

Rift Valley Fever

Control and Preventive Strategies



Regional Representations
for the Middle East and Africa
in collaboration with FAO and IBAR

REPORT

13 - 15 June 2007
Cairo - Egypt



**WORKSHOP ON RVF CONTROL AND PREVENTIVE STRATEGIES IN THE MIDDLE EAST AND THE
GREAT HORN OF AFRICA
13-15 JUNE 2007**

ORGANISED BY OIE, IN COLLABORATION WITH FAO AND AU-IBAR

CAIRO, EGYPT

Report

1. *Opening ceremony*

Dr. Ghazi Yehia (OIE-Regional Representation for the Middle East) thanked Egyptian authority for accepting to hold this workshop and welcomed all the participants.

He highlighted that the occurrence of the disease in the Horn of Africa needs to be reconsidered at a regional level due to the strong relation between countries from the Horn of Africa and the Middle East, especially in trade in animal and animal products.

He wished that this meeting come to the reinforcement of the regional cooperation and collaboration on this important disease.

Dr. Samba Sidibé (OIE-Regional Representation for Africa), after having thanked also the Egyptian government, insisted on the disease's impact on human health and also on livestock trade, influencing the livelihood of a large part of the population of infected countries.

He advocated also on a regional strategy to control the disease and the necessity to enhance the quality of veterinary services.

Dr. Ahmed El Sawalhy (AU-IBAR) thanked the hosting country and the organizers of this meeting. He insisted on the impact of the disease in terms of human and animal health and also on the trade of livestock. He wished that the issues of early detection and control strategies would be developed during this meeting.

Prof. Hassan Aidaros (FAO – Coordinator of the Regional Animal Health Centre for the Middle East) thanked the hosting country. He reminded the importance of the disease and insisted on the role of international organisation such as OIE, FAO, WHO and UNICEF in the management of the current crisis in Kenya and Tanzania.

He mentioned that the collaboration between OIE and FAO under the GF-TADs agreement play an important role for controlling the spread of animal diseases. These tasks will be one of the main activities of this newly established Regional Animal Health Centre, in Beirut, Lebanon.

Prof. Hamid Samaha (Chairman of the General Organization for Veterinary Services of Egypt), on behalf the Ministry of Agriculture, welcomed all participants and thanked the international organisations to organise such meeting in his country. A regional coordination and collaboration is actively supported by the Egyptian authorities.

2. Participating countries

Participating countries included:

For Africa:

Djibouti, Egypt, Ethiopia, Eritrea, Kenya, Somalia, Sudan, Tanzania, Uganda.

For Middle East:

Bahrain, Kingdom of Saudi Arabia, Kuwait, Oman, Qatar, United Arab Emirates, Yemen.

3. Session One: Overview on RVF

3.1. General presentation on RVF (Dr Glyn Davis – OIE Expert)

During this presentation Dr Davis highlighted that the actual global warming may favours the emergence of the RVF through and changes in the pattern of virus activity. RVF is already endemic in many countries, and even if cryptic, the potential of extension both in term of incidence and of geographic distribution in relation with favourable condition for the vectors and the disease. The disease is linked to the flood, wet areas are at risk and it can be disseminated by animal movements or air currents transporting infected mosquitoes. Dr Davis mentioned that he has found many species up than 1000 metres in altitude.

Several of mosquito species can transmit the virus and some species play the role of reservoir. But the disease needs to be amplified in sensible animals (exotic livestock breeds).

Many free countries have favourable habitats for the vectors and susceptible animal population for the disease. But it should be reminded that if the virus were introduced in those countries, the disease would certainly be detected only at a late stage, when human cases will be recorded. Disease surveillance in animals is then essential and should be strongly promoted.

The current RFRV outbreaks in East Africa are related to an unusual climatic event, in relation with an increase of amplitude of the Sea Surface Temperature (SST) in India and Pacific oceans (El Nino event). As a consequence, the East of Africa experiences severe and prolonged rainfalls. The flooding of mosquitos' habitats has revived the circulation of the virus.

He reminded that the trade of livestock is a large part of the financial resources for most countries of the Horn of Africa.

He highlighted that usually the human infection is the first indicator of the presence of the disease. The disease could be hidden for a long period of time and so the routine surveillance should be carried out in high risk areas.

He insisted on the importance of awareness programs.

Concerning vector control, he explains that some solutions do exist, but still very limited in term of efficacy. He supports household application with backpack spray.

Minimize contacts with infected animal material during epizootic occurrence of the disease is the best way to prevent human health.

Actually, the tools used for modelling and predicting the disease are very acute. Empres launched a warning message in November 2006 describing the risk of disease occurrence in the Horn of Africa. But the disease unfortunately appears linked to a lack of resources in the concerned countries.

So a regional structure should drive the response.

3.2. World situation on RVF including WAHIS reporting (Dr Antonio Petrini, OIE)

Dr Antonio Petrini (OIE) presented the current situation of RVF.

Actually only Kenya and Tanzania have notified outbreaks of the disease using the WAHIS application.

He highlighted the importance of the notification to OIE and described obligations of member countries in term of notification and the different procedures to notify.

All those information are integrated in the WAHID application on line on the OIE website.

Concerning RVF, Tanzania has already notified 19 outbreaks, with 32 128 total cases and 4 139 deaths.

In Kenya 37 outbreaks have been reported with more than 4 000 deaths in animals.

