Annex XXII

USA Comments
(See also associated Chapter 1.6 – part of this document)

CHAPTER 11.8.

INFECTION WITH *MYCOPLASMA MYCOIDES* SUBSP. *MYCOIDES* SC (CONTAGIOUS BOVINE PLEUROPNEUMONIA)

General note: The United States supports the proposed text to include Article 11.8.18 regarding an 'OIE endorsed official control programme for CBPP'. However, the United States does find it difficult to envision whether or not any country currently with enzootic CBPP would be truly able to meet the OIE criteria for a control program. If a country with CBPP could provide "documented evidence of the capacity of the Veterinary Services to control CBPP", then that country would probably not have CBPP.

Article 11.8.1.

General provisions

For the purposes of the *Terrestrial Code*, the *incubation period* for contagious bovine pleuropneumonia (CBPP) shall be six months.

For the purpose of this chapter, a *case* of CBPP means an *animal* infected with *Mycoplasma mycoides* subsp. *mycoides* SC (*Mmm*SC), and freedom from CBPP means freedom from *Mmm* SC *infection*.

For the purpose of this chapter, susceptible *animals* include cattle (*Bos indicus*, *B. taurus* and *B. grunniens*) and water buffaloes (*Bubalus bubalis*).

For the purposes of *international trade*, this chapter deals not only with the occurrence of clinical signs caused by *Mmm*SC, but also with the presence of *infection* with *Mmm*SC in the absence of clinical signs.

The following defines the occurrence of *Mmm*SC *infection*:

1) *Mmm*SC has been isolated and identified as such from an *animal*, embryos, oocytes or semen; or

2) antibodies to *Mmm*SC antigens which are not the consequence of *vaccination*, or *Mmm*SC DNA, have been identified in one or more *animals* showing pathological lesions consistent with *infection* with *Mmm*SC with or without clinical signs, and epidemiological links to a confirmed *outbreak* of CBPP in susceptible *animals*.

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

When authorising import or transit of the *commodities* listed in this chapter, with the exception of those listed in Article 11.8.2., *Veterinary Authorities* should require the conditions prescribed in this chapter relevant to the CBPP status of the domestic cattle and water buffalo population of the *exporting country*, *zone* or *compartment*.

Article 11.8.2.

Safe commodities

When authorising import or transit of the following *commodities*, *Veterinary Authorities* should not require any CBPP related conditions, regardless of the CBPP status of the domestic cattle and water buffalo population of the *exporting country*, *zone* or *compartment*:

1) *milk* and *milk products*;

2) hides and skins;

3) *meat* and *meat products* (excluding lung).

Article 11.8.3.

CBPP free country or zone

To qualify for inclusion in the existing list of CBPP free countries and *zones*, a Member should:

1) have a record of regular and prompt animal *disease* reporting;

Annex XXII (contd)

2) send a declaration to the OIE stating that:

   a) there has been no *outbreak* of CBPP during the past 24 months;

   b) no evidence of CBPP *infection* has been found during the past 24 months;

   c) no *vaccination* against CBPP has been carried out during the past 24 months,

   and supply documented evidence that *surveillance* for CBPP in accordance with this chapter is in operation and that regulatory measures for the prevention and control of CBPP have been implemented;

3) not have imported since the cessation of *vaccination* any *animals* vaccinated against CBPP.

The country or *zone* will be included in the list only after the submitted evidence has been accepted by the OIE. Retention on the list requires that the information in points 2a), 2b), 2c) and 3 above be re-submitted annually and changes in the epidemiological situation or other significant events should be reported to the OIE according to the requirements in Chapter 1.1.

Article 11.8.4.

Recovery of free status

When a CBPP *outbreak* occurs in a CBPP free country or *zone*, one of the following waiting periods is required to regain the status of CBPP free country or *zone*:

1) 12 months after the last *case* where a *stamping-out policy* and serological *surveillance* and strict movement control are applied in accordance with this chapter;

2) if vaccination was used, 12 months after the *slaughter* of the last vaccinated *animal*.

Where a *stamping-out policy* is not practised, the above waiting periods do not apply but Article 11.8.3. applies.

Article 11.8.5.

CBPP infected country or zone

When the requirements for acceptance as a CBPP free country or *zone* are not fulfilled, a country or *zone* shall be considered as infected.

