



**Standing Group of Experts on African swine fever
in the Baltic and Eastern Europe region**
Eleventh meeting (SGE ASF11)

ASF preparedness in South-East Europe

Dr Budimir Plavšić

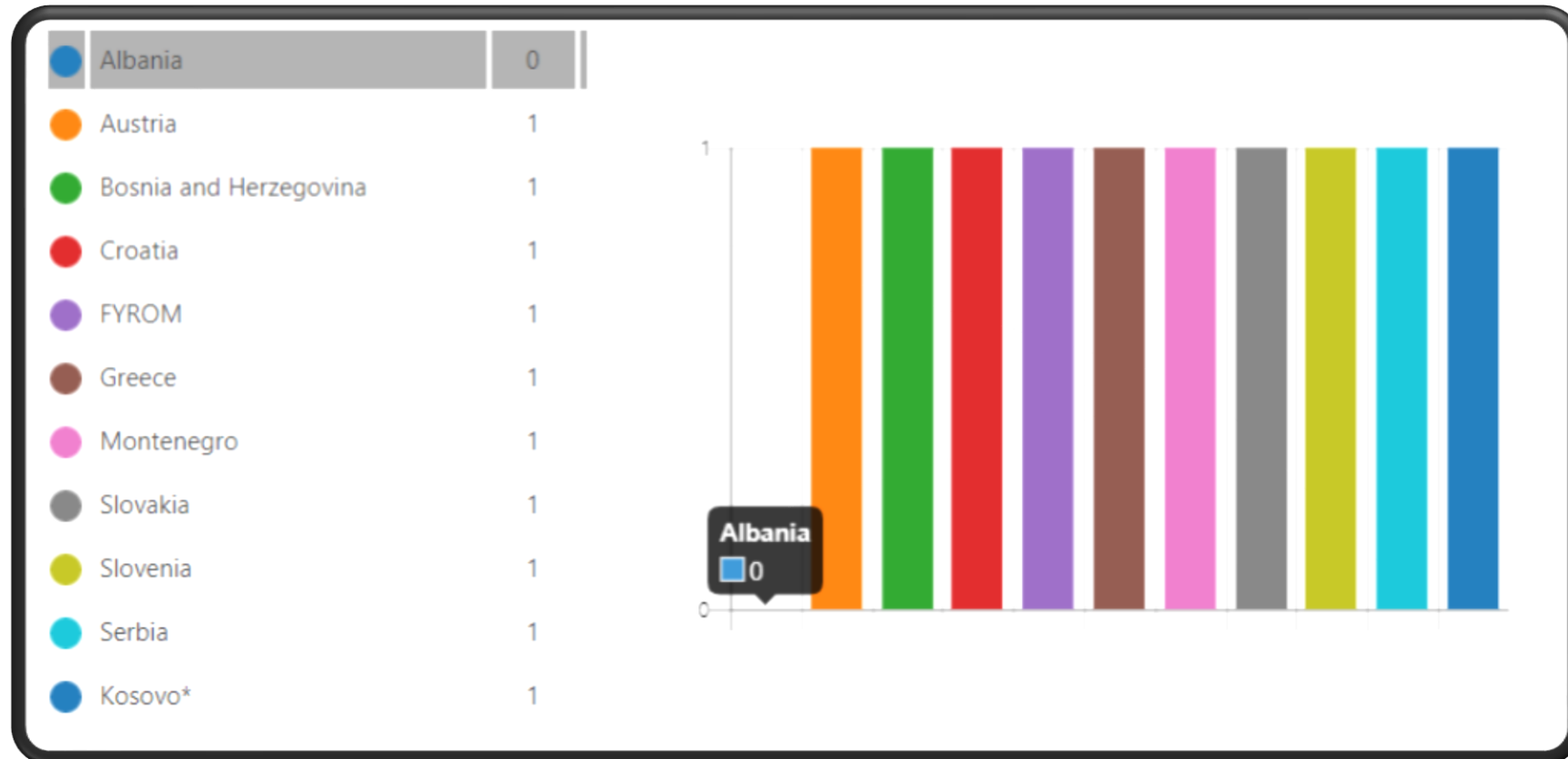
Warsaw, Poland • 24-25 September 2018

ASF preparedness in South-East Europe

- Evaluation based on questionnaire focused only on ASF preparedness
- Non-infected countries and territories (11 selected, considering the present dynamic of the ASF epidemic, beginning of September):
*Albania, Austria, BIH, Croatia, FYROM, Greece, Montenegro, Slovakia, Slovenia, Serbia and Kosovo**
- Criteria: Proximity with affected countries, risk of virus introduction
- Self-assessment by Competent Authorities (CVO, OIE Delegates)
- Period: 14-21.09.2018

** Territory (this designation is without prejudice to position on status, and is in line with UN Security Council Resolution 1244/99 and the International Court of Justice Opinion on the Kosovo declaration of independence)*

ASF preparedness in South-East Europe





ASF questionnaire

Key aspects covered by questionnaire:

1. Legislation
2. Disease preparedness
3. Awareness raising
4. Rapid Alert and Response Capacities
5. Scientific expertise
6. Coordination and cooperation with national stakeholders
7. Cross border cooperation
8. Funding
9. Compliance with GF-TADs recommendations (from previous meetings)

1. ASF Legislation

1.1. Level of implementation of OIE international standards and FAO recommendations relevant for ASF:




 full compliance	9
 partial compliance	1



1. ASF Legislation

1.2. Level of enforcement of your national ASF legislation:




- a) fully enforced, with regular audit and verifications
- b) partially enforced
- c) not applicable

	fully enforced, with regular audi...	9
	partially enforced	1
	not applicable	0



1. ASF Legislation

1.3. Level of compliance of your country's legislation with the EU legislation relevant for ASF:

	full compliance	9
	partial compliance	1
	no compliance	0
	not applicable	0



	not applicable	0
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2. ASF Preparedness

2.1. Is Contingency planning integrated into your national animal health legislation?

● yes

10

● no

0



2. ASF Preparedness

2.2. Is there a Contingency plan for ASF in place, with regular reviews and updates carried out by the VS?

a) yes, the last review happened within the last two years

b) yes, but no review within the last two years




c) no



2. ASF Preparedness

2.3. Do you have Operations Manual and SOPs (standard operating procedures) for ASF?

- a) yes
- b) no
- c) not applicable

 yes	8
 no	2
 not applicable	0



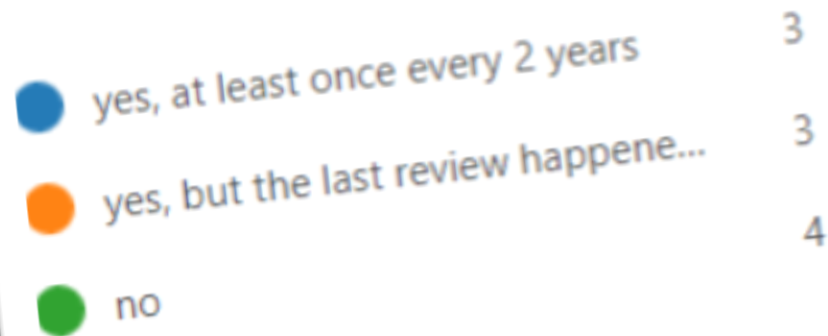
2. ASF Preparedness

2.4. Do you carry out regular reviews (including revision and testing of the Contingency plan for ASF, with desktop and field simulation exercises, and with participation of key players)?

a) yes, at least once every 2 years

b) yes, but the last review happened more than 2 years ago

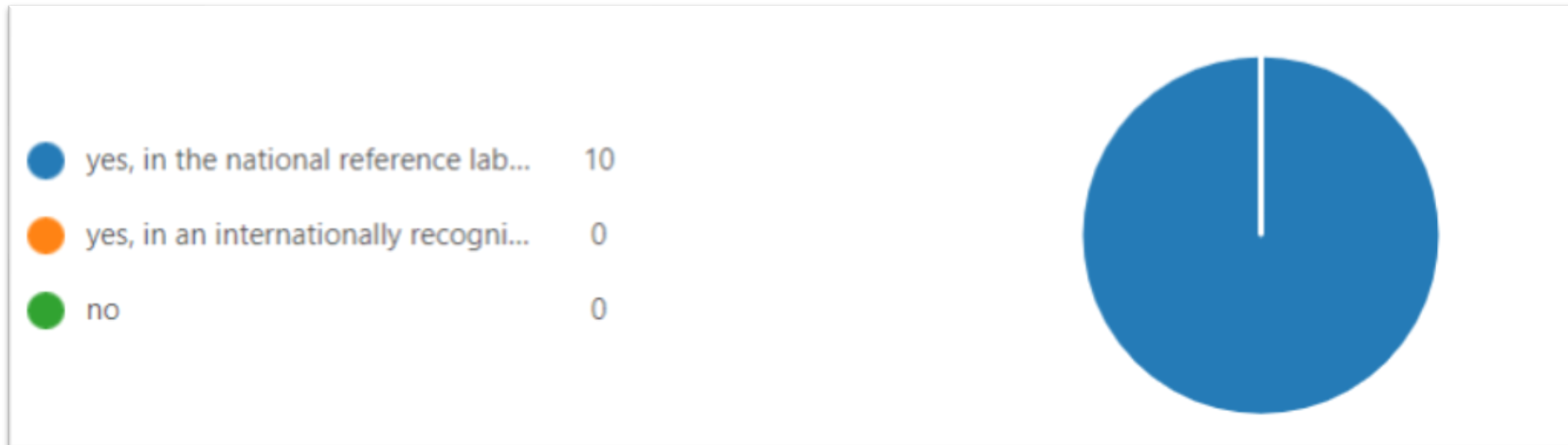
c) no



2. ASF Preparedness

2.5. Do you have adequate Laboratory capacity for ASF, enabling to produce a rapid and reliable diagnostic, in accordance with OIE standards?

- a) Yes, in the national reference laboratory for ASF
- b) Yes, in an internationally recognized laboratory for ASF not located in the country
- c) No



2. ASF Preparedness – Training of VS

2. 6. Have veterinarians and /or support staff in your veterinary service received some ASF training in the past two years?

