



Food and Agriculture  
Organization of the  
United Nations



World Organisation  
for Animal Health  
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the European Union

# 1<sup>st</sup> GF-TADs Regional Conference in the European region

**Lumpy skin disease: update  
from the EU/WOAH reference  
laboratory**

Nick De Regge, 23 September 2025, Belgrade, Serbia



## GF-TADs

GLOBAL FRAMEWORK FOR THE  
PROGRESSIVE CONTROL OF  
TRANSBOUNDARY ANIMAL DISEASES



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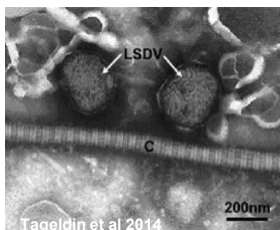
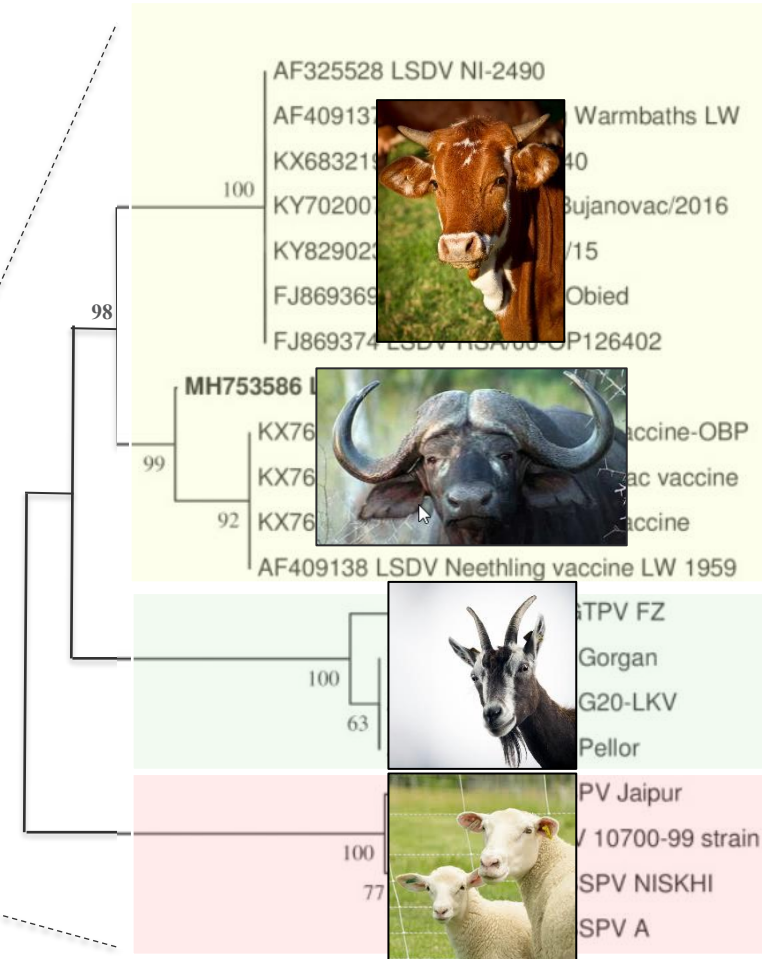
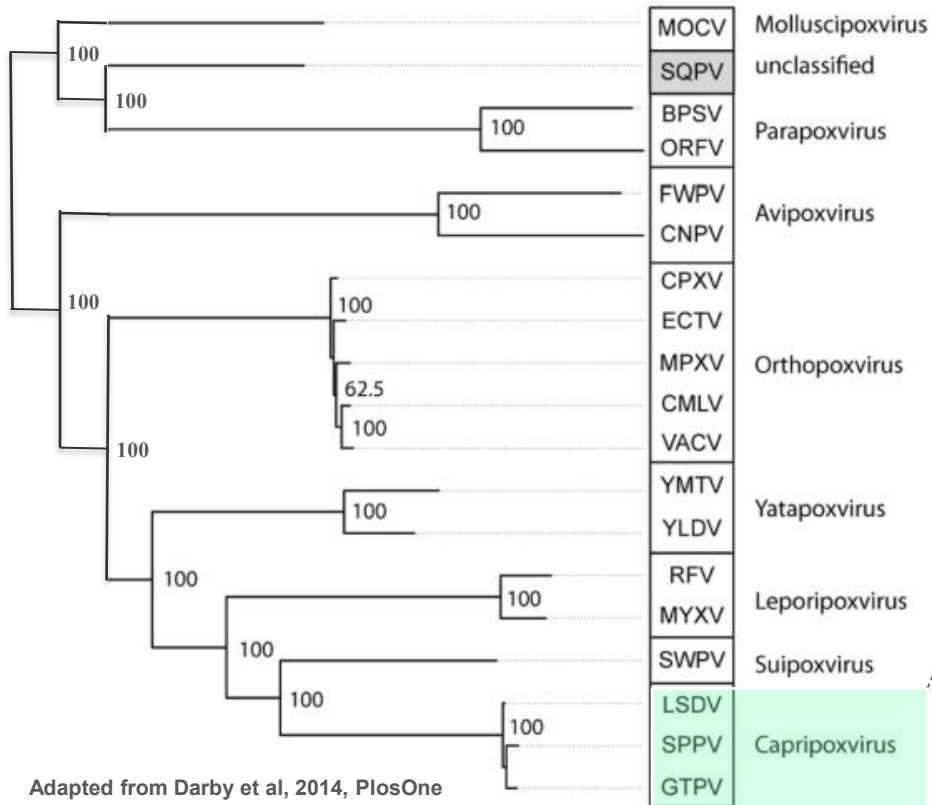
# OUTLINE

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- **Introduction: virus, clinical signs, epidemiology**
- EU/WOAH RL tasks
- Policy supporting studies and knowledge gaps

