Introduction

1. On the invitation of the Government of the Czech Republic, the 18th Conference of the OIE Regional Commission for Europe was held in Prague from 22 to 25 September 1998.

2. One hundred Delegates and Observers attended the Conference from thirty-eight OIE Member Countries and seven international or regional organisations. The Rapporteurs for items I and II also participated in the proceedings of the Conference. These were Mr J. Boisseau, Director of the OIE Collaborating Centre for Veterinary Medicinal Products at the Agence nationale des médicaments vétérinaires, Centre national d'études vétérinaires et alimentaires (CNEVA-Fougères, France), and Prof. V. Moennig, Head of the OIE Reference Laboratory for classical swine fever at the Institute of Virology, School of Veterinary Medicine in Hanover (Germany) (Appendix I).

Tuesday 22 September 1998

Opening Ceremony

3. Dr A. Kozák, Head of Veterinary Services of the Czech Republic, welcomed the participants to the Conference. He reminded participants that his country was one of the founder States of the OIE in 1924, and briefly outlined the success attained, since that date, by the Czech Veterinary Services in the fight against epizootics. Dr Kozák concluded by indicating that these Veterinary Services will be reorganised to better serve their role on a national and international level.

4. Dr L. □eleda, Delegate of the Czech Republic to the OIE, welcomed Delegates and guests to the 18th Conference of the OIE Regional Commission for Europe and thanked the Czech Ministry of Agriculture and the private sector for their support. He then gave an overview of the political and economic changes that have taken place over the past few years in central and eastern Europe, including the fundamental changes in agriculture in general and in the organisation of national Veterinary Services in particular. Dr □eleda briefly outlined the two technical items under discussion and ended by wishing the Conference much success.

5. Dr N. Belev, President of the OIE Regional Commission for Europe, thanked the Czech Government for its kind invitation to hold this 18th Conference in Prague. He outlined the place of the Conference in the working programme of the OIE Regional Representation for Eastern Europe and praised the Heads of Veterinary Services of the different European countries that have contributed their support and expertise over the last five years. Dr Belev then wished participants a fruitful conference.

6. Dr J. Blancou, Director General of the OIE, expressed his appreciation to the Authorities of the Czech Republic for hosting the Regional Conference. The Director General reminded participants that Prague is welcoming the Members of the Regional Commission for the second time, as the 5th Conference for Europe was held in this city in 1971. He stressed that over the 27 years, the situation has considerably evolved and the number of OIE Member Countries in Europe has more than doubled, making the Regional Commission for Europe the largest of the five OIE regions. Dr Blancou added with pleasure that Europe was the second OIE region to set up a Regional Representation, thus encouraging closer relations between the different Member Countries, and particularly between eastern and western Europe. The Director General then briefly explained the importance for Europe of the technical items that would be discussed during the Conference.

7. The Deputy Minister of Agriculture of the Czech Republic, the Honourable D. Vanìk, welcomed all Delegates and guests. He stressed the importance of new challenges in the fields of animal breeding and the food industry. The Deputy Minister then briefly described the Czech Republic's place within the OIE and wished the participants an excellent conference.

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

Election of the Conference Committee

9. Delegates elected the following Conference Committee:

Chairman:	Dr L. □eleda (Czech Republic)
Vice-Chairman:	Dr V.M. Avilov (Russia)
Rapporteur General:	Dr J. Fiedler (Germany)

Adoption of the Provisional Agenda and Timetable

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

Designation of Session Chairpersons and Rapporteurs

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

Technical item I:	Dr S. Reinius (Chairwoman) Dr K.B. Pedersen (Rapporteur) Dr J.A. Costelloe (Rapporteur)
Technical item II:	Dr C.C.J.M. van der Meijs (Chairman) Dr A. Pärtel (Rapporteur)
Animal health status:	Prof. U. Kihm (Chairman) Dr A.J. Rosinha (Rapporteur)

Animal Health Status of Member Countries during the first half of 1998

12. Prof. Kihm, Chairman of the Session, invited Dr B. Vallat, President of the OIE International Animal Health Code Commission, to present the most recent activities and conclusions of this Commission (see § 170). He then invited Delegates of Member Countries to report on any changes that had taken place regarding the animal health status of their country since the 66th General Session of the OIE International Committee.

13. The animal health situation in the region, summarised according to the written and verbal reports presented to the Conference, and significant points over and above those provided at the last OIE General Session, were as follows:

List A diseases

Foot and mouth disease

14. In Turkey, 60 outbreaks of foot and mouth disease (virus types O and A) were reported between January and July 1998. A new type A variant, which had also been identified in Iran, was first reported in December 1997 in eastern Anatolia. From January 1998 to April 1998, this new variant (Iran 96) was reported in seven provinces in western Anatolia. According to experts at the OIE Reference Laboratory (Pirbright, United Kingdom), the continued occurrence of outbreaks due to foot and mouth disease virus type A in the strategic vaccination zone is consistent with the failure of the current type A vaccine strain to provide protection against the new variant. Vaccination of all ruminants in the Thrace region using a monovalent vaccine against the new type A Iran/96 was to have been implemented in August 1998.

Swine vesicular disease

15. In Italy, five outbreaks of swine vesicular disease were reported between January and July 1998. In the provinces of Reggio Calabria, Trento and Verona, the disease was reported after several years of absence. All the animals in the affected units were destroyed. Furthermore, 141 animals on 28 farms in the Bolzano province were subjected to preventive slaughter as they originated from the Trento province.

Rinderpest

16. In Russia, rinderpest was diagnosed in August 1998 in the Shimanovosk district (Ámour region). No other suspected case has been reported since that date.

Peste des petits ruminants

17. In Israel, two outbreaks of peste des petis ruminants were reported in two separate unrelated small animal holdings, the first in July, in the Jerusalem district and the second in August, in the Beer-Sheva district. Vaccination, modified stamping-out and animal movement control measures were implemented. Efforts to control the disease, including mass vaccination, are coordinated with the Veterinary Services of the Palestinian Authority.

Contagious bovine pleuropneumonia

18. In Portugal, four outbreaks of the disease were reported between March and June 1998.

Sheep pox

19. In Greece, two outbreaks of the disease were reported in July 1998 in the Evros prefecture. All susceptible animals in the affected flocks and in contact were slaughtered and destroyed. A secondary outbreak was reported on 26 August, but since this date, no other case has been reported and a serological survey on goats proved negative.

