

Annex 1

GIEFA Action Group Bulletin

Bulletin of the Plan of Action Subgroup
Second Meeting – Bogotá, Colombia July 21-23, 2004

Interamerican Group for the Eradication of Foot-and-Mouth Disease GIEFA

1. Situation of Foot-and-Mouth Disease in the region.

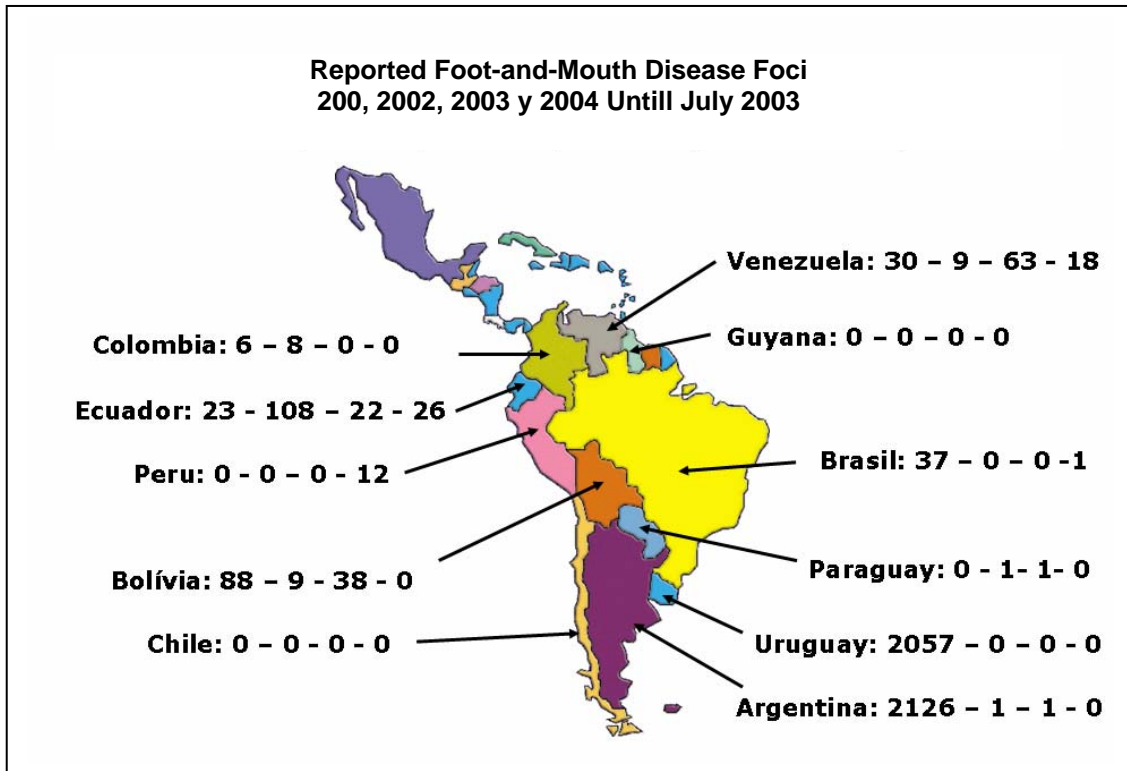
This is a revision of the sanitary situation of Foot-and-Mouth Disease (FMD) on the Continent. The territories of North America, Central America, the Caribbean, Chile, Guyana, French Guyana, the Argentine territory south of the 42nd longitude and the Colombian Choco zone have the condition of free without vaccination. Likewise, the following areas have a free condition without vaccination: Uruguay, 15 Brazilian states, La Chiquitania in Bolivia, and the Atlantic Coast of Colombia. (Maps 1 and 2). In the rest of the territories of South America the situation during 2003 was the following: there was an occurrence of only one focus of FMD in Argentina and Paraguay in outlying areas, and emergency situations of outbreaks of FMD in Bolivia and Venezuela. The disease continues present in an endemic form in Ecuador.

The active FA viruses were identified as Type A (Paraguay and Venezuela) and Type O (Argentina, Bolivia, Paraguay, Ecuador and Venezuela). The Type C virus continued to be absent, as the last registry of such was in 1995. According to the analyses realized by PANAFTOSA, the Type A and O viruses detected grew within the endogenous strains of the region, with the exception of Type A identified in Paraguay that had a tight relationship with the strain vaccine A24/Cruzeiro/Bra 55. In the case of the focus reported by Argentina (Taragal/Salta), the serum identification was realized of the Type O virus, unable to obtain an isolated focus.

