

Questionnaires (*Terrestrial Code* Chapters 1.11. and 1.12.) for countries applying for official recognition of FMD- and PPR-free status or endorsement of official control programmes for FMD and PPR and common shortcomings

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Follow-up Regional training Workshop on WOAHP Procedures for official status recognition, endorsement of official control programmes and maintenance with regard to foot and mouth disease (FMD) and peste des petits ruminants (PPR)

25 - 27 February 2025

Issyk Kul, Kyrgyzstan



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for Animal
Health
Founded as OIE

Organisation
mondiale
de la santé
animale
Fondée en tant qu'OIE

Organización
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de Sanidad
Animal
Fundada como OIE

How can I show in my dossier that we follow the requirements of the *Terrestrial Animal Health Code*?



Demonstrate by  **EVIDENCE**



How to provide this information in a comprehensive manner?

Relevant **questionnaire** for **FMD** and **PPR** published in Chapters 1.11. to 1.12. of the *Terrestrial Animal Health Code (the Terrestrial Code)*

Structure &
flow

Respond to
each question

Documented
evidence



Compliance with Chapters 8.8. and 14.7. of the *Terrestrial Code*

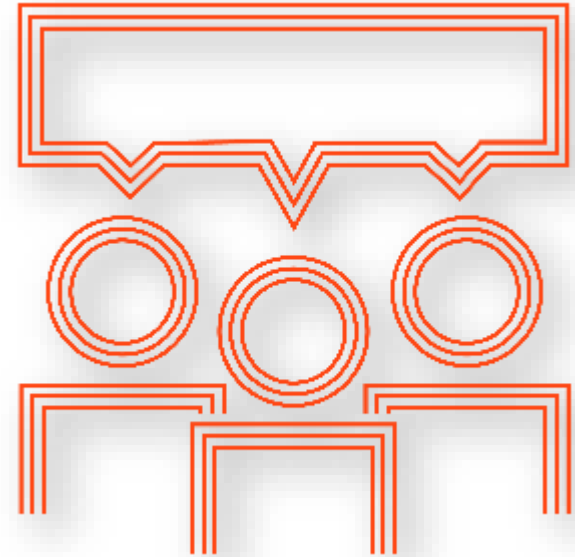


- ✓ To assist Members
- ✓ To assist experts
- ✓ To give more transparency to the evaluation process
- ✓ To standardise the evaluation among countries





1. Introduction
- 2. Veterinary system**
3. FMD/PPR eradication
4. FMD/PPR diagnosis
5. FMD/PPR surveillance
6. FMD/PPR prevention
7. Control measures and emergency response



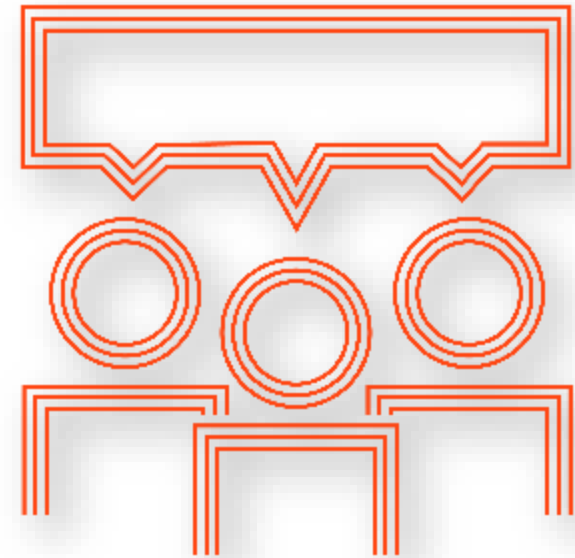


Documented evidence on the capacity of Veterinary Services

- PVS missions, if any, conducted over the past 5 years
- Clear description of structure of Veterinary Services (roles, responsibilities, activities and coordination with other relevant authorities)
- Information on private veterinarians and their role in supervising of the relevant livestock population
- Animal identification, registration, traceability and movement control



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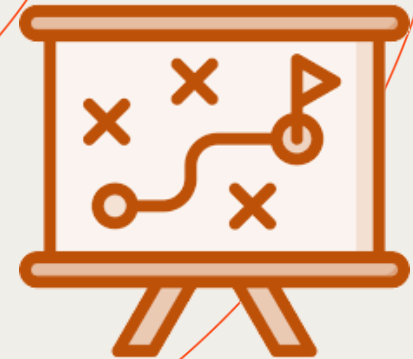
History

- Clear description of the FMD/PPR history in the country, with emphasis on recent years.



Strategy

- Describe how FMD/PPR was controlled and eradicated (e.g. stamping-out policy, zoning, vaccination, movement control) and the time frame for eradication.



