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FINAL REPORT



Office international des épizooties

CONTENTS

	Page	§
List of abbreviations	ii	
Introduction	1	1-2
Tuesday 19 September 2000		
Opening Ceremony	1	3-8
Election of the Conference Committee	2	9
Adoption of the Provisional Agenda and Timetable	2	10
Designation of Chairpersons and Rapporteurs	2	11
Animal Health Status of Member Countries	2	12-70
Third Strategic Plan of the OIE	6	71-86
Item I: Swine vesicular disease: incidence, pathogenicity, epidemiology, diagnosis, economic impact	8	87-90
Discussion	8	91-110
The detection of antibodies to non-structural proteins of the foot and mouth disease virus for differentiating between infected and vaccinated animals	10	111-115
Discussion	11	116-119
Wednesday 20 September 2000		
Item II: Ensuring a limited disease environment for optimal production in the livestock industry	11	120-123
Integrated production and dairy herd health in Israel	12	124-130
Discussion	12	131-140
Review of the OIE Lists A and B Diseases	14	141-145
Discussion	14	146-151
Presentations by international organisations and other institutions	15	152-173
Presentation and discussion of draft Recommendations Nos 1, 2, 3 and 4	17	174
Dates and venue of the 20th Conference of the OIE Regional Commission for Europe	17	175-176
Thursday 21 September 2000		
Field Trip	17	177
Friday 22 September 2000		
Presentation of draft Recommendations	17	178
Adoption of the Final Report and Recommendations	17	179
Closing Session	17	180-182
Motion of thanks	18	
List of participants	19	

List of abbreviations

BSE	:	Bovine spongiform encephalopathy
EC	:	European Commission
EMPRES	:	Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases
EU	:	European Union
EUFMD	:	European Commission for the Control of Foot and Mouth Disease (FAO)
FAO	:	Food and Agriculture Organization of the United Nations
FEDESA	:	European Federation of Animal Health
FVE	:	Federation of Veterinarians of Europe
GREP	:	Global Rinderpest Eradication Programme
OIE	:	Office International des Epizooties

Introduction

1. On the invitation of the Government of Israel, the 19th Conference of the OIE Regional Commission for Europe was held in Ma'ale Hachamisha, in the vicinity of Jerusalem, from 19 to 22 September 2000.
2. Seventy-six Delegates and Observers attended the Conference from thirty-five OIE Member Countries and five international or regional organisations. The speakers for items I and II also participated in the proceedings of the Conference. These were Dr Kris De Clercq, Virology Department, Division of Epizootic Diseases, Veterinary and Agrochemical Research Centre in Ukkel (Belgium), and Dr Katharina Stärk, Head of the Epidemiology Section, Swiss Federal Veterinary Office in Bern (Switzerland).

Tuesday 19 September 2000

Opening Ceremony

3. Dr Oded Nir (Markusfeld), Director of Veterinary Services and Animal Health of Israel, and Delegate of Israel to the OIE, explained that the Israeli Ministry of Agriculture and Rural Development has had no Minister for the past few months and that he thus welcomed the participants to the Conference on behalf of both the State of Israel and the Israeli Veterinary Services. Dr Nir then gave a brief account of the history of the Jewish nation, subsequently indicating that the few settlements that had existed in the country at the beginning of the twentieth century were based on the principle of self-labour and cooperatives (family-type and communes).
4. From the first steps of modern farming in Israel, farmers recognised the importance of combined Veterinary Services that include State Veterinary Services, clinical services and research. The British Mandate Veterinary Services concentrated their efforts on preventing epizootics, very common in the area, from entering the country. The first settlers thus found other ways to protect the health of their livestock, through various cooperative organisations that offered the farmers public clinical and insurance services. The progress of the latter two veterinary organs was made possible by the creation of the first State laboratory in 1925, which then extended its activities to both diagnosis and research, and in time became the Kimron Veterinary Institute in Beit Dagan. The development of the most progressive livestock farming became possible by the control of the major infectious diseases (tick-borne fever, rinderpest, bovine brucellosis, tuberculosis and others). Dr Nir emphasised the permanent struggle to conserve and strengthen agricultural and veterinary activities.
5. The Delegate from Israel ended by thanking the Conference Organising Committee, and especially its Chairman, Dr Arthur Saran, head of the Bacteriology Division of the Kimron Veterinary Institute, as well as the tourism agency ORTRA Ltd., the OIE Secretariat, and all the others that assisted in the preparation of the Conference, and wished participants a successful meeting and a pleasant stay in Israel.
6. Dr Nicola Belev, President of the OIE Regional Commission for Europe, thanked the Israeli Government for its kind invitation to hold this 19th Conference in Jerusalem. He stressed the importance of the Conference within the framework of the development of national Veterinary Services over the next ten years, with regard to issues associated with animal and public health and the conditions for successful trade and tourism between the European countries and the rest of the world. Veterinarians in a unified Europe must define goals, collective measures, timely actions and financial resources for the future programme. Dr Belev then wished participants a fruitful conference.
7. Dr Jean Blancou, Director General of the OIE, expressed his appreciation to the Authorities of Israel for hosting the Regional Conference. The Director General reminded participants that Israel is welcoming the Member Countries of the Regional Commission for the first time, thus providing a unique and enriching experience for all the Delegates present. They would have the opportunity to observe livestock conditions in the Middle East, thereby establishing particularly productive exchanges for future cooperation between the regions of Europe and the Middle East. The Director General then briefly explained the importance for Europe of the technical items that would be discussed during the Conference.
8. The texts of the above speeches were distributed to the participants.

Election of the Conference Committee

9. Delegates elected the following Conference Committee:

Chairperson: Dr Oded Nir (Israel)
Vice-Chairperson: Dr Jaana Husu-Kallio (Finland)
Rapporteur General: Dr Ignacio Sánchez Esteban (Spain)

Adoption of the Provisional Agenda and Timetable

10. The draft Agenda and Timetable were subsequently adopted, pending the inclusion of two additional topics:
- a discussion on the Third Strategic Plan of the OIE, requested by the Delegate from France, on behalf of the European Union (EU),
 - an update on the diagnostic methods of foot and mouth disease following the presentation on swine vesicular disease.

Designation of Session Chairpersons and Rapporteurs

11. Chairpersons and Rapporteurs were designated for the technical items and animal health status as follows:

Technical item I: Dr Frederik H. Pluimers (The Netherlands), Chairperson
Dr Josef Holejsovsky (Czech Republic), Rapporteur

Technical item II: Dr Kazimieras Lukauskas (Lithuania), Chairperson
Dr Bengt Nordblom (Sweden), Rapporteur

Animal health status: Dr Alexander N. Panin (Russia), Chairperson
Dr Michael C. Gaynor (Ireland), Rapporteur

Animal Health Status of Member Countries since 1st January 2000

12. Dr Alexander Panin, Chairperson of the Session, invited Delegates of Member Countries to report on any changes that had taken place regarding the animal health status of their country since 1st January 2000 and especially since the 68th General Session of the OIE International Committee.
13. The animal health situation in the region, summarised according to the written or verbal reports presented to the Conference, as well as the most important points or comments that complement those that were examined during the last General Session of the OIE, are as follows:

List A diseases

Foot and mouth disease

14. In Georgia, an outbreak of foot and mouth disease (FMD), caused by virus type O, was reported in Gori district, in June 2000.