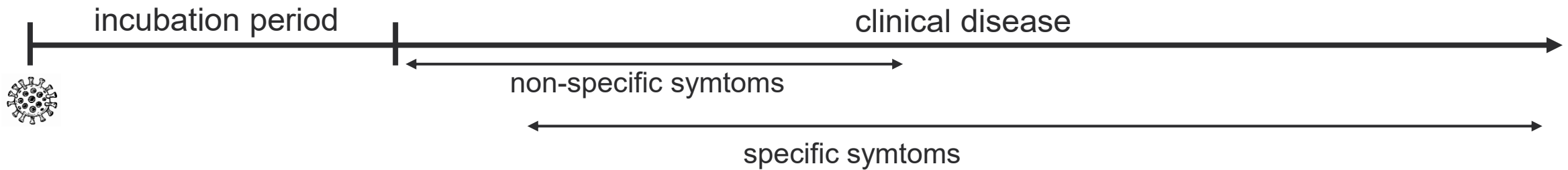
# Capripox viruses

## Chordopoxvirinae

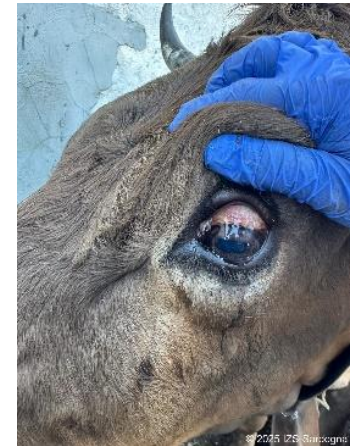


- Not-segmented dsDNA genome, 150.000 bp

# LSDV incubation period and clinical signs

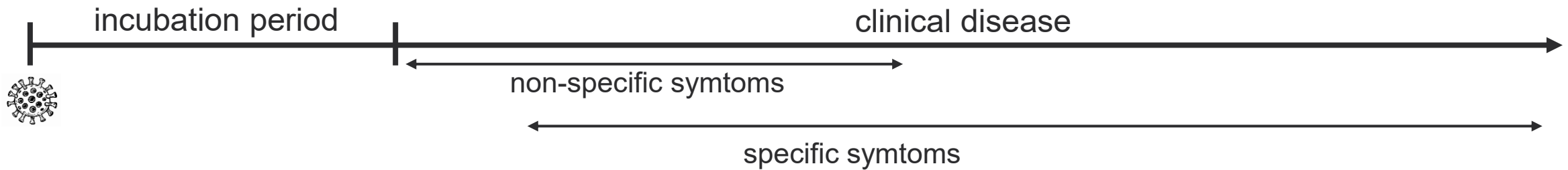


- Incubation period: 4 to 15d after experimental inoculation  
1 to 5 weeks after infection by vectors (experimental and field) !
- Clinical signs
  - Fever: can be higher than 41°C
  - Enlarged lymph nodes
  - Depression
  - Decreased milk production
  - Ocular and nasal discharge
  - Nodules on the skin (Lumps) → scabs → scars  
body, head, udder, genitalia
  - Lesions in the mouth, pharynx, digestive tract, respiratory tract,  
surface of internal organs



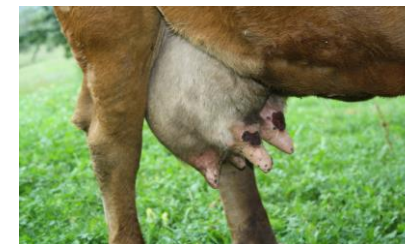
Pictures: Dr. Stefano Cappai, IZS Sardinia

# LSDV incubation period and clinical signs



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1 to 5 weeks after infection by vectors (experimental and field) !

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surface of internal organs





# LSDV clinical signs

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- Disease severity varies between animals

severe LSDV cases - mild LSDV cases - subclinical animals - animals without productive infection



- Subclinical animals can be source of onwards transmission !
- 30 to 50% of inoculated cattle develop clinical disease in experimental settings
- Field data: mortality: 1-5%; morbidity 10-45%
- Self limiting disease, no carrier status

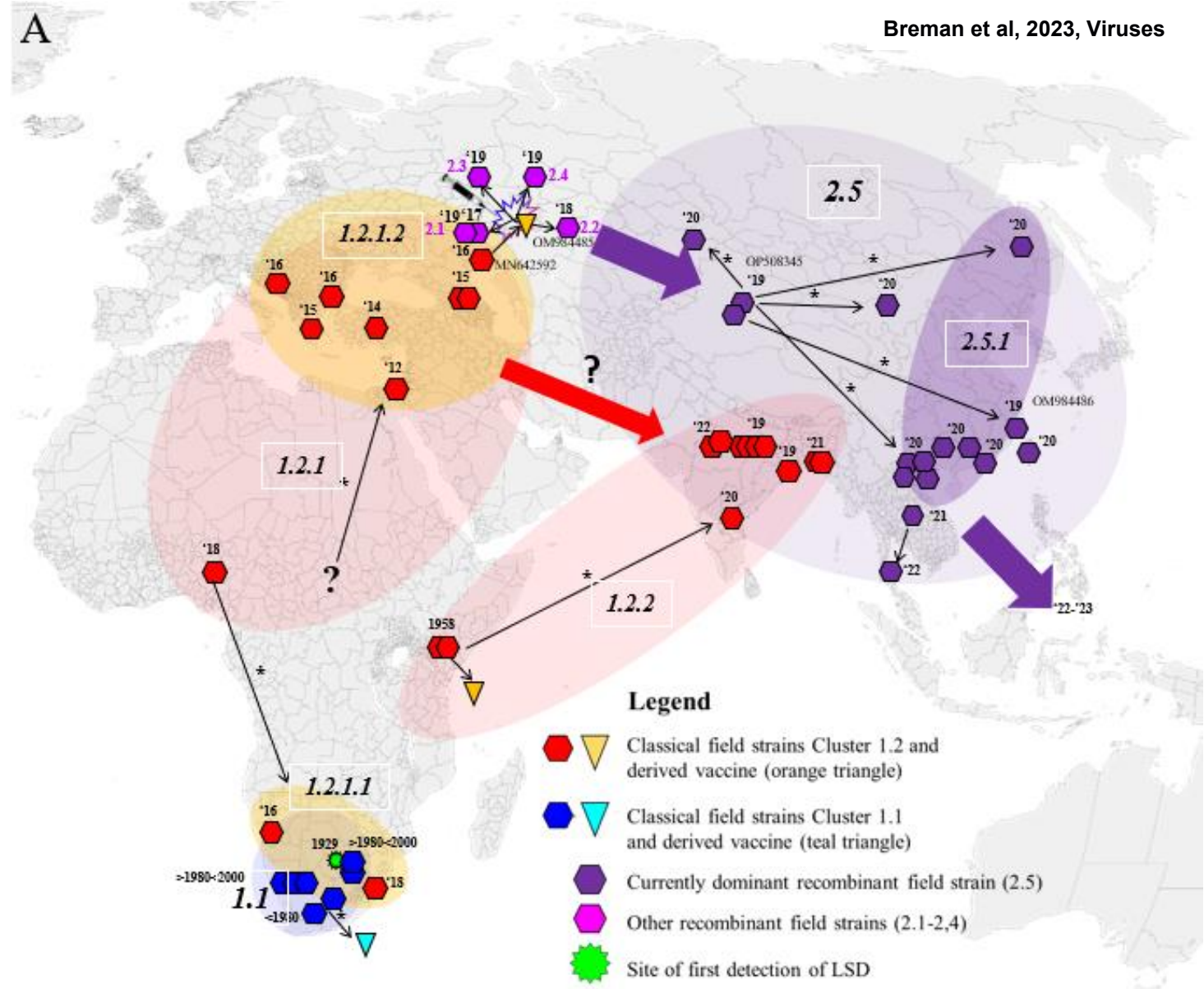
# Most recent reported LSDV outbreaks (2021 – 07/2025)

Data extracted from WOA-H-WAHIS database



# LSDV spread and phylogeny

Breman et al, 2023, Viruses



Impact on virulence?  
Impact on diagnostics?  
Impact on transmission?  
Impact on vaccination?

