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EQUINE INFECTIOUS ANAEMIA IN NEW ZEALAND in an imported horse

Text of a fax received on 9 June 1999 from Dr Barry O'Neil, Chief Veterinary Officer, Ministry of Agriculture and Forestry (MAF), Wellington:

Report date: 9 June 1999.

Nature of diagnosis: laboratory.

Date of initial detection of animal health incident: 6 June 1999.

Outbreaks:

Location	No. of outbreaks
Waikato region, North Island	1 property

Description of affected population: one brood mare (the *index case*).

Diagnosis:

- A. Laboratory where diagnosis was made:** National Centre for Disease Investigation, Wallaceville.
- B. Diagnostic tests used:** AGID⁽¹⁾ (Coggins) test.

Epidemiological details:

A brood mare tested positive for equine infectious anaemia (EIA) on 6 June 1999. The horse was one of a group of six imported from New South Wales, Australia, on 24 May 1999.

The Australian Quarantine Inspection Service (AQIS) tested the horse prior to export, and certified that the imported horse (the *index case* in New Zealand) was negative.

The test result for another horse from the same property in the same consignment was pending and not available at the time of export. The Ministry of Agriculture and Forestry (MAF) of New Zealand allowed that horse to be imported, and quarantined it on arrival in New Zealand pending the result from Australia. On 27 May 1999, AQIS reported to MAF that one positive and one negative result had been obtained from this horse. MAF tested the horse and found it to be negative for EIA. Following this result, the horse was released from quarantine on 3 June.

In the evening of 3 June 1999, AQIS reported to MAF that a mix up of samples occurred in the Australian laboratory, and that another horse (the *index case*) travelling in the same consignment was suspected to be EIA positive. Having received this information, MAF traced the horse and issued a *restricted place* notice on the property where it was grazing in an isolation paddock with the herd mate from Australia (released from quarantine on 3 June) and another mare. Blood samples were taken from these three horses on 4 June.

On 6 June, the *index case* was confirmed positive while the other two horses tested negative. The positive horse was slaughtered and incinerated on 8 June 1999. After the removal of the positive horse, a third horse has been added to the group of two to keep one mare company. The three in-contact horses will remain in isolation under the *restricted place* notice.

The other four horses from the original shipment from Australia were traced and *restricted place* notices issued on their premises. Blood samples from these four horses were taken on 6 June and have tested negative.

Control measures during reporting period:

Currently, there are four premises and seven horses under isolation. All in-contact horses will remain isolated for a minimum of 45 days and then be tested twice for the disease. This period will cover the time since the last contact with the *index case*. Horses will only be released from isolation if these tests are negative.

All horses covered by *restricted place* notices are being sprayed daily with insecticide to minimise the risk of transmission. Tabanid flies do not exist in New Zealand. The stable fly *Stomoxys calcitrans* is a potential vector of EIA and occurs in association with livestock in New Zealand, although fly numbers are low at this time of year (winter).

Horses, and semen from these horses, which have since 24 May 1999 been on a property now designated a *restricted place* will not be eligible for export from New Zealand until isolation and testing of all in-contacts has been completed. Exports of horses and semen from other parts of New Zealand continue under agreed zoosanitary certification where this already requires a pre-export AGID⁽¹⁾ test. MAF will contact other countries which require zoosanitary certification declaring New Zealand's freedom from EIA.

(1) AGID: agar gel immunodiffusion.

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FOOT AND MOUTH DISEASE IN TAIPEI CHINA
Virus isolation in cattle

EMERGENCY REPORT

Text of an e-mail received on 11 June 1999 from Dr Watson H.T. Sung, Deputy Director General, Bureau of Animal and Plant Inspection and Quarantine, Council of Agriculture, Taipei:

Report date: 11 June 1999.

Nature of diagnosis: laboratory.

Date of initial detection of animal health incident: 11 June 1999.

Outbreaks:

Location	No. of outbreaks
Kinmen Prefecture (island at 24° 30' N – 118° 20' E)	1 farm

Description of affected population: FMD virus was isolated and identified from two bovines in a farm with 66 cattle. No clinical signs have been detected so far.

Diagnosis: the diagnosis was made within the framework of a surveillance programme which has been carried out since May 1999 on the islands off the western coast.

