

State of play in the EU of avian influenza, African swine fever, lumpy skin disease, Bluetongue

Animal Health Advisory Committee 14 March 2017

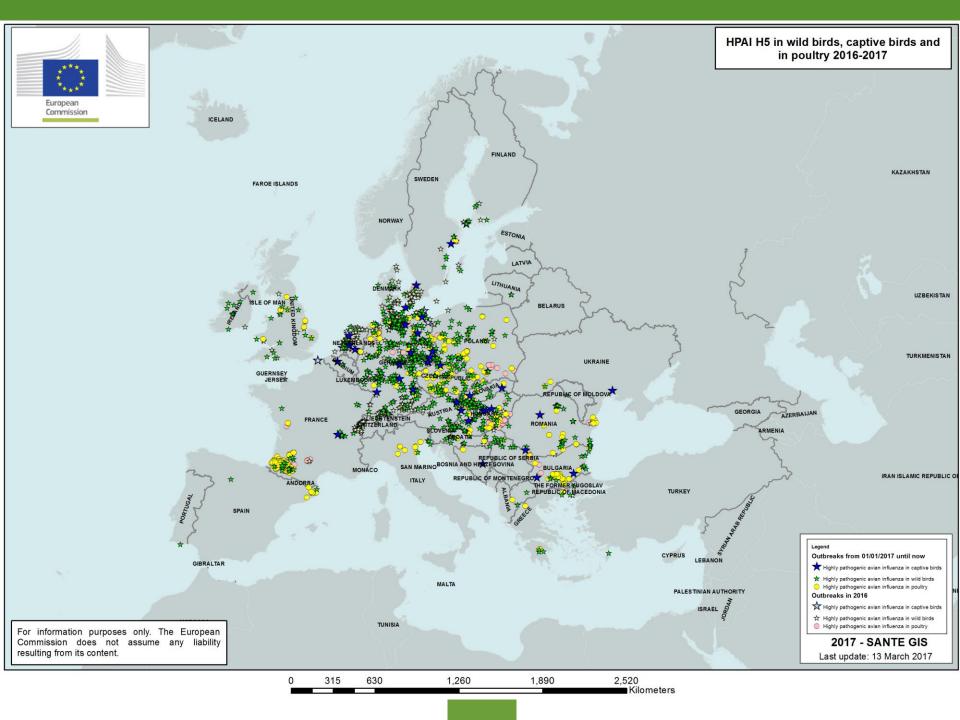
Unite G3 Animal health: crisis management





Update on avian influenza H5





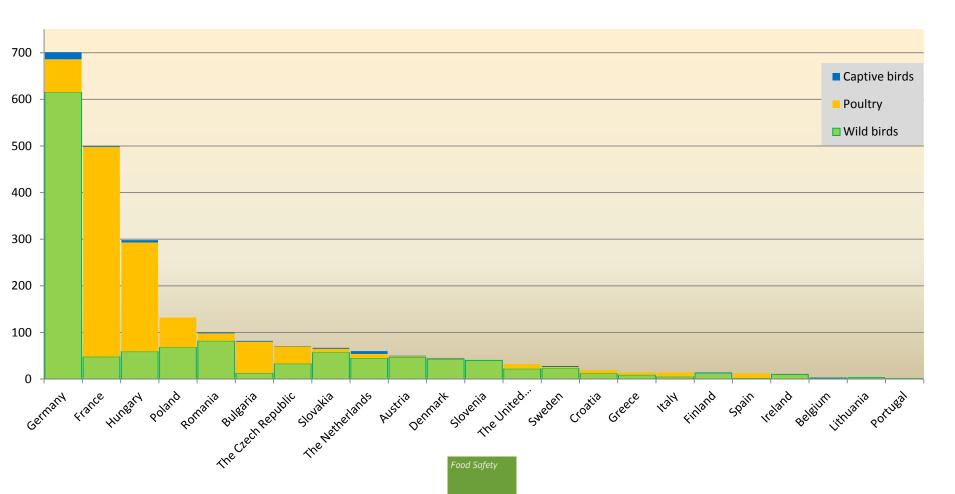
Member State	Wild birds	Poultry	Captive birds
Germany	615	71	15
rance	48	450	2
taly	5	9	
The Netherlands	45	9	6
Belgium	2		1
The United	22	10	
Kingdom			
reland	10		
Denamrk	43	1	1
Greece	9	5	
Spain	2	10	
Portugal	1		
Austria	47	2	1
inland	13		1
sweden	23	3	2
The Czech	33	37	1
Republic			
Hungary	59	234	5
Poland	68	64	
Slovenia	40		
Bulgaria	13	67	2
₋ithuania	3		
Romania	82	16	2
Slovakia	57	8	2
Croatia	12	7	
Total	1252	1003	41

