



# Elements and implementation of an epidemiological investigation in the case of FMD outbreaks



Carsten Pötzsch EuFMD/FAO Consultant





REPIVET–RESEPA workshop: Epidemiology and surveillance of animal diseases Tunis 1-2 December 2015





#### **Controlling FMD outbreaks:**

→ Prevent further transmission of the virus from infected to susceptible animals

#### **Outbreak investigations (OI)**

#### **Objectives**

- Confirmation of FMD
- Identification of FMD introduction and spread during the outbreak
- Raising awareness and local outbreak response
- Improve understanding of FMD (risk factors and control)

What, When, from/to Where, Why, Who introduced & spread ?

- by specifically trained veterinarians
- on the basis of questionnaires





## **Disease events requiring OI**

→ immediate notification (OIE, Code, Art. 1.1.3.)

Listed disease, infection or infestation in a country, zone or compartment:

- first occurrence or re-occurrence
- first occurrence of a new strain
- (the agent) causing a sudden and unexpected change in the distribution or increase in incidence or virulence, or morbidity or mortality
- occuring in an unusual host species



# **FMD confirmation – case definitions**

Probable case: clinical signs

**Suspected case:** clinical, pathological and epidemiological evidence

**Confirmed case:** <u>lab diagnosis</u> ! (an animal infected with FMD virus (FMDV) - with or without clinical signs)

#### **FMDV** infection:

1. FMDV isolated and identified from an **animal/animal product** or

2. FMDV antigen or serotype specific RNA identified in a samples from an animal with clinical FMD signs or epidemiologically linked to a confirmed or suspected FMD outbreak, or suspicion of previous association or contact with FMDV; or

**3. antibodies to structural or nonstructural proteins** of FMDV, that are not a consequence of vaccination, identified in a samples from an animal with **clinical FMD signs**, or **epidemiologically linked** to a confirmed or suspected FMD outbreak, or suspicion of previous association or **contact with FMDV**.

FMD outbreak: occurence of one or more cases in an epidem. unit\_



OIE

Code

eofmd





# Clinical investigation - objectives -

 to confirm the presence of clinical signs of FMD

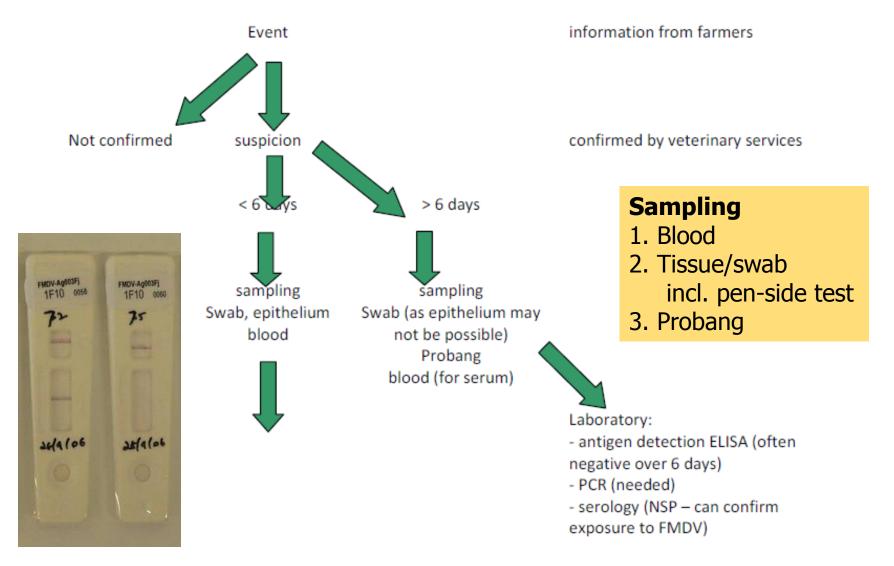


- to collect suitable samples for confirmation of FMD infection
  - search for fresh/most recent cases, less than 6 days age !
- to estimate the timing of entry of infection
  - search for the <u>oldest lesions</u> in the unit! use serology if animals recovered and lesions healed





