



ANALYSIS OF THE ANIMAL HEALTH SITUATION IN MEMBER COUNTRIES IN THE REGION IN 2014



WORLD ORGANISATION FOR ANIMAL HEALTH
Protecting animals, preserving our future

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21st Conference of the OIE Regional Commission for Africa
Rabat, Morocco, 16 to 20 February 2015

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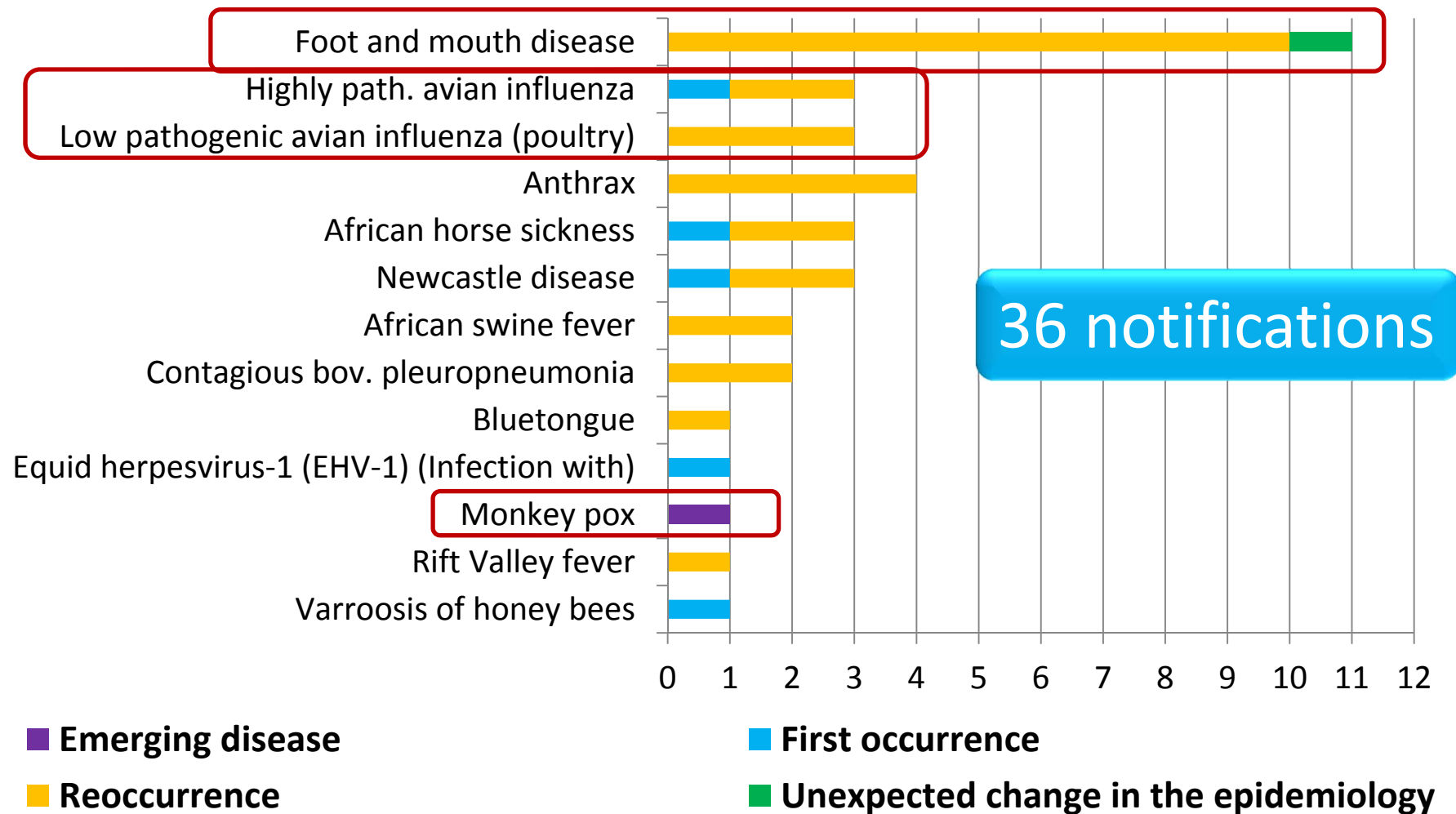


- 1) Exceptional events notified by countries/territories of Africa in 2014 and early 2015**
- 2) Situation relating to reporting of selected OIE-Listed diseases**
 - Foot and mouth disease
 - Infection with peste des petits ruminants virus
 - Zoonoses listed by the OIE
- 3) Emerging diseases, notification requirements and monitoring possibilities**
- 4) Evaluation of the quality of the six-monthly reports for aquatic animal diseases**
- 5) Evaluation of the submission times and communication between Members of the Region and the WAHIAD**

**EXCEPTIONAL EVENTS NOTIFIED BY
COUNTRIES/TERRITORIES OF AFRICA IN 2014 AND
EARLY 2015 (*UP TO AND INCLUDING 16 JANUARY 2015*)**



Immediate notifications received from countries/territories of Africa in 2014 and early 2015, by disease (up to and including 9 February 2015)



SITUATION RELATING TO REPORTING OF SELECTED OIE-LISTED DISEASES



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Six-monthly reports for terrestrial animal diseases and as of 9 February 2015



Out of the Member Countries of the Regional Commission :

- **84% (44/52)** submitted both six-monthly reports for 2013
- 65% (35/54) submitted the six-monthly report for the first semester of 2014
- **20% (11/54)** submitted the six-monthly report for the second semester of 2014

Six-monthly reports for terrestrial animal diseases and as of 9 February 2015



Member Countries with outstanding reports for 2013 and 2014 are encouraged to submit their reports as soon as possible so that their animal health information can be updated



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- 1. Foot and mouth disease**
2. Infection with peste des petits ruminants virus
3. Zoonoses listed by the OIE

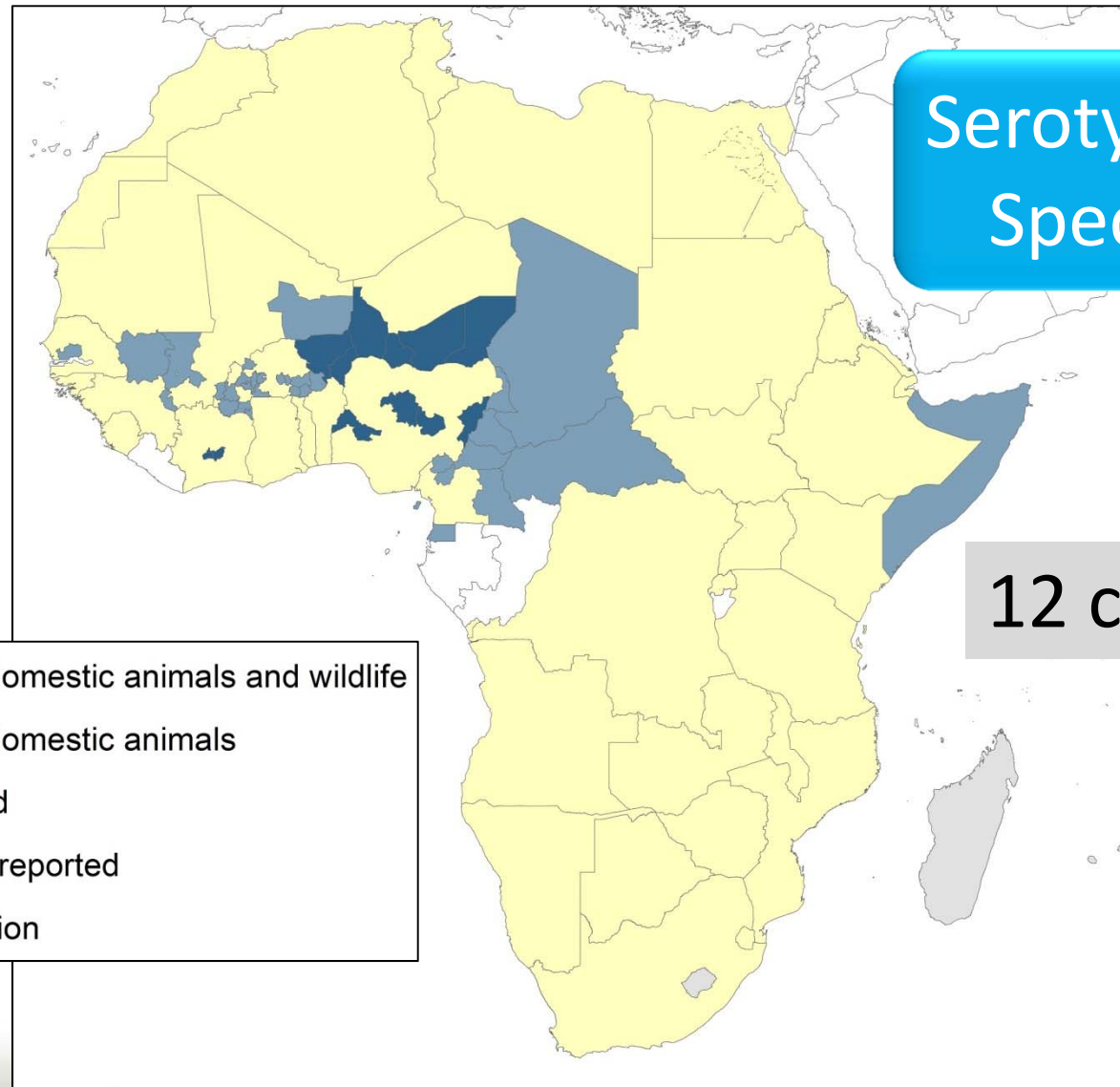
Animal health situation regarding FMD

1 January 2013 – 9 February 2015



- 16 immediate notifications were submitted by 9 African countries, for reoccurrences or an unexpected increase in morbidity
- 49% (23/47) notified the presence or suspicion of FMD in domestic animals only and 19% (9/47) notified FMD present in both domestic animals and wildlife
- 6 countries have not submitted any report and 2 countries submitted reports without providing information on FMD

