

Establishment of Liaison between PACE Somalia and PACE Kenya

**Minutes of the meeting held at OAU/IBAR Nairobi
07/01/01 at 10:45**

Present:

Ankers, Ph., VSF CH,
Cagnolati V., Terra Nuova,
Catley, A., PACE CAPE,
Chepsoi, J.K., Arid Lands RMP, Office of the President,
Grootenhuis, J., VSF CH,
Heinonen, R., PACE Epidemiology Unit,
Kariuki, D., Ret. Director of NVRC, KARI,
Kebkiba, B., PACE Epidemiology Unit,
Kock, R., PACE Epidemiology Unit
Leyand, T. PACE CAPE
Mahler, F., Somalia Unit of the EC,
Mugenyo, B., PACE Co-ordinator,
Musiime, J.T., OAU IBAR Acting Director,
Sones, K., Vet Aid,
Tampia, S., Terra Nuova
Thomson, G., PACE Epidemiology Unit,
Wambwa, E., KWS,
Wamwayi, H., NVRC, KARI, Virology,

The Ag. Director of OAU/IBAR chaired the meeting.

The chairman opened the meeting stressing the importance of co-operation across the national borders in our efforts to eradicate rinderpest from the last endemic areas. This continues to be the primary goal of PACE Somalia and Kenya.

Topics in the provisional agenda were opened for discussion. As changes were not proposed the presented agenda was adopted.

1. Overview of PACE Somalia structure and strategy (Mr. F. Mahler)

The animal health work was launched as PARC Phase I and II Somalia project without a government in situ that was recognized. Operations under PARC were concentrating in rinderpest control in southern parts of Somalia and in Kenyan districts bordering to Somalia. The idea is to integrate PACE Somalia programme into Somali organs of authority, which are evolving.

The strategy for PACE Somalia is based on results of a planning workshop, which was held in Hargeisa, Somaliland early 2000. This workshop identified as overall goal:

Production of livestock as well as trade in livestock and associated products are enhanced

The project purpose, which is contributing in the vertical logic to the over all goal, was phrased:

Livestock owners, traders, public and private animal health workers (AHW) cooperate to combat major livestock diseases

The Somalia programme has 5 outputs at the results level. Four of them do match with the outputs of the PACE global plan and contribute to rinderpest eradication and disease surveillance including the private sector:

- Res. no. 2. Capabilities of private AHWs to engage in curative and preventive services are enhanced
- Res. no. 3. Livestock disease surveillance system is functioning.
- Res. no. 4. Emergency preparedness and response systems are functional.
- Res. no. 5. Local networks for promoting livestock health are functioning.

The fifth result (Res. no. 1) supports the public sector to strengthen its capability to regulate, coordinate, monitor and evaluate livestock development sector.

Rinderpest eradication is not an independent output in the logical framework. The reason is that the emphasis will be on more general surveillance in northern parts of Somalia, where the risk of rinderpest is lower. Rinderpest eradication is integrated at activity level and receives the major attention in southern Somalia.

Implementation of PACE Somalia will be through Zonal Coordination Units with help of international NGOs, counterparts representing the national structures in the country. The Somali structure mirrors the PACE structure in general with a local office in Somalia. EC Somalia Unit functions as Somalia Country office. The system could be sustained through integration into a national structure in the future, political development so permitting.

Discussion:

Question =Q

Answer =A

Comment =C

Q : Grootenhuis

Is the Somali Livestock Professional Forum (SLPF) represented?

A: Terra Nuova

There is the problem of visas, which are difficult to get.

Q: Leyland

What about other Somali national organs? – They are not represented in this meeting, where only International NGOs have been invited? The strategy suppose to involve integration from the very beginning, so why non of them is here at the moment?

A: Mahler

The NGOs are presently the best representatives of the Somali organs with the highest profiles.

EC recognizes all parties on the ground. If the new government becomes “legitimate” with a clear mandate, the EC position may change.

Q: Mugenyo

How soon can a surveillance system be put in place and made functional in Somalia?

A: Mahler

Step by step on a zonal basis. Training in private sector to reach this is necessary.

Consider public sector with centralized control together with field level coordination by the private sector.

2. Overview of PACE Kenya strategy (Dr. B. Mugenyo)

The strategy includes support to both public and private sectors as well as surveillance/control of rinderpest and other important epizootics. The support to government services will be in form of strengthening of PACE co-ordination, strengthening of epidemiology and communication units attached to the result

Enhanced capacities of veterinary services to formulate cost-effective disease control strategies and to implement them.

There will be support to the Veterinary Board to review laws and regulations regarding animal diseases and the veterinary profession. PACE will also give support in the development of curriculum for veterinary education.

PARC achieved the control of RP in the country based on vaccination, and no clinical cases have been reported since December 1996. Consequently the country has been divided into three zones, whereby

Zone 1 has been declared provisionally free from rinderpest diseases.

Zones 2 and 3 are bordering to suspect rinderpest endemic areas of neighboring countries and are composed of a vaccination buffer and of an area of intensive surveillance.

Under PACE rinderpest surveillance will be strengthened, including wildlife, which already has baseline data in Kenya. Vaccination will continue in the near future in Northeast, where there is risk of a possible incursion of rinderpest virus from Somalia.

The plan is, however, to stop vaccination eventually and replace it with surveillance according to the OIE guidelines. This will depend on the progress of rinderpest eradication in the southern part of Somalia with similar ecosystem and with ethnically same people as in our side.

Regarding the control of other epizootics, endemic area for CBPP will be identified for the drafting of an updated control strategy.

The ultimate goal in Kenya will be the establishment of disease free zones for the purpose of international livestock trade.

Discussion:

C: T. Leyland:

The development of surveillance systems will continue in northeast by Arid Lands Department of the Office of the President in close collaboration with DVS using private vets and CAHWs.

One more round of rinderpest vaccination is planned for northwestern Kenya later this year.

Q: Elizabeth Wambwa

Will Wildlife be part of DVS strategy for surveillance?

A: B. Mugenyi

Answered in the affirmative; that KWS and DVS will work in close collaboration on this issue in all disease interface questions.

Q: S. Tampia

Are there provisions for laboratory support under PACE for Kabete National Laboratory or KARI Regional Laboratory, or both?

A: B. Mugenyi

Yes for national and domestic regional VILs, but it is assumed that Muguga Regional Laboratory will be supported separately through regional funds.

A: R. Heinonen

A PACE - TA will be recruited to support labs in the region. PACE Kenya will be supporting a new VIC in Garissa. Basic diagnostic capability will be established at an early stage of PACE implementation.

A: F. Mahler

Somalia PACE strategy for RP is based on the assumption that there is an established and reliable regional laboratory, as there is no laboratory backing for surveillance work inside Somalia.

Q: D. Kariuki

How are you going to communicate to the local people about the planned disease free zones? These zones may have major natural movements of people and livestock. How are you going to deal with this kind of problems?

A: R. Kock

We face a problem here. We require to study the situation; we need data. We need to identify the impact of the movement of livestock and people. Our Communication Unit is here to ensure the support of the local communities for the strategy.

A: Y. Musiime

The question needs to be rephrased. Public support for disease control is the issue. In a situation of drought the effects are severe and override any sensible attitude to disease control. Rules may be in place but enforcement is another issue.

A: B. Mugenyo

For disease free zones a collaborative approach with participation of all stakeholders is the basis. In northeastern Kenya disease control is already progressing along these guidelines.

Strategy of the PACE Epidemiology Unit

**Establishment of liaison between
PACE Somalia and PACE Kenya
6 February 2001**

PACE objectives to which the PEU will need to make major contributions

- Building national and regional networks for epidemio-surveillance for major animal diseases
- Facilitation of the eradication of rinderpest from Africa including verification
- Assistance to member countries with the strategic control of other major epizootic diseases
- Improving the delivery of veterinary services

Elements essential to achieving these objectives

- Establishment of effective surveillance (including sero-surveillance) networks
- Adequate laboratory support for confirming diagnoses and sero-monitoring/surveillance (possibly in conjunction with IAEA)
- Systems for storage and interpretation of epidemiologically important data
- Quality assurance for information systems and laboratory outputs

However, epidemiology units at both regional and national levels are not sustainable unless they are actively involved on a day-to-day basis in disease control and deemed essential by national and regional animal health authorities.