15. In Greece, an epizootic of FMD began in July 2000. A total of nine outbreaks were reported in the Prefectures of Evros and Xanthi. Virus type Asia 1 was isolated. The OIE World Reference Laboratory for Foot and Mouth Disease (Pirbright Laboratory, United Kingdom), has confirmed that the 'Greek' isolate of FMD virus type Asia 1 is genetically identical to the Turkish strain isolated in various parts of the latter country since late 1999. European Community measures regarding FMD control were implemented. A stamping-out/non-vaccination policy was applied. Protection and surveillance zones around the outbreaks were established.
16. In Kazakhstan, 11 outbreaks of the disease were reported from March to June 2000. Virus types O and A were isolated. Animals in the outbreak zones and the zones at risk were vaccinated. The disease is present in all regions of the country. A massive vaccination programme has been put in operation and the situation appears to be stable.
17. In Kyrgyzstan, in the first half of the year, 676 600 head of cattle and 758 900 sheep and goats were inoculated against this disease for prophylactic purposes.
18. In Russia, where the disease had not been reported since 1986, an outbreak was reported in the Primorskiy territory in April 2000. Virus type O of the pan-Asian group was isolated. Only pigs were affected and all of the animals were destroyed. Ring vaccination of pigs was implemented. Vaccination has also been carried out in the territory along the border with China and Mongolia.
19. In Tadjikistan, two outbreaks of the disease were reported in the region of Gorno-Badakhshan in June 2000. The last outbreak before this year dated back to 1997.
20. In Turkey, 74 outbreaks of foot and mouth disease (virus types A, O and Asia 1) were reported between January and July 2000. No outbreaks were reported in the Thrace region of the country during that period.

Swine vesicular disease

21. In Italy, three outbreaks of swine vesicular disease were reported between March and April 2000.

Peste des petits ruminants

22. In Israel, four outbreaks of peste des petits ruminants were reported in the first half of 2000; nine outbreaks were reported during the same period in Turkey.

Bluetongue

23. A serological surveillance programme for bluetongue will be implemented in Corsica (France) to prevent the possible introduction of the disease from Sardinia.

Sheep pox

24. In Israel, five outbreaks of sheep pox were reported in the first half of 2000; fourteen outbreaks were reported during the same period in Turkey.

African swine fever

25. In Italy, African swine fever continued to be reported on the island of Sardinia. From February to July 2000, ten outbreaks of the disease were recorded.

Classical swine fever

26. In the United Kingdom/Great Britain, where classical swine fever had not been reported since 1987, six outbreaks occurred in Essex (1), Norfolk (2) and Suffolk (3). Studies conducted at the Veterinary Laboratories Agency in Weybridge suggest that the virus causing the outbreaks is the same in all cases, belongs to the genotype 2.1 and is more related to, but still not identical to, the viruses isolated from limited outbreaks in Austria and Switzerland in 1993, and in Italy in 1992 and 1995. One of the infected herds was a breeding herd that had supplied weaned pigs to the other herds. An epidemiological enquiry carried out on this holding suggested that infection might have been present there since mid-June. The infected herds were destroyed and three km protection and ten km surveillance zones were established around each of the infected holdings. As all of the infected herds were owned by or contracted to an integrated breeding/production company, the decision was taken to trace, and place under official veterinary control, all rearing and fattening holdings that had received pigs from the infected breeding herd after 1 May. In addition, all breeding herds owned by the breeding/production company would be traced, placed under official veterinary control and tested for classical swine fever as would the five primary breeding herds that had supplied the infected breeding herd after 1 April.

These measures were additional to the normal tracings of people, vehicles and livestock onto and off the infected holding. To date, a total of 12 outbreaks have been recorded, which are all linked to each other.

27. The following countries, which reported outbreaks of classical swine fever in 1999, have reported further outbreaks since January 2000: Bulgaria, FRY (Serbia and Montenegro), Germany, Italy, Russia, Slovakia and Switzerland.
28. In Bulgaria, a single outbreak was reported in March 2000 in the Dobrich region.
29. In FRY (Serbia and Montenegro), 56 outbreaks occurred from January to May 2000.
30. In Germany, 121 outbreaks of the disease were reported in wild boars, from January to July 2000. In July 2000, two outbreaks were reported in domestic pigs in the *Land* of Rhineland-Palatinate. All the animals on the farms were destroyed.
31. In Italy, on the island of Sardinia, two outbreaks occurred in February and one in June 2000.
32. In Russia, nine outbreaks were recorded in six regions, 427 animals died, 4,000 animals were slaughtered and over 1,000 were affected by the disease. Over 14 million pigs have been vaccinated.
33. In Slovakia, ten outbreaks have been recorded since the beginning of the year in wild boars. Due to the possibility of new outbreaks occurring in domestic pigs, vaccination was carried out in these animals.
34. In Switzerland, ten outbreaks were reported in wild boars in the canton of Tessin, between January and April 2000.
35. In the Czech Republic, the disease is controlled by a surveillance system in place throughout the country. All the results of the 4,318 virological ELISA tests carried out on wild boar were negative.
36. In Poland, 3,500 samples were analysed to identify the possible presence of classical swine fever, with negative results.

Highly pathogenic avian influenza

37. An epizootic of highly pathogenic avian influenza began in Italy in December 1999 and lasted until May 2000. From January to May 2000, 316 outbreaks were recorded, mainly in the Veneto and Lombardia regions. Stamping-out, cleansing and disinfection were implemented. A low pathogenic strain identified as subtype H7N1 had already been circulating in the country as from the beginning of March 1999 in numerous commercial turkey and layer flocks in the Lombardia and Veneto Regions. At the end of December 1999, the same subtype H7N1, isolated in a turkey flock, was recognised to be a high pathogenic strain, indicating that the virus had mutated. The infected and in-contact flocks were destroyed. Furthermore, a preventive slaughter campaign was carried out in all the flocks located in the areas where numerous outbreaks had been confirmed.

Newcastle disease

38. In Italy, 231 outbreaks of Newcastle disease occurred in several northern and central regions from May to July 2000. It seems that the disease spread from a hatchery and from a dealer's flock located in the Emilia Romagna Region. In all the flocks in which Newcastle disease has been confirmed officially, all the birds are slaughtered and destroyed. A compulsory vaccination campaign is underway in the regions most highly affected by the disease. Bird consignments must undergo clinical and serological controls when moved into or out of the regions where the compulsory vaccination plan is in force.
39. In Russia, three outbreaks of the disease were reported in the district of Leningrad and in the Republic of Kabardino-Balkarie from January to February 2000.

List B diseases

Anthrax

40. The disease was reported in the first half of 2000 in Italy, Russia and Turkey.
41. In Italy, seven regions have implemented vaccination plans in areas at risk.
42. In Romania, 11 outbreaks of the disease were reported in animals in extensive husbandry. All the animals have been vaccinated and the epizootic is now under control.

