Organisation Mondiale de la Santé Animale | World Organisation for Animal Health | Organización Mundial de Sanidad Animal

The OIE's Codes, Manuals and associated standards

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from Africa (english-speaking) and the Middle-East
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Topic for discussions

- Link between OIE Standards and SPS Agreement
- Purposes of the Codes and Manuals
- Brief outlay of OIE Codes and Manuals
- Updating OIE Standards
- Using the Codes & Manuals

Link between OIE standards and SPS Agreement

OIE objectives

within its WTO mandate, to safeguard world trade by publishing **health standards** for **international trade in animals and animal products**

WTO SPS Agreement

- **Sanitary and Phytosanitary Agreement**

  came into force in 1995

- **SPS Agreement Art 2 : Basic right**

  "Members have the right to take sanitary and phytosanitary measures necessary for the protection of human, animal or plant life or health, provided that such measures are not inconsistent with the provisions of this Agreement"

WTO SPS Agreement

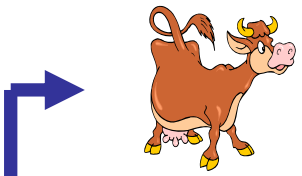
- SPS Agreement Art 3.4 :

  Members shall play a full part in the relevant international organizations, in particular the *Codex Alimentarius Commission*, the OIE, and the international and regional organizations operating within the framework of the IPPC, to promote within these organizations the development and periodic review of standards, guidelines and recommendations with respect to all aspects of sanitary and phytosanitary measures.

- SPS Agreement Annex A (art 3b) : other reference to OIE

Linkage between OIE Standards & the SPS Agreement

Standard-setting organisations: the 3 sisters

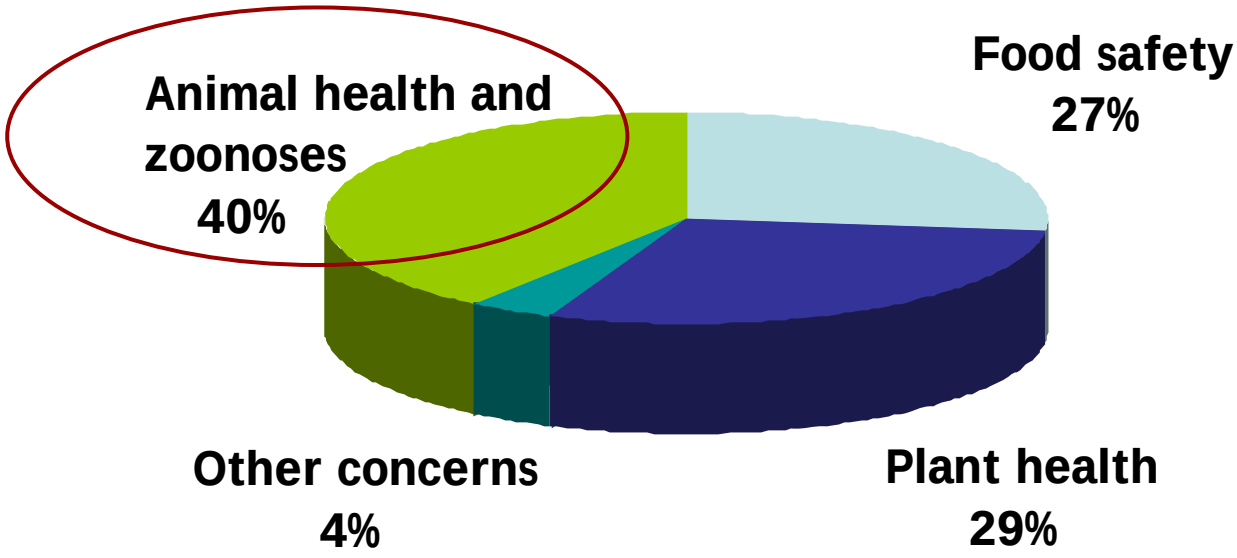


animal health and zoonoses → OIE

food safety → CODEX

plant health → IPPC

Relevance of OIE standards to SPS trade concerns



OIE's international standards

OIE's international standards

- OIE develops and publishes

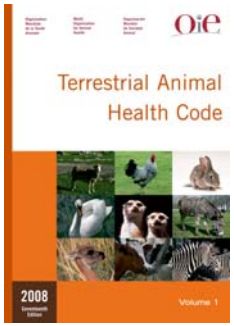
  - ✓ health standards for the prevention and control of animal diseases as well as for the safe trade of animals and animal products
    => Codes
  - ✓ biological standards for diagnostic tests and vaccines
    => Manuals