Elements involved in the epidemiological activities of PACE

- Main and counterpart epidemiologists as well as epidemiologists for Central, Eastern & Western Africa
- Wildlife specialists for Central/Western and Eastern Africa
- Community-based Animal Health & Participatory Epidemiology Unit (CAPE)
- Other PACE Central Services Units
- International organizations (e.g. FAO, IAEA, OIE etc) and NGOs

Co-ordination of the epidemiological activities of PACE is complex due to the large number of participating countries and other independent or semi-independent players in the field.

Conversely, the wide variety of expertise and experience potentially available provides significant opportunities if some degree of co-ordination and co-operation can be effected.

Specific actions aimed at the three thrusts of PACE:

1. Enhancement of national epidemiological capacities:

- Assess existing epidemiological capacities (including wildlife)
- Decide on an appropriate epidemiological data management system (in conjunction with Data Management Unit and consultant)
- Develop plans for regional epidemiological networks

1. Continued:

- Conduct training needs assessment
- Provision of technical support to strengthen country epidemiological services
- Hold regional co-ordination meetings
- Identify procurement needs
- Assess laboratory support, identify deficiencies and plan corrective measures if necessary
- Assist countries in drafting of action plans

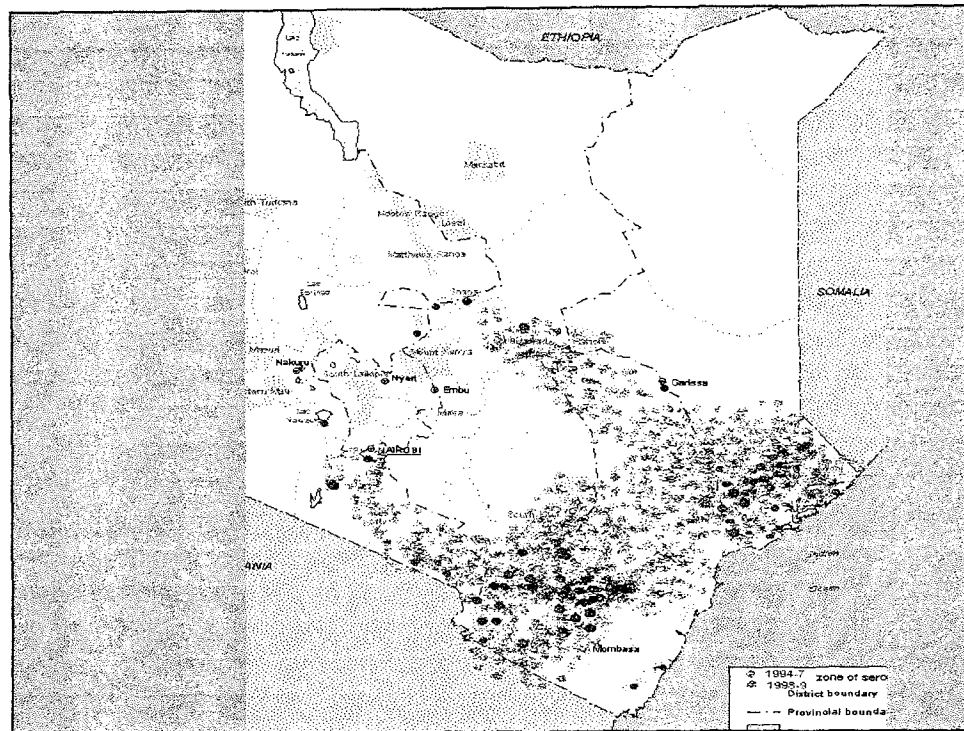
2. Facilitation of eradication of rinderpest from Africa

- Strengthen networks for intensified surveillance of lineages 1 & 2:
 - in southern Sudan
 - Somalia
 - threatened areas of Ethiopia, Kenya, Uganda and Tanzania
- Facilitate re-evaluation of the *cordon sanitaire* and options for its future

2. Continued:

- Harmonization of GREP and OIE pathways
- Assist Western African countries with progress along the OIE pathway
- Ditto for Central African countries
- Ditto for Eastern African countries
- Assist countries with development of contingency plans for rinderpest re-incursion (including vaccine reappraisal)

Surveillance in wildlife areas



3. Assistance to countries in the control of other major epizootic diseases

- Review current and potential epizootic situation in PACE regions
- Collate existing data on CBPP in PACE regions and consider possible alternative strategies
- Liaison with other organisations to address the RVF problem in the Horn
- Ditto for ASF in West Africa

3. Continued:

- Review impact of PPR in PACE regions (possibly with assistance of consultant)
- Rank epizootic disease risks and impacts in different agro-ecological zones of PACE
- Investigate possibility of establishing infection-free zones for epizootic diseases to facilitate regional and intercontinental trade

Discussion of G. Thomson's presentation

Q: V. Cagnolati

To whom should results on samples collected inside Somalia be communicated? This can have sensitive implications for the work of a NGO.

A: G. Thomson

PACE needs to communicate on these issues with all data providers to provide guidance and to assess possible implications at technical and political levels.

A: Y. Musiime

OIE, FAO, IBAR on RVF - There is a debate to facilitate the export of livestock, because of RVF fear. Information available should be communicated to mentioned organizations. Transparency is required.

Q: V. Cagnolati

Will a venue be established to discuss these issues at OAU/IBAR?

A: Y. Musiime

It is important to discuss all issues, including sensitive ones. This will be initiated.

A: B. Mugenyo

All information on transboundary disease situations is welcome and DVS is keen to be informed.

A: R. Heinonen

Assures that information flow across borders will be established and based on Internet enabling easy access by national programmes. The flow of some selected information may have to be restricted on political grounds, in order not to harm operations in sensitive areas.

C: R.Kock

The speed from the receipt of rinderpest surveillance information to action is often too long to ensure effective implementation of measure. It will be essential to reduce the passive period, which may include waiting for lab results, but when made available, necessary action should follow immediately. Sometimes the reason for delays is partly political and could be prevented through dialogue. PACE Epidemiology will focus on this issue of latency of actions.

C: T. Leyland

The use of local support (support of the communities) needs to be emphasized more clearly in the programme.

The objectives (results) of PACE

- Enhanced national capacities to sustain epidemio-surveillance
- Improved delivery of veterinary and animal health services
- Fight against rinderpest & control of other epizootics
- Pan-African co-ordination of animal health systems

Levels of PACE Programme & roles

- | | |
|--------------------------|---|
| • Global | • Co-ordinate; collaborate; monitor; inform |
| • Regional | • Co-ordinate; monitor; inform |
| • Common Services | • Advise; facilitate; support; harmonize; catalyze; inform |
| • National | • Implement national programmes; collaborate regionally; inform |

Coherence of objectives

Intervention logic	Level		
	GLOBAL	REGIONAL & COMMON SERVICES	NATIONAL
Goal			
Purpose			
Results	1		
	2		
	3		
	4		

Co-ordination strategy

1. Ensure sustainability of systems and networks
2. Stimulate effective communications
3. Provide guidance
4. Create opportunities
5. Transfer appropriate technologies and systems
6. Promote capacity building
7. Adopt effective teamwork practices
8. Establish effective monitoring
9. Liaise and collaborate internationally

3. Rinderpest Surveillance in Livestock and Wildlife in Somali Eco-zone

5.1. Wildlife (R. Kock)

The extent of the eco-zone is no doubt understood by the participants (broadly as Tsavo ecosystem to Tana, Garissa, Lamu, Wajir to Mandera in Kenya, Ogaden in Ethiopia and Gedo, Trans and Lower Jubba in Southern Somalia).

5.1.1. Status of RPV in wildlife in the zone

Over the last decade there has been a combination of antibody and virological data available to confirm the continued incursion of RPV into wild animal populations in the eco-zone up to 1999, with confirmation of the virus type in 1996. This happened despite two rounds of blanket vaccination in the zone during the period. There is no evidence for persistence of virus in the wildlife beyond the mentioned period. There appeared to have been two epidemic episodes in wildlife, a highly visible epidemic 1993-7 with severe clinical disease in several ungulate species, involving much of South and Eastern Kenya. A second smaller incursion in 1998-9 with serological evidence only in buffalo and warthog in the Galana river system of East Tsavo.

