

## TERRESTRIAL ANIMAL HEALTH STANDARDS COMMISSION

## SEPTEMBER 2011 REPORT

## CHAPTER 8.12.

**RINDERPEST**

## Article 8.12.1.

**Preamble**

The global eradication of rinderpest has been achieved and was announced in mid-2011 based on the following:

1. Evidence demonstrates that there is no significant risk that rinderpest virus remains in susceptible domesticated or wild host populations anywhere in the world.
2. All OIE Member and non-member countries have completed the pathway defined by the OIE for recognition of national rinderpest freedom and have been officially recognised by the OIE as free from the infection.
3. All *vaccination* against rinderpest has ceased throughout the world.

However, rinderpest virus and vaccines continue to be held in a number of institutions around the world and this poses a small risk of virus re-introduction into animals.

As sequestration and destruction of virus stocks proceed, the risks of reintroduction of *infection* into animals is expected to progressively diminish. The possibility of release of virus demands continuing vigilance, especially in the case of those countries known to be retaining the virus. This chapter takes into account the new status and provides recommendations to prevent re-emergence of the *disease* and to ensure adequate *surveillance* and protection of livestock.

The standards for diagnostic tests and vaccines are described in the *Terrestrial Manual*.

## Article 8.12.2

**General provisions**

For the purposes of the *Terrestrial Code*, the *incubation period* for rinderpest (RP) shall be 21 days.

For the purpose of this chapter, a *case* is defined as an animal infected with rinderpest virus (RPV) whether or not showing clinical signs.

For the purpose of this chapter, the term 'susceptible animals' applies to domestic, feral and wild artiodactyls.

'Ban on *vaccination* against RP' means a ban on administering any vaccine containing RPV or RPV components to any animal.

## Article 8.12.3

**Ongoing surveillance post global freedom**

All countries in the world, whether or not Members of the OIE, have completed all the procedures necessary to be recognised as free from RP *infection* and annual re-confirmation of RP absence is no longer required. However, countries are still required to carry out general *surveillance* in accordance with Chapter 1.4. to detect RP should it recur and to comply with OIE reporting obligations concerning the occurrence of unusual epidemiological events in accordance with Chapter 1.1.. Countries should also maintain national contingency plans for responding to events suggestive of RP.

## Article 8.12.4

**Recommendations for international trade in livestock and their products**

When authorising import or transit of livestock and their products, *Veterinary Authorities* should not require any RP related conditions.

## Article 8.12.5

**Response to recurrence of RP**

In the post-eradication era, any direct or indirect detection of RPV in an animal or animal product confirmed in an OIE-FAO Reference Laboratory using a prescribed test, shall constitute a global emergency requiring immediate, concerted action for its investigation and elimination.

1. Definition of a suspected case of RP

RP should be suspected if one or more animal of a susceptible species is found to be exhibiting clinical signs consistent with 'stomatitis-enteritis syndrome' which is defined as fever with ocular and nasal discharges in combination with any one or more of the following:

- a) clinical signs of erosions in the oral cavity; diarrhoea; dysentery; dehydration or death;
- b) necropsy findings of haemorrhages on serosal surfaces; haemorrhages and erosions on alimentary mucosal surfaces; lymphadenopathy.

Stomatitis-enteritis syndrome could indicate RP as well as a number of other diseases which should elicit a suspicion of RP and from which RP needs to be differentiated, including bovine virus diarrhoea/mucosal disease, malignant catarrhal fever, infectious bovine rhinotracheitis, foot and mouth disease and bovine papular stomatitis.

The detection of RP specific antibodies in an animal of a susceptible species with or without clinical signs is considered a suspected case of RP.