Article 11.8.6.

CBPP free compartment

The bilateral recognition of a CBPP free *compartment* should follow the principles laid down in this chapter and in Chapters 4.3. and 4.4.

Article 11.8.7.

Recommendations for importation from CBPP free countries or zones, or from CBPP free compartments

For domestic cattle and water buffaloes

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that the *animals* showed no clinical sign of CBPP on the day of shipment.

Article 11.8.8.

Recommendations for importation from CBPP infected countries or zones

For domestic cattle and water buffaloes for slaughter

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that the *animals*:

1) showed no clinical sign of CBPP on the day of shipment;

2) originate from an *establishment* where no *case* of CBPP was officially reported for the past six months, and

3) are transported directly to the *slaughterhouse* in sealed *vehicles*.

Article 11.8.9.

Recommendations for importation from CBPP free countries or zones, or from CBPP free compartments

For bovine semen

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that:

1) the donor *animals*:

   a) showed no clinical sign of CBPP on the day of collection of the semen;

   b) were kept in a CBPP free country, *zone* or *compartment* since birth or for at least the past six months;

2) the semen was collected, processed and stored in conformity with the provisions of Chapters 4.5. and 4.6.

Article 11.8.10.

Recommendations for importation from CBPP infected countries

For bovine semen

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that:

1) the donor *animals*:

   a) showed no clinical sign of CBPP on the day of collection of the semen;

   b) were subjected to the complement fixation test for CBPP with negative results, on two occasions, with an interval of not less than 21 days and not more than 30 days between each test, the second test being performed within 14 days prior to collection;

   c) were isolated from other domestic bovidae from the day of the first complement fixation test until collection;

   d) were kept since birth, or for the past six months, in an *establishment* where no *case* of CBPP was reported during that period, and that the *establishment* was not situated in a CBPP *infected zone*;

   e) AND EITHER:

      i) have not been vaccinated against CBPP;

      OR

ii) were vaccinated using a vaccine complying with the standards described in the *Terrestrial Manual* not more than four months prior to collection; in this case, the condition laid down in point b) above is not required;

2) the semen was collected, processed and stored in conformity with the provisions of Chapters 4.5. and 4.6.

Article 11.8.11.

Recommendations for importation from CBPP free countries or zones, or from CBPP free compartments

For *in vivo* derived or *in vitro* produced embryos or oocytes of bovidae

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that:

1) the donor *animals*:

a) showed no clinical sign of CBPP on the day of collection of the embryos or oocytes;

b) were kept in a CBPP free country, *zone* or *compartment* since birth or for at least the past six months;

2) the oocytes were fertilised with semen meeting the conditions of Article 11.8.9.;

3) the embryos or oocytes were collected, processed and stored in conformity with the provisions of Chapters 4.7., 4.8. and 4.9., as relevant.

Article 11.8.12.

Recommendations for importation from CBPP infected countries

For *in vivo* derived or *in vitro* produced embryos or oocytes of bovidae

Veterinary Authorities should require the presentation of an *international veterinary certificate* attesting that:

1) the donor *animals*:

a) showed no clinical sign of CBPP on the day of collection of the embryos or oocytes;

b) were subjected to the complement fixation test for CBPP with negative results, on two occasions, with an interval of not less than 21 days and not more than 30 days between each test, the second test being performed within 14 days prior to collection;

c) were isolated from other domestic bovidae from the day of the first complement fixation test until collection;

d) were kept since birth, or for the past six months, in an *establishment* where no *case* of CBPP was reported during that period, and that the *establishment* was not situated in a CBPP *infected zone*;

e) AND EITHER:

i) have not been vaccinated against CBPP;

OR

ii) were vaccinated using a vaccine complying with the standards described in the *Terrestrial Manual* not more than four months prior to collection; in this case, the condition laid down in point b) above is not required;

2) the oocytes were fertilised with semen meeting the conditions of Article 11.8.10.;

3) the embryos or oocytes were collected, processed and stored in conformity with the provisions of Chapters 4.7., 4.8. and 4.9., as relevant.

Article 11.8.13.

