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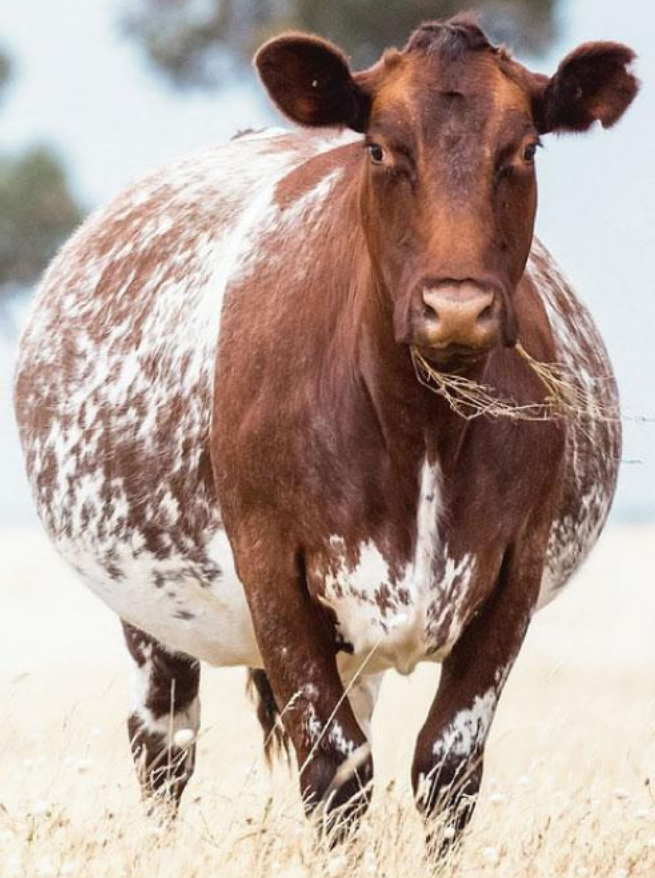
Regional Training Workshop on WOAH Procedures for Official Status Recognition, Endorsement of Official Control Programmes and their Maintenance with regard to Contagious Bovine Pleuropneumonia (CBPP)

30 March – 1 April 2026, Lusaka, Zambia



CBPP Surveillance Requirements according to WOAH

(Terrestrial Animal Health Code – Chapter 11.5)

Introduction

- CBPP is a **WOAH-listed disease**
- Mandatory reporting by Member Countries
- **Official WOAH procedure** for
  - Recognition of disease-free status (Country or zone)
  - Endorsement of official control programme
- **Surveillance** = key requirement for:
  - Demonstrating disease freedom
  - Maintaining disease free status
  - Re-establishing freedom after outbreaks

Objectives of CBPP Surveillance

- Demonstrate **absence of infection**
- Detect **early introduction of disease**
- Support **control and eradication programs**
- Provide **evidence for WOAH recognition**

CBPP Surveillance in the terresterial code

- **CBPP surveillance** must comply with
  - **Chapter 11.5 (art. 11.5.13 to 11.5.17)** of the terresterial code
  - **Chapter 3.4.8**. of the Terrestrial Manual
  - Questionnaire for application in **Chapter 1.10**
  - in accordance with **Chapter 1.4.** (Animal health surveillance) of the code
- Should be a **continuous process** of:
  - Data collection
  - Analysis
  - Interpretation
  - Dissemination
- Must be:
  - Science-based
  - Risk-based
  - Adapted to local conditions
  - supported by strong investigation and laboratory confirmation systems

CBPP surveillance requirements (Art.11.5.13 to 11.5.17)

Reference	Description	Requirements
Art.11.5.13	General principles	• Comprehensive dossier to WOAH including: • Epidemiological situation • Risk factor management • Scientific supporting data (evidence)
Art.11.5.14	Responsibility & System Structure	• Veterinary Authority responsability • Effective Early warning system • Outbreak investigation systems • Functional diagnostic laboratories
Art.11.5.15	Surveillance strategies	• Target all susceptible species (cattle, buffalo, yak) • Targeted surveillance • Based on risk factors, epidemiological situation
Art.11.5.16	Recognition of CBPP-Free Status	• Evidence of an effective surveillance system • Evidence of absence of CBPP infection In susceptible populations for the previous 24 months
Art.11.5.17	Reinstatement of Freedom following an outbreak	• Evidence of active surveillance for CBPP • Respect time period before application

