





CHALLENGES IN REPORTING WOAH LISTED AND NON-LISTED DISEASES TO WOAH: TANZANIA (GIRAFFE SKIN DISEASE-NOT REPORTED)

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Ecology of Giraffe Skin Disease (GSD) in Tz

- The first case of GSD was recorded at Lunda section of Ruaha national park in 2000, Southern Tanzania
- Prevalence in 2002-2003: 85% (Mlengeya and Lyaruu, unpublished data)
- Prevalence in 2012: 79.8% (Epaphras et al., 2012)
- The disease was exclusive to giraffes and the lesions or infections were mostly confined to the fore limbs/legs (97.8%); most of the lesions were chronic

Ecology of Giraffe Skin Disease (GSD) in Tz

- 2020 Dry season
 - i. Herd prevalence was 94.3% (33 out of 35 herds examined had at least one individual affected by GSD
 - ii. Individual prevalence was 66.3% (65 out of 98 giraffes individually examined were infected), and that adult animals were more affected
- 2022 dry season
 - i. Herd prevalence was 95.6% (19/23 herds)
 - ii. Individual prevalence was 72.1% (31/43 inspected individuals)
 - iii. 66.7% of lesions were chronic
 - iv. 86.7% of lesions were on the fore legs

Giraffe Skin Disease lesions

Starts as small skin nodules of about 2-3cm with raised hair; then coalesce to become small alopecic lesions, large round or oval alopecic patch of 10-16cm to skin wrinkles, scabs, scales, or cracks with raw fissures

Little is known on the ecology of Giraffe Skin
 Disease in terms of aetiology, pathogenesis,
 transmission, fate of infected giraffes and impact
 on giraffe population











STATUS OF GSD TO WOAH/OIE

- To the best of my knowledge, I reported Giraffe Skin Disease (GSD) through the Wild-questionnaire in THE Jan-June 2009 period
- I also reported the new disease condition to the Director of Veterinary Service or CVO; I am not sure whether the disease condition was formally validated and reported to WOAH (OIE) or not
- I have continued communicating about the disease condition; and this year I requested diagnostic assistance from the WOAH Sub-regional Office for Eastern Africa, and WOAH-SROEA has informed me to send samples to ILRI in Nairobi

ANIMAL DISEASES OR INFECTIONS/INFESTATIONS PRESENT IN WILD.

This template has to be used for diseases or infections/infestations present in your Country

Template I or II - Quantitative data by semester for the Entire Country OR by First Administr

You can find inside some templates a "dynamic drop-down list" for the following fields: Disease/infi Diagnosis (Clinical - Necropsy - Laboratory) - Laboratory test. These are meant to help you in data

Disease/ infection present	Entire Country (If you answer "No", please specify the First Administrative division in the next column)	First administrative division
AND STREET OF THE PARTY OF THE	and the same transfer and the same transfer	VEL STOCK STATES OF STA
Unknown disease	No	Iringa District
Unknown disease	No	Mikumi District
		Disease/ infection present (if you answer "No", please specify the First Administrative division in the next column) Unknown disease No

ANIMALS IN THE COUNTRY

during the reporting period.

ative Division (please make only one choice for each disease)

ection present - Entire Country - Family name - Species in Latin name - Nature of processing

No. of new outbreaks (by serotype where applicable) [3]			0.21	STUDIO AD 12.
N°	Serctype(s) if any	Total No. of outbreaks. (4)	Family name (5)	Species in Latin name
	1 Dermatophylosis ?	2	Giraffidae	Gireffa camelopardalls
	2 Pinna necrotising disease?	3	Giraffidae	Girəffa camelopardalis
1				

- Changes from the Wildlife questionnaire (Excel sheet) to WAHIS-Wild disconnected the link between WOAH Focal points and the WOAH staff especially Karim
 - The Wild-questionnaire allowed copying to the WOAH when sending the Wild-questionnaire to the DVS, and the OIE used the information after official notification by the DVS
 - WAHIS-Wild has introduced use of Passwords for immediate notification, follow ups and annual reporting. Most Focal Points do not have passwords and cannot report via WAHIS-Wild
 - The wildlife focal person has no Password to access WAHIS-Wild, and it is not clear who gives the Password to the Focal points, and succession of passwords has been a problem

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Dear Dr Keyyu,

Thank you for having provided the completed questionnaire for Tanzania .

I read with interest your comment to Fred concerning the design of the questionnaire to accept only one family name or Latin name in each cell. This was done on purpose in order to improve the standardisation, organisation and analysis of data.

So this is true, however, when more than one species are affected in the same outbreak you should add a new row for the disease concerned putting the cursor on the row number on the left, click left mouse button and select "Insert" from the menu (see screenshot number 1). In this way you may add for the same disease and outbreak more than one species in different rows (see the example in the screenshot number 2). This procedure is also explained under Help page of the questionnaire."

Hope that this is of any help.

Kind regards

Karim Ben Jebara

Screenshot number 1

2. It is not clear who should notify WAOH on wildlife listed and non-listed diseases. The National epidemiologist assume that they are only responsible for domestic/terrestrial diseases.

3. High turn over of Chief Veterinary Officers and Focal points in many countries. This has affected capacity building, continuity and creation of successors.

- 4. Challenges of the sectoral set up: the DVS is at the Ministry of Livestock and Fisheries Development, while Wildlife is at the Ministry of Natural Resources and Tourism (MNRT)
 - In this regard, there is a diffuse framework on where and how to report wildlife diseases
 - Practically; all outbreaks of wildlife diseases and surveillance reports are reported to the Director of Wildlife at the Wildlife Division, MNRT; who on the other hand reports to the Permanent Secretary of the MNRT

- 5. Political, economic and social sensitivity: Most of the listed diseases are trade sensitive, while most of the listed wildlife diseases are tourism sensitive. Therefore, reporting of diseases to WOAH-Wild is only after approval from decision makers.
- 6. Most WOAH listed diseases are endemic, in this regard reporting them becomes cumbersome as they are associated with follow ups which are normally data deficiency and therefore mostly remain unclosed after immediate notification.

Acknowledgements





