article XII - Organisations internationales participantes

Tout Etat participant ou toute organisation internationale participante qui a été invité à assister à une session de la Commission peut se faire représenter par un observateur.

Cet observateur peut prendre la parole et participer aux débats de la Commission et de ses comités sur invitation du président, sans droit de vote. Il peut également communiquer par écrit et in extenso à la Commission ou à ses comités les points de vue de l'Etat ou de l'Organisation qu'il représente.

#### Article XIII - Procès-verbaux, rapports et recommandations

1. Un compte rendu analytique des délibérations de la Commission et de ses Comités est établi et distribué aussitôt que possible aux membres des délégations ayant participé aux séances en question afin de leur permettre de proposer des corrections.

2. A chacune de ses sessions, la Commission approuve un rapport contenant ses opinions, recommandations et décisions, ainsi qu'un exposé du point de vue de la minorité lorsqu'une demande a été présentée à cet effet.

3. Les conclusions et recommandations de la Commission sont transmises à la clôture de chaque session au directeur général de l'Organisation, qui les communique aux membres de la Commission, aux Etats et aux organisations internationales représentés à la session et, pour information, aux autres Etats Membres de l'Organisation qui en font la demande.

4. Le directeur général appelle l'attention de la Conférence ou du conseil de l'Organisation, afin qu'ils prennent les mesures appropriées, sur les recommandations pouvant avoir des incidences dans la politique sur le programme de travail ou sur les finances de l'Organisation.

5. Sous réserve des dispositions du paragraphe précédent, le directeur général peut demander aux membres de la Commission de fournir à celle-ci des renseignements sur les mesures prises pour donner suite à des recommandations de la Commission.

#### Article XIV - Election du président et des vice-présidents

1. A chaque session ordinaire, le président invite les délégués en séance à présenter des candidats aux postes de

président et de vice-président de la Commission, qui restent en fonctions jusqu'à l'expiration de la période prévue dans l'Acte constitutif.

2. Chaque candidature doit être proposée et appuyée; elle doit en outre recevoir l'acceptation du candidat.

#### Article XV - Langues de travail

Les langues de travail de la Commission sont l'anglais et le français.

#### Article XVI - Suspension de l'application des articles et des amendements

1. Sous réserve des dispositions de l'Acte constitutif, l'application de tous les articles qui précèdent peut être suspendue par la Commission à la majorité des deux tiers des suffrages exprimés au cours d'une séance plénière, à condition que notification soit faite aux délégués de la proposition de suspension au moins 24 heures avant la séance au cours de laquelle la proposition doit être faite .

2 Sous réserve des dispositions de l'Acte constitutif, les amendements ou les additifs au présent règlement peuvent être adoptés par la Commission au cours d'une séance plénière à condition que notification soit faite aux délégués de la proposition d'amendement ou d'additif 24 heures au moins avant la séance au cours de laquelle la proposition doit être examinée. La Commission doit également avoir reçu et examiné les rapports établis sur la proposition par un comité ad hoc.

3. Le Comité exécutif peut proposer des amendements et des additifs au présent règlement.

## COMMISSION EUROPEENNE DE LUTTE CONTRE LA FIEVRE APHTEUSE

### REGLEMENT FINANCIER

#### Article I - Objet

1.1 Le présent texte établit les règles de gestion financière de la commission européenne de lutte contre la fièvre aphteuse.

1.2 Sauf dispositions contraires, les règles et méthodes financières de la FAO s'appliquent aux activités de la Commission.

#### Article II - Exercice financier

2.1 L'exercice financier comprend deux années civiles. Il coïncide avec celui de l'Organisation.

#### Article III - Budget

3.1 Les prévisions budgétaires couvrent les recettes et les dépenses de l'exercice financier auquel elles se rapportent et elles sont exprimés en dollars des Etats-Unis.

#### 3.2 Les prévisions budgétaires

Elles sont accompagnées du programme de travail pour l'exercice financier, des renseignements, annexes explicatives ou exposés circonstanciés qui peuvent être demandés au nom du Comité exécutif ou de la Commission, ainsi que de toutes autres annexes et notes que le directeur général peut juger utiles.

#### 3.3 Le budget comprend:

a) Le budget administratif correspondant aux contributions ordinaires dues par les membres de la Commission en vertu de l'article XIII et aux dépenses résultant de l'application des dispositions des articles IV et V et du paragraphe 2 de l'article XII de l'Acte constitutif.

b) Les budgets spéciaux correspondant aux fonds disponibles pendant l'exercice financier, a savoir des contributions supplémentaires versées au titre du paragraphe 4 de l'article XIII et destinées à couvrir les dépenses énumérées à l'article V de l'Acte constitutif.

#### 3.4 Le budget administratif de l'exercice comprend les provisions suivantes:

- Les dépenses administratives au titre de l'article IV et du paragraphe 2 de l'article XII.
- Les dépenses afférentes aux activités énumérées à l'article V. Les prévisions de ce chapitre peuvent, s'il y a lieu, être présentées sous forme d'un total unique; toutefois, pour chaque projet particulier, des prévisions détaillées sont préparées et approuvées comme "détails supplémentaires" au budget administratif.
- Réserves

3.5 Le budget administratif est préparé par le Comité exécutif, et soumis à la Commission.

3.6 Les budgets spéciaux (3.3 b) sont préparés en temps opportun par la Commission ou le comité exécutif selon le cas.

3.7 Le budget administratif de la Commission est soumis au comité des finances de l'Organisation.

#### Article IV - Crédits

4.1 Par l'adoption des budgets, l'Organisation est autorisée à engager des dépenses et à effectuer des paiements conformes à l'objet et dans la limite des crédits votés.

4.2 En cas d'urgence, le directeur général est autorisé à accepter des contributions supplémentaires d'un ou de plusieurs Etats Membres de la Commission ou des subventions provenant d'autres sources, et à en utiliser le montant pour effectuer les dépenses afférentes aux mesures d'urgence pour lesquelles les dites contributions et subventions ont été expressément accordées. Ces contributions et subventions, ainsi que les dépenses correspondantes, sont indiquées en détail dans un rapport présenté à la session du Comité exécutif ou de la Commission.

4.3 Tout engagement au titre d'un exercice antérieur qui n'a pas été liquidé au terme de l'exercice financier est annulé, sauf si l'obligation subsiste, auquel cas il est considéré comme un engagement de dépenses et maintenu pour de futurs paiements.

4.4 L'Organisation peut, sur recommandation du secrétaire du Comité exécutif, procéder au transfert budgétaire d'une ligne à l'autre comme prévu en fonction de l'Article 3.5. Sont fournies au Comité exécutif des indications détaillées au sujet des transferts ainsi opérés.

#### Article V - Constitution de fonds

5.1 Les dépenses prévues au budget administratif sont couvertes par les contributions des Etats Membres, qui sont déterminées et exigibles dans les conditions prévues aux paragraphes 1, 2 et 3 de l'article XIII de l'Acte constitutif.

5.1.1 En attendant le recouvrement des contributions annuelles, l'Organisation est autorisée à couvrir les dépenses budgétisées au moyen du solde non engagé du budget administratif

5.2 La contribution annuelle des membres est établie en divisant la contribution qui leur est fixée pour l'exercice financier en deux parts égales, dont l'une sera exigible la première année civile et l'autre la deuxième année civile de l'exercice financier.

5.3 Au début de chaque année civile, le directeur général fait connaître aux membres le montant des sommes qu'ils ont à verser à titre de contribution annuelle au budget.

5.4 Les contributions sont dues et exigibles en totalité dans les 30 jours qui suivent la réception de

la communication du directeur général mentionnée au paragraphe 5.3 ci-dessus, ou le premier jour de l'année civile à laquelle elles se rapportent, si cette dernière date est postérieure à la date d'expiration du délai de 30 jours. Au 1er janvier de l'année suivante, le solde impayé de ces contributions est considéré comme étant d'une année de retard.

5.5 Les contributions annuelles au budget administratif sont calculées en dollars des Etats-Unis, sur la base du produit national figurant dans le barème des contributions à l'Organisation et sur la base de l'effectif du cheptel des espèces sensibles à la fièvre aphteuse. La monnaie dans laquelle les contributions devront être payées est déterminée par la Commission, conformément aux dispositions du paragraphe 5 de l'article XIII de l'Acte constitutif.

5.6 Les Etats qui deviennent membres de la Commission versent une contribution au budget conformément aux dispositions du paragraphe 2 de l'article XIII de l'Acte constitutif, au titre de l'exercice financier au cours duquel ils acquièrent la qualité de membre. Cette contribution court à partir du début du trimestre durant lequel les Etats en question deviennent membres de la Commission.

## Article VI - Fonds

6.1 Toutes les contributions, contributions supplémentaires et autres recettes [*accessoires*], sont versées sur un fonds fiduciaire géré par l'Organisation.

6.2 En ce qui concerne le fonds fiduciaire mentionné au paragraphe 6.1, l'Organisation tient les comptes suivants:

6.2.1 Un compte général de dépôt sur lequel sont crédités toutes les contributions payées au titre des paragraphes 1 et 2 de l'article XIII de l'Acte constitutif, ainsi les contributions supplémentaires prévues au titre du paragraphe 4 de l'article XIII de l'Acte constitutif; et de ce compte sont couvertes toutes les dépenses effectuées sur la base du budget administratif annuel.

6.2.2. Tous autres comptes nécessaires, auxquels seront portées les contributions et les dépenses correspondantes, prévues au paragraphe 4 de l'article XIII de l'Acte constitutif.

## Article VII

7.1 Quand les voyages sont payés par la Commission en référence à l'Article XII.3 de l'Acte Constitutif, les experts invités par la Commission à participer à des réunions de la Commission ou de ses comités en leur propre capacité peuvent, soit recevoir le billet de la Commission ou l'acheter directement. Dans ce dernier cas l'expert sera remboursé du coût réel n'excédant pas le montant que la Commission aurait payé si elle avait fourni le billet. Cette disposition s'applique aussi aux autres voyages que la Commission accepte de payer.

7.2 L'engagement de l'Organisation en ce qui concerne le coût des transports aériens est limité au montant qui aurait été déboursé selon les règles et règlements de la FAO, habituellement la classe économique au tarif le moins élevé avec des billets non-endossables pour les vols d'une durée inférieure à 9 heures et en classe affaire avec des billets non-endossables pour les vol d'une durée

supérieure à 9 heures.

## Article VIII

8.1 La Commission peut amender le présent Règlement dans les conditions prévues à l'Article VIII de l'Acte constitutif.

## УСТАВ ЕВРОПЕЙСКОЙ КОМИССИИ ПО БОРЬБЕ С ЯЩУРОМ

*С поправками, внесенными Комиссией на ее 22-й сессии (29 марта-1 апреля 1977 года) и утвержденными Советом ФАО на его 72-й сессии (8-10 ноября 1977 года).*

*С поправками, внесенными Комиссией на ее 28-й сессии (9-12 мая 1989 года) и утвержденными Советом ФАО на его 96-й сессии (6-10 ноября 1989 года).*

*С поправками, внесенными Комиссией на ее 32-й сессии (2-4 апреля 1997 года) и утвержденными Советом ФАО на его 113-й сессии (4-6 ноября 1997 года).*

### ПРЕАМБУЛА

Договаривающиеся правительства, учитывая насущную необходимость профилактики повторения тяжелых потерь, причиняемых европейскому сельскому хозяйству в результате неоднократных вспышек очагов ящура, настоящим учреждают в рамках Продовольственной и сельскохозяйственной организации Объединенных Наций, Комиссию, которая будет называться Европейской комиссией по борьбе с ящуром, целью которой является содействие национальным и международным действиям, направленным на обеспечение мер по профилактике ящура в Европе и борьбе с ним.

### СТАТЬЯ I

#### Членство

1. Членство в Европейской комиссии по борьбе с ящуром (далее именуемой «Комиссия») открыто для таких европейских государств-членов Продовольственной и сельскохозяйственной организации Объединенных Наций, таких государств, участвующих в качестве членов в Региональной конференции для Европы Продовольственной и сельскохозяйственной организации Объединенных Наций и обслуживаемых Региональным отделением для Европы Продовольственной и сельскохозяйственной организации Объединенных Наций, а также для таких европейских государств-членов Всемирной организации охраны здоровья животных, которые являются членами Организации Объединенных Наций и которые признают настоящий Устав в соответствии с положениями Статьи XV. Комиссия может большинством в две трети голосов членов Комиссии принимать в члены такие другие европейские государства, являющиеся членами Организации Объединенных Наций, любого из ее специализированных учреждений или Международного агентства по атомной энергии, которые подали заявление о приеме в члены и сделали заявление в официальном документе о том, что они принимают на себя обязательства по настоящему Уставу, действующему на момент приема.

2. Продовольственная и сельскохозяйственная организация Объединенных Наций (далее именуемая «Организация»), Всемирная организация охраны здоровья животных (далее именуемая «ВООЗЖ»), Европейское сообщество и Организация экономического сотрудничества и развития имеют право быть представленными на всех сессиях Комиссии и ее комитетов, но их представители не имеют права голоса.

## СТАТЬЯ II

Обязательства членов в отношении национальной политики и международного сотрудничества в области борьбы с ящуром.

1. Члены обязуются вести борьбу с ящуром с целью окончательного искоренения этой болезни посредством установления надлежащих карантинных мероприятий и принятия ветеринарно-санитарных мер, а также с помощью одного или нескольких из следующих методов:

- 1) политика в области убоя;
- 2) убой в сочетании с вакцинацией;
- 3) профилактическая иммунизация всего поголовья крупного рогатого скота с помощью вакцинации; возможная вакцинация другого восприимчивого скота;
- 4) кольцевая вакцинация в зонах вокруг очага инфекции.

Принятые методы должны строго выполняться.

2. Члены, принимающие политические методы 2 или 4, обязуются иметь в наличии резервы вакцины или антигенных материалов для производства вакцины в достаточном количестве, чтобы обеспечить адекватную защиту от этой болезни в том случае, если распространению этой болезни не могут помешать мероприятия исключительно ветеринарно-санитарного характера. Каждый член сотрудничает с другими членами и оказывает им помощь в реализации всех согласованных мероприятий по борьбе с ящуром и, в частности, в обеспечении поставок вакцины или антигенных материалов для производства вакцины, в случае необходимости. Количество антигенных материалов и вакцины, подлежащих хранению для национального и международного использования, определяется членами в свете выводов Комиссии и консультаций ВООЗЖ.

3. Члены принимают такие меры для определения типа и варианта вируса в очагах заболевания ящуром, которые может потребовать Комиссия, и незамедлительно уведомляют Комиссию и ВООЗЖ о результатах такого определения типа и варианта.

4. Члены принимают меры для безотлагательной отправки новых изолятов в назначенную ФАО Всемирную справочную лабораторию для дальнейших исследований.

5. Члены обязуются предоставлять Комиссии любую информацию, которая может потребоваться для выполнения ее функций. В частности, члены немедленно сообщают Комиссии и ВООЗЖ о любой вспышке ящура и ее масштабах, а также составляют такие дополнительные подробные отчеты, которые Комиссия может потребовать.

## СТАТЬЯ III

### Место расположения

1. Местом расположения Комиссии и ее Секретариата является штаб-квартира Организации в Риме.
2. Сессии Комиссии проводятся в месте ее расположения, если они не созываются в другом месте во исполнение решения Комиссии, принятого на предыдущей сессии, или, в исключительных обстоятельствах, решения Исполнительного комитета.

## СТАТЬЯ IV

### Общие функции

1. Заключение договоренностей, через Генерального директора Организации, с ВООЗЖ в рамках любых соглашений между Организацией и ВООЗЖ для обеспечения того, чтобы:
  - 1.1 всем членам предоставлялись технические консультации по любому вопросу, связанному с борьбой с ящуром;
  - 1.2 как можно скорее осуществлять сбор и распространение исчерпывающей информации о вспышках заболеваний и идентификации вируса;
  - 1.3 проводить специальную исследовательскую работу, требуемую в связи с ящуром.
2. Сбор информации о национальных программах борьбы с ящуром и исследований в этой области.
3. Определение, на основе консультаций с заинтересованными членами, характера и масштабов помощи, необходимой для того, чтобы такие члены могли реализовать свои национальные программы.
4. Стимулирование и планирование совместных действий, где они требуются, для реализации программ профилактики и борьбы, а также организация с этой целью надлежащих средств, обеспеченных адекватными ресурсами, например, для производства и хранения вакцины, на основе соглашений между членами.
5. Организация необходимых средств и возможностей для определения типа, варианта и характеристик вируса.
6. Обеспечение наличия международной лаборатории (Всемирной справочной лаборатории), оснащенной средствами для быстрого определения характеристик вируса с помощью надлежащих методов.