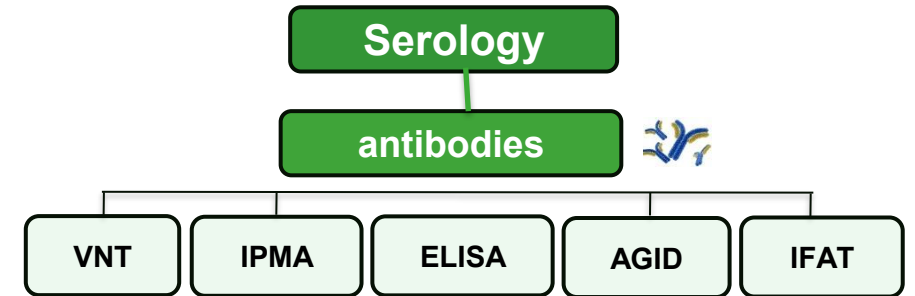
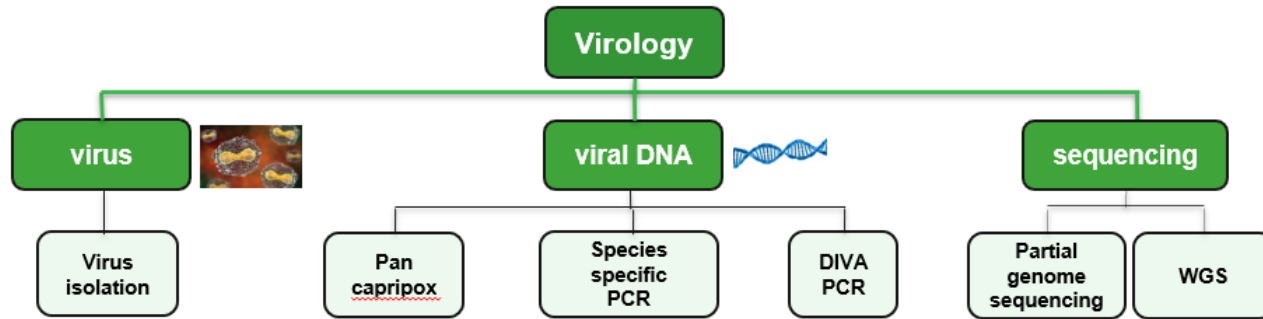


# OUTLINE

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- Introduction: virus, clinical signs, epidemiology
- **EU/WOAH RL tasks**
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# Diagnosis – capacity building – expert advice



- Molecular tests are fit-for-purpose
- ISO17025
- SOPs available
- Improvement WGS methodology
- Importance of sample selection
  - Scabs or biopts of nodules when present



- Oral/nasal swabs – EDTA blood

- Serological tests are available
- ISO17025
- SOPs available
- VNT – IPMA sensitive but low-throughput
- ELISA high-throughput but lack of sensitivity
- Optimization/evaluation IGRA testing
- No DIVA vaccines and DIVA diagnostic tests

# Diagnosis – capacity building – expert advice

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- Organisation of proficiency tests for capripox virus – ISO17043 accreditation



- EURL for European NRLs
- NRL and WOAHL: laboratories worldwide
- Report and advice how to improve diagnostic testing
- Reference material

# Diagnosis – capacity building – expert advice

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- Sharing of SOPs
- Provision of training (in collaboration with many partners: EC, IAEA, FAO, EU-FMD, Gates Foundation)
  - ✓ Theoretical training courses
    - IAEA LSDV – Croatia, 2022
    - FAO VLC LSDV – Africa, 2022
    - EU-FMD VLC LSDV – Belgium, 2023
    - EU-FMD VLC LSDV – North-Africa, 2024
    - EC BTSF training SPPV, 2024
  - ✓ Hands-on laboratory training
    - EC technicians Romania, 2020
    - IAEA technicians Algeria, 2023
    - EC technicians North-Macedonia, 2024
    - Gates foundation technicians Ethiopia, 2025
    - EU-FMD, planned 2026
    - EC, planned 2026





# Diagnosis – capacity building – expert advice

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- Annual meeting of the EURL for capripox viruses