Number of HPAI H5(N8) outbreaks by Member State 01/10/2016 13/03/2017

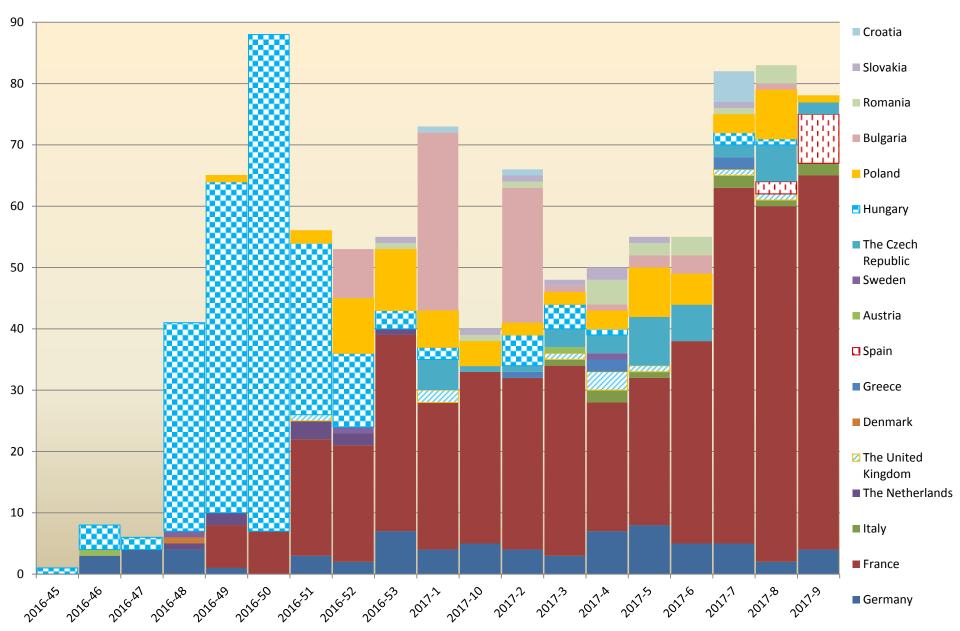
to



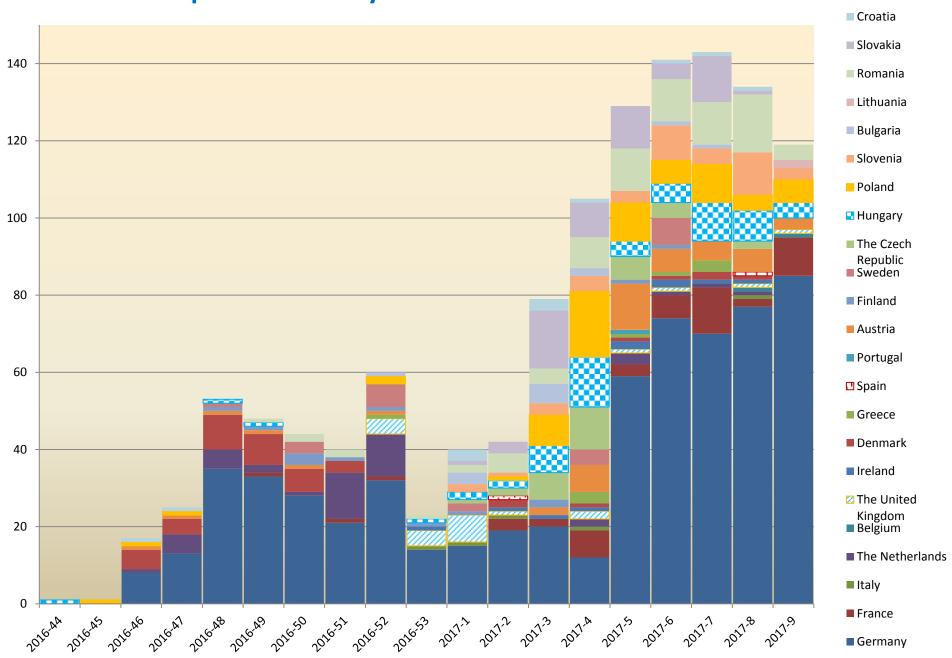
Number of HPAI H5(N8) outbreaks by Member State as from 01/10/2016 to 13/03/2017



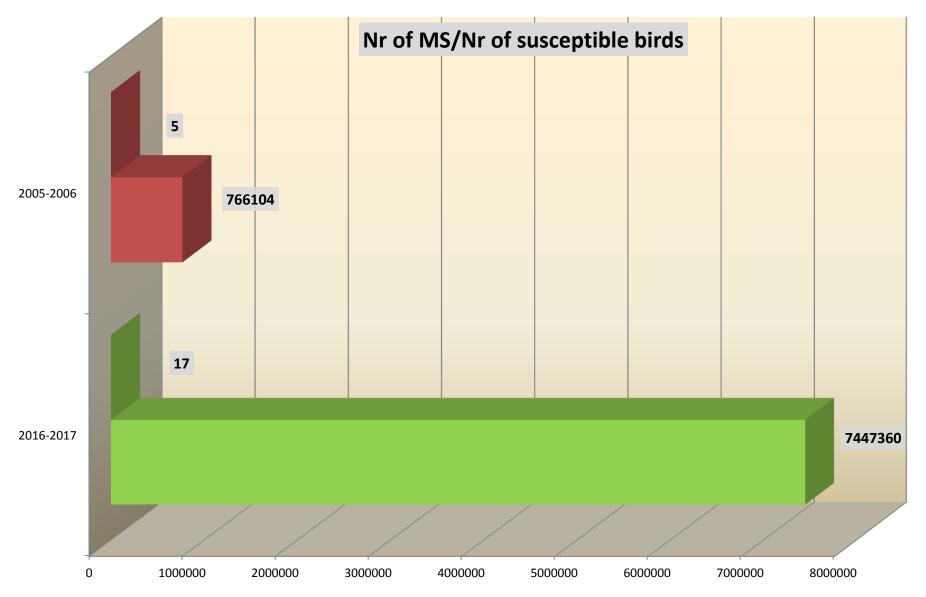
Epidemic weekly curve of HPAI H5(N8) in poultry