7. Поддержание информации о резервах антигенных материалов и вакцины в государствах-членах и в других странах, а также осуществление постоянного контроля за положением в этой области.
8. Предоставление консультаций другим организациям о выделении любых имеющихся в наличии средств для оказания помощи в профилактике ящура и борьбе с этой болезнью в Европе.
9. Заключение договоренностей, через Генерального директора Организации, с другими организациями, региональными группами или с государствами, не являющимися членами Комиссии, об участии в работе Комиссии или ее комитетов, или о взаимной помощи по проблемам борьбы с ящуром. Эти договоренности могут включать в себя создание совместных комитетов или участие в их работе.
10. Рассмотрение и утверждение доклада Исполнительного комитета о деятельности Комиссии, счетов за предыдущий финансовый период, а также бюджета и программы на следующий двухгодичный период для представления на рассмотрение Финансового комитета Организации.

## **СТАТЬЯ V**

### **Особые функции**

Комиссия выполняет следующие особые функции:

1. Оказание помощи в профилактике и борьбе со вспышками заболеваний в чрезвычайных ситуациях в любой форме, которая будет сочтена подходящей Комиссией и заинтересованным членом или заинтересованными членами. Для этой цели Комиссия или ее Исполнительный комитет, в соответствии с положениями пункта 5 Статьи XI, может использовать любые неизрасходованные остатки административного бюджета, упомянутые в пункте 7 Статьи XIII, а также любые дополнительные взносы, которые могут быть предоставлены для чрезвычайных действий в соответствии с пунктом 4 Статьи XIII.
2. Принятие соответствующих мер в следующих областях:
  - 2.1 хранение антигенных материалов и/или вакцины самой Комиссией или от ее имени для распределения среди членов, в случае необходимости;
  - 2.2 содействие, в случае необходимости, созданию членом или членами «санитарных кордонов», чтобы воспрепятствовать распространению болезни.
3. Осуществление таких дополнительных специальных проектов, которые могут быть предложены членами или Исполнительным комитетом и утверждены Комиссией, для достижения целей Комиссии, изложенных в настоящем Уставе.

4. Средства из неизрасходованных статей административного бюджета могут быть использованы для целей, указанных в пунктах 2 и 3 настоящей статьи, если такие действия утверждены Комиссией большинством в две трети поданных голосов, причем такое большинство голосов должно составлять более половины членского состава Комиссии.

## **СТАТЬЯ VI**

### **Сессии**

1. На сессиях Комиссии каждого члена представляет один делегат, которого могут сопровождать заместитель, а также эксперты и консультанты. Заместители, эксперты и консультанты могут принимать участие в работе Комиссии, но не могут голосовать, за исключением заместителя, который надлежащим образом уполномочен заменить делегата.

2. Каждый член имеет один голос. Решения Комиссии принимаются большинством поданных голосов, за исключением случаев, предусмотренных в настоящем Уставе. Большинство членов Комиссии составляет кворум.

3. Комиссия избирает в конце каждой очередной сессии Председателя и двух заместителей Председателя из числа делегатов. Эти должностные лица выполняют свои обязанности до конца следующей очередной сессии, без ущерба для права переизбрания. Комиссия также назначает членов специальных или постоянных комитетов.

4. Генеральный директор Организации, на основе консультаций с Председателем Комиссии, созывает очередную сессию Комиссии не реже одного раза в каждые два года. Специальные сессии могут созываться Генеральным директором, на основе консультаций с Председателем Комиссии, или, если это требуется, Комиссией на очередной сессии, либо не менее чем одной третью членов в периоды между очередными сессиями.

## **СТАТЬЯ VII**

### **Комитеты**

1. Комиссия может создавать временные, специальные или постоянные комитеты для изучения вопросов, относящихся к цели Комиссии, и представления докладов по этим вопросам, при условии наличия необходимых средств в утвержденном бюджете Комиссии.

2. Эти комитеты созываются Генеральным директором Организации, на основе консультаций с Председателем Комиссии и с Председателем соответствующего специального или постоянного комитета, в такие сроки и в таком месте, которые соответствуют целям, для которых они были созданы.

3. Членство в таких комитетах может быть открыто для всех членов Комиссии, либо может состоять из отдельных членов Комиссии или лиц, назначаемых в их личном качестве, учитывая их компетентность в технических вопросах, в соответствии с определением Комиссии. По предложению Председателя для участия в заседаниях специальных и постоянных комитетов могут приглашаться наблюдатели.

4. Члены комитетов назначаются на очередной сессии Комиссии, и каждый комитет избирает своего Председателя.

## **СТАТЬЯ VIII**

### **Правила и нормы**

В соответствии с положениями настоящего Устава, Комиссия может большинством в две трети голосов ее членов принимать и изменять свои собственные Правила процедуры и Финансовые правила, которые должны соответствовать Общим правилам и Финансовым правилам Организации. Правила Комиссии и любые поправки к ним вступают в силу после их утверждения Генеральным директором Организации, а Финансовые правила и поправки к ним подлежат утверждению Советом Организации.

## **СТАТЬЯ IX**

### **Наблюдатели**

1. Любому государству-члену Организации, которое не является членом Комиссии, и любому ассоциированному члену может быть предложено быть представленным, либо, по его просьбе, оно может быть представлено наблюдателем на сессиях Комиссии. Оно может представлять меморандумы и участвовать в обсуждениях без права голоса.

2. Государства, которые не являются членами Комиссии, ни членами или ассоциированными членами Организации, но являются членами Организации Объединенных Наций, любого из ее специализированных учреждений или Международного агентства по атомной энергии, по просьбе и с согласия Комиссии через ее Председателя и в соответствии с положениями, касающимися предоставления статуса наблюдателя странам, принятыми на Конференции Организации, могут приглашаться на сессии Комиссии для участия в ее работе в качестве наблюдателей.

3. Участие международных организаций в работе Комиссии и отношения между Комиссией и такими организациями регулируются соответствующими положениями Устава и Общих правил Организации, а также правилами об отношениях с

международными организациями, принятыми на Конференции или в Совете Организации. Все такие отношения осуществляются Генеральным директором Организации. Отношения между Организацией и ВООЗЖ регулируются таким соглашением между Организацией и ВООЗЖ, которое может быть в силе.

## **СТАТЬЯ X**

### **Исполнительный комитет**

1. Учреждается Исполнительный комитет, состоящий из Председателя, двух заместителей Председателя Комиссии и пяти делегатов членов, отобранных Комиссией в конце своей очередной сессии. Председатель Комиссии является Председателем Исполнительного комитета.
2. Члены Исполнительного комитета выполняют свои обязанности до конца следующей очередной сессии без ущерба для права переизбрания.
3. Если вакансия в составе Исполнительного комитета образуется до истечения срока полномочий, то Комитет может просить членов Комиссии назначить представителя для заполнения вакансии на остающийся срок.
4. Исполнительный комитет проводит свои совещания не реже двух раз в период между любыми двумя последовательными очередными сессиями Комиссии.
5. Секретарь Комиссии исполняет функции Секретаря Исполнительного комитета.

## **СТАТЬЯ XI**

### **Функции Исполнительного комитета**

Исполнительный комитет:

1. вносит предложения на рассмотрение Комиссии, касающиеся вопросов политики и программы деятельности;
2. осуществляет политику и программы, утвержденные Комиссией;
3. представляет Комиссии проект программы и административного бюджета, а также счета за предыдущий двухгодичный период;
4. готовит отчет о деятельности Комиссии за предыдущий двухгодичный период для утверждения Комиссией и передачи Генеральному директору Организации;

5. осуществляет такие другие обязанности, которые Комиссия может делегировать ему, в частности, в связи с чрезвычайными действиями, осуществляемыми в соответствии с пунктом 1 Статьи V.

## **СТАТЬЯ XII**

### **Администрация**

1. Сотрудники Секретариата Комиссии назначаются Генеральным директором и утверждаются Исполнительным комитетом, а в административном плане они несут ответственность перед Генеральным директором. Они назначаются на тех же условиях, что и сотрудники Организации.

2. Расходы Комиссии оплачиваются из ее административного бюджета, за исключением расходов, которые касаются таких сотрудников и объектов, которые могут быть предоставлены Организацией. Расходы, которые несет Организация, определяются и оплачиваются в рамках двухгодичного бюджета, подготовленного Генеральным директором и утвержденного Конференцией Организации в соответствии с Общими правилами и Финансовыми правилами Организации.

3. Расходы, которые несут делегаты, их заместители, эксперты и консультанты при посещении сессий Комиссии и ее комитетов в качестве представителей правительства, а также расходы, которые несут наблюдатели на сессиях, оплачиваются соответствующими правительствами или организациями. Расходы экспертов, приглашенных Комиссией для участия в совещаниях Комиссии или ее комитетов в их личном качестве, покрываются за счет бюджета Комиссии.

## **СТАТЬЯ XIII**

### **Финансы**

1. Каждый член Комиссии обязуется ежегодно вносить свою долю в административный бюджет в соответствии со шкалой взносов. Эта шкала взносов принимается Комиссией большинством в две трети ее членов в соответствии с Финансовыми правилами Комиссии.

2. Взносы государств, которые становятся членами в период между двумя очередными сессиями Комиссии, определяются Исполнительным комитетом в соответствии с Финансовыми правилами Комиссии; для этой цели применяются такие критерии, которые могут быть указаны в Финансовых правилах. Определение, вынесенное Исполнительным комитетом, подлежит утверждению Комиссией на ее следующей очередной сессии.

3. Ежегодные взносы, предусмотренные в пунктах 1 и 2 настоящей статьи, подлежат уплате до конца первого месяца года, к которому они относятся.

4. Дополнительные взносы могут приниматься от члена или членов либо от организаций или частных лиц для чрезвычайных действий или в целях реализации специальных программ или кампаний борьбы, которые Комиссия или Исполнительный комитет могут принять или рекомендовать в соответствии со Статьей V.

5. Все взносы членов выплачивается в валюте, которая определяется Комиссией по согласованию с каждым выплачивающим взносы членом.

6. Все полученные взносы размещаются в Целевом фонде, административное управление которым осуществляет Генеральный директор Организации в соответствии с Финансовыми правилами Организации.

7. В конце каждого финансового периода любой неизрасходованный остаток административного бюджета остается в Целевом фонде и переводится в бюджет следующего года.

## **СТАТЬЯ XIV**

### **Поправки**

1. Настоящий Устав может быть изменен Комиссией большинством в две трети голосов членов Комиссии.

2. Предложения о внесении поправок в Устав могут быть внесены любым членом Комиссии в сообщении, которое направляется как Председателю Комиссии, так и Генеральному директору Организации. Генеральный директор немедленно информирует всех членов Комиссии обо всех предложениях о поправках.

3. Никакие предложения о внесении поправок в Устав не включаются в повестку дня любой сессии, если уведомление об этом не было получено Генеральным директором Организации, по меньшей мере, за 120 дней до открытия сессии.

4. Поправки вступают в силу только с согласия Совета Организации.

5. Поправка, не связанная с дополнительными обязательствами для членов Комиссии, вступает в силу с даты принятия решения Совета.

6. Поправка, которая, по мнению Комиссии, связана с дополнительными обязательствами для членов Комиссии, после утверждения Советом становится обязательной для тех членов Комиссии, которые приняли эту поправку, начиная с даты, когда она была принята двумя третями голосов членов Комиссии, а впоследствии для каждого оставшегося члена Комиссии с даты получения Генеральным директором документа о принятии этой поправки этим членом.

7. Документы о принятии поправок, предполагающих дополнительные обязательства, сдаются на хранение Генеральному директору, который сообщает всем членам Комиссии о получении таких документов.

8. Права и обязанности любого члена Комиссии, который не принял поправку, предполагающую дополнительные обязательства, в течение периода, не превышающего двух лет с даты вступления в силу поправки, продолжают регулироваться положениями Устава в том виде, в каком они были до внесения поправки. По истечении указанного выше периода любой член Комиссии, который не принимает такую поправку, будет связан положениями Устава с внесенной в него поправкой.

9. Генеральный директор информирует всех членов Комиссии о вступлении в силу любой поправки.

## **СТАТЬЯ XV**

### **Принятие**

1. Принятие настоящего Устава осуществляется путем сдачи на хранение документа о принятии Генеральному директору Организации и вступает в силу, в отношении членов Организации или ВООЗЖ, с момента получения такого документа Генеральным директором, который незамедлительно информирует каждого члена Комиссии.

2. Членство государств, которые имеют на это право в соответствии со Статьей I, но не являются ни членами Организации, ни членами ВООЗЖ, вступает в силу с даты, когда Комиссия утверждает заявление о приеме в члены в соответствии с положениями Статьи I. Генеральный директор информирует каждого члена Комиссии об утверждении любого заявления о приеме в члены.

3. Принятие Устава может осуществляться с оговорками. Генеральный директор Организации незамедлительно уведомляет всех членов Комиссии о получении любого заявления о приеме в члены или любого документа о принятии Устава, каждый из которых содержит оговорку. Оговорка вступает в силу только после единогласного утверждения членами Комиссии. Члены Комиссии, не представившие ответ в течение трех месяцев после даты уведомления Генерального директора об оговорке, считаются принявшими эту оговорку. В случае отсутствия единогласного утверждения членами Комиссии оговорки, страна, высказывающая эту оговорку, не становится стороной настоящего Устава.

## **СТАТЬЯ XVI**

### **Выход**

1. Любой член может выйти из Комиссии в любое время после истечения одного года с даты вступления в силу его принятия или с даты вступления в силу Устава, в зависимости от того, что наступит позже, направив письменное уведомление о выходе Генеральному директору Организации, который незамедлительно информирует об этом всех членов Комиссии. Выход из членов Комиссии вступает в силу через один год после даты получения уведомления о выходе.
2. Неуплата взносов в течение двух последовательных лет рассматривается как предполагаемый выход не выполняющего свои обязательства члена из состава Комиссии.
3. Любой член Комиссии, выходящий из состава Организации или ВООЗЖ, когда в результате такого выхода эта страна перестает быть членом любого из этих двух специализированных учреждений, считается вышедшим одновременно из состава Комиссии.

## **СТАТЬЯ XVII**

### **Урегулирование споров**

1. Если возникает какой-либо спор относительно толкования или применения настоящего Устава, то соответствующий член или соответствующие члены могут просить Генерального директора Организации назначить комитет для рассмотрения спорного вопроса.
2. Генеральный директор на этой основе, после консультаций с заинтересованными членами, назначает комитет экспертов, в состав которого входят представители этих членов. Этот комитет рассматривает спорный вопрос, принимая во внимание все документы и материалы в другой форме, представляемые заинтересованными членами. Этот комитет представляет доклад Генеральному директору Организации, который направляет его заинтересованным членам и другим членам Комиссии.
3. Члены Комиссии соглашаются с тем, что рекомендации такого комитета, хотя и не имеют обязательного характера, станут основой для повторного рассмотрения заинтересованными членами этого вопроса, по которому возникли разногласия.
4. Расходы экспертов делятся поровну между заинтересованными членами.

## **СТАТЬЯ XVIII**

### **Прекращение действия**

1. Настоящий Устав прекращает свое действие по решению Комиссии, принимаемому большинством в три четверти голосов членов Комиссии. Он прекращает свое действие автоматически, если в результате выходов из Комиссии в ее составе остается менее шести стран.

2. В связи с прекращением действия Устава все активы Комиссии ликвидируются Генеральным директором Организации и после урегулирования всех обязательств остающиеся средства распределяются среди членов пропорционально шкале взносов, действующей на этот момент. Страны, имеющие задолженность по взносам за два последовательных года, соответственно, считаются вышедшими из состава Комиссии в соответствии с пунктом 2 Статьи XVI и не имеют права на какую бы то ни было долю активов.