20. In Israel**,** one outbreak of sheep pox was reported in February 1998 in the Beer-Sheva district and another in June 1998 in the Hadera district.

21. In Turkey, the disease has continued to occur since the beginning of the year. Fifteen outbreaks were recorded from January to July 1998.

African swine fever

22. In Italy, African swine fever continued to be reported on the island of Sardinia. From January to July 1998, 24 outbreaks of the disease were recorded.

Classical swine fever

23. In 1998, Moldavia and Switzerland reported the recurrence of the disease on their territory after an absence of more than two years.

24. In Moldavia, where there had been no cases since March 1996, an outbreak occurred in March 1998 on an industrial farm in the Chadyr-Lunga district. A second outbreak was reported in the Ryshkany district in April 1998, in a private rural holding. In May and June 1998 the quarantine restrictions were lifted in the two holdings. In August 1998, a third outbreak was reported in the Orgeevski district.

25. In Switzerland, where there had been no recorded cases since December 1993, 22 outbreaks were reported in wild boars between May and July 1998 in seven municipalities in the district of Lugano (Tessin). No domestic animals were involved. Dr T. Vanzetti summarised this situation with the aid of maps which he presented to the participants.

26. The following countries that reported outbreaks in 1997, have reported further outbreaks since January 1998: Bosnia and Herzegovina, Bulgaria, FRY (Serbia and Montenegro), Germany, Italy, Netherlands, Slovakia, Spain and Russia.

27. In Bosnia and Herzegovina, seven outbreaks were reported between January and February 1998 in the Gorazde district.

28. In Bulgaria, five outbreaks were reported between January and April 1998 in the regions of Burgas, Iambol and Pasardjik.

29. In the Czech Republic, the virus was isolated in all cultures in samples taken from wild boars in districts in the south-eastern part of the country.

30. In Germany, eight outbreaks of the disease occurred in the *Länder* of Mecklenburg-Vorpommern and Lower Saxony, from January to March 1998. Around 70,000 pigs were destroyed. The disease was detected in wild boars in the *Länder* of Brandenburg, Lower Saxony and Mecklenburg-Vorpommern.

31. In Italy, 14 outbreaks were reported from January to August 1998. Thirteen outbreaks occurred on the island of Sardinia and one in the Emilia Romagna region. In the Lombardia region, some sero-positive wild boars have been found in some areas not previously infected and also in an area located on the border with Switzerland.

32. In Latvia, vaccination against classical swine fever in the domestic swine population has not been practised since the beginning of 1998. Oral vaccination of wild boars will begin in 1998.

33. In the Netherlands, five outbreaks were reported between January and March 1998 in the Brabant province. All pigs in the affected herds were destroyed.

34. In FRY (Serbia and Montenegro), 16 outbreaks were reported between January and June 1998.

35. In Slovakia, 16 outbreaks have been recorded since the beginning of the year.

36. In Spain, 21 outbreaks were reported from January to July 1998. Two provinces, which were free during 1997, have been affected this year: Zaragoza in March 1998 and Sevilla in April and July 1998. The following control measures were undertaken: stamping-out in the affected herds (43,000 pigs slaughtered and destroyed), census, movement restriction and identification of the animals present in the protection (3 km radius) and surveillance (7 km radius) zones established around the outbreaks.

37. In Russia, three outbreaks of classical swine fever were recorded from January to May 1998, on the eastern and southern borders of the Federation.

Highly pathogenic avian influenza

38. In Italy, an outbreak of highly pathogenic avian influenza was reported in February 1998, in the Venezia province. The N2H5 virus type was isolated. The outbreak was almost certainly due to infection from migrating wild birds. Stamping-out, cleansing and disinfection were implemented.

Newcastle disease

39. In Austria, five outbreaks of Newcastle disease were reported in hobby flocks of pigeons. The Delegate of Austria wishes the OIE to rapidly propose a new definition of this disease.

40. In the Czech Republic, three outbreaks were reported between January and July 1998 in backyard flocks.

41. In Denmark, the disease reappeared after an absence of one year: in February 1998 the disease was reported in two commercial turkey farms in the Vestsjaelland county. The turkeys were all killed and sent to an authorised rendering plant.

42. In Switzerland, antibodies for Newcastle disease were detected in a flock affected by Marek's disease in the Fraunfeld district in February 1998. All the birds were destroyed.

43. The other European countries that experienced outbreaks of Newcastle disease since the beginning of the year were Albania, Belgium (one case in a racing pigeon), FRY (Serbia and Montenegro), Italy and Russia.

List B diseases

Anthrax

44. The disease was reported in the first half of 1998 in Greece, Italy, Moldavia, Turkey and Uzbekistan.

45. In Italy, a vaccination campaign was authorised in some areas at risk.

Aujeszky's disease

46. In Germany, four new outbreaks were notified in the *Länder* of Bavaria, Hesse and Lower Saxony.

Rabies

47. In Belarus, 23 outbreaks of rabies were reported during the first half of the year.

48. In the Czech Republic, of a total of 3,781 animals tested for rabies, 45 were found positive (42 foxes, 2 cats and 1 dog). During the spring oral vaccination campaign of foxes, 650,000 baits were distributed.

49. In Denmark, rabies was diagnosed in one sheep in August 1998, in the county of Ringkoebing. The case is due to contact between the sheep and an infected bat, as the genome analysis demonstrated that the virus was an *European Bat Lyssa* virus (EBL).

50. In Germany, new outbreaks were reported in eight municipalities in the *Länder* of Bavaria, Hesse, North Rhine-Westphalia and Saarland.

51. In Israel, limited field trials for oral vaccination of foxes are currently being carried out, following encouraging results obtained in the laboratory. Trials in captive jackals were continued in preparation for field trials to be carried out for this species during 1999. Regulations on compulsory licensing and annual vaccinations of pets have been modified to include vaccination of cats and electronic identification of dogs and cats.

52. In Italy, a spring campaign for eradication and surveillance of rabies in wild animals in some border areas of the Friuli Venezia Giulia region is on-going.

53. In Latvia, sylvatic rabies was registered during the first half of the year, in 23 of the 26 administrative districts of the country.