Surveillance: introduction

Articles 11.8.13. to 11.8.17. define the principles and provide a guide for the *surveillance* of CBPP in accordance with Chapter 1.4. applicable to Member Countries seeking establishment of freedom from CBPP. Guidance is provided for Member Countries seeking reestablishment of freedom from CBPP for the entire country or for a *zone*, following an *outbreak* and for the maintenance of CBPP free status.

The impact and epidemiology of CBPP differ widely in different regions of the world and therefore it is impossible to provide specific recommendations for all situations. *Surveillance* strategies employed for demonstrating freedom from CBPP at an acceptable level of confidence will need to be adapted to the local situation. It is incumbent upon the applicant Member Country to submit a dossier to the OIE in support of its application that not only explains the epidemiology of CBPP in the region concerned but also demonstrates how all the risk factors are managed. This should include provision of scientifically-based supporting data. There is therefore considerable latitude available to Member Countries to provide a well-reasoned argument to prove that the absence of CBPP *infection* is assured at an acceptable level of confidence.

Surveillance for CBPP should be in the form of a continuing programme designed to establish that the whole territory or part of it is free from CBPP *infection*.

Article 11.8.14.

Surveillance: general conditions and methods

1) A *surveillance* system in accordance with Chapter 1.4. should be under the responsibility of the *Veterinary Authority*. A procedure should be in place for the rapid collection and transport of samples from suspect *cases* of CBPP to a *laboratory* for CBPP diagnoses.

2) The CBPP *surveillance* programme should:

   a) include an early warning system throughout the production, marketing and processing chain for reporting suspicious *cases*. Farmers and workers (such as community animal health workers) who have day-to-day contact with livestock, *meat* inspectors as well as *laboratory* diagnosticians, should report promptly any suspicion of CBPP. They should be integrated directly or indirectly (e.g. through private *veterinarians* or *veterinary para-professionals*) into the *surveillance* system. All suspect *cases* of CBPP should be investigated immediately. Where suspicion cannot be resolved by epidemiological and clinical investigation, samples should be taken and submitted to a *laboratory*. This requires that sampling kits and other equipment are available for those responsible for *surveillance*. Personnel responsible for *surveillance* should be able to call for assistance from a team with expertise in CBPP diagnosis and control;

   b) implement, when relevant, regular and frequent clinical inspection and testing of high-risk groups of *animals*, such as those adjacent to a CBPP infected country or *infected zone* (for example, areas of transhumant production systems);

   c) take into consideration additional factors such as animal movement, different production systems, geographical and socio-economic factors that may influence the risk of disease occurrence.

   An effective *surveillance* system will periodically identify suspicious *cases* that require follow-up and investigation to confirm or exclude that the cause of the condition is CBPP. The rate at which such suspicious *cases* are likely to occur will differ between epidemiological situations and cannot therefore be predicted reliably. Applications for freedom from CBPP *infection* should, in consequence, provide details of the occurrence of suspicious *cases* and how they were investigated and dealt with. This should include the results of laboratory testing and the control measures to which the *animals* concerned were subjected during the investigation (quarantine, movement stand-still orders, etc.).

Annex XXII (contd)

Article 11.8.15.

Surveillance strategies

1. Introduction

The target population for *surveillance* aimed at identifying *disease* and *infection* should cover all the susceptible species (*Bos taurus*, *B. indicus* and *Bubalus bubalis*) within the country or *zone*.

Given the limitations of the diagnostic tools available, the interpretation of *surveillance* results should be at the *herd* level rather than at the individual animal level.

Randomised *surveillance* may not be the preferred approach given the epidemiology of the *disease* (usually uneven distribution and potential for occult foci of *infection* in small populations) and the limited sensitivity and specificity of currently available tests. Targeted *surveillance* (e.g. based on the increased likelihood of *infection* in particular localities or species, focusing on *slaughter* findings, and active clinical *surveillance*) may be the most appropriate strategy. The applicant Member Country should justify the *surveillance* strategy chosen as adequate to detect the presence of CBPP *infection* in accordance with Chapter 1.4. and the epidemiological situation.

Targeted *surveillance* may involve testing of the entire target subpopulation or a sample from it. In the latter case the sampling strategy will need to incorporate an epidemiologically appropriate design prevalence. The sample size selected for testing will need to be large enough to detect *infection* if it were to occur at a predetermined minimum rate. The sample size and expected disease prevalence determine the level of confidence in the results of the survey. The applicant Member Country should justify the choice of design prevalence and confidence level based on the objectives of *surveillance* and the epidemiological situation, in accordance with Chapter 1.4. Selection of the design prevalence in particular clearly needs to be based on the prevailing or historical epidemiological situation.