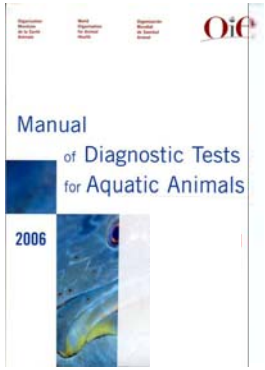
- Adopted by OIE Member Countries during General Session each May by consensus

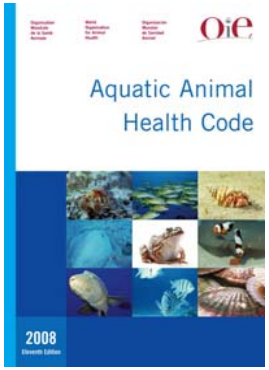
Using a science-based approach

OIE Specialist Commissions

Terrestrial Animal Health Standards Commission
"Code Commission"

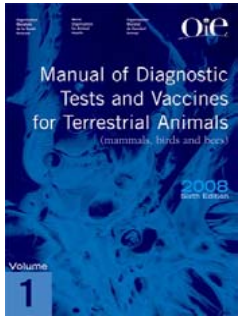






Aquatic Animal Health Standards Commission
"Aquatic Animals Commission"

Biological Standards Commission
"Laboratories Commission"



Purposes
of the *Codes & Manuals*

What is the purpose of the Codes?

- Primary object is to set recommended actions to be used by *Veterinary Authorities* or other *Competent Authorities*
  - to establish health regulations **for the safe importation of animals and animal products**

    =>protect animal and human health and guard against zoonotic diseases
  - while **avoiding unjustified trade restrictions**

- Provide guidance for the setting up and implementation of **efficient** animal health and public health **policies** at **national level**
- Now expanding into animal welfare and food safety (Terr. Code)

The Codes are NOT **textbooks** on terrestrial or aquatic animal diseases, nor on zoonosis.

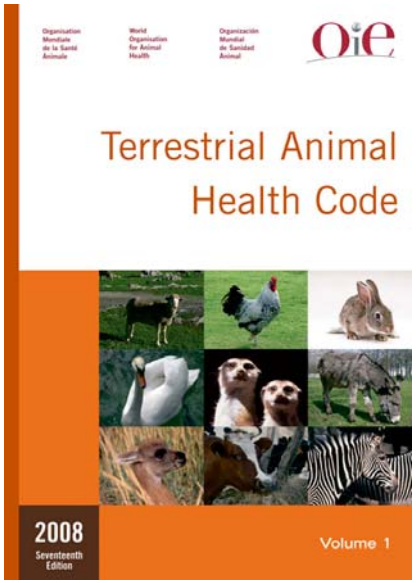
What is the purpose of the Manuals?

- Describe internationally agreed laboratory methods for disease diagnosis
- Enable the requirement for health certification in connection with trade to be met
- Terrestrial Manual also covers the production and control of biological products e.g. vaccines

=> Harmonisation of diagnostic testing and vaccination procedures

- Avoid differences in interpretation of results
- Ensure quality of diagnostic tests and vaccines

Terrestrial Animal Health Code



Content of the *Terrestrial Code*

- 2 volumes
  - Volume I : General Provisions
    - User's guide - Glossary
    - Section 1 : Animal disease diagnosis, surveillance and notification
    - Section 2 : Risk analysis
    - Section 3 : Quality of VS
    - Section 4 : General recommendations : disease prevention and control
      - Identification/traceability,
      - Zoning/compartmentalisation
      - Collection/processing of semen/embryos/oocytes for various species
      - Disposal of dead animals
      - Recommendations on disinfection and disinsectisation..

Content of the *Terrestrial Code*

- Volume I : General Provisions (contd)
  - Section 5 : Trade measures, import/export procedures and vet.certification
    - General obligations
    - Certification procedures
    - Border posts and quarantine stations
    - Model veterinary certificates…
  - Section 6 : Veterinary Public Health
    - Ante/Post mortem meat inspection
    - Disease security procedures in poultry breeding flocks/Salmonella
    - Antimicrobial resistance surveillance/prudent use/monitoring…
  - Section 7 : Animal welfare
    - Slaughter/Killing
    - Transport

Content of the *Terrestrial Code*

- Volume II : Recommendations applicable to OIE listed diseases and other diseases of importance to international trade

  - Section 8 : Multiple species
  - Section 9 : Apidae
  - Section 10 : Aves
  - Section 11 : Bovidae
  - Section 12 : Equidae
  - Section 13 : Lagomorpha
  - Section 14 : Ovidae and capridae
  - Section 15 : Suidae

Content of the *Terrestrial Code*

In each disease chapter, articles may include:

- **Brief description** of pathogen/ disease/ infection, incubation period (determining quarantine period and other risk mitigation procedures)
- How to determine the **status** of a country, zone or compartment*
- What are the '**safe' commodities** irrespective of status (if possible)
- What are the **recommendations for 'unsafe' commodities**
- Inactivation procedures for the pathogen in question
- Specific guidelines for surveillance

Content of the *Terrestrial Code*

OIE *Code*: C.B.P.P. as an example

-Disease specific Chapter-

Article 1: “general provisions”

For the purposes of the Terrestrial Code, the incubation period for contagious bovine pleuropneumonia (CBPP) shall be 6 months.