Epidemic weekly curve of HPAI H5N8 in wild birds



Comparison "2005/2006 H5N1" with "2016-2017 H5N8" epidemics





Top 10 wild bird species reported infected with HPAI H5N8 since October 2016

Species	Number of events	%
Mute swan (Cygnus olor)	176	21%
Duck spp	102	12%
Tufted duck (Aythya fuligula)	77	9%
Unspecified	77	9%
Swan spp	59	7%
Gulls spp	49	6%
Whooper swan (Cygnus cygnus)	32	4%
Goose spp	30	4%
Herring gull (Larus argentatus)	24	3%
Mallard (Anas platyrhynchos)	22	3%



Highly pathogenic avian influenza viruses of H5 subtype

- HPAI H5N8 predominant strain of Asian origin
- **HPAI H5N5** since mid-12/2016 in wild birds and a few poultry holdings
 - The AI EU Reference Laboratory (EURL) concluded that HPAI H5N8 and H5N5 viruses are still predominantly bird viruses without any specific increased affinity for humans.
- HPAI H5N6 confirmed on 02/03 in Greek backyard farm
 EURL stated that this virus does not appear to be the same as the strain circulating in South and Far East Asia associated with cases in poultry and humans. Preliminary analyses based on a part of genetic sequences suggests this is as a result of further reassortment involving H5N8 HPAI and endemic Eurasian viruses.

Further investigations are necessary.

Legislation (1)



Commission (EU) 2017/263 of 14/02/2017 on <u>risk mitigating and</u> <u>reinforced biosecurity measures</u> and <u>early detection systems</u> in relation to risks posed by wild birds for HPAI transmission to poultry

Member States have to <u>identify "high risk areas"</u> and holdings at increased risk for HPAI infection based on the:

- Outbreak situation in poultry and wild birds on their territory, nearby Member States or third countries
- Risk factors for <u>virus introduction</u>: location of holdings close to water bodies where wild birds gather during migration, open air holdings
- Risk factors for <u>virus spread:</u> density and type of holdings, intensity of movements of poultry, persons, vehicles and trade patterns
- Risk assessments by EFSA or national and international bodies

Legislation (2)



In "high risk areas" it is prohibited to:

- keep poultry in open air, unless protected (nets, roofs,...)
- use open surface water, unless treated
- use feed stored unprotected from birds or other animals, unless poultry is fed and watered indoors
- gatherings at markets, shows and exhibitions
- use decoy birds of certain orders for hunting, unless for research, surveillance

Member States must take measures to prevent virus spread when granting derogations.

Legislation (3)



- Member States must introduce or reinforce <u>early detection</u> <u>systems and rapid reporting by owners</u> to the competent authority of:
 - drop in feed, water intake, egg production
 - observed mortality rate and slightest clinical signs
- Increased wild bird surveillance
- Review based on EFSA's scientific opinion available 09/2017



EFSA's work on avian influenza

Following 2014/15 HPAI epidemic EFSA was asked to **assess the risk for introduction into the EU of HPAI H5N8** and other H5 viruses, and suitability of EU legislation on biosecurity, surveillance in wild birds and poultry and zoning

Scope later was enlarged to assess the differences in the epidemiology of **low and highly pathogenic avian influenza**

In 12/2016 EFSA issued a statement on the current epidemic

Data collection from current outbreaks in co-operation with the EU Reference Laboratory