2. Procedures to be followed in the event of the suspicion of RP

Upon detection of a suspected case, the national contingency plan should be implemented immediately. If the contingency procedure cannot rule out the suspicion of RP, samples should be submitted to an international reference laboratory. These samples should be collected in duplicate in accordance with Chapter 2.1.15. of the *Terrestrial Manual* with one set being dispatched to one of the OIE-FAO Reference Laboratories for RP to enable molecular characterisation of the virus to facilitate identification of its source. A full epidemiological investigation should simultaneously be conducted to provide supporting information and to assist in identifying the possible source and spread of the virus.

### 3. Definition of a case of RP

RP should be considered as confirmed when:

- a) RPV has been isolated from an animal or a product derived from that animal and identified; or
- b) viral antigen or viral RNA specific to RP has been identified in samples from one or more animals; or
- c) antibodies to RPV have been identified in one or more animals with either epidemiological links to a confirmed or suspected *outbreak* of RP, or showing clinical signs consistent with recent infection with RP.

### 4. Procedures to be followed after confirmation of RP

Immediately following the confirmation of the presence of RP virus, viral RNA or antibody, the Reference Laboratory should inform the country concerned, OIE and FAO, allowing the initiation of the international contingency plan.

In the event of the confirmation of RP, the entire country shall be considered infected until epidemiological investigation has indicated the extent of the infected area allowing definition of infected and *protection zones* for the purposes of disease control. In the event of limited *outbreaks*, a single *containment zone*, which includes all *cases*, may be established for the purpose of minimising the impact on the country. The *containment zone* should be established in accordance with Chapter 4.3 and may cross international boundaries.

Emergency *vaccination* is acceptable only with live-attenuated tissue culture RP vaccine, produced in accordance with the *Terrestrial Manual*. Vaccinated animals should always be clearly identified at a herd or individual level.

5. Global RP freedom is suspended and the sanitary measures for trade with the infected country or countries shall revert to those in Chapter 8.12 of the *Terrestrial Animal Health Code* 2010 Edition.

#### Article 8.12.6

### **Recovery of free status**

Should there be a confirmed occurrence of RP, as defined above, a country or *zone* shall be considered as RP infected until shown to be free through targeted *surveillance* involving clinical, serological and virological *surveillance*. The country or *zone* shall be considered free only after the OIE has accepted the evidence submitted to it.

The time needed to recover RP free status of the entire country or of the *containment zone*, if one is established, depends on the methods employed to achieve the elimination of infection.

One of the following waiting periods applies:

1. three months after the last *case* where a *stamping-out policy* and serological *surveillance* are applied in accordance with Article 8.12.8.; or
2. three months after the *slaughter* of all vaccinated *animals* where a *stamping-out policy*, emergency *vaccination* and serological *surveillance* are applied in accordance with Article 8.12.8.

The recovery of RP free status requires an international expert mission to verify the successful application of containment and eradication measures, as well as a review of documented evidence by the OIE.

#### Article 8.12.7

### Recovery of global freedom

Global RP freedom shall be reinstated provided that within 6 months of the confirmation of an outbreak, the following conditions have been met:

1. the *outbreak* was recognised in a timely manner and handled in accordance with the international contingency plan;
2. reliable epidemiological information clearly demonstrated that there was minimal spread of virus;
3. robust control measures were rapidly implemented and were successful in eliminating the virus. The control measures consisted of stamping-out of infected herds and any vaccinated animals, combined with sanitary procedures including quarantine and other movement controls;
4. the origin of the virus was established, and it did not relate to an undetected reservoir of infection;
5. a risk assessment indicates that there is negligible risk of recurrence;
6. if *vaccination* was applied, all vaccinated animals were slaughtered or destroyed.

If the conditions above are not met, the global RP freedom is lost and Chapter 8.12 of the *Terrestrial Animal Health Code* 2010 Edition is reinstated.

Recovery of global RP freedom would require reestablishment of an internationally coordinated RP eradication programme and assessments of RP free country status.

#### Article 8.12.8

### Surveillance for recovery of RP free status

A country applying for reinstatement of RP free status should provide evidence demonstrating effective *surveillance* in accordance with Chapter 1.4.

