



## Standing Group of Experts on LSD in South-East Europe under the GF-TADs umbrella

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

#### REPORT

#### Summary

The ninth meeting of the standing group of experts on lumpy skin disease (SGE LSD9) took place in Athens, Greece, on 16 and 17 October 2019. On top of LSD, it included an additional session dedicated to Rabies. 23 countries/territory attended the meeting.

**As regards the main session on LSD**, the countries/territory presented their epidemiological situation, activities and plans for 2020. Overviews were presented by the OIE (on the LSD situation in Central Asia), the European Commission and FAO, while experts provided some insights on the epidemiology of the disease in Israel and Russia, as well as on the main recommendations from EFSA and the diagnostic tools (EURL). The discussion focused on the continuation of the vaccination exit strategy in the Balkans. The standing group of experts eventually recommended, in particular, that vaccination be maintained in 2020 at least in Turkey, Albania and the high-risk areas of Greece and Bulgaria; that all countries/territory in the region submit to the GF-TADs Secretariat, no later than 31 January 2020: 1/ a final report detailing the LSD vaccine coverage achieved in their territories in 2019 and any LSD occurrence; and 2/ their LSD surveillance plans for 2020. Armenia and Azerbaijan were also welcomed as members of the SGE LSD.

Next steps on LSD: an audioconference of the SGE LASD will be organised in the beginning of 2020; the SGE LSD10 will take place in the margins of the 88<sup>th</sup> OIE general session in May 2020, and the SGE LSD11 next October, possibly in Israel.

**As regards to additional session on Rabies**, the meeting has been organized to evaluate and potentially improve the surveillance and eradication activities concerning rabies in Balkan States and some EU neighbouring countries.

The member countries presented update information concerning occurrence, vaccination programs and surveillance activities for Rabies. Additionally, DG SANTE presented options and best practices for Rabies control and surveillance in Europe.

The standing group of experts recommended that competent authorities consider passive surveillance as a top priority both in free and non-free areas.

Moreover, the coordination of vaccination activities along the borders should be encouraged and monitored by the relevant members of the bureau of the OIE regional Commission for Europe.

The 2nd meeting of the GF-TADs' Standing Group of Experts on Rabies will take place in June 2020 in Zagreb, Croatia.

### Participants

See the attached list of 65 participants, representing 19 of the 21 current members of the SGE LSD, 1 additional member of SGE RAB (Slovakia), 1 new member of the SGE LSD (Armenia), 2 observer countries (Poland and UK), as well as representatives from the European Commission, EFSA, the EURL for LSD (Sciensano, Belgium), the OIE reference laboratory for LSD (Pirbright Institute, UK), the FAO and the OIE.

### Objectives of the meeting

The main objectives of the SGE LSD9 were to have an update on the epidemiological and vaccination situation in each member country/territory, and to agree on the next steps of the coordinated vaccination exit strategy in the Balkan sub-region.

An additional session dedicated to Rabies was organised, to take advantage of the presence at the SGE LSD9 of most of the members of the SGE RAB and emphasize the importance of surveillance activities.

### MAIN SESSION ON LSD

Our host, Dr Chrysoula Dile, the OIE delegate of Greece, opened the meeting on behalf of her General Director and welcomed all the participants. She outlined the animal health context in the region and the importance of regional coordination through the GF-TADs.

Dr Bernard Van Goethem, President of the GF-TADs Europe and chair of the SGE LSD, recalled that the main objective of this meeting was to achieve progress on the vaccination exit strategy.

### **Updates on the LSD situation in 2019 by the member countries/territory of the SGE LSD**

Please refer to the countries/territory [PPTs available on line](#) for details.

#### Albania

No outbreak reported, after 4 consecutive years of vaccination with homologous vaccine. 40% vaccination coverage in 2019 so far, but over 97% coverage expected by the end of the year (vaccination has started late this year). Passive surveillance is implemented throughout the country.

#### Armenia

The last LSD outbreak was confirmed in December 2015. Vaccination is performed with a heterologous vaccine produced in Russia (10 times the sheep dose), in a buffer zone established mainly along the border with Turkey. Surveillance is clinical only. Vaccination will continue in 2020 in the buffer zone.

#### Austria (no PPT)

No outbreak, nothing to mention. The contract for the national vaccine bank has now expired.