## **СТАТЬЯ XIX**

### **Вступление в силу**

1. Настоящий Устав вступает в силу с момента получения Генеральным директором Организации уведомлений о его принятии от шести государств-членов Организации или ВООЗЖ, при условии, что их взносы составляют в совокупности не менее 30 процентов от административного бюджета, предусмотренного в пункте 1 Статьи XIII.

2. Генеральный директор уведомляет все страны, сдавшие на хранение уведомления о принятии, о дате вступления в силу настоящего Устава.

3. Текст настоящего Устава, составленный на английском, испанском и французском языках, которые имеют одинаковую силу, утвержден на Конференции Организации одиннадцатого дня декабря месяца 1953 года.

4. Две копии текста настоящего Устава заверяются Председателем Конференции и Генеральным директором Организации, причем один экземпляр сдается на хранение Генеральному секретарю Организации Объединенных Наций, а второй остается в архиве Организации. Дополнительные копии этого текста заверяются Генеральным директором и направляются всем членам Комиссии с указанием даты вступления в силу настоящего Устава.

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

*As amended by the Commission at its Twenty-Second Session (29 March - 1 April 1977) and approved by the  
FAO Council at its Seventy-Second Session (8-10 November 1977).*

*As amended by the Commission at its Twenty-Eighth Session (9-12 May 1989) and approved by the FAO  
Council at its Ninety-Sixth Session ( 6-10 November 1989)*

*As amended by the Commission at its Thirty-Second Session (2-4 April 1997) and approved by the FAO Council  
at its Hundred and thirteenth Session (4-6 November 1997).*

## **PREAMBLE**

The contracting Governments, having regard to the urgent necessity of preventing the recurrence of the heavy losses to European agriculture caused by the repeated outbreaks of foot-and-mouth disease, hereby establish, within the framework of the Food and Agriculture Organization of the United Nations, a Commission to be known as the European Commission for the Control of Foot-and-Mouth Disease, whose object shall be to promote national and international action with respect to preventive and control measures against foot-and-mouth disease in Europe.

## **ARTICLE I**

### **Membership**

1. Membership in the European Commission for the Control of Foot-and-Mouth Disease (hereinafter referred to as "the Commission") shall be open to such European Member Nations of the Food and Agriculture Organization of the United Nations, to such States participating as members in the Regional Conference for Europe of the Food and Agriculture Organization of the United Nations and serviced by the Regional Office for Europe of the Food and Agriculture Organization of the United Nations and to such European Member Nations of the International Office of Epizootics that are Members of the United Nations, as accept this Constitution in accordance with the provisions of Article XV. The Commission may, by a two-thirds majority of the membership of the Commission, admit to membership such other European States that are Members of the United Nations, any of its Specialized Agencies or the International Atomic Energy Agency as have submitted an application for membership and a declaration made in a formal instrument that they accept the obligations of this Constitution as in force at the time of admission.

2. The Food and Agriculture Organization of the United Nations (hereinafter referred to as "the Organization"), the International Office of Epizootics (hereinafter referred to as "the Office"), the European Community, and the Organization for Economic Cooperation and Development shall have the right to be represented at all sessions of the Commission and its Committees, but their representatives shall not have the right to vote.

## **ARTICLE II**

Obligations of Members regarding National Policies and International Cooperation for the Control of Foot-and-Mouth Disease.

1. Members undertake to control foot-and-mouth disease with a view to its ultimate eradication by the institution of suitable quarantine and sanitary measures and by one or more of the following methods:

- 1) a slaughter policy;
- 2) slaughter together with vaccination;
- 3) maintenance of totally immune cattle population by vaccination; other susceptible livestock may be vaccinated.

- 4) vaccination in zones surrounding outbreaks.

Methods adopted shall be rigorously carried out.

2. Members adopting policy 2 or 4 undertake to have available a supply of vaccine or antigen for vaccine production sufficient to ensure adequate protection against the disease in case the spread of the disease can not be controlled exclusively by sanitary measures. Each member shall collaborate with and assist other members in all concerted measures for the control of foot-and-mouth disease and in particular in the supply of vaccine or antigen for vaccine production where necessary. The quantities of antigen and vaccine to be stored for national and international use shall be determined by Members in the light of the findings of the Commission and the advice of the Office.
3. Members shall make such arrangements for the typing of virus from outbreaks of foot-and-mouth disease as may be required by the Commission and shall immediately notify the Commission and the Office of the results of such typing.
4. Members shall make arrangements for the rapid dispatch of new isolates to the FAO designated World Reference Laboratory for further characterization.
5. Members undertake to provide the Commission with any information which it may need to carry out its functions. In particular, Members shall immediately report to the Commission and to the Office any outbreak of foot-and-mouth disease and its extent and shall make such further detailed reports as the Commission may require.

### **ARTICLE III**

#### **Seat**

1. The seat of the Commission and its Secretariat shall be in Rome at the Headquarters of the Organization.
2. Sessions of the Commission shall be held at its seat, unless they are convened elsewhere in pursuance of a decision of the Commission at a previous session, or, in exceptional circumstances, of a decision of the Executive Committee.

### **ARTICLE IV**

#### **General Functions**

1. To enter into arrangements, through the Director-General of the Organization, with the Office within the framework of any agreements between the Organization and the Office to ensure that:
  - 1.1 all Members are provided with technical advice on any problem relating to the control of foot-and-mouth disease;
  - 1.2 comprehensive information on outbreaks of the disease and identification of virus is collected and disseminated as quickly as possible;
  - 1.3 special research work required on foot-and-mouth disease is carried out.
2. To collect information on national programmes for control of and research on, foot-and-mouth disease.
3. To determine, in consultation with the Members concerned, the nature and extent of assistance needed by such Members for implementing their national programmes

4. To stimulate and plan joint action wherever required in the implementation of prevention and control programmes and to this effect arrange means whereby adequate resources can be made available, for example, for the production and storage of vaccine, through agreements between Members.
5. To arrange for suitable facilities for the typing and characterization of virus.
6. To ensure the availability of an international laboratory ( World Reference Laboratory ) with facilities for rapid characterization of virus by appropriate methods.
7. To maintain information on the stocks of antigen and vaccine available in member countries and other countries and to keep the position continuously under review.
8. To offer advice to other organizations on the allocation of any available funds for assisting in prevention and control of foot-and-mouth disease in Europe.
9. To enter into arrangements, through the Director-General of the Organization, with other organizations, regional groups or with Nations not Members of the Commission, for participation in the work of the Commission or its committees, or for mutual assistance on problems of controlling foot-and-mouth disease. These arrangements may include the establishment of, or participation in, joint committees.
10. To consider and approve the report of the Executive Committee on the activities of the Commission, the accounts for the past financial period and the budget and programme for the ensuing biennium, for submission to the Finance Committee of the Organization.

## **ARTICLE V**

### **Special Functions**

The following shall be the special functions of the Commission:

1. To assist in the prevention and control of outbreaks in emergency situations in any manner considered appropriate by the Commission and the Member or Members concerned. For this purpose the Commission or its Executive Committee, in conformity with the provisions of Article XI (5), may use any uncommitted balances of the Administrative Budget referred to in Article XIII (7) as well as any supplementary contributions which may be provided for emergency action under Article XIII (4).
2. To take suitable action in the following fields:
  - 2.1 Storage of antigen and/or vaccines by or on behalf of the Commission for distribution to any Member in case of need.
  - 2.2 Promotion when necessary of the establishment by a Member or Members of "cordons sanitaires" to prevent the spread of disease.
3. To carry out such further special projects as may be suggested by Members or by the Executive Committee and approved by the Commission for achieving the purposes of the Commission as set forth in this Constitution.
4. Funds from the surplus of the Administrative Budget may be used for the purposes stated in paragraphs 2 and 3 of this Article when such action is approved by the Commission by a two-thirds majority of the votes cast, providing such majority is more than one half of the membership of the Commission.

## **ARTICLE VI**

### **Sessions**

1. Each Member shall be represented at Sessions of the Commission by a single delegate who may be accompanied by an alternate and by experts and advisers. Alternates, experts and advisers may take part in the proceedings of the Commission but not vote, except in the case of an alternate who is duly authorized to substitute for the delegate.
2. Each Member shall have one vote. Decisions of the Commission shall be taken by a majority of the votes cast except as otherwise provided in this Constitution. A majority of the Members of the Commission shall constitute a quorum.
3. The Commission shall elect, at the end of each regular session, a Chairman and two Vice-Chairmen from amongst the delegates. These officers shall hold office until the end of the next regular sessions, without prejudice to the right of re-election. The Commission shall also appoint the members of special or standing Committees.
4. The Director-General of the Organization in consultation with the Chairman of the Commission shall convene a regular session of the Commission at least every two years. Special sessions may be convened by the Director-General in consultation with the Chairman of the Commission or, if so requested, by the Commission in regular sessions or by at least one third of the Members during intervals between regular sessions.

## **ARTICLE VII**

### **Committees**

1. The Commission may establish temporary, special or standing committees to study and report on matters pertaining to the purpose of the Commission, subject to the availability of the necessary funds in the approved budget of the Commission.
2. These committees shall be convened by the Director-General of the Organization in consultation with the Chairman of the Commission and with the Chairman of the special or standing committee concerned, at such times and places as are in accordance with the objectives for which they were established.
3. Membership in such committees may be open to all Members of the Commission or consist of selected Members of the Commission or of individuals appointed in their personal capacity because of their competence in technical matters, as determined by the Commission. On proposal of the chairman, observers may be invited to participate in the meetings of the special and standing committees.
4. Members of the committees shall be appointed at the regular session of the Commission and each committee shall elect its own Chairman.

## **ARTICLE VIII**

### **Rules and Regulations**

Subject to the provisions of this Constitution, the Commission may, by a majority of two-thirds of its membership, adopt and amend its own Rules of Procedure and Financial Regulations, which shall be in conformity with the General Rules and Financial Regulations of the Organization. The Rules of the Commission and any amendments thereto shall come into force upon approval by the Director-General of the Organization, the Financial Regulations and amendments thereto being subject to confirmation by the Council of the Organization.

## **ARTICLE IX**

### **Observers**

1. Any Member Nation of the Organization that is not a Member of the Commission and any Associate Member may be invited to, or, upon its request, be represented by an observer at sessions of the Commission. It may submit memoranda and participate without vote in the discussions.
2. States which, while not Members of the Commission nor Members or Associate Members of the Organization, are Members of the United Nations, any of its Specialized Agencies or the International Atomic Energy Agency may, upon request and subject to the concurrence of the Commission through its Chairman and to the provisions relating to the granting of observer status to nations adopted by the Conference of the Organization, be invited to attend in an observer capacity sessions of the Commission.
3. Participation of international organizations in the work of the Commission and the relations between the Commission and such organizations shall be governed by the relevant provisions of the Constitution and the General Rules of the Organization as well as by the rules on relations with international organizations adopted by the Conference or Council of the Organization. All such relations shall be dealt with by the Director-General of the Organization. The relations between the Organization and the Office are governed by such agreement between the Organization and the Office as may be in force.

## **ARTICLE X**

### **Executive Committee**

1. An Executive Committee shall be established and shall be composed of the Chairman, two Vice-Chairmen of the Commission and five delegates of Members selected by the Commission at the end of its regular session. The Chairman of the Commission shall be the Chairman of the Executive Committee.
2. Members of the Executive Committee shall hold office until the end of the next regular session without prejudice to the right of re-election.
3. If a vacancy occurs in the Executive Committee before the expiration of the term of appointment, the Committee may request a Member of the Commission to appoint a representative to fill the vacancy for the remainder of the term.
4. The Executive Committee shall meet at least twice between any two successive regular sessions of the Commission.
5. The Secretary of the Commission shall act as Secretary to the Executive Committee.

## **ARTICLE XI**

### **Functions of the Executive Committee**

The Executive Committee shall:

1. make proposals to the Commission concerning policy matters and the programme of activities;
2. implement the policies and programmes approved by the Commission;

3.submit to the Commission the draft programme and Administrative Budget, and the accounts for the past biennium;

4.prepare the report on the activities of the Commission during the past biennium for approval by the Commission and transmission to the Director-General of the Organization;

5.undertake such other duties as the Commission may delegate to it, in particular with reference to emergency action under Article V (1).

## **ARTICLE XII**

### **Administration**

1.The staff of the Secretariat of the Commission shall be appointed by the Director-General with the approval of the Executive Committee, and for administrative purposes shall be responsible to the Director-General. They shall be appointed under the same terms and conditions as the staff of the Organization.

2.The expenses of the Commission shall be paid out of its Administrative Budget except those relating to such staff and facilities which can be made available by the Organization. The expenses to be borne by the Organization shall be determined and paid within the limits of the biennial budget prepared by the Director-General and approved by the Conference of the Organization in accordance with the General Rules and the Financial Regulations of the Organization.

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

## **ARTICLE XIII**

### **Finance**

1.Each Member of the Commission undertakes to contribute annually its share of the administrative budget in accordance with a scale of contribution. This scale of contribution shall be adopted by the Commission with a two-thirds majority of its Members in accordance with the Financial Regulations of the Commission.

2.Contributions of States which acquire membership between two regular sessions of the Commission shall be determined by the Executive Committee in accordance with the Financial Regulations of the Commission; for this purpose such criteria as may be specified in the Financial Regulation shall apply. The determination made by the Executive Committee shall be subject to confirmation by the Commission at its next regular session.

3.Annual contributions provided for under paragraphs 1 and 2 above shall be payable before the end of the first month of the year to which they apply.

4.Supplementary contributions may be accepted from a Member or Members or from organizations or individuals for emergency action or for the purpose of implementing special schemes or campaigns of control which under Article V the Commission or Executive Committee may adopt or recommend.

5.All contributions from Members shall be payable in currencies to be determined by the Commission in agreement with each contributing Member.

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

7. At the end of each financial period, any uncommitted balance of the Administrative Budget shall be retained in the Trust Fund and made available for the following years's budget.

## **ARTICLE XIV**

### **Amendments**

1. This Constitution may be amended by the Commission by a two-thirds majority of the membership of the Commission.

2. Proposals for the amendment of the Constitution may be made by any Member of the Commission in a communication addressed to both the Chairman of the Commission and the Director-General of the Organization. The Director-General shall immediately inform all Members of the Commission of all proposals for amendments.

3. No proposal for the amendment of the Constitution shall be included in the agenda of any session unless notice thereof has been received by the Director-General of the Organization at least 120 days before the opening of the session.

4. Amendments shall become effective only with the concurrence of the Council of the Organization.

5. An amendment not involving additional obligations for Members of the Commission shall take effect from the date of the decision of the Council.

6. An amendment which, in the view of the Commission, involves additional obligations, for Members of the Commission shall, after approval by the Council, bind the Members of the Commission who have accepted the amendment, as from the date on which it has been accepted by two-thirds of the membership of the Commission, and thereafter for each remaining Member of the Commission upon the date of receipt by the Director-General of the instrument of acceptance of the amendment by that Member.

7. The instruments of acceptance of amendments involving additional obligations shall be deposited with the Director-General who shall inform all Members of the Commission of the receipt of such instruments.

8. The rights and obligations of any Member of the Commission that has not accepted an amendment involving additional obligations shall for a period not exceeding two years as from the date of entry into force of the amendment, continue to be governed by the provisions of the Constitution as they stood prior to the amendment. Upon expiry of the a fore-mentioned period, any Member of the Commission that has not accepted such amendment shall be bound by the Constitution as so amended.

9. The Director-General shall inform all Members of the Commission of the entry into force of any amendment.

## **ARTICLE XV**

### **Acceptance**

1. Acceptance of this Constitution shall be effected by the deposit of an instrument of acceptance with the Director-General of the Organization and shall take effect, as regards Members of the Organization or the Office, on receipt of such instrument by the Director-General who shall forthwith inform each of the Members of the Commission.

2. Membership of States that are eligible for membership under Article I, but are neither Members of the Organization nor of the Office, shall become effective on the date on which the Commission approves the application for membership in conformity with the provisions of Article I. The Director-General shall inform each of the Members of the Commission of the approval of any application for membership.

3. Acceptance of the Constitution may be made subject to reservations. The Director-General of the Organization shall notify forthwith all Members of the Commission of the receipt of any application for membership or any instrument of acceptance of the Constitution either of which contains a reservation. A reservation shall become effective only upon unanimous approval by the Members of the Commission. The Members of the Commission not having replied within three months from the date of the notification by the Director-General of the reservation shall be deemed to have accepted the reservation. Failing unanimous approval by the Members of the Commission of a reservation, the nation making the reservation shall not become a party to this Constitution.

