OFFICE INTERNATIONAL DES EPIZOOTIES

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

4th Conference of the OIE Regional Commission for the Middle East

FINAL REPORT

Amman, Jordan
22 - 25 September 1997

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List of abbreviations

AOAD	:	Arab Organization for Agricultural Development
BSE	:	Bovine spongiform encephalopathy
CJD	:	Creutzfeldt-Jakob disease
ELISA	:	Enzyme-linked immunosorbent assay
EMPRES	:	Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases
FAO	:	Food and Agriculture Organization of the United Nations
FMD	:	Foot and mouth disease
GTZ	:	German Agency for Technical Cooperation
IAEA	:	International Atomic Energy Agency
IFAD	:	International Fund for Agricultural Development
JUST	:	Jordan University of Science and Technology
MBM	:	Meat and bone meal
OIE	:	Office International des Epizooties
PrP	:	Prion protein
RADISCON	:	Regional Animal Disease Surveillance and Control Network
TSE	:	Transmissible spongiform encephalopathy
vCJD	:	new variant Creutzfeldt-Jakob disease
WHO	:	World Health Organization

Introduction

1. On the invitation of the Government of the Hashemite Kingdom of Jordan, the 4th Conference of the OIE Regional Commission for the Middle East was held in Amman from 22 to 25 September 1997.

2. Sixty-six Delegates and observers from fourteen Member Countries and three international organisations attended the Conference. The Rapporteurs for Items I and II, Dr G. Yehya and Mr R. Bradley, also participated in the proceedings of the Conference (Appendix I).

Monday, 22 September 1997

Opening Ceremony

3. The conference was inaugurated in the presence of Her Royal Highness Princess Aisha Al Hussein. The Jordanian national anthem was played.

4. Dr M. Amarin, Director of Veterinary Department at the Jordanian Ministry of Agriculture, stressed the role of Jordan both within the region and on an international level. He praised the contributions of the private, public and academic sectors in the organisation of the conference, and wished participants the best of success in the work ahead. He then introduced the President of the OIE Regional Commission for the Middle East.

5. Dr Sultan A. Sultan Al Khalaf, OIE Delegate from Kuwait and President of the OIE Regional Commission for the Middle East, sincerely thanked the Government of Jordan for having kindly invited the Conference to Amman. He stressed the timeliness of this Conference, which comes at a period when the Middle East region is in the process of controlling the most important diseases affecting both human health and national economies.

6. Dr J. Blancou, Director General of the Office International des Epizooties, was then introduced by Dr Amarin. Dr Blancou expressed his appreciation to the Authorities of Jordan for hosting the Regional Conference. He noted the important number of participants present, which was a clear indication of the interest shown by the Member Countries for activities specific to the Middle East region. The Director General then outlined the particular relevance of the Technical Items to be presented and wished participants success for the work of the Conference.

7. His Excellency Mr Mijhim Al-Khraisha, Minister of Agriculture, officially declared the Conference open and welcomed participants on behalf of the

Government and the people of Jordan. He noted the considerable growth of the world population and the pressure such growth places on the global economy. To provide for human needs, there must be cooperation among all nations. He stated that this meeting reflects the collective effort of all peoples of the Middle East towards the conservation of available regional resources by increasing animal production through better health policies.

8. The Minister added that Jordan would spare no effort in contributing to this effort and therefore would work in cooperation with international institutions to prevent problems that could quickly threaten the entire globe. He then summarised the legislation adopted to restructure the agricultural sector of Jordan and the recent successes in the control of animal diseases in the country. He recognised the need to support regional programmes with a view to fighting animal diseases that can so easily cross borders.

9. Mr Mijhem Al Khraisha concluded by thanking the OIE for its important work and pledged the support of his country for OIE activities.

10. The texts of the above speeches were distributed to the Delegates.

Election of the Conference Committee

11. Participants elected the following Conference Committee:

Chairman	:	Dr M. Amarin (Jordan)
Vice-Chairman	:	Dr R. Al Suleimany (Oman)
Rapporteur General	:	Dr A. A. Ragheb (Jordan)

Adoption of the Provisional Agenda and Timetable

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

Election of Chairmen and Rapporteurs

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

Item I: Dr O. Hashem (Saudi Arabia), Chairman
Dr A.H. Al-Fayad (Qatar), Rapporteur
Dr Hatim Al-Khatib (Jordan), Rapporteur

Item II: Dr P. Economides (Cyprus), Chairman
Dr L. Al-Shareef (Jordan), Rapporteur
Dr U.E. Alaseeri (Bahrain), Rapporteur

Item III: Dr M. Aydin (Turkey), Chairman
Dr A.A. Arab (United Arab Emirates), Rapporteur

ITEM III

Animal health status of Member Countries during the first semester of 1997

14. Dr M. Aydin, 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 65th General Session of the OIE.

15. 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

16. Foot and mouth disease (FMD) caused by virus type O was circulating during the first six months of 1997 in Iran, Kuwait, Oman, Saudi Arabia, Territoires Autonomes Palestiniens, Turkey and United Arab Emirates. Virus type A was also isolated in Iran and United Arab Emirates.

17. Four outbreaks of FMD in Bahrain and 20 outbreaks in Qatar were reported during the same period.

18. The outbreaks reported in Kuwait were observed in twenty herds, involving mostly imported dairy cows that had been vaccinated against foot and mouth disease at the quarantine station.

19. All cattle will be vaccinated against types O and A three times and sheep and goats once in the Thrace region of Turkey in 1997. The first and second vaccination campaigns have already been completed.