#### Bosnia and Herzegovina

Even if there was never an outbreak of LSD in Bosnia and Herzegovina, preventive vaccination was performed in 2017 and 2018. Only surveillance activities were implemented in 2019. It is planned to continue with the surveillance in 2020.

#### Bulgaria

The last LSD outbreak in Bulgaria was in 2016. Vaccination remained mandatory in the whole country in 2019, resulting in an 82% vaccination coverage. Vaccine supply has already been secured until 2021 included, with a view to continue vaccination.

#### Croatia

LSD was never confirmed in the country. Preventive vaccination stopped at the end of 2017. Surveillance showed that the disease was totally absent from the country. Passive and active surveillance is implemented from June to October. The same system will continue in 2020.

#### Greece

There was no LSD outbreak in 2019 (last one in August 2017). Vaccination is mandatory throughout the whole country. The vaccination campaign was delayed in 2019, due to the need to replace some vaccine batches (cold chain issues during transport), and is therefore still going on. Passive surveillance is implemented in the whole country, and active clinical surveillance in high-risk areas. One clinical suspicion turned out to be PCR positive (vaccine strain identified).

#### Hungary (no PPT)

No outbreak, nothing to mention. Surveillance is being implemented.

#### Israel

17 outbreaks were confirmed in 2019, all in the North of the country (same strain as in the 2012 episode). Vaccination with a Homologous vaccine has been made mandatory since August (it was only voluntary before), but there is no coverage data yet. Mandatory vaccination should continue in 2020.

#### Kazakhstan

There was no outbreak in 2019 (last one in 2016). Vaccination is mandatory in the whole country except the East and South-East, with a homologous vaccine produced in Kenya. Passive and active surveillance is implemented. Clinical surveillance is also performed in the parts of the country which are not vaccinated. It is planned to expand the vaccination campaign to the whole country in 2020, the newly vaccinated regions being covered with a new homologous vaccine produced in Kazakhstan. The vaccination campaign should cover the whole country for 2 consecutive years and then stop.

#### Kosovo\*<sup>1</sup>

Vaccination was mandatory in the whole territory in 2019, with the homologous vaccine provided by the EU vaccine bank. The vaccination coverage is only 26% so far, due to various problems. But the vaccination should be completed by the middle of November. Surveillance is ongoing.

#### Moldova

No LSD outbreak was ever confirmed in Moldova. Vaccination is currently prohibited. The objective for 2020 is to enhance awareness, preparedness and diagnostic capabilities.

#### Montenegro

The last LSD outbreak in Montenegro dates back to October 2016. The vaccination coverage achieved in 2019 is 75%, down from 99% in 2016. It's been decreasing year by year, due to the progressive lack of motivation in the small holdings in particular. Surveillance is up and running. For 2020, Montenegro would like to stop vaccinating, depending on the recommendation of the SGE LSD9.

#### North Macedonia

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<sup>1</sup> References to Kosovo shall be understood to be in the context of Security Council resolution 1244 (1999)

No LSD outbreak in 2019. Whole country vaccination with the homologous vaccine of the EU vaccine bank. 83% mean vaccination coverage has been achieved. Cease of LSD vaccination envisaged for 2020.

#### Romania

No LSD outbreak in 2019, and no vaccination. Surveillance is implemented and ongoing with no suspicion so far. Continuation in 2020.

#### Russian Federation

26 outbreaks were detected in Russia from March to September 2019, moving eastwards in the Siberian regions, all with a vaccine-like strain. Mandatory ring-vaccination around the outbreaks. Active, passive and clinical surveillance is ongoing. Almost 500 suspicions were investigated in 2019, no confirmation (NB: typical clinical cases are not accounted for as suspicions).

Regions where ring-vaccination has been implemented are revaccinated the year after and the next (3 campaigns).

#### Serbia

No LSD outbreak in 2019 (last one in October 2016). Vaccination with a homologous vaccine was mandatory in the whole country – all cattle in the Southern part (77% vaccination coverage), only calves older than 6 months and imported cattle in the Northern part (19% vaccination coverage of the whole population, but 94% in calves older than 6 months).

3 options are being considered for 2020: (1) same as in 2019, (2) extension of the Northern zone, or (3) only calves older than 6 months in the whole territory. Option 3 is however considered risky at this point.