5.1.2. Strategy

The strategy includes the following:

- Continue to collect objective evidence of the absence of rinderpest antibody in young wildlife species within the known epidemic zone for presumed foci in Southern Somalia and Northeastern Kenya. Work towards probable foci. All information must be analyzed swiftly and status relayed to National Control Authorities immediately for rapid focal action, when necessary, including livestock surveillance and vaccination.
- Continue to assess any disease outbreak involving susceptible wildlife in the eco-zone to ensure identification of fresh incursions of rinderpest into wild animal populations.
- All species are involved but the role of warthog to be more closely examined to enable an economic and practical surveillance in wildlife, covering those parts of the eco-zone, where this species is prevalent.

*RINDERPEST VACCINATION
CAMPAIGN IN
TRANS-JUBA REGION,
SOMALIA*

(Phase I & II)

1. Vaccination (Trans-Juba Region)

Mass vaccination and ear-notching of transhumant animals

2. Epidemiological Study (Tarns-Juba Region)

Sero-prevalence assessment.

Active virus search.

Description of cattle husbandry system:

- Watering points management.
- Grazing areas management.
- Main markets and trade routes identification.

Data collection on Rinderpest epidemic history.

1. Prevention of the risk of introducing RP from Somalia into Kenya (Garissa & Ijara Districts)

1. Vaccination:

Vaccination of trade cattle from Kenya and Somalia on cost recovery base.

2. Set-up of information gathering systems at Kenya livestock markets:

Monitoring of Garissa Market

Zero-conversion assessment at Garissa Market

2. Epidemiological Study (Garissa & Ijara Districts)

Sero-prevalence assessment.

Active virus search.

Description of cattle husbandry system:

- Watering points management.
- Grazing areas management.
- Main markets and trading routes identification.

Data collection on Rinderpest epidemic history.

Involvement / sensitisation of local stakeholders in trans-boundaries
animal disease control programmes.

Epidemiological study

Active search of the virus (outbreaks investigation):

- Clinical symptoms assessment and recording.
- Sampling of suspected animals (Eye Swab; Blood Samples EDTA; Serum Samples; Lymph Nodes Aspirates; Nasal & Oral Swabs).

Sero-prevalence assessment:

- Collection of 30 blood samples in each locality (Sample size calculated using the previous Terra Nuova Rinderpest Campaign Data. Class of age: 1-2 years). Four replicates were prepared for each sample collected on the Kenya side. Each sample was tested for Ab. against RP using the H protein C-ELISA Test. VNT applied on selected dubious sera (C-ELISA / PI value close to the cut-off).

Description of cattle husbandry system:

- by watering points recording (GPS system).
- by cattle movement mapping.
- by interviewing key informants (Questionnaires).

Data collection on Rinderpest epidemic history:

- by interviewing key informants (Questionnaires).

Vaccination

Subcutaneous inoculation of 1 c.c. of RP thermostable vaccine (PESTOBOV 50T):

around watering points: transhumant cattle. Vets paid 0.1 US \$ / head of cattle by the project (PARC I)

along the main trade routes and at Garissa Market: trade cattle. Vets paid 10 KShs. / head of cattle in Somalia by cattle traders and 20 Khs. by buyers at the loading ramp of Garissa Market (PARC II).

Ear-notching of all vaccinated animals. A vaccination certificate was issued after vaccination of trade cattle.

Set-up of information gathering systems at Kenya livestock markets

Monitoring of Garissa Market: 14 interviews / market day on average.

Sero-conversion assessment: a representative number of samples was collect at Garissa Market from animals vaccinated in Somalia. The sampling size was calculated for a 80% expected prevalence, 90% confidence interval and 0.1 desired absolute precision.

Data processing

Database:	. Microsoft Access 2000 for Window 98
Statistical analysis:	. Microsoft Excel 2000 for Window 98 . Intercooled STATA 5.0 for Window 98.
Data Mapping:	. IDRISI 2.0 for Window 98.

RINDERPEST VACCINATION CAMPAIGN
IN TRANS-JUBA REGION, SOMALIA (Phase I & II)

Summary of Activities

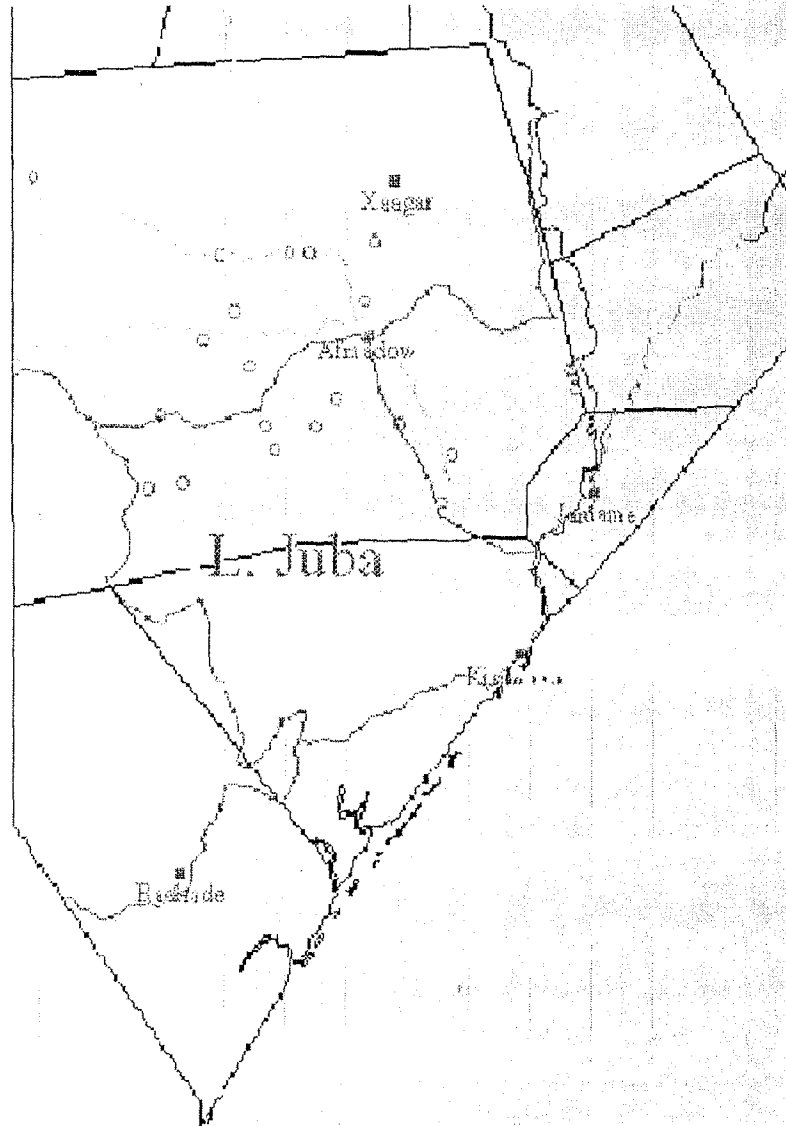
Country	Dist./Reg.	Project	Vaccination		Sero-Surveillance/Monitoring		Interviews	Outbreak Investigations	Geo-referenced Localities
			Transhumant Catt.	Trade Catt.	Cattle	Small Ruminants			
Somalia	Gedo	PARC I	54.909		323		130		28
		PARC II							
	Lower Juba	PARC I	72.487		1.239		81	24	126
		PARC II		8.214					
	Middle Juba	PARC I			131		26	3	7
		PARC II		14.319					
Somalia Total			127.396	22.533	1.693		237	27	161
Kenya	Garissa	PARC II			681	424	61		58 + (8 Wajir)
	Garissa M.	PARC II		7.000	78		294		
	Ijara	PARC II					16		34
Kenya Total				7.000	759	424	371		100
TOTAL			127.396	29.533	2.454	424	608	27	261
GRAND TOTAL			156.929			2.878	608	27	261

