



**Standing Group of Experts on Lumpy Skin Disease (SGE LSD)  
in South-East Europe**  
under the GF-TADs umbrella

**Ninth meeting (SGE LSD9)  
Athens, Greece, 16-17 October 2019**

**Recommendations**

Considering that:

- A coordinated vaccination policy has been in place in South-East Europe for (4) four years, from 2016 to 2019;
- There has been no LSD outbreak in the region of South-East Europe for (2) two consecutive years: 2018 and 2019;
- The steady improvement of the LSD epidemiological situation in South-East Europe confirms, once more, the importance of a regional approach for LSD control and the effectiveness of massive vaccination with homologous vaccines aiming at a high vaccine coverage;
- In the light of the current favourable epidemiological situation and in line with the recommendations of the SGE LSD7 (October 2018), it is appropriate to further advance the discussion on the regional LSD vaccination exit strategy that was launched in 2018;
- LSD remains present in Anatolia, Turkey;
- All recommendations of SGE LSD7, except for recommendations 6 and 15, remain fully valid/applicable.
- The long term strategic objective of the LSD vaccination exit strategy in South-East Europe remains the same, as described during SGE LSD7: "Elimination of LSD, accompanied by cessation of vaccination in the region, while addressing the risk of disease recurrence, with a view to restore LSD freedom as it was before the occurrence of the disease and implementation of vaccination";

**Recommendations on LSD vaccination in 2020**

1. Cessation of LSD vaccination should take place in a coordinated manner ensuring the continuation of the regional coordinated policy of the previous years;
2. The decision of the competent authorities of a country/territory to continue or stop LSD vaccination in this country/territory or a zone thereof, in 2020, should be based, among other

factors, on the LSD occurrence in the country/territory or zone in the previous years, the vaccination coverage achieved during the past 2 years and the possible risk of disease introduction from neighbouring countries/territory, as further detailed in recommendation number 5 of the SGE LSD7;

3. Based on the information made available during the meeting and country/territory reports, and on the condition that no new LSD outbreaks occur in South-East Europe and high vaccine coverage has been achieved in the rest of the countries/territory in the region by the end of this year, LSD vaccination should at least continue in Turkey, Albania and the high risk areas of Greece and Bulgaria;
4. To this end, all countries/territory in the region should submit to the GF-TADs Secretariat ([rsr.bruxelles@oie.int](mailto:rsr.bruxelles@oie.int) and [k.jazdzewski\\_ext@oie.int](mailto:k.jazdzewski_ext@oie.int)) a final report detailing the LSD vaccine coverage achieved in their territories in 2019 and any LSD occurrence, no later than 31 January 2020;
5. The possibility to continue LSD vaccination in other countries/territory in the region than those mentioned in recommendation 3 above, will be discussed again in early 2020, in the framework of a teleconference;
6. All countries/territory in the region of South-East Europe, including those that do not implement vaccination, should maintain the capacity to purchase sufficient vaccine doses, within short time, in case of LSD primary incursion in a previously free country/territory or in case of LSD resurgence or reintroduction in a country/territory or region where vaccination has ceased;
7. The use of homologous vaccines in the region of Turkish Thrace in 2020 should aim at high vaccine coverage. This measure will be an important contribution to the overall LSD exit strategy in South-East Europe;
8. Given the current LSD situation in Anatolia, the countries of the Caucasus region and Turkey should take all necessary measures to prevent LSD spread and persistence, including vaccination and animal movement controls as needed. Vaccination should be conducted using the adequate measures to ensure high immunity, including the maintenance of the cold chain;
9. Where vaccination is to be still applied, previous recommendations on the preferred type of vaccines (homologous) remain valid. In addition, vaccination should always aim at high vaccine coverage to ensure effectiveness. When heterologous vaccines are used, consideration should be given to the use of 10 x sheep dose, at least in high risk areas.

### **Recommendations on LSD surveillance in 2020**

10. It is of utmost importance that cessation of LSD vaccination is accompanied by the implementation of appropriate active and passive LSD surveillance for a period of at least two years, to prove the absence of LSD and ensure early detection in case of resurgence or reintroduction from affected areas. All countries/territory in South-East Europe should submit to the GF-TADs Secretariat ([rsr.bruxelles@oie.int](mailto:rsr.bruxelles@oie.int) and [k.jazdzewski\\_ext@oie.int](mailto:k.jazdzewski_ext@oie.int)) their LSD surveillance plans for 2020, by 31 of January 2020. Financial support should be available for the implementation of this surveillance.
11. Recommendations 8, 9 and 10 of SGE LSD7 on the selection of the most appropriate LSD surveillance strategy for a country/territory or region remain valid. Passive surveillance should remain in place, in all countries/territory, throughout the year, with all clinical suspicions subject to lab tests to confirm or rule out LSD. Active surveillance should include at least periodical clinical visits in holdings and serological testing of non-immune animals;

### Recommendations on other activities regarding LSD

12. Following reports from the Russian Federation on circulation of LSD recombinant and vaccine-like strains, the safety and effectiveness of vaccines used should be constantly monitored (see also recommendation 2 of SGE LSD7) and samples from new events submitted for further laboratory investigation;
13. All countries/territory in the region should continue to share information on the occurrence of LSD (WAHIS, ADNS) and are encouraged to exchange materials and methods between them and with the EURL. Collection and analysis of data on LSD should also continue, with the support of EFSA;
14. All countries, members of the OIE Regional Commission for Europe, affected or at risk for LSD, should collaborate within the GF-TADs in providing information regarding their decision to continue or stop LSD vaccination in 2020 as well as the LSD surveillance scheme they intend to implement;
15. Armenia and Azerbaijan are welcomed as new members of the SGE LSD group.
16. A teleconference will be organised in early 2020 to review the situation and discuss the possibility to continue LSD vaccination in additional countries/territory/areas, other than the ones mentioned above as well other relevant issues (vaccine supply and surveillance).  
The SGE LSD10 will take place in the margins of the 88<sup>th</sup>OIE General Session (May 2020), in Paris, France.  
The SGE LSD11 will be organised in late 2020 (note is taken of the kind offer to organise this meeting in Israel).