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Working Group on an EU harmonised strategy on vaccination against Bluetongue, Brussels 5 November 2007

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Outcome of the meeting

1.-Summary:

Wide consensus was reached on:

- Common EU approach: Commission taking the lead as regards a harmonised approach to vaccination against bluetongue;
- Double goal: i) reduce clinical disease and losses and ii) prevent the spread of the disease;
- Mass vaccination is the option preferred: vaccination of all susceptible and reachable animals in the restricted zones;
- Use of all available vaccines: inactivated and modified live viruses vaccines;
- Duration: vaccination should be maintained for several years;
- It is necessary to send a clear message to the pharmaceutical industry on the EU harmonised strategy;
- A bluetongue control strategy should be addressed in an economical context.

2.-Discussion:

1. Common EU approach (Commission leading)

Most Member States supported a common approach on vaccination as they consider the current bluetongue situation as a Community problem. Although some Member States would like to keep a certain amount of flexibility to decide how mass vaccination is to be implemented in their country. In addition, a common approach on vaccination against bluetongue will limit problems on intra-Community trade of live animals.

In order to better achieve this common approach, the Commission should take the lead and ensure that a harmonised approach is used by the Member States concerned when they apply vaccination against bluetongue.

2. Objective: double

Member States less affected by the disease and free Member States considered that the first objective of vaccination should be to prevent a further spread of the disease in the EU. They would support, if priorities have to be established due to shortage of vaccine or financial resources, that priority for vaccination should be in a buffer zone (vaccination of around 200 km around the infected zones) to stop the spread of the disease.

For the Member States heavily affected by bluetongue, the priority is to reduce losses caused by clinical signs and it will be difficult for them to accept that the available doses of the vaccine are used in less affected areas (buffer zone)

Therefore, both reducing clinical disease and preventing the spread of bluetongue should have the same priority.

3. Option preferred: mass vaccination

Member States agreed that the best option to achieve the objectives foreseen is mass vaccination covering all susceptible and reachable animals (domestic ruminants and wild ruminants if possible) in the affected areas and in a buffer zone, using all available types of vaccines

4. Use of all available vaccines (inactivated and modified live viruses vaccines)

Regarding the type of vaccine to be used it was agreed that it is not wise to stick to inactivated vaccines if they are not available on time and in an enough quantity to cover the goals and strategy chosen.

Bluetongue is an economical disease and therefore analysis has to be carried out to consider if using modified live vaccines is adequate.

The drawbacks of both types of vaccine are known and should be considered assessing advantages and disadvantages mainly from the economic point of view.

Safety issues for modified live vaccines, if any, should be addressed.

5. Financial sustainability of the vaccination programmes

Member States agreed that the current legal framework provides for a sufficient legal basis for establishing and financing vaccination on bluetongue.

It is clear that medium-long term vaccination programmes would be necessary. According to the experience in Italy and Portugal at least 3 year vaccination would be necessary and it should be continued for at least one year after the last clinical case of bluetongue is detected.

6. Clear message to the industry (estimation of number of doses)

Regarding the availability of vaccine, it is considered necessary to send a clear message to the pharmaceutical industry in order to encourage vaccine production in sufficient quantity and as soon as possible.

For that purpose it would be necessary to have an EU estimation of the number of animals to be vaccinated.

Member States will be asked to submit an estimation of the affected population, the number of animals to be vaccinated in the infected areas as well as the number of animals included in a hypothetical buffer zone of approximately 200 km around the affected area.

This information is essential to define the vaccination programmes in relation to mass vaccination, because availability of vaccine could be a limiting factor for the programmes.

These data could also be used to carry out economical analyses.