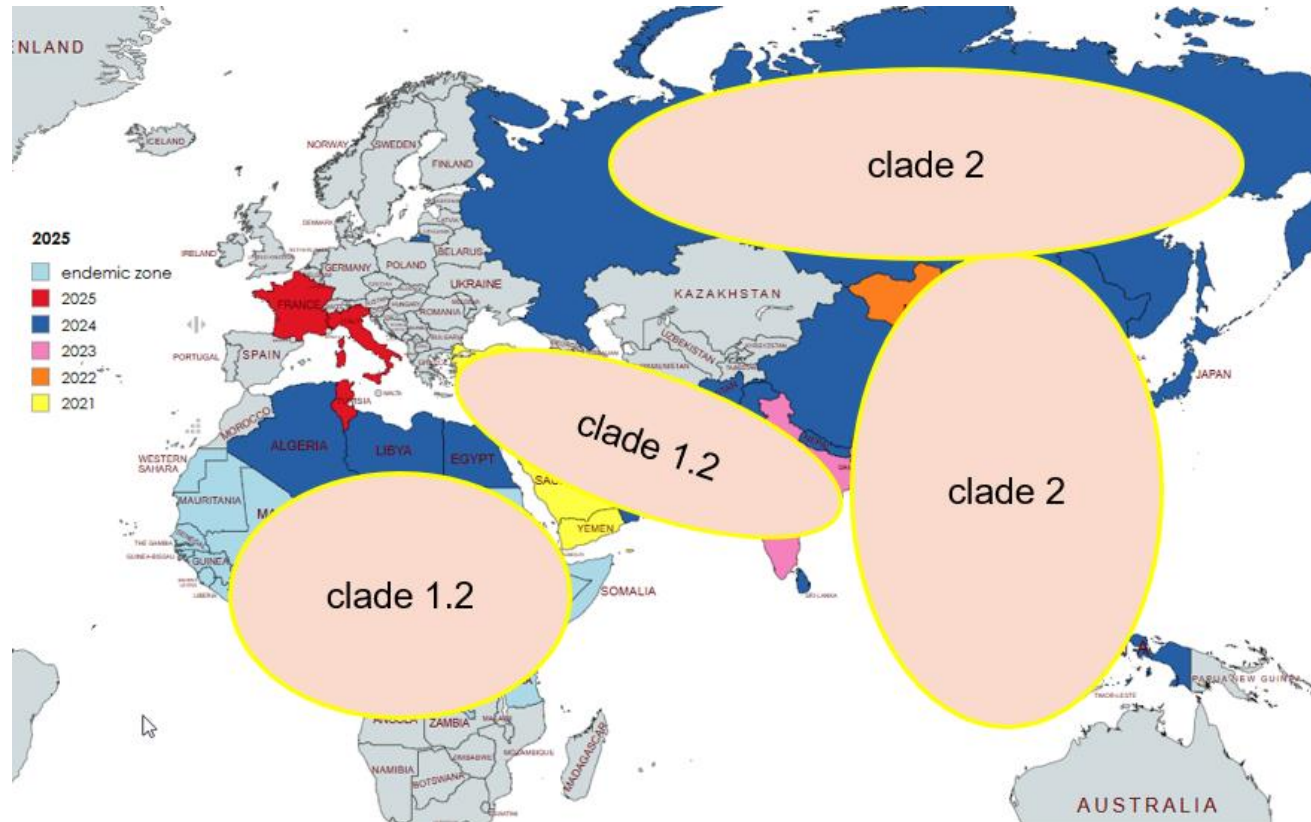
✓ 2024: Montpellier, France



✓ 2025: Antwerp, Belgium

# Diagnosis – capacity building – expert advice

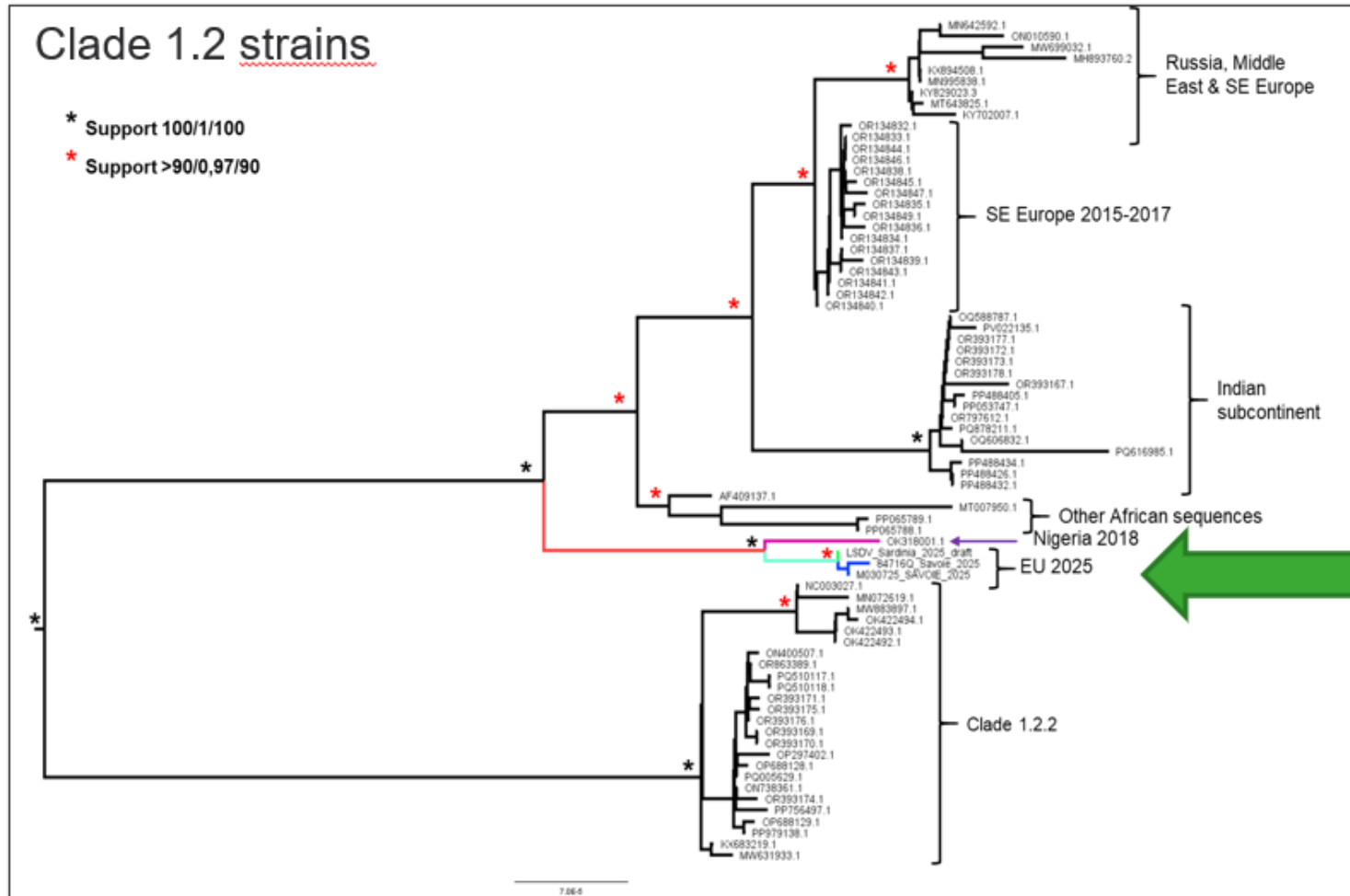
- Confirmatory diagnostics - strain identification – phylogenetic analysis
- Recent examples: LSDV Pakistan 2024, LSDV Nigeria 2024, LSDV Tunesia – ongoing



- Sample sharing became extremely challenging: Nagoya protocol, MTAs, shipment cost
- Assistance from international organisations is necessary

# Diagnosis – capacity building – expert advice

- Confirmatory diagnostics - strain identification – phylogenetic analysis
- LSDV outbreak Europe 2025 – collaboration with NRL Italy and NRL France