RINDERPEST VACCINATION CAMPAIGN
IN TRANS-JUBA REGION, SOMALIA (Phase I & II)

RP C-ELISA Results

Country	Region/Province	District	Prevalence	
			Cattle	Small Ruminants
Somalia	Gedo	Bulahawa	8.8% (6/68)	
		Dolo	0.0% (0/25)	
		El-Wak	26.4% (62/235)	
	Gedo Total		20.7% (68/328)	
	Middle Juba	Jilib	3.1% (4/131)	
	Middle Juba Total		3.1% (4/131)	
	Lower Juba	Afmadow	6.3% (63/1004)	
		Badhade	2.5% (3/120)	
		Xaagar	2.2% (2/91)	
	Lower Juba Total		5.5% (68/1215)	
SOMALIA TOTAL			8.1% (136/1674)	
Kenya	North Eastern	Garissa	11.4% (72/630)	1.0% (4/407)
		Ijara	6.8% (21/305)	0.0% (0/10)
KENYA TOTAL			9.9% (93/935)	0.9% (4/417)

Outbreak Investigation Sites



○ outbreak investigation sites

— Main trade routes

— Permanent rivers

- - - Seasonal rivers

■ Recognised district capitals

27 outbreaks investigated

Observed clinical symptoms

Oral lesions



Frequency: 64%.

Ocular discharge



Frequency: 77%

Nasal discharge



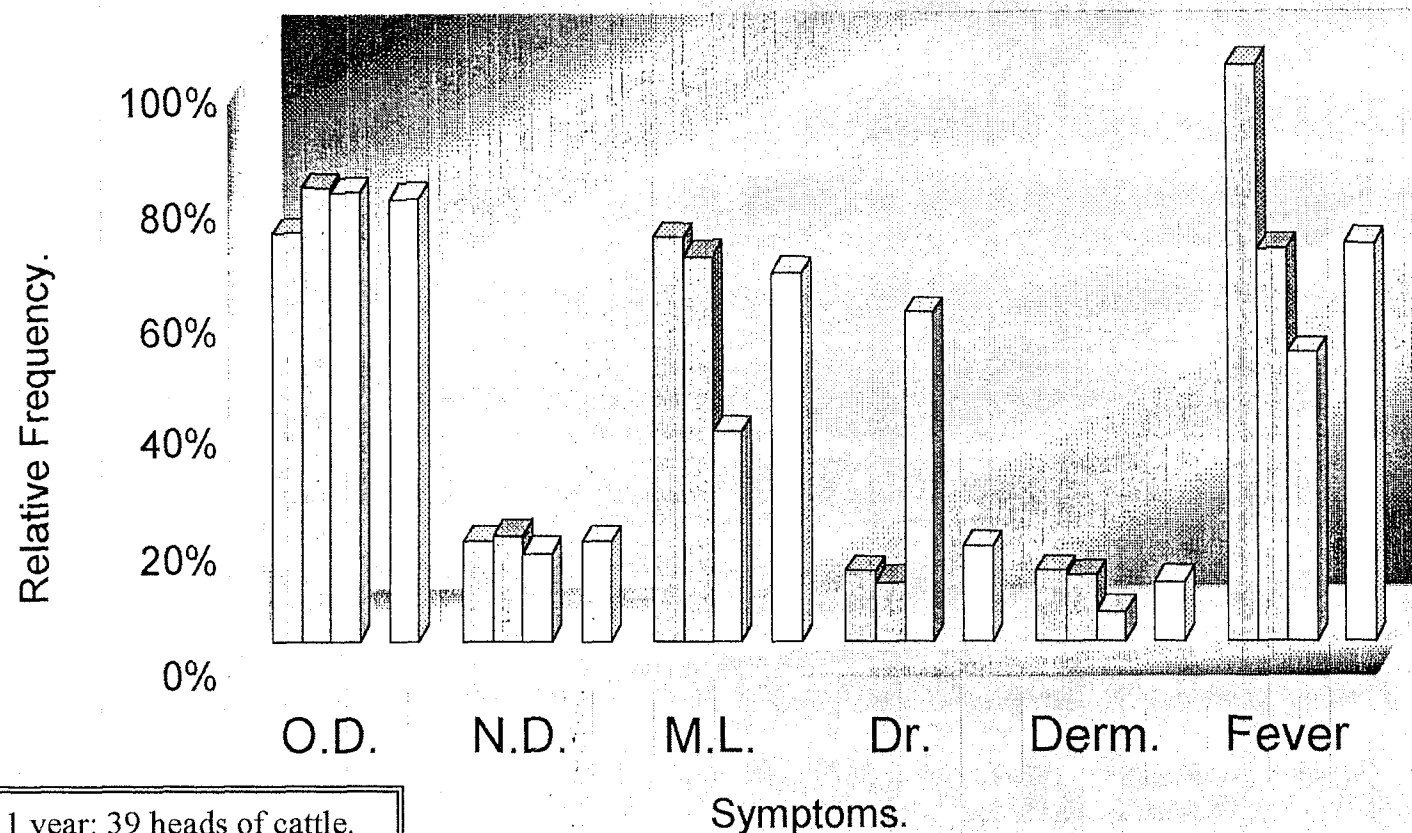
Frequency: 17%

Diarrhoea



Frequency: 16%

Outbreaks of Rinderpest: relative frequency of observed clinical symptoms.

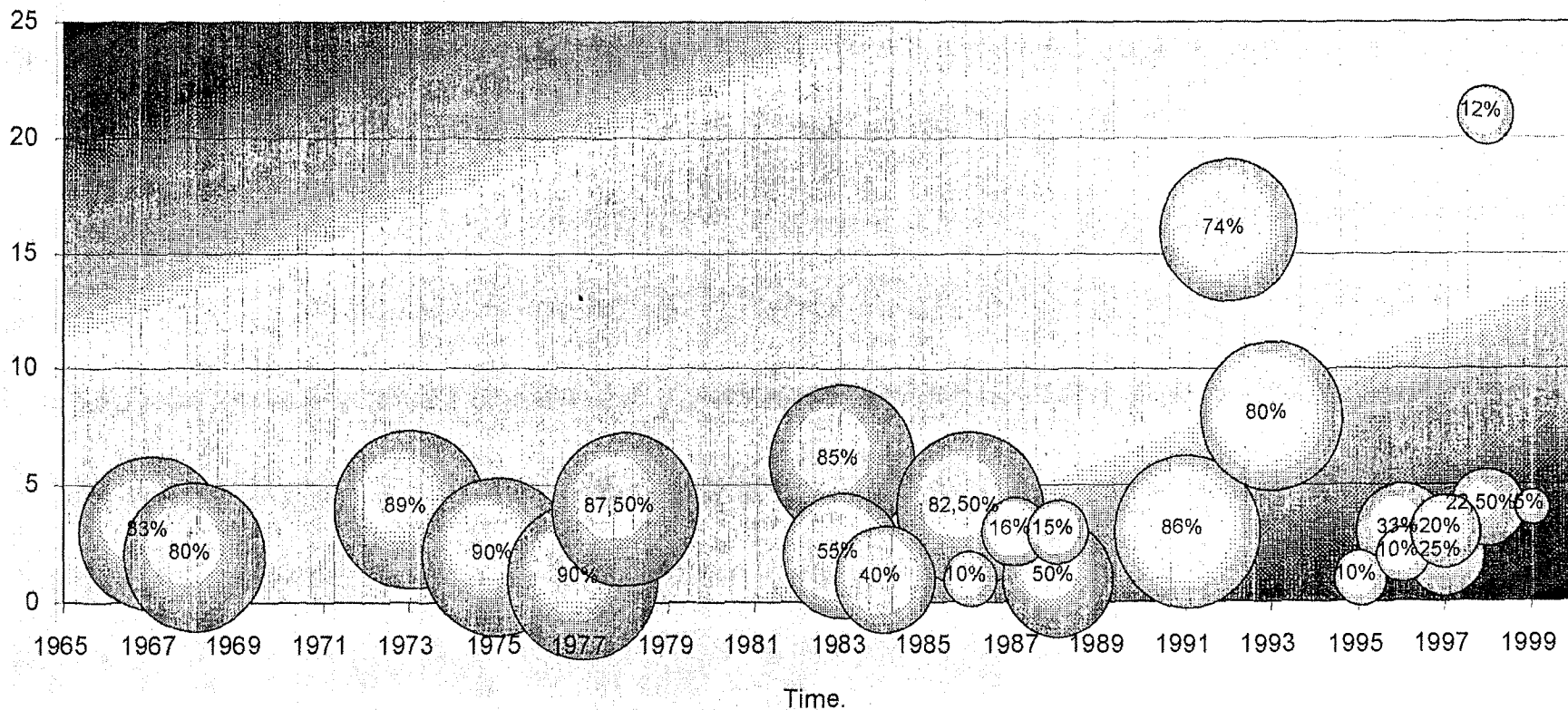


< 1 year: 39 heads of cattle.
1-2 years: 127 heads of cattle
> 2 years: 28 heads of cattle