For the purpose of this chapter, a case of CBPP means an animal infected with *Mycoplasma mycoides subsp. mycoides SC* (MmmSC), and freedom from CBPP means freedom from Mmm SC infection.

For the purpose of this chapter, susceptible animals include domestic cattle (*Bos indicus* and *B. taurus*) and water buffalo (*Bubalus bubalis*).

For the purposes of international trade, this chapter deals not only with the occurrence of clinical signs caused by MmmSC, but also with the presence of infection with MmmSC in the absence of clinical signs.

The following defines the occurrence of MmmSC infection:

• MmmSC has been isolated and identified as such from an animal, embryos, oocytes or semen; or

• Antibodies to MmmSC antigens which are not the consequence of vaccination, or MmmSC DNA, have been identified in one or more animals showing pathological lesions consistent with infection with MmmSC with or without clinical signs, and epidemiological links to a confirmed outbreak of CBPP in susceptible animals.

Standards for diagnostic tests and vaccines are described in the Terrestrial Manual.

Article 2 : “trade in commodities”

When authorising import or transit of the following commodities, Veterinary Authorities should not require any CBPP related conditions, regardless of the CBPP status of the domestic cattle and water buffalo population of the exporting country, zone or compartment:

- milk and milk products;
- hides and skins;
- meat and meat products (excluding lung).

When authorising import or transit of other commodities listed in this chapter, Veterinary Authorities should require the conditions prescribed in this chapter relevant to the CBPP status of the domestic cattle and water buffalo population of the exporting country, zone or compartment.

Article 3 : “CBPP free country, zone or compartment”

To qualify for inclusion in the existing list of CBPP free countries, a Member should:

•have a record of regular and prompt animal disease reporting;

•send a declaration to the OIE stating that:

•there has been no outbreak of CBPP during the past 24 months;

•no evidence of CBPP infection has been found during the past 24 months;

•no vaccination against CBPP has been carried out during the past 24 months,

•and supply documented evidence that surveillance for CBPP in accordance with this chapter is in operation and that regulatory measures for the prevention and control of CBPP have been implemented;

•not have imported since the cessation of vaccination any animals vaccinated against CBPP.

The country will be included in the list only after the submitted evidence has been accepted by the OIE. Retention on the list requires that the information 2a), 2b), 2c) and 3 above be re-submitted annually and changes in the epidemiological situation or other significant events should be reported to the OIE according to the requirements in Chapter 1.1.

Article 4 : “Recovery of free status”

When a CBPP outbreak occurs in a CBPP free country, zone or compartment, one of the following waiting periods is required to regain the status of CBPP free country, zone or compartment:

•12 months after the last case where a stamping-out policy and serological surveillance and strict movement control are applied in accordance with this chapter;

•if vaccination was used, 12 months after the slaughter of the last vaccinated animal.

•Where a stamping-out policy is not practised, the above waiting periods do not apply but Article 11.9.3. applies.

Article 5 : “CBPP infected country or zone”

When the requirements for acceptance as a CBPP free country or zone are not fulfilled, a country or zone shall be considered as infected

Article 6 : “Recommendations for importation from CBPP free countries, zones or compartments”

for domestic cattle and water buffaloes

Veterinary Authorities should require the presentation of an international veterinary certificate attesting that the animals showed no clinical sign of CBPP on the day of shipment.

Article 7 : “Recommendations for importation from CBPP infected countries or zones”

for domestic cattle and water buffaloes *for slaughter*

Veterinary Authorities should require the presentation of an international veterinary certificate attesting that the animals:

- showed no clinical sign of CBPP on the day of shipment;
- originate from an establishment where no case of CBPP was officially reported for the past 6 months, and
- are transported directly to the slaughterhouse in sealed vehicles.

Article 8 : “Recommendations for importation from CBPP free countries, zones or compartments”

for bovine semen

Veterinary Authorities should require the presentation of an international veterinary certificate attesting that:

• the donor animals:

- showed no clinical sign of CBPP on the day of collection of the semen;

- were kept in a CBPP free country since birth or for at least the past 6 months;

• the semen was collected, processed and stored in conformity with the provisions of Chapter 4.5. and Chapter 4.6.