Rabies

43. In Austria, two cases of rabies were reported (two foxes in Burgenland) during the first semester of 2000. In the spring of 2000, 443,200 baits for the oral immunisation of foxes were distributed in all rabies-infected districts.
44. In Italy, an oral vaccination campaign for foxes was implemented in the border area of Friuli Venezia Giulia Region.
45. In Kyrgyzstan, 18 bovines, 10 horses, 7 sheep and 29 cats and dogs contracted rabies during the first half of 2000.
46. In Russia, 290 outbreaks in domestic animals and 214 in wild animals were recorded during the first semester of 2000.
47. In Slovakia, the eradication programme has been intensified and extended recently. During the period from 18 March to 16 April 2000, the area-wide oral vaccination of foxes against rabies was carried out on the entire territory.
48. In Turkey, the disease continued to be reported in domestic animals during the first six months of 2000; 219 cases were diagnosed.
49. In the Czech Republic, 67 cases of rabies were recorded. Prevention measures consist of the vaccination of dogs and oral immunisation of foxes.
50. In Israel, an oral vaccination programme against rabies in wildlife is presently being implemented on one fifth of the national territory, with relative success.
51. In Latvia, rabies was reported in red foxes and raccoon dogs. The existing vaccination programme has been intensified.
52. In Poland, rabies continues to be a serious problem. Almost 1,000 animals were affected this year, particularly foxes. A vaccination programme for this species is in operation, the majority of cases being recorded in regions not already covered by the vaccination programme.
53. In the Ukraine, over 400 animals have been affected by rabies, the majority being red foxes. A vaccination programme has been implemented.

Bovine tuberculosis

54. In Russia, 489 herds have been affected by the disease since January 2000.

Bovine spongiform encephalopathy

55. The number of cases of bovine spongiform encephalopathy (BSE) is constantly changing; the exact figures can be found on the OIE Web site.
56. In Denmark, following the first case of BSE reported this year, a programme will be implemented to test about 15,000 brain samples each year for the next four years, in order to detect the possible presence of the disease.
57. In France, a total of 37 cases of BSE have been reported in herds since the beginning of the year. Furthermore, an active scientific research programme for BSE has been in place since 8 June 2000 in order to determine more precisely the incidence of the disease and eventually adapt the control measures. It is based on a rapid test carried out on the carcasses of all emergency slaughtered animals. This programme, which is headed by an independent scientific body, is not considered to be an additional public health measure. Ten cases of BSE have already been detected by this programme and confirmed by approved traditional methods.
58. In Ireland, rapid tests are undertaken to detect the disease. A thousand cattle were tested this year, for which all the results to date are negative.
59. In Norway, regulations on Specific Risk Material (SRM) will be introduced as from 1 October 2000; on 1 January 2001, the rapid testing of fallen animals at the rate of 2,000 samples per year will be initiated. The surveillance programme also extends to all animals imported from countries with BSE and being led to slaughter. Information programmes are presently being used to make breeders aware of the possible presence of BSE, and controls on cross-contamination have been strengthened.
60. In Portugal, the number of cases has decreased since last year. The use of rapid tests will begin in October of this year.

Scrapie

61. In Austria, scrapie was diagnosed in a three-year-old ewe destined for breeding, which belonged to a flock of 25 sheep of the Texel breed. All the animals on the affected farm and on 14 contact farms were culled and destroyed. A surveillance programme was drawn up in the establishments that had delivered sheep to the infected establishment since 1995.
62. In Iceland, only two cases of the disease have been recorded this year.
63. In Norway, scrapie was diagnosed in one sheep flock during the first half of 2000.
64. In Spain, a case was reported in July this year, within the framework of its surveillance programme. The entire flock was destroyed.
65. In Ireland, scrapie was confirmed in six new flocks. New legislation to control this disease has been implemented. Eight thousand tests carried out in 1999 revealed three positive cases from the same flock; no cases of the disease were detected through tests undertaken in 2000 on more than 2,000 animals.

Viral haemorrhagic septicaemia

66. In Finland, an epizootic of viral haemorrhagic septicaemia was reported in rainbow trout. The fish were destroyed and analyses are continuing.
67. In Sweden, an outbreak of the disease was reported in a breeding farm. The farm was depopulated and disinfected, and analyses are being carried out. As the farm is located in the western part of the country, it appears that there is no relation with the outbreak reported in Finland.

Other diseases

West Nile fever

68. France reported the presence of the West Nile virus in the Hérault and Gard Departments: eight cases have been confirmed and 16 suspected cases must still be confirmed. No human cases have been reported. Measures are in force to limit the movement of horses in three Departments in the south of the country.
69. In Israel, there is at present an epidemic of West Nile fever: approximately 150 human cases have been reported and 11 persons have died from the disease since 1 August. It is possible that wild migratory birds from Africa that arrived in Israel in April and May could have carried the virus. The virus has been isolated in three flocks of domestic geese. No cases of the disease have been reported to date in horses.
70. At the end of the session on the animal health situation, the Chairperson invited Dr Chmitelin to open discussion on one of the points added to the agenda, namely, the Third Strategic Plan of the OIE.

Third Strategic Plan of the OIE

71. The Delegate from France, on behalf of all the members of EU first emphasised that the Final Report of the 68th General Session of the OIE specifies that the 'principle' of the Strategic Plan had been accepted as an orientation document. She thus wished to explain and add to certain points concerning the actions to be carried out by the OIE for the next few years. In her opinion, the role that the OIE must take with regard to the prevention of zoonoses had not been sufficiently underlined in the Strategic Plan. The OIE is also competent to handle animal welfare issues. Furthermore, the OIE must affirm its role in the field of animal feed.
72. On the other hand, the recognition of animal health status by the OIE is fundamental, whilst the Strategic Plan suggests that it would be appropriate to delegate this competence to other bodies. Finally, the Third Strategic Plan did not take sufficient account of problems regarding the financing of OIE activities. The Delegate from France added that a recommendation could be prepared and submitted to this Regional Commission in respect of the modifications to be made to the Strategic Plan.

73. The Delegate from Finland supported these suggestions and added that it is important that the role of the OIE be further strengthened. The OIE should be more active in the field of zoonoses, whether transmitted directly from animals to humans or through animal feed. These questions should be discussed in depth, particularly in Europe.
74. The Delegate from Norway also wished these three topics (competence in the field of animal feed and welfare, recognition of animal health status by the OIE and necessary financing to undertake these activities) to be studied in depth, contrary to the conclusions of the Third Strategic Plan.
75. The Delegate from Italy insisted on the fact that the OIE must assure food safety 'from the stable to the table'. The subjects mentioned by the other Delegates, as well as the exact role of the Specialist Commissions, must be studied in depth. In collaboration with the Central Bureau of the OIE, the OIE Regional Commission for Europe must seek possible solutions to financing the organisation's activities.
76. The Delegate from the Netherlands informed participants that during a meeting organised recently by the OIE in Lithuania, the structure of Veterinary Services had been under discussion. A working group is at present preparing proposals on this topic.
77. The Delegate from Sweden supported the proposals made by France and added that the OIE must make every effort to standardise animal welfare, which is very important for the public.
78. The Delegate from Germany also expressed his support for the proposals made, but advised caution; he did not wish the OIE to extend its efforts in the fields that are already covered by other international organisations.
79. The Delegate from Belgium considered that the Third Strategic Plan had not yet been adopted and that following the last General Session there were still points to be discussed and improved upon. Certain provisions of the Plan must be completed and that the question of financing the OIE's activities must be raised.
80. The Delegate from Cyprus felt that the OIE is in effect the most apt to handle the questions previously referred to, but that it must also carry out the accreditation of Veterinary Services and laboratories.
81. The Delegate from Poland emphasised that the importance of the OIE's role in the 'stable to table' chain is essential. He recalled that all recommendations adopted during this meeting should have an important influence on each national Veterinary Service and that the suggestions made by France and Finland must be supported. The OIE must subsequently assure that the national Veterinary Services effectively apply the measures recommended by the Commission.
82. The Delegate from Denmark added that the OIE must continue to act in close coordination with other organisations working in the food sector, such as the Codex Alimentarius and the Food and Agriculture Organization of the United Nations (FAO).
83. The Delegate from the Czech Republic agreed with the importance of animal welfare.
84. The Delegate from Israel concluded that the importance of interconnection between all the fields must be taken into account, the overlap of abilities between different organisms must be avoided and solutions for adequate financing must be found.
85. The Representative from the FAO supported the initiative of this Commission to review the question of the OIE's role in the recognition of the animal health status of countries or zones free from disease. He believed that it is essential for the OIE to continue to be involved in this field.
86. Dr Belev, President of the OIE Regional Commission for Europe, suggested that a group consisting of Dr Jaana Husu-Kallio (Finland), Dr Isabelle Chmitelin (France), Dr Romano Marabelli (Italy), Dr Shakhaidar Tursunkulov (Kazakhstan), Dr Kazimieras Lukauskas (Lithuania), Dr Alexander Panin (Russia) and Dr Howard Batho (European Commission), draft the recommendation suggested by France. In fact, some of these countries had been designated previously by the Bureau of the OIE Regional Commission for Europe during their meeting in Lithuania in August.