Rinderpest

20. The disease was reported during the first semester of 1997 in Saudi Arabia.

21. Egypt declared its territory provisionally free from the disease in 1996 and other countries intended to do the same in the near future. The disease still poses a major threat in Yemen.

Peste des petits ruminants

22. Oman, Saudi Arabia and Territoires Autonomes Palestiniens reported outbreaks of peste des petits ruminants during the first half of 1997.

23. Jordan informed the assembly that a pilot vaccination project using a homologous vaccine was underway and that much better results were being obtained than by vaccination with the rinderpest vaccine.

Contagious bovine pleuropneumonia

24. Two outbreaks of the disease were observed in Qatar in March and three in April 1997.

Bluetongue

25. Positive results were obtained following a sero-surveillance programme carried out in Cyprus and Jordan, but no clinical cases were observed.

Sheep pox

26. The disease continued to be reported in Iran, Libya, Kuwait, Oman, Qatar, Territoires Autonomes Palestiniens and Turkey.

27. Bahrain reported two outbreaks of sheep pox in 1997 in local sheep; there had been no reported cases in 1996.

28. In Israel, an outbreak of the disease was reported in May 1997 in Ramla district. Quarantine, movement control and vaccination were implemented.

Newcastle disease

29. During the first six months of 1997, the following countries reported the presence of Newcastle disease on their territory: Bahrain, Iran, Israel, Jordan, Saudi Arabia and Turkey.

30. The disease still represents a major problem to the poultry industry in Egypt.

31. In Israel, an outbreak of the disease (mesogenic strain of virus) was reported in April 1997 in Ashkelon district. In June 1997, after the completion of the control measures and in the absence of additional outbreaks, the infected zone was declared free from Newcastle disease.

List B diseases

Anthrax

32. A total of 32 outbreaks was reported in Turkey during the first seven months of 1997.

Rabies

33. Cases of rabies were confirmed in Jordan, Oman, Saudi Arabia, Sudan and Turkey, both in domestic and wild animals. Control measures have been taken, including vaccination, destruction of stray dogs, etc.

Paratuberculosis

34. The disease was confirmed in five goats in Oman.

Enzootic bovine leukosis

35. This disease was diagnosed for the first time in Egypt in June 1997 in one governmental farm, in Assiut.

Anaplasmosis

36. Anaplasmosis was confirmed in seven goats in Oman.

Brucellosis

37. The disease continues to be frequently recorded in Egypt, where specific antibodies were recognised in a total of 719 cattle, 231 buffaloes and 870 sheep and goats during the first semester of 1997.

38. In Kuwait, a recent broad-based survey of bovine brucellosis in dairy herds in Sulaibiya showed a prevalence of 2.35%.

39. Six outbreaks were reported in small ruminants in Qatar, and five outbreaks in cattle and nine outbreaks in small ruminants in Turkey.

40. Cases were also reported in Saudi Arabia during the first semester of 1997.

Theileriosis

41. Theileriosis was confirmed in 151 cattle and 85 sheep in Oman, and in 25 cattle in Qatar. The disease was also reported in Sudan.

Contagious caprine pleuropneumonia

42. Four outbreaks were reported in Bahrain, 170 outbreaks in Oman, and 55 outbreaks in Qatar.

Fowl pox

43. An outbreak occurred in Oman, involving turkeys.

Gumboro disease

44. Gumboro disease remains of major concern in Bahrain, and several outbreaks were reported in Oman.

Pullorum disease

45. This disease is endemic in Egypt.

46. A total of 15 outbreaks was reported in Oman, and nine outbreaks in Turkey.

Old world screwworm

47. Fifteen thousand cases of parasitism by the *Chrysomya bezziana* larvae in animals and nineteen cases in humans have been reported in Iraq since identification of the fly in the country. Notification to the OIE (List B) for this disease was made mandatory in May 1997. In Jordan, fly traps have been put in place along the borders in order to identify the insects.

Other diseases

48. Oman reported the presence of camel pox and surra (*Trypanosoma evansi*) in camels.

Discussion

49. The Delegate from Cyprus declared that his country was free from bovine spongiform encephalopathy (BSE) and from bovine tuberculosis. The Delegate from Turkey asked for further information with respect to Cyprus' declaration of freedom from BSE.

50. The Syrian Delegate requested clarification on the number of cases of parasitism by old world screwworm in humans and animals in Iraq and about the measures that have been taken to fight the disease in Iraq. The Delegate from Saudi Arabia then asked a complementary question on the status of human cases caused by this disease. The FAO Representative and the OIE Director General gave additional information on the actions taken on an international level to improve the surveillance and control of these diseases.

51. Dr Amarin explained that the animal health situation in Jordan had not changed between 1996 and 1997. He further stated that, with respect to FMD control, a vaccination umbrella had been extended to cover sheep and goats in addition to cattle.

52. The Delegate from Cyprus asked for clarification on the bluetongue eradication programme in Turkey.

53. The Delegate from Saudi Arabia reported that his country was carrying out an extensive survey on equine diseases following the recommendations of an European Union mission that had visited Saudi Arabia in 1994.

ITEM I

Equine health status in the Middle East

54. Dr O. Hashem, Chairman of the Session, briefly introduced the Rapporteur for this Item, Dr G. Yehya.

55. Dr Yehya informed participants that the information collected either from the responses received from eleven Member Countries or from FAO/OIE/WHO and OIE yearbooks shows that the region, with its high horse population, particularly those of international importance, is practically free from the major equine diseases. This situation is due to the control programmes in place in the majority of the Member Countries.