African countries/territories which reported FMD present at least once between January 2013 and 16 January 2015

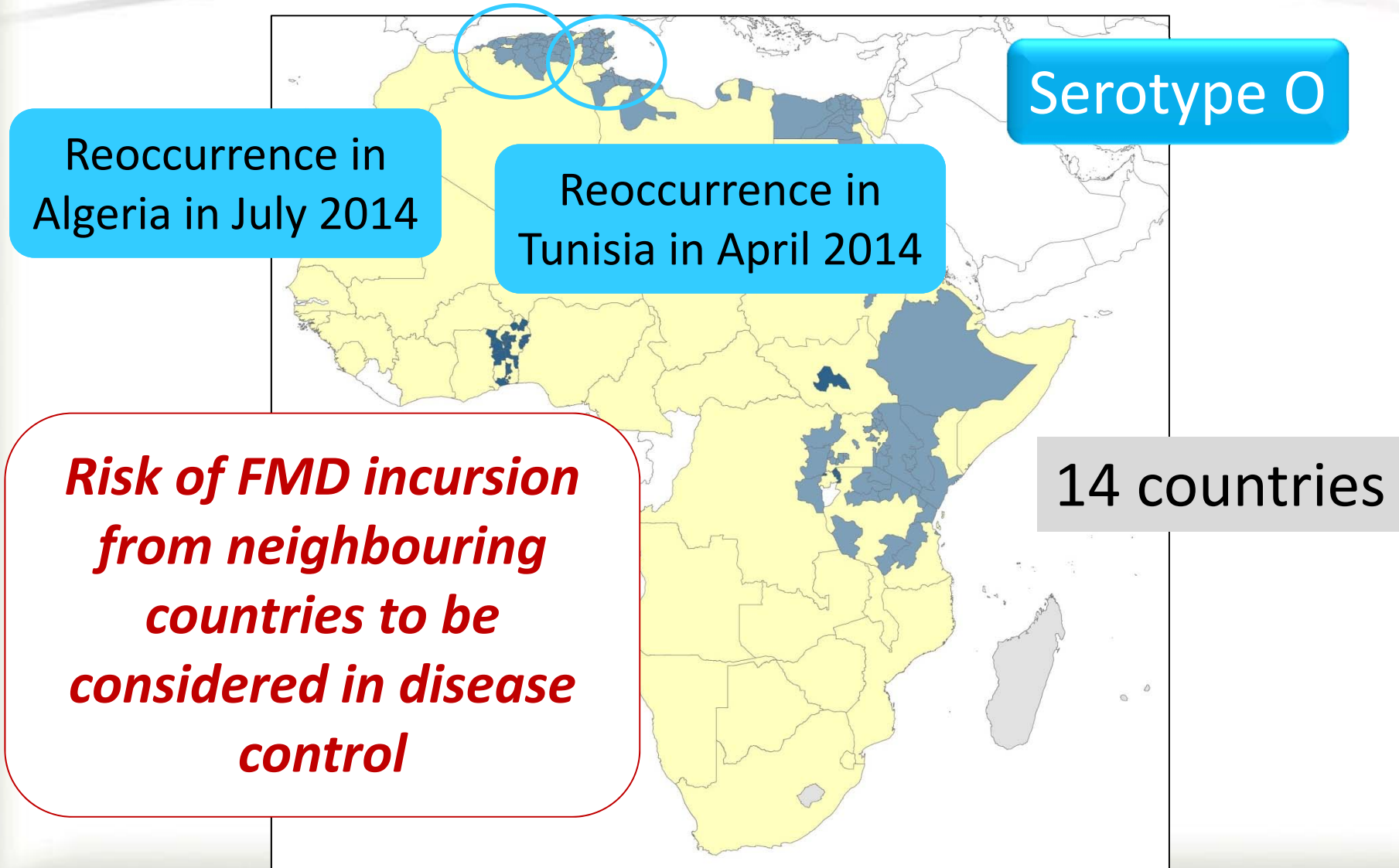


Serotype not Specified

12 countries

- Present in domestic animals and wildlife
- Present in domestic animals
- Not reported
- FMD never reported
- No information

African countries/territories which reported FMD present at least once between January 2013 and 16 January 2015

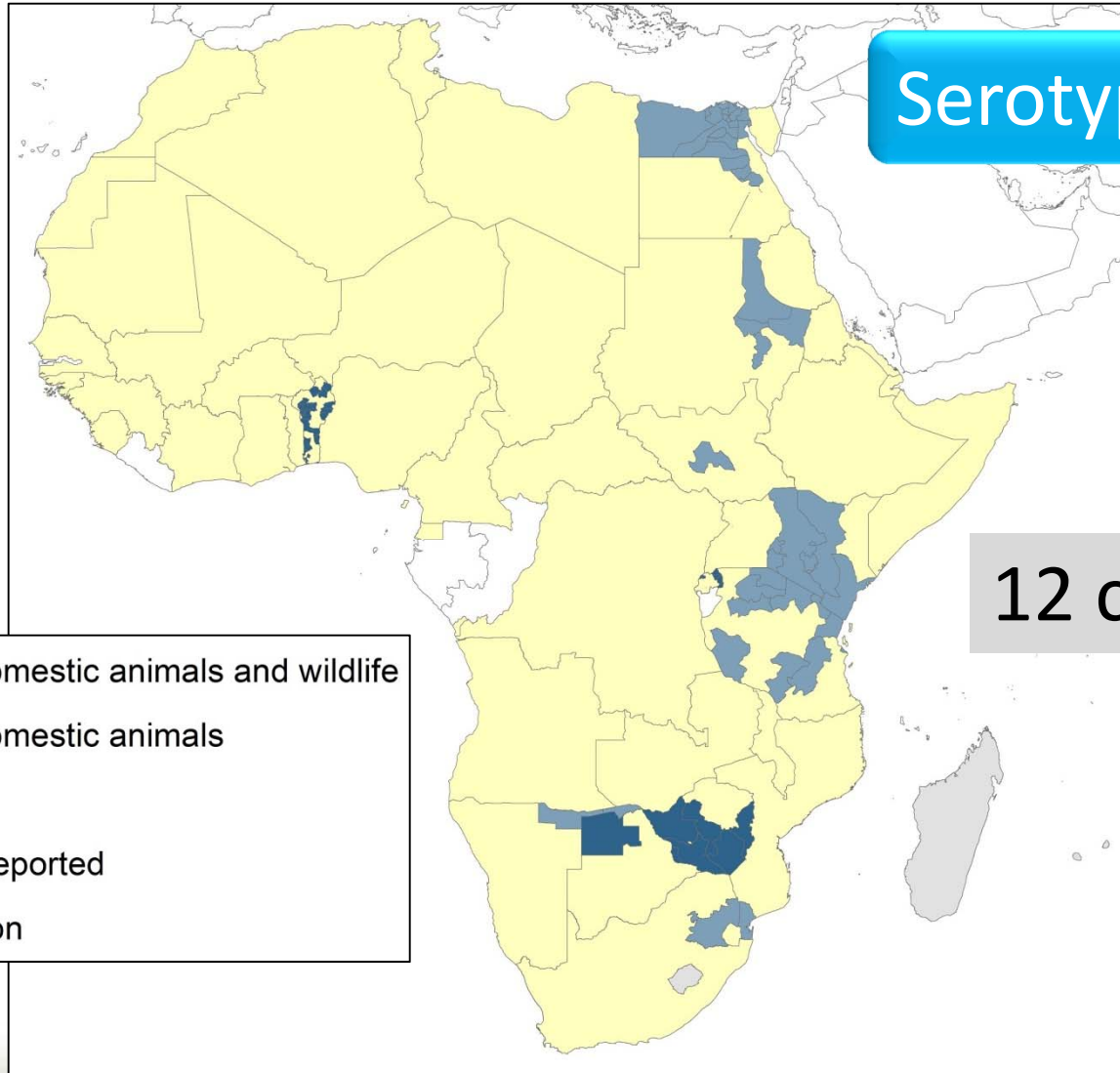
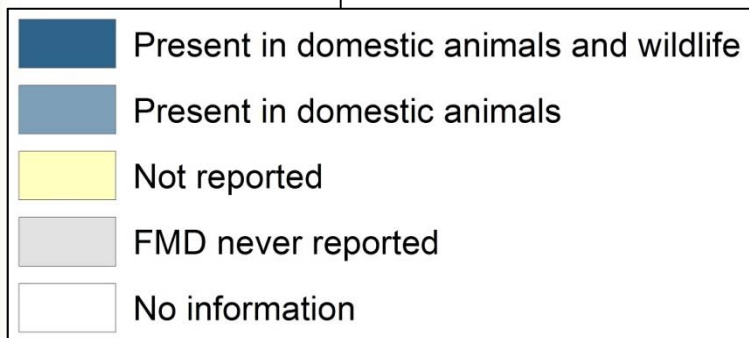


African countries/territories which reported FMD present at least once between January 2013 and 16 January 2015