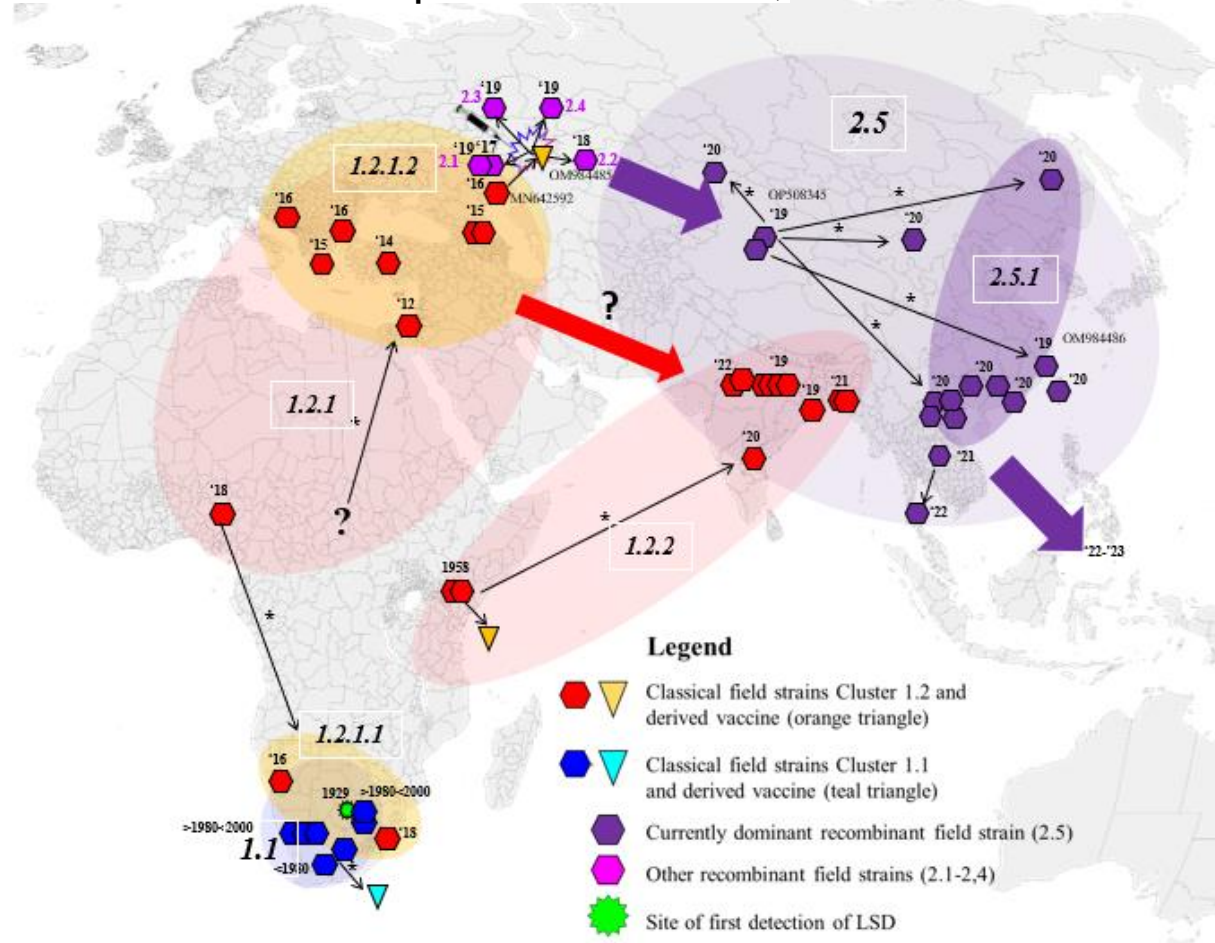


- Clade 1.2 strain
- Italian vs French strain: >99.9% similar, 5 small INDEL in poly A/T regions, 2 substitutions (p23509 – T(It) vs N(Fr); p116346 – T (It) vs A (Fr))
- Same LSDV strain responsible for outbreak in Italy and France
- Available diagnostic tests should be fit-for-purpose
- Neethling based vaccines are expected to provide protection
- Vector-borne transmission
- Origin and route of introduction?

# Diagnosis – capacity building – expert advice

- Confirmatory diagnostics - strain identification – phylogenetic analysis
- LSDV outbreak Europe 2025 – collaboration with NRL Italy and NRL France

WGS available in public databases, 2023

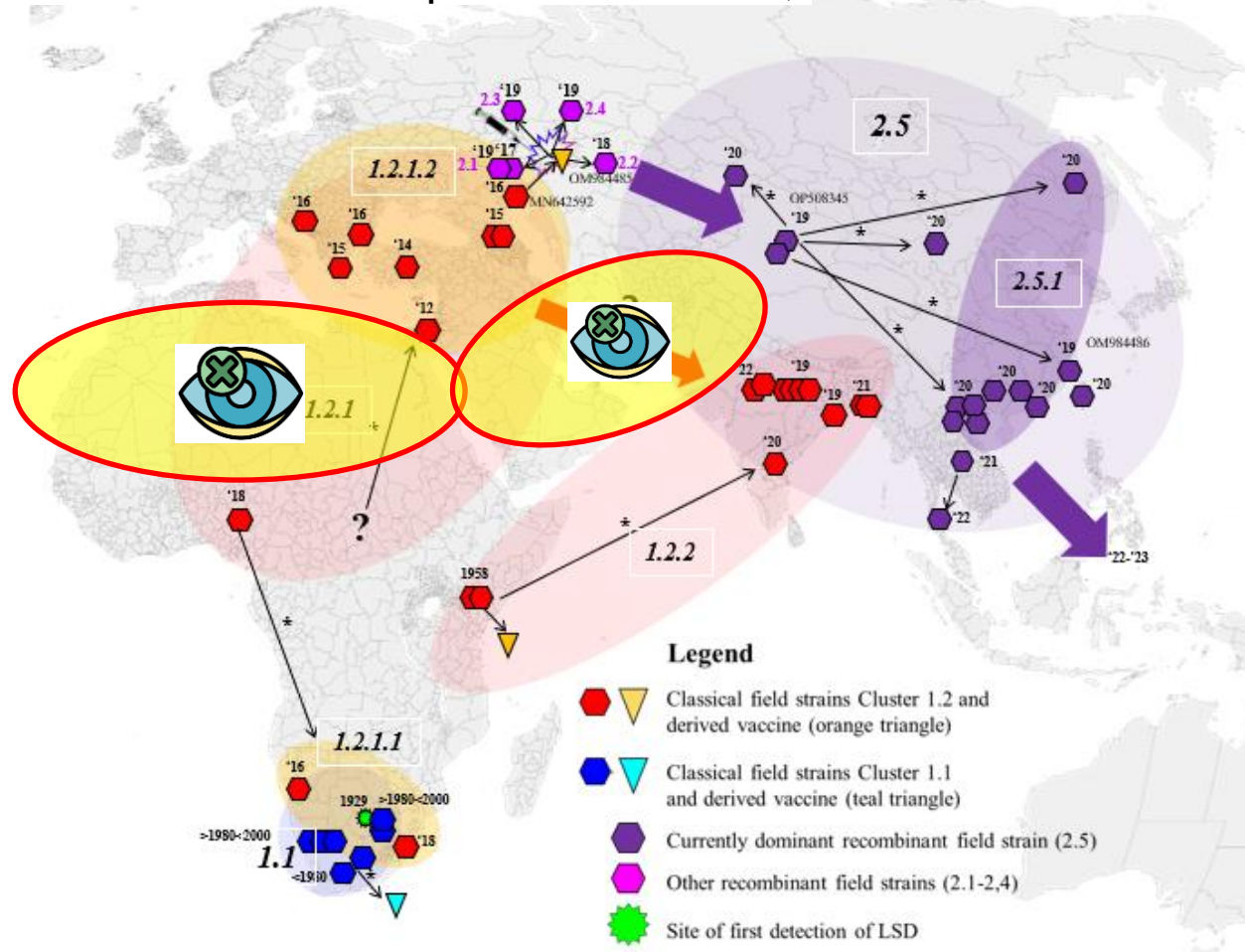




## Diagnosis – capacity building – expert advice

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# Diagnosis – capacity building – expert advice

