



Standing Group of Experts on Rabies in Europe under the GF-TADs umbrella

First meeting (SGE RAB1) Brussels, Belgium, 13 February 2019

REPORT

Summary

The first meeting of the standing group of experts on rabies (SGE RAB1) took place in Brussels, Belgium, on 13 February 2019. 13 countries of the Balkan sub-region attended the meeting, as well as Russia. They presented their epidemiological situation, activities and plans in terms of oral vaccination against rabies. The European Commission provided an overall picture of oral vaccination against rabies in the region, as well as an overview of the financial instruments deployed by DG SANTE and DG NEAR to eradicate rabies in the region. Several break-up sessions enabled the countries to talk directly with each of their neighbours.

It was overall noted that good progress on the eradication of rabies has been made in the region, but that several strong concerns remain: a weak surveillance and monitoring, a discontinuity of vaccination which is already taking place in the region and a strong need for strategic coordination and technical guidance.

A series of recommendations was approved.

This new standing group of experts under the GF-TADs will meet again next year and will be extended to a larger number of countries if needed.

Minutes

Participants

See the [list of participants](#), representing the 13 European countries from the Balkan sub-region and Russia as an observer, as well as representatives from the European Commission (DG SANTE and DG NEAR) and the OIE (regional representation in Moscow and sub-regional representation in Brussels).

Objectives of the meeting

The President of the GF-TADs for Europe explained that the main objective of the SGE RAB1 was to address a specific request of several CVOs from the Balkan sub-region, where the coordination of oral rabies vaccination campaigns (ARV) against rabies in wild carnivores appears to be an issue. He also reminded the participants that the proper coordination in border areas was always key to success for eradication, keeping in mind that the weakest point in the subregion will establish the level of risk applicable to all.

The Belgium CVO mentioned that the last case of rabies in wildlife in Belgium was confirmed in 1998, while ARV were organized from 1983 to 2002. He emphasized that the Belgium experience showed that these ARV became really efficient as soon as a proper coordination was established with the neighbouring countries (France, Luxemburg, Germany).

Updates from the member countries of the SGE RAB1 (presentations on the [GF-TADs SGE RAB webpage](#))

Albania

- Last case: in 2014 in a fox (about 20 km from the border with Kosovo*).
- Surveillance of rabies (passive): 1 test each year on indicator animals (a dog usually).
- Monitoring (active testing of vaccine intake): 127 to 261 biomarker and ELISA tests per year over the last 3 years, with respectively 78% and 54% positivity. Due to wildlife protection issues, permission was given for only 1 hunting campaign after vaccination.
- 2 ARV covering the whole country performed in 2016, 2017 and 2018, but no plan for 2019 and 2020.

Bosnia and Herzegovina

- Last case: in 2014.
- Surveillance of rabies (passive): 120 tests in indicator animals in 2016, only 35 in 2018.
- Monitoring (active testing of vaccine intake): 446 in 2016, but 0 in 2017 and 2018 due to the absence of funding for post vaccination monitoring.
- 2 ARV covering the whole country performed in 2016 and 2017, only a spring campaign in 2018. No funding for 2019. IPA funds have been requested for 2 ARV in 2020, no reply yet.

Bulgaria

- 2 last cases: in 2014, next to the border with FYROM.
- Surveillance of rabies (passive): 63 to 116 tests in indicator animals per year from 2016 to 2018.
- Monitoring (active testing of vaccine intake): 500 to 1800 biomarker tests and 300 to 760 ELISA tests per year from 2016 to 2018, numbers are going decreasing.
- 2 ARV covering part of the country (50 km deep along the borders North, West and South) performed in 2016 to 2018, same plan for 2019 and 2020.

Croatia

- 10 last cases: in 2014.
- Surveillance of rabies (passive): an exceptional 2609 tests in indicator animals were performed in 2016, 511 in 2017 and 599 in 2018.
- Monitoring (active testing of vaccine intake): 1634 biomarker tests were performed in 2016, 841 in 2017 and 810 in 2018; while 1339 animals were tested by modified Fluorescent Antibody Virus Neutralization (mFAVN) in 2016, 774 in 2017 and 757 in 2018.