Irrespective of the survey design selected, the sensitivity and specificity of the diagnostic tests employed are key factors in the design, sample size determination and interpretation of the results obtained. Ideally, the sensitivity and specificity of the tests used should be validated.

Irrespective of the *surveillance* system employed, the design should anticipate the occurrence of false positive reactions. If the characteristics of the testing system are known, the rate at which these false positives are likely to occur can be calculated in advance. There needs to be an effective procedure for following-up positives to ultimately determine with a high level of confidence, whether they are indicative of *infection* or not. This should involve follow-up with supplementary tests, clinical investigation and post-mortem examination in the original sampling unit as well as *herds* which may be epidemiologically linked to it.

2. Clinical surveillance

Clinical *surveillance* aims at detecting clinical signs of CBPP in a *herd* by close physical examination of susceptible *animals*. Clinical inspection will be an important component of CBPP *surveillance* contributing to reach the desired level of confidence of detection of *disease* if a sufficiently large number of clinically susceptible *animals* is examined.

Clinical *surveillance* and laboratory testing should always be applied in series to clarify the status of CBPP suspects detected by either of these complementary diagnostic approaches. Laboratory testing and post-mortem examination may contribute to confirm clinical suspicion, while clinical *surveillance* may contribute to confirmation of positive serology. Any sampling unit within which suspicious *animals* are detected should be classified as infected until contrary evidence is produced.

3. Pathological surveillance

Systematic pathological *surveillance* for CBPP is the most effective approach and should be conducted at *slaughterhouses* and other *slaughter* facilities. Suspect pathological findings should be confirmed by agent identification. Training courses for *slaughter* personnel and *meat* inspectors are recommended.

4. Serological testing

Serological *surveillance* is not the preferred strategy for CBPP. However, in the framework of epidemiologic investigations, serological testing may be used.

The limitations of available serological tests for CBPP will make the interpretation of results difficult and useful only at the *herd* level. Positive findings should be followed-up by clinical and pathological investigations and agent identification.

Clustering of seropositive reactions should be expected in CBPP *infections* and will be usually accompanied by clinical signs. As clustering may signal field strain *infection*, the investigation of all instances should be incorporated in the *surveillance* strategy.

Following the identification of a CBPP infected *herd*, contact *herds* need to be tested serologically. Repeated testing may be necessary to reach an acceptable level of confidence in *herd* classification.

5. Agent surveillance

Agent *surveillance* should be conducted to follow-up and confirm or exclude suspect *cases*. Isolates should be typed to confirm *Mmm*SC.

Article 11.8.16.

Countries or zones applying for recognition of freedom from CBPP

In addition to the general conditions described in this chapter, a Member Country applying for recognition of CBPP freedom for the country or a *zone* should provide evidence for the existence of an effective *surveillance* programme. The strategy and design of the *surveillance* programme will depend on the prevailing epidemiological circumstances and will be planned and implemented according to general conditions and methods in this chapter, to demonstrate absence of CBPP *infection*, during the preceding 24 months in susceptible populations. This requires the support of a national or other *laboratory* able to undertake identification of CBPP *infection*.

Article 11.8.17.

Countries or zones re-applying for recognition of freedom from CBPP following an outbreak

In addition to the general conditions described in this chapter, a Member re-applying for recognition of country or *zone* freedom from CBPP should show evidence of an active *surveillance* programme for CBPP, following the recommendations of this chapter.

Two strategies are recognised by the OIE in a programme to eradicate CBPP *infection* following an *outbreak*:

1) *slaughter* of all clinically affected and in-contact susceptible *animals*;

2) *vaccination* used without subsequent *slaughter* of vaccinated *animals*.

The time period before which an application can be made for re-instatement of freedom from CBPP depends on which of these alternatives is followed. The time periods are prescribed in Article 11.8.4.

Article 11.8.18.