Item I

Swine vesicular disease: incidence, pathogenicity, epidemiology, diagnosis, economic impact

87. Dr Frederik Plumers, Chairperson of the Session, briefly introduced Dr Kris De Clercq, speaker for this item, and called upon him to present his report.
88. Dr De Clercq commenced his presentation by recalling that swine vesicular disease (SVD) is a contagious viral disease of pigs classified as an OIE List A disease, and that it may be indistinguishable from foot and mouth disease (FMD). Differential diagnosis between FMD, vesicular stomatitis (VS) and SVD no longer poses a problem in the laboratory. Strains of SVDV vary in virulence, and the disease may be subclinical, mild or severe. SVD is a pen disease that spreads by direct contact between pigs or indirectly by contact with contaminated faeces and by swill feeding. The resistance of the virus to inactivation may lead to recrudescence.
89. The speaker pointed out that there had been an upsurge of the disease in 1992 in the Netherlands and subsequently in several other European countries. SVD is still present in Italy, particularly endemically in the south of the country. The costs of control measures and trade restrictions after a SVD outbreak can be very high. Singleton reactors cause considerable problems in serological testing and thus in international trade.
90. Dr De Clercq informed participants that the questionnaire that had been sent to OIE Member Countries revealed that 80 per cent of the countries were convinced that SVD should be maintained on OIE List A. However, some countries added that the OIE Lists should be reviewed. Seventy per cent thought that SVDV would spread across Europe after removal of SVD from List A. The majority also predicted that FMD identification in the field would be delayed, and stressed that (clinical) surveillance programmes should thus be maintained. The majority of Member Countries considered that an outbreak of SVD could be confirmed only once SVDV had been isolated. Stamping-out of the whole herd is then implemented, whether clinical signs are present or not. A protection/surveillance zone must be established and 60 per cent think that serosurveillance should be implemented for at least a year. The economic consequences of a SVD outbreak were considered to be higher than necessary for the pig sector, according to half of the Member Countries.

Discussion

91. The Chairman congratulated Dr De Clercq on his comprehensive and informative presentation, and invited comments and questions from the participants.
92. The Delegate from Belgium wished to know if the presence of antibodies to SVD necessarily indicates the presence of the SVD virus and the declaration of an outbreak. The speaker replied that if antibodies are found in some animals, it can mean that the herd has been in contact with the virus in the past; however, the virus may no longer be present. The Delegate from Belgium further indicated that it was of the utmost importance to clarify this point, as the economic consequences for a country can be devastating.
93. The Delegate from Norway asked if the virus could be found in wild boars. Dr De Clercq responded that to his knowledge no findings indicate the presence of the virus in wild boars.
94. The Delegate from Italy thanked the speaker for his excellent presentation and informed participants that a permanent, active surveillance programme has been established in his country; without such a programme, detecting the presence of the disease is virtually impossible. He suggested that the OIE *International Animal Health Code* chapter on this disease be revised to ensure that countries implement active serological control. Dr De Clercq answered that when the disease is subclinically present, as is the case in the south of Italy, it is absolutely necessary to maintain continuous surveillance. However, it has been advanced, in the case of the Netherlands, for example, that continuous surveillance will not necessarily shorten the period between entrance of the virus into the country and detection of the presence of the virus, and that furthermore, the cost of such continuous control measures can be prohibitive. A surveillance programme for foreign animal diseases must be established in each country, including sero-surveillance, but the latter need not be continuous if the situation does not require it.
95. The Delegate from Finland requested further information on the newest testing methodology (namely, the Polymerase Chain Reaction, PCR) available commercially. A second question concerned whether or not a true cost-benefit analysis had been conducted on SVD.

96. The speaker informed participants that insofar as he was aware, there were no commercially available tests for this disease, but that the necessary tests could be carried out in the reference laboratories. Likewise, no cost-benefit analysis exists on SVD.
97. The Delegate from the Czech Republic commented that his country is historically free from the disease, that this situation is checked at regular intervals, and that the Czech Republic does not consider it necessary to carry out continuous surveillance to illustrate this. Secondly, he wished further information on the speaker's comment that if antibodies are present and tests show no virus, the farm in question could be considered free from the disease. He thought that a second testing might prove necessary. The speaker fully agreed with this suggestion, adding that a second test may be necessary on infected farms, especially where subclinical cases are concerned.
98. The Delegate from Austria enquired whether the serological methods based on the use of monoclonal antibodies are indeed specific, or whether they can result in cross reactions. In response, Dr De Clercq indicated that cross reactions do not occur, on condition that the test is carried out correctly.
99. The Delegate from Ireland also thanked the speaker and asked for further information on SVD virus virulence and environmental factors affecting the disease. He then asked if there existed any evidence that strains of the virus become more virulent as they spread throughout herds. Dr De Clercq responded that there are four or five groups of SVD viruses, which all react to ELISA tests. Difference in virulence may exist from one outbreak to the next; this difference might be due to the presence of environmental factors aggravating the effects of the disease, such as the presence of concrete floors in the pig pens. He informed the participants that genetic virulence factors have been identified and that further research is needed in this field.
100. The representative from the United Kingdom commented that animals other than pigs may be affected by SVD. He wondered how it was possible to know for certain that no other species act as hosts for the virus. Dr De Clercq said that all that had been found in other species so far were antibodies, indicating solely that they had been in contact with the virus in the past. The virus itself has never been isolated in species other than pigs. The virus probably does not multiply in animals other than pigs, and is, therefore, not excreted. Thus this probably means that its presence in other animals does not contribute to the spread of the disease, but further research is needed.
101. In response to a question from Dr Laddomada (European Commission), Dr De Clercq indicated that the duration of the viraemia in animals is two to three days. During the life of an infected pig, the virus can be found in its faeces for up to three months. On the other hand, meat of an infected animal can remain contaminated for a period of several months.
102. A member of the Netherlands Delegation commented that after the outbreak of SVD in 1992, his country had implemented a surveillance programme for the disease. He asked for more information on the concept of continuous surveillance; he also questioned the speaker's statement that continuous surveillance would not shorten the high-risk period. Dr De Clercq clarified that when he had said that continuous surveillance would not shorten the critical high-risk period, he was relying on a report that came from the Netherlands; he added that continuous surveillance would, however, certainly reassure trade partners. The Delegate from the Netherlands also indicated that it is necessary to revise the guidelines of the OIE *International Animal Health Code* after having worked out a basis for surveillance frequency, with particular reference to appropriate sero-surveillance.
103. The Delegate from France informed the participants that the EU is interested in the classification of this disease on the OIE disease lists. She suggested that this question should be more widely examined, taking into account a complete review of the OIE lists. The review of chapter 2.1.3. of the *Code* on swine vesicular disease, should take into account the most recent research results and aim at an adaptation of the chapter to the real conditions of pig production and trade. The speaker said that some OIE Member Countries had clearly indicated in their response to the questionnaire that they did not wish to change the position of SVD on the lists, but that they wished to examine animal disease classification in general.
104. The Session Chairman asked Delegates whether they wished to discuss the classification of SVD on the OIE lists.
105. The Delegate from Finland observed that the classification of SVD on List A should at present be maintained and that the question of classification in general should indeed be reviewed. She added that the provisions specified in the *Code* on this subject should also be reviewed.