56. Animal health measures implemented with a view to eradicating equine diseases include:
    - setting up control programmes inside the country;
    - constructing quarantine facilities;
    - carrying out laboratory tests;
    - establishing strict import-export control regulations.

57. Dr Yehya added that some countries still experiencing problems caused by diseases transmitted by anthropods, such as piroplasmosis, dourine and surra, have introduced appropriate measures to attempt to control these diseases and their vectors.

58. The Rapporteur concluded by advising Member Countries to harmonise their means of identifying horses (passports) and their health certificates used for import-export so as to meet international requirements.

Discussion

59. The Chairman congratulated Dr Yehya on his interesting presentation and then asked for questions from the floor.

60. The Delegate from Cyprus asked for a correction in Table 2 concerning diseases notifiable in his country. Dr Yehya agreed with this proposal.

61. The observer from Yemen asked why information on the horse disease situation in his country had not been included in the presentation made on this subject. Dr Yehya informed the observer that the questionnaire had not been sent to Yemen as the country is not yet a Member Country of the OIE. He stated, however, that any data from Yemen would be welcome and could be added to the report.

62. The Delegate from Qatar made a correction in the figures concerning his country that were contained in Table 4 of the report, specifying that the number of horses should be 1451 and the number of donkeys 108.

63. Dr Hassan from Sudan informed participants that African horse sickness is considered a notifiable disease in his country.

64. A representative from Jordan wanted to clearly indicate that the presence of dourine had not been confirmed after the completion of a sero-surveillance study.

65. The representative from the FAO asked how information was presented in the passport for horses with respect to colours, language, etc.

66. Dr Falah Al-Ani from the Jordan University of Science and Technology (JUST) commented that certain diseases present in the region had not been mentioned in the present report and requested that complementary data be added and a new list of horse diseases compiled. Dr Yehya replied that the countries in question had not sent reports on the animal health status in their countries, and further stated that the set-up of a regional representation in the Middle East would favour the gathering of data on animal health.

67. Dr Labeeb Al-Shareef of JUST questioned data reported on equine and bovine diseases and suggested that the future regional representation of OIE for the Middle East cooperate closely with the FAO in order to make more data available on diseases in the region. The Director General of the OIE explained that when countries do not send official information to the OIE, the data cannot be formally published in OIE or FAO documents. Nevertheless, efforts are currently being made in two directions to improve the situation: firstly, the OIE asks Member Countries to confirm published scientific data on their animal health status which emanate from sources other than the Member Country's government; and secondly, data for some species (e.g. fish and wildlife) that originate from non-official sources are published but are clearly distinguished in all OIE publications and databases.

68. Dr Al Fayad from Qatar asked why fungal diseases had not been included in the report. Dr Yehya responded that he had concentrated primarily on OIE List A and B diseases and that fungal diseases are less important.

69. A few possible changes to Dr Yehya's report were discussed; these were duly noted by Dr Yeyha.

70. The Chairman of the Session asked for volunteers to form a group to prepare recommendations on this Technical Item. Dr G. Neophytou (Cyprus), Dr F. Al-Ani, Dr I. Al-Jarah, Dr H. Al-Khatib (Jordan) and Dr A.A. Arab (United Arab Emirates) agreed to assist the Chairman and Dr Yehya in the preparation of these recommendations.

71. Before adjourning the session, Dr S.A. Sultan Al-Khalaf proposed that the assembly observe a minute of silence in remembrance of Dr A. Moussa from Egypt and Dr K. Polydorou from Cyprus.

Tuesday, 23 September 1997

ITEM II

Regional strategy for control of bovine spongiform encephalopathy as an emerging disease: measures, ways and means to protect animals and consequently humans from the possible risks of the disease

72. The Chairman of the Session, Dr P. Economides, introduced Mr R. Bradley, Rapporteur for this Technical Item.

73. Mr Bradley thanked the organisers of the meeting for having invited him to report on this item. He explained that reports had been received from eight Member Countries: Cyprus, Jordan, Kuwait, Oman, Qatar, Turkey and United Arab Emirates. Data from Saudi Arabia, which were received too late to be included in this report, would be published in the final proceedings.

74. Information from these countries indicated that all have substantial numbers of ruminant food animals known to be naturally susceptible to transmissible spongiform encephalopathy (TSE), namely either bovine spongiform encephalopathy (BSE) or scrapie. Only one country reported mink farming on a small scale but most countries have at least one zoo housing *Bovidae* and *Felidae*. Only one country reported cases of scrapie in sheep and goats. However, in this country a continuous and comprehensive control programme has existed since 1987.

75. He added most countries had imported live ruminant animals and ruminant bone-in carcass meat, sometimes on a large scale. Few countries had imported meat and bone meal (MBM).

76. In five countries BSE and scrapie are notifiable diseases and six have awareness programmes in place. Four countries have facilities for *post mortem* confirmation of TSE by microscopic examination of the brain but by no other method. Training had been provided by Germany, the United Kingdom (UK) and the United States of America for three countries. The three other countries would consult a reference centre in another country if necessary.

77. One country prohibited the feeding of mammalian protein to ruminant animals. Two countries have some form of specified bovine offals ban for animal and/or human consumption.

78. Two countries reported the use of animal/ruminant waste rendering with conditions equivalent to, or in excess of, those in use in the European Union (EU) and proposed by the OIE. One country exports waste after initial

treatment. The other countries incinerate or bury such waste. Dead animals are incinerated or buried in all countries.