Close co-operation with ECDC on the zoonotic aspects



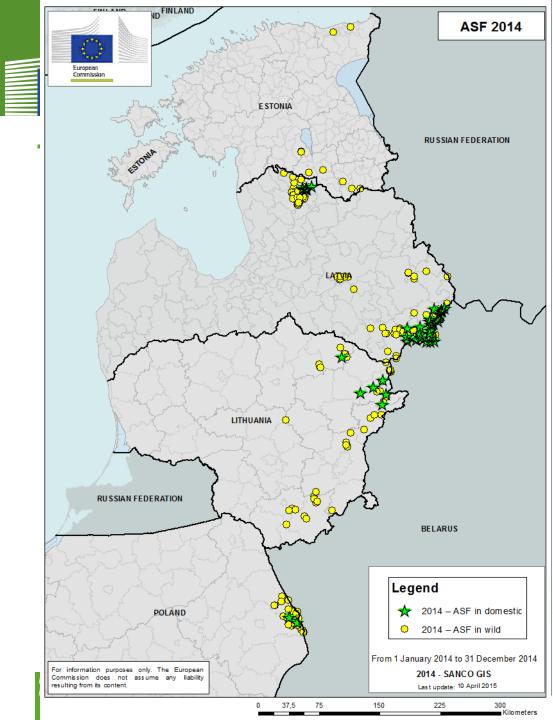
Legislation on Regionalisation

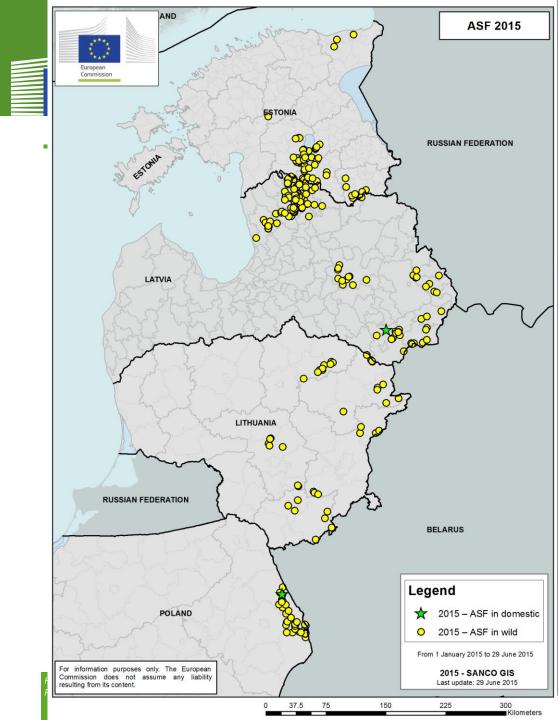
- First Decision in relation to HPAI H5N8 in Hungary published on 10/11/2016.
- Decisions shall <u>ensure transparency and safe trade</u>
 between disease free areas of Member States and to third countries.
- Establishing areas under restrictions at EU level aims at preventing unnecessary disturbance to trade within the Union and to avoid unjustified barriers to trade imposed by third countries.
- Due to the further evolution, further Decisions are adopted