all ages: 194 heads of cattle

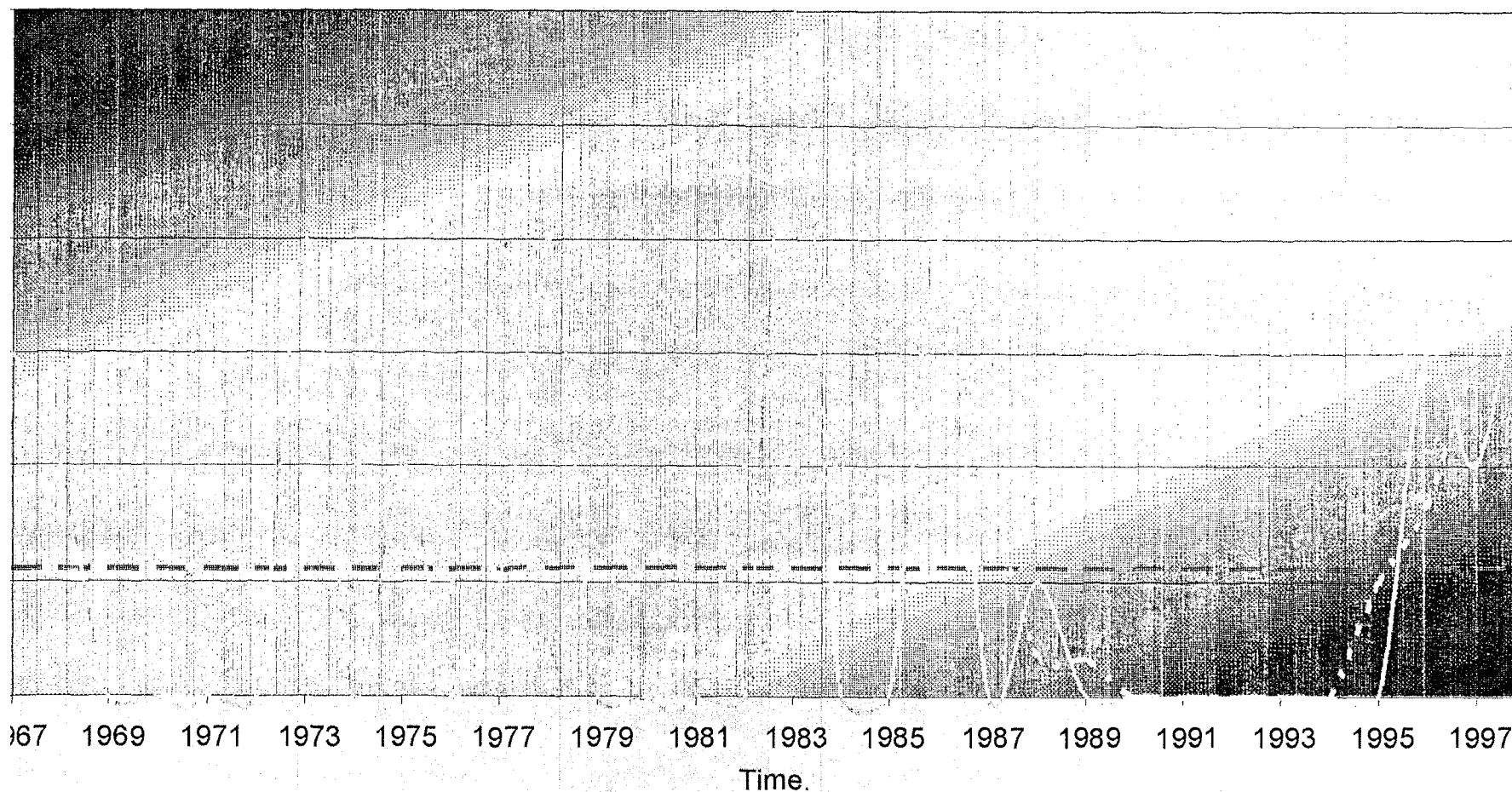
O.D.: Ocular Discharge; N.D.: Nasal Discharge; M.L.: Mouth Lesions; Dr.: Diarrhoea; Derm.: Dermatitis.

Reports of suspected outbreaks of RP and mortality in Gedo Region (El-Wack District) and Lower Juba Region (Afmadow District).



○ Average Mortality - Gedo Region. ○ Average Mortality - Lower Juba Region.

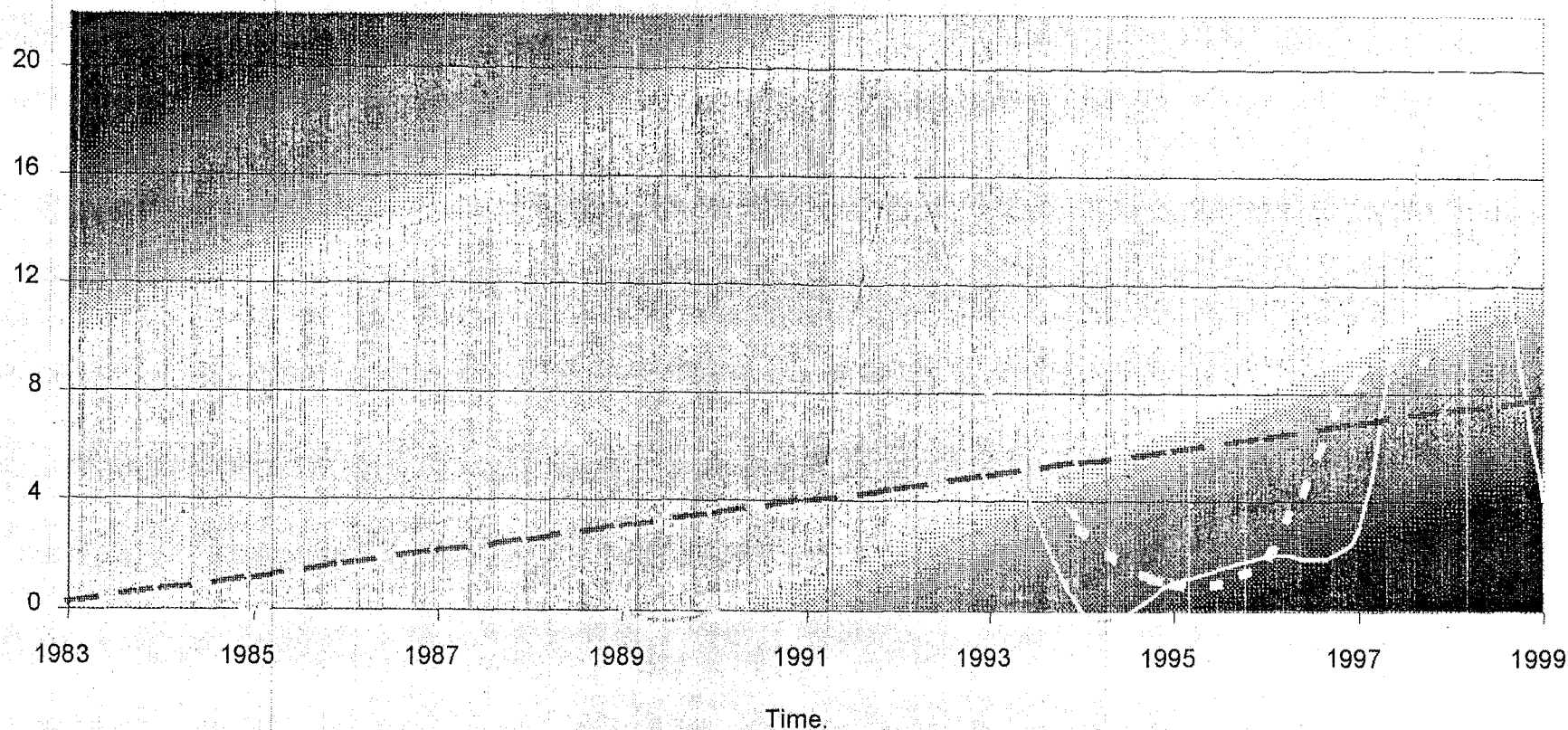
Raw data, time-series analysis (secular trend) and regression line of the reports of suspected outbreaks in Gedo Region (El-Wack District): 130 interviewes.