54. In Lithuania, numerous cases of rabies were reported in domestic and wild animals, but initial results of oral vaccination are encouraging.

55. In Moldavia, from January to April 1998, 14 cases of the disease were recorded.

56. In Poland, 631 cases of rabies were reported during the first half of this year in domestic and wild species. Oral vaccination of foxes, carried out with the assistance of Germany, appears to be very effective.

57. In Spain, three cases of canine rabies occurred in Ceuta and four in Melilla.

58. In Estonia, rabies is found mainly in foxes and racoon dogs (*Nyctereutes procyonides*).

59. In Turkey, the disease continued to be reported in domestic animals from January to June 1998. A project for oral immunisation of stray dogs is being implemented in the Thrace region.

Enzootic bovine leukosis

60. In Germany, Greece and Latvia, the disease was recorded during the first half of 1998.

Bovine spongiform encephalopathy

61. Cases of bovine spongiform encephalopathy reported in 1998 (up to 28 August) are as follows:

Belgium 3, France 9, Ireland 35, Liechtenstein 1, Netherlands 1, Portugal 51, Switzerland 7, United Kingdom 1,290 (necessarily incomplete as calculated by date of service of restriction order; as of 21 September 1998, seven cases had been reported in Northern Ireland).

Scrapie

62. In Italy, seven outbreaks of scrapie were reported.

63. Sporadic outbreaks were reported in Cyprus, Greece (two cases) and Iceland (where all the affected animals were destroyed).

64. In Norway, scrapie was diagnosed in two sheep flocks during the first half of 1998, one of them in the county of Akershus where no cases had previously been detected.

65. In France, the disease is now subject to obligatory declaration, but no cases have been reported.

Avian infectious laryngotracheitis

66. In August 1998, avian infectious laryngotracheitis was diagnosed in one pheasant in a non commercial poultry flock in Norway. The farm was isolated and stamping-out was implemented.

Infectious hematopoietic necrosis

67. In Belgium, an outbreak of infectious hematopoietic necrosis was reported in the Namur province in rainbow trout.

68. In Italy, six outbreaks of the disease were reported.

Viral haemorrhagic septicaemia

69. In Italy, an outbreak of viral haemorrhagic septicaemia was reported.

70. In Norway, viral haemorrhagic septicaemia was detected during routine sampling in February 1998 in a rainbow trout hatchery.

71. In Sweden, an outbreak of the disease was reported in a rainbow trout farm in May 1998.

Other diseases

Swollen head syndrome

72. In Sweden, swollen head syndrome has been reported for the first time in the country. The disease was diagnosed in two poultry flocks located in the southern part of the country, in April 1998.

Infectious salmon anaemia

73. In the United Kingdom, infectious salmon anaemia was confirmed in two marine cage sites in May 1998 on the west coast of Scotland.

74. In Norway, the disease was diagnosed in eight fish farms during the first half of 1998.

Equine disease

75. In Iceland, the virus responsible for equine disease reported at the beginning of the year has not been definitely identified. However, it could be an enteroviride (*picornavirus*) that exists in other countries, and to which Icelandic horses are especially sensitive because of their isolation from the continent.

Discussion

76. On the request of Dr Belev, President of the OIE Regional Commission for Europe, the Delegate of Russia outlined the particularly alarming situation of foot and mouth disease in the countries of the Commonwealth of Independent States (CIS).

77. Dr Avilov described the situation prior to the dissolution of the Soviet Union (mass vaccination and strict border control with central Asian countries), in sharp contrast to the present situation (no border control and rapid spread of the disease). According to Dr Avilov, this represents a great risk for eastern and western Europe. The risk is increased by the fact that the Government of Russia, due to budgetary constraints, may no longer be in a position to support FMD vaccination in the future.

78. Following this presentation, Dr Belev suggested that a draft recommendation be prepared on this important issue and be discussed subsequently.

79. Referring to classical swine fever outbreaks in July and August 1998 in Bosnia and Herzegovina, the Delegate of Germany expressed the wish that the Regional Commission look into the issue of animal

disease declaration in the Balkan countries, so that OIE Member Countries receive information on animal diseases more rapidly and on a more regular basis from all of Europe.

Item I

The role of international trade in animals, animal products and feed in the spread of transferable antibiotic resistance and possible methods for control of the spread of infectious agent resistance factors

80. Mr J. Boisseau, Director of the OIE Collaborating Centre for Medicinal Products at the Agence nationale des médicaments vétérinaires, Centre national d'études vétérinaires et alimentaires (CNEVA-Fougères, France), and Rapporteur for this item, was briefly introduced by Dr S. Reinius, Chairwoman of the Session.

81. Mr Boisseau commenced his presentation by recalling the general mechanisms of antimicrobial resistance (linked either to chromosomes or to plasmides) and possible transfer methods of this resistance between bacteria.

82. Mr Boisseau continued his presentation by reiterating the decision made by the Member Countries of the OIE from Europe in May 1997, to launch an investigation on the role of international trade of animals, animal products and animal feed in the spread of antimicrobial resistance and the means to control the spread of resistance factors of infective agents. Following this decision, the OIE asked its Collaborating Centre for Medicinal Products to prepare a report on the subject in question.

83. This report has been drafted, with the aid of Dr B. Röstel, on the basis of the answers provided by 35 European countries in response to a questionnaire prepared by the Collaborating Centre early in 1998.

84. Dr Röstel pointed out that according to these answers, only 16 of the 35 European countries have put into place official antimicrobial resistance monitoring programmes. Nine of these programmes include food of animal origin and seven assure coordination between medical and veterinary services.

85. Due to a great diversity in national concepts, goals and technical methodologies, these programmes provide results which are not directly comparable. Coordination and harmonisation of national monitoring programmes appear therefore to be indispensable.

86. Research on antimicrobial resistance is undertaken by nine countries, few of which provided details on their research. Further information should be obtained in order to enable the OIE to contribute to the development and coordination of these research activities.

87. Two-thirds of the countries concluded that international trade in animals could play a role in the transfer of resistance to antimicrobials. One-third consider animal products and animal feed as a possible vector in the transfer of resistance.