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- Vaccine batch quality control
  - Lumpivax (Kevevapi): marketed as Neethling strain based vaccine

PCR control of strain purity – PCR – partial genome sequencing – whole genome sequencing



- Neethling like LSDV vaccine strain
- KSGP-like LSDV vaccine strain
- Sudan-like GTPV strain
- Multiple recombinant strains (almost) identical to recently described recombinant vaccine-like strains

Haegeman et al, 2022, Vaccines – Vandenbussche et al, 2023, Viruses

One specific badly produced and insufficiently controlled LSDV vaccine was responsible for the release of recombinant LSDV strains in the field

- Independent batch quality control recommended: identity and purity of vaccine strain, vaccine titer, freedom from extraneous agents

# Diagnosis – capacity building – expert advice

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- Expert advice at international meetings (EC, GFTAD, WOAHA, FAO, EU-FMD)
  - ✓ EuFMD : Online meeting du réseau d'épidémiologie Afrique du Nord – LSDV outbreaks (Online, 18 July 2024)
  - ✓ FAO: Vaccines against emerging TADs (Rome, 23-24 September 2024)
  - ✓ WOAHA SEA: LSDV update meeting (Online, 19 december 2024)
  - ✓ EuFMD SEE meeting: update epidemiology and control LSDV (Online, 30 January 2025)
  - ✓ GFTAD SGE LSDV: Latest activities on LSDV and update on diagnosis (Online, 05 March 2025)
  - ✓ GFTAD: webinar on PPR and LSDV in Europe (Online, 03 July 2025)
  - ✓ WOAHA Asia and the Pacific: regional workshop on LSD control in Asia and the Pacific (Manila, 8-10 July 2025)
  - ✓ EuFMD: LSDV in Europe – Emergency preparedness and response (Online, 17 July 2025)
  - ✓ ESVV conference: factors determining LSDV control strategy (Portoroz, 2-5 September 2025)



WOAHA Asia and the Pacific: Towards LSDV free in 2030

# OUTLINE

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# LSDV transmission

- LSDV is a vector-borne disease
- LSDV spreads mostly during the hot and humid seasons – highest vector abundance

Biting flies



*Stomoxys calcitrans*

Horseflies



*Haematopota* spp.

Mosquitoes



*Aedes aegypti*

Ticks



*Rhicephalus appendiculatus*  
*Amblyomma hebraeum*




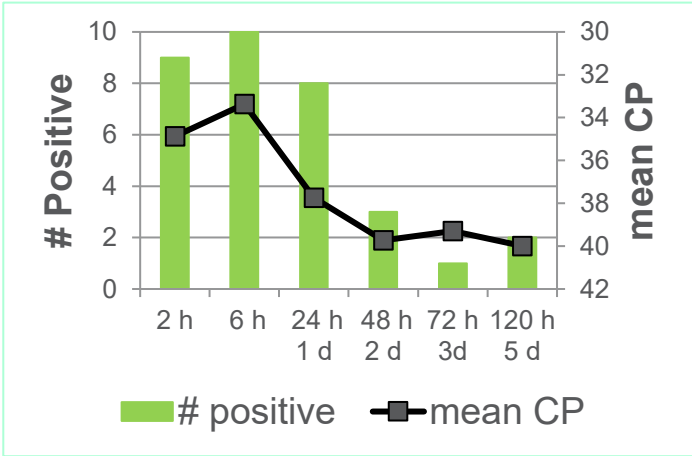
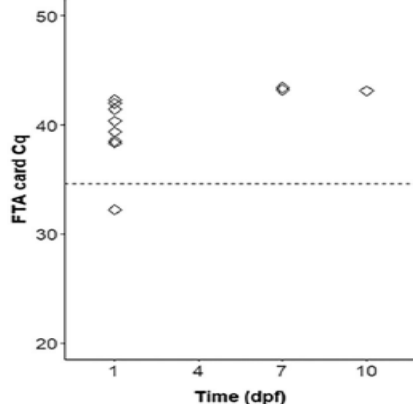
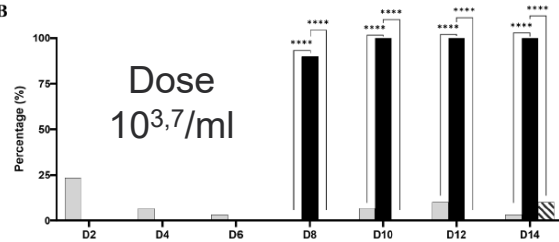
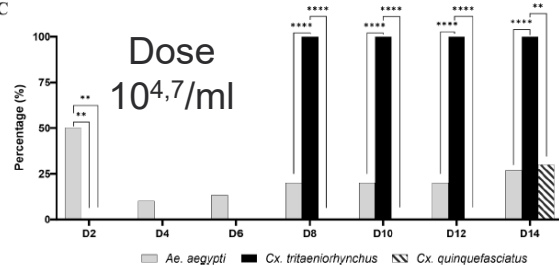
Biting midges



Proven mechanical vectors based on animal experiments

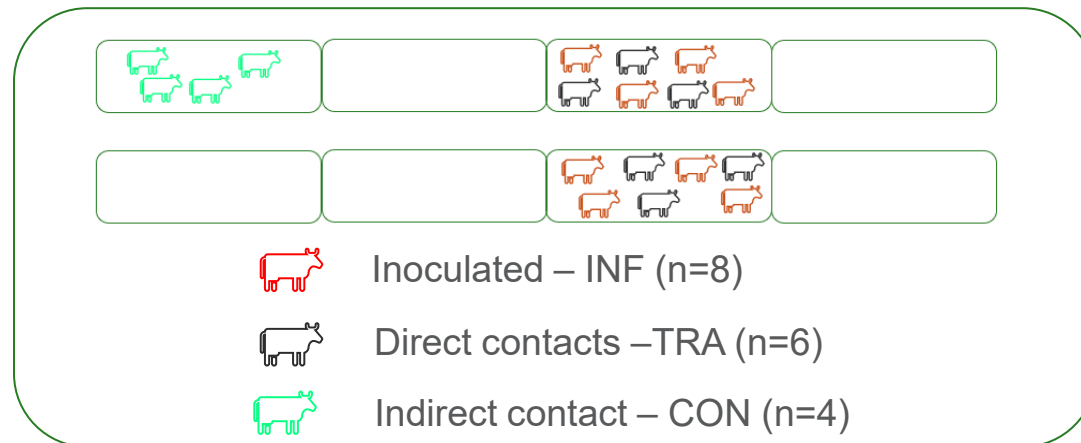
- Based on epidemiological data, biting flies seem to be most important vector for LSDV
- Limited number of stable flies are sufficient to transmit LSDV
- Stable flies can spread LSDV after biting subclinical infected cattle