106. The Delegate from Estonia supported this point of view, and said that he considered this question to be resolved, as 80 per cent of the OIE Member Countries of Europe wished to maintain SVD on List A.
107. The Delegate from Belgium stated that the importance lies in controlling the disease and not in its classification. In this way, the *Code*, which has become obsolete on this subject, must be reviewed. Categorisation of diseases can no longer be determined on the basis of lists; diseases must be examined one by one, in order to identify the most effective ways of controlling them.
108. The Chairman concluded that for the time being, it was necessary to maintain the notion of disease lists, due to the extensive body of legislation in Member Countries referring to such classification, but that it was indeed true that in the far future, it would be preferable to treat diseases on an individual basis.
109. Dr Wolf-Arno Valder expressed his agreement with the proposals to re-examine the subject of disease lists. He added that animal health officials must be especially aware that the only truly important factor was the time requirement involved for notification of each disease (24 hours, one week, etc.). The Chairman of the session agreed that the basic difference between the lists was the time requirement for notification. He then concluded that the Commission's recommendation to the OIE was to concentrate on reviewing the *Code* chapter on this disease, rather than change its categorisation.
110. The Session Chairman concluded by thanking all the participants, and then requested a small group consisting of the Chairman, Dr Josef Holejsovsky (Czech Republic) and Dr Alberto Laddomada (European Commission), to draft a recommendation on this item under the Chairmanship of Dr De Clercq.

The detection of antibodies to non-structural proteins of the foot and mouth disease virus for differentiating between infected and vaccinated animals

111. On the request of the participants, the Chairman of the Session called on Dr De Clercq to say a few words on the detection of antibodies to non-structural proteins of the foot and mouth disease virus to differentiate between infected and vaccinated animals.
112. Dr De Clercq emphasised that when antibodies against foot and mouth disease (FMD) are found in animals, it is crucial to differentiate without delay between antibodies developed in response to vaccination and to infection. A laboratory test capable of discriminating between both kinds of antibodies could be used to identify infected animals in regions with FMD. This test would be particularly useful in regions where a vaccination campaign or emergency/ring vaccination is in operation, as vaccinated animals can be infected without presenting clinical signs (carriers). Moreover, some animal species, such as sheep and goats, present little or no clinical signs after FMD infection.
113. The aims mentioned above can be achieved by measuring antibodies against structural proteins (SPs) and non-structural proteins (NSPs) of FMDV. SPs are proteins formed by the virus to build up its structure (protein capsid), whilst NSPs are produced during the multiplication cycle of the virus. The latter are necessary for the transcription, multiplication of the RNA and assembly of the capsid. Both kinds of proteins are liberated due to the cytopathic effect of the virus, and antibodies will be produced against most of the liberated proteins.
114. During the production of classical FMD vaccines, the FMD virus is cultivated *in vitro* on cell cultures, giving rise to both SPs and NSPs. These virus cultures are highly purified before their use in vaccine production, so that all NSPs are eliminated. The purified virus is then inactivated, in order to prevent virus multiplication. As a result of these treatments, only antibodies against SPs will be formed after vaccination.
115. The speaker recalled that the FMD virus belongs to the genus *aphtoviridae*, which is divided into 7 serotypes (O, A, C, Asia 1, SAT1, SAT2, SAT3) and several subtypes, due to the considerable variability in the 3-dimensional structure of the SPs. In contrast, NSPs are very conservative and, therefore, almost identical in all FMD virus types. As a result, the advantage of testing for antibodies against NSPs is that only one test has to be carried out for detecting the FMD virus independent of the serotype or subtype.

Discussion

116. The Chairman thanked Dr De Clercq for his extremely clear presentation and opened the floor for questions.
117. The Delegate from the United Kingdom also expressed his appreciation for this informative presentation. He asked for further information on the length of the half-life of antibodies against non structural proteins and wondered if there were any dangers of false negative reactions, due to a probable short half-life. Dr De Clercq responded that in the case of FMD outbreaks that occurred in the Former Yugoslav Republic of Macedonia, testing was conducted only several months after the outbreak of the disease, and the test did still detect antibodies. He added that further tests in Albania would be conducted after a period of two years following the outbreak that occurred in this country, to try to determine the duration of the presence of antibodies in the animals.
118. The Delegate from the Netherlands asked how this test could be used in the event of an FMD outbreak. He then stated that not only was it necessary to determine the presence of the disease on a farm, but also to establish the disease status of animals being imported into a country. Dr De Clercq answered that the test does determine quite effectively a past contact with the FMD virus. Whether the virus is still present cannot be determined by using this test. Other samples, such as Probang samples, thus have to be taken and other tests applied, such as virus isolation. The test is not valid in the case of individual animals; only the status of the herd from which the animals come can really be determined.
119. A representative of the European Commission commented that the development and validation of such a test was very important, taking into account that FMD vaccination might again be applied in Europe in the case of an emergency. He added that the test has been evaluated within the framework of the FMD vaccination campaigns carried out in Former Yugoslav Republic of Macedonia and Albania with the funding of the European Commission.

Wednesday 20 September 2000

Item II

Ensuring a limited disease environment for optimal production in the livestock industry

120. The Session Chairman, Dr Kazimieras Lukauskas, briefly introduced the speaker for this item, Dr Katharina Stärk.
121. Dr Stärk began her presentation by underlining that in many European countries, the most economically significant diseases were not those included in the OIE Lists A and B, but rather other endemic diseases. The objective of her report was to assess the level of concerted action related to non OIE-listed diseases among the Member Countries of the OIE Regional Commission for Europe.
122. The speaker noted that the level of activities of European countries with respect to non OIE-listed endemic diseases was shown to be considerable with regional differences regarding type of activity and emphasis on different livestock species. The range of diseases that are targeted in different countries is large. The activities include disease control programmes with mandatory reporting of diseases, slaughterhouse monitoring and laboratory screening. Animal health services were reported to be active in all regions of Europe. The result of these activities are estimates on the incidence and prevalence of non OIE-listed endemic diseases in many countries. She stressed that the exact economic effect of these diseases, however, is often difficult to evaluate. Economic data are important to establish the optimal level of control in a livestock industry. The role of Veterinary Services with respect to non OIE-listed endemic diseases also varies largely between regions. In some countries, State veterinarians are heavily involved in disease interventions (for example, vaccinations).
123. Dr Stärk indicated that although the optimal level of disease control should ideally be based on economic assessments, many activities are generally based on more traditional approaches. Differences in the level of disease control regarding non OIE-listed endemic diseases can be relevant in international trade. The quality assurance of diagnostic laboratories is an issue in this context. Provided that the importing country has an official control programme that allows the documentation of a low prevalence, additional sanitary measures may be implemented. The speaker observed that differences in disease control and disease status may also become relevant within the EU on the evaluation of new candidates.