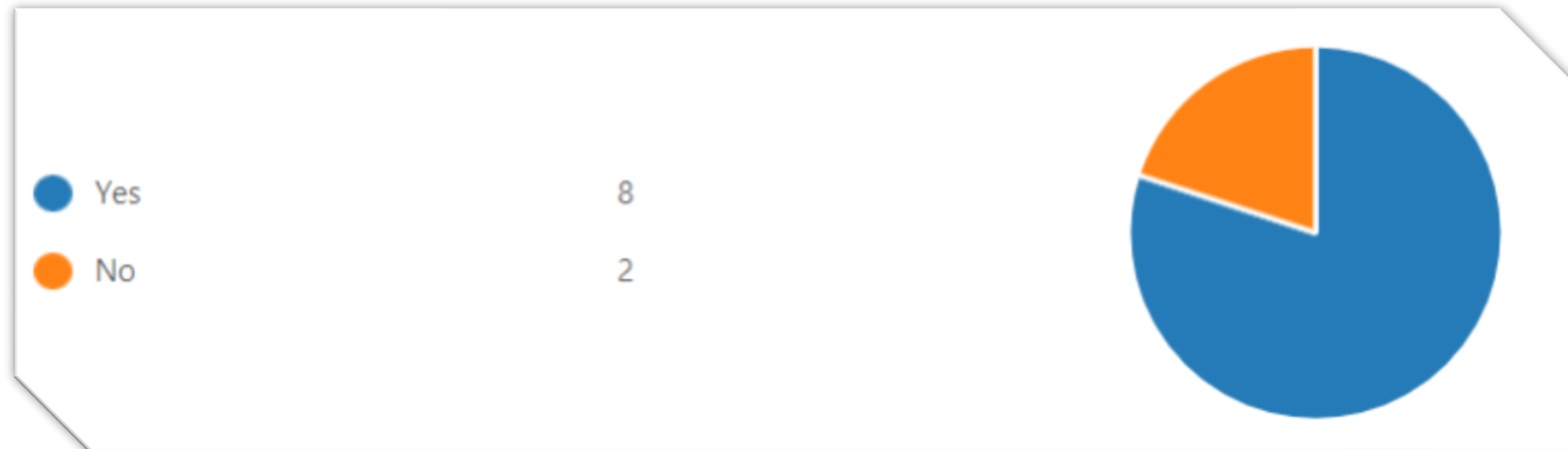
1. LABORATORY DIAGNOSTIC



2. ASF Preparedness – Training of VS

2. 6. Have veterinarians and /or support staff in your veterinary service received some ASF training in the past two years?

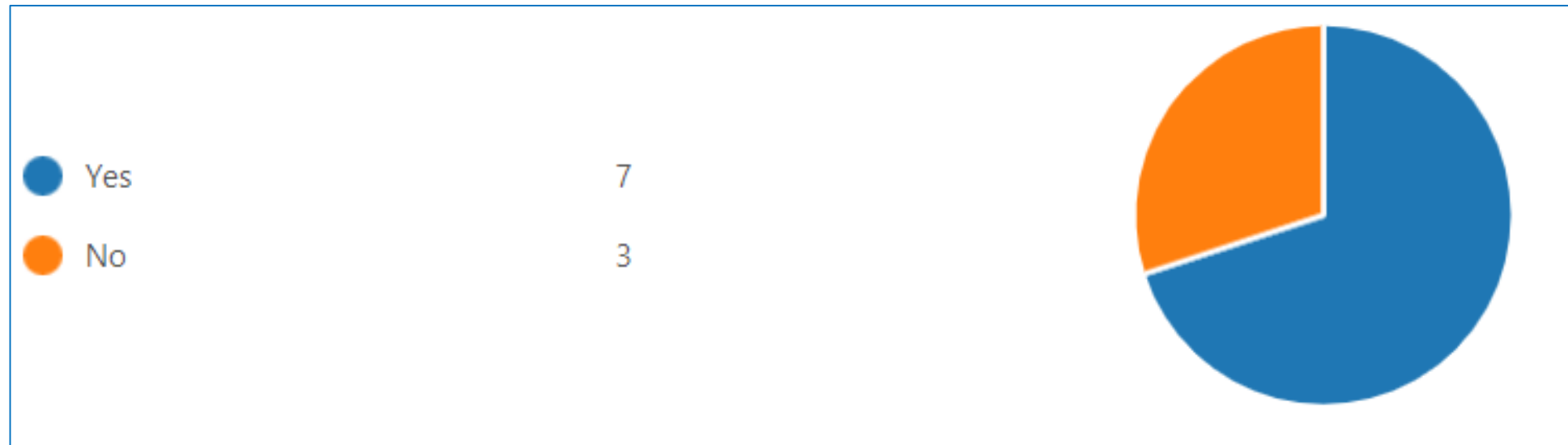
2. PROCEDURES AT INFECTED PREMISES AND WITHIN PROTECTION AND SURVEILLANCE ZONES



2. ASF Preparedness – Training of VS

2. 6. Have veterinarians and /or support staff in your veterinary service received some ASF training in the past two years?

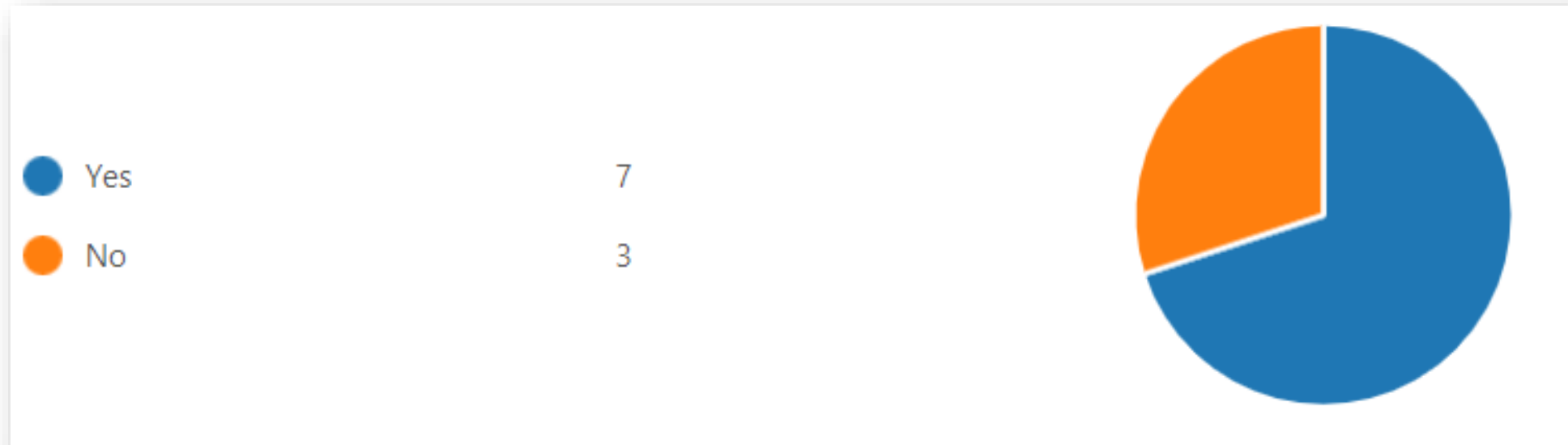
3. PROCEDURES AT THE NATIONAL DISEASE CONTROL CENTRE



2. ASF Preparedness – Training of VS

2. 6. Have veterinarians and /or support staff in your veterinary service received some ASF training in the past two years?

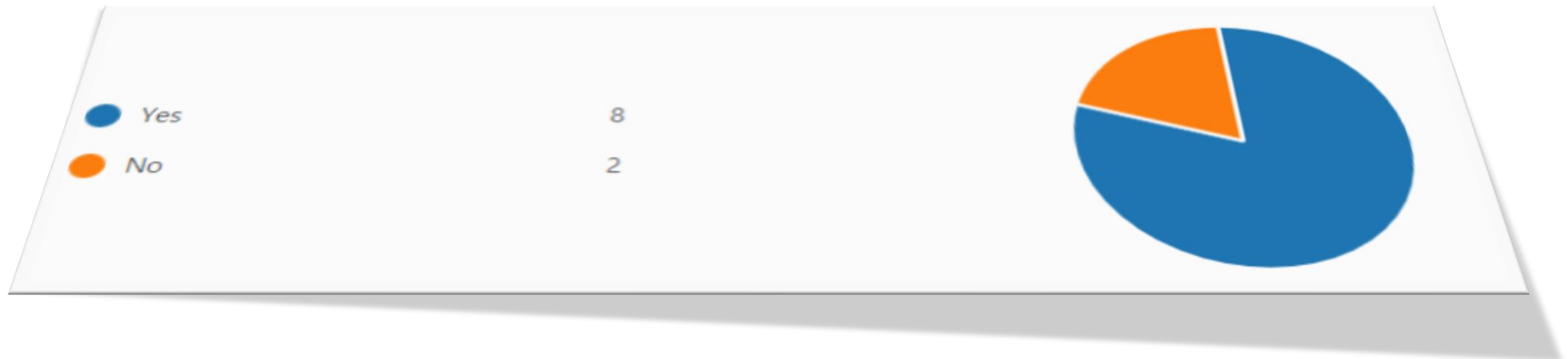
4. PROCEDURES AT LOCAL DISEASE CONTROL CENTERS



2. ASF Preparedness – Training of VS

2. 6. Have veterinarians and /or support staff in your veterinary service received some ASF training in the past two years?