Implementation of the selected vaccination in the Northern part of the country was considered relatively easy from the practical point of view by the Serbian representatives. However, doubts were expressed on the practical feasibility of this policy by some of the other countries, e.g. need to go regularly in the holdings to vaccinate the calves that turn 6 months old after the last visit; possible waste of vaccine (opening of a bottle for a limited number of animals).

#### Slovenia

LSD was never detected in Slovenia. Clinical surveillance was implemented in a buffer zone along the border with Croatia from 2016 to this year. No suspicion in 2019, to be continued in 2020.

#### Turkey

131 LSD outbreaks have been confirmed, all in Anatolia (mainly in the Eastern part of the country and from June to October) and none in the Thrace region. Vaccination is mandatory in the whole country with a heterologous vaccine (used in cattle with 5 times the sheep dose). A vaccination coverage of 93% has been achieved. Surveillance is ongoing.

Vaccines were provided late in 2019, therefore the campaign started only in late April. This delay may have contributed to the increased number of outbreaks in 2019.

Various additional initiatives are planned for 2020, including the vaccination of cattle with homologous vaccine provided by the EU in the Thrace region in the framework of an EU funded project.

#### Ukraine

No LSD outbreak so far, and no vaccination. Active and passive surveillance is implemented and ongoing. A vaccine reserve has been created (homologous vaccine produced in Morocco).

### **Regional or sub-regional updates**

*LSD situation in Central Asia – Ruth Oliva Abascal (OIE sub-regional office for Central Asia)*

### General situation in the region

- a number of LSD outbreaks in Russia, along border with Kazakhstan;
- one outbreak in China close to the border with Kazakhstan. To be noted that the border between China and Kazakhstan is strictly controlled with no possible movement of cattle apparently. There is no information so far on the LSD strain involved in China;
- No outbreak in the 5 countries on the Central Asia sub-region (Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan);
- LSD vaccination is being implemented only in Kazakhstan (see above) and in Turkmenistan.



### Individual Central Asian countries' situation

- Kazakhstan: LSD is a notifiable disease. The last outbreak was confirmed in 2016. Vaccination is implemented (please refer to the Kazakh presentation above).
- Kyrgyzstan: LSD is a notifiable disease. No vaccination so far, but some seromonitoring.
- Tajikistan: LSD is a notifiable disease. No vaccination so far.
- Turkmenistan: LSD is a notifiable disease. The country is implementing some vaccination with a Russian heterologous vaccine, in a buffer zone along the borders with Uzbekistan, Afghanistan and Iran.
- Uzbekistan: lack of information.

### *LSD epidemiological situation in Europe and neighbouring areas in 2019 (occurrence and vaccination) – Dimitrios Dilaveris (European Commission)*

The presentation provides an overview of the LSD situation in South-East Europe from 2015 to 2019, the LSD vaccination policy in the countries/territory of the sub-region from 2015 to 2019, the EU zoning for LSD on 1 January 2019, the support provided by the EU to the sub-region (vaccination coordination efforts via the GF-TADs, technical support, training).

It also reports on the contributions of the SGE members in view of the SGE LSD9 (excel file), on:

#### *The vaccination policy in 2019:*

- 9 countries never implemented vaccination against LSD or stopped LSD vaccination in 2019 or earlier
- 9 countries implemented mass vaccination in entire country
- 3 countries implemented mass vaccination in selected regions
- 2 countries implemented ring vaccination or voluntary vaccination

#### *The vaccine type used in 2019*

- 9 countries used homologous vaccines
- 4 countries used heterologous vaccines (5x-10x sheep dose)
- 1 country used homologous and heterologous (6x sheep dose) vaccines

*The vaccination timing in 2019 in the various members*

*The vaccine supply mode:*

- 7 countries used national purchase
- 5 countries used vaccine donations from the EU LSD vaccine bank
- 1 country used combination of national purchase and vaccine donations from the EU LSD vaccine bank
- 1 country used national purchase + transfer of vaccines from stocks of neighbouring country
- 1 country used national purchase + purchase by farmers

*The vaccination coverage to this date:*

- 3 countries reached 80-100% all over the country
- 1 country has ensured a 75% coverage
- 6 countries/territory have reached 40-60 % (but the campaign is still ongoing on several countries, which aim at a much better coverage by the end of the year)
- 1 country reached 100 % in selected areas

*The vaccination supply plans for 2020: national purchase planned in 9 countries.*

The presentation also highlights that there's been no LSD outbreaks in the Balkans since 2018 after 4 years of vaccination, i.e. 2 years without LSD outbreaks; and that disengagement from LSD annual re-vaccination has already started in South-East Europe.