79. Mr Bradley stated that no country had conducted a risk assessment for BSE or scrapie and that no risk management strategy had been adopted. He added that no data were presented on monitoring or surveillance for BSE or scrapie.

80. Three countries use the recommendations in the OIE *International Animal Health Code* regarding the importation of cattle and cattle products. Two do not import these materials from countries that have had confirmed cases of BSE.

81. Creutzfeldt-Jakob disease (CJD) is notifiable in three countries and one has a surveillance programme. One country reported one case and another reported two cases of conventional sporadic CJD during the period 1990-1996. No cases of the new variant CJD (vCJD) were reported in any country.

82. The Rapporteur pointed out that in Europe BSE occurs in native-born cattle in six countries. In the UK and Switzerland the incidence is declining in response to control measures. Both in the UK (21 cases) and in France one case of a new variant form of CJD has occurred. To date there is no direct evidence that BSE causes CJD but the possibility that it could remains.

83. He recalled that control measures in regard to animal feed, rendering and specified risk materials are in place or proposed in all Member States of the EU.

84. Mr Bradley stressed that all countries should conform with the recommendations of the OIE *International Animal Health Code* chapter on BSE (3.2.13) and especially conduct a risk assessment for BSE and adopt a risk management strategy to reduce any risk identified.

85. He concluded that these procedures would reduce any risk there may be for animals and humans and would assist in the eradication of BSE from OIE Member Countries.

Discussion

86. The Chairman of the Session congratulated Mr Bradley on his informative presentation and briefly summarised the major measures necessary in minimising risk: encouraging disease notification, establishing diagnostic facilities, implementing import restrictions from countries at risk, using adequate temperatures in industrial treatment, preventing the feeding of MBM to ruminants, and prohibiting the use of brains and spinal cord products.

87. Dr Samir Ogylat (Jordan) asked whether BSE symptoms could be confused with certain metabolic disorders and whether stress could precipitate clinical signs. He then requested that additional information be given on the nature of the agent.

88. Mr Bradley said that the clinical signs may be confused with metabolic disorders, especially in the springtime when there was a seasonal rise in cases reported. Some of these can be resolved by conventional laboratory examination. Stress plays an important role in some cases. For example, some animals which appear healthy at the farm may show clinical signs of the disease following transport to the abattoir. The seasonal winter rise of cases with clinical signs can be attributed to the fact that there is increased observation from the point of calving which, in dairy cows, commences in the autumn.

89. Mr Bradley explained that one of the three major current hypotheses is that the agent causing TSE is an infectious protein - the prion protein, or PrP. There was much evidence to support this view but it did not readily explain the presence of multiple agent strains or of agent mutation. The second hypothesis is the virino hypothesis which suggests that the agent consists of PrP but also has a genome, possibly a small nucleic acid, which readily explains the existence of strains and mutation. No nucleic acid has been discovered, however. A third hypothesis is that the agent is an unconventional virus.

90. The Delegate from Syria asked whether the disease had been found in milk or meat or whether there was a risk associated with the use of bovine materials in pharmaceutical, medical or cosmetic products. He added that while risks may be reduced by using appropriate methods in the industrial treatment of the products, a World Health Organization (WHO) meeting held in May had advised that such products be imported only from countries where no or little risk was present.

91. Mr Bradley answered that BSE infectivity had not been found in either milk or meat from clinically affected cattle. With respect to bovine materials used to manufacture pharmaceutical, medical or cosmetic

products, he counselled the continued use of safe sources. Any risk assessment has to take into account the route of administration, the dose and the absence or presence of a species barrier. He emphasised the use of an effective risk assessment policy when deciding on import sources.

92. Dr O. Hashem from Saudi Arabia thanked Mr Bradley and asked a further question about meat safety, especially with respect to the nervous system (other than the spinal cord). Mr Bradley admitted that low levels of infectivity had been found in the peripheral nerves in sheep with clinical scrapie, but that bio-assays of tissues from cattle clinically affected with BSE showed infectivity only in the brain, spinal cord and retina and not in peripheral nerves. The sciatic and tibial nerves and the *cauda equina* had shown no infectivity. Research continues on this question and results should soon be available. He continued by explaining that it is still possible that some brain material remains in the skull even after the brain is removed, and that the UK therefore prohibited in March 1996 the use of the entire head, excluding the tongue, for any purpose.

93. A participant from Jordan asked about the relation between TSE and fish. Mr Bradley replied that TSE had never been found in fish. He explained that it has been established that Pacific salmon possess the normal form of PrP, but there is no evidence that any prion disease exists in any fish species. He noted that since March 1996 no mammalian MBM had been permitted to be fed to any food animal species, including horses and fish in the UK.

94. Dr A.M. Hassan from Sudan asked whether it was possible to detect infection in MBM or the species of origin of MBM and if any tests could be conducted at the Central Veterinary Laboratory in Weybridge. Mr Bradley indicated that there was no practical test to detect infectivity in MBM. However, using an ELISA, it was possible to detect the species of origin of the MBM. This test had been developed at one of the UK veterinary investigation centres. Mr Bradley would put Dr Hassan in touch with the person responsible for testing.

95. A Jordanian participant wished to know whether it was possible to distinguish, at the clinical or pathological level, BSE from scrapie in sheep. Mr Bradley commented that experimental transmission of BSE to sheep and goats had been achieved, but neither the clinical or pathological signs were sufficiently distinct to enable differentiation of the two diseases. There was no evidence that BSE infectivity existed in the UK sheep population. In the European Union, from 1 January 1998, the brains and spinal cords of sheep and goats over a year old and cattle over a specified age would be classified as specified risk materials for destruction.