No vaccination

- when vaccination was formally prohibited
- If vaccination was used: date of last vaccination, type of vaccine used, species were vaccinated, identification and fate of vaccinated animals

Nota bene:

- ✓ for at least the past **12 months** for **FMD free status without vaccination** (Article 8.8.3.)
- ✓ for at least the past **24 months** for **PPR free status** (Article 14.7.3.)

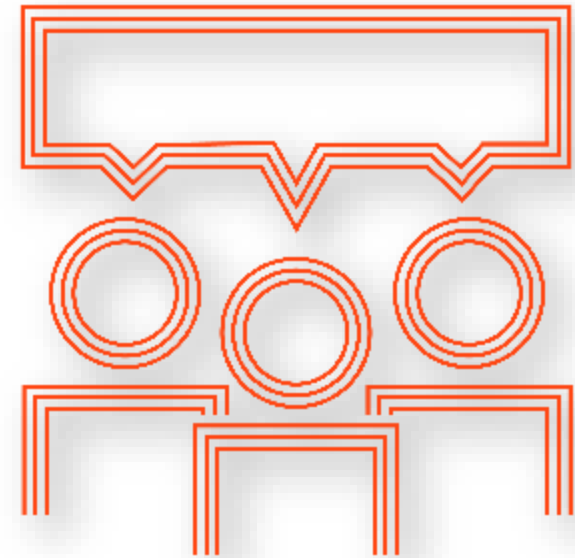
***For FMD status with vaccination (Article 8.8.4.)**

- compulsory systematic vaccination in the target population has been carried out to achieve adequate vaccination coverage and population immunity
- vaccination has been carried out following appropriate vaccine strain selection





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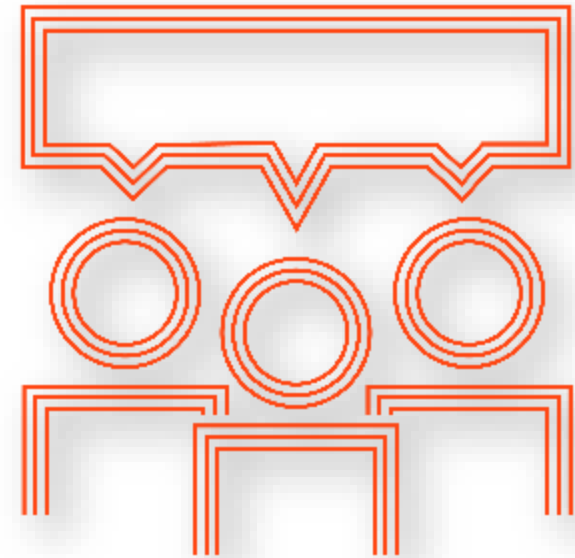
DIAGNOSTIC CAPACITY



- a) If FMD/PPR laboratory diagnosis **carried out in the country**:
- Overview of the FMD/PPR-approved laboratories in the country
 - Details of test capability and the types of tests undertaken and their performance for their applied use (specificity and sensitivity per type of test)
 - Regular participation in **interlaboratory proficiency schemes** (to demonstrate proficiency in the test methods used and quality assurance)
- b) If FMD/PPR laboratory diagnosis **not carried out in the country**: names of the laboratories in other countries providing the service as well as the arrangements in place



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Early warning system and surveillance in place supported by:

- Appropriate **legislation**
 - Notifiable disease
 - Compensation system
 - Incentives/penalties

- Involvement of all **relevant stakeholders** (awareness campaigns/training)



Passive surveillance

- Number of **clinical suspected cases** and of samples tested for FMD/PPR
- Appropriate protocol for **follow-up of suspect cases** - type of sample, testing method(s) and final result (including differential diagnosis) and control measures to which the animals concerned were subjected during the investigation

NO SUSPICIONS?



RAISE AWARENESS!

Disease specific surveillance is in place

- Surveillance strategy implemented (e.g., clinical, virological, serological or a combination of such; risk-based)
 - **Clinical surveillance**
 - **Target** animal population
 - **Clinical inspections** conducted (e.g., number of farms inspected, number of animals examined, frequency of inspections, results).



Disease specific surveillance is in place

➤ Serological surveillance

- **Objectives** of the survey (e.g., detecting infection, prevalence estimation, population immunity, etc.)
- Survey **design**:
 - Reference population (by species and area)
 - Strategy for survey: e.g. one stage or two stages, design prevalence, level of confidence, diagnostic tests used, laboratory test sensitivity and specificity, description of follow-up of serological findings
- **Results** (when, where and how many samples were actually taken, description of the interpretation of laboratory results in the context of the epidemiological situation, PVM studies)

Disease specific surveillance is in place

➤ **Serological surveillance**

No sero-positive reactors?