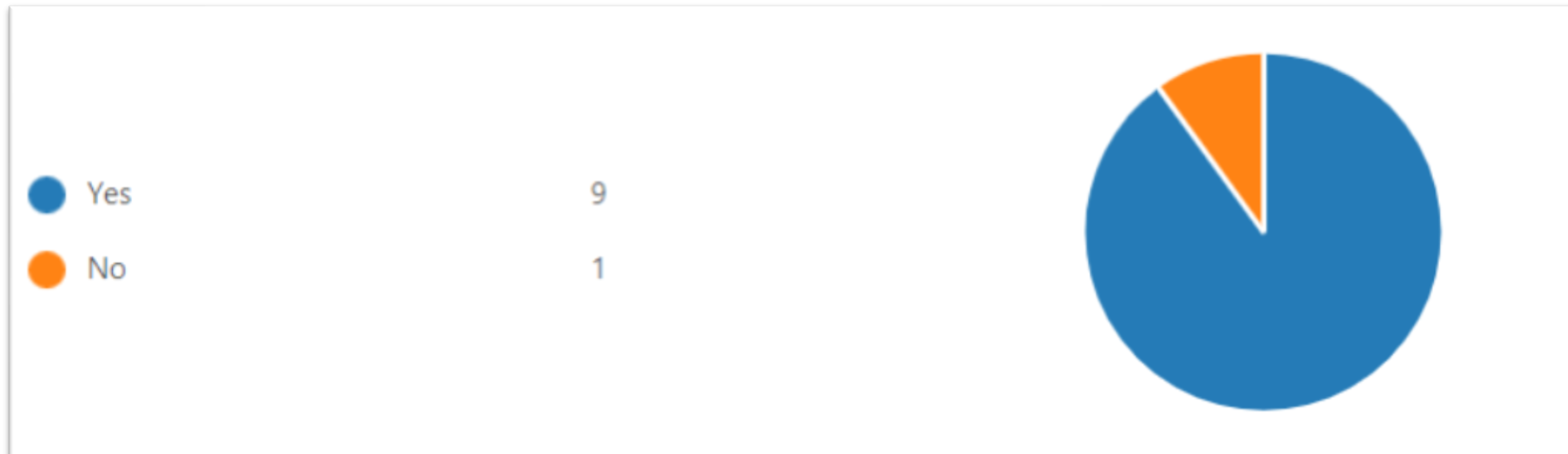
5. TRACING AND RECORD KEEPING



2. ASF Preparedness – Training of VS

2. 6. Have veterinarians and /or support staff in your veterinary service received some ASF training in the past two years?

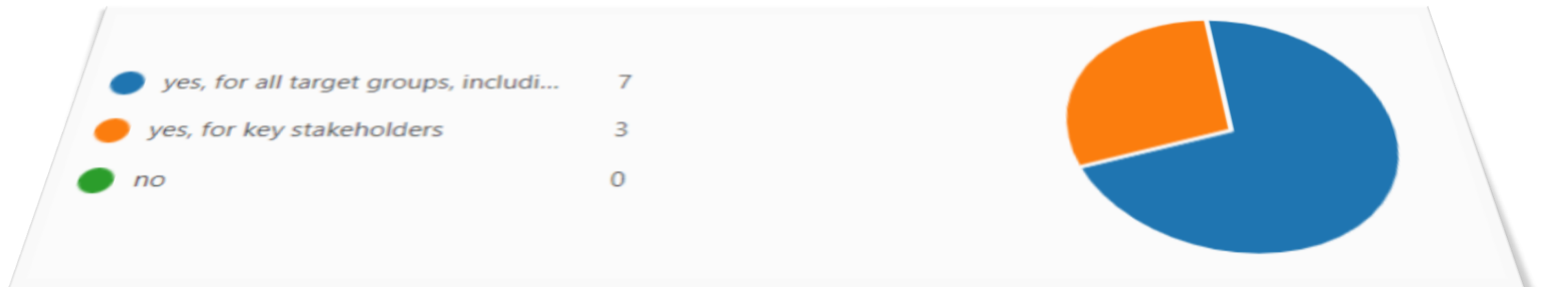
6. PROCEDURES FOR THE NOTIFICATION OF THE DISEASE (AT NATIONAL AND INTERNATIONAL LEVELS) AND COMMUNICATION WITH THE PUBLIC



3. ASF Awareness raising programme

3.1. Is an awareness programme in place?

- a. Yes, for all target groups, including farmers, hunters, wild animal managers, customs service, transporters, livestock markets, travelers.
- b. Yes, for key stakeholders
- c. No

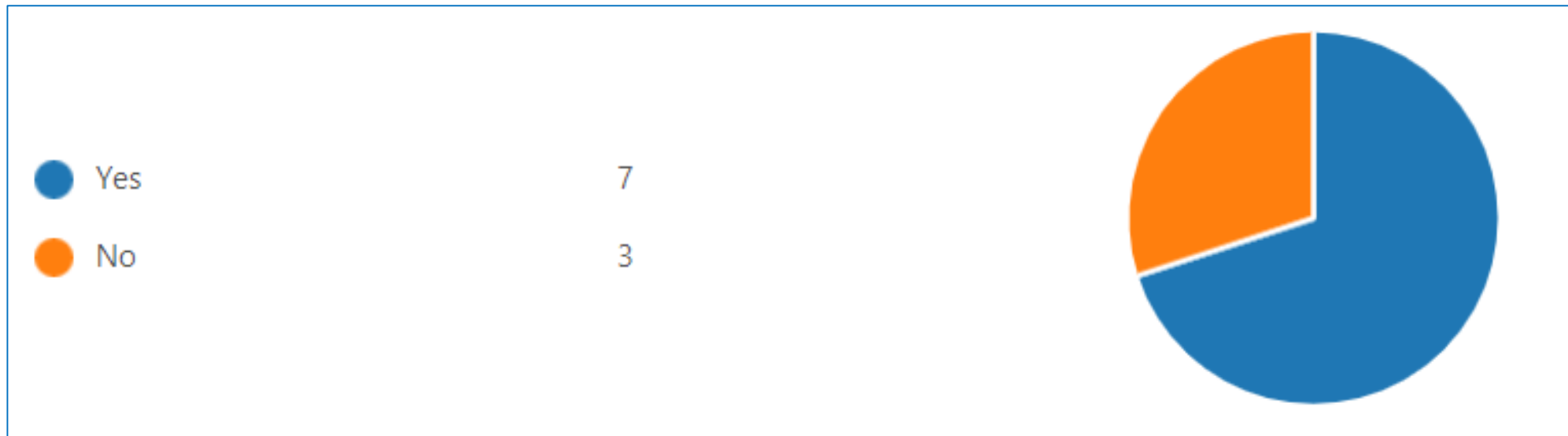


3. ASF Awareness raising programme

3. 2. Is there a telephone emergency number available at all times where somebody can call the state veterinary service to report a suspicion of ASF?

a) yes





b) no



4. ASF Rapid Alert and Response Capacities

4.1. Are there Emergency response centres (e.g. Disease Control Centres) for transboundary animal diseases (TADs), particularly for ASF, established and functional, with an efficient chain of command?

- a. Yes, at national level
- b. Yes, at national and regional level
- c. Yes, at national, regional and local level
- d. No

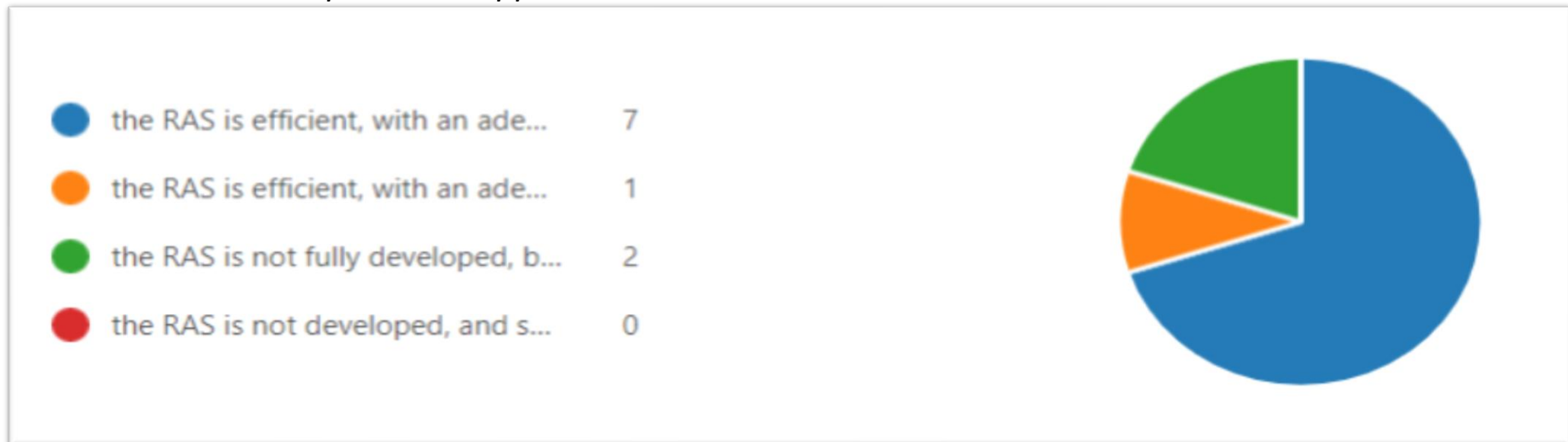
	yes, at national level	3
	yes, at national and regional level	4
	yes, at national, regional and loc...	2
	no	1



4. ASF Rapid Alert Capacities

4. 2. Level of development of a Rapid Alert System (RAS)

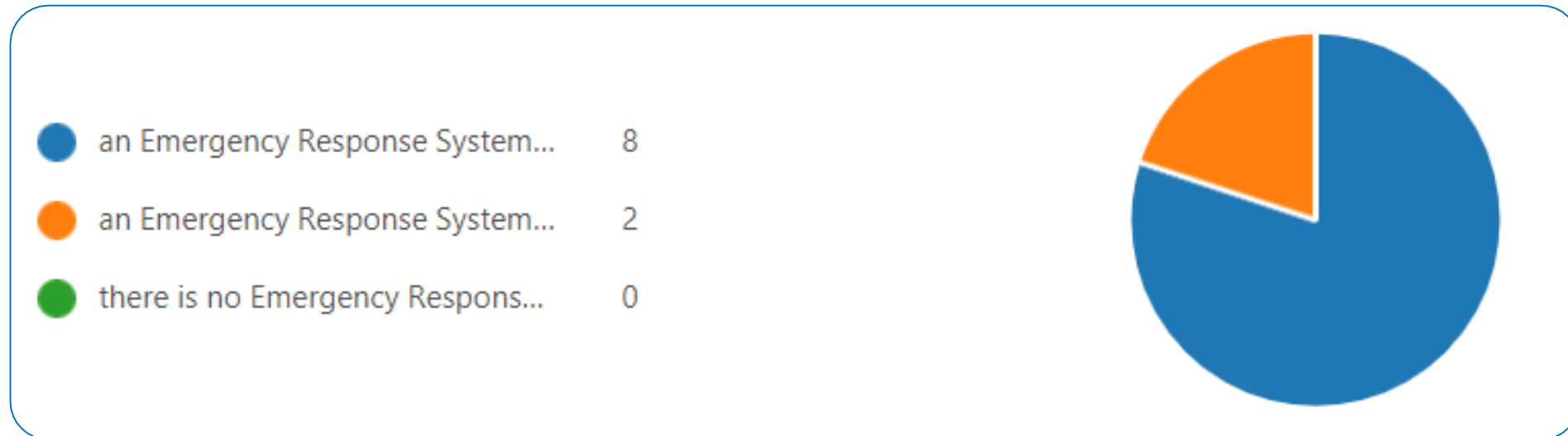
- a. *The RAS is efficient, with an adequate network of professionals capable to carry out passive and active surveillance in **wild boar AND domestic pig population**, and notification of suspicions of ASF.*
- b. *The RAS is efficient, with an adequate network of professionals capable to carry out passive and active surveillance in **domestic pig population ONLY**, and notification of suspicions of ASF.*
- c. *The RAS is not fully developed, but passive surveillance and notification are in place*
- d. *The RAS is not developed, and support is needed*