96. Dr Sultan A. Sultan Al Khalaf (Kuwait) requested that a clear recommendation be put forward on the safety of imported animal feed so that Delegates may have a guideline for their governments. Mr Bradley said that risks would vary with the BSE status of the exporting country and the results of the risk assessment in the importing country. The WHO has advised all countries not to feed ruminant protein to ruminant animals, while the OIE advises that only countries with a high or low incidence of BSE should instigate a ruminant feed ban.

97. The Chairman of the Session advised that the procedures of the OIE *International Animal Health Code* and the principles of the WHO should be closely followed on this subject. The Rapporteur stated that experience in the UK indicated that a single ban was insufficient in according full protection, and that various interlocking bans were necessary to minimise risk, e.g. a ruminant feed ban, a specified risk materials ban and safe protocols for rendering.

98. A question was asked on infectivity in milk and whether there existed a cumulative dose effect or not. The Rapporteur answered that the cumulative dose effect had not been proven and that there was no positive evidence to support it. He stressed that the risk from milk is negligible, citing the recent paper from Wilesmith *et al* considering the risks of BSE in the offspring of beef cattle suckled for long periods of time.

99. Many European countries had not reported BSE despite rather high levels of bovine importation from the UK. According to statistical projections on BSE infectivity, there should have been 650 cases among the imported animals instead of 16. Mr Bradley explained that these statistical projections were based on certain assumptions and one country had refuted them. He further stated that reporting depended on awareness of the clinical signs of disease and a willingness on the part of farmers to report cases, which in turn often depended on the compensatory measures offered in the specific country.

100. The Delegate from Egypt asked how many brains needed to be analysed and whether there should be a target population. Mr Bradley replied that the numbers to be analysed depended on whether or not the country had imported animals from an infected country. One target population could be imported animals and another could be cattle over 20 months old showing neurological signs. The minimal numbers of brains to examine should be determined by reference to Table I of Article 3.2.13.1 (4) of the OIE *Code* chapter on BSE. Histo-pathology should ideally be used and the results reported annually.

101. Dr E. Bonbon (observer from France) pointed out that in France there has been a total of 27 cases and not 30, as was shown on a slide. He added that

when 1997 statistics are taken into account, one can see that the incidence of the disease in France is decreasing. He further stated that if incidence is very low in a certain country, sampling must be conducted on a much wider scale in order to obtain a correct profile of the disease. Dr Bonbon stressed that the compensation issue was crucial in the determination of actual statistics on the disease. The Rapporteur accepted these comments. With respect to sampling, he repeated that the adoption of a single methodology was not always possible and that a number of factors had to be taken into account in the determination of sample populations. Mr Bradley agreed on the importance of the subject of compensation and added that compensatory measures were more often a political issue than a scientific one.

102. Dr L. Al-Shareef (Jordan) briefly explained the work currently in progress in Jordan concerning BSE research.

103. The Delegate from Saudi Arabia asked for a clarification on transmission of BSE, and specifically on maternal transmission and transmission via blood. Mr Bradley explained that there seemed to be no difference in BSE occurrence rates between offspring of animals with BSE and those in the general population. Transmission studies had not shown any infectivity in milk or placenta. He did admit that a cohort study has shown evidence of a greater incidence in the offspring of infected animals as compared with the control group, and stated that the route of transmission had not been identified. There was a possibility of transmission or of an increased genetic susceptibility to infection from feed or a combination of these two factors, which fitted the computer model best. Infectivity had not been detected in blood or blood components from clinically affected animals or from blood of foetuses from BSE affected animals.

104. The Chairman of the Session requested that a group be formed to prepare recommendations on this Technical Item. Dr A. Barmawi (Jordan) and Dr S.A. Sultan Al-Khalaf (Kuwait) agreed to assist Dr Economides and Mr Bradley in the preparation of the recommendations.

Presentations of International Institutions

Food and Agriculture Organization of the United Nations

105. Dr T. Ali informed participants that the Near East Regional Office (RNE) of the Food and Agriculture Organization of the United Nations (FAO) continues to follow the FAO mandate to combat animal diseases throughout the region and is active in both the RADISCON[1] and EMPRES[2] programmes. EMPRES was established by the FAO to assist member countries in the control of transboundary diseases of pests and animals, and includes the Global Rinderpest Eradication Programme (GREP), while RADISCON promotes regional cooperation in combating livestock diseases. Member states are urged to utilise both programmes. He referred to cooperation between the FAO, AOAD[3] and IFAD[4] in formulating activities against screwworm, as demonstrated by the situation in Iraq, and against brucellosis and rinderpest. Dr Ali also outlined the continued collaboration between the FAO and the OIE. Dr Amarin, in a joint statement with the Regional Director of the AOAD, indicated that AOAD, in close cooperation and coordination with the veterinary authorities of the countries of the region, had organised an emergency meeting on screwworm in Damascus, from 16 to 18 March 1997, for the chief veterinary officers of the following countries: Iran, Iraq, Jordan, Kuwait, Lebanon, Saudi Arabia, Syria and Turkey. The objective of the meeting was to formulate an emergency project to combat and prevent the spread of screwworm among the countries of the region. A proposal for the project was prepared and presented to the participating countries, international organisations and donating agencies. The Islamic Bank showed interest in sponsoring the project. Dr Ali also indicated that a joint team from FAO, AOAD, IAEA[5] and an Australian expert would visit Iraq soon to investigate ways and means to combat screwworm in that country.