* 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

- 2 ARV covering the whole country (except the islands) were performed in 2016 to 2018, to continue in 2019 and 2020. Beyond 2020, Croatia will reflect on the opportunity to reduce the vaccination zone.

Greece

- Last case: in 2014 in a fox (after a reoccurrence of 10 cases in 2012).
- Surveillance of rabies (passive): 765 to 860 tests in indicator animals per year from 2016 to 2018.
- Monitoring (active testing of vaccine intake): 350 to 500 biomarker and ELISA tests per year in 2016 and 2017 (data not final for 2018).
- 2 ARV covering the central-north part of the country (with 50 km from any case or the 2012 - 2014 reoccurrence) were performed in 2016 to 2018; will continue in 2019 and 2020.

Greece acknowledges the need to enhance the disease surveillance and vaccination monitoring.

Hungary

- Last cases: in 2017 in a fox and 2 goats, less than 40 km away from the Slovak border.
- Surveillance of rabies (passive): 1000 to 1200 tests in indicator animals per year from 2016 to 2018.
- Monitoring (active testing of vaccine intake): 3100 / 2900 biomarker tests and 2500 / 2200 ELISA tests performed 2016 / 2017 respectively (data not final for 2018 but in the same range).
- 2 ARV covering about half the territory of Hungary, in particular the border areas to the North-East, East and South, were performed in 2016 to 2018 (except the spring campaign of 2018, missed because of unexpected delays in the tender procedure); will continue in 2019 and 2020. Hungary would welcome the possibility to reduce the vaccinated zone but is willing to adjust as necessary.

Hungary also suggested to encourage the countries to regularly exchange bilateral letters to inform the neighbours about the vaccination plans and results.

Kosovo*

- Last cases: in 2007 in foxes.
- Surveillance of rabies (passive): 0 to 2 tests in indicator animals per year from 2016 to 2018.
- Monitoring (active testing of vaccine intake): no test at all from 2016 to 2018.
- Vaccination resumed in 2018 (after several years without any campaign), with 2 ARV covering the whole territory; will continue in 2019 and 2020.

The former Yugoslav Republic of Macedonia

- Last case: in 2012.
- Surveillance of rabies (passive): 5 to 2 tests in indicator animals per year from 2016 to 2018.
- Monitoring (active testing of vaccine intake): 140 to 222 biomarker tests and 37 to 96 ELISA tests performed each year from 2016 to 2018. Average positivity rate of 80% and 40% respectively from 2011 to 2018.
- 2 ARV covering the whole country performed in 2016 to 2018; will continue in 2019, but no funding secured for 2020.

Since 2011 the campaigns were interrupted twice, due to the tendering procedure. Significant awareness efforts have been deployed before each ARV.

Montenegro

- Last case: in 2012 in a cat.
- Surveillance of rabies (passive): 19 to 12 tests in indicator animals per year from 2016 to 2018.
- Monitoring (active testing of vaccine intake): 300 to 400 biomarker and ELISA tests performed each year from 2016 to 2018.

- 2 ARV covering the whole country performed in 2016 to 2018; will continue in 2019 and spring 2020. Funding of subsequent campaigns has not been approved yet.

Romania

- 16 cases in 2016, 2 in 2017, 3 in 2018, mainly along the border with Ukraine and Moldova
- Surveillance of rabies (passive): 900 to 1000 tests in indicator animals per year.
- Monitoring (active testing of vaccine intake): 7000 to 8000 biomarker and ELISA tests performed each year in 2016 and 2017. Average positivity rate of 65% and 35% respectively. ELISA results are lower than usual, probably because of the kit used.
- 2 ARV covering the whole country performed in 2016 and 2017. No ARV in 2018, linked to political restructuring. A tender is now opened which should be finalized in April and enable resuming vaccination in the whole country at least for a fall 2019 ARV.

Agreements are in progress with Ukraine and Moldova to vaccinate on their side of the border.