Article 9 : “Recommendations for importation from CBPP infected countries, zones or compartments”

for bovine semen

Veterinary Authorities should require the presentation of an international veterinary certificate attesting that:

• the donor animals:

- showed no clinical sign of CBPP on the day of collection of the semen;
- were subjected to the complement fixation test for CBPP with negative results, on two occasions, with an interval of not less than 21 days and not more than 30 days between each test, the second test being performed within 14 days prior to collection;
- were isolated from other domestic bovidae from the day of the first complement fixation test until collection;
- were kept since birth, or for the past 6 months, in an establishment where no case of CBPP was reported during that period, and that the establishment was not situated in a CBPP infected zone;

AND...

Article 9 : “Recommendations for importation from CBPP infected countries, zones or compartments”

for bovine semen

Veterinary Authorities should require the presentation of an international veterinary certificate attesting that:

• the donor animals:

AND EITHER:

have not been vaccinated against CBPP;

OR

were vaccinated using a vaccine complying with the standards described in the Terrestrial Manual not more than 4 months prior to collection; in this case, the condition laid down in point b) above is not required [the CFT];

• the semen was collected, processed and stored in conformity with the provisions of Chapter 4.5. and Chapter 4.6.

Article 10 : “Recommendations for importation from CBPP free countries, zones or compartments”

for *in vivo* derived or *in vitro* produced embryos/oocytes of bovidae

Veterinary Authorities should require the presentation of an international veterinary certificate attesting .....

Article 11 : “Recommendations for importation from CBPP infected countries or zones”

for *in vivo* derived or *in vitro* produced embryos/oocytes of bovidae

Veterinary Authorities should require the presentation of an international veterinary certificate attesting .....

Article 12 : "Surveillance : introduction"

Articles 11.9.12. to 11.9.17. define the principles and provides a guide for the surveillance of CBPP in accordance with Chapter 1.4. applicable to Members seeking establishment of freedom from CBPP. Guidance is provided for Members seeking reestablishment of freedom from CBPP for the entire country or for a zone or compartment, following an outbreak and for the maintenance of CBPP free status.....

•Article 13 : "Surveillance: general conditions and methods"

A surveillance system in accordance with Chapter 1.4. should be under the responsibility of the Veterinary Authority. A procedure should be in place for the rapid collection and transport of samples from suspect cases of CBPP to a laboratory for CBPP diagnoses as described in the Terrestrial Manual.

The CBPP surveillance programme should:

include an early warning system throughout the .....

...

Article 14 : "Surveillance : strategies"

Introduction

The target population for surveillance aimed at identifying disease and infection should cover all the susceptible species (*Bos taurus, B. indicus* and *Bubalus bubalis*) within the country, zone or compartment.

Given the limitations of the diagnostic tools available, the interpretation of surveillance results should be at the herd level rather than at the individual animal level.

Randomised surveillance may not be the preferred approach given the epidemiology of the disease (usually uneven distribution and potential for occult foci of infection in small populations) and the limited sensitivity and specificity of currently available tests. Targeted surveillance (e.g. based on the increased likelihood of infection in particular localities or species, focusing on slaughter findings, and active clinical surveillance) may be the most appropriate strategy. The applicant Member should justify the surveillance strategy chosen as adequate to detect the presence of CBPP infection in accordance with Chapter 1.4. and the epidemiological situation.....

.....

Article 15 : "Countries or zones applying for recognition of freedom from CBPP"

In addition to the general conditions described in this chapter, an OIE Member applying for recognition of CBPP freedom for the country or a zone should provide evidence for the existence of an effective surveillance programme. The strategy and design of the surveillance programme will depend on the prevailing epidemiological circumstances and will be planned and implemented according to general conditions and methods in this chapter, to demonstrate absence of CBPP infection, during the preceding 24 months in susceptible populations. This requires the support of a national or other laboratory able to undertake identification of CBPP infection using methods described in the Terrestrial Manual.

Article 16 : "Compartments seeking recognition of freedom from CBPP"

The bilateral recognition of CBPP free compartments should follow the principles laid in this chapter, Chapter 4.3. and Chapter 4.4.

Article 17 : “Countries or zones re-applying for recognition of freedom from CBPP following an outbreak”

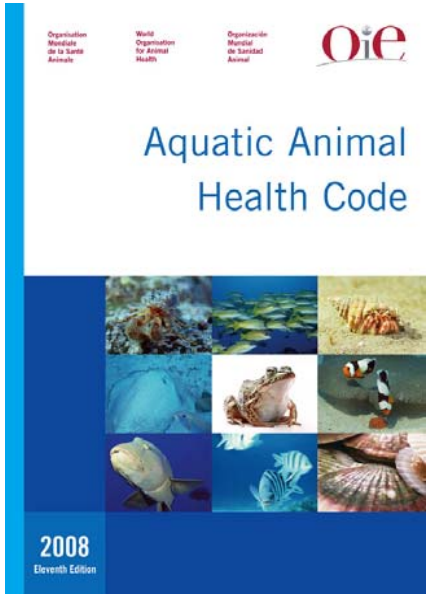
In addition to the general conditions described in this chapter, a Member re-applying for recognition of country or zone freedom from CBPP should show evidence of an active surveillance programme for CBPP, following the recommendations of this chapter.