4. ASF Rapid Response Capacities

4. 3. Level of development and effectiveness of an Emergency Response System

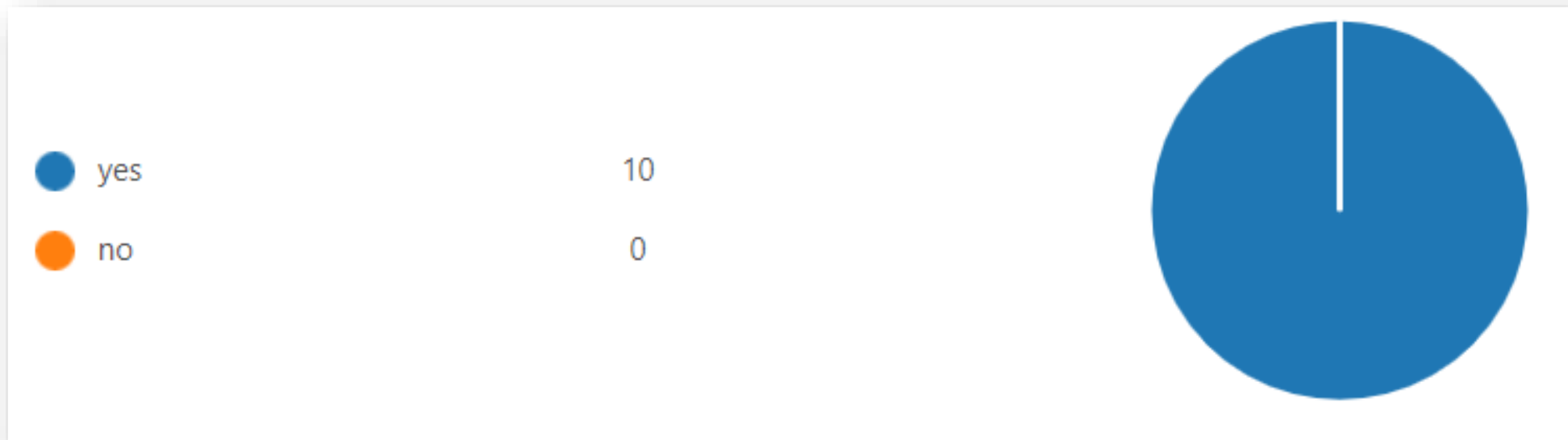
- a. An Emergency Response System is fully developed
- b. An Emergency Response System is partially developed
- c. There is no Emergency Response System



4. ASF Rapid Alert and Response Capacities

4.4. Do the staff responsible for visiting a suspected case of ASF have the following equipment reserved and ready for use during a suspicion visit?

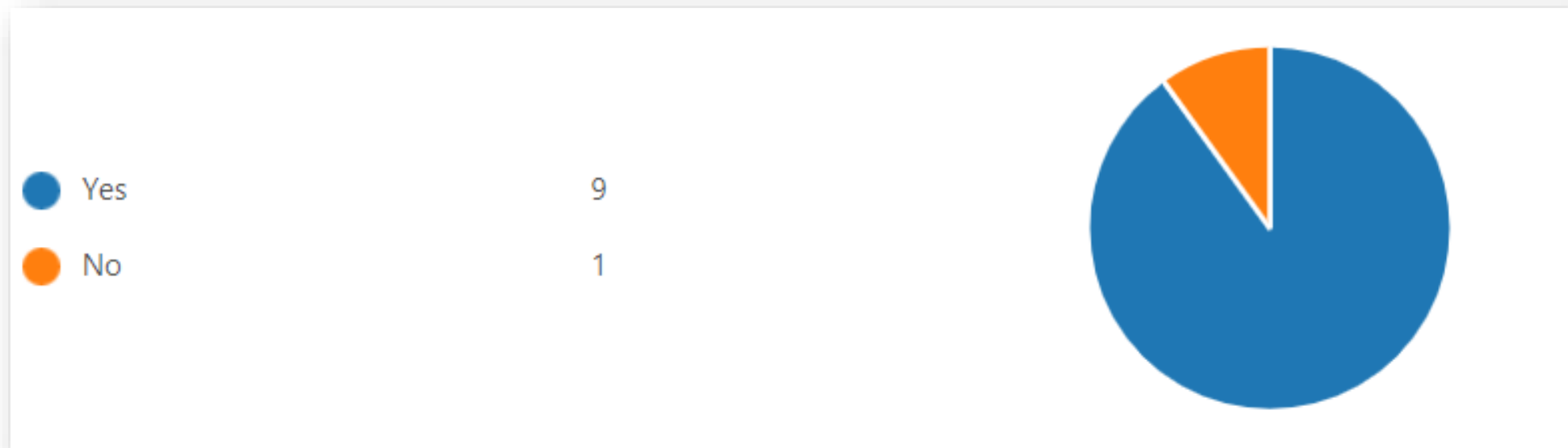
PROTECTIVE CLOTHING



4. ASF Rapid Alert and Response Capacities

4.4. Do the staff responsible for visiting a suspected case of ASF have the following equipment reserved and ready for use during a suspicion visit?

DISINFECTANTS EFFECTIVE FOR KILLING THE ASF VIRUS.



4. ASF Rapid Alert and Response Capacities

4.4. Do the staff responsible for visiting a suspected case of ASF have the following equipment reserved and ready for use during a suspicion visit?

ITEMS (plastic, buckets, cleaning brushes, bio-secure bags) TO SET UP A BIO-SECURITY SEGREGATION BARRIER



4. ASF Rapid Alert and Response Capacities

4.4. Do the staff responsible for visiting a suspected case of ASF have the following equipment reserved and ready for use during a suspicion visit?

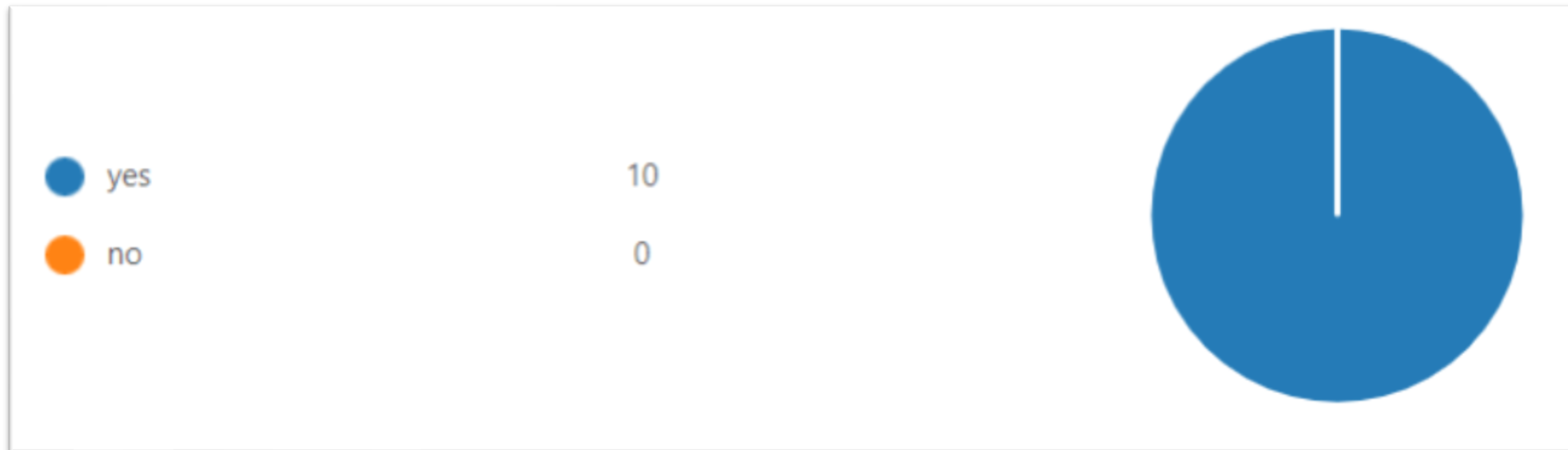
FACT-SHEETS ABOUT CLINICAL SIGNS OF ASF



4. ASF Rapid Alert and Response Capacities

4.4. Do the staff responsible for visiting a suspected case of ASF have the following equipment reserved and ready for use during a suspicion visit?