## **ARTICLE XVI**

### **Withdrawal**

1. Any Member may withdraw from the Commission at any time after the expiration of one year from the date on which its acceptance took effect or from the date on which the Constitution entered into force, whichever is the later, by giving written notice of withdrawal to the Director-General of the Organization who shall forthwith inform all Members of the Commission. The withdrawal shall become effective one year from the date of receipt of the notification of withdrawal.

2. Non-payment of two consecutive annual contributions shall be regarded as implying withdrawal of the defaulting Member from the Commission.

3. Any Member of the Commission withdrawing from the Organization of the Office, when such withdrawal results in this Nation no longer being a Member of either of these two Agencies, shall be deemed to have withdrawn simultaneously from the Commission.

## **ARTICLE XVII**

### **Settlement of Disputes**

1. If there is any dispute regarding the interpretation or application of this Constitution, the Member or Members concerned may request the Director-General of the Organization to appoint a committee to consider the question in dispute.

2. The Director-General shall there-upon, after consultation with the Members concerned, appoint a committee of experts which shall include representatives of those Members. This committee shall consider the question in dispute, taking into account all documents and other forms of evidence submitted by the Members concerned. This committee shall submit a report to the Director-General of the Organization who shall transmit it to the Members concerned and to the other Members of the Commission.

3. The Members of the Commission agree that the recommendations of such a committee, while not binding in character, will become the basis for renewed consideration by the Members concerned of the matter out of which the disagreement arose.

4. The Members concerned shall share equally the expenses of the experts.

## **ARTICLE XVIII**

### **Termination**

1.This Constitution shall be terminated by a decision of the Commission taken by a three-fourths majority of the membership of the Commission. It shall automatically be terminated should membership, as a result of withdrawals, comprise fewer than six Nations.

2.On termination of the Constitution all assets of the Commission shall be liquidated by the Director-General of the Organization and after settlement of all liabilities the balance shall be distributed proportionally amongst Members on the basis of the scale of contributions in force at the time. Nations whose contributions are in arrears for two consecutive years and hence deemed to have withdrawn in conformity with Article XVI (2) shall not be entitled to a share of the assets.

## **ARTICLE XIX**

### **Entry into Force**

1.This Constitution shall enter into force upon receipt by the Director-General of the Organization of notifications of acceptance from six Member Nations of the Organization or of the Office, providing that their contributions represent in the aggregate not less than 30 percent of the Administrative Budget provided for in Article XIII (1).

2.The Director-General shall notify all Nations having deposited notifications of acceptance of the date on which this Constitution comes into force.

3.The text of this Constitution drawn up in the English, French and Spanish languages, which languages shall be equally authoritative, was approved by the Conference of the Organization on the Eleventh day of December 1953.

4.Two copies of the text of this Constitution shall be authenticated by the Chairman of the Conference and the Director-General of the Organization, one copy of which shall be deposited with the Secretary-General of the United Nations and the other in the archives of the Organization. Additional copies of this text shall be certified by the Director-General and furnished to all Members of the Commission with the indication of the date on which Constitution has come into force.

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

*As amended by the Commission at its Thirty-Second Session (2-4 April 1997) and approved by the Director General of FAO on 7 September 1997*

### **Rule I - Sessions of the Commission**

Notices convening a regular session of the Commission shall be dispatched by the Director General not less than 50 days and notices convening a special session not less than 20 days before the date fixed for the opening of the session, to Members of the Commission, to such Nations which are not Members of the Commission and to such international organizations as may be represented in accordance with Article IX of the Constitution, hereafter referred to as "participating Nations and international organizations".

### **Rule II - Agenda**

1. A provisional agenda for each regular session of the Commission shall be drawn up by the Director-General and dispatched to Members and to participating Nations and international organizations not less than 50 days before the date fixed for the opening of the session.
2. The provisional agenda for a regular session shall consist of:
  - (a) All items the inclusion of which may have been decided upon by the Commission at a previous session.
  - (b) Election of Chairman and Vice-Chairmen of the Commission (Article VI of the Constitution).
  - (c) Application for membership in the Commission, if any (Article I of the Constitution).
  - (d) Draft programme and Administrative Budget (Articles IV and XI of the Constitution).
  - (e) Report of the Executive Committee on the activities of the Commission during the past biennium (Articles IV and XI of the Constitution).
  - (f) Reports by committees established under Article VII of the Constitution.
  - (g) Proposals of the Executive Committee concerning policy matters (Article XI of the Constitution).
  - (h) Any modifications of the Scale of Contributions including the confirmation of the determination of the contribution of any States having acquired membership since the last regular session (Article XIII of the Constitution).
  - (i) Audited accounts for the preceding financial period and the budget and programme for the ensuing biennium (Articles IV and XI of the Constitution).
  - (j) Amendments to the Constitution, if any (Article XIV of the Constitution).
  - (k) Any items which the Conference, Council or the Director-General of the Organization refer to the Commission.
  - (l) Any items which the Conference, Council or the Director General of the Organisation refer to the Commission
  - (m) Other business arising out of the Commission's functions.
3. A provisional agenda for each special session of the Commission shall be drawn up by the Director-General and dispatched to Members and to participating Nations and international organizations not less than 20 days before the date fixed for the opening session
4. The provisional agenda for a special session of the Commission shall consist of:
  - (a) All items the inclusion of which in the agenda of the special session may have been decided upon by the Commission at a previous session.
  - (b) Applications for membership in the Commission, if any (Article I of the Constitution).
  - (c) Amendments to the Constitution, if any (Article XIV of the Constitution).
  - (d) Any items proposed for consideration in a request by the Commission or by one third of the Members for the holding of the special session.
5. Any Member may, not less than 30 days before the date fixed for the opening of a session, request the Director-General to include specific items on the agenda. These items shall be placed on a supplementary list, which shall be dispatched to Members and to participating Nations and international organizations, not

less than 20 days before the date fixed for the opening of the session.

6. During any session the Commission may, by a two-thirds majority of the votes cast, add to the agenda any item proposed by a Member.
7. At each session the provisional agenda, together with the proposed additions or deletions, if any, shall be submitted to the Commission for approval as soon as possible after the opening of the session and, on approval of the Commission with or without amendments, shall become the agenda of the session.
8. Copies of all reports and other documents to be submitted to the Commission at any session, in connexion with any item which may be on the agenda, shall be furnished by the Director-General to Members and to participating Nations and international organizations at the same time as the item or as soon as possible thereafter.
9. The Commission shall not proceed to the discussion of any item on the agenda until at least 24 hours have elapsed since the documents referred to in Paragraph 7 have been made available to delegations of Members.

#### **Rule III - Delegations and Credentials**

1. For the purpose of these Rules the term "delegation" means all the persons appointed by a Member to attend a session of the Commission, that is to say its delegate and his alternate, experts and advisers.
2. The credentials of delegates and alternates and the names of other persons in their delegations and of the observers from participating Nations and international organizations shall, insofar as possible, be deposited with the Secretary of the Commission not later than the opening day of each session of the Commission. The Secretary shall examine the credentials and report thereon to the Commission.

#### **Rule IV - Secretariat**

The staff of the Secretariat of the Commission shall be appointed in accordance with Article XII of the Constitution and subject to the provisions of that Article. It shall be the duty of the Secretariat to receive, translate into the working languages of the Commission and circulate documents, reports and resolutions of the Commission and its committees, to prepare the records of their proceedings and to perform such other work as the Commission or any of its committees may require.

#### **Rule V - Attendance at Plenary Meetings of the Commission**

1. Plenary meetings of the Commission shall be open to attendance by all delegations and by observers from participating Nations and international organizations and such members of the staff of the Organization as the Director-General may designate. Plenary meetings of the Commission shall be held in public unless the Commission decides otherwise.
2. Subject to any decision of the Commission the Secretary shall make arrangements for the admission of the public and of representatives of the press and other information agencies, to plenary meetings of the Commission.

**Rule VI - Powers and Duties of Chairman and Vice-Chairmen of the Commission**

1. In addition to exercising such powers as are conferred upon him elsewhere by these Rules, the Chairman shall declare the opening and closing of each plenary meeting of the session. He shall direct the discussion in plenary meetings and at such meetings ensure observance of these Rules, accord the right to speak, put questions, and announce decision.
2. In the absence of the Chairman during a plenary meeting or any part thereof, one of the Vice-Chairmen shall preside. A Vice-Chairman acting as Chairman shall have the same powers and duties as the Chairman.
3. The Chairman, or a Vice-Chairman acting as Chairman, shall not vote but may appoint an alternate or adviser from his delegation to vote in his place.
4. The Chairman, in the exercise of his functions, remains under the authority of the Commission.

**Rule VII - Executive Committee**

In accordance with Article X of the Constitution, the Chairman of the Commission shall be the Chairman of the Executive Committee. He shall have, in relation to meetings of the Executive Committee, the same powers and duties as he has in relation to meetings of the Commission. In the absence of the Chairman during a meeting of the Executive Committee or any part thereof, one of the Vice-Chairmen of the Commission shall preside. A Vice-Chairman acting as Chairman shall have the same powers and duties as the Chairman. A majority of the members of the Committee shall constitute a quorum. Decisions of the Committee shall be taken by a majority of the votes cast. Each Member of the Committee shall have one vote. Meetings of the Committee shall be open to Observers when deemed appropriate. The Chairman has the authority to invite Observers, subject to confirmation by the Committee.

**Rule VIII - Proposals and Amendments at Plenary Meetings**

1. Proposals and amendments for plenary meetings shall be introduced in writing and handed to the Chairman of the Commission who shall circulate copies to the delegations. Subject to a contrary decision of the Commission in a specific instance, no proposal shall be discussed or put to the vote at any plenary meeting unless copies of it have been circulated to all delegations not
2. In the absence of the Chairman during a plenary meeting or any part thereof, one of the Vice-Chairmen shall preside. A Vice-Chairman acting as Chairman shall have the same powers and duties as the Chairman.
3. The Chairman, or a Vice-Chairman acting as Chairman, shall not vote but may appoint an alternate or adviser from his delegation to vote in his place.
4. The Chairman, in the exercise of his functions, remains under the authority of the Commission.

**Rule IX - Conduct of Business and Voting Arrangements at Plenary Meetings**

The conduct of business, voting arrangements and other related matters not specifically provided for in the Constitution or these Rules shall be governed by the General Rules of the Organization.

#### **Rule X - Committees of the Commission**

1. In addition to the committees provided for in Article VII of the Constitution, the Commission may set up at each session and for the duration of the session, such committees as it considers desirable and allocate to these committees the various items on its agenda.
2. Each such committee shall elect a Chairman and a Vice-Chairman.
3. Each delegate shall be entitled to sit or be represented by another member of his delegation on each such committee and may be accompanied at meetings by one or more members of his delegation, who may speak but shall not vote.
4. The Chairman of each committee shall have in relation to meetings of his committee the same powers and duties as the Chairman of the Commission has in relation to plenary meetings. In the absence of the Chairman, the Vice-Chairman of the committee shall preside with the same powers and duties.
5. The procedure in a committee shall be governed by the provisions of Rule X so far as applicable. A majority of the members of the committee shall constitute a quorum.
6. All committees established by the recommendations to the Commission shall report their conclusions and recommendations to the Commission.

#### **Rule XI - Rapporteurs**

Any committee referred to in any of the preceding Rules may, on the proposal of its Chairman, appoint from among its members, one or more rapporteurs as required.

#### **Rule XII - Participating International Organizations**

Each participating Nation or international organization which has been invited to attend a session of the Commission may be represented by an observer. Such observer may, without vote, speak and, upon the request of the Chairman, participate in the discussions of the Commission and its committees. They may circulate to the Commission or its committees, without abridgement, the views of the Nation or organization which they represent.

#### **Rule XIII - Reports and Recommendations**

1. Summary records shall be made of the proceedings of the Commission and its committees and shall be circulated as soon as possible to members of delegations who participated in the meeting concerned in order to give them the opportunity to suggest corrections.
2. At each session, the Commission shall approve a report embodying its views, recommendations and decisions including, when requested, a statement of minority views.
3. The conclusions and recommendations of the Commission shall be transmitted to the Director-General of the Organization at the close of each session, who shall circulate them to the Members of the Commission, nations and international organizations that were represented at the session and, upon request, to other member Nations of the Organization, for their information.
4. Recommendations having policy, programme or financial implications for the Organization shall be brought by the Director-General to the attention of the Conference or Council of the Organization for appropriate action.

5. Subject to the provisions of the preceding paragraph, the Director-General of the Organization may request Members of the Commission to supply the Commission with information on action taken on the basis of recommendations made by the Commission.

#### **Rule XIV - Election of Officers**

1. At each regular session, nominations shall be called for by the Chairman from the floor for the offices of Chairman and two Vice-Chairmen of the Commission for the ensuing term of office as provided for in the Constitution.
2. Each nomination shall be supported by a mover and seconded and shall carry the endorsement of the nominee.

#### **Rule XV - Languages**

English and French shall be the working languages of the Commission.

#### **Rule XVI - Suspension and Amendment of Rules**

1. Subject to the provisions of the Constitution, any of the foregoing Rules may be suspended by a two-thirds majority of the votes cast at any plenary meeting of the Commission, provided that notice of the intention to propose the suspension has been communicated to the delegates not less than 24 hours before the meeting at which the proposal is to be made.
2. Subject to the provisions of the Constitution, amendments of or additions to these Rules may be adopted at any plenary meeting of the Commission, provided that the intention to propose the amendment or addition has been communicated to the delegates not less than 24 hours before the meeting at which the proposal is to be considered, and provided further, that the Commission has received and considered a report on the proposal by an appropriate committee.
3. The Executive Committee may propose amendments and additions to these Rules.

*Draft version 26 March 2013*

**DRAFT Document**

**for**

**adoption at the 40<sup>th</sup> General Session of the European Commission for the Control of  
FMD (EUFMD) - April 2013**

**MINIMUM BIORISK MANAGEMENT STANDARDS FOR  
LABORATORIES WORKING WITH FOOT-AND-MOUTH DISEASE  
VIRUS**

**SECTION I.**

**LABORATORIES WORKING WITH FOOT-AND-MOUTH DISEASE VIRUS  
IN VITRO AND IN VIVO (“MBRM STANDARDS FOR FMDV LABORATORIES”)**

**SECTION II.**

**MINIMUM BIORISK MANAGEMENT STANDARDS FOR LABORATORIES  
UNDERTAKING DIAGNOSTIC INVESTIGATIONS FOR FMD IN THE  
FRAMEWORK OF A NATIONAL CONTINGENCY PLAN (“MBRM STANDARDS  
FOR FMD CONTINGENCY LABORATORIES”)**

NOTE: highlighted text indicates a section that has been updated/revised
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## FOREWORD

In 1985 the European Commission for the Control of Foot-and-Mouth Disease (EUFMD) at the Food and Agriculture Organization (FAO) of the United Nations adopted a document entitled "*Minimum Standards for Laboratories working with FMDV in vitro and in vivo*". This document described a set of precautions to be taken by foot-and-mouth disease (FMD) laboratories to avoid an escape of virus. It was prepared at a time when the majority of countries on continental Europe employed systematic annual prophylactic vaccination of their cattle. Council Directive 90/423/EEC amending Directive 85/511/EEC on Community control measures for FMD made the above standards a condition for the approval and operation of laboratories handling live FMD virus (FMDV).

Although the above document dealt with all important aspects of FMD containment, it had been found necessary to review it with special reference to the need for more specific technical and general requirements as a consequence of the change in Europe to a policy of non-vaccination. The security standards as specified in the 1993 revision had to be considered as minimum requirements for FMD laboratories located in FMD-free countries with or without systematic prophylactic vaccination. Article 65 of Council Directive 2003/85/EC on Community measures for the control of FMD and repealing Directive 85/511/EEC makes the FMD-lab standards, as amended in 1993, a condition for the approval and operation of laboratories handling live FMDV.

