Organisation Mondiale de la Santé Animale

World Organisation for Animal Health

Organización Mundial de Sanidad Animal

21st Conference of the OIE Regional Commission for Europe Avila (Spain), 28 September-1 October 2004

FINAL REPORT

Office international des epizooties

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List of Abbreviations

AMU	Arab Maghreb Union
BMVEL	Federal Ministry of Consumer Protection, Food and Agriculture
BSE	Bovine Spongiform Encephalopathy
CAC	Codex Alimentarius Commission
CEFAS	Center for Environment, Fisheries and Aquaculture Science
CP	Contingency Plan
CRL	Community Reference Laboratory
CSF	Classical Swine Fever
CVO	Chief Veterinary Officer
EC	European Commission
EU	European Union
EUFMD	European Commission for the Control of Foot and Mouth Disease
FAO	Food and Agriculture Organization of the United Nations
FMD	Foot and Mouth Disease
FVE	Federation of Veterinarians of Europe
GF-TADs	Global Framework for the Control of Transboundary Animal Diseases
HPAI	Highly Pathogenic Avian Influenza
IMIDA	Instituto Murciano de Investigación y Desarrollo Agrario y Alimentario (Institute for Research and Agtrarian and Food Development of Murcia)
IMS	International Meat Secretariat
NGO	Non-Governmental Organisation
OIE	Office International des Epizooties (World Organisation for Animal Health)
RVF	Rift Valley Fever
SANCO	Direction de la santé et de la protection des consommateurs (Health and consumer protection Directorate)
SPS	Agreement on the Application of Sanitary and Phytosanitary Measures of the WTO
STDF	Standards and Trade Development Facility
TADs	Transboundary Animal Diseases
TAHC	Terrestrial Animal Health Code
TSEs	Transmissible Spongiform Encephalopathies
USDA-APHIS	United States Department of Agriculture - Animal and Plant Health Inspection Service
WHO	World Health Organization
WTO	World Trade Organization

Introduction

1. On the invitation of the Government of Spain, the 21st Conference of the OIE Regional Commission for Europe was held in Avila, from 28 September to 1 October 2004.

2. One hundred and twenty-five Delegates and Observers attended the Conference from forty OIE Member Countries and five international or regional organisations. The speakers for items I and II also participated in the proceedings of the Conference. These were Dr Dietrich Rassow, Federal Ministry of Consumer Protection, Food and Agriculture in Bonn (Germany), and Dr Véronique Bellemain, Director/Assessor of the National School of Veterinary Services in Lyon (France) (Appendix I).

Tuesday 28 September 2004

Opening Ceremony

3. The Minister of Agriculture, Fisheries and Food, Her Excellency Dña. Elena Espinosa Mangana, on behalf of the Government of Spain, extended a warm welcome to the participants of the Conference. She then gave the floor to Dr Arnaldo Cabello Navarro, Deputy Director General of Animal Health and Delegate of Spain to the OIE.

4. On behalf of the Spanish Animal Health authorities, Dr Cabello Navarro welcomed the participants to the Conference and observed that the Ministry had thought it opportune to hold the Conference in one of the Autonomous Communities, such as Castilla y León, an important crossroads of various civilisations. This region in which Avila is situated, is representative of the current agricultural and animal production situation of Spain.

5. The Veterinary Services world-wide have to face important challenges, not only with regard to the crisis in animal production and the food industry, but also in respect of the important progress in the control and eradication of specific diseases. Dr Cabello Navarro hoped that this meeting of one of the most prestigious international organisations, will strengthen the activities of the Veterinary Services. Two of the topics, namely, bovine spongiform encephalopathy and avian influenza, will also be discussed during the General Session in May 2005 with regard to the modification of the corresponding chapters in the *Code*.

6. In conclusion, the Delegate of Spain extended his thanks to the Mayor of Avila, the Autonomous Region of Castilla y León and the Sub-Delegation of the Government for their valuable assistance. He then wished the participants fruitful discussions, which he hoped would strengthen relations between the participants and the various institutions.

7. The Mayor of Avila, Mr Miguel Angel García Nieto, warmly expressed his pleasure in welcoming the participants to Avila, a Heritage for Mankind. He invited those present to explore the town and wished everyone a successful conference.

8. Dr Nikola Belev, President of the OIE Regional Commission for Europe, extended his thanks to the Government of Spain for its kind invitation to hold the 21st Regional Conference in Avila.

9. Dr Belev underlined that the European continent occupies an important and strategic place in the future development of the OIE. Special focus in OIE activities was laid on legislation, the *Terrestrial* and *Aquatic Animal Health Code*s and the standards, in particular, on the strengthening of the OIE Reference Laboratories and Collaborating Centres. Actions also focused on improving the qualification of veterinary experts and researchers through organising seminars and conferences, training programmes for students, co-operation and collaboration amongst National Veterinary Services, state veterinarians and private veterinary practitioners. The food safety issue was part of a seminar in Belgrade and environmental protection of a seminar in Warsaw this year. These events significantly contributed to enlarging the activities of the OIE Member Countries. He acknowledged

the leadership of the OIE and its Member Countries that contributed with their experts to the organisation, holding and funding of these events.

10. During the period under review (2002-2004), the OIE Regional Bureau for Europe paid special attention to the preparation of the draft of the 4th OIE Strategic Plan for the period 2005-2010, including outstanding membership fees and changes to a higher category. The strengthening of the OIE Department for Regional Activities and the co-operation with its officials played a positive role in this process. The information activities also had a very important impact on the work. We consider it necessary, however, to focus on some factors with a negative influence on the work undertaken.

11. Firstly, with regard to participation of Member Countries in OIE General Sessions and seminars, organised for European countries, despite the invitations extended by the OIE and the host countries, as well as the commitment to cover the expenses of participants, certain Member Countries continued with the practice not to participate. Secondly, in a number of European countries there have been intensive debates concerning the structure of National Veterinary Services, whose activities, to a great extent, do not correspond to the principles of the *TAHC*. In fact, each country can take its own decision on the structure of its Veterinary Services, but the activities of the latter have to meet the provisions of OIE regulations and principles of the *TAHC*. During the meetings held in a number of countries and where these problems were put forward, it became clear that the Governments of a number of OIE Member Countries are not familiar with the principles of the *Code* due to the lack of relevant information. It should be noted that the huge information flow directed to the Member Countries (by fax, e-mail or through the OIE Web site) had not reached some governments, parliaments, heads of Veterinary Services, scientific institutes or veterinary schools - a fact that became evident during the different seminars.

12. The global epizootic situation in the last couple of years was extremely unfavourable with regard to foot and mouth disease (FMD), transmissible spongiform encephalopathy (TSE), classical swine fever, rabies, bluetongue and highly pathogenic avian influenza, which caused great economic losses to many countries world-wide. Never before had the OIE so quickly and effectively participated in the discussion on these issues and responded to the problems. This is due to the competence of the OIE management and its experts. Thanks to the intensive contacts and collaboration of the OIE with national governments and international organisations, a number of problems connected with the OIE's joint activities with the FAO, WTO, WHO and EU were solved.

13. The analysis of the disease status, however, has shown that the above-mentioned diseases will continue to be a problem for Europe in the next five years (2005-2010). Special attention should also be paid to the problem of bio-terrorism with regard to the activities of the Reference Laboratories and Collaborating Centres. Obviously, the removal of internal frontiers and suspension of visas, free trade and movement of animals and products of animal origin and tourism without restrictions, justify the need for expeditious, well-equipped, highly professional, disciplined and independent official Veterinary Services. Dr Belev concluded by underlining that the lack of understanding of this issue and any subsequent disintegration of the Services could lead to problems not only for the individual countries, but also for the continent as a whole. The governments of the OIE Member Countries must be aware of this fact and it is in the hands of the heads of the official Veterinary Services to provide them with timely information.

14. Dr Bernard Vallat, Director General of the OIE, expressed his appreciation to the Authorities of Spain for having honoured the OIE by welcoming participants to their magnificent country. He also extended his thanks to Dr Arnaldo Cabello Navarro and his team for having organised the Conference. On behalf of the Spanish-speaking members of the OIE, the Director General thanked the Spanish authorities for their voluntary contribution to promoting the use of Spanish in the OIE. He added that thanks to the financial support of Spain and Argentina, the *Manual for Diagnostic Tests and Vaccines for Terrestrial Animals*, which has been translated into Spanish, will be presented during this Conference.

15. The Director General recalled the importance of the technical items and of the presentation on aquatic animal health activities. Dr Vallat said the Conference would analyse the 4th OIE Strategic Plan (2005-2010) from the region's point of view. He believed that the survey promoted by the Regional Representation could be an important tool in guiding the discussions and defining the most appropriate way forward for the region, as well as for all the Member Countries.

16. In this context, Dr Vallat recalled the new fields of activity, namely, animal welfare and animal production food safety, which are an integral part of the 4th Strategic Plan proposal. Nevertheless, elements that will remain of particular importance are the further development of the OIE's financial resources in order to reinforce its capacity to better implement its new mandate (budgetary, voluntary and other extra-budgetary) and regional actions, the intensification of relations with other international organisations, as well as permanent political and technical support to the Veterinary Services of Member Countries, in order to give them the capacities to fulfil their national and OIE international tasks. The Director General added that the GF-TADs Agreement, which complies with this new approach, will be presented by the FAO.

17. Concerning emerging diseases and zoonosis, important changes have been made in the *Code* chapter on disease notification and epidemiological information in order to better address emerging diseases and emerging events wherever they occur. Furthermore, one of the important criteria to include a disease in the OIE single list of diseases is its zoonotic potential.

18. Regarding regional actions, the Director General pointed out that the Central Bureau's support to the activities of the Regional Commissions and Representations has been strengthened, in order to support and facilitate the development of programmes implemented by the OIE Regional Representations in collaboration with the Regional Commission Bureaux. Dr Vallat added that the main objective is to provide capacity-building to OIE Delegates.

19. At the international level, the OIE, FAO, World Bank, WHO and WTO have embarked on the development of the Standards and Trade Development Facility (STDF) initiative by which these organisations are committed to work together to assist developing countries enhance their expertise and capacity to contribute to the development and implementation of international sanitary and phytosanitary standards, thus improving their ability to gain and maintain market access, as well as their human, animal and plant health situation. STDF accepted to fund three projects presented by the OIE: training of new OIE Delegates world-wide, development of an evaluation tool to determine the quality of Veterinary Services, and strengthening Veterinary Services in Africa. The grant from STDF to the OIE will be approximately 500,000 US Dollars. It is hoped that Europe will give financial support to this project. The Director General concluded by wishing participants a fruitful and successful conference.

20. The Minister of Agriculture, Fisheries and Food, again took the floor. She remarked that the Animal Health Services had over the past few years been confronted by important crises in the fields of animal production and food security. Thanks to a large extent to the work undertaken by the veterinarians, a major part of diseases have been eradicated, the control of zoonoses has made considerable progress and international cooperation in the field of animal health has been strengthened. All this has led to improved human and animal health and better transparency of markets for products of animal origin.