Regression line. Reports of suspected outbreaks: raw data. Reports of suspected outbreaks: secular trend.

Mean interepidemic period: 4.5 years. Mean epidemic period: 5.5 years.

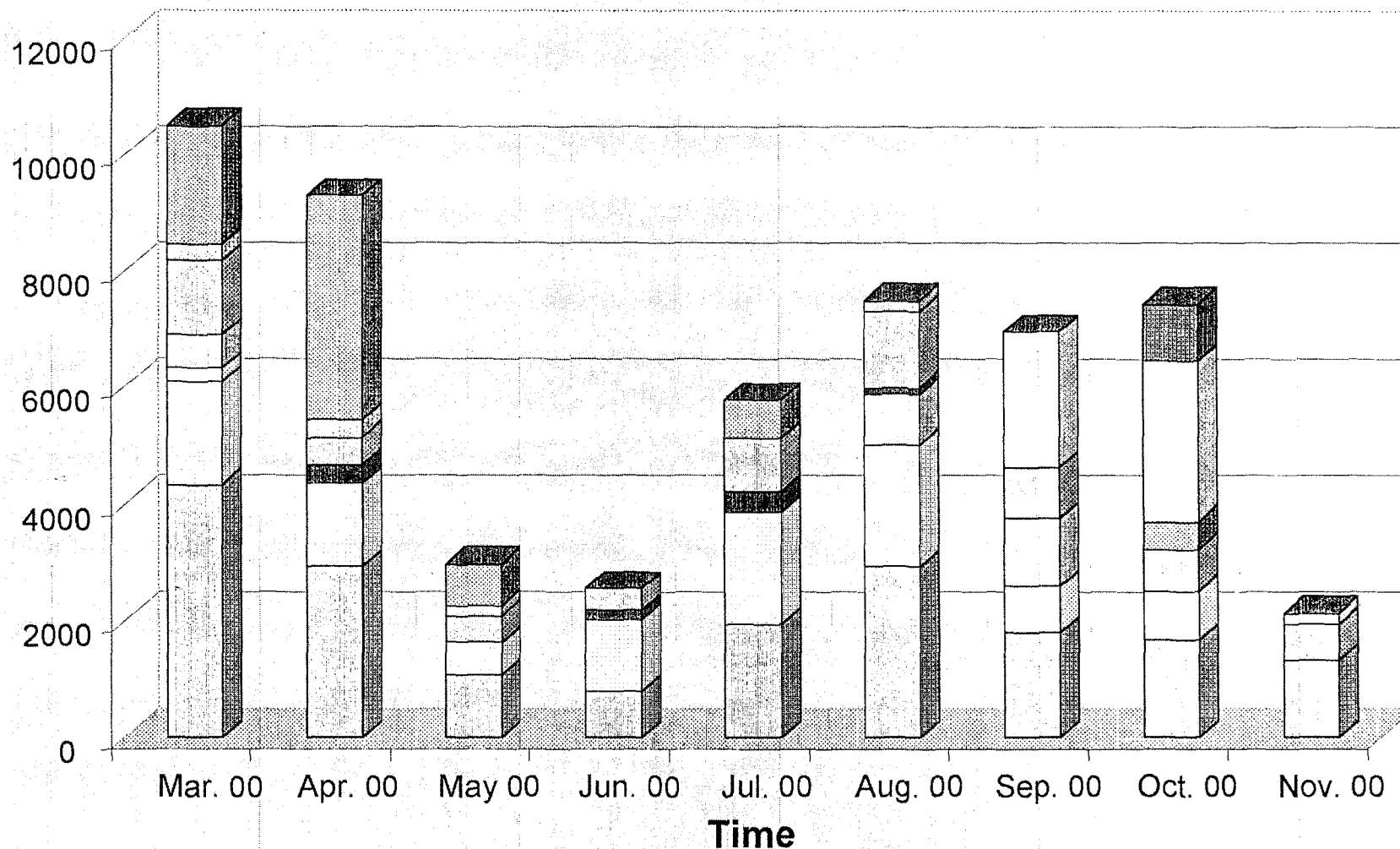
Raw data, time-series analysis and regression line of the reported outbreaks
in Lower Juba Region (Afmadow District): 81 interviews



Reports of suspected outbreaks: raw data. Reports of suspected outbreaks: secular trend. Regression line.

Mean interepidemic period: 1.75 years. Mean epidemic period: 3 years.

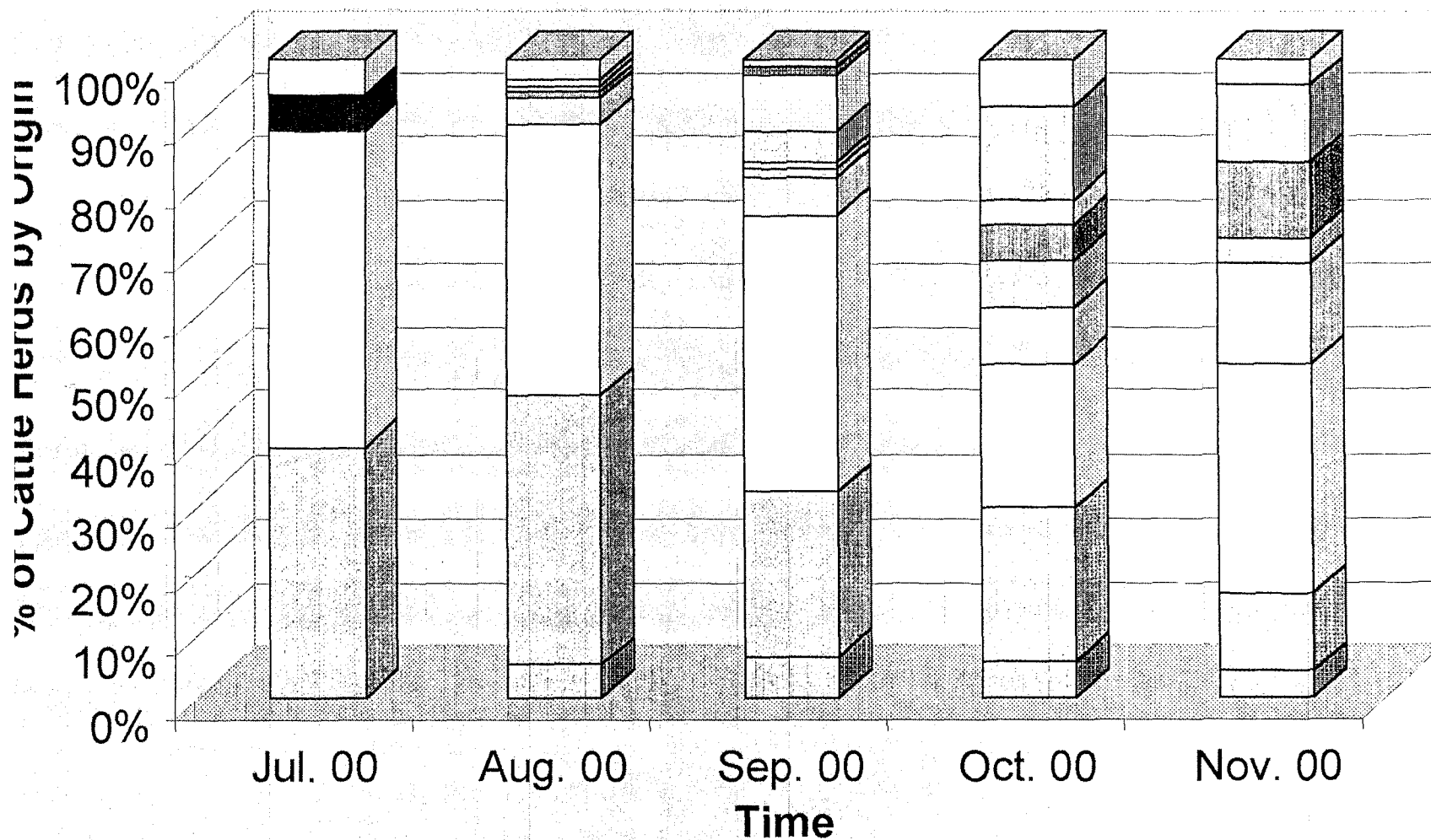
Garissa Market: Montly Cattle Sales by Destination (Source of Data: KVD)