1. The target for *surveillance* should be all significant populations of RP susceptible species within the country. In certain areas some *wildlife* populations, such as African buffaloes, act as sentinels for RP *infection*.
2. Given that RP is an acute *infection* with no known carrier state, virological *surveillance* using tests described in the *Terrestrial Manual* should be conducted to confirm clinically suspected *cases*. A procedure should be established for the rapid collection and transport of samples from suspect *cases* to a recognised *laboratory* for diagnosis as described in the *Terrestrial Manual*.
3. An awareness programme should be established for all animal health professionals including *veterinarians*, both official and private, and livestock owners to ensure that RP's clinical and epidemiological characteristics and risks of its recurrence are understood. Farmers and workers who have day-to-day contact with livestock, as well as diagnosticians, should report promptly any suspicion of RP.

4. Differing clinical presentations can result from variations in levels of innate host resistance (*Bos indicus* breeds being more resistant than *B. taurus*), and variations in the virulence of the attacking strain. Experience has shown that syndromic *surveillance* strategies i.e. *surveillance* based on a predefined set of clinical signs (e.g. searching for “stomatitis-enteritis syndrome”) are useful to increase the sensitivity of the system. In the case of sub-acute (mild) *cases*, clinical signs are irregularly displayed and difficult to detect.

#### Article 8.12.9.

### **Annual Update on RPV-containing Material**

Annual reports should be submitted to the OIE by the end of November each year by the Veterinary Authority of the Member hosting an institution holding RPV-containing material. A separate report should be produced by each institution.

For the purpose of this article, “RPV-containing material” means field and laboratory strains of RPV; vaccine strains of RPV including valid and expired vaccine stocks; tissues, sera and other clinical material from infected or suspect animals; and diagnostic material containing or encoding live virus. Recombinant morbilliviruses (segmented or non-segmented) containing unique rinderpest virus nucleic acid or amino acid sequences are considered to be rinderpest virus. Full length genomic material including virus RNA and cDNA copies of virus RNA is considered to be RPV-containing material. Sub-genomic fragments of morbillivirus nucleic acid that are not capable of being incorporated in a replicating morbillivirus or morbillivirus-like virus are not considered as RPV-containing material.

**Annual Report on Rinderpest Virus (RPV)-containing Material as of 1 November [year]**

Name of Institution:

Postal Address:

Title and Name of Contact Person:

Email/phone/fax:

**1. RPV-containing material currently held as of 1 November [year]**

Type	Vaccine stocks	Vaccine seed virus	Other virus isolates	Other (serum, tissue etc)
Check [x] if yes	[ ]	[ ]	[ ]	[ ]
Strain/Genetic characterisation				
Quantity/doses (if applicable)				
Ownership (if other institution)				

**2. RPV-containing material destroyed during the past 12 months**

Type	Vaccine stocks	Vaccine seed virus	Other virus isolates	Other (serum, tissue etc)
Check [x] if yes	[ ]	[ ]	[ ]	[ ]
Strain/Genetic characterisation				
Quantity/doses (if applicable)				

**3. RPV-containing material transferred to another institution during the past 12 months**

Type	Vaccine stocks	Vaccine seed virus	Other virus isolates	Other (serum, tissue etc)
Check [x] if yes	[ ]	[ ]	[ ]	[ ]
Transferred to				
Strain/Genetic characterisation				
Quantity/doses (if applicable)				

**4. RPV-containing material received from another institution during the past 12 months**

Type	Vaccine stocks	Vaccine seed virus	Other virus isolates	Other (serum, tissue etc)
Check [x] if yes	[ ]	[ ]	[ ]	[ ]
Received from				
Strain/Genetic characterisation				
Quantity/doses (if applicable)				

**5. Research or any other use conducted on RPV-containing material during the past 12 months**

[Please specify]