Integrated production and dairy herd health in Israel

124. In order to complete and illustrate the above presentation, the Session Chairman invited Dr Oded Nir to give a brief report on integrated production and the health status of dairy herds in Israel.
125. Dr Nir informed participants that the Israeli dairy system is centralised. Veterinary aspects of the industry involve the Israeli State Veterinary Services, 'Hachaklait', the Mutual Society for Clinical Veterinary Services and Livestock Insurance in Israel, the Israeli Cattle Breeders' Association, and the Milk Marketing Board. The dairy herd has strict milk quotas; the total production of milk for 1999 was 1,132 million litres with 3.21% fat and 3.03% protein, and the dairy cow population in the country was 131,671 in 216 cooperatives (Kibbutz) and 1,175 family type (Moshav) herds respectively.
126. The Israeli State Veterinary Services are responsible for the overall health of livestock; they control, test and vaccinate against listed diseases, and run the central veterinary diagnostic and research laboratories in the Kimron Veterinary Institute. Half of the costs are covered by the State, whereas the rest of the funds are derived from statutory vaccinations, permit fees and diagnostic services. Listed diseases are diagnosed free of charge. All dairy cows in the country are tagged under the National Identification System. There is no central data bank, but data are recorded in the Herd Book, the 'Hachaklait', and the State Veterinary Services; some of the information is exchangeable between the three systems.
127. Veterinary medicine in Israel was traditionally centred on solely individual animals. Emerging problems relating to production diseases replaced the former classic infectious diseases, most of them eradicated in the modern dairy herds. The new disease entities, which are mostly multifactorial, called for a 'multivariate approach' and the initiation of integrated programmes for health at the herd level. The programmes are characterised by an adaptation of a population approach to clinical entities. Preventive measures and routine examinations form the core of programmes, but in-depth involvement in nutrition, production and economics is also required.
128. Herd health programmes range from treating individual cows to treating the whole herd. The individual cow programme includes an early diagnosis of clinical and sub-clinical diseases through routine tests, prevention of diseases through follow-up of feeding plans, advancement of vaccination and prevention plans, the use of 'real time' laboratories, and the recording of data.
129. Herds participating in the programme made significant improvements in terms of most fertility indices and production variables when compared with non-participating herds. These conclusions were made by comparing the performances in 1994 and 1992. Milk yield per cow increased by 470 kg and 245 kg, respectively, in the two years. The possible contribution of the programme to the national herd can be estimated from the phenotypic increase in milk production, reached thanks to management techniques, when compared with cows born in 1990: 73 kg, 62 kg, 373 kg, 413 kg and 598 kg for cows born in 1991, 1992, 1993, 1994 and 1995 respectively.
130. The detailed report of Dr Oded Nir was distributed to the participants and can be requested directly from the author.

Discussion

131. The Chairman of the session thanked both Dr Stärk and Dr Nir for their informative presentations. He then opened the floor for discussion.
132. The Delegate from Denmark observed that both the public and the politicians are essentially interested in food safety and that the Veterinary Services have to take this into account. He then gave information on the pig industry in his country as a supplement to the main presentations. He began by pointing out that a means would have to be found to increase industry involvement in animal health activities. He informed participants that a database on meat inspection has existed in Denmark for approximately 40 years and is used to centralise information on pig diseases in the country. Data is provided primarily by Veterinary Service staff in the slaughterhouses. Public interest has increased recently in the use of the database for determining animal health status and its improvement over time. Finally, he mentioned the reduction in the use of veterinary medicines. Approval for the use of certain drugs is given only if the herds participate in an animal health programme. In other cases, use of certain drugs is limited. Industry in Denmark has established a SPF (Specific Pathogen Free) herd control programme. Today 20-25% of the fattening pigs come from such herds.

This voluntary programme was also one of the basic elements for the eradication of Aujeszky's disease in Denmark. Finally, the Delegate from Denmark informed participants that lately public opinion has turned increasingly to the health status of animals and the conditions of animal welfare; due to this new trend, the central database has become increasingly useful.

133. Another representative from Denmark completed the information provided by the Delegate by describing a serological surveillance programme currently in use in his country. All fattening farms presently producing more than 100 pigs a year participate in the programme. They use the ELISA for salmonella monitoring and testing for porcine reproductive and respiratory syndrome (PRRS). Furthermore, the programme has the potential for including other diseases (for example, mycoplasma, actinobacillosis, etc.). In total, 800,000 tests a year are conducted.
134. The Delegate from Kazakhstan expressed his satisfaction with the data provided by Dr Stärk. He explained that in his country, cooperation with the private sector has just begun. This cooperation did not previously exist, and the country is currently in a transition phase. He expressed concern over the possible spread of FMD within his country and subsequently to Europe and requested assistance from other countries. Dr Nir agreed that it was difficult to change systems; it is important to modify processes gradually. He went on to say that farmers' cooperatives existed in certain countries (Canada, Denmark, Israel, Spain, etc.).
135. The Delegate from Austria emphasised that implementing legislation in respect of non OIE-listed diseases can be difficult to carry out.
136. The Delegate from Norway thanked Drs Stärk and Nir and explained that in his country there is a long tradition of the mixing of roles between the official Veterinary Services and the private sector. Efforts are being made currently to clarify these roles. For example, farmers in Norway tend to think that responsibility for cattle diseases lies within the Veterinary Services. He noted that public attention to diseases in animals has increased in past years, due to concerns for food safety and that this has put more pressure on the public sector to guarantee food safety. He stressed that the public sector can, of course, have a role to play in food safety, but that there must be cooperation between industry and the public sector on this point. The Delegate from Norway then asked if there was an epidemiological model capable of attributing figures to the concept of animal welfare. Dr Stärk answered that no model exists and that the first step would be to establish the link between animal welfare and animal health. It would then be necessary to quantify the impact of animal welfare, in order to conduct economic studies on this aspect.
137. The Delegate from Finland asked the speaker what the role of government should be for non infectious diseases. She informed participants that in her country a system has been established for data collection and much thought is currently being given to the best ways in which to use this information. She wondered if it were better to maintain voluntary control programmes or make them compulsory. Dr Stärk responded that usually industry-run programmes tended to be voluntary while government-run programmes are more likely to be mandatory. She said that in many cases, a voluntary programme could be used until such time as the majority of farms became free from the disease in question; at that time, it was preferable to establish a legal framework, in order to protect the disease-free status that has been achieved. Dr Stärk believes that deciding between a compulsory and a voluntary programme does not necessarily depend on the money available, but more on the level of compensation. The Delegate from Austria then indicated that it is not solely a question of compensation, but rather one of identifying who is to pay the veterinarians, the laboratories, etc.
138. The Delegate from Austria stated that the issue of whether a control programme should be voluntary or compulsory is also one of financial resources. He then raised the question of the transport of animals and the relation with animal welfare. He believed that it was of utmost importance to treat this issue within the framework of the OIE and its activities in collaboration with the World Trade Organization.
139. The Delegate from France stressed that what was important was determining the respective roles of the State and the private sector with regard to diseases for which no clear legislative framework exists. She emphasised the necessity for the State to maintain control over information on diseases having an impact on public health. She said that a well-structured professional organisation able to work in close collaboration with State authorities must be available in each country. The State must then determine which are its priority programmes. The OIE could play a role in this respect by defining certain principles in relation to programmes that would clarify the respective duties of the private and public sectors. The speaker agreed that it was better to establish principles to guide the relations between the private and public sectors, so as to be able to properly use the information collected on animal diseases present in a country.