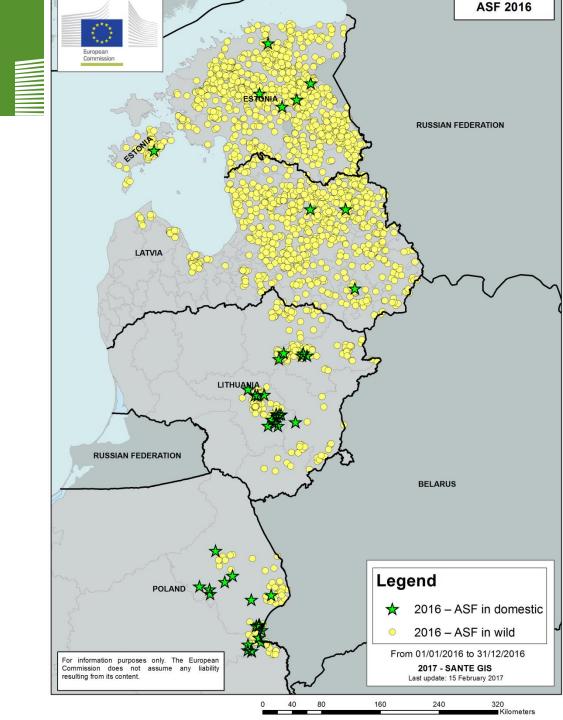


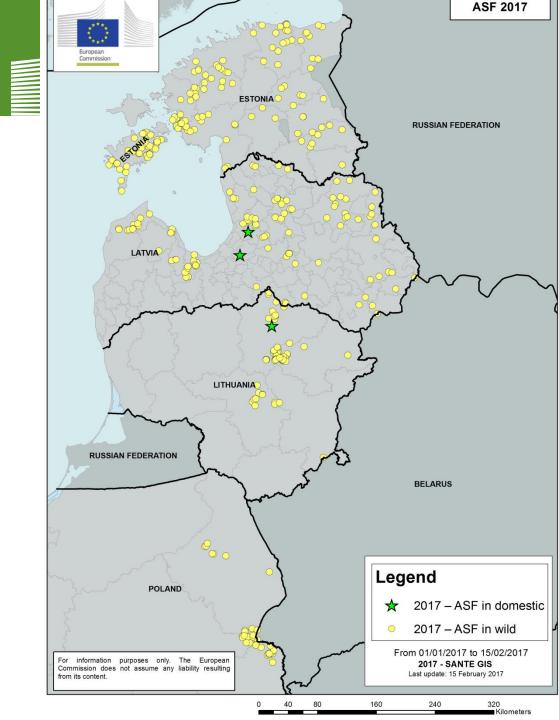
Update on African Swine Fever



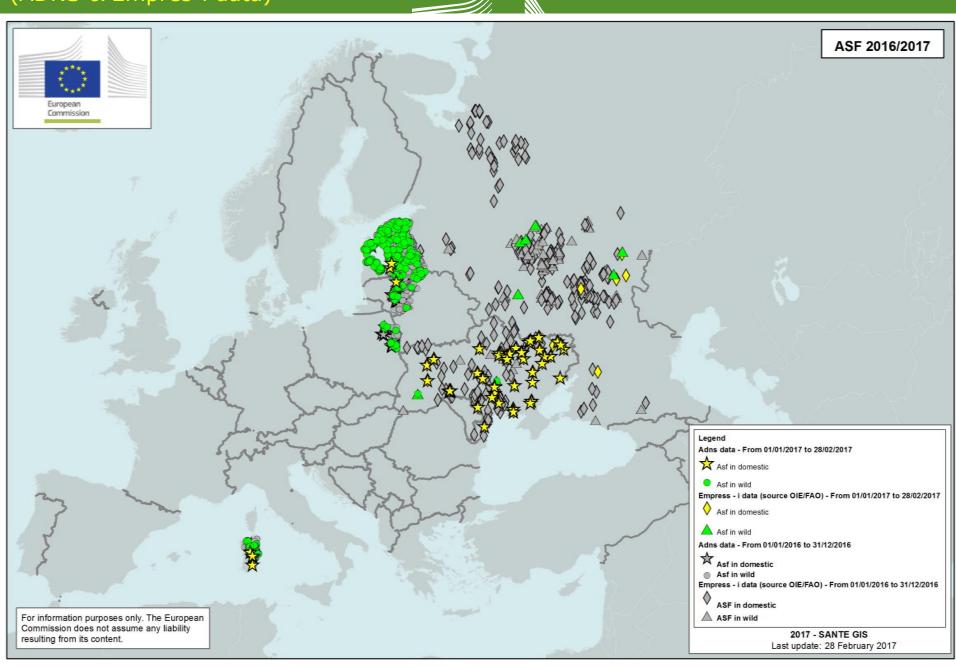








ASF 2016/2017 (ADNS & Empres-i data)





2014 – 2017 ASF outbreaks (pigs) and notif. of cases (wild boar) (ADNS data from EE, LV, LT and PL)

11 African swine fever in domestic pigs

----12 African swine fever in wild boar



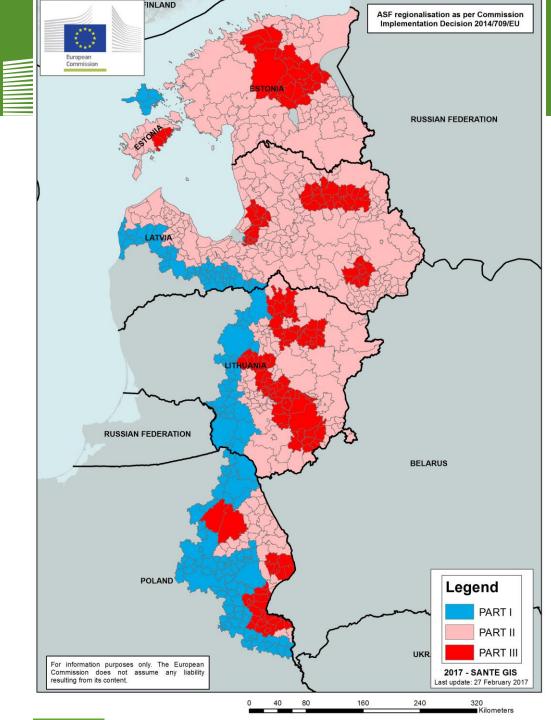
EU main tools for ASF control

- EU fully harmonised veterinary legislation
- The specific ASF control Directive
- ASF Contingency plans
- ASF regionalisation
- The ASF EU Reference Laboratory diagnostic manual
- The EU co-financing of emergency measures and eradication programmes
- Enforcement FVO audits
- The Community Veterinary Emergency Team CVET
- Better training for safer food BTSF
- Scientific advise EFSA scientific opinions
- International cooperation OIE/FAO GF-TADSs
- EU research projects RTD

Regionalisation for ASF

Commission Implementing Decision of 9 October 2014 (2014/709/EU)

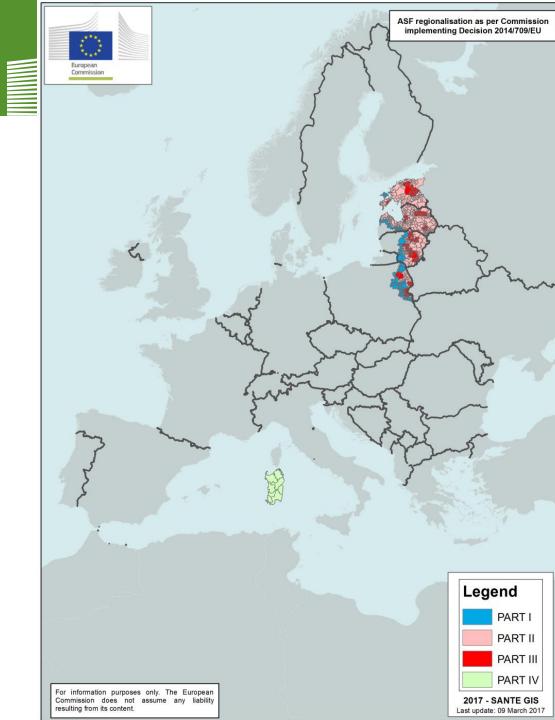
Updated by Commission Implementing Decision (EU) 2017/351 of 24 February 2017



Regionalisation for ASF

Commission Implementing Decision of 9 October 2014 (2014/709/EU)

Updated as needed





CID 2014/709 – Article 9 Porcine Semen

- No semen collected from boars from Parts II, III and IV
- By way of <u>derogation</u> possible from Parts II and III
 - comply with any other appropriate animal health guarantees
 - Inspection or testing regime
 - PCR testing 5 days before





Wild Boar -main strategic points

- No increased hunting with the purpose to reduce the wild boar population,
- Hunting should be conducted as such to avoid excessive movement of animals.
- Baiting is allowed (non-sustained feeding, limited food only for attracting wild boar for hunting).
- Sustained feeding (foraging) is forbidden.