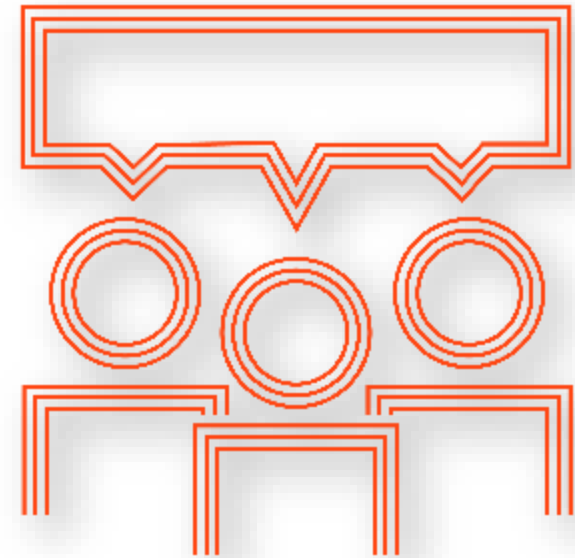


- ✓ **Testing protocols**
- ✓ **Validation data** to support the claims for the sensitivity and specificity of the assays used



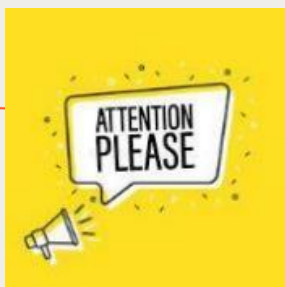


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Measures in place for prevention of introduction of the disease

- Description of import control procedures
- Description of management structure, staffing levels and resources of the service responsible for import controls
- Requirements for importation of susceptible species and their products



Requirements for imports from countries without an official free status recognised by WOAAH for the concerned disease

- Statistics on imports of susceptible animals and their products for at least the past 24 months
- Description of procedures, type and frequency of checks, and management of noncompliance at the points of entry into

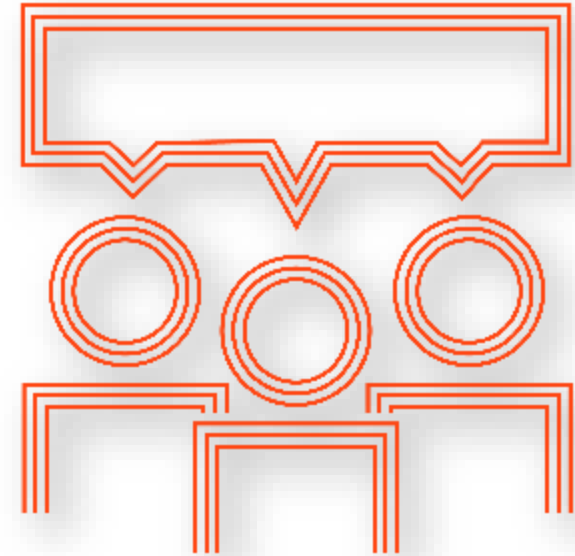
Measures in place for prevention of introduction of the disease

- Zoning approach and **animal movement control** between zones with different animal health status
 - Differential identification of animals according to the zonal status
- **Coordination activities** with neighbouring countries
- Legislation in place and enforced to prevent **swill-feeding practices*** (for FMD)





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Contingency plan

- Regularly updated
- Regularly tested through simulations exercises
- Particularly important for countries that have not experienced the disease



CONTINGENCY
PLANNING

BE PREPARED

DON'T	DO
Omit the gaps identified	Acknowledge the gaps and explain how they are being (or will be) addressed
Fully rely on the expected range of error	Follow-up seropositive reactors
Refer to regional legislation	Use WOAHA terminology and refer to WOAHA standards (Terrestrial Code and Manual)
Presume all stakeholders are aware of what to notice, how to report and deal with suspicions	Conduct training and test your early warning system regularly
Submit incomplete information	Respond in full to all questions of the questionnaire and any subsequent questions raised by WOAHA and ad hoc Group experts
Assert and leave statements without explanation	Provide supportive data & info DEMONSTRATE BY EVIDENCE!
Presume the reader/evaluating experts will know	Describe in detail like explaining to a layperson Put yourself in the expert's shoes
Stay silent	Contact your RR/SRR or HQ Status Dept if you have any questions!



Official animal health status webpage

<https://www.woah.org/en/what-we-do/animal-health-and-welfare/official-disease-status/>

Terrestrial Code & Manual

<https://www.woah.org/en/what-we-do/standards/codes-and-manuals/>

Thank you for your attention!

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