

# **OFFICE INTERNATIONAL DES EPIZOOTIES**

Organisation mondiale de la santé animale World organisation for animal health Organización mundial de sanidad animal



## **3rd Conference of the OIE Regional Commission for the Middle East**

### **FINAL REPORT**

**Khartoum, Sudan  
18 - 21 September 1995**

**3rd Conference  
of the  
OIE Regional Commission for the Middle East**

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**List of abbreviations**

C-ELISA	:	Competitive ELISA
ELISA	:	Enzyme-linked immunosorbent assay
FMD	:	Foot and mouth disease
MAREC	:	Middle Asian Rinderpest Eradication Campaign
NTTAT	:	Non Tsetse Transmitted Animal Trypanosomes
OIE	:	Office international des épizooties
PARC	:	Pan African Rinderpest Campaign
PCR	:	Polymerase chain reaction
PPR	:	Peste des petits ruminants
RP	:	Rinderpest
WTO	:	World Trade Organisation

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## **Introduction**

1. On the invitation of the Government of the Republic of the Sudan, the 3rd Conference of the OIE Regional Commission for the Middle East was held in Khartoum from 18 to 21 September 1995.
2. Thirty-one Delegates and Observers from four Member Countries attended the Conference (Appendix I). The President of the OIE International Committee, Dr A. Mustaffa Babjee, was present for the first time for the work of this Regional Commission. The Rapporteurs for Items I and II also participated in the proceedings of the Conference. These were Dr D. Tabbaa and Dr K. El Hicheri.

**Monday, 18 September 1995**

### **Opening Ceremony**

3. In his opening address, Dr A.I. Yousif, Acting Prime Under Secretary, Ministry of Agriculture, Natural and Animal Resources, welcomed participants to the Conference and to the Sudan. He outlined the efforts of the Sudanese authorities in harmonising their national disease control strategies with those promoted by the OIE. Furthermore, he emphasised the importance of Regional Commission meetings in bringing together OIE experts and scientists working in the Host Country.
4. Dr Ahmad Mustaffa Babjee, President of the OIE International Committee, expressed his appreciation to the Host Country and his enjoyment at being able to participate in the work of the OIE Regional Commission for the Middle East.

He emphasised the important work carried out by Veterinary Services not only in the field of animal health, but moreover as part of the developmental process in each country.

Furthermore, he discussed the vast increase in information exchange on a world wide basis, the spectacular growth of the OIE over the past four years and the important role conferred on the world organisation for animal health by the World Trade Organization (WTO). He also mentioned that the Regional Commission meeting every two years was an excellent forum for discussion of sensitive issues between countries of the same region.

5. Dr J. Blancou, Director General of the OIE, thanked the Sudanese Government for inviting the Commission to Khartoum and for the warm welcome given to the OIE Member Countries.

He then briefly explained the importance to the countries of the Region of the Technical Items that would be discussed during the meeting. He added that the vast expertise of Drs Tabbaa and El Hicheri in their respective fields would greatly benefit the countries present at the Conference.

6. Prof. A.A. Wahbi, State Minister, Ministry of Agriculture, Natural and Animal Resources for Sudan, also welcomed participants to Khartoum. He discussed the major challenges facing livestock development in Sudan. He praised the efforts of both private investors and the Sudanese Government to better animal health. He thanked international organisations for their technical and financial support, and noted the important role of the OIE in assisting in the fight against animal diseases in the region.
7. The texts of the above speeches were distributed to the Delegates.

#### **Election of the Conference Committee**

8. Participants elected the following Conference Committee:

Chairman	:	Dr A.I. Yousif
Vice-Chairman	:	Dr R.M.S. Al-Suleimany
Rapporteur General	:	Prof. M.M. Mahmoud

#### **Adoption of the Provisional Agenda and Timetable**

9. The Provisional Agenda and Timetable were adopted (Appendices II and III).

#### **Election of Chairmen and Rapporteurs**

10. Chairmen and Rapporteurs were designated for the Technical Items as follows:

Item I	:	Prof. B. Elhag Ali, Chairman Dr M.R. Al-Kuwari, Rapporteur
Item II	:	Dr A. Mustaffa Babjee, Chairman Dr Masoud Hashemzadeh Ahraniani, Rapporteur
Item III	:	Prof. S.M. Sanosi, Chairman Dr M.S. Abdellatif, Rapporteur