88. Only four countries use a risk analysis procedure in concluding their resistance monitoring programmes. Furthermore, 15 out of 31 countries impose constraints on exporting countries with respect to the authorisation of veterinary drugs and/or feed additives and four countries with respect to resistance monitoring programmes. Sixteen countries indicate that they are planning or considering to do so in the future. In view of the Agreement on Sanitary and Phytosanitary Measures of the World Trade Organization, the OIE could propose a practical adaptation of the risk analysis concept to this specific public health problem.

89. All countries appear to be aware of the necessity to strictly control the use of antimicrobials as veterinary drugs and feed additives. Administrative procedures for marketing authorisation of veterinary drugs exist in all countries. Specific information for risk assessment on the emergence of antimicrobial resistance is required by the large majority of the countries for the authorisation. In establishing the conditions for marketing authorisation, special rules are imposed, in particular for substances capable of inducing resistance, the combination of antimicrobials, the determination of therapeutically effective doses and duration of treatment. All countries apply restrictions to the use of antimicrobials in animals. However, resistance data requirements, authorisation rules and restrictions on use have not been sufficiently specified. Administering veterinary drugs containing antimicrobials to animals requires a veterinary prescription in all countries.

90. Few countries have administrative procedures to authorise the marketing of feed additives, but impose restrictions on their use. All countries, with the exception of Iceland and Sweden, accept the use of antimicrobials as feed additives. Likewise, as for veterinary drugs, the majority of the countries require specific antimicrobial resistance data, apply special rules for authorisation and impose specific restrictions on the use of antimicrobials as feed additives. However, contrary to veterinary drugs, two-thirds of the countries do not require veterinary prescription for the administration of antimicrobials as feed additives.

91. Mr Boisseau concluded that solutions have been proposed in order to favour the development and harmonisation of national programmes monitoring antibioresistance in animal husbandry. In accordance with its mandate, the OIE could consider supporting the European countries in this respect, notably by setting up an OIE ad hoc group on antimicrobial resistance. The major subjects to be addressed by this group would include the drafting of an appropriate risk analysis concept and of a guide to the prudent use of antimicrobials in animal husbandry, the harmonisation of laboratory methodologies and the definition of breakpoints used to determine resistance.

Discussion

92. The Chairwoman congratulated Mr Boisseau and Dr Röstel on their comprehensive and informative presentations, and invited comments and questions from the participants.

93. The Delegate of Denmark stated that the report was of major interest to both the Conference and the public. He suggested that a way should be found to deal with veterinary medicinal products and feed additives in a balanced approach indicating that all the problems may not be solved overnight. These problems should be dealt with in a responsible way.

94. The Delegate of Ukraine sought information on how the data was analysed, on the methodologies and the categories of antibiotics with the greatest risk of resistance and the reasons for this resistance.

95. In response, the Rapporteur said that it was an objective report based on information from the OIE Member Countries. The choice of antimicrobials included thus reflects only the concern of Member Countries. He stressed the need for surveillance plans.

96. Mr Boisseau specified, in response to a further question from the Delegate of Ukraine, that a reasoned approach should be taken to the use of feed additives. He underlined that in the EU a centralised approval procedure for the marketing of animal feed additives exists, so as to avoid market distortion; the procedure also includes a regular review of technical requirements and the regulation of their conditions of use.

97. The Delegate of Norway complemented the Rapporteur on the very interesting paper that contains a wealth of information and requested that the OIE place this item firmly on its agenda, and seek to establish a common terminology, harmonise methodologies and facilitate communication between Member Countries. This position was supported by the Delegate of Sweden and Mr Boisseau fully agreed with these proposals.

98. The Delegate of Finland asked the Director General if the OIE could develop a notification system to provide information on antimicrobial resistance in association with reports on animal health status. Furthermore, she addressed a question to the Rapporteur on how the use of antimicrobials could be reduced.

99. The Director General replied that no such procedure presently exists but that information could be made available through the Collaborating centres or at specialist conferences.

100. Mr Boisseau agreed that rational use of antimicrobials was the best approach and that the subject should be considered in the context of risk analysis.

101. The Delegate of Norway raised the issue of professionals involved in aquaculture who are not veterinarians, but who wish to prescribe antibiotics. He stressed the need for these rights to be restricted to veterinarians only.

102. Mr Boisseau recalled that no specific questions regarding aquaculture were included in the questionnaire.

103. The Delegate of Denmark emphasised the importance of veterinary responsibility in prescribing antibiotics. He added that the existence of the European single market facilitates imports from countries where antibiotics are more easily available.

104. The Delegate of France requested information on the relative contribution of human and veterinary medicine to the problem of resistance in humans to antimicrobial treatment. She questioned whether the responsibility of antimicrobial use in veterinary medicine to this problem was not overemphasised.

105. Mr Boisseau spoke of a conference held in Copenhagen in September 1998, which was attended by approximately 30 countries, representing 80% medical doctors and 20% veterinary doctors. It concluded that antimicrobial resistance in humans is primarily linked to the use of those substances in humans and relates to major human health problems, such as methicillin resistant *Staphylococci,* multi-resistant *Salmonella typhi* and *Mycobacterium tuberculosis*, vancomycin resistant *Enterococci* and multi-resistant *Pneumococci*.

106. Another conclusion of the Copenhagen Conference was that any use of antimicrobials will lead to the development of resistance, regardless of the ecosystem in which they are used. Mr Boisseau concluded that rational use of antibiotics should be advocated in both veterinary and human medicine. He also stated that all parts of the ecosystem that contribute to resistance must be examined and that protection of public health must remain a high priority.

107. The Chairwoman stressed the need to examine the problem of antimicrobial resistance carefully so that it does not become the next major public health scandal. She thus emphasised the need for the involvement of veterinarians in this process.

108. The Delegate of Italy stated that, to his knowledge, there was no scientific evidence to prove the existence of a public health problem created by the use of antimicrobials in animals. He queried whether current surveillance systems proved or disproved this theory. Surveillance systems should be carefully designed, with clearly stated objectives, and should provide concrete conclusions and recommendations on appropriate actions to be taken.

109. Mr Boisseau responded that the use of antibiotics in veterinary medicine has obviously created a problem of antimicrobial resistance in animal husbandry, which must be addressed with regard to its impact on human and animal health. He then said that the transfer of antimicrobial resistance between animals and humans was possible and that it is difficult to quantify this risk. He stressed that, in order to protect public health, sound methodology and better tools to measure this risk must be developed.