Following the 2007 FMD outbreak in the UK that was linked to virus handled in a vaccine production facility and associated laboratories, EUFMD undertook to review, and where necessary to adapt, the aforementioned FMD-lab standards. The edition of the "*Minimum Standards for Laboratories working with foot-and-mouth disease virus in vitro and in vivo*" adopted at the 38<sup>th</sup> General Session of EUFMD on 29 April 2009 superseded the edition adopted by EUFMD in 1985 and revised in 1993.

In the years since the adoption of the 2009 version of the "Minimum Standards", it has become even more evident than before that not all the diagnostic tasks in the framework of FMD control can be carried out in laboratories meeting the "Minimum Biorisk Management Standards for Laboratories working with foot-and-mouth disease virus in vitro and in vivo". There are too few of these expensive facilities available and they are usually research laboratories with a limited sample throughput. Therefore, "FMD Contingency Laboratories" have become part of contingency plans, as foreseen in Annex XV of Council Directive 2003/85/EC. In the following, the term "FMD Contingency Laboratories" is used for laboratories which must not work with any infectious FMDV - except for virus that might be present in field samples submitted for FMD diagnosis from the country where the laboratory is situated. This means there is no risk of escape unless there is an outbreak in the field – in which case the risk posed by infected holdings by far outweighs any escape risk posed by a laboratory operating according to Section II ("FMD Contingency Laboratories") of the "Minimum Standards". In contrast to the expectations when the "Minimum Standards" were adopted in 2009, there still is no validated and fully satisfactory protocol for the inactivation of FMD samples on the suspect premises. However, inactivation of such samples in a microbiological safety cabinet in a laboratory by trained staff using lysis buffers containing chaotropic salts prior to RNA extraction poses almost no additional risk. It is therefore now included into Section II ("FMD Contingency Laboratories").

In particular in countries where the national laboratory responsible for FMD diagnosis does not meet the “MBRM Standards for FMDV laboratories” even the testing of non-inactivated samples by antigen ELISA may be justifiable, provided that the risk is controlled by appropriate measures (mainly by restricting all liquid handling steps to a microbiological safety cabinet). It allows these labs to confirm PCR results, maintain a back-up method in case PCR fails and to determine the serotype. It is up to the national competent authority to decide whether a “FMD Contingency Laboratory” is authorized to carry out antigen ELISA. This approach was applied successfully during the 2011 FMD epidemic in Bulgaria.

The alternatives would often be to forego laboratory investigations or send all suspect samples to a foreign laboratory which may be stressed to limit already by the examination of suspect samples from its own country. In particular in times of crisis, sending samples to a foreign lab creates great logistical problems. It also makes communication between laboratories and veterinarians in the field much more difficult, substantially reduces sample throughput and increases the turn-around time for decision critical diagnostic results. For effective and swift disease control, it is crucial that official veterinarians as well as the national crisis centres can contact a diagnostic laboratory easily and without a language barrier, which have staff that are familiar with national legislation and disease control systems.

Using the capacity of existing laboratories which can meet the “MBRM Standards for FMD Contingency Laboratories” can provide exactly these benefits for effective disease control, in times of crisis, and also substantially lowers the psychological threshold for submitting samples for exclusion of FMD as a differential diagnosis. In several countries, it is attempted to lower this threshold by allowing regular veterinary laboratories to carry out “exclusion diagnosis”, e.g. by PCR, in cases which are not considered “suspect cases of FMD” in the legal sense but where FMD is considered a possible differential diagnosis. The measures outlined in Section II (“FMD Contingency Laboratories”), mutatis mutandis, can also help competent authorities to reduce the biorisk associated with this approach.

Following review of the former “Minimum Standards of Biorisk Management for Laboratories Undertaking Diagnostic Investigations of Low-risk samples during an Outbreak of FMD“, revisions have been introduced into the new “MBRM Standards for FMD Contingency laboratories”. The technical content of the “Minimum Standards for Laboratories working with FMDV in vitro and in vivo” has been left unchanged, except for minor clarifications and the now consistent use of the term “Restricted Zone” for all areas where infective FMDV is or might be handled.

What also has become clear since the adoption of the 2009 version of the “Minimum Standards” is that the task of balancing risks and benefits of laboratory work has to be seen in wider perspective, since not all EuFMD member states are free of FMD. Any standard of biorisk management should be proportionate to the prevailing disease situation in the country or zone where it is located. Therefore, a 4-tier system of minimum biorisk management standards for FMDV is currently being drafted and the MBRM standards outlined in this document refer to Tier 4 and Tier 3:

Tier 1: General diagnostic laboratories, in FMD endemic countries

Tier 2: Laboratories working with infectious FMDV, in FMD endemic countries

Tier 3: Laboratories undertaking diagnostic investigations for FMD in the framework of a national contingency plan, in FMD free countries

Tier 4: (Inter)national FMDV reference laboratories working with infectious FMDV, in FMD free countries

Until MBRM standards have been internationally adopted for Tiers 1 and 2, the biorisk managers responsible for the diagnostic laboratory system in FMD endemic countries are encouraged to apply the principles of the Tier 3 and 4 MBRM as far as can be reasonably achieved. In particular, “exotic” serotypes and topotypes of FMDV should be treated with the same precautions as FMDV in a country free of the disease.

#### FMD free country\*<sup>1</sup>

Activity	Biorisk Management Standard
Any handling of infective FMDV strains not present in the field	Tier 4 Standard (MBRM STANDARDS FOR FMDV LABORATORIES)
Diagnostic investigations for FMD in the framework of a national contingency plan	Tier 3 Standard (MBRM STANDARDS FOR FMD CONTINGENCY LABORATORIES)
General diagnostic or research work on animal samples* <sup>2</sup>	No FMD-related requirements <i>(Principles and elements of Tier 3 Standard should be applied according to risk assessment)</i>

\*<sup>1</sup>The term “FMD free country” is used here for a country that has been recognized by the OIE as being free of FMD, with or without vaccination, even during the phase of trying to regain this status during or after an epidemic.

\*<sup>2</sup>The term “animal samples” is used here for samples of species susceptible to FMD.

#### FMD endemic country

Activity	Biorisk Management Standard
Any handling of infective FMDV strains not present in the field	Tier 4 Standard (MBRM STANDARDS FOR FMDV LABORATORIES)
Infection of animals and vaccine production with infective FMDV strains present in the field	Tier 2 Standard <i>(being drafted)</i> <i>(Principles and elements of Tier 4 standard should be applied depending on the stage of eradication reached)</i>
Handling on a regular basis, including propagation in small volumes, of infectious FMDV strains present in the field	Tier 2 Standard <i>(being drafted)</i>
General diagnostic or research work on animal samples* <sup>2</sup>	Tier 1 Standard <i>(being drafted)</i>

## SECTION I. MINIMUM BIORISK MANAGEMENT STANDARDS FOR LABORATORIES WORKING WITH FOOT-AND-MOUTH DISEASE VIRUS *IN VITRO* AND *IN VIVO*

### INTRODUCTION

Foot-and-Mouth Disease (FMD) is one of the most contagious diseases known, and manipulating the virus in the laboratory without adequate precautions is a risk of environmental release. It has been shown that as few as 10 TCID can be infective to cattle by the airborne route. However, this is under experimental conditions and the low infective dose may relate to the relatively large size of aerosol droplets, which can be efficiently contained by HEPA filtration of air exhaust from facilities handling infective FMD virus (FMDV). As a consequence of the low infective dose, laboratories handling FMDV must work under high containment conditions, **in which the principle objective of the containment measures is to prevent release of virus that would give rise to animal infection outside of the laboratory (veterinary containment).**

The principles on which the containment measures are based are as follows:

- FMD virus is an animal health but not a human health hazard;
- containment measures for FMDV laboratories will differ in certain respects from those required of high containment facilities handling pathogens which present a significant human health hazard;
- effective implementation and maintenance of the containment measures will reduce the risk of an accidental release of virus to a level that can be considered acceptable in a risk management balancing those risks against the expected benefits of the services provided by such laboratory.

The containment measures were prepared on the basis of the documented evidence on the physico-chemical properties of FMDV, its inactivation kinetics, and the form and quantity of FMDV required to infect susceptible species.

Key factors in establishing and implementing a successful containment system include:

1. Physical and operational barriers to the release of FMDV that involve three containment layers and multiple fail-safe mechanisms as follows:

1.1. Primary containment layer:

- contain the live FMDV at source within closed containers or a class I, II or III safety cabinet, or
- in the case of infected animals, contain the live FMDV by physical containment in specially constructed rooms with treatment of all waste and the HEPA filtration of air;

1.2 Secondary containment layer:

- containing FMDV of infected materials and staff working with such materials within a closed and highly controlled physical environment, and
- subject solids, fluids and air to a treatment by validated procedures that will remove or inactivate FMDV;

1.3. Tertiary containment layer:

- prevent contact between the live FMDV and susceptible livestock outside containment by appropriate measures, such as restrictions placed on access of staff to such livestock.

## 2. Commitment by senior management:

- to provide the resources required to attain and maintain the containment measures, including the physical and human environment;
- to recognise the top priority of the management of the risks associated with facilities handling live FMDV;
- to establish and maintain a management system and a working culture in the facility that facilitates continual improvement in preventing possible release of virus, the effectiveness of containment processes and root cause analysis of possible release incidents so as to prevent their recurrence;
- to recognise and promote continual improvement.

### **General requirements**

*FMD risk management system:* Each facility should establish, implement and maintain a FMD risk management system, appropriate to the level of risk associated with each of the mechanisms and routes by which FMDV could escape or be released.

*Policy:* The management of the facility should have in place a policy that clearly states the FMD risk management objectives and the commitment to improving the FMD risk management performance.

*Risk assessment:* To operate a FMD risk management system, a risk assessment system should be in place in order to:

- identify and address the risks (likelihood and extent of impact) of release or escape of FMDV by each facility (plant);
- define the circumstances which would trigger a new or revised assessment, for example plans to construct new or modify existing facilities, changes to the programme, changes to volume of activities, following incidents or as a result of elevated levels of biosecurity threats to the facility.

*Hazard identification:* The Hazard identification system should identify the situations, and other hazards, associated with the work of the facility that may impact on the risk of FMDV release, including emergencies (such as electrical failure, fire, flood, medical emergencies etc). The requirements in this standard do not necessarily identify all hazards that may occur, but are written to reduce the risk associated with the hazards in facilities handling live FMDV.

The main sources of FMDV are:

- diagnostic specimens,
- infected tissue cultures,
- infected laboratory animals, e.g. baby mice and guinea pigs,
- laboratory based physical and chemical processing of large quantities of virus, and
- infected pigs, cattle, sheep, goats and other susceptible large animals.

The principal routes by which the FMDV may escape or be carried out from laboratories include:

- personnel,
- air,
- liquid effluent,
- solid waste,
- equipment, and
- samples and reagents.

Although RNA derived from FMDV may still be infectious under very specific conditions, for practical purposes samples can be considered “inactivated” after an approved treatment with an appropriate lysis buffer and a disinfection of the sample tube by an approved method. However, as a precaution, such samples should not be handled without appropriate risk management measures, which must, in particular ensure that such samples are at no stage of processing added to cell cultures or injected into animals, except in laboratories meeting the “Minimum Biorisk Management Standards for Laboratories working with foot-and-mouth disease virus *in vitro* and *in vivo*”

*Risk control:* Under the direct responsibility of the management of each facility (plant), the hazards which could lead to a risk of FMD escape should be identified, quantified, prioritised and control options identified. The requirements indicated in this Standard should be considered a minimum, and do not release the management of each facility from the responsibility to undertake a formal risk assessment process.

Special attention should be given to:

- replacement and reduction in use of live virus where possible;
- security and recording of access to the facility;
- security check of personnel handling live FMD virus;
- the responsible behaviour of personnel within and when they leave the laboratory, including the use of changing and showering facilities;
- the application of rules for primary containment;
- the maintenance of the physical containment including the air handling systems to ensure a negative air pressure where virus is manipulated and the effective particulate filtration of exhaust air;
- the decontamination of effluent;
- the disposal of carcasses in a safe manner;
- the decontamination of equipment and materials before removal from the **Restricted Zone**.

*Use of alternative procedures:* The use of alternative procedures for inactivation of FMD virus to those specified in this Standard is permissible provided that the information from the validation of the process has been examined and found equal or superior in performance to those currently specified. Decisions on equivalence of the proposed procedures can be made by national competent authorities. However, national authorities have to inform the EUFMD

Standing Technical Committee of such decisions and their scientific basis, which will be reviewed and findings published in the “*Report of the Sessions of the EUFMD Standing Technical Committee.*”

**Residual Risk:** The residual risk is the risk of a consequential release of FMDV, after application of the control measures. The Biorisk Officer (BRO), management and ultimately the national regulatory body should consider the overall biorisk management system together with the hazard identification and risk control procedures, and identify if there are residual risks requiring either more effective controls to be put into place, or work to be suspended.

#### ***Authorization of laboratories in respect to FMD:***

In respect to work with FMDV, laboratories may be authorized by the competent authorities to carry out one or more of the following types of work:

- (1) infection of experimental and/or large animals with FMDV;
- (2) activities which produce high amounts of infectious FMDV, e.g. large scale virus production at a capacity that involves more than 10 litres of cell culture;
- (3) activities involving the propagation of infectious FMDV, but are limited to 10 litres of cell culture, and during which the FMDV is enclosed in containers which can be effectively autoclaved or disinfected;
- (4) to test diagnostic samples for FMDV antigen by ELISA and related methods
- (5) to test diagnostic samples for FMDV genome by PCR and related methods
- (6) to test diagnostic samples for antibody to FMDV by ELISA and related methods
- (7) to apply on the genome of FMDV methods of molecular biology that do not involve live FMDV manipulation

Laboratories carrying out the type of work mentioned under points 1, 2 and 3 must comply with the “**MBRM Standards for FMDV Laboratories**”.

In accordance with EU legislation, and in most cases national legislation, the manipulation of live FMDV requires a mandatory authorisation by the competent authority.

The FMDV-associated risk of laboratories carrying out the type of work mentioned under points 5, 6 and 7 is usually much lower, while the risk associated with the activity mentioned under point 4 is intermediate. However, in case the laboratory tests field samples of national origin, there is no FMDV related risk as long as the disease is not present in the country. In case of an outbreak, the main risk is posed by the infected holding and the risk of a laboratory escape must be controlled by appropriate measures (see Section II).

## SPECIFIC REQUIREMENTS

The requirements below are intended to assist self-assessment, biorisk audit and inspection of facilities.

### *I. Management*

#### **Specific management requirements:**

1. *Biorisk policy, delegation of responsibilities and communication:* The management of a facility is ultimately responsible for biorisks (biosafety and biosecurity) of its premises. The management should therefore define and document roles, responsibilities and authorities related to biosafety and biosecurity management in a formal policy statement and communicate this to all staff members.
2. *Formal process of Risk assessment / threat assessment:* The management should ensure that a formal process is in place to conduct, review and update a risk assessment. The need for a structured security threat assessment should be considered for each facility.
3. *System for continual improvement:* The management should put a system in place to guarantee that biosafety and biosecurity procedures and elements are thoroughly reviewed and audited on a regular basis. Records should be maintained of findings of audits, including actions taken to comply with the containment policy.
4. *Standard operating procedure (SOP):* A system should be in place to maintain a complete set of SOPs for all operational processes that are considered critical to the containment of FMDV.
5. *Biorisk Officer(BRO):* It is the duty of the management to properly monitor the biosafety and biosecurity by appointing a BRO (Biosafety / Biosecurity Officer), arranging for a deputy or replacement, and creating the necessary framework conditions in the facility. To ensure that biosafety and biosecurity is given full consideration in its activities the management should carefully define the status, duties and responsibilities of a BRO:
  - (a) The BRO should report directly to the top management representative (Director-General, site Director or similar) and should have authority to stop the work in the facilities in the event that it is considered necessary to do so.
  - (b) The status of the BRO should ensure his/her independence and the absence of any potential conflict of interest.
  - (c) Adequate financial and personnel resources should be allocated to the BRO to carry out his or her duties.
  - (d) The BRO should have the possibility of a direct link to the competent authorities responsible for the enforcement of biosafety / biosecurity regulations within the country or geographical/administrative area.
  - (e) The BRO should have appropriate training in virology, containment techniques and procedures to fulfil his/her duties. It is to be expected that he/she would also have a broad based knowledge of the FMDV with particular respect to its physico-chemical properties, mode of transmission and other topics of relevance to his/her role.
  - (f) The BRO should review regularly both technical reports concerning the various containment facilities as well as data relating to their day to day operation and

monitoring. On the basis of such information, the officer should inform senior management of any concerns he/ she may have and as they arrive as well as prepare an annual report on all relevant containment elements of the facilities.