Jairobi □ Mariakani □ Kwale □ Dagoretti ■ Lamu □ Thika □ Mwingi □ Hola □ Kitui □ Kilifi □ Kiambu

Garissa Market: Monthly Composition of Cattle Herds by Origin

(Source of data: 294 Questionnaires ' TERRA NUOVA)



andera □ Wajir □ Garissa □ Ijara ■ Isiolo □ Baidoa ■ Dinsor □ Sakow □ Buaale □ Afmadow ■ Badhade □ Kisimayo

Lesson learned and recommendations

1. Risk of spreading Rinderpest to Kenya livestock and wildlife through trade cattle origination from Somalia are still high. There is a need to develop a long-term strategy to minimise risks, and to eradicate Rinderpest from high suspicious foci localised in Lower Juba of Somalia.
2. Mass Rinderpest vaccination campaign in Trans-Juba Region cannot be easily implemented because of:
 - Widespread insecurity in most of the region and absence of reliable local authorities;
 - Continuous clan fighting and political instability;
 - Absence of organised and reliable veterinary associations / groups.
3. Rinderpest surveillance activities severely impaired by:
 - Absence of reliable and competent Somali Veterinary Professionals in the region;
 - Absence of information on cattle number and distribution;
 - Absence of reliable communication systems between Somalia and diagnostic laboratories in Kenya.

Lesson learned and recommendations

4. Weak control measures along the Kenya - Somalia border and at major cattle markets in Kenya are leading to:
 - Opportunistic and unregulated cattle movements of trade cattle across the Kenya - Somalia border.
5. Continuous dialogue among different stakeholders involved in the livestock trade is very important. In particular, Somali traders from both sides of the border need to be regularly consulted and involved in order to adjust control / eradication strategies.
6. External factors, such as drought, insecurity and markets forces, need to be continuously taken into account in order to adapt control / eradication strategies to changing circumstances.
7. Strong support to Somali Veterinary Professionals is required in order to implement Rinderpest related control activities, and to have competent and reliable professionals in the region.

Lesson learned and recommendations

- . Relationship between Diagnostic laboratories, the Kenya Veterinary Department and organisations operating along the Kenya - Somalia border need to be improved so that the diagnostic work can become more efficient and results are released in time.

- . There is a need to establish a reliable "serum-bank" in Kenya where sera collected in Somalia can be safely stored.

- 0. There is a need to set up a "marketing information gathering system" at the most important livestock markets in Kenya and Somalia in order to monitor factors affecting cattle movements from areas of production to the points of final consumption / export.

Lesson learned and recommendations

- . Relationship between Diagnostic laboratories, the Kenya Veterinary Department and organisations operating along the Kenya - Somalia border need to be improved so that the diagnostic work can become more efficient and results are released in time.
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Acknowledgments:

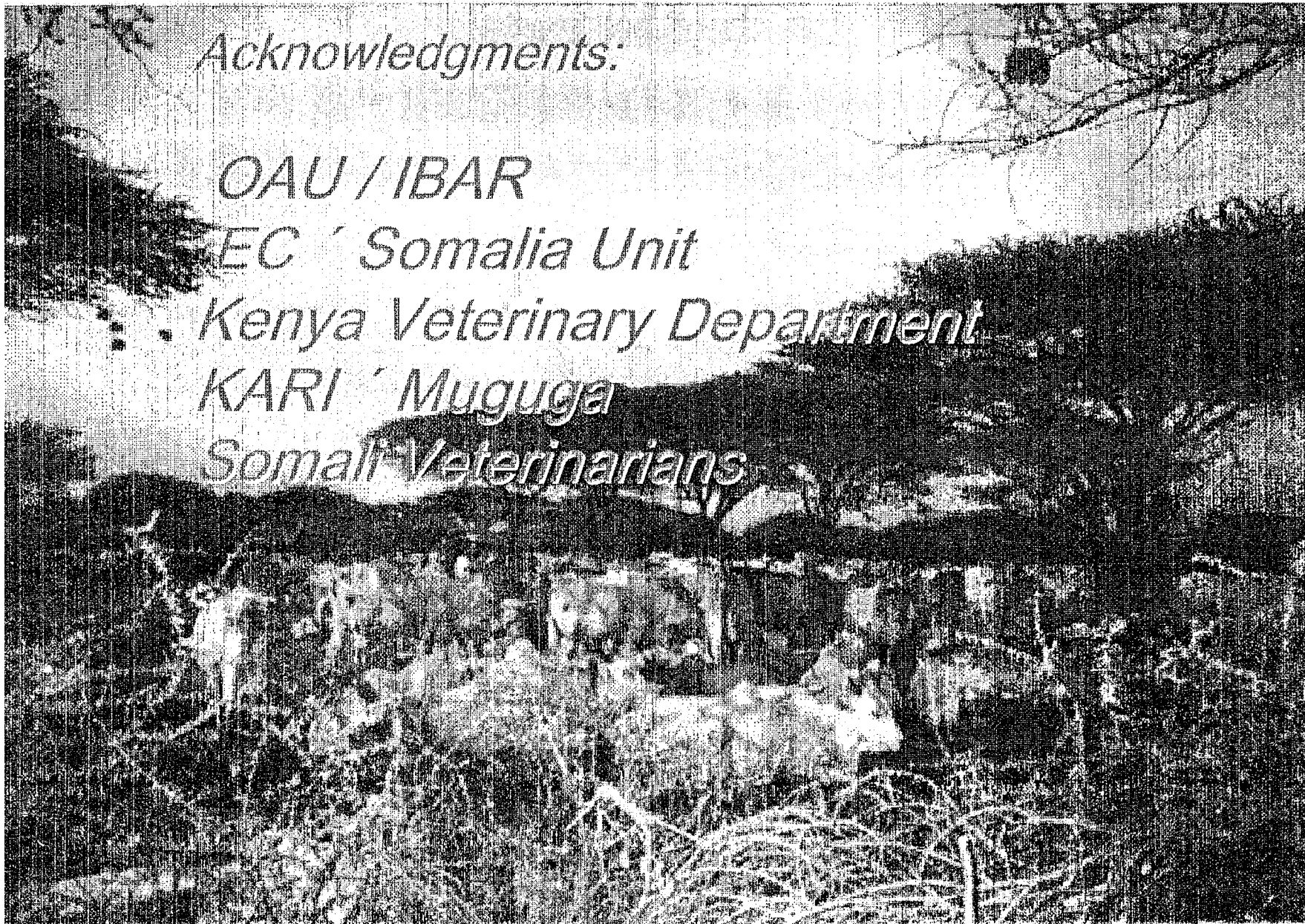
OAU / IBAR

EC - Somalia Unit

Kenya Veterinary Department

KARI - Muguga

Somali Veterinarians



Discussion of S. Tampia's presentation

Q: G. Thomson

The information presented by S. Tampia is circumstantial and there is no confirmation of virus in Somalia. This is a critical point.

A: S. Tampia/ H. Wamwayi

Although not confirmed there are some positive results on PCR. Subsequent test results from Pirbright suggested a Saudi strain of rinderpest virus and therefore this was considered this to be a laboratory contaminant.