Wild Boar -main strategic points

 enhanced passive surveillance: sampling whole country based on <u>all found dead</u> and sick wild boar have to be tested for ASF

active surveillance:

- Part 1 all hunted animals which are foreseen to be taken out of that area must be tested for ASF
- Part 2 and 3 all hunted animals and of all found dead/sick animals has to be tested (100% sampling and testing by PCR, hunted also test for antibodies)





Conclusions - ASF

- EFSA report revising epidemiological data
- Need to keep open mind in reviewing measures on the basis of new data
- Current regionalisation proving to be effective in terms of anticipating the spread of the disease
- Seasonal pattern of the disease both in domestic and in wild boar
- Management of wild boar key issue this is where the challenge lies





Update on lumpy skin disease





LSD epidemiological situation January- to 30 Nov 2016 (ADNS + country reports)

LSD outbreaks in SE Europe (April – Nov 2016)

➢ Greece : 104

(last on **25/11/2016**)

> Bulgaria : **217**

(last on 1/8/2016)

> **FYROM** : **1.591** (Sep report)

> Serbia: **225**

(last on **01/10/2016**)

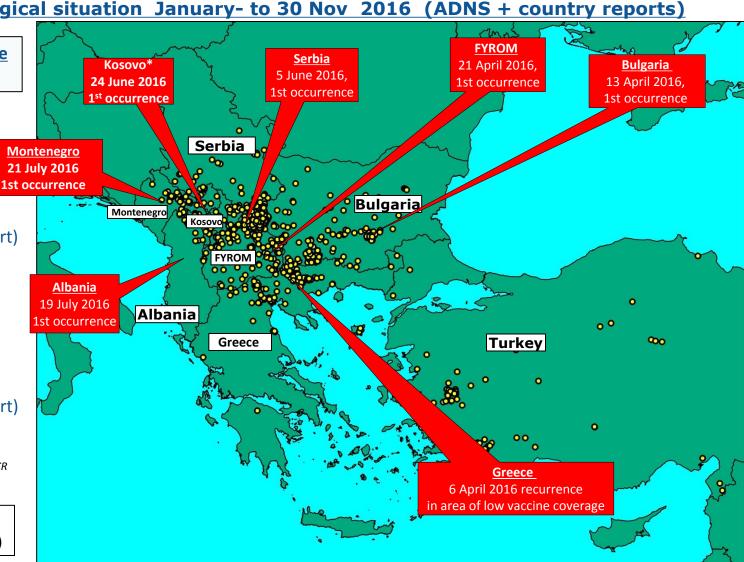
> Kosovo*: 76 (Aug report)

➤ Montenegro: > 400

> Albania: 1.932 (Oct report)

(* This designation is without prejudice to positions on status, and is in line with UNSCR 1244 and the ICJ Opinion on the Kosovo Declaration of Independence).

LSD outbreaks 01.01-30.11.2016 (ADNS)





LSD control in SE Europe in 2016: LSD Vaccination in the Balkans

- ➤ All LSD affected countries , both EU Member States & non EU Member countries implemented mass vaccination of all their cattle against LSD in their entire territory.
- ➤ Croatia, not affected by LSD, became the first country to implement preventive vaccination of its entire country population against LSD (July 2016)
- ➤ In all cases the vaccines used were **live**, **homologous vaccines against LSD** imported from South Africa.
- ➤ In most cases occurrence of new LSD outbreaks in affected countries stopped within 1 month following completion of their vaccination campaign



LSD vaccination in South East Europe-Situation as at Feb 2017

Vaccination completed in:

- **Bulgaria**
- ➤ Greece (Northern part)
- > Serbia
- > the former Yugoslav **Republic of Macedonia**
- **➤** Montenegro
- > Kosovo
- > Croatia
- > Albania

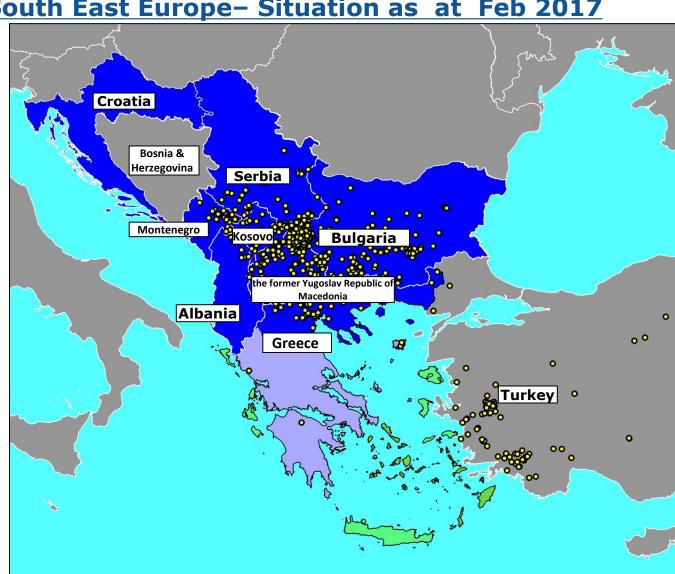
Vaccination in progress in

> Southern part of continental Greece



Vaccination in progress

LSD outbreaks as at 1 Jan -30 Nov 2016 (ADNS)





LSD in SE Europe: Situation as at Feb 2017 (1)

- Further spread of LSD to the north or west seems to be halted for the time being (vaccination + winter)
- ➤ No new LSD outbreaks reported in those affected countries where full vaccination coverage has been achieved

LSD outbreaks in 2017: 2 Sporadic outbreaks reported so far in the ADNS system (1 in the former Yugoslav Republic of Macedonia in Jan, without any further spread, 1 in Greece in the island of Corfu (not included in the areas where vaccination is implemented).



