



## **Standing Group of Experts on Lumpy Skin Disease (SGE LSD) in South-East Europe**

under the GF-TADs umbrella

**11<sup>th</sup> meeting 10 February  
2022 (SGE LSD 11)**

### **Recommendations**

Considering that:

- Since 2017, no lumpy skin disease (LSD) outbreaks were reported in South-East Europe;
- LSD remains present in Anatolia, Turkey;
- 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;
- Montenegro, North Macedonia and Kosovo\*, which have ceased vaccination in 2020, and Serbia which have ceased vaccination in 2021, 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 2021 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;
- The situation reported by the Russian Federation has brought focus on recombinant strains;
- Whole genome sequencing data indicate that recombinant strains are also found during the ongoing epidemic in central Asia;
- The currently described DIVA PCR tests classify the recombinant strains as vaccine strains, which could lead to the false assumption that observed clinical signs are due to vaccination and that those affected animals do not represent an epidemiological risk.

## **Recommendations on LSD vaccination in 2022**

1. Mass vaccination with homologous vaccines should be considered in the countries still affected in order to eliminate the virus; Cessation of LSD vaccination should take place in a coordinated manner ensuring the continuation of the regional coordinated policy of the previous years;
2. The quality of vaccine should be aligned with the requirements of the OIE Manual of Diagnostic Tests and Vaccines for Terrestrial Animals. Independent quality control of vaccine should be carried out, in collaboration with LSD Reference Laboratories, as a supportive tool to Member countries, prior to vaccination campaigns;
3. 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 2022, 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;
4. Based on the available epidemiological information to date, the results of LSD surveillance and LSD vaccination in 2021, LSD vaccination should at least continue in Turkey and the high-risk areas of Greece and Bulgaria;
5. In all countries/territories, where LSD vaccination was reduced or completely ceased as of 2021, systematic surveillance, active and passive, should continue in 2022. The same applies for all countries/territories where LSD vaccination will be reduced or cease completely as of 2022;
6. 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;
7. To reduce the risk of further spread to South-East Europe, consideration should be given to the use of homologous vaccine in the entire territory of Turkey, including Anatolia, as this will be an important contribution to the overall LSD exit strategy in South-East Europe;
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 (as specified in the OIE Manual), at least in high-risk areas;

## **Recommendations on LSD surveillance in 2022**

9. 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;
10. Passive surveillance should remain in place, in all countries/territories, throughout the year, with all clinical suspicions subject to laboratory 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;
11. Characterization of new strains of the LSD virus (preferably via whole genome sequencing) should be done, including vaccine-related strains, in close collaboration with LSD Reference laboratories;
12. Further investigations on scientific reports from Russia related to field spreading of vaccine-related strains of LSD virus, should be carried out, with support of technical experts, and in close collaboration with LSD Reference laboratories;
13. Additional DIVA PCR tests should be developed that identify recombinant strains as wild type field strains, instead of vaccine strains, and potentially also differentiate them from other 'classical' wild type strains;

## **Recommendations on other activities regarding LSD**

14. All countries/territories in the region should continue to share information on the occurrence of LSD (OIE-WAHIS, and if pertinent also EU 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;
15. All countries, members of the OIE Regional Commission for Europe, affected or at risk for LSD, should continue to collaborate within the GF-TADs Standing Groups of Experts on LSD, and provide information on their decision to continue or stop LSD vaccination in 2022 and beyond, as well as the LSD surveillance scheme they intend to implement;
16. Given the geographical shift in focus on this disease and the different epidemiological situation of LSD in different sub-regions of Europe, it is recommended to set up a specific Standing Group of Experts on LSD in Central Asia (SGE LSD CA);
17. Taking into account the favorable evolution of LSD in South-East Europe in recent years, it is recommended to reconsider the frequency of meetings of this Standing Group of Experts on LSD in South-East Europe (SGE LSD SEE) in the future;
18. Once the COVID-19 restrictions on international travel/physical meetings have been lifted, a physical meeting of this Standing Group of Experts will be organised in one of the member countries (tentatively in early 2023).

*\*All references to Kosovo in this document should be understood to be in context of United National Security Council resolution 1244 (1999)*