#### *Current FAO initiatives on LSD in the region - Eran Raizman (FAO office in Budapest, Hungary)*

The presentation presents the various material produced on LSD by the FAO since 2013: EMPRES watch in 2013 and in 2015, a position paper "Sustainable prevention, control and elimination of LSD", a monograph on LSD in 2017, a field manual on LSD, a template of LSD contingency plan, various awareness material. Capacity building and training activities have been implemented or are currently ongoing, for the benefit of Balkan and Caucasus countries.

### **Expert presentations**

#### *The different strategies of fighting LSD in Israel in five outbreaks, between 1989 and 2019 – Michel Bellaiche (Israel)*

The LSD epidemiological history of Israel was shortly presented. 5 epizootic episodes took place in Israel: the episodes of 1989 (total cull policy was applied), 2006 (culling of sick cattle only) and 2007 (culling of sick cattle only) involved the region of the Gaza strip only; the episodes of 2012 and 2013, where the policy turned to vaccination started in the Northern part of Israel; and the current episode of August 2019 came from the North-East.

The most probable hypothesis for the 2019 epizootic is reincursion from a neighbouring country. Vaccination was mandatory from 2013 to 2016 and is again compulsory since August 2019. The current results suggest that the clinical reaction is decreased in animals already vaccinated, even when the last shot was in 2016.

New tools have been developed, including the use of drones to detect clinical cases in free ranging cattle.

The decision to stop vaccination will usually result from the need or not for the country to secure free status, the possible persistence of the disease in neighbouring countries, etc.

### *Update on the LSD epidemiology in Russia 2015-2018 - Alexander Sprygin (ARRIAH, Russia)*

The first LSD episode in 2015-2016 was in the Caucasus region. In 2017, the LSD virus jumped 1500 km North-East, close to the border with Kazakhstan and continued until 2019 to move eastwards along that border.

In 2015 the outbreaks were caused only by the usual LSD field strain; in 2017 genotyping showed a variety of vaccine like strain, field strain and recombinants; and only the vaccine like strain was identified in the outbreaks of 2018.

Various field data and an experiment in an insect-proof stable suggest that this vaccine-like strain can transmit by direct contact between animals. Russia is currently collecting data to study if the field situation supports the idea of a direct transmission rather than vector transmission.

### *Surveillance and control of Lumpy Skin Disease: key messages by EFSA – Alessandro Broglia (EFSA)*

EFSA summarized the main aspects of its past opinions, particularly as regards the link between the level of vaccination coverage, the number of consecutive vaccination campaigns and the possible eradication of the disease.

### *Lumpy skin disease diagnostic tools - Kris De Clercq (EURL Sciensano)*

The presentation provides reminders on the capripox virus responsible for the LSD and general principals regarding active surveillance, followed by a review of the diagnostic tools available (PCR, molecular DIVA essays, serologies (VNT, ELISA, IMPA), virus isolation or detection. A proficiency test where 37 countries participated was organised by the EURL this year.

### **Discussion on the continuation of the vaccination exit strategy in 2020**

The discussion which followed the presentations highlighted:

- The confirmation of a favourable situation in the Balkans (no outbreak for a second consecutive year)

But also:

- An insufficient vaccination coverage to date in some of the countries/territory of the sub-region;
- The lack of formal surveillance national plans in most of the countries/territory;
- The still fairly recent outbreaks in Albania (2017), which should encourage caution in that country;
- An increase of the number of outbreaks in Anatolia, Turkey, a couple of them occurring in the Western part of that large region.

It was eventually concluded that the SGE LSD should recommend, in particular:

- The continuation of LSD in Turkey, Albania and the high-risk areas of Greece and Bulgaria;
- That 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, in order to decide early in 2020 if any other country/territory should also continue vaccinating in 2020;
- That 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.

### **LSD session closing remarks – future steps on LSD**

The SGE LSD9 endorsed the attached recommendations.