21. Her Excellency recalled that animal health is not an isolated element within the production continuum, as it is linked to food, animal identification, animal welfare, traceability, and the control of veterinary medicines and their residues. In this context, the Minister underlined that the OIE should be supported in its policy of enlarging its field of activities, such as animal welfare, traceability and food safety.

22. The Minister remarked that the items to be discussed respond to this philosophy. She confirmed her country´s support to the OIE and mentioned the fruit of this collaboration, namely, the translation of the *Manual for Diagnostic Tests and Vaccines for Terrestrial Animals*, which is a magnificent work for all Spanish-speaking countries, at the same time propagating the language of Cervantes.

23. In conclusion, the Minister thanked the participants for their presence at the Conference and declared the 21st Conference of the OIE Regional Commission for Europe officially open.

24. The texts of the above speeches were distributed to the participants.

Election of the Conference Committee

25. Delegates elected the following Conference Committee:

Chairperson:	Dr Arnaldo Cabello Navarro (Spain)
Vice-Chairperson:	Dr Ago Pärtel (Estonia)
Rapporteur General:	Dr Patrick J. Rogan (Ireland)

Adoption of the Provisional Agenda and Timetable

26. The draft Agenda and Timetable were adopted (Appendices II and III).

Designation of Session Chairpersons and Rapporteurs

27. Chairpersons and Rapporteurs were designated for the technical items and animal health status as follows:

Technical item I:	Dr Karin Schwabenbauer (Germany), Chairperson Dr Alexander N. Panin (Russia), Rapporteur
Technical item II:	Dr Kazimieras Lukauskas (Lithuania), Chairperson Dr Levan Ramishvili (Georgia), Rapporteur
Animal health status:	Dr Isabelle Chmitelin (France), Chairperson Dr Taina Aaltonen (Finland), Rapporteur

Animal Health Situation of Member Countries during the first half of 2004

28. Dr Isabelle Chmitelin, Chairperson of the Session, invited Delegates of Member Countries to report on any changes that had taken place regarding the animal health situation of their country during the first half of 2004 and especially since the 72nd General Session of the OIE International Committee.

29. The animal health situation in Europe during the first half of 2004 is based on information extracted from national reports provided by OIE Member Countries of the region (following the guidelines for the preparation of the national animal health status report for the first half of 2004). It has been complemented with information from emergency and follow-up reports and by monthly reports submitted by Member Countries of the region during this period.

I. TERRESTRIAL ANIMAL DISEASES

Foot and mouth disease (FMD)

30. **Azerbaijan** is taking preventive and control measures against FMD along the borders with Iran and Turkey. Vaccination with a trivalent vaccine (types A, O and Asia 1) is being used in all areas bordering these two countries.

31. **Georgia** reported a clinical suspicion of FMD in April 2004 in cattle of local breed in Doesi village, Kaspi district, in the central part of the country, but no confirmation has been obtained by the National laboratory. In such cases it is advisable to send samples to an OIE Reference Laboratory for final confirmation.

32. **Romania** conducted serological testing of 7,614 samples collected countrywide, with negative results.

33. **Russia** reported an outbreak of FMD (type O) in April 2004. The outbreak occurred in a dairy farm in Tambovka district, Amur region, in the eastern part of the country. Cattle and small ruminants in this region were vaccinated and in the zone bordering the People's Republic of China pigs were immunised. Preventive vaccination against FMD is carried out in zones with a high risk of FMD introduction and spread: North Caucasus, the southern part of Povolzhye, areas of Siberia and the Far East bordering the People's Republic of China, Mongolia, Kazakhstan, and the Moscow and Vladimir regions.

34. In **Turkey**, FMD is endemic in Anatolia (types O_1 and Iran 96). A vaccination programme with a trivalent vaccine is taking place with two rounds of mass vaccination of large ruminants (80% of large ruminants), in spring and autumn. Mass vaccination of small ruminants has been completed in the Thrace and Marmara regions.

35. In **Israel**, 5 outbreaks of FMD virus type O were reported between January and March 2004. Only calves and lambs in a feedlot were infected, these animals having been vaccinated only once against FMD, six months before, with a polyvalent vaccine that included FMD virus strain type O. No new cases of FMD have been reported since 17 March 2004.

36. During the first half of 2004, the following European countries reported the absence of FMD: **Austria**, **Azerbaijan**, **Belgium**, **Croatia**, **Czech Republic**, **Denmark**, **Estonia**, **Finland**, **France**, **Georgia**, **Germany**, **Greece**, **Iceland**, **Ireland**, **Italy**, **Latvia**, **Lithuania**, **Luxembourg**, **Netherlands**, **Norway**, **Portugal**, **Romania**, **Slovakia**, **Slovenia**, **Spain**, **Sweden**, **Switzerland** and **Ukraine**.

Swine vesicular disease (SVD)

37. **Portugal** reported two outbreaks of SVD, the first in December 2003 and the second in January 2004 in Beira Litoral region. The previously reported outbreak of SVD was in September 1995.

38. **Italy** continued to report outbreaks of SVD in different regions (Umbria, Basilicata, Lazio, and Molise) during the first half of 2004.

39. Swine vesicular disease has never been reported in **Denmark**. Serological surveys are being carried out. During the first half of 2004, approximately 2,500 blood samples were analysed, with negative results.

40. The disease has never been reported in **Estonia**. Within the framework of its SVD surveillance programme, 1,738 samples have been processed, with negative results.

41. Active surveillance for SVD continues in **Finland**, and 1,983 samples were collected from pig farms belonging to the National Health Scheme for breeding pigs, with negative results.

42. **Romania** is carrying out an SVD national surveillance programme. A total of 879 serological test for the disease were carried out during first quarter of 2004, with negative results.

43. In **Spain**, the active SVD surveillance programme, which forms part of the National Control and Eradication Programme, has been in place since 2002.

Rinderpest

44. **Russia** intends to make a self-declaration of provisional freedom from rinderpest given that the last reported outbreak was in June 1998, in the Amur region in a settlement bordering a neighbouring country.

45. In May 2003, **Turkey** was recognised by the OIE as rinderpest disease free.

Peste des petits ruminants (PPR)

46. This disease is present in **Turkey**, where 15 outbreaks were reported during the first half of 2004.

47. In **Israel** no outbreaks of PPR were notified during the first half of 2004 whereas 4 outbreaks were reported in 2003. Sheep and goats are vaccinated annually from the age of four months.

Contagious bovine pleuropneumonia (CBPP)

48. In May 2003, **Portugal** was officially recognised by the OIE as a CBPP free country where vaccination is not practised. An active surveillance programme for CBPP is in place to test a random sample of 10% of the bovine population annually.

Bluetongue (BT)

49. In **Croatia**, only BT virus serotype 9 has been detected. In May 2004, one seropositive cow was found in the Vukovarsko-Srijemska district in southern Croatia.

50. Seropositive animals for BT have always been found in **Cyprus**. However, mild clinical cases of BT occurred in Famagusta in November and December 2003. These were the first cases of the disease in Cyprus for 26 years. No further outbreaks were registered during the first half of 2004. Since September 2003, a surveillance programme has been in place. The programme is based on monthly testing for bluetongue virus antibodies in about 250 sentinel animals (cattle, sheep and goats) in different areas of the island.

51. **Greece**, under its active surveillance programme for exotic diseases in the region of Evros, will test approximately 2,400 samples in 2004. The preliminary results obtained are negative for BT.

52. During the first half of 2004, **Italy** notified 11 BT outbreaks, all in Sardinia. Circulation of BT virus serotype 4 was evidenced in Cagliari province of Sardinia in 2003. Vaccination against the serotypes circulating in Italy (serotypes 2, 4, 9 and 16) is being carried out on a regular basis.

53. The presence of serotype 4 was confirmed in the south of Corsica, **France**, in 2003. Vaccination with a bivalent vaccine against serotypes 2 and 4 was carried out in November 2003. In June 2004, a specimen of Culicoides imicola was collected in the Var (mainland France). However, the laboratory results of testing of samples from susceptible animals in this area were negative.

54. **Romania**, under its BT national surveillance programme, has examined during the first half of 2004 2,662 serological samples, mainly from the southern part of the country, with negative results.

55. Since the 2003 BT epizootic in the Balearic Islands (Menorca), **Spain** has not reported any new outbreaks. Serological surveillance includes the testing of sentinel bovines and randomly selected bovines. In 2004, 17,490 samples from bovines sentinels and 55,956 samples from randomly selected bovines in parts of the Iberian peninsula and the Balearic Islands will be tested. A study on the dynamics of vectors (C. imicola, C. obsoletus and C. pullicaris) and their distribution is also being put in place.

Sheep pox and goat pox (SPGP)

56. Three outbreaks of SPGP were reported in **Israel** during the first half of 2004. Vaccination of all sheep is carried out in high-risk areas.

57. No new outbreaks of SPGP disease have been registered in **Russia** since the October 2003 outbreaks in the Far East in the Jewish Autonomous Region.

African swine fever (ASF)

58. In 2004, **Italy** has continued to report outbreaks of ASF in domestic pigs in Sardinia (one outbreak in Cagliari and 33 outbreaks in Nuoro province).

Classical swine fever (CSF)

59. **Romania** reported 62 outbreaks of CSF in the first half of 2004, 3 of which occurred in wild boar.

60. **Russia** reported the occurrence of an outbreak of CSF in a military unit farm in the Leningrad region. Immunisation of pigs using a locally produced virus vaccine is carried out throughout the entire country.

61. **Slovakia** reported 7 outbreaks of CSF between January and June 2004. Two of these outbreaks occurred in domestic swine and the others were in wild boar.

62. In the **Czech Republic**, no positive cases of CSF were recorded during the first half of 2004. Testing was performed on 4,393 samples from wild boar and 15,658 samples from domestic pigs. No serologically positive animals were detected in domestic pigs; however, five serologically positive wild boar were detected in four districts.

63. No outbreaks of CSF were reported in **Belgium** in either domestic pigs or in wild boar during the first half of 2004.

64. **Bulgaria** reported two outbreaks of CSF during the first half of 2004.

65. **Denmark** has been examining approximately 20,000 samples per year in order to ascertain that subclinical cases of CSF do not occur in pig populations. During the first half of 2004, Denmark had three clinical suspicions of CSF, all of which proved negative.

66. Between January and June 2004, **Estonia** tested 1,738 swine and 54 wild boar, with negative results.

67. In **Finland**, 2,224 samples collected from farms belonging to the National Health Scheme for pig breeding herds were analysed during the first half of 2004 for CSF, with negative results.

68. In the first half of 2004, there were no outbreaks of CSF in domestic pigs in **Germany**. Only one case was detected in wild boar, in Rhineland-Palatinate Land. Vaccination of wild boar with a non-pathogenic live virus vaccine by bait delivery was performed between 2001 and 2003 in the Länder of Rhineland-Palatinate, Lower Saxony and North Rhine-Westfalia.