140. The Session Chairman concluded the discussion by thanking all the participants, and then requested a group consisting of Dr Oded Nir (Israel), Prof. Dr Peter Weber (Austria) and Dr Preben Willeberg (Denmark) to draft a recommendation on this technical item under the guidance of Dr Stärk.

Review of the OIE Lists A and B Diseases

141. The Chairman invited Dr Wolf-Arno Valder to present the report that he prepared, on the basis of various OIE documents, together with Drs James M. Scudamore and Alexander N. Panin, following a request by the OIE International Committee to review the categorisation of OIE Lists A and B Diseases.
142. Dr Valder began his presentation by putting forward the various options for lists given in their report: 1) maintain the current situation; 2) amend the present lists, either changing the listing of some diseases or including others not already listed; 3) create new lists (i.e. more than two lists) based on different criteria; and 4) make one list, specifying the requirement for notification of an outbreak for each disease.
143. The categorisation of diseases according to the risks presented should underline international reporting obligations, and must be linked with members' rights and obligations under the World Trade Organization/Agreement on the Application of Sanitary and Phytosanitary Measures. Assessments of the likelihood of disease entry and establishment must take into account: the quality of the surveillance and/or monitoring systems operating in the exporting country; the animal health status of the exporting country; the likelihood of the disease agent being present in the traded commodity; post-entry factors; risk management options, etc. General categories for reporting are consistent with international practice and provide clarification of Member Countries' reporting obligations compared to the present OIE *International Animal Health Code*. This proposal comprised a two-stage process: select diseases on a case-by-case basis to determine which are of the greatest importance to OIE Member Countries, by sending out a questionnaire to each Member Country; categorise these selected diseases according to the urgency with which they must be reported to Member Countries.
144. It had been suggested that the evaluation of diseases be carried out by an ad hoc group of epidemiologists, the 'OIE Ad hoc Group on Disease Reporting', with members nominated by each Regional Commission and approved by the International Committee. The assessment procedure would begin with the study of all diseases currently on Lists A and B. Diseases not presently categorised may be included in the initial assessment upon the request of a Member Country and following acceptance by the International Committee. New or emerging diseases may be proposed for designation by the OIE Foot and Mouth Disease and Other Epizootics Commission, to be re-evaluated as necessary by the Ad hoc Group. A review of outbreak notification procedures should also be undertaken.
145. The speaker concluded that option 2 would be the best way forward for the short to medium term, and that option 4 could be considered as a possibility for the long term.

Discussion

146. The Session Chairperson asked for comments on the following three topics: the need to make modifications on the disease lists; the main criteria for classification on a list; and the best time and means of modifying these lists.
147. The Delegate from France thanked Drs Valder, Scudamore and Panin and lent her support to the proposal, especially in respect of the need to determine the necessary speed of notification and to review the *Code* chapter on disease categorisation.
148. The Delegate from Austria also supported the proposal, but feels it is necessary to continue with the structure of the two lists, due to the links with the national legislation of many Member Countries.
149. The Delegate from Norway welcomed the proposal and spoke briefly of the importance of the place of zoonoses in disease categorisation.
150. Dr Valder suggested that he and Dr Panin prepare a recommendation on this subject to be submitted to the approval of the Delegates.
151. The Session Chairperson thanked Dr Valder for his informative presentation.

Presentations by international organisations and other institutions

European Commission

152. Mr Alejandro Checchi Lang, Director of the unit responsible for animal health, welfare and international affairs in the Commission Directorate General for health and consumer protection, sought to determine why animal disease outbreaks continue to occur in countries where adequate structures and legislation exist to properly control these diseases and where major technological breakthroughs have been made. He stressed that disease reporting by some OIE Member Countries, including some in Europe, must be improved upon. It is essential that modifications in disease status (new outbreaks, etc.) in countries, even where a disease is enzootic, be correctly reported and followed up by both the Member Country in question and by the OIE. Complete transparency is of great importance in reporting. Mr Checchi Lang emphasised that it was expected that the EU expand significantly within the next few years, and that, therefore, the decisions made today will directly affect the majority of States present at this Conference. He discussed the use of vaccine banks for diseases, such as foot and mouth disease and bluetongue. The subject of animal welfare has become one of public opinion and, therefore, must be addressed by all organisations working with animal health issues.

Food and Agriculture Organization of the United Nations

153. Dr Yves Cheneau, Head of the Animal Health Service, Food and Agriculture Organization of the United Nations (FAO), presented FAO activities in the region, which are of interest primarily to southern, eastern and central European countries.

154. International animal health continued to be a high priority of the FAO. Many activities were undertaken in close collaboration with the OIE: meetings of the Foot and Mouth Disease and other Epizootics Commission, the OIE Sub-commission for FMD in South-East Asia and the Tripartite FAO/OIE/EC meetings on FMD control in the Balkans and Caucasian countries. The OIE participated in the Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases (EMPRES) Expert consultation, and joint missions were undertaken to investigate a rinderpest outbreak in the Amur region of the Russian Federation and African swine fever in Ghana.

155. The FAO European Commission for the Control of Foot and Mouth Disease (EUFMD) was successful in re-establishing a FMD buffer zone in the transcaucasian countries (Armenia, Azerbaijan, Georgia and Russia). This vaccination zone was implemented in 1999 under the coordination of the OIE Regional Reference Laboratory for FMD in Vladimir (Russia).

156. From the FAO's point of view, the main issues in international animal health may be listed as follows: the dynamic upsurge of foot and mouth disease in Africa, Asia and the Near East; the incursion of FMD type virus Asia I into Greece; the spread of African swine fever across West Africa; disease spread brought about by climatic factors, recent examples being the floods in southern Africa and the drought in the Horn of Africa; and resistance of pathogens to veterinary pharmaceuticals, requiring closer collaboration between international organisations, national research institutions and industry.

157. The FAO has recently approved a project for implementation in Albania, Bosnia-Herzegovina, Bulgaria, Croatia, FYR Macedonia, Moldavia, Romania, Slovenia and Turkey. Its main thrust will be the strengthening of these countries' capacities to respond to transboundary animal disease emergencies.

158. A positive development is the notable reduction of rinderpest virus activity. The Global Rinderpest Eradication Programme (GREP) objective (eradication by 2010) appears attainable. For most countries that have experienced rinderpest or vaccinated livestock against rinderpest over the last ten years, the process of accumulating the evidence required by the OIE *International Animal Health Code* should strengthen the effectiveness of their Veterinary Services well beyond the immediate objective of rinderpest freedom.

European Federation of Animal Health

159. Dr Johan Vanhemelrijck, Secretary General of the European Federation of Animal Health (FEDESA), briefly outlined the main concerns related to pharmacovigilance.