110. The Delegate of the United Kingdom stated that antimicrobial resistance is a controversial topic and that while hazard does exist, the risk has not yet been clearly defined. He stressed the need for better surveillance systems and coordination with WHO activities. Insofar as medical doctors consider this a medical problem, he wondered who should be responsible for surveillance systems.

111. Mr Boisseau said that each national authority was responsible for risk management and should receive scientific advice from the OIE and the WHO. He stressed the need to avoid wasting resources and emphasised that the OIE should assume responsibility for the areas that are specific to veterinarians and that the WHO assume responsibility for human health. It will be necessary to ensure coordination between the two organisations.

112. Referring to the Copenhagen Conference, the Delegate of the Netherlands said that the use of antibiotics in low doses has created problems and recommended that alternatives to antimicrobial agents be sought.

113. Mr Boisseau said that the Copenhagen Conference did not conclude that the use of antimicrobials as growth promoters should be banned. There was insufficient scientific data to suggest that these had a negative impact on public health. Authorities should not make decisions without proper risk analysis, unless there is an urgent need to proceed otherwise.

114. The Chairwoman then gave the floor to Dr K. Stöhr, of the WHO. Dr Stöhr began his presentation by recalling that foodborne bacteria, such as *Salmonella*, *Campylobacter* and *Enterococci*, play a major role in the occurrence of zoonotic infections in humans that are resistant to antimicrobial treatment. There is overwhelming epidemiological evidence that the majority of *Salmonella* infections in humans is derived

from contaminated food of animal origin. There is also direct evidence that antimicrobial use in animals selects for antimicrobial-resistant nontyphoid *Salmonella* serotypes. Reduced susceptibility limits the therapeutic options available to veterinarians and physicians for the subset of clinical cases of foodborne Salmonellosis that require treatment. A recent example is the emergence of a clone of *S. typhimurium* (ST-DT104) resistant to various antibiotics, which has become prevalent and causes human infection in many countries.

115. According to the WHO representative, other bacteria of concern are *Enterococci* and *Eschericia coli*. The use of avoparcin as a growth-promoting feed additive in animal husbandry has contributed to the reservoir of transferable resistance genes to glycopeptides (Vancomycin, Teicoplanin) in the commensal *Enterococci* of animals. Glycopeptide-resistant *Enterococci* (GRE) in animals are transmissible to humans via the food chain. The extent to which the gene pool of these bacteria in animals contributes to the prevalence of GRE in humans cannot be quantified.

116. Multiresistant *E. coli* have been selected by the use of broad spectrum antimicrobials in both livestock and humans. Resistant development in *E. coli* causes problems due to their high propensity to disseminate antimicrobial resistant genes. These genes have already been traced from E. *coli* in animals to *E. coli* in humans.

117. Antimicrobials of particular concern are those used to treat infections in both animals and humans. This is, for example, the case with quinolones and with some growth promoters. In the latter category, virginiamycin and avilamycin are currently under scrutiny.

118. Dr Stöhr insisted that any antimicrobial use leads to the selection of resistant forms of bacteria in the ecosystem involved. This will occur with all uses, including treatment, prophylaxis and growth promotion. However, the magnitude of the medical and public health impact of antimicrobial use in food animal production is not known. Even taking into account this uncertainty, however, there is enough evidence to cause concern. Despite the absence of more comprehensive risk assessments, timely public health action is and will continue to be needed to control or mitigate any medical problems related to the widespread application of antimicrobials outside the medical sphere.

119. According to the WHO, prime attention should be placed on the need for increasing the availability of data on the prevalence and spread of antimicrobial resistance which is transferable from livestock to humans. This information is vital for the identification and assessment of emerging human health problems from non-human medical use of antimicrobials and for the development of appropriate containment strategies. The WHO, therefore, amongst others, encourages its Member States to establish quality assured and standardised national monitoring systems. In close collaboration with the FAO, the WHO will develop a code of practice on the prudent use of antimicrobials in livestock and would like to request the OIE to participate in this endeavour.

120. Following Dr Stöhr's presentation, the Delegation of France suggested that contacts be established at a high level between the OIE and the WHO to discuss problems linked to antimicrobial resistance. Furthermore, during international meetings on this topic, it is important to assure balanced representation of the different sectors involved: medical doctors, veterinarians, agronomists, microbiologists, etc.

121. Dr P. Sanders, Head of the Department of Veterinary Medicinal Products, CNEVA-Fougères (France), then explained that within the framework of scientific programmes, the European Union (EU) finances concerted action on antibiotic resistance in bacteria of animal origin. This action, involving 25 institutes of the 13 Member States of the EU, has two objectives:

- to evaluate national surveillance systems on resistance and to define minimal recommendations to harmonise surveillance on a European level;

- to assess progress in research on antibiotic resistance in bacteria of animal origin and to facilitate the setting up of a research programme on this issue.

122. Dr P. Bedrník (Czech Republic) presented additional information on the development of resistance against anticoccidial drugs and the use of vaccines as an alternative method of control.

123. Dr Reinius, the Session Chairwoman, concluded by thanking all the participants, and then requested a small group consisting of Dr M. Eloit (France), Dr M.V. Kosenko (Ukraine), Dr B. Naess (Norway), Dr J.A. Costelloe (Ireland) and Dr K. Stöhr (WHO), to draft a recommendation on this technical item under the Chairmanship of Mr J. Boisseau and Dr B. Röstel.

Wednesday 23 September 1998

Item II

Strategies for controlling classical swine fever, including the application of modern vaccines

124. Prof. V. Moennig, from the Institute of Virology, School of Veterinary Medicine in Hanover and Head of the OIE Reference Laboratory for classical swine fever, Rapporteur for this item, was briefly introduced by the Session Chairman, Dr C.C.J.M. van der Meijs.

125. Prof. Moennig began his presentation by informing participants that classical swine fever (CSF) is an infectious viral disease which has severe economic impact on the pig industry of several European countries. Whereas European Union (EU) Member States and other Western European countries are almost free from the disease in domestic pigs, the CSF situation in many central and eastern European countries remains unclear. The number of outbreaks of CSF in the EU decreased in the 1990s, but financial losses increased greatly due to changes in the structure of the pig industry and control policy. The concentration of pigs and farms in some regions of Europe and long distance trade increased the risk of spreading the disease and the number of pigs affected by control measures. Primary CSF outbreaks are mostly due to (illegal) swill feeding.