Two strategies are recognised by the OIE in a programme to eradicate CBPP infection following an outbreak:

- slaughter of all clinically affected and in-contact susceptible animals;
- vaccination used without subsequent slaughter of vaccinated animals.

The time periods before which an application can be made for re-instatement of freedom from CBPP depends on which of these alternatives is followed. The time periods are prescribed in Article 11.9.4.

Aquatic Animal Health Code



Content of the *Aquatic Code*

- Part 1 : General Provisions
  - General definitions
  - Notification systems
  - Obligation and ethics in international trade
  - Risk analysis
  - Import/Export procedures
  - Contingency plans
  - Fallowing

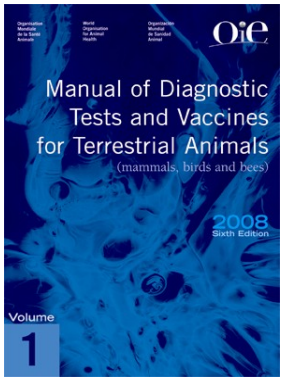
- Parts 2 : specific chapters for diseases of :
  - fish
  - molluscs
  - crustaceans
  - amphibians

} Recommendations to prevent the disease in question being introduced into the importing country

Content of the *Aquatic Code*

- Part 3 : Appendices:
  - Blood sampling and vaccination
  - Inactivation of pathogens
  - Aquatic animal health surveillance
  - Welfare of farmed fish
  - Aquatic animal feed
- Part 4 : Model international aquatic animal health certificates
  - For live aquatic animals
  - For dead aquatic animals

OIE's Manuals



Content of the *Manuals*

- List of tests for international trade/Glossary
- Part 1 : General Information
  - Collection and shipment of diagnostic specimen
  - Biosafety and biosecurity in the veterinary microbiology labs & animal facilities
  - Quality management in vet. testing labs
  - Validation of diagnostic assays for infectious diseases…
- Part 2 : Specific chapters for diseases :
  - General information on the disease/pathogen and recommended techniques for laboratory technicians, including diagnostic tests and vaccines
  - 'Prescribed' – those required by the Terrestrial Code for international trade – printed in blue
    - not every listed disease has a 'prescribed' test
    - 'alternative' – suitable for import/export after bilateral agreement
- Part 3 : List of Ref Labs and experts / disease index

Content of the *Manuals*

OIE *Terrestrial Manual*: C.B.P.P. as an example

Disease specific Chapter

CHAPTER 2.4.9.

CONTAGIOUS BOVINE PLEUROPNEUMONIA

SUMMARY

Contagious bovine pleuropneumonia (*CBPP*) *is a disease of cattle caused by* Mycoplasma mycoides *subsp.* mycoides *SC* (Mmm*SC; SC = small colonies*). *It is manifested by anorexia, fever and respiratory signs such as dyspnoea, polypnoea, cough and nasal discharges. Diagnosis depends on the isolation of the aetiological agent. The main problems for control or eradication are the frequent occurrence of subacute or subclinical infections and the persistence of chronic carriers after the clinical phase.*

Identification of the agent: *Samples to be taken from live animals are nasal swabs and/or broncho-alveolar washings or pleural fluid obtained by puncture. Samples to be taken at necropsy are lung lesions, lymph nodes, pleural fluid and synovial fluid from those animals with arthritis. Direct examination of the exudate or smears is possible, but requires great skill.*

For cultivation of the pathogen, the tissues are ground in medium containing antibiotics and inoculated into media that contain inhibitors to prevent the growth of contaminating bacteria. The growth of Mmm*SC takes several days.*

In broth, growth is visible within 3–10 days as a homogeneous cloudiness with whirls when shaken; on agar, small colonies develop, 1 mm in diameter, with the classical 'fried-egg' appearance. The biochemical characteristics of Mmm*SC are the following: sensitivity to digitonin, reduction of tetrazolium salts, fermentation of glucose, absence of arginine hydrolysis, and the absence of phosphatase and proteolytic activities. Special media have been described that are recommended for these tests. Diagnosis is confirmed by immunological tests, such as the growth inhibition and immunofluorescence tests* (*both use hyperimmune sera*). *The polymerase chain reaction is now used as a rapid, specific, sensitive and easy to use test.*

Serological tests: *For diagnosis, the modified Campbell & Turner complement fixation test remains the prescribed test for international trade. However, it has significant limitations regarding sensitivity and specificity. The competitive enzyme-linked immunosorbent assay was designated as an OIE prescribed test for international trade by the OIE International Committee in May 2004. An immunoblotting test has undergone evaluation and is highly specific and sensitive.*