160. The European animal health industry never ceased to support a stringent, but fair, regulatory system for veterinary medicinal products, based on legal standards relating to quality, efficacy and safety; safety for the target animal, the environment, the handler of the product and for the consumer of animal products.
161. If a product or a series of products are reported through pharmacovigilance to have unexpected side effects, it is the duty of the regulatory authorities to take the appropriate measures to maintain a high level of safety.
162. In accordance with the systematic implementation of the Precautionary Principle, no veterinary medicinal product can come on the market unless it is licensed, based on risk assessment carried out by the regulatory authorities.
163. Antibiotics have lately been the target for regulatory scrutiny and national or regional bans. Antibiotics in themselves were not the issue, but rather the emergence of resistance against antibiotics in human pathogen germs. This carries with it the possibility of transfer of resistance to human pathogens. However, this resistance could have many other causes, which were listed by Dr Vanhemelrijck.
164. The representative of FEDESA concluded by requesting participants to reflect on these matters, as the OIE collaborates with different international bodies, and as these differences in approach must indeed be discussed on the international scene.
165. Mr Checchi Lang (European Commission) wished to provide further information on the subject of antibiotics. He reminded participants of the deliberations of the European Union Scientific Committee on the phasing-out of certain antibiotics as growth promoters and the findings of the numerous scientific conferences on the subject of antibiotics within the past few years. He stressed that scientific advice is systematically used in all decision-making within the European Commission.
166. Dr Bernard Vallat, Director General Elect of the OIE, reminded participants that the subject of antimicrobial resistance had been one of the Technical Items handed during the Conference of the OIE Regional Commission for Europe held in Prague in 1998 and that the OIE is closely following this subject. He then pointed out that the use of antibiotics as growth promoters and their use as medicinal products are two very distinct subjects.

Federation of Veterinarians of Europe

167. Dr Pierre Choraine, Executive Director of the Federation of Veterinarians of Europe (FVE), gave a short presentation on the quality of veterinary training.
168. The free movement of persons and services in the EU are amongst the major principles established by the European treaties. These also apply to the profession of veterinary surgeons through the automatic recognition in the EU of degrees granted by EU veterinary teaching establishments. This relies, however, on the assumption that an equivalent level of training is provided throughout the EU. Hence the purpose of Directive 78/1027, which establishes the minimum knowledge to be acquired during the training period of a veterinary surgeon.
169. This directive was, however, adopted 20 years ago and neither the qualitative nor the quantitative requirements for the content of the veterinary curriculum have been amended since. In addition, the evaluations of veterinary teaching establishments have shown significant differences in the level of the training provided across Europe. These evaluations were part of a scheme developed under the umbrella of the Advisory Committee on Veterinary Training of the European Commission and now run by the European Association of Establishments of Veterinary Education (EAEVE) with support from the Federation of Veterinarians of Europe (FVE).
170. The time has come to review Directive 78/1027 and develop control mechanisms to ensure that the quality of veterinary training and that of the service provided by the profession adhere to the highest possible standards.
171. In order to ensure that the quality of the service provided by the profession is kept to the highest possible standard, and that the mutual trust between State Veterinary Services across the EU be maintained, Dr Choraine recommended that a number of actions be taken by the European Commission, the EU Member States and the FVE and the FVE member associations.
172. The Delegate from Italy stressed the importance of the work of the FVE in establishing the needs of the veterinary profession in Europe for the future.

Council of Europe

173. Senator Daniel Goulet of the Council of Europe, a body composed of 43 countries, described the activities of the Council in the field of animal feed and food safety. The subjects he discussed included the use of hormones, antibiotics and the consequences of pollution.

The Council also organises a certain number of training programmes, especially for farmers. He underlined the importance of close collaboration with other organisations, such as the OIE, particularly taking into account the lack of resources and competent experts in the field of animal health available to the Council, to enable it to accomplish its activities.

Presentation and discussion of draft Recommendations Nos 1, 2, 3 and 4

174. Draft Recommendations Nos 1, 2, 3 and 4 were put forward for discussion. Several amendments were called for in all the Recommendations, to be presented again on Friday.

Dates, venue and agenda items for the 20th Conference of the OIE Regional Commission for Europe

175. The President of the Regional Commission asked the Delegates whether any country would like to host the 20th Conference of the Commission. On behalf of the Government of her country, the Delegate of Finland invited the Regional Commission to hold its next Conference in her country. The President of the Regional Commission for Europe recalled that the Bureau of the Commission had expressed support for Finland's candidacy during their recent meeting in Lithuania. The invitation was unanimously accepted by all participants, and it was agreed to hold the 20th Conference at the beginning of September 2002.
176. It was suggested that the following subjects be examined as Technical Items for the next Conference:
- the role of veterinary services in the food chain 'from the stable to the table,
 - cost-benefit analysis as a tool for decision-making to prevent the spread of infectious animal diseases (eg: use of stamping-out, vaccination, surveillance, control programmes).

Thursday 21 September 2000

Field trip

177. Participants found the field trip organised by the host country to the Zemach ostrich farm, hatchery and slaughterhouse, as well as the computerised dairy management systems in the Afikim Kibbutz in northern Israel to be of great interest, and also enjoyed visiting some historical sites in the area.

Friday 22 September 2000

Presentation of draft Recommendations

178. Draft Recommendations were distributed to participants and put forward for discussion. Several amendments were proposed and adopted. Nevertheless, Austria, Germany and Portugal disagreed with the wording used in point 7 of Recommendation No. 4.

Adoption of the draft Final Report and Recommendations

179. The Conference adopted the draft Final Report and Recommendations Nos. 1, 2, 3 and 4 pending certain amendments.

Closing Session

180. Dr Belev read out a motion of thanks to the Governmental Authorities of Israel.

181. Dr Blancou noted the conclusions to be drawn from the proceedings of the Conference and praised its success and the interest of the technical items chosen by the Commission. He expressed his sincere gratitude to the Israeli Authorities for the welcome they had accorded to all participants and thanked Dr Nir for having organised and presided over the meeting with such efficiency. The Director General congratulated the speakers for their presentations and all those who had contributed to, and enriched, the discussions. He expressed his gratitude to the Conference Secretariat and the interpreters for the quality of their work. A final expression of thanks went to the Delegate of Finland for offering to host the next Commission meeting.
182. Dr Nir recalled the useful exchanges, conclusions and recommendations which were made during the Conference. He was grateful to the Delegate of Finland for accepting the challenge of hosting the 20th Conference of the Regional Commission. He then thanked the individuals and organisations that made the meeting possible: Prof. Arnon Shimshony, former Israeli Delegate to the OIE, ORTRA tourist agency, the OIE Secretariat, the staff of the Israeli Veterinary Services, especially Dr Arthur Saran. Special thanks went to the President and the Delegates of the Regional Commission, to Dr Blancou, to the OIE Director General Elect, the speakers, chairpersons and rapporteurs. The Delegate of Israel wished all a safe journey home and declared the 19th Conference of the OIE Regional Commission for Europe officially closed at 11:10 a.m.

MOTION OF THANKS

The OIE Regional Commission for Europe, the Director General of the OIE, members of Delegations, observers and representatives of countries and international organisations, wish to express their gratitude to the Government Authorities of the Israel, the host country of the 19th Conference of the Regional Commission, for the excellent welcome accorded to them and for all facilities made available to them during their stay in Jerusalem from 19 to 22 September 2000.

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