126. In certain European countries, CSF has become endemic in wild boar populations. This poses a constant risk for domestic pigs. Knowledge about the epidemiological situation of CSF in wild boar is insufficient in many countries.

127. The Rapporteur underlined that laboratory diagnosis has improved markedly during the last decade. Most European countries are equipped for CSF diagnosis and are involved in international inter-laboratory comparison tests in order to standardise CSF diagnosis. Molecular typing of CSF virus isolates has become a valuable tool for epidemiology. Diagnostic capacities for emergency situations must be considered in national contingency plans.

128. Since the prevalence of the disease has decreased, the EU pursues a non-vaccination policy to control CSF. This facilitates the internal market and fulfils the requirements of the international market. Several other European countries have adopted this policy.

129. Although this control strategy is widely accepted today, legislation needs some amendment based on the scientific evaluation of recent CSF epidemics in Europe. Currently, two subunit marker vaccines are undergoing the licencing procedure. These vaccines might be a future option for restricted use in emergency situations.

130. Prof. Moennig concluded that, essentially, the success of control programmes depends on education and awareness of all parties involved, i.e. farmers, practitioners and Veterinary Services.

Discussion

131. The Session Chairman, Dr Van der Meijs, warmly thanked Prof. Moennig for his comprehensive presentation and invited comments and questions from the floor.

132. Dr J. Holejšovský (Czech Republic) gave a brief presentation on the epidemiological situation of classical swine fever in his country, emphasising the role of the wild boar population.

133. The Delegate of Denmark stressed that if vaccination is carried out, the possible impact on international trade should be kept in mind. He enquired on how the CSF virus was spread within a 500 m radius: whether

through human contact or the airborne route. In his opinion new marker vaccines are slower in inducing immunity than the Chinese strain vaccine.

134. The Delegate of Italy confirmed that for that reason marker vaccines would not be effective in an emergency situation. He also questioned their use in emergency situations, as under these circumstances vaccinated pigs are identified. He also raised the problem of existing principles and regulations being too strict.

135. A representative of the German Delegation indicated that his country supported the possible use of marker vaccines in emergency situations, particularly in areas with a high density of pigs. He also suggested that relevant amendments be made to the OIE *International Animal Health Code* and the *Manual of Standards for Diagnostic Tests and Vaccines*. He raised the question of whether vaccine manufacturers need to be given clear information on the possibilities for the future.

136. The Delegate of Belgium supported the comments made by the Delegates of Denmark and Italy. He drew attention to the unapparent difference between oral presentation and written reporting regarding the incubation period. He asked the Rapporteur's advice on the best samples to take for early detection of infection. Based on Belgium's experience, he felt that stamping-out in a 1,000 m radius would be preferable.

137. The Rapporteur replied as follows:

a) Regarding neighbourhood spread of the virus, from experience obtained in Germany, he did not believe in the airborne route of transmission, but believed the human factor to be the most important;

b) He was of the opinion that marker vaccines were only an additional tool in the non-vaccination policy. He felt that the slower development of immunity with the marker vaccines currently available is a problem. Laboratories should be encouraged to develop marker vaccines with a more rapid action and that are more effective.

c) He felt that existing regulations fulfil their purpose. Regulations should, however, be amended to take marker vaccines into account, but it is perhaps too early to make amendments, as several questions still remain unanswered.

d) Prof. Moennig stated that the incubation period for classical swine fever in individual animals is from seven to ten days. However, in a herd situation, it can take significantly longer for the farmer to detect the disease. With regard to sample taking, the fluorescent antibody test on tonsils is sufficiently effective and inexpensive. He agreed that the 1,000 radius may be preferable in Belgium's experience, but indicated that in Germany's experience, the highest risk was within a 500 m radius.

138. The Delegate of Switzerland raised a question on the risk of masking the field virus in animals vaccinated with marker vaccines and on the conditions to be met for freedom from disease for countries or regions applying vaccination. He also queried whether a country with infected wild boar populations could be recognised as free from classical swine fever.

139. The Delegate of Norway asked for advice as to how best control the disease in wild boars.

140. Prof. Moennig responded as follows:

a) There is no information available on the spread of the CSF virus with vaccination using the marker vaccine, but the risk also exists when using conventional vaccines. In most extensive vaccination campaigns the disease is not eradicated. However, with the marker vaccine it is possible to carry out serological surveillance to either detect the field virus and treat it as an outbreak or to confirm its absence;

b) Endemic disease in wild boar populations is a major risk for the whole region. The control of the disease in wild boar population is a problem as their populations have been increasing in Europe. He recommended that hunting strategies would have to be devised to avoid disturbing and dissipating wild boars. He stated that oral immunisation of wild boars may be effective and indicated that corresponding trials are being carried out in Germany.

141. Dr N. Belev, President of the OIE Regional Representation for Eastern Europe, enquired whether many European countries could afford slaughtering millions of pigs to achieve similar results to those obtained in Germany and the Netherlands. What is the guarantee that a new CSF outbreak in territories with large wild boar populations where only stamping-out is authorised will not occur?

142. Prof. Moennig agreed with Dr Belev's comments, but indicated that at present, there is no real alternative to stamping-out. He also mentioned that there is no absolute guarantee against possible new outbreaks of CSF in territories with infected wild boar populations.

143. The Delegate of Greece requested the Rapporteur to comment on the effect of vaccination in animals incubating the disease.

144. The Delegate of Sweden showed interest in the safety of marker vaccines, and as to whether it can be guaranteed that the field virus is detectable in vaccinated animals.

145. The Delegate of Finland asked for the definition of the emergency situation. She questioned whether every single outbreak of CSF was treated as an emergency.

146. Prof. Moennig responded as follows:

a) Vaccine producers are not obliged to provide information on the vaccination of incubating pigs and the detection of the field virus. However, it is hoped that some information from ongoing laboratory trials will be available;

b) All decisions concerning emergency situations should be taken by competent veterinary authorities. One of the criteria defining the emergency situation could be the density of the relevant pig populations.