6. *Accessibility to live FMDV*: Access to live FMDV should be limited to key personnel authorised and adequately instructed by the management.
7. *Record keeping*: Detailed records of handling live FMDV (e.g. virus strains and dates used) should be kept and stored at least 5 years. Inventory lists including information on the location where a virus strain is stored should be maintained and periodically inspected and crosschecked. Laboratory books or other daily records of procedures by staff working with FMDV should be in place to enable retrospective analysis of activities for at least 12 months.
8. *Accident / incident reporting system*: Each facility should have an accident / incident reporting system in place, with a procedure for rating of the risk of the event and a decision making process for recording, reporting and remedial actions. An example of a risk rating system and associated decision tool is given in ANNEX I.
9. *Accident / Incident review system*: there should be a system in place to ensure each incident/accident is reviewed to ensure that the lessons learned have been identified, the type of failing in control measures is recognised, and adequate and proportionate remedial measures set in place. A statistic concerning accidents / incidents should be made available to the management at least annually.
10. *Systems to review biorisk changes*: changes to the design, operation and maintenance of a facility including biosafety / biosecurity procedures and risk assessment should be reviewed, verified, approved and documented through a formal change control process before implementation. Trigger points for review or drafting of new risk assessments should be identified.
11. *Emergency management plans* (contingency plans): types of emergency should be identified, including fire, flooding, loss of essential services, security breaches and major events affecting integrity of buildings, and standard management procedures for each event developed, documented and made permanently available to staff.
12. *Access to site*: management should implement and document a system for controlling access to areas of the site where the activities of the area pose a potential hazard. There should be physical security measures to restrict access.

Management should define the different zones on the site, taking into consideration the hierarchy of risk of activities in each zone. A suggested typology is:

RED	[= <b>Restricted Zone</b> = where FMDV is manipulated and/or which contain infected animals]
ORANGE	[= <u>support</u> services and access to the <b>Restricted Zone</b> ]
GREEN	[general access and administration].

RED, ORANGE and GREEN zones are situated within the **Controlled Zone** = area within the outer security barrier or fence of the facility.

The minimum requirements are to clearly define and document the zones under control of the BRO, including definition of the outer perimeter of the site, lower risk areas for personnel and plant access, the location and barriers of the laboratories in which FMDV is handled, and the location and access points to waste treatment (including ventilation systems).

## **II. Training**

13. The organisation should ensure that personnel are competent for their designated roles and receive appropriate training on a regular basis. In particular, training requirements and procedures for biosafety and biosecurity related training of personnel should be identified (training programme) and established (training manual) and training records should be maintained.
14. Training content and training tools should be defined taking into account the different target audiences and the individual learning differences within a facility. Training efficacy assessment should be considered wherever possible and appropriate. Training should be reviewed on a regular basis.

The BRO should be in charge of providing information and advice on biosafety and biosecurity to laboratory staff, cleaning personnel, visitors, contractors as well as to other persons working either in locations in which FMD is handled or adjacent facilities such as service areas. Personnel should be made aware of the responsibilities, the specific containment features and the risks associated with such activities.

15. Training should be provided on the specific properties of FMD, the primary and secondary containment features and the biosafety / biosecurity procedures pertinent to each facility.
16. All staff members must be appropriately informed and regularly trained in emergency evacuation procedures with special attention being given to security requirements in cases of fire.

## **III. Laboratory Biosecurity**

*Note:* Additional considerations and notes are given in ANNEX I.

The objective of Laboratory biosecurity is to protect biological materials containing FMD virus against deliberate removal from the facility.

17. It is part of the duty of care of every facility handling FMDV to ensure that it minimizes the risk of virus misappropriation by intruders and people with access rights to the facility, through measures taken following a *formal threat assessment process*.

In a threat assessment the critical assets of a facility should be identified and the facilities' vulnerability to threats should be assessed. Any decision not to undertake such an assessment requires documentation and justification. Based on the threat assessment, structural (e.g. building design, IT etc.), physical (cameras, fences, access etc.) and organisational (security policy, accessibility etc.) measures should be taken.

18. To comply with point 17, the minimum requirements are:
  - (a) *Security system* that is appropriate to detect and alert security to the presence of intruders, with a security plan in place for rapid response to intrusion.
  - (b) *Entry Recording system:* Access to the facility should be recorded to provide an audit trail of who was in the facility at any given time.

19. *Threat reduction/control measures*: Due to the unpredictability of the actual threat, controls are required to reduce the risk to an acceptable level. These controls should consider structural, physical and organisational measures and must address at least the following scenarios:

- Intruder attempting to remove FMDV from the facility by forced or fraudulent entry;
- Staff member removing FMDV from the facility;
- Shipment of virus containing materials.

#### IV. *Personnel*

20. Control of entry into and exit from the **Restricted Zone** must take place only through changing and showering facilities. This means a complete change from private or controlled area working clothes to dedicated **Restricted Zone** working clothes on entry and the reverse process on exit but with a shower before leaving the **Restricted Zone**.

21. A code of FMDV containment practice, including instructions for entry into and exit from **Control Zones/Restricted Zones**, must be available for all employees and visitors on site.

22. The FMDV containment rules and other relevant documents provided by the management must have been read and signed by each employee at the beginning of their employment. At this time, it should also be made clear to new staff that any violation of such and similar regulations may result in disciplinary actions by the management and the terms of employment should indicate this.

23. *Control of access to Controlled zones and critical areas*: A level of security checks is recommended for all individuals with access to FMDV laboratories or critical plant/service areas of these laboratories. The performance of such checks will depend on the legislation of the country and procedures should have been developed in consultation with the police and relevant government agencies of the country.

Access to FMDV containing materials in the laboratory should be restricted to trained and dedicated staff on the basis of legitimate needs. The number of individuals with access to virus storage areas should be kept as small as reasonably possible.

24. *Visitors*: There must be rules in place governing the access to controlled zones by visitors, covering at least the record keeping and the possible use of background checks. The security system should verify the identity of visitors through use of unique identifiers including passport or ID card details. The reasons for each visit and the responsible person must be recorded.

25. Visitors have to be instructed in the specific containment procedures (eg. decontamination) of each facility before entering the **Controlled / Restricted Zones**. There must be a system in place that guarantees that these procedures are properly followed.

26. *Oversight (mentoring)*: A system for oversight of new personnel should be established, such that all new staff has someone assigned for oversight who has sufficient understanding of the biosafety rules.

27. **The human resources department should establish procedures to support compliance with biorisk management procedures. At the work place, factors which might**

compromise compliance are e.g. excess work load, mobbing, bad management style or lack of oversight. Also on the level of individual employees, problems like substance abuse or mental conditions could compromise compliance with biorisk management rules.

28. Quarantine: each facility must define and apply quarantine periods for persons authorised to work in each category of **Controlled Zone**, to reduce the risk that personnel will cause a release of FMD virus as a result of virus carriage on their body. A range of quarantine periods may be defined depending on the level of exposure to virus. Depending on the risk assessment quarantine rules may be applied to other areas of a facility as well. **For the Green Zone, usually no quarantine period is necessary.**

Persons, including visitors, authorised to enter the **Restricted Zone** must agree not to keep any animals which are susceptible to FMD, nor reside on premises where such animals are kept and to abide by minimum standards of quarantine, i.e. no contact with animals susceptible to foot-and-mouth disease for at least three days.

29. Personal protective equipment; regular supply of appropriate laboratory clothing for use within the **Restricted Zone**.

## V. *Facility Design*

30. General construction of buildings and their surfaces, including ducting of the air conditioning system:

- maintain inward flow of air through doorways and other openings at all times
- properly maintained condition with a high standard of airtightness
- insect, rodent and bird proof.

31. Windows:

- Sealed, toughened and preferably double glazed, and able to withstand operating pressures and all but major impact.
- Equivalent standard in animal rooms and at a height where animals are not able to break.

32. Doors:

- warning signs at entrances:

<p><b>ACCESS FOR AUTHORISED PERSONNEL ONLY</b></p> <p><b>BIOLOGICAL HAZARD</b></p>
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- access restricted by locked doors where locks are operated from the outside. The advantages of a key-less lock system centrally controlled by the biosafety department should be explored that prevents unauthorised cutting of falsified spare keys and allows the biosafety department to reset access rights as necessary.
- airlocks provided with airtight doors which are interlocked to prevent opening of both doors simultaneously, in particular following a gaseous decontamination cycle;
- doors should be fitted with windows to allow staff outside of a room to see actions inside and provide assistance if necessary.

33. Walls, floors, ceilings:

- In many respects, the surfaces and material appropriate to Pharmaceutical facilities respecting GMP standards are also relevant to laboratories handling FMD virus. Notably, surfaces should be impervious, smooth, crevice free and easily cleaned and disinfected. Cavities within the fabric of the facility should be avoided (e.g. cavity walls) unless all penetrations of the walls, floors and ceilings are thoroughly sealed with suitable materials such as silicone mastic. Crevices and joins between surfaces should also be sealed with similar materials. Continuity of seal should be maintained between floors and walls. A continuous cove floor finish up the wall is recommended in particular for areas where major spillages will occur, e.g. animal and post mortem rooms.
- Sealed (airtight) entry of service lines.

34. *Communication*: All areas equipped with telephones and, in some areas, cameras, to ensure additional security outside of normal operations and allow staff to report issues including accidents and incidents without leaving work area.

35. *Emergency back-up power*: The laboratory facility should be equipped with a back-up source of electricity (an emergency generator) which starts with a delay of no more than a few minutes in the event of power failure. Alternatively, it is acceptable if the commercial power supplier is able to guarantee a supply from an alternative source within a few minutes of the main power failure. The delay period that is permissible will depend on the airtightness of the key buildings in the facility where virus in aerosol form may be present. In the design of a **Restricted Zone** facility, special attention should be paid to the critical electrical supply circuits such as air handling systems, cold stores, safety cabinets, and other equipment and installations relating to the security and safety of the facility. There should be no possibility of the emergency supply being diverted from critical circuits by less important demand from non-critical equipment. Thus, the critical supply circuits would include air handling systems, cold stores, safety cabinets and other equipment and installations relating to security and safety of the facility.

## VI. *Handling of FMD virus*

36. *Recording receipt of virus containing materials*: A system should be in place for recording receipt of specimens or samples known or reasonably be suspected (to contain FMDV. The accompanying type and strain identification, or such information generated by the laboratory, respectively, should be recorded.

37. Except in cases when this is not technically feasible (e.g. during large animal experiments and post-mortem examinations), materials known or expected to contain FMD virus must either be kept within closed vessels or in devices that in combination with suitable operating procedures will function as primary containment. Such devices should be equipped with suitable filters, for example HEPA filters for which the requirements are defined in the Glossary, or equivalent off-gas or vent filters (primary containment). A suitable disinfectant should be kept close to the work areas such that a spillage can be rapidly dealt with.

38. In areas where only small quantities of virus are handled (10 litres or less of cell culture), liquids and suspensions containing FMDV should be inactivated by a

validated procedure, for example, dilution in disinfectants, before disposal into the liquid waste system of the facility.

39. When large quantities of virus are processed (e.g. for vaccine production), it is necessary to transfer virus with a contained system of vessels, pipes and other equipment. To permit fluid transfers, air needs to enter and exit equipment and infectivity must be efficiently removed by a suitably validated procedure. Usually, this is done by filtration and a number of manufacturers supply filters capable of removing FMD virus with very high levels of efficiency. Procedures are also required for decontamination of vessels, pipes and other equipment after the process has finished and before the process is either repeated or items are opened or stripped down for cleaning or maintenance. Usually this will require a chemical decontamination stage followed by steam sterilization.
40. Inoculation of animals, maintenance of infected animals and post-mortem examinations must take place within the **Restricted Zone** in rooms (normally dedicated animal or post-mortem rooms, respectively) that in combination with suitable operating procedures function as a primary containment. [see glossary] Personnel must wear appropriate and comprehensive protective clothing to minimise exposure of body surfaces to virus splashes and aerosols when handling virus suspensions and when inoculating or handling infected animals. On exit from an animal and post-mortem rooms, protective clothes and footwear must be left inside these rooms or in ante-rooms to these rooms. Showering and complete change of clothes is required before the operator can move to an area not operating under a negative pressure/air filtration system.
41. Movement of materials known or expected to contain FMD virus out of one zone (eg laboratory), to another zone (e.g. animal rooms) on the same site must be governed and made by a set of procedures that prevent possible loss or spillage of virus in a non-**Restricted Zone** of the facility. As a minimum requirement, such materials are transported between the zones within a leak and break proof container. Staff making such transfers should be fully authorised to do so and be familiar with the emergency response procedures in the event of accident or incident.
42. Laboratory facilities and equipment must be cleaned and appropriately disinfected at regular intervals. In particular, benches and other flat surfaces exposed to virus should be wiped down with a suitable disinfectant as soon as open work has finished.

## VII. Air Handling – Live Virus Facilities

*Note:* Additional considerations and notes are given in ANNEX I.

### Ventilation systems

43. *Negative pressure ventilation system:* All facilities used for the handling of FMDV must operate under a negative pressure ventilation system with HEPA filtration of exhaust air and systems to prevent air escape on the inlet supply.

In areas where only small quantities of virus are handled (10 litres or less of cell culture), the minimum negative pressure should be 35 Pa <sup>1</sup>but due consideration needs to be given to ensure a gradient from the periphery of the **Restricted Zone** to the area

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<sup>1</sup> 1 pascal (Pa)  $\equiv 1 \text{ N/m}^2 \equiv 1 \text{ J/m}^3 \equiv 1 \text{ kg}/(\text{m}\cdot\text{s}^2) \equiv 0.102 \text{ mm water column}$

where virus is handled. From a practical perspective, it is difficult to achieve gradient steps of less than 10 Pa and this will tend to dictate the choice of pressure in the most negative part of the **Restricted Zone**. For areas where larger quantities of virus are handled such as large scale virus production rooms and large animal rooms, the minimum negative pressure should be 50 Pa. A system should be in place to prevent a positive pressure occurring within the building due failures or faults within the **Restricted Zone** ventilation system.

44. *Exhaust air filtration system:*

Laboratories: Double HEPA filtration of exhaust air. Use of a single HEPA filter may be acceptable, provided that it is demonstrated that open work with live virus is at all times restricted to within biological safety cabinets (BSC) which have HEPA filtration of exhaust air, thereby maintaining an effective double HEPA filtration following open work.

Animal rooms Double HEPA filtration of exhaust air is obligatory.

Production laboratories: Double HEPA filtration of exhaust air is obligatory.

45. *Inlet air supply:* A system must be in place to prevent escape of air via the inlet in case of ventilation shut-down. This may be achieved by a single HEPA filter or automatic dampers in the air inlet system.

46. The air pressures within the different rooms of a **Restricted Zone** should be continuously monitored by manometers and a system must be in place so that staff working in these areas are informed if significant loss of air pressure occurs and the actions to be taken. Manometers should be labelled to indicate the working pressure and the minimum and maximum limits within which open virus work is permitted. Under any of these alarm conditions, the primary action is to cease all open virus work and secure the workplace by sealing virus containers and disinfection of surfaces and protective clothing. The opening of doors leading to the contained area or to rooms containing infected animals or carcasses should be avoided as far as possible until the pressure difference has been restored.

47. All critical filters (HEPA) should be incorporated into a preventative maintenance programme. In particular, the efficiency of HEPA filters should be checked at least once per year, and in line with requirements of EN 14644.

48. When HEPA filters are installed or replaced, an in-situ efficiency test must be carried out by trained personnel with validated equipment. Replacement of HEPA filters must be performed in accordance with an authorised procedure. Strict precautions must be taken to prevent the spread of virus with used filters or contaminated air. Replacement of filters from outside the **Restricted Zone** must take place after decontamination "in situ" or in "safe change" air-handling units. Filter specifications and test results supplied by the manufacturer should be incorporated into the maintenance records but cannot replace in-situ testing because filters may have been damaged during transportation or may not have been fitted into the gaskets properly during installation.