OIE endorsed official control programme for CBPP

The overall objective of an OIE endorsed *official control programme* for CBPP is for Member Countries to progressively improve the situation and eventually attain CBPP free status. The *official control programme* should be applicable to the entire country even if certain measures are directed towards defined *subpopulations.*

Member Countries may, on a voluntary basis, apply for endorsement of their *official control programme* for CBPP when they have implemented measures in accordance with this article.

Annex XXII (contd)

For an *official control programme* for CBPP to be endorsed by the OIE, the Member Country should:

1) have a record of regular and prompt animal *disease* reporting according to the requirements in Chapter 1.1.;

2) submit documented evidence of the capacity of the *Veterinary Services* to control CBPP; this evidence can be provided by countries following the OIE PVS Pathway;

3) submit a detailed plan of the programme to control and eventually eradicate CBPP in the country or *zone* including:

   a) the timeline;

   b) the performance indicators for assessing the efficacy of the control measures to be implemented;

   c) submit documentation indicating that the *official control programme* for CBPP has been implemented and is applicable to the entire territory;

4) submit a dossier on the epidemiology of CBPP in the country describing the following:

   a) the general epidemiology in the country highlighting the current knowledge and gaps;

   b) the measures to prevent introduction of *infection*, the rapid detection of, and response to, all CBPP *outbreaks* in order to reduce the incidence of CBPP *outbreaks* and to eliminate CBPP in at least one *zone* in the country;

   c) the main livestock production systems and movement patterns of CBPP susceptible *animals* and their products within and into the country;

5) submit evidence that CBPP *surveillance* is in place,

   a) taking into account provisions in Chapter 1.4. and the provisions on *surveillance* of this chapter;

   b) have diagnostic capability and procedures, including regular submission of samples to a *laboratory* that carries out diagnosis and further characterisation of strains in accordance with the *Terrestrial Manual* including procedures to isolate and identify *M. mycoides* subsp*. mycoides* SC as opposed to *M. mycoides* subsp*. mycoides* LC;

6) where *vaccination* is practised as a part of the *official control programme* for CBPP, provide:

   a) evidence (such as copies of legislation) that *vaccination* of selected populations is compulsory;

   b) detailed information on *vaccination* campaigns, in particular on:

      i) target populations for *vaccination*;

      ii) monitoring of *vaccination* coverage;

      iii) technical specification of the vaccines used and description of the licensing procedures in place;

      iv) the proposed timeline and strategy for the cessation of *vaccination*;

7) provide an emergency preparedness and contingency response plan to be implemented in case of CBPP *outbreaks*.

The Member Country's *official control programme* for CBPP will be included in the list of programmes endorsed by the OIE only after the submitted evidence has been accepted by the OIE. Retention on the list requires an annual update on the progress of the *official control programme* and information on significant changes concerning the points above. Changes in the epidemiological situation and other significant events should be reported to the OIE according to the requirements in Chapter 1.1.

The OIE may withdraw the endorsement of the *official control programme* if there is evidence of:

– non-compliance with the timelines or performance indicators of the programme; or

– significant problems with the performance of the *Veterinary Services*; or

– an increase in the incidence of CBPP that cannot be addressed by the programme.

- - - - - - - - - - - - - -

— Text deleted.

Annex XXII (contd)

USA Comments

CHAPTER 1.6.

PROCEDURES FOR SELF DECLARATION AND FOR OFFICIAL RECOGNITION BY THE OIE

Article 1.6.1.

General principles

Member Countries may wish to make a self declaration as to the freedom of a country, *zone* or *compartment* from an OIE *listed disease*. The Member Country may inform the OIE of its claimed status and the OIE may publish the claim. Publication does not imply endorsement of the claim. The OIE does not publish self declaration for bovine spongiform encephalopathy (BSE), foot and mouth disease (FMD), contagious bovine pleuropneumonia (CBPP), African horse sickness (AHS), peste des petits ruminants (PPR) and classical swine fever (CSF).

Member Countries may request official recognition by the OIE as to:

1) the risk status of a country or *zone* with regard to BSE;

2) the freedom of a country or *zone* from FMD, with or without *vaccination*;

3) the freedom of a country or *zone* from CBPP;

4) the freedom of a country or *zone* from AHS;

5) the freedom of a country or *zone* from PPR;

6) the freedom of a country or *zone* from CSF.

The OIE does not grant official recognition for other *diseases*.