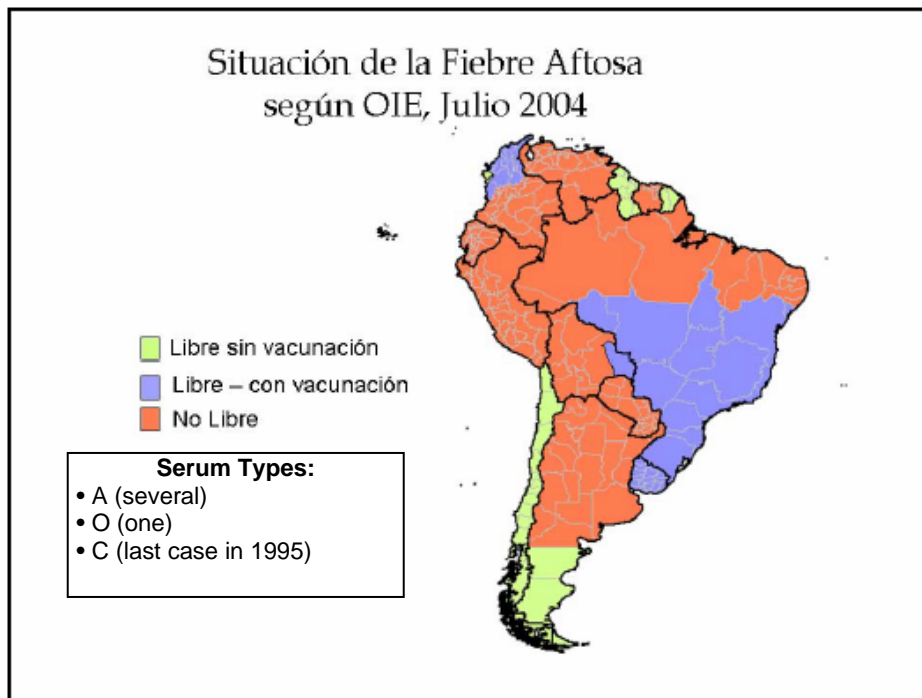
Up to the present in 2004, the FMD situation is the following: the situation of foci remains in Venezuela and Ecuador, thus maintaining a risk situation for the neighboring countries. Foci of FA were detected in Peru after some three years of absence, probably of a border origin. A focus was also detected in the state of Para in Northeast Brazil. The disease has not been detected in the remaining territories.

1. On August 25, 2004 it was recorded the occurrence of FMD type C virus in the locality of Careiro da Várzea, state of Amazonas in Brazil.

Map 1



Map 2



* FMD type C outbreak in Careiro da Várzea (8-25-04), state of Amazonas, Brazil.

2. Proposal of creating categories of the eradication programs of Foot-and-Mouth Disease and the sanitary situation of the countries.

A proposal of characterization of the FMD programs has been elaborated as a form of classifying the functioning of the FMD programs and of the situation of the disease at the level of defined territorial units. It has been proposed that the territorial base unit of classification be the first administrative division of each country due to the availability of information and the facility of operation.

Categories for the Foot-and-Mouth Hemisphere Eradication Plan

- Free: Free without vaccination (according to requirements of the World Animal Health organization – OIE)
- Free with vaccination: Free with vaccination (according to requirements of the World Animal Health organization – OIE)
- Level 1: Areas of low risk
- Level 2: Areas of intermediate risk
- Level 3: Areas of high risk and unknown factors

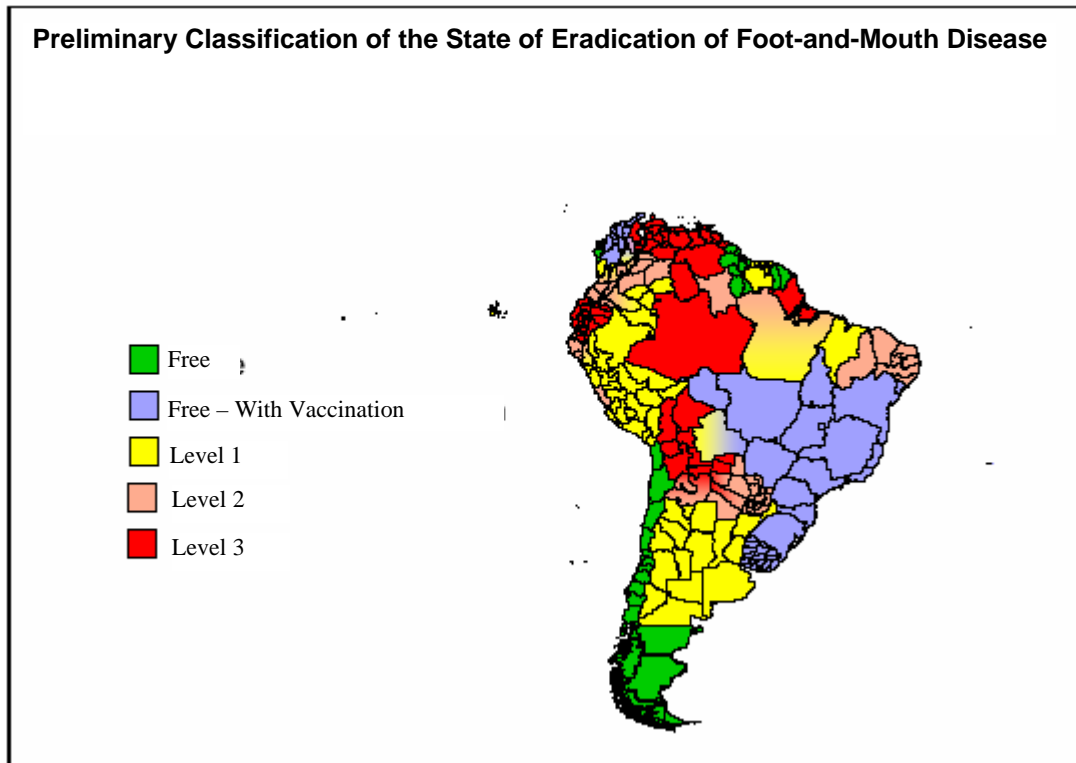
For the territories that have not already reached the classification of free, three levels were established based on the degree of progress of programs and the risks of the presence of FMD. A set of parameters and a matrix of classification of progress levels have been elaborated. (Table 1)