69. **Italy** did not report any outbreaks of CSF in the first half of 2004.

70. There have been no CSF outbreaks or positive virological results in **Luxembourg** during the first half of 2004. A total of 18,657 samples from domestic pigs and 1,374 samples from wild boar were analysed during the first six months of 2004, with negative results.

Highly pathogenic avian influenza (HPAI)

71. The last outbreak of HPAI in **Belgium** was in April 2003. On the basis of Article 2.1.14.2. of the *OIE Terrestrial Animal Health Code*, Belgium considers itself free from HPAI as from 28 October 2003.

72. In **Germany**, the last outbreak of HPAI occurred in May 2003. On the basis of Article 2.1.14.2., of the *OIE Terrestrial Animal Health Code*, Germany considers itself free from HPAI as from 10 November 2003.

73. The last case of highly pathogenic avian influenza (HPAI) in the **Netherlands** was confirmed on 23 May 2003. In November 2003, the Delegate of Netherlands declared his country free from HPAI in accordance with the provisions of the *OIE Terrestrial Animal Health Code* (article 2.1.14.2.).

74. In 2004, **Denmark** has been implementing a screening programme for HPAI that also includes wild birds. The screening programme includes examinations of blood samples from 10 birds from all holdings with turkeys for fattening, all breeding flocks (chickens), approximately 50% of all flocks of young layers and all holdings with free ranging broilers, and blood samples from 45 birds from each of all holdings with ducks. Also, virological testing of 96 pooled samples, of each comprising five cloacal swab samples from hunted game birds, and virological testing of 600 pooled samples, each comprising five samples of fresh faeces, from different species of waterfowl, sampled from 12 different locations. In the screening programme, approximately 2,500 samples will be serologically examined and 3,500 samples will be virologically examined in 2004. Highly pathogenic avian influenza has never been reported in Denmark.

75. In **Finland**, 26 wild birds were tested during the first half of 2004, all with negative results.

76. **Greece** will start an active surveillance programme for HPAI in autumn 2004 including laboratory testing of housed poultry and wild birds.

77. In **Spain**, serological surveillance for LPAI and HPAI is being carried out in domestic poultry and wild birds.

Newcastle disease (NCD)

78. In its national report, **Austria** stated that an outbreak of NCD occurred in a backyard flock with 50 pigeons, 10 hens and three ducks (no clinical signs in the hens and ducks) in the Federal province of Upper Austria in March 2004.

79. **Sweden** reported an outbreak of NCD in two farms with layer hens in the county of Östergötland in July 2004. No further spread was noted and the protection and surveillance zones were lifted on 4 August 2004. Vaccination of poultry against Newcastle disease is prohibited.

80. **Denmark** had four clinical suspicions of NCD in the first six months of 2004, all of which proved negative. A surveillance programme is carried out and approximately 17,000 blood samples are serologically examined each year. In July 2004, the control strategy for NCDwas changed from non-vaccination to a vaccination strategy. This new strategy will be implemented in autumn 2004. The last reported occurrence of NCD was in 2002.

81. Within the framework of its infectious animal disease surveillance and monitoring programme, **Estonia** tested 1,212 blood samples for NCD during the first half of 2004, with negative results.

82. Under its NCD active surveillance programme, **Finland** has tested 2,194 blood samples from breeding poultry farms, with negative results.

83. **Romania** examined 182 serological samples collected country-wide, with negative results for NCD. The last reported outbreak of NCD was in 1985.

84. In June 2004, an outbreak of NCD occurred in **Turkey** in a broiler flock in Bagyurdu village, Kemalpasa district, Izmir province.

85. In the first six months of 2004, three outbreaks of NCD were reported in **Israel**, all in commercial fattening turkey flocks. The national law requires NCD vaccination of all poultry.

Bovine spongiform encephalopathy (BSE)

86. Measures for the prevention, surveillance and eradication of BSE in countries of the European Union (EU) are laid down in EU Regulation 999/2001, which came into force on 1 July 2001.

87. The **United Kingdom** identified 45 cases of BSE through passive surveillance and 156 cases through active surveillance between January and June 2004.

88. **Belgium** has confirmed seven cases of BSE during the first half of 2004. Two of them were detected as a result of clinically suspected cases, four involved slaughtered animals aged over 30 months and one was detected in a bovine aged over 24 months.

89. During the first half of 2004, **Denmark** had eight clinical and 13 laboratory suspicions but only one BSE case was subsequently confirmed. All animals on the affected holding were killed and destroyed as specified risk material (SRM) and all the animals sold from the holding since 12 months before the birth of the BSE-positive animal were traced and destroyed as SRM.

90. **France** confirmed 6 clinical BSE cases, 15 cases detected at rendering in bovines at risk older than 24 months (131,912 bovines tested) and 10 cases detected as a result of systematic screening using rapid tests in bovines older than 24 months performed at the abattoir (1,243,969 bovine tested).

91. In **Germany**, 17 clinically suspected BSE cases were confirmed (fallen animals, animals subject to emergency slaughter or slaughter of sick animals, animals displaying clinical signs prior to slaughter, animals culled in the context of BSE eradication, suspected cases for confirmation through laboratory testing) and 20 BSE cases were identified within the framework of detection at slaughter. Since January 2001, the age limit above which bovine are subjected to BSE screening in slaughterhouses has been lowered to 24 months.

92. **Italy** stated that 11 clinical suspicions of BSE had been reported in the first half of 2004, none of which was subsequently confirmed positive. The three cases of BSE reported during the first half of 2004 were detected through active surveillance using rapid tests (400,000 bovines tested).

93. In March 2004, **Slovenia** notified the occurrence of BSE in a 4-year-old cow. The cow was killed on the farm and was confirmed positive through histopathology and immunohistochemical examinations.

94. In June 2004, **Switzerland** confirmed a case of BSE in an old male dwarf zebu in a zoo.

Scrapie

95. Measures for the prevention, control and eradication of scrapie in countries of the European Union are laid down in Regulation (EC) 999/2001 of the European Commission.

96. During the first half of 2004, the **Netherlands** tested a total of 3,613 slaughtered sheep and eight goats. Of these, nine sheep were positive. At the rendering plant 4,706 sheep and 448 goats were tested and 13 sheep were positive. From farms known to be infected, a total of 667 sheep and eight goats were tested as a part of the eradication programme and 43 sheep were positive. Since 1998, a control programme for scrapie has been in operation, based on the selection of genetically resistant animals (ARR/ARR). By 1 July 2004, a total of 215 flocks of sheep had been certified as fully resistant.

97. During the first half of 2004, **Denmark** had two clinically suspected cases and one laboratory suspicion of scrapie, all of which were subsequently found to be negative by the Danish Institute for Food and Veterinary Research. The surveillance programme for scrapie includes testing of all fallen animals aged over 18 months (8,000/year). Scrapie has never been reported in Denmark.

98. In the **Czech Republic**, four cases of scrapie were reported during the first half of 2004.

99. In **Cyprus**, out of 54 sheep and 49 goats subjected to a rapid test for scrapie, 10 sheep and eight goats were positive. The 10 positive sheep were genotyped and none had the genotype ARR/ARR. Samples from 645 sheep and 214 goats were examined histopathologically: 513 of the sheep and 105 of the goats were positive for scrapie. Artificial insemination with semen from rams with the resistant genotype is continuing to be implemented in scrapie-affected flocks.

100. **Finland** detected a case of atypical scrapie (NOR 98) in June 2004. This was the first case of scrapie in sheep in Finland. Previously, scrapie was reported in goats in 2002. Stamping out was applied to all sheep in two in-contact holdings: all these animals tested negative. The source of infection has not been found.

101. **France** reported 27 outbreaks (29 cases) of scrapie between January and July 2004. They comprised 5 clinical cases, 13 cases detected in small ruminants at risk (fallen stock or euthanised animals) and 11 cases detected in small ruminants over 18 months of age. Surveillance in small ruminant farms includes testing of animals presenting clinical signs compatible with scrapie and random sampling using rapid tests for animals over 18 months of age (fallen stock or slaughtered animals).

102. During the first half of 2004, **Germany** identified 22 scrapie-positive cases. Twenty-one sheep tested positive out of a total of 48,825 sheep and 3,141 goats tested (fallen animals, animals subject to emergency slaughter or slaughter of sick animals, animals displaying clinical signs prior to slaughter, animals culled in the context of TSE eradication, suspected cases for confirmation through laboratory testing). During the same period, one sheep tested positive for scrapie out of 7,300 sheep and 487 goats tested within the framework of testing at slaughter.

103. Using rapid tests in compliance with EU legislation, **Greece** detected 13 scrapie cases out of 3,891 sheep tested and 12 scrapie cases out of 997 goats tested between January and June 2004.

104. Up to the end of June 2004, **Ireland** reported 16 outbreaks of scrapie with 37 cases identified.

105. Scrapie has been diagnosed in sheep in four farms in **Iceland** in 2004. All sheep on the affected farms have been destroyed and the sheep houses cleaned and disinfected. The farms will remain unstocked for at least two years.

106. During the first six months of 2004, **Italy** reported 11 outbreaks of scrapie in different regions (eight through active surveillance and three through passive surveillance).

107. In **Romania**, eight samples tested positive out of 1,967 samples examined by rapid tests during the first five months of 2004.

108. **Slovakia** reported 22 scrapie positive samples out of 527 sheep tested during the first half of 2004. The positive animals where traced back to two holdings.

109. In the **United Kingdom**, 176 positive cases of scrapie were detected in sheep during the first half of 2004, with 168 cases identified by passive surveillance and eight cases by active surveillance. Among the eight cases identified by active surveillance, four were identified from samples taken from abattoirs (among 5,474 sheep tested) and four were identified in fallen stock (among 3,101 samples tested). A voluntary genotype-based breeding programme commenced in the United Kingdom in 2001 and a voluntary control scheme for sheep flocks historically affected by scrapie commenced in April 2004.

110. The **United Kingdom** has prepared a contingency plan in case BSE is confirmed in sheep.

Rabies

111. In **Austria**, a rabies-positive fox was shot in Carinthia province in June 2004 in an area where oral vaccination is practised.

112. Rabies is endemic in urban and rural areas of **Azerbaijan**.

113. The **Czech Republic** has not reported any rabies cases since April 2002 and, according to chapter 2.2.5.2. of the *Terrestrial Animal Health Code*, can be considered a rabies free country.

114. **Estonia** examined 427 animals for rabies during the first half of 2004 and 185 were confirmed positive. Various species were affected (89 racoon dogs, 52 red foxes, 17 dogs, 10 cats, 9 cattle, 3 badgers, 2 lynxes, 1 marten and 1 moose).

115. In **Finland**, 367 animals were examined for rabies during the first half of 2004, with negative results.

116. **Georgia** reported 62 cases of rabies in the first half of 2004. The regions affected were Gardabani, Tskheta, Dusheti, Tskhaltubo, Tbilisi and Adjara. The two main reservoirs of the disease are stray dogs and wild animals (foxes and jackals).