Requirements for vaccines: *Attenuated strains now recommended for vaccine production: the*

A. INTRODUCTION

Contagious bovine pleuropneumonia (CBPP) is a contagious disease of cattle caused by *Mycoplasma mycoides* subsp. *mycoides* SC (*Mmm*SC; SC = small colonies). CBPP has been known to occur in Europe since the 16th century but it gained a world-wide distribution only during the second half of the 19th century because of increased international trade in live cattle. It was eradicated from many countries by the beginning of the 20th century through stamping-out policies. However the disease persists in many parts of Africa. The situation in Asia is unclear. There have been no reported outbreaks in Europe since 1999. In natural conditions, *Mmm*SC affects only the ruminants of the *Bos* genus, i.e. mainly bovine and zebu cattle. *Mmm*SC (bovine biotype) has been isolated from buffaloes in Italy (*Bubalus bubalus*) (36), and from sheep and goats in Africa and more recently in Portugal and in India (37). Among wild animals, one single case has been reported in American buffaloes (*Bison bison*) and none in African buffaloes (*Syncerus caffer*) or other wild ruminants. Wild animals do not play a role in the epidemiology of the disease. CBPP is manifested by anorexia, fever and respiratory signs, such as dyspnoea, polypnoea, cough and nasal discharges. In the case of acute outbreaks under experimental conditions, the mortality rate may be as high as 50% in the absence of antibiotic treatment. When an outbreak first occurs in an area, the mortality will be high but is often lower in the field following the primary outbreak. Clinical signs are not always evident; subacute or asymptomatic forms occur frequently as the clinical signs in affected animals subside with partial recovery. In this case their lungs show typical encapsulated lesions called 'sequestra'. These animals may be responsible for unnoticed persistence of the infection in a herd or a region and play an important role in the epidemiology of the disease. Transmission of the disease occurs through direct contact of an infected animal with a naive one. There is no evidence of transmission through fomites as *Mmm*SC does not persist in the environment. In most continents, control strategies are based on the early detection of outbreaks, control of animal movements and a stamping-out policy. In Africa control of the disease is based on vaccination campaigns using attenuated *Mmm*SC strains such as T1/44 or T1sr. Although the use of antibiotics is theoretically prohibited, they are widely applied in the field. The consequences of these antibiotic treatments in terms of clinical efficacy, emergence of resistant strains, and persistence of chronic carriers have not been evaluated yet. However, recent work has shown that antibiotic treatment of cattle may greatly reduce the transmission to healthy contacts but this requires treatment of all affected cattle in a group (20). The *M. mycoides* cluster consists of six mycoplasma species or groups of strains, originating from bovines and goats (11, 32, 39). This cluster can be subdivided in two groups, capricolum and mycoides, comprising very closely related species. These six mycoplasmas share serological and genetic characteristics, and this causes taxonomic and diagnostic problems (11) with standard techniques. Specific identification of *Mmm*SC can now be achieved by polymerase chain reaction (PCR) or the use of specific monoclonal antibodies (MAbs). Although *Mmm*SC has been considered to be a very homogeneous biotype, recent molecular techniques, such as enzymatic digestion of whole DNA or southern blotting using an insertion element as a probe, were able to identify differences among strains. A recently described technique that provides an easier way to perform molecular epidemiology of CBPP is a multi-locus sequence analysis (or typing). This technique allows the three main lineages that correlate with the geographical origins (Europe, Southern Africa, rest of Africa) to be distinguished (24). Quite interestingly, the strains of European origin can be clearly differentiated from African ones (10, 16, 42). Recent European strains form a particular cluster and differ from all other strains by no duplication of a long 17 kb DNA fragment (15) and deletion of a 8.4 kb fragment. They are not able to oxidise glycerol, which may account for an apparent lower pathogenicity (19, 43). However, the oldest European strain kept in collection (1967) appears as an unique strain without the deletion and duplication. African strains seem to be more diverse. The sequence of the complete genome of the reference strain PG1 has been published recently (45).There is no doubt that further technical development will allow for a finer characterisation of strains.

B. DIAGNOSTIC TECHNIQUES

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B. DIAGNOSTIC TECHNIQUES

1. Identification of the agent

The causal organism can be isolated from samples taken either from live animals or at necropsy. Samples taken from live animals are nasal swabs or nasal discharges, broncho-alveolar lavage or transtracheal washing and pleural fluid collected aseptically by puncture made in the lower part of the thoracic cavity between the seventh and eighth ribs. Blood may also be cultured (21). Samples taken at necropsy are lungs with lesions, pleural fluid ('lymph'), lymph nodes of the broncho-pulmonary tract, and synovial fluid from those animals with arthritis. The samples should be collected from lesions at the interface between diseased and normal tissue.

