



**Standing Group of Experts on Lumpy Skin Disease (SGE LSD)
in South-East Europe**
under the GF-TADs umbrella

**10th meeting 14 January 2021
(SGE LSD 10)**

Recommendations

Considering that:

- Since 2017, no lumpy skin disease (LSD) outbreaks were reported in South-Eastern Europe;
- LSD remains present in Anatolia, Turkey;
- A coordinated policy has been in place in South-East Europe for mass vaccination with homologous LSD vaccine continued for the fifth year in the region, preventing further outbreaks since 2017;
- In the light of the current favorable epidemiological situation, it is appropriate to further advance the discussion on the regional LSD vaccination exit strategy that was launched in 2018;
- LSD vaccination has ceased in Croatia (2018), Bosnia and Herzegovina (2019), Montenegro (2020), North Macedonia (2020) and Kosovo* (2020);
- Serbia has initiated the cessation of annual revaccination of previously vaccinated adult cattle. Maintains vaccination for imported animals and newborns;
- Montenegro, North Macedonia, and Kosovo*, which have ceased vaccination in 2020, and Serbia which has eliminated the revaccination of adult animals, in addition to passive surveillance, have active surveillance throughout their territory. This surveillance is based on clinical visits and the collection of samples for serological tests on unvaccinated animals and, in the case of Montenegro, North Macedonia and Serbia, also perform virological tests;
- LSD annual revaccination continued in 2020 in Bulgaria, Greece, Albania, Turkey (homologous in Turkish Thrace and heterologous in Anatolia);
- The epidemiological situation in Eastern Europe and neighboring regions suggests that a certain risk of disease re-introduction or re-emergence in high-risk areas where LSD vaccination has ceased may still be present.

Recommendations on LSD vaccination in 2021

1. Mass vaccination with homologous vaccines should be considered in the countries still affected to eliminate the virus;
2. The quality of vaccine should be aligned with the requirement of the OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals. Independent quality control of vaccine should be carried out, in collaboration with the EU Reference Laboratory for Capripox Viruses (LSD Reference laboratory), as a supportive tool to Member countries, prior to vaccination campaigns;
3. Cessation of LSD vaccination should take place in a coordinated manner ensuring the continuation of the regional coordinated policy of the previous years;
4. The decision of the competent authorities of a country/territory to continue or stop LSD vaccination in this country/territory or a zone thereof, in 2021, should be based, among other factors, on the LSD occurrence in the country/territory or zone in the previous years, the vaccination coverage achieved during the past 2 years and the possible risk of disease introduction from neighboring countries/territories;
5. Based on the available epidemiological information to date, the results of LSD surveillance and LSD vaccination in 2020, LSD vaccination should at least continue in Turkey, Albania and the high-risk areas of Greece and Bulgaria;
6. In all countries/territories, where LSD vaccination was reduced or completely ceased as of 2020, systematic surveillance, active and passive, should continue in 2021. The same applies for all countries/territories where LSD vaccination will be reduced or cease completely as of 2021;
7. All countries/territories in the region of South-East Europe, including those that do not implement vaccination, should maintain the capacity to purchase sufficient vaccine doses, within short time, in case of LSD primary incursion in a previously free country/territory or in case of LSD resurgence or reintroduction in a country/territory or region where vaccination has ceased;
8. Where vaccination is to be still applied, previous recommendations on the preferred type of vaccines (homologous) remain valid. In addition, vaccination should always aim at high vaccine coverage to ensure effectiveness. When heterologous vaccines are used, consideration should be given to the use of a multiple of the sheep dose that has shown to be effective (e.g. 10x), at least in high-risk areas;
9. When vaccination is stopped or becomes voluntary, a contingency plan must be in place and preparations for quick vaccine supply, including possible national vaccine stockpiling, to react quickly with emergency vaccination in case of LSD re-emergence;

Recommendations on LSD surveillance in 2021

10. It is of utmost importance that cessation of LSD vaccination is accompanied by the implementation of appropriate active and passive LSD surveillance for a period of at least two years, to prove the absence of LSD and ensure early detection in case of resurgence or reintroduction from affected areas;
11. Passive surveillance should remain in place, in all countries/territory, throughout the year, with all clinical suspicions subject to lab tests to confirm or rule out LSD. Active surveillance should include at least periodical clinical visits in holdings and serological testing of non-immune animals;
12. Characterization of new strains of the LSD virus should be done, including vaccine-related strains, in close collaboration with LSD Reference laboratory;

Recommendations on other activities regarding LSD

13. All countries/territory in the region should continue to share information on the occurrence of LSD (WAHIS, ADNS, in the short term ADIS) and are encouraged to exchange materials and methods between them and with the EURL. Collection and analysis of data on LSD should also continue, with the support of EFSA;
14. Further investigations on scientific reports from Russia related to field spreading of vaccine-related strain of LSD virus, should be carried out, with support of technical experts, and in close collaboration with LSD Reference laboratory;
15. All countries, members of the OIE Regional Commission for Europe, affected or at risk for LSD, should collaborate within the GF-TADS Standing Group of Experts on LSD, and provide information on their decision to continue or stop LSD vaccination in 2021 as well as the LSD surveillance scheme they intend to implement;
16. Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan are welcomed as new members of the SGE LSD group;
17. A scientific meeting is organized under the GF-TADS Europe umbrella with the participation of the LSD Reference laboratory, the Russian Federation, Kazakhstan, the European Food Safety Authority (EFSA), OIE Reference Laboratories for LSD and other LSD experts, the European Commission and other interested parties dedicated to correctly frame the issue of DIVA PCR differentiation of LSDV strains raised in the presentation of the EURL at this LSD SGE 10 meeting with a view to providing recommendations to the LSD SGE in South-East Europe;
18. LSD Reference laboratory shall provide support in validation of diagnostic tests, and testing of samples from Member countries, when needed.

Once the COVID-19 restrictions on international travels /physical meetings have been lifted, a meeting will be organized to discuss the agenda and frequency of physical meetings of this Expert Group in the future.