Surveillance strategies (Art. 11.5.15)

Risk based surveillance

- Border areas
- Transhumant systems
- High animal movement zones

Clinical surveillance

- Physical examination of animals
- Conducted at Farms, markets & fairs, checkpoints
- Combined with laboratory testing

Pathological surveillance

- Most effective method
- Conducted at slaughterhouses
- Requires trained meat inspectors
- Confirmation by laboratory testing

Serological surveillance

- Epidemiological investigations
- Interpretation at herd level only
- Follow-up (clinical + lab confirmation)

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CBPP SURVEILLANCE LANDSCAPE FOR DISEASE FREE STATUS

Early warning & reporting

- Criteria for suspicion
- Notification procedures
- Investigation of all suspected cases

Clinical surveillance

- Farms, markets, fairs, slaughterhouses & checkpoints

Serological surveillance

- Defined purpose & frequency
- Sampling design

Active surveillance

- Purpose & frequency
- Sampling design

24 month data summary

Nb of suspected cases
Nb of samples tested
Species
Type of samples
Testing method
Results (differential diagnosis)
Timelines for detection, detection & reponse
Follow up actions

Abattoir surveillance

- Criteria for suspicion of CBPP lesions
- Notification procedures
- Reporting results

Oversight & capacity

- Supervision by VS
- Training of personnel
- Community engagement

Effective laboratory support

- Confirmation
- Differential diagnosis
- Follow up actions

DEMONSTRATE ABSENCE OF CBPP INFECTION WITH A HIGH LEVEL OF CONFIDENCE (OVER THE PAST 24 MONTHS)

CBPP free status on historical basis

CONDITIONS	REQUIREMENTS
• No cases of CBPP were registered in the past 25 years • CBPP is a notifiable disease for at least the past 10 years • The pathogenic agent of CBPP is presumably not present	• Compliance with the requirements of Chapter 11.5., Article 1.4.6., and with the questionnaire in Article 1.10. of the Terrestrial Code: • Early warning system with clear reporting • Pathogen specific surveillance may not be required • Clinical surveillance (respiratory diseases) • Pathological surveillance • All suspect lesions detected at the slaughterhouses should be followed p by laboratory testing • Laboratory capacity for CBPP testing or formal arrangement with a competent laboratory for confirmation • Training and awareness programmes

GOOD Surveillance complying with WOAH requirements	WEAK Surveillance not fully complying with WOAH requirements
Clear case definition & reporting chain	Unclear suspicion criteria & reporting procedure
Incentives + enforcement for reporting	Underreporting, no obligation to report
Active clinical surveillance (all sectors)	Passive or limited surveillance
Strong focus on high-risk areas	High-risk zones not covered
Well-designed serological surveys (justified)	Poor sampling design, no justification
Effective slaughterhouse monitoring	Weak lesion detection & poor data
Complete 24-month data & timelines	Missing/incomplete data
Strong lab confirmation & follow-up	Weak lab capacity or no follow-up
Risk-based, locally adapted strategy	Generic, not adapted to context
Strong veterinary oversight	Limited supervision
Documented training and awareness programmes	Limited or generic training, No community engagement
Demonstrates disease freedom confidently	Cannot prove absence of CBPP

CBPP Surveillance – Key Requirements for Programme Endorsement

- Article 1.10.3.
- Surveillance is part of the Official control programme for CBPP
- Should include all the requirements of disease free status recognition
- Risk-based data driven
- Assessment of vaccination coverage & immunity
- Trends in CBPP prevalence
- Evaluation of Control measures (effectiveness, implementation)