Serotype SAT 2

12 countries

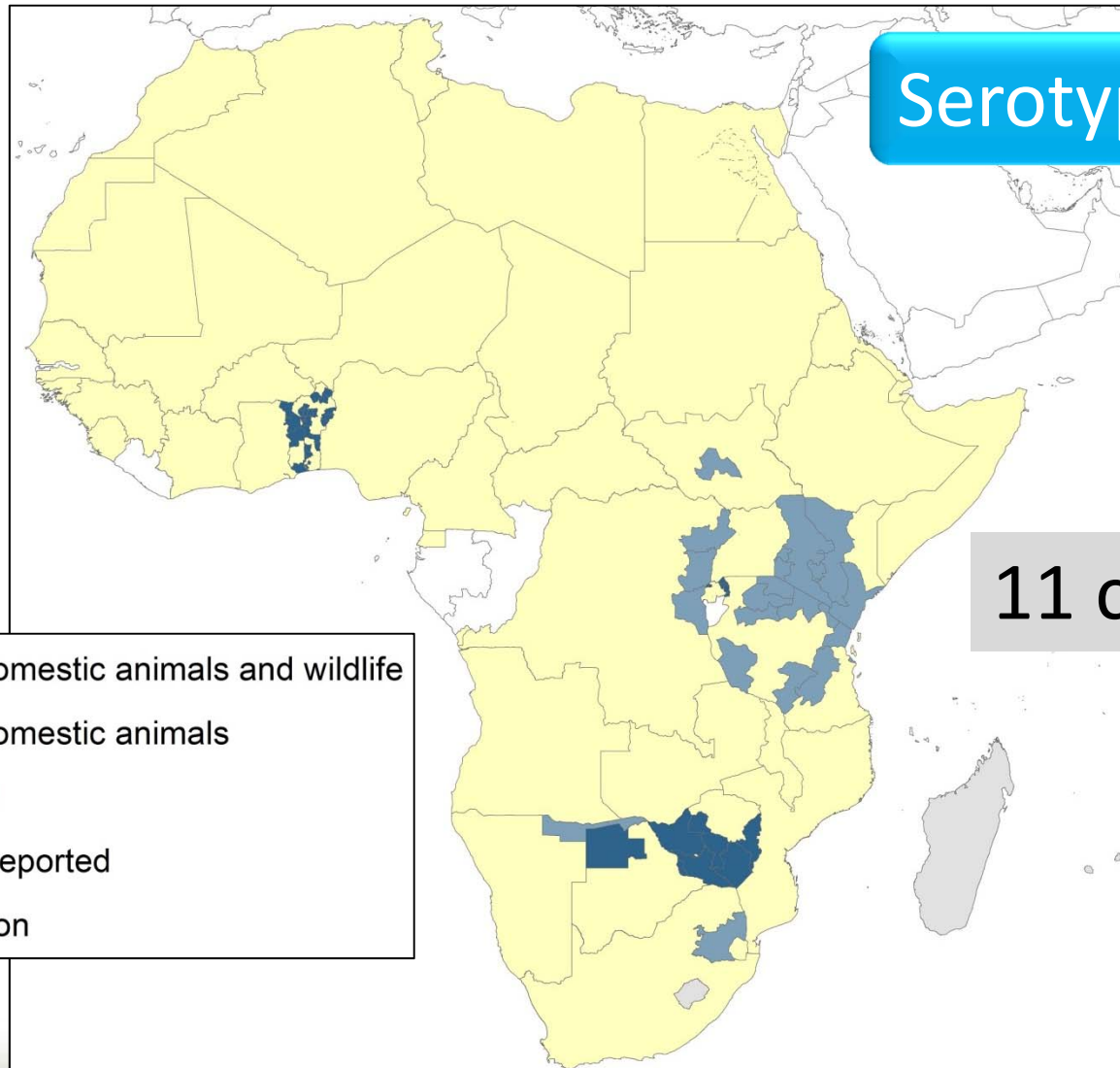
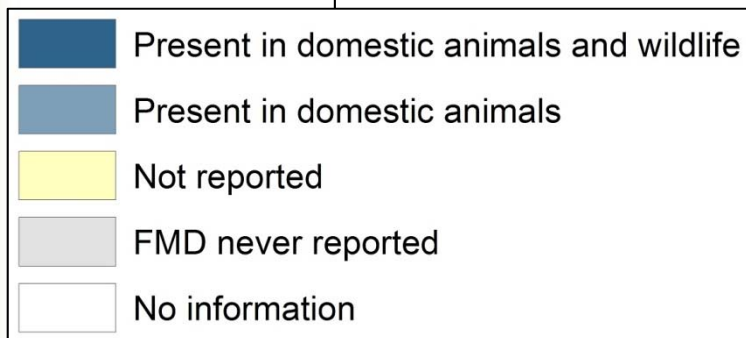


African countries/territories which reported FMD present at least once between January 2013 and 16 January 2015