- A. Laboratory where diagnosis was made:** Taiwan Animal Health Research Institute.
- B. Diagnostic tests used:** virus isolation.
- C. Causal agent:** virus type O. According to the result of the DNA sequence analysis, the strain, of bovine origin, is different from O_{Taiwan} (pig adapted strain).

Control measures during reporting period:

- stamping out: all cattle in the suspected farm were destroyed;
- transportation of livestock and related products from Kinmen to Taiwan and other islands was immediately prohibited;
- the surveillance programme is continuing.

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PESTE DES PETITS RUMINANTS IN ISRAEL

(Date of last previously reported outbreak: August 1998).

EMERGENCY REPORT

Text of an e-mail received on 13 June 1999 from Dr Oded Nir, Director of Veterinary and Animal Health Services, Ministry of Agriculture and Rural Development, Beit Dagan:

Report date: 13 June 1999.

Nature of diagnosis: clinical, post-mortem and laboratory.

Date of initial detection of animal health incident: 2 June 1999.

Estimated date of first infection: 2 June 1999.

Outbreaks:

Location	No. of outbreaks
Mahane Yattir, Beer-Sheva district	1

Description of affected population: fattening kids (3 to 5 months old, unvaccinated). No cases have been reported in adults (vaccinated).

Total number of animals in the outbreak:

species	susceptible	cases	deaths	destroyed	slaughtered
cap	250	10	3	2	0

Diagnosis:

A. Laboratory where diagnosis was made: Kimron Veterinary Institute.

B. Diagnostic tests used: agar-gel precipitation test; PCR⁽¹⁾; immunofluorescence on lung smears.

Source of agent / origin of infection: movements of unvaccinated nomad herds might have introduced the disease.

Control measures during reporting period: quarantine and movement control inside the country; vaccination.

(1) PCR: polymerase chain reaction.

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RINDERPEST IN ERITREA

The Delegate declares the country "provisionally free" from this disease

Extracts from a fax received on 14 June 1999 from Dr Ghebrehiwet Teame, Director of the Veterinary Services Division, Ministry of Agriculture, Asmara:

Report date: 14 June 1999.

Rinderpest was introduced into Eritrea in the 1880s. Recurrent outbreaks of the disease were witnessed in the lowlands of the country until the late 1980s. In the highlands, however, there have been no outbreaks of the disease for the last 20 years. The last major outbreak of the disease was in Badda area, in the eastern lowlands, in January 1992. A minor outbreak involving three animals was recorded at the border with Ethiopia in January 1995.

No clinical or epidemiological evidence of rinderpest has been observed since January 1995 (i.e. for four successive years). In addition, coordinated mass vaccination was applied annually to all cattle from 1991 (1989 in some parts of the country) to 1997 (i.e. for at least seven successive years) using Panvac certified tissue culture rinderpest vaccine manufactured in Ethiopia. This was verified in the following manner:

1. Passive disease surveillance through continuous presentation of animals to regional and subregional veterinarians.
2. Seromonitoring to verify the existence of immune barriers to rinderpest among vaccinated animals of different age groups country-wide using competitive ELISA locally and abroad. The seromonitoring results in 1997 and 1998 were satisfactory.
3. No rinderpest outbreaks have been detected anywhere in the country for at least four and a half years.
4. Vaccination against rinderpest was halted in January 1998 throughout the country, and in some parts of the country (northern and north-central) vaccination ceased as early as 1996.
5. All rinderpest vaccine has been withdrawn from all six regions of the country and is being held at the central store of the Veterinary Services Division in Asmara.
6. The clinical surveillance and disease reporting system in place throughout the country is capable of detecting clinical disease if present. All clinical evidence suggestive of rinderpest in any of the regions is investigated by field/clinical and laboratory methods. Laboratory tests in place include the agar-gel immunodiffusion test, and competitive and immuno-capture ELISA.
7. A disease surveillance network has been established throughout the country with special emphasis on the southern and south-western parts of the country (Debub and Gash-Barka regions), where pastoral migrations are common to and from neighbouring countries. An emergency preparedness system is also in place to deal promptly and effectively with any re-emergence of the disease.

In view of the facts stated above, the Government of Eritrea declares the whole country "provisionally free from rinderpest", with effect from 15 June 1999.

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