Vaccination is applied in both country and other control measures such as movement control and screening.

3.3. Discussion

The representative of Sudan supported the regional approach developed by Dr Davis and wished to have precisions on mosquito's studies.

Dr Davis answered to him that such control is very difficult to implement.

Dr Masiga (AU-IBAR) insisted on the necessity of rapid notification to guarantee transparency between countries.

Countries will benefit on diseases notification.

Dr Petrini mentioned also that OIE has an official procedure to track the information, notably when rumours are circulating on the presence of disease. Concerning RVF, OIE has already sent letters to Somalia, but without any answer.

Dr Bruckner (OIE) added that WAHIS report only official notification sent by countries.

Dr Davis mentioned also that the trade from the Horn of Africa is very huge. National veterinary services in those regions have not the adapted resources to drive the surveillance.

He specified that the study of historical data gives an average of 5 to 15 years for between epizootic occurrences.

He recommended also to not using vaccination during outbreaks, regarding the risk of mechanical transmission by operators.

Dr Castialo (FAO) proposed to sensibilize water project managers on the RVF risks. Dr Davis specified that unfortunately the water development policy is a crucial issue for a lot of country, and water access is a priority.

Questioned by the representative of Uganda, Dr Davis answered that mosquitoes could effectively been transported by winds, but no scientific data on this matter only records, and that exotic breeds are more susceptible to the disease in relation to indigenou species.

Dr de la Rocque (FAO) asked Dr Davis if he knows practical techniques to control the vector. Dr Davis answered that for him household applications with backpack spray is an interesting tool. Interventions on animals are also interesting, but they have never demonstrated to have a significant impact on the curve of the disease, due to the huge number of mosquitoes. Other techniques need to be evaluated notably on cost effectiveness.

Then the representative of Kingdom of Saudi Arabia explained the aspersion campaign by air they have implemented in his country.

4. Session Two: Country reports

Country presentation: Eritrea, Kenya, Sudan, Uganda, Tanzania, Egypt, Bahrain, KSA, Oman, Kuwait, Yemen

The situation concerning RVF is different from country to country and notably for Horn of Africa countries than to Middle Eastern countries.

Kenya (first occurrence (f.o.) 1931), Sudan (f.o. 1973), Uganda (f.o. 1930), Tanzania (f.o. 1930), Egypt (f.o. 1977), KSA (f.o. 2000), Yemen (f.o. 2000) have already been affected by the disease.

Kenya and Tanzania are facing the current outbreak which started in late 2006.

A large time in the discussion has been kept for those two countries to describe their experience and interventions.

Logically, the approaches are different between free and currently not historically infected countries.

Historically free countries (Oman, Bahrain, Kuwait) promote border protection. Protection is also a major activity in the strategy of KSA and Yemen, but not the only one.

Eritrea, Kenya, Sudan, Uganda, Tanzania, Egypt, KSA, and Yemen have implemented surveillance, including serological surveys.

Awareness campaign is implemented in Uganda, Kenya, and Tanzania.

5. Session three: Epidemiological surveillance

5.1. Diagnosis of RVF (Dr Truuske Gerdes, OIE expert)

Dr Truuske Gerdes mentioned that human are often the sentinel of the disease. The disease is usually suspected when human develop clinical signs.

She insisted on the absolute necessity to protect lab workers involved in RVF diagnosis considering the possibility of infection during such operations.

She described the different tests available, both for antibodies detection and antigens detection.

She mentioned also that rapid tests are still in evaluation especially in Kenya. The representative of Tanzania proposed also his country as trial area. Dr Jane Githinji, virologist from the national lab in Kenya reported that the results are different between this test and the ELISA test currently uses. Dr Gerdes explain that the test has given good results in lab but still need field evaluation.

The representative of Kenya would like to know if the virus can survive in the meat. Dr Gerdes answered that the virus is fragile and the change in PH during the maturation of the meat destroyed the virus. On this issue Dr Bruckner added that a hygienic process of the meat guarantee the safety of the meat.

5.2. Update on CIRAD approach on predictive epidemiology (Dr Shaif Abdo-Salem)

Dr Shaif Abdo Salem presented the work realised by Cirad on the epidemiology of RVF in Senegal and in Yemen. The aim of this study was to better understand the epidemiology of the disease to develop appropriate surveillance and control measures.

Two main topics have been developed: the description of the spatial distribution of the disease at a local scale and the exploration of known risk factors, such as NDVI, irrigation, precipitation and river flow. In Senegal vector survey has also been implemented.

The disease is clearly linked with heavy rainfalls in East Africa, but this link is less clear in West Africa and in Yemen. Complementary studies need to be implemented to provide adapted control measures. For this purpose, CIRAD wish to establish a multicentric project on RVF epidemiology and control to identify risk factors in contrasted ecological situations. This project may include countries such as Madagascar, Yemen, as well as others countries interested.

Corroborating Dr Shaif Abdo Salem, Dr Davis mentioned that for him the use of NDVI, which was proved to be very efficient for the prediction of RVF in East Africa, is not adapted to the Middle East situation, especially because the flooding of mosquitoes habitats (in the valleys) is related to rainfall in remote mountainous areas. The dynamic of pond flooding could be more deeply understood and adequate prediction tools should be developed. Dr Shaif Abdo Salem mentioned that for him this indicator is very difficult to implement.

Dr Yehia (OIE – RRME) wished that such project should be leaned on regional organisation well established in both regions to optimize its efficiency.

Dr Chevallier specified that the CIRAD is ready to implement such project and this organisation has many experiences in such project but also in training.

5.3. From early warning messages to the implementation of disease control: gaps and opportunities (Dr S. de la Rocque FAO)

Dr de la Rocque mentioned that even if actually a lot of tools are available to predict its occurrence, the disease still continue to wreak so much havoc. The RVF predictive model in East Africa is one of the most robust model, mainly because the epidemiology of the disease is very well known (at least during outbreaks linked to rainfalls). He presented different tools efficient to predict the occurrence of the disease, and especially those used (NDVI, SST) for the alert message launched by FAO-Empres in October 2006.

Then he presented the basic lines of a contingency plan.

He mentioned also that human outbreaks reveal the presence of the disease, but on that time the disease cycle is already well advanced.

He referred to the conclusion of the recent report of the International Panel on Climatic Changes expert (IPCC) in which changes in the frequency and amount of rainfall are forecasted, and based on these trends, he explained that changes in the seasonal dynamic and the occurrence of the disease may increase, and become endemic in newly infected areas.

Country need to be prepared and awareness campaign are a key point of success.

Models are a very useful tool, but it is necessary to known their limits.

He concluded his lecture by the presentation of the GLEWS (Global Early Warning System) where OIE, FAO and WHO are collaborating, which is just started.

The representatives of KSA and Oman interrogated Dr de la Rocque concerning early warning in the Middle East and necessary measures to control such disease.

He answered that the disease is not evolving in the same way in Middle East comparing East Africa.

In Middle East efforts need to be implemented on high risk areas identification, early warning system with notably sentinel herds, vaccine banks and preventive vaccination.

In his point of view, arid and semi-arid areas would be concerned by the disease in the near future.

Dr Yehia proposed that such actions for this area could be integrated in a regional project driven by the new Regional Animal Health Centre based in Beirut.

5.4. Regional strategy for RVF control (Prof. Hassan Aidaros FAO)

Prof. Hassan Aidaros gave an overview of the OIE – FAO initiative on regional collaboration with the creation of the Regional Animal Health Centres.

The first centre has opened in 2006 in Bamako. The centre for the Middle East is operational since the 2nd of June 2007 and there is a project for an additional centre in Tunis.

The purpose of the OIE/FAO Regional Animal Health Centre is to provide a framework for the coordination and harmonisation of strategies for the monitoring and evaluation of transboundary animal diseases in their related regions.

Thus he proposed to establish a regional strategy to control the disease with the implementation of early warning system and contingency plan. This strategy would include identification of high risk areas, public awareness and education programs, vector control and adapted vaccination. Fund and resources should be secured to combat a possible disease threat in advance of outbreaks.

The representative of Kenya highlighted the importance of securing funds and the role played by international organisations supporting his country during the current RVF episode. Countries are also facing other important issues. Considering Kenya, funds were allowed to the veterinary services late in the epidemic, only when human cases were recorded.

Prof. Aidaros insisted on the need to further promote animal health issues to protect human health at the governments' level.

5.5. Data, methods and tools for RVF prediction (Hussein Gadain SWALIM - FAO)

H. Gadain presented the swalim program, in which he is involved. This program develops strategies to enhance security in food and water resources.

He mentioned that livestock is the backbone of the Horn of Africa: the trade between Horn of Africa and Middle East bring back about 1 billion of USD.

The reduce of livestock trade related to RVF risk contributed to implement an early warning system based on climatic model using satellite imaging.

Spatial analyses were conducted to establish an agro-ecological zonation in relation to the RVF risks and adapted to the monitoring of the disease. This project has integrated historical data on RVF outbreaks.

Dr Yehia concluded a general discussion highlighting the imperative need to implement a regional approach and also insisted on the difficulties encountered by some countries due to others events (war, crisis).

5.6. The response to the RVF outbreaks in East Africa and FAO support to countries (Bruno Minjaw FAO)

The aim of the presentation of B. Minjaw was to describe how the UN reacted when outbreaks appeared.

First he reminded that after the diffusion of the Empres alert, no country established appropriate strategy to anticipate cases appearance. But it should be kept in mind that in the last months a severe drought occurred in many countries of the Horn of Africa, mobilizing funds and resources.

Then, he described, with practical issues, the participation of FAO and other UN agencies in the crisis management in Kenya following the disease declaration. He insisted on the necessity to protect personnel involved in the field: veterinarians, technicians, abattoir's staff, etc...

He closed his lecture by a rapid presentation of the FAO mechanism to support countries in such circumstances.

The key point is that nothing can be decided before the notification of the disease to OIE.

He informed the participants that FAO has allocated 6 million USD since the beginning of the RVF outbreaks to help affected countries.

Answering questions on training, B. Minjaw insisted on the importance to be well prepared to respond rapidly to such events, not to eradicate the disease but to minimize its effects.

5.7. Proposed surveillance guidelines (Dr Glyn Davis)

Dr Davis described the predictable epidemiology of the disease. He highlighted that classical surveillance is not adapted in such disease, because the disease is cryptic at 95 %. In his opinion, clinical or serological surveillances can not be use for early detection. Surveillance of high risk areas, which include breeding sites for mosquitoes, is more efficient.

Actually a lot of tools could be used to predict the occurrence of the disease.

He concluded his lecture by highlighted the interest of a regional approach and strategy to control this disease.

6. Session four: The impact of RVF on trade

6.1. OIE standards on RVF (Dr Gideon Bruckner OIE)

Dr Gideon Bruckner gave a general overview of OIE, describing mandates and objectives of the organisation.

Then he described the recommendations of the OIE Terrestrial Animal Health Code for RVF. He specified that this chapter is very different from the other ones, because of the epidemiological specificities of this disease, and that the code has recently been updated by the OIE scientific commission, particularly the ad hoc group on vector-borne diseases.

Concerning such diseases, the scientific commission will soon review the concept of zoning and vector free periods, integrating the influence of climatic changes.

He expressed that General Guidelines for surveillance for Vector Borne Diseases, included RVF, will be developed by an ad hoc group and opportunely included in the Code as Annex.

He invited experts to address comments to this commission.

He highlighted that the chapter of the OIE Terrestrial Animal Health Code for RVF has been redacted with scientific expertise. So over-reacting should be avoided and clear guidelines on for example trade with infected countries can be found there.

6.2. Impact of RVF on regional and international trade (Dr Walter Masiga Au-IBAR)

Dr Walter Masiga made an overview of the impact of the bans imposed to countries from the Horn of Africa during the epidemic of RVF. The economy of African countries during the ban is deeply affected, because the trade of livestock is a significant (and often dominant) part of their incomes. For example, before the ban, 90 % of Somalia foreign exchange was earned through livestock exports. This directly impacts the livelihood and the food security of those populations.

The representative of Kenya confirms that in his country the ban has hugely affected the trade of livestock, but in the other hand it has profited to the poultry industry. The presence of the disease in his country has also created panic and has driven to an important rural exodus.

6.3. International sanitary certificates adopted by Middle East and African countries in 2004 (Dr Ghazi Yehia – Dr Pierre Primot OIE – RRME)

Dr Ghazi Yehia described the conditions driving the establishment of such certification for facilitating the trade between the Horn Of Africa to Middle Eastern countries and mentioned the Cairo declaration (Recommendation No. 3 adopted during the seminar in Cairo from 11 to 13 October 2004) in which health certificates for intra-regional trade in animals and animal products between the two regions have been putting into effects to protect human and animal health without unnecessarily restricting trade.

Such certification is based on guidelines from the OIE Terrestrial Animal Health Code and are used both Arabic and English languages. In accordance with the evolution of the OIE standards, the previous models have been updated.

Then Dr Pierre Primot described the modifications which have been made on the previous version. These new versions still need the approval of countries to be adopted. The OIE regional representation for the Middle East will send the model certificates to concerned countries to serve as guidance.

6.4. Quarantine facilities in Djibouti (Waleed Saeed)

Waleed Saeed explained that this facility has been built to reinforce and secure the trade between the Horn of Africa and the Gulf countries.

The Abou Yassera organisation from KSA has financed this premise for a total cost of 20 million of USD and it was inaugurated in November 2006.

605 ha are allocated to this facility which could maintain cattle, sheep and camel.

The facility is equipped with a lab, a veterinary clinic, an abattoir and an incinerator.

The facility drain animals from Djibouti, Ethiopia and Somalia and the sheep represent the main species hosted.

Animals are examined before entrance and are maintained in isolation for 30 days. 7 days after arrival, they are vaccinated against RVF.

The main constraint of this facility is that Djibouti is dependant for its own supplying: material, food...

6.5. Quarantine facilities in Somalia (Dr Hassan Hassan)

Dr Hassan Hassan explained that quarantine areas are in place in several part of his country.

All are working in conformity with the international recommendations and according to importing countries requirements.

The funding is provided by UAE.

7. Session five: Prevention, control and preparedness plan

7.1. Vaccines and vaccination against RVF (Dr Truuske Gerdes OIE expert)

Dr Truuske Gerdes gave an overview of different vaccines available: inactivated, attenuated and the new generation. She insisted on the advantages and disadvantages of each kind of vaccines. Some attenuated vaccines (MP12 and Clone 13) are on study, and the preliminary results are very encouraging. They could also serve as candidate for human vaccine.

The new generation of vaccines, vectored vaccines with nucleic acid inserts and recombinant vaccines, are also under testing. The preliminary results are also very encouraging.

She insisted finally on the low disponibility of human vaccines.

The question of vaccination was a key point of this seminar. A large discussion occurred and the main points are summarized below:

- Vaccination during outbreaks could amplified the diffusion of the virus by mechanical transmission associated with operators;
- Vaccination should be used as a preventive control tool. When the virus is circulating in the population, it is already too late for vaccination
- Vaccination during outbreaks is seen as a good tool by political decision-makers;
- The presence of antibodies is a good mean to monitor vaccination efficacy;
- Virus is detected in faeces of vaccine animals, and probably in the milk. It is therefore advice to withdraw the milk for human consumption during one week after the vaccination. The withdraw period is a classical issue of common vaccination. Nevertheless, the gastric acidity kills the virus.
- The reversion of attenuated strains is a big concern. Further studies need to be implemented on this issue;
- The large use of Smithburn Vaccine on sheep in Egypt (many thousands of doses) has provoked only few cases of abortion (20 to 25);

7.2. Emergency preparedness plans (Dr Glyn Davies)

Dr Glyn Davies describes different actions that could be implemented for the control of RVF.

He insisted on the importance of an adapted surveillance during inter-epizootic periods, and notably the use of predicting models for the identification of high risk areas

The collaboration between the human health and the animal health sectors need to be strengthened.

The use of vaccination need to be reviewed to avoid the risks of possible diffusion of the virus, and notably on sensible animals (exotic breeds) in high risk areas, which play the role of virus amplifiers.

The vaccination is also adapted to the safe trade of animals.

For the vector control, the use of larvicide's briquettes seems to give good results when applied before flooding periods.

He mentioned also the probable existence of virus activity in the forest.

He insisted to conclude that predicting models may provide a forecasted picture 3 to 6 months before the emergence of the disease. This period has to be taken into account to prepare and implement control strategy.

Considering the impact of the disease not only on the human and animal health but also on the trade and then on the livelihood of a large population, he recommended to implement a regional strategy on this specific issue.

A debate settled on defining the restriction period for export from infected countries. Dr Davis point of view, a delay of 6 months is necessary to secure the livestock trade.

Dr Bruckner insisted on the use of the recommendations of the OIE code, based on scientific analyses, to implement adapted certification without imposing unjustified restrictions. He advocated using the model of sanitary certification presented by the OIE RRME.

8. Conclusions

- ✓ Both previously infected countries and countries at risk (because of their geographical location or commercial trade) were invited at this meeting.
- ✓ The RVF represent an import threat to human and animal health and deeply impact the livelihood of a large part of the population of the Horn of Africa;
- ✓ Risk factors could differ between the Horn of Africa and the Middle East, more studies are needed to understand the epidemiology of the disease in those regions;
- ✓ Predicting model have proved to be efficient;
- ✓ Surveillance has to be targeted on high risk areas, which include the *Aedes* breeding sites;
- ✓ ; A regional strategy for the control of the disease is clearly requested and should include early warning and standardised implementation plans
- ✓ Participants were unanimous to congratulate the Egyptian administration for their warmfull hospitality. They thanked the personnel of the OIE Regional Representation for the Middle East for the perfect organisation of the workshop
- ✓ Special attention was referred to the excellent translation in Arabic / English / French which facilitate enormously the understanding and the discussion.

9. Recommendations

Cf. annex 1.

10. List of participants

Cf. annex 2.

11. Programme

Cf. annex 3.

12. Speeches pronounced during the opening ceremony

Cf. annex 4



Annex 1: Recommendations

OIE workshop on *Rift Valley fever control and prevention strategies*

**Organised in collaboration with FAO and AU-IBAR
Cairo, Egypt, 13-15 June 2007**

Original: English

Recommendation

CONSIDERING THAT

1. Numerous outbreaks of Rift Valley fever (RVF) have occurred in Eastern Africa causing heavy casualties in cattle, sheep, goats and camels as well as in humans;
2. RVF occurs historically in the sub-Saharan African continent, Madagascar and the Arabian Peninsula, but a change in risk factors could favour outbreaks of the disease in previously uninfected countries posing a threat to human and animal health;
3. There is a need for countries adjacent to known infected countries to develop and implement appropriate surveillance and early warning programmes;
4. The disease is endemic in many countries and epidemics tend to occur at irregular spatial and temporal intervals depending on climatic and environmental conditions that favours the breeding of the insect vector and it is therefore important for countries to be equipped with appropriate technologies to be able to establish contingency plans to predict and prepare for future occurrences;
5. The disease can best be controlled by animal vaccination and vector control that need to be maintained and applied well in advance of expected risk periods for occurrence of the disease;
6. Outbreaks of RVF has a significant impact on the trade of ruminants especially from the Horn of Africa to the Middle East with a consequent significant loss of income for livestock owners in the affected areas;
7. The negative impact of RVF on regional trade can be significantly alleviated if countries are capacitated through good veterinary governance to develop and apply sanitary measures for disease control and prevention to satisfy the appropriate level of sanitary protection required by importing countries;
8. The control of the disease will require a common effort from national; regional and international organisations such as OIE, FAO, WHO, UNICEF and AU-IBAR.

**THE WORKSHOP ON RIFT VALLEY FEVER CONTROL AND PREVENTION
STRATEGIES RECOMMENDS THAT:**

- :
1. The OIE continue to develop surveillance guidelines for vector-borne diseases taking into consideration the effect of climatic changes on the global spread of these diseases.
 2. Training and technical assistance be provided to countries by international organisations and donors to equip countries within the risk areas of Africa and the Middle East to rapidly diagnose the disease and to undertake predictive epidemiological studies for contingency planning.
 3. The OIE continues its efforts within African and Middle East countries to promote and develop good veterinary governance to enable countries to effectively prevent and control the disease at the animal source.
 4. The OIE and FAO continue to support the accelerated development and registration of diagnostic tests and vaccines for RVF.
 5. Countries in the Region with the support of OIE, FAO and AU-IBAR the OIE Regional Representations in Africa and in the Middle East and their related Regional Animal Health Centres develop a regional strategy for the prevention and control of RVF in support of the GF-TAD's program.
 6. OIE and FAO supports countries of the two regions in developing a model based on risk parameters, including agro-climatic, to forecast potential RVFV activities particularly within the framework of the related Regional Animal Health Centre.
 7. Close collaboration and communication between OIE, FAO and WHO and national veterinary and public health authorities should be improved and maintained in the surveillance and control of RVF and rapid actions following the detection of disease in either humans or animals.
 8. Countries should ensure compliance with their obligations on animal disease reporting by promptly reporting all outbreaks of RVF to the OIE for incorporation into the OIE World Animal Health Information System (WAHIS).
 9. Exporting and importing countries follow the standards, guidelines and recommendations of the OIE regarding international trade of ruminants and products with respect to RVF with particular attention to the application of diagnostic tests, quarantine and the application of vaccines.
 10. Countries in the Middle East and Africa continue to support Recommendation No. 3 adopted during the seminar in Cairo from 11 to 13 October 2004 by putting into effect the health certificates for intra-regional trade in animals and animal products between the two regions. Countries of the region agree on a regional certification with respect to exports of ruminants and ruminant products only to the extent necessary to protect human and animal health without unnecessarily restricting trade.

Annex 2: List of participants



OIE Workshop on RVF Control and Preventive Strategies

Organised in collaboration with FAO and IBAR.

13 – 15 June 2007

Cairo, Egypt

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Annex 3: Programme



OIE Workshop on RVF Control and Preventive Strategies

13 – 15 June 2007

Cairo, Egypt

Organised in collaboration with FAO and AU-IBAR.

Agenda

Wednesday 13 June 2007

9:00 – 10:00	Registration
10:00 – 10:30	Opening Ceremony Representative of OIE (Middle East – Dr Ghazi Yehia) Representative of OIE (Africa – Dr Samba Sidibe) Representative of FAO (Prof. Hassan Aidaros) Representative of AU-IBAR (Dr Ahmed Abdou Ali El Sawahly) Representative of GOVS (Dr Hamed Samaha)
10:00 – 11:00	Coffee Break
<u>Session one:</u>	Overview on Rift Valley Fever (Chairman Dr Bruckner)
11:00 – 12:00	General presentation on Rift Valley Fever (RVF) (<i>Dr Glyn Davies, OIE expert</i>)
12:00 – 12:30	World situation on RVF including WAHIS reporting (<i>Dr Antonio Petrini, OIE</i>)
12:30 – 14:00	Lunch
<u>Session two:</u>	Country Reports (10 min each) (Chairman Dr Petrini)
14:00 – 15:30	Africa: Djibouti Egypt Eritrea Ethiopia Kenya Somalia Sudan Tanzania Uganda
15:30 – 16:00	Coffee Break

16:00 – 17:20	Middle East:	Bahrain	Iraq
		KSA	Kuwait
		Oman	Qatar
		UAE	Yemen

Thursday 14 June 2007

Session three: Epidemiological surveillance (Chairman Dr Yehia)

9:00 – 9:30	Diagnosis of RVF (<i>Dr Gerdes, OIE expert</i>)
9:30 – 10:00	Update on CIRAD approach on predictive epidemiology (<i>Dr Shaif Abdo- Salem, CIRAD</i>)
10:00 – 10:30	From early warning messages to disease control implementation: gaps and opportunities. (<i>Dr Stephane de la Rocque, FAO</i>)
10:30 – 11:00	Coffee Break
11:00 – 11:45	Climatic model for predicting RVF outbreaks (<i>Dr Hussein Gadain, OIE expert</i>)
11.45 – 12:15	FAO/CMC response to the RVF outbreaks in East Africa and UN support to the countries (<i>Bruno Minjaw, FAO</i>)
12:15 – 13:00	Proposed surveillance guidelines (<i>Dr Glyn Davies</i>)
13:00 – 14:30	Lunch

Session four: The impact of Rift Valley fever on trade (Chairman Dr Aidaros)

14:30 – 15:00	OIE Standards on RVF (<i>Dr Gideon Brukner / Dr Gaston Funes, OIE</i>)
15:00 – 15:30	Impact of RVF on regional and international trade (<i>Dr Walter Massiga, AU-IBAR expert</i>)
15:30 – 16:00	International sanitary certificates adopted by Middle East and African countries at the Cairo Conference in October 2003. (<i>Dr Yehia/Dr Sidibe</i>)
16:00 – 16:30	Coffee Break
16:30 – 17:00	Quarantine facilities in Djibouti (<i>CVO of Djibouti</i>)

Friday 15 June 2007

Session five: **Prevention, Control and Preparedness Plans** (Chairman Dr Sidibe)

9:00 – 10:00 Vaccines and vaccination against RVF (*Dr Gerdes*)

10:00 – 10:30 Emergency preparedness plans (*Dr Glyn Davies*)

10:30 – 11:00 Coffee Break

11:00 – 12:00 Conclusions and recommendations (*Dr Gideon Brukner, OIE*)

Annex 4: Speeches pronounced during the opening ceremony

OPENING ADDRESS
AT THE WORKSHOP ON RIFT VALLEY FEVER
CONTROL AND PREVENTION STRATEGIES
CAIRO (Egypt) June 13-15, 2007

Delivered by Doctor Amadou Samba SIDIBE
OIE Regional Representative AFRICA REGION

- Excellency Mr. Minister of Agriculture of Egypt,
- Mr. Representative of the FAO
- Mr. Director of the AU/IBAR
- Mr. Regional Representative of the OIE for the Middle Eastern Region
- Mr. Representatives of the International Organizations
- Dear Colleagues from Africa and the Middle East,

For of all, let me rejoice over the opportunity extended to us by the Egyptian Government to meet all together in Cairo, for the second time, in that country of the Pharaohs, in order to work on addressing issues of public health and health safety of animal exchanges and animal products related to Rift Valley Fever outbreaks in the countries of the Horn of Africa.

As a matter of fact, the Rift Valley Fever has caused this year in the Horn of Africa more deaths than Highly Pathogenic Avian Influenza and as a result, this Public Health issue was exacerbated by the interruption of the trade in live animals and animal products between countries of the Horn of Africa and those of the Persian Gulf.

Also, Dr Bernard Vallat, Director General of the OIE, has supported the Regional Representations of Africa and the Middle East in their desire to organize this Workshop in order to discuss the evolution of Rift Valley Fever in the Africa Region, to harmonize prevention and control measures, and adopt a joint strategy of control of this zoonosis, and thus guarantee the health safety of trade between the two regions and preserve the health of the populations.

You may well remember the conclusions of the OIE/AU-IBAR seminar held in Addis Ababa (Ethiopia) on January 28-30, 2002, dealing with health surveillance and emerging diseases, which had put a stress on the importance of the epidemiological surveillance of transboundary animal diseases in Africa, and their impact on international trade.

It had recommended that:

- The OIE mobilize sufficient funds in order to organize capacity building Workshops and Seminars for national Veterinary Services in the area of epidemiological surveillance of transboundary diseases, particularly concerning important diseases for international trade, such as Foot-and-Mouth Disease, Rinderpest, CBPP, Rift Valley Fever and BSE;
- The OIE Regional Commissions for Africa and the Middle East and the OAU/IBAR convene a meeting in order to promote dialogue between importers and exporters, so that the cattle trade between African and Arab States could resume.

I would also like to remind you the conclusions of the OIE/AU/IBAR seminar in Cairo (Egypt) on the “Implementation of International Zoo sanitary Standards: What Solutions”

held on October 10-13, and particularly the so-called **Cairo Declaration** which, after reminding the time-old and richness of the mutual and historical relations, of the cultural, political, and social links, between Africa and the Middle East, puts a stress on the following aspects:

1. the quality of veterinary services: an essential precondition to the control of transboundary animal diseases and to access to international markets for animals and animal products;
2. a regional approach to the Management and Control of animal movements in order to avoid the spread of transboundary animal diseases;
3. the necessity for OIE member States in Africa and the Middle East to define a more dynamic and focused joint strategy aimed at actively strengthening inter-regional solidarity in the area of Veterinary Services and to protect Public Health and Animal Health in their country in order to find common means to develop the trade of livestock animals and animal products in both regions and to gain recognition of the quality of certification of inter-regional exchanges of animals and animal products, by observing the OIE standards of the Terrestrial Animals Code;

The general public is interested nowadays more so than it was in the past, in animal diseases, their zoonotic potential and measures enforced to control such diseases, notably Rift Valley Fever, as far as the current preoccupation is concerned.

The measures taken to control these zoonotic and transboundary diseases should henceforth be **coordinated between public and animal health authorities, both at the national**, and the international level (WHO, OIE, FAO).

Communication efforts must be made in order to make available to professionals and consumers the necessary information for the protection of animal health, for better food safety in order to guarantee the health of communities.

The current Rift Valley Fever crisis demonstrates once more that **the rapid detection and reaction to an emergent or re-emergent disease is crucial**. As a matter of fact, the time lag between the moment when this disease erupts and its detection has significant importance. That is the reason why the rapid detection of a new epidemiological episode of the Rift Valley Fever is the cornerstone of the policies to be implemented.

The evaluation of the quality and reliability of Veterinary Services in Member States represents **a significant component of any procedure of risk analysis** to which importing countries must legitimately resort prior to any regional or international exchange of animals and animal products.

The satisfaction of international requirements relative to the **reliability of health certification** represents henceforth one of the key elements of access to formal regional and international markets.

Thus the OIE committed itself to producing international standards to ensure the quality of veterinary services (Sanitary Code for Terrestrial Animals) and countries must make the necessary efforts to observe it, in order to be recognized by the international community, through the OIE mechanisms, as free of certain diseases and capable of effectively controlling emergent diseases.

In order to facilitate the implementation of these standards, the OIE, with the initial support of the Inter-American Institute of Agricultural Cooperation (ILCA) has developed an interactive tool intended for the evaluation of the quality of veterinary services on the basis of the adopted standards. This instrument, called “**Performance, Vision, and Strategy**” (**PVS**), is intended, on a volunteer basis, to be used as a guide for helping countries observe the OIE standards by applying a self-evaluation process, and evaluation at the request of the individual country itself.

The evaluation data consecutive to the use of the PVE tool will enable the entire donor community to target investments to be made: (infrastructures: diagnostic laboratory, etc., good governance legislation and control measures).

I am convinced that these “**quality approach**” efforts will help build trust between importing and exporting countries. Thus, the evidence will be provided that the measures and actions undertaken promote the health safety of exchanges of live animals and animal products, and hence of Public Health.

The major consequence is poverty alleviation for animal farmers and professionals of the cattle meat sector in the countries of the Horn of Africa, thanks to a secure trade of animals and animal products.

Thank you.

OPENING ADDRESS
AT THE WORKSHOP ON RIFT VALLEY FEVER
CONTROL AND PREVENTION STRATEGIES
CAIRO (Egypt) June 13-15, 2007

Delivered by Doctor Ghazi Yehia
OIE Regional Representative MIDDLE EAST REGION

Dr. Hamed Samaha, Chairman of the General Organization for Veterinary Services of Egypt

Delegates of the OIE Member Countries in Africa and the Middle East,

Dear Colleagues and representatives of the Regional and International organizations,

Ladies and gentlemen,

Firstly, I would like to thank the Government of the Arab Republic of Egypt for its support to hold this workshop in Cairo under the auspices of His Excellency Mr. Amin Abaza, Minister of Agriculture and Land Reclamation. I would also like to thank our speakers, participants and experts of the concerned OIE Member Countries and regional and international organizations for their willingness to present and share their expertise.

Ladies and Gentlemen:

This workshop is held in the context of our endeavour to incorporate the efforts of the experts and specialists of our regions to build up a successful strategy for combating Rift Valley Fever. The World Organization for animal Health (OIE) recognizes that countries of Africa and the Middle East are looking forward to consolidating the research activities and the efforts of their executive institutions to contain one of the most important public and animal health problems.

Dear colleagues,

A large traditional livestock trade exists between countries in the Horn of Africa and countries in the Middle East. A major challenge is to manage the risk of spreading RVF with such livestock shipments. Importing countries must be given adequate safety assurances with respect to RVF, while the livestock trade, which is vital for the livelihoods of agropastoralists in both regions, is maintained as far as possible. Joint planning and the implementation of programs by animal health authorities in both exporting and importing countries could achieve this goal.

This trade had led to merge the hopes of the people of the two regions towards more cultural and economic exchange and better life. Therefore there is a need for increased research, funding, technology transfer, developing the human resources and upgrading the preparedness of the national health, scientific and veterinary institutions to achieve a safeguarded livestock trade and minimize the trade losses.

There is also an increasing importance in forecasting of climatic parameters relevant to the epidemiology of RVF. The climate monitoring and skilful seasonal climate prediction are crucial for proper planning and management of livestock health and production in Rift Valley Fever affected regions.

Through the profits of the meteorological and ecological studies and remote sensing together with monitoring the climatic varieties and diversities at the regional level, we can develop an appropriate model to predict potential activities of the Rift Valley virus with the aim to control its spread and minimize the related losses.

Dear colleagues:

Different regions are potentially receptive areas for RVFV habitat and this is associated with the increased irrigation in some countries and these areas are recently expanding. The occurrence of floods in some countries is an alert for the disease outbreaks if they are known to be endemic with the disease or have the vector which transmits it. For this reason, multi-disciplinary cooperation in using environmental information for RVF surveillance and control are urgently needed. Many countries in sub-Saharan Africa are embarking upon agricultural and livestock development programs, whereby they also create conditions for the generation of huge mosquito populations.

Distinguished guests and dear colleagues:

This is the second time the African and Middle Eastern countries gather in this historical city for a historical event. I here recall the Cairo Declaration adopted by the two OIE Regional Commissions for Africa and the Middle East during the 2004 OIE Seminar on animal health standards entitled: "the Quest for Solution" in the sake of finding more cooperation and solidarity between the two regions with enhancing a science-based trade in animals and animal products.

Today, we gather again hoping that the activities of this workshop will result in significant and applicable recommendations that lead to creating a new perspective for combating vector-borne diseases and contribute to reduce their spread to new regions our world and also support the efforts of the international organizations in combating poverty and diseases. In this respect I seize this opportunity to thank the FAO, the AU-IBAR and the Ministry of Agriculture and Land Reclamation for their strong collaboration.

Wishing you a successful workshop and joyful stay in Cairo.

OPENING ADDRESS
AT THE WORKSHOP ON RIFT VALLEY FEVER
CONTROL AND PREVENTION STRATEGIES
CAIRO (Egypt) June 13-15, 2007

Delivered by Professor Hassan Aidaros
FAO Representative – Coordinator of the RAHC for the Middle East

On behalf of the FAO, I would like to present my deep gratitude to the government of Egypt, especially to His Excellency Mr. Amin Abaza, Ministry of Agriculture and Land Reclamation, for hosting and supporting this important meeting; as well to thank Dr Samaha, chairman of the General Organization for Veterinary Services for his continuous contribution for supporting this meeting.

This Workshop is organized under the umbrella of the GF-TADs, Global Framework for Controlling Transboundary Animal Diseases, established jointly by FAO and OIE.

RVF is a disease originated in the Rift Valley, in Kenya, then spread now in many surrounding countries and from about 6 years penetrated to Asia where Yemen and Saudi Arabia were recorded the disease for the first time in this continent.

Beside the great economical losses in the animal production level, the disease affects human being causing deaths.

The FAO supported the animal health in our Region either through sharing the organization of Workshops, as today meeting or through several TCPs on controlling transboundary animal diseases, as well activities in Kenya for the control and the prediction of RVF disease. Several Regional Animal Health Centres were established in Bamako, Beirut, Tunis and soon in Nairobi.

At the end, I would like to thank the hosting country.

I remind the importance of the disease and insisted on the role of international organisation such as OIE, FAO, WHO and UNICEF in the management of the current crisis in Kenya and Tanzania.

The collaboration between OIE and FAO under the GF-TADs agreement play an important role for controlling the spread of animal diseases. These tasks will be one of the main activities of this newly established Regional Animal Health Centre, in Beirut, Lebanon.

I would like to wish you a successful workshop and nice stay in Cairo.