49. Filters must be changed when the pressure difference exceeds certain limits in accordance with the instructions given by the manufacturer, or sooner if the filter fails one of the prescribed efficiency tests. Additionally, it may be necessary to change some filters more frequently if they are subject to high humidity or high particle challenge.

50. Animal rooms – prefilters should be designed in a way that they can be changed without shut-down of the ventilation system.
51. HEPA filters in safety cabinets should also be checked at least once per year. Movement of safety cabinets should be accompanied by re-validation of the filter integrity due to possible flexing and movement on the filter cartridge or filter housing.
52. Off-gas or vent filters require testing on installation and at least once per year.

## **VIII. Waste management**

### **Effluent**

53. Effluent from **Restricted Zone** laboratories and from facilities holding FMD infected or potentially infected animals must be treated in a manner which ensures that there is no residual infectivity in the effluent using a suitable validated procedure. Both heat and chemical treatment may be used to process the effluent provided all of the material in the effluent is exposed to the specific treatment.
54. The treatment must be validated for the highest virus load and the most difficult matrix that can reasonably be expected. The possibility that virus particles may be protected from inactivation by proteins or lipids, and/or by aggregation or precipitation, must be taken into account in the validation process.
55. The entire effluent treatment system must comply with high containment conditions. In every case it must be ensured that no leakage from the primary containment system into the environment can occur.
56. There must be sufficient storage capacity (tanks) for the storage of untreated effluent.
57. The equipment must have automatic monitoring systems to ensure proper function. These systems must ensure that the required conditions for inactivation of FMDV have been reached before the effluent is discharged. The systems should be continuously monitored and all critical data recorded. The system should be designed in a way that in case of any failure, the likelihood of a release of potentially infectious material is minimised.
58. Treatment options:

*Heat treatment:* FMD virus is quite sensitive to heat at 100°C for 1 hour or an equivalent heat effect has been shown to be sufficient to inactivate FMDV in effluent to the extent that no residual infectivity can be detected. The treatment process should be monitored by multiple, automatic and continuous time and temperature measurements, combined with automatic measurement of flow rates or volumes. Any treatment system must ensure homogeneity of the effluent during the inactivation process. All data relevant to the inactivation process and the release of effluent must be recorded. Critical data measuring and logging equipment must be validated by qualified personnel at least annually.

*Chemical treatment:* FMD virus is quite sensitive to acid and alkaline pH conditions. NaOH or Na<sub>2</sub>CO<sub>3</sub> or other alkaline treatment at pH 12 for at least 10 hours has been shown to be sufficient to inactivate FMDV in effluent and are particularly effective because of their action on concentrated biological effluents. As with heat, thorough mixing of the materials must be ensured. The treatment process should be monitored by multiple, automatic and continuous time and pH measurements. After treatment, the

materials must be neutralized and the pH checked before the effluent is released. All data relevant to the inactivation process and the release of effluent must be recorded. Critical data measuring and logging equipment must be validated by qualified personnel at least annually.

**Solid waste** (animal carcasses, feedstuffs, laboratory waste etc.)

59. The principle requirement is on-site inactivation of FMDV in waste using a validated method.

60. These methods include:

- Sterilisation by steam using an autoclave (at least 115°C for 30 minutes or equivalent heat effect). It is essential that the different autoclave load types (eg plastic waste, paper waste, waste liquids) are each validated for the maximum load size with thermocouples at different locations within the load including the centre of the load. Typically, autoclave periods are 30 min or more. Autoclaves should be double-ended so that treated waste does not need to re-enter the **Restricted Zone**. Autoclaves should be revalidated at least annually by experienced personnel. Depending on the national requirements, it may be necessary to dispose of the autoclaved waste by incineration on or off the site.

**Rendering of carcasses, in compliance with the requirements for category 1 animal by-products (Regulation (EC) No 1069/2009 and Regulation (EC) 142/2011).**

- Incineration on site. The incinerators must comply with current safety standards and be fitted with afterburners.

61. *Emergency procedures*: A similar level of safety must be demonstrated for procedures used when normal waste treatment procedures can not be followed, e.g. because of a breakdown of equipment. Emergency procedures must be documented in the laboratory emergency plans, and include procedures for storage until treatment and final disposal.

## **IX. Equipment and Materials**

### **Laboratory fittings**

62. *Benches* shall be smooth, impervious and resistant for any chemicals used in the facility. Junction between horizontal and vertical surfaces should be radiused.

63. *Centrifuges, sonicators, homogenizers and other equipment* must be designed so as to contain aerosols or be used within safety cabinets where any aerosols generated will not escape to the atmosphere of the restricted laboratory.

### **Removal of equipment and other material**

64. Before removal from **Restricted Zones**, equipment must be decontaminated according to the size and use of the equipment:

- either by steam sterilization within an autoclave, at 115°C for 30 minutes, or an equivalent heat effect, or
- after surface disinfection, fumigation with formaldehyde (10 g/m<sup>3</sup> at 70 % RH) for at least 10 minutes or (3 g/m<sup>3</sup> for 24 hours or equivalent with other aldehydes, e.g. glutaraldehyde, or ethylene oxide (0.8 g/litre at 50°C for 1.5 hours ). Equipment, for example contractors' tool boxes, laptops, etc. which is fumigated out of a **Restricted**

**Zone** should be cleaned and be opened as much as reasonably possible to allow penetration of the gaseous fumigant; or

- thorough washing in an appropriate chemical disinfectant<sup>2</sup> such as:
  - 4 % Sodium Carbonate or 10% washing soda ( $\text{Na}_2\text{CO}_3$  Dehydrate);
  - 0.5 % caustic soda ( $\text{NaOH}$ );
  - 0.2 % citric acid;
  - 4 % formaldehyde or equivalent with other aldehydes, e.g. glutaraldehyde; or
- an equivalent disinfection protocol officially approved for the purpose.

65. Decontamination of clothing before removal from the **Restricted Zone** for laundry must include a wet heat treatment step (autoclaving at a temperature of at least 115°C for 30 min, or equivalent heat effect). A laundry process without autoclavation is permitted if performed on-site in a double-ended pass-through laundry device. Such a laundry process must include a validated alternative inactivation step.

66. Documents should be sent out of the **Restricted Zone** preferably in electronic format (fax, scans, electronic documents, e-mails etc.). In case papers have to be taken out of the **Restricted Zone**, they must be treated by a validated procedure e.g. autoclaving, irradiation or ethylene oxide treatment. In cases when only low levels of contamination can reasonably be expected and following risk assessment, paper can be sealed and kept at  $> 20^\circ\text{C}$  for two years before being taken out of the **Restricted Zone**.

### **Removal of biological material from the Restricted Zone**

67. Before sending non-FMD biological material to another laboratory which lacks the required level of containment, the necessary precautions must be taken to ensure that the material does not contain FMDV.

Thus if the source of the biological material is a restricted laboratory area, it is essential that it is subject to an innocuity test to demonstrate freedom from FMDV or a validated treatment that destroys FMDV infectivity.

The recipient laboratory must be informed about the potential risk of material coming from a laboratory manipulating FMDV. The recipient laboratory must further sign a statement that it is prepared to receive the material and that it will take the necessary precautions.

68. For the shipment of FMDV containing materials to other laboratories an innocuity test is not required if the material is sent to a high containment laboratory licensed to handle live FMDV.

The laboratory which provides FMDV to another laboratory has a duty of care to ensure that the recipient laboratory is authorised to handle FMDV. Before shipment, it has to ask for a statement from the recipient laboratory that it is requesting the virus only for legitimate purposes and will not redistribute the virus to other laboratories

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<sup>2</sup> *Note:* The efficiency of these chemical disinfectants is considerably improved by the addition of a non-ionic detergent.

without written consent. The sending of materials containing FMDV is subject to international requirements governing transportation.

***X. Decommissioning containment compartments for maintenance or renovation purposes.***

*Note:* Additional considerations and notes are given in Annex I.

69. Maintenance or renovation work that may compromise the integrity of the containment barrier thus possibly allowing the escape of air or liquids must be preceded by an assessment of the risk and a safety plan.

70. Decontamination of rooms/compartments, to reduce the risks to an acceptable level, are required before these can be decommissioned permanently or temporarily, for example during renovation.

*Standard Treatment procedures* include fumigation with formaldehyde after making the room effectively air-tight.

71. Waste building materials generated by demolition and redevelopment and other potentially contaminated materials must be treated in a way that any residual infectivity is inactivated. If autoclaving is not feasible, it should be sprayed or fumigated to disinfect surfaces, and then stored on site for 6 months before removal.

## Glossary

Terms are in line with the proposed “Laboratory Biorisk Management Standard” (CEN draft document for public comment, 2007-07-25)

**Biorisk (adapted from OHSAS 18001:2007):** combination of the likelihood of the occurrence of an adverse event involving exposure to biological agents and toxins and the consequence (in terms of accidental infection, toxicity or allergy or unauthorised access, loss, theft, misuse, diversion or release of biological agents or VBM) of such an exposure.

**Biorisk officer (BRO) or biorisk advisor (Biosafety / Biosecurity Officer):** a staff member of an institution who has expertise in the biohazards encountered in the organisation and is competent to advise top management and staff on biorisk management issues.

**Biosafety (adapted from: WHO/CDS/EPR/2006.6):** Laboratory biosafety describes the containment principles, technologies and practices that are implemented to prevent the unintentional exposure to biological agents and toxins, or their accidental release.

**Biosecurity (adapted from: WHO/CDS/EPR/2006.6):** Laboratory biosecurity describes the protection, control and accountability for valuable biological materials within laboratories, in order to prevent their loss, theft, misuse, diversion of, unauthorised access, or intentional release.

**Restricted Zone:** area of the facility where FMDV or diagnostic samples submitted for FMD testing is manipulated and/or which contain infected animals, bounded by physical barriers to prevent air and fluid escape except through air filtration and waste treatment systems.

**Controlled Zone:** area within the outer security barrier or fence of the facility, containing the Restricted Zone, the services for the Restricted Zone, and zones for access and administration.

**Open virus work, or open work:** describes the handling of materials containing FMDV (usually liquids) in which exposure to room air occurs, for example during the pipetting of liquids into containers, and the subsequent exposure of the liquid handling object (pipettes etc) to air.

**Primary containment:** measures that contain the live virus at source, within closed containers or within a class I, II or III microbiological safety cabinet, or for animals, by physical containment in specially constructed rooms with treatment of all waste including the HEPA filtration of air.

**HEPA filter:** High Efficiency Particulate Air filter: the classification of HEPA filters is on the basis of efficiency of removal of the most penetrating particle size, and set by international standards (EN1822). In the context of this minimum standard, all HEPA filters must at least meet H13 requirements. However in order to increase the margin of safety, H14 filters are recommended.

HEPA filter performance requirements are defined by EN1822; to classify as H13, the filter must remove > 99.95% of particles of the most penetrating particle size (~0.15 µm). A leak is defined as penetration > 5 times the required integral efficiency, i.e. 5 times 0.05% = 0.25%. To classify as H14, the filter must remove > 99.995% of particles of the most penetrating particle size (~0.15 µm). A leak is defined as penetration > 5 times the required integral efficiency, i.e. 5 times 0.005% = 0.025%.

## ANNEX I

### *Additional Considerations and Examples*

#### *I: Establishing an FMD incident risk rating system*

Each facility should establish a risk rating system and an associated set of incident management procedures, including reporting and responsibilities in the event that a high risk incident occurs.

Risk is the product of consequence and likelihood. The consequence of an FMD escape into susceptible livestock (resulting in an outbreak) is huge.

In establishing a risk rating system, the following factors should be considered:

- Where does the incident occur? (for example in an animal room)
- What type of event? (for example a visitor leaving without showering)
- How much potential virus exposure or loss? (for example number of persons, time or volume)
- To where was the virus release? (for example outside of the high containment area, to ruminants, to areas within the perimeter of the facility).

Each facility should establish their own risk rating system, taking into consideration e.g. the history of incidents, estimations of likelihood, objective data, and computer simulations. The risk rating system and reporting requirements should be agreed at the level of the top management of the facility, and reviewed on a regular basis.

Once established, the risk rating system can be used in training of staff on their reporting requirements, setting out the types of event or that should be reported to the line manager and/or biorisk officer.

### Example of a risk rating system

Where		What		How much*		To where	
5	Animal room containing FMD infected pigs.	5	Potentially contaminated person, without showering	5	Unknown or very high or long time: > 1 L or Kg fluid or material/day. >10 days air. > 50 persons.	5	Outside containment, probable exposure of FMD susceptible animals.
4	Animal room containing FMD infected animals (not pigs).	4	Potentially contaminated waste.	4	High: 10 – 100 ml or gram fluid of material / day. 1 – 10 days leakage of air. 5 – 50 persons.	4	Outside containment, to Yard or farm with FMD susceptible animals.  In contact with other (not FMD) Vet.Bios.Level 3 and 4 susceptible animals.
3	Lab undertaking FMD virus work  Or  During the first half of the FMDV disinfection process of formaldehyde or steam autoclaves or EthyleneOxide sterilizers.	3	Potentially contaminated air.  Or  Potentially contaminated person, after showering	3	Moderate: 1 – 10 ml or gram fluid or material / day. 1 – 24 hour leakage of air. 2 – 5 persons.	3	Outside containment, to NON FMD susceptible animals
2	Lab not handling FMD virus but within common building/containment to labs handling FMDV  Or  During the second half of the FMDV disinfection process of formaldehyde or steam autoclaves or Ethylene Oxide sterilizer.	2	Potentially contaminated fluid.	2	Little: < 1 ml or gram fluid or material / day.  <1 hour leakage of air. 1 person.	2	Outside high containment suite but on terrain of the institute
1	In engineering maintenance areas – HEPA filter replacement, etc	1	Other Potentially contaminated items	1	Very little  << 1 ml or gram fluid or material / day.  <<1 hour leakage of air.	1	In engineering maintenance areas – HEPA filter replacement, etc

\* temperature, humidity, expired time will also have influence on this issue

Relative risk = where x what x how much x to where

Example

A person who was working in the laboratory where live FMD is handled was observed to pass to the area outside of high containment, without taking a shower, but did not leave the perimeter of the facility.

Risk rating:  $3 \times 5 \times 2 \times 2 = 60$

relative risk	$\leq 20$ is 'Acceptable'	21 – 60 is 'Low'	61 – 250 is 'Substantial'	>250 is 'Catastrophic'
decisions	Report Biorisk Officer.	Report Biorisk Officer. Report Biorisk Committee. Report General Manager.	Report Biorisk Officer. Report Biorisk Committee. Report General Manager. Call together Crisis Team. Decision about the necessity to inform authorities.	Report Biorisk Officer. Report Biorisk Committee. Report General Manager. Call together Crisis Team. Report to Regulatory authority/Chief Vet. Officer

## ***II: Improvement of biorisk management through analysis of incidents***

Management should take a high interest in learning from reported incidents. Each may be considered a form of failure or non-conformity to the expected performance of the risk control measures, and occur as a result of failure in the engineering controls and/or personnel related control measures.

The cause of each event may be categorised as:

Related to engineering:

- hardware (as facilities and equipment)
- design (as irrational lay-out and ergonomics)
- maintenance (as planning and availability)
- procedures (as standard operations and relevance)
- defences (as protective equipment and signals).

Related to personnel management:

- error-enforcing conditions (as occupational health and attitude)
- housekeeping (as tidiness and discipline)
- incompatible goals (as costs and safety)
- communication ( as interpretation and point of time)
- organization (as responsibilities and authority)
- training (as knowledge and experience).

## ***III: Threat assessment***

In deciding upon undertaking a threat assessment, the following should be considered:

1. The threat of criminal use of FMDV for any malicious purpose has to be carefully assessed to determine the additional risk that arises from operating FMDV facilities. FMDV laboratories have exclusively peaceful objectives concerned with development and implementation of control measures. They are critical for the technical cooperation with veterinary services around the world in order to minimize the economic impact of FMD on livestock and economies. The threat of criminal use of FMDV is subject to major change as the political agenda of terrorist group changes.
2. The threat and consequences of a terrorist attack will vary by country. Because of the transboundary nature of FMD, there is also the possibility that a deliberate release may occur in another, possibly neighbouring, country. For this reason, effective control measures need to be consistently applied throughout all EU member states that operate FMD laboratories. As the motivation for a deliberate release may change unpredictably over a very short period, effective control measures need to be sustained at all times and be sufficiently flexible to allow an enhanced response if required.