117. **Israel** reported 16 cases of rabies in the first half of 2004, involving dogs, cats, cattle, goats, rabbits, a badger, a fox, a horse, and a camel.

118. **Germany** reported nine cases of rabies in the first six months of 2004, with eight cases in wild animals and one in a dog.

119. **Romania** reported 61 cases of rabies during the first half of 2004, of which 45 were in wild animals.

120. In **Russia**, rabies is widespread throughout the country. Since 2003, an increase in the number of outbreaks is noticed.

121. **Slovenia** has reported one case of rabies in 2004, in a red fox in the south-eastern part of the country. Between May and June 2004, 361,250 vaccination baits were distributed over an area of 13,500 km^2. As in previous years, rabies has been reported only in the south-eastern part of the country.

122. In the first half of 2004, **Slovakia** reported 28 cases of rabies in wildlife, one case in a dog and two cases in cats.

123. **Ukraine** reported 108 cases of rabies during the first half of 2004 (46 cases in dogs and 10 in wild animals).

Bovine brucellosis (*B. abortus*)

124. **Azerbaijan** reported three outbreaks in cattle during the first half of 2004.

125. Up to the end of June 2004, **Ireland** reported 154 brucellosis positive herds. During the same period, a total of 44 herds (4,512 bovines) have been slaughtered under the brucellosis eradication programme.

126. In March 2004, brucellosis was confirmed in the **United Kingdom** in a herd in Cornwall. The entire herd of 129 cattle was slaughtered to prevent any spread of infection. Epidemiological analysis indicates that infection was introduced into the herd in Cornwall between spring 2002 and spring 2003. Genome studies of the Brucella abortus isolate have ruled out any link with the four cases that occurred in Scotland in 2003.

127. Brucellosis is endemic in **Russia** and, in January 2004 alone, 85 outbreaks were reported. The most complicated situation relating to bovine brucellosis is in the North Caucausus zone.

Caprine and ovine brucellosis (excluding *B.ovis*)

128. **Azerbaijan** reported seven outbreaks of brucellosis in sheep and goats during the first half of 2004. The disease is becoming a major constraint and in 2004 it is planned to start vaccination of all sheep and goats using REV-1 vaccine.

129. **Cyprus**, under its surveillance programme, examined 442,084 blood samples for the presence of antibodies against brucellosis: 813 sheep and goats were positive in 10 newly infected flocks/herds and 66 in previously infected flocks. No new cases of bovine brucellosis (B. abortus) have occurred since 1997.

130. During the first six months of 2004, **Italy** tested 40% of small ruminant farms for caprine and ovine brucellosis. The results indicated a prevalence of 4.97% and an incidence rate of 1.43%.

Aujeszky's disease

131. Criteria for the control and eradication of Aujeszky's disease in countries of the European Union are laid down in Council Directive 64/432/EC and Commission Decision 2001/618/EC.

132. During the first half of 2004, 25 blood samples were tested for Aujeszky's disease in **Cyprus** with negative results. No positive sera have been found since 1978.

133. In the **Czech Republic**, within the framework of the Aujeszky's disease monitoring programme, one slaughtered sow was found to be positive. The animal was from a farm located in Benesov district in the Central Bohemian Region. During March and April 2004, 42 wild boar were tested and 20 were found to be positive. During the first half of 2004, 72,746 domestic pigs were tested, four of which were positive.

134. During the first half of 2004, a case of Aujeszky's disease was suspected in **Denmark**, but subsequently proved negative. Surveillance to ensure continued freedom from Aujeszky's disease is carried out on blood samples from abattoirs. The last reported occurrence of the disease was in 1991.

135. In the **Netherlands**, there have been no cases of Aujeszky's disease during the last 18 months. A total of 9,067,178 pigs were vaccinated during the first half of 2004. The control programme is based on obligatory vaccination with a marker vaccine, surveillance and certification of negative herds.

136. In the **United Kingdom**, 3,405 boar serum tests were performed between January and June 2004, all of which were negative.

Tuberculosis (TB)

137. **Ireland** tested 50,898 herds for TB during the first half of 2004. Of these, 3,702 herds were found to be positive (2,844 of which are newly infected herds).

138. During the first half of 2004, **Italy** tested 50% of cattle farms for TB. The results showed a prevalence of 1.1% at the national level. The region with the highest incidence rate was Sicily.

139. In January 2004, 170 outbreaks of TB were reported in **Russia**.

140. Provisional figures for the period January-April 2004 indicate 708 newly confirmed outbreaks of TB in the **United Kingdom**, the majority of which occurred in the south west of England and in Wales.

141. **Ukraine** reported two outbreaks of TB during the first half of 2004.

Anthrax

142. **Georgia** reported two outbreaks of anthrax in breeding cattle herds during the first half of 2004.

143. **Russia** reported one outbreak of anthrax in Ulyanovsk Region where one piglet died during 2004. This outbreak occurred among non vaccinated animals on a previously infected territory.

Bovine virus diarrhoea (BVD)

144. In **Finland**, within the framework of surveillance for BVD, 10,304 bulk milk samples from dairy farms and 1,514 blood samples from 372 suckler herds were tested during the first half of 2004. Thirty-three dairy herds were seropositive.

II. BEE DISEASES

145. Fifteen outbreaks of American foulbrood occurred in six federal states of **Austria** in March, April and June 2004.

146. American foulbrood and varroosis are enzootic in **Cyprus**. Nosemosis is sporadic and confimed to certain regions.

III. AQUATIC ANIMAL DISEASES

147. In **Finland**, one fish farm in Åland Islands has remained positive after the epidemic of viral haemorrhagic septicaemia (VHS) that started in 2000.

148. Two outbreaks of VHS occurred in June and July 2004 in **Turkey**.

149. In June 2004, **Iceland** reported the confirmation of a mollusc disease in red abalone (Haliotis rufescens) called withering syndrome of abalone caused by Candidatus Xenohaliotis californiensis. The disease was confirmed in two farms. The brood animals had originally been imported from California, United States of America, in 1988, and this is assumed to be the source of the agent.

150. In spring 2004, 150 oysters from Blacksod Bay, **Ireland**, were tested for bonamiosis (Bonamia ostreae) and one was found positive (prevalence of 0.6%), confirming the presence of this disease.

IV. CONTINGENCY PLANS AND SIMULATION EXERCISES FOR ANIMAL DISEASES

151. **Lithuania** maintains contingency plans for the majority of List A diseases.

152. **Spain** has a single national contingency plan for any List A disease. Operational manuals have been prepared for fish diseases.

153. **Turkey** has an FMD contingency plan for the Thrace region. Contingency plans for HPAI, FMD (the whole country) and PPR are in preparation.

154. In **Denmark**, a real-time alert simulation exercise on classical swine fever (CSF) took place between 28 and 30 April 2004. This was a training exercise designed to evaluate the capacity of the Danish Veterinary Service and to test the recently modernised contingency plan for CSF (April 2003). All regional veterinary and food administrations were involved in this exercise as well as a number of abattoirs.

155. A simulation exercise on the contingency plan for foot and mouth disease in **Iceland** was held from 18 to 20 March 2004.

156. The **Slovak Republic**, informed, through the OIE, about an emergency simulation exercise on avian influenza, that took place, in Martin region from 31 May to 4 June 2004. The simulation exercise was prepared with the cooperation of the Technical Assistance Information Exchange Office (TAIEX) of the European Commission.

157. On 29 and 30 June 2004, the **United Kingdom** held a real time exercise ("Exercise Hornbeam") to test its contingency plan for dealing with an FMD outbreak.

158. **Slovenia** carried out a simulation exercise on CSF from 7 to 11 June 2004.

159. **Latvia**, informed the OIE that an emergency simulation exercise on avian influenza (AI) took place in Cesis district from 24 to 26 August 2004. This simulation exercise included theoretical and practical training of personnel from the Food and Veterinary Service of Latvia with the aim of testing the recently updated AI contingency plan and detecting possible weaknesses in national legislation and in field operations.

Discussion

Bovine spongiform encephalopathy (BSE)

160. The Delegate of Belgium confirmed seven cases of BSE during the first half of 2004. Two of these were detected as a result of clinically suspected cases, four involved slaughtered animals aged over 30 months and one case was detected in a dead bovine aged over 24 months tested in a destruction plant.

Newcastle disease

161. A representative of Finland confirmed a case of Newcastle disease in a holding of 12,000 turkeys in July 2004. There were no clinical signs on the holding, which was sampled within the context of a health control programme. The holding was depopulated and protection and surveillance zones established around the outbreak. All holdings in the zones and also some other contact holdings were examined with negative results. The last zone was revoked on 2 September 2004. The probable origin of the outbreak was wild birds.

Classical swine fever (CSF)

162. The Delegate of Serbia and Montenegro confirmed 33 outbreaks of classical swine fever during the first six months of 2004. Vaccination against CSF is still practised in the country.

163. The Delegate of France reported that an outbreak in wild boar in the Thionville area is now under control due to a cynegetic management policy in wild boar populations. In contrast, this policy proved to be less suitable to the situation in the Northern Vosges area, due to the absence of natural barriers. For this reason, it was decided to implement a vaccination policy. An initial oral vaccination campaign of wild boar was implemented on 28 August 2004. France remains free from classical swine fever in domestic pigs since 12 July 2002.

Bluetongue

164. The Delegate of Croatia confirmed that only BT virus serotype 9 has been detected. In May 2004, one seropositive cow was found in the Vukovarsko-Srijemska district in southern Croatia.

165. The Delegate of Serbia and Montenegro informed participants that an active surveillance programme on bluetongue is operative. He added that during 2004, almost 190,000 tests will be carried out on calves, lambs and kid goats born this year and over 4 months old, as well as detecting and identying the possible vectors in the country. To date, no sera conversion in young animals has been detected.

166. The Delegate of France recalled that bluetongue is limited to the island of Corsica. The continental French territory remains free from all viral infection. A new serotype, serotype 16, was detected on the island of Corsica originating from Sardinia. A new vaccination campaign will shortly be implemented using three serotypes (2, 4 and 16), resorting for the first time, with regard to serotype 2, to an inactivated vaccine.

Foot and mouth disease (FMD)

167. The Delegate of Georgia reported a clinical suspicion of FMD in April 2004 in cattle of local breed in the Doesi village, Kaspi district, in the central part of the country, but that no confirmation could be obtained in the OIE Reference Laboratory.

168. The Delegate of Russia reminded participants of significant outbreaks in China near the southern border of Russia where Russia has established a buffer zone. This outbreak could be a risk not only to Russia, but also other Member Countries.

Swine vesicular disease (SVD)

169. The Delegate of Portugal reported two outbreaks of SVD, the first in December 2003 and the second in January 2004 in the Beira Literal region. A surveillance programme is underway and no cases were detected over the past nine months. The previously reported outbreak of SVD was in September 1995. He added that an active surveillance programme on the disease was implemented following the lifting of the active protection measures of the outbreaks.