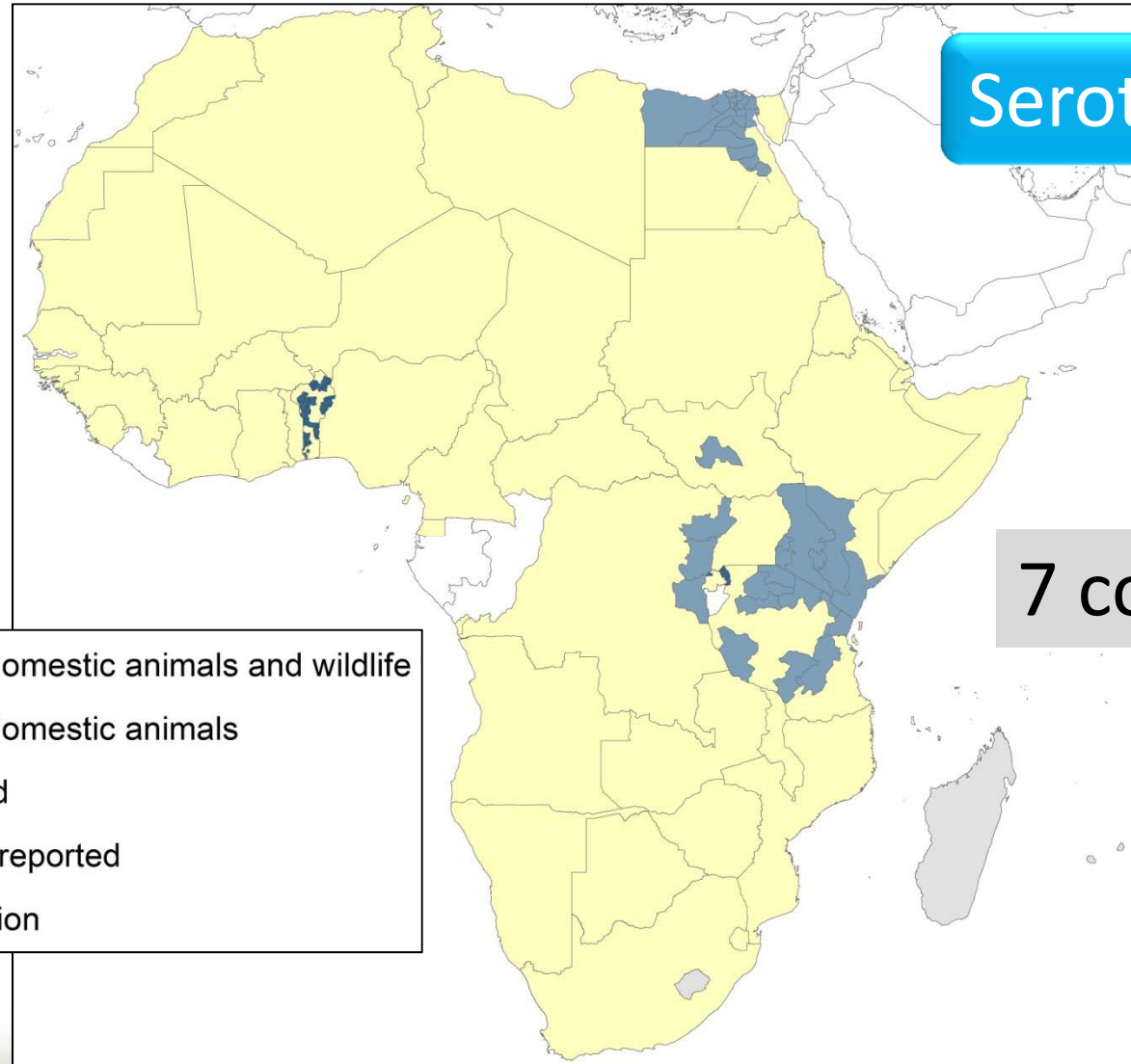


Serotype SAT 1

11 countries

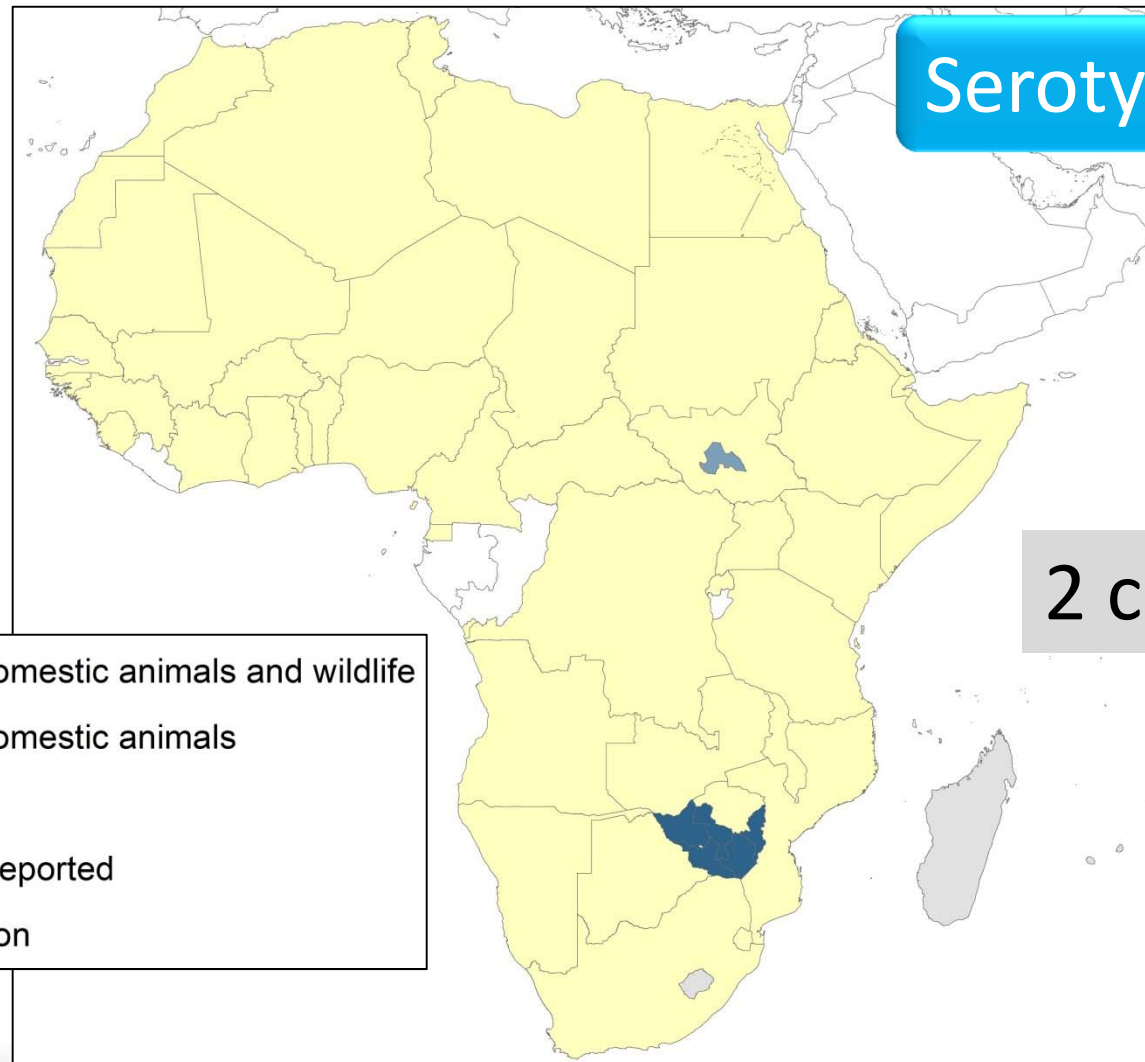


African countries/territories which reported FMD present at least once between January 2013 and 16 January 2015



- Present in domestic animals and wildlife
- Present in domestic animals
- Not reported
- FMD never reported
- No information

African countries/territories which reported FMD present at least once between January 2013 and 16 January 2015

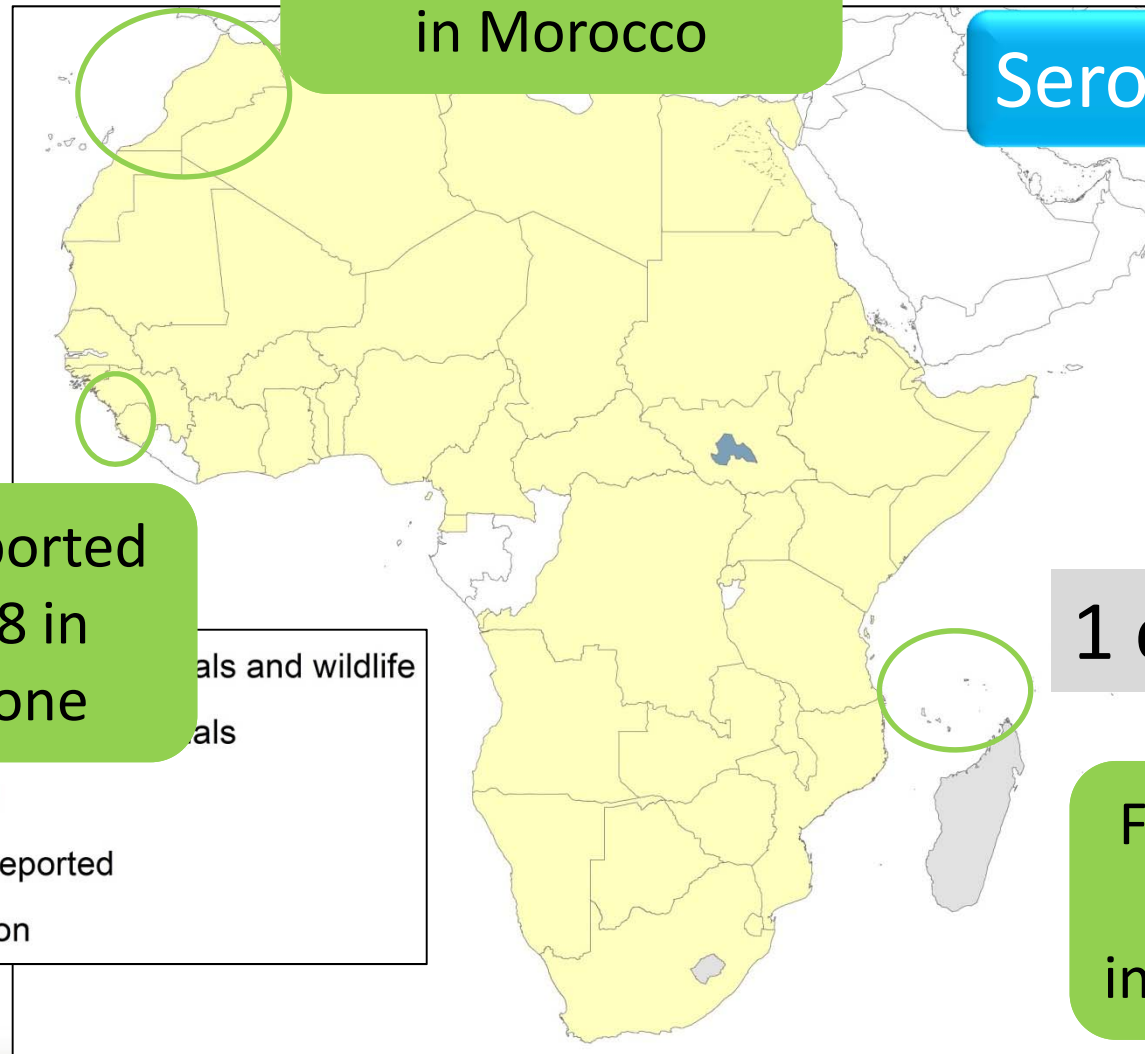


Serotype SAT 3

2 countries

- Present in domestic animals and wildlife
- Present in domestic animals
- Not reported
- FMD never reported
- No information

African countries/territories which reported FMD present at least once between January 2013 and 16 January 2015