# Mode of LSDV transmission

Vector		 <i>Aedes aegypti</i>	 <ul style="list-style-type: none"><li>- <i>Aedes aegypti</i></li><li>- <i>Cx tritaeniorhynchus</i></li><li>- <i>Cx quinquefasciatus</i></li></ul>																							
Strain	Clade 1.2	Clade 1.2	Clade 2																							
Result	<div><p>Haegeman et al, unpublished</p></div>	<div><table><tr><th>Species</th><th>Day post infectious blood meal</th><th>qPCR (head) No. positive/no. tested</th><th>qPCR (body)</th></tr><tr><td rowspan="7"><i>Aedes aegypti</i></td><td>0</td><td>3/10</td><td>5/5</td></tr><tr><td>1</td><td>1/10</td><td>4/5</td></tr><tr><td>2</td><td>0/10</td><td>4/5</td></tr><tr><td>4</td><td>0/10</td><td>1/5</td></tr><tr><td>7</td><td>0/10</td><td>0/5</td></tr><tr><td>10</td><td>0/10</td><td>0/5</td></tr></table><p>Paslaru et al, 2022, Med Vet Entomol</p></div>	Species	Day post infectious blood meal	qPCR (head) No. positive/no. tested	qPCR (body)	<i>Aedes aegypti</i>	0	3/10	5/5	1	1/10	4/5	2	0/10	4/5	4	0/10	1/5	7	0/10	0/5	10	0/10	0/5	<div><p>LSDV detection in saliva</p><p><b>B</b></p><p>Dose 10<sup>3,7</sup>/ml</p><p><b>C</b></p><p>Dose 10<sup>4,7</sup>/ml</p><p>Riana et al, 2024, Acta Tropica</p></div>
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	10	0/10	0/5																							
	Conclusion	Mechanical transmission	Mechanical transmission	Biological transmission																						

# Non-vector-borne LSDV transmission of clade 2 strains

- LSDV transmission during winter (clade 2.1 strain; Shumilova et al, 2022, TBED)
- LSDV infection via spiked feed (clade 2.1 strain; Shumilova et al, 2022, Pathogens)
- Direct (clade 2.1; Kononov et al, 2020, Sci Rep) and indirect (clade 2.2; Nesterov et al, 2022, Front Vet Sci) contact transmission between cattle
- Efficient direct and indirect contact transmission of a clade 2.5 strain was shown at Sciensano



# LSDV control measures

- Complete stamping out of infected farms
- Biosafe disposal of carcasses
- Cleaning and disinfection of infected premises
- Implementation of protection (20km) and surveillance zones (50km)
- Stop/restrict animal movement in surveillance zone
- Epidemiological investigation - tracing of animals movements
- Clinical surveillance in protection and surveillance zone; clinical surveillance in all farms which received animals linked to the outbreak zones; where necessary complemented with laboratory surveillance
- Awareness campaigns for veterinarians, farmers, general public
- **Vaccination**

COMMISSION DELEGATED REGULATION (EU) 2020/687

of 17 December 2019

supplementing Regulation (EU) 2016/429 of the European Parliament and the Council, as regards rules for the prevention and control of certain listed diseases



# LSDV vaccine safety/efficacy

- LSDV outbreak Israel 2012-2013 (Ben-Gera & Klement, 2015, Vaccine)
- LSDV outbreak Balkan 2015-2017 (Tuppurainen et al, 2020, Prev Vet Med)
- LSDV vaccine safety/efficacy testing at Sciensano: standardized challenge model

	type	strain	<u>Vaccin</u>	Company
<u>homologous</u> LAV		LSDV	Lumpy Skin Dis Vac	OBP
		LSDV	<u>LumpyVax</u>	MSD Animal health
		LSDV	KenyaVac	JOVAC
		LSDV	Herbivac	<u>Deltamune</u>
		LSDV	<u>Neethling O</u>	MCI
		LSDV	Lumpivax	Kevevapi
<u>heterologous</u> LAV		SPPV	<u>Abic (10x)</u>	<u>Phibro</u>
		SPPV	<u>JoviVac</u>	JOVAC
		SPPV	Penpox-M (3x)	<u>Pendik</u>
		SPPV	Romania (10x)	MCI
		GTPV	<u>CapriVac (10x)</u>	JOVAC
<u>homol/heterol</u> INAC		LSDV	<u>Bovivax (?)</u>	MCI
		SPPV	Romania	MCI

- Six homologous Neethling based LAV protected against clade 1.2 strain challenge
- Three homologous Neethling based LAV protected against clade 2.5 strain challenge
- One vaccine dose provides protection 3 weeks after vaccination
- Duration of immunity of 18 months
- Negative safety aspects found for certain live attenuated LSDV vaccines:
  - strong local reaction
  - fever
  - temporary drop in milk production
  - Neethling response in limited % of vaccinated cattle

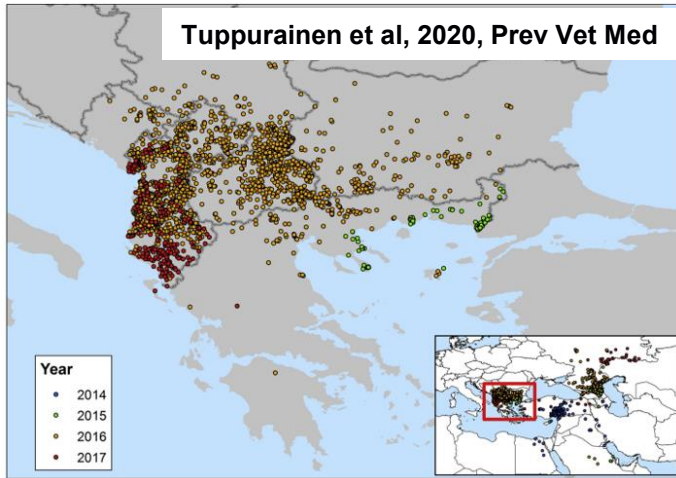


- Despite use of millions of doses, no recombination with wild type strains reported under field conditions
- Independent vaccine quality control recommended
- No DIVA vaccines available



