



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

**12th meeting 2 February 2023
(SGE LSD 12)**

Recommendations

Considering that:

- Since 2017, no lumpy skin disease (LSD) outbreaks were reported in South-Eastern Europe;
- Last LSD outbreak in Türkiye was reported in Anatolia in 2021;
- 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 ceased vaccination in 2022, 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 virological tests;
- LSD annual revaccination continued in 2022 in Bulgaria (homologous), Greece (homologous) and Türkiye (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, especially in the Anatolian region of Türkiye.
- Recombinant strains have been reported in Central Asia.

Recommendations on LSD vaccination in 2023

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 sub-regional coordinated policy of the previous years;

2. The quality of vaccine should be aligned with the requirements of the WOAHA 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. 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 2023, 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 2022, LSD vaccination in 2023 should at least continue in Türkiye;
5. In all countries/territories, where LSD vaccination was reduced or completely ceased as of 2022, systematic surveillance, active and passive, should continue in 2023. The same applies for all countries / territories where LSD vaccination will be reduced or cease completely as of 2023;
6. All countries/territories in the region of South-East Europe, including those that do not implement vaccination, should make endeavors to 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 all countries vaccinating, including the remaining part of the territory of Türkiye, i.e. 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 vaccination 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;

Recommendations on LSD surveillance in 2023

9. It is of utmost importance that cessation of LSD vaccination is accompanied by the implementation of appropriate active and passive LSD surveillance, at least for the minimum period indicated by WOAHA standards, 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 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;

11. Characterization of new strains of the LSD virus should be done, including vaccine-related strains, in close collaboration with LSD Reference laboratories;
12. Further investigations on scientific reports 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 laboratories;

Recommendations on other activities regarding LSD

13. All countries/territories in the region should continue to share information on the occurrence of LSD (WAHIS, ADIS, Empres-i) 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. All countries, members of the WOAHA 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 2023 and subsequent years as well as the LSD surveillance scheme they intend to implement.
15. Given the favorable epidemiological situation in South-East Europe, the Standing Group of Experts on Lumpy Skin Disease will take into account the epidemiological situation in the WOAHA region of Europe as a whole. To this end the current LSD SGE group is re-designated as “GF-TADs - Standing Group of Experts on Lumpy Skin Disease in Europe”, and remains equally accessible, as a regional coordination/cooperation platform, for both the sub-region of South-East Europe (particularly in case LSD returns), but also for Central Asia countries, as needed;
16. The situation in South-East Europe may be addressed in a yearly online meeting, unless there are major changes in the LSD epidemiological situation in that sub-region (e.g. disease recurrence or increased risk of disease re-introduction).

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