Armenia and Azerbaijan have been formally welcomed as new members of the SGE LSD group.

An audioconference will be organised in the beginning of 2020 to discuss the final vaccination coverage in 2019 in the various countries/territories, the LSD surveillance plans, and to check on the vaccine availability and possible supply needs in the member countries/territory.

The next meetings of the SGE LSD will take place in the margins of the next general session in May 2020, and in October 2020 (possibly in Israel).

*NB: all presentations of the SGE LSD9, as well as the SGE LSD9 recommendations are available on the [webpage of the GF-TADs for Europe dedicated to LSD](#).*

## **ADDITIONAL SESSION ON RABIES SURVEILLANCE**

### **Objectives of the meeting**

The main objectives of the SGE Rabies were to have an update on the epidemiological situation and surveillance activity in each country/territory of the Balkan sub-region mainly, but also in the other participating countries, particularly Ukraine and Moldova as their situation might have an impact on the sub-region.

### **Introduction and overall situation**

Dr Bernard Van Goethem, President of the GF-TADs Europe and chair of the SGE Rabies, recalled that the main objective of this meeting was to underline surveillance strategy as the core of Rabies eradication programs.

Later on, Pedro Rosado Martín from DG SANTE presented a summary of the rabies surveillance and control activities in Europe, including the recent map of vaccination in EU member States and neighbouring countries.

He underlined the importance of passive surveillance, consisting in the collection and testing of suspected and indicator animals like animal with clinical signs, road kills, found dead and biting people. Surveillance should be established in the whole country and cover wild and domestic animals. So, not only foxes have to be a target, but other mammals as well.

Good examples of Rabies eradication are Poland and Romania where the situation was worrying. Due to the implementation of well-constructed eradication and surveillance programs there has been a dramatic decrease in the number of cases detected in the last years.

As regards the Western Balkan region, the last cases have been detected in Serbia. Nevertheless, it should be noted that the surveillance effort in Serbia is the highest in the area.

Active surveillance should cover:

- hunted animals,
- the whole area of vaccination and
- 4 animals per 100 km<sup>2</sup> of vaccinated area.

The samples taken for active surveillance should be taken in a way that represents the whole area under vaccination and should be carefully assessed to verify the effectiveness of the vaccination.

The Greek representative asked whether it was necessary to stop vaccinating to have free status. It was explained that the EU has no legal base for recognition of free status of Rabies whereas the countries can submit to the OIE a self-declaration on rabies freedom - The OIE has indeed published self-declarations of freedom from rabies in Austria, Belgium, the Czech Republic, Estonia, France, Germany, Italy, Latvia, Lithuania, Luxemburg, Malta and Slovenia. But stop vaccinating is not a prerequisite to achieve the self-declared rabies free status. Self-declared free countries can continue vaccinating.

## **Updates on the Rabies situation in 2019 by the member countries/territory of the SGE Rabies**

Please refer to the countries/territory [PPTs available on line](#) for details.

### Ukraine

2016/2017 vaccination programs were carried out in a 100 km deep buffer zone from the Polish, Slovakia and Hungarian borders. In 2018 a single campaign covered the whole country except the occupied territories and the buffer zone along the Polish, Slovakian and Hungarian borders. The 2019 spring campaign covered the whole country except for the occupied territories, but including the buffer zone, the same for the ongoing autumn campaign.

The authorities plan to have 2 campaigns for the Western part of Ukraine up to the Dnieper river and one covering the eastern territories, using 2 types of vaccine strains (from France and the Czech Republic).

Both active and passive surveillance activities are implemented in the buffer zone, but hunted animals are not always available in other parts of the country.

In 2019, 400 positive cases were notified (one case can have more than one positive animal).

Only 40% of Tetracycline tests were positive in 2018. Positive serological tests were 27% on average, ranging from 50% to 15% only according to the region.

### Slovenia

The coverage of vaccinated territory is a 50 km buffer zone from the border with Croatia. The last case of Rabies was in 2013. Slovenia has declared itself free of rabies in OIE.

### Slovakia

Since 2013 the programme covers the central and eastern parts of the country, with two campaigns per year. Passive and active monitoring are implemented. There is no positive case since 2015.

### Serbia

The whole country is covered by the program. In 2019, 2 campaigns were planned but there was a shortage of money for the second campaign. Financial issues may hamper the implementation of additional campaigns in the coming years. The last positive cases were confirmed in the Western part of the country.