Serbia

- 4 cases in 2016, 1 in 2017, 1 in 2018, all in foxes and not far away to the border with Bosnia and Herzegovina.
- Surveillance of rabies (passive): 1000 to 1500 tests in indicator animals per year.
- Monitoring (active testing of vaccine intake): 750 to 1100 biomarker tests, and 250 to 416 ELISA tests performed each year from 2016 to 2018. Positivity rate of 60 to 72% and 18 to 26% respectively. Biomarker and ELISA results have been lower than usual in 2018, with no clear explanation yet.
- 2 ARV covering the whole country performed in 2016 and 2018, only a spring ARV in 2017 (due to bureaucracy issues). The 2019 spring campaign is secured but a new tender needs to be initiated for the fall campaign. Plans for 2020 and beyond will depend on the rabies situation, what is being done in the neighbouring countries, and the availability of funds.

Serbia mentioned several challenges, namely the coordination with neighbours, the long term planning, the funding and procurement procedures (bureaucracy), the quality of vaccines.

Serbia also stressed the need for strong post vaccination monitoring, surveillance and awareness efforts at national level.

Slovakia

- 5 last cases: in 2015, in foxes, next to the border with Poland.
- Surveillance of rabies (passive): around 400 tests in indicator animals per year.
- Monitoring (active testing of vaccine intake): 1000 to 1100 biomarker and ELISA tests per year.
- 2 ARV covering the eastern part of the country including the borders with Poland and Ukraine, in 2016 to 2018; will continue in 2019 and 2020 (funding available)

Slovenia

- Last case: in 2013 (but 2 vaccine induced cases since).
- Surveillance of rabies (passive): 350 to 500 tests in indicator animals per year.
- Monitoring (active testing of vaccine intake): 650 to 850 biomarker and ELISA tests per year. Positivity rate of 79% and 50 to 55% respectively
- 2 ARV covering the whole country in 2016, only part of it since 2017 (50 km belt along the border with Croatia). Will continue in 2019 only, no more ARV in Slovenia after 2019.

Russia

The Russian delegation shortly mentioned a few facts about rabies and ARV against rabies in Russia:

- There are 4-6 cases in humans and about 3000 cases in animals per year in Russia.
- ARV is organised in parts of the country with a Russian produced vaccine, but the numbers should be increased.

- Active and passive surveillance activities are being conducted since 2011.

The successful collaboration with the EC to eradicate rabies in Kaliningrad and the good collaboration with Finland were particularly underlined by the Russian delegation.

They suggested inviting Belarus, Ukraine and Moldova, as well as scientific experts in future meetings of this SGE. Lastly, they noted that modern vaccines were not widely used in Europe but acknowledged that the results had demonstrated that live attenuated vaccines were good enough.

Overall picture of oral vaccination against rabies in the region (presentations on the [GF-TADs SGE RAB webpage](#))

The EU aims at eradicating rabies in the EU by 2020, preventing the reintroduction from bordering countries (i.e. vaccination may continue in areas at risk) and support eradication of rabies in the bordering countries.

The 3 pillars of the EU strategy are: 1/ oral vaccination, 2/ monitoring (= active testing of vaccine intake) and surveillance (= passive surveillance of the disease in indicator animals), and 3/ quality control of the vaccine and the baits distribution.

There is a full coverage of the front of rabies East of the EU in terms of vaccination, from Finland to Greece, with only 8 cases in the EU in 2018. Most of them were detected in border areas with Belarus, Ukraine and Moldova, but it is clear that the disease can reappear far from the borders.

In the Balkans the situation appears promising, with the last cases in 2014 mainly, except in Serbia where the surveillance is also stronger.

Monitoring and surveillance appear to be the weakest points of the programmes in the region. In terms of baits distribution, it is critical that the competent authority has access to the bait distribution data and flight tracks to identify any gap in the distribution, early enough to allow corrective actions.

Main constraints identified:

- Procurements: lengthy procedures, keeping in mind that any missed ARV will delay results.
- Aerial distribution: risk of sub-optimal distribution.
- Surveillance and monitoring: the number of samples is decreasing. Often due to the belief that the problem is over. That problem will hamper freedom declaration.
- Coordination: there is a need of a regional approach to decide future steps.

Recommendations:

- To carefully follow the [Guidelines to design an EU co-financed programme on eradication and control of Rabies in wildlife](#).
- ARV should be conducted for a long enough period: at least 6 years including at least 2 years after last case.
- Robust surveillance data are necessary to indicate absence of the disease. This activity is unfortunately very low in some countries. Sampling size of animals of all susceptible species need to be significantly increased, including via awareness campaigns or compensation if necessary.