LSD in SE Europe: Situation as at Feb 2017 (2)

- ➤ All countries that vaccinated against LSD in 2016 aim to repeat vaccination in 2017 (annual revaccination + vaccination of new born animals) as soon as possible (**preferably before April 2017** since April was the month when LSD reappeared in 2016)
- ➤ National vaccine procurements are in progress. EU to assist with vaccines from EU LSD vaccine bank + financial support for the national purchase of vaccines (up to the EU vaccine bank price per dose.)
- ➤ EC and the above countries work closely for the better coordination of the regional control policy (GF TADs teleconference on 23.02.2017).



LSD measures at EU level

Commission Implementing Decisions on LSD

voted at the Standing Committee on Plants, Animals, Food and Feed (**PAFF Committee**) on 13-14 Sep 2016 (adopted 15.11.2016)

- COMMISSION IMPLEMENTING DECISION (EU) 2016/2008 concerning animal health control measures relating to lumpy skin disease in certain Member States
- COMMISSION IMPLEMENTING DECISION (EU) 2016/2009 approving the vaccination programmes against lumpy skin disease submitted by the Member States

Advantages

- Uniformity (one set of measures for LSD across the EU)
- Proportionality (establishment of specific rules for affected zones and free with vaccination zones respectively)
- Sustainability (reduced impact on trade)
- Flexibility (e.g. possibility for bilateral agreements)
- Lifting refining of measures related to safe / low risk products (meat , milk)

Note: All measures of Directive 92/119 on stamping out, suspicion, confirmation of LSD (e.g. surveillance – protection zones, measures and duration thereof) remain in place.



LSD measures at EU level

Commission Implementing Decisions on LSD

New zoning rules

Part I: <u>free zones with vaccination</u> (areas where no LSD outbreak has occurred , subject to no LSD restrictions where an LSD vaccination programme is implemented)

- > Croatia (LSD never occurred, preventive vaccination in progress)
- ➤ Certain areas of Bulgaria , East and North (areas where no LSD outbreaks occurred , 100% vaccination of cattle has already been completed and no outbreaks occurred at 20 km distance)

Part II: <u>infected zones</u> (areas where LSD outbreaks were confirmed , subject to the implementation of an LSD vaccination programme)

- > the rest of Bulgaria (excluding the areas in Part I)
- > part of Greece (continental Greece and Limnos island).

Live bovines from Part I (free zones with vaccination) to:

- ➤ Part I or Part II areas (conditions)
- > Any other MS or third country under conditions
- > Any other MS or third country under conditions and bilateral agreements

<u>Live bovines from Part II (affected zones) to :</u>

- ➤ Part II areas of same or other MS (conditions ± bilateral agreements)
- ➤ Other areas (MS /Third country) only on the basis of conditions and bilateral agreements



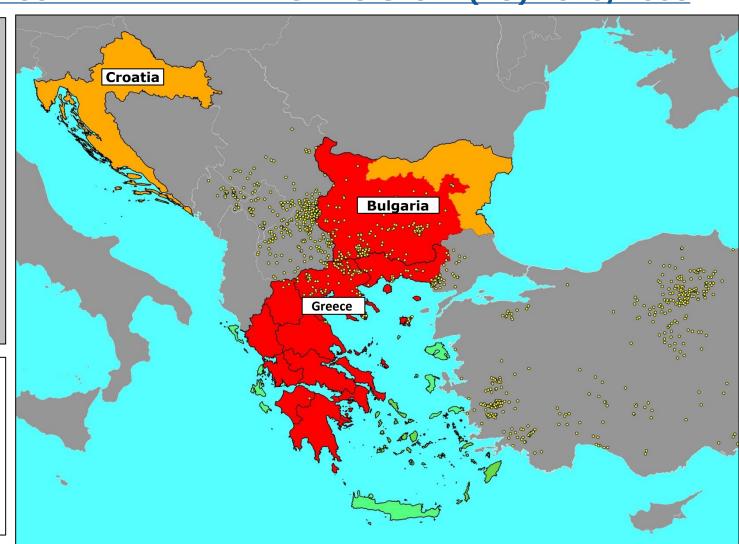
LSD zoning - COM. IMPLEMENTING DECISION (EU) 2016/2008

Free zones with Vaccination (Part I):

- > Croatia
- Bulgaria (certain areas in the North and East part)

Infected zones (Part II):

- Continental Greece (including the island of Limnos)
- Bulgaria (excluding the "free with vaccination" zones
- Free with Vaccination zone
- Infected zone
- LSD outbreaks 2015-Sep 2016 (ADNS)





LSD measures at EU level

Commission Implementing Decisions on LSD

Meat

Lifting of restrictions

Milk -colostrum-dairy products

Pasteurisation required only when destined for animal feed

Vaccination

More simplified rules for **vaccination** (Annex II of CID 2016/2008)

Transit of live bovines through LSD affected areas (Part II of Annex I)

Specific rules (disinfection and treatment of vehicles with disinfectant/insecticides, vector protection measures for animals)

Unprocessed ABPs

Can be dispatched within Parts I and II of different MS as long as they are channelled No channelling / other restrictions within Part I or Part II of the same MS



LSD measures at EU level

Commission Implementing Decisions on LSD

Semen embryos and ova

- Part I may dispatch to
 - Part I or Part II of other MS on the basis of conditions
 - Part I or Part II or any other countries on the basis of conditions +
 bilateral agreements with risk assessment