Programme endorsement = *"Are you controlling CBPP effectively?"*
Disease-free status = *"Can you prove CBPP is absent?"*

CBPP Surveillance: Programme Endorsement vs Disease-Free Status

Programme Endorsement (Art. 1.10.3)	Disease-Free Status (Art.1.10.1 &1.10.2)
Focus on control & reduction of disease	Focus on proof of absence of disease
Includes evaluation of control measures (vaccination, impact, cost-effectiveness)	No requirement to evaluate control measures
Requires vaccination monitoring & immunity assessment	Vaccination not central (focus is absence of infection)
Analysis of trends in prevalence over time	Demonstration of no infection over 24 months
Emphasis on risk studies & targeted surveys to improve control	Emphasis on evidence to rule out CBPP presence
Surveillance supports programme performance evaluation	Surveillance supports freedom recognition
Includes broader epidemiological tools (participatory studies, risk assessments)	Focus on standard surveillance components
Strong focus on detecting cases in endemic/at-risk settings	Strong focus on demonstrating nationwide absence
Requires evidence of outbreak investigations despite control measures	Requires evidence of handling of suspicions (to exclude CBPP)
Data used to adjust and improve control strategies	Data used to prove confidence in disease freedom

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CBPP Surveillance Evaluation Checklist

Suspicion & Reporting

- ☐ Early warning
- ☐ Clear case definition for suspicion
- ☐ Defined reporting chain (who → whom)
- ☐ Obligation of reporting

Clinical Surveillance

- ☐ Coverage of farms, markets, checkpoints
- ☐ Includes high-risk areas (borders, transhumance)
- ☐ Evidence of active surveillance
- ☐ 24-month data available

Data & Evidence (24 Months)

- ☐ Number of suspected cases reported
- ☐ Samples tested (type, species)
- ☐ Test results & differential diagnosis
- ☐ Timelines (detection → confirmation)
- ☐ Follow-up actions documented

Slaughterhouse Surveillance

- ☐ Lesion detection criteria defined
- ☐ Reporting procedures in place
- ☐ Trained meat inspectors
- ☐ 24-month data available

Serological Surveillance

- ☐ Clear objective & frequency
- ☐ Defined target population
- ☐ Design prevalence & confidence level
- ☐ Justified sample size
- ☐ Appropriate diagnostic tests

Laboratory Capacity

- ☐ Diagnostic capability for CBPP confirmation
- ☐ Validated tests (sensitivity/specificity)
- ☐ Link between field & lab

Veterinary Oversight

- ☐ Supervision by Veterinary Authority
- ☐ Training programmes in place
- ☐ Community engagement

Common gaps in CBPP Surveillance

Weak Suspicion & Reporting System
- No clear case definition for suspicion
- Unclear reporting chain
- No early detection system in place

Incomplete Clinical Surveillance
- Limited coverage
- Passive rather than active surveillance
- No evidence of regular inspections

Weak slaughterhouse surveillance
- Poor lesion detection capacity
- Lack of information on training of meat inspectors
- Incomplete or missing abattoir data (24 months)

Laboratory & diagnostic limitations
- Weak capacity for Confirmation of CBPP
- No formal agreement with a competent laboratory for CBPP confirmation

Insufficient data & documentation
- Missing or incomplete 24-month datasets
- Lack of follow-up evidence for suspected/positive cases

No documented training and awareness programme
- Insufficient or non-specific training
- Weak or no community engagement

Conclusion

- Continuous, structured surveillance system is essential for both control and freedom
- Early detection & rapid reporting are the foundation of effective surveillance
- Multi-component approach: Clinical, pathological, laboratory, and targeted surveillance
- Risk-based and locally adapted design is required
- Robust data (24 months) is critical to support decisions
- Laboratory confirmation & differential diagnosis ensure reliability
- Strong Veterinary Services & stakeholder involvement are key
- Training and awareness of field actors (farmers, inspectors, veterinarians) are crucial

CBPP surveillance must generate reliable evidence to either control the disease or confidently demonstrate its absence