West Nile fever

170. The Delegate of France informed participants that sanitary surveillance established since 2000 in the Mediterranean area had identified viral circulation in wild birds in August this year. Five clinical suspicions in horses in the Camargue region have been confirmed since 16 September 2004. Preventive measures of human and equine contaminations were implemented. No general restrictive measures on the movement of equines are necessary.

Rabies

171. The Delegate of France reported that the illegal introduction into France of a dog originating from Morocco, which proved to be rabid, triggered an unprecedented rabies alert in France and the European Union. In fact, the epidemiological investigation rapidly led to the identification of a very

large number of potential contacts between the rabid animal and other carnivores or certain humans, during the period at risk. Although 109 persons who had been in contact with the animal were found and treated in an antirabies centre and 47 carnivores that had been in contact were found and euthanised, vigilance is still necessary. An active search for 5 humans and 14 carnivores is still being undertaken. In this context, it appears to be even more indispensable to strengthen cooperation between Mediterranean countries. The OIE Regional Commission for Europe could play an active role in the development of joint actions throughout the Mediterranean region. The conference in Kiev (OIE, December 2004) could be an opportunity to propose actions in this respect.

Reports submitted

172. The Delegates of Slovenia and Belarus noted that their countries are not included in Table 1 (Countries that submitted a report for the Conference of the Regional Commission for Europe and dates of their submissions – as of 5 September 2004) of the report on the animal health situation in 2004.

173. With regard to Contingency Plans, the Delegate of Denmark remarked that his country is not included in Table 3 of the report; however, a Contingency Plan for highly pathogenic avian influenza exists in his country.

174. The Delegate of Germany observed that although her country had submitted its animal health report, as indicated in Table 1, the section on Contingency Plans and Simulation Exercises for Animal Diseases is not included in the OIE report (point IV).

175. The Delegate of Lithuania stated that there is no Contingency Plan for epizootic hemorrhagic disease of deer or infectious salmon anaemia in his country. The text should thus be deleted from the section on this issue (point IV).

Miscellaneous

176. The Conference Chairperson referred to three items to be taken under Miscellaneous:

1. BSE
2. Classical swine fever
3. Avian influenza

Bovine spongiform encephalopathy (BSE): update

177. Dr Eric Poudelet, Head of a Unit, SANCO, of the European Commission, gave an update of bovine spongiform encephalopathy (BSE).

178. By way of background, Dr Poudelet referred to the Resolution adopted in 2003, which resulted in the Ad Hoc Group commencing work on the simplification of the BSE Chapter; the intention being for a further Resolution to be presented at the General Session in May 2005. The current OIE text only allows four countries to prove their provisional BSE freedom and to be considered as Category 1 countries.

179. During the 72nd General Session in May 2004, the OIE requested Member Countries to forward their comments on the proposed simplified categorisation system into three categories. Furthermore, it recalled that in addition to the priority of a simplified approach to country categorisation, a new commodities approach and revision of the BSE surveillance appendix was included in the work programme of the OIE Code Commission

180. The OIE and Community Reference Laboratory for TSEs, Weybridge, United Kingdom (CRL), have developed a method for the Evaluation of National Surveillance Data and Optimization of National

Surveillance Strategies for BSE (BSurvE model). The method allows for a better understanding of results from national surveillance programmes and to be used for many purposes including optimising monitoring schemes and estimating prevalence.

181. The categorisation of countries according to their BSE risk should be based on a risk assessment and a surveillance programme and not on certain rigid criteria. Therefore, the OIE proposal for a simplified categorisation system based on those two factors can be supported if the surveillance criteria are based on the guidelines for surveillance based on the BSurvE model. In order to provide the necessary guidance for a Member Country to design the appropriate surveillance programme taking into account the structure and dynamics of the cattle population, it is proposed that the OIE establishes a Collaborating Centre as a centre of excellence in the field of TSE epidemiology. At the same time, the list of tradeable products should be further developed, in particular for the countries in the third category.

Discussion

182. The EU Commission suggested that it was quite possible that consensus would be achieved on the adoption of three categories as proposed, but suggested that the question of surveillance would be more problematic and achieving consensus would be more difficult.

183. Dr Thiermann, President of the Terrestrial Animal Health Standards Commission, spoke of the necessity for changes to the BSE Chapter to be adopted at the General Session in May 2005. Emphasis must be placed on trade in safe commodities irrespective of other issues such as prevalence and surveillance. Dr Thiermann indicated that he was of the opinion that the majority of OIE Member Countries would fall into Category 3 (Undetermined Risk), despite the position they believed themselves to be in at the present time, that of being provisionally free from BSE.

184. In expressing its support for the proposed three Categories, the European Union suggested that surveillance programmes would be required for Categories 1 and 2, but not for Category 3 countries, for which a larger list of tradeable products would be developed.

185. In proposing that the current OIE Appendix cannot be used efficiently as the basis for determining the level of surveillance required when categorising countries, the EU offered for consideration and adoption a computer model – BSurvE, developed at the Community Reference Laboratory for TSEs (Weybridge, UK) and funded by the EU Commission. Dr Poudelet emphasised that it was not the wish or intention that the BSurvE model be imposed on OIE member countries.

186. Dr Thiermann in commenting on the model indicated that it was complex and that if it were to be included as part of the OIE *Code* Appendix it would require some further elaboration and also made easier to understand.

187. In the course of a wide ranging discussion on the EU presentation and in particular the computer model it transpired that the model had not as yet been published but that it was available. If it was made available at this juncture it was suggested that the input of epidemiologists would be necessary It was also confirmed that training programmes on the application of the model would be provided, in addition to those already provided for the twenty-five members of the EU. It was also noted that although training for other countries had been proposed for January and February 2005 only one request for such training had been received by the EU Commission.

188. It was suggested by Dr Thiermann that if the model is as complex as suggested it might be difficult to obtain support from the wider membership of OIE. It would be important to clearly demonstrate how the model works.

189. It was suggested that one approach might be to use the model for a single country and this would assist in gaining support for the use of the model. It was also suggested that in explaining the model the explanations would have to be straightforward and easily understood. A number of

representatives suggested that they would like to study the model and test its validity using their own herd data.

190. Dr Evgueny Nepoklonov, Delegate of the Russian Federation, spoke of the consequences of making change and proposing new systems for determining surveillance levels it would be necessary to actively promote the positive aspects of the new system and the benefits which would result from its use. The Delegate of the State of Israel supported Dr Nepoklonov's views and suggested that the model be made available to the CVOs who are members of the Regional Commission for Europe.

191. Speaking on behalf of the EU Commission, Dr Jaana Husu-Kallio, Deputy Director General, DG SANCO, said that what was needed was a step by step approach, centred on the concept of simplification of the categories. Firstly, a list of tradeable commodities was required, followed by the development and application of a scientifically valid method for determining appropriate surveillance levels. In this regard the EU Commission was willing to provide advice to members of the Regional Commission and also provide seminars for members of the Regional Commission. Further steps could involve expanding the possible use of a model to other countries.

192. The Director General of the OIE, Dr Bernard Vallat, spoke of the need to seek a compromise in the development of the new BSE chapter. There is already agreement on the principle of three categories and on a list of tradeable commodities. Dr Vallat also emphasised that there was a need for the development of appropriate surveillance levels acceptable by all OIE Member Countries if simplification was to function as proposed.

193. The Conference Chairperson thanked Dr Poudelet for his interesting report and requested a small group consisting of Dr Levan Ramishvili (Georgia), Dr Karin Schwabenbauer (Germany), Dr Peter de Leeuw (Netherlands), Dr Keren Bar-Yaacov (Norway), Dr Evgueny Nepoklonov (Russia) and Dr Arnaldo Cabello Navarro (Spain) to assist the speaker in drafting a recommendation on this disease.

Classical swine fever: oral CSF vaccination of wild boar

194. The Conference Chairperson requested Prof. Volker Kaden of the Federal Institute of Riems, Germany, to make a presentation on a programme of oral immunisation of wild boar against classical swine fever (CSF).

195. Prof. Kaden stated that the continuing presence of CSF virus in the wild boar population in specific areas of the Federal Republic gives rise to outbreaks of clinical disease in wild boar herds, while at the same time acts as a reservoir for the spread of the disease to domestic pigs. A factor which has contributed to the potential threat to the domestic pig herd is the increasing size of the hunting bag as shown by data collected between 1978 and 2001, where the hunting bag has increased by a factor of 3.3.

196. The oral immunisation programme is based on the use of C-strain vaccine in a maize delivery matrix, with baits delivered at predetermined feeding places, at a density of one feeding place per square kilometre of hunting ground. The feeding places are prepared in advance by the placing of maize at the selected sites ten days prior to vaccine placement. The programme is based on double vaccination with an interval of 14 days between each vaccine deployment. The basic procedure is repeated twice per year, with an interval of 5-7 months.

197. The first field trial took place between 1993-1995. The major question to be answered was the efficacy of vaccine uptake over enlarged infected areas and also the development of virus prevalence after oral immunisation. A further question addressed in the programme was antibody prevalence in non-vaccination and vaccination areas based on 6-month intervals. Through sampling of wild boar data was collected on seroconversion depending on age of boars sampled.

198. The programme was further elaborated to involve three vaccination campaigns (spring, summer, autumn). This programme was to include a continuation of vaccination for one year after the last CSF case.

199. Data analysis of samples taken showed that seroprevalence rates after use of C-strain vaccine were on average 55-70%, with levels of up to 80% in infected areas and 50-55% in uninfected areas. Studies were also undertaken to determine if immunisation gave rise to risk in infected areas in which vaccine was used. Immunisation was shown to pose no such risk.

200. The programme concluded that (1) oral immunisation is an appropriate tool to support the control and eradication of CSF in wild boars, (2) immunisation measures should be continued for at least one year after the finding of the last virologically positive case.

Discussion

201. Delegates spoke of the need to carry out surveillance in wild boar populations for various diseases. Concern was expressed that the use of the C-strain could be a complication in view of a new virus strain identified in China, but this was not considered a problem as C-strain had been used for a number of years for vaccination purposes in the European Union.

202. The Director General indicated that the *Code* provided for the use of marker vaccines. He also spoke of the need to convince vaccine manufacturers to produce vaccines capable of producing antibodies that can be differentiated from those produced during natural infection (DIVA) and the need for the OIE Biological Standards Commission to receive technical information on these vaccines and associated diagnostic tests.

Update on developments in aquatic animal health

203. The Conference Chairperson then asked Dr Barry Hill, Vice-President of the Aquatic Animal Health Standards Commission, and active at the CEFAS Weymouth Laboratory in Weymouth, United Kingdom, OIE Reference Laboratory, to give an update on developments in aquatic animal health activities in the OIE.