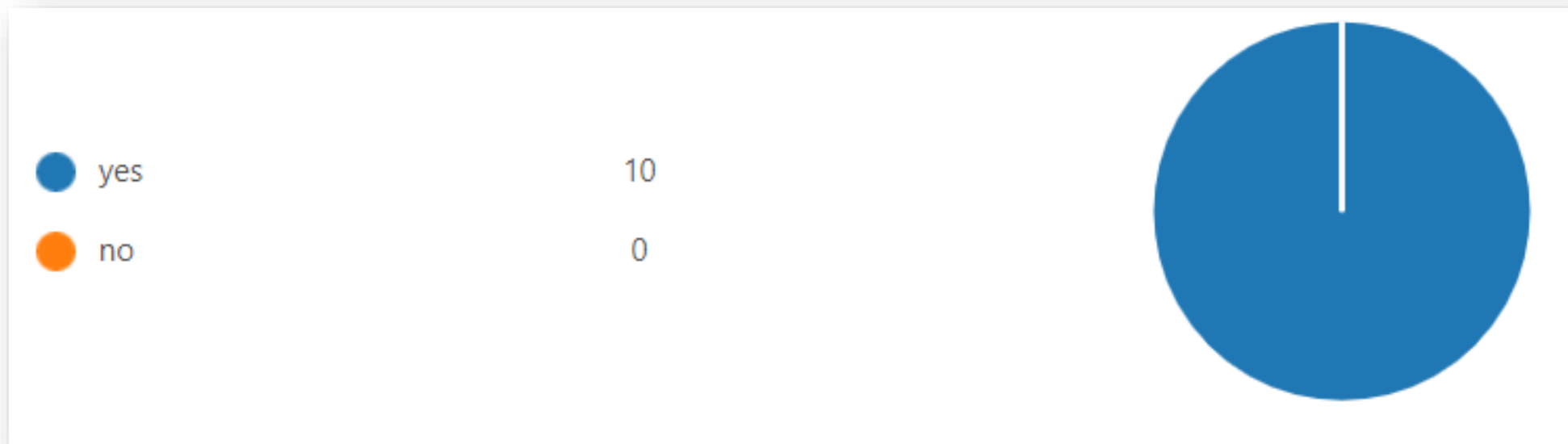
EPIDEMIOLOGICAL QUESTIONNAIRE FOR THE COLLECTION OF INFORMATION ON THE SUSPECT PREMISES.



4. ASF Rapid Alert and Response Capacities

4.4. Do the staff responsible for visiting a suspected case of ASF have the following equipment reserved and ready for use during a suspicion visit?

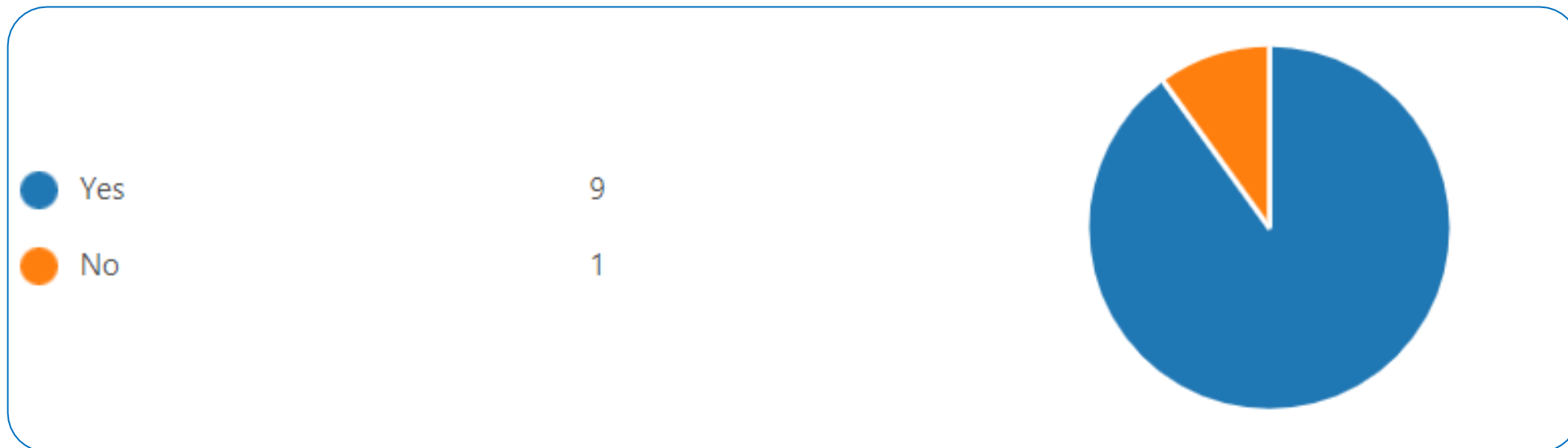
COPIES OF THE LEGAL NOTICES IN ORDER THE RESTRICTION OF MOVEMENTS ON THE SUSPECT HOLDING.



4. ASF Rapid Alert and Response Capacities

4.4. Do the staff responsible for visiting a suspected case of ASF have the following equipment reserved and ready for use during a suspicion visit?

EQUIPMENT AND MEDICINES REQUIRED TO RESTRAIN ANIMALS FOR CLINICAL EXAMINATION.

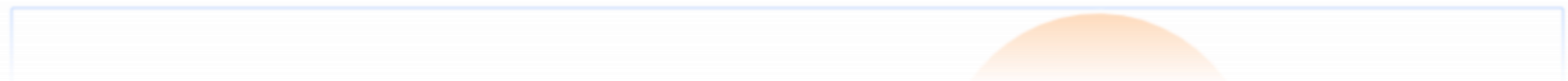


5. ASF Scientific expertise

5. 1. Is there any research activity relevant for ASF in your country?

a) yes (COST, DEFEND)

b) no



6. ASF-Communication with with national stakeholders

6.1. Is there a proper mechanism for active cooperation with producers in your country?



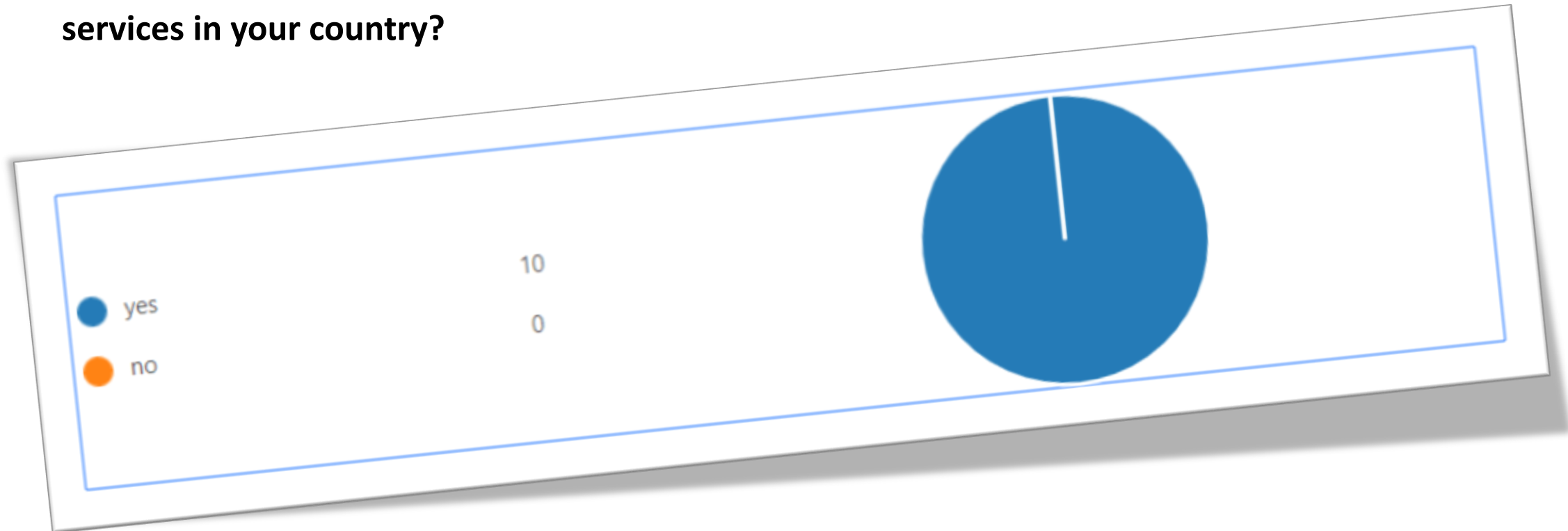
6. ASF-Communication with with national stakeholders

6.2. Is there any mechanism for active cooperation with hunters and authorities responsible for wild life management in your country



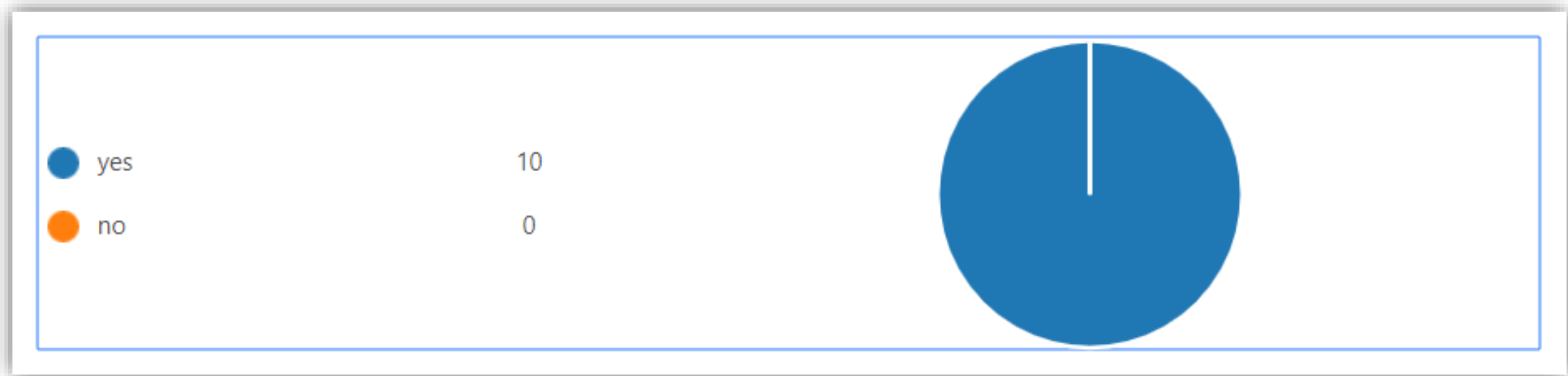
6. ASF-Communication with with national stakeholders