EU support to oral vaccination against rabies

DG SANTE made a presentation on the eradication programmes co-financed by DG SANTE, with a focus on rabies: legal basis, procedures, guideline documents, EU financial contribution in EU Member States and in countries neighbouring EU Member States, etc. (presentation on the [GF-TADs SGE RAB webpage](#)).

DG NEAR emphasised the close coordination with DG SANTE to implement EU support programmes to the competent authorities in the Balkan countries. It was mentioned that the EU had spent more than 28 million € on rabies eradication since 2008 through pre-accession instruments, including IPA I which ended in 2014, IPA II and a new programme proposed by DG SANTE for a 1,5 million € action on animal disease eradication to start this year for a duration of 2 years. It will be mainly aimed at capacity building but could also include measures on rabies.

It was reminded that the IPA projects are managed directly by the EU delegations in the countries, and the state of play of activities supported by IPA in the various countries and the territory of Kosovo* was provided.

During the follow-up discussion, Hungary pointed at the fact that rabies was unfortunately not listed as an emergency disease, which would however be particularly useful as the EU Member States are getting closer to eradication.

Slovenia confirmed that good progress had been made, most of the countries already fulfilling the conditions for stopping ARV; but at the same time surveillance was weak while the threat further East persisted. Slovenia and Serbia concluded that the financial effort should therefore be continued, Serbia asking the Commission to send the appropriate signals to the competent authorities in the countries.

Slovenia also pleaded for the establishment of an EU vaccine bank.

Montenegro insisted on the need to apply the same measures all over the region, while Hungary stressed the need of a common understanding of monitoring and surveillance concepts and requirements (e.g. what is the ideal size of passive surveillance numbers?).

Outcome of the speed dating exercise

In order to make sure that all the countries in the region had an opportunity to exchange with each of its neighbours, 12 break-up sessions of 15 minutes each were organised. An OIE representative attended in each break-up session.

A few general and bilateral issues were identified, including:

- A discontinuity of vaccination is already taking place in the region, which is a great concern.
- The possible disruption of ARV in the near future in some countries (e.g. Serbia, the former Yugoslav Republic of Macedonia) is of great concern to their neighbours. Decisions in several countries will depend on the continuous vaccination by their neighbours.
- A single company may ensure the service of aerial baits distribution for several countries.
- There is a lack of information provided by some countries of the region to their neighbours.
- There is a risk of blank vaccination pockets along the border of Serbia with Romania.

And a number of suggestions were made:

- In terms of bilateral communication:
 - To exchange bilateral letters before and after the campaign, or to announce a possible absence of campaign
 - To establish a list of contact points for ARV against rabies
- At regional level
 - Need for scientific support and guidance regarding surveillance and monitoring.
 - Need for regional programming, in order to secure the proper funding (whatever the financial instrument) for a sufficient period to achieve eradication.
- To the European Commission: to reaffirm that rabies eradication remains a priority; the message should be sent to the veterinary services and the EU delegations in all the countries of the region.
- To the GF-TADs: to include other countries in this SGE in the future, including Ukraine, Moldova and Turkey.

Recommendations

The European Commission presented the draft recommendations proposed for adoption by the SGE RAB1. The draft includes 13 different recommendations distributed under 3 headings: Recommendations on rabies vaccination, Recommendations on surveillance, General recommendations for South East Europe.

The SGE RAB1 endorsed the attached draft recommendations.

The Secretariat of the GF-TADs was asked to circulate the draft recommendations with possible comments expected until 20 February.

The President of the GF-TADs for Europe committed to circulate the final recommendations within DG SANTE and to send them to DG NEAR and all the EU delegations in the countries.

CLOSING REMARKS – FUTURE STEPS

The SGE RAB will meet again next year, with more participating countries if needed.

We would like to sincerely thank the European Commission and the Belgium authorities for kindly supporting and hosting the SGE RAB1.

NB: all presentations of the SGE RAB1 are available on the [webpage of the GF-TADs for Europe dedicated to Rabies](#).