204. Dr Hill commenced his presentation by underlining the increasing importance of aquatic animal health, which is growing rapidly world-wide because of the substantial increases taking place in the farming of fish, molluscs and crustacean species, both for essential food supply at the local level and for valuable export trade at the national level. However, diseases cause significant economic losses in aquaculture production and have a detrimental effect on valuable export trade for some countries. In this context, Dr Hill presented recent examples of disease spread and gave some reasons for the appearance of a disease in a country for the first time.

205. Dr Hill recalled that the Aquatic Animals Commission prepares the OIE international standards for aquatic animals with the assistance of internationally renowned experts who also contribute towards the scientific objectives of the OIE. The views of the Delegates of Member Countries are systematically sought through the circulation of draft and revised texts. In addition, the Aquatic Animals Commission now collaborates closely with the OIE Terrestrial Animal Health Standards Commission on issues needing a harmonised approach, and with the Biological Standards and Scientific Commissions to ensure the Aquatic Animals Commission is using the latest scientific information in its work He subsequently mentioned the revised chapters in the 7th edition of the *Aquatic Code* (OIE 2004) and the 4th edition of the *Aquatic Manual* (OIE 2003b) that incorporate some major modifications agreed during the 71st General Session in May 2003 and the 72nd General Session in May 2004.

206. Dr Hill remarked that the fundamental changes to the *Aquatic Code* and *Aquatic Manual* adopted in 2003 and 2004 include new criteria for OIE listing of aquatic animal diseases and the requirements for reporting on the status of the listed diseases and those for reporting non-listed diseases. It is important that Member Countries fully understand these new arrangements and accept and fulfil their obligations on reporting aquatic animal disease to the OIE.

207. Dr Hill also spoke of the importance of animal welfare and the mandate given to OIE in the 2001-2005 Strategic Plan and the need for aquatic animal welfare to be given due consideration.

Discussion

208. The Director General spoke of the growing importance of the sector, but emphasised that there are a number of problems that contribute to current difficulties. There is an urgent need for greater transparency on the part of the various authorities, which regulate the sector. In addition, there are deficiencies in administrative structures and in some countries, a lack of contact between official Veterinary Services and aquatic regulatory services. He also noted that when comments are sought from OIE Member Countries on changes and developments in the *Code* and *Manual* the level of response is quite low. In reply to a concern expressed by the French Delegate on the use of veterinary therapeutic products in aquaculture, the Director General referred to the risk to consumers posed by the uncontrolled use of such products. He also referred to the existence of an informal agreement with the Codex Alimentarius on the risks posed by production practices within the sector. The issue is relevant for the activities of the OIE Animal Production Food Safety Permanent Working Group.

209. The Director General also suggested that the Regional Commission for Europe support the Recommendation on the `Update on developments in aquatic animal diseases´ (Recommendation No. 2) approved by the 23rd Conference of the OIE Regional Commission for Asia, the Far East and Oceania, held in Noumea (New Caledonia) in November 2003 and adopted by the International Committee during the General Session of May 2004, with regard to the OIE and Member Countries` obligations and policies relating to aquatic animal diseases (Appendix VII). The Conference adopted the proposal.

Avian influenza: update

210. The presentation was made by Dr Wolf Arno Valder on behalf of the EU at the request of the EU Presidency.

211. The Code Chapter contains 29 articles of which only 4 are currently applicable with the remaining 25 under study. The revision of the articles must address both the disease itself and also the presence of viral infection. The revised Chapter must be a risk-based approach to defining freedom in countries, regions and compartments.

Discussion

212. The Director General of the OIE emphasised the importance of avian influenza, due in part of the continuing involvement of the WHO, and the latest confirmation of re-emergence of disease in Asia. He also spoke of the as yet unconfirmed human cases in Thailand with a possibility of human to human transmission of disease. He then spoke of the need to eliminate virus from bird populations and in this respect the OIE was working in conjunction with the FAO. He remarked on the need to adopt a new text of the Chapter at the General Session in 2005. This adoption is very important for the credibility of the OIE. Two ad hoc groups will meet in October with the participation of high-level WHO representatives.

213. Dr Alex Thiermann, President of the Terrestrial Animal Health Standards Commission, in speaking of the urgent need for the adoption of the revised Chapter emphasised that there were both scientific

and logistical components to be included in the Chapter. In addition, a facility must be developed, which would provide for trade to continue safely in identified commodities, irrespective of the status of countries or regions in respect of HPAI and LPAI. He also spoke of the necessity for the OIE to be seen to be addressing the potential zoonotic implications of AI. The issue of compartmentalisation must be addressed in the context of trade. He also spoke of the need for the implementation of appropriate biosecurity measures to protect, as a compartment, the industrially structured sector of the poultry industry. A major concern in the past had been the issue of transparency and the importance of traceability in the maintenance of trade.

214. The FAO spoke of its involvement in Asia and its interaction with the official services of a number of countries in the region. While there is no doubt that the virus will remain in circulation there are a number of questions, which remain unanswered, such as the role and involvement of wildlife, water ducks and other domestic animals and the possible involvement of pigs in the disease. The FAO also referred to the situation in Thailand and the spread as yet not fully confirmed of human to human transmission of the disease between four members of the same family. The FAO also stated that there is no evidence of virus mutation or gene ressortment. The role of official Veterinary Services was stressed, with the need for greater involvement and more effective action. The FAO also spoke of the need for the revised *Code* Chapter to be adopted as greater clarity was needed and the necessary steps required elaboration.

215. The Russian Federation in speaking on the very significant role of the OIE in combating AI pledged its support. The Federation also spoke of the need for even greater cooperation with the WHO. Dr Nepoklonov informed Delegates that a Government Commission had been set up in the Russian Federation to address issues, which might arise in the context of outbreaks of AI. He also spoke of the need for continuing study and evaluation of the situation in Asia. Reference was made to the identification of AI virus in pigs by Chinese experts. Specific concerns were also expressed about the role of migratory birds in the possible spread of AI to countries bordering the region.

216. The Director General of the OIE spoke of the progress that had been made in China and also of the increasing transparency on the part of the Chinese authorities. OIE experts had visited China to assess a number of laboratories and influenza vaccine production plants and informed Delegates that the entire report of the visit was available on the OIE Web site.

ITEM I

Contingency planning and simulation exercises for the control of epizootics

217. Dr Karin Schwabenbauer, Chairperson of the Session, briefly introduced Dr Dietrich Rassow, speaker for this item, and called upon him to present his report.

218. Dr Rassow began his presentation by recalling that epizootic diseases are a continuous threat to livestock. They not only have the potential to spread rapidly, but also to cause significant damage to any livestock industry, irrespective of national borders. The introduction of a highly contagious disease may have serious socio-economic consequences for a region or even a country. The most important tools for emergency response are an early detection and warning system, contingency plans and a relevant organisational structure. Contingency plans are available in the majority of countries, but not all diseases have been covered adequately.

219. The speaker added that simulation exercises have been staged in the majority of countries in Europe over the last four years; however, information on and experiences with such exercises have not been widely shared between countries. The organisation of simulation exercises involving neighbouring countries could enhance international cooperation in this field. In this context, the OIE could take a leading role.

220. Dr Rassow then briefly outlined the responses to a questionnaire, which had been distributed to the Member Countries of the OIE Regional Commission for Europe, to assess their current state of preparation with regard to contingency planning and their views and experiences concerning simulation exercises. He noted that one of the technical points to be improved regarding contingency plans includes lack of public support for stamping-out measures and poor cooperation with animal welfare groups, which has been a cause of concern and should be addressed by improving communication.

Discussion

221. The Session Chairperson congratulated Dr Rassow on his comprehensive and informative presentation. She remarked that due to the occurrence of the foot and mouth disease epizootic three years´ ago, several aspects of the presentation were open to debate. This problem is, however, still topical and contingency plans and simulation exercises are necessary, as unfortunately, not all countries have the potential to react in the event of a major epizootic. The Chairperson invited participants to give their comments on the actions to be undertaken to allow countries to set up more active contingency plans.

222. Dr Vallat recalled that OIE Member Countries have already voted on resolutions in this field and normally they have to implement them. With regard to contingency plans, models are available for Delegates of OIE Member Countries who wish to make use of them. The OIE collects and publishes the reports of the experiences of Member Countries that organise simulations, for the benefit of other countries.

223. Dr Belev thanked the Director General for his clarification and raised the subject of bioterrorism, which is another aspect of the subject to be handled, and which should remain of particular importance within the current global context.

224. The Representative from Russia thanked Dr Belev for raising this problem, which preoccupies his government. The latter has, in fact, put a specific interministerial commission into place, in which the national Veterinary Services participate actively.

225. The Delegate from Denmark informed participants that a real-time alert simulation exercise on classical swine fever was carried out in Denmark in April 2004. This simulation exercise was designed to evaluate the skills of the Danish Veterinary Service and test the recently modernised contingency plan for classical swine fever; the simulation exercise revealed some weaknesses in the contingency plan. As an example, the simulation exercise revealed the need for an effective information system between the regional crisis centre and the central crisis centre. The Delegate also informed participants that the revealed weaknesses will be covered in the revision of the contingency plan.

226. The Representative of the EUFMD underlined the important role of national laboratories, and drew attention to the need for national reference laboratories to develop their own contingency plans for emergency management, to ensure adequate diagnostic capacity during crisis situations.

227. Dr Schwabenbauer, the Session Chairperson, concluded by thanking all the participants, and then requested a small group consisting of Dr Ankica Labrovic (Croatia), Dr Phedias Loucaides (Cyprus), Dr Birgit Hendriksen (Denmark), Dr Alexander Panin (Russia) and Dr Keith Sumption (EUFMD), to draft a recommendation on this technical item under the Chairmanship of Dr Rassow.

Wednesday 29 September 2004

Structure and organisation of the
Junta de Castilla y León Veterinary Services

228. Dr Baudilio F. Fernández-Mardomingo, Director of Animal Health of the Junta of Castilla y Leon, gave a short presentation on the Veterinary Services with the autonomous region.

229. The presentation provided a very useful insight for Delegates to the Conference into the challenges and opportunities faced by the Veterinary Services in what is the largest region in Spain and the EU. The presentation clearly demonstrated the differing approaches that face Veterinary Services arising in particular from geographic constraints.

230. The presentation outlined the various stages in the development of the regional service and the adoption of specific legislation introduced in 2002, which underpins the activities and control/regulatory mechanisms of the service.

231. In detailing the different elements of the services, including animal health, public health, premia payments, particular emphasis was laid on the development and integration of contingency groups to deal with animal health alerts. Contingency planning and training form an essential component of the regional Veterinary Services, from initial reporting, case evaluation and field investigation.

232. The regional Veterinary Service has as its underlying mission the ´stable to table` approach, with regulatory procedures that commence at farm level, progressing through primary processing, markets and retail levels. Traceability at all levels is a particularly noteworthy element of the regulatory system.

ITEM II

Structure and organisation of Veterinary Services to implement the concept 'from the stable to the table'

233. The Session Chairperson, Dr Kazimieras Lukauskas, briefly introduced the speaker for this item, Dr Véronique Bellemain.