### **Confirmation of FMD virus**







#### Animal examination and sampling form

						clinica	al sign	s			t	ype of	lesio	าร					
no	animal ID	species and sex <sup>1</sup>	age <sup>1</sup>	lameness	fever <sup>2</sup>	salivation	foot <sup>3</sup>	mouth <sup>4</sup>	teats	intact vesicle	recently rup- tured vesicle	raw eroded area	ulcer with fibrinous scab	ulcer with fibrosis	break coro-	samples taken <sup>5</sup>	vacci- nation status <sup>1</sup>	estimated age of the oldest lesions	
1	12344567	bov / M	7 months	-	NT	-	-	-	-		-	-	-	-	-	B - S	not reported		
2	12324567	bov / M	not known	-	NT	-	-	-	-	-	-	-	-	-	-	B - S	not reported		
3	12234567	bov / M	7 months	-	NT	-	-	-	-	-	-	-	-	-	-	В	not reported		
4	12234567	bov / F	1.5 year	-	NT	+	-	LTD	-	-	-	-	+	+	-	В	not reported	6 to 7 days	
5	12334567	bov / F	1.3 year	+	NT	+	с	G	-	-	-	-	+		-	В	10.2008	5 to 6 days	
6	12344567	bov / F	1.3 year	+	NT	+	Т	LG	-	-	+ (I)	-		+ (M)	-	B - E	10.2008	7 days	
7	12345567	bov / F	1.5 year	+	NT	+	-	MLD	-	-	-	-	+		-	B - S - E	not reported	5 to 6 days	
8	12345667	bov / F	1.3 year	+	NT	+	Т	L	-	-	-	-	-	+	-	В	10.2008	7 days	
9	12345677	bov / F	1.3 year	-	NT	+	-	ML	-	-	-	-	-	+	-	в	10.2008	7 days	
10	12345678	bov / F	1.3 year	+	NT	+	Т	LTD	-	-	-	+ (I)	+ (T)	+ (D)	-	в	10.2008	7 days	
11	not identified	bov / M	not known	-	NT	-	-	-	-	-	-	-	-	+?	-	B - P	not reported	7 to 10 days	

<sup>1</sup> information retrieved from the livestock information system

<sup>2</sup> NT: not tested (animals did not appear to have fever)

<sup>3</sup><u>foot</u>: Coronary band – Inter-digital space / <sup>4</sup><u>mouth</u>: Muzzle - Lips - Gums - Tongue - Dental pad / <sup>5</sup><u>samples</u>: Blood - Saliva - Vesicle fluid - Epithelium - Probang sample

#### When? Timeline (from earliest to last event)

#### From where & how has FMD come onto farm?

→ Time of contact - incubation period 1-14 days (OIE); most likely 2-5 days

#### Where to and how has FMD gone *off* farm?

 $\rightarrow$  virus excretion period

#### **Timeline:**

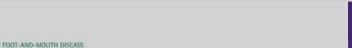
1. First observation of clinical signs (date)(=day 0)

2. Start of possible and most common time window of introduction of FMDV (date and possibly risk factor of introduction of FMDV, dissemination of the disease) (possible: 1-14 days before first signs, most common: 2-5 days)

- 3. Notification of suspicion to veterinary services (date)
- 4. Date of sampling
- 5. Date of official investigation
- 6. Date of FMD confirmation













# Timeline of events - Signs of FMD and diagnostic detection

age of lesions expected virus excretion expected fever detection with PCR on blood detection with LFD detection with Ag ELISA detection with NSP ELISA

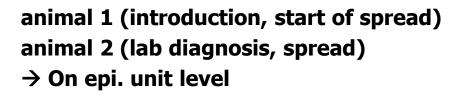


Red = most likely time frame of detection Yellow = likely time frame of detection Pale yellow = less likely time frame of detection





The following lesions were found on 1 Dec. 2015



Day 0











# Example of combining timelines of animals from different holdings in a village

arm&animalIC	0	1/30	1/31	2/1	2/2	2/3	2/4	2/5	2/6	2/7	2/8	2/9	2/10	2/11	2/12	2/13	2/14	2/15	2/16	2/17	2/18	2/19	2/20	2/21	2/22	2/23	2/24	2/25	2/26	Ag Testing	Ab testing
farm 1, cow	Inspection																														
	st Clinical signs																													POSITIVE	
	Incubation																														
	Virus excretion		$\geq$		R	ерс	orti	ng	FN	ID																					
farm 2, calf	Inspection							-																							
1st calf	1st CinicalSigns																													POSITIVE	
	Incubation																														
	Virus excretion																														
farm 3, goat	Inspection																		_												
tag 24	1st CinicalSigns																														POSITIVE
	Incubation																														
	Virus excretion			$\wedge$																											
farm 4, cow	Inspection																														
cow 1	1st CinicalSigns																														POSITIVE
	Incubation			1																											
	Virus excretion	F	urc	ha	sec	d																									
		0	n 2	Fe	eb																										
arm 5, buffalo																															
	1st CinicalSigns																													POSITIVE	
	Incubation																														
	Virus excretion																														