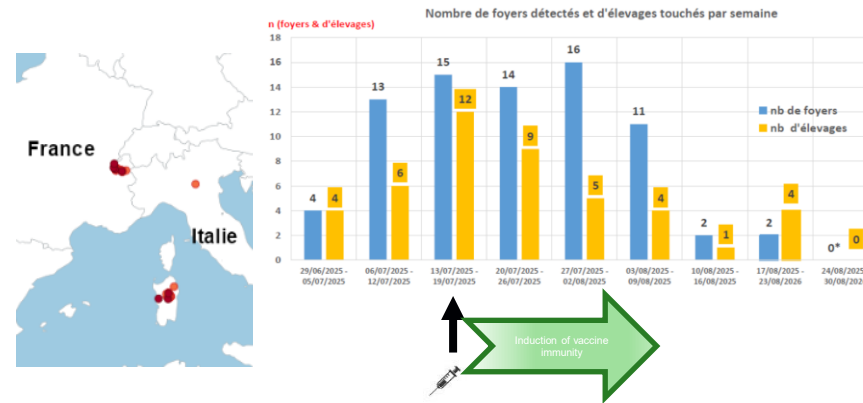
# LSDV control and remaining questions

- >7000 outbreaks: 2015-2017



- EU policy <2015: no vaccination
- No vaccine bank
- Preventive vaccination in Bulgaria, Serbia and Croatia stopped northwards spread of LSDV

- 133 outbreaks: 2025 (until 16/09)



- Vaccination as control measure in the AHL
- EU vaccine bank
- Vaccination started <1 month in 50km surveillance zone (France)
- 55% vaccination coverage in Sardinia at 08 September

Knowledge gaps and problems identified by scientists, affected countries, international organisations

- ✓ LSDV presence and inactivation in milk
- ✓ Role of raw milk products in disease transmission
- ✓ Risks of LSDV spread via sperm, embryos, skeletal muscle
- ✓ Strain-dependent mechanical vs biological transmission by different vectors
- ✓ Epidemiological importance of non-vector transmission
- ✓ Stamping out policy in context of vaccination
- ✓ More sensitive ELISA needed, post vaccination monitoring
- ✓ DIVA vaccine and diagnostic tests

# Acknowledgements

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EUROPEAN  
COMMISSION

National reference  
laboratories  
for LSDV

service public fédéral  
SANTÉ PUBLIQUE,  
SECURITE DE LA CHAÎNE ALIMENTAIRE  
ET ENVIRONNEMENT



federale overheidsdienst  
VOLKSGEZONDHEID,  
VEILIGHEID VAN DE VOEDSELKETEN  
EN LEEFMILIEU

BILL & MELINDA  
GATES foundation



Protecting Livestock – Improving Human Lives



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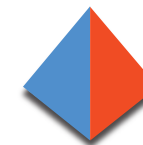
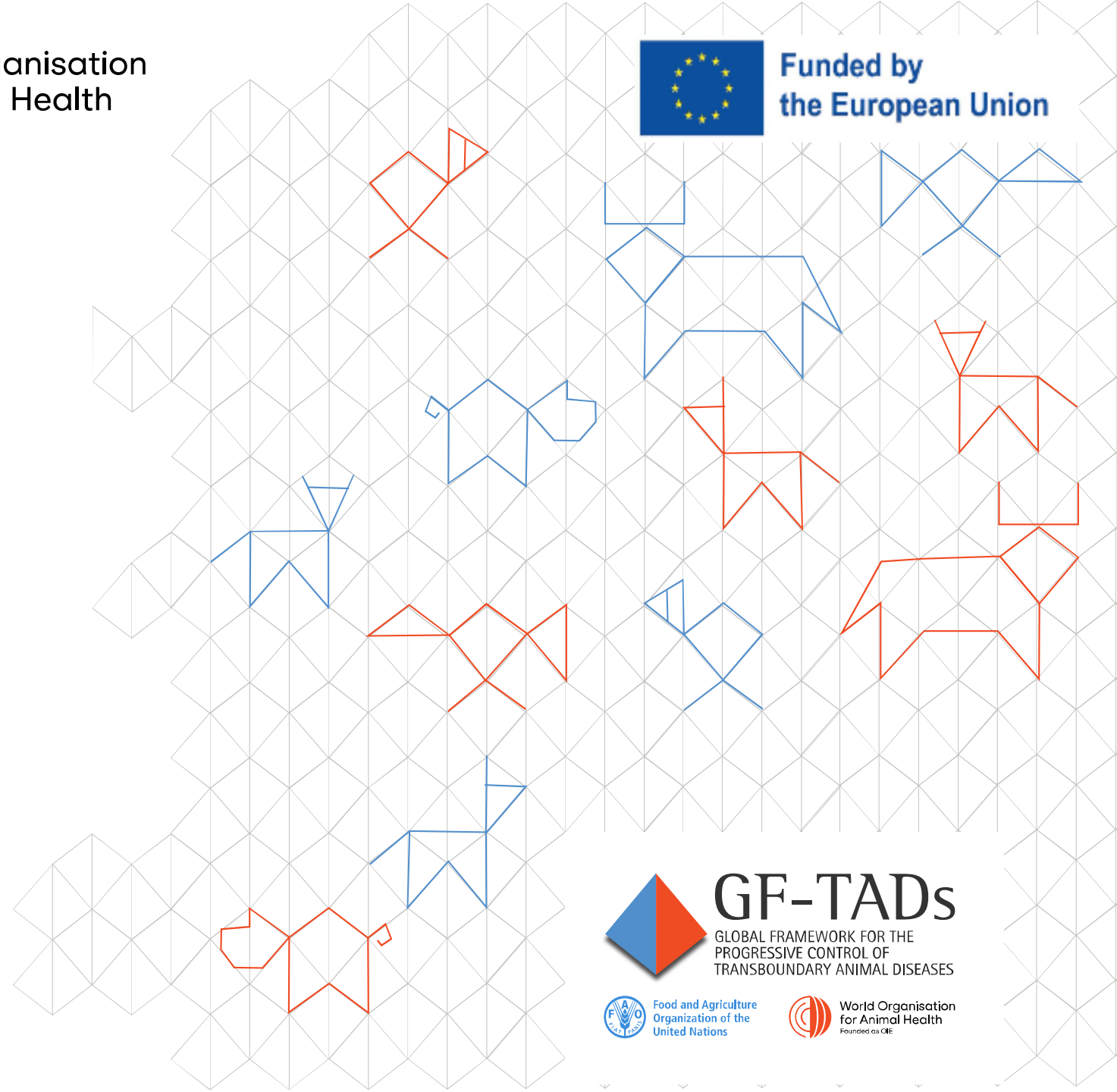


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