6.3. Is there a proper mechanism for active cooperation with customs and other national services in your country?



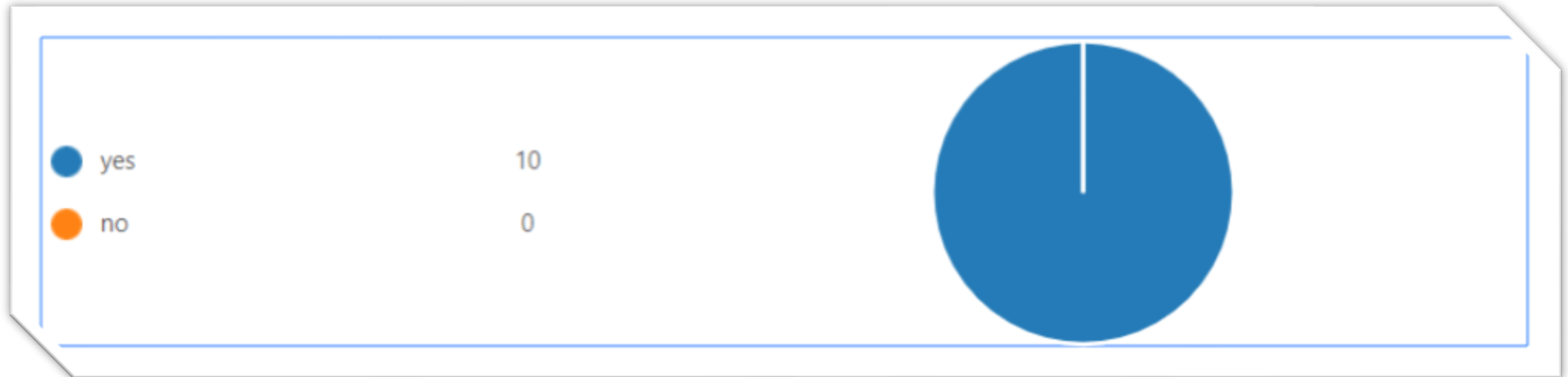
7. ASF - Cross border cooperation

7.1. Do you regularly cooperate with VS (e.g. CVOs and heads of animal health sectors) of your neighboring countries, and exchange information on the animal disease situation?



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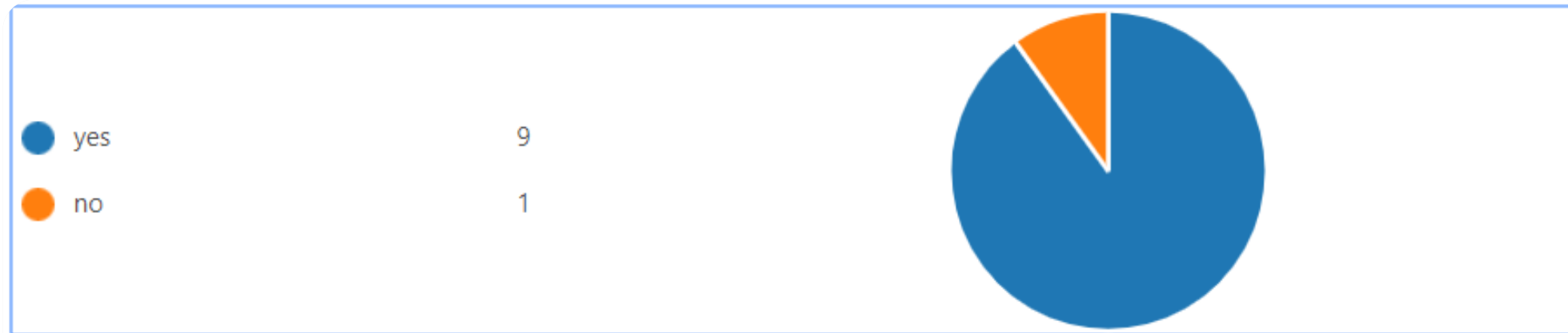
7. ASF - Cross border cooperation

7.3. Do you follow the activities of the GFTADs and of other international organisations (OIE, FAO) on ASF?



8. ASF - Funding

8.1. Are funds for passive and active surveillance available?



8. ASF - Funding

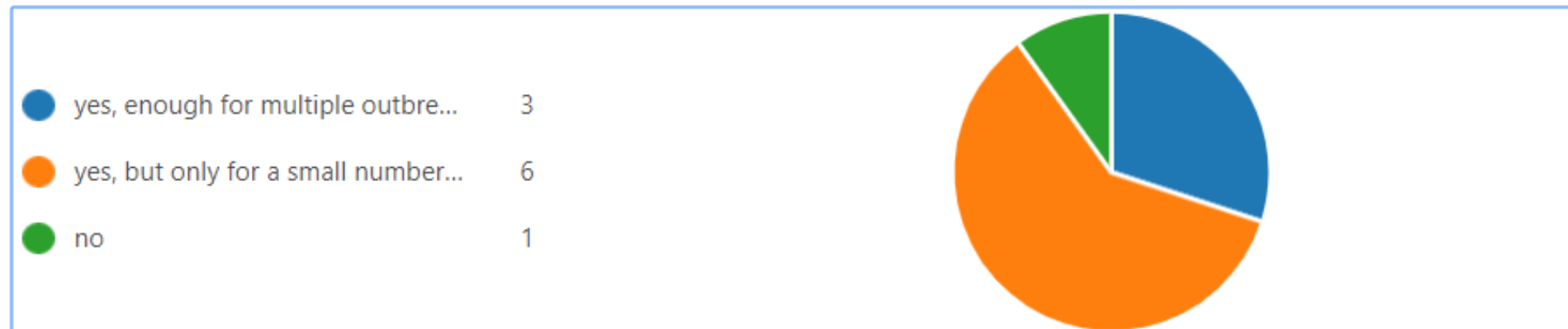
8.2. Are funds for surveillance and rapid response equipment available?



8. ASF - Funding

8.3. Are funds for carcasses management and safe disposal of dead animals available?

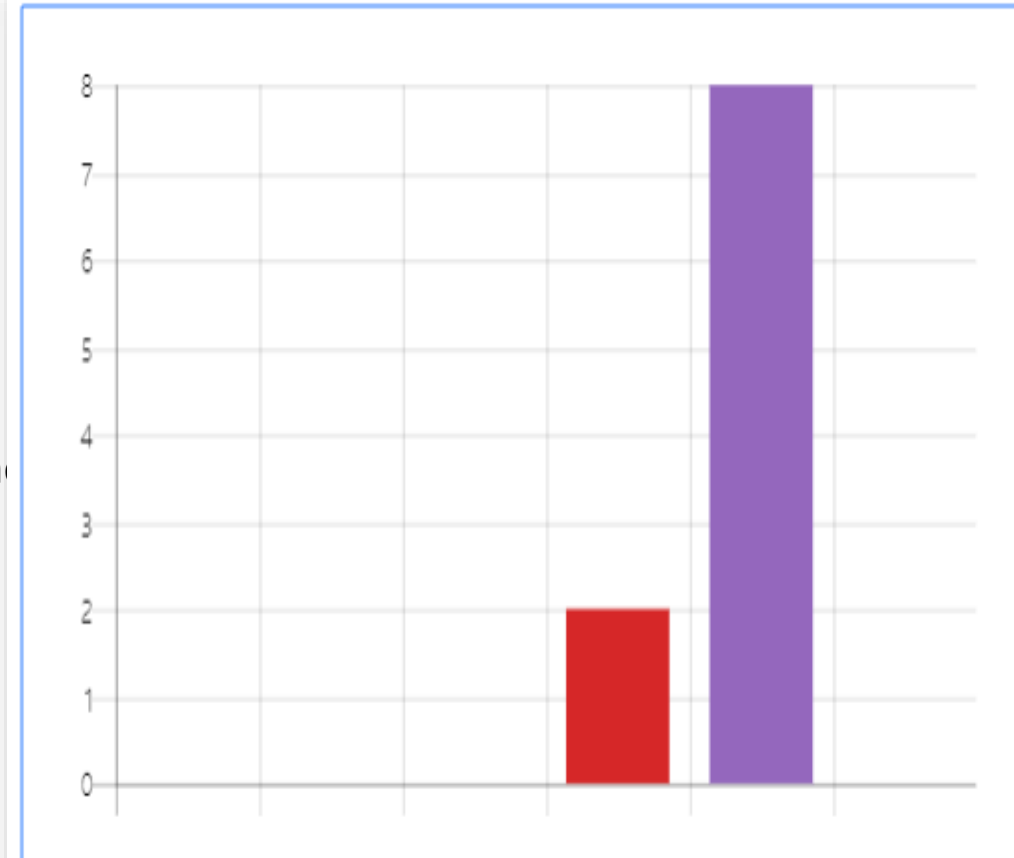
- a) yes, enough for multiple outbreaks,
- b) yes, but only for a small number of outbreaks,
- c) no



8. ASF - Funding




8.4. Do you have funds to provide compensation to owners of animals killed for ASF control purposes for direct losses and consequential losses (e.g. pork products ...)?

- a) No funds to provide compensation
- b) Funds to compensate for 50% or less of the value of the animals killed
- c) Funds to compensate for 75% or less of the value of the animals killed
- d) Funds to compensate for between 75 and 100% of the value of the animals killed
- **e)** Funds to compensate for 100% or more of the value of the animals killed
- **f)** We have funds in place to compensate for 100% or more of the value of the animals killed and to compensate the additional consequential losses



9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

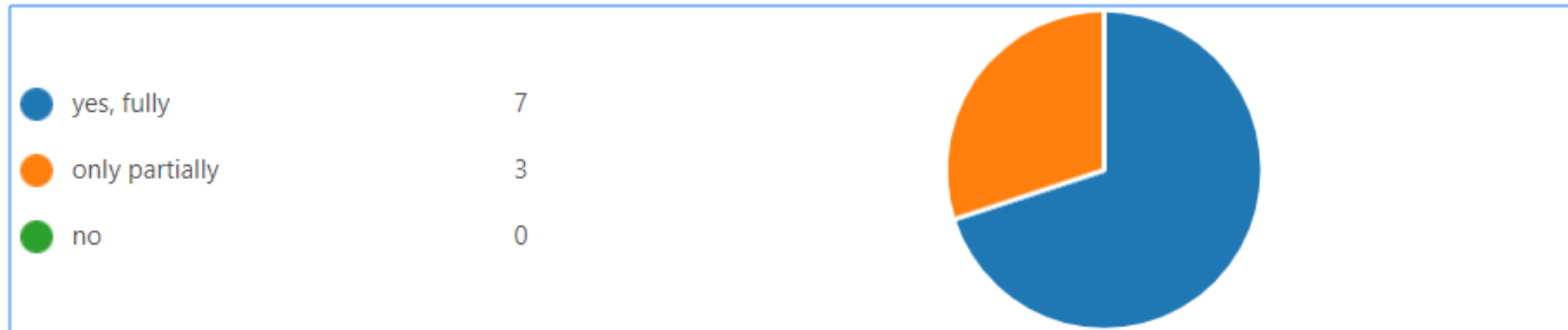
9.1. Laboratory diagnostic and capability

