



Standing Group of Experts on Lumpy skin disease (LSD) for South-East Europe
under the GF-TADs umbrella

Fifth meeting (SGE LSD5)
Budva, Montenegro, 19-20 October 2017
Final recommendations

Considering that:

- Lumpy Skin Disease (LSD) remains a regional problem and coordinated mass vaccination strategy is still the most effective control measure;
- The coordinated vaccination policy of 2016 in South East Europe has continued successfully in 2017;
- In those areas of South East Europe where adequate vaccine coverage was achieved in 2017, using live homologous vaccines, occurrence of the disease was effectively prevented;
- In spite of the high vaccine coverage achieved across South East Europe there are clear indications that the LSD virus;
 - is still present in the region
 - can still produce sporadic outbreaks in individual cattle that are not immune for any reason
 - can still produce significant recurrences, with numerous outbreaks, spreading in areas of insufficient vaccine coverage
 - can still move into new areas where it was not present before, albeit at very low rate given the current immune status across the region
 - demonstrates a constant seasonal character (significant recurrences from April onwards, both in 2016 and 2017)
- Only areas where mass vaccination has achieved uniform protection of susceptible animals are protected against LSD;
- There is currently limited scientific information, on the exact duration of immunity / protection against LSD after single or multiple vaccinations with the live homologous vaccines used in the region of South East Europe;
- The work that has already been accomplished and is still ongoing by the EURL and EFSA on LSD in support of the GF TADs SGE;
- All recommendations of SGE LSD3 remain fully valid/applicable;

Recommendations on LSD vaccination in 2018

1. Any vaccination campaign of 2017 that is still in progress must be completed as soon as possible before the onset of the new high risk season for LSD (expected for April 2018) and particularly in those countries or areas where vaccination against LSD was initiated for the first time in 2017;
2. Implementation of a regional LSD vaccination strategy for 2018 to prevent possible recurrence or wider spread of the disease remains crucial;
3. All countries implementing vaccination, should secure sufficient vaccine doses to perform their vaccination plan in 2018;

4. Implementation of selective vaccination, excluding animals that have received two or more LSD vaccinations in the past, may not always guarantee full immunisation and can represent a important challenge in practice;
5. Countries that established zones with or without vaccination in their territory should ensure proper animal movement control between these zones;
6. Ensuring availability of sufficient quantities of LSD vaccines, in case of emergency, (like creation of vaccine banks) remain the best preventive strategy for countries at risk;
7. Exchange of information between the countries in the region on the preparedness, control and occurrence of LSD is essential for better coordination of measures as well as allocation of available resources (e.g. vaccines from vaccine banks);
8. In view of the epidemiological data provided by all countries, it appears that the North West boundaries of the 2018 vaccination area should include, at least Bulgaria and the high risk areas of Serbia, Bosnia & Herzegovina and Croatia; The size and location of LSD vaccination areas should ensure geographical continuity between vaccination zones in adjoining countries.

Recommendations on other activities regarding LSD

9. All countries of South East Europe, affected or at risk for LSD, should collaborate within the GF TADs to draft a regional roadmap on an LSD exit strategy from 2018 onwards, based on the experience gained in the region in the previous years as well as the latest available scientific information and OIE recommendations;
10. All countries are encouraged to share the results of any ongoing studies in relation to LSD;
11. Systematic collection and analysis of data on LSD in the region of South East Europe should continue along with clinical surveillance along the areas bordering the vaccination zones;
12. Scientific advice would be needed in relation to:
 - the duration of the immunity/protection conferred by live homologous vaccines against LSD,
 - the ideal and minimum duration of vaccination campaigns to eliminate LSD at the regional /country level,
 - the LSD surveillance needed (type–duration) after the end of vaccination campaigns to confirm freedom;
13. EFSA should consider producing a new set of maps/graphs combining epidemiological and vaccination data as a way to better evidence the positive impact of vaccination on the suppression of LSD outbreaks;
14. All countries in the region are encouraged to establish close collaboration and exchange of strains and results from laboratory and epidemiological investigations with the EURL with a view to establishing a regional bank of LSD virus isolates;
15. FAO to assist, on request of the countries in the region, with their information systems;
16. The SGE LSD6 be organised in the margins of the 86th OIE General Session (May 2018). A teleconference may be organised in early 2018 to optimise logistics and transparency in LSD vaccines supply. Next GF-TADs SGE LSD to be organised in autumn 2018, in the Former Yugoslav Republic of Macedonia.