



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

under the GF-TADs umbrella

**13<sup>th</sup> meeting 21 February 2024  
(SGE LSD 13)**

### **Recommendations**

Considering that:

- Since 2017, no lumpy skin disease (LSD) outbreaks were reported in South-East Europe;
- Last LSD outbreak in Türkiye was reported in Anatolia in 2021;
- 5 LSD outbreaks were reported in Israel during 2023;
- 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;
- Albania, Montenegro, North Macedonia and Kosovo\*, which have ceased vaccination in 2020, and Serbia, which ceased vaccination in 2021, in addition to passive surveillance, had active surveillance in place, throughout their territories, in 2023;
- LSD annual revaccination in South-East Europe continued in 2023 in Bulgaria (homologous), Greece (homologous) and Türkiye (heterologous vaccine in Turkish Thrace and East half of Anatolia); Israel annual revaccination was launched again in June 2023 in all the country, following the outbreaks that occurred in the first half of the year.
- 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;
- LSD outbreaks, some involving recombinant strains, were reported within and close to Central Asia in 2023. Outbreaks are also reported in North Africa and the Middle East;

## Recommendations on LSD vaccination in 2024

1. Mass vaccination with homologous vaccines should be considered in all countries still affected by outbreaks of LSD 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 “exit strategy” policy of the previous years;
2. The quality of vaccines 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, if possible in collaboration with the WOAHA and EU Reference Laboratory for Capripox Viruses (Sciensano), 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 2024, 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 2023, LSD vaccination in 2024 in South-East Europe should at least continue in Türkiye, particularly in high risk areas;
5. In all countries/territories where LSD vaccination was reduced or completely ceased as of 2022 or before, systematic surveillance, at least passive, should continue in 2024. Active and passive surveillance should be in place in 2024 in all countries / territories where LSD vaccination has been or will be reduced or cease completely as of 2023 or later;
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 a 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 territory of Türkiye, as this will be an important contribution to the overall LSD exit strategy in South-East Europe;
8. Where vaccination is still to be 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;

9. All countries/territories in the region of Central Asia should make endeavors to maintain the capacity to purchase sufficient vaccine doses, within a 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. Efforts should be made to harmonize vaccination efforts between those countries/territories;

#### **Recommendations on LSD surveillance in 2024**

10. 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 WOAAH standards, to demonstrate 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/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;
12. Characterization of new strains of the LSD virus should continue, including that of vaccine-related strains, in close collaboration with the WOAAH and EU Reference Laboratory (Sciensano);
13. 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 the WOAAH and EU Reference Laboratory (Sciensano);

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

14. 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 WOAAH and EU Reference Laboratory (Sciensano). Collection and analysis of data on LSD should also continue, with the support of EFSA;
15. All members of the WOAAH 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 2024 and subsequent years as well as the LSD surveillance scheme they intend to implement.
16. The LSD situation in the members of the WOAAH Regional Commission for Europe will continue to be addressed in a yearly online meeting, unless major changes in the LSD epidemiological situation in one of the sub-regions call for intensified activities of the SGE.

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