 <i>yes, fully</i>	7
 <i>only partially</i>	3
 <i>no</i>	0



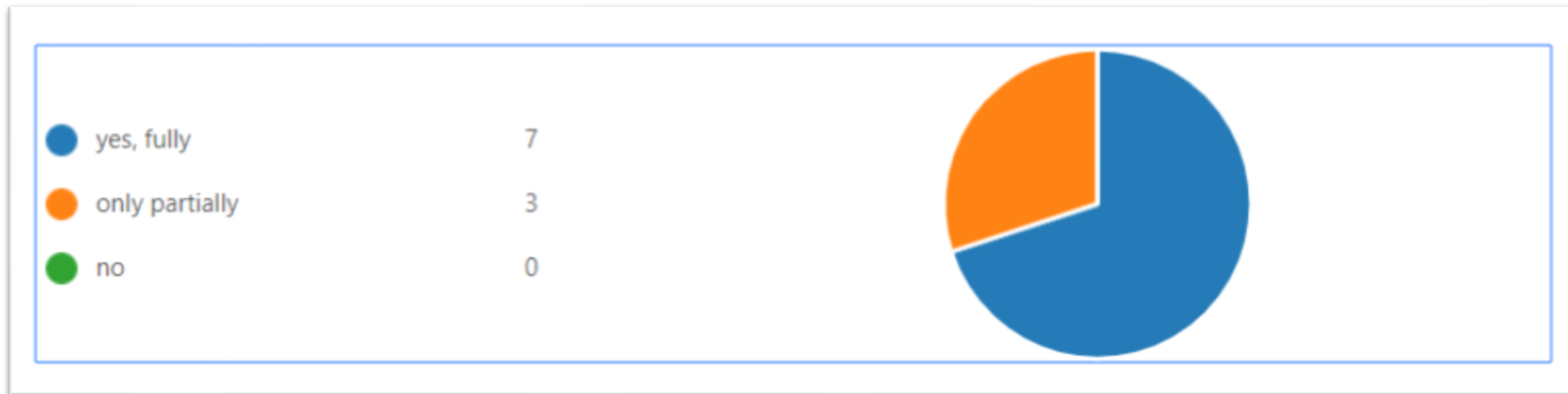
9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.2. Passive epidemiological surveillance



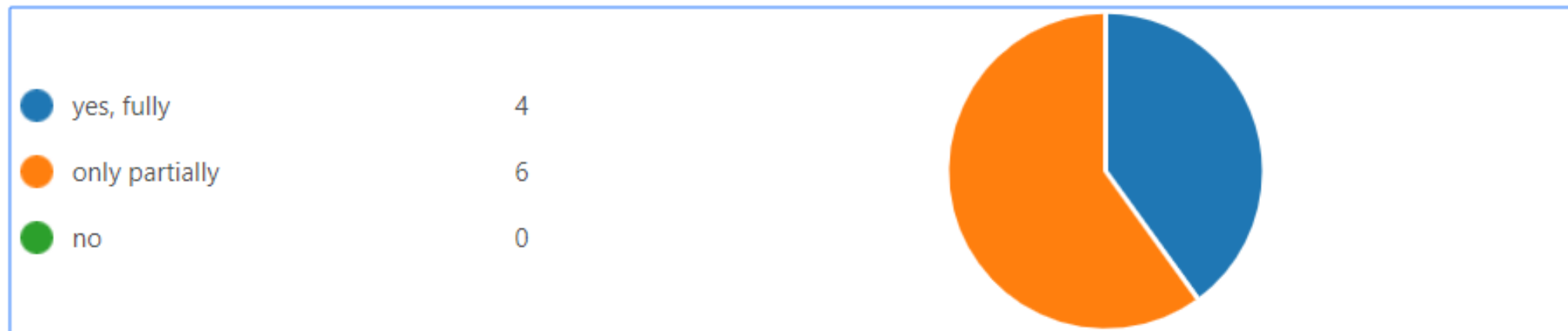
9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.3. Risk assessment



9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.4. Wild boar management



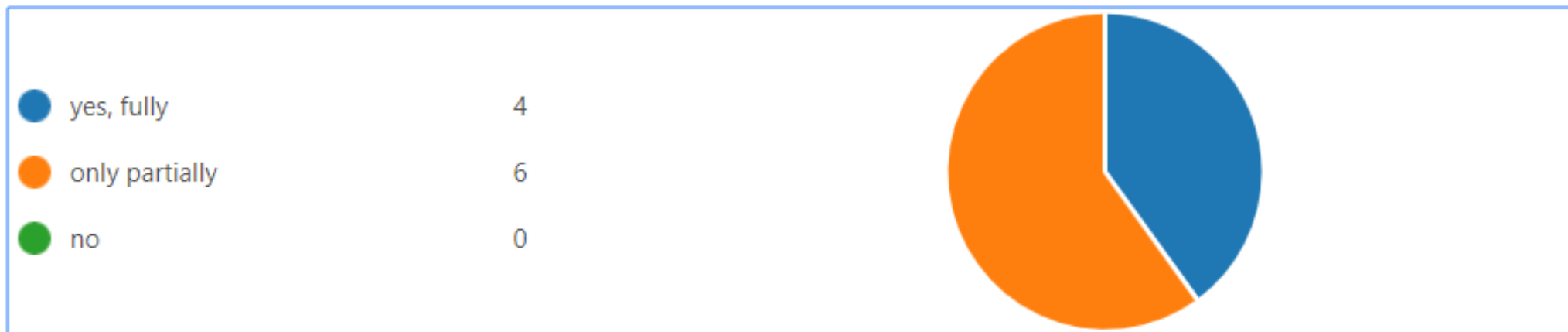
9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.5. Training programme for all target groups



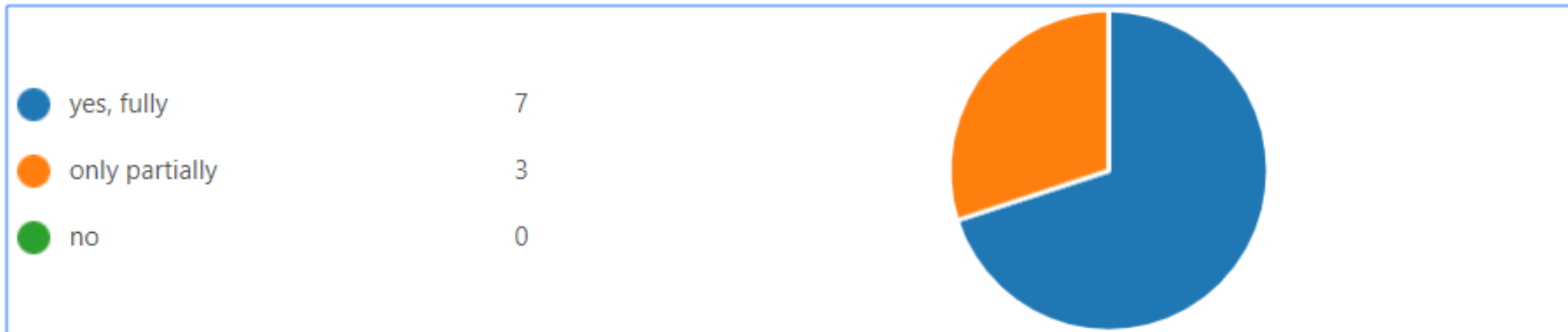
9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.6. Tailor made information and awareness raising campaigns



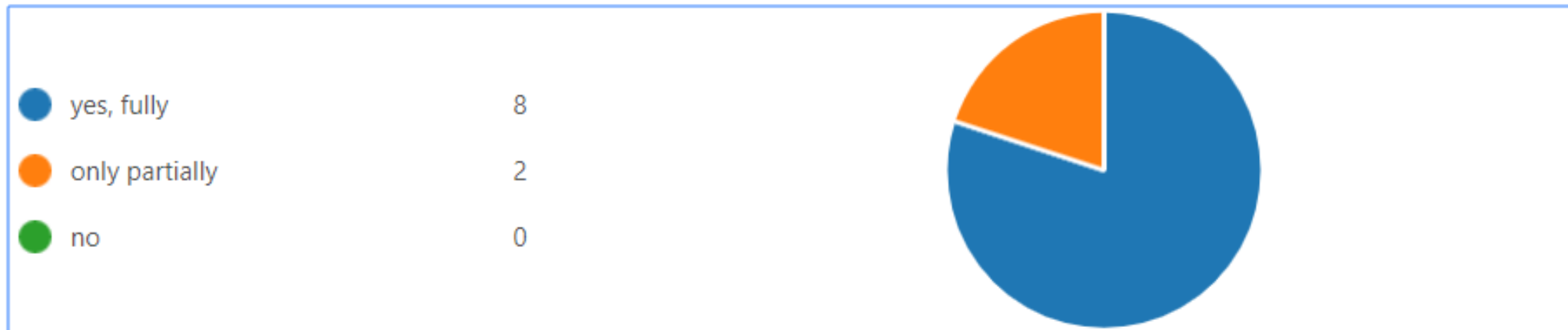
9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.7. Cooperation between Veterinary Services and national bodies and organisations responsible for hunting and wildlife management