FMD not reported since 1999 in Morocco

Serotype C

FMD not reported since 1958 in Sierra Leone

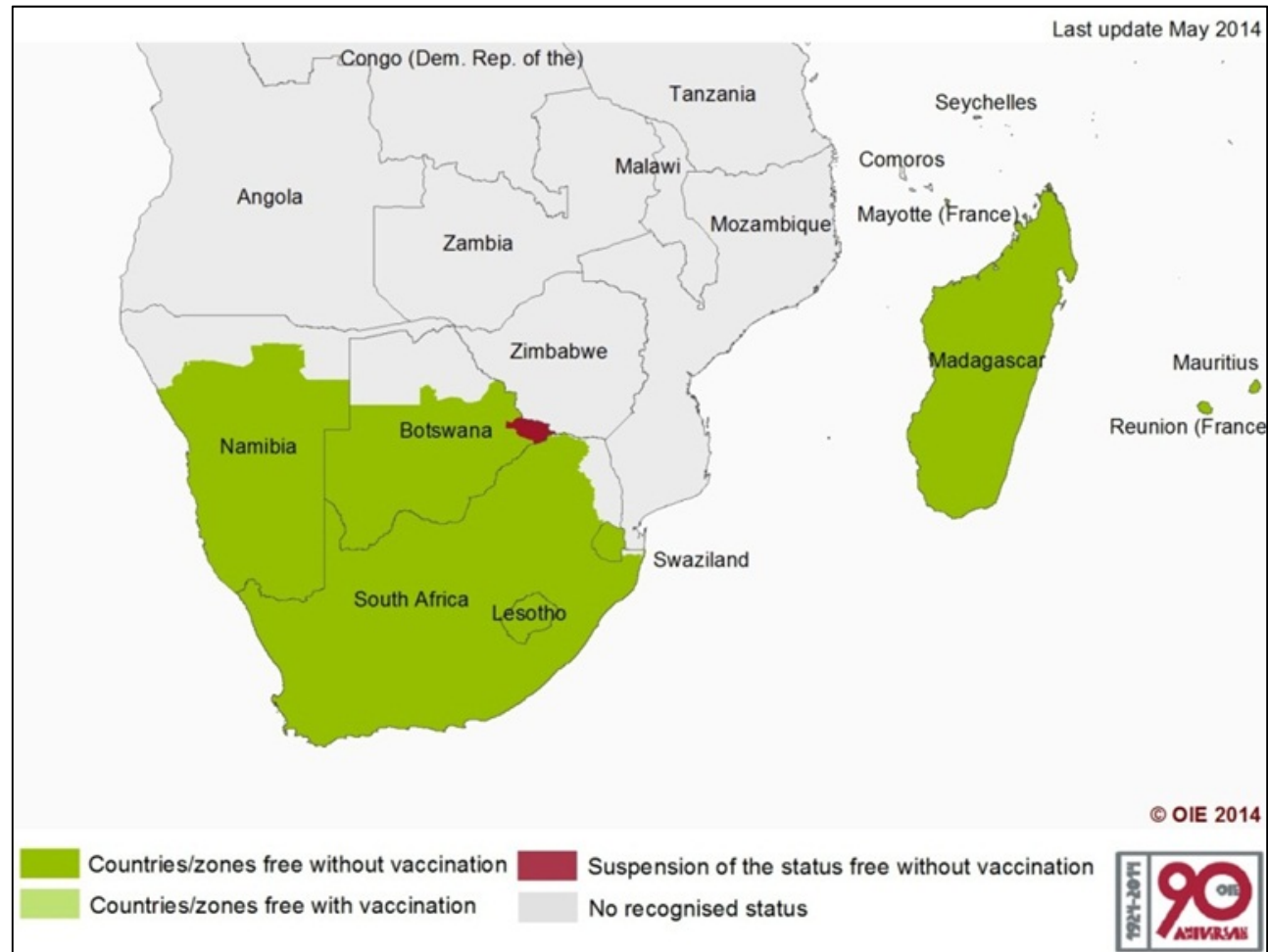
1 country

FMD never reported in Seychelles

als and wildlife
als

Yellow	Not reported
Grey	FMD never reported
White	No information

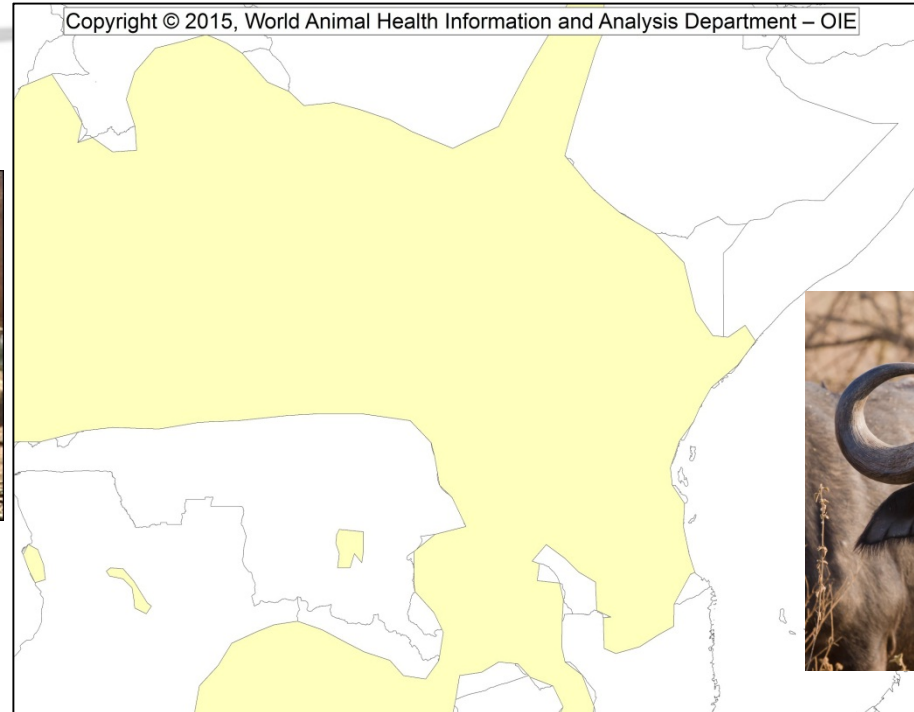
OIE Member Countries' official foot and mouth disease status in Southern Africa



Geographical distribution of African buffalo in Eastern and Southern Africa according to the IUCN



©Egon Cossou



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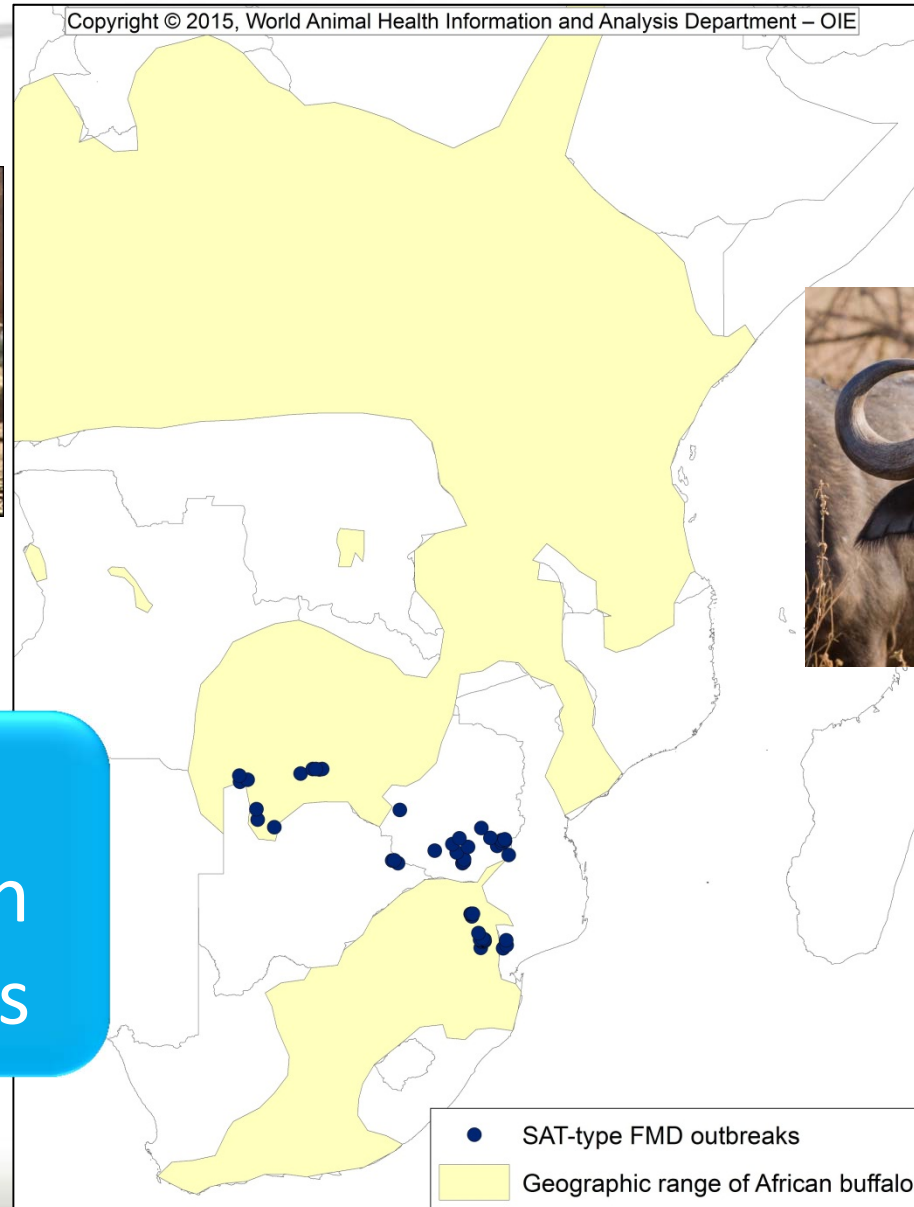
***Southern and Eastern Africa:
African buffalo reservoir of the SAT
types of FMD viruses***



SAT-type FMD outbreaks notified through immediate notifications and follow-up reports in 2013 and 2014



©Egon Cossou



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Source =
contact with
wild animals

Countries in Eastern and Southern Africa where African buffalo (*Syncerus caffer*) are present



- FMD cases reported in wildlife : Impala and Greater kudu
- 6 countries did not provide information on FMD in wildlife

13/18 countries reported surveillance measures were applied for wildlife in 2013 and 2014

Disease notifiable	General surveillance	Monitoring	Targeted surveillance	Screening
9	8	3	9	4

FMD in Africa: conclusions



- **68%** of reporting countries were affected in 2013/2014
- The recent incursion of FMD viruses into free and infected countries calls for **countries to be fully prepared**
- Need for some countries to improve and strengthen their **surveillance systems in wildlife**
- Member Countries are encouraged to **provide information on the FMD serotypes** to enable other countries to implement appropriate preventive measures



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1. Foot and mouth disease
- 2. Infection with peste des petits ruminants virus**
3. Zoonoses listed by the OIE