## ITEM I

### Peste des petits ruminants

11. Prof. B. Elhag Ali, Chairman of the Session, briefly introduced the Rapporteur for this Item, Dr D. Tabbaa.
12. Dr Tabbaa began his presentation by pointing out that peste des petits ruminants (PPR) is a viral disease of goats and sheep characterised by necrotising and erosive stomatitis, enteritis and pneumonia. The causative agent is a member of the family Paramyxoviridae and the genus *Morbillivirus*.
13. The Rapporteur stated that PPR was reported for the first time in 1942 in Côte d'Ivoire and that the disease has spread geographically since then. In general, it occurs in African countries lying between the Sahara and the Equator, in the Middle East and in India. The disease was ignored in these different areas because it was confused with rinderpest (RP) or with pasteurella infections which are a usual complication of PPR.
14. Dr Tabbaa recalled that the disease is on the List A of the *International Animal Health Code* of the OIE. With the exception of Oman, no reports have indicated the occurrence of PPR in the OIE Middle East Member Countries since the last Conference, held in Damascus (Syria) in 1993.
15. He described the new methods used for the antibody (C-ELISA) and/or antigen (immunocapture ELISA, PCR) detection of the disease and explained that the control of PPR in the region needs to be organised into a network taking into consideration the epidemiology of the disease.
16. The Rapporteur pointed out that in endemic areas a realistic strategy should be based on whole flock vaccination to be sustained for many years and that the preferred vaccine, according to research carried out so far, is the attenuated homologous vaccine developed by A. Diallo et al, 1989.
17. Dr Tabbaa presented a video tape on PPR which illustrated the visible symptoms of the disease.

### Discussion

18. The Chairman congratulated Dr Tabbaa on his interesting presentation and then asked for questions from the floor.
19. Prof. Sanosi requested more information on the virulence of PPR in local herds. He also asked how long viraemia persists, and what the pH of the blood is during the infection. On the first issue, Dr Tabbaa responded that



in some countries a high percentage of sheep herds show antibodies, but that the virus has not yet been discovered in lymphocytes. The virus is generally present in the blood for several hours in acute cases and can remain for as long as a week in milder cases. He concluded by stating that further research should be carried out with respect to the pH of blood during infection.

20. Prof. Mahmoud stated that PPR resembles various viruses affecting cattle, and asked if it was possible that cattle were silent carriers of the virus. Furthermore, he questioned the Rapporteur on the different types of available vaccines. Dr Tabbaa answered that PPR can cause mild infection in cattle, and that in this way cattle act as silent reservoirs of the virus. He then stated that two vaccines were available, the first being a recombinant nucleocapsid protein encoded in baculovirus and the second an attenuated homologous vaccine in Vero cells. When asked whether the vaccine protects cattle, Dr Tabbaa responded that cross protection between PPR and rinderpest is not high.
21. Dr Hassan asked if it was possible to use rinderpest vaccine against both rinderpest and PPR, in the context of an existing control programme for rinderpest. The Rapporteur replied that rinderpest vaccines protect only approximately 80% of flocks, and with PPR morbidity as high as 100%, the potential for loss remains very great if a homologous vaccine is not used in the presence of PPR.
22. Dr A.A. Ibrahim commented on the presence of PPR on the OIE List A and the importance that such a classification confers on the disease. He wondered about the relevance of this classification when the mortality rate of the disease is only 20%. Furthermore, he commented on the strong regulations established by some countries for meat trade. Dr Tabbaa answered that although in normal flocks mortality only reaches 20%, in flocks with animals harbouring parasites or having secondary infections (*Pasteurella*), morbidity and mortality can attain 100%. He also stressed that many factors influencing the incidence of PPR are not yet known.
23. The Delegate of Iran, Dr Masoud Hashemzadeh Ahraniani, asked how one recognised specific antibodies following infection with rinderpest or PPR. He also asked how to distinguish PPR from rinderpest within the same flock. Dr Tabbaa explained that laboratory diagnosis was necessary. High specific neutralising antibody titres against rinderpest virus indicate an infection by this virus and low titre indicates the presence of PPR virus. An additional test is necessary to compare antibody titre levels against PPR virus. Competitive ELISA (C-ELISA) can indicate which virus is present in a single test.