The agent can be detected by culture, nucleic acid methods and immunological tests described below. Bacteriological identification of the agent is more complex and can be done by biochemical tests, nucleic acid recognition methods and immunological methods. These methods are described here in general terms; however, it is recommended that the definitive identification be done by an OIE Reference Laboratory.

The presence of pathogens varies greatly with the stage of development of the lesions, and a negative result is not conclusive, particularly after treatment with an antibiotic.

When dispatching samples to the laboratory, it is advisable to use a transport medium that will protect the mycoplasmas and prevent proliferation of other bacteria (heart-infusion broth without peptone and glucose, 10% yeast extract, 20% serum, 0.3% agar, 500 International Units [IU]/ml penicillin, thallium acetate 0.2 g/litre).

The samples must be kept cool at 4°C if stored for a few days or frozen at or below –20°C for a longer period. For laboratory-to-laboratory transfer, lung fragments or pleural fluid can also be freeze-dried.

a) Culture

*Mmm*SC needs appropriate media to grow (35). In attempting isolation, 2–3 blind passages may be required. Many attempts to isolate fail because the organism is labile, is often present in small quantities, and is demanding in its growth requirements. The media should contain a basic medium (such as heart-infusion or peptone), yeast extract (preferably fresh), and horse serum (10%). Several other components can be added, such as glucose, glycerol, DNA, and fatty acids, but the effects vary with the strains. To avoid growth of other bacteria, inhibitors, such as penicillin, colistin or thallium acetate, are necessary. The media can be used as broth or solid medium with 1.0–1.2% agar. All culture media prepared should be subjected to quality control

Article 1 : “Identification of the agent”

Culture :

Biochemical tests :

Nucleic acid recognition tests : PCR

Immunological tests :

- indirect fluorescent antibody test
- fluorescent antibody test (FAT)
- disk growth inhibition test
- agar gel immunodiffusion test (AGID)
- dot immunobinding on membrane filtration
- immunohistochemistry

Article 2 : “Serological tests”

Complement fixation test (CFT)

Competitive enzym-linked immuno-sorbent assay (c-ELISA)

Immunoblotting test

Other tests : e.g. rapid field slide agglutination test (SAT)

Article 3 : “Requirements for vaccines and diagnostic biologicals”

Seed management

- strain T1/44, a naturally mild strain isolated in 1951 by Sheriff & Piercy.
- strain T1sr (44, 46).

Method of manufacture

In-process control

Batch control

Tests on the final product

Updating OIE standards

Updating OIE standards

1- Issue / problem identified by Delegates, OIE Commission, industry, scientist, individual

- new scientific information e.g. from research or disease outbreak
- new diseases – emerging
- new approach eg vaccination

2- Addressed by appropriate Commission as new or revised standard

- Using working groups and *ad hoc* groups for specialist tasks e.g. animal welfare, BSE, epidemiology, avian influenza,…

Updating OIE standards

3- Commission proposal (draft texts) circulated for comments to Members, experts, organisations

- Commission may revise proposal on basis of comments received

4- Discussed by Delegates at the General Session

- may be discussed only and returned to Commission for further work
- may be adopted as OIE international standards

➔ ***opportunity for all to be involved in standards development***

Updating OIE standards

- Increasingly, expert advice is outside government and OIE utilises all sources
  - Individual / expert group from industry / academia / government
  - Other OIE Commission or Reference Lab.
- Transitional period for transparency
  - NGOs with OIE agreement are consulted as per Member Countries e.g. IDF, IFAP, UECBV
  - Experts may participate in meetings
  - Commission reports on OIE website: http://www.oie.int/tahsc/eng/en_reports.htm

Updating international standards

COMMITTEE, COMMISSIONS, DELEGATES

PROBLEM

Specialist Commissions

Review

Advice of experts or other Specialist Commissions

Draft text

1

2

DELEGATES

Comments

COMMITTEE

Adoption

OIE INTERNATIONAL STANDARD

Standard-setting process schedule : e.g. Terr. Code

http://www.rr-americas.oie.int/presentaciones/Ingles/in_cronograma.htm

Opportunities for Member Countries to influence international standard setting

=> Member countries are thus primarily responsible for setting and the adoption of international standards and should therefore always attempt to actively participate in the standard setting process

=> Request for revised standards or review of standards can also be done at SPS Committee of WTO

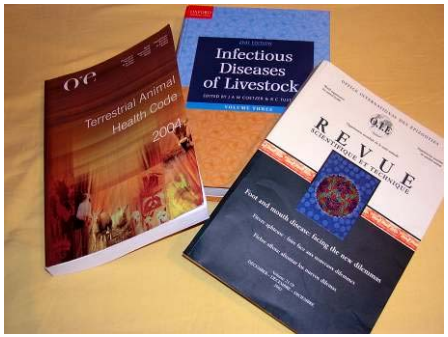
WTO OMC

Summary

How to use the *Codes* and *Manuals*

- Use the **Codes** to **establish the sanitary requirements for trade**

- Use the OIE **Manuals** to ensure the application of correct **diagnostic tests and vaccines**