Table 1. Proposal of a matrix of classification of the program levels

Parameters of Characterization	Program Levels (Risk)		
	1 (Low)	2 (Intermediate)	3 (High and Unknown)
Sanitation Control Eradication Policy	Eradication	Adequate control	Minimal control (or non-existing)
Characteristics of production	Known and Updated	Known	Little known
Epidemic characteristics of the area	Known and Updated	Known and Updated	Deficiency in knowledge
Veterinary attention systems	Effective	Good	Deficient
Social Participation	Effective	Good	Deficient or absent
Inspection system	Effective	Good	Deficient or absent
Clinical cases	Absence greater than 2 years	Absence less than 2 years, occasional presence	High presence and/or recurring
Vaccine coverage	More than 90%	Less than 80%, less than 90%	Less than 80%
Control/inspection of movements	Effective	Good	Deficient
Prevention program	Effective	Good	Deficient

With the available information, an exercise of preliminary classification has been realized, the results of which are shown on the following map.

Map 3



It must be emphasized that the present classification is temporary and can be modified due to new situations and/or information presented by the affected countries during the Auditing.

3. General Strategic Actions

The basic documents prepared for PANAFTOSA and those created in March at the Houston Conference have been analyzed. Based on these documents the following criteria of priority action have been established.

- Improve the reporting system of FMD foci
 - Support the coordination between PANAFTOSA and OIE
- Strengthening of the diagnostic laboratory network (emphasis in differential diagnosis)
- Creation of vaccine and/or antigen banks
- Improve the prevention/emergency response systems (exotic serum types or emerging from the FMD virus)
- Epidemic classification as to the presence/absence of virus Type C
- Planning of meetings of the GIEFA group (Complete and Executive Group)
- Development of the program standards (details in the table guide) by GIEFA

4. Strategic Actions for Ecuador, Venezuela and areas of Bolivia

In consideration for the sanitary situation and the development of the programs in critical zones a set of specific activities has been established, which are summarized as follows.

- GIEFA visits before August 15
 - Venezuela: E. Correa, J. Naranjo, S. Guedes
 - Ecuador: E. Correa, F. Muzio, J. Giraldo

- Naming of regional coordinators for
 - Ecuador: in Quito
 - Bolivia: in Santa Cruz

- Characterization of the epidemic situation in the critical areas, considering the state of the following actions: (in relation to program standards)
 - Previous Epidemics
 - Vaccination
 - Control of movements
 - Attention to complaints of foci
 - Information system
 - Social Communication/Sanitary Education
 - Legislation and regulations
 - Internal audit
 - Planning
 - Private sector participation
 - Laboratory diagnosis
 - Building registries
 - Prevention systems
 - Give incentive to the formality of cattle raising commerce in relation to the risk of the area

- Planning of specific actions according to the characterization of each affected area
 - Actions of national responsibility
 - Actions with the participation/coordination of GIEFA

- Continuation by means of auditing.

5. Strategic Actions for border areas of high risk

The establishment of a group of activities in border zones is required, in such manner as to define the situation with information obtained in visits to priority countries.

6. Proposed agenda.

Executive committee – prepare plan of action for August 30

Plan will be approved by GIEFA by means of a website (Panaftosa) before September 10

COHEFA meeting September 23-24 (Brazil) [change to first week of October?]

GIEFA group meeting at the end of November 2004 (?)