Q: D.Kariuki

When was the last suspected outbreak and the last confirmed outbreak in southern Somalia?

A: S. Tampia

According to the findings of Terra Nuova field teams in February 1999. All work in the area has been, however, suspended quite a long time now. None of the suspected 27 outbreaks recorded by PARC Somalia Project has been definitively confirmed. There are problems obtaining prompt diagnosis from all the laboratories involved, let alone the difficulties in obtaining appropriate samples in the field and to keep them under correct conditions until they reach laboratory.

5.3. Some Selected Features of Rinderpest Surveillance (R. Heinonen)



EPIDEMIOLOGY UNIT

Eradication of rinderpest infection

Measures necessary for the detection of cryptic rinderpest:

Discontinuation of mass/“blind” vaccination

- *Masks circulating virus*

Enhance the efficiency of surveillance

- *The tool for detecting residual disease/infection*

Improve diagnostic capability

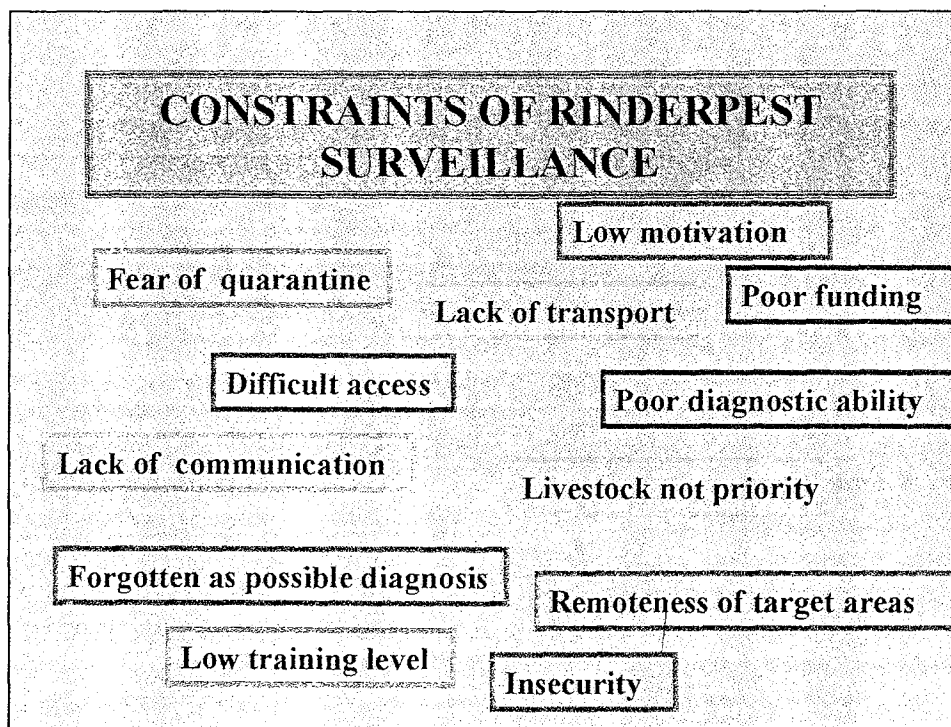
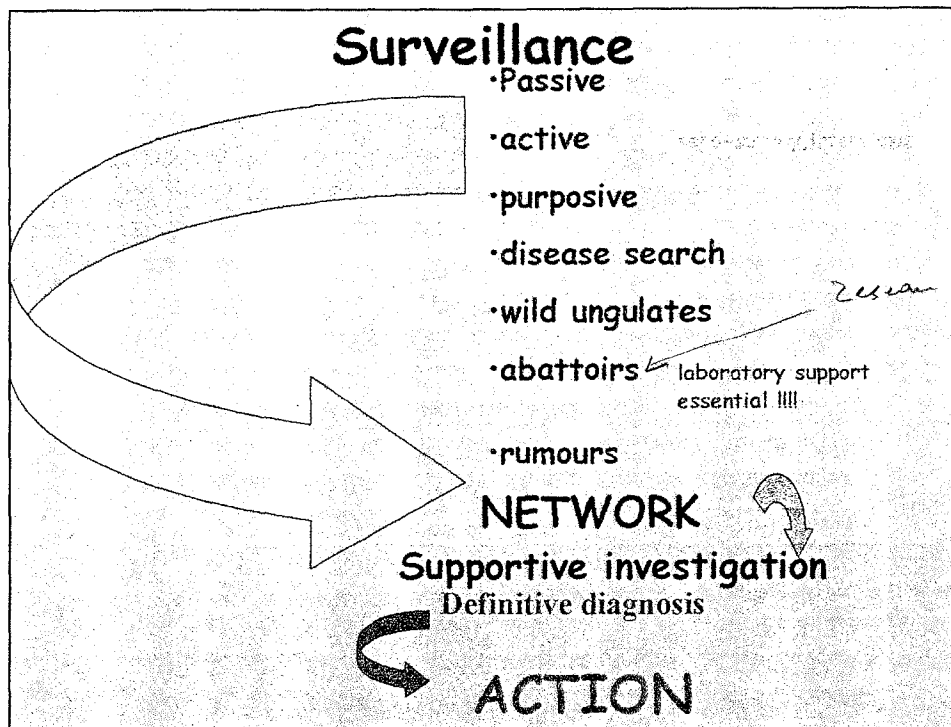
- *No action without confirmed diagnosis*



EPIDEMIOLOGY UNIT

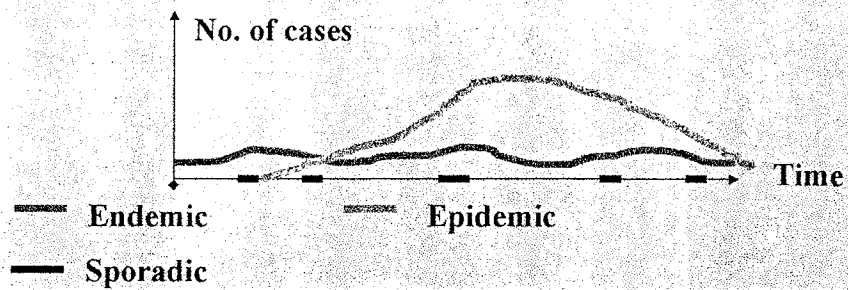
Eradication requires

objective evidence for the
absence of rinderpest infection in
a given area



Endemic disease

Disease with or without clinical expression, which is constantly present in animal population in a given area



Discussion on procedure

The best procedure for the remaining time for the meeting was then discussed. The Chairman suggested either to continue with the meeting during the afternoon hours (after the lunch break) or to call another meeting in the near future. Since a number of important issues had not been thoroughly discussed, it was agreed upon that a subsequent meeting be convened.

The suggestion opened discussion:

C: T Leyland

There is need of synchronization of stakeholders and players in PACE Somalia. Assuming with good reason the presence of rinderpest virus in southern Somalia. What is the strategy for removing it?

C: Y. Musiime

As the eradication of the last foci are the priority of PACE the next meeting must address the evidence and strategy in detail.

C: G. Thomson

PACE Somalia and Kenya must focus on confirming the presence of the virus in livestock.

C: R. Kock

This has been the issue since 1994 when virus was isolated from buffalo kudu and eland. The data gathered since confirms the disappearance of the virus from wildlife and also the reappearance. The mechanism for this must be through cattle movement and transmission to in-contact wildlife, probably buffalo, but why can the virus not be isolated from cattle. Is it the disease search procedure or methods of diagnosis that may be at fault?

C: H. Wamwayi

Emphasized that the wildlife material was showing abundant virus. The disease was well expressed clinically and virologically. This has not been the case in cattle in field nor under experimental conditions.

C: T Leyland

Poverty alleviation is a major focus of donor input. We must not loose sight of this objective. We should produce results and contribute to this end through the improvement in the delivery of animal health services.

C: D.Kariuki

The owners of livestock are important people in this whole business and must be fully involved.

The Chairman intervened and stressed that the remaining topics on agenda have to be discussed in the next meeting, which was scheduled to take place on 14th March 2001.

The Chairman then declared the meeting closed.