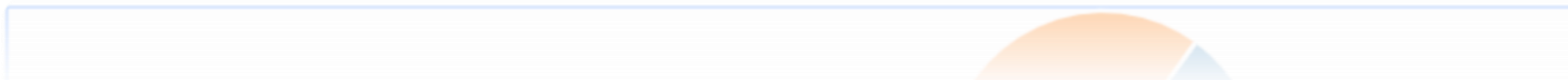
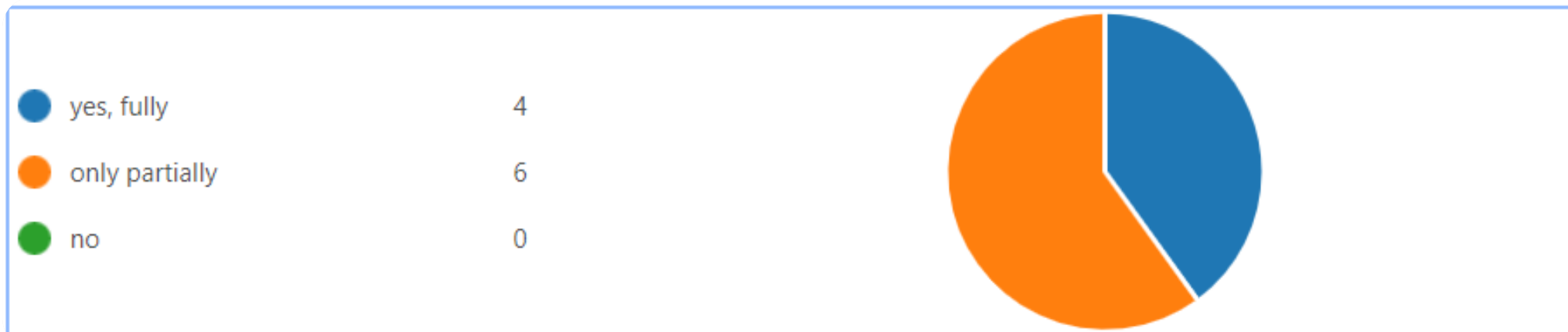
9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.8. Coordinated border management between VS (border inspection posts) and customs officials



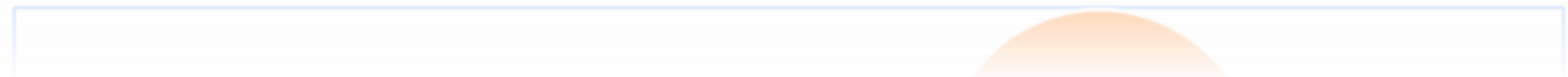
9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.9. Biosecurity on pig farms and backyard holdings (including ban of swill feeding)



9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.10. Hunting biosecurity and carcass disposal (wild boar)



9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

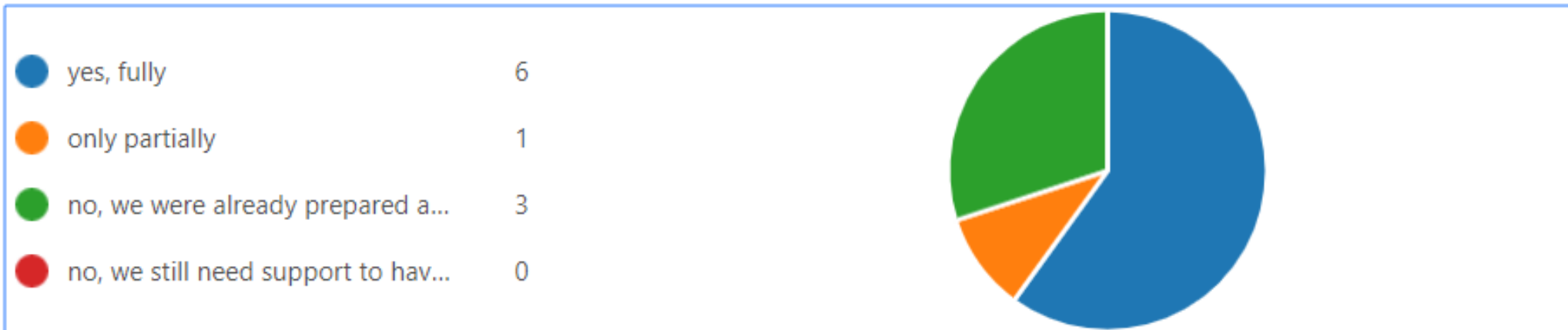
9.11. Biosecurity during pig transportation (including cleaning, disinfection)



9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

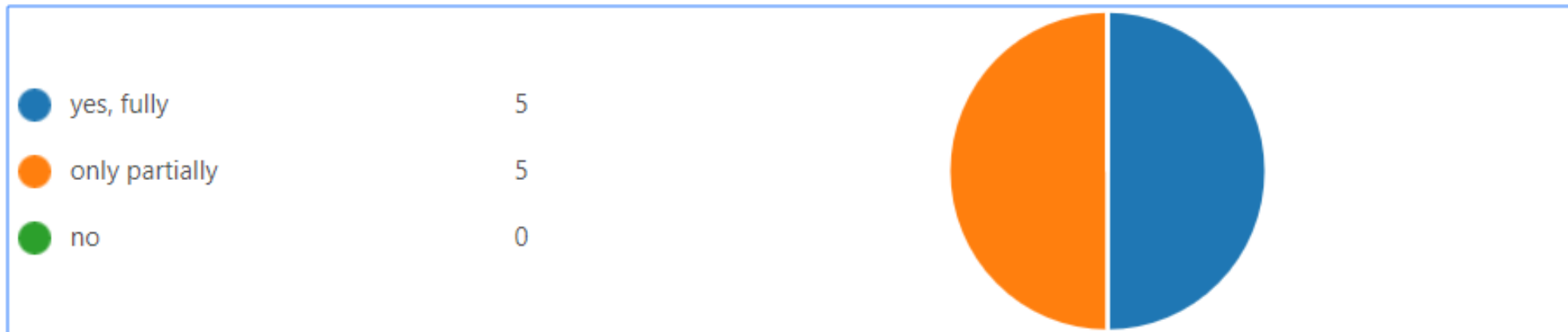
9.12. Full transparency in notification of ASF cases (WAHIS or ADNS)

- a) yes, fully,
- b) only partially,
- c) No, we were already prepared and ready to notify
- d) No, we still need support to increase notification capacities



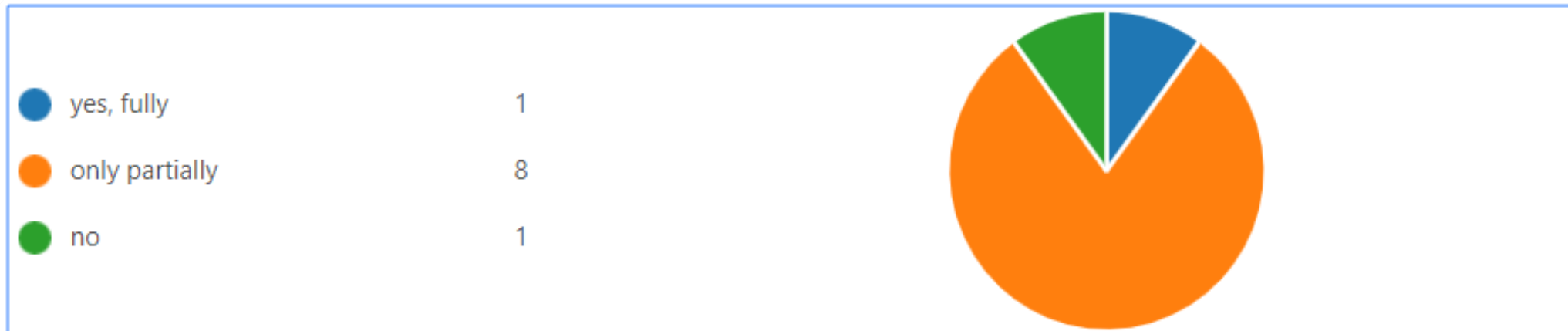
9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.13. Development of risk communication strategy for the eradication of ASF



9. Compliance with GF-TADs recommendations (from previous SGEs ASF)

9.14. Reinforcement of the Veterinary Authorities with the appropriate technical competencies, human and financial resources for the prevention and control of ASF



ASF preparednes: Conclusions (1)

- Questionnaire on preparedness is solid tool for proper understanding of preparedness of VSs for ASF emergency response
 - ✓ *Further improvement and use for other parts of Europe*
 - ✓ *Comparison and benchmarking tool*
 - ✓ *Gap identification and mitigation measures*
 - ✓ *Strengthening of national Veterinary Services*
 - ✓ *Improvement of regional cooperation*

ASF preparednes: Conclusions (2)

- Majority of selected countries of South East Europe follow activities and recommendation of GF-TADS / SG-ASF, but **enforcement level** varies accross region **from 10 to 80%**
- According defined criteria, **overall preparedness** in on solid level:
 - ✓ *Legislation*: compliance with OIE, FAO and EU
 - ✓ *Disease preparedness*: contingency plans, laboratory capacities, trainings in place, but only moderate training rate for national and regional disease control centres
 - ✓ *Awareness raising*: highly implemented
 - ✓ *Rapid Alert and Response*: gap identified in one country
 - ✓ *Scientific expertise*: research programs are limited, but expectations still high
 - ✓ *Coordination and cooperation with national stakeholders*: on high level
 - ✓ *Cross border cooperation*: very good
 - ✓ *Funding*: generally available, including for compensation, funds for passive surveillance, equipment, rendering missing in some countries

ASF preparednes: Recommendations

- To support selected countries in further development of preparedness capacities, with regional approach (e.g. Multicountry workshops, simulation exercises and tranings)
 - ✓ Passive surveillance
 - ✓ Rapid Response
 - ✓ Training of specialists (epidemiology, wildlife, biosecurity, communication)
- According to epidemiological situation, to use similar evaluation tool for other parts of Europe
- Further support of scientific research programme
 - ✓ To reduce knowledge gap
 - ✓ To develop appropriate ASF control tool (e.g. vaccine)

ASF preparedness in South-East Europe

Aknowledgment

- Preparation of questionnaire and online platform:
 - Dr. Fabien Schneegans (OIE),
 - Dr. Francesco Berlingieri (DGSANTE)
- National Competent Authorities and reporting officers (*accoring to data entry order*):
 - Ms. Vesna Dakovic
 - Dr. Andrea Höflechner
 - Dr. Jozef BIRES
 - Dr. Aleksandar Nemet
 - Dr. Zoran Atanasov Breda Hrovatin
 - Dr. Žaklin Acinger-Rogić
 - Dr. Sadik Heta
 - Dr. Laskarina-Maria Korou

ASF preparedness in South-East Europe

Thank you for your kind attention



http://web.oie.int/RR-Europe/eng/Regprog/en_GF_TADS%20-%20Standing%20Group%20ASF.htm#SGE5