# ... from/to Where, Why, Who

- ✓ location and compartments of epi. units/farms/villages (e.g. intensive, extensive husbandry)
- $\checkmark$  species and animal numbers per owner, unit
- $\checkmark$  economic and other relations between units
- ✓ supply and disposal systems (feed, water, milk, manure, etc.)
- $\checkmark$  population and production data
- ✓ disease prevention/control & bio- security measures
- ✓ animal movements
- ✓ movement of people, vehicles and machinery

= Characterisation of the epidemiological unit !





#### **Information sources**

✓ Observation

# ✓Questionning and documentation (owner, family or village members, vets, animals traders, ...)



TADinfo Дом > Активное	а наблюдение > Серо наблудение > Поиск	(Дабро					
Поиск							
Кампания*							
Сообщающий чиновник	<b>•</b>						
дата осуществления выборн	си						
после	¥						
прежде	Ū.						
идентификация образца							
Идентификация сообщения							
Разновидности							
тип теста	<b>v</b>						
Результат теста							
Администратор 1	<b>•</b>						
Местоположение							
Ферма							
Поиск	листинг, распечатка	-					
Поиск Распространенный через город Распространенный через местность Распространенный через местность Распространенный через стадо Возраст сосбенный шероках распространенность Возраст сосбенный шероках распространенность							







Village	Backyard p					1	
Mahalle						-	
District							
Province							
Map co-ordinates						1	
Reason for visit	Report of	suspect ca	5P	Active	surveillance		
Investigating veterinarian							
Date of visit							
Date of report by owner							
Date when first signs noticed							
no libed							
No of households in village						1	
No of households affected	to date					1	
	Chickens	Turkeys	Geese	Ducks	Pigeons	Other	
Poultry population of village							
		'					
Birds in affected flocks:							
Chickens	Turkeys				Other		
Now alive and		Geese	Ducks	Figeons	domestic		
healthy							
Now dead							
Now sick							
Killed by							
owner							
Affected wildbirds, wild o Spe		arnivores	No	dead	No sidk		
						-	
Clinical signs in the vill	ade:					9	
Sudden death / found dea		Other	signs (des	cribe)	1		
Diarrhoea	~	1.					
Respiratory signs		2			_		
Nervous signs		3					
Based on mortality and	clinical sig	15, do you	regard th	e likelihoo	d that this	is Al as	
-	-						
Unlikely	F	ossible			Probable		

# Outbreak investigation form

- Collection of a standardized set of data from all outbreaks
- Disease specific
- Format of a questionnaire (all the important questions are asked and answered)
- Know your outbreak investigation form before the investigation !





# **Useful OI measurements**



Temporal pattern of disease:

- when started
- current position in the course of the epidemic
- possibly project future course of the epidemic
- exposure: single, continuous, repeated [Incubation period (individual, population)]





Measure	Numerator	Denominator
Attack rate		
Mortality rate		
Case fatality rate		





Measure	Numerator	<b>Denominator</b>
Attack rate	No. of new cases in the outbreak	Initial/total population at risk
Mortality rate	No. of deaths per time (e.g. during outbreak)	Total population at risk
Case fatality rate	No. of deaths for a specific cause per time (e.g. during outbreak)	No. of cases with that particular disease





#### **Follow-up visits required**







# **Prioritising Dangerous Contacts**

#### → Need to prioritise "hot" contacts

- The number of contacts to be traced can become very large
- Resources for investigations limited & time can be critical
  - 1. <u>Species</u>: cattle > sheep
  - 2. <u>Type of contact</u>: animal movement > people in direct contact with FMD animals > vehicles in direct contact etc.
  - 3. <u>Time of contact in virus excretion window</u>
  - 4. <u>Animals number on contact premises: as numbers increase,</u> so does chance of infection and significance of outbreak
  - 5. Type of <u>enterprise</u>:
    - Markets
    - Abattoirs
    - Farms owned by dealers







# High risk contacts:

 Animal movements during risk period



- Farms owned/worked on by workers from IP
- Farms visited by vet staff, AI techs, dealers, milk collectors after IP during risk period
- Contiguous herds or common grazing (noseto-nose/close contact) with IP stock
- any market, dealer or abattoir connected to IP during risk period





## **Medium risk contacts:**

- Shared equipment/vehicles in direct contact with infected animals on IP
- Neighbouring/nearby farms with some distance between animals on IP and DC
- Personnel in contact with animals on IP and DC

## Low risk contacts:

- Personnel and vehicles/equipment shared between farms but not in contact with animals
- Personnel visiting the IP and then other farms but not in contact with animals

# **Outbreak investigations can also help to:**

#### **Identify risk factors for FMD introduction and spread**

 comparing cases and non-cases on household or village level (pasture use, common grazing/watering, vaccination, dangerous contacts [markets, dealers], etc.)