Animal health situation regarding PPR

1 January 2013 – 9 February 2015

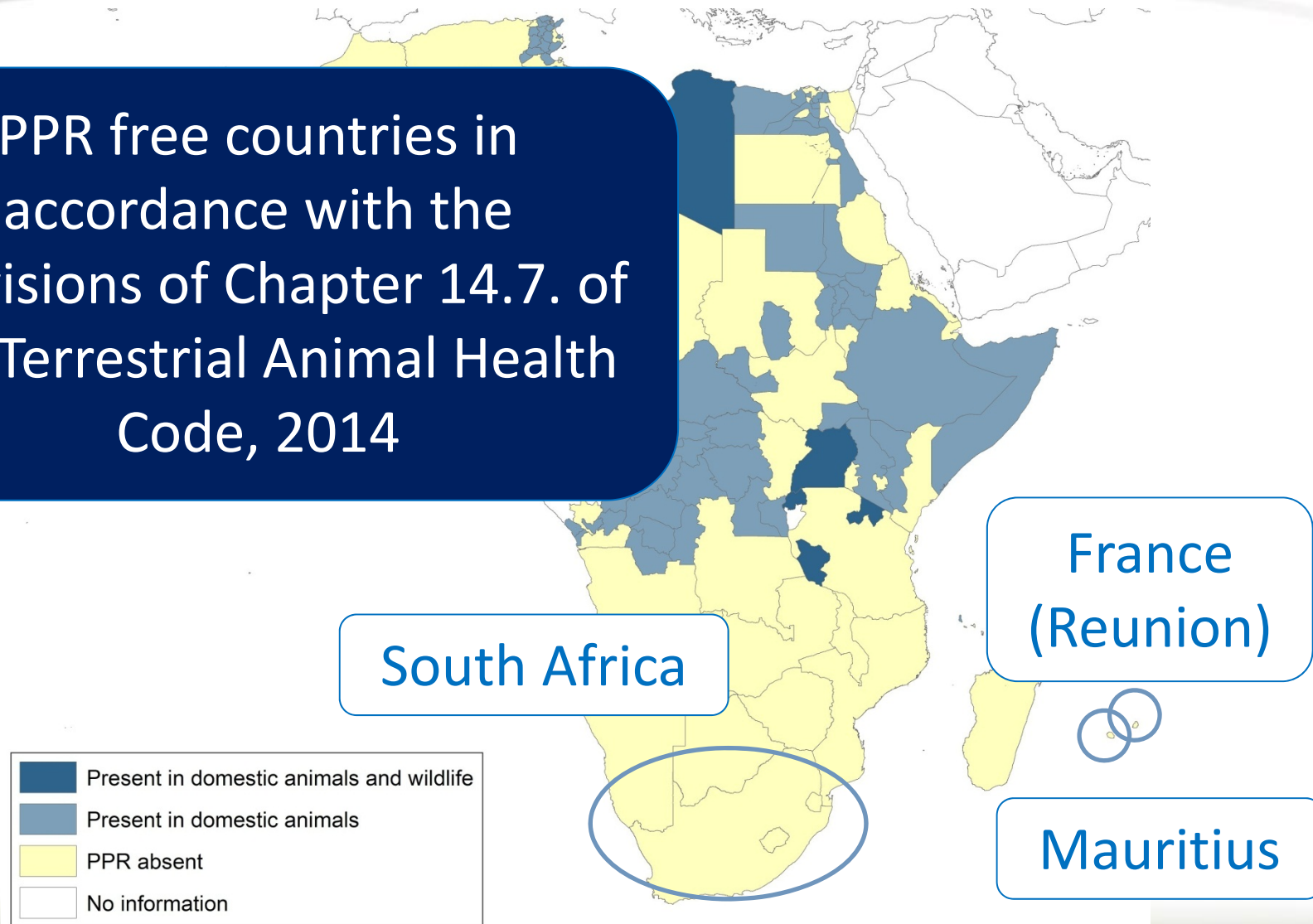


- Recently extended as far south as Angola, which reported the disease in 2012
- 48% (24/50) notified the presence of PPR in domestic animals only and 22% (11/50) notified PPR present in both domestic animals and wildlife
- 12 countries/territories never reported the disease

African countries/territories which reported PPR present at least once between January 2013 and 9 February 2015



PPR free countries in accordance with the provisions of Chapter 14.7. of the Terrestrial Animal Health Code, 2014



PPR in Africa: conclusions



- The recent introduction and spread of PPR in some countries in Northern, Central and Southern Africa shows that **the risk of spread still exists**
- Vaccination is the only viable control mechanism for PPR & PPR control will require **large numbers of vaccinations**, especially in remote areas
- **Pilot vaccination project** in Ghana and Burkina Faso, using a **regional vaccine bank** established in Botswana; outcomes will contribute to the design of the **global PPR control strategy**



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Oie

1. Foot and mouth disease
2. Infection with peste des petits ruminants virus
- 3. Zoonoses listed by the OIE**

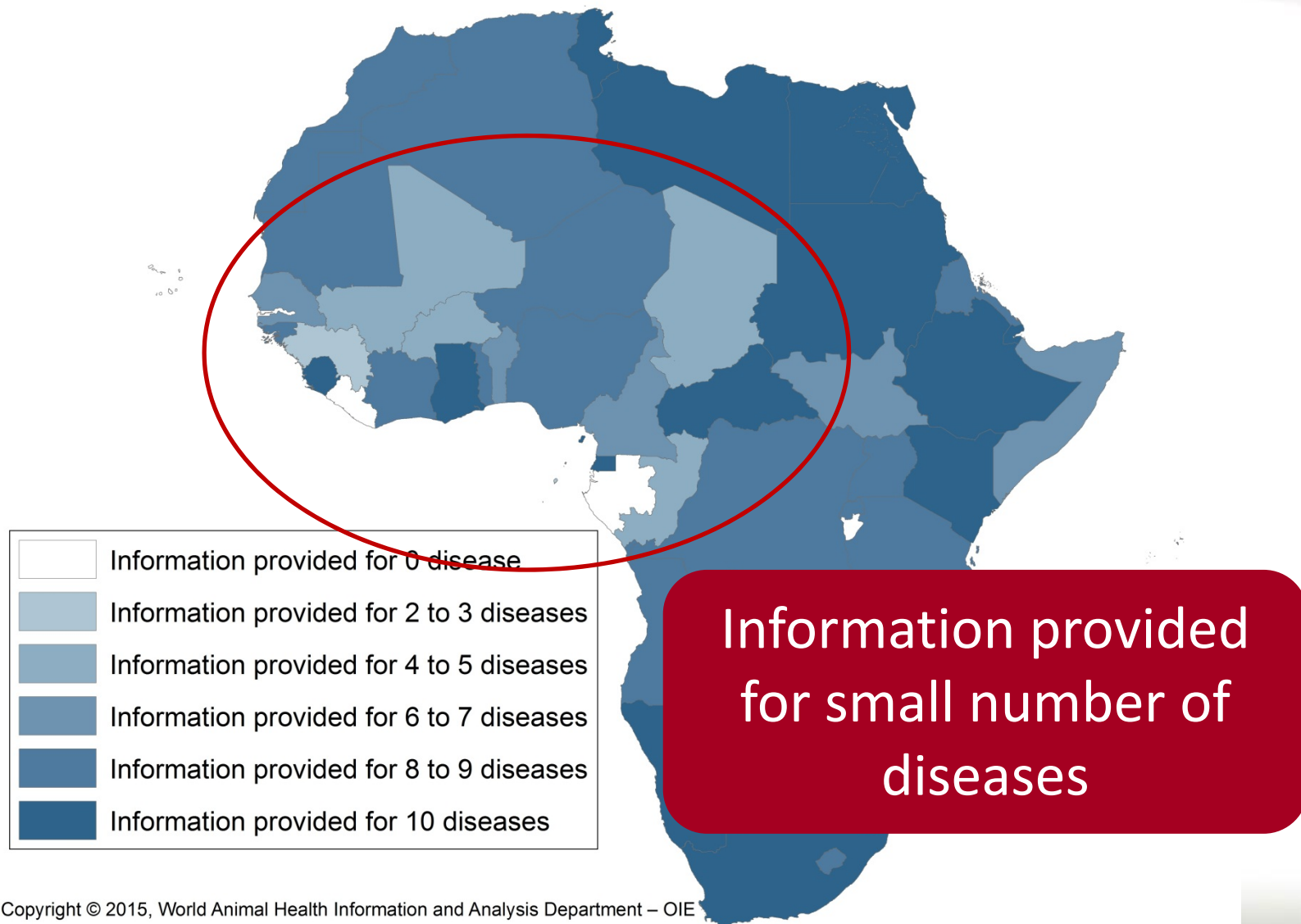
OIE-Listed zoonoses in Africa

- 10 important zoonoses in Africa :



- Anthrax
- Bovine tuberculosis
- Brucellosis (including infection with *B. abortus*, *B. melitensis* and *B. suis*)
- Infection with *Echinococcus granulosus*
- Cysticercosis
- Rabies
- Zoonotic trypanosomosis (sleeping sickness)
- Rift Valley fever

The number of 10 selected OIE-Listed zoonoses for which animal health information was provided in 2013/2014



OIE-Listed zoonoses in Africa



- Evaluation of the importance ascribed to animal disease prioritisation criteria by continent: the **impact on public health** was considered the most important in Africa

Is the **level of reporting of zoonotic diseases** in Africa higher compared with other diseases of purely economic, social or environmental importance?



OIE-Listed terrestrial animal diseases separated into 3 categories



OIE-Listed diseases

Zoonoses
occurring in Africa
(24)



For every disease and year, % African countries providing information

MEDIAN BY YEAR

Non-zoonotic diseases
(or disease with very limited zoonotic potential/impact)
occurring in Africa
(57)



MEDIAN BY YEAR

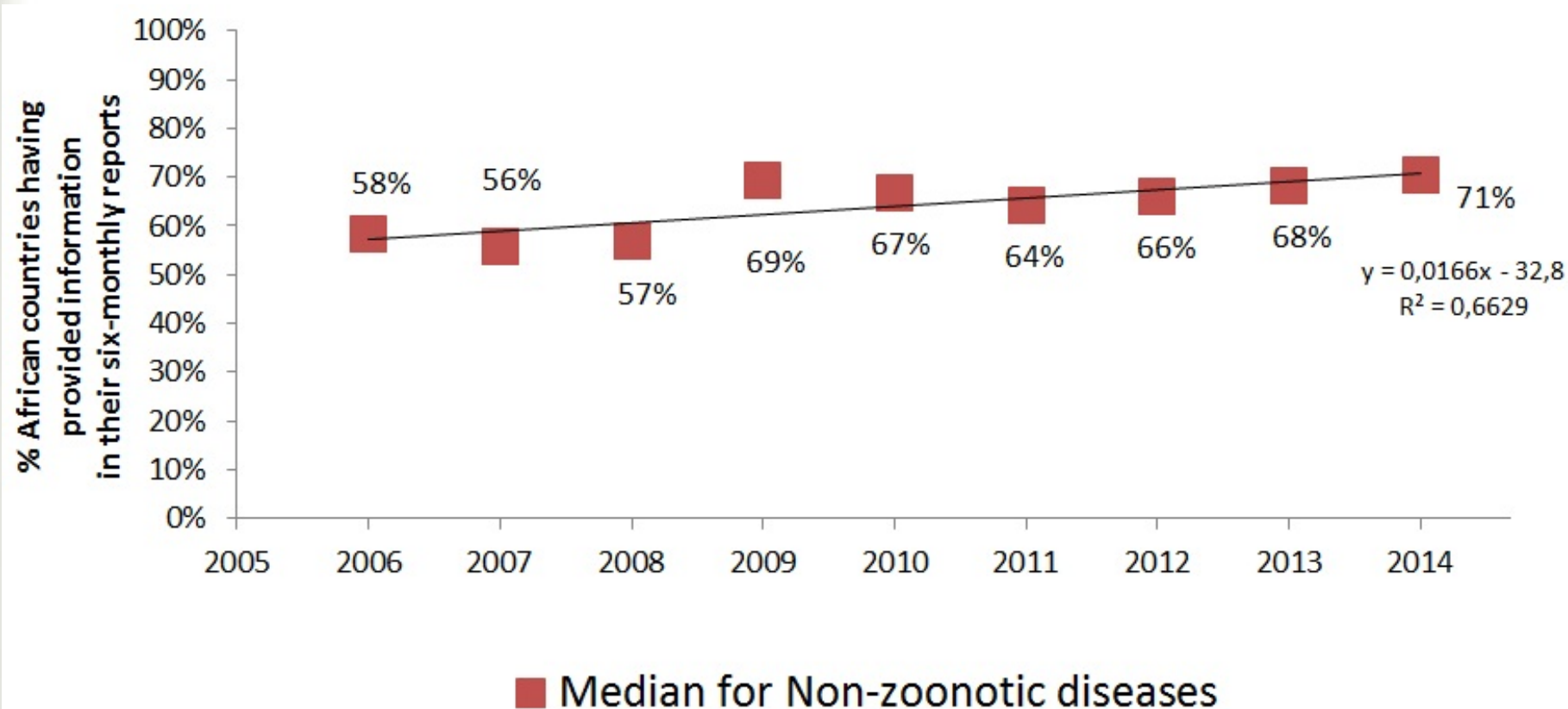
Diseases
historically absent in Africa
(9)