24. Prof. Mahmoud wished to know the rationale behind some countries' decision to require that exporting countries be free from PPR for an exceptionally long period of time. He commented that imposing such long periods makes it difficult for countries to maintain their export levels and that this measure is difficult to justify on scientific grounds. The Rapporteur replied that this type of problem occurred in the case of other diseases, and that this was essentially an administrative issue which would be best dealt with by the OIE.
25. Dr Blancou stated that the OIE has set clear regulations for all List A diseases, including PPR, and that these regulations are published in the *International Animal Health Code*. Consequently, there are no grounds for a country to impose additional restrictions. Faced with such a situation, the exporting country should advise the OIE, which will in turn make contact with the importing country. The OIE's role in mediating this type of dispute has been made even more significant since it was designated the reference organisation for animal health regulations by the WTO.
26. Dr Babjee commented that freezing could inactivate the virus, and in this case trade in frozen meat should be facilitated. Dr Tabbaa responded that in the course of his experimentation, PPR virus was unable to survive long-term freezing. However, he added that this might depend on pH levels during the freezing process, and that when  $-80^{\circ}\text{C}$ . temperatures are used, the virus remains alive.
27. Prof. Sanosi stated that destruction of the virus depends less on pH levels than on the concentration of salts during freezing, and that very fast deep freezing allowed the virus to survive.
28. The Chairman of the Session invited participants to volunteer to form a group for the preparation of recommendations on this Technical Item. Prof. Elhag Ali, Prof. Mahmoud, Prof. Sanosi and the Delegate from Iran agreed to assist with the recommendations.

**Tuesday, 19 September 1995**

## **ITEM II**

### **Regional strategy for control of diseases**

29. The Chairman of the Session, Dr A. Mustaffa Babjee, introduced Dr K. El Hicheri, Rapporteur for this Technical Item.
30. Dr El Hicheri began his presentation by pointing out that his report was an attempt to analyse the animal health situation of the region, to identify the

major existing problems and to propose an approach for future strategies in one of the areas of the world most exposed to disastrous animal diseases.

31. He described the objectives of a regional strategy for the control of animal diseases: to prevent, control and/or eradicate the principal epizootic diseases, the major zoonoses and the other animal diseases having a strong impact on the economy of the region. The ultimate objective is to extend the control area as far as possible so that the region's borders will be those of its outermost countries. These objectives can evidently not be reached without close cooperation and coordination.
32. The Rapporteur stressed that to establish a common control programme each country should rank diseases in terms of their potential economic, social and public health significance to the country.
33. He recalled that the main animal diseases present or potentially threatening the livestock industry of the region are foot and mouth disease (FMD), rinderpest, sheep and goat pox, brucellosis, contagious bovine pleuropneumonia, African horse sickness, peste des petits ruminants, lumpy skin disease, Newcastle disease, Gumboro disease, rabies, echinococcosis, anthrax and Rift Valley fever.
34. Dr El Hicheri explained that the epidemiological study of some of these prevalent diseases may indicate the right approach to follow in terms of a regional strategy and may help to establish animal disease control programmes adapted to each country's preoccupations. It may also identify regional and/or sub-regional structures able to handle the rising problems, manage the common programmes and run technical and scientific activities.
35. The Rapporteur stated that it seems impossible at present to completely control an animal disease solely at a national level and, because many countries of the area are dependent on each other's animal disease status, there is a real need for projects organised on a regional basis to control animal diseases.
36. He described a regional approach to the control of animal diseases, divided into two main actions:
  - a) The development of veterinary service capabilities, such as a defence system based on quarantine, rapid laboratory diagnosis, epidemiosurveillance and information systems, and contingency planning and preparedness, able to rapidly and effectively mobilise resources.

- b) The implementation of control programmes dealing with one or a group of diseases and affecting one or more sub-regions. Disease control programmes are the ultimate action against diseases in view of decreasing their prevalence and incidence or eradicating them. On a regional scale, the enzootic and epizootic diseases could be included in more extended programmes covering one or more sub-regions.
37. In conclusion, Dr El Hicheri noted that starting from epidemiological evidence, it is possible to elaborate several groups of projects covering all the countries of the region, each one with its particularities. Each project could be based on the following components: promoting adequate policies, epidemiological surveys and control programmes adapted to each country's conditions, reinforcing diagnostic laboratory capabilities, designating reference laboratories for each disease, creating a training programme, implementing an epidemiosurveillance network, identifying buffer zones between sub-regions and epidemiological zones and establishing a commission to follow-up and evaluate activities.