234. Dr Bellemain introduced her presentation by underlining that the control of food safety has undergone profound changes and is now seen in terms of a global approach, from production to consumption. The risks themselves have evolved, notably due to changing practices, and this, coupled with increased knowledge and more stringent requirements from consumers, has led to a more global conception of production chains.

235. The speaker observed that targeted control of the final product is gradually being replaced by control of production processes and systems, as well as an integrated approach to control hazards throughout the production chain, with a new distribution of responsibilities between the producers, the manufacturers and the administration. The latter, however, remains the final guarantor of the safety of products.

236. At the international level, the SPS Agreement has made risk analysis a methodological reference, now adopted by the competent standard-setting bodies. To ensure consistency between standards, convergence is being sought between the work of the OIE and the Codex Alimentarius Commission.

237. Dr Bellemain emphasised that the organisation of control services must adapt to these changes, to ensure effective regulatory systems throughout the production chain. The Veterinary Services, always present in the early stages of production, have a legitimate role in this context. The questionnaire returns from 31 countries clearly show a diversity of organisational structures, but reveal an underlying trend to consolidate control responsibilities 'from the stable to the table'. The speaker recalled that the cost and feasibility of the measures must be taken into account in management decision-making.

Discussion

238. The Session Chairperson, Dr Lukauskas, warmly thanked Dr Bellemain for her informative presentation.

239. He then briefly presented the Veterinary Services in Lithuania and indicated that their organisation allows effective sanitary control throughout the stable to the table chain. The national Veterinary Services assure control in accordance with the standards of the European Community and the OIE. Lithuania has gained vast experience in the field of sanitary control; veterinary inspections and national laboratories have proved their effectiveness. The function of the Veterinary Services is transparent and communication between producers and consumers unbroken. Particular attention is given to professional training to take up the new stakes in the field of food security.

240. The Delegate of Belgium recalled the necessity for a global approach in control and emphased the importance of the evaluation and communication of risks that rest on three pillars, namely:

- The preparation of a clear and well defined sanitary policy,
- Efficiency is an essential tool for setting up a control strategy for evaluation criteria,
- Co-financing, as the development of Veterinary Services is dependent on this. It is necessary for veterinarians to be the authority on sanitary and phytosanitary issues, which cannot be the case if, on the one hand, they refer to a single line of policy and to a single ministry and, on the other hand, the role of veterinary practitioners being in the front line in the field, is updated for adequate training.

241. Dr Romano Marabelli, Delegate of Italy, supported the comments by Belgium and underlined that the financial resources underpin the quality of the functioning of Veterinary Services. He suggested bringing to the fore in international agreements the fact that the co-financing resources must benefit directly to the Veterinary services in charge of the system. He further indicated that veterinarians must be increasingly involved in emergency situations and that more exchanges should exist between the public and the private sector, because in the production chain, the role of the field veterinarian is as important as that of the producer.

242. The Delegate of Norway informed participants that her country has restructured its Veterinary Services by joining the four services previously responsible for the control of animal production into a single department in which the controls are from now on uniform through the production chain. She also recalled the importance of the training of veterinarians to enable them to have a good understanding of the concept `from the stable to the table´. She added that the private sector must also take its responsibilities as the Veterinary Services cannot be responsible for everything.

243. The Delegate of Sweden requested the opinion of Dr Bellemain regarding the most efficient type of organisation, i.e. centralised or decentralised Veterinary Services in the context of crisis management.

244. Dr Bellemain indicated that she did not address this issue in her presentation, but that it should undoubtedly be taken up at a later stage.

245. The Delegate of Latvia, Dr Vinets Veldre, believed that there is no ideal Veterinary Service and that guidelines need to be defined by the European Union and the OIE to frame the activities of the Veterinary Services. Furthermore, he suggested studying in more detail, during future seminars and meetings, issues relating to financing Veterinary Services, as well as the role of state and private veterinarians in production controls.

246. The Delegate of Russia, Dr Neplokonov, supported the proposals of other Delegates, in particular those of Dr Veldre, and indicated that he is in favour of the establishment of a strong and harmonised

standard in the OIE *Code*, to be implemented by all Member Countries. This would allow Veterinary Services to justify technical decisions taken at national level.

247. Dr Nepoklonov expressed his reservations regarding the objectivity on the use of risk analysis and on the consequences of the decisions related to importation policies. When a country takes decisions without justification, there is the risk that it may be exposed to similar action on the part of the other country. He also suggested to reduce the number of national bodies in charge of sanitary controls and set up the basis of the harmonisation of Veterinary Services.

248. Dr Cabello Navarro, Delegate of Spain, asked the speaker about the situation of countries regarding inspections in slaughterhouses.

249. Dr Bellemain replied that in 50% of Member Countries, Veterinary Services are involved in the entire chain of production, including abattoirs. In the other 50%, Veterinary Services are fully involved prior to the abattoir and responsibilities are shared with other administrations in the other parts of the production chain.

250. Dr Vallat recalled that the OIE mandate includes support to the Veterinary Services in order to guarantee their efficiency. For that, the OIE is using two main tools:

- Standards included in the *Code*: several improvements have been adopted by the International Committee in order to improve the quality of the certification provided by national Veterinary Services and to impose obligations related to a minimal degree of competency in order to guarantee their reliability,
- Importing countries are allowed to verify that exporting countries comply with *Code* requirements related to Veterinary Services,
- Communication tool in order to address consumer concerns while at the same time providing reassurance to the policy-makers.

251. The Director General advised Delegates to adopt this Communication policy in order to clearly demonstrate transparency and the reliability of the information provided by Veterinary Services. This policy would allow all citizens to understand the positive role of Veterinary Services in favour of the entire society.

252. Dr Vallat also indicated that the dual role of slaughterhouse inspections including both animal and public health dimensions is now recognised in the recent Agreement with the Codex Alimentarius. Agreements signed with other international organisations allow the OIE to undertake activities, which demonstrate its responsibility in guaranteeing both animal and public health. The responsibility of Veterinary Services within abattoirs must be reinforced and described in the *Code* chapters.

253. Dr Chmitelin, Delegate of France, stated that sanitary crises are well managed in her country, as demonstrated by the recent rabies outbreaks. Veterinary Services are fully involved in the food chain, but there are concerns regarding the maintenance of the rural veterinary network. To solve this issue, she proposed a recommendation related to the involvement of Veterinary Services at farm level in order to facilitate the early detection of animal health events.

254. Dr Belev indicated that he is concerned by the fact that some countries did not respond to the questionnaire, but he stated that the report of Dr Bellemain is of a high level. He thanked her for the report and concluded by referring to several points:

- Policy-makers must be informed that sectors, such as tourism and trade, should consult and engage with Veterinary Services.
- The *Code* fully addresses the needs of Veterinary Services; however, policy-makers are not always aware of its content and the potential benefits that can be derived from its application. The existence of the *Code* as an important piece of international legislation should be widely

communicated and the contribution that compliance with the defined criteria can make to the improvement of the world-wide situation in respect of both animal and public health clearly articulated.

255. The Session Chairperson thanked all the participants and the speaker. Dr Belev and Dr Cabello Navarro then requested a small group consisting of Dr Ramiz Safarov (Azerbaijan), Dr Luc Lengele (Belgium), Dr Alexander Panin (Russia) and Dr Dejan Krnjaic (Serbia and Montenegro) to draft a recommendation on this technical item under the Chairmanship of Dr Bellemain.

Manual for Diagnostic Tests and Vaccines for Terrestrial Animals

256. Dr Fernando Crespo León of the Murcia Institute of Agricultural and Food Investigation and Development (IMIDA), and in collaboration with the Biological Standards Commission, presented the work of the Ad hoc group of this Commission on the use of Spanish at the OIE and presented the first product, namely, the Spanish version of the *Manual for Diagnostic Tests and Vaccines for Terrestrial Animals*, which was supported financially by both Spain and Argentina.

257. This action is also of interest for Member Countries using Portuguese (Portugal, Brazil, etc.). Dr Vallat indicated that voluntary contributions from interested Member Countries are very important to translate other key publications. Spain and Argentina supported this action. Dr Belev remarked that certain publications, such as the *Terrestrial Animal Health Code*, have already been translated into Russian by the OIE.

Activities of the OIE Regional Representation for Eastern Europe

258. The Session Chairperson, Dr Evgueny A. Nepoklonov, introduced the session and requested Prof. Dr Nikola Belev, OIE Regional Representative for Eastern Europe, to shortly recall the activities of the Representation since the beginning of 2004.

259. Dr Belev indicated the various topics to be presented during this session, namely, the 4th OIE Strategic Plan (2005-2010), the Web site of the Regional Representation for Europe, OIE sanitary information systems and bioterrorism in Europe and forthcoming seminars.

4th OIE Strategic Plan (2005–2010)

260. Dr Isabelle Chmitelin gave a short outline of the proposals of the 4th OIE Strategic Plan and introduced the EC contribution to the debate. Dr Karin Schwabenbauer reaffirmed the importance of animal welfare issues to be addressed in the action plan.

261. Dr Belev indicated that the Administrative Commission will be holding an extraordinary meeting in November 2004 during which the 4th Strategic Plan would be adopted. He added that all additional comments in this respect should be received prior to this date.

262. Dr Marabelli recalled the recent agreements signed with the FAO and the European Union and requested that the key points of the agreements be included in the Plan. Dr Belev asked Dr Schwabenbauer and Dr Marabelli to submit their written proposals to the Administrative Commission.

263. The Director General gave the order of forthcoming events in respect of the preparation of the Plan. Following the extraordinary meeting in November, the Administrative Commission will meet again in February; comments from Member Countries can still be accepted until this date. The final proposal will be submitted to the International Committee in May 2005.

Web site of the OIE Regional Representation for Eastern Europe

264. Dr Kazimieras Lukauskas informed the Conference about the practical implementation of the project.

Seminars in 2005

265. The following seminars were proposed:

- New OIE information system, in April in Georgia
- Structure of Veterinary Services, in September in Russia

266. Dr Belev indicated that he would like to shortly introduce the topic of bioterrorism during the seminar in Georgia. Dr Panin seconded this idea.

International Conference on Rabies in Europe, in Kiev (7-9 December 2004)

267. Dr Lukauskas recalled that the conference supported by the OIE, WHO, European Union and the French Agency for Food Safety (AFSSA) will be held in Kiev (Ukraine) from 7 to 9 December 2004.

268. Dr Cabello Navarro suggested inviting the Maghreb countries to the conference in Kiev. This was seconded by Dr Chmitelin. She also proposed that the Regional Commission for Europe organises seminars jointly with the Regional Commission for Africa on emerging diseases originating in Africa and that could pose a threat for Europe.

269. The Director General supported this proposal and indicated that the Regional Commission for Africa will be opening regional sub-offices in Africa, of which one would be established in the zone of the Maghreb Arab Union. He added that it will be possible to organise a joint conference between the OIE Regional Commission for Europe and the Member Countries of the Maghreb within this framework.