EXCLUDED



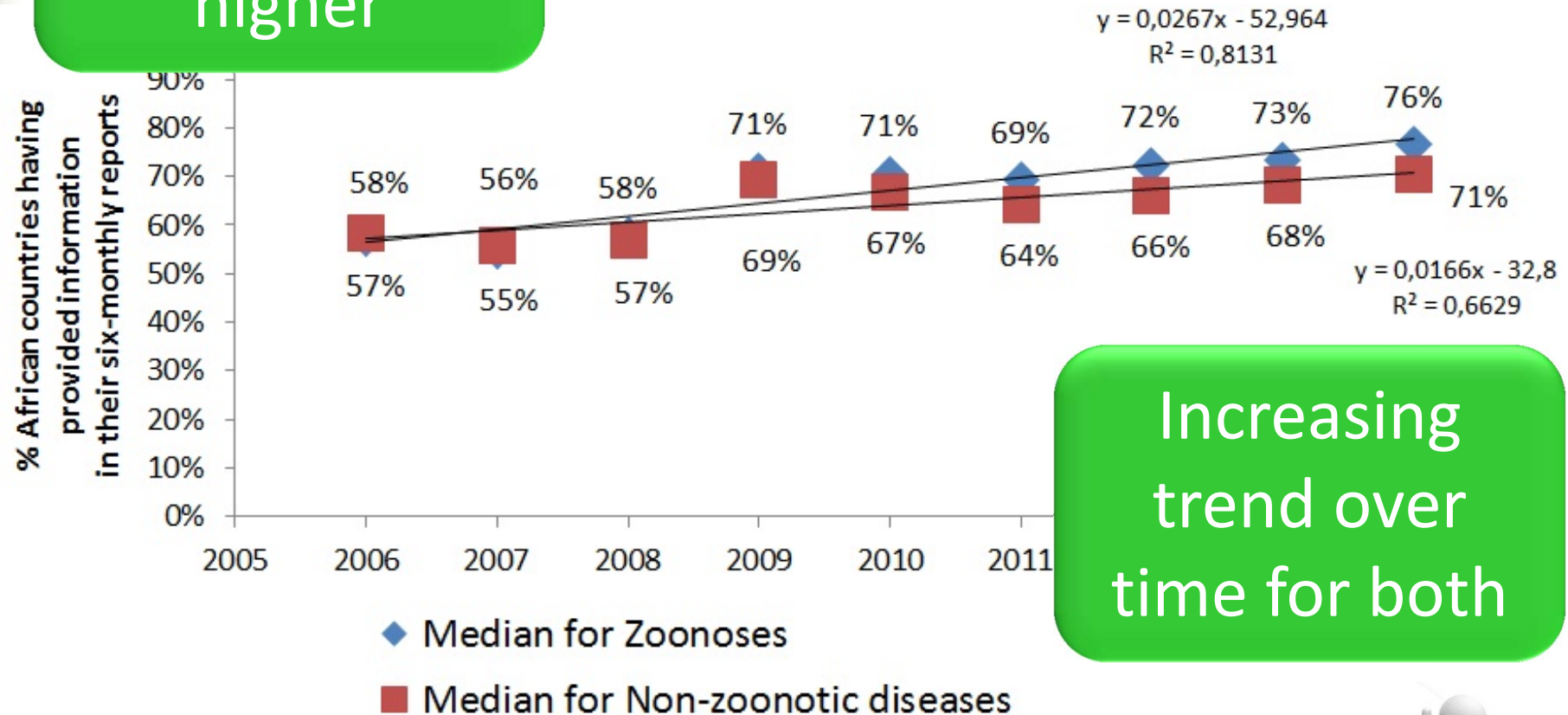
Medians of percentages of African countries/territories providing information for zoonoses and non-zoonotic diseases occurring in Africa in their six-monthly reports, by year between 2006 and 2014



Medians of percentages of African countries/territories providing information on zoonoses and non-zoonotic diseases occurring in Africa, by year between 2006 and 2014



Results for zoonoses higher



Increasing trend over time for both



Zoonoses in Africa: conclusions



- This analysis has identified **reporting gaps for zoonoses** in Africa
- Nevertheless, reporting in Africa has been **improving since 2006** and countries would appear to be putting their efforts into **prioritising zoonoses**
- The OIE encourages countries to maintain these efforts, within the framework of the **“One Health” approach**

EMERGING DISEASES, NOTIFICATION REQUIREMENTS AND MONITORING POSSIBILITIES



©Dr Loul/MINEPIA



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Monkeypox



©<http://gasspoll.us/tag/ebola-bats>

Ebola

Monkeypox in Cameroon

- A viral zoonosis that can cause a fatal disease in humans; occurs primarily in remote villages in Central and West Africa, near tropical rainforests
- **July 2014** : notified as emerging disease by Cameroon
- Virus detected in chimpanzees in a nature reserve & strict control measures applied; no recent introduction of animals in this reserve



Ebola



- Never been reported in animals by any OIE Member Country
- Most likely initially transmitted from animals such as bats and non-human primates to humans
- Recommendations to affected countries :
 - Avoid contact with wild animals, including bats, rodents and monkeys
 - Communities in direct contact with these animals should practice basic hygiene measures
 - Avoid hunting of susceptible wild animal species for food

Emerging diseases: conclusions



- The OIE encourages Member Countries to **be vigilant** and notify any emerging diseases
- Submission of the **periodic reports subsequent to a notification** of an *emerging disease* should continue until ;
 - the disease has been eradicated, or
 - the situation becomes sufficiently stable or
 - sufficient scientific information is available to determine whether it meets the criteria for listing
- The OIE encourages Member Countries to **continue to provide information** on *emerging diseases* **even after they become stable**

EVALUATION OF THE QUALITY OF THE SIX-MONTHLY REPORTS FOR AQUATIC ANIMAL DISEASES SUBMITTED BY MEMBER COUNTRIES OF THE OIE REGIONAL COMMISSION FOR AFRICA



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©The business place



©Graeme Macfadyen (Poseidon), 2011



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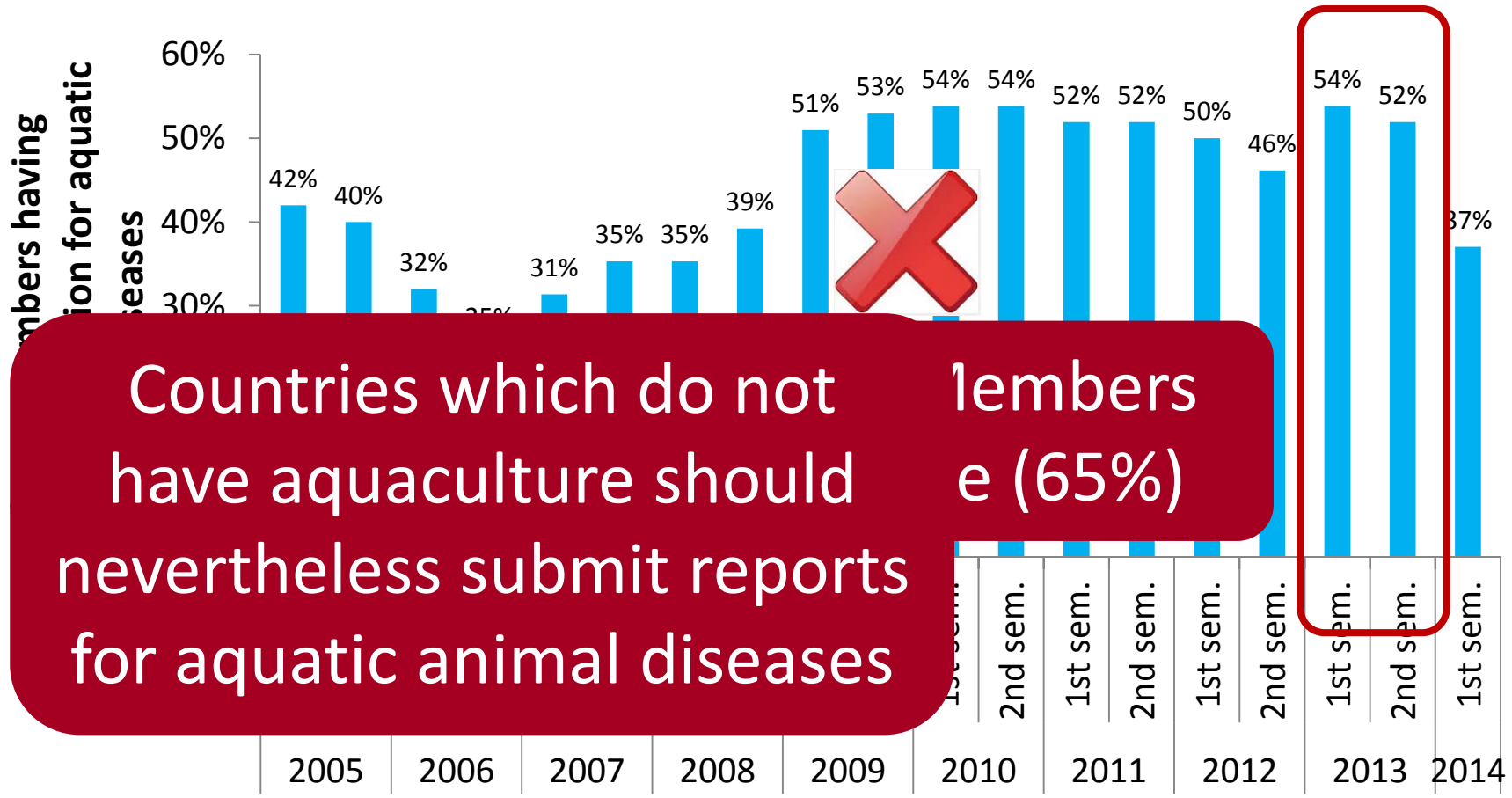