World Health Organization

106. Dr M. Zeidler, Medical Officer with the WHO, recalled that in March 1996 the occurrence in the UK of ten cases of an apparently new clinicopathological variant of Creutzfeldt-Jakob disease (vCJD) was announced. The temporal and geographical association between these cases and the BSE epidemic of cattle raised the possibility of a causal link. All the patients were unusually young, demonstrated consistent but

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1 Regional Animal Disease Surveillance and Control Network

2 Emergency Prevention System for Transboundary Animal and Plant Pests and Diseases

3 Arab Organization for Agricultural Development

4 International Fund for Agricultural Development

5 International Atomic Energy Agency

atypical clinical features and possessed a distinct neuropathological profile. By August 1997, a further eleven cases had occurred in the UK and a single case in France. Evidence supporting the hypothesis of a link between vCJD and the agent of BSE has accumulated since March 1996. Firstly, neuropathological features similar to those of vCJD are seen in macaque monkeys inoculated with BSE and, secondly, vCJD is associated with a prion protein glycosylation pattern that distinguishes it from other forms of CJD and which resembles both that seen in BSE and in cases where BSE had been transmitted to a number of other species. Furthermore, no additional cases of vCJD had been identified in other countries over this time period or retrospectively. If indeed vCJD and BSE are causally linked, the reason this particular group of individuals became infected is not apparent. However, analysis of the prion protein gene has revealed that all of the 21 cases screened to date possess a particular polymorphism at codon 129, suggesting the potential role of genetic factors. Even if the hypothesis of a link between vCJD and exposure to the BSE agent is correct, an accurate prediction of the future number of vCJD cases cannot be made using currently available information and it has been suggested that much uncertainty may remain even in four years' time.

107. Dr Zeidler subsequently concluded by pointing out that the future public health threat of vCJD in the UK, Europe and, potentially, the rest of the world, is of concern but is currently unquantifiable. In order to confidently ascertain the number and distribution of any future cases, global CJD surveillance is required. Surveillance has already been established in many European countries, North America, and Australia. Throughout 1997 and 1998 the WHO will be running a series of training courses world-wide to assist individual countries in setting up national surveillance for all forms of CJD.

108. A question was asked about a person infected with vCJD who had been a vegetarian for a number of years. Dr Zeidler replied that as far as he was aware, the case was still under investigation and had not currently been confirmed.

109. A number of other clarifications of a technical nature was requested.

Deutsche Gesellschaft für Technische Zusammenarbeit

110. Dr G. Weiland gave a brief review of the GTZ[6] veterinary projects in the Near East. The GTZ operates seven veterinary and animal production projects in the region:
   - in Egypt, on the 'Improvement of ruminant nutrition';
   - in Yemen, on the 'Promotion of bee-keeping systems';
   - in the Palestinian National Authority, on the 'Rehabilitation of the Veterinary Services';
   - two projects in Syria concerning 'Epidemiology and animal production', and the Veterinary Faculty in Hama, University of Homs;
   - two projects in Turkey on the 'Information system for disease control', and promotion of breeders' cooperative organisations.

111. Dr Weiland also outlined GTZ veterinary activities focusing on institution building, epidemiology and information systems, and privatisation of Veterinary Services.

Presentation and discussion of
Draft Recommendations for Technical Items I and II

112. Draft Recommendations Nos 1 and 2 were distributed to participants, read aloud and thoroughly discussed. Several amendments were proposed.

Date, venue and agenda items for the 5th Conference
of the OIE Regional Commission for the Middle East

113. The Delegate of Oman confirmed his willingness to host the 5th Conference of the Commission in Muscat during the first week of October 1999.

114. Dr M.Q. Al-Natour (Jordan University of Science and Technology) had briefly mentioned his work on Gumboro disease and suggested to participants that this subject be treated at a later meeting of the Regional Commission.

OIE Representation in the Middle East

115. The Director General of the OIE reminded participants that in May 1997 the members of the Commission for the Middle East agreed to establish a regional representation for the Middle East in Beirut, Lebanon, and that a firm and formal promise to fund the representation had been made. He added that further information on the set-up of the representation was pending and would be communicated to the members of the Regional Commission Bureau as soon as it was available.

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6 German Agency for Technical Cooperation

116. The Delegate of Lebanon renewed his pledge to set up this representation.

Other matters

117. The Director General of the OIE discussed the matter of the use of Arabic during the General Session. He informed participants that the issue would be discussed during the next meeting of the OIE Administrative Commission. He explained that such an addition would require extra-budgetary funds and that for this reason interpretation would most likely be only from Arabic into an existing working language of the General Session.

118. The Delegate from Lebanon officially proposed that his country host the 6th Conference of the OIE Commission for the Middle East in 2001. The proposal was seconded by several countries.

Wednesday, 24 September 1997

119. The Jordanian Delegation organised a one-day field trip for participants. The excursion began at the Royal Stables in the presence of Her Royal Highness Princess Alia. The visit then continued to Jerash, one of the Roman Decapolis cities, and other interesting archaeological sites. Participants fully enjoyed the visit and the opportunity to see some of the Jordanian countryside.

Thursday, 25 September 1997

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

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

Closing Ceremony

121. Dr Economides read the motion encouraging Yemen to become a member of the OIE (Appendix VI). He then read the motion of thanks addressed to the Host Country (Appendix VII).