### **Discussion**

38. The President of the Session and several participants congratulated Dr El Hicheri on his informative presentation. The President noted the importance of a regional approach to disease control and added that the concept of information transparency was essential to the proper functioning of regional programmes.
39. Prof. Mahmoud stated that he was largely in agreement with the Rapporteur's conclusions but drew attention to camel diseases, which were not covered in the presentation. He stated that camel trypanosomosis is a vector-borne disease having a strong impact on national economies, particularly in countries such as Sudan and Somalia. He called on the OIE to change certain priorities in its disease classification system in order to better reflect the economic importance of diseases like camel trypanosomosis in these regions.

He continued by mentioning that various other emerging diseases having adverse effects on trade, especially in Sudan, were not discussed in the report.

Prof. Mahmoud concluded by once again declaring his support for regional disease control programmes, but added that in the case of some diseases, such as camel trypanosomosis, it is necessary to work beyond the limits of regional borders to address the problem on a global scale.

40. Dr Babjee stated his approval of these comments and asked Prof. Mahmoud if he would agree to prepare literature on camel production and disease control. He added that Prof. Mahmoud's concerns would be taken into consideration in the recommendations.
41. Dr Aziz questioned the validity of regional divisions based on political concerns with respect to animal diseases and their distribution. He proposed that countries situated along the same latitude, which often have similar geographic and climatic conditions, be grouped together. In this way, the countries of the Sahel (from Mauritania to Somalia) could be considered as one group, and the Mediterranean countries (from Morocco to Lebanon) could form a second group. By basing the sub-region division on scientific grounds rather than on political boundaries, a more appropriate animal disease control strategy could be devised.

On the issue of the development of Veterinary Services, Dr Aziz suggested that diagnostic laboratories and laboratories producing vaccines be centralised on a regional level rather than attempting to establish national laboratories. For example, in the case of rabies or sheep and goat pox, some countries produce more vaccine than is necessary for national uses, while other countries of the same region suffer shortages of the same vaccines. Although the centralisation of laboratory activities necessitate regional cooperation and can present political difficulties, these problems must be overcome.

42. Dr Babjee summarised that regional divisions should be based on epidemiological grounds and not on political concerns, and that the establishment of centralised laboratory facilities is favourable because of the limited resources available in the area.
43. Dr Hassan suggested that a point should be added concerning the necessity of harmonising regional programmes. He suggested that some projects remained difficult to sustain and that there are too many different regional programmes. He added that the Pan African Rinderpest Campaign (PARC) is a good example of an efficient regional programme whose objective is to strengthen the actions of Veterinary Services.
44. Prof. Sanosi brought up the question of emerging diseases in the region. He noted that paratuberculosis (a zoonosis probably related to Crohn's syndrome in human beings), as well as staphylococci infections (notably Morel's disease, an abscess disease in sheep and goats) had not been mentioned in the report, but that they caused significant difficulties for trade in the region.

45. Dr Abdallah Makki spoke of the effect of privatisation and the continuing need to encourage governments to provide free vaccination of all animals. He claimed that demanding payment for vaccination from livestock producers jeopardised animal disease control in general.
46. The Delegate from Iran, Dr Hashemzadeh, suggested that the regions be divided differently and that a group corresponding to the project of the Middle Asian Rinderpest Eradication Campaign (MAREC) be established.
47. Dr Tabbaa, while in agreement with the concept of regionalisation in general, declared that animal diseases should be divided into categories based on the new classification of the diseases as complexes, such as abortion-complex, respiratory disorder syndrome, neonatal diarrhoea complex, etc.
48. Dr Yousif reminded participants to the Conference to keep in mind the important role of wildlife and the special problems concerning wild animals.
49. Dr El Hicheri gave his responses to the various questions asked. He agreed that the camel population and the diseases affecting it should not be overlooked, especially in the context of the Nile Valley countries. He suggested that the countries of this particular sub-region concentrate on this issue.
50. On the subject of regional divisions, the Rapporteur conceded that the division criteria used in his study were of an artificial nature; however, this does not mean that the disease control programmes are limited to the borders of the region in question. Countries with similar disease problems should pool resources and knowledge even when they are not situated in the same regions.
51. With respect to centralised laboratories, Dr El Hicheri said that some countries lack the means to establish efficient and effective institutions. However, he stressed the necessity for each country to have at least one national laboratory for diagnostic purposes, pointing out that proximity is a necessary factor in diagnosis and that travel and communication within the region can be difficult.  
  