In these cases, Member Countries should present documentation setting out the compliance of the *Veterinary Services* of the applicant country or *zone* with the provisions of Chapters 1.1., 3.1. and 3.2. of the *Terrestrial Code* and with the provisions of the relevant *disease* chapters in the *Terrestrial Code* and the *Terrestrial Manual*.

When requesting official recognition of disease status, the Member Country should submit to the OIE Scientific and Technical Department a dossier providing the information requested (as appropriate) in Articles 1.6.4. (for BSE), 1.6.5. (for FMD), 1.6.6. (for CBPP), 1.6.7. (for AHS), 1.6.8. (for PPR) or 1.6.9. (for CSF).

The OIE framework for the official recognition and maintenance of disease status is described in Resolution N° XXII (administrative procedures) and Resolution N° XXIII (financial obligations) adopted during the 76th General Session in May 2008.

[Article 1.6.2.]

[Article 1.6.3.]

Article 1.6.3.bis

Endorsement by the OIE of an official control programme for CBPP

Member Countries may wish to request an endorsement by the OIE of their *official control programme* for CBPP.

When requesting endorsement by the OIE of an *official control programme* for CBPP, the Member Country should submit to the OIE Scientific and Technical Department a dossier providing the information requested in Article 1.6.12.

Annex XXII (contd)

[Article 1.6.4.]

[Article 1.6.5.]

[Article 1.6.6.]

[Article 1.6.7.]

[Article 1.6.8.]

[Article 1.6.9.]

[Article 1.6.10.]

[Article 1.6.11.]

Article 1.6.12.

COUNTRY WITH AN OIE ENDORSED OFFICIAL CONTROL PROGRAMME FOR CBPP

Report of a Member Country which applies for the OIE endorsement
of its official control programme for CBPP
under Chapter 11.8. of the *Terrestrial Code*

Please address concisely the following topics. National laws, regulations and *Veterinary Authority* directives may be referred to and annexed as appropriate in one of the OIE official languages.

1. Introduction

   a) Geographical factors. Provide a general description of the country and *zones* including physical, geographical and other factors that are relevant to CBPP dissemination, countries or *zones* sharing common borders and other countries or *zones* that, although not adjacent, present a risk for the introduction of *disease*.

   b) If the endorsed plan is gradually implemented in specific parts of the country, the boundaries of the *zones* should be clearly defined, including the *protection zone*, if applied. Provide a digitalised, geo-referenced map with a precise text description of the geographical boundaries of the *zones*.

   c) Provide a general description of the livestock industry in the country and any *zones*.

2. Veterinary system

   a) Legislation. Provide a list and summary of all relevant veterinary legislations in relation to CBPP control programme.

   b) *Veterinary Services*. Provide documentation on the compliance of the *Veterinary Services* of the country with the provisions of Chapters 3.1. and 3.2. of the *Terrestrial Code* and 1.1.3. of the *Terrestrial Manual* and describe how the *Veterinary Services* supervise and control all CBPP related activities in the country and any *zones*. Provide maps and tables wherever possible.

   c) Provide a description of the involvement and the participation of industry, producers, farmers, including subsistence and small scale producers, community animal health workers and the role of the private

veterinary profession in CBPP *surveillance* and control. Include a description of training and awareness programmes on CBPP.

d) Provide information on any OIE PVS evaluation of the country and follow-up steps within the PVS Pathway.

Annex XXII (contd)

3. CBPP control

a) Provide a description of CBPP history in the country and any *zones*, including date of first detection, origin of *infection*, date of implementation of the control programme in the country and any *zones*, and types and subtypes of *MmmSC* present.

b) Describe the general epidemiology of CBPP in the country and the surrounding countries or *zones* highlighting the current knowledge and gaps.

c) Describe how CBPP is controlled in the country or any *zones*.

d) Provide a description of the legislation, organisation and implementation of the current CBPP control programme. Indicate if detailed operational guidelines exist and give a brief summary.

e) Provide information on types of vaccines used and species vaccinated. Provide information on the licensing process for the vaccines used. Describe the *vaccination* programme in the country and in any *zones*, including records kept, and provide evidence to show its effectiveness, such as *vaccination* coverage, population immunity, etc. Provide details on the studies carried out to determine the population immunity, including the study design.

f) Provide a description of the methods of *animal identification* (at the individual or group level), *herd* registration and traceability and how the movements of *animals* and products are assessed and controlled, including movement of infected *animals* to *slaughter*. Describe the effectiveness of *animal identification* and movement controls. Provide information on pastoralism, transhumance and related paths of movement. Describe measures to prevent introduction of CBPP from neighbouring countries or *zones* and through trade.