The suggestion from the EU, if financial problem prevent the implementation of more campaigns, is to continue vaccinating at least in the region where the last Rabies cases were confirmed. Another possibility underlined by experts is to give priority to the autumn campaign, the more effective of the 2 yearly campaigns, as it can also cover the young cubs born in spring.

### Romania

The vaccination programme covers the whole country, with 2 campaigns per year. In 2018, due to tendering problems, no campaigns were implemented. 3 cases of Rabies were confirmed in 2018, and again 3 in 2019 (up to the end of September).

### North Macedonia

The last case was reported in 2012.

### Montenegro

The programme for rabies vaccination has been implemented since 2011. The vaccination programme covers the whole country, with 2 campaigns per year. The last case was reported in 2012.

There is a problem with the sampling of foxes for monitoring the vaccination effectiveness, because of the insufficient number of hunted foxes provided by hunters.

### Moldova

Since 2017 the programme has covered the whole country, with only one campaign per year. 2 campaigns are scheduled in 2020. The national plan aims at the complete eradication of Rabies. Additionally, the obligatory vaccination of dogs (free of charge for the owner) is being enforced in the whole territory of Moldova.

The monitoring programme for control of the effectiveness of oral vaccination in wild animals still needs to be established.

### Kosovo\*

Kosovo\* has implemented a rabies vaccination programme with one spring campaign.

In 2018, samples for the monitoring of tetracycline were taken but the results are still not available.

### Hungary

The vaccination program covers a 50 km wide zone around the Eastern and Southern borders of the country. There are usually 2 campaigns per year, but in 2018 the spring campaigns was carried out in a limited area (ring vaccination around the area where the latest cases were detected) due to problems with the public tenders. 1 case was reported in 2016, 2 in 2017.

Monitoring of bait consumption (Tetracycline): 3000 samples were taken in 2016 and 2017, the rate of positive results amounting to 72-78%; in each year 2018 and 2019, about 1000 samples were tested and the positive result was 76 %.

Positive serological tests were at the level of 51% in 2016, 49% in 2017 and 39% in 2018.

### Greece

The oral vaccination covers the northern part of country. From 2013 till 2015 only one annual campaign was organized. Since 2016 the programme consists of 2 campaigns per year.

It was highlighted that a problem that persists is the low levels of monitoring despite the measures implemented to improve it.

Greece is the only country that has informed formally, by letter, the other countries of the region about the start of their vaccination campaign, as recommended in the first SGE Rabies.

### Croatia

The vaccination programme covers the whole country.

As regards the monitoring, the positive tetracycline tests and serological tests amount to approximately 80% and 13% respectively.

### Bulgaria

The vaccination programme covers a buffer zone established all along the borders of the country. Two campaigns are carried out per year. Besides foxes, jackals are also sampled for monitoring purposes.

As regards the monitoring, the positive tetracycline tests and serological tests amount to 60%-70% and 40%-60% respectively.

### Bosnia and Herzegovina

The vaccination programme has been implemented since 2011. In 2018 only the spring campaign was carried out.

The latest vaccination monitoring was performed in 2017 and the results were not satisfactory. Since 2018 there's been no monitoring records. In 2019 there is a plan for an autumn campaign, but no final decision has been taken yet.

### Albania

The last positive case was reported in 2012. There has been a vaccination programme since 2014. Two campaigns are carried out each year. The number of baits per square km is increased in autumn.

For the active monitoring, 162 samples have been collected in 2016, 281 in 2018 – 74% positive for tetracycline and 54% for the serology in 2018.

**Rabies session closing remarks – future steps on Rabies**

The SGE endorsed the attached recommendations on Rabies.

Passive surveillance must be the top priority for competent authorities both in free and non-free areas.

The close collaboration of neighbouring countries on vaccination programmes will be crucial for the successful eradication of Rabies in the whole Balkan region.

It was also pointed out that good surveillance is crucial to take an informed decision on the phasing out of the vaccination.

The second meeting of the SGE RAB under the GF-TADs umbrella will take place in June 2020, in Croatia.

<p>We would like to sincerely thank the European Commission and the Government of Greece for kindly supporting and hosting the SGE LSD9.</p>
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