Facilities permitted to handle FMDV are obliged to prevent illegal access and removal of the virus. As a consequence, such access to laboratory-held virus must be substantially more difficult than acquiring the virus in the field.

*Threat reduction/control measures:* due to the unpredictability of the actual threat, controls are required to reduce the risk to an acceptable level. These controls should consider structural, physical and organisational measures and must address the following:

3. Intruder attempting to remove FMDV from the facility by forced or fraudulent entry.

Appropriate controls include 1) physical security measures restricting access to authorised staff and contingency plans in the event of intrusion, 2) secure storage of virus containing materials including maintenance of inventories of stocks.

4. Staff member removing FMDV from the facility

Appropriate controls include 1) vetting of persons before authorisation of access, and escorts for persons allowed temporary access when security clearance is not available; 2) restricted access to FMDV virus material in the lab to trusted staff on the basis of a legitimate need, 3) access to the facility is logged [and records maintained for at least two years] to provide an audit trail of who was in the facility at any given time. 4) Design of the laboratory or facility such that the number of staff needing to enter the secure areas is limited. Eg some engineering aspects of the design of the facility can be arranged so that certain services can be maintained from outside of the security envelope.

5. Shipment of virus containing materials

Appropriate controls include standard procedures before authorisation, including receipt of adequate information from the intended recipient of its authority to handle FMDV, and written agreement that the recipient laboratory will not redistribute the virus to other laboratories without applying the same risk assessment and will adhere to relevant national or international legislation relating to shipment and supply of dangerous animal pathogens.

#### ***IV: Air-handling***

1. Depending on the small animal species, route and nature of infection and method of animal containment and handling, quite high titres of virus in relatively uncontrolled conditions might be produced. Consideration should be given to the appropriate negative air pressure requirements, with 35 *pascal* negative pressure as the minimum.
2. Provisions must be in place to ensure that in the **Restricted Zone** no overpressure is generated. One approach is to interlock the inlet and extract fans so that the most that can occur is that the air supply and extract fails and the negative envelope decays solely depending on the airtightness of the building. An emergency back-up extract fan is recommended so that the negative envelope can be restored in the event of the main extract fan failing and this also should be interlocked to the supply fan to avoid very high negative pressures which may cause damage to the fabric of the building. As an alternative, the air extraction plant can be divided into several parallel sections so that the negative pressure can be maintained if one section fails or is shut down.
3. It is advisable to have and maintain other filters within the air handling system, notably, prefilters upstream of the HEPA filters. These other filters will conserve the life of the HEPA filters and reduce the need to change at the annual

maintenance interval. In properly maintained systems, it is relatively rare to change the terminal extract filter due to the efficiency of particulate removal by all of the filters upstream. However, high levels of humidity will shorten the life expectancy of filters and large amounts of dust generated by nearby building works or other activities will soon blind filters even with efficient prefilters upstream.

4. Off-gas or vent filters: This type of filter is often steam sterilised and filter efficiency testing involves different approaches such as the water intrusion test. At the smaller scale, disposal cartridge filters may be appropriate as vent filters to allow gas exchange while preventing virus escape from the container to the laboratory environment.
5. Although not widely used, sterilisation of extract air may be done by heating the air as it passes through an in-line furnace.
6. To save energy, air extracted from a **Restricted Zone** may be partially recirculated into the same **Restricted Zone** provided it passed through a HEPA filter before it re-enters the laboratory. However, the advisability of recirculation and the proportion of air recirculated will need to be considered against the quality of the air leaving and re-entering the work place and the activities within the workplace.
7. In the event that HEPA filters become blocked prematurely (ie prior to annual testing), this does not normally represent a problem in terms of the integrity of the affected filter(s), but it probable that the increased resistance to airflow and consequent problems of balancing the pressures in the different rooms of the **Restricted Zone** will necessitate changing the affected filters.

#### ***V: Decontamination of compartments:***

The compartment must be made airtight to make fumigating possible, if necessary by means of temporary panels.

Formaldehyde procedure:

1. Check the compartment and accompanying drawings for connections with containment facilities that must be closed. Close down utilities as gas, water, electricity, sewerage, steam and if possible ventilation.
2. Empty the compartment, for example by moving objects to other containment facilities. Remove porous material. Discard material via validated procedures like autoclaves and formaldehyde airlocks. Open non removable installation parts to make them accessible to vapour.
3. Clean the compartment and disinfect critical points which are possibly contaminated.
4. Prepare the fumigating equipment and shut the compartment airtight.
5. Disinfect (air)ducts and HEPA filters for example separately by injecting formalin.

Use a fumigating method in conformance with a validated procedure used for formaldehyde airlocks.

Use bioindicators, (preferably a rapid bioindicator system) to prove the efficacy of the fumigating process.

Set restrictions for access such as clothing, quarantine for people and demolition material, in order to be able to make corrections in case of accidents.

6. Inspect the maintenance and renovation activities to be performed in the compartment.

## **SECTION II. MINIMUM STANDARDS OF BIORISK MANAGEMENT FOR LABORATORIES UNDERTAKING DIAGNOSTIC INVESTIGATIONS FOR FMD IN THE FRAMEWORK OF A NATIONAL CONTINGENCY PLAN**

### **(MBRM STANDARDS FOR FMD CONTINGENCY LABORATORIES)**

#### **Introduction**

The following Minimum Standards for laboratories undertaking diagnostic investigations, refers to the laboratories mentioned in Annex XV to Council Directive 2003/85/EC which are designated by the competent authorities as “national laboratories” or in point 13 of Annex XV as “other laboratories” that would be licensed to undertake diagnostic tests as part of national contingency plans but only test samples originating from the country where the laboratory is situated by assays which do not contain or require live FMD virus as reagents or controls and which do not amplify infective virus. Such “FMD Contingency Laboratories” must operate to standards that will result in inactivation of live virus if received in samples. During an outbreak, they may offer significant advantages in respect to speed and sample throughput as the number of laboratories fully meeting the “MBRM Standards for FMDV Laboratories” is very limited. In some “FMD Contingency Laboratories”, rooms equipped with an air handling system providing HEPA filtration of exhaust air may be available for the most critical activities.

Real-time PCR has been introduced in many laboratories, e.g. regional veterinary laboratories. While the inactivation treatment prior to PCR in principle may be carried out on the suspect premises, there currently is no validated and fully satisfactory procedure that could be used for this purpose and thus opening the vessels containing potentially infectious material in a class II microbiological safety cabinet followed immediately by inactivation is considered a suitable alternative.

Furthermore, a national competent authority may decide to authorize a “FMD Contingency Laboratory” to test non-inactivated samples by antigen ELISA in order to allow these labs to confirm PCR results, maintain a back-up method in case PCR fails and to determine the serotype although this procedure poses a higher risk. The use of a lateral flow device (LFD), either on the premise or in a “FMD Contingency Lab” in a MSC, is an alternative to antigen ELISA that poses a lower risk but currently does not allow serotyping.

Serology by commercially produced FMDV-ELISA kits can be performed in many laboratories, e.g. regional veterinary laboratories, which can process samples with a high throughput. In case of an outbreak, this allows to increase the throughput of diagnostic samples significantly, which will often be a crucial factor for successful disease control and timely recovery of the previously free status. Serological samples should be opened and processed in a way that the generation of potentially infectious aerosols is minimized and air that might contain such aerosols should be released through a HEPA filter as far as possible.

While due to the dynamic nature of an FMD epidemic also samples coming from holdings without clinical signs may occasionally contain virus, samples for holdings with clinical signs suggesting the presence of FMD represent a higher risk and should be handled with special caution.

## Packaging of samples

Samples must be put into watertight primary containers (e.g. plastic tubes) and the primary containers must be packed in watertight secondary packaging, which should be a strong crushproof and leak-proof container, with absorbent material that can absorb the entire contents of all the primary containers. The packaging process must include a disinfection of the secondary packaging. The packaging should comply with packing instruction P 650 and the European agreement concerning the international carriage of dangerous goods by road (ADR) - unless the requirements for transport by air apply, which may be higher. Samples should be labelled as biological substance, category B (UN3373).

Note: If FMDV has been cultured, it is mandatory to classify it as “Infectious Substances affecting animals, UN 2900” and pack it accordingly (packing instruction P 620). For air transportation, a “Shipper’s Declaration for Dangerous Goods” is necessary.

## Laboratory biorisk management in FMD contingency laboratories

1. A biorisk officer (BRO) and deputy (DBRO) must be designated, and one or both present on-site at all periods in which samples are being received, and contactable at all periods when diagnostic activities are ongoing.
2. The BRO/DBRO must have sufficient experience and technical training to enable assessment of FMD risk and risk management procedures.
3. There must be a designated Restricted Zone with controls in place to limit human access.
4. Personnel must be authorised to enter the Restricted Zone by the BRO/DBRO.
5. Authorised personnel working in the Restricted Zone must be trained in biorisk management and evidence of the training recorded. Where facilities for the inactivation of waste from the Restricted Zone are located outside of this area, also staff working with such waste must be trained in biorisk management and evidence of the training recorded.
6. Authorised personnel must
  - (a) change clothing before entering and after leaving the Restricted Zone and shower-out before leaving the laboratory premises;
  - (b) for at least 3 days after leaving the Restricted Zone not have any contact to animals of susceptible species, nor enter buildings or enclosed fields where animals of susceptible species are kept, and not handle items used in the care of susceptible species.

The agreement of the authorised personnel to these conditions must be recorded and a reminder notice of these conditions placed in a visible location at the exit point of the Restricted Zone.

7. Entry and exit of personnel to the Restricted Zone should be recorded.
8. Entry and exit points to the Restricted Zone will be kept to the minimum— preferably a single point of entry/exit.
9. A step-over line, or other clearly demarcated boundary, shall indicate the exit point.
10. In case the shower facilities are not placed at the border of the Restricted Zone, outer protective garments, including shoes or shoes coverings, shall be removed before exit

from the **Restricted Zone**. All clothing worn in the **Restricted Zone** must be stored in a secure way, e.g. in designated lockers, until treatment.

11. An incident recording system, SOPs for risk identification and notification procedures and target response time, must be in place to ensure early notification of the authorities in the event that a risk of FMDV spreading from the lab has been identified.
12. The laboratory areas used for the receipt, testing and storage of suspect sample material must be designated and permit isolation from other essential activities in the laboratory. Once a positive sample has been identified, all potentially contaminated areas are classified as **Restricted Zone**. Access doors to this **Restricted Zone** should display a warning sign that access is restricted to authorised personnel only.
13. Changing facilities and lockers are required to enable staff to deposit unessential items outside the **Restricted Zone**.
14. Entering of the **Restricted Zone** by farmers or staff working on farms should be avoided. If possible, it should be attempted to separate vehicles bringing samples from vehicles entering the premise for other purposes.
15. Shower facilities must be available onsite, preferably at the border of the **Restricted Zone**.
16. Sample reception area
  - (a) The **Restricted Zone** must contain a specified area for **sample reception** which must
  - (b) be easily disinfected in the event that leakage of samples occurs into packing materials or following opening of the packages;
  - (c) be equipped to enable repacking of samples into appropriate transport containers for dispatch to laboratories meeting the MBRM Standards for FMDV laboratories.
  - (d) have suitable facilities for waste disposal and have hand-washing facilities at exit points.
17. Sample preparation area
  - (a) The **Restricted Zone** must contain a specified area for serum separation and/or RNA extraction.
  - (b) This area must have suitable facilities for surface disinfection and waste disposal and have hand-washing facilities at exit points.
  - (c) Samples originating from a holding with clinical signs indicating the possible presence of FMD pose a higher risk. They must be opened and the subsequent liquid handling steps be carried out in a microbiological safety cabinet (MSC). Centrifugation should be carried out in closed rotors or sealed centrifuge buckets, which can contain a spillage in case the primary vessel fails.
  - (d) Viral infectivity must be inactivated before further processing in all cases where this does not affect the intended diagnostic tests, e.g. by mixing with an appropriate buffer containing chaotropic salts prior to RNA extraction.

- (e) Serum samples should be pre-treated by thermal inactivation for 2h at 56 °C in order to reduce infectivity titres as far as this is possible without impairing the intended serological testing regime.

18. Testing area

- (a) The **Restricted Zone** must contain a designated area for testing.
- (b) This area must have suitable facilities for surface disinfection and waste disposal and have hand-washing facilities at exit points.
- (c) The testing of serum samples originating from a holding with clinical signs indicating the possible presence of FMD by ELISA for antibody must be carried out in an MSC as far as possible.
- (d) The testing of samples of vesicular material for antigen e.g. by ELISA or LFD poses the highest risk of all activities carried out in “FMD Contingency Laboratories”. It must be carried out in a way that all liquid handling steps are performed in a MSC. If an incubator is used to guarantee the required incubation temperature, plates should be sealed or placed in a suitable secondary vessel.
- (e) The testing of samples originating from a holding without clinical signs indicating the possible presence of FMD by ELISA for antibody should be carried out in a way that aerosol generation and spread is minimized. In particular, the initial steps including the first washing step are critical.

19. Sample storage area

- (a) The **Restricted Zone** must contain a specified area for the storage of samples.
- (b) This area must have suitable facilities for surface disinfection.

20. Communications and reporting office space

The laboratory must have an adequate provision of office space, computing and communications facilities (e.g. electronic communications, facsimile) to reduce the need to a minimum for staff, papers and physical records to exit the Restricted Zone.

21. Rest rooms

The **Restricted Zone** should have sufficient rest rooms and lavatory facilities in relation to the staff number expected at peak periods of activity, sufficient to reduce the need to a minimum for staff to exit the **Restricted Zone**.

22. Location of autoclave

Facilities for heat treatment with saturated steam must be present on the site, preferably with sufficient capacity for throughput at the maximum operating capacity of the laboratory.

23. Liquid waste

- (a) Heat or chemical treatment of all waste water through a validated effluent treatment system is the preferred method, in compliance with requirements specified for FMD laboratories.
- (b) Alternatively, or additionally, the laboratory may demonstrate that it has put in place a robust management system for inactivation liquid waste that is potentially contaminated with virus or has contacted risk materials. If treatment

of all liquid waste from the **Restricted Zone** (including waste water from the showers) is not possible, at least the ELISA buffers and washing fluids must be collected and treated.

24. Solid waste

- (a) For biological, solid waste, and all solid disposable materials that have been in contact with potentially infectious specimens, treatment by wet-heat in an autoclave within or at an entrance point to the **Restricted Zone** is the preferred option.
- (b) If such a treatment of all solid waste is not possible, it may be packaged into suitable hermetically sealed containers, surface decontaminated by a validated method at the exit from the **Restricted Zone** and removed for autoclaving outside of the **Restricted Zone**. Only if waste has been effectively chemically decontaminated prior to packaging may it be transported as clinical waste under ADR regulations (UN 3291).

26. Removal of equipment, materials and clothing from the **Restricted Zone**

- (a) Removal of any material and equipment from the **Restricted Zone** shall be subject to authorisation by the BRO.
- (b) The reason for removal, date and destination will be recorded.
- (c) The BRO will ensure that materials and equipment which has been in contact with risk materials (specimens) will not be removed from the **Restricted Zone** without a validated treatment to inactivate FMDV.

27. Declassification of the **Restricted Zone**

- (a) A decontamination plan must be agreed with the competent authorities, before restrictions can be lifted.
- (b) If heat treatment or scanning of all paper from the **Restricted Zone** is not possible, it should be packed into suitable containers, which should be disinfected and kept under lock for at least two years. If the containers have to be opened before, this has to be done in a **Restricted Zone** meeting the standards described above.
- (c) All clinical specimens handled in the **Restricted Zone** during a period when potentially infectious FMDV material was handled, should be considered as potentially contaminated with FMDV and should be destroyed before the declassification of the **Restricted Zone**. Alternatively the material needs to undergo a validated inactivation process and surface decontamination in order to be released. These samples and processes have to be approved by the BRO and/or the competent authority and documentation on these samples has to be maintained until the samples are destroyed by autoclaving, incineration, or a method approved for category 1 animal by-products (Regulation (EC) No 1069/2009 and Regulation (EC) 142/2011).