He suggested a three-tiered system composed of national laboratories, sub-regional laboratories (for subjects such as bio-security) and regional laboratories (dealing with specialised topics such as exotic pathogens).
52. Concerning the groupings of OIE Member Countries in Regional Commissions, Dr El Hicheri suggested that Dr Blancou discuss the OIE's position.

53. In response to Dr Hassan's question on the sustainability of regional programmes, the Rapporteur emphasised that due to a lack of means it is preferable to concentrate on a limited number of projects in order to ensure their success. It is also necessary to make a distinction between emergency projects and long-term projects.
54. With respect to the emerging diseases mentioned by Prof. Sanosi, Dr El Hicheri responded that although these diseases may be present in Sudan, it is necessary to evaluate their impact elsewhere within the region to determine whether or not regional programmes should be established for their control.
55. Insofar as privatisation of the veterinary profession is concerned, Dr El Hicheri agreed that while different governments have differing approaches to the question, OIE should on the whole continue to encourage government subsidisation of costs.
56. In answer to Dr Tabbaa's question on divisions of diseases, the Rapporteur acknowledged the existence of diseases which greatly affect only certain regions.
57. Dr Blancou suggested that on the subject of camel diseases, a representative from Sudan should participate in the Ad hoc Group on Non Tsetse Transmitted Animal Trypanosomoses (NTTAT), which brings together countries interested in these diseases and produces an annual report. He also mentioned the proceedings of the First International Camel Conference, held in Dubai in 1992.

Dr Blancou acknowledged the importance of the privatisation issue, which was discussed during the last two Conferences of the Regional Commission for Africa, and the necessity of maintaining governmental authority over List A disease control. He added that the use of cost recovery projects was also encouraged.

Insofar as the division of regional commissions is concerned, Dr Blancou explained that the OIE Commission for the Middle East was established in 1989 and, at that time, the International Committee decided to include 16 countries as members. He added however that this subject was open for discussion at a later date, and that a country could join another Regional Commission if it so wished.

Dr Blancou mentioned that since 1994 a group of specialists have been assembled to form the Working Group on Wildlife Diseases. This Group collects information from all OIE Member Countries for publication in the annual *World Animal Health*.

58. Dr Babjee stressed the importance of regionalisation but added that economic, social and political constraints persist and that solutions must be found on a global basis. It is necessary to use innovation and optimise the use of existing resources. For example, vaccine production could be regrouped in an efficient manner and interventions in the field could be arranged so that more than one problem was treated at any one time. Dr Babjee described an Asian concept whereby a "win-win" situation is created when countries make their neighbours and themselves rich.
59. The Chairman of the Session then invited participants to volunteer to form a group for the preparation of recommendations on the second Technical Item. Dr Hashemzadeh, Dr Aziz and Dr Babjee agreed to join Dr El Hicheri in preparing the recommendations.

### **ITEM III**

#### **Animal health status of Member Countries during the first semester of 1995**

60. The Director General drew attention to the fact that many countries had not sent their reports in on time, or in some years had not sent them at all. He stressed the crucial importance of these reports for the OIE and for the safety of international trade, and this even more so since the establishment of the WTO earlier this year.
61. Prof. Sanosi, Chairman of the Session, invited Delegates of Member Countries to report on any changes that had taken place regarding the animal health status of their country since the 63rd General Session of the OIE.
62. The animal health situation in the region can be summarised as follows, according to the reports, written and spoken, presented to the Conference:

#### **List A diseases**

##### **Foot and mouth disease**

63. As in 1994, foot and mouth disease (FMD) due to virus type O was circulating during the first six months of 1995 in Bahrain, Iran, Israel and the Controlled Territories, Jordan, Kuwait, Oman, Saudi Arabia, Turkey and Yemen.
64. In addition, the OIE World Reference Laboratory for FMD (Pirbright, United Kingdom) identified type O virus in samples collected from



antelopes in Saudi Arabia in January 1995, and virus types O and A in samples from cattle, sheep and goats received from the same country in February 1995.