#### **Understand subclinical spread of FMD**

• NSP survey

#### **Improve vaccination programmes**

- Sampling: matching vaccine strain with field virus
- Education of animal owners
- Measure vaccination effectiveness
- improve vaccination coverage
- Measure duration of protection after vaccination
- Application of biosafety of vaccinators











# **OI in FMD endemic countries?**

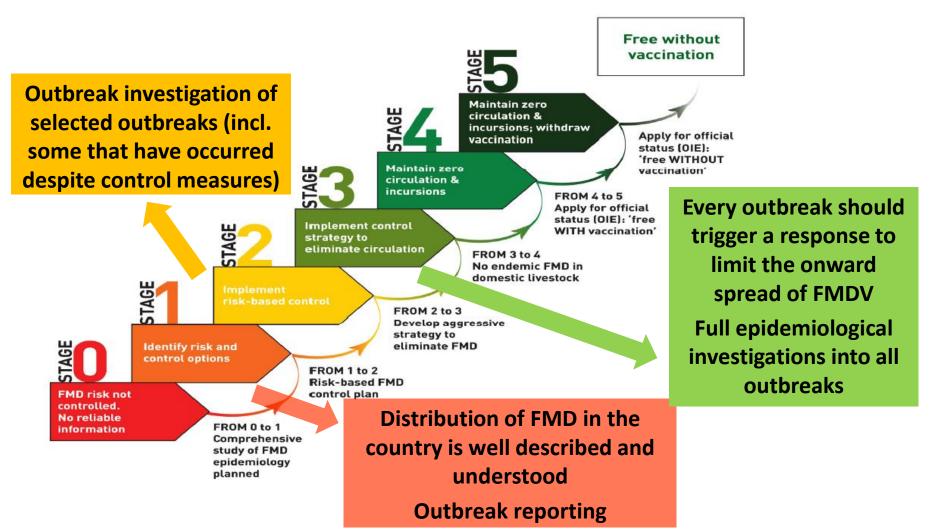
#### YES!

- better understanding of the epidemiology of FMD and progressively improve control (risk based)
- identify risk hotspots (production systems, animal populations, main animal movements, seasons, etc.) - OI in systems where priority control is targeted
- identify risk factors, estimate effectiveness of vaccination programs, FMD morbidity and mortality, cost of vaccination
- OI can guide serological surveys and vice versa





# Outbreak investigation and the FMD Progressive Control Pathway (PCP)







#### **EuFMD** webinars - proposed topics (FR, EN, AR)

 $\checkmark$  Statistical thinking: principles and methods of epidemiology

✓ Confidence in disease freedom: Risk based serosurveillance and early detection

✓ Data collection: Construction of questionnaires for epidemiological surveillance, collection and analysis of

✓ Cost-benefit analysis: economic risk factors and measures to mitigate the risk

Animal identification system and animal movements

Outbreak investigation and animal tracing: North Africa experiences

Spatial epidemiology and mapping systems

Early detection: awareness , primary surveillance and cooperation between stakeholders

Kisk assessment and risk based surveillance: a regional approach

✓ Biosecurity at farm level: what it is feasible and effective

✓ Biosecurity and biosafety in the laboratories

✓Quality control in the laboratories

Emergency and preventive vaccination : how to plan, implement, evaluate

✓ Vaccination programme auditing

✓ Vaccine bank: how does it work, benefits and accessibility)

Communication at all levels and improvement of awareness: tools and methods

Emergency planning and simulation exercises





#### **Resources:**

<u>E-learning material</u>: https://eufmd.rvc.ac.uk/ (contact Fabrizio Rosso/EuFMD), incl.:

Vade Mecum for FMD Outbreak Detection and Investigation

Outbreak investigation webinar, by Ch. Bartels

**Investigation Forms** 

**Timeline templates** 

#### Acknowledgments

EuFMD team for support and training material (Ch.Bartels, M. McLaws, E. Ryan, N. Juleff, J. Maud, K. Sumption)