147. A representative of the Netherlands Delegation agreed that the use of marker vaccines should only be an additional tool in the eradication process. Work must be carried out at the same time on the registration of marker vaccines, the development of new marker vaccines by industry and management within the pig industry itself.

148. The Delegate of Spain emphasised the need for additional scientific guarantees for international trade while using marker vaccines.

149. The Delegate of Belgium wondered whether the use of new generation (genetically modified) vaccines could create ecological or ethical problems.

150. The Rapporteur agreed that genetically modified vaccines could be debatable, but he was confident that the public could be convinced of the overriding benefits of new vaccines.

151. The Session Chairman concluded the discussion by thanking all the participants, and then requested a group consisting of Dr R. Marabelli (Italy), Dr I. Sánchez Esteban (Spain), Dr J. Schmidt (Switzerland), Dr R.N. Martin (United Kingdom), Dr J.A. Smak (Netherlands) and Dr E. Stougaard (Denmark), to draft a recommendation on this technical item under the Chairmanship of Prof. V. Moennig.

Strategic vaccination zones for foot and mouth disease in the Trans-caucasian and Asiatic regions of the Commonwealth of Independent States

152. Dr R. Marabelli, President of the European Commission for the Control of Foot and Mouth Disease (EUFMD), recalled the results of previous meetings on this subject (in Alma Ata and Vladimir) and requested that a group of experts prepare new proposals before the next meeting of the Commission in Oslo (Norway) in November 1998.

153. An in-depth discussion followed on the best strategies for the control of foot and mouth disease in the countries of the Commonwealth of Independent States (CIS). Taking into account the proposals from the OIE (Dr N. Belev), the FAO (Dr Y. Cheneau and Dr Y. Leforban), the European Commission (Dr A.

Laddomada) and the Delegates of Denmark and Russia, a consensus was reached to recommend the establishment of a tripartite group of OIE/FAO/EC to deal with the issue in a practical and rapid manner.

Presentations by international organisations and other institutions

Food and Agriculture Organization of the United Nations

154. Dr Y. Cheneau, Head of the Animal Health Service, Food and Agriculture Organization of the United Nations (FAO), presented FAO activities in the region, which are of interest primarily to southern, eastern and central European countries.

155. With regard to animal health, the FAO continues to support the biotechnological network set up between the four central European countries, namely Czech Republic, Hungary, Poland and Slovakia. The network is conducted by the Veterinary Research Institute of Brno and it is expected to be extended to southern European countries. Information disseminated through this network relates, in addition to biotechnologies, to epidemiology and microbiology.

156. The activities of the European Commission for the Control of Foot and Mouth Disease (EUFMD) continued during 1998, in close collaboration with the European Commission and the OIE. Several meetings of experts were organised by the FAO/EUFMD and the European Commission, following the appearance of a new variant of the FMD virus type A in Turkey. Vaccination against this new type of virus was carried out in Turkish Thrace by the national Veterinary Services. The cost of the vaccine was covered by the European Union. Collaboration between the Foot and Mouth Disease Institute in Ankara and the Razi Institute in Teheran will be established under the auspices of the FAO.

157. This presentation was followed by Dr M. Toman (Czech Republic) who briefly outlined the activities of the Veterinary Research Institute in Brno, which is part of the FAO biotechnological network in central Europe.

World Health Organization

158. The main presentation of Dr K. Stöhr, representative of the World Health Organization, concerning antibiotic resistance is given under item I, § 114 to 119.

European Commission

159. Dr A. Laddomada, representative of the European Commission, gave the following information related to the technical items discussed during the Conference.

- Antibiotic resistance**:** the Scientific Steering Committee of the European Commission has set up a special multidisciplinary working group to examine as a priority all aspects related to the use of antimicrobials and the development of resistance to these products (origin, consequences for animal health, etc.).

- Control of foot and mouth disease**:** the European Commission supports financially a vaccination programme carried out in Thrace (Turkey) against an FMD type A Iran 96 variant.

- Classical swine fever serological marker vaccine**:** in agreement with a recommendation of the Scientific Veterinary Committee, the European Commission has decided to support financially a large-scale laboratory trial (1998-1999), to evaluate the possibility of using two marker vaccines in emergency situations. Possible problems linked to the sensitivity and specificity of discriminatory tests and their consequences will also be investigated.

European Federation of Animal Health

160. Dr J. Vanhemelrijck, Secretary General of the European Federation of Animal Health (FEDESA), described the role of their organisation as the representative of the European animal health industry and an affiliated member of the World Animal Health Industry Confederation (COMISA), the world-wide representative. FEDESA's mission statement is to work towards a European environment where the value of safe and

effective animal health products is recognised, and where these high quality products can be developed, registered and provided quickly and economically.

161. He stressed that the benefits of animal health products use should not be underestimated. Veterinarians in a recent survey considered that to maintain animal production in the absence of animal health products it would be necessary to double the livestock population. Veterinary medicinal products are therefore an environmental asset, and an economical benefit to animal husbandry. They are also indirect protectors of public health. All too often, due to the focus on chemicals and 'chemiphobia', the benefits of pharmaceuticals are masked by the overemphasis of possible risks.

162. Naturally, the use, and certainly misuse, of active products can generate risks. To manage this risk, it is essential to stimulate the prudent use of all animal health products, including antibiotics, to reduce risk perception. The animal health industry is preparing a full-scale epidemiological antibiotic sensitivity monitoring programme or study in order to gather more concrete information. This data will help to balance the non-peer-reviewed data and assertions that are spreading throughout Europe. The representative ended his presentation by giving additional information on the different options of the proposed protocols.

163. In response to a question asked by the Delegate of Finland on the position of FEDESA regarding antimicrobial additives in animal feed, Dr Vanhemelrijck indicated that his organisation always respects national and international regulations, but that it is ready to provide technical expertise in updating these regulations.

Fédération Equestre Internationale

164. Dr F. Sluyter, Official Veterinary Officer of the Fédération Equestre Internationale (FEI), evoked the fact that certain countries in developing regions that wish to temporarily import top-level competition horses must establish an efficient veterinary infrastructure. This infrastructure would facilitate the setting-up of animal health controls, control of animal movement across borders, and an accepted import/export procedure. In the absence of these measures, temporary import of horses and return to their country of origin could be compromised. To assist in the process, a serological survey could verify the absence of OIE List A and B equine diseases.