4. CBPP surveillance

Provide documentary evidence that *surveillance* for CBPP in the country complies with the provisions of Articles 11.8.12. to 11.8.17. of the *Terrestrial Code* and Chapter 2.4.9. of the *Terrestrial Manual*. In particular, the following points should be addressed:

a) Describe the criteria for suspecting a *case* of CBPP and the procedure for notifying (by whom and to whom) and what penalties are involved for failure to report.

b) Provide a description of the means employed to detect the presence of any *MmmSC* strain in the susceptible population of the *zone*. Provide criteria for selection of populations for targeted *surveillance* and numbers of *animals* examined and samples tested. Provide details of the methods applied for monitoring the performance of the *surveillance* system including indicators.

c) Describe how clinical *surveillance* is conducted, including which levels of the livestock production system are included in clinical *surveillance*, such as farms, markets, fairs, *slaughterhouse/abattoir*, check points, etc. Provide criteria for selection of populations for targeted *surveillance* and numbers of *animals* examined and samples tested in diagnostic *laboratories*. Provide details of the methods applied for monitoring the performance of the *surveillance* system including indicators. Explain whether serological and *slaughterhouse/abattoir* surveys are conducted and, if so, how frequently and for what purpose.

d) *Slaughterhouses/abattoirs*, slaughter slabs. What are the criteria for suspecting a lesion is CBPP? What is the procedure for notifying (by whom and to whom)? Provide a summary table indicating, for the past two years, the number of suspected *cases*, the number of samples tested for CBPP agent, species, type of sample, testing methods and results (including differential diagnosis). Provide procedural details on follow-up actions taken on suspicious and positive results.

e) Provide details of training programmes for personnel involved in clinical and *slaughterhouses/abattoirs surveillance*, and the approaches used to increase community involvement in CBPP *surveillance* programmes.

f) In countries where a significant proportion of *animals* in the country or *zone* are not slaughtered in controlled *slaughterhouses/abattoirs*, what are the alternative *surveillance* measures applied to detect CBPP (e.g. active clinical *surveillance* programme, *laboratory* follow-up).

g) Livestock demographics and economics. What is the susceptible *animal* population by species and production systems? How many *herds* of each susceptible species are in the country or *zone*? How are they distributed (e.g. *herd* density, etc.)? Provide tables and maps as appropriate.

h) *Slaughterhouses/abattoirs* and markets. Where are the major livestock marketing or collection centres? What are the patterns of livestock movement within the country and the *zone*? How are the *animals* transported and handled during these transactions?

5. CBPP laboratory diagnosis

Provide documentary evidence that the provisions in Chapters 1.1.2., 1.1.3. and 2.4.9. of the *Terrestrial Manual* are applied. In particular, the following points should be addressed:

a) Is CBPP *laboratory* diagnosis carried out in the country? If so, provide a list of *laboratories* approved by the *Competent Authority* to diagnose CBPP. If not, provide the names of and the arrangements with the *laboratories* to which samples are sent, the follow-up procedures and the time frame for obtaining results. If applicable, indicate the *laboratories* where samples originating from any *zone* are diagnosed. Is there regular submission of samples from the country or *zone* to a *laboratory* that carries out diagnosis and further characterisation of strains in accordance with the standards and methods described in the *Terrestrial Manual*?

b) Provide an overview of the *laboratories* approved to test for CBPP, in particular to address the following points:

i) Procedures for the official accreditation of *laboratories*. Give details of internal quality management systems, e.g. Good Laboratory Practice, ISO, etc. that exist in, or are planned for, the *laboratory* system.

ii) Give details of participation in inter-laboratory validation tests (ring tests).

iii) Biosecurity measures applied.

iv) Details of the type of tests undertaken including procedures to isolate and identify *M. mycoides* subsp. *mycoides* SC as opposed to *M. mycoides* subsp. *mycoides* LC.