122. Dr Amarin gave the floor to Dr Ali (FAO) who read a telegramme in Arabic addressed to Her Royal Highness Princess Alia, Her Royal Highness Princess Aisha, His Excellency the Prime Minister of Jordan and His Excellency the Minister of Agriculture of Jordan, thanking them for their warm hospitality.

123. In his closing speech, Dr Blancou summarised the important information that had been exchanged on the technical items and the conclusions that had been drawn. He promised that the OIE would continue to do all in its power to support national campaigns against the diseases present in the region and maintain close collaboration with the regional and international organisations working in the region.

124. The Director General thanked Dr Amarin and his staff for their generous welcome and excellent organisation, and wished to see all Delegates both at the 66th General Session of the OIE International Committee and at the next Conference of the Regional Commission, to be held in Oman in 1999.

125. Dr Amarin noted how important and stimulating this Conference had been for the Jordanian Veterinary Department and how encouraging the Conference had been for the future of the Middle East. He thanked Dr Blancou and the OIE staff for their hard work and expressed a wish for the success of both the next Regional Conference and the implementation of the recommendations adopted in Amman. He then officially declared the Conference closed at 11:05 am.

.../Appendices

Appendix I (cont.)

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Appendix II

4th Conference
of the OIE Regional Commission for the Middle East
Amman (Jordan), 22-25 September 1997

Agenda

I. Equine health status in the Middle East

II. Bovine spongiform encephalopathy as an emerging disease: measures, ways and means to protect animals and consequently humans from the possible risks of the disease

III. Animal health status of Member Countries during the first semester of 1997

IV. Other matters

Appendix III

4th Conference
of the OIE Regional Commission for the Middle East
Amman (Jordan), 22-25 September 1997

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Timetable

Monday 22 September 1997

9.00 am - Opening Ceremony at the Royal Cultural Centre - main theatre

10.15 am - Break - Registration and distribution of documents at the Jerusalem Hotel

10.30 am - Election of the Conference Committee
Adoption of Provisional Agenda and Timetable
Election of Session Chairpersons and Rapporteurs for Technical Items and Animal Health Status

11.00 am - Animal Health Status of Member Countries during the first semester of 1997

12.30 pm - Lunch

2.00 pm - **Technical Item I: Equine health status in the Middle East** (G. Yehya)

3.30 pm - Break

4.00 pm - **Technical Item I** (continued)

5.30 pm - (Preparation of recommendations for Item 1 by designated small group)

8.00 pm - Reception given by the Ministry of Agriculture

Appendix III (cont.)

Tuesday 23 September 1997

9.00 am - **Technical Item II: Bovine spongiform encephalopathy as an emerging disease: measures, ways and means to protect animals and consequently humans from the possible risks of the disease** (R. Bradley)

10.30 am - Break (Continuation of preparation of recommendations for Item I if necessary)

11.00 am - **Technical Item II** (continued)

12.30 pm - Lunch (Preparation of recommendations for Item II by designated small group)

2.00 pm - Presentations by international or regional organisations

3.30 pm - Break

4.00 pm - Discussion of recommendations for Items I and II

4.30 pm - Other questions (Date and venue for the 5th Conference of the OIE Regional Commission for the Middle East, OIE Representation for the Middle East)

7.00 pm - Reception given by the OIE at the Amman Marriott Hotel

Wednesday 24 September 1997

Field trip

Thursday 25 September 1997

8.30 am - Adoption of Final Report and Recommendations

10.30 am - Break

11.00 am - Closing Ceremony

Appendix IV

4th Conference
of the OIE Regional Commission for the Middle East
Amman (Jordan), 22-25 September 1997

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Recommendation No. 1

Equine health status in the Middle East

CONSIDERING

The large equine population in the Member Countries and the encouragement given to the production of world famous horse breeds, such as the Arab purebred,

The desire of all the Member Countries to have the status of freedom from equine diseases in order to protect their production,

The climatic conditions favouring the spread of certain diseases, especially those transmitted by insects,

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST
RECOMMENDS THAT

1. Epidemiological screening for equine diseases mentioned in the OIE A and B lists be strengthened in the Member Countries, in particular by periodic surveillance campaigns and serological testing carried out in accordance with international standards and regulations, and by applying specific control programmes (including quarantine measures).

2. The Member Countries of the region help one another by using all the means at their disposal to eradicate equine diseases and by developing joint regional projects to control the relevant pathogens and vectors.

3. The OIE assist those Member Countries that encounter particular problems in gaining recognition of their free status from specific diseases of horses in resolving these problems through appropriate procedures.

Appendix IV (cont.)

4. A working group be formed to harmonise measures and regulations to facilitate the movement of horses between Member Countries, such as adopting a standard sanitary certificate and unified internationally approved passport.

5. The Member Countries strengthen the system for exchanging animal health information with each other, particularly through the use of modern computerised methods, such as the Regional Animal Disease Surveillance and Control Network (RADISCON), with a view to early detection of equine diseases.