165. Dr Sluyter furthermore insisted that international competition horses, although regularly crossing international borders, can be considered a 'low risk' group from a health requirement perspective. This view has been adopted by the OIE *International Animal Health Code*. Consideration of all aspects should result in a sincere effort to establish rulings that combine the necessary safeguards with the requirements of competition.

European Association for Animal Production

166. Prof. P. Rafai, of the Department of Animal Hygiene, University of Veterinary Sciences, Budapest, Hungary, represented the European Association for Animal Production (EAAP), an international federation of national member organisations from 38 countries in Europe and the Mediterranean region. The Association was founded in 1949 in Paris under the auspices of the FAO, which, since 1954, has recognised it as an international non-governmental organisation with a special consultative status. Member organisations represent the professional interests of scientists, academics, professionals, producers, technicians, extension officers, government departments and farmer organisations. The main aim of the EAAP is to promote all sectors of 'sustainable' agriculture by means of active cooperation among its members and other international and national organisations. Of the eight study commissions, the Commission on Animal Management and Health is the bridge between animal breeders and veterinarians. In this respect, the EAAP collaborates with other international organisations, and wishes to establish closer contact with the OIE.

Federation of Veterinarians of Europe

167. Dr C. Mir, Vice-President of the Federation of Veterinarians of Europe (FVE), described the priorities and composition of the Federation. She specified that the FVE subscribes to the European Community non-vaccination policy against classical swine fever except for ring vaccination in an emergency by means of marker vaccines, provided that certain conditions are met. The FVE shares current concerns on the use of

antibiotics in human and veterinary medicine. Dr Mir added that the FVE is presently working on guidelines to remind practitioners of basic principles relating to the use of antibiotics.

Activities of the OIE Regional Representation for Eastern Europe

168. Dr N. Belev, OIE Regional Coordinator for Eastern Europe, presented the main activities of the Representation since the last meeting of the Commission in May 1998. He mentioned that the Director General and the Regional Coordinator met with high officials of the Governments of Estonia, Latvia and Lithuania during their visit to these countries in July.

169. A seminar was held in July in Lithuania on risk analysis in animal health. A second seminar took place in August at the OIE Collaborating Centre in Vladimir, Russia, on the organisation of national Veterinary Services in East European and Baltic countries and on the privatisation of certain veterinary activities. Heads of Veterinary Services of the countries concerned as well as heads of Veterinary Services from Germany, Italy and the Netherlands, and experts from these countries participated in the two seminars. In October, a seminar on the influence of radioactivity from Chernobyl for animals and animal products will be held in Kiev (Ukraine). Three seminars will be organised in 1999, in accordance with the programme of activities of the Representation.

Activities of the OIE International Animal Health Code Commission

170. At the request of the Session Chairman (see § 12), Dr Vallat described in detail the objectives of the OIE *International Animal Health Code* and its present structure, which requires an update and additional information. He then indicated the priorities laid down by the Commission that he presides to modernise the *Code* and to make it the main document of reference for Member Countries, particularly in implementing the Agreement on the Application of Sanitary and Phytosanitary Measures (SPS) of the World Trade Organization (WTO). He furthermore requested Delegates to forward as rapidly as possible their comments on the texts submitted by the Commission, in order to accelerate updating the *Code*.

171. Dr A. Thiermann, Vice-President of the Code Commission, added that the *Code* should take into account the new available diagnostic and control tools (e.g. marker vaccines) and should define more clearly the animal health status of Member Countries in relation to the spread of diseases in wild animals.

172. The Delegate of the Netherlands commended this information. However, he warned the OIE against any haste in the preparation of the *Code*, which could harm the quality of the document. The Delegate approved the administration procedures for *Code* acceptance, as they were described by Dr Vallat.

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

173. Draft Recommendations Nos 1, 2 and 3 were put forward for discussion. Several amendments were called for in Recommendation Nos 2 and 3.

Dates, venue and agenda items for the 19th Conference of the OIE Regional Commission for Europe

174. The President of the Regional Commission asked the Delegates whether any country would like to host the 19th Conference of the Commission. On behalf of the Government of his country, the Delegate of Israel invited the Commission to hold its next meeting in Jerusalem. The invitation was unanimously accepted and applauded by all participants. The exact dates were not fixed, but Delegates agreed upon the month of September 2000.

175. The technical items for the 19th Conference will be selected among those proposed in Malta in 1996, during the next meeting of the Commission in Paris in May 1999.

Thursday 24 September 1998

Field trip

176. Participants found the field trip organised by the host country to the National Horse Breeding Farm of Kladruby nad Labem of great interest, and also very much enjoyed the reception that followed at the W.A. Mozart Museum.

Friday 25 September 1998

Presentation of draft Recommendations Nos 2 and 3

177. Draft Recommendations Nos. 2 and 3 were distributed and discussed. Recommendations Nos. 2 and 3 were approved pending certain amendments of the English version of Recommendation No. 2.

Adoption of the draft Final Report and Recommendations

178. The Conference adopted the draft Final Report pending certain amendments and approved Recommendations Nos. 1, 2 and 3 (Appendices IV, V and VI).

Closing Ceremony

179. Dr Blancou 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 expressed his sincere gratitude to the Czech Authorities for the welcome they had accorded to all participants and thanked Dr eleda for having organised and presided over the meeting with such efficiency. The Director General congratulated the Rapporteurs 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 Israel for offering to host the next Commission meeting.

180. Dr Belev underlined the kind hospitality of the Czech hosts and the excellent working environment of the Conference. The President of the Regional Commission thanked the Czech Veterinary Services, in particular, Drs Kozák and eleda, as well as the Rapporteurs for their professionalism and competency during the Conference. Dr Belev read out a motion of thanks to the Government Authorities of the Czech Republic (Appendix VII).

181. Dr eleda thanked participants for having given the Czech Republic the opportunity to host the 18th Conference of the OIE Regional Commission for Europe. He praised the spirit of cooperation shown during the professional and social activities of the Conference and stressed the importance of the work accomplished. The Delegate of the Czech Republic to the OIE declared officially closed the 18th Conference of the OIE Regional Commission for Europe at 11.40 a.m.