6. CBPP prevention

Describe the procedures in place to prevent the introduction of CBPP into the country. In particular provide details of:

a) Coordination with neighbouring countries, trading partners and other countries within the same region. Identify relevant factors about the adjacent countries and *zones* that should be taken into account such as size, distance from adjacent borders to affected *herds* or *animals*, *surveillance* carried in adjacent countries. Describe coordination, collaboration and information sharing activities with neighbouring countries and *zones*. Describe the measures implemented to effectively prevent the introduction of the agent, taking into consideration physical or geographical barriers. Describe the measures implemented to prevent the propagation of the agent within the country or *zone* and through trade.

b) Import control procedures

Provide information on countries, *zones* or *compartments* from which the country authorises the import of susceptible *animals* or their products into the country or *zone*. Describe the criteria applied to approve such countries, *zones* or *compartments*. Describe the controls applied to entry of such *animals* and products, and subsequent internal movement. Describe the import conditions and test procedures required. Advise whether imported *animals* of susceptible species are required to undergo a quarantine or isolation period, and if so, the duration and location of quarantine. Advise whether import permits and health certificates are required. Describe any other procedures used. Provide summary statistics of imports of susceptible *animals* and their products for at least the past two years, specifying country, *zone* or *compartments* of origin, the species and the number or volume.

Annex XXII (contd)

i) Provide a map with the number and location of ports, airports and land border crossings. Advise whether the service responsible for import controls is part of the official services, or if it is an independent body. If it is an independent body, describe its management structure, staffing levels and resources, and its accountability to the central *Veterinary Services*. Describe the communication systems between the central authorities and the border inspection posts, and between border inspection posts.

ii) Describe the regulations, procedures, type and frequency of checks at the point of entry into the country or *zone* or their final destination, concerning the import and follow-up of the following:

- *animals*,
- semen, embryos and oocytes,
- *veterinary medicinal products*, i.e. biologics.

iii) Describe the action available under legislation, and actually taken, when an illegal import is detected. Provide information on detected illegal imports.

7. Control measures and emergency response

a) Give details of any written guidelines, including contingency plans, available to the *Veterinary Services* for dealing with suspected or confirmed *outbreaks* of CBPP.

b) Advise whether quarantine is imposed on premises with suspected *cases*, pending final diagnosis? What other procedures are followed regarding suspected *cases*?

c) In the event of a CBPP *outbreak*:

i) Provide a detailed description of procedures that are followed in case of an *outbreak* including forward and backward tracing;

ii) indicate the sampling and testing procedures used to identify and confirm presence of the causative agent;

iii) describe the actions taken to control the disease situation in and around any holdings found to be infected with CBPP;

iv) indicate the control or eradication procedures, such as *vaccination*, *stamping-out policy*, partial *slaughter* with *vaccination*, movement control, pastured livestock and livestock as pets, control of the livestock ~~waste (e.g. lungs)~~ **offal and carcasses** campaign to promote awareness of farmers, etc. that would be taken;

Rationale: The term livestock waste may be misleading and is broader than necessary. The intent is to control any potentially infected organs and tissues, as opposed to controlling livestock faeces, for example (as might be suggested by "livestock waste"). The United States recommends the suggested wording to avoid any confusion or misinterpretation.

v) describe the procedures used to confirm that an *outbreak* has been successfully controlled or eradicated, including any restrictions on restocking;

vi) give details of any compensation payments made available to farmers, etc. when *animals* are slaughtered for *disease* control or eradication purposes and their prescribed timetable.

8. Official control programme for CBPP submitted for OIE endorsement

Submit a detailed plan on the measures, in addition to those described in point 3, for the control and eventual eradication of CBPP in the Member Country, including:

a) objectives,

b) expected status to be achieved; for *zones* (if applicable) and for the whole country,

c) timelines of the control programme including cessation of *vaccination*,

d) performance indicators, including methods for measurement and verification,

e) description of the funding for the control programme and annual budgets for its duration,

9. Recovery of official endorsement of the national CBPP control programme

Member Countries applying for recovery of the official endorsement of the national CBPP control programme should provide updated information in compliance with the provisions of Article 11.8.18. of the *Terrestrial Code*.

- - - - - - - - - - - - - -

— Text deleted.