Skins and hides

No restrictions for fresh hides and skins with the Part I or Part II of the same MS

- Part I may dispatch to
 - Part I or II of other MS, (fresh + conditions)
 - to any other countries , (treated + conditions)
- Part II may dispatch to
 - Part II of other MS (fresh+ conditions)
 - to any other countries, (treated + conditions)
- Part I and Part II may dispatch to any other countries (bilateral agreements + conditions)



European Commission support against Lumpy Skin Disease

> EU LSD vaccine bank

(vaccine donations to various EU & non EU Member countries)

> EU financial support

EU Member countries: Compensation for stamping out

<u>EU & non EU Member countries</u>: Compensation for the cost of LSD homologous vaccines purchased and used through national procedures

- > **Technical support: CVET** (Community Veterinary Emergency Team) missions for LSD (7 missions so far in various countries)
- > LSD training activities (e.g. STM missions)
- Scientific support: EFSA Opinions on LSD

(2 already published , 1 additional report awaited in 2017)

- ➤ Appointment of an EU Reference Laboratory (EURL) for Diseases caused by Capripox viruses (including LSD) CODA – CERVA, Belgium [COM REG (EU) 2017/140 of 26 January 2017]
- International regional coordination for LSD (GF-TADS)



EU support against LSD

European Union Lumpy Skin Disease Vaccine Bank

Created on April 2016 to support the initial stages of an LSD vaccination campaign

Country	Number of doses granted	Delivery date
Bulgaria	200.000	April & Dec 2016
Greece	150.000	April , July & Dec 2016
the former Yugoslav Republic of Macedonia	50.000	May 2016
Serbia	50.000	June 2016
Kosovo*	25.000	July 2016
Albania	75.000	July & Dec 2016
Montenegro	25.000	July 2016
Croatia	50.000	Sep 2016

625.000 doses of LSD vaccine (live-homologous) already granted to various countries



Regional Coordination on LSD

Current state of play

Coordinated vaccination control policy against LSD

- Mass vaccination uniformly adopted across South East Europe (EU + non EU countries)
- With support from the EU (vaccines from the EU vaccine bank + financial assistance for vaccine purchase)

Disease notification

All affected countries in SE Europe, including non EU-Members, report LSD outbreaks on the Animal Disease Notification System of the EU (ADNS)

Sharing of information- planning coordination

Regular regional meetings of the GF-TADs LSD group (presentations, discussions, exchange of info)



Future activities

Activities in the pipeline

LSD vaccine bank:

Procedures for expansion – replenishment in progress

LSD zoning :

Amendments (CID 2016/2008) in accordance with the epidemiological situation

➢ GF TADs: 4th meeting of the Standing Group of Experts on Lumpy skin disease for South-East Europe -SGE LSD3

Provisional planning: May 2017 (Paris, OIE General Session)

➢ GF TADs: 5th meeting of the Standing Group of Experts on Lumpy skin disease for South-East Europe -SGE LSD3

Provisional planning: 2017 (Montenegro)

EFSA: request submitted by DG SANTE for updated epidemiological analysis of the LSD data (EU MS affected ± at risk & non EU Member countries)

1st report awaited for early 2017



Future activities

EC Priorities for LSD in 2017

The European Commission will continue to:

- Provide technical assistance (for EU and non EU Member Countries) will continue to be provided through CVET expert missions
- Provide training opportunities (for EU and non EU Member Countries) e.g. through the BTSF initiative.
- > Support vaccination programmes against LSD (EU & non EU Member Countries)
- Promote regional coordination and cooperation for the control of LSD (e.g. GF TADs LSD expert group)
- Follow closely :
 - ✓ the <u>LSD</u> epidemiological situation (South East Europe + West Eurasia) in order to take prompt action, as and when needed, to prevent entry / spread into the EU.
 - ✓ the <u>scientific knowledge on LSD</u> (EURL-EFSA) and use it to further refine / optimise the LSD control measures
 - ✓ the <u>discussions on the LSD measures at international level</u> (e.g. OIE Terrestrial Code), with a view to minimise the impact of trade restrictions).



Update on Bluetongue





• Scientific Opinion on BT adopted by the EFSA Panel on Animal Health and Welfare https://www.efsa.europa.eu/en/press/news/170308

Conclusions:

- **Only after 5 years of vaccination** of 95% of susceptible cattle and sheep is the prevalence of infection close to **eradication** levels.
- During **periods of vector activity**, **calves and lambs** born to vaccinated dams should be vaccinated on two occasions, <u>before 3 months and at age of 6 months</u>. **Outside these periods**, a single vaccination only at about around <u>5-6 months</u> should be adequate.
- Marked variation in the level and longevity of **neutralising colostral** antibodies in lambs and calves from vaccinated dams have been demonstrated (<u>lambs</u>, <u>210 days</u>; <u>calves 84 days</u>).
- When commercially available inactivated vaccines and neutralising antibodies are considered, the majority of animals are positive within **21 days after vaccination**, an increasing proportion of **protected animals** can be observed at 28 days after vaccination.
- Classification and grouping of different BTV serotypes according to their potential impact on animal health
- Listing and categorisation of BT in the framework of the Animal Health Law.



will be addressed in a <u>separate scientific opinion</u> (published separately)

Health and Food Safety

Thank you for your attention!