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Percentage of African Member Countries having submitted information for aquatic animal diseases through their six-monthly reports, between 2005 and first semester 2014



Average :44% Members



Countries which do not have aquaculture should nevertheless submit reports for aquatic animal diseases

Members (65%)

Reporting on aquatic animal diseases: conclusions

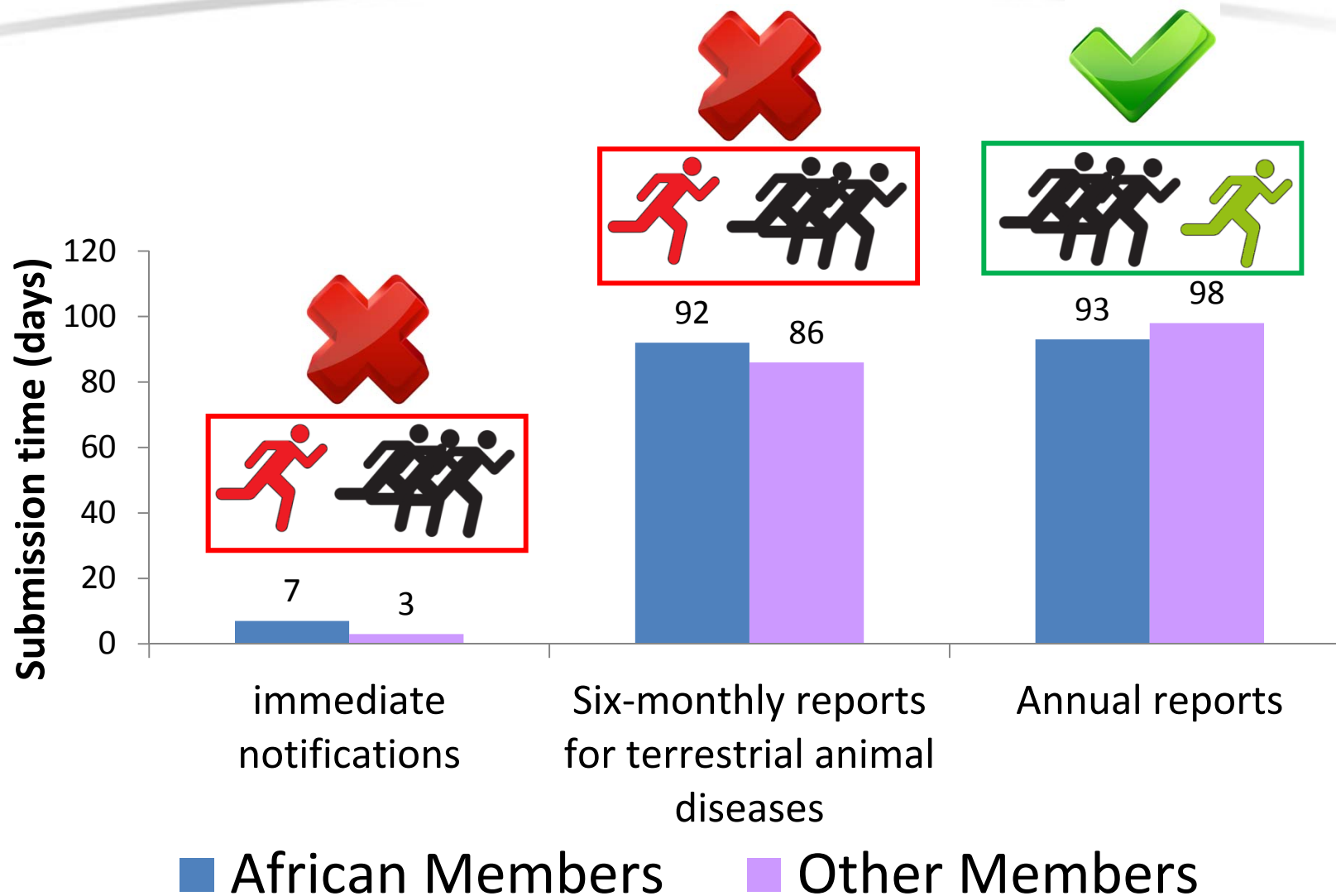


- **Reporting gap** for aquatic animal diseases
- The OIE encourages Delegates that have not already done so to **appoint National Focal Points for Aquatic Animals** and to provide them with access to WAHIS
- The OIE is considering the possibility of including **WAHIS training for National Focal Points for Aquatic Animals** during regional seminars directed to National Focal Points for Disease Notification

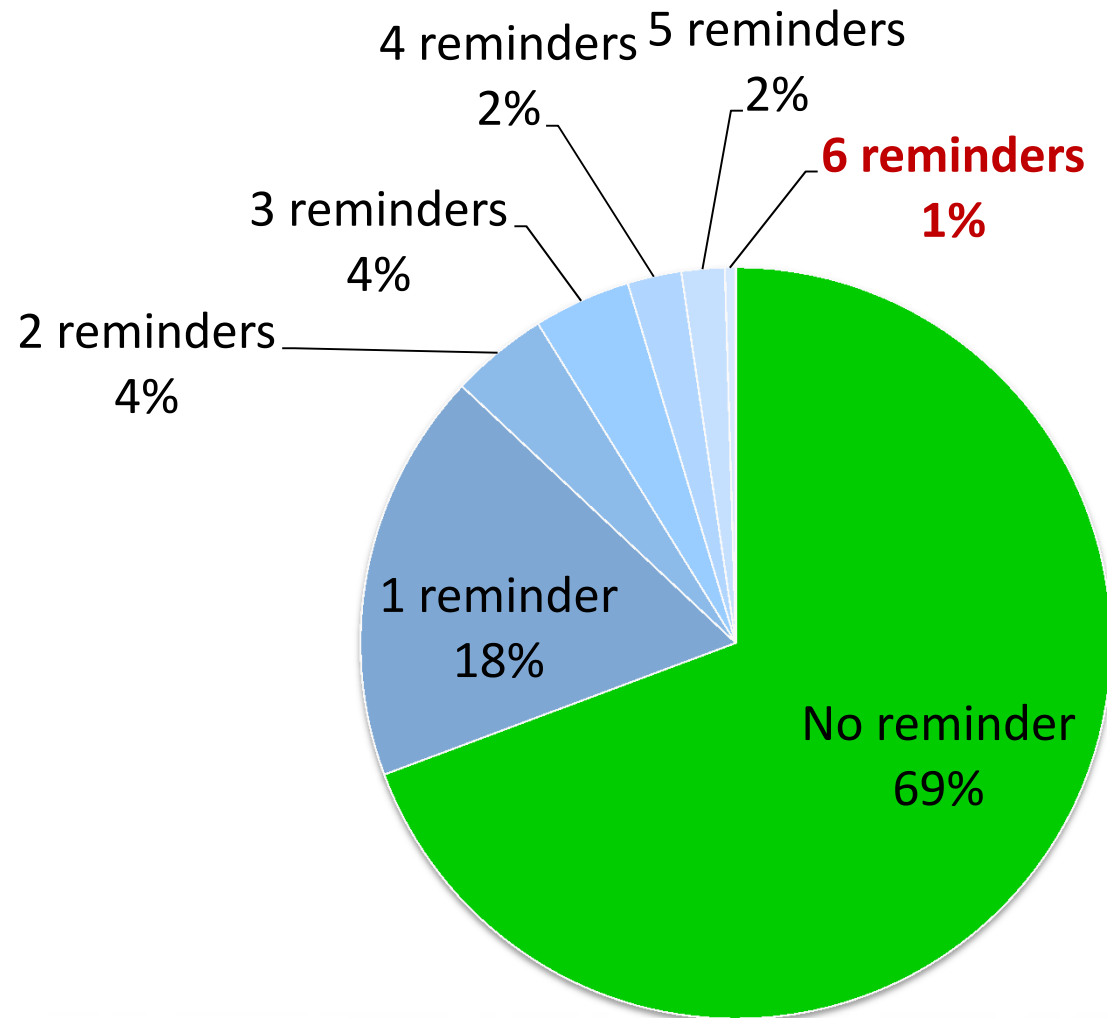
EVALUATION OF THE SUBMISSION TIMES AND COMMUNICATION BETWEEN MEMBERS OF THE REGION AND THE WORLD ANIMAL HEALTH INFORMATION AND ANALYSIS DEPARTMENT IN 2013 AND 2014



Median submission times for 2013 and 2014 reports, as of 16 January 2015



Percentage of reports for which the OIE had to send reminders to African Member Countries to obtain the responses needed for validation (six-monthly and annual reports for 2013 and first semester 2014)



Validation of report delayed > 230 days (almost eight months)

Report submission time: conclusions



- The OIE acknowledges that Member Countries face some challenges regarding notification
- The OIE encourages its Member Countries to **nominate National Focal Points for Disease Notification** and ensure the stability of their appointment
- **Improved communication** can facilitate reporting, drastically reduce submission times, improve the quality of reports and thereby reduce the time to validation and publication

Thank you for your attention!



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