Meeting on the Heads of OIE Collaborating Centres and Reference Laboratories on biosecurity

270. Dr Alexander Panin reported shortly on the above meeting.

Discussion

271. Following discussions on the above issues, the Conference accepted all the proposals and supported the activities of the Regional Representation for Eastern Europe during the period May 2004 – October 2004.

272. The Conference also agreed to Dr Belev's proposal on the need to organise a seminar on fish diseases in 2005. The exact venue and date were still to be decided.

Presentations by international organisations and other institutions

Food and Agriculture Organization of the United Nations (FAO)

273. Dr Joseph Domenech, Chief of the Animal Health Service, Food and Agriculture Organization of the United Nations (FAO), briefly presented recent FAO activities.

274. On 24 May 2004, a new agreement was signed between the FAO and OIE, replacing a preceding one that was signed almost half a century ago. The new agreement is a highly important development in updating the agreement to reflect present reality and vision, and redefines the fields and methods of collaboration between the two organisations according to their respective missions and mandates. An initiative of international significance, the Global Framework for the Control of Transboundary Animal Diseases (GF-TADs) was the subject of a particular agreement between the FAO and OIE, signed on 24 May 2004, and which relates to the regional and international approach to the control of the principal transboundary diseases in developing countries. The concepts and methods for better monitoring and an alarm system against transboundary diseases are defined and the tools of governance proposed. Collaboration with the WHO concerning zoonotic diseases, is also envisaged. The concepts underlying this GF-TADs initiative and the mechanisms of implementation will be used henceforth as a model for the preparation of programmes and regional projects for the control of animal diseases and it is in this context that projects are already under development in several parts of the world.

275. The Member States of the European Union could increase their support for the control of transboundary diseases in the endemic regions, for better protection against their introduction into the European region and to support the development of the countries of the South. The risks of introduction of contagious diseases from one continent to another is seen to be increasing, because of rising international movements of goods and people. The conditions for the establishment of exotic vector-borne diseases in the countries of the North are also changing, favouring extension and possible establishment of endemic conditions, as a result of global climatic change. These elements strongly militate for an increase in animal health related assistance to the countries in outlying areas of Europe. Of particular concern is the situation with several vector-borne diseases, such as bluetongue in the Mediterranean circumference (the Maghreb, Eastern Mediterranean and Balkans in particular), Rift Valley fever in Egypt and in the Middle East, and West Nile fever in the Maghreb countries. Rabies control is also a matter of concern and an action in the Maghreb countries could be proposed.

276. Control of foot and mouth disease is of paramount importance, as a result of the potential impact of even single introductions and the risks of passage to the European Union countries. The European Commission for the Control of Foot and Mouth Disease (EU-FMD) is a statutory Commission of the FAO, which for many years, has worked as an active partnership between the European countries, the European Commission (in Brussels) and the OIE. Through the EU-FMD Commission, a certain number of national or regional projects, in particular in the area of Turkey and the Caucasus, are in hand, their continuation and the reinforcement of the financial support of the EC and the Member States is proposed.

277. Dr Vallat confirmed that the OIE FAO Regional Steering Committee is very useful for discussion and coordination of common policies and programmes, including EUFMD programmes. Within this Committee, the participation of the European Commission as policy-maker and donor, other donors and authorities of countries applying for support will reach consensus.

European Commission (EC)

278. Dr Jaana Husu-Kallio, Deputy Director General, DG SANCO, European Commission, reminded Delegates that all Veterinary Services have a large responsibility in supplying good, wholesome and safe food to not only their own population, but also to others through trade. This implies proper control both of animal diseases, including in particular zoonoses, and of hygiene in the whole feed and food production chain. The OIE is dealing with this in developing specific recommendations in the *Terrestrial* and *Aquatic Codes*. In the interest of Europe, it would be beneficial to harmonise these issues among all countries in the region, as is the case within the European Union. The first

steps in this respect are the adoption of relevant recommendations in the biennial regional conferences. This conference will prepare recommendations on the two technical items, as well as on BSE.

279. The European Commission representative underlined that good co-ordination and co-operation between the European Union, now expanded to 25 Member States, and its neighbouring countries in the veterinary field will benefit the European Region as a whole. Good examples are the control of rabies and foot and mouth disease, which take international standards into account.

280. In conclusion and on behalf of the European Commission, Dr Husu-Kallio assured the OIE Regional Commission for Europe of the European Commission's continued cooperation and support and stressed that EC experts are prepared to contribute actively to the ongoing work of the OIE and to promote its further development.

Presentation and discussion of draft Recommendations Nos 1, 2 and 3

281. Draft Recommendations Nos 1, 2 and 3 were put forward for discussion. A few amendments were called for in Recommendations Nos. 1 and 3, which were presented for final adoption on Friday.

Dates, venue and agenda items for the 22nd Conference of the OIE Regional Commission for Europe

282. The President of the Regional Commission asked the Delegates whether any country would like to host the 22nd Conference of the Commission. The Delegate of France, on behalf of the Government of her country, offered to host the next Conference of the Commission in Lyon. The invitation was unanimously accepted and applauded by all participants. The exact dates were not fixed, but Delegates agreed that the Conference would be held in the second half of September 2006.

283. Dr Denneberg, Delegate of Sweden, referred to the 4th OIE Strategic Plan and proposed that Animal Transports should be one of the Technical Items for the next conference. The proposal was that Animal Transports should be dealt with in a broad perspective, including prevention of diseases, welfare and trade. The proposal was not supported and not proposed to the vote.

284. Four other items were proposed by various other Delegates:

285. Following a lengthy discussion, the following technical items were adopted for the 22nd Conference:

- Epidemiological surveillance and on-farm inspections: rural veterinary network, public-private sector relation, training of farmers and veterinarians.

- Live animals and food smuggling: current practices and prevention and repression tools.

Thursday 30 September 2004

Field trip

286. Participants were given an insight into local animal production and enjoyed the cultural riches of the region during their visit of the beautiful town of Segovia.

Friday 1 October 2004

Presentation of draft Recommendations Nos 1, 2 and 3

287. Draft Recommendations were distributed to participants and put forward for discussion (Appendices IV, V and VI).

Adoption of the draft Final Report and Recommendations

288. The Conference adopted the draft Final Report and Recommendations Nos. 1, 2 and 3.

289. Dr Patrick J. Rogan, Delegate of Ireland and Rapporteur General of the Conference, commented that he had experienced first hand the pressure under which the OIE staff works to prepare the draft Final Report for presentation on the last day of the Conference. He proposed that in future the draft Final Report be reduced to include only points for discussion. Dr Cabello Navarro supported this proposal. The Director General recalled that it was a long tradition for the OIE to present the complete minutes of the Conference on the last day of the meeting. This was applicable to all the Regional Commissions. As the Regional Commission for Europe is the largest Commission and the only one to present the draft Final Report in three languages, Dr Vallat proposed that Dr Rogan's suggestion be taken into consideration and suggested that this point be discussed at the next Administrative Commission meeting in February 2005.

Closing Ceremony

290. Dr Belev noted that the working atmosphere for the Delegates, the perfect organisation and warm hospitality provided good opportunities for creative discussions and useful proposals for the OIE's future activities. He added that the speakers and participants demonstrated high competency and professionalism, which considerably facilitated the work. He thanked the officials from the OIE Central Bureau and the Director General, Dr Bernard Vallat, for their significant contribution to the success of the event. The fact that a number of international organisations and others participated in the Conference also contributed to its success.

291. Dr Belev added that the Conference proved that insoluble problems do not exist and in order to surmount difficulties, cooperation and trust among the countries need to be further strengthened. He expressed his special thanks to the Chief Veterinary Officer of Spain, Dr Cabello Navarro, to his officials, members of the Secretariat, as well as the interpreters, for their dedicated work during the Conference. In conclusion, Dr Belev read a motion of thanks as an expression of gratitude to the Spanish Government for their hospitality during the 21st Regional Conference of Europe (Appendix VIII).

292. Dr Vallat noted the conclusions to be drawn from the proceedings of the Conference and praised its success and the interest of the technical items chosen by the Commission. He remarked on the capacity of the Regional Commission for Europe to make decisive choices in OIE standards. He expressed his sincere gratitude to the Minister of Agriculture, the Director General of Livestock Production and Health and national and regional authorities of Spain for the warm welcome and cordial hospitality they had accorded to all participants and for the excellent organisation. He extended his sincere thanks to Dr Arnaldo Cabello Navarro, Delegate of Spain to the OIE, for having organised and presided over the meeting with such efficiency. The Director General congratulated the speakers for their presentations and all those who had contributed to, and enriched, the discussions. He expressed his gratitude to the Conference Secretariat and the interpreters for the quality of their work. A final expression of thanks went to the Delegate of France for offering to host the next Conference of the Regional Commission for Europe.

293. Dr Cabello Navarro recalled the excellent presentations given, as well as the useful exchanges, conclusions and recommendations that were made during the Conference. He believed that collaboration on joint topics would thus be strengthened. Dr Cabello then thanked the Mayor of Avila, Junta de Castilla y León, Sub-Delegation of the Government, Regulatory Food Council of Avila and the Palacio de los Velada Hotel for their support. He extended his special thanks to the Veterinary Services of Animal Health of the Ministry of Agriculture, Fisheries and Food, in particular Dr Eduardo González and Dr Fernando Jarque, for their undivided efforts in making a success of the conference. In conclusion, Dr Cabello expressed the wish that he would see all the participants at the next Regional Conference in Lyon in 2006.

294. Dr María Cevario, Director General of Animal Production and Health of Spain, noted that it was an honour for her to be present at the closing ceremony. She believed that the objectives of the programme items had been accomplished and that the discussions on the specific subjects and on the more general topics had been fruitful. Dr Cevario stressed the importance of the three recommendations that had been adopted and noted the proposals for future seminars, in particular that to be held jointly with the Maghreb countries on bluetongue, West Nile fever and African horse sickness.

295. Dr Cevario extended her thanks to all the persons involved in the organisation and management of this Conference, technical and administrative personnel, for their efforts in making the event such a success. She also thanked the Palacio de los Velada Hotel, Junta de Castilla y León, Sub-Delegation of the Government and the Mayor of Avila for their support in this international event. She expressed the wish that everyone present would also be participating in the next Conference to be held in Lyon in 2006. Finally, Dr Cevario wished everyone a safe journey home and declared the 21st Conference of the OIE Regional Commission for Europe officially closed at 11.45 a.m.

MOTION OF THANKS

The OIE Regional Commission for Europe, the Director General of the OIE, members of Delegations, observers and representatives of countries and international organisations, wish to express their gratitude to the Government of Spain, the Host Country of the 21st Conference of the Regional Commission, for the excellent welcome accorded to the participants and for all facilities made available to them during their stay in Avila from 28 September to 1 October 2004.

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