

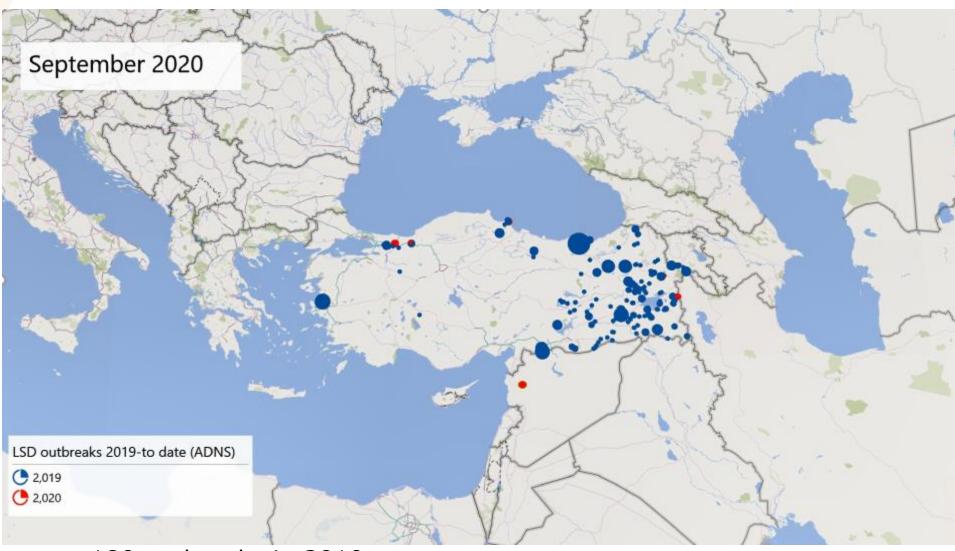
Elements for planning surveillance in the strategy for cessation of LSD vaccination

Alessandro BROGLIA EFSA

Standing Group of Experts on Lumpy Skin Disease in South-East Europe under the GF-TADs umbrella

LSD situation in Europe since Jan 2019





- 180 outbreaks in 2019
- 5 outbreaks in 2020 up to March 2020

Question



What surveillance system for different scenarios?

Epidemiological situation:

Infection and vaccination status

Objectives:

- Early detection of LSD
- Demonstrate disease absence

Scenarios to consider for surveilland



1. No infection, no vaccination

2. No infection, vaccination is continued

3. No infection, vaccination is stopped

4. Past infection, vaccination is stopped

Elements assessed for surveillance



- objective of the surveillance: early detection or proving absence
- type of surveillance active/passive
- possible source of infection: risk areas?
- susceptible target population: which animals to sample
- risk period > April-October
- diagnostic tests available: clinical detection, PCR, ELISA
- design prevalence : threshold of detection
- how many animals/herds to be checked : sample size
- how often to check/test : sampling frequency

Early detection



Key issue: estimate design prevalence for early detection and sampling frequency

Or

How to detect LSD in the **quickest way** in order to **minimise losses**

Example

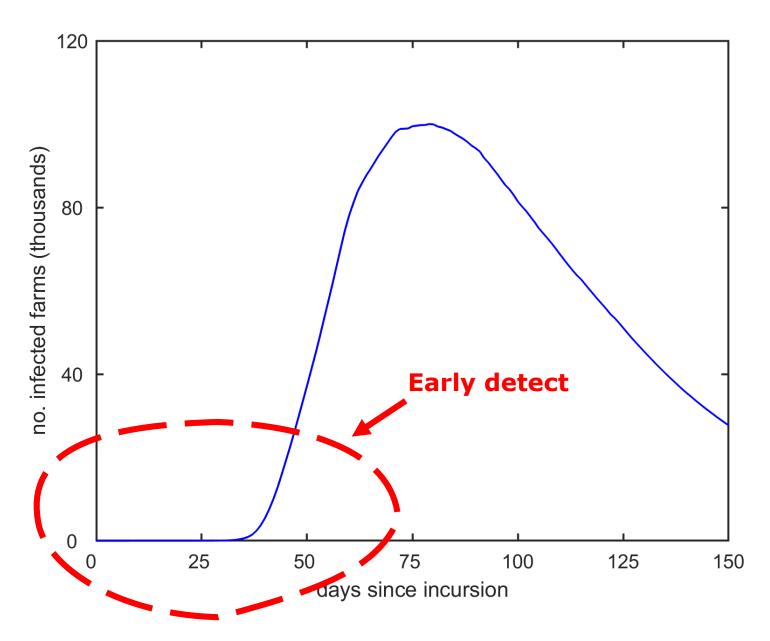


- Test: clinical detection >> Se 75% (confirmation by PCR)
- Sample area: area at risk of introduction
- Target population: susceptible cattle population in the atrisk area
- Active surveillance on areas at risk + passive surveillance on the whole country.
- Design prevalence, sampling frequency and size >>...

synoptic table on surveillance at: https://doi.org/10.5281/zenodo.1451440

e.g.: LSD epidemics in Balkans





Sample size for early detection



Delay in detection (sampling frequency)	Design prevalence	Sample size
		In 50 km surveillance zone (95% confidence)
35 days	0.075%	427
47 days	1%	31
56 days	5%	5

Demonstration of disease absence



Serology

- Design prevalence>> % ever infected herds (e.g. 3.5%)
- Test : ELISA >> Se: 83%
- Sampling period: after major risk period (April-Octber)
- Sample area: whole country
- Target population: Non-immunised fraction of cattle population
- Sample frequency: once/twice a year
- Sample size: 103 herds to be tested in the country

New EFSA output on LSD



Assessment of the control measures of the category A diseases of Animal Health Law

effectiveness of:

- the clinical and laboratory examination to detect disease;
- the duration of the monitoring period for different scenarios;
- the size and duration of the restriction zones

>> Online mid February

Key recommendations



- <u>Passive surveillance</u>: key for <u>early warning</u> for LSD, always in place
- areas bordering endemic regions previously infected >> active surveillance (clinical and serological)
- <u>Feasibility</u> of surveillance plan: to be adapted to different contexts and resources
- Don't rely on only one test or component: combine!





Thank you for your attention!

EFSA page on LSD:

https://www.efsa.europa.eu/en/topics/topic/lumpy-skin-disease

Video on vaccination effectiveness:

https://www.youtube.com/watch?v=RoUCCGLeAtk&t=41s