(Adopted by the OIE Regional Commission
for the Middle East on 25 September 1997)

Appendix V

4th Conference
of the OIE Regional Commission for the Middle East
Amman (Jordan), 22-25 September 1997

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Recommendation No. 2

Bovine spongiform encephalopathy: measures, ways and means to protect animals and consequently humans from the risk of the disease

CONSIDERING THAT

Bovine spongiform encephalopathy (BSE) is a fatal, progressive, nervous disease of adult cattle transmitted *via* feed containing contaminated ruminant protein in the form of meat and bone meal (MBM), which has resulted in adverse economic impacts on the world trade in cattle and cattle products,

The disease has caused an endemic in the United Kingdom and continuing outbreaks in five other European countries from which cattle or cattle products, including MBM, have been imported into the Middle East region,

There is raised concern among the countries of the Middle East region about the potential risk associated with the importation and use of medicinal products and devices containing bovine materials, or the use of such products during manufacture, from regions or countries with BSE in native-born cattle,

The incubation period of BSE is long, measured in years,

The disease, whilst having obvious clinical signs, can be confused with other nervous diseases of cattle,

There is no available diagnostic test for use in the live animal and that the disease can only be confirmed by *post mortem* examination of the brain,

The means of maternal transmission is incompletely understood,

There is a lack of laboratory diagnostic facilities in the region,

The disease is an actual risk to other *Bovidae* and *Felidae* species *via* contaminated feed and a potential risk to humans, especially from central nervous tissue (brain, eye and spinal cord),

There is no established recognised procedure for the complete inactivation or

removal of BSE infectivity from contaminated bovine materials,

There is a growing need for rapid and efficient interactive communication and dissemination of information between the countries of the Middle East region,

THE OIE REGIONAL COMMISSION FOR THE MIDDLE EAST
RECOMMENDS THAT

1. A harmonised awareness campaign for farmers and veterinarians in regard to the clinical signs of BSE be adopted by countries in the region using OIE and other valid informational materials.

2. The Member Countries in the Middle East region formulate regulation protocols and procedures for the effective surveillance and monitoring of BSE, suspicion of which should be made notifiable.

3. Member Countries use laboratory methods for diagnosis of BSE as recommended in the OIE *Manual of Standards for Diagnostic Tests and Vaccines*.

4. Reference Laboratories be identified, including one in the region, to which samples can be submitted for confirmation of the disease.

5. Member Countries in the Middle East revise their trade policies and set up regulations according to the OIE *International Animal Health Code* concerning bovine embryos and ova, especially those imported from countries with a known incidence of BSE, and ensure that these embryos and ova are derived from females that are not affected with BSE.

6. Training courses organised by regional or international organisations for veterinary neuropathologists be established to train veterinarians from each country in the clinical recognition of BSE and in *post mortem* examination of the brain by valid diagnostic methods.

7. Veterinary schools be provided with accurate and up-to-date information on BSE by the Veterinary Services of each Member Country in order that students can be well informed.

8. Arrangements be made, with the aid of the OIE, so that where necessary veterinarians and scientists can benefit from the specialist expertise available elsewhere in regard to abattoir practices, rendering processes, gelatine manufacture and allied industries.

9. Research aimed at developing methods of diagnosing BSE in live animals be supported and that similar measures for scrapie be initiated in the near future.

10. Whenever possible, Member Countries avoid using bovine and other animal sources in which transmissible spongiform encephalopathies naturally occur in the manufacture of medicinal products, and that the OIE continue the studies for an efficient and effective procedure for inactivation of the BSE agent during rendering. If the use of products of animal origin cannot be avoided, the guidance in the article 3.2.13.13 of the OIE *International Animal Health Code* chapter on BSE should be followed.

11. International collaboration between research groups and diagnostic reference laboratories working under the Office International des Epizooties, the Food and Agriculture Organization and the World Health Organization be stimulated; support be given to the dissemination of information and data on BSE *via* the Internet and the Regional Animal Disease Surveillance and Control Network (RADISCON); training workshops on epidemiology be set up; and the program entitled "Help with World Animal Health Status" (HandiSTATUS) be made available to all Member Countries.

12. Workshops concerning the animal and public health aspects of BSE, including for the diagnosis of the disease, be organised by international or regional organisations for the countries of the region.

(Adopted by the OIE Regional Commission
for the Middle East on 25 September 1997)

Appendix VI

4th Conference
of the OIE Regional Commission for the Middle East
Amman (Jordan), 22-25 September 1997

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The OIE Regional Commission for the Middle East, meeting in Amman (Jordan) from 22 to 25 September 1997, and composed of the representatives of the following countries:

Afghanistan, Bahrain, Cyprus, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Turkey and United Arab Emirates,

CONSIDERING the great appreciation felt by all Members for the contributions made by the Observer from Yemen during the Regional Commission meeting,

CONSIDERING the vital importance in establishing a complete network of surveillance and control of animal diseases throughout the Middle East,

CONSIDERING the determinant role that Yemen is able to fulfil within this network in regard to its geographical location and the importance of its animal population,

EXPRESSES its most sincere wish that the Government of Yemen accelerate its efforts with a view to joining the Regional Commission for the Middle East and take the necessary steps to accede to the Office International des Epizooties as soon as possible.

Amman, 25 September 1997

For the President of the Regional Commission for the Middle East,

The Vice-President, Dr M. Amarin

Appendix VII

MOTION OF THANKS

The President and the Members of the Bureau of the OIE Regional Commission for the Middle East, the Director General of the OIE, the Members of Delegations of Member Countries, the Representatives of international organisations and the Observers wish to express their gratitude to Her Royal Highness Princess Alia, to Her Royal Highness Princess Aisha, to the Prime Minister, to the Minister of Agriculture and to the Government of Jordan, the Host Country of the 4th Conference of the Regional Commission, for the excellent welcome accorded to them and for all the facilities made available to participants during their stay in Jordan from 22 to 25 September 1997. The participants would also like to congratulate and thank Dr M. Amarin and his collaborators for all their efforts, which made their stay in Jordan very comfortable and pleasant.