How to use the *Codes* and *Manuals*

- Use the *Guidelines for the Evaluation of Veterinary Services* as an essential baseline for risk assessment and to comply with at least the minimum requirements of the ALOP of importing country

- Use the *Codes* to establish baseline arguments to establish **equivalence** for trade negotiations

- Use the *Codes* to establish cost-effective **risk mitigation measures** for trade

- Use the *Codes* and *Manuals* to **challenge scientific unjustifiable sanitary measures** of importing countries

What information is available from the *Code*, *Manual* and OIE ?

Standards for zoning & compartementalisation

Guidelines for risk analysis

Risk mitigation to render products safe

Conditions for trade

Criteria for disease freedom

Model export certificates

Surveillance for disease

Standards for diagnostic tests

Procedures for carcass disposal

Guidelines for humane killing of animals

Standards for vaccine production

Complements to the standards

- Use the **OIE Scientific and Technical Review** to obtain **background information** on experiences in the practical application of standard

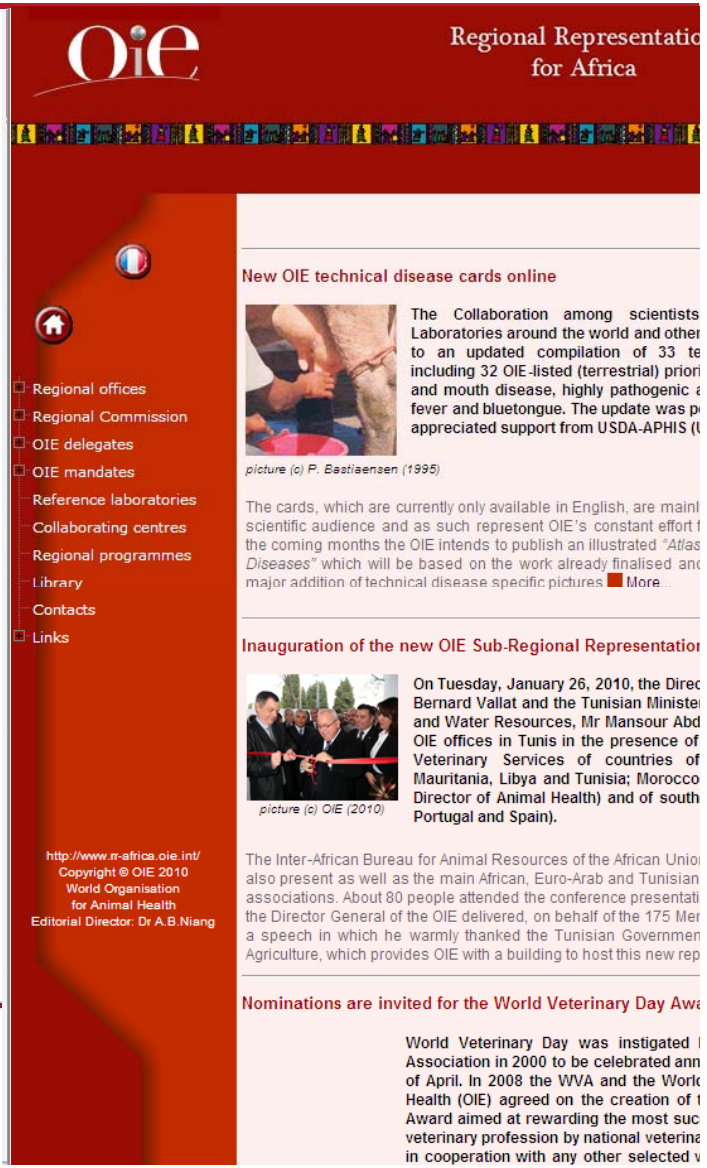
- Use **textbooks on diseases** to understand the **scientific justification for OIE standards**, guidelines and recommendations

Complements to the standards : guidelines

- List of **antimicrobials** of veterinary importance
- **Fit for purpose** accreditation
- Quantitative and qualitative **risk assessment**
- H_5N_1 surveillance guidelines
- Guidelines on veterinary **legislation**
- **Private** standards
- And much more….

Websites

- OIE general website : www.oie.int
  - "Health standards" (En/Fr/Es)
  - "OIE Expertise" => "Scientific Commissions"
  - Online bookshop : all OIE publications
- OIE Regional websites
  - For the Middle-East : rr-middleeast.oie.int
  - For Africa : rr-africa.oie.int
  - Translation of the Terr. Code into Portuguese (2007)



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