65. In Jordan, an outbreak of FMD was reported in young lambs at Wadi Husaydat (a desert area 40 km south-east of El-Azraq). This constitutes a significant epidemiological event, since it is unusual for FMD to occur in a desert area.
66. Virus type O was present in the Anatolian region of Turkey in an enzootic form. In March 1995, the same virus was responsible for an outbreak in Kirklareli province in the Thrace region, which had been free from FMD since January 1990. The disease occurred in young unvaccinated cattle.
67. The necessary sanitary measures were taken, in particular with regard to the borders with Bulgaria and Greece, and included controlling animal movements across the Bosphorus and the Dardanelles. This outbreak, which remained an isolated occurrence, was declared eradicated on 14 April 1995.
68. Virus type A was present in Iran from January to March 1995. Having been absent from Turkey since April 1993, this virus type was once again identified in the country in April, May and June 1995.
69. In May 1995, Dr M. Hassuneh, Director General of Veterinary Services, Ministry of Agriculture of the Palestinian National Authority, Nablus, reported an outbreak of FMD in the Gaza Strip in calves imported for slaughter. The causal virus has not been identified.

### **Rinderpest**

70. Rinderpest was confirmed in January 1995 in the cattle market at Asmara in Eritrea. The infected bovine had recently been imported from a neighbouring country.
71. In Oman, where the disease had not been observed since March 1993, an outbreak, in which 18 animals died, was reported in the region of Batinah in April 1995.
72. The disease was reported in Iran in 1994 but not in 1995.

### **Peste des petits ruminants**

73. Peste des petits ruminants was reported in Eritrea (two outbreaks in January, two in February and eight in March 1995).

74. In Oman, 19 outbreaks were reported from January to April 1995.
75. No new outbreaks of the disease have been observed in Iran since March 1994, in Israel and the Controlled Territories since November 1994, or in Jordan since April 1994.

#### **Contagious bovine pleuropneumonia**

76. No new outbreaks of contagious bovine pleuropneumonia were reported in Eritrea or Ethiopia, both of which had declared cases in 1994.

#### **Lumpy skin disease**

77. During the period under review, none of the countries in the region reported the presence of lumpy skin disease.

#### **Rift Valley fever**

78. No significant events relating to Rift Valley fever were brought to the attention of the OIE during the first six months of 1995.

#### **Bluetongue**

79. In Iran, no clinical cases of bluetongue were reported. In serological surveys carried out in 1994, a small percentage of sheep, goats and cattle near the western border of the country showed positive results to serological tests for the disease.
80. In Cyprus, out of 1,028 sera tested in 1994, 145 sera from sheep and 162 sera from goats showed positive results.

#### **Sheep pox and goat pox**

81. The following countries reported the presence of the disease: Eritrea, Iran, Oman, Qatar, Syria and Turkey.
82. In Qatar, the disease reappeared in February 1995 after an absence of over two years.
83. No new cases have been reported in Sudan since June 1994.

#### **African horse sickness**

84. No outbreaks of African horse sickness were reported in the region during the period under review.

### **Newcastle disease**

85. During the first six months of 1995, the following countries reported the presence of Newcastle disease on their territory: Egypt, Iran, Jordan, Sudan, Syria and Turkey.

### **List B diseases**

86. The major List B diseases observed in the region during the first six months of 1995 were anthrax, echinococcosis-hydatidosis, rabies, brucellosis, tuberculosis, haemorrhagic septicaemia, theileriosis and infectious bursal disease (Gumboro disease). Leptospirosis was also reported in Iran.

### **Discussion**

87. Before the discussion, the Delegates from Iran and Sudan gave additional information on their disease surveillance systems as well as on their networks of diagnostic and vaccine-producing laboratories, both on a local and on a national level.
88. Dr Aziz then made several practical suggestions designed to better knowledge of animal diseases in the region, based mainly on results of inspections to abattoirs (tuberculosis) and on the research of antibodies against various diseases in sera collected within the framework of the PARC. He stressed the essential role of laboratories in disease surveillance and their importance in fighting zoonoses (namely tuberculosis and rabies). The high cost of anti rabies vaccines for use by humans makes fighting rabies very expensive for the countries in which the disease is present.
89. The latter point was also referred to by a member of the Sudanese Delegation and by the President of the Session, who both consider that the vaccine produced in Sudan (based on an inactivated rabies virus made from goat brains) should be replaced by a more modern vaccine produced in human diploid cells.

### **Date, venue and agenda items for the 4th and 5th Conferences of the OIE Regional Commission for the Middle East**

90. The Director General reminded participants that the Delegate of Jordan and the Delegate of Oman had indicated their willingness to host the 4th and 5th Conferences of the Commission, respectively in 1997 and in 1999. The participants agreed to postpone decisions concerning these Conferences until the next Regional Commission meeting, May 1996, in Paris.

### **Presentation and discussion of**

### **Draft Recommendations for Technical Items I and II**

91. Draft Recommendations No. 1 and No. 2 were distributed to participants and thoroughly discussed. Several amendments were proposed.

#### **Wednesday, 20 September 1995**

92. A trip to the Assalaya sugar plantation and brunch was followed by a tour of PARC/Sudan mobile vaccination crushes. Participants found the opportunity to meet White Nile State authorities and to witness vaccination techniques and exchange information with their colleagues in the field most interesting. This occasion also offered the opportunity to visit the Sudanese countryside, meet the nomads and semi-settlers in Kosti province and better understand the importance of livestock to their culture and way of life.

#### **Thursday, 21 September 1995**

### **Adoption of the Draft Final Report and Recommendations for Items I and II**

93. The Conference adopted the Final Report pending certain amendments and approved Recommendations Nos. 1 and 2 (Appendices IV and V).

### **Closing Session**

94. Dr Blancou gave a brief overview of the Technical Items and of the discussions which ensued. He pointed out the vulnerable nature of animal health status in the Middle East, and emphasised the necessity of close cooperation between countries of the region and the international organisations working in the area. He reiterated the OIE's commitment to animal health programmes in the region. He then thanked the Government of Sudan and especially Prof. Wahbi and his staff for their efficiency in organising the Conference and for the generous hospitality extended to all participants. He also expressed his gratitude to the Rapporteurs for their excellent presentations.
95. Dr Babjee thanked everyone involved in the preparation and organisation of the meeting and especially the Government of Sudan for hosting the Conference. He then congratulated participants on the quality of the debates and commented on the importance of all veterinarians of the region meeting together to discuss regional issues.

96. Dr Al-Suleimany, Vice-President of the OIE Regional Commission for the Middle East, read out a motion of thanks to the Government of Sudan (Appendix VI).
97. Prof. Wahbi spoke of the success of the Conference and pointed out that concerns expressed before the Conference about the security in Khartoum were unfounded. He thanked the Conference Secretariat and on behalf of his Government wished all participants a safe return to their homes with good memories of their stay in Sudan.
98. Dr Babjee officially closed the Conference at 11.00 am.

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.../Appendices

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Peste des petits ruminants
  - V. Recommendation No. 2  
Regional strategy for the control  
of animal diseases
  - VI. Motion of thanks
-

Appendix I**LIST OF PARTICIPANTS****MEMBER COUNTRIES****Iran**

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Appendix II

**3rd Conference  
of the  
OIE Regional Commission for the Middle East**

Khartoum (Sudan), 18-21 September 1995

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**Agenda**

- I. Peste des petits ruminants
  - II. Regional strategy for control of diseases
  - III. Animal health status of Member Countries during the first semester of 1995
  - IV. Other matters
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**3rd Conference  
of the  
OIE Regional Commission for the Middle East**  
Khartoum (Sudan), 18-21 September 1995

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**Timetable**

**Monday 18 September 1995**

- 8.30 am - Opening Ceremony at the Friendship Hall in African Conference Hall
- 9.00 am - Transportation
- 9.30 am - Registration and distribution of documents at the Conference Centre (PARC meeting hall)
- 10.00 am - Election of the Conference Committee (Chairman, Vice-Chairman and Rapporteur General)
  - Adoption of Provisional Agenda and Timetable
  - Election of Session Chairmen and Rapporteurs for Technical Items and Animal Health Status
- 10.15 am - **Technical Item I:** Peste des petits ruminants (Dr D. Tabbaa)
- 11.45 am - Break
- 12.15 pm - **Technical Item I:** Continued
- 1.45 pm - Presentations by international and regional organisations
- 2.15 pm - Lunch (Preparation of recommendation for Item I by small designated group)
- 8.00 pm - Reception given by the Ministry of Agriculture and Natural and Animal Resources of Sudan

Appendix III (contd.)

**Tuesday 19 September 1995**

- 8.30 am - **Technical Item II:** Regional strategy for control of diseases (Dr K. El Hicheri)
- 11.30 am - Break (Preparation of recommendation for Item II by small designated group)
- 12.00 pm - Animal Health Status of Member Countries
- 12.30 pm - Others questions (Date and venue of the 4th Conference of the OIE Regional Commission for the Middle East, etc.)
- 1.15 pm - Discussion of recommendations for Technical Items I and II
- 2.15 pm - Lunch
- 8.00 pm - Reception given by the OIE at the Hilton Hotel, Khartoum

**Wednesday 20 September 1995**

- 8.30 am - Professional visits: dura and cane sugar farms and rainy season vaccination team

**Thursday 21 September 1995**

- 8.30 am - Adoption of Final Report and Recommendations
  - 10.30 am - Break
  - 11.00 am - Closing Ceremony
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**3rd Conference  
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Khartoum (Sudan), 18-21 September 1995**

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Recommendation No. 1

**Peste des petits ruminants**

CONSIDERING

That peste des petits ruminants (PPR) is a highly contagious viral disease of small ruminants present in the Middle East region,

That the disease can be confused with rinderpest or with *pasteurella* infection,

The need for reliable and sustainable surveillance and control strategies leading to the eradication of the disease from the region,

The lack of knowledge of the epidemiology of PPR in the region,

The recent developments in diagnostic methods and the availability of a new attenuated homologous PPR vaccine,

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST

RECOMMENDS THAT

1. Cooperation among countries should be strengthened with the aim of controlling and eventually eradicating PPR in the region, with the support of international organisations.
2. A comprehensive survey should be carried out to determine the distribution of PPR and to study the epidemiology of the disease in the different countries of the region.
3. A laboratory should be designated according to OIE procedure to harmonise and coordinate diagnostic procedures and vaccine testing in the region.

Appendix IV (contd.)

4. A higher priority should be given to PPR awareness in veterinary curriculum.
5. Immunisation with an efficient homologous vaccine and seromonitoring of PPR in endemic areas should be applied whenever possible.
6. Training in the production of proper vaccines should be provided at the national level wherever necessary.

(Adopted by the OIE Regional Commission for the Middle East  
on 21 September 1995 during its 3rd Conference)

**3rd Conference  
of the  
OIE Regional Commission for the Middle East  
Khartoum (Sudan), 18-21 September 1995**

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Recommendation No. 2

**Regional strategy for the control of animal diseases**

CONSIDERING THAT

The Middle East is one of the most exposed region in the world to epizootics,

The demand for animal products in the region and, consequently, the importance of trade in animals and animal products is increasing,

The economy of the countries of the area is based for a major part on livestock and animal resources,

Nomadism and transhumance are still a predominant farming system and that animal movements within the country and between countries of the region are difficult to control,

The countries of the region are experiencing the same difficulties with regard to the control of animal diseases,

Most of the countries of the region do not have all the necessary means to control the major animal diseases,

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST

RECOMMENDS THAT

1. The countries of the region strengthen their national veterinary services and infrastructures, and install a defence system against animal diseases, based on quarantine, diagnostic laboratories, epidemiosurveillance, information and veterinary services preparedness and readiness.



Appendix V (contd.)

2. The countries of the region gather in groups of countries based in epidemiological profiles of animal diseases and other common criteria, and elaborate coordinated control programmes against animal diseases.
3. The epidemiosurveillance networks and the exchange of information be further developed and coordinated.
4. The countries in the region maximise regional facilities for biologicals production and distribution.
5. Priority be given to technical training to meet the special needs of the region.

(Adopted by the OIE Regional Commission for the Middle East  
on 21 September 1995 during its 3rd Conference)

**MOTION OF THANKS**

The Vice-President of the Bureau of the OIE Regional Commission for the Middle East, the President of the International Committee and the Director General of the OIE, the Members of Delegations of Member Countries and the Observers present wish to express their gratitude to the Government of the Republic of the Sudan, the Host Country of the 3rd Conference of the Regional Commission, for the excellent welcome accorded to them and for all facilities made available to them during their stay in Khartoum from 18 to 21 September 1995.