

Epidemiological surveillance In the BSE chapter

Совместный онлайн семинар для
уполномоченных органов в области
ветеринарии государств-членов ЕАЭС на
тему “Стандарты и рекомендации ВОЗЖ по
губчатой энцефалопатии крупного рогатого
скота: обновление Кодекса здоровья
наземных животных”

A joint online seminar for veterinary
authorities of the EAEU member-states on the
topic " WOAH standards and
recommendations on Bovine Spongiform
Encephalopathy: Terrestrial Animal Health
Code update."

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**26 июня 2026 года, 10:00
по московскому времени
26 June 2026, 10:00
Moscow time**



World
Organisation
for Animal
Health

Organisation
mondiale
de la santé
animale

Organización
Mundial
de Sanidad
Animal



EURASIAN ECONOMIC
COMMISSION

- **Why to change?**
- **Rationale of the new surveillance**
- **Main principles**
- **Animals to be tested**
- **Surveillance guidelines**

Why to change

- Previous surveillance: developed at a time of great uncertainty on distribution and prevalence
- Effectiveness of the measures
- Designed based on UK data at the peak of the epidemic
- Roadblock to medium/small countries: points unattainable and costly
- Unjustified clinical surveillance
- Exposure risk not homogeneous
- Three out of the four groups: suitable for intensive farming

Rationale

- Given that BSE is a rare disease, monitoring the effectiveness of measures through testing of individual animals can be extremely expensive.

Cyprus would need to test 98.7% of their total standing cattle population to detect at least 1 case per 100,000 animals with a 95% confidence level;

- Risk-based surveillance: designed on a country-by-country basis fit for their purposes.
- Part of the risk assessment: secondary for risk status
- Cattle identified with a clinical syndrome consistent with BSE (refractory to treatment, displaying progressive behavioural changes or neurological signs).

Principles

- Surveillance framework, not a set of rules. Not prescriptive
- Robust passive surveillance program for BSE should be in place.
- Notifiable
- Documented for at least 8 years to achieve a negligible BSE risk status
- Same requirements for negligible and controlled
- Point-score system ruled out
- NO QUOTAS, no sample size.
- Credibility of the surveillance system: notifiable, awareness, protocols, diagnostics

ed



Health Code)

BSE should be targeted



Article 11.4.20

Point 2 a)

those displaying **progressive clinical signs** suggestive of BSE mentioned in point 1 that are refractory to treatment, and where the clinical presentation cannot be attributed to other common causes of behavioural or neurological signs (e.g. infectious, metabolic, traumatic, neoplastic or toxic causes);

Animals to be tested

Point 2 b)

those showing **behavioural or neurological** signs at **ante-mortem inspection** at slaughterhouses/abattoirs;

Animals to be tested

Point 2 c)

those **unable to rise or walk without assistance**, with an appropriate supporting clinical history (i.e. the clinical presentation cannot be attributed to other common causes of recumbency);

Animals to be tested

Point 2 d)

those **found dead** (fallen stock), **with an appropriate supporting clinical history** (i.e. the clinical presentation cannot be attributed to other common causes of death).

Animals to be tested

Terrestrial Code Article 1.8.5

Point 2 BSE reporting system (point 3 b) of Article 11.4.20.

Point 4 Evaluation procedures and protocols to identify animals targeted for BSE surveillance...

Describe the **procedures and protocols in place for reporting animals** described in points 2 a) to 2 d) of Article 11.4.20. For example, these procedures and protocols may include the steps that a breeder, owner or keeper may follow once an animal with clinical signs suggestive of BSE is identified. These procedures and protocols should cover the clinical continuum of the disease spectrum ranging from clinical suspects to non-ambulatory to fallen stock

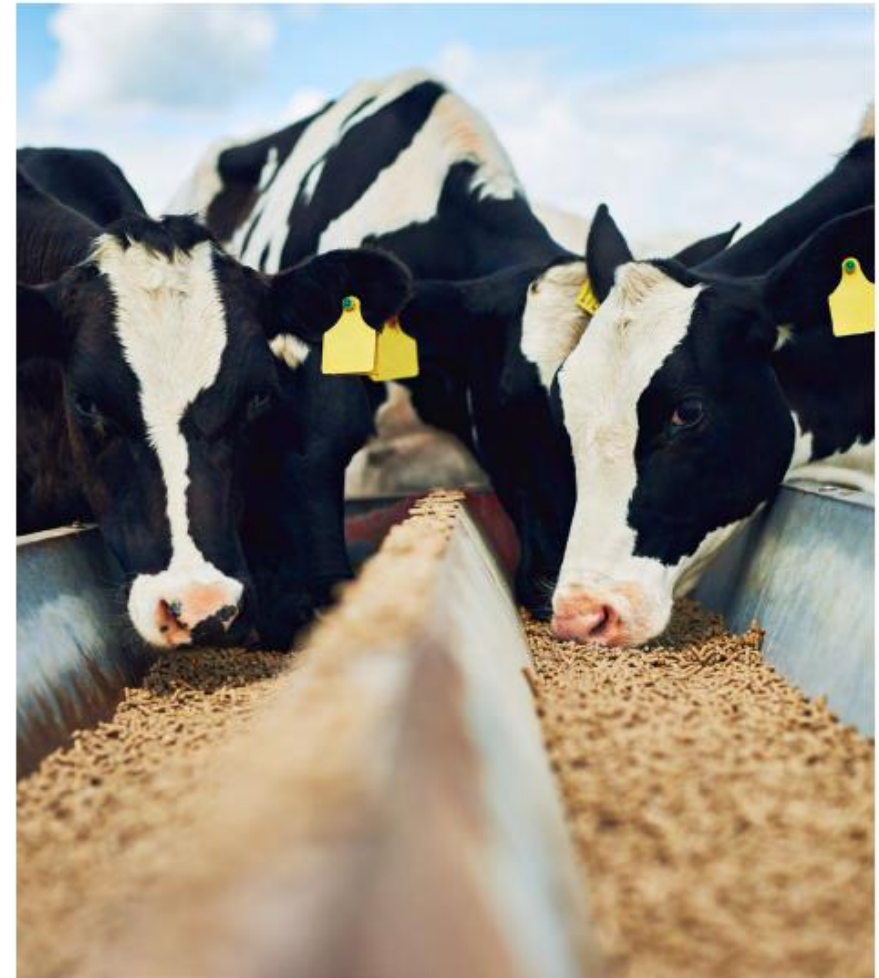
Guidelines

1. An overview of the clinical signs associated with BSE
2. Targeting animals for BSE surveillance
3. Components of a credible BSE surveillance system
4. Appendices 17
Appendix 1 – Bovine spongiform encephalopathy: the disease
Appendix 2 – Neurological disorders pertinent to the differential diagnosis of BSE
Appendix 3 – Clinical examination forms with examples
Appendix 4 – Example of a questionnaire on the clinical presentation of reported suspect BSE cases
5. References 26

[BSE Guidelines](#)

Guidelines for Targeted BSE Surveillance

July 2023



СПАСИБО